

# EVIDENCE REPORT

No 193

Rising Powers in International Development

## Centre for Rising Powers and Global Development: Training Course on International Development and Global Health Strategy

Jing Gu, Gerry Bloom, Alex Shankland and Louise Oakley  
Supported by the China UK Global Health Support Programme (GHSP)

June 2016

The IDS programme on Strengthening Evidence-based Policy works across seven key themes. Each theme works with partner institutions to co-construct policy-relevant knowledge and engage in policy-influencing processes. This material has been developed under the Rising Powers in International Development theme.

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## CENTRE FOR RISING POWERS AND GLOBAL DEVELOPMENT: TRAINING COURSE ON INTERNATIONAL DEVELOPMENT AND GLOBAL HEALTH STRATEGY

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# Summary

The Centre for Rising Powers and Global Development (CRPD) delivers intensive training courses for government officials and development professionals to explore the theories, policies and practices of international development cooperation, particularly relating to the growing role of the rising powers in global development. These short training courses are tailored to the needs of the institution, with varying thematic foci. This course was developed to focus on the history, theory and practice of international development, the theory and evolution of health development assistance, and global health.

# Training programme outlines

## Module 1: Broad issues in development assistance

### Session 1.1: Aid management and coordination: theory, history, mechanisms and emerging trends

This session will examine the emergence of aid from the formation of the Bretton Woods institutions and critically review key developments through to the Sustainable Development Goals. It will discuss the three main 'aid epochs' over this period and highlight some of the key debates, especially on the tension between states and markets in the articulation of aid objectives and modalities. Aid institutions have been self-serving and reluctant to coordinate meaningfully, according to some, without being effectively accountable. Yet, as their numbers proliferate, impact assessment is now being taken very seriously with scientific study of impacts and with programming driven by results-based management. From project aid to programme aid, SWAps (Sector-Wide Approaches), Poverty Reduction Strategy Papers (PRSPs) and beyond – what is driving the new aid management practices and what is the likelihood that aid effectiveness will improve?

#### Key learning outcomes

By the end of this session participants will understand:

- the evolution of new aid practices
- the importance of and challenges linked to the Harmonisation and Alignment Agenda
- the key assumptions driving new aid allocations
- the impact of new donors – national and private foundations – in the aid discourse.

#### Suggested reading

Barder, O. (2011) *Can Aid Work? Written Testimony Submitted to the House of Lords*, Washington DC: Center for Global Development, [www.cgdev.org/files/1425286\\_file\\_Barder\\_Can\\_Aid\\_Work\\_Submission\\_House\\_of\\_Lords.pdf](http://www.cgdev.org/files/1425286_file_Barder_Can_Aid_Work_Submission_House_of_Lords.pdf) (accessed 20 May 2016)

Guillaumont, P. (2009) *Aid Effectiveness and Poverty Reduction: Macroeconomic Overview And Emerging Issues*, United Nations Department of Economic and Social Affairs, <http://hal.archives-ouvertes.fr/docs/00/55/42/85/PDF/2009.17.pdf> (accessed 20 May 2016)

## **Session 1.2: Bilateral aid management systems: what can we learn from OECD experience?**

The session will present a brief account of the complexities of the relationship between providers and recipients of assistance, including the tensions between country ownership and donor preferences and the strengths and weaknesses of special-purpose funds (especially in health development assistance) as opposed to country-based approaches. It will examine some practical issues in the provision of different forms of assistance, such as technical assistance, project aid and programmatic forms of assistance. It will also discuss the outcomes of international initiatives to enhance the effectiveness of assistance, and consider the relevance of these initiatives to progress towards the new Sustainable Development Goals.

### **Key learning outcomes**

By the end of this session participants will:

- appreciate why countries choose to offer assistance, why countries do (and do not) agree to receive it, and the nature of the relationships to which assistance contributes
- understand the rationale of 'special-purpose' funds on the one hand and funding more directly responsive to implementing countries' own perceptions of priorities on the other
- assess the practical difficulties of achieving sustainable outcomes, particularly in weak institutional environments
- assess the value of attempts to encourage more effective assistance.

### **Suggested reading**

OECD (2014) *DAC Peer Review*, Paris: Organisation for Economic Co-operation and Development

OECD (2008) *Effective Aid Management: Twelve Lessons from DAC Peer Reviews*, Paris: Organisation for Economic Co-operation and Development (to be given as session handout)

## **Session 1.3: The UN system, the human development paradigm and the Millennium Development Goals (MDGs)**

A key concern in understanding aid and development outcomes has been the need to temper the focus on economic growth with one on individual wellbeing outcomes. Both theoretically and practically this concern has been championed by the United Nations development organisations, starting from the basic needs initiative of the 1970s through to the adoption of the MDGs at the Millennium Summit. The UN's Human Development Office has played a key role and its flagship annual *Human Development Report* assesses progress and analyses challenges. Proponents of human development have argued cogently for the recognition that both the quality and quantity of growth will improve through more careful attention to human development outcomes. A fundamental focus of this session is to explore how the paradigm of human development has influenced the understanding of development and the practice of development cooperation. It builds on the work of A.K. Sen and the capabilities framework which has been seminal in transforming approaches to poverty analysis and provides the conceptual foundations of the human development paradigm. This session will reprise human development debates and the emergence of new strategies including the critical need for a more coherent focus on capacity building. It will assess obstacles to greater progress for the MDGs and the opportunities and challenges for aid futures and the new Sustainable Development Goals.

### **Key learning outcomes**

By the end of this session participants will have developed:

- an understanding of the contribution of the human development paradigm to development discourse
- an appreciation of the linkages between economic growth and human development policies
- an insight into the political economy challenges in promoting human development approaches.

### **Suggested reading**

Human Development and Capability Association (2009) *An Introduction to the Human Development and Capability Approach: Freedom and Agency*, S. Deneulin and L. Shahani (eds), London: Earthscan

Hulme, D. (2009) *The Millennium Development Goals (MDGs): 'A Short History of the World's Biggest Promise'*, BWPI Working Paper 100, Manchester: University of Manchester

Jolly, R. (2003) 'Human Development and Neo-liberalism: Paradigms Compared', in S.F. Parr and S. Kumar (eds), *Readings in Human Development*, Oxford: Oxford University Press, 82–92

## **Session 1.4: Aid and fragile states**

This lecture addresses the special difficulties of making aid effective in countries characterised by poor governance and weak capacity. It has four elements: (1) a framework for assessing aid in the special conditions of fragile states; (2) the role of community-driven development initiatives; (3) the use of the International Development Association (World Bank grant funds) in fragile states; and (4) the use of multi-donor trust funds. Fragile states are a clear focus for the future of aid as poverty is increasingly concentrated in these countries that, without exception, have performed very poorly on the MDGs.

### **Key learning outcomes**

By the end of this session participants will understand:

- the analytic concept of fragile states
- what is different in the approaches to aid in fragile states
- the concept of 'quick wins' and the political economy insights driving aid discourse
- the challenges in 'transition' from humanitarian to mainstream development assistance.

### **Suggested reading**

Boyce, J.K. and Forman, S. (2010) 'Financing Peace: International and National Resources for Post Conflict Countries and Fragile States', Background paper for the *World Development Report 2011*, October, <http://inec.usip.org/resource/financing-peace-international-and-national-resources-postconflict-countries-and-fragile-sta> (accessed 20 May 2016)

Alexander, J. (2009) *Building the State and Securing the Peace*, Emerging Policy Paper, London: Department for International Development

## **Session 1.5: Aid and non-governmental organisations**

This session will discuss the lessons learned from the boom in multilateral and bilateral development agencies' support for civil society organisations (CSOs), which began in the 1990s, and will analyse emerging lessons from the current wave of donor interest in 'empowerment and accountability' approaches. It will examine the differences between more empowering approaches, which emphasise citizen engagement in 'making and shaping' development interventions, and more instrumental approaches, which focus on consumer feedback and the use of CSOs as outsourced service providers. The discussion will draw on case studies in health and other sectors carried out by the Development Research Centre on Citizenship, Participation and Accountability, a ten-year, multi-country research programme led by Professor John Gaventa, as well as other sources.

### **Key learning outcomes**

By the end of this session participants will:

- be aware of donor arguments of how citizen-led accountability and empowerment contributes to more effective aid and improved local service delivery
- understand various tools and approaches that have been developed in various parts of the world to strengthen citizen-led accountability
- discuss how these arguments and tools relate to their own contexts and research interests.

### **Suggested reading**

Gaventa, J. and McGee, R. (2013) 'The Impact of Transparency and Accountability Initiatives', *Development Policy Review* 31: s3–s28

Banks, N.; Hulme, D. and Edwards, M. (2015) 'NGOs, States, and Donors Revisited: Still Too Close for Comfort?', *World Development* 66.0: 707–18

Poskitt, A.; Shankland, A. and Taela, K. (2015) *Civil Society from the BRICS: Emerging Roles in the New International Development Landscape*, IDS Evidence Report 173, Brighton: IDS



## **Session 1.6: Development financing: existing models and emerging trends**

Development finance is distinct from commercial finance in that its aim is to generate developmental rather than financial 'returns'. This does not mean that development finance never generates financial returns, or that these returns cannot on occasion be commercially attractive. Rather it means that this is an ancillary benefit rather than the principle objective of such finance.

What do we mean by 'development returns'? The Third UN International Conference on Financing for Development which was held in Addis Ababa in July 2015 identified seven priority areas: social protection and essential public services such as health, education and water and sanitation; hunger and malnutrition; infrastructure; inclusive and sustainable industrialisation; employment and the promotion of small and medium enterprises (SMEs); the protection of ecosystems; and the promotion of peaceful societies.

Government expenditure is a core form of development finance in all countries across all the areas listed above, but is particularly important for the provision of social protection and public services. Increasing the ability of countries to generate taxation to support development objectives in the areas listed above is therefore perhaps the key goal. This is augmented by private investment, which generates jobs, provides infrastructure and supports processes of industrialisation. Again, increasing private investment that generates high developmental 'returns' is a core objective. In addition to general government expenditure and private investment, development finance institutions come in a number of forms. These are institutions that are specifically established to generate development returns. Domestically many countries have development banks, which may target key productive sectors (e.g. agriculture), or social sectors (such as health), or promote the development of disadvantaged regions – or do all of these things. These national institutions are complemented on the international stage by development finance institutions that generate and allocate funds between countries. Bilateral institutions transfer funds from one country to others according to the development priorities of the source country. Multilateral institutions such as the World Bank and Regional Development Banks (RDBs) channel resources from member countries to support development goals in low- and middle-income countries, and raise finance from capital markets for the same purposes.

Recent years have seen the global landscape change radically. July 2015 brought the formal launch of the New Development Bank to sit alongside the recently established Asian Infrastructure Investment Bank (AIIB) in the emerging multilateral financing architecture. As well as providing much needed additional funds, these new institutions are likely to have a large effect on how development is generated and used. The potential for mutual learning between new and old institutions is significant. If we are to increase the scale of development returns that are achieved across the world, this potential needs to be realised.

### **Key learning outcomes**

By the end of this session participants will:

- understand what we mean by 'development finance', nationally and globally
- understand key institutions and financing forms in the development finance landscape
- explore development challenges, their financing needs and consider options to meet these.

### **Suggested reading**

World Bank (2014) *Global Development Finance Report 2014: Overview*, Washington DC: World Bank

Griffith-Jones, S. (2014) *A BRICS Development Bank: A Dream Coming True*, Geneva: United Nations Conference on Trade and Development (UNCTAD)

Spratt, S. and Barone, B. (2015) 'National Development Banks in the BRICS: Lessons for the Post-2015 Development Finance Framework', *IDS Policy Briefing 93*, Brighton: IDS

## **Session 1.7: Global health, development and security: issues, actors and challenges in the twenty-first century**

Over the past decade governments around the world have had to manage an epidemic of epidemics. From HIV/AIDS and SARS through to pandemic influenza and Ebola, the rapid spread of lethal infectious diseases continues to pose significant governance challenges in an era of globalisation and fast international travel. To meet these challenges more effectively, the system of multilateral health governance has recently had to undergo a number of significant adjustments. At the same time, several new international and non-state actors have also become much more heavily involved in the governance of health. This session will therefore address the following questions:

1. How has the global governance of health evolved over the past decade?
2. What are the key organisations and institutions involved in global health governance today?
3. What are the competing approaches to global health governance?
4. What are the most serious global health challenges as we move through the twenty-first century?

### **Key learning outcomes**

By the end of the session participants will:

- understand the evolution of the global health security agenda over the past decade
- analyse the ways in which global health, security and development are linked in practice
- identify the key institutions involved in the governance of global health security issues today
- explore the key global health security challenges moving forward.

### **Suggested reading**

McInnes, C. (2015) 'The Many Meanings of Health Security', in S. Rushton and J. Youde (eds), *Routledge Handbook of Global Health Security*, Abingdon: Routledge

Elbe, S. (2011) 'Should Health Professionals Play the Global Health Security Card?', *The Lancet* 378.9787: 220–21

## **Session 1.8: Rising powers, the Sustainable Development Goals (SDGs) and the emerging universal development paradigm**

This session will examine the prospects for convergence between different development cooperation traditions in the light of the commitment to universality enshrined in the Sustainable Development Goals (SDGs). It will begin with a review of the contribution of South–South Cooperation (SSC) to the evolution of current thinking on health development assistance. It will outline the principles of SSC and their operationalisation by rising power countries such as India and Brazil, with a particular focus on lessons from Brazilian ‘structuring cooperation’ approaches to health development assistance in Africa. It will then examine the way forward for SSC in the development cooperation landscape post-2015, with particular reference to health development assistance.

The session will then discuss the emergence of mutual learning as a key dimension of relations between traditional donors and rising powers. It will review the attempts to build dialogue that have gathered pace since the Busan High-Level Forum on Aid Effectiveness in 2011, and the potential and limitations of existing and emerging spaces for mutual learning such as the Global Partnership for Effective Development Cooperation, the UN Development Cooperation Forum, the G20 Development Working Group and the BRICS ministerial meetings. The session will conclude by exploring how the new commitment to universality underpinned by the SDGs might provide an enabling environment for effective mutual learning, moving beyond the polarisation between North–South aid and South–South Cooperation that has historically shaped the global policy landscape for health development assistance.

### **Key learning outcomes**

By the end of the session participants will have acquired:

- an overview of the principles and practices of South–South Cooperation in relation to health development assistance
- an understanding of key aspects of mutual learning in development cooperation
- insight into the prospects for the emergence of a new global development cooperation architecture to support implementation of the SDGs.

### **Suggested reading**

Li, X. and Carey, R. (2014) *The BRICS and the International Development System: Challenge and Convergence?*, IDS Evidence Report 58, Brighton: IDS

Constantine, J.; Bloom, G. and Shankland, A. (2016, forthcoming) ‘Towards Mutual Learning with the Rising Powers: a Framework for Engagement in the Post 2015 Era’, *IDS Policy Briefing*, Brighton: IDS

Chaturvedi, S.; Fues, T. and Sidiropoulos, E. (2012) ‘Introduction’, in *Development Cooperation and Emerging Powers: New Partners or Old Patterns?*, London: Zed Books

### **Optional additional reading for Brazil case study**

Russo, G. and Shankland, A. (2014) ‘Brazil’s Engagement in Health Co-operation: What Can it Contribute to the Global Health Debate?’, *Health Policy and Planning* 29.2: 266–70

## **Module 2: Global health**

### **Session 2.1: Global health in a historical perspective**

This session will introduce the concept of global health and place the other sessions on this topic in their historical context. It will provide a brief chronology of developments in global health since the middle of the twentieth century highlighting major changes in global health policy and in the institutional arrangements to translate policy into improved health and health services. One area of focus will be on primary health care and the various efforts to ensure high levels of access to essential services. The session will contrast the context today and at the time of the publication of the Alma Ata Declaration in the late 1970s to stimulate thought on some of the major challenges to be addressed.

#### **Key learning outcomes**

By the end of the session participants will have acquired:

- a broad understanding of historical developments in global health
- a broad understanding of the major contextual changes that have taken place over the past three decades and their implications for health system strengthening and global health.

#### **Suggested reading**

Bloom, G. and Standing, H. (2008) 'Future Health Systems: Why Future? Why Now?', *Social Science and Medicine* 66.10: 2067–75

Sachs, J. (2012) 'Achieving Universal Health Coverage in Low-income Settings', *The Lancet* 380.9845: 944–47 (available as a University of Sussex e-journal)

## **Session 2.2: Global health architecture: roles, responsibilities and policies**

Health development assistance (HDA) is distributed through a range of multilateral and bilateral channels, each with advantages and challenges which differ for the donor, recipient and eventual beneficiaries. Selecting the appropriate channel for a health intervention is therefore a significant decision requiring sound understanding of the available options and their implications together with clearly determined criteria for assessment.

This session will also summarise key issues in the management of multilateral HDA, as bilateral health programmes get more emphasis in subsequent modules.

### **Key learning outcomes**

By the end of this session participants will:

- have a concise overview of the multilateral and bilateral channels for distributing HDA
- assess the advantages and challenges of these channels
- jointly develop criteria for assessment and selection.

### **Suggested reading**

Hoffman, S.; Cole, C. and Pearcey, M. (2015) *Mapping Global Health Architecture to Inform the Future*, London: Centre on Global Health Security at Chatham House

### **Session 2.3: Strengthening health services for access and resilience**

This session will focus on lessons that have been learned about strategies for strengthening basic health services in Africa. It will begin with a discussion of the complex context within which governments, non-governmental organisations (NGOs), donor agencies and international organisations are attempting to meet the health-care needs of the population. The session leaders will identify key constraints to be overcome in efforts to strengthen health services and effective strategies that have been employed to address these challenges. They will illustrate with case studies from West and Southern Africa.

#### **Key learning outcomes**

By the end of the session participants will:

- identify the major challenges to be addressed in efforts to strengthen basic health in West and Southern Africa
- understand strategies that have been successful in strengthening health services for resilience and access
- understand the implications for future donor engagement with health system strengthening.

#### **Suggested reading**

McKenzie, A.; Abdulwahab, A.; Sokpo, E. and Mecaskey, J. (2015) *Building a Resilient Health System: Lessons from Northern Nigeria*, IDS Working Paper 454, Brighton: IDS

Bloom, G.; Macgregor, H.; McKenzie, A. and Sokpo, E. (2015) *Strengthening Health Systems for Resilience*, IDS Practice Paper in Brief 18, Brighton: IDS

Vam Damme, W.; Kober, K. and Kegels, G. (2008) 'Scaling-up Antiretroviral Treatment in Southern African Countries with Human Resource Shortage: How Will Health Systems Adapt?', *Social Science and Medicine* 66.10: 2108–21

## **Session 2.4: Universal Health Coverage: financing global health**

This session will provide an overview of the current state of debate about Universal Health Coverage (UHC). It will provide an overview of the main health financing functions (revenue mobilisation, fund pooling and purchasing) and some of the key policy choices around each. It will also address issues of definition and measurement, presenting some recent evidence about progress towards UHC in different regions of the developing world.

Two to three case studies will be prepared for discussion in small groups in which participants will be asked to reflect on the main achievements and challenges. Cases will be drawn from Africa and Asia, and may include, for example, Ghana (which has introduced a tax-financed insurance scheme), Vietnam (which is extending coverage of its social security system) and Thailand (which achieved universal coverage in 2002 through a mix of contributory and tax-funded schemes).

### **Key learning outcomes**

By the end of this session participants will have acquired:

- an understanding of the key issues in the debate around UHC
- insight into the key policy choices in relation to different health financing functions.

### **Suggested reading**

Boerma, T.; Eozenou, P.; Evans, D.; Evans, T.; Kieny, M-P.; and Wagstaff, A. (2014) 'Monitoring Progress towards Universal Health Coverage at Country and Global Levels', *PLoS Medicine* 11.9

Wagstaff, A. (2011) 'Health Reform: An Emerging Consensus in Asia?', World Bank blog post, 4 December, <http://blogs.worldbank.org/developmenttalk/health-reform-a-consensus-emerging-in-asia> (accessed 4 March 2013)

Patcharanarumol, W.; Tangcharoensathien, V.; Limwattananon, S.; Panichkriangkrai, W.; Pachanee, K.; Pongkantha, W.; Gilson, L. and Mills, A. (2011) 'Why and How did Thailand Achieve Good Health at Low Cost?', in D. Balabanova, M. McKee and A. Mills (eds), *Good Health at Low Cost 25 Years On. What Makes an Effective Health System?*, London: London School of Hygiene and Tropical Medicine, <http://ghlc.lshtm.ac.uk> (accessed 20 May 2016)

## **Session 2.5: Global health initiatives and governance challenges**

The session will start by introducing a number of definitions and terms relating to global health initiatives (GHIs) and global health partnerships (GHPs). This is followed by a brief history of the changing global health architecture together with the emergence of GHPs and GHIs in the late 1990s and early 2000s as a new model of development assistance for health. Examples of different models of GHI will then be compared and contrasted and some key advantages and disadvantages considered.

The session will then explore the effects of major GHIs for HIV/AIDS on recipient country health systems including: financing for HIV/AIDS and other health programmes; scale-up of HIV/AIDS programmes; harmonisation and alignment of country health programmes; human resources for health; growth and changing roles of civil society organisations. Examples will be drawn from a number of countries including Ukraine, Kyrgyzstan, Georgia, Zambia and Ethiopia. Having presented some of the problematic effects of GHIs on country health systems, the session will describe the Global Fund's 'New Funding Model' as a response to some of the criticisms these GHIs have faced.

### **Key learning outcomes**

By the end of this session participants will have acquired:

- a familiarity with the different models of GHI
- an understanding of the relationships between GHIs and health system development.

### **Suggested reading**

Biesma, R.G.; Brugha, R.; Harmer, A.; Walsh, A.; Spicer, N. and Walt, G. (2009) 'The Effects of Global HIV/AIDS Initiatives on Country Health Systems: a Review of the Evidence', *Health Policy and Planning* 24.4: 239–52

World Health Organization Maximising Positive Synergies Collaborative Group (2009) 'An Assessment of Interactions between Global Health Initiatives and Country Health Systems', *The Lancet* 373: 2137–69

Yu, D.; Souteyrand, Y.; Banda, M.A.; Kaufman, J. and Perriens, J.H. (2008) 'Investment in HIV/AIDS Programs: Does it Help Strengthen Health Systems in Developing Countries?', *Globalisation and Health* 4 Sept: 8



## **Session 2.6: Surveillance and rapid response**

The session will emphasise the importance of containing the emergence of infectious diseases at the source rather than reactive response once an emergence has occurred. It will be highly visual with clear slides to demonstrate a paradigm shift from rapid alert and response to risk assessment and prediction to prevention at the source.

### **Key learning outcomes**

By the end of this session participants will:

- understand the importance of the emergence of infectious diseases at the animal/human interface
- understand the 'one health' concept and learning about examples of current activities in the area of one health
- understand how the International Health Regulations relate to emerging infectious diseases.

### **Suggested reading**

Dixon, M.A.; Osman, A.D. and Heymann, D.L. (2014) 'Emerging Infectious Diseases: Opportunities at the Human-Animal-Environment Interface', *Veterinary Record* 174.22: 546–51

McCloskey, B.; Osman, D.; Alimuddin, Z. and Heymann, D.L. (2014) 'Emerging Infectious Diseases and Pandemic Potential: Status Quo and Reducing Risk of Global Spread', *The Lancet Infectious Diseases* 14.10: 1001–10

## **Module 3: Britain's global health and health development assistance strategy**

### **Session 3.1: The UK health development assistance strategy**

In 2013, the UK spent £1.3bn of official development assistance on health. The Department for International Development (DFID) accounted for 94 per cent of this spend, while other government departments (such as the Department of Health) accounted for the remaining 6 per cent (about £70m). DFID invests in health in developing countries because good health is valuable in its own right, and because poor health both contributes to poverty and is often made worse by poverty. These investments are guided by: the needs and priorities of the countries in which the UK government works; the UK's approach to improving health in general and in particular areas; international commitments to improve health; the UK's comparative advantages in the field of health and development; and, broader UK development priorities, such as an emphasis on the poor and the needs of women and girls. We work through bilateral country programmes, centrally managed programmes, and our contributions to global health funds, UN and technical agencies, and international partnerships. We invest in research, policy development and programming, both health systems strengthening and disease-specific.

However, good health is not delivered solely through direct investment in health systems and programmes. Nor is health only a national issue. In 2008, the UK published *Health is Global – A UK strategy 2008–2013*. This document set out a cross-government framework that linked health in the UK to global health, recognising the impacts of international travel, commerce, policy and culture on health; and recognising the impact on health made by investments and policy across a broad range of sectors, such as trade and responses to climate change. In 2011, the UK published *Health is Global: An Outcomes Framework for Global Health 2011–2015*, which built on this analysis and provides a means to coordinate actions across the UK government that impacts on and is impacted by global health. More recently, the Ebola crisis has focused international attention on the need for global cooperation on global health security issues. UK departments are working closely together to support international efforts and policy frameworks to address threats that do not recognise national borders, such as antimicrobial resistance.

#### **Key learning outcomes**

By the end of this session participants will:

- understand why the UK government invests in global health
- discuss and identify how threats and opportunities to global health are changing, and what responses are needed to these changes
- understand how the UK works to improve the capacity of partner countries and the international system to protect and improve health, how this work is coordinated across government, and UK expertise in this field.

#### **Suggested reading**

DFID (2013) *Health Position Paper: Delivering Health Results*, London: DFID, [www.gov.uk/government/publications/health-position-paper-delivering-health-results](http://www.gov.uk/government/publications/health-position-paper-delivering-health-results) (accessed 20 May 2016)

Department of Health (2011) *Health is Global: An Outcomes Framework for Global Health 2011–2015*, London: Department of Health, [www.gov.uk/government/publications/health-is-global-an-outcomes-framework-for-global-health-2011-15--2](http://www.gov.uk/government/publications/health-is-global-an-outcomes-framework-for-global-health-2011-15--2) (accessed 20 May 2016)

### **Session 3.2: Learning from the NHS for global health**

This two-part session will provide an overview of key institutions and actors in the UK health system, before going on to discuss the multiple international interfaces of the system and the UK government's approach to developing a global health strategy.

The first part will begin by describing the roles within the National Health Service (NHS) (specifically in England) of the Secretary of State, the Department of Health, NHS England, clinical commissioning groups, local authorities and Public Health England. It will go on to examine a wide range of locally commissioned service providers of NHS services (foundation trusts, other trusts, primary care, the private and voluntary sectors). The session will conclude with a discussion of key actors in monitoring and regulation (Monitor, the Care Quality Commission, the Trust Development Authority, Healthwatch England) and providers of data, information and comparison (including the National Institute for Health and Care Excellence (NICE), the Health and Social Care Development Centre and Dr Foster).

The second part will examine the international interfaces that the UK health system has developed in the following areas: development assistance; humanitarian assistance; public health and global security; commerce; workforce; and research. For each of these areas, the key drivers and players will be identified and some of the lessons learnt will be explored. The session will conclude with an examination of how the UK developed a global health strategy and a framework for measuring results.

#### **Key learning outcomes**

By the end of the session participants will have acquired:

- an overview of the structure and roles of major players in the UK health economy
- an understanding of the potential international interfaces and their contributions.

#### **Suggested reading**

Crisp, N. (2007) *Global Health Partnerships: The UK Contribution to Health in Developing Countries*, London: Nigel Crisp

DFID (2008) *Global Health Partnerships: The UK Contribution to Health in Developing Countries – The Government Response*, London: Department for International Development

Department of Health (2011) *Health is Global: An Outcomes Framework for Global Health 2011–2015*, London: Department of Health, [www.gov.uk/government/publications/health-is-global-an-outcomes-framework-for-global-health-2011-15--2](http://www.gov.uk/government/publications/health-is-global-an-outcomes-framework-for-global-health-2011-15--2) (accessed 20 May 2016)

### **Session 3.3: Country strategies, business cases and country-level donor coordination**

By the end of the 1990s, after a period of decline in funding, advocates for international aid had begun to pressurise governments to invest more in international development especially in low-income countries. This led to a focus on aid effectiveness so that governments could prove that their public funds were having an impact on reducing poverty and suffering. Many countries at the time had tied aid and quite open political objectives for their aid funding. There was also a plethora of different approaches to international aid, which quite often did not enable developing countries to grow their own skills, resources and economies. The turn of the millennium saw a new emphasis on poverty reduction, with some countries untying their aid and re-focusing efforts on reducing world poverty. The new agenda set by the MDGs required that donors align their efforts with developing country policies and develop coherent whole government approaches to aid and poverty reduction internationally. By 2005 the international community had agreed the Paris Declaration on Aid Effectiveness promoting: ownership, harmonisation, alignment, results and mutual accountability. In 2008, developing country ministers, donor countries and multilaterals endorsed a programme of action to accelerate and deepen implementation of the Paris Declaration and then updated it in Busan in 2011. The principles of these declarations form the backdrop and rationale for country strategy development and country-level donor coordination. Who leads the implementation, coordination and alignment? How can donors agree common goals when they have such different objectives? How do SWAps contribute to aid effectiveness? What are the benefits for recipient countries? The DFID business case process, theory of change and logframe development provide a robust case for each aid investment within aid effectiveness principles.

#### **Key learning outcomes**

By the end of the session participants will:

- understand a rationale for aid effectiveness and how it can be used
- articulate how they would develop a country strategy
- explore the challenges of and strategies for donor coordination.

#### **Suggested reading**

OECD (2005/2008) *The Paris Declaration on Aid Effectiveness and the Accra Agenda for Action*, Paris: Organisation for Economic Co-operation and Development, [www.oecd.org/dac/effectiveness/34428351.pdf](http://www.oecd.org/dac/effectiveness/34428351.pdf) (accessed 20 May 2016)

OECD (2011) 'Busan Partnership for Effective Development Co-operation, Fourth High Level Forum on Aid Effectiveness, Busan, Republic of Korea, 2011', Paris: Organisation for Economic Co-operation and Development, [www.oecd.org/dac/effectiveness/49650173.pdf](http://www.oecd.org/dac/effectiveness/49650173.pdf) (accessed 20 May 2016)

### **Session 3.4: Sustainability challenges and the implications for global health**

This session will be organised as a panel discussion involving Melissa Leach and selected course participants. Professor Leach will introduce the discussion with reflections on the implications for health and health services of sustainability-related challenges such as the possible emergence and spread of pandemic diseases. She will focus especially on the implications for the poor living in low- and middle-income countries and on possible strategies for addressing these challenges. The other panellists will respond to the introduction, drawing on China's experience, to explore how lessons from that experience can be adapted to the different contexts in other countries.

#### **Key learning outcomes**

By the end of the session participants will have acquired:

- an understanding of the inter-relationship between health and sustainability challenges associated with demographic, economic and social change
- an understanding of the options for addressing these challenges in contexts of development and rapid change.

#### **Suggested reading**

Huff, A.R. (2015) *Ebola and Lessons for Development*, IDS Practice Paper in Brief 16, Brighton: IDS

Grace, D.; Holley, C.; Jones, K.; Leach, M.; Marks, N.; Scoones, I.; Welburn, S. and Wood, J. (2013) *Zoonoses – From Panic to Planning*, IDS Rapid Response Briefing 2, Brighton: IDS

### **Session 3.5: Design, implementation and management of DFID programmes**

With health development assistance (HDA) budgets being increasingly challenged and a growing demand for accountability and transparency in how the allocation of resources towards HDA maximises impact for intended beneficiaries, multilateral and bilateral donors have developed a range of approaches in the design, implementation and management of HDA projects. Selecting the appropriate channel for disbursing HDA funds is therefore a significant decision requiring sound understanding of the available options and their implications in terms of effectiveness and efficiency.

#### **Session outline**

The aim of this session is to present how the Department for International Development (DFID) has conceptualised its health programmes and what this has meant for programme implementation. In particular, the session will focus on some of the considerations taken into account during the design of programmes such as how the relationship between DFID and the programme implementer is managed, what type of implementing agency DFID thinks will deliver the most results and what tools are available to DFID to ensure that programmes are being implemented to the standards that they require. The session will also introduce a selection of tools and models currently utilised by DFID to demonstrate and reflect on the lessons learnt from how the management of a programme can support the realisation of HDA objectives.

#### **Suggested reading**

Dearden, P.N. (2001) 'Programme and Project Cycle Management (PPCM): Lessons from DFID and Other Organisations', Symposium conducted at the meeting of the Foundation for Advanced Studies for International Development (FASID), Tokyo, Japan, February 2001

Paina, L. and Peters, D.H. (2012) 'Understanding Pathways for Scaling Up Health Services through the Lens of Complex Adaptive Systems', *Health Policy and Planning* 27.5: 365–73

Earl, S.; Carden, F. and Smutylo, T. (2001) *Outcome Mapping: Building Learning and Reflection into Development Programs*, [www.idrc.ca/en/book/outcome-mapping-building-learning-and-reflection-development-programs](http://www.idrc.ca/en/book/outcome-mapping-building-learning-and-reflection-development-programs) (accessed 20 May 2016)

DFID (2011) *DFID's Approach to Value for Money*, [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/67479/DFID-approach-value-money.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/67479/DFID-approach-value-money.pdf) (accessed 20 May 2016)

Loevinsohn, B. (2008) *Performance-based Contracting for Health Services in Developing Countries: A Toolkit*, Health, Nutrition and Population Series, Washington DC: World Bank

### **Session 3.6: Monitoring, evaluation and research: capacity for learning**

This session will explore the main terms used in the monitoring and evaluation (M&E) field, and how M&E relate to both research and audit. This will explore the balance of learning and accountability functions that M&E provide. The main types of evaluation will be described, including formative, developmental and impact evaluation. The session will focus on evaluation in the UK government, and in particular on how the Department for International Development (DFID) uses policy and programme evaluation – an area which it has recently significantly scaled up. As a comparison, the session will also examine how evaluation is used by the government of the Republic of South Africa.

#### **Key learning outcomes**

By the end of this session participants will:

- appreciate the main differences between monitoring, evaluation, research and audit as they relate to the work of governments
- understand the principles of results-based management (RBM) and how M&E are important to this
- describe how M&E are used in the governments of the UK and South Africa
- understand how DFID uses evaluation for learning and accountability.

#### **Suggested reading**

HM Treasury (2011) *The Magenta Book: Guidance for Evaluation*, London: HM Treasury, [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/220542/magenta\\_book\\_combined.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/220542/magenta_book_combined.pdf) (accessed 20 May 2016)

DFID (2014) *DFID Evaluation Strategy: 2014–2019*, London: DFID, [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/380435/Evaluation-Strategy-June2014a.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/380435/Evaluation-Strategy-June2014a.pdf) (accessed 20 May 2016)

Mackay, K. (2007) *How to Build M&E Systems to Support Better Government*, Washington DC: World Bank, [www.worldbank.org/ieg/ecd/docs/How\\_to\\_build\\_ME\\_gov.pdf](http://www.worldbank.org/ieg/ecd/docs/How_to_build_ME_gov.pdf) (accessed 20 May 2016)

Department of Performance Monitoring and Evaluation, South Africa (2011) *National Evaluation Policy Framework*, The Presidency, Republic of South Africa, [www.thepresidency.gov.za/MediaLib/Downloads/Home/Ministries/National\\_Evaluation\\_Policy\\_Framework.pdf](http://www.thepresidency.gov.za/MediaLib/Downloads/Home/Ministries/National_Evaluation_Policy_Framework.pdf) (accessed 20 May 2016)

### **Session 3.7: Gender, women and community participation in health**

Traditionally health system solutions for poor health outcomes in developing countries have been dominated by technical and institutional aspects. A new consensus around women's and children's health arising from the MDGs (2000) and the subsequent UN Secretary-General's *Global Strategy for Women's and Children's Health* (2010) highlighted how these technical solutions have not worked sufficiently well in the past. For health outcomes to improve there needs to be a much more consistent understanding of and connection with the people who use health systems and care for their own health. Recent years have highlighted how gender inequality has inhibited women's abilities to care for themselves and their children and has undermined their access to health services. Issues such as early and forced marriage, female genital mutilation, unsafe abortion, sexual and physical abuse and violence, and harmful childbirth norms have had a significant negative impact on women's health. Health is also affected by other aspects of gender inequality, such as women's lack of control of assets and financial resources, limited mobility, lack of support, limited decision-making power within the family and poor access to education and information. Approaches to mobilise whole communities to support women's and children's health and to increase women's decision-making power around health have been successful in reducing mortality and morbidity. A central aspect of these approaches is the strengthening of women's own capability and power to act within their community as well as men's contribution to improving women's and children's access to health services. Institutional aspects of gender equality are also important for health systems strengthening. Women's participation in decision-making roles within the health sector and in the health workforce is essential for progress to be sustained.

#### **Key learning outcomes**

By the end of the session participants will:

- understand why gender equality is important for health outcomes
- be able to refer to at least one good practice case study in the area of community engagement
- have a top-level understanding of how to undertake a gender analysis of the health system.

#### **Suggested reading**

Every Woman Every Child (2015) *Saving Lives Protecting Futures, Progress Report on the Global Strategy for Women's and Children's Health 2010–2015*, [http://everywomaneverychild.org/images/EWEC\\_Progress\\_Report\\_FINAL\\_3.pdf](http://everywomaneverychild.org/images/EWEC_Progress_Report_FINAL_3.pdf) (accessed 20 May 2016)

United Nations Population Fund (UNFPA) (2011) *Gender at the Heart of ICPD: The UNFPA Strategic Framework on Gender Mainstreaming and Women's Empowerment*, New York: UNFPA, [www.unfpa.org/sites/default/files/pub-pdf/Gender\\_Equality%20Strategy\\_2011.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/Gender_Equality%20Strategy_2011.pdf) (accessed 20 May 2016)

Langer, A.; Meleis, A.; Knaul, F.M.; Atun, R.; Aran, M.; Arreola-Ornelas, H.; Bhutta, Z.A.; Binagwaho, A.; Bonita, R.; Caglia, J.M. *et al.* (2015) 'Women and Health: The Key For Sustainable Development', *The Lancet* 386.9999: 1165–210, [www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(15\)60497-4.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)60497-4.pdf) (accessed 20 May 2016)





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