



House of Commons
International Development
Committee

**Humanitarian crises
monitoring: impact of
coronavirus (interim
findings): Government
Response to the
Committee's Fifth
Report of Session
2019–21**

**Fifth Special Report of Session
2019–21**

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The International Development Committee

The International Development Committee is appointed by the House of Commons to examine the expenditure, administration and policy of the Department for International Development and its associated public bodies.

On 1 September 2020, DFID and the Foreign and Commonwealth Office were merged to form the Foreign, Commonwealth and Development Office (FCDO). The Committee remains responsible for scrutiny of those parts of FCDO expenditure, administration and policy that were formerly the responsibility of DFID.

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Fifth Special Report

The International Development Committee published its Fifth Report of Session 2019–21, [Humanitarian crises monitoring: impact of coronavirus \(interim findings\)](#) (HC 292) on 13 November 2020. The Government’s response was received on 14 January 2021 and is appended to this report.

Appendix: Government Response

Introduction

The Government is grateful for the International Development Committee’s (IDC) report “*Humanitarian crises monitoring: impact of coronavirus (interim findings)*” on the Government’s international response to the COVID-19 crisis.

We are continuing to see the devastating impact of COVID-19 around the world. It is a crisis of almost unprecedented complexity and scale. At the time of writing, there have been 86.5 million cases and 1.87 million deaths globally. Especially in some low-income countries, we know that these figures will be the tip of the iceberg. For example, detailed research from Damascus, Syria and Arden, Yemen suggest that less than 3% of COVID-19 deaths are formally recorded. In combination, these numbers are a reminder that the primary health crisis remains significant, and far from over. We also know that in many developing countries the indirect health, economic and humanitarian impacts will outweigh the direct health impacts of the pandemic.

The UK response has, similarly, been almost unprecedented in terms of scale and complexity. We have committed up to £1.3 billion of new Overseas Development Assistance (ODA) to counter the health, humanitarian, and socio-economic impacts of COVID-19, and to support the global effort to find and equitably distribute a vaccine. The Foreign Commonwealth and Development Office (FCDO) has adapted over 300 bilateral programmes to respond to COVID-19 and has worked with leading UK institutions like the Institute for Fiscal Studies and the Bank of England to provide technical assistance to developing country governments on their COVID-19 response.

The FCDO has drawn on its full range of development and diplomatic expertise to be at the forefront of the international response. For instance, we have worked to secure debt relief to enable countries to prioritise their response to COVID-19. We have also hosted the Global Vaccine Summit, which raised nearly \$9 billion to support Gavi, the Vaccine Alliance’s (‘Gavi’) mission to immunise a further 300 million children and save up to 8 million lives from vaccine preventable diseases, including catching up and sustaining immunisations interrupted by COVID-19.

Positive developments in vaccine results and regulatory approvals offer a glimpse into a brighter future. The UK can be proud of its role in galvanising international efforts to develop and ensure equitable access to vaccines, therapeutics and diagnostics (VTD’s) for the world’s poorest countries. Working with our international partners, we have helped design the international structure that is supporting the provision of vaccines to low and middle-income countries—the COVAX Advance Market Commitment (AMC). We are the biggest bilateral donor, helping to provide COVID-19 vaccines for up to 92 developing countries.

However, the challenges around the roll out of vaccines are significant. That is why the UK has also invested in the development and equitable distribution of COVID-19 therapeutics and diagnostics. The UK is a leading donor to the Foundation for Innovative New Diagnostics (FIND), contributing up to £23 million, which has supported the Foundation's participation in a new global partnership that will make available 120 million high quality COVID-19 rapid diagnostics tests for low and middle-income countries. The UK is also funding the COVID-19 Therapeutics Accelerator, which is supporting a pipeline of promising therapeutics and preparing the way for their rapid deployment as soon as they are proven effective.

Even when the primary health crisis has been brought under control, the indirect health, humanitarian and economic impacts will be severe and long lasting, particularly in the most vulnerable countries. These impacts risk undermining progress on key issues such as poverty reduction, gender equality, girls' education, and sexual and reproductive health and rights. The World Bank forecast an additional 150 million people could fall into extreme poverty in 2021. The most vulnerable people – those already facing humanitarian emergencies, or those already marginalised, including women and girls – will be hit the hardest. We therefore welcome the second phase of the IDC's inquiry, which is considering the indirect impacts of COVID-19.

We hope that 2021 will be about a global recovery, using our Presidencies of the G7 and COP26 to drive towards a greener and fairer future, and taking forward the Prime Minister's five-point plan for a new approach to global health security, announced at UNGA. But we should be under no illusion about the scale of the challenge in the world's poorest countries.

We have taken the tough but necessary decision temporarily to reduce the overall amount we spend on ODA from calendar year 2021. We remain a world leading aid donor, spending 0.5% of Gross National Income (GNI). We will spend more than £10 billion next year to fight poverty, tackle climate change and improve global health. We will return to spending 0.7% of GNI on ODA when the fiscal situation allows.

Coronavirus—risks and threats

1. ***We recommend that, as part of a renewed consistent approach to promoting global health, the FCDO should continue to fund existing programmes aimed at the eradication of previously identified diseases. The Government should use its integrated voice to lobby development allies and partners to stop any transfer of resources from existing programmes, and the Global Fund, to Covid initiatives.***
(Paragraph 45)

As the Foreign Secretary said in his statement to the House on ODA on 26 November, investing in global health is one of the five ways in which the UK will prioritise ODA spending in 2021 to tackle COVID-19 and promote wider international health security. We will maintain our position as a world leader – in both research, and development programming—and continue to fund existing programmes which tackle previously identified diseases, including through our investments in Gavi and the Global Fund to fight AIDS, TB and Malaria ('the Global Fund'). As set out in the manifesto, the Government is

committed to working with international partners towards ending the preventable deaths of mothers, new-borns and children by 2030 and to lead the way in eradicating Ebola and malaria.

Our continued efforts on existing diseases also require an effective response to COVID-19: tackling COVID-19 is essential for getting back on track with ending the epidemics of diseases such as HIV, TB, and malaria. The current pandemic has disrupted service delivery for these diseases and has had a negative impact on people's ability to seek care. Our commitments to programmes such as the Global Fund address this dual challenge. For example, in response to COVID-19, the Global Fund has provided up to \$1 billion from the 5th replenishment to help countries to adapt disease programmes to the challenges of delivering in the context of COVID-19 and to support wider national responses to the pandemic. Looking ahead, the Global Fund will use the funds secured during the successful 6th replenishment, including the UK Government's pledge of up to £1.4 billion, to support adapted and sustainable programming for the three diseases. Our funding to the Global Fund and investments in other global health initiatives keeps essential activities going, such as bed net distribution and immunisations.

Our commitment to non-COVID-19 diseases is also evidenced by our support for initiatives like the Global Polio Eradication Initiative (GPEI), which we have funded since 1995. Our investments in health systems and infrastructure through GPEI have helped get routine services up and running. In Pakistan, the polio immunisation campaign is underway again after a pause earlier in the year, reaching over 39 million children under-five.

We will continue to work with our allies and partners to ensure that we address the direct and indirect health impacts of COVID-19. For example, we will continue to support and strengthen the World Health Organisation (WHO) as the second largest state donor. In addition to our average annual contribution of £120 million to assist the WHO, we recently announced a further £340 million (2020–24) in new core contributions. Furthermore, the UK continues to push for 'inclusion' to be central in the COVID-19 Global Humanitarian Response Plan. This includes emphasising the importance of sexual and reproductive health and rights.

2. ***Successive UK governments have always stated that safeguarding and action against gender-based violence, including sexual violence, were high priorities for action. We have previously welcomed this stance and recommend that the new Department continues to make it a priority to maintain and strengthen the international alliance around initiatives in this area. We also recommend that the new Department maintains the UK's international leadership on this agenda, preserves existing levels of funding and seeks to identify what further interventions may counteract the effect that Covid has had in increasing levels of domestic violence and sexual exploitation and abuse of women and children.***
(Paragraph 52)

The Government remains committed to eliminating all forms of gender-based violence (GBV). This is a core part of this Government's mission and of Global Britain's role as a force for good in the world. We are proud that the UK is recognised as a global leader in tackling GBV, including pioneering approaches through our *What Works to Prevent Violence* programme, which have shown that reductions in violence of around 50% are possible over programmatic timeframes.

As the Foreign Secretary set out at UNGA on 1 October, the UK is working with our international partners to ensure that gender equality is central to the COVID-19 recovery. We have reoriented FCDO programmes so that women and girls can continue to access support. For example, in Kenya, the UK is supporting the State Department for Gender to increase the capacity of the national helpline and support a coordinated approach to services for survivors. In Nepal, we are ensuring that women and girls can access support by financing Women and Children Service Centres across the country.

We have also used significant investment and influence within the international system to address the “shadow pandemic” of GBV—for example providing £10 million to the United Nations Populations Fund (UNFPA), which includes funding to scale up reporting, protection and support services for women and children affected by violence. In September 2020, we announced new funding of £1 million to the UN Trust Fund to End Violence Against Women’s COVID-19 Crisis Response Window, on top of our existing £21 million contribution. We are ensuring that inclusion is built into the COVID-19 response and recovery to prioritise the needs of vulnerable groups, including women with disabilities, who are two to four times more likely to experience intimate partner violence. For example, our flagship Disability Inclusive Development Programme supports adapted and new interventions to produce evidence about effective ways of ensuring that people with disabilities are not excluded from humanitarian and health responses.

We agree that action against GBV is more important now than ever. That is why we are building on the success of What Works Phase 1 with a ground-breaking successor—What Works to Prevent Violence: Impact at Scale. This is the first ever global programme to systematically scale up proven approaches to prevent GBV worldwide. The UK also continues to lead the world in our support to the Africa-led movement to end female genital mutilation (FGM), including through our current five-year programme which commenced in 2019. Since 2013, UK aid has helped over 10,000 communities pledge to abandon FGM.

The UK is further stepping up our international leadership on this agenda. We are co-leading the new Generation Equality Global Action Coalition on GBV with Kenya, Uruguay, Iceland and other global partners. We are using this platform to catalyse collective action and deliver concrete results over the next five years. This has included initiating a joint statement on GBV and COVID-19 at UNGA in 2020. The Foreign Secretary made clear at UNGA that the UK will use the Action Coalition to “tackle the root causes of violence, including using education to stop violence before it starts”.

The UK is playing a leading global role in efforts to end violence, abuse and exploitation of children. We are supporting global partners, including the Global Partnership to End Violence Against Children, to pivot their technical support, programmes and advocacy to the COVID-19 response. This includes the UK’s £5 million contribution to End Violence’s Safe to Learn initiative, which is focusing on keeping children safe in the remote learning environment. We will use our role as co-leader of the Action Coalition on GBV to strengthen the links between these agendas, and to drive action to end GBV in schools and educational institutions and harness the transformative potential of education to support equitable relationships and non-violence from a young age.

We will continue the UK’s global leadership on preventing sexual violence in conflict, putting survivors at the heart of our work—including collaborating with our Preventing

Sexual Violence in Conflict Survivor Champions, Nadine Tunasi and Kolbassia Haoussou. In 2020, we announced £1.3 million for the Global Survivors Fund, launched by Nadia Murad and her fellow Nobel Laureate Dr Denis Mukwege, to provide redress for victims of conflict-related sexual violence. We recently launched a first draft of the Murad Code, a global code of conduct to ensure that investigation into conflict related sexual violence is safer, more ethical, and more effective. We also launched the Declaration of Humanity, which unites multiple faiths to call for the prevention of sexual violence in conflict and denounces the stigma faced by survivors.

Safeguarding against sexual exploitation and abuse and sexual harassment (SEAH) in the aid sector is a priority for FCDO and we set out our vision in the [UK Strategy](#) published in September 2020. We are working to drive up SEAH safeguarding standards at an international level to minimise harm and respond to survivors. We work closely with donors, multilaterals, civil society and others to deliver on commitments and provide aligned guidance for the sector. Within the FCDO we continue to integrate SEAH prevention and response into all our policy and programme work. At the start of the pandemic, we acted on early evidence that SEAH cases would rise and flagged the increased risk of SEAH with our partners. We also required all proposals to our rapid response fund to fight COVID-19 to include steps to mitigate SEAH risk. We published guidance on safeguarding during COVID-19 through our Safeguarding [Resource and Support Hub](#), and continue to build safeguarding capability across the sector. We will continue to analyse evidence of SEAH during this pandemic and act accordingly.

3. ***We recommend that the Government continues to project clearly onto the international stage, the importance it places on the UK's place within the rules-based international infrastructure and the crucial foundations of human rights and the rule of law as fundamental British values.*** (Paragraph 55)

We will continue to build on our work so far in demonstrating the UK's leadership on the international stage during the COVID-19 response. We are committed to working closely with partner countries and international bodies including the WHO, the World Trade Organisation and the G20 to promote a rules-based international system that is inclusive of developing countries, and to strengthen global security and the rule of law. We will also continue our long-standing commitment to promoting free, open societies and upholding universal human rights. The UK's G7 Presidency, particularly our Foreign and Development Track, provides a rich opportunity to reaffirm the relevance and power of multilateralism and show how open societies are best placed to deliver domestically and tackle global challenges, while further reinforcing the UK's role as a global Force for Good.

The UK Response

4. ***The FCDO should recognise that the eradication of the pandemic everywhere is an integral part of resolving the threat anywhere and therefore switch its financial support for Covid-19 vaccines, therapies and tests voluntarily from its ODA pot to other budgets (thereby freeing up resources for more frontline activity on secondary impacts in developing countries).*** (Paragraph 91)
5. ***The FCDO should re-commit to its ongoing programmes and provide new funding for the Covid-19 response—in particular in relation to secondary impacts—from ODA, freed up from Covid-19 vaccine R&D, rather than allowing the transfer of scarce resources from existing programmes, especially those tackling other diseases.*** (Paragraph 91)
6. **We conclude that, for the time being, it would not be prudent for the Government to work on the basis that funding allocated to research for vaccines, treatments or tests for Covid-19 would count as ODA, as it “contributes to addressing a global challenge and not a disease disproportionately affecting people in developing countries”. Our view is that this frees up a substantial sum from the 2020 ODA pot to be applied to, either alleviate part of the cuts made in anticipation of reduced GNI for 2020, or activity aimed at alleviating secondary impacts of the Covid-19 pandemic. We would recommend the latter course (in so far as the options are mutually exclusive).** (Paragraph 96)

We are committed to the OECD Development Assistance Committee (DAC) rules and our ODA is allocated in accordance with current ODA eligibility Directives. The DAC ODA rules are clear that R&D investments which primarily aim to address problems faced by developing countries, and promote their welfare and economic development, qualify as ODA. Our funding meets this primary objective by ensuring the development of VTD’s that are designed to be used in the developing world, and by ensuring the poorest countries have quick and fair access to them. The needs of low and middle-income countries must be considered at the outset of R&D investment. Moving ODA funding away from COVID-19 R&D risks underfunding R&D into VTD’s that are suitable for and accessible to developing countries.

We disagree with the IDC’s view that ODA funding should be switched away from Research and Development (R&D) for COVID-19 VTD’s. Alongside our efforts to tackle the indirect impacts, the development of new technologies (and ensuring access to them) is a critical part of the global response. The UK is committed to ensuring rapid and equitable access to safe and effective VTDs in low- and middle-income countries and has committed an additional ODA contribution of up to £829 million to this. This includes ensuring that new VTD’s are appropriate for low resource settings that have limited health services and infrastructure (such as inconsistent electricity supply).

Our investments to support equitable access to safe and effective VTDs in low- and middle-income countries include a new ODA contribution of up to £500 million for the COVAX AMC. This is in addition to our existing contribution of £48 million. Through this funding, we are contributing to the supply of 1 billion doses of a COVID-19 vaccine for developing countries in 2021 and the vaccination of up to 500 million people. As with our broader support for Gavi immunisation, this will specifically target ODA-eligible

low- and middle-income countries, enabling them to access safe and effective vaccines to control the pandemic, reducing both the direct and indirect impacts and supporting economic recovery.

Our R&D investments support organisations such as the Coalition for Epidemic Preparedness Innovations (CEPI), FIND and the COVID-19 Therapeutics Accelerator. Their core focus is on developing technologies that can be deployed in poorer countries. CEPI is working to select and then invest in a variety of vaccine candidates, based on speed, scale and access in developing countries. This investment is conditional on each candidate's commitment to provide supply to the COVAX AMC.

Our investments aim to accelerate vaccine research and to ensure that poorer countries do not miss out in the global race for a vaccine. The linkage between CEPI's vaccine portfolio and the COVAX AMC creates an end-to-end approach to product development and delivery, benefitting those in greatest need.

Similarly, our investments in diagnostics and treatment research aim to ensure that easy-to-use, effective diagnostic tests are available to detect and trace outbreaks, and that effective drugs are quickly developed for COVID-19 in low- and middle-income countries.

The UK is committed to tackling the direct and indirect impacts of the pandemic in the developing world. We have pledged up to £1.65 billion to Gavi to support routine immunisation, including reprogramming health systems strengthening grants for PPE and infection, prevention and control that are vital to keep essential services accessible. The previously referred to £340 million new core contribution to the WHO over the next four years is a significant uplift in UK support, and will help to strengthen the WHO and support their work to strengthen health systems in vulnerable countries.

On top of our support to the multilaterals, we have worked through our bilateral country programmes to tackle the indirect health impacts of COVID-19. For example, in Nepal, our health sector programme supported the health system to keep open 36 crisis management centres and establish another 14 providing services to women during lockdown. It also helped to keep open 87 emergency obstetric centres so that women could give birth safely and provide almost 280,000 women with transport costs. In Ethiopia, the UK has worked with the Ministry of Health and other donors to protect funding for essential basic health services. Ethiopia was the first country in Africa safely to deliver a supplementary measles campaign during COVID-19, immunising over 14 million children.

The indirect impacts of COVID-19 go beyond health into the economic and other sectors. We have been concerned by the impact on education, especially for girls, who are at greater risk of not being able to return to school. Our education support has included £20 million to UNICEF in support of its global COVID-19 appeal, £5 million for Education Cannot Wait to support rapid deployment of education services in crises and emergencies, and £5.3 million to UNHCR for over 5500 refugee teachers.

7. ***The FCDO should use its significant leverage as leading development actor in many areas (gender equality, disability inclusion, poverty alleviation) to lead an inclusive and transparent approach by the donor community (both bilateral and multilateral).*** (Paragraph 91)

The UK recognises that existing inequalities are exposed and exacerbated through COVID-19, and the cost of recovery will be higher for groups that are most left behind. Exclusion is contributing to the depth of the crisis; prioritising the most left behind is essential to building more inclusive, sustainable and resilient communities.

The UK is committed to delivering a green, inclusive and resilient recovery from COVID-19 that puts women and girls, older people, people with disabilities and other marginalised groups at its heart.

The UK is pushing for more explicit consideration of, and support to, women and girls across the COVID-19 response. As mentioned earlier, we have provided £10 million to UNFPA to provide lifesaving sexual and reproductive health care, and GBV prevention and response services as part of our wider support to the UN Humanitarian Response Plan; and the UK-aid funded Global Financing Facility is providing technical assistance and helping to address short term financing gaps for frontline care for 36 developing countries to ensure reproductive, maternal, new-born, child and adolescent services are prioritised and maintained through country pandemic responses.

We expect all humanitarian partners to adhere to the Interagency Standing Committee (IASC) Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action. The new funding the UK is providing through the Rapid Response Facility will support vulnerable groups and our flagship Disability Inclusive Development Programme will fund adapted and new interventions to produce evidence about effective ways of ensuring people with disabilities are not left out of humanitarian and health responses.

8. ***The FCDO should put local non-governmental organisations (NGOs) and their partner International NGOs at the heart of the global Covid-19 response as they are closest to end-user communities and benefit from existing relationships of trust and confidence.*** (Paragraph 91)

International and local civil society organisations are key partners for the FCDO. We have allocated significant funding directly to international charities and UK-based charities, to play their critical role to support vulnerable communities with the humanitarian impact of the virus. Much of this will be spent through local partners.

We have put in place regular and structured engagement with civil society to ensure that FCDO's response to COVID-19 is informed by civil society expertise. A high-level working group of Chief Executive Officers from leading Civil Society Organisations are meeting regularly with Minister Morton to discuss the global COVID-19 response. This group is underpinned by technical working groups of civil society and expert officials, covering humanitarian, health and rights and governance aspects of the response to COVID-19.

But it is only by working through multilateral organisations that we can achieve the scale of action and coordination needed to overcome this global crisis. For example, the UK is investing up to £145 million in a number of emergency UN appeals to tackle the humanitarian consequences of the pandemic, and a further £55 million through the Red Cross. Much of this work will be delivered on the ground by expert NGOs who are often best placed to provide support to the most vulnerable.

The UK has been pressing the multilaterals, including the UN, to make their systems more conducive for NGOs to access funding. Partly because of our influence, UNICEF

and the United Nations Human Rights Council have changed their guidelines, and the Central Emergency Response Fund, which is run by the UN, has, for the first time, a separate window for direct funding to NGOs.

Through our hygiene partnership with Unilever, over £25 million has been disbursed to UK and international charities, including WaterAid and Action Aid, to deliver evidence-based hygiene messages to vulnerable communities. We have also channelled significant direct funding to civil society organisations as part of the COVID-19 response including:

- £17.4 million through the Rapid Response Facility to charities who will support the basic needs of some of the world’s most vulnerable people, including in Yemen and Afghanistan;
- up to £10 million to match donations from the British public to the Disasters Emergency Committee’s Coronavirus Appeal, funding the work of 14 UK aid agencies to tackle COVID-19 among displaced people including Rohingya in Bangladesh;
- An additional £1.6 million for the Humanitarian to Humanitarian (H2H) Network to support humanitarian organisations to manage COVID-related information, build their capacity to respond to the crisis, and communicate facts to communities; and
- £3.3 million to the Start Network, brought forward to support rapid, short-term funding for humanitarian responses through its network of over 50 members.
- Up to £4.2 million through the UK Aid Direct round five is specifically earmarked to rapidly respond to COVID-19.

Global Health

9. *At a strategic level, we urge the PM and the Government to be more ambitious for the UK’s G7 Presidency than simply calling for better cooperation in spotting, preventing and fighting another pandemic more effectively. Rather, we recommend the Government lead a charge towards the establishment of a holistic global health and nutrition strategy based around achieving Sustainable Development Goal Three (ensuring healthy lives and promoting well-being for all at all ages) more broadly. This would put the world in a position to respond effectively to the next global health challenge, and the one after that, whatever these turn out to be—rather than just the last one we struggled with.* (Paragraph 100)

COVID-19 underlines the urgency of making progress on the health-related Sustainable Development Goals (SDG). The Government has ambitious strategic objectives on global health, including manifesto commitments on ending preventable deaths of mothers, newborns and children by 2030, and leading the way in eradicating Ebola and malaria. Ending preventable deaths will require promoting the integration of essential health services that are sometimes neglected, such as nutrition services to prevent and treat malnutrition.

The 2021 UK G7 Presidency is an opportunity to shape support for the recovery from COVID-19, including the strengthening of global health systems and better preparedness and response to future pandemics and other health threats. A focus of our Presidency

will be working with our global partners to implement the Prime Minister’s five-point plan to strengthen global health security. The Government will also use other multilateral fora—the G20, UN and COP26—along with bilateral engagement with key stakeholders to complement work within the G7 and drive collective action and the level of ambition on global health.

The health-related SDG’s and the existing strategies for their achievement set out a framework for global action. This includes the WHO’s 13th General Programme of Work, which provides a framework for the WHO and countries to spearhead progress on SDG3. The WHO Programme of Work also underlines the importance of national and regional engagement and ownership for implementation.

The Government is also working with its partners to ensure lessons are learned from the international response to COVID-19, including those from the Independent Panel for Pandemic Preparedness and Response (IPPR) and reports of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and the International Health Regulations Review Committee. We will look at how our approach should evolve in light of the lessons from the pandemic and the outcomes from the Integrated Review.