Health is Global:

An outcomes framework for global health 2011-2015

Technical document – Development of the twelve outcomes

HM Government

Health is Global: an outcomes framework

Technical document – Development of the twelve outcomes

This document clarifies how the commitments outlined in the original "Health is Global" strategy link into the new outcomes framework. The original strategy stated 41 "we will" (Annex B) commitments which incompletely mapped to 31 "differences we want to see in 5 years" (Annex A), across five areas for action.

All the original commitments were reviewed, with the intention of prioritising, shifting the focus to outcomes (Table 1) rather than process and removing any duplication. The high-level outcomes developed are based predominately on the "differences in 5 years". The 'we wills' that remain incomplete are directly related to either the outcomes or the principles, and where appropriate, will inform the development of key deliverables for each outcome.

Table 1: Outcomes referenced to the original "Health is Global" strategy

Health is Global: an outcomes framework for global health 2011-2015	Referenced from the original "Health is Global"	
High level Outcomes	Differences in 5 years (Annex A)	We wills (Annex B)
Global health security		
1. MDGs - Food and water security A greater proportion of the world's people will enjoy improved food and water security. Co-ordinated international efforts to increase agricultural productivity in developing countries, in an environmentally sustainable way, will have raised food security and improved nutrition for the most vulnerable.	5, 6	8, 9
2. Climate Change Low and middle-income countries will be supported to assess and address their health vulnerability in relation to climate change	3	6
3. Health and Conflict Reduced humanitarian and health impact of conflict.	4, 8	10, 11, 12
4. Emergency preparedness The UK and the rest of the world will be better able to predict, avoid and respond to emerging global health threats, including epidemic and pandemic infections, natural disasters and bioterrorism.	7	14, 15

5. Research We will have a deeper scientific understanding of the effects on health of changes in climate and water and food resources, and will use this to inform options for action.	25	5, 36
International Development		
6. MDGs - Health Systems and delivery To combat HIV/AIDS, TB, malaria and improve reproductive, maternal, newborn and child health, resources will be used to support health systems strengthening to ensure greater coverage and access to quality essential health services that are safe, effective and efficient. In moving to reduce the global gap in healthcare workers, the balance of healthcare workers in individual countries (losses and gains) should have a net positive effect on developing countries and economies in transition.	7, 9, 11, 12, 17, 18, 20 10	16, 20, 21, 24, 28 18, 19
7. Non-communicable diseases Stronger integrated strategies and actions, and effective support from international agencies, for tackling and preventing some non-communicable diseases (such as heart disease, cancer and mental health) and their drivers (obesity and diet, substance abuse, alcohol and smoking, pollution etc) as well as violence and injury (including self-inflicted injury, gender based violence, and road traffic accidents) in low and middle-income countries.	13, 14	25
8. Learning from other countries Improving the UK's population health outcomes to be amongst the best in the world through learning from international experience.	30	
9. Research Better coordination of UK and EU global health research. Enhanced, low-cost access to research knowledge for researchers and policy makers in developing countries making use of the emerging knowledge on strengthening evidence-policy linkages in developing countries. Appropriate research products will be more available to end users, for example, through electronic media.	19, 27	35
Trade for better health		
10. MDGs - Access to medicines Increased access to and safeguard the transparent provision of, safe, high-quality and affordable treatments and medicines, including for HIV/AIDS, malaria and TB particularly for the world's poorest through strengthening access to markets.	22	22, 33, 34

11. Trade and Investment UK life sciences and healthcare sectors to make the most of global trade opportunities, particularly in key emerging markets (BRIC, CIVETS and the Middle East); and supporting the growth of foreign direct investment in the life sciences and healthcare sectors in the UK.	23, 24	23
12. Research Investment and operational partnerships to address critical challenges in scaling up innovation and evidence- based interventions to achieve universal coverage, especially for the poor and in hard to reach areas.	26	17

“Difference in 5 years” not specifically linked to the set of twelve outcomes

1. Numbers 1, 2, 16, 28, 31 are considered important ways of working and therefore link directly to the core principles.

2. Number 21 is primarily linked to “we will” number 30. The Ethical Procurement for Health workbook has been developed and due to be launched May 2011.

“We wills” not specifically linked to the set of twelve outcomes

1. Numbers 2, 7, 13 completed.

2. Numbers 1, 3, 4, 26, 27, 29, 31, 32, 37, 38, 39, 41 are considered important ways of working and therefore link directly to the core principles.

3. Number 40 remains a commitment to undertake an annual independent review of the strategy.

Annex A: List of the 31 “Difference in five years time”

Original “Health is Global” strategy	
No.	Difference in five years time
1	The FCO approach of integrating global health into foreign policy will have encouraged many more governments to do the same. (page 21)
2	All government departments will have been working towards the MDGs – and we will be moving towards achieving the 2015 targets. (page 21)
3	All low- and middle-income countries will have received support from WHO to assess their health vulnerability in relation to climate change, and many will have strategies to tackle it. (page 21)
4	The UK’s support for the delivery of healthcare to populations affected by conflict, both during and after conflict, will reflect the evidence of what works best, contributing to more effective healthcare delivery in these settings. (page 21)
5	A greater proportion of the world’s people will have safe water and sanitation. (page 21)
6	Co-ordinated international efforts to increase agricultural productivity in developing countries, in an environmentally sustainable way, will have raised food security and improved nutrition for the most vulnerable. (page 21)
7	There will be fewer new cases of AIDS,TB and malaria, and the UK and the rest of the world will be better prepared to face an influenza pandemic and other epidemics. (page 21)
8	Over 100 countries will have banned all cluster munitions, reducing the humanitarian and health impact of conflict after it has finished. (page 21)
9	Significant improvements in health systems from the resources going into combating AIDS,TB and malaria, and vaccine-preventable diseases. (page 24)
10	A reduction in the global gap of 4.2 million healthcare workers. More countries will be self-sufficient, and where countries recruit from others, this will be done according to evidence-based codes of conduct. (page 24)
11	A greater proportion of women with access to sexual and reproductive health services. (page 24)

12	Globally, less corruption in the provision of medicines, with greater co-operation between industry, government partners and others to ensure the availability of safe, high- quality and affordable medicines. (page 24)
13	Significantly more resources for tackling and preventing non- communicable diseases (such as heart disease, cancer and mental health) as well as violence and injury (including self-inflicted injury and road traffic accidents) in low- and middle-income countries. (page 25)
14	Stronger strategies and actions in middle- and low-income countries to combat non-communicable diseases and violence and injury, with effective support from international agencies. (page 25)
15	An increasing number of countries with effective patient safety programmes in place. (page 25)
16	UN agencies working together more effectively and efficiently to tackle global health security threats and to eradicate poverty and diseases of poverty – for example, through having established one clear point of accountability in country. (page 27)
17	International development agencies pooling a greater proportion of their money to finance directly the budgets of health sector plans in developing countries. (page 27)
18	The EU reaching its collective aid target of 0.56% of gross national income by 2010, and being well on its way to reaching 0.7% by 2015. (page 27)
19	Effective integration between the EU's European and global health research agendas, with better links to that of WHO. (page 27)
20	Fewer and better co-ordinated donor missions to developing countries taking place each year. (page 27)
21	The NHS taking fair and ethical trade practices into consideration in its procurement of goods and services. (page 29)
22	Significantly more patients accessing the treatments they need, including for HIV/AIDS, malaria and TB. (page 29)
23	A significant increase in the UK market share in the health sector in India, China and Brazil. (page 29)
24	More international investment in life sciences coming into the UK. (page 29)
25	The UK and other countries better able to predict and respond to emerging global health opportunities and threats. For instance, we will have a deeper scientific understanding of the effects on health of changes in climate and water and food resources, and will use this to inform options for action. (page 31)

26	Long-term investment partnerships addressing the most pressing needs for technologies to tackle the major global health issues. So, for example, more patients will have access to new, safe and effective drug treatments. (page 31)
27	Enhanced, low-cost access to research knowledge for researchers and policy makers in developing countries. Appropriate research products will be more available to end users, for example, through electronic media. (page 31)
28	A stronger and more powerful global health movement in the UK and more widely in Europe, holding governments and international agencies to account for their impact on global health. (page 33)
29	More opportunities for UK professionals and institutions to engage on global health issues throughout their training and career – with the opportunity to make a difference to the health of people in middle- and low-income countries. (page 33)
30	Primary care trusts, UK hospitals and local authorities achieving better health outcomes for the populations they serve as a result of lessons learnt through their work with international partners, including narrowing the health gap between disadvantaged groups and areas and the whole population. (page 33)
31	Those with expertise in global health issues outside government making an even bigger contribution to forming UK government policy in this area. (page 33)

Annex B: List of the 41 “We Wills”

Original “Health is Global” strategy	
No.	We wills
1	We will use Impact Assessments to take greater account of the global health impact and equality of our foreign and domestic policies across government, as part of the new government impact assessment process.
2	We will commission a section on health in the Government Annual Human Rights Report.
3	Work for international action through the G8, the EU and other forums to improve global health and tackle the causes of ill health.
4	We will work with WHO, the EU and others to take forward key recommendations from the WHO Commission on Social Determinants of Health and ensure that action to address these issues remains high on the international agenda.
5	We will work with international partners, in particular WHO and the EU, to develop evidence on health impacts of climate change, and use this to draw public policy makers’ attention to the potential health risks associated with climate change
6	Work with developing countries and international agencies to develop strategies to address the health effects of climate change, including through a new multilateral fund which aims to integrate climate change resilience across all key sectors, including health, in a number of pilot countries.
7	We will work to get health in all policies considered at the 2010 WHO EURO 5th Ministerial Conference on Environment and Health, and push for the establishment of a WHO/EU Environment and Health Information System.
8	We will encourage governments to include water and sanitation in national plans and budgets; increase UK funding for bilateral and multilateral water sanitation programmes, including water resource management; ensure that there are clear links to climate change adaptation and conflict prevention; and encourage better co-ordination and prioritisation of water security.
9	We will work with partners across government to improve our understanding of food security and our ability to identify areas for action.
10	We will develop more coherent and consistent policy on health and conflict.
11	We will promote wider adherence to the Biological and Toxin Weapons Convention, agreeing practical measures to enhance its effectiveness. This includes improved standards of biosafety, biosecurity and bioethics, and capacity building in the fields of disease surveillance, detection, diagnosis and containment of infectious diseases.
12	We will ratify and implement the Cluster Munitions Convention agreed in Dublin in May 2008, and work internationally to encourage other countries to sign up. We will also continue to press for a legally binding Arms Trade Treaty.
13	Increase UK and global health security by providing new funding for HPA to do more work internationally
14	We will publish and implement a new cross-government international pandemic and influenza strategy.
15	We will base our policies for infectious disease screening for migrants coming into the UK on the best available evidence

16	We will encourage developing country governments to devote 2% of their health budget to nationally relevant research that can improve the performance of health systems.
17	We will work with others to identify direct financing and market-based approaches to increase research and development for, and accelerate the introduction of, new technologies that meet the needs of the poor.
18	We will support WHO in developing the Global Code of Practice and in taking forward the recommendations of the Health Worker Migration Policy Initiative to promote self-sufficiency, effective development assistance and innovative policies for health worker migration among member states.
19	We will increase our support for distance learning resources for professionals in low - and middle-income countries and strengthen medical workforce development in these countries by seeking to expand the UK's training programme of overseas doctors
20	We will support health systems to deliver high-quality and affordable medicines, particularly through the Medicines Transparency Alliance and the International Health Partnership (IHP).
21	We will work with WHO and other partners globally to promote safer delivery of healthcare for patients and their carers.
22	We will revise the 2005 industry Framework for Good Practice on access to medicines in developing countries, and develop an Access to Medicines Research Network to help implement policies to increase access to medicines.
23	We will work with UK institutions to identify opportunities to support pharmaceutical policy development and implementation in other countries where requested
24	We will be strong advocates for sexual and reproductive health and rights in the WHO, the UN Population Fund (UNFPA) and other multilateral bodies, and promote this in country
25	Develop a clear action plan for the UK to scale up its efforts in tackling non-communicable diseases globally, including mental health and injury prevention. We will also continue our work on key risk factors, for instance by working with WHO to develop a protocol on the illicit trade in tobacco, and to provide an internationally agreed approach to reducing the problem of tobacco smuggling
26	We will work to ensure that reform of the international architecture supports stronger and more effective leadership and co-ordinated action on health among the UN and other international agencies. As part of this, we will publish a new FCO/DH/DFID Institutional Strategy outlining how the UK will work with WHO.
27	We will work with other EU partners to implement the EU MDG Agenda for Action, agreed by EU leaders in the June European Council 2008. The Agenda sets out specific EU targets and milestones on health, education and other MDG sectors that are aimed at putting the MDGs back on track by 2010.
28	We will ensure that new projects and programmes across government align with the principles of the IHP and UN reform, and the Paris principles of aid effectiveness.
29	We will develop and implement strategies for our engagement on health with key middle-income countries, our overseas territories and the regions neighbouring the EU
30	We will support the work of the British Medical Association-led Medical Fair and Ethical Trade Group, foster good practice in the NHS and private healthcare system, and work with industry and other countries to encourage fair and ethical

	trade
31	We will play our part in implementing the 2006 WHO Resolution on international trade and health, which calls for more intra-governmental coherence in formulating national policies on trade and health.
32	We will participate in the development of an effective results-based framework for monitoring the quantity, quality and impact of global aid for trade – this will include trade development and poverty reduction indicators
33	Continue to support the right of developing countries to make use of the flexibilities in the TRIPS agreement to improve access to medicines. We will also provide practical assistance to countries, and organisations that assist them, in order to implement the TRIPS agreement in ways that are tailored to their social, economic and public health circumstances
34	We will promote innovative ways to use the intellectual property system to encourage innovation and access to medicines, for example investigating patent pools for antiretrovirals.
35	We will work with the UK Funders Forum for Health Research in Developing Countries and the UK Collaborative on Development Sciences (UKCDS) to ensure better coordination of UK global health research.
36	We will use the Government Office for Science and Foresight Programme's Horizon Scanning Centre in the Department for Innovation, Universities and Skills to identify future trends and important issues in global health with non-governmental partners.
37	Seek more independent advice in developing policy in the area of global health and in support of the Interministerial Group for Global Health
38	Host a regular partners' forum to review global health challenges, and to assess whether Health is Global strategy is making an impact
39	Hold stakeholder meetings among health partners prior to key multilateral events that have the potential to impact on health (such as the G8 Heads of Government meetings, World Health Assembly and other major WHO and UN forums).
40	Commission an annual independent review of our progress (it will not look at all aspects of the strategy each year, but will select one or two key areas) and a full review in 2013.
41	Commission independent studies as necessary

Any enquiries regarding this document/publication* should be sent to us at the Global Health team, Department of Health. This publication is available for download at www.official-documents.gov.uk.