SENAP F2F Health, Nairobi April 9th to 11th 2019

Reporting part 3: global-bilateral and HQ-field collaboration

The overall goal of this F2F is to enhance effectiveness, coherence and relevance of health programmes within SONAP countries and regions of concentration by fostering exchanges and collaboration between SONAP COOFs, as well as with HQ.
Specific objectives were:

- **Update on institutional and strategical developments at SDC HQ level**
- **Inform on new programs and initiatives from the Global Program Health**
- **Exchange on key developments in health at global level, in particular on WHO and the GF**
- **Initiate a strategic alignment between SONAP field and HQ for a common SONAP health "strategy"/vision/key priorities >> joint contribution on future perspectives for health in the SONAP region**

Institutional updates from SDC headquarters
Gerhard Siegfried, head of the SENAP division

A number of significant modifications are proposed for the new **Dispatch on Switzerland's International Cooperation 2021-2024** to parliament, like the thematic and geographical focuses and the length of the document just to mention a few (50 pages versus 350 pages in the previous dispatch). Switzerland's international cooperation activities and the regions where they are carried out are determined on the basis of the following three criteria: 1) the needs of the populations concerned, 2) Switzerland's interests and 3) the added value brought by Switzerland's international cooperation in international comparison. On this basis, the following modifications are proposed:

Thematic changes

- Four thematic focuses: employment, climate change, migration and the rule of law.
- Consequently stronger link between migration and development, underlying liberal hypothesis that economic development will drive to human development.
- Good governance as a common issue in our countries of intervention, role of Switzerland with regards to human rights advocacy, promote and leverage the position of International Geneva, Humanitarian Aid remain unchanged, greater focus on immediate Swiss interest.
- Ambiguity: intention to strengthen bilateral engagement (versus regional engagement); SDC/SECO/AMS role with regards to free circulation of people and goods at regional level.

Priority regions

- Geographical focus on 34 countries in four priority regions: 1) North Africa and the Middle East, 2) sub-Saharan Africa, 3) Asia (Central, South and South East) and 4) Eastern Europe.
- Phasing out from Latin America (except Haiti) >> shift funds towards Africa: North, near and far East, East and Southern Africa, and West Africa
- Health and ESA region: more funds will be available, consequently need to identify relevant programs to absorb these; ongoing task forces are working on how additional resources could be used (which won't go hand in hand with increase in staff). It is however not given, that health will remain as a priority sector in the future.
- How is health represented in the new dispatch? At the moment health is a priority in fragile states, while in other setting, economic development is at the center- not always clear what this means and how to handle these different priorities.

Changes at SENAP/ SDC Africa divisions

- After the split from North Africa and oPt this summer, SENAP division will go back to "East and Southern Africa Division" (ESA).
- For ESA, eventually more programs in urban settings, but no fundamental changes, ambiguity between bilateral and regional focus.

- Staff changes:
    - Peter Bieler (new head of ESA division)
    - Derek Müller (head of the new MENA division) and Lisa Magnollay (Deputy)
- West Africa division will remain as it is today --> more proactive synergies with DAO; plan of supporting a "West Africa Migration Route" initiative, in addition to the regional East Africa migration route (Egypt-Ethiopia-Horn of Africa).

See complete PowerPoint presentation in annex 3.1

Updates on new programs/initiatives from the Global Program Health
Carla Koch and Viviane Hasselmann

1. Component Communicable diseases >> R&D and access

- Accelerating access to quality medicines: "**Medicines Regulatory Systems Strengthening**" initiative co financed by Gates Foundation, implemented by Swissmedic and WHO. Focus on EAC.
- Access to NCD medicines: "**Improving Access to Essential Medicines and Basic Technologies for Non-communicable Diseases**"

2. Component Global Health Governance:

- Impact Hub: "**Start-ups and social enterprises for global health**". Co-financed by Botnar Fondation. Contract partner is Basel Impact Hub who will collaborate with Geneva Impact Hub and local hubs in Kenya (?), Rwanda, and Senegal.

3. Component Determinants of Health:

- Global RECAP – **Promoting healthy diet and physical activity:** 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). Selected countries: Kenya, Tanzania, Uganda
- GAHP - **Global Alliance for Health and Pollution**: 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 and global level. Geographical focus will be clarified during opening phase.
- GAIN - **Global Alliance for Improved Nutrition**: Co financed by the Global Programme Food Security, this contribution supports the "Making markets work for nutrition" programme of GAIN. The overall goal is to improve nutrition outcomes for the poor through market based solutions in the food system. Will be implemented in Bangladesh, India, Indonesia, Kenya, Mozambique, Tanzania, Nigeria, and Pakistan.
- SUN - **Scaling Up Nutrition Movement:** 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.

4. Component Universal Health Coverage

- **Health System Quality Design Lab**: together with Harvard und Swiss TPH, collaboration with Ifakara Health Institute to search and develop new low costs tools and approaches for the quality improvement of a health system. Open access solutions.
- **Cooperatives for health:** contribution to the International Health Co-operative Organization (IHCO). First concrete country-based interventions will start in Kenya and Cameroon.

Ideas and initiatives in the pipeline:

- "**Making the Most of Belt and Road for Global Health**": The overall goal is to maximise the transformative potential of the Belt&Road Initiative (BRI) for health, through improved determinants, reduced risks, and effective and mutually-beneficial cooperation. 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.

- **Digitalization and health**: Through a consultancy, SDC will gain conceptual clarity on technologies for health for LMICs, and get a clearer overview on existing key initiatives in Switzerland and at global level (stakeholder analysis), in order to sharpen its strategic focus and to make informed related investment decisions.
- **"Societal Change for Health through CSO"**: The overall goal would be that the local health-needs of vulnerable populations are increasingly heard and addressed through the actions of strong civil society engagement in regional and global health discussions.
- **"Boosting collective action for improved water quality"**: Coupled with global and local policy/advocacy efforts, the project should aim at incentivizing and motivating national and sub-national governments to improve local water quality through better water quality regulations and strict implementation.

See interactive graph on the GPH portfolio in annex 3.2

Updates from the ongoing global debates

1. **Global Fund 6th replenishment**:

The ask is at least 14 billion dollars to Step Up the Fight. Projection for domestic funding for HIV, TB and malaria programs for 2021-2023 will grow by US$46 billion (increase of 48% compared to now)
Learn more about the investment case for the GF 6th Replenishment.

2. **SDG 3 Global Action Plan**:

First time ever joint commitment by 12 UN and non-UN agencies, with the identification of 6 thematic "Accelerators". Concrete actions at country-level remains an open question.
Find more info on the specific WHO webpage.

3. The UN High-Level Meeting (UN HLM) on Universal Health Coverage:

It will take place in September 2019 in New York. Swiss priorities are a) Patient safety and quality b) Sustainable financing of health systems c) UHC in emergencies.
See UGC 2030 webpage for more details.

4. Call to Action - Universal Health Coverage in Emergencies

It is a multi-stakeholder initiative to accelerate progress towards Universal Health Coverage for people affected by armed conflicts, fragile settings, health and other emergencies, launched by Afghanistan and Switzerland in the margins of the 73rd UN General Assembly in 2018.
Besides the text (Call to Action) and some follow-up events in Geneva, no concrete activities so far > focus more at political level through advocacy.
Check FOPH webpage for more details.

See complete PowerPoint presentation in annex 3.3

Discussion on WHO reform and COOFs' collaboration with WHO country offices
Carla Koch, Global Programme Health

WHO reform

Since 2017, WHO had major changes including but not limited to i) Tedros Adhanom Ghebreyesus election in May 2017 ii) Elaboration of the 13th General Program of work of WHO between August 2017-May 2018 iii) Approval of WHO biannual program budget for 2020-2021 and iv) the ongoing transformation agenda.
With the leadership changes, major transformation happened in parallel to the UNDS reform. Tedros presented the new organizational chart and his senior team, with the general goal and how it is going to be implemented. One of the highlights is the new focus on country strategies, as WHO tries to deliver better at country level. At the regional level, WHO regional offices lead the technical

cooperation. At HQ level, WHO focuses on the global goods that the world countries need, also provide specialized technical support and research.
To *move from disease focused to system focus*, a new results framework has been elaborated but is very complex. It is called the WHO impact framework, based on the 4 pillars. WHO has the goal to place countries at the center. In some setting, issues like policy related will be upstream and others like technical assistance and service deliveries will be downstream.
WHO wants also to focus on science and technology with the establishment of a new department of digital health. There is a WHO academy in France (for training and courses) with hubs in 6 regions and the search for new innovative financing mechanism of WHO (for example creation of a WHO foundation in order to attract more private funding > currently only member states are donating).

Switzerland's support to WHO
The Federal Office of Public Health (Federal Department of Home Affairs) give mandatory core contribution to WHO. The Global Program Health gives core voluntary contribution to WHO HQ level + to special research programmes (like TDR and HRP). Some COOFs and also country offices such as Palestine and Mozambique) Humanitarian Aid is also supporting the WHO Emergency Fund and some specific humanitarian interventions.

Group 1: Who is WHO to you? What is the added value of this organization in your work?
Overall, WHO is present in all the countries but their level of engagement with SDC is context specific. There is different level of interaction with WHO from zero to advanced. They look a bit oversized for the mandate they have. WHO seems to be the weakest UN agency on the ground in some countries (Zimbabwe, Kenya and Ethiopia). Although collaboration in Tanzania is very good. There is a lot of competition between UN agencies and WHO. UNAIDS is doing excellent job in the countries despite not being operational (data and guidelines). WHO is too conservative and less flexible to think out of the box, supporting the government but ignoring other players. The health environment is so dynamic and they hardly innovate. There is no direct benefit from WHO rather they are disrupters, going with their own rule, having great ideas without knowing how they should implement. They should be more proactive in communication (ex. Cholera, fake immunization …)
They are co-chairing the development partners meeting in different countries. They would like to be operational but they are the traction… EMRO and AFRO offices.
WHO country office should be assessed at country level (local accountability), then to regional office.

Group 2: What should future partnerships between SDC and WHO look like?
It is very context specific and individual dependent. Collaboration between SDC and WHO works better in some countries than others. Their role in the ground is not clear > would need more explanation. WHO should come with clear guidance on their role and put clear plans rather than being superficial.
Regarding counterfeit medication problems, WHO should came up with clear regulations and guidance in countries. Their human resource policy on the ground is questionable. They are struggling to secure staff for specific positions (especially in Somalia) thus there are frequent HR changes, thus reducing continuity > short term contract makes collaboration difficult.
SDC must learn how to behave and collaborate with the new WHO agenda (partnership). We are also a member-state > negotiate.

Discussion on the Global Fund
Carla Koch, Global Programme Health

- CH is alternate member of the Steering committee of the GF in Somalia since 2016, together with Italy. Implementing partner of the GF is World Vision and UNICEF. In Somalia the GF is not flexible enough and relevant because continue to push for malaria/HIV/ TB focus of their grants, although malaria and HIV are not priorities at national level.
- CH is sitting in the CCM of the GF in Burundi, whereas in Mozambique and Ethiopia, CH is not engaged in the CCM. However the CCM is working well in Addis and is well organized.

Discussion on the global-bilateral collaboration
All participants

- Bilateral work is limited to the goals laid out in the country cooperation strategies >> often too narrow, challenging to go beyond.
- Strategies and initiatives from HQ and the GPH can influence the bilateral work. GPH offers opportunities for bilateral programs (like openIMIS and SUN) >> connect the dots for a strategic engagement of COOFs
- We need one Swiss position in policy dialogue (visualization SDC tools)
- Global programmes should better collaborate among themselves, in order to be more coherent and aligned.
- Bring the voice/sharing experiences from the bilateral to the global level because often same partners >> to influence policies and dialogue.
- The GPH should support an initiative a global level on M&E. There is also a gap in competencies in M&E within the staff. >> The International Program for Development Evaluation Training (IPDET) is an executive training program in development evaluation, which brings together global expertise in development evaluation to build foundational and advanced knowledge and skill in evaluation. It is conducted each year in July in Bern. Find more on the IPDET.

Overview of the current collaboration between COOFs and the Global Programme Health

COOFs >> GPH

- New initiatives from the GPH are consulted with heads of health domain or regional health advisors in the respective COOFs/Embassies when relevant. The exchange and discussion among the rest of the health team at local level is responsibility of the head of health domain/regional health advisor.
- During GPH opcom, Viviane Hasselmann is in charge of ensuring linkages between bilateral and global are made when appropriate.
- Back-to-office reports from GPH colleagues are shared with the relevant COOFs/Embassies, when relevant. Key reports from multilateral partner organisations are shared via the SDC health Shareweb or the trimestral newsletter.
- Viviane is in charge of continuously sharing information of new GPH programs to the SENAP colleagues. Find updated list of all GPH initiatives on the SDC health Shareweb community of practice.

GPH >> COOFs

- GPH is not involved in the SENAP opcom. However Viviane, as SENAP health advisor and co focal point GPH is consulted and participates to all relevant SENAP opcom, to ensure linkages between bilateral and global are made when appropriate. For the strategic opcom at the direction level, colleagues from the GPH can be invited to participate.
- GPH has no authority to approve or decline any bilateral SENAP health projects. Similarly, the COOFs have no authority to approve or decline a GPH initiative or programme.
- Viviane is in charge of continuously sharing information of new SENAP health programmes to the GPH. Find updated list of all health projects of south cooperation on the SDC health Shareweb Community of practice.

→ As mentioned in Dispatch, bilateral and global cooperation interventions have different mandates and mission, and thus can have different thematic priorities and approaches. **However, all SDC health programmes (including south cooperation, east cooperation, global cooperation and humanitarian activities) must be aligned to SDC health policy and the Swiss Foreign Health Policy.** Synergies between SDC various instruments are of course sought as much as possible, as it increases SDC overall impact.