

# Sweden's work on **global health** – implementing the 2030 Agenda









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## DEFINITION OF GLOBAL HEALTH<sup>3</sup>

Global health focuses on direct or indirect factors affecting health that cannot be restricted to a single country or population and focuses on equitable health at individual and population level. The definition of "global health" is important since it gives us a framework for which expert areas and actors should be included in Sweden's work on global health. We emphasise that the 'global' in "global health" concerns not only health-related problems that cross national borders but also how health is affected by, for instance, climate change, urbanisation, migration, determinants of health that do not take account of national borders and require transnational solutions (e.g. the eradication of polio).

# INTRODUCTION

**In September 2015** the UN General Assembly adopted a new agenda for sustainable global development – the 2030 Agenda with its 17 Sustainable Development Goals (SDGs). The 2030 Agenda differs in both content and design from the previous Millennium Development Goals and underlying Millennium Declaration. Some of the fundamental principles of the 2030 Agenda are that:

- **The 2030 Agenda is universal**, which means that it is aimed at all countries at all levels and that there is a common responsibility for implementing it. This is an agenda for the entire world in terms of both relevance and responsibility. The work extends beyond traditional development cooperation. The 2030 Agenda reflects an insight that all countries depend on common global development. Many of the challenges we are facing in Sweden require global solutions. This provides new opportunities but also a responsibility to act at both national and global level. Sweden's policy for global development<sup>1</sup>, adopted already in 2003<sup>2</sup>, provides a good foundation to stand on when acting globally.
- **The Goals are** integrated and indivisible, which means that no goal can be achieved at the expense of another; the health goal, SDG 3, is not a goal for the health sector but a goal that requires intersectoral action. To achieve the health goal requires that action is taken in the areas of other goals, for example, better food, consumption, environment and climate, water and sanitation, gender equality, better education, urban planning, etc. Better health is both a

goal and a means of achieving other sustainable development goals.

- **Leaving no one behind**; the implementation of the Agenda must in particular take to account the needs of the poorest and most vulnerable people and communities. Poverty reduction and reduced inequality are relevant to all countries and cornerstones of the 2030 Agenda.

**The 2030 Agenda** is important from both global and national perspectives since good and equitable health is essential for social, environmental and economic sustainability. Sweden's comprehensive work on global health is extensive and includes both national activities in public health and Swedish actions funded by development assistance.

**This work is based on** objectives formulated in the Swedish policy for global development and the development cooperation policy frame work. Sweden also has international commitments with bearing on global health these include the 2030 Agenda, the International Health Regulations and the Framework Convention on Tobacco Control – as well as specific resolutions and strategies adopted in the EU, the World Health Organisation (WHO) and other UN bodies.

**This document is intended** to summarise and give a clear picture of Sweden's present policy and international commitments and what Sweden's overall action for global health looks like in the context of the 2030 Agenda and the implementation of Sweden's policy for

global development and should be read as part of the operationalisation of the Government's action plan for the implementation of the 2030 Agenda.

The document – *Sweden's work on global health – implementing the 2030 Agenda* – is intended to reinforce the implementation of the existing policies and Sweden's international commitments by:

- summarising WHAT Sweden will contribute to;
- identifying who the ACTORS are and how their cooperation can be improved;
- clarifying what RESOURCES are available for implementation;
- describing how the overall RESULTS can be reported and monitored; and
- pointing to the ARENAS in which Sweden will act and how synergies can be achieved.

**The first two chapters** of the document describe the current situation regarding the state of global health, the global development agenda, international agreements and commitments that Sweden has undertaken to meet.

Chapters three to six give a description of overarching objectives and result areas for comprehensive Swedish action on global health, what resources are available and needed – and on which arenas Swedish actors can act at national and international level.

### DID YOU KNOW THAT ...

... the number of healthy years experienced have not increased at the same rate as life expectancy?

# We are living longer – but we are not getting healthier at the same pace

**T**he global health situation has shown a clearly positive trend in recent decades, and many diseases are on the decline. Polio has almost been eradicated, malnutrition is becoming more uncommon and child and maternal mortality has decreased, as has the prevalence of communicable diseases. There has been a marked increase in the number of children vaccinated. This positive development is due, in part, to targeted action, including better health care and important progress in research and is, in part, an effect of strong economic and social development globally bringing a better standard of living, including cleaner water and better sanitation.

**In all, this means** that more people are living longer. However, the number of healthy life years experienced have not increased at the same pace as life expectancy. People's possibilities of not only surviving but also living long and healthy lives are strongly linked to poverty and inequalities in conditions and opportunities in and between countries.

A growing lack of functional and effective social institutions reinforces inequalities.

**These inequalities are** primarily associated with social status, income, level of education, ethnicity, sex, disability, sexual orientation and gender identity. The ongoing urbanisation throughout the world is leading to a more pronounced dividing line between a highly educated urban population with good access to health care and possibilities of making lifestyle choices that favour good health and a poorer rural population with low levels of education and limited access to good health care.

**The poorest billion** of the population does not have any real access to health care if all barriers are considered, including the risk of catastrophic health expenditure. A negative development of health is seen most clearly in countries that are at war or in conflict or have been hit by natural disasters with major humanitarian impact. They quickly enter a negative spiral of deteriorating health status that

may be difficult to break out of even when the situation has improved. For these countries a comeback can take generations, often leading to major migration flows. These migrants make up one of the minorities that risk poor access to health care. There is a clear link between discrimination, lack of respect for human rights and unequal access to health care.

**In sexual and reproductive health and rights (SRHR)** there are still major deficiencies and inequalities regarding people's access to, for instance contraceptives, comprehensive sexuality education; youth-friendly clinics; prevention and treatment for HIV; prevention and treatment of sexual and gender-based violence; legal and safe abortion; the health and rights of lesbian, gay, bisexual, transsexual and queer people and work against child marriage and female genital mutilation. Between five and thirteen per cent of total global maternal mortality is a direct consequence of complications caused by unsafe abortions.<sup>5</sup>





72

People are living longer,  
72 years on average compared  
with 62 years 40 years ago.

**Global population** density and the formation of megacities also lead to new environment-related health risks caused by high levels of particles, noise and stress.<sup>6,7</sup> The increasingly common urban western lifestyle often leads to less physical activity and poorer diets. These factors in combination with tobacco smoking and harmful use of alcohol have contributed to a strong increase in noncommunicable diseases (NCDs) in many countries. This happens especially in middle-income countries undergoing urbanisation.<sup>8</sup>

**Risk factors linked to** lifestyles and environment can explain about half of global premature mortality.<sup>9</sup> Smoking is still increasing in many low-income countries and, along with air pollution, causes chronic obstructive pulmonary disease, lung cancer and other diseases. Trauma kills almost five million people annually, most of them in low-income countries on account of traffic accidents. A fifth of early deaths could be avoided with access to surgery and adequate prevention.<sup>10</sup>

**Exposure to dangerous** chemicals contributes to ill-health and early death. People can be exposed to dangerous substances via food, drinking water and products through their work and the environment. Some substances are transferred from mother to child during pregnancy and to infants during breastfeeding and can affect the child's development. Well-known examples are lead and mercury that impair children's intelligence and cognitive development and have lifelong effects.<sup>11</sup>

**Climate change affects** the health status of both people and animals. The most obvious health effects of climate change in humans are respiratory effects, heatstroke, allergies, cardiovascular effects, communicable diseases, poisoning, personal injuries and impact on mental health. A warmer climate can also lead to indirect impacts through changes in infection patterns of communicable diseases and by establishment of new diseases reaching Sweden.

**Mental illness is a global** health problem that often bears a stigma that makes

people less willing to seek healthcare. Mental illness also generates exclusion and usually affects already vulnerable groups. There are many indications showing that unreported mental illness is common, and many countries do not have a system for mental health care, nor are there particularly well-developed indicators for measuring mental illness.<sup>12</sup> Mental illness can also lead to consumption of drugs and to violence, which affects both adolescents and young adults particularly.

**Sustainable health** systems that offer everyone equal access to good services, so called Universal Health Coverage (UHC), are currently a global priority<sup>13</sup>. Sweden has extensive experience of such systems. To ensure sustainable health systems all actors offering healthcare services in the health system must be included in planning, implementation and monitoring, both in the public and private sector including civil society organisations. It is also important to involve actors outside health care in planning, especially actors working on water and sanitation, which is a fundamental precondition for a functioning health system.

**It is of crucial** importance that the needs of both the ageing population and young people are met. Both groups are growing globally to varying extents. A targeted approach is required if marginalised groups are to have equal access to health care. This will require major investments, however the social costs of failing to create conditions for good health are generally much higher.

**We are also seeing** a greater number and variety of threats to health with global dimensions. Higher population density and increasing mobility increase the likelihood of pandemics. Weak and fragmented health systems do not have the capacity to handle epidemics, as was the case during the Ebola outbreak in West Africa in 2014–2016.<sup>14</sup> This type of epidemic risks are becoming more and more frequent, threatening global health security. A great deal of resources is now being invested in identifying and preventing these threats by strengthening

weak health systems and early warning systems and by developing vaccines.<sup>15</sup> There is growing awareness both of the importance of preventing the spread of infections between humans and animals and the significance of strong systems for detecting the unintentional or intentional spread of infections in time.

**Antimicrobial resistance** (AMR), and especially antibiotic resistance, is a cross border and intersectoral global threat to health that is growing all over the world. AMR leads to major costs and has negative consequences for work on sustainable development both in low- and middle-income countries and in high-income countries.<sup>16</sup>

**Overall, significant progress** has been made regarding global health outcomes, but much remains to be done. Low-hanging fruits are now hard to find. Now it is more a question of working for a society that enables people not only to survive but also to live long and healthy lives. Questions concerning food, possibilities of physical activity, gender equality, non-discrimination and access to education are equally important as access to good health care.



## SOCIETAL DEVELOPMENT

- The individual's health is affected by their lifestyle and environment they live in; this is known as determinants of health. Examples of determinants of health include education, working conditions, housing, social and economic circumstances, gender equality, access to health care, safe food, diet, clean water and sanitation.
- There is evidence that a low level of education is associated with poorer health and shorter life expectancy than on average.
- Today more than 50 per cent of the global population live in cities and forecasts show that in 2050 that figure will be 70 per cent.\*
- Swedish studies done in Gothenburg, Malmö and Stockholm show that residents of resource-poor suburbs suffer from heart attacks, depression, stroke and COPD twice as often as residents of richer suburbs.\*\*
- Climate change affects the possibilities of achieving the overarching objective of public health policy.

\* WHO, UN Habitat, Global Report on Urban Health: equitable, healthier cities for sustainable development, 2016.

\*\* Sahlgrenska Academy, University of Gothenburg, 2014



## LIFE EXPECTANCY

- People are living longer, 72 years on average compared with the figure 40 years ago of 62 years.\*
- There are significant differences in life expectancy between different countries. At most the difference is 34 years. Life expectancy in Japan is 84 years while people live for an average of 50 years in Sierra Leone.\*

\* Statistics on Life Expectancy, The World Bank, 2018



## RISK FACTORS

- Tobacco kills more than 7 million people per year. More than 6 million of these deaths are a direct result of smoking, while around 890 000 people die of passive smoking.\*\*Around 80 per cent of 1.1 billion smokers live in low- and middle-income countries, where the burden of tobacco-related diseases is also greatest.\*
- Physical inactivity contributes to a quarter of all breast and colon cancers, diabetes and heart disease.\*\*
- Obesity has passed malnutrition as a global risk factor and cause of death in the past decade and, taken together, dietary risks are the most important factor after high blood pressure.\*\*\*
- Alcohol is, despite the fact that half of the world population does not use it, the cause of a third of global ill-health and 11 per cent of deaths.\*\*\*\*
- Sweden has the second lowest traffic mortality in the world, but globally traffic accidents are the tenth most common cause of death and are a major social problem in many countries.\*\*\*\*\*
- Pollution is an important cause of ill-health and early death. Pollution accounts for 16 per cent of all deaths in the world. 90 per cent of all deaths that are related to pollution occur in low- or middle-income countries. At the same time it is estimated that 9 out of 10 people in the world breathe the air that is harmful to their health.\*\*\*\*\*
- Dangerous chemicals affect human health in many different ways. Some chemicals can cause acute poisoning and death; others have effects that appear many years after exposure, e.g. cancer or reproductive impacts. Some substances can be transferred from the mother to the child during pregnancy and in breastfeeding and affect the child's development.\*\*\*\*\*

\* WHO report on the global tobacco epidemic 2017: Monitoring tobacco use and prevention policies

\*\*WHO Key Facts on Physical Activity, 2018

\*\*\*WHO Global Health Observatory data on Causes of Death, 2017

\*\*\*\*WHO Global Status Report on Alcohol and Death, 2014

\*\*\*\*\*WHO Global Health Observatory data on Causes of Death, 2017

\*\*\*\*\*WHO Global Health Observatory data on Air Pollution, 2018

\*\*\*\*\*WHO Public health impact of chemicals: Knowns and unknowns, 2016

A close-up photograph of a woman with dark hair tied up, wearing a blue hoodie and a dark jacket, holding a baby. The baby is wearing a blue and white striped hat and a light blue blanket. The woman has a small earring and is looking towards the camera. The background is a blurred outdoor setting with trees.

# 5.6

The number of children who die before they reach the age of five has decreased from 12.7 million to 5.6 million between 1990 and 2015.

## DID YOU KNOW THAT ...

... the Swedish government has adopted an overarching action plan for the 2030 Agenda for the period 2018–2020?

# Sweden's national and international commitments for global health

**S**weden has made a number of international commitments regarding global health that along with various national decisions make up the framework for Sweden's comprehensive work on global health.

The overall commitments and decisions can be summarised in three categories:<sup>17</sup>

- 1 Global and national decisions and commitments that include global health but cover more than health, e.g. the 2030 Agenda and the Policy for Global Development (PGU).
- 2 International commitments for global health, e.g. binding international regulatory frameworks for global health, such as the WHO Framework Convention on Tobacco Control, the International Health Regulation (IHR) or EU directives, as well as non-binding declarations, resolutions and strategies that may be politically and morally binding for Sweden to varying degrees.
- 3 National decisions and commitments for global health, e.g. Swedish decisions that correspond to global and international commitments and are mainly implemented in Sweden (such as the Swedish strategy for alcohol, narcotics, doping and tobacco policy, and the gender policy target on gender equality in health) as well as strategies and action plans that guide Sweden's international work outside Sweden, including Swedish development co-operation.

**The focus** here is Sweden's international actions, although what is done in Sweden is an important starting point. Global agreements are also of great importance for work in Sweden.

**Annex 1 contains** a matrix of Sweden's international commitments, decisions and cooperation agreements.<sup>18</sup> The list is to be seen as a living document and is not exhaustive.

## 1 GLOBAL AND NATIONAL COMMITMENTS AND DECISIONS WITH A BEARING ON GLOBAL HEALTH

Global health is a central dimension of sustainable development. On account of the universality of global health challenges and the knowledge available about the determinants of health, health is generally included in broader global and national policy documents. A brief description of some of the most important is given below.

**The 2030 Agenda**, Sweden's Policy for Global Development<sup>19</sup> and the principle of health in all policy areas;<sup>20</sup> The holistic approach of the 2030 Agenda, whose goals and targets are designed to be interdependent, demonstrate the importance of coherence in implementation. The Riksdag (the Swedish Parliament) adopted Sweden's Policy for Global Development in 2003. The goal of the Policy for Global Development is for all of the government's

policy areas to contribute to equitable and sustainable development, in economic, environmental and social terms. This is important, especially for global health, as many factors outside the health sector affect people's living conditions, one example being Sweden's commitments to trade and climate agreements. The policy is characterised by both a rights perspective as well as the perspectives of people living in poverty.<sup>21</sup> In addition, the Government has adopted an overarching action plan for the 2030 Agenda for the period of 2018–2020.

**Sweden has a feminist** foreign policy given the fact that women throughout the world are “neglected in terms of resources, representation and rights”.<sup>22</sup> The Government has drawn up an action plan for its feminist foreign policy, which is updated each year through the inclusion of indicative measures. The action plan is related directly to global health through objectives related to freedom from physical, psychological and sexual violence as well as SRHR and indirectly through the other four priorities defined for women and girls.

**Sweden's development** cooperation and humanitarian assistance is guided by the Policy framework for Swedish development cooperation and humanitarian assistance which is based on the Policy for Global Development and the 2030 Agenda and is shaped by Sweden's feminist foreign policy.<sup>23</sup> Sweden's development cooperation has eight thematic directions, one of which is health equity.

**In addition to** the above there are a number of global commitments that do not have health as their main goal, but have direct or indirect effect on the global health goals. Some of the more central are the International Covenant on Economic, Social and Cultural Rights (Article 12 on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health), the Convention on the Elimination of All Forms of Discrimination Against Women (Article 12), the Convention on the Rights of the Child (Article 24) and the Convention on the Rights of Persons with Disabilities (Article 25); the Paris

Agreement for Climate Policy; the UN Convention on Biological Diversity which has a special negotiating area on the links between biological diversity and health; Security Council resolution 1325 on women, peace and security and resolution 1983 on HIV/AIDS and security in conflicts; DOHA TRIPS (Trade-Related Aspects of Intellectual Property Rights); ILO Recommendation 202 on social security floors<sup>24</sup> which includes health; and the Sendai Framework for Disaster Risk Reduction 2015–2030.

**There are also** international standardisation bodies intended to establish safe production of and trade regarding food (Codex Alimentarius) and animals and animal products (the World Organisation for Animal Health – OIE), which are intended to increase global health.

## 2 INTERNATIONAL COMMITMENTS SPECIFICALLY FOR GLOBAL HEALTH

There are a large number of international declarations, resolutions, decisions and agreements adopted by international bodies such as the World Health Assembly (WHO's supreme decision-making body), the UN General Assembly and the UN Security Council. The most important nationally binding legal frameworks in the area of health are the WHO Framework Convention on Tobacco Control and the International Health Regulation.

At EU level there are a number of binding directives and decisions. In addition to the Tobacco Products Directive, there is, for example, the Patient Mobility Directive, whose purpose is to ensure more general and effective application of the



### HEALTH EQUITY

The overarching objective for health in Swedish development cooperation is to contribute to more equitable health, by:

- 1 Taking the gender equality perspective in particular account, considering existing gender differences in health and access to health care. The human rights of women, girls and young people are of central importance. Child health and maternal healthcare are given priority.
- 2 Continuing to defend the universal right to health, with a particular focus on sexual and reproductive health and rights. The needs and circumstances of young people will be highlighted, as will respect for LGBTQ rights.
- 3 Having a long-term, rights-based and broad approach in its work to combat the spread of HIV.
- 4 Highlighting the importance for health of access to clean water, sanitation and hygiene and of sufficient, safe and nutritious food, as well as sustainable energy.
- 5 Working to ensure that more attention is paid to non-communicable diseases on the international agenda and in national health programmes.
- 6 Continuing to show leadership in action against antimicrobial resistance (AMR) and working to develop capacity in accordance with the global action plan on AMR.
- 7 Working to strengthen the global capacity to detect and manage health threats by implementing the International Health Regulations.
- 8 Raising awareness of the link between health and environmental and climate challenges and between health and security in development cooperation, in humanitarian initiatives and in the interface between them.



## NCD

- 15 million people die prematurely (before the age of 70) in NCDs globally. About half of these deaths occur in low- and middle-income countries.\*
- Cardiovascular diseases are the largest cause of death, both globally and in Sweden. Around 54 per cent of all deaths globally are caused by them.\*\*
- The number of people living with diabetes increased from 108 million to 422 million between 1980 and 2014, with the fastest increase in low- and middle-income countries.\*\*\*
- WHO's assessment is that complications related to diabetes will be the seventh largest global cause of death in 2030 and that in some countries in the world prevalence will exceed 20 per cent.\*\*\*
- It is estimated that there are 300 million people in the world who have suffered depression at some time. More women than men are affected.\*\*\*\*
- Globally suicide is the second most common cause of death in the 15–29 age group.\*\*\*\*\*

\* Global Health Observatory data on Noncommunicable Diseases 2018

\*\* Collaborators, G.B.D.C.o.D., Global, regional, and national age-sex specific mortality for 264 causes of death, 1980-2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet*, 2017. 390(10100): p. 1151–1210.

\*\*\* Mathers, C.D. and D. Loncar, Projections of global mortality and burden of disease from 2002 to 2030. *PLoS Med*, 2006. 3(11): p. e442.

\*\*\*\* WHO Fact sheet on Depression – last updated March 2018

\*\*\*\*\* Lemmi, V., et al., Suicide and poverty in low-income and middle-income countries: a systematic review. *Lancet Psychiatry*, 2016. 3(8): p. 774-83.



## MATERNAL AND CHILD MORTALITY

- The number of children who die before reaching their fifth birthday decreased from 12.7 million to 5.6 million between 1990 and 2015, even though the number of children born had increased in the same period.\*
- Today four countries account for almost half of child deaths (under 5 mortality): India, Pakistan, Nigeria and the Democratic Republic of the Congo.\*
- In Sub-Saharan Africa 1 child in 13 dies before its fifth birthday while the corresponding figure in high-income countries is 1 child in 189.\*\*,\*\*
- The number of maternal deaths decreased from 532 000 to 303 000 between 1990 and 2015. 99 per cent of maternal mortality occurs in low- and middle-income countries.\*\*\*

\* WHO and UNICEF Fact Sheets on Under five mortality – updated November 2017.

\*\* WHO Fact File on Health Inequalities: WHO World Health Statistics 2011; European Parliament resolution on reducing health inequalities in the EU, March, 2011.

\*\*\* Report on trends in Maternal Mortality: 1990 to 2015, WHO/ RHR/15.23



## HIV, TUBERCULOSIS AND MALARIA

- Today an estimated 36.7 million people in the world are living with HIV. 70 per cent are aware of their disease and more than half are receiving antiretroviral therapy, which is why AIDS mortality has decreased considerably.\*
- After declining for some years, the number of new HIV cases in the sexually active population has stabilised at around 1.7 million per year. There has been no marked increase in the last five years.\*
- Tuberculosis is no longer as common globally, but one person in four in the world still has tuberculosis and it is the ninth most common cause of death.\*\*
- Around 1.4 million people die each year of tuberculosis. 95 per cent of all deaths caused by tuberculosis occur in low- and middle-income countries and tuberculosis is strongly associated with HIV.\*\*, \*\*\*
- After declining for many years, malaria incidence has now halted at around 216 million cases and 455 000 annual deaths. In some regions prevalence has risen again.\*\*\*\*
- Only half of the population in endemic regions has access to mosquito nets\*\*\*\*

\* WHO/Fact sheet on HIV/AIDS, UNAIDS 2017

\*\* WHO Fact sheet on Tuberculosis – updated October 2017

\*\*\* Murray, C.J., et al., Global, regional, and national incidence and mortality for HIV, tuberculosis, and malaria during 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet*, 2014. 384(9947): p. 1005–70.

\*\*\*\* WHO 2017 World Malaria Report

EU's principles of free movement for health care services, thereby developing the internal market. The Decision of the European Parliament and of the Council in 2013 on serious cross-border threats to health is intended to increase the effectiveness and strengthen the capacity and structures of the EU to respond to serious cross-border threats to human health. In the Nordic region, Sweden is party to the Nordic Health Preparedness Agreement, which takes the form of cooperation between the Nordic countries to develop health care preparedness to be better able to deal with crises and disasters, such as natural disasters, accidents and terrorist acts, involving, for instance, radioactive emissions and biological and chemical substances.

There are also a large number of international political declarations, resolutions, strategies and action plans that can be said to be politically and morally binding on Sweden to varying degrees. They provide guidance for policy development at global and national level and are followed up regularly by the relevant decision-making bodies. Examples include:

- The declarations and work of UNAIDS and of the EU in the area of HIV/AIDS.
- The Declaration from the the Special Session of the UN General Assembly on Drugs (UNGASS) in 2016.
- The Programme of Action from the 1994 UN International Conference on

Population and Development (ICPD) in Cairo.

- The Beijing Declaration and Platform for Action from 1995, which is a cornerstone of Sweden's international work.
- The UN Political Declaration on Non-communicable Diseases of 2011, which marked the start of global action on non-communicable diseases.
- The political declaration from the high-level meeting on AMR in the UN General Assembly intended to strengthen intersectoral work to address AMR.

3

### NATIONAL DECISIONS AND COMMITMENTS FOR GLOBAL HEALTH

There are Swedish laws, policy documents, strategies and action plans that correspond to global and international commitments and are being implemented in Sweden.

In addition, Sweden has a number of national decisions, strategies and action plans that guide Sweden's global work, including Sweden's development cooperation. Sweden's development cooperation is extensive and has long given priority to action that prioritises human health.

Multilateral support is mainly handled by the Ministry for Foreign Affairs and Sida, The Swedish International Development Cooperation Agency, is respon-

sible for bilateral action at country, regional and global level.

Multilateral assistance for health covers several strategies that govern Swedish cooperation with international health organisations and includes WHO, UNAIDS, Gavi, the Global Fund to Fight Aids, Tuberculosis and Malaria, UNFPA and UNICEF. In addition, the Government has strategies for global organisations that work wholly or partly with health issues such as the EU, the United Nations Office on Drugs and Crime (UNODC), UN Women and the United Nations Development Programme (UNDP) and the development banks.

**Bilateral assistance** for health is governed by bilateral, regional and global strategies for development cooperation. Health is a target or is included in the activities of a number of thematic strategies including the Strategy for research cooperation, the Strategy for capacity development, the Strategy for humanitarian assistance and the Strategy for sustainable peace (see annex 1 for more information).

Sweden's development cooperation is focused on reaching the poorest and most vulnerable groups in low-income countries. The objective of health equity and its targets in the policy framework for Swedish development cooperation guide the direction of development assistance for health.



## STRATEGIES FOR SWEDISH DEVELOPMENT ASSISTANCE FOR HEALTH

In 2017 there were 14 bilateral strategies in which health and/or SRHR are objectives or targets for cooperation with the country. These countries are: Zambia, Somalia, Uganda, the DRC, Zimbabwe, Mozambique, South Sudan, Liberia, Ethiopia, Burkina Faso, Sudan, Bangladesh, Myanmar and Palestine. There is also a regional strategy for Sub-Saharan Africa in the area of SRHR/HIV and a global strategy for socially sustainable development that includes health, education, and water and sanitation. Of the thematic strategies, the Strategy for research cooperation is particularly relevant since it guides priorities for investments in global health research by both Sida and the Swedish Research Council.

## STRATEGY FOR WHO COOPERATION

The Strategy for Sweden's cooperation with the WHO in 2016–2019 sets out the direction of, and priorities for, Sweden's cooperation with WHO in and beyond development assistance. The priority areas in the strategy are the development of health systems that promote health equity and strengthened health security through preparedness, surveillance and response. There are also several strategies that focus on particular areas and cover national and international work, such as the Swedish strategy to combat antibiotic resistance adopted in 2016.





16%

16 per cent of all deaths in the world are due to pollution, which is an important cause of ill-health

### DID YOU KNOW THAT ...

... different lifestyles are risk factors behind a great deal of the global burden of disease today?

# Sweden's objective and result areas for global health

**T**he previous chapter summarises the existing policies, and the international commitments Sweden has made regarding global health and annex 1 provides a more detailed list. The 2030 Agenda is the main starting point along with the Development Policy Framework and the specific international commitments Sweden has in the area such as the International Health Regulations.

**The following section** outlines the priorities for Sweden's comprehensive action in global health in Sweden and the world. It is important to note that the three result areas presented below are interrelated and mutually dependent. When they are implemented together it is possible to achieve the long-term objective.

**The overarching** objective of Sweden's comprehensive work on global health is to contribute to healthy lives and promote well-being for all at all ages. Respect for human rights, the importance of gen-

der equality, equity and non-discrimination are fundamental requirements and consistent priorities.

**Sweden's comprehensive** action to achieve the overarching objective can be summarised in three main result areas:

- 1 Creating conditions in society for good health and health equity;
- 2 Health systems that are effective, sustainable and resilient; and
- 3 Greater preparedness for and capacity to detect and manage outbreaks and other threats to health.

Sexual and reproductive health and rights are of importance in all three result areas.

### 1 RESULT AREA 1: CREATING CONDITIONS IN SOCIETY FOR GOOD HEALTH AND HEALTH EQUITY

The health situation of a population depends on many different factors and can be seen as the result of an interaction between the individual and society. The determinants of health can be divided into lifestyle and living conditions. The links between the determinants are complex, and the same determinants can often be the basis for several different health outcomes. Different lifestyles affect the risk of contracting many of the diseases that are the greatest burden of disease in the world today. Living conditions, in turn, affect the possibility of having a sound lifestyle. Health inequalities are created because different groups in society, such as women and men or different socioeconomic groups, systematically have different lifestyles and living conditions.

**The first result area** for Sweden's work on global health is contributing to creating



74%

If the need for modern contraceptives was met, unsafe abortions would decrease by 74 per cent.

conditions in society for good health and health equity. This means intersectoral work focusing on the determinants of health, i.e. the factors of people's living conditions and lifestyles that are of central importance for health.

**Sweden will focus on:**

- a) Social sustainability and reduced health inequalities** throughout the life cycle, from early life to old age. Gender equality and non-discrimination are of central importance.
- b) Preventing ill health by reducing the prevalence of risk factors for ill health**, e.g. tobacco use, alcohol misuse, unsafe sex, unhealthy food, physical inactivity, air pollution and unsafe roads.
- c) Promoting health by working for more healthy societies** in order to strengthen people's physical, mental and social well-being and facilitating good lifestyles, e.g. healthy and sustainably produced food, possibilities for physical activity, access to education of good quality, including sexual education, good hygiene, clean water and adequate sanitation solutions.

2

## **RESULT AREA 2: HEALTH SYSTEMS THAT ARE EFFECTIVE, SUSTAINABLE AND RESILIENT**

The universal right to health care of good quality regardless of ability to pay is fundamental. This work will build on a rights-based approach in which principles of non-discrimination, participation, transparency and accountability are of central importance. Vulnerable groups should be able to access health care and other services on equal terms. It is important to consider the health needs of vulnerable groups such as young people, women, LGBTQ people and persons with disabilities.

SRHR has long been one of Sweden's high-priority issues and there are still great deficiencies regarding, for example, access to safe abortions and services on equal terms regarding sexual health. The special role of the midwife both in preventive work with young people and contraceptives and in safe births and safe abortions will continue to be an important part of Swedish work.

Integrated primary health care should be the foundation and should be supplemented by secondary and tertiary care. Depending on health needs, programmes intended to increase access to services

including vaccinations, sexual and reproductive health and rights, treatment for both communicable (e.g. HIV, malaria and tuberculosis) and non-communicable diseases are important.

**Sweden will focus on:**

- a) Improving access to basic health services for good health and health equity for all.** The following are of particular importance: access to high quality personnel, data and information; the existence of a prioritisation system; access to pharmaceuticals and vaccines of good quality at a reasonable price and effective and rational prescription of pharmaceuticals.
- b) Interventions that promote and correspond to girls', boys', women's and men's needs of sexual and reproductive health and rights** as a fundamental part of an effective and well-functioning health system.
- c) The development and reinforcement of health systems that are effective, sustainable and resilient in** economic, environmental and social terms and have effective and fair financing.

## **DID YOU KNOW THAT ...**

... the overarching objective of Sweden's work on global health is to contribute to healthy lives and promote well-being for all?

3

### RESULT AREA 3: IMPROVED PREPAREDNESS AND CAPACITY TO DETECT AND MANAGE OUTBREAKS AND OTHER GLOBAL HEALTH THREATS

Cross border threats to health require improved strategic and situational cooperation at global level and effective prevention and protection mechanisms both in Sweden and in other countries. Sweden will contribute to the strengthening of global and national preparedness for outbreaks and improve the capacity to detect and manage outbreaks and other global health threats. This includes strengthening the capacity of all countries, and especially of developing countries, regarding early warnings, risk reduction and the management of national and global risks to health. The International Health Regulations are the foundation for global cooperation, and the WHO has a central role in this.

The large number of conflicts and displaced people in the world brings partly new public health challenges such as in the prevention and control of communicable and non-communicable diseases, which place great strain on health care in many countries.

AMR, especially antibiotic resistance, is a growing global threat to health. Generally weak systems for human and animal health are among the reasons. Antibiotics are used in an inappropriate way in some cases, and this together with discharges of antibiotics into the environment contribute to antibiotic resistance. There is a need for greater awareness, coordination and capacity development in various sectors and at various levels to address this. It is important that this work takes account of access to antibiotics, preventive measures, responsible antibiotics use and production, research and innovation.

The spread of infections between animals and humans as well as strengthening veterinary systems in order to both prevent and detect incidents on time is also part of this result area.

#### Sweden will focus on:

- a) **Strengthening resilient health systems that have preparedness and ability to prevent and manage health threats;**
- b) **Intersectoral work to address antibiotic resistance** which means that measures are required in numerous

areas such as human and animal health, the environment, research, education and training, trade and international development cooperation;

- c) **Health in humanitarian operations**, especially in basic health care, vaccines, clean water and sanitation, SRHR and work to counter gender-based violence.



## PREPAREDNESS FOR HEALTH THREATS

The International Health Regulations (IHR) are a legally binding framework for WHO countries. The IHR was adopted in 2005 and entered into force in 2007. It builds on national and international cooperation in order to detect and limit – as soon as possible – the spread of communicable diseases and of substances that may pose an international threat to human health, both in Sweden and across its borders to other countries. The Public Health Agency of Sweden is responsible for coordinating preparedness to deal with serious international threats to health under the “Act on protection against international threats to human health” and has been made the national contact point for the IHR. Sweden takes part in the work of reviewing other countries’ IHR compliance. Sweden has still to undergo an international review.



1/4

Physical inactivity contributes to a quarter of all breast and colon cancer, diabetes and heart disease.

## DID YOU KNOW THAT ...

... the initiatives and involvement of individuals, companies, researchers and organisations are an important part of the implementation of Sweden's work on global health?

# Actors, resources and comprehensive action

**S**weden is seen internationally as having a strong public administration, a low level of corruption and a high ambition for equality and gender equality in society. This has affected the development of Sweden's welfare systems and makes Sweden a strategic partner in international contexts. Sweden's model builds on cooperation and collaboration, at both national and international level. This way of working is key for implementation of the 2030 Agenda. The foundation is broad ownership of the 2030 Agenda and participation among all actors in society.

**The common commitment**, built on knowledge and mutual understanding, is a necessary base for this work. By combining partnership with the power of innovation in society, fresh thinking and sustainable solutions, Sweden can show the way forward in implementation. It is important that cooperation is mutual. Sweden has a role and a global responsibility, but Sweden also has much to gain from this cooperation.

**Responsibility for the** implementation of Sweden's work on global health is shared by several actors. Part of this implementation is governed by the Parliament and the Government, but a large part also builds on the initiatives and involvement of individuals, companies, researchers and organisations. Vigorous action with more synergies and results is dependent on the involvement of a number of actors in Swedish society. This requires clear roles and resources, but also collaboration, monitoring and learning.

Achieving the overarching health objective will require another way of working that does not solely involve actors in the health sector but also ensures that actors in, for example, the food sector, infrastructure, gender equality and environment are involved in a much clearer way.

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## STAKEHOLDERS

### The Government leads ...

The Government has responsibility for the political direction, for decisions on international commitments, strategies for special action or programmes and for decisions on how public funds are used. Within the Government Offices the Ministry of Health and Social Affairs and the Ministry for Foreign Affairs have overarching responsibility for global health issues.

### Government agencies create the conditions for implementation ...

Government agencies have a central role in the implementation of work on global health. The mission of the Public Health Agency of Sweden is to develop and support the work of society on promoting health, preventing ill health and providing protection from various forms of threats to health. The Swedish National Board of Health and Welfare has broad activities in the areas of health care and social

services. Several government agencies in other sectors have activities that are of central importance for determinants of health; examples include the Swedish Food Agency, the Swedish Board of Agriculture, the Swedish Chemicals Agency and the Swedish Environmental Protection Agency. Sida has the main responsibility for international development cooperation.

**Most agencies are** mandated to contribute to the implementation of the Policy for Global Development and also special international commissions in their instructions or appropriation direction. Government agencies finance much of their international activities from their administrative appropriations. However, certain agencies have special commissions from the Government to work on specific global health issues (AMR and IHR, for example) and, through Sida, a number of agencies also have commissions financed by development assistance.

### **Universities and researchers that contribute to new knowledge ...**

A new agenda for global health must be knowledge-based. The 2030 Agenda stimulates cross-sectoral research of relevance both for Sweden and globally.

Swedish researchers and universities have a long tradition of working on international questions, exchanges and capacity development in Sweden and internationally. Universities and researchers also have important roles to play in evaluating work on global health.

The importance of transnational research cooperation intended to address global social challenges is increasing in pace with the establishment of such cooperation in the EU context as well as with parties all over the world. The purpose is to gather forces to address these challenges, resulting in more power than a single country with its own smaller investments.

Swedish universities have been instructed by the Government to further internationalise their activities, study programmes and courses, and have been given special funding to do so. This creates potential to promote education and research in Sweden and internationally.

### **A civil society that is heard and reaches out ...**

The knowledge and participation of civil society is crucial to the implementation of the 2030 Agenda. It is also important that representatives of various government agencies make use of the knowledge, energy and support for the Agenda to be found in civil society. With their knowledge and values, civil society organisations are important in establishing new partnerships with the public sector, business, the research community and other stakeholders.

**Non-governmental organisations (NGOs) in Sweden** have several important roles at both national and international levels. One important role is to be a clear voice for specific issues and vulnerable population groups, especially in relation to different aspects of human rights, equity and health. Several Swedish NGOs are part of international parent organisations (MSF, the Swedish Red Cross, the Swedish Association for Sex Education (RFSU), the Swedish Section of the IOGT, etc.) and are thereby also able to contribute to international advocacy work.

Civil society is also an important group as a provider of services in collaboration with governments or as a complement to governments. NGOs are very important actors in humanitarian response. In the absence of functional institutions, civil society is particularly important in delivering both life-saving interventions and basic health care.

Trade unions have an important role when it comes to influencing employers to invest in their employees' health so as to both reduce costs and increase productivity.

The activities of civil society organisations are financed both from private grants and from official sources of finance such as the EU, the UN and the Swedish development assistance budget (through Sida).

### **A private sector that contributes to a healthier population ...**

Business has an important role in global health work, both by driving the development and the dissemination of new technology and innovations and by

providing sustainable solutions to various social problems. Banks and other industries are also important actors in promoting innovative financing models complementing public funds with private funds for special purposes. Business is also of central importance in making it possible to keep the prices of important pharmaceuticals, vaccines and products at reasonable levels so that more people in low- and middle-income countries have access to them.

**Today many companies** are conducting structured sustainability work in line with the 2030 Agenda and are seeking opportunities for collaboration to be able to work in a more sustainable way in low- and middle-income countries. There are, however, commercial forces that do not favour a positive development of health that are also important to pay attention to and counter.

Swedish companies can play an important role internationally in the export of Swedish expertise and systems. The mutual nature of international exchange and collaboration is important to the business sector since there are solutions that are well suited for export but also lessons to learn and innovations from other countries that can benefit business in Sweden.

Through Swecare, Sweden has a unique platform where the academic community and the public and private sectors join forces to increase the export and internationalisation of Swedish health care and life sciences.

To create better conditions for and make use of the possibilities for greater Swedish exports and investment possibilities in the health sector, a high-level group led by the State Secretary of the Ministry of Health and Social Affairs was set up within the Team Sweden Care and Health export strategy.

### **Health care that can contribute to global development ...**

The foremost task of the county councils is to provide their residents with good health care. Most county councils have activities concerning global health. There are also examples of privatised divisions/clinics that export services. Through the technical expertise and the systems in health care, Sweden can contribute to



sharing of experiences at both national and global level, and Sweden can also benefit from lessons and experience resulting from cooperation with international actors.

### The individual ...

To achieve the health goal of health equity a large number of measures have to be implemented in parallel. There has to be an overarching common approach and responsibility for implementation. The individual can through everyday actions – at home, at work or leisure time – contribute to reach the global health goals. Knowledge, resources and values are of central importance in enabling individuals to make more healthy choices for themselves, their families and society.

### RESOURCES

The main resources for Sweden's global health work come from international development cooperation (under expenditure area 7 of the Government Budget), but there are a number of other resources that make further contributions to the overall work, and does not fall under the objective of Swedish development cooperation.

In their activities many Swedish stakeholders have a strong need of and interest in international activities, and they finance this from their own budgets. This applies both to companies and to government agencies, county councils and municipalities, universities and other higher education institutions and NGOs.

There are a number of other sources of financing for work on global health that can be accessed by Swedish actors. They include the EU Health Programme, EU funding for twinning that can be accessed by Swedish authorities; grants from the EU's development assistance budget that are open to tender for all actors in the EU; research grants from the Swedish Research Council, the Swedish Research Council for Health, Working Life and Welfare and the EU (incl. Horizon 2020), private foundations, collected funds and donations. As regards research, there are still deficiencies in access to funds for interdisciplinary research in line with the 2030 Agenda.

### COORDINATION

Coordination is required for the effective implementation of a complex agenda. Platforms and possibilities of cooperation between actors (between the public sector, the private sector, civil society, research and initiatives by citizens) should be promoted where they can contribute to the objective for Sweden's work on global health and its result areas.

There are many common issues and points of contact between different ministries and agencies. A clearer platform can enable government agencies to collaborate on current issues and contribute to learning between different areas of expertise. There is also reason to reinforce the dialogue between the universities and the national research councils on research and capacity development regarding global health and interdisciplinary approaches.

This work has to build on the respective responsibilities and missions of the different stakeholders, but there is also an overall need to improve the exchange

of information and communication. It is important to support and reinforce the utilisation of the existing expertise of various actors in an effective way. The Government will therefore continue to contribute to:

- the intersectoral and multidisciplinary dialogue and exchange of information in order to facilitate the transfer of knowledge between actors and decision-makers (government agencies, universities, researchers, students, civil society and the private sector).
- the specific dialogue and exchange of information with the government agencies of relevance for the implementation of Sweden's work on global health.

## DID YOU KNOW THAT ...

... the individual can through everyday actions – at home, at work or in leisure time – contribute to reach the global health goals?

### DID YOU KNOW THAT ...

... the Government has the ambition for Sweden to be a leader in implementing the 2030 Agenda?

# Arenas for coherent action

**S**weden will work to contribute to a more effective international system for health based on the 2030 Agenda and to promote an international system that enables all actors (governments, companies, civil society organisations, universities and researchers, health care, individuals) in individual countries to contribute to better health for individual people.

Sweden's contributions to the 2030 Agenda and specifically to the goal of better health globally are made in a number of arenas and in various contexts.

#### NATIONAL

Sweden's Action Plan for the Implementation of the 2030 Agenda states how Sweden will work to achieve all the goals and objectives in Sweden and globally. The Government's ambition is that Sweden will become a leader in implementing the 2030 Agenda in Sweden, and that the Policy for Global Development will continue to be a central tool

in its implementation.<sup>25</sup> As part of national work there are also domestic priorities that correspond to international commitments such as the Swedish Tobacco Act and the Swedish Act on Control of External Health Threats.

#### INTERNATIONAL (GLOBAL, REGIONAL AND BILATERAL)

The 2030 Agenda requires deeper cooperation, both nationally and internationally, and a shared responsibility for global development. The synergies between traditional development assistance and what is required beyond development assistance will be a constant theme in the implementation of Sweden's comprehensive work for global health.

The United Nations is a central arena for Sweden's work on global challenges. Sweden contributes through the UN to global humanitarian work, the fight against poverty, the promotion of sustainable development and combating climate change. Sweden acts within the

framework of the UN Security Council and the UN General Assembly and as an active member of the boards of UN funds and programmes. Sweden attaches great weight to the UN and is a substantial financier of the UN system as a whole. UN system reforms, greater efficiency and increased core support to UN system are priority issues for Sweden.

In work on global health the WHO is the most important arena for Sweden. WHO has an important task in leading, coordinating and providing evidence and information to all the countries across the world. WHO's mission is global. WHO has an important role in the management of threats to health and in humanitarian situations. Sweden sees WHO as the leading force for health in the world. However, WHO needs to address the comprehensive health agenda and not focus primarily on the health sector. Its new strategic plan (GPW13) makes this possible.

In addition to the UN funds, programmes and specialised agencies whose primary task is to work on health (WHO,

# 193

The 2030 Agenda is to be implemented by the 193 countries that signed the Agenda. Sweden's contribution to the 2030 Agenda, and specifically the goal of better health, will be made in several different arenas.

UNAIDS, UNICEF and UNFPA), Sweden also works with other UN bodies, including UN Women, FAO, UNESCO, UNODC, UNEP, UNDO and UNHCR who have important roles in contributing to the health goals and objectives.

**As a complement** to the UN system there are actors whose primary task is to contribute financial resources. The World Bank and the regional development banks are important actors and Swedish partners in global health.

Today the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is the world's largest health financing body after the World Bank (IDA) and the largest recipient of Swedish development assistance for health. Gavi – the Vaccine Alliance – has very successfully increased the availability of vaccines in the world, thereby contributing to reduced child mortality.

At regional level cooperation in the EU is particularly important to Sweden. In the EU Sweden is an active and important actor regarding what should be focused on in the region and how the EU can contribute to the better development of global health. Regulations, directives, council conclusions and other

policy documents produced through the European Council and the European Commission govern part of the action taken by Sweden at home and internationally. As regards for example measures to prevent the spread of zoonoses (infection between animals and humans) in connection with trade in animals and food products, legislation is harmonised in the EU.

In the Nordic region there is a great deal of cooperation at government-agency level, much of which takes place in the Nordic Council of Ministers. This work covers several themes, such as health equity, Nordic health preparedness, cooperation in mental health. The regional level is also in focus for Swedish development assistance in Africa. The main arenas for cooperation are the African Union (AU) and the regional economic commissions East African Community (EAC) and Southern African Development Community (SADC). The African Commission on Human and Peoples' Rights is the owner of the Maputo Protocol, for instance, and is an important forum for advocating for SRHR and health as a rights issue. Other regional partners include the regional offices and programmes of several UN

bodies, civil society organisations and academic institutions.

**Sweden has bilateral** health cooperation and agreements with a number of countries. In development assistance Sweden has entered into health-related assistance in 14 cooperation strategies with countries in Africa and Asia and outside development assistance it is included in cooperation agreements with a number of countries such as the Public Health Agency of Sweden's agreements with countries including China, India and Zambia (see annex 1). There are also extensive bilateral contacts and forms of cooperation in the business sector, research and civil society.

In addition to the UN and the EU, there are also more actor-specific arenas for international work for Swedish companies (through global supply chains, business relationships and Business Councils), civil society (through international and local partnerships) and the world of education and research (through research collaboration and conferences, etc.). Greater cooperation and exchange of knowledge between Swedish actors from these forums would contribute to broaden the expertise and increase the effectiveness of Swedish action.



## SWEDEN WILL WORK FOR A REFORMED AND MORE EFFECTIVE SYSTEM FOR GLOBAL HEALTH

The international system for health is still largely based on the previous MDG agenda and has not yet developed fully to address the new and broader health challenges. There is a lack of structures that can handle and find solutions to the parts of the 2030 Agenda that are new and of great importance for the global development of health. This applies especially to questions concerning determinants of health and the links to the rapidly rising prevalence of NCDs.

The leading health actor, WHO, has traditionally limited its work to the health sector and health service issues, even though attempts have been made to adopt a broader approach in, for example, "Health in all policies". However, through its new strategic plan (GPW13) the organisation adopted a broader agenda with the overarching goal of helping to ensure healthy lives and promoting well-being for all at all ages in line with SDG 3.

During the MDG period, 2000–2015, several new institutions were established with the specific purpose of achieving these goals; they include Gavi, the Global Fund, UNITAID and the Global Financing Facility at the World Bank. UNICEF and UNFPA have also largely focused their activities on two of the Millennium Development Goals: reducing child and maternal mortality. UNICEF also does important work on the basis of the UN Convention on the Rights of the Child and concerning the development of children and young people from a broader perspective. For the UNFPA, work on sexual and reproductive health and rights is the way forward.

There are reasons to look at how Sweden can contribute to a system based on the 2030 Agenda without losing sight of the work still to be done on achieving the Millennium Development Goals included in the SDGs. Sweden has an important role and responsibility as a financier of various organisations and of the international system for health as a whole.



## MATERNAL AND CHILD HEALTH

The implementation of the Programme of Action from the 1994 UN International Conference on Population and Development (ICPD) in Cairo is a cornerstone of this work. The ICPD set the importance of women having access to education, of decreases in child and maternal mortality and inequalities in and between countries and of everyone having access to health care in sexual and reproductive health, including abortion. The UN's Global strategy for improving women's, children's and adolescents' health is also an important foundation for Sweden's work on maternal and child health and SRHR globally.



## SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

- Unsafe abortions are one of the five most common causes of maternal deaths around the whole world\*. Unsafe abortions contribute to between 5 and 15 per cent of all maternal deaths globally, with great regional differences, and millions of women suffer the consequences of unsafe abortions.\*\*
- Of those who want to have contraceptives ("unmet need for contraceptives") 51 per cent do not have access to contraceptives in lower and middle-income countries compared with 14 per cent in upper middle-income countries.\*\*\*
- Unwanted/unintentional pregnancies would decrease by 70 per cent and unsafe abortions by 74 per cent if the need for modern contraceptives was met.\*\*\*\*

\* WHO Fact sheet on Maternal Mortality - updated February 2018

\*\* Chae S, Desai S, Crowell M, Sedgh G, Singh S (2017) Characteristics of women obtaining induced abortions in selected low- and middle-income countries. PLoS ONE 12(3): e0172976. doi:10.1371/journal.pone.0172976 PMID: 28355285

\*\*\* Guttmacher Institute, Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2017, fact sheet, New York: Guttmacher Institute, 2017, <https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017>

\*\*\*\* Barot, Sneha, 2017, When Antiabortion Ideology Turns into Foreign Policy: How the Global Gag Rule Erodes Health, Ethics and Democracy, Guttmacher policy review, Vol 20, Reproductive health in crisis, a special series.



## ANTIBIOTIC RESISTANCE

Antibiotic resistance is a priority issue for the Government, both nationally and in international work. This is stated in the Strategy for work against antibiotic resistance adopted by the Government in 2016. The Government has decided to renew the commission concerning a national collaboration function that involves more than 20 government agencies and non-state actors. As part of this commission a revised intersectoral action plan that is in line with the Government's Strategy was presented in December 2017. As regards international AMR work, the Government highlights the 2030 Agenda and the Policy for Global Development as central frameworks, as well as the importance of Swedish leadership in multilateral processes, in the EU and through bilateral contacts and cooperation. Starting points for work internationally and in the EU include the Global action plan on antimicrobial resistance (AMR) from 2015, the Political Declaration of the High-Level Meeting of the General Assembly on Antimicrobial Resistance from 2016 and the EU One Health Action Plan against Antimicrobial Resistance from 2017.



## TOBACCO USE

The WHO Framework Convention on Tobacco Control is an international agreement signed by 177 parties from all around the world in which the parties agree to reduce the use of tobacco and protect their populations from tobacco industry marketing. The Convention has become increasingly important when international laws and measures are drafted. EU Member States and the European Commission participate actively in this work. The EU's Tobacco Products Directive entered into force in 2014 and began to be applied by EU countries two years later. The Directive contains rules for the manufacture, presentation and sale of tobacco and related products. In Sweden the greater part of the Directive has been implemented through the Tobacco Act (1993:581) and its supplement on tobacco control. Sweden is often seen as a leading country in preventive work on tobacco use as we have been successful in reducing the proportion of smokers. Sweden was, for example, the only country to reach the WHO target for 2000 of no more than 20 per cent of smokers in the population.



# 11310

11 310 lives were lost in the world's largest Ebola outbreak in West Africa 2013-2016.

### DID YOU KNOW THAT ...

... for the follow-up of the 2030 Agenda, various government agencies have been given responsibility to monitor indicators for objectives relating to health?

# Monitoring and reporting

**T**he 2030 Agenda is a commitment for Sweden. The Government makes regular reports on implementation to the UN and communicates with Swedish stakeholders. Indicators have been developed and Statistics Sweden is responsible for coordination. For the monitoring of the 2030 Agenda, various government agencies have been given responsibility for monitoring indicators for the targets under SDG 3 and the targets relating to health under other SDGs. (see annex 2). These agencies are to collect data, report on achievement of the targets, propose supplementary measures and work for the attainment of the global health goals and objectives.

**The Government Offices** produce an annual overview, along with Sida, of Swedish development assistance for health, and individual strategies are monitored and followed up in the regular structures.

**The Government follows up** progress each year and assesses the possibilities

of reaching the global health targets. This report is presented in the Government's proposed budget for the coming year, in the budget bill, mainly in expenditure areas 7 and 9. The Government also makes reports to the Parliament on the implementation of the policy for global development.

**Civil society** organisations produce regular reports on results as well as annual reports.

**The objective of** Sweden's comprehensive work on global health and the three summary result areas specified also enable more systematic reporting and monitoring to be carried out.

## Annex 1 – Summary of resolutions, commitments and policies

Relevanta Styrdokument	Hälsa finns som mål	Hälsa del i målbilden	Typ av styrdokument	Finansiering	Länk
Sverige					
Gemensamt ansvar: Sveriges politik för global utveckling, Prop. 2002/03:122		x	Policy	U05	<a href="http://www.regeringen.se/49b734/contentassets/877bf84550a243cca631222e984d3d81/gemensamt-ansvar-sveriges-politik-for-global-utveckling">http://www.regeringen.se/49b734/contentassets/877bf84550a243cca631222e984d3d81/gemensamt-ansvar-sveriges-politik-for-global-utveckling</a>
Politiken för global utveckling i genomförandet av Agenda 2030, (skr. 2015/16:182)		x		U05	<a href="http://www.regeringen.se/49bbd2/contentassets/c233ad3e58d4434cb8188903ae4b9ed1/politiken-for-global-utveckling-i-genomforandet-av-agenda-2030-skr.-201516182.pdf">http://www.regeringen.se/49bbd2/contentassets/c233ad3e58d4434cb8188903ae4b9ed1/politiken-for-global-utveckling-i-genomforandet-av-agenda-2030-skr.-201516182.pdf</a>
Utrikesdepartementets handlingsplan för genomförande av Politiken för Global utveckling (PGU) 2016,		x	Handlingsplan	U05	<a href="http://www.regeringen.se/4aca90/contentassets/2c0080676c2b4085a30514ca67bcac2b/uds-handlingsplan-for-genomforandet-av-pgu.pdf">http://www.regeringen.se/4aca90/contentassets/2c0080676c2b4085a30514ca67bcac2b/uds-handlingsplan-for-genomforandet-av-pgu.pdf</a>
Feministiska utrikespolitiken		x	Policy	U05	<a href="http://www.regeringen.se/regeringens-politik/en-feministisk-utrikespolitik/">http://www.regeringen.se/regeringens-politik/en-feministisk-utrikespolitik/</a>
Makt, mål och myndighet – feministisk politik för en jämställd framtid, skr. 2016/17:10		x	Policy	flera	<a href="https://www.regeringen.se/4ace09/globalassets/regeringen/dokument/socialdepartementet/jamstalldhet/makt-mal-och-myndighet--feministisk-politik-for-ett-jamstallt-samhalle-skr.-2016-17-10.pdf">https://www.regeringen.se/4ace09/globalassets/regeringen/dokument/socialdepartementet/jamstalldhet/makt-mal-och-myndighet--feministisk-politik-for-ett-jamstallt-samhalle-skr.-2016-17-10.pdf</a>
Nationella handlingsplan för genomförande av FN:s säkerhetsrådsresolutioner om kvinnor, fred och säkerhet 2016–2020		x	Handlingsplan	U05; U06; U07; U013	<a href="http://www.regeringen.se/49ef7e/contentassets/ead33c0dd10e47b1b614c413e756fac1/sveriges-nationella-handlingsplan-for-genomforande-av-fns-sakerhetsradsresolutioner-om-kvinnor-fred-och-sakerhet-20162020-.pdf">http://www.regeringen.se/49ef7e/contentassets/ead33c0dd10e47b1b614c413e756fac1/sveriges-nationella-handlingsplan-for-genomforande-av-fns-sakerhetsradsresolutioner-om-kvinnor-fred-och-sakerhet-20162020-.pdf</a>
Nationella säkerhetsstrategin från 2017, (Statsrådsberedningen)		x	strategi	U06	<a href="http://www.regeringen.se/48e36d/contentassets/a02552ad9de94efcb84154b0f6ed76f9/nationell-sakerhetsstrategi.pdf">http://www.regeringen.se/48e36d/contentassets/a02552ad9de94efcb84154b0f6ed76f9/nationell-sakerhetsstrategi.pdf</a>
Policyramverket för svenskt utvecklingssamarbete och humanitärt bistånd (skr. 2016/17:60)		x	Policyram-verk	U07	<a href="http://www.regeringen.se/4af25d/contentassets/daadbfb4abc9410493522499c18a4995/policyramverk-for-svenskt-utvecklingssamarbete-och-humanitart-bistand.pdf">http://www.regeringen.se/4af25d/contentassets/daadbfb4abc9410493522499c18a4995/policyramverk-for-svenskt-utvecklingssamarbete-och-humanitart-bistand.pdf</a>
Strategi för Sveriges utvecklingssamarbete avseende arbetet med de mänskliga rättigheterna, demokrati och rättsstatens principer 2018–2022		x	strategi	U07; Sida	<a href="http://www.regeringen.se/land--och-regionsstrategier/2017/12/strategi-for-sveriges-utvecklings-samarbete-avseende-arbetet-med-de-manskliga-rattigheterna-demokrati-och-rattsstatens-principer-20182022/">http://www.regeringen.se/land--och-regionsstrategier/2017/12/strategi-for-sveriges-utvecklings-samarbete-avseende-arbetet-med-de-manskliga-rattigheterna-demokrati-och-rattsstatens-principer-20182022/</a>
Strategi för Sveriges humanitära bistånd genom Sida 2017-2020		x	strategi	U07; Sida	<a href="http://www.regeringen.se/land--och-regionsstrategier/2017/03/strategi-for-sveriges-humanitara-bistand-genom-styrelsen-for-internationellt-utvecklingssamarbete-sida-2017-2020/">http://www.regeringen.se/land--och-regionsstrategier/2017/03/strategi-for-sveriges-humanitara-bistand-genom-styrelsen-for-internationellt-utvecklingssamarbete-sida-2017-2020/</a>
Strategi för hållbar miljö, hållbart klimat och hav samt hållbart nyttjande av naturresurser 2018-2022		x	strategi	U07; Sida	<a href="https://www.regeringen.se/494483/contentassets/6491391c577645b8b7d59eee1dc66562/strategi-for-sveriges-globala-utvecklingssamarbete-inom-hallbar-miljo-hallbart-klimat-och-hav-samt-hallbart-nyttjande-av-naturresurser-20182022.pdf">https://www.regeringen.se/494483/contentassets/6491391c577645b8b7d59eee1dc66562/strategi-for-sveriges-globala-utvecklingssamarbete-inom-hallbar-miljo-hallbart-klimat-och-hav-samt-hallbart-nyttjande-av-naturresurser-20182022.pdf</a>
Resultatstrategi för kapacitetsutveckling och utbyten 2014-2017		x	strategi	U07; Sida	<a href="http://www.regeringen.se/rapporter/2013/12/uf201378299udusty/">http://www.regeringen.se/rapporter/2013/12/uf201378299udusty/</a>
Resultatstrategi för globala insatser för socialt hållbar utveckling 2014-2017	x		strategi	U07; Sida	<a href="http://www.regeringen.se/land--och-regionsstrategier/2014/05/uf201432091udmu/">http://www.regeringen.se/land--och-regionsstrategier/2014/05/uf201432091udmu/</a>



Relevanta Styrdokument	Hälsa finns som mål	Hälsa del i målbilden	Typ av styrdokument	Finansiering	Länk
Strategi för stöd genom svenska organisationer i det civila samhället 2016-2022		x	strategi	U07; Sida	<a href="http://www.regeringen.se/regeringsuppdrag/2016/06/strategi-for-stod-genom-svenska-organisationer-i-det-civila-samhallet-2016-2022/">http://www.regeringen.se/regeringsuppdrag/2016/06/strategi-for-stod-genom-svenska-organisationer-i-det-civila-samhallet-2016-2022/</a>
Resultatstrategi för Sveriges internationella bistånd till Bangladesh 2014-2020	x		strategi	U07; Sida	<a href="http://www.regeringen.se/land-och-regionsstrategier/2014/08/uf201451155udaso/">http://www.regeringen.se/land-och-regionsstrategier/2014/08/uf201451155udaso/</a>
Resultatstrategi för Sveriges internationella bistånd till Burkina Faso 2017-2021		x	strategi	U07; Sida	<a href="https://www.sida.se/contentassets/3c8fd0baa2ec41239c36425379df6e91/underlag-sveriges-strategi-utvecklingssamarbete-burkina-faso-2017-2021.pdf">https://www.sida.se/contentassets/3c8fd0baa2ec41239c36425379df6e91/underlag-sveriges-strategi-utvecklingssamarbete-burkina-faso-2017-2021.pdf</a>
Resultatstrategi för Sveriges internationella bistånd till DRC 2015-2019	x		strategi	U07; Sida	<a href="http://www.regeringen.se/land-och-regionsstrategier/2015/08/uf201372323udaf/">http://www.regeringen.se/land-och-regionsstrategier/2015/08/uf201372323udaf/</a>
Resultatstrategi för Sveriges internationella bistånd till Etiopien 2016-2020	x		strategi	U07; Sida	<a href="http://www.regeringen.se/land-och-regionsstrategier/2016/04/strategi-for-sveriges-utvecklingssamarbete-med-etiopien-20162020/">http://www.regeringen.se/land-och-regionsstrategier/2016/04/strategi-for-sveriges-utvecklingssamarbete-med-etiopien-20162020/</a>
Resultatstrategi för Sveriges internationella bistånd till Liberia 2016-2020	x		strategi	U07; Sida	<a href="http://www.regeringen.se/land-och-regionsstrategier/2016/02/strategi-for-sveriges-utvecklingssamarbete-med-liberia-2016-2020-samt-bemyndigande-att-inga-samarbetsavtal/">http://www.regeringen.se/land-och-regionsstrategier/2016/02/strategi-for-sveriges-utvecklingssamarbete-med-liberia-2016-2020-samt-bemyndigande-att-inga-samarbetsavtal/</a>
Resultatstrategi för Sveriges internationella bistånd till Myanmar 2013-2017	x		strategi	U07; Sida	<a href="http://www.regeringen.se/land-och-regionsstrategier/2013/07/ud-13.024/">http://www.regeringen.se/land-och-regionsstrategier/2013/07/ud-13.024/</a>
Resultatstrategi för Sveriges internationella bistånd till Palestina 2015-2019	x		strategi	U07; Sida	<a href="http://www.regeringen.se/land-och-regionsstrategier/2014/10/uf201468081udmena/">http://www.regeringen.se/land-och-regionsstrategier/2014/10/uf201468081udmena/</a>
Resultatstrategi för Sveriges internationella bistånd till Somalia 2013-2017	x		strategi	U07; Sida	<a href="https://www.sida.se/globalassets/global/countries-and-regions/africa/somalia/resultatstrategi-for-sveriges-internationella-bistand-i-somalia-2013-2017.pdf">https://www.sida.se/globalassets/global/countries-and-regions/africa/somalia/resultatstrategi-for-sveriges-internationella-bistand-i-somalia-2013-2017.pdf</a>
Resultatstrategi för Sveriges internationella bistånd till Sudan 2014-2016		x	strategi	U07; Sida	<a href="https://www.regeringen.se/land-och-regionsstrategier/2013/11/ud-14.003/">https://www.regeringen.se/land-och-regionsstrategier/2013/11/ud-14.003/</a>
Resultatstrategi för Sveriges internationella bistånd till Sydsudan 2014-2016	x		strategi	U07; Sida	<a href="http://www.regeringen.se/land-och-regionsstrategier/2013/11/ud-13.033/">http://www.regeringen.se/land-och-regionsstrategier/2013/11/ud-13.033/</a>
Resultatstrategi för Sveriges internationella bistånd till Syrienkrisen 2016-2020	x		strategi	U07; Sida	<a href="http://www.regeringen.se/land-och-regionsstrategier/2015/12/Sveriges-regionala-strategi-for-syrienkrisen/">http://www.regeringen.se/land-och-regionsstrategier/2015/12/Sveriges-regionala-strategi-for-syrienkrisen/</a>
Resultatstrategi för Sveriges internationella bistånd till Uganda 2014-2018	x		strategi	U07; Sida	<a href="http://www.regeringen.se/land-och-regionsstrategier/2014/07/uf201372334udaf/">http://www.regeringen.se/land-och-regionsstrategier/2014/07/uf201372334udaf/</a>
Resultatstrategi för Sveriges internationella bistånd till Zambia 2013-2017	x		strategi	U07; Sida	<a href="http://www.regeringen.se/land-och-regionsstrategier/2013/07/ud-13.014/">http://www.regeringen.se/land-och-regionsstrategier/2013/07/ud-13.014/</a>
Resultatstrategi för Sveriges internationella bistånd till Zimbabwe 2017-2021	x		strategi	U07; Sida	<a href="http://www.regeringen.se/land-och-regionsstrategier/2017/05/strategi-for-sveriges-utvecklingssamarbete-med-zimbabwe-2017-2021/">http://www.regeringen.se/land-och-regionsstrategier/2017/05/strategi-for-sveriges-utvecklingssamarbete-med-zimbabwe-2017-2021/</a>
Strategi för sexuell och reproduktiv hälsa och rättigheter (SRHR) i Afrika söder om Sahara	x		strategi	U07; Sida	<a href="http://www.regeringen.se/land-och-regionsstrategier/2015/08/strategi-for-sexuell-och-reproduktiv-halsa/">http://www.regeringen.se/land-och-regionsstrategier/2015/08/strategi-for-sexuell-och-reproduktiv-halsa/</a>
Strategi för hållbar fred 2017-2022		x	strategi	U07; Sida & FBA	<a href="http://www.regeringen.se/land-och-regionsstrategier/2017/08/strategi-hallbar-fred-2017-2022/">http://www.regeringen.se/land-och-regionsstrategier/2017/08/strategi-hallbar-fred-2017-2022/</a>
Strategi för Sidas stöd till forskningssamarbete 2015-2021		x	strategi	U07; Sida & VR	<a href="http://www.regeringen.se/land-och-regionsstrategier/2014/12/uf201480398udusty/">http://www.regeringen.se/land-och-regionsstrategier/2014/12/uf201480398udusty/</a>
Strategin för Sveriges samarbete med Världshälsoorganisationen (WHO) 2016-2019	x		strategi	U07; Socialdepartementet & Sida	<a href="http://www.regeringen.se/informationsmaterial/2016/02/strategy-for-swedens-cooperation-with-the-world-health-organization-who-2016--2019/">http://www.regeringen.se/informationsmaterial/2016/02/strategy-for-swedens-cooperation-with-the-world-health-organization-who-2016--2019/</a>

Relevanta Styrdokument	Hälsa finns som mål	Hälsa del i målbilden	Typ av styrdokument	Finansiering	Länk
Strategin för Sveriges samarbete med UNFPA	x		strategi	U07; UD	<a href="http://www.regeringen.se/rapporter/2017/10/strategi-for-sveriges-samarbete-med-fns-befolkningsfond-unfpa-2017-2021/">http://www.regeringen.se/rapporter/2017/10/strategi-for-sveriges-samarbete-med-fns-befolkningsfond-unfpa-2017-2021/</a>
Strategin för Sveriges samarbete med UNDP		x	strategi	U07; UD	<a href="http://www.regeringen.se/rapporter/2017/10/strategi-for-sveriges-samarbete-med-fns-utvecklingsprogram-undp-2017-2021/">http://www.regeringen.se/rapporter/2017/10/strategi-for-sveriges-samarbete-med-fns-utvecklingsprogram-undp-2017-2021/</a>
Strategin för Sveriges samarbete med Unicef	x		strategi	U07; UD	<a href="http://www.regeringen.se/land-och-regionsstrategier/2014/06/uf201440173udmu/">http://www.regeringen.se/land-och-regionsstrategier/2014/06/uf201440173udmu/</a>
Strategin för Sveriges samarbete med GFATM, förlängd till 2017.	x		strategi	U07; UD	<a href="http://www.regeringen.se/land-och-regionsstrategier/2014/08/uf201452305udmu/">http://www.regeringen.se/land-och-regionsstrategier/2014/08/uf201452305udmu/</a>
Strategin för Sveriges samarbete med Gavi	x		strategi	U07; UD	<a href="http://www.regeringen.se/land-och-regionsstrategier/2014/08/ud201451157udmu/">http://www.regeringen.se/land-och-regionsstrategier/2014/08/ud201451157udmu/</a>
Svenska tobakslagen (1993:581) , tillägg om tobakskontroll från proposition 2004/05:118	x		Lag	U09	<a href="https://www.riksdagen.se/sv/dokument-lagar/dokument/svensk-forfattningssamling/tobakslag-1993581_sfs-1993-581">https://www.riksdagen.se/sv/dokument-lagar/dokument/svensk-forfattningssamling/tobakslag-1993581_sfs-1993-581</a> ; <a href="https://www.riksdagen.se/sv/dokument-lagar/dokument/proposition/tobakskontroll--genomforande-av-whos_GS03118">https://www.riksdagen.se/sv/dokument-lagar/dokument/proposition/tobakskontroll--genomforande-av-whos_GS03118</a>
Svenska lagar om internationella hot mot människors hälsa	x		lag	U09	<a href="http://www.riksdagen.se/sv/dokument-lagar/dokument/svensk-forfattningssamling/forordning-2007156-om-skydd-mot_sfs-2007-156">http://www.riksdagen.se/sv/dokument-lagar/dokument/svensk-forfattningssamling/forordning-2007156-om-skydd-mot_sfs-2007-156</a>
Svensk samlad strategi för alkohol-, narkotika-, dopnings- och tobakspolitiken (ANDT) 2016 - 2020 skr. 2015/16:86	x		Strategi	U09	<a href="http://www.regeringen.se/491aa1/contentassets/0cb3c9b3b28b49678a7205a3672b3e85/en-samlad-strategi-for-alkohol--narkotika--dopnings-och-tobakspolitiken-20162020-skr.-2015_16-86.pdf">http://www.regeringen.se/491aa1/contentassets/0cb3c9b3b28b49678a7205a3672b3e85/en-samlad-strategi-for-alkohol--narkotika--dopnings-och-tobakspolitiken-20162020-skr.-2015_16-86.pdf</a>
Svenska strategin för arbetet mot antibiotikaresistens från 2016, S2016/02971/FS,	x		Strategi	U09	<a href="http://www.regeringen.se/4a8234/contentassets/7b70f26ea0e74e18ab6cd1cc5d3f030f/svensk-strategi-for-arbetet-mot-antibiotikaresistens.pdf">http://www.regeringen.se/4a8234/contentassets/7b70f26ea0e74e18ab6cd1cc5d3f030f/svensk-strategi-for-arbetet-mot-antibiotikaresistens.pdf</a>
Nationell strategi mot hiv/aids och vissa andra smittsamma sjukdomar	x		strategi	U09	<a href="https://www.regeringen.se/4ad776/globalassets/regeringen/dokument/socialdepartementet/fokhalsa-och-sjukvard/nationell-strategi-mot-hiv-aids-och-vissa-andra-smittsamma-sjukdomar.pdf">https://www.regeringen.se/4ad776/globalassets/regeringen/dokument/socialdepartementet/fokhalsa-och-sjukvard/nationell-strategi-mot-hiv-aids-och-vissa-andra-smittsamma-sjukdomar.pdf</a>
Jämställdhet och icke-diskriminering, prop. 2008/09:1 avsnitten 3.3, 4.3 och 5.3		x	Policy	U013	<a href="https://data.riksdagen.se/fil/23F7C572-59BB-4C5C-8483-8594FC6C46AA">https://data.riksdagen.se/fil/23F7C572-59BB-4C5C-8483-8594FC6C46AA</a>
Forskningspropositionen , Kunskap i samverkan - för samhällets utmaningar och stärkt konkurrenskraft , Prop. 2016/17:50 ,		x	Policy	U016	<a href="https://www.regeringen.se/4adad0/contentassets/72faaf7629a845af9b30fde1ef6b5067/kunskap-i-samverkan--for-samhallets-utmaningar-och-starkt-konkurrenskraft-prop.-20161750.pdf">https://www.regeringen.se/4adad0/contentassets/72faaf7629a845af9b30fde1ef6b5067/kunskap-i-samverkan--for-samhallets-utmaningar-och-starkt-konkurrenskraft-prop.-20161750.pdf</a>
Miljöpolitiken Prop. 2009/10:155, prop. 2013/14:141, prop. 2013/14:39 och miljökvalitetsmålen		x	Policy	U020	<a href="https://www.miljomal.se/Miljomalen/">https://www.miljomal.se/Miljomalen/</a>
Strategi för Levande städer (regeringens skrivelse 2017/18:230)		x	Policy	U020	<a href="https://www.regeringen.se/4971fa/contentassets/b5640fd317d04929990610e1a20a5383/171823000webb.pdf">https://www.regeringen.se/4971fa/contentassets/b5640fd317d04929990610e1a20a5383/171823000webb.pdf</a>
Nationell strategi för klimatanpassning, prop. 2017/18:163		x	Strategi	U020	<a href="http://www.regeringen.se/494483/contentassets/8c1f4fe980ec4fcb8448251acde6bd08/171816300_webb.pdf">http://www.regeringen.se/494483/contentassets/8c1f4fe980ec4fcb8448251acde6bd08/171816300_webb.pdf</a>
<b>WHO (ett urval)</b>					
WHO:s ramkonvention om tobakskontroll (2005),	x		Konvention		<a href="http://www.who.int/fctc/en/">http://www.who.int/fctc/en/</a>

Relevanta Styrdokument	Hälsa finns som mål	Hälsa del i målbilden	Typ av styrdokument	Finansiering	Länk
WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020	x		Handlingsplan		<a href="http://www.who.int/nmh/publications/ncd-action-plan/en/">http://www.who.int/nmh/publications/ncd-action-plan/en/</a>
Health 2020 European policy for health and wellbeing,	x		Policy		<a href="http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being">http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being</a>
Internationella hälsoreglementet (IHR)	x		Konvention		<a href="http://apps.who.int/iris/bitstream/10665/43883/1/9789241580410_eng.pdf">http://apps.who.int/iris/bitstream/10665/43883/1/9789241580410_eng.pdf</a>
WHO:s globala strategi för att minska skadligt bruk av alkohol, regionala handlingsplaner	x		Strategi		<a href="http://apps.who.int/iris/bitstream/10665/44395/1/9789241599931_eng.pdf?ua=1&amp;ua=1">http://apps.who.int/iris/bitstream/10665/44395/1/9789241599931_eng.pdf?ua=1&amp;ua=1</a>
WHO's comprehensive mental health action plan 2013-2020,	x		Handlingsplan		<a href="http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R8-en.pdf?ua=1">http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R8-en.pdf?ua=1</a>
WHO-EURO strategin för kost, fysisk aktivitet och hälsa, 2016-2025	x		strategi		<a href="http://www.euro.who.int/_data/assets/pdf_file/0010/282961/65wd09e_PhysicalActivityStrategy_150474.pdf?ua=1">http://www.euro.who.int/_data/assets/pdf_file/0010/282961/65wd09e_PhysicalActivityStrategy_150474.pdf?ua=1</a>
Global strategy on human resources for health: workforce 2030,	x		strategi		<a href="http://apps.who.int/iris/bitstream/10665/250368/1/9789241511131-eng.pdf?ua=1">http://apps.who.int/iris/bitstream/10665/250368/1/9789241511131-eng.pdf?ua=1</a>
Global Health Sector Strategy on HIV for 2016-2021,	x		strategi		<a href="http://apps.who.int/iris/bitstream/10665/246178/1/WHO-HIV-2016.05-eng.pdf?ua=1">http://apps.who.int/iris/bitstream/10665/246178/1/WHO-HIV-2016.05-eng.pdf?ua=1</a>
WHO Europe, Tuberculosis action plan for the WHO European Region 2016-2020 ,	x		Handlingsplan		<a href="http://www.euro.who.int/_data/assets/pdf_file/0007/283804/65wd17e_Rev1_TBActionPlan_150588_withCover.pdf">http://www.euro.who.int/_data/assets/pdf_file/0007/283804/65wd17e_Rev1_TBActionPlan_150588_withCover.pdf</a>
WHO Europe, Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe - leaving no one behind (2016)	x		Handlingsplan		<a href="http://www.euro.who.int/_data/assets/pdf_file/0003/322275/Action-plan-sexual-reproductive-health.pdf?ua=1">http://www.euro.who.int/_data/assets/pdf_file/0003/322275/Action-plan-sexual-reproductive-health.pdf?ua=1</a>
Global action plan on Antimicrobial Resistance (WHA68/2015/REC/1, Annex 3)	x		Handlingsplan		<a href="http://apps.who.int/iris/bitstream/10665/193736/1/9789241509763_eng.pdf">http://apps.who.int/iris/bitstream/10665/193736/1/9789241509763_eng.pdf</a>
WHO's Six-Year Strategic Plan to Minimize the Health Impact of Emergencies and Disasters 2014-2019,	x		Handlingsplan		<a href="http://apps.who.int/iris/bitstream/10665/171852/1/WHO_PEC_ERM_ERX_2015.6_STR_eng.pdf?ua=1&amp;ua=1">http://apps.who.int/iris/bitstream/10665/171852/1/WHO_PEC_ERM_ERX_2015.6_STR_eng.pdf?ua=1&amp;ua=1</a>
WHO WHA 69:4 The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond	x		resolution		<a href="http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R4-en.pdf?ua=1">http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R4-en.pdf?ua=1</a>
<b>EU</b>					
EU:s tobaksprodukt direktiv (2014/40/EU),	x		Direktiv (bindande)		<a href="https://ec.europa.eu/health/tobacco/products_sv">https://ec.europa.eu/health/tobacco/products_sv</a>
EUs patientrörlighetsdirektiv	x		Direktiv (bindande)		<a href="http://www.regeringen.se/49bbbe/contentassets/2b09159f65cb42c6ad7f4bdde12b53f4/patientrorlighet-i-eu---forslag-till-ny-lag-ds-20126">http://www.regeringen.se/49bbbe/contentassets/2b09159f65cb42c6ad7f4bdde12b53f4/patientrorlighet-i-eu---forslag-till-ny-lag-ds-20126</a>
Europarådets slutsatser om gränsöverskridande aspekter av alkoholpolitiken och bekämpande av skadlig alkoholkonsumtion från 2017,	x		rådslutsatser (icke-bindande)		<a href="http://data.consilium.europa.eu/doc/document/ST-14080-2017-INIT/sv/pdf">http://data.consilium.europa.eu/doc/document/ST-14080-2017-INIT/sv/pdf</a>
Resolution on the EU's response to HIV/AIDS, tuberculosis and hepatitis C (2017/2576(RSP)	x		resolution		<a href="http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+MOTION+B8-2017-0436+0+DOC+XML+V0//SV">http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+MOTION+B8-2017-0436+0+DOC+XML+V0//SV</a>
Rådslutsatserna om jämställdhet i utvecklingssamarbetet från 2015	x		rådslutsatser (icke-bindande)		<a href="http://data.consilium.europa.eu/doc/document/ST-9242-2015-INIT/en/pdf">http://data.consilium.europa.eu/doc/document/ST-9242-2015-INIT/en/pdf</a>
European Commission's European Disability Strategy 2010-2020	x		strategi		<a href="http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2010:0636:FIN:en:PDF">http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2010:0636:FIN:en:PDF</a>

Relevanta Styrdokument	Hälsa finns som mål	Hälsa del i målbilden	Typ av styrdokument	Finansiering	Länk
Europaparlamentets och rådets beslut nr 1082/2013/EU av den 22 oktober 2013 om allvarliga gränsöverskridande hot mot människors hälsa	x		Beslut (bindande)		<a href="https://ec.europa.eu/health/sites/health/files/preparedness_response/docs/decision_serious_crossborder_threats_22102013_sv.pdf">https://ec.europa.eu/health/sites/health/files/preparedness_response/docs/decision_serious_crossborder_threats_22102013_sv.pdf</a>
EU:s direktiv 2016/2284 om minskning av vissa luftföroreningar, takdirektivet	x		Direktiv (bindande)		<a href="http://www.regeringen.se/48f1db/contentassets/ad50416d25144c77b2e4ebd2c4bbf37b/europaparlamentets-och-radets-direktiv-eu-2016_2284.pdf">http://www.regeringen.se/48f1db/contentassets/ad50416d25144c77b2e4ebd2c4bbf37b/europaparlamentets-och-radets-direktiv-eu-2016_2284.pdf</a>
EU:s luftkvalitetsdirektiv (2008/50/EG)	x		Direktiv (bindande)		<a href="https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32008L0050">https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32008L0050</a>
Council conclusions on the next steps under a One Health approach to combat antimicrobial resistance	x		rådslutsatser (icke-bindande)		<a href="https://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1525970130293&amp;uri=CELEX:52016XG0723(02)">https://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1525970130293&amp;uri=CELEX:52016XG0723(02)</a>
A European One Health Action Plan against Antimicrobial Resistance (AMR)	x		Handlingsplan		<a href="https://ec.europa.eu/health/amr/sites/amr/files/amr_action_plan_2017_en.pdf">https://ec.europa.eu/health/amr/sites/amr/files/amr_action_plan_2017_en.pdf</a>
<b>Andra bilaterala avtal</b>					
Nordiska hälsoberedskapsavtalet,	x		Avtal	U06	<a href="http://www.nordhels.org/siteassets/nordhels/avtal/nordiskt-halsoberedskapsavtal--svenska.pdf">http://www.nordhels.org/siteassets/nordhels/avtal/nordiskt-halsoberedskapsavtal--svenska.pdf</a>
Trondheim deklARATIONEN, (2014)	x		Konferensdokument	U09	<a href="https://www.folkhalsomyndigheten.se/globalassets/om-myndigheten/internationellt/trondheimsdeklarationen.pdf">https://www.folkhalsomyndigheten.se/globalassets/om-myndigheten/internationellt/trondheimsdeklarationen.pdf</a>
<b>FN</b>					
Single Convention on Narcotic Drugs, 1961. New York, 30 March 1961	x		Konvention		<a href="https://www.incb.org/documents/Narcotic-Drugs/1961-Convention/convention_1961_en.pdf">https://www.incb.org/documents/Narcotic-Drugs/1961-Convention/convention_1961_en.pdf</a>
Convention on psychotropic substances. Vienna, 21 February 1971	x		Konvention		<a href="https://www.unodc.org/pdf/convention_1971_en.pdf">https://www.unodc.org/pdf/convention_1971_en.pdf</a>
United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. Vienna, 20 December 1988	x		Konvention		<a href="https://www.unodc.org/pdf/convention_1988_en.pdf">https://www.unodc.org/pdf/convention_1988_en.pdf</a>
FN:s generalförsamlings särskilda session om narkotika (UNGASS) 2016	x		Konvention		<a href="http://www.un.org/ga/20special/poldecla.htm">http://www.un.org/ga/20special/poldecla.htm</a>
Political declaration of the high-level meeting of the General Assembly on antimicrobial resistance					<a href="http://digitallibrary.un.org/record/845917?ln=en">http://digitallibrary.un.org/record/845917?ln=en</a>
FN:s politiska deklARATIONEN om icke-smittsamma sjukdomar (NCD) från 2011	x		Deklaration		<a href="http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf">http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf</a>
FN:s deklARATIONEN om omedelbara åtgärder för att bekämpa den globala spridningen av hiv och aids. en uppdaterad politisk deklARATIONEN antogs av FN:s medlemsländer i juni 2016	x		Deklaration		<a href="http://www.unaids.org/en/resources/documents/2016/2016-political-declaration-HIV-AIDS">http://www.unaids.org/en/resources/documents/2016/2016-political-declaration-HIV-AIDS</a>
FN-konferens i Kairo om befolkning och utveckling (ICPD)	x		Deklaration		<a href="https://www.unfpa.org/events/international-conference-population-and-development-icpd">https://www.unfpa.org/events/international-conference-population-and-development-icpd</a>
UN Global strategy for improving women, children and adolescent health	x		Strategi		<a href="http://www.who.int/life-course/partners/global-strategy/globalstrategyreport2016-2030-lowres.pdf">http://www.who.int/life-course/partners/global-strategy/globalstrategyreport2016-2030-lowres.pdf</a>
Internationella konventionen om ekonomiska, sociala och kulturella rättigheter (artikel 12)		x	Konvention		<a href="http://www.manskligarattigheter.se/Media/Get/526/ladda-ner-dokument-pdf">http://www.manskligarattigheter.se/Media/Get/526/ladda-ner-dokument-pdf</a>
Konvention om avskaffande av alla former av diskriminering av kvinnor (artikel 12)		x	Konvention		<a href="http://www.manskligarattigheter.se/Media/Get/442/ladda-ner-dokument-pdf">http://www.manskligarattigheter.se/Media/Get/442/ladda-ner-dokument-pdf</a>
Konventionen om barnets rättigheter (artikel 24)		x	Konvention		<a href="http://www.regeringen.se/contentassets/586fa7da22e74ed7a9e8a5bd41d101fe/konventionen-om-barnets-rattigheter---med-strategi-for-att-starka-barnets-rattigheter-i-sverige-s2014.025">http://www.regeringen.se/contentassets/586fa7da22e74ed7a9e8a5bd41d101fe/konventionen-om-barnets-rattigheter---med-strategi-for-att-starka-barnets-rattigheter-i-sverige-s2014.025</a>

Relevanta Styrdokument	Hälsa finns som mål	Hälsa del i målbilden	Typ av styrdokument	Finansiering	Länk
konventionen om rättigheter för personer med funktionsnedsättning (artikel 25)		x	Konvention		<a href="http://www.regeringen.se/49b8bf/contentassets/0b52fa83450445aebbf88827ec3e3eb8/fns-konvention-om-rattigheter-for-personer-med-funktionsnedsattning-ds-200823">http://www.regeringen.se/49b8bf/contentassets/0b52fa83450445aebbf88827ec3e3eb8/fns-konvention-om-rattigheter-for-personer-med-funktionsnedsattning-ds-200823</a>
Säkerhetsrådets resolution 1325 om kvinnor, fred och säkerhet		x	Resolution		<a href="https://web.archive.org/web/20111014161205/http://www.un.org/events/res_1325e.pdf">https://web.archive.org/web/20111014161205/http://www.un.org/events/res_1325e.pdf</a>
Resolution 1983 om HIV/ AIDS och säkerhet i konflikter, inklusive fredsbevarande operationer	x		resolution		<a href="http://www.unaids.org/sites/default/files/sub_landing/files/20110607_UNSC-Resolution1983.pdf">http://www.unaids.org/sites/default/files/sub_landing/files/20110607_UNSC-Resolution1983.pdf</a>
DOHA TRIPS som rör immaterialrätten eller skydd av intellektuell egendom		x	avtal		<a href="http://www.who.int/medicines/areas/policy/WHO_EDM_PAR_2002.3.pdf?ua=1">http://www.who.int/medicines/areas/policy/WHO_EDM_PAR_2002.3.pdf?ua=1</a>
Food and Agriculture Organisation Action Plan on Antimicrobial resistance 2016-2020	x		Handlingsplan		<a href="http://www.fao.org/3/a-i5996e.pdf">http://www.fao.org/3/a-i5996e.pdf</a>
The OIE strategy on antimicrobial resistance and the prudent use of antimicrobials 2016	X		strategi		<a href="http://www.oie.int/fileadmin/Home/eng/Media_Center/docs/pdf/PortalAMR/EN_OIE-AMRstrategy.pdf">http://www.oie.int/fileadmin/Home/eng/Media_Center/docs/pdf/PortalAMR/EN_OIE-AMRstrategy.pdf</a>
FN:s konvention om biologisk mångfald, särskilda beslut om biodiversitet och hälsa		X	Konvention		<a href="https://www.cbd.int/health/">https://www.cbd.int/health/</a>
Minamatakonventionen om kvicksilver	x		Konvention		<a href="http://www.mercuryconvention.org/Convention/Text/tabid/3426/language/en-US/Default.aspx">http://www.mercuryconvention.org/Convention/Text/tabid/3426/language/en-US/Default.aspx</a>
Stockholmskonventionen om persistenta organiska ämnen	x		Konvention		<a href="http://chm.pops.int/">http://chm.pops.int/</a>
Rotterdamkonventionen	x		Konvention		<a href="http://www.pic.int/TheConvention/Overview/TextoftheConvention/tabid/1048/language/en-US/Default.aspx">http://www.pic.int/TheConvention/Overview/TextoftheConvention/tabid/1048/language/en-US/Default.aspx</a>
Baselkonventionen		x	Konvention		<a href="http://www.basel.int/Portals/4/Basel%20Convention/docs/text/BaselConventionText-e.pdf">http://www.basel.int/Portals/4/Basel%20Convention/docs/text/BaselConventionText-e.pdf</a>
Luftvårdskonventionen med tillhörande protokoll	x		Konvention		<a href="http://www.unece.org/env/lrtap/welcome.html">http://www.unece.org/env/lrtap/welcome.html</a>
Preventing and reducing air pollution to improve air quality globally	x		resolution		<a href="https://papersmart.unon.org/resolution/unea3">https://papersmart.unon.org/resolution/unea3</a>
COP21, Paris-avtalet		x	Avtal		<a href="http://www.regeringen.se/regeringspolitik/parisavtalet/">http://www.regeringen.se/regeringspolitik/parisavtalet/</a>

## Annex 2 – Global and national monitoring for health-related SDG indicators

SDG Mål nr	Indikator-kod	TYP	Indikator	Preliminär nationell klassificering av indikatorer*	Ansvarig myndighet
3	3	Nationell	Förväntad medellivslängd, totalt i befolkningen och fördelad på kön och utbildningsnivå	Grön	SCB
3	3	Nationell	Självskattad hälsa	Grön	SCB
3	3.1.1	Global	3.1.1 Maternal mortality ratio	Grön	Socialstyrelsen
3	3.1.2	Global	3.1.2 Proportion of births attended by skilled health personnel	Grön	Socialstyrelsen
3	3.2.1	Global	3.2.1 Under-five mortality rate	Grön	Socialstyrelsen
3	3.2.2	Global	3.2.2 Neonatal mortality rate	Grön	Socialstyrelsen
3	3.3.1	Global	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	Grön	Folkhälsomyndigheten
3	3.3.2	Global	3.3.2 Tuberculosis incidence per 100,000 population-	Grön	Folkhälsomyndigheten
3	3.3.3	Global	3.3.3 Malaria incidence per 1,000 population	Grön	Folkhälsomyndigheten
3	3.3.4	Global	3.3.4 Hepatitis B incidence per 100,000 population	Grön	Folkhälsomyndigheten
3	3.4.1	Global	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	Grön	Socialstyrelsen
	3.4.1	Nationell	Besvär av trafikbuller i eller i närheten av bostaden; Besvär av trafikbuller inomhus med stängda fönster och dörrar; Sömnstörda av trafikbuller; Antal exponerade för höga ljudnivåer från trafik vid bostaden	Grön	Folkhälsomyndigheten
3	3.4.2	Global	3.4.2 Suicide mortality rate	Grön	Socialstyrelsen
3	3.4.2	Nationell	Indikator om psykisk ohälsa	Grön	Folkhälsomyndigheten
3	3.5.1	Global	3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders	Röd	Socialstyrelsen
3	3.5.2	Global	3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol	Grön	Folkhälsomyndigheten
3	3.6.1	Global	3.6.1 Death rate due to road traffic injuries	Grön	Trafikanalys
3	3.6.1	Nationell	Skadade i vägtrafiken, svårt skadade och lindrigt skadade	Grön	Trafikanalys

SDG Mål nr	Indikator-kod	TYP	Indikator	Preliminär nationell klassificering av indikatorer*	Ansvarig myndighet
3	3.7.1	Global	3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	Röd	Folkhälsomyndigheten
3	3.7.2	Global	3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group	Grön	Socialstyrelsen
3	3.8.1	Global	3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)	Vit	Socialstyrelsen
3	3.8.2	Global	3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income	Röd	SCB
3	3.9.1	Global	3.9.1 Mortality rate attributed to household and ambient air pollution	Orange	Naturvårdsverket
	3.9.1	Nationell	Luftkvalitet i närheten av bostaden; Antal exponerade för nivåer av luftföroreningar från trafik vid bostaden	Grön	Folkhälsomyndigheten
3	3.9.2	Global	3.9.2 Mortality rate attributed to -unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)	Orange	Folkhälsomyndigheten
3	3.a.1	Global	3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older	Grön	Folkhälsomyndigheten
3	3.b.1	Global	3.b.1 Proportion of the target population covered by all vaccines included in their national programme	Orange	Folkhälsomyndigheten
3	3.b.2	Global	3.b.2 Total net official development assistance to medical research and basic health sectors	Grön	Sida
3	3.b.3	Global	3.b.3 Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis	Vit	Socialstyrelsen
3	3.c.1	Global	3.c.1 Health worker density and distribution	Grön	Socialstyrelsen
3	3.d.1	Global	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness	Grön	Folkhälsomyndigheten
3	3.d.1	Nationell	Konsumtion av antibiotika (ATC group J01) inom primärvård och slutenvård	Röd	Folkhälsomyndigheten
3	3.d.1	Nationell	Platshållare för nationell indikator om antibiotika resistens.	Röd	Folkhälsomyndigheten
1	1.3.1	Global	1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable	Grön	Socialdepartementet

SDG Mål nr	Indikator-kod	TYP	Indikator	Preliminär nationell klassificering av indikatorer*	Ansvarig myndighet
1	1.5.3	Global	1.5.3 Number of countries that adopt and implement national disaster risk reduction strategies in line with the Sendai Framework for Disaster Risk Reduction 2015-2030	Orange	MSB
1	1.a.2	Global	1.a.2 Proportion of total government spending on essential services (education, health and social protection)	Orange	SCB
2	2.1.1	Global	2.1.1 Prevalence of undernourishment	Grön	Jordbruksverket
2	2.2.1	Global	2.2.1 Prevalence of stunting (height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age	Vit	Socialstyrelsen
2	2.2.2	Global	2.2.2 Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting and overweight)	Vit	Socialstyrelsen
2	2.2.2	Nationell	Andel (%) övervikt eller fetma (BMI 25 eller högre), självrapporterat (16-64 år)	Grön	Folkhälsomyndigheten
4	4.2.1	Global	4.2.1 Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex	Röd	Folkhälsomyndigheten
4	4.a.1	Global	4.a.1 Proportion of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single-sex basic sanitation facilities; and (g) basic handwashing facilities (as per the WASH indicator definitions)	Orange	Skolverket
5	5.1.1	Global	5.1.1 Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex	Grön	Socialdepartementet
5	5.2.1	Global	5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	Orange	Brå
5	5.2.2	Global	5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence	Orange	Brå
5	5.3.1	Global	5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18	Orange	Jämställdhetsmyndigheten
5	5.3.2	Global	5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age	Orange	Socialstyrelsen



SDG Mål nr	Indikator-kod	TYP	Indikator	Preliminär nationell klassificering av indikatorer*	Ansvarig myndighet
5	5.6.1	Global	5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	Orange	Folkhälsomyndigheten
5	5.6.2	Global	5.6.2 Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information- and education	Grön	Socialdepartementet
6	6.2.1	Global	6.2.1 Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water	Grön	SCB
7	7.1.2	Global	7.1.2 Proportion of population with primary reliance on clean fuels and technology	Vit	Energimyndigheten
7	7.2.1	Global	7.2.1 Renewable energy share in the total final energy consumption	Grön	Energimyndigheten
8	8.8.1	Global	8.8.1 Frequency rates of fatal and non-fatal occupational injuries, by sex and migrant status	Orange	Arbetsmiljöverket
	11.6.2	Nationell	Luftkvalitet i närheten av bostaden; Antal exponerade för nivåer av luftföroreningar från trafik vid bostaden	Grön	Folkhälsomyndigheten
11	11.7.2	Global	11.7.2 Proportion of persons victim of physical or sexual harassment, by sex, age, disability status and place of occurrence, in the previous 12 months	Orange	Brå
11	11.7.2	Proxy	Utsatta för våldsbrott (misshandel, hot och/eller personrån). Redovisas på ålder, kön och personer med funktionsnedsättning.	Grön	SCB
12	12.4.1	Global	12.4.1 Number of parties to international multilateral environmental agreements on hazardous waste, and other chemicals that meet their commitments and obligations in transmitting information as required by each relevant agreement	Grön	Miljö- och Energidep
12	12.4.1	Nationell	Kemikalieanvändning per BNP (intensitet)	Grön	Kemikalieinspektionen
13	13.2.1	Global	13.2.1 Number of countries that have communicated the establishment or operationalization of an integrated policy/strategy/plan which increases their ability to adapt to the adverse impacts of climate change, and foster climate resilience and low greenhouse gas emissions development in a manner that does not threaten food production (including a national adaptation plan, nationally determined contribution, national communication, biennial update report or other)	Röd	Miljö- och Energidep
16	16.1.3	Global	16.1.3 Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months	Orange	Brå
16	16.2.3	Global	16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18	Röd	Folkhälsomyndigheten

SDG Mål nr	Indikator-kod	TYP	Indikator	Preliminär nationell klassificering av indikatorer*	Ansvarig myndighet
17	17.19.2	Global	17.19.2 Proportion of countries that (a) have conducted at least one population and housing census in the last 10 years; and (b) have achieved 100 per cent birth registration and 80 per cent death registration	Grön	SCB

\* Preliminär nationell klassificering

I Statistiska centralbyråns slutrapport till regeringen om statistikbaserad analys av Sveriges genomförande av Agenda 2030 ingår en preliminär nationell klassificering av indikatorerna som visar på indikatorernas olika behov av vidareutveckling. På sida 31 i rapporten ges följande förklaring:

- En indikator som klassas som GRÖN kan utan särskilt mycket ytterligare arbete tas fram redan idag. I denna kategori återfinns också de indikatorer som vi redan idag regelbundet rapporterar till olika internationella organisationer och som finns eller bör kunna finnas i den globala databasen.
- En ORANGE indikator bedömer vi kommer att kunna tas fram, men här krävs en del arbete för att detta ska ske. Det kan handla om bearbetningar och/eller samkörningar av befintlig statistik och data eller om att undersökningar behöver utvecklas eller ändras något.
- En RÖD indikator är mycket svår att ta fram. Det kanske inte finns någon befintlig statistikinsamling att luta sig mot, eller så finns det ingen metod för att ta fram indikatorn i dagsläget.
- Några av de globala indikatorerna har klassats som vita. De är indikatorer där bedömningen är att det inte finns något behov av nationell statistik. Ett exempel är andel av befolkningen med tillgång till elektricitet där uppgiften för Sverige estimeras till 100 procent i den globala databasen, vilket sannolikt stämmer väl överens med verkligheten.

\*\* Statistiska centralbyråns slutrapport till regeringen om statistikbaserad analys av Sveriges genomförande av Agenda 2030, oktober 2017, SCB slutrapport Agenda 2030

## SOURCES

- <sup>1</sup> Swedish Delegation for the 2030 Agenda, interim report of 1 March 2018, Fi 2016:01
- <sup>2</sup> Government Bill 2002/03:122 Shared responsibility: Sweden's policy for global development.
- <sup>3</sup> Koplan JP, Bond TC, Merson MH, Reddy KS, Rodriguez MH, Sewankambo NK, et al. Towards a common definition of global health. *Lancet*. 2009; 373(9679): 1993-5.
- <sup>5</sup> Chae S, Desai S, Crowell M, Sedgh G, Singh S (2017) Characteristics of women obtaining induced abortions in selected low- and middle-income countries. *PLoS ONE* 12(3): e0172976. doi:10.1371/journal.pone.0172976 PMID: 28355285
- <sup>6</sup> Vienneau, D., et al., Years of life lost and morbidity cases attributable to transportation noise and air pollution: A comparative health risk assessment for Switzerland in 2010. *Int J Hyg Environ Health*, 2015. 218(6): p. 514-21.
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- <sup>11</sup> WHO Public health impact of chemicals: knowns and unknowns, 2016
- <sup>12</sup> Whiteford, H.A., et al., Global Burden of Mental, Neurological, and Substance Use Disorders: An Analysis from the Global Burden of Disease Study 2010, in *Mental, Neurological, and Substance Use Disorders: Disease Control Priorities, Third Edition (Volume 4)*, V. Patel, et al., Editors. 2016, The International Bank for Reconstruction and Development / The World Bank: Washington (DC).
- <sup>13</sup> Jamison, D.T., et al., Universal health coverage and intersectoral action for health: key messages from Disease Control Priorities, 3rd edition. *Lancet*, 2017
- <sup>14</sup> Heymann, D.L., et al., Global health security: the wider lessons from the west African Ebola virus disease epidemic. *Lancet*, 2015. 385(9980): p. 1884-901.
- <sup>15</sup> Han, B.A. and J.M. Drake, Future directions in analytics for infectious disease intelligence: Toward an integrated warning system for emerging pathogens. *EMBO Rep*, 2016. 17(6): p. 785-9.
- <sup>16</sup> O'Neill, J., Antimicrobial Resistance: Tackling a crisis for the health and wealth of nations. 2014, UK Government.
- <sup>17</sup> Adapted from a model showing the different levels of policy and governance for global health developed by: Kickbusch I, Cassar Szabo MM. A new governance space for health. *Global Health Action* 2014, 7: 23507.
- <sup>18</sup> The matrix gives information about whether the governing document has: a) health as an objective; b) health as part of its vision; c) the type of governing document (policy, strategy, etc.); d) the time frame; e) the source of financing, whether it is, for example, from the budget for international development assistance (expenditure area 7) in the central government budget
- <sup>19</sup> Government Bill 2002/03:122 Shared responsibility: Sweden's policy for global development.
- <sup>20</sup> "An intersectoral approach regarding official policies that in a systematic way takes account of health impacts of decisions, seeks synergies and avoids harmful health impacts in order to improve health and health equity in the population" (WHO 2013, egen översättning).
- <sup>21</sup> Ministry for Foreign Affairs' Action plan for implementation of the Policy for Global Development (PGD) 2016
- <sup>22</sup> Swedish Government's Statement of Foreign Policy, 2018
- <sup>23</sup> Policy framework for Swedish development cooperation and humanitarian assistance, Dec. 2016
- <sup>24</sup> ILO Recommendation 202 on social protection floors: [http://www.ilo.org/secsoc/areas-of-work/legal-advice/WCMS\\_205341/lang-en/index.htm](http://www.ilo.org/secsoc/areas-of-work/legal-advice/WCMS_205341/lang-en/index.htm)
- <sup>25</sup> Sweden's policy for global development in the implementation of the 2030 Agenda, Govt Comm. 2017/18:146

