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.

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).

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.

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.

Factsheet Health   September 2014

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Swiss Agency for Development and Cooperation SDC

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**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:**

- 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)**

- **Primary health care**
- **Health system strengthening**
- **Sexual and reproductive health and sexually transmitted diseases**
- **Communicable and non-communicable diseases**
- **Formal and non-formal basic education**

**Key health indicators1**

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<thead>
<tr>
<th></th>
<th>Tanzania</th>
<th>Albania</th>
<th>Switzerland</th>
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<tbody>
<tr>
<td>Under-5 mortality rate (per 1000 live births)</td>
<td>54</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100’000 live births)</td>
<td>410</td>
<td>21</td>
<td>6</td>
</tr>
<tr>
<td>Per capita government expenditure on health (US$)</td>
<td>41</td>
<td>228</td>
<td>8980</td>
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1 World Bank 2013