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Swiss Agency for Development
and Cooperation SDC

Global Programme Health

Programme Framework 2021–24



Cover Photo: Psychosocial support at the Women and Girls Centre in Kachin State, Myanmar. © UNFPA

Preface



Health of people in low and lower-middle income countries has significantly improved in recent decades. For instance, global child mortality rates were cut by more than half. Yet, not everybody has benefitted from the progress made and many people are still exposed to risks of contracting malaria, HIV, tuberculosis and other poverty-related diseases. Depending on the context, some population groups do not have access to the quality health services they need due to gender, socioeconomic status or other drivers of exclusion. Furthermore, they are often more exposed to health-related risk factors such as unhealthy diets or environmental pollution which leads to more than nine million premature deaths globally per year. Many of these risk factors contribute to the rise of non-communicable diseases such as mental disorders, cancer, diabetes as well as cardio-vascular and chronic respiratory diseases. The COVID-19 crisis has reinforced such health inequities as critical health services could not be maintained.

It is against this backdrop that the policy and programmatic work of the Global Programme Health (GPH) will focus on both fostering quality health systems and addressing key factors that influence health. In order to leave no one behind, particular emphasis will be placed on the specific needs of disadvantaged populations such as women, young people and migrants. The GPH's central approach to contributing to these areas is the development of common goods for health such as global norms and standards, approaches, tools or products. More inclusive and efficient governance mechanisms for global health are key to ensure equitable access to these common goods.

The GPH will prioritise health promotion, disease prevention and universal access to health services in low and lower-middle income countries, in areas where the Swiss Agency for Development and Cooperation's and other Swiss-based stakeholders' knowhow can make a difference – for example health products, digital solutions or service models. As the host of many global health players, International Geneva will be key for developing and promoting such common goods.

I am confident that, based on the new four year programme framework of the GPH, Switzerland's international cooperation will make a meaningful and lasting contribution to finding health solutions for the billions in need.

Patricia Danzi

Director General of the Swiss Agency for Development and Cooperation (SDC)

Bern, December 2020

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1. Context analysis

1.1. Global challenges and policy context

In recent decades **the health of people in low and lower-middle income countries (LICs and LMICs) has significantly improved** and death numbers have been reduced. Thanks to political commitment and massive global investments, child mortality rates were cut by more than half¹, and maternal mortality was also reduced by nearly 50 per cent between 1990 and 2015.² Yet not everybody has benefited equally from the investments made. Every year, 74 million women in LICs and LMICs still experience unintended pregnancies, resulting in 25 million unsafe abortions and 47,000 maternal deaths annually.³ Infections account for 26% of neonatal deaths and 11% of maternal deaths.⁴ Moreover, women and young girls are especially affected by HIV, revealing a major global challenge – **health inequities**⁵ between but also within countries. Large populations do not have access to the health services they need due to gender, age, economic status, and other factors.

The COVID-19 pandemic has reinforced health inequities, but also revealed how fragile overall health gains are if health systems cannot maintain critical essential health services while addressing a health shock. The COVID-19 crisis also shows that societies and economies cannot prosper if health systems, including in high income countries (HICs), are not resilient and insufficiently prepared, people's health literacy is low, and overall health security poor ('no wealth without health').

However, people in LICs and LMICs are not only threatened by **common infectious diseases**, such as malaria and HIV, **and cross-border outbreaks with epidemic or pandemic potential**, such as coronaviruses. They are also increasingly exposed to **health risks** related to unhealthy diets, tobacco and alcohol consumption, lack of physical activity, air, soil and water pollution, unplanned urbanisation, unsafe migration, and forced displacement. For instance, environmental pollution leads to more than 9 million premature deaths globally per year. The vast majority of these deaths occur in LICs and LMICs.¹ Many of these risk factors contribute to the rise of

non-communicable diseases (NCDs) such as mental disorders, cancer, and diabetes, cardiovascular and chronic respiratory diseases. In 2016, 31.5 out of 40.4 million deaths globally due to NCDs occurred in LICs and LMICs. Furthermore, as many as 20% of patients in LICs and LMICs are affected by both an infectious disease and an NCD.

Antimicrobial resistance is both a global economic and a health security issue that also threatens Switzerland. Annually, an estimated 700,000 people die of resistant infections that can no longer be treated with existing antibiotics or antimicrobials due to misuse and overuse. By 2050, resistant infections are predicted to claim around 10 million lives annually.⁶

Robust health systems are the key to tackling these increasingly complex combinations of health risks. Yet an estimated 5 million people in LICs and LMICs die each year from treatable conditions despite seeking healthcare and countries' efforts to expand access to healthcare. Health systems' amenable deaths led to USD 6 trillion in economic welfare losses in 2015, due to lost productivity.⁷ The low performance of health systems is largely attributable to structural problems. In resource-limited and poorly governed environments, health systems are struggling to provide competent and timely care for different ill-health conditions, especially in conflict-affected contexts. This is often due to lack of political commitment, low public health investments and inadequate allocation of resources. In turn, this and the resource constraints do not just lead to shortages of human resources but also to low levels of technical, organisational and managerial capacities. Moreover, undermined state legitimacy and general distrust in its institutions favour the unregulated expansion of private healthcare providers.

The increased focus on global health has not only resulted in massive investments, but also led to a **multitude of players, forums and initiatives**. Philanthropic players, such as the Bill and Melinda Gates Foundation, as well as emerging donors, such as China, India and the Arab states, are increasingly engaging in global health discussions. While this is an opportunity in the spirit of the 2030 Agenda and inclusive partnerships, potential **fragmentation through many initiatives** needs to be addressed. Lastly, the fact that during the COVID-19 crisis HICs have learned from LICs and LMICs has created a certain **paradigm** and also led to a **power shift**.

1 UN Goal 4: Reduce child mortality. New York: United Nations; 2015c.

2 Kassebaum NJ, Barber RM, Bhutta ZA, Dandona L, Gething PW, Hay SI, Kinfa Y, et al. Global, regional, and national levels of maternal mortality, 1990–2015: A systematic analysis for the Global Burden of Disease Study 2015. *The Lancet*, 2016; 388(10053): 1775–1812.

3 World Health Organization (2019): <https://www.who.int/news-room/detail/25-10-2019-high-rates-of-unintended-pregnancies-linked-to-gaps-in-family-planning-services-new-who-study> (accessed 23. July 2020).

4 Say, L. et al. (2014): Global causes of maternal death: a WHO systematic analysis. *Lancet Global Health*, 2014. 2(6): p. e323–33. And Velleman Y. et al. (2014): From joint thinking to joint action: a call to action on improving water, sanitation, and hygiene for maternal and newborn health. *PLoS Medicine*; 11(12): e1001771.

5 Equity means that in the context of the health sector, they can use the services and products they specifically need in order to promote, improve, maintain or protect their health. The needs of different population groups (may) differ according to gender, age or other factors.

6 O'Neill, J. (2016): Tackling drug-resistant infections globally: final report and recommendations. London: Wellcome Trust and Government of the United Kingdom.

7 Lancet Global Health Commission on High Quality Health Systems in the SDG Era (2018): [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30386-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30386-3/fulltext) (accessed 23. July 2020).

1.2. Swiss interests

Switzerland has four key interests that require a continuous engagement of its international cooperation in health for disadvantaged people in LICs and LMICs:

- 1. Global health security:** addressing highly infectious diseases with epidemic or pandemic potential and building stronger health systems in LICs and LMICs also contribute to protecting the health of the Swiss population.
- 2. Social cohesion, peace and economic stability:** providing equitable access to quality health services and products and reducing health risks, such as environmental pollution in LICs and LMICs, favours conducive environments and productive economies, and in turn may also encourage people to stay in their country and contribute to global economic development.
- 3. Market opportunities:** investing in the quality and sustainable financing of health systems as well as in health-related solutions in LICs and LMICs also creates opportunities, for example for the private sector as well as for the scientific and academic communities based in Switzerland, which have relevant expertise to offer.
- 4. Effective multilateral mechanisms and International Geneva:** as a smaller country, Switzerland depends on an effective multilateral system to assert its interests. Geneva, known as the 'Global Health Capital', hosts most of the globally relevant organisations and hence plays an important role in strengthening the efficiency of the health-related multilateral mechanisms. International Geneva also contributes to Switzerland's good reputation and gives it a relevant political voice.

1.3. Swiss added value

The added value Switzerland brings to global health issues relevant to LICs and LMICs is threefold:

- 1. Swiss Agency for Development and Cooperation (SDC): based on its thematic competence, the GPH co-creates or joins new strategic partnerships at an early stage, which strive to create a favourable global normative framework for health and develop common goods for health for disadvantaged people in LICs and LMICs.** *The GPH defines common goods for health as population-based functions or interventions that cannot be financed through market forces and that should generate large societal health benefits.* Examples are global norms and standards, strategies and approaches, or certain health-related products that address specific needs, e.g. of disadvantaged people. These partnerships do not necessarily require big financial investments at the start, but rather the readiness to take risks, some catalytic funding, and access to policy dialogues in LICs and LMICs. The GPH ensures the latter by closely working with the SDC bilateral cooperation programmes that have the necessary programmatic experience and country-specific context knowledge. Moreover, Switzerland, represented through the GPH, is also considered a credible partner as it stays engaged on a longer-term basis. Furthermore, Switzerland is involved in areas that are not sufficiently addressed by other donors and where it can contribute added value, i.e. neglected tropical diseases (NTDs), NCDs and mental health.
- 2. Swiss-based stakeholders: The GPH mobilises Swiss-based knowhow, products, services and approaches that are relevant to people's health in LICs and LMICs and that can be leveraged in these partnerships.** These include knowhow, products and services of pharmaceutical, medtech and biotechnology companies, research entities, federal offices and non-governmental organisations; Switzerland's high-quality health system with a unique governance model; integrated service models developed by hospitals or healthcare organisations, which can inspire other countries, and insurance expertise.
- 3. International Geneva: The GPH builds on International Geneva as it hosts key global health players.** As host country, Switzerland has privileged access to these players and is also in a unique position to foster complementarity, collaboration and synergies between them.

2. Results, lessons learnt and implications for 2021–24

2.1. Results

During its first programme framework 2015–20, the GPH gradually increased its budget and built its portfolio, especially the Universal Health Coverage (UHC) and Determinants of Health components, which were previously rudimentary. To date, the GPH has entered into **more than 30 strategic partnerships**, compared to only 20 in 2016. These partnerships are built around a broad range of actors: multilateral organisations, civil society organisations, private sector players, including philanthropic foundations, research institutes, and the Geneva-based product development partnerships for poverty-related diseases. Through these partnerships, the GPH has, in particular, contributed to the following policy and programmatic achievements:

1. The GPH-supported product development partnerships⁸ developed **25 medical products** including new medicines, diagnostics and vector control tools between 2015 and 2020, e.g. **against leishmaniasis, sleeping sickness and malaria**. Many of these common goods were made available to LICs and LMICs, e.g. through grants of The Global Fund.
2. In the field of **sexual and reproductive health and rights** (SRHR), the GPH's support to the Joint United Nations Programme on HIV and AIDS (UNAIDS) contributed to over half of an estimated 37 million HIV-affected people receiving antiretroviral treatment. Through the GPH partner, the International Planned Parenthood Federation (IPPF), 477 million health services (contraception, treatments for sexually transmitted diseases, etc.) were provided between 2016 and 2018, and 484 successful policy initiatives and legislative changes in favour of SRHR and gender equality supported.
3. As the second biggest donor to the Global Network for health financing and social health protection (P4H), the SDC has contributed to the **advancement of health financing reforms in more than 30 LICs and LMICs**, including SDC partner countries like Tanzania or Chad.
4. Together with partners, the GPH successfully transformed a **software for the management of (health) insurance beneficiaries, premiums and claims**, which was developed as part of bilateral cooperation, into an open source version available for all. In Nepal, for example, 870,000 members are registered, through the software, for national health insurance, which reimbursed USD 5.2 million to health facilities for services they provided.
5. At policy level, the GPH and like-minded donors successfully advocated for a stand-alone strategic objective on **resilient systems for health** in the current Global Fund strategy.
6. The GPH has significantly contributed to bringing **NCDs, including mental health, risk factors affecting health and the relevance of quality health systems**, further up on the global health agenda. Besides co-creating innovative global initiatives (e.g. the Global Alliance on Health and Pollution), the GPH collaborators were engaged in expert groups shaping new policies and guidelines, e.g. on cost-effective interventions to prevent NCDs.



Strengthening research in endemic countries, Democratic Republic of Congo. © DNDi

⁸ A PDP is a nonprofit organisational structure that enables the public, private, academic, and philanthropic sectors to aggregate funding for the development of medicines, vaccines, and other health technologies as common goods. PDPs target neglected diseases whose solutions lack commercial incentives and which disproportionately affect people in LICs and LMICs.

2.2 Lessons learnt

Over the period 2015 to 2020, the GPH intensified **work across its strategic components and with other SDC divisions**. In all components, emphasis was placed on strengthening health systems in such way that interventions focusing on diseases or health conditions are integrated into a broader spectrum of health service provision. This **health system perspective** in policy and programmatic work has been essential to promoting SRHR and addressing communicable diseases. Moreover, the COVID-19 pandemic has revealed that focusing on access to essential health services for more people in LICs and LMICs is not sufficient. Health systems must be further developed in such way that they not only provide health services to more people and protect them from financial hardship, but also provide quality care, can adapt to changing needs of people and respond to health shocks such as epidemics. Hence **health systems are key to both UHC and global health security**.

Yet in order to keep people healthy, so that they do not even need to seek healthcare, **more action on determinants of health** is required. Cross-sectoral interventions and hence work with other SDC global programmes was therefore intensified. The portfolio analysis also revealed that **gender equality, health equity and human rights need to be more systematically addressed across the entire portfolio**: better access for disadvantaged people (women, young people, and migrants) to the quality health services they need.

Work on global health governance was focused on the efficiency, effectiveness and sustainability of key multilateral partners and their reform efforts World Health Organization (WHO). Looking ahead, more emphasis will be placed on **improving coordination, encouraging collaboration and creating synergies** between them in order to increase impact – an explicit goal of the United Nations Development System reforms.

2.3 Implications for 2021–24

Recognising the key relevance of quality health systems for advancing UHC, further reducing poverty-related diseases and improving SRHR as well as for ensuring pandemic preparedness, the current strategic components 'Communicable diseases' and 'SRHR' will be merged with the 'UHC' component. That said, the GPH will maintain a strong commitment to addressing **poverty-related diseases** where donor concentration is less high and Switzerland can provide added value by engaging its pharmaceuticals industry and research community. In order to better target the needs of disadvantaged populations, a new **'Gender equality and human rights' component** will be established.

Within the **'Global health governance'** component, more emphasis will be placed on the **inclusion of civil society and the private sector** in global health policy forums and on ways of collaborating with new stakeholders such as **emerging donors**. Furthermore, the GPH will tap into the potential of **Swiss innovation hubs in digital health**.

3. Our commitment

Overall goal

The GPH contributes to people’s health and well-being, especially disadvantaged population groups, such as women, young people and migrants, in low and lower-middle income countries by addressing global challenges that particularly affect their health and require cross-border action, policy shaping and strategic partnerships.

This goal and the resulting strategic components are informed by the following strategies: (i) Switzerland’s Foreign Policy Strategy (2019–23); (ii) Switzerland’s International Cooperation Strategy 2021–24;⁹ (iii) Swiss Health Foreign Policy 2019–24 (SHFP);¹⁰ (iv) SDC Health Guidance 2020–30;¹¹ and (v) the 2030 Agenda for Sustainable Development.

Theory of change

If, through the GPH’s policy and programmatic work, health systems are of better quality, and if key determinants of health are effectively addressed (such as malnutrition and environmental pollution), and if specific needs of disadvantaged people, such as women, young people and migrants are considered, and if governance mechanisms for global health are more inclusive, efficient and effective, then the health and well-being of disadvantaged people in low and lower-middle income countries can be improved and protected. This is because the drivers of inequity, such as gender, socioeconomic status, educational level or age are targeted in all components.



Youth and technology for health, Zimbabwe. © SDC

⁹ The GPH focuses on the third objective of Switzerland’s International Cooperation Strategy 2021–24 (human development), i.e. providing quality basic services and saving lives. It also contributes to the achievement of the other objectives, i.e. sustainable economic development, addressing climate change and its effects, and peace, rule of law and gender equality.

¹⁰ The SHFP has six priority areas: health security and humanitarian crisis, access to medicines, sustainable healthcare and digitalisation, determinants of health, global health governance, addiction policies.

¹¹ The SDC Health Guidance defines the general orientation of the SDC bilateral programmes, Humanitarian Aid, and global action in areas relevant to health.

Priorities and objectives for 2021–24

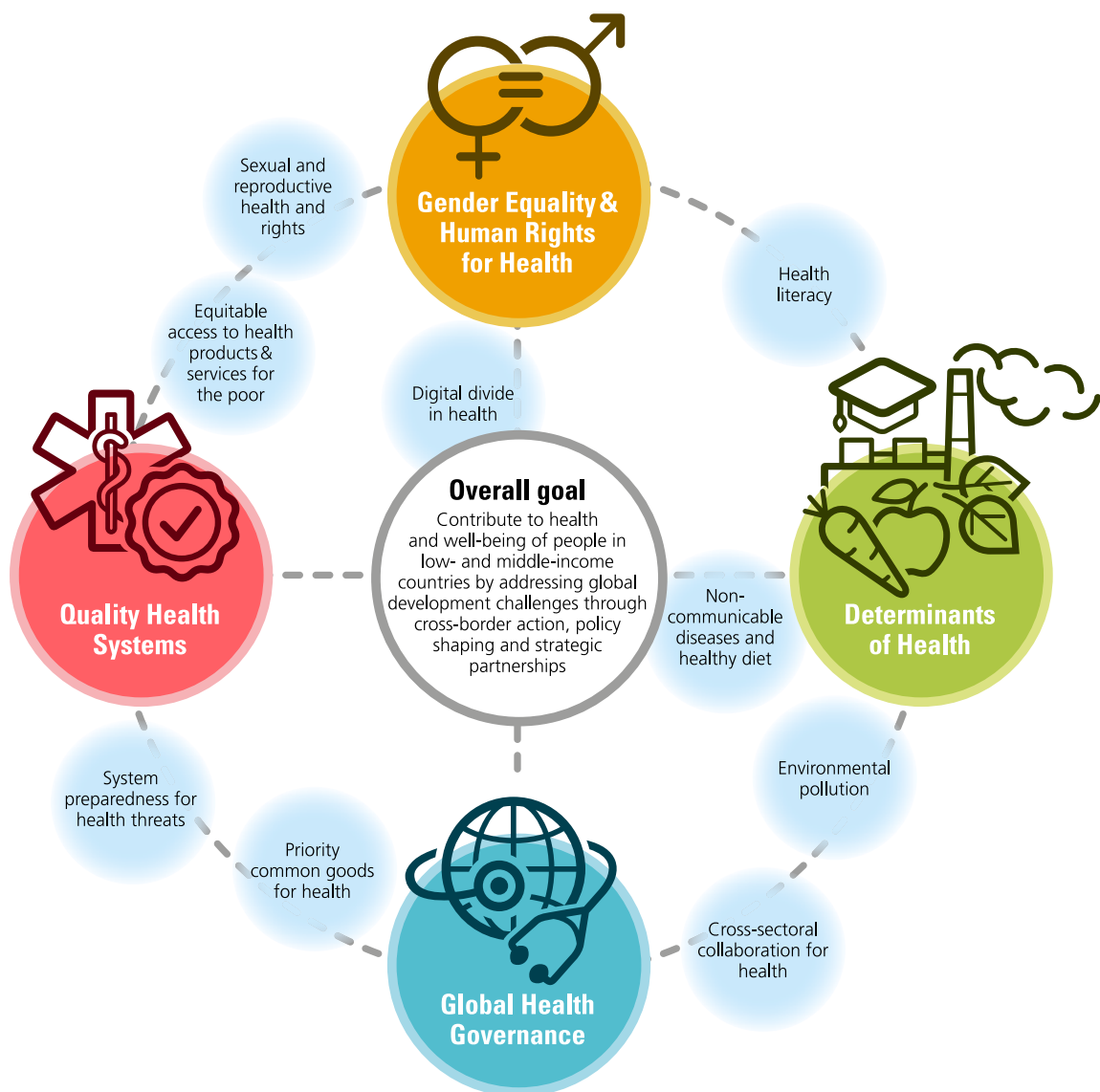
Based on the above theory of change, the GPH has defined four components:

1. Fostering quality health systems
2. Addressing determinants of health
3. Promoting gender equality and human rights for health
4. Advancing inclusive, efficient and effective global health governance

The four components are interlinked through sub-priorities (see graph below). The sub-priorities form part of the expected outcomes.

In order to make a real difference, the GPH will – across the four components – focus on policy work, strategic partnerships and equitable access to innovative common goods for health that

- address the specific needs of disadvantaged people (especially women, young people, migrants);
- build on Swiss added value, principles and expertise¹² as specified above;
- align with Swiss interests, as set out above, in accordance with the Swiss strategies referred to above.



¹² Kessler, Claudia, 'Swiss Comparative Advantage in Health'. Unpublished internal document, 2018; SEEK: Analysis of Established and Emerging Donors' Engagement in Global Health to Inform the Definition of Future SDC Priority Areas. Unpublished internal document, 2018.

3.1. Fostering quality health systems

Theory of change

If health systems in low and lower-middle income countries consistently deliver competent, safe and affordable care, including essential health products and services for disadvantaged people, if they are trusted by people and can adapt to changing needs and health shocks through e.g. better preparedness and response mechanisms, and if their financing is sustainable and fair to people, then health systems are deemed to be quality systems leading to better health and well-being of disadvantaged people. This is because quality health systems ensure both universal health coverage and protect people from public health threats such as epidemics.

Expected outcomes

Outcome 1.1: Innovative quality health products for poverty-related diseases developed through

- research and development of medicines, diagnostics and other (digital) tools for NTDs and malaria, where Switzerland provides added value

Outcome 1.2: Access to affordable quality health services and products for disadvantaged people improved through

- **strengthened regulatory procedures** for medicines, diagnostics and other tools, building on the unique combined support provided by the SDC and the Swiss Agency for Therapeutic Products (Swissmedic)
- **relevant and efficient service models** that respond to real needs and enable healthcare providers and managers to address the changing disease burden, e.g. for NCDs which few donors invest in and where Switzerland has successful risk reduction approaches (it is globally one of nine countries where the likelihood of dying from one of the key NCDs is below 10%);¹³ culture-sensitive services for migrants; digital solutions to make service provision more patient-centred

Outcome 1.3: Inclusive governance and better preparedness of systems promoted through

- inclusive governance of country health systems, with a focus on the **participation of non-state providers**, on transparency and accountability, as well as on policy and organisational capacity
- **systems' regulatory, surveillance and preparedness capacity**, so that they can prevent and better anticipate rapidly emerging epidemics or increasing resistances to antimicrobials, while maintaining and adapting critical essential services during health emergencies and protracted crises

Outcome 1.4: Innovative and sustainable health financing for service delivery, products as well as preparedness and response functions fostered through

- **diversified domestic resource mobilisation**, including financial innovation with private sector partners, social health protection for informal sector workers and migrants, digital goods for the efficient management of these resources, **evidence-based allocation of resources according to priority public health needs**. Few donors invest in health financing including information management mechanisms that are chronically underfunded components of health systems
- **global mechanisms** to ensure **equitable access to health solutions** such as voluntary licensing, etc.

Contribution to the sub-objectives of the IC strategy 2021–24 and the 2030 Agenda

The component contributes to six sub-objectives of the IC strategy 2021-24 (1, 2, 6, 7, 9 and 10, see annex 2 and 7) and six SDGs:



¹³ SEEK: Analysis of Established and Emerging Donors' Engagement in Global Health to Inform the Definition of Future SDC Priority Areas. 2018, p. 4.

3.2. Addressing determinants of health

Theory of change

If disadvantaged people in low and lower-middle income countries are more literate and have access to understandable information concerning healthy diets, environmental pollution and other risk factors, if more sectors in these countries invest in and work together for health, and if, accordingly, institutional, legal and normative frameworks at national, regional and global levels are more conducive to health, then key determinants of health can be effectively addressed. This is because a combination of incentives and regulations targeting individual, household and commercial sector behaviour as well as public policy can increase economic productivity of disadvantaged people and reduce their healthcare spending.

Expected outcomes

Outcome 2.1: Conducive policies and framework conditions for healthy diets, clean environment and water as well as health education promoted for disadvantaged people through

- **strengthened regulatory capacities** of governments
- **regulations/incentives** for local production and marketing of healthy food as well as for reduced air, soil and water pollution (e.g. from medical product manufacturing)

Outcome 2.2: Health literacy of disadvantaged people built through

- **health promotion programmes and updated curricula in schools** regarding informed choices about nutrition, sexual and reproductive health, including family planning, etc.
- **transparent and comprehensible food labelling**

Outcome 2.3: Other sectors mobilised to work on factors that affect health through

- **healthy urban environments** (inclusive urban planning factoring in migration) and **wastewater management** (e.g. to eliminate multi-resistant microbials, including from antibiotics manufacturing, or sewage/greywater treatment in new permanent urban settlements) – areas where Swiss players have technical knowhow and leverage
- **One Health approach** (including integrated surveillance to reduce antimicrobial use in humans but also in crops and livestock production) where Switzerland has expertise

Contribution to the sub-objectives of the IC strategy 2021–24 and the 2030 Agenda

The component contributes to five sub-objectives of the IC strategy 2021–24 (1, 2, 3, 4 and 7, see annex 2 and 7) and to nine SDGs:



Nutrition campaign, Bolivia. © Red Cross

3.3. Promoting gender equality and human rights for health

Theory of change

If the specific needs of disadvantaged population groups such as women, young people or migrants, e.g. regarding their SRHR or access to digital technologies, are addressed through adequate service provision, if all populations groups enjoy equal rights, then improvements in the health of people in low and lower-middle income countries can be made. This is because sustainable economic prosperity and social stability require everybody to realise his or her potential.

Expected outcomes

Outcome 3.1: The multiple and intersecting needs and rights of disadvantaged groups such as women, younger people and migrants addressed through

- **evidence-based policy formulation and service provision for SRHR**, i.e. access to comprehensive information and education as well as to health services (family planning counselling and support, quality antenatal care, prevention and treatment of sexually transmitted diseases)
- **global health governance mechanisms to reduce the digital divide**, e.g. better access to digital innovation and data privacy/security for disadvantaged people

Outcome 3.2: Health equity and human rights promoted through

- **drivers of inequity** (e.g. gender, ethnicity, age or disability) **mainstreaming** in all supported GPH initiatives, partnerships and policy work
- **policies and advocacy for human rights**, equal opportunities for all, education and literacy of disadvantaged people to help them know and claim their rights, increase the ability of public bodies and the private sector to fulfil their human rights obligations within the health system and across the whole spectrum of health service delivery

Outcome 3.3: Policies and investments for gender equality as well as girls' and women's health and rights promoted through

- **gender-transformative policy and legislative reforms**

Contribution to the sub-objectives of the IC strategy 2021–24 and the 2030 Agenda

The component contributes to two sub-objectives of the IC strategy 2021–24 (7 and 9, see annex 2 and 7) and six SDGs:



3.4. Advancing inclusive, efficient and effective global health governance

Theory of change

If civil society, private sector players, emerging donors and low-income countries are increasingly included in global health discussions, if multilateral mechanisms to address global health challenges like the COVID-19 pandemic are more effective, and if access to common goods for health are ensured for all countries, then global health governance is more inclusive, efficient and effective. This is because all relevant stakeholders are considered and appropriate processes and structures for participation established.

Expected outcomes

Outcome 4.1: Effective multilateral mechanisms and collaboration strengthened that can swiftly address global health challenges and threats through

- **support to WHO** in safeguarding its key comparative advantage as global health norm setter and in strengthening its development results particularly in LICs
- **better complementarity of mandates, coordinated action and greater synergies between global health actors** and with other sectors like education. The effective implementation of the Global Action Plan for Healthy Lives and Well-Being for All, which aims to increase impact at country level through improved collaboration between 12 leading multilateral organisations, is key, also for pandemic responses

Outcome 4.2: Engagement of civil society, private sector, emerging donors (e.g. Arab states) **and LICs** in Geneva-based health governance forums promoted through

- sharing and leveraging of good practice models with different stakeholders

Outcome 4.3: Prioritisation of common goods advanced through

- **strengthened role of WHO as norm-setting multilateral agency in health;**
- evidence-based public health needs assessments
- **effective (risk) management of common goods** including digital solutions to make them accessible, affordable and safe for use, especially for disadvantaged people

Contribution to the sub-objectives of the IC strategy 2021–24 and the 2030 Agenda

The component contributes to three sub-objectives of the IC strategy 2021–24 (7, 9 and 10, see annex 2 and 7) and to five SDGs:



4. How we act – joint action on global challenges

Complementary to the SDC's bilateral engagement in health, the GPH fosters a **favourable global normative framework for health** and the development of **common goods for health that are relevant for many disadvantaged people in LICs and LMICs**. These goods need to inform and support the implementation of global, regional and national policies to help reach scale and contribute to positive systemic change. In order to foster this, the GPH **combines policy shaping at global level with engagement in strategic partnerships that drive innovations for systemic change**. By facilitating the inclusion of Swiss-based non-governmental organisations, research entities, private companies and federal/cantonal offices in these partnerships, the GPH fosters **targeted use of Swiss knowhow** where it can make a difference.

4.1. Principles of action

The GPH's principles of action are aligned to the Guidelines of the SDC's global instruments for Development and Cooperation 2021–24 and detailed hereafter:

- 1. Shaping policies:** The GPH strives to contribute to the development of common goods for health, including norms, standards and strategies, through board memberships in its priority multilateral partner organisations, serving on steering committees, and *ad personam* appointments of the GPH staff in international working groups or advisory councils.
- 2. Fostering innovation and the potential of digitalisation:** Innovations including working methods and novel approaches, creative partnerships, such as start-ups, impact hubs and youth engagement, or health products and digital solutions with the potential for systemic change, will be developed and brought to scale. Close collaboration with the SDC's bilateral programmes adapting innovations to the country context is crucial.
- 3. Engaging with the private sector** is critical for developing innovations and incentivising responsible business conduct. Both are needed to build quality health systems and address determinants of health (e.g. healthier food products or reduced pollution in production). Furthermore, the GPH will strengthen its action in private sector development, e.g. by promoting social enterprises or start-up companies through a global network of impact hubs, which provide support in terms of business plan development, access to knowhow and financial capital, enabling them to bring local, adaptable solutions to national and regional markets.
- 4. Strengthening knowledge management:** Sharing knowledge within the GPH and its partners is key to increasing the GPH's visibility and effectiveness. Moreover, the SDC Health Network is key to capturing, processing and mutually sharing programmatic and policy experience, results and lessons learnt at global level through bilateral cooperation programmes, humanitarian aid work and other SDC networks working on health-related aspects within the SDC, but also with Swiss-based stakeholders engaging for health.

4.2. Joint action on global challenges

The GPH will foster joint action on seven levels. It will

1. Intensify its work on thematic interfaces with other SDC units.

Ongoing collaboration with the Climate Change and Environment (health and pollution), Food Security (nutrition), Water (antibiotic residuals), Migration and Development (human resources for health), Education (health education) and Engagement with the Private Sector divisions will be pursued. This follows the logic of the 2030 Agenda to tackle cross-cutting global challenges and to address several SDGs at once. In the context of the Swiss Health Foreign Policy 2019–24, the GPH will work with the Analysis and Policy division on policy coherence. Together with the Global Institutions division, the GPH will continue working on SRHR, on health topics at the level of the World Bank and regional development banks and for the effective implementation of the UN Development System Reform to foster efficient global health governance. The Knowledge-Learning-Culture division will be instrumental in facilitating the process towards innovation in favour of sustainable development.

2. Continue working closely with SDC bilateral programmes

in Eastern Europe, Central and South-East Asia, as well as sub-Saharan Africa. This collaboration is already extensive, as the GPH shares a focal point with the East and Southern Africa and Eurasia divisions. This arrangement enables the SDC to also build on bilateral programmes, policy experience, results and innovation to inform and shape global policy work.¹⁴ At the same time, common goods for health co-created by the GPH may be adapted and implemented at national level through bilateral programmes. The GPH will also work closely with SDC regional programmes in sub-Saharan Africa on SRHR and HIV/AIDS.

3. Increasingly collaborate with SDC's Humanitarian Aid,

especially on health system preparedness and response or water, sanitation and hygiene (WASH) in relation to disaster risk reduction. The COVID-19 experience revealed the need for more systematic collaboration, which was strengthened by developing a coherent SDC response to the pandemic.

4. Continue contributing to the coherent implementation of the Swiss Health Foreign Policy 2019–24 (SHFP).

The GPH will work with other federal offices, institutes and agencies towards policy coherence and coordination of Swiss action at global level, and ensure alignment between the health-related priorities of the Strategy on International Cooperation 2021–24 with the priorities of other federal bodies in the SHFP.

5. Systematically mobilise Swiss-based stakeholders

for strategic partnerships wherever their knowhow can make a difference. This applies, for example, to the research and development (R&D) of medicines and diagnostics where Swiss-based pharma companies and research entities excel.

6. Strategically exchange and ally with other bilateral donor agencies

from DAC countries, e.g. in the context of the EU Member States Experts' Meeting on Health and Population. The GPH will also explore grounds with emerging donors such as China (through the Belt and Road Initiative on health) or the Arab states (Saudi Arabia, etc.) while fostering the DAC principles of aid harmonisation, transparency and accountability.

7. Further build on the SDC's Health Network for making these joint actions happen.

It brings Swiss-based players together, makes their priorities, areas of expertise, knowhow and resources known, facilitates knowledge exchange, and provides a platform for potential collaboration. The Network has developed different formats and forums and will reach out to more Swiss-based stakeholders from the private and scientific sectors. The GPH also engages with other SDC Networks (e.g. gender, multilateral, governance).

¹⁴ A good example was the placement of the SDC's head of the health domain in Tanzania as alternate board member for the Global Fund, where he could inform the fund's strategy and board discussions on impact on the ground and country needs in terms of strengthening health systems, thus leveraging results achieved and experiences gained at bilateral cooperation level.

4.3. Strategic steering

Monitoring and steering will be ensured at three levels:

- 1. Thematic and policy context:** The GPH will continuously monitor developments and new trends in global health and international cooperation in order to adjust its priorities or implementation arrangements where appropriate. This will be ensured through engagement in global health policy debates, interaction with key opinion leaders in global health, regular literature reviews, commissioned studies, and engagement of the GPH staff in expert groups.
- 2. Results framework by component:** Based on the results framework for each strategic component, the GPH monitors the annual progress in reaching policy and programmatic goals.
- 3. Programmes and initiatives:** The programme-specific results framework and engagement in governance bodies will enable each GPH-supported initiative and partnership to be steered and monitored effectively. Initiatives also apply the SDC's Aggregated Reference Indicators (ARI) and Thematic Reference Indicators (TRI) as well as other key health indicators selected by the SDC Health Network that are also used for bilateral programmes.

Monitoring of financial planning

The GPH ensures that its strategic priorities are appropriately reflected in its multi-year budget for the 2021–24 period (see annex 3) by allocating funding to new initiatives or new engagements within existing partnerships. Moreover, it continuously monitors budget execution and has some potential, strategically relevant investments available in case the budget cannot be executed as planned.

Reporting for the International Cooperation Strategy 2021–24

The GPH will apply the health-related ARIs and TRIs listed in annex 2 and 6 to show the GPH's contribution to the overall international cooperation objectives for the 2021–24 period.

Risk management

Thematic competence, a network of and knowledge about different international health stakeholders are key to mitigating the risks involved in setting up new partnerships and initiatives with unknown parties. This enables the GPH to identify and assess the risks associated with each option. Partner risk assessments and close steering of partnerships are also important tools. Careful selection of target countries based on political commitment and other prerequisites is also key.

Learning and accountability

Independent evaluations of supported initiatives will be commissioned at strategically important junctures (e.g. every four years), wherever possible in collaboration with other donors and stakeholders. These will be complemented, where appropriate, by **scientifically sound impact assessments**, as required by the IC strategy 2021–24.

5. Financial and human resources

The financial allocation and human resources are indicative and may be amended based on external influence or the SDC internal decisions.

5.1. Financial resources

For the next four years, a total budget of **CHF 247.1 million** is proposed including **151.1 million for the GPH's multilateral engagement**¹⁵. The indicated **total budget for other strategic partnerships is CHF 96 million**, with an annual increase of about 10% during the next four years (see overview financial planning in annex 4). In addition, the GPH will strive to invest at least 1% of its operational budget for culture. This will enable the GPH to engage in a limited number of new strategic partnerships and intensify some policy work (i.e. access to NCD services, systemic approach to digitalisation, quality of health systems, including pandemic preparedness functions). In addition, the GPH will strive to invest at least 1% of its operational budget for culture.

5.2. Human resources

As with any organisation dedicated to human development, human resources are the cornerstone of success. The GPH promotes thematic expertise and aims at sufficient, qualified and motivated human resources to fulfil the outlined mandate and to assure that Switzerland can make a difference. Where opportune, fewer but larger partnerships will help reduce the work load and pressure on the GPH staff. The GPH is committed to using best working practices by seeking out continuously new efficiency gains and optimisations. In order to make best use of its limited human resources, the GPH ensures a **good balance between well-established engagements and new strategic partnerships** that demand a relatively high involvement in terms of strategic and institutional shaping and steering. A similar **balance** needs to be ensured **between** human resource intensive **policy dialogues** (with potentially high global impacts) **and management of the programme portfolio**.

The GPH team at head office is constituted of 10 employees or **7.2 full time equivalents (FTE)**. Additionally, 0.5 FTE are located at the Swiss Permanent Mission to the United Nations in Geneva, and 0.4 (academic trainee) affirmatively planned for knowledge management and communications. At the time of publication of this framework, no major changes in human resources allocation for the GPH are foreseen.

The GPH collaborators will increasingly work across two or more components which in turn requires a matrix work organisation. In light of some of the new priorities for 2021–24, the GPH staff will upgrade their skills, e.g. increase their digital health literacy or how to deal with the private sector.

¹⁵ The Global Fund, UNAIDS and World Health Organization.

Annex

Annex 1: List of acronyms

2030 Agenda	2030 Agenda for Sustainable Development
AMR	Antimicrobial Resistance
ARI	Aggregated Reference Indicators
CHF	Swiss francs
DAC	Development Assistance Committee
DNDi	Drugs for Neglected Diseases Initiative
ESPEN	Expanded Special Project for the Elimination of Neglected Tropical Diseases
FDFA	Federal Department of Foreign Affairs
FOPH	Federal Office of Public Health
FTE	Full-time equivalents
GAVI	The Vaccine Alliance
GPH	SDC Global Programme Health division
HICs	High-Income Countries
HRP	Human Reproduction Programme hosted by WHO
IC strategy 2021–24	Switzerland's International Cooperation Strategy 2021–24
IDRC	International Development Research Centre
IVCC	International Vector Control Consortium
LICs	Low-income countries
LMICs	Lower-middle income countries
MAGHP	Swiss Marketing Authorization for Global Health Products procedure

NCDs	Non-Communicable Diseases
NRAs	National Regulatory Authorities
NTDs	Neglected Tropical Diseases
P4H	Global Network for Health Financing
PMNCH	Partnership for Maternal, Newborn and Child Health
R&D	Research and development (of medical products)
SDC	Swiss Agency for Development and Cooperation
SDGs	Sustainable Development Goals
SFPD	Sectoral Foreign Policies Division
SIWI	Swedish International Water Institute
SRHR	Sexual and Reproductive Health and Rights
Swissmedic	Swiss Agency for Therapeutic Products
TDR	Special Programme For Research and Training in Tropical Diseases
TRI	Thematic Reference Indicators
UHC	Universal Health Coverage
UNAIDS	Joint United Nations Programme on HIV and AIDS
USD	United States Dollar
WHO	World Health Organization

Annex 2: Results framework 2021–24

Overall goal

The SDC's Global Programme Health contributes to people's health and well-being, especially disadvantaged population groups, such as women, young people and migrants, in low and lower-middle income countries by addressing global challenges that particularly affect their health and require cross-border action, policy shaping and strategic partnerships.

Theory of change

If, through the GPH's policy and programmatic work, health systems are of better quality, and if key determinants of health are effectively addressed (such as malnutrition and environmental pollution), and if specific needs of disadvantaged people, such as women, young people and migrants are considered, and if governance mechanisms for global health are more inclusive, efficient and effective, then the health and well-being of disadvantaged people in low and lower-middle income countries can be improved and protected. This is because the drivers of inequity, such as gender, socioeconomic status, educational level or age are targeted in all components.

Strategic component 1: Fostering quality health systems

If health systems in low and lower-middle income countries consistently deliver competent, safe and affordable care, including essential health products and services for disadvantaged people, if they are trusted by people and can adapt to changing needs and health shocks through e.g. better preparedness and response mechanisms, and if their financing is sustainable and fair to all people, then health systems are deemed to be quality systems leading to better health and well-being of disadvantaged people. This is because quality health systems ensure both universal health coverage and protect people from public health threats such as epidemics.

Contribution to selected sub-objective(s) of the IC strategy 2021–24

Sub-objectives 1 and 7: Strengthen framework conditions for market access and create economic opportunities, and strengthen equitable access to quality basic services by accelerating market authorisation for quality health products and ensure access to them

Sub-objectives 1, 2 and 7: Strengthen framework conditions for market access and create economic opportunities, promote innovative private sector initiatives to facilitate the creation of decent jobs, and strengthen equitable access to quality basic services by fostering social enterprises and start-ups in LICs and LMICs to develop innovative and low-cost products, services and approaches to health that meet demand and by supporting the development of digital solutions/systems for health through global initiatives

Sub-objectives 2 and 7: Promote innovative private sector initiatives to facilitate the creation of decent jobs, and strengthen equitable access to quality basic services by strengthening human resources for health

Sub-objective 6: Prevent disasters and ensure reconstruction and rehabilitation by strengthening national and regional disease surveillance and early warning systems for epidemic/pandemic preparedness

Sub-objectives 7 and 9: Strengthen equitable access to quality basic services and strengthen and promote human rights and gender equality by ensuring service provision for SRH and NTDs to left behind populations and reduce the digital divide

Sub-objective 10: Promote good governance and the rule of law and strengthen civil society by supporting and strengthening capacities of LICs and LMICs to develop and implement sustainable health financing strategies that focus on priority health needs of the population

Targeted SDGs



Partners

WHO, International Labour Organization (ILO), UNAIDS, The Global Fund and the Vaccine Alliance Gavi, Medicines Patent Pool, Swissmedic, impact hubs (Basel), Foundation for Innovative New Diagnostics (FIND), Medicines for Malaria Venture (MMV), IVCC, DNDi, Harvard Chan School of Public Health, German and French development cooperation, The Wellcome Trust, Federal Office of Public Health (FOPH), Swiss Intellectual Property Institute

Outcome	Description	Indicator (incl. ARI and TRI)
Objective 1	Quality of health systems is fostered.	<ul style="list-style-type: none"> → Maternal mortality (TRI) Baseline (2017): 211 maternal deaths per 100 000 live births Target (2030)¹⁶: 70 or less maternal deaths per 100,000 live births → Number of adopted national policies, strategies or initiatives targeting better quality of health systems or care that are based on evidence generated from the Quality Health Systems Transformation Network Baseline (2020): 0 Target (2023): 6
Outcome 1.1	Innovative quality health products for poverty-related diseases (NTDs, Malaria) developed and ready for use.	<ul style="list-style-type: none"> → Number of newly developed quality health products for poverty-related diseases (diagnostics, therapies and other tools); Baseline (2019): 45 Target (2024): 77
Outcome 1.2	<p>Access to affordable quality health services and products for disadvantaged people improved.</p> <p>Services and products must be delivered in an equitable, efficient and effective way. This also means that delivery models must be convenient for both providers and patients.</p>	<ul style="list-style-type: none"> → % of National Regulatory Authorities (NRA) having approved a medical product within 90 days upon receipt of the dossier that was submitted within the Swissmedic Marketing Authorization for Global Health Products procedure (MAGHP) and evaluated by Swissmedic and the concerned NRA representatives, according to the MAGHP guidance document and signed expressions of intent; Baseline (2020): 0% Target (2024): 75% → Number of patient-years covered with treatment based on five licence agreements for type-2 diabetes, novel oral anticoagulants for heart disease prevention and second-generation treatment for chronic myeloid leukaemia Baseline (2018): 620,000 patient-years Target (2022): 10.537 million patient-years

¹⁶ No specific official target is set for the years 2020–29.

<p>Outcome 1.3</p>	<p>Inclusive governance and better preparedness of systems promoted.</p> <p>In order to better prevent and anticipate rapidly emerging epidemics and increasing resistances to antimicrobials, etc. it is crucial to improve governance as well as preparedness and response mechanisms of health systems.</p>	<p>→ Global norms, strategies and initiatives regarding integrated preparedness and response mechanisms (including quality surveillance data on potential health threats such as AMR, COVID-19 etc.) co-shaped and developed.</p> <p><i>Indicator will be assessed qualitatively in countries covered by the GPH-supported initiatives.</i></p> <p><u>Baseline (2020):</u> n.a.</p> <p><u>Target (2024):</u> Global norms, strategies and initiatives regarding integrated preparedness and response mechanisms (including quality surveillance data on potential health threats such as AMR, COVID-19, etc.) adapted and implemented at country level.</p>
<p>Outcome 1.4</p>	<p>Innovative and sustainable health financing fostered.</p> <p>Health financing is a core function of equitable and sustainable health systems that also enables disadvantaged populations to access the quality health services and products they need without facing financial hardship, and that ensures preparedness and response functions.</p>	<p>→ Out-of-pocket payment for health services and care: Proportion of total current expenditure on health paid by households out-of-pocket (TRI 2) in low and lower-middle income countries:</p> <p><u>Baseline (2019):</u> 41% (data from 2017)</p> <p><u>Target (2024):</u> 37%; Source: WHO Global Spending on Health: Global Report 2019</p> <p>→ Number of national health financing policies and/or regulations developed and adopted (in 12 P4H target countries)</p> <p><u>Baseline (2019):</u> 4 out of 12 countries</p> <p><u>Target (2024):</u> 8 out of 12 countries</p> <p>→ Domestic general government health expenditure per capita in USD (TRI)</p> <p><u>Baseline (2017):</u> USD 60.2 (WHO Africa region)</p> <p><u>Target (2024):</u> USD 62; Source: https://apps.who.int/gho/data/view.main.GHEDGGHEDpcUSSHA2011REGv?lang=en</p>

Strategic component 2: Addressing determinants of health

If disadvantaged people in low and lower-middle income countries are more literate and have access to understandable information concerning healthy diets, environmental pollution and other risk factors, if more sectors in these countries invest in and work together for health, and if, accordingly, institutional, legal and normative frameworks at national, regional and global levels are more conducive to health, then key determinants of health can be effectively addressed. This is because a combination of incentives and regulations targeting individual, household and commercial sector behaviour as well as public policy can increase economic productivity of disadvantaged people and reduce their healthcare spending.

Contribution to selected sub-objective(s) of the IC strategy 2021–24

Sub-objective 1: Strengthen framework conditions for market access and create economic opportunities by helping to create markets and demand for nutritious and healthy food

Sub-objective 2: Promote innovative private sector initiatives to facilitate the creation of decent jobs by fostering social enterprises and start-ups in LICs and LMICs to develop innovative and low-cost products, services and approaches to health that meet demand

Sub-objective 3: Address climate change and its effects by addressing air pollution; fostering low-cost, energy-efficient and climate-friendly health technologies

Sub-objective 4: Ensure the sustainable management of natural resources by addressing soil and water pollution

Targeted SDGs



Partners

Global Alliance for Health and Pollution, Global Alliance for Improved Nutrition, Scaling Up Nutrition (SUN) movement, WHO, International Development and Law Organisation (IDLO), International Development Research Centre (IDRC), Swedish International Water Institute (SIWI), AMR Industry Alliance, Impact Hubs (Basel), International Planned Parenthood Federation, UNAIDS, Centre universitaire de médecine générale et santé publique (unisanté), UCL Institute of Health Equity, United Nations Educational, Scientific and Cultural Organization (UNESCO), Sectoral Foreign Policies Division (SFPD), Federal Department of Foreign Affairs (FDFA)

Outcome	Description	Indicator (incl. ARIs and TRIs)
Objective 2	Key determinants of health are effectively addressed.	→ Proportion of stunting among children aged 0–5 years (HLT_TRI_5) <u>Baseline (2010)</u> : 171 million children worldwide <u>Target (2025)</u> ¹⁷ : 100 million children worldwide (40% reduction)
Outcome 2.1	Conducive policies and framework conditions for healthy diets, clean environment and water as well as education for health promoted.	→ Number of policies, regulations, guidelines or products, tools or approaches newly approved and implemented to reduce unhealthy diets, environmental pollution, antimicrobial resistance building or to improve education for health (TRI adaptation); <u>Baseline (2020)</u> : 0 <u>Target (2024)</u> : 6
Outcome 2.2	Health literacy of disadvantaged people built. Individuals' abilities to gain access to, understand and use information in ways which promote and maintain good health for themselves, their families and their communities, are improved.	→ Prevention of non-communicable diseases: Number of persons reached through health education sessions related to the prevention of non-communicable diseases (ARI) <u>Baseline (2020)</u> : n.a. <u>Target (2024)</u> : 8 million people → Number of persons who understand health information well enough to know what to do (e.g. fill out medical forms in the correct way, accurately follow instructions, read and understand written health information etc.) and who actively engage with healthcare providers (e.g. feel able to discuss their health concerns with a health workers etc.) <u>Baseline (2020)</u> : n.a. <u>Target (2024)</u> : 4 million people
Outcome 2.3	Other sectors mobilised to work on factors that affect health.	→ Number of women and men whose diet is healthy (proxy: Women's Minimal Diet Diversity) (AFS ARI 3) <u>Baseline (2020)</u> : to be assessed at the start of a project (for a specific area); <u>Target (2024)</u> : increase by min. 20% → Number of countries with a validated Health and Pollution Action Plan (HPAP); <u>Baseline (2020)</u> : 1 <u>Target (2024)</u> : 5

¹⁷ No specific official target is set for the years 2020–24.

Strategic component 3: Promoting gender equality and human rights for health

If the specific needs of disadvantaged population groups such as women, young people or migrants e.g. regarding their SRHR or access to digital technologies, are addressed through adequate service provision, if all population groups enjoy equal rights, then improvements in the health of people in low and lower-middle income countries can be made. This is because sustainable economic prosperity and social stability require everybody to realise his or her potential.

Contribution to selected sub-objective(s) of the IC strategy 2021–24

Sub-objectives 7 and 9: Strengthen equitable access to quality basic services, and strengthen and promote human rights and gender equality by ensuring that critical SRH services and products are provided to people in need, especially women, girls, migrants, etc.; ensuring that NTD-related services are provided to people in need

Sub-objective 9: Strengthen and promote human rights and gender equality by safeguarding SRHR in global, regional and national health policies

Targeted SDGs



Partners

WHO, Expanded Special Project for the Elimination of Neglected Tropical Diseases (ESPEN), Partnership for Maternal, Newborn and Child Health (PMNCH), UNAIDS, International Planned Parenthood Federation, The Global Fund, Gavi, impact hubs (Basel), Medicus Mundi Switzerland, UNISANTE, UCL Institute of Health Equity

Outcome	Description	Indicator (incl. ARIs and TRIs)
Objective 3	Gender equality and human rights are promoted.	→ Number of gender transformative policy and legislative reforms in place (indicator close to SDG 5.1.1; TRI) <i>Indicator will be assessed qualitatively in countries covered by the GPH-supported initiatives.</i> <u>Baseline (2020):</u> n.a. <u>Target (2024):</u> Gender transformative policy and legislative reforms in relation to health implemented.
Outcome 3.1	The multiple and intersecting needs and rights of disadvantaged groups, such as women, young people and migrants, addressed. Women and young people have the ability to access and make their own choices regarding the use of SHRH services.	→ Proportion of women of reproductive age whose family planning needs are met through modern methods (SDG indicator 3.7.1) (TRI) <u>Baseline (2019):</u> 55% for sub-Saharan Africa <u>Target (2030)¹⁸:</u> 62% for sub-Saharan Africa

¹⁸ No specific official target is set for the years 2020–24.

<p>Outcome 3.2</p>	<p>Health equity and human rights promoted. Health equity and a human rights-based approach are applied in global health initiatives.</p>	<p>→ Health-related resolutions and political declarations fostering health equity and a human rights-based approach co-shaped and developed. <i>Indicator will be assessed qualitatively in countries covered by the GPH-supported initiatives.</i> <u>Baseline (2020):</u> n.a. <u>Target (2024):</u> Health-related resolutions and political declarations fostering gender equality, health equity and a human rights-based approach adopted.</p> <p>→ Number of AIDS-related deaths per year <u>Baseline (2019):</u> 690'000 <u>Target (2030)¹⁹:</u> < 200'000</p>
<p>Outcome 3.3</p>	<p>Policies and investments for gender equality as well as girls' and women's health and rights promoted. Influence on policies and investments for gender equality and girls' and women's health and rights is enhanced.</p>	<p>→ Advocacy initiatives and other activities of development and humanitarian agencies for policy changes and related investments informed through evidence, e.g. gender disaggregated data. <i>Indicator will be assessed qualitatively in countries covered by the GPH-supported initiatives.</i> <u>Baseline (2020):</u> n.a. <u>Target (2024):</u> Evidence-based initiatives implemented by development and humanitarian agencies.</p>

Strategic component 4: Advancing inclusive, efficient and effective global health governance

If civil society, private sector players, emerging donors and low and lower-middle income countries are increasingly included in global health discussions, if multilateral mechanisms to address global health challenges like the COVID-19 pandemic are more effective, and if access to common goods for health are ensured for all countries, then global health governance is more inclusive, efficient and effective. This is because all relevant stakeholders are considered and appropriate processes and structures for participation established.

Contribution to selected sub-objective(s) of the IC strategy 2021–24

Sub-objective 7: Strengthen equitable access to quality basic services by providing coordinated multilateral financial and technical support to countries for integrated health service provision including malaria, TB, HIV, vaccines

Sub-objectives 7 and 9: Strengthen equitable access to quality basic services and promote human rights and gender equality by ensuring provision of critical SRH, HIV and vaccination services and products to key populations

Sub-objective 10: Promote good governance and the rule of law and strengthen civil society by fostering inclusion of civil society and the private sector in global health policy debates (e.g. at WHO); strengthening the role of WHO as global health norm setter and its development results for LICs and LMICs

Targeted SDGs



¹⁹ No specific official target is set for the years 2020–29.

Partners

WHO including as host to Special Programme for Research and Training in Tropical Diseases (TDR), Human Reproduction Programme (HRP) and PMNCH, The Global Fund, the Vaccine Alliance (GAVI), UNAIDS, Geneva Health Forum, Medicus Mundi Switzerland, German development cooperation, FOPH, SFPD, FDFA

Outcome	Description	Indicator (incl. ARIs and TRIs)
Objective 4	<p>Global health governance is more inclusive, efficient and effective.</p> <p>Contribute to better coordination among the agencies in their global, regional and in-country support, to a reduced burden on countries as a result of better aligned operational and financial policies and approaches, and to a purpose-driven collaboration that is integrated into the agencies' organisational cultures, encompassing leadership at global, regional and country levels.</p>	<p>→ Implementation of the Global Action Plan for Healthy Lives and Well-Being by 12 global health, development and humanitarian agencies to coordinate their support to countries e.g. regarding sustainable health financing: number of countries where external global funding for health systems strengthening (through The Global Fund and GAVI) is aligned with national health financing strategies and development partners' financial support</p> <p><u>Baseline (2020): 0</u> <u>Target (2024): 4</u></p>
Outcome 4.1	<p>Effective multilateral mechanisms and strengthened collaboration that can swiftly address global health challenges and threats.</p> <p>Contribute to initiatives that foster multilateral cooperation and increased exchanges between global health partners based on their respective mandates and comparative advantages.</p>	<p>→ Access to COVID-19 Tools Accelerator:</p> <p><u>Baseline (2020): 0</u> <u>Target (2022): 500 million diagnostic tests, 245 million courses of treatment and 2 billion doses of vaccine to low and lower-middle income countries</u></p>
Outcome 4.2	<p>Engagement of civil society, private sector, emerging donors and target countries fostered.</p> <p>Based on experience from existing partnerships (The Global Fund, UNAIDS, GAVI) promote inclusion of civil society, private sector (e.g. cooperative movement) and emerging donors or other portfolio partners such as PDPs within key Geneva-based and other global health forums and initiatives (Belt and Road initiative).</p>	<p>→ Number of civil society organisations that contribute to multi-stakeholder dialogues or the respect for human rights (ARI)</p> <p><i>Indicator will be assessed qualitatively in countries covered by GPH-supported initiatives.</i></p> <p><u>Baseline (2020): n.a.</u> <u>Target (2024): Civil society organizations have institutionalized representations in global health forums</u></p> <p>→ Number of civil society representations in governance organs of the COVAX Facility</p> <p><u>Baseline (2020): 0</u> <u>Target (2021): at least 2</u></p>
Outcome 4.3	<p>Prioritisation of common goods developed.</p> <p>Evidence-based priority setting of common goods based on people's needs is applied, e.g. in the R&D of health products for neglected tropical diseases, selected NCDs and digital tools as well as in the generation of scientific evidence for policy making.</p>	<p>→ Description of health product R&D priorities for which there is a limited market for commercial companies: % of target product profiles (as defined in WHO's Health Product Profile) dedicated to NCDs, reproductive health and medical devices</p> <p><u>Baseline (2019): 2%</u> <u>Target (2024): 15%</u></p>

Annex 3: Management and monitoring

Portfolio management

As the GPH strategically links all four components, several partnerships and initiatives contribute to achieving the objectives and expected outcomes of two or even more components. In terms of portfolio management, this implies two principles: i) the GPH collaborators need to work across the components and also mutually reinforce different partnerships for more impact, and ii) the GPH strives to place its staff on components and partnerships where its respective expertise, experience and skills are most useful.

In light of the limited number of the GPH collaborators, policy work requiring extensive human resources and the identification of new strategic partnerships with potentially high impact will be limited to key priority areas. As its main *modus operandi*, the GPH will therefore continue focusing on contributions to strategic partnerships in accordance with the Federal Act on Financial Assistance and Subsidies. It will keep time-consuming open calls and tenders to a minimum, as these may not result in the identification of the required strategic partners. The rest of the portfolio will comprise well-established partnerships with strong track record.

Monitoring and evaluation

Based on the GPH's steering and monitoring at the three levels mentioned above (thematic and policy context as well as results frameworks at component and partnership/initiative level), the GPH will periodically review whether the programme framework, its components and expected outcomes are still relevant or need adjustments. This may be done with peers in order to include external views. Annual reporting will combine systematic accountability against the set outcome indicators and illustrative examples of policy and programmatic progress and challenges.

Communication

In order to ensure appropriate external communication about the GPH engagement, including policy and programmatic results and successes, the GPH will include communications-related outputs and activities into partners' work plans and contracts. Furthermore, the GPH will continue providing health-related content for the social media communications of the SDC and the FDFA.

Annex 4: Indicative financial planning

Financial planning 2021–24

Programme framework of the Global Programme Health

Annual budget allocation according to components (tentative), in CHF

	source	2021	2022	2023	2024	2021–24	in %
Component 1:							
Fostering Quality Health Systems	bilateral	12,000,000	14,000,000	13,500,000	15,000,000	54,500,000	22%
Component 2:							
Addressing Determinants of Health	bilateral	3,000,000	3,000,000	3,500,000	3,500,000	13,000,000	5%
Component 3:							
Promoting Gender Equality and Human Rights for Health	bilateral	3,000,000	3,000,000	3,500,000	4,000,000	13,500,000	6%
Component 4:							
Advancing Inclusive, Efficient and Effective Global Health Governance	bilateral	2,000,000	2,000,000	3,000,000	3,000,000	10,000,000	65%
	multi-lateral	38,650,000	38,650,000	36,900,000	36,900,000	151,100,000	
Resources for new initiatives or new engagements within existing partnerships	bilateral	1,000,000	1,000,000	1,500,000	1,500,000	5,000,000	2%
Total budget allocation		59,650,000	61,650,000	61,900,000	63,900,000	247,100,000	100%

Annual budget allocation (tentative), in CHF

	source	2021	2022	2023	2024	2021–24	in %
Global programme	bilateral	21,000,000	23,000,000	25,000,000	27,000,000	96,000,000	39%
Multilateral cooperation	multi-lateral	38,650,000	38,650,000	36,900,000	36,900,000	151,100,000	61%
Total budget allocation		59,650,000	61,650,000	61,900,000	63,900,000	247,100,000	

Annex 5: Transversal themes

A GPH specific component is dedicated to the transversal themes of 'gender' ('Promoting gender equality and human rights') and 'governance' ('Advancing inclusive, efficient and effective global health governance').

Annex 6: List of health-related ARIs and TRIs

ARIs	Indicator	Measuring unit
	Safe birth delivery	Number of births attended by skilled health personnel
	Prevention of non-communicable diseases	Number of persons reached through health education sessions related to the prevention of non-communicable diseases
TRIs	Maternal mortality	a) Number of maternal deaths b) Number of live births
	Out-of-pocket payment for health services and care	a) Out-of-pocket expenditure on health per capita b) Domestic general government health expenditure per capita
	Patient satisfaction	a) Number of patients fully satisfied with health services provided at the health facility b) Total number of patients surveyed
	Access to modern methods of family planning	a) Number of women who received information and whose needs are met with modern family planning methods b) Total number of women surveyed of reproductive age (15–45 years)
	Malnutrition among children under 5 years old	Number of children aged <5 years with stunted growth for their age

Indicators from other thematic areas will also be applied:

- Healthy diets (agriculture and food security)
- Social protection (poverty)
- Sexual and gender-based violence (gender)
- Social behaviour change in favour of gender equality (gender)

Annex 7: List of sub-objectives of the IC strategy 2021–24

Objectives of the IC strategy 2021–24	Contributing to sustainable economic growth, development of markets and the creation of decent jobs (economic development)		Addressing climate change and its effects and managing natural resources sustainably (environment)	
	1	2	3	4
Sub-Objectives of the IC strategy 2021–24	<i>Strengthening framework conditions for market access and creating economic opportunities</i>	<i>Promoting innovative private sector initiatives to facilitate the creation of decent jobs</i>	<i>Addressing climate change and its effects</i>	<i>Ensuring the sustainable management of natural resources</i>

Objectives of the IC strategy 2021–24	Saving lives, ensuring quality basic services, especially in relation to education and health-care, and diminishing the causes of forced and irregular migration (human development)			Promoting peace, the rule of law and gender equality (peace and governance)		
	5	6	7	8	9	10
Sub-Objectives of the IC strategy 2021–24	<i>Providing emergency aid and ensuring the protection of civilians</i>	<i>Preventing disasters and ensuring reconstruction and rehabilitation</i>	<i>Strengthening equitable access to quality basic services</i>	<i>Preventing conflicts, promoting peace and respect for international law</i>	<i>Strengthening and promoting human rights and gender equality</i>	<i>Promoting good governance and the rule of law and strengthening civil society</i>

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