

# List of initiatives from the Global Health Program

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## 1. Component 1: R&D and Access

Project Name	Description and Objectives	Synergies with bilateral programmes	Person in charge
<p>Swiss Malaria Group (Swiss association)</p> <p>&gt;&gt; core contribution SMG consists of 13 members, all Swiss-domiciled organisations active in malaria control and elimination, including Swiss NGOs, pharma, philanthropy, academia, public-private partnerships and public sector organisations</p>	<p>To sustain and increase Swiss innovation and commitment to malaria elimination.</p> <p><i>Specific objectives:</i></p> <ul style="list-style-type: none"> <li>• Organisational Development and Networking: Making use of synergies to join forces</li> <li>• Advocacy (within Switzerland and collaborative with international organisations): Recognizing Switzerland as a leader and mobilizing resources for fighting malaria</li> <li>• Public relations: Increasing sensitisation and awareness</li> <li>• Technical information sharing: Sharing best practices and dissemination of technical information across different stakeholders</li> </ul>	Tanzania (Malaria Eradication Program)	Xie Jingwen
<p>IVCC Innovative Vector Control Consortium</p> <p>&gt;&gt; core contribution</p>	<p>PDP (private public product development partnership), phase 2 until July 2020</p> <p>To reduce transmission of insect-borne pathogens, and ultimately to improve health and reduce poverty resulting from the burden of these infectious diseases, through improved insect Vector Control (VC) with new and effective products. To further improve the three interventions promoted by the WHO: insecticide treated bed nets, indoor residual sprays and larvicides. IVCC is also looking at new product classes for innovatively protecting populations in the peri-domestic area.</p> <p><u>Objective 1:</u> Develop innovative VC tools to prevent insecticide resistance build up and enable malaria elimination.</p> <p><u>Objective 2:</u> Implement IVCC's Access strategy to maximize uptake and impact in resource-poor countries</p> <p><u>Objective 3:</u> Keep VC on the technical and political agenda through efficient communication and advocacy</p> <p><u>Objective 4:</u> Sustain IVCC's scientific and technical platforms to provide optimal support to academic and industrial partners</p>	Tanzania (Malaria Eradication Program)	Xie Jingwen
DNDi	PDP, Phase 3 until 31.12.2020	globally	Xie Jingwen

Drugs for Neglected Diseases initiative  >> core contribution	Develop new and improve existing treatments for neglected tropical diseases. The specific objective is to deliver 16 to 18 treatments by 2023 for leishmaniasis, Human African Trypanosomiasis (or sleeping sickness), Chagas disease, filariasis, paediatric HIV, hepatitis C and/or mycetoma and to establish a strong R&D portfolio for these diseases. Furthermore, DNDi will also contribute to tackling antimicrobial resistance.		
MMV Medicines for Malaria Venture  >> core contribution	PDP, phase 7 until Dec 2021 To facilitate equitable access to quality antimalarial medicines, to develop better antimalarial medicines for clinical case management and vulnerable populations, and to bring forward new tools for containing resistance and eliminating malaria. <u>Outcome 1.</u> Facilitate equitable access to quality antimalarial medicines to maximize the use and health impact of existing products. <u>Outcome 2.</u> Develop patient-adapted new combinations to overcome resistance, facilitate deployment with shorter treatment courses and protect vulnerable populations. <u>Outcome 3.</u> Bring forward new tools to continue containing resistance and to support malaria elimination as more and more countries reduce transmission and become ultimately free of the disease.	Tanzania (Malaria Eradication Program)	Xie Jingwen
FIND Foundation for Innovative New Diagnostics  >> core contribution	PDP, phase 2 until Dec. 2020 Health-care providers in low and middle income countries are empowered to identify infectious diseases early and treat them appropriately with new diagnostic products and guiding (WHO) policies; and implement elimination programmes for neglected diseases of poverty. FIND's portfolio includes <i>Hepatitis C, HIV, TB, Malaria, Sleeping Sickness, Chagas, Buruli ulcer, Leishmaniosis</i> . 1. <i>Policy support:</i> National and global policies, plans, strategies and roadmaps are influenced by research/programmes, and products are included in national guidelines. 2. <i>Catalyze development:</i> Robust pipeline shaped by relevant diagnostic needs and technical suitability 3. <i>Market entry and access:</i> New products enter the market (i.e. registered and commercially available) to support disease control and elimination efforts and new diagnostic products are sold or distributed in low-and-middle income countries.	globally	Xie Jingwen
Global Malaria Technical & Training Support Package (GlobMal)	The support to global malaria control and elimination by the SDC contributes to influencing global malaria policies and ultimately to reduce the malaria burden and to increase number of malaria-free zones.	Tanzania (Malaria Eradication Program)	Xie Jingwen

<p>&gt;&gt; contract partner is Swiss TPHI</p>	<p><u>Outcome 1</u>: Technical evidence on vector control and malaria case management is generated and communicated in a concerted way via multistakeholder platforms promoting country, regional and global exchanges and coordination.</p> <p><u>Outcome 2</u>: A development approach for malaria is fostered via a multistakeholder platform promoting multisectoral approaches and action at global, regional and country levels.</p> <p><u>Outcome 3</u>: Human technical capacities for malaria control are strengthened in endemic countries through a concerted global approach to needs-based training.</p>		
<p>SANTD Swiss Alliance against Neglected Tropical Diseases &gt;&gt; Start-up contribution to SANTD &gt;&gt; 14 members come a broad range of diverse Swiss institutions including research institutes, civil society organisations, donors, private sector companies and public institutions</p>	<p>Single phase.</p> <p>Start-up funding for developing the Swiss Alliance against NTDs</p> <ul style="list-style-type: none"> <li>• Creating awareness for NTDs</li> <li>• Improving relevant training at universities</li> <li>• Developing improved diagnostic technologies and innovative medicines</li> <li>• Advocating for improved access to new diagnostic technologies and innovative medicines</li> <li>• Encouraging increased financial and political commitment to scaling up programs</li> </ul>	<p>globally</p>	<p>Xie Jingwen</p>
<p>Increasing access to patented medicines with the pharmaceutical sector  &gt;&gt; Contribution to the Medicine Patent Pool (MPP) initiative.</p>	<p>Currently only EP The strategic objective of the MPP is to facilitate access to affordable and quality assured essential medicines in low- and middle-income countries. A key element of the new strategy is the expansion of the MPP's mandate to patented essential medicines beyond HIV, hepatitis C and TB, with an initial focus on small molecules or with strong potential for future inclusion. The MPP has set 5 targets:</p> <ol style="list-style-type: none"> <li>1. HIV: 20 million people treated with MPP-licensed antiretrovirals (30 million people international target).</li> <li>2. Hepatitis C: curative, pangenotypic treatments are available at a price lower than 50 USD per person from quality-assured generic suppliers.</li> <li>3. TB: shortened, all-oral regimen for the potential use in drug-resistant and drug-susceptible TB is licensed to the MPP.</li> </ol>	<p>Globally but special focus on Africa</p>	<p>Alex Schulze</p>

	<p>4. Other patented medicines: The MPP has licensed patented medicines (small molecules) that are on the WHO EML or are to be added in future in view of their clinical benefits and potential for public health impact.</p> <p>5. The MPP increases transparency by disclosing publicly up-to-date reliable intellectual property status information on all patented essential medicines for all low- and middle-income countries on its patent and licensing data base, MedsPaL.</p>		
<p>Medicines Regulatory Systems Strengthening</p> <p>&gt;&gt; Co funding with Bill and Melinda Gates Foundation</p> <p>&gt;&gt; implementing partners are WHO and Swissmedic</p>	<p>To foster access to efficacious and safe quality medical products for people in low and lower middle-income countries - especially in sub-Saharan countries - through medicines regulatory systems strengthening at the global, regional and country level.</p> <p>Evaluation and registration of medical products for diseases disproportionately affecting people in low and lower middle-income countries are accelerated:</p> <p><b>At national and regional level in East Africa:</b></p> <p>Output 1: The technical and managerial capacities of national medicines regulatory authorities in EAC Member States and beyond are strengthened.</p> <p>Output 2: Regional harmonisation: Medical product dossiers submitted to EAC national medicines regulatory authorities are jointly assessed according to harmonised guidelines and established procedures.</p> <p><b>At global level:</b></p> <p>Output 3: Swissmedic marketing authorisation procedure for medical products against diseases disproportionately affecting people in low and lower middle-income countries is <b>used</b> by relevant applicants (e.g. Product Development Partnerships).</p> <p>Output 4: Swissmedic scientific advice during developmental phase of a medical product for diseases disproportionately affecting people in low and lower middle-income countries is <b>used</b> by national medicines regulatory authorities and the WHO pre-qualification programme.</p> <p><i>Since 2015 Switzerland is supporting efforts of African medicines regulatory authorities to harmonise their procedures within their respective regional economic community in order to accelerate access to quality medical products. To-date, Switzerland is the only donor country to combine technical expertise - through its national medicines regulatory agency</i></p>	<ul style="list-style-type: none"> <li>• Focus EAC (Tanzania, Kenya, Uganda, Burundi, Rwanda and Zanzibar)</li> <li>• Punctual support for SADC</li> <li>• Support from WHO also to IGAD and CEMAC</li> </ul>	<p>Alex Schulze</p>

	<p><i>Swissmedic - with knowledge on health and development in low and middle-income countries as well as financial support provided by SDC.</i></p> <p><i>Initially, Swiss support focused on the East African Community. In the frame of the African Medicines Regulatory Harmonization initiative (AMRH) the support is now being gradually extended to ECOWAS, SADC, IGAD and CEMAC. Under the technical lead of WHO, Swissmedic assists in the review of technical guidelines, supports joint regional assessments of submitted medicines or joint inspections of manufacturing sites. In May 2019, WHO and Swissmedic will conduct a Good Manufacturing Practice training in Switzerland for regulatory agencies from all Sub-Saharan regional economic communities. SDC focuses on the shaping and governance of the AMRH Partnership Platform.</i></p>		
<p>Access to NCD medicines: Improving Access to Essential Medicines and Basic Technologies for Non-communicable Diseases &gt;&gt; contributions to various global initiatives</p>	<p>Currently only EP</p> <p>Building on the Swiss comparative advantage (broader access engagement as a country with a big pharma sector), the program addresses all components of the comprehensive framework for access to drugs, ranging from research and innovation to dispensing and use. It will also set up a dedicated global collaborative network for advocacy, information and innovation.</p> <p>The proposal stipulates a contribution to various global initiatives established by a strategic partnership of several parties.</p> <p>The overall objective of the initiative is to contribute to increasing access to NCDs medicines, diagnostics and technologies, thus contributing to the reduction of NCDs burden in LMICs. The initiative will strive to address all components of the WHO comprehensive framework for access to medicines and health products, ranging from research and innovation to dispensing and use . The components of the Swiss-supported package may consist in various components of ongoing initiatives, in extensions of SDC ongoing global initiatives, or in new initiatives.</p> <p>Specific objectives are as follows:</p> <ul style="list-style-type: none"> <li>• Identify existing initiatives on access to NCDs drugs, products and technologies, which could be potentially supported by SDC or serve as elements to establish a wider partnership on access to NCDs medical products.</li> <li>• Assess the potential of ongoing SDC-supported initiatives (i.e. DNDI) in expanding into NCDs medicines and products.</li> <li>• Develop commonly agreed conditions/criteria for engaging in collaborative and multi-institutional partnerships with the private</li> </ul>	<p>Focus on sub Saharan Africa. To be clarified during opening phase</p>	<p>Erika Placella</p>

	<p>sector/industry and other stakeholders for a comprehensive response to improve the access to NCDs medical products.</p> <p>Based on the findings of the opening phase (HUG), the main phase 1 will be devoted to support innovative partnerships on access to NCDs drugs with the private sector, as well as a comprehensive advocacy strategy on access to NCDs medicines and technologies at global level. Supporting the strengthening of the role of civil society on the issue of access to NCDs medicines and the set-up of a global collaborative network for advocacy, information and innovation on access to NCDs medicines and technologies, will also be part of the main phase 1.</p>		
<p>TDR Special programme for Research and Training in Tropical diseases</p>	<p>WHO special programme</p>	<p>globally</p>	<p>Xie Jingwen</p>

## 2. Component 2: Sexual & Reproductive Health and Rights

Project Name	Description and Objectives	Synergies with bilateral programmes	Person in charge
<p>UNAIDS Joint United Nations Programme on HIV/AIDS</p> <p>&gt;&gt; Core contribution</p> <p>CCM 2019-2021 30 mio CHF</p>	<p>UNAIDS aims at ending the AIDS epidemic as a public health threat by 2030. Based on the UNAIDS Strategy 2016-21 “On the Fast Track to end AIDS”, UNAIDS will intensify efforts in the three strategic areas: 1) Reduction of HIV infections; 2) Reduction of AIDS-related deaths; 3) Elimination of HIV/AIDS-related discrimination.</p> <ul style="list-style-type: none"> <li>All people, especially young people, reduce HIV-related risk behaviour and access HIV combination prevention services, including primary prevention and sexual and reproductive health services;</li> <li>Quality comprehensive sexuality education accessed by all adolescent and young people;</li> <li>People living with, at risk of and affected by HIV access integrated services, including for HIV, tuberculosis, sexual and reproductive health, maternal, newborn and child health, hepatitis, drug dependence, food and nutrition support and non-communicable diseases, especially at the community level;</li> <li>Comprehensive systems for health strengthened through integration of community service delivery with formal health systems.</li> </ul>	RPSA (HIV/AIDS component)	Susanne Amsler
<p>ESTHER Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau</p>	<p>SDC finances <a href="#">ESTHER Switzerland</a> secretariat + projects funds.</p> <ul style="list-style-type: none"> <li>Swiss institutional health partnership projects are developed under the ESTHER umbrella.</li> <li>Experiences and evidence from Swiss institutional health partnership projects are processed and disseminated within the ESTHER Switzerland network.</li> <li>The organizational structure of ESTHER Switzerland is strengthened.</li> </ul>	Rwanda (opportunité de partenariat institutionnel Suisse-Rwanda)	Susanne Amsler
<p>IPPF International Planned Parenthood Federation</p> <p>&gt;&gt; core contribution</p>	<p>Contribute to the implementation of IPPF strategic framework 2016-22:</p> <ol style="list-style-type: none"> <li><u>Advance the rights agenda</u>: By 2022, 100 governments will respect, protect and fulfil sexual and reproductive rights and equality: <i>Objective 1: Galvanise commitment and secure</i></li> </ol>	<p>RPSA (SRHR component)</p> <p>IPPF is a global service provider and leading advocate of SRHR for all, with a focus on</p>	Susanne Amsler

	<p><i>legislative, policy and practice Improvements. Objective 2: Engage women and youth leaders as advocates for change</i></p> <p>2. <u>Empower communities</u>: By 2022, one billion people will act freely on their sexual and reproductive health and rights: <i>Objective 3: Enable young people to access CSE and realise their sexual rights. Objective 4: Engage champions, opinion formers and the media to promote health, choice and rights.</i></p> <p>3. <u>Provide comprehensive services</u>: By 2022, IPPF and our partners will deliver two billion quality, integrated sexual and reproductive health services: <i>Objective 5: Deliver rights-based services, including for safe abortion and HIV. Objective 6: Enable services through public and private health providers.</i></p> <p>4. <u>Strengthen performance and coherence of the Federation</u>: By 2022, IPPF will be a high performing, accountable and united Federation: <i>Objective 7: Enhance operational effectiveness and double national and global income. Objective 8: By 2022, five million supporters including two million IPPF volunteers and three million online activists.</i></p> <p>At the center of IPPFs work are and remain the delivery of services and advocacy.</p> <p>IPPF foresees to also increase (financial) sustainability through social enterprise approaches, responsiveness in emergency context, partnerships with global and regional actors (UN, EU, African Union, etc.) and strengthen peer learning between Member Associations.</p>	<p>poor and vulnerable populations. The Federation is a worldwide movement of 147 national local organisations (called Member Associations, MAs) working in 170 countries – a global presence which is unparalleled among other CSOs working on SRHR.</p>	
<p>HRP Special Programme for Research, Development and Training in Human Reproduction</p>	<p>WHO special programme</p>		<p>Susanne Amsler</p>

### 3. Component 3: Universal Health Coverage

Project Name	Description and Objectives	Synergies with bilateral programmes	Person in charge
<p>P4H Providing for Health</p> <p>&gt;&gt; Co-financed with Germany and implemented by GIZ</p>	<p>Global Network for social protection and health financing P4H focuses on the development of effective, equitable and sustainable health financing and social health protection systems in order to protect people from financial hardship due to ill-health and to unfold their economic and social potential. Activities: Provision of tools, online platform, UHC leadership course, technical assistance with appointing of focal points (long term) or consultancies (short term)</p>	<p>Cambodia Chad Myanmar Mozambique Tanzania Nepal Kazakhstan Cameroon Albania</p>	<p>Alex Schulze Viviane Hasselmann</p>
<p>openIMIS</p> <p>&gt;&gt; Co-financed with Germany and implemented by GIZ &gt;&gt; Swiss TPH is a technical partner in this initiative</p>	<p>The overall goal is to reduce poverty and to prevent people from falling into poverty by including vulnerable populations into social health protection schemes. Their integration will be facilitated through the development, implementation and continuous improvement of a Health Insurance Management Information System based on open source technology (openHIMIS) because more efficient, transparent and cost-effective management increases the schemes' capacities to extend their coverage to hitherto excluded poorer populations.</p> <ol style="list-style-type: none"> <li>1. openHIMIS or specific modules are customised and implemented in countries and integrated into national ICT health information systems. <ol style="list-style-type: none"> <li>a. The openHIMIS source code is publically accessible under an open source license</li> <li>b. Modular and interoperable HIMIS is developed on an open-source technology platform</li> </ol> </li> <li>2. An active community of open source developers continuously advances the openHIMIS software core, modules and country specific adaptation in exchange with software users. <ol style="list-style-type: none"> <li>a. Communities of open source software developers and users are established</li> <li>b. A feedback exchange between developers and users is facilitated regularly</li> </ol> </li> </ol>	<p>Tanzania (HPSS) DRC (PASS Sud Kivu) Chad (PMS) Népal Cameroon</p>	<p>Aude Favre</p>

	<p>3. In-country capacities are strengthened in order to adapt, utilize and maintain the open-source software according to country-specific needs.</p> <ol style="list-style-type: none"> <li>a. Local capacities (openHIMIS experts) are built up in customising openHIMIS to country needs and maintaining the system.</li> <li>b. Software users (health insurance funds etc.) have the capacity to use and manage their customised openHIMIS version.</li> </ol>		
<p>Global Cooperatives movement for Health</p> <p>&gt;&gt; contribution to the International Health Co-operative Organisation (IHCO)</p>	<p>Currently only EP. &gt;&gt; contribution to the International Health Co-operative Organisation (IHCO)</p> <p>The private co-operative movement has potential to complement government efforts by providing efficient low-cost services for rural populations and informal sector workers. Following the principle of subsidiarity, SDC help the movements' efforts establish a global platform for capacity strengthening of co-operatives.</p> <p>The purpose of the initiative to extend access to affordable, cost-effective quality essential health services to hitherto excluded and disadvantaged populations (rural, poor etc.) and to protect service users from financial hardship.</p> <p><i>The following intermediate results are expected:</i></p> <ol style="list-style-type: none"> <li>1. A well-performing global platform assembling co-cooperatives working for health is established that facilitates knowledge brokering, peer exchange and technical cooperation between co-operatives.</li> <li>2. A number of country-level interventions are implemented that lead to effective access for hitherto excluded populations to quality affordable and cost-effective health services (promotional, preventive, curative, rehabilitative and/or palliative) which respond to their needs and demands.</li> <li>3. Financial, human and other resources within the co-operative movement are mobilised in a sustainable manner in order to strengthen co-operative action worldwide.</li> </ol>	<p>Horn of Africa (Private networks for Health in Somalia)</p> <p>First concrete country-based interventions will be started in <b>Kenya and Cameroon</b>. These two countries were already examined in an initial exploratory study and chosen because a) in both countries the co-operative movement is strong in rural areas, especially in agriculture and finance; b) they represent the anglo- and francophone part of Africa; c) there are potential support and partner organisations for co-operatives that want to become active in health</p>	Alex Schulze
<p>Innovations for efficient quality health systems (<i>Quality Health System Design Lab</i>)</p>	<p>Currently only EP</p> <p>The purpose of the <i>Quality Health System Design Lab</i> is to couple global expertise on quality with local knowledge to develop and validate people-centred measures for quality, inform and evaluate</p>	Tanzania (IHI)	Alex Schulze

<p>&gt;&gt; contribution to Harvard and Swiss TPH</p>	<p>quality improvement at scale, and build capacity at local level in low and middle-income countries.</p> <p><b>The following results are expected:</b></p> <ol style="list-style-type: none"> <li>4. <b>New affordable instruments and measures</b> for the <b>efficient assessment of health system quality</b> in low and middle-income countries are developed, validated and tested</li> <li>5. <b>Innovative evaluations of large-scale health system improvement</b> are designed and conducted</li> <li>6. <b>New generation of health-system researchers</b> are trained who produce and use quality data</li> </ol> <p>The Lab will be centered on a global hub co-hosted by the Harvard School of Public Health (HSPH) and a second operations centre located in a low- or middle-income country. The global hub is to provide conceptual and technical support to countries, global health stakeholders and researchers. This global hub will closely collaborate with local hubs that will develop, test and validate health quality innovations and concepts in the field. The results of projects within these programs will be returned to the global hub, which will consolidate this evidence and share it as a public good with the global community.</p> <p>The Design Lab will have three main axes:</p> <ol style="list-style-type: none"> <li>1. <b>“Measurement axe”</b>: Develop and validate new <b>instruments and measures</b> for the efficient assessment of health system quality in low and middle-income countries; test new technologies for <b>real-time</b> or rapid quality monitoring and adapt for ease of use and interpretation (e.g. E-cohort to test system competence by tracking patient journey through the health system; automated algorithms for measuring accuracy of diagnosis and treatment as replacement for direct observation and compare cost).</li> <li>2. <b>“Evaluation axe”</b>: Design and conduct innovative <b>evaluations of large-scale health system improvement</b> (e.g. test impact of service delivery redesign on maternal and newborn health outcomes, preservice education,). Support publication and global understanding of results and work with countries on translation to local setting.</li> <li>3. <b>“Skills axe”</b>. Upskill <b>health system scientists</b> in quality assessment and improvement through collaboration, mentoring, and training; study and promote data use.</li> </ol>		
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## 4. Component 4: Determinants of Health

Project Name	Description and Objectives	Synergies with bilateral programmes	Person in charge
<p>SUN Scaling up Nutrition (SUN – Pooled Fund) &gt;&gt; contribution to SUN fund &gt;&gt; manager of the fund is UNOPS &gt;&gt; financed by GPFS</p>	<p>The Scaling Up Nutrition Movement is having a Pooled Fund (SUN Movement Pooled Fund), administrated by UNOPS, to which Switzerland is a donor (together with Irland, UK, Norway, Germany and Canada). SDC’s interest to support the SUN Pooled Fund is to increase capacities among national actors, mainly civil societies, to improve nutrition at country level. This fund has just finished the selection of National SUN Civil Society Alliances which receive a catalytic fund to establish and/or strengthen the functioning of the Alliance in the country in order to improve the nutrition situation and contribute to the implementation of national nutrition strategies and action plans.</p> <p>The projects supported by the SUN Pooled Fund will work towards the following goals on national level:</p> <ol style="list-style-type: none"> <li>1) SMART (<i>Specific, Measurable, Action-Oriented, Realistic &amp; Relevant, and Time-Bound</i>) planning: SUN Countries have SMART, costed, multi-stakeholder, multi-sectoral Nutrition Plans in place - including high burden and conflict affected nations.</li> <li>2) Resourcing and Accountability: International and domestic resources are mobilised to fully finance national nutrition plans in SUN countries which currently have unfunded nutrition plans</li> <li>3) Effective implementation: Key stakeholders (Governments, civil society, UN agencies, Donors and Private Sector) are on track in implementing their commitments and are making a demonstrable contribution to reducing malnutrition in the respective countries.</li> </ol> <p>Switzerland is an active player in the SUN Movement at Global Level through the Global Programme Food Security PFS and Global Programme Health PH in several ways:</p> <ul style="list-style-type: none"> <li>• NEW: Switzerland is a member of the Executive Committee of the SUN Movement (Tatjana von Steiger, Deputy Head of SDC’s Global Cooperation)</li> <li>• Member of the global SUN Donor Network</li> </ul>	<p>DRC (One Nutrition programme) Burundi (One Nutrition programme)</p> <p>SDC’s bilateral programs are encouraged to participate in the SUN donor coordination in the respective countries and consider the role as donor conveners where suitable. As the SUN Pooled Fund is designed to give catalytic and last resort funding only, SDC’s bilateral program may engage with the multi-stakeholder platform and the SUN Civil Society Alliances in country to evaluate if suitable initiatives may be integrated into their country strategies, as appropriate.</p> <p>Below list of selected Projects in the 1<sup>st</sup> Call for Proposals:</p>  <p>Annex III selected projects_Final_upda</p> <p>The call will be launched in the coming weeks.</p>	<p>Karin Gross</p>

	<ul style="list-style-type: none"> <li>• Design of and financial contribution to the SUN Pooled Fund (with Canada, Germany, Norway, DFID and Irish Aid)</li> <li>• Steering and financial support to the global Civil Society Network Secretariat (together with DFID and Irish Aid)</li> </ul> <p>Through the Pooled Fund national SUN Civil Society Alliances have been selected which receive a catalytic fund to establish and/or strengthen the functioning of the Alliance in the country in order to improve the nutrition situation and contribute to the implementation of national nutrition strategies and action plans. Currently a second call is being set up for catalytic funds to strengthen national SUN Multi-Stakeholder Platforms in order to improve their performance at national and especially at subnational level.</p>		
<p>GAIN Global Alliance for Improved Nutrition – “Making markets work to improve the consumption of nutritious and healthy food”</p> <p>&gt;&gt; contribution &gt;&gt; co financed by Global Programme Health and Global Programme Food Security</p>	<p>The Global Programme Health and the Global Programme Food Security support the “Making markets work for nutrition” programme of GAIN, a Swiss-based foundation. The overall goal of this program is to improve nutrition outcomes for the poor through market based solutions in the food system. Nutrition solutions or investments remain to a large degree in the public sector and, even more narrowly, within the health sector. They do not leverage a food system largely driven by businesses, entrepreneurs, and consumers. The programme therefore aims at ensuring businesses are offering more nutritious and better quality food, make it affordable and accessible. by facilitating the voluntary engagement of businesses in low and middle income countries to improve the consumption of nutritious and healthy foods.</p> <ol style="list-style-type: none"> <li>1. Improved enabling environment for engagement and accountability motivates and facilitates more productive public-private engagements in nutrition</li> <li>2. Evidence of what works in public-private engagements is used by stakeholders to design and implement effective nutrition actions</li> </ol> <p>The program has 6 interlinked work streams (WS) with the following objectives: WS 1 Building Demand: Develop a deeper understanding within GAIN and the nutrition sector of what motivates consumers to improve the quality of their diets;</p>	<p>Potential synergies with Great Lakes (One Nutrition programme)</p> <p>This project will be implemented in Bangladesh, India, Indonesia, <b>Kenya, Mozambique, Tanzania, Nigeria, Pakistan</b></p>	<p>Karin Gross</p>

	<p>WS 2 Ease of doing business in Nutrition: Enable national governments to better prioritize and integrate business action in nutrition action plans;</p> <p>WS 3 Innovation: Surface innovations which can help to overcome crucial challenges in value chains which prevent nutritious foods moving from farm to fork;</p> <p>WS 4 Measuring Impact: Develop new methods and metrics to understand and measure the impact of public-private actions in nutrition and in doing so, generate rigorous evidence of such P-P engagements</p> <p>WS 5 Business and Nutrition Hub: Improve access to better knowledge and evidence of what works (why and how) in the P-P nutrition space</p> <p>WS 6 Business Accountability: Enhancing business accountability and transparency in nutrition at global and national levels.</p>		
<p>Global RECAP – Promoting healthy diet and physical activity</p>	<p>Unhealthy diet and physical inactivity are the main causes of obesity and NCDs. Switzerland aims at strengthening individual and institutional capacity and enabling environments for legal and regulatory measures to promote healthy diet and physical activity. The overall goal of this initiative is to promote healthy diets and physical activity through strengthened national regulatory and fiscal capacities and supportive environments.</p> <p>a. Strengthened capacity of government officials, regulators, policymakers and civil society to understand, develop and implement regulatory and fiscal measures that promote healthy diets and physical activity;</p> <p>b. Strengthened national and international multi-stakeholder collaboration to support regulatory and fiscal environments that promote healthy diets and physical activity;</p> <p>c. Increased generation and use of relevant evidence and research from different disciplines to develop and implement effective regulatory and fiscal measures to promote healthy diets and physical activity.</p> <p>The programme is composed of global and in-country activities and is being implemented by WHO, IDLO (International Development Law Organization and IDRC (Canadian International Development Research Centre).</p>	<p>Countries: <b>Kenya, Tanzania, Uganda,</b>  Current activities: a participatory national needs assessment in March/April in the countries and the selection of participants for the global training course which will take place in Geneva in June (as communicated by email in February).</p>	<p>Karin Gross</p>

<p>GAHP Global Alliance on Health and Pollution</p> <p>Currently only EP</p> <p>&gt;&gt; contribution</p>	<p>Through political, technical and financial support, the GPH together with other Swiss partners aims at actively co-shaping the agenda of the still young Global Alliance on Health and Pollution (GAHP). The alliance brings together different stakeholders to produce evidence for awareness raising and to curb the toxic pollution of air, water and soil in low- and middle-income countries in order to reduce its harmful effects on public health. Currently the project is in its entry phase. The GAHP is currently being institutionalized as an international foundation in Geneva.</p> <p>To overall goal is to create awareness on the severity of pollution's health impact and driving public and political demand to prevent and mitigate pollution both at national as well as at global level.</p> <p>Through:</p> <ul style="list-style-type: none"> <li>• Global evidence, awareness and support built up</li> <li>• National pollution sources prioritized and addressed</li> <li>• Coordination between stakeholders at national and global level assisted.</li> </ul>	<p>Geographical focus will be clarified during opening phase</p>	<p>Karin Gross</p>
<p><i>Boosting collective action for improved water quality</i></p> <p><i>EP to come</i></p>	<p><i>As part of a bigger project on improved water quality of the Global Programme Water, GPH collaborates with GPW on a component addressing the issue of increasing antimicrobial resistance (AMR). The emergence and spread of AMR is a major and growing public health threat, which is generated by the broad medical application also when not indicated, the extensive use of antibiotics in livestock breeding, but also linked to extensive discharge of antibiotics into water bodies by pharmaceutical production facilities.</i></p> <p><i>SDC aims to boost industry action by partnering with the Geneva-based International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), and with leading global pharma companies based or represented in Switzerland, as well as with their first- or second-tier suppliers in India and/or China, where most of the antibiotic manufacturing industry is based. Coupled with global and local policy/advocacy efforts, the project aims at incentivising and motivating national and sub-national governments to improve local water quality through better water quality regulations and strict implementation.</i></p> <p><i>Currently the project is in its entry phase. An exploratory consultancy study is being conducted in order to get recommendations on promising intervention lines and on how SDC could play a significant</i></p>	<p><i>Country: India (or China)</i></p>	<p><i>Karin Gross</i></p>

	<i>role, to tackle industrial environmental pollution by antibiotics through a multi-stakeholder initiative.</i>		
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## 4. Component 5: Global Health Governance

Project Name	Description and Objectives	Synergies with bilateral programmes	Person in charge
WHO >> Core voluntary contribution by SDC >> core mandatory contribution by FOPH	<p>In the WHO's 12<sup>th</sup> programme of work, SDC will pay particular attention to results achieved in the following categories of work:</p> <ul style="list-style-type: none"> <li>• Communicable diseases: burden should continue to decrease in particular in low and middle-income countries that are affected by malaria and other neglected tropical diseases. Countries should receive support to plan for the transition phase after polio eradication.</li> <li>• Promoting health through the life-course: With particular focus on the health of women, newborns, children and adolescents as well as on the determinants of health.</li> <li>• Health Systems: progress in moving towards universal health coverage</li> <li>• WHO Health emergencies programme: Successful completion of the reform so that WHO can play its role in providing populations affected by health emergencies with access to the essential life-saving health services and public health interventions they need.</li> </ul> <p>During this phase, WHO will establish its 13<sup>th</sup> Programme of work which will be the first to reflect the Sustainable Development Goals.</p>	All COOFs	Carla Koch
TGF The Global Fund to Fight AIDS, TB and Malaria >> contribution  CCM 2020-2023 CHF 58.5 mio	<p>Funds granted to countries by the Global Fund are used in line with SDC's priorities in health: to purchase at affordable prices quality medicine, diagnostic tests, or other products that are essential for the fight against the diseases (e.g. bed nets). The Global Fund also invests in supporting the role of civil society and the provision of treatment and health services for vulnerable or marginalized populations (ex: key populations, women and girls).</p> <p>The core objectives of the Global Fund strategy 2017-2020: Investing to End Epidemics are:</p> <ul style="list-style-type: none"> <li>• Maximise impact against HIV, TB and Malaria</li> <li>• Build Resilient and Sustainable Systems for Health</li> <li>• Promote and Protect Human Rights and Gender Equality</li> <li>• Mobilize Increased Resources</li> </ul>	All COOFs	Carla Koch
BACKUP initiative	<p>Single phase <b>(to stop in 2019)</b> Technical support for Global Fund country partners</p>	BACKUP support to priority countries of	Carla Koch

<p>&gt;&gt; Co-financed with Germany and implemented by GIZ</p>	<p>The BACKUP approach for CCM strengthening aims at:</p> <ol style="list-style-type: none"> <li>1. Improve the governance of GF grants with a rights-based approach and foster the ethical behavior of CCM Members.</li> <li>2. Use principles underlying CCMs in the GF framework (e.g. multi-stakeholder platforms, governance and accountability as well as participatory management) as a model to achieve more harmonised and sustainable health sector governance.</li> </ol>	<p>Switzerland (e.g. Cambodia, Myanmar, Mozambique and Tanzania) is subject to BMZ approval.</p>	
<p>Start-ups and social enterprises for global health &gt;&gt; contract partner is Basel Impact Hub &gt;&gt; co financed with Botnar Foundation</p>	<p>Single Phase to start in 2019, end on 31.12.2022 Up to 20 out of the 60 innovative projects from selected start-up companies and social entrepreneurs from 20 countries will be brought to financially viable and socially intended scale through financial investments and other types of support:</p> <ol style="list-style-type: none"> <li>1. Award winners (start-up companies and social entrepreneurs) are better skilled to bring their solution/project to scale and become a viable business.</li> <li>2. Award winners obtain additional resources from financial investors.</li> <li>3. Award winners build their health expertise through expert advice, knowhow and support from coaches, Swiss healthcare industry and the global health community in Switzerland.</li> <li>4. Local impact hubs are strengthened in their capacities to help bring start-ups to scale.</li> </ol> <p>Together with the co-funder Botnar Foundation, SDC will define the topics for the annual health tracks. The Foundation's priorities – e.g. child health, digital solutions - match with those of SDC. However, based on its strategic components, GPH will also place emphasis on key challenges such as innovative solutions for addressing factors affecting health that lie outside the health system (e.g. water, air pollution, nutrition); for integrating services and products for non-communicable diseases into the essential package of health services; for improving the health of pregnant women, young mothers and children; or for mobilising local resources to finance healthcare.</p>	<p>Collaboration with local impact hub. To be confirmed: <b>Kenya (?)</b> <b>Rwanda</b> Senegal</p>	<p>Aude Favre</p>
<p>Making the Most of Belt and Road for Global Health</p>	<p>The overall goal of the programme is to support the BRI to maximise its transformative potential for health, through improved determinants, reduced risks, and effective and mutually-beneficial cooperation. The programme outcome is strengthened evidence-informed decision-making and governance for BRI and health, taking into account different countries' needs and contexts. Building on the</p>	<p>Focus on SDC priority countries where the BRI will pass through</p>	<p>Erika Placella</p>

<p>&gt;&gt; entry proposal for 01.07.2019 – 30.09.2027</p> <p>The budget estimate for the entire intervention amounts to CHF 8'940'000 over 8 years</p> <p>&gt;&gt; contract partners WHO office China and Geneva Graduate Institute</p>	<p>unique position of the WHO as the partner of choice for the Chinese government on global health, and the WHO's network, the programme will: (1) Support policy dialogues for improved collaboration; (2) Support research and analysis to generate knowledge to inform norms, standards and improve understanding of BRI and health; (3) Strengthen capacity of Chinese and BRI countries' agencies for cooperation, health diplomacy and to monitor, evaluate and learn from interventions; (4) Support increased health cooperation between Chinese and BRI countries agencies.</p> <p>The programme addresses global health governance and links to SDC's priorities and geographical foci. It will support SDC in shaping a new global health order and strengthening WHO and other normative health agencies. It is in line with the Swiss Health Foreign Policy and will support global initiatives of the Swiss Embassy in Beijing on climate change and food security. Building on long standing relationships between Switzerland and China, Switzerland is uniquely positioned to play a brokering role in maximising the health gains of the BRI. Beneficiaries will be around half of the BRI countries (Central Asia, Southeast Asia, Africa), and global and regional organisations.</p>		
<p><i>Digitalization and health</i></p> <p>&gt;&gt; concept note</p>	<p><i>Through a consultancy (University Hospitals Geneva), SDC wants to gain conceptual clarity on technologies for health for LMICs, and getting a clearer overview on existing key initiatives in Switzerland and at global level (stakeholder analysis), in order to sharpen its strategic focus and positioning and to make informed related investment decisions.</i></p>		<p><i>Erika Placella Aude Favre</i></p>