

Technical Competency Framework

Health Cadre 2016

1. Introduction

About the Advisory Cadres

DFID advisers help identify, generate and utilise the best evidence, knowledge, technology and ideas to improve the effectiveness and impact of the UK's aid programme. Advisers have key roles in programme design, management and evaluation, and in the broader development and implementation of policy. They have strong links with development networks, research organisations and professional bodies both in the UK and internationally.

There are thirteen professional cadres with a combined total of more than 850 accredited advisers, around one third of the total DFID workforce. The majority of these advisers are on-cadre¹ (a small proportion are off-cadre for various reasons but continue to retain their accreditation²) and are deployed throughout DFID HQ and overseas. The Economics and Statistics cadres are linked to government-wide advisory services.³ All DFID advisers need to continually update and refresh their skills, through their cadre programmes of continuing professional development (CPD), in line with the latest trends in global development, poverty reduction and UK policy.

How the technical competency framework should be used

Each cadre framework follows the same design, and is used for adviser recruitment, performance management, Technical Competency Assessment (TCA), quality assurance, career development and workforce planning. The framework may also be used by other government departments and external partner organisations for collaboration and partnership working.

¹ These advisers are working in posts where at least 40% of their time is spent on technical work, they spend 10% of their time undertaking work for the wider cadre, and they undertake a minimum of 50hrs per year (with an expected range of 50 to 100hrs) on relevant continuing professional development, including attending professional development conferences organised by the Head of Profession

² Accreditation can be maintained for up to two posts or five years in off cadre posts, as long as professional development is continued

³ The Government Economic Service and the Government Statistical Service respectively

Introduction to the Health Cadre

Health advisers are public health specialists who support developing countries to 'ensure healthy lives and promote well-being for all at all ages' (SDG Goal 3). They implement the UK Aid Strategy by delivering targeted interventions while building stronger and more resilient public health systems, focusing on those at risk of being left behind and protecting against and preparing to respond to health threats.

Health is a medium-sized cadre; there are over 75 accredited health advisers working in DFID across the regions, in policy and research teams and with global funds and the health multilaterals.

Health Advisers support the delivery of manifesto commitments in family planning, nutrition, infectious diseases and preventable maternal and child deaths. They work comfortably across the public, private and non-governmental sectors. Bringing a public health approach to their work they advise on sector and multi-sectoral engagement in health (e.g. nutrition, urbanisation, HIV) and operate at country, regionally and internationally.

Health advisers develop policy, commission research and evaluations, engage with external stakeholders and design and deliver DFID programmes and many are SROs. Advisers promote coherence between multiple sources of support for health globally and at country level between domestic and external resources.

All health advisers are either accredited to the evaluation cadre or are working towards accreditation.

Competencies

The competencies for the health cadre fall into the following types:

- 1. Shared Advisory Competency:** This competency is common to all DFID advisory cadres and describes the essential skills required to be an adviser in DFID. This can be used alongside the primary competencies in job specific recruitment, and will be tested at recruitment to the cadre (accreditation) or promotion within a cadre.
- 2. Primary Competencies:** All advisers accredited to the cadre will demonstrate these competencies.
- 3. Specialist Competencies:** Advisers need to demonstrate competence in these specialist areas for specific roles. It is not expected that all advisers will be specialists in these technical areas.

Advisory Grades:

The Civil Service competency framework provides a short narrative and examples of the desired and undesirable behaviours of civil servants at different grades. Advisers are expected to demonstrate the appropriate level of civil service competencies for their grade.

As with the Civil Service competencies, the technical competencies remain the same across all grades. What changes by grade are the desired behaviours and context for the technical knowledge required, as well as the levels of risk, complexity and responsibility advisers will be expected and able to cover. The cadre specific competencies are complemented by the civil service competencies and international competencies (where appropriate).

A2L advisers will meet the key competency areas and be able to provide sound technical advice in the areas of which they have experience. They will be able to design, manage and lead clearly defined projects, policy issues and technical processes with limited levels of risk and complexity. They are able to establish credibility with counterparts.

Further to this, **A2 advisers** should be able to lead project and programme design, management and oversight and be able to operate at country and/or departmental level independently. They should be aware of the relevant evidence in their technical area and be able to provide sound technical advice and support and lead technical discussions. This will include setting direction and technical strategic leadership not just narrow technical guidance. They are able to establish credibility with senior counterparts.

Further to this, **A1 advisers** are expected to be able to represent DFID in technical discussions at the highest levels. They will be able to design, manage and oversee the most complex, high risk and high value projects and advise on complex technical and political issues. They will be able to apply their generalist leadership capabilities such as seeing the bigger picture, and setting direction in their technical work. They are able to establish credibility and influence at the most senior levels, including with external organisations.

2. Summary of Health Adviser Competencies

	Type	Health Competencies
Core Competencies	Shared Advisory Competency	SA1: Shared Advisory Competency⁴ The competency has 5 subcomponents: (i) International Development (ii) Develop and implement policy (iii) Use evidence to inform policy and programming (iv) Design and manage programmes and projects (v) Apply key economic and commercial concepts
	Primary Competencies	P1: Epidemiology and Public Health: Knowledge and application of epidemiology and public health
		P2: Health Systems Development: Knowledge based on experience of health service delivery in a developing country context, including understanding of health systems development challenges
		P3: Global Health Architecture: Knowledge and understanding of global health context including the international health architecture
		P4: Social Determinants of Health: Knowledge and application of wider determinants of health
		P5: Evidence, Innovation and Evaluation: Knowledge and application of evidence, innovation and evaluation
	Specialist Competencies	S1: Nutrition

⁴ For health advisers, the first three sub-components of the shared advisory competence have been fully integrated into the Primary Competencies below

3. Qualifications and Competencies

Qualifications: Health advisers are required to have a Master's Degree in Public Health or an equivalent Master's in a relevant technical area (e.g. epidemiology; health planning and finance; health economics; demography and health)

SA1: SHARED ADVISORY COMPETENCY

Advisory competencies in italics have been fully integrated into the Primary Competencies below.

- (i) *Understand the context and key organisations and processes that shape **international development**. (Integrated into P3 below)*
- (ii) ***Develop and implement policy** including open and collaborative policy making and scaling-up policy solutions. (Integrated into P1 below)*
- (iii) ***Use evidence** to inform policy and programming. Analyse and critically appraise a wide range of data and evidence and engage with and implement high quality **evaluation** processes and design projects in a way that enables DFID to **learn from its projects and programmes**. (Integrated into P5 below)*
- (iv) **Design and manage programmes and projects.** Have skills to undertake the Senior Responsible Owner role, including working with partners/suppliers, understanding and practising risk management, financial management, commercial awareness and **value for money** at all stages of the programme cycle.
- (v) **Apply key economic and commercial concepts** (i.e. incentives; choice; markets; public policy and government failure); being able to robustly compare costs and benefits

P1 Health Competency: Epidemiology and Public Health – Knowledge / understanding and application of epidemiology and public health in developing countries

<p>Demonstrate knowledge / understanding of epidemiology and its role in measuring and monitoring health and its determinants in a population including:</p> <ul style="list-style-type: none"> • Health inequalities, including poverty and gender issues • Communicable disease – prevention, preparedness, surveillance, detection and response • Reproductive, maternal, newborn, child and adolescent health • Nutrition • Chronic disease prevention and management • Social norms, health promotion and 	<p>Enabling Advisers to:</p> <ul style="list-style-type: none"> • Identify key public health priorities for the poor and excluded and 'do no harm' where assessment of a population may be used to stigmatise certain groups • Develop cost-effective policies (including open and collaborative policy making) and scaled up programmes to address public health priorities • Monitor trends in population health • Provide advice on public
---	--

<ul style="list-style-type: none"> behaviour change Population dynamics and demography 	<ul style="list-style-type: none"> health aspects of development assistance Assess the potential impact of new evidence or policy
--	---

P2 Health Competency: Health Systems Development - Knowledge based on experience of health service delivery in a developing country context including understanding of health systems strengthening challenges

<p>Demonstrate knowledge/understanding of health systems in developing countries including:</p> <ul style="list-style-type: none"> Elements of equitable, effective and resilient health systems for Universal Health Coverage, including quality improvement Strategies for delivering healthcare and strengthening health systems in fragile and conflict affected environments Social norms, power, politics and incentives; how they operate within health systems and markets to influence decisions about sector priorities and allocation of resources Implications of health system arrangements for the power of different stakeholders Behaviour change including use of ICT and social media Impact of public sector reforms, including decentralisation, anti-corruption and accountability Financing: strengths and weaknesses of different models of raising, pooling, allocating and spending resources including domestic resources Economy, efficiency, effectiveness, sustainability and equity in health and health financing Information systems (including digital) for decision making and to demonstrate results and VFM. Human resource policies, planning and management Medical supplies, supply chain and infrastructure and equipment Non-state (private and not-for-profit) finance and service provision Aid instruments and their advantages and disadvantages 	<p>Enabling Advisers to:</p> <ul style="list-style-type: none"> Commission and apply social, institutional and political economy analyses of health systems and markets Conduct reviews of the effectiveness of health institutions and systems at central and sub-national levels Identify, design, appraise, manage, monitor, adapt and evaluate DFID investments to improve health and nutrition services and outcomes Advise on approaches to strengthen governance and to institutional capacity building Monitor health budgets and identify VFM and impact on health outcomes and poverty reduction. Develop practical proposals for engaging communities in co-production of health and in planning, monitoring and accountability processes Support partner countries to develop and deliver effective accessible services, demonstrating long term sustainability and public responsiveness
---	---

P3 Health Competency: Global Health Architecture - Knowledge / understanding of global health context including the international health architecture

<p>Demonstrate knowledge / understanding of the global architecture in health including:</p> <ul style="list-style-type: none"> • Mandate, structure, policy and approach of key multilaterals and global funds (e.g. WB, UN, EC, GFATM, Gavi) • Major bilateral agencies, non-traditional donors, Foundations and civil society including UK professional organisations • Research organisations, academia and the private sector (including pharma) • International trade related areas relevant to health (e.g. TRIPS) • Global health security architecture including International Health Regulations • The context in which DFID health work operates, including the Sustainable Development Goals, ODA rules, UK legislation on ODA (including gender) and government structures • Aid effectiveness principles and behaviours including Paris, Accra, Busan and IHP+ • Roles of and working with other UK government departments on global health: DH, FCO, UKTI, BIS, MoD 	<p>Enabling advisers to:</p> <ul style="list-style-type: none"> • Understand how major players work and identify opportunities to work effectively with them internationally and in countries • Engage in national and international dialogue on key health issues and work to DFID's comparative advantage • Engage multiple stakeholders effectively on global health challenges as they affect the poorest.
---	--

P4 Health Competency: Wider Determinants – Knowledge/ understanding and application of wider determinants of health

<p>Knowledge/understanding of the wider determinants of health including:</p> <ul style="list-style-type: none"> • Impacts on equitable health and nutrition outcomes of economic, social and other investments, including education, water, sanitation and other infrastructure and social protection • Macroeconomic impacts on health sector and health outcomes • Political and governance impacts on health outcomes e.g. relative 	<p>Enabling advisers to:</p> <ul style="list-style-type: none"> • Design and deliver multi-sectoral and non-health sector approaches to delivering equitable health and nutrition outcomes e.g. to address risk factors for non-communicable diseases • Advise and propose solutions to strengthen pro-poor and equitable policy, budget and implementation processes
---	--

<p>prioritisation of regions, populations etc</p> <ul style="list-style-type: none"> • Risk factors for non-communicable disease as they affect the poor and excluded • Environmental health including sanitation, food safety, air pollution; housing • Health impacts of climate and other environmental change, mitigation and co-benefits • Disaster preparedness and risk reduction • Models for effective multi-sectoral coordination and action e.g. on HIV and nutrition 	<p>across sectors</p> <ul style="list-style-type: none"> • Identify opportunities for locally-led change through coalitions where interests to improve health outcomes • Design and deliver interventions for behaviour change / shifting social norms including use of ICT and social media
---	--

P5 Health Competency: Evidence, innovation and evaluation - Knowledge / understanding and application of evidence, innovation and evaluation

<p>Knowledge/understanding and application of evidence, innovation and evaluation including:</p> <ul style="list-style-type: none"> • Key quantitative and qualitative research and evaluation methodologies in health and nutrition • Global health and nutrition research architecture, priorities and modalities • Access to key sources of published statistics, research, systematic reviews and other bodies of evidence • How to critically appraise innovations and research and assess the quality of available evidence • Understand the potential of digital technology to improve the reach and value for money of development interventions. • Getting research into policy and practice 	<p>Enabling advisers to :</p> <ul style="list-style-type: none"> • Critically appraise data, innovations and research and understand their relevance and robustness • Incorporate evidence and learning from monitoring, evaluation and research into programmes • Integrate digital technologies into programmes, and use digital tools to work smarter, and to collaborate and communicate more effectively. • Contribute effectively to the development of DFID's research priorities, health policy and strategies • Design rigorous evaluations of innovations and programmes • Develop networks of contacts and sources of information for knowledge management
--	--

S1: Specialist Competency: Nutrition - Knowledge / understanding and application

Knowledge / understanding of nutrition and its application, including:	Enabling advisers to:
<ul style="list-style-type: none">• Causes, scale and trends in malnutrition (stunting, wasting, micronutrient deficiencies and overweight / obesity) and consequences for human and economic development• Evidence of what works including nutrition-specific and nutrition-sensitive actions, and multi-sector approaches to prevent and treat malnutrition;• Health sector specific interventions e.g. micronutrient supplements, breastfeeding support, effective diarrhoea treatment• Global architecture for nutrition, spanning health, food security, development and humanitarian• Monitoring systems and indicators, and interpretation of nutrition-related data	<ul style="list-style-type: none">• Interpret nutrition data with reference to the severity of the situation, potential causality and appropriate interventions.• Develop effective, evidence-based nutrition-specific and -sensitive policies and interventions.• Identify priority nutrition actions in humanitarian emergencies.• Design and commission evaluations of nutrition interventions and commission research into nutrition.• Engage effectively with partners and implementers to improve country ownership and delivery capacity.