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Sweden's development assistance for health 2021

Introduction

The global health trend has been positive for a number of years. More people are living longer, healthier lives. COVID-19 has had a significant negative impact on the situation. The pandemic caused two million reported deaths in 2020 alone, but the actual excess mortality has been estimated at more than twice that number. The pandemic has also had a wide range of consequences for people's health – through sickness, deteriorated living conditions, reduced access to health and medical care, stress and anxiety, etc. People who live in poverty or have been subjected to discrimination have been impacted especially hard.

At the same time, the pandemic has had the effect of every country putting health at the top of its political agenda, which includes improving capacity to deal with future health threats and developing resilient and sustainable health systems. The pandemic has also highlighted the importance of a more effective and coordinated international system for preparedness and management of health threats, and for a more unified and effective response. In 2020, the issue of global health security featured on the UN Security Council's agenda for the first time.

Sweden has also made a strong contribution to the global response to COVID-19. This has taken place partly through core support enabling partner organisations to quickly shift focus and deal with the pandemic and its consequences, and partly through a series of specific initiatives to boost global vaccine accessibility, for example.

As regards sexual and reproductive health and rights (SRHR), both positive and negative developments have been observed globally. In some places, sexuality education and women's, girls' and LGBTIQ people's rights have improved, but at the same time SRHR has been negatively affected by the pandemic. Resistance to abortion has also increased. Through active advocacy and financial support, Sweden has contributed to legislative and policy progress, to increased access to SRHR services and to counteracting the displacement effects that the pandemic has had on vital SRHR activities.

Sweden's development assistance for health includes bilateral, regional and global support through a wide range of actors, especially multilateral and civil society organisations. This support generally includes a combination of health services support, capacity-building measures and advocacy. Important development and research outcomes are generated through health-related research funding, while humanitarian assistance saves lives. Sweden's partnership and support in the area of health has contributed to important results in 2021. This has been achieved through financial support, but also through dialogue and advocacy.

COVID-19 continues to affect people's health and the provision of health services in many low- and middle-income countries. The situation is not as serious as it was a year ago, but the pandemic's effects have made conditions worse for countries that already had fragile health systems before the pandemic. It is especially difficult for those countries to live up to the goal of making health and medical care available to all.¹

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¹ WHO, Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic, 21 April 2021, page 6.

Sweden's development assistance for health 2021– Summary

Sweden's development assistance for health amounted to approximately SEK 6.6 billion in 2021, accounting for 12.7 per cent of Sweden's total development assistance, excluding deductions for asylum costs. Of this amount, just over SEK 3.7 billion, or 55 per cent, is multilateral core support provided via the Ministry for Foreign Affairs. The remaining funds – just under SEK 2.9 billion, equivalent to 45 per cent – were channelled via Sida's country cooperation, global programmes, regional cooperation and research support. Table 1 presents an overview of Sweden's development assistance for health in 2015–2021.

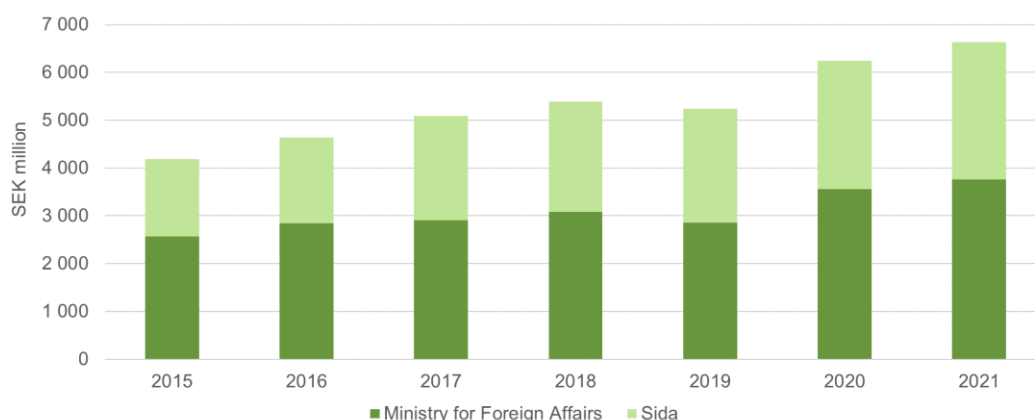
Sweden has made a major contribution specifically to the global fight against the COVID-19 pandemic and its consequences. The support includes core support to a range of organisations, such as the WHO, UNICEF and the Global Fund to Fight AIDS, Tuberculosis and Malaria, which enabled them to re-focus their activities to tackle the pandemic. In 2020–2021, Sweden also disbursed approximately SEK 1.5 billion via the Ministry for Foreign Affairs and Sida to tackle the pandemic. Extensive additional resources have been made available to address indirect consequences, and via the World Bank and other organisations, Sweden has contributed to record disbursements to address the pandemic in low- and middle-income countries. As regards vaccines against COVID-19, Sweden contributed SEK 2.45 billion to COVAX (SEK 2.25 billion of which to be paid out over a 10-year period) and donated approximately 10 million doses in 2021.

The proportion of Sweden's development assistance invested in health initiatives varies slightly from year to year. The funds donated in 2021 amounted to an increase of roughly SEK 200 million over the previous year (2020) and an increase of SEK 1.2 billion in comparison with the year before that (2019). As a proportion of total development assistance, development assistance for health continued to decline somewhat from the previous year, from 12.3 per cent to 12.0 per cent. In 2016, the proportion was 14.5 per cent. The principles and methodology for how the amount of Sweden's development assistance for health was calculated are presented in Annex 1.

Table 1. Sweden's development assistance for health 2015–2021

Assistance for health	2015	2016	2017	2018	2019	2020	2021
Proportion development							
categories)							
Total development assistance (all	35 573	37 617	36 101	45 646	48 702	25 770	25 366
health							
Total development assistance for	4 760	4 638	2 088	2 381	2 532	6 544	6 631
Country cooperation	645	122	1025	1 120	1 314	1 658	1 856
Regional cooperation	536	62	323	11	415	82	172
Global programmes	121	182	116	122	208	172	380
Other	1 656	321	5 181	436	5 304	460	5 885
Multilateral core support	2 261	673	5 865	2 164	3 016	2 461	3 536
Ministry for Foreign Affairs	2 261	673	5 865	2 164	3 016	2 461	3 536
million SEK							
	2012	2016	2017	2018	2019	2020	2021

Figure 1. Sweden's development assistance for health 2015–2021: allocation between the MFA and Sida



Starting points for Sweden's work on global health

Sweden's work in the area of health is based on the principle of the highest attainable standard of health as a human right.

In efforts to support improved global health, it is important to avoid focusing solely on the considerable financial support that Sweden contributes. Sweden is also a strong voice in the international development community, achieving a great deal through dialogue and advocacy on governing boards and in international forums. In 2021, Sweden actively participated on the boards of multilateral organisations and, among other things, pushed for poor countries to remain the focus of allocated funds. Sweden also pushed for gender, human rights and environmental mainstreaming throughout activities and for multilateral organisations such as the Global Fund and Gavi to be required to report how they contribute to strengthening national health systems, which is a necessary basis for other initiatives.

Improving global health is a long-term undertaking and the results must be viewed over time. Sweden's development cooperation is based on supporting partner countries' own efforts, and results are achieved jointly with several other actors, and also in contexts with a number of convergent factors. Many of the results reported in 2021 arise from the previous years' activities and, similarly, the results of support provided in 2021 will only be seen in coming years. This is the case for both financial support and advocacy.

Sweden's priorities

Sweden's priorities can be summarised under three headings:

- 1) prevention and management of global health threats, such as pandemics, climate-related health threats and AMR;
- 2) general access to health and medical care, including strengthened health and medical care systems, with special emphasis on women, children and young people; and
- 3) societies that enable the best possible health, including through poverty reduction and education, access to clean water, sanitation and hygiene, and sufficiently safe and nutritious food.

SRHR efforts are an especially high priority. Other important issues include efforts to combat HIV/AIDS and non-communicable diseases.

Sweden's priorities are based on the policy framework for Swedish development cooperation in which the overarching objective for health is to contribute to more **equitable health**. To this end, Sweden:

- contributes to effective **national health systems and institutions** that deliver injury and disease prevention interventions and good-quality, integrated and equitable health care for all.
- takes particular account of the **gender equality perspective** in light of existing gender differences in health and access to health care. The human rights of women, girls and young people are central. **Child and maternal care** are a priority.
- continues to defend the universal right to health, with particular focus on **sexual and reproductive health and rights**. The needs and circumstances of young people must be highlighted, as well as respect for LGBTIQ rights.
- takes a long-term, rights-based and broad approach in its efforts to combat the spread of **HIV**.
- highlights the importance to health of access to clean **water, sanitation and hygiene**, as well as sufficient, safe and nutritious food, and sustainable energy.
- ensures that more attention is paid to **non-communicable diseases** on the international agenda and in national health programmes.
- continues to demonstrate leadership in action against **antimicrobial resistance** (AMR) and promoting capacity development in accordance with the global action plan on AMR.
- works to strengthen the global capability to detect and manage **health threats** by implementing the International Health Regulations (IHR 2005).
- raises awareness of the **link between health and environmental and climate challenges**, and between health and security in development cooperation, in humanitarian operations and in the interface between them.

The development assistance is then governed through decisions on specific cooperation strategies for both core support to multilateral organisations and initiatives via Sida (at global, regional and country level).

In-depth analysis in four areas

For 2021, we have chosen to summarise the contributions Sweden's development assistance has made in four areas:

1. Awareness of, and access to, sexual and reproductive health and rights (SRHR)
2. Strong national health systems and essential health services
3. Societies that enable the best possible health
4. Prevention and management of health threats, including the COVID-19 pandemic, AMR and disaster situations.

1. Awareness of, and access to, sexual and reproductive health and rights (SRHR)

Table 2a. Sweden's SRHR development assistance 2015–2021 using the NIDI methodology

% indicates the percentage of Sweden's total development assistance

See annex Method for calculation model

	2015	2016	2017	2018	2019	2020	2021
	SEK million	SEK million	SEK million	SEK million	SEK million	SEK million	SEK million
Total SRHR support	2 280	2 695	2 705	3 199	3 135	3 293	3 290
Proportion of total development assistance	7.1%	8.4%	7.4%	7.5%	6.5%	6.3%	6.3%
Ministry for Foreign Affairs	1 263	1 404	1 328	1 683	1 491	1 682	1 540
Sida	1 017	1 291	1 377	1 516	1 644	1 611	1 751
Proportion of Sida's development assistance for health	62%	72%	63%	66%	69%	60%	61%
Proportion of Sida's total disbursements	5.7%	6.9%	6.4%	6.1%	6.4%	6.1%	6.5%

Sweden's support to SRHR comprises a broad spectrum of initiatives, including sexuality education, increased access to contraceptives and safe abortions, youth-friendly services, prevention of sexual and gender-based violence, prevention and treatment of HIV, LGBTIQ health and rights, and efforts to combat child marriage and female genital mutilation.

Sweden's total multilateral support for SRHR increased from just over SEK 3.1 billion in 2019 to almost SEK 3.3 billion in 2021 (Table 2a). According to Sida's new calculation model for SRHR (which also comprises sectors other than health), Sida's SRHR support accounted for 6.9 per cent of its total development assistance in 2021 (Table 2b).

Table 3b. Sweden's SRHR development assistance 2015–2021 – using Sida's new method

	2015	2016	2017	2018	2019	2020	2021
	SEK million	SEK million	SEK million	SEK million	SEK million	SEK million	SEK million
Sida (new method)	1 015	1 225	1 360	1 500	1 650	1 672	1 843
Proportion of Sida's development assistance for health	62%	68%	62%	65%	69%	62%	64%
Proportion of Sida's total disbursements	5.7%	6.5%	6.3%	6.0%	6.4%	6.4%	6.9%
Sida (NIDI for comparison)	1 017	1 291	1 377	1 516	1 644	1 611	1 751

The challenges to people's SRHR in the world's poorest countries are significant. Political resistance, inadequate financial resources, discrimination against women, girls and LGBTIQ people, and societies that are unwilling to openly address issues concerning sexuality are some of the factors that prevent women, girls, young people and groups in vulnerable situations from having control over their own bodies, sexuality and fertility. Developments concerning increased access to, and respect for, SRHR have progressed in some areas and regressed in others during the year.

Sweden has continued its intensive multilateral engagement for SRHR and to prevent maternal mortality, unwanted pregnancies and unsafe abortions through increased access to sexual and reproductive health services, sexuality education and contraceptives. Support to SRHR has also contributed to combatting all forms of sexual and gender-based violence, including genital mutilation and child and forced marriages. Sweden's total support to SRHR in 2020 amounted to SEK 3.2 billion, which was equivalent to 6.1 per cent of Sweden's total development assistance. Within multilateral development assistance, the most important support has gone to the UNFPA, UNAIDS and the Global Fund. Part of the support to UNICEF, the WHO and UN Women has also contributed to Sweden's efforts for SRHR. Sweden has highlighted the issue of SRHR within the framework of both the normative and operative activities of the UN, and through work in the EU. Sweden contributed to a number of important global and regional dialogues and other health advocacy. In 2021, Sweden led one global and two regional dialogues on access to safe abortions.

The COVID-19 pandemic entailed major challenges and reversals of results achieved, and necessitated swift reorganisation and increased collaboration by all. Maintaining the continuity of important SRHR services during the pandemic has been a challenge. The proportion of safe births declined, and access to SRHR services decreased. For these reasons, Sweden allocated a total of SEK 140 million in support in 2020 to counteract displacement effects of the pandemic on vital SRHR

activities. The support was channelled via the Global Fund (SEK 100 million) and the WHO (SEK 40 million).

The pandemic has also affected young people's possibilities to obtain information about SRHR in school. This has resulted in a rise in unwanted pregnancies, unsafe abortions, child marriage and sexual violence. During the year, several of Sweden's partners developed digital solutions to improve young people's knowledge. This includes mobile applications and websites. In Myanmar, for example, the first Burmese website focused on sexual health for young people reached 1.3 million unique visitors.

Sweden's cooperation partners are increasingly using social media to reach **young people** with SRHR information. An example of this is the African *Let's Talk* campaign, which reached more than 18 million young people in 2020.

Work to promote use of **contraceptives and safe abortions** is an important part of SRHR efforts. Sweden's support to DKT International and Populations Services International (PSI) has contributed to increased access to contraceptives and products for medical abortions in sub-Saharan Africa. This has prevented an estimated 1.4 million unwanted pregnancies and 2.1 million unsafe abortions.

Through Sweden's partner Ipas, 7 427 care institutions/pharmacies have also provided abortion services to women in 22 countries in Latin America, Asia and Africa. These services include advice on the use of contraceptives following abortions. In Zambia, the support to Ipas has contributed to the establishment of 269 public health centres that can perform safe abortions. With this support, 10 064 young women have received abortion care and 2 000 women have begun to use contraceptives after receiving a safe abortion.

SRHR is increasingly being integrated into other result areas. Within the joint UN programmes for rural development in **Guatemala**, SRHR is an integral part of the work to improve women's and girls' possibilities for education, strengthened economic empowerment and access to local decision-making processes.² One example is an initiative that Act Church of Sweden and partners are implementing, focused on building resilience in refugee areas in Uganda. The initiative has reached 2 938 young people with information on sexual rights, HIV prevention, menstrual health and contraceptives.

The **United Nations Population Fund** (UNFPA) has an important and extensive SRHR mandate, and is one of the most important channels for Sweden's support. In 2020–2021, Sweden actively took part in developing the UNFPA's new strategic plan for 2022–2025 and was successful in incorporating clear gender-equality, rights and climate perspectives, initiatives to strengthen health systems and an enhanced focus on young people, humanitarian situations, conflict situations and UN reform.

In 2020, **41 million women and young people gained access to SRHR services** with support from the UNFPA, funded in part by Sweden. In 2019, more than **12 500 midwives** were trained, and women in humanitarian situations gained access to safe maternity care. Women and young people have remained the focus of activities, including through protection against vulnerability to child and forced marriages. In 2019, 4.2 million marginalised girls benefited from UNFPA life-skills programmes.

Sweden contributed to the UNFPA and its partners providing access to SRHR services to more than 640 000 women in **humanitarian situations** and access to psychosocial support to more than half a million women and girls subjected to violence. In Syria, for example, the UNFPA has cooperated with the World Food Programme to ensure that the electronic coupons used for food also provide access to hygiene products. This support has reached 70 000 pregnant and breastfeeding women. The UNFPA has had an especially important role during the COVID-19 pandemic, when a decline in SRHR and a curbing of access to contraceptives were reported. Like many other organisations, the UNFPA has developed digital solutions to provide care remotely.

² Strategy report on cooperation with Guatemala 2016–2021, 15 March 2021, p. 16. Case number: 21/000428.

UNAIDS has established an overall target that, by 2020, at least 90 per cent of all people living with HIV will know their HIV status, at least 90 per cent of all people diagnosed with HIV infection will receive sustained antiretroviral therapy, and at least 90 per cent of all people receiving antiretroviral therapy will have viral suppression (90–90–90 target). UNAIDS has used Swedish core support to contribute to fully achieving these objectives in eight countries and radical viral suppression among 73 per cent of all people living with HIV and AIDS in 11 additional countries. On average, the countries in eastern and southern Africa, the regions most affected by the HIV and AIDS pandemic, achieved results close to the 90–90–90 targets. From a global perspective, however, the 90–90–90 targets have not been achieved due to greatly varying degrees of progress. This progress with HIV and AIDS treatment is at risk of being derailed by COVID-19.

The activities of **UN Women** are aimed at promoting gender equality and women's and girls' empowerment. Since 2017, Sweden has been the organisation's largest donor. One of UN Women's focus areas is ending violence against women. For example, during the COVID-19 pandemic UN Women has contributed to helping women's shelters remain open for girls and women in need of protection from violence. Through the Spotlight Initiative, teams led by UN Women in 27 countries have developed programmes to combat all forms of gender-based violence. In Tanzania, this work contributed to creating dialogue on harmful norms that perpetuate violence against women and girls, and to more than 13 000 young people benefiting from violence prevention initiatives.

2. Strong national health systems and essential health services

Good health outcomes require effective, accessible and resilient health and medical care systems that can provide high-quality, needs-based health and medical services without causing financial difficulties. Functioning health and medical care is also an essential function in society that can contribute to stability and trust in society, and economic development.

Progress for **improved and equal access to essential health and medical care** focused on women, children and young people improved in 2019. It gained positive traction following the UN General Assembly's adoption of the Political Declaration on universal health coverage, where Sweden contributed to the inclusion of SRHR. The Declaration is a strong political commitment to achieve the health-related goals of the 2030 Agenda, with a follow-up of the work by the WHO and a special high-level meeting of the UN General Assembly in 2023.

In 2020, the WHO presented a tool aimed at offering countries guidance on how to achieve SDG Target 3.8, universal health coverage.

With the support of Sweden and other countries, Gavi has invested in health systems in its partner countries with the aim of enabling **sustainable and effective vaccination**. Examples include investments in cold chain logistics for vaccines, information and data systems, activities aimed at increasing demand for vaccines, and broadened partnerships with private actors and civil society. However, the negative effects of COVID-19 are manifested in reduced coverage of certain vaccines and integrated services that negatively impact children's health.

Despite progress in reducing the spread of disease in previous years, the Global Fund reported a worrying reversal of that trend in 2019, with increasing numbers of people infected with AIDS, tuberculosis and malaria. In 2020, the Global Fund's work focused predominantly on maintaining existing activities while counteracting displacement effects of the pandemic. With support from Sweden and other countries, the Global Fund made it possible to reach **9.9 million people with preventive measures against HIV, 5.7 million people with treatment for tuberculosis and 11 million pregnant women with treatment to prevent malaria**.

Sweden has contributed to **UNICEF's** efforts to manage the consequences of the pandemic, primarily to ensure access to necessary health care, improve maternal care and neonatal care, and improve access to water and sanitation. UNICEF's work has contributed to securing access to basic pharmaceutical products, improving maternal and child health, increased access to clean water, sanitation and hygiene, and strengthened social security systems.

Many of Sweden's **regional initiatives in sub-Saharan Africa** have contributed to better quality of, and access to, maternal and child health. New support to the WHO's regional offices was introduced to secure access to maternal and child health during and following the pandemic. In Cameroon, for example, protective equipment, incubators and maternity beds were distributed to 13 care institutions in three regions. Through the UN programme *2gether4SRHR* in eastern and southern Africa, guidelines have been developed to secure maternal and child health in conjunction with COVID-19.³

Sida remains a strong advocate and financial supporter of **midwifery**. Midwives play an important role in sharing information, providing maternal and child healthcare, SRHR services, including safe abortions, and taking care of women and girls who have been subjected to violence. Moreover, midwifery is a profession that women can carry out in countries where men have considerable influence within health care or where women's opportunities to work in general are limited.

Through the **UNFPA's Maternal and Newborn Health Thematic Fund (MHTF)**, Sweden supports midwifery training with a focus on the 32 countries with the highest maternal and infant mortality rates. **In 2020, 31 500 health care staff received midwifery training and 2 900 midwives completed further education with a university degree.** More than 500 midwifery programmes were accredited in the 32 focus countries in accordance with global standards, and 19 countries have integrated the midwifery profession into their national personnel policy.⁴ During the pandemic, the MHTF developed procedures within maternal care to limit transmission and protect care providers by focusing on virtual care appointments.⁵

At the end of 2020, Sweden approved core support to the **International Confederation of Midwives (ICM)**. The organisation aims to strengthen midwifery organisations around the world and to highlight the midwifery profession with the objective of improving the health of mothers and children. During the year, the Confederation was a strong global voice against cutbacks in maternal and child health care due to the pandemic, and an advocate for midwives to gain access to materials that protect them from COVID-19.⁶

Through flexible, increased funding to the WHO, Sweden has been able to contribute to the Sustainable Development Goal of making health and medical care accessible for everyone. The WHO Science Division, which was established with the help of this funding, has enabled effective development of quality-assured norms and standards with a focus on COVID-19.⁷

As part of the EU joint support to **Africa Centres for Disease Control and Prevention**, we have also contributed to many African countries having strengthened their capacity to monitor and quickly address COVID-19.

In September 2021, **Zambia** reported 208 469 cases and 3 638 deaths due to COVID-19.⁸ Health and medical care services were forced to adapt activities by reassigning staff to the hospitals that receive seriously ill patients. Access to oxygen equipment for patients and protective equipment for staff were also lacking. In response, adjustments were made to all of Sida's bilateral health initiatives in the country during the year. UNICEF received additional funding for the purchase of basic medicines, vaccines and protective equipment for medical staff. In addition, the few but vital oxygen tanks

³ Strategy report for sexual and reproductive health and rights in sub-Saharan Africa 2015–2021, 15 March 2021, p. 10. Case number: 21/0000425.

⁴ UNFPA, The Maternal and Newborn Health Thematic Fund: Annual report, 2020, p. 6.

⁵ In-depth strategy report on the Global strategy for sustainable development 2018–2022, 15 March, p. 25–26. Case number: 21/000021.

⁶ International Confederation of Midwives, Annual & Financial Report 2020, 2020, p. 27–28.

⁷ In-depth strategy report on the Global strategy for sustainable development 2018–2022, 15 March 2021, p. 12. Case number: 21/000021.

⁸ African Union, Outbreak Brief #88: Coronavirus Disease (Covid-19) Pandemic, 21 September 2021, p. 5.

available at central hospitals were upgraded for the treatment of COVID-19 patients and newborns with respiratory problems.⁹

In **Zimbabwe**, the health sector also faces a very difficult situation, with parts of the population lacking access to basic health care due to the pandemic and recurring strikes by health and medical care staff. In 2020, maternal mortality was estimated to have increased by approximately 15 per cent, while at the same time the vaccination rate of children under age five decreased. Sweden's funding to the Health Development Fund in Zimbabwe has therefore played an essential role in maintaining access to primary care in rural areas with a focus on maternal and child health. For example, 18 000 health workers received protective equipment, and more than 3 600 new health workers were recruited at village level and trained during the year.

Sweden's support has also contributed to grass roots organisations being able to influence their local communities on issues related to equitable health. In **Somalia**, for example, Save the Children Sweden has established local health committees to improve possibilities to manage the effects of climate change, such as drought, disease outbreaks and migrant flows.¹⁰

Investing in immunisation is a cost-effective investment in health and development, not least in the fight against poverty. By preventing disease, death and long-term disabilities, the **Global Alliance for Vaccines and Immunisation (Gavi)** helped generate more than USD 150 billion in financial profit between 2000 and 2017. From the time of its creation until 2020, more than 888 million children were immunised through Gavi's regular programme. During the same period, it is estimated that more than 15 million future deaths were prevented. Gavi provides more than half the world's birth cohorts with vaccines.

In 2020, 64 million children were immunised against an average of seven infectious diseases through support from Gavi. Although the COVID-19 pandemic caused a reduction in vaccination coverage, Gavi succeeded in its goal of basic routine immunisation of at least 300 million children between 2016 and 2020. Gavi remains focused on reaching the 'zero-dose children' who have never received any form of vaccination. In 2020, approximately 1.2 million future deaths were prevented by Gavi vaccines, which is a slight reduction from the previous year due to the COVID-19 pandemic. However, Gavi's overall objective of preventing 5–6 million future deaths for the strategy period 2016–2020 was greatly exceeded. Data on child mortality in 2020 is described as uncertain due to the COVID-19 pandemic and the difficulty in receiving qualitative data from the world's countries. Nevertheless, mortality for children under five dropped from 57 to 55 deaths per 1000 live births between 2018 and 2019, which even exceeded the target for 2020.

The countries that phased out support from Gavi continued to maintain the recommended regular vaccination programmes in 2020. With SEK 2.45 billion in support, Sweden is the world's largest donor per capita, and the fourth largest overall (after the US, Germany and the United Kingdom).

Every year, the **Global Fund to Fight AIDS, Tuberculosis and Malaria** invests around USD 4 billion in programmes implemented by organisations in countries and communities with the greatest burden of these three diseases and need for support. At the end of 2019, Sweden was the eighth largest donor. For 2020, the Global Fund reported that it had contributed to 21.9 million people receiving antiretroviral therapy against HIV, 4.7 million people with tuberculosis receiving treatment and 188 million mosquito nets being distributed to protect families from malaria. The Global Fund expects its overall support to contribute to saving 44 million lives. Despite progress, the Global Fund reports a worrying trend of increasing numbers of those falling ill with the three diseases due to the COVID-19 pandemic. For the first time in its history, the Global Fund reported setbacks in important results for the three diseases.

Sweden is the third-largest donor of core support to **UNICEF**, and Sweden's total support to UNICEF accounted for around 3 per cent of the organisation's total budget. Part of UNICEF's work concerns children and young people's early development, child and maternal health care, and effective health

⁹ Strategy report 2020 on Zambia 2018–2022, 15 March 2021, p. 13. Case number: 19/001376.

¹⁰ In-depth strategy report on Sweden's development cooperation with Somalia 2018–2022, 15 March 2021, p. 25. Case number: 21/000425.

systems, including treatment and prevention of HIV and AIDS. Among other things, Sweden pushes for UNICEF to meet young people's need for, and right to, SRHR.

Sweden's support to UNICEF contributed, for example, to treating acute malnourishment and preventing maternal mortality. UNICEF responded to many health emergencies and outbreaks under some of the world's most challenging conditions.

The institution-building work of the **United Nations Development Programme (UNDP)** comprises support to health ministries and other institutions that promote health. The UNDP's close relationship with governments and government agencies, and its presence in low- and middle-income countries are the foundation of its work on health issues. The UNDP collaborates on its health-related activities with other actors in the UN system, the business sector and civil society. The UNDP is a UNAIDS co-sponsor and implements programmes on behalf of the Global Fund to Fight AIDS, Tuberculosis and Malaria, primarily in challenging contexts.

3. Societies that enable the best possible health

The COVID-19 pandemic has been a stark reminder of the link between health and almost every other sector of society. As health is determined by factors outside of health and medical care, Sweden's efforts to fight poverty and the climate crisis are also important for global health. This also takes place through substantial targeted measures that focus on these links.

Better health and well-being is one of the three strategic targets of the WHO's current General Programme of Work 2019–2023. WHO plays a key role in engaging governments in promoting a multisectoral approach to action to achieve better health and well-being in connection with environmental and climate change. In 2021, Sweden increased its support to the WHO focused on the link between health, environment and climate. The WHO has supported 34 countries by adapting projects so that they can better manage the consequences of climate change, including through guidance on care institutions that are more resilient to climate change and guidance on biodiversity, nutrition and health. In 2019, for example, Sweden hosted the annual Stockholm Food Forum on healthy and climate-friendlier food systems – an issue on which multilateral actors such as the **World Bank Group** and the UN system play important roles. In 2020 and 2021, Sweden's engagement continued, for example, with support to the **WHO**.

Since 2018, Sida has supported a UNICEF programme for increased access to clean water, sanitation and hygiene. The support has contributed to 18.3 million people gaining access to clean water and 15.5 million people gaining access to basic sanitation. In Yemen, 7.2 million people have gained access to water, 3.8 million have gained access to sanitation and 10 million have gained access to hygiene supplies. According to UNICEF, these results would not have been possible without the flexible funding from Sweden.

4. Prevention and management of health threats, including the COVID-19 pandemic, AMR and disaster situations

Prevention and management of health threats and disaster situations was already a high-priority issue for Sweden before the COVID-19 pandemic. This work accelerated in 2020, with a focus on directly combating the virus and its indirect consequences for health care systems and societies. However, it is important to stress that Sweden's long-term efforts to strengthen health systems, improve access to water and sanitation, fight poverty and enhance cooperation on the environment/climate, animal health and human health ('One Health') are important building blocks for both the management of the Covid-19 pandemic and resilience to future pandemics.

Sweden is committed to global solidarity in the pandemic response and made a substantial contribution in 2021 to the Access to COVID-19 Tools Accelerator (ACT-A). ACT-A provides access to vaccines, diagnosis and treatment of COVID-19 to low- and middle-income countries. In this context in particular, Sweden has made substantial contributions to ACT-A's vaccine facility, COVAX, by providing both funding and doses. Sweden donated SEK 100 million to COVAX to fund access to vaccines for low- and middle-income countries in 2020. In 2021, Sweden contributed an additional

SEK 100 million in direct support and SEK 2.25 billion to be disbursed over a ten-year period through the International Financing Facility for Immunization (IFFIm). The IFFIm is an innovative funding mechanism that enables Gavi to use future pledges prematurely. In 2021, Sweden donated over 10 million vaccine doses, 6.8 million of which were delivered that year – the majority were in the form of non-earmarked donations to COVAX. Sweden also contributed to the Global Fund's COVID-19 Response Mechanism, which in 2021 mobilised almost SEK 40 billion to finance diagnosis, protective equipment, oxygen and treatment.

Sweden has also been a driving force behind developing the international system in the area of health, for more coordinated and effective preparedness for future pandemics, management of future pandemics and full compliance with existing health security regulations.

In 2019, Sweden took part in the UN Interagency Coordination Group on AMR and contributed to developing global priorities and recommendations to strengthen efforts to address AMR. To promote implementation of these recommendations, the WHO, the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health jointly established the Multipartner Trust Fund on AMR. This joint donor fund, which is managed by UNDP and has received contributions from Sweden, has strengthened implementation of national action plans to address AMR in around ten low- and middle-income countries. In 2020, Sweden contributed to the establishment of the Global Leaders Group on AMR, whose objective is to push for political action on AMR.

Human survival and health in war and disaster situations are important parts of humanitarian multilateral development assistance. In 2019, Sweden contributed funding through WHO to provide more than 590 000 people in Syria with access to primary health care, more advanced care and psychosocial support. Important multilateral humanitarian partners in the area of health include UNICEF, the United Nations Relief and Works Agency for Palestine Refugees in the Near East and the UN High Commissioner for Refugees, which have all worked with mental ill health and psychosocial support. Much of this work targeted women subjected to sexual violence.

Development assistance for health via the Ministry for Foreign Affairs

Development assistance for health via the Ministry for Foreign Affairs consists primarily of the funds that are channelled as core support to multilateral organisations. Core support is unearmarked funding that goes directly to the organisations' central budgets.

Through financial support and well-developed positions on important issues, Sweden has worked proactively to influence organisations' priorities rather than earmarking its support for specific programme areas or projects. Core support affords multilateral organisations predictable and flexible funding. In recent years, the share of core support to multilateral organisations has decreased, as many donors instead have chosen to give earmarked support.

The Ministry for Foreign Affairs' multilateral development assistance for health from 2015 to 2021 is presented in Table 3 below. Table 3 shows multilateral development assistance for health via the Ministry for Foreign Affairs and Sida in 2021.

Table 4. Development assistance for health via the Ministry for Foreign Affairs 2015–2021

	2015	2016	2017	2018	2019	2020	2021
	SEK million	SEK million	SEK million	SEK million	SEK million	SEK million	SEK million
MFA's total development assistance for health	2 561	2 841	2 907	3 121	2 852	3 552	3 755
Multilateral support	2 561	2 841	2 892	3 117	2 817	3 511	3 389
Global Fund to Fight AIDS, Tuberculosis and Malaria	850	850	800	850	850	1 050	950
UNFPA	485	504	575	739	555	626	544
Gavi, the Vaccine Alliance	350	300	300	350	300	450	450
World Bank	241	287	386	209	237	449	345
UNAIDS	200	250	260	314	314	300	300
UNICEF	221	430	312	328	246	185	218
European Commission	114	111	127	136	136	161	198
European Development Fund	48	51	57	72	72	77	151
IFFIm/COVAX	–	–	–	–	–	–	100
WHO	29	26	38	80	71	122	96
IFFIm/Gavi	18	18	18	18	18	18	18
UN Women	–	8	13	14	11	15	10
UNDP	5	6	6	7	7	57	8
Vaccine donations	–	–	–	–	–	–	352
Other	–	–	15	4	35	41	14

As a member of the European Union, Sweden has undertaken to contribute financially to the **European Development Fund (EDF)**. The **European Commission** also plays an important role in shaping the global health policy agenda as part of broader development cooperation and based on established principles of aid effectiveness. In 2017, the EU adopted a new development policy (the European Consensus on Development) in response to the 2030 Agenda. According to the thematic pillars of the EU Gender Action Plan II, all girls and women should have equal access to high-quality, effective rehabilitation and health care. Every individual should have full control over their own sexuality and sexual and reproductive health without discrimination, coercion or violence. In light of the scope of the EU's development cooperation and role in the normative area, Sweden attaches great importance to negotiations on particularly critical issues, such as SRHR. Sweden has been, and remains, a strong advocate of SRHR being prioritised and respected in the EU. For example, Sweden contributed through active dialogue to SRHR being one of four areas under health in the EU Commission's priorities for sub-Saharan Africa 2021–2027.

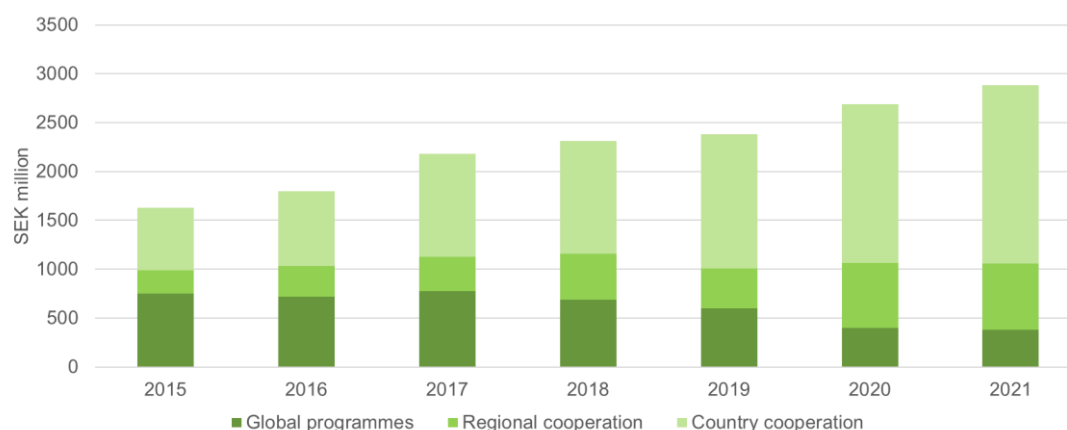
Development assistance for health via Sida

In 2021, Sida distributed approximately SEK 2.9 billion in the area of equitable health (Table 1). This is an increase of approximately SEK 200 million over the previous year and equivalent to 10 per cent of Sida's budget. These figures do not include health research funding or humanitarian support, a large share of which relates to health.

The largest share of funds in the area, 49 per cent, has gone to initiatives aimed at raising awareness of, and access to, SRHR. Initiatives for basic equitable health services focused on women and children accounted for approximately 23 per cent.

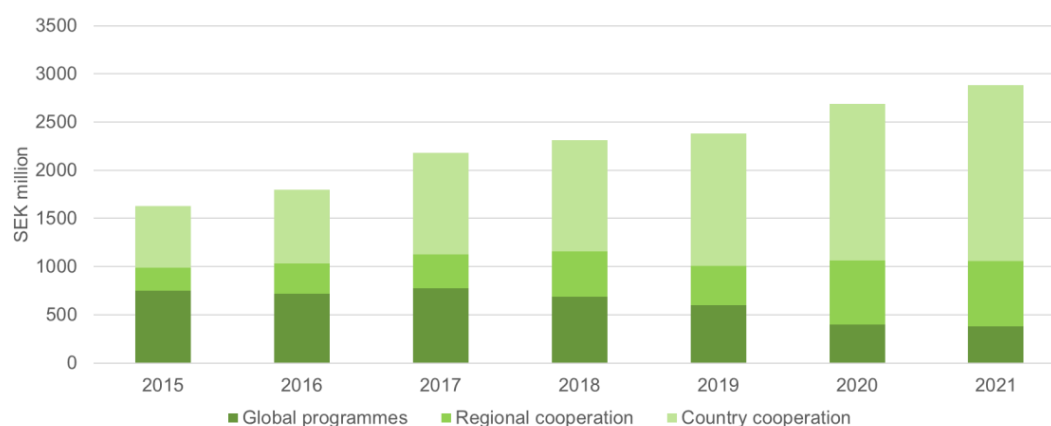
Country cooperation (also called bilateral cooperation) makes up around 63 per cent of Sida's development assistance for health, while global programmes account for around 13 per cent. Regional support accounts for the remaining 24 per cent. Figure 2 shows the distribution of Sida's health aid at global, regional and country level.

Figure 2. Development assistance for health via Sida in 2021 – distribution at global, regional and country level (in millions of SEK).



In 2021, Sweden provided ongoing support for health and/or SRHR via Sida in more than 20 countries. The ten countries that received the most support for health and/or SRHR in terms of disbursements in 2021 were: South Sudan, Uganda, the Democratic Republic of the Congo, Bangladesh, Zimbabwe, Zambia, Myanmar, Somalia, Mozambique and Afghanistan (Figure 3).

Figure 3. Development assistance for health via Sida 2021 – the largest recipients of bilateral support (MSEK)



Various implementing actors participated in bilateral (country cooperation), regional and global support, including multilateral organisations, civil society organisations and states/public authorities (see Table 4).

Table 4. Development assistance for health via Sida 2015–2021, by implementing channel/organisation

	2015		2016		2017		2018		2019		2020		2021	
	SEK million	%	SEK million	%	SEK million	%	SEK million	%	SEK million	%	SEK million	%	SEK million	%
Total	1 629	100%	1 797	100%	2 181	100%	2 309	100%	2 384	100%	2 691	100%	2 882	100%
Multilateral organisations	876	54%	954	53%	1 138	52%	1 145	50%	1 208	51%	1 597	59%	1 477	51%
NGOs and civil society	571	35%	646	36%	784	36%	847	37%	880	37%	882	33%	1 049	36%
Private sector	1	0.1%	2	0.1%	1	0.03%	5	0.2%	114	5%	102	4%	151	5%
Research institutions	69	4%	47	3%	78	4%	111	5%	113	5%	87	3%	88	3%
Public institutions	65	4%	116	6%	154	7%	197	9%	57	2%	4	0.2%	53	2%
Public-private partnerships	30	2%	23	1%	17	1%	5	0.2%	–	–	13	0%	42	1%
Other	16	1%	11	1%	9	0.4%	–	–	11	0.5%	5	0.2%	22	1%

Sida's choice of implementing actor depends on the context in which Sweden's development cooperation operates and the expected results outlined in Sweden's cooperation strategies. A major part of Sida's development assistance for health has been allocated to fragile states, including conflict and post-conflict countries. This means that the proportion of aid channelled as multi-bi support is relatively large, while support to states/public sector is limited. Multi-bi support goes to UN organisations and World Bank Group activities at country level. Many countries affected by conflict and post-conflict situations are marked by great political uncertainty, while at the same time their national systems are so weak that the risk associated with channelling development assistance through the national health budget is considered too high. In 2021, more than 52 per cent of Sida's development assistance for health was channelled through multilateral organisations such as the UNFPA, UNICEF, the WHO and the World Bank. The number consists of multi-bi development assistance for health at all levels: global, regional and bilateral/national.

One trend is that more and more donors tend to give earmarked support for projects or programmes rather than core support. Through Sida, Sweden is one of the few donors that continues to give extensive core support to multilateral and civil society organisations. This requires dialogue and close collaboration with the organisations in order to monitor them and ensure that Sweden's priority issues do not become the exception.

Research cooperation

Sweden's research support contributes to building research capacity, producing and publishing development-related research, and developing and strengthening the links between research and innovation. Support for health research amounted to approximately SEK 193 million in 2021 (Table 5).

Table 5. Research cooperation from Sida 2015–2021

	2015	2016	2017	2018	2019	2020	2021
	SEK	SEK	SEK	SEK	SEK	SEK	SEK
	million	million	million	million	million	million	million
Proportion research	12%	9.1%	10%	10%	5.2%	5.0%	6.7%
Total development cooperation for health (120–130)	1 629	1 797	2 181	2 309	2 384	2 691	2 882
Medical research (12182 - Medical research)	191	163	225	225	123	135	193

Within the framework of the strategy for research cooperation and research in development cooperation, Sweden has funded a number of initiatives to contribute to improved health systems and institutions. Sida's support to the Alliance for Health Policy and Systems Research hosted by the WHO contributed to health ministers in Kenya, Malawi and Uganda building sustainable systems for integration of research results in their decision-making. Via the International Vaccine Institute, Sida has also contributed to strengthening Burkina Faso's and Madagascar's capacities to manage the pandemic through testing and diagnosis.

AMR complicates possibilities to achieve equitable care. Among other things, this is due to a lack of access to effective antibiotics. Therefore, work to address AMR remains a priority. Sweden has contributed to the Joint Programming Initiative on AMR. This global collaborative platform calls for research projects that seek to limit development and consequences of AMR. In addition, Sida's support to ReAct has helped attract global attention to AMR.

Through membership in the European and Developing Countries Clinical Trials Partnership 2, Sweden has contributed to the development of the malaria vaccine candidate R21/Matrix-M. In clinical study in Burkina Faso, R21/Matrix-M has shown high efficacy of 77 per cent among children aged 5 to 17 months. It is the first malaria vaccine candidate that meets the WHO target of 75 per cent efficacy and will now be evaluated in a large-scale phase 3 trial in four African countries.

