

Parliamentary  
Delegation to  
**Ethiopia**

May 2024



Baroness Hayman speaks with a woman affected by podoconiosis and Abebe Kelemework from the International Orthodox Christian Charities (IOCC) at a special clinic at Migbare Senay General Hospital

**04 Foreword**

**05 Introduction**

**06 Ethiopia**

**12 Events**

12 5S Foundation Partnership Event: Time For Action

**14 Site visits**

14 Ethiopian Parliament

14 Addis Ababa University

15 The Centre for Innovative Drug Development and Therapeutic Trials (CDT-Africa)

16 Podoconiosis Clinic at Migbare Senay General Hospital

19 All Africa Leprosy, Tuberculosis, Rehabilitation and Training Center (ALERT)

20 Armauer Hansen Research Institute (AHRI)

21 Gelan Health Centre and the Global Fund to Fight AIDS, Tuberculosis and Malaria

22 The Africa Centres for Disease Control and Prevention (Africa CDC)

**24 Meetings**

24 Orbis International Ethiopia

25 DNDi

26 Malaria Consortium

27 Impact of conflict in the region

**28 Additional site visits and meetings**

28 UNICEF Ethiopia

29 Action Against Hunger Ethiopia Mission

30 Hamlin Ethiopia's Addis Ababa Fistula Hospital

31 Fendika Cultural Centre

**32 Proposals**

**33 Delegation**

**34 Acknowledgements and Sponsors**

# Foreword

Ethiopia has always held a special place in my heart, having first travelled there as a fifteen-year old school boy during the devastating humanitarian crises facing the country in the 1980s. In May, I travelled to the country again, this time with a group of cross-party colleagues from the All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases, of which I am a member. Helene Hayman, Tan Dhesi, Patrick Grady, James Sunderland, and I were warmly welcomed to this amazing country, and had an opportunity to meet with so many inspiring and dedicated people.

Working across traditional party boundaries, all five of us are united in a desire to see the elimination of malaria and neglected tropical diseases. These diseases have a devastating impact on individual lives and livelihoods, on families, on communities, and on countries in which they are endemic. During our visit, we were able to hear powerful and moving testimonies from those affected, as well as to celebrate some of the inspiring work of healthcare professionals and community health extension workers who are the backbone of the response. We were also able to see some of the innovative research work being done to fight these diseases on the ground, and to meet with a number of social scientists to understand the importance of taking a holistic, people-centred approach to tackling the scourge of stigma, discrimination, and exclusion.

We had an incredibly tight schedule and – despite conflict and instability in the country which, together with climate change, is having such a catastrophic impact on the prevalence, transmission, and virulence of some of these diseases as well as a profound impact on individual lives – we were able to travel to many different projects and meet with many different organisations: a podoconiosis clinic at Migbare Senay General Hospital set up to enable those who have migrated from their communities to the capital due to stigma or conflict to access treatment; ALERT specialist leprosy hospital, one of Ethiopia's oldest and largest medical institutions; Gelan Health Centre on the outskirts of the capital where we saw malaria diagnosis, treatment, and control in an area only recently, due to its high elevation, starting to see localised cases of the disease; the Armauer Hansen Research Institute where vital research is taking place to understand the invasive mosquito species, *Anopheles stephensi*; the Center for Innovative Drug Discovery and Therapeutic Trials for Africa at Addis Ababa University, an organisation committed to ensuring equitable access to medicine through drug discovery and training; and, Africa Centres for Disease Control and Prevention, a health agency of the African Union which plays a critical role in supporting Member States in detecting, preventing, controlling, and responding to disease threats.

All of us were incredibly moved and inspired, in particular, by our visits to the podoconiosis clinic and the leprosy wards. The opportunity to speak directly with those with lived experience of these devastating diseases is always so incredibly valuable, not just in aiding our own personal understanding of the issues, but in helping us enhance and amplify awareness across the



Lord Oates with Professor Getnet Tadele MP

UK Parliament and Government. It was a huge privilege to be able to hear the experiences – the unseen struggles – of those affected, who have faced not only the pain and physical debilitation of disease, but also stigma and suspicion to the extent that many of them have been forced to leave their homes. These individuals, each with a unique story and circumstance, underscore the importance that everyone is 'seen and heard' – both in person and in policy – a recurrent theme throughout our visit.

Fighting disease has a ripple effect helping to improve outcomes beyond just health. More children are able to go to school, more adults are able to go to work, and individuals, families, communities, and nations are able to thrive. Treating, controlling, and eliminating these diseases in Ethiopia will have an impact not just on individual lives, but on the country and region as a whole. We saw some successes but there is a way to go. Ethiopia is often known as the cradle of humanity and the discovery in Ethiopia of some of the oldest human remains in the world shows us that we all share a common humanity. We all have a responsibility to do what we can to tackle these devastating diseases – whether that's practising basic hand and foot hygiene, conducting cutting-edge research, or, in the case of our APPG, advocating for UK action, investment, and solutions that move us closer to elimination.

## **The Lord Oates**

*Member of the All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases*

# Introduction

The All-Party Parliamentary Group (APPG) on Malaria and Neglected Tropical Diseases exists to inform UK Parliamentarians of the devastation that malaria and neglected tropical diseases (NTDs) cause, to strengthen cross-party Parliamentary support for UK leadership and investment in malaria and NTDs, and to cultivate a strong group of Parliamentary champions who will hold the Government to account on their commitments to tackling these devastating diseases. At its last Annual General Meeting in May, the APPG agreed the following priority areas of work:

- raise the profile of malaria and NTDs;
- hold the Government to account for meeting commitments relating to ending the epidemics of malaria and NTDs;
- demonstrate the impact and value of UK aid, with a focus on upcoming Replenishments (including Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria) and funding for long-term research;
- support and promote British-backed science, research, and innovation, including UK institutions and Product Development Partnerships (PDPs), and equitable research partnerships and capacity-building in endemic countries;
- build relationships with Parliamentary Groups, forums, and caucuses in endemic and donor countries;
- draw attention to the impact of climate change and changes to the natural environment on malaria and NTDs;
- draw attention to the impact of conflict and humanitarian crises on malaria and NTDs; and
- promote cross-sectoral collaboration to maximise the impact of UK investment – for example, water, sanitation, and hygiene (WASH), sexual and reproductive health and rights (SRHR), nutrition, maternal and child health, mental health, disability inclusion, pandemic preparedness and response, and drug, insecticide, and antimicrobial resistance (AMR).

One of the ways in which the APPG works to fulfil its aims is through undertaking cross-party Parliamentary delegation visits to malaria and NTD endemic countries. These visits enable members to see first-hand the impact of malaria and NTDs, the lived experience for those at risk of and suffering from these diseases, and the important work done by respective governments, partners, and local communities to fight these diseases on the ground.

Delegation visits also enable Parliamentarians to see the vital role of research and development in finding new and innovative ways to tackle disease and stigma, and overcome threats to progress, including through the implementation of new tools and research into evidence-informed policy. This includes seeing first-hand the role of UK-supported science and research – over the last decade, the UK has led the way on research into global infectious disease amongst a whole host of other areas – and also the strength of collaboration and research partnerships between the UK and endemic and other donor countries.

Visits also enable Parliamentarians to meet and make connections with their counterparts in other countries. This includes meeting Parliamentarians from endemic countries who work across global health and who share the desire to see the elimination of malaria and NTDs, in the hope we can share best practice on how to advocate for these devastating diseases and build an understanding both of the situation on the ground and of how the UK can best support elimination efforts. It also enables members to build individual relationships with Parliamentarians and Parliamentary Groups.

Previous APPG delegations have included visits to Kenya and Tanzania in 2018 and, more recently, to Malawi in 2023 and to Rwanda in 2022 for the Kigali Summit on Malaria and NTDs which took place alongside the Commonwealth Heads of Government Meeting (CHOGM). This May, the APPG visited Addis Ababa in Ethiopia for a packed four-day visit. This report is a short summary of that visit, with a focus on some of the incredible work members saw in Ethiopia, and the inspiring people they met. As with all APPG reports, this is not an official publication of the House of Commons or the House of Lords and has not been approved by either House or its Committees. The views expressed in this report are those of the Group.

# Ethiopia<sup>1</sup>

Ethiopia, officially the Federal Democratic Republic of Ethiopia, is a landlocked country located in the Horn of Africa region of East Africa. It shares a border with Eritrea to the north, Djibouti to the northeast, Somalia to the east, Kenya to the South, South Sudan to the west, and Sudan to the northwest. It is home to around 129 million people.

In 1990 Ethiopia was the poorest country in the world. Economic growth averaging seven per cent per annum over the next 30 years, driven by significant public investment, resulted in strong progress in reducing poverty. The proportion of people in poverty fell from 34 per cent in 2004 to around 27 per cent in 2015, equivalent to five million people being lifted out of poverty. Infant mortality more than halved between 2000 and 2017, and a child born in 2016 was expected to live 13 more years than a child born in 2000. However, since 2018, Ethiopia's progress and reforms have been disrupted by an extraordinary series of shocks, including external economic shocks, climate shocks, and internal conflict in the north of the country.

The combination of these pressures has slowed and, in some areas, partially reversed Ethiopia's development progress. Ethiopia's economy has faced declining government revenues, rising inflation (currently over 30 per cent) and acute foreign exchange shortages. The worst drought in forty years, as well as internal conflict, has led to over 28 million people in need of humanitarian assistance, the largest number of any country in the world.

Conflict, droughts, and floods are driving significant humanitarian needs. 4.6 million people are estimated to be internally displaced across Ethiopia. Over 20 million people are severely food insecure, including 11 million in drought-affected areas. Multiple disease outbreaks are ongoing, including cholera, malaria, and measles. Nutrition trends are deteriorating, elevating mortality and morbidity risks. Conflicts in the bordering countries of Sudan and Somalia also threaten increased refugee flows.

Basic services such as health and education are under pressure. Ethiopia remains the twelfth poorest country in the world and the fourth highest for maternal and infant deaths. Over 40 million people have no access to clean water and 68 per cent of the population have no access to proper latrine facilities. Basic reading levels declined during the COVID-19 pandemic. Progress has been made across the health, education, and water sectors, but gains have been undermined by crisis.

While the peace process in the north of the country is progressing, the picture nationally is uncertain, with interspersed conflict across the country. The Cessation of Hostilities Agreement (CoHA) signed in November 2022 reduced violence and the scale of human rights violations in the north. However, violence and unrest in other areas, especially Oromia and Amhara regions, bring new reports of human rights abuses. Restrictions on media, rights groups, and civic actors are frequently imposed despite enabling legislation for these groups being introduced as part of political reforms in 2018.

Ethiopia is a huge and complex country in a challenging neighbourhood. At the same time as experiencing a major humanitarian crisis, political and ethnic tensions, it is also driving forward an ambitious reform agenda, investing in clean energy, aviation, roads, finance, basic services, and telecommunications. Its reform plans will open major opportunities for investment partnerships and Ethiopia is well placed to play a leading role on the international stage in the areas of climate and development.

If Ethiopia reduces conflict, it has the potential for rapid development, significant economic opportunity, and a return to its role as an anchor for regional stability. However, it will need to overcome significant challenges. Supporting Ethiopia in partnership to overcome and respond to the humanitarian crisis and development needs, build resilience to future shocks, and champion the empowerment, rights, and freedoms of women and girls will be an essential part of the UK's Strategy for International Development.

## The UK in Ethiopia<sup>2</sup>

Ethiopia is seen as one of the UK Government's most important development partnerships with significant value for the UK's geopolitical, economic, humanitarian, and security interests in East Africa and beyond. As such, historically, the UK has been one of the largest development partners in Ethiopia, averaging over £200 million a year in Official Development Assistance (ODA) since 2016. In 2022 to 2023, UK humanitarian assistance in Ethiopia delivered results including reaching over 950,000 people with critical medical supplies, providing treatment for over 80,000 malnourished children and pregnant and lactating women, supporting over 200,000 people with cash assistance, and supporting education for 10,000 girls and boys. At the time of the delegation's visit, the UK had 107 active programmes in Ethiopia, including eight specifically targeted for health. 91 per cent and 75 per cent of these programmes are marked as including an element of promoting gender and disability inclusion respectively.

In May 2022, the Foreign, Commonwealth and Development Office (FCDO) published its Strategy for International Development which sets out the Government's approach to development

<sup>1</sup> Ethiopia: From the FCDO UK-Ethiopia development partnership summary, July 2023

<sup>2</sup> The UK in Ethiopia: From the FCDO UK-Ethiopia development partnership summary, July 2023

as part of UK foreign policy. This strategy is put into action through the UK-Ethiopia Development Partnership, which sets out how the FCDO – working with a cross-UK Government team including Home Office, the Department for Business and Trade, the British Council, the Ministry of Defence, and the UK Health Security Agency (UKHSA) – contributes to Ethiopia’s development outcomes. At the heart of the strategy, is a focus on long-term partnerships built on mutual accountability and transparency, with a commitment to delivering honest, reliable aid investment. Stated priorities include providing women and girls with the freedom they need to succeed, stepping up life-saving humanitarian work, and taking forward work on climate change, nature, and global health.

Underpinned by a focus on delivering tangible results, and working in partnership with the government and local organisations, the UK’s stated development goals in Ethiopia are to:

- meet critical humanitarian needs and speed up the recovery from conflict and drought;
- support Ethiopia’s transition away from conflict and towards a more democratic and inclusive society, promoting women’s participation, and defending UK values;
- invest in human capital, building a healthier and better-educated society, ending preventable deaths, improving outcomes for women and girls, and building resilience;
- support economic stability and green, inclusive growth, creating a resilient and prosperous economic partner for the UK; and
- helping Ethiopia address illegal migration, terrorist, and crime threats, which also help protect British nationals and domestic interests.

This approach is guided by three pillars:

- effective use of aid, ensuring robust value for money and leveraging the full range of bilateral and central programmes;
- high quality advice, bringing in-house expertise, including peer to peer support for example through HM Revenue & Customs, the Bank of England, the British Council, the UK Health Security Agency (UKHSA), and the UK’s centres of expertise and independent expertise; and
- alignment with UK Government priorities spanning climate, women and girls, free trade, and with strong coordination with like-minded development partners, the United Nations (UN), and multilateral development-banks.

Partnership is at the heart of the Government’s work, and all ODA spending and delivery is closely aligned with the Ethiopian government’s development strategies, and in close partnership at both the federal and regional level. ODA spending is delivered in tandem with targeted advice, policy influencing, and coordination with international partners, including multilateral organisations such as the UN, the International Monetary Fund (IMF), the World Bank, and the African Development Bank, as well as local NGOs and civil society in Ethiopia, who deliver many of the UK-supported programmes, particularly in hard-to-reach areas. For some sectors such as health, social security, education, and water, the UK provides financial support for government-led service delivery that is linked to the achievement of specific results. In regions where government

service delivery has been severely compromised, for example in conflict-affected areas, the UK works through humanitarian partners such as UNICEF and the World Food Programme (WFP) to support the restoration of basic service capacity and support communities to cope with the impact of shocks, while in parallel supporting planning for a return to government service delivery.

In recent years, the UK has flexed its development strategy in Ethiopia to respond to successive shocks, including the COVID-19 pandemic, diseases outbreaks, and economic, conflict, or climate-related crises. As such, bilateral spending between 2023 and 2025 is focused across three areas:

- humanitarian response;
- supporting the recovery of basic services, including health, education, and water, sanitation, and hygiene; and
- supporting Ethiopia’s peace through governance, economic development, and reconstruction and recovery efforts.

Just prior to the delegation’s visit, in April 2024, the UK announced additional humanitarian aid of £100 million at the UN Office for Coordination of Humanitarian Affairs (OCHA) Ethiopia pledging conference in Geneva. The new UK funding will treat the worst cases of acute malnutrition, covering critical gaps in nutrition supplies. It will also increase access to safe water and sanitation, while providing emergency cash and social protection to increase food security and resilience in vulnerable communities. The UK’s support will boost Ethiopians’ access to primary health care services including access to ambulance care, antenatal care, vaccinations, and ensuring women have a skilled healthcare worker when they give birth. This assistance follows a visit by then Deputy Foreign Secretary, Andrew Mitchell, to Ethiopia in February 2024.

For malaria and NTDs specifically, the strategy and UK-Ethiopia Development Partnership includes a focus on work towards ending preventable deaths of mothers, babies, and children including through provision of maternal and newborn health with medicines, training of health professionals, and infrastructure improvements. The UK also invests through initiatives such as Gavi, the Vaccine Alliance, and the Global Fund to Fight AIDS, Tuberculosis and Malaria, and in research and innovations needed to keep driving breakthroughs in health systems and health security, including through life-saving technologies such as easy-to-use vaccines, medicines, therapeutics, and diagnostics to respond to the changing burden of diseases and health threats. Work also includes reducing the risk of future global health threats through building stronger health systems, strengthening the World Health Organization (WHO), improving global health surveillance and response capability, and promoting a ‘One Health’ approach to preventing and responding to health threats, reflecting the link between the health of people, animals, and the environment.

## Meeting: British Embassy in Ethiopia

The British Embassy in Ethiopia maintains and develops relations between the UK and Ethiopia, representing British interests in Ethiopia and the African Union, and helping to boost political, cultural, economic, and social relations between the

countries through offering a wide range of services and funding of various projects.

To kick-start, and also to round off the visit, the delegation was able to meet with the British Ambassador, Darren Welch, and his team working in the British Embassy on development and humanitarian assistance. The Ambassador and his team were able to give the delegation an overview of the UK's work in Ethiopia, with a focus on how the UK is working with Ethiopia through multi-faceted support across humanitarian, health, trade, and investment sectors.

The team provided an update on recent disease outbreaks, including cholera, malaria, measles, and dengue fever, and also on levels of malnutrition and food insecurity in the country. The team also spoke to the impact on healthcare of broader external pressures such as conflict, climate change, drought, and flooding, which have caused spikes in disease outbreaks, and affected access to healthcare, including medicines and diagnostic tests.

## Healthcare in Ethiopia

The Ethiopian Health Service follows a three-tier health care system consisting of:

- Primary Health Care Units (PHCUs), woreda or district level health systems comprising a primary hospital (covering 60,000 to 100,000 people), health centres (one per 15,000 to 25,000 people), and satellite health posts (one per 3,000 to 5,000) that are connected by a referral system;
- General Hospitals, each covering a population of one to 1.5 million people; and
- Specialised Hospitals, each covering a population of 3.5 to five million people.

In addition, Ethiopia has an innovative model of health extension workers, often working in hard-to-reach, rural areas in both outreach and health clinic settings.

## Malaria in Ethiopia

Malaria is a preventable and curable life-threatening disease spread to humans by certain types of mosquitoes. The disease kills around 608,000 people a year globally. Nearly half of the world's population is at risk – with 94 per cent of cases and 95 per cent of deaths in the Africa region. Children under five account for about 76 per cent of those deaths – a child dies of malaria every minute, and it is the third biggest killer of children aged one to 59 months globally.

In Ethiopia, malaria is highly seasonal and unstable with epidemic-prone transmission patterns in many parts of the country. *Plasmodium falciparum* is the deadliest malaria parasite and the most prevalent on the African continent – in Ethiopia, it accounts for around 65 per cent. *Plasmodium vivax* is the most prevalent strain outside of sub-Saharan Africa but is becoming more established in Ethiopia, accounting for around 35 per cent. As malaria is altitude-dependent, high

malaria risk areas are mainly located in the western lowland areas of the country, with areas of high altitude, such as Addis Ababa, generally seen as too high to support mosquito survival and transmission. However, there is growing evidence that warmer temperatures are causing malaria to spread to higher altitudes. Peak malaria transmission occurs between September and December, after the main rainy season from June to August, with some areas experiencing a second minor malaria transmission period from April to June, following a short rainy season from February to March.

As a result of this unstable and seasonal pattern of malaria transmission, the protective immunity of the population is generally low, and all age groups are at risk of infection and disease. Ethiopia has a UN population of more than 125 million – around 84 million are currently at risk of malaria, of which around 34 million are at high risk. Ethiopia accounted for 2.1 per cent global malaria cases in 2022, and 1.7 per cent of global malaria deaths. 2022 saw more than 1.8 million presumed and confirmed cases of malaria, a 23 per cent increase in cases from the previous year.

Ethiopia's progress against malaria has been hampered by a number of factors. Conflict in the north has led to around five million people being displaced and in need of humanitarian assistance. This mass movement of people, together with the diversion of resources and the health of millions weakened by hunger has also threatened fragile gains. Years of drought alongside the long-term impacts of climate change have severely undermined agriculture, pastoral livelihoods, and food security. There are potential side effects of Ethiopia's expansion of irrigation and hydropower reservoirs and dams – infrastructure that has been found to intensify malaria transmission. And there is also a convergence of emerging challenges, including mosquito resistance to insecticides and new vectors such as *Anopheles stephensi* which thrive in urban settings.

Ethiopia started scaling up malaria prevention and control measures in 2004, rolling out large-scale interventions such as mass-distribution of long-lasting insecticidal nets (LLINs) and indoor residual spraying (IRS), and introducing additional diagnosis and treatment mechanisms such as artemisinin-based combination therapy (ACT) and rapid diagnostic tests (RDT). This has led to strong progress against the disease: since 2002, deaths have almost halved and annual case numbers have fallen by 57 per cent. The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) report that, by 2025, Ethiopia aims to achieve zero indigenous malaria cases in districts with an annual parasite index (a measure of malaria morbidity) of less than 10 and prevent the re-introduction of malaria in districts that report zero indigenous cases of malaria.

Ethiopia has been on track to meet the Global Technical Strategy (GTS) for malaria target of a 75 per cent reduction in incidence by 2025 compared with the GTS 2015 baseline. Insecticide-treated mosquito nets (ITNs) are distributed free of charge in Ethiopia through mass campaigns. Ethiopia achieved 100 per cent of its planned distribution of ITNs in 2020, distributing more than 6.5 million ITNs. In addition, in 2022, around 7.7 million RDTs were distributed; more than 2.6

በአዲስ አበባ ከተማ አስተዳደር ጤና ቢሮ  
በአቃቂ ቃሊቲ ክፍለ ከተማ ጤና ጽ/ቤት ደረጃ "ሀ" ገላን ጤና ጣቢያ  
ADDIS ABABA CITY ADMINISTRATION HEALTH BUREAU AKAKI KALITY SUB CITY  
HEALTH OFFICE LEVEL "A" GELAN HEALTH CENTER



The delegation at Gelan Health Centre to learn about Global Fund malaria interventions with Dr Kebede Etana, Malaria Case Management Adviser at the National Malaria Elimination programme in Ethiopia, and Dechasa Nesga, from Addis Ababa Health Bureau

million malaria cases were treated with any first-line treatment courses; and around 8.6 million LLINs were delivered – a modelled percentage of 19.76 per cent of the population had access to an insecticide-treated net. Intermittent preventive treatment in pregnancy (IPTp) to prevent malaria during pregnancy is not used in Ethiopia.

However, despite some gains, Ethiopia saw a huge rise in cases in 2020, with a convergence of biological threats to progress including a decrease in investment globally, rising insecticide and antimalarial drug resistance, the emergence of deletions in the *Plasmodium falciparum* histidine-rich protein 2 and 3 (pfrhp2/3) genes, and the emergence of invasive mosquitoes such as *Anopheles stephensi*.

65 per cent of all international financing for malaria programmes is provided by the Global Fund and this has been the main way the UK has sought to tackle malaria since ending its last bilateral malaria programmes. The UK is a founding member of the Global Fund and the third largest public donor, pledging £1 billion at the latest replenishment cycle (2023 to 2025), though this was a reduction by 29 per cent from the previous replenishment cycle. The next replenishment is expected in 2025.

The majority of malaria control funding in Ethiopia comes from the Global Fund and the USAID/President's Malaria Initiative (PMI). A Global Fund malaria grant of up to US\$106 million was signed for Ethiopia for 2024 to 2027. This investment will sustain malaria control interventions and support Ethiopia in their transition to malaria elimination. The Global Fund has also allocated funding of up to US\$38 million for 2024 to 2027 to strengthen the resilience of health systems in Ethiopia. The grant is supporting the government in delivering the priorities of the national health plan, while simultaneously enabling continued and increased impact for HIV, tuberculosis, and malaria programmes.

## Neglected Tropical Diseases in Ethiopia

Neglected Tropical Diseases, or NTDs, are a group of 21 diseases which are mainly found in tropical areas, predominantly affecting poorer communities, women, and children. They particularly thrive where healthcare, sanitation, and clean water are limited. They are preventable and treatable, often at a very low cost. As their name suggests, they are very neglected – especially in terms of funding and research. They cause devastating health, social, and economic consequences to 1.65 billion people worldwide, including over 600 million people in Africa, and have a profound effect on people's lives; they disfigure, disable, keep children out of school and parents out of work, contributing to the cycle of poverty.

NTDs can be caused by viruses, bacteria, parasites, parasitic worms, and other animals including dogs, and snakes. They are often spread by insects or contact with contaminated water or soil where people are working or cleaning and bathing. Diseases include skin diseases such as leprosy and leishmaniasis, blinding diseases such as trachoma and

onchocerciasis (river blindness), and other diseases including rabies and snakebite envenoming.

Ethiopia is estimated to have the highest burden of podoconiosis, trachoma, and cutaneous leishmaniasis in sub-Saharan Africa. The country also faces the second-highest burden in sub-Saharan Africa in terms of round worm (a type of soil transmitted helminth), leprosy, and visceral leishmaniasis, as well as the third-highest burden of hookworm (another type of soil transmitted helminth). Almost all regions of Ethiopia have been affected by at least three NTDs, with higher burdens observed in the central, western, and northwestern parts of the country. Over 75 million people are at risk of infection by at least one NTD in Ethiopia and, unfortunately, more than 27 million of those in need have not received treatment.

Although progress has been made in the prevention and control of NTDs in Ethiopia, the burden remains high. Challenges persist in terms of access to diagnostics, medicine, and care, and factors such as poverty, poor quality of life, and underfunding of NTD programmes have contributed to the slow progress in eliminating these diseases. In addition, ongoing conflict in Ethiopia presents several challenges that can exacerbate the burden of these diseases and hamper efforts to control and eliminate them. Displacement camps often lack adequate sanitation and hygiene facilities, increasing the risk of diseases like trachoma, soil-transmitted helminthiases, and schistosomiasis. Mass drug administration campaigns, a crucial intervention for many NTDs, become difficult to implement effectively in areas affected by conflict and displacement. Health workers face heightened risks in conflict settings, such as threats to their personal safety, lack of access to certain areas, and disruption of supply chains for essential medicines and equipment. This can lead to a shortage of skilled personnel willing to work in these areas, further hampering NTD interventions. In addition, disruptions in communication channels, limited access to affected areas, and the diversion of resources towards immediate security concerns can hinder the Ethiopian government's ability to prioritise and support NTD programmes.

ተላላፊ ያልሆነው የዝሆኔ በሽታ የማህበረሰብ ውይይት



ተላላፊ ያልሆነው የዝሆኔ በሽታ የማህበረሰብ ውይይት ምርቃት



የገበያ ማስገኛ ስራዎች

Tan Dhesi MP speaks with a man affected by podoconiosis and Fikre Hailekiros from National Podoconiosis Action Network (NaPAN) at a special clinic at Migbare Senay General Hospital



## Event: 5S Foundation Partnership dissemination event

As a result of the APPG's strong partnerships with UK institutions working to tackle malaria and NTDs, members of the APPG were invited by Brighton and Sussex Medical School to join the Social Sciences for Severe Stigmatising Skin Conditions (5S) Foundation Annual Programme Meeting and Dissemination Event 'Time for Action: From Shadows to Spotlight: Transforming Perceptions of Neglect' which took place in Addis Ababa on Tuesday 14 May. Delegation member, James Sunderland MP, previously met with representatives from the 5S Foundation, Brighton and Sussex Medical School, and the University of Rwanda at a meeting in Kigali in the margins of the Kigali Summit on Malaria and NTDs, and subsequently met with 5S Foundation Early Careers Researchers during their visit to London in 2022.

Founded in 2019, the 5S Foundation partnership (NIHR200140) is a £3.5 million social science collaborative research partnership working on three skin conditions: mycetoma, a chronic infectious disease of the subcutaneous tissues that spreads to affect the skin, deep tissues, and bone; podoconiosis, a progressive, debilitating form of leg swelling caused by many years of barefoot contact with irritant soil; and, scabies, a contagious parasitic infestation caused by tiny mites that burrow into the skin and lay eggs, causing intense itching and a rash. Despite debilitating, disabling, and disfiguring hundreds of millions of the world's most marginalised and vulnerable communities around the world, skin-related NTDs are low priorities for governments, donors, public health initiatives, and research funders. On top of the physical harm these diseases cause, they also damage people's psychosocial well-being and that of their families and communities. Those affected can experience stigma and discrimination, even within their own households, which can lead to isolation, mental illness, and deepening poverty. In the absence of the necessary commitment and action to deliver appropriate care, and interventions to address the multiple contexts and experiences associated with these diseases, affected people are left to suffer in silence, unable to live well.

The 5S Foundation partnership aims to leverage social science knowledge for action on these neglected skin diseases. Funded as part of the UK's global health portfolio by the National Institute for Health and Care Research (NIHR) through its Research and Innovation for Global Health Transformation (RIGHT) programme,

the Foundation's central aim is to evidence that social science research for NTDs is essential for the successful translation of key biomedical advances in elimination and control programmes. The Foundation is characterised by a strong focus on social science research, stigma, and capacity strengthening, and is supported by the Organisation for Social Science Research in Eastern and Southern Africa (OSSREA) based at Addis Ababa University, the University of Rwanda, the University of Khartoum, Brighton and Sussex Medical School, and the Institute of Development Studies (IDS).

Social science research takes a people-centred approach to understanding problems and solutions. It explores the social and cultural aspects of human behaviour and experience through listening to and learning from the perspectives and experiences of people affected, as well as healthcare providers and policymakers. By bringing social science perspectives into interventions at the level of the patient, the community, and national and international policy, it is possible to improve the health and wellbeing of people affected.

People experience stigma for multiple reasons, not only from the disease they may have, but also from how their social and economic structures – including, for example, economic status, gender, age, where they live, and their social relations – may affect their vulnerability to and experiences associated with their condition. The pathways they do or do not take to seek treatment and care are shaped by these multiple, intersecting dimensions, which may contribute to disease progression and may increase suffering.

5S Foundation research includes understanding the social disapproval sufferers face and the real-life contexts in which interventions operate. For podoconiosis, for example, there is a very simple preventative solution, shoe wearing. However, in practice, this intervention is surprisingly hard to implement. Understanding why this is the case can focus resources with greater results. Exploring this 'gap' between knowledge and practice can point to the structural conditions that may influence people's exposure to and experience of skin diseases. It can help to draw attention to marginalised communities, such as those living in refugee camps, where social, political, and economic circumstances that cause preventable and treatable conditions such as scabies deepen affected people's vulnerability. Without understanding and engaging with these structural conditions, interventions can inadvertently exclude, stigmatise, or harm people, particularly those who may already be marginalised.

A focus on social science research therefore can help to make prevention and treatment programmes contextually relevant and prevent failure, strengthening buy-in and ownership amongst both affected people and community health practitioners. It can also help to inform the framing, sustainability, and scale up of programmes and interventions, providing evidence for comprehensive stigma-sensitive interventions and alternative strategies for treating chronic conditions that cannot be treated by mass drug administration programmes.

Through its work over the past five years, the 5S Foundation partnership has established a set of key messages that underpin its work.

- The psychological and social wellbeing of people affected by skin-NTDs, including experiences of stigma and marginalisation, are often overlooked.
- Social sciences can help understand and amplify the knowledge that affected people have about the social and economic structures that impact their vulnerability to, and experiences of, these diseases as well as their ability to live well.
- To maximise their impact and sustainability, policies, strategies, and programmes need to explicitly incorporate the needs and circumstances of people affected.
- Such needs and circumstances should be built into more holistic and inclusive services, including psychological support. These should be integrated into local health systems close to where affected people live.
- Health education campaigns, including those for health professionals, are important for reducing public stigma, improving understanding, and dispelling misconceptions.

To mark the culmination of five years of activities and achievements, the 5S Foundation partnership held a three-day forum at the InterLuxury Hotel on Tuesday 14 May, welcoming delegates from the WHO, the Ethiopian and Rwandan Ministries of Health, representatives from Ethiopian and UK governments, over eight universities, implementing organisations, and the patient community. Sessions included panel discussions, an exhibition, academic summary and reflection, and a partnerships panel with learnings from public engagement teams. Each event was intended to shine a spotlight on the stigma experienced by people and communities affected by skin-NTDs and designed to provoke action to end their neglect.

The Opening Day Policy Forum, attended by the delegation, included a warm welcome and overview from Professor Gail Davey, Professor of Global Health Epidemiology at Brighton and Sussex Medical School, and Alemu Tesfaye, Public Engagement Officer at OSSREA. Professor Getnet Tadele, Co-Investigator of the 5S Foundation and Professor of Sociology at Addis Ababa University, provided key messages from the Foundation's work including how social science knowledge can be leveraged for action on neglected skin diseases.

Patrick Grady MP spoke on behalf of the delegation and was followed by a keynote speech from Dr Dereje Duguma, State Minister for Health Services and Programmes at the Federal Ministry of Health in Ethiopia. Dr Duguma outlined the importance of NTD prevention, diagnosis, treatment, control, and elimination within the Ministry's health programmes and as part of Ethiopia's priorities to meet the Sustainable Development Goal targets for 2030. He also spoke to the importance of research, collaboration, and community engagement, especially in hard-to-reach, rural areas, as well as the need to address stigma and discrimination. Dr Duguma emphasised the importance of water, sanitation, and hygiene for NTD control and prevention, highlighting the Ministry's Clean Ethiopia initiative in efforts to combat NTDs, and spoke to the critical role of health extension workers in the fight.



Community engagement and involvement through theatre and performance has been an integral part of 5S Foundation's work as a means of disseminating information and understanding. OSSREA's Public Engagement Officer and Film and Theatre Officer at Addis Ababa University's School of Media, Eyerusalem Kassahun, introduced a powerful immersive and inclusive community theatre piece, 'See Me!', based on interviews and lived experiences of communities affected by skin-NTDs, including an actor affected with podoconiosis. Its overriding theme, 'I See You', sought to highlight the deeper meaning of the term in Arabic, Amharic, and Kinyarwanda; going beyond simply to look at or observe, 'I See You' emphasises a desire to notice, give attention to, hold, listen to, and support.

Professor Yemane Berhane from Addis Continental Institute of Public Health then chaired an engaging panel discussion on how social sciences can enhance public health strategies for severely stigmatising skin-NTDs. Speakers included: Workie Ayisheshim Terfe, a patient advocate; Fikre Hailekiros, Executive Director of National Podoconiosis Action Network (NaPAN); Dr Henock Bekele, Case Management National Professional Officer at the WHO; Professor Hayley MacGregor, Professor of Anthropology and Global Health at the Institute of Development Studies; and Jean Bosco Mbonigaba, NTD Senior Officer in charge of care and treatment and Director of Rwanda's NTD Programme at Rwanda Biomedical Centre and the Ministry of Health in Rwanda respectively.

The event closed with the official opening of the 'See Me!' exhibition, featuring photographs, 5S poster presentations, videos, health materials, and a 'Black Box of Policy' installation demonstrating the role that love, compassion, and common humanity can play in finding ways to take action for NTDs.



The delegation with Getnet Tadele MP in Parliament

## Site visit: Ethiopian Parliament

Delegation visits enable Parliamentarians to meet and make connections with their counterparts in other countries. This includes meeting Parliamentarians from endemic countries who work across global health and who share the desire to see the elimination of malaria and NTDs, in the hope we can share best practice on how to advocate for these devastating diseases.

The delegation was invited by Professor Getnet Tadele, a Member of Parliament and Professor at the Department of Sociology at Addis Ababa University, to visit the Ethiopian Parliament, the House of the Peoples' Representatives of the Federal Democratic Republic of Ethiopia. During the tour, the delegation was able to drop in to a session of the Standing Committee on Health, Social Development, Culture and Sport, and to meet with members, including its Chair, Werksemu Mamo Mekonnen, and Vice-Chair, Dr Tadele Buraka Bushasha, as well as Dr Mahatme Haile Workeneh and Tesfahun Bogale Jember, who sit on the Health Sub-Committee, and Ambassador Dina Mufti, who chairs the EU and Western Europe Parliamentary Friendship Committee.



The delegation with Addis Ababa University's Interim President, Dr Samuel Kifle

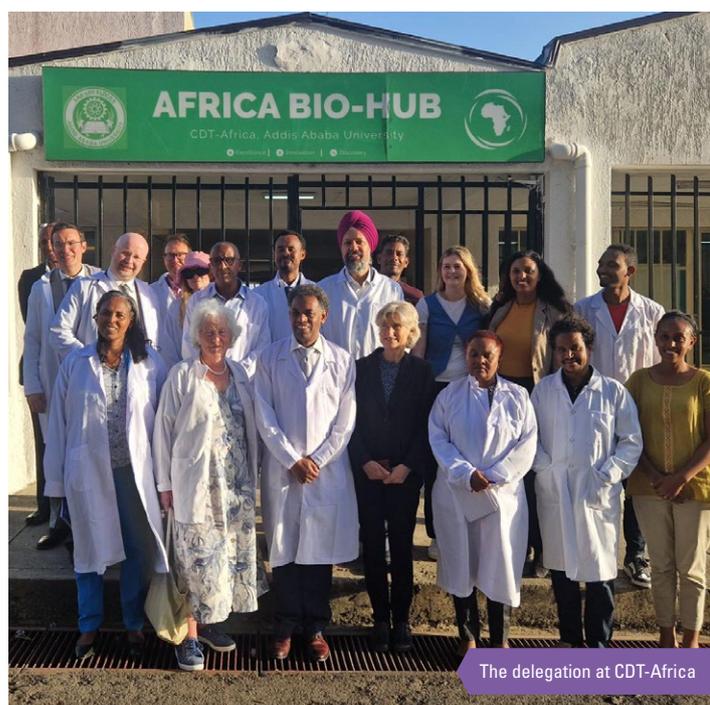
## Site visit: Addis Ababa University

Established in 1950, Addis Ababa University (AAU) is the oldest and largest higher learning and research institution in Ethiopia. Since its inception, the University has been a leading centre in teaching, learning, research, and community services. AAU's mission is to pursue transformative education, cutting-edge research and innovation, and impactful services and engagement in advancing socio-economic, cultural, and technological needs and interests. Its vision is to become a leading research university in Africa, to advance national needs, and be responsive to global development.

Beginning with an enrolment capacity of 33 students, AAU now has more than 45,000 students across undergraduate, Master's, and PhD levels, and more than 8,000 staff including academics, administrative support staff, and health professionals. Set across 14 campuses, AAU runs 70 undergraduate and 293 graduate programmes, as well as various specialisations in health sciences. Over 222,000 students have graduated from AAU since its establishment.

As part of a visit to the AAU campus, the delegation met with AAU's inspiring Interim President, Dr Samuel Kifle, who previously served as State Minister for Higher Education and Development. Dr Kifle gave an overview of the University, and spoke to his commitment to collaboration, especially across health, including with institutions in the UK.

## Site visit: CDT-Africa



Africa imports 94 per cent of essential medicines, has an 80 per cent mortality due to lack of essential drugs, and holds more than 80 per cent of countries lacking in therapeutic research and development capacity. In addition, there is a shortage of skilled workers. This presents a major development challenge, both to individual countries and regionally as well as to the achievement of the Sustainable Development Goals. It is also a huge strain on Africa's economy.

In Ethiopia, 80 per cent of essential medicines, 100 per cent of vaccines and diagnostics, and 100 per cent of active pharmaceutical ingredients are imported. Poor access to essential drugs, vaccines, and diagnostics is estimated to account for the premature deaths of at least eight in 10 people. There is evidence of potential national commitment for local production of medicines, but a lack of expertise and specialist skills has been a barrier to initiating local production.

The Center for Innovative Drug Development and Therapeutic Trials (CDT-Africa) was established by Addis Ababa University – with support from the World Bank and a number of UK partners including NIHR, King's College London, and Brighton and Sussex Medical School – as an Africa Higher Education Centre of Excellence (ACE) to deliver high quality postgraduate education and to build collaborative research capacity to address the development challenge posed by poor access to drugs, vaccines, and diagnostics. CDT-Africa's vision is to be an Africa-based, world class institute for ground-breaking medical discovery and development, with a mission to contribute to the sustainable development and economic growth of Africa through the discovery and development of novel medicines, local production, and healthcare delivery innovations. Its core functions are to discover new medicines for diseases underserved by current funding mechanisms and to build endogenous sustainable capacity for therapeutic innovation through the training of scientists in partnership with higher education and research

institutions; scientists who will lead the next generation of discoveries. The Center is underpinned by a values-driven academic partnership maturity model for sustainable, trusted, and equitable global partnerships that achieve impact, with varying levels of maturity extending from pre-contemplative to mature partnerships, depending on the level of freedom, equity, diversity, and agency afforded by partners. This approach offers a framework for establishing a forward-looking partnership anchored in mutual learning, empowerment, and autonomy.

CDT-Africa's work focuses on disease areas where there is high unmet need in Africa and that are under-addressed by the global biomedical research and pharmaceutical ecosystem. Specific areas of research focus include: vaccine and diagnostic development, including diagnostics development and technology transfer for malaria and NTDs such as leishmaniasis and lymphoedema, and an antivenom Phase IV study for a potential plant-based vaccine; drug development, including establishing a natural products database, medical products mapping, and product development including anti-infective, skin care, antimalarial, and metabolic; medical discovery, with a Bio-Hub endorsed by the World Bank as a regional incubation centre, and healthcare innovations to reduce maternal mortality, address multi-morbidity, and scale-up care for NTDs; and trials and regulatory capacity.

One of CDT-Africa's current projects is 'EnDPoINT' – or 'Excellence in Disability Prevention Integrated across NTDs' – which works to integrate and scale up the care package for patients with lymphoedema in Ethiopia. The project aligns with the drug development, diagnostic development, and complex interventions platforms of CDT-Africa, and is a collaborative undertaking of the Center and Brighton and Sussex Medical School funded through the NIHR Global Health Research Unit on Neglected Tropical Diseases (NIHR131996). Main areas of focus include: the development of anti-infective and anti-scabies topical products which will evolve into skin care product development; diagnostic development focusing on techniques for diagnosing lymphoedema at an early stage; and complex intervention, which aims to integrate and scale up a holistic package of community-level care, including physical and psychosocial care, into government-run health services for patients with lymphoedema, specifically podoconiosis, lymphatic filariasis, and leprosy, in selected districts in Ethiopia. After 12 months of investigation into how physical and mental health could be improved through community-level care, participants recorded significant reduction in recurrent leg infections, lower limb swelling, disability, depression, and stigma, resulting in marked improvements in quality of life. This work will inform the Ministry of Health in Ethiopia's existing plans to expand integrated foot care and psychosocial support nationally for patients with lymphoedema.

In total, the Center currently offers one MSc programme, three PhD programme tracks, and four postdoctoral fellowship tracks, 25 research projects, and a number of grassroots initiatives to improve innovation and science leadership. Over the past five years, the Center has trained an estimated 1,200 students from across 20 African countries, engaged over 200,000 people in research programmes, and has 15 products under development.



CDT-Africa's Head of Medicinal Chemistry, Dr Belete A Legesse, shows Baroness Hayman and Tan Dhesi MP some of their drug discovery work

The delegation, together with a number of Ethiopian Parliamentarians from the Standing Committee on Health, Social Development, Culture and Sport, was hosted at CDT-Africa by Professor Abebaw Fekadu, CDT-Africa's inspiring Center Leader. Professor Abebaw gave an overview of the strength and breadth of the Center's work, including its ambition to expand opportunities for NTD global health leadership, before Dr Belete A Legesse, Head of Medicinal Chemistry, led the delegation on a tour of the impressive laboratories. During the tour, the delegation was able to see how the UK's NIHR funding has supported doctoral and post-doctoral laboratory scientists and enabled the laboratory to be self-sustaining through developing human capacity and access to essential equipment and supplies, helping to drive CDT-Africa's ambition of developing 'an African solution to global problems'.



CDT-Africa's Center Leader, Professor Abebaw Fekadu, with Tan Dhesi MP and Patrick Grady MP

## Site visit: Migbare Senay General Hospital podoconiosis clinic

Podoconiosis is a progressive, debilitating form of leg swelling caused by many years of barefoot contact with irritant soil in highland tropical areas. The disease disproportionately affects farmers, the majority of whom are women, as well as marginalised people and those living in poverty in 27 countries across three continents. Globally, an estimated four million people are affected by the condition, and Ethiopia bears more than 30 per cent of the global burden, with approximately 1.5 million people living with podoconiosis in the country. In districts where it is common, it has a higher prevalence (more than five per cent) than HIV, which is considered a high priority by governments and donors. It is so deeply neglected that it does not even feature as one of the 21 diseases included in the WHO's NTDs roadmap.

Podoconiosis is commonly misunderstood, causing stigma which can lead to ostracism and distress, ruining the lives and livelihoods of people who suffer from it. Limited awareness around the fact that podoconiosis exists, what causes the condition, how to prevent and manage cases, and when to seek treatment, remains a challenge. As a result, infection occurs where it could easily be prevented and existing cases go unmanaged, often developing in severity.

Over time, exposure to podoconiosis results in debilitating swelling of the lower leg, a condition known as lymphoedema. Alongside the physical impact on quality of life, lost productivity from podoconiosis costs an estimated US\$213.2 million annually, with the average economic burden per case amounting to US\$137. Those affected by podoconiosis also experience social stigma, which can lead to isolation within the community and reluctance to seek treatment for fear of discrimination.

Podoconiosis can be prevented easily, at little cost, by wearing shoes and practising good foot hygiene. However, a study in southern Ethiopia revealed that, in rural areas, nearly half of all school children aged nine to 15 years either walk barefoot or wear under-protective footwear. While shoe-wearing among adults can be as high as 84 per cent, 53 per cent wear non-protective shoes such as open shoes or sandals. Shoe-wearing habits also differ depending on events and activities – for example, four per cent wear shoes only for holidays, believing them to be for special occasions, and 12 per cent spend their time on farming activities barefoot. In addition, common misconceptions, such as the belief that shoes can weaken the feet, act as barriers to wearing shoes. Given that gender imbalances can influence access to resources, including shoes and socks, lymphoedema from podoconiosis is more common among women than men.

Over the past five years, the 5S Foundation partnership has explored the social dimensions of podoconiosis and the implications for prevention and care of the disease. In Ethiopia, they have collaborated with the National Podoconiosis Action Network (NaPAN) and the International Orthodox Christian Charities (IOCC), to gain greater understanding of the condition and the considerations that should be factored into treatment and support.



The IOCC has worked to alleviate podoconiosis since 2010, among other core areas of focus including emergency response. Its podoconiosis work includes expanding prevention and care to new places, offering education to raise awareness and reduce stigma, and training both health professionals and patients in treatment. As a result of their work, over 50,000 Ethiopians have received treatment and training on disease management, over one million have received awareness education at community events and public awareness campaigns, more than 1,000 health extension workers have been trained on the disease and related issues, and more than 530 health professionals have been trained with the aim of integrating podoconiosis treatment into the government health system. In addition, IOCC's prevention and treatment programme is being adopted as a model by other countries also trying to eliminate this neglected disease.

Established in 2011, NaPAN is a consortium of partners in Ethiopia working towards an Ethiopia free of podoconiosis and other skin-NTDs including lymphatic filariasis, scabies, leprosy, and cutaneous leishmaniasis. NaPAN has spearheaded the treatment and diagnosis of podoconiosis across Ethiopia and scaled up work on stigma reduction and community education, reaching over 200,000 affected individuals, and providing training to more than 8,000 health extension workers.

Patients affected by podoconiosis are often located in rural, hard-to-reach areas, far from locations where treatment is available. Limited mobility and travel costs mean that settings in remote clinics, supported by the Ministry of Health, are essential for ensuring access to care. Stigma, discrimination, and ostracisation, as well as conflict in the northern part of Ethiopia, have forced a number of podoconiosis sufferers to leave their homes and move to larger towns and cities, including Addis Ababa, where they often live in conditions of extreme poverty. Because podoconiosis is primarily endemic in rural settings, cities such as Addis Ababa do not have appropriate diagnosis and treatment readily available meaning that those affected continue to face acute challenges to accessing care.

NaPAN has worked with IOCC on a solution to serve those who have migrated from their communities to Addis Ababa, galvanising the training of staff and establishing a small new treatment centre located in Migbare Senay General Hospital. The delegation was able to visit this treatment clinic, and meet with members of the team from NaPAN, including Fikre Hailekiros and Dr Asrat Mengiste, and IOCC, including Tsige Amberbir, Abebe Takele, Mebratu Mitiku, and Abebe Kelemework to learn more about the impact of their work, and to understand the diagnosis, disability prevention, morbidity management, and self-care practices for the disease. This included the opportunity to observe and participate in a training session to learn how healthcare workers teach affected people the necessary self-care and foot hygiene skills – including foot washing, compression, exercises, and shoe-wearing – to be able to self-manage this chronic disease at home or in community groups supported by community health extension workers.

Through working with NaPAN and IOCC, Migbare Senay General Hospital has started to train its healthcare professionals in caring for podoconiosis patients, enabling those who have had to migrate to Addis Ababa the opportunity to access treatment locally. The delegation was able to meet with the hospital's leadership, including Chief Executive Officer, Surafel Tezera Berhanemeskel, and Medical Director, Dr Yibeltal Haymanot, to hear about how the clinic has been integrated into their healthcare offer, and about plans to continue and even expand the treatment of podoconiosis at the hospital. The hospital is committed to providing the best possible care for those affected by podoconiosis, with a belief that, through working together, a real difference can be made in the fight against the disease.

The delegation was also able to meet with some inspiring men and women affected by podoconiosis and spend time listening to each of their stories, unique experiences, and unseen struggles of living with the disease including severe pain, misdiagnosis and misunderstanding of the disease, intense stigmatisation, ostracisation, and isolation, the feeling of worthlessness, and the devastating impact on relationships with family members, friends, and their local communities. Many of those the delegation spoke to have not seen their families – including mothers, fathers, husbands, wives, and children – for years.





Tan Dhesi MP learns about how special shoes, prosthetics, and orthoses are made at ALERT's Prosthesis and Orthosis Department

## Site visit: ALERT



Baroness Hayman and Tan Dhesi MP speak with a patient affected by leprosy

Leprosy is an age-old disease, described in the literature of ancient civilisations. It is a chronic infectious disease caused by a type of bacteria called *Mycobacterium leprae*. The disease is transmitted through droplets from the nose and mouth, and affects the skin, the peripheral nerves, mucosa of the upper respiratory tract, and the eyes. Leprosy is curable and treatment in the early stages can prevent disability. However, left untreated, leprosy often leads to disability and social and economic marginalisation, robbing those affected of their livelihoods, education prospects, dignity, and even basic rights.

Apart from the physical deformity, persons affected by leprosy also face stigmatisation and discrimination, in part through misunderstanding of the transmissibility of the disease. Prolonged, close contact over months with someone with untreated leprosy is needed to catch the disease; the disease is not spread through casual contact with a person who has leprosy like shaking hands or hugging, sharing meals or sitting next to each other. Additionally, the patient stops transmitting the disease when they begin treatment.

Despite the availability of Multi-Drug Therapy (MDT) treatment, which has been provided free of charge since the 1980s, many cases remain undetected due to inadequate health systems, insufficient knowledge among health professionals, and persistent social stigma. As a result, leprosy still occurs in more than 120 countries, with more than 200,000 new cases reported every year. Ethiopia has the second-highest burden of leprosy in sub-Saharan Africa, with more than 100,000 people affected, and around 3,000 new cases each year. The Ethiopian government's latest strategy for leprosy incorporates the diseases as one of the priority NTDs.

Set across more than 30 hectares, the All Africa Leprosy, Tuberculosis, Rehabilitation and Training Center (ALERT) is one of Ethiopia's oldest and largest medical institutions. Founded in 1934 and initially serving as a leprosarium, ALERT underwent a transformation in 1965 to become a specialised leprosy training centre in response to the

increasing prevalence of leprosy in Africa. Since July 2002, ALERT has operated as a tertiary referral and training centre under the Ministry of Health, playing a pivotal role in healthcare provision, research, and training in the country. The hospital is recognised by the WHO as an international leprosy treatment and training centre, and it has a vision of being one of the leading Ethiopian and East African centres of excellence in specialised clinical service, research, and post graduate medical education by 2030.

ALERT's service capacity is extensive, encompassing inpatient and outpatient care, emergency services, trauma care, and rehabilitation services. The hospital is recognised for its specialised services in dermatology, ophthalmology, orthopaedics, plastic and reconstructive surgery, and tuberculosis and HIV care and treatment. It also offers psychiatric services, gynaecology and obstetrics, general surgery, dental care, and a range of rehabilitation services including physiotherapy, occupational therapy, and psychosocial services. ALERT provides care to over 1,500 patients daily, and more than 450,000 annually, with around 2,000 dedicated staff members.

As part of its ongoing commitment to enhancing healthcare services, ALERT is embarking on a project to expand its leprosy ward and provide equipment support for the paediatric and plastic dermatology departments. Additionally, the project aims to enhance the prosthesis and orthosis department and improve the hospital's technology infrastructure. These initiatives reflect ALERT's dedication to advancing healthcare delivery and improving outcomes for patients, while also preserving its rich history and legacy of service.

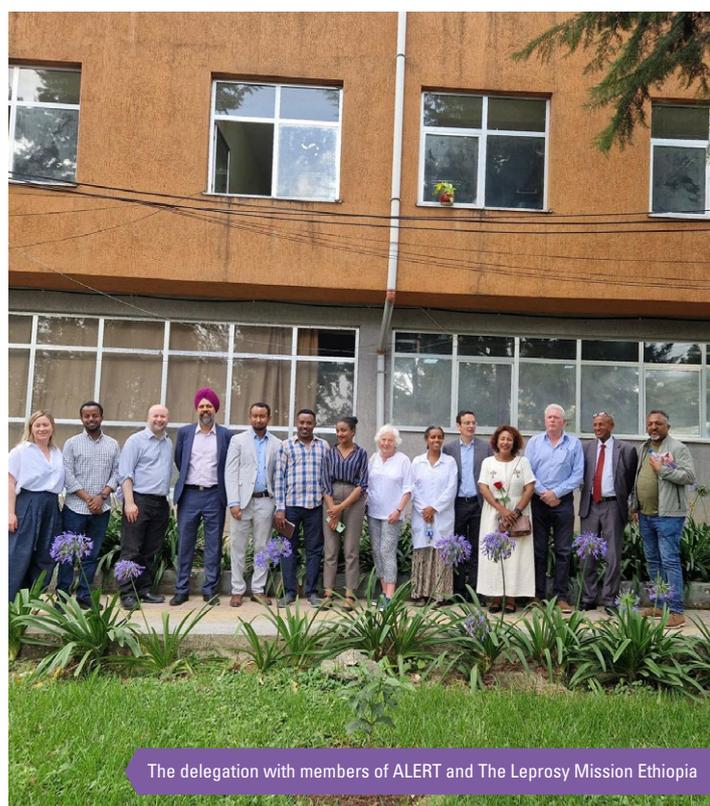
ALERT's employees remain at the forefront of the fight against leprosy, continuously seeking the best and most innovative treatments. Recently, ALERT partnered with The Leprosy Mission Ethiopia and The Leprosy Mission Nepal, where a surgeon from the latter's hospital in Kathmandu visited ALERT to train their medical team in an innovative ulcer treatment called Leukocyte-Platelet Rich Fibrin (LPRF), the trial of which is funded by the UK Government's NIHR-RIGHT (Research and Innovation for Global Health Transformation) scheme. This partnership serves as a reminder of how strategic UK investment in NTD research, combined with collaboration with NGOs, can cross borders and benefit millions of people affected by NTDs around the world.

The delegation was able to visit ALERT with the dedicated Beletshachew Tadesse, Country Representative of The Leprosy Mission Ethiopia and a key partner of ALERT. The Leprosy Mission International has been supporting leprosy work in Ethiopia since the 1950s, working with The Leprosy Mission Ethiopia, the Ministry of Health, and local disabled people's organisations to improve healthcare across the country and move towards zero leprosy. This includes work to identify missing cases, diagnose and treat those affected, contact trace to enable early treatment, prevent disability and provide care for disabled people, overcome exclusion, reduce stigma and discrimination, advocate for change, and pioneer research in the country. Staff are trained in leprosy, disease control, and disability prevention. People affected by leprosy and their communities are trained to recognise the signs of leprosy,

complete their treatment plans, look after their wounds, and provide support for each other. In addition, The Leprosy Mission Ethiopia works to help people affected by leprosy and their families to find sustainable livelihoods, including through vocational training in sewing, carpentry, animal husbandry, and small business training, and works with local organisations to ensure people are given human rights and disability rights education, and are supported to access benefits and entitlements. In 2022, 500 families received life-saving humanitarian aid and 256 health extension workers received training on leprosy through The Leprosy Mission.

The delegation was able to meet with some incredible and dedicated surgeons who are at the forefront of leprosy reconstructive surgery and visit the leprosy wards to meet some of those affected. Leprosy patients usually stay for more than three months in the wards, which are the only in-patient leprosy wards in Ethiopia, and ALERT ensures that, as well as physical therapy and treatment, psychological therapy is provided, as patients often feel marginalised, stigmatised, and may feel as if they are to blame for acquiring the disease. The delegation also heard about efforts to integrate care of leprosy with other skin-NTDs, including podoconiosis. The delegation also visited the Prosthesis and Orthosis Department where special shoes, prosthetics, and orthoses are made, as well as production of implant for orthopaedic surgery, which are all vital for patients to be able to manage and live with their disability.

Together with ALERT's Vice Chief Executive Officer, Brook Demissie, the delegation was also able to visit the Ophthalmology Department and to see the construction of a new dedicated paediatric eye unit, which treats eye conditions, including trachoma, of which Ethiopia is estimated to have the highest burden globally.



The delegation with members of ALERT and The Leprosy Mission Ethiopia

## Site visit: AHRI

In January, the Group co-hosted a reception and panel discussion in Parliament with RAFT (Resilience Against Future Threats through vector control) Consortium at the London School of Hygiene and Tropical Medicine (LSHTM) on the malaria vector, *Anopheles stephensi*. *Anopheles stephensi* was first identified over 120 years ago in Asia, where it transmits malaria in several countries. In 2012, this species was reported for the first time in Africa in Djibouti and has since been found in a further eight African countries, including Ethiopia. In 2022, during the dry season, Ethiopia saw a surge in malaria cases in Dire Dawa as a result of *Anopheles stephensi*; from 27 cases to 260 cases in just three weeks. *Anopheles stephensi*'s ability to thrive in urban environments by breeding in man-made water sources sets it apart from the familiar species *Anopheles gambiae* and *Anopheles funestus*. As a result, it can transmit malaria in large towns and cities, putting many millions of people at risk and threatening the gains made in the fight against malaria in Africa.

The session in Parliament was chaired by delegation member James Sunderland MP and included a keynote speech from Dr Fitsum Girma Tadesse, a Wellcome Trust Fellow at LSHTM and the Armauer Hansen Research Institute (AHRI) in Ethiopia. The delegation was delighted to be able to meet with Dr Fitsum again while in Ethiopia and to be able to learn more about his work and that of AHRI.

AHRI is a medical research institute established in 1970 by the government of Ethiopia in collaboration with Save the Children organisations of Norway and Sweden, and the University of Bergen. It was named after the Norwegian physician, Gerhard Henrik Armauer Hansen, who first described the leprosy bacillus, *Mycobacterium leprae*, and was initially set up to investigate the pathogenesis and human immune responses of leprosy. AHRI now conducts medical research across a range of diseases, including malaria, tuberculosis, cutaneous leishmaniasis, hepatitis C, podoconiosis, and leprosy. As well as disease specific research work, AHRI focuses on responding to emerging and re-emerging



The delegation with members of AHRI

diseases through health research and innovation, including work on anti-microbial resistance, vaccine and pharmaceutical development, traditional medicines, and diagnostics and therapeutic tools.

The delegation met with Professor Afework Kassu Gizaw, AHRI's Director General, who previously served as Ethiopia's State Minister for Science and Higher Education, and Dr Endalamaw Gadisa Belachew, whom the delegation had met the day before in the margins of the 5S Foundation event. The meeting also coincided with a visit by Professor Chris Drakeley, Professor of Infection and Immunity at LSHTM.

Professor Afework delivered a comprehensive presentation highlighting AHRI's remarkable 54-year journey in biomedical research and development and provided an overview of AHRI's mission to become a centre of excellence in medical research and innovation. He highlighted AHRI's ambitions to improve medical care, health, and wellbeing across Ethiopia by generating and delivering scientific evidence, developing and producing new and/or improved products, equipment, and methods, and to serve as a hub for collaborative technology transfer and capacity building. Professor Afework spoke to the challenges in conducting research, including limited funding, technology transfer, laboratory supply, infrastructure, and pharmaceutical and vaccine research and development capacity, and pressed the need for strengthened global collaboration, highlighting AHRI's work with a number of local, regional, and international institutions to sustain and maximise research activities and outputs.

Dr Fitsum then presented an overview of the status of malaria in Ethiopia, which saw a huge rise in cases in 2020, and spoke to the convergence of biological threats to progress including a decrease in investment globally, rising insecticide and anti-malarial drug resistance, the emergence of deletions in the *Plasmodium falciparum* histidine-rich protein 2 and 3 (pfrhp2/3) genes, and the emergence of invasive mosquitoes such as *Anopheles stephensi*. He spoke to AHRI projects, in collaboration with partners including LSHTM and the Wellcome Trust, on *Anopheles stephensi*, pfrhp2/3 genes, and *Plasmodium vivax* which is becoming a more dominant species in Ethiopia.

Specifically, on *Anopheles stephensi*, AHRI's research is looking into how the vector spreads, how sensitive it is to insecticides, how efficient it is in transmitting parasites and what role it could play in malaria transmission, why we should worry about it, and what we can do about it, with the intention of producing a comprehensive action plan to present to the Ministry of Health. AHRI is also closely involved in the ACHIDES project, funded by the Bill & Melinda Gates Foundation, to introduce a novel rapid molecular method, digital droplet PCR (ddPCR), to detect hrp2/3 gene deletions. This work will help to translate basic evidence into policy to enable the Ministry of Health to use the most appropriate and effective malaria interventions.

Following Dr Fitsum's presentations on malaria, the delegation heard from Dr Kidist Bobosha about the TBGen Project, an H3Africa project supported by Wellcome Trust, and coordinated by AHRI in collaboration with the University of Buea in Cameroon, Eritrea Institute of Technology, the University of Khartoum in

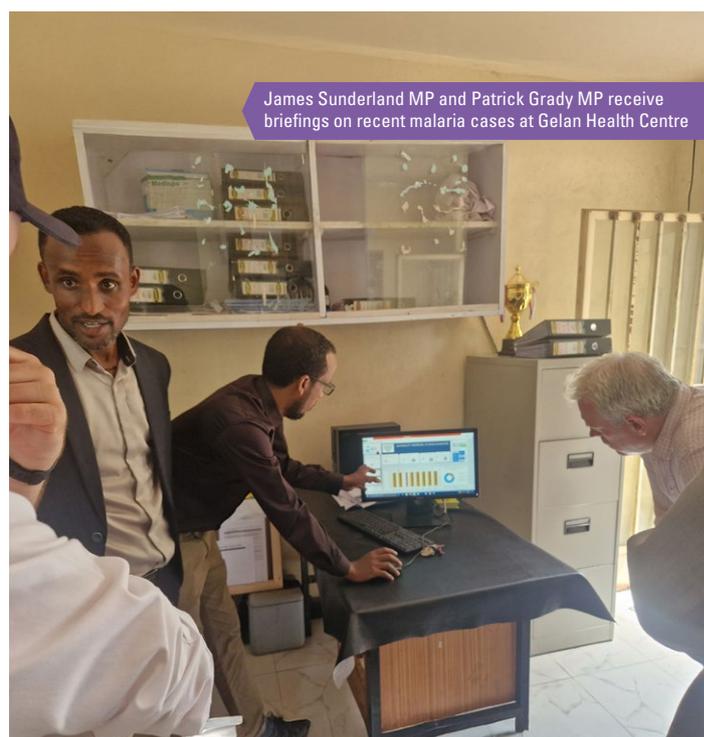
Sudan, South Africa National Bioinformatics Institute, and the UK's University of Sussex. The project aims to map the distribution of *Mycobacterium tuberculosis* genotypes amongst genetically distinct populations in four African countries to understand susceptibility to tuberculosis. Dr Adane Mihret then spoke to other AHRI projects supported by UK agencies, including the DESTINE Project to investigate the scale of the hepatitis C epidemic in Ethiopia, ETHICOBOTS which aims to tackle the high burden of bovine tuberculosis in the Ethiopian dairy farm sector, and a project to explore the immunopathogenesis of podoconiosis.

AHRI is located on the compound alongside ALERT hospital. Following the presentations, Dr Fitsum led the delegation on a tour of the biomedical research laboratories, the new AHRI building which is currently under construction, and the historical sites within the ALERT-AHRI Health Village.

### Site visit: Gelan Health Centre

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) is a partnership between donor and endemic country governments, communities and civil society, the private sector, and technical partners and has been integral to the success of the malaria fight for the last two decades. The Global Fund contributes 65 per cent of all international financing for malaria control and elimination and has invested more than US\$17.9 billion in malaria control programs as of June 2023. It is often referred to as the 'gold standard' for international health financing, with a proven impact in over 120 countries saving 59 million lives since 2002. The UK Government committed £1 billion to the latest Global Fund replenishment cycle (up to 2026).

In countries where the Global Fund invests, malaria deaths have dropped by 28 per cent between 2002 and 2022. In the absence of malaria control measures, deaths would have increased by 90 per cent, and malaria cases by 79 per cent, in



the same period. Specific malaria interventions supported by the Global Fund include:

- testing and treatment of suspected malaria cases – in 2022 alone, the Global Fund tested 321 million suspected cases for malaria and treated 166 million cases;
- providing preventative treatment for pregnant women – in 2022 alone, the Global Fund provided preventative treatment for 14.6 million pregnant women;
- introducing new insecticide-treated mosquito nets – in 2022 alone, the Global Fund distributed 220 million mosquito nets;
- supporting countries to adopt more sophisticated programming and precise targeting of malaria interventions;
- routinely conducting entomological monitoring in the communities that receive vector control to understand the habits of the mosquitoes that transmit malaria as well as understand whether those mosquitoes have developed resistance;
- leveraging economies of scale to help reduce costs;
- supporting the roll-out of seasonal malaria chemoprevention campaigns – a cost-effective and targeted intervention for young children that can reduce malaria cases by more than 50 per cent;
- investing in the fight against drug resistance;
- helping to fund the pilot roll-out of the RTS,S malaria vaccine alongside Gavi, the Vaccine Alliance and Unitaids; and,
- supporting more than two million community health workers in the countries where the Global Fund invests – these individuals play a critical role in serving rural and hard-to-reach populations.

The majority of malaria control funding for Ethiopia comes from the Global Fund and the USAID/ President's Malaria Initiative (PMI) and USAID. During the period from 2021 to 2024, Ethiopia benefitted from Global Fund grants totalling US\$639.5 million. In July 2024 – just after the delegation's visit but prior to the publication of this report – the Global Fund and the Federal Ministry of Health of Ethiopia launched the implementation of four new grants worth over US\$441 million for the period from 2024 to 2027. These investments aim to support the country in continuing the significant progress made in the fight against HIV, tuberculosis, and malaria, build more resilient and sustainable systems for health, and protect existing gains in the face of conflict, mass displacement, food insecurity, and severe drought.

A Global Fund malaria grant of up to US\$106 million was signed for Ethiopia for the period the period from 2024 to 2027. This investment will sustain malaria control interventions and support Ethiopia in their transition to malaria elimination. The Global Fund has also allocated funding of up to US\$38 million for the same period to strengthen the resilience of health systems in Ethiopia. The grant is supporting the government in delivering the priorities of the national health plan, while simultaneously enabling continued and increased impact for HIV, tuberculosis, and malaria programmes.

To understand more about the critical work of the Global Fund in Ethiopia, the delegation travelled to Gelan Health Centre with Dr Kebede Etana, Malaria Case Management Adviser at the National Malaria Elimination programme in Ethiopia, and Dechasa Nesga, from Addis Ababa Health Bureau. Dr Kebede and Dechasa provided an overview of malaria in Ethiopia including growing challenges such as conflict, climate and

environmental change, and changes in mosquitoes' behaviour, and introduced the work of the National Malaria Elimination Programme in managing, treating, preventing, and analysing malaria cases as well as the role of the Global Fund in providing effective interventions. The delegation then met with the incredibly inspiring manager of the health centre, and members of her on duty team, followed by a tour of the busy outpatient department, the laboratory department, and the centre's critical drug stores and dispensaries.

Gelan Health Centre has been operational since 2005, and currently serves a population of more than 45,000 people primarily from the surrounding area, but also from neighbouring Oromia region to the south. Gelan is situated on the outskirts of Addis Ababa and, given the high altitude, should not experience local cases of malaria. However, evidence that is starting to be collected at the health centre through surveillance, monitoring, and mosquito and stagnant water collection suggests that malaria may be moving into the highlands with local cases starting to emerge, including in those under five which indicates transmission in the community. Though these numbers are relatively low at present, this is an incredibly worrying trend, and surveillance undertaken at this health centre will be incredibly important in understanding changing patterns in mosquito behaviour, populations, and seasons.

## Site Visit: Africa CDC

---

The Africa Centres for Disease Control and Prevention (Africa CDC) is a specialised technical health and autonomous agency of the African Union established to support public health initiatives of Member States and strengthen the capacity of their public health institutions and systems' capacities, capabilities, and partnerships to detect, prevent, control, and respond quickly and effectively to disease threats and outbreaks, based on data-driven interventions, policies, and programmes, and evidence-based decision-making.

Established in 2016 by the 26th Ordinary Assembly of Heads of State and Government and officially launched in 2017, Africa CDC is guided by the principles of leadership, credibility, ownership, delegated authority, timely dissemination of information, and transparency in carrying out its day-to-day activities. The institution serves as a platform for Member States to work together, share and exchange knowledge and lessons from public health interventions, and supports African Union Member States in providing coordinated and integrated solutions to the inadequacies in their public health infrastructure, human resource capacity, disease surveillance, laboratory diagnostics, and preparedness and response to health emergencies and disasters.

Africa CDC's core organisational objectives are to:

- establish early warning and response surveillance platforms to address all health threats and health emergencies and natural disasters in a timely and effective manner;
- assist Member States to address gaps in capabilities required for compliance with International Health Regulations;
- support and/or conduct regional and country-level hazard mapping and risk assessments for Member States;

- support Member States in health emergency responses, particularly those which have been declared a public health emergency of international concern;
- support health promotion and disease prevention through health systems strengthening, by addressing infectious and non-communicable diseases, environmental health, and NTDs;
- promote partnership and collaboration among Member States to address emerging and endemic diseases and public health emergencies;
- harmonise disease control and prevention policies and the surveillance systems in Member States; and
- support Member States in public health capacity-building through medium- and long-term field epidemiological and laboratory training programmes.

Africa CDC's aspiration is to become a world-class, self-sustaining, and agile institution that champions African health security, sets the African public health agenda, and leads and coordinates continental efforts driven by a One Health approach. The organisation works across a number of core strategic areas, including:

- disease control and prevention, through establishing and strengthening capacity of Member States to prevent and control endemic diseases, NTDs, and non-communicable diseases including mental health;
- emergency preparedness and response, through supporting Member States to develop and implement comprehensive and regularly-tested preparedness and response plans;
- laboratory systems and networks, through supporting the institution of patient-centred integrated point-of-care diagnostic testing for syndromic management and surveillance at the community level;
- national public health institutes and research, through strengthening public health science and improving public health decision-making and practice to achieve positive health outcomes;
- public health information systems, through supporting Member States to develop and establish high-quality information and technology systems; and

- surveillance and disease intelligence, through assisting Member States in developing a surveillance workforce that can handle national surveillance responsibilities – for NTDs, this includes supporting Member States in continuing surveillance within existing systems even after elimination.

The delegation was hosted for a meeting and tour of Africa CDC headquarters by Dr Nafiisah Chotun, the Unit Lead for Endemic and NTDs in the Division of Disease Control and Prevention (DCP). The Division works to establish and strengthen capacity of Member States to prevent and control endemic diseases, NTDs, and non-communicable diseases, including mental health, by identifying, leveraging, and integrating existing public health assets and human resources on the continent to achieve universal healthcare coverage. The division consists of four units, namely the Unit of endemic diseases and NTDs, that of non-communicable diseases, injuries, and mental health, that of community healthcare workers (CHWs), and that of reproductive health. There is also a nascent Unit working on immunisation. The Unit of CHWs works on bridging the gap between the community and healthcare facilities, for example, through raising awareness of different NTDs and how they present at a very local level and within existing structures and workforce, training people to identify symptoms earlier. The Division of DCP became operational in 2020 in the height of the COVID-19 pandemic, and fully operational in 2022, and continues to expand, with new areas of focus such as immunisation. With Africa CDC being granted autonomous status in 2023, its organisational structure is evolving. The current Division will be expanded into a Centre for Infectious Diseases, and the existing Units will be elevated to Divisions. However, the final structure has yet to be fully defined.

The delegation was able to see an impressive data warehouse which, when fully operational, will support electronic storage capacity for Member States, as well as a building with a range of equipped biosafety level laboratories designed to enable secure and safe handling of highly dangerous pathogens, training rooms, decontamination rooms, and biorepository facilities.



## Meeting: Orbis International Ethiopia

Trachoma is the world's leading infectious cause of blindness, responsible for the visual impairment or blindness of about 1.9 million people globally. As of April 2023, 115.7 million people are at risk globally, with 72 million people at risk in Ethiopia. Like many other NTDs, trachoma predominantly affects people living in the poorest areas of the world, often with limited access to clean water, sanitation, and health services.

Trachoma is caused by the bacterium *Chlamydia trachomatis*, which presents in young children as a chronic inflammation of the eyelid. Repeated re-infection can cause scarring of the eyelid, which can turn eyelashes inwards so that they scrape painfully against the eyeball – left untreated, this can cause severe pain, vision impairment, and permanent sight loss. While eyelid surgery can effectively address trachomatous trichiasis (the late blinding stage of trachoma) by repositioning the eyelid to prevent eyelashes from touching the eyeball, vision impairment and blindness resulting from trachomatous trichiasis cannot be reversed.

Ethiopia has a high prevalence of blindness, carrying more than half of the global trachoma burden. According to the results of a National Survey on Blindness and Low Vision conducted in 2006, the prevalence of blindness is 1.6 per cent and that of low vision is 3.7 per cent nationally, meaning there are over 4.7 million people who are either blind or have low vision. The prevalence of blindness in children under the age of 16 is 0.1 per cent, accounting for over six per cent of the total blindness burden in Ethiopia. The survey also found that 87.4 per cent of blindness and 91.2 per cent of low vision are avoidable, that is, either preventable or treatable.

The high burden of eye diseases in Ethiopia has been exacerbated by the shortage of tertiary-level eye health services, with just 54 ophthalmologists, and no cataract surgeons or optometrists, in Ethiopia two decades' ago. Since

establishing a country office in Addis Ababa in 1998, the charity Orbis has worked in partnership with the Ministry of Health, Regional Bureaus, and other local partners to integrate eye care into the broader health system, helping to transform lives through the prevention and treatment of unnecessary blindness. With support from Orbis, Ethiopia now has 203 ophthalmologists, 56 cataract surgeons, and 540 optometrists – and has established 282 primary eye care units, 10 secondary eye care units, three paediatric eye care centres, and six optical workshops in the country.

Orbis's work is multi-faceted, with a focus on delivering the skills, resources, and knowledge to deliver accessible, quality eye care. The organisation works to strengthen healthcare infrastructure, investing in developing comprehensive rural eye health care systems and building capacity to develop quality training and mentoring such as providing hands-on ophthalmology training. Orbis has also spearheaded eye health research for policy and practice, setting up eye banks (the Eye Bank of Ethiopia is the first of its kind among sub-Saharan African countries) and building biomedical engineering capacity, as well as advocating for the prioritisation of eye health on the public health agenda. By providing long-term capabilities – the tools, training, and technology necessary for local partners to develop lasting solutions – Orbis helps partner institutions reach a position from which they can provide, on their own, quality eye care services that are affordable, accessible, and sustainable.

In the margins of the 5S Foundation Annual Programme Meeting and Dissemination Event, the delegation met with Dr Alemayehu Sisay, Orbis's Country Director, to learn more about this incredible work. Dr Alemayehu spoke about the importance of empowering communities, including through behaviour change interventions such as school-based facial cleanliness and environmental improvements, and about the critical role of water, sanitation, and hygiene (WASH) in promoting eye health. He also spoke to Orbis's role in investing in human resource development, including in paediatric ophthalmology to tackle childhood eye problems, and highlighted the invaluable role of Ethiopia's health extension workers in disseminating information and raising awareness, as well in prevention and treatment.

In particular, Dr Alemayehu provided a comprehensive overview of Orbis's work on reducing the spread of trachoma infection. The organisation began its trachoma work in Ethiopia in 2013 with the aim of eliminating blindness due to trachoma as well as trachoma being a public health problem. To date, the delivery of the WHO's recommended SAFE strategy (surgery, antibiotics, facial cleanliness, and environmental improvement) in Ethiopia has not resulted in the expected progress towards trachoma elimination, with a total of 268 out of 798 endemic woredas (districts) having achieved the trachoma elimination threshold. This is due to several reasons, including delayed and/or sub-optimal coverage of mass drug administration in some woredas – especially during the height of the COVID-19 pandemic – and



The delegation with Dr Alemayehu Sisay, Orbis's Ethiopia Country Director



The delegation speak with Dr Alemayehu Sisay, Orbis's Ethiopia Country Director

low coverage of WASH services. As such, Orbis's trachoma model emphasises improving access to high-quality surgery, initiating management of people with trachomatous trichiasis as quickly as possible, tracking outcomes, and ensuring post-surgery follow-up care. Orbis also work to increase trachoma knowledge through research to identify the most cost effective and efficient delivery models and preventative measures, extend partnerships to increase the impact and sustainability of facial cleanliness and environmental improvement thereby reducing transmission, and develop efficient means to detect and monitor renewed outbreaks of infection. Orbis also works with local health systems to enhance case management capacity. As a result, in 2021 alone, Orbis provided training for 5,273 health professionals and mass drug administration mobilisers, more than 15,000 trachomatous trichiasis surgeries were performed, and more than 12 million doses of Zithromax/Tetracycline were distributed for trachoma elimination.

## Meeting: DNDi

Leishmaniasis is a disease caused by protozoan parasites which are transmitted by the bite of infected female phlebotomine sandflies, which feed on blood to produce eggs. Some 70 animal species, including humans, can be the source of *Leishmania* parasites. The disease affects some of the world's poorest people and is associated with malnutrition, population displacement, poor housing, a weak immune system, and lack of financial resources. An estimated 700,000 to one million new cases occur annually. Climate and environmental changes could potentially cause a wider resurgence.

There are three main forms of leishmaniasis:

- Visceral (VL), also known as kala-azar – the most serious form because it is almost always fatal without treatment. VL is characterised by irregular bouts of fever, weight loss, enlargement of the spleen and liver, and anaemia. An estimated 50,000 to 90,000 new cases of VL occur worldwide annually, half of whom are children under 15 – though only 25 to 45 per cent of cases are reported to the WHO. East Africa currently has the highest number of cases, and new cases of VL have been increasing in Ethiopia.

- Cutaneous (CL) – the most common form, usually causing skin lesions, mainly ulcers, on exposed parts of the body. These can leave life-long scars and cause serious disability or stigma. About 95 per cent of CL cases occur in the Americas, the Mediterranean basin, the Middle East, and Central Asia. It is estimated that 600,000 to one million new cases occur worldwide annually but only around 200,000 are reported to the WHO. In Ethiopia, over 29 million are at risk from CL, and estimated annual incidence ranges from 20,000 to 50,000 new cases. Hard-to-reach, marginalised communities and school children are most affected.
- Mucocutaneous – which leads to partial or total destruction of mucous membranes of the nose, mouth and throat. Over 90 per cent of cases occur in Bolivia, Brazil, Ethiopia, and Peru.

In the margins of the 5S Foundation Annual Programme Meeting and Dissemination Event, the delegation met with Dr Samuel Tesema, Senior Clinical Programme Manager for Leishmaniasis at the Drugs for Neglected Diseases initiative (DNDi) and Director of the Kalazar Disease Research and Treatment Center at the University of Gondar, together with Dr Endalamaw Gadisa Belachew from the Armauer Hansen Research Institute (AHRI).

DNDi is a not-for-profit medical research organisation that discovers, develops, and delivers safe, effective, and affordable treatments for neglected populations. The organisation is developing medicines for NTDs including Human African trypanosomiasis (HAT), also known as sleeping sickness, Chagas disease, onchocerciasis, also known as river blindness, mycetoma, dengue, and leishmaniasis, among other diseases, including HIV, cryptococcal meningitis, and hepatitis C. Its research priorities include children's health, gender equity and gender-responsive research and development, and diseases impacted by climate change. Since its creation in 2003, DNDi has joined with public and private partners across the globe to deliver thirteen new treatments, saving millions of lives.

Dr Tesema provided a detailed overview of DNDi's work in Ethiopia, including an exciting Phase II clinical development trial underway for a safer, simpler, patient-friendly oral drug with the potential to revolutionise treatment for VL. Dr Tesema highlighted the significance of this progress and the opportunity



The delegation with Dr Samuel Tesema from DNDi and Dr Endalamaw Gadisa Belachew from AHRI

it presents for developing a safe and efficient cure for VL in Ethiopia, offering a more convenient and accessible solution to the current treatment which includes painful injections given at hospital for 17 days, a treatment that may also present rare but life-threatening side effects, including to the heart, liver, and pancreas. The new molecule under study in Ethiopia – LXE408 – is administered in the form of oral pills and is expected to have high level of curability with very little side effects and be readily available in rural health centres, allowing patients to receive care at primary healthcare facilities within their communities and near their homes.

LXE408 was initially discovered by Novartis. In 2020, DNDi and Novartis entered into a collaboration and licence agreement to jointly develop the molecule, with Novartis responsible for completing pre-clinical development and a Phase I study, chemical manufacturing and control, and regulatory submissions. If trial results are positive and if the new treatment is approved for market use, Novartis has committed to distributing the drug on an affordable basis worldwide, with a focus on maximising access in endemic countries. Given that patients in different geographies may respond differently to treatment, a similar Phase II trial to test LXE408 is also being conducted in India.

Discovery of LXE408 and preparatory work to advance LXE408 to clinical evaluation in VL patients were financially supported, amongst others, by Wellcome and the UK's Foreign, Commonwealth and Development Office. The clinical trial in Ethiopia is also financially supported by the European and Developing Countries Clinical Trials Partnership (EDCTP), as part of the VL-INNO project, bringing together a wide range of partners. Financial and technical support for the study is provided by the European and Developing Countries Clinical Trials Partnership (EDCTP2) through grant RIA2020I-3290; Norway-Norwegian Agency for Development Cooperation (Norad), Norwegian Ministry of Foreign Affairs, as part of Norway's in-kind contribution to EDCTP2; Germany's Federal Ministry of Education and Research (BMBF) through KfW; Médecins Sans Frontières International; the Swiss Agency for Development and Cooperation (SDC); UK International Development; and, other private foundations and individuals.



## Meeting: Malaria Consortium

Malaria Consortium is a leading not-for-profit organisation, specialising in the prevention, control, and treatment of malaria and other communicable diseases. The organisation implements evidence-based programmes at scale to combat targeted diseases and promote universal health coverage, saving lives and improving health across Africa and Asia. In 2020, Malaria Consortium received Independent Research Organisation status.

In the margins of the 5S Foundation Annual Programme Meeting and Dissemination Event, the delegation met with Malaria Consortium's Ethiopia Country Director, Dr Agonafer Tekalegne, Technical Adviser, Dr Zelalem Kefene, and Project Manager, Esey Batisso Gabore. Dr Tekalegne gave an overview of Malaria Consortium's work in Ethiopia, in particular their work advancing podoconiosis prevention and control. Malaria Consortium has been implementing projects in Ethiopia since 2004 with a focus on the Southern Nations, Nationalities and Peoples' Region (SNNPR) as well as Oromia, Amhara, and Tigray regions. The organisation supports the Ethiopian government in its efforts to tackle three major public health issues: malaria, NTDs, and poor child health indicators such as pneumonia and febrile illness. Alongside programmes, Malaria Consortium facilitates forums to coordinate stakeholders' efforts and streamline the technical assistance provided to national and regional programmes through mechanisms including the Coalition Against Malaria in Ethiopia and the Malaria Control Support Team's Technical Advisory Committee, as well as undertaking pioneering research projects.

For NTDs specifically, Malaria Consortium has played a key role in building the evidence base for NTD programming in Ethiopia, supporting the Ethiopian government's strategic objective of integrating interventions for NTDs into the primary healthcare system. For example, between 2017 and 2018, Malaria Consortium conducted a study in SNNPR focused on lymphatic filariasis, schistosomiasis, trachoma, soil-transmitted helminths, and podoconiosis. The study explored the feasibility and acceptability of using targeted materials and processes to improve the detection, management, and recording of these NTDs at the primary healthcare level. It gathered evidence of the potential impact on health workers' knowledge and skills, as well as the system's capacity to produce relevant, timely, and accurate data. The study also applied a gender lens to health seeking for these five NTDs and provided crucial insights into how gender influences access to, and use of, NTD-related services to achieve universal health coverage. Alongside this work, Malaria Consortium developed a complementary intervention to improve prevention, diagnosis, and management of podoconiosis in SNNPR. As well as co-designing and validating the process and materials, Malaria Consortium examined the community's perception and awareness of podoconiosis, disability, and stigma.

Through their most recent project, Happy Feet, Malaria Consortium aim to accelerate the control of podoconiosis by creating universal access to better quality preventive and healthcare management services. This includes a formative assessment to determine how stakeholders, who are so far

supportive of this work, can best be engaged to advance the podoconiosis agenda in policy discussions. For example, by advocating to update water, sanitation and hygiene (WASH) to include the provision and use of shoes (i.e. WASSH), podoconiosis cases will be more effectively prevented and managed, through reduced exposure to irritant soils, and through the provision of custom shoes to patients affected by the disease, respectively.

Malaria Consortium's collective research has allowed the development of robust evidence supporting the mainstreaming of NTDs into the national health system, in alignment with national and global efforts. This has facilitated engagement with key stakeholders to advocate for stronger integration of diseases like podoconiosis in health policies.

## **Meeting: Impact of conflict in the region**

---

The Social Sciences for Severe Skin Stigmatising Skin Conditions (5S) Foundation's work is built on collaboration across countries, including research participants and organisations from Rwanda, Sudan, and Ethiopia.

Conflict, primarily centred in the northern regions of Ethiopia, has led to over five million people being displaced and in need of humanitarian assistance. Fighting in Sudan, the direct result of a power struggle within the country's military leadership, has claimed more than 15,000 lives and, in what the United Nations has called one of the world's 'largest displacement crises', has forced more than nine million people, about 16 per cent of the total population of the country, from their homes, and around 25 million people, over 14 million of whom are children, in need of humanitarian assistance and support.

As a result, there has been widespread disruption of basic public health services and interventions. About 65 per cent of the Sudanese population lack access to healthcare and between 70 and 80 per cent of hospitals in conflict-affected areas in the country are no longer functional. Security threats and roadblocks hamper efforts to get vital medicines and tests to people who need them, and mass drug administration campaigns, a crucial intervention for many NTDs, have become difficult to implement effectively in affected areas. Disease outbreaks are increasing in the face of disruptions to disease surveillance, functions of public health laboratories, and rapid response teams, undermining and turning back achievements made in health. Health workers, including those involved in NTD programmes, face heightened risks in conflict settings, such as threats to their personal safety, lack of access to certain areas, and disruption of supply chains for essential medicines and equipment. This can lead to a shortage of skilled personnel willing to work in these areas, further hampering NTD interventions. Furthermore, the displacement of populations can lead to challenges in data collection, surveillance, and monitoring, which are essential for effective NTD programme management.

The delegation met with Dr Ganawa Elfaig and Dr Elfaig Ahmed from the University of Khartoum, Dr Peter Mugume from the University of Rwanda, Nisan Kesete from the Nala Foundation

in Ethiopia – which works on sustainable programmes for NTD elimination – Professor Getnet Tadele and Professor Abebaw Fekadu from Addis Ababa University, Dr Asrat Mengiste from NaPAN, and Professor Zaman Shahaduz, Professor Gail Davey, and Jenni Wilburn from Brighton and Sussex Medical School, to discuss how conflict affects research, and the challenges of working in conflict-affected countries and regions. The delegation heard about the devastating and terrifying impact of the conflict and humanitarian crises on their work, their lives, and their ability to support their communities, including personal testimonies of their own experiences of displacement and the sense of despair that the plight of the Sudanese people has been forgotten in the international agenda. The meeting provided an opportunity to convey the sense of urgency and bring to the fore the importance of keeping the spotlight on the desperate situation of Sudanese people.

## Additional site visits and meetings

Though our central focus as an APPG is on malaria and NTDs, our members are drawn from a variety of backgrounds and have a diverse range of interests. The Sustainable Development Goal of ending the epidemics of malaria and NTDs (SDG 3.3) is part of a wider goal to ensure healthy lives and promote well-being for all at all ages – we cannot meet the individual target for malaria and NTDs without meeting these wider goals on global health. Tackling these diseases will also help us to meet Sustainable Development Goals on poverty, hunger, education, gender equality, clean water and sanitation, decent work and economic growth, reduced inequalities, and climate action. The goals are all interlinked and the people most affected are often the same – those living in poverty and/or hard-to-reach rural communities, vulnerable and marginalised.

One example is malnutrition and hunger, which is often linked with malaria and NTDs – intestinal infections, such as worms, for example, are shown to have a bi-directional relationship with malnutrition and stunted growth. An adequate well-balanced diet is foundational to child survival, health, and development; well-nourished children are more likely to be healthy, productive, and ready to learn. By comparison, malnutrition is devastating, perpetuating the cycle of poverty. Globally, undernutrition accounts for 45 per cent of child mortality under the age of five and, in Ethiopia, stunting – impaired growth and development – affects more than 5.4 million Ethiopian children, 39 per cent of those under the age of five. Declines in household income due to the COVID-19 pandemic, ongoing cyclical severe droughts, and internal displacement due to conflict have made it increasingly challenging to address hunger and malnutrition, especially in a country where 85 per cent of the population is dependent on rain-fed subsistence agriculture and livestock husbandry. Many people struggle to fulfil nutritional needs, which increases their risk of malnutrition and its complications, including infections, cognitive decline, and death. Nearly half of young children face severe food poverty.

One of our APPG's core stated aims is to promote cross-sectoral collaboration to maximise the impact of UK investment – including through water, sanitation, and hygiene (WASH), sexual and reproductive health and rights (SRHR), nutrition, maternal and child health, mental health, disability inclusion, pandemic preparedness and response, and drug, insecticide, and antimicrobial resistance (AMR). As such, while in Ethiopia, we were able to meet with a number of individuals and organisations working on some of these wider global health issues, including on hunger and malnutrition, immunisation, and childbirth injuries.

### Meeting: UNICEF Ethiopia

At the end of the Second World War, Ethiopia embarked on a programme to modernise its economy and social infrastructure. International organisations were invited to support this effort and, starting in 1952, United Nations officials, including UNICEF employees, began to frequently visit the country, delivering

medical supplies and organising vaccinations of children. In 1958, UNICEF established its first office in Addis Ababa. Today, UNICEF Ethiopia is one of the largest UNICEF programmes globally, with a staff of 400 and a field presence in each of the country's regional states. This includes dedicated programmes and teams working across survival and health, social policy, child protection, learning and development, clean water, and nutrition.

Led by delegation member, Lord Oates – Chief Executive of United Against Malnutrition and Hunger, an alliance for global action on malnutrition and hunger – the delegation was able to meet with Stanley Chitekwe, Chief of Nutrition at UNICEF Ethiopia, and colleagues including Dr Ramadhani Noor and Ngozi Kennedy. Mr Chitekwe gave an overview of the work of UNICEF Ethiopia, and the challenges within the country in tackling undernutrition, especially among women and children, which remains an urgent concern, requiring multi-sectoral efforts to tackle it. As such, UNICEF Ethiopia works with the government and other partners across the health and other nutrition-specific sectors to put in place policies, programmes, and large-scale interventions to significantly reduce all forms of malnutrition, including among young children and pregnant and lactating women and particularly during emergency circumstances. This includes work to scale up preventive nutrition treatments for vulnerable groups – such as provision of vitamin A, albendazole, iron, and folate supplements – and supporting the government's national nutrition and community-based nutrition programmes. Working with the extensive network of health extension workers, UNICEF Ethiopia supports efforts to increase knowledge of essential nutrition actions and broader infant and young child feeding practices, ensuring vulnerable groups have access to nutrition services, nutrition knowledge, and diet diversity and best feeding practices in both rural and urban settings. Critically, UNICEF Ethiopia works to strengthen health systems for nutrition service delivery and nutrition accountability to respond to and prepare for nutrition in humanitarian situations.

The delegation also heard about a new US\$30 million programme to integrate nutrition and immunisation interventions which is being delivered by UNICEF Ethiopia and



The delegation with members of UNICEF Ethiopia's nutrition and immunisation teams

funded and coordinated by the Children’s Investment Fund Foundation (CIFF) and Gavi, the Vaccine Alliance, with support from the UK through Gavi’s Matching Fund mechanism. The programme aims to reach the last 10 per cent of the population with vital nutrition and immunisation services which can be difficult to achieve in remote or displaced communities living out of reach of healthcare centres. In Ethiopia, only 44 per cent of children aged between 12 and 23 months have received all the basic vaccinations. The COVID-19 pandemic, conflict, and displacement have exacerbated a gradual decline in immunisation coverage, resulting in around 1.1 million zero-dose children – those who have not received a single dose of routine vaccines – one of the highest numbers of zero-dose children globally. This pilot programme hopes to reach these zero-dose children, in areas where the dual burden of malnutrition and infectious disease is among the highest in Ethiopia, providing cost-effective and efficient interventions to help children survive and thrive.

### Meeting: Action Against Hunger Ethiopia Mission

Action Against Hunger is a humanitarian and development organisation at the forefront of the fight against hunger. Their vision is for a world free from hunger, with a mission to save lives by eliminating hunger through the prevention, detection, and treatment of undernutrition. Action Against Hunger has been working in Ethiopia since 1985, with over 860 staff operating across six regions, 58 woredas (districts), and five refugee camps to address urgent humanitarian and recovery needs throughout the country. Their focus includes:

- intensifying efforts to eliminate acute malnutrition, including scaling up capabilities to expand leadership and expertise in addressing acute malnutrition;
- expanding focus to combat the underlying causes of hunger and holistically address the acute and systemic causes of hunger;
- connecting with diverse partners and mobilising the public for lasting change, including through amplifying outreach and advocacy and collaborating more broadly to multiply impact; and,
- transforming their funding model for sustainability through securing multi-year commitments from partners.

Specific interventions include:

- preventing acute malnutrition and reducing stunting;
- treating malnutrition when preventions fail, using community-based signature approaches;
- strengthening nutrition and health information systems;
- providing disease prevention and control and access to primary health care services;
- undertaking research and innovation, including on empowering communities towards malnutrition monitoring, cost-effective solutions to the treatment of malnutrition, malnutrition among infants, and anticipating malnutrition for emergency preparedness;
- delivering food security and livelihood programmes, and agriculture programmes, including nutrition-sensitive agriculture and livestock interventions;
- providing multi-sectoral and integrated programming;
- strengthening national level coordination and collaboration; and
- supporting local capacity building for frontline health workers and community empowerment.

Led by delegation member, Lord Oates – Chief Executive of United Against Malnutrition and Hunger, an alliance for global action on malnutrition and hunger – the delegation met with Wondimagegn Nigussie, Program Director at Action Against Hunger’s Ethiopia Mission, and his colleagues to learn more about Action Against Hunger Ethiopia’s work. Mr Nigussie provided a comprehensive briefing on the humanitarian situation on the ground in Ethiopia, as well as the critical nutrition and integrated multi-sectoral interventions led by the Mission. Mr Nigussie spoke to the state of nutritional well-being in Ethiopia, exacerbated by multiple disease outbreaks, including malaria, highlighting the severity of the situation and the urgent need for continued and increased humanitarian and development assistance.

In particular, Mr Nigussie and colleagues highlighted the need to strengthen water, sanitation, and hygiene (WASH) services in Ethiopia, with less than half the population (49.62 per cent) with access to at least basic drinking water, only 9 per cent of the population with access to at least basic sanitation, and only 8 per cent of the population with access to at least basic hygiene services. Action Against Hunger Ethiopia Mission’s goals for the WASH sector include reducing WASH-related morbidity and mortality and achieving the ‘basic’ level of WASH services with a progressive and sustainable move towards resilience. This includes work to:

- save lives and respond to people’s needs, focusing on WASH responses in areas with high public health risks, better understanding of social norms and values to trigger change, strengthening WASH surge capacity, and supporting humanitarian coordination;



- collectively build resilience through anticipating, mitigating, and managing risks, implementing sustainable WASH services as early as possible, using and strengthening local markets and social enterprises to provide affordable WASH goods, and integrating WASH, nutrition, and health programmes and strategies;
- connect and mobilise through building strategic partnerships, linking up across sectors, using evidence to influence decision-makers, and supporting civil society and empowering communities to influence socio-political change; and
- create and share knowledge, including through identifying, selecting, and testing the most promising innovative solutions, building evidence through formal and operational research, and sharing and disseminating knowledge and data,

Mr Nigusie's also talked through Action Against Hunger Ethiopia's work in the most volatile areas and challenging conditions, including their critical gender equality work and support in the fight against gender-based violence to ensure women and girls everywhere are able to access the help they need, when they need it.

### Site Visit: Hamlin Fistula Ethiopia's Addis Ababa Fistula Hospital

For a population of over 120 million, Ethiopia has fewer than 700 obstetricians and gynaecologists and around 23,000 midwives. Whilst progress has been made in recent years, an estimated 70 per cent of women in Ethiopia still give birth without a doctor or nurse present. This can result in devastating childbirth injuries, including obstetric fistula, which are preventable.

An obstetric fistula is an internal injury in the form of a hole between the birth canal and the bladder and/or rectum caused by a prolonged, unrelieved obstructed labour when adequate healthcare has not been available. It leaves women incontinent of urine or faeces, sometimes both. Obstetric fistula can lead to severe infections and ulcerations

and some patients suffer from paralysis caused by nerve damage. Although the condition is preventable, it remains a significant public health issue impacting many women in Ethiopia and around the world – it is estimated that 500,000 women across 60 countries in sub-Saharan Africa and South Asia are living with untreated fistula. Tragically, 93 per cent of women who suffer an obstetric fistula will give birth to a stillborn baby, often after an agonising obstructed labour that has lasted several days.

In Ethiopia, it is estimated around 1,000 women suffer new fistula injuries every year, due to a lack of access to quality healthcare. Left untreated, these terrible injuries leave women trapped in a life of pain, shame, and isolation. Women living with fistula are often subject to severe social stigma and outcast from their families and communities, causing additional suffering and emotional trauma. Survivors, often voiceless and marginalised, tend to live in impoverished communities, with the common thread of being poor, rural, and female.

The best way of preventing avoidable childbirth injuries, such as fistula, is through ensuring every community has access to highly trained midwives. Ethiopia has made real progress in reducing maternal mortality in recent years. In 1990, the WHO reported Ethiopia's mortality rate for mothers of 1,250 in every 100,000 live births. Due to the Ethiopian Ministry of Health working closely with a range of specialist partners to improve accessibility to healthcare, by 2020 a reduction of over 70 per cent in the maternal mortality rate – to 267 in every 100,000 – has been seen. The Ethiopian Ministry of Health has developed a National Strategic Plan for Elimination of Fistula, the current strategy running from 2021 to 2025, alongside the broader Reproductive Health Strategic Plan for the same period.

A key contributor to the implementation of the Strategic Plan for Elimination of Fistula is Hamlin Fistula Ethiopia, an Ethiopian non-profit and nationwide healthcare network of over 500 Ethiopian



staff operating across six fistula hospitals, Desta Mender rehabilitation centre, and the Hamlin College of Midwives. The organisation also support Hamlin midwives deployed at over 80 rural government health centres. This year alone, Hamlin Fistula Ethiopia will provide over 4,000 life-changing surgeries for women with childbirth injuries, including obstetric fistula and advanced pelvic organ prolapse, free of charge. To date, Hamlin has treated over 70,000 women through a holistic model of care designed to meet the needs of the whole woman with treatment, rehabilitation, and prevention programmes. This includes training new midwives through a Bachelor's degree and supporting practicing Hamlin midwives based at rural health centres to provide quality contraceptive services, antenatal care services to pregnant women, and skilled delivery and postnatal care services.

The longer-term ambition of Hamlin Fistula Ethiopia is to see the end of fistula in Ethiopia. Alongside its core operations, the organisation has launched Project Zero, an ambitious new programme developing a woreda-by-woreda (district-by-district) approach towards ending fistula in Ethiopia, through:

- working with local health bureaus to visit every household in targeted areas, door-to-door, to find women living with fistula and advanced pelvic organ prolapse and organise care and treatment;
- strengthening local maternal healthcare services to reduce the incidence of birth injuries; and,
- supporting each woreda for six months on the ground, with further contact and on-going surveillance for up to three years.

Hamlin Fistula Ethiopia was founded in Ethiopia in the 1960's by the late pioneering surgeons, New Zealander, Dr Reg Hamlin OBE, and Australian, Dr Catherine Hamlin. Catherine and Reg were in Ethiopia to train midwives when they first discovered the overwhelming numbers of women suffering the terrible plight of fistula and realised that little to nothing was being done to help them, and so established the first Fistula Hospital in Ethiopia in Addis Ababa to help women in need.

Today, Hamlin Fistula Ethiopia works with a network of international Hamlin charities, including Hamlin Fistula UK, a registered UK charity dedicated to raising funds and awareness to support the treatment and prevention of childbirth injuries in Ethiopia. In 2023, the UK charity contributed over £650,000 towards Hamlin's total operating budget of around £5 million. Hamlin Fistula UK has a wide network of supporters and the charity's Patron is Baroness Tessa Blackstone.

Led by Baroness Hayman, who has long supported the work of Hamlin, the delegation visited Hamlin's Addis Ababa Fistula Hospital to meet with some of the incredible hospital staff and inspiring patients affected by fistula and advanced pelvic organ prolapse. Dean of the Hamlin College of Midwives, Konjit Kassahan, provided an in-depth overview of the work of Hamlin Fistula Ethiopia before a tour of the facilities and an opportunity to meet Hamlin health professionals and the wider Hamlin team, including Matron, Sister Tirgalem Beyene, Deputy Medical Director, Dr Biniyam Sirak, and Mamitu Gashe. Mamitu is Hamlin Fistula Ethiopia's longest-standing fistula surgeon and was a former patient herself before training under Catherine and Reg.

Baroness Hayman also travelled with Hamlin Fistula Ethiopia's Communications Manager, Tsegenesh Mulugeta, to Desta Mender rehabilitation centre. As part of their holistic offer, Hamlin provide residential therapy and livelihoods training to patients in need following fistula surgery to restore their self-esteem and capacity to generate their own income after returning home. The organisation's goal for 2024 is to provide over 3,000 hospital in-patients with short-term adult education at Hamlin hospitals, and for 240 women to take part in two-month residential livelihoods training at Desta Mender where they will receive seed funding to start a business on their return home. Tigist Aman, Rehabilitation Manager, hosted Baroness Hayman at the facility.

## Site Visit: Fendika Cultural Centre

---

Established in 2016, Fendika Cultural Centre exists to preserve and develop Ethiopia's performance culture and heritage, and to bring global attention to indigenous arts of Ethiopia, especially Azmari music, a 2,000-year-old indigenous Ethiopian music form. The Centre shares Ethiopian cultures globally, provides opportunities to artists, and facilitates people-to-people exchange through arts and culture – with a vision of building the economic and civic infrastructures for artists to enjoy dignity, financial sustainability, and artistic freedom, and to foster peace and healing. The Centre also houses Fendika Art Gallery, a free gallery space that features monthly art exhibitions for successful and emerging artists across Ethiopia and has regular poetry gatherings. It is the only remaining Azmari Bet in Addis Ababa – in the 1990s, there were 17 similar establishment but rapid development in the capital force many to close. Today, around 18,000 people visit Fendika each year.

The delegation was able to visit the Centre and meet with Founding Director, Melaku Belay, a world-renowned Ethiopian dancer and ambassador for Ethiopia's music and dance. Growing up as a street child in 1980s' Ethiopia, Melaku learned many regional dances at religious festivals such as Timket, folk ceremonies, and everyday activities in Addis Ababa and the countryside where music and dance are a vital part of cultural and spiritual expression. More recently, he has travelled throughout Ethiopia to learn the dance traditions of the country's 80 tribal groups. He is passionate about mentoring young artists – some of Ethiopia's best dancers and musicians started working at Fendika as waiting staff and cashiers and are now touring the world with the Fendika band. When Melaku began managing Fendika Azmari Bet in 2008, he pioneered a system where musicians and dancers at Fendika receive monthly salaries, breaking away from the custom where they only earned tips.

With continuing conflict and instability in the country, Melaku believes that arts can help to promote peace and healing, bringing people together across differences – and that the loss of indigenous art forms will result in the weakening of Ethiopia's social fabric. He spoke to the delegation about his concern that Ethiopian indigenous art forms will disappear due to a lack of support, and that Fendika may be threatened by government planning restrictions.

1. The Global Fund to Fight AIDS, Tuberculosis and Malaria contributes 65 per cent of all international financing for malaria control and elimination. **The UK should commit to a full contribution to the Global Fund** at the next replenishment to ensure we are not pushed further off track in our global eradication goals, and **should strongly support other key multilaterals including Gavi, the Vaccine Alliance.** In addition, using its leadership position to shape the future of global health initiatives, **the UK should explore how support for NTD elimination could be better incorporated into existing funds,** including the Global Fund, to ensure people affected by NTDs are not left behind.
2. Over the last decade, the UK has led the way on research into global infectious disease – playing a pivotal role, for example, in the development of new malaria vaccines, RTS,S and R21. **The UK's thriving scientific research and innovation sector must continue to be world-leading and supported through long-term, sustainable UK funding and investment.**
3. Equitable partnership must be at the heart of the UK's development approach, recognising the strength in collaboration and research partnerships between the UK and endemic countries. **The UK should play a leading role in collaboration with international partners to build and support local manufacturing capacity across the African continent,** including for production of medicines, vaccines, and diagnostics. Funding for these localised approaches generates long-lasting, sustainable dividends for health and wealth.
4. The psychological and social well-being of people affected by NTDs, including experiences of stigma and marginalisation, are often overlooked. To maximise their impact and sustainability, policies, strategies, and programmes need to explicitly incorporate the needs and circumstances of people affected to build more holistic and inclusive services, including psychosocial support. **The UK should support social science research capacity in lower and middle-income countries to help understand and amplify the knowledge that affected people have** about the social and economic structures that impact their vulnerability to, and experiences of NTDs, as well as their ability to live well.
5. To multiply the benefits of UK development and to ensure no one is left behind, **the UK should ensure cross-sectoral coordination and collaboration between NTD and malaria programmes and investments in nutrition, water, sanitation and hygiene (WASH), disability inclusion, maternal and child health, and preventing avoidable deaths,** including preventing avoidable childbirth injuries.
6. Malaria is a disease that is driven by the environment, sensitive to climatic indicators of temperature, rainfall, and humidity. In Ethiopia, there is growing evidence that rising temperatures are causing malaria to spread contributing to the establishment of the disease in areas that were previously malaria-free. **The UK should support global efforts to mitigate the impact of climate change and changes to the natural environment on malaria and NTDs.**
7. The arrival of the invasive malaria vector *Anopheles stephensi* in Africa poses a risk to arid regions, increasing transmission across the dry season. **The UK should support its scientific research sector in contributing to urgent research into *Anopheles stephensi* behaviour and biology and use its leadership position to raise awareness and political commitment to this and other biological threats** including the emergence of *Plasmodium falciparum* gene deletions.
8. As a result of conflict in the region, including in northern Ethiopia and in Sudan, there has been a widespread disruption of basic public health services and interventions, increasing disease outbreaks including malaria, dengue, and scabies, and leading to millions of people displaced and in need of humanitarian assistance. **The UK must continue to press for peace in the region and assist with urgent lifesaving support.**

# Delegation

## Tanmanjeet Singh Dhesei MP

Labour Member of Parliament for Slough and Vice-Chair of the APPG on Malaria and NTDs



Tan Dhesi MP with a specialist leprosy reconstructive surgeon

## The Lord Oates

Liberal Democrat Member of the House of Lords and Member of the APPG on Malaria and NTDs



Lord Oates speaks with a man affected by podocoinosis

## Patrick Grady MP

SNP Member of Parliament for Glasgow North and Member of the APPG on Malaria and NTDs \*



Patrick Grady MP speaks at the 5S Foundation Annual Programme Meeting and Dissemination Event 'Time for Action'

## James Sunderland MP

Conservative Member of Parliament for Bracknell and Vice-Chair of the APPG on Malaria and NTDs \*



James Sunderland MP at the on-site laboratory at Gelan Health Centre

## The Rt Hon the Baroness Hayman

Crossbench Member of the House of Lords and Member of the APPG on Malaria and NTDs



Baroness Hayman speaks with members of Hamlin Fistula Ethiopia

\* At the time of the delegation visit

## Publications by All-Party Parliamentary Groups

This is not an official publication of the House of Commons or the House of Lords. It has not been approved by either House or its Committees. All-Party Parliamentary Groups are informal groups of Members of both Houses with a common interest in particular issues. The views expressed in this report are those of the Group.

## Due Diligence Statement

The All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases is not funded by a foreign government. The Group receives funding and in-kind benefits from charities, research institutions, and organisations working across malaria and NTDs both in the UK and globally. These organisations receive funding from governments including the UK, the US, and the EU, for specific work relating to malaria and NTDs. No funding that is given to the Group comes from this specific funding. The Group's workplan is solely agreed to by its Officers.

## Declarations of Interest

The Lord Oates is Chief Executive of United Against Malnutrition and Hunger, an alliance for global action on malnutrition and hunger.

## Acknowledgements

This report was prepared by Martha Varney, Coordinator of the All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases, and designed by Paul Bowen and Bruce Graham, with references from the Foreign, Commonwealth and Development Office's UK-Ethiopia development partnership summary, and with contributions from the organisations and individuals with whom the Group met during the delegation visit, as well as experts and members of the malaria and NTD communities that support the work of the Group.

The All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases is grateful to all our Partners who helped to organise the visit, including, but not limited to, the British Embassy in Ethiopia, the Ministry of Health in Ethiopia, the Standing Committee on Health, Social Development, Culture and Sport, the EU and Western Europe Parliamentary Friendship Committee, the National Malaria Elimination Programme, Brighton and Sussex Medical School, the 5S Foundation Partnership, CDT-Africa, NaPAN, IOCC, Addis Ababa University, Migbare Senay General Hospital, AHRI, ALERT, The Leprosy Mission Great Britain, The Leprosy Mission Ethiopia, Hamlin Fistula UK, Hamlin Fistula Ethiopia, Africa CDC, the UK Coalition Against NTDs, Uniting to Combat NTDs, The Global Fund to Fight AIDS, Tuberculosis and Malaria – and especially to Professor Getnet Tadele, Professor Abebaw Fekadu, Dr Asrat Mengiste, Fikre Hailekiros, Rachel Jackson, Gemma Aellah, Esther Garibay, Jenni Wilburn, and Professor Gail Davey.

## Sponsors

The All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases is grateful to the following organisations for their support and sponsorship:

**Drugs for Neglected Diseases initiative** – an international, not-for-profit research and development organisation working to discover, develop, and deliver treatments for neglected patients around the world.

**Medicines for Malaria Venture** – a leading Product Development Partnership in antimalarial drug research and access facilitation, with a mission to reduce the burden of malaria in disease-endemic countries by discovering, developing, and facilitating delivery of new, effective, and affordable antimalarial drugs, including for young children and for pregnant women.

**UK Coalition against Neglected Tropical Diseases** – a collaborative partnership between UK organisations, coalitions and special interest groups actively engaged in the control, elimination, or eradication of NTDs.

**Uniting to Combat Neglected Tropical Diseases** – a collective of invested, interested and dedicated partners, including governments, donors, pharmaceutical companies, non-governmental organisations, academia and more working to end NTDs.

## Secretariat

**Malaria No More UK** – one of the leading UK organisations working to eradicate malaria worldwide through uniting policymakers, private sector actors and public audiences in the fight.

## Delegation support

**Brighton and Sussex Medical School** – a medical education school, working through equal partnership between the Universities of Sussex and Brighton together with NHS organisations throughout the South East region.

Tan Dhesi MP and Baroness Hayman with Sister Tirgalem Beyene and Mamitu Gashe at Hamlin Fistula Ethiopia's Addis Ababa Fistula Hospital



# All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases



For more information on the work of the APPG on Malaria and Neglected Tropical Diseases, please contact our Coordinator, **Martha Varney**, at:

✉ [secretariat@appgmalariaintds.org.uk](mailto:secretariat@appgmalariaintds.org.uk)

✕ @MalariaNTDAPPG

🌐 <https://appgmalariaintds.org.uk>

Cover images: Two people affected by podoconiosis learn about and practice lower-limb care at a dedicated clinic set up in Addis Ababa for podoconiosis patients that have left their communities due to stigma or conflict. The clinic is hosted at the Migbare Senay General Hospital as a collaboration between the National Podoconiosis Action Network (NaPAN) and the International Orthodox Christian Charities (IOCC).  
© Brighton and Sussex Medical School/5S Foundation

**Publications by All-Party Parliamentary Groups:** This is not an official publication of the House of Commons or the House of Lords. It has not been approved by either House or its Committees. All-Party Parliamentary Groups are informal groups of Members of both Houses with a common interest in particular issues. The views expressed in this report are those of the Group.