GLOBAL HEALTH POLICYMAKING in the UK

OVERVIEW
The United Kingdom is Europe's largest donor to global health. In 2009, the UK disbursed US$11.5 billion (£7.36 billion) in official development assistance (ODA), of which about 14% or US$1.66 billion (£1.06 billion) was spent on health. By law, UK development assistance is aimed at poverty reduction and cannot be tied to British goods and services. Most of the UK's spending on global health is directed by—and flows through—the Department for International Development (DFID). Global health strategy is undergoing a period of transition to reflect the priorities of the new Conservative-Liberal Democrat Coalition government, which came to power in May 2010 following 13 years of a Labour government. The new government has articulated two priorities in the health sector: fighting malaria and improving reproductive, maternal, and newborn health (RMNH). The government has also committed to spending 0.7% of gross national income (GNI) on ODA, beginning in 2013.

GLOBAL HEALTH PRIORITIES AND STRATEGY
In March 2011, DFID released reviews of its country programs and funding to international organizations. As a result of these reviews, DFID will be phasing out programs in 16 countries over the next five years and will also increase support for the international organizations found to be most effective in their review.

At the end of 2010, following public consultations, DFID published new “Frameworks for Results” (business plans) and evidence papers to guide its work on malaria and RMNH. Both frameworks rely on: action through country programs, improving the effectiveness of the global response, investing in global public goods, and harnessing UK expertise to achieve results. While malaria and RMNH are the headline priorities, it appears that DFID will continue to work in areas such as strengthening health systems and HIV/AIDS, as well as pursuing new areas such as fighting malnutrition.

The Deputy Prime Minister, Nick Clegg, in September 2010 announced an enhanced UK commitment to malaria, pledging to increase malaria funding to as much as £500 million (about $780 million) annually by 2014 from current annual spending of £150 million (about $230 million). Under the new Framework for Results, the UK will support malaria programs in 16 countries in Africa and two in Asia. This includes 16 of the top 30 high-burden malaria countries.

The new government has also emphasized putting women at the heart of its development efforts and has committed to doubling the number of maternal, newborn and children's lives saved by 2015. It has formed a new alliance with the US and Australian governments and the Bill & Melinda Gates Foundation to support developing countries’ maternal health plans. Under the new Framework for Results, emphasis will be placed on 8–12 focus countries with “high need” and where the UK is a major donor (these will be determined in 2011). Nevertheless, all relevant country offices will support family planning and most will scale up support to wider RMNH, including at least 11 countries in sub-Saharan Africa and 5 countries in Asia that are already and/or planning to take action on RMNH.

Two additional documents serve as the basis for DFID’s future health strategy and priorities under the Coalition government—the Conservative party’s green paper on international development, published in July 2009, and DFID’s Business Plan 2011–2015.

The previous Labour government advocated for a strong UK role in global health and development, with a major focus on the MDGs and Africa. DFID’s 2007 global health strategy, Working Together for Better Health, prioritized delivering more resources for health; expanding access to basic services; im-

AT A GLANCE: UK’S GLOBAL HEALTH STRATEGY

**Strategic Priorities:** Malaria; reproductive, maternal, and newborn health; spending 0.7% of gross national income (GNI) on official development assistance from 2013; achieving the MDGs; fragile and conflict-affected countries; value for money in development assistance.

**Key Reference Documents:** UK aid: Changing lives, delivering results (2011); DFID Business Plan 2011–2015 (2010); Breaking the Cycle: Saving Lives and Protecting the Future—The UK’s Framework for Results for malaria in the developing world (2010); Choices for Women: Planned Pregnancies, Safe Births and Healthy Newborns—The UK’s Framework for Results for improving RMNH in the developing world (2010)
GLOBAL HEALTH FUNDING
The UK’s spending plans project that it will reach the international target of spending 0.7% of GNI on ODA in the year 2013. The share of the UK’s GNI that went to ODA in 2010 is 0.56%, meeting the European Union interim goal of 0.51% GNI/ODA by 2010, as laid out in the European step-by-step plan to reach the 0.7% target by 2015. In 2009, about 14% of the UK’s total spending on ODA went to health, of which 66% was classified as bilateral and 34% as multilateral aid by the Organisation for Economic Co-operation and Development’s Development Assistance Committee (OECD DAC) (Figure 1). The UK also provides budget support to developing countries, a share of which goes to health but is not counted in health sector ODA. DFID’s health spending is primarily through financial aid to countries (general budget support, sector budget support, and other financial aid made up 34% of health spending in 2008/09) and its support to multilateral organizations (39%, including aid delivered through multilaterals classified as bilateral spending). The remainder (27%) encompasses the rest of DFID’s bilateral program (e.g., technical cooperation, humanitarian assistance, and funding through non-governmental organizations [NGOs]). In March 2011 DFID released reviews of its bilateral and multilateral aid spending. As a result of these reviews, DFID will be phasing out bilateral programs in 16 countries over the next five years and will be focusing resources on 27 countries. DFID will also increase support for the international organizations found to be most effective in their review, such as UNICEF, the GAVI Alliance, and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

Bilateral Spending
The UK’s bilateral ODA for health in 2009 was about US$1.1 billion (£697 million). DFID’s bilateral expenditure can be disaggregated into two programs: country programs and international/policy programs. Most bilateral spending is delivered via DFID’s country programs. There is no predetermined health budget for these programs. Instead, resource allocation for health is determined by a country-led “bottom up” approach. As a part of DFID’s bilateral aid review, each country office assessed what it can deliver against the priorities in DFID’s Business Plan, as well as against malaria and RMNH in countries with a high burden of malaria and maternal/child mortality, and the costs to achieve these results. Based on this “results offer,” DFID ministers and senior managers allocated bilateral spending across countries and priorities. This is a departure from previous allocation models and processes. The countries and regions continuing to receive bilateral funding following the aid review, as well as those being phased out, are shown in Figure 2.

Around a quarter of DFID’s bilateral funding is channeled through its policy and international programs, which work on specific policy areas or with international organizations. This funding includes contributions to pooled multi-donor funds, core contributions to international non-profit organizations, and research funding.

Figure 2. Countries and regions receiving bilateral health support from DFID

Multilateral Spending
In 2009, the UK’s total multilateral ODA spending was US$3.89 billion (£2.49 billion). Major multilateral recipients of DFID funding are: the European Commission, World Bank Group, the Global Fund, and the United Nations. The UK is also a large donor to the GAVI Alliance (in March 2010, the UK announced it would invest about US$230 million, £150 million, over the next 10 years) and to UNITAID (recently signed a pledge of US$250
The UK has also committed at least US$2.58 billion (£1.38 billion) over a period of 20 years to IFFIm.

GLOBAL HEALTH DECISION-MAKING

Figure 3 shows the key actors and institutions involved in global health decision-making in the UK.

The Prime Minister, David Cameron, is responsible for the overall organization of government and the allocation of functions between ministers, many of whom play a role in setting UK global health policy (Figure 3). Indications are that Cameron and his deputy (Nick Clegg) will maintain a strong UK role in global health and development.

Her Majesty’s Treasury, the economics and finance ministry, is led by the Chancellor of the Exchequer George Osborne. The Treasury controls the government’s budget and therefore can influence DFID’s policies and programs (e.g., Gordon Brown proposed the IFFIm when he was Chancellor of the Exchequer). Osborne has been vocal in his support for malaria control.

The Foreign and Commonwealth Office (FCO), which includes the diplomatic service, is responsible for UK participation in international and regional multilateral organizations. FCO’s involvement in global health is primarily through providing political support to DFID’s work at the diplomatic level.

DFID was separated from FCO in 1997 to become its own cabinet-level department. It provides aid to around 90 countries and maintains offices in around 40 developing countries. A recent OECD DAC peer review found that DFID is seen as an international leader and model donor in development, particularly in aid effectiveness, engagement in fragile states, humanitarian assistance, and reform of the international aid system.

DFID has both political and civil service leadership. The ministerial leaders (currently Andrew Mitchell, Secretary of State for International Development; Alan Duncan, Minister of State for International Development; and Stephen O’Brien, Parliamentary under Secretary of State) are responsible for the business of the department and its policies, setting the broad parameters of DFID’s global health priorities. The civil service, under Permanent Secretary Nemat “Minouche” Shafik (who will be leaving
for the International Monetary Fund), aims to deliver on these priorities. A professional cadre of 50 health advisers is distributed among country offices and headquarters to advise on health policy across divisions (with inputs from other cadres). Policymaking with an impact on global health occurs at many different levels within DFID (Figure 4).

The Department of Health (DH) is responsible for the UK’s national health system but also plays a role in health issues internationally, such as leading the UK’s relationship with the WHO (supported by DFID). DH makes only a small contribution to the UK’s global health spending, covering part of the contribution to the WHO (47% of the US$43.0 million, £23.8 million contribution in 2008/09). DH’s engagement in global health policy is primarily in “classic” public health issues (e.g. outbreaks). A recent editorial in The Lancet described the relationship between DFID and DH as an uneasy one, characterized by lack of coordination and by competition to “lay claim to the global health agenda.”

Parliament

Parliament (the Houses of Commons and Lords) is the legislative body. The Prime Minister and all government ministers are Members of Parliament (MPs). The legislative process is strongly controlled by the government.

Commons Select Committees oversee the work of government departments and agencies, examining spending, policies, and administration. Examination is through lines of inquiry, involving written and oral evidence. Findings are reported to the Commons, and the government usually has 60 days to reply to the committee’s recommendations.

The most relevant select committee for global health policy is the International Development Committee (IDC), which is appointed by the House of Commons to examine DFID and its associated public bodies, including scrutiny of how DFID’s budget is spent. The Committee also “takes an interest in the policies and procedures of the multilateral agencies and non-governmental organizations to which DFID contributes.”

While DFID sets its own policies, the IDC can influence these policies through its inquiry power. Recent lines of inquiry have examined progress on the implementation of DFID’s HIV/AIDS strategy and DFID’s programs in individual countries.

Other commons select committees involved in global health include:

- The Health Committee, which examines the expenditure, administration, and policy of DH, including DH’s role in global health.
- The Foreign Affairs Committee, which examines the expenditure, administration, and policy of the FCO.
- The Public Accounts Committee, which provides financial scrutiny of all government departments, including analyzing the value for money of DFID’s work. The committee recently raised concerns about DFID’s program management, for example whether DFID’s investment in Malawi (over £300 million since 2003/04) had delivered value for money.

All-Party Parliamentary Groups (APPGs) have no formal place in the legislature but meet to discuss a particular issue of concern, such as a specific disease. APPGs bring together parliamentarians, the private sector, and NGOs. The APPGs related to
global health include those on Malaria and Neglected Tropical Diseases; Global Tuberculosis; HIV and AIDS; and Population, Development and Reproductive Health. An individual APPG’s influence on UK global health policy depends on its membership, who attends meetings (such as ministers and DFID staff), and its funding.

Civil Society
The UK has a strong, media-savvy development NGO community, which closely interacts with the government and has had a strong influence in some areas of UK global health policy (e.g. HIV). Many global health NGOs in the UK focus on a specific issue or disease. There is no global health-specific umbrella organization for UK NGOs, although there are strong NGO networks that coordinate work on particular issues, such as HIV/AIDS and sexual and reproductive health and rights. Lobbying is based primarily on informal networks and relationships with civil servants within DFID, many of whom previously worked in NGOs or academia. Over 100 UK civil society organizations receive funding from DFID, as do health charities in developing countries. DFID funds disbursed through UK civil society organizations totaled £362 million in 2009/10; however, only a small portion of this funding is for health and all of it is under review by the new government.

Academic Institutions, Think Tanks, and the Media
Academic institutions and think tanks in the UK play a larger role in influencing global health policy than in many other countries. UK academic institutions with global health programs receive funding from, and provide advice to, DFID. The most influential academic institutions are the London School of Hygiene and Tropical Medicine and the Liverpool School of Tropical Medicine. Think tanks and consulting groups also receive funding from DFID to contribute technical expertise in global health. There is a “revolving door” in staffing between DFID, academia, and think tanks. British medical journals place an unusually large emphasis on global health issues and help drive the policy dialogue, and some British newspapers have dedicated global health reporting.

BUDGET PROCESS
The government’s budget is delivered by the Chancellor of the Exchequer in a speech to Parliament in which the Chancellor outlines the government’s fiscal policy—recently this has taken place in the spring. The budget contains tax measures and Departmental Expenditure Limits (DELs)—the “envelope” for each department, including DFID. The budget does not break out DFID’s budget into line items. DFID’s departmental budget is not subject to Parliamentary approval but is drafted internally within its budget envelope, based in large part on the multi-year country plans.

The DELs are first set out in a multi-year Spending Review, but they are subject to modification in each year’s budget. A new Spending Review was published on October 20, 2010, which lays out DFID’s budget envelope for the next four fiscal years. In the departmental spending plans, DFID’s DEL will slowly increase from the current level of £7.8 billion to £8.8 billion in 2012/13 and then sharply increase to £11.3 billion in 2013/14 to meet the target of 0.7% ODA/GNI in 2013.

Every year, each department’s budget envelope is scrutinized by, and negotiated with, the Treasury, and then the overall draft budget goes to the Prime Minister for final changes. The cabinet approves the budget shortly before the Chancellor’s budget day speech. The fiscal year begins on April 1. The budget is usually presented to Parliament after that date; however, the most recent budget took place on March 23, 2011.

OUTLOOK
Looking to the future, at least six trends are emerging:

• The government has emphasized a strong focus on linking aid with results and on more transparency and closer tracking of how aid is spent. For example, a new Independent Commission on Aid Impact will assess all ODA spending to ensure the best value for money and effectiveness.

• This focus on results and on scaling up well tested, evidence-based solutions will be countered by a push inside DFID for innovation, though it is not clear what the balance will be between these two opposing approaches.

• Andrew Mitchell recently opened a private sector department within DFID, signaling that he will follow through on the Conservative Party’s pre-election commitment to work more closely with the private sector in global health and development.

• Statements from the new government suggest that the Coalition government sees aid as a valuable instrument to support UK foreign policy and national security concerns and that DFID will work more closely with the Foreign Office.

• The recent funding allocation process which occurred as a part of the bilateral review seems to indicate a shift away from the extraordinary autonomy of the country offices to a situation in which what the country programs must do is decided centrally, even if how it is left to the country level. For example, the guidance from DFID’s ministerial leaders that offices in countries with a high burden of malaria and maternal/child mortality support health programs focusing on these two areas.

• Recent years have seen administrative cuts at DFID, even as ODA spending has increased. These cuts mean that there are many questions surrounding the upcoming dramatic spending increase to reach 0.7% ODA/GNI in 2013 and how the extra funding will be administered. There is speculation throughout the UK global health community that an
increased proportion of UK ODA will have to be channeled through multilateral agencies. However, the closing of 16 country programs as a result of the bilateral aid review may help alleviate some of this pressure.

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E2Pi Evidence to Policy Initiative

The Evidence to Policy Initiative (E2Pi) is a global health policy collaboration between the UCSF Global Health Group and SEEK Development. E2Pi conducts independent analysis and evidence synthesis to inform discussion and decision-making on critical policy and strategic issues in global health.

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