## 6. Global Aid Cuts May Reverse Health Gains- Governance

A new peer reviewed study published in Lancet Global Health warns that declining global aid could severely impact health outcomes in low and middle-income countries (LMICs).

### About the Study

The study is conducted by the Barcelona Institute for Global Health, with financial support from The Rockefeller Foundation through RF Catalytic Capital. It systematically assesses the health impacts of reductions in Official Development Assistance (ODA) at a time of slowing global growth and geopolitical uncertainty. The core purpose is to estimate the human cost of current and projected aid cuts and to highlight the risks of reversing decades of development and health gains.

**Geographical coverage** includes low and middle income countries (LMICs) across-

1. Sub-Saharan Africa
2. Asia (including India)
3. Latin America
4. Parts of Europe

The study focuses on high impact public health domains, namely-

1. Under five child mortality
2. HIV/AIDS
3. Malaria
4. Nutrition related mortality
5. Overall health system resilience

Findings are published in Lancet Global Health, lending high academic credibility and policy relevance.

### Key Findings of the Study

**Projected Mortality Impact**

An estimated 22.6 million additional deaths by 2030 may occur in LMICs if current global aid cuts persist. Of these, 5.4 million deaths are projected among children under five, undermining progress made under child survival programmes.

**Regional Disparities-**Sub Saharan Africa and Asia face the highest mortality risks. Asia's large population base significantly magnifies the absolute human cost, even where per capita risks are lower. Fragile and conflict affected states are especially vulnerable due to weak domestic health financing capacity.

**Historical Role of ODA in Health Gains**

Between 2002 and 2021, ODA contributed to-

1. 39% reduction in child mortality
2. 70% decline in HIV/AIDS related deaths
3. 56% reduction in deaths due to malaria and nutritional deficiencies

These gains demonstrate that aid effectiveness is highest when funding is sustained, predictable, and targeted.

**Alarming Trend in Global Aid**

2024 marked the first decline in global aid since 2018, following nearly three decades of expansion. Major donor countries have reduced contributions due to-

1. Domestic fiscal pressures
2. Ageing populations

3. Strategic reprioritisation towards defence and climate finance

The study warns that abrupt aid withdrawal weakens health systems, making them unable to absorb shocks such as pandemics or climate induced health crises.

## Understanding Official Development Assistance (ODA)

ODA refers to government provided concessional aid aimed explicitly at promoting the economic development and welfare of developing countries. It is considered the international "gold standard" for measuring foreign aid. The concept and measurement framework were institutionalised by the Organisation for Economic Cooperation and Development Assistance Committee (DAC) in 1969.

ODA includes-

1. Grants
2. Concessional loans
3. Technical assistance

Health focused ODA has historically funded-

1. Immunisation programmes
2. Disease eradication initiatives
3. Nutrition and maternal health interventions
4. Health workforce training

**Broader Implications of ODA Cuts**

Reversal of progress towards SDG 3 (Good Health and Wellbeing).

**Increased vulnerability to-**

1. Infectious disease outbreaks
2. Malnutrition and stunting
3. Health inequities

**Longterm economic costs due to-**

1. Reduced labour productivity
2. Higher future healthcare expenditure
3. Intergenerational poverty traps

Weakening of global health security, affecting even donor countries.

## Way Forward

**Sustain and Protect Global Aid-** Reverse recent aid cuts and ringfence funding for high impact interventions such as-

1. Child health and immunisation
2. HIV/AIDS and malaria control
3. Nutrition programmes

**Promote Country Led Financing Models**

Enable LMICs to-

1. Set national health priorities
2. Improve domestic resource mobilisation
3. Gradually reduce long term aid dependence without abrupt shocks

**Invest in Health Infrastructure**

Strengthen-

1. Primary healthcare systems

2. Health workforce capacity
3. Medical supply chains
4. Disease surveillance and early warning systems

**Target the Most Vulnerable Regions-** Prioritise Sub Saharan Africa and densely populated Asian countries, where aid cuts result in the highest absolute mortality. Focus on fragile and conflict affected regions.

**Improve Aid Efficiency and Accountability**

Adopt-

1. Data driven allocation
2. Outcome based funding models
3. Transparency and impact evaluation mechanisms

Ensure maximum health outcomes per dollar spent.

**Integrate Health with Broader Development Goals**

Align health aid with-

1. Nutrition and food security
2. Education
3. WASH (Water, Sanitation and Hygiene)
4. Climate resilience initiatives

This integrated approach ensures durable and sustainable health gains.

## Conclusion

The study highlights that ODA is not merely charitable spending but a critical investment in global human security. Sustained, well targeted, and efficient aid has saved millions of lives over the past two decades. Continued cuts risk undoing decades of progress, especially for children and vulnerable populations. For both ethical and strategic reasons, protecting global health aid is essential for inclusive and resilient global development.

**Source-** https-//www.thehindu.com/scitech/health/globalaidcutscouldreversehealthgainswarnsnewlancetstudy/article70586816.ece