October 2019 Background Sheet

Why we must fund global health.

This month, we’re asking you to write to the Secretary of State for International Development Alok Sharma, asking him to support all the global health interventions that need additional funding in 2019 and 2020.

Please explain your personal reasons for supporting these health initiatives, which together form vital building blocks of sustainable health systems and achieving Universal Health Coverage.

Talking points

- Currently, the high cost of healthcare around the world leads to 8.6 million deaths per year, and pushes 100 million people into poverty.
- The UK has signed a political declaration on Universal Health Coverage (UHC). The next year provides a unique opportunity to put these words into action.
- The UK should be proud of its pledge of £1.4 billion to the Global Fund to Fight AIDS, TB and Malaria in June this year, which will help save 2 million lives. This is a great sign of the Government’s commitment to funding vital global health programmes.
- The Global Fund is just one of the global health funds needing more resources over the next year. In November, the Global Polio Eradication Initiative (GPEI) will also need replenishing, to help end polio for good.
- World Polio Day (24 October) is a great chance to show commitment to ending polio forever. The UK should invest £400 million in GPEI to help make this vision a reality.
- Founded in 2000, Gavi, the Vaccine Alliance has helped to immunise more than 690 million children and has prevented more than 10 million deaths.
- Gavi will also need replenishing in 2020, to help ensure that every child receives the 11 essential vaccinations recommended by the World Health Organisation to protect them against easily preventable diseases.
- Since 2013, the UK has been a leader in the fight against malnutrition. Funding for ‘Nutrition for Growth’ runs out in 2020, and needs new support from donors. A ‘pledging event’ just before the Tokyo Olympics next summer is a great chance for the UK to continue supporting the fight against malnutrition.
- Undernutrition plays a role in nearly half of all under-5 child deaths, and hinders the development of at least 200 million more children.

See also our handy leaflet on achieving universal health coverage.

Don’t forget to let the Campaigns team know that you’ve taken action by emailing Dela at dela.anderson@results.org.uk.
Case study: Protecting against polio in Lake Chad

Long distances, an ever-changing environment and minimal infrastructure are only a few of the barriers that the Lake Chad Task Team face as they conduct polio vaccination and surveillance activities in response to wild poliovirus detected in Nigeria in 2016. Overcoming these hurdles isn’t easy, but innovations ranging from geographical information systems (GIS) technology to boat-side vaccination are going far to ensure that every child is reached with lifesaving vaccines.

Travelling by speedboat reduces the journey time to islands from days to hours. The team have invested in dedicated vessels for polio eradication activities, freeing them to travel at a moment’s notice to investigate a case of acute flaccid paralysis, or deliver vaccines. These stable, tough boats are specially chosen for long distance journeys.

Arriving on an island, the team supervise the activities of community-based vaccinators, ensuring that every child receives two drops of polio vaccine, and that their finger is stained purple to distinguish from those children not vaccinated. Vaccination activities happen in markets, villages, and nomadic settlements. Recruiting women and men to work in their local communities increases trust and acceptance.

No wild poliovirus has been detected since September 2016, after outbreak response began in the Lake Chad Basin. Vaccination rates are higher, whilst investment in polio eradication operations and infrastructure has helped to strengthen the wider health system in the lake. The tools and strategies of the Task Team are defeating polio, and leaving a strong legacy that other health programmes can follow.

Case study: Improving life chances through nutrition

Fatima Babanne is from a remote part of northern Nigeria. Pregnant and with three children, she struggles to afford the healthy diet she and her family need. Following an assessment, Fatima was enrolled onto DFID’s Child Development Grant Programme. The programme provided her with an unconditional monthly cash transfer of 4,000 NGN (£8) and enrolled her on an education course about child health and nutrition. Fatima used her grant to buy healthy food and saved a small amount each month in order to start a millet grinding business, with which she now generates 10,000 NGN (£21) profit per month. She can now afford to buy her family a diverse diet, give her children an education and she now shares the information she learnt through the programme with others in her community through community talks, meetings and food demonstrations.