

BRICK BY BRICK:

ACCELERATING PROGRESS ON GLOBAL HEALTH



NICOLAS AXELROD/RUOM/RESULTS UK

RESULTS

Acknowledgements

The authors would like to thank Aaron Oxley, Dela Anderson, Harry Rogers, Jennifer Williams, Sylvia Anie (all RESULTS UK), and Mandy Slutsker (ACTION) for their helpful and insightful comments on the previous drafts of this report, and for their assistance and suggestions for editing and design.

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May 2019

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Executive Summary

HEALTH AND NUTRITION INTERVENTIONS LIE AT THE HEART OF EFFORTS TO TACKLE GLOBAL POVERTY

While substantial progress has been made across global health indicators since 2000, poor health and malnutrition remain key drivers of global poverty and inequality. A new approach is needed that recognises the co-dependence of health and nutrition. Both health and nutrition interventions are integral to building strong health systems, making progress towards realising the vision of Universal Health Coverage (UHC) and accelerating progress towards the Sustainable Development Goals (SDGs).

This report finds that if the UK is to fulfil its strategic objectives of tackling extreme poverty, promoting global prosperity, and securing value for money for UK aid, then 2019 and 2020 provide unparalleled opportunities. The years 2019–2020 will see the replenishments of Gavi, the Vaccine Alliance (Gavi); the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund); and the Global Polio Eradication Initiative (GPEI) in addition to the 2020 Nutrition for Growth (N4G) summit. This two-year period presents the UK and other global donors with a vital opportunity to deliver on their commitments to those in the world living in the worst poverty through a renewed focus on global health that encompasses the full range of services needed to access good-quality healthcare.

Health and nutrition interventions lie at the heart of efforts to tackle global poverty. Vaccination and access to adequate nutrition and services for diseases such as tuberculosis (TB) remain disproportionately denied to some of the world's most marginalised and vulnerable people. The impacts of poor health and the high costs of healthcare keep these groups trapped in a vicious cycle of poverty. To break this cycle, it is essential that vaccines, nutrition, and TB services are universally accessible and affordable.

As demonstrated by the World Bank's Human Capital Index,¹ good health and well-being contribute to human capital and subsequently to economic growth. Investment in vaccination, adequate and sustained nutrition, and services for TB each individually contribute to sizeable returns on investments. Efforts to drive global prosperity must recognise and prioritise the need to expand human capital through investments in the full range of health interventions. Investments in health drive the human and economic development that drives progress across the entire SDG agenda.

Global health multilaterals such as Gavi and the Global Fund have consistently been demonstrated to be high-quality and effective channels for UK aid. If the UK is to deliver value for money, it is essential that investment is targeted towards reliable sources. Key global health stakeholders, such as Gavi, Global Fund and GPEI, are increasingly collaborating towards the delivery of SDG 3 (good health and well-being).

This report demonstrates that the work of global health multilaterals helps to deliver the UK Department for International Development's (DFID's) strategic objectives of poverty reduction and promoting global prosperity – and consequently represents a high-return investment for UK aid. These investments, and their subsequent impacts, are strengthened through strong bilateral commitments to nutrition. The unique opportunity presented to strengthen each of these mechanisms can raise progress to unprecedented levels. This is the optimum chance to enable the delivery of UHC. Each investment strengthens the investments made in the other platforms but, conversely, a failure to invest ambitiously in one of these mechanisms will risk undermining the value and impact of UK aid overall. Each acts as a 'brick' in the global health edifice, and must be put in place firmly or the support for accelerated progress will not be sustainable.

RECOMMENDATIONS

- 01** The UK must invest ambitiously in the upcoming replenishments of Gavi, the Global Fund, and the GPEI as well as renewing its commitment to nutrition at the 2020 N4G summit.
- 02** Health must be a priority issue for UK aid, which must also include nutrition.
- 03** DFID must take an aligned and complementary approach to bilateral and multilateral investments in order to leverage the maximum impact of UK aid.
- 04** As a leading donor, the UK should use its influential position and voice to drive a new focus and approach towards global collaboration on health and nutrition.
- 05** Sustainability and the path towards country ownership must be at the heart of all UK investments.
- 06** Gavi, the Global Fund, and the GPEI should further increase collaboration on policy, programmatic, and financial levels in order to collectively support sustainable and stronger health systems.
- 07** The global funds should actively engage in each of the replenishment moments.



TOM MAGUIRE/RESULTS UK

1 Introduction: Progress at risk

Poor health causes unnecessary suffering and mortality for individuals. Moreover, it is a driver of poverty and creates societies that remain cyclically barred from progress and unable to reach their full potential. Despite huge gains over the last two decades that have transformed millions of lives, the world is reaching a plateau in progress on health.

Between 1990 and 2015 under-five mortality fell by more than 50%, with a similar level of change for the decline in maternal mortality.² The Millennium Development Goals (MDGs) guided progress on a range of indices until ambition was renewed in 2015 with the SDGs. These 17 goals provide the framework to ‘end all forms of poverty, fight inequalities and tackle climate change, while ensuring that no one is left behind’.³

The stagnating, and in some cases declining, rate of progress on global health places the entire SDG agenda at risk of being unfulfilled. Currently, progress on the SDGs on health and nutrition (SDG 3 and SDG 2) is not being made fast enough. Global coverage of DTP3⁴ – a standard measure of the strength of immunisation and health systems – has remained between 84 and 85% since 2010.⁵ While global TB incidence rates are falling by 2% annually, it is well below the required 4–5% annual reduction needed to reach 2020 milestones for the End TB Strategy.⁶ The number of undernourished people worldwide has actually risen since 2014, with an estimated 821 million affected in 2017.⁷ Accompanying these worrisome figures are out-of-pocket healthcare costs that push 100 million people into extreme poverty every year.⁸

If progress is not accelerated, the world risks falling back on the achievements made thus far. This would undermine investment, stifle economic development, and increase the number of people dying unnecessarily. There is a need for a strengthening of ambition by world leaders and increased attention on global

health, including nutrition, to ensure that targets are met and lives continue to be transformed.

The period 2019–20 provides a number of key opportunities to renew focus, channel ambition, and drive policy change in order to make unparalleled progress on health and move towards the goal of achieving UHC – the goal that all people and communities should have access to good-quality health services without risk of financial hardship. One of the most effective and efficient methods of driving progress towards achieving UHC is through the funding of key global health multilaterals such as the Global Fund and Gavi. The scale of the challenge to deliver UHC may seem insurmountable, but global health multilaterals offer donors a pathway for their investment to pave the way to UHC, to leave no one behind, and to build sustainable health systems. The pathway is strengthened when this investment is matched with ambitious action on nutrition, the opportunity for which is offered by the Nutrition for Growth summit in 2020.

An individual’s health is imperative for that person’s productivity. The World Bank has recognised health as a critical component of a person’s Human Capital.⁹ Without a significant increase in health indicators a “glass ceiling” will remain in place, curtailing other development investments and reducing value for money in wider Official Development Assistance (ODA) interventions.

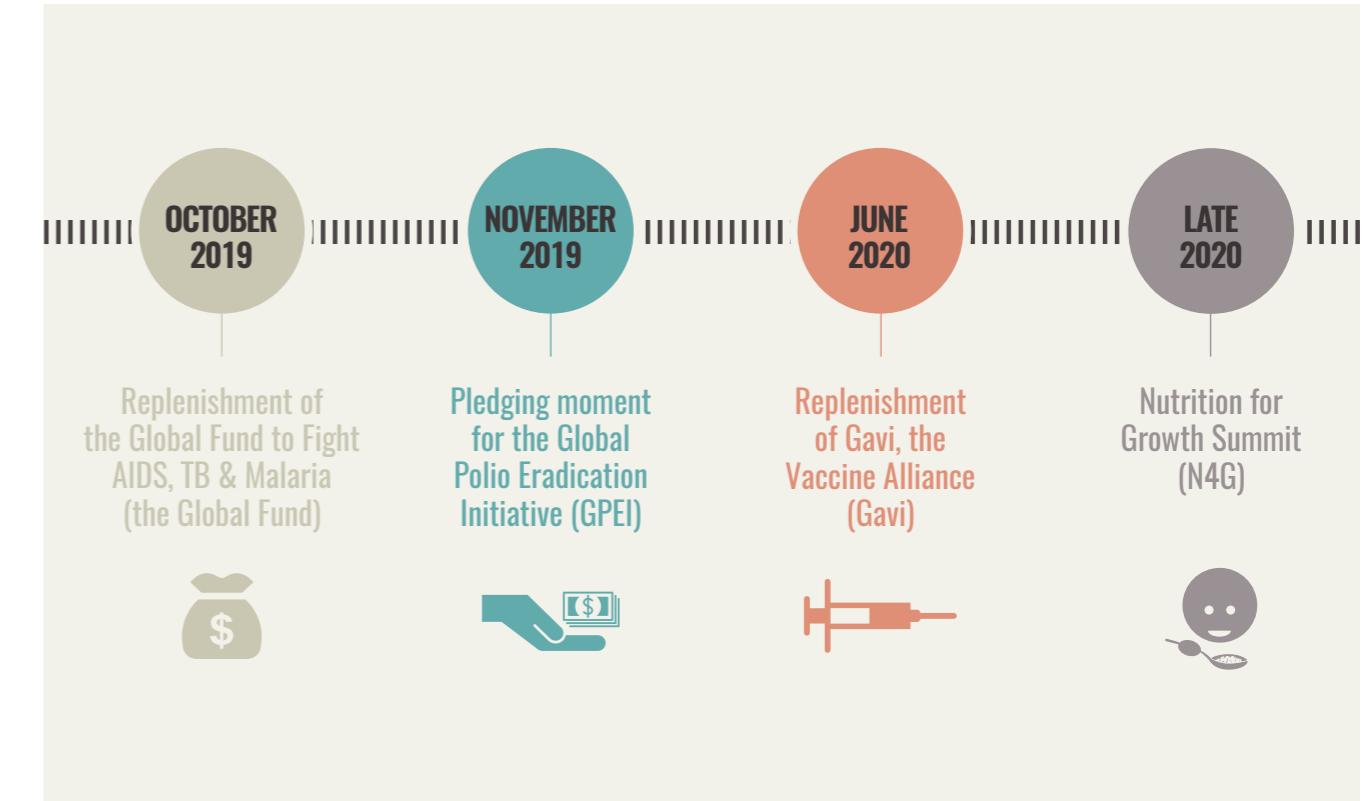
As this report highlights, in order for the UK to achieve the objectives of promoting global prosperity, tackling extreme poverty, and helping the world’s most vulnerable in a way that provides value for money, it is imperative that the government invests in key health interventions through multilaterals, coupled with a strong investment in nutrition. Failure to do so would significantly compromise the UK’s ability to deliver these objectives and risks missing a critical opportunity to accelerate progress towards the delivery of the SDGs and reaffirm the UK’s role as a leader in global development.

2 Going further and faster: The building blocks for success

During 2019 and 2020, a number of major health multilaterals and partnerships are scheduled for replenishments to ensure sustainable financing for their health interventions (see Figure I). These moments are opportunities to increase essential global financing for health, build stronger health systems, and ensure that everyone has access to essential health services. These replenishments, and the new

policies and strategies that accompany them, provide an equally opportune moment to consider health and nutrition together – and to ensure that investments have the highest impact. It is also an opportunity for increased collaboration between the multilaterals. Investing in all of these “building blocks” will exponentially increase the impact of individual investments, but a failure to prioritise one will undermine efforts on all the others.

FIGURE I TIMELINE OF EVENTS





Investing in priority interventions

Vaccines prevent illness, costly medical interventions, disability, and death. Early diagnosis and treatment of infectious diseases prevents prolonged suffering and death, additional medical complications such as the development of drug resistance, and further transmission to others. Adequate nutrition prevents susceptibility to disease, and must be considered within the health agenda.

The provision of vaccines, rapid diagnosis and treatment of infectious disease, and adequate nutrition are indicative of the strength of the wider health system. Individually and collectively their absence drives poverty; their presence, however, constitutes a vital tool towards achieving UHC and the SDGs due to their impact on human development, future education, and economic opportunities. Without prevention, diagnosis and treatment – including through strong primary healthcare systems – poor health will continue to be a driver of poverty.

As the diagram shows (see Figure 2) if one of these essential interventions remains underfunded, then progress will not only continue to stall, but regression against wider health indices becomes far more likely. They are the “bricks” from which a person’s good health is built, yet the absence of one of these bricks undermines the whole effort.

Investment in vaccination, nutrition, and TB services as core health systems interventions represent three of

the best ways to save lives and prevent illness. If a health system is out of reach for geographical, economic, or social reasons, the same child that misses out on essential vaccinations might also be less likely to have adequate nutrition, receive TB preventive therapy or HIV antiretroviral therapy, or sleep under an insecticide-treated bed net – all major risk factors for communicable diseases.

However, vast inequities remain in these crucial interventions. One in 10 children do not receive any vaccines. This not only increases the risk of preventable diseases but, as vaccination systems provide more contact with the health system than any other health intervention, this can also represent much wider inequalities in accessing health services. Further, malnutrition disproportionately affects women and girls. Anaemia prevalence in girls and women aged 15 to 49 is 32.8%, meaning that almost one in every third woman is affected.¹⁰ Iron-deficiency anaemia negatively impacts on a woman’s immune system and, should she become pregnant, increases her chance of serious complications and mortality. Anaemia in women and girls has slightly increased since 2000.¹¹ Inadequate nutrition – along with other factors associated with poverty, such as poor living conditions – also increases a person’s risk of developing active TB disease. In turn, TB can push people into poverty due to the costs associated with seeking diagnosis; additional non-medical costs during treatment, such as nutritional supplements; and loss of income.

PRIORITISING PRIMARY HEALTHCARE

Primary Healthcare (PHC) delivers essential services most frequently needed by individuals by trained, but not always specialist, health professionals. PHC delivers a broad spectrum of preventive, promotive, curative, and palliative care within communities. The vast majority of a community’s health needs, such as vaccination and basic nutrition services, should

be met by a well-functioning PHC system.

In 1978, the landmark Declaration of Alma-Ata identified and called for action to support PHC as the cornerstone of health for all. The declaration reaffirmed health as a human right and drew attention to inequalities in health that were “politically, socially and

economically unacceptable”.²⁸ Over forty years later, too many inequalities remain. In 2018, UN Member States recommitted efforts towards PHC in pursuit of health and well-being for all and leaving no one behind through the Declaration of Astana. To strengthen PHC and drive progress towards UHC, public spending for health must increase.



By investing in health and nutrition, all people, and countries, can reach their full potential



2-3%

increase in GDP per year with investments in good nutrition in the FIRST 1,000 DAYS.⁹²



US\$16-44

return for every US\$1 invested in immunisation.⁹⁰

US\$27



RETURN FOR EVERY US\$1 INVESTED IN TB, IF THE GLOBAL TB TARGETS ARE INVESTED IN.⁹¹



90%

OF ALL CERVICAL CANCER CASES COULD BE PREVENTED BY THE HPV VACCINE.⁸⁷

EQUAL LIFE EXPECTANCY

for HIV-positive and HIV-negative people when able to access ARVs.⁸⁸

20+

ADDITIONAL PRODUCTIVE YEARS LIVED WITH ACCESS TO TB TREATMENT.⁸⁹

50%

OF THE WORLD'S POPULATION DO NOT HAVE FULL ACCESS TO ESSENTIAL HEALTH SERVICES.¹⁰⁵



US\$17.8 billion

is the cost of deaths attributed to drug resistant-TB in one year

IN 2018 ALONE, WORK ABSENCES RESULTING FROM DR-TB COST AT LEAST US\$ 3 BILLION.¹⁰³

100 million

PEOPLE PUSHED FURTHER INTO EXTREME POVERTY BECAUSE OF HEALTH CARE COSTS.¹⁰⁴



Poor health and nutrition drives poverty and stunts economic growth



80%

OF PEOPLE SUFFERING FROM DRUG-RESISTANT TB ARE NOT DIAGNOSED⁹⁹

LESS THAN HALF THE ESTIMATED NUMBER OF PEOPLE WITH TB AND HIV ARE FOUND.¹⁰⁰

15x

Children are up to 15 times more likely to die from pneumonia if undernourished.¹⁰¹



3x

A person is 3 times more likely to develop TB if undernourished.¹⁰²



45%

OF UNDER 5 DEATHS ARE CONTRIBUTED TO BY UNDERNUTRITION.⁹⁴



1.5 million

children die each year from vaccine preventable diseases.⁹⁴



1.6 million

people died of TB in 2017⁹⁵ APPROXIMATELY 1 PERSON EVERY 18 SECONDS.⁹⁵



20x

People living with HIV are 20 times more likely to fall ill with TB⁹⁷ 30% OF THEM DON'T KNOW THEIR HIV STATUS.⁹⁸

2-3 million

LIVES ARE SAVED BY VACCINES EVERY YEAR.⁸³



11.4 million

days of antibiotic use A 47% REDUCTION could be averted with universal access to the pneumococcal vaccine.⁸⁴

1 million

lives could be saved each year with good nutrition in the first 1,000 DAYS.⁸⁵

54 million

LIVES WERE SAVED THROUGH TB DIAGNOSIS AND TREATMENT BETWEEN 2000 AND 2017.⁸⁶



TOM MAGUIRE/RESULTS UK

Investing in priority partnerships

The replenishments of the Global Fund, Gavi, and the GPEI are critical moments in the fight to end extreme poverty and to accelerate progress on global health. These multilaterals are proven to be effective and provide value for money on investment across core essential health services, all receiving an 'A' grade in DFID's 2018 annual review process.¹²

The scale-up of, and increased collaboration between, these global health interventions will catalyse increased vaccination coverage, diagnosis, and treatment rates – and will lead to reduced mortality from preventable disease. Gavi and the Global Fund are leading the way in collaboration through sharing knowledge, information and lessons learned; coordinating political advocacy at global and country level; aligning programmatic policies and engagement; and making joint or coordinated investments.¹³ For example, in Madagascar the Global Fund, Gavi, and the World Bank share the Programme Management Unit at the Ministry of Health and the Global Fund and Gavi share fiscal-agent services as well as financial-control positions at the decentralised level throughout the country. Furthermore, in Malawi coordination among key stakeholders – including the US Government, DFID, Norway, German Cooperation (GIZ), the Clinton Health

Access Initiative (CHAI), the United Nations Children's Fund (UNICEF) and Gavi – has helped with the prioritisation of resources towards system challenges, such as storage-space issues at health facilities.¹⁴

The opportunity for scale-up and increased collaboration is amplified by the opportunity for renewal of the UK's nutrition investment at the N4G summit in 2020.

The importance of continued UK leadership

The UK has been a leading donor to global health multilaterals and played a founding role in projects outside the multilateral system, such as N4G. Continued UK leadership will draw attention to important health issues, encourage other donors to follow the UK's lead, and reinvigorate the global political will to address global health challenges. This effect will extend to both donors and recipient countries, setting a precedent for a collective and holistic response among key global health stakeholders. As a leader in the multilateral arena, the UK has the influence to help set the agenda among key global health stakeholders and crowd in additional resources from other donors to support UK development objectives.

3 Health for All: A priority for all

The SDGs are deliberately ambitious. All United Nations (UN) Member States have committed to improving health and well-being for all, and the 2030 targets constitute a clear, actionable roadmap. However, as set out above, even with huge progress we are failing to improve and deliver on many essential health interventions as progress stalls. This section sets out our vision and ambition for global health and well-being, and why this is an urgent priority.

All the bricks in place: Universal Health Coverage

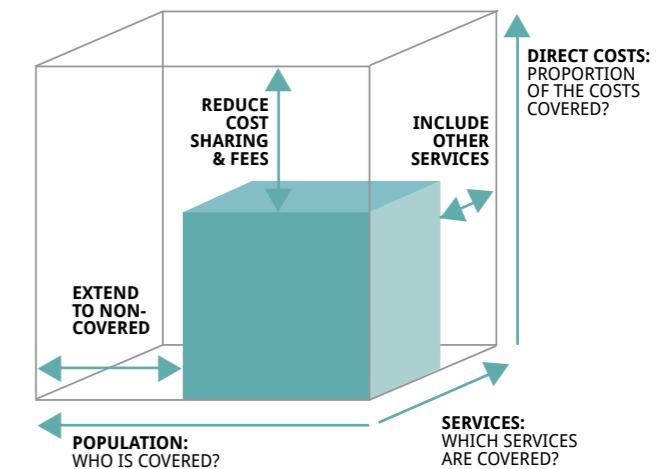
UHC stipulates that all people and communities have access to good-quality health services without risk of financial hardship. It cuts across disease-specific issues and targets, and contributes to the promotion of health security, equity, and long-term economic development.¹⁶ Realising UHC will allow populations and economies to become healthier and more prosperous; however, the world is far from achieving this goal. Currently, at least half of the global population does not have access to health services, and an estimated 100 million people are being pushed into extreme poverty due to healthcare costs.¹⁷ Global health multilaterals have been a key contributor in progression towards UHC, and will continue to help accelerate progress.

Increasing the quantity and quality of services means that more health indices will be targeted, resulting in healthier populations. Ensuring that individuals are able to access healthcare without user fees means that people will not be pushed into poverty due to ill health or delay seeking care. Improving access to vaccination, nutrition support, and TB services are important indicators of success in pursuit of UHC, given that the people currently being missed by these services are often the most marginalised, vulnerable, and living in the worst poverty. If a person is reached by just one of these services, such as vaccination, it can offer a connection to other forms of care, such as testing for TB. For UHC to be realised, health services must integrate and coordinate comprehensively in order to ensure links with other key health interventions.

FIGURE 3 THE UHC CUBE

UHC is most easily understood through these three key elements:

- 1 EXTENT - Who is covered?
- 2 SERVICES - What is offered?
- 3 FINANCE - Who is paying?



WE BELIEVE IT IS IN ALL OF OUR INTERESTS TO LEAVE NO ONE BEHIND TO ENSURE A FAIR OPPORTUNITY FOR ALL, NOW AND FOR THE FUTURE.

At the heart of UHC, and a UK Government policy priority area, lies the concept of “leaving no one behind”. With uneven progress on many critical health issues, coupled with global population growth, it is likely that the number of people being left behind will increase in absolute terms without concerted action. Marginalised groups comprise those most likely to be left behind, perpetuating marginalisation and trapping people in cycles of poverty. Vaccination coverage rates have remained at around 85% since 2010,¹⁹ and this coverage is inequitable across the world. The children who miss out on life-saving interventions are concentrated in the poorest households and hardest-to-reach locations, and are born to families with a low level of education.²⁰ These children and their families are also most likely to be missing out on access to other health and nutrition services. This means severe negative health impacts for the individual (see Figure II); however, when a lack of coverage is concentrated among a region or population group, that entire demographic is firmly left behind. Prioritising these people and communities is imperative. The opportunities presented by 2019–20 must be capitalised on, aim to target those hardest to reach, accelerate progress towards health goals, and fulfil DFID’s commitment to leave no-one behind while achieving UHC.

“

**WE COMMIT TO PUTTING THE LAST FIRST...
EVERY PERSON COUNTS AND WILL BE
COUNTED**

DEPARTMENT FOR
INTERNATIONAL
DEVELOPMENT, POLICY
PAPER: LEAVING NO ONE
BEHIND: OUR PROMISE¹⁸

Strong, well financed health systems

Strong health systems that prioritise primary healthcare are critical in order to reach every child, family, and community with essential health services and deliver UHC. Health systems need to deliver on core public health functions that span individual diseases and health interventions. They need to be able to prepare for, protect, and respond to the public's immediate, long-term, endemic, and pandemic health needs. Disease surveillance, laboratory networks, community and national health workforces, infection control, cold and supply chains, and procurement are just some of the core elements that have been supported by both bilateral and multilateral funding in many of the world's poorest countries.

Publicly funded national health systems are the best way to ensure that everyone has equal access to health services. They also offer the greatest chance to protect against catastrophic health expenditure, which can result in severe financial hardship. A national health budget that effectively and efficiently disburses budg-

et allocations on time, and which is targeted at priority services and populations, is an essential driver of UHC. However, health budgets in the world's poorest countries are often too low to improve the coverage of essential services. For example, only 3.9% of Gross Domestic Product (GDP) is spent on health in lower-middle-income countries (LMICs), and 5.6% of GDP is spent on health in low-income countries (LICs).²¹ With competing national priorities, crucial aspects of health systems remain underfunded. Positively, in middle-income countries, the average per capita public spending on health has doubled since 2000 – and between 2000 and 2016, global spending on health increased every year.²² But LICs are not seeing the same increases; donor support continues to fill vital gaps in their national health responses, especially for vulnerable and marginalised populations. At the same time, donor support spurs increases in domestic budgets, including through co-financing obligations.

Inadequate spending on health systems impacts on

outbreak response capacity and the ability to prevent and respond to the development of drug resistance. This threatens progress achieved in health systems and against infectious diseases, compromising global health security. This was made clear during the height of the Ebola outbreak in West Africa in 2014–15. Countries with established and extensive surveillance and response mechanisms, such as Nigeria had with polio, were able to contain the outbreak, in contrast to those with weaker health systems – such as Sierra Leone, Liberia, and Guinea. This led to over 11,000 people dying from Ebola in these three countries between 2014 and 2016, with subsequent impacts on their economies.²³ The 2014–15 outbreak resulted in US\$2.8 billion in economic losses, including wiping out the effects of five years of existing World Bank investments in the region.²⁴ As well as new and emerging epidemic threats like Ebola and Zika, outbreaks of diseases like cholera, measles, yellow fever, and diphtheria continue in many countries – especially in conflict and unstable settings.

CASE STUDY THREATS TO PROGRESS

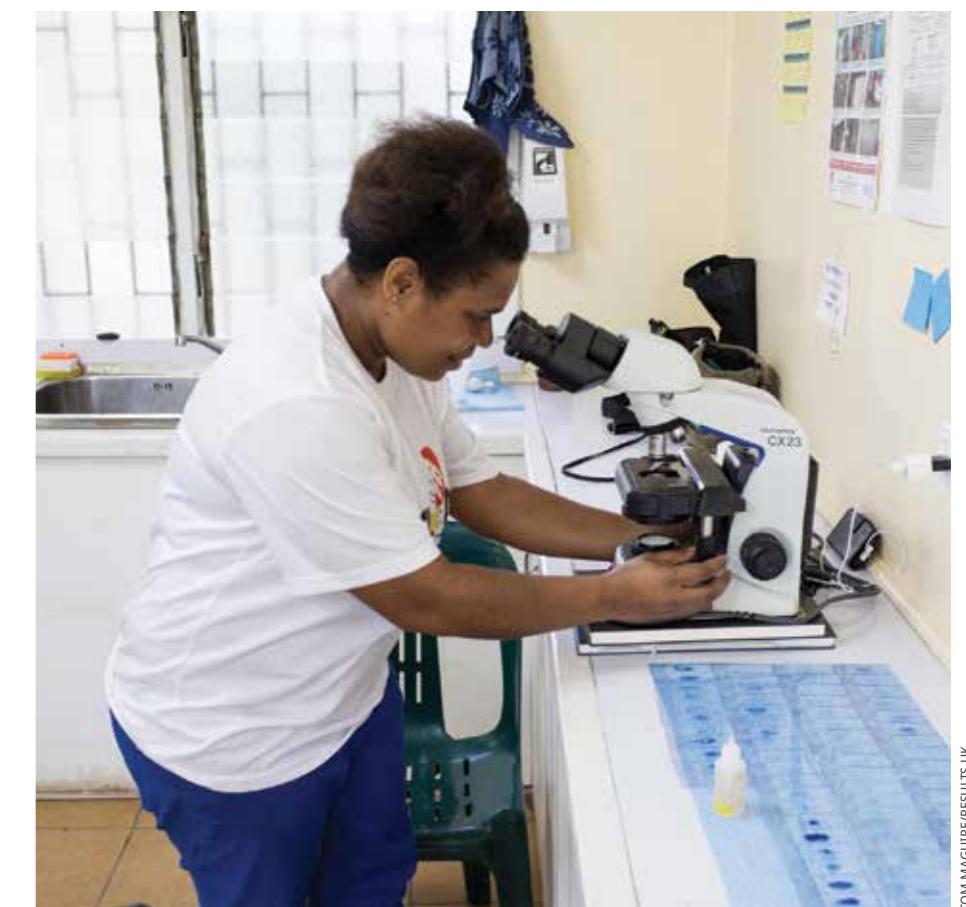
Tackling threats to global health security presents an opportunity for cross-multilateral collaboration through leveraging investments in health systems, such as Global Fund's or the GPEI's investments in national surveillance and laboratory capacity for outbreak response. Moreover, strong health systems will be essential to prevent, monitor and contain the spread of antimicrobial resistance (AMR).

The Global Fund is a major source of funding for drug-resistant TB (DR-TB), HIV

and malaria responses in low- and middle-income countries.²⁵ TB is the only drug-resistant infection that is airborne and is responsible for one third of AMR related deaths. The Global Fund provides 65% of international financing for TB. The Global Fund's investment in drug-resistant malaria includes investments in the Greater Mekong sub-region, where parasite resistance to artemisinin-based drugs has emerged. This includes a multi-partner regional grant to mobilise cross-border collaboration. On HIV, the Global Fund

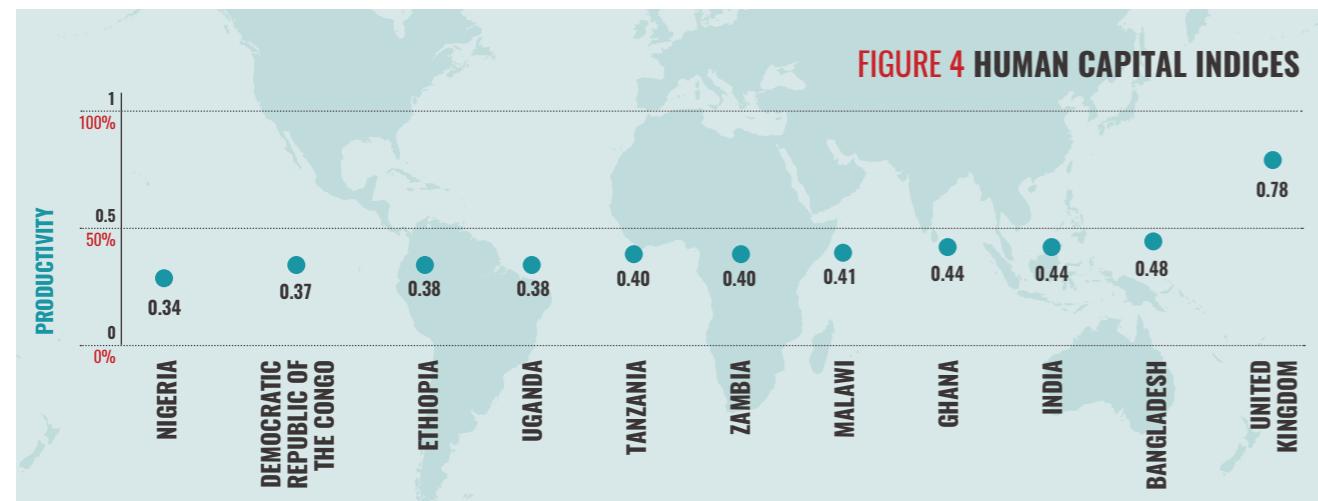
is putting increased focus on the newest treatment regimens that are more effective, cheaper and less prone to inciting resistance.²⁶

Improved access to vaccination is also crucial to prevent AMR. For example, a major study in the USA showed the pneumococcal vaccination led to a significant decrease in antibiotic-resistant pneumococcal infections. If universally introduced in low- and lower-middle-income countries, pneumococcal vaccines could save up to 11.4 million days of antibiotic use, a 47% reduction.²⁷



TOM MAGUIRE/RESULTS UK

Investing in human capital



Poor health is a critical driver not just of individual and family poverty but also of lost productivity nationally. This is why accelerating progress towards UHC benefits everyone. Improving access to essential health services not only saves and improves lives but equally improves people's cognitive abilities – leading to a productive workforce and flourishing economies.

The damaging economic implications of inaction for stalling progress on global health are well evidenced. Disease and malnutrition lead to lower individual productivity, which results in wider economic stagnation within an affected labour market. Global annual losses on account of malnutrition are estimated to be around US\$3.5 trillion.²⁹ Malnourished individuals can lose about 10% of their lifetime earnings, which can result in a minimum 2–3% reduction in the GDP of a country on account of malnutrition.³⁰ If the problem of DR-TB is not addressed, it is predicted to cost the global economy approximately US\$ 17 trillion by 2050.³¹ Furthermore, by conservative estimates, work absences necessitated by DR-TB treatment resulted in a loss to global GDP (PPP) of at least US\$ 3 billion in 2018 alone.³²

In 2018, the World Bank Group launched the Human Capital Project to highlight the causal links between poor health and economic development.³³ Through the Human Capital Index (HCI), the potential human capital (skills, health, knowledge, and resilience) of an 18-year-old can be predicted as soon as they are born. Using four indicators,³⁴ including under-five stunting (that is, chronic undernutrition) and mortality rates, a score between 0 and 1 is generated. This score, con-

verted into a percentage, shows how productive the average child will become in their lifetime (see Figure 4). The index helps to demonstrate how much national economic potential is being undermined by a lack of investment in people's health and well-being.

Ethiopia, Nigeria and Tanzania receive large investments from DFID (the department's second, third, and seventh largest total investments, respectively) and demonstrate the alignment of existing DFID expenditure with need but also the scale of the task in ensuring that health and human-development investments are maintained and further scaled up by crowding in both domestic finance and other donors. They score 0.38,³⁵ 0.34,³⁶ and 0.4,³⁷ – placing them 135th, 152nd, and 128th out of the 157 countries ranked.

Investing in health is imperative for raising HCI scores and unlocking the potential for individuals, and their societies, to thrive – with good health systems being vital to deliver this. Under-five mortality rates, adult survival rates, and rates of stunting are some of the essential indicators and conditions that must be addressed in order to unlock this human capital.

The benefits of investing in health can take longer to materialise than, for example, investments in infrastructure and construction projects, and this can make it seem less attractive unless it is appreciated that health interventions offer some of the best returns available. As just a couple of examples, every US\$1 invested in immunisation can yield up to US\$44 in return,³⁸ with nutrition investments offering a ratio of \$1 : \$16.³⁹

4 Setting the bricks in place: A collaborative approach

The years 2019 and 2020 present an unparalleled opportunity to build on the strong foundations of historic progress on health and to catalyse efforts towards achieving the SDGs. They also offer an opportunity to think differently about what an investment in health actually means. Now is a critical juncture for addressing current challenges, and driving investments that can deliver health for all.

As set out above, there is a need to focus and prioritise policy, programmes, and financing on health and nutrition collectively in order to strengthen health systems and move towards UHC. The various upcoming replenishment moments present an opportune moment to change course, looking at the upcoming opportunities as a single structure – built brick by brick. The foundations have already been laid, but failing to fully install each individual "brick" will mean that the overall structure will be compromised. Reaching those furthest left behind will cost more and requires new approaches, innovation and deeper collaboration in order to realise our universal health and well-being goals. The various multilateral replenishments, and the N4G summit, must be approached with vigour and enthusiasm, with an honest acknowledgement of the need for increased resources to meet global need and leave no one behind.

The wealth of achievements and evidence from multilaterals and partnerships highlights the scale of achievements possible, and they must be fully financed going forward in order to drive further, much needed progress. A strong commitment to all of them will not just increase their individual impacts but will also ensure that their overall impact on health and development is far more than what one organisation could achieve in isolation.

FUNDS

- **GAVI, THE VACCINE ALLIANCE (GAVI):** Founded in 2000, an alliance of key development partners and the private sector, with the mission to save children's lives and protect people's health by increasing equitable use of vaccines in lower-income countries. 

700million+ children <small>IMMUNISED SINCE 2000, AVERTING OVER 10 MILLION FUTURE DEATHS.⁴⁰</small>	US\$150million+ <small>ACHIEVED OVER 18 YEARS IN ECONOMIC BENEFITS BY PREVENTING ILLNESS, DEATH, AND LONG-TERM DISABILITY.⁴¹</small>
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- **THE GLOBAL FUND TO FIGHT AIDS, TB AND MALARIA (THE GLOBAL FUND):** A partnership founded in 2002 between governments; civil society; the private sector; and people affected by AIDS, tuberculosis and malaria to accelerate the end of these three diseases. 

Helped to save 27million lives since 2002 <small>INCLUDES TREATMENT FOR 5 MILLION PEOPLE WITH TB AND 102,000 PEOPLE WITH DRUG-RESISTANT TB.⁴²</small>	US\$205million <small>SAVINGS GENERATED BY POOLED PROCUREMENT.⁴³</small>
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- **THE GLOBAL POLIO ERADICATION INITIATIVE (GPEI):** A public-private partnership led by national governments with five partners, with the goal of eradicating polio worldwide. 

450million+ children <small>VACCINATED AGAINST POLIO EVERY YEAR.</small>	US\$27billion+ <small>GENERATED BY INVESTMENTS IN ERADICATION IN SAVINGS THROUGH HEALTH BENEFITS AND DEATHS AVERTED.⁴⁴</small>
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PARTNERSHIPS

- **NUTRITION FOR GROWTH (N4G):** A partnership established in 2013 to drive new commitments and steps to end malnutrition in all forms by 2030. 

200+ global commitments
TO REDUCE STUNTING AND SAVE THE LIVES OF 2 MILLION CHILDREN.⁴⁵

42.1million
REACHED WITH NUTRITION-RELATED PROGRAMMES THROUGH UK INVESTMENTS ALONE.⁴⁶

Investing in health through multilateral mechanisms over the next two years, supported by a strong renewed investment in global nutrition, is the best way to accelerate progress towards UHC and achieve value for money for UK aid. There are five key reasons for this collaborative approach, and these will be examined below.

Impact

Investing in Gavi, the Global Fund, and the GPEI, along with a renewed nutrition investment at N4G in 2020, represent four of the best ways to reduce health inequities, strengthen health systems, save lives, and deliver better health as a global public good. Through multi-million-pound budgets and global partnerships, these mechanisms reach and improve the lives of millions of people every day.

Gavi has helped to increase basic vaccination rates in the lowest-income countries by 21% since its inception, with vaccination rates on average now only slightly below the global average.⁴⁷ It has supported hundreds of vaccine introductions, including life-saving vaccines against pneumonia and diarrhoea, as well as ensuring that every Gavi country has introduced the pentavalent vaccine against five deadly diseases.⁴⁸

Through a dedicated partnership and targeted global efforts by the GPEI, over 2.5 billion children have been immunised against deadly and paralysing polio – a disease that is extremely close to being eradicated.

A focus on both prevention and treatment by the Global Fund has been critical to preventing and reducing rates of HIV, TB, and malaria. Over 9.4 million people have been reached with vital HIV prevention programmes, of which over half were members of key populations.⁴⁹ This has helped to cut the number of AIDS-related deaths in half since 2005.⁵⁰ In 2017, over 97,000 children who were in contact with people with TB were reached with preventative therapy in order to stop them getting sick and increasing the total health

and financial burden on their family.⁵¹ The Global Fund provides more than 65% of all international financing for TB and has played a critical role in TB mortality falling by 42% in the last 18 years.

The 2013 Nutrition for Growth summit provided a step change in nutrition commitments, with new financing and policy changes. The increase in resources has built a stronger evidence base for the impact of nutrition investments. Notably, the Global Nutrition Report, an outcome of the 2013 summit, has changed global understanding of the burden of malnutrition and the World Bank's Investment Framework⁵² has demonstrated where future resources need to be targeted. N4G was the catalyst for these changes, and has increased focus on the off-track World Health Assembly nutrition targets.⁵³ It also inspired the Rome Declaration on Nutrition⁵⁴ and the 2017 Global Nutrition Summit in Milan.⁵⁵ This stronger understanding and framework means that N4G 2020 represents a critical moment. This increased attention and funding has helped some nutrition outcomes continue to improve: stunting rates in LICs and MICs have fallen from 27.2% in 2013 to 24.6% in 2017.⁵⁶ Given nutrition's impact across multiple health outcomes, progress on health has almost certainly benefited from improved global nutrition.

The importance of working together to deliver the greatest possible impact is illustrated by the 11 heads of the world's leading health and development organisations, including Gavi and the Global Fund, signing up to the Global Action Plan for Healthy Lives and Well-being for All, to accelerate progress towards achieving the SDGs.⁵⁷

Equitable Access

Reaching the people and communities most frequently left behind and unable to access health services is central to the success of each of the health multilaterals and mechanisms, often forming part of their core mission.

The drive to end polio is a strong example of how international support and a multilateral partnership (in this case, the GPEI) has come together to nearly eradicate a vicious disease. By focusing on reaching every child with the polio vaccine, cases have dropped from 350,000 in 125 countries to 33 in two countries in just 30 years. The focus on equity is the key reason for this success.⁵⁸ Similarly, Gavi's current strategy is focused on all children having equitable access to vaccines globally.⁵⁹ Gavi has strategic targets and indicators around equity – setting specific targets to improve coverage rates in relation to geographical and wealth distribution, as well as maternal education.⁶⁰ Initial discussion around Gavi's new 2021–25 strategy has been positively focused on further improving its impact on coverage and equity and its role in reaching unimmunised and zero-dose children as a priority, wherever they are.

The Global Fund, in collaboration with partners such as the Stop TB Partnership and USAID, provides specific support for countries to address human rights-related barriers to TB, HIV, and malaria services.⁶¹ For example, in recognition of the major human rights-related barriers to the uptake of prevention, treatment, and care for HIV, TB and malaria, the Global Fund Strategy 2017–2022 commits to support all countries that apply for grants to include and scale-up programmes to remove these barriers. Currently, the Global Fund is providing increased support, with US\$45 million in additional funds, to 20 countries in order to scale-up ev-

idence-based programming to reduce human rights-related barriers to HIV, TB and malaria services.⁶² Seven of those key programme areas include stigma and discrimination reduction; training for healthcare providers on human rights and medical ethics; sensitising lawmakers and law-enforcement agents; reducing discrimination against women in the context of HIV and TB; legal literacy; legal services; and monitoring and reforming relevant laws, regulations, and policies. This kind of empowerment clearly has positive effects that go far beyond the specific infectious disease programme.

Undernutrition disproportionately affects groups that are often left behind through other health interventions, and it also has a strong gender bias. As seen above, despite falling stunting rates the prevalence of anaemia among women of reproductive age is rising, and affects one in three women globally.⁶³ Malnutrition services must effectively be implemented through other health programmes. Without this, and the related improvement in nutritional status that such measures can bring, malnutrition rates will undermine the effectiveness of other health interventions in a deeply inequitable way. The N4G summit will provide a key opportunity for donor and recipient countries to ensure that nutrition is further integrated with health systems in smart and equitable ways through financial and policy commitments. Failing to do this will undermine nutrition and health equity – and, given that malnutrition can be intergenerational, will perpetuate inequality.

Investing in multilateral partnership and mechanisms, matched with a strong nutrition commitment, ensures that investments will be driven to prioritise those left behind.



TOM MAGUIRE/RESULTS UK

Efficiencies & cost-effectiveness

Investing in multilateral partnerships and mechanisms is, in many cases, simpler and more cost effective than running high numbers of individual and bilateral projects. An organisation or partnership that is able to grapple with the complexities of a specific disease or intervention, and how it fits into and contributes to a health system in order to deliver specific and measurable results, allows more people and more countries to be reached by channelling funds strategically to where they are most needed.

The reach of multilateral partnerships is unique and goes beyond the reach of any bilateral donor. Gavi supports 56 countries and the Global Fund supports over 334 grants in over 100 countries,⁶⁴ with joint investments totalling over US\$20 billion in the past five years alone. Leveraging their economies of scale, they are able to support procurement, shape markets, and drive lower costs for essential medicines and vaccines. For example, by working with manufacturers and by purchasing vaccines for over 60% of the world's birth cohort, Gavi has helped to reduce the price of the full course of WHO recommended vaccines to less than US\$28, compared with the US price of over US\$1,100 for comparable vaccines.⁶⁵ Gavi supports vaccines with the highest impact as decided through comprehensive evidence in their Vaccine Investment Strategy (VIS), which the UK influences with its seat on the Gavi Board. And through its buying power and by using pooled procurement mechanisms, including the Global Drug Facility, the Global Fund has utterly transformed markets for TB drugs for the better.

Furthermore, investing through multilaterals allows for a transparent administrative structure to drive efficiencies and ensure that programme costs are controlled and concentrated on results. Gavi and Global Fund are increasingly finding ways to become even more efficient in these areas. For example, Gavi has reduced its operational budget based on DFID's recommendation. The new Global Health Campus has reduced Gavi's ongoing rent by 25%, and savings have been made by downsizing other offices.⁶⁶ Additionally, through the introduction of a new budget

tool and resulting reallocations, US\$1 million in efficiencies has been saved in two countries alone.⁶⁷ The Global Fund has seen no increases in its operating expenditure since 2012.⁶⁸

Country ownership: Increasing domestic resources

Multilateral investments not only fill funding gaps, they also incentivise and catalyse domestic investments in underfunded health and essential services. Both Gavi's and the Global Fund's strategies are built on principles of co-financing, sustainability, and transition in order to drive domestic investments towards full country ownership without donor support.

All Gavi supported countries are required to contribute to the cost of routine vaccines – no matter their income level. This means that country responsibility and ownership of vaccines is built in from the start of all Gavi support. Co-financing by recipient countries currently makes up 35% of total Gavi funding for vaccine programmes, and the alliance is on track to reach its target of co-financing to be accountable for around 15% of Gavi financing in this strategic period.⁶⁹ The amount raised in 2017 – US\$271 million – was double the contributions for the previous two years. Gavi's ability to drive domestic investment in immunisation is further proven by the fact that immunisation budgets grew by 10% (overall) from 2016 to 2017.⁷⁰ These numerical successes should be considered alongside programmatic and health-systems indicators related to sustainability. A number of Gavi countries that are currently approaching or have just transitioned out of Gavi support are facing challenges sustaining health programmes at the same level as when they had donor support. This should act as an early warning that any focus on increasing domestic resources must be balanced with improving country capacity (programmatic and financially), long-term fiscal space and economic stability.

The Global Fund expects to see an additional US\$45.8 billion raised from domestic resources in order to tackle the three diseases (AIDS, TB and malaria) in the 2021–23 period – an overall increase in 48% from the previous three-year period.⁷¹ While this is a tar-

get that many consider to be very (or perhaps even overly) ambitious, it is not without precedent as the Global Fund already has many examples of how its previous support has driven increases in domestic resources – for example, with respect to malaria prevention. The Global Fund's US\$145 million investment has generated nearly US\$222 million in new financing in the 2017–19 allocation period, including an expected US\$100 million in domestic financing.⁷²

The Global Fund and Gavi are increasingly working together to advocate greater investment in health and the strengthening of primary healthcare systems, as highlighted earlier in this report. Furthermore, they strategically coordinate missions to countries in order to realise more effective engagement, as evidenced by the joint visits of Gavi's CEO and the Global Fund's Executive Director to Nigeria and Ethiopia. In Malawi, a high-level mission also joined with the Global Partnership for Education to explore opportunities for more systematic partnership between the health and education sectors.

The work of the multilaterals can be further strengthened with a renewed policy commitment at the Nutrition for Growth summit. N4G provides key partnership opportunities for donors; businesses; philanthropic organisations; civil-society organisations (CSOs); and, importantly, national governments to align around nu-

trition spending. Global alignment of nutrition spending is imperative for stronger national ownership and to understand nutrition within national contexts, rather than as a "siloed" donor intervention.

Financial support and technical assistance from multilateral and bilateral donors can also enhance and increase the capacity of national financial-management systems, helping to build sustainability and reducing reliance on donor support. A focus on co-financing and country ownership from the start of all investments from multilateral funds is helping to drive an increased focus at national level on domestic resources – and is essential for countries to successfully transition to country ownership when donor support ends.

The exceptional standards to which multilateral organisations are held by DFID demonstrate exactly why there is such high confidence in the delivery of results. As DFID identified in the Multilateral Development Review, "Globally, progress on nutrition has lagged because of insufficient coordination across the health, education and agricultural sectors."⁷³ N4G is an excellent way to bring UK bilateral expertise into a global partnership and multilateral mechanism, to drive much-needed coordination and political attention to this underserved issue and to derive the same exceptional results from N4G as are seen in the UK's investments in health multilaterals.

Health systems strengthening

Investments in multilaterals leverage a much wider impact than the individual issues that they have been set up to tackle. Multilateral health partnerships have evolved in recent years, with increasing and targeted support to strengthen critical elements of the health systems in order to ensure sustainability.

Gavi and the Global Fund have dedicated funding streams to target crucial elements of health systems' needs to deliver on life saving prevention and healthcare services. These include support for cold and supply chains and human resources, and, increasingly, Gavi and the Global Fund are collaborating to achieve greater impact and value for money. In Ethiopia, they jointly support the Ethiopian Pharmaceuticals Supply Agency (EPSA), the national agency responsible for the procurement and distribution of medical products throughout that country's sizeable and decentralised health system. Following challenges with drug stock-outs, cold-chain maintenance, and surge capacity for emergencies affecting both Global Fund and Gavi programmes, a consortium of partners recently invested in the refurbishment of the Adama Supply Chain Management Hub as a flagship project to improve the efficiency and reliability of the EPSA. This branch serves around 7.8 million people through 342 health facilities across three regions of Ethiopia: Oromia, Amhara, and Afar. Following the refurbishment of the facility to include new warehouse infrastructure and a cold room, and a GPS system to track and locate pastoralists, attention was turned to improved surveillance systems, optimised inventory, and new working practices – all of which have led to dramatic improvements in lead and delivery times, lowered the risk of stock-outs, significantly reduced waste, and enabled greater forecasting.

The positive impact of these investments are not only

being felt in the Global Fund and Gavi supported programmes alone but throughout Ethiopia's primary healthcare system.⁸⁰

Furthermore, in Lesotho, Gavi and the Global Fund are using their support to tackle similar bottlenecks. In collaboration with the Ministry of Health, they have aligned their health systems investments to help increase the number of health posts in order to increase access to all essential primary healthcare services – particularly in hard-to-reach areas. They have also developed a joint roadmap for the construction of the health posts, including agreeing their location, design, cost-sharing, the health-service package to be provided, and the cadres of healthcare workers to staff them.⁸¹

The new GPEI five-year strategy (2019–23)⁸² emphasises integration as one of the main goals of polio eradication. Acknowledging that communities inaccessible to polio vaccinators often lack access to many, if not all, other health services, the GPEI is committed to working with Gavi and other development partners to meet the many needs of these communities. Furthermore, with deepening collaborations between the GPEI and Gavi, there are strong commitments to ensure that lessons learned from polio infrastructure and eradication are leveraged and integrated into wider immunisation and health systems – especially on core elements such as community mobilisation and disease surveillance.

The global health funds are at an opportune moment to go even further in their collaborations in order to develop policies, programmes, and financing mechanisms that collectively strengthen health and financing systems at national level, in alignment with national priorities.

UK SCRUTINY AND RANKING OF MULTILATERAL ORGANISATIONS

The UK invests around 37% of its aid budget through multilateral channels,⁷³ and investments are rigorously assessed for results, value for money, risk and assurance, transparency, and accountability.⁷⁴ As set out in the 2016 Multilateral Development Review (MDR), "the multilateral system is vital to the UK and global interests" and "multilateral partnerships expand the reach of UK development and

mobilise tremendous resources and expertise to tackle global challenges."⁷⁵

DFID's investment in health multilaterals Gavi and Global Fund are continuously rated "exceptional" by DFID, and rated "very good" with regard to both "organizational strength" and "match to UK objectives."⁷⁶ Furthermore, studies looking

at the quality of aid in terms of the aid effectiveness principles of 40 bilateral and multilateral donors ranked the Global Fund and Gavi 7th and 9th respectively, globally.⁷⁷ Investments in Gavi, the Global Fund, and the GPEI have continuously been rated "A" or "A+" in DFID's annual reviews, highlighting the fact that they meet output targets and the majority of indicator milestones.⁷⁸

5. Conclusion

While we acknowledge exceptional progress on global health, the need to continue improving the health of millions of people is no less important or pressing. Millions are unnecessarily dying every year from diseases that we can prevent and treat. However, reaching those left furthest behind first as a priority is more challenging and costly. This should encourage determination from donors like the UK to leave no one behind, and to go further and faster in their commitments to improve and save lives.

The upcoming health replenishment and pledging moments present an opportunity to secure the necessary financial support from donors, other partners, and national governments in order to tackle some of the world's most important health challenges. They also provide an opportunity to drive new collaborations, innovations, and ways of working between multilateral partnerships and donors to ensure that health policies and programmes deliberately tackle health and nutrition together.



RECOMMENDATIONS

- 01** **The UK must invest ambitiously in the upcoming replenishments of Gavi, the Global Fund and the GPEI, as well as renewing its commitment to nutrition at the 2020 N4G summit.** The unique opportunity presented can raise progress to unprecedented levels. This is the optimum chance to enable the delivery of UHC. Each investment strengthens the investments made in the other platforms but, conversely, a failure to invest ambitiously in one of these mechanisms will risk undermining the value and impact of UK aid overall.
- 02** **Health must be a priority issue for UK aid, which must also include nutrition.** Poor health and nutrition are key drivers of poverty and curb human-capital potential, greatly impacting on economic growth. Health and nutrition are co-dependent, and failure to treat them holistically will undermine any investment in them as single interventions. The UK commitment to leave no one behind risks going unfulfilled without a joined-up approach.
- 03** **DFID must take an aligned and complementary approach to bilateral and multilateral investments in order to leverage the maximum impact of UK aid.** Bilateral and multilateral investments have a unique and important role to play in strengthening national health systems. By using the full, available toolkit of approaches in a collective manner, the scale of the impact is higher and value for money of investments is maximised.
- 04** **As a leading donor, the UK should use its influential position and voice to drive a new focus and approach towards global collaboration on health and nutrition.** Considering its position on the Gavi and Global Fund boards, as the donor representative on a number of GPEI decision-making committees, and as a key partner in the Nutrition for Growth partnership, the UK has an influential role to play in driving collaboration. Recognising this, it can be the donor that pushes the boundaries of the various mechanisms and challenges them, and other donors, to move beyond alignment to policy and programmatic change and implementation. This can catalyse the strengthening of health systems, and help all actors achieve their ambitions and targets.
- 05** **Sustainability and the path towards country ownership must be at the heart of all UK investments.** UK aid should support and be catalytic of domestic investments in health and nutrition, and be aligned with national-government priorities. DFID should ensure that its approach and policies encourage sustainability and are built on health needs and inequalities rather than income indicators. This should be reflected in the department's bilateral investments and the policies of the multilateral partnerships in which DFID is involved.
- 06** **Gavi, the Global Fund, and the GPEI should increase collaboration on policy, programmatic, and financial levels in order to collectively support sustainable and stronger health systems.** The global funds should embrace the Global Action Plan for Healthier Lives and Well-Being, and ensure that high-level engagement in this process leads to thoughtful actions in order to drive improvements at a national level. Each fund must deliberately consider nutrition and its impact on the wider health system in the development of new policies and strategies, and must prioritise accordingly. Furthermore, they should explore how jointly they can reach those people and communities left furthest behind first with all the essential health and nutrition services that they need.
- 07** **Global funds should actively engage in each of the replenishment moments.** There must be no competition between funds or replenishment moments. All are equally important and necessary, and this should be acknowledged by everyone involved. Each replenishment moment is an opportunity that should be grasped in order for multilateral partnerships and donors to make new commitments to collaboration and new ways of working to excel on joint goals of equity, efficiencies, and health-systems strengthening. There is an exceptional opportunity for the multilateral partnerships to make commitments at the Nutrition for Growth summit on how they will actively consider nutrition as part of their approach to strengthening health systems.

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RESULTS UK is a partner of ACTION, a global partnership of advocacy organisations working to influence policy and mobilise resources to fight diseases of poverty and achieve equitable access to health. ACTION partners work across five continents in both donor and high-burden countries. Founded in 2004, ACTION began as a partnership of independent, locally established civilsociety organisations working to mobilise new resources against tuberculosis. Building on successes in fighting TB globally, ACTION expanded its efforts to include child survival – with a focus on expanding access to childhood vaccines and increasing the political will and investment needed to fight childhood undernutrition.

RESULTS

RESULTS UK is a non-profit advocacy organisation that works to create the public and political will to end extreme poverty. RESULTS' focus is on educating and empowering people – whether they are ordinary citizens or key decision-makers – to bring about policy changes that will improve the lives of the world's poorest people. Our advocacy focuses on areas that have the most potential to make a difference. RESULTS UK has a track record of expertise in education, global health, and economic opportunity.

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