Update on Government response to the International Development Committee’s report on Strengthening Health Systems in Developing Countries

Information and accountability
Recommendation 1: System strengthening is fundamental to the improvement of health outcomes. It is also the route to self-sufficiency for developing countries. We commend DFID for its strong focus on health system strengthening in its bilateral programmes. It is important that health outcome targets do not have the unintended consequence of reducing this focus. We recommend DFID review its health targets to ensure that they are compatible with achieving its system strengthening objectives.

Agree
In individual programmes, DFID measures changes in health system performance directly using indicators such as the frequency of stockouts of essential drugs or the percentage of health facilities offering appropriate emergency obstetric care. Across DFID as a whole, however, success in health is currently measured in terms of indicators that reflect improvement in health outcomes, since this is the ultimate objective of all the UK’s health work, including systems strengthening.

Most of DFID’s current health targets have their end dates in 2015, in line with the MDG timeframe. The process of agreeing new development goals and targets, and indicators for measuring progress towards them, provides an opportunity for DFID to review how it measures success. The increasing focus on universal health coverage (UHC) – ensuring that all people can use good quality essential health services when they need them without risk of financial hardship - is helping to draw global attention to health systems strengthening: without strong health systems, UHC will not be achieved anywhere in the world. DFID will ensure that global aspirations for health systems strengthening are well reflected in its health targets from 2015 onwards.

Update
DFID’s targets for 2016-20 will be included in its Single Departmental Plan (SDP), which will be published after the Spending Review. The SDP will be a high-level business plan setting out DFID’s strategic objectives, timetables to deliver the Government’s manifesto commitments and measures to track performance.

Recommendation 4: It is impossible to know how well DFID is delivering its health systems strengthening strategy without knowing how much it spends or having indicators of its performance. Nor can DFID allocate its resources efficiently in the dark. These deficiencies are best addressed through the publication of data to internationally agreed standards. This would ensure comparability and enable DFID to exert influence on its partners to improve their system strengthening work. We recommend that DFID prioritise international agreement on
measures of system strengthening expenditure and efficacy as part of discussions about the post-2015 development goals. We further recommend that, once agreed, these measures form part of DFID’s regular reporting.

Partially agree
The Government agrees with the desire to standardise the indicators used to measure health systems performance and to reduce the number of indicators in use. DFID is already working actively with the World Health Organization (WHO) and others in the international community to identify indicators that allow an assessment of the strength and effectiveness of a health system. These indicators will provide a measure of the efficacy of health systems strengthening interventions. The same process will generate indicators that can be used to assess progress towards post-2015 goals and targets, including a target on universal health coverage.

When the global set of core indicators for measuring health results is agreed, DFID will encourage its partner countries and organisations to draw on it when selecting indicators to monitor progress. DFID will do the same for monitoring its own programmes. The choice of measures for future regular reporting will therefore be influenced by the choice of post-2015 goals, targets and indicators.

The international process to standardise and streamline indicators of health results is not addressing the issue of measuring health systems strengthening expenditure. The standardised definitions and classifications for reporting on aid financing internationally are set by the Organisation for Economic Co-operation and Development’s (OECD) Development Assistance Committee (DAC) and are not part of the post-2015 process. Some early thinking has been done about what would be required to develop a common framework for tracking health systems strengthening expenditure. This would include development of a common understanding of which activities contribute to health systems strengthening, and hence which health expenditure should be classified as systems strengthening, and harmonisation of data across agencies to allow comparisons. There would also need to be a process to change the OECD DAC expenditure purpose codes. DFID is following these discussions and will engage with the process as it develops.

Update
The 2015 version of the Global Reference List of 100 Core Health Indicators has been published. DFID supported this work. It provides a standard set of indicators prioritized by the global community to provide concise information on the health situation and trends both at country level and globally. The list includes health systems indicators in six categories: quality and safety of care; access; health workforce; health information; health financing; and health security.

Indicators to measure progress towards the new Global Goals for Sustainable Development, including the target on universal health coverage, are still being finalised. Progress towards UHC will be measured in terms of changes in
coverage of tracer interventions for prevention and treatment of illness and changes in financial protection from the cost of health care. A proposed global indicator framework will be considered by the UN Statistical Commission in March 2016.

DFID has seconded an adviser to the Department of Information, Evidence and Research (IER) of the World Health Organisation to strengthen measurement systems at country level in order to improve the quality and use of health information.

There has not yet been significant progress at global level in agreeing standard indicators for measuring health systems strengthening expenditure. DFID is continuing to pursue this with its partners.

Recommendation 13: Community services and public health are important parts of an effective and efficient health system. There can be a tendency, driven partly by standard health system models, to focus on curative care in formal national systems. We heard concerns that DFID sometimes falls into this trap. It is too hard to assess whether this is the case. We recommend that, in publishing the disaggregated data recommended earlier in this Report, DFID prioritise community services and public health.

Partially agree
The Government agrees that community services and public health – including prevention and health promotion – are essential aspects of the health system. This extends beyond the health sector: there are opportunities to have a significant impact on health outcomes through support to healthy public policy and environments, for example through water and sanitation, nutrition and transport policy. The DFID health position paper sets out the UK’s public health approach and much of the coordination and leadership work that DFID is valued for in partner countries is around establishing and maintaining the links between different parts of the system. DFID also works with Public Health England to help share the benefits of UK experience and expertise with other countries.

The global set of core indicators on which DFID’s post-2015 reporting is likely to be based is close to finalisation and the current draft includes indicators of public health and community level services.

Update
The global list of 100 core health indicators includes a range of measures important to public health, such as immunisation coverage, nutrition and access to clean water and sanitation. DFID will measure and report progress on meeting the Government’s manifesto commitments in all these areas.

Recommendation 5: The Global Fund and GAVI have been highly successful in improving health outcomes in some of the poorest parts
of the world. The multilateral model has advantages in economies of scale. However, it is unacceptably difficult to assess whether these organisations have genuinely and sufficiently switched focus to system strengthening. The multilaterals and their donors have a responsibility to ensure that their assistance has the greatest possible impact. DFID has a responsibility to UK taxpayers to ensure that their money can be followed and is spent wisely. We recommend that DFID insist that the Global Fund and GAVI publish better measures of system strengthening expenditure and performance. If DFID is not satisfied that system strengthening is being given sufficient priority by an organisation, and that organisation does not change, DFID should be prepared to withhold funds.

Partially agree
The Government agrees that the Global Fund and Gavi\(^1\) should do better in measuring the impact and cost-effectiveness of their investments in system strengthening. DFID has worked with partners to include a Key Performance Indicator (KPI) of health systems strengthening in the Global Fund monitoring framework. The Fund will measure and report against this KPI to the board annually. DFID will now work with Gavi to develop an appropriate KPI on health systems strengthening for their new strategic period 2016-2010 for approval by the Gavi Board at their meeting in June 2015. This will also be measured and reported by Gavi on an annual basis.

DFID uses both organisations’ institutional KPIs in its own progress monitoring frameworks. This means that their progress on health systems strengthening is measured annually and contributes to the DFID Annual Reviews of these organisations, which in turn influence continued UK funding. A decision to withhold funding to Gavi or the Global Fund would have a significant impact in developing countries, given that both organisations deliver life-saving interventions to millions of people. Before making such a decision the UK would need to take into account performance in all areas and not just on systems strengthening.

Update
The UK has continued to work closely with the Global Fund and Gavi to better understand their impact on health systems strengthening and their added value in this space. The UK has supported Gavi to develop a new key performance indicator (KPI) to measure progress on health and immunisation system strengthening, which includes the strength of the supply chain, vaccine coverage and data quality. Gavi will report on this to the Board each year. The UK is also actively participating in a Gavi Steering Committee, which is looking at delivering health system strengthening grants that create measureable impact at country level. The UK is supporting Gavi to increase the size and capability of their country teams to provide more programmatic and fiduciary assurance at country level, specifically of their health system strengthening grants.

---

\(^1\) Since the Committee’s report was published, GAVI has changed its name to Gavi, the Vaccines Alliance.
In addition, the UK is working with the Global Fund to agree areas for future investment in health systems where the Fund has a comparative advantage, and to develop systems to better understand and measure the impact of these investments. As part of this the UK is working with the Global Fund through its role on the Strategic Impact Investment Committee and on the Board to develop – as part of their new strategy - a new KPI.

We further recommend that DFID press the Global Fund and GAVI for programme data to be published online. Freely accessible data will facilitate more accountability and scrutiny, and should also be of benefit to systems strengthening research.

Agree
Both Gavi and the Global Fund already score highly on transparency relative to other donors. In the 2014 Aid Transparency Index Gavi was ranked fourth and the Global Fund tenth.

Both agencies publish data on their websites. The grant portfolio section of the Global Fund’s website includes a separate page for each country, with extensive financial and performance data on each of more than 1,000 grants it has made to date. Some of these grants are focused entirely on health system strengthening, while others include systems strengthening elements. Raw data about the Fund’s grant portfolio can also be accessed via the website.

Gavi also publishes data on health systems strengthening expenditure and progress by country and by grant on its website.

Update
Both Funds continue to publish data on their websites and score highly on Aid Transparency. Both Funds publish detailed Annual Reports which include performance against their key results targets and examples of strengthening health systems.

Recommendation 6: Other donors do not share DFID’s responsibilities to UK taxpayers. Private donors such as the Gates Foundation are rightly free to set their own priorities. However, health development is invariably a complex team effort. Transparency about expenditure and performance is imperative for these arrangements to work well. We recommend that DFID work harder to encourage its partners to make more data on their health systems strengthening work freely available. Accepting our recommendation that it publish more disaggregated statistics of the expenditure and performance of its own programmes would set a good example and make this task easier.
Agree
DFID models good behaviour on transparency. Under the government's transparency commitment, information is published each month about DFID's expenditure and projects. All business cases, annual reviews, project completion reviews and evaluations are published on the Development Tracker. DFID also has an open and enhanced access policy for research and evaluation. It has identified a leading data repository and is moving forward arrangements for submitting datasets with them. Once this is finalised, DFID will then require all researchers to make their data open access via this repository.

This high level of transparency has received international recognition: DFID was ranked second out of 68 donor organisations in the 2014 Aid Transparency Index. DFID will continue to set a good example to its partners on transparency and to encourage them to follow this example.

Update
DFID continues to publish full information on all its development assistance in line with the International Aid Transparency Initiative (IATI) and is asking its partners to do the same. The number of organisations publishing IATI data rose by more than 50 in 2015 and now stands at over 350.

The next update of the Aid Transparency Index will be published in early 2016.

Strategies and working with the NHS

The responses to recommendations 18, 11 and 17 are combined below

Recommendation 18: DFID’s own health systems strengthening work is world-leading. But that is not enough; DFID must be an active and vocal systems champion, driving the international agenda by experience and example, pressing other donors to prioritise systems strengthening and exercising its influence on the boards of multilaterals to ensure that they have genuine systems focus at strategic level. As it is, DFID, and its ministers in particular, are insufficiently vocal. This is a particular concern in the increasing number of countries where DFID does not have a bilateral programme. We recommend that DFID publish a clear health strategy, including measures of performance, setting out the rationale for system strengthening, how it intends to strengthen systems in its own work and what it expects from its international partners.

Recommendation 11: Doctors, nurses and other health professionals are at the centre of any well-functioning health system. We are concerned that DFID does not know how much it spends on human resources for health and or have means of monitoring its performance. We recommend that DFID’s review of its approach to human resources
for health extends to an ambitious strategy which would set an example of best practice to international partners.

Recommendation 17: Demand for NHS staff does not end with doctors and nurses. Though often criticised at home, the NHS is held in high international regard and many countries would greatly benefit from the assistance of those expert in managing and financing such a successful health system. In turn, NHS managers would benefit from tackling familiar problems in unfamiliar settings. This is a challenge to traditional development models and DFID must be sufficiently agile to adapt to changing and increasingly complex needs. NICE International is a successful example of how NHS expertise can benefit overseas systems, and leverage funds from other donors in the process. **We recommend that DFID establish a clear strategy for how UK government should work in partnership with the NHS to support overseas health systems.**

**Agree**

In August 2013 DFID published its Health Position Paper: Delivering Health Results. This paper sets out how DFID works to improve health outcomes in developing countries including DFID’s public health approach, which combines investments that achieve targeted results with investments that strengthen broader health systems.

Building on this paper, the UK’s work to date on human resources for health and broader processes including the development and agreement of post-2015 goals, targets and indicators, DFID will develop a framework for its work on health systems strengthening, which will set out areas of focus for work in developing countries and globally. The framework will encompass the global processes underway in the shift from the MDGs to the new development goals and will consider the implications for measurement of progress towards universal health coverage. It will also include DFID’s approach to working with the NHS and other UK government and non-government organisations.

**Update**

The HSS framework will be published when DFID’s Bilateral Aid Review and Multilateral Aid Review are complete.

DFID has been supporting the Global Health Workforce Alliance (GHWA), of which the UK is a Board member, to develop a Global Strategy on Human Resources for Health. A final version will be submitted to the WHO Executive Board in January 2016 and will be used to inform DFID’s own future approach to strengthening human resources for health.

DFID and the Department of Health (DH) are working together to identify the best ways of making UK expertise and experience in health systems more readily available to developing countries that wish to use it. This will include meeting the Government’s commitment to boost partnerships between UK institutions and their counterparts in the developing world.
DFID is currently supporting an external evaluation of its support to the £30m Health Partnership Scheme. The findings of this evaluation, due in summer 2016, will inform decisions about future DFID support for UK partnerships.

Where there is a good fit between the UK offer and developing country needs, DFID is supporting technical assistance and capacity building partnerships with UK organisations. For example in Pakistan, DFID support to Public Health England is building the capacity of Pakistan to detect and respond to communicable disease and other health threats.

**Recommendation 10:** The staffing of the UK health sector should not be at the expense of health systems in developing countries. We recommend DFID work with the Department of Health to review its approach to the UK recruitment of health workers from overseas. This review should consider options for compensating source country systems, promoting training schemes that involve a temporary stay in the UK, and strengthening local programmes to enable more medical training to take place in country.

**Agree**
The Department of Health (DH) and DFID will continue to work together to review their approach to the UK recruitment of health workers from overseas.

In moving towards reducing the gap in healthcare workers DH endorses the WHO Global Code of Practice on the International Recruitment of Health Personnel and implements it through the UK Code of Practice for international recruitment. DH works closely with DFID on reviewing the definitive list of developing countries which should not be targeted for recruitment of healthcare professionals.

DH also continues to work with DFID, the lead department, to support the Health Partnership Scheme (HPS). The scheme aims to improve health outcomes in low-income countries through effective transfer of health services skills, in ways that also benefit the UK public health sector. It provides opportunities for British nurses, doctors and health workers to play a crucial role in the UK’s effort to reduce maternal and child deaths in the world’s poorest countries.

In addition, the DH and DFID continue to recognise the value of the Medical Training Initiative (MTI) and its importance in the way that the health sector supports the Government’s international development objectives with doctors returning to their countries and applying the skills and knowledge developed during their time in the UK. Doctors benefiting from MTI training take back with them knowledge of practice, procedure, networks and UK expertise which deliver significant tangible benefits to the UK economy.

DFID will also continue to look at ways of supporting local medical training in its partner countries in order to promote retention of health workers. The UK already provides some support. HPS, for example, has contributed to health
worker training including curriculum development in 26 countries using the skills of UK health professionals. Similarly, the ‘Making it Happen’ Partnership between the Royal College of Obstetricians and Gynaecologists and the Liverpool School of Tropical Medicine is training health professionals in Emergency Obstetric and Neonatal Care to reduce maternal and newborn mortality and morbidity in 11 countries in sub-Saharan Africa and South Asia. Decisions about any new funding will depend on future budgets and operational plans.

**Update**

The NHS International Group, which includes DFID and DH, is actively considering options for supporting human resources for health that provide mutual benefit for the NHS and developing country health systems. Other participants in this group include representatives from NHS England, Public Health England, Health Education England, the Trust Development Authority, the NHS Leadership Academy, NHS Employers, Healthcare UK, THET and the devolved administrations.

DFID continues to support the Health Partnership Scheme, which has supported over 150 partnerships in 26 countries and provided almost 39,000 training courses or other educational opportunities to developing country health workers. DFID is in the process of commissioning an external evaluation of the Scheme which will assess what has worked and what has not in the current programme’s approach, and will inform wider lesson learning about building health worker capacity in developing countries.

**Recommendation 15:** Volunteering overseas by UK medical staff can be highly advantageous for developing health systems. Through the personal and professional development of individuals, the sharing of best practice and the building of global contacts, it can also be of great benefit to the NHS. Existing volunteering schemes, though often successful, are small-scale and fragmented. The Health Partnership Scheme is highly effective, but its funding is a drop in the ocean. Volunteering schemes need coordination, structure and scaling up.

**Partially agree**

DH recognises the numerous benefits in overseas volunteering by UK health professionals to contribute effectively to global health development through the Medical Training Initiative and the DFID-led Health Partnership Scheme.

DH has set up a working party to provide information to support potential volunteers in the NHS to take up volunteering positions. Membership of the working party includes DFID, the Tropical Health Education Trust, the British Medical Association, the Nursing Midwifery Council, NHS Employers and charities that volunteer overseas.

This group is looking at issues surrounding accreditation and continuing professional development and other barriers to volunteering. It will also examine the barriers and constraints that affect employers with a view to
identifying best practice and exemplar activity within the service. A tool is being developed to help employees provide evidence of the benefits from volunteering and, in particular, how skills/knowledge gained will benefit the NHS.

**Update**

*DFID, DH and the NHS published a Framework for Voluntary Engagement in Global Health by the UK Health Sector in 2014. This framework re-states the support for voluntary engagement in global health and aims to raise awareness of the further tools, approaches to handling risk, funding options and model policies that are available for organisations that wish to support their health staff as volunteers. The tool to help employees provide evidence of the benefits from volunteering has been developed.*

*The external evaluation of the Health Partnership Scheme will assess the benefits of partnerships for both the UK and developing countries and will inform future thinking about whether and how to scale up volunteering. It will also inform approaches to monitoring health partnership programmes.*

**Recommendation 16:** NHS staff should be supported in seeking to apply their skills where need is greatest. We recommend that the new NHS framework for volunteering establishes a formal structure to facilitate the participation of many more medical professionals, including through extended sabbaticals, and makes clear that volunteering overseas is valued and consistent with career progression. DFID should provide the necessary funds to support these more ambitious schemes. We further recommend that DFID investigates means of supporting those who volunteer, including continuing NHS pension contributions and paying down student loans.

**Partially agree**

In response to the recent Ebola outbreak in West Africa, the Chief Medical Officer recently wrote to NHS staff encouraging them to volunteer to help in Sierra Leone. Over 650 NHS frontline staff and 130 Public Health England staff have volunteered to go out to Sierra Leone to help in the UK’s efforts on the ground.

DH will work with DFID, NHS England, the devolved administrations and the NHS International Health group to explore the feasibility of establishing a formal structure to support volunteering. The framework acknowledges the work of the DH-led volunteering overseas group on developing a tool to help employees provide evidence of the benefits from volunteering and, in particular, how skills/knowledge gained will benefit the NHS.

The DH volunteering group also acknowledged that volunteers returning from overseas face a much reduced pension. The working group has worked to maintain the continuity of contributory membership of the NHS Pensions Scheme for those volunteers working on projects in the Health Partnership Scheme. DH is exploring how it can help other volunteers.
Update
DH is continuing to work with DFID, NHS England, the devolved administrations and the NHS International Health group to explore the potential for greater UK volunteering opportunities in future. The Overseas Volunteering group is working with NHS Employers to develop guidance to help manage requests from employees who would like to volunteer. The guidance for all NHS organisations is expected to be published in January 2016.

Recommendations focused at country level

Recommendation 3: DFID expresses continued support for the International Health Partnership (IHP+), but it is not providing the impetus for increased coordination it did in the past. We recommend DFID reaffirm its commitment to IHP+ by publishing on an annual basis the steps it is taking to implement, and encourage its international partners to adopt, IHP+ principles and recommended behaviours

Partially agree
The IHP+ core team is funded until 2015. DFID will continue to adopt IHP+ principles and behaviours, and will encourage its international partners to do so. This will include both advocacy at country level and continuing senior-level participation in the work of the group of global health agency leaders, whose purpose is to accelerate progress on and implementation of the agreed principles of the IHP+.

Update
DFID continues to practise IHP+ principles and behaviours in its work. DFID has also continued to participate at senior level in the work of the global health agency leaders. The development of the new 100 core indicators for health was an output of this process.

Recommendation 8: The lack of progress by many African governments on the health expenditure commitment in the 2001 Abuja declaration is very worrying. It suggests a culture of reliance on aid that is irreconcilable with ultimate self-reliance. DFID aid should never be a blank cheque. We recommend that, as well as making the positive case for expenditure on health systems, DFID work with developing country governments to agree medium-term aid plans based on concordance with the Abuja target and fund accordingly, taking a tough line with governments which are unwilling to take responsibility for the long-term health of their own populations. We also recommend that DFID make better use of local parliamentarians and medical professionals as advocates for prioritising expenditure on health systems over other demands.
Partially agree
The majority of financing for health in most countries already comes from domestic sources, including government revenues and individuals’ own pockets. As countries’ economies grow, they will have an opportunity to invest more in health if they choose to do so. They will also begin to graduate from funding sources such as the Global Fund and Gavi.

Challenges in future health financing include persuading governments that health is a good investment. Better health care is known to be one of the things people value most highly, but not all governments are incentivized to ensure it is provided. It needs to be part of the social contract between a government and its people.

Future financing for health is being discussed widely, with a focus on non-aid sources such as more domestic resource mobilization and attracting more financing from private investors through impact investing and Development Impact Bonds. DFID will work more on all of these areas in future.

DFID continues to actively make the case for investment in health systems and to invest in evidence to strengthen this case, including the work of the 2013 Commission on Investing in Heath. DFID will use the opportunity of developing its new research priorities and the proposed performance framework for health systems strengthening to look again at the evidence and identify remaining gaps.

The most effective agents of change for DFID to work with to raise the priority governments give to health will differ from country to country. A thorough political economy analysis is needed to help identify them. In some countries, working more with Parliamentarians and medical professionals as advocates for greater health expenditure may be effective; in others using agents such as civil society and the media to hold government to account for financing health may be more influential.

Update
Domestic resource mobilisation is central to the Addis Ababa Action Agenda, agreed by 193 UN Member States at the Third International Conference on Financing for Development in July 2015. The UK has continued to help countries raise more resources and to make the case for governments to invest their own resources in health. Just as importantly for sustainability, the UK is also advocating for greater efficiency and accountability in resource use. Some DFID country programmes are using government allocations to health as an indicator of the success of DFID involvement in advocacy and many are supporting local change agents to advocate for health. At the global level DFID is supporting WHO to work with others, including civil society, the World Bank and NICE International, to advocate both for greater domestic resource allocations to health and for better resource use. DFID is also funding WHO’s Department of Health Systems Governance and Financing, to work with the World Bank, countries and other agencies on increasing fiscal space, improving public financial management and strengthening health financing.
Recommendation 14: DFID rightly identifies factors ranging from superstition and mistrust of formal health systems to discrimination and violence against women and girls as obstacles to improving healthcare. We recommend that DFID press its international partners, including national governments, to tackle unacceptable cultural barriers to access to health services.

Agree
The Government promotes the development of inclusive health systems. Much of DFID’s work is targeted at identifying and tackling inequities in access to health for the poorest and most marginalised, including women and girls, disabled people and ethnic minorities. It is clear that the poorest and most marginalised suffer most: they are not only more exposed to health risks but also less able to take preventive measures and less likely to have access to services. They are more likely to be ill, less likely to receive care and more likely to die or suffer long term disability.

The UK Government has shown international leadership on family planning, HIV, nutrition, female genital mutilation and early and forced child marriage, all of which require dismantling cultural barriers. The UK’s view is that deep-seated cultural barriers that prevent people from accessing services are best overcome by empowering people in the communities concerned. That is why, for example, DFID is supporting an Africa-led movement to end female genital mutilation and child, early and forced marriage in a generation.

The growing international focus on universal health coverage is helping to attract attention to a range of barriers to access, including cultural barriers. Without tackling these barriers, countries will not be able to achieve UHC.

Update
The new Global Goals for Sustainable Development that were agreed by Heads of State and Government in September 2015 will guide the UK’s support for international development over the next 15 years. The goals are universal and inclusive and are underpinned by a commitment to leave no one behind, including by ensuring that the social barriers that deny people opportunity and limit their potential are challenged. The goals will only be achieved if previously marginalised and excluded people are reached.

Global Goal 3 is to ensure healthy lives and promote well-being for all at all ages. One of the targets under this goal is to achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. Achieving UHC will require that all barriers to access to care are tackled.

DFID is actively helping to address some of these barriers, for example through its support for adolescent girls. Adolescents have specific needs, including sexual and reproductive health services, mental health care, and
services to help them avoid forming habits that will affect their health for the rest of their lives, such as tobacco, alcohol and drug use. Meeting these needs presents specific health systems challenges. Since adolescents tend to be relatively healthy and many of their health needs are stigmatised, they are often harder to reach through routine health services and more innovative approaches are often required.

Reducing cultural barriers to access to health services also requires action to tackle discriminatory and harmful social norms. DFID has produced a guidance note on Addressing Violence against Women and Girls in Health Programming, which aims to support DFID advisors and programme managers and other UK government departments to strengthen the impact of health programmes on preventing and responding to VAWG. It includes a description of the elements of the health system and health-care response necessary to address violence against women.

Research and evidence
Recommendation 7: Understanding what works is an important part of effective and efficient intervention in health systems. At the moment, too little is known. DFID has a large research budget and allocating more of it to health systems is likely to be good value for money. We recommend that DFID increase funding for health system strengthening research.

Partially agree
DFID has a strong history of supporting health systems research and is seen as a leading funder in the field. The Human Development team in DFID’s Research and Evidence Division is currently developing future research priorities to provide evidence that will support the achievement of the post-2015 development goals. This process will involve a range of activities, including an expert roundtable event and both internal and external consultations, to be held in 2015. The exercise will identify DFID’s future global health research priorities, which will determine how best to continue DFID’s significant investments in health systems research and its component pillars, including human resources for health. The Committee’s recommendations will be taken into account in this process.

Update
The DFID Research Review is ongoing. Proposals for work on health systems strengthening have been developed, taking into account the views of the Committee and the responses obtained from a range of different consultation processes, including a public consultation. The outcomes of the review are expected to be available in early 2016.

Recommendation 12: Community health workers can be an important part of a developing health system. They provide flexibility and enable programmes to be scaled-up very quickly. However, they should not be seen as an easy remedy for all health system problems, nor as a substitute for properly trained and specialist health professionals. As in
other areas, DFID would benefit from sounder monitoring and a better evidence base in assessing the role to be played by community health workers in individual countries.

**Agree**
The Government agrees that community health workers can play an important role in health systems but that this role should be carefully defined and evidence-based. DFID is already contributing to expanding the evidence base, including by funding a multi-country study of the cost-effectiveness of community health workers in different settings and by supporting the REACHOUT research programme consortium, which focuses on the role of close to community health workers. DFID will look at additional research needs as part of developing its new research strategy and its approach to human resources for health.

**Update**
The multi-country study of the cost-effectiveness of community health practitioners was published in September 2015. The study was funded by DFID and nested within the REACHOUT research consortium funded by the European Commission. Overall, the results of the study suggest that, if community-based practitioners are well integrated into the health system, they can help to reduce costs and to improve coverage of essential services. The global strategy on human resources for health that is being developed by the Global Health Workforce Alliance will recognise that community-based practitioners can play an important role, along with mid-level and advanced practitioners, as part of a multi-disciplinary health workforce. The global strategy will guide DFID’s future support for human resources in health, including community health workers.

**DFID leadership**
Recommendation 9: Health systems governance and finance are complex political issues. The outcomes of intervention in these areas tend to be uncertain and expenditure on them can be harder to sell to electorates, donors and developing country governments. DFID’s international partners, given their narrower objectives, are also less likely to be involved. However, health systems governance and finance are vital to properly functioning and ultimately self-sustaining health systems. DFID must lead the way on strengthening them, including making the case for such interventions to sceptics at home and abroad.

**Agree**
The UK Government is now increasingly focussed on tackling the underlying causes of poverty by supporting strong and inclusive economic, social and political institutions to establish what the Prime Minister has termed ‘the golden thread’ of development. Basic service delivery is often one of the most significant ways in which citizens come into contact with the state. Visible inequity in access to basic services and/or visible corruption can undermine citizens’ perceptions of the state, with potentially negative effects for state-building and the wider social contract between a government and its people.
Poor governance – such as weak public financial management or procurement processes or the absence of transparency & accountability – can result in corrupt or wasteful practices. Where this results in less money or less efficient use of limited financial resources for service delivery, it leads to slower progress in improving health outcomes.

DFID already supports the strengthening of domestic health financing systems through both bilateral and centrally-managed programmes, including support to WHO, NICE International and the Commission on Investing in Health, which demonstrated the links between better health and higher productivity. DFID health advisers also make an important contribution to governance and financing by participating actively in policy dialogue at country level.

Update
The UK continues to be a strong supporter of strengthening health systems governance and financing, both through its bilateral programmes and through multilateral partners and UK institutions. This support is increasingly focused on domestic financial sustainability. For example, DFID has extended its funding to WHO’s Department of Health Systems Governance and Financing, which will include support for new work on fiscal space, public financial management and health financing. This work will be carried out in close collaboration with the World Bank, the Global Fund, other agencies and countries.

DFID is also helping countries to ensure that resources allocated to health are spent efficiently. This includes support to the World Bank to test results-based financing (RBF) mechanisms in health, which explicitly link health financing to the delivery and rigorous verification of health services. RBF aims to increase autonomy, strengthen accountability, and empower frontline providers and health facility managers to make health service delivery decisions that best meet the needs of the communities they serve. In Cameroon, for example, the management tools and procedures used in RBF (such as quarterly business plans and individual performance evaluations of facility staff) have led to greater transparency and accountability in the management of resources.

DFID has also extended its support for NICE International and its partners in the international Decision Support Initiative (iDSI) to help countries develop more systematic, fair and evidence-informed priority setting processes in health. By strengthening priority-setting institutions, the iDSI will help to improve access to effective health interventions, and the quality and efficiency of health care delivery.

Many of DFID’s country programmes are providing support for health systems governance and finance. In Ghana, for example, the Health Sector Support Programme is supporting implementation of the Health Financing Strategy to increase efficiency of resource use and is helping to strengthen management and accountability of the Ministry of Health. Similarly, the Pakistan Health and
Nutrition Programme is addressing a range of health systems issues, such as public financial management, information management, procurement and human resources management, including by engaging with politicians at a provincial level to track progress.

**Recommendation 19:** We recommend DFID continue to press for universal health coverage as a prominent feature of a single post-2015 development goal for health. Universal health coverage cannot be attained without a properly functioning health system. Its incorporation in post-2015 goals would add considerable impetus to health system strengthening efforts. Given DFID’s systems expertise and the unrivalled experience of the NHS, this would put the UK in a position of even greater influence and responsibility. Should universal health coverage be targeted, DFID must be willing to grasp the opportunity it provides and demonstrate genuine world leadership on health system strengthening.

**Agree**

The UK has supported the inclusion of a universal health coverage target under an outcome-focused post-2015 health goal. It will continue to do so as discussions progress.

Moving more rapidly towards UHC requires strengthening the health system (including both public and private sectors) to ensure that good quality essential health services are provided and are used by everyone. It requires work on both the supply side to increase provision and the demand side to remove barriers to access, particularly for the poor. The inclusion of UHC as a post-2015 target will ensure that health systems indicators are defined, agreed and monitored.

The Government agrees that long experience with the NHS gives the UK a particular comparative advantage in supporting other countries to progress more rapidly towards UHC.

The NHS has much to offer to other countries and the UK is already sharing its experience in a number of ways. For example, DFID and DH share the expertise of NHS staff through schemes such as the Health Partnership Scheme, which enables NHS clinicians, technicians and other professionals to work with counterparts in developing countries, for mutual benefit. DFID is also investing in NICE International, which enables other countries to learn from the UK’s experience of making hard choices about which services to fund and developing guidelines to deliver health services that offer good quality and value for money. DFID will continue to explore options so that the experience of the NHS can benefit others.

**Update**

*Universal health coverage has now been adopted as a target under Global Goal 3: Ensure healthy lives and promote well-being for all at all ages. Global*
indicators for monitoring progress are being developed and will be agreed in 2016.

As set out earlier in this update, DFID and the Department of Health (DH) are working together to identify the best ways of making UK expertise and experience in health systems more readily available to developing countries that wish to use it.