



Analysis of UK Official Development Assistance spending in countries on the WHO health workforce support and safeguards list

Overview

In 2020, citing the economic impact of the COVID-19 pandemic, the then UK Government announced a ‘temporary’ reduction in Official Development Assistance (ODA) from the United Nations target of 0.7% of gross national income (GNI) to just 0.5% of GNI.ⁱ This cut to aid came at a time when investment in the global health workforce was needed more than ever. The RCN calls on Government to reinstate ODA spending to the UN target of 0.7% of GNI.

This briefing sets out new analysis undertaken by the RCN which investigates the impact of ODA cuts on global health systems and focuses on countries with the most pressing health workforce shortages. Our analysis¹ is based on data published in the UK Government's Statistics on International Development: Final UK ODA Spend 2023.ⁱⁱ

RCN analysis of UK ODA spending finds that had the UK maintained its spending target for ODA at 0.7% of GNI, an additional £12.4 billion would have been made available to much needed development projects around the world between 2021 and 2023. The cuts have resulted in a £1.3 billion cumulative loss to the UK's bilateral ODA health spending between 2021 and 2023.

The need for investment in the nursing workforce

There can be no universal health coverage (UHC) without a strong workforce to deliver it and nurses are central to this aim, making up almost half of the global health workforce.ⁱⁱⁱ Concerningly, the World Health Organisation (WHO) estimates that the world will face a shortage of 4.5 million nurses by 2030^{iv} and low and lower-middle income countries face the worst of these shortages.^v Investment in nursing is therefore required to achieve progress towards universal health coverage and the Sustainable Development Goals.

The WHO's ‘health workforce support and safeguards list’ identifies 55 countries that are facing the most pressing health workforce challenges related to universal health coverage.^{vi} Countries on the list have: 1) a density of doctors, nurses and midwives below the global median (i.e. 49 per 10,000 population) and 2) a universal health coverage service index less than 55.

¹ ODA is measured according to the standardised definitions and methodologies of the Organisation for Economic Cooperation and Development's (OECD) Development Assistance Committee (DAC). The OECD maintains various code lists, which donors use to report their aid flows to the DAC databases. RCN analysis of ODA utilises data from the health sector budget identifier code, specifically focusing on personnel development for population and reproductive health and health personnel development.

The WHO recommends that countries on the health workforce support and safeguards list are protected from the active recruitment of their health workers. Despite this, the RCN has consistently raised concerns regarding the high number of nurses recruited to the UK from countries on the list.^{vii} The WHO also encourages member states to prioritise investment in health workforce strengthening in these countries.^{viii} An analysis of the UK's ODA spending in countries on the health workforce support and safeguards list is necessary to assess the UK's compliance with the WHO's recommendations.

Key findings

- Cuts to UK bilateral ODA between 2021 and 2023 have cost global health projects £1.3 billion.
- In 2020 health-related bilateral ODA to countries on the 2023 health workforce support and safeguards list was nearly £484 million. In 2023 this amount fell by 63% to £181 million.
- Bilateral ODA for projects aimed at growing the health workforce in countries on the 2023 health workforce support and safeguards list has decreased by 83% between 2020 and 2023.
- Only 7 countries on the 2023 health workforce support and safeguards list received bilateral ODA for projects dedicated to health personnel development in 2023.

ODA funding to support global health

The impact of ODA cuts on the UK's contribution to global health has been significant. The RCN has conducted analysis of the UK's bilateral ODA, which is aid that is delivered directly to recipient countries.^{ix}

From a total of £1.6 billion in 2020, bilateral health ODA fell by 52% to £764 million in 2023.² This sharp reduction has resulted in a cumulative loss of £1.3 billion for health-related projects between 2021-2023, highlighting the severity of funding constraints.

Not only has overall UK spending on health projects fallen, but the proportion of health-related spending within the UK's total ODA has also declined dramatically. In 2020, 16.7% of UK bilateral ODA was allocated to health; by 2023, this percentage had dropped to just 7.6%, with the UK's ODA spending on health reaching its lowest level since 2014, according to analysis by BOND.^x Whilst there have been some spending increases to some health-focused multilateral organisations, it does not compensate for the significant decline in overall health ODA since the cuts were introduced.

ODA funding to countries on the WHO's health workforce support and safeguards list

² This analysis refers specifically to bilateral ODA, including bilateral ODA delivered through multilateral organisations such as the World Health Organisation or UN agencies.

The WHO recommends that countries on the health workforce support and safeguards list should be prioritised for investment to support workforce development and facilitate improvements towards universal health coverage goals. However, in 2023 only 26 out of 55 countries on the health workforce support and safeguards list received bilateral health sector ODA³ from the UK.

The decision to cut the ODA spending target has also significantly reduced UK bilateral ODA spending in these countries. The amount of bilateral ODA for health projects for countries on the 2023 health workforce support and safeguards list fell from £484 million in 2020 to just £181 million in 2023, representing a 63% reduction.

Looking at ODA focussed on health personnel development, RCN analysis of UK ODA finds that only 7 countries on the 2023 health workforce support and safeguards list received any bilateral ODA from the UK. It is important to highlight that in 2023, 70% of the total allocation was concentrated in just two countries: Nigeria, accounting for 42%, and Bangladesh, accounting for 28%. Overall, UK ODA allocated to health personnel development in countries on the 2023 health workforce support and safeguards list decreased by 83% between 2020 and 2023.

While multilateral ODA might potentially reach these countries, it is not possible to ascertain this from the data, further complicating the evaluation of the UK's support for these countries.

Conclusion and key recommendations

These figures demonstrate the failure of the previous UK Government to meet their commitments to international development and global health. By turning its back on the low-and middle-income countries identified by the international community for prioritised financial assistance, the UK has shrugged its responsibilities to help address the global health workforce crisis where its impact is felt most.

For many countries on the health workforce support and safeguards list, a lack of investment is also compounded by the loss of nurses and other essential health workers amidst high levels of international recruitment to the UK health and care workforce.

Further analysis could shed more light on the most effective means for increasing the number of practicing nurses in low-and middle-income countries and accelerating progress toward universal health coverage. Lessons from ODA projects such as the Global Health Workforce Programme in Kenya, Nigeria and Ghana administered by the Global Health Partnerships and funded by the Department of Health and Social Care

³ This analysis refers specifically to bilateral ODA including bilateral ODA delivered through multilateral organisations (such as the World Health Organisation and UN agencies). While multilateral ODA is likely to reach these 'red list' countries, the absence of a specified list of recipient countries in the data prevents detailed country-level analysis.

(DHSC)^{xi} could be taken forward into new projects to increase nurse recruitment and retention.

There is also a need for improved reporting of data on UK ODA spending. It is not feasible to analyse the UK's spending on projects that target the strengthening of the global nursing workforce, as these projects do not have a specific code in OECD data publications as exists, for example, for medical training.

Above all, these figures underline the urgent need for the new UK Government to restore the UK's 0.7% of GNI ODA spending target. Without increased commitment, the UK cannot provide the much-needed global leadership to address the global health workforce crisis and drive forward progress towards universal health coverage.

Date: 09 January 2025

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Notes: This briefing (originally published 6 January 2025) has been updated to provide clarity that our analysis uses the WHO's health support and safeguards list and not the UK's Department for Health and Social Care's 'red list'.^{xii}

ⁱ [The 0.7% aid target - House of Commons Library](#)

ⁱⁱ [Statistics on International Development: final UK ODA spend 2023 - GOV.UK](#)

ⁱⁱⁱ [WHO, State of the World Nursing Report \(2020\)](#)

^{iv} [Nursing and midwifery \(who.int\)](#)

^v [WHO, State of the World Nursing Report \(2020\)](#)

^{vi} [WHO health workforce support and safeguards list 2023](#)

^{vii} [NHS 'unethical' in recruiting nurses from short-staffed countries | Royal College of Nursing | The Guardian](#)

^{viii} [WHO Global Code of Practice on the International Recruitment of Health Personnel](#)

^{ix} [Net ODA | OECD](#)

^x [Final UK ODA statistics for 2023 - The legacy of recent cuts and what is at stake in the budget | Bond](#)

^{xi} [Global Health Workforce Programme launches to strengthen health workforce in Nigeria, Kenya and Ghana](#)

^{xii} [Code of practice for the international recruitment of health and social care personnel in England - GOV.UK](#)