

## UNITED KINGDOM

### 3.1 HEALTH FINANCING AND STRENGTHENING HEALTH SYSTEMS

**3.1.1** *We will continue our efforts towards the goal of providing at least a projected US\$ 60 billion to fight infectious diseases and improve health systems. (Reiterated in 2008 and 2009: We reaffirm our existing commitments, including the US\$60 billion investment to fight infectious diseases and strengthen health systems by 2012).*

In its recently-published document; 'UK Aid; Changing Lives, Delivering Results', DFID sets out its commitment to health.

By 2015, working through multilaterals and our bilateral programme, UK support will...

- Help immunise more than 55 million children against preventable diseases
- Save the lives of at least 50,000 women in pregnancy and childbirth and 250,000 newborn babies
- Enable at least ten million more women to use modern methods of family planning by 2015
- Help halve malaria deaths in ten of the worst affected countries

Our support will include strengthening health systems to deliver the services needed to achieve these results. That means training more doctors and nurses and providing more and better medicines as well as supporting countries to develop the necessary institutions and resources, backed by the funding to ensure good quality healthcare is available to those people who need it most, when they need it. For example, in Mozambique we will support the government to double the number of doctors nationwide by 2015.

The UK is also committed to supporting countries improve the performance of their health financing systems. This includes providing technical and financial support to help countries replace fees at the point of service with more equitable health financing mechanisms. Such reforms, for example in Sierra Leone, have led to large increases in the utilisation of essential services especially by the poor and vulnerable.

**3.1.2.** *Mobilizing support for the Global Fund to Fight AIDS, Tuberculosis, and Malaria*

The UK met in full its commitment to the Global Fund for the 2008-2010 Replenishment period, and made additional contributions to reflect the impressive results which the Fund has achieved.

In the UK Multilateral Aid Review undertaken earlier this year the Global Fund was assessed as providing very good value for money, though it also highlighted areas where improvements are needed. We stand ready to increase our contributions, though any increase in our future funding to the Global Fund will still be dependant on the extent to which the Fund improves. We are looking for evidence of progress against a suite of reforms designed to improve the way the Fund does business and maximises its impact, and we are hopeful that they will implement these reforms with pace and urgency.

**3.1.3** *Building on the valuable G8 Global HIV/AIDS vaccine enterprise, increasing direct investment and taking forward work on market incentives, as a complement to basic research, through such mechanisms as Public Private Partnerships and Advance Purchase Commitments to encourage the development of vaccines, microbicides and drugs for AIDS, malaria, tuberculosis and other neglected diseases.*

As the table below shows, the UK is a contributor to a large number of partnerships and financing mechanisms that support health. For example, as the largest single contributor to IFFIm, the UK's full pledged contribution of £1.38bn plus an additional £250m for health systems strengthening, has helped GAVI to leverage private financing worth over \$3 billion since IFFIm's inception in 2006. The UK full payment profile is spread over 20 years.

Contributions to innovative financing mechanisms and Public-Private Partnership	2005	2006	2007	2008	2009	2010
<b>IFFIm</b>			18.0	30.8	39.0	53.4
<b>AMC</b>						23.8
<b>GAIN</b>						
<b>IAVI</b>	7.3	20.2	18.0	0	9.4	16.6
<b>UNITAID</b>			27.4	36.6	39.0	69.5
<b>International Partnership for Microbicides (IBM)</b>	0.5	4.6	7.5	2.3	9.7	9.7
<b>Medicines for Malaria Venture (MMV)</b>	1.8	5.5	4.0	3.7	3.1	13.1
<b>Global Alliance for TB Drugs (TBA)</b>	0	7.0	1.8	3.3	8.6	8.5
<b>Drugs for Neglected Diseases Initiative (DNDi)</b>	0	4.6	6.0	1.8	7.0	9.1
<b>Foundation for Innovative New Diagnostics (FIND)</b>						3.1
<b>Institute of One World Health (IOWH)</b>						3.7
<b>PATH Diarrhoeal Vaccines (PDD)</b>						3.9
<b>Global TB Vaccine Foundation (AERAS)</b>						13.0

**3.1.4** *Supporting capacity building in the most vulnerable countries in disease-surveillance and early warning systems, including enhancement of diagnostic capacity and virus research.*

The UK Government provides support to the WHO Special Programme on Tropical Diseases Research (TDR). TDR provides a collaborative framework for research partners; empowers scientists from disease endemic countries as research leaders; and supports research on neglected priority needs. TDR have already developed diagnostic tools and methodologies for diseases such as as TB, onchocerciasis and dengue. They are also evaluating currently available and marketed diagnostics to assess if they meet the standards necessary for public health use. UK funding: £12m 2008-13.

**3.1.5** *The G8 members will work towards increasing health workforce coverage towards the WHO threshold of 2.3 health workers per 1000 people, initially in partnership with the African countries where we are currently engaged and that are experiencing a critical shortage of health workers.*

The UK supports the strengthening of developing countries' health workforce through global, regional and country activities. Strengthening the health workforce is seen as a core element of our support to health systems. UK support to human resources for health is consistent with the approach of the International Health Partnership and the principles of harmonised and aligned support for country health plans, of which HRH is a key component. Examples of UK support include:

- \$770,000 in financial assistance to the Global Health Workforce Alliance (GHWA) in 2010.
- Financial support of \$200,000 to the State of the World's Midwives report, which will be published in June.

A new Health Partnership Scheme that will help improve health outcomes in low income countries through enabling UK based health professionals and institutions to partner with their counterparts for mutual learning and support. Financial support will be in the region of \$7.72 million per year over 4 years. The UK International Health Links Funding Scheme promotes partnerships that strengthen capacity and improve health worker capacity in developing countries through training. From April 2011, this will be incorporated into the Health Partnership Scheme. The UK is supporting the Royal College of Obstetricians and Gynaecologists to provide emergency obstetric care training to midwives

and doctors in five target countries. By March 2012, it is expected that 1,400 additional national trainers will be available. The UK has commissioned two six year Research Programme Consortia that will be looking at health worker issues within the wider context of health systems.

## Results

Over the last five years, supported by the UK and other donors, more than 34,000 health workers have been trained and deployed across Ethiopia's population of around 80 million people. These workers, who are mostly women, are delivering a package of basic services to their communities including family planning, immunisation, nutrition and malaria prevention and treatment.

The latest data from the Ethiopian Ministry of Health suggests that in the last five years the proportion of women seeking antenatal care has increased from 50% to 71%, the proportion seeking postnatal care has more than doubled (from 16% to 36%) and contraceptive acceptance rate has increased from 37% to 62%.

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### 3.2 MATERNAL HEALTH AND CHILD HEALTH

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*We will scale up efforts to reduce the gaps, in the area of maternal and child health care and voluntary family planning, an estimated US\$ 1.5 billion.*

The UK commitment made to the G8 Initiative launched at Muskoka was to increase UK support for Maternal and Child Health by an extra £490m (£196m in 2010 and £294m in 2011) as compared to a 2008 baseline. At the MDG Review Summit in New York in September 2010 the UK built on and extended its Muskoka commitment with a commitment 'to double the number of maternal, newborn and children's lives saved. It is anticipated that UK aid will save the lives of at least 50,000 women in pregnancy and childbirth, a quarter of a million newborn babies and enable 10 million couples to access modern methods of family planning over the next five years.'

To achieve this ambitious goal, the UK will double its annual support for Maternal, Newborn and Child Health by 2012, and sustain that level to 2015. The UK will provide an annual average of £740 million (US\$1.1 billion) for Maternal, Newborn and Child Health from 2010 to 2015. This means that over this period the UK will spend an additional £2.1bn on Maternal, Newborn and Child Health. This commitment adds an additional £1.6bn to the commitment of £490m the UK made for 2010 and 2011 at the Muskoka Summit.

Additionally, a new Alliance on MDGs 4 and 5 was also launched: 'The US, UK, Australia and Gates have formed a new alliance, to work together in partnership at the global level and with selected high-need countries in sub-Saharan Africa and South Asia to accelerate progress in reducing unintended pregnancies, reducing maternal and neonatal mortality, and addressing key elements of MDGs 4 and 5 where progress has been especially slow. The alliance will work to help 100 million more women satisfy their need for modern family planning by 2015.'

UK plans to deliver the above commitment were set out in DFID's new Framework for Results for Reproductive, Maternal and Newborn Health (Choices for women: Planned pregnancies, safe births and healthy newborns) which was published in December 2010. The Framework has two strategic priorities:

- Prevent unintended pregnancies by enabling women and adolescent girls to choose whether, when and how many children they have, and;
- Ensure pregnancy and childbirth are safe for mothers and babies.

The UK will invest in four pillars to deliver these results; (i) empower women and girls to make healthy reproductive choices and act on them; (ii) remove barriers that prevent access to quality services, particularly for the poorest and most at risk; (iii) expand the supply of quality services, delivering cost effective interventions for family planning, safe abortion, antenatal care, safe delivery and emergency obstetric care, postnatal and newborn care – delivered through stronger health systems with public and private providers and (iv) enhance accountability for results at all levels with increased transparency.

## Results

Nigeria: the UK will continue to support the Partnership for Reviving Routine Immunisations in Northern Nigeria and the Maternal, Newborn and Child Health Initiative. Since 2007, this programme has supported 150,000 skilled deliveries, 200 midwives in rural areas, the delivery of 5,000 babies by emergency caesarean section and a 20 % increase in antenatal care. Increased efforts to 2013 include support to family planning.

Malawi: the UK's support to reproductive, maternal and newborn health through the sector programme will continue to invest in increasing the numbers and skills of health staff. An independent evaluation recently confirmed that Malawi's Emergency Human Resources Programme has to date increased the total number of professional health workers by more than 50% from 2004 to 2009 and contributed to an estimated 15% increase in safe deliveries, 18% increase in PMTCT and 49% increase in outpatient visits.

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### 3.3 FIGHTING INFECTIOUS DISEASES (NEGLECTED DISEASES)

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*We must also increase our efforts in the fight against other preventable diseases...particularly by increasing the volume and quality of medical research on neglected diseases in developing countries.*

Neglected diseases	2005	2006	2007	2008	2009	2010
Disbursement US current dollars (bi and multi)		3.3	23.6	11.0	22.3	33.9

The aggregated disbursement figure of \$33.9m in the table above is made up of the combined total of programme spend of \$8.1m and research of \$25.8m support through different institutions to improve treatments for NTDs, including Leishmaniasis, sleeping sickness and Chagas' disease. UK disease programmes support guinea worm eradication, Onchocerciasis (river blindness), schistosomiasis and Lymphatic Filariasis control.

#### Results

The UK supports the Drugs for Neglected Diseases Initiative. As an example, recent trials have shown that short course combination treatments for Visceral Leishmaniasis (also known as kala-azar) are effective and safe and can decrease the duration of therapy. This encourages adherence and therefore reduces the emergence of drug resistant parasites.

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### 3.4 HIV/AIDS

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*Develop and implement a package for HIV prevention, treatment and care, with the aim of as close as possible to universal access to HIV/AIDS treatment for all who need it by 2010.*

*We commit to counter any form of stigma, discrimination and human rights violation and to promote the rights of persons with disabilities and the elimination of travel restrictions on people living with HIV/AIDS.*

UK support for HIV/AIDS is set out in the table below. The figures are produced by UNAIDS in partnership with the Kaiser Family Foundation, which offers an independent and comparable basis for setting out G8 contributions to HIV/AIDS.

HIV/AIDS	2005	2006	2007	2008	2009	2010
Disbursement US current dollars (bi and multi)	303m	779.9m	984.9m	968.7m	779m	

The UK works with partner countries and civil society to develop and support comprehensive national AIDS plans that include prevention, treatment, care and support strategies. DFID supports advocacy and capacity strengthening for most-at-risk population network organisations, to tackle stigma and discrimination and advocate for quality access to services for these populations. This includes support to the Global Forum on MSM and HIV from June 2008 and to the International Harm Reduction

Association. In 2009/10 we have supported the establishment of a stigma unit linked to the Programme Support Unit of the Pan-Caribbean Partnership on HIV and AIDS to support the development of national and regional programmes to reduce HIV related stigma and discrimination.

We support HIV sensitive social protection programmes for orphan and vulnerable children and their families – including cash transfers. DFID's bilateral expenditure on social protection activities in 2007/08 was £ 45.5 m. In 2008/09 spend on social protection was £80.5 million.

Much of our work is on HIV prevention, including expanding prevention of mother-to-child transmission services through our support to health systems' strengthening, primary prevention of HIV among women and girls, and investments in family planning.

Looking forward, we will focus our support on countries most affected by the epidemic. We will work with partners to make quality, affordable medicines available. And we will increase our support to organizations like the Global Fund to Fight AIDS, TB and Malaria, which have a strong track record of delivering results and saving lives.

### **Results**

DFID has supported the Clinton Health Access Initiative (CHAI) to work with producers to reduce manufacturing costs and increase the quality of key HIV drugs. CHAI has achieved significant cost savings; for example US\$ 250 million on Tenofovir, US\$180m on Efavirenz and US\$ 70-95m on new 2<sup>nd</sup> line therapy by encouraging competition by assisting new suppliers to enter the market, reducing the cost of the active pharmaceutical ingredients and identifying lower cost sources of raw materials.

DFID Nigeria's support to the National HIV Programme has reached over 556,000 persons with HIV prevention message in 4 states, provided over 300 million condoms and other contraceptives, totalling 2 million couple years of protection (CYP)

DFID Zimbabwe has been funding PSI Zimbabwe since 2006 for an HIV Behaviour Change Programme that aims to promote safer sexual behaviour in Zimbabwe. DFID supported social marketing of over 273 million male and female condoms between 2006 and 2010. Recent epidemiological review suggests that the decline in HIV prevalence in Zimbabwe (from 29.3% in 1997 to 15.6% in 2007) was accelerated by changes in sexual risk behaviour particularly reduction in multiple sexual partners and increased condom use in non-regular relationships.

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## **3.5 POLIO**

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*Supporting the Polio Eradication Initiative for the post eradication period in 2006-8 through continuing or increasing our own contributions toward the CAD\$829 million target and mobilising the support of others.*

Since Jan 2009, UK has helped vaccinate more than 400m children using more than 1.2 billion doses of vaccine, improved the training of staff to carry out vaccinations, and helped develop approaches to overcome challenges faced in reaching children in the last remaining polio infected areas.

GPEI's new 3 year strategy delivered good results towards elimination with a decline in cases globally, especially in India and Nigeria. in 2010. But the programme is underfunded by \$720m for 2011/12. Prime Minister David Cameron pledged additional \$60m over this period in Jan 2011 in Davos provided this generates increased commitment to strengthen routine immunisation, and that our support leverages new financing by matching \$5 new money for every \$1 pledged by the UK.

It should be noted that the drop in disbursements by the UK in 2010 does not indicate lower prioritisation but reflects a re-profiling of spend between years as well as exchange rate effects. The UK contributed to the development of the Global Polio Eradication Initiative's (GPEI) new accelerated programme for 2010-2012. The effectiveness of the programme is threatened by the funding shortfall which puts the encouraging 2010 results and longer term sustainability at risk. The UK led the way in Davos in January 2011 with the announcement of new matching funds with the aim of doubling support for the programme.

## Results

Over the past two years UK has provided funding to help GPEI vaccinate more than 400 million children using more than 1.2 billion doses of vaccine, improve the training of staff to carry out the vaccinations, and develop approaches to overcome the challenges faced in reaching children in the last polio-infected areas of the world.

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### 3.6 MALARIA

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*Working with Africa countries to scale up action against malaria to reach 85% of the vulnerable populations with the key interventions that will save 600,000 children's lives a year by 2015 and reduce the drag on African economies*

*As part of fulfilling our past commitments on malaria, we will continue to expand access to long-lasting insecticide treated nets, with a view to providing 100 million nets through bilateral and multilateral assistance, in partnership with other stakeholders by the end of 2010*

On the 31 December 2010, the UK published Breaking the Cycle: Saving Lives and Protecting the Future - the UK's Framework for Results (FfR) for malaria in the developing world.

The Malaria Framework for Results sets out why the UK government is prioritising malaria; the evidence for what works to reduce malaria illness and deaths and where new approaches are needed; how we will work with our partners to achieve our goals; and how we will be held accountable for results. It provides a framework for how we will contribute to achieving the national malaria and broader health goals of our country partners and guides how we work through international organisations and with global partners to increase our reach and get more value for our money by leveraging the investments of others.

As part of this we have pledged to contribute to at least halving malaria deaths in at least ten high burden countries by 2014/2015. And we will support action to sustain and expand gains into the future. The UK will invest up to £500m each year by 2014/2015 to support this goal where results can be delivered and value for money demonstrated. Our achievements will contribute directly to reaching international targets set out in the 2008 Global Malaria Action Plan and the Millennium Development Goal 6c target.

## Results

In Kenya, UK support includes purchase and distribution of 15 million bednets and 5 million re-treatment kits, the roll out of combination treatment for malaria and a communication programme. These interventions have contributed to the reduction of under 5 mortality by an estimated 44% in high risk malaria districts.

In Nigeria, we are supporting the delivery of Nigeria's National Malaria Control programme with a £50 million contribution (2008-2013). In Kano and Anambra states, where we distributed nets, household insecticide treated net ownership increased from less than 10% to 70%.

The UK is supporting a range of research and its investment is leading to significant impact. The Drugs for Neglected Diseases Initiative (DNDi) have developed two new artemisinin based fixed dose drug combinations. One of which is being used in 25 African countries and India. Over 50 million treatments have been distributed. Our current support is £18 million, 2008-13. The Medicines for Malaria Venture (MMV) have launched a powerful new child friendly artemisinin combination therapy (Coartem-D). Over 44 million treatments have been distributed in 23 African countries. Our current support is £29 million (2008-13).

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### 3.7 TUBERCULOSIS

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*Supporting the Global Plan to Stop TB, 2006-2015*

The UK's focus remains delivery of the revised Global Plan to Stop TB 2011-2015, which aims to halve deaths from TB by 2015. In our DFID Business Plan 2010-2015 we committed to specify our objectives on restricting the spread of diseases like TB, HIV, and malaria by May 2011. The UK provides direct support to combat TB through bilateral and multilateral channels and research. In addition we provide support to strengthening health systems in our partner countries help support and

deliver TB programmes by building the long term capacity across the health services in partner countries to identify and address TB especially in poor areas. We do this through supporting national health plans directly or through support to multilaterals such as the World Bank.

### **Results**

In India the UK government has committed £51.2 million over six years (2005-2011) to support the Government's Revised National TB Control Programme. This support buys half the country's first line drugs ensuring that there has never been a stock out. UK support to India's national TB programme is helping to avert an estimated 180,000 deaths a year – that is around 500 lives saved in India every day. UK government research support includes a focus on developing drugs and vaccines for HIV and AIDS, TB and malaria and other diseases that most affect poor people. Results include the implementation by five countries of three technologies developed by the Foundation for Innovative New Diagnostics (FIND) for the detection of multi-drug resistant TB in their National TB programmes. The UK government is providing £5 million 2009-14.

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## **3.8 MEASLES**

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*Will work towards a steady decrease in the number of measles-related deaths, progress in halting the spread of measles, and its eventual elimination.*

The UK supports action to combat measles through a range of multilateral and bilateral channels including support to broader health sector plans of developing country governments to strengthen health systems in our partner countries to deliver, and build the long term capacity, of health services and systems to prevent, treat and control measles and other vaccine preventable diseases. DFID is providing £1.38bn to the International Finance Facility for Immunisation, to be spent through the Global Alliance for Vaccines and Immunisation (GAVI). Part of the IFFIm money will go towards measles vaccination in countries where the need is greatest.