Investing in health is important for reducing poverty. Poverty is both a cause of ill-health and a consequence of ill-health. Best achievable health is a basic human right. That means health should be equally distributed and health care services should be accessible and inclusive for all. Sida supports strengthening of health systems that can effectively respond to existing and new health challenges. Emphasis is given to women’s and girls’ sexual and reproductive health and rights (SRHR) and to the development of health services for poor women and children to reduce maternal and child mortality. The majority of Sida’s health assistance is channelled to countries in Africa. Sida’s financial support to health amounted to 1.6 billion in 2014, accounting for 8.4% of Sida’s total disbursements.

MAIN AREAS OF SUPPORT

Global health has improved in recent years but many gaps and challenges persist, particularly in the area of maternal and child health. Accordingly, Sida’s focus areas of support are:

- Reduction of maternal and child mortality
- Sexual and reproductive health and rights (SRHR)
- Health systems strengthening

Sida’s health development cooperation aims at improving the health of poor women and children with a clear focus on SRHR including HIV and AIDS. This includes among other things helping women and girls gain access to health services during pregnancy and child birth, as well as to contraceptives and safe abortion. Support to partner countries to develop national health systems that can provide wide access to affordable health services is key. As human resources are an essential part of health systems, Sweden has for many years been working to increase access to skilled midwives – an important profession in reducing maternal mortality.

Considering that some areas within SRHR are controversial e.g. sexuality education for children and adolescents, contraception and safe abortion, Sida also supports civil society organisations engaged in advocacy on these important issues.

LARGEST COUNTRIES OF COLLABORATION
RESULTS

DEVELOPMENT IN THE WORLD

Globally, health is improving and low income countries have made significant progress in reducing maternal and child mortality and deaths from AIDS, tuberculosis and malaria. Since 1990, maternal mortality has been reduced by 45 percent and 6.4 million fewer children died in 2013 compared to 1990. Improvements in global health and gains in socio-economic development have led to a shift in the global disease burden away from infectious diseases towards non-communicable diseases (NCDs) and injuries. Poor countries are now facing a double burden of disease, with high levels of infectious diseases and increasing levels of non-communicable diseases resulting in substantial health and financial consequences for households and societies.

Maternal and child mortality remain unacceptably high in the poorest countries and development is uneven, both within and between countries and regions. In terms of maternal mortality, Sub-Saharan Africa accounted for 72% of all maternal deaths in 2013, and South Asia accounted for 24%. On top of these health challenges, the world is facing new pandemics and emerging infections like Ebola and emerging global threats such as antimicrobial resistance.

SWEDISH SUPPORT

The majority of Sweden’s development assistance on health is administered by the Ministry for Foreign Affairs and channelled through multilateral organisations, with Global Fund to fight AIDS, TB and malaria, UN Population Fund (UNFPA) and GAVI Alliance being the largest recipients.

In 2014, Sida provided bilateral health support to nine countries of which four are considered to be fragile and/or conflict countries; DR Congo, Somalia, South Sudan and Myanmar. Development assistance for health is an important contribution to health systems strengthening in many of Sweden’s partner countries.

Through its humanitarian work Sida supports a range of health care services in communities affected by crisis throughout the world. In 2014 support was provided to West African countries for the management of the Ebola outbreak. Advocacy is also an important part of many interventions, particularly around controversial aspects of SRHR.

TABLE 1: DISTRIBUTION PER IMPLEMENTING ORGANISATION, HEALTH SUPPORT (PERCENT)

<table>
<thead>
<tr>
<th>Organisation Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multilateral organisations</td>
<td>47%</td>
</tr>
<tr>
<td>NGOs and CSOs</td>
<td>38%</td>
</tr>
<tr>
<td>Public Sector</td>
<td>3%</td>
</tr>
<tr>
<td>Research support</td>
<td>11%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
</tr>
</tbody>
</table>

Sida’s support to water, sanitation and hygiene seeks to improve health outcomes and reduce the burden of diseases through an increased emphasis on safe drinking water and improved access to basic sanitation and hygiene facilities. Sida also support global and regional health research programs within different thematic areas including SRHR, health systems and neglected infectious diseases.

STORY OF CHANGE

Ma San Hmwe is a 33-year-old mother of one living in Baw Sa Kaing Village in the region of Ayeyarwady in Myanmar. A number of years ago, Ma San Hmwe lost her first child shortly after delivery. She did not receive any antenatal care and delivered at home. “Since then, I was afraid of bearing another child,” she says. But then Ma San Hmwe attended a Save the Children health education session. “I realized that not knowing how to take proper care of myself and not having my child delivered by a skilled attendant was the problem so I decided to consult with a health worker in the future,” she said.

When Ma San Hmwe’s midwife detected that she had high blood pressure during her second pregnancy, she was referred to a local hospital with competence and equipment to ensure a successful delivery. “When I returned from the hospital, the midwife provided care for me and care for my baby. Without their support, I do not think that I could have delivered my baby safely and be alive right now.”