The UK is the 2nd-largest government donor to global health after the US

According to data from the Organisation for Economic Co-operation and Development (OECD), the UK is the second-largest government donor to global health, after the United States, spending US$2.4 billion on health official development assistance (ODA) in 2016 (latest year for which full data is available). This corresponds to 13% of the UK’s total ODA in 2016, which was much higher than the average spent on health ODA by OECD donors (8%).

In 2018, then-secretary of state for international development, Penny Mordaunt, said that going forward, the UK will prioritize building health systems, strengthening global-health security, family planning, and the fight against undernutrition, and diseases including polio, malaria, neglected tropic diseases, tuberculosis (TB), and HIV/AIDS. The UK’s multilateral contributions already reflect these priorities, as does its bilateral support to global health and its strong focus on research and development (R&D; see ‘Sector: Global Health R&D’). The UK government has focused heavily on strengthening its approach to addressing global health threats in recent years, following the Ebola crisis in 2014. Priorities include strengthening international health systems, supporting smarter development of medical innovation, and a swifter response to outbreaks and epidemics.

The UK is a strong supporter of multilateral organizations working on global health. In 2016, the UK provided 41% of its health ODA (US$973 million) in the form of core contributions to multilateral organizations. Key recipients of the UK’s multilateral health ODA in 2016 were Gavi, the Vaccine Alliance (Gavi), the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund), the World Bank’s International Development Association (IDA), the EU Institutions, and the International Finance Facility for Immunization (IFFIm; see figure).

The UK has made substantial funding commitments to a range of multilateral health initiatives. The UK is the largest donor to Gavi, with total commitments of US$2.1 billion for the 2016 to 2020 funding period, according to Gavi’s data. Further underscored its support for the vaccine alliance, the UK will host Gavi’s next replenishment conference in 2020.

The UK is the third-largest donor to the Global Fund and has announced an early pledge of £1.4 billion (US$1.8 billion in 2017 prices) for the 2020-2023 funding period, a 16% increase from previous commitments. It is also the second-largest public donor to the Global Polio Eradication Initiative (GPEI), having pledged £400 million (US$515 million) from 2013 to 2020.

At the 2017 London Summit on Family Planning, the UK announced a £45 million (US$58 million) increase of its yearly commitments for women’s and girls’ access to modern family planning methods, bringing its contributions to an average £225 million (US$290 million) per year from 2017 to 2022, a total of £1.1 billion (US$1.4 billion) over five years. At the same summit, the UK announced its first-ever contribution to the Global Financing Facility’s (GFF’s) ‘Every Woman Every Child’ initiative in the amount of £30 million (US$39 million). The UK pledged a further £50 million (US$65 million) to the GFF’s replenishment in October 2018.

In 2016, the UK provided 59% (US$1.4 billion) of its health ODA as bilateral ODA, according to OECD data. This increased to US$1.7 billion in 2017. The UK is one of the only donor countries for which medical research is a top sub-sector of health investment in its focus on global health security. Bilateral investments in 2017 focused on medical research (US$369 million or 22% of bilateral health ODA), which more than doubled from 2016, reproductive health care (US$233 million or 14%), basic health care (US$209 million or 12%), health policy and administrative management (US$204 million or 12%), basic nutrition (US$188 million or 11%), and family planning (US$184 million or 11%).
DFID leads on global health policy development

Working with the UK Department of Health and other government departments, DFID leads on the development of UK global health policy and strategy and is responsible for administering most health ODA funds. A global health oversight group, convened in 2016 with representatives from DFID and the Department of Health, oversees global health policy and programming of mutual interest between government departments, including the cross-government response to global health threats.

Within DFID headquarters, two units are mainly responsible for global health policy and funding. The Global Funds Department manages the UK’s contribution to multilateral health funds and its partnerships with these funds. The Policy Division supports new policy development and provides technical support to country programs. Overall, bilateral health programming is highly decentralized, as DFID country offices lead on designing and managing global health programs within the partner countries.

THE UK’S ODA TO HEALTH

US$ millions

OECD CRS, and imputed multilateral contributions to the health sector: DAC secretarial estimations. In 2017 prices.
RECIPIENTS OF THE UK’S HEALTH ODA, 2016
Total: US$2359 million

- Bilateral: 56.6% (US$1307m.)
- Global Fund: 11.1% (US$261m.)
- GAVI: 14.2% (US$326m.)
- Other: 16.0% (US$377m.)

OECD CRS and imputed multilateral contributions to the health sector: DAC secretariat estimates. In 2017 prices.

THE UK’S KEY GLOBAL HEALTH COMMITMENTS

US$ millions


Data from government and listed organizations
TOP 10 DAC DONORS TO HEALTH, 2016
Total health ODA; US$ millions; in 2017 prices; incl. bilateral and multilateral funding

- United States: 10,048
- United Kingdom: 2,399
- Germany: 1,184
- France: 871
- Japan: 871
- Canada: 799
- Netherlands: 589
- Norway: 566
- Sweden: 530
- Australia: 372

OECD CRS and imputed multilateral contributions to the health sector (DAC Secretariat estimates)

TOP 10 DAC DONORS TO HEALTH, 2016
Health ODA as % of total ODA

- United States: 28.1
- Canada: 19.2
- Luxembourg: 15.8
- United Kingdom: 13.3
- Ireland: 13.2
- Norway: 12.3
- Netherlands: 11.1
- Australia: 10.6
- Korea: 10.4
- Sweden: 10.3

OECD CRS and imputed multilateral contributions to the health sector (DAC Secretariat estimates)