THE ROLE OF SCANDINAVIAN CONTRIBUTONS IN SHAPING A BETTER FUTURE FOR GLOBAL HEALTH

FROM PURPOSE TO PARTNERSHIP

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ONE

About the ONE Campaign

ONE is a global, nonpartisan organization fighting for a more just world by demanding the investments needed to create economic opportunities and healthier lives in Africa. We do this by deploying trusted and dynamic advocacy that leverages hard-hitting data, credible grassroots activism, creative political engagement, and strategic partnerships. We use all this to influence decision-makers to take action and tackle some of the world's biggest challenges.

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Foreword by ONE president and CEO

In 2025, the world found itself at a crossroads in the role of Official Development Assistance (ODA), particularly for global health initiatives. Global health ODA has long provided foundational support for countries, especially in Africa, to strengthen accessible health care and address disease burdens. Partnerships like the Global Fund to Fight AIDS, Tuberculosis, and Malaria (the Global Fund) have saved 70 million lives. Gavi has vaccinated more than 1.2 billion children and averted more than 20 million future deaths.

The US foreign assistance freeze, cuts, and dissolution of USAID created a sudden shift in global ODA, requiring recipient governments and other donors to quickly fill the void. ONE worked immediately to bring experts, leaders, advocacy, philanthropy, and the private sector together to engage in new methods to unlock continued financing for global health, leverage the strength of the diaspora, and support beneficiary governments in prioritizing their own resources for health. As these efforts continue, we must not lose sight of the essential role of ODA, especially for multilateral programs like Global Fund and Gavi, which ensure that our world's most vulnerable receive adequate and necessary care.

Scandinavia has been a longtime leader in global health ODA to Africa by driving medical advances in technology and health care access. This report provides an overview of this leadership as told through stories of those who have supported Scandinavian contributions; the report is supplemented by ONE's data and analysis tools.

ONE is proud to recognize the instrumental efforts by Denmark, Norway, and Sweden in advancing health care on the African continent. These countries remain uniquely positioned to help stabilize global health progress at a moment when many of the traditional pillars are changing. And that stability will require new, innovative models of aid collaboration, and partnership among all of us who work in this space.

Our partners at the Gates Foundation will celebrate the success of Scandinavian global health investments featuring Goalkeepers in January 2026. We appreciate the continued partnership of the Gates Foundation to celebrate some of the world's most steadfast leaders in the fight to continue advancing health care access and innovation across Africa into the future. We hope this report can serve as a reminder of the crucial role Scandinavian governments continue to play.

Ndidi Nwuneli, ONE Campaign President and CEO

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INTRODUCTION

Over recent decades, Overseas Development Assistance (ODA) has contributed to significant improvements in global health outcomes across Africa, including gains in maternal and child health and progress against major infectious diseases.

This global health landscape has been profoundly shaped by the strategic interventions of three relatively small Northern European nations: Denmark, Norway, and Sweden (collectively referred to henceforth as "Scandinavia"). The Scandinavian countries have established themselves as trailblazers within the international development architecture by shaping programs and institutions that have driven health gains across Africa and beyond.

These gains now face growing pressure from demographic change, climate impacts, conflict, and uncertainty in global development finance, especially in Africa. The continent has the world's fastest growing youth population, which will continue to place pressures on health system capacity. In parallel, African nations have long battled some of the world's deadliest diseases. Exacerbated by increasing natural disasters, pressures from regional conflict, and the lasting effects of the global COVID-19 pandemic, African health systems continue to require strong resourcing to deliver on its growing number of communities in need.

Compounding these challenges, 2025 faced an unprecedented shift away from global ODA. The sudden withdrawal, freeze, and cuts to US foreign assistance, and near dissolution of USAID shifted the course of global ODA overnight. For these reasons, access to basic, essential health care and resources to address growing disease burdens has never been greater, especially from longstanding global leaders like Scandinavia, whose marked impact in health care access and innovation has led to critical advances across the world.

This report provides analysis and commentary on Scandinavian global health aid and its contribution to the advancement of health care access and innovation across Africa. It also features references to actions made by philanthropy, the private sector,

academia, and foundations. The report is based on research and analysis of testimony from Scandinavian and African stakeholders in the receipt and delivery of foreign aid, many of whom have been instrumental in shaping current development models; others represent the next generation confronting new global realities. The report also includes statistical analysis using ONE's unique data tools and a review of research available on global health and ODA.

The report finds that Denmark, Norway, and Sweden are uniquely positioned – through their credibility, technical expertise, and long-standing commitment – to help stabilize global health progress in Africa and globally at a moment when many of the traditional ODA pillars are weakening. It is worth noting that the Scandinavian countries are the sixth largest contributor to ODA globally.[1] That stability will require new, innovative models of aid collaboration, and the Scandinavian countries should join forces to take the lead in that effort.

This report represents an initial analysis intended to outline key issues in the role of Scandinavian global health impact, especially across Africa. It is not comprehensive of all perspectives and data that exists, and represents a starting point for further discussion, research, and engagement on the crucial role of Scandinavian countries' contributions to advancing global health.

1. *Cuts in Official Development Assistance: OECD Projections for 2025 and the Near Term*, OECD, June 26, 2025

THE FINANCIAL AND ETHICAL ARCHITECTURE OF SCANDINAVIAN AID

The Scandinavian approach to global health is closely linked to the domestic political values and welfare-state traditions that emerged in the post-World War II period. Interviewees described how early political leaders, shaped by the expansion of universal health systems at home, viewed global health engagement as a natural extension of those experiences and principles.[2]

Jan Eliasson, Former Deputy Secretary-General of the United Nations as well as former Minister of Foreign Affairs in Sweden, said: "Health was very much in the center of the reforms and many of us have backgrounds in very simple conditions. My own aunt died of Tuberculosis ...I grew up in one room without running water and so forth. And access to health services was very crucial in the build-up of the Nordic welfare state."

Building on these early foundations, development aid from Scandinavian countries has historically been framed as part of a broader commitment to universal rights, including the right to health. This orientation has been accompanied by sustained levels of financing for development assistance.

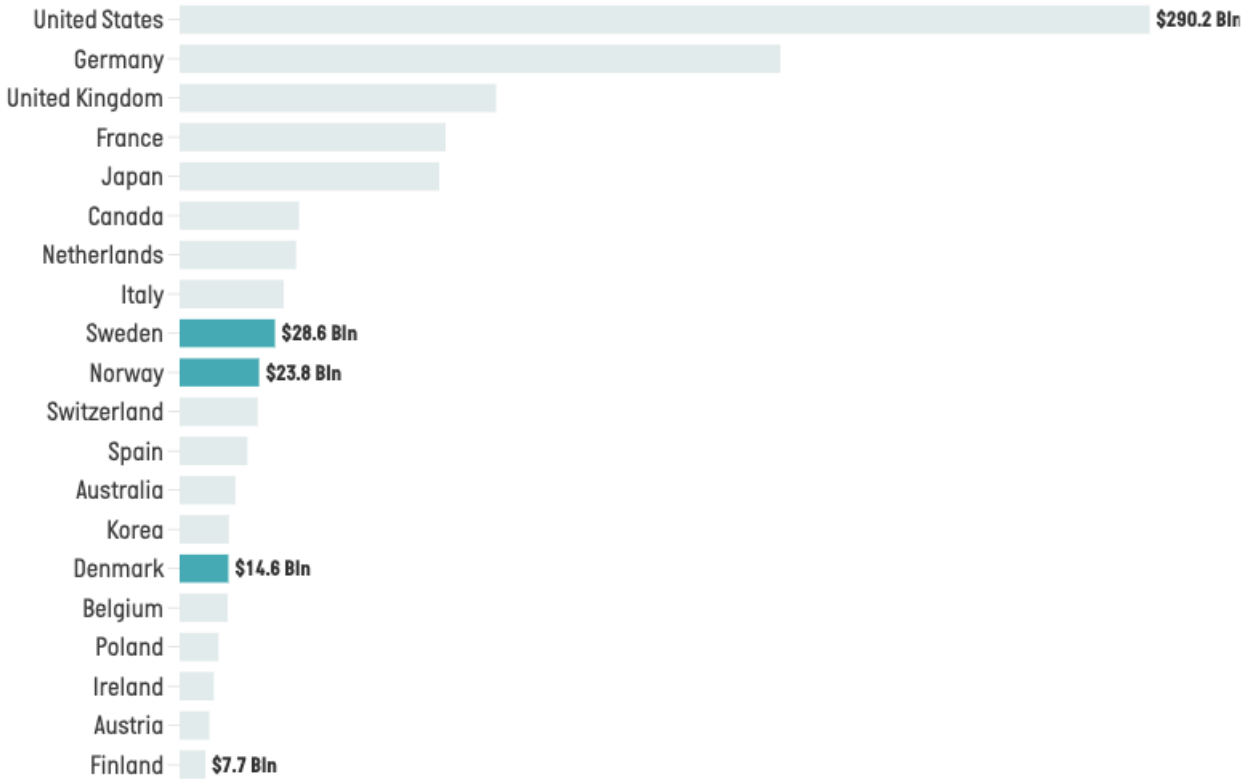
The scale of this commitment is evident when normalized against population size. In 2023, Norway's per capita aid contribution stood at approximately $1,160, more than double that of other major Western donors. Scandinavian aid has long enjoyed broad, cross-party support, although this consensus is increasingly tested, as will be discussed later in this report. It bears pointing out that such longtime political steadfastness and consensus were not just the inevitable outcome of a shared regional history, culture and ambition; as outlined by interviewees, it was also driven from the top down by political leaders with international standing.[3, 4]

2. Dagfinn Høybråten, Former Norwegian Minister of Health and Care Services and former Secretary-General of the Nordic Council of Ministers, said: "When it comes to the value base, I think global health equity is at the core of it. This is a shared Nordic value alongside trust, transparency, equality, sustainability, and the rule of law...I think these values have helped shape Nordic engagement in global health."
3. Håvard Mokleiv Nygård, Director of Knowledge and Innovation at the Norwegian Agency for Development Cooperation (Norad), said: "It quite simply comes down to Jens Stoltenberg... it was his baby. You really see this ... if you're going to make big changes, then you need political leadership and ... almost like a laser focus."
4. Examples include: Gro Harlem Brundtland (Norway), former Prime Minister of Norway and former Director-General of the World Health Organization; Jens Stoltenberg (Norway), former Board member of Gavi, the Vaccine Alliance; Jonas Gahr Støre (Norway), former Executive Director at WHO and later Minister of Health and Foreign Affairs; Gunilla Carlsson (Sweden), former Minister for International Development Cooperation and member of several high-level UN panels; Helle Thorning-Schmidt (Denmark), former Prime Minister and former Co-Chair of the UN High-Level Panel on Financial Accountability, Transparency, and Integrity.

Unlike many members of the OECD Development Assistance Committee (DAC) that struggle to meet the United Nations target of allocating 0.7% of Gross National Income (GNI) to ODA, the Scandinavian countries have institutionalized this threshold as a baseline rather than a ceiling. In 2024, Norway led the DAC with an ODA contribution of 1.02%[5] of GNI, followed by Sweden at 0.79%[6] and Denmark at 0.71%.[7]

SCANDINAVIAN DONORS RANK AMONG THE WORLD'S TOP 20 IN ODA CONTRIBUTIONS

TABLE 1: GLOBAL ODA FUNDING DENMARK, NORWAY, SWEDEN 2020 – 2024 (BLN US$) SHOWN AS RANKING OF TOP 20 ODA DONORS.[8]

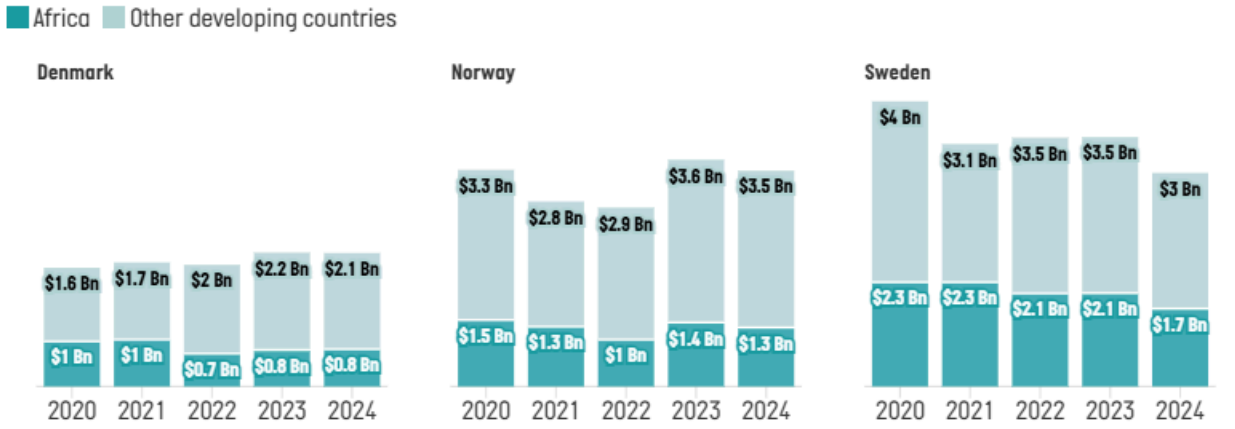


This financial commitment has translated into sustained Scandinavian support for health systems in low- and middle-income countries, with a strong emphasis on maternal, newborn and child health, reproductive health, health workforce development and essential services, including across Africa.

5. *Development Cooperation profiles: Norway*, OECD, June 2025
6. *Development Cooperation profiles: Sweden*, OECD, June 2025
7. *Development Cooperation profiles: Denmark*, OECD, June 2025
8. OECD Development Assistance Committee Table 1. Headline ODA for DAC countries only.

ROUGHLY A THIRD OF SCANDINAVIAN AID GOES TO AFRICA

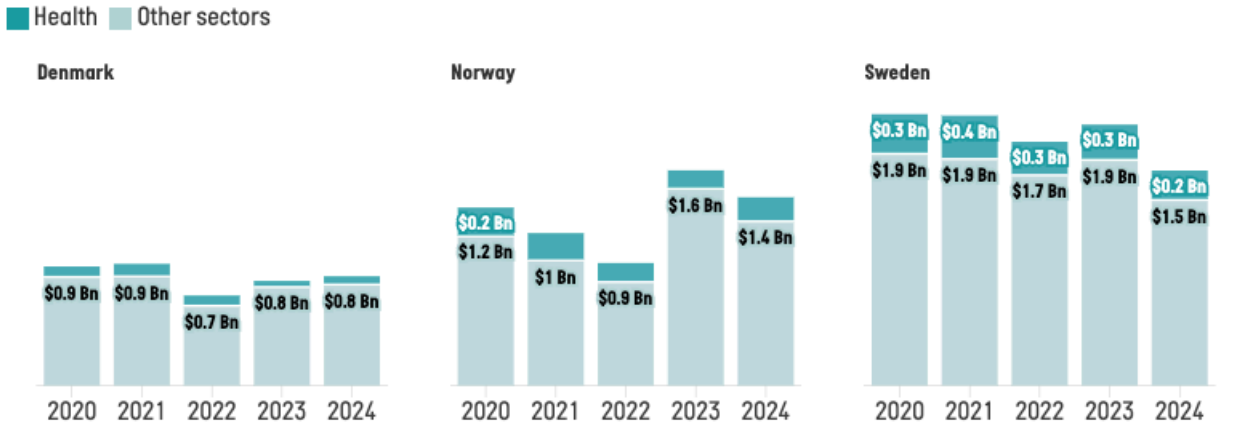
***TABLE 2*: TOTAL ODA / ODA DIRECTED TO AFRICA (IN US$)**



Source: DAC2A table, OECD
All values in 2024 US$ billion

15% OF SCANDINAVIAN AID TO AFRICA GOES TO HEALTH

***TABLE 3*: PORTION OF SCANDINAVIAN ODA FOR AFRICA DEDICATED TO HEALTH**

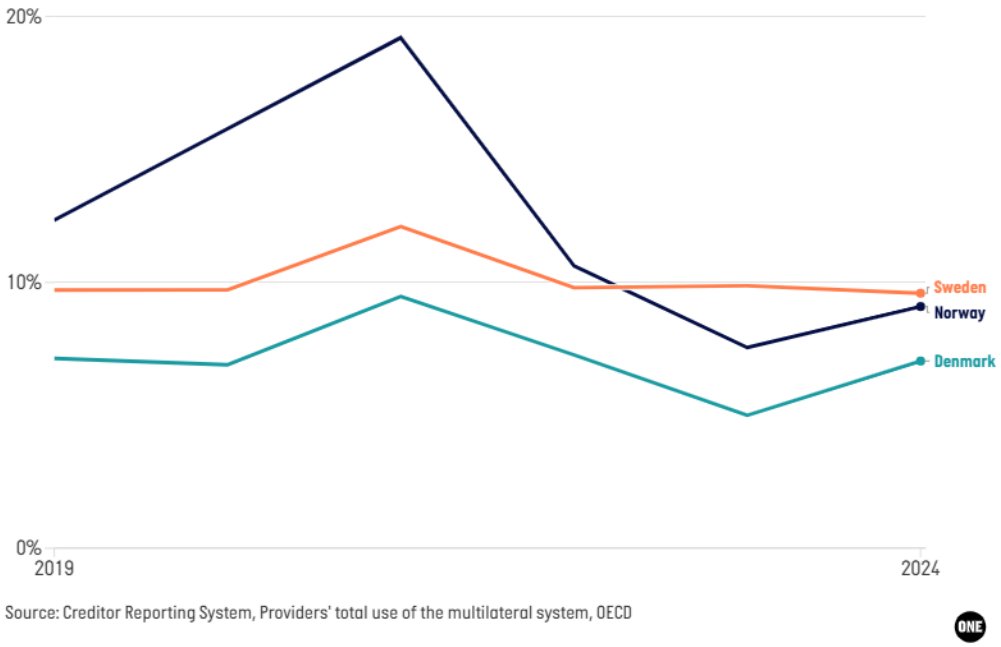


Source: Creditor Reporting System, Providers' total use of the multilateral system, OECD
All values in 2024 US$ billion

The Scandinavian countries also have a proud heritage of leadership in established multilateral organizations, going all the way back to pioneering the first years of the UN, being the forerunners of UNHCR and providing reformative leadership of the WHO by the former Norwegian Prime Minister, Gro Harlem Brundtland. The desire to lead and set the example on a global scale is a strong factor in their ambitions today.

HEALTH AID AS A SHARE OF OVERALL ODA

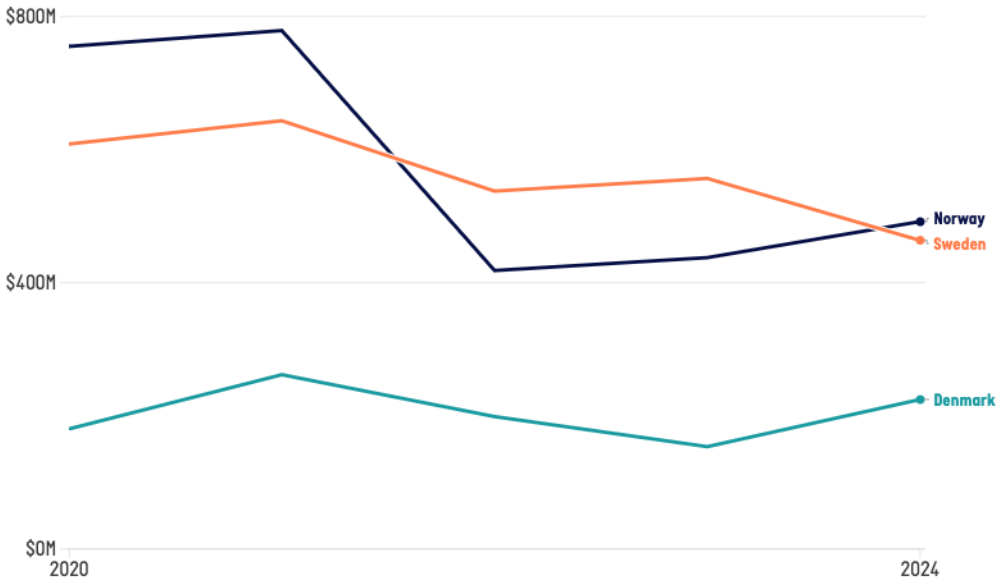
***TABLE 4*: GLOBAL HEALTH FUNDING AS PART OF OVERALL NATIONAL ODA FUNDING – DENMARK, NORWAY, SWEDEN 2019-2024, IN PERCENTAGE[9]**



Source: Creditor Reporting System, Providers' total use of the multilateral system, OECD

HEALTH ODA CONTRIBUTIONS AMONG SCANDINAVIAN COUNTRIES

***TABLE 5*: GLOBAL HEALTH FUNDING AMOUNTS – DENMARK, NORWAY, SWEDEN 2020-2024, IN US$ MILLION[10]**

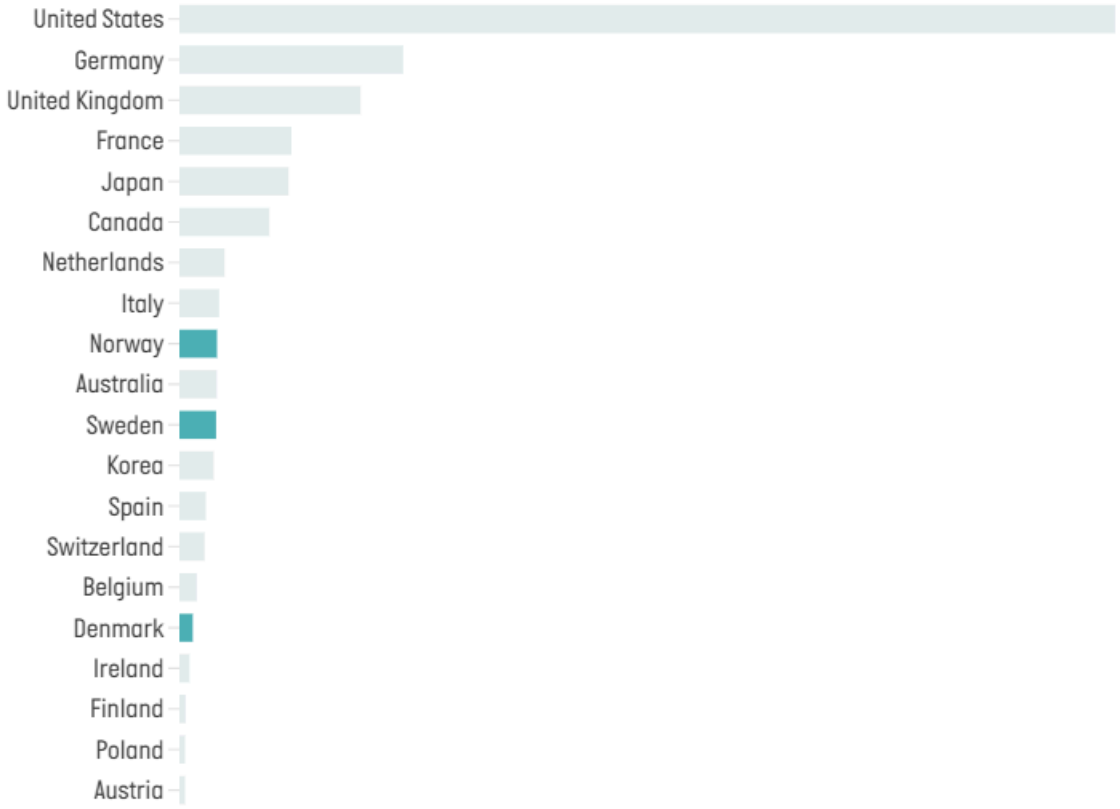


Source: Creditor Reporting System, Providers' total use of the multilateral system, OECD
All values in 2024 US$ million

9. *Creditor Reporting System and the Providers Total Use of the Multilateral System dataset*, OECD Development Assistance Committee
10. *Creditor Reporting System and the Providers Total Use of the Multilateral System dataset*, OECD Development Assistance Committee

SCANDINAVIAN DONORS RANK AMONG THE WORLD'S TOP 20 IN HEALTH CONTRIBUTIONS

TABLE 6: GLOBAL HEALTH FUNDING SPENDING GLOBAL RANKING, 2020-2024 IN US$ MILLION[11]



Source: Creditor Reporting System, Providers' total use of the multilateral system, OECD
All values in 2024 US$ billion

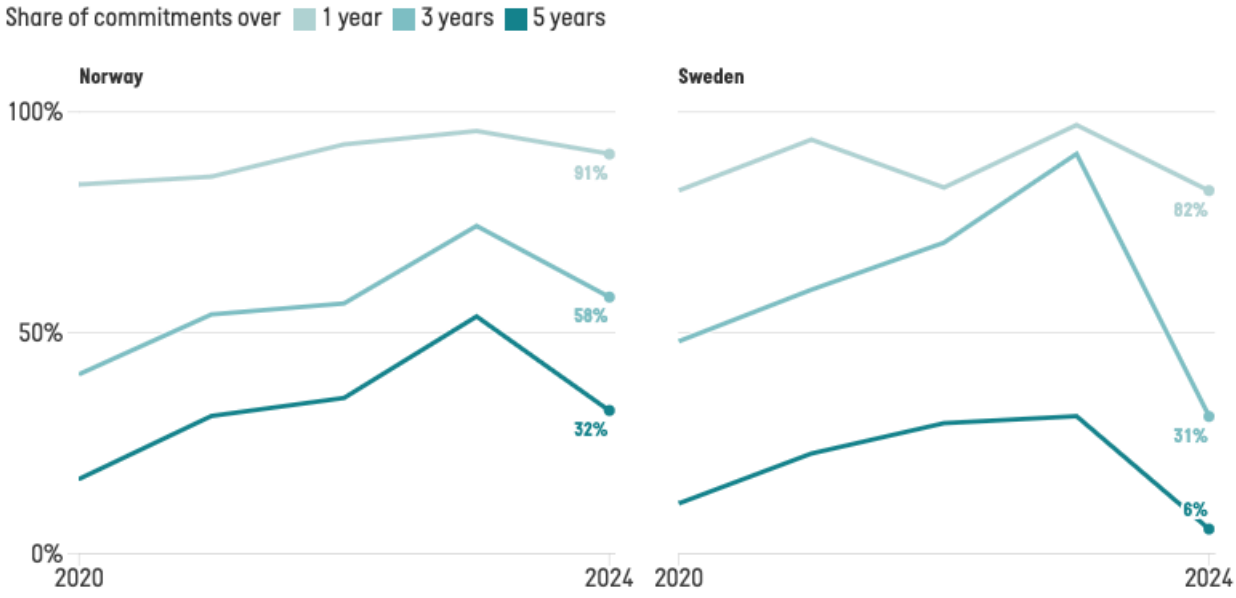
Between 2020 and 2024, approximately 50% of Scandinavian ODA was delivered through bilateral programs (see Table 7 below), with the remainder channeled through multilateral institutions such as the UN system, global health funds and development banks.[12]

Scandinavian health aid also funnels through direct implementation via non-governmental organizations and civil society organizations.[13] Such initiatives, especially via Swedish aid, have resulted in strengthened cooperation with the local civil society, private sector, including academic institutions and community health facilities and centers, which also emphasizes its local ownership approach to development.[14]

11. Creditor Reporting System and the Providers Total Use of the Multilateral System dataset, OECD Development Assistance Committee
12. Creditor Reporting System and the Providers Total Use of the Multilateral System dataset, OECD Development Assistance Committee.
13. Development Co-operation Profiles: Sweden, OECD
14. For Research Partners, The Swedish International Development Cooperation Agency

SHARE OF BILATERAL HEALTH COMMITMENTS OVER DIFFERENT TIME HORIZONS

TABLE 7: FUNDING PREDICTABILITY / LONG-TERM COMMITMENTS – A SUBSTANTIAL PART OF THE FUNDING IS ALLOCATED ON MULTI-YEAR COMMITMENTS[15]



Source: Creditor Reporting System, OECD
Denmark's commitments are excluded due to missing completion dates for most reported projects. The time horizons overlap: projects over 5 year include projects over 3 and projects over 1 year. Likewise, projects over 3 years include projects over 1 year.

15. Creditor reporting System, OECD Development Assistance Committee

SCANDINAVIA AND MULTILATERAL AID

Though Scandinavian health aid is delivered through a combination of bilateral, multilateral, and direct implementation methods, a focus on multilateral interventions has been central to these countries' global health impact. By combining sustained financing with active policy, technical, and governance leadership, the Scandinavian countries have helped design and steer multilateral mechanisms capable of delivering transformational health outcomes, particularly in low-income settings.

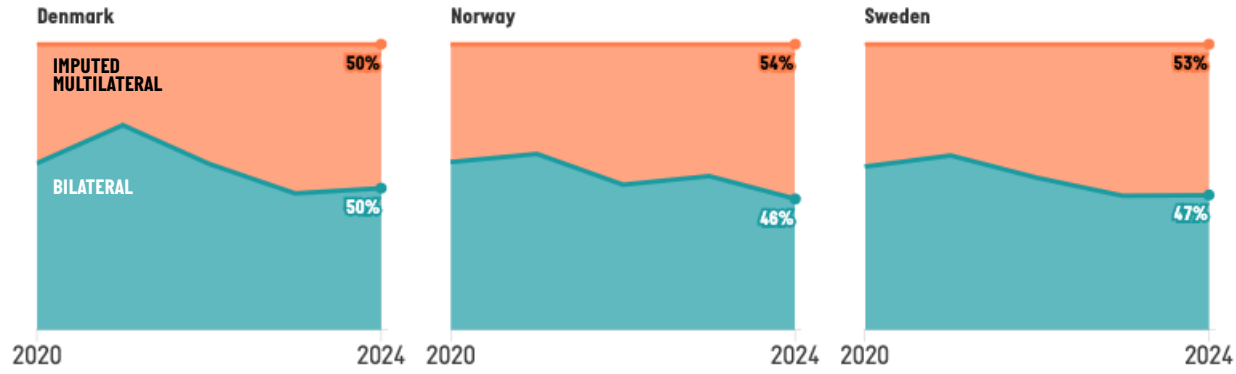
Two examples where significant combined Scandinavian funding and engagement have contributed to impactful programs, include: 1) the United Nations Children's Fund (UNICEF), which provides more than 2 billion vaccine doses each year, reaching 45% of the world's children under five; and 2) the Global Fund to Fight AIDS, Tuberculosis, and Malaria (The Global Fund), which supports resources to prevent and treat HIV, tuberculosis, and malaria, and has saved 70 million lives since its inception. Thanks to the Fund, 25.6 million people are on antiretroviral therapy for HIV today, predominantly across Africa.

As relatively small donor countries, multilateral mechanisms have enabled Scandinavia to achieve scale, coordination, and sustained impact across beneficiary countries and regions. At the same time, bilateral programs and partnerships with civil society have been used to align support with local actors, national priorities, work directly with institutions, and pilot new approaches. Several such examples are reflected in the case studies included in this report.

An infant receives routine immunization at a Gavi-supported healthcare center in Kenya. © Gavi/2025/Kelvin Juma

BILATERAL AND MULTILATERAL HEALTH SPENDING IS EVENLY SPLIT ACROSS SCANDINAVIAN DONORS

TABLE 8: RELATIVE BREAKDOWN OF GLOBAL HEALTH FUNDING TO MULTILATERAL VS BILATERAL INITIATIVES FOR DENMARK, NORWAY AND SWEDEN, 2019-2024, IN PERCENTAGE[16]



Source: Creditor Reporting System, Providers' total use of the multilateral system, OECD

The nature of multilateral support from Scandinavia has long been distinctive, such as a relatively high share of flexible, non-earmarked, and multi-year core funding to organizations like the WHO. This approach is frequently described by stakeholders as a high-trust model, as it helps institutions plan, maintain capacity, and respond to emerging needs without being constrained by conditional project-based funding.[17]

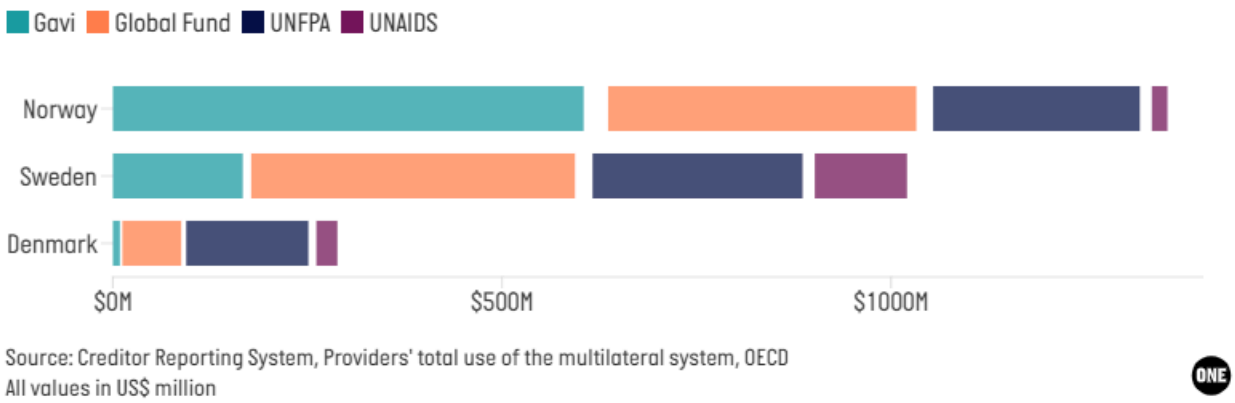
> SCANDINAVIA'S APPROACH IS FREQUENTLY DESCRIBED BY STAKEHOLDERS AS A HIGH-TRUST MODEL, AS IT HELPS INSTITUTIONS PLAN, MAINTAIN CAPACITY, AND RESPOND TO EMERGING NEEDS WITHOUT BEING CONSTRAINED BY CONDITIONAL PROJECT-BASED FUNDING.

16. *Creditor Reporting System and the Providers Total Use of the Multilateral System dataset*, OECD Development Assistance Committee
17. Søren Brostrøm, Senior Advisor to the Director-General and Director for Organisational Change, WHO, said: "Denmark has prioritized flexible funding to a very high degree ... because we want to get away from the siloed funding and the micromanaging that follows with that. I would say that reflects a fairly high degree of trust in multilateral institutions."

Scandinavian nations have also been instrumental in shaping the remit of multilateral bodies and creating new ones. It was Denmark, Norway, and Sweden that drove the process of setting up UNAIDS in 1996 at a time when HIV and AIDS was heavily stigmatized and some international aid institutions struggled in engaging with the human rights dimension of health.[18] Norway was a founding member of Gavi, the Vaccine Alliance, and later instrumental in the establishment of the Coalition for Epidemic Preparedness Innovations (CEPI), described as "the missing link in the vaccine value chain".[19] The following table shows contributions to UNAIDS, Gavi, and UNFPA by Denmark, Norway, and Sweden from 2020 to 2024.

SCANDINAVIAN CONTRIBUTIONS TO MAJOR MULTILATERAL HEALTH AGENCIES AND FUNDS

TABLE 9: SCANDINAVIAN CONTRIBUTIONS TO MULTILATERAL GLOBAL HEALTH INITIATIVES 2020-2024



Source: Creditor Reporting System, Providers' total use of the multilateral system, OECD
All values in US$ million

18. Steven L. B. Jensen, Senior Researcher, The Danish Institute for Human Rights, said of the WHO: " ...they had difficulties with maintaining a commitment to the human rights dimension of health, which is really critical to HIV work. But AIDS had to be addressed ... and it was Norway, Sweden and Denmark who in the mid-1990s drove the political process of setting up UNAIDS which began its work in 1996, thereby also making health work a central driver of UN reform efforts."
19. Dagfinn Høybråten, former Norwegian Minister of Health and Care Services and former Secretary General of the Nordic Council of Ministers, said: "Norway was able to play an important role both in Gavi and later, in the establishment of CEPI which was a missing link in the vaccine value chain between public involvement and the private sector."

Healthcare providers at work at Kyumbi Health Centre, a Gavi-supported facility in Kenya. © Gavi/2025/Kelvin Juma

SCANDINAVIAN ACHIEVEMENTS

There are many success stories that can be viewed as a result of Scandinavian investments in global health. The following section provides an overview of select case studies with additional examples presented in Appendix C. Together, these illustrate the range of Scandinavian contributions and indicate what may be at risk if funding comes under even greater pressure.

One landmark initiative, the International Finance Facility for Immunisation (IFFIm), was established in 2006 to support public-private partnership efforts through Gavi, the Vaccine Alliance. Co-founded by Norway and Sweden, among other donors, IFFIm enables private investors and government donors work together to increase the reach and impact of their collective investments. Through IFFIm, Norway helped pioneer the concept of "frontloading" aid, which has enabled faster aid delivery and in turn, strengthened global development impact. By making long-term, legally binding contributions, Norway enabled IFFIm to issue vaccine bonds on capital markets. This mechanism converted future aid pledges into immediately available funding, allowing Gavi to purchase vaccines at scale and helping to incentivize manufacturers to lower prices.

Beyond this financial innovation and helped by the Scandinavian countries as especially Norway's long-standing role within the alliance, Gavi has also transformed the broader vaccine ecosystem. By combining the purchasing power of more than 70 low-income countries and providing long-term, predictable financing, Gavi has helped reshape the global vaccine market - securing reliable supply and enabling a growing share of production to come from manufacturers in developing countries. In addition, the same systems that help countries reach children who have never been vaccinated also support other primary health services. By expanding regional manufacturing and maintaining emergency stockpiles, Gavi has strengthened countries' ability to respond to outbreaks and health threats linked to environmental shifts and more.

Norway has also contributed to medical breakthroughs in vaccines through the CEPI program, a global partnership that coordinates the development of vaccines and treatments to combat epidemics and address future disease crises. According to the International AIDS Vaccine Initiative (IAVI), supported by Norad's investments in CEPI, Norway's commitments to global health innovation have led to breakthroughs in vaccines to combat Lassa fever, and strengthened resolve against HIV, TB, malaria, hepatitis, neglected tropical diseases, and more. IAVI's contributions have expanded access and inclusion for especially women in the field. This is evidenced by a Zambian graduate of IAVI's Leadership Development Program also testifying to the broader

impact of the program by noting that "when women are given the opportunity to lead in science, they bring a unique perspective that is invaluable to the field. This is not just a matter of equality; it's a matter of unleashing the full potential of science."[20, 21]

CASE STUDY:
NASAL SPRAY VACCINE PROTECTS AGAINST VIRUSES – CLINICAL AND SCIENTIFIC INNOVATION IN NORWAY PROVIDING SOLUTIONS FOR USE IN A GLOBAL SETTING

Researchers at the University of Oslo and Oslo University Hospital have developed a new technology for the development of vaccines. The research was funded by the University of Oslo, the Norwegian Research Council, the Regional Health Authority, and CEPI.

The new vaccine technology platform enables vaccines to be administered via a nasal spray or inhaler, without the need for needles. Unlike traditional injections, this vaccine targets mucosal surfaces in the nose or mouth, where infections typically begin. A recent study reports that the vaccine technology provides robust protection against virus infections.[22]

The new technology platform is seen as an important innovation to support vaccination campaigns in low- and middle-income countries. It can simplify the supply and storage, allow for easier administration, and reduce any risks associated with needles, thereby assisting with the increased acceptance and uptake of vaccinations.

Another transformative Norwegian contribution to global health systems is the DHIS2. Managed by the HISP at the University of Oslo and supported by core funding from Norad, DHIS2 has evolved into the world's largest Health Management Information System (HMIS) platform. DHIS2 gives countries a practical way to gather and use health data, from frontline clinics to national health ministries. Its open-source design has allowed governments to adapt the system to local needs, scale it nationally, and maintain ownership of their health data – making it especially effective in resource-constrained settings. DHIS2 has had a particularly significant impact in Africa, where every country now uses the platform as part of its national health information architecture, helping to standardize data systems, improve service delivery, and support responses to disease outbreaks and health emergencies.

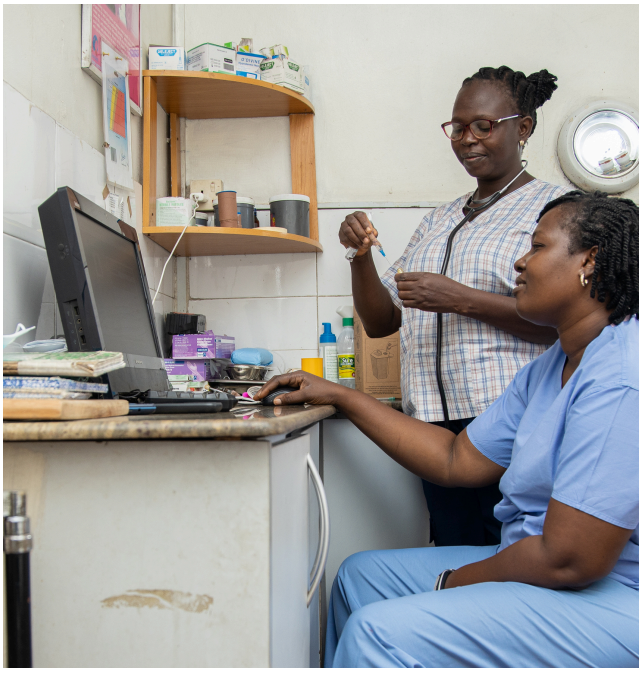
20. Donor Spotlight: The Norwegian Government, IAVI, July 1, 2019
21. *Why we need women leaders in science and research*, IAVI, March 7, 2023
22. Nature Communications, Intranasal subunit vaccine induces protective antibody immunity, https://www.nature.com/articles/s41467-025-59353-6

CASE STUDY:
DHIS2 – ONGOING SCANDINAVIAN SUPPORT FOR STRENGTHENING HEALTH SYSTEMS THROUGH LOW-KEY AND FOUNDATIONAL SUPPORT

DHIS2 is a free, open-source, web-based software platform that supports health authorities in managing health data to enable decentralized and evidence-based decision-making. It was developed by the HISP Centre at the University of Oslo, with core funding from Norad. The Centre continues to coordinate the development of the core software as a digital public good.

The collection, analysis, and reporting of health data are an important cornerstone for achieving advances in global health, providing the ability to monitor and evaluate the impact of interventions in areas such as immunization, HIV/TB and malaria control, and maternal and child health.

The system has evolved into the world's largest Health Management Information System. As of 2023, 73 low- and middle-income countries had implemented DHIS2 as their national HMIS, covering approximately 3.2 billion people[23]. All African countries use the open-source tool.



Healthcare providers at St. Lukes Hospital in Ethiopia working on a computer screen. © ONE/2021/Omoregie Osakpolor

A different, but complementary, Scandinavian contribution can be seen in Sweden's focus on local partnership and collaboration, including with academic institutions. Stefan Swartling Peterson, Professor of Global Transformation for Health for the Karolinska Institutet and affiliated with Makerere University in Uganda, was told by his African colleagues when enquiring about a useful focus when he became professor: "You Swedes, you don't have much money, but you're good at collaboration and capacity development, so do that."

The partnership between the Karolinska Institutet and Makerere University in

23. DHIS2 in Action, dhis2.org

Uganda emerged as a sustained effort to strengthen local research and teaching capacity in public health due to the program's specific focus on joint PhD training, research conducted primarily in Uganda, and long-term institutional collaboration, rather than short-term projects or overseas fellowships. The WHO/UNICEF recommended Integrated Community Case Management of malaria, pneumonia and diarrhea as a result of this collaboration, which has spread across Africa and beyond.

According to Dr. Peter Waiswa, Associate Professor in the School of Public Health, "Scandinavian investments have transformed Makerere University, and in return the University is transforming the country and region." He discussed Scandinavian aid as highly reciprocal, emphasizing its focus on partnership and collaboration, noting that unlike other models, support did not just focus on the student, but offered a comprehensive investment in the entire ecosystem – thus helping transform systems' capacity and the culture of the education system of Makerere University (teaching and supervision, publishing, grants management, library, etc).

Dr. Waiswa also noted that Scandinavian programs were focused on strengthening sustainable, local capacity, where investments are made in Makerere researchers in order to institutionalize local expertise. "Scandinavian programs are not just giving you the fish, they're teaching you how to fish," he says. Currently, Dr. Waiswa is operating a grant run by the Ugandan government on AI and mental health. When SIDA support to Makerere University ended, the government took over by establishing the Makerere University Research and Innovations Fund to which it supports through a $7-10 million annual award.

He notes that Scandinavian investments in Makerere led to the Ugandan government providing more funding showing increased trust in the University's ability to serve Ugandans.

CASE STUDY:
PARTNERSHIP WITH THE MAKERERE UNIVERSITY IN UGANDA – LONGTIME COLLABORATION WITH SWEDISH KAROLINSKA INSTITUTET TO DEVELOP LOCAL HEALTH LEADERS AND GLOBAL POLICY.

In November 2025, the Karolinska Institutet and Makerere University celebrated a 25-year partnership that has focused on strengthening sustainable health through joint education, research and capacity building.

The Karolinska Institutet and Makerere University developed a partnership, supported by the Swedish International Development Agency (Sida), for reciprocal learning and

capacity development. The collaboration has established a new cadre of local experts in global health with PhD graduates, all educated and now filling leadership roles in Uganda. Advanced research has focused on addressing public health priorities such as HIV/AIDS, sexual and reproductive health, child health and newborn care, innovations in midwifery-led delivery care, and health system strengthening.

The partnership has supported over 60 PhD students, produced more than 500 peer-reviewed publications and funded the exchange of some 400 students and lecturers between the two universities. In 2021, the Centre of Excellence for Sustainable Health was established at Makerere University, which now functions as a regional knowledge hub on global health issues for neighboring countries.

The collaboration between Karolinska Institutet and Makerere University is often cited as a milestone of equitable and innovative development cooperation. Although cooperation between the institutions continues, the flagship program has concluded having established a model for academic partnership and capacity development that remains a reference point for Sweden's development cooperation.[24]

The Karolinska Institutet has also partnered with universities and public experts elsewhere across the African continent, including in Tanzania. Dr. Goodluck Lyatuu, Director of Programs at MDH (a Tanzanian health NGO), and PhD graduate (2022) at Karolinska shared similar sentiments to Dr. Waiswa in Scandinavia's aid impact centering on long-term sustainability and local capacity.

He noted that Karolinska's Sida-funded PhD program "was heavily focused on capacity building, benefiting many Tanzanians. At the time I joined the program it had been running for over 20 years and trained many Tanzanians at PhD level and supported their research(...) I was able to interact with people who were products of this program having been trained by it and were now contributing to running that program or other programs training others." Dr. Lyatuus own supervisor was one of them.

> SCANDINAVIAN PROGRAMS ARE NOT JUST GIVING YOU THE FISH, THEY'RE TEACHING YOU HOW TO FISH.

24. Tobias Alfvén, Professor of Global Child Health, Karolinska Institutet, observes: "In many other countries... they take clever people from, for example, Uganda... train them for four years in Paris or the US... and then they're based in the US or France. So it's a brain drain... what we have done, we all base it on research in Uganda... and then they come in for courses and work in Sweden for periods of time. We have... follow up studies showing that 98% of all the colleagues, they're still there, they're working in academia... healthcare... government and civil society, and they're leaders."

Dr. Lyatuu also emphasized that the Scandinavian-backed project's impact extends beyond the national level, reaching the international stage. One example being the research of his supervisor which contributed to inform the global guidance on the HIV treatment and prevention of mother-to-child HIV transmission and treatment solutions such as the option B+(using lifelong anti-retroviral treatment for prevention of mother-to-child HIV transmission during pregnancy, childbirth and breastfeeding). This breakthrough research has informed international standards and is applied globally.

Dr. Lyatuu highlighted the intentional approach by Institutet Karolinska to connect research with practical implementation. This allowed him to deepen his knowledge in existing areas. He said: "from a scientific perspective it doesn't get better than that. The Sida PhD training grant helped train and equip me with skills to identify a health problem via research, and later we used the findings of that research to apply for and secure another grant to fix that problem."

> FROM A SCIENTIFIC PERSPECTIVE IT DOESN'T GET BETTER THAN THAT. THE SIDA PHD TRAINING GRANT HELPED TRAIN AND EQUIP ME WITH SKILLS TO IDENTIFY A HEALTH PROBLEM VIA RESEARCH, AND LATER WE USED THE FINDINGS OF THAT RESEARCH TO APPLY FOR AND SECURE ANOTHER GRANT TO FIX THAT PROBLEM.

A strong example of Scandinavian engagement in public-private partnerships for global health is the work of the Danish Novo Nordisk Foundation, which has enabled research, education, and technological advances to support maternal and child health in Africa. One such initiative, the Mother's Micronutrient Supplement for Pregnancy and Lactation (MoMS) project, is a multi-year effort to address key evidence gaps in maternal nutrition. Launched in December 2024 and running through 2029, the main study will involve approximately 3,000 pregnant women in Western Kenya, who receive daily micronutrient supplements from early pregnancy through six months postpartum. The program aims to generate robust causal evidence to inform optimal micronutrient supplementation, with a focus on improving birth outcomes, early child development, and longer-term health risks.

CASE STUDY:

NOVO NORDISK FOUNDATION AND GLOBAL HEALTH INITIATIVES – SUCCESSFUL PRIVATE DEVELOPMENT PARTNERSHIP PROGRAMS DRIVING GLOBAL HEALTH OUTCOMES

The Novo Nordisk Foundation (NNF) is involved in several programs that address global health challenges related to children's education about nutrition and obesity prevention through key partnerships and dedicated research initiatives.

The NNF and UNICEF have collaborated over several years on initiatives focused on creating healthier environments for children to prevent overweight and obesity. One such partnership in Indonesia aims to combat rising rates of childhood overweight and obesity through systemic changes to food and urban environments.

The program addresses the 'triple burden of malnutrition' (underweight, micronutrient deficiencies and obesity) prevalent in Indonesia by strengthening policies and scaling up local actions.[25] Research was conducted across 40 primary school involving 800 children.

The partnership prioritizes policy changes based on evidence-based research, piloting innovative interventions to improve urban food retail environment, making healthy food more accessible and affordable, and advocating for restrictions on the marketing of ultra-processed and high-fat, sugar, or salt foods to children.

Working together with the Gates Foundation, NNF supports a research collaboration between researchers in Kenya, Norway, and Denmark to improve maternal and child health outcomes by optimizing dietary supplements for pregnant and lactating women in low- and middle-income countries.[26]

25. Scaling up efforts to prevent childhood overweight and obesity, Novo Nordisk and UNICEF annual report 2024.
26. Novo Nordisk Foundation, More Knowledge, Better Health: How nutritional science can improve people's lives

HPV vaccination day at the Anglican primary school in Eswatini. © Gavi/2025/Svetlomir Slavchev

SRHR IN FOCUS

Another pillar of Scandinavian aid focuses on Sexual and Reproductive Health and Rights (SRHR). SRHR is identified as a niche where all of the Scandinavian countries have a comparative advantage due to their values and history. Collectively, they promote SRHR through both normative dialogue and concrete measures and initiatives.

SRHR has been such a prominent feature of Scandinavian aid that it warrants a dedicated section.

Over the past three decades, women's sexual and reproductive health has moved from the margins of global health research and policy to a recognized area of investment, evidence generation, and service delivery. Henriette Svarre Nielsen, Professor Consultant at the University of Copenhagen and Hvidovre Hospital and founder of the Maternity Foundation, recalls how 30 years ago women's sexual health was not even considered a serious subject of study. "I tried to get a PhD project in pregnancy loss," she says, "but was told that pregnancy loss was not a research area."

Three decades on, the long-term commitment of Scandinavian countries to SRHR has produced tangible, life-saving results. Interviewees highlighted three core examples of this: 1) the region's critical support for UNFPA Supplies, a program ensuring that contraceptives and maternal health medicines reach the last mile;[27] 2) Swedish researchers played a central role in developing, testing, and globally scaling the mifepristone-based medical abortion regimen that the World Health Organization now recommends as the standard of care; [28] and 3) the success of the Safe Delivery App, which was created by Maternity Foundation, a Danish NGO that supports safer births for women and newborns; the app has reached 500,000 midwives and other healthcare professionals across more than 70 low- and middle-income countries.[29]

Nurse in Uganda providing care to an expectant mother. © ONE/Sam Vox/2019

27. Ulla Elisabeth Müller, Chief, United Nations Population Fund (UNFPA) Nordic Representation Office
28. Kristina Gemzell Danielsson, Professor of Obstetrics and Gynaecology and Head of the Department of Women's and Children's Health, Karolinska Institutet
29. Henriette Svarre Nielsen, Professor Consultant at the University of Copenhagen and Hvidovre Hospital and founder of the Maternity Foundation

CASE STUDY:

MEDICAL ABORTION RESEARCH – A SWEDISH DOMESTIC SYSTEM OF CLOSE INTEGRATION BETWEEN ACADEMIC RESEARCH, LABORATORY SCIENCE, CLINICAL TRIALS AND HEALTH PRACTITIONERS HAS LED TO SCIENTIFIC BREAKTHROUGHS WHICH ARE THEN SCALED FOR USE IN GLOBAL HEALTH SETTINGS

Research by the Karolinska Institutet in Stockholm has been instrumental to the development and simplification of medical abortion procedures, making them more accessible in low- and middle-income countries. In particular, the institute provided the research and testing that led to the WHO supporting the combined mifepristone- and prostaglandin analogue-based method as the basis for globally accepted protocols for medical abortion.

Medical abortion has been particularly significant in middle-and low-income countries where surgical abortion is both inaccessible, due to a lack of physicians, and risky. Misoprostol is now on the WHO's list of essential medicines for basic medical care, and it can be obtained in most countries.

Research also helped validate that a combination regime of mifepristone followed by misoprostol was significantly more effective. Recent research has confirmed that the use of a mifepristone and misoprostol combination in medical abortions led to 95-99% success rates, defined as successful expulsion without need for surgical intervention, in early pregnancy (up to nine weeks), and 90-94% success rate for pregnancies between 9 and 12 weeks. It is also safe and effective for use in second trimester induced abortion and in the treatment of missed miscarriage.[30]

Swedish research long ago identified the midwife as the central figure in the fight against maternal mortality and included this insight into aid work. With a large Somali diaspora in Sweden, Sida has supported programs that leverage this connection. Research on Somali-born midwives working in Sweden reveals the cultural complexities of providing care to diaspora populations, including navigating issues of Female Genital Mutilation (FGM) and differing perceptions of pain management during labor.

30. BJOG International Journal of Obstretrics and Gynaecology, Effectiveness, safety, acceptability of no-test medical abortion, 18 February 2021

CASE STUDY:
SAFE DELIVERY APP – FOCUS ON SRHR INNOVATION RESULTS IN EFFECTIVE AND AFFORDABLE SOLUTION IN LOW-COST COUNTRIES

The Safe Delivery App, developed by Denmark's Maternity Foundation[31] in collaboration with the University of Copenhagen and the University of Southern Denmark, provides instant access to life-saving instructions and guidelines for health workers attending to pregnancies and deliveries.

The app includes animated video guides on how to address problems such as prolonged labor, hypertension and maternal sepsis, as well as the resuscitation of newborns. All information is based on WHO clinical guidelines and is designed to address the most common causes of preventable maternal death, including severe bleeding and infections. Health workers also have access to a list of common drugs associated with childbirth, with information on recommended dosages and side effects.

The app is free of charge and works offline, allowing healthcare professionals to access the information in settings where there is no internet. The app has reached over 500,000 midwives and other healthcare professionals across more than 70 low- and middle-income countries.[32]

Lessons from engaging the diaspora inform Sida's work in Somalia, where Swedish funding supports midwifery schools. For example, in the Democratic Republic of the Congo, Sida provided scholarships for 200 young women to train as midwives in 2023/2024, directly addressing the human resource crisis in conflict-affected provinces like Ituri.

Sweden has also positively impacted the institutional delivery of women's sexual health. A criticism of the UN system is the fragmentation of mandates – pregnant women often have to navigate disjointed services from different agencies. To address this, Sida funded the "2gether 4 SRHR" program, a joint initiative bringing together UNAIDS, UNFPA, UNICEF, and WHO in East and Southern Africa. 2gether 4 SRHR has contributed to pivotal resources for young women, men, and children in need of reproductive education and health care and disease maintenance. In 2018, 2gether 4 SRHR and UNFPA created an integration program offering sexual and reproductive health (SRH), sexual and gender-based violence (SGBV) and HIV treatment in five pilot

31. Maternity Foundation, www.maternity.dk
32. Our Impact, Maternity Foundation, www.maternity.dk

facilities across South Africa. According to South African community providers supported by this program, "the SRH, HIV, and SGBV integration project has brought significant change to service provision across the facilities and districts where it is being implemented." One South African patient of a supported clinic noted "if not for the service provided by the clinic, this would have had a bad effect on my life because I can have HIV and I am not financially ready to have a baby."[33]

Swedish and Norwegian support from NGOs to local actors such as Panzi General Hospital in the Democratic Republic of Congo (DRC) in their fight against SGBV in a conflict-torn context also exemplifies a coherent and effective model of cooperation built on evidence, contextual understanding, and holistic engagement. This perspective was articulated by Dr. Christine Amisi Notia, a long-term staff member at Panzi General Hospital, who has stressed the importance of long-term partnerships and respect for locally led agendas. The collaboration between Panzi and the Scandinavian partners reflected a strong understanding of the humanitarian–development nexus, which is essential in eastern DRC, where responses to SGBV must address both immediate protection needs and long-term structural change. Moreover, the approach is grounded in needs identified by local actors, particularly evident in SRHR programming that integrates medical, psychosocial, and socio-economic support. To meet these complex needs, partners have recognized the importance of coordinated contributions across sectors, including research, program funding, and investments in infrastructure such as buildings and equipment.

> THE LONG-TERM COMMITMENT OF SCANDINAVIAN COUNTRIES TO SRHR HAS PRODUCED TANGIBLE, LIFE-SAVING RESULTS.

Taken together, these examples illustrate how long-term Scandinavian engagement in sexual and reproductive health and rights have combined research, service delivery, and organizational coordination to improve outcomes for women and children. Rather than isolated interventions, the emphasis on sustained partnerships, workforce development, and system-level collaboration has shaped approaches to SRHR that continue to shape global health practices.

33. Stories on Integration of SRH, HIV and SGBV in South Africa, 2gether 4 SRHR

Machakos Youth Drop-In Centre is a Gavi-supported clinic that offers SRHR services to youth in Kenya. © Gavi/2025/Kelvin Jumar

> THE COLLABORATION BETWEEN PANZI AND THE SCANDINAVIAN PARTNERS REFLECTED A STRONG UNDERSTANDING OF THE HUMANITARIAN–DEVELOPMENT NEXUS, WHICH IS ESSENTIAL IN EASTERN DRC, WHERE RESPONSES TO SGBV MUST ADDRESS BOTH IMMEDIATE PROTECTION NEEDS AND LONG-TERM STRUCTURAL CHANGE. MOREOVER, THE APPROACH IS GROUNDED IN NEEDS IDENTIFIED BY LOCAL ACTORS, PARTICULARLY EVIDENT IN SRHR PROGRAMMING THAT INTEGRATES MEDICAL, PSYCHOSOCIAL, AND SOCIO-ECONOMIC SUPPORT.

CASE STUDY:
LAERDAL GLOBAL HEALTH – PRIVATE DEVELOPMENT FUNDING TO SCALE UP INNOVATIVE APPROACHES TO MATERNAL AND NEWBORN CARE

Laerdal Global Health provides catalytic funding to support the effective scaling up of healthcare technologies that address critical health issues in low- and middle-income countries, such as maternal and newborn mortality.

Philanthropy funding cycles tend to be 5 to 7 years and are often misaligned with real scale-up cycles, which can take 15 years or more. Laerdal Global Health has focused on providing funding and supporting innovative financing models to bridge that gap and enable effective scaling up of new technologies, together with the Global Financing Facility (GFF) and the WHO Foundation.

The Laerdal Million Lives Fund was established in 2020 with the goal of investing up to $100 million in transformative technologies, targeting commercial-stage technologies that address mortality rates, particularly those with potential for dramatic scale-up and impact in low-resource settings. In December 2025, the Laerdal family decided to establish the Laerdal Scale Up Fund, committing an additional $100 million to help scale up what work, including the WHO Basic Emergency Care program. These initiatives contribute to the Laerdal goal of helping to save one million more lives every year by 2030.[34]

The Safer Births Bundle of Care (SBBC) has been funded and developed by Laerdal Global Health in collaboration with the University of Stavanger, the Stavanger University Hospital, and the Haydom Lutheran Hospital in Tanzania.[35]

The program focuses on health system strengthening through 'low-dose high-frequency' and on-the-job clinical training targeting the leading causes of death for mothers and babies, such as newborn resuscitation, labor management, and postpartum hemorrhage. This is underpinned by a continuous focus on scalability and quality improvement.

A study presented in the New England Journal of Medicine in February 2025 on the SBBC program in Tanzania showed significant reductions in newborn and maternal deaths: a 40% drop in early newborn deaths and a 75% decrease in maternal deaths.[36]

34. One Million Lives 2025 Impact Update
35. Safer Births Bundle of Care Report 2025
36. Outcomes of a program to reduce birth-related mortality, New England Journal of Medicine, February 2025

CHALLENGES AND OPPORTUNITIES AHEAD

Discussions with interviewees, in combination with available research and data makes evident that Scandinavian investments in global health have had important impacts on health care access, infrastructure, and innovation across Africa and beyond. Notably, Scandinavian resources for maternal and child health initiatives have led to sustainable health care outcomes, especially for women and their families. Through resources that place local partners at the center of program implementation, and cooperation that prioritizes connection and community capacity, Scandinavian aid has ultimately led to significant progress. At the same time, significant challenges remain, including continued gaps in the ability of women to access care all over the world.[37]

Further, as ongoing pressures to global ODA provisions continue, countries face mounting economic pressures that are already resulting in fewer resources to serve communities in need.

Evolving challenges to global health financing

Scandinavian governments, like many others across the world, are now more than ever in recent history, facing trade-offs when setting priorities for foreign assistance. In addition to the US, UK, and many European governments, Scandinavian donors also recently announced reductions to development aid, in addition to a refocus on aid priorities.[38] The long-lasting conflict in Ukraine has placed specific pressures on Scandinavia to increase aid to the region, as well as for Ukrainian refugee assistance. According to one interviewee, while Denmark and Norway have maintained their historic ODA/ GNI levels, these trade-offs mean that in 2026 "every fourth kroner from the Norwegian ODA budget will be for Ukraine".[39] In Sweden, interviewees similarly pointed to a growing concentration of ODA resources to Ukraine.[40]

In December 2025, the Swedish government announced that it would phase out development aid to five countries to divert funds to Ukraine. The African nations affected are Zimbabwe, Tanzania, Mozambique, and Liberia. Tensions with Russia are such that Sweden joined NATO in 2024, and there is a renewed focus on national and regional security across Europe. Interestingly, Denmark recently announced it would

37. *Closing the Women's Health Gap: A $1 Trillion Opportunity to Improve Lives and Economies*, World Economic Forum, in collaboration with the McKinsey Health Institute
38. 4 *African countries hit as Sweden ends long-running aid programs,* Business Insider Africa, December 7, 2025
39. Eirik Mofoss, Managing Director and co-founder of Langsikt (Center for Long-Term Policy)
40. Göran Holmqvist, previously Sida Director and now Secretary General of ForumCiv, says: "Ukraine… is crowding out support in the rest of the world… it's getting close to 20% of Swedish aid. Ukraine absolutely merits support, but Sweden could have chosen to treat it as an exceptional and temporary expenditure financed outside the regular budget framework, as has been done with the much larger military support."

reduce funding to Ukraine in 2026 citing a need to refocus investments to other priorities.[41]

Another challenge relates to donor governments reducing commitments to multilateral organizations, such as the UN. The Swedish government in particular has begun phasing out its commitment to the UN bodies in recent years with a reduction of 92 percent in funding for the United Nations Development Program (UNDP), and reduced support to UNRWA, UNAIDS, and the Joint Fund for Agenda 2030.[42] Norwegian aid also declined in 2024, falling by around five percent compared to the previous year. While Norway remained one of the largest donors relative to national income, a significant reduction was observed in aid allocated to the poorest countries, both in absolute terms and as a share of total country-allocated aid.[43] Further, as countries across the world have retreated from global ODA commitments – including prominently the US with its dissolution of USAID and funding for multilateral organizations – other European nations have followed suit. Instead of resulting in governments stepping up to fill the void, many have also reduced funding commitments and doubled down on domestic resourcing and defense dollars. This has also meant that aid in lower-income countries, including across Africa, will not go as far as before, given widespread gaps in capacity caused by the vast global donor withdrawal.[44]

As the world faces the growing reality of less ODA for health, some interviewees and research points to other challenges in ODA by design, and the need for further innovation and reform. For example, Dr. Peter Waiswa of Makerere University enforces this point by discussing that whereas Scandinavian aid was pivotal in enabling the foundations for capacity development in Uganda, now the country has such capacity, but no investment to enable further transformation. Makerere has conducted cutting-edge research that could enable new cures, vaccine development, and regional support to address public health challenges, yet it lacks the infrastructure to produce, manufacture, and distribute such innovations. He says, "we are done with the foundations – we are ready to go into more challenging areas. We do not need to be a country that just basically consumes products for health science made elsewhere, but we need to be able to develop it. The research we are doing is mainly basic and descriptive, but we never go all the way to develop the solutions/products (industrial) that will solve those problems all over the world and transform the lives of our people."

Opportunities for ODA Reform

Some interviewees and research alike suggests the evolving global shift in ODA has also presented opportunities to review new models for aid, including reform to its design and implementation.

Magdalene Kelel, program manager at Children's Mission Kenya, who has worked with support from Scandinavian partners for many years meant that there is a need to elaborate on new partnership models: "Swedes need to share what they have

41. *Denmark to Cut Military Aid to Ukraine to $1.3B in 2026 Amid Budget Adjustments, United24 Media, December 5, 2025*
42. *Sweden makes further cuts to international development assistance,* Concord Sverige, January 7, 2026
43. *Historic decline in international aid,* Norad, May 13, 2025
44. *'Utterly devastating': Global health groups left reeling as European countries slash foreign aid,* EuroNews, July 3, 2025

“WE ARE DONE WITH THE FOUNDATIONS – WE ARE READY TO GO INTO MORE CHALLENGING AREAS.

Makerere University researchers analyzing samples while participating in UPHIA field training. © Makerere University/2025

accomplished so that it can be scaled up. One way of doing that it to investigate partnerships between private sector and civil society to scale up successful models on national levels." Dr. Goodluck Luyatuu at MDF made similar remarks emphasizing the need for closer collaborations and stronger partnerships between civil society, academia and private sector, philanthropy in order to scale up effective activities and models. Some interviewees also highlighted the benefits from the engagement of philanthropic bodies such as the Gates Foundation and the Novo Nordisk Foundation, which provide complementary financing models operating with more flexibility alongside ODA. They have greater freedom to decide how to spend and to test new ideas.

Additionally, certain forms of ODA are designed with a dual purpose of advancing global health objectives while also supporting the business environments in the donor country. Many stakeholders see value in this approach, particularly where they support innovation, production capacity, and scale. The strong Danish cluster in life sciences serves as an example, where some ODA funding is directed to health initiatives that also expand markets for the Danish life science industry, for instance the pharmaceuticals. However, several interviewees also cautioned that linking aid too closely to commercial interests can influence where resources ultimately flow, which can result in a gravitational pull away from the poorest nations. Both Anna Mia Ekström, Professor of Global Infectious Disease Epidemiology at Karolinska Institutet, and Holmqvist voiced such concerns. Holmqvist noted that "The Swedish government now has this discourse that we should water where it's growing," he says. "Some people say we should water where it's really dry."

Others suggest that aid must focus more on foundational changes that lead to actual systems' strengthening. For example, Jesper Sundewall, Associate Professor in Global Health Economics, Lund University, noted in his interview that "there's a need to distinguish ... between supporting a health system and strengthening a health system. Strengthening... means changing the system so it performs better over time. Just because you train more health workers [...] doesn't mean you've strengthened the system."

An important contribution to reform pathways includes the Scandinavian global health expert groups, which were established to address evolving ODA challenges. The expert groups highlight the significant contributions to global health made by Denmark and Norway, and in their commitment to look forward – to 2050 in the case of Norway – they chart possible paths to continued support for health progress in Africa. A similar expert group has been established in Sweden, and its recommendations are expected in 2026.

> SWEDES NEED TO SHARE WHAT THEY HAVE ACCOMPLISHED SO THAT IT CAN BE SCALED UP.

Both expert groups primarily emphasized the need for renewed leadership in global health, including continued leadership in health systems and sexual and reproductive health; the reappointment of a global health ambassador; and increased investment in global health to reduce health inequalities while strengthening health security, including pandemic preparedness and response.[45]

The Norwegian expert group argues for a rise in ODA contributions to combat global health inequality, making health inequality "a main priority", including specific targets like reducing premature deaths by 50% by 2050. They also argue that global health security relies on strong health preparedness in low-income countries which can be enhanced through regional and national initiatives.[46]

The Danish expert group highlights similar recommendations.[47] They emphasize Denmark's role in taking a leading role in reforming global health governance to improve efficiency, accountability, transparency, and financing practices; centering partnerships on country-driven and locally led priorities through research collaboration, knowledge exchange, and capacity building; promoting sustainable financing and financial resilience in low-income countries, including debt relief and increased domestic health financing; and leveraging Danish expertise in life science research and development, and health innovation to expand global access to affordable health products through capacity strengthening, technology transfer, and peer-to-peer partnerships.[48]

Other recommendations for reform raised by the global health advocacy, donor, and philanthropic communities include requiring recipient governments of ODA to co-finance commitments, showing domestic prioritization in their countries own success and capacity. The US for example has started entering international agreements with countries receiving future global health assistance that requires government co-financing commitments in exchange for US resources. These agreements have been met with some controversy, including in Kenya where the high court blocked the agreement given imbalanced data-sharing provisions. Many governments have also worked to build health innovation in foreign aid commitments, including an expansion of public-private partnerships and engagement with private investors. In 2025, Sida adopted a new humanitarian aid strategy reinforcing this point and prioritizing cost-effectiveness, and innovation as guiding approaches in future health aid.[49] Other reform initiatives involve working with international financial institutions to reduce debt burdens on countries trapped by insurmountable debt commitments. In the health sector, this would involve debt-for-health swaps that allow countries to transform debt owed into health infrastructure commitments instead. Finally, as it relates to working with Africa, reform pathways have suggested engaging the diaspora, which has a tremendous impact on the economy of many countries through remittances.

45. *The Expert Committee on Global Health Report 2024,* Citvia, 2024
46. The Expert Commitee on Global Health Report 2024, *Citvia, 2024*
47. Jensen SLB. *Renewing Nordic Leadership in Global Health,* Journal of Law, Medicine & Ethics. 2025;1–4.
48. *A prescription for Denmark in Global Health,* Danish Alliance for Global Health, December 5, 2024
49. *New Humanitarian Aid Strategy,* Government Offices of Sweden, June 13, 2025

CONCLUSION

As global health financing continues to present crucial avenues to ensuring healthier lives across Africa, Scandinavian countries have repeatedly demonstrated the value of leading by example. Their continued investments in global health financing across Africa are essential to protecting hard-won gains, saving lives, and strengthening health systems for generations to come. At the same time, with the evolving shift in the nature of global ODA for health, Scandinavia, like many others across the world, face mounting challenges to maintain ongoing support at traditional levels.

Though ODA remains a vital lifeline for healthcare access and innovation, particularly in Africa, this moment also provides an opportunity for reflection on more effective aid pathways to ensure future donor commitments advance access, sustainability, and local sovereignty over health care delivery in the long term.

Interviewees of the report reinforce the following key points regarding the role of Scandinavian contributions to global health impact. Many of these points are substantiated by external research.

Interviewees of the report reinforce the following key points regarding the role of Scandinavian contributions to global health impact. Many of these points are substantiated by external research.

Multilateral funding is a key driver for Scandinavian aid success, especially as the global health financing context becomes more constrained. Across Denmark, Norway and Sweden, interviewees consistently emphasised the importance of contributing to multilateral institutions and collective financing mechanisms that support health, equity and stability across countries. Most interviewees believe that the Scandinavian countries have been very adept and successful in influencing global health discussions within these settings (through for example political leadership, strategic funding, and long-standing networks). This approach is seen as particularly important for smaller states such as the Scandinavian countries and for addressing cross-border challenges. At the same time, there is broad recognition that political, security and budget pressures are making this model harder to sustain than in the past. Research complements this perspective by emphasizing that multilateral

efforts, especially in the global health sector, strengthen global partnerships, leverage strengths across countries, and improve transnational health outcomes by creating more opportunities for shared access and resources that improve health outcomes for all.

Women's health, SRHR and child health are seen as enduring areas of Scandinavian comparative advantage. Women's health, sexual and reproductive health and rights, and child health are repeatedly described as areas where Scandinavian countries have long-standing experience, legitimacy and evidence to build on. Interviewees link this to strong domestic systems, rights-based approaches, and decades of investment in research, service delivery and global partnerships. These areas are seen as places where Scandinavian engagement continues to be both relevant and important. Research supports this perspective by reinforcing Scandinavian culture norms that promote the importance of serving women and families and ensuring welfare for all people as a central tenant to policy and actions abroad.

Impact is discussed both in terms of large-scale population outcomes and more targeted, solution-driven contributions, rather than strict donor attribution. Interviewees across countries refer to impact at population and system level, such as reductions in child and maternal mortality or expanded vaccination coverage, alongside examples of more problem-specific interventions, including partnerships, technologies and service innovations that address specific bottlenecks in care. Interviewees generally expressed trust in long-term results reported by global institutions, even when these cannot be attributed to individual donors. At the same time, several interviewees noted increasing political pressure to demonstrate accountability through more immediate and visible indicators, such as short-term outputs, reporting requirements, or alignment with national priorities – even though some interviewees emphasised that the most meaningful impact lies in longer-term system strengthening, effective delivery, strong partnerships with recipient countries, and improved outcomes.

With less ODA available, aid must be used more selectively, without stepping back from proven life-saving interventions. The interviewees showed a shared expectation that development assistance will face tighter constraints in the years ahead, due to competing priorities and shifting political contexts. This has increased emphasis on using ODA more strategically, including supporting sustainable financing, national ownership and longer-term health systems strengthening. At the same time, some interviewees caution against allowing this shift to crowd out direct support for interventions with well-established, large-scale impact, such as immunisation programmes, maternal and child health services. Research also points to efforts across donor governments to reform ODA provisions, mechanisms, and incentives that both reinforce lifesaving elements, but push domestic governments to prioritize resources for local capacity and development in addition.

The ONE Campaign supports these points as a longtime leader in advocating for effective global health ODA that supports healthier lives and economic opportunities across Africa. ONE also urges Scandinavian governments to **explicitly link global**

health to security policy, thereby integrating global health and regional security strategies, which recognizes health as a core component of resilience, preparedness, and long-term stability both for beneficiaries and donor countries alike. ONE also recommends stronger Nordic cooperation and partnership to protect health gains, which would both harmonize regional strategies on global health interventions, but also strengthen collective action to derisk declining flows of aid to the African continent. ONE emphasizes the **importance of Nordic sustained leadership in global health, especially for women and families**, both as a cultural foundation and as a driver for global cooperation, investment, and reciprocal benefit in the goal of improving healthcare outcomes for all. Finally, ONE notes the impact of Sweden's **global health ambassadors**, and recommends Norway and Denmark appoint similar leaders to advance further policy coherence and Nordic engagement on global health initiatives across Africa.

On a global scale, ONE remains steadfast in the belief that there is a continued vital role for ODA, especially through multilateral mechanisms that address disease burdens like HIV/AIDS, Tuberculosis, and Malaria, and which ensure protection against preventable diseases among children through lifesaving vaccines. But these efforts alone cannot address the global vacuum caused by the sudden reduction in ODA and investment in African health. **Effective global health financing is incumbent on partnerships, collaboration, innovation, and reform moving forward.** Donor and beneficiary governments should work with the private sector, philanthropy, diaspora, civil society, and investment communities to develop innovative partnerships and unlock financial capital that leverages strengths across sectors. That is why ONE is also working to ensure African governments understand **the promise of health as an economic driver**, which not only serves the basic needs of people, but also results in economic resilience in the long term.

At its core, ONE is grounded in the belief that **Africans voices must be at the center of addressing African problems.** Following a global convening we hosted at Bellagio in 2025 that included global experts from government, philanthropy, the private sector, health, and finance communities, ONE has been working with countries across Africa to enable health financing innovations that address global ODA funding gaps and strengthen African sovereignty over domestic health care delivery and reform. We are engaging government leaders at all levels – executive, parliament, subnational – in addition to civil society, to **push for domestic commitments that improve access to basic health care, especially for mothers and their children.** We are also working with the African diaspora to target remittance commitments to global health priorities, such as supporting pooled funding for health insurance on the continent.

This report makes clear the role of continued Scandinavian investments in maternal and child health across Africa. The region has a legacy of real change, and the relationships and goodwill built over many years to continue advancing outcomes. The early architects of the Scandinavian welfare model were neither sentimental nor political in their approach to development; to them, the urge to give to others some of what they had, came naturally. It was a human impulse – no more, no less. This urge has not gone away. While the aid models and priorities between health initiatives can be discussed, Scandinavia can still lead the way by continuing their steadfast and impactful support of global health in Africa.

HPV vaccine to prevent cervical cancer is administered to school children at Matipula Primary School in Lusaka, Zambia. © Gavi/2023/Peter Caton

APPENDIX A

INTERVIEWEES

Tobias Alfvén, Professor of Global Child Health, Karolinska Institutet; Senior Consultant in Paediatrics, Sachs' Children and Youth Hospital; former President, Swedish Society of Medicine. Alfvén leads the Global Child Health and Sustainable Development Goals research group at the Karolinska Institutet and co-chairs the Centre of Excellence for Sustainable Health with Makerere University. With over 25 years of experience, his work focuses on reducing child mortality in low-income settings, as well as on climate change, sustainability, and reaching children without access to formal health systems.

Søren Brostrøm, Senior Adviser to the WHO Director-General and Director for Organisational Change, World Health Organization (WHO). A Danish physician-scientist specialising in obstetrics and gynaecology, Brostrøm served as Director General of the Danish Health Authority from 2015 to 2023. Since 2023, he has been Senior Adviser to the WHO Director-General, leading organisational change and reform. He has over two decades of clinical, academic, and public-health leadership experience.

Gunilla Carlsson, Chair of the Governing Board, Swedish International Development Cooperation Agency (Sida). A former Swedish Minister for International Development Cooperation, Carlsson has held senior roles across national, European, and global politics, including as a Member of the Swedish and European Parliaments. She has served on high-level UN panels, the Gavi Board, and she worked for two years as Assistant Secretary-General at UNAIDS. Currently, she represents the P7 constituency on the Global Fund Board.

Kristina Gemzell Danielsson, Professor of Obstetrics and Gynaecology and Head of the Department of Women's and Children's Health at the Karolinska Institutet; Senior Consultant in Obstetrics and Gynaecology, Karolinska University Hospital. A senior clinician and researcher, Gemzell Danielsson has contributed to the development and global use of medical abortion (mifepristone and misoprostal) and leads the WHO Collaborating Centre for Research and Research Training in Human Reproduction. Her work spans reproductive health, and she has authored over 400 peer-reviewed publications. She also serves on international bodies including the Nobel Assembly and the Royal Academy of Medicine.

Mette Ide Davidsen, Director of Global and Public Health Department, Health Area, Novo Nordisk Foundation. Davidsen oversees portfolios in health promotion, disease prevention, health equity, and health systems across Denmark, the Nordic region, and the EU, and leads the Foundation's global health portfolio. She has worked at the Novo Nordisk Foundation since 2016 and brings experience across global health, health systems strengthening, and humanitarian and development programmes in Denmark, Vietnam, and Indonesia.

Anna Mia Ekström, Professor of Global Infection Epidemiology, Department of

Global Public Health, Karolinska Institutet and Senior Infectious Disease Consultant, Södersjukhuset. With nearly three decades of clinical and academic experience, Ekström has led international research across Europe, Africa, and Asia on HIV, emerging infections, SRHR, vaccine access, gender-based violence, and health systems. She has published over 240 peer-reviewed papers and regularly advises Swedish and international health agencies.

Dr. Peter Waiswa (MD, MPH, PhD), Associate Professor at Makerere University School of Public Health & Global Health Division, Karolinska Institutet, Leader of Makerere University Maternal and Newborn Center of Excellence. Dr. Waiswa is a health systems researcher with particular focus on newborn health and development and maternal-newborn-child health services. He serves as the principal investigator for PTBi-Uganda and the InDepth network (Network of DSS Sites around the world) on Maternal-Newborn Health. Dr. Waiswa recently received an Independence Medal from the president of Uganda for his community service. He holds a joint PhD degree from Karolinska Institutet and Makerere University.

Jan Eliasson, Former Deputy Secretary-General of the United Nations. Eliasson has had a distinguished career spanning more than five decades in international diplomacy and global governance. He has served as Sweden's Minister for Foreign Affairs, President of the UN General Assembly, and UN Under-Secretary-General for Humanitarian Affairs, and continues to advise on conflict resolution, multilateralism, and global development.

Göran Holmqvist, Secretary General, ForumCiv. A leading Swedish expert on international development cooperation, Holmqvist has more than two decades of senior leadership experience at Sida and in global research institutions. He has held senior roles at UNICEF's Office of Research–Innocenti and the Institute for Futures Studies and is widely recognised for his work on social protection, inequality, and aid effectiveness.

Dagfinn Høybråten, Former Secretary General of Norwegian Church Aid, Former Norwegian Minister of Health and Care Services and former Secretary General of the Nordic Council of Ministers. Høybråten has held senior political and administrative roles in Norway and the Nordic region, including Minister of Health, party leader, and Secretary General of the Nordic Council of Ministers. He has chaired the Storting's Truth and Reconciliation Commission and is also a former Norwegian politician for the Christian Democratic Party (KrF).

Steven L.B. Jensen, Senior Researcher, The Danish Institute for Human Rights. A leading expert on global health, human rights history, and global inequality, Jensen is a member of the Danish Expert Group on Global Health. He is an award-winning author and has held visiting research positions at Oxford, Yale, the Geneva Academy, and the Norwegian Nobel Institute.

Magdalene Kelel , Regional Program Coordinator, Children's Mission Africa. An advocate for inclusive and sustainable development and a seasoned professional with over a decade in civil society. She is the co-founder of the Nalotuesha Indigenous

Women's Organization and is a recipient of the Mandela Washington Fellowship.

Goodluck Lyatuu MD, MPH, PHD, Director of Programs, Management and Development for Health (MDH). He is a research affiliate at Karolinska Institutet, dept. of Global Public Health as well as adjunct faculty at Muhimbili University of Health and Allied Sciences (MUHAS), dept. Of Development Studies. With the Tanzanian based NGO, MDH he leads design, implementation and evaluation of health programs and research in areas of infectious diseases, reproductive, maternal and child health, non-communicable diseases, health system strengthening and others.

Tore Lærdal, Founder, Laerdal Global Health, Executive Chairman, Laerdal Medical. Tore Lærdal has played a central role in advancing healthcare simulation and training globally. He received the Society for Simulation in Healthcare's Pioneer in Simulation Award in 2023 for expanding low-cost simulation-based training in low- and middle-income countries. He is the founder of the Laerdal Million Lives Fund and the Laerdal Scale Up Fund.

Eirik Mofoss, Managing Director and Co-Founder, Langsikt (Center for Long-Term Policy). Mofoss previously served as Policy Director at Norad and worked as a finance policy adviser for the Conservative Party's parliamentary group. He holds an MSc in Industrial Economics and Technological Management from NTNU and writes and speaks widely on effective philanthropy, global development, and impact.

Ulla Elisabeth Müller, Chief, UNFPA Nordic Representation Office (United Nations Population Fund), Senior UN Leader in Sexual and Reproductive Health and Human Rights. A prominent advocate for women's and girls' rights, Müller has more than 25 years of experience in international development, humanitarian response, and SRHR. She has served as UNFPA Resident Representative to Nigeria and Interim Representative to Ukraine, as CEO of EngenderHealth and held senior leadership roles at Marie Stopes International.

Henriette Svarre Nielsen, MD and Professor Consultant at University of Copenhagen and Hvidovre Hospital, Founder and Chair Maternity Foundation. A leading voice in women's health, Nielsen is a consultant in Obstetrics and Gynaecology and an experienced research leader in reproductive medicine. She founded the Maternity Foundation in 2005 after working as a doctor in Ethiopia, where her experiences in maternal health shaped the organisation's mission to save lives in childbirth.

Christine Amisi Notia, MD, MPH. Panzi General Hospital, Notia is a leading advocate for survivors of sexual violence, dedicated to researching the adverse medical, psychological, and socioeconomic consequences that lead to the social exclusion of survivors of sexual violence and other vulnerable women. She coordinates the uro-genital and lower digestive tract fistula repair program at Panzi GH and has been serving as the Executive Secretary of the Panzi Foundation DRC, providing holistic care for survivors of sexual and gender-based violence and advocating for women's rights.

Håvard Mokleiv Nygård, Director of Knowledge and Innovation at the Norwegian Agency for Development Cooperation (Norad). Previously, Nygård served as Research Director and Senior Researcher at the Peace Research Institute Oslo. He brings extensive experience in research design, statistical methods, and evidence generation for policy on conflict, peace, and development.

Stefan Swartling Peterson, Professor of Global Transformation for Health, Karolinska Institutet; affiliated with Makerere University, Uganda. Swartling Peterson previously served as UNICEF's Global Chief of Health from 2016 to 2020 and has more than two decades of experience working in East Africa. His work focuses on health systems, implementation science, child survival, and perinatal quality of care, addressing the determinants shaping sustainable and equitable health outcomes.

Jesper Sundewall, Associate Professor of Health Economics, University of KwaZulu-Natal, Researcher in Global Health Economics, Lund University. Sundewall has worked extensively across sub-Saharan Africa and has a research portfolio spanning development assistance for health, priority setting, universal health coverage, and health financing policy. He is a widely published health economist and specialist in health systems in low- and middle-income countries, with experience in regional health programmes, aid evaluation, and public finance within Swedish government institutions.

Mads Krogsgaard Thomsen, CEO at Novo Nordisk Foundation. Krogsgaard Thomsen previously served as Executive Vice President and Chief Science Officer of Novo Nordisk, where he helped bring 20 innovative medicines to approval. He has held numerous leadership and board positions in Danish and international research organisations, including the Danish Academy of Technical Sciences and BB Biotech.

Ulla Tørnæs, Former Minister, Chair of the Social Investment Fund and the Danida Fellowship Centre. A Danish politician and former government minister, Ulla Tørnæs served as Minister for Education, Minister for Higher Education and Science, and twice as Minister for Development Cooperation. She represented her constituency in the Folketing for more than two decades, was a Member of the European Parliament from 2014 to 2016, and now holds multiple board roles.

APPENDIX B

INTERVIEW QUESTIONS

1. Framing the Nordic approach

- How would you describe your government's overall approach or philosophy when it comes to global health and development investments?
- What do you think distinguishes the Scandinavian contribution, for example in values, priorities, or ways of working, compared to other donors?

2. Funding structures and priorities

- What are the main funding rationales or strategies behind [Denmark's/Norway's/Sweden's] global health and development portfolio?
- How are decisions made between bilateral and multilateral channels?
- Have you observed any recent shifts in priorities or thematic focus areas (e.g., innovation, systems strengthening, women's and children's health, climate-health linkages)?

3. Measuring and demonstrating impact

- How is success defined and communicated in the government's global health and development funding?
- Are there particular frameworks or models (such as Theory of Change or Results-Based Management) that guide reporting or impact measurement?
- Is the emphasis more on activities and outputs, or on outcomes and long-term change?
- How has Scandinavian health aid impacted your organization's ability to serve local communities?
- Has it been beneficial (yes or no) and why/how has it been beneficial?
- Can you provide a specific example of a health outcome that was made possible as a result of Scandinavian health funding?
- Are there any anecdotes or testimonials you can provide or from other individuals who have benefitted from Scandinavian health aid that help tell the story about its impact?

4. Concrete examples of impact

- Could you share one or two examples that best illustrate tangible results and impact of Nordic-supported programmes?
- Are there specific projects or partnerships (for example through Gavi, Global Fund, CEPI, or UNICEF) that stand out for delivering measurable or visible change?
- What, in your view, makes these examples successful or unique? Any lessons or insights that could be valuable for the broader global health community?

5. Looking ahead

- Looking ahead, how do you see global health and development funding evolving in the next five to ten years?
- How can future Scandinavian health aid be more/most impactful in continuing to deliver on the needs of local beneficiary communities?
- What do you feel is the best model or practice for international health aid in order to best benefit patients in need? Does Scandinavian health aid follow this model? Why or why not?
- What do you believe will matter most for sustaining or increasing impact?

APPENDIX C

ADDITIONAL CASE STUDIES AND EXAMPLES

This section presents a selection of concrete examples illustrating how Scandinavian funding and leadership have contributed to global health impact. The case studies span a range of approaches - from innovative funding and collaborative research methods to multilateral global vaccination initiatives and groundbreaking innovation in medicine. They showcase how sustained engagement, long-term partnerships, and collective action have translated into measurable health gains over time.

Innovation through multilateral global health initiatives

Scandinavian leadership has repeatedly catalyzed innovation inside multilateral global health institutions.

Gavi and CEPI – Norwegian leadership driving innovative action on fighting new health challenges

Why this matters

- Norway's role in Gavi and CEPI shows how long-term, flexible funding can reshape global markets, accelerate scientific breakthroughs, and directly save lives.

Strategic contribution to Gavi

- Scandinavian countries provide predictable multi-year funding giving Gavi stability to innovate.
- Norway a founding member of Gavi and consistently one of the top Government donors providing US$130 million annually over the last five years.[50]

What changed because of Gavi

- Use collective buying power and long-term funding facility to manage predictable supply of vaccines, drive down vaccine prices and facilitate further demand and uptake.
- Expand regional manufacturing, strengthen local capacity and resilience and enable emergency stockpiles building to respond to outbreaks.

Impact at a glance

- More than 1.2 billion children vaccinated since 2002, including 72 million children in 2024 alone – the most ever in one year.
- Prevented more than 20 million untimely deaths.
- 1.7 million deaths prevented in 2024, the most lives saved in a single year.[51]

Strategic contribution to CEPI

- Norway helped establish CEPI, hosted the headquarters in Oslo and supplied foundational funding (US$120 million).[52]
- Norwegian political leadership of (Tore Godal and John-Arne Rottingen as first Executive Director) instrumental in defining role and responsibilities of CEPI.

50. *Creditor Reporting System and the Providers Total Use of the Multilateral System dataset,* OECD Development Assistance Committee
51. *Facts and Figures 2000-2024*, Gavi
52. *Creditor Reporting System and the Providers Total Use of the Multilateral System dataset*, OECD Development Assistance Committee

What changed because of CEPI

- Dramatically cut vaccine development times. Typical vaccine development takes 5-10 years. Covid vaccine was developed in 326 days.[53]
- Funded breakthrough R&D for the world's deadliest emerging diseases such as Corona virus, Ebola and Chikungunya.
- Co-led the creation of COVAX ensuring low-income countries had access to the COVID-19 vaccine.

Impact at a glance

- First major global vaccine mechanism to secure equitable vaccine access.
- 2 billion vaccine doses delivered through COVAX to 146 countries and territories.
- Prevented 2.7 million premature deaths.[54]

UNFPA supplies – Scandinavian funding leading to innovative implementation solutions

Why this matters

- The agency's focus on reproductive health and rights coincides with strong Scandinavian support for SRHR programming, maternal care and childcare.

Strategic Importance to UNFPA

- Denmark, Norway and Sweden have consistently been among top donors of the UNFPA with all three countries featuring in the top ten in 2024.[55]
- Scandinavian countries instrumental in establishment of UNFPA Supplies.

What changed because of UNFPA

- Supplies Partnership secured contraceptives and maternal health medicines at reduced prices and ensured medicines delivered where they are needed most, reaching even remote 'last mile' communities.
- UNFPA 'continuum of care' strategy delivered integrated care across different parts of the health system: hospitals, local community centres and ultimately homes.

Impact at a glance

- In 2024, UNFPA Supplies expanded its reach to 54 countries.
- Enables 25 million women to access reproductive health services.
- Prevented nearly 10 million unintended pregnancies.
- Averted over 200,000 maternal and newborn deaths.[56]
- 'Continuum of care' interventions have resulted in measurable drop in maternal mortality ratio. In Bangladesh, training of 3000 new midwives was a factor in maternal deaths falling by nearly 61%.[57]

The Global Fund – Scandinavian contributions for ongoing fight against HIV/AIDS, TB and Malaria

Strategic importance to the Global Fund

53. *Pushing mRNA vaccines development timelines to new speeds,* CEPI, 6 February 2025
54. *The COVAX Facility: What Covax achieved,* Gavi
55. *Creditor Reporting System and the Providers Total Use of the Multilateral System dataset,* OECD Development Assistance Committee
56. UNFPA Supplies Partnership Annual Report 2024
57. *Ending Preventable Maternal Deaths,* UNFPA, 2023

- Since its creation in 2002, the Scandinavian countries have been some of the Global Fund's major donors, with current combined annual funding of US$190 million.[58]

What changed because of the Global Fund
- Highly influential in innovative programming.
- Facilitating global access to life-saving antiretroviral drugs in low- and medium-income countries.

Impact at a glance
- The Global Fund has helped save 70 million lives since inception in 2002.
- Reduced the combined death rate from HIV/AIDS, TB and malaria by 63%.[59]
- Increased life expectancy in low- and middle-income countries.
- People accessing Antiretroviral Therapy (ART) reached over 30 million by the end of 2023, up from just 7.7 million in 2010.[60]

UNAIDS – Scandinavian focus on reproductive health and rights and continued high level of funding have been impetus behind much of the success of the multilateral initiatives fighting HIV/AIDS

Strategic importance to UNAIDS
- Sweden been one of the largest donors of UNAIDS and it is currently the 5th largest government donor.
- Current combined Scandinavian contribution amounts to some US$ 43 million per year, making it the second biggest donor behind the US.[61]

What changed because of UNAIDS
- Its joint program model is unique in bringing together the expertise of multiple agencies.
- Pioneered the inclusion of civil society and people living with HIV/AIDS in the design of its programs.

Impact at a glance
- New HIV infections have been reduced by 67% since their peak in 1996.
- AIDS-related deaths have declined by 70% since their peak in 2004.[62]

Lenacapavir HIV prevention – multilateral collaboration to ensure global access and affordability of HIV drugs.

Why this matters
- Continued research into new and innovative medicine against HIV/AIDS remains urgent.

Strategic importance
- Scandinavian support for Global Fund and UNAIDS has enabled long-term funding commitment to ongoing medicine research into HIV/AIDS, TB and Malaria.

58. *Creditor Reporting System and the Providers Total Use of the Multilateral System dataset,* OECD Development Assistance Committee
59. The Global Fund Results Report 2025
60. *Global HIV & AIDS Statistics fact sheet,* UNAIDS, July 10, 2025
61. UNAIDS Results and Transparency Portal 2024
62. *Global HIV & AIDS Statistics fact sheet,* UNAIDS, July 10, 2025

What changed

- Lenacapavir HIV prevention drug that requires administration only twice a year.
- A major advantage over daily pills or bimonthly injections for people who struggle with adherence, stigma or access to daily care.

Impact at a glance

- Achieving global access to Lenacapavir, a groundbreaking HIV drug, in low-income but high-incidence countries.
- Trial in Uganda and South Africa showed drug was 100% effective among young women with zero cases of HIV infection among participants. with zero infections among participants.[63]
- In Africa, drug approved for use in Zambia, Zimbabwe and South Africa.

Scientific, technological and clinical innovations

Kangaroo method- Swedish research leads global guidelines on effective care for premature and low-birth-weight babies

Why this matters

- Kangaroo Mother Care (KMC) is among the most effective interventions for preventing deaths in infants with low birth weight

.

Strategic importance

- Swedish research funding and academic study integrated with clinical research has led to a global set of guidelines that are evidence-based, cost-effective and simple to use.

What changed

- Karolinska Institutet led clinical research and studies that provided crucial evidence for the effectiveness and safety of the Kangaroo method.
- Swedish influence in WHO led to the adoption of the guidelines on a global basis.

Impacts at a glance

- Significant reduction om the risk of mortality in low birth-weight infants: 32% reduction in neonatal mortality, 25% reduction in mortality by age 6 months, 68% reduction in hypothermia by discharge or 28 days after birth, 15% reduction in severe infections or sepsis at latest follow-up.[64]

Implementation innovation

All case studies represented in the main report

Innovations in funding and financing global health programs

International Finance Facility for Immunization – innovative financing models to support global health programs

Why this matters

- It is a model for using financial market innovations and smart financial tools to

63. *Full Efficacy and Safety Results for Twice Yearly Lenacapavir for HIV Prevention,* Gilead, 2024
64. Sivanandan S, Sankar MJ, *Kangaroo mother care for preterm or low birth weight infants: a systemic review and meta analysis,* BMJ Global Health, 2023

support immunization programs managed by Gavi.

Strategic importance

- Norway helped pioneer the concept of "frontloading" aid through the development and ongoing operation of IFFIm.
- Launched with its first bond issuance in November in 2006.

What changed

- IFFIm is a groundbreaking financial mechanism that converts long-term donor pledges into immediate access to capital.

Impacts at a glance

- A first of its kind, IFFIm provides Gavi with large amounts of cash immediately rather than having to wait for annual donor payments.

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