

# WHERE DOES LABOUR UNDER BURNHAM GO FROM HERE ON GLOBAL HEALTH?

The new Labour administration, under Prime Minister Andy Burnham, has given some early positive signals on its commitment to international development and global health. The statement from Foreign Secretary Ed Miliband that *“international development is not an add-on to British foreign policy – it is central to it... this government is serious about its global leadership on development and climate”* is very welcome, as is the appointment of an experienced international development leader, Kirsty McNeill MP, as Minister with responsibility for Africa and aid. The Minister’s vision of global security through solidarity – underpinned by a strong commitment to aid and with health security as one of five core priorities – is also very encouraging. However, the news that her role will not be included in Cabinet, and that a cap on UK bus fares is to be funded by making UK climate finance concessional rather than grant funding, underscores the challenges of fulfilling this vision.

The Government undoubtedly faces serious financial, political and policy challenges in the domestic and international policy context; but global health is an area where there remains significant potential for the UK to have a positive impact. This briefing takes a realistic view of the political landscape for UK development action and sets out some practical steps that the new Labour Government can take to progress global health, as part of a wider effort to rebuild its international development positioning.

## Where we are

The last few years have seen huge upheavals in global health. While many healthcare systems are still struggling to recover from the impacts of the COVID-19 pandemic, those in low-

income, fragile or conflict-affected countries face additional compounding challenges. The UK’s reduced pledges to institutions such as the Global Fund, GAVI, and the Pandemic Fund come alongside cuts to bilateral programmes such as WISH Dividend programme, which will now avert fewer maternal deaths; just one example of changes that the FCDO’s own assessment says will “inevitably have negative impacts”. While in-donor refugee costs have fallen from their peak, they remain high by historical levels, putting further pressure on the stretched UK aid budget.

Outbreaks of new or resurgent diseases such as Ebola impede the delivery of healthcare on the ground, with these challenges exacerbated by conflict, fragility, and state failure. The wars in Ukraine, Sudan and the Occupied Palestinian Territories have brought sharply into focus the impact that conflict has on health care and highlighted that it is often marginalised populations, such as people with disabilities, who are the first to suffer the consequences.

Global climate change continues to reshape health along with many other areas of life. Extreme weather events such as tropical storms, heavy rains and flooding destroy critical water and sanitation infrastructure, causing untreated sewage to spill into clean water sources and increasing the risk of cholera. Climate change increases the risk of heat-related illnesses and mortality, intensifies the emergence and spread of infectious diseases, and interrupts the provision of essential health and care services.

The upheaval in global health caused by the reduction in resources has confirmed the view of many that the global health architecture is in need of serious reform. A number of overlapping processes are underway; but as yet there is little clarity over exactly what changes are needed and how they can be implemented.

## Where we stand

Despite these challenges, the UK can still make meaningful contributions as a global health actor. A strong track record as a founding donor to both GAVI and the Global Fund, a sustained voluntary contributor to the WHO, and a leading bilateral funder across sub-Saharan Africa and South Asia, has left a legacy of informal relationships and formal shareholder influence. The UK's strong pledge to the World Bank's International Development Association's replenishment (IDA21) will help to ensure maximum impact for a reduced overall aid spending envelope; and the Foreign Secretary taking up the role as the UK's World Bank Governor sends a positive signal as well as helping to ensure alignment with the UK's development goals. The UK also has a strong life sciences sector and an active network of global health organisations, as well as the opportunities for mutual learning and exchange offered by diaspora organisations and links between the NHS and health systems around the world.

## What we can do

We recognise that international development and global health is one of the many challenges this Government is facing. We believe the actions below are realistic and actionable within the current set of domestic and international constraints. We hope they can serve as a basis for positive engagement and fruitful collaboration between the UK Government and the wider global health sector.

✱ **Global Health Strategy:** The priority action we believe would have the most immediate positive impact is the development of a Cross-Government Global Health Strategy. This is an approach which has been endorsed by the International Development Select Committee. It would help by providing coherence to the excellent work still being done by FCDO, DHSC and the organisations they partner with and fund; supporting clear and transparent decision-making in a period when difficult choices will have to be made in order to meet spending targets; and setting out the longer-term trajectory of the UK's global health efforts and investments.

✱ **Negotiating framework:** The UK retains significant influence over the future direction of the global health architecture through its formal governance roles and diplomatic relationships. Publishing a negotiating framework underpinning its engagement in processes to reform the multilateral global health architecture, and committing to principles such as country ownership, health

equity, and universal healthcare, would increase transparency and support better collaboration and engagement with the UK's diverse and active global health community.

✱ **Financing:** Acting on calls from figures within the Labour Party to set out a clear pathway towards the resumption of the 0.7% GNI spending target would help to rebuild trust from global partners and strengthen the UK's credibility as a development actor. Recent progress in reducing the share of the aid budget absorbed by in-donor refugee costs should be maintained and this number reduced further, allowing the UK greater ability to respond to urgent health crises worldwide. And making increased use of innovative mechanisms such as debt-for-health swaps can help to alleviate countries' debt burdens whilst also meeting the needs of their populations - a win-win that can increase the effectiveness of a reduced but still significant aid budget.

## Conclusion

The ideas in this briefing are intended as the beginning of a conversation. Implementing some or all of them would help to maximise the impact of the UK's work on global health as a donor, a partner, and a shareholder, making clear that despite the challenges faced, our country's commitment to global health remains strong. It would also help to establish a positive and collaborative approach across Government, academia, NGOs, diaspora communities and all those who play a role in the UK's thriving global health sector, supporting our ability to work together towards shared goals.

**For further information or to discuss this briefing:**

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