# Great Britain's Small Reach

## The Costly Impacts of UK Aid Cuts on Global Health, Security and International Standing

By Naoshin Haque

February 2026

Young Fabians Policy Research Fellowship – 2026

YOUNG FABIANS

*Great Britain's Small Reach: The Costly Impacts of UK Aid Cuts on Global Health, Security and International Standing*



Published by: Young Fabians

youngfabiansexecutive@gmail.com

www.youngfabians.org.uk

Young Fabians

61 Petty France

London, UK, SW1H 9EU

# Table of Contents

## About the Author

Naoshin Haque is an undergraduate biomedical sciences student at Queen Mary University of London. She is interested in health policy, global health and geopolitics and is a 2025/26 Young Fabian Policy Fellow.

## Acknowledgements

The author would like to thank Eloise Sacares for planning and organising the Young Fabian Fellowship, Liam Mac Lua-Hodgson who read the report drafts and gave invaluable feedback and advice, everyone who gave a training session, and Stefan Dercon, Neeraj Jain and Kitty Arie, who gave up their time to be interviewed, offering key insights into the field. This does not in any way indicate anyone's endorsement of the report's conclusions and/or recommendations.

# Executive Summary and Summary Recommendations

The UK is currently undergoing a significant retreat from its historical role as a global leader in international development. Following a reduction in aid spending from 0.7% to 0.5% of Gross National Income (GNI) in 2021 (1), the government has announced a further decline to 0.3% GNI by 2027/28 (2). This shift is primarily intended to fund increased defence and security spending, but in reality, it undermines the very security and economic stability it seeks to protect.

## Health and Humanitarian Consequences

The reduction in funding has already had devastating impacts on global health infrastructure:

- An 85% cut to the UN Population Fund (UNFPA) is estimated to have caused 250,000 maternal and child deaths (3), while cuts to the WISH programme doubled unsafe abortions to nearly 300,000 (4).
- Reduced funding for Gavi and the Global Polio Eradication Initiative (GPEI) threatens 23 million child vaccinations (5) and risks the paralysis of 200,000 children annually (6).
- The planned closure of the Fleming Fund in 2025 risks accelerating drug-resistant pathogens (7,8). If left unchecked, antimicrobial resistance could cause 7 million additional global deaths (7) and reduce global GDP by $1.7 trillion annually by 2050 (9).

## Geopolitical Erosion and Soft Power Decline

Furthermore, the aid cuts have significantly damaged the UK's international standing and diplomatic leverage:

- As the UK and US reduce aid, powers such as China are filling the gap, deepening relationships across Africa, Southeast Asia, and Latin America (3).
- Budget pressures have compromised key UK assets like the BBC World Service, which projects impartial journalism and builds economic trust in the UK (10).
- The sudden and opaque execution of cuts has eroded the UK's reputation as a dependable donor (11–13), diminishing its voice in international forums like the G7 and G20 (2).

## Summary of Policy Recommendations

To mitigate these impacts and restore the UK's global influence, my report suggests:

- Restoring ODA to 0.7% GNI and excluding In-Donor Refugee Costs (IDRC) from aid measurements to ensure funds are spent on overseas poverty reduction.
- Adopting an “80/20” Soft Power Strategy, where the government provides strategic leadership (20%) while allowing independent cultural and educational institutions to flourish (80%).
- Realignment for health security, focusing on long-term system strengthening and innovative financing (such as debt-to-health conversions) rather than short-term, disease-specific interventions.

Development assistance is an essential tool for preventing crises before they require more costly military or humanitarian interventions, making aid restoration a matter of both ethical responsibility and national and international security.

# Introduction

Aid in the UK can be classified into either bilateral spending (spending on a specific country or programme), or multilateral spending (spending given to multilateral institutions like the UN, global funds, development banks, and specialist humanitarian agencies) (2). For decades, the UK was a cornerstone of global development, consistently meeting the UN target of 0.7% of Gross National Income (GNI) for aid, only achieved by 15 countries since 1960 (2). However, recent policy shifts have replaced this leadership with a "retreat from global solidarity" (3), characterised by a reduction of aid from 0.7% to 0.5% in 2021 and a planned further reduction to 0.3% by 2027/28. These phases of aid reduction are detailed in the Appendices.

While UK governments have justified these cuts as tough but necessary decisions to increase national security or address deficits (1–3), this retreat from aid spending risks undermining the very security and influence it seeks to protect. By withdrawing support from critical global health initiatives, the UK is engaging in a false economy. Pathogens do not respect borders, and the erosion of health systems in low-income countries increases the risk of local outbreaks escalating into global pandemics, ultimately threatening UK national security and the global economy. Furthermore, this retreat creates a leadership vacuum, allowing geopolitical rivals like China to fill the gap and deepen their influence across Latin America, Southeast Asia, and Africa (3).

This report will detail some of the consequences resulting from the decrease in Official Development Assistance (ODA) on both global health systems and the UK's international standing. It will quantify some of the consequences these reductions have had and will have on global health, looking at how cuts in humanitarian and health-specific funding streams will result in increases in morbidity and mortality, particularly affecting women and children. It will assess some of the risks posed to foundational global health and security initiatives, such as multilateral funding bodies and programs dedicated to vaccines, maternal health, and combating antimicrobial resistance (AMR).

The analysis will also explore the deterioration of the UK's international standing, diplomatic leverage, and soft power influence. The report will also consider the geopolitical cost of this "retreat from global solidarity" (3), concluding by making policy recommendations to make future international engagement ethical and strategically effective for those in the UK and abroad.

# Health Impacts

The UK's reduction in ODA represents more than a fiscal adjustment; it marks a significant retreat from the UK's historical role as a leader in global health and a dependable partner in international development (11–13). By halving its health sector spending from $1.5 billion in 2020 to $763 million in 2021 due to the UK government's decision to reduce its overseas aid commitment from 0.7% of GNI to 0.5% in 2021 (14), the UK has signalled a shift in priority from long-term healthcare infrastructure toward immediate geopolitical and strategic interests.

## Women's Health, and Sexual and Reproductive Health and Rights (SRHR)

The immediate impact of these budget reductions is most visible in the erosion of foundational health services for women and children. Predictive modelling suggests that the UK's decision to cut 85% of its funding to the United Nations Population Fund (UNFPA) in 2021 is projected to have caused an additional 250,000 maternal and child deaths (3). This is as a result of the loss of access to life-saving health services and supplies that the UNFPA provided (3). These figures are not merely statistics; they represent a reversal of decades of progress in sexual and reproductive health and rights (SRHR). For example, the Women's Integrated Sexual Health (WISH) programme provides essential family planning services to vulnerable people across Africa and Asia (4). Cuts to the WISH programme mean that 1.7 million women and girls will lose access to essential services, potentially leading to over 800,000 unintended pregnancies and more than 2,000 maternal deaths (4). A 60% reduction in WISH funding has already been linked to a doubling of unsafe abortions, reaching nearly 300,000 (14).

## Vaccines and Immunisation

The UK's withdrawal from vaccine commitments threatens global immunisation goals. Defunded immunisation programmes have already contributed to 100,000 preventable deaths and left 5.3 million children unprotected against preventable diseases (12,15). By slashing its real-terms funding for Gavi, the Vaccine Alliance, by 40% for the 2026-2030 period, the UK jeopardises the vaccination of 23 million children more over the next five years (5). This shortfall not only risks an additional 350,000 deaths (5) but also stalls critical preventative efforts, such as the plan to vaccinate 120 million girls against the HPV vaccine to fight cervical cancer (5). These cuts damage the UK's reputation as a leader in global health innovation and leaves room for other powers to fill the vacuum.

## Funding Diversions and Strategic Gaps

The effectiveness of UK health aid is currently undermined by both budgetary diversions and a fragmented strategic framework. A significant portion of ODA has been redirected to in-donor refugee costs (IDRC); the use of aid money to pay for the costs of housing refugees and asylum seekers in the UK consumes a large portion of the budget (28% in 2023, 20% in 2024), diverting funds from urgent humanitarian and health priorities overseas (1,2,12). The Independent Commission for Aid Impact (ICAI) projects that even by 2027/28, IDRC may constitute 20% of the newly reduced 0.3% GNI budget, which would leave only 0.24% of GNI available for actual overseas investment (2). This reduced investment risks worsening humanitarian and health crises, resulting in devastating consequences for the world's most vulnerable communities due to cuts in essential overseas health programs (2,3).

This financial strain is exacerbated by the lack of a coherent cross-Whitehall strategy for global health. Since the creation of the FCDO (1), there has been a shift toward short-term geopolitical and strategic interests, such as migration management, rather than the long-term healthcare infrastructure required for comprehensive health and pandemic preparedness (16). Additionally, the decision-making process has become fragmented, with the expertise of the Global Health Directorate being overlooked (13). This has created an imbalance between multilateral and bilateral programmes: while the UK attempts to protect major multilateral commitments, this comes at the expense of targeted bilateral programmes that lack diversified funding and may collapse without UK backing, ultimately reducing access to medical care in remote regions (13).

## Closing Analysis

The retreat from international development funding is causing a profound humanitarian crisis, resulting in a surge of preventable morbidity and mortality. The reduction in support for maternal health, SRHR, and global vaccination alliances has already placed millions of women and children at risk, leading to hundreds of thousands of additional deaths. These impacts are not just isolated casualties of budget cuts but rather, the direct result of a fragmented strategic approach that has prioritised immediate security concerns over the foundational health systems necessary to prevent global crises.

For the UK, disinvesting from preventative health measures creates a strategic vulnerability, as weakened health systems in low-income countries increase the likelihood of local outbreaks escalating into global pandemics. Moving forward, restoring a coherent, long-term commitment to global health is essential to regaining the UK's role as a dependable donor and ensuring the resilience of the international community against future biological shocks.

# Global Health Security and Economic Fallout

Global health security refers to the essential collective capacity of the international community to provide early detection, surveillance, and effective containment of disease outbreaks before they escalate into global crises (3). For the UK, this is not just a matter of international altruism but also an issue of national security and economic stability (1–3). Because drug-resistant pathogens and infectious diseases do not respect national borders (7), and the weakening of health systems in low-income countries increases the risk of local disease outbreaks escalating into global pandemics (3), the stability of overseas health systems is linked to UK national security (17).

Historically, UK policy has recognised that development assistance is an essential tool to stop crises from spreading and destabilising regions (1–3). However, the current shift toward cutting aid to fund traditional defence spending treats development and security as separate entities, risking a short-termism that undermines the very safety it seeks to protect, along with carry significant economic disadvantages (9,18).

## The Deteriorating Global Context

The UK's plans for a further reduction of aid to 0.3% of GNI by 2027/28 has occurred against the backdrop of a massive, rapid retreat by the US, which has historically been the anchor of the global aid system (3). With US health financing dropping by 67% (over $9 billion) in 2025 (19), global development assistance for health (DAH) is retreating to levels not seen since 2009 (20). Furthermore, US aid spending has been slashed by up to 50% for 2025, with deeper reductions expected (3).

The closure of USAID, the renewed US withdrawal from the World Health Organisation (WHO) and other global cooperation efforts resulted in significant turmoil across countries reliant on US aid (21). Core programs like PEPFAR (anti-AIDS) are in disarray, leading to drug supply disruptions and the suspension of HIV treatments in at least 50 countries (22).

The US withdrawal follows an "America First" agenda, framing future aid strictly in line with US strategic interests, emphasising trade over traditional development goals (9). Furthermore, the US cuts put pressure on other donors, but while the UK Foreign Secretary called the US aid cuts a "strategic mistake" that would embolden rivals like China (2,3), the UK acknowledged it is constrained by its own reduced budget and cannot "backfill" or "compensate" for the gaps left by the US (2). This simultaneous retreat by two of the world's major health donors creates a security vacuum, allowing geopolitical rivals to deepen their influence in developing regions while leaving the global health architecture weak and inadequate.

## The "False Economy" of Disinvesting in Preparedness

The Fleming Fund, a major British aid programme established in 2015 to tackle AMR in developing countries, has been forced to close in July 2025 as a direct result of aid cuts, despite warnings of the risks to national security and global health (4,9). The fund was important in building laboratory capacity and genomic sequencing across Africa, which was used to detect COVID-19 variants and emerging AMR outbreaks (7). The closure of the programme directly compromises UK national security as drug-resistant pathogens do not respect borders (7). If AMR programs are not protected, drug-resistant pathogens will continue to evolve and spread, resistance rates across the world will likely increase in line with the worst-affected countries (9). The world would face an estimated additional 7 million deaths globally by 2050 (7). By 2050, treating infections would cost health systems $176 billion extra per year globally (18), accelerated resistance could wipe $1.7 trillion from the global GDP annually (9) and shrink the UK economy by $59 billion (7). Conversely, improving treatment and increasing innovation against AMR could lead to the global economy being $960 billion larger by 2050 (9,18), highlighting the large return on investment that development assistance provides.

The Global Surgery Unit (GSU), a major research initiative focusing on improving surgery worldwide, is expected to run out of funding in 2026, forcing a closure by June 2026 (4). Improving surgery is important in combating AMR by preventing and managing infections, as this reduces unnecessary antibiotic use (23).

Furthermore, the UK, which has historically been the second largest governmental contributor to the Global Polio Eradication Initiative (GPEI) (4), has slashed funding for the GPEI by 95% (12). The initiative currently faces a funding crisis with a $2.3 billion shortfall (6). As outbreaks rise in conflict zones like Gaza and Sudan (6), this withdrawal risks the return of a disease that could paralyze 200,000 children annually (6).

## Closing Analysis

The decision to cut aid to fund defence disregards the reality that development assistance is an essential tool for preventing crises (3). Cutting preventative programs like the Fleming Fund and disinvesting in health systems strengthening and risks future global pandemics, undermining national security, with severe projected impacts on global GDP (7,8).

From a policy perspective, by failing to maintain a coherent cross-Whitehall strategy for global health, the UK is trading long-term preventative security for short-term fiscal savings. This approach does not just impact morbidity and mortality rates abroad; it erodes the UK's soft power, diminishes its voice in international forums like the G7 and G20, and leaves the domestic population more vulnerable to the next inevitable global health shock (2).

# Geopolitical and Soft Power Consequences

Development aid including ODA is important for preventing crises, strengthening diplomatic ties, promoting donor values, and enhancing global influence (3,24). The UK's reduction of its overseas aid budget has generated significant negative geopolitical and soft power consequences for the UK, particularly in the post-Brexit era. Successive phases of aid reduction, along with the merger of the DFID into the FCDO in 2020, signalled a fundamental shift in UK policy of the prioritisation of immediate geopolitical and strategic interests (16,25). This has decreased the importance of the need for development in favour of strategic interests, compromising the UK's reputation as a dependable donor (16,25), and risking undermining the UK's long-term security interests.

## Impact on International Standing and Diplomacy

This aid retreat has immediate consequences for the UK's ability to lead on the world stage. Historically, the UK consistently met the UN's 0.7% aid target (1), being one of only 15 countries to have done so since 1960 (2), earning a reputation as a dependable donor. However, the poor management of cuts had led to an erosion of trust: the 2021 aid cuts were executed suddenly, opaquely, and without transition planning, damaging the UK's reputation as a dependable donor (11–13). Poorly planned transitions compromise health system viability, leading to shortages of resources, supply stock-outs, and service disruptions (25). They also lead to service disruptions, loss of human resources, and undermining sustainability in recipient countries (12,25). This has led to reduced commitments to multilateral bodies, diminishing the UK's voice in international institutions like the G7, G20, and climate negotiations (2).

Furthermore, the UK's withdrawal has created a geopolitical vacuum: as the Western retreat from aid continues, rivals such as China are stepping in and deepening positioning themselves to reclaim the role of the world's largest aid donor (3). This shift not only diminishes UK diplomatic leverage but also impacts multilateralism globally. For example, the UK's reduced aid contribution jeopardises major global goals, such as the COP29 commitment to provide at least $300 billion annually in climate finance to the Global South by 2035 (3).

## Integrating FPC's "80/20" Soft Power Approach

Applying the Foreign Policy Centre's (FPC) "80/20" soft power model from the FPC's report, *"Playing to our strengths: The future of the UK's soft power in foreign policy",* can help to understand some of the mechanics of this decline. This framework argues for an "always on" approach to UK soft power, recommending an "80/20" strategy for the UK Government (26). It suggests that 80% of a nation's soft power should flourish independently through cultural, academic, and business institutions, while the remaining 20% requires active government

leadership, setting the national narrative, forging strategic partnerships, enabling regulation and providing targeted funding to support the independent actors (26).

The current aid cuts are disproportionately damaging the 20% of government-enabled influence, directly impacting the assets that earn the UK international trust, goodwill, and commercial returns. For instance, funding changes have negatively impacted crucial soft power assets like the BBC World Service, forcing service closures and digital shifts just as geopolitical rivals like China and Russia invest heavily in state media abroad (26). This is a significant economic loss, as research shows that BBC World Service users are more likely to invest in the UK compared to non-users (10).

The UK fails to fully use existing "always on" high-return assets like the Premier League, which generates nearly £10 billion for the UK economy and crosses cultural barriers globally (27). High-value programs like the John Smith Trust, which builds strategic, long-term networks with future leaders in contested regions, risk being severely impacted by short-term budget cuts (26).

FPC's framework recognises that credibility is earned by independent institutions (like the BBC World Service, the Premier League, universities, etc) rather than solely through government campaigns or advertising (26). It advocates for a structured, deliberate, and long-term approach to maximise the UK's influence as a middle power (26). However, by failing to provide the strategic 20% of leadership and funding, the government is neglecting the compounding assets that earn the UK international trust and commercial returns.

## Closing Analysis

The argument that aid cuts are a necessary trade-off for increased defence spending overlooks the link between development and security; historically, there has been a bipartisan consensus in the UK that "there is no security without development" (3). Slashing aid to fund defence ultimately risks undermining the security it aims to protect, as development assistance is essential for preventing crises that can spread and destabilise regions, affecting donor countries (3). It increases the risk of regional instabilities and global pandemics, both of which necessitate much costlier military or economic interventions later (3). The UK must move beyond short-termism and adopt a structured, long-term approach that recognises development assistance as an essential tool for national and international security.

# Policy Recommendations

The UK's aid cuts have had extremely negative consequences around the world, especially for countries that rely heavily on aid. However, these are still ways to mitigate these effects and take steps for the UK to once again become a trusted donor and ally.

## General

**UK Government: Restore Official Development Assistance (ODA) spending to 0.7% of Gross National Income (GNI)**. This restores the UK's international reputation and reinforces global resilience against future pathogenic threats. This would also be beneficial for the economy in the long-term and benefit the health and security of people living in the UK.

**UK Government: Exclude In-Donor Refugee Costs (IDRC) from international aid spending measurements**. This ensures that substantial resources are freed up for overseas humanitarian priorities and combatting global poverty, so that aid is allocated where it is most needed.

## Health

**FCDO: Target bilateral aid strategically toward the poorest countries and fragile contexts**. Concentrating limited funds on these specific regions ensures the highest possible impact and long-term return on investment for health outcomes.

**UK Government: Establish a non-partisan watchdog entity to audit aid efficacy and equality**. Increasing transparency, helping secure alternative funding and partners and committing to managed timelines for temporary reductions will help rebuild the UK's status as a dependable donor.

## Global Health Security and Economy

**FCDO and UK Government: Implement a clear, cross-Whitehall strategy for global health with a dedicated budget for Antimicrobial Resistance (AMR)**. Policy coherence across departments will strengthen national and international resilience against emerging

health security threats. The strategy must also balance support between large multilaterals and smaller, targeted bilateral global health security partners.

**FCDO: Prioritise building long-term, resilient public service delivery systems over short-term, disease-specific interventions**. Strengthening primary care infrastructure promotes sustainable country ownership and alignment with national priorities, and leverages UK assets like academic and scientific expertise.

**UK Government: Implement innovative financing mechanisms and debt relief programs, such as "Debt2Health"**. These tools help recipient countries escape debt traps and mobilise capital to invest in their own health systems, strengthening their fiscal resilience. This method has the added benefit of being able to address the debt crisis limiting LMICs' ability to invest in their own health systems; mechanisms like Debt2Health convert debt into health investments (e.g., Germany/Indonesia for TB/Malaria control) (28) and similar mechanisms could be used by the UK.

**FCDO: Shift power and resources to local actors to align with national priorities and improve country ownership**. Prioritising local leadership ensures that health systems are integrated and better prepared to withstand future global shocks, allowing countries to move beyond unsustainable dependency on temporary external aid to sustained, genuine and long-term resilience.

## Geopolitics and Soft Power

**UK Government: Adopt an "80/20" soft power strategy to balance independent flourishing with government leadership**. This approach makes effective use of UK's global soft power, particularly in the current multipolar and fractured world system, focusing on long-term systemic support rather than short-term campaigns or budgets to maximise global influence.

**UK Government: Stabilise multi-year budgets for compounding assets like the BBC World Service and the British Council**. Consistent funding protects the UK's international trust and counters heavy state-media investment from geopolitical rivals.

**FCDO: Develop strategic partnerships with non-governmental actors in education, sports, and the creative industries**. Leveraging "always on" assets like the John Smith Trust and creative industries (education, sports, media) will allow the UK to advance shared agendas at a low marginal cost to the state.

**Cabinet Office: Establish a Central Soft Power Unit to coordinate strategy across the FCDO, DBT, DCMS, and other departments**. This unit will ensure a joined-up approach to strategic partnerships and oversee the development of the Soft Power Council.

# Appendices

## Appendix 1: Aid Cut Timelines

There have been two major phases of aid reduction in the UK since 2020, the first reducing spending from 0.7% of Gross National Income (GNI) to 0.5% in 2021, as seen in **Table 1**, and the plans for a further reduction to 0.3% of GNI by 2027/28, seen in **Table 2**.

**Table 1. Reduction to 0.5% of GNI (2020-2021).**

| Date/ Period | Event/ Announcement | Details/Context |
|---|---|---|
| **2013-2020** | UK met the 0.7% GNI target | The UK consistently met the UN target (1), being one of only 15 countries to have done so since 1960 (2). |
| **July 2020** | Initial ODA reduction announced | The then Foreign Secretary Dominic Raab announced a reduction of Official Development Assistance (ODA) by £2.9 billion due to the pandemic's impact on the economy (1). |
| **September 2020** | Creation of the FCDO | The Foreign, Commonwealth and Development Office (FCDO) was created, and this involved the merger of the Department for International Development (DfID) and the Foreign and Commonwealth Office (FCO) (1). |
| **November 2020** | Decrease to 0.5% announced | The government announced that aid spending would be temporarily reduced to 0.5% of GNI starting in 2021 as a result of the negative impacts of the COVID-19 pandemic on the economy and public finances (2). |
| **2021** | 0.5% target implemented | Aid spending decreased from £15.2 billion in 2019 to £11.4 billion in 2021 (1). |
| **July 2021** | Tests for restoration set | The Commons backed a motion setting two tests for restoring spending to 0.7% GNI: a) the country is not borrowing for day-to-day spending on a sustainable basis as per findings by the Office for Budget Responsibility (OBR), and b) that the ratio of underlying debt to GDP is falling (2). |
| **July-November 2022** | Non-essential spending pause | The FCDO froze non-essential aid spending to prevent the aid budget from exceeding 0.5% of GNI, mainly due to the unpredictability and rise of Home Office spending on UK-based refugees (2). |
| **2022-2023** | Budget pressures leading to temporary increases | Due to rising costs of hosting refugees in the UK (especially from Afghanistan and Ukraine), the Treasury gave an additional £2.5 billion from 2022 to 2024. Consequently, aid rose to 0.51% of GNI in 2022 and 0.58% in 2023 (1). |

**Table 2. Planned reduction to 0.3% of GNI (2025-2029).**

| Date/ Period | Event/ Announcement | Details/Context |
|---|---|---|
| **February 2025** | Move to 0.3% announced | The UK Government, led by Prime Minister Sir Keir Starmer, announced that aid spending will be "gradually reduced" from 0.5% of GNI to 0.3% of GNI in 2027, intended to fund an increase in defence and security spending, aiming for 2.6% of GDP in 2027 (2). |
| **February 2025** | The then International Development Minister, Anneliese Dodds resigned | Anneliese Dodds stated that the cuts would "likely lead to a UK [aid] pull out from numerous African, Caribbean and Western Balkan nations" and reduce the UK's international role (2). |
| **March 2025** | Planned aid spending reduction announced | Aid spending will decrease to 0.48% in 2025/26, 0.37% in 2026/27 and 0.3% in 2027/28 (2).<br><br>The decrease in the aid budget is expected to save £500 million in 2025/26, £4.8 billion in 2026/27 and £6.5 billion in 2027/28, which will be used for increased defence spending (2). |
| **March 2025** | FCDO role announcement | The FCDO ceased to act as the "spender and saver of last resort", meaning the department will no longer automatically respond to changes to GNI or aid spending by other departments (2). |
| **March 2025** | Future aid budgets announcement | Aid budgets will now be allocated on cash terms based on GNI forecasts at a spending review, rather than being adjusted for GNI fluctuations (2). |
| **2025/26** | First year of gradual reduction | Aid spending is planned to fall to 0.48% of GNI. Expected savings for defence: £500 million. FCDO bilateral aid to specific countries/regions will fall by £600 million from the year before. Planned reductions include health funding decreasing by £448 million compared to 2024/25 plan (2). |
| **Autumn 2025** | Multi-year plans released | Indicative multi-year spending plans for 2026 to 2029 will be published, which will include larger reductions required to reach 0.3% (2). |
| **2026/27** | Second year of reduction | Aid spending is planned to fall to 0.37% of GNI. Expected savings for defence: £4.8 billion (2). |
| **2027/28** | New target reached | Aid spending is planned to reach 0.3% of GNI. Expected savings for defence: £6.5 billion or more annually. The total aid is estimated at £9.2 billion, £4.7 |

| | | |
|---|---|---|
| | | billion lower than in 2024 and the lowest level in cash terms since 2012 (2). |
| **To 2029** | 0.7% restoration unlikely | The government does not expect the two fiscal tests to be met during the current Parliament (2024 to 2029), meaning aid is not expected to return to 0.7% GNI during this period (2). |

# References:


1. Brien P, Loft P. UK Aid: Spending Reductions Since 2020 and Outlook from 2024/25. House of Commons Library; 2025 Feb [cited 2025 Oct 8]. Available from: https://researchbriefings.files.parliament.uk/documents/CBP-9224/CBP-9224.pdf
2. Brien P, Loft P. UK Aid: Reducing Spending to 0.3% of GNI by 2027/28. House of Commons Library. 2025 Jul [cited 2025 Oct 8]. Available from: https://researchbriefings.files.parliament.uk/documents/CBP-10243/CBP-10243.pdf
3. Lazell M, Petrikova I. A Retreat from Global Solidarity: the Consequences of International Aid Cuts. Political Insight. 2025 Jun;16(2):19–21. Available from: https://doi.org/10.1177/20419058251351479
4. Root RL. How UK Aid Cuts Will Lead to Global Health Programme Closures—and Deaths. BMJ. 2025 Sep 17;390. Available from: https://doi.org/10.1136/bmj.r1913
5. Cullinan M. Britain Slashes Global Vaccine Budget, Putting Millions of Women and Girls at Risk. The Telegraph. 2025 Jun 25 [cited 2025 Oct 26]; Available from: https://www.telegraph.co.uk/global-health/science-and-disease/britain-slashes-global-vaccine-budget-risking-million/
6. Sebouai L. Polio Could Paralyse 200,000 Children Every Year Unless UK Continues Global Funding. The Telegraph. 2025 Jul 28 [cited 2025 Oct 26]; Available from: https://www.telegraph.co.uk/global-health/science-and-disease/polio-could-paralyse-200000-children-every-year/
7. Hunt J. Labour's Decision to Scrap £265m Fund to Fight Superbugs Puts Our National Security at Risk. The Telegraph. 2025 Aug 5 [cited 2025 Oct 26]; Available from: https://www.telegraph.co.uk/global-health/science-and-disease/labours-decision-to-close-fleming-fund-is-a-false-economy/
8. Hucks L. King's College London. 2021 [cited 2025 Oct 26]. UK Aid Cuts Hit King's Vital Global Health Programmes | Feature from King's College London. Available from: https://www.kcl.ac.uk/uk-aid-cuts-hit-kings-vital-global-health-programmes
9. Bowie K. Aid Cuts Could Worsen AMR and Cost Economies Trillions, Experts Warn. BMJ. 2025;390. Available from: https://doi.org/10.1136/bmj.r1546
10. Global Influence and Impact Research. The BBC. 2025 [cited 2025 Nov 24]. Available from: https://www.bbc.co.uk/aboutthebbc/documents/bbc-global-impact-and-influence-research-2025.pdf
11. Wenham C. Loss of Global Britain in Global Health. BMJ. 2025;390. Available from: https://doi.org/10.1136/bmj.r1970
12. Mao W, Prizzon A, Ogundeji Y. UK Foreign Aid Cuts and Global Health. BMJ. 2023;382. Available from: https://doi.org/10.1136/bmj.p2075

13. Call for Evidence on Impact of UK Aid Cuts: Médecins Sans Frontières/Doctors Without Borders Submission to International Development Committee. MSF. 2021 Jun [cited 2025 Oct 26]. Available from: https://committees.parliament.uk/writtenevidence/36673/default/

14. Feinmann J. UK Foreign Aid Cuts Have Caused Many Preventable Deaths, MPs Warn. BMJ. 2024 Jan 29;384. Available from: https://doi.org/10.1136/bmj.q231

15. Mitchell I, Hughes S, Ritchie E. An Overview of the Impact of Proposed Cuts to UK Aid. Center for Global Development. 2021 Jan [cited 2025 Oct 26]. Available from: https://www.cgdev.org/publication/overview-impact-proposed-cuts-uk-aid

16. Mwanje J, Blackett K, Corona S, Jarrett P, Cinar EN, Cardoso Pinto AM, et al. UK Aid Cuts Threaten Global Child Health: a Call to Rethink International Assistance. BMJ Paediatr Open. 2025 Jun 3;9(1). Available from: https://doi.org/10.1136/bmjpo-2025-003602

17. Ramzan S. Results UK. 2025 [cited 2025 Nov 14]. Results UK's Response to the UK Government's Pledge to the Global Fund to Fight AIDS, Tuberculosis and Malaria – Results UK. Available from: https://results.org.uk/2025/11/11/results-uks-response-to-the-uk-governments-pledge-to-the-global-fund-to-fight-aids-tuberculosis-and-malaria/

18. McDonnell A, Countryman A, Laurence T, Gulliver S, Drake T, Edwards S, et al. Forecasting the Fallout from AMR: Economic Impacts of Antimicrobial Resistance in Humans. Center For Global Development. 2024 Sep [cited 2025 Nov 2]. Available from: https://www.cgdev.org/publication/forecasting-fallout-amr-economic-impacts-antimicrobial-resistance-humans

19. Krugman A. Think Global Health. 2025 [cited 2025 Nov 9]. The State of Global Health Funding. Available from: https://www.thinkglobalhealth.org/article/state-global-health-funding-august-2025

20. Apeagyei AE, Bisignano C, Elliott H, Hay SI, Lidral-Porter B, Nam S, et al. Tracking Development Assistance for Health, 1990–2030: Historical Trends, Recent Cuts, and Outlook. The Lancet. 2025 Jul 26;406(10501):337–48. Available from: https://doi.org/10.1016/S0140-6736(25)01240-1

21. Ross E. Think Global Health. 2025 [cited 2025 Nov 9]. After US Retreat, Europe Recasts Its Role in Global Health. Available from: https://www.thinkglobalhealth.org/article/after-u-s-retreat-europe-recasts-its-role-in-global-health

22. WHO Statement on Potential Global Threat to People Living with HIV. 2025 [cited 2025 Nov 9]. Available from: https://www.who.int/news/item/28-01-2025-who-statement-on-potential-global-threat-to-people-living-with-hiv

23. Sebouai L. Flagship British Project to Boost Global Surgical Standards Under Threat of Closure. The Telegraph. 2025 Aug 12 [cited 2025 Nov 2]; Available from:

https://www.telegraph.co.uk/global-health/science-and-disease/flagship-british-project-to-boost-global-surgical-standards/

24. Dercon S. Rethinking Aid in a Contested World. Kiel Working Papers. 2025 Sep 1 [cited 2025 Nov 14];2301. Available from: https://www.kielinstitut.de/fileadmin/Dateiverwaltung/IfW-Publications/fis-import/372a5537-a77c-4b48-a4af-711d1cc10a4f-KWP_2301.pdf

25. McDade KK, Mao W, Prizzon A, Huang RW, Ogbuoji O. United Kingdom Aid Cuts: Implications for Financing Health Systems. Front Public Health. 2023 May 10;11:1096224. Available from: https://doi.org/10.3389/fpubh.2023.1096224

26. Ogier P. Playing to Our Strengths: the Future of the UK's Soft Power in Foreign Policy. The Foreign Policy Centre. 2025 Sep [cited 2025 Nov 24]. Available from: https://fpc.org.uk/wp-content/uploads/2025/09/FPC-report-Playing-to-our-strengths-September-2025.pdf

27. The Premier League. Research Shows Premier League's Growing Contribution to UK Economy. 2025 [cited 2025 Dec 6]. Available from: https://www.premierleague.com/en/news/4461419/research-shows-premier-leagues-growing-contribution-to-uk-economy

28. Jain N, Gitahi G. Think Global Health. 2025 [cited 2025 Nov 2]. Innovative Financing to Future-Proof Universal Health Coverage. Available from: https://www.thinkglobalhealth.org/article/innovative-financing-to-future-proof-global-health

YOUNG
FABIANS