Dnr. Komm2024/00008-1

The Expert Group for Aid Studies

Invitation for proposals: Evaluation of Swedish Aid to Health Systems Strengthening (HSS)

The Expert Group for Aid Studies (EBA, www.eba.se) is a government committee under the Swedish Ministry for Foreign Affairs mandated to evaluate and analyse issues related to Sweden's official development assistance. EBA consists of an expert group of eight members and a secretariat placed in Stockholm. EBA works with 'dual independence'. This means that EBA independently defines what issues to explore and which studies to commission while conclusions and potential recommendations are the responsibility of the author(s).

EBA hereby invites proposals for an impact evaluation of aid for Health Systems Strengthening (HSS) in Swedish development cooperation.

The overall aim of the evaluation is to contribute to a better understanding of effective interventions for HSS. The main evaluation question is whether and how Swedish bilateral aid has supported HSS in Bangladesh and Uganda. The assignment also includes a portfolio analysis of Swedish HSS contributions in six partner countries.

Background and motivation for the study

In the last decades, there has been a shift in global health aid towards health systems strengthening (HSS). The concept of HSS developed as a response to earmarked funding for health that caused fragmentation of the health system in many settings. Strong health systems are necessary to reach the Sustainable Development Goal target 3.8 which is to achieve Universal Health Coverage (UHC). HSS is a priority within health aid for the Swedish government and thus also for the Swedish International Development Cooperation Agency, Sida (Government Offices, 2023; Sida, 2023). However, results of Sweden's aid to HSS specifically has not been evaluated.

A "health system" has been defined by WHO as a system of all organizations, people and actions whose primary intent is to promote, restore or maintain health (World Health Organization, 2007). It includes efforts to influence the determinants of health as well as

more direct health-improving activities. The essential building blocks of a health system defined by WHO include:

1) Leadership and governance. For example, legal frameworks for health and medical products, such as legislation that regulates access to basic health care, institutions to support the delivery of evidence-based health care such as government agencies and quality control of health care services and medical products.

2) Service delivery, including the universal provision of all types of basic care (primary health care and maternal and child health care as well as specialised care including surgery, rehabilitation etc).

3) Health system financing, includes having a sufficient budget allocation for basic health care, as well as a health financing system that regulates out of pocket payments and supports health equity etc.

4) Health workforce, includes having sufficiently trained staff on all levels, as well as sufficient numbers, as well as staff security, career paths, retention of staff etc.

5) Medical products, vaccines and technologies, include having access to affordable and safe medicines and vaccines, as well as other technology, lab equipment etc.

6) Health information systems, include collection and use of all kinds of health data such as births, mortality, morbidity and health care utilisation.

In recent years, there has been a shift in the terminology towards building resilient health systems. Public health shocks, including epidemics and pandemics, such as such as Ebola and COVID-19, as well as continued and increased conflict and violence, have highlighted the vulnerability of health systems across the world. This has fuelled an increased understanding of, and demand for, an integrated approach to health system strengthening bringing together health security and preparedness with disease-specific and life course-specific programmes (WHO, 2024). To realise the right to health, including sexual and reproductive health and rights (SRHR), there is a need to contribute to the overall strengthening of health systems. Health systems also need to be resilient to climate change. The challenges include for example injuries and deaths from extreme weather events, or heat illnesses caused by temperature increases, and indirectly malnutrition, increased spread of vector-borne diseases, and impacts on mental health (Sida, 2020).

Sida's aid budget is governed by 25 country, 7 regional, and 13 thematic strategies (Sida, 2024). In 2022, the total Swedish health aid amounted to approximately SEK 6 billion (about 11% of total Swedish aid). Around 65% is channelled as core multilateral support and 35% as bilateral aid. Support for health research amounted to approximately SEK 115 million in 2022 (Ministry for Foreign Affairs, 2023). Providing an additional rationale for this study, the amount of Swedish ODA allocated to HSS is not specified.

Implementing partners of bilateral health aid are primarily civil society organisations (CSOs) and multilateral organisations. As of May 2024, eight country strategies had a broader health sector focus: Ukraine, Zambia, Uganda, Somalia, the Republic of the Congo (DRC), South Sudan, Myanmar and Bangladesh. Appendix II summarises the bilateral support to health (including SRHR) in six of these countries.[1] Identifying Swedish

[1] Swedish development cooperation with South Sudan is being phased out in 2024, and Sweden has just recently started to work with the health sector in Ukraine.

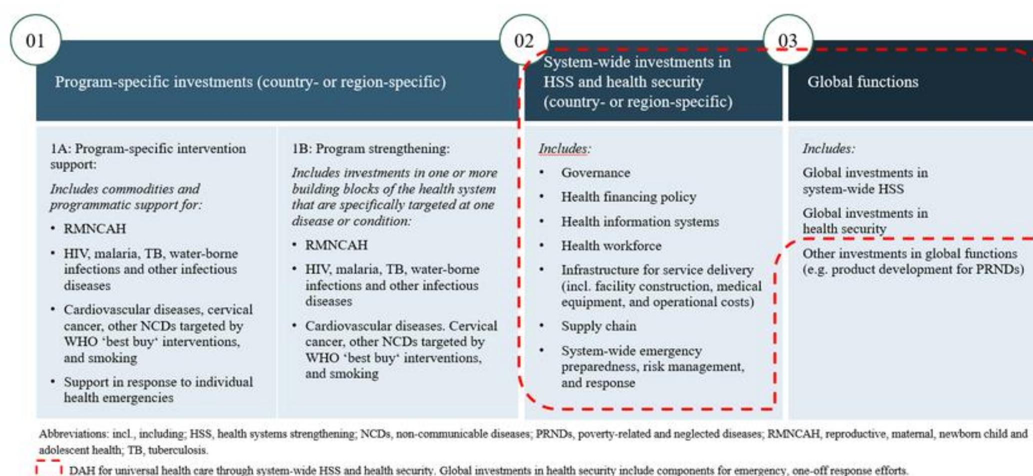
interventions supporting HSS is one of the assignments of this evaluation. HSS interventions might be found under other sectoral headings than health, for example as part of the support to social protection.

Framework for evaluating HSS and previous studies by other countries

Gavi (2024) lists several evaluations of HSS. Examples of donor country evaluations are Munir & Worm (2016, Germany), the Institute of Medicine (2014, the US) and the House of Commons International Development Committee (2014, the UK). A general observation is the difficulty, in spite of the existing definitions and guidelines, to determine what type of aid that actually counts as HSS. As mentioned, Swedish support to HSS specifically, has not been evaluated before.

A framework for identifying HSS contributions that can potentially be used to assess Swedish health/SRHR contributions to determine whether they support HSS or not is presented in Figure 1 (see Kraus et al., 2020).

Figure 1. Analytic framework for classification of development assistance for health (DAH) into three health investment areas.



Source: Kraus et al.(2020).

Who is this study for? Intended users

The primary target audience for this evaluation include persons at Sida headquarter and at embassies who work with global health, SRHR and health systems strengthening. The study is also meant to inform policymakers at the Ministry for Foreign Affairs. The study is also expected to be of interest to implementing partners.

Aim and evaluation questions

The aim of this evaluation is to contribute to a better understanding of how Swedish bilateral aid supports HSS, and the effects of this aid. To be able to respond to the evaluation questions, an initial descriptive mapping of Swedish HSS interventions is needed.

The main focus of the evaluation should be on **impact**, **effectiveness**, and **coherence** (OECD, 2021) of Swedens support to HSS in Bangladesh and Uganda.[2]

Have interventions generated positive or negative, intended or unintended, effects? Which interventions have been more effective? Why? Coherence shall include assessments of external as well as internal coherence. How do the interventions fit with other ongoing HSS interventions? Are they aligned with respective country's National Health Policies, Strategies and Plans (NHPSPs)? The assessment of coherence should also include a "Team Sweden" perspective. This entails potentially including activities by different Swedish actors such as the private sector or universities, to be able to detect potential synergies, overlaps etc. Efforts and activities within humanitarian aid that have a clear HSS focus may be included.

The main evaluation questions are:

1. How well has Sweden's support to HSS in Uganda and Bangladesh between 2014–2023 contributed to the strengthening of respective country's health system?
2. What explains the degree of success or failure of Swedish HSS interventions?

Over and above the achievement of objectives, question 1 asks for an evaluative assessment of how substantial and valuable effects (outcomes and impacts) have been.

Question 2 is explanatory and forms the basis for both learning and causal analysis and therefore relates back to question 1. Question 2 could relate to external factors as well as to strengths and weaknesses in the preparation, design or implementation of the interventions influencing their effectiveness.

Study design

The assignment consists of two parts:

Part I: A mapping of Swedish contributions for health systems strengthening in six partner countries.

The initial part of the study consists of a portfolio analysis of Swedish HSS contributions in six partner countries: Uganda, Zambia, Democratic Republic of Congo (DRC), Somalia, Bangladesh and Myanmar. HSS support is not an existing code in international data or in Sida's tracking system, so this exercise will probably to a large extent consist of a desk study of descriptions of individual interventions. The mapping should use a relevant

[2] The selection of Uganda and Bangladesh is motivated by several factors such as geography, size, aid volumes, portfolio mix, country context, and length of cooperation. Table 1 in the appended portfolio brief shows that total Swedish health and SRHR aid to Uganda during 2018-2023 was 714 MSEK (26 contributions) and to Bangladesh during 2014-2020, 790 MSEK (42 contributions).

framework to define what constitutes HSS contributions (for example the WHO building blocks listed in the background section together with the classification in Figure 1). In identifying contributions that support HSS, both financial contributions and technical support should be considered. HSS contributions reported as humanitarian assistance may be included. Swedish HSS support in countries other than the six listed may be included if the evaluation team finds it relevant.

In addition to informing the second part of the evaluation, the mapping is intended to provide a deep understanding of Swedish bilateral aid for HSS, including the type, size, and objectives of the contributions. Depending on the result of the mapping, the output may be in the form of a descriptive background report or included as part of the main report.

EBA expects the first part to use approximately 10-15% of the budget for the evaluation.

Part II: An impact evaluation of Swedish contributions to HSS in Uganda and Bangladesh

The second part of this study is on the effects generated by Swedish support to HSS in Uganda and Bangladesh between 2014-2023. The evaluation should stimulate learning by establishing what factors have influenced the success, or failure, of interventions, and thus how Sweden could work more effectively to contribute to HSS in the future.

The choice to focus on two countries rests on the assumption that the number of HSS-interventions to be studied are reasonably few yet allowing for insights from two different contexts. The HSS contributions in Bangladesh and Uganda identified in the first part of the study shall be considered for inclusion.

The evaluation should provide grounded, rigorous, and elaborated responses to the evaluation questions. Tenderers are encouraged and expected to let their expertise in HSS and impact evaluation guide the choice of approach in answering the evaluation questions, including analytical framework, specific methodological approach, and delimitations. A central reference is EBA's "Policy and guidelines for quality assurance of studies" (EBA, 2020).

The issue of causality should be addressed and discussed carefully. Scientific method(s) suited to this purpose must be employed to ensure valid and reliable findings and conclusions, and a high degree of transparency should be applied. Examples of evaluation designs that could be considered are quantitative approaches, case-based and theory-based approaches, such as theory-driven evaluation (Chen, 1990), contribution analysis (Mayne, 2012), process-tracing (Beach & Pedersen, 2013) or, if relevant, a combination of statistical and qualitative approaches. Choices regarding study design and specific methods should be carefully motivated.

For the study to contribute to learning for key audiences, we emphasise the importance of understanding how and why results have been achieved or not; how contextual factors have played in; how conclusions relate to previous research and evaluations and if interventions have been designed in the right way. EBA welcomes proposals that engage intended users during the process.

If needed, the evaluator(s) may, after the award decision, be given the opportunity to, in dialogue with EBA and the study's reference group, slightly refine or adjust the formulation of the evaluation questions.

Potentially important empirical material for the study includes written sources from the MFA, Sida, and other Swedish actors, such as country, regional, and thematic strategies, evaluations, mid-term reviews, and final reports, as well as previous research etc. While there is no requirement for the main applicant to understand Swedish, the evaluation team should include someone with the ability to analyse documents written in Swedish.

General structure and deliverables

EBA works under what is termed "double independence". This means that EBA defines which questions and areas are to be studied, independently of the MFA. At the same time, analysis, conclusions, and potential recommendations in each study are the responsibility of the author(s).

For all studies, EBA sets up a reference group consisting of experts in the field. Members are assigned by EBA in dialogue with the evaluators. The overall purpose of the reference group is to strengthen the quality of the report. The group will be chaired by one of EBA's members.

The team shall deliver:

- A report (in English) presenting the results from the study to be published in EBA report series.
- The length of the report should not exceed 22 000 words (approx. 40-45 A4-pages), excluding annexes.
- The report shall include a summary in English and Swedish.
- The evaluator(s) shall present the final report at a public seminar or other dissemination event (details to be specified in consultation with EBA at a later stage).

Procurement procedure, budget, and timetable

The procedure will be an open procedure.[3] All suppliers are invited to submit a proposal. The proposal shall be written in English and no longer than 12 pages. The proposal shall include a detailed presentation of study design, methods used, and delimitations. Choices made shall be clearly justified. The proposal shall also include a presentation of the members of the evaluation team, a detailed schedule, allocation of time and tasks between the members of the group, and a budget (stated in SEK, including price per hour for each team member).

The maximum cost for this evaluation is SEK 1 800 000 excl. VAT. The budget shall be denominated in SEK. The budget shall enable four meetings with the study's reference group (to be appointed by EBA following dialogue with the authors), a workshop in

[3] The Public Procurement Act (2016:1145), chapter 6, section 2.

Stockholm, and participation at the launching event. The reference group will meet in Stockholm, but one or two meetings may be conducted by video link.

As appendices to the proposal shall be included:

1. An account for potential conflicts of interest pertaining to members in the evaluation team, as this may be a ground for exclusion of an application. We expect tenderers to argue for why a certain condition will not constitute a conflict of interest.
2. CVs of team members.
3. A list of the principal investigator's most relevant publications (at most 5 studies from the last 10 years are to be listed).
4. (At most) three sample studies conducted by members of the proposed team. At least one shall have been authored by the principal investigator. Note that the studies should be sent in as files, not as links in a document.
5. A brief account for how, according to the authors, respective study has contributed to new, reliable knowledge of relevance for this evaluation (at most 300 words, i.e. 100 words per study).

Tenderers are kindly asked not to submit any unsolicited material.

Suppliers must submit a self-declaration in the form of a European Single Procurement Document (ESPD) by filling in the tender form at www.kommersannons.se/elite. Please make sure enough time is allocated for completing the ESPD form when submitting the expression of interest. Note that you might need to consult your team members before completing the ESPD.

The proposal shall be registered at the tender portal Kommers Annons eLite www.kommersannons.se/elite, no later than 13 November 2024. Tenderers are advised to monitor the tender portal regularly, as it is not possible to guarantee the receipt of e-mails.

Proposals shall be valid until 31 March 2025.

Selection of proposals

An EBA assessment group will assess proposals received based on the relationship between price and quality. The following criteria will be used when assessing proposals received:

- Quality of proposal, in terms of design, methods, and plan for implementation (weight: 50 per cent).
- Experiences and qualifications of team members in the areas of interest (weight: 40 per cent).
- Cost (weight: 10 per cent).

See Appendix 1 for the factors that will be considered under each of these three criteria. The assessment of each proposal will be based on the material submitted by the tenderer by the end of the bidding period.

Questions to EBA during the process

During the procurement process, EBA is not permitted to discuss documentation, tenders, evaluation, or any such questions with tenderers in a way that benefits one or more tenderers. All questions shall be sent to the Questions and Answers function on the procurement portal Kommers Annons eLite, www.kommersannons.se/elite. Questions and answers to questions are published anonymously and simultaneously to everyone registered for the procurement.

Any questions may be posed until 4 November 2024.

Preliminary timetable

Last day to submit tender	13 November 2024
Decision by EBA	11 December 2024
Contract signed	December 2024
First reference group meeting	February 2025
Full draft report delivere	August 2025
Final report delivered	November 2025
Final reference group meeting	December 2025
Decision by EBA	February 2026
Launch event	March 2026

Confidentiality

After the communication of EBA's selection, all submitted proposals will become official documents, meaning that the Swedish principle of public access to official records applies. Sentences, sections, or paragraphs in a document may be masked in the public version if "good reasons" (thorough motivations in terms of causing economic damage to the company) can be provided and deemed valid. The tenderers are fully responsible for making their claims of confidentiality.

References

Beach, D and Pedersen, R (2013) Process- Tracing Methods: Foundations and Guidelines. University of Michigan Press.

Chen, H.T. (1990). Theory-driven evaluations. Thousand Oaks, CA: Sage.

EBA (2020), "Policy and guidelines for quality assurance of studies", https://eba.se/en/policy-for-quality-assurance/

Gavi (2024). Health system strengthening evaluations. https://www.gavi.org/our-impact/evaluation-studies/health-system-strengthening-evaluations

Government Offices (2023) Development assistance for a new era – freedom, empowerment and sustainable growth. Retrieved from https://www.government.se/reports/2024/02/development-assistance-for-a-new-era--freedom-empowerment-and-sustainable-growth/

House of Commons International Development Committee. (2014). Strengthening Health Systems in Developing Countries, Fifth Report of Session 2014–15. Retrieved from https://reliefweb.int/report/world/house-commons-international-development-committee-strengthening-health-systems

Institute of Medicine. (2014). Investing in Global Health Systems: Sustaining Gains, Transforming Lives. In G. J. Buckley, J. E. Lange, & E. A. Peterson (Eds.), Investing in Global Health Systems: Sustaining Gains, Transforming Lives. Washington (DC): National Academies Press (US)

Kraus, J., Yamey, G., Schäferhoff, M., Petitjean, H., Hale, J., Karakulah, K., . . . Gill, I. (2020). Measuring development assistance for health systems strengthening and health security: an analysis using the Creditor Reporting System database. F1000Res, 9, 584. doi:10.12688/f1000research.24012.1

Mayne, J. (2012). Contribution analysis: Coming of age? Evaluation, 18(3), 270-280. https://doi.org/10.1177/1356389012451663.

Ministry for Foreign Affairs. (2023). Sweden’s development assistance for health 2022 Retrieved from https://www.government.se/reports/2023/09/swedens-development-assistance-for-health-2022/

Munir, K., & Worm, I. (2016). Health systems strengthening in German development cooperation: making the case for a comprehensive strategy. Global Health, 12(1), 81. doi:10.1186/s12992-016-0215-3

OECD (2021), Applying Evaluation Criteria Thoughtfully, OECD Publishing, Paris, https://doi.org/10.1787/543e84ed-en.

Sida (2023). Operational Strategy 2024-2026 pp.13. Retrieved from https://cdn.sida.se/app/uploads/2024/06/03145103/62687-Verksamhetsstrategi-2024-2026_ENG_WEB.pdf

Sida. (2020). Health and linkages to Climate Change and Environment.

Sida. (2023). Health system strengthening: an essential part of universal health coverage. In.

Sida. (2024). Sida is guided by strategies. Retrieved from https://www.sida.se/en/about-sida/how-we-are-governed

WHO (2024). Health Systems Resilience. World Health Organization https://www.who.int/teams/primary-health-care/health-systems-resilience

WHO (2007). Everybody´s business. Strengthening Health Systems to Improve Health Outcomes. WHOs Framework for Action 2007. World Health Organization. Retrieved from https://www.who.int/publications/i/item/everybody-s-business----strengthening-health-systems-to-improve-health-outcomes

Appendix 1. Assessment criteria

Criteria	1. Quality of proposal in terms of design, methods, and plan for implementation. (Weight: 50 per cent)	2. Experiences and qualifications of team members in the areas of interest. (Weight: 40 per cent)	3. Cost. (Weight: 10 per cent)
Scale	Criterion 1 and 2 are graded on a scale of 0–5 where: 5=Extraordinary or exceeds all expectation; 4=Very good; 3=Good; 2=Fair, reasonable, in line with what can be expected; 1=Sub-standard; 0=Not applicable/not possible to assess. Sub-criteria are assessed in falling importance according to number but are not graded numerically.		Continuous grade [0,5] as a share of the lowest bid offer, where the lowest bid is graded 5.
	Each criterion is finally weighted (0.50*Criterion 1+ 0,40*Criterion 2 + 0,10*Criterion 3) to obtain a total grade in the interval [0, 5].		
Specifications *(numbered in order of importance)*	1. Does the study design, i.e. suggested methodological approach and plan for implementation, make it possible to fulfill the study's purpose?* 2. Have the approach and method(s) been described in a specific and transparent manner? 3. Have important or pertinent limitations with the method been described and discussed clearly? 4. Will the study design enable conclusions that can be expected to form the basis of use, learning, and reflection among the study's target groups? 5. Does the proposal have a thorough and realistic workplan and timeline? * An overall assessment that the evaluation is feasible to implement and that it can be implemented without any ethical breaches occurring is presupposed. While such an appraisal is required, it is not included as a separate sub-criterion.	The team participants' expertise in:* 1. Evaluation or research in areas related to the topic, i.e. health systems strengthening, global health, health policy and health aid; 2. Relevant advanced evaluation or research methodology; 3. Quality of the studies attached to the proposal; 4. Conducting relevant work in the geographical context; 5. Academic merits of the team members; 6. The team members' engagement in the evaluation as specified in the proposal's work and time plan and as shares of proposed budget * Sufficient language skills in relation to the needs of the assignment are required to be shown and are therefore not specified as a separate sub-criterion.	Total price in SEK (VAT excl.)

EBA

Expertgruppen för biståndsanalys

UD 2013:01

Malin Ahrne

Appendix 2. A brief description of Swedish health aid

Here, we have included a brief description of Swedish health aid, including sexual and reproductive health and rights (SRHR). Part I of the evaluation consists of a portfolio analysis of Swedish contributions for health systems strengthening, within the overall health and SRHR portfolio. The portfolio analysis will require a mapping exercise and a deeper analysis to determine which contributions that can be categorized as "health systems strengthening" (HSS). This brief is intended to facilitate for tenderers to estimate the magnitude of the initial mapping exercise/portfolio analysis that is expected during the inception phase.

The data sources for this brief are a mix of the following:

- Data from the Openaid database, including project descriptions.
- Policy documents including strategies, annual reports etc. that are published on the websites of Sida, the Swedish Ministry for Foreign Affairs (MFA), partner country governments, and multilateral organisations.
- Previous evaluations and scientific publications.

A brief description of health and SRHR aid in Sida's partner countries

Overviews of Swedish health and SRHR portfolios in six countries are included in this brief: Bangladesh, Myanmar, Zambia, Uganda, Somalia, and DRC. Two countries where Sida works in health (and not just with SRHR) have been excluded: Ukraine and South Sudan. Ukraine because the Swedish contributions to the health sector are not yet fully operationalised, and South Sudan because Swedish development cooperation will be phased out in 2024. In the selected countries, Sweden is one of many players with the objective of strengthening the health system, and donor coordination and alignment between donors is a challenge.

Table 1 (p. 6) presents the health objectives spelled out in the country strategies as well as the total disbursements for "Health" and "Population policies/programmes and reproductive health", based on data from Openaid.se. Other strategies that could be of interest are listed in Table 2 (p. 9).

Uganda

A recent review of the health care delivery system in Uganda by Medard et. al (2023) describes how Uganda's health care system consists of both public and private healthcare providers. 45 percent of the health facilities are government-owned, and public spending accounted for only 15 percent of total health expenditure. In the 2020/21 budget, the health sector was allocated 6 percent of the total government budget. The total per capita health expenditure was estimated at US$ 51 for the financial year 2015/16, which is low compared to the WHO recommended minimum level of US$ 84. Donor coordination is a challenge, with a large number of donors. Uganda became a Swedish partner country in 1991 but was prior to that a recipient of Swedish emergency and rehabilitation aid.[1] Sida's cooperation with Uganda had a budget of around SEK 462 million in 2023, of which SEK 38 million went to health.[2] Sida cooperates with organisations that strengthen the country's health sector for more equal access to care. The largest interventions aim to improve the health and nutrition of vulnerable children and mothers and to prevent gender-based violence and are channeled through UNICEF in collaboration with World Food Program (WFP) and UNFPA.[3]

The focus on health systems strengthening and sectoral capacity building seems to have been reduced over time in the strategic documents, but Sweden's support in the SRHR and HIV/AIDS field has remained strong. The strategy guiding Sida's work 2009–2013 explicitly mention support to "strengthen the capacity and planning ability of the Ugandan Health Ministry" and to "create conditions to recruit and maintain qualified healthcare providers in remote areas".[4] These concrete contributions to the Ugandan health system are lacking in the following two strategies. Instead, the 2014–2018 strategy and the 2019–2023 strategy focus more on the health challenges caused by the high population growth and indicates that Sida should work to strengthen the role of civil society in the Ugandan health sector.[5]

Uganda has a Health Strategic Plan 2020/21 - 2024/25.[6] It builds on the National Development Plan III and lays a foundation for a movement towards Universal Health Coverage. Health sector support in Uganda comes from multiple sources. In 2017-2018, according to WHO, the biggest donors were the US, the UK, the Global Fund and BMGF. SRHR issues are controversial in Uganda. Teenage pregnancies and child marriages are common. Discriminatory gender norms and a lack of knowledge and access to care threaten people's health and right to control their own lives. The vulnerability of LGBTQI people has increased as the country has one of the toughest laws in the world, where people who have same-sex sex risk the death penalty.[7]

In addition, Uganda receives humanitarian aid from Sweden that relates to health. Uganda has also received funding for research via the Strategy for Sweden's development cooperation in research for poverty reduction and sustainable development 2022–2028, and previously the Strategy for research cooperation and research in development cooperation 2015–2022.[8]

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[1] https://cdn.sida.se/publications/files/sida2945sv-landanalys-uganda-oktober-2000.pdf
[2] https://openaid.se/contributions?year=2023&recipient=UG&agency=SE-6&aidtype=false&onlyHumanitarian=false;
https://openaid.se/contributions?year=2023&recipient=UG&agency=SE-6§orCategory=120&aidtype=false&onlyHumanitarian=false
[3] https://openaid.se/contributions/SE-0-SE-6-11739, https://openaid.se/contributions/SE-0-SE-6-11709
[4] Samarbetsstrategi för utvecklingssamarbete med Uganda 2009-2013, Utrikesdepartementet, p. 6
[5] Resultatstrategi för Sveriges internationella bistånd i Uganda 2014 – 2018
[6] http://library.health.go.ug/monitoring-and-evaluation/strategic-plan/ministry-health-strategic-plan-202021-202425
[7] https://www.sida.se/en/sidas-international-work/countries-and-regions/uganda#development-2
[8] https://www.government.se/international-development-cooperation-strategies/2022/06/strategy-for-swedens-development-cooperation-in-research-for-poverty-reduction-and-sustainable-development-2022-2028/,

Zambia

Sweden has cooperated with Zambia since 1965 and is currently the country's fifth largest donor.[9] Zambia has a National Health Strategic Plan for 2022–2026.[10] In 2023, Sida's health assistance to Zambia amounted to around SEK 40 million. Currently, three interventions with the direct or indirect aim of strengthening the country's health system are being implemented.[11] Sida's largest health-related interventions are currently carried out in cooperation with UNICEF and CHAI. It focuses on reducing chronic malnutrition (stunting) in children under two years of age and providing technical support to the Ministry of Health.[12] For example, between 2015–2021, the project "Health support for women, children and youth in Zambia" received 380 MSEK. Improved access and quality of health services and strengthening of the national health system were explicit goals.

An overview of the last decades of Swedish-Zambian development cooperation indicates that health systems strengthening and equal access to health care have been consistent priorities for Sida. While the earlier strategies included a stronger focus on HIV/AIDS,[13] the two latest strategies have explicitly mentioned the strengthening of health care system's capacity, particularly access to quality primary care and maternal and child health care, as aims to be achieved within the health sector.[14] Additionally, the strategies have come to focus more on SRHR over time, but improving the nutrition of vulnerable populations (women, children, and adolescents) has remained a strong focus of Sida's work in the country. In the current Swedish strategy on cooperation with Zambia, 2024–2028, health is no longer a priority area, but SRHR still is.[15]

Somalia

In Somalia, Sida works with development cooperation as well as humanitarian assistance to contribute to long-term development of the country and to save lives and alleviate suffering in emergency situations. Somalia is one of the world's poorest countries with tensions between the government and different regions/states, and attacks by the terrorist group Al-Shabaab that continue to hinder a peaceful development. The effects of climate, change including more frequent droughts, floods and pest infestations, continue to cause immense human suffering, displacement of millions of people and impose huge challenges on the countries already very weak health system.

Currently, the World Bank is implementing a large health sector program called "Damal Caafimaad" in Somalia (2021–2025).[16] The investment is of US$ 100 million, and the

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https://www.regeringen.se/contentassets/35640f803c554f5abe17800242c5bcb3/strategi-for-forskningssamarbete-pdf-for-webb-eng-2.pdf

[9] https://www.swedenabroad.se/en/about-sweden-non-swedish-citizens/zambia/development-and-aid/bilateral-development-cooperation/; https://eba.se/wp-content/uploads/1994/09/Report-6-Evaluation-of-Swedish-Development-Cooperation-with-Zambia.pdf , https://cdn.openaid.se/app/uploads/2023/04/14140024/Strategirapport-Zambia-2018-2023-SLUTGILTIG.pdf

[10] https://www.moh.gov.zm/wp-content/uploads/2023/02/National-Health-Stratergic-Plan-for-Zambia-2022-to-2026-revised-February-2023-lower-resolution.pdf

[11] https://openaid.se/contributions?year=2023&recipient=ZM&agency=SE-6§orCategory=120&aidtype=false&onlyHumanitarian=false

[12] https://openaid.se/contributions/SE-0-SE-6-11210, https://openaid.se/contributions/SE-0-SE-6-13955

[13] Landstrategi Zambia 2003–2007, Utrikesdepartementet

[14] Resultatstrategi för Sveriges internationella bistånd i Zambia 2013-2017, Utrikesdepartementet, p. 1 & 3; Strategi för Sveriges utvecklingssamarbete med Zambia 2018-2022, Utrikesdepartementet, p. 3-4

[15] Strategi för Sveriges utvecklingssamarbete med Zambia 2024–2028 https://www.regeringen.se/contentassets/240872c1428e49ef85c4f8ca5e29b01f/strategi-for-sveriges-utvecklingssamarbete-med-zambia-2024-2028.pdf

[16] https://projects.worldbank.org/en/projects-operations/project-detail/P172031

objective is to improve the coverage of essential health and nutrition services in project areas and to strengthen the stewardship capacity of Ministries of Health.

Save the Children Sweden carried out a program in 2021–2024, with a total contribution from Sida of SEK 195 million. It was implemented together with the Swiss Agency for Development Cooperation (SDC). The intervention provided access to basic health care services for pregnant women and children under the age of five, and support to the Somali health sector with a focus on strengthening health systems at local and regional level in 13 districts in Jubaland, Galmudug and Puntland regions. The aim was also to strengthen the capacity of the local authorities in health governance and decision-making, increase the availability and quality of health care services and strengthen ownership and resilience of the population in the targeted regions.[17] Other HSS-related interventions in Somalia include support to UNICEF Somalia, the WHO country office, support to the National Institute of Health Somalia and on digitalisation of the health sector in Somalia.[18]

Democratic Republic of Congo (DRC)

The health status of the population in DRC has been slightly improving over time but has recently been slowed by several ongoing epidemics: Ebola, measles, and Covid-19. The humanitarian situation is poor in many ways. Knowledge of SRHR is low, particularly in rural areas. Many people lack access to health care and contraception. Child marriages are common and almost one in four teenage girls has given birth before the age of 18.5. Increasing access to and respect for SRHR and improving maternal and child health care are important areas of work for Sida. In DRC, Sida supports, for example, the UNFPA and the Congolese organization SANRU, both working to improve the country's maternal and child health services and to train midwives to identify and provide care to rape victims.[19]

One relevant ongoing project is a contribution to UNICEF's country programme in the DRC between 2022-2025, improved access to quality health care for children and pregnant women. The interventions include immunisation and treatment of child diarrhea and cholera, as well as improved access to local water and sanitation systems (WASH) and general health system strengthening. Moreover, the program includes the provision of psychosocial support to children associated with armed groups, and access to and opportunities to reintegrate them into their original communities. The intervention also includes provision of basic health, nutrition, education, water and sanitation to internally displaced people (IDPs) and poor local communities. [20]

Bangladesh

Sweden has cooperated with Bangladesh since its independence in 1971. In 2023, Sida's aid budget to Bangladesh amounted to around SEK 396 million, of which SEK 63 million went to health-related activities.[21] Of these, support to UNICEF's and WHO's efforts is the largest, which aim to increase access to health care for women and children and to

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[17] https://openaid.se/en/contributions/SE-0-SE-6-13107#description

[18] https://openaid.se/en/contributions?year=2023&year=2022&year=2021&year=2020&year=2019&recipient=SO&agency=SE-6§orCategory=120&aidtype=false&onlyHumanitarian=false

[19] https://www.sida.se/en/sidas-international-work/countries-and-regions/democratic-republic-of-the-congo

[20] https://openaid.se/en/contributions/SE-0-SE-6-16046

[21] https://openaid.se/contributions?year=2023&recipient=BD&agency=SE-6, https://openaid.se/contributions?year=2023&recipient=BD&agency=SE-6§orCategory=120&aidtype=false&onlyHumanitarian=false

strengthen the country's health system and services.[22] An overview of the strategies guiding the past decades of Swedish development cooperation with Bangladesh reveals a consistent focus on health care and support to health care systems and systems strengthening. The right to health was one of three overall objective of the Sweden-Bangladesh 2008-2012 partnership, as well as a sector-wide program focusing on primary health care and maternal health.[23] The strategies guiding the following six years had an increased focus on the promotion of democracy and gender equality, and the support for health systems was even further connected to SRHR, maternal health and WASH, while the current strategy explicitly aims to strengthen the capacity of the health care system, including SRHR.[24] The partners implementing HSS are a mix of NGOs and multilateral organisations.

Myanmar

In Myanmar, people's need for healthcare has increased due to armed conflicts and attacks on the population and civilian targets such as schools and hospitals. At the same time, access to health care has greatly deteriorated. The health status of the population is generally low with large disparities across the country, between different ethnic groups and according to socio-economic status. Immunisation rates among children have fallen rapidly, from 90 percent in 2019 to 37 percent in 2021. Sida's work in the health sector focuses on improving access to health care for the most vulnerable people and increasing knowledge of and access to sexual and reproductive health and rights (SRHR). Most of Sida's support in the health sector is channelled through a fund that contributes, among other things, to basic maternal and child health care: preventive care, obstetric care, training for health professionals and volunteer work. In 2021, the fund provided emergency life-saving interventions to 14,000 pregnant women and over 6,500 children. In conflict-affected areas, these interventions are often the only way for people to access basic health care. The pandemic has affected young people's opportunities to receive information about sexual and reproductive health and rights (SRHR) in school. This has resulted in an increase in unwanted pregnancies, unsafe abortions, child marriage and sexual violence. Sida collaborates with organiations that develop apps and websites to increase knowledge among young people. In Myanmar, for example, the first website for young people focusing on sexual health reached 1.3 million unique users. [25]

[22] https://openaid.se/contributions/SE-0-SE-6-14906#description, https://openaid.se/contributions/SE-0-SE-6-14200#description

[23] https://www.regeringen.se/contentassets/e8dc27f408f84eb4895f888db962d8c4/country-strategy-bangladesh-2008-2012/

[24] https://www.regeringen.se/strategier-for-internationellt-bistand/2014/08/uf201451155udaso/, https://www.regeringen.se/strategier-for-internationellt-bistand/2021/01/sveriges-utvecklingssamarbete-med-bangladesh/

[25] https://www.sida.se/en/sidas-international-work/countries-and-regions/myanmar#development-2

Table 1. Overview of partner countries where Sweden is active in the health sector – including health objectives as formulated in strategies, disbursement volumes, number of interventions and examples of relevant ongoing projects [26] [27]

Period	Health/SRHR in Swedish country cooperation strategies	Approx. Volumes (million SEK)[28]	Number of interventions[29]
Uganda			
2009-2013	"Improved access by poor people to health services and a reduction in the spread of HIV/AIDS. Progress towards this objective will strengthen Uganda's ability to fulfil the NDP sub-goal of improved access to quality health care."	410	45
2014-2018	"Improved basic health (sub-objective 4): • Improved access to high quality child and maternal care • Improved access to sexual and reproductive health and rights for women and men, girls and boys."	403	39
2018-2023	"Improved and equitable access to basic, universal healthcare focusing on women, children and youths. • Improved health resilience and social protection for children. • Increased access to and respect for sexual and reproductive health and rights."	714	26
2024 -	(new strategy expected)		
Zambia			
2013-2017	"Improved health: • Improved access to quality health and medical care for women and children under the age of five, with the ambition that Sweden will contribute to trained staff assisting in at least 38 000 deliveries. • Increased awareness of and access to sexual and reproductive health services and rights for girls and boys.	613	34

(*) indicates that Sida has not yet reported data (volumes and interventions) for all the years of the strategy.

[26] Ukraine and South Sudan are not included. Health is included in the Strategy for Sweden's construction and reform cooperation in Ukraine 2023-2027, but most health-related work has not been operationalised. Health and SRHR has been included in the Strategy for Sweden's development cooperation with South Sudan 2018–2022, but cooperation with South Sudan will be terminated in 2024.
[27] Sida are working on SRHR in a number of other countries https://www.sida.se/sida-i-varlden/teman/sexuell-och-reproduktiv-halsa-och-rattigheter
[28] For Sida in the 'health' and 'population policies/programmes and reproductive health' sectors
[29] Interventions in sector categories "Health" and "Population policies/programmes and reproductive health" in Openaid

	•Improved nutrition for pregnant women and children under the age of five, with the ambition that Sweden will contribute to at least 47 000 children under the age of five having a more nutritious diet.”		
2018-2022	“Increased and equitable access to healthcare focusing on women, youths and children. • Improved nutritional intake for women, youths and children. • Improved access to and respect for sexual and reproductive health and rights.”	790	42
2024-2028	“Greater gender equality, including access to and respect for sexual and reproductive health and rights. “	117*	18*
Somalia			
2013-2017	“Health and equality: • More people have access to safe drinking water and improved sanitation. • Improved access to quality health care, e.g., through Swedish contributions to an increased number of assisted deliveries and through improved access to vaccines. • Fewer women subject to gender violence and an increased number of local communities taking a stand against FGM.”	403	14
2018-2022	• “Increased and equitable access to healthcare focusing on women and children. • Improved access to and respect for sexual and reproductive health and rights.”	463	17
2024-	(new strategy expected)	141*	10*
Democratic Republic of Congo (DRC)			
2015-2019	• “Improved access to high quality child- and maternal health care. • Increased awareness and improved access to sexual and reproductive health and rights, focusing on youths.”	470	16
2021-2025	• “Increased and more equitable access to health care and nutrition, focusing on women, youths and children. • Increased gender equality, including reducing gender-based violence. Increased access to, and respect for, sexual and reproductive health and rights. “	411*	21*

(*) indicates that Sida has not yet reported data (volumes and interventions) for all the years of the strategy.

2008-2012	"Increased access to effective, high quality, non-discriminatory health care for people living in poverty with a special focus on antenatal care. "	615	28
2014-2020	"Improved basic health, focusing particularly on women and children, sexual and reproductive health and rights (sub-objective 4) • Reduced mortality in children under the age of 5. • More women with access to good maternal health care. • More people with access to sexual and reproductive health and rights. • Better access to sustainable and resilient community water, sanitation and hygiene services."	790	42
2021-2025	"Health including SRHR • Strengthened capacity to deliver high quality health care. • Improved conditions for access to and respect for SRHR. "	318*	18*
Myanmar			
2013-2017	"Improving health of women and children, with a particular focus on sexual and reproductive health and rigts • Prioritize SRHR and efforts against HIV/AIDS • Promote strengthened health systems"	245	12
2018-2022	"Equitable health including sexual and reproductive health and rights (sub-objective 3) • Improved access to quality health care • Increased knowledge and access to sexual and reproductive health and rights"	664	10
2024-2026	"Health and sexual and reproductive health and rights (sub-objective 3) • Improving access to basic health care, including sexual and reproductive health and rights, for the most vulnerable" Prioritize SRHR and efforts against HIV/AIDS	116*	9*

(*) indicates that Sida has not yet reported data (volumes and interventions) for all the years of the strategy.

Table 2. Regional and global strategies that may be of relevance for health/SRHR

Period	Strategy	Examples of how the strategies apply to health systems strengthening (HSS)
2015-2019	**Strategy for sexual and reproductive health and rights (SRHR) in Sub-Saharan Africa 2015 – 2019** "Focusing on strengthened health systems for greater access to SRHR • Increased use of high-quality statistics and evidence-based information in health management. • Strengthened conditions for transparency, participation and accountability in health systems. • Improved knowledge among decision-makers about more sustainable and equitable health systems."[30]	Sida supports The East African Community (EAC) to develop policies and programmes for widening and deepening regional co-operation among the Partner States in political, economic, social and cultural fields, research and technology, security, legal and judicial affairs for their mutual benefit.[31]
2022-2026	**Strategy for sexual and reproductive health and rights (SRHR) in Africa 2022–2026** "Increased respect for and enjoyment of sexual and reproductive health and rights (SRHR) for all • Social norms that promote SRHR • Strengthened conditions for increased accountability for SRHR Health equity • Increased access to rights-based SRHR initiatives"	
2021-2025	**Strategy for Sweden's humanitarian aid provided through the Swedish International Development Cooperation Agency (Sida) 2021–2025** "SRHR should be taken into account in all humanitarian crises." "The interlinkages between humanitarian aid, long-term development cooperation and peacebuilding – the triple nexus – are central to meeting humanitarian needs, contributing to long-term development and sustainable peace."	Sida´s humanitarian assistance work includes for example minimising the risk of infection and death during disease outbreaks. This can be done by supporting health clinics and mobile health teams that treated malnourished children and mothers and provided them with nutritional supplements, medical care, vaccines, food and cash assistance, and clean water and sanitation products. [32]
2018–2022	**Strategy for capacity development, partnership and methods that support the 2030 Agenda for sustainable development[33]**	Pilot-project to prepare an intervention to strengthen the capacity of public health institutions in Tanzania, Mocambique and Zimbabwe. [34]
2024-2028	**Strategi for innovation, partnerships and capacity development[35]**	

[30] https://www.government.se/contentassets/75e7c3cad79e4c6f9fb3e4b164482774/resultatstrategi-srhr---eng-2015_2.pdf
[31] Openaid
[32] https://www.sida.se/en/sidas-international-work/thematic-areas/humanitarian-assistance
[33] https://www.government.se/international-development-cooperation-strategies/2019/06/strategy-for-capacity-development-partnership-and-methods-that-support-the-2030-agenda-for-sustainable-development/
[34] https://openaid.se/en/contributions/SE-0-SE-6-14352#description
[35] https://www.regeringen.se/strategier-for-internationellt-bistand/2024/06/strategi-for-innovation-partnerskap-och-kapacitetsutveckling-20242028/