Sweden’s global health ODA

Strong focus on SRHR; Sweden channels much of its health ODA multilaterally

Sweden’s funding to global health stood at US$530 million in 2016 (latest year for which complete data from the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) is available), or 10% of its total official development assistance (ODA). This is above the average among members of the OECD DAC (average: 8%). Development funding for health has been increasing since 2014, when it was US$479 million. According to the government’s numbers (which are not exactly comparable to OECD DAC numbers), funding for health amounted to SEK5.3 billion in 2018 (US$619 million), or 12% of total ODA. Health features prominently in the priorities set in Sweden’s 2016 Aid Policy Framework, which is likely to drive further increases in coming years.

Priorities for health fall under the scope of the global strategy for sustainable social development (July 2018). The strategy covers the period from 2018 to 2022 and comes with a SEK7.100 billion envelope (US$831 million). Objectives of the strategy include sustainable quality systems for health (also known as health systems strengthening), sexual and reproductive health and rights (SRHR), water and sanitation, enhanced capacity to promote healthier lives, and the prevention of the adverse health impacts of environmental pollution and climate change. Rights-based and anti-discrimination approaches form the basis of Sweden’s activities in global health. These priorities will remain under the new government formed in January 2019.

Gender equality has been a key element of Sweden’s interventions in global health, especially since the adoption of the ‘feminist foreign policy’ in 2015. SRHR is one of six objectives of the policy, and funding to this area is increasing. In 2017, in response to the US decision to cut funding to organizations providing abortion-related information and services, the Swedish government announced increased support to the area. This includes increased support to the United Nations Family and Population Fund (UNFPA), with US$286 million in earmarked funding for 2018 to 2021, a €20 million (US$22 million) pledge to the ‘She Decides’ initiative (a fund established by the Netherlands to counter the anticipated impact of cuts in US funding), and strengthened support for organizations that give women and girls access to advice, sex and relationship education, contraceptives, maternity care and safe abortions.

According to the government’s 2015-2019 strategy for SRHR in sub-Saharan Africa, Sweden allocated SEK1.8 billion (US$205 million) to this region specifically. Funding focuses on four main issues:

- women’s and children’s health,
- access to education about SRHR for young women and men, and the LGBTQI community,
- health systems strengthening (HSS) to enable greater access to healthcare,
- strengthening of democracy and gender equality based on a human-rights approach.

HIV/AIDS interventions are integrated within the first two objectives of the strategy. A specific initiative in 2018 was to promote SRHR issues within the framework of the broader universal health coverage (UHC) agenda. Sida, the Swedish International Development Cooperation Agency, also continues to prioritize safe abortion through a dialogue with partner organizations and with other donors.

In addition, Sweden is committed to showing leadership in tackling antimicrobial resistance (AMR), with the Uppsala-based organization ReAct leading a global effort against AMR. Between 2019 and 2022, funding to ReAct is expected to amount to SEK72 million (US$8 million). In addition, Sida supports research on AMR, with an estimated SEK35 million (US$4 million) between 2020 and 2022.

The Swedish government chooses to channel most of its health ODA through core contributions to multilateral...
organizations: US$324 million in 2016, or 61% of Sweden’s total health ODA. This is more than the average share of 56% via multilaterals amongst DAC members. Moreover, almost half of Sweden’s bilateral ODA to health is channeled as earmarked funding to multilaterals (US$96 million in 2016). In total, 79% of Swedish health ODA went to or through multilateral organizations in 2016. According to government data, this share remained stable in 2018 (79%), with a slight increase in earmarked funding over core contributions. The largest recipient of Swedish core contributions to health multilaterals is the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund). For the Global Fund’s 2017-2019 replenishment period, Sweden pledged US$347 million to the organization, and according to the government, it received 16% of Sweden’s total contributions to the health sector in 2018.

In March 2019, the government released a new strategy for its engagement with the Global Fund between 2019 and 2023. Priorities include promoting SRHR and health system strengthening. In line with its overall multilateral funding, the Swedish government is also a strong supporter of UN agencies. Altogether they receive about one-quarter of Sweden’s total health ODA. In addition, Sweden is the third-largest funder per capita to Gavi, the Vaccine Alliance (Gavi). Sweden’s total pledge to Gavi for 2016 to 2020 amounts to US$211 million.

Sweden’s bilateral health ODA increased between 2016 and 2017. It went from US$206 million to US$248 million, driven by significant increases in funding for reproductive health care, and for basic health care. According to government data, it increased again in 2018 to SEK2.2 billion (US$258 million). Based on OECD data, funding for reproductive health made up 45% of total bilateral funding in 2017, a share that went up to 58% in 2018 according to government data. Basic health care is the second-largest sector of bilateral health ODA (18% in 2017, OECD), followed by medical research (13%) and health policy and administrative management (8%). Health (SRHR and other health programs) is currently a priority sector in twelve country strategies (see box).

The MFA leads on strategy; Sida manages the implementation of bilateral cooperation

Within the Ministry of Foreign Affairs (MFA), the main departments that focus on global health are the UN Policy Department, which is responsible for relations with global health funds, and the Department for International Development Cooperation, which coordinates thematic and strategy development for Sida. With regards to global health, the most important division within Sida is the Social Development Unit in the Department for International Organizations and Policy Support. Sida’s investments in global health are guided by Sida’s strategy for ‘Sustainable Social Development’, which includes both health and education. For country-specific programming, the respective regional departments take the lead.

SWEDEN’S ODA TO HEALTH

US$ millions

[Graph showing distribution of ODA to health in Sweden]

OEC CRS, and imputed multilateral contributions to the health sector. DAC secretariat estimations. In 2017 prices.
RECIPIENTS OF SWEDEN'S HEALTH ODA, 2016

Total: US$530 million

- **Bilateral**: 38.9% (US$209m.)
- **Global Fund**: 19.2% (US$102m.)
- **UNFPA**: 11.3% (US$60m.)
- **GAVI**: 6.8% (US$36m.)
- **Other**: 23.6% (US$126m.)

OECD CRS and imputed multilateral contributions to the health sector: DAC secretariat estimates. In 2017 prices.

SWEDEN'S KEY GLOBAL HEALTH COMMITMENTS

US$ millions

- **GAVI (2016-2020)**: US$211m.

Data from government and listed organizations.
TOP 10 DAC DONORS TO HEALTH, 2016
Total health ODA; US$ millions; in 2017 prices; incl. bilateral and multilateral funding

- United States: 10,048
- United Kingdom: 2,359
- Germany: 1,194
- France: 971
- Japan: 871
- Canada: 790
- Netherlands: 589
- Norway: 568
- Sweden: 530
- Australia: 372

TOP 10 DAC DONORS TO HEALTH, 2016
Health ODA as % of total ODA

- United States: 28.1
- Canada: 19.2
- Luxembourg: 15.8
- United Kingdom: 13.3
- Ireland: 13.2
- Norway: 12.3
- Netherlands: 11.1
- Australia: 10.6
- Korea: 10.4
- Sweden: 10.3

OECD CRS and imputed multilateral contributions to the health sector (DAC Secretariat estimates)