

## **IAVI submission to International Development Committee inquiry into the Effectiveness of UK Aid**

April 2020

### **About IAVI**

IAVI is a non-profit scientific research organisation dedicated to addressing urgent, unmet global health challenges including HIV/AIDS, tuberculosis, Lassa Fever, snakebite and Covid-19. Our mission is to translate scientific discoveries into affordable, globally accessible vaccines and other public health tools. As a Product Development Partnership (PDP), we work closely with academic institutions, governments, pharmaceutical companies and civil society across Africa, India, Europe and the US; focusing our efforts on creating tools suitable for the communities which need them most. Funded by donors including DFID, we support a network of clinical research centres and laboratories in Africa and India, and manage our central clinical laboratory, the IAVI Human Immunology Laboratory, at Imperial College in London.

### **UK aid: Successes and Challenges**

The Committee's inquiry into aid effectiveness comes at an appropriate time. Recent years have seen major shifts in the external landscape facing DFID and other donors. Some of these shifts have been positive: the Sustainable Development Goals (SDGs), for example, have reshaped the global agenda and helped target resources on the biggest global challenges. Rising incomes have lifted millions out of poverty, and countries such as China have sharply increased development aid. In the field of HIV/AIDS (one of IAVI's areas of expertise), the rapid roll-out of new drugs and other tools has been transformative; helping halve the number of AIDS-related deaths since 2004.<sup>i</sup> Other shifts, however, have been far less positive. Crises such as the Syrian refugee emergency and West African Ebola outbreak have caused huge suffering and put aid programmes under pressure. Accelerating climate change has triggered food insecurity, migration and conflict. Some aid donors have abruptly shifted their priorities, while Brexit will reshape Britain's external relations with many allies and partners. And most urgently, the Covid-19 coronavirus pandemic threatens to increase poverty, reverse global health gains and disrupt public services in richer and poorer nations alike.

Against that turbulent backdrop, the UK government deserves to be congratulated for its significant achievements in the field of international development. At a time when some donors have sought to cut development spending, the UK has (since 2015) enshrined in law its commitment to spend 0.7% of gross national income on aid, making it the first G7 country to meet that UN target in nearly half a century.<sup>ii</sup> UK funding for institutions such as Gavi and the Global Fund has increased significantly, saving millions of lives. Bilateral aid programmes in countries such as Uganda and Rwanda have helped drive significant reductions in poverty and mortality while also strengthening British ties and supporting broader foreign policy objectives. Other initiatives have been somewhat lower-profile but

nevertheless transformative. For example, since 2009 the UK government has invested more than £1.3 billion in R&D for neglected and poverty-related diseases;<sup>iii</sup> spending in recent years about three times as much on such R&D as the German federal government does, and roughly fifteen times as much as Canada.<sup>iv</sup> This investment has not only helped accelerate the development of desperately-needed new health tools such as TB and HIV vaccines, but helped build clinical research capacity in sub-Saharan Africa and elsewhere. In the fishing communities of Lake Victoria in Uganda, for instance, UK funding has helped build world-class laboratory capacity, train local scientists and improve access to local health services; all of which also helps build resilience against emerging pandemics such as Covid-19. Finally, DFID has also served as a world leader in development aid *policy*, providing advice and inspiration to other donor countries (including many Commonwealth countries) which rely on DFID's direction, procedures and reviewing expertise. As the Independent Commission for Aid Impact reported in June 2019, "at its best, UK aid continues to be world-leading".<sup>v</sup>

However, it is also clear that significant challenges remain. While poverty has declined sharply in Asia and Latin America, the number of people living in serious poverty in Sub-Saharan Africa is projected to remain stable for at least a decade to come.<sup>vi</sup> Growing numbers of younger people in many sub-Saharan African countries mean that even though HIV *prevalence rates* are declining, the *absolute numbers* of people living with HIV/AIDS will keep rising. Despite huge progress in developing and delivering new drugs and other tools, there are still more than two thousand people killed by HIV/AIDS every day, and another five thousand people per day are newly infected with HIV. Health R&D remains under-funded, and millions of people still have poor access to healthcare and other essential services.

The current Covid-19 pandemic also threatens to have a catastrophic effect on many countries. As Anne-Marie Trevelyan told the Committee inquiry, "a health crisis, a humanitarian crisis and an economic crisis ... threaten[s] to undo thirty years of international development work, ... [with] secondary impacts which will be felt for years to come for the poorest."<sup>vii</sup> At the time of writing (in late April 2020), the IMF has recently forecast that Sub-Saharan Africa's GDP will shrink by 1.6% in 2020, compared with 3.1% growth last year, and that major economies including South Africa and Nigeria projected to contract even more sharply.<sup>viii</sup> In wealthier countries, meanwhile, an economic downturn may put downwards pressure on aid budgets, while lockdowns limit the ability of actors including DFID to carry out their normal operations. In short, aid programmes are set to become harder to deliver at exactly the time when they are needed most. Effective delivery of UK aid is more important than ever.

## **Prioritisation**

Broadly speaking, IAVI believes that DFID does a good job of distributing resources within its portfolio; with most resources allocated according to recipient country needs and poverty levels, aid effectiveness and long-term sustainability. Despite occasional news headlines to the contrary, there is little evidence that priorities are set badly or resources misallocated in any systemic way. As mentioned above, the SDGs have also been game-changing in several

ways – by setting universal goals and accountabilities for all donor and recipient countries; by combining development and climate goals; and by focusing attention on the most pressing global challenges. In case of HIV/AIDS, SDG 3 (“*By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases...*”) has helped drive enormous progress in fighting the pandemic, including ensuring ramped-up delivery of drugs and other interventions. SDG 3b (“*Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries*”) has similarly helped sustain support for the development of desperately needed new tools such as vaccines.

However, there have also been some challenges with respect to thematic prioritization. One concerns the way that some important topics apparently have been deprioritised in recent years without sufficient reason or explanation. For example, in 2017 a STOPAIDS-lead review of DFID’s work on HIV/AIDS confirmed that while DFID remained a global leader within the HIV response, many stakeholders were “concerned that the UK’s broader financial, programmatic and political commitment to the HIV response is fading”, and that “DFID has closed the majority of its bilateral programmes specifically focussed on HIV, preferring to address HIV within its wider health and development programmes and to work increasingly through multilateral organisations like the Global Fund, UNITAID and UNAIDS”.<sup>ix</sup> Given the enormous burden still imposed by HIV/AIDS worldwide, this trend is concerning.

Another area of some concern is product development for global health (in which IAVI specializes). As mentioned above, the UK remains a generous funder of global health R&D and is home to many of world’s leading research institutions and pharmaceutical companies. Overall, the R&D funding picture remains robust, and recent years have seen some important policy shifts such as the creation of the Ross Fund, which invests in R&D for neglected and emerging diseases. However, the Ross Fund does not focus on one of the world’s most serious pandemics, HIV/AIDS, and responsibility for some important R&D priorities has passed from DFID to other departments, resulting in a loss of expertise and effective reductions in funding in some critical areas (discussed further below). While the headline funding trends look healthy, the government’s overall strategy with respect to global health R&D remains somewhat unclear. Some competitive funding lines have been replaced with bilateral grants, and product development funding appears to have become more concentrated on smaller number of recipients. Big increases in investment in international organizations such as CEPI, Gavi and the Global Fund are extremely welcome and have helped them do outstanding work. However, it is important that these funding increases do not come at the expense of other development programmes. If UK leadership in global health science is to be maintained, researchers need access to sustained multi-year funding; flexible enough to enable them to form partnerships worldwide. UK investments in global health need to be not only generous, but strategically aligned and balanced across a portfolio of products and challenges. The current situation proves that investing in vaccine development is crucially important, and often yields benefits over the longer term - previous investment from DFID in

HIV vaccine R&D, for example, is now being effectively used to advance COVID vaccine R&D; while DFID-supported HIV antibody technologies are being used to develop new treatments for snakebite. It is therefore concerning that support for some types of R&D has weakened, and is less well-coordinated than in the past.

Finally, Brexit has caused huge uncertainty for UK-based researchers and international R&D partnerships, many of which receive significant funding from initiatives including Horizon Europe, IMI and EDCTP. The government has previously indicated it hopes to continue both contributing to and benefiting from EU research funding schemes after Brexit is completed, but it remains unclear if and how this will be achieved in practice, which is troubling.

### **Accountability**

As mentioned above, DFID is generally agreed to be a highly effective donor. In the field of global health R&D, the way in which the department plans, monitors and evaluates its programmes is generally world class, and often used as a template by other donor countries. Increased delivery through large multilateral programmes such as the Global Fund has generated huge returns on investment, with funding well-accounted for and major developmental impact achieved. Since 2017, the UK Collaborative on Development Research (UKCDR) has helped monitor the priorities and impact of government departments working in international development, overseen by the Strategic Coherence of ODA-funded Research (SCOR) Board. It is perhaps too soon to judge whether this setup will have a major enduring effect, but its existence is welcome - such a coordinating mechanism can play an important role in ensuring a comprehensive global health R&D portfolio and identifying gaps in investment.

However, there are also some areas of concern. One concerns the independent status of DFID itself. Recent years have seen a growing tendency (or desire) to channel an increasing proportion of development aid through government departments other than DFID, and to demonstrate that aid is delivered in the immediate 'national interest'. There has been repeated media speculation that DFID will be merged with the Foreign and Commonwealth Office, in the same way that it was prior to 1997. Since the 2019 elections this looks unlikely to happen, but all seven junior ministers at DFID are now shared jointly with the FCO for the first time, meaning the two departments are arguably more closely integrated than at any point in more than two decades. This shift is not in itself automatically problematic – it makes sense to ensure that development aid aligns well with broader foreign policy objectives, and it would be odd if DFID, the FCO and other departments ended up pursuing contradictory aims. However, it is important to ensure that development aid is not refocussed on other foreign policy or international trade priorities, rather than addressing urgent development and health needs. It would be concerning if efforts to include (for example) Defence spending initiatives under the label 'development aid' led to an effective reduction in the amount of funding available for aid programmes, in practice if not in name.

Another concern is the trend towards relying on other departments to deliver programmes for which DFID previously would have been accountable. This approach is again sometimes valid, but also raises the risk that while big ‘set piece’ development programmes remain well-funded and highly prioritized, smaller or less high-profile initiatives could ‘fall through the cracks’; lacking strong accountability or oversight. Funding for global health R&D is one example of this. In the past, global health R&D funding used to be reasonably concentrated within DFID, but recent years have seen increasing moves to share responsibility for issues such as the development of vaccines for infectious diseases across other departments, including the Department of Health and Department for Business, Energy and Industrial Strategy. This has had the unwelcome effect that the government-supported R&D portfolio has become more narrowly focused on emerging infectious diseases rather than on existing pandemics such as HIV/AIDS and TB.

This is problematic in several ways. In the case of global health R&D, DFID has built up decades of experience in managing projects directed at tackling diseases in low- and middle-income countries. Their work has been rooted in clear guidelines and assurances that vaccines and other products will be suitable for, and accessible to, the people in developing countries who need them most. And DFID is also well-placed to ensure direct synergies between vaccines R&D and the delivery of new vaccines via multilaterals such as Gavi and the Global Fund. In this context, handing responsibility for R&D to other departments presents clear risks.

three ways: firstly because the transfer between departments, and the involvement of more Whitehall actors in managing the portfolio, potentially leads to reduced accountability and a loss of expertise; secondly because it means that R&D is reduced for two of the most destructive existing pandemics of our time; and thirdly because it risks slowing some R&D efforts at the exact point when they are yielding fruition (TB vaccine researchers, for example, recently completed a clinical trial proving clinical efficacy of the first new TB vaccine for roughly a hundred years, but are now faced with funding gaps.) It may well be sensible for some areas of health R&D (such as research related to anti-microbial resistance) to rest with other departments, if these initiatives relate strongly to issues global health security or domestic healthcare. In general, however, there is clear argument for ensuring that R&D for neglected and poverty-related diseases such as HIV/AIDS and TB remains within DFID’s portfolio.

## **Recommendations**

In summary, IAVI’s recommendations to ensure the continued/improved effectiveness of UK aid programmes include that:

- The 0.7% target should continue to be met in full, and **DFID should retain its independence, with clear oversight of and accountability for aid strategy.** Other government departments should be encouraged to play a role in delivering aid

programmes where appropriate, but this should not come at the expense of DFID leadership or funding. Individual programmes and themes (such as HIV/AIDS and TB) should have clear departmental and ministerial oversight, governed by publicly-available strategies.

- The UK's international development priorities should be largely **aligned with the SDGs**, with investments focused on the most pressing challenges which cause the biggest global burdens, or on the areas where international capacity is lacking and the UK can make a particular impact (such as scientific R&D).
- The government should ensure a **balanced portfolio of investments**, which invests in interventions which generate impact over both the short and long term, and which generates achievements both across diseases and across interventions (e.g. drugs, diagnostics and vaccines). Put simply, funding should be available not only for the immediate *delivery* of existing interventions (such as polio vaccines) but also the *development* of new interventions, such as vaccines against existing and emerging infectious diseases. As the current crisis shows, investments things like healthcare capacity and R&D capability can take years to build up, but offer huge returns on investment once they come to fruition.
- **Vaccine R&D for poverty-related and neglected diseases should remain within DFID's portfolio**, given the department's deep expertise in this area, familiarity with global access issues and strong relationships with delivery initiatives such as Gavi and the Global Fund.
- The government should strive to provide more **clarity about the impact of Brexit** on development and research programmes, and to help funding recipients manage the transition smoothly. Specifically, it is vital that the UK supports the **EU-Africa Global Health Partnership** and continues participating in Horizon Europe wherever possible; both contributing to and benefiting from research and innovation funding structures.
- When delivering its coronavirus response, the government should focus not only on short-term epidemic mitigation but on **building resilience and preparedness** over the longer term. Support for coronavirus vaccine R&D is important and welcome but must include not only domestic research in the immediate term, but the building of capacity and resilience in regions such as Sub-Saharan Africa. Prior experience with Ebola shows that epidemics can only be defeated if the necessary infrastructure – laboratory capacity, medical professionals, vaccine technologies and R&D capability – is already in place. The world faces many serious challenges at present, but effective UK leadership can play a critical role in resolving them.

For more information about IAVI's work, see: [www.iavi.org](http://www.iavi.org)

---

<sup>i</sup> <https://www.unaids.org/en/resources/fact-sheet>

<sup>ii</sup> <https://www.theguardian.com/global-development/2015/mar/09/uk-passes-bill-law-aid-target-percentage-income>

<sup>iii</sup> <https://s3-ap-southeast-2.amazonaws.com/policy-cures-website-assets/app/uploads/2020/02/11150341/G-Finder2019.pdf>

<sup>iv</sup> <https://s3-ap-southeast-2.amazonaws.com/policy-cures-website-assets/app/uploads/2020/02/11150341/G-Finder2019.pdf>

<sup>v</sup> [https://icai.independent.gov.uk/wp-content/uploads/The-current-state-of-UK-aid\\_Synthesis-of-ICAI-findings.pdf](https://icai.independent.gov.uk/wp-content/uploads/The-current-state-of-UK-aid_Synthesis-of-ICAI-findings.pdf)

<sup>vi</sup> <http://iresearch.worldbank.org/PovcalNet/home.aspx>

---

vii <https://www.theguardian.com/global-development/2020/apr/29/coronavirus-could-undo-30-years-of-uks-international-development-work>

viii <https://www.reuters.com/article/us-health-coronavirus-africa-imf/imf-projects-a-recession-for-sub-saharan-africa-in-2020-idUSKCN21W1MT>

ix <https://stopaids.org.uk/wp/wp-content/uploads/2017/09/Stocktake-Review.pdf>