

Annex 10

Global Programme Health (GPH)



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1. Introduction

The Global Programme Health (GPH) has three distinguishing features that need to be outlined up front because they influence and explain a number of key factors that determine the policy influence of the programme. They are:

- The position of the GPH in the Eastern and Southern Africa Division OSA,
- The relevance of Geneva as a hub of global health diplomacy and
- The cooperation between the Swiss Foreign Office EDA, the SDC and the Swiss Federal Office of Public Health FOPH in the context of the Swiss Health Foreign Policy SHFP.

The Draft Strategic Framework 2015 - 2019 of the GPH, which is currently under preparation also makes reference to these features.

2. Position in SDC/OSA

The Global Programme Health (GPH) has three distinguishing features that must be immediately outlined because they influence the policy influence of the programme. These features are:

- The position of the GPH in the Eastern and Southern Africa Division OSA;
- The relevance of Geneva as a hub of global health diplomacy, and;
- The cooperation between the Swiss Foreign Office EDA, the SDC, and the Swiss Federal Office of Public Health FOPH in the context of the Swiss Health Foreign Policy SHFP.

The evaluation assesses the advantages and disadvantages of GPH's special location in the SDC.

SDC has launched thematic global programs to strengthen its commitment "to the resolution of global challenges and to contribute to the creation of a pro-development globalization". This is reinforced by the Message to Parliament 2013-2016 on international cooperation. This orientation is also reflected in the work on the Sustainable Development Goals (SDGs) to which Switzerland has contributed significantly. Health is a precondition, outcome, and indicator of a sustainable society.

Switzerland promotes in particular the inter-sectoral challenge arising from the SDGs and the GPs on climate change, food security, the water crisis, and migration all deal with important determinants of health. Yet, because the GPH (as the only GP with such an organisational positioning) is situated in a Department Regional Cooperation (the OSA Division) the documents, which present the GPs do not always include the contributions of Switzerland to global health. This also means that health does not feature as prominently as it should when Switzerland presents its work in relation to the global risks, which it is making a significant effort to mitigate.

SDC has developed a health policy. Health is a focus area of work across all SDC departments (East, global and regional cooperation and humanitarian aid) and its multi- and bilateral partnerships. This broad strategic orientation will also be reflected in the 2015 annual conference of the SDC, which will focus on "Access to Health Services in Developing Countries" and will benefit from the presence of high-level representatives including the Federal Councillor.

The health portfolio represents an important share of the SDC Poverty Reduction Strategy (currently about 10% of its overall budget) - therefore the location of GPH within OSA can make it easier for GPH to work with regional and country programmes. A range of outside

partners see this as one of the strengths of the GPH. The experience of the GPH - and its easy link to regional and bi-lateral programmes - could inform the work other GPs productively and give new impetus to improved communication stream and strategic cooperation within the SDC overall.

Many strategic documents in relation to the GPs underline *"that in the face of these global issues, the traditional forms of development cooperation per se are no longer sufficient"*. This is certainly true for health and has been a characteristic of the strategic approach developed by the GPH - although to a differing degree of innovation in various thematic areas. There would be significant benefit in bringing all five programmes together organisationally. Adding health could provide the entry point for a strategic orientation that underlines the synergies between the global issues at stake. This has been a strong focus of the Swiss position in the negotiation of the SDGs and will be critical for their implementation. Switzerland could then play a leadership role in this regard. It was felt by some respondents for example that such an opportunity had been lost in relation to the ICN2.

On balance it makes strategic sense to have all GPs in one GP group under strong leadership as all five GPs deal with issues which *"are all exerting an ever increasing influence on the development perspectives of poor countries."* This could increase the overall policy influence of Switzerland in the implementation phase of the SDGs and could strengthen the global outlook of the GPH itself. It would seem that a closer cooperation between **all** GPs could lead to important synergies and to innovative approaches. This could be helpful in defining the position and intent of the global programmes on the discussions on the future Message to Parliament 2017-2020, also with reference to the interface between the Sustainable development Goals.

3. Geneva as a hub of health diplomacy

GPH has a special asset: much of its work is done in the key negotiation hub for global health **in Geneva**. This makes the work with many beneficiaries, policy partners, other donors and stakeholders easier. They in turn underline how easy the cooperation with Switzerland is. The strong support of the *Swiss permanent representation to the UN agencies in Geneva* - including by the ambassador himself - to the global health agenda and the work of GPH is mentioned repeatedly as a key factor in relation to the policy influence Switzerland has. Partners and beneficiaries mention the coherence between the foreign office and GPH/SDC as a factor that differentiates Switzerland from other donors.

Success of Swiss policy influence in global health is seen as a consequence of the interface of *both* diplomatic and technical excellence and good use of formal and informal mechanisms. Policy partners saw the work of Switzerland in the different country groupings in Geneva as important. Swiss respondents saw it as a privilege to be host to global health institutions. At the same time being the host country puts additional pressure on Switzerland because expectations in the global health space are high - politically and financially. Some respondents also indicated that more regular high level involvement from both SDC and FOPH could provide Switzerland with even more clout and influence. The potential of using the increased parliamentary commitment to *Geneva International* was also mentioned.

Finally the fact that Switzerland also has centres of excellence in global health research for example the Swiss Tropical and Public Health Institute, University hospitals of Lausanne and Geneva as well as major research based pharmaceutical and biotech companies was mentioned by some respondents.

4. Swiss Health Foreign policy

Quite a number of the respondents are aware that Switzerland has a *Health Foreign Policy (SHFP)*. They consider this to be one of the key factors in the strategic coherence they experience even if working with Swiss counterparts from different parts of the Swiss representation/administration. *"This works really well."* Also the respondents from the various part of the Swiss administration made reference to the policy and how in general it supported their work. There is a high correspondence between the SDC's health goals and the objectives of the SHFP, as there should be.

Yet some critical warnings were also expressed: the SHFP is now in place for nearly 10 years and has become more of a bureaucratic instrument rather than a strategic mechanism. Some respondents also felt the SHFP needed a renewed clear political recommitment by the high level leadership of EDA, FOPH and SDC and then the Federal Council. Critical comments included the impression that the strong focus on IP issues by the SHFP has been developed at the cost of other agendas and that the SHFP shies away from hard issues like trade and health when corporate interests are at stake. Some respondents felt that an opportunity had been missed to influence recent parliamentary debates on human security and to position health in these debates. Others feel that the SHFP must be better at linking global and national agendas.

Some respondents felt that the time had come to give the SHFP a new life in order to build even more on Switzerland's comparative advantages in the health sector. This could well be initiated by GPH and could start with a strategic retreat to discuss some key global health issues at stake, for example new contextual challenges, the role of health in emergencies and humanitarian affairs (following the Ebola outbreak!), the inter-sectoral challenges, the inclusion of the NCD agenda. Such a leadership role could serve GPH well also in relation to the strategic work it has undertaken over the recent year. It could well be based on a discussion of the Strategic Framework 2015-2019, which states clearly: *Switzerland need to redefine its role as a bi-lateral player.*

5. Overall assessment

Based on 20 interviews the overall assessments of the policy influence of the GPH were positive. *"Switzerland is a strong voice in global health."* The usual ranking was 5 on a six-point scale. There was even a 6 now and then. The majority of the interviews were related to multilateral work in Geneva, some of which also has dimensions of regional and country work, for example P4H or the multi faceted involvement in fighting malaria. Because of the core funding approach to programmes and organisations there is sometimes not a clear separation between being a beneficiary (especially if core funding) and being a policy partner. This is particularly the case when Switzerland becomes a representative in governing bodies and moves specific agendas forward in certain organisations, or across organisations. This was seen as positive by the beneficiaries. In the field of malaria this was expressed as Switzerland now being an "advocacy and policy partner" that ensures malaria stays high on the global health agenda. One example was the financing of a study on how to keep malaria on the SDG agenda.

5.1 Significant policy influence

In general the respondents agreed that Switzerland had significant policy influence and was *"punching above its weight"*, meaning size, geopolitical position and amount of money made available. Switzerland was seen as *"smart"*. Many interviewees were of the opinion that Switzerland makes good strategic decisions in where to invest and how that is done. When comparing these results with the interviews with Swiss respondents it emerges that either the "others" overestimate the strategic determination of Switzerland - or the Swiss respondents practice "understatement" or are overly critical.

Policy partners (other donor countries in this case) underlined the like mindedness in the policy constituencies in which they work together. Switzerland was seen as a close ally on many issues both technical and in relation to governance. For example both in the GFATM and the WHO Switzerland contributes to resolving governance issues such as the new funding model and the financing dialogue. The contribution of Switzerland in terms of high level expert support and secondment was explicitly mentioned. Switzerland was seen to take on a leadership role in the World Health Assembly in a few key issues. Some partners felt more could be done here, especially on human rights. It was felt though by some that Switzerland could be more pro-active in bringing in the private sector. The work and the regular exchange with NGOs was considered positive, although some felt it could be more structured and strategic. Reaching out within Switzerland, for example to Swiss parliamentarians, was considered important.

5.2 For many Switzerland is different

Most respondents see Switzerland as different from other donors in health. Switzerland is considered smart: meaning strategic, reliable, pragmatic and un-ideological, long term oriented, transparent, easy to work with. Others might have more capacity (and more money) but they are less systematic in their approach. Neutrality makes a big difference. That how Switzerland is seen by many. All this is mentioned by policy partners and recipients. The word "leverage" is used by all respondents as a key and successful Swiss strategy, both in terms of building smart alliances and using a relatively small amount of financial contribution to gain policy influence. Some respondents feel this role could be strengthened and played out even more. Again though some respondents felt that Switzerland lagged behind other donors in their cooperation with the private sector.

5.3 Respondents speak of Switzerland rather than GPH

At the same time it must be said that this high ranking was not per se for the GPH - for many interviewees it was "Switzerland" they were referring to, not always being fully aware of where the persons they were dealing with were situated: in the foreign office, the FOPH, the SDC or the GPH. The GPH was the least known - the SDC on the other hand in general has a high and positive profile as a engaged and reliable donor. Many Cs: "*coherence, constructive, competent, consistent*". Criticism was therefore seen as suggesting improvements for a partner/donor/member state that was in general doing a good job.

5.4 Priority areas of policy influence

Switzerland was seen as highly influential in terms of policy where it chooses to be - in some organisations slightly more than others. The commitment to sexual and reproductive health as a "difficult" theme was mentioned repeatedly. Most respondents saw no difference between a "global" and a "developmental" approach. Quite the opposite, they saw Switzerland using the country experience to gain credibility at the global level (for example in the GFATM) and using the global organisations and agencies to initiate programmes in countries in the case of UNAIDS). Drawing on bi-lateral and regional experience was seen as an "excellent trademark". "*Global programmes are for country reinforcement*". In most cases the link between country experience and global strategic policy action was seen as positive.

The contribution to poverty alleviation was seen as both direct and indirect: working on neglected tropical diseases, addressing issues of access to medicines and affordable products and supporting the most disadvantaged in relation to sexual rights was seen as a important impact. All respondents underlined that this type of policy influence was related to a long term focus and a willingness to "stick" to certain issues. At the same time this of course restricts the flexibility and the ability to quickly respond to new issues.

Some respondents felt that Switzerland could exert stronger influence in the WHO - especially a potentially strong engagement in the Programme and Budget Advisory Committee PBAC was mentioned. Some felt that GPH should get more involved in overall WHO governance matters and even wider, be more pro active in issues relating to global health governance and its cross-cutting elements in general. This challenge is already picked up in the GPH strategic Framework 2015-2019.

Some examples of successful policy influence follow below:

6. Key results

6.1 WHO - CEWG

Partners mentioned the excellent job Switzerland had done as a member of the Executive Board of the WHO. The key area of policy influence mentioned throughout is the long term focus on the CEWG - right through from the 2006 report of the Commission on Intellectual Property Rights, Innovation and Public Health (CIPRH - Dreifuss Commission). In select areas such as this Switzerland drives the agenda but in a low key consultative way - not only between constituencies and policy partners but also with the secretariat.

It was felt by many that the focus on innovation and Rand D issues was well chosen (also beyond the work at WHO) and had gained strength in the last 2 years. For some Switzerland is now considered a leader in the field with support to pooled funding mechanisms and the R and D observatory. It was the first funder of identified demonstration projects under the Consultative Expert Working Group (CEWG) framework, and has worked to pull other funders in. It exerts policy influence also through chairing working groups and being present consistently. It was felt that this was a clear policy decision in Switzerland to take leadership "*Swiss decided on leadership*" and that it was well chosen. This also includes the proactive role in TDR and the lead in the Swiss Malaria Group.

This area of work allows mutual reinforcement between different strategic priorities of the GPH's work - the NTD's area and malaria elimination, links to the product development partnerships PDPs, the regulation challenges as well as the R and D agenda and overall global health governance challenges. It also brings different actors together.

6.2 PDPs - Product development Partnerships

The Swiss commitment to PDPs has been seen as critical to their development. Recipients from the PDPs mention in particular how involved they feel in their relationship with Switzerland (and here they are clear that it is GPH) compared to other donors. The commitment to core funding is underlined frequently. Access to GPH staff is easy, smooth and un- bureaucratic. Recipients mention regular email contact, clear contact persons, regular formal meetings but lots of easy ad-hoc meetings, should they be necessary. "*They are very responsive*" and "*they are efficient.*" Yet there seems to be an untapped potential in connecting the product development agenda with the access and distribution dimension, which some respondents find reflected in the uneven funding of PDPs on the one hand and the GFATM on the other. Here more effort could go into issues of scaling up and demonstration of approaches in the field.

Some recipients also found it helpful that GPH organized contacts with national Swiss institutions for them in the R and D sector - the role of Swissmedic was mentioned in particular. Also the gentle push to get the PDPs that receive Swiss support work together (DINDi, MMV, FIND) . This makes a lot of sense and is seen as positive. Also the activities in the PDPs funders group was seen as positive. There is a certain nervousness as to the future of Swiss funding for PDPs - in order to ensure long term commitment to

PDPs it was suggested to organize a meeting of the PDPs with the new Director SDC (which it seems has happened for some beneficiaries).

6.3 P4H

Especially in the P4H initiative the decentralized field oriented approach of the GPH was much appreciated. This is an area of work where a global partnership also has concrete impact on the ground. The respondents indicated that real policy change had been achieved at the country level - an example is the health financing policy in Tanzania. Policy influence was exerted in P4H as a leverage to getting countries on board. A specific product like the Leadership course for UHC is making a real difference and again exerts leverage. After Africa the course will now be rolled out in Asia. Some respondents indicated that leadership in UHC could be still be strengthened significantly by GPH - especially in taking the P4H approach further and working more intensely on sustainable health care financing. This example would have reached step 5 in the policy influencing results chain.

6.4 GFATM and UNAIDS

Many respondents indicated that especially over the last two years Switzerland had gained more relevance and policy influence in work at UNAIDS and the GFATM. Of particular relevance in terms of policy influence is Switzerland's work in the context of UNAIDS - where it holds the vice-chair and will next year hold the chair of the board, as well as being a member of the bureau that does the governance work. Quote: "*Switzerland plays a huge role in shaping global policy on AIDS*". Switzerland is seen to manoeuvre the different levels of policy and governance well - including the inter-sectoral nature of UNAIDS, the link into ECOSOC and the bridge between Geneva and New York. It played "an amazing diplomatic role" in the future strategy for HIVAIDS in the SDGS. Many hope that "*this activism is maintained*" Partners appreciated the work in the constituency groups. This can be seen as a major contribution to global health governance, reaching step 4 in the policy influencing results chain.

Similar statements come from the respondents in relation to the GFATM where Switzerland made a major leap forward in its representation and influence on the Board in the constituency (Canada/Switzerland) and through its membership of the Audit and Ethics committee as the representative of that constituency. It set a signal by including civil society in the delegation. The field experience of the representative is noted positively as the governance of CCM is a key issue and will be well informed by the feasibility study conducted by Switzerland in Kirgizstan. Switzerland has clearly taken a leadership on risk management, ethics, governance and health systems strengthening and is highly respected also for its alliance building with other constituencies, step 4 in the policy influencing results chain. It has engaged people and has managed to gain significant policy influence despite a relatively small contribution (despite the fact that it doubled recently). Special mention was made of the host function and the support to the health campus. Yet there was a distinct feeling that Switzerland could contribute more financially to the GFATM.

6.5 A bridge builder and good negotiator

Switzerland is also seen to act as a helpful bridge builder and negotiator between constituencies. Switzerland is instrumental in building alliances with other "difficult" countries and countries from the global South (especially from the African group) to cross divides in perspective and ideology, and is gaining increasing respect in doing so. It is seen as having a major influence on the position of other stakeholders. "*Switzerland helps find solutions and compromises.*" And it never acts alone and is never isolated. It does also not shy from positions that are not always easy to sell, for example in the WHO context issues of violence against women and children and sexual and reproductive

health and rights. Switzerland then works consistently to find compromises. Mention was also made of the attempt by Switzerland to increase SRHR and rights of young people.

SDC's donor approach combined with the support by the Swiss mission is seen as unique: *"nobody else works like that"*. It is seen to have improved especially over the last 2 years. The approach is one of mutual learning, which is where - so the respondents - the future of global health lies. The special role Switzerland plays as a host country and the special responsibility that comes with it was mentioned repeatedly. *"Countries expect it to take that particular responsibility."* Mention is made that Switzerland makes the others feel welcome. The diplomatic team in Geneva is highly praised including the involvement of the Ambassador. Many interviewees positively commented upon the visit of the new head of SDC.

On the whole the team is seen as highly competent (a number of individuals were mentioned by name) even though for some it is still too generalist and some see it as being too small. There are comments that the level of competence has increased in the last two years. The contacts to "Berne" - i.e. the GPH/SDC are seen as functioning well. People can be reached and are responsive despite being a small team. Some feel that sometimes going through Geneva (the mission) to get to Berne can be an unnecessary step.

6.6 Impact and future potential

Many respondents saw a particular shift in the role and contribution of the GPH over the last two years which reflected a better understanding of their responsibility in shaping global health policy. The relevance of the GPH is seen to have increased - *"something has changed"* Many also see Switzerland engaging in areas with high future potential - i.e. the whole area of innovation. In terms of policy outcomes the implementation of CEWG in the context of the WHO and the support to meetings on fast tracking of viral load tests in the context of UNAIDS (which brought down the price of tests significantly) were seen as prime examples of the Swiss approach. There are concerns though that the long term view Switzerland takes can also have a back lash as one can get complacent in one's networks and subject areas and lose sight of new contexts and challenges. Mention was made repeatedly to increasing Switzerland's role in global health governance, linking it to responsibilities and opportunities as a host state and respected player.

6.7 Network and web of influence

The comment was made that the high investment that Switzerland has made in global health diplomacy would over time raise the Swiss profile in other areas as well - *"the respect they are gaining is going to carry over"*. There is also a view that it is considered important that the characteristics of domestic Switzerland - decentralized systems, participation, democracy, private sector involvement, multi stakeholder approaches - also play out in the global arena. Some interviewees felt that because of this outlook the Swiss were well prepared for the future of global health. Part of the strength lies that there is increased credibility if the domestic health policy reflects the positions in the global arena.

7. Where can GHP improve?

As positive as most respondents were there emerged a number of issues that require consideration and have not yet been mentioned above:

- Many respondents felt that as a host country Switzerland should have a greater interest in challenges of global health governance overall and contribute to finding solutions - this in turn could strengthen the Geneva hub for global health and Geneva International even more;

- GPH should create even more conversations - especially between the global health sector and the private sector, not only pharmaceutical, but for example the food sector - this should be done in the low key Swiss way - perhaps also by involving Swiss academics and experts more as well as the health network;
- The silos within SDC and between the global programmes need to be broken down - many examples were mentioned but climate change and health featured prominently;
- There is a clear communication problem in relation to the GPH - for many it does not have a clear identity and many would like to be more familiar with its set up, its strategy, hear about its work and its impact; other would like to be more involved as strategies are developed;
- GPH acts within the remits of the Swiss Foreign Health Policy and while many respondents understand the need to focus (and see the success it brings) there is still a feeling that some issues need to gain more prominence: human rights, human resources for health, non communicable diseases, urbanisation - a big SHFP was felt in relation to the FCTC - here the absence of Switzerland is felt, for example also in terms of the COP not returning to Geneva;
- Respondents understood that the Swiss system requires strong support in parliament. Therefore reaching out to Swiss parliamentarians and to the Swiss public and media in a variety of ways was mentioned frequently, there was a question why there was a parliamentary group on malaria, rather than one on global health in general - in this context it was felt there was still a Röstigraben in relation to global health;
- Some respondents clearly felt Switzerland could give higher financial contributions - last not least because of the contribution of global health to the Swiss economy;
- While it was welcomed that GPH had greater flexibility in relation to the selection of countries it works with some respondents did question the country selection and would like to see a greater focus on fragile states;
- Some few respondents did not see Switzerland as innovative, daring and flexible enough - they felt the malaria focus should slowly move on the allow a better focus on NCDs, some felt there was now a kind of "malaria family" that could rely on funding rather than opening up to new partners and out of the box approaches - some clearly felt that the GPH still had to become more global;
- Finally it was felt essential that the hybrid nature of the programme was addressed by the SDC leadership and a decision was taken in relation to the location of the programme and its long term sustainability.

8. Conclusion

In general it can be said the GPH is well placed to embark on its next phase of work. It has significant policy influence and can develop it even further. Many of the issues that were mentioned for improvement by respondents are reflected in the Strategic Framework 2015-2019 of the SDC Global Programme Health. This means that one has listened to partners and beneficiaries. The five core areas of work reflect both continuity and steps in new directions such as increased concern with UHC, increased focus on determinants for health with other global programmes and stronger focus on global health governance. The

working modalities point to a future where partnerships and knowledge building will be centre stage.

9. Recommendations

The recommendations listed in Part C, section 3 of this evaluation report are reiterated in the following table.

Table 1 GPH: Key findings, conclusions and recommendations

Key findings	Conclusions	Recommendations
Relevance		
High-level policy influence of GPH is achieved through a high level of coherence and cooperation among Swiss players.	High level of coherence and cooperation among Swiss players is a significant defining factor, supported by SFHP and the strategic use of Swiss foreign policy resources and representations.	GPH R1: The GPH management should keep ensuring a high level of coherence and cooperation between and among Swiss players through regular strategic consultations between the SHFP players, including engaging in long term thinking and strategic retreats.
GPH has significant policy influence in major global health organizations such as WHO, UNAIDS, and GFATM.	The combination of diplomatic and technical excellence pays off to influence policy.	GPH R2: The GPH management should ensure the long-term perspective and goals of GPH engagements with major health organisations. GPH R3: The GPH management should ensure cross-organizational dialogue and reinforce commitment to strengthening global health governance overall beyond specific organizations. GPH R4: The SDC Board of Directors should ensure excellence of staff - both technical and diplomatic. As time-intensive work increases, increases in staffing should be considered.
Success factors		
Successful leverage of policy influence through strategic selectivity (of political & financial engagement) and reinforcement of policy agenda through reinforcing activities in different organizations.	The selection of CEWG and broad research and development agendas in various organizations, including PDP core funding increases potential policy influence, as does long term commitment to malaria elimination.	GPH R5: The GPH management should strengthen interfaces around R&D and highlight this approach in positioning of GPH. GPH R6: The GPH management should avoid creating "closed families" around issues and increase inclusion of other players (including the private sector) more systematically to create dialogues and to overcome distrust.
Successful leverage of policy influence through alliance building, creating partnerships, taking leadership, and being systematic.	Switzerland practices "smart diplomacy", which is well recognized by donors, recipients, and policy partners alike.	GPH R7: GPH management: New issues will need to be included in GPH, as is also mentioned in the new GPH strategy, such as human rights, UHC, and NCDs. It will also be important to build on achievements but also to be daring and innovative.
High credibility through use of bi-lateral, country-based-, and regional experiences. Combination of global partnerships and country application, as in P4H.	Interface in-house in the SDC must be maintained, but not necessarily through the present organizational positioning in OSA.	GPH R8: The SDC Board of Directors: Organizational and political commitment to GPH must be expressed clearly, and positive, in-house coordination experiences must be used for other GPs.
Opportunities		
Missed opportunities in inter-sectoral action and determinants of health - for example, in ICN2.	Inter-sectoral action and determinants of health will gain in increasing importance in global health. This is highly relevant for closer cooperation with the thematic areas under the other four GPs. In	GPH R 9: The SDC Board of Directors should move GPH out of OSA and ensure leadership through a common strategic planning process for ALL GPs. The board must find a modality to keep the existing ties with bilateral work and ensure that the experiences made in OSA and OZA can continue

	view of the SDGs, more cooperation with other GPs is essential.	to feed into the GPH and vice versa.
Success attributed to Switzerland not GPH.	Clearer positioning of GPH as a GP.	GPH R10: The SDC Board of Directors should consider when a higher profile of GPH might be necessary - also for political support within Switzerland.

