



# Stocktake Review

Assessment and Recommendations for the  
UK's Role in Global Health Equity





For children and equality for girls





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This report was created with generous support from our members and the Bill and Melinda Gates Foundation.

First published in 2024 by Action for Global Health, United Kingdom. ©2024 ACTION FOR GLOBAL HEALTH NETWORK (AFGH).

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With special thanks to the Advisory Committee: Ellen Barnie Peparah, Getnet Tadele, Helena Davies, Kristine Yakhama, Smitha Sadasivan, Matrika Devkota and Peter Baker who provided a vital voice to the development of this paper.

With further special thanks to the AfGH Steering Committee: Fiona Lawless (Sightsavers), Dylan Bruce (Save the Children), Mike Podmore (STOPAIDS), Zoe Gray (THET), Vinny Wooding (RESULTS); Médéric Engel (Students for Global Health) and to Andrew Mace, Bill and Melinda Gates Foundation for their contributions.

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Cover image: © WaterAid/ Richard Raphael. Everlyne Okello, 34, a Nurse at Kharumwa Health Centre, standing in a doorway after attending to patients, Tanzania.

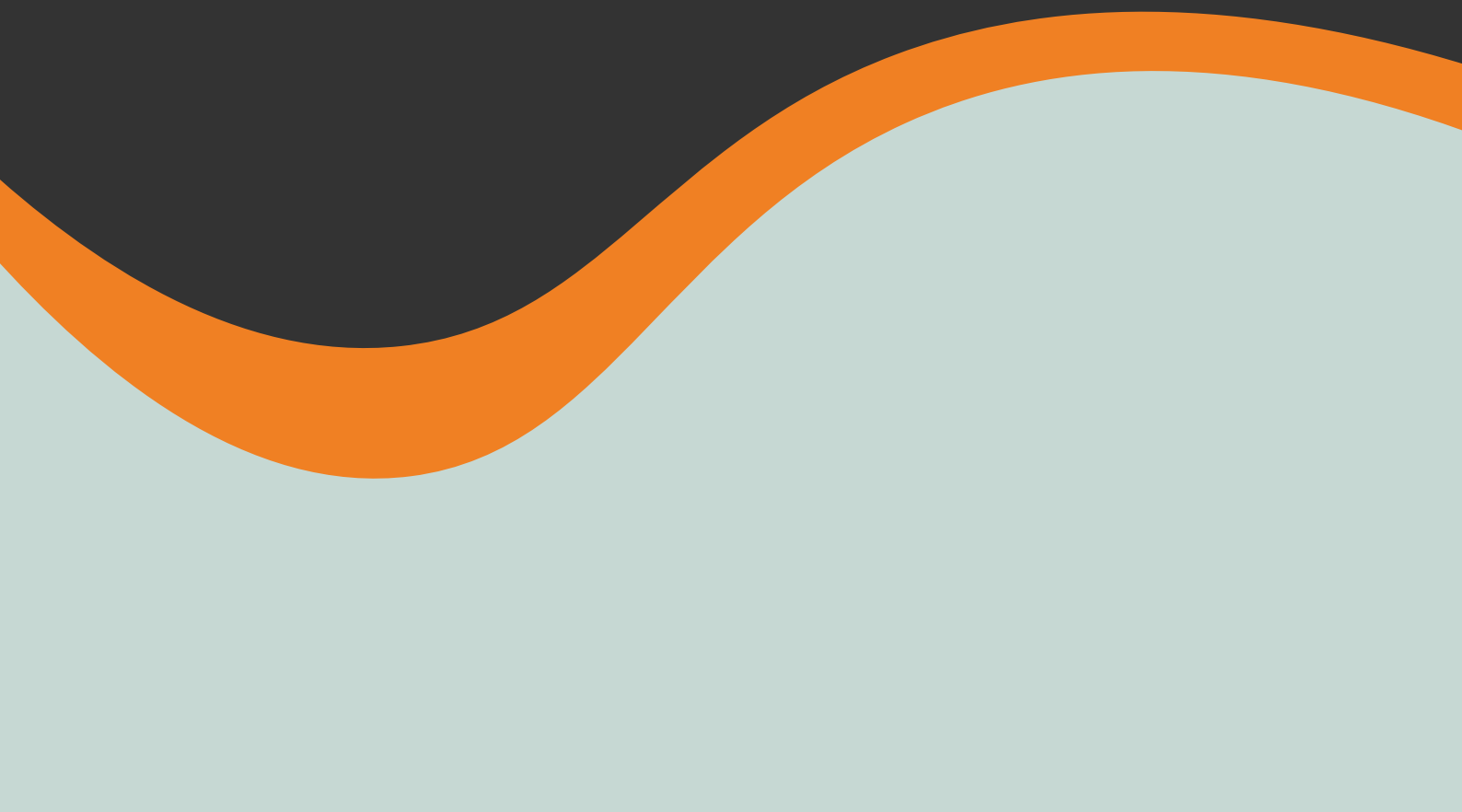
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# Abbreviations

AMR	Antimicrobial Resistance
COP26	UN Climate Change Conference, 2021
COVID-19	Coronavirus Disease
COVAX	COVID-19 Vaccines Global Access
DAH	Development Assistance for Health
DFID	Department for International Development
DHSC	Department of Health and Social Care
EPD	Ending Preventable Deaths (of mothers, babies and children)
FCDO	Foreign, Commonwealth and Development Office
GNI	Gross National Income
HIV	Human Immunodeficiency Virus
HSS	Health System Strengthening
LGBTQI+	Lesbian, Gay, Bisexual, Trans, Queer, Intersex +
IHR	International Health Regulations
LMICs	Low- and Middle-Income Countries
NCDs	Non-Communicable Diseases
NIHR	National Institute for Health Research
NTDs	Neglected Tropical Diseases
ODA	Official Development Assistance
PMNCH	Partnership for Maternal, Newborn and Child Health
PPPR	Pandemic Prevention, Preparedness and Response
SDGs	Sustainable Development Goals
SRHR	Sexual and Reproductive Health Rights
TB	Tuberculosis
UHC	Universal Health Coverage
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WISH	Women's Integrated Sexual Health Programme

# Executive Summary.



# Executive Summary

This report aims to provide an assessment of the UK Government's political, financial and programmatic commitments to global health equity, in the current context of a world severely affected by conflict, climate change and significant cuts to official development assistance (ODA).

This report aims to achieve two key objectives. Through reviewing progress made against recommendations made in the previous Action for Global Health Stocktake Review (2020), the report highlights where the UK Government is on-track to address these recommendations and where gaps still remain. The second aim of this report is to present a snapshot of the UK Government's current political, financial and programmatic commitments to global health, considering in particular the extent to which these commitments are contributing to the achievement of global health equity.

To achieve these objectives, a review of key UK Government policy papers, political interventions, financial allocations and health programming has been conducted. This has included reviewing health-related policy papers and government strategies produced since 2020, conducting a rapid review of key political statements and interventions on global health, analysing financial allocations for health as captured in the UK Government's statistics for international development, and conducting a review of global health-related programmes captured on the Foreign, Commonwealth and Development Office's Development Tracker tool.<sup>1</sup>



## Global Context

Between 2000 and 2019, the world saw notable improvements in population health globally: child mortality halved, maternal mortality fell by a third, the incidence of many infectious diseases dropped - including HIV, tuberculosis (TB) and malaria - and the risk of dying prematurely from non-communicable diseases (NCDs) and injuries declined in many countries. However, since 2015 this progress has slowed, and the impact of the COVID-19 pandemic has been devastating. Although the global COVID-19 pandemic appears to be over, its recovery has been slow, uneven and incomplete and the long-term effects of the pandemic continue to be felt.

Childhood vaccinations have experienced the largest declines in three decades, while deaths from TB and malaria have increased compared to pre-pandemic levels. Insufficient progress is being made on reducing maternal mortality and expanding universal health coverage (UHC).<sup>2,3</sup> Expansion of access to essential health services has slowed compared to pre-2015 gains and there has been no significant progress in reducing financial hardship in accessing prevention, early diagnosis, treatment and care. Disadvantaged communities continue to face significant disparities in accessing healthcare and related services, coupled with increased exposure to health risks.

Realising sexual and reproductive health rights (SRHR) for women and adolescent girls has been an ongoing challenge for many years. Since the last Action for Global Health Stocktake Review, we have witnessed the continuation of restrictions in accessing quality SRHR services, which have been further compounded by the impact of the COVID-19 pandemic.

In addition we are seeing new challenges arising as a result of the growing political rollback on SRHR, most clearly demonstrated by the overturning of the Roe vs. Wade ruling on abortion rights in the USA removing the constitutional right to abortion<sup>4</sup> and the signing of a new, repressive, anti-LGBTQI+ law in Uganda, which criminalizes “same sex” conduct and introduces the potential death penalty for those convicted of “aggravated homosexuality”.<sup>5</sup>

In the last three years, we have also seen a growing recognition of the impacts of conflict on health, alongside a greater understanding of the interlinkages between health and climate change. The war in Ukraine brought sharply into focus the impact that conflict has on access to health care, highlighting that it is often the most vulnerable populations, such as persons with disabilities, who are impacted the greatest. In 2023, the World Health Organization’s (WHO) World Health Statistics highlighted climate change as ‘one of the greatest health challenges of the 21<sup>st</sup> century.’ As climate conditions change, the world is witnessing more frequent and more intense weather and climate events, such as storms, floods, droughts and wildfires. These weather and climate events affect health both directly and indirectly, increasing the risk of death, NCDs, the emergence and spread of infectious diseases as well as interrupting the provision of essential health and care services.

At the halfway point to the Sustainable Development Goals (SDGs), the world is faced with multiple challenges to ensuring global health equity and it is essential that governments around the world – including the UK – come together to meet their commitments and are re-energised to achieve SDG3 to ensure healthy lives for all.

2 WHO Health Statistics 2023

3 The Sustainable Development Goals Report, Special Edition, 2023

4 <https://www.npr.org/2022/06/24/1102305878/supreme-court-abortion-roe-v-wade-decision-overturn>

5 <https://www.hrw.org/news/2023/05/30/ugandas-president-signs-repressive-anti-lgbt-law>; <https://www.reuters.com/world/africa/ugandas-museveni-approves-anti-gay-law-parliament-speaker-says-2023-05-29/>



## The UK's Role in Global Health Equity

In recent years, the UK's role in advancing global health equity has waned as cuts to the overall official development assistance (ODA) budget have impacted the UK's ODA for health and as the UK's response to the global COVID-19 pandemic has pivoted UK health spending towards a greater focus on global health security. Despite this, there are encouraging signs that the UK remains committed to advancing global health, with a specific focus on global health equity.

Since 2022, we have seen the launch of three new global health papers: the approach paper on ending preventable deaths of mothers, babies and children by 2030<sup>6</sup>, the position paper on health system strengthening for global health security and universal health coverage<sup>7</sup>, and the most recent Global Health Framework<sup>8</sup>, launched in May 2023. These papers all have a strong focus on global health equity and support for building stronger health systems in pursuit of UHC.

In addition, since the last Action for Global Health Stocktake Review, the UK Government has produced a disability, inclusion and rights strategy as well as a women and girls' strategy, both of which include reference to the importance of health. Strong political commitments to global health have also been made by parliamentarians and the Minister for International Development – most recently at the September 2023 United Nations General Assembly – when the UK Government announced a package of global health support measures amounting to almost £400 million.<sup>9</sup>

However, these strong policy and political commitments are not backed up by the necessary funding and programming to ensure the UK can meet the ambitious aims set out in its recent global health policy papers. Analysis of the UK's funding for global health has revealed significant overall declines in funding for the health sector, whilst the Foreign, Commonwealth and Development Office's (FCDO) own equalities impact assessment highlighted the devastating impact that the UK's cuts to ODA have had on flagship global health programmes, such as the Women's Integrated Sexual Health Programme.

Critical gaps have also been identified in both funding and programming areas. For example, one most noticeable gap is a lack of funding and programming for global health that addresses the challenge of non-communicable diseases (NCDs), despite these diseases affecting 41 million people every year (77% of whom are in low- and middle-income countries). However, as this report highlights, the ODA cuts experienced in recent years have impacted a wide range of health challenges including HIV; nutrition; water, sanitation and hygiene (WASH); neglected tropical diseases; and sexual and reproductive health.

For the UK Government to rebuild its reputation as a key supporter of global health equity, it is essential that the ambitions set out in the policy papers on ending preventable deaths of mothers, babies and children, health system strengthening and the global health framework are supported by clear financial commitments, implementation plans and accountability mechanisms.

<sup>6</sup> <https://www.gov.uk/government/publications/ending-preventable-deaths-of-mothers-babies-and-children-by-2030>

<sup>7</sup> <https://www.gov.uk/government/publications/health-systems-strengthening-for-global-health-security-and-universal-health-coverage/health-systems-strengthening-for-global-health-security-and-universal-health-coverage-fcdo-position-paper>

<sup>8</sup> <https://www.gov.uk/government/publications/global-health-framework-working-together-towards-a-healthier-world>

<sup>9</sup> <https://www.gov.uk/government/news/uk-announces-transformational-support-to-boost-global-health-at-unga>

## Our Findings

Our analysis has shown that whilst at a policy and political level, the UK Government continues to see global health equity as an important issue, political statements and commitments do not appear to be fully translating into concrete funding allocations. It is recognised that funding allocations for all areas of development assistance have been severely impacted by the significant reductions to the UK's official development assistance (ODA), as a result of the war in Ukraine and the decision to reduce the ODA budget to 0.5% of GNI. However, this report also notes that to truly advance global health equity and successfully contribute to achieving SDG 3, especially its targets on UHC, the health workforce, and non-communicable diseases, it is critical to ensure that policy papers and political statements are supported by increased financial support for global health equity.

Furthermore, this report notes that, whilst a large proportion of global health programmes currently funded by the UK aim to make progress towards ending preventable deaths of mothers, babies and children and support strengthened health systems, there is limited information on the specific activities that the UK Government is supporting to enable countries to reach the goal of UHC and tackle critical global health workforce challenges. Whilst the UK Government has commendable aims set out in its various strategies and policy papers that have been released since the last review, these aims cannot be met without substantially reversing the cuts to health programmes that have been witnessed in recent years.

# Progress against 2020 Stocktake Review Recommendations

The review of progress against recommendations from Action for Global Health's 2020 Stocktake Review finds that, of the 15 recommendations set out in the 2020 Stocktake Review, two have been met, seven are currently being addressed although not to the fullest extent possible, and another six remain unmet or off-track. A summary of progress towards these recommendations is set out below.

## Political Prioritisation

- » The UK Government should reflect their political commitment to achieving UHC by 2030 in their programming through:

### A clear cross-government global health strategy:

...

In May 2023 the UK Government launched its "Global Health Framework: Working together towards a healthier world" paper. This paper sets out the UK Government's ambition to play a leading role in improving health globally and in ensuring resilience to future threats. However, it is a short-term framework, which only runs through until 2025. It also fails to refer to additional funding, does not include a clear monitoring and evaluation framework and falls short of being a comprehensive global health strategy.

### Global health strategy and position papers:

...

The UK Government published, in November 2021, its "Ending the Preventable Deaths of Mothers, Babies and Children by 2030: Approach Paper" and the FCDO Position Paper on "Health Systems Strengthening for Global Health Security and Universal Health Coverage". However, neither paper includes clear financial allocations, implementation timeframes or results frameworks.

### Cross-government leadership on global health:

✓

The UK has appointed Andrew Mitchell MP (Minister for Development and Africa) as the UK Ministerial Champion on Ending the Preventable Deaths of Mothers, Newborns and Children. In addition, the UK has appointed Dame Sally Davies as the Special Envoy for tackling antimicrobial resistance (AMR).

### **An ambitious vision for resilient, inclusive health systems and achieving universal health coverage:**

The 2021 G7 Communiqué and Health Declaration place a strong emphasis on health, especially in the context of COVID-19 recovery and building back more resilient health systems following the pandemic. The Global Nutrition Report plans, in mid-2024, to report on progress towards the 433 commitments made at the 2021 Nutrition for Growth Summit, many of which were health system-related, including 41% of commitments that are aligned with the WHO's maternal, infant and young child nutrition targets. Outcomes of the COP26 Summit reference climate and health intersections and this commitment was evidenced by Ministerial presence at the COP28 Global Health Day in December 2023. However, neither sets of outcomes from the Nutrition for Growth Summit or COP26 fully integrate ambitious visions for building resilient, inclusive health systems and achieving UHC.

### **Prioritise global health equity, poverty reduction and leaving no-one behind:**

The Integrated Review Refresh and the International Development Strategy both place health among the top priorities for the UK government to address. Since 2021, new approach papers have been drawn up on ending preventable deaths and health systems strengthening. Over the last three years, there has been greater evidence of health being integrated into humanitarian responses and the UK's priorities for addressing the challenge of climate change. A new Global Health Framework was launched in May 2023, although this is a short-term framework with a lack of clarity on financing and accountability mechanisms for the implementation of the framework.

### **Ensure policy coherence across all government departments:**

As more ODA for health is channelled through non-FCDO UK Government departments, such as DHSC, BEIS, etc. it is critical for FCDO to play an active role in ensuring coherence across the UK Government's policies and priorities for ODA for health expenditure. To address this, the UK Government has established a Global Health Oversight Group, the purpose of which is to provide senior oversight of the cross-governmental health strategic objectives and implementation of relevant global health policy papers and frameworks. In July 2021, the Pandemic Diseases Capabilities Board was also established to take forward cross-sectoral pandemic planning with representation from a wide range of UK government departments, executive agencies and the Devolved Nations.

**Protect UK expertise on global health:**

Health has been retained as a key priority for the UK Government, both in the Integrated Review Refresh and the International Development Strategy. The UK Government currently retains its seat on the boards of Gavi, the Global Fund to Fight AIDS, TB and Malaria, UNFPA and Unitaid. However, there remain concerns about the UK's global standing as a result of ODA cuts, alongside diminished capacity and influence within Whitehall and at country office levels since the FCDO merger.

**Financial Prioritisation****Maintain UK ODA for Health:**

Health programmes have been severely affected by the ODA cuts, including flagship health programmes aimed at ending preventable maternal, newborn and child deaths, improving access to sexual and reproductive health services, and tackling non-COVID-19 communicable and non-communicable diseases. This has resulted in essential health programmes reducing services and closing programmes in some of the poorest countries, as well as impacting long-term investments in health system strengthening and progress towards UHC.

**Bold pledges for global health:**

The UK has continued to make pledges to key global health partnerships such as Gavi, the Global Fund to Fight AIDS, TB and Malaria (the Global Fund), and the International Finance Facility. However, whilst the UK remains the largest supporter of Gavi, following a pledge in 2020 of up to £1.65 billion over five years (2020-2025), its support for the Global Fund has dropped. At the 7th Global Fund replenishment in 2022, the UK pledged just £1 billion, rather than the requested £1.8 billion and was one of just two G7 countries not to increase its pledge relative to 2019. The UK was the 4th largest donor to the Global Fund replenishment.

**Support efforts to build strong, resilient, inclusive health systems:**

Many health programmes providing support to building strong, resilient and inclusive health systems have seen budget cuts requiring adjustments to programmes. The sudden nature of many of these cuts also undermines the long-term efforts required to build strong, resilient and inclusive health systems. Furthermore, there is limited evidence of significant investments in essential health system strengthening building blocks such as human resources for health, health information systems, health financing and leadership and governance.

**Shift aid spending to low- and middle-income countries (LMICs):**

The FCDO states that it unties its aid in line with and beyond the requirements of the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) recommendation on untying ODA. However, this review has found limited evidence on the implementation of this. There has been an increase in the proportion of ODA being channelled through bilateral rather than multilateral sources, suggesting this may be supportive of country ownership of programmes. The Health Systems Strengthening Approach Paper emphasises the importance of country leadership, however, there is no evidence of a strategy to shift aid spending to LMIC actors. 2021 and 2022 also saw significant increases in the amount of ODA allocated to in-country refugee costs which has severely impacted the level of ODA available to governmental and non-governmental partners in LMICs.

**Programmatic Prioritisation****Strengthening health systems**

Many of the programmes reviewed include a health system strengthening element, especially those focused on ending preventable maternal, newborn and child deaths. However, the scale of these programmes is limited in scope and do not clearly demonstrate alignment with national priorities. Furthermore, significant cuts to many health sector programmes undermine efforts to build strong and resilient health systems.

**Human resources for health**

At the UN General Assembly in 2023, the UK Government highlighted a new £15million international investment package to bolster health workforces in Ghana, Nigeria and Kenya. Whilst this is welcomed, it falls far short of what is required to support countries to develop, finance and deliver long-term human resource strategies for health. Furthermore, very few of the programmes reviewed for this report included specific funding to support the delivery of long-term human resource for health strategies.

**Universal health coverage**

Several of the programmes reviewed include support to health system strengthening and a very small number explicitly mention support to national strategies for advancing UHC. However, these programmes are very limited in number, do not specifically reference the need to reach the furthest behind first, and do not specify the support that will be provided to reduce out-of-pocket spending.



### Domestic health financing

! A small number of health sector programmes, such as the South Sudan Health Pooled Fund, and the Support to Nigeria's National Malaria Programme have supported efforts to achieve this aim. However, these programmes are very limited in number. Other health programmes, including those aimed at ending preventable deaths of mothers, babies and children or tackling infectious diseases, are focused on service delivery and reach and coverage targets rather than ensuring national health budgets are optimised and domestic resources for health are increased.





## Recommendations for UK Government commitments to global health equity from 2024

Below are the recommendations that Action for Global Health considers critical to the UK's support for global health equity in 2024 and beyond.

### Political Commitments on Global Health Equity

*Defining the UK's Approach and Priorities:*



The UK's Global Health Framework, Ending Preventable Deaths of Mothers, Babies and Children Position Paper, and the Health Systems Strengthening Position Paper should be supported with **clear implementation plans, financial allocations, clarity on top priorities, and evaluation frameworks** that will enable to the UK Government to demonstrate the progress it is making towards the aims and commitments set out in these papers.



Following the expiration of the current framework, the UK Government should **publish a comprehensive, cross-government global health equity strategy in 2025**, following extensive and meaningful consultation with civil society, low- and middle-income countries, and people/communities with lived experience of health inequities.



The UK Government should **provide greater clarity on how it will address key global health equity challenges, including the rising burden of NCDs; the development, training, recruitment and retention of a well-equipped health workforce in low- and middle-income countries; and the protection of sexual and reproductive health rights for women, girls and people who can get pregnant.**

*The UK on the world stage:*



The UK Government should **protect staff and expertise on global health, maintain seats on the boards of all relevant global health institutions** - including Gavi, the Global Fund to Fight AIDS, TB and Malaria, UNFPA and Unitaid - and **strengthen the work of these institutions** to achieve health equity and strong health systems.



Drawing on pride in our own National Health Service (NHS), the UK Government should **appoint a Special Envoy for Universal Health Coverage**, to champion interventions and approaches to improve global health equity and ensure the most marginalised have access to health services.



The UK Government should **promote an ambitious vision for building resilient, inclusive health systems everywhere and achieving UHC** through the 2024 High-Level Meeting on Anti-Microbial Resistance, 2024 Summit of the Future, 2024 COP29 Summit and 2025 COP30 Summit, and 2025 High-Level Meeting on Non-Communicable Diseases.

## Financial Commitments to Global Health Equity



The UK Government should **urgently reinstate the 0.7% commitment** to Official Development Assistance, **address the impact of funding cuts to health programmes** across all areas of its health portfolio and **clarify how future support for health will deliver resilient, inclusive and strong health systems that contribute to achieving UHC**.



The UK Government should **maintain ODA to health at least above 0.1% of GNI**.



The UK Government should **sustain their role as a leading funder in providing long-term, bold pledges to global health goals and partnerships**, including the World Health Organization (WHO), Gavi and the Global Fund to Fight AIDS, TB and Malaria.



The UK Government should **step up efforts to build strong, resilient, inclusive health systems through increasing aid to country governments** to develop transparent and accountable public financial management systems and deliver health systems support.



The UK Government should **develop a strategy to shift ODA spending to LMIC civil society and community-based organisations**, supported by stronger ongoing consultation with LMIC stakeholders about their priorities and needs.

## Programmatic Commitments to Global Health Equity



The UK Government should **ensure that all UK health ODA contributes to strong, resilient health systems**, in line with national priorities.



The UK Government should **ensure that all health programmes make clear how they will tackle health inequalities and guarantee financial risk protection** in all health outputs.



The UK government should **ensure that climate considerations are integrated into all health programming**, in order to build climate-sensitive and resilient health systems.



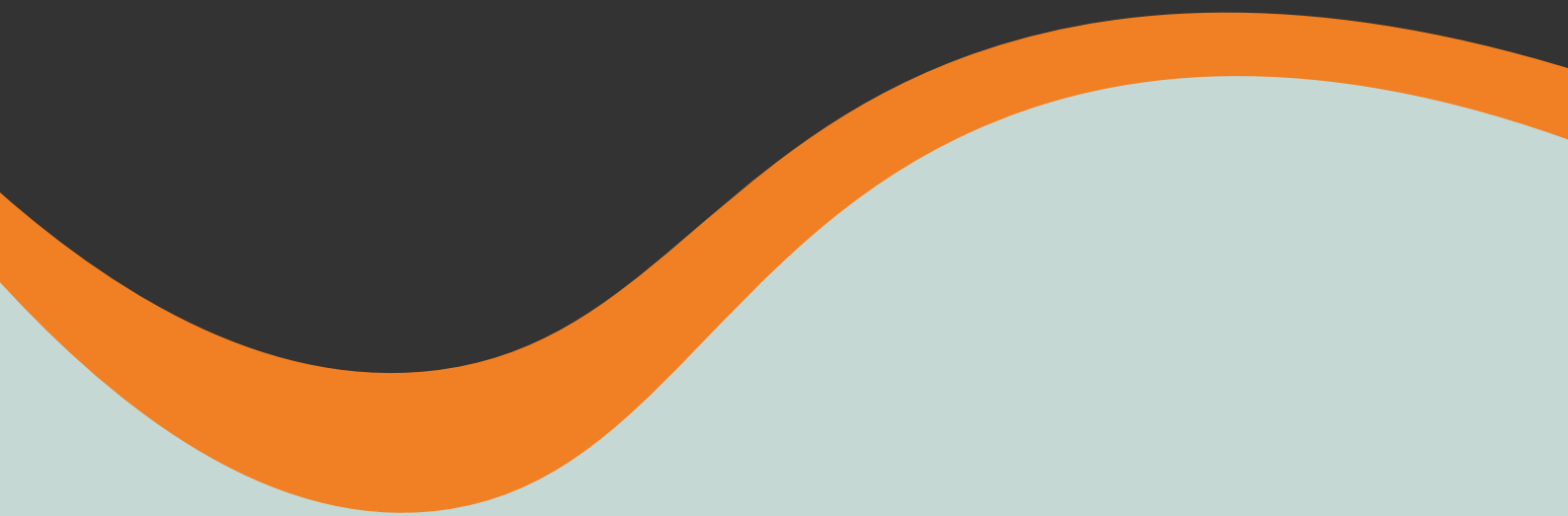
The UK Government should **demonstrate how its ODA for health is contributing to the recruitment, development, training and retention of the health workforce** in LMICs and **significantly scale up support** to countries to **develop, finance and deliver long-term human resource strategies for health**.



The UK government should **increase support to national strategies advancing UHC**, such as free healthcare initiatives and initiatives reducing out-of-pocket payments, ensuring that they are reaching the furthest behind first.

# 01.

# Introduction



# Introduction

The primary aim of this report is to analyse the UK Government's commitments to achieving global health equity through its Official Development Assistance (ODA). This report builds on the findings from our previous Stocktake Review (2020) published in 2020, by reviewing UK political, financial and programmatic commitments and action since this last assessment – but this time with an enhanced and central focus on the UK's work on **global health equity**.

Action for Global Health's definition of global health equity, which will be used to guide the analysis in this report, is:

**“Individuals have parity in health outcomes; people facing disadvantage because of their specific characteristics (including age, gender, ethnicity, disability, sexual orientation, gender identity, gender expression and sex characteristics) and/or their socio-economic, demographic or geographic standing have access to quality, affordable healthcare services tailored to their specific health and wellbeing needs.”<sup>10</sup>**

In addition to the definition above, this Stocktake Review recognises the growing health inequities caused by both conflict and climate change in communities around the world and aims to take these into consideration throughout this report.

The report acknowledges that wider social determinants of health – such as access to education, nutrition, water, sanitation and hygiene, social protection, and housing – have an important impact on global health equity. It is also acknowledged that global health equity is not simply about parity in health outcomes but also relates to the processes by which global health programmes are delivered, as well as the level of engagement and partnership with people experiencing health inequities. However, it is beyond the scope of this report to fully assess the UK Government's contributions to tackling the social determinants of health or to analyse the equity implications of the processes for delivering the UK Government's global health programmes. This report will therefore focus on the UK's political, financial and programmatic commitments on global health and how these are contributing to global health equity in line with Action for Global Health's definition as cited above.

 *Please note that some case studies in this report reference suicide and mental distress.*

<sup>10</sup> <https://actionforglobalhealth.org.uk/wp-content/uploads/2022/04/AfGH-2022-to-2025-Strategy.pdf>

## Methodology

The methodology used to conduct this review comprised of an analysis of existing, publicly available UK Government-published policy papers on different aspects of global health and international development, a review of key political statements and speeches made in recent years, an analysis of the financial breakdown of the UK's official development assistance, and a review of current UK Government-funded health programmes captured in the FCDO's Development Tracker.<sup>11</sup> A total of 12 UK government policy papers and strategies were reviewed as part of this analysis. To capture information on the UK Government's expenditure on health, a thorough analysis was conducted of the FCDO-produced annual Statistics on International Development<sup>12</sup>, covering the years 2018-2022, the last year for which these statistics were available. Financial data available on the Institute for Health Metrics<sup>13</sup> development assistance for health data visualization tool was also used to capture additional information on the UK's ODA for health. Information on the UK's programmatic commitments for global health equity was drawn primarily from a review of all currently active programmes captured under the health sector breakdown of the FCDO's Development Tracker.

## Global health context

Between 2000 and 2019, the world saw notable improvements in population health globally: child mortality halved, maternal mortality fell by a third, the incidence of many infectious diseases, including HIV, tuberculosis and malaria, dropped, and the risk of dying prematurely from non-communicable diseases (NCDs) and injuries declined in many countries. However, since 2015 this progress has slowed with falling annual rates of reduction in indicators such as the maternal mortality ratio, under-five and neo-natal mortality rates and premature mortality from major NCDs, suicide and road traffic mortality rates.<sup>14</sup> The latest Sustainable Development Goals report highlights that although the global COVID-19 pandemic appears to be over, its recovery has been slow, uneven and incomplete and the long-term effects of the pandemic continue to be felt. Childhood vaccinations have experienced the largest declines in three decades, while tuberculosis and malaria deaths have increased compared to pre-pandemic levels.<sup>15</sup>

There has been some progress on improving global health: 146 out of 200 countries have already met or are on track to meet the SDG target on under-5 mortality, effective HIV treatment has cut AIDS-related deaths by 52% since 2010, and at least one neglected tropical disease (NTD) has been eliminated in 47 countries.

However, insufficient progress is being made on other targets, especially those on reducing maternal mortality and expanding universal health coverage (UHC). The 2023 SDG report highlights that, in 2020, approximately 800 women died every day from pregnancy or childbirth. 70% of these deaths occurred in sub-Saharan Africa with 15-year-old girls in sub-Saharan Africa having the highest lifetime risk of maternal mortality (1 in 40 – approximately 400 times higher than their peers in Australia and New Zealand)<sup>16</sup>

11 <https://devtracker.fcdo.gov.uk/>

12 <https://www.gov.uk/government/collections/statistics-on-international-development>

13 <https://www.healthdata.org/data-tools-practices/interactive-visuals/financing-global-health>

14 WHO Health Statistics 2023

15 The Sustainable Development Goals Report, Special Edition, 2023

16 Ibid.

In 2019, 381 million people were pushed or further pushed into extreme poverty due to out-of-pocket payments for health. The proportion of the global population spending more than 10% of their household budget on out-of-pocket health expenditure worsened, from 12.6% in 2015 to 13.5% in 2019, affecting more than 1 billion people.<sup>17</sup>

Taking the issue of non-communicable diseases (NCDs) as an example, we can see the impact that out-of-pocket payments have on global health equity. In their recent report, *Paying the Price*, the NCD Alliance and George Institute for Global Health highlight that in some low-middle-income countries (LMICs) more than 60% of people living with cancer, cardiovascular disease and stroke are at risk of catastrophic health expenditure.<sup>18</sup> The report also highlights that those facing the highest household economic burdens are the very old and the very young, people from lower socio-economic backgrounds, living in rural areas, men, and those experiencing highly chronic NCDs like cancer, cardiovascular disease, stroke, and neurological disease that require long-term treatment and medication.<sup>19</sup>

Expansion of access to essential health services has slowed compared to pre-2015 gains and there has been no significant progress in reducing financial hardship in accessing prevention, early diagnosis, treatment and care. Disadvantaged communities continue to face significant disparities in accessing healthcare and related services, coupled with increased exposure to health risks, leading to higher levels of associated morbidity and mortality.<sup>20</sup> People living in less-resourced settings continue to have limited access to a wide range of services, such as skilled healthcare during childbirth and clean cooking fuels and technologies.

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17 Ibid.

18 Catastrophic health spending is defined by the WHO as out-of-pocket payments greater than 40% of household income.

19 'Paying the Price: A deep dive into the household economic burden of care experienced by people living with noncommunicable diseases', Policy Research Report, NCD Alliance and the George Institute for Global Health, May 2023.

20 WHO Health Statistics 2023





## COVID-19 and global health equity

Since 2019, global progress towards SDG3 has been dramatically impacted by COVID-19, climate change and conflict. The COVID-19 pandemic led to 14.9 million excess deaths and a loss of 336.8 million years of life globally in 2020 and 2021,<sup>21</sup> with certain populations, such as people at risk of or with pre-existing health conditions, persons with disabilities, older persons, and ethnic minorities being the most heavily impacted. Global health systems have been overwhelmed by the COVID-19 pandemic and many essential health services have been disrupted posing major threats to progress in fighting other diseases.<sup>22</sup> The COVID-19 pandemic has highlighted the inequality of access to health care systems, especially among vulnerable populations and in low- and middle-income countries, as well as exposing inequalities in health emergency preparedness around the world and pushing many health-related indicators and progress towards SDG3 further off-track.<sup>23</sup>

Interruptions in essential health services were reported in 92% of 129 countries surveyed at the end of 2021, with disruptions being found across all major areas of health including maternal and child health, immunisation, mental health programmes, and treatment of diseases such as HIV, hepatitis, TB and malaria.<sup>24</sup> Available evidence also suggests a pandemic-related deterioration in UHC, with subregional and country-level decreases in the Service Coverage Index and disruptions in the delivery of essential health services. COVID-19 has also contributed to higher rates of foregone care and increased financial hardship due to high and impoverishing out-of-pocket spending.<sup>25</sup>

21 Ibid

22 The Sustainable Development Goals report 2022

23 WHO Health Statistics 2023

24 The Sustainable Development Goals report 2022

25 Sustainable Development Goals Report 2023

Whilst the global COVID-19 pandemic has officially ended, its impacts are still very much present and are likely to become an integral part of infectious diseases in most countries. The constant mutation of COVID-19 and emergence of new strains means that countries will need to be ready to respond to emergent threats, even while there are still large unmet needs for ongoing COVID-19 vaccinations in many countries. Furthermore, the prevalence of long COVID remains unknown yet is expected to contribute significantly to post-pandemic morbidities.

The COVID-19 pandemic resulted in significant shifts in investments and resource allocations, as countries pivoted to respond to the global public health emergency of international concern. Key impacts included a greater focus on finding a vaccination for COVID-19, investing in programmes, such as COVAX (the COVID-19 Vaccines Global Access initiative)<sup>26</sup>, to ensure global distribution of the vaccine, and a stronger focus on global health security. Despite this, global vaccine distribution remains far from equitable: by May 2022, just 17% of people in low-income countries had received at least one dose of a COVID-19 vaccine compared with 80% in high-income countries.<sup>27</sup>

## Conflict, Climate and Health

Since the last Action for Global Health Stocktake Review, we have also seen a growing recognition of the impacts of conflict on health and greater understanding of the interlinkages between health and climate change. The world is currently witnessing the largest number of conflicts since 1946, with one quarter of the global population now living in conflict-affected countries and the outbreak of war in Ukraine fuelling the threat of a global food crisis, alongside stockouts of fertilizer and the energy price crisis that is driving up the cost-of-living in many countries.<sup>28</sup> The war in Ukraine brought sharply into focus the impact that conflict has on access to health care, highlighting that it is often the most vulnerable populations, such as persons with disabilities, who are impacted the greatest as they struggle to access the services they need and are often left behind when citizens are evacuated.<sup>29,30</sup>

The UK's hosting in 2021 of the United Nations Climate Change Conference (COP26) included the first ever Health Pavilion within a COP. Whilst not a formal integration of health into COP26, the health pavilion created an opportunity to emphasise the importance of strengthening the global understanding of the health impacts of climate change. In September 2023, the African Union hosted its very first Africa Climate Summit bringing leaders together with the aim of amplifying African leadership priorities and building a common position on climate and health in advance of the UN Climate Change Conference, COP28, in November 2023.<sup>31</sup> The WHO's World Health Statistics 2023 also highlights climate change as 'one of the greatest health challenges of the 21<sup>st</sup> century'.<sup>32</sup>

26 COVAX is the vaccines pillar of the Access to COVID Tools (ACT) Accelerator which was set up to increase access to COVID-19 vaccines in all countries across the world, regardless of income levels.

27 SDGs report 2022

28 The Sustainable Development Goals Report 2022

29 "The situation of persons with disabilities in the context of the war of aggression by Russia against Ukraine, International Disability Alliance, 2023.

30 Rights of persons with disabilities during the war in Ukraine. Summary of monitoring report; European Disability Forum, February 2023.

31 <https://africaclimatesummit.org/>

32 WHO Health Statistics 2023

As climate conditions change, the world is witnessing more frequent and more intense weather and climate events such as storms, floods, droughts, and wildfires. These weather and climate events affect health both directly and indirectly, increasing the risk of death, NCDs, the emergence and spread of infectious diseases as well as interrupting the provision of essential health and care services. A study by the George Institute for Global Health, for example, found that every 1°C rise in temperature above 17°C is associated with a 4.5% increase in risk of emergency admissions for people living with dementia in England.<sup>33</sup>

Climate change disasters can also disrupt access to sexual and reproductive health services and products through causing physical damage to health facilities and infrastructure, causing cut-offs in medical supply chains and loss of medical records. In Bangladesh, for example, increasing incidences of flooding have led to low stocks of contraceptives in rural and remote areas, while in the aftermath of Hurricane Maria in 2017, Puerto Rican health specialists reported not having the necessary water supply and sanitized surgical instruments.<sup>34</sup> Climate change also impacts on global health equity as there are large disparities in those most vulnerable to climate change within countries. Populations living in poverty, the elderly, women, children, indigenous persons, outdoor workers, the socially isolated, person with disabilities and with pre-existing medical conditions are typically at highest risk of the negative impacts of climate change.

## Sexual and Reproductive Health Rights

Realising sexual and reproductive health rights (SRHR) for women, adolescent girls and people who can get pregnant has been an ongoing challenge for many years. Since the last Action for Global Health Stocktake Review, we have witnessed the continuation of inequality in accessing quality SRHR services, which has been further compounded by the impact of the COVID-19 pandemic. In addition, we are seeing new challenges arising as a result of the growing political rollback on SRHR, most clearly demonstrated by the overturning of the clear *Roe vs. Wade* ruling on abortion rights in the USA which removed the constitutional right to abortion<sup>35</sup> and the signing of a new, repressive, anti-LGBTQI+ law in Uganda which criminalizes “same sex” conduct and introduces the potential death penalty for those convicted of “aggravated homosexuality.”<sup>36</sup>

Recent data from 68 countries, for example, shows that an estimated 44% of partnered women are unable to make decisions over healthcare, sex or contraception, meaning that nearly half of all pregnancies are unintended.<sup>37</sup> UNFPA's State of World Population Report also highlights that nearly one-third of all women in LMICs enter motherhood in adolescence and that the experience of becoming a mother before the age of 15 is most common in sub-Saharan Africa, with nearly 5 births per 1,000 girls aged 10 to 14 years in 2021.<sup>38</sup> In addition, the report highlights that just 65 countries guarantee access to comprehensive sexuality education and that 9% of all women aged 15-49 have an unmet need for family planning.<sup>39</sup>

33 'Current and future burdens of heat-related dementia hospital admissions in England'; Gong, J, Part, C, and Hajat, S; Environment International, Volume 159, 15 January 2022, 107027.

34 'The Link Between Climate Change and Sexual and Reproductive Health and Rights: An Evidence Review', Women Deliver, January 2021.

35 <https://www.npr.org/2022/06/24/1102305878/supreme-court-abortion-roe-v-wade-decision-overturn>

36 <https://www.hrw.org/news/2023/05/30/ugandas-president-signs-repressive-anti-lgbt-law>; <https://www.reuters.com/world/africa/ugandas-museveni-approves-anti-gay-law-parliament-speaker-says-2023-05-29/>

37 State of World Population Report 2023, UNFPA

38 Ibid

39 Ibid



The COVID-19 pandemic has contributed to halting progress on SRHR, catalysing a range of complex direct and indirect impacts on SRHR access around the world. These impacts include disruption to global supply chains, closures of health facilities, reduction in contact between health practitioners and patients and a decline in health-seeking behaviour. Gender-based violence, especially domestic violence, has increased as has early marriage. Travel restrictions imposed during COVID-19 also meant that women were cut off from contraceptives and other services as well as safe abortion care.<sup>40</sup>

Progress on SRHR is being further undermined by the rise in recent years of anti-gender discourse. Globally, these anti-gender actors and discourses have emerged in response to national and global policy developments on key SRHR issues such as abortion, gender-affirming care for transgender and intersex individuals and the provision of comprehensive sexuality education.<sup>41</sup> Examples of the impact of the rise in these actors and discourses can be seen in countries such as Brazil, Poland and Hungary where Gender Studies has come under direct attack with efforts to close down and discredit gender and sexuality studies, scholars and programmes. In schools in several countries across Europe, Africa, Asia, Latin America and the Caribbean efforts have been undertaken to close down comprehensive sexuality education programming for young people.<sup>42</sup> The clearest evidence of this rollback in political support for SRHR can be seen in the overturning of the *Roe vs. Wade* ruling in the USA, which risks withdrawal of funding from USAID for SRHR programmes, while also providing inspiration and leverage for other states seeking to adopt more conservative interpretations of women's rights, especially in relation to sexuality and bodily autonomy.<sup>43</sup>

As this section has highlighted, many challenges to achieving global health equity remain and, at the midpoint of the SDGs, there is a need for urgent action to make progress in multiple areas if SDG 3 is to truly ensure healthy lives and promote wellbeing for all at all ages by 2030.

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40 Samuels, F., and Daigle, M. (2021) 'Sexual and reproductive health and rights after Covid-19: a forward-looking agenda'. ODI Policy brief. London: ODI.

41 McEwen, H. and Narayanaswamy, L. (2023) 'The International Anti-Gender Movement: Understanding the Rise of Anti-Gender Discourses in the Context of Development, Human Rights and Social Protection.', Working Paper 2023-06, United Nations Research Institute for Social Development.

42 Ibid.

43 Ibid.



## Achieving Universal Health Coverage/progress towards SDG3

### Box 1: Impact of COVID-19 on Global Health

- More than 500 million people worldwide infected (mid-2022)
- Led to 15 million deaths (2020-2021)
- Disrupted health services in 92% of countries (end 2021)
- Halted progress on universal health coverage
- Reduced global life expectancy
- Reduced immunisation coverage
- Increased prevalence of anxiety/depression
- Increased deaths from tuberculosis and malaria
- Claimed the lives of 115,500 frontline healthcare workers

(Source: The Sustainable Development Goals Report 2022)

Despite SDG3's target on universal health coverage (UHC), alarming trends were being seen even before the COVID-19 pandemic. The UHC service coverage index improved from a global average of 45 out of 100 in 2000 to 65 out of 100 in 2015. However, since 2015 progress has slowed with the UHC Service Coverage Index improving by just 3 points since 2015, reaching a score of 68 in 2021.<sup>44</sup> The proportion of the population spending over 10% of their household budget on health, out-of-pocket, worsened from 12.6% in 2015 to 13.5% in 2019, affecting around 1 billion people. Additionally, 4.9% of the global population (around 381 million people) were pushed, or further pushed into extreme poverty due to out-of-pocket payments for health in 2019.<sup>45</sup>

Data is not yet available to provide a detailed and comprehensive understanding of how COVID-19 has impacted progress towards UHC. Available evidence, however, suggests the pandemic contributed to a deterioration in UHC with subregional and country level decreases in the Service Coverage Index and disruptions in the delivery of essential health services. COVID-19 has also led to higher rates of foregone care and increased financial hardship due to high and impoverishing out-of-pocket spending.<sup>46</sup> These challenges in making progress towards UHC may be further exacerbated by the economic impacts of the COVID-19 pandemic.

44 Sustainable Development Goals Report, 2023.

45 Ibid.

46 Ibid.

As the World Bank highlights, forty-one countries face the prospect of lower per capita government spending in 2027 than in 2019 (pre-pandemic), amounting to a lost decade for public investment. In only 61 of 177 countries analysed will the capacity of governments to spend increase robustly to 2027.<sup>47</sup> In its most recent analysis of government health spending in developing countries over the last three years, the World Bank has found that during the first two years of the COVID-19 pandemic per capita government spending on health soared to a peak of 25% above 2019 levels of health spending, before losing momentum in the third year of the pandemic and declining to only 13% above the 2019 level, and close to its pre-pandemic trajectory.<sup>48</sup>

## Box 2: Global Health Equity Challenges

- **1 in 10 people worldwide are suffering from hunger**
- **149.2 million children under age 5 suffer from stunting**
- **22.7 million children missed basic vaccines in 2020**
- **In 2020, global prevalence of anxiety and depression increased by 25%, with young people and women most affected**
- **Services for mental, neurological and substance use conditions were most disrupted by COVID-19, widening gaps in mental health care**
- **Sub-Saharan Africa remains the region with the highest under-5 mortality rate in the world at 74 deaths per 1,000 live births in 2020**

(Source: SDGS report 2022)

Despite the endorsement of ‘the most ambitious and comprehensive political declaration on health in history’<sup>49</sup> at the first United Nations High Level Meeting (UN HLM) on Universal Health Coverage (UHC), progress towards achieving its targets is off track. In fact, the COVID-19 pandemic has brought the world further away from the 2023 targets set by the political declaration to:

- **Progressively cover 1 billion additional people, with a view of covering all people by 2030.**
- **Stop the rise and reverse the trend of out-of-pocket health expenditure and eliminate impoverishment due to health-related expenses by 2030.**<sup>50</sup>

47 ‘Back to the future? Amid complex crisis, weak spending prospects threaten fragile health systems – again’, Kurowski, C. et al, World Bank Blogs, 21st September 2022: [Back to the future? Amid complex crisis, weak spending prospects threaten fragile health systems—again \(worldbank.org\)](https://www.worldbank.org/en/blogs/2022/09/21/back-to-the-future-amid-complex-crisis-weak-spending-prospects-threaten-fragile-health-systems-again)

48 “Kurowski, Christoph; Kumar, Anurag; Mieses Ramirez, Julio Cesar; Schmidt, Martin; Silfverberg, Denise Valerie. 2023. Health Financing in a Time of Global Shocks: Strong Advance, Early Retreat. © World Bank. <http://hdl.handle.net/10986/39864> License: CC BY-NC 3.0 IGO.”

49 UHC 2030 Knowledge platform: <https://www.uhc2030.org/un-hlm-2023/>

50 UHC2030 knowledge platform: <https://www.uhc2030.org/un-hlm-2023/>

As UHC2030's<sup>51</sup> latest review of UHC commitments notes, whilst country commitments to UHC almost doubled between 2019 and 2021, in 2022 this positive trend stagnated and even reversed in some countries. Although the majority of countries recognise UHC as a goal, which is reflected in laws and national plans, there is a lack of concrete operational steps and inadequate public financing for health thereby setting UHC targets for 2030 further off track.<sup>52</sup> Of particular concern is that countries' commitments do not address all three dimensions of UHC – service coverage, population coverage, and financial protection – with just 13% of countries addressing the financial protection dimension. In addition, UHC2030's review found that there was systematic under-prioritisation and under-investment in reducing financial barriers to health care.<sup>53</sup> Other key findings from this review included that:

- **Vulnerable individuals and groups continue to face financial barriers to accessing the health services and commodities they need.**
- **Discrimination against patients along with the limited availability of quality and respectful healthcare services remain widespread challenges to maintaining dignity, privacy, and confidentiality.**
- **Despite women making up the majority of the health workforce, there is a lack of commitment towards increasing women's representation in health and political leadership.**

## UN High Level Meetings on Health

The three High Level Meetings on Health held in September 2023 presented a crucial opportunity for world leaders, including the UK, to prioritise health once again at the highest political level as they recommit to ending tuberculosis (TB), delivering universal health coverage (UHC), and strengthening pandemic prevention, preparedness and response (PPPR).

With just seven years left to achieve the SDGs, there is a need for urgent action to reverse the declines and disruptions caused by the COVID-19 pandemic. The adoption of all three Political Declarations on PPPR, UHC and TB offers this essential opportunity to rebuild the momentum to achieve UHC and reverse the declines in health and the damages to health systems caused by COVID-19. Agreement of the three Political Declarations also helps to ensure the world is better prepared to address future health challenges and to put the world on track to end TB by 2030, as well as providing life-saving TB treatment for up to 45 million people by 2027. We look to the UK Government to play a key role in helping to ensure these political commitments become reality.

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51 UHC 2030 is a global platform where the private sector, civil society, international organisations, academia and governmental organisations collaborate to create a movement for accelerating equitable and sustainable progress towards universal health coverage (UHC) and health systems strengthening at global and country levels ([www.uhc2030.org](http://www.uhc2030.org)).

52 State of UHC Commitment Review: A summary of key findings, UHC2030: [https://www.uhc2030.org/fileadmin/uploads/uhc2030/SoUHCc\\_key\\_findings\\_summary\\_EN.pdf](https://www.uhc2030.org/fileadmin/uploads/uhc2030/SoUHCc_key_findings_summary_EN.pdf)

53 Ibid.



This report aims to shed light on the political, financial, and programmatic actions that the UK is taking to help the world get back on track to achieve SDG 3 and propose ways in which the UK can champion renewed efforts in this area. The report will assess the extent to which the UK Government has achieved the recommendations made in the last Stocktake Review conducted by Action for Global Health and will highlight further opportunities for the UK Government to drive ambitious progress to achieve the 2030 goals and create a healthier world.

### Box 3: SDG 3 Goal and Targets – a recap

This study primarily assesses the performance of UK ODA for health against Goal 3 of the SDGs, and its targets, shown below:

#### Goal 3 Ensure healthy lives and promote wellbeing for all at all ages.

- |     |  |
|-----|--|
| 3.1 | By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.   |
| 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. |
| 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.   |
| 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.   |
| 3.5 | Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.  |
| 3.6 | By 2020, halve the number of global deaths and injuries from road traffic accidents.   |
| 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.                            |
| 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.                                  |
| 3.9 | By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.   |

- 3.A** Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.
- 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.
- 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.
- 3.D** Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.<sup>54</sup>

54 See Sustainable Development Goals knowledge platform: <https://sdgs.un.org/goals/goal3>



# 02.

## Assessing the UK's Political Commitments to Global Health Equity

# Assessing the UK's Political Commitments to Global Health Equity

## Summary

The UK Government demonstrates ongoing support for global health in key policy documents such as the White Paper on International Development, International Development Strategy<sup>55</sup> and the 2023 Integrated Review Refresh<sup>56</sup>, albeit with a particular emphasis on global health security. Since the last Action for Global Health Stocktake Review, the UK has also produced a new approach paper on ending preventable deaths of mothers, babies and children<sup>57</sup> and the government's position paper on health systems strengthening<sup>58</sup>. These two papers emphasise the importance of addressing global health equity, supporting human rights, gender and equality, and overcoming barriers for the most marginalised and most vulnerable, including women, adolescents and people with disabilities. These policy commitments are brought together and consolidated in the UK Government's Global Health Framework<sup>59</sup>, launched in May 2023. This paper recognises the importance of achieving UHC globally, as well as the need for strong and resilient health systems with integrated health services and states that, 'at the centre of our approach is a commitment to the right to health and to leaving no-one behind.'<sup>60</sup>

In reviewing these policy papers and strategies, it is clear that the UK Government retains a commitment to global health and global health equity, although this is increasingly being framed within the context of global health security and the leveraging of UK research, innovation and expertise to improve opportunities for UK trade and investment. Critical gaps in the UK's policy and political commitments on global health equity are a lack of clarity on the level of investment the UK Government will make in tackling the challenges outlined in its policy papers, as well as a lack of clear and costed strategies and implementation plans for its global health priorities.

Furthermore, none of the three health policy papers produced by the UK since the last Stocktake Review are accompanied by clear, publicly available, results frameworks<sup>61</sup>, making it difficult to hold the Government to account for achieving its global health equity policy aims. This suggests that whilst the UK Government demonstrates policy commitments to global health equity through the ending preventable deaths approach paper, the health systems strengthening position paper and the global health framework, this is not matched by the necessary financial, political and programmatic actions required to fully realise, and be held accountable for, its policy commitments in these areas, as will be explored later in this report.

55 <https://www.gov.uk/government/publications/uk-governments-strategy-for-international-development>

56 <https://www.gov.uk/government/publications/integrated-review-refresh-2023-responding-to-a-more-contested-and-volatile-world>

57 <https://www.gov.uk/government/publications/ending-preventable-deaths-of-mothers-babies-and-children-by-2030>

58 <https://www.gov.uk/government/publications/health-systems-strengthening-for-global-health-security-and-universal-health-coverage>

59 <https://www.gov.uk/government/publications/global-health-framework-working-together-towards-a-healthier-world> <https://www.gov.uk/government/publications/global-health-framework-working-together-towards-a-healthier-world>

60 Global Health Framework: working together towards a healthier world, UK Government, May 2023.

61 An internal monitoring and evaluation plan is in place for the Global Health Framework, however this is not publicly available. As the Ending Preventable Deaths and Health Systems Strengthening approach papers are not strategies they do not have monitoring and evaluation frameworks attached to them.

# Progress Against Recommendations from 2020 Stocktake Review

## Recommendations

- The UK Government should articulate their integrated and comprehensive approach to global health through:
  - » **Publishing a cross-government global health strategy covering all UK Government health ODA spend, and ensuring this will deliver against SDG 3, towards achieving UHC, and the 'leave no one behind' pledge.**

...

In May 2023 the UK Government launched its "Global Health Framework: Working together towards a healthier world". This paper sets out the UK Government's ambition to play a leading role in improving health globally and in resilience to future threats. However, it is a short-term framework, which only runs through until 2025. It also fails to make reference to additional funding, does not include a clear monitoring and evaluation framework and falls short of being a comprehensive global health strategy.

- » **Publishing the 'Action Plan' for ending the preventable deaths of mothers, newborns and children and Health Systems Strengthening Position Paper.**

...

The UK Government published, in November 2021, its "Ending the Preventable Deaths of Mothers, Babies and Children by 2030: Approach Paper" and the FCDO Position Paper on "Health Systems Strengthening for Global Health Security and Universal Health Coverage". However, neither paper includes clear financial allocations, implementation timeframes or results frameworks.

- Drawing on pride in our own National Health Service and learning from COVID-19, the UK should strengthen its public commitments to delivering UHC by 2030, through:
  - » **Promoting an ambitious vision for building resilient, inclusive health systems and achieving UHC through the UK's G7 Presidency, the Nutrition for Growth Summit and the 2021 COP26 Summit.**



The 2021 G7 Communiqué and Health Declaration place a strong emphasis on health, especially in the context of COVID-19 recovery and building back more resilient health systems following the pandemic. The Global Nutrition Report plans, in mid-2024, to report on progress towards the 433 commitments made at the 2021 Nutrition for Growth Summit, many of which were health system related, including 41% of commitments that are aligned with the WHO's maternal, infant and young child nutrition targets. Outcomes of the COP 26 Summit reference the intersections with health and commitment to addressing the intersections between climate and health was evidenced by Ministerial presence at the COP28 global health day in December 2024. However, neither sets of outcomes from the Nutrition for Growth Summit or COP 26 fully integrate ambitious visions for building resilient, inclusive health systems and achieving UHC.

- » **Appointing a UK Special Envoy for Global Health, to champion the UK's role in global health on the international stage and to oversee the implementation of the UK Government's manifesto commitment to ending the preventable deaths of mothers, newborns and children.**



The UK has appointed Andrew Mitchell MP (Minister for Development and Africa) as the UK Ministerial Champion on Ending the Preventable Deaths of Mothers, Newborns and Children. In addition, the UK has appointed Dame Sally Davies as the Special Envoy for tackling antimicrobial resistance (AMR).

- The Foreign, Commonwealth and Development Office should place global health as a central objective of their work, through:
  - » **Prioritising interventions and approaches that work to improve global health, reduce poverty and ensure the most marginalised have access to health services over UK interests.**



The Integrated Review Refresh and the International Development Strategy both place health among the top priorities for the UK Government to address and since 2021 new approach papers have been drawn up on ending preventable deaths and health systems strengthening. Over the last three years there has been greater evidence of health being integrated into humanitarian responses and the UK's priorities for addressing the challenge of climate change. A new Global Health Framework was launched in May 2023, although this is a short-term framework with a lack of clarity on financing and accountability mechanisms for the implementation of the framework.

- » **Chairing the cross-government Global Health Oversight Group and overseeing the UK's ODA to health, ensuring policy coherence across all relevant government departments.**



As more ODA for health is channelled through other UK government departments, such as DHSC, BEIS, etc. it is critical for FCDO to play an active role in ensuring coherence across the UK Government's policies and priorities for ODA for health expenditure. To address this, the UK Government has established a Global Health Oversight Group, the purpose of which is to provide senior oversight of the cross-governmental health strategic objectives and implementation of relevant global health policy papers and frameworks. In July 2021, the Pandemic Diseases Capabilities Board was also established to take forward cross-sectoral pandemic planning with representation from a wide range of UK government departments, executive agencies and the Devolved Nations.

- » **Protecting DFID's [now FCDO] staff and expertise on global health and maintaining seats on the boards of all relevant global health institutions, including Gavi, the Global Fund to Fight AIDS, TB and Malaria, UNFPA and UNITAID.**



Health has been retained as a key priority for the UK Government, both in the Integrated Review Refresh and the International Development Strategy. The UK Government currently retains its seat on the boards of Gavi, the Global Fund to Fight AIDS, TB and Malaria, UNFPA and Unitaid. However, there remain concerns about the UK's global standing as a result of ODA cuts alongside diminished capacity and influence within Whitehall and at country office levels since the FCDO merger.



# The UK's Policy Commitments on Global Health Equity

## International Development Policies

Since the last Stocktake Review, we have witnessed the consolidation of the merger of the former Department for International Development (DFID) and the Foreign and Commonwealth Office, to become the Foreign, Commonwealth and Development Office (FCDO), a continuation of reductions in ODA to 0.5% of GNI, and a significant diversion of ODA resources to focus on the challenge of in-country refugee costs<sup>62</sup> (caused by the conflict in Ukraine and the fall of the Afghanistan government to the Taliban). There have also been multiple changes in the leadership of both the UK and ministerial portfolio for international development. Following the merger to form the FCDO, the Global Health Directorate was established and in 2022 the latest International Development Strategy was produced.

The International Development Strategy positioned global health, alongside work on climate change and nature, as one of the top priorities for UK action on international development<sup>63</sup> and the, more recent, White Paper on International Development reinforced these priorities. In outlining how the UK Government will take forward its work on climate change, nature and global health, the International Development Strategy emphasised commitments from the Presidency of G7 and COP26, the UK's global leadership in science and technology and the UK's COVID-19 response as being at the core of the UK's international development offer.<sup>64</sup> Specific commitments included in the International Development Strategy are to:

- **Invest in increasing access to vaccines, therapeutics and diagnostics and to life-saving medicines to reduce the impact of COVID-19 and other diseases, including by strengthening country delivery systems.**
- **Reduce the risk of future global health threats, building stronger health systems, strengthening the WHO and improving global health surveillance and response capability.**
- **Promote a One Health approach to preventing and responding to health threats, reflecting the link between the health of people, animals and the environment.**
- **Work towards ending preventable deaths of mothers, babies and children, investing both bilaterally and through initiatives such as Gavi and the Global Fund to Fight AIDS, Tuberculosis and Malaria.**

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62 In-country refugee costs here refers to migration of individuals fleeing oppression and conflict in countries such as Ukraine and Afghanistan and seeking refuge in the UK. This resulted in significant and unanticipated costs incurred in supporting these people, with many of these costs being allocated to the ODA budget.

63 The UK Government's Strategy for International Development, May 2022

64 Ibid.

Prior to the publication of the International Development Strategy, global health had been included as an important priority in the Integrated Review of Security, Defence, Development and Foreign Policy<sup>65</sup>, emphasising three key areas of focus: strengthening global health security and bolstering international pandemic preparedness, seeking reform of the WHO and prioritising support for health systems and access to new health technologies through the government's ODA spend. More specifically, the Integrated Review in 2021 emphasised the importance of building health resilience through addressing antimicrobial resistance, adopting a One Health approach, accelerating equitable access to COVID-19 vaccines, therapeutics and diagnostics worldwide, reviewing and reinforcing the cross-government approach to biosecurity, reforming the global health system and strengthening global pandemic preparedness.<sup>66</sup>

In 2023 the Integrated Review was refreshed to consider the impacts of the COVID-19 pandemic and new threats to UK security caused by the war in Ukraine and China's increasingly aggressive stance in the South China Sea and Taiwan Strait. The 2023 Integrated Review Refresh highlights sustainable development as the UK's second priority and references the International Development Strategy's four overarching priorities, the fourth of which is to support progress on climate change, nature and global health.<sup>67</sup> It also reiterates the UK Government's support for seven key international development initiatives, which include catalysing international work to prevent the next global health crisis, building on the achievements of the UK's G7 presidency to broker more ambitious agreements on pandemic preparedness and response, strengthen health systems, drive more equitable access to affordable vaccines, drugs and diagnostics, and tackle antimicrobial resistance.<sup>68</sup>

Despite these references to the International Development Strategy, as well as the Global Health Framework (which was launched in May 2023), the 2023 Integrated Review Refresh presents a markedly different approach to perceived threats to UK security than that presented in the 2021 Integrated Review. In the 2021 Integrated Review, for example, there is a strong focus on building resilience at home and overseas through addressing the root causes of risks and increasing the UK's preparedness to withstand and recover from crises.<sup>69</sup> This approach recognises the interconnected and transnational nature of many crises, such as climate change, biodiversity loss, and building health resilience at home and at the international level. It also highlights the UK's support for the One Health approach, its commitment to supporting reform of the global health system, accelerating equitable access to COVID-19 vaccines, therapeutics and diagnostics and strengthening global pandemic preparedness.

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65 <https://www.gov.uk/government/publications/global-britain-in-a-competitive-age-the-integrated-review-of-security-defence-development-and-foreign-policy>

66 'Global Britain in a competitive age'. The Integrated Review of Security, Defence, Development and Foreign Policy, HMG March 2021.

67 <https://www.gov.uk/government/publications/integrated-review-refresh-2023-responding-to-a-more-contested-and-volatile-world>

68 Integrated Review Refresh 2023: Responding to a more volatile and contested world, HM Government, March 2023.

69 'Global Britain in a competitive age: The Integrated Review of Security, Defence, Development and Foreign Policy, HM Government, March 2021.

The 2023 refresh of the Integrated Review, however, reframes this to an approach of 'addressing vulnerabilities through resilience' and places much greater emphasis on the UK's openness to trade and investment, a significantly greater focus on building resilience at home and overseas as a counterpart to strengthening security and defence, and greater attention given to security issues such as energy security, biological security and economic security. Whilst attention is still given to the UK's resilience to risks associated with climate change and environmental damage, supporting the One Health approach and strengthening health resilience at home and overseas, the specific details on how this will be achieved have been significantly reduced in the 2023 Integrated Review Refresh.

The International Development Strategy includes a focus on climate change, nature and global health and emphasises the need for a One Health approach to the UK's support for international development. However, neither the International Development Strategy nor the Integrated Review Refresh place specific emphasis on the importance of strengthening global health equity suggesting that there is a lack of cross-government support for global health and climate investments that tackle the underlying causes of global health inequities, uphold the principle of leave no-one behind and aim to reach the furthest behind first.

Instead, in both the International Development Strategy and the Integrated Review Refresh, the primary focus of UK support is on ensuring global health security, building partnerships that aim to share and advance UK expertise, strengthening infrastructure and opening up opportunities for UK trade and investment in low- and middle-income countries. Whilst these approaches can contribute to improving global health equity, this is likely to occur at a much slower pace and through a more 'trickle-down' effect rather than directing the UK's ODA for health towards ensuring equitable, quality healthcare for all that clearly contributes to reducing global health inequities.

The change in focus of the 2023 Integrated Review Refresh also suggests that there has been a reduction in the importance given to global health equity by the current UK Government, with references to global health within the Integrated Review Refresh being linked much more closely to issues of global health security, such as the UK's China policy, the UK's Health Security Agency, or 'mutually beneficial development, security and defence partnerships'.<sup>70</sup> Minimal reference is made to the Sustainable Development Goals and international development and the only mention of global health equity within the Integrated Review Refresh relates to 'driving more equitable access to affordable vaccines drugs and diagnostics'.<sup>71</sup>

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70 Op.Cit. 46

71 Ibid

## Global Health Policies

In addition to the inclusion of global health as a priority in the international development strategy and the integrated review and its 2023 refresh, there have been several key policy papers produced by the UK Government outlining its approach to specific aspects of global health and global health equity. These papers include:

- **2020: Approach and Theory of Change to Mental Health and Psychosocial Support for Global Development Actors, produced by the then-Department for International Development (DFID)**
- **2021: The FCDO's 'Ending Preventable Deaths of Mothers, Babies and Children by 2023: Approach Paper' and the FCDO 'Position Paper: Health Systems Strengthening for Global Health Security and Universal Health Coverage'**
- **2022: FCDO's Disability, Inclusion and Rights Strategy 2022-2030**
- **2023: FCDO's International Women and Girls' Strategy and the publication of its Global Health Framework which focuses on 'working together towards a healthier world'.**

The remainder of this section aims to summarise the key aspects of these papers and present a brief analysis on the extent to which these papers can be deemed illustrative of the UK Government's commitment to global health equity.



### Mental Health and Psychosocial Support

DFID's 2020 theory of change on mental health and psychosocial support recognises that:

- **One in four people will develop a mental health condition in their lifetime.**
- **People with mental health conditions and psychosocial disabilities face major challenges in having their rights recognised.**
- **That mental health continues to be one of the most neglected and under-funded development issues of our time.**
- **There is a strong association between poverty, inequalities, and poor mental health as well as a strong association with physical health and preventable deaths.**
- **It is important to address the mental health needs of particular populations and vulnerable groups such as conflict-affected populations and children and young people in vulnerable situations.<sup>72</sup>**

The theory of change identifies equity as a key principle to guide development practitioners, emphasising that this means promoting equitable and accessible interventions for all. This includes the different experiences and needs across the life course as well as the different experiences and needs of excluded groups including women and girls, children and adolescents, people with disabilities, LGBTQI+ people, survivors of violence against women and girls and people living with HIV.<sup>73</sup>

72 An Approach and Theory of Change to Mental Health and Psychosocial Support for Global Development Actors, Department for International Development, August 2020.

73 Ibid.



## Case Study

### Matrika Prasad Devkota

*Content Warning: References to suicide and mental distress*

“My name is Matrika Prasad Devkota, and my journey took an unfortunate turn at the age of 15 when I found myself struggling with severe and prolonged mental distress. In a society where mental health awareness was scarce, I faced a lonely battle, misunderstood and often labelled as lazy. For a decade, I lived through discrimination and poverty alongside my aging parents, forced to abandon my education as the struggle intensified.

Being ill at such a young age, when I should have been supporting my family, filled me with guilt and a sense of helplessness. Eventually, I was diagnosed with unipolar depression and started medication, which helped alleviate some symptoms. However, the road to recovery was long and challenging, especially in terms of social and economic rehabilitation. There were high expectations placed on me, and the pressure was immense, leading me to attempt suicide during my recovery.

At my lowest point, I felt utterly alone and believed that nobody could understand what I was going through due to the stigma surrounding mental health. But gradually, I began to see my negative experiences as a source of empathy and motivation to make a difference. This led me to dedicate my life to breaking the silence and fighting against the social stigma associated with mental health problems.

Despite the ups and downs in my life, I've discovered a sense of purpose through my engagement with KOSHISH, a national organization committed to supporting people with mental health issues. I firmly believe that if I had access to such support when I was struggling, my experience would have been vastly different. Through KOSHISH, hundreds of individuals have received much-needed services, and the organization has played a significant role in integrating mental health into mainstream discourse in Nepal.”



## Maternal and Child Health

In 2021, we saw evidence of the UK Government's commitment to ending preventable deaths of mothers, babies and children and to health systems strengthening with the publication of position papers outlining how the UK Government will support countries to tackle these issues.<sup>74,75</sup> The Ending Preventable Deaths (EPD) Approach Paper places a strong emphasis on global health equity issues, acknowledging that nine out of ten maternal deaths occur in the world's poorest countries, that most of these deaths disproportionately impact the most marginalised populations (e.g. adolescents, women with HIV, women with disabilities) and that a myriad of poverty-related factors, such as malnutrition, anaemia, dirty water and poor hygiene, make death more likely.<sup>76</sup>

The paper highlights that there continue to be huge inequities in the coverage and quality of health services needed to end preventable deaths and that greater access to quality health services, including midwifery care, a realisation of rights and gender equality, better nutrition, water and sanitation, would result in lives being saved.<sup>77</sup> This approach paper identifies four pillars of action that the UK Government will take to achieve greater efficiency, equity and effectiveness in its investments which are:

- 1) Support stronger health systems that achieve universal health coverage to end preventable deaths and enhance global security.**
- 2) Support human rights, gender and equality to save and transform the lives of women, babies and children.**
- 3) Support healthier lives and safe environments through improving people's diets, transforming access to resilient water supply and sanitation services, helping to tackle the spiralling threat of air pollution and building resilient, sustainable health systems.**
- 4) Support technology research and innovation to strengthen evidence and increase access to new health technologies such as medicines, vaccines, diagnostics and innovative service delivery.<sup>78</sup>**

The EPD approach paper describes how it will aim to support increased equity through adopting a more deliberate focus on reaching the poorest, women and girls, people with disabilities, and the most marginalised including those living in fragility, conflict and humanitarian crises. The UK Government will also support work with the community-based health system and grassroots organisations to increase reach, community voice and empowerment and drive accountability. Increased effectiveness will be achieved through a focus on system strengthening in all that the UK Government does on health, food and nutrition, SRHR, climate and WASH in order to ensure greater sustainability, accountability and increased quality of care.<sup>79</sup>

74 FCDO Position Paper: Health Systems Strengthening for Global Health Security and Universal Health Coverage, FCDO, December 2021

75 Ending the Preventable Deaths of Mothers, Babies and Children by 2030: Approach paper, FCDO, December 2021.

76 Ibid.

77 Ibid.

78 Ibid.

79 Ibid.





## Health System Strengthening

The FCDO's position paper on health systems strengthening for global health security and UHC recognises that strong resilient and inclusive health systems are a critical foundation for addressing the world's most challenging health issues, including achieving the SDG target of UHC.<sup>80</sup> The paper also recognises that UHC is fundamentally about equity where all people – irrespective of individual characteristics such as economic status, gender, age, geography, ethnicity, disability status – can access safe and quality health services in a timely manner and free from financial burden.<sup>81</sup> The paper acknowledges that strong health systems are essential for improving coverage of health services to reach those who currently do not have access. It also places significant emphasis on the role that strong, resilient health systems play in contributing to global health security, recognising that such health systems must be capable of protecting all people including the poorest and most marginalised.

The FCDO's overall approach to HSS focuses on supporting efforts to deliver a package of the most cost-effective, essential health services to save and improve the lives of the poorest, most marginalised and most vulnerable people in the countries where FCDO operates. To achieve this FCDO aims to ensure the following principles are central to its work:

- **Leaving no-one behind through advancing gender equity and addressing the needs of all those disadvantaged including children and adolescents, people with disabilities, older people, refugees and internally displaced persons.**
- **Protecting and promoting people's right to health by promoting the human right to the highest attainable standard of health.**
- **Respecting country leadership and working with civil society to better understand barriers to health services and to promote accountability for inclusion, community engagement and taking a rights-based approach to health.**<sup>82</sup>

The FCDO's approach to health systems strengthening as set out in its policy paper also emphasises the importance of promoting equitable, inclusive and evidence-based services which encompass the range of health issues identified by countries as priorities and guided by country leadership. The paper promotes the integration of key essential services to deliver an affordable mix of services including reproductive health, maternal, newborn, child and adolescent health services, nutrition, communicable and non-communicable disease control, palliative care, rehabilitation and mental health services, that can be delivered as part of a sustainable national package of essential services. The paper also recognises the importance of a comprehensive approach to health that includes prevention and health promotion services (such as hygiene practices, safe water and sanitation in health facilities), and transforming the infrastructure so that it is accessible for all and more resilient to climate change.<sup>83</sup>

80 FCDO Position Paper: Health Systems Strengthening for Global Health Security and Universal Health Coverage, FCDO, December 2021

81 FCDO Position Paper: Health Systems Strengthening for Global Health Security and Universal Health Coverage, FCDO, December 2021

82 Ibid.

83 Ibid.

Most recently, in May 2023, the UK Government launched its Global Health Framework which sets out how the UK government will play a leading role in improving health globally and building resilience to future threats between now and 2025.<sup>84</sup> The document recognises 2023 as a critical moment, halfway towards the SDGs, to address the need for concerted and collective action to get on track to achieve SDG3, whilst leaving no one behind. The Global Health framework primarily aims to improve global health outcomes but also outlines how this work contributes to the UK's own ability to handle health threats and strengthens the UK's life sciences sector. It sets four strategic objectives which UK government departments will work collectively towards. These are:

- **Strengthen global health security through improved preparedness and response to future epidemics, pandemics, drug-resistant infections, and climate change.**
- **Reform global health architecture including through a strengthened WHO, driving more coherent governance and collaboration across the international system (including global health initiatives, financing institutions and the Quadripartite Collaboration for One Health).**
- **Strengthen country health systems and address key risk factors for ill health, working towards ending preventable deaths of mothers, babies and children in the world's poorest countries and enabling women and girls to exercise their rights.**
- **Advance UK leadership in science and technology, strengthening the global research base of UK and partner countries, while supporting trade and investment.<sup>85</sup>**



## Disability, Inclusion and Rights

In 2022-2023, the FCDO published new strategies on disability, inclusion and rights<sup>86</sup> as well as an International Women and Girls' Strategy<sup>87</sup>, setting out how the UK Government's international development aid will be used to support progress in these areas. The Disability, Inclusion and Rights Strategy 2022-2030, is rooted in a commitment to ensure that people with disabilities have the same opportunity to thrive as anyone else and to live free from stigma, discrimination or exclusion<sup>88</sup>. It sets a strategic vision for a sustainable, inclusive and equitable future where 'people with disabilities in all their diversity – including marginalised and under-represented groups - are meaningfully engaged, empowered and able to exercise and enjoy their full rights and freedoms on an equal basis with others, without discrimination and across the life-course.'<sup>89</sup>

Equity and inclusion are at the heart of this strategy, with one of its six priorities being to achieve inclusive health for all. The Disability Inclusion and Rights Strategy sets the FCDO's ambition as being one that ensures people with disabilities everywhere are able to access and use affordable, accessible and quality health services throughout their lives so they can make and act on informed decisions about their own health. The FCDO's ambition for achieving the inclusive health pillar of this strategy is underpinned by its commitment to Universal Health Coverage and specifies that equity and disability inclusion are central to the FCDO's broader health objectives.

84 Global Health Framework: Working together towards a healthier world, UK Government, May 2023.

85 Ibid.

86 <https://www.gov.uk/government/publications/fcdo-disability-inclusion-and-rights-strategy-2022-to-2030>

87 <https://www.gov.uk/government/publications/international-women-and-girls-strategy-2023-to-2030>

88 FCDO Disability Inclusion and Rights Strategy: Building an Inclusive Future for All: A Sustainable Rights-Based Approach, Foreign Commonwealth and Development Office, February 2022.

89 Ibid.



## Women and Girls

The International Women and Girls Strategy, launched in March 2023, places gender equality firmly at its heart, recognising that global progress towards the SDGs is being thwarted by the increasing attacks on women's rights and gender equality.<sup>90</sup> The strategy emphasises that 'we can only build a fairer, freer, safer, wealthier and greener world, where everyone benefits and no one is left behind, if we put women and girls at the heart of our efforts.'<sup>91</sup> One of the three main pillars of this strategy focuses on empowering women and girls and championing their health rights and places a strong emphasis on ensuring the sexual and reproductive health rights of women and girls are upheld. Key actions under this pillar of the strategy will include supporting efforts to end female genital mutilation (FGM) as well as defending, promoting and supporting universal and comprehensive SRHR by ensuring women and girls have secure access to quality, respectful, affordable and inclusive health services through sustainable health systems.

## Global Health Equity

The policy documents outlined above consistently reference the principle of leaving no-one behind and place particular emphasis on reaching populations that are marginalised or vulnerable, such as adolescent girls, people with disabilities, refugees, ethnic minorities, and people living in conflict, fragility, and humanitarian crises. The Ending Preventable Deaths paper, the Health Systems Strengthening paper, and the Global Health Framework all clearly state commitments to strengthening health systems, enabling the most vulnerable and marginalised populations to gain access to quality health care, and highlight UHC as an important facilitator in achieving SDG 3 and global health equity. This suggests that, at the policy level, the UK Government is supporting efforts to improve global health equity through its Official Development Assistance (ODA).

However, gaps still remain. The Global Health Framework reiterates commitments set out in the women and girls' strategy and the ending preventable deaths and health systems strengthening policy papers, whilst also recommitting the UK to leaving no-one behind. However, the Global Health Framework fails to convey how disability inclusion will be mainstreamed throughout the UK's support for global health, including through water, sanitation and hygiene (WASH), SRHR and nutrition. The framework also falls short of demonstrating how the UK Government will support advocacy, inclusion, and meaningful participation of people with disabilities at all levels. It fails to demonstrate how it will collect and disaggregate health data by disability. Furthermore, the global health framework, as well as the other policy papers highlighted in this section, neglects some key targets of SDG 3, such as those addressing non-communicable diseases. This is a critical global health equity oversight given that NCDs account for 70% of premature deaths worldwide, and that it is often those populations already marginalised or overlooked, such as older people and people with disabilities, who are at greater risk of these diseases.<sup>92,93</sup>

90 <https://www.gov.uk/government/publications/international-women-and-girls-strategy-2023-to-2030>

91 Ibid

92 The UK's Global Health Framework: How do we translate ambition into reality?, Husselby, K et al, BOND, 28th May 2023: <https://www.bond.org.uk/news/2023/06/the-uks-global-health-framework-how-do-we-translate-ambition-into-reality/>

93 'Non-communicable diseases and UK Aid in the era of Covid-19: Study and report for the UK working group on NCD', Dr. H. Davies & Dr. Z. Ali, December 2021, UK Working Group on NCDs.

One issue that is critical to address, and relevant for all the policy papers outlined above, is the consistent lack of financial commitments, implementation plans or results frameworks that will detail how the ambitions set out in the policy papers will be achieved. The policy papers highlighted above are comprehensive in their approaches to ending preventable deaths of mothers, children and babies and to health systems strengthening. However, given the current lack of financial commitments to addressing these challenges combined with a lack of clear accountability frameworks, it is unclear how the actions contained within the policy papers will be prioritised and delivered in a way that enables global health equity to be achieved. As Action for Global Health highlighted in its response to the launch of the UK Government's global health framework, whilst the renewed political support and ambitious aims for the UK's work on global health (as signalled by the Global Health Framework) are to be welcomed, the absence of additional funding or an agreed monitoring framework means that it is unclear how plans will be operationalised or progress evaluated.<sup>94</sup>

Having analysed the key policy documents that have been produced by the UK Government since the last Action for Global Health Stocktake Review, it can be argued that whilst the health-specific policy papers (i.e. the approach paper on ending preventable deaths of mothers, babies and children; the health system strengthening position paper; and the Global Health Framework) place strong emphasis on global health equity and what is required to achieve this, these papers are overshadowed by a much stronger focus on making use of the UK's international influence to tackle global diplomatic and security concerns and to maximise opportunities for the UK to advance its trade and investment interests. As a result, whilst the health-related policy papers can be considered a good basis for UK ODA for health, the potential of these papers to support progress towards SDG 3 and the achievement of global health equity is limited by a lack of concrete investment or accountability frameworks.

94 AfGH's statement in response to the launch of the UK Government's Global Health Framework, 22nd May, 2023: <https://actionforglobalhealth.org.uk/global-health-framework/>

## The UK Government's Political Leadership on Global Health

Since the last Action for Global Health Stocktake Review, the UK Government has held key positions on the global stage that have created opportunities for the UK to demonstrate its political commitments to global health equity. This includes the UK's role in the establishment and implementation of COVAX, launched in 2020 which brought together governments, global health organisations, manufacturers, scientists, private sector, civil society and philanthropy, with the aim of providing innovative and equitable access to COVID-19 diagnostics, treatments and vaccines.

### Box 4: G7 (2021) Commitments on Global Health

"The COVID-19 pandemic is not under control anywhere until it is under control everywhere."

The UK's leadership of the G7 in 2021 led to a series of commitments on health being included in the final Communiqué agreed at the Summit. Heavily focused on ending the COVID-19 pandemic these commitments included:

- **Strengthening the WHO and supporting it in its leading and coordinating role in the global health system.**
- **Accelerating the roll-out of safe and effective, accessible and affordable vaccines for the poorest countries, noting the role of extensive immunisation as a global public good.**
- **Reaffirming support for the ACT-A (Access to Covid-19 Tools Accelerator) and its COVAX facility as the primary route for providing vaccines to the poorest countries.**
- **Recognising the need for equitable access to COVID-19 vaccines, agreeing to support manufacturing in low-income countries and constructive engagement by G7 members with discussions at the WTO on the role of intellectual property, including by working consistently within the TRIPS agreement and the 2001 Doha Declaration on the TRIPS agreement and Public Health.**
- **Continued investment in cutting edge research and innovation, seeking to ensure that global vaccines remain effective against variants of concern, and that effective tests and treatments are available.**
- **Continuing and enhancing G7 commitments to support fragile countries in dealing with the pandemic and other health challenges.**
- **Strengthening the global health and health security system to be better prepared for future pandemics and to tackle long standing global health threats, including Antimicrobial Resistance.**

Source: Carbis Bay G7 Summit Communiqué, June 2021.

In 2021, the UK's hosting of both the G7 and UN Climate Change Conference (COP26) provided opportunities for the UK to demonstrate its support for global health equity through ensuring concrete commitments to actions to improve and tackle the challenges of COVID-19 and climate change. At the G7, for example, the UK secured commitments on an 'intensified effort to vaccinate the world against COVID-19 by getting as many vaccines to as many people as possible as fast as possible', including an agreement to provide one billion doses of COVID-19 vaccines in 2021-2022.<sup>95</sup>

As part of the commitment to beating COVID-19 made by the G7, particular emphasis was placed on 'investing in our people, tackling inequalities – including gender inequality - and promoting dignity and championing freedoms'.<sup>96</sup> In addition to the specific COVID-19-related commitments agreed with the G7 (see Box 4), the UK's hosting of the G7 in 2021 resulted in the production of the G7 Carbis Bay Health Declaration and G7 Health Ministers' Communiqué which contained concrete actions to ensure countries are better equipped to prevent, detect, respond to, and recover from health crises including in alignment with the International Health Regulations (IHR). Within these two documents concrete reference was made to addressing equity dimensions of global health, supporting the achievement of Universal Health Coverage, recognising the importance of adopting a One Health approach, and increasing the resilience of global health systems by investing in the health and care workforce worldwide.

The UK's hosting of the UN Climate Conference in Glasgow in 2021 presented another opportunity for the UK to demonstrate its leadership on global health, by placing a greater focus on the interconnectedness of climate change and health during COP26. The outcome of this conference, the Glasgow Climate Pact situates actions arising from the conference within the context of sustainable development and efforts to eradicate poverty and recognises the importance of addressing the right to health, the rights of indigenous peoples, local communities, migrants, children, persons with disabilities and people in vulnerable situations and the right to development, as well as gender equality, empowerment of women and intergenerational equity when taking action to address climate change.<sup>97</sup>

Andrew Mitchell's return to his role as International Development Minister and its reintegration into the Cabinet signifies the UK's recommitment to achieving the Sustainable Development Goals and, within that, emphasising the key role that global health plays. For example, at his speech to Chatham House in April 2023 where he presented the new vision for UK development to improve global prosperity and reduce poverty, Andrew Mitchell highlighted that 'first we will place ourselves at the centre of the global health agenda, which promotes pandemic preparedness, prevention and response at home and abroad, underlining that no one is safe until everyone everywhere is safe.'<sup>98</sup>

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95 Carbis Bay G7 Summit Communiqué, June 2021.

96 Ibid.

97 Report of the Conference of Parties serving as the meeting of the Parties to the Paris Agreement on its third session, held in Glasgow from 31 October to 13 November 2021. United Nations Framework Convention on Climate Change, March 2022: [https://unfccc.int/sites/default/files/resource/cma2021\\_10\\_add1\\_adv.pdf](https://unfccc.int/sites/default/files/resource/cma2021_10_add1_adv.pdf)

98 Future of International Development, Minister Andrew Mitchell's speech to Chatham House, delivered 27th April 2023: <https://www.gov.uk/government/speeches/minister-andrew-mitchell-speech-on-the-future-of-international-development>



In this same speech the Minister for International Development emphasises the importance of a partnership approach to achieve these aims. Minister Mitchell highlights, for example, that the UK will 'use a diverse range of partnerships to advance development progress' and that placing partnership at the core of the UK's international development offer shows that the UK's offer is about 'listening to our partners and working together to secure shared objectives.'<sup>99</sup>

Prior to this he has emphasised that, in his role as UK Ministerial Champion for ending preventable maternal, newborn and child deaths, there is a need to focus on equity, quality and integration to get back on track to end preventable deaths in line with the SDGs. In terms of equity, this means recognising that preventable deaths disproportionately affect poor and marginalised groups and are fuelled by conflict and instability. Ending preventable deaths requires the provision of high-quality services, including those that respect the rights of women, girls and other marginalised groups. Quality health services also require trained, paid and motivated health workers, who have access to the equipment and drugs they need. An integrated approach means that every part of the health system is working well which requires a strengthening of the 'backbone' of health systems including community and primary care, supply chains, midwifery and health financing and vaccines.<sup>100</sup>

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99 Ibid.

100 Minister Andrew Mitchell speech at global event on Ending Preventable Deaths, delivered 21<sup>st</sup> March 2023 in Washington: <https://www.gov.uk/government/speeches/minister-andrew-mitchell-speech-at-global-event-on-ending-preventable-deaths>

In his statement to the House of Commons on the UK's contribution to the 7<sup>th</sup> replenishment of the Global Fund to Fight AIDS, TB and Malaria, Andrew Mitchell emphasised the UK's support for the Global Fund, sharing that this would make an important contribution to the UK's priority of ending preventable deaths of mothers, babies and children by helping to provide medicine for 170,000 mothers to prevent HIV transmission to their babies. Furthermore, Andrew Mitchell in this speech emphasised that 'the Global Fund is without question one of the most highly efficient and effective global health mechanisms in development' and the UK's £1 billion investment in the Global Fund would ensure a strong and sustained focus on UK priorities such as strengthening health systems and putting health equity, gender and human rights at the core of the Global Fund's work.<sup>101</sup>

In recent years, there has been an increase in the recognition of the linkages between humanitarian aid and health as highlighted by the UK's statement at the UNFPA humanitarian action conference in December 2022. In this speech, Ambassador James Kariuki highlighted that conflict and crises are increasingly trapping marginalised people, in particular women and girls, in cycles of vulnerability, emphasising that 60% of preventable maternal deaths take place in conflict, displacement and natural disaster settings. In this speech Ambassador Kariuki shared that the UK is pleased to be the largest donor to the UNFPA's Supplies Programme, ensuring contraceptives and life-saving maternal, newborn and child health commodities reach those most in need and reiterated the UK's commitment to ensuring access to comprehensive sexual and reproductive health, including safe abortion, at the outset and throughout crises.<sup>102</sup>

However, there have been some instances where the UK has failed to meet its commitment to defend the sexual and reproductive health rights of women and girls and people who can get pregnant. At the UK-hosted International Ministerial Conference on Freedom of Religion or Beliefs in July 2022, the UK Government published a statement on gender equality, supported by more than 20 countries, and committing to promote equal access to public goods, including health.<sup>103</sup> Despite the commitment to equal access to health, however, the statement failed to explicitly mention sexual and reproductive health rights, with previous references to 'sexual and reproductive rights' and 'bodily autonomy' removed from the final statement. It is therefore disappointing that, at such an important conference, the UK did not uphold its own commitment to defend the rights of women and girls and people who can get pregnant.

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101 Andrew Mitchell – 2022 Statement on the Global Fund to Fight AIDS, Tuberculosis and Malaria; November 15th 2022; <https://www.ukpol.co.uk/andrew-mitchell-2022-statement-on-the-global-fund-to-fight-aids-tuberculosis-and-malaria/>

102 Investing in the health and protection of women and girls in humanitarian crises: UK Statement at UNFPA Humanitarian Action 2023, speech delivered on 13<sup>th</sup> December 2022: <https://www.gov.uk/government/speeches/investing-in-the-health-and-protection-of-women-and-girls-in-humanitarian-crises-uk-statement-at-unfpa-humanitarian-action-2023-overview> Statement by Ambassador James Kariuki at the UNFPA Humanitarian Action 2023 Overview

103 Statement on freedom of religion or belief and gender equality. Statement at the International Ministerial Conference 2022, 7th July 2022.

At a number of other opportunities, however, the UK has aimed to demonstrate its commitment to championing comprehensive, universal SRHR. Examples of this include:

- **At the 2022 UN General Assembly Third Committee on Human Rights, the UK, US, Mexico, Nepal, Liberia and Albania co-led on a landmark joint statement, with 71 signatory countries, committing to protect and promote SRHR and bodily autonomy, within a human rights lens.<sup>104</sup>**
- **In April 2023, the UK convened member states, civil society, UN agencies and grassroots organisations at Wilton Park to bolster support for and resist rollback on SRHR at the national, regional and global level.**
- **In May 2023, the UK joined other G7 leaders in re-asserting the critical role of comprehensive SRHR in our efforts to achieve gender equality, explicitly recognising the need for access to safe and legal abortion as well as post-abortion care in the Ministerial Health Communique.**
- **In July 2023, the UK's Gender Envoy Alicia Herbert reinforced the importance of defending SRHR and women's and girls' rights in the rollback plenary at Women Deliver, the world's largest gathering for gender equality in Kigali, Rwanda.**

Most recently, at the UN High-Level Meeting on Universal Health Coverage, it was encouraging to see Will Quince MP state that the UK will work with 'like-minded nations to champion sexual and reproductive health and rights as part of universal health coverage.' In this same statement the UK government also highlighted three priorities of focusing efforts on a primary health care approach, combating financial hardship, and strengthening the global health workforce. This will be achieved through UK support of £295million for global research partnerships that will help to forge the tools and evidence to make UHC a reality as well as addressing other key priorities including ending the preventable deaths of mothers, babies and children, strengthening global health security, and tackling antimicrobial resistance. The full package of UK support for health announced during the high-level week of the UN General Assembly includes:

- **£295 million of funding for health research and development partnerships, as part of the UK's commitment to promoting open and collaborative science.**
- **£5 million additional funding for the TB Alliance for 2023-2024.**
- **Up to £103.5 million for the UK Vaccine Network project, supporting critical research into combatting infectious diseases that cause epidemics in developing countries, and ensure vaccines are accessible to everyone in need.**
- **£95 million for the Tackling Deadly Diseases in Africa Programme II to partner with Kenya, Uganda, Ghana, Malawi and Democratic Republic of Congo and strengthen their ability to detect and tackle future epidemics, drug resistant infections and climate change.<sup>105</sup>**

104 Cross-regional joint statement by 71 countries at the UN Third Committee, delivered on 19th October 2022 by Liberia on behalf of the UK et al. We must respect the bodily autonomy of women and girls throughout their lives: Cross-regional joint statement at the UN Third Committee - GOV.UK ([www.gov.uk](http://www.gov.uk))

105 FCDO Press Release, 'UK announces "transformational" support to boost global health at UNGA', 21<sup>st</sup> September 2023: <https://www.gov.uk/government/news/uk-announces-transformational-support-to-boost-global-health-at-unga>



As can be seen by the information presented above, the UK Government continues to highlight the importance of global health equity in its political statements. Much of this focus on global health, however, has been directly related to addressing the challenges associated with the COVID-19 pandemic, and tackling global health security concerns. More limited attention has been given to critical global health equity issues, such as health systems strengthening, universal health coverage and defending sexual and reproductive health and rights. With the return of Andrew Mitchell to the role of Minister for International Development, we have seen the launch of the UK's Global Health framework and references to the importance of global health in key ministerial speeches, along with recent announcements at the UN General Assembly on a package of funding for global health.

Whilst the funding package announced at the UN General Assembly is to be welcomed, there is still a need for the UK government to demonstrate how its political statements and financial support for global health will translate into advancing global health equity to ensure that progress towards SDG3 can be made more rapidly, without leaving anyone behind and through putting global health equity at the heart of interventions. To achieve this, it is essential for the UK Government to develop clear implementation plans, results frameworks and transparent budgets to ensure the rhetoric on global health equity, health systems strengthening, and UHC that runs throughout policy papers and political statements translates into concrete action enabling SDG 3 to be achieved by 2030.



# 03.

## Assessing the UK's Financial Commitments to Global Health Equity

# Assessing the UK's Financial Commitments to Global Health Equity

## Summary

In recent years the impact of COVID-19, the outbreak of war in Ukraine, and the reduction of the UK's ODA from 0.7% to 0.5% of GNI have contributed to dramatic cuts in ODA for health and a pivoting of health ODA away from programmes aimed at advancing UHC to programmes focused on humanitarian action, addressing global health security concerns, and strengthening international health regulations. In addition, increased expenditure on in-country refugee costs has reduced the amount of ODA available for bilateral spending on key sectors including health, education and humanitarian response. Written as advice to Ministers to inform decision-making with the aim of reducing the impact of these cuts on equity, the FCDO's own Equality Impact Assessment highlighted that the ODA cuts caused by the unforeseen cost of supporting Ukrainian and Afghan refugees were expected to have a severe impact on FCDO programming with a strong focus on fostering equalities and emphasised that such reductions 'will inevitably impact on equalities and inclusion objectives'.<sup>106</sup> This section will explore in more detail trends in ODA spend since 2018 with the aim of understanding how shifting UK priorities, combined with the significant aid cuts have impacted UK Government expenditure on health.

## Progress Against Recommendations from 2020 Stocktake Review

- The UK Government should sustain their role as a leading donor to global health through:
  - » **Maintaining ODA to health at least above 0.1% of GNI, as well as ensuring funding to non-COVID-19 health interventions is maintained, particularly in light of ODA budget cuts, to avoid further, and more severe, loss of life;**

! Health programmes have been severely affected by the ODA cuts with many flagship health programmes, including those aimed at ending preventable maternal, newborn and child deaths, improving access to sexual and reproductive health services, and tackling non-COVID-19 communicable and non-communicable diseases. This has resulted in essential health programmes reducing services and closing programmes in some of the poorest countries and has impacted the long-term investment in health system strengthening and progress towards UHC.

<sup>106</sup> Equality Impact Assessment for ODA Allocations 2023-2024, FCDO, July 2023. <https://committees.parliament.uk/publications/41098/documents/200208/default/>



- » **Maintaining their world-leading role in providing long-term, bold pledges to key global health goals and partnerships;**



The UK has continued to make pledges to key global health partnerships such as Gavi, the Global Fund to Fight AIDS, TB and Malaria, and the International Finance Facility. However, whilst the UK remains the largest supporter of Gavi, the Vaccine Alliance, following a pledge in 2020 of up to £1.65 bn over five years (2020-2025), its support for the Global Fund has dropped. At the 7th replenishment in 2022, the UK pledged just £1 billion, rather than the requested £1.8 billion and was one of just two G7 countries (the other being Italy) not to increase its pledge relative to 2019. The UK was the 4th largest donor to the Global Fund replenishment.

- » **Stepping up efforts to build strong, resilient, inclusive health systems everywhere through increasing aid to country governments to develop transparent and accountable public financial management systems and deliver health systems support;**



Many health programmes providing support to building strong, resilient and inclusive health systems have seen budget cuts requiring adjustments to programmes. The sudden nature of many of these cuts also undermines the long-term efforts required to build strong, resilient and inclusive health systems. Furthermore, there is limited evidence of significant investments in essential health system strengthening building blocks such as human resources for health, health information systems, health financing and leadership and governance.

- » **Recommitting to untied aid and developing a strategy to shift aid spending to low- and middle-income countries, supported by stronger ongoing consultation with low- and middle-income countries about their priorities and needs.**



The FCDO states that it unties its aid in line with and beyond the requirements of the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) recommendation on untying ODA. However, this review has found limited evidence on the implementation of this.

There has been an increase in the proportion of ODA being channelled through bilateral rather than multilateral sources, suggesting this may be supportive of country ownership of programmes and the Health Systems Strengthening Approach Paper emphasises the importance of country leadership. However, there is no evidence of a strategy to shift aid spending to low- and middle-income countries. 2021 and 2022 also saw significant increases in the amount of ODA allocated to in-country refugee costs which has severely impacted the level of ODA available to governmental and non-governmental partners in least developed and low-middle-income countries.

Between 2013 and 2020 the UK's ODA continued in line with the UK Government's commitment to spend 0.7% of UK GNI on ODA. The decision in 2020 to reduce this commitment to allocating 0.5% of GNI to ODA from 2021 has meant reductions in overall ODA spending and subsequent reductions in the UK's ODA spending for health, although in 2022 approximately £270 million of UK bilateral ODA was spent on activities which specifically addressed the COVID-19 pandemic.<sup>107</sup> In addition to cuts to ODA, the last two years have seen an increase in ODA being allocated to cover in-country refugee costs following the takeover of Afghanistan by the Taliban and the outbreak of war in Ukraine.

Between 2019-2021, total ODA dropped from £15.2 billion to £11.4 billion before increasing slightly to £12.8 billion in 2022.<sup>108,109,110</sup> The years 2021 and 2022 saw significant increases in ODA being allocated to in-country (UK) refugee costs, with £1.1 billion allocated to these costs in 2021, rising to £3.69 billion in 2022.<sup>111</sup> In 2021, the UK Government spent more than £1 billion, or almost 10%, of the total ODA budget on in-country refugee costs. In the same year, ODA spending was reduced on the health, humanitarian and education sectors, with in-country refugee costs being the only category for which expenditure increased.<sup>112</sup> In 2022, ODA spending on in-country refugee costs increased to £3.69 billion, representing almost 30% of the UK's 2022-2023 ODA allocations.<sup>113</sup>

COVID-19 has been a key feature of UK ODA for health in recent years. In 2021, approximately £602 million of UK bilateral ODA was spent on activities which directly addressed the COVID-19 pandemic, with FCDO accounting for 86.7 percent of this ODA and in 2022, approximately £265 million of UK bilateral ODA was spent on activities specifically designed to address the COVID-19 pandemic. This included the UK's donation of excess vaccine doses, both directly and through COVAX, to low- and middle-income countries.<sup>114</sup>

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107 Statistics for International Development: Final UK Aid Spend 2022, Foreign, commonwealth and Development Office. <https://assets.publishing.service.gov.uk/media/6543cdd19e05fd000dbe7c6f/Statistics-on-International-Development-UK-Aid-Spend-2022.pdf>

108 National Statistics Revisions Statement, 20 July 2021, Foreign, Commonwealth and Development Office. <https://www.gov.uk/government/statistics/statistics-on-international-development-final-uk-aid-spend-2019/revisions-statement>

109 Statistics on International Development: Final UK Aid Spend 2021, FCDO. <https://assets.publishing.service.gov.uk/media/63da3720d3bf7f252450994b/Statistics-on-International-Development-Final-UK-Aid-Spend-2021.pdf>

110 Statistics on International Development: final UK aid spend 2022, FCDO. <https://www.gov.uk/government/statistics/statistics-on-international-development-final-uk-aid-spend-2022>

111 Ibid.

112 Aid Spending in the UK, Sixth Report of Session 2022-2023, House of Commons International Development Committee, February 2023.

113 The UK aid budget and support for refugees in the UK in 2022/2023, House of Commons Research Briefing, 30 May 2023, Number 9663.

114 Statistics on International Development, 2022.

## Equity Impacts of ODA Cuts

The political decision to place costs of in-country refugee costs were expected to contribute to significant impacts on the equity dimensions of bilateral aid, as highlighted by the FCDO's Equality Impact Assessment, published by the International Development Committee in August 2023.<sup>115</sup> This assessment, presented as advice to Ministers to inform decision-making on cuts to the ODA budget and reduce the impact of the cuts on equity, states that 'it is clear that the impact of the ODA reductions on FCDO programming with a strong focus on fostering equalities is expected to be severe.' The assessment also highlights that qualitative analysis of the impact of the ODA cuts shows that 'there will likely be a significant reduction in the number and size of targeted programme activities aimed at reaching those furthest behind – including women, girls and people with disabilities.' Examples of the impact of budget cuts shared in the Equality Impact Assessment, included that cuts to conflict affected countries such as Yemen would mean that half a million women and children in the country would not receive health care, fewer preventable deaths would be avoided, and there may be lasting damage to health systems if other donors were not able to fill the funding gaps caused by the UK's cuts to ODA.

In South Sudan, older people and people with disabilities could be impacted if work on disability, inclusion and mental health were to cease. Across Africa, as a result of reductions to the Women's Integrated Sexual Health programme (WISH), the programme's results for women and girls will be reduced by approximately 60 percent.<sup>116</sup> The International Planned Parenthood Federation (IPPF), which had responsibility for administering this programme, shared that it had received a £72 million reduction in funding, requiring the closure of services in four countries and significantly impacting on its ability to deliver life-saving contraception and sexual and reproductive health services for women and girls in some of the world's poorest and most marginalised communities.<sup>117</sup>

The Equality Impact Assessment highlights that the aid cuts resulted in a 4-percentage point shift of FCDO spending from low-income countries to lower-middle income countries. The International Development Committee's inquiry into aid spending in the UK also found that in 2021, for example, UK bilateral aid spending in least developed countries decreased to £1.4 billion, representing just 12% of the overall ODA budget. The same inquiry concluded that 'the increase in ODA expenditure in the UK has decreased funding for aid projects supporting poor and marginalised people in the world's least developed countries.'<sup>118</sup>

Given that the majority of low-income countries are in Africa and that by 2030 African countries are likely to be home to more than 90% of the world's poor, this shift in spending is anticipated to impact some of the most marginalised populations. To redress some of the impacts of the ODA cuts, Minister Andrew Mitchell, in correspondence to the International Development Committee, highlights that ODA spend in Africa is planned to more than double from £646 million in 2023/2024 to £1.3 bn in 2024-2025 and will nearly double to low-income countries.

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115 <https://committees.parliament.uk/committee/98/international-development-committee/news/196820/international-development-committee-reveals-real-world-impact-of-cuts-to-uk-aid/>

116 Ibid.

117 IPPF warns that millions of vulnerable women and girls will pay the price for catastrophic budget cuts, 29th April 2023: <https://www.ippf.org/news/ippf-warns-millions-vulnerable-women-and-girls-will-pay-price-catastrophic-budget-cuts>

118 Aid Spending in the UK, Sixth Report of Session 2022-2023, House of Commons International Development Committee, February 2023.



© Sightsavers/Thoko Chikondi. Dr Moira Chinthambi is seen at Kabudula Health Centre in Lilongwe Central Malawi

## Case Study

### Dr Moira Chinthambi

“My name is Dr Moira Chinthambi and I’m an ophthalmologist in Malawi. I qualified in 2018 and work in Lilongwe, which is Malawi’s capital city, at Kamuzu Central Hospital, one of the main referral hospitals in the country. I work as part of Sightsavers’ inclusive eye health programme which is funded by the UK government through UK Aid Match. When I get to work ... If I’m doing outreach surgeries, I’m out the whole day at community hospitals. If it’s a clinic day, I see around 20-30 patients. Most of the time, my clinic is a paediatric eye clinic. I love kids – we only have one paediatric ophthalmologist for the whole country, and I intend to be the second one. I’m hoping the opportunity arises for me to train.

I think eye health is important because it gives us a level of independence and freedom. When I do outreach work, I see many patients who are dependent on little kids and this deprives the children of the right to go to school. So instead of going to school, they are busy looking after their grandma, cooking for her, taking her around and it becomes such a burden on the little ones. But this inclusive eye health project is making a huge difference. It aims to prevent avoidable blindness in people with and without disabilities. It provides the resources for someone like me to go into communities and conduct outreach clinics and surgeries. This project has helped all those people who would have been blind for the rest of their lives because they could not manage to come to the hospital. The project has helped us bring eye health services to where they are. This means people can become more productive, they can go about their lives and earn a living.

But I think we need to increase awareness and sensitisation. We need to encourage health-seeking behaviours and then more people will come to the hospital, earlier, before their condition worsens. We need to keep the dialogue on eye health going and keep engaging chiefs and village headmen. I would also like to see more resources and funding which will provide more drugs, more trained professionals and more health care centres. If we also train more eye health workers then we’re able to go into the most remote places and bring the eye services to them through mobile clinics. We can also have more mobile outreach surgeries.

What has been done so far has made a huge difference in the lives of so many people. I hope, in the future, we may have similar projects.”

## Overall trends in UK ODA

As highlighted above, overall UK ODA has seen dramatic reductions over the last 4 years, largely due to the UK Government's decision to reduce its share of ODA from 0.7% of GNI to 0.51% of GNI, as highlighted in Table 1 below.

**Table 1: UK ODA Levels, 2019-2022**

Year	Overall ODA (£ billions)	% GNI as ODA
2019	£15.2 billion	0.7%
2020	£14.5 billion	0.7%
2021	£11.4 billion	0.5%
2022	£12.8 billion	0.51%

Source: Statistics for International Development, 2020 and 2022<sup>119</sup>

We have also witnessed a shift in the number of government departments allocating UK ODA, with a decreasing amount of ODA being channelled through the Foreign, Commonwealth and Development Office (or the former Department for International Development). In 2019, for example, 77.7% of the ODA budget was allocated through DFID, whilst in 2022 this had reduced to 59.7%. By contrast, the percentage of ODA allocated by other government departments has increased from 17.8% in 2019 to 37.8% in 2022.<sup>120,121</sup> Looking in more detail at which government departments are responsible for allocating UK ODA (table 3), we can see that there have been significant upsurges in ODA allocated through the Home Office and the Department for Levelling Up, Housing and Communities, largely as a result of in-country refugee costs caused by the war in Ukraine and the Taliban takeover of government in Afghanistan. The Department for Health and Social Care has also increased its contribution to ODA from 1.5% in 2019 to 3.6% in 2022.

**Table 2: Proportion of ODA by net contributor, 2019-2022**

Contributor	2019	2020	2021	2022
DFID/FCDO	77.7%	73.7%	71.6%	59.7%
Other Government Departments	17.8%	19.0%	24.7%	37.8%
Other	4.6%	7.3%	3.7%	2.6%

Source: Statistics for International Development, Excel Tables: 2020, 2021, 2022

<sup>119</sup> <https://www.gov.uk/government/collections/statistics-on-international-development>

<sup>120</sup> Excel Tables, Statistics on International Development, final UK aid spend 2020.

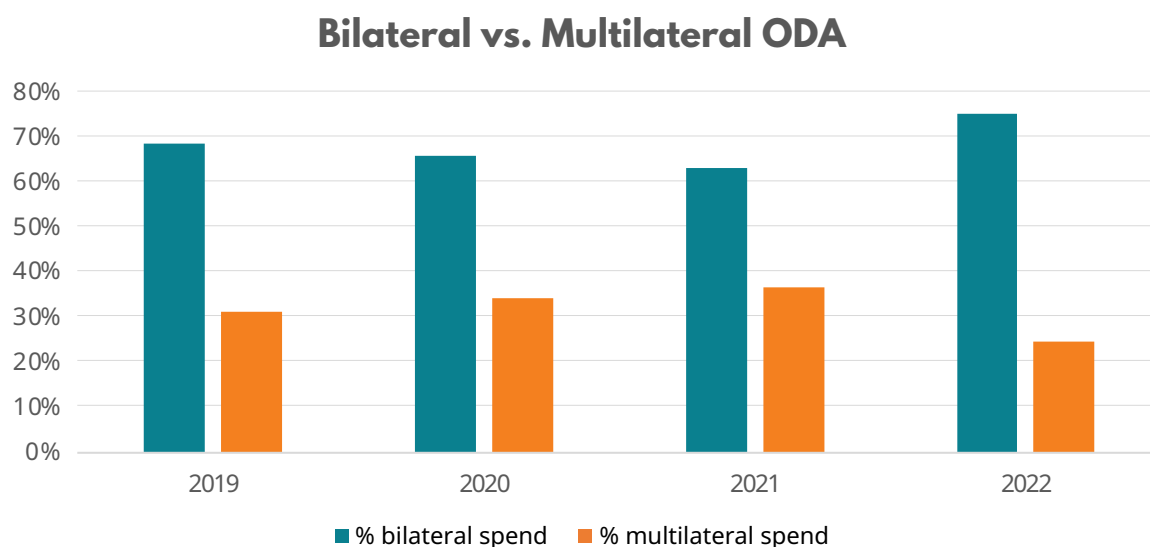
<sup>121</sup> Excel Tables, Statistics on International Development, final UK aid spend 2021. 1

**Table 3: Breakdown of UK ODA by government department (% UK ODA), 2019-2022**

Government Department	2019	2020	2021	2022
(Former) DFID	73.2%	69.4%		
(Former) FCO	4.5%	4.3%		
FCDO	77.7%	73.7%	71.6%	59.7%
BEIS	6.3%	6.9%	8.2%	4.4%
Department for levelling up, housing & communities	0.0%	0.0%	0.0%	4.1%
CSSF	4.3%	3.7%	3.7%	2.5%
Home Office	2.9%	4.1%	9.1%	18.7%
DHSC	1.5%	1.7%	2.0%	3.6%
Prosperity Fund	1.2%	1.4%	0.5%	0.0%
DEFRA	0.6%	0.5%	0.7%	0.7%

Source: Statistics for International Development, Excel Tables: 2020, 2021, 2022

Within the overall levels of ODA there has been an increase in the percentage of ODA delivered through bilateral aid as compared to that delivered through multilateral channels. In 2019, 68.6% of all ODA was channelled through bilateral funding mechanisms, increasing to 75.3% in 2022. Multilateral aid has seen an overall reduction from 31.4% in 2019 to 24.7% in 2022 (see figure 1). From the analysis conducted for this report, it is unclear how an increase in bilateral funding has contributed to improving health equity. However, it does indicate that there may be greater support for country-led and evidence-informed approaches as set out as a priority within the health systems strengthening approach paper.

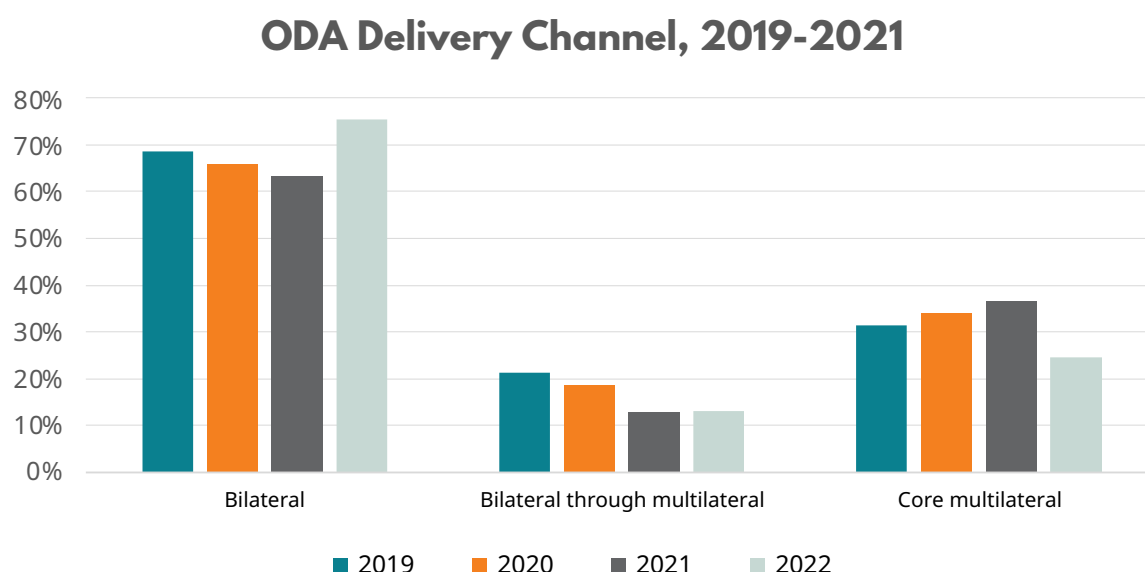
**Figure 1: Percentage of bilateral vs. multilateral ODA, 2019-2022**

Source: Statistics for International Development, Excel Tables: 2020, 2021, 2022



Exploring this expenditure in a bit more detail, we can see that the percentage of bilateral aid which is channelled through multilateral organisations has reduced from 21.3% in 2019 to 12.8% in 2022 while core support to multilaterals increased from 31.4% in 2019 to 36.7% in 2021. In 2022, however, this trend has reversed with an increase from 63.3% to 75.3% of ODA being channelled through bilateral funding mechanisms in 2021-2022 and a reduction from 36.7% to 24.7% in the percentage of ODA being allocated to core multilateral funding (see figure 2).

**Figure 2: ODA Main Delivery Channel, 2019-2021**



Source: Statistics for International Development, Excel Tables Additional Standard, 2022

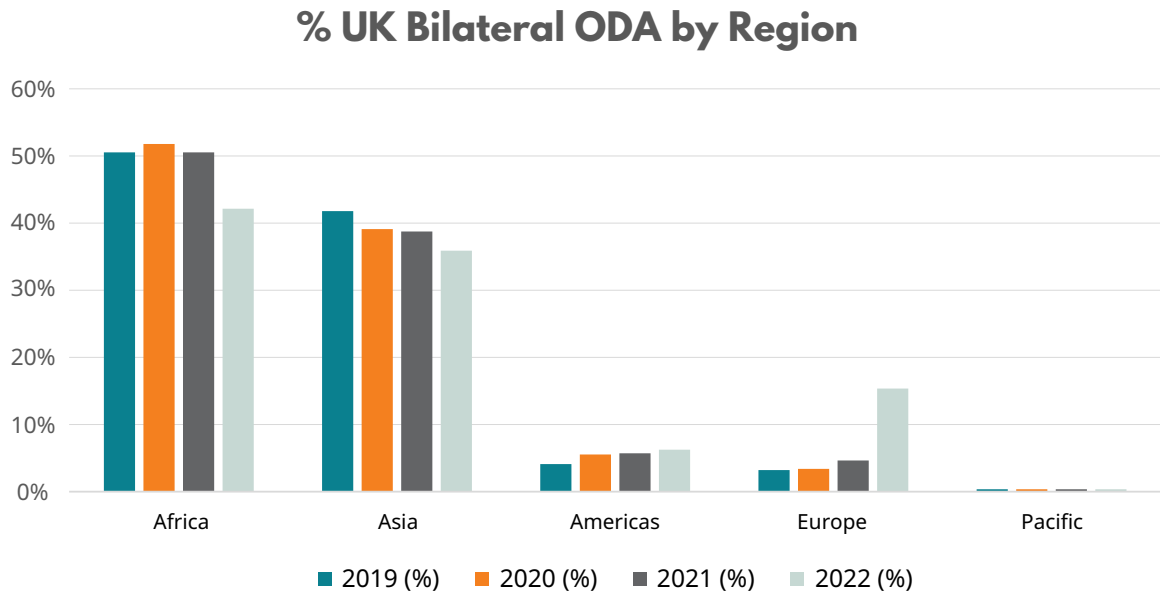
Africa continues to be the region that receives the highest proportion of bilateral ODA, although total amounts of ODA to the region have reduced from £2,985 million (or 50.6% of bilateral ODA)<sup>122</sup> in 2019 to £1,240 million (42.2%) in 2022<sup>123</sup> (see figures 3 and 4), and the amount of bilateral ODA allocated to Africa in 2022 was the lowest level of ODA to Africa in recent years. The Asia region has also seen a reduction in UK bilateral ODA, with an overall decrease of £269 million, or 20.3%, compared to 2021, leading to the lowest ODA volume to Asia since 2009. Europe, on the other hand, and driven by increased support to Ukraine following the Russian invasion, has seen an increase of £298 million of UK bilateral ODA compared to 2021, accounting for 15.4% of country or region-specific bilateral ODA, compared to 4.5% in 2021<sup>124</sup>.

122 Statistics for International Development: Final UK Aid Spend 2020, Excel tables. FCDO, 2020.

123 Statistics on International Development: Final Aid Spend 2022, Excel Tables (Table C6), FCDO, 2023.

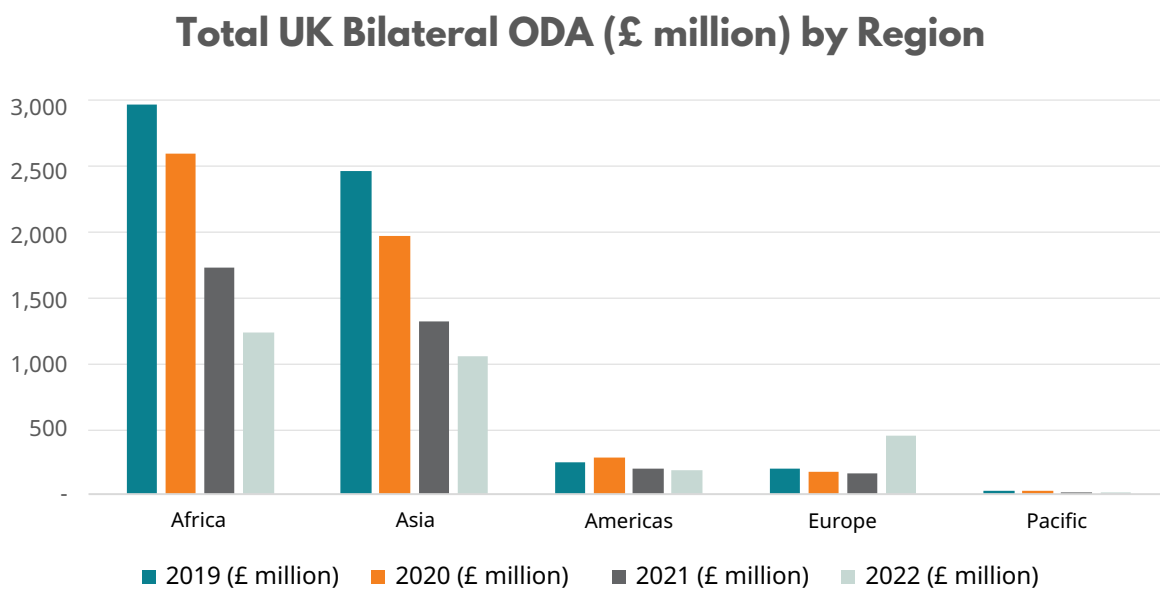
124 Statistics on International Development: Final Aid Spend 2022, Foreign Commonwealth and Development Office, September 2023.

**Figure 3: Percentage of UK Bilateral ODA Spend by Region**



Source: Statistics for International Development, Excel Tables: 2020, 2021, 2022

**Figure 4: Total UK Bilateral ODA Spend (£ million) by Region**

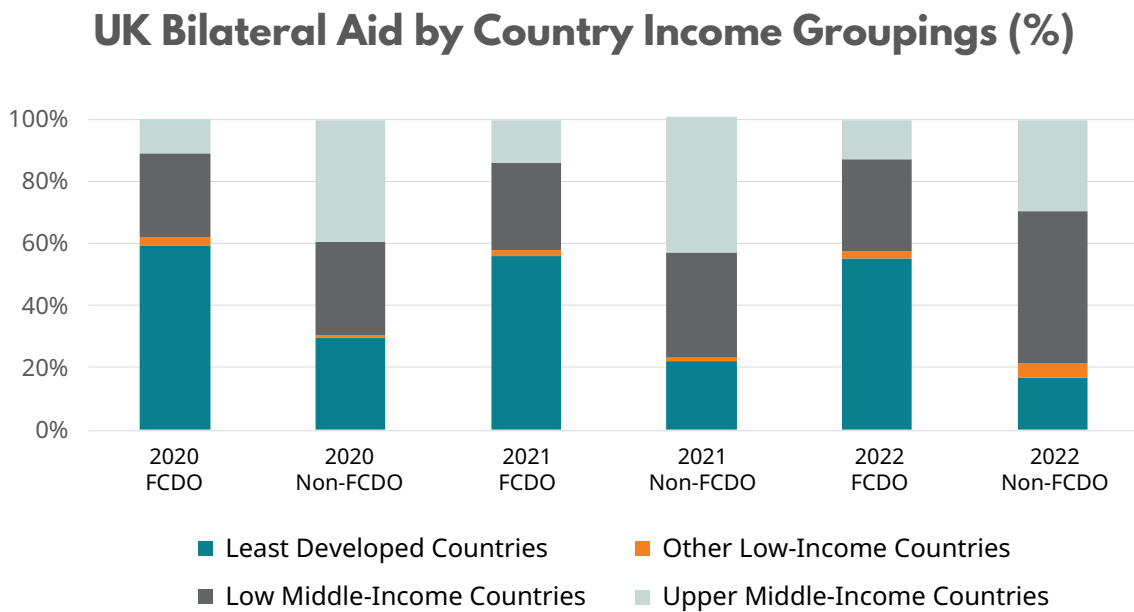


Source: Statistics for International Development: Final Aid Spend 2022, Additional Tables, 2022

Analysis of ODA flows to different countries based on their income groupings indicates that there is an overall trend of ODA allocations to least developed countries and other low-income countries reducing for ODA channelled through both FCDO and non-FCDO programmes. For example, in 2020, 62% of FCDO ODA was allocated to least developed and other low-income countries. In 2022, this had reduced to 57.6% of FCDO ODA going to these countries. In 2020, 30.4% of non-FCDO bilateral aid was for least developed and other low-income countries, but in 2022 this had reduced to 21.1% (see figure 5).

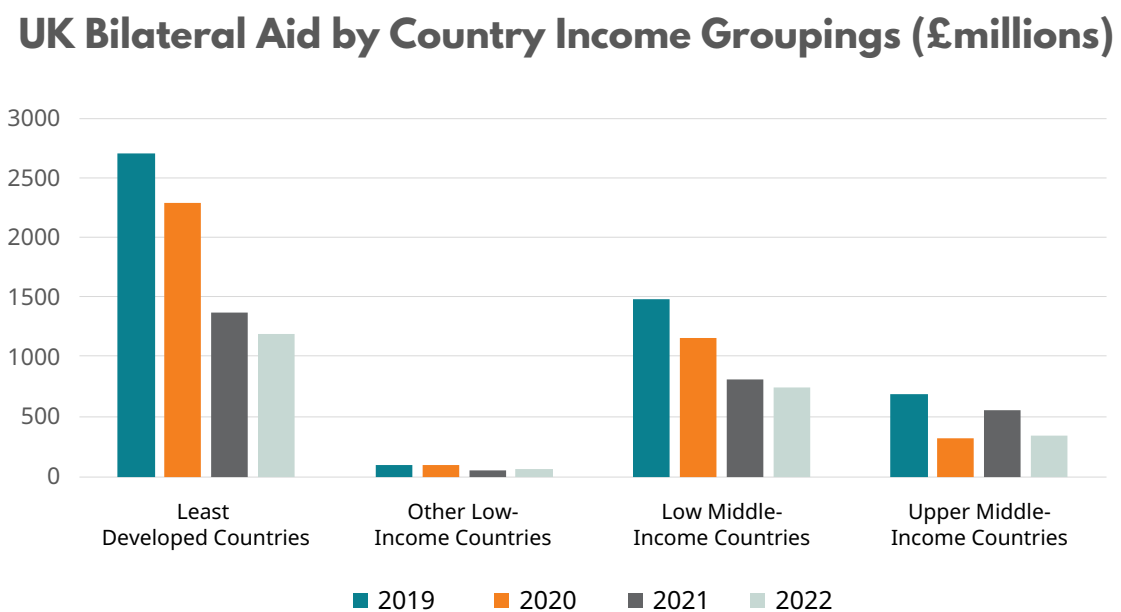
Combining both FCDO and non-FCDO bilateral aid we can see that while the total amount of aid has reduced for all country groupings, the percentage of bilateral aid allocated to least developed and other low-income countries has dropped, while the percentage of bilateral aid being channelled to low-middle-income countries and upper-middle-income countries has increased (see figures 5, and 6). Recognising that some of this change has been caused by an increase in support to Ukraine and to in-country refugee costs, this still highlights grave concerns that despite a strong equity focus in recent global health frameworks and publications, this is not reflected in overall UK ODA funding flows.

**Figure 5: Percentage of UK Bilateral Aid (FCDO and non-FCDO) by Country Groupings**



Source: Statistics for International Development, Excel Tables: 2020, 2021, 2022

**Figure 6: Total UK Bilateral Aid by Country Groupings (£ millions)**

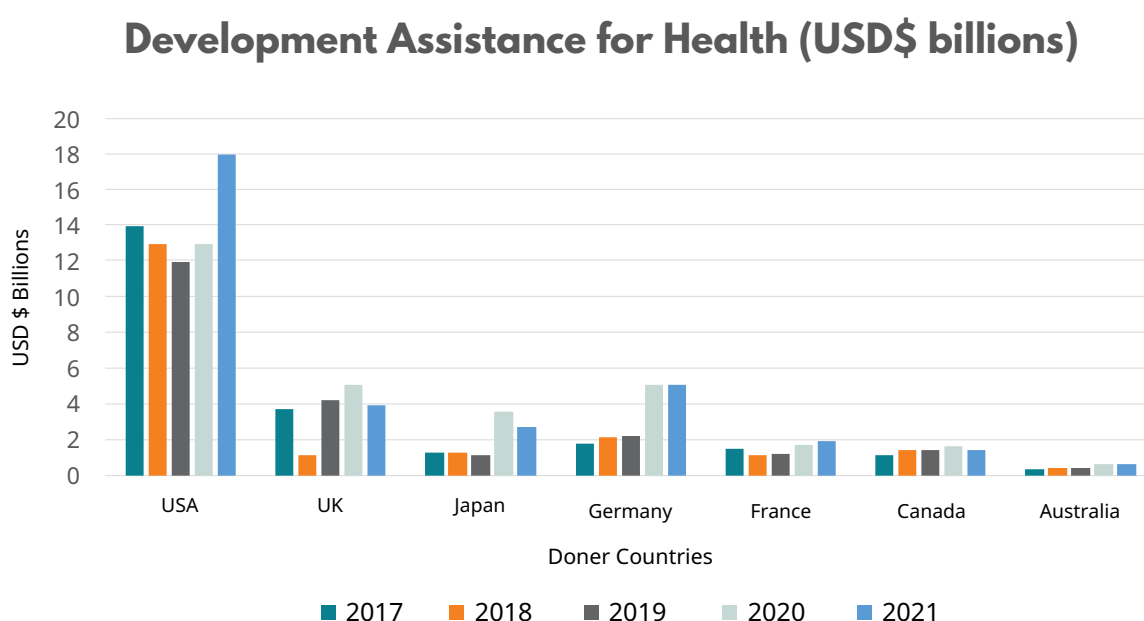


Source: Statistics for International Development, Excel Tables: 2020, 2021, 2022

## Trends in UK ODA for Health

In 2022, the UK was the fifth largest donor DAC member provider of ODA, allocating USD15.7 billion in total<sup>125</sup>. The UK continues to be one of the largest providers of development assistance for health (DAH) although the total amount of development assistance for health provided by the UK has dropped from US\$ 4.2 billion in 2019 and US\$ 5.1 billion in 2020 to US\$ 3.9 billion in 2021<sup>126</sup>. The UK Government's reductions in DAH contrast with that of other key bilateral donors which are, for the most part, allocating increasing amounts of DAH (see figure 7).

**Figure 7: G7 Members Development Assistance for Health (USD\$ billions)**



When looking in more detail at the UK's ODA expenditure, we can see that although health continues to be one of the largest sectors of investment for FCDO and wider UK Government bilateral ODA, there has been a decline in both the priority given to health spending and the total amounts of ODA allocated to the health sector. In 2020, for example, health received the highest percentage of bilateral spend (16.7%) but in 2022 it was the third largest sectoral spending area, with the total percentage of bilateral aid allocated to health reducing to 10.1% (see table 4).<sup>127</sup> Overall, ODA for health has been declining in recent years, as will be further explored in this section.

125 ODA 2022 summary, OECD-DAC: <https://www.oecd.org/dac/financing-sustainable-development/ODA-2022-summary.pdf>

126 The Institute for Health Metrics and Evaluation, Data visualisation tools: <https://vizhub.healthdata.org/fgh/>

127 Statistics for International Development, Excel tables, 2019-2022.

**Table 4: Top 5 Sectors for UK bilateral ODA spend, 2018-2022:**

Rank	2018: Sector (% bilateral spend)	2019: Sector (% bilateral Spend)	2020: Sector (% bilateral spend)	2021: Sector (% bilateral spend)	2022: Sector (% bilateral spend)
1	Health (14.3%)	Humanitarian Aid (14.8%)	Health (16.7%)	Refugees in Donor Countries (14.5%)	Refugees in Donor Countries (38.3)
2	MultiSector/ Cross-cutting (14.2%)	Health (13.7%)	Humanitarian Aid (16.1%)	Health (13.4%)	Humanitarian Aid (11.4%)
3	Humanitarian Aid (14.1%)	Economic infrastructure and services (13.1%)	Multisector/ Cross-cutting (11.7%)	Economic Infrastructure & Services (12.6%)	Health (10.1%)
4	Government & Civil Society (12.9%)	Multisector/ cross-cutting (12.7%)	Government & Civil Society (10.9%)	Multisector/ Cross-cutting (11.0%)	Multisector/ Cross-cutting (8.8%)
5	Economic Infrastructure & Services (12.3%)	Government & Civil Society (12.5%)	Economic Infrastructure & Services (9.8%)	Government & Civil Society (10.7%)	Government & Civil Society (7.5%)

Source: Statistics for International Development, Excel Tables: 2020, 2021, 2022

**Bilateral spending on the health sector** saw increases in 2019 and 2020 before a significant decrease from a peak of almost £1.6 billion in 2020 to less than £1 billion in 2022. Recognising that 2019 and 2020 included significant expenditure related to the COVID-19 pandemic, as well as commitments to the Global Fund for AIDS, TB and Malaria, this dramatic reduction in health sector spending in 2021 is highly concerning and resulted in significant cuts to several flagship health sector programmes, as will be explored later in this report. Overall trends in health sector spending appear to show a decline across all key areas since 2019 (see Table 5 and figure 8). Of particular concern is the reduction of bilateral ODA spend allocated for population policies/programmes and reproductive health, which has seen a more than 50% reduction from a peak of £433,307,000 in 2019 to just £199,849,000 in 2021 before rising slightly to £221,603,000 in 2022.

Allocations of health sector ODA for basic health have also seen a more than 50% reduction from £737,159,000 in 2020 to £374,702,000 in 2021, before rising minimally in 2022 to £395,677,000. Whilst this may be a result of an increase in 2020 of funding allocated to tackle the global COVID-19 pandemic, such dramatic reductions are concerning as without consistent and long-term investment in health systems and basic health care it will be challenging to ensure SDG 3 can be achieved.

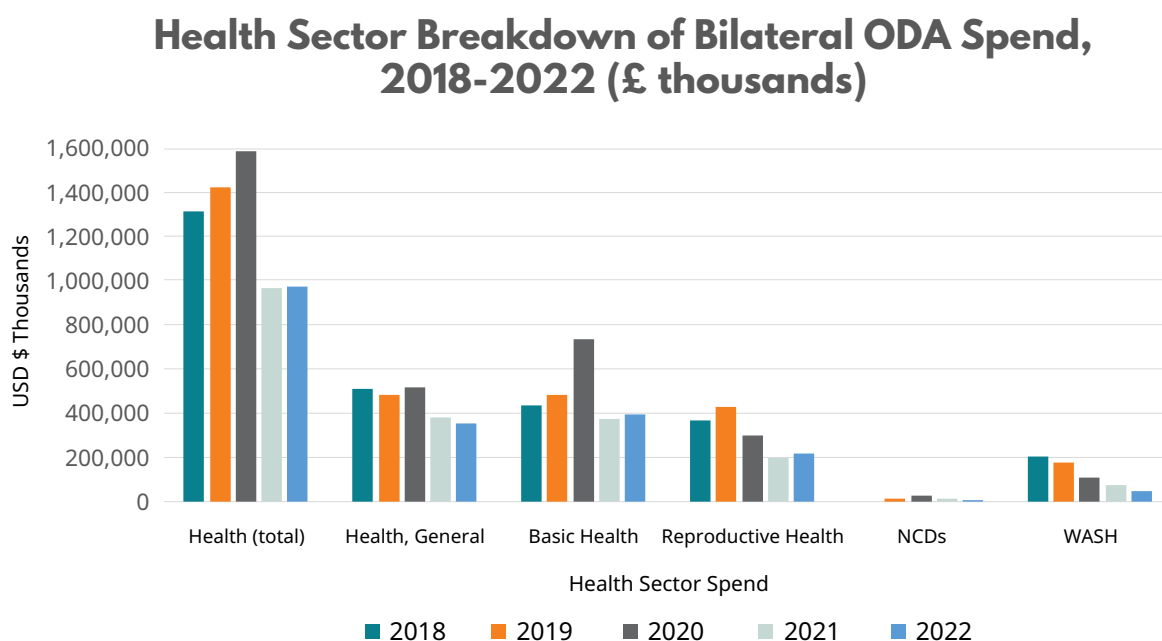
Other areas of concern include the lack of funding for non-communicable diseases (NCDs) and water, sanitation and hygiene (WASH), both of which require significant investment to enable SDG3 to be achieved. Whilst funding for NCDs has increased from a baseline of zero funding in 2018, the 2022 levels of spending, at just £4,561,000 – a reduction from a peak of £27,741,000 in 2020 – will fail to support any significant progress towards addressing the NCD epidemic which is responsible for millions of premature deaths and is becoming an increasingly important health issue in LMICs. As WHO highlights, each year 17 million people die from a NCD before the age of 70, with 86% of these premature deaths occurring in LMICs, whilst 77% of all NCD deaths are in LMICs. Also of concern is the reduction in bilateral ODA funding allocated to water supply and sanitation which has reduced from £206,543,000 in 2018 to just £45,557,000 in 2022, putting at risk efforts to achieve the elimination of neglected tropical diseases.

**Table 5: Health Sector Breakdown of Bilateral ODA spend, 2018-2021**

	2018 £ thousand	2019 £ thousand	2020 £ thousand	2021 £ thousand	2022 £ thousand
<b>Health (Total)</b>	<b>1,318,799</b>	<b>1,425,692</b>	<b>1,589,076</b>	<b>969,575</b>	<b>975,643</b>
Health, general	513,455	486,815	519,586	379,872	353,802
Basic health	435,620	488,284	737,159	374,702	395,677
Population Policies/ Programmes and Reproductive Health	369,724	433,307	304,591	199,849	221,603
Non-communicable diseases (NCDs)	0	17,286	27,741	15,152	4,561
Water supply and sanitation (Total)	206,543	175,687	109,880	77,808	45,557

Source: Statistics for International Development: Final Aid Spend 2022. Additional Tables: A7



**Figure 8: Health Sector Breakdown of Bilateral ODA Expenditure, 2018-2022 (£ thousands)**

Source: Statistics for International Development: Final Aid Spend 2022, Additional Tables: A7, 2022

**UK health ODA being channelled through multilaterals** shows a varied picture of investments (see table 6). Overall, there has been a gradual increase in the amount of multilateral ODA for health, rising from £788.1 million in 2017 to £891.8 million in 2021. Between 2017 and 2021, some of the biggest increases in multilateral health spend have been in relation to health policy and administrative management, rising from £68million in 2017 to £96.2million in 2021, infectious disease control, rising from £90.7million in 2017 to £257.1 million in 2021, and STD control including HIV/AIDS which saw an overall increase from £131.6million in 2017 to £205.3 million in 2021. Health sector areas which have seen the greatest reductions in allocations through multisectoral organisations include basic health infrastructure and basic nutrition where funding has halved between 2017 and 2021.

A particular concern is the reduction of allocations for basic health care and basic health care infrastructure, from a total of £223.7 million in 2017 to £41.7 million in 2021 as without investments in these critical areas it will not be possible to meet the aim of ending preventable maternal, newborn and child deaths by 2030, nor will it be possible to make progress on increasing access to basic health services and advancing towards universal health coverage. Additional concerns are raised by the reductions in multilateral ODA for population policy, reproductive health and family planning which has also declined dramatically, from a total of £43.4 million in 2017 to just £2.2 million in 2021.<sup>128</sup>

<sup>128</sup> Additional tables: Statistics on International Development final UK aid spend 2021, <https://www.gov.uk/government/statistics/statistics-on-international-development-final-uk-aid-spend-2021>

**Table 6: Imputed UK Share of Multilateral Net ODA for Health, 2017-2021**

Health Sub-Sector	2017 £ Thousand	2018 £ Thousand	2019 £ Thousand	2020 £ Thousand	2021 £ Thousand
<b>Total Health Sub-Sector</b>	<b>788,132</b>	<b>853,589</b>	<b>788,981</b>	<b>887,662</b>	<b>891,849</b>
Health policy and administrative management	68,025	75,800	68,790	71,408	96,291
Medical education/training	1,266	3,310	841	1,227	838
Medical research	1,880	2,106	4,121	195	59
Medical services	14,332	23,879	10,195	21,755	18,106
Basic health care	210,520	222,147	214,299	79,520	35,056
Basic health infrastructure	13,197	6,810	4,729	6,506	6,653
Basic nutrition	40,753	41,720	25,979	17,528	21,610
Infectious disease control	90,711	110,580	116,270	167,035	257,194
Health education	4,097	3,624	2,007	3,414	3,650
Malaria control	108,002	122,117	128,377	156,192	119,910
Tuberculosis control	58,237	59,488	57,139	70,192	49,556
COVID-19 control	0	0	0	13,903	44,723
Health personnel development	2,088	2,194	5,780	4,510	8,400
NCDs control, general	0	100	9,680	948	308
Control of harmful use of alcohol and drugs	0	18	27	78	189
Promotion of mental health and well-being	0	0	87	412	912
Other prevention and treatment of NCDs	0	0	181	1,507	5,481
Research for prevention and control of NCDs	0	0	0	260	292
Population policy and administrative management	17,851	7,870	4,481	6,962	8,693
Reproductive health care	18,268	21,542	13,330	11,273	6,369
Family planning	4,294	9,077	2,626	2,084	1,859
STD control including HIV/AIDS	131,638	137,798	119,467	249,904	205,336
Personnel development for population and reproductive health	2,973	3,409	574	849	365

Source: Statistics for International Development: Final Aid Spend 2022, Additional Tables: A9, 2022

# Spotlight on Sexual and Reproductive Health and Rights (SRHR)

In December 2021 the UK Government launched its approach paper on ending the preventable deaths of mothers, babies and children by 2030. The paper recognises the unacceptably high numbers of maternal, newborn and child deaths globally and sets out what the UK will do, over an initial three-year timeframe, to contribute to ending these preventable deaths.

In March 2023, the UK Government launched its international women and girls' strategy, stating clearly that women and girls should 'have control over their own bodies and control their choices.' Critical to achieving the aims of both these papers is the need to ensure women and girls have access to good quality sexual and reproductive health services, ensuring that they can see their rights to contraceptive choices, bodily control and autonomy, and services such as safe abortion upheld.

The aims of both the Ending Preventable Deaths Approach Paper and the International Women and Girls Strategy are strongly welcomed. However, what is concerning is that in analysing recent government expenditure on the health sector, there appears to be a downward trend in both bilateral and multilateral ODA for sexual and reproductive health.

A review of the UK Government's published [statistics for international development](#) finds that between 2018 and 2021, the total amount of bilateral ODA for population policies/programmes and reproductive health increased from £369.7 million to £433.3 million before dropping to £199.8 million in 2021 and increasing slightly in 2022 to £221.6 million.

Similar reductions are also seen in multilateral funding for sexual and reproductive health. In 2018, a total of £43.4 million of multilateral ODA for health was provided for sexual and reproductive health services. However, in 2021 the amount of funding for sexual and reproductive health provided through multilateral organisations had more than halved to just £17.3 million.

It is highly concerning that, despite the UK Government's policy papers emphasising the importance of defending the rights of women and girls to sexual and reproductive health and the aim to contribute to ending preventable deaths of mothers, babies and children by 2030, available evidence suggests funding is not following these aims and commitments and that recent cuts are in fact contributing to a worsening situation for women and girls.

The ODA cuts in 2020 and 2021 severely impacted the UK's support for SRHR. The UK's flagship Women's Integrated Sexual Health programme (WISH), for example, saw cuts to programme budgets resulting in partners ending programmes in 10 out of 27 countries and pausing programming in a further 5 countries.<sup>129</sup> Among the countries where programme activities had to close were some of the poorest countries and those where women and girls are struggling to see their rights to sexual and reproductive health being met, including Zimbabwe, Zambia, Afghanistan and Pakistan.

In 2022-2023 the remaining programme budget was cut by a further 50% resulting in overall reduced access to sexual and reproductive health services for the most marginalised groups and reduced protection for women. FCDO's own [equality impact assessment](#) highlighted that these cuts would see a drop in the number of couple years of protection provided from nearly 3 million to around 1.1 million, that the number of unsafe abortions averted would reduce from nearly 300,000 to approximately 115,000, and that the number of maternal deaths prevented would more than halve from 2,531 to just 1,000.

The FCDO's equality assessment also highlighted that, in Yemen, half a million women and girls would not receive healthcare and fewer preventable deaths would be avoided, with the budget cuts also risking lasting damage to health systems in Yemen.

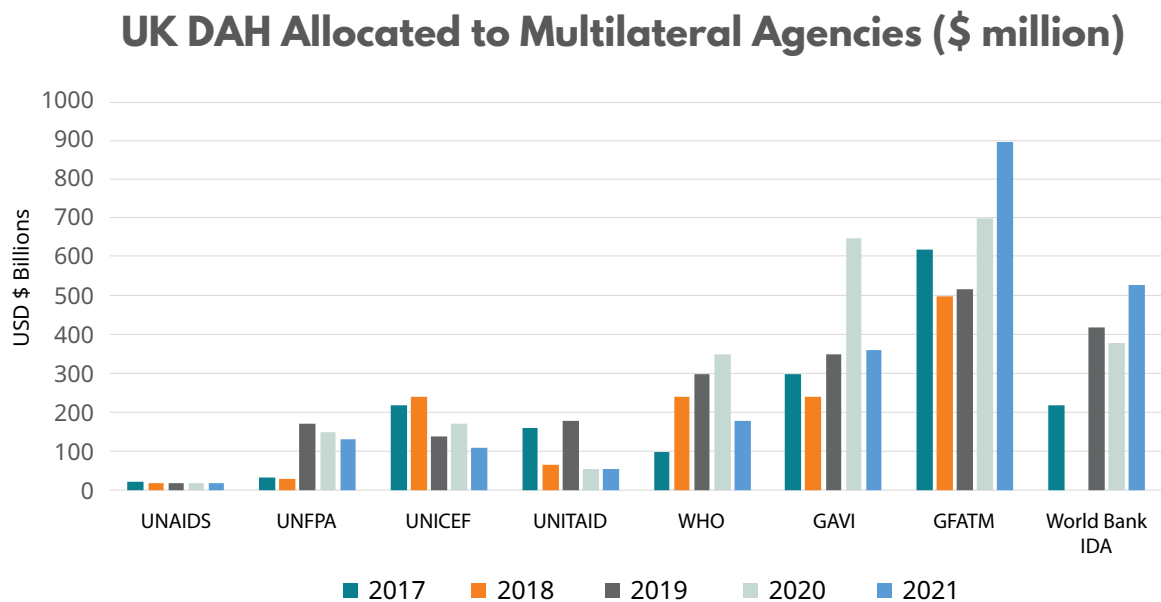
It is highly concerning that, despite the UK Government's policy papers emphasising the importance of defending the rights of women and girls to sexual and reproductive health and the aim to contribute to ending preventable deaths of mothers, babies and children by 2030, available evidence suggests funding is not following these aims and commitments and that recent cuts are in fact contributing to a worsening situation for women and girls.

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<sup>129</sup> [Annual Review, July 2022](#)

**UK funding to health-focused multilateral organisations, 2019-2021:** Reviewing the main multilateral organisations in receipt of UK development assistance for health, we can see that the Global Fund to Fight AIDS, TB and Malaria (the Global Fund), Gavi (the vaccines alliance), and the World Bank IDA consistently receive the most amount of the UK's health ODA that is channelled through multilateral organisations (see figure 9).<sup>130</sup> Key points to note are that allocations to the World Bank (IDA) have increased significantly, from USD \$220 million in 2017 to USD \$530 million in 2021. During the same period, the UK's development assistance for health channelled through WHO increased from USD \$100 million in 2017 to a peak of USD \$350 million in 2020 before reducing to USD \$180 million in 2021. Since 2017, funding channelled through UNFPA has increased from USD \$31 million to USD \$130 million, although this includes a reduction of USD \$40 million from the peak of USD \$170 million in 2019.

**Figure 9: UK Development Assistance for Health Allocated to Multilateral Agencies (\$ million)**



Source: Institute for Health Metrics and Evaluation, Data visualisation tool

<sup>130</sup> The Institute for Health Metrics and Evaluation, Data visualisation tools: <https://vizhub.healthdata.org/fgh/>

## Global Health Impacts of ODA Cuts

Despite the UK's commitment to support the delivery of the 2019 UN Political Declaration on UHC, the UK's ODA cuts in 2020 and 2021 reversed, disrupted and delayed progress. For example:

- In 2021-2022 alone, SRHR spending cuts resulted in 9.5 million fewer women and girls and people who can get pregnant having access to modern contraception, 4.3 million more unintended pregnancies, 1.4 million more unsafe abortions, and 8,000 more avoidable maternal deaths.<sup>131</sup>
- Withdrawal of the UK's support to three key NTD programmes (ASCEND, the Guinea Worm Eradication programme, and the Ross Fund) left more than 200 million people at risk from NTDs at a time when the world was also fighting a global health pandemic. It threatened elimination goals in 12 countries, and there was a possibility of disease resurgence in areas once free of these devastating diseases.<sup>132</sup> Additionally, the comprehensive approach championed by the UK-funded Ascend Programme, which included mechanisms for improving cross-sectoral coordination, health promotion and health systems strengthening was under progress when the programme ended prematurely, meaning that the approach did not reach its anticipated completion and impact.
- More than 80% cuts in funding for water, sanitation and hygiene (WASH) bilateral projects, impacting the transmission of various communicable diseases.
- Ambulances in Sierra Leone left without enough fuel resulted in patients with severe complications not being taken to hospitals for emergency care (typically 70% were mothers and children). Over 300 referrals were not made as a result, which no doubt led to fatalities.
- The Health Partnership Scheme was cut by 100%. These programmes would have seen NHS staff provide training to 78,000 healthcare professionals, benefitting more than 430,000 patients.
- The health workforce delivering GOAL, a mental health project, was reduced due to funding cuts of 50%. These cuts undermined capacity to complete crucial research on mental healthcare financing and governance.<sup>133</sup>

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131 'Just the Numbers: Impact of UK Sexual and Reproductive Health Funding for Family Planning, Fiscal Year 2021-2022', Guttmacher Institute, October 2021: <https://www.guttmacher.org/just-numbers-impact-uk-international-family-planning-assistance-2021-2022>

132 <https://committees.parliament.uk/writtenevidence/36562/pdf/>

133 The UK's global contribution to the Sustainable development Goals, Bond, 2022





## Case Study

### **The Impact of ODA Cuts on NCD Programming in Bangladesh**

The UK's ODA cuts have compromised several NCD-related projects, abruptly reducing or removing funding. For example, Essential health for the disadvantaged was an A+ rated programme run by Concern Worldwide in Bangladesh that started in 2019 and was due to run to 2022, but in April 2021 was given three days' notice to stop all activities. It had been due to reach 2.6 million people, including 140,000 with disabilities, but fell short by 800,000. Bangladesh has some of the highest out-of-pocket expenditure on health in the world (much of which is spent on NCD treatment), so the project included provision of health vouchers to reduce out-of-pocket expenditure for healthcare needs. When the project was cut, health workers had to tell recipients of the health vouchers that they were now worthless, even though they had already been given the vouchers to use. This had significant implications for trust between programme workers and those seeking healthcare and was compounded by the workers not knowing how to justify the decision to the individuals affected.

Source: Non-Communicable Diseases and UK Aid in the Era of Covid-19, UK Working Group on NCDS, December 2021.

# 04.

## Assessing the UK's Programmatic Commitments to Global Health Equity

# Assessing the UK's Programmatic Commitments to Global Health Equity

## Summary

Initial analysis indicates UK ODA is being used for bilateral and non-core earmarked multilateral programmes covering a wide range of health-related issues, from humanitarian response and support to refugees, to ending preventable deaths of mothers, babies and children and health systems strengthening, in line with the UK Government's recent papers on these issues. In addition, UK ODA is being used to support programmes addressing antimicrobial resistance, increasing access to vaccines, tackling infectious diseases, and addressing the rights of persons with disabilities.

There are several programmes addressing key social determinants of health, such as nutrition and WASH, whilst a very small number of programmes (2 out of 217) are beginning to address the linkages between climate and health. This suggests that the UK's ODA is being used to support programming that will contribute to achieving SDG 3.

However, critical gaps in health programming supported by UK ODA remain. These gaps are most evident in relation to programmes aimed at reducing the burden of NCDs and specific support to tackle the global challenge of training and retaining a motivated health workforce.

It is noted, however, that in May 2023 the UK announced a new £15 million international investment package to strengthen the health workforce in Ghana, Nigeria and Kenya. In addition to these specific gaps in programming, there is also a need for much greater clarity on how the UK's ODA for health programmes are contributing to global health equity, along with much greater clarity on the efforts the UK Government is making to support the progressive realisation of UHC.

In addition, it is important to note that many of the programmes reviewed within this section of the report have experienced significant cuts to funding as a result of the UK Government reducing its allocation of ODA from 0.7% GNI to 0.5% GNI and the diversion of ODA funding to cover in-country refugee costs. Information in this section of the report is drawn primarily from information provided on the FCDO's Development Tracker, along with additional analysis and case studies from Action for Global Health member organisations.

## Progress Against Recommendations from 2020 Stocktake Review

- The UK Government should reflect their political commitment to achieving UHC by 2030 in their programming through:

- » **Ensuring all UK health ODA contributes to strong, resilient health systems, in line with national priorities.**



Many of the programmes reviewed include a health system strengthening element, especially those focused on ending preventable maternal, newborn and child deaths. However, the scale of these programmes is limited in scope and do not clearly demonstrate alignment with national priorities. Furthermore, significant cuts to many health sector programmes undermine efforts to build strong and resilient health systems.

- » **Significantly scaling up support to countries to develop, finance and deliver long term human resource strategies for health.**



At the UN General Assembly in 2023, the UK Government highlighted a new £15million international investment package to bolster health workforces in Ghana, Nigeria and Kenya. Whilst this is welcomed, it falls far short of what is required to support countries to develop, finance and deliver long-term human resource strategies for health. Furthermore, very few of the programmes reviewed for this report included specific funding to support the delivery of long-term human resource for health strategies.

- » **Increasing support to national strategies advancing UHC, such as free healthcare initiatives and initiatives reducing out-of-pocket payments, ensuring that they are reaching the furthest behind, first.**



Several of the programmes reviewed include support to health system strengthening and a very small number explicitly mention support to national strategies for advancing UHC. However, these programmes are very limited in number, do not specifically reference the need to reach the furthest behind first, and do not specify the support that will be provided to reduce out-of-pocket spending.

- » **Ensuring the Prosperity Fund's Better Health Programme, and CDC's health investments, make clear how these investments reach the poorest and most vulnerable people, and guarantee financial risk protection in all health outputs.**



Insufficient evidence available to assess progress.

- » **Supporting national public financial management efforts to ensure that national health budgets are optimized and commitments to increase domestic resources for health are realised.**



A small number of health sector programmes, such as the South Sudan Health Pooled Fund, and the Support to Nigeria's National Malaria Programme have supported efforts to achieve this aim. However, these programmes are very limited in number. Other health programmes, including those aimed at ending preventable deaths of mothers, babies and children or tackling infectious diseases, are focused on service delivery and reach and coverage targets rather than ensuring national health budgets are optimised and domestic resources for health are increased.

As outlined earlier in this paper, the UK Government has demonstrated political commitment to supporting the achievement of UHC through both strengthening the health systems that are critical to the delivery of equitable, quality health care, and through placing emphasis on reaching the most marginalised populations and leaving no one behind. In the years since the last Action for Global Health Stocktake Review, however, we have witnessed the UK government pivot its health sector funding away from health system strengthening to try and address the challenges posed by the COVID-19 pandemic and the urgent need to develop access to vaccines for this disease. There has also been a growing number of conflicts worldwide, with approximately 2 billion people now living in conflict-affected countries, whilst the threat of climate change and its impact on the health of people worldwide is becoming more evident. In addition, many health programmes have experienced dramatic cuts that have resulted in closing programmes and early exit from countries, impacting significantly on the results achieved by programmes and undermining investments in health systems and UHC.

An analysis of current, active, health programmes being funded through UK ODA and presented on the FCDO's Development Tracker finds that 15.53% of funding is allocated for basic health, 41.50% for populations policies/programmes and reproductive health, 42.90% for general health programmes, and 0.07% for tackling non-communicable diseases (see table 8).<sup>134</sup>

**Table 8: Currently active programmes funded by the UK's health ODA listed on the FCDO Development Tracker**

Health Sector Breakdown	% of funding	Total amount of funding
Basic Health	15.53%	£71.4m
Health, general	42.90%	£197.3m
Non-communicable diseases (NCDs)	0.07%	£0.3m
Population Policies/Programmes and Reproductive Health	41.50%	£190.9m

Source: FCDO Development Tracker (<https://devtracker.fcdo.gov.uk/sector/2>)

<sup>134</sup> <https://devtracker.fcdo.gov.uk/sector/2>. Note on the Development Tracker: the FCDO Development Tracker is a live programme tracking tool and information changes on a regular basis. Data taken from the Development Tracker and cited in this section of the report were correct at the time of accessing the tool.

Of all active health sector grants listed in the Development Tracker, the top five grants with the largest budgets are for:

- **The Global Fund to Fight AIDS, TB and Malaria - total budget: £1,454,279,995.**
- **Conflict, Stability and Security Fund - total budget: £1,168,915,063.**
- **Humanitarian Assistance and Resilience in South Sudan (HARISS) – total budget: £781,266,856.**
- **Afghanistan reconstruction Trust Fund – total budget: £730,000,000.**
- **Financial Sector Deepening Africa Platform – total budget £495,185,592.**

What is striking among these is that of the five largest grants listed as health sector grants is that it is only the first one that is directly supporting the delivery of health sector specific services. The other four largest grants listed under health sector funding on the Development Tracker are humanitarian and longer-term development assistance programmes. Whilst it is to be welcomed that health is being integrated into these larger humanitarian assistance programmes, recognising the strong link between global health equity and people in situations of conflict, fragility and affected by climate change, it is also concerning that there are limited other large scale health programmes aiming to support the long-term investment in health system strengthening required to end preventable deaths of mothers, babies and children, or to successfully support countries to achieve universal health coverage.

Further analysis of the Development Tracker finds that among the largest 20 grants listed in the tracker, six grants are for addressing humanitarian and refugee crises, including the Afghanistan Reconstruction Fund, the Building Resilience and an Effective Emergency Refugee Response (BRAER) programme, and the Burma Humanitarian Assistance and Resilience Programme. Two of the 20 largest grants are for funding to the Global Fund to Fight AIDS, TB and Malaria and to the WHO, while a further two grants are allocated for UK Aid Match and UK Aid Direct to provide funding to civil society organisations, while CGIAR receives funding to develop and deploy the next generation of agriculture technology to support poor farmers.

Three of the twenty largest programmes focus on Product Development Partnerships, antimicrobial resistance (through the Fleming Fund), and epidemics and global health security research. Of the 20 largest grants, two focus on sexual and reproductive health – the Reproductive Health Supplies Programme and the Women's Integrated Sexual Health programme (which has now ended). Two programmes focusing on health systems strengthening are the South Sudan Health Pooled Fund and the programme on Sustaining and Accelerating Primary Health Care in Ethiopia.



## Case Study

### The Impact of the ODA Cuts on Malaria Programming in Bangladesh

Operational since 2018, the Support to Nigeria's National Malaria Programme (SuNMaP2) was a UK aid-funded programme designed to support national government efforts to further reduce Nigeria's malaria burden. Implemented by the Malaria Consortium the programme, as well as focusing on malaria prevention and service delivery through public and private sector partnerships, aimed to strengthen government planning and domestic resource allocation. Due to the ODA cuts, SuNMaP 2 ended prematurely three years before its planned end. However, despite this, work to strengthen government stewardship and grow institutional capacity for malaria programming at national and state levels achieved good results including:

- The introduction and roll out of an 18-month rolling plan for the malaria programme at national and state levels.
- Development of systems for malaria expenditure tracking.
- Capacity building at the national level and particularly in the six supported states to develop yearly financial plans.
- Political economy analysis and fiscal space assessment studies to improve domestic resource allocation to the malaria programme.
- Technical assistance to support the development of the 2019 Malaria Programme Review (MPR) and the inclusion of Value for Money (VfM) in programme management integration in the new National Malaria Strategic Plan (2021-2025).

Source: Malaria Consortium, [End of Project Summary](#)

Amongst the 217 health sector programmes listed on the Development Tracker, 17 are related to sexual and reproductive health rights including support for family planning services and programmes to reduce maternal, child and newborn deaths; at least 17 have a defined contribution to health systems strengthening; 11 programmes relate to investments in anti-microbial resistance; 7 programmes have a focus on water, sanitation and hygiene and there are 2 funded programmes explicitly focusing on climate change. Five programmes are focused on delivering support to persons with disabilities and leaving no one behind. There are two programmes explicitly aiming to tackle infectious diseases and only one programme with a primary focus on tackling non-communicable diseases. The remainder of this section aims to look at some of these programmes in more detail, analysing the extent to which they are contributing to SDG3 targets.

## Maternal and Child Health

<b>Headline</b>	<b>The UK supports multiple national-level programmes and global initiatives to end preventable deaths of mothers, babies and children, although many programmes have seen overall budgets reduced since 2020.</b>
<b>SDG 3.1</b>	By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
<b>SDG 3.2</b>	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.

### Examples of active projects

#### Better Lives for Somali Women and Children

**Total Budget: £112,620,024**

**End Date: March 2028**

The Better Lives for Somali Women and Children (Better Lives) is a 6-year £120m programme that seeks to reduce high rates of preventable death, combat cross-border threats of infectious diseases, and create lasting health benefits for some of the world's most vulnerable women and children. It aims to: (1) extend access to an essential package of reproductive, maternal and child health services<sup>135</sup>, (2) effectively promote healthy behaviours and demand for services and (3) strengthen the health system at all levels including government stewardship of coordination and efficient resource management and delivery.

#### South Sudan Health Pooled Fund (Phase III)

**Total Budget: £174,999,974**

**End Date: June 2024**

FCDO flagship health system strengthening programme. Phase III began in 2018. The programme aims to provide a government-led effective health system that will deliver improved access to quality health services across eight states in South Sudan with a specific focus on reducing maternal and child mortality. During the third year of the project, the budget was reduced by £6million leading to reductions in facility supervision and technical assistance<sup>136</sup>.

<sup>135</sup> Government of Somalia. 2020. Revised Essential Package of Health Services (EPHS).

<sup>136</sup> Programme summary of South Sudan Health Pooled Fund Phase III, <https://devtracker.fcdo.gov.uk/projects/GB-GOV-1-300427/summary>

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## Better Health in Bangladesh

**Total Budget: £94,906,580**

**End Date: March 2024**

UK's flagship health programme in Bangladesh supporting the implementation of the Government of Bangladesh's 4<sup>th</sup> Health, Population and Nutrition Sector Programme. Key targets include preventing over 2,800 women dying in pregnancy or childbirth, safely delivering 69,500 babies, providing 1 million users with modern family planning, screening over 900,000 women for cervical cancer, and providing 1.7 million young children and 300,000 pregnant women with essential health care. Priority areas include improving sexual and reproductive health services, scaling up cervical cancer screening and empowering midwives, health system strengthening, addressing climate change and health, and tackling antimicrobial resistance.

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## Saving Lives in Sierra Leone

**Total Budget: £131,456,916**

**End Date: October 2023**

Recognising that Sierra Leone has some of the worst maternal and child health indicators in the world, the Saving Lives in Sierra Leone programme aims to end the preventable deaths of mothers, newborns, and children across Sierra Leone. This will be achieved by supporting the Sierra Leone Government to improve access to family planning especially for adolescent girls and young women and build a more resilient health system that can withstand shocks from health emergencies.

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## Partnership for Maternal, Newborn and Child Health

**Total Budget: £6,000,000**

**End Date: August 2025**

This is co-financing support to the Partnership for Maternal, Newborn and Child Health, contributing to the delivery of the PMNCH 2021-2025 global strategy to deliver improved women's, children's and adolescents' health and well-being. PMNCH's global strategy aims to contribute to reducing preventable maternal, newborn and child morbidity and mortality, ensuring progress on financing and equitable access to comprehensive SRHR, and advancing the health and well-being of adolescents. The UK is co-chair of the PMNCH executive committee and vice chair of the Board. In 2021-2022, the UK also chaired the Donors and Foundations constituency.

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## UK Investment in Gavi, the Vaccine Alliance, 2021-2025

**Total Budget: £1,060,000,000**

**End Date: March 2026**

Gavi, the Vaccine Alliance (Gavi) supports vaccine delivery in 57 of the world's poorest countries. Gavi immunises children against vaccine preventable diseases including measles, rubella, meningitis, cervical cancer, pneumonia and diarrhoea. Gavi has played a significant role in the recent halving of global child mortality. Gavi targets reaching those in hard-to-reach areas, the poorest, and the most marginalised. It has a major global market shaping role for vaccines to negotiate lower prices for low-income countries and incentivising new vaccines. A key pillar of the new strategy is to reduce the number of "zero-dose" (ZD) children – those children missing out on life-saving vaccinations. The UK is one of six original donors to Gavi and has been a significant funder since Gavi's inception in 2000, investing in core and innovative financing instruments to progress Gavi's mission.

The UK is an active participant at the Gavi Board, sharing a constituency with Canada and Qatar. The UK/Canada/Qatar constituency also sits on the Audit and Finance Committee (AFC) [Canada], the Policy and Programme Committee (PPC) and the Market Sensitive Decisions Committee (MSDC). In June 2020, the UK Government hosted Gavi's successful replenishment conference, the Global Vaccine Summit, raising over US\$8.5 billion of new funding for Gavi 5.0. The UK is also a major donor to the Gavi COVAX Advance Market Commitment (AMC) as part of Gavi's response to the COVID-19 pandemic.

### Summary

Indications from analysing the UK government's programmatic support, suggest that, in line with the FCDO's approach paper on Ending the Preventable Deaths of Mothers, Babies and Children by 2030, there are a number of key programmatic investments focused on maternal, newborn and child health, including programmes that are achieving this aim through strengthening government health systems, as well as through support to key global partnerships such as the Partnership for Maternal Newborn and Child Health and Gavi, the Vaccines Alliance. It is also worth noting, however, that some of these programmes have been directly impacted by the UK government's reduction of its ODA and have had to revise targets to be less ambitious. For example, during the financial year 2022-2023, the Better Health in Bangladesh programme, saw a reduction in budget from £13.3million to £4.7million.<sup>137</sup> The Saving Lives in Sierra Leone saw two rounds of budget reductions. The first of these, in financial year 20-21 was a limited reduction bringing programme spend broadly in line with the previous year's spend at £27m. However, in financial year 2021-2022, a more significant reduction reduced the budget to £13m, with the budget remaining approximately at this level in financial year 2022-2023. Impacts of these budget cuts included significant reductions in the operational support provided to district health management teams including in hard-to-reach riverine communities, as well as the discontinuation of the community sensitisation component of the programme led by Restless Development.<sup>138</sup>

<sup>137</sup> Better Health in Bangladesh Annual Review, January 2023: <https://devtracker.fcdo.gov.uk/projects/GB-1-203864/documents>

<sup>138</sup> Saving Lives in Sierra Leone, Annual Review, September 2022: <https://devtracker.fcdo.gov.uk/projects/GB-GOV-1-300036/documents>

## Communicable Diseases

<b>Headline</b>	<b>UK Government investment in communicable diseases continues to be channelled through global financing mechanisms, with emphasis being placed on health equity, health system strengthening and investing to make greater progress towards Universal Health Coverage.</b>
<b>SDG 3.3</b>	By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

### Examples of active projects

#### UK Investment in the Global Fund to Fight AIDS, TB and Malaria

**Total Budget: £1.4 billion**

**End date: March 2024**

This investment in the Global Fund aims to tackle the immediate impact of the three most deadly infectious diseases - HIV/AIDS, tuberculosis and malaria - and put the international community on the right track to end the three diseases as epidemics by 2030 and achieve universal health coverage. One of the three key elements of this programme is to support the Global Fund's core work across the three diseases, and wider health system, and contribute to the goal of Universal Health Coverage. The business case for this investment places a strong emphasis on achieving equity and leaving no one behind, as well as recognising that investing in the three diseases is a critical part of delivering on UHC.

#### UK Investment in Unitaid

**Total Budget: £602,720,400**

**End date: March 2026**

The UK Government continues to support Unitaid to improve access to medicines, diagnostics and preventative items for people affected by HIV/AIDS, TB and malaria in lower-income countries. This is achieved by fast-tracking the introduction of promising new health solutions, shaping the market for quality health products, and expanding access to better, more affordable treatments and technologies aimed at tackling the three diseases and their related co-morbidities.

## Leaving no-one behind, transforming Gendered pathways to Health for TB in Africa (LIGHT)

**Total Budget: £7,890,060**

**End date: April 2026**

A six-year cross-disciplinary global health research programme lead by the Liverpool School of Tropical Medicine (LSTM) working with partners in Kenya, Malawi, Nigeria, Uganda and the UK. LIGHT aims to support policy and practice in transforming gendered pathways to health for those with TB in urban, HIV-prevalent settings to improve health, socio-economic and equity outcomes and to stop the spread of TB. LIGHT exists to provide decision-makers with new evidence about how male access to quality TB healthcare can be improved by gender-sensitive approaches to improve health outcomes and reduce transmission to other vulnerable populations in the community including women and children. This work will ensure that investments made in new and innovative diagnostics, treatments and vaccines to detect, treat and prevent TB will reach those who need them in a timely and more effective way.

## Resilience Against Future Threats through Vector Control (RAFT)

**Total Budget: (£7,763,642)**

**End date: April 2026**

The RAFT programme is a six-year multi-disciplinary global health research programme led by the London School of Hygiene & Tropical Medicine working with partners in Cote d'Ivoire, Cameroon, Tanzania and Thailand and the UK. The aim of RAFT research is to support evidence-based decision-making in policy and practice to improve the effectiveness and cost-effectiveness of vector-borne disease control programmes (e.g. malaria, dengue and zika) in Africa and South-East Asia, and to reduce morbidity and mortality especially in high burden settings.

### Summary

The UK Government continues to support global financing mechanisms tackling communicable diseases, including the Global Fund to Fight AIDS, TB and Malaria, Gavi and Unitaid, recognising the critical importance these mechanisms contribute to reducing prevalence of communicable diseases and increasing equitable access to vaccinations, health products and more affordable treatments and technologies. Equity of access to prevention and treatment services, strengthening of health systems and ensuring the UK's contributions to tackling communicable diseases are contributing to the achievement of Universal Health Coverage are important factors of the UK's investments in this area. However, during the 7<sup>th</sup> replenishment of the Global Fund to Fight AIDS, TB and Malaria, the UK's pledge was £1 billion for three years, amounting to a shortfall of £800 million and meaning that more than 1.5 million extra lives will be at risk, 34 million extra people will be infected by the three diseases, and 1.3 million fewer people will access TB treatment and care.<sup>139</sup> Amounts allocated to the Global Fund have since increased to £1.4 billion, indicating that tackling infectious diseases remains an important concern for the UK Government.

139 RESULTS UK Statement on the UK Government's pledge to the Global Fund to Fight HIV, TB and Malaria, 14<sup>th</sup> November 2022: <https://www.results.org.uk/results-uk-statement-uk-governments-pledge-global-fund-fight-hiv-tb-and-malaria>





© Henry Frankel/The Leprosy Mission. Rajisha, Muzaffarpur Hospital, India

## Case Studies

### Rajisha

At 18 years old, Rajisha should have been taking her final exams and looking forward to a bright future. Instead, she was miles away from her home in Muzaffarpur Leprosy Mission hospital. Rajisha was diagnosed with leprosy in her local village. But she had to travel 100 miles alone to receive the treatment she needed to straighten her fingers that were once clawed by leprosy. She says, "When I came to the hospital, I was depressed but being here has given me hope."

### Atia

Atia, a dedicated leprosy community worker in Mozambique, helps find and refer people for treatment who are suspected to have leprosy. She is affected by leprosy herself, and uses her own experiences to encourage others to seek timely treatment. Her role involves challenging misconceptions about leprosy to reduce stigma and discrimination. And she teaches people affected by leprosy self-care to reduce their likelihood of developing permanent disabilities.



Photo: © Ricardo Franco/The Leprosy Mission. Atia, a dedicated leprosy community worker in Mozambique

## Non-Communicable Diseases (NCDs)

<b>Headline</b>	<b>The UK's ODA for health currently has very limited impact on addressing non-communicable diseases (NCDs) directly.</b>
<b>SDG 3.4</b>	By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing.

### Examples of active projects

#### Better Health Programme

**Total Budget: £35,417,694**

**End date: March 2022**

The Global Better Health programme aims to improve health outcomes in eight partner Middle-Income Countries (Brazil, Mexico, South Africa, Malaysia, Myanmar, Philippines, Thailand and Vietnam). The programme aims to improve health outcomes by strengthening country health systems with a primary focus on non-communicable diseases (NCDs) and improving quality of care, while also capturing secondary benefits by creating opportunities for international and UK businesses and the NHS.

#### National Institute for Health and Care Research

**Total Budget: £50,000,000**

In October 2022, the National Institute for Health and Care Research announced funding to support the establishment of five new global health resource centres focusing on addressing the global burden of non-communicable disease and strengthening research capacity across the world.<sup>140</sup> Each centre will receive £10million over five years. Research in the Centres will take a comprehensive approach to tackling NCDs, encompassing work to understand patterns of NCDs in different countries, engaging with patients and communities, including indigenous communities, and working to strengthen and support healthcare systems in preventing and treating NCDs. In particular, the new Centres will tackle challenges such as the impact of climate change and conflict on healthcare systems, with the aim of finding innovative ways to reach marginalised communities affected by NCDs.

<sup>140</sup> Funding awarded to establish five new NIHR Global Health Research Centres to address the global burden of non-communicable diseases, National Institute for Health and Care Research, October 2022: <https://www.nihr.ac.uk/news/funding-awarded-to-establish-five-new-nihr-global-health-research-centres-to-address-the-global-burden-of-non-communicable-diseases/31645>

The five new Global Health Research Centres to be established are:

- [NIHR Global Health Research Centre for Non-communicable Disease Control in West Africa](#), a partnership between Ghana College of Physicians and Surgeons and the London School of Hygiene and Tropical Medicine.
- [NIHR Global Health Research Centre for Community Management of Long-Term Conditions](#), a partnership between Pontifical Javeriana Universidad (Colombia) and Queen Mary University of London.
- [NIHR Global Health Research Centre for Multiple Long-Term Conditions](#), a partnership between the Public Health Foundation of India and the University of Leicester.
- [NIHR Global Health Research Centre for Improving Mental and Physical Health Together](#), a partnership between Aga Khan University Hospital Karachi (Pakistan) and the University of York.
- [NIHR Global Health Research Centre for Non-communicable Diseases and Environmental Change](#), a partnership between the George Institute for Global Health (India) and Imperial College London.

## Summary

Whilst UK Government investments in health system strengthening contribute to creating conditions that are more amenable to addressing non-communicable diseases, the UK Government provides very limited levels of funding directly to programmes aimed at preventing and mitigating the impacts of NCDs on individuals. Analysis of the FCDO's development tracker, for example, found just one programme specifically targeting NCDs. This indicates that there is a lack of support for tackling this issue within the UK government. The one project included in the Development Tracker ended in March 2022 and was primarily focused on addressing NCDs in middle-income countries. Furthermore, this programme was subjected to significant reductions following cuts to the UK's ODA budget. Originally designed as a 3-year £79.3million programme, following the 2021 ODA cuts the total budget was cut to £36million. This necessitated cutting some activities, closure of the Mexico programme and reducing the scope of other programmes including:

- Three projects in Brazil (remote diagnostics, digital primary care, Health Technology Appraisal methodology) were cancelled, three (Doctors Across Brazil, Dissemination of Health Data, National Clinical Research Network review) were wound down early and support to the Hospital das Clinicas' Digital Health strategy was reduced.

- **In Thailand, work on social marketing was reduced and two other pieces of work delayed.**
- **In Malaysia, the successful pilot of a community-based digital health project to reduce obesity and prevent NCDs was not scaled up to another 10 districts as planned.<sup>141</sup>**

In 2022, the National Institute for Health and Care Research announced it would be supporting the establishment of five new global research centres to develop greater understanding of patterns of NCDs and the impact of climate change and conflict on healthcare systems, and to find innovative ways to reach marginalised communities affected by NCDs. Funding provided by NIHR for this amounts to approximately £50million over five years.

Analysis of information provided on the FCDO's Development Tracker finds that that just 0.07% of programmes included in this ODA tracking tool are aimed at addressing non-communicable diseases, while a review of the statistics for international development finds that in 2021 a total of £20 million was allocated for programmes addressing NCDs.

Given the scale of NCDs, with 41 million people every year (71% of the population) dying from NCDs, and with 77% of these deaths happening in LMICs, the UK's support for this important area of health is woefully inadequate. There also appears to be a lack of investment in programmes addressing mental health issues, despite the production, in 2020, of the UK's Approach and Theory of Change to Mental Health and Psycho-Social Support for Global Development Actors.

141 Global Better Health Programme, Annual Review, November 2021: <https://devtracker.fcdo.gov.uk/projects/GB-GOV-3-PF-BHP/documents>



## Sexual and Reproductive Health and Rights

<b>Headline</b>	<b>The UK's commitment to defend, promote and support universal and comprehensive sexual and reproductive health and rights is currently evident in programmes being supported by UK ODA. However, many of these programmes are set to close within the next 2 years and additional investment will be needed to capitalise on the gains made and reverse the impacts of significant budget cuts.</b>
<b>SDG 3.7</b>	By 2030, ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

### Examples of active projects

#### Scaling up Family Planning in Tanzania

**Total Budget: £52,377,067**

**End Date: December 2024**

This is a national programme to scale up access to family planning across Tanzania including through: outreach work in rural and urban areas as well as in Tanzania's refugee camps and host communities; Specific work to improve access to family planning as well as sexual and reproductive health information to youth, people with disabilities as well as services for victims of sexual violence.

#### Reducing high fertility rates and Improving Sexual reproductive health outcomes in Uganda (RISE)

**Total Budget: £2,686,489**

**End date: December 2024**

The RISE programme is supporting the Government of Uganda to implement its Family Planning Costed Implementation Plan in order to accelerate the uptake of contraception and reduce the negative health, social and economic consequences of high fertility rates. It focuses on five outputs: (i) Increased awareness of benefits of modern contraceptives among women, girls, men, and boys; (ii) Increased access to quality Family Planning (FP) services; (iii) Improved supply of FP commodities; (iv) Improved enabling environment to facilitate FP uptake especially for adolescents and marginalised communities; and (v) Improved quality of data captured through the government routine reporting systems.

## Delivering Accelerated Family Planning in Pakistan

**Total Budget: £89,999,946**

**End date: June 2025**

This programme aims to increase access in Pakistan to quality family planning information and services with a specific focus on underserved groups such as rural women. It will directly contribute to Sustainable Development Goal 3: Ensure healthy lives and promote well-being, as well as to the FP2020 target of reaching additional users of family planning.

## Global Financing Facility, Phase II

**Total Budget: £65,000,000**

**End date: March 2025**

The UK's contribution to the Global Financing Facility will be used to enable innovative and efficient financing of family planning and broader sexual and reproductive health; increasing private sector and domestic resource allocations in countries, focusing initially in Nigeria and Mozambique; and to increased access to quality, comprehensive family planning and women's, children's and adolescents' health in at least 3 countries.

### Summary

An analysis of health programmes included in the FCDO's Development Tracker suggests that the UK Government is meeting its stated commitment to defend, promote and support universal and comprehensive sexual and reproductive health and rights, as outlined in the International Women and Girls Strategy 2023-2030. Currently there are 56 active programmes included in the Development Tracker, amounting to a total budget of £190.9 million for programmes supporting population policies/programmes and reproductive health<sup>142</sup>. In addition to this, many programmes focused on improving maternal and child health and strengthening health systems have strong interlinkages with ensuring the sexual and reproductive health rights of women and girls are upheld. However, sexual and reproductive health programmes have also experienced significant cuts to initial budgets which have reduced the impact and effectiveness of these programmes.

142 FCDO Development Tracker, Health Sector Breakdown, accessed on 7<sup>th</sup> August 2023 at <https://devtracker.fcdo.gov.uk/sector/2>



The flagship WISH programme is an important case in this regard. This programme saw dramatic cuts to programming, resulting in the closure of the programme in 10 out of 27 countries. Furthermore, once restored the funding for the WISH programme was at a lower level than previous commitments. The WISH Dividend programme, for example, was announced at £200m over six years compared to WISH at £292.5m over six years (including cuts made in 2021). Cuts to the WISH programme also impacted on ensuring equitable access SRHR services for women and girls with disabilities as inputs from partners with technical expertise on disability inclusion were scaled back.

Analysis of the current active programmes captured on the Development Tracker also finds that of the 56 programmes listed as supporting population policies/ programmes and reproductive health, more than half of these are due to close before the end of 2024. A further 14 programmes are currently due to finish in 2025, with just three programmes continuing into 2027. Of the programmes continuing into 2026 and 2027 there is just one, the 'Supporting the Africa-led movement to end female genital mutilation (Phase II)' programme that directly relates to sexual and reproductive health. Other programmes continuing into 2026 and 2027, such as the Evidence for Health programme in Pakistan and the 'LAFIYA-UK Support for Health in Nigeria' focus on strengthening health systems in order to support the ending of preventable maternal, newborn and child deaths.

## Universal Health Coverage

<b>Headline</b>	<b>The UK Government is supporting programmes aimed at strengthening health systems but concrete support for achieving UHC by 2030 is currently lacking.</b>
<b>SDG 3.8</b>	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.

### Examples of active projects

#### Essential Services for Maternal and Child Health (DRC)

**Total Budget: £37,410,808**

**End Date: March 2025**

This programme aims to support essential maternal, child and infant services to end preventable deaths in one of the poorest provinces in Democratic Republic of Congo (DRC) and to strengthen the health system at national and provincial level. It will also support the implementation of the DRC Government's Universal Health Coverage strategy and empower women and girls, especially on sexual and reproductive health and rights. This programme will be a key contributor to delivering the FCDO's objectives on empowering women and girls, promoting health, building health security and reducing poverty in DRC. It will also contribute to the FCDO's priorities in the *Ending the Preventable Deaths of Mothers, Babies and Children* and *Health Systems Strengthening* papers.<sup>143</sup>

#### Layifa-UK Support for Health in Nigeria

**Total Budget: £136,835,105**

**End Date: May 2026**

This programme aims to save lives and improve economic prospects for the poorest and most vulnerable in Nigeria through:

- encouraging the Government of Nigeria to increase resources invested in health;
- improving the effectiveness and efficiency of public and private basic health services through innovative financing mechanisms, strengthening health systems, and working with the private sector to deliver affordable health services for the poorest populations; and
- reducing the total fertility rate, including through support to family planning commodities and services.

<sup>143</sup> Essential Services for Maternal and Child Health Programme in DRC, Business Case, April 2021. Published on FCDO Development Tracker: <https://devtracker.fcdo.gov.uk/projects/GB-GOV-1-301372/documents>

## Sustaining and Accelerating Primary Health Care in Ethiopia (SAPHE)

**Budget: £289,999,987**

**End Date: June 2023**

This programme aims to improve the functionality of primary health care units, reducing health inequalities, and increasing domestic financing for health to sustain and accelerate the pace of improvement in adolescent, maternal and child health in Ethiopia. It supports the delivery of Ethiopia's current five-year Health Sector Transformation Plan (HSTP, 2015-2020), focusing on accelerating the pace of improvement in adolescent, maternal and child health by: (a) improving the functionality of the primary health care facilities; (b) reducing health inequalities; and (c) increasing the resources and sustainability of the health sector, including improving domestic financing for health. This includes providing technical assistance for effective implementation of the National Health Financing Strategy to increase domestic financing for health, refine and scale-up the Ethiopian Health Insurance systems, and to develop and implement a Public Private Partnership Strategy to improve health outcomes.<sup>144,145</sup>

## Health Resilience Fund in Zimbabwe

**Total Budget: £30,438,855**

**End Date: December 2025**

This programme aims to improve health outcomes for the most vulnerable – particularly mothers, newborns, children, and adolescents – through supporting a more capable, resilient, and sustainable health system that can prevent and respond to health threats such as COVID-19 and maintain continuity of essential health services to end preventable deaths. The Health Resilience Fund is a four-year multi-donor pooled fund for health in Zimbabwe (2022-2025) established in 2022 between the United Kingdom (UK), the European Union (EU), Ireland and the Global Alliance for Vaccine Initiative (GAVI) and is an effort by the Government of Zimbabwe. The Health Resilience Fund aligns with Zimbabwe's National Health Strategy 2021-2025 and delivers on UK global health objectives by focusing on ending preventable deaths of mothers and newborns, global health, security and strengthening health systems towards the 2030 Sustainable Development Goals (SDGs) targets.

<sup>144</sup> Sustaining and Accelerating Primary Health Care in Ethiopia (SAPHE), Annual Review, January 2021. Published on FCDO Development Tracker: <https://devtracker.fcdo.gov.uk/projects/GB-1-204964/documents>

<sup>145</sup> FCDO Development Tracker: <https://devtracker.fcdo.gov.uk/projects/GB-1-204964/summary>

## Evidence for Health, Pakistan

**Total Budget: £35,000,016**

**End date: January 2027**

A health system strengthening technical assistance support programme, Evidence for Health builds on earlier UK investments in Pakistan to improve accessibility, coverage, and quality of maternal and child health services. It will strengthen the ability of Pakistan's health system to respond to and recover from the COVID-19 pandemic as well as building its resilience to respond to future shocks. It will strengthen evidence-based decision making in the health sector and support the implementation of Universal Health Coverage (UHC), including for vulnerable communities and religious minorities. The programme will also support the development of climate resilient health systems especially considering the catastrophic floods in 2022.

### Summary

In line with the integrated, country-led approach set out in the FCDO's health systems strengthening approach paper, the UK Government is supporting a good range of programmes that have health system strengthening elements within them. Many of these programmes have the aim of supporting stronger health systems to end preventable deaths of mothers, children and babies. Several of the programmes funded by the UK Government that contribute to health system strengthening also have a specific focus on reaching some of the most marginalised and vulnerable populations in countries being supported. For example, the Essential services for maternal and child health programme in the Democratic Republic of Congo (DRC) aims to improve health outcomes for 1.6 million women, girls and children in Kasai, which is one of the poorest provinces in DRC with one of the highest maternal mortality rates. The Myanmar-UK Health Partnership programme also aims to promote equitable access to health services for people from most disadvantaged areas in Myanmar, especially in conflict-affected areas.

Some of these programmes being funded by the UK Government, such as the Sustaining and Accelerating Primary Health Care in Ethiopia programme and the Evidence for Health programme in Pakistan also support the implementation of national health financing systems and national health strategic plans with the aim of achieving UHC. However, there is limited detail of the specific support the UK government is providing, being pooled funding or technical assistance, to achieve this.

Some of these programmes have also been affected by the cuts to the ODA budget, with the Lafiya-UK Support for Health in Nigeria programme seeing its lifetime budget cut from £235 million to £108.5 million (a 54% reduction). Of particular note is that the Making Country Health Systems Stronger programme, which aimed to support countries to strengthen their health systems to accelerate progress towards Universal Health Coverage, has not been replaced since the project ended in September 2020. This £28.15 million programme aimed to contribute to achieving UHC, through supporting low- and lower middle-income countries to strengthen their health systems and contributed to ensuring that everyone, including the poor and most vulnerable, women, adolescents and people with disabilities, are able to access quality essential health services such as preventative, promotive, treatment, palliative and rehabilitation services, without financial hardship.

It is therefore highly disappointing that despite the UK Government's support for the achievement of UHC, as outlined in its health system strengthening policy paper and reiterated in the Global Health Framework launched in May 2023, there is currently no replacement for the 'Making Country Health Systems Stronger' programme, nor are there any other significant programmes demonstrating clear and explicit support for achieving UHC.

It is encouraging, to see, however, that more recently established programmes, such as the Evidence for Health programme in Pakistan are recognising the inter-relationship between climate and health with this programme including a specific focus on supporting the development of climate resilient health systems.<sup>146</sup>

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146 Evidence for Health Annual Review, December 2022: <https://devtracker.fcdo.gov.uk/projects/GB-GOV-1-300801/summary>



Photo: © WaterAid/ James Kiyimba. Mariam Nabowa, 34, holding her new baby boy, who is just two hours old, Katabi Health Centre III, Uganda

## Case Study

### **Mariam Nabowa**

"My name is Mariam Nabowa, I'm 34 years old and I live in Kitala, Entebbe. I'm a mother of five children. I did not know about Katabi Health Centre III, but a friend who delivered her baby here is the one who told me about the good services at this health centre.

I had my antenatal visits and medical check-up at this health centre, when my labour pains came early morning, I did not have any hesitation to come here for delivery of my baby. I arrived at 6:20am and at 10:40am I delivered my baby. It is a baby boy and has not yet been given a name.

My experience at the hospital is very good, the midwife was very kind, there is care here and the labour ward was very clean. The health centre has a bathroom, after delivery it was easy for me to get water from the tank for bathing and cleaning of soiled cloths.

I'm very happy with the services at Katabi health centre, if I ever get pregnant again, I will come back to deliver my babies here and I will continue telling other expectant mothers to come and deliver their babies from here at Katabi Health Centre III."



## Access to Affordable Medicines

<b>Headline</b>	<b>The UK continues to support investments into essential medicines and vaccines, including those for infectious diseases such as neglected tropical diseases.</b>
<b>SDG 3.B</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.

### Examples of active projects

#### Product Development Partnership Research Programme

**Total Budget: £452,391,672**

**End date: March 2024**

Established in 2017 and currently running through to March 2024 this programme led to the creation of the Ross Fund Portfolio to bring together the FCDO and DHSC's investments in anti-microbial resistance, diseases with epidemic potential, and neglected tropical diseases. The current portfolio includes 14 product development partnerships covering drugs, vaccines, diagnostics and insecticides in the areas of NTDs, malaria, HIV, TB, diarrhoeal diseases and reproductive health. The cut of ODA to 0.5% resulted in some changes to the programme but product development remained a priority of the UK Government with continued support to all 14 partnerships.<sup>147</sup>

#### Strengthening Health through Affordable Prices and Efficiency (SHAPE)

**Total Budget: £33,425,428**

**End Date: June 2023**

This programme aims to accelerate access to essential commodities, improve health outcomes and achieve greater value for money for priority health areas including HIV, TB, malaria, family planning, and vaccines. This is achieved by making health commodity markets work better to bring more low-cost, high-quality manufacturers into markets and deliver greater competition, lower prices, faster rollout of new medicines, increased supply security, clearer demand visibility and enhanced incentives for innovation.

<sup>147</sup> Product Development Research Partnership, Annual Review, September 2022. Published on the FCDO Development Tracker: <https://devtracker.fcdo.gov.uk/projects/GB-GOV-1-300341/documents>.

## European and Developing Countries Clinical Trials Partnership

**Phase II. Total Budget: £79,115,600**

**End date: December 2026**

The UK's Department of Health and Social Care funds global health research through the National Institute for Health Research (NIHR). The NIHR provided funding to the European and Developing Countries Clinical Trials Partnership which aims to support collaborative research that accelerates the clinical development of new or improved interventions to prevent or treat poverty related diseases as well as emerging and re-emerging infectious diseases affecting sub-Saharan Africa. Objectives of this programme include increasing the number of new or improved medical interventions for poverty-related diseases, including neglected ones and strengthening cooperation with sub-Saharan African countries, in particular on building their capacity for conducting clinical trials in compliance with fundamental ethical principles and relevant national, EU and international legislation.

### Summary

The UK Government, through its product development research programme is currently funding a range of programmes to support the development of diagnostic tools and treatments to tackle HIV, TB, malaria, NTDs, diarrhoeal diseases and meningitis. Evidence of the UK's support for access to essential medicines and vaccines can be seen in the limited impact that the UK's ODA cuts had to the product development research programme. This programme experienced some changes due to the ODA cuts but support for all 14 projects and partnerships continued.<sup>148</sup>

<sup>148</sup> Product Development Research Programme, Annual Review, September 2022: <https://devtracker.fcdo.gov.uk/projects/GB-GOV-1-300341/documents>

## Global Health Workforce

<b>Headline</b>	<b>Despite investing in health system strengthening and UHC, there remains a significant gap in the UK's support to the recruitment, training and retention of the health workforce in developing countries.</b>
<b>SDG 3.C</b>	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.

### Examples of active projects

#### Myanmar-UK Health Partnership Programme

**Budget: £97,099,996**

**End Date: December 2023**

A five-year programme to build partnerships between UK health institutions and the Myanmar health system to develop skills-based medical education, training and accreditation in Myanmar, together with support to related reforms to strengthen health systems, combat global health threats through stemming the spread of drug-resistant malaria and drug-resistant tuberculosis, and improve health care in conflict-affected ethnic areas as part of the UK's peace-building support. The partnership will contribute to UK commitments to improve access to family planning, nutrition interventions and to effective treatment of malaria. The key intended impacts of the programme are to achieve a reduction in maternal, newborn and child illness and deaths, and a reduction in the burden of HIV, drug resistant tuberculosis and malaria through supporting stronger health systems at the national and sub-national level.

#### Fleming Fund – Commonwealth Partnerships for Antimicrobial Stewardship

**Total Budget: £6,830,782**

**End date: March 2025**

This is a partnership programme to improve antimicrobial stewardship across Zambia, Tanzania, Ghana, Uganda, Sierra Leone, Kenya, Malawi and Nigeria. The partnerships leverage the expertise of UK health institutions and technical experts to strengthen the capacity of the national health workforce and institutions to address predefined antimicrobial resistance challenges. One of the key elements of this programme is that it aims to improve the knowledge, skills and empowerment of healthcare professionals and pharmacists in partner institutions, thereby improving the healthcare workforce and contributing to a strengthened health system.

## Summary

A review of the programmes currently supported by the UK Government and listed on the Development Tracker finds an extremely limited number with the aim of improving the recruitment, development, training and retention of the health workforce in developing countries. Whilst many programmes have a health systems element and include provision for skills development of health professionals, there are just two currently active programmes – the Myanmar-UK Health Partnership Programme and the Commonwealth Partnerships for Antimicrobial Stewardship – that have specific commitments on strengthening national health workforces. In addition to these programmes, the Department for Health and Social Care announced, in May 2023, a £15 million funding package to support healthcare workforces in Kenya, Nigeria and Ghana. This funding aims to optimise, build and strengthen the health workforce in these three countries, with a particular focus on supporting healthcare staff recruitment and retention as well as improved administration, data collection and training and retention activities.<sup>149</sup>

It is important to note, however, that the UK Government's approach to health system strengthening, as set out in its approach paper, emphasises integrated, country-led approaches and that many health programmes integrate a systems-based approach that encompasses a number of key health systems building blocks including human resources for health. Furthermore, the UK Government's coding system of its ODA does not fully capture the support that is provided to health financing or addressing the recruitment, development, training and retention of the health workforce in developing countries.

Despite this, and given the critical importance of well trained, sufficiently equipped and highly motivated health workforces to the achievement of UHC and all other dimensions of SDG3, it is disappointing to see such a small amount of the UK's ODA being directed to improving the recruitment, development, training and retention of the health workforce in low- and middle-income countries. Whilst the health systems strengthening policy paper references the need to strengthen countries' health and care workforces by aligning the UK's health workforce investments to support national health workforce strategies and policies, there is limited clarity on how this will be achieved. Analysis of existing health programmes further highlights this lack of clarity and suggests there is a need for a much clearer and stronger articulation of the actions that will be taken to strengthen the health workforce in LMICs. This is critical to ensure the aims of the UK's policy papers on ending preventable deaths of mothers, babies and children, on health systems strengthening, and the Global Health Framework, can be met and will meaningfully contribute to achieving SDG3 by 2030.

<sup>149</sup> Press release, '£15 million funding to strengthen health workforce in Kenya, Nigeria and Ghana', Department of Health and Social Care, published 19<sup>th</sup> May 2023: [£15 million funding to strengthen health workforce in Kenya, Nigeria and Ghana - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/15-million-funding-to-strengthen-health-workforce-in-kenya-nigeria-and-ghana)

## Global Health Security

<b>Headline</b>	<b>The UK continues to make strong investments into global health security and it remains a key pillar of the UK's Global Health Framework.</b>
<b>SDG 3.D</b>	Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

### Examples of active projects

#### Epidemics and Global Health Security Research Programme

Total Budget: £307,604,311

End date: March 2024

This programme aims to accelerate research and development for disease outbreaks with the goal of preventing epidemics and saving lives in developing countries. The programme includes investments in initiatives to scale up and prioritise research and development for diseases likely to cause epidemics, including new vaccines, diagnostics and treatments, and setting up systems to facilitate the coordination of research during future outbreaks. It has included 5 key programmes, although 3 have closed or will close in 2023:

- **The WHO Research and Development Blueprint (the Blueprint)**, to accelerate research and development for outbreaks of priority severe emerging diseases, with the goal of preventing epidemics and saving lives.
- **The FCDO-Wellcome Joint Initiative on Epidemic Research and Preparedness (JIREP)** aims to provide better evidence about outbreak diseases to inform more effective preparedness and response interventions, to save lives and to avert and mitigate the impact of future disease outbreaks.
- **CEPI (Coalition for Epidemic Preparedness Innovations)**, an innovative partnership to stimulate and accelerate the development of vaccines against emerging infectious diseases and enable access to these vaccines for people during outbreaks. CEPI continues to work on the development of broadly protective pan-coronavirus vaccines.
- **The COVID-19 Therapeutics Accelerator (CTA)**, a philanthropic collaboration supporting efforts to research, develop and bring effective treatments against COVID-19 and other infectious diseases of epidemic potential to market quickly and accessibly.
- **QuantuMDx**, a UK based biotech company aiming to develop and scale up a novel set of diagnostic tools that could be used to detect SARS-CoV-2 cases in developing countries.

## International Health Regulations (IHR) Strengthening Project

**Total Budget: £51,691,614**

**End date: March 2025**

The DHSC ODA-funded International Health Regulations Strengthening Project (IHR-S) provides peer to peer technical expertise through the UK Health Security Agency to support public health partners to prepare, prevent, detect and respond to global health threats and increase compliance with the WHO International Health Regulations (IHR 2005). Compliance with IHR (2005) is fundamental as infectious disease outbreaks are expected to become more frequent in the future and preparedness is necessary to reduce health threats both internationally and within the UK. The IHR Strengthening Project has three key aims: to build technical capability, to strengthen leadership, systems and workforces, as well as to develop sustainable public health systems.

## Fleming Fund

**Total Budget: £425,270,000**

**End date: March 2025**

The Fleming Fund is a commitment by the UK Government to support low- and middle-income countries to tackle antimicrobial resistance (AMR) through improving surveillance capacity. The Fleming Fund aims to: support the development of National Action Plans for AMR; develop and support the implementation of protocols and guidance for AMR surveillance and antimicrobial use; build sustainable laboratory capacity for AMR sensitivity testing and diagnosis; build sustainable drug resistance surveillance capacity and networks; enable the sharing of drug resistance data locally, regionally and nationally; facilitate the increased use of drug resistance data to monitor and address resistance as it evolves; and advocate for the application of data to promote the rationale use of antimicrobials for human health, animal health and agriculture. Projects funded through the Fleming Fund will benefit people in LMICs, where the burden of drug resistant infection is greater.

## Summary

The UK Government continues to invest in programmes to support global health security, including through supporting the implementation of the International Health Regulations and programmes to tackle the challenge of antimicrobial resistance. It played a key role in establishing and supporting global health security programmes to tackle the COVID-19 pandemic, including the Coalition for Epidemic Preparedness Innovations (CEPI), support to the CTA, the ACT-A (Access to COVID-19 Tools Accelerator) and COVAX. Global Health security continues to be a key pillar of the International Development Strategy, the 2023 Integrated Review Refresh and the UK's Global Health Framework launched in May 2023.



## Additional SDG Targets

<b>Headline</b>	<b>There is very limited investment in programmes to support SDGS targets 3.5, 3.6, 3.9 or 3.A.</b>
<b>SDG 3.5</b>	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.
<b>SDG 3.6</b>	By 2020, halve the number of global deaths and injuries from road traffic accidents.
<b>SDG 3.9</b>	By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.
<b>SDG 3.A</b>	Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.

### Examples of active projects

#### **NIHR GRP: Advancing Research to Reduce Alcohol Related Harms – Policy, Practice and Sustainable Development in India**

**Total Budget: £7,726,453**

This project aims to support research into alcohol related harms in India which disproportionately affect the poorest in society and where there is a lack of appropriate care in India.

### Summary

Aside from the above-mentioned research project to tackle alcohol related harms in India, there is extremely limited evidence or health programmes aimed at targeting the prevention and treatment of substance use; global deaths and injuries from road traffic accidents; deaths and illnesses caused by hazardous chemicals and air, water and soil pollution and contamination; or Support to strengthen the implementation of the WHO Framework Convention on Tobacco Control.

This rapid analysis of the Development Tracker indicates that the UK's ODA is being channelled towards programmes that are aiming to reduce preventable deaths of mothers, babies and children and that there are a good number of programmes that are supporting the provision of sexual and reproductive health services. However, it is also important to note that many of these programmes have experienced significant cuts to budgets following the reduction of the UK's levels of ODA from 0.7% of GNI to 0.5% of GNI.

A review of currently active programmes also suggests that the UK's ODA for health is supporting the strengthening of health systems which will facilitate progress towards the achievement of SDG 3. However, there are some significant gaps that need to be addressed if the UK's ODA for health is to be used efficiently and in ways that will ensure it can meet the aims of the recent policy papers on ending preventable deaths, health systems strengthening, and the Global Health Framework. Of particular concern is a lack of clear support for countries in their pursuit of Universal Health Coverage. The UK has substantial expertise in this area and could play a critical role in supporting national governments to develop health financing systems that can reduce out-of-pocket expenditure on health and ensure everyone can access quality health care, free at the point of use. It is unclear, however, how the UK is leveraging this expertise and supporting LMICs to make progress towards the goal of UHC.

Another critical gap is in the level of support being provided by the UK Government to address the global shortage of the health workforce. Recognising that it is not possible for the UK to invest directly in building national health workforces, there is a need for much greater clarity on the role the UK can, and does, play in supporting national governments in LMICs to invest in the recruitment, development, training and retention of their workforces. Analysis of currently active programmes has also revealed a shortfall in the level of funding being allocated to addressing non-communicable diseases. Given the high and increasing global burden of NCDs, there is a need for the UK Government to clearly articulate how its investments in health system strengthening are supporting efforts to prevent and manage NCDs.



# 05.

## Conclusions and Recommendations

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## Conclusions

The analysis conducted in the production of this report has shown that whilst at a policy and political level, the UK Government continues to see global health equity as an important issue, political statements and commitments do not appear to be fully translating into concrete funding allocations. Greater financial commitments are needed to advance the aims of policy papers on ending preventable deaths of mothers, babies and children and on health system strengthening, to successfully contribute to achieving SDG 3 and targets on UHC, the health workforce and non-communicable diseases.

Since 2021, the UK Government has launched a range of policy papers and strategies aimed at improving aspects of global health that are essential to ensure global health equity and the achievement of SDG 3. These include the approach paper on Ending the Preventable Deaths of Mothers, Babies and Children, the position paper on Health Systems Strengthening for Global Health Security and Universal Health Coverage, the Global Health Framework, the Disability, Inclusion and Rights Strategy, and the International Women and Girls Strategy.

In addition to this, the White Paper, International Development Strategy and the Integrated Review Refresh highlight the importance of investing the UK's ODA in global health concerns. Whilst the emphasis on global health equity in these papers is to be strongly welcomed, it is concerning that such strong political commitment is not translating into concrete implementation plans, accountability mechanisms or financial support for advancing the priorities outlined in these papers.

A review of the UK's development assistance for health, drawing on the published statistics for international development as well as analysis conducted by the Institute for Health Metrics and Evaluation found that, although the UK Government remains, globally, one of the largest donors for global health, there have been significant budget reductions that undermine political commitments and present challenges for the achievement of the aims set out in the policy papers highlighted above.

Reductions to budgets for general health and for basic health will make it difficult to maintain and sustain investments in the health infrastructure and health systems that are essential for delivering services to end preventable deaths of mothers, babies and children, for preventing and treating communicable and non-communicable diseases, and for making progress towards Universal Health Coverage.

However, most concerning of all is the dramatic reduction of funding allocated towards population policies/programmes and reproductive health which more than halved from a peak of £433 million in 2019 to less than £200 million in 2021. Such a reduction in funding will make it incredibly difficult to defend the sexual and reproductive health rights of women and girls, will have significant impacts on global health equity, and will pose challenges for the aim of ending preventable deaths of mothers, babies and children by 2030.

The cuts to ODA budgets, as well as the diversion of ODA towards in-country refugee costs, that have been experienced since 2020 have had significant impacts on funding available to support the achievement of SDG 3. We have seen significant cuts to many flagship health programmes, including the Women's Integrated Sexual Health (WISH) programme and the Accelerating the Sustainable Control and Elimination of Neglected Tropical Diseases (ASCEND), as well as substantial cuts to programmes aimed at supporting national governments to strengthen their health systems, such as the South Sudan Health Pooled Fund and the Lafiya-UK Support for Health in Nigeria programme.

The ODA cuts have also impacted commitments to global health initiatives. Although the UK has continued to be a strong supporter of Gavi, the vaccine alliance, particularly through its support to the COVAX initiative, it failed to meet expectations at the 7<sup>th</sup> replenishment of the Global Fund to Fight AIDS, TB and Malaria, initially falling short of expectations and need by £800 million, before eventually increasing its pledged amount to £1.4 million, which (although a substantial increase) still fell short of the £1.8million required to enable the Global Fund to deliver its programme effectively.

Taking the substantial budget cuts to many programmes into account, we can see that amongst all the health programmes currently being funded by the UK's ODA for health, a large proportion of these aim to support progress towards ending preventable deaths of mothers, babies and children, with many programmes reviewed citing this amongst key programme aims and targets.

Programmes reviewed as part of the analysis for this report also found that many of these programmes have a health system strengthening element attached to them and that there are several programmes, such as the South Sudan Health Pooled Fund, that are supporting governments to invest in health systems that can reach those at risk of being left behind.

However, across all programmes reviewed, there is limited information on the specific activities that the UK Government is supporting to enable countries to reach the goal of Universal Health Coverage and in particular the technical or financial support that the UK Government is providing to support countries to develop basic health packages and health financing systems that can help deliver the progressive realisation of UHC.

Another critical gap in programmes financed through UK ODA relates to the global health workforce, with a very minimal number of existing programmes focusing on addressing the global health workforce challenges being supported by UK development assistance for health.

This all indicates that, whilst the UK Government has commendable aims as set out in its various strategies and policy papers that have been released since the last review, these aims cannot be met without substantially reversing the cuts to health programmes that have been witnessed in recent years.

## Recommendations

Having reviewed the UK's political commitments and policies, funding allocations, and active programmes aimed at advancing global health and global health equity, Action for Global Health makes the following recommendations.

### Political Commitments on Global Health Equity

*Defining the UK's Approach and Priorities:*



The UK's Global Health Framework, Ending Preventable Deaths of Mothers, Babies and Children Position Paper, and the Health Systems Strengthening Position Paper should be supported with **clear implementation plans, financial allocations, clarity on top priorities, and evaluation frameworks** that will enable to the UK Government to demonstrate the progress it is making towards the aims and commitments set out in these papers.



Following the expiration of the current framework, the UK Government should **publish a comprehensive, cross-government global health equity strategy in 2025**, following extensive and meaningful consultation with civil society, low- and middle-income countries, and people/communities with lived experience of health inequities.



The UK Government should **provide greater clarity on how it will address key global health equity challenges, including the rising burden of NCDs; the development, training, recruitment and retention of a well-equipped health workforce in low- and middle-income countries; and the protection of sexual and reproductive health rights for women, girls and people who can get pregnant.**

*The UK on the world stage:*



The UK Government should **protect staff and expertise on global health, maintain seats on the boards of all relevant global health institutions** - including Gavi, the Global Fund to Fight AIDS, TB and Malaria, UNFPA and Unitaid - and **strengthen the work of these institutions** to achieve health equity and strong health systems.





Drawing on pride in our own National Health Service (NHS), the UK Government should **appoint a Special Envoy for Universal Health Coverage**, to champion interventions and approaches to improve global health equity and ensure the most marginalised have access to health services.



The UK Government should **promote an ambitious vision for building resilient, inclusive health systems everywhere and achieving UHC** through the 2024 High-Level Meeting on Anti-Microbial Resistance, 2024 Summit of the Future, 2024 COP29 Summit and 2025 COP30 Summit, and 2025 High-Level Meeting on Non-Communicable Diseases.

## Financial Commitments to Global Health Equity



The UK Government should **urgently reinstate the 0.7% commitment** to Official Development Assistance, **address the impact of funding cuts to health programmes** across all areas of its health portfolio and **clarify how future support for health will deliver resilient, inclusive and strong health systems that contribute to achieving UHC**.



The UK Government should **maintain ODA to health at least above 0.1% of GNI**.



The UK Government should **sustain their role as a leading funder in providing long-term, bold pledges to global health goals and partnerships**, including the World Health Organization (WHO), Gavi and the Global Fund to Fight AIDS, TB and Malaria.



The UK Government should **step up efforts to build strong, resilient, inclusive health systems through increasing aid to country governments** to develop transparent and accountable public financial management systems and deliver health systems support.



The UK Government should **develop a strategy to shift ODA spending to LMIC civil society and community-based organisations**, supported by stronger ongoing consultation with LMIC stakeholders about their priorities and needs.

## Programmatic Commitments to Global Health Equity



The UK Government should **ensure that all UK health ODA contributes to strong, resilient health systems**, in line with national priorities.



The UK Government should **ensure that all health programmes make clear how they will tackle health inequalities and guarantee financial risk protection** in all health outputs.



The UK government should **ensure that climate considerations are integrated into all health programming**, in order to build climate-sensitive and resilient health systems.



The UK Government should **demonstrate how its ODA for health is contributing to the recruitment, development, training and retention of the health workforce** in LMICs and **significantly scale up support** to countries to **develop, finance and deliver long-term human resource strategies for health**.



The UK government should **increase support to national strategies advancing UHC**, such as free healthcare initiatives and initiatives reducing out-of-pocket payments, ensuring that they are reaching the furthest behind first.



**ACTION FOR  
GLOBAL HEALTH**

FULL FUNDING  
STRONG SYSTEMS  
FAIR ACCESS