

As a career researcher with 20 years' experience of global health including disaster healthcare and health care in vulnerable fragile challenging settings, I write as an expert witness, recognising the immense complexity of the situation.

- What proportion and sum of the overall aid budget (a) has been since 2015, (b) is and (c) is planned to be expended on supporting refugees in the UK;

I understand that additional support is required to assist refugees in the UK but it with regret that I note a reduction in the support being offered to the poorest people who may be living and dying in remote isolated parts of the world. However money is allocated, it is important to ensure value for money and avoid resources falling into the hands of those whose objectives do not align with humanitarian objectives: at home and abroad. I urge the committee to strike an appropriate and ethical balance between allocations in the UK and in the more remote settings where people live in great need that may be more readily addressed through basic health education linked to sustainable and empowered local organisations.

- What goods and services to support refugees in the UK have been purchased using the aid budget;

Resources have been allocated to arrange temporary accommodation, and meet the basic needs of refugees, albeit not without challenges. It is less clear how successful expenditure has been targeted towards integration that might usefully include community readiness to receive immigrants, tailored education and training to ensure refugees have maximum opportunity to contribute to the local economy. Receiving refugees and asylum-seekers is a two-way process: support is needed on both sides: to support the victims who are displaced and to support the receiving community. On both sides, it is not clear what needs assessment approaches are most effective, with a variety of approaches across the UK.

- How the use of the aid budget to support refugees in the UK relates to OECD guidance on development spending;

My understanding is that it is legitimate to ear-mark OECD expenditure for 12 months, such that one may expect the status of the refugee to have become more settled in that time with some opportunity for employment or education. The risk here is for the neediest populations elsewhere would suffer from this approach, so a balance must be found with a reducing dependence upon OECD/ODA budget reducing gradually over the 12 months, to avoid a sharp guillotine.

- What effect the use of the aid budget to support refugees in the UK has had on the delivery and maintenance of UK-funded programmes in low-income countries;

It is very clear that ODA reductions have had a devastating effect on certain programmes, which had difficulty already, due to pandemic limitations. However. One must recognise and address various needs in UK and abroad, and at the same time identify resilience and other personal and social resources in all settings where people live as refugees or internally displaced people. Approaches that harness such coping strategies, as well as direct support, are likely to be most effective in addressing need, in UK or elsewhere.

- Whether spending from the aid budget to support refugees in the UK is an (a) efficient, (b) effective and (c) ethical use of public money;

I am not best placed to provide economic data or comment in detail upon cost-effectiveness: it may be useful however to note the necessity to include independent evaluation of programmes of expenditure, so that answers can be found to questions of effectiveness and efficiency. The ethical imperative arises from treating people with dignity and respect, ensuring that their basic health and social care needs are assessed and met as a matter of urgency.

- How the FCDO and other Government Departments work together to allocate, account for and control aid expenditure in the UK;

Again, others are likely better placed to provide specific evidence on integration, but it may be useful to note that interagency working has taken a 'hit' as a result of measures taken to address the COVID pandemic. Such interagency working is certainly possible when a common purpose is identified: the UK systems for health and social care have some history of working together with a range of stakeholders in local areas and that should be encouraged.

- Whether the use of the aid budget to support refugees in the UK is sufficiently transparent to facilitate scrutiny by Parliament, taxpayers and civil society.

It is possible that I have missed something, but I have not seen a transparent system of budgetary scrutiny around the support provided to refugees and asylum seekers in the UK.