

DFID Health Strategy 2006

Why do we need a revised health strategy when the existing DFID strategy ***Better Health for Poor People*** was only published in 2000? Some could reasonably argue that much remains the same, and that collectively we have made too little progress on improving the health of poor people.

Yet much has changed since 2000, and we can expect further challenges and progress over the next 5-10 years.

The Millennium Summit of December 2000 endorsed the international development targets emerging from the major development conferences of the 1990s. These *Millennium Development Goals* remain at the core of DFID's mission, as does the international target for reproductive health.

Health has never been higher on the international agenda and is central to broader human development efforts. The 2005 commitment by G8 leaders to provide an additional US \$50 billion of official development assistance by 2010 opens up new possibilities to improve social services.

This new health strategy will take stock of developments over the last five years, set out how DFID will work to turn the 2005 G8 commitments into action to improve health, and explain how we will monitor progress.

We would like to hear your views on the way forward to improve the health of poor people. Please send us your responses to the questions on page 4.



Hilary Benn

Secretary of State for International Development

Please send your comments by **4th July 2006**.

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The health challenge

The last hundred years have seen greater improvement in global health than at any time in history. In the last thirty years, the pace of health improvement has accelerated, as increasing numbers of people access the benefits of economic growth, new health technologies and services, better household environments and education.

- Polio is near eradication.
- AIDS is no longer an automatic death sentence as access to effective treatment increases.
- The rapid take up on new approaches to malaria control promises major health gains.
- Child mortality continues to fall.
- The global immunization effort has been revitalised.

Yet in many ways the global burden of disease has changed little overall. AIDS remains largely unchecked. It has reversed decades of social and economic development in many parts of the world and threatens every society. There has been no real progress in reducing maternal deaths, and weak and under-resourced health services are being further undermined by the loss of skilled staff.

Poor countries, particularly those in sub-Saharan Africa, share a disproportionate burden of avoidable ill health, death and disability. More than 90% of maternal and child deaths continue to occur in developing countries. There are wide inequalities in access to care and in health status between countries and within countries.

New health threats continually emerge, such as the concern over a possible influenza pandemic.

Many countries now face multiple challenges:

- continuing high rates of population growth and rising demand for health and other social services;
- a crisis in staffing health and social services;
- epidemics of communicable diseases that still take an unacceptable toll; and
- a mounting burden of non communicable diseases such as diabetes, cardiovascular disease, cancer and mental illness.

Over recent years the international architecture for health has changed radically. There has been a huge expansion in targeted global health initiatives and substantial new funding streams such as the Global Fund to fight AIDS, TB and Malaria. The private sector and philanthropic foundations play an ever increasing role in health research and service delivery. While these have brought major benefits, they also pose challenges for countries in managing multiple partners effectively.

There is more awareness that sustainable approaches to improve health will require a greater focus on critical health service issues such as ensuring adequate numbers of skilled staff, and that countries allocate enough of their own resources to health. A renewed focus on the wider economic, social and political determinants of health will also be required.

There is greater attention given to the effectiveness of aid, recognition of the importance of effective states and increasing focus on supporting country health priorities.

DFID is but one of many actors in the international community. Making progress towards realising the Millennium Development Goals will require the international community to work more effectively in support of country health priorities. The enormous potential of the UN system, the international financial institutions, bilateral agencies and the European Union will need to be harnessed in new ways. New partnerships and methods of collaboration, led by national governments and civil society, and bound by shared priorities will have to be built and supported effectively by this community. New roles and responsibilities will have to be defined. DFID will play its full part in building this new collaboration.

How can we meet the challenge?

We would like to hear your views on any or all of the following ten questions.

We would particularly like to hear how you believe DFID can best use its resources and comparative advantage to accelerate efforts to improve health.

Please limit your responses to a maximum of 5 sides of A4 paper.

1. What are the most effective ways to support countries' efforts to scale up to universal access to essential health services, especially for the poorest and most vulnerable?
2. What are the most effective ways to support countries' efforts to build and retain their health work-force?
3. What action needs to be taken to meet the off-track development targets: child, maternal and reproductive health?
4. In 2004 in ***Taking Action*** we set out how the UK would contribute to a more effective response to the prevention and treatment of HIV/AIDS. Should we be doing more?
5. How should we respond to the health challenges in conflict and post-conflict environments and fragile states?
6. How can the accountability of recipient governments to their people for the effective use of health resources be improved?
7. How can the performance and coherence of the international health architecture be improved to deliver better health for poor people?
8. Where should we focus efforts for maximum gain in addressing the broader determinants of health?
9. Are there gaps in DFID's response to the current and future health challenges?
10. What should be the priority areas for research in improving the health of poor people?