



Schweizerische Eidgenossenschaft  
Confédération suisse  
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**SDC Health Network**

**An efficient multilateral system**

Mandate and impact of the Geneva based global health institutions

## **Module 1**

**Who does what in international health Geneva.**

**Overview of key global health actors.**

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## World Health Organization

- **Mandate:** The WHO was founded in 1948, on the principle that health is a human right and all people should enjoy the highest standard of health and wellbeing.
- **WHO is the lead coordinating agency for health-related matters within the UN system.**
- **WHO is well recognized for its work as a global normative health agency** As a specialized agency, WHO is open to all states and currently **counts 194 member states.**
- WHO's work is relevant to all countries – and **has a strong focus on addressing the needs of the most vulnerable, in line with the SDGs.**



**World Health  
Organization**

- **Resolutions** are negotiated and adopted during the World Health Assembly (WHA). -> Then **global strategies** to be adapted and implemented at national level, with the support from WHO regional and country offices.

- Over **150 offices in countries** -> WHO maintains an **important field presence**

- Both at the normative and implementation levels, WHO works in **partnership with other key agencies** having specific health-related mandates.



- WHO's operational capacity-> **address public health emergencies (incl. epidemics)** -> focus of reform efforts (WHO Emergency Programme).



# World Health Organization



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Swiss Agency for Development  
and Cooperation SDC

- WHO is a **priority multilateral partner** for Switzerland (*IC Strategy 2021-2024*)
- **Swiss funding in 2021 was CHF 34.8 millions**: CHF 5.9 mio assessed contribution; CHF 5.9 mio core; CHF 23 mio earmarked by SDC
- Lead of FOPH for engagement in **WHO governance bodies**. SDC is part of the Swiss Delegations to WHA (one for PBAC, EB and Regional Committee meetings)
- **Swiss priorities** defined in *Swiss Foreign Health Policy 2019-2024*: WHO's sustainable financing and its central role in PPR and related normative instruments (International Health Regulations) mechanism)
- **SDC priorities in policy influencing**: **1.** institutional priority-setting, internal financial and programme management and accountability strengthening **2.** other governance issues like PSEAH **3.** Health Systems Strengthening, mental health and non-communicable diseases, social determinants of health, NTD, SRHR.



# World Health Organization

## Strengths:

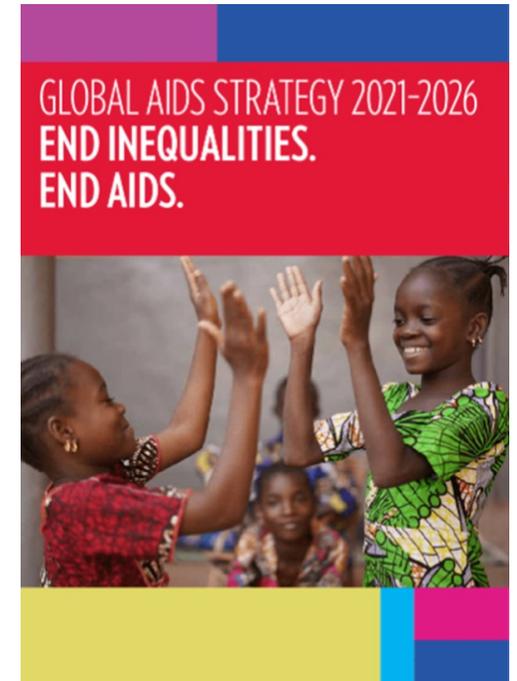
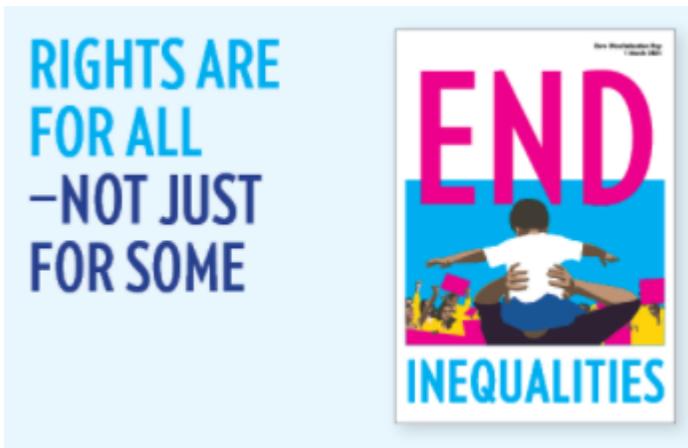
- ✓ Universal mandate and consensual decisions
- ✓ Standard-setting organization
- ✓ Clear stance in favour of LMICs and equity in the COVID-19 crisis

## Weaknesses:

- ✓ Lengthy and inefficient decision-making processes
- ✓ Sustainable financing
- ✓ Transparency and traceability of funds; RBM and reporting.
- ✓ Still an issue to strengthen operational activities at country level

# 1. Mandate

- Only co-sponsored Joint Programme in UN System (11 co-sponsors).
- Established through ECOSOC-Resolution 1994/24 -> implement a coordinated response by the UN system to the HIV/AIDS epidemic
- Quadrennial United Nations General Assembly High-Level Segment and Political Declaration on HIV/AIDS
- Global AIDS Strategy 2021-2026: End Inequalities. End AIDS.
  - 95–95–95 for HIV testing, treatment and viral suppression
  - 10-10-10 for social enablers





## 2. Country presence – working modalities in countries

- Offices in 83 countries & increasing number of Senior HIV Advisers in Resident Coordinator Offices.
- Three knowledge centers: Johannesburg (Equality and Rights for All, Science, Systems and Services for All), Nairobi (Equitable financing, data for impact), Bangkok (knowledge management).
- Example Global Fund complementarity: UNAIDS mobilizes technical resources for countries to successfully apply for Global Fund grants, supports grant implementation and tracks performance for impact.
  - => Since 2002, UNAIDS has supported more than 100 countries to attract, implement and leverage more than USD 18 billion in Global Fund investments.

### 3. Swiss focus in governing bodies and funding

- Switzerland has a seat in the UNAIDS Programme Coordinating Board until the end of 2022. Constituency shared with Austria, Iceland and Sweden.
- Core contribution of 10 Mio CHF per annum: sixth largest donor since 2015.
- Some priorities in the Core Contribution Management
  - Integrating HIV services in primary health services and universal health coverage
  - Integrating sexual and reproductive health and rights and HIV
  - Strong focus on prevention and reduction of new infections, incl. among key populations
  - Social enablers: Create enabling legal and policy environments and remove multiple and intersecting forms of stigma and discrimination that act as barriers to access HIV-services
  - Organizational effectiveness and accountability
  - Evaluation Functions
  - Zero tolerance for harassment and sexual exploitation and abuse



## Strengths:

- ✓ Model for UN reform -> joint programme -> experience and expertise of 11 UN Cosponsors.
- ✓ Only UN entity with civil society represented on its governing body.
- ✓ Plays key role in COVID-19 response at global and country level and advocates to learn from AIDS movement for COVID-19 response and pandemic preparedness.
- ✓ Uniquely positioned for health as an entry point to advance SRHR and SOGIR

## Weaknesses:

- ✓ Undergoing a deep transformation after removal of previous leadership
- ✓ Strong achievements in HIV/AIDS response but progress is unequal & slowing:
- ✓ 2020 Targets missed and increasing infection rates in MENA and Eastern Europe



**Mandat:** Gavi was founded in 2000, through the Bill and Melinda Gates Foundation (BMGF), WHO, The World Bank and UNICEF **in order to create equal access to vaccines.**

Initial partnership has grown into the **partnership model** illustrated here.

Gavi now vaccinates almost **half of the world's children (in 73 countries)**, giving it tremendous power to negotiate vaccines at prices that are affordable for the poorest countries and to remove the commercial risks that previously kept manufacturers from serving them.



## WORKING MODALITIES IN COUNTRIES: COORDINATION, MAXIMISING EXISTING SYSTEMS

- No country offices
- Relies on **country-based systems** & works with partners with widespread field presence to deliver its programs.
- In LMICs, **Health Ministries take the lead** working closely with [WHO](#) regional and country offices, who provide expert recommendations on vaccine use and appraisal of new vaccines;
- Gavi provides funding for vaccine procurement, but [UNICEF's supply division](#) makes the purchases;
- The [World Bank](#) gives strategic advice on capital market dynamics and plays a key role in innovative financing;
- =>Gavi-funded vaccines reach villages in the poorest, most remote parts of the world thanks to **in-country health systems** and **civil society organizations** that deliver the life-saving vials to health centers.

- Not a multilateral priority organization of SDC
- The Swiss contribution is mainly invested in the Gavi Advance Market Commitment for COVID-19 Vaccines (**Gavi Covax AMC**) with CHF 145 millions
- CHF 10 millions are invested as a core contribution to Gavi
- Switzerland as the **11<sup>th</sup> biggest donor** among pledges from the One World Protected Gavi COVAX AMC Summit of 02.06.21 (10th among other government donors)
- Switzerland is part of one of the 5 donor constituencies, i.e. the Canada-Italy-New Zealand-Spain-Switzerland constituency (represented by SDC)
- Switzerland also represented in COVAX Facility “governance” instances
- **Swiss priorities in policy influencing:** **1.** Decisions related to allocation equity and transparency, risk taking, and implementation of the COVAX AMC **2.** Country preparedness and coordination between Gavi and other development partners active in the respective beneficiary countries and their governments **3.** Oversight to ensure that vaccines reach people, in particular doses for vulnerable groups allocated through the Humanitarian Buffer.

## Strengths:

- ✓ Gavi COVAX AMC is an **innovative** financing instrument to SARS-CoV-2 vaccines for 89 (out of 92 eligible ) low-income and lower-middle income economies. Based on comparative advantage of Gavi
- ✓ COVAX Facility guarantees **fair and equitable access** to COVID-19 vaccines
- ✓ Inclusive governance and decision making mechanisms
- ✓ High capacity to adapt intervention modalities to overcome challenges in delivery

## Weaknesses:

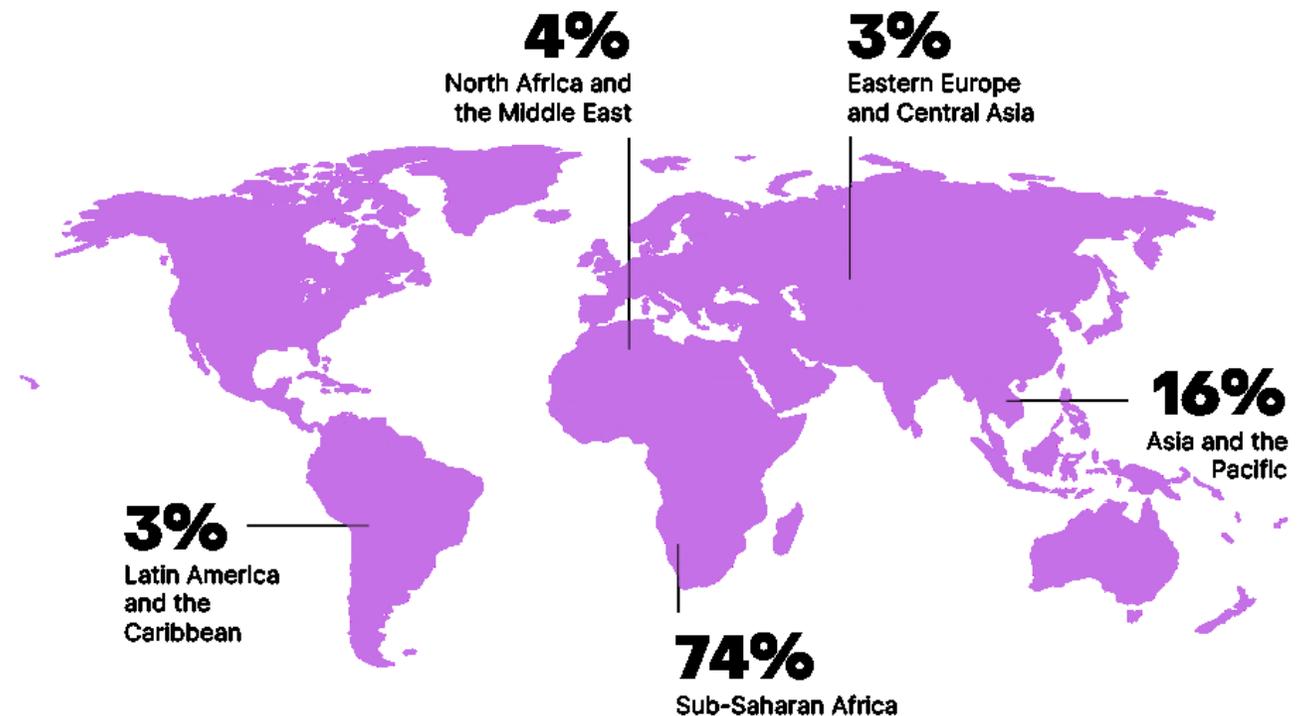
- ✓ Gavi very exposed in the operations of COVAX while some external factors are not within its direct control
- ✓ Gavi governance structures are challenged
- ✓ COVAX challenges Gavi's mandate with a large-scale vaccination of an adult population



**Mandat:** The Global Fund is a **partnerst** designed to accelerate **the end of AIDS, tuberculosis and malaria** as epidemics **international organization** and a **financ mechanism**, it mobilizes and invests mo US\$4 billion a year to support programs than 100 countries. The Global Fund wor partnership with **governments, civil soc technical agencies, the private sector people affected by the diseases.**

## Global Fund investments by region

In 2019-2021 as of June 2021



## HOW IT WORKS

### OVERSIGHT IN ACTION

Local Fund Agents in each country monitor implementation of grants. The Global Fund's Office of the Inspector General conducts audits and investigations.

### LOCAL EXPERTS IMPLEMENT

Local experts and partners use grant money to deliver programs. Impact is continuously monitored and evaluated.

### WE RAISE THE MONEY

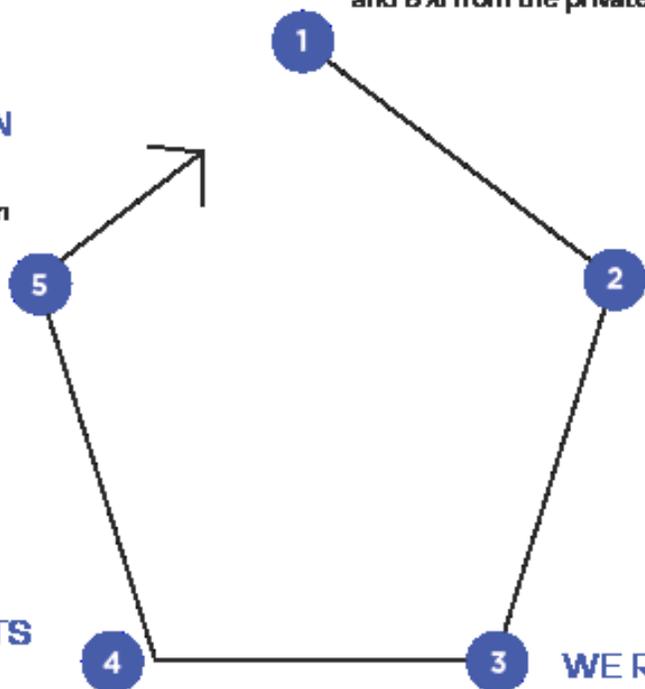
The Global Fund raises and invests more than US\$4 billion a year to support programs run by local experts in more than 100 countries. The money comes 92% from donor governments and 8% from the private sector and foundations.

### COUNTRIES MAKE INVESTMENT DECISIONS

A Country Coordinating Mechanism made up of representatives of people whose lives are affected by the three diseases, medical experts, government and civil society meets and develops a plan to fight the diseases in their community.

### WE REVIEW AND APPROVE

An independent panel of experts reviews the plan to determine if it will achieve results. The panel may request changes to the plan. Once finalized, it goes to the Global Fund's Board for approval.



- **Priority multilateral partner** for Switzerland in its *IC Strategy 2021-2024*
- Swiss contribution CHF 64 mio for 2020-2022, plus a contribution to the COVID-19 response mechanism (C19RM) under ACT-A of CHF 50 million. Switzerland is the **10th largest public donor** by the end of 2021 (13th among all donors)
- Switzerland in the Canada-Switzerland-Australia constituency
- Switzerland represented in the Ethics and Governance Committee until May 2022. Alternate Board Member seat from mid 2022
- **Swiss priorities** in policy influencing: **1.** Strengthen health systems and integrate vertical services in a sustainable and qualitative way **2.** Support a coherent and complementarity approach of the GF with other global actors in health **3.** Support the GF's institutional development, especially in the area of governance.

## Strengths:

- ✓ Advocacy power based on excellent communication
- ✓ Inclusive governance and decision-making mechanisms
- ✓ The GF's nature a public-private partnership combining the private sector's focus on innovation and efficiency with values and commitment to leave no one behind and to empower those most affected by the diseases

## Weaknesses:

- ✓ 3 year funding/programming cycle - short for health systems strengthening
- ✓ Allocation of funds still too focused on the fight against the 3 diseases (evolving)
- ✓ Integration of HTM services for prevention, control and treatment in health systems not yet optimal.