



House of Commons
Foreign Affairs Committee

**Global Health, Global
Britain: Government
Response to the
Committee's Fifth Report**

**Sixth Special Report of Session
2021–22**

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Foreign Affairs Committee

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Sixth Special Report

The Foreign Affairs Committee published its Fifth Report of Session 2021–22, [Global Health, Global Britain](#) (HC 200) on 30 September 2021. The Government's Response was received on 30 November 2021 and is appended below.

Appendix: Government Response

Introduction

The Government welcomes the opportunity to respond to the Foreign Affairs Committee's September 2021 report "Global Health, Global Britain". The UK is a leader in global health. As outlined in the Integrated Review, our priorities for global health are to build resilience at home and overseas. This includes delivering the Prime Minister's five-point plan to bolster international pandemic preparedness; strengthening and reforming the WHO; and prioritising support to stronger, more resilient health systems around the world.

The merger of the FCO and DFID has given us the opportunity to bring closer together our diplomatic and development expertise, including on global health. The Foreign, Commonwealth and Development Office's (FCDO) new Global Health and COVID-19 Directorate leverages our diplomatic network and influencing expertise to support the delivery of critical global health priorities, and we continue to work closely across government to achieve our global health objectives.

This Report sets out the Government's response to each of the Committee's conclusions and recommendations. The Committee's text is in bold and the Government's response is in plain text. Paragraph numbers refer to the Committee's report.

Multilateral Health System

We recommend that the Government takes steps to ensure that every G7 and G20 meeting includes an agenda item on mitigating pandemic risks. (Paragraph 9)

The focus of each round of G7 and G20 meetings is at the discretion of the Presidency. Under the UK's Presidency, G7 leaders backed ambitious plans to work together on improving pandemic preparedness as set out in the Carbis Bay Health Declaration. These commitments aim to uphold and strengthen the global health system, and demonstrate how the G7 can set high ambition on global health security.

As part of its commitment to accountability, the G7 publishes a report each year measuring progress against development commitments made by G7 leaders. This year the report focused on the G7's progress in advancing universal health coverage and global health through strengthening health systems, preparedness and resilience. The Carbis Bay report sets out how G7 countries have taken a leading role in efforts to improve global health and tackle epidemics and emerging threats.

The report shows that since 2015, G7 countries have made considerable progress on their global health commitments, including through: mobilising financial and technical support for health systems; working with Low-Income Countries (LICs) and Lower Middle-Income Countries (LMICs) to evaluate and develop the public health capacities

required by the International Health Regulations (IHR) to prevent, detect and respond to public health events and emergencies; and financing and providing assistance to key international mechanisms that support flexible and swift emergency responses in LICs/LMICs during pandemics and health emergencies.

This year, G7 leaders also welcomed the Pandemic Preparedness Partnership and 100 Day Mission for vaccine development and deployment. G7 countries furthermore committed to support other countries to increase their surveillance capacities by supporting the establishment of the international pathogen surveillance network.

In the G20, the UK has worked closely with the Italian Presidency and G20 partners in order to achieve our shared ambition on global health. At the Leaders' Summit in October, the G20 recommitted to strengthening global health governance and improving pandemic preparedness and response for future health emergencies.

The UK will continue to ensure that tackling health threats and pandemics remains central to discussions of G7 and G20 partners in future years by working with G7 and G20 presidencies and building on the achievements of this year's UK G7 presidency.

We recommend that the Government endorses the recommendations of the Independent Panel (IPPPR), including for greater powers to independently investigate outbreaks, an increase in member state fees, and greater independence for the WHO's leadership. For each, the Government should assess the chances of success, and explain the efforts the UK is making to promote it, if any. (Paragraph 13)

There are always lessons to be learnt in any global health emergency, particularly one as complex as COVID-19. The findings and recommendations of the Independent Panel on Pandemic Preparedness and Response (IPPR) and the other review processes help inform this. The UK has taken the following action in line with the IPPR recommendations.

We co-sponsored a resolution at this year's World Health Assembly which sets out a framework up to May 2022 for reforming and strengthening WHO's emergencies work and are active participants in the WHO Strengthening Working Group.

The UK is a strong supporter of WHO and also an advocate of reform to ensure it further strengthens its ability to respond effectively to health emergencies. The UK is taking a leading role on reform through our seat on the WHO Executive Board and our G7 presidency and is working with international partners to push for a stronger early warning system; reduced risk of zoonotic diseases through better surveillance; and improved compliance with the International Health Regulations.

COVID-19 has demonstrated that existing global health mechanisms are insufficient in terms of preparation for or response to pandemics. A truly global solution is needed to allow member states and organisations to address the threat of future pandemics. The UK supports a new legally binding instrument, or pandemic treaty, as part of a comprehensive approach to pandemic preparedness and response (PPR). It could provide the long-term, overarching framework for global health security that the world needs, by solidifying and streamlining the new mechanisms and initiatives member states are developing to strengthen PPR, while bringing commitment to meet these obligations from the highest levels of government.

To be more effective and independent, the WHO needs more reliable sources of funding, based on predictable fees from member states, rather than earmarked voluntary donations. We welcome the UK's commitment to increase its core funding to the organisation. This should be accompanied by greater efforts to bring together other countries in support of increasing non-earmarked core contributions. We recommend that the Government campaigns for an increase in member state fees ahead of next year's World Health Assembly. This should be accompanied by greater efforts to bring together other countries in support of increasing non-earmarked core contributions. We recommend that the Government campaigns for an increase in member state fees ahead of next year's World Health Assembly. (Paragraph 14)

WHO needs more reliable and flexible sources of funding to be more effective. The UK has stepped up in this regard. The Prime Minister announced a new £340m, four-year, flexible funding programme at UNGA in 2020. This programme is now live. The UK has been very active in the "WHO Working Group for Sustainable Financing" where we have led calls for more flexible, reliable funding and for an increase in Assessed Contributions (Member States' fees). In our discussions with other Member States, we actively encourage others to follow the UK's strong lead.

We recommend that the FCDO should support proposals to give the [WHO] Director-General and other senior officials a single, non-renewable term, and to publish deliberations on declaring a public health emergency. (Paragraph 15)

We would like to see increased transparency of the deliberations of the Emergency Committee and welcome the call to adopt a more transparent approach, including providing more information on how decisions have been reached and on what basis. We are yet to see evidence for benefit of changing terms of office for the WHO Director-General but are open to considering this should evidence emerge. We have publicly supported the idea of increased transparency on the deliberations of the Emergency Committee, which consider whether an emergency constitutes a Public Health Emergency of International Concern (PHEIC).

The Government should work with other countries to increase the WHO's powers to independently access countries where an outbreak has been reported, mirroring the work of the International Atomic Energy Agency (IAEA)—including through reform of the International Health Regulations, if necessary. The Government should build a partnership of nations to investigate the virus' origins and should make clear what measures it will take to support countries that are facing intimidation from Beijing over their backing for an independent investigation. (Paragraph 16)

We have been clear that a transparent, independent and science-led investigation into the origins of COVID-19 must be an important part of the international effort to understand how the pandemic started and how it spread. We are working with partners to support a timely, transparent, evidence-based and expert-led next phase, including, as recommended by the experts' report, studies in China.

In the Carbis Bay Declaration, G7 leaders strongly underscored the need to establish an expert-driven, transparent, and independent process, to expeditiously investigate outbreaks of unknown origin. With regard to the IAEA investigative processes, the global system needs to consider any alternative models but any investigation or scientific study

into the origin of a novel pathogen requires the cooperation of the Member State concerned. We welcome that WHO's new permanent International Scientific Advisory Group for Origins of Novel Pathogens (SAGO) will support the creation of a global framework to guide studies into the origins of future emerging and re-emerging pathogens of epidemic and pandemic potential. This is an important step to provide clarity on how investigations should be conducted, create shared expectations, and expedite timeframes in future.

Strengthening future outbreak investigations will likely include a combination of this global framework and targeted amendments to strengthen implementation and compliance with the International Health Regulations. This may form part of a new international instrument on pandemic preparedness and response, to better galvanise political commitment.

We recommend that the Government builds on the momentum of the joint G7 statement supporting Taiwan's participation in the WHO with a renewed push for its attendance at the 2022 World Health Assembly. (Paragraph 17)

The UK supports Taiwan's meaningful participation in international organisations where statehood is not a prerequisite and where Taiwan can make a valuable contribution. The FCDO works with the Department for Health and Social Care to lobby for Taiwan's participation in World Health Organisation (WHO) meetings. The UK continues to work with likeminded countries to lobby the WHO at official level to issue an invitation to Taiwan to observe the World Health Assembly and allow Taiwan to participate in relevant WHO technical meetings. Lessons learnt from Taiwan's effective tackling of the Covid-19 pandemic adds significant value to the international fight against the virus.

We recommend that the Government builds structured permanent cooperation with the European Centre for Disease Prevention and Control (ECDC). In its response to this report, the FCDO should set out its assessment of how its new ad hoc access to the Early Warning Response System affects global health security; whether and on what terms it sought to retain membership of the ECDC during EU exit negotiations; and when the current access in the context of the pandemic will lapse. (Paragraph 19)

The UK-EU Trade and Cooperation Agreement (TCA) clearly sets out our commitment to continue working with the EU in tackling the current pandemic and any future threats. Specifically, in relation to the current pandemic, the UK has been granted access to the EU Early Warning and Response System (EWRS) for COVID-19 and our current access enables the sharing of information and intelligence on the pandemic between the UK, the European Commission and EU Member States. In addition, the UK continues to attend meetings of the EU's Health Security Committee (HSC) for the purposes of the COVID-19 response. These current arrangements will remain in place for as long as both the UK and the EU determine necessary to support coordination on COVID-19.

In addition, the TCA includes a legal provision which acts on both the UK and the EU to inform each other of a serious cross-border threat to health affecting the other in a timely manner. This supports effective information sharing between the UK and the EU on new and emerging threats, including those which may not reach the criteria for WHO notification. Since 31 January, we have notified and shared intelligence with the EU on a number of UK outbreaks that could present a risk to the EU through shared supply chains and vehicles of infection.

In line with the commitments set out in the TCA, the UK has maintained an ongoing relationship with ECDC to work on health security, including in relation to COVID-19. To ensure the UK continues to deliver on these commitments in the future, UK Health Security Agency (UKHSA) is in the final stages of agreeing a Memorandum of Understanding with ECDC to formalise effective collaboration on matters of mutual interest in communicable diseases prevention and control.

Covid-19 Vaccines

We urge the Government to make every effort to achieve a significant increase in the speed and number of vaccines it donates through COVAX. Delays in vaccinating the world could mean irreparable damage to global health security, widening inequalities, undermining lower-income country health systems, and increasing the disease burden in the parts of the world that can least afford it. The UK should ensure that any bilateral donations are planned and timed to give real, sustainable and predictable support to other countries' vaccination campaigns, rather than transferring small quantities that do more for the image of the donor than for the recipient. While a strategic approach may be appropriate for some foreign aid, lower-income countries in particular need predictable, needs-based vaccine supplies—this matters to us all. Ensuring there is low infection is key to ensuring there are few variants. In response to this report, the FCDO should set out a list of the countries that have and will receive bilateral donations from the UK, with dates, quantities, and the factors that went into each decision. The response should set out the FCDO's role in selecting these countries, how this is coordinated with other Departments, and how it links to the objectives set out in the Integrated Review. (Paragraph 29)

At the G7 Summit in Carbis Bay, leaders agreed to work to vaccinate the world by the end of 2022. The UK has delivered 16 million doses to recipients so far [as of 29 November], either bilaterally or through COVAX. A further 5.8 million doses are with COVAX and are in the process of being allocated and delivered, with an additional 9 million to be delivered to COVAX direct from AstraZeneca in the coming weeks. We will donate a total of 100 million doses by June 2022 to help achieve that goal.

We will donate 80% of the doses through COVAX. COVAX allocates donated doses to those countries and populations most in need. The UK is working closely with COVAX and their international partners to facilitate the rapid delivery of doses and maximise the shelf life available to recipients. This includes the provision of regular forecasts to COVAX to assist planning.

We have also donated a smaller part of our donations directly to other countries. COVAX only accepts doses direct from the manufacturer, so where the UK already has possession of doses we have donated these directly to partners. The primary aim of any donation is to promote the economic development and welfare of a developing country and we only donate to countries eligible to receive Official Development Assistance. To date, bilateral donations have been made to partners in ASEAN and the Commonwealth, reflecting the importance of our ties to members of those two organisations. We also made a donation to Nepal following a particularly severe delta wave.

Decisions on donations are driven by the availability of vaccines from domestic supply. Once the Health Secretary is confident further vaccines are available to donate directly to partners, the Foreign Secretary prioritises how they are shared. Any donations must also be agreed with the manufacturer and the country concerned.

The 16.1 million doses that we have delivered breaks down as:

Country	Modality	Number of Doses
Angola	COVAX	128,640
Antigua and Barbuda	Bilateral	12,000
Belize	Bilateral	42,000
Cambodia	Bilateral	415,040
Dominica	Bilateral	12,000
DRC	COVAX	51,840
Egypt	COVAX	299,680
Ethiopia	COVAX	1,664,640
Ghana	COVAX	249,600
Grenada	Bilateral	14,000
Guyana	Bilateral	84,800
Indonesia	Bilateral	1,000,000
Jamaica	Bilateral	300,000
Kenya	Bilateral	410,000
Kenya	COVAX	407,040
Laos	Bilateral	415,040
Malaysia	Bilateral	415,040
Malawi	COVAX	119,040
Mozambique	COVAX	188,160
Nepal	Bilateral	131,120
Niger	COVAX	105,600
Nigeria	COVAX	1,292,640
Pakistan	COVAX	1,008,000
Philippines	Bilateral	415,040
Philippines	COVAX	5,225,200
Rwanda	Bilateral	100,000
Rwanda	COVAX	153,600
Saint Vincent & Grenadines	Bilateral	14,000
Senegal	COVAX	140,160
Thailand	Bilateral	415,040
Uganda	COVAX	299,520
Vietnam	Bilateral	415,040
Zambia	COVAX	119,200
	TOTAL	16,062,720

We recommend that the Government sets out its strategy for delivering the vaccine to particularly vulnerable groups, including displaced people. (Paragraph 29)

The UK continues to advocate that vaccines be delivered within the context of a multi-sectoral, needs-based and principled humanitarian strategy and that it does not detract attention or resources from existing humanitarian and health priorities. COVID-19 vaccination roll-out needs to be aligned with the capacity of national health systems to deliver immunisation campaigns. We are working with international partners to ensure that support to strengthen delivery capacity is timely and coordinated. UK dose donations through COVAX are delivered in line with WHO/COVAX equity principles as set out in each country's National Deployment and Vaccination Plans (NDVPs). The NDVPs should include vulnerable groups, including displaced people. The UK, alongside the UN, international partners, civil society and others, continue to advocate that the first resort for all vulnerable populations, irrespective of legal status, is inclusion in the development and implementation of NDVPs. Where this is not possible, the UK has supported international efforts to make vaccines available through the COVAX Humanitarian Buffer as a mechanism of last resort (5% of all COVAX vaccines).

To halt transmission of the virus, equitable access to vaccines is a priority, including in conflict and post-conflict situations and during complex humanitarian emergencies. Under the UK Presidency in February this year, the UN Security Council (UNSC) unanimously agreed UN Security Council Resolution 2565, calling for ceasefires in areas of armed conflict and instability to enable vaccination campaigns to take place and for the safety of health and humanitarian workers in the discharge of their duties. The UK plans to invite the UN Secretary General to brief the UNSC on the implementation of Resolution 2565 later this year.

We recommend that the Government pursues a wide range of means to bring about greater manufacturing capacity in lower-income countries, including through expanded technology transfer schemes. In its response to this report, the Government should set out the steps it is taking to transfer vaccine technology to low- and middle-income countries, and its goals in terms of increasing global vaccine production. (Paragraph 30)

We are working with industry, COVAX and other international partners to champion other routes to scaling up capacity and engage on forward supply planning in order to accelerate the progress of vaccination programmes across the world.

We are working with the African Union's Partnership for African Vaccine Manufacturing (PAVM) to provide technical support to scope opportunities for vaccine manufacturing in Africa, including support for strategy and market forecasting. We have also provided technical support to develop robust manufacturing business plans that can attract investment capital from the private sector and development finance institutions. This includes support to Biovac to manufacture vaccines in South Africa, Institut Pasteur in Dakar, Senegal and to the Moroccan government. This support has helped catalyse investment that will see COVID-19 vaccines produced on the African continent in 2022.

Our support to CEPI helped secure initial manufacturing commitments to COVAX in June 2020. We will host the 2022 CEPI replenishment conference to support the

development of manufacturing networks and build R&D and production capacity in low- and middle-income countries. CEPI has signed an MOU with the African Union to support manufacturing capacity.

The Government welcomes the commitments made in the G7 Foreign and Development Ministers' Equitable Access and Collaboration Statement, including support for production enablers on voluntary terms such as: licensing, technology and know-how transfers, contract manufacturing, transparency, and data sharing and models for public-private costs and risk sharing.

We continue to promote voluntary licensing and technology transfer partnerships which make real, positive impacts on vaccine delivery. Partnerships like AstraZeneca and the Serum Institute of India, BioNTech and BIOVAC in South Africa and Moderna's recent announcement of plans to establish an African manufacturing facility, demonstrate the ability of the existing IP framework to support collaboration. Alongside other factors (such as early investment into manufacturing, support for procurement and distribution mechanisms such as COVAX), collaborative public-private partnerships driven by cooperation and trust can make real-world change. We encourage industry to continue with this type of collaborative approach and are working to facilitate additional partnerships. Alongside our work to realise our dose sharing commitment, the UK is seeking to be a responsible global customer; only procuring doses that we need and, working with manufacturers to reduce, defer or exit agreements, where appropriate, to allow other countries and COVAX to directly and more rapidly procure the vaccines that meet their needs.

The FCDO should lead on efforts to counter health misinformation internationally. In particular, it should target support to independent local media outlets in regions at risk of high levels of vaccine hesitancy. The Government should give the BBC World Service long-term funding to tackle fake news, with a focus on strategic locations such as Russia and China. (Paragraph 33)

The Government takes the issue of misinformation and disinformation very seriously. The DCMS-led Cross-Whitehall Counter Disinformation Unit brings together monitoring and analysis capabilities from across Government. Its primary function is to provide a comprehensive picture of the extent, scope and the reach of disinformation and misinformation linked to COVID-19, and to work with partners to tackle it.

The Government convened a regular Counter-Disinformation Policy Forum, which brought together a range of stakeholder, including social media platforms, academia, and civil society groups to discuss threats to the information environment, from December 2020 until June 2021. Good progress was made, and regular engagement with platforms will continue both bilaterally and through smaller group meetings focussed on anti-vaccination misinformation and disinformation.

We have been working to combat health misinformation and support vaccine confidence around the world as part of our Global Vaccine Confidence Campaign. As part of our G7 Presidency, we hosted the G7 Global Vaccine Confidence Summit in June 2021 and have been working with the OECD and other partners to develop best-practice communications principles to tackle misinformation and disinformation for governments around the world.

In partnership with the World Health Organization, we have co-delivered digital activity which has focused on building resilience to misinformation and promoting COVID-19 vaccine benefits, resulting in 153 million total views since launch. We have also developed the international Healthcare Practitioners Toolkit to support healthcare workers to build vaccine confidence, delivering this through 130+ international healthcare associations and membership bodies, reaching healthcare practitioners globally.

We are supportive of ensuring access to trusted, impartial media. However, the BBC is editorially independent so the provision of additional services to tackle disinformation is for the BBC World Service to decide. FCDO provided BBC World Service with an £8 million funding uplift for 2021–22. £3 million was specifically to tackle disinformation. In total, FCDO has invested £473 million in the World Service since 2016, which has helped contribute to tackling health misinformation across a wide spread of themes and geographical areas.

Aid and Global Health

It is near-certain that there will be another pandemic in the coming years, and the Government should learn the lessons of covid-19 and use them to prepare for the next pandemic. This should not mean focusing on covid-19 to the exclusion of other health issues—strengthening health systems around the world is an important part of building resilience to new outbreaks. Global health security should not be allowed to slide down the agenda once covid-19 is under control in the UK. In its response to this report, the FCDO should update the Committee on the progress of this strategy. It should complete and publish its global health strategy by the end of 2021. (Paragraph 39)

As we have set out in the 2021 Spending Review, the UK is catalysing action from the international community to address the most pressing issues, from COVID-19 to climate change and future pandemic preparedness. FCDO's Spending Review settlement will enable continued support for COVID-19 and global health.

We will publish our Health Systems Strengthening Position Paper before the end of the year. This lays out a more purposeful approach to building strong and inclusive health systems and forms a central pillar of the government's wider efforts to both end the preventable deaths of mothers, newborns and children, and strengthen global health security. It will take account of the lessons learnt from the response to COVID-19, and the need to build resilient and inclusive health systems able to adapt to respond to ongoing and emerging pandemic threats while continuing to deliver essential basic health care services and prevent excess death from pandemic and non-pandemic causes.

We are working closely with DHSC and others to develop an overall strategic framework for Global Health, ensuring that the full range of expertise and investments across government is being brought together to deliver the global health aims outlined in the Integrated Review. Decisions on publication will be made in due course.

In response to this report, we recommend that the FCDO provides us with a full account of the changes faced by aid-funded health programmes, with details on how decisions have been made on which to cut. It should publicly commit to reinstating previous levels of funding to health research programmes as soon as the fiscal situation allows. (Paragraph 40)

The impact of the global pandemic on the UK economy has forced us to take the tough but necessary decision to temporarily reduce how much we spend on Official Development Assistance to 0.5% of Gross National Income. This is a temporary measure and we will return to 0.7% when the fiscal situation allows. Given the government's careful stewardship of the public finances and the strength of the recovery, the ODA fiscal tests are now forecast to be met in 2024–25, which is earlier than the OBR forecast in March. As such, SR21 provisionally sets aside additional unallocated ODA funding in 2024–25, to the value of the difference between 0.5% and 0.7% of GNI.

The FCDO has prioritised our aid to be more strategic and remain a force for good across the world. Following a thorough review, the FCDO's 2021/22 aid budget has been allocated in accordance with UK strategic priorities against a challenging financial climate of COVID-19. Throughout this process, we have strived to ensure that every penny of our aid brings maximum strategic coherence, impact and value for taxpayers' money. Our aid is targeted at the highest priority global challenges. We are focusing on the core priorities for poverty reduction, including getting more girls into education, providing urgent humanitarian support to those who need it most, and tackling global threats like climate change, COVID-19 recovery and other international health priorities. Our research funding focuses on our priorities, such as women and girls, global health and vaccines, and we will continue to allocate our funds in accordance with UK strategic priorities. Based on OECD data for 2020, the UK will be the third largest donor within the G7 as a percentage of GNI.

A breakdown of the FCDO's programme budgets currently allocated to individual countries and departments for 2021/22 was published in the Annual Report on 22 September, including health spend through our Global Funds Department and our Human Development Department. HMG's final 2021 ODA spend, including country and sectoral data, will be published in the 'Statistics on International Development: Final UK Aid Spend' in autumn 2022. We will continue to publish our spend information by project, including ODA-funded health programmes, on DevTracker as always (updated monthly).