

Action for Global Health

Briefing: Impact of Official Development Assistance Cuts to Global Health

1 Summary

In a [written statement](#) on 21st April 2021, the Foreign Secretary announced the Official Development Assistance (ODA) departmental allocations for 2021-22 for the Foreign, Commonwealth and Development Office (FCDO). These allocations gave the first indication of the cuts to programmes as a result of the UK Government's decision last year to cut ODA from 0.7% of GNI to 0.5%.

Our analysis indicates that **the reduction in global health spending represents an overall cut of up to 40%¹** (compared against 2019) — a **devastating blow during a global pandemic and catastrophic to the COVID-19 response and delivery of essential health services globally.**

This briefing explores how these cuts will lead to a decades-long rollback in progress towards the Sustainable Development Goals on global health and poverty elimination, hinder the global recovery from COVID-19, and disrupt the Government's own G7 Presidency ambitions and the ability to deliver the FCDO's strategic goals. These cuts also stand in stark contrast to other G7 nations; by comparison, **the US have increased their funding to global health by 66% over the past year² despite its economy contracting at its deepest pace since World War II.³**

As the case studies below show, the impact of the cuts will undoubtedly be seen in the preventable deaths of mothers, newborns and children; increased transmission of communicable diseases such as polio, tuberculosis, malaria and neglected tropical diseases; removal of support for mental health services; reduced access for vulnerable and marginalised people to essential, quality health services, including sexual and reproductive health care services; increased risk of ill health and health-care associated infections due to lack of investment in water, sanitation and hygiene; weakened health systems globally; and severely reduced research on global health threats.

¹ In 2019, the UK spent more than £2.2 billion on ODA to health. See combined health totals from Table A7 (bilateral aid by sector) and Table A9 (imputed multilateral share by sector) at: <https://www.gov.uk/government/statistics/statistics-on-international-development-final-uk-aid-spend-2019>. In his recent statement, the Foreign Secretary indicated only £1,305 million had been allocated to 'COVID and global health' in 2021/22: <https://questions-statements.parliament.uk/written-statements/detail/2021-04-21/hcws935>. However, we should note that this figure does not include the health ODA spent by other government departments outside the Foreign, Commonwealth and Development Office (data not yet available).

² The 2021 budget for global health has been increased to \$10b from [\\$3.2b in 2020](#)

³ <https://www.reuters.com/article/us-usa-economy-idUSKBN29X0I8>

At a time when COVID-19, future pandemics and climate change pose the greatest threat to the health of people in the UK and around the world, these cuts are short-sighted and will undoubtedly increase the UK's vulnerability. Whilst we recognise there have been fiscal restraints caused by COVID-19, cutting global health spending as a result of the pandemic is a particularly destructive example of robbing Peter to pay Paul.

Given the positive, long-term impacts ODA has had on the UK and beyond, we suggest that these cuts – which equal just 1% of the current UK deficit – will only cause harm to hard-won progress on global health and irreversibly damage the UK's position as a global leader. The sudden implementation of these cuts is also resulting in multiple programmes being cancelled mid-way through their work – losing gains to health, leaving many people unable to access or continue their healthcare and wasting money already spent. The UK Government must urgently reconsider these cuts and reinstall the UK's commitment to 0.7% with immediate effect.

2 Impacts of the Cuts

Action for Global Health's analysis, with input from a range of civil society organisations, research institutions and delivery partners, indicates that the cuts will impact every area of global health and interconnecting issues, and result in a decades-long, catastrophic rollback on a myriad of health issues, to which the UK had previously contributed so significantly and laudably.

2.1 Sustainable Development Goals

The table below indicates the impact of the cuts that have been announced so far against Sustainable Development Goal 3 (health and wellbeing), a goal to which the UK committed in 2015. Many of these areas were on the cusp of success and now face devastating setbacks.

SDG 3 Sub goal	ODA Cut and Impact Example
3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.	<p>UNFPA Supplies programme</p> <p>To receive approx. 85% cut. UK Gov funding amounts to 60-70% of this programme's funding, therefore this cut will have devastating impacts on women, girls and families – esp. those living in poverty, in remote underserved communities and living through humanitarian crises. This is particularly devastating at a time we have seen a rise of maternal deaths due to the impact of COVID-19.</p>

<p>3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.</p>	<p>Global Polio Eradication Initiative Funding cut by 95%, from £100m to £5m, on top of cuts in 2020, which will be catastrophic in ability to eradicate polio around the world. UNICEF, Gavi and WHO previously warned that up to 80 million children under the age of 1 are at risk of missing out on routine immunisations for diseases such as measles, polio and yellow fever due to disruption of mass immunisation projects to combat COVID-19.</p> <p>Nutrition Analysis suggests a cut of 80% from 2019 down to just £26m on vital nutrition services this year. Within humanitarian settings, analysis suggests that nutrition-sensitive assistance could be 45% less than in 2019. Malnutrition is a key factor in around half of all child deaths. The pandemic is estimated to increase the number of malnourished children dramatically with an additional 9.3 million wasted children, 2.6 million stunted, and 165,000 child deaths. The WHO has warned nutrition services are amongst the most disrupted because of the pandemic. UK aid cuts to nutrition will cost children's lives and are entirely inconsistent with stated leadership on famine prevention.</p>
<p>3.3: By 2030, end the epidemics of AIDs, tuberculosis, malaria and neglected tropical diseases and combat hepatitis water-borne diseases and other communicable diseases.</p>	<p>Neglected Tropical Diseases (NTDs) 90% funding cut (£150 million), which will leave more than 200 million people vulnerable to NTDs. It also threatens elimination goals in 9 countries and possible disease resurgence in areas once free of these devastating diseases. In some countries, these cuts mean the removal of 'last resort' programmes in the fight against NTDs. The reduction of UK funding means cutting a lifeline for countries that received limited to no other donor support.</p> <p>UNAIDS 80% of funding cut from £15m to £2.5m will jeopardise the UK's current support and effective delivery of 2021-2026 Global Aids Strategy, which it endorsed in March 2021.⁶ This will impact support for the most marginalised people affected by HIV and Aids. Such a cut in a very low cost, high impact agency that is key to driving progress on health security and tackling pandemics, on girls' education, and which is responsible for coordinating the High-level Meeting on HIV & AIDS, undermines the UK's own priorities.</p> <p>Water, Sanitation and Hygiene (WASH) More than 80% cuts in funding for water, sanitation and hygiene bilateral projects. As WASH is a key factor in the fight against various communicable diseases, including COVID-19, this will have devastating consequences.</p>
<p>3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.</p>	<p>SUCCEED Mental Health Programme A further substantial cut the Support, Comprehensive Care and EmpowErment for people with psychosocial Disabilities, a sub-Saharan 6-year research program, whilst still expected to deliver a demanding set of objectives. Prior to the pandemic depression was recognized by the World Health Organization as the world's leading cause of disability, and mental, neurological and substance use disorders contribute to significant economic output losses. COVID-19 has created an increased demand for mental health services already stressed due to chronic neglect; underscoring the need for urgent funding.</p>

<p>3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.</p>	<p>WISH Programme Will receive no new funding allocation in the funding cycle in 2021/2022. U.K.'s flagship WISH (Women's Integrated Sexual Health) programme delivers life-saving contraception and sexual and reproductive health services for women and girls in some of the world's poorest and most marginalised communities. Cuts will mean clinic closures in multiple counties and result in massive reductions in delivery of life-saving services for women and girls in some of the world's poorest and most marginalised communities. Over the last two years, the MSI Choices (MSI) managed part of WISH programme has provided reproductive choice to 3.5m women; saving the lives of 22,000 women. And in the same period, the International Planned Parenthood Federation (IPPF) managed part of the WISH programme has provided reproductive choice to over 4.7million women, saving the lives of over 12,500 women'.</p> <p>UK Aid Connect programme Consortiums led by MSI and IPPF will now be closed. This means that many will be unable to access sexual and reproductive health services, leading to an increase in maternal mortality, unsafe abortions and will hinder girls and women's economic advancement. If allowed to continue, this programme would have generated important learnings on how to reach the world's most marginalised groups with comprehensive sexual and reproductive health services to help them adapt and become more resilient to climate change and humanitarian crises.</p>
<p>3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.</p>	<p>Ambulance and Referral service Ambulance and referral service in Sierra Leone has been impacted as part of 2020/21 cuts. Ambulances left without enough fuel resulted in patients with severe complications (typically 70% mothers and children) not referred to hospitals for emergency care. Over 300 referrals were not made as a result and there were no doubt fatalities.</p> <p>Evidence and Collaboration for Inclusive Development (ECID) project 100% cuts will result in closure of programme, which develops innovative solutions to address exclusion and barriers to accessing healthcare, water, sanitation and voting for the most marginalised people in Myanmar, Zimbabwe and Nigeria. The programme had started strengthening civil society effectiveness to use data as evidence for action in addressing issues, such as gender-based violence and girls' education. Closure of this programme will result in challenges experienced by marginalised people going unaddressed.</p>

<p>3.b: Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.</p>	<p>UKRI cuts Funding significantly cut, leading to a £125m budget and a £120m gap between allocations and commitments. The consequences of the decision are far-reaching for the health and wellbeing of some of the poorest, most vulnerable and marginalised members of our global community, and for the creation of the next generation of young researchers in ODA-recipient countries and in the UK - individuals whose skills are essential in finding solutions to the many challenges facing our world.</p> <p>Cuts to the research agenda damages the capacities of all of us to provide evidence for tackling these complex challenges, including for those in the UK. Health risks and vulnerabilities are shared globally, as are the solutions being developed the world over to address emerging health threats.</p>
<p>3.c: Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.</p>	<p>Health Partnership programmes Funding cut by 100%, from over £48m to £0. NHS overseas training schemes totally £48m in funding have been cut, including the £28.5m UK Partnerships for Health Systems (UKPHS) programme. The programme would have seen NHS staff provide training to 78,000 healthcare professionals in countries including Nepal, Uganda, Ethiopia, Bangladesh and Myanmar, benefitting more than 430,000 patients. The training would have included care for children with cancer and improving maternal and neonatal care.</p> <p>Mental Health GOAL project Funding reduced by 50%. The GOAL project led by the London School of Hygiene and Tropical Medicine and partners in Lebanon seeks to support health system strengthening for mental health care for Syrian refugees and host communities in Lebanon. This ODA cut is resulting in cuts to staff and data collection. This will undermine capacity to complete crucial research on mental health care financing and governance and will have a detrimental impact on efforts to support health systems strengthening for mental health.</p>

2.2 FCDO's Seven Strategic Priorities

Last year, the Foreign Secretary [announced seven strategic priorities](#) for the aid budget, including commitments to combat COVID-19 and support the achievement of broader health goals. Initial analysis of the budget cuts allocation predicts there has been a large cut to programmes that contribute to these priorities, rendering the UK's ability to achieving its own objectives unobtainable.

Despite being a strategic priority, global health has still seen dramatic and devastating cuts of up to 40%. In addition, as global health inequality is a structural driver of a range of other

development concerns – such as reducing access to education, diminishing gender agency and increasing poverty – these cuts to health will have direct impacts on all other government priorities and deepen poverty for many around the world. Cuts to health will directly inhibit the UK Government’s goal of improving girls’ education, for example – as lack of access to health services increases poverty and results in more girls leaving school.

2.3 Conservative manifesto commitments on Ending Preventable Deaths

In 2019, the International Development Secretary, Alok Sharma, announced a manifesto commitment to prioritise ending preventable deaths of mothers, new-born babies and children by 2030, including promises to prioritise access to healthcare for women and girls around the world.⁴

Despite this commitment, the funding to global health – a key factor in reducing preventable deaths – has seen devastating cuts of up to 80% to nutrition programmes and the withdrawal of funding for sexual reproductive programmes. This will result in an increase in child death and maternal mortality – in direct contradiction to the Conservative manifesto commitment to end the preventable deaths of mothers, newborns and children.

2.4 UK’s G7 Presidency Ambitions

This June, the UK will host the Presidency of the G7 Summit. The Summit will have a significant focus on the global response to COVID-19, and creating a safer, healthier world. The Prime Minister’s [five-point plan on global health security](#), the [G7 Leaders’ statement](#) and the recent [Foreign Ministers’ Communique](#) all provide welcome indications of the UK’s ambitions on global health.

And yet, implementing these cuts runs entirely counter to these ambitions and risks the UK’s G7 Presidency becoming little more than positive rhetoric. The UK needs to match their ambition with the necessary financing. At a time when other G7 nations are stepping up their funding, the UK’s cuts of up to 40% are undercutting their ambitions.

Now is the time for us to learn important lessons from the pandemic; COVID-19 has highlighted the interconnections between the health of people all around the world and between different health issues. These cuts show the UK walking away from the global approach they espouse.

2.5 Global Health and the UK

The UK’s investments in global health have a direct and hugely positive contribution to the safety, security and wellbeing of those living in the UK and globally.

At a time when COVID-19 highlights the connections between different health issues on global health security, it is clear that improving global health has a direct and positive contribution to

⁴https://assets-global.website-files.com/5da42e2cae7ebd3f8bde353c/5dda924905da587992a064ba_Conservative%202019%20Manifesto.pdf

the UK. We have already seen how the reduction in disease prevalence around the world results in a safer UK, but we have also witnessed the world benefit from the incredible contributions that historical ODA funding has had on background vaccine development research.