

UK support for global health.

Help ensure the UK continues to prioritise spending on global health.

The international community has set itself ambitious targets to ensure healthy lives for all, aiming for 'Universal Health Coverage' (UHC) by 2030, and to deliver the promise of the Global Goals to 'leave no one behind'. While progress is being achieved in some areas, such as increasing the overall coverage of essential vaccines, and tackling diseases of poverty, in many countries, progress is mixed or even reversing. Struggling health systems, insufficient progress on malnutrition, and high disease burdens remain serious challenges, and many of the most marginalised and remote communities are still denied effective health services.

The UK has long been a leader on global health, for example, as a leading donor to organisations such as Gavi, The Vaccine Alliance, and the Global Fund to Fight AIDS, TB and Malaria. It funds extensive nutrition and food security programmes around the world. And DFID's support helps countries to strengthen and increasingly take ownership of their own health services.

However, UK aid priorities are changing to focus more on security and economic development, creating a real risk that human development programmes – such as those that fund health and education – will be reduced. While economic development has been a major factor in more than halving poverty rates since the 1990s, evidence shows that countries that provide health and education services improve their economic development, as well as its being the right thing to do. It is essential that DFID's spending on global health is increased as a proportion of its overall budget, with UK spending on global health rising to 0.1% of Gross National Income (GNI). Failing to focus UK aid spending sufficiently on global health risks a reversal of the progress that has been made.

Why does investment in global health matter?

Since the 1990s, absolute poverty has more than halved. The Global Goals agreed in 2015 set out to make big improvements in the lives of poor people and to tackle inequality. But while [significant progress in the fight against poverty and disease has been achieved](#), millions of people still live in poverty, and there are signs that decades of impressive progress could now be stalling.

Health is critical to one's ability to lead a productive and fulfilling life, alongside access to education and economic opportunities. However, while progress has been made in some areas, such as increasing the overall coverage of essential vaccines, and tackling diseases of poverty such as TB and malaria, in some countries, progress is mixed or even reversing, and inequality of access to health is increasing.

Fragile and conflict-affected states have seen the resurgence of diseases such as cholera and typhoid. Struggling health systems, insufficient progress on malnutrition, and high disease burdens remain serious challenges, and half the world's population [don't have access to the health services they need](#), especially those in the most marginalised and remote communities. 5.6 million children still die before reaching their fifth birthday. And 100 million people are pushed into extreme poverty each year because of health expenses.

The UK's track-record on global health

The UK has a strong track record on global health, for example, as a leading donor to organisations such as [Gavi, The Vaccine Alliance](#) and [The Global Fund to Fight AIDS, TB and Malaria](#). It co-founded the 'Nutrition for Growth' agenda in 2013, and funds nutrition and food security programmes around the world. And the Department for International Development (DFID) helps countries to strengthen and increasingly take ownership of their own health systems.

In 2001, the World Health Organisation (WHO) found that if rich countries spent 0.1% of their Gross National Income (GNI) on global health, they could bridge the health gaps in low-income countries. For the UK, that would amount to 14% of the aid budget. However, the proportion of UK aid spent on health has declined since a high-point in 2013 (when the UK adopted the 0.7% target for international aid spending), from around 20% to around 12% in 2016.

Changing priorities for UK aid

There is a real risk that changes in the Government's approach to international aid could make it harder to focus on global health. As Brexit looms, the Government has been seeking to define the role of 'Global Britain' on the world stage, and as part of this, to reconsider what UK aid is for. In August, the Prime

Minister [said that aid must be in the UK's national interest](#), helping countries grow their economies, create jobs and fight insecurity. She called these new priorities “a fundamental strategic shift in the way we use our aid programme”. And last month, International Development Secretary Penny Mordaunt set out a vision for [the future of UK aid post-Brexit](#), stressing the role of the private sector in delivering global prosperity.

Achieving Universal Health Coverage

Economic growth for poor countries is very important, but to achieve it, aid must stay focused on poverty reduction and reach those without access to health services. [Universal Health Coverage](#) (UHC) aims to ensure that people have access to essential health care without suffering financial hardship. It allows countries to invest in their people, through nutrition, health care, education and social protection. Developing their ‘human capital’ is key to creating economic growth, ending poverty, and creating more equitable societies.

The World Bank’s ‘[Human Capital Project](#)’ aims to accelerate investments in people. At its annual meeting last month, it released its ‘Human Capital Index’, which shows the contribution of health and education to the productivity of the next generation of workers. It shows countries how much income they are losing because of human capital gaps, and how much they could gain if they take action. There is [good evidence](#) that nations that invest in health and education develop stronger economies, as well as its being the right thing to do.

What needs to happen to prioritise global health?

It is vital that DFID’s spending on health is not reduced, but is increased as a proportion of its overall budget, and that the UK spends 0.1% of its GNI on global health. Failing to focus UK aid sufficiently on global health risks reversing the progress that has been made, and hinders countries from investing in their human capital, strengthening their economies and standing on their own feet. For example, if DFID’s health budget had been 20% lower between 2015 and 2017, around 7.5 million fewer children would have been immunised and 120,000 fewer lives would have been saved.

What happens next?

The Government is undertaking a Spending Review, starting in early 2019 and to be completed later in the year. This will fix Government spending priorities for around 3-5 years, and determine the size of the UK’s aid budget. This makes the next few months an important time for DFID to be considering how, [in the Secretary of State’s own words](#), to ensure that “aid money will not just be spent well but...could not be better spent.” As the new priorities of the Government and DFID are decided, the Secretary of State Penny Mordaunt must maintain DFID’s focus on human development, spending 0.1% of the UK’s GNI on global health.

A good example of effective UK aid is Gavi, the Vaccine Alliance (see [Background Sheet 1](#)). By 2020, Gavi will have vaccinated an additional 300 million children since 2016, saving more than 5 million lives and creating economic benefits of US \$80-100 billion. Gavi’s 2018 ‘mid-term review’, which will take place on 10-11 December, is chance to take stock of its performance, and lay out a vision for the future. The Secretary of State should attend the mid-term review and demonstrate her support for Gavi’s achievements.

UK support for health post-2020

In the next two years, the funding for significant multilateral and bilateral development programmes, including Gavi, The Vaccine Alliance, The Global Polio Eradication Initiative, the Global Fund to Fight AIDS, TB and Malaria, and the ‘Nutrition for Growth’ agenda, will all need replenishing, alongside funding of DFID country programmes. We will be campaigning throughout next year to ensure that, in making its spending plans, DFID allocates sufficient budget to be able to continue as a leading donor to these vital global health initiatives.

Last month, we asked you to contact your MP to inform them of the importance of DFID’s nutrition work, an important part of the global health jigsaw. This month, we are asking RESULTS campaigners to write directly to the Secretary of State, asking her to ensure that sufficient priority is given to health programmes when her Department’s budgets are allocated.

Take action

Please write to Secretary of State Penny Mordaunt, urging her to ensure that DFID spends 0.1% of the UK’s GNI on global health. Please also ask her to show her support for Gavi, The Vaccine Alliance, by attending its mid-term review in Abu Dhabi on 10-11 December 2018.

Address: Rt. Hon. Penny Mordaunt MP, Secretary of State for International Development, 22 Whitehall, London SW1A 2EG, or email DFIDCorrespondence@dfid.gov.uk