

CRITICAL CONDITION

SWEDISH AND INTERNATIONAL
FINANCING FOR GLOBAL HEALTH
AND SRHR



CONCORD
SWEDEN

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Writer: Åsa Thomasson
Editor: Christina Wassholm
Layout: Gabriel Holmbom

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CONCORD
S W E D E N

Högbergsgatan 31A
116 20 Stockholm
www.concord.se

FOREWORD

This brief on Sweden’s international assistance for health and sexual and reproductive health and rights (SRHR) aims to provide an overview of trends in financing for global health. Our analysis of the official annual report on Sweden’s development assistance for health is framed through a broader look at the health crisis emerging as the United States and many European countries reduce their international assistance and increasingly shape their foreign policies around nationalist priorities. International development assistance for global health has decreased by between 30 and 40 per cent over the past two years.¹

Sweden, a long-time global champion of health and SRHR, now reports a clear decline in funding for these issues. The downward trend in both international and Swedish aid budgets starkly contrasts the growing health needs in the most vulnerable countries. These are needs driven by inequality and poverty, new global health threats, and prolonged crises. Many of the health-related targets within the global goals are far from being achieved today, yet significant progress has also been made in health and SRHR over recent decades. These advances have been driven by developing countries themselves, in combination with international and multilateral support.

This brief analyses:

- the importance of support for global health and SRHR,
- the global financing landscape, and
- the latest annual report on Sweden’s aid for health and SRHR.

Several of the health-related targets in the 2030 Agenda are achievable through a combination of countries’ own efforts, effective global coordination and research, and a reversal of the current funding decline for global health and SRHR by Sweden and other high-income countries.

THE GLOBAL CONTEXT

Health - a human right, a public good and a smart investment

The right to health is essential for human well-being, and investments in health are among the most effective ways to reduce poverty and strengthen societies.² When preventable illnesses decline, more children survive, and women and girls gain control over their bodies, entire communities benefit through greater participation in education, work, and public life.³ Whilst health investments generate enormous social and economic returns, funding for global health and SRHR is currently decreasing, despite the rapid increase of needs.

Growing health needs, inequalities and gender barriers to health

Climate change, environmental degradation, pandemics, growing antibiotic resistance, and strained health systems bolster illness and vulnerability. Conflicts and humanitarian crises are becoming more frequent and severe, making health services harder and more expensive to deliver.

Women, girls, LGBTQI people and marginalized groups face discrimination, threats to their rights to health and SRHR, and frequent barriers to access health care. Their health is highly affected by discriminatory laws and social norms, which play a role in for example teen pregnancies, child marriages, female genital mutilation, gender-based violence, family planning, menstruation health etc. Changing harmful norms and attitudes in communities requires work from the bottom up, for example supporting women-led organisations.⁴

As inequalities deepen and global challenges intensify, reduced health spending stands in stark contrast to the escalating need for strong, inclusive health systems worldwide. Progress in global health and in sexual and reproductive health and rights has slowed in recent years and is now at risk of being reversed.⁵

Growing geopolitical tensions, armed conflicts, climate pressures and the long-term effects of the pandemic have created a situation that demands stronger international cooperation. Instead, the world is seeing rising nationalism, increased military spending, reduced international development assistance and weakened commitments to multilateral institutions. These trends create a perfect storm that threatens solutions for human development and has already begun to affect key health outcomes.⁶

Shocks to global health cooperation

A major shock came with the United States decision to dismantle much of its international development agency and withdraw support from global health and SRHR initiatives. This has had serious consequences for areas such as family planning, civil society, education and access to essential services.⁷ Many women's rights organisations have lost crucial funding, despite their central role in providing services and preventing gender-based violence. The shift reflects a broader political agenda that targets gender equality, SRHR and LGBTQI rights.⁸ American support for major multilateral health organisations has also reduced.⁹

At the same time, many other donors are also making cuts to their aid budgets. For the first time ever, the five largest donor countries (USA, Germany, France, UK and Japan) have all reduced their foreign aid two years in a row. The OECD predicted a 9-17 per cent drop overall in Official Development Assistance in 2025, with fragile and low-income countries at risk of losing up to 30 per cent of previous levels of international support.¹⁰

Funds have been redirected to other priorities, including military spending and support to Ukraine, leaving the poorest and most fragile countries with fewer resources. These countries also face heavy debt burdens that limit their ability to invest in national health systems.¹¹ Discussions are underway on how to reform global financing and create fairer mechanisms for debt management. Low- and middle-income countries are calling for more ambitious solutions, while some high-income countries remain resistant. The overall picture is one of shrinking resources at a time when global cooperation is more necessary than ever.

Progress in global health and in sexual and reproductive health and rights has advanced strongly over the past decades, driven by political commitment, national investment, international aid and global agreements.¹² Cooperation through multilateral initiatives has been crucial, although progress remains uneven and challenges persist, especially in sub-Saharan Africa. Health is both a national responsibility and a global public good, making international collaboration essential.¹³ Reduced support from high income countries and pressure on global institutions have left vulnerable populations exposed. In response, several countries are strengthening national and South-South leadership to promote universal health coverage.¹⁴ Continued global cooperation and investment are vital for future health security and human wellbeing.



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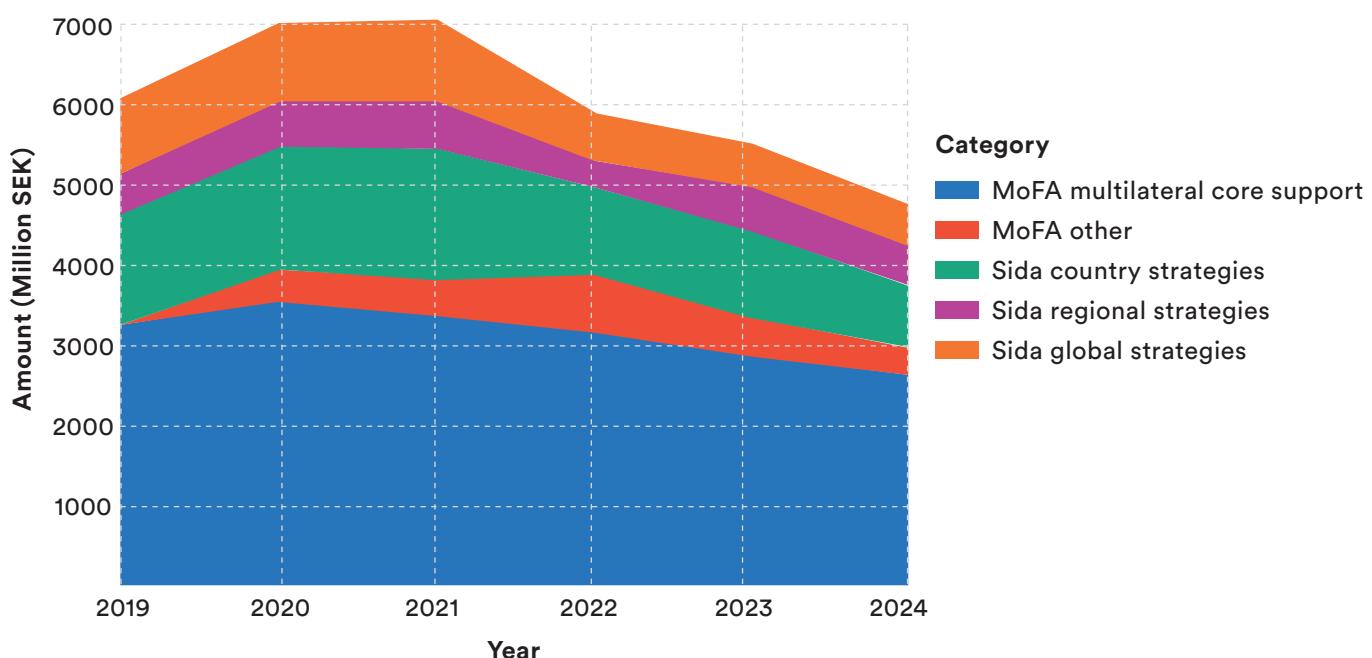
SWEDEN'S DEVELOPMENT ASSISTANCE FOR HEALTH

Sweden's aid for health and SRHR decreases

	2019	2020	2021	2022	2023	2024
Sweden's aid for health and SRHR	5,2 bn SEK	6,2 bn SEK	6,6 bn SEK	5,9 bn SEK	5,7 bn SEK	5,1 bn SEK

Sweden's health-related aid decreased by 10 per cent from the year 2023 to 2024, as it reached a sum of 5,1 bn SEK. This is the lowest level of development cooperation for health and SRHR since 2012, taking inflation into account. The share of total aid is marginally larger in 2024 (10,7%) than in 2023 (10,3%). However, this was a result of Sweden's total official development assistance being significantly higher in 2023.¹⁵

Sweden's development assistance for health 2019-2024 in 2022 fixed prices



Health and SRHR in the government's "reform agenda"

In the policy document *Development assistance for a new era – freedom, empowerment and sustainable growth*, the so called 'reform agenda', sets health as one of seven thematic priorities, namely "*Improved health for the most vulnerable*". Priority areas include the importance of strengthening health systems, improve access to health and prevent threats to health such as antibiotic resistance and future pandemics. SRHR is given a strong focus, including body rights, work against sexual and gender-based violence and harmful practices, integration of SRHR into health systems, family planning, legal and safe abortion, maternal and child health, sexuality education and access to water and sanitation.¹⁶

Health and SRHR in Sweden's development strategies

Health for the most vulnerable is included as a goal and sub-goal in several of Sweden's development cooperation strategies. In 2024, this thematic priority appeared in 12 of the government's 46 strategies, and an additional 13 strategies contained health or SRHR-related sub-goals.¹⁷ Several of the countries covered by these strategies have since been included in the government's phase-out decisions. The geographic strategies phased out during 2024–2025 concern almost exclusively fragile states, which are often conflict or post-conflict countries with significant needs for basic public services. This means that overall support for public services, including health, social protection and education, is decreasing.¹⁸

At the beginning of 2025, the government adopted a thematic development strategy for Global Health and SRHR. Compared with the previous strategy, there is a stronger focus on work at the country level rather than the mainly global and regional orientation of the former strategy. Also, the new strategy has a clearer focus on addressing health threats. The links between health and water and sanitation, and between health and climate, which were previously explicit sub-goals, are now integrated more generally into the other goals. A strong focus on SRHR continues a long-standing tradition in Swedish development cooperation.

Financing for the thematic strategy on global health and SRHR amounts to 4.3 billion SEK over five years, the same level as the health component of the previous strategy for sustainable social development, but without adjustment for inflation.¹⁹ In the social development strategy, the government limited disbursements during 2023–2024, which meant that several initiatives received less funding than planned, with negative effects on the ability to achieve goals and results.²⁰

Phase-outs and budget cuts in health cooperation in Africa and Asia

During 2024 and 2025, the government decided to phase out development cooperation with 13 countries, with only 12 partner countries now remaining outside Europe. Nearly 600 million SEK in reduced annual health aid so far is due to these phase-outs.²¹ Most of the countries phased out in 2024 will receive close to zero aid in 2025. Among the countries being phased out, South Sudan and Myanmar were by far the largest recipients of health support. In Myanmar, a reduced level of health support remains during the phase-out period to mid-2026.²²

Several of the remaining partner countries in Sweden's development cooperation have also experienced sharp reductions in health assistance in 2024, with even larger reductions in 2025. Going back to 2021, eight countries received substantial support for health and SRHR amounting to between 128 and 218 million SEK. By 2024, only two countries, the Democratic Republic of the Congo and Somalia, received more than 100 million SEK in health support. In other countries that previously received significant health funding, support has decreased considerably. In addition to the more than 600 million SEK reduced so far in the phase-out countries, health assistance decreased by approximately 300 million SEK in five remaining partner countries that had been major recipients of health aid in 2021.²³ Compared with five years ago, close to 1 billion SEK in reductions to health support can be attributed to phase-outs and budget cuts in Africa and Asia. Of the 13 countries with which the government is phasing out cooperation, 11 are classified by the United Nations as Least Developed Countries.²⁴

Sweden's multilateral health financing is changing

The five largest recipients of Sweden's multilateral core support for health in 2024 were:

- the Global Fund to Fight AIDS, Tuberculosis and Malaria
- the vaccine alliance Gavi, including the financing mechanism IFFIIm
- UNFPA
- the European Commission
- the World Bank

Sweden has long been one of the most important donors to the United Nations Population Fund, UNFPA. However, during the period 2021–2024, a clear shift has taken place. Core support has decreased from a peak of 739 million SEK in 2018 to only 374 million SEK in 2024, representing almost a halving. At the same time, earmarked humanitarian support has increased, including for crises in Syria, Ukraine, Moldova, Sudan and Gaza. Total support to UNFPA, including both core and earmarked funding, has also declined somewhat, from 1.313 billion SEK in 2021 to 1.234 billion SEK in 2024. This shift from core to earmarked funding means that UNFPA receives less predictable resources, which complicates the organisation's long-term work and its strategic role for SRHR.²⁵

Sweden's support to the Global Fund to Fight AIDS, Tuberculosis and Malaria has also changed. Sweden has long been one of the Fund's major donors and an important actor in its strategic work, where SRHR is an integrated part of HIV programming. In earlier three-year cycles, Sweden fulfilled its commitments, but in recent cycles this pattern has been broken. For the period 2020–2022, Sweden pledged 2.95 billion SEK but channelled only 2.65 billion. For 2023–2025, Sweden has committed to contribute with 3 billion SEK, but so far only 2.38 billion has been disbursed. This creates uncertainty for the Fund's work and risks weakening global efforts for SRHR.²⁶

In summary, Sweden's support to multilateral organisations has shifted from being ambitious and stable to becoming more fragmented and less predictable. Support to UNAIDS has been phased out entirely. The decline in core support to UNFPA and the incomplete fulfilment of commitments to the Global Fund come at a time when global support for SRHR is decreasing and resistance to gender equality and LGBTQI rights is growing. This context makes Sweden's wavering financial and diplomatic commitments even more serious.



Sweden's support to multilateral organisations has shifted from being ambitious and stable to becoming more fragmented and less predictable.

SWEDEN'S DEVELOPMENT ASSISTANCE FOR SRHR

SRHR - a Swedish policy priority

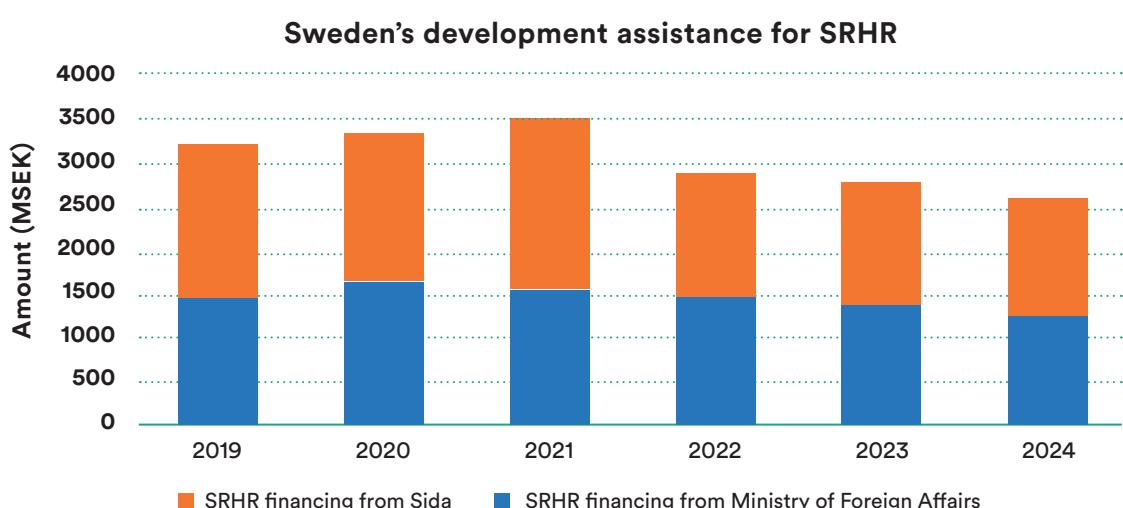
Sweden has long been a global leader in advancing SRHR. The political prioritisation of SRHR within Sweden's foreign and development policy has remained consistent regardless of which political party has been in government. SRHR was the only policy area to receive an unequivocally positive assessment in civil society's review of Sweden's global development policy in the Barometer 2024.²⁷

Work on SRHR takes place both multilaterally and through geographic and thematic strategies within bilateral development cooperation. In the government's 2025 instructions to Sida, the SRHR strategy was protected from budget cuts. There is a dedicated regional SRHR strategy for Southern Africa, and Sweden has also been an active partner in an EU-funded flagship programme for SRHR in the same region. Sweden has long been one of the major donors to UN agencies such as UNFPA, UN Women and UNAIDS, and is one of the initiators of global health initiatives such as Gavi and the Global Fund. The clear decline in SRHR funding during the period 2022–2024 therefore stands in sharp contrast to these political ambitions.

Funding for SRHR is decreasing

There is a considerable decline in SRHR development assistance. The Swedish Association for Sexuality Education, RFSU, recently showed that the share of aid allocated to SRHR has fallen by 35 per cent since 2018. Before 2022, SRHR assistance remained at around 7 per cent of total aid for several years, but in 2024 it was just under 5 per cent, which is the lowest level in more than a decade.²⁸

The decline began in 2022 in connection with Russia's invasion of Ukraine, when the Social Democratic government reallocated aid primarily to cover the costs of refugee reception in Sweden. The reduction continued in 2023 and 2024 after the government parties, with backing from the Sweden Democrats, decided to abandon the one-per cent commitment for development assistance and to reduce and partly phase out bilateral cooperation in several partner countries. The cuts have particularly affected support in some of the poorest and most fragile countries.



CONCLUSIONS

A transition of health systems to more nationally led and financed systems was gradually underway in many countries before the sudden cuts in funding for global health that characterized the year 2025. The transition is now taking place in a tumultuous manner, without safety nets and with millions of lives at stake. A long-term necessary transition is being forced at too high a cost in countries where the economic and institutional conditions to meet increased health needs are still lacking.

The global rules of the game are being challenged by several major players on the international stage. But there is still much that can be done for health and SRHR, both within the multilateral system and through commitments by states and civil society organizations. A clear message from experts in global health, including at the World Health Summit in Berlin in October 2025²⁹, is that additional funding must be provided in this transition phase to avoid the loss of millions of lives to preventable diseases.

People in the most vulnerable countries and marginalized groups are disproportionately affected. Alarming reports are coming in about diseases where the infection rates are rising again. Missed health and SRHR interventions also result in numerous negative effects on sustainable development at large and risk keeping both countries and people – not least girls and women – in poverty.

The Swedish government has made health and SRHR for the most vulnerable a clear priority in its “reform agenda” for aid. However, the opposite is signaled by the continued financing cuts in health and SRHR to historically low levels, at a time when every contribution to global health and SRHR matters.

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