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Swiss Agency for Development  
and Cooperation SDC

# Strategic Framework 2015–2019

## SDC Global Programme Health





# Introduction

Countries worldwide are increasingly facing global risks that threaten their development prospects. Poor populations in low and middle-income countries are particularly vulnerable to these risks although they have hardly contributed to creating them. Traditional modalities of international cooperation such as bilateral and multilateral instruments are no longer sufficient for dealing with global challenges that transcend national borders. For this reason, the SDC was mandated through the Federal Council's 2013-16 dispatch to parliament to set up programmes to address major global development challenges. These programmes are considered complementary to bilateral and multilateral assistance. Since then, five programmes have been established, each addressing one major global development risk: climate change, water, migration, food security and health. The aim is to reduce poverty and social inequalities in low and lower middle-income countries by strengthening their capacities to cope with these global development challenges and by promoting an enabling environment at the global policy level.

This medium-term framework provides strategic direction for the Global Programme Health (GPH) and builds on the SDC's long-standing engage-

ment in health at a bilateral and global level. Hence, the global dimension of the SDC's engagement in health is not a recent development but has, in fact, been strengthened through the establishment of the GPH.

The strategic framework defines the Programme's goals and mission as well as its core components and working modalities. It also informs resource allocation and monitoring as well as reporting and communication.

Consequently, the target audiences of the present strategic document are bilateral and global SDC programmes with health components, Swiss federal departments and agencies implementing the Swiss Health Foreign Policy, Swiss non-state actors active in international health cooperation as well as global health players such as international NGOs, multilateral, philanthropic or private sector organisations.

This strategic framework is the product of an iterative process and of broad consultation with the aforementioned parties, to whom the Global Health Team owes a debt of gratitude for their valuable comments and suggestions.









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# 1. Global health challenges at a glance

Worldwide, countries and people are becoming increasingly interdependent due to diverse **globalisation** processes. Events in one part of the world can spread rapidly across the globe. This is most obvious with health issues that transcend national borders. The most recent examples are the resurgence of polio, the spread of antimicrobial resistance and the Ebola outbreak.

A first attempt to respond to these increasingly “global” challenges was the formulation of the **Millennium Development Goals** (MDGs). The MDGs mobilized resources in an unprecedented manner, especially for health. This boost resulted in considerable **progress** in improving the health status of many people in low and middle-income countries. For instance,

- global **child mortality** dropped from 12.6 to 6.6 million deaths annually,
- 3.3 million deaths due to **malaria** were averted worldwide (2000-2012),
- **maternal mortality** globally was reduced by 45% (1990-2013),
- **TB-related mortality** decreased by 41% between 1990 and 2010.<sup>1</sup>

Despite this progress in health-related issues, which to a large extent is the result of substantial external support, **major challenges** remain:

- In many countries **maternal mortality** rates continue to be high. Among young women, birth and pregnancy-related complications are the second leading cause of death.<sup>2</sup>
- **Social inequalities** related to gender, age, disability or geographical location are becoming even more pronounced, especially in middle-income countries that today have the highest number of poor people.
- The only age group showing a rise in the number of **AIDS**-related deaths is that of 10-19 year-olds.<sup>3</sup>
- 200 million cases of **malaria** and 600,000 deaths still occur every year.<sup>4</sup>
- **Neglected tropical diseases** affect more than 1 billion people worldwide.

- Globally, an estimated 1.8 to 3 billion people still have **no access to sustainable safe drinking water**, causing a high number of deaths due to water-borne diseases.
- **1 billion disabled people** worldwide, 80% of them living in low and middle-income countries, remain neglected.
- Every year, 100 million people are pushed into poverty due to **out-of-pocket payments necessitated by ill health**.

Several **shortcomings in the MDG framework** have contributed to the failure in meeting some MDG targets:

- The MDGs’ focus on specific diseases and population groups resulted in vertical strategies and eventually in a **fragmentation of the health system**, with emphasis on services specifically for malaria, TB and HIV/AIDS as well as for child and maternal health.
- **A comprehensive approach to health systems strengthening**, including social health protection, quality management of health services and social accountability mechanisms was **neglected**.
- The **MDGs** were **directed only towards low and lower middle-income countries**.

In the post-2015 era these shortcomings need to be addressed, **new health issues** tackled and alternative approaches applied. Following an improvement in economic and social standards of living for at least parts of the population in many middle but also low-income countries, the coming decades will be marked by a massive **demographic transition**:

- The world’s population is not only growing, but also **ageing**.
- Changing lifestyle patterns and an altered diet foster the spread of **non-communicable diseases** (NCDs), e.g. cardiovascular diseases, cancer and diabetes.

Moreover,

- Increasing mobility is leading to a growing number of **accidents and injuries**.
- **Climate change as well as water, air and soil pollution** due to industrialization entail global health risks.

1 United Nations 2014

2 UNFPA 2014

3 UNAIDS GAP Report 2014

4 WHO 2014



- **Violence** (through war-like conflicts, crime and domestic violence) is widespread, especially due to the increasing number of fragile contexts. In turn, violence produces **trauma** and impairs **mental health**.
- The growing number of **fragile contexts** as well as the **control of pandemics** will increasingly require a global response that combines effective emergency responses and more long-term investments to build **resilient health systems**.

**Health systems strengthening** will also be key to managing the dual disease burden, i.e. communicable and non-communicable diseases, as well as complex combinations of different conditions in one patient. A qualified and motivated health workforce is the backbone of solid health systems. Yet, **competition for qualified healthcare personnel** has become a **global phenomenon** and the “brain drain” of health workers, especially from low and middle-income to high income countries needs to be curbed.

Moreover, a **strategic shift** away from **purely a disease focus to a broader conceptualization of health to include its determinants** such as income, education or gender is crucial. Such a comprehensive approach to address health issues requires **intersectoral collaboration** or what is called the “**health in all policies**” approach.

The broadly defined **health-related Sustainable Development Goal (SDG)** – “ensure healthy lives and promote well-being for all at all ages” – and its targets will address most remaining and new health challenges. In order to achieve this ambitious set of goals, it is critical to **mobilize additional funding as well as allocate and use resources more cost-effectively**.

“New” global players – **emerging economies, philanthropic organisations, private companies and social businesses** – that have emerged during the MDG era must **assume more shared responsibility** on global health. The increasing number of global health challenges and actors necessitate a **further strengthening of global health governance structures** to develop, effectively implement and coordinate globally agreed responses.

These different players will need to form **multi-stakeholder coalitions** to address increasing complexity and to implement the broad post-2015 agenda. The role of non-state actors (private sector, NGOs and philanthropic organisations) in global health governance and with regard to new partnership models has to be more clearly defined in terms of consultative versus proper membership status, selection of representatives etc.





## 2. Switzerland's and the SDC's response to global health challenges

In light of this changing context, **Switzerland needs to redefine its role in global health**. Accordingly, the country has sought to develop a coherent set of policies that guide its responses to the global health challenges and health related-SDG agenda outlined above. By doing so it hopes to make relevant contributions to effective and sustainable solutions. **The medium-term strategic direction of the GPH for the period 2015-2019 is defined by:**

- A **constitutional mandate and corresponding laws on international cooperation** (1976, 2006) as well as **dispatches to parliament** (2013-2016, 2017-2020) that stipulate a commitment to addressing global development risks;<sup>5</sup>
- **Switzerland's Foreign Policy Strategy** (2012-2015 and beyond);<sup>6</sup>
- **the SDC's Health Policy**<sup>7</sup> and
- **the Swiss Health Foreign Policy**.<sup>8</sup>

<sup>5</sup> Schweizerische Eidgenossenschaft (2013)

<sup>6</sup> Eidgenössisches Departement für auswärtige Angelegenheiten (2012)

<sup>7</sup> Federal Department of Foreign Affairs and Federal Department of Home Affairs (2012)

<sup>8</sup> Swiss Agency for Development and Cooperation (2013a)

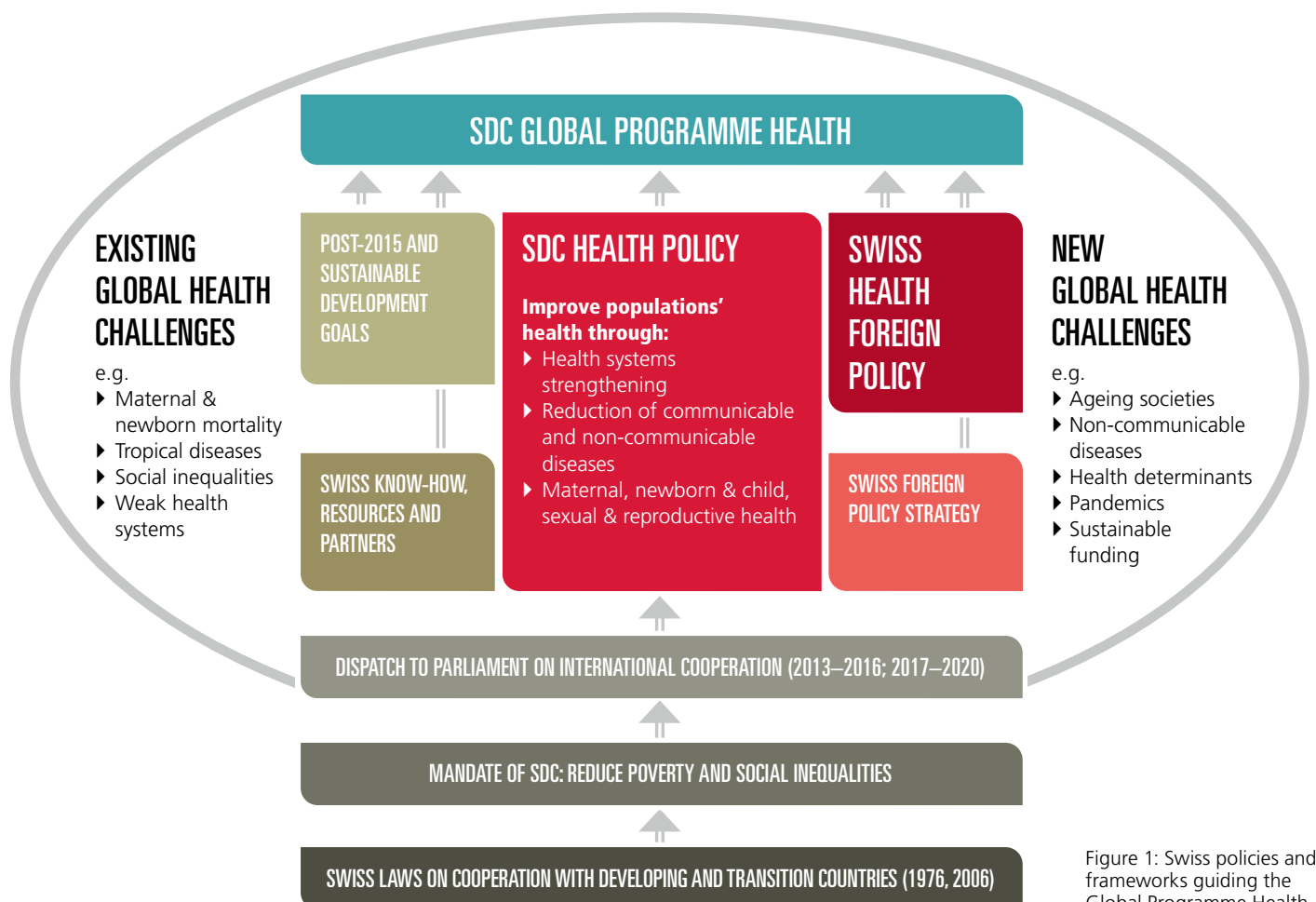


Figure 1: Swiss policies and frameworks guiding the Global Programme Health



Under the two laws on international cooperation, the **SDC's mandate is to reduce poverty and social inequalities**. The SDC thus aims to contribute to greater equity worldwide and to the gradual fulfilment of human rights for all, including the right to health.

The **SDC's Health Policy** (see appendix 3) **is aligned with the Swiss Health Foreign Policy** (SHFP), which stipulates 20 objectives (see appendix 4 for the complete list of policy objectives). The SHFP addresses all of the country's international concerns related to health. The rationale for such a policy is to make Swiss health policy more coherent and effective, thereby safeguarding Swiss health-related and economic interests in a globalised world, improving its contributions to global health and ultimately strengthening its reputation as a credible and reliable partner. Hence the SHFP promotes inter-departmental strategic alignment and regular consultations. An example of such a coordinated approach is the coherent support across departments to consolidate Geneva's position as global health capital. Switzerland was one of the first countries worldwide to adopt an interministerial agreement on health foreign policy objectives<sup>9</sup>.

**Both policies and their respective objectives build on Switzerland's comparative advantages in the health sector.** The country hosts some of the world's leading clinical and public health research entities (University Hospitals of Geneva and Lausanne, Swiss Tropical and Public Health Institute etc.), research-based pharmaceutical and biotech companies (e.g. Roche, Novartis, Actelion) as well as major non-governmental organisations active in health (International Committee of the Red Cross, Doctors Without Borders, the Global Fund, the Global Alliance for Vaccination and Immunization, Medicines for Malaria Venture, Drugs for Neglected Diseases initiative etc.). Moreover, it has a long list of private health insurance schemes as well as re-insurance companies such as Swiss Re. Last but not least, Switzerland is home to the World Health Organization.

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9 Norwegian Ministry of Foreign Affairs (2012); Bundesministerium für Gesundheit der Bundesrepublik Deutschland (2013)





### 3. Programme goals and mission

The overall goal of the SDC's Global Programme Health is to **improve the health status of poor and vulnerable people in low and lower middle-income countries by addressing specific global health risks**. This is done by **engaging in policy dialogue as well as by supporting global initiatives within the core components**. By global initiatives we mean operational activities of a group of partners that go beyond policy work and also include technical advice and support, advocacy, research or product/service provision for the benefit of several low and middle-income countries.

Specifically, the SDC aims to foster initiatives that develop innovative solutions for the health needs of vulnerable and poor people in low and lower middle-income countries without adopting any specific geographical focus. **Through both avenues – policy work and programme support – the Programme strives to fulfil its mission, namely to influence agenda setting and shape policy formulation at the global level and to advocate the Swiss perspective.**





The Global Programme Health **complements** SDC-supported **bilateral programmes** by:

- engaging with health risks and challenges that require action at a global policy level,
- supporting innovative initiatives and partnerships that are organized at a global level and benefit a larger number of low and lower middle-income countries,
- drawing on experiences and results from SDC country programmes to nurture global policy work. In turn, the latter informs SDC's national policy dialogue and programme work in partner countries.

**As a relatively small donor agency, the SDC relies on strategic partnerships** with other donors, international NGOs, the private sector and multilateral agencies **for influencing policy and providing effective support to initiatives at the global level**. By strategic partners we mean organisations with resources – financial, technical, political or other – that are critical for creating meaningful impact.

The selection of **Programme components and related priorities** is based on the following criteria:

- A global response is required.
- Innovative partnerships with existing or new partners can be built, especially in the context of "International Geneva".
- The SDC's Health Policy goals and the objectives of the Swiss Health Foreign Policy are advanced.
- The SDC exhibits a comparative advantage through its humanitarian, bilateral or multilateral programmes and/or it can leverage Swiss know-how in order to make a significant difference.
- Relevance for at least two geographical regions where the SDC maintains programmes in health.

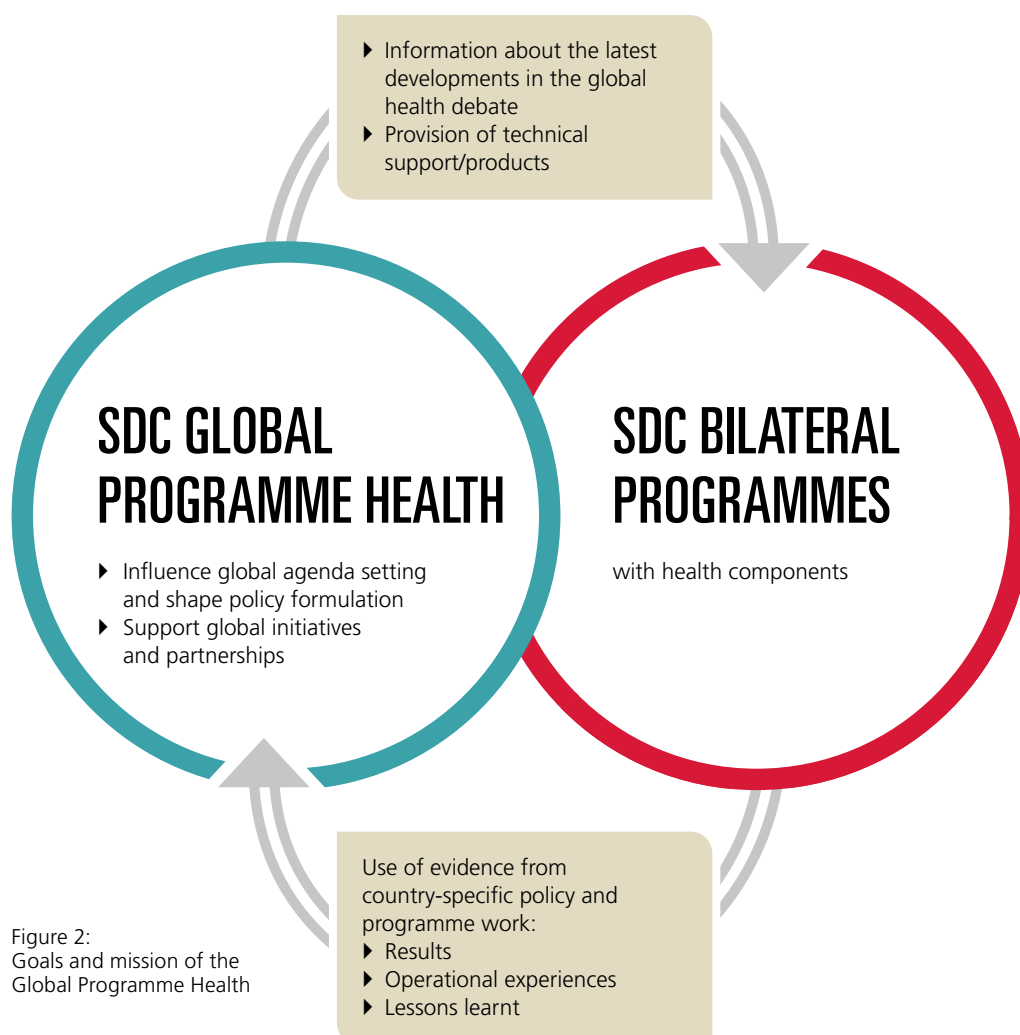


Figure 2:  
Goals and mission of the  
Global Programme Health

# 4. Programme components

The Global Programme Health focuses on **five core components**:

1. **Addressing communicable diseases** through research and development of medical resources
2. **Advancing universal health coverage** through health financing and health systems strengthening
3. **Promoting the sexual and reproductive health and rights of young people** through an enabling policy environment.
4. **Addressing determinants of health** through multisectoral collaboration
5. **Strengthening global health governance** through efficient coordination between multilateral organisations.

While components 1, 2, 3 and 5 seek to strengthen health systems, component 4 addresses determinants of people's health. Only by addressing both aspects, i.e. the determinants of health and health systems, can poor people's health be improved and poverty reduced (see Figure 3).

Under the component "determinants of health", the GPH will concentrate on global challenges to be addressed through multisectoral approaches, especially on nutrition and water. The other components focus on strengthening primarily four of the six building blocks of health systems: service delivery, medical products, health financing and leadership/governance.



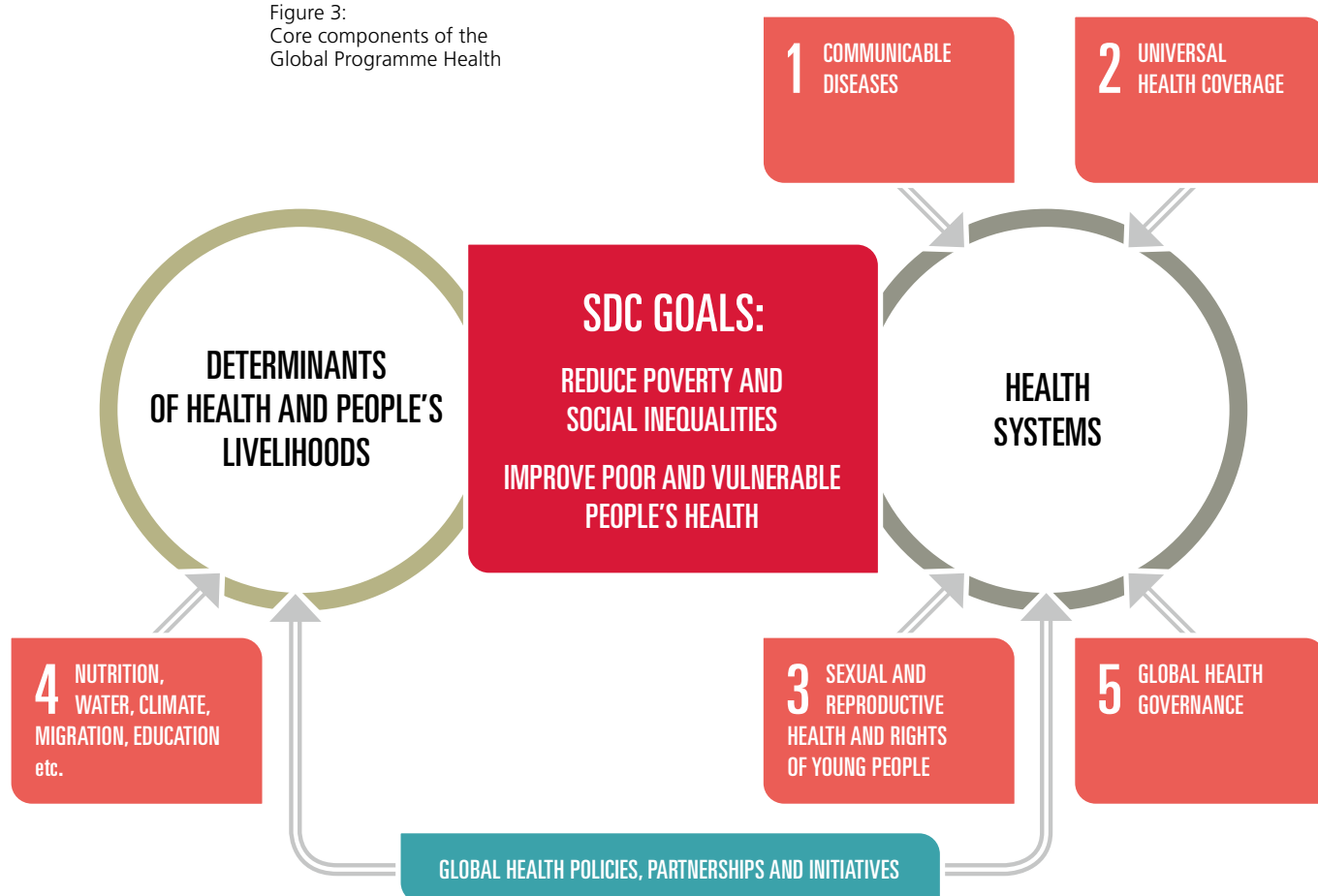


**Cross-cutting approaches** comprise both **health systems strengthening** as well as **multisectoral initiatives** to address **determinants of health** outside of health systems. The focus is on **vulnerable groups**, i.e. people who are more likely to be exposed to major health risks. These include **pregnant women, children, young people, disabled persons and the elderly**.

The different components are linked both conceptually and operationally. **Many activities at the policy level as well as at the level of the supported initiatives address more than one component.**

Moreover, each of the five components matches one or several objectives of the SDC Health Policy and the Swiss Health Foreign Policy respectively (see appendices 3 and 4). **Malaria, neglected tropical diseases, R&D for diseases that primarily affect low and middle-income countries, universal health coverage as well as sexual and reproductive health are all explicit targets under the health-related SDG 3.** "Global health governance" corresponds to SDG 17 on global partnership for sustainable development. "Determinants of health" are incorporated in basically all SDGs.

Figure 3:  
Core components of the  
Global Programme Health



## 4.1 Component 1: Reducing the burden of communicable diseases through innovative research and development of medical resources

The Programme's engagement in reducing the burden of communicable diseases and especially malaria is the logical continuation of a long-standing commitment at the bilateral and global level through which the SDC has built a track record and reputation. Reducing communicable diseases enhances health gains for the affected people and fosters socio-economic development in low and middle-income countries. It also frees resources for health systems, for instance to deal with the rising burden of non-communicable diseases. This component focuses on research and development of medical resources for communicable diseases of the poor and access to them because this is where the need

for new products is the greatest. Without sufficient investment in R&D for these diseases, achieving the SDGs may prove to be difficult. For most non-communicable diseases, products are globally available. However, product pricing and the provision of health services for these diseases are critical. Addressing gaps in research and development (R&D) of medical resources is a good entry point for a global programme as this field is organized globally and focuses on patients who are spread across the world.

This component is divided into two sub areas since the policy and intervention strategies for neglected tropical diseases differ from those for malaria.





### 4.1.1 Sub area 1:

## Improving access to medical resources for neglected tropical diseases

Neglected tropical diseases (NTDs) are a group of chronic and disabling infections affecting more than 1 billion people. No efficacious medicines are available for many of these diseases, or they are toxic and difficult to administer. Because neglected tropical diseases mainly affect the world's poorest people, commercial markets that traditionally drive pharmaceutical company investment in new product research and development are lacking. Market failure is even more apparent with regard to much needed diagnostics, and current funding levels are wholly inadequate to address neglected tropical diseases as only few donors support this area of research and development.

Switzerland's position as a leader in innovation as well as the presence of a research-based pharma industry and other research organisations has facilitated the exploitation of synergies for international research collaboration. It also hosts major Product Development Partnerships (PDPs), such as the Drugs for Neglected Diseases initiative (DNDi), that have R&D expertise in NTDs.

Against this background, the SDC's **policy goal is to advance the global framework for the research and development of and access to global health products for diseases disproportionately affecting people in low and lower middle-income countries, with a focus on neglected tropical diseases**. Three specific objectives have been defined to achieve this policy goal:

- **Strengthen global research and development capacities addressing specific neglected tropical diseases in endemic countries through public-private product development partnerships**

- **Advance demonstration health R&D initiatives and related policy formulation for the establishment of a global voluntary health R&D financing mechanism**
- **Accelerate pre-qualification listing by WHO and subsequent country registration of global health/medical products that address neglected tropical diseases.**

The **policy impact hypothesis** is that creating a global framework for R&D and access to global health products against diseases disproportionately affecting poor people in low and lower middle-income countries will ultimately result in the establishment of a global financing and coordination mechanism for health R&D. This in turn leads to research and development of new global health products that are introduced in low and lower middle-income countries and accessed by poor and vulnerable patients.

This area is closely linked to other components of the GPH, i.e. strengthening global health governance, addressing determinants of health and health systems strengthening. Improving medicines regulatory systems, for instance, not only accelerates access to products that address neglected tropical diseases but also strengthens health systems.

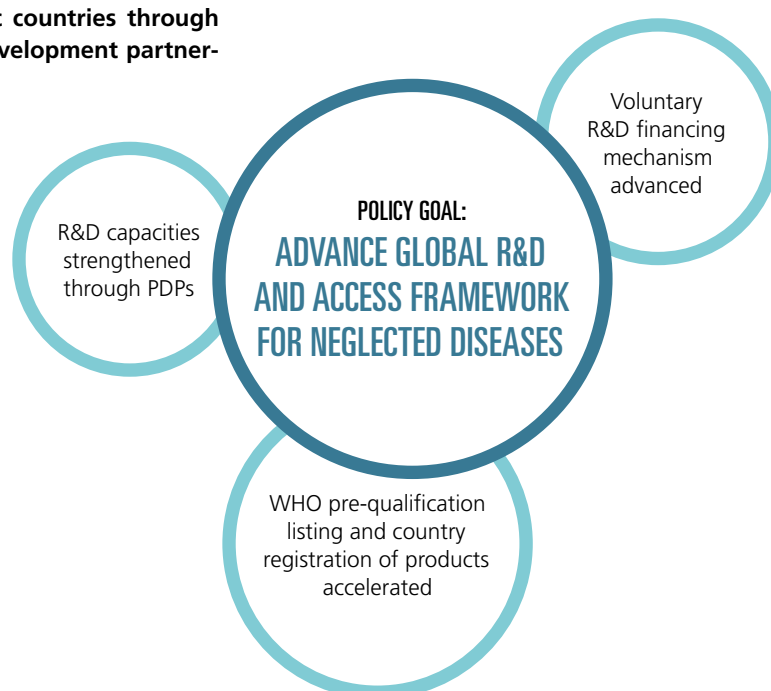


Figure 4a:  
Policy goal and specific  
objectives of sub-area 1

## 4.1.2 Sub-area 2: Accelerating malaria elimination

Despite enormous progress in malaria control, the disease remains a major global public health problem. Worldwide, an estimated 3.4 billion people in 97 countries are still at risk of malaria. The successes achieved in the past decade are fragile. For instance, mosquito resistance to insecticides and parasite resistance to antimalarial medicines continue to spread. These are major challenges transcending country-level capacities and requiring a global response. Hence maintaining investment for malaria-related research and development and strengthening public-private partnerships' capacity to pursue elimination objectives are essential.

Although malaria elimination is relatively well funded, the SDC can make an important difference due to the availability of competitive Swiss scientific and technical resources in this field. The SDC's strategic partners in PDPs, academia and industry are among the leading organisations active in malaria control. Most of these partners are members of the Swiss Malaria Group, a network supported by the SDC.

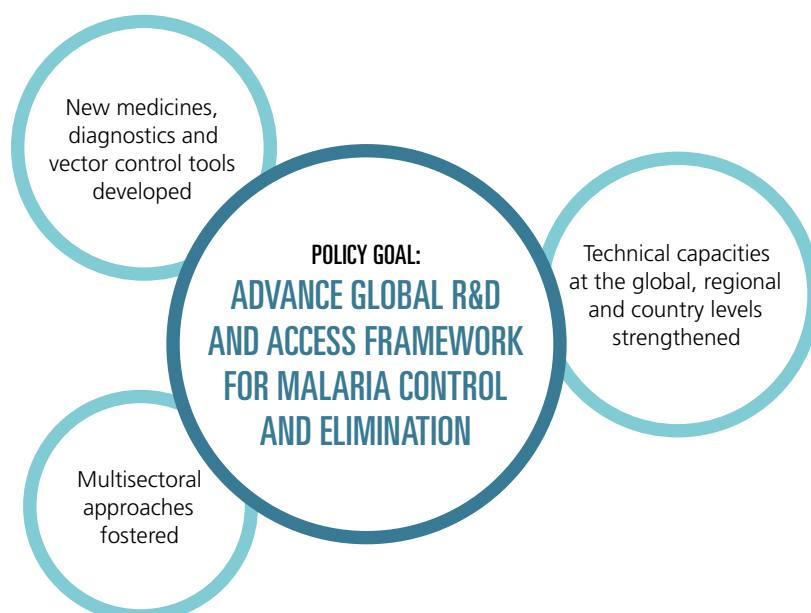
Therefore, the **policy goal is to advance a global R&D and access framework that fosters innovative financing and multisectoral approaches to malaria control and elimination**. The Programme seeks to achieve three specific objectives to ensure accomplishment of this policy goal:

- **Develop new medicines, diagnostics and vector control tools through innovative research and development mechanisms and enhance access to these resources in endemic countries**
- **Strengthen technical capacities at global, regional and country levels for accelerating malaria control and (pre-) elimination**
- **Foster a comprehensive development approach in the fight against malaria through promoting multisectoral policies (e.g. water, agriculture, nutrition).**

The **policy impact hypothesis** is that the advancement of a global R&D and access framework that fosters innovative financing and multisectoral approaches to malaria control and elimination leads to the expansion of malaria-free zones and ultimately to reduced malaria-related morbidity and mortality among populations in currently endemic countries.

For instance, the SDC's support to WHO's Global Malaria Programme and the Global Fund (GFATM) and the resulting opportunities to influence agenda setting and shape policy formulation underline the strategic link to the core area of "strengthening global health governance".

Figure 4b:  
Policy goal and specific  
objectives of sub-area 2





## 4.2 Component 2:

### Advancing universal health coverage through sustainable health financing and targeted health systems strengthening

Globally, 400 million people have no access to healthcare. Therefore many countries have stipulated the gradual achievement of universal health coverage (UHC) as one of their central goals in health. This means that essential promotional, preventive, curative, rehabilitative and palliative services of good quality are accessible to the entire population without exposing people to financial hardship. The main challenges are to finance an expanded range of services of a certain quality for more people while at the same time protecting them from high costs. Although NCDs are not a core component of the GPH, they are addressed through this core component as UHC is also about offering a broader range of affordable services at a certain quality in an integrated way. This can be achieved through health services that are more robust in terms of funding, management and organisation.

The SDC's comparative advantage is based on its long track record of supporting health financing strategies and social health protection mechanisms in a number of bilateral programmes. Furthermore, Switzerland has one of the best health systems, for instance in terms of quality and health systems management. It also possesses extensive private sector expertise in health insurance as well as technical, academic and research capacities for strengthening health systems.

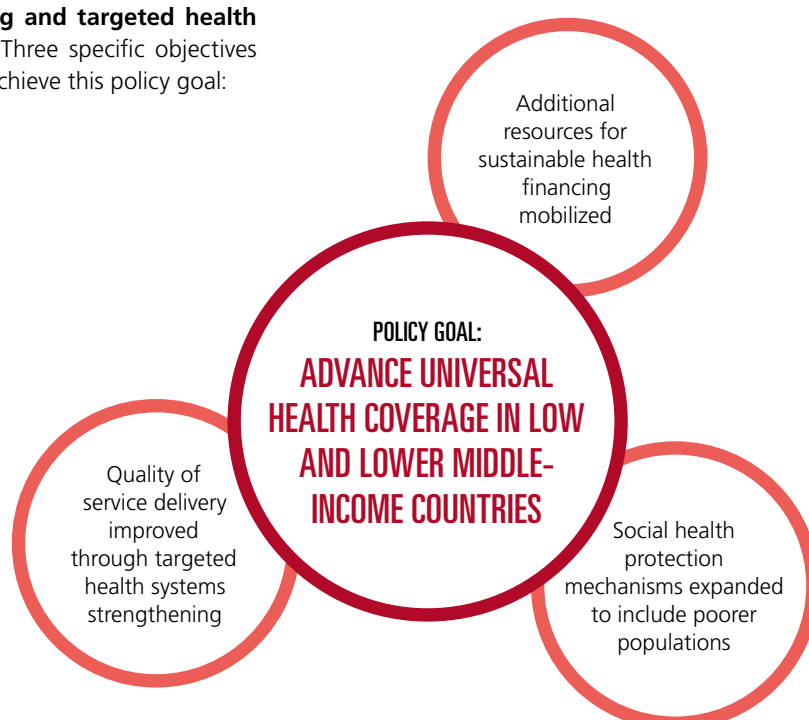
The Programme's **policy goal** in this component is to **gradually advance universal health coverage in low and lower middle-income countries through policies and initiatives fostering sustainable health financing and targeted health systems strengthening**. Three specific objectives have been formulated to achieve this policy goal:

- **Social health protection mechanisms are expanded to include poorer populations**
- **Additional domestic and global resources for sustainable health financing are mobilized**
- **Quality of service delivery is improved through targeted health systems strengthening.**

The **policy impact hypothesis** is that the gradual expansion of universal health coverage through effective policies and initiatives fostering sustainable health financing and a targeted strengthening of health systems leads to an increasing part of the poor population in low and lower middle-income countries having access to quality health services and products without facing financial hardship.

The SDC, through its strategic partnerships, seeks to promote **equity** by extending coverage of necessary health services to groups such as pregnant women, children, disabled people and poor population segments and facilitate their stepwise inclusion in social health protection mechanisms. The SDC does so in the framework of its support to WHO and its board membership at the GFATM and other multilateral players. Therefore, this component is closely linked to that of "global health governance".

Figure 5:  
Policy goal and specific  
objectives of component 2



### 4.3 Component 3: Promoting sexual and reproductive health and rights of young people through an enabling policy environment

Progress with regard to sexual and reproductive health and rights (SRHR) is limited worldwide because it is still inadequately addressed at the level of research, policies and action. The fact that it is closely linked to cultural and societal values impedes the development of favourable national and global policies, such as the integration of services related to sexual and reproductive health in primary health care. Adequate information, education and services for young people remain particularly limited. Yet they represent a large section of the population in low and middle-income countries and their health is the basis for future societal and economic development. Interventions with and for young people can thus have a positive effect on reducing early and unwanted pregnancies, maternal deaths or sexually transmitted infections including HIV/AIDS. Thus, in the area of SRHR, the GPH will focus mainly – although not exclusively – on young people.

Globally, funding priorities have been focused on maternal, newborn and child health as well as specific diseases such as HIV/AIDS rather than SRHR. Slow progress in some areas of SRHR is due to the fact that SRHR is directly or indirectly influenced by factors outside the health system, such as education, gender equality and more broadly poverty. The core area of SRHR is therefore closely linked to “universal health coverage” and “determinants of health”, two other core areas of the GPH.

Since national policy dialogue on this topic is difficult in many countries, influencing global policy is a more useful means of impacting on national policies and action. The SDC’s and Switzerland’s engagement in this area is appropriate because the country pursues liberal domestic policies and therefore has credibility to engage in policy dialogue on favourable SRHR for young people. Moreover, the SDC can build on experiences gained from bilateral programmes active in sexual and reproductive health.

The global **policy goal is to ensure access to comprehensive and integrated quality sexual and reproductive health information, education and services for young people through the promotion of an enabling global policy environment.** This is to be achieved through three specific objectives:

- **Research in sexual and reproductive health of young people is strengthened** to serve as a foundation for evidence-based global, regional and national policies, guidelines and programmes
- **Access to comprehensive, culturally sensitive and age-appropriate quality sexual and reproductive health and rights services for young people is improved**
- **Health systems are strengthened** through linking HIV/AIDS with sexual and reproductive health and rights services, and through integration into primary health care.

The **policy impact hypothesis** is that an enabling global policy environment is informed by evidence, including field experiences and the active participation of young people, fosters access to comprehensive and integrated quality sexual and reproductive health information, education and services for young people, which in turn leads to an improvement in their sexual and reproductive health and rights.

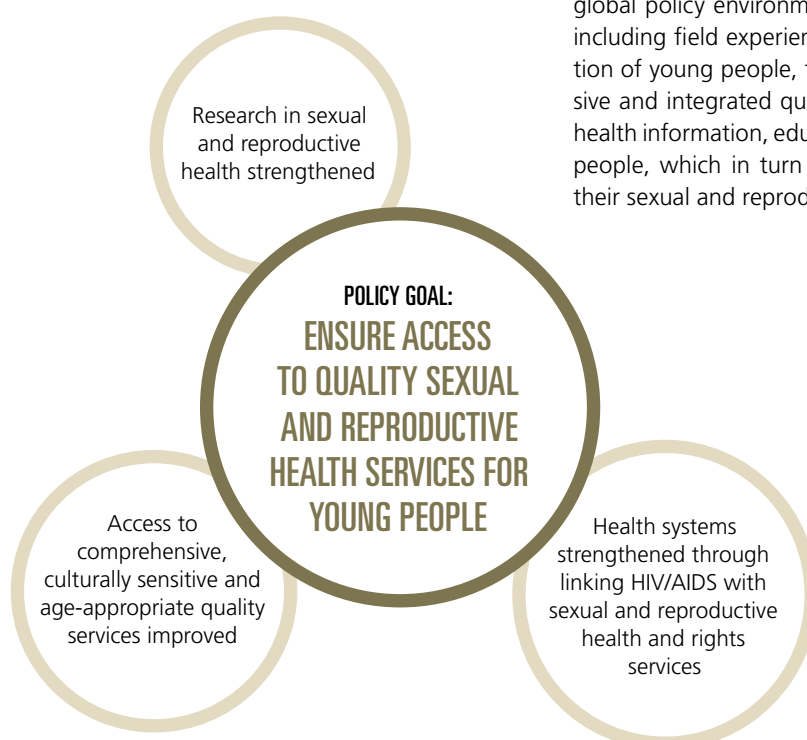


Figure 6:  
Policy goal and specific objectives of component 3



## 4.4 Component 4: Addressing determinants of health through multisectoral collaboration

The place where people are born, grow and live, the state of their environment, income and education levels, family and social networks are key determinants of their health. This interdependency between health and its underlying determinants calls for cross-sectoral responses and “health in all policies” approaches. It is important that awareness of these determinants is raised in other sectors as well, both at the national and international level. Therefore the SDC’s Health Policy stipulates that it promotes multisectoral approaches to address both systemic and social determinants impeding access to quality health services.

The **policy goal is to address determinants of health through the formulation and implementation of specific “health in all policies” approaches for priority areas and related multisectoral approaches.** The priority is to address malnutrition in its different forms, including obesity, to promote health and prevent NCDs. Moreover, quality of (drinking) water is another priority to prevent water-borne diseases. The GPH will aim to develop joint interventions with SDC Global Programmes<sup>10</sup>

as well as with other strategic partners outside the health sector who are willing to work on these priorities. The specific objectives are:

1. **Reduce the dual burden of malnutrition and/or the burden of water-borne diseases on poor people in low and lower middle income countries through the generation of evidence, the formulation of multisectoral policies and innovative collaborative interventions at the global, regional and national level**
2. Whenever relevant and possible, **consider health in other SDC Global Programme interventions** (by adding a component, encouraging co-ordinated approaches, measuring health effects)
3. Whenever relevant and possible, **ensure that food security and/or “water-sanitation-hygiene” are taken into consideration in the work of the Global Programme Health.**

The **policy impact hypothesis** is that specific “health in all policies” and multisectoral strategies addressing major determinants of health are implemented in such way that health risks are reduced for an increasing number of poor and vulnerable groups in low and lower middle-income countries.

<sup>10</sup> Swiss Agency for Development and Cooperation (2014, 2013b, 2013c)

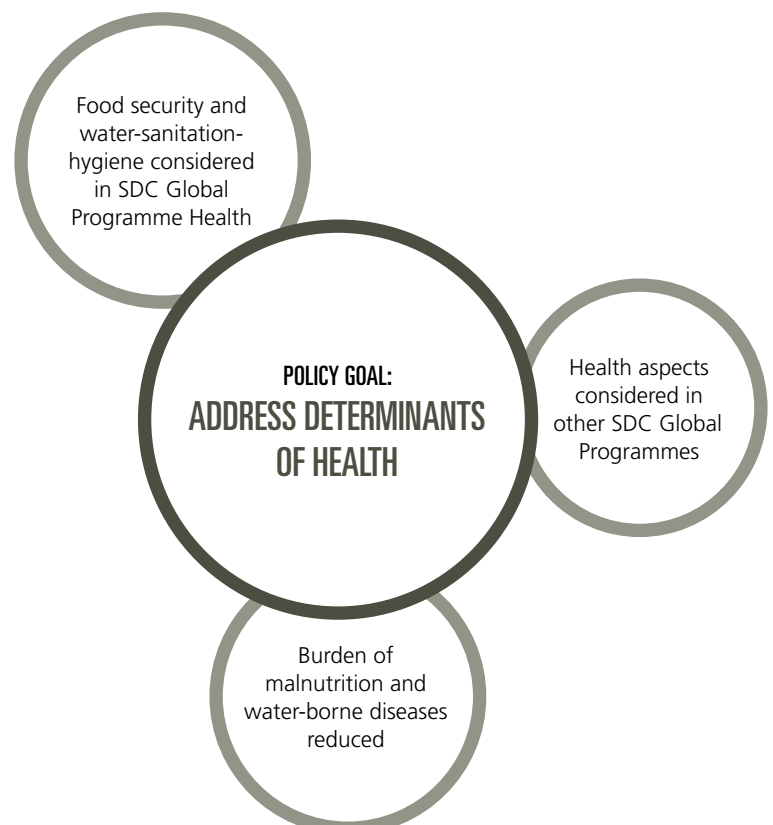


Figure 7:  
Policy goal and specific  
objectives of component 4

## 4.5 Component 5: Strengthening global health governance through efficient coordination between multilateral organisations

Global health governance has gained in importance during the last decade. This development is due to the impact of globalisation and the awareness that many health challenges can no longer be solved through domestic actions alone but need to be tackled jointly by the global health community and its various actors through a coherent system of governance. The growing number of actors has led to a complex landscape in global health governance. The situation becomes more complex as the actors and the governance system also have to address new challenges (e.g. NCDs related to obesity, tobacco and alcohol).

Hence, the **policy goal is to strengthen global health governance by leveraging Geneva's position as host to many health organisations** and consolidating the role of WHO as the leading global coordinating authority on health. WHO defines rules and processes and facilitates collective action against health threats. The SDC shares this policy goal with other Swiss federal departments and offices, who together implement the Swiss Health Foreign Policy. Three specific objectives have been outlined to achieve this policy goal:

- **Strengthen WHO's coordinating and normative role in global health governance and en-**

**hance the credibility of WHO, the Global Fund and other multilateral organisations** through effective and tangible development results

- **Strengthen multisectoral approaches and collaboration in health** with multilateral partners
- **Strengthen Switzerland's shareholder role in multilateral organisations** through coherent policy messaging across Swiss departments.

The **policy impact hypothesis** is that a stronger normative and coordinating role of WHO, multisectoral collaborations for health between multilateral organisations based in Geneva as well as coherent Swiss policy messaging will foster the efficient coordination between these organisations. This in turn will contribute to strengthening global health governance and ultimately to increased effectiveness of global health interventions for the benefit of poor people in low and lower middle-income countries.

Figure 8:  
Policy goal and specific objectives of component 5





# 5. Working modalities

The Programme seeks to **influence agenda setting and shape policy formulation through a three-fold approach:**

## 1. Engaging in health policy dialogue:

The Programme engages in policy dialogue at the United Nations and WHO level with focus on its core components. The Programme pursues the objective of influencing policy within the framework of the Swiss Health Foreign Policy by aligning its positions with other federal departments, such as the Federal Office of Public Health, the Division for Sectoral Foreign Policy and the Swiss missions in Geneva and New York. Its policy work is underpinned by evidence and experiences from SDC-supported global initiatives as well as multi-lateral and bilateral programmes that are of relevance to the GPH components.

## 2. Supporting innovative global partnerships and initiatives:

The Programme endeavours to shape policies related to its core components through board memberships and other steering functions in the

innovative global partnerships and initiatives it supports, such as the WHO, Global Fund or UN-AIDS. Depending on the component, the GPH works directly with strategic operational and institutional partners, which include multilateral agencies, international NGOs, private sector organisations, research institutes and other donors. Research-based pharmaceutical companies as well as research institutes, for instance, are often collaborators in PDPs supported by the SDC in the core component “innovative research and development of medical resources”. They provide access to compound libraries and know-how.

Wherever possible, the Programme seeks to make SDC bilateral programmes benefit directly from these global initiatives. An example is the P4H (“Providing for Health”) initiative that provides coordinated technical and strategic support to countries that want to develop social health protection strategies. Several SDC bilateral programmes supporting national health financing reforms (e.g. Tanzania, Mozambique, Chad and Benin) have facilitated P4H technical assistance to their bilateral partners.



### 3. Fostering knowledge building and exchange of experiences through continuous networking:

The credibility of the Programme's policy work depends not only on the supported global initiatives, but also on a continuous exchange with the SDC's bilateral and humanitarian programmes active in health with regard to their country level policy and programme evidence. The GPH aims to nurture its global policy work in an informed way by making use of the results, operational experiences and lessons learnt from the SDC's country-based cooperation activities. At the same time, the Programme supports the SDC's policy dialogue at the national level by informing bilateral programmes about the latest developments in global health policies relevant to their work.

The prerequisites for such synergies are that both SDC country programmes and the GPH focus on similar priorities and that continuous exchange is facilitated in a systematic way. The SDC's Health Network has a pivotal role in fostering knowledge exchange, capacity building and institutional learning as well as collaboration within the SDC. Important instruments to promote such activities are the SDC face-to-face Health Network meetings, e-discussions and news/literature notifications on topics relevant to both sides. Hosted and facilitated by the GPH, the Network also provides health policy and programme-related advice and strategic orientation.





## 6. Human resources, budget, M&E and communication

The team of the Global Programme Health is composed of 6 full time equivalents, including two health policy advisors who are also jointly responsible for the SDC Health Network. Given its limited **human resource** base, the Programme strives to leverage “external” capacities, for instance of SDC bilateral and other global programmes as well as of Swiss federal departments involved in the SHFP, to advance policy goals and the supported global initiatives. Resources (funds, competencies, skills, influence) can be combined in a synergistic and cost-effective way to pursue mutual objectives.

For the period 2015-2019, the Programme’s indicative **budget** amounts to approximately CHF 250 million of which approximately CHF 170 million are dedicated to multilateral support.

**Monitoring & evaluation** are ensured at two levels:

1. First, for each core component a results framework was developed that stipulates the global policy goal, the policy impact hypothesis, the specific objectives and expected results necessary to achieve that impact as well as the key performance indicators (see Appendix 6 of the full document).

2. Second, progress and effectiveness are assessed at the level of each of the supported global partnerships/initiatives that fall under the respective core component. The performance of each supported global initiative is measured according to the respective objectives and expected outcomes stipulated in the contract agreements (see appendix 5).

**Reporting** on progress and results is done through different channels: the Programme’s annual report, the SDC Health Network share web as well as policy briefs on topics, positions and supported initiatives related to the five core components. Finally, the Programme also participates in and (co-)organizes events (conferences, symposia, workshops etc.) to disseminate results and lessons learnt both within the SDC and outside. At the same time, such events are opportunities to engage in stakeholder dialogue and relationship building with parties who work on the GPH’s core components but who are not strategic partners in SDC-supported global initiatives.

The Programme will define core elements for its **medium-term SDC internal** (e.g. decision makers at division and country office levels) **and external communication**. Accordingly communication objectives will be specified annually in the framework of the Programme’s annual planning exercise.



# 7. Appendices

## Appendix 1: References

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## Appendix 2: List of acronyms

AIDS = Acquired Immune Deficiency Syndrome  
CCM = Core Contribution Management  
GF(ATM) = Global Fund for AIDS, TB and Malaria  
GMP = Global Malaria Programme  
GHG = Global Health Governance  
GPH = SDC Global Programme Health  
MDGs = Millennium Development Goals  
M&E = Monitoring and Evaluation  
NCDs = Non-Communicable Diseases  
NGO = Non-Governmental Organisation  
NMRA = National Medicines Regulatory Authorities  
NTDs = Neglected Tropical Diseases  
OECD = Organisation for Economic Co-operation and Development  
PDPs = Product Development Partnerships  
P4H = Providing for Health Global Network

RBM = Roll Back Malaria Partnership  
R&D = Research and Development  
(of medical products)  
SDC = Swiss Agency for Development and Cooperation  
SDGs = Sustainable Development Goals  
SHFP = Swiss Health Foreign Policy  
SRHR = Sexual and Reproductive Health and Rights  
STI = Sexually Transmitted Infections  
TDR = Special Programme for Research and Training in Tropical Diseases  
TB = Tuberculosis  
UHC = Universal Health Coverage  
UNAIDS = United Nations AIDS Programme  
WHO = World Health Organization  
WoG = Whole of Government



## Appendix 3: SDC Health Policy

The **overall goal of the SDC's Health Policy** is to **improve population health with a special focus on poor and vulnerable groups**. By vulnerable groups, we mean people who are more likely to be exposed to major health risks and in need of health services. These include pregnant women, children, young people, disabled persons or the elderly. In order to effectively contribute to the achievement

of this overall goal, **three main objectives have been formulated**:

- Strengthen health systems to extend universal coverage
- Reduce the burden of communicable and non-communicable diseases
- Improve maternal, newborn and child, as well as sexual and reproductive health.

## Appendix 4: The 20 objectives of the Swiss Health Foreign Policy

Those objectives to which the Global Programme Health responds are marked in bold:

1. Establish a legal framework for collaboration with the European Union on health and consumer protection matters
2. **Strengthen WHO as the leading, coordinating global health authority**
3. **Improve the effectiveness, efficiency and coherence of the global health architecture**
4. **Place at the centre of Swiss Health Foreign Policy, the promotion of effective, high-quality, affordable and equitable systems**
5. Integrate health as a key element of foreign policy
6. **Consolidate and strengthen Geneva's position as the "health capital of the world"**
7. **Establish conditions for the strengthening of global health research**
8. Position the strengths of Switzerland's health sector economy internationally
9. Provide appropriate protection for intellectual property (IP) as an incentive for research
10. **Sustainably improve the economic, social and environmental determinants of health**
11. Fully exploit the potential of technological developments and social media in the area of global health
12. **Further strengthen the international system for communicable disease surveillance and control**
13. Protect the public from health risks in the areas of food safety, radiological protection and chemicals
14. Combat the global shortage and unequal distribution of health personnel
15. **Improve access to essential (established and newly developed), good-quality, affordable medicines and medical devices**
16. **Promote the prevention, diagnosis and treatment of non-communicable diseases**
17. Establish internationally the fourfold policy (prevention, therapy and rehabilitation, harm reduction, and law enforcement and control)
18. Make available Switzerland's capacities and skills for saving lives and restoring health in humanitarian crises
19. **Promote and secure the right of everyone to the enjoyment of the highest attainable standard of physical and mental health**
20. **Promote maternal and child health, and sexual and reproductive health**

## Appendix 5: Monitoring matrix of the Global Programme Health – example from one priority area

Addressing communicable diseases through innovative research and development of medical resources

NTDs: Improving access to medical resources for neglected tropical diseases

| Overall policy goal   | Specific policy goals   | Annual policy results  | Overall policy results  |
|---|---|--|---|
| <b>Advance global R&amp;D and access framework for global health products against NTDs and other diseases that disproportionately affect people in low and middle-income countries.</b> | <ul style="list-style-type: none"> <li>Strengthen global R&amp;D capacities and efforts for NTDs and other diseases that disproportionately affect people in low and lower middle-income countries</li> <li>Establish a sustainable and voluntary financing and coordination mechanism for innovative health R&amp;D at the global level</li> <li>Accelerate and increase efficiency of regulatory review and registration processes of global health products</li> </ul> | <ul style="list-style-type: none"> <li>To be completed at the end of the year</li> </ul> | <ul style="list-style-type: none"> <li>To be completed at the end of the project (phase)</li> </ul> |
| <b>Initiatives (with average annual SDC disbursements in CHF and contract period)</b>   | <b>Objectives of initiatives</b>  | <b>Annual operational results for each initiative</b>                                    | <b>Overall operational results for each initiative</b>  |
| <b>Special Programme for Research and Training in Tropical Diseases (TDR)</b><br><br>1,650,000 CHF (2013-2015)  | <ul style="list-style-type: none"> <li>Foster an effective global research effort on infectious diseases of poverty and promote the translation of innovation to health impact in disease endemic countries</li> </ul>  | <ul style="list-style-type: none"> <li>To be completed at the end of the year</li> </ul> | <ul style="list-style-type: none"> <li>To be completed at the end of the project (phase)</li> </ul> |
| <b>Drugs for Neglected Diseases initiative (DNDi)</b><br><br>2,000,000 CHF (2013-2016)  | <ul style="list-style-type: none"> <li>Develop and provide access to treatments for neglected tropical diseases that primarily affect the poor and marginalised populations worldwide</li> <li>Deliver 11 to 13 new treatments by 2018 for leishmaniasis, human African trypanosomiasis (sleeping sickness), Chagas disease, malaria, paediatric HIV, and specific helminth infections</li> </ul>   | <ul style="list-style-type: none"> <li>To be completed at the end of the year</li> </ul> | <ul style="list-style-type: none"> <li>To be completed at the end of the project (phase)</li> </ul> |
| <b>Foundation for Innovative New Diagnostics (FIND)</b><br><br>800,000 CHF (2013-2016)  | <ul style="list-style-type: none"> <li>Drive the development and early implementation of innovative diagnostic tests that have a high impact on patient care and disease control in low-resource settings</li> </ul>  | <ul style="list-style-type: none"> <li>To be completed at the end of the year</li> </ul> | <ul style="list-style-type: none"> <li>To be completed at the end of the project (phase)</li> </ul> |
| <b>WHO-FIND Ebola Diagnostic Access Coalition</b><br><br>1,000,000 CHF (2014-2015)  | <ul style="list-style-type: none"> <li>Research, develop and provide access to new Ebola diagnostic tests</li> </ul>  | <ul style="list-style-type: none"> <li>To be completed at the end of the year</li> </ul> | <ul style="list-style-type: none"> <li>To be completed at the end of the project (phase)</li> </ul> |
| <b>Innovative R&amp;D Demonstration Projects</b><br><br>2,000,000 CHF (2014-2016)   | <ul style="list-style-type: none"> <li>Through innovative approaches to coordination and financing of R&amp;D: develop a series of cost-effective novel therapeutic products against different forms of leishmaniasis as well as diagnostic kits for malaria, schistosomiasis and trypanosomiasis (sleeping sickness)</li> </ul>  | <ul style="list-style-type: none"> <li>To be completed at the end of the year</li> </ul> | <ul style="list-style-type: none"> <li>To be completed at the end of the project (phase)</li> </ul> |
| TOTAL: 7,450,000  |   |  |   |

## Appendix 6: Results framework for each programme component

### Component 1: Reducing the burden of communicable diseases through innovative research and development of medical resources

#### Sub area 1: Improving access to medical resources for Neglected Tropical Diseases

**Policy impact hypothesis:** The creation of a global framework for R&D and access to global health products against diseases disproportionately affecting poor people in low and lower middle-income countries will ultimately result in the establishment of a global financing and coordination mechanism for health R&D. This in turn leads to research and development of new global health products that are introduced in low and lower middle-income countries and accessed by poor and vulnerable patients.

| Policy goal, impact hypothesis and specific objectives |  | Key performance indicators   |
|--|--|--|
| <b>Global health impact</b>                            | <b>New global health products are developed, registered and introduced in low and lower middle-income countries and accessed by patients</b>   | <ul style="list-style-type: none"> <li>• Number of health technology products developed through financing from the R&amp;D fund</li> <li>• Number of newly developed health technology products pre-qualified by WHO and registered by National Medicines Regulatory Authorities (NMRAs) of endemic countries</li> <li>• Number of deliveries to endemic countries (categorised by developed health technology product)</li> </ul> |
| <b>Global policy goal</b>                              | <b>Global framework for R&amp;D of and access to global health products for diseases disproportionately affecting people in low and lower middle-income countries, with a focus on NTDs, is advanced</b>   | <ul style="list-style-type: none"> <li>• Amount of non-earmarked, pooled funding paid into the global voluntary health R&amp;D financing mechanism</li> <li>• Number of projects funded through global voluntary health R&amp;D financing mechanism</li> </ul>   |
| <b>Specific objective 1</b>                            | <b>Strengthen global R&amp;D capacities addressing specific neglected tropical diseases in endemic countries through public-private product development partnerships</b>   | <ul style="list-style-type: none"> <li>• Number of products developed through R&amp;D at different stages of the pipeline (discovery, pre-clinical, clinical and implementation) for specific NTDs and poverty-related diseases</li> </ul>   |
| <b>Expected results</b>                                | <ul style="list-style-type: none"> <li>• New or improved efficacious and safe quality medicines, diagnostics and vector control products for selected NTDs and poverty-related diseases developed</li> <li>• Complementary approaches to different health technology products collaboratively developed (e.g. diagnostic and medicine for one disease, diagnostic that can be used for several diseases)</li> </ul>  | <ul style="list-style-type: none"> <li>• Number of collaborations between different organisations doing R&amp;D of health technology products               <ul style="list-style-type: none"> <li>› for the same disease</li> <li>› that can be used for several diseases</li> </ul> </li> </ul>  |
| <b>Key activity lines</b>                              | <ul style="list-style-type: none"> <li>• Strengthen global R&amp;D capacities through Product Development Partnerships (PDPs) (medicines, diagnostics, vector control tools)</li> <li>• Foster collaboration between PDPs in order to advance the development of integrated solutions to NTDs and poverty-related disease control and elimination</li> <li>• Contribute to the development of knowledge regarding access to medicines and value for financial issues of PDPs</li> <li>• Align PDPs with WHO-led process by linking them with innovative financing and coordination mechanism (see specific objective 2)</li> </ul> |  |



| Policy goal, impact hypothesis and specific objectives |  | Key performance indicators  |
|--|--|---|
| <b>Specific objective 2</b>                            | <b>Advance demonstration health R&amp;D initiatives and related policy formulation for the establishment of a global voluntary health R&amp;D financing mechanism</b>  | <ul style="list-style-type: none"> <li>• Concept for a global voluntary health R&amp;D financing and coordination mechanism elaborated and ready for approval by WHO Member States</li> </ul>   |
| <b>Expected results</b>                                | <ul style="list-style-type: none"> <li>• Demonstration Project Fund implemented and discussed among WHO member states</li> <li>• Global voluntary health R&amp;D financing mechanism conceptualised</li> </ul>   | <ul style="list-style-type: none"> <li>• USD 75 million of unrestricted funding raised through the Demonstration Project Fund managed by TDR</li> <li>• Demonstration health R&amp;D projects funded and implemented, lessons learnt on coordination approaches and financial incentives analysed</li> <li>• Demonstration initiatives and concept of global voluntary health R&amp;D fund discussed by WHO member states at open ended meeting in 2016</li> </ul>                |
| <b>Key activity lines</b>                              | <ul style="list-style-type: none"> <li>• Policy and technical dialogue with WHO and TDR to conceptualize a global voluntary financing mechanism to be approved by WHO member states</li> <li>• Inform WHO member states and other stakeholders about progress and mobilise their contributions to the voluntary Demonstration Project Fund</li> </ul>  |   |
| <b>Specific objective 3</b>                            | <b>Accelerate pre-qualification listing by WHO and subsequent country registration of global health/medical products that address neglected tropical diseases</b>  | <p>Reduction of overall “development-to-market” time:</p> <ul style="list-style-type: none"> <li>• Time for applicant to get approval for WHO pre-qualification listing with versus without prior Swissmedic</li> <li>• scientific advice / market authorisation</li> <li>• Time for applicant to get approval for NMRA registration</li> </ul>   |
| <b>Expected results</b>                                | <ul style="list-style-type: none"> <li>• Strengthened technical capacities of NMRAs, with focus on sub-Saharan Africa: <ul style="list-style-type: none"> <li>› Harmonised technical guidelines and requirements for applications developed, updated and implemented across several countries</li> <li>› Regulatory decisions of other trusted NMRAs leveraged to prevent duplication of work and limited resources used for other priorities</li> </ul> </li> <li>• Applications by PDPs and NMRAs for market authorisation / scientific advice through Swissmedic</li> </ul>   | <p>Technical capacities of National Medicines Regulatory Authorities</p> <ul style="list-style-type: none"> <li>• Percentage of registration processes with satisfactory adherence to technical guidelines</li> </ul> <p>Market authorisation / scientific advice procedure through Swissmedic</p> <ul style="list-style-type: none"> <li>• Number of applications submitted to Swissmedic</li> <li>• Number of scientific advice requests responded to by Swissmedic?</li> </ul> |
| <b>Key activity lines</b>                              | <ul style="list-style-type: none"> <li>• Build capacities of NMRAs (with focus on sub-Saharan Africa) through training, joint dossiers assessments, joint Good Manufacturing Practice inspections etc.</li> <li>• Develop, update and harmonise technical guidelines according to international standards</li> <li>• Establish a marketing authorisation procedure at Swissmedic for global health products for diseases disproportionately affecting developing countries, in particular sub-Saharan Africa</li> <li>• Provide scientific advice to applicants (by Swissmedic as Stringent Regulatory Authority)</li> </ul> |   |

## Sub area 2: Accelerating malaria elimination

**Policy impact hypothesis:** The advancement of a global R&D and access framework that fosters innovative financing and multisectoral approaches to malaria control and elimination leads to the expansion of malaria-free zones and ultimately to reduced malaria-related morbidity and mortality among populations in currently endemic countries.

| Policy goal, impact hypothesis and specific objectives |  | Key performance indicators   |
|--|--|--|
| <b>Global health impact</b>                            | <b>Malaria-related morbidity and mortality are reduced in endemic low and lower-middle income countries, by expanding malaria-free areas and by fostering multi-sectoral approaches that target the root causes of malaria</b>   | By 2020 <ul style="list-style-type: none"> <li>• Malaria mortality rates globally reduced by at least 40% compared to 2015</li> <li>• Malaria clinical case incidence globally reduced by at least 40% compared to 2015</li> <li>• Malaria eliminated from at least 10 countries that had transmission of malaria in 2015 and prevention of re-establishment in countries that are malaria-free ensured</li> </ul> |
| <b>Global policy goal</b>                              | <b>Advance a global R&amp;D and access framework that fosters innovative financing and multisectoral approaches to malaria control and elimination</b>   | <ul style="list-style-type: none"> <li>• Concept for a global voluntary health R&amp;D financing and coordination mechanism elaborated and approved by WHO Member States</li> </ul>  |
| <b>Specific objective 1</b>                            | <b>Develop new medicines, diagnostics and vector control tools through innovative R&amp;D mechanisms and enhance access to these tools in endemic countries</b>  | <ul style="list-style-type: none"> <li>• Number of new medicines, diagnostics and vector control products developed</li> <li>• Number of deliveries to endemic countries (categorised by developed health technology product)</li> </ul>   |
| <b>Expected results</b>                                | <ul style="list-style-type: none"> <li>• New efficacious and safe quality medicines, diagnostics and vector control products for malaria control and elimination developed</li> <li>• Access to malaria technology products in endemic countries enhanced</li> </ul>   |  |
| <b>Key activity lines</b>                              | <ul style="list-style-type: none"> <li>• Strengthen global R&amp;D capacities through PDPs (medicines, diagnostics, vector control tools)</li> <li>• Foster stakeholder dialogue for addressing improved access to health technology products</li> </ul>   |  |
| <b>Specific objective 2</b>                            | <b>Strengthen technical capacities at global, regional and country levels for accelerating malaria control and (pre-) elimination</b>  | <ul style="list-style-type: none"> <li>• Percentage of implemented strategic measures stipulated in national malaria control and elimination strategies</li> </ul>   |
| <b>Expected results</b>                                | <ul style="list-style-type: none"> <li>• Globally coordinated capacity building activities for specific needs of malaria control and (pre-) elimination efforts formulated and implemented</li> <li>• Capacities to improve global normative and policy frameworks strengthened</li> <li>• Capacity for malaria control and elimination in endemic countries improved, through a broader range of state-of-the-art products/services in teaching and training</li> </ul> | <ul style="list-style-type: none"> <li>• Number of global/national policy frameworks and strategies defining the requirements for capacity strengthening for malaria control and elimination</li> <li>• Number of adopted national malaria control and elimination strategies</li> </ul>   |
| <b>Key activity lines</b>                              | <ul style="list-style-type: none"> <li>• Strengthen capacities at WHO-GMP with additional staff</li> <li>• Support secretariat of RBM / Vector Control Working Group</li> <li>• Contribute to international course on Science of Elimination</li> <li>• Support national field courses for malaria control managers</li> <li>• Foster technical exchanges between Swiss Malaria Group members</li> </ul>   |  |

| Policy goal, impact hypothesis and specific objectives |  | Key performance indicators  |
|--|--|---|
| <b>Specific objective 3</b>                            | <b>Foster a comprehensive development approach in the fight against malaria through promoting multi-sectoral policies (e.g. water, agriculture, nutrition)</b>   | <ul style="list-style-type: none"> <li>• Number of national strategies / action plans that entail multisectoral approaches to malaria control and elimination</li> </ul>  |
| <b>Expected results</b>                                | <ul style="list-style-type: none"> <li>• Multisectoral approaches developed and promoted in technical policy discussions and papers</li> <li>• Concepts for multisectoral approaches discussed and promoted</li> <li>• Regional pilot initiative with a multisectoral approach initiated</li> </ul>  | <ul style="list-style-type: none"> <li>• Number of technical policy papers and scientific discussion papers elaborating and discussing multisectoral approaches</li> <li>• One regional pilot initiative with a comprehensive evaluation framework started</li> </ul> |
| <b>Key activity lines</b>                              | <ul style="list-style-type: none"> <li>• Contribute to the conceptual framework and operationalization of multisectoral approaches for malaria control and elimination</li> <li>• Contribute to policy dialogue on multisectoral frameworks through WHO/RBM and WHO/GFATM as well as other global health fora</li> <li>• Liaise with initiatives broadening the scope of malaria control and (pre-) elimination towards multisectoral approaches, e.g. RBM, Swiss Malaria Group</li> <li>• Support one regional initiative with a comprehensive development approach to malaria control and elimination</li> </ul> |   |



## Component 2: Advancing universal health coverage through sustainable health financing and targeted health systems strengthening

**Policy impact hypothesis:** The gradual expansion of universal health coverage through effective policies and initiatives fostering sustainable health financing and targeted health systems strengthening ultimately leads to an increasing part of the poorer population in low and lower middle-income countries having access to quality health services and products without facing financial hardship.

| Policy goal, impact hypothesis and specific objectives |   | Key performance indicators   |
|--|---|--|
| <b>Global health impact</b>                            | <b>A steadily increasing part of the poor population in low and middle-income countries is able to access quality health services and products without facing financial hardship</b>  | Based on national data (where available): <ul style="list-style-type: none"> <li>• Utilisation rates for priority services, by socio-economic status, age, gender</li> <li>• Out-of-pocket expenditure on health as a percentage of total expenditure on health, by socio-economic status</li> <li>• Quality of care indicators: clinical practice, infrastructure and equipment, management etc.</li> </ul>                                       |
| <b>Global policy goal</b>                              | <b>Universal health coverage in low and middle-income countries is gradually expanded through policies and initiatives fostering sustainable health financing and targeted health systems strengthening</b>   | <ul style="list-style-type: none"> <li>• Number of low and lower middle-income countries that have developed and adopted national health financing strategies including domestic sources</li> <li>• Percentage of implemented measures stipulated in respective national health financing strategies</li> <li>• Number of global initiatives/funding mechanisms that finance health systems strengthening for universal health coverage</li> </ul> |
| <b>Specific objective 1</b>                            | <b>Expand effective and sustainable social health protection to poorer populations in low and middle-income countries</b>   | Based on national data (where available): <ul style="list-style-type: none"> <li>• Population coverage rates (through insurance, equity funds, waivers and exemptions etc.), particularly the poorer population quintiles</li> <li>• Degree of service coverage (health services covered) and protection (e.g. co-payment rates)</li> </ul>  |
| <b>Expected results</b>                                | National laws, policies and strategies on social health protection developed and adopted<br>Social health protection strategies and policies implemented  | <ul style="list-style-type: none"> <li>• Number of countries covered e.g. by P4H that have developed and adopted a national strategy/policy/plan of action on social health protection</li> <li>• Percentage of implemented strategic measures stipulated in respective national strategy/policy/plan of action</li> </ul>   |
| <b>Key activity lines</b>                              | <ul style="list-style-type: none"> <li>• Provide policy advise / technical support to national governments for the development of social health protection policies and strategies (P4H)</li> <li>• Strengthen national capacities to design and implement social health protection mechanisms (P4H)</li> </ul> |  |

| Policy goal, impact hypothesis and specific objectives |   | Key performance indicators   |
|--|---|--|
| <b>Specific objective 2</b>                            | Mobilise domestic and global resources for financing universal health coverage  | Based on national and international data (where available): <ul style="list-style-type: none"> <li>• Increase in domestic and global resources for financing universal health coverage</li> </ul>  |
| <b>Expected results</b>                                | <ul style="list-style-type: none"> <li>• Domestic sources for health financing (other than direct contributions) identified and explored (e.g. tax revenues, repurposing of subsidies)</li> <li>• Global health financing mechanisms further conceptualized and explored (e.g. OECD donor aid, private sector, financial transaction tax, airfare tax)</li> </ul>                                       | <ul style="list-style-type: none"> <li>• Number of countries that have identified and adopted new sources for financing Universal Health Coverage</li> <li>• Number of concepts on innovative global health financing (for universal health coverage) developed and debated</li> </ul>   |
| <b>Key activity lines</b>                              | <p>Provide policy advice / technical support to national governments for health financing policies and strategies (e.g. P4H)</p> <p>Participate in policy debate on innovative global health financing mechanisms (for universal health coverage)</p>   |  |
| <b>Specific objective 3</b>                            | <b>Strengthen quality of service delivery through targeted health systems strengthening</b>   | Based on national and international data (where available): <p>Number of countries</p> <ul style="list-style-type: none"> <li>• having in place a system for linking evidence on quality of care with resource allocation processes</li> <li>• having in place systems for quality assurance and continuous improvement</li> </ul>                   |
| <b>Expected results</b>                                | <ul style="list-style-type: none"> <li>• Quality aspect of universal health coverage prominently addressed in global and national policies, strategies and action plans</li> <li>• Horizontal approaches linking evidence-based quality assessment with resource allocation and continuous quality improvement processes promoted</li> </ul>  | <ul style="list-style-type: none"> <li>• Number of national policies and action plans that <ul style="list-style-type: none"> <li>› underline the importance of quality of health services for universal health coverage and improved health outcomes</li> <li>› include horizontal quality assurance / management strategies</li> </ul> </li> </ul> |
| <b>Key activity lines</b>                              | <ul style="list-style-type: none"> <li>• Advocate the importance of service quality (including continuous quality improvement management) through global partnerships and bilateral programmes</li> <li>• Support the development and promotion of globally applicable approaches to evidence-based resource allocation (based on quality gaps) as well as to continuous quality improvement</li> </ul> |  |

### Component 3: Promoting sexual and reproductive health and rights of young people through an enabling environment

**Policy impact hypothesis:** An enabling global policy environment that is informed by evidence, including field experiences and the active participation of young people, fosters access to comprehensive and integrated quality sexual and reproductive health information, education and services for young people in low and lower middle-income countries. This in turn leads to an improvement in their sexual and reproductive health and rights.

| Policy goal, impact hypothesis and specific objectives |  | Key performance indicators  |
|--|--|---|
| <b>Global health impact</b>                            | <b>Sexual and reproductive health and rights of young people in low and lower middle-income countries is improved</b>  | <ul style="list-style-type: none"> <li>• Reduction in teenage pregnancies</li> <li>• Reduction in maternal mortality among girls and young women</li> <li>• Reduction in STI rates including HIV rate among young people</li> </ul>   |
| <b>Global policy goal</b>                              | <b>Access to comprehensive and integrated quality sexual and reproductive health information, education and services for young people is ensured through the promotion of a conducive global policy environment in this area</b>   | <ul style="list-style-type: none"> <li>• Number of global, regional and national policies that ask for or include gender and age-disaggregated data related to SRHR</li> <li>• Number of global, regional and national policies that promote young people's access to quality information, education and services in the area of SRHR</li> <li>• Number of global, regional and national policy discussions and decision-making fora on SRHR in which young people participate</li> </ul> |
| <b>Specific objective 1</b>                            | <b>Research activities in the area of sexual and reproductive health and rights of young people are strengthened to inform the development of evidence based global, regional and national policies, guidelines and programming</b>  | <ul style="list-style-type: none"> <li>• Number of changes in national policies that are informed by research results.</li> <li>• Number of changes in national technical guidelines due to updated or newly developed WHO and other international guidelines</li> </ul>  |
| <b>Expected results</b>                                | <ul style="list-style-type: none"> <li>• Research gaps are identified and closed</li> <li>• Results of research are widely disseminated, known and applied</li> <li>• Operational research of SRHR programmes for young people is promoted and results shared</li> </ul>   | <ul style="list-style-type: none"> <li>• Number of research publications on the SRHR of young people</li> <li>• Number of WHO and other international technical guidelines related to SRHR and youth published</li> </ul>   |
| <b>Key activity lines</b>                              | <ul style="list-style-type: none"> <li>• Active engagement in policy dialogue and advocacy (e.g. UNAIDS, GF board)</li> <li>• Advocate for research that provides information about the poor and vulnerable young people</li> <li>• Advocate for operational research to support evidence-based policies and interventions (in multilateral and bilateral programmes)</li> </ul> |   |



| Policy goal, impact hypothesis and specific objectives |  | Key performance indicators  |
|--|--|---|
| <b>Specific objective 2</b>                            | <b>Access to comprehensive, culturally sensitive and age-appropriate quality sexual and reproductive health and rights services for young people is improved</b>   | <ul style="list-style-type: none"> <li>• Number/percentage of young people receiving quality SRH services adapted to their needs</li> <li>• Number/percentage of young people having correct knowledge of ways of transmission of and protection against STIs including HIV/AIDS as well as of prevention of unwanted pregnancies</li> </ul>  |
| <b>Expected results</b>                                | <ul style="list-style-type: none"> <li>• Access to comprehensive, quality, youth-friendly SRH services is legally stipulated</li> <li>• Access to comprehensive, quality sexuality education for young people in and out of school promoted</li> <li>• Young people are systematically involved in SRHR-related policy and programmatic discussions and decision-making at global, regional and national levels</li> </ul>   | <ul style="list-style-type: none"> <li>• Number of legislative changes that enhance access for young people to SRHR services</li> <li>• Number of policy changes that enhance access to comprehensive, quality, youth-friendly SRHR services</li> <li>• Number of mechanisms established that allow participation of young people in policy discussions and definition and implementation of programmes in the area of SRHR at national, regional and global level.</li> </ul>    |
| <b>Key activity lines</b>                              | <ul style="list-style-type: none"> <li>• Active engagement in policy dialogue and advocacy (e.g. UNAIDS, GF board)</li> <li>• Facilitate youth participation in defining youth-friendly SRHR policies and programmes.</li> </ul>   |   |
| <b>Specific objective 3</b>                            | <b>Health systems are strengthened through linking HIV/AIDS with sexual and reproductive health and rights services, and through integration into primary health care</b>  | <ul style="list-style-type: none"> <li>• Number of global HIV/AIDS-related strategies (e.g. UNAIDS, GFATM, WHO-HIV) that promote linking HIV/AIDS with SRHR services and the contribution of HIV/AIDS programmes towards strengthening health systems</li> </ul>  |
| <b>Expected results</b>                                | <ul style="list-style-type: none"> <li>• HIV/AIDS and SRHR services systematically integrated into primary health care services</li> <li>• Domestic resources for SRHR and HIV/AIDS increased</li> </ul>   | <p>Based on national and international data (where available):</p> <ul style="list-style-type: none"> <li>• Percentage of service delivery points providing HIV/AIDS services that deliver SRH services or vice versa</li> <li>• Percentage of service delivery points routinely providing general health services that deliver SRH and HIV/AIDS services</li> <li>• Domestic resource allocation to SRH and HIV/AIDS (nominal and as percentage of the health budget)</li> </ul> |
| <b>Key activity lines</b>                              | <ul style="list-style-type: none"> <li>• Engage in national and global policy discussions to advocate for linking SRHR and HIV/AIDS services and for the contribution of SRHR and HIV/AIDS programmes to strengthening health systems</li> <li>• Engage in national and global policy discussions to advocate for domestic resource mobilisation for SRHR and HIV/AIDS, while ensuring that this is done as part of the health sector priority setting and resource allocation exercise</li> </ul> |   |

## Component 4: Addressing determinants of health through multisectoral collaboration

**Policy impact hypothesis:** “Health in all policies” and multisectoral strategies addressing major determinants of health are implemented in such way that health risks are reduced for an increasing number of poor and vulnerable groups in low and lower middle-income countries.

| Policy goal, impact hypothesis and specific objectives |  | Key performance indicators   |
|--|--|--|
| <b>Global health impact</b>                            | <b>Health risks for poor and vulnerable groups in low and lower middle-income countries are reduced through multisectoral policies and initiatives addressing major health determinants</b>  | <ul style="list-style-type: none"> <li>• Decrease in undernutrition, measured by a decrease of stunting and acute malnutrition among poor and vulnerable groups</li> <li>• Decreased incidence of diarrhoea and hygiene related diseases among poor and vulnerable groups</li> </ul>   |
| <b>Global policy goal</b>                              | <b>Determinants of health are addressed through the formulation and implementation of “health in all policies” and related multisectoral approaches</b>  | <ul style="list-style-type: none"> <li>• Number of innovative multisectoral approaches which are recognized and promoted at the global and regional level</li> <li>• Increasing number of low and lower middle income countries having formulated and implemented “health in all policies” and/or strategies relating to the major determinants of health (nutrition, water, environment, migration)</li> </ul>  |
| <b>Specific objective 1</b>                            | <b>Reduce the dual burden of malnutrition on poor people in low and lower middle income countries through the generation of evidence, the formulation of multisectoral policies and innovative collaborative interventions at the global, regional and national level</b>  | <ul style="list-style-type: none"> <li>• Number of national multisectoral policies adopted, which aim to address undernutrition and overnutrition, and foster synergies between nutrition-specific and nutrition-sensitive interventions</li> <li>• Increased awareness of overnutrition measured by the number of specific national plans of action and measures implemented to address this problem</li> </ul> |
| <b>Expected results</b>                                | <ul style="list-style-type: none"> <li>• Right to healthy food recognised and knowledge on efficient interventions gathered</li> <li>• Collaborative and coordinated multisectoral interventions initiated and documented, reaching out to poor and vulnerable groups, and providing quality nutrition-specific (and nutrition-sensitive) services</li> <li>• Significant progress fostered through stakeholders’ dialogue and coordination</li> </ul> | <ul style="list-style-type: none"> <li>• Number of low and lower middle income countries introducing legal and political changes with regard to food and beverage industry (publicity, ingredients, etc.) to foster healthy food</li> <li>• Number of low and lower middle income countries where the private sector is engaged in contributing to bringing about changes towards healthy food</li> </ul>        |
| <b>Key activity lines</b>                              | <ul style="list-style-type: none"> <li>• Contribute to the development of knowledge, formulation of multisectoral policies and to innovative approaches on malnutrition and health in low and middle income countries</li> <li>• Ensure that the gender dimension is fully considered in all policies and interventions</li> <li>• Establish collaborative initiatives for improved nutrition, e.g. with the Global Programme Food Security</li> </ul> |  |

| Policy goal, impact hypothesis and specific objectives |  | Key performance indicators   |
|--|--|--|
| <b>Specific objective 2</b>                            | <b>Reduce the global burden of water-borne diseases through multisectoral policy formulation and collaborative initiatives</b>   | <ul style="list-style-type: none"> <li>Number of national multisectoral policies adopted, which aim to address water-borne diseases</li> <li>Increased awareness of water-borne diseases measured by the number of specific national plans of action and measures implemented to address this problem</li> </ul>   |
| <b>Expected results</b>                                | <ul style="list-style-type: none"> <li>Multisectoral policies formulated</li> <li>Collaborative multisectoral initiatives for improved water, sanitation and hygiene (WASH) implemented</li> <li>WASH integrated in all policies as part of health promotion and prevention services</li> </ul>  | <ul style="list-style-type: none"> <li>Number of low and middle income countries implementing multisectoral policies for WASH</li> <li>Number of countries providing disaggregated data (gender, socio-economic status, geolocation) on access to and use of safe water, sanitation and hygiene by poor and vulnerable groups (based on key WASH indicators)</li> </ul>                          |
| <b>Key activity lines</b>                              | <ul style="list-style-type: none"> <li>Contribute to the development of knowledge, formulation of multisectoral policies and to innovative approaches on health, water, sanitation and hygiene.</li> <li>Ensure that the gender dimension is fully considered in all policies and interventions.</li> <li>Establish collaborative initiatives for improved WASH, e.g. with the Global Programme Water Initiatives</li> </ul>   |  |
| <b>Specific objective 3</b>                            | <b>Reduce the health risks related to the migration of poor people through multisectoral policy formulation and collaborative initiatives at the global and regional level</b>   | <ul style="list-style-type: none"> <li>The concept of healthy migration is increasingly recognized and innovative interventions are promoted</li> </ul>  |
| <b>Expected results</b>                                | <ul style="list-style-type: none"> <li>Multisectoral policies formulated</li> <li>Collaborative multisectoral initiatives for healthier migration implemented at national, regional and global level.</li> <li>Right to health for migrants recognised</li> </ul>  | <ul style="list-style-type: none"> <li>Number of low and middle-income countries that have adopted and implemented legal and political measures to prevent health risks for migrants</li> <li>Number of innovative national approaches to deliver essential health services for migrants and promote healthy migration</li> <li>Key indicators of the Federal Department of Migration</li> </ul> |
| <b>Key activity lines</b>                              | <ul style="list-style-type: none"> <li>Contribute to the development of knowledge, formulation of multisectoral policies and to innovative approaches on migration and health.</li> <li>Advocate to include health in multisectoral policies and strategies on migration</li> <li>Ensure that the gender dimension is fully considered in all policies and interventions</li> <li>Establish collaborative initiatives for improved health conditions of migrants, e.g. with the Global Programme Migration and Development</li> </ul>  |  |
| <b>Specific objective 4</b>                            | <b>Improve the ability of poor and vulnerable groups to adapt to the impacts of climate change on health through multisectoral policy formulation and collaborative initiatives</b>  | <ul style="list-style-type: none"> <li>The health of poor and vulnerable groups is considered in all multisectoral policy formulation related to climate change adaptation</li> </ul>  |
| <b>Expected results</b>                                | <ul style="list-style-type: none"> <li>Multisectoral policies formulated that include the dimension of health</li> <li>Collaborative multisectoral initiatives for health in climate change adaptation implemented</li> <li>Improved access to health resources to respond to health risks generated by climate change</li> <li>Climate change-related health issues monitored and adaptation of health systems and services pursued</li> </ul>  | <ul style="list-style-type: none"> <li>Number of low and lower-middle-income countries that have adopted and implemented climate change-related policies and strategies that include a clear health dimension</li> <li>Number of low and lower-middle-income countries that have monitoring systems in place to assess disease pattern changes</li> <li>Key indicators of the GPCC</li> </ul>    |
| <b>Key activity lines</b>                              | <ul style="list-style-type: none"> <li>Contribute to the development of knowledge, formulation of multisectoral policies, and to innovative approaches on health and climate change</li> <li>Support the formulation of multisectoral policies for new health challenges related to climate change</li> <li>Ensure that the gender dimension is fully considered in all policies and interventions</li> <li>Establish collaborative initiatives for health promotion, prevention and care for public health challenges generated by climate change, e.g. with the Global Programme Climate Change</li> </ul> |  |



## Component 5: Strengthening global health governance through efficient coordination between multilateral organisations

**The policy impact hypothesis** is that coherent Swiss policy messaging, a stronger normative and coordinating role of WHO as well as multisectoral collaborations for health between multilateral organisations based in Geneva will foster their efficient coordination. This in turn will contribute to strengthening global health governance and ultimately to increased effectiveness of global health interventions for the benefit of poor people in low and lower middle-income countries.

| Policy goal, impact hypothesis and specific objectives |  | Key performance indicators  |
|--|--|---|
| <b>Global health impact</b>                            | Efficiency of health interventions at the global level for the benefit of poor people in low and lower middle-income countries increased through improved coordination of multilateral and international organisations   | <ul style="list-style-type: none"> <li>• Response time to epidemics, natural disasters and other health-related catastrophes reduced</li> </ul>   |
| <b>Global policy goal</b>                              | <b>Strengthen global health governance by leveraging Geneva's position as host to many health organisations</b>  | <ul style="list-style-type: none"> <li>• Efficient coordination framework for all key global health actors under the leadership of WHO elaborated and implemented</li> </ul>  |
| <b>Specific objective 1</b>                            | <b>Strengthen WHO's coordinating and normative role in global health governance and enhance the credibility of WHO, the Global Fund and other multilateral organisations through effective and tangible development results</b>  | <ul style="list-style-type: none"> <li>• WHO Reform (governance, management and operational priorities) finalised and implemented by 2016, as reflected in the SDC Core Contribution Management (CCM) instrument for 2013 – 2015</li> <li>• GFATM new funding model implemented and a new strategy for 2017 – 2021 developed</li> <li>• UNAIDS strategy (2016 – 2021) implemented</li> </ul>  |
| <b>Expected results</b>                                | <ul style="list-style-type: none"> <li>• More coherent and efficient internal governance, programme prioritisation and management of multilateral partner organisations in line with their respective mandates</li> <li>• WHO framework for collaboration with non-state actors developed and approved</li> </ul>  | <ul style="list-style-type: none"> <li>• Strategic interventions that reflect the role of WHO in the global health architecture contribute to strengthening WHO's role as the leading global health agency</li> <li>• Quality policy papers and interventions that focus on SDC priority areas (as defined in the GHP strategic framework) and respective CCMs produced and disseminated</li> <li>• Interests of different stakeholders identified and managed transparently by WHO and other multilateral organisations (e.g. GFATM, UNAIDS etc.)</li> </ul> |
| <b>Key activity lines</b>                              | <ul style="list-style-type: none"> <li>• Formulate policy interventions and continue engagement with WHO Secretariat as well as other multilateral organisations and global partners active in global health on expected outcomes related to global health governance reforms (WHO etc.).</li> <li>• Re-orient CCMs of the respective multilateral organisations according to newly set priorities</li> <li>• Establish new partnerships with key actors in GHG</li> </ul> |   |

| Policy goal, impact hypothesis and specific objectives |  | Key performance indicators   |
|--|--|--|
| <b>Specific objective 2</b>                            | <b>Strengthen multisectoral approaches and collaborations in health with multilateral partners</b>   | <ul style="list-style-type: none"> <li>Number of key global players outside the health sector with relevance to health integrated in GHG (through memberships, board / advisory / observer functions etc.)</li> </ul>  |
| <b>Expected results</b>                                | <ul style="list-style-type: none"> <li>Collaboration and coordination amongst key actors (multilateral partners, etc.) within GHG strengthened and multisectoral health policies formulated at strategic, programmatic and financial level</li> <li>New strategic partnerships or new areas within exiting partnerships developed and implemented</li> <li>Joint programme implementation between multilateral and other global health actors in GHG applied</li> </ul>  | <ul style="list-style-type: none"> <li>Number of newly identified and established multisectoral partnerships and initiatives</li> <li>Number of links between different key areas in health that are priorities for the respective partners participating in the identified partnerships</li> <li>Innovative funding in line with the Finance-for-Development principles identified for the health sector (e.g. disease outbreaks)</li> <li>SDC initiatives combining bilateral and multilateral sources successfully implemented as a strategic instrument</li> </ul>   |
| <b>Key activity lines</b>                              | <ul style="list-style-type: none"> <li>Formulate multisectoral policies for health</li> <li>Organise delegation meetings with other member states and international organisations at Geneva level and actively participate in technical working groups linked to the field of multisectoral collaboration in health</li> <li>Harmonise and streamline policy messaging amongst different Swiss federal departments on GHG and multisectoral approaches</li> <li>Combine multilateral and bilateral financing (joint programming)</li> <li>Establish mixed Swiss delegations composed of different departments (health, education, finance, development etc.) for GFATM and other key multilateral partners</li> <li>Pursue policy messaging in the area of global health priorities and financing</li> </ul> |  |
| <b>Specific objective 3</b>                            | <b>Strengthen Switzerland's shareholder role in multilateral organisations through coherent policy messaging across Swiss departments</b>  | <ul style="list-style-type: none"> <li>Swiss positions and priorities reflected in strategic documents and operational planning and implementation (budgets, programmes) of WHO and other supported multilateral Organisations</li> <li>Active engagement in governing bodies of multilateral partner organisations as reflected in meeting minutes</li> </ul>   |
| <b>Expected results</b>                                | <ul style="list-style-type: none"> <li>Whole of Government (WoG) policy messaging within existing and new key multilateral partners is efficient, coherent and in line with the SDC Health Policy and the SHFP's priorities</li> <li>Quadrennial Comprehensive Policy Review (QCPR) principles – which represent the main strategic framework for the Swiss delegation with regard to policy dialogue in the areas of governance, programme and financial management – applied in WHO and UNAIDS</li> <li>Coherent Swiss position on budgetary and financial topics</li> </ul>   | <ul style="list-style-type: none"> <li>Policy messaging on health priorities consistent with the SDC GPH and the SHFP</li> <li>Swiss policy messaging in line with GA-QCPR related priorities in the areas of programme, budgetary and financial management and improved functioning of the UN development system</li> <li>Increased credibility of Switzerland as technical partner in committees and bilateral meetings with WHO Secretariat in priority areas</li> <li>SDC takes a lead in the Budget Network of the Division of United Nations and International Organisations (AOI) regarding topics related to global health governance</li> </ul> |
| <b>Key activity lines</b>                              | <ul style="list-style-type: none"> <li>Exchange and consult with the SDC Division Global Institutions</li> <li>Formulate interventions / statements at WHO level</li> <li>Actively engage in the Budget Network of the Division of United Nations and International Organisations (AOI)</li> <li>Participate in technical working groups and governing bodies</li> <li>Conduct bilateral meetings with WHO Secretariat</li> <li>Conduct stakeholder meetings in the frame of the "Geneva Group"</li> <li>Conduct joint interdepartmental field visits to SDC priority countries to assess impact of strategies, programmes and ONE UN strategy.</li> </ul>   |  |





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