

17 August 2023

Sweden's development assistance for health

2022

Contents

Introduction.....	3
Sweden’s development assistance for health 2022 – Summary.....	4
Basic premises for Sweden’s global health efforts	5
In-depth reporting in four areas.....	5
1. Awareness of, and access to, sexual and reproductive health and rights (SRHR) ...	5
2. Strong national health systems and essential health services.....	8
3. Societies that enable the best possible health	9
4. Prevention and management of health threats, including the COVID-19 pandemic, antimicrobial resistance (AMR) and disaster situations	9
Development assistance for health via the Ministry for Foreign Affairs.....	10
Development assistance for health via Sida	11
Research cooperation	13
Appendix: Methodology.....	14

Introduction

In 2022, the COVID-19 pandemic and its consequences still dominated the global health situation, even if there was a decrease in both illness and death starting in the second quarter. Access to essential health services could to some extent be stabilised, but the consequences of the pandemic were felt not least with regard to routine vaccinations for children in many low- and middle-income countries. The temporary increase in investment in the health sector as a result of the pandemic is expected to be countered by an increasingly poor economic situation for many countries, which will take many years to reverse. Russia's invasion of Ukraine affected health efforts both directly and indirectly.

Efforts to address current and future health threats has intensified. Sweden has taken an active role, including in the negotiations on a future pandemic agreement. At the same time, efforts are continuing to combat antimicrobial resistance and promote water, sanitation and hygiene (WASH), as well as to increase worldwide access to COVID-19 vaccines. Sweden donated 15 million vaccine doses through the COVAX vaccine cooperation initiative and continued its long-term financial contribution to COVAX.

Unfortunately, resistance to sexual and reproductive health and rights (SRHR) intensified during the year, not least in the African region and especially with regard to sexuality education and safe abortions. Despite this resistance, Sweden's cooperation at global, regional and national level has produced good results. Support for medical abortions through DKT International and Population Services International has helped prevent 2.5 million unwanted pregnancies and 3.3 million unsafe abortions in the African region. Through UNESCO, Sweden has contributed to the resumption of sexuality education programmes in several African countries. Through UNFPA, midwife training, maternity care and humanitarian equipment have helped to improve maternal health and reduce maternal mortality, as well as to maintain access to contraceptives.

Support to digital solutions has contributed to increased access to SRH services, and special initiatives have increased access to services through primary care for people with disabilities. Through support to civil society organisations, Sweden has contributed to 121 legislative and policy changes that defend SRHR and prohibit practices such as female genital mutilation.

Through the UN and other international organisations such as the Global Fund to Fight AIDS, Tuberculosis and Malaria; Gavi, the Vaccine Alliance and joint donor funds, Sweden has helped maintain essential health services, including maternal and child health care. UNICEF provided 78 million children around the world with measles vaccines and 356 million children with help to prevent malnutrition. Through the Global Fund, Sweden has helped provide life-saving treatment of AIDS, tuberculosis and malaria in over 100 countries and maintain access to diagnostics and treatment of HIV and tuberculosis in war-torn Ukraine. Mental health is an increasing problem around the world, and Sweden's partners are working to increase awareness of and access to psychosocial support. With the support of Sweden and others, UNICEF was able to offer support and services for mental health and well-being to 25 million children, young people and custodial parents during the year.

The COVID-19 pandemic, the consequences of the climate crisis and geopolitical developments around the world highlight the need for a new way of working to protect and promote human health. Good health is a fundamental prerequisite for people's opportunities to achieve their full potential and for reducing poverty. Investments in health enable greater productivity and are an investment in the development of society as a whole. In addition, having the best possible health, including necessary health care, food, water, clean air, sanitation, hygiene and medicines, is a human right.

Sarah Thomsen
Lead Policy Specialist in Health
& SRHR, Sida

Anders Nordström
Ambassador for Global Health
Ministry for Foreign Affairs

Sweden's development assistance for health 2022 – Summary

Sweden's development assistance for health amounted to approximately SEK 6 billion in 2022, accounting for 11.4 per cent of Sweden's total development assistance, excluding deductions for asylum costs. Of this, almost SEK 3.9 billion, or 65 per cent, was multilateral core support provided via the Ministry for Foreign Affairs. The remaining amount – just under SEK 2.1 billion, equivalent to 35 per cent – were channelled via Sida's country cooperation, global programmes, regional cooperation and research support. Table 1 presents an overview of Sweden's development assistance for health in 2015–2022.

The share of Sweden's development assistance allocated to health varies from year to year. A decrease of SEK 718 million can be noted for 2022 compared to 2021. On the other hand, compared to 2019 – the year before the COVID-19 pandemic – health assistance increased by SEK 717 million. Similarly, health assistance as a share of total development assistance decreased compared to the pandemic years, but increased compared to 2019.

In 2020 and 2021, the COVID-19 pandemic led to exceptional development interventions in the health sector. In 2022, Russia's full-scale invasion of Ukraine brought about further reprioritisations in the central government budget, including through restrictions on development assistance disbursements.

The method for calculating Sweden's development assistance for health is presented in Annex 1.

Table 1. Sweden's development assistance for health 2016–2022

#: share of Sweden's development assistance for health.

	2016		2017		2018		2019		2020		2021		2022	
	MSEK	%	MSEK	%	MSEK	%	MSEK	%	MSEK	%	MSEK	%	MSEK	%
Total development assistance for health	4 638	100%	5 088	100%	5 430	100%	5 239	100%	6 250	100%	6 674	100%	5 956	100%
Ministry for Foreign Affairs	2 841	61%	2 907	57%	3 121	57%	2 852	54%	3 552	57%	3 755	56%	3 890	65%
Multilateral core support	2 841	61%	2 892	57%	3 117	57%	2 817	54%	3 511	56%	3 389	51%	3 516	59%
Other			15	1%	4		35		41		366		375	1%
Sida	1 797	39%	2 181	43%	2 309	43%	2 387	46%	2 698	43%	2 918	44%	2 065	35%
Country cooperation	765	16%	1052	21%	1150	21%	1360	26%	1619	26%	1822	27%	1412	24%
Global programmes	351	8%	390	8%	473	9%	437	8%	698	11%	704	11%	397	7%
Regional cooperation	681	15%	738	15%	685	13%	590	11%	381	6%	393	6%	257	4%
Total development assistance (all categories)	31 971		36 707		42 649		48 105		52 110		52 369		52 450	
Share development assistance for health	14.5%		13.9%		12.7%		10.9%		12.0%		12.7%		11.4%	

MFA: The figures are not directly comparable between years, as different data collection methods and selections were used. See also the standard values at the end of the report. **Sida:** The statistics have been updated retroactively, which means that the totals do not always match earlier reports. The distribution between the global programme and regional and country cooperation has also been updated and procedures for country allocation have changed over time, which entails a reduced proportion of support to the global programme.

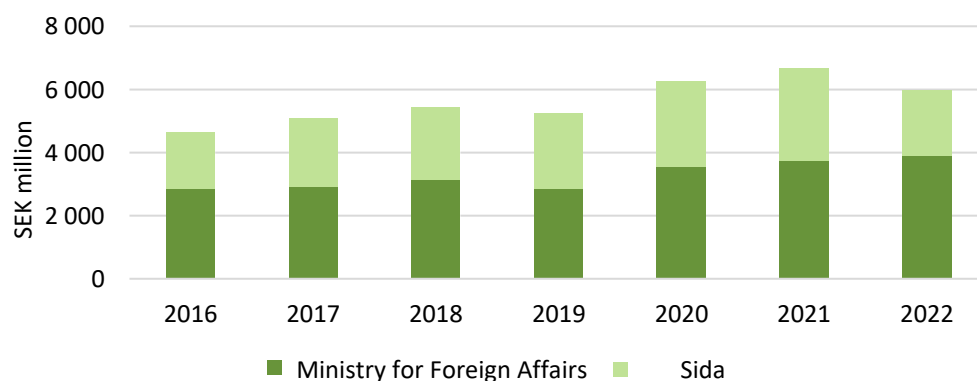


Figure 1. Sweden's development assistance for health 2016–2022: allocation between the Ministry for Foreign Affairs and Sida

Basic premises for Sweden's global health efforts

Sweden's work in the area of health is based on the principle of the highest attainable standard of health as a human right. In efforts to support improved global health, it is important to avoid focusing solely on the considerable financial support that Sweden contributes. Sweden is also a strong voice in the international development community, achieving a great deal through dialogue and advocacy on governing boards and in international forums. In 2022, Sweden actively participated on the boards of international organisations and backed issues such as keeping the focus on poor countries when allocating funds. Sweden also backed mainstreaming a rights, gender equality and environmental perspective into activities and allowing international organisations such as the Global Fund and Gavi to report how they help strengthen national health systems, which provides a necessary basis for other initiatives.

Improving global health is a long-term undertaking and the results must be viewed over time. Sweden's development cooperation is based on supporting the partner countries' own responsibility, and results are achieved jointly with several other actors, including in contexts with many convergent factors. Many of the results reported for 2022 derive from activities from previous years and, similarly, many results of support provided in 2022 will only be seen in years to come.

In-depth reporting in four areas

For 2022, we have chosen to summarise the contributions Sweden's development assistance for health has made in four areas:

1. Awareness of, and access to, sexual and reproductive health and rights (SRHR)
2. Strong national health systems and essential health services
3. Societies that enable the best possible health
4. Prevention and management of health threats, including the COVID-19 pandemic, antimicrobial resistance (AMR) and disaster situations

1. Awareness of, and access to, sexual and reproductive health and rights (SRHR)

Table 2a. Sweden's SRHR development assistance 2016–2022 according to the NIDI method

% indicates the share of Sweden's total development assistance

See the annex 'Method for calculation model'

	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
	MSEK	MSEK	MSEK	MSEK	MSEK	MSEK	MSEK
Total SRHR support	2 630	2 703	3 194	3 153	3 357	3 409	2 884
Share of total development assistance	8.2%	7.4%	7.5%	6.6%	6.4%	6.5%	5.5%
Ministry for Foreign Affairs	1 404	1 328	1 683	1 491	1 682	1 540	1 512
Sida	1 226	1 375	1 511	1 662	1 675	1 869	1 372
Share of Sida's development assistance for health	68%	63%	65%	70%	62%	64%	66%
Share of Sida's total disbursements	6.5%	6.4%	6.1%	6.5%	6.4%	7.0%	5.7%

Every day, 800 women still die from preventable causes related to pregnancy and childbirth. The estimated 25 million unsafe abortions performed each year are one of the primary causes of maternal mortality.

Sweden's support to SRHR comprises a broad spectrum of initiatives, including sexuality education, increased access to contraceptives, maternal care and safe abortions, youth-friendly services, prevention of sexual and gender-based violence, prevention and treatment of HIV, LGBTIQ health and rights, and efforts to combat child marriage and female genital mutilation.

Sweden's total support for SRHR decreased from just over SEK 3.409 million in 2021 to SEK 2.876 million in 2022 (Table 2a). This was the result of a reprioritisation in the central government budget due to Russia's full-scale invasion of Ukraine.

The challenges concerning SRHR are tangible, not least in the world's poor countries. Political

resistance, inadequate financial resources, discrimination against women, girls and LGBTIQ people, and societies that are unwilling to openly address issues concerning sexuality are some of the factors that prevent women, girls, young people and groups in vulnerable situations from having control over their own bodies, sexuality and fertility. At the same time, several major advancements can be noted and progress has been made. Regarding increased access to, and respect for, SRHR during the year, both progress and regression can be noted.

Sweden has continued its efforts to prevent maternal mortality, unwanted pregnancies and unsafe abortions through increased access to sexual and reproductive health services, sexuality education and contraceptives. Support to SRHR has also helped combat all forms of sexual and gender-based violence, including female genital mutilation and child and forced marriages. Sweden's total financial support to SRHR in 2022 amounted to SEK 2 876 million, which corresponded to 5.7 per cent of Sweden's total development assistance. Within multilateral development assistance, the most important support has gone to the UNFPA, UNAIDS and the Global Fund. Part of the support to UNICEF, WHO and UN Women has also contributed to Sweden's SRHR efforts. Sweden has pursued the issue of SRHR within the framework of both the normative and operative activities of the UN, and through work in the EU. Sweden has contributed to a number of important global and regional dialogues and other health advocacy efforts.

The COVID-19 pandemic entailed major challenges and reversals of results achieved, and necessitated swift reorganisation and increased collaboration by all parties. Maintaining the continuity of important SRHR services during the pandemic has been a challenge. The pandemic has also led to an increased occurrence of gender-based violence and a general restriction on women's rights.¹ The share of safe births declined, and access to SRHR services decreased. More than 250 million women and girls of reproductive age do not have access to modern contraceptives. Lack of information, the dissemination of disinformation, the creation of myths and stigma are often underlying causes. It is estimated that over 60 per cent of unintended pregnancies are terminated by abortion, of which 45 per cent using unsafe methods.² Countries such as Bangladesh, Uganda, Zimbabwe and Mozambique reported a greater number of unwanted pregnancies in 2021 compared to before the pandemic, probably due to school closures there during the pandemic.

Several of Sweden's global SRHR partners work to integrate SRHR into humanitarian response and ensure that people who are displaced and facing crisis situations have adequate access to SRH services. For example, the International Confederation of Midwives (ICM) is mobilising support to strengthen its member organisations in Europe so as to meet Ukrainian refugees' needs of maternal health care.

The International Planned Parenthood Federation (IPPF) is one of Sweden's most important partners in the SRHR area, and with its approximately 130 member organisations, contributes to important and long-term results around the world. In 2021, the IPPF contributed to changes in a total of 121 policies and laws that support the work with SRHR and gender equality issues.³

Work to promote use of **contraceptives and safe abortions** is an important part of SRHR efforts. Sweden's support to DKT International and Populations Services International (PSI) has contributed to increased access to contraceptives and products for medical abortions in sub-Saharan Africa, which has prevented an estimated 2.5 million unwanted pregnancies and 3.3 million unsafe abortions.

Globally, Sweden's support to the Ipas Impact Network has contributed to 45 000 safe abortions being provided at health centres and more than 15 000 abortions performed at home under the supervision of health professionals.

Sweden has helped strengthen regional and national policy frameworks for SRHR, including HIV prevention and treatment in Africa. In Mozambique, DKT International and civil society organisation LAMBDA jointly helped prevent 125 000 cases of HIV through the sale of condoms, HIV self-tests and other SRHR products.

During the year, several of Sweden's partners developed digital solutions to improve knowledge among the population. This includes mobile applications and websites. SAfAIDS has developed a

¹ [COVID-19: Rebuilding for Resilience | UN Women – Headquarters](#)

² UNFPA, State of World Population 2022

³ IPPF, Annual Performance Report 2021

mobile application for communication between young people and health professionals at youth clinics for reporting on quality and access to SRHR services or informing of shortcomings. The app has been used by 21 000 people and 2 500 shortcomings have been reported in a good example of social accountability.

UNFPA is one of the most important channels for Swedish support. In 2022, Swedish support to UNFPA amounted to SEK 650 million, which meant an increase from the SEK 544 million in 2021.

Sweden's flexible support to UNFPA country programmes has been important to ensure a sustainable supply of sexual and reproductive health services, not least in countries affected by conflict and struggling in the wake of the pandemic. In South Sudan, 105 556 young people gained access to sexual and reproductive health services through UNFPA last year. In Ethiopia, it has been possible to redirect support to UNFPA during the war, providing equipment to 16 health care institutions for pregnant women and supporting seven safe houses and five centres for survivors of sexual violence.

In 2021, UNESCO and UNFPA established the Global Partnership Forum on comprehensive sexuality education, which has strengthened the global capacity to coordinate and promote initiatives in the area. The Forum brings together UN bodies, civil society, donors and youth and education networks, and pursues a common agenda for positive and inclusive sexuality education in and outside the school environment.

Another example that highlights the good partnership between Sweden and UNFPA is the agreement on Swedish financing of USD 10 million to Bangladesh for the period 2022–2026, which was signed in October 2022. The project aims to train midwives in Bangladesh and thereby achieve better quality and access to SRHR services. It also aims to maintain essential health services for women and children.⁴

In March 2022, **WHO** published a new abortion care guideline, which Sweden and like-minded donors consider to be very progressive. Sweden played a major role in developing the guideline and continues to follow its implementation.⁵

Ahead of the high-level meeting planned to be held during the 2023 UN General Assembly with the aim of following up the political declaration on improved access to universal health coverage (UHC), Sweden is actively working to ensure the inclusion of SRHR and other Swedish priorities in WHO-led processes, including at country and regional level.

UNAIDS – Simultaneous AIDS and COVID-19 pandemics have undermined the global HIV response and entailed greater pressure on already vulnerable communities. Figures from UNAIDS show that even though HIV infections decreased in 2021, it was only down by 3.6 per cent from 2020 – the lowest annual decrease since 2016.

The new Global AIDS Strategy (2021–2026) aims to reduce the inequalities that drive the AIDS epidemic and to put the world back on a path to end AIDS as a public health threat by 2030. The overall objective is to unite countries, communities and partners to take effective action with an ambitious vision of achieving *zero new HIV infections, zero discrimination and zero AIDS-related deaths*.⁶

In 2022, Sweden's core support to UNAIDS amounted to SEK 300 million.

UN Women works to promote gender equality and women's political participation and economic empowerment, and also to safeguard human security and freedom from all forms of violence. UN Women promotes the full enjoyment of human rights by women and girls, including SRHR, particularly in low- and middle-income countries. The organisation is also mandated to coordinate the gender equality work of the UN systems. Work in the area of health includes ensuring a gender equality perspective in SRHR interventions, maternal, newborn, child and young people's health, as well as HIV prevention, treatment, care and support.

As regards the global HIV response, UN Women focuses on integrating gender equality into the

⁴ [UNFPA Bangladesh | Sweden to partner UNFPA in projects worth over \\$10 million](#)

⁵ WHO, Abortion care guideline, 2022.

⁶ [Executive summary – Global AIDS Strategy 2021–2026 – End Inequalities. End AIDS. \(unaids.org\)](#)

governance of the HIV response by strengthening women's economic and legal empowerment and countering stigma and discrimination that lead to women and girls not seeking treatment/health care and HIV services. Through the HeForShe campaign, UN Women has helped to counter harmful social norms in South Africa, Malawi and Zimbabwe.

In 2021, the Spotlight Initiative helped double the number of convictions of perpetrators of gender-based violence, more than 1.3 million men and boys received education in conflict resolution and positive masculinity, and 43 countries strengthened their national action plans to eliminate violence against women and girls.

UN Women's activities in Ukraine help combat and prevent sexual and gender-based violence, and reach vulnerable and marginalised women and girls with humanitarian efforts. Preventive measures and support to vulnerable people can also help counteract trafficking for sexual purposes and other forms of exploitation. These measures are conducted in close cooperation with local women's organisations. UN Women also ensures that gender equality aspects are mainstreamed throughout the humanitarian response and reconstruction. In addition, UN Women supports civil society organisations working to promote women's livelihood opportunities, especially among internally displaced persons.

2. Strong national health systems and essential health services

Achieving good health outcomes, preventing illness and promoting healthy lives require effective and resilient health care systems that can deliver high-quality, needs-based health care without entailing in financial difficulties. Functioning health care is also an essential function in society that can contribute to stability and trust in society as well as economic development.

Unfortunately, the pandemic – not least its effects on the economy and the ability of countries to finance health systems – continues to have an impact on national health systems in many low- and middle-income countries. The pandemic's effect on essential health services for women and children is still perceptible in many countries, where interventions such as routine vaccinations for children have declined during the COVID-19 pandemic. Systems have also been under severe pressure due to outbreaks of disease, natural disasters, weakened food security and conflicts.

With the support of Sweden and other countries, **Gavi, the Vaccine Alliance** has invested in health systems in its partner countries with the aim of enabling **sustainable, effective and equitable** use of vaccines. Examples include investments in cold chain logistics for vaccines, information and data systems, activities aimed at increasing demand for vaccines, and broadened partnerships with private actors and civil society. However, the negative effects of COVID-19 are manifested in reduced coverage of certain vaccines and integrated services that have a negative impact on children's health. Investment in immunisation is a cost-effective investment in health and development, not least in the fight against poverty. From the time of its creation to 2020, some 888 million children were immunised through Gavi's regular programmes. During the same period, it is estimated that more than 15 million future deaths were prevented. Gavi provides vaccines to more than half of the world's birth cohorts.

In late 2022, Gavi launched an updated version of its strategic plan for 2021–2025. The strategy includes the presentation of a renewed focus on routine vaccinations and a reduction in the share of children never reached by vaccines (*zero-dose children*). It introduces a stronger HPV vaccine programme. New funding allowed setting an ambitious goal of reaching 80 million girls with the HPV vaccine by 2025 and preventing 1.4 million future deaths from cervical cancer.

In 2022, Sweden provided SEK 350 million to Gavi and has made the commitment to provide funds corresponding to SEK 1.75 billion for the period 2021–2025.

Every year, the **Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund)** invests around USD 4 billion in programmes implemented by organisations in countries and communities with the highest disease burden and support needs. Since the launch of the Global Fund in 2002, AIDS-related deaths have decreased by 70 per cent and new infections have decreased by 54 per cent, which clearly demonstrates its pivotal role in global HIV/AIDS efforts.⁷

⁷ [Results Report 2022 – The Global Fund to Fight AIDS, Tuberculosis and Malaria](#)

In 2021, the Global Fund's various programmes provided 23.3 million people with life-saving antiretroviral therapy, an increase from 21.9 million people in 2020. Some 12.5 million people were reached with HIV prevention services, and 133.2 million mosquito nets were distributed.⁸

The Global Fund provides 30 per cent of international financing for HIV-related programmes and – as of June 2022 – had invested at total of USD 24.2 billion in programmes to prevent and treat HIV and AIDS. It also provides 76 per cent of international financing for tuberculosis and – as of June 2022 – had invested a total of USD 8.5 billion in programmes to prevent and treat people with tuberculosis. The Global Fund provides 63 per cent of international financing for malaria programmes and – as of June 2022 – had invested a total of USD 16.4 billion in malaria programmes.⁹

The Global Fund plays a strategically important role in Sweden's contribution to achieving the 2030 Agenda. In 2020–2022, Sweden provided SEK 2.65 billion in support. In 2022, this support amounted to SEK 650 million. Sweden has pledged SEK 3 billion in support to the Global Fund's seventh replenishment cycle, which runs from 2023–2025. This is an increase of five per cent from the previous cycle.

Part of **UNICEF's** work concerns children and young people's early development, child and maternal health care and effective health systems, including treatment and prevention of HIV and AIDS, and also mental health. Sweden emphasises matters such as the importance of UNICEF meeting young people's need for and right to SRHR. Sweden's support to UNICEF contributed to treating acute malnutrition, preventing maternal mortality and other matters. UNICEF responded to many health emergencies and outbreaks under some of the world's most challenging conditions.

Sweden has contributed to **UNICEF's** efforts to manage the consequences of the pandemic, primarily to ensure access to necessary health care, improve maternal and newborn care, and improve access to water and sanitation. UNICEF's work has helped secure access to essential medicines, improve maternal and child health care, increase access to clean water, sanitation and hygiene, and strengthen social security systems.

3. Societies that enable the best possible health

The COVID-19 pandemic has been a stark reminder of the link between health and almost every other sector of society. As health is determined by factors outside of health care, Sweden's efforts to fight poverty and respond to the climate crisis are also important for global health trends. Significant targeted efforts that focus on these links are also being made.

Better health and well-being is one of the three strategic targets of WHO's current General Programme of Work 2019–2023. WHO plays a key role in engaging governments to promote a multisectoral approach in efforts to ensure healthy lives and well-being in relation to the environment and climate change.

Noncommunicable diseases (NCDs) kill 41 million people each year, which is equivalent to 71 per cent of all deaths globally. Of the more than 15 million people between the ages of 30 and 69 who account for premature deaths from NCDs, 77 per cent come from low- and middle-income countries.

The need to focus efforts on healthy lives in the wake of the pandemic is greater than ever, particularly as regards **mental health**. Sida's partners have helped raise awareness of the situation through national advocacy work in countries such as Bangladesh, Nepal, India, the Philippines and Senegal. Sida's partners helped provide 447 000 older people (60 per cent women) in 14 countries with better health and social care services or other support, and 1.6 million older people with access to new or improved state care and social services.

4. Prevention and management of health threats, including the COVID-19 pandemic, antimicrobial resistance (AMR) and disaster situations

⁸ [Results Report 2022 – The Global Fund to Fight AIDS, Tuberculosis and Malaria](#)

⁹ [Results Report 2022 – The Global Fund to Fight AIDS, Tuberculosis and Malaria](#)

Efforts to prevent and manage health threats and disaster situations were already a high-priority issue for Sweden before the COVID-19 pandemic. In 2022, those efforts accelerated with a focus on directly combating the virus and its indirect consequences for health systems and communities. However, it is important to stress that Sweden's long-term efforts to strengthen health systems, improve access to water and sanitation, fight poverty, and enhance research cooperation and cooperation on the environment/climate, animal health and people's health (One Health) are important building blocks for both management of the COVID-19 pandemic and resilience to future pandemics.

Sweden's approach to managing the pandemic consisted of two components: core support to several key organisations in pandemic management, and specific, targeted initiatives. Sweden's extensive core support to organisations such as the Global Fund, WHO, UNFPA, UNICEF and Gavi helped lay the foundations for many initiatives and enabled the organisations to rapidly adapt when the pandemic hit.

Sweden has also pushed for the development of the international system in the area of health, more coordinated and effective preparedness for, and management of, future pandemics, and also full compliance with existing regulations concerning health security.

Antimicrobial resistance (AMR) is one of the greatest threats to global health and survival. Sweden's support to the AMR Multi Partner Trust Fund is an important strategic tool in the efforts to strengthen political commitments, funding and intersectoral approaches in the fight against AMR at global, regional and national level. The Fund assists countries in matters such as the development and implementation of relevant national action plans aimed at strengthening the integrated approach to AMR, including through monitoring, developing guidelines, training and behavioural change.

In addition, Sweden's support to ReAct has helped provide assistance primarily to low-income countries in designing guidelines to counteract AMR, creating awareness and engagement among civil society and young people to find solutions to AMR, and conducting advocacy work to ensure that everyone has access to the safe use of antibiotics. One concrete example is the way Kenya continued to apply AMR guidelines even during the pandemic, which resulted in better prevention and control of infections, reduced use of antibiotics when performing Caesarean sections and other benefits.

People's survival and health in **war and disaster situations** comprised essential parts of humanitarian multilateral development assistance. Important multilateral humanitarian partners in the area of health included UNICEF, the United Nations Relief and Works Agency for Palestine Refugees in the Near East, and the United Nations High Commissioner for Refugees, which have all worked with mental ill health and psychosocial support. Much of this work was directed towards women subjected to sexual violence.

WHO provides humanitarian aid in countries such as Yemen, Syria, Ethiopia and Afghanistan. In Ukraine, WHO works on-site to save lives and manage the ongoing health crisis in the country, including by coordinating deployment of medical teams, coordinating with health authorities and ensuring deliveries of medical supplies so as to minimise disruptions of critical health services. This is also done in neighbouring countries hosting Ukrainian refugees. Since the outbreak of the war until August last year, the WHO-led response had reached more than 4.6 million Ukrainian citizens in need of medical care and medicine, and assisted more than 160 medical facilities throughout the country.

Development assistance for health via the Ministry for Foreign Affairs

Development assistance for health via the Ministry for Foreign Affairs consists primarily of the funds channelled as support to multilateral organisations. The Ministry's multilateral development assistance for health in 2015–2022 is presented in Table 3 below, which shows multilateral development assistance for health via the Ministry for Foreign Affairs and Sida in 2022.

Table 3. Development assistance for health via the Ministry for Foreign Affairs 2015–2022¹⁰

	2016	2017	2018	2019	2020	2021	2022
	MSEK	MSEK	MSEK	MSEK	MSEK	MSEK	MSEK
MFA's total development assistance for health	2 841	2 907	3 121	2 852	3 552	3 755	3 890
Multilateral support	2 841	2 892	3 117	2 817	3 511	3 389	3 516
Global Fund to Fight AIDS, Tuberculosis and Malaria	850	800	850	850	1 050	950	650
UNFPA	504	575	739	555	626	544	650
World Bank	287	386	209	237	449	345	464
IFFIm/COVAX	–	–	–	–	–	100	350
Gavi, the Vaccine Alliance	300	300	350	300	450	450	350
UNAIDS	250	260	314	314	300	300	300
UNICEF	430	312	328	246	185	218	275
European Commission	111	127	136	136	161	198	262
European Development Fund	51	57	72	72	77	151	102
WHO	26	38	80	71	122	96	47
IFFIm/GAVI	18	18	18	18	18	18	25
International Vaccine Institute	–	–	–	–	–	–	20
UN Women	8	13	14	11	15	10	14
UNDP	6	6	7	7	57	8	7
Vaccine donations	–	–	–	–	–	352	325
Other	–	15	4	35	41	14	50

Development assistance for health via Sida

In 2022, Sida distributed just over SEK 2 billion in the area of equitable health (Table 1 and Figure 2). This is a decrease of some SEK 900 million in comparison with the previous year and equivalent to 9 per cent of Sida's budget. These figures do not include health research funding or humanitarian support, of which health comprises a relatively large share.

The largest share of funds in the area – 66 per cent – has gone to initiatives aimed at raising awareness of and access to SRHR. Initiatives for essential equitable health services aimed at women and children accounted for approximately 30 per cent.

Sida's total support to SRHR according to the NIDI method, which also includes SRHR in areas such as social sectors and education, amounted to nearly SEK 1.4 billion in 2022. See the explanation of terms in Annex 1, Statistical definitions and terms.¹¹

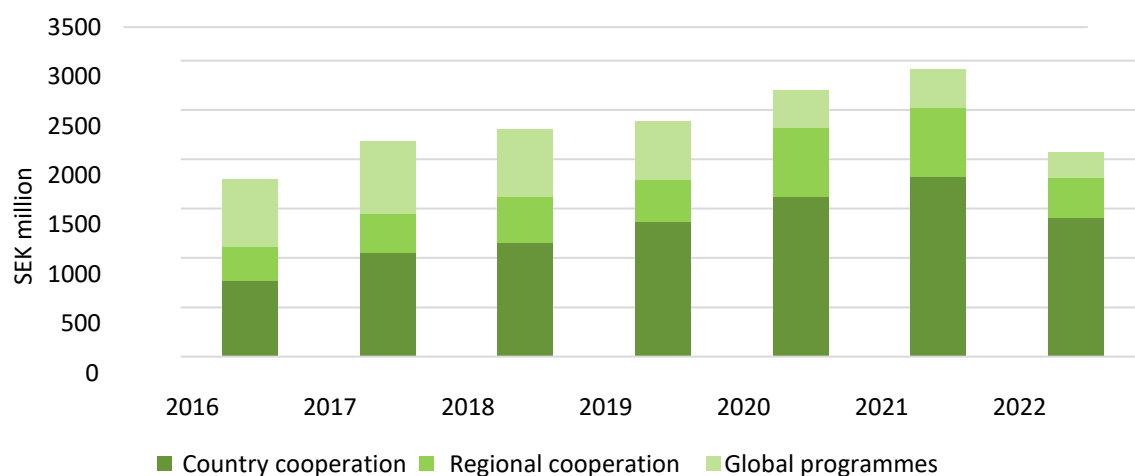
Country cooperation (also called bilateral cooperation) makes up around 68 per cent, while global programmes account for around 19 per cent of Sida's development assistance for health. Regional support accounts for the remaining 12 per cent. Figure 2 shows the distribution of Sida's support for health at global, regional and country level.

¹⁰ Multilateral core support: Different data collection methods and samples were used, so the figures are not directly comparable between years.

World Bank: 2014 also includes other development banks. WHO: Indicates the support to WHO from the whole of the Government Offices.

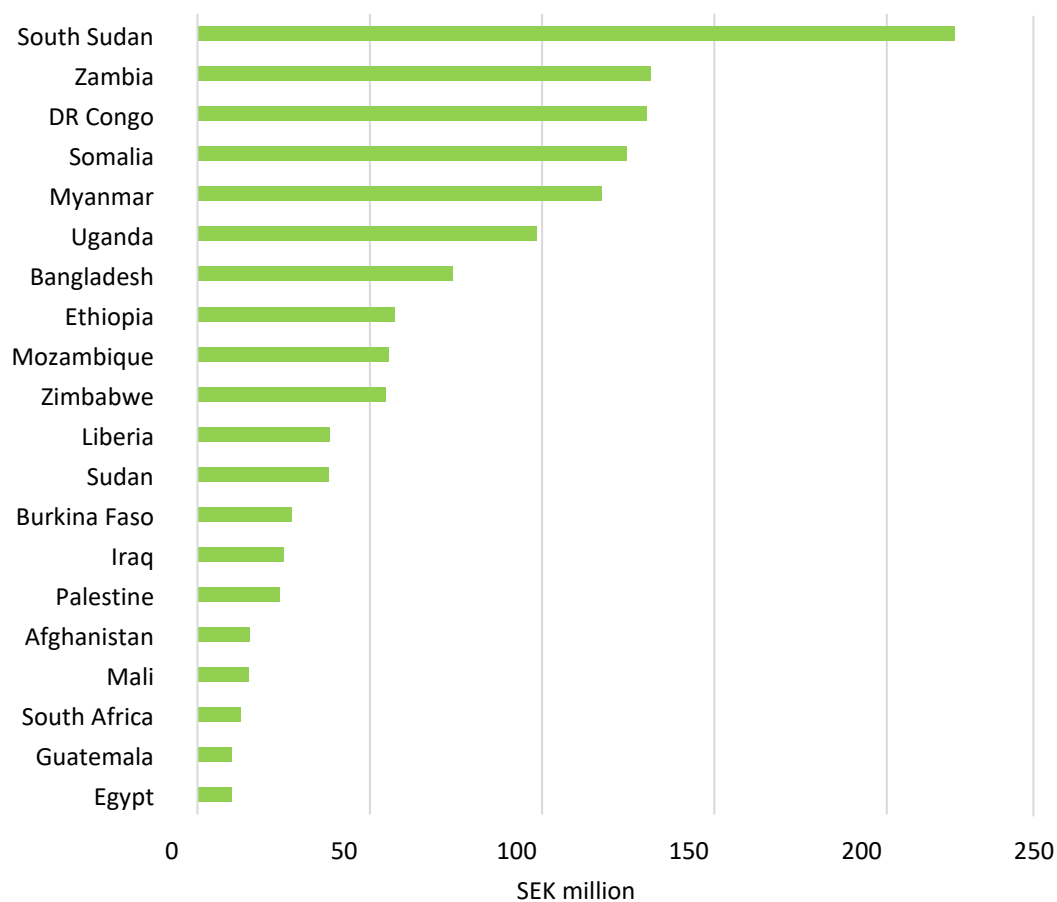
¹¹ Sida's total support to SRHR 2018–2020 in SEK million calculated according to the NIDI method. 2018: 1 467, 2019: 1 623, 2020: 1 554, 2021: 1 682. This data was quality-assured in 2021 and retroactively adjusted for previous years.

Figure 2. Development assistance for health via Sida – distribution at global, regional and country level (MSEK)



In 2022, Sweden provided ongoing support for health and/or SRHR initiatives via Sida in more than 20 countries. The ten countries that received the most support for health and/or SRHR in terms of disbursements in 2022 were: South Sudan, Zambia, the Democratic Republic of the Congo, Somalia, Myanmar, Uganda, Bangladesh, Ethiopia, Mozambique and Zimbabwe (Figure 3).

Figure 3. Development assistance for health via Sida in 2022 – the largest recipients of bilateral support (MSEK)



Different implementing actors take part in bilateral (country cooperation), regional and global support, including multilateral organisations, civil society organisations and states/public authorities (see Table 4).

Table 4. Development assistance for health via Sida 2016–2022 by implementing channel/organisation

	2016	2017	2018	2019	2020	2021	2022
Multilateral organisations	954	1 138	1 145	1 208	1 613	1 520	964
NGOs and civil society	646	784	847	879	880	1 046	746
Research institutions	47	78	110	130	87	98	105
Public institutions	116	154	197	57	3	59	47
Public-private partnerships	23	17	5	0	13	42	15
Other	13	10	5	113	102	151	189

Sida's choice of implementing actor depends on the context in which Sweden's development cooperation operates and the expected results specified by Sweden's cooperation strategies. A large part of Sida's development assistance for health has been allocated to fragile states, including conflict and post-conflict countries. This means that the share of aid channelled as multi-bi support is relatively large, while support to states/the public sector is limited. Multi-bi support refers to support to UN organisations and World Bank activities at country level. Many conflict and post-conflict countries are marked by great political uncertainty, while at the same time their national systems are so weak that the risk associated with channelling development assistance through the national health budget is considered too high. In 2022, more than 47 per cent of Sida's development assistance for health was channelled through multilateral organisations such as UNFPA, UNICEF, WHO and the World Bank. This number comprises multi-bi development assistance for health at all levels: global, regional and bilateral/national.

Research cooperation

Swedish research support contributes to building research capacity, producing and publishing development-related research, and developing and strengthening the links between research and innovation. Support for health research amounted to approximately SEK 115 million in 2022 (Table 5).

Table 5. Research cooperation from Sida 2016–2022

	2016	2017	2018	2019	2020	2021	2022
Share of research	9%	10%	9%	5%	6%	7%	6%
Total development cooperation for health (120–130)	1 797	2 181	2 309	2 387	2 698	2 918	2 065
Medical research (12182)	163	216	219	127	158	198	115

In the framework of the Strategy for research cooperation and research, Sweden has funded several initiatives to help improve health systems and institutions. Sweden's support to the WHO-hosted Alliance for Health Policy and Systems Research helped the health ministries in Kenya, Malawi and Uganda build sustainable systems for integration of research results into their decision-making.¹² Via the International Vaccine Institute, Sweden has also contributed to strengthening Burkina Faso's and Madagascar's capacity to manage the pandemic through testing and diagnostics.¹³ AMR makes it more difficult to achieve equitable care due to factors such as lack of access to effective antibiotics. Therefore, work to address AMR remains a priority. Sweden has contributed to the Joint Programming Initiative on AMR (JPIAMR) global collaborative platform and its calls for research projects that aim to limit the development and consequences of AMR.¹⁴ Sida's support to ReAct has helped increase global attention to AMR.¹⁵

The WHO Science Division, which was established with the help of Swedish funding, has enabled effective development of quality-assured norms and standards with a focus on COVID-19.

¹² Alliance for Health Policy and Systems Research, 2020 Annual Report, 2021, p. 14.

¹³ Strategy report on research cooperation and research in development cooperation 2015–2021. p. 35. Case number: 20/000829. Case number 20/000829.

¹⁴ Strategy report on research cooperation and research in development cooperation 2015–2021. p. 26. Case number 20/000829.

¹⁵ In-depth strategy report on the Global strategy for sustainable development 2018–2022, 15 March 2021, p. 13. Case number: 21/000021.

