Malaz with her two-year-old daughter Aida. Aida was severely malnourished and has been undergoing treatment at a UNICEF supported health facility in Kassala, eastern Sudan.

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SURVIVE AND THRIVE

Analysing the crucial role of the UK in global maternal, newborn, and child health

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CONTENTS

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This report was authored by Sian Williams (UNICEF UK) and Mary Gallagher (independent consultant).

UNICEF works to build a better world for every child. A world that upholds the rights of every child to achieve their potential and grow up healthy and safe. UNICEF partners with communities, organisations, local and national governments to improve children's lives in more than 190 countries.

The United Kingdom Committee for UNICEF (UNICEF UK) is one of 32 UNICEF National Committees. UNICEF UK is a UK registered charity that raises funds for UNICEF's work for children around the world and advocates for lasting change for children worldwide. Our diverse, passionate, and determined team upholds the UN Convention on the Rights of the Child for children all over the world, including the UK.

FOREWORD

Today, more children than ever before in history survive to their 5th birthday, more babies are born healthy, and more women survive pregnancy and childbirth. These incredible achievements give us a great deal to celebrate when it comes to what has been gained over the last decades for the health of mothers, babies, and children around the world.

Progress has resulted from collaboration and commitment at the international, national and community level. We could not be where we are now without the work of networks of people hoping to build a better future for children – from community health workers administering vaccinations to babies in rural villages; to determined national health ministers opening more clinics to expand access to quality antenatal care; to decision-makers in donor countries investing in innovative financing mechanisms that scale up nutrition programmes where they are needed most.

This report analyses the particular role of the UK Government in global maternal, newborn and child health over the last decade. It tells us that we would not have seen the health gains we have without the UK's contribution. This contribution has come out of genuine concern and care for mothers, babies, and children, but it has also come out of pragmatism and an understanding that the health of children around the world matters to the UK and its national interest.

As I write, the UK Government is making decisions on where its reduced aid budget will be spent in the coming years. Global Health has been rightly set as a priority. However, previous UNICEF UK research has found that rhetorical commitments have not translated to tangible commitments to invest in essential and often life-saving services for children. It would be both a moral and a strategic mistake for this to happen again.

The government's rhetoric on health must now translate into policies and programmes focused on the needs of mothers, babies, and children. With this, there is a major opportunity for the UK's approach to be informed by lessons of the past. UNICEF UK's analysis reveals strengths and pitfalls of the UK's approach to maternal, newborn and child health over the last decade, making recommendations for how the government can now reinvigorate their approach in a way that harnesses UK comparative advantage and builds on hard-won gains.

In an era of tighter budgets and shifting global priorities, prioritising maternal, newborn, and child health in this way will be especially crucial to maximise impact, both for the UK and for millions of mothers, babies, and children globally.

Philip Goodwin

Chief Executive Officer,
UK Committee for UNICEF (UNICEF UK)

EXECUTIVE SUMMARY

Maternal, newborn, and child health (MNCH) is the cornerstone of effective international development. Over decades, the expansion of lifesaving health services – including immunisation, nutrition, and primary health care – has saved millions of lives. Globally, the under-five mortality rate has fallen by 52% since 2000,[1] and the maternal mortality rate by 40%.[2]

Many MNCH interventions are simple and low-cost, reaping major socioeconomic benefits for families, communities, countries, and donors. For instance, every $1 invested in vaccination yields an estimated $26 return through reduced healthcare costs, improved productivity, and prevented deaths and disabilities.[3]

However, progress for mothers, babies, and children around the world is now at risk due to extreme poverty, spiraling national debt in low-income countries, climate change, and an increasing number of emergencies and conflicts. This is acutely compounded by donor countries reducing Official Development Assistance (ODA) investments.

The UK Government is cutting its ODA budget to just 0.3% of Gross National Income (GNI) by 2027, requiring tough decisions to be made on prioritisation. This report analyses UK policy, financial, and programmatic contributions to the global MNCH agenda over the past decade (2016–2023), showcasing strengths and highlighting what stands to be lost if the UK steps back. This evidence should inform and support decision-makers to protect the UK's approach to MNCH in a way that harnesses key strengths, builds on hard-won gains, and maximises impact.

KEY FINDINGS: The critical role of the UK in global maternal, newborn, and child health (2016–2023)

MNCH has been an area of strength for the UK over the past decade, transcending party politics and building on the momentum of the Sustainable Development Goals (SDGs) set in 2015. Overall, the UK showed strategic commitment across core MNCH themes examined in this analysis – vaccines, nutrition and primary health care (PHC) – making ambitious financial investments, running strong bilateral programmes, and working collaboratively with partners.

However, the COVID-19 pandemic, reduction of the UK ODA budget from 0.7% to 0.5% of GNI, and merger of the Department for International Development (DFID) and the Foreign & Commonwealth Office (FCO) caused

disruption. These events led to changes in policy priorities, institutional capability, and available funding that affected delivery of MNCH services to the most vulnerable.

Analysis pointed to key UK strengths across MNCH that must be protected:

- **Influence beyond funding**: The UK provides value to global health initiatives over and above financial contributions, attracting co-investment, enhancing accountability, and driving collective ambition. By being active and inspiring other countries to support critical initiatives like Gavi, the Vaccine Alliance, the UK dramatically increases the impact of its own investments.
- **A thriving knowledge sector and MNCH ecosystem:** The UK has invested in strong partnerships on MNCH across research, policy, and practice. This has resulted in major innovations, such as new vaccines and care practices, that have achieved real-world impact through connection to and implementation via in-country programmes.
- **Integrated approach to healthy women, children, and newborns**: The FCDO's *Healthy Women, Children, and Newborns: A coordinated approach to Ending Preventable Deaths* approach uses a holistic, inclusive, and integrated model that has led to important country partnerships and programmes, making a meaningful difference to lives of vulnerable communities.

In taking MNCH priorities forward, the UK also has an opportunity to do things differently by learning from pitfalls of the past decade:

- **Credibility gap between commitments and delivery**: The UK has reversed policy and financial commitments with little warning, damaging planned delivery of programmes and its reputation as a reliable partner.
- **Sidelining proven solutions for innovation**: The UK has shifted the relative share of bilateral health spending away from basic health services and towards medical research, deprioritising delivery of proven MNCH solutions and risking disconnecting innovation from the communities and health systems that stand to benefit.
- **Losing MNCH focus within broader agendas**: The UK has integrated MNCH in health systems and security approaches which can add efficiency but risks specific MNCH needs and services becoming deprioritised and outcomes for mothers, babies, and children lost.

CONCLUSIONS: Maternal, newborn, and child health – an opportunity for UK leadership going forward

The UK has made world leading contributions to MNCH over the past decade and beyond, this important work also advancing national interests. Going forward, prioritising MNCH will allow the UK to:

- **Save even more lives in the most vulnerable communities:** The UK's strengths make it uniquely well positioned to advance global MNCH and reach the last mile in remote, fragile, and underserved settings, building on progress and maximising impact.
- **Maximise efficiency by leveraging depth and breadth of experience:** The UK's combination of multilateral influence, bilateral delivery experience, and research leadership across MNCH are assets which others cannot easily replicate and provide major efficiency savings when untied.
- **Boost economic gains in the UK and globally:** The cost-efficiency of MNCH interventions paves the way for stronger socioeconomic development in partner countries, while translation of UK research and innovation into global impact brings growth back to the UK.
- **Maintain global partnerships and influence:** MNCH programmes help the UK build relationships with key countries and institutions that strengthen the UK's global influence and open more opportunities for cooperation.

Critical gains made across MNCH are now at risk. Children, babies, and mothers cannot bear the brunt of ODA cuts, as they did in 2021.[4] To avoid this, UNICEF UK has called on the UK Government to commit to spending 25% of ODA on children, matching that spent in 2016.

The UK's next chapter in international development must be based on evidence of what has most impact for children, communities and countries, as well as the UK's unique strengths. MNCH must, therefore, take a major role and be a critical part of a strong commitment for children.

RECOMMENDATIONS: How the UK can deliver for children through maternal, newborn, and child health

To maximise impact and efficiency, the UK must take a whole-child approach to MNCH that addresses the full spectrum of health needs that mothers, babies, and children have.

Recommendation 1: Embed the FCDO's Healthy Women, Children, and Newborns (HWCN) approach in decision making

- **Maintain strong UK expertise in MNCH**, setting clear, transparent, and measurable targets to prevent dilution of focus on maternal and child outcomes.
- **Publish detailed HWCN progress reports annually**, setting out the impact of this integrated approach.
- **Reappoint a high-level HWCN champion at ministerial level** to drive policy coherence and ensure sustained political commitment to ending preventable deaths of mothers, babies, and children.

Recommendation 2: Protect comprehensive and strategic investments in multilateral and bilateral MNCH programmes

- **Prioritise MNCH as a key component of a wider commitment to spend 25% of ODA on children**
- **Commit to multi-year, ring-fenced allocations for high-impact MNCH multilateral organisations,** including Gavi, The Vaccine Alliance, the Global Fund to Fight AIDS, TB, and Malaria, The Global Polio Eradication Initiative, and the Global Financing Facility.
- **Protect bilateral investments** that deliver tailored, context-specific MNCH programmes, focusing on support that leverages the UK's unique expertise and partnerships.

Recommendation 3: Leverage UK influence and expertise to champion MNCH in the global health landscape

- **Maintain active participation in governance structures of multilateral health initiatives** to ensure that UK MNCH priorities are embedded in policy decisions.
- **Protect bilateral partnerships in MNCH**, standing by existing commitments, being transparent about priorities, and facilitating delivery against country-led MNCH needs.
- **Use diplomatic and convening power to advance ODA and global health reform processes**, ensuring these align with country-led MNCH priorities and PHC principles.

Recommendation 4: Restore balance and connectivity between proven on-the-ground interventions and the UK innovation ecosystem

- **Restore ODA spending on basic health services** to the most vulnerable populations in hard-to-access areas.
- **Continue to make strategic investments in MNCH research excellence** across the UK's knowledge and life sciences sector.
- **Support implementation research partnerships** that connect UK life sciences and academic institutions with in-country delivery partners and programmes, ensuring that research directly informs and improves program delivery.

1.0 INTRODUCTION

Why maternal, newborn, and child health, and why the UK?

Today, more children than ever before in history survive to their fifth birthday,[5] more babies are born healthy,[6] and more women survive pregnancy and childbirth.[7] This is a testament to the amazing progress made in maternal, newborn, and child health (MNCH) over the last few decades.

MNCH is the cornerstone of effective international development. Supporting women's health through pregnancy, childbirth, and postpartum protects their wellbeing, improves chances of a low-risk pregnancy and a healthy baby at birth, and provides families with the tools they need to raise children to thrive. Similarly, protecting babies and children through the early and most critical stages of life enables them to grow into healthy and productive adults, able to play an active role in their communities, contributing further to wider development and growth.

At the same time, many high-impact MNCH interventions are simple and low-cost, making this one of the smartest and most cost-effective development investments. For example, every $1 invested in vaccinations delivers a return on investment of $26,[8] and every $1 invested in undernutrition returns $23.[9] The major progress made in MNCH to date has been enabled by scaling-up and widening access to lifesaving health services that we know work, such as routine immunisation, comprehensive nutrition programmes, and quality antenatal and postnatal care.

Current status of maternal, newborn, and child health

While significant progress has been made in reducing mortality of children, babies, and mothers, too many continue to die each year of preventable causes, and the data shows that progress is slowing.[10] For example, in 2023, 4.8 million children died before reaching the age of five, just 100,000 fewer deaths than seen in 2022. Unfortunately, we know this is part of a longer-term trend – the progress made towards reducing under-five deaths is 42% slower during 2015–2023 than it was during 2000–2015.

Extreme poverty, spiraling national debt in low-income countries, climate change, and an increasing number of emergencies and conflicts present escalating risks for children, babies, and mothers, while also undermining the critical health systems and services they rely on. As a result, 60 countries are off track to meet the Sustainable Development Goal (SDG) target of reducing under-five mortality to no more than 25 deaths per 1,000 live births by 2030. An

even greater number – 65 countries – are not expected to meet the neonatal mortality target of 12 deaths per 1,000 live births.[11]

These impacts have been compounded by donor countries reducing their commitments and investments in international development, including in MNCH, causing healthcare worker shortages, clinic closures, and vaccination programme disruptions.[12] Indeed, cuts to UK Official Development Assistance (ODA) have disproportionately affected MNCH: recent UNICEF UK analysis showing that between 2019 and 2023 UK child-focused bilateral ODA dropped by 57%,[13] bilateral health spending that was child focused more than halving during this time.

Additional proposed cuts to the UK ODA budget reducing it to just 0.3% of GNI by 2027 are expected to cause even greater damage to international development efforts, and have potential to stall MNCH outcomes even further. UNICEF UK is calling on the UK Government to outline a clear pathway to returning ODA to 0.7% of GNI, and in the meantime commit to spending 25% of ODA on children.[14] Within this, resources must be prioritised for critical programmes that support children, babies, and mothers to survive and thrive, including MNCH interventions.

How should maternal, newborn, and child health be prioritised by the UK going forward?

The UK Government has tough decisions to make around how to prioritise limited development resources. This report makes the case for why MNCH must be protected as a key component of UK development work, even under a 0.3% ODA scenario. This is not just because it is a critically impactful area in terms of the difference made to the lives of mothers, babies, and children and the socio-economic benefits that come with this, but also because the UK brings comparative advantage to MNCH that cannot be filled by others.

Decisions about the future of UK aid must be guided by evidence. This report provides an analysis of UK policy, financial, and programmatic contributions to the global MNCH agenda over the last decade, showcasing key strengths and highlighting what stands to be lost if the UK steps back.

Examining the UK's legacy in this way should inform and support decision-makers to assess why and how they must protect the UK's approach to MNCH in a way that harnesses comparative advantage, builds on hard-won gains, and maximises impact. At the same time there is a major opportunity to enhance the UK's offering despite financial constraints, learning from pitfalls of the past to reinvigorate the approach to MNCH under development priorities set out by the current government.

2.0 METHODOLOGY

Analysing the role of the UK in maternal, newborn, and child health

This analysis focuses on three key questions:

1. What has been the UK's contribution to global maternal, newborn, and child health (MNCH) over the past decade?
2. What were the strengths and pitfalls of the UK's approach to MNCH in this time that can be learnt from?
3. Where are the opportunities to build on the UK's comparative advantage in MNCH going forwards?

Analysis was conducted to examine policy, financial, and programmatic contributions the UK has made to MNCH between 2016 and 2023. This year range was selected to align with the timeframe explored in UNICEF UK's 2024 report, *Leave No Child Behind: Analysing the cuts to UK child-focused aid*,[15] and to reflect the past decade up until reliable records are available. Where more recent information is available this has been considered in the analysis.

The primary research method was a structured literature review, including assessment of major government strategies and frameworks, UK ODA spending data, and programme delivery reports. The review covered both child-specific and child-sensitive activities, with deep dives on immunisation, nutrition, and primary health care (PHC) as themes that directly contribute to MNCH outcomes, serving as key indicators for the sector as a whole.

To strengthen findings and address data gaps, a series of semi-structured interviews were conducted with government and sector experts, and a short survey was distributed to UK civil society actors working in global health. Interviews and the survey explored perceptions of the UK's MNCH legacy, tested preliminary findings, and gathered expert views on how the UK's engagement in MNCH could be maximised.

Insights were analysed to build a picture of trends within the UK's contribution to MNCH over the past decade. Findings were then situated within the evolving political and fiscal context in which aid decisions are being made to identify strengths and pitfalls and provide forward-looking recommendations.

While the research aims to provide a comprehensive and accessible overview, it was not possible to explore every relevant theme or sub-sector of MNCH in depth. MNCH is a wide-ranging field, intersecting with areas such as water, sanitation, and hygiene (WASH), mental health, sexual and reproductive health and rights (SRHR), gender equality, education, and humanitarian response. As such, this analysis should be viewed as a strategic overview rather than an exhaustive account of all UK activity related to MNCH.

3.0 FINDINGS

The UK's approach to maternal, newborn, and child health between 2016 and 2023

The UK has played a critical role in progress on global maternal, newborn, and child health (MNCH) over decades, showing strong support spanning across governments and transcending party politics. This work has been delivered through different mechanisms. Partly through Official Development Assistance (ODA) contributions, funding major global health initiatives and development programmes that have made a difference to so many lives. Partly through deep technical and programmatic work, conducting research, deploying expertise, and delivering support where it is most needed. And partly through policy and diplomacy, rallying around major commitments that have bolstered focus on the health of mothers, babies, and children around the world.

The past decade has been marked by periods of significant change in the approach to international development more widely. 2016 started strongly following adoption of the Sustainable Development Goals (SDGs) at the end of 2015. However, by 2025 we face an unclear picture of how countries may reset development commitments under new political and fiscal constraints.

Despite this, MNCH has been an area of relative strength by the UK over the decade. However, given the breadth of issues critical to MNCH, there are nuances in how the UK has prioritised different areas within its MNCH portfolio. This is exemplified through deeper analysis of immunisation, nutrition, and primary health care (PHC), using these themes as indicators for the UK's MNCH approach as a whole.

The following core timeline provides an overview of major developments in the context as well as delivery of UK immunisation, nutrition, and PHC commitments between 2016 and 2023. Full analysis of each theme – including evidence on policy shifts, financing trends, delivery programmes, and case studies – is available in **Annex 1, Vaccines**; **Annex 2, Nutrition**; and **Annex 3, Primary Health Care (PHC)**.

"What I want for my child, I want for all children and there is a strong case for children and families not just in some developing countries but in all developing countries enjoying basic health care services free at the point of need based on need not ability to pay."

Gordon Brown, Department for International Development and UN Development Programme seminar, 2005 [16]

2016–2020: Strategic commitment and global leadership

This was a time of ambition and progress. The UK developed major expertise and influence across MNCH themes through multilateral support, bilateral delivery experience, and research leadership. Building on the momentum of the SDGs, the UK positioned itself as a global leader on MNCH, both through financial commitments and strong delivery partnerships. This work was spearheaded by the Department for International Development (DFID), established in 1997 and by 2016 a powerhouse in the international development community.

Across core MNCH themes, UK ambitions and key achievements included:

- **Vaccines:** The UK's work on immunisation was characterised by a commitment to multilateral partnerships delivering vaccines at scale, and innovative financing approaches that enabled rapid, coordinated responses to health crises (see Case study 1). Between 2016 and 2020, the UK fulfilled its £1.44 billion pledge to Phase 4 of Gavi, the Vaccine Alliance. As a top donor and influential board member, the UK was pivotal in supporting Gavi to immunise 300 million children in low- and middle-income countries during this period.[17]
- **Nutrition:** The 2017 Global Nutrition Strategy prioritised women, girls, and the first 1,000 days, and the UK continued to be one of the top global donors, disbursing over £5 billion of nutrition ODA from 2013-2020.[18] DFID-supported nutrition programmes saved lives in the most challenging contexts, including Yemen and Syria, and the UK achieved its goal of reaching 50 million women and girls by 2020 through effective nutrition programmes.[19]
- **Primary Health Care:** The UK invested in long-term programmes focused on reaching underserved mothers, babies and children – the "last mile" – such as the Sierra Leone Saving Lives project (see Case study 2), and key multilaterals contributing to PHC infrstructure and delivery such as the Global Financing Facility (GFF), the International Development Association (IDA), and the World Health Organization (WHO). The UK also developed a strong and diverse PHC ecosystem, investing in research institutions, data systems, and global coordination platforms that made major contributions to the MNCH evidence base. Connectivity of UK research to country partners achieved real-world impact where innovations were developed in context with communities and delivered through bilateral programmes.

2020–2021: Disruption, restructuring, and retrenchment

The 2020 COVID-19 pandemic had major impact on international development and health policy. The immediate response changed programmatic and spending priorities, and the resulting economic downturn was cited as a major

trigger behind the reduction of the ODA budget from 0.7% to 0.5% of GNI in 2021. At the same time, additional financial support going to countries like Ukraine and Afghanistan put further pressure on aid budgets, and the 2021 merger of DFID and the Foreign & Commonwealth Office (FCO) led to major changes in the approach to UK foreign and development policy.

As a result, institutional capability weakened and funding for basic health services significantly reduced. Across core MNCH themes, some UK ambitions were consistent, but others varied:

- **Vaccines:** The UK hosted the 2020 Global Vaccine Summit and committed £1.65 billion to phase 5 of Gavi, the Vaccine Alliance, for the 2021–2025 period. This sustained UK support enabled Gavi to plan, innovate, and deliver impact at scale. However, the UK's approach to immunisation was undermined by a sudden and significant cut to Global Polio Eradication Initiative (GPEI) funding in 2021,[20] disrupting carefully planned and costed polio eradication efforts, as well as underlying routine immunisation systems in fragile settings reliant on GPEI support.
- **Nutrition:** Focus on nutrition diminished, funding falling by around 60%[21] and the UK civil service losing an estimated 20% of its professional capability.[22] Abrupt UK withdrawal from programme commitments impacted the capacity of partners to deliver critical nutrition services – including delivery of UNICEF and Save the Children programmes in Yemen (see Case study 3) – and no new commitment was made at the 2021 Nutrition for Growth Summit, damaging the UK's influence as a founding partner.
- **Primary Health Care:** PHC was still visible in strategy documents, but progress for mothers, babies, and children was disrupted as many PHC-focused programmes were closed or reduced due to ODA cuts (see Case study 4), total bilateral health spending going to basic health care halving between 2020 and 2021.[23] This was part of a broader spending priority shift over the decade which saw the types of health expenditure more likely to support MNCH outcomes declining in importance. For example, the relative share of bilateral health spending going to basic health services fell from around 15% in 2016 to under 5% in 2023. In the same period, the relative share of spending going to medical research grew from 10% to over 30%, with less than a fifth of this spending being focused on children.*

*This analysis is based on data from the OECD Development Assistance Committee (DAC) Creditor Reporting System (CRS), using project-level information to assess UK bilateral official development assistance (ODA) spending. The methodology follows the approach used in UNICEF UK's 2024 report *Leave No Child Behind: Tracking UK Aid for Children*, which identifies child-focused aid by analysing sectoral allocations, aid channels, and project descriptions. Further detail on the data sources, definitions, and coding process can be found in the Annex of the UNICEF UK report. UNICEF UK. (2024). *Leave No Child Behind: Tracking UK Aid for Children*. https://www.unicef.org.uk/wp-content/uploads/2024/05/Leave-No-Child-Behind-Tracking-UK-Aid-for-Children.pdf

2021–2023: A fragile reset

Despite earlier disruptions, the UK reaffirmed MNCH goals through a welcome policy shift that drew greater focus on integrated health systems, with a specific commitment to ending preventable deaths of mothers, babies, and children – an approach still embedded at the Foreign, Commonwealth, and Development Office (FCDO).

Across core MNCH themes, UK ambitions and key achievements included:

- **Vaccines:** The UK maintained investment in Gavi, the Vaccine Alliance, modelling multilateral leadership through an active governance role that extended impact beyond funding to meaningful policy influence. For example, with consistent UK support, by 2023 Gavi had introduced the HPV vaccine in 38 countries, protecting over 27 million girls against cervical cancer.[24] Long-term investment in UK life sciences also led to major breakthroughs in vaccine innovation, UK institutions delivering two novel malaria vaccines.
- **Nutrition:** The UK pledged £1.5 billion for nutrition through to 2030, representing improvement but still a reduction from previous funding levels that does not match pre-2020 ambitions. Alongside UNICEF and other partners, the UK co-launched the Child Nutrition Fund as an innovative financing approach aiming to support nutrition programmes to scale, and used diplomatic levers to advocate for greater integration of nutrition into other interventions such as immunisation, water and sanitation, and education.
- **Primary Health Care:** The UK launched the *Ending the Preventable Deaths of Mothers, Babies and Children by 2030* approach paper[25] and the *Health Systems Strengthening for Global Health Security and Universal Health Coverage* position paper[26] in late 2021, centring integration, PHC and the needs of mothers, babies, and children as policy priorities. PHC-specific investments remained well below levels seen at the start of the decade, but the UK took a more active role in advancing PHC-focused global health reform through support for the Lusaka Agenda – a roadmap to better align global health programmes with national priorities, the first of its strategic shifts calling for stronger investment in PHC and integrated service delivery.[27]

Case study 1. Measles outbreak in Madagascar (2018–2019): Strong multilateral response

In 2018-2019, Madagascar faced a severe measles outbreak, with over 135,000 cases and 1,300 deaths, primarily among children. Notably, more than half of the reported cases (51%) were in individuals who had not been vaccinated or had unknown immunisation status, highlighting the critical gaps in vaccination coverage.

Compounding the crisis, Madagascar had the highest proportion of malnutrition among children under five in Africa, with 47% affected. Malnutrition significantly increases the risk of severe complications and death from measles infection[28].

In response, the Government of Madagascar, with support from Gavi, the Vaccine Alliance, UNICEF, the World Health Organization, and other partners, launched a nationwide emergency vaccination campaign.

The UK's significant funding to Gavi, including its support for the International Finance Facility for Immunisation (IFFIm), enabled rapid mobilisation of resources for the campaign. This financial flexibility was instrumental in facilitating the swift response to the outbreak.

More than 7.2 million children were vaccinated over several months, reaching even the most remote areas. Cold-chain infrastructure was expanded, tens of thousands of health workers were trained, and community engagement efforts helped rebuild trust in vaccines. Within six months, measles incidence fell by over 95%, and the campaign laid a stronger foundation for routine immunisation across the country.

Case Study 2. Saving Lives in Sierra Leone (2016–2023): A UK-funded Last Mile Programme

"Saving Lives in Sierra Leone" [29] was a UK-funded bilateral programme designed to reduce preventable maternal, newborn, and child deaths in one of the world's most challenging health contexts.

Equitable access was central to the programme's approach. Implemented across multiple districts, including remote rural and riverine areas, it trained and deployed thousands of frontline health workers, with new graduates deployed to underserved communities. Village-level healthcare was expanded through youth-led outreach, community health worker networks, mobile clinics, and ambulance services to overcome access barriers and improve referrals.

British expertise and partnerships

Delivered through a consortium managed by FCDO, the programme brought together UK-based institutions and global agencies. Notably:

- King's College London provided NHS-linked clinical expertise
- British doctors and midwives worked alongside Sierra Leonean colleagues to build capacity in hospitals
- NGOs like the International Rescue Committee UK, Concern Worldwide, and Options led community and behavioural interventions
- UNICEF and UNFPA supported essential supplies and training
- British technical partners such as Mott MacDonald and Oxford Policy Management focused on health systems strengthening, including blood services and emergency transport systems modelled on NHS best practices.

Innovations and impact

The programme heightened quality and reach of maternal, newborn, and child health care services nationwide. This included introduction of integrated service delivery models, combining community outreach with hospital upgrades. Thousands of new health workers were trained, including the number of qualified midwives growing from under 100 to nearly 1,600. Efforts like radio-based family planning education, youth peer support, and improved blood transfusion capacity helped tackle key causes of maternal mortality. As a result, the maternal death rate fell from 717 to 443 per 100,000 live births.

Budget reductions

The programme faced two major funding cuts. In 2020–21, spending was held at ~£27 million. In 2021–22, it was halved to £13 million, remaining at that level into 2022–23. This led to significant reductions in the operational support provided to district health management teams (DHMTs), including in hard-to-reach communities, and the discontinuation of the community sensitisation component of the programme led by Restless Development.[30]

Case study 3. Humanitarian response in Yemen: Cuts in times of crisis

In February 2021, the World Food Programme warned that 16.2 million people in Yemen faced hunger in an "unprecedented" humanitarian situation. The number of people living in famine-like conditions was projected to triple in the first half of the year, reaching 47,000 people.[31]

At the UN Pledging Event for the crisis in Yemen, the UK committed just £87 million, representing a 46% reduction from the £160 million pledged in 2020–21 and a 56% cut from the £200 million allocated in 2019–20.[32] UK aid to Yemen at this time was largely aimed at providing basic services, including food assistance, healthcare, and nutrition.

In April 2021, during a parliamentary committee hearing, Chris Bold, FCDO's Development Director for Yemen, acknowledged *"We have not done an impact assessment"* when asked about the effects of these aid cuts on women, people with disabilities, and displaced persons.[33]

Aid agencies reported immediate and devastating effects due to both funding cuts and the impact of the Covid-19 pandemic. Maternal, newborn, and child health programmes, including those run by UNICEF and Save the Children, were forced to scale back or shut down. Clinics closed, critical services for mothers and children were suspended, and outreach to vulnerable communities was cut.

Xavier Joubert, Country Director for Save the Children in Yemen said: *"Some of the clinics we support had to scale back capacity, also for nutrition services, and we are already seeing the impact on children. In Lahj and Hajjah, malnutrition rates have reached 11% and our teams are struggling to continue providing nutrition services. It's time for all of us to face the harsh reality that we might witness thousands of children dying over the next months, if support remains limited."* [34]

Case study 4. UK partnerships for health systems: Missed opportunity for Primary Health Care

In December 2019, the UK's Department for International Development approved £46 million for the UK Partnerships for Health Systems (UKPHS) programme, implemented by the Tropical Health and Education Trust (THET), now Global Health Partnerships.[35] Spanning 2020–24, the programme aimed to mobilise NHS staff and UK health institutions to train over 78,000 healthcare workers across low- and lower-middle-income countries. Its scope included strengthening maternal and neonatal care, improving child health services, and supporting frontline health workers – core components of primary health care (PHC).

UKPHS embodied the UK's bilateral strength in technical assistance and knowledge sharing, aligning with PHC principles such as capacity-building, community-level service delivery, and people-centred care. By deploying British expertise in partnership with local health institutions, it offered a scalable model for strengthening PHC and delivering better maternal, newborn, and child health (MNCH) outcomes in underserved settings.

However, the programme was abruptly cancelled in April 2021, less than two years after its launch, as part of broader UK aid budget cuts.[36] This decision came despite earlier assurances that ODA reductions would be temporary. The cancellation not only halted progress on health workforce development but also undermined trusted partnerships between UK institutions and frontline providers in vulnerable countries at a time when strong PHC systems were most needed for pandemic resilience and continuity of essential MNCH services.

4.0 ANALYSIS

Strengths to protect and pitfalls to avoid in the UKs approach to maternal, newborn, and child health

The UK's contribution to global maternal, newborn, and child health (MNCH) has followed a pattern of commitment, disruption, and strategic recalibration. Yet throughout these shifts, core areas of strength and comparative advantage have remained remarkably consistent. These include multilateral leadership; a distinctive ecosystem linking policy, practice, and innovation; and strong integrated policy commitments with mothers, babies, and children at the heart. These strengths are worth protecting and provide a foundation for the UK to chart a more impactful and forward-looking course under the current government.

At the same time, this review surfaces several pitfalls in the UK's recent approach to MNCH – from funding volatility, to its de-prioritisation within broader health agendas. These pitfalls offer critical lessons. By learning from past missteps and choosing to lead differently, the UK can place MNCH at the heart of a reinvigorated global health strategy – one that is more resilient, inclusive, and better aligned with the needs of a changing world.

Strength 1: Multilateral influence beyond funding

The UK provides value to global health initiatives over and above financial contributions and is well positioned to play a constructive role in shaping the future of multilateral development cooperation.

The UK leveraged its position as a top donor to shape global health, not just fund it. As a key contributor to multilateral initiatives like Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and the Global Financing Facility, the UK's strategic investments have delivered vaccines and health services to millions, while also influencing the governance and policy direction of these major programmes.

This strength has deep roots in the period before our review window. For example, the UK was instrumental in founding and championing Gavi since 2000, the Global Fund since 2002, and the International Finance Facility for Immunisation (IFFIm) since 2006. It is the long-term commitment to initiatives like these that has allowed the UK to build up strong expertise and a well-respected voice that has influence beyond sums invested, catalysing support from others and shaping the global health agenda.

As a result of this legacy, the UK is uniquely well-positioned to play a constructive role in shaping the future of multilateral development cooperation. Debates are intensifying around the reform of global health and development

financing mechanisms – including new models of ODA, pooled funding, and greater emphasis on growth and sustainability. The UK's active participation in the Lusaka Agenda and Future of Global Health Initiatives (FGHI) process reflects both the UK's convening power and its commitment to more locally led, accountable partnerships.

By staying at the forefront of multilateral reform, the UK has an opportunity to use its investments and voice to help develop a next-generation global health architecture that works better for women, newborns, and children – ensuring that efficiency, sustainability, and national ownership do not come at the expense of equity, visibility or investment in essential MNCH services.

Pitfall 1: Credibility gap between commitments and delivery

The UK has reversed commitments to MNCH themes with little warning, stunting programme delivery and impact, while damaging the UK's reputation as a partner and global influence.

Despite strong and longstanding commitments to certain MNCH policy areas and programmes, for other areas the UK established ambitious targets only to suddenly change course. For example, nutrition pledges were watered down or stalled over the past decade, bilateral funding having been slashed in 2021 despite previous strong leadership. The Global Polio Eradication Programme (GPEI) also suffered a dramatic and unexpected cut to promised funding, disrupting important activity towards disease eradication.

At times, changes also came with little warning or indication as to why programmes were being deprioritised. This forced delivery partners to rapidly change carefully made and costed plans, recalibrating long-term strategies and expected outcomes. In many cases, there was also no evidence of impact assessments having been conducted on the proposed cuts. This backtracking not only undermined operational delivery of critical programmes supporting women, children and newborns, but strained partnerships, and damaged the UK's reputation as a reliable global health collaborator.

The UK's ability to maintain its standing and influence depends on consistent delivery against, and financial backing of, its commitments. It is also dependent on the UK being clear and deliberate about its priorities and approaches, assessing decisions carefully and communicating them well. In the face of further cuts, the UK must conduct strong evaluations and make strategic decisions on priorities based on evidence of what works, where the UK has comparative advantage, and can have greatest impact.

Strength 2: The UK's thriving knowledge sector and MNCH ecosystem

The UK has fostered strong MNCH partnerships across research, policy, and practice communities, resulting in major MNCH innovations that achieve real-world impact where they are developed and delivered through in-country programmes.

The UK has built a distinctive MNCH ecosystem, leveraging strong partnerships across the FCDO, the Department of Health, NHS institutions, the life sciences sector, and academic bodies. UK bilateral programmes stemming from this ecosystem have developed and delivered tailored solutions in partner countries to reach the 'last mile', grounded in British technical expertise and innovation. This approach has elevated UK innovation on the global stage and provided opportunities to grow partnerships both within the UK and internationally.

Strategic investment in research excellence is a key aspect of this ecosystem. Institutions such as the London School of Hygiene and Tropical Medicine[37] and the University of Edinburgh[38] led transformative studies that generated evidence, improved care practices, and shaped global standards in MNCH. The UK's life sciences sector has also delivered major product innovations, such as development of two new malaria vaccines, RTS,S and R21.

By aligning bilateral programmes with research leadership, the UK created a powerful feedback loop. Research informed interventions, and field programmes tested and adapted innovations in real-world settings. These platforms not only addressed context-specific MNCH barriers but also helped scale successful models through multilateral mechanisms.

By cultivating this unique MNCH ecosystem, the UK has a major opportunity to not only improve health outcomes for more mothers, babies, and children around the world, but also to further develop links with partner countries and bolster economic growth both in the UK and internationally.

Pitfall 2: Sidelining proven solutions for innovation

The UK has shifted the relative share of bilateral health spending away from basic health services and towards medical research, deprioritising delivery of proven MNCH solutions and risking disconnecting innovation from communities and health systems.

Changing priorities in bilateral health spending away from basic health services over the past decade resulted in cuts to programmes delivering proven MNCH solutions. The review period was marked by the abrupt closure or reduction of key programmes and interventions, creating critical service gaps, eroding trust in the UK as a partner, and increasing the risk of lost investments.

Increased spending on medical research is important, the UK's global health research base being a major asset that generates influential evidence and

shapes international standards. However, this work cannot replace delivery of urgent and proven on-the-ground interventions. For example, in areas like child nutrition, the solutions that make the most difference to child survival are often well-known, inexpensive and relatively simple – ensuring access to nutritious food, basic health services, and functioning supply systems.

At the same time, research strengths are most effective when paired with strong delivery mechanisms, so a balance must be struck between investment in these areas. Innovations are only powerful if they are used, so impact is undermined where health systems are not robust enough to support exciting new products and approaches. Similarly, truly impactful health innovation must be connected to communities, focusing research priorities on their challenges and needs rather than the approach being imposed. The real value of the UK's MNCH ecosystem is the mutually reinforcing feedback loop between world-class UK research, communities, and practical delivery. If this is broken, opportunities to translate evidence into real-world change will be lost, along with the UK's credibility as a bilateral partner and global thought leader in maternal and child health.

Strength 3: Integrated approach to Healthy Women, Children, and Newborns

The FCDO's Healthy Women, Children, and Newborns (HWCN) approach is a holistic and integrated model that makes a meaningful difference to the lives of women, children, and newborns in partner countries.

A significant evolution in the UK's MNCH strategy was the adoption of an integrated systems approach, exemplified by the "*Ending Preventable Deaths of Mothers, Babies and Children by 2030*" approach paper published in 2021.[39] Now being taken forward as the "*Healthy Women, Children and Newborns (HWCN): A coordinated approach to Ending Preventable Deaths*", work to date on the Ending Preventable Deaths agenda has led to the development of close working partnerships with 11 priority countries, taking an integrated and inclusive approach to strengthening health systems and service delivery in a way that supports the breadth of needs that mothers, babies, and children have.

By placing core delivery system components, such as community and primary care, midwifery, supply chains, sustainable financing, and equitable vaccine access, at the heart of MNCH support, the HWCN approach provides a practical framework for strengthening health systems while maintaining focus on vulnerable mothers, babies, and children. It seeks not only to deliver results, but to shift the way MNCH outcomes are pursued, through multi-sectoral integration rather than vertical programming.

With continued implementation and development, HWCN has the potential to bridge the gap between short-term results and long-term systems change. This makes it one of the most strategically coherent UK frameworks for global health in recent years, and one which stands to make a meaningful difference to the lives of mothers, babies, and children in partner countries.

Pitfall 3: Losing MNCH focus under broader agendas

The UK has integrated MNCH in health systems and security approaches, adding efficiency but risking losing focus on the specific needs and services for mothers, babies, and children unless deliberately tracked.

The FCDO's HWCN integrated approach offers enormous potential, but operational updates on development and delivery of this approach since its inception in 2021 have so far been limited. A formal review of HWCN is expected in summer 2025, which should provide greater clarity on how strategic commitments are being translated into action and impact at partner country level. This should be seen as an important moment to take stock of the approach, ensuring it is further advanced under the guiding development principles of the current government.

Integrating MNCH within wider health systems frameworks offers many potential efficiency benefits through co-delivery of services and programmes, but there are also risks. Integration can result in deprioritisation of the specific interventions that are critical to mothers, newborns, and children, important services like nutrition, newborn care, and post-natal follow-up becoming lost within a plethora of other needs the system addresses. Without deliberate tracking and protection, integration of MNCH runs the risk of making this important theme less of a focus and more vulnerable to policy changes.

The growing use of broad strategic framings, such as "health security" in the context of immunisation and "health system strengthening" in relation to primary health care, can help incentivise additional investment in MNCH and foster cross-sector collaboration. However, these framings also carry risk. Health issues less directly linked to pandemic preparedness, such as routine childhood immunisation, may be undervalued when viewed primarily through a security lens. Similarly, health system strengthening efforts may fall short for mothers and children if not explicitly grounded in community-level needs. This again raises the risk that MNCH priorities are deprioritised within broad funding and policy agendas.

The absence of ring-fenced MNCH funding within FCDO structures further heightens this vulnerability. Without clearly defined and protected commitments, broad terms risk diluting focus and failing to deliver the targeted investments required to sustain essential services for women and children.

5.0 CONCLUSIONS

Maternal, newborn, and child health: an opportunity for UK leadership going forward

This analysis has demonstrated that the UK has made world leading contributions to global maternal, newborn, and child health (MNCH) over the past decade and beyond, developing a set of unique strengths that have made a material difference to the lives of mothers, babies, and children globally. Evidence of negative impacts caused by the UK rapidly stepping away from MNCH priorities demonstrates comparative advantage that cannot be easily addressed by others. This work must be prioritised by the UK Government going forward to ensure gaps are not left in the global MNCH approach, even in the face of proposed ODA cuts.

This important work has also advanced strategic national interests, strengthening global influence, supporting health security, and translating UK research into global impact. Continued leadership in this space will allow the UK to align its values with its global role, improving lives, shaping policy, and deepening partnerships.

Children, babies, and mothers must not bear the brunt of further UK ODA cuts, as they did in 2021. To avoid this, UNICEF UK has called on the UK Government to commit to spending 25% of ODA on children, matching that spent in 2016. This commitment will ensure that children living in the most difficult circumstances around the world have access to critical services they need to survive and thrive.

The UK's next chapter in international development must be guided by strategic prioritisation based on evidence of what has most impact for children, communities and countries. Given the widespread impact the UK can have through maternal, newborn, and child health (MNCH), this critical area of work must take a major role.

Going forward, prioritising MNCH will allow the UK to:

1. **Save lives in the most vulnerable communities**

There are many mothers and children who are alive today because of what the UK government has done in the past generation. In the process, the UK has built a set of strengths that make it uniquely well positioned globally to advance the global cause of maternal, newborn and child health. These strengths must be protected to support further progress, save even more lives, and maximise development impact.

2. Maximise efficiency by leveraging depth and breadth of experience

The case for the UK's continued engagement in MNCH rests not only on the scale of ongoing need, but also on comparative advantage. The UK brings a rare combination of multilateral influence, bilateral delivery experience, and research leadership across MNCH – assets that are hard to replicate and provide major efficiency savings when untied. Approaches that maximise efficiency should be especially valued in an era of tighter budgets and shifting global health priorities.

3. Boost economic gains in the UK and globally

Protecting this work also makes economic sense. Good health is the cornerstone of development, setting up children, babies, mothers, families, and communities for success, thereby paving the way for stronger socioeconomic development. Given the low cost of many MNCH interventions, this also makes them great value for money. At the same time, the deep connectivity the UK has developed between MNCH service delivery and innovation via the UK life sciences and knowledge sector provides opportunities to showcase UK expertise on the global stage, bringing growth back to the UK. Prioritising this sector will also ensure past progress is not lost and avoid previous investments being put to waste.

4. Maintain global partnerships and influence

The UK has built strong relationships with key countries and institutions through its commitments to MNCH, translating into benefits for mothers, babies and children, while also opening up wider opportunities for cooperation. Recent disruptions have exposed the fragility of political will and financial consistency behind international aid, but they also highlight what is most valuable in the UK's contribution to MNCH – the ability to shape global health not only through funding, but through technical expertise, clear policy commitments, targeted diplomacy, and respectful global partnerships. As global development priorities evolve, the UK has an opportunity and a responsibility to help shape what comes next, ensuring the needs of the most vulnerable mothers, babies, and children are a central focus.

6.0 RECOMMENDATIONS

Delivering on maternal, newborn, and child health as part of a UK commitment to children

To fully realise the benefits outlined, the UK must take a whole-child approach. This approach should address the full spectrum of health needs that mothers, babies, and children have, knowing that addressing just some issues will leave vulnerable communities exposed to risk and undermine investments made.

A balanced maternal, newborn, and child health (MNCH) portfolio, comprehensively addressing all aspects of MNCH together should:

Recommendation 1: Embed the FCDO's Healthy Women, Children, and Newborns (HWCN) approach in decision making

- **Maintain strong UK expertise in MNCH,** setting clear, transparent, and measurable targets to prevent dilution of focus on maternal and child outcomes.
- **Publish detailed HWCN progress reports annually**, setting out the impact of this integrated approach.
- **Reappoint a high-level HWCN champion** at ministerial level to drive policy coherence and ensure sustained political commitment to ending preventable deaths of mothers, babies, and children.

Recommendation 2: Protect comprehensive and strategic investments in multilateral and bilateral MNCH programmes

- **Prioritise MNCH as a key component of a wider commitment to spend 25% of ODA on children.**
- **Commit to multi-year, ring-fenced allocations for high-impact MNCH multilateral organisations**, including Gavi, The Vaccine Alliance, the Global Fund to Fight AIDS, TB, and Malaria, The Global Polio Eradication Initiative, and the Global Financing Facility.
- **Protect bilateral investments that deliver tailored, context-specific MNCH programmes**, focusing on support that leverages the UK's unique expertise and partnerships.

Recommendation 3: Leverage UK influence and expertise to champion MNCH in the global health landscape

- **Maintain active participation in governance structures of multilateral health initiatives** to ensure that UK MNCH priorities are embedded in policy decisions.

- **Protect bilateral partnerships in MNCH,** standing by existing commitments, being transparent about priorities, and facilitating delivery against country-led MNCH needs.
- **Use diplomatic and convening power to advance ODA and global health reform processes**, ensuring these align with country-led MNCH priorities and PHC principles.

Recommendation 4: Restore balance and connectivity between proven on-the-ground interventions and the UK innovation ecosystem

- **Restore ODA spending on basic health services** to the most vulnerable populations in hard-to-access areas.
- **Continue to make strategic investments in MNCH research excellence** across the UK's knowledge and life sciences sector.
- **Support implementation research partnerships** that connect UK life sciences and academic institutions with in-country delivery partners and programmes, ensuring that research directly informs and improves program delivery.

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