A Quiet Withdrawal: How The UK Is Stepping Back from Saving Lives

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For much of the last century, the United Kingdom stood at the forefront of international development, combining money, ideas, and political leadership to shape the global aid system. Nowhere was this role more visible than in global health, where British support helped build institutions, stabilise funding and save millions of lives. This briefing argues that this legacy is now being rapidly dismantled —and at a far higher cost than current budget debates suggest.

Over the past five years, UK aid policy has shifted decisively away from its historic commitments. The dismantling of the Department for International Development, the reduction of aid from 0.7% to 0.5% of GNI, and the growing absorption of aid by domestic refugee costs have hollowed out Britain's development footprint. The turning point came in 2025, when the government announced that aid would fall to 0.3% of GNI by 2027, a level ministers have already described as the "new normal". This would leave UK aid at its lowest point in a quarter of a century, at a time of escalating humanitarian and health crises.

This paper puts figures on what this retreat means in human terms. Using comparative evidence on the mortality impact of development assistance, the analysis estimates that, under the current trajectory, UK aid has the potential to avert more than 6.7 million deaths worldwide between 2020 and 2030. Yet this figure conceals a much starker reality: had the UK maintained its 0.7% commitment, more than 5.1 million *additional* lives could have been saved during this 11 year period across 129 low- and middle-income countries.

The conclusions are unambiguous. Aid cuts of this magnitude are not technical adjustments but political choices with lasting consequences. They weak-

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en global health systems, undermine Britain's credibility, and open space for geopolitical rivals to fill the vacuum. Rebuilding a credible path back to 0.7%, protecting global health investments, tackling the distortion caused by in-donor refugee costs, and making the case to the public for what UK aid actually achieves are presented not as acts of charity, but as matters of strategic self-interest.

1. Building International Leadership: the UK's Critical Role in Development Cooperation

"Beyond funding, the country's influence in global development has rested heavily on its soft power and intellectual leadership."

Britain's approach to international aid has long been shaped by a sense of **historical responsibility** that predates the modern development system itself. From the late-nineteenth-century campaigns that exposed the atrocities of King Leopold II's rule in the Congo, through the abolitionist movement and post-war reconstruction, the United Kingdom forged a tradition in which moral outrage, evidence, and political action converged beyond its borders. This legacy helped position Britain as a **global standard-setter in development policies, norms and institutions** for decades. Beyond funding, the country's influence in global development has rested heavily on its **soft power and intellectual leadership**. British policymakers, academics, civil society organisations and research institutions have played a large role in shaping the global development agenda from the MDGs through to the SDGs. This sustained representation constitutes one of the UK's most significant contemporary levers of global influence.

In no field this influence is more apparent than in global health. Over the past decades, the country has played a critical role in **multilateral global health** and development cooperation, to which it devotes approximately one third of its aid budget. The UK has been a leading supporter not only in founding key institutions and financing their operations but also in **shaping their strategic vision and priorities**. The International Development Association, part of the World Bank Group, has been the largest recipient of UK multilateral ODA since 2013.[1] From its creation with UK support in 2002, the Global Fund to Fight AIDS, Tuberculosis and Malaria has consistently counted the country as its third-largest donor.[2] Similarly, the country has also been a major political and financial supporter of UNICEF, ranking as the fifth-largest public donor in 2024.[3] However, one of the UK´s most impactful multilateral investments, both in scale and results, has been in **global immunization**. It is the **largest historical donor to**

1 Tony Blair Institute for Global Change. The UK's International Aid Commitment. 27 Jan 2021. Available from: https://institute.global/insights/geopolitics-and-security/uks-international-aid-commitment

2 Independent Commission for Aid Impact. The UK's work with the Global Fund: information note. 20 Sep 2022. London: ICAI; 2022. Available from: https://icai.independent.gov.uk/html-version/the-uks-work-with-the-global-fund/

3 UNICEF. The United Kingdom. 2025. Available from: https://www.unicef.org/partnerships/united-kingdom

Gavi[4] and the founder and principal donor of an innovative financing mechanism, the International Finance Facility for Immunisation (IFFIm).[5]

Today, as budgets shrink and priorities shift, the state of British aid raises a deeper question: what remains of that historic commitment in an era of competing domestic and geopolitical pressures? This briefing paper looks into this question, analysing Britain's recent retreat from the frontline of the global health landscape and estimating the human and political costs derived from it.

2. Shifting Priorities: Global Health and Development Pushed to the Bottom

"Starmer is now presiding over deeper and more sustained cuts to aid than any of his predecessors recorded thus far. This also stands in sharp contrast to his earlier opposition to Tory aid reductions, when he argued that development assistance went beyond a moral obligation and was essential to building a more stable world and keeping the UK safe."

The UK's global health demise has unfolded in a **very short period of time**. In 2020, Boris Johnson's government dissolved the Department for International Development (DFID) and integrated its functions into the Foreign, Commonwealth and Development Office (FCDO), reversing more than two decades of institutional independence. The following year, the UK **reduced its ODA from 0.7% to 0.5%** of GNI, representing a reduction of approximately £4 billion, due to an unprecedented contraction of the British economy caused by the COVID-19 pandemic. Contributions to the Global Fund also fell by 15%.[7]

In 2022, the escalation of the Russia-Ukraine war only added fuel to the fire, with concerns about the UK's own security arising from the war in Europe. **Fiscal limitations**, partly related to an **increase in defence spending**, were used to justify further cuts.[8] **Public opinion was unconvinced** about aid spending, with only 18% of UK citizens supporting the goal of 0.7% of GNI spent on ODA, which made development assistance an easy target for reductions.[9]

The most recent blow to British ODA occurred in February 2025, when Prime Minister Keir Starmer announced a **devastating reduction** in ODA spending from 0.5% of GNI to **0.3% in 2027**, in order to further increase defence spending from 2.3% of GDP to 2.5%, and to 3% in the next

4 Madan Keller J, Bonnifield R, Drake T, Baker P, Levine O. How Gavi 6.0 Can Take a Bigger Leap. Washington, DC: Center for Global Development; 2025 Jul 18. Available from: https://www.cgdev.org/publication/how-gavi-60-can-take-bigger-leap

5 International Finance Facility for Immunisation (IFFIm). United Kingdom – Donor profile. Available from: https://iffim.org/donors/united-kingdom

6 Prime Minister's Office, Department for International Development, Foreign & Commonwealth Office. Prime Minister announces merger of Department for International Development and Foreign Office. 16 Jun 2020. Available from: https://www.gov.uk/government/news/prime-minister-announces-merger-of-department-for-international-development-and-foreign-office

7 Muvija M. UK cuts aid to global disease initiative by 15% to £850 million. Reuters. 11 Nov 2025. Available from: https://www.reuters.com/business/healthcare-pharmaceuticals/uk-pledges-850-million-pounds-global-disease-fight-2025-11-11/

8 Puri J, O'Sullivan O. Rethinking UK aid policy in an era of global funding cuts: 02 The changing aid landscape. London: Chatham House; 13 Nov 2025. doi:10.55317/9781784136611. Available from: https://www.chathamhouse.org/2025/11/rethinking-uk-aid-policy-era-global-funding-cuts/02-changing-aid-landscape

9 British Foreign Policy Group. UK Public Opinion: 2025 Annual Survey of UK Public Opinion on Foreign Policy and Global Affairs. London: British Foreign Policy Group; Jul 2025. Available from: https://bfpg.wpenginepowered.com/wp-content/uploads/2025/07/BFPG-UK-Opinion-Report-Annual-Survey-2025.pdf

legislative term.[10] Although this might seem like a drastic, temporary measure taken under exceptional circumstances, Minister of State for Development Jenny Chapman has characterised the 0.3% as **the "new normal"** and emphasised that the FCDO is not treating the current round of budget reductions as temporary.[11] Reports also suggest that this decision was strongly influenced by **pressure from the United States** on European NATO allies to make drastic policy changes in light of the Ukraine war.[12] Setting the aid ceiling at this level reduces UK ODA to its **lowest in 25 years**, losing approximately £6 billion (€6.85 billion) per year, at a time of escalating global crises and unprecedented humanitarian needs.[13]

What makes this decision particularly consequential is not that it has been taken by a Labour government, but by a Prime Minister whose **election campaign focused on restoring UK aid** to the 0.7% target. In his rousing speech on aid cuts in 2021 as Leader of the Opposition, Keir Starmer said investing 0.7% in international aid was in "Britain's national interest" and felt it was paramount for the House to keep its "word to the voters who elected us… and our promises to the world's poorest"[14] Ironically, Starmer is now presiding over deeper and more sustained cuts to aid than any of his predecessors recorded thus far.[15] This also stands in sharp contrast to his earlier opposition to Tory aid reductions, when he argued that development assistance went beyond a moral obligation and was essential to building a more stable world and keeping the UK safe.[16]

Mirroring the same on-going narrative by other donor governments, representatives have argued that these cuts are **part of a broader reorientation** of the development aid landscape, emphasising partnerships over donations and going "beyond aid and paternalism".[17] In order to justify and explain these aid cuts, the government has continued to contradict itself by framing them as temporary and difficult decisions, reiterating that less money does not necessarily signify less action or strategic influence. While less money may not necessarily signify less action, several actors in the sector concur that it surely signifies a higher number of preventable deaths. Criticism has emerged from within the UK political system and civil society as well as from international observers. Some Labour MPs expressed their discontent in a letter to the Prime Minister deeming a cut to funding for preventable diseases to be a "moral failure and a strategic disaster".[18] Parliamentary unease has also been evident as a major inquiry[19] was launched

10 UK Parliament. Defence and Security: debate in House of Commons, 25 Feb 2025, vol 762. Hansard. Available from: https://hansard.parliament.uk/commons/2025-02-25/debates/8BF58F19-B32B-4716-A613-8D5738541A30/DefenceAndSecurity#contribution-DB32B970-42F2-4B1B-A92C-54CA0B28BA41

11 Stewart H. Diminished UK aid budget is 'new normal', says development minister. The Guardian. 17 May 2025. Available from: https://www.theguardian.com/politics/2025/may/17/diminished-uk-aid-budget-is-new-normal-says-development-minister

12 Maddox D, Devlin K. Keir Starmer bows to Trump pressure and increases UK defence spending by slashing foreign aid. Independent. 25 Feb 2025. Available from: https://www.independent.co.uk/news/uk/politics/starmer-trump-defence-spend-meet-b2704255.html

13 Harcourt S, Rivera J, Parikh N, Lovett A. Cuts to UK aid will cost hundreds of thousands of lives. ONE Campaign. 28 Feb 2025 [updated 3 Mar 2025]. Available from: https://data.one.org/analysis/uk-aid-cuts

14 UKPOL. Keir Starmer – 2021 Speech on Foreign Aid Cuts. 13 Jul 2021. Available from: https://www.ukpol.co.uk/keir-starmer-2021-speech-on-foreign-aid-cuts/

15 Lovett A. Ministers are hiding behind a legal loophole – but we've secured a vital concession on aid. Bond. 7 Jul 2025. Available from: https://www.bond.org.uk/news/2025/07/ministers-are-hiding-behind-a-legal-loophole-but-weve-secured-a-vital-concession-on-aid/

16 Champion S. UK aid cuts are even harsher than they first appeared. And the scale is horrifying. Independent. 12 Jun 2025. Available from: https://www.independent.co.uk/voices/aid-cuts-uk-budget-spending-review-b2768734.html

17 Foreign Commonwealth and Development Office. Spending Review 2025: Official Development Assistance (ODA). London: The Rt Hon. Baroness Chapman of Darlington, Minister of State for International Development, Latin America and the Caribbean; 12 Jun 2025. Available from: https://committees.parliament.uk/publications/48472/documents/253894/default/

18 Walker, P. Cutting aid for disease fund would be moral failure, Labour MPs tell Starmer. The Guardian. 8 Nov 2025. Available from: https://www.theguardian.com/politics/2025/nov/08/cutting-aid-for-disease-fund-would-be-moral-failure-labour-mps-tell-starmer

by the UK's International Development Committee. However, there is not much hope for this to lead to a reversal of the cuts.[20] International and national NGOs have also denounced the cuts as "shameful" and inherently against the Labour manifesto to place women and girls at the centre of foreign policy.[21] Looking forward, experts are warning that UK's retrenchment is further contributing to the continuation of the **"contagion effect" among donors**, initiated by cuts led by the United States.[22]

The reduction in ODA spending to 0.3% of GNI has also led to **debate over the legality of the cuts**. In May 2025, the ONE Campaign issued a pre-action letter requesting the government to justify the cut, arguing that the reduction represents a substantive and planned change in the aid target, rather than a temporary response to exceptional circumstances, as permitted under the International Development Act.[23] While in its response to the letter the government has insisted that the cut is temporary —contradicting declarations made by the International Development Minister only two weeks earlier—, there appears to be **no concrete pathway to return to the 0.7% target**.[24] Projections and allocations in the budget up until 2028 suggest that reduced aid levels are likely to persist.[25]

This tension between stated intent and fiscal trajectory further **undermines confidence** in the UK's long-term commitment to international development.

While the full allocation of the aid cuts has yet to be detailed, the pressures shaping the UK's reduced ODA envelope are already visible. This raises concerns not only about the scale of the cuts, but also about their unsettling composition. Within the new budget, expenditures such as legally binding multilateral commitments and support to conflict-affected countries —namely Palestine, Ukraine, and Sudan— are promised to be protected. However, in practice this commitment is already faltering. It has been reported that while bilateral support to Ukraine is being maintained, cuts in the 2025/26 budget have already translated into reduced spending in Sudan, Palestine, and other conflicted zones.[26] At the same time **in-donor refugee costs (IDRC)**, especially costs to host asylum-seekers, continue to take up an exceptionally large share of the aid budget (see Box 1) and severely constrain the scope for protecting other aid priorities. These costs are unlikely to decline in the near term.[27] The dominance of IDRC within UK ODA has also fuelled debate over whether domestic asylum costs should be counted as development assistance

19 International Development Committee. Future of UK aid and development assistance inquiry. UK Parliament Committees. London. Available from: https://committees.parliament.uk/work/9348/future-of-uk-aid-and-development-assistance/publications

20 Birkwood, S. UK launches new aid inquiry in response to 40% budget cut. Devex. 8 Oct 2025. Available from: https://www.devex.com/news/uk-launches-new-aid-inquiry-in-response-to-40-budget-cut-111037

21 Care International UK. Joint statement: The UK must not abandon women and girls in crisis. 22 May 2025. Available from: https://www.careinternational.org.uk/press-office/press-releases/joint-statement-the-uk-must-not-abandon-women-and-girls-in-crisis/

22 Independent Commission for Aid Impact. Management of the Official Development Assistance (ODA) Spending Target: Information Note. London: ICAI; Jul 15 2025. Available from: https://icai.independent.gov.uk/wp-content/uploads/Management-of-the-ODA-spending-target_ICAI-information-note_Jul-2025.pdf

23 One Campaign. ONE Campaign Challenges UK Aid Cuts: Pre-Action Letter Sent to Government Ahead of Potential Judicial Review. 13 May 2025. https://www.one.org/press/one-campaign-challenges-uk-aid-cuts-pre-action-letter-sent-to-government-ahead-of-potential-judicial-review/

24 UK Government Legal Department. Pre-action response: R (The ONE Campaign) v Secretary of State for Foreign, Commonwealth and Development Affairs. 6 Jun 2025. Available from: https://www.one.org/wp-content/uploads/2025/07/2025.06.06-Pre-actionresponse-RTheOneCampaignvSecretaryofStateforForeignCommonwealthandDevelopmentAffairs2.redactable.pdf

25 Save the Children. UK aid budget cuts: an analysis of feasibility and potential impact. London; 2025. Available from: https://resourcecentre.savethechildren.net/pdf/UK-aid-budget-cuts-an-analysis-of-feasibility-and-potential-impact.pdf

26 Puri J, O'Sullivan O. Rethinking UK aid policy in an era of global funding cuts: 02 The changing aid landscape. London: Chatham House; 13 Nov 2025. doi:10.55317/9781784136611. Available from: https://www.chathamhouse.org/2025/11/rethinking-uk-aid-policy-era-global-funding-cuts/02-changing-aid-landscape

27 Save the Children. UK aid budget cuts: an analysis of feasibility and potential impact. London; 2025. Available from: https://resourcecentre.savethechildren.net/pdf/UK-aid-budget-cuts-an-analysis-of-feasibility-and-potential-impact.pdf

at all. Critics have argued that while the UK must undoubtedly support refugees, these costs must not be allocated within an already shrinking aid budget, effectively responding to "one crisis at the expense of others".[28]

BOX 1.
Rising in-donor refugee costs: how could they impact UK ODA?

In 2024, the UK ODA budget changed in a highly consequential manner: bilateral aid, which had accounted for 48-62% of total ODA in recent years, now represented 80% of the aid budget, as multilateral spending was halved.[29] However, not all bilateral aid is going to implementing partners. In 2024, in-donor refugee costs (IDRC) were the main destination of UK ODA for the third consecutive year, receiving £2.8 billion (€3.2 billion), which accounted for 25% of all bilateral ODA. At current per-head refugee costs, bringing the ODA budget to 0.3% of GNI by 2027 means that IDRC could constitute approximately 33% of the total ODA budget. While the British government has committed to ending the expensive use of asylum hotels during this term,[30] slow progress on the matter means that up to a third of the UK's bilateral aid would never leave the country going forward.

3. Vulnerability Across All Scales: How the UK's Budget Reductions Will Threaten a Wide Range of Sectors

"The UK is the second-largest government donor to global health in both absolute and relative terms. For this reason, the impact of these cuts in lives, resources and opportunities will be difficult to justify."

The UK is the **second-largest government donor to global health** in both absolute and relative terms.[31] For this reason, the impact of these cuts in lives, resources and opportunities will be difficult to justify. A report by UK-founded NGO Save the Children warns that even a gradual reduction of funding will have a **devastating effect on the ground**, given ongoing projects and commitments already in place.[32]

Even in this scenario of gradual budgetary reductions, bilateral funding to key areas such as health, humanitarian assistance, nutrition, education, water, and sanitation would have to be dramatically reduced to comply with the aid budget ceiling. According to the report, more than **62 million people would lose critical assistance** in these areas compared to 2019. Multilateral aid reductions could raise that figure fur-

28 Hagopian A. & Devlin K. Savage' UK cuts will deprive 55m people of aid around the world. Independent. 13 Apr 2025. Available from: https://www.independent.co.uk/news/uk/politics/uk-aid-cuts-starmer-asylum-seeker-b2721951.html

29 Donor Tracker. United Kingdom. Berlin: SEEK Development; 2025. Available from: https://donortracker.org/donor_profiles/united-kingdom

30 Independent Commission for Aid Impact. Management of the Official Development Assistance (ODA) Spending Target: Information Note. London: ICAI; Jul 15 2025. Available from: https://icai.independent.gov.uk/wp-content/uploads/Management-of-the-ODA-spending-target_ICAI-information-note_Jul-2025.pdf

31 Donor Tracker. UK / Global Health. Berlin. SEEK Development; 2025. Available from: https://donortracker.org/donor_profiles/united-kingdom/globalhealth

32 Save the Children. UK aid budget cuts: an analysis of feasibility and potential impact. London; 2025. Available from: https://resourcecentre.savethechildren.net/pdf/UK-aid-budget-cuts-an-analysis-of-feasibility-and-potential-impact.pdf

ther, given that the UK has already cut its commitment to the Global Fund to Fight AIDS, Tuberculosis and Malaria by 15% (£150 million, €171 million) for the 2026-2028 period, as announced during the Fund's Eight Replenishment.

In terms of bilateral aid, looking at successful UK-funded programmes helps to illustrate what is at stake. The **Women's Integrated Sexual Health (WISH) programme** is a good example of how the cuts could ultimately impact the most vulnerable. This program started in 2018 and has since reached 6.3 million people across 12 countries in West and Central Africa, preventing 2.9 million unsafe abortions and saving 33,000 lives.[33] A report by the Guttmacher Institute[34] warns that a 30% budget reduction on sexual and reproductive health and rights spending — which would affect not only the WISH program but also aid for contraception, via UNFPA Supplies— could result in **1.1 million unwanted pregnancies**, up to **375,000 unsafe abortions**, and **1,170 additional maternal deaths**. These numbers are deeply concerning, as the latest budget plans by the FCDO for 2026 hits **health spending** the hardest with a **46% cut**, bringing it down from £975 million (€1,11 billion) to £527 million (€602 million).[35]

Education, gender and equality spending will see a similar decline, falling by 42% in 2026. In its own 2024-25 Annual Report,[36] the FCDO recognised that ODA specifically directed to girls' education would be halved. In an impact assessment conducted by the government to evaluate these budgetary changes,[37] they were able to identify an education program in Democratic Republic of the Congo (DRC) to be in danger of early closure due to the cuts. They estimated 170,000 children in post-conflict rural areas would suffer the negative impacts of this closure. **Women and girls** will, once again, **bear the worst consequences** of this debacle.

Looking at multilateral funding for global health, the 15% reduction of the UK commitment to the **Global Fund** to Fight AIDS, Tuberculosis and Malaria will certainly have an impact, as the country is the third largest donor to the fund. The British pledge for the Eight Replenishment was welcomed by the development community, noting that it could save 1.4 million lives in the next three years. However, the ONE Campaign points out that **matching the country's previous commitment** would have helped **save an additional 255,000 lives**.[38]

This year also saw the Sixth Replenishment for **Gavi**, the Vaccine Alliance, to which the UK is the highest historical donor. The country's commitment was also cut, in this case by 25%.[39] Again, analysts cautiously celebrate the commitment, as it will help save 1.1

33 MSI Reproductive Choices. Securing sustainable change for women: the impact of WISH. London: MSI Reproductive Choices; 14 Jul 2025. Available from: https://www.msichoices.org/latest/securing-sustainable-change-for-women-the-impact-of-wish/

34 Rosenberg JD, Sully EA, Cobley B, Kassem J, Taylor B; Guttmacher Institute, MSI Reproductive Choices, Plan International UK. Just the Numbers: The Impact of UK International Assistance for Family Planning and HIV, 2024. May 2025. Available from: https://www.msichoices.org/wp-content/uploads/2025/05/just-numbers-impact-uk-international-assistance-family-planning-and-hiv-2024.pdf

35 Schraer R, Devlin K, Ferris N. UK admits foreign aid cuts could see deaths rise – with Africa hit hardest. London: The Independent; 23 Jul 2025. Available from: https://www.independent.co.uk/news/uk/home-news/uk-aid-cuts-deaths-africa-b2794313.html

36 Foreign, Commonwealth & Development Office. FCDO Annual Report and Accounts 2024 to 2025. London: UK Government; 2025. Available from: https://www.gov.uk/government/publications/fcdo-annual-report-and-accounts-2024-to-2025

37 Foreign, Commonwealth & Development Office. Equality Impact Assessment of Official Development Assistance (ODA) Programme Allocations for 2025 to 2026. London: UK Government; 2025. Available from: https://www.gov.uk/government/publications/fcdo-official-development-assistance-programme-allocations-2025-to-2026-equality-impact-assessment/equality-impact-assessment-of-official-development-assistance-oda-programme-allocations-for-2025-to-2026

38 ONE Campaign. ONE Campaign welcomes UK Global Fund pledge but says government must go further to save lives. London: ONE Campaign; 2025 Mar 12. Available from: https://www.one.org/press/one-campaign-welcomes-uk-global-fund-pledge-but-says-government-must-go-further-to-save-lives/

39 Walker P. Scientists criticise cut in UK funding for global vaccination group. The Guardian; 2025 Jun 25. Available from: https://www.theguardian.com/society/2025/jun/25/scientists-criticise-cut-in-uk-funding-for-global-vaccination-group

million lives and immunise 72 million children,[40] but they also warn that this decrease in funding for Gavi could **stop 606,000 deaths from being averted and hinder immunisation for 38 million children** throughout the next five years.[41]

4. British Aid and Its Impact on Health: Is It Still Possible to Change the Course?

"For eight consecutive years —2013 to 2020—, the UK was able to maintain the 0.7% of GNI spent on ODA target, resulting in immense gains for global health. Now, with that achievement getting further on the rear-view every year, it's worth it to take a closer look at the specific health impact of neglecting that target."

For eight consecutive years —2013 to 2020—, the UK was able to maintain the **0.7% of GNI spent on ODA** target, resulting in immense gains for global health. Now, with that achievement getting further on the rear-view every year, it's worth it to take a closer look at the specific health impact of neglecting that target. The *IMPACThealth* research group at ISGlobal has conducted an analysis based on the potential lives saved between 2020 —the last year the UK maintained the 0.7% target— and 2030 in **129 low- and middle-income countries** (LMICs) that have received British ODA, and how would aid reductions affect this figure. In the absence of empirical evidence on the specific impact of UK aid on mortality, the study relied on impact measures obtained from a previous study[42] analysing the effect of different levels of per-capita funding from the U.S. Agency for International Development (USAID) in LMICs. While UK aid remains lower in absolute terms when compared to the US, the relative weight of ODA directed to health and the global reach of its programs makes it stand out. The estimated rate ratios derived from USAID cuts are here used as a pragmatic, though imperfect, proxy for estimating the potential impact of changes in UK ODA funding on mortality. In order to make the estimates more reflective of reality, while the study on USAID took into account exclusively funds channeled through the agency, for the British estimates we took into account multilateral contributions based on per-country funding imputed by the ONE campaign, given the relative importance of health multilateral organisations as a component of UK's aid. While no causality can be drawn from this analysis, working under the assumption that UK and US aid can be similarly effective serves the purpose of showing potential changes in mortality rates derived from changes in ODA funding. While recognising that sector-specific allocation is relevant to assessing the effects of ODA on health, we have focused on overall ODA disbursements and assumed a direct effect on mortality. For this analysis, 2019 was used as a reference year, since it was the last year the UK maintained the 0.7% GNI for ODA target pre-pandemic. While 2020 still maintained

40 ONE Campaign. UK pledge to Gavi, the Vaccine Alliance: ONE Campaign reaction. London: ONE Campaign; 2025 Apr 10. Available from: https://www.one.org/press/uk-pledge-to-gavi-the-vaccine-alliance-one-campaign-reaction/

41 Harcourt S, Rivera J, Parikh N, Lovett A. Cuts to UK aid will cost hundreds of thousands of lives. ONE Campaign; 2025 Feb 28. Available from: https://data.one.org/analysis/uk-aid-cuts

42 Cavalcanti DM, De Oliveira Ferreira de Sales L, Da Silva AF, Basterra EL, Pena D, Monti C, et al. Evaluating the impact of two decades of USAID interventions and projecting the effects of defunding on mortality up to 2030: a retrospective impact evaluation and forecasting analysis. The Lancet. July 2025;406(10500):283-94. Available from: https://doi.org/10.1016/s0140-6736(25)01186-9

0.7% GNI spending, we opted to use 2019 as the reference in order to avoid potential disruption to the data caused by the COVID-19 pandemic.

According to estimates by analysts at SEEK Development —as consulted at the time of the analysis in December 2025; current figures might differ as projections are dynamic—, UK ODA has fallen to 0.48% of GNI in 2025 and will fall to 0.34% in 2026 before reaching the already announced decades-low of 0.3% in 2027. In absolute terms, we are looking at a drop of USD 3.8 billion from 2020 to 2025 (an 18% cut) and an astonishing drop of USD 9.7 billion in 2026 (a 33% cut). Based on these figures, our analysis (detailed in Annex 1) models annual reductions relative to the 2019 baseline, leading to an approximate **45% reduction by 2026**, and assumes stabilisation of ODA at 2026 levels through 2030.

For this scenario analysis, we started with the assumption that British aid is as effective as US aid and, therefore, modifications in the UK's ODA funding flows would impact mortality in a similar way. Using the USAID impact analyses as reference, we calculated the expected lives saved between 2020 and 2030 for each recipient country under the percentual reduction in UK aid flows.[43] We then compared these figures with a scenario where aid flows would have remained constant from 2019.

Under this hypothesis of similar effectiveness between British and US aid, 6,725,983 deaths would be averted in 129 countries between 2020 and 2030 under the 45% overall drop in ODA scenario. However, if aid flows had remained at 2020 levels, an additional 5,131,147 deaths could have been averted through this 11 year period. As all estimates are subject to an inherent degree of uncertainty, the corresponding 95% confidence intervals[44] are shown in Annex 1.

These figures paint a grim picture. British aid had the potential to save over 1 million lives each year up to 2030, had it kept its target commitment. In the "new normal" scenario painted by the cuts, this potential is almost halved, **ceasing to avoid more than 466,000 deaths each year and over 5.1 million for the whole analysed period**.

These results not only are consistent with previously shown estimates on the potential impact of funding cuts to Gavi and the Global Fund, they also show that international cooperation —in health and other fields— is not a lever that can be raised or lowered on a whim, depending on the circumstances of the moment. At stake is the very **sustainability of programmes and institutions** on whose performance the lives of millions of human beings depend. It is a serious policy matter that deserves serious consideration, especially from those who have shown the world how far good aid can take us.

43 This analysis is based on the Population Preventable Fraction (PPF): the proportion of cases of a disease or adverse event in a population that could be avoided if a specific risk factor was eliminated or an effective intervention was implemented.

44 A 95% confidence interval (CI) is a range of values, calculated from sample data, that is likely to contain the true population parameter 95% of the time. It reflects the uncertainty inherent in using a sample to estimate a population value, providing a measure of precision around the estimate.

5. Conclusions and Public Policy Recommendations

"The void that is being created in international development is likely to be filled by powers such as China or Russia, which, given the UK's position in the current global status quo, would not be in its best interest."

As the UK government imposes historical cuts to its development budget, the consequences extend far beyond fiscal arithmetic. **Cross-party scrutiny** from the UK Parliament's International Development Committee (IDC)[45] characterised the reductions as a "tragic error". They warned that these cuts risk undermining the very purpose of the aid budget by **jeopardising long-term poverty reduction and basic health interventions** in the world's most vulnerable communities. This brief has shown to what extent the cutting trend could cost lives. MPs on the IDC have expressed concern that these health impacts will exacerbate instability and health crises abroad, potentially threatening UK security. Regrettably, these concerns have had little impact on the outcome to date, in contrast with the pushback from the US Congress, which has fought to prevent the deepest cuts.

The void that is being created in international development is likely to be filled by powers such as China or Russia, which, given the UK's position in the current global *status quo*, would not be in its best interest. When the UK government took it upon itself to raise concerns about the stance of Global South countries on the war in Ukraine, a report from the House of Lords highlighted the government's need to "be more proactive in building relationships with those countries in the Global South where Russia (and others) are seeking to extend their influence," and explicitly called for the UK to "harness its respected soft power as a diplomatic force and international development actor in support of alliance building."[46] The war in Ukraine is not over, nor are the expansionist ideas of Russia and threats on European security. This is just an example on how losing influence in the development ecosystem goes **against the UK's own geopolitical interests**.

If the government is willing to alter its course and revert this tragic trend, these public policy recommendations could help rebuild the UK's historic role in global health and development cooperation:

- Providing a **clear trajectory back to the 0.7% GNI target for ODA** would allow for greater strategic planning and program stability. This objective would benefit from a roadmap outlining a transparent schedule of budgetary increments over the next five years. Such a framework should distinguish between domestic refugee costs and international program funding to ensure the integrity and efficacy of global development initiatives.
- The UK must **protect its leadership position within the group of global health actors**. This should not only serve to alleviate the suffering of vulnerable populations in low- and middle-income countries, but also to reinforce their resilience in the face of health crises, and underpin common security. **This position must be based on financial contributions** to multilateral institutions, bilateral programmes and humanitarian relief, as much as on a strong political initiative in defence of the principles and objectives of aid and global health.
- The UK Parliament's International Development Committee must lead

45 International Development Committee. UK aid: Government response to the Committee's report. London: UK Parliament; 2025 Jul 10. Available from: https://committees.parliament.uk/publications/49975/documents/269076/default/

a **national reflection on the implications of financial cuts and the political withdrawal of its country in the aid debate**. This reflection must consider the UK position as a reliable partner to the Global South, in front of geopolitical actors such as Russia and China, and their competing interests in areas such as the Ukraine war.

— As part of this conversation, the development community should redouble its efforts to **reestablish the emotional and political attachment of the British public with international aid programs**. This effort should highlight global health as an illustration of the ethical and practical arguments involved.

Annex 1. Methodology summary. Analysing the impact of the United Kingdom's Official Development Assistance reduction on all-cause mortality in Low- and Middle-Income Countries 2020-2030.

Methods

We analysed data from Low- and Middle-Income countries (LMIC) receiving United Kingdom (UK) Development Assistance funding, applying estimates of the Preventable Fraction of the Population (PFP) and the reported reductions of Official Development Assistance (ODA).

The year 2019 was selected as the reference year for the analysis, as it corresponds to the peak in funding levels, the last year the UK met its ODA commitment of 0.7% of GNI before the pandemic, and precedes the onset of subsequent funding reductions. While 2020 still maintained 0.7% GNI spending, we opted to use 2019 as the reference in order to avoid potential disruption to the data caused by the COVID-19 pandemic. National mortality and population estimates were also considered relevant for this year, as they reflected data from the pre-pandemic period and allowed for ensuring consistency across data sources.

Data for mortality and population were obtained from the Global Burden of Disease Study (GBD-IHME). Data for the UK's Official Development Assistance were obtained from the OECD Development Assistance Committee Creditor Reporting System (OECD-CRS), accessed via ONE Data. We have accounted for Total ODA Gross Flows, incorporating bilateral and multilateral contributions, the latter through imputation. Multilateral imputations by ONE Data are based on OECD DAC Creditor Reporting System and Providers' Total Use of the Multilateral System. The funding reduction for the period 2020-2026 was calculated as projected by SEEK Development's Donor Tracker and kept constant from 2027 to 2030, equating to the last expected reduction reported. 129 recipient countries were included in the analysis (See Supplementary Table).

Given the time constraints and the policy window guiding this work, our analytical strategy followed the global-level PFP approach described in previous studies, which has been used to estimate the mortality impact of changes in population exposure when relative risks or rate ratios are not directly available.[47] We adopted this approach by using the rate ratios reported in a prior study from our group, which estimated reductions in all-cause mortality associated with different levels of USAID per-capita funding.[48] This study reported four exposure categories: Baseline (below USD 1.96), Low (USD 1.96–3.96), Intermediate (USD 3.96–7.06), and High (above USD 7.06). In that study, a rate ratio was empirically derived for each category. Using these same thresholds, we calculated British ODA funding per capita for each country and assigned the corresponding rate ratio from the USAID study. The ODA funding per capita was calculated, as in previous studies, by dividing the total disbursed amount (numerator, in monetary terms) by the total population (denominator) for each of the 129 countries.

Although the structure and sectoral composition of the UK's ODA differ from those of USAID, both operate as major development assistance donors. On this basis, the rate ratios estimated for USAID can serve as a pragmatic, though imperfect, proxy for approximating the potential mortality impact of changes in British ODA, while acknowledging that differences between donors may introduce some degree of imprecision.

For calculating PFP and expected averted deaths, we implemented a counterfactual reconstruction approach, treating each country as an individual observational unit. Countries were classified into the four USAID funding categories. We estimated counterfactual and averted deaths, assuming the counterfactual was a situation without exposure to the corresponding level of ODA funding, in this case, the baseline level. A global PFP was calculated as the ratio of the sum of averted deaths to the sum of observed deaths across all countries. Uncertainty was quantified using 1,000 Monte Carlo simulations, drawing rate ratios from their published uncertainty ranges and recalculating averted deaths and PFP in each iteration. Expected mean averted deaths and uncertainty intervals for the period 2020-2030 are used for reporting. Uncertainty intervals were defined by the 2.5th and 97.5th percentiles of the simulated estimates.

To assess the impact of funding reductions, we compared each scenario to a reference case in which 2019 funding levels were maintained for all subsequent years. Under this assumption, averted deaths were held constant at 2019 levels. The difference in total averted deaths over the study period between the reference and reduced-funding scenarios was calculated, with the mean difference derived from Monte Carlo simulations.

47 Strain T, Brage S, Sharp SJ, Richards J, Tainio M, Ding D, Kelly P. (2020). Use of the prevented fraction for the population to determine deaths averted by existing prevalence of physical activity: a descriptive study. The Lancet Global Health, 8(7), e920-e930.

48 Cavalcanti DM, De Oliveira Ferreira de Sales L, Da Silva AF, Basterra EL, Pena D, Monti C, et al. Evaluating the impact of two decades of USAID interventions and projecting the effects of defunding on mortality up to 2030: a retrospective impact evaluation and forecasting analysis. The Lancet. July 2025;406(10500):283-94. Available from: https://doi.org/10.1016/s0140-6736(25)01186-9

TABLE 1.
Expected averted deaths and 95% uncertainty limits following a counterfactual reconstruction approach.

Assumed averted deaths if funding for peak ODA (2019) was maintained	Mean expected averted deaths under reported defunding 2020-2030*	Lower uncertainty limit*	Upper uncertainty limit*	Mean difference in expected averted deaths with the reference year*
11 813 087	6 725 983	3 652 561	9 969 404	5 131 147

*Reported results are drawn from Monte Carlo simulations

Limitations

Our analyses have several limitations. First, we assumed constant deaths and population structures for all years assessed, furthermore we have used the same death and population numbers from 2019. This assumption ignores demographic change and epidemiological transitions, which may independently influence mortality, regardless of funding levels. Nevertheless, the mortality and population figures for 2023 (the last year available in the GBD) were not substantially different from those in 2019, and, given the short time period assessed, the estimates may be comparable. Further analyses considering the changes in deaths and population structure are guaranteed to provide more precise estimates.

Second, we assumed funding levels remained equally distributed for each recipient country for the subsequent years to 2019, which ignores specific internal changes in funding committed across the period assessed. In the case of multilateral funding, allocations were estimated using imputations based on assumed disbursement of multilateral bodies and may therefore not precisely capture the funding ultimately received by recipient countries. Similarly, some bilateral and multilateral funding may not have been specified or accounted for in the data obtained for the assessed countries. However, our analysis offers a snapshot of the situation prior to the implementation of reductions and may still be relevant for informing policy decisions.

Third, we assumed uniform exposure to ODA funding within each country, treating the entire national population as beneficiaries of the funding category in which their country was assigned. This ignores within-country variation in the reach of externally funded programs and may mask the estimated association. We have also assumed that overall ODA has a direct impact on mortality, while we have not assessed the impact of specific sectoral allocations. Similarly, we may not disentangle the effect of funding from other major ODA donors to the same recipient countries, which may impact mortality estimates.

Fourth, starting in 2027, we assumed a constant funding scenario rather than a forecast. Developing studies with robust forecasting models that incorporate various funding scenarios and mortality projections is guaranteed to yield more precise estimates.

Finally, we relied on rate ratios derived from the most recent and country-comprehensive peer-reviewed study quantifying the mortality impact of USAID funding on the countries analyzed. Because the United Kingdom's and other major donors' ODA differ in structure, allocation mechanisms, and sectoral composition, the true rate ratios associated with the UK's funding may differ, and the USAID-based estimates could mask the actual effect of the British ODA. Nevertheless, the consistency of findings across previous studies examining the health effects of development assistance suggests that the direction

of association is robust, and the USAID estimates from the cited scientific article remain a sound proxy for the potential consequences of reductions of British ODA at the time these analyses were developed. Further analyses, using specific estimates from the United Kingdom and disentangling the effects of other major donors, are necessary to better understand the impact of ODA on mortality in LMICs.

SUPPLEMENTARY TABLE.
List of recipient countries included in the analysis.

- Afghanistan
- Albania
- Algeria
- Angola
- Argentina
- Armenia
- Azerbaijan
- Bangladesh
- Belarus
- Belize
- Benin
- Bhutan
- Bolivia
- Bosnia and Herzegovina
- Botswana
- Brazil
- Burkina Faso
- Burundi
- Cambodia
- Cameroon
- Cape Verde
- Central African Republic
- Chad
- China
- Colombia
- Comoros
- Congo
- Costa Rica
- Cuba
- Democratic Republic of the Congo
- Djibouti
- Dominica
- Dominican Republic
- East Timor
- Ecuador
- Egypt
- El Salvador
- Equatorial Guinea
- Eritrea
- Eswatini
- Ethiopia
- Federated States of Micronesia
- Fiji
- Gabon
- Gambia
- Georgia
- Ghana
- Grenada
- Guatemala
- Guinea
- Guinea-Bissau
- Guyana
- Haiti
- Honduras
- India
- Indonesia
- Iran
- Iraq
- Ivory Coast
- Jamaica
- Jordan
- Kazakhstan
- Kenya
- Kiribati
- Kyrgyzstan
- Laos
- Lebanon
- Lesotho
- Liberia
- Libya
- Macedonia
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Marshall Islands
- Mauritania
- Mauritius
- Mexico
- Moldova
- Mongolia
- Montenegro
- Morocco
- Mozambique
- Myanmar
- Namibia
- Nepal
- Nicaragua
- Niger
- Nigeria
- Pakistan
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Philippines
- Rwanda
- Saint Lucia
- Saint Vincent and the Grenadines
- Samoa
- São Tomé and Príncipe
- Senegal
- Serbia
- Sierra Leone
- Solomon Islands
- South Africa
- South Sudan
- Sri Lanka
- Sudan
- Suriname
- Syria
- Tajikistan
- Tanzania

—Thailand
—Togo
—Tonga
—Tunisia
—Turkey
—Turkmenistan
—Tuvalu
—Uganda
—Ukraine
—Uzbekistan
—Vanuatu
—Venezuela
—Vietnam
—Yemen
—Zambia
—Zimbabwe

* We excluded countries that did not receive bilateral aid for the reference year, even when assuming a small amount would have come from the multilateral system. As most of these countries corresponded to islands or countries with small population sizes, their contributions to the overall deaths were negligible.

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