Mr Chairman,
Your Excellencies,
Ministers,
Ladies and Gentlemen,

I would like to thank the organisers of the First Global Symposium on Health Systems Research for giving me the opportunity to present SDC approaches and intervention areas in health systems, with the aim of achieving universal health coverage.

Health is recognised as a crucial factor in the reduction of poverty. The health gap between rich and poor continues to grow, along with indications that progress in the health sector is lagging in many countries. Today, the international community has to cooperate more closely than ever in the field of health. This means partnerships with developing and threshold countries to set up health structures and services which are better able to meet the needs of the poor. Universal coverage and access to good, affordable health services are part of our overall objectives in health development and cooperation.

As a bilateral development agency, the Swiss Agency for Development and Cooperation (SDC) intervenes in various areas which impact on poverty reduction. SDC is part of the Federal Department of Foreign Affairs and coordinates
international cooperation within the Swiss administration in collaboration with other federal offices, civil society organisations and the private sector. In fulfilling its mandate of poverty reduction, SDC health policy focuses on three pillars: health systems strengthening, communicable diseases (MDG 6) and mother and child health (MDGs 4 & 5).

Universal health coverage, as defined by the WHO Member States, requires that all people have access to needed and affordable health services\(^1\) – a goal the world community is committed to. Since the mid-20\(^{th}\) century, most nations have recognised health as a fundamental human right by signing international agreements such as the 1948 Universal Declaration of Human Rights or the 1966 International Covenant on Economic, Social and Cultural Rights. Of course, universal coverage by itself is not sufficient to provide health for all. But if we defend health care as a human right, then universal coverage is one of the necessary key elements required to extend the benefits to all those in need.

In order to meet the overall objective of universal coverage, we need 1) a broad political will, and 2) the necessary financial resources. Moreover, evidence-based analysis is key in catalysing and focussing the political debate. The challenge to achieve universal coverage remains a truly universal one: not only developing countries but also developed ones such as the United States are struggling to raise or maintain their level of coverage. When President Obama launched his health care system reform, more than 47 million Americans did not have any health care coverage at all. Obama is not the first American president to consider health care reform a priority.

Ladies and Gentlemen,

Health systems financing remains a key issue. Over the past years, some middle-income countries such as Costa Rica, Mexico, Thailand and the Republic of Korea have made remarkable progress towards innovative universal coverage schemes and funding mechanisms. In these countries, both political commitment and financial resources have been jointly engaged for improved national health systems. But the most alarming gaps in coverage are still reported from sub-Saharan Africa, Asia and the Middle East. Amongst the 32 countries in sub-Saharan Africa, 12 offer no

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\(^1\) From WHO: Health systems financing – the path to universal coverage; the WHR 2010
coverage at all, while others, such as Gambia, Kenya, Namibia and Rwanda, are slowly reaching 10% coverage.

In sub-Saharan Africa, financial resources for health are starting to become available, but there is reason to doubt the political commitment in some countries: while development assistance for health to sub-Saharan Africa has significantly increased over the past decade, few African countries are increasing the proportion of their own national budgets allocated to health. The target of 15% coverage set at the Abuja Summit in 2001 was reached by just three countries in 2007, while three others exceeded it.² For all 52 countries of Africa, the average general government expenditure on health rose only marginally during that period, from 8.8% in 2001 to 9.0% in 2007.

Ladies and Gentlemen,

Allow me to address the issue of health research and how SDC sees its contribution by focussing on health systems strengthening and greater partnerships.

The international community has been discussing ways to reduce the 10/90 gap³ for 20 years. First acknowledged by the Commission on Health Research for Development in 1990, the inequity, and the available evidence documenting it, has since become one of the most contentious issues in the international research community. Switzerland has been amongst the founding members of the two major global non-governmental organisations on health research: the Global Forum for Health Research (GFHR) and the Council on Health Research for Development (COHRED).

The past years have seen three major international conferences on health research for development. The Bangkok conference in 2000 stressed the need for national health research systems that can facilitate and ensure a research focus on countries’ priority needs and also addresses health equity issues. In 2004 and 2008, the Mexico and Bamako conferences involved ministers of health in the debate – emphasising

² Djibouti, Botswana and Rwanda reached the Abuja target in 2007; Malawi, Liberia and Burkina Faso surpassed it.
³ The 10/90 gap is the disequilibrium within health research whereby only 10% of global health research is devoted to conditions that account for 90% of the global disease burden.
the need for more political research support and acknowledging the need to move beyond health research to research for health and health systems. The conferences illustrated the need to be more inclusive and to involve all relevant actors.

We have observed some **major paradigm shifts since the early nineties**. The world has committed to seeing health for all as a human right and, in the process, to minimising the burden for the poorest and most vulnerable and making the systems more equitable. Health systems strengthening has become the focus of all stakeholders’ attention, who are directing their interventions accordingly.

Today, many settings with limited resources boast strong local research capacities – a pool of scientists and institutions able to compete for research grants on the national and international markets and who actively engage in North/South, North/East and South/South or East/East collaboration. No longer is research collaboration a North-driven top-down activity. This is a fantastic achievement towards greater ownership of health research in our partner countries.

Ladies and Gentlemen,

In my view, the future lies in integrated, interlinked approaches, where knowledge is the primary factor defining health systems interventions. We need to be speaking about **partnerships around health systems building** – partnerships which have to be based on evidence. The bilateral development agency I represent is committed to advancing health for all, in an equitable way. As part of our health collaboration, we support health research, focussing increasingly on the **strengthening of health systems**.

In order to meet these objectives, SDC relies on partnerships both at the international and at the national levels. Let me illustrate what I mean with some examples from the portfolio that the Swiss Development Cooperation supports.

**On the international level**, SDC supports the two main research programmes hosted by the WHO – TDR and HRP\(^4\) – both of which, in addition to the generation of

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evidence, have an important mandate to strengthen research capacity in the fields of neglected diseases and sexual and reproductive health, respectively. The primary role of a bilateral development agency, however, is not to fund research. I see our role in engaging in a true partnership with those who do the funding and in teaming up with research partners to build institutional and individual capacities for health systems research. Indeed, jointly with the Swiss National Science Foundation, SDC funds major research programmes with countries of the South and East. Two such initiatives are the NCCR North-South, an innovative research programme in the fields of global change and sustainable development, and SCOPES, the Scientific Cooperation between Eastern Europe and Switzerland. Both programmes generate new evidence and understanding on how inequitable health systems can be reoriented towards the needs of the poorest communities, and on how to improve our knowledge about which delivery strategies should and can effectively and efficiently be employed.

If we want to close the 10/90 gap, our efforts cannot focus on the global level alone. On the national level, SDC contributes directly to health systems strengthening and priority setting through the Sector Wide Approach in health in countries such as Tanzania, Mozambique and Kirgistan. Through our bilateral cooperation at the country level, we need to make sure that the interventions we support are evidence-based. Research results have to flow into policy making, and the results applied at the service level. Our interventions must be monitored and evaluated scientifically, by engaging in a dialogue with scientists, health policy makers, health care service providers and users, civil society, the media, parliamentarians and many others.

The successful malaria control efforts in Tanzania illustrate what I mean. SDC was amongst the initial funding members of KINET, a voucher-based pilot programme to bring insecticide-treated bed nets (ITNs) to vulnerable populations through social marketing. This successful cooperation between the National Malaria Control Programme, the Private Sector and Swiss and Tanzanian research partners, who underpinned the process with scientific evidence on issues related to health systems implementation, was subsequently scaled up into a national programme, the National Insecticide Treated Nets (NATNETS) programme.
Today, NATNETS is a multi-donor, multi-partner initiative to promote the national use of ITNs. Its voucher scheme component receives funding from the Global Fund to Fight AIDS, TB and Malaria and is implemented by a number of national and international sub-recipients. SDC, with technical support from the Swiss Tropical and Public Health Institute, still supports the National Malaria Control Programme in the overall coordination of all ITN activities. This is what we mean by partnership, and this is what we mean by engaging in a fruitful collaboration between development actors and the research community, between the South and the North, the national and the international stakeholders, through systems-wide scaling up for the benefit of better health for the poor. In Tanzania, this has worked well for malaria control: malaria prevalence has been roughly halved over the past decade, and malaria transmission, severe anaemia and the all-cause under-5 mortality, to which malaria contributes significantly, have all greatly declined.\footnote{Source: “Down but not out: The impact of malaria control in Tanzania” in Spotlight, May 2009, issue 2; Ifakara Health Institute}

Ladies and Gentlemen,

I’d like to close by going back to my initial statement: we need both political will and evidence to drive the debate and decision-making towards universal health coverage. To move along this path, the science and public health communities have to engage in dialogue and collaboration with politicians, with ministers of health and finance, with civil society. We have to work on all levels – community, national, regional, international – if we want to achieve universal coverage. For a real way forward, I encourage each and every one of you to look beyond the boundaries of the institution, the agency, the country, the constituency you work for or the sector you work in. Let’s engage in true interdisciplinary and multi-level partnerships and use science as an effective vehicle for dialogue to accelerate universal health coverage.

In this spirit, I would like to wish you and the organisers a very successful symposium.

Thank you.