A Stocktake Review

Strengthening the UK's Commitments to Global Health

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on NCDs

Action for Global Health

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Violet Boonabana, a midwife at Mengo Hospital, Kampala District, Uganda.

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Executive Summary

Global Context

In the past two decades, there has been momentous progress in improving health in low- and middle-income countries, paving the way for ambitious targets within the Sustainable Development Goals (SDGs) to ensure healthy lives for all and achieve universal health coverage (UHC) by 2030. However, with ten years left to achieve these targets, undeniable challenges remain. More than half the world's population still lack access to essential health services and paying out-of-pocket for health services still pushes 100 million people into extreme poverty each year. The impact of COVID-19 also places progress made to date at huge risk of reversal. COVID-19 has exacerbated existing inequalities and weaknesses in health systems, impacting their ability to deliver essential health services. At the same time, COVID-19 has highlighted more than ever how humanity is bound together by health in the way it connects to every other aspect of our lives, and the urgency with which we must step up and invest in efforts to improve health for all.

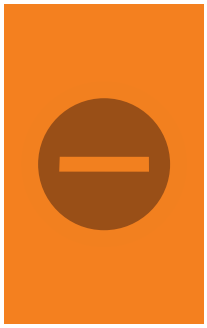
The UK's Role in Global Health

As the second-largest government donor to global health, the UK has undoubtedly contributed to successes to date. The UK continues to lead politically, financially and programmatically in areas ranging from sexual and reproductive health and rights, to tackling the growing threat of anti-microbial resistance. The UK-hosted Global Vaccine Summit and significant contribution to Gavi highlighted the UK's continued leadership throughout the pandemic on other global health issues. At the same time, during recent cuts to the ODA budget, the UK Government did not centre global health as a priority in how this amended budget will be divided, and the lack of a global health strategy is concerning. The UK's commitments to UHC are lacking, and its under-funding of core health systems and the health workforce is evident.

As a leading donor, addressing these challenges and improving the UK's approach to global health will be essential if we are to ensure equitable access to affordable, quality, inclusive healthcare for all, particularly with the increasing threats to progress posed by COVID-19. This will require whole-of-government efforts, but clearly the approach of the newly created Foreign, Commonwealth and Development Office will be especially vital in determining the UK's role in improving health for all. To support these efforts, this report evaluates the UK's political, financial and programmatic commitments to global health to date, and makes a number of recommendations for the UK's role in global health in the coming years. These recommendations are intended to highlight the key opportunities for the UK Government to protect past achievements, whilst also driving ambitious progress to achieve the 2030 goals and create a healthier world.

Our Findings

Political Prioritisation

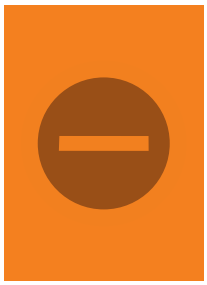


Health within the broader approach to development

The most recent UK aid strategy (2015) includes commitments to ensuring access to basic health needs and strengthening resilience, albeit in a dated strategy document. However, following the merger of the FCO and DFID, whilst 'UK leadership in the global COVID-19 response' was a stated priority, global health more broadly and the manifesto commitment to 'end preventable deaths' were noticeably absent from the list.

Global health strategy and position papers

The UK Government has not had a public strategy – or any comprehensive document – guiding its work in global health since 2013. Additionally, a Health Systems Strengthening Position Paper has been under preparation for over four years, but no date for publication is as yet confirmed. Similarly, no date for publication has been confirmed for the UK Government's 'Action Plan' on 'ending preventable deaths'.



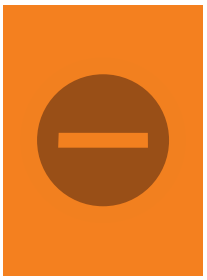
Political commitments across all SDG 3 targets

The UK's wide range of political commitments to health globally have seen it make pledges and/or build political capital across the majority of SDG 3 targets. However, although some targets – such as non-communicable diseases and universal health coverage – may benefit from UK funding, they are not subject to the same level of political commitment.

Support from the UK parliament

Parliamentarians from across all parties continue to demonstrate support for improving health in low- and middle-income countries. In particular, the International Development Committee and a number of All-Party Parliamentary Groups across global health areas have consistently proven to be valued champions of the UK's ODA to health.

Financial Prioritisation

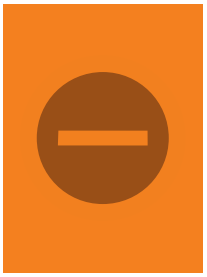


Overall funding for global health

After a dip in overall amounts of ODA to health between 2013-16, the UK's total health spending has not yet returned to 2013 levels. Similarly, UK health spending as a share of total ODA has also declined significantly since 2013. It remains unclear to what extent the substantial cuts to the ODA budget, announced in July 2020, have affected the amount and share of ODA to health.

Multilateral funding

The UK Government is a consistent donor to global health multilaterals, such as UNITAID, WHO, UNFPA and UNAIDS. The UK is the third largest public donor to the Global Fund to Fight AIDS, TB and Malaria, and in June 2020, the UK Government pledged £1.65 billion to Gavi at the UK-hosted Global Vaccine Summit.



Bilateral funding

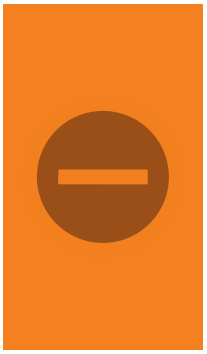
One in every £4 of bilateral ODA to health is now dedicated to medical research, and bilateral ODA to SRHR has grown almost tenfold since 2010. However, the proportion of bilateral health ODA allocated to basic healthcare has almost halved since 2013 and the share of dedicated ODA for health personnel has remained woefully low.

Funding channelled to Southern actors

Aid channelled through international NGOs, or NGOs based in donor countries, occupied 93% of all NGO finance from the UK ODA to health pot in 2018. For the two years with available data (since 2017), 95-96% of health ODA to the private sector was channelled to private actors in the provider (i.e. donor) country.

Funding channelled to recipient governments

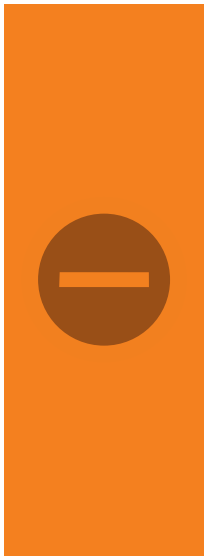
The share of health aid channelled to recipient governments has declined by more than half since 2010. In 2018 aid to recipient governments comprised just £1 in every £10 of bilateral health ODA.



Cross-government funding

Compared to 2010, when almost all health ODA was delivered by DFID, 2018 saw spending outside of DFID accounting for a fifth of all UK health ODA. This cross-government approach has been embedded through the merger of DFID with the FCO to create the Foreign, Commonwealth and Development Office. Publish What You Fund's aid transparency review found that DFID and DHSC were the only UK Government departments ranked as 'very good' for transparency of aid spending.

Programmatic Prioritisation

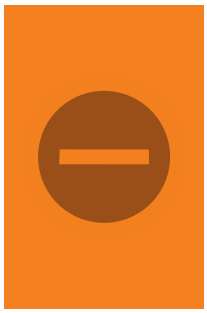


Strengthening health systems

UK programmes have expanded access to affordable medicines and across a number of essential health services, including maternal and child health, sexual and reproductive health, nutrition, and tackling communicable diseases. However, funding for non-communicable disease programmes is minimal, and the UK neglects health system components in their programming. There has been insufficient focus on strengthening national health infrastructure to deliver sustainable improvements and the UK's preference to work with non-state providers has been found to risk displacing public sector provision. Similarly, whilst the UK makes a leading contribution to global health security, an ICAI investigation found that health system interventions within these programmes need more emphasis.

Health workforce

The UK allocates very little ODA to programmes dedicated to supporting the training, recruitment and retention of health workers. This is a particularly vital area, given that 8 million more health workers are needed to achieve UHC by 2030 in low- and middle-income countries.



Strategies advancing UHC

All programmes assessed within the portfolio of UK health ODA can be seen to contribute to the umbrella goal of UHC. However, our analysis found that the UK's contributions towards increasing financial risk protection and eliminating out-of-pocket payments across their programmes presents a mixed picture. Recently, CDC's own assessment of one of their hospital investments concluded that it is unclear if the patients avoid catastrophic health costs.

Recommendations

Political

- **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, as well as working through the synergies between SDG 3 and all other SDGs, including ending poverty (SDG 1), zero hunger (SDG 2), gender equality (SDG 5), water and sanitation (SDG 6), and building strong and transparent institutions (SDG 16), amongst others;
    - Publishing the **'Action Plan' for ending the preventable deaths of mothers, newborns and children and Health Systems Strengthening Position Paper.**
- **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;
    - **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 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;
    - Chairing the **cross-government Global Health Oversight Group** and overseeing the UK's ODA to health, ensuring policy coherence across all relevant government departments;
    - **Protecting DFID's 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.

Financial

- **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;
    - Maintaining their world-leading role in **providing long-term, bold pledges to key global health goals and partnerships;**
    - 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;
    - **Recommitting to untied aid** and developing a strategy to **shift aid spending to Southern actors**, supported by stronger ongoing consultation with Southern actors about their priorities and needs.

Programmatic

- **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;
    - Significantly scaling up support to countries to develop, finance and deliver long-term **human resource strategies for health;**
    - **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;
    - Supporting national public financial management efforts to ensure that **national health budgets are optimized** and commitments to **increase domestic resources for health** are realised;
    - 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.

1.

Introduction

1. Introduction

In the past two decades, there has been momentous progress in improving health in low- and middle-income countries. Since 2000, the number of children dying before their fifth birthday has halved.[i] Twenty years ago, few people in sub-Saharan Africa were taking antiretroviral treatment to treat HIV; today, 63% of people living with HIV in the region have access to these medicines.[ii] In South Asia, three-quarters of women gave birth accompanied by skilled health personnel in 2014, a rate which has doubled since 2000, with the proportion of women dying in childbirth halving since then globally.[iii] Between 2000 and 2015, global incidence of malaria decreased by 37% and the mortality rate by 60%.[iv]

Development assistance for health (DAH) has undoubtedly played a significant role in realising these achievements.[v] Multilateral partnerships like Gavi, the Vaccine Alliance (GAVI), and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) have supported an unprecedented scale-up of specific health interventions such as vaccination, malaria and TB prevention and treatment. Private foundations, such as the Bill & Melinda Gates Foundation, have increased their funding for health over the last decade, and the World Bank and World Health Organisation have continued to provide significant funding and support.[vi] Non-governmental, civil society and community-based organisations have also played a critical role in delivering services, mobilising communities to access them and advocating on health issues. Donors' bilateral programmes have funded a broad spectrum of different types of health investments, from supporting the research and development of new medicines, diagnostics and vaccines, to directly funding government health budgets and supporting civil society health advocacy. As the second-largest government donor of DAH globally, the UK has clearly contributed to DAH's successes.[vii]

Yet while the achievements of the past 20 years in global health are notable, undeniable challenges remain. Today, at least half of the world's population lack access to essential health services.[viii] Persons with disabilities, accounting for 15% of the global population, are three times more likely to have unmet healthcare needs and are one of the groups facing the highest barriers in accessing health information and services.[ix] For those able to access services, the proportion of people facing unmanageably high (or catastrophic) healthcare costs has continuously increased since the year 2000.[x] 2.5% of the global population were pushed into relative poverty by healthcare costs in 2015 and paying out-of-pocket for health services still pushes 100 million people into extreme poverty each year.[xi] For those who are able to access care, an additional 5 million people die each year in low- and middle-income countries due to poor quality healthcare.[xii] Many healthcare facilities around the world continue to lack the basics of water, sanitation and hygiene services. In 2019, just 55% of healthcare facilities in least developed countries (LDCs) had basic water services. It is estimated that each year 17 million women in these countries give birth in health centres with inadequate water, sanitation and hygiene.[xiii]

Furthermore, the impact of the COVID-19 pandemic has been severe. COVID-19 has exacerbated existing inequalities and weaknesses in health systems, whilst also placing progress made to date at huge risk of reversal. COVID-19 has impacted the ability of health systems to deliver essential health services. For example, in light of COVID-19, more than 120 countries reported disruptions to non-communicable disease services.[xiv] Far greater impacts have also been predicted across the full spectrum of health services; up to 80 million children under the age of one are at risk of missing out on routine immunisations for diseases such as measles and polio.[xv] The impacts of COVID-19 on access to healthcare mean that up to 178,000 more children are projected to die of acute malnutrition in 2020 than expected before the pandemic.[xvi] A predicted 10% decrease in sexual and reproductive health provision could lead to 49 million more women with unmet need for modern contraception, 15 million more unintended pregnancies, 168,000 more new-born deaths and 29,000 more maternal deaths.[xvii] The economic impact of COVID-19 will lead to reduced access to health services at the individual level, as well as reduced resources at the macro-economic level and increased economic inequality. At the same time, COVID-19 has highlighted more than ever how humanity is bound together by health in the way it connects to every other aspect of our lives, and the urgency with which we must step up and invest in efforts to tackle global health challenges.

Even before COVID-19, governments across the world – including the UK - recognised the need to build a better world and committed in 2015 to an ambitious set of 'Global Goals' to be achieved by 2030. These goals built on the significant successes of the Millennium Development Goals: a series of eight goals agreed in the year 2000, including targets around child mortality, maternal health, TB and HIV and AIDS, to be achieved by 2015. The updated Sustainable Development Goals (SDGs), agreed in 2015, include SDG 3 requiring governments to 'ensure healthy lives and promote wellbeing for all at all ages' (full targets listed in Box 1 below).[xviii] This includes a commitment to achieving Universal Health Coverage (UHC) by 2030 (SDG 3.8) – defined as all individuals and communities receiving the health services they need without suffering financial hardship.[xix] It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation and palliative care. The realisation of SDG 3 also depends heavily on other SDG targets, notably ending hunger and malnutrition (SDG 2), achieving gender equality (SDG 5), ensuring availability and sustainable management of water and sanitation for all (SDG 6), and promoting institutional strengthening (SDG 16), amongst others. Beyond the SDGs, the Political Declaration of the 2019 United Nations High-Level Meeting (HLM) on UHC recommitted governments to achieving health for all, accelerating efforts and progressively expanding access to quality essential health services for one billion additional people by 2023 ahead of meeting the 2030 goal.[xx] The SDGs and Political Declaration on UHC provide an ambitious vision for a healthier world, which will be essential for building back better post-COVID-19.

Official development assistance (ODA), or aid, to health and related sectors remains a critical source of health financing and will continue to be vital if global health goals are to be realised.[xxi] ODA to health currently contributes close to one-third of all health spending in low-income countries.[xxii] Low-income countries, where the majority of the SDG financing gaps lie, also face the greatest difficulty in scaling up domestic resources and will face further significant constraints in light of COVID-19.[xxiii] Even with significant and ambitious domestic resource mobilisation for health, they will continue to require development assistance to build the core foundations of their health systems and to deliver key life-saving disease prevention and control interventions.[xxiv] Donor support will remain critical for supporting the mobilisation of domestic resources for health, filling in significant gaps in the public health spending capacity of low-income countries and is also critical for catalysing health spending in middle-income countries, particularly on neglected health areas and for poor and marginalised populations.[xxv] In addition, investing in procurement transparency and prioritising robust, integrated and end-to-end public financial management will ensure that all resources provided by donors are effectively allocated and utilised.

With just ten years left to meet the health targets set out in the SDGs and with COVID-19 undermining the progress made so far whilst also threatening future gains, understanding the UK's current and planned contribution to health globally is of critical importance. This is even more urgent in light of the UK Government's announcement to cut the ODA budget by 20% on 22nd July 2020, in line with the likely recession of the UK economy.[xxvi] As the second-largest government donor of DAH, the UK's interventions will be pivotal in determining whether or not the health-related SDG targets are met by 2030. The approach of the newly created Foreign, Commonwealth and Development Office (FCDO) to global health, and the level of priority given to global health within a reduced ODA budget, will be especially critical in determining the UK's role in improving health for all.[xxvii]

Therefore, this report aims to build understanding of the contribution the UK currently makes to achieving SDG 3 and other SDGs through its ODA to health. The report will evaluate the level and composition of UK ODA to health and how this has changed over time, analyse the contribution the portfolio of active projects under UK ODA to health makes to SDG 3 (see box 1), and evaluate current political commitments made by the UK government to health globally. Finally, the report will make recommendations for UK ODA to health in the coming years. These recommendations are intended to highlight the key opportunities for the UK Government to protect and sustain the gains and achievements made by health ODA to date, whilst also driving ambitious progress to achieve the 2030 goals and create a healthier world.

BOX 1: 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.[xxviii]

2.

Assessing the UK's Political Commitments to Global Health

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Political Prioritisation

Health within the broader approach to development

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Parliamentarians from across all parties continue to demonstrate support for improving health in low- and middle-income countries. In particular, the International Development Committee and a number of All-Party Parliamentary Groups across global health areas have consistently proven to be valued champions of the UK's ODA to health.

The UK Government's pledge to achieve SDG 3 by 2030, and endorsement of the Political Declaration for the 2019 HLM on UHC as a United Nations (UN) member, represent significant global political commitments to improving health worldwide. Yet of equal importance are the commitments the UK has made to global health through its domestic politics, in the Government's strategies, summits, and speeches. Domestic political commitments to improving health in low- and middle-income countries are a strong indicator of how the UK is prioritising health interventions within the range of issues encompassed by the SDGs. A high-level political signal can also influence and leverage resources from other donors, encouraging further bilateral funding, and guiding prioritisation within the health sector.

BOX 2: Background: UK leadership in ODA

The UK is a leader in global development. The UK was one of only five donors to meet the target of spending 0.7% of GNI on ODA in 2017 and has enshrined the requirement to meet this spending threshold into law.[xxix] In global health, the UK has shown leadership through speaking out on key issues at international fora, delivering programmes at country and regional level, and creating an enabling environment for other sectors (e.g. academic) to participate in global health, amongst other endeavours.[xxx] The UK has leveraged broader support and driven progress on issues ranging from global vaccinations to anti-microbial resistance, and nutrition to neglected tropical diseases.

A. An ongoing priority: health within the broader UK approach to development

The most recent UK aid strategy, published in 2015, committed the UK to four strategic objectives: strengthening global peace, security and governance; strengthening resilience and response to crises; promoting global prosperity; and tackling extreme poverty and helping the world's most vulnerable.[xxxi] Within the fourth objective, the UK would 'support the world's poorest people to ensure that every person has access to basic needs' including health.[xxxii] Delivering 'more science and technology spend on global public health risks such as antimicrobial resistance', infectious disease research and development, and work to strengthen global health security, would support the objective to strengthen resilience.[xxxiii] Health issues are a clear priority, albeit in a dated strategy document.

More recent speeches affirm that global health has been retained as a central pillar of UK ODA since the 2015 aid strategy. Former Secretary of State for International Development Rt Hon Penny Mordaunt MP stated that the UK would focus on five things to tackle global poverty in a 2018 speech: humanitarian assistance, economies and human capital, security and the rule of law, partnership between the UK and the developing world, and caring through global health partnerships.[xxxiv]

BOX 3: The Foreign, Commonwealth and Development Office and Global Health

On 16th June 2020, Prime Minister Boris Johnson announced the merger of the Department for International Development (DFID) with the Foreign and Commonwealth Office (FCO), to create the Foreign, Commonwealth and Development Office (FCDO). Given the timing of the merger and the impact of COVID-19, this new department will face particular challenges in terms of global health, requiring an urgent, focused and strategic approach. The UK has a strong legacy on global health and has built up significant in-house expertise (both within DFID and beyond), upon which the UK Government must continue to build to close the current health gaps. Protecting this legacy, maintaining an integrated, cross-government approach to global health, and improving global health diplomacy will be critical in strengthening the UK's role in global health.

B. Historic and current commitments – what do UK global health specific strategies, position papers and frameworks say?

If the 2015 UK aid strategy is now outdated, then the last strategies issued by the UK Government focused on global health are even more so. **Health Is Global – A UK Government Strategy 2008-13** is the last complete strategy document which covered the UK's global health work across multiple departments, and the lack of a replacement has made the role of health within the UK's overall ODA approach unclear. The commitments made in major global health strategies, position papers and frameworks since 2008 are summarised below.

Health is Global – A UK Government Strategy 2008-13[1] (Cross-Government). This strategy set out an approach to global health in an interconnected world, particularly focusing on global health security.

Key commitments made in the strategy included to:

- Develop a clear action plan for the UK to scale up its efforts to tackle **non communicable diseases globally**, including mental health;
- Be strong advocates for **sexual and reproductive health and rights** in multilateral bodies, and promote this in country development plans;[xxxv]
- Support health systems to deliver **high-quality and affordable medicines**; increase **research and development** for, and accelerate the introduction of, new technologies that meet the needs of the poor;
- Continue to support the right of developing countries to make use of the **flexibilities in the TRIPS agreement** to promote access to medicines;

1 It should be noted that the first Health is Global strategy was published under a Labour government, while the subsequent outcomes framework was published under the coalition government.

- Additional commitments were made on fair health worker migration and training, pandemic influenza, addressing the social determinants of health, and alignment with aid effectiveness principles.[xxxvi]

Health is Global – An Outcomes Framework 2011-15. This developed the earlier 'Health is Global' strategy, building on many existing commitments made, and adding a framework for results.

Key outcomes to be achieved by 2015 included:

- Using resources to **support health systems strengthening** to ensure greater coverage and access to quality essential health services**;**
- **Increase access to safe, high-quality and affordable treatments and medicines** through strengthening access to markets and safeguarding transparent provision;
- **Improve the ability to predict, avoid and respond to emerging global health threats**, including epidemic and pandemic infections.
- These outcomes sat alongside continued work to reduce the global gap in healthcare workers, integrate transparency and accountability mechanisms into health programming, address the social determinants of health, and tackle non-communicable diseases and their drivers.[xxxvii]

Health Position Paper – Delivering health results, 2013 (DFID): This policy position paper set out how DFID was working to improve health outcomes in developing countries in 2013. It explains DFID's approach of combining targeted investments (focusing expertise and resources on **priority health problems** like **maternal and newborn care, and HIV, TB and malaria**), with interventions **strengthening broader health systems**, building a strong **interface with communities**, and action on the **determinants of health.**[xxxviii]

Of interest, this paper sets out more of a position on UHC and the health system than earlier documents. It states "DFID plays an important role in helping countries to develop their national health systems in ways that address problems of access, equity and coverage and so to accelerate progress towards UHC". The paper stresses the importance of removing financial barriers to healthcare to tackle poverty and emphasises support for health financing reform. It reflects that around 25% of UK health investments supported health workers at this point.[xxxix]

A number of additional previous position papers and frameworks for results have seen the UK make commitments to health globally, including:

- **A 2010 results framework for reproductive, maternal and newborn health**, which prioritised the prevention of unintended pregnancies, and safe pregnancy and birth, through expanding quality services and empowering women and girls to make positive reproductive choices.[xl]
- **A 2010 framework for results for malaria**, which prioritised reducing the burden of illness and death from malaria through expanding access to and quality of services, and supporting innovation in malaria prevention and treatment, as well as sustaining and expanding existing gains. The framework committed the UK to invest up to £500 million each year by 2014-15 in tackling the disease.[xli]
- **A 2011 HIV position paper**, which prioritised work to reduce new infections (especially for women and key populations), scale up of treatment, care and support for HIV and TB, and reduce stigma and discrimination.[xlii]
- Public Health England's **Global Health Strategy** (2014-2019), outlines Public Health England's global health work, including its contribution to public health in developing countries. It set out five priorities: 1. **Improving global health security** (incorporating a focus on antimicrobial resistance and new and emerging infections); 2. **Responding to outbreaks** and incidents of international concern; 3. **Building public health capacity**, particularly in low and middle income countries; 4. Strengthening engagement on **non-communicable diseases**; and 5. Strengthening **UK partnerships** for global health activity, including with DFID and academic partners.[xliii]

All of the above health strategies, frameworks and position papers are now expired - with only the original *Health is Global* stating its vision should last into the 2020s. Recent UK Government publications on global health at this level are however limited to:

- **A 2017 position paper on global nutrition**[2], which reiterated DFID's previous flagship commitments to tackling undernutrition (such as improving the nutrition of 50 million people by 2020) and committed to scaling up its work to address the nutrition needs of young children, along with women and adolescents.[xliv]
- **A 2018-2030 Strategic Vision for Gender Equality,** which includes universal sexual and reproductive health and rights as one of its five pillars and builds on commitments made at the 2017 London Family Planning Summit.[xlv]
- **A 2019 national action plan on antimicrobial resistance (AMR) and 20-year vision for AMR**, which built on an earlier plan, and includes a commitment to help ensure AMR remains a global priority through leading international policy dialogue, and to strengthen joined-up international action on AMR.[xlvi]

2 Whilst nutrition interventions are vital to the realisation of SDG 3, they fall largely within the remit of SDG 2. As this report closely focuses on SDG 3, nutrition interventions will not be considered in the same depth as others although this should not be understood as detracting from their importance.

- **A 2019 DHSC paper on official development assistance**, which outlines the department's approach to addressing global health challenges for the benefit of people living in low-and middle-income countries, through their ODA-funded programmes.[xlvii]

- **A 2020-25 Public Health England (PHE) Strategy**, which although primarily focused on PHE's domestic activities does reiterate the agency's contribution to disease outbreaks worldwide and strengthening public health systems in low-and middle-income countries.[xlviii]

- **A 2020 approach and theory of change to mental health and psychosocial support**, which outlines the role development can play to improve mental health and wellbeing for all, and how improved mental health can play a role in attaining key developmental outcomes.[xlix]

C. Beyond Strategies: Recent UK Government commitments to improving health globally

While the majority of strategies, position papers and other formal documents outlining the UK Government's global health priorities are outdated, political commitments have been made more recently. Below, more current commitments – identified from the most recent election manifesto, speeches and summits – are summarised.

i. COVID-19 Response

Prime Minister Boris Johnson has reaffirmed the UK's commitment to the global COVID-19 response in various speeches and summits, with a particular focus on the development of COVID-19 technologies and building the resilience of health systems around the world.

Speaking at the UK-hosted Global Vaccine Summit, Prime Minister Boris Johnson emphasised the need to 'build an impregnable shield around all of our people, and that can only be achieved by developing and mass producing a vaccine'.[l] The UK has invested substantially in efforts to develop COVID-19 vaccines, tests and treatments, through institutions including the Centre for Epidemic Preparedness Innovations (CEPI) and the World Health Organisation (WHO).[li]

Whilst announcing the merger of the Department for International Development (DFID) with the Foreign and Commonwealth Office (FCO), Prime Minister Boris Johnson also emphasised the need to 'help vulnerable countries to improve their health systems and achieve greater resilience' in response to COVID-19.[lii] This focus has been echoed on multiple occasions by International Development Secretary Rt Hon Anne-Marie Trevelyan MP, including at the Global Vaccine Summit: 'By strengthening developing countries' health systems [...], the UK is playing its part in stopping the global spread of coronavirus'.[liii] Although, this priority is yet to fully materialise in terms of specific commitments and the health systems pillar within the ACT-Accelerator (to which the UK has contributed) remains in its early stages.

For all of the UK's efforts on COVID-19 and global health more broadly to be successful, the UK Government has emphasised the need for global cooperation; Prime Minister Boris Johnson called a 'new era of global health co-operation' as 'the most essential shared endeavour of our lifetimes'.[liv]

ii. Ending Preventable Deaths of Mothers, Newborn Babies and Children

In October 2019, the UK Government announced a flagship commitment, to '***prioritise ending preventable deaths of mothers, new-born babies, and children in the developing world by 2030'.***[lv] This commitment will bring together a range of investments in health and nutrition (such as health research, global health initiatives and programmes delivered in specific countries, including to improve healthy lives through safe, nutritious diets and healthy environments) behind a common goal, working with others to end preventable deaths of mothers, newborn babies and children.[lvi] The UK Government will also continue to invest in UHC, including access to comprehensive SRHR, to help achieve this aim,[lvii] provide technical assistance to support developing countries to prioritise cost-effective health interventions, support health systems strengthening and address the wider social determinants whilst working with the private sector to increase affordable access to health technologies.[lviii] The Conservative party manifesto for the December 2019 General Election -which saw the party win the election with a strong parliamentary majority – reiterated the commitment to ***'end preventable deaths'*** (for which an action plan is now in development), and '***lead the way in eradicating Ebola and malaria***'.[lix] However, it is noteworthy that these manifesto commitments were noticeably absent from the list of priorities outlined by the Foreign Secretary Rt Hon Dominic Raab MP in his letter addressing ODA cuts, whilst other manifesto commitments including girls education, climate change and media freedom were included.[lx]

> **"Every 11 seconds, a pregnant woman or new-born baby dies somewhere in the world. These deaths are mostly preventable, and we should not allow this needless loss of life to continue."**
>
> Rt Hon Alok Sharma MP
> Former Secretary of State for International Development (2019-2020).

iii. Family planning and Sexual and Reproductive Health and Rights

Sexual and reproductive health and rights (SRHR) – and in particular family planning – have been the subject of a number of major political commitments and global leadership moments from the UK Government. The UK hosted its second Family Planning Summit in 2017, committing to spending £225 million per year on family planning, an increase on the pledge made at the first UK-hosted summit in 2012.[lxi] The UK has also endorsed the comprehensive definition of SRHR, including the associated recommended package of services, as defined in the Lancet-Guttmacher Commission, which explicitly states that sexual and reproductive health is not possible without sexual and reproductive rights.[lxii]

A number of UK ministerial speeches have championed the UK's commitment to the issue. Former Secretary of State for International Development Rt Hon Priti Patel MP emphasised the UK's 'steadfast support' for family planning, and its ongoing role as an advocate for the critical health intervention.[lxiii] Another former Secretary of State Rt Hon Alok Sharma MP made SRHR a key pillar of his speech to the UN HLM on UHC, stating:

> **"The UK is committed to defending and promoting sexual and reproductive health and rights. Women and girls must have control over their bodies, and access to services they need' and 'we cannot achieve Universal Health Coverage without Universal Sexual and Reproductive Health and Rights."** [lxiv]

The UK has not been afraid to speak out about the 'organised roll-back of women's rights'[lxv] or other sensitive issues and has shown clear leadership in promoting SRHR within global and multilateral fora. For example, the UK co-hosted a multi-sector Safe Abortion dialogue in 2019 to 'drive progress and momentum in this absolutely critical area'.[lxvi]

iv. Additional political priorities

The UK has been a vocal champion of a number of further global health priorities.[3] These include (amongst others):

- **Leaving no one behind:** The UK Government released a 2019 policy paper, 'Leaving no one behind: Our promise', outlining their approach to 'putting the last first'. This includes commitments to enable all people to secure 'good nutrition, protection from disease [...] and access to clean water and sanitation', as well as achieving gender equality and ending violence against women and girls.[lxvii] The paper also refers to the need to build 'inclusive institutions' and challenge 'social barriers', which holds particular relevance to health systems and ensuring equitable access to healthcare for everyone.[lxviii] These efforts are underpinned by the need for 'a data revolution', to ensure progress is reaching those left furthest behind first.[lxix]

- **Disability:** The UK co-hosted its first Global Disability Summit in 2018, seeking to raise global attention to this area and mobilise new commitments.[lxx] The summit looked at disability beyond the health sector but included UK commitments on improved access to health services and assistive technology for people with disabilities.[lxxi] Commitments in this area are further outlined in the DFID's Strategy for Disability Inclusive Development 2018-23, which includes specific references to promoting equitable access to quality healthcare for people with disabilities, as well as "stepping-up on mental health for all".[lxxii] The Strategy also outlines DFID's commitment to promote the routine, systematic collection and use of disaggregated data and support women and girls with disabilities through targeted interventions for the prevention of violence against women and girls.[lxxiii] As part of the discussions on the FCO-DFID merger, Wendy Morton MP has shared that the UK Government "remains steadfast in its commitment to this agenda [and to] review, refresh and build on all existing strategies, including DFID's Disability Inclusion Strategy".[lxxiv] As one of its co-chairs and members, DFID has also promoted disability inclusion through the Global Action on Disability (GLAD) Network.

- **Antimicrobial resistance:** UK political leadership is strong on antimicrobial resistance (AMR), particularly through the former Chief Medical Officer and current UK Special Envoy on AMR, Dame Sally Davies. The UK Government has spearheaded international action on AMR, for example leading efforts to secure a UN declaration on AMR signed by 193 countries in 2016.[lxxv] Linked to this agenda is the UK's significant championing of and investment in global health research.

3 NB. Funding and programmatic commitments – including flagship UK-funded initiatives which themselves reflect high-level political commitments - are explored further in section four.

- **Infectious diseases:** The UK is a strong advocate for the fight to tackle other infectious diseases, including through a longstanding commitment to eradicate polio, work to reduce malaria cases and deaths in high burden countries, and invest to reduce the burden of neglected tropical diseases (NTDs).[lxxvi] The UK Government has committed to spending £500 million per annum tackling malaria until March 2021, as part of a commitment made in 2016 and re-affirmed at the Malaria Summit in London in 2018 and in the government's manifesto commitment to 'lead the way in eradicating malaria'. An historic champion in the global HIV response, the UK's political leadership and bilateral funding commitment has reduced significantly in recent years.[lxxvii] The Government remains strongly committed to tackling HIV and TB through multilateral investments however, and to addressing TB through supporting additional research and development.[lxxviii] In continuation of previous commitments, the UK Government launched a three-year flagship programme to tackle five neglected tropical diseases in sub-Saharan Africa and South Asia in September 2019.[lxxix]

- **Global Health Multilaterals:** The UK continues to champion key global health multilaterals, influencing other donors through its own ambitious pledges, engaging in depth with multilateral governance arrangements, and hosting key summits such as the 2020 Global Vaccine Summit.[lxxx] The UK has driven the WHO reform agenda through their 2016-2020 core funding approach and advocacy, however there remain challenges in encouraging other donors to increase the flexibility and quality of their funding.[lxxxi]

- **Nutrition:** The UK hosted the first Nutrition for Growth summit in 2013. Its leadership secured new nutrition commitments of up to £2.7 billion from donors, domestic governments, philanthropic organisations, businesses and civil society. The UK commitment to nutrition-specific programmes, nutrition-sensitive targets and matched funding all expire in 2020.[lxxxii] It is yet to be renewed.

- **Mental health:** The UK hosted the first Global Ministerial Mental Health Summit in 2018[lxxxiii] and published an Approach Paper and Theory of Change to Mental Health and Psychosocial Support in August 2020.[lxxxiv]

D. Where are the gaps in UK political commitments to global health?

i. No current global health strategy

Whilst the UK Government has a body for overseeing ODA to health, the global health oversight group, it does not have a dedicated, public strategy – or any current comprehensive document - guiding its work in global health.[lxxxv] A Health Systems Strengthening Position Paper, which would outline the UK's approach, has been under preparation for over four years, but no date for publication is as yet confirmed. Similarly, no date for publication has been confirmed for the UK Government's 'Action Plan' on 'ending preventable deaths'.

The lack of a comprehensive global health strategy is of concern. The International Development Select Committee called on the government to develop a clear global health strategy as long ago as 2014.[lxxxvi] The former Chief Medical Officer Sally Davies reiterated this call in 2019.[lxxxvii] Without a comprehensive document articulating how the UK Government will spend its ODA to health and contribute to the SDGs, the UK Government misses an opportunity to:

- Create a roadmap for the UK's role in delivering all commitments under SDG 3, including UHC and ending the preventable deaths of mothers, newborns and children, as well as working through the synergies between SDG 3 and all other SDGs, including ending poverty (SDG 1), zero hunger (SDG 2), gender equality (SDG 5), water and sanitation (SDG 6), and building strong and transparent institutions (SDG 16), amongst others;

- Assess the UK Government's work on global health against their pledge to 'leave no one behind' (contained in the 2030 Agenda for Sustainable Development) and DFID's 'leave no one behind' principles, and outline how these are translated into practice;

- Strengthen coordination and policy coherence across UK ODA to public health and prevention, through establishing departmental priorities across the range of government departments spending health aid and identifying opportunities for greater impact (for example, by having closer links between the funding for global health research and implementation);

- Bolster the UK's role as a champion of global health issues to external and internal stakeholders;

- Improve transparency and accountability around the UK Government's ODA to health;

- Support recovery post-COVID-19 and contribute to enhanced global health security and health systems resilience to future threats.

ii. SDG 3 – gaps in UK political commitments across some targets

The UK's wide range of political commitments to health globally have seen it make pledges and/or build political capital across the majority of SDG 3 targets. However, although some targets – such as 3.4 on non-communicable diseases (NCDs), 3.5 on substance abuse, and 3.6 on road traffic accidents – may benefit from UK funding (see section 4), they are not subject to the same level of political commitment. NCDs, for example, constitute 70% of health-related deaths, but receive less than 1.3% of development assistance of global health budgets.[lxxxviii] The UK Government backs investments in research and technical assistance in NCDs (albeit on a smaller scale than many other priorities) but has not generated significant momentum on the issue.[lxxxix] While the UK is a political leader in the field of research and development for health globally, and has been a high-profile backer of market-shaping approaches to improving access to medicines, it has not given the use of TRIPS flexibilities (a key element of SDG target 3.9) any support or profile in recent years, which will be even more important as a result of investments in COVID-19 vaccines. In other areas, political commitments are expiring and a renewed commitment has not been confirmed. This is particularly true for nutrition where commitments face a cliff-edge at the start of 2021.

BOX 4: Universal Health Coverage – a quieter champion making few dedicated commitments

Universal Health Coverage (UHC) has been praised by the UK Government in recent years, as a 'smart investment', and one which 'we cannot afford not to do'.[xc] The UK worked to secure a strong political declaration at the UN HLM on UHC.[xci] The Government has also stated its commitment to the achievement of health for all - and to building resilient health systems, particularly in light of COVID-19 - although there have been fewer statements on UHC than some of the health issues profiled above like AMR.[xcii]

In its political statements on UHC, the UK Government has often stressed the responsibility of countries in building their own health systems. For example, former Secretary of State for International Development Rt Hon Penny Mordaunt MP said 'we must focus on helping developing countries stand on their own feet and build sustainable health and education systems' while another former incumbent Rt Hon Alok Sharma MP has stated that 'countries must invest public resources in universal health coverage'.[xciii]

While no one would contest these statements – UHC is impossible without national leadership and allocation of sufficient domestic resources – recent UK high-level speeches and statements on the issue have not been accompanied by new aid commitments to the specifics of UHC, such as increased support to health system financing like budget support, or to strengthening financial risk protection, for example through user fee removal.[4] [xciv] Former Secretary of State Rt Hon Alok Sharma's speech to the UN HLM on UHC announced continued support for family planning for example, as a component of UHC.[5] [xcv]

4 It should be noted that the UK Government does not distinguish funding for UHC from overall health ODA spending however.

5 It should also be noted that the Government has supported strengthening the taxation systems in a number of developing countries to help grow domestic resources for health.

E. UK parliamentarians are strong in their commitment to global health

The political commitments of the UK Government may be variable in relation to global health, but parliamentarians from all parties have demonstrated and continue to support improving health in low- and middle-income countries.

The International Development Committee (IDC) of the UK parliament played a particular role - both as critical friend to the government, and champion across a number of health issues, which any replacement parliamentary committee should continue to pursue. The IDC's inquiry into DFID's work on HIV and AIDS, its examination of the response to Ebola in the Democratic Republic of Congo and evidence-gathering regarding the Global Fund to Fight AIDS, TB and Malaria and Global Polio Eradication Initiative have seen the committee draw attention to important areas for improvement across UK programmes.[xcvi] The IDC has pushed for renewed UK Government strategies for global health and called on the government to demonstrate strong political leadership in HIV to help safeguard the rights of vulnerable populations.[xcvii]

All-Party Parliamentary Groups (APPGs) have consistently proven to be valued defenders of the UK's ODA to health too. APPGs exist across global health areas, covering Global Health; HIV and AIDs; Malaria and Neglected Tropical Diseases; Reproductive Health; Nutrition for Growth; Tuberculosis; the UN SDGs; and Vaccinations for All, amongst others.[xcviii] Their role urging for a stronger UK role in global health, hosting inquiries, facilitating events for MPs and external stakeholders, and securing parliamentary debates, has been highly valuable. For example, the APPG on Global Health's support for the 'Nursing Now' campaign has sought to enhance investments in and the status of nurses worldwide, through joint events and research with WHO and the International Council of Nurses.[xcix]

Both the IDC and health-related APPGs have provided a means for MPs who champion global health issues to instigate and follow relevant debates. A 2019 Westminster Hall debate on UHC demonstrated the level of cross-party support for SDG target 3.8, and enabled strong statements to be made by MPs not only on the importance of and route to achieving UHC, but also on tuberculosis, the health of refugees, immunisation, polio, SRHR, and a number of other health priorities.[c]

"We know from our own experience that having a publicly provided universal health system, funded through progressive taxation and free at the point of delivery, is crucial to ensuring everyone can access the healthcare they need. It is only through putting people, rather than profit, at the heart of the agenda that we will ensure truly universal access to healthcare and meet the SDGs."[ci]

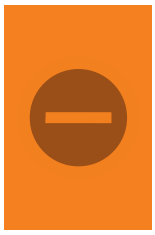
Preet Kaur Gill MP
Shadow Secretary of State for International Development, speaking during a Westminster Hall debate on UHC.

3.

Assessing the UK's Financial Commitments to Global Health

3. Assessing the UK's Financial Commitments to Global Health

Financial Prioritisation



Overall funding for global health

After a dip in overall amounts of ODA to health between 2013-16, the UK's total health spending has not yet returned to 2013 levels. Similarly, UK health spending as a share of total ODA has also declined significantly since 2013. It remains unclear to what extent the substantial cuts to the ODA budget, announced in July 2020, have affected the amount and share of ODA to health.

Multilateral funding

The UK Government is a consistent donor to global health multilaterals, such as UNITAID, WHO, UNFPA and UNAIDS. The UK is the third largest public donor to the Global Fund to Fight AIDS, TB and Malaria, and in June 2020, the UK Government pledged £1.65 billion to Gavi at the UK-hosted Global Vaccine Summit.

Bilateral funding

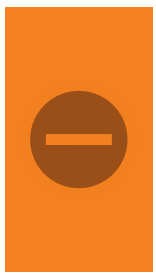
One in every £4 of bilateral ODA to health is now dedicated to medical research, and bilateral ODA to SRHR has grown almost tenfold since 2010. However, the proportion of bilateral health ODA allocated to basic healthcare has almost halved since 2013 and the share of dedicated ODA for health personnel has remained woefully low.

Funding channelled to Southern actors

Aid channelled through international NGOs, or NGOs based in donor countries, occupied 93% of all NGO finance from the UK ODA to health pot in 2018. For the two years with available data (since 2017), 95-96% of health ODA to the private sector was channelled to private actors in the provider (i.e. donor) country.

Funding channelled to recipient governments

The share of health aid channelled to recipient governments has declined by more than half since 2010. In 2018 aid to recipient governments comprised just £1 in every £10 of bilateral health ODA.



Cross-government funding

Compared to 2010, when almost all health ODA was delivered by DFID, 2018 saw spending outside of DFID accounting for a fifth of all UK health ODA. This cross-government approach has been embedded through the merger of DFID with the FCO to create the Foreign, Commonwealth and Development Office. Publish What You Fund's aid transparency review found that DFID and DHSC were the only UK Government departments ranked as 'very good' for transparency of aid spending.

The UK Government is the second largest government donor of DAH worldwide.[cii] In 2018, the UK's contribution accounted for 8.4% of all DAH globally across bilateral and multilateral donors, although this contribution reflected a reduction of 7.7% from 2017.[ciii]

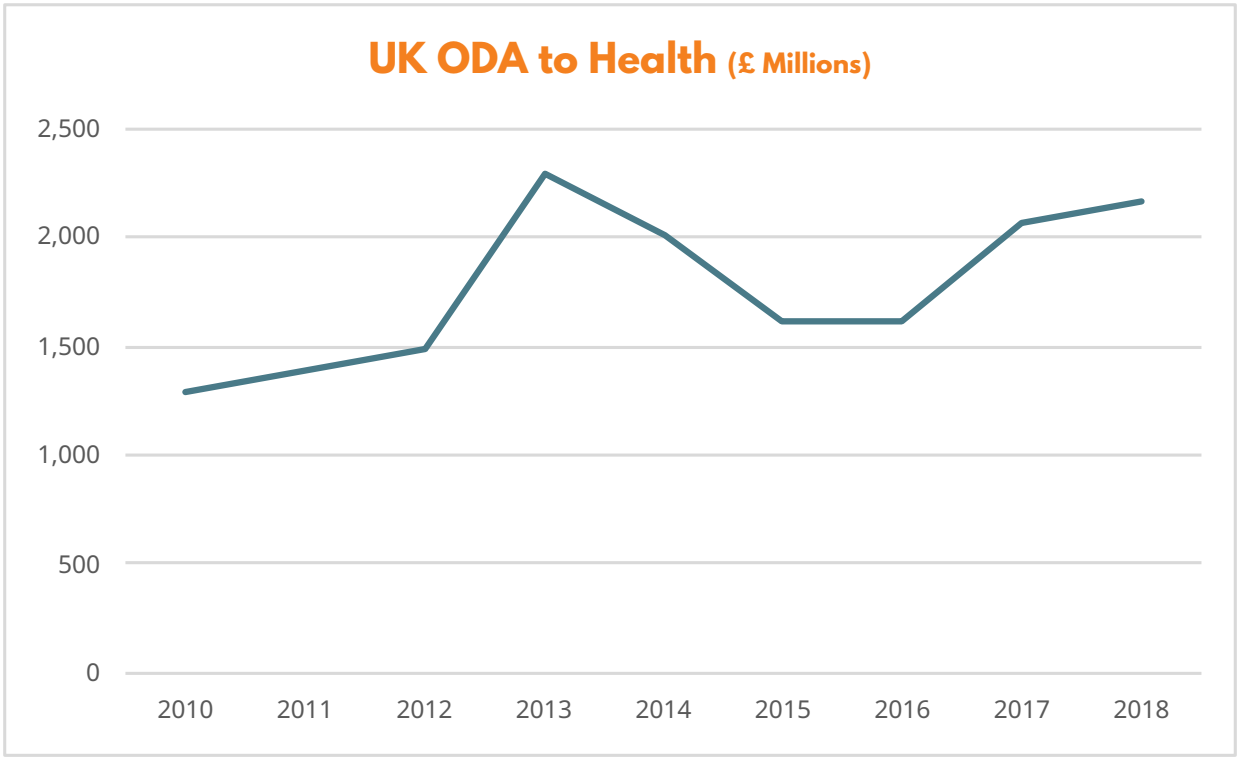
Our analysis of the UK's financial commitments to health globally has looked at trends in UK ODA to health from 2010-2018 (most recent published data), and their implications for meeting SDG 3 and for development effectiveness.[6]

A. The UK is spending less of its total ODA on health

i. Total UK ODA to health

The UK spent £2.16 billion in ODA to health in 2018.[civ] After a dip in overall amounts of ODA to health between 2013-16 (see Figure 1), the UK's total health ODA spending has almost returned to 2013 levels, although this does not account for inflation. Figure 1 shows how total UK health ODA volumes have changed since 2010.

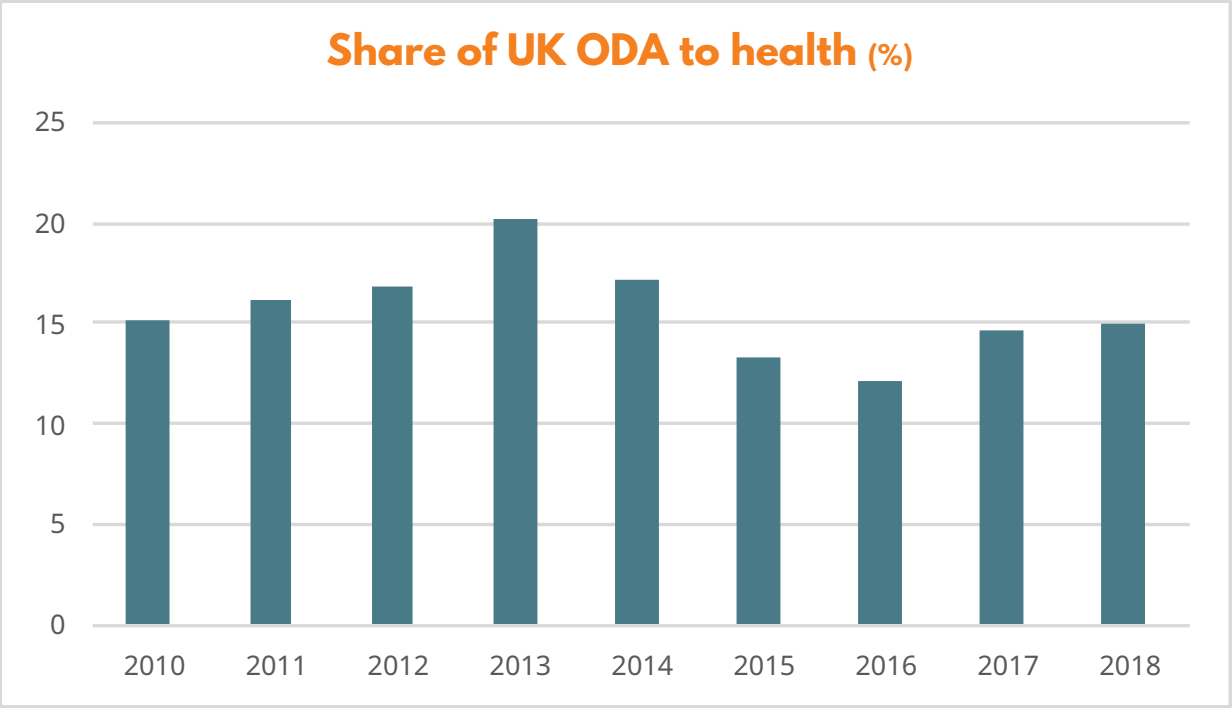
Figure 1: UK ODA to health (£ millions)[cv]



UK health spending as a share of total ODA has also declined significantly since 2013. In 2016, ODA to health dropped to a low of just 12.1% of total UK ODA spend (as compared to 20.1% in 2013). The share of ODA given to health has since increased, but in 2018 was still lower than it was in 2010-14, at 14.9% (figure 2).[cvi]

6 For section (a), the analysis considers the UK's total ODA to health, including (i) bilateral funding, (ii) bilateral funding channelled through a multilateral organisation where the UK have earmarked how the money will be spent, and (iii) core contributions to health multilateral organisations, in order to provide a complete picture of the total UK ODA to health. For sections b-e, the analysis refers only to the former two types of funding (ii and iii), hereafter referred to in the text as 'bilateral ODA', but does not include funding given as core contributions to multilateral organisations (iii).

Figure 2: Share of Total UK ODA spent on health (%)[cvii]



BOX 5: ODA cuts risk global health progress

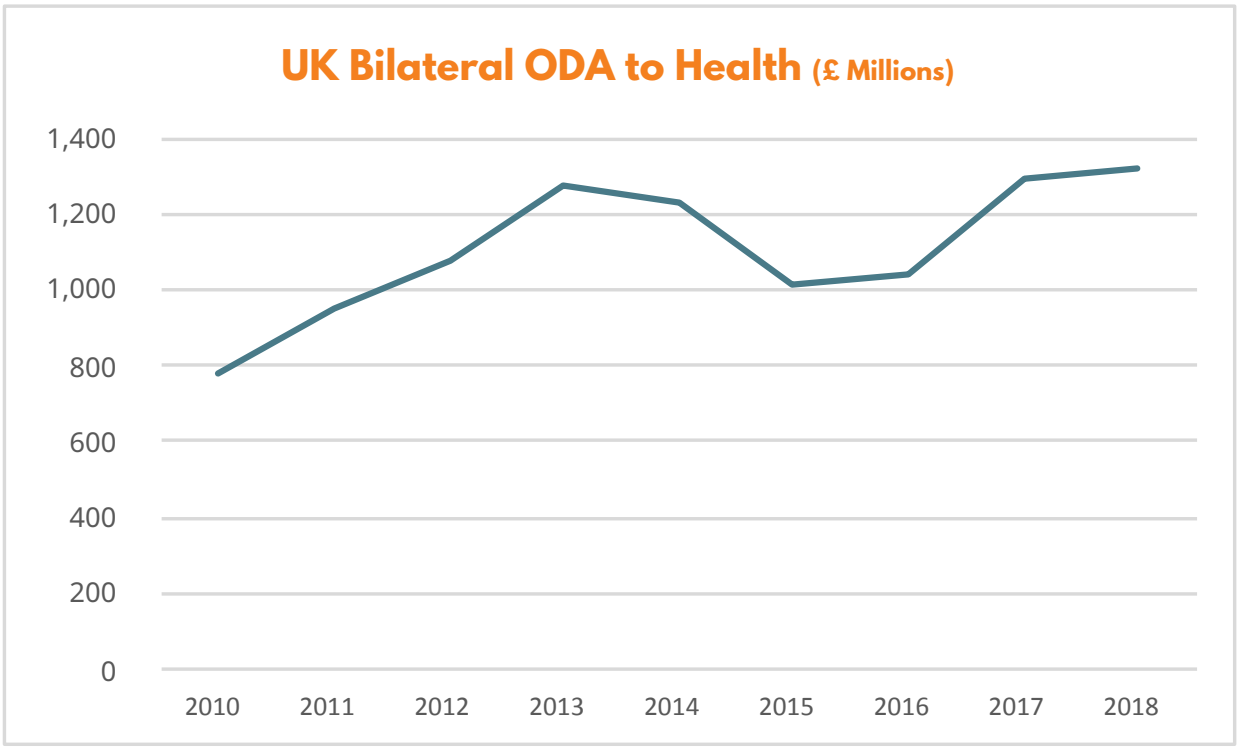
On 22nd July 2020, Foreign Secretary Rt Hon Dominic Raab MP announced £2.9 billion in cuts to the ODA budget, in response to the potential shrinkage of the economy and decreased value of the 0.7% commitment to aid.[cviii] Whilst the UK Government prioritised 'UK leadership in the global response to COVID-19' and 'the UK's science and research and development base' in terms of making cuts, global health more broadly (including non-COVID-19 health interventions) was noticeably absent from the list of priorities. Additionally, whilst manifesto commitments to girls education, media freedom and freedom of religious belief and climate change were included in the list of priorities, the remaining manifesto commitment to 'end the preventable deaths of mothers, newborns and children' was excluded. It remains unclear whether the resulting cuts have affected global health more severely and further reduced the amount and share of ODA to health. Reductions in health spending at a time of health systems coming under extreme strain and indirect health impacts increasing exponentially will clearly risk the UK's hard-won progress on global health in recent decades.

ii. Bilateral vs multilateral ODA to health

The divide between the UK's bilateral health ODA, and bilateral health ODA channelled through a multilateral organisation (i.e. where the UK has determined or earmarked how that funding will be spent) has remained fairly constant since 2010. In 2018, 66% of UK health ODA was channelled via bilateral programmes, with the remaining 34% routed through earmarked contributions to multilaterals.[cix]

The UK spent £1.32 billion in bilateral ODA to health in 2018.[cx] After a dip in overall amounts of bilateral ODA to health between 2014-17 (see Figure 3), the UK's bilateral health ODA spending has bounced back to 2014 levels, although this does not account for inflation. Figure 3 shows how UK bilateral health ODA volumes have changed since 2010.

Figure 3. UK bilateral ODA for health, 2010-18 (£ millions)[cxi]

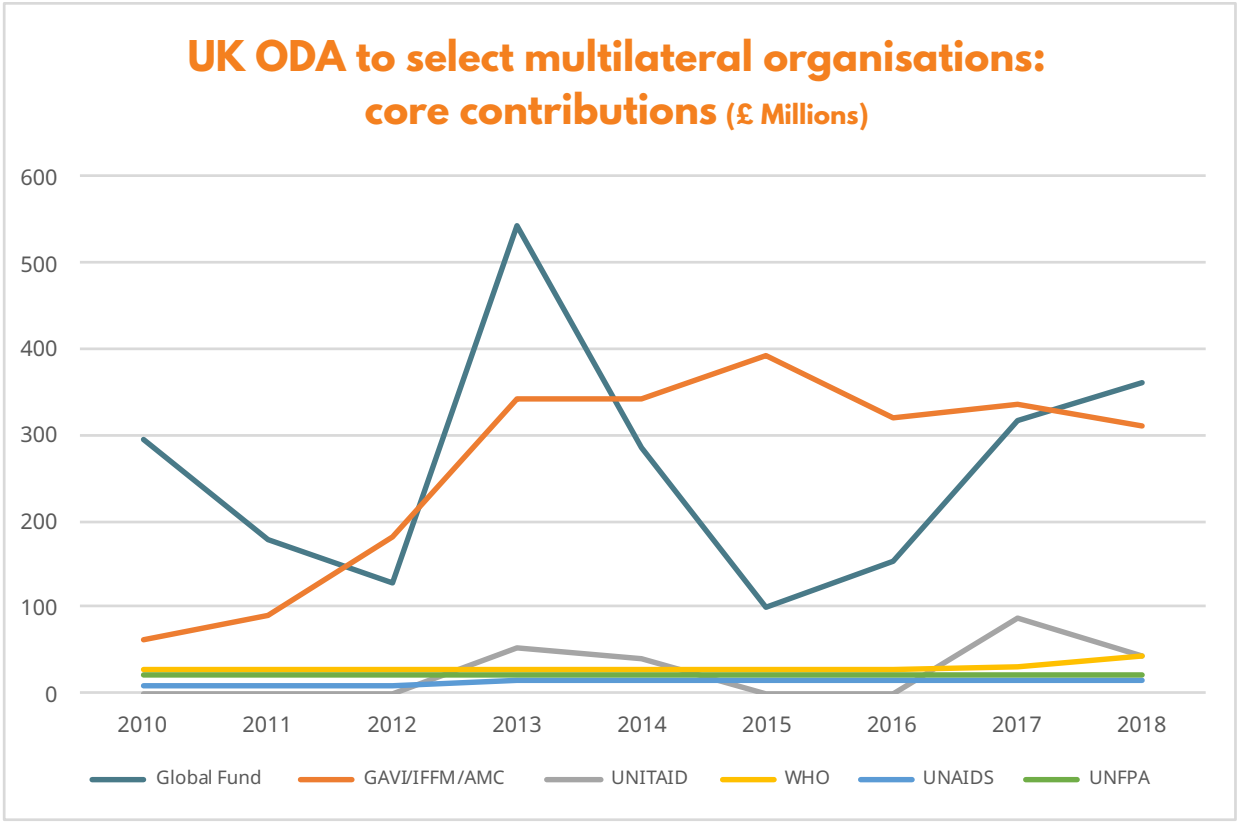


The UK also gives significant additional aid to health-related multilateral organisations in the form of contributions to their core budget ('core contributions'). Table 1 shows the estimated amounts invested in the health sector from the UK's multilateral core contributions, while flows to key global health partnerships and UN institutions via multilateral core contributions are shown in figure 4.

Table 1. Additional health sector UK ODA contributions via core contributions to multilateral organisations (imputed flows, £ millions)[cxii]

	2010	2011	2012	2013	2014	2015	2016	2017	2018
UK ODA to health sector via core contributions to multilateral organisations (£ millions)	504	444	412	1,024	773	582	561	777	845

Figure 4. UK ODA to select health-related multilateral organisations: core contributions (£ millions)[7][cxiii]



7 Spikes seen in figure 4 reflect timing of disbursements to multilateral organisations, rather than peaks and troughs in funding commitment. Figure 4 also does not reflect the total ODA disbursed to these organisations given many also benefit from earmarked 'bilateral through multilateral' contributions.

BOX 6: Multilateral contributions boost the UK's impact on progress towards SDG target 3.3

As figure 4 indicates, the UK Government is a major funder of the Global Fund to Fight AIDS, TB and Malaria, and Gavi, boosting its financial commitment to ending HIV and AIDS, TB, malaria and other infectious diseases. The UK is the third largest public donor to the Global Fund, with its latest commitment pledging £1.4 billion to cover 2020-22.[cxiv] At the UK-hosted Global Vaccine Summit in June 2020, the UK announced they would contribute £1.65 billion to Gavi between 2021-2025.[cxv] The UK has previously backed the partnership through direct financing (£1 billion for the period 2016-20), as well as its dedicated financing mechanisms the International Finance Facility for Immunisation (IFFm), and Advance Market Commitment (AMC).[cxvi] With regards to non-communicable diseases (NCDs), the UK Government was the first of three countries to provide funding to the WHO's FCTC 2030 project to support countries to attain the SDGs through strengthened implementation of the WHO FCTC.[cxvii] The UK also remains a consistent donor and Board member for Unitaid which also largely invests in tackling HIV and AIDS, TB and malaria, although contributions are much lower (totalling £527 million since 2006).[cxviii] DFID's representation on the boards of various global health multilateral institutions has been critical in pushing for their priorities, including 'leave no one behind'. These board positions should be maintained in the new FCDO, to ensure the UK Government continues to actively participate in and influence the broader global health architecture.

B. Africa and Least-Developed Countries receive the greatest share of UK bilateral health ODA

The 2015 UK aid strategy committed to providing more aid to the world's poorest countries, and at least 50% of UK ODA to fragile states.[cxix] This reorientation of the UK aid budget is largely reflected within the ODA to health portfolio. Since 2015, the majority of bilateral ODA to health channelled to a named country has gone to Least Developed Countries (LDCs) (figure 3). In 2018, this was equivalent to 30% of bilateral ODA to health or almost £400 million. In terms of regions, Africa benefits from the most funding at 47% of total bilateral ODA to health or £616 million in 2018 (figure 4).[cxx]

Figure 5. Total UK Bilateral Health ODA by country income grouping (%)[cxxi]

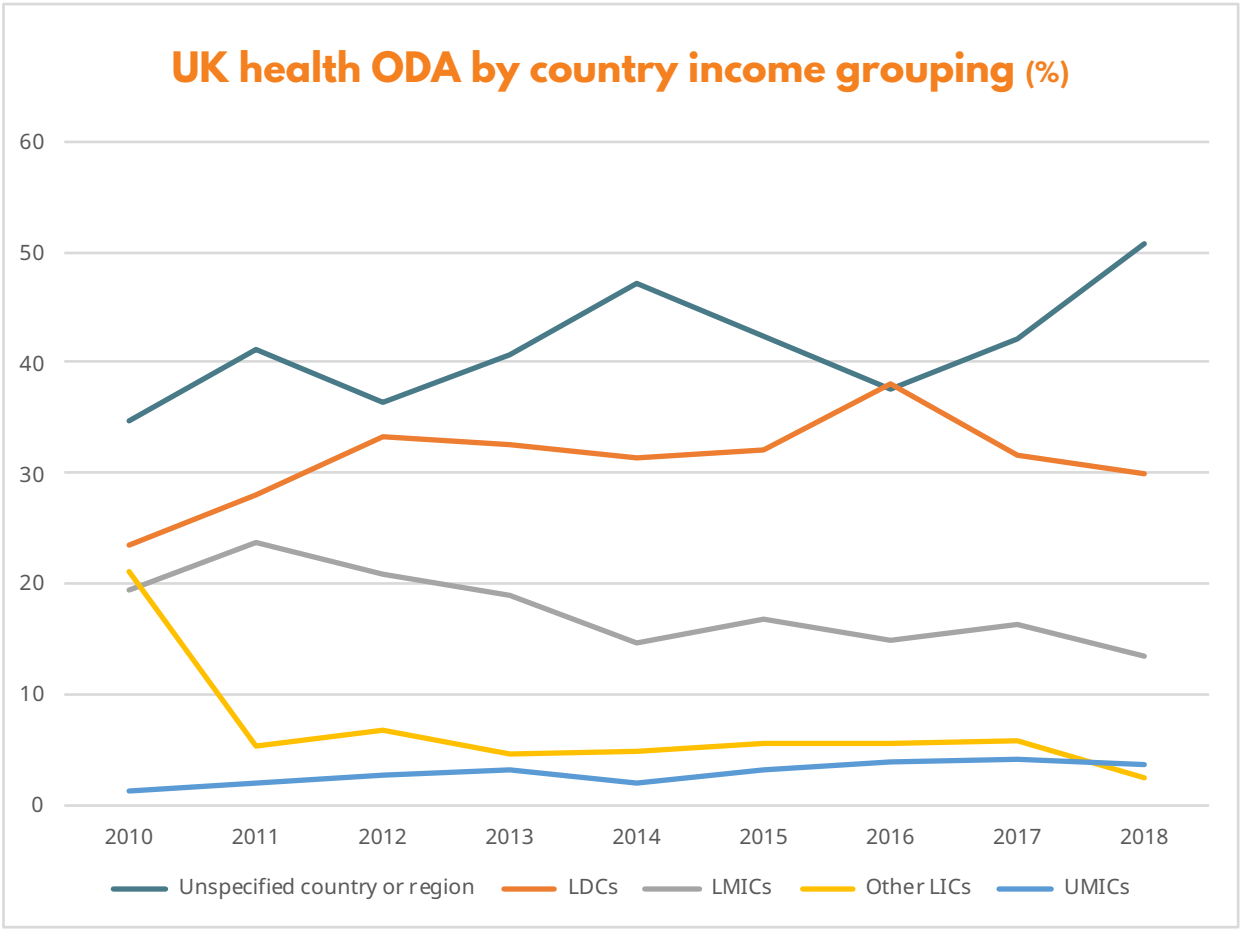
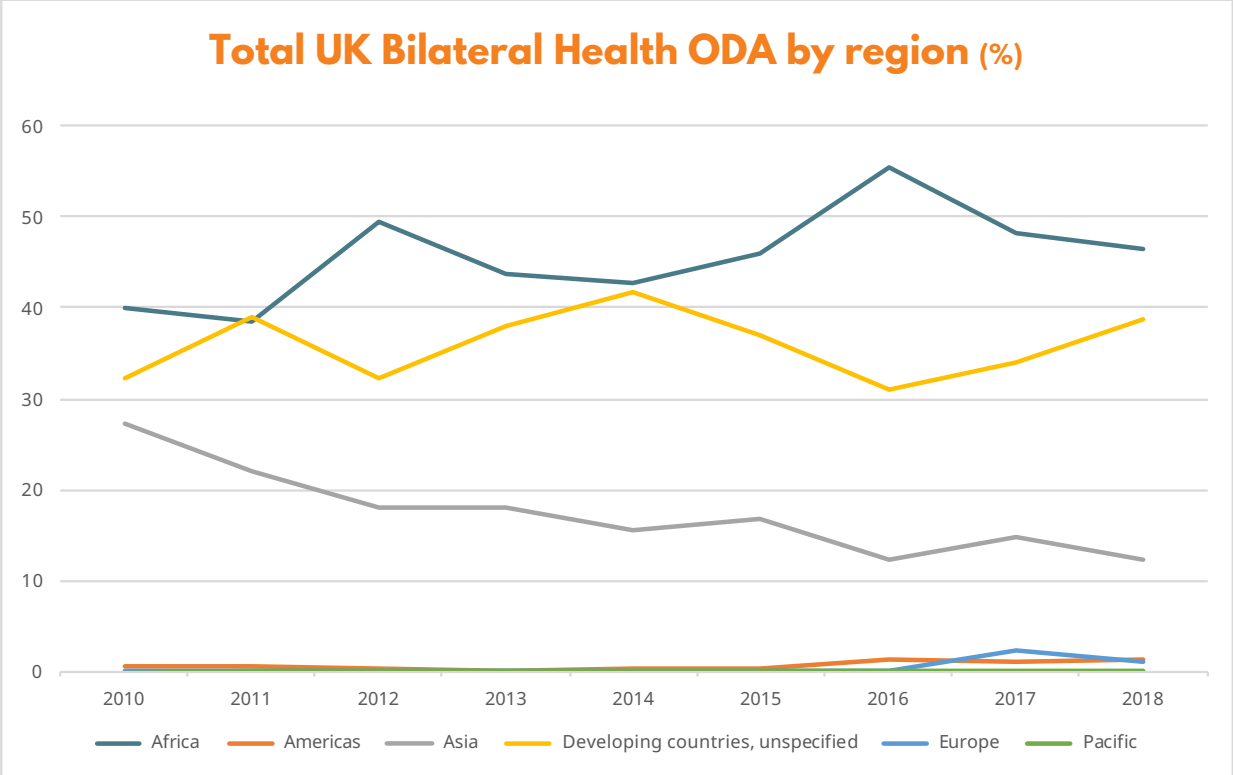


Figure 6. Total UK Bilateral Health ODA by region (%)[cxxii]



Unspecified developing countries account for the largest share by country income grouping, and second-largest by region, reflecting the UK's large multi-country health investments, or large funding streams not specific to a country.[cxxiii] Middle-income countries (MICs) now account for 17% of the UK's bilateral ODA to health, equivalent to £224 million in 2018.[cxxiv] This has dropped by a third from a high of 26% in 2011, in line with the UK's commitment to reduce aid to MICs.[cxxv]

BOX 7: The implications of transition: Moving UK health ODA away from middle-income countries

The amount and type of development assistance directed to middle-income countries (MICs) is highly contentious. The dominant international development paradigm adhered to by most donor countries until recently assumed that once a country reaches middle income country status, it would need progressively less ODA to fund its development and that ODA should be pulled completely once a country reaches upper middle income country (UMIC) status. This has been fuelled by limited public understanding of the role of ODA in MICs, particularly those that are themselves major economic powers.[cxxvi] In light of this, for a number of years the UK took the approach of channelling aid away from UMICs with little warning or planning for ensuring sustainability for the development gains made to date. As one former Secretary of State for International Development explained 'We won't fund governments who can afford to, yet choose not to, invest in their own people'.[cxxvii]

Yet at the same time, six out of every ten people living in poverty reside in MICs.[cxxviii] MICs account for more people going without coverage of essential health services than low-income countries, and financial hardship resulting from people paying for healthcare particularly affects these countries.[cxxix] Health outcomes remain very poor in many MICs too. For example, Nigeria is a lower-middle income country, but has the fourth highest maternal mortality rate in the world.[cxxx]

In transitioning bilateral health aid away from MICs – and overseeing this shift through its governance role within the major global health multilateral organisations like the Global Fund and Gavi – the UK (and other bilateral and multilaterals) were responsible for leaving countries with a sudden health funding gap which would jeopardise the achievement of SDG 3. This 'funding cliff' was in most cases a shock to a country's health system, leading to gaps in human resources for health, technical capacity and lowering the quality of healthcare.[cxxxi] In many countries there is little evidence of the scale up of domestic resources for health required to deliver SDG 3 and fill financing gaps, including those caused by transition.[cxxxii] In some there is even evidence of health being deprioritised within country budgets.[cxxxiii]

These potential hazards make careful planning and execution of the transition away from aid paramount. DFID's own approach to transition was investigated by the Independent Commission on Aid Impact (ICAI) in 2016, which found significant shortcomings and gave DFID an overall score of 'unsatisfactory in most areas'.[cxxxiv] In particular, DFID was found to be slow to translate transition objectives into plans for new partnerships, and weak in communicating around transition.[cxxxv]

DFID was found to manage its exit from countries more effectively where no new development partnerships were sought, although the review also found that 'in most cases, DFID did not manage the exit process in such a way as to minimise the risk of development reversals'.[cxxxvi] The impact of DFID's bilateral aid exit on local civil society has also been of concern as alternative funding streams are often not available.[cxxxvii] Indian civil society had remarked how this had led to a closing of civil society space more broadly.[cxxxviii]

Recognition of the huge challenges resulting from ineffective transitions and the loss of development gains have led the UK (and some other bilateral donors) to question what criteria they should be using to assess whether and how they should be working in a given country. DFID has not exited from a country it supports since 2015 and has now moved from a graduation to gradation approach – rather than leaving altogether they are changing the level and type of ODA support they provide. In 2019, DFID developed 'Guidance on Managing Transition', and Working Principles on Transition. These principles should help guide the planning and implementation of transitions, whilst serving to inform all relevant stakeholders involved in transitions of their role in the process and how the FCDO will engage with them.

C. UK bilateral investments in medical research and family planning grow

Beyond changes to the countries supported, UK bilateral ODA to health has shifted to fund different health interventions since 2010. Bilateral ODA to investment in medical research has risen dramatically in this time (figure 7). As recently as 2014, just 5% of UK bilateral health ODA was spent on medical research.[cxxxix] One in every £4 of bilateral ODA to health is now dedicated to medical research - by far the largest share of any bilateral health intervention - and equivalent to £345 million a year.[cxl]

This level of funding reflects the UK Government's aim to increase investment in the health research field and develop effective mechanisms – especially for issues linked to global health security and resilience, infectious diseases, underfunded areas of unmet need, as well as implementation research and how to operate health systems that can deliver. This approach is to make 'greater use of the UK's world-leading expertise' in life sciences.[8] [cxli] The focus on research to develop health products and the best solutions to global health problems makes a significant contribution towards a number of SDG 3 targets, especially 3.B (research and development) and 3.D (management of global health risks) (see section 4).

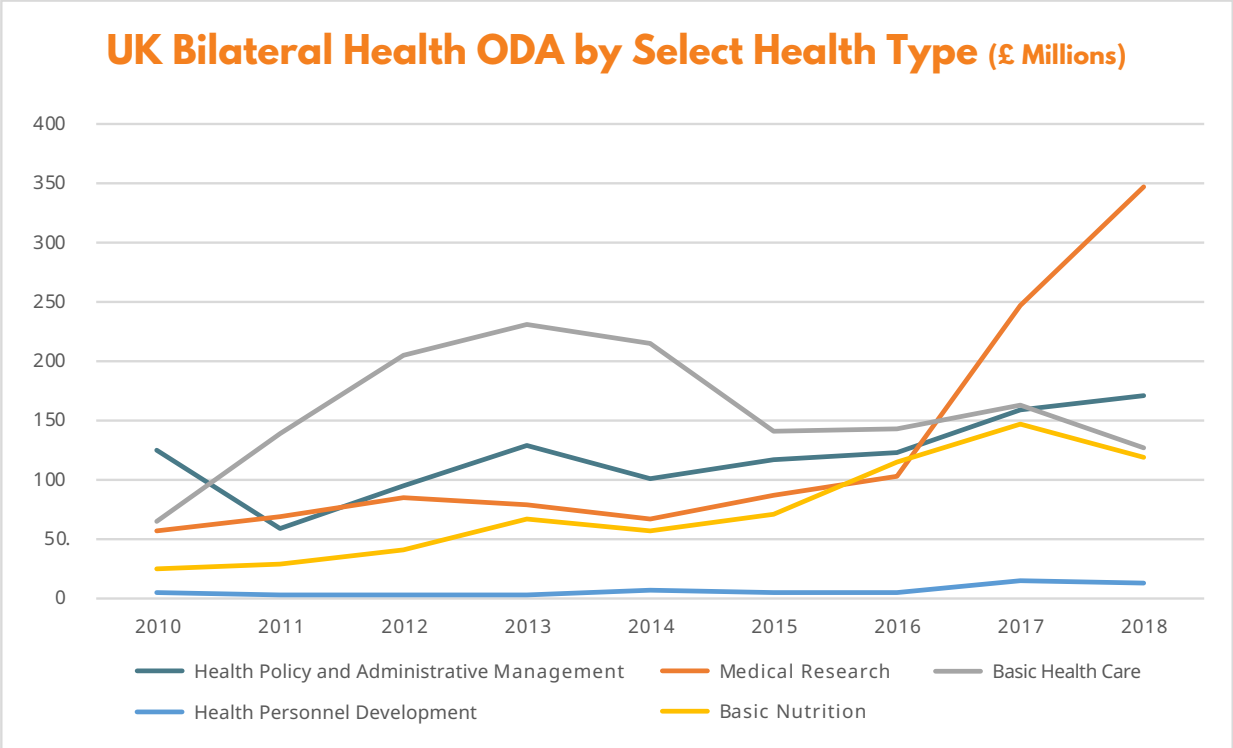
UK bilateral health ODA to SRHR, particularly family planning, has also grown almost tenfold since 2010, in line with the UK Government's political commitments.[cxlii] This increase in funding has impacts beyond SDG 3, particularly SDG 5 (achieving gender equality). Family planning now occupies 13% of all bilateral ODA to health spending (equivalent to £174.5 million in 2018), and almost half of all bilateral reproductive health and population funding.[cxliii]

8 The details of medical research initiatives and programmes supported are explored in section 4 below.

D. UK bilateral investment in basic healthcare shrinks

Bilateral investments across other health areas have declined in recent years. Since 2013, the proportion of bilateral health ODA allocated to basic healthcare has almost halved for example (figure 7).[cxliv] The share of dedicated ODA for health personnel has remained woefully low (figures 7 and 8).

Figure 7. UK bilateral health ODA by select health type (£ millions)[cxlv]



A number of disease-specific interventions have been deprioritised within UK bilateral ODA to health (figure 9). Dedicated bilateral funding for sexually transmitted diseases control and HIV and AIDS – a category housing much of the UK's bilateral aid for the global HIV response – has dwindled to less than 1% of all bilateral health ODA (just £11 million), when it accounted for a quarter of bilateral ODA to health in 2010. Malaria bilateral funding has also decreased by £136 million since 2013, leaving just £39 million for bilateral malaria programmes in 2018, equivalent to less than 3% of bilateral health ODA.[cxlvi] Bilateral funding for TB interventions has decreased to barely 0.4% of bilateral health ODA, a drop of more than 85% since 2010 despite a very low starting point.[cxlvii] These drastic reductions may not be of concern had health systems interventions been scaled up, integrating comprehensive responses to these diseases. However, given the decline in funding to basic healthcare, and growth in other specific areas the drop in bilateral aid to TB, malaria and HIV can be considered de-prioritisation within bilateral ODA.

However, beyond bilateral ODA, it is worth noting that the UK gives significant core contributions to multilateral organisations focused on these disease areas. Factoring in the estimated outflows from multilaterals (see Table 1 above), amounts to specific health areas are impacted, with an additional £131.6 million allocated to HIV interventions, £58.2 million to TB, and £202.4 million to basic healthcare in the same year.[cxlviii] Large investments in multilaterals undoubtedly make great contributions to improving health globally but should be paired with bilateral contributions if the funding gap to deliver the health-related SDGs – estimated to be £280 billion a year by 2030 – is to be met.[cxlix]

In particular, bilateral funding is critical to provide valuable opportunities for innovation and managed risk-taking, timely identification of catalytic funding gaps, and to strengthen health systems and national approaches to health. For example, initial seasonal malaria chemoprevention (SMC) pilots in Nigeria in 2013-2014, primarily funded through DFID bilateral funding and the Bill & Melinda Gates Foundation, were critical to the larger scale trials required for proof of concept.[cl] The success of these substantial trials in turn led to SMC becoming a pillar of Nigeria's National Malaria Program, and helped catalyse the UNITAID ACCESS SMC programme that saw the roll-out of SMC across seven countries in the Sahel.[cli]

Figure 8. UK bilateral health ODA by selected health interventions: Reproductive Health and Population Policies/Programmes (£ millions)

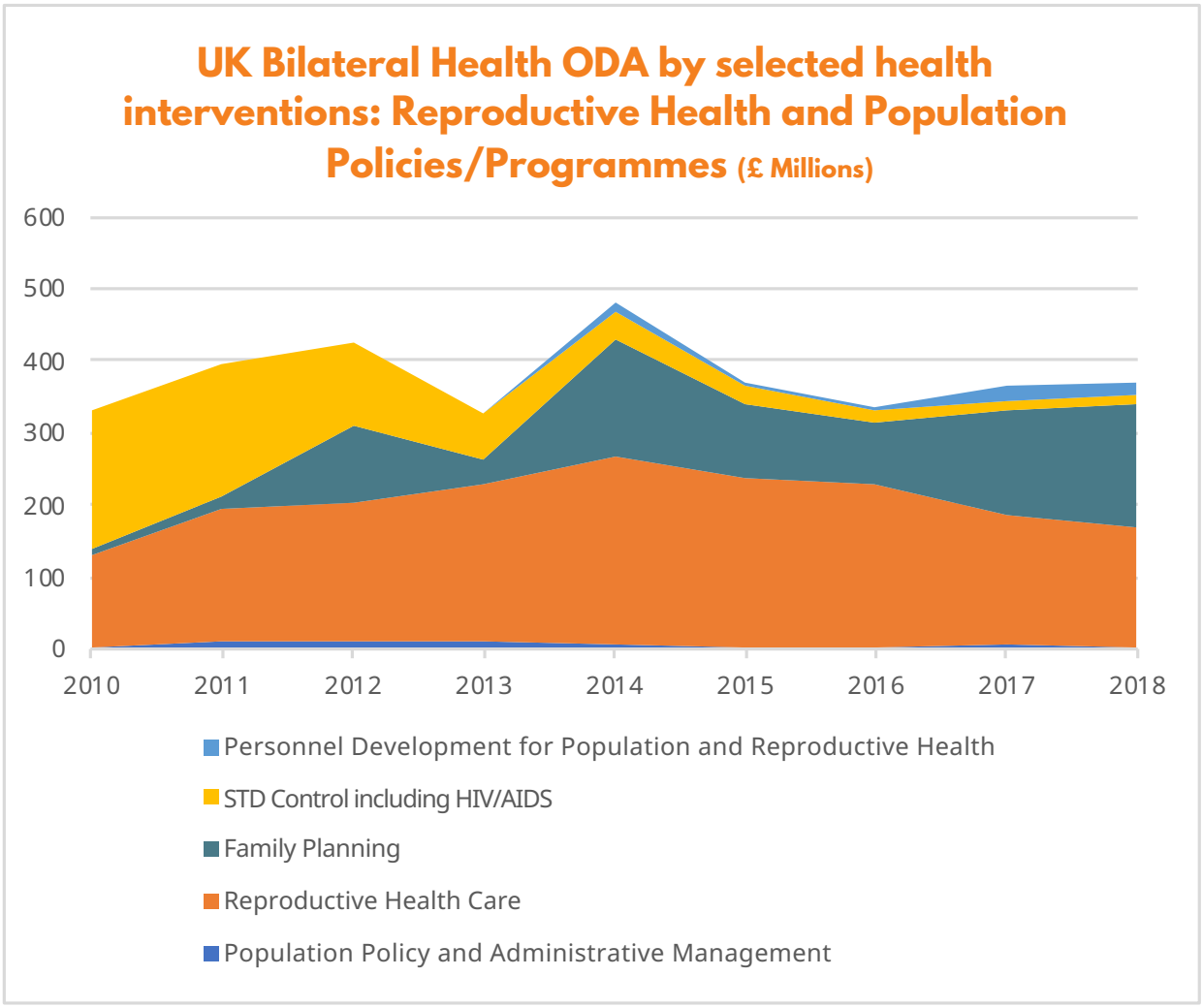
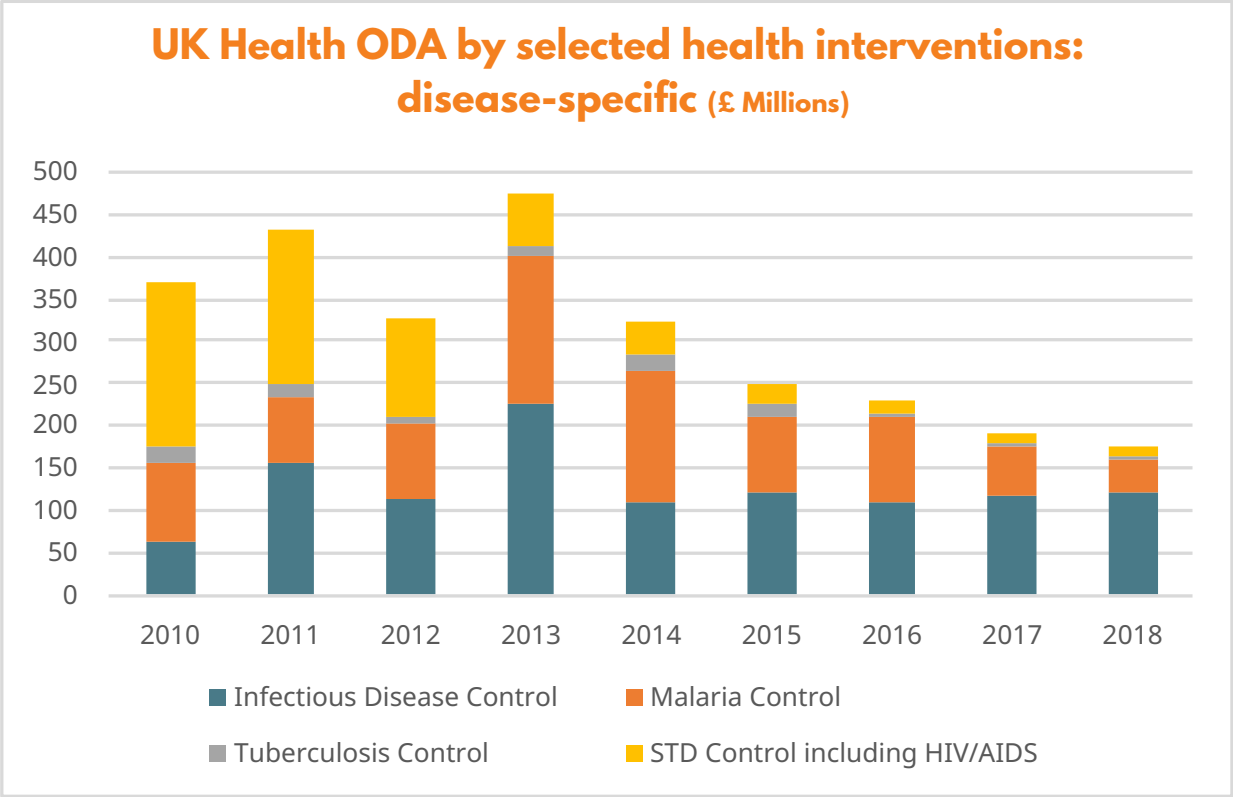


Figure 9. UK health ODA by selected health interventions: disease-specific (£ millions)



BOX 8: UK Spending on WASH and nutrition also contributes to health outcomes

Whilst this financial analysis focuses on the UK's contributions to global health (SDG 3), health outcomes are obviously impacted by UK spend in other intersecting areas, including (but not limited to) WASH and nutrition.

Lacking access to basic WASH facilities in low- and middle-income countries stops people having an equal chance to be healthy, and when WASH is absent in healthcare facilities, it undermines the safety, quality and dignity of health services for users and providers. Whilst the UK Government have championed the importance of investments in WASH, UK spending remains very low; the UK invests only 2% of bilateral aid in WASH, despite significant financing gaps to achieve SDG 6.

Good nutrition is also essential to human health and the effectiveness of health systems. In 2013, the UK hosted the first ever Nutrition for Growth (N4G) Summit, at which the UK committed an additional £375 million in nutrition-specific programmes (equal to a total spend of £574.8 million), £280 million in matched funding for new financial commitments, and to increase its nutrition-sensitive spending by 8 percentage points (equal to spending £2.1 billion.[cliii] However, these commitments end in 2020, so it is critical that the UK continues to renew their funding to nutrition, to avoid putting the significant progress made-to-date in jeopardy.

In 2018, the UK's total aid spending for nutrition decreased by 5.9% ($56m) compared to 2017, and spending on nutrition-specific investments decreased by 20%.[cliii] Despite a world-leading approach to tackling malnutrition, which has seen over 50 million children, women and girls reached with nutrition programmes since 2015, nutrition-related commitments in 2018 decreased sharply to $114.2m, raising concern for the future direction of travel.[cliv] Nutrition is an essential component for quality UHC[clv] but only 15% of the UK's nutrition-sensitive spend in 2018 was through the health sector with a decline of $63.1m on 2017.[clvi]

E. How is UK bilateral ODA for health channelled?

i. More UK bilateral health ODA goes to actors in the Global North, and less to directly supporting governments

In recent years, bilateral UK health ODA channelled via universities or other teaching/ research institutions has increased (figure 10). This tallies with the growth of UK ODA invested in health research. Yet while some efforts have been made to ensure research grants go to universities or other research institutions in low- and middle-income countries, a disproportionate number of UK ODA-funded programmes are run by universities in the global north, and in particular those based in the UK.[clvii]

Since 2010, there has been significant growth in aid channelled through international NGOs, or NGOs based in donor countries, with these two categories occupying 93% of all NGO finance from the UK ODA to health pot in 2018 (figure 11). Since 2017, ODA going to private sector institutions has also been tracked within UK aid statistics (figure 10). For the two years with available data, 95-96% of health ODA to the private sector is channelled to private actors in the provider (i.e. donor) country.[clviii] A 'mutual prosperity' agenda designed to increase the market share of UK businesses raises serious questions over the UK's commitment to untied aid. While NGOs, academic institutions and private sector organisations in certain circumstances based in the UK or other donor countries have a role to play in delivering SDG 3 targets and supporting in-country work in low and middle-income countries, it is essential we ask ourselves whether the current balance of funding is the right one and whether some of these trends are in fact undermining UK efforts to contribute to global health goals and leave no one behind. Whilst much funding may be channelled from UK-based entities to local entities, there is a need for increased measuring and reporting on the exact percentages and funds reaching local partners. Additionally, the very low direct funding of actors in the global south has obvious implications for development effectiveness principles, including undermining country ownership, and failing to prioritise investment in Southern organisations. A 2019 ICAI report into DFID's partnerships with civil society found its focus on UK organisations did not further localisation of development.[clix] More generally, the ICAI investigation found that the complexity and lack of predictability in DFID's funding mechanisms for civil society could hinder the effectiveness of civil society support.[clx]

Figure 10. UK health ODA by channel of delivery (£ millions)[clxi]

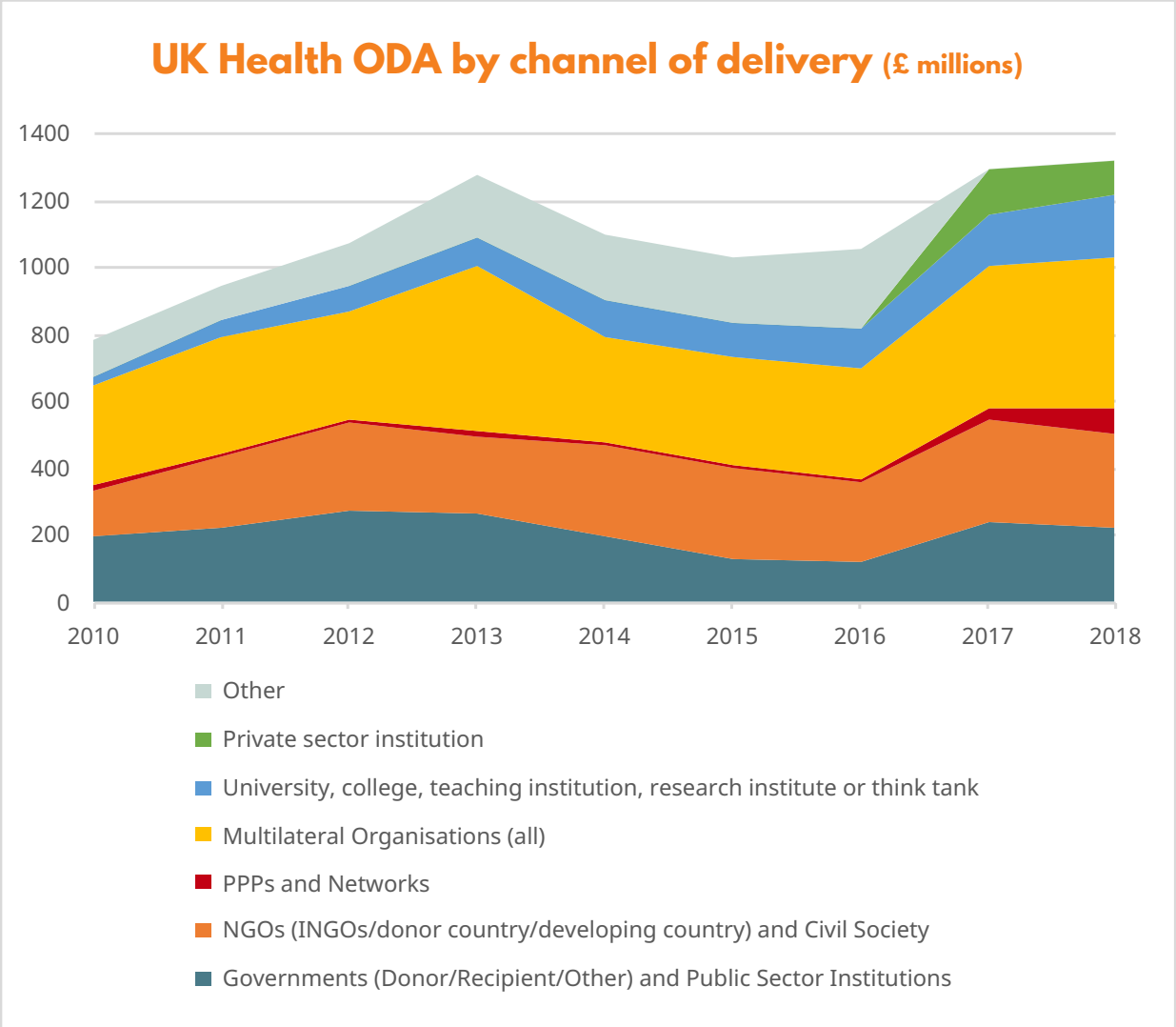
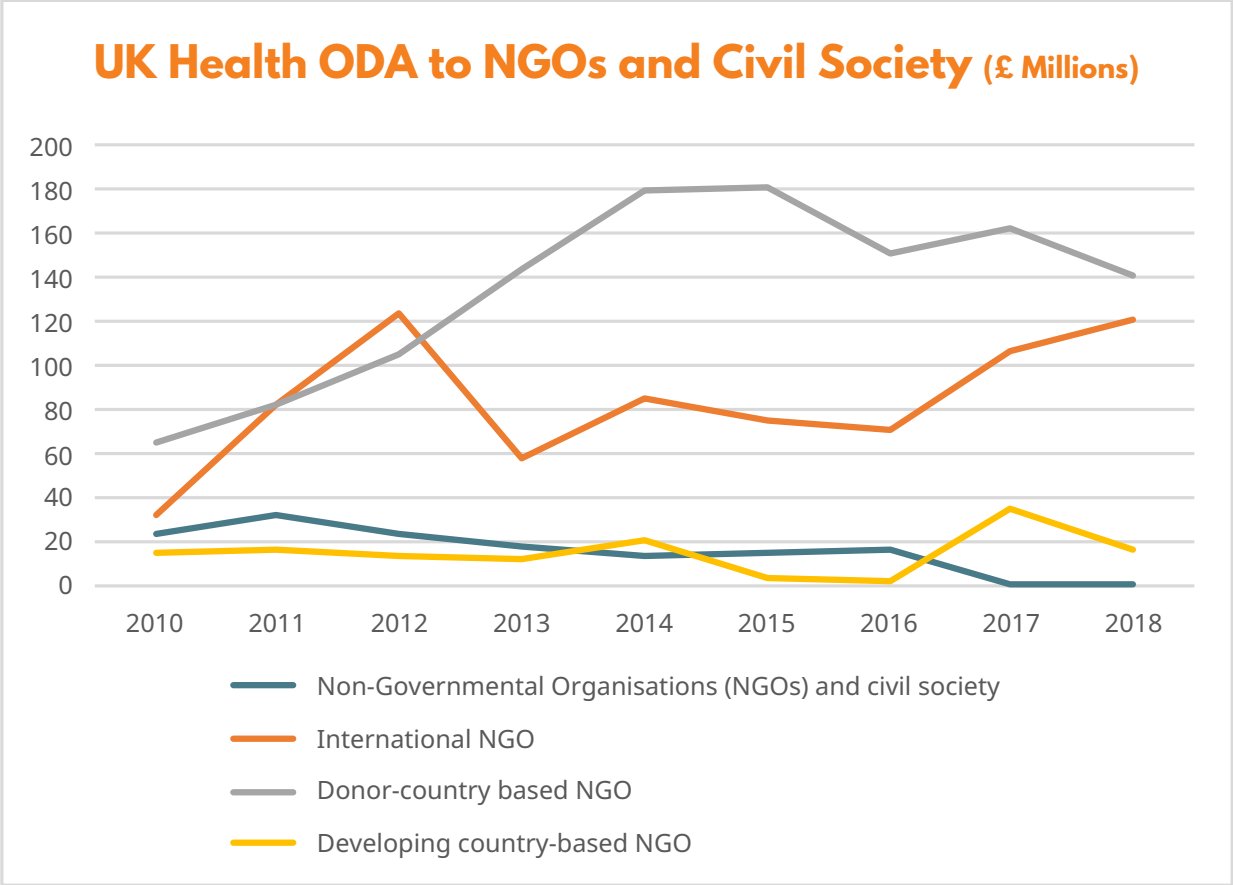


Figure 11. UK health ODA to NGOs and Civil Society (£ millions)[clxii]



Furthermore, the share of health aid channelled to recipient governments has declined by more than half since 2010 (figure 12). In 2018 aid to recipient governments comprised just £1 in every £10 of bilateral health ODA.[clxiii] Similarly, UK sector-specific budget support for health has declined by 94% since 2013.[clxiv] Whilst funding channelled through many multilateral institutions does go through government systems, scaling back bilateral budget support risks undermining country ownership (critical to the achievement of UHC), transparent resource allocation to the health sector budget, and the development of sound government public financial management systems. The latter in particular reduces further the likelihood of channelling bilateral aid through government budgets and systems.

Figure 12. Share of UK health ODA by channel: recipient government (%)[clxv]

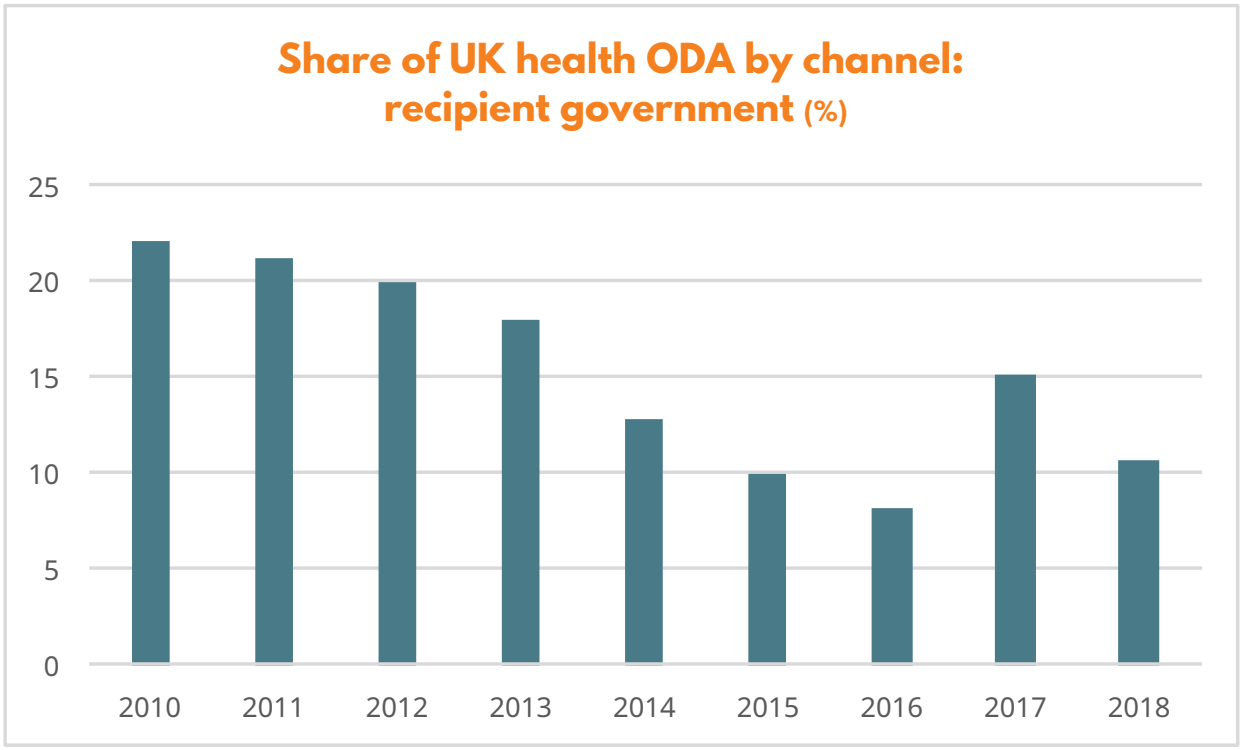
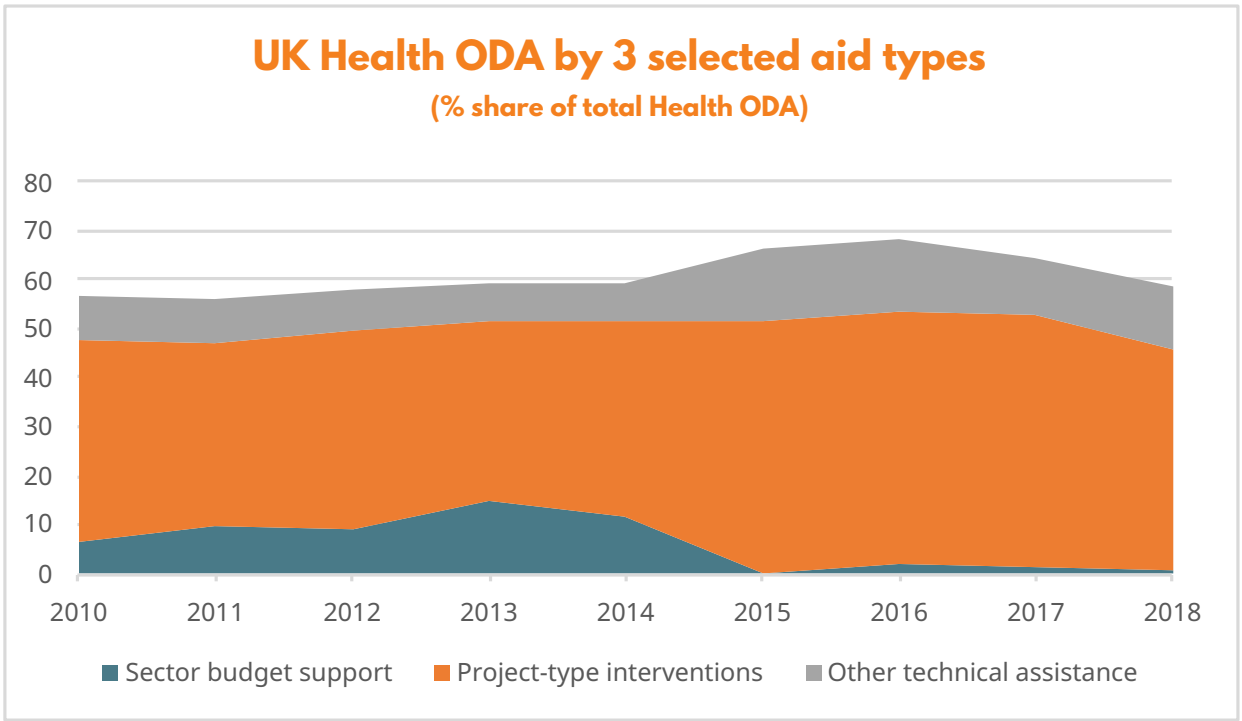


Figure 13. UK health ODA by 3 selected aid types (% share of total health ODA)[clxvi]



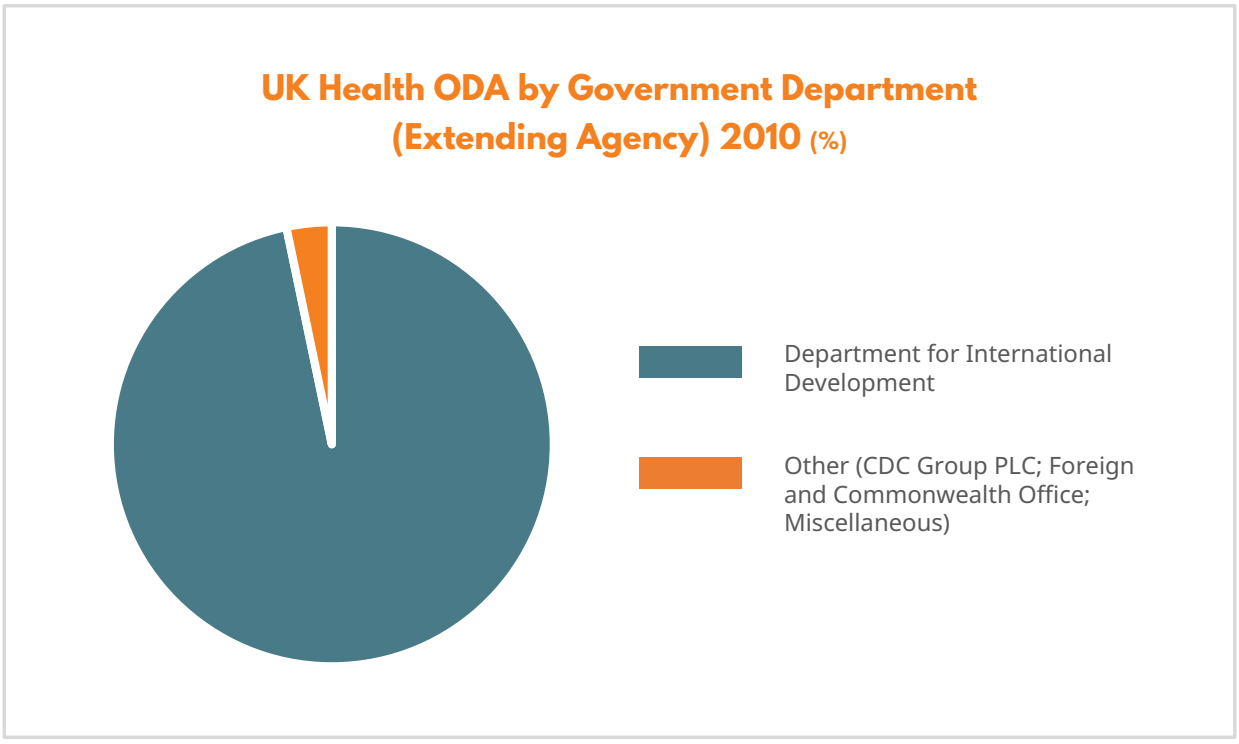
F. UK ODA has become a cross-government effort

Compared to 2010, when almost all health ODA was delivered by DFID, 2018 saw much more aid administered by other government departments (figures 14 and 15). Spending outside of DFID in 2018 accounted for a fifth of all UK health ODA.[clxvii]

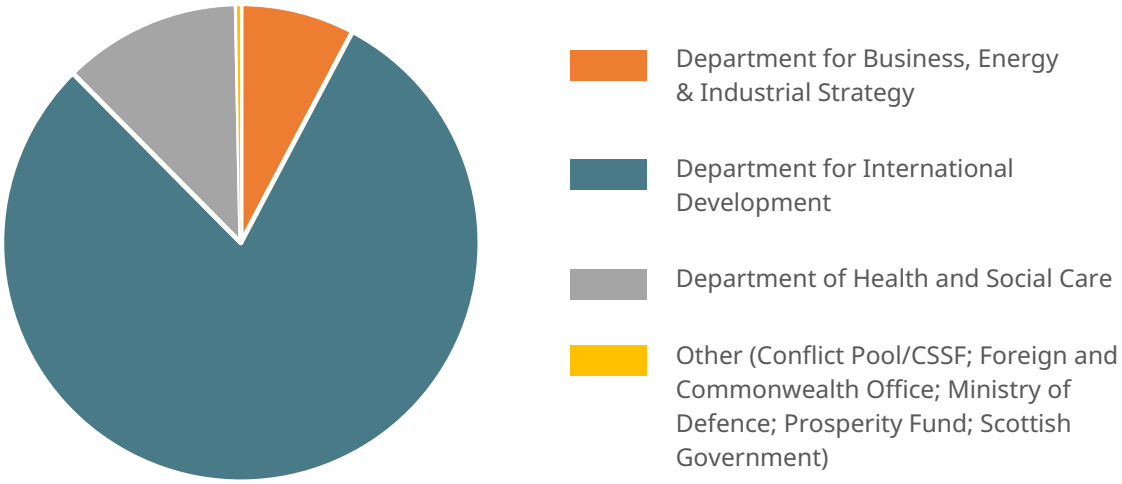
The UK committed to developing more of a cross-government approach in their 2015 strategy, delivering more aid outside DFID, and developing a number of cross-government funds.[clxviii] This decision has been contentious; the International Development Committee (IDC) 2018 inquiry found that spending ODA outside of DFID created inherent risks in terms of coherence and transparency across ODA investments, as well to UK ODA's poverty reduction focus.[clxix] The IDC found that spreading spend across Whitehall raises concerns over some ODA programmes duplicating or even contradicting others.[clxx] Additionally, Publish What You Fund's aid transparency review found that DFID and DHSC were the only UK Government departments ranked as 'very good' for transparency of aid spending.[clxxi]

This cross-government approach to ODA has been embedded through the merger of DFID with the FCO to create the new Foreign, Commonwealth and Development Office (FCDO). Responding to the concerns cited above, the FCDO will need to protect and build on DFID's expertise in terms of transparency, whilst also maintaining a cross-government approach to global health to ensure policy coherence across all health ODA spending. This coherence can also be achieved through the FCDO continuing and chairing the Global Health Oversight Group, to ensure a coordinated approach to health ODA across multiple departments.

Figures 14 and 15: UK Health ODA by Government Department (Extending Agency), 2010 and 2018 (%).



UK Health ODA by Government Department (Extending Agency) 2018 (%)



4.

Assessing the UK's Programmatic Commitments to Global Health

4. Assessing the UK's Programmatic Commitments to Global Health

Programmatic Prioritisation

Strengthening health systems

UK programmes have expanded access to affordable medicines and across a number of essential health services, including maternal and child health, sexual and reproductive health, nutrition, and tackling communicable diseases. However, funding for non-communicable disease programmes is minimal, and the UK neglects health system components in their programming. There has been insufficient focus on strengthening national health infrastructure to deliver sustainable improvements and the UK's preference to work with non-state providers has been found to risk displacing public sector provision. Similarly, whilst the UK makes a leading contribution to global health security, an ICAI investigation found that health system interventions within these programmes need more emphasis.

Health workforce

The UK allocates very little ODA to programmes dedicated to supporting the training, recruitment and retention of health workers. This is a particularly vital area, given that 8 million more health workers are needed to achieve UHC by 2030 in low- and middle-income countries.

Strategies advancing UHC

All programmes assessed within the portfolio of UK health ODA can be seen to contribute to the umbrella goal of UHC. However, our analysis found that the UK's contributions towards increasing financial risk protection and eliminating out-of-pocket payments across their programmes presents a mixed picture. Recently, CDC's own assessment of one of their hospital investments concluded that it is unclear if the patients avoid catastrophic health costs.

Today, the UK Government has a total of 240 active ODA programmes identified as contributing to the health sector.[9] To build an in-depth understanding of UK ODA to health, this study has gone beyond the overview of financial statistics and analysed in detail the nature and composition of the UK's current health ODA investments. Through reviewing project descriptions, annual reviews and other documents, the research has mapped how active UK health ODA programmes set out to contribute to the achievement of targets under SDG 3. The below presents a short summary of these findings under each SDG 3 target, as well as additional concerns or trends identified through the detailed portfolio review process and review of documentation from the Independent Commission on Aid Impact (ICAI), parliament's International Development Committee (IDC), and other actors.

It should be noted that as this research is concerned primarily with the progress UK ODA is supporting towards the realisation of SDG 3, health and non-health ODA programmes which target the social determinants of health – such as interventions in nutrition, water and sanitation, hygiene behaviour change and education – are not analysed in detail in this section.

9 This figure refers to all programmes with a health component identified by sector on the 'Devtracker' website in December 2019 Programmes were identified by checking all active health projects categorised by sector, and then all departments active health projects for the following government departments: DFID, Foreign and Commonwealth Office, Department for Business, Energy and Industrial Strategy, Cabinet Office, Department of Health and Social Care, Commonwealth Development Corporation. 108 specific projects identified through the Medical Research Council pages were excluded from this analysis, as overview funding calls were presumed to be included (via DHSC etc). The figure of 240 may include some other duplications where overview programmes and their components are counted separately however (e.g. 'Better Health Programme' and 'Better Health Programme – Mexico' have been counted as two programmes).

Maternal and child health:

UK invests in large-scale programmes, but neglects health system components (SDG target 3.1 and 3.2)[clxxii]

SDG 3.1	By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
SDG 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.
Examples of active UK projects	• The **Malawi Health Sector Support Programme (£109.8 million)** sets out to ensure 2.3 million deliveries with skilled birth attendance, as well as better equipping health facilities with blood supplies and essential medicines. It also aims to treat 4.3 million children for pneumonia and 25 million children for malaria throughout the programme period. • DFID, DHSC and cross-government initiatives like the **Ross Fund** are funding research into child mortality, for example funding research into stillbirth via the **National Institute of Health Research (Global Health Research Units and Groups – Call 1).** • DFID's longstanding support for **GAVI** and its financing mechanisms **(International Finance Facility for Immunisation,** and **Pneumococcal Advanced Market Commitment)**, will total £1.44 billion from 2016 to 2020. The UK's backing of GAVI has contributed to the immunisation of an additional 640 million children since the year 2000. • The **Somali Health and Nutrition Programme (2016-2021, £89.6 million)** brings together a large consortium of health actors to reduce Somali maternal and under-five mortality through the provision of services delivering an essential package of health and nutrition interventions and by creating demand for services.

Summary

Our portfolio review found a number of active ODA projects which are focused on improving maternal, newborn and child health. Many DFID bilateral aid programmes prioritise interventions to tackle newborn, child and maternal mortality such as immunisation, skilled birth attendance and antenatal care. Flagship initiatives like the **Maternal and Newborn Child Health Programme (£133.2 million) in Nigeria and Reducing Maternal and Newborn Deaths in Kenya (£64.7 million)** target both goals.[clxxiii] DFID's large programmes which focus on humanitarian needs include similar maternal and child health interventions, as do the majority of broader health system support grants. Prevention and treatment of malaria and other major diseases affecting children like pneumonia also feature strongly within DFID's health system support programmes, including the **Malawi Health Sector Support Programme (£109.8 million).**[clxxiv] Additionally, the **Somali Health and Nutrition Programme (£89.6 million)** is an example of effective integration of nutrition services into other health service provision, although this does not extend to most DFID health programmes.[clxxv]

However, a 2018 ICAI review into DFID's maternal health programmes between 2010-15 found that DFID has expanded access to some health services, but 'in the face of severe shortages of skilled personnel, equipment and supplies, [DFID] has struggled to raise service quality to the extent needed to improve maternal health outcomes.'[clxxvi] An unbalanced portfolio across family planning, health services and other interventions has failed to maximise impact and seen insufficient focus on strengthening national health infrastructure to deliver sustainable improvements.[clxxvii] DFID's preference to work with non-state providers has, in many cases, been found to risk displacing public sector provision.[clxxviii] While ICAI found DFID was working to extend services into poor and remote areas, efforts to reach poor, young and marginalised women were insufficient.[clxxix]

Beyond bilateral programmes, many UK Government investments in multilaterals support reproductive, maternal, newborn child and adolescent health – including the backing of the **Global Financing Facility and Health Results Innovation Trust Fund**. UK backing of the **Global Fund to Fight AIDS, TB and Malaria, UNITAID** and other multilaterals have also contributed to child health, through supporting paediatric antiretrovirals to treat HIV for example. The UK's £400 million backing of the **Global Polio Eradication Initiative** for the period 2013-19 has similarly made a significant contribution to child health, with polio confined to just two countries as of 2017.

Maternal and child health feature within the UK Government's strong health research portfolio too.[clxxx] Large-scale UK ODA investments across family planning, health systems – and outside of the scope of this analysis nutrition, and water and sanitation – also contribute to SDG targets 3.1 and 3.2.

Communicable diseases:

UK is a leading donor to multilateral organisations, but bilateral funding decreases[10] (SDG target 3.3)

SDG 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.
Examples of active UK projects	• The **Accelerating Sustainable Control and Elimination of Neglected Tropical Diseases (Ascend) programme 2019-2022 (£220m)** is an investment to advance the impact and sustainability of national programmes tackling NTDs in South Asia and Africa. This programme includes ringfenced funding for work to strengthen WASH and NTD data, coordination and advocacy. • DFID supports a number of programmes targeting the eradication and/or control of neglected tropical diseases (NTDs), including guinea worm **(Eradication of Guinea Worm Disease Programme 2018-22 (£25 million))** and trachoma **(Ending Blinding Trachoma in the Commonwealth (£20 million)).**[clxxxi]

10 The UK's contribution to Ebola epidemics is considered under section 4 (g).

Summary

The drastic cuts to bilateral health ODA spending in HIV, TB and malaria programmes have been assessed in the financial analysis in section 3 above. Unsurprisingly, assessment of the portfolio of active UK health projects found comparatively few programmes addressing the three diseases directly, although malaria remains the focus of a number of dedicated grants, such as **Strengthening Uganda's Response to Malaria, £43.6 million.**[clxxxii] Malaria remains a central pillar of a high number of maternal/child health or health systems programmes too, some of which like the **Malawi Health Sector Support Programme (£109.8 million)** also support interventions in HIV and TB.[clxxxiii] In HIV, DFID's main dedicated programme is its support to the **Robert Carr Civil Society Network Fund (£15 million)** which funds civil society networks working on the HIV response, while TB only features within a few broader programmes and has no dedicated funding.[clxxxiv]

That limited bilateral programmes are supplemented by the UK's support for multilateral organisations The Global Fund to Fight AIDS, TB and malaria, Unitaid and UNAIDS has been documented (see box 6). However, multilateral investments do not substitute for the decline in bilateral programming for the three diseases. In infectious diseases more broadly, UK investment in Gavi and the Global Polio Eradication Initiative (GPEI) also plays a very significant role: Gavi is on track to vaccinate 300 million children globally between 2016 and 2020.[clxxxv]

Neglected Tropical Diseases (NTDs) are one focus area of the cross-government **Ross Fund** which for example, invests in the development of new medical products to prevent, diagnose and treat NTDs **(Ross Fund portfolio – product development (£349 million)).** [clxxxvi]

Non-Communicable Diseases (NCDs):

UK funding for NCDs is minimal, and channelled through the 'Prosperity Fund' (SDG target 3.4)

SDG 3.4	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 UK projects	The **Better Health Programme (£79.3 million)** of the **Prosperity Fund** will invest in tackling non-communicable diseases in eight countries, through helping partner governments to develop strategies and guidelines to develop and treat NCDs, and supporting research and development partnerships.[clxxxvii 11]

11 The Prosperity Fund is a cross-government initiative. The following departments are active in the Better Health Programme: Foreign and Commonwealth Office, Department of Health and Social Care, Department for International Development, Department for International Trade. The programme is led by the Foreign and Commonwealth Office and oversight of the Prosperity Fund across government is provided by the Joint Funds Unit under the Cabinet Secretariat. The NHS is a Strategic Partner to the programme.

Summary

Our portfolio analysis found that UK health ODA invested into tackling non-communicable diseases (NCDs) is minimal, and that the **Better Health Programme** of the **Prosperity Fund** is the UK Government's primary programme investing in NCDs. While the **Better Health Programme** is in its implementation phase, a 2017 ICAI rapid review raised significant concerns in relation to the **Prosperity Fund** more broadly; ICAI highlighted that the expected speed of implementation of the Fund's programmes risked compromising delivery, and that the initiative lacked transparency.[clxxxviii] The UK parliament's former International Development Committee (IDC) has since raised grave concerns about the Fund's business focus, stating that 'the heavy emphasis of the **Prosperity Fund** upon promoting UK trade risks losing the rightful emphasis of the Fund upon the primacy of poverty reduction, and is a step towards the return of tied aid'.[clxxxix] Apart from a commitment to promote more equitable health outcomes and integrate a poverty-sensitive approach , the **Better Health Programme** does not make clear how it will guarantee that public health needs will be prioritised over business interests in its interventions, or how it will ensure people in poverty see no increase in healthcare costs resulting from its activities.[cxc]

Beyond the **Prosperity Fund**, the UK also supports research into NCDs and mental health; for example, through the National Institute for Health Research and the **Global Challenges Research Fund**, including the **Tobacco Control Capacity Programme**.

Programming to support mental health is almost as limited as support to NCDs to date, but includes psychosocial support within humanitarian interventions; support to UK civil society organisations delivering mental health services **(Comic Relief Red Nose Day 2019 - Global Mental Health Matters (£2.1 million))**; and a programme scaling up quality mental health services (alongside other interventions), through community-based care **(Leave No One Behind in Ghana (£27.4 million)).**[cxci] The UK has been a vocal champion of a greater focus on mental health within the policy and strategic approaches of multilaterals such as the Global Fund.

Despite the uncertainty of development priorities for the new FCDO, the merger creates a considerable opportunity to renew interest in the prevention and management of NCDs.

Sexual and Reproductive Health and Rights:

UK health ODA has extended access to family planning to millions of women and girls worldwide (SDG target 3.7)

SDG 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.
Examples of active UK projects	• The UK Government's grants are primarily focused on family planning and reproductive health commodities such as **UNFPA supplies (2013-19; £356.4 million)**; integrated SRHR programmes such as **Women's Integrated Sexual Health (2017-21; £314.99 million)**; and programmes focused on specific countries (e.g. **Family planning by choice in Ethiopia (2017-20; £90 million)).**[cxcii] • On a much smaller-scale, UK ODA supports grants to women's rights organisations, particularly those delivering safe abortion **(Grassroots SRHR programme (2019-21; £2.2 million).**[cxciii]

Summary

The UK's strong commitment to family planning – which saw the UK Government pledge to spend an average of £180 million per year from 2012 to 2020, subsequently increased to £225 million a year in 2017 – is reflected in a large portfolio of bilateral family planning and sexual and reproductive health and rights (SRHR) programmes.[cxciv] Our portfolio analysis found a total of twelve active bilateral grants dedicated to family planning and/or SRHR, worth almost £1 billion in total (£961 million).[cxcv] All aimed to substantially scale up the numbers of additional users of modern family planning methods – often endeavouring to reach marginalised groups - and employ a range of public and private approaches to healthcare delivery.

The volume of UK ODA dedicated to family planning and other SRHR interventions is very welcome, especially given the rollback of SRHR by other major donor countries. DFID's efforts have clearly extended family planning access to millions more women worldwide, including some of the most marginalised such as women with disabilities through the **Women's Integrated Sexual Health Programme.**[cxcvi] Yet the 2018 ICAI report into DFID's maternal health programmes from 2011-15 highlights that many women and girls benefiting from UK ODA are still unable to obtain their chosen family planning method locally, due to challenges securing contraceptives' supply.[cxcvii]

It also notes that some family planning programmes implemented via non-state actors have risked displacing public sector provision, and that DFID has not supported advocacy for SRHR policy and institutional changes at national and local levels to the extent it has at the global level.[cxcviii]

Family planning and SRHR are also included within the UK Government's focus on research[cxcix], and are integrated in the vast majority of health system-focused grants and humanitarian programmes featuring health components.[cc] UK ODA to health also supports market interventions for family planning commodities, for example supporting the procurement of a new injectable contraceptive, as well as price negotiations and product demand **(Establishing a new contraceptive method (£30 million)).**[cci]

Universal Health Coverage :

Weakly reflected in the UK's health programmes, and UK ODA does not consistently support financial risk protection (SDG target 3.8)

SDG 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.
Examples of active UK projects	The following lists large-scale UK ODA programmes investing in countries' health systems, predominantly supporting government-led delivery of health services[12]: • **Sustaining and Accelerating Primary Healthcare in Ethiopia (2015-20, £239.54 million)** supports strengthening primary healthcare through a pooled fund, as well as providing technical assistance for increasing domestic financing for health. • **Supporting a Resilient Health System in Zimbabwe (2017-22, £120.56)** finances a pooled donor fund supporting the National Health Strategy (across medicines, health workers, health financing, maternal and child health and other priority areas). • **South Sudan Health Pooled Fund Phase III (2018-23, £175.02 million)** supports the government-led health system through delivery of a basic package of health and nutrition services, and health systems stabilisation, amongst other interventions. • **Malawi Health Sector Support Programme (2012-19, £109.98 million)** supports the implementation of the Government of Malawi's Health Sector Strategic Plan, including the delivery of a package of essential health services nationally (via a multi-donor fund), alongside health systems strengthening activities. • **Nepal Health Sector Programme III (2016-20, £84.99 million)** provides £57 million health sector financial aid (via a donor pooled fund) to support the provision of quality health services and the development of infrastructure more resilient to shocks/restoring health services after the 2015 earthquake.

12 It should be noted that many of these programmes also include a technical assistance component, supporting government health planning and policy.

- **Better Health in Bangladesh (2018-22, £46.09 million)** provides financial aid (via a multi-donor trust fund) to support the implementation of the current Government of Bangladesh health sector programme, alongside technical assistance.
- **Strengthening health facilities in the Caribbean (2015-20, £38.27 million)** strengthens health facilities to be able to deliver care in disasters, and reduce disaster losses (including the rehabilitation and retrofitting of health facilities).

Summary

All programmes assessed within the portfolio of UK health ODA can be seen to contribute to the umbrella goal of universal health coverage (UHC), with most in-country programmes incorporating some element of health system strengthening. In addition, our portfolio analysis found seven active flagship programmes – totalling £814 million - which sufficiently encompass health systems-wide approaches to be considered specific to UHC.[13]

Despite a robust portfolio of health systems-focused grants – complementing many more which invest in health systems under a headline focus on a specific issue - ICAI's 2018 report found that 'the new international goal of achieving universal health coverage is weakly reflected in DFID's ongoing programmes'.[cii] Its assessment of DFID's maternal health programmes found a limited focus on improving national health infrastructure, and that the quality of maternal health services still presented a chronic problem despite expanded access.[ciii] The report gives an example from Malawi, where as a result of UK programmes 'more women are giving birth in health facilities, but severe shortages of beds, trained personnel, equipment and supplies mean that women remain at risk of dying from basic obstetric complications'.[civ] Essentially, across UK ODA to health, investment in health systems seems to be insufficient to address needs and is often disproportionately directed towards 'quick wins' such as increasing access to family planning commodities. Beyond maternal health, the focus on non-state actors across many UK health ODA programmes (e.g. **LAFIYA-UK Support for Health Programme in Nigeria(£84.5 million)** which plans to work with the private sector to deliver affordable health services, and the **Harnessing Non-State Actors for Better Health for the Poor (HANSHEP) initiative (£33 million))** may also undermine public provision of healthcare where multiple systems exist in competition.[cv]

13 Without identifying an alternative focus such as maternal health.

BOX 10: To what extent does UK health ODA support financial risk protection?

A critical component of UHC is ensuring no one suffers financial hardship as a result of seeking health services. The UN HLM Political Declaration commits member states to 'eliminate impoverishment due to health-related expenses by 2030' and achieve financial risk protection.[ccvi] A light-touch review of UK health ODA project documents indicates that the UK's contributions towards increasing financial risk protection and eliminating out-of-pocket payments present a mixed picture. While **Supporting a Resilient Health System in Zimbabwe** documents stress that user fees have now been almost universally removed for antenatal care, and the **Saving Lives in Sierra Leone 2016** programme seeks to ensure availability of essential medicines for the government's free healthcare initiative, the **DFID-BRAC Strategic Partnership II** makes clear the project is testing charging fees for health services and products in hard-to-reach areas.[ccvii] DFID's latest annual review of the BRAC programme states that 'while the cost recovery model appears to be working well in terms of reach and demand for services, BRAC should demonstrate that the demand from people unable to pay service fees is consistently accommodated'.[ccviii] Furthermore, one element of the **Sustaining and Accelerating Primary Healthcare in Ethiopia** programme seeks to enrol 1 million new households in community-based health insurance (CBHI) schemes. Yet the evidence is complex on CBHI, with some pointing to the weakness of such schemes' voluntary nature, making it hard to progress towards UHC and leaving many vulnerable to continued out-of-pocket payments.[ccix]

BOX 11: The CDC Group's investments in health

The CDC Group (CDC), the UK's Development Finance Institution wholly funded by DFID, has directly invested £163 million ($213 million) in six major for-profit hospital and healthcare companies since 2013.[ccx] Health is one of seven priority areas in the CDC's revamped strategy.[ccxi] A law passed in 2017 increased the limit of UK funding for CDC to £6 billion (and made provision for up to £12 billion).[ccxii] At present CDC holds a portfolio of direct private health investments worth just under £500 million. Beyond its direct investments, CDC also funds equity funds and other vehicles that may subsequently invest in healthcare companies, which are subject to far less oversight from CDC and raise significant issues around transparency and accountability. At least an additional 50 health companies have been indirectly financed by CDC since 2013.[ccxiii] It seems the picture of CDC health investments is bigger than is first apparent, and it has significant potential to grow. Additionally, in the wake of COVID-19, CDC confirmed that it is prioritising investing in more healthcare companies.[ccxiv]

The CDC's direct health investments primarily finance private hospital groups, either to support existing hospitals' expansion or jointly acquire stakes in new companies. A number of hospitals recently backed **(CARE Hospital; Narayana Health)** aim to bring health services to underserved cities, or to provide affordable care.[ccxv] Recently, CDC's own assessment of one of these - Narayana Health - concluded that it is unclear if Narayana patients avoid catastrophic health costs.[ccxvi] Furthermore, since the COVID-19 pandemic took hold, reports have emerged that some of the private hospitals CDC has invested in are refusing treatment to COVID-19 patients based on ability to pay.[ccxvii] CDC should ensure that their health investments are making an impact when it comes to reducing poverty and inequality, and supporting increased access for marginalised groups.

Access to affordable medicines:

The UK provides significant ODA to R&D and market-shaping initiatives (SDG target 3.B)

SDG 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.
Examples of active UK projects	• Within the **Ross Fund**, the **UK Vaccine Network (£111.3 million** in total) supports the clinical development of candidate vaccines and vaccine platform technologies which aim to tackle 12 identified priority diseases of epidemic potential in low and middle-income countries, such as Ebola, Zika, Lassa fever, and Chikungunya.[ccxviii] • The **Global Antimicrobial Resistance Innovation Fund (GAMRIF) (£57.8 million** in total) invests in research to accelerate the development of products to reduce the harm to human health, welfare and economic growth from drug-resistant infections.[ccxix] • UK ODA to health funds a range of additional R&D initiatives, working on the development of affordable prosthetics **(Diagnostic, Prosthetics and Orthotics to Tackle Health Challenges in Developing Countries (£7.88 million)**, new diagnostics, drugs and vaccines for zoonotic diseases for example (as part of the **Zoonoses and Emerging Livestock Systems: Reducing the Risk to Livestock and People** programme **(£12.53 million)**, and a number of product development partnerships.[ccxx]

Summary

The UK Government's investments in research and development (R&D) into medical products for developing countries, emanate from a number of flagship cross-government initiatives. The first of these is the **£1 billion Ross Fund**, which aims to 'develop, test and deliver a range of new products (including vaccines, drugs and diagnostics) to help combat the world's most serious diseases in developing countries'. [ccxxi]

The Fund is managed by DFID and DHSC and one important element of the fund prioritises product development, where commercial market incentives are failing, such as diagnostics, medicines and vaccines to prevent and respond to future disease outbreaks (such as Ebola), diseases of emerging resistance such as malaria and TB, and drugs and diagnostics for neglected tropical diseases (NTDs).[ccxxii] £350 million of the fund is dedicated to supporting R&D of new products.[ccxxiii] Another important investment of the Ross Fund relates to implementation research to understand how the delivery of interventions can be improved on the ground.

The UK is also a leading contributor to R&D into COVID-19 technologies. The UK Government has committed to, and channelled funding through, the Access to COVID-19 Tools Accelerator (ACT-A). However, in the UK's R&D funding contributed to COVID-19, there are no guarantees that any new COVID-19 technologies produced as a result of publicly-funded research will be accessible or affordable to all patients that need them.

Beyond R&D, several UK Government-supported programmes invest in market-shaping activities to make selected health products more available and affordable. For example, **Strengthening Health Through Affordable Prices and Efficiency (SHAPE) (£25 million)**, works to negotiate lower prices for health commodities and incentivise the development of products for resource-limited settings across HIV, TB, malaria, hepatitis, family planning and vaccines.[ccxxiv] The CDC's **MedAccess** Initiative works with manufacturers and buyers of health commodities to overcome market failures, through volume guarantees enabling negotiations around pricing, availability and other access issues.[ccxxv] These initiatives build on the work of the Global Fund, GAVI and its financing mechanisms, and especially Unitaid, which have also benefited from the UK's long-standing support (see box 6).

The UK Government's broad portfolio of research and development is seen as a highly effective use of funds and demonstrates leadership as compared to other donors. However, the UK invests little ODA in supporting countries' use of TRIPS flexibilities, which could make a valuable contribution towards the achievement of SDG target 3B.

Health workers:

A neglected area due more UK investment (SDG target 3.C)

SDG 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.
Examples of active UK projects	• The **Women for Health Programme (£38.2 million)** seeks to improve the number and capacity of female health workers across six states in Northern Nigeria. • **Strengthening Midwifery in Bangladesh (£14.49 million)** invests almost £14 million in improving the quality of midwifery training in the private and public sectors.[ccxxvi]
Summary	The UK allocates very little ODA to programmes dedicated to supporting the training, recruitment and retention of health workers. This is a particularly vital area in terms of achieving UHC, given that 8 million more health workers are needed to achieve UHC by 2030 in low- and middle-income countries.[ccxxvii] A small number of DFID grants include actions around health workers as a major component, including the two described above. A number of programmes supporting learning exchanges between health workers in the UK and in developing countries are also supported by health ODA (e.g. **Fleming Fund – Commonwealth Partnerships for AMR Stewardship Scheme (£1.33 million)** while some dedicated training initiatives like the **Global Patient Safety Collaborative (£1.5 million)** are also financed.[ccxxviii] Beyond these programmes, health worker training is incorporated as a component within numerous existing grants. For example, **Reducing Maternal, Newborn and Child Deaths in Kenya (£64.7 million)** allocates £9.3 million to scale up training for public sector doctors, nurses and clinical officers in emergency obstetric and neonatal care.[ccxxix] Given ICAI's finding that DFID does not spend sufficiently on health system infrastructure – and that a lack of human resources for health often undermines the quality and effectiveness of DFID health interventions – this is clearly an area which would benefit from more dedicated aid.[ccxxx] In addition, strengthening effective task-shifting to community health workers and community-based groups for preventive and household-level healthcare should also be considered as an area of investment, as for many low- and middle-income countries they are widely operating cadre of the health workforce.[ccxxxi]

Global Health Security:

The UK makes a leading contribution (SDG target 3.D)

SDG 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.
Examples of active UK projects	• The **Fleming Fund (£544 million)**, a further **Ross Fund** component, is dedicated to helping low- and middle-income countries tackle AMR through improved data and surveillance (including in relation to resistance, the burden of disease associated with AMR, and trends in the use of antimicrobial medicines), better AMR action plans, and strengthened laboratory capacity.[ccxxxii] • The **UK Public Health Rapid Support Team – Rapid Investigation and Response (£7.68 million)** (a further part of the **Ross Fund**) is a trained deployable force to support the rapid investigation and response to disease outbreaks at source, which also conducts rigorous research to aid epidemic preparedness and response.[ccxxxiii]

Summary

In the management of national and global health risks, the UK makes a leading contribution. DFID's 2015 framework for addressing global health threats – developed following the West Africa Ebola pandemic - has £631 million allocated to it for the period 2016-2.[ccxxxiv] DFID and DHSC developed a 'relevant and proportionate set of centrally managed programmes to strengthen their response to global health threats' in the years following the Ebola crisis.[ccxxxv] The flagship initiatives profiled in the portfolio analysis under target 3.B all play a vital role in raising the profile and overall volume of funding dedicated to preventing and responding to future disease outbreaks and to antimicrobial resistance.[ccxxxvi] Contributions range from investments in the development of new products, to research into effective delivery mechanisms to tackle epidemics, to support to surveillance and data to address antimicrobial resistance (AMR).[ccxxxvii]

The UK's contribution to addressing AMR does not stop there, with further investments made in operational research capacity on the spread and impact of AMR, and research into AMR's drivers.[ccxxxviii] In terms of broader disease-response focused grants, the **Tackling Deadly Diseases in Africa[ccxxxix] (£155.3 million)** programme sets out to reduce the impact of disease outbreaks and epidemics through supporting WHO Africa Office reform and its Health Emergencies Programme, while the UK is also responding to the current Ebola outbreak in DRC **(£85 million)**. In addition, the Department of Health and Social Care (DHSC) funds the **International Health Regulations Strengthening Project (£18.97 million)** supporting WHO to fulfil its leadership role in implementing the IHR.[ccxl 14]

An ICAI report investigating the UK aid response to global health threats found that the UK had indeed 'made good progress in developing a coherent framework for addressing global health threats following the Ebola crisis, as well as rapidly establishing a relevant portfolio of programmes and influencing activities'.[ccxli] It also found the UK's efforts were effective at filling gaps at the global level.[ccxlii] However, the ICAI investigation identified that as in other areas, comprehensive health systems need more emphasis, and there is a risk that health system interventions are reduced to disease surveillance strengthening or other narrow approaches, which must be avoided.[ccxliii] In light of COVID-19 and its impact on health systems around the globe, this learning is particularly noteworthy. It is also clear that despite commendable efforts from the UK Government and across other countries, these have been insufficient to prepare for a global health crisis of this magnitude. ICAI also found that global health security programmes needed longer timeframes to be most impactful.[ccxliv]

14 The International Health Regulations are a legally binding agreement between 196 countries committing them to build their own national capacities to detect, assess and report public health emergencies (ICAI, 2018a).

Minimal UK health ODA supports additional SDG targets (SDG targets 3.5, 3.6, 3.9, and 3.A)

SDG 3.5	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
SDG 3.6	By 2020, halve the number of global deaths and injuries from road traffic accidents
SDG 3.9	By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
SDG 3.A	Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate

Summary

Across the UK's health ODA portfolio, there is little investment in SDG targets 3.5 (on tackling substance abuse), 3.6 (on reducing road traffic accidents), 3.9 (on reducing illness and death caused by hazardous chemicals and pollution), and 3.A (on strengthening the implementation of the Framework Convention on Tobacco Control). This study has been limited to health sector ODA only however, meaning more UK ODA may be allocated to progressing towards these aims across other ODA sector classifications. For example, the UK finances the **Global Road Safety Initiative (£9.8 million)**, which is not categorised as ODA to health, and DFID's support to road safety is primarily managed through the infrastructure team.[ccxlv] The UK also hosts the World Health Organization (WHO) Collaborating Centre for public health management of Chemical Exposures.[ccxlvi]

Some UK ODA to health contributions are made towards these SDG targets however: DHSC supports the WHO's implementation of the Framework Convention on Tobacco Control with £15 million for the period 2016-21 for example.[ccxlvii] In relation to target 3.5, while the UK Government reports working closely with the European Monitoring Centre for Drugs and Drug Addiction, a 2016 letter from the IDC Chair to the then Secretary of State for International Development notes that harm reduction interventions 'all but stopped' as DFID reduced its number of HIV-specific bilateral programmes to almost zero.[ccxlviii]

5.

Conclusions and Recommendations

5. Conclusions and Recommendations

The UK Government undoubtedly remains a leader in global health. The UK is the second-largest donor to improving health globally, and leads politically, financially, and programmatically in areas ranging from SRHR, to tackling the growing threat of AMR. The UK has also contributed towards the global COVID-19 response, including through significant commitments to developing COVID-19 technologies. The UK-hosted Global Vaccine Summit and significant contribution to Gavi highlighted the UK's continued leadership throughout the pandemic on other health issues, the impacts of which have been further exacerbated by COVID-19.

At the same time, during the recent cuts to the ODA budget, the UK Government did not centre global health as a priority in how this amended budget will be divided. The UK's commitments to UHC are lacking, and its under-funding of core health systems and the health workforce is evident. Weak health systems are at the root of the unacceptably high levels of mortality and morbidity seen across many low- and middle-income countries, a situation which is worsening as a result of the COVID-19 pandemic. Insufficient investment in health systems risks undermining the gains made by other UK health programmes too.

Addressing these challenges and improving the UK's approach to global health will be essential if we are to meet the SDG 3 targets and achieve UHC by 2030, particularly with the increasing threats to progress posed by COVID-19. As a leading donor, the UK Government's efforts over the next ten years will be critical if we are to create a healthier world, where populations everywhere have equitable access to affordable, quality, inclusive healthcare. This will require a whole-of-government approach, but clearly the newly created Foreign, Commonwealth and Development Office will have a leading role to play in determining the direction and success of these efforts.

COVID-19 has highlighted more than ever the interconnectedness of the health of people everywhere, and good health as the foundation for individual and societal wellbeing. In order to achieve health for all in the next decade, Action for Global Health makes the following recommendations to the UK Government.

Political 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, as well as working through the synergies between SDG 3 and all other SDGs, including ending poverty (SDG 1), zero hunger (SDG 2), gender equality (SDG 5), water and sanitation (SDG 6), and building strong and transparent institutions (SDG 16), amongst others;
    - Publishing the **'Action Plan' for ending the preventable deaths of mothers, newborns and children and Health Systems Strengthening Position Paper.**

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

Financial Recommendations

❋ **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;
- Maintaining their world-leading role in **providing long-term, bold pledges to key global health goals and partnerships;**
- 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;
- **Recommitting to untied aid** and developing a strategy to **shift aid spending to Southern actors**, supported by stronger ongoing consultation with Southern actors about their priorities and needs.

Programmatic Recommendations

❋ **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;
- Significantly scaling up support to countries to develop, finance and deliver long-term **human resource strategies for health;**
- **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;
- Supporting national public financial management efforts to ensure that **national health budgets are optimized** and commitments to **increase domestic resources for health** are realised;
- 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.

Endnotes

i In 2000, the under-5 mortality rate across all low- and middle-income countries was 83.68 per 1,000 live births. In 2018 the rate stood at 41.96, a reduction of 49.85%. Source: World Development Indicators, available at: https://databank.worldbank.org/source/world-development-indicators

ii Source: World Development Indicators, ibid.

iii In 2000, the percentage of total births attended by skilled health staff in South Asia was 36.32%. In 2014 this had increased to 75.54%. The maternal mortality ratio in South Asia in 2000 was 395 per 100,000 live births (modelled estimate); in 2014, the ratio stood at 190 per 100,000 live births, a decrease of 51.9%. Source: World Development Indicators, ibid.

iv Cibulskis RE, Alonso P, Aponte J, et al. Malaria: global progress 2000–2015 and future challenges. Infect Dis Poverty 2016; 5: 61.

v DAH is defined as here as financial and in-kind resources that are transferred through major health development agencies to low- and middle-income countries with the primary purpose of maintaining or improving health (as opposed to official development assistance to health, it is both public and private sources from both OECD and non-OECD countries).

vi Institute for Health Metrics and Evaluation (IHME), (2018), Financing Global Health 2017 – Funding Universal Health Coverage and the Unfinished HIV/AIDS Agenda, Seattle, WA: IHME, 2018, p.24.

vii Institute for Health Metrics and Evaluation (IHME), (2018), Financing Global Health 2017 – Funding Universal Health Coverage and the Unfinished HIV/AIDS Agenda, Seattle, WA: IHME, 2018, p.25.

viii In 2017, between 33-49% of the world's population were covered by essential health services. World Health Organisation, (2019), Primary Health Care on the Road to Universal Health Coverage - 2019 Monitoring Report, Conference Edition, available at: https://www.who.int/healthinfo/universal_health_coverage/report/2019/en/ p.2.

ix Kuper,H and Heydt,P, 'The Missing Billion. Access to Health Services for one Billion People with Disabilities', LSHTM, July 2019, available at https://www.lshtm.ac.uk/media/38726; UNDESA, Disability and Development Report Realizing the Sustainable Development Goals by, for and with persons with disabilities, New York, 2019, available at https://social.un.org/publications/UN-Flagship-Report-Disability-Final.pdf

x Catastrophic health expenditure is defined as large out-of-pocket spending in relation to household consumption or income, and increased continuously between 2000 and 2015. World Health Organisation, (2019), op. cit. p. 2.

xi Based on a relative poverty line, defined as 60% of median daily per capita consumption or income. Ibid., p.2, and World Health Organisation, 'Universal Health Coverage', at https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)

xii Kruk, M.E., Gage, A.D., Joseph, N.T., Danaei, G., García-Saisó, S. and Salomon, J.A., 2018. Mortality due to low-quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries. The Lancet, 392(10160), pp.2203-2212.

xiii https://www.who.int/news-room/detail/03-04-2019-1-in-4-health-care-facilities-lacks-basic-water-services-unicef-who

xiv https://www.who.int/publications/m/item/rapid-assessment-of-service-delivery-for-ncds-during-the-covid-19-pandemic

xv https://www.who.int/news-room/detail/22-05-2020-at-least-80-million-children-under-one-at-risk-of-diseases-such-as-diphtheria-measles-and-%20polio-as-covid-19-disrupts-routine-vaccination-efforts-warn-gavi-who-and-unicef

xvi https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)31647-0.pdf

xvii https://www.guttmacher.org/journals/ipsrh/2020/04/estimates-potential-impact-covid-19-pandemic-sexual-and-reproductive-health

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