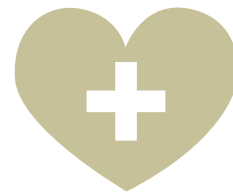




# Health 2013

Health is important in development cooperation as a human right but also as an investment for economic growth. The emphasis of Sida's health aid lies on supporting the development of health services for poor women and children in order to reduce maternal and child mortality as well as to strengthen poor women's and girls' sexual and reproductive health and rights (SRHR). The majority of aid goes to countries in Africa. Sida's health aid amounted to SEK 1.6 billion in 2013, which accounts for 9 percent of Sida's total disbursements in 2013.



## MAIN AREAS OF SUPPORT

Maternal and child mortality is still unacceptably high in low income countries. Sida's focus areas of support are:

- Reduction of Maternal mortality
- Reduction of Child mortality
- Sexual and Reproductive Health and Rights
- Health system strengthening

Sida's health development cooperation is focused on improving the health of poor women and children with a clear focus on sexual and reproductive health and rights (SRHR) including HIV/AIDS. The aid aims at helping women gain access to health care during pregnancy and childbirth, but also to access safe abortion and contraception. A key part of the assistance is support to partner countries to develop national health systems that can give all women access to health care. Human resources is an essential part of a health system, and Sweden has for many

years been working to increase access to midwives as the most important category to reduce maternal mortality.

Since several areas of SRHR are highly controversial, as for example the right to safe abortion, adolescents' right to knowledge about sexuality, and access to contraception, Sida also supports organizations engaged in advocacy on these issues.

Most aid goes to countries in sub-Saharan Africa. Support goes directly to a number of partner countries (see table) and several of them are countries in conflict or post-conflict, Southern Sudan and DRC, which creates significant challenges for aid. Support is also provided to regional organizations in Africa, basically focusing on HIV/AIDS, and to global organizations, the United Nations system, such as WHO and UNFPA but also global NGOs working with SRHR such as IPPF working broadly with SRHR and IPAS that focus on safe abortions.



## THE 10 LARGEST COUNTRIES OF COOPERATION



## RESULTS

### DEVELOPMENT IN THE WORLD

Global health has improved rapidly over the last 20 years, and with socio-economic development, the disease burden is shifting towards non-communicable diseases like diabetes, cardiovascular disease and cancer. In the poorest countries however, poverty diseases such as infectious diseases and high infant and maternal mortality remain. Maternal deaths worldwide have been reduced by almost 50 percent in 20 years and the number of children under five who die has fallen from 12.0 million in 1990 to 7.6 million in 2010. Development is uneven, however, and both the child and maternal mortality remains unacceptably high in the poorest countries. In Bangladesh, for example, maternal mortality dropped from 800 to 194 per 100 000 live births over a 20 year period, while the maternal mortality rate in the Democratic Republic of Congo is 540.

### SWEDISH SUPPORT

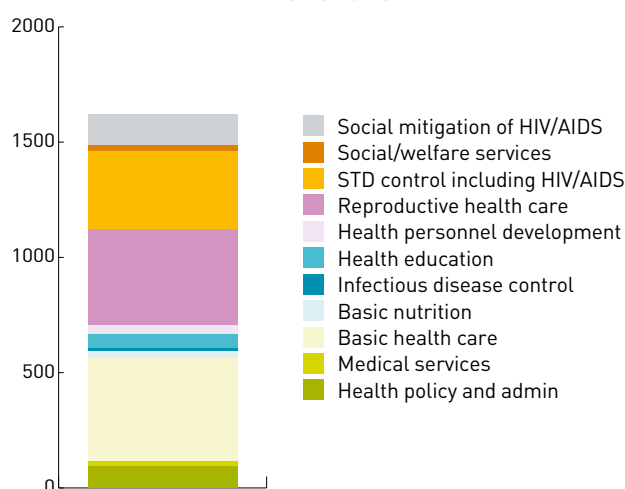
Sida's health aid helps people get access to life-saving health care services. Sida contributed, for example, bilaterally and through global channels to that 160 000 women could give birth in an institution in 2012. More than one million women gained access to prenatal care. The number of children vaccinated against measles was approximately 690 000. About 150 000 children were vaccinated completely, about 100 000 were vaccinated with triple vaccine. About 1.3 million children received vitamin A supplementation. About 1.1 million people had access to contraception and about 19 million condoms were distributed. Through support to the UN Population Fund (UNFPA) 8 400 women received treatment for obstetric fistula. About 130 000 women had access to safe abortion.

Development cooperation also focused on more long-term support to countries in their efforts to build national

### STORY OF CHANGE

In Bangladesh, Sweden supports both the health sector through program support, and organizations working with the health of the poor in urban areas, with safe abortion, and with research. In the health sector program Sweden has supported the development of a midwifery program. Sweden has contributed to that maternal mortality, as a result of unsafe abortions, has decreased by 75 percent over the past decade. The number of midwives in training was 596 in April 2013. Baseline was zero. 49 355 women have gained access to safe abortions.

**TABLE 1: DISBURSEMENTS 2013, MILLION SEK, MAIN HEALTH SECTORS**



health systems. Midwives are the most important category of personnel to reduce maternal mortality and Sida has over a long period of years provided support to training of midwives. At the global level, Sida contributed through UNFPA to the training of over 400 midwifery teachers, capacity building for 175 midwifery schools and that 35 midwifery associations started.

Advocacy is also part of many projects and programs, especially in controversial areas often related to SRHR. Sida's support through the IPPF has for example contributed to 28 law or policy changes that increased access to SRHR, and 9 law or policy changes concerning national budget allocations for SRH.



– The number of deaths is too high. We are intending to save lives in our new professional role. My father died when I was four years old and since then I have wanted to work in health care. As midwives, we will make a difference and bring down the mortality statistics rate. We feel very strongly that we are pioneers. We can make a family happy with a safe delivery.

**Ankhi Mandal (18 years) from Gopalgong, Bangladesh**