



# FACTSHEET HEALTH

September 2014



- › The **architecture of global health** fragmented in recent years owing to an increasing number of actors with a specific focus and interests, and a reorientation of national health systems according to donor priorities instead of domestic ones.
- › The **efficiency and effectiveness** of development cooperation need further improvement in order to attain the health Millennium Development Goals (MDGs).

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## Thematic priorities

The SDC concentrates most of its operations on the primary level of services and focuses its interventions in three areas:

- › **Strengthening health systems to achieve universal coverage**  
Key constraints related to service delivery, health workforce, health financing, governance and management, availability and quality of infrastructure, equipment, medical products and technologies
- › **Reducing the burden of communicable and non-communicable diseases**  
Communicable diseases: HIV/AIDS, malaria, tuberculosis, diarrhoea and acute respiratory infections (pneumonia); neglected tropical diseases; non-communicable diseases: cardiovascular and respiratory diseases, cancer, diabetes and mental health
- › **Improving maternal, newborn and child health as well as sexual and reproductive health and rights**

The SDC health portfolio is based on global and local contextual assessments, the needs of SDC partner countries, the SDC's technical experience and expertise, as well as Switzerland's own interests and foreign policy.

Health promotion, prevention, care and rehabilitation are programmatic dimensions of the SDC's bilateral work and multilateral contributions. They are systematically adapted to the specific national and regional contexts.

The overall goal of the SDC's cooperation activities in the field of health is to improve the health status of a population with a special focus on poor and vulnerable groups. The SDC concentrates its operations in three areas: strengthening health systems, reducing the burden of communicable and non-communicable diseases and improving maternal, newborn and child health as well as sexual and reproductive health. The SDC works in low and middle-income countries (LMICs), in stable and fragile contexts and in economies in transition.

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## Challenges

- › **The social determinants of health** (the conditions in which people are born, grow, live and work) affect the health status of individuals and communities. The inequities in these conditions need to be addressed across different sectors.
- › The high burden of **poverty-related infectious diseases** continues to persist in LMICs and, in addition, the prevalence of non-communicable diseases (NCDs) is increasing fast. Tackling both types of disease simultaneously is an important public health challenge.
- › **Health systems** are in many countries **inefficient and ineffective** owing to underinvestment in the health sector and weak management. This leads to insufficient infrastructure, equipment and technology, and a shortage of a qualified health workforce. A lack of social protection mechanisms that prevent high out-of-pocket payments for healthcare are contributing to an increasing inequity in access to quality health services.

## Partners

The SDC's cooperation with multilateral and global organisations is complementary to its bilateral activities; many multilateral partners have indeed long-standing experience and well-established expertise in specific health areas. In humanitarian contexts, the SDC directly implements programmes through the humanitarian aid of SDC or supports specialized humanitarian organizations (Swiss Red Cross (SRC), Doctors Without Borders (MSF)). The SDC's humanitarian aid is paired to development cooperation: while the emphasis is on saving as many lives as possible in a short amount of time, all health activities supported in the framework of humanitarian aid are initiated with a long-term view.

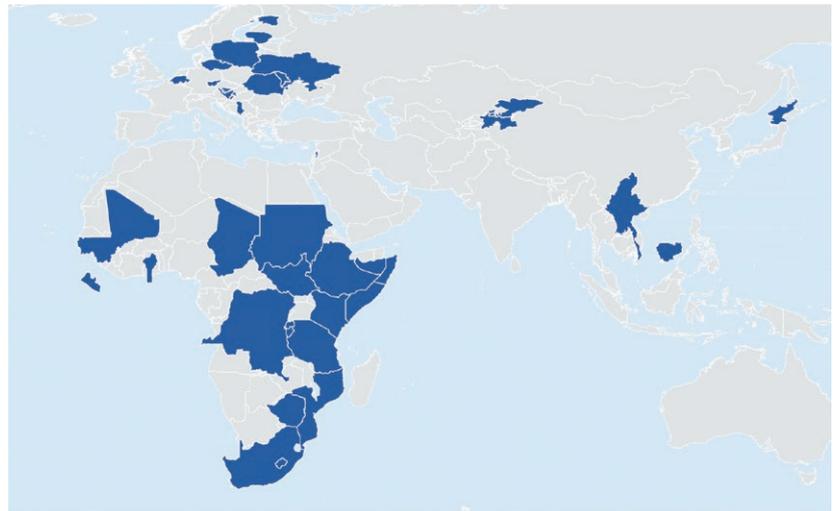
### Bilateral partners:

- > Governmental partners: ministries, local governments and local communities
- > Non-governmental partners: NGOs and civil society groups, private sector, research/training and development institutions

### Multilateral partners:

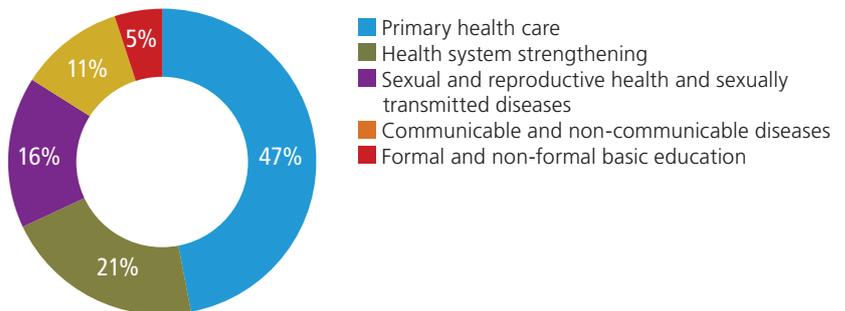
- > Multilateral organisations: WHO, United Nations Programme on HIV/AIDS (UNAIDS), UNICEF, United Nations Population Fund (UNFPA), United Nations World Food Programme (WFP), United Nations Development Programme (UNDP), World Bank, Regional Development Banks
- > Global health initiatives: Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM) and Social Health Protection Network (P4H);
- > International NGOs: International Planned Parenthood Federation (IPPF)
- > Private sector and research: Special Programme of Research, Development and Research Training in Human Reproduction (HRP), Special Programme for Research and Training in Tropical Diseases (TDR), SDC-SNF Research Fund (Swiss Programme for Research on Global Issues for Development - R4D), Swiss Tropical and Public Health Institute (SwisSTPH), Medicines for Malaria Venture (MMV), Drugs for Neglected Diseases Initiative (DNDi), Foundation for Innovative new Diagnostics (FIND), Combating Insect Borne Disease (IVCC)

## The SDC's bilateral development cooperation and humanitarian aid in the health sector\*



\* Not visible on the map are our contributions to multilateral and international organizations.

## SDC health expenditures 2013 (149 Mio. CHF)



## Key health indicators<sup>1</sup>

	Tanzania	Albania	Switzerland
Under-5 mortality rate (per 1000 live births)	54	17	4
Maternal mortality ratio (per 100'000 live births)	410	21	6
Per capita government expenditure on health (US\$)	41	228	8980

<sup>1</sup> World Bank 2013

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 Photograph: Swiss Malaria Group / Olivier Lassen