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Swiss Agency for Development
and Cooperation SDC

International Cooperation in Health

What we have learnt – changing
context and health challenges
Examples of the Swiss
international cooperation



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Introduction

Over the past 20 years, the SDC has engaged in several health programmes at the global and country levels. Humanitarian health interventions also represent an essential aspect of the SDC response to public health challenges. Results at country level have been documented, and best practices identified and used to elaborate recommendations that have influenced the design of larger international programmes, as well as global policy agendas.

Substantial progress has been made in improving the health status of many population groups and increasing the performance of health systems in low- and middle-income countries: child and maternal mortality rates are decreasing and the average life expectancy is increasing.

Global average life expectancy increased by 5.5 years between 2000 and 2016, the fastest increase since the 1960s. The greatest progress is in Africa, where life expectancy increased by 10.3 years to 61.2 years, driven mainly by improvements in child survival and expanded access to antiretrovirals for HIV treatment. The global under-five mortality rate declined by 59%, from 93 deaths per 1,000 live births in 1990 to 39 in 2018. Global malaria death rates have dropped by 60% since 2000:

in 2018, there were 228 million cases and 405,000 deaths from malaria, against 840,000 at the beginning of this century. *Source: WHO*

However, major health inequities remain as the specific needs of vulnerable populations are not being sufficiently taken into account.

- At least 400 million people have no basic healthcare and 40% of them lack social protection.
- More than 1.6 billion people live in fragile settings where protracted crises, combined with weak national capacity to deliver basic health services, present a significant challenge to global health.
- Every 2 seconds, someone aged 30 to 70 years dies prematurely from non-communicable diseases – cardiovascular diseases, chronic respiratory diseases, diabetes or cancer.
- 7 million people die every year from exposure to fine particles in polluted air.
- More than one of every three women have experienced either physical or sexual violence at some point in their life, resulting in both short- and long-term consequences for their physical, mental, and sexual and reproductive health. *Source: WHO, The Global Fund, UNDP*

COVID-19

The intensification of international travel, trade and livestock transactions and movements, as well as increasing human population density due to demographic developments and rapid urbanisation processes, multiply the risk of pandemics. Hence, both high-income and low- and middle-income countries are not sufficiently prepared to respond to pandemics. Overall, investments in strengthening health systems are essential in order to address the latter. The unprecedented COVID-19 pandemic threatens the achievement of the SDGs and development progress. COVID-19 is a global crisis which requires a global and cross-border response, thus making international and multilateral cooperation more important than ever.



© GAVI, the Vaccine Alliance, 2021.

Access to COVID-19 Tools Accelerator (ACT-A): an unprecedented global mobilisation

In the first quarter of 2020, international health organisations and funds, the private sector, including philanthropic foundations, and governments set up a new global initiative: the Access to COVID-19 Tools Accelerator (ACT-A). Based on the idea of pooling funding, competencies and know-how, the ACT-A aims to foster research and development and equitable access to new medical products to fight the pandemic. The SDC quickly responded with substantial humanitarian, bilateral and global support across the four pillars of the ACT-A: Diagnostics, Therapeutics, Vaccines and Health System Strengthening.

Communicable diseases

Communicable diseases such as HIV, tuberculosis, malaria, cholera, neglected tropical diseases and viral hepatitis cause more than 4 million deaths each year. These diseases, which mainly affect the Global South, will remain a priority for the SDC.



From 2002 to 2016, approximately 70 million of insecticide-treated bed nets were distributed to pregnant women and children under 5 in Tanzania. © Swiss TPH / Karen Kramer, 2015.

Fight against malaria: a mix of approaches from disease-specific interventions to global action

Tanzania has made massive progress in malaria control over the past two decades. The SDC has invested in research, innovation and development of vector control strategies such as the distribution of insecticide-treated bed nets for pregnant women and children under 5 years. Thanks to long-term technical assistance provided by the Swiss Tropical and Public Health Institute (Swiss TPH), the National Malaria Control Programme has been able to mobilise massive funding from the Global Fund and provide free malaria treatment. Engaged in policy dialogue within the country and at the Global Fund Board, the SDC ensures the coherence of global decisions with field reality. Moreover, based on its long-standing country experience, the SDC contributes Swiss expertise and know-how at the global level, which have a direct impact on global malaria policies. The SDC and the Swiss TPH support WHO working groups on malaria elimination, generate scientific evidence to inform global malaria strategy and help translate them into country-specific action.

Water, Sanitation, Hygiene and Health (WASH+)

The majority of the poorest people in the world will be living in fragile and conflict-affected settings (FCAS) by 2030. FCAS have regional (beyond bilateral influence) destabilising potential and are a particularly weak link in situations of disease spread, due to weak surveillance, unreliable patient data, almost non-existent testing and treatment ability. The SDC has long-standing experience in FCAS, primarily focusing on ad hoc humanitarian assistance. Achieving the *2030 Agenda* and the SDGs involves increasing attention to the health situation in these contexts.



© WHO/Acland. Global taskforce on cholera control, 2017.

Cholera initiative

Water, Sanitation, Hygiene and Health (WASH+) is one of the four priority themes of the SDC's Humanitarian Aid (SDC/HA), as defined in *Switzerland's International Cooperation Strategy for 2021–24*. Following the cholera outbreak in Haiti in 2010, the *Global Task Force on Cholera Control* was reinstated by WHO with the support of a large network of partners. Switzerland supports its operational arm, the Country Support Platform, which focuses on the elimination cholera at national level by 2030. The Swiss contribution includes 1) the secondment of a SHA Water, Sanitation and Health expert to WHO as an in-kind contribution; 2) the provision of technical expertise in sanitation and epidemiological surveillance; 3) the funding of research and advocacy activities covering 46 countries; 4) contributions to health or WASH programmes in selected countries where the SDC has long-term development and cooperation programmes.

Investing in cholera elimination helps strengthen affected countries' resilience to other communicable diseases through improved infection prevention and control systems and practices, early detection of communicable diseases and addressing some of the underlying environmental (e.g. water, sanitation and hygiene) problems that make people vulnerable to diseases.

Health systems governance

Structural inefficiency of health systems is an important and persistent challenge in most low- and middle-income countries. Governments often underinvest or do not invest adequately in health and over-rely on external resources or on point-of-service payments by patients. Effective governance and management systems are often lacking, thus rendering the efficient allocation and spending of scarce resources difficult. Insufficient infrastructure, equipment and technologies, and a global shortage in the health workforce, are clear signs of a general underinvestment or inadequate allocation of resources in healthcare. This results in a low coverage of quality health services and poor health outcomes. Missing social protection mechanisms that prevent high out-of-pocket payments for healthcare are contributing to an increasing inequity in access to quality health services.



Cabo Delgado. Mozambique, © FDFA, SDC / Cyprien Hauser, 2021.

Mozambique: decentralisation and public finance management in health

An important accomplishment in the health sector is an increase in institutional birth rates in Cabo Delgado province from 66% in 2010 to 76%, also thanks to Swiss support for better public finance management in the health system. The availability of 15 essential medicines in Cabo Delgado increased from 52% in 2011 to 60%, but missed the ambitious 90% target due to challenges with the medicine logistics system.

Since 2019, Switzerland, in close collaboration with the provincial government of Cabo Delgado, has supported direct financing to health facilities, with the aim of improving health and WASH conditions according to their own priorities. The use of national country systems (for planning, procurement and financial mechanisms) strengthens the capacity of decentralised authorities and avoids creating parallel mechanisms. Moreover, this direct support increases ownership, citizen participation, transparency and efficiency, thus improving governance in the health sector.

Non-Communicable Diseases

The high burden of poverty-related diseases such as communicable diseases, perinatal and maternal conditions and diseases based on nutritional deficiencies are persisting in low- and middle-income countries. In addition, the prevalence of non-communicable diseases (NCDs) is also increasing. Globally, NCDs (cardiovascular diseases, diabetes, cancer and chronic pulmonary diseases) are the most frequent cause of death. 80% of NCD-related mortality now occurs in low- and middle-income countries. As SDC has focused on communicable diseases in the past 20 years, considering NCDs in its response has become an imperative.



Moldova: Prevention of cervical cancer programme 2016–2020, © FDFA, SDC, 2018.

Non-communicable diseases: from pioneer investment in Eastern Europe to global engagement

Over the past decades, the SDC's health response in Eastern Europe has integrated NCDs programmes, while in sub-Saharan Africa and in humanitarian settings, it is gaining momentum, particularly in nutrition and mental health. Mental health programmes are being implemented in Ukraine, Moldova, and Bosnia Herzegovina and more recently, in Burundi and in the *Occupied Palestinian Territories*. At the global level, SDC has played an instrumental role in feeding global normative work on NCDs (including at WHO level) with evidence from bilateral programmes and in building a strong case for investing in addressing NCDs from a donor perspective.

Determinants of health

The health status of individuals is influenced by a variety of socio-economic factors, commonly named the determinants of health. These include income and social status, gender, education, physical environment (i.e. safe housing and workplace, access to clean water and air, improved sanitation), and nutrition. Not only are these determinants overlooked in global policies, but they are also increasing in number and intensity. Increased pollution, climate change and social tensions result in inequities and eventually in instability and conflicts.



© GAIN Alliance, Food market in Myanmar, 2012.

Making markets work for nutrition

Nutrition is a critical part of health and development. People with adequate nutrition are more productive and can create opportunities to gradually break the cycles of poverty and hunger.

With the support of the SDC and several other institutions, donors and foundations, the Global Alliance for Improved Nutrition (GAIN) is looking at market-based solutions in the food system with the objective of improving nutrition outcomes for the poor in low- and middle-income countries. GAIN works at several levels; it develops approaches to understand how we can drive more demand for nutritious foods in a market setting (building the demand). It also creates national accountability mechanisms to support businesses in understanding their effect on nutritious food systems and identifying actions to improve diets (business accountability). GAIN started activities in 2018 in Kenya, Tanzania, Nigeria, Bangladesh, Pakistan and India. More countries are expected to join in the coming years.

Adapting to changing global health architecture and cooperation modalities



A health care worker wears personal protective equipment (PPE) in Madagascar. The COVID-19 pandemic has strained the country's health system, including its ability to fight other diseases such as HIV, TB and malaria. © World Bank/Henitsoa Rafalia/Global Fund Strategy 2023–2028.

In terms of actors and aid modalities, the landscape is rapidly evolving. Even though international health policies and approaches are decided mainly at the global level, they have a direct impact on the work at country level.

Addressing health is progressively shifting from vertical, disease-specific interventions to a focus on health systems. International cooperation in health has an important role to play at the country level in order to coordinate national, bilateral and multilateral interventions. There is a need for greater coherence between multilateral and bilateral approaches in the sector.

Global health approaches: from disease-specific intervention to health system strengthening

In the early 2000s, the creation of global funds and initiatives such as Gavi (the Vaccine Alliance) and the Global Fund (to fight AIDS, tuberculosis and malaria) dramatically modified global health development policies by prioritising disease-specific approaches, also known as 'vertical approaches'. Channelling global funding to targeted and disease-specific interventions has shown significant results on the prevalence and morbidity of endemic communicable diseases. Nevertheless, vertical interventions have shown limitations, mainly due to their lack of focus on the quality of health systems that are supposed to underpin basic health service delivery: without strong and resilient health systems, including infrastructure, qualified and motivated health personnel, sound funding and data management, access and availability of medicines, the sustainability of disease-specific investments are at risk.

By constantly feeding strategic board discussions with experiences from its country-based work, the SDC has contributed to maintaining a 'reality check' and to shaping a global understanding of the importance of health system strengthening (HSS). As a consequence, the Global Fund Board launched an HSS funding window in 2010 and made it a strategic objective of its 2017–22 Strategy. Today, the GIZ BACKUP initiative funded by the SDC and BMZ supports governments and civil society organisations in strategically using grants from global financing mechanisms for strengthening their national health systems.

Research & development and access to health technologies

The global health architecture has undergone fundamental changes in recent years. Global health has got more political attention by being a regular topic on the G7 and G20 agendas, focusing in particular on health security and the response to outbreaks and epidemics such as H1N1, Ebola Virus Disease, and COVID-19. The number and type of actors working in development assistance/international cooperation in health and disaster relief are on the rise. New actors include the private sector, philanthropic foundations, emerging bilateral donors and civil society groups which act and sometimes advocate for a specific cause. As a consequence, greater fragmentation in approaches and methods occurs. International cooperation in health has a role to play in making sure that local health needs prevail in project funding decisions. Being actively engaged in local policy dialogue is of prime importance.



A mother and her child wait for their HIV medicines at the Family Infectious Diseases Clinical Research Unit at Tygerberg Children's Hospital, Stellenbosch University in Cape Town. © Drugs for Neglected Diseases initiative, 2019.

Engagement with the private sector and philanthropic organisations: R&D and access to medicine for neglected tropical diseases

Neglected Tropical Disease (NTDs) such as leishmaniasis, Chagas disease, or sleeping sickness affect 1.6 billion people worldwide, mainly in poor settings in Africa, Latin America and South Asia. Drug developers have little incentive to undertake costly research to develop drugs for NTDs because market returns are zero or very uncertain. In the early 2000s, Switzerland, together with other bilateral donors, supported the launch of various public-private Product Development Partnerships for R&D in and access to new drugs for neglected diseases. Some of them are based in Geneva and focus on specific diseases or products. Since then, new drugs have been developed and distributed. By 2019, one billion people over 130 countries were reached with treatment for at least one NTD. Industry partners have donated USD 17 billion worth of NTD medicine, making it one of the most cost-effective programmes in public health.

Imprint

Editor:
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Swiss Agency for Development and Cooperation SDC
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Layout:
Audiovisual service, FDFA

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This publication can be downloaded from the website www.sdc.admin.ch/publications

Bern, 2023 / © SDC