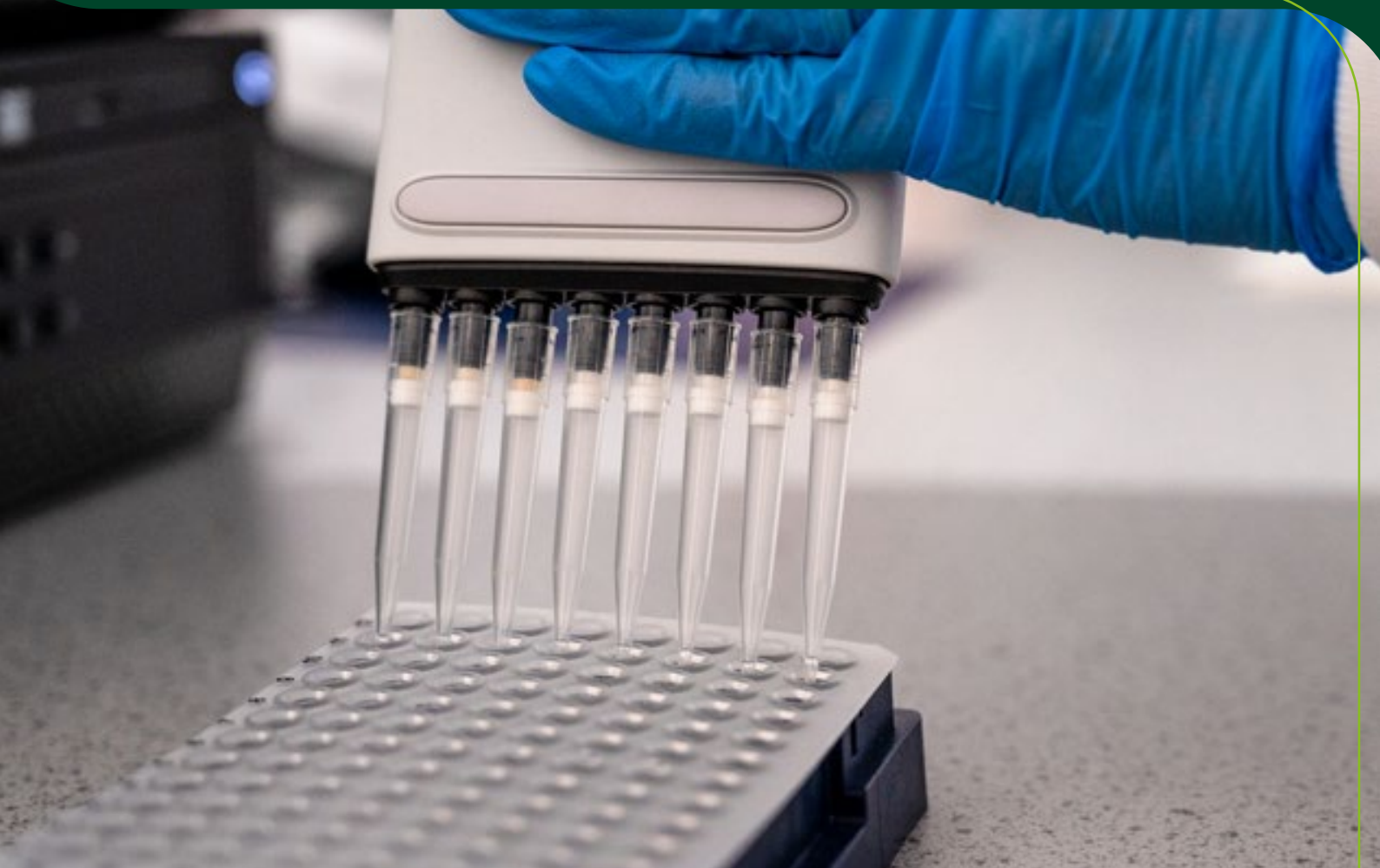
ESRC IAA CASE STUDY

University of York's ESRC Impact Acceleration Account Secondment

Influencing health policy in Africa and the Gulf

Professor Paul Revill and the Global Institute for Disease Elimination (GLIDE)



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Paul is the Head of the Global Health Team at the Centre for Health Economics at the University of York. He is also Director of the Thanzi programme[1] of research and policy impact activities which aims to improve the health of all people in East, Central, Southern and West Africa. His research focuses on how countries can use limited resources to maximise population health. This secondment had one major focus. As new major funders step forward, how can they ensure their investments deliver the greatest possible public good?

A RAPIDLY EVOLVING ECOSYSTEM

GLIDE was established five years ago as Abu Dhabi's flagship centre for contributing to global health and development activities, through a partnership between the Gates Foundation and Sheikh Zayed, now President of the United Arab Emirates. It sits within a wider ambition across the UAE and Gulf region to increase their contribution to health in lower-income countries. At the Dubai COP in December 2023, $777 million was committed through the "Reaching the Last Mile" fund to tackle disease elimination. But as Paul explains, the bigger strategic direction was still very much taking shape.

"It remains a rapidly evolving ecosystem in Abu Dhabi and the Gulf," he says. "GLIDE was in its initial set-up phase and is now moving into what could be a much larger phase of existence."

Since the secondment began, GLIDE and other global development entities have been consolidated under a new umbrella body, the ERTH Foundation, a development that further highlights the scale of ambition in the region. Paul's role was to help shape that ambition. "Disease elimination is a noble cause, but the exclusive focus on elimination – which is often pursued at high cost and sometimes with limited population health impact – can be misguided when there are substantial other public health harms in low-income countries."

Eliminating a disease can be politically powerful. "If a partner can say a disease has been eliminated, it's seen as a moment of triumph," he explains. "But elimination often means going from very few cases to none, so the impact on the health of the wider population can be small. That money and effort could otherwise have been spent to improve many people's health."

His aim was to embed economic thinking into funding decisions – to align disease elimination efforts with the broader goal of universal health coverage (UHC), the key global objective for health systems. "If you encapsulate the purpose of my secondment," he says, "it's been to find better ways of aligning these two goals."

HOW THE SECONDMENT WORKED

In practice, collaboration meant time on the ground. Paul made a series of extended visits to Abu Dhabi, typically two to three weeks at a time, while GLIDE's CEO visited York. "It's only by being there that you understand the constraints an organisation operates under," he says. "There are requirements coming from higher levels. You can't understand the nature of those unless you spend time in the ecosystem."

Together, he and GLIDE co-produced research papers aimed at shifting the narrative around disease elimination. They also convened an international working group on the economics of disease elimination, bringing together the World Health Organization, the Carter Center, Dalberg, Task Force for Global Health, Sightsavers International and representatives of African Ministries of Health through the East, Central and Southern African Health Community (ECSA-HC).

Two meetings, one alongside the World Health Assembly in Geneva and another later in the year, focused on ensuring that disease elimination funding becomes "more synergistic"

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with wider health system strengthening.

Out of that work emerged three practical priorities:

1 Embedding community health workers within national health systems rather than funding them in isolation

2 Strengthening disease surveillance and outbreak response

3 Targeting the use of new, simpler diagnostics for neglected tropical diseases such as schistosomiasis, sometimes called Bilhazia.

"Previously, community health workers were often funded by external international donors," says Paul. "Their work wasn't planned as part of any national health system, so they operated separately. Now we're focusing on how their role is properly embedded into wider health sector planning," Paul says. "We held a joint webinar with the World Health Organisation Africa office to inform their strategy on community health worker classification and where and how they are deployed. That's just one of the impacts that resulted from this secondment."

INFLUENCE AT MINISTERIAL LEVEL

One of the clearest signs of impact came at the end of 2024, when Paul helped convene a workshop in Abu Dhabi bringing together Ministry of Health directors responsible for budget allocation, universal health coverage and disease elimination with academic leads from 11 African countries. "It was a rare example of those in charge of overall health budgets sitting down with those focused on disease elimination," he says.

Historically, elimination programmes have benefited from siloed funding streams. "That fragmentation means disease elimination isn't well incorporated into overall health planning," Paul explains. "It can even undermine wider health efforts." Following the workshop, recommendations were taken to a meeting

1 https://thanzi.org/

of ECSA Ministers of Health, who signed a Ministerial Resolution on Combating Neglected Tropical Diseases in the region. The resolution recognises the need to align disease elimination with health system strengthening and UHC.

"We can't claim sole responsibility for policy change," Paul says carefully. "But as a result of working together through this secondment, there is now recognition of the need for alignment as well as strategies identified to meet it."

The partnership has also led to work towards a Memorandum of Understanding between York's Thanzi programme and WHO Africa, deepening collaboration in the region.

BACKED BY INSTITUTIONAL SUPPORT

The secondment was also made possible by practical support from the University of York.

International partnership working of this kind involves complex travel arrangements, coordination across time zones and sustained administrative input. "The administrative support from the University was critical. Setting up trips, managing logistics, helping coordinate meetings – that takes time and expertise. Without that support, the scale of engagement we achieved simply wouldn't have been possible. There was also an understanding from the university that this work matters," he says. "That it's not a distraction from research, but a way of amplifying its impact."

That backing gave the secondment credibility, both internally and with partners abroad. "When you're representing the University in conversations at this level, that institutional support is important. It signals that this is a serious, long-term commitment."

MUTUAL BENEFIT FOR ALL PARTNERS

For GLIDE and its partners, the secondment has embedded economic analysis within emerging funding strategies at a pivotal moment. For the University of York, it has opened new channels

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in a region becoming increasingly central to global health financing. "We now have a shared vision of partnership," Paul says. "We can draw on York's academic and technical expertise, combined with GLIDE's potential for influence, to bring that influence to bear where it matters."

The timing has also been critical for his own programme. With UK and US funding streams contracting, "it's put my programme in a precarious position," he says. The Gulf's growing role offers alternative pathways for sustaining research with global impact.

"On a personal note, the secondment gave me the headspace to step outside the day-to-day chaos of university life and be reminded of our potential to contribute to public good. Secondments are not just for early career researchers. For those with significant responsibilities, that space can be invaluable.

"If you're thinking about a secondment, remember that very precise planning is rarely possible. You need adaptability as situations change and opportunities arise – and you need a realistic pathway to impact."

Meanwhile, for Paul, one moment stands out – University of York researchers, Abu Dhabi representatives and African health leaders meeting as equal partners.

"These groups often work in separate worlds," he says. "Bringing them together in a shared endeavour felt genuinely impactful."

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