

The benefits of UK leadership in Global Health Science

For decades, UK science has partnered with governments and institutions worldwide to improve health outcomes and build strong global partnerships. Even amid ongoing challenges from HIV, tuberculosis, and malaria, child survival and life expectancy have risen in the world's poorest populations, especially in sub-Saharan Africa, through innovative health interventions and care.

The long institutional history of UK Universities such as the London School of Hygiene and Tropical Medicine (LSHTM) and the Liverpool School of Tropical Medicine (LSTM) has allowed the development of partnerships across the world. These, increasingly equitable partnerships, drive locally relevant research on interventions that reduce the burden of disease.

With innovative funders such as Unitaids, the Global Fund for AIDS, Tuberculosis, and Malaria (GFATM), and GAVI these interventions have been scaled in resource poor settings. Examples include insect treated bed nets for malaria, more effective drugs for HIV treatment and HIV prevention, and new diagnostics for tuberculosis. Further interventions such as even more effective HIV prevention drugs and vaccines against tuberculosis and malaria are in the pipeline.

Global health impact and diplomacy

A recent exchange visit between South African and UK Parliamentarians, co-hosted by STOPAIDS and WACI Health, illustrated the regard with which UK research is held and how the UK's science diplomacy delivers measurable health outcomes and strengthens scientific capacity. It also allowed the UK delegation to learn from South Africa's experience and expertise in addressing HIV/Aids and TB. South Africa bears the greatest burden of HIV in the world with over 7 million people living with HIV. The HIV epidemic also exacerbated the country's existing problem with tuberculosis.

The visit to South Africa offered important lessons from a country that has made huge progress in tackling HIV through innovation, collaboration, and strong community leadership

After tragic delays, the response to HIV has seen the majority of those living with HIV treated with virus suppressing drugs, leading to a decline in HIV spread and a reduction in tuberculosis incidence. The South African Government for the most part funds this HIV response but is nonetheless grateful for the partnerships and support provided through UK funding and hopes to learn how to better its health research ecosystem. Elsewhere, less well-resourced African countries are reliant on international funding for a functioning response to major health challenges.

The visit to South Africa offered important lessons from a country that has made huge progress in tackling HIV through innovation, collaboration, and strong community leadership. Delegates visited health facilities and research sites in Johannesburg and Pretoria to see how tuberculosis prevention therapy and HIV prevention options are being rolled out through youth-friendly and community-based services.

The visit also highlighted the importance of local production and long-term sustainability. Delegates met with a local pharmaceutical manufacturer that is developing the raw materials for essential medicines, helping to strengthen regional supply chains and reduce reliance on imports. Conversations with community-



Lord Oates
Vice-chair, Global Health and Security APPG;
Co-chair APPG for Africa



Professor Geoff Garnett
Dean of Faculty, London School of Hygiene and Tropical Medicine

led organisations and service providers underlined that placing people at the centre of the response including through harm reduction and support for sex workers is essential to ensuring no one is left behind.

These experiences demonstrated that collaboration between the UK and South Africa can be mutually beneficial: while the UK brings scientific and policy expertise, South Africa offers valuable experience in implementation, community engagement, and delivering innovations equitably.

Discovery and development are crucial for the emergence of new products to prevent and treat disease, but these products achieve little if not available at scale

The visit also provided an opportunity to showcase the work of Unitaids. The UK has been a founding partner of Unitaids since its creation in 2006. Over that time, Unitaids has reinvested more than £250 million back into the UK through partnerships with leading British research institutions such as LSHTM, LSTM, and the University of Oxford. These collaborations have helped translate UK-led innovation into affordable, scalable health solutions from HIV self-testing and long-acting prevention tools to new TB diagnostics and vector control technologies.

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scale. Unitaid supports the implementation research and market shaping that allows policy and practice to embrace innovation.

During the exchange visit, the parliamentarians were keen to visit LSHTM where results were presented from examples of investments by Unitaid in HIV, tuberculosis, and malaria control.

HIV self-testing: Rapid, easy to use tests for HIV allow people concerned about HIV acquisition to assess their own status and find out whether they need to seek medical help. Self-testing helps overcome the barriers of stigma and discrimination, thereby improving the coverage of suppressive HIV treatment. Initially, many concerns about the ability of people to use the tests, manage results, and appropriately reach care were raised as stumbling blocks to introduce HIV self-tests. Research in Malawi, South Africa, and Zimbabwe provide evidence of effectiveness of self-tests promoting shifts in policy and practice to allow for self-test distribution. Such use has now been normalized and helped pave the way for World Health Organization guidance on other self-tests, such as those for Covid used during the pandemic.

Management of AIDS

Despite the success AIDS programmes have had in increasing HIV testing and treatment there remain some for whom diagnosis and care is too late, leading to advanced HIV disease. A single dose of liposomal amphotericin injection was shown in trials coordinated by LSHTM to be an effective treatment for cryptococcal meningitis. Unitaid is supporting the use of diagnostics and treatment for cryptococcal meningitis in sub-Saharan Africa to benefit from such findings.

Tuberculosis vaccines: with success in reducing AIDS deaths tuberculosis is now the leading infectious cause of death with an estimated 1.09 million deaths in 2023. For the first time in decades new drugs are emerging that provide shorter and more tolerable tuberculosis treatments. Unitaid is supporting the use of these drugs. Concomitantly there is hope for a vaccine. A large, pivotal efficacy trial is underway for a vaccine expected to prevent progress to tuberculosis disease in those latently infected. This will both prevent disease in

the vaccinated individual and reduce the spread of tuberculosis. LSHTM is exploring affordability, impact, and cost-effectiveness, and working with governments, including South Africa, to plan rapid vaccine adoption and distribution.

Malaria prophylaxis: seasonal malaria chemoprophylaxis with sulfadoxine pyrimethamine is recommended to reduce malaria morbidity and mortality. Despite the recommendation, prophylaxis is often not implemented because of uncertainty about when and how it should be used. The Plus Project funded by Unitaid and lead by Population Services International (PSI) is studying seasonal chemoprophylaxis in different epidemiological contexts. The results show that where malaria incidence is high, this prophylaxis can be both effective and cost-effective.

These examples illustrate the work of Unitaid and researchers from the London School of Hygiene and Tropical Medicine but are a fraction of the work done by both organizations to improve health worldwide. Both organizations work with global and local partners to fund, research, and implement transformative health interventions. Investments in Global Health improved outcomes include: AIDS deaths in Southern and Eastern Africa fell 59% between 2010 and 2023, tuberculosis deaths by 23%, and malaria deaths by 30%, with faster declines in child and maternal mortality where HIV programmes were strongest.

The public and policymakers often underestimate how Overseas Development Assistance and global health science serve UK interests

The United Kingdom has been a leader in providing efficient and effective funding. Through investment in all parts of the 'value chain' – funding for science on discovery, development, and implementation of interventions, support for partnerships developing local capacity and resources for international agencies to work with governments to scale interventions locally. This value chain turns science into global health impact. Ultimately, investments in Global Health are an investment in the UK's soft power and global competitiveness.

Unfortunately, the public and policymakers often underestimate how Overseas Development Assistance (ODA) and global health science serve UK interests. We need to better communicate success stories and how they change lives whilst promoting soft power at low cost. A failure to tell this story has made support vulnerable at a time when there is a retreat from global solidarity, particularly from the United States. It will be a tragedy if the UK follows this lead and walks away from the success it has generated.

The move away from the commitment to 0.7% GNI for ODA has undermined the UK's standing – we need a roadmap to restore funding to global health and science innovation

Despite Unitaid investment in the UK, the government has not honoured its 20-year agreement with the global health multilateral. Funding for Unitaid is a fraction of its ODA spending but withdrawing or reducing support risks weakening the very ecosystem that makes the UK a global leader, undermining long-term research partnerships, diminishing influence within global health institutions, and eroding the UK's reputation as a trusted scientific partner. Sustained investment in platforms like Unitaid offers not only exceptional global health returns, but also tangible benefits to the UK's research base, innovation economy, and international standing.

The move away from the UK's long-term commitment to 0.7% GNI for ODA has undermined the UK's standing and we need a roadmap for restoring funding to global health and science innovation.

Conclusion

The UK's global health science is one of the country's greatest diplomatic and economic assets; an engine for innovation, influence, and international cooperation. Sustaining UK leadership demands consistent investment, clear strategy, and recognition that partnerships like those with LSHTM and Unitaid are not just about saving lives abroad but about securing the UK's place as a trusted global science power.