report

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Link to Full Report

EVALUATION OF DFID'S HEALTH WORK PROGRAMMES IN PRIMARY CARE POLICIES & PRACTICES AND HEALTH ECONOMICS & FINANCING

A review of the ODA's support for selected programmes of two British Schools of Tropical Medicine concludes that it was beneficial and would have been even more so with greater local participation from partner countries and stronger links between the research and its potential applications.

MAIN FINDINGS

- The programmes brought about a successful change from the funding of individual posts at the Schools to the funding of projects
- The programmes were well chosen and helped strengthen understanding of the links between policy and research in both Schools
- Academic achievement and professional development were enhanced
- Some potential benefits were lost through inadequate involvement of stakeholders in the partner countries

Background

This study examined two work programmes in health research funded by the former ODA (now DFID) over the period 1990-95, namely:

- the Policies and Primary Health Care (PPPHC) programme at the Liverpool School of Tropical Medicine; and

- the Health Economics and Financing Programme (HEFP) at the London School of Hygiene and Tropical Medicine.

The overall objective of these programmes was to inform and improve the health policies and programmes of the ODA, partner governments, and other donors and agencies, in areas of immediate relevance to ODA's country programmes and to the multilateral health organisations supported by ODA.

The evaluation assessed the effectiveness of the work programme model as a contribution to the broad objective, drawing on the two programmes as case studies. It also took account of the fact that the programmes had provided ODA with an opportunity to review and, where appropriate, to change the nature of its support both for the work of the two Schools and for research more generally.

Findings

The work programmes were a departure from previous forms of financial support provided by ODA to the Schools, comprising mainly the funding of tenured staff posts. The new arrangements entailed provision of more money, but for projects rather than for staff posts, a change which met with considerable initial resistance, especially from the Liverpool School whose work programme at the time had less organisational stability than that at the London School.

The choice of programmes for ODA support was found to reflect an understanding within both DFID and the Schools of the potential contribution that further work on these topics could make to improved health in developing countries. Over time the emphasis was placed increasingly on research tailored to the ODA's health policies and practices. Activities reviewed in selected countries highlighted the use of in-country training, student placements in the UK and recruitment of research fellows from partner country practitioners, as beneficial means of improving collaboration in developing countries by both Schools.

The numerous publications, collaborators and professional personnel associated with both work programmes bear witness to their impressive achievements, through which both Schools attracted a number of new, young professionals into international work.

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The annual and triennial reviews conducted between the Schools and ODA provided useful fora for resolving differences in the outcomes desired by DFID and by the Schools. The system of link advisers, however, worked less well, the Schools and ODA having different expectations; the former hoping for support and collaboration and the latter giving priority to the advisory monitoring rôle.

ODA's aim of strengthening direct links between knowledge generation and its use in policy support encouraged LSHTM to find strategies to ensure that research findings were used to influence policy and practice and LSTM to strengthen the foundations of its knowledge base through research. On the other hand, the ownership of in-country work was sometimes confused, especially in the area of policy support. Moreover, whereas such work programmes are beneficial as a primary funding mechanism for generating knowledge and strengthening capacity in international health, benefits were lost through the failure to involve ODA's overseas staff in the design, implementation or application of work programme activities.

Overall, the programmes demonstrated how, by drawing on important intellectual capital and knowledge on a wide range of development issues, a development agency can be a "thinking donor" rather than simply a funding agent. The evaluators concluded that the programmes were successful overall.

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LESSONS FOR DFID

- Work programmes such as those reviewed merit support as long as fragmentation of UK expertise is avoided, good organisational stability and leadership is assured, and a capacity for collaborating effectively with local partners is demonstrated.
- DFID needs the capacity to commission and disseminate work effectively, and to adopt a more "active purchasing" rôle. Work Programme staff on the other hand also need an expanded rôle, for example in briefing DFID.
- DFID needs to address the difficulties which a research programme faces in establishing links with policy makers, and be prepared to help local policy makers understand realistically what a research programme can do.
- DFID's regional departments and country offices need to be more involved in designing and implementing local work programme activities, to benefit their own strategies and programmes of work, and to help ensure that both development partners and other donors have access to work programme products.

For further information see "Evaluation of DFID's Health Work Programmes in Primary Care Policies & Practices and Health Economics & Financing" (Evaluation Report EV632), obtainable from Evaluation Department, Department for International Development, 94 Victoria Street, London, SW1E 5JL, telephone 020 7917 0243. This report will also be accessible via the Internet in due course.

The Department for International Development (DFID) is the British government department responsible for promoting development and the reduction of poverty. The government elected in May 1997 increased its commitment to development by strengthening the department and increasing its budget.

The policy of the government was set out in the White Paper on International Development, published in November 1997. The central focus of the policy is a commitment to the internationally agreed target to halve the proportion of people living in extreme poverty by 2015, together with the associated targets including basic health care provision and universal access to primary education by the same date.

DFID seeks to work in partnership with governments which are committed to the international targets, and seeks to work with business, civil society and the research community to encourage progress which will help reduce poverty. We also work with multilateral institutions including the World Bank, United Nations agencies and the European Commission. The bulk of our assistance is concentrated on the poorest countries in Asia and sub-Saharan Africa.

We are also contributing to poverty elimination and sustainable development in middle income countries, and helping the transition countries in Central and Eastern Europe to try to ensure that the widest number of people benefit from the process of change.

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DFID
94 Victoria Street
London
SW1E 5JL
UK

DFID
Abercrombie House
Eaglesham Road
East Kilbride
Glasgow G75 8EA
UK

Switchboard: 0171-917 7000 Fax: 0171-917 0019
Website: www.dfid.gov.uk
email: enquiry@dfid.gov.uk
Public Enquiry Point: 0845 3004100
From overseas +44 1355 84 3132

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