

# **Science and policy: a view from the UK Department for International Development**

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## **What is DFID?**

- Created 1997, separate from FCO. Mission to reduce global poverty.
- DFID Secretary of State in Cabinet (Andrew Mitchell)
- DFID Overseas Development Assistance (ODA) £7.6 billion
- Government commitment to spend 0.7% of GDP by end 2013 (2011 spend was 0.56%)
- Use of funds for ODA governed by International Development Assistance Act 2002
- DFID staff of 2,700, includes 700 professional advisers from twelve cadres. 75 health advisers

## **Mission of DFID Research and Evidence Division**

- *To support DFID to become world class in **using evidence for development impact** while ensuring VFM,*
- *to **influence other donors** to be the same, and*
- *to provide **better evidence to all decision makers** in development.*

## **DFID's Research Programme**

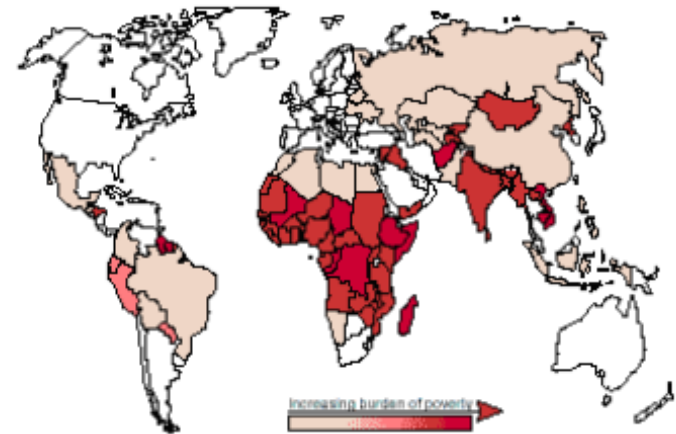
Three aims:

- To support the development of new technologies which impact on poverty (eg vaccines, drugs, drought-resistant crops)
- To find better and more cost-effective ways of delivering international aid
- To increase understanding of key development questions to support best policy choices

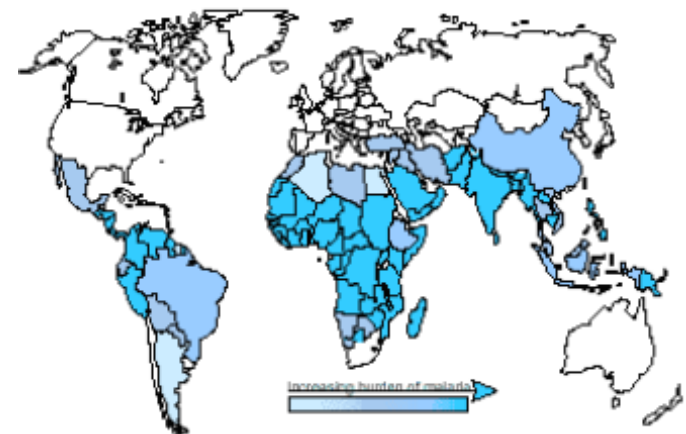
## The Burden of Malaria

- Estimated 225 million cases and 784,000 deaths globally 2009
- 85% cases & 89% deaths in SSA
- 20% of child deaths in Africa
- Rural Ghana malaria treatment costs >33% poor household income
- 0.55% reduction in SSA annual growth (up to 1.3% in high burden countries)

Estimate of world poverty



Estimate of world malaria burden



## **Examples of issues needing expert scientific evidence and advice**

- What should DFID do to control and /or eradicate Malaria?

Loud voices arguing for;

- Large scale investment in vaccine development;
- in malaria eradication ( feasible only in countries where malaria already minimal contributor to disease and death)
-

## **Malaria prevention and control interventions , US\$ cost per DALY**

- Insecticide-treated bed nets: \$5-17
- Indoor Residual insecticide Spraying: \$ 9-24
- Intermittent preventive treatment in pregnancy: \$2-11
- Treatment with ACTs (under 5s) cost per life saved: \$171-209
  
- Note: lack of access to services, and poor quality can dramatically reduce “real world” cost-effectiveness

## Goal and framework

<p>Goal: At least 50% reduction in mortality in at least 10 high burden countries</p>			
<p>Reduce burden</p>		<p>Sustain Gains</p>	
<p>Improve Quality</p>	<p>Increase access Build demand</p>	<p>Innovation &amp; Global Public Goods</p>	<p>Impact and results</p>
<ul style="list-style-type: none"> <li>• Scale up cost effective interventions</li> <li>• Support health systems and integrated approaches</li> </ul>	<ul style="list-style-type: none"> <li>• Extend reach incl. to marginalised populations</li> <li>• Remove barriers to access/increase equity</li> <li>• Increase knowledge and participation</li> </ul>	<ul style="list-style-type: none"> <li>• Contain resistance</li> <li>• Market's perform efficiently</li> <li>• Product and new tool development</li> <li>• Support evidence based global norms and policy</li> </ul>	<ul style="list-style-type: none"> <li>• Data and information systems to measure results &amp; impact</li> <li>• Monitoring effectiveness</li> <li>• RBF</li> <li>• Accountability and transparency</li> <li>• Influencing and working with others</li> </ul>



## **Examples of issues needing scientific advice**

Should DFID continue to fund global polio eradication efforts?  
Is there an alternative?

What is the most cost-effective way to prevent diarrhoeal disease?

Which behaviour change approaches will reduce HIV transmission?

Why is maternal mortality falling so slowly when the causes and effective interventions are well known?

How can absenteeism of doctors from their workplace of over 50% in some countries be reduced?

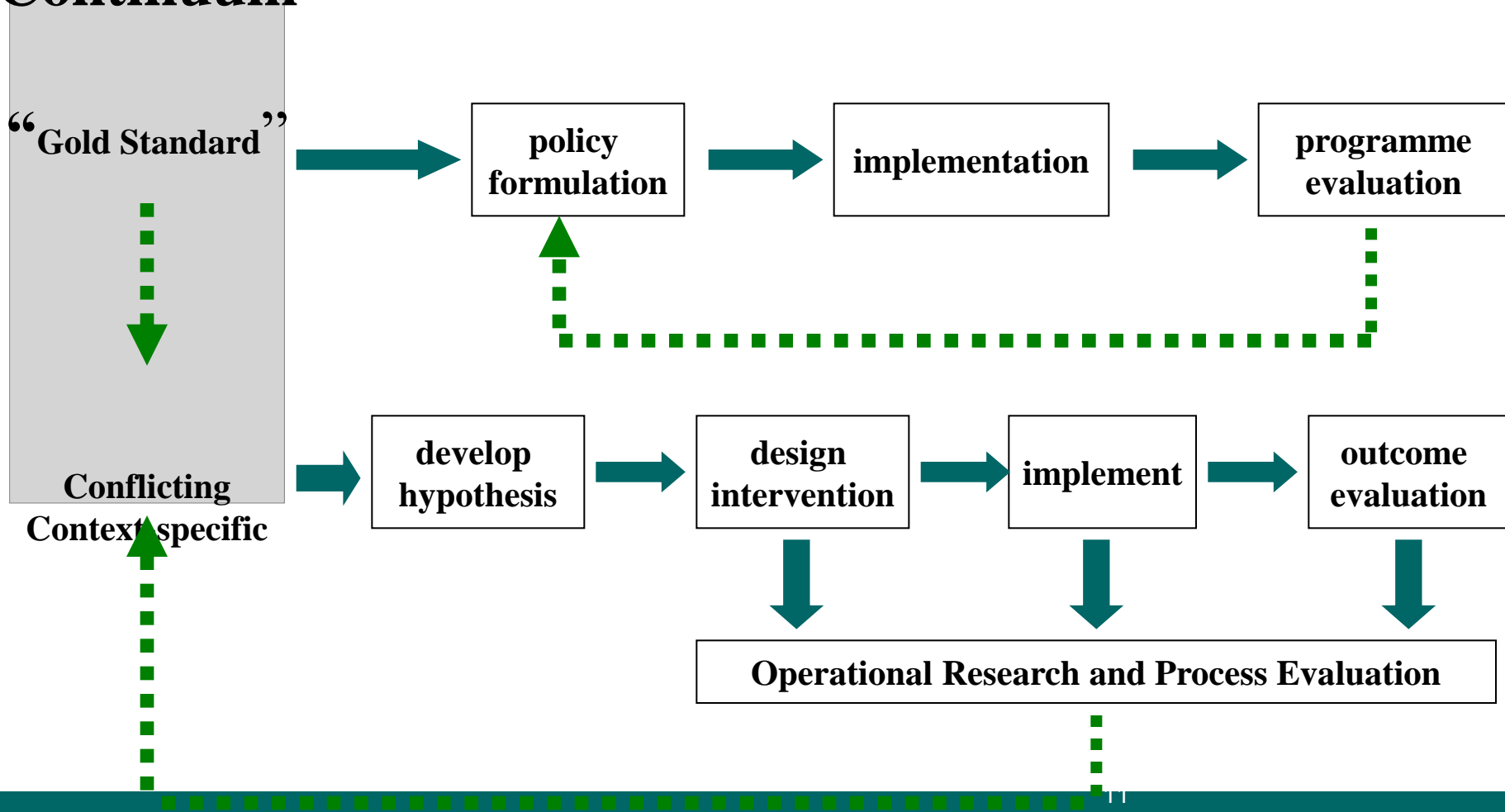
## **Policy making: evidence and influence**

- Research evidence: science.
- Media
- Lobby groups, including big companies
- Entrenched opposition
- Funders' priorities
- Ideology
- Careers
- Time pressure

# Getting Research into Policy and Out of Practice

Evidence

Continuum



## **Sources of advice?**

- Sources of research evidence: teamsites, evidence-site, DFID evidence products, externally to Cochrane reviews,
- DFIDs Chief Scientific Adviser; in-house seconded Senior Research Fellows
- Expertise among researchers supported by DFID
- Contracted Knowledge and evidence services: for “superspecialist” advice
- UK expertise through HPA, NICE
- Is advice independent, comprehensive, credible, timely ?

## **My advice to you on international health issues**

- Go there, go to a rural clinic, laboratory, hospital delivery room, water source, slum health post, drug store
- Engage with users and professionals, see for yourself, keep asking yourself why
- Listen to those who make policy
- Put yourself in each of their shoes
- For each potential policy issue, think also about the incentives to change, barriers, rewards, risks, longterm as well as short-term.

## **Policy making and implementation are important**

- You can make a difference
- Good luck !
- [www.DFID.gov.uk](http://www.DFID.gov.uk)