

Royal College of Nursing response to the Foreign Commonwealth and Development Office's consultation on the new International Development Strategy

The Royal College of Nursing responded to the Foreign Commonwealth and Development Office's consultation on the new International Development Strategy, this will set out the Government's approach to international development for the next decade.

With a membership of over 450,000 registered nurses, midwives, health visitors, nursing students, nursing support workers and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Q1. How might progress on international development to 2030 be impacted by the trends identified in the Integrated Review? How should the UK respond?

The trend 'transnational challenges' outlined in the Integrated Review has undoubtedly impacted progress on international development. Firstly, COVID-19 has created profound new challenges for international development and exacerbated pre-existing inequalities within our populations. Now is a critical time for international development, and the role of nursing within this; the pandemic has seen global poverty rise for first time in two decades¹ and the World Bank estimates that by the end of 2021 around 150 million more people will be in poverty than at the outset of the pandemic². An UN Economic and Social Council report projected that the pandemic is set to push the poorest countries back 10 years on their Sustainable Development Goals (SDG) progress and will hit the most vulnerable populations hardest³. COVID-19 has seen already vulnerable health-systems face a crisis of capacity and had adverse effects on previous public health gains in immunisation coverage, non-communicable diseases, child health, nutrition, and maternal mortality, such losses will exacerbate existing inequalities. Malaria, for example is responsible for a quarter of all child deaths under 5 in Sub-Saharan Africa (SSA), vital progress has been made on malaria in SSA since 2000, however the pandemic has endangered access to health care services and threatens to reverse gains that have previously been made⁴. The UN Economic and Social Council found that one year into the

¹ United Nations (2021) [High Level Political Forum – Draft Ministerial Statement](#)

² World Bank (2021) [Poverty Overview](#)

³ [UN Economic and Social Council - SDG Progress report 2021](#)

⁴ [Public health-relevant consequences of the COVID-19 pandemic on malaria in sub-Saharan Africa: a scoping review | Malaria Journal | Full Text \(biomedcentral.com\)](#)

pandemic 90% of countries continued to report disruption to health services⁵, impacting on states' ability to provide vital health interventions.

It is vital that the UK supports countries to re-build and strengthen health systems to enhance resilience and work towards achieving Universal Health Coverage (UHC) and the SDGs. The UK should play a leading role in building the resilience of health systems across the world through financial support and leadership. Targeted investment is required to support global efforts towards staff development, recruitment and retention of the global health workforce, and nursing specifically. Throughout the COVID-19 pandemic, our members, and nurses across the world, have worked tirelessly, often under-protected, to combat the virus and provide essential health services. The pandemic has highlighted the weakness of health systems (including our own in the UK), once again demonstrating pre-existing vacancy gaps within nursing, and global shortages. Urgent investment is needed to strengthen health systems and workforce to address health inequalities and ultimately address socio-economic determinants of health.

Another significant transnational challenge is climate change which has a catastrophic impact on health by impacting the social and environmental determinants of health – i.e. access to clean air, food, water and shelter.⁶ It is predicted that climate change will cause approximately 250,000 deaths each year between 2030-2050, from malnutrition, malaria, diarrhoea and heat stress. Countries and regions with weaker health infrastructures are likely to be worst affected.⁷ Public trust in nurses as clinical experts, and their diverse roles as educators, researchers, and leaders, means that nurses have a fundamental role to play in leading and influencing actions to protect the health of the public from the consequences of climate change.⁸

The Royal College of Nursing (RCN) is committed to tackling the climate crisis and our position⁹ stresses the negative consequences of global warming on people's health. Negative consequences on people's wellbeing are growing and set to be catastrophic if policy-makers do not act now. It is critical that the UK's International Development Strategy is explicit that any Overseas Development Assistance (ODA) expenditure is aligned with the Paris Agreement. The international treaty legally binds signatories to work towards achieving a climate neutral world by 2050. Successful implementation of the Paris Agreement will require significant economic and social investment and transformation. The Paris Agreement sets out an obligation for high income countries – such as the UK – to take leading roles in tackling the climate emergency and providing climate-directed finance to support lower-income countries to achieve carbon neutral goals. The UK must demonstrate its commitment to addressing climate change by adhering to its commitments under the Paris Agreement.

⁵ [UN Economic and Social Council - SDG Progress report 2021](#)

⁶ [Climate change and health \(who.int\)](#)

⁷ [Climate change and health \(who.int\)](#)

⁸ [Climate change | Publications | Royal College of Nursing \(rcn.org.uk\)](#)

⁹ [Climate change: nurses can help make health care more sustainable | News | Royal College of Nursing \(rcn.org.uk\)](#)

Q2. What could success in 2030 look like in terms of meeting the needs of the poorest and most marginalised and increasing opportunities for countries to become self-sustaining?

It is important to highlight that appropriate global development frameworks and objectives that already exist, and which the UK should adhere to and work collaboratively to achieve. Agenda 2030 and the Sustainable Development Goals (SDGs)¹⁰ provides a framework for meeting the needs of the world's most marginalised people. It is imperative that the UK's international development strategy is aligned with the SDGs and their central commitment to leave no one behind.

Nurses and midwives have a fundamental role in addressing wider socioeconomic determinants of health. Their insight and connections into communities gives them an understanding of the various underlying factors impacting people's health, and their clinical practice makes critical contributions to the prevention, treatment and recovery from ill health. As such nurses hold a unique and important contribution to helping any and all countries to achieve the SDGs, and, a particular role in achieving SDG 3 - *to ensure healthy lives and promote well-being for all*. The RCN's *Leaving No one Behind Report* demonstrates the power of Nurses and Midwives in contributing to the SDGs¹¹.

The International Development Strategy should make clear how the UK will invest in nursing and midwifery, in order to meet the needs of population health, so that it is possible to achieve the SDGs. Nurses are critical if anyone is have a chance of meeting WHO's target of ensuring that one billion more people benefit from UHC by 2025. Given that improvements to UHC are wholly dependent on the availability and capacity of the health workforce¹² - it is therefore vital the UK plays a leading role in strengthening the global health workforce, whilst strengthening the UK's domestic workforce.

Globally there is a shortage of 5.9 million nurses, with 5.3 million (89%) of this shortage concentrated in low-and middle-income countries¹³. With regards to midwives, the shortfall is currently 900,000 worldwide¹⁴. At present the current sexual, reproductive, maternal, newborn and adolescent health (SRMNA) workforce is meeting only 75% of the world's need for essential care. In low-income countries the deficit is graver with an available SRMNA workforce to meet only 41% of the need. It is imperative that recruitment of nurses to the UK from low-income countries is mutually beneficial and carried out in accordance with the WHO's Global Code of Practice on the International Recruitment of Health Personnel¹⁵, and the UK's own Code of Practice on the international recruitment of health personnel¹⁶. Furthermore, investment in the global health workforce, in education and creation of funded positions in the health sector, is urgently needed to address workforce gaps in low-income countries. The pandemic has brought into sharp focus the need to prioritise investment in health worker education and fair employment practices, and the need to protect and provide decent working conditions for all health workers.

¹⁰ United Nations (2015) [Transforming our world: the 2030 Agenda for Sustainable Development](#)

¹¹ [Royal College of Nursing \(2021\) Leaving No one Behind](#)

¹² [Universal health coverage \(UHC\) \(who.int\)](#)

¹³ [State of the World Nursing Report \(2021\)](#)

¹⁴ [State of World Midwifery Report \(2021\)](#)

¹⁵ WHO (2010) [Global Code of Practice on the International Recruitment of Health Personnel](#)

¹⁶ DHSC (2021) [Code of practice for the international recruitment of health and social care personnel](#)

Finally, it is imperative that the UK embeds equality into their International Development Strategy. The UK must embed an intersectional approach and systematically consider age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. The health needs of marginalised groups are often side-lined, and they will face additional challenges to accessing adequate healthcare. The COVID-19 pandemic has disproportionately harmed women and girls with an increased incidence of gender-based violence (particularly in the home), and reduced access to sexual and reproductive health services. This has had disastrous health consequences, resulting in increased maternal and infant mortality, unplanned pregnancies, and unsafe abortions¹⁷. It is imperative that the rights of protected groups are systematically embedded into the International Development Strategy to ensure that access to health – and all – services is equal. Special attention should also be given to refugees, migrants and internally displaced people, who face additional barriers in accessing health services for reasons such as legal requirements, language barriers and discrimination.¹⁸

Q3. How and where can wider UK government international policy and activity best support long term international development outcomes?

The UK has reneged on its leadership in international development by slashing ODA spending at a time where investment in international development – particularly global health - is needed more than ever. In 2020, the UK's total ODA was US\$18.6 bn (0.7% of GNI). However, in 2021, the UK government announced a cut to the ODA budget to 0.5%, as such, ODA is predicted to fall by 27%. In June, the RCN alongside other trade unions and leading health organisations, wrote to the Prime Minister to urge him to reverse the decision to reduce ODA spending.¹⁹ The International Development Strategy must re-affirm the UK's position as a world-leader in development and must re-instate the commitment to spend 0.7% of GNI on ODA.

In May 2021, we were dismayed by the UK government's decision to withdraw £5million in support of the development of nurses and midwives globally. This cut has marked a devastating blow to nurses and populations in low-income countries. The decision halted 180 critical projects, including a project in Uganda that provided targeted training, guidelines and infrastructure to combat high maternal and neonatal sepsis-related deaths²⁰. The UK should now be leading on strengthening nursing and midwifery in low-income countries, and providing further training and support for nurses and midwives, rather than reneging on its existing commitments.

ODA data from 2020 show that the UK was the third largest OECD donor country in absolute terms (following United States and Germany). However, when considering ODA as a proportion of gross national income (GNI) The UK falls to sixth place, (with an ODA-GNI ratio of 0.7%), after Sweden (1.14%), Norway (1.11%), Luxembourg (1.02%), Denmark (0.73%) and Germany (0.73%). Following the announcement to cut ODA to 0.5% the UK's

¹⁷ [State of World Midwifery Report \(2021\)](#)

¹⁸ [WHO/Europe | Publications - Report on the health of refugees and migrants in the WHO European Region: no public health without refugee and migrant health \(2018\)](#)

¹⁹ [RCN urges PM to reverse overseas aid cuts | News | Royal College of Nursing](#)

²⁰ [Exclusive: Anger as government withdraws funding promised for nursing abroad | Nursing Times](#)

global standing will likely fall further. At present, health accounts for the highest share of UK ODA 2021/22 budget (currently 10.81%), though 41% of the budget remains unallocated. It is imperative that health remains the UK's top priority for international development. The International Development Strategy should set out a clear direction and focus for investing in strengthening health systems and addressing the urgent global workforce crisis.

We also have concerns that the recent merger of DFID and FCO threatens transparency in terms of the UK's ODA activity. Whilst the 2020 Aid Transparency Index scored DFID as "very good" the FCO's track record on aid transparency is troubling. In 2020 the FCO was graded only as "fair" which is towards the bottom of the transparency index, this marks only a slight improvement from the department's 2018 grading of "poor", which made the FCO one of the least transparent aid-spending institutions globally²¹. Transparency is imperative for building trust and ensuring that aid is being spent on genuine poverty alleviation, rather than for political or personal gain. It is vital therefore that the International Development Strategy commits the newly formed FCDO to maintain and improve on the high standard of transparency previously set by DFID.

Q4. How and where can Government work on development best support the UK's wider strategic objectives set out in the Integrated Review?

The UK must 'focus on building resilience' by strengthening health systems globally and domestically. The WHO Global Strategic Directions for Nursing and Midwifery (SDNM) (2021-25)²² provide a global framework for strengthening nursing and midwifery workforces. The RCN fed into the SDNM through consultation and strongly endorses this new global framework. The SDNM sets out four areas for focus: education, jobs, leadership, and service delivery. The SDNM aims to increase the availability of midwives and nurses, by creating, effectively recruiting and retaining, and ethically managing international mobility. The SDNM set out an objective for graduates to match or surpass the health system demands, and for midwives and nurses to be enabled to work to the full extent of their education and training. If properly implemented, the SDNM will help to empower nurses across the world to play a leading role in achieving Universal Health Coverage (UHC). The 74th World Health Assembly Resolution (WHA74.15) calls on member states to strengthen nursing and midwifery through investments in education, jobs, leadership and service delivery, noting the specific need of developing countries, especially least developed countries and small island developing states, and those in fragile, conflict-affected and vulnerable settings²³.

The International Development Strategy should align to the central calls of the SDNM and The Resolution, and ensure the UK government delivers greater investment to maximise the skills, competencies, capability and expertise of nurses, to enable them to fully contribute to multidisciplinary health care teams.

²¹ [DFID merger causes 'serious transparency challenge' for UK aid | Devex](#)

²² WHO (2021) [Strategic Directions for Nursing and Midwifery](#)

²³ [Resolution WHA74.15](#)

Urgent investment in the global nursing workforce (in line with the SDNM and Resolution WHA74.15), and health system globally based on public health needs. This investment is required to address chronic global workforce shortages, which disproportionately impact low-income countries. In instances where the UK actively recruits healthcare personnel from low-income countries, the UK must act swiftly to agree Memorandums of Understanding with source countries, to ensure that international recruitment is genuinely ethical and mutually beneficial. The UK's immigration system should facilitate international migration of healthcare workers, ensuring that methods for family reunification are not overly cumbersome. Importantly the UK should foster sustainable systems for workforce return and knowledge sharing, where this supports the aims of international nurses.

In addition to investing in workforces globally, it is vital that the UK urgently invests in the domestic workforce, more must be done to retain the highly experienced staff we have, through appropriate pay rise and effective workforce strategies. Crucially the UK must undertake workforce planning mapped to population need and provide further investment in nursing education and training.

Q5. In what area of international development does the UK have comparative advantage, particular interests, or is best placed to deliver?

The unique position of the NHS and wider health and social care system, places the UK at a comparative advantage, and means that the UK is well placed to share best practice on health system structuring. The UK has a highly skilled and dedicated nursing workforce, with a robust system for education, training and revalidation. Furthermore, the UK health system enables nurses and midwives to work to the full extent of their skillset, for example through Advance Nurse Practitioners and Nurse Consultants roles. The UK should continue to share their expertise on nursing education and developing frameworks that allow nurses to work autonomously.

The UK is a world leader in vaccine delivery. We have a robust and consistent approach to vaccination informed by the Joint Committee on Vaccinations and Immunisation since 1963. Our members and nurses across the world have played a key role in delivering routine vaccination programmes and have vital knowledge to share on the delivery of mass vaccination programmes. In the context of COVID-19, the UK has delivered a successful vaccination rollout with 70.4% of the adult population receiving at least one dose of a COVID-19 vaccine²⁴. The UK has been able to build on existing health infrastructure to facilitate vaccine delivery, which has primarily been nursing led and in support of the WHO guidance to make vaccines easily accessible for all. The UK is well placed to share knowledge and best practice to facilitate vaccine distribution and this should be a key feature of the International Development Strategy. The UK have very clear infrastructure to support vaccine delivery, the annual influenza vaccine programme provided a helpful existing infrastructure for COVID-19 vaccination, as such the UK has vital lessons to share on vaccine delivery. Given the UK's expertise and strength in this area, it is vital that the UK plays a leading role in ensuring equitable access to COVID-19 vaccines across the world.

²⁴ [Coronavirus \(COVID-19\) Vaccinations - Statistics and Research - Our World in Data](#) (accessed 26.08.2021)

The global COVID-19 vaccination programme has specific challenges; the pressure to vaccinate populations at speed; distinct cohorts requiring vaccination; storage requirements; and specific delivery models. This is different to previous vaccine programmes, particularly in low-income countries, which have largely focussed on vaccinating children. Country readiness to distribute the vaccine in-country is vital to the distribution of vaccines and the success of vaccine programmes. Weak infrastructures for vaccination mean that some countries are unable to administer the vaccines that they have been allocated. Vaccine hesitancy remains a significant challenge to administering vaccines globally and threatens to exacerbate existing inequalities. Targeted and effective engagement campaigns are required to alleviate the public's concerns and to encourage vaccine uptake. A lack of country readiness coupled with vaccine hesitancy has resulted in many countries being forced to destroy or return unused doses. The Democratic Republic of Congo for example, returned 1.3 million vaccines that had been supplied by COVAX, this was largely owing to the public's mistrust of the AstraZeneca vaccine. In May, Malawi destroyed 20,000 expired doses supplied by the African Union as they were unable to administer them in time²⁵. The International Development Strategy must make clear the UK's commitment to ensuring equitable access to vaccines globally, and to building resilience of health systems to deal with future pandemics and emergencies. In June, The G7 with the UK holding the 2021 Presidency, committed to supply 870 million doses to COVAX, and pledged that at least half of which would be distributed before the end of 2021.

Whilst the UK has a comparative advantage in health, we must not forget that there is much that can be learnt from lower- and middle-income countries that can improve our practice in the UK. It is essential that our International Development Strategy builds structures for mutual knowledge sharing that the UK can also learn from.

Q6. How should the UK's approach evolve to build partnerships with new actors and strengthen existing ones?

Multilateral organisations provide an effective way to support international development aims, and work in collaboration to meet global goals. In 2020, 34.4% of the UK's ODA was delivered through multilateral organisations, marking an 0.8% rise from 2019²⁶. We are concerned that the recent cuts made to ODA will have a significant impact on the relationships that have been built with multilateral organisations to deliver essential development assistance. It is vital that the UK continues to invest in multilateral organisations to support the delivery of the SDGs. The UK is currently the leading donor of voluntary contributions to the WHO contributing in total approximately £615.7 million to the WHO, it is imperative that the UK remains a world-leader in promoting health on the international stage and continues to be the top donor of voluntary contributions to the WHO²⁷.

Partnerships are crucial to tackle global health issues, and nursing led expertise has been vital in dealing with previous threats to public health such Ebola, and Antimicrobial Resistance. It is imperative that the UK continues to work in partnerships to tackle the current COVID-19 pandemic. Worldwide COVID-19 vaccine distribution is uneven, with populations in the Global South fairing worst. 33% of the world's population have received one dose or more of a COVID-19 vaccine, however only 1.4% of people in low-income countries

²⁵ [Covid-19 vaccines: Why some African states can't use their vaccines - BBC News](#)

²⁶ [Statistics on International Development: Provisional UK Aid Spend 2020 - GOV.UK \(www.gov.uk\)](#)

²⁷ [WHO | Programme Budget Web Portal](#)

have received at least one dose.²⁸ Nurses and other health workers across the world remain “often under protected and over exposed”²⁹.

A lack of access to COVID-19 vaccines has disastrous consequences for billions of people living in the Global South and exacerbates existing global inequalities. The virus knows no borders, as transmission continues new variants of COVID-19 are likely to increase and threaten progress richer countries have made through vaccine rollouts. It is vital that the UK works collaboratively with partners to facilitate an increase in vaccine production, and equitable distribution. COVID-19 is a global pandemic, and without a global response health workers and wider populations across the world will be left vulnerable. The RCN is a signatory to the WHO Vaccine Equity Declaration³⁰, which demands an acceleration of vaccine equity for all health workers.

The COVAX scheme led by WHO, CEPI, GAVI and UNICEF aims to provide global equitable access to COVID-19 vaccines by combining the purchasing power of participating countries and distributing these equitably based on need. The UK is one of the biggest donors to the programme, however, progress has been slow, by May 2021 COVAX had delivered only one fifth of their estimated doses³¹. Vaccine hoarding by a handful of high-income and vaccine producing countries has restricted COVAX’s ability to procure enough vaccine doses for distribution. The UK must commit to global vaccine equity by increasing funding to COVAX and donating vaccines to support the global rollout. Lastly, investment to COVAX is critically needed to facilitate country readiness in low-income countries without the necessary health infrastructures to support vaccine rollout.

Nursing professionals across the world hold unique and valuable expertise on the health systems of their countries, and the needs of populations as well as the profession. The International Development Strategy should clearly set out how the UK will work collaboratively with national nursing associations to ensure recruitment is undertaken in an ethical manner, and that any bilateral agreements reflect the needs of nurses in source countries.

²⁸ [Coronavirus \(COVID-19\) Vaccinations - Statistics and Research - Our World in Data](#) (accessed 26.08.2021)

²⁹ [Vaccine Equity \(who.int\)](#)

³⁰ WHO (2021) [Vaccine Equity Declaration](#)

³¹ [Revealed: big shortfall in Covax Covid vaccine-sharing scheme | Coronavirus | The Guardian](#)