

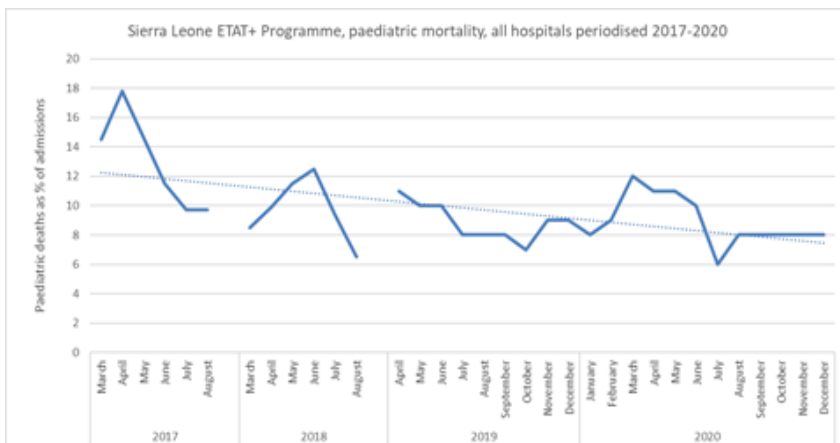
**Introduction**

- The Royal College of Paediatrics and Child Health works to improve child health in the UK and worldwide with cost effective, high impact programmes. This briefing has been prepared ahead of a debate on the potential impact of reductions in ODA on child health and education of which we have direct experience.
- The organisation of bilateral support between UK health institutions and those in low- and middle-income countries is one of the UK’s strongest areas of global development and humanitarian leadership.
- The role of health agencies like RCPCH offers measurable, cost-efficient benefits both to aid-recipient countries but also with the NHS at home, as UK clinicians working in low-resource settings develop invaluable clinical and leadership skills.
- One of the key messages we hear from volunteers coming back from working in our programmes and re-entering the NHS, is that they have learnt ‘to do more with less’ while others have said I’m not sure I can think of a better strapline for what the NHS is now attempting to achieve’.
- We are particularly concerned about the impact of Aid cuts on newborn and child health, and their mothers. The examples of programmes impacted by cuts are outlined below with proposed questions to the Minister.

If you have any questions on the contents of this briefing, please contact [bruce.warwick@rcpch.ac.uk](mailto:bruce.warwick@rcpch.ac.uk).

**Impact of UK Aid cuts on global child health – Sierra Leone**

- **Sierra Leone:** Between 2015 and 2020, following the West Africa Ebola virus outbreak, RCPCH Global worked with the Government of Sierra Leone, Ministry of Health and Sanitation and international and local partners to rebuild and strengthen emergency capability across the national hospital network – a key bulwark against future pandemic disease outbreaks, and a foundational driver of improving maternal, newborn and paediatric survival.
- Through local partnership, RCPCH Global delivered a national programme based on the WHO ‘Emergency Triage Assessment and Treatment Plus (ETAT+)’ training protocol.
- ETAT+ improves basic medical and nurse-led care for critically-ill children in the first 24-48 hours presenting to a hospital facility in low-resource settings



- Using evidence from a USD\$100,000 pilot (funded by WHO in 2016-17), RCPCH Global showed significant improvement in triage times (reducing time from triage to oxygen from 215 to 8 minutes) and nurse-led emergency assessment.
- We worked with the Ministry of Health and Sanitation to have ETAT+ adopted as a national programme, rolled out across all

regional and district government hospitals. The programme funded by DFID and delivered by RCPC Global through teams of UK clinicians working on a volunteer basis, paired with Sierra Leone nurse counterparts.

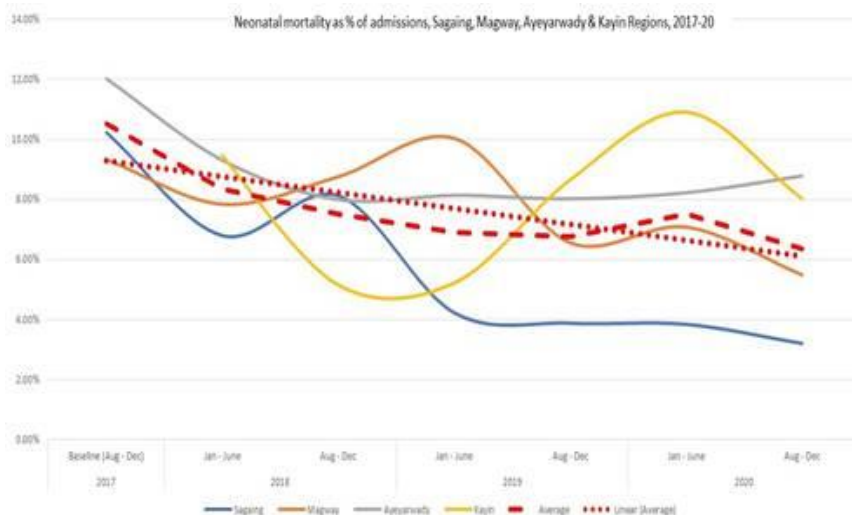
- Between 2017 and 2020, mortality as a proportion of paediatric admissions fell from 15.6% to 9.1% - a reduction of just under 40% (see graph). The programme, funded during this period by DFID/FCDO, cost GBP£300,000 per year. At a conservative estimate of 36,000 paediatric admissions per year (which is rising year on year as the Sierra Leonean system strengthens), this is a cost of GBP142 per child's life saved – classed under WHO criteria as 'very high value for money'.

Aggregate paediatric mortality (as % of admissions) across 13 Regional and District Hospitals, Sierra Leone, 2017-20

- The value of the Sierra Leone programme is not simply that it reduces the country's child mortality rate. But RCPC Global's programme demonstrates how cost-efficient investments in basic care systems in the secondary hospital level can produce positive impact. This learning will be key to supporting the development of a robust and sustainable health system as the country develops economically and as the proportion of avoidable mortality shifts from community and primary settings to the hospital level.
- In January 2021, we were in the latter stages of a long process of negotiation with FCDO on the renewal of the grant for a further 12-18 months. In late February 2021, we were informed that the grant would not be renewed, but would instead be terminated, giving us a little less than 28 days to wind up a national government-backed programme and leaving our partner hospitals and hundreds of Sierra Leone clinicians high and dry. The loss of the funding, due to the ODA cuts, has stalled a valuable programme. The manner of its withdrawal puts at risk much larger relations of trust and partnership between the UK and Sierra Leone. It also forfeits the accrued value of a decade of UK-led health sector funding in the country, amounting to far more over those years and the savings made through the cuts.

### Impact of UK Aid cuts on global child health – Myanmar

- **Myanmar:** RCPC Global has built a partnership with the Myanmar Paediatric Society to support neonatal care quality in roughly two-thirds of the government hospitals in the country.
- During the COVID pandemic, we pivoted our national network to support emergency supply and utilisation of critical life-saving equipment in respiratory care and infection control.



- Following the military coup in early 2021, we pivoted again to sustain our support – delivered virtually – to nurses providing life-saving care to children and families through the Civil Disobedience Movement (CDM), as well as strengthening support to the Ethnic Health Organisations in the outlying areas of the country beyond direct Junta control.

- Our work is supported by UNICEF, but we have also drawn on FCDO funding through the Health Partnership Scheme (HPS). The withdrawal of HPS has severely constrained our ability to maintain (and expand) a programme which is one of the very few operations with the capacity to continue supporting a network of clinicians across the country as well as direct humanitarian support to the ethnic majority states.
- This work is particularly vital, in the post-COVID period, is shoring up a health system which has all but collapsed, including control of infectious paediatric diseases, community delivery of family and maternal health, and the optimisation of essential immunisation services.
- This programme would have provided a qualitative and quantitative evidence base and pathway for neonatal nurse development adoptable not just by Myanmar but by other health systems seeking to overcome remaining barriers to newborn survival and achievement of the SDG target.
- Our work to-date on neonatal care across 24 hospitals in four regions of Myanmar show some distinct improvement in survival, mainly in Sagaing and Magway (see graph)

*Aggregate neonatal mortality (as % of admissions) across four regions (24 hospitals), Myanmar, 2017-20*

### Questions to the Minister

- Will the Minister commit to a public review of the impact of aid cuts on maternal, newborn and child health in UK-aid recipient countries?
- Will the Minister commit to reinstating UK aid to maternal, newborn and child health to support the poorest countries to meet their targets for UN's the Sustainable Development Goals?