



Health and SRHR

Improved health for the most vulnerable

Health is one of the six top priorities for the Swedish Government and Sida, where health system strengthening and sexual and reproductive health and rights (SRHR) are priorities. Investments in health are critical to achieving the Sustainable Development Goals (SDGs) and to fulfilling the global commitments of Agenda 2030, in particular SDG 3: Ensure healthy lives and promote well-being for all at all ages. Many global health challenges such as SRHR are linked to inequalities between men and women but there are also large inequities between and within countries. In 2024, Sida disbursed approximately SEK 1.8 billion on health, including SRHR, which represents about seven percent of Sida's total development assistance.



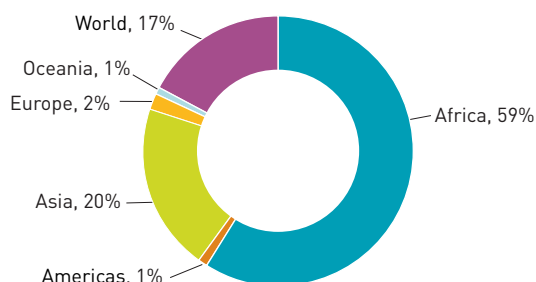
DEVELOPMENT IN THE WORLD

Year 2024 was the 30th anniversary since the world agreed that sexual and reproductive health, including family planning, is a precondition for women's empowerment¹ and for the realisation of health. Yet, opposition against human rights, gender equality, Sexual and Reproductive Health and Rights (SRHR), and LGBTIQ² rights are growing stronger, and the number of attacks on those defending and providing the services³ are increasing.

At least 4.5 billion people, more than half of the world's population, are not fully covered by essential health services⁴, and SRH services are often deprioritized in health systems and, in humanitarian crises,⁵ SRH conditions such as Gender Based Violence (GBV), unsafe abortions, and poor obstetric care are among the leading causes of female morbidity and mortality.⁶ A woman dies every two minutes in maternal mortality^{7,8} and only about half of the women in the world can make informed decisions about their sexual and repro-

ductive health.⁹ Another major concern is the Antimicrobial Resistance (AMR), which is one of the top global public health threats during the 21 century.¹⁰ A person dies every five second due to outdoor and indoor air pollution.¹¹ In 2021 AMR is estimated to have killed 4.7 million people, but the number of death is estimated to increase by close to 70 percent in the next 25 years, particularly among the older population.¹²

FIGURE 1. DISBURSEMENT BY SUB-AREA WITHIN HEALTH 2020-2024 (MILLION SEK)



1 ICPD30 and UNFPA (2024). *The Future of Sexual and Reproductive Health and Rights*

2 LGBTIQ I the Umbrella term for lesbian, gay, bisexual, transgender and queer. Accessed from RFSLs webpage.

3 Amnesty International (2023). *Amnesty International and an unstoppable movement: A global call to recognise and protect those who defend the right to abortion*. pp. 23-34.

4 WHO (2024). *World Health Day: My Health, my right*. Geneva, 7 April 2024. Accessed: 9 April 2025.

5 ICPD30 and UNFPA (2024). *The Future of Sexual and Reproductive Health and Rights*. New York, UNFPA.

6 BMC (2023). *Sexual and reproductive health and rights in humanitarian settings: a matter of life and death*, 10 March, 2023

7 WHO (2025). *Many pregnancy-related complications going undetected and untreated – WHO New research sheds light on major causes of maternal deaths*. 8 March 2025. Accessed 9 April, 2025.

8 Trends in maternal mortality 2000-2023, WHO, April 2025. Accessed from the World Health Organization's webpage

9 UNFPA (2024). *State of the World's Population Report 2024*. New York: UNFPA., p. 34.

10 GBD 2021 Antimicrobial Resistance Collaborators. (2024). *Global Burden of antimicrobial resistance 1990-2021: a systematic analysis with forecasts to 2050*. The Lancet. 16 Sep.

11 WHO (2024). *World Health Day: My Health, my right*. Geneva, 7 April 2024. Accessed: 9 April 2025

12 GBD 2021 Antimicrobial Resistance Collaborators (2024). *Global Burden of antimicrobial resistance 1990-2021: a systematic analysis with forecasts to 2050*. 16 Sep. pp. 1 and 6.

THE GLOBAL GOALS

The Global Goals for Sustainable Development include everyone - and we can all contribute. The goals are interdependent and therefore indivisible. Sida's main contribution is to implement development cooperation, thereby reducing poverty and saving lives. Together we can build a better future where no one is left behind.



Results

MAIN AREAS OF SUPPORT

During 2024 Sida disbursed SEK 1.9 billion in the area of improved health for the most vulnerable, which is about seven (7) percent of the total aid by Sida.

The area, *Improved health for the most vulnerable* encompasses three categories: 1) Access to health care 2) Better conditions for good health; and 3) Sexual and Reproductive Health and Rights (SRHR). Most of Sida's funding to these three categories, 52 percent, was allocated to SRHR, the second largest to strengthen access to health care, 32 percent, and 14 percent was allocated to contributions to improved health (see figure 1).

SIDA'S SUPPORT

Improved health for the most vulnerable is present with 28 goals in 12 of the 46 strategies for Swedish development cooperation that Sida implements. An additional 13 strategies include health or SRHR under goals such as gender equality, democracy and human rights and/or education.

A bit over half of the health funding, 57 percent, is channelled through multilateral organizations. This is followed by 37 percent to NGOs and four percent to universities or other learning institutions, research or think tanks (see Figure 2).

Geographically, the majority of the contributions for health are found in the strategies for Africa, 59 per cent. This is followed by Asia with 20 per cent, and then Europe with two percent and only one percent to Latin America (see Figure 3).

EXAMPLE OF SUPPORT AND RESULTS:

1) Access to health care was improved in Afghanistan through the health programme HER, a donor fund. The Fund contributed to 1.9 million women and girls accessed basic health care, nutrition and public health services. Over half a million safe deliveries were carried out and close to 10 000 women were employed in the health sector in 34 provinces between 2022 and 2023.¹³ In Ukraine Sida supports a multi-donor trust fund, PFRU, which contributed to that about one million Ukrainians received health services and close to 9 000 accessed psychosocial support.¹⁴

2) To contribute to better conditions for good health Sida support to UNICEF in Zambia contributed to improved access to clean water for 52 740 persons, of which about half were women and girls, through improved infrastructure of water in particular marginalised rural districts.¹⁵

3) Sida supported SRHR in the war-torn northern part of Mozambique, with mobile health clinics. These clinics

¹³ World Bank. *Outline of Approached, Financing and Results*, p. 1. Document number 17/001058-519

¹⁴ PFRU, (2024) *Partnership Fund for Resilient Ukraine- Quarterly Report, October- December 2023*, 26 January, p. 6, 18 and 20-21. Partnership Fund for Resilient Ukraine (PFRU) 2022-2025. Contribution number 15109.

¹⁵ UNICEF Scaling up Nutrition Phase II Programme Progress Report, 2023, p. 47. UNICEF scaling up nutrition (SUN) Phase II. Contribution number (insatsnummer): 11210.

reached a total of 37 494 women and girls; and 118 260 girls, women, boys and men learned about SRHR and gender based violence.¹⁶ In Bangladesh Sida contributed to a UNICEF program where 1.5 million girls (88 percent of the targeted population) in the Dhaka-division was vaccinated against human papillomavirus (HPV)¹⁷ to prevent cervical cancer.

FIGURE 2. IMPLEMENTING PARTNER DISTRIBUTION OF THE SUPPORT TO HEALTH

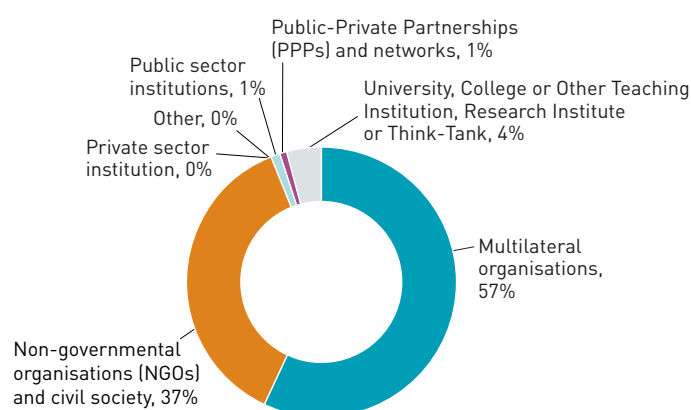
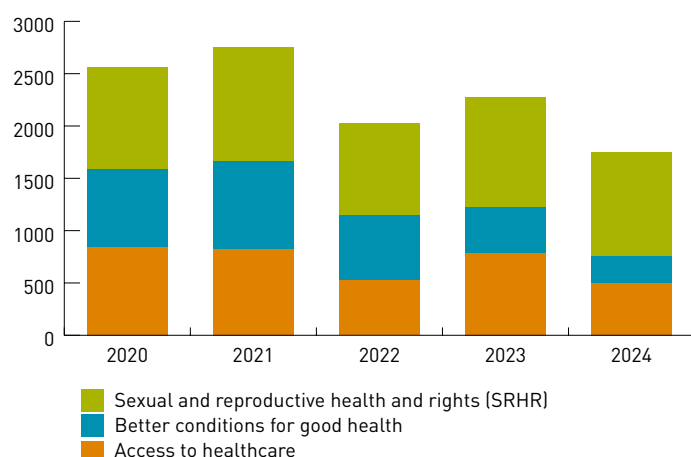


FIGURE 3. GEOGRAPHICAL DISTRIBUTION OF THE SUPPORT TO HEALTH



¹⁶ UNFPA (2023), *Sexual and Reproductive Health and Gender -Based Violence Nexus Project annual report. June.*, p.15. UNFPA Family Planning Nexus. Contribution number (Insatsnummer): 15172.

¹⁷ UNICEF, *Thematic Support Bangladesh Country Programme 2022-2026*. January-December 2023, May 2024, p.8. UNICEF Thematic Support Contribution number (Insatsnummer) 14906.

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