RECONNECTING BRITAIN TO THE WORLD:

MULTILATERAL AID AND THE PATH TO PROGRESS




EDDY
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CONTENTS

4 **Foreword - *Anykia Onuora, former British Olympian***

6 **Introduction:** The Threat Malaria Poses To The World - *Astrid Bonfield, Malaria No More UK & Lis Wallace, ONE Campaign*

8 **Chapter 1: TACKLING CLIMATE CHANGE**
- Health at the heart of climate action: how community systems and multilateral efforts save lives - *Aloyce Urassa, ALMA Youth Advisory Council*

12
- Climate change and malaria - securing a healthy future for people and planet - *Alice Macdonald, Labour Parliamentary Candidate*

16 **Chapter 2: PANDEMIC PREPAREDNESS AND THE IMPORTANCE OF COMMUNITY HEALTH SYSTEMS**
- Addressing health inequities: combatting malaria through community health workers in Africa - *Aloise Gikunda, AMREF*

20
- Building health systems ready for more frequent pandemics: lessons from COVID-19 for the current measles outbreak in the West Midlands - *Paulette Hamilton, Labour MP*

24
- The role of multilateral organisations in tackling malaria - the example of Zambia - *Miriam Banda Chisamba, Global Fund Advocates Network*

28 **Chapter 3: BACKING BRITISH SCIENCE**
- Global Resilience: A case for global support in multilateral aid - *Justin McBeath, Innovative Vector Control Consortium*

32
- Labour Governments have a legacy of tackling global challenges. Labour can do it again - *Jessica Toale, Labour Parliamentary Candidate*

35
- Multilateral organisations underpin the global collaborations needed to ensure global health and security - *Jackie Cook, London School of Hygiene & Tropical Medicine*

38 **Chapter 4: DIPLOMACY & BRITAIN'S PLACE IN THE WORLD**
- Renewing Britain's committed to multilaterals is the first step to restoring our place in the world - *Dr Zubir Ahmed, Labour Parliamentary Candidate*

42
- Labour Campaign for International Development - *David Taylor, Labour Parliamentary Candidate*

46 **Chapter 5: BREAKING DOWN BARRIERS FOR WOMEN AND GIRLS**
- Leveraging multilateral organisations to address global health challenges affecting women and girls : a focus on malaria - *Emily Edepi, Global Health Advocate*

50
- For the next UK government, making women and girls' health a priority must include tackling malaria - *Kim Johnson, Labour MP*

54 **Chapter 6: LOCALISATION**
- The powerful role of local manufacturing in the fight against malaria - *Pierre Hugo, Market Dynamics & Global Supply Security, Medicines for Malaria Venture (MMV) & Perviz Dhanani, , Founder and Managing Director, Universal Corporation Ltd*

58 **Chapter 7: SAVING LIVES AROUND THE WORLD**
- The Global Fund: A multilateral model for a healthier world in a time of crisis

62
- Gavi and Global Fund collaboration on malaria - *The Global Fund to fight AIDs, Tuberculosis and Malaria, and Gavi, The Vaccine Alliance*

The contents of the essays reflect the positions of each individual author, not necessarily Malaria No More UK, the ONE Campaign, or other contributors.

FOREWORD



ANYIKA ONUORA

FORMER BRITISH OLYMPIAN

Anyika is a former team Great Britain global sprint medallist and held the position of Team Captain for the Team England Commonwealth Games Athletics Team in 2018.

In her retirement, she became a special ambassador for Malaria No More UK, and became a published author for My Hidden Race, released in June 2022. In addition, she has been a member of the Team England Athletes Advisory Board since 2019, broadcaster and podcaster, featured on Sky Sport, BBC Sport, Channel 4, BBC Radio 1XTRA and BBC5Live.

At the peak of my athletic career, I contracted malaria – one of the world's oldest and deadliest diseases.

I was one of the lucky ones. My life was saved by teams at two hospitals in London. Despite being unable to take more than a few steps in hospital without collapsing, within 40 weeks I was on the Olympic podium in Rio. I was able not only to survive, but thrive, and continue the running career that I loved so much.

But that's not the story for so many people around the world today. As an athlete and an advocate, I have seen first-hand the devastating effects of some of the global health issues that claim the lives of millions of people every year. A child dies every minute from malaria – that's one child every time you turn a page in this book.

The good news is that today we have the tools and institutions we need to turn the tide on some of the world's biggest health issues, including malaria, HIV/AIDS and tuberculosis.

As a proud Liverpudlian, I know that some of the lifesaving interventions that can prevent and treat these diseases have been developed in my home city. I also know that the UK has a rich history of championing these issues on the world stage. This includes being a founding member of the Global Fund to Fight AIDS, Tuberculosis and Malaria and Gavi, the Vaccine Alliance. These multilateral organisations have supported the development and rollout of medicines, vaccinations, and preventative tools and treatments for over two decades, saving millions of lives around the world.

However, we find ourselves at a precarious juncture in the fight against these diseases.

New and emerging challenges like antimicrobial resistance and climate change mean that progress is stalling when it comes to diseases like malaria. In 2022, five countries saw a particularly significant increase in case incidence: Pakistan, Ethiopia, Nigeria, Papua New Guinea, and Uganda. Pakistan saw a devastating five-fold increase after intense flooding.

Now is not the time for the UK to second-guess its support for global health. By championing the cause of global health equity and supporting multilateral organisations, the next UK government can once again affirm this country's commitment to a healthier and safer world, where no child has to die from a preventable, treatable disease.

The essays in this collection shed light on the many reasons which make an urgent call for bolstering support for multilaterals impossible to ignore. They highlight the pivotal role multilaterals play in eradicating diseases and promoting a more equitable world. In reading these essays, I was inspired to hear from voices around the world who lead the fight against disease in their communities; who have witnessed firsthand the brilliance of British science in creating new tools; and who believe in the power of young people to change the world, if supported to unlock their potential. While the perspectives from which they write may differ, I was struck by their unifying belief that investing in multilaterals is a real catalyst for progress.

Reading this collection of essays reminded me that while ending diseases like malaria, HIV/AIDs and tuberculosis will save millions of lives around the world every year, the commitment to funding multilaterals as part of this mission is not just an investment in health. It will also make the world safer for everyone, with stronger health systems that are more able to predict and deal with future pandemics, and resources freed up to deal with the new and emerging threats caused by climate change. As the cases of diseases fall, more children will be able to go to school. More parents will be able to remain in work and invest in their communities, rather than having to look after sick family members and spending any savings they have on medicines. The economic potential of communities, and of whole countries, will be unlocked as a whole generation of children grow up safe from disease.

I know that we have a long way to go to achieve this vision. But with key replenishments of the Global Fund and Gavi due in 2024 and 2025, the next UK government has a unique chance to set the course for a future where preventable diseases no longer claim lives; where vaccines reach every child in need; and where everyone has a chance to fulfil their potential. If the next government commits to backing equitable global health, they can build the legacy of a healthier world for generations to come.



Anyika Onuora, Former British Olympian

INTRODUCTION

THE CASE FOR INVESTMENT IN MULTILATERALS

BY ASTRID BONFIELD, CEO, MALARIA NO MORE UK & LIS WALLACE, CEO, ONE CAMPAIGN

Multilateral health organisations, including the Global Fund to fight AIDs, Tuberculosis and Malaria and Gavi, the Vaccine Alliance, are preparing for a new cycle of multi-year funding in 2025. This funding replenishment is necessary to be able to continue carrying out their life-saving work around the world.

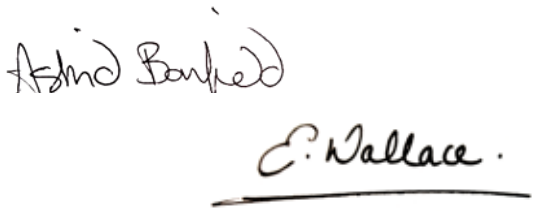
Both organisations have achieved remarkable successes in health through their work immunising children, strengthening health systems, and providing lifesaving medication and treatments worldwide. In 2022, the Global Fund marked 20 years of saving lives from AIDS, tuberculosis and malaria. The Fund's work has saved a total of 59 million lives in that time. Between 2000-2023, Gavi immunised more than a billion children against diseases.

The UK has always played a key role in working towards global health equity. It is a founding member of the Global Fund and a long-time partner of Gavi, as well as a supporter of Unitaid, which works to make sure that new health products are available and affordable for people in low- and middle-income countries.

As a general election approaches, as well as the 2030 deadline for reaching the UN Sustainable Development Goals, the next UK government has a real opportunity to make a lasting impact on global health.

Malaria No More UK and The ONE Campaign have collaborated on this essay collection to showcase the importance of investing in multilateral health organisations. Sharing the voices of parliamentarians, thought leaders, and grassroots advocates, the essays cover their impact on community health systems, addressing climate-related health issues, breaking down barriers for women and girls, and localising health initiatives like vaccine manufacturing. The collection brings together diverse contributors to highlight how multilateral organisations have worked in partnership with low- and middle- income countries to empower local communities and build long-term health structures in a cost-effective way.

We believe that this essay collection makes a strong case for continued investment in multilateral aid organisations to ensure that everyone, everywhere can lead healthy and happy lives.




ASTRID BONFIELD
CEO, MALARIA NO MORE UK
LIS WALLACE
CEO, ONE CAMPAIGN

CHAPTER 1

TACKLING CLIMATE CHANGE

HEALTH AT THE HEART OF CLIMATE ACTION: HOW COMMUNITY SYSTEMS AND MULTILATERAL EFFORTS SAVE LIVES

BY ALOYCE URASSA, PUBLIC HEALTH SCIENTST & CHAIRPERSON, ALMA YOUTH ADVISORY COUNCIL

Climate change is no longer a distant threat. It is a global crisis that directly impacts our lives and the environment we depend upon.

In 2023, the World Meteorological Association declared the highest average global temperature rise on record. January 2024 was recorded as the hottest January ever. Crossing these thresholds sounds the alarm for action.

The impacts of climate change include climate warming and cooling and extreme weather events such as cyclones, floods, and droughts. These results of climate change are proven to have an impact on human life, hence a need for adaptation and mitigation strategies to cope with the situation. This is certainly true of global health.

Children and youth are particularly affected by climate change. They bear the consequences today, meanwhile, their very future is under threat. This essay sheds light on the critical role multilateral organisations play in addressing climate and health threats: by strengthening health systems, supporting the development and distribution of treatments, and coordinating emergency responses.

THE CLIMATE CHANGE/HEALTH NEXUS

Climate change and health are inextricably linked. From extreme weather events to altered disease patterns, the devastating effects of climate change have profound consequences for communities worldwide. It is essential to address both simultaneously.

Recently, we have witnessed many countries, especially low- and middle-income countries, being faced with severe events that have damaged health facilities and the infrastructure needed to access them, like roads and railways. Families have been left displaced, without access to food or schools; and areas of production such as farms have been flooded irreparably. The consequences are far reaching, affecting both physical and mental health.

Drastic changes in climate patterns such as rainfall and humidity allow diseases that are already a threat to thrive, especially in poor communities. Extreme weather events are disrupting national disease control programmes that are already stretched by challenges like lack of resources.

In Tanzania, where I live and work, cases of cholera are increasing rapidly following heavy rainfall and floods. In Mozambique and Pakistan increased flooding and cyclones are already leading to increased malaria transmission. Many other vector-borne diseases, including those designated as Neglected Tropical Diseases, are on the rise, and climate change is adding to the challenge. Global solidarity, an integrated approach, and additional financing in the global health architecture is needed without delay to respond to these threats.

Global issues require global solutions. Multilateral entities like the United Nations Framework Convention on Climate Change (UNFCCC) provide a platform for nations to collaborate, set global targets, and develop holistic policies that encompass environmental, social, economic, and health considerations. At COP28, leaders recognised the link between health and climate change with the coordination of COP's first ever Health Day and the agreement of the Climate Change and Health declaration, endorsed by more than 140 UN member states.

MULTILATERAL FUNDING AND ORGANISATIONS PLAY SEVERAL ESSENTIAL ROLES IN TACKLING CLIMATE CHANGE

Resource pooling and funding

Combatting climate change requires substantial financial resources. Multilateral funds such as the Green Climate Fund (GCF), which was established under the UNFCCC, aggregate resources from multiple nations to ensure essential funding for climate change mitigation and adaptation



ALOYCE URASSA

PUBLIC HEALTH SCIENTIST CHAIRPERSON, AFRICAN LEADERS' MALARIA ALLIANCE YOUTH ADVISORY COUNCIL

As a young health professional from Tanzania, with a focus on research, health diplomacy, and Global public health, Aloyce's passion for malaria elimination has been fueled by personal experiences witnessing the devastating impact of the disease on vulnerable populations in the communities and at the family level seeing a younger brother missing school for weeks due hospital admission for malaria treatment. Aloyce has seen children lose their lives to this preventable and treatable disease, and pregnant women suffer from anaemia as a result of malaria infection.

As he continues to work towards a malaria-free world, Aloyce is reminded of the importance of the Global Fund in supporting the most vulnerable communities and driving progress towards a future free from the burden of this deadly disease.

projects, including bolstering strained health systems in developing countries. For example, at COP28 in December 2024, GCF and partners including the Global Fund to fight AIDS, TB and Malaria committed US$1 billion for climate change and health financing that will support country-driven initiatives responding to the impacts of climate change on health.

Research and knowledge sharing

Multilaterals lead and fund research into climate change and its impacts. By facilitating knowledge exchange and best practices across borders, they empower countries to implement effective strategies, particularly in fortifying public health systems against climate-related threats. The Global Fund and Gavi, the Vaccine Alliance support data-driven approaches and help countries to document best practices.

Good data means that countries can make the most of their immunisation resources through better planning and monitoring, a vital part of ensuring global health security and pandemic preparedness. In 2015, Gavi selected data as one of their strategic focus areas. They identified 20 countries prioritised for immunisation coverage. Since then, Gavi has supported countries to strengthen their surveillance systems and use disease data to improve their vaccination programmes, ensuring that the most vulnerable populations are being included.

Technical assistance and capacity building

Many developing nations lack the expertise and infrastructure to tackle climate change and manage its repercussions. Multilateral organisations provide technical support and enhance local capabilities, enabling these countries to build resilient health systems and other essential infrastructure.

Emergency response and humanitarian aid

When climate-related disasters strike, the Global Fund mobilises resources from its Emergency Fund to coordinate urgent responses. This includes the provision of immediate healthcare services to treat and prevent disease outbreaks, and assistance in rebuilding damaged health infrastructure.

When devastating floods hit Pakistan in 2022, the country had its worst malaria outbreak in five decades. Large pools of stagnant water became a breeding ground for mosquitoes and the healthcare system was less able to deal with the resulting increase in malaria cases. At the worst point of the floods, more than a third of Pakistan was underwater. 500,000 kilometres of road were damaged, cutting many people off from help. The Global Fund swiftly responded to the emergency, working with local governments and NGOs to provide malaria tools in temporary camps and visiting people with mobile clinics.

Advocacy and public awareness

Multilateral organisations raise awareness about climate change's diverse impacts on human life, including health. They engage communities in strengthening local health systems and promoting sustainable practices, inspiring action at all levels.

Setting standards and monitoring progress

Multilateral organisations establish international standards and benchmarks for climate action and health systems. They monitor and report member states' progress, holding them accountable and ensuring commitments are fulfilled.

TRANSLATING GLOBAL SUPPORT INTO STRONG LOCAL COMMUNITY HEALTH SYSTEMS

Community health systems play their own pivotal role in responding to climate change-related health threats. These systems are the first line of defence. They provide essential healthcare services, manage disease outbreaks, and safeguard the wellbeing of local populations in the face of climate change-induced challenges.

To enhance community health systems and support their action, it is imperative the global community strategically supports the development of local solutions, ensures implementation, and monitors & evaluates the impact for sustainability.

There is so much that communities can do to strengthen their own health systems. Global policies should always go hand in hand with translation and contextualisation of such policies to where they are needed. That means providing capacity building and sustainable financing to local experts and community members to address climate change and health-related threats.

The Global Fund is the world's largest multilateral provider of grants for resilient and sustainable systems for health (RSSH). It provides countries with the support to address malaria, HIV/AIDS and TB, alongside general health system support through data tracking, accountability & governance, and service delivery. An end to malaria and other diseases will free up resources so that countries' health systems can better support their populations.

The UK government is one of the greatest champions of global health. It supports research and academic institutions in areas such as vaccine development and makes contributions to key multilateral organisations such as the Global Fund and Gavi. The continuation of such support and more is imperative to creating a safer world for everyone, everywhere.



Devastating floods in Pakistan 2022
Credit: **ALMA**

CLIMATE CHANGE AND MALARIA - SECURING A HEALTHY FUTURE FOR PEOPLE AND PLANET

BY ALICE MACDONALD, LABOUR CANDIDATE



ALICE MACDONALD

LABOUR PARLIAMENTARY CANDIDATE FOR NORWICH NORTH

Alice is also an international development professional with over 15 years of experience in advocacy, policy and communications work across the political and not for profit sectors. She currently leads the Hungry for Action campaign. Her previous roles include Campaigns and Policy Director at Project Everyone and leading advocacy and campaigns at Save the Children. She has worked around the world from Ethiopia and South Africa to Rwanda.

Alice holds a Masters in International Studies and Diplomacy from the School of Oriental and African Studies.

Climate change is one of the biggest challenges of our time. It affects communities across the globe, threatening livelihoods, access to food and clean water, and the delivery of vital health services. While we work domestically to mitigate the impacts of climate change by striving towards net zero, we need to make sure we are supporting people around the world to adapt and respond to the impacts of climate change that they are already experiencing.

Many of the world's deadliest diseases are incredibly climate-sensitive. For example, in many countries around the world, even tiny changes in rainfall, temperature, and humidity can drastically alter when and where there will be a higher risk of malaria transmission.

Meanwhile, extreme weather events, such as flooding, can create areas of standing water - the perfect breeding ground for mosquito populations. This can lead to major outbreaks of malaria and other diseases that can drain health programmes of their resources. As rainy seasons become more erratic and intense and sea levels continue to rise, flash floods can become more frequent, increasing the risks communities face from malaria.

In 2023, Cyclone Freddy struck Mozambique twice. Communities were displaced and homes destroyed. Much-needed health programmes tackling life-threatening diseases like malaria were disrupted. After the cyclone hit, new pools of stagnant water allowed mosquitoes to thrive. Soon they were growing in number, causing a significant increase in the number of malaria cases.

Scientists around the world continue to develop life-saving medicines and tools to tackle malaria, hunger, and other health issues. Many of the tools used for fighting malaria have been developed here in the UK, and research is ongoing to produce new medicines in the face of increasing drug resistance.

For instance, the John Innes Centre, based at the Norwich Research Park, has identified mechanisms in plant cells that have equivalents in the malaria-causing parasite Plasmodium falciparum. This discovery has the potential to lead to the development of new antimalarial drugs – protecting communities living in areas of high transmission risk around the world.

> Climate change disrupts these health programmes whilst also causing major outbreaks [of malaria].

However, climate change disrupts these health programmes whilst also causing major outbreaks. We must support countries in responding to these outbreaks to protect our global health security. Multilateral institutions and organisations can pool international resources, and are often best placed to lead such responses.

In 2014, the Global Fund to Fight AIDS, Tuberculosis and Malaria established its own Emergency Fund to help countries facing climate change, conflict and other crises. The Emergency Fund has disbursed close to $110 million between 2014 and 2022, and has allowed the Fund to provide additional funding to countries, like Pakistan and Mozambique, in recent years when extreme weather events caused outbreaks of malaria and other diseases.

After Cyclone Freddy hit Mozambique in 2023, the Global Fund was able to deploy emergency relief and double down on malaria programmes to distribute mosquito nets, strengthen insecticide spray campaigns, and accelerate community engagement in malaria prevention and treatment. The Emergency Fund supported communities in reducing the impact of outbreaks and responding to the emergency as it developed.

This is a level of support the UK would not be able to provide on its own, but through the work of the Global Fund, Britain can play a vital role in climate adaptation and response efforts.

Another multilateral organisation, Gavi, the Vaccine Alliance, has been using its recently launched Zero-Dose Immunization Programme (ZIP) to reach displaced children and communities affected by climate change and conflict, and work to build their health resilience in the face of future shocks. Gavi also mobilised around the flood in Pakistan to ensure there was a quick and effective response to major outbreaks of vaccine-preventable diseases. This ability to react quickly whilst responding to a wide range of potential health threats is something our partners can do – but only with the UK's support.

The ability of these multilaterals to respond to emergencies has been critical over the last few years. But there is a need to go beyond just the reactive. These organisations are working to ensure climate resilience is built into the healthcare systems they are operating alongside.

Last year, the Global Fund announced an investment of $2.9 billion to achieve this, alongside greater pandemic preparedness, and this long-term thinking will be critical to ensure they can respond more effectively and more easily in the face of future emergencies.

Gavi has also been engaging with international partners to promote effective collaboration and alignment on health equity, and ensuring zero-dose children and difficult-to-reach communities receive routine immunisation. This is a key step on the road to building resilient healthcare systems that can continue operating effectively through major emergencies, whilst also responding to any increase in need.

Ensuring health systems and programmes are climate resilient will help us in the fight against global health threats, but we need to ensure that work is being done outside the remit of these multilaterals to bring health resilience to climate programming, ensuring major outbreaks do not impede our goal of mitigating and adapting to the effects of climate change. As the connection between climate change and health continues to create new challenges and threats, the UK needs to ensure work is being done in both directions to protect communities and save lives.

In the face of increasingly frequent and severe extreme climate events, supporting and financing multilateral organisations is a win-win. Too many see climate change as an issue for the future; but it threatens our global health security today. As we progress towards net zero and clean energy, we must also prioritise supporting communities to face the impacts of climate change now and adapt to the threat of future extreme weather events.

Multilateral organisations will help to ensure that the health innovations being developed across the UK – including in Norwich – can reach the people most affected by climate change. Our commitment to a healthy planet must include the good health and wellbeing of all the people who call it home.





CHAPTER 2

PANDEMIC PREPAREDNESS AND THE IMPORTANCE OF COMMUNITY HEALTH SYSTEMS

ADDRESSING HEALTH INEQUITIES: COMBATTING MALARIA THROUGH COMMUNITY HEALTH WORKERS IN AFRICA

BY ALOISE GIKUNDA, AMREF HEALTH AFRICA

Malaria is a disease that disproportionately affects the global South, with Africa bearing the biggest burden. 90% of all malaria deaths[1] occur in Sub-Saharan Africa, 76% of which are children under five years of age[2].

Prevention, early treatment, and promotion of tools play a key role in malaria control. Continued investment in these areas is vital if we are to beat the disease that has claimed lives and devastated families all over the world.

There are many effective tools that can reduce malaria infections, including insecticide-treated nets, vaccines, and insecticidal residual sprays. Early diagnosis and treatments can limit the severity of cases. These tools have been deployed in Africa and beyond, reducing the burden and enabling elimination of malaria in several countries.

However, progress in the fight against malaria is stalling. Innovative solutions for malaria prevention and management need to be developed and deployed.

The contribution of community health workers to combatting malaria and narrowing health disparities cannot be overstated. These frontline healthcare providers serve as catalysts for change within their communities, bridging the gap between formal healthcare systems and underserved populations.

As we navigate the complexities of global health issues like malaria, it is imperative to recognise and address the fact that it disproportionately affects vulnerable populations. Malaria can infect anyone who gets a bite from a mosquito carrying the malaria parasite, but the risk of developing complications is higher for people with weaker immune systems. Poverty, inadequate infrastructure, and limited healthcare resources make vulnerable populations more susceptible to malaria and its debilitating consequences. In turn, malaria perpetuates the vicious cycle of poverty, hindering economic progress and amplifying existing inequalities within societies.

PRIMARY HEALTH CARE IN MALARIA CONTROL

Malaria critically affects economic, social, and health status – particularly in the African context, which has the biggest

[1] https://www.who.int/news-room/fact-sheets/detail/malaria
[2] https://data.unicef.org/topic/child-health/malaria/
[3] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2658804/

malaria burden globally. We must urgently tackle health challenges that disproportionately impact marginalised communities. This highlights the significance of managing and preventing malaria in ways that prioritise equity and inclusivity.

Almost all malaria management interventions are implemented at the community and primary health care (PHC) level. Studies have shown that there is a correlation between lower access to PHC services and facilities and higher risk of hospitalisation from malaria[3].

Community health workers (CHWs) play a crucial role in malaria prevention and management. Community health interventions promoted by CHWs have proven to be pivotal in reducing the malaria burden. CHWs can reduce inequities in malaria control and ensure integration of malaria prevention, promotion, and basic curative services in community-based primary health care.

Countries, such as Kenya, have seen a marked reduction in malaria prevalence by deploying a multi-pronged approach to malaria management interventions, mainly targeting the community level. This includes community case management where community health workers test and treat malaria cases at the household level. This has helped reduce the malaria burden.

Investing in primary health care will reduce the malaria burden while ensuring integration with other interventions, improving the health system, and promoting community engagement in healthcare..



ALOISE GIKUNDA

AMREF HEALTH AFRICA

Aloise Gikunda is the program manager Primary Health Care & Community Health Services at Amref Health Africa helping to institutionalize community-based primary health care services in Kenya and beyond. He has worked with diverse stakeholders to support the Kenyan Government to create a sustainable, high quality and funded Primary Health Care. At Amref Health Africa, he has supported the Department of Family and Reproductive Health to professionalize Community Health Workers (CHWs) through upskilling, certification, regulation, policy work, remuneration, kitting, digitization and creation of the CHW registry.

He envisions a country where no Kenyan will lose their lives or get impoverished while seeking health care. His hobbies include walking, and writing and he is an ardent Manchester United Fan. My educational background includes an undergraduate degree in Biomedical Science and Technology with a Masters in Project Management.

THE ROLE OF COMMUNITY HEALTH WORKERS

Equipped with local knowledge and cultural competency, CHWs play a multifaceted role in managing and preventing malaria through various interventions:

1. **Social behaviour change:** CHWs serve as educators in health and social determinants of health, imparting crucial information on malaria prevention, symptoms, and treatment to community members. Through culturally sensitive approaches and community engagement strategies, they debunk myths, promote health-seeking behaviours, and empower individuals to take proactive measures against malaria.
2. **Diagnosis and treatment:** Early detection and prompt treatment is important. CHWs conduct malaria testing using rapid diagnostic tests (mRDTs) and administer antimalarial medications per national guidelines. By delivering decentralised grassroots care, CHWs ensure timely access to life-saving interventions - particularly in remote areas with limited healthcare infrastructure.
3. **Prevention strategies:** CHWs spearhead malaria prevention efforts by distributing insecticide-treated bed nets, promoting indoor residual spraying, and advocating for environmental sanitation measures. Their interventions are targeted and tailored to the local context. In this way they bolster community resilience against malaria transmission and mitigate the risk of outbreaks.
4. **Malaria surveillance and monitoring:** CHWs play a pivotal role in malaria surveillance activities. They conduct routine data collection, report suspected cases, and monitor disease trends within their communities using paper-based or electronic community health information systems (eCHIS). By serving as eyes and ears on the ground, they facilitate early detection of malaria outbreaks and enable timely response measures by healthcare authorities. They can also monitor emerging disease threats, which is an important part of pandemic preparedness.

Multilateral bodies such as the Global Fund and Gavi currently support CHWs through the implementation of national strategies for community health. These include support for: upskilling, digitisation, remuneration, supply chain management specific to malaria, support supervision, mentorship and linkage to the formal health system. At The Reaching the Last Mile Forum in 2023, the Global Fund was part of a coalition of global partners that announced a commitment to accelerate professional community health worker programmes.

Moreover, multilateral bodies also support civil society organisations that contract or work closely with CHWs to support service delivery, social accountability, and capacity building. With additional investments, multilaterals can implement integrated and comprehensive CHW programmes that improve health outcomes for malaria and other common illnesses.

EMPOWERING COMMUNITY HEALTH WORKERS

Despite their indispensable role, CHWs often operate in resource-constrained settings, facing challenges ranging from inadequate training to limited access to essential supplies. To optimise their impact and sustain long-term progress in malaria control, the UK government can support the multilateral bodies that strengthen the work of CHWs by:

1. Investing in malaria prevention, promotion, and treatment by fully funding the Global Fund and Gavi, both of which support the work of CHWs.

2. Prioritising promotion, prevention, and management strategies using the latest tools. This includes backing scientists to develop lifesaving interventions such as:
    - Insecticidal treated nets,
    - Indoor residual spraying,
    - Malaria vaccines,
    - Malaria rapid diagnostic test kits,
    - Malaria medications,
    - Social behaviour change, and
    - Malaria surveillance.

    Full funding of the Global Fund and Gavi, The Vaccine Alliance will enable CHWs to deliver these interventions to the people who need them most.

3. Strengthening the health system to enable system support for all the interventions listed above. CHWs play a key role in malaria management interventions at the household and community level. The UK government can support and equip CHWs by investing in multilateral aid, including the Global Fund and Gavi.



Community Health Promoters working in Kenya
Credit: **AMREF Health Africa**

BUILDING HEALTH SYSTEMS READY FOR MORE FREQUENT PANDEMICS: LESSONS FROM COVID-19 FOR THE CURRENT MEASLES OUTBREAK IN THE WEST MIDLANDS

BY PAULETTE HAMILTON, LABOUR MP FOR BIRMINGHAM, ERDINGTON



PAULETTE HAMILTON

LABOUR MP FOR BIRMINGHAM, ERDINGTON

Paulette Hamilton is the Member of Parliament for Birmingham Erdington. Elected in March 2022, she made history by becoming Birmingham's first ever black MP.

Paulette worked as a district nurse for 25 years before entering politics. Her passion for public service led her to being elected to Birmingham City Council in 2004, where she served her community for 18 years. She became the cabinet member for Adult Social Care and Health in 2015 and received an Honorary Doctorate from Aston University for her services to health equality.

Paulette is a member of the Health and Social Care Committee in Parliament.

When thinking about pandemics, there is one that springs quickly to all our minds. The COVID-19 virus was new to all of us, and navigating how to juggle work, school and unwell family members was incredibly difficult. We had to find new ways to work, stay active, stay mentally well, and keep ourselves and our families safe.

Preparedness for not just one but all kinds of pandemics is a key part of any government's approach to public health, be that local or national. It's also a crucial matter of national security.

The West Midlands is currently facing an outbreak of measles that is bordering on epidemic levels. Measles is one of the most contagious diseases; one person infected by measles can infect nine out of ten of their unvaccinated close contacts. Between October and January, the region recorded 260 cases of the measles - three quarters of all cases reported in England. A consultant epidemiologist at the UK Health Security Agency has said the outbreak in the region "remains a concern".

I've had a career in nursing, but during the COVID pandemic I was a Councillor and the Cabinet member for Health and Adult Social Care on Birmingham City Council. During the pandemic, I returned to frontline nursing to administer vaccines. I learnt crucial lessons throughout COVID, and it is vital that we bring these with us into an uncertain future where we face an ever-growing risk of frequent pandemics.

REACHING COMMUNITIES WITH LOWER VACCINE UPTAKE

Too often throughout the pandemic, not enough focus – both locally and nationally – was on what the government called 'hard to reach' communities. We're finding the same trends in the current outbreak of measles in the West Midlands. There are groups of people who have a lower vaccine take-up rate than others. But they aren't hard to reach; they just aren't being reached.

It's widely recognised that measles immunisation rates had been decreasing globally for many years prior to COVID, and the pandemic increased distrust. The World Health Organization says "we must regain progress and achieve regional measles elimination targets, despite the COVID pandemic. Immunisation programmes should be strengthened within primary healthcare, so efforts to reach all children with two measles vaccine doses should be accelerated. Countries should also implement robust surveillance systems to identify and close immunity gaps."

I ran a vaccine drive in Birmingham throughout the COVID pandemic. We identified groups of people who were hesitant to be immunised against the virus, and why that was the case. Distrust of new science and technology, and the increase of misinformation on social media presented particular challenges.

The drive to immunise must start with improving communication and trust within these communities. This requires working with community groups; making advice available in different languages; recognising that traditional methods of communication won't work for some; and, in the case of measles in the West Midlands, making it clear that versions of the vaccine accepted by all faith traditions are readily available to anyone who wants them.

GETTING LOCKDOWNS RIGHT

We will all remember the time before the COVID vaccine landed. Before we could immunise, we had to protect - which meant 'lockdown'.

An important lesson to learn is the timing of lockdowns, and when to lift them. International surveillance was largely ignored in the first few stages of lockdown – as a Cabinet Member, I remember feeling concerned about this new virus right at the start of January 2020, while large gatherings, international flights and packed hospitality venues were still the norm.

The UK Government published its first Coronavirus Action Plan on 3 March 2020. This recognised the importance of containing the spread of the virus, mitigating the risk of this spread, and advised the public on how they should protect themselves.

Despite this, the first lockdown in the UK wasn't announced until 23 March 2020. The week prior, over 250,000 people attended the Cheltenham Festival in the UK. By the end of the month, 4,426 people in the UK had died within 28 days of testing positive with COVID.

It is clear: we did not go into lockdown soon enough, and the resulting spike in cases in the spring of 2020 was evidence of this.

The outbreak of measles in the West Midlands is not at pandemic levels, and it is highly unlikely that we will need to lock down to manage it. However, post-COVID we know more about how to protect ourselves, and how to work and study while isolating with an infectious disease.

The current NHS measles advice is to stay off nursery, school, or work for at least four days from when the rash first appears, and to avoid close contact with babies and anyone who is pregnant or has a weakened immune system. In Birmingham, schools have been advised that "contacts of cases at higher risk of developing measles (for example, unvaccinated siblings) should be advised to self-exclude from school for the incubation period (21 days after contact with a case of measles)".

Post-pandemic, we have the infrastructure to facilitate this, but must recognise the impact of the cost of living crisis and mitigate those factors. In a pandemic, people need to be able to heat their homes, feed their children, and use the internet when working or learning from home.

PANDEMIC PREPAREDNESS MEANS PPE

It was clear right from the start of the pandemic how low stock levels of personal protective equipment (PPE) were in the UK, especially as the peak of the virus had not yet been reached.

In those first few days of the pandemic, while we were all clapping for NHS workers on a Thursday night, only half of the PPE we asked the government for had arrived. The government asked the Council to supply primary care settings with PPE – GP surgeries, prisons, funeral staff, pharmacies, dentists and all frontline staff. I facilitated the delivery of more than 1.4 million pieces of PPE to care facilities across the city. We achieved this while juggling the complex needs of our adult social care settings.

This is a huge lesson to learn from. Delays in PPE cost lives. The science of pandemic preparedness is key, but without PPE, containing the virus and protecting frontline workers is impossible. We must have readily available, easily accessible, and usable protective equipment that can be distributed to community health settings, care homes, and hospitals.

I've seen how important it is to have the right tools to fight and prevent disease here in the UK, and it is even more crucial in countries that are still facing high levels of malaria, HIV/Aids, tuberculosis and other diseases.

Global health organisations like the Global Fund and Gavi, The Vaccine Alliance make an important contribution to the availability of disease fighting tools in low- and middle-income countries across the world. Working through the pandemic on the frontline showed me just how important organisations who have experience in fighting previous epidemics such as HIV, tuberculosis and malaria are in identifying the right public health measures to take, at the right point in the infection spike curve.

PANDEMICS ARE TACKLED THROUGH COOPERATION

One key lesson from COVID is that no one is safe until everyone is safe, and that global health is local health. Cooperation on pandemic preparedness needs to be strengthened – including by investing in multilateral organisations like the Global Fund and Gavi, that work to coordinate global efforts on health.

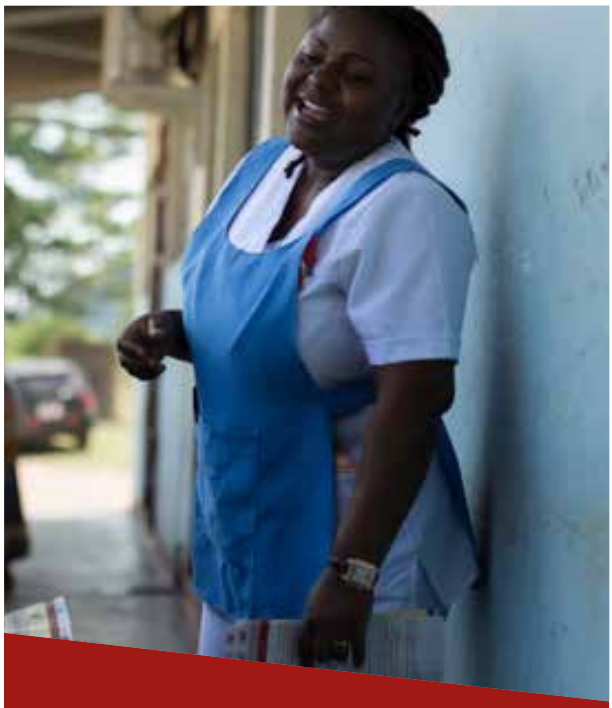
COVID remains a significant threat. Meanwhile, new outbreaks continue to emerge, like the measles outbreak in the West Midlands. Viruses will change and adapt, and we must learn to recognise, respond, and adjust to them, as well as constantly preparing for pandemics that haven't emerged yet.

To save lives in the future, we must learn these lessons from COVID. A Labour government can do this, in the UK and around the world by investing in the global health mechanisms that work to protect us all, including the Global Fund and Gavi.



THE ROLE OF MULTILATERAL ORGANISATIONS IN TACKLING MALARIA - THE EXAMPLE OF ZAMBIA

BY MIRIAM BANDA CHISAMBA, HEALTHCARE PROVIDER, GLOBAL FUND ADVOCATES NETWORK



MIRIAM BANDA CHISAMBA

HEALTHCARE PROVIDER, GLOBAL FUND ADVOCATES NETWORK

Mirriam, a primary health care provider, midwife, administrator and counsellor working from the rural part of Zambia, almost lost her daughter in 2011 to severe malaria. Thankfully she recovered, but the memory still haunts their whole family, and Mirriam herself has also suffered from malaria countless times.

Malaria a health and economic problem needs passionate advocacy and concerted effort to eliminate it, a Malaria Free Zambia and World is possible. "No more lives should succumb to a preventable and treatable disease like malaria."

Multilateral organisations help ensure a healthier, safer, more equitable future for all. I know this from my own experiences as a malaria survivor, Global Fund advocate network speaker, midwife, healthcare provider, and mother.

In the last two decades, the collaborative efforts of multilateral organisations, such as the Global Fund, have played an essential part in supporting community health workers and community health systems around the world. This work saves lives, protects local communities, and acts as an early warning system for new and emerging diseases.

In its efforts to reduce the malaria burden and address other health challenges, Zambia both donates to the Global Fund and implements programmes supported by the Global Fund. Health programmes supported by the Global Fund have helped save 1.2 million lives in Zambia and have supported the building of resilient and sustainable health systems.[1] The Global Fund is also supporting Zambia to strengthen pandemic preparedness and enhance systems that will help the country withstand future threats.[1]

Multilateral organisations have helped strengthen community health systems in Zambia, offering people access to quality and affordable healthcare services. In the past, many more children and women died from malaria – a preventable and treatable disease – than do today, due to the burdened health systems.

I almost lost my own daughter years ago due to severe malaria. It is a memory which still haunts me and my family, and I wouldn't wish that experience on anyone. Luckily, she survived due to the availability of the diagnostics and treatments being provided by the Global Fund. I also had malaria while pregnant with my second child. The availability of the malaria tools saved my unborn baby from complications of my infection: premature birth, intrauterine growth restrictions, low birth weight, congenital malaria or, most frightening of all, death. Growing up, I had malaria about two to three times a year. This would make me miss school and impacted me academically. It's a different story for so many children today due to the support of the Global Fund.

I almost lost my own daughter years ago due to severe malaria.

Multilateral organisations are providing support to help strengthen national malaria prevention programmes as well as to implement the planned interventions.[2] To support the country's goal to eliminate malaria, the Global Fund continues to support robust malaria response through grants that are geared toward driving up the implementation rate of interventions, increasing malaria-free health facility catchment areas to 100%, monitoring & evaluation, case management, community systems, human resources for health and financial management, and strengthening vector control. Vector control includes yearly indoor residual spraying in the communities, mass distributions of long-lasting insecticide-treated bed nets, preventive treatment of the antimalarial Fansidar to pregnant women, and provision of insecticide-treated bed nets to pregnant women and children under five. These strategies are designed to support ongoing gains in quality and efficiency, which are key to achieving the objectives set by the national strategic plan to fight malaria.[3]



A rapid malaria test is performed on a child
Credit: **GFAN**

The Global Fund is also providing technical assistance, health communication and training to healthcare workers and community volunteers in Zambia which support government efforts towards a malaria-free Zambia. Information and laboratory systems are being strengthened through enhanced and timely facility/community reporting. This aids quick action in disease surveillance and helps improve health outcomes.[4] Community sensitisation on the prevention of malaria and tailored social behaviour change is promoted through the use of community radio programmes, television, physical gatherings, and the use of visual aids.


Credit: **GFAN**

Community malaria health promotion and advocacy meetings involving local stakeholders – traditional leaders, religious leaders, teachers, and community change agents – help create ownership and improve uptake of the interventions.[5]

Health care workers have been trained in quality case management of both simple and complicated malaria, whereby all suspected cases are subjected to a rapid diagnostic test and, if positive, prompt treatment is given.[6] There is frequent mentorship and technical support and supervision at the health facility and community level.[7] Healthcare professionals have also been empowered to manage malaria logistic supply systems to ensure that malaria supplies are well stocked and readily available. New health facilities have been created to reduce the long distance mothers and children have to travel in order to access health services. In doing so many lives have been saved.

Community-based volunteers have been trained on how to test and treat malaria in the community, bringing services as close to the family as possible. This is providing opportunities to increase both the effectiveness of the treatment and intensify preventive and promotive services. These measures have led to increased community engagement, as well as a feeling of ownership by community members. In turn, local communities are more economically productive, as their families are no longer having complicated episodes of malaria year in, year out.

Data from the Global Fund's 2023 Zambia Country Impact Report attest to the results of this work. In 2023, more than 13 million people with suspected malaria received a parasitological test – 97% of suspected malaria cases in Zambia. In the same year, 6.6 million cases of malaria were treated. Almost 1 million insecticide-treated mosquito nets were distributed – a population coverage of 57%. 2.4 million households were covered by indoor residual spraying and 400,000 pregnant women attending antenatal clinics received intermittent preventive treatment in malaria.


Credit: **GFAN**

But though tremendous progress has been made, overall, the globe is not on track to end the malaria epidemic. The effort has been stalled by the disruption of the COVID-19 pandemic and compounded by growing insecticide and antimicrobial resistance, funding shortfalls, growing debt crises, and the dual shocks of conflict and extreme weather events. A lot of work is needed to ensure we reach the SDG target of a 90% reduction in malaria by 2030.

Though tremendous progress has been made, overall, the globe is not on track to end the malaria epidemic.

As a Global Fund Advocate Speaker and a health care provider, I strongly believe that to get back on track to a malaria free world, a concerted effort is needed from everyone, through increased funding and commitment to multilateral organisations. I look forward to the role that the UK will play in supporting multilateral organisations to help this important work.

[1] Zambia Country Impact Report 2023, The Global Fund https://www.theglobalfund.org/media/13120/impact_zambia_report_en.pdf
[2] https://www.nmec.org.zm/partnership
[3] https://www.theglobalfund.org/media/13120/impact_zambia_report_en.pdf.
[4] https://www.nmec.org.zm/enhanced-surveillance
[5] https://www.nmec.org.zm/sbcc
[6] https://www.nmec.org.zm/case-management
[7] https://www.nmec.org.zm/monitoring-and-evaluation

CHAPTER 3

BACKING BRITISH SCIENCE

BRITISH SCIENCE IN ACTION: A CASE FOR PRODUCT DEVELOPMENT PARTNERSHIPS

BY JUSTIN MCBEATH, CEO, INNOVATIVE VECTOR CONTROL CONSORTIUM (IVCC)

A child dies from malaria every minute[1].

Since the coronavirus pandemic, the steady annual decline in the malaria burden that we saw for nearly two decades has stalled. Shortfalls in funding for research and innovation, ongoing drug and insecticide resistance, and the spread of invasive mosquito species are hindering progress toward malaria elimination. Hundreds of thousands of lives are still lost to malaria each year.

Malaria doesn't only create a health burden. It also significantly affects regions and countries on a social and economic level. Eliminating malaria by 2040 could significantly boost agricultural productivity in sub-Saharan Africa[2]. An estimated 3.2 billion workdays could be gained - equivalent to 3-7 workdays per case. The resulting higher agricultural yields and reduced household poverty would have a positive impact on education and gender equity. Children could get back approximately 1.5 billion days in school, including 762 million days for girls alone.

The UK has been at the forefront of the fight against global diseases for centuries. As an important international donor, the UK has led efforts to reduce the burden of malaria in sub-Saharan Africa and across the globe. UK investment has played an especially prominent role in pioneering advancements in malaria elimination. Since the start of the millennium, one billion cases of malaria have been prevented and seven million lives saved. Between 2001 and 2015, malaria mortality rates decreased by 47%, averting an estimated 4.3 million deaths.

At the heart of impactful global health initiatives lie Product Development Partnerships (PDPs). PDPs are public–private partnerships established to develop and provide access to new health products for poverty-related and neglected diseases.

> Hundreds of thousands of lives are still lost unnecessarily to malaria each year.

PDPs serve as catalysts for innovation and progress. They bridge the gap between scientific discovery and tangible solutions, driving research and development efforts that not only address immediate health threats but also mitigate the risk of future global pandemics. Support for PDPs promotes a proactive approach to global health security, safeguards the wellbeing of UK citizens, and fosters international cooperation.

[1] 2023 World Malaria Report
[2] Willis DW and Hamon N. Eliminating malaria by 2040 among agricultural households in Africa: potential impact on health, labor, productivity, education and gender equality, version 2. Gates Open Res 2018, 2:33. Doi.org/10.12688/gatesopenres.12843.2.

The Innovative Vector Control Consortium (IVCC), based at the Liverpool School of Tropical Medicine, is the only PDP working in mosquito vector control to reduce the number of mosquitoes carrying malaria. Vector control tools include bed nets and indoor residual sprays. Vector control is a vital component of malaria control and elimination strategies. It is the biggest area of malaria spend by endemic countries and international donor organisations. It is highly effective at preventing infection and reducing disease transmission.

IVCC facilitates collaboration amongst a broad range of stakeholders in the development of novel and improved tools for vector control, such as indoor residual sprays to combat the established and growing problem of insecticide resistance. IVCC is also funded to support the availability of these tools in endemic countries, through market-shaping initiatives which enable these interventions to be cost effectively deployed at scale.

UK-led research and innovation, backed by direct funding from the UK Government or financed via multilateral institutions, has played an important role in the development of new vector control tools.

Between 2018 and 2022, an IVCC-led consortium of partners called the New Nets Project (NNP), funded by multilaterals Unitaid and The Global Fund, piloted the use of a new dual-insecticide-combination net in areas of moderate to high malaria transmission throughout sub-Saharan Africa.

In total, the New Nets Project delivered more than 38 million dual active ingredient nets (ITNs) and established the evidence base to support a World Health



JUSTIN MCBEATH

CEO, IVCC

Justin joined IVCC as CEO in 2023. He is responsible for the development and delivery of IVCC's strategy. He brings with him more than 25 years of experience working in various international leadership positions related to the development, registration and marketing of mosquito and other pest management solutions.

For the past twelve years Justin has led the malaria vector control strategy for Bayer Environmental Science (now Envu) and has an established strong network across the global malaria community. Justin graduated from the University of Leeds with a BSc (hons) in agricultural zoology. He also holds an MSc in Medical Entomology from the London School of Hygiene and Tropical Medicine.

Organization policy recommendation for their use. The combined procurement of dual active ITNs by NNP, the Net Transition Initiative, and the US President's Malaria Initiative (PMI) averted an estimated 13 million malaria cases and approximately 24,600 deaths in 21 countries. It also resulted in £22.6m in financial savings to health systems.

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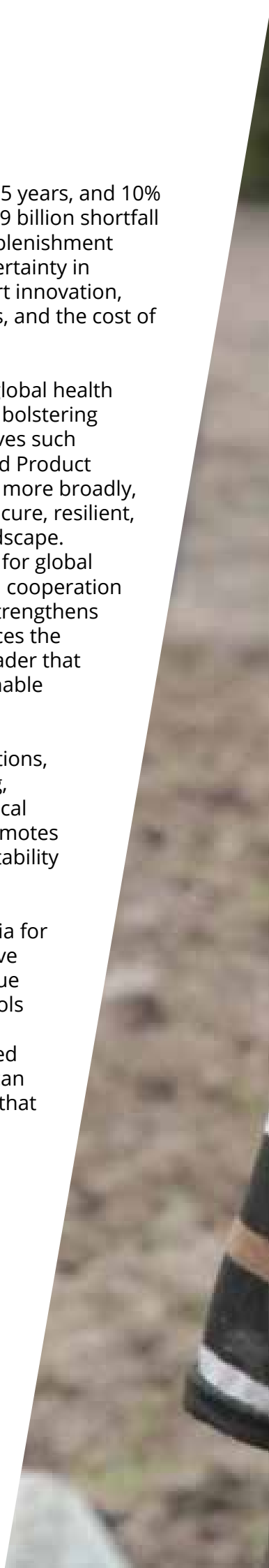
The project's catalytic market-shaping work also laid the groundwork for the establishment of a stronger global production capacity to match growing demand. This was enhanced by the joint work of UK-based social finance company MedAccess and the Bill & Melinda Gates Foundation, who supported access to the new nets in more than 20 countries by providing a volume guarantee that enabled manufacturers to reduce the price procurers paid for the nets.

Despite the success of interventions like this, global investment in malaria research and product development dropped by US$472.5 million in 2022 – its lowest recorded level in the past 15 years, and 10% lower than in 2021. The £2.9 billion shortfall in the 2022 Global Fund replenishment highlights the growing uncertainty in available funding to support innovation, the roll-out of existing tools, and the cost of procurement and delivery.

The relationship between global health and trade is imperative. By bolstering international health initiatives such as the New Nets Project and Product Development Partnerships more broadly, the UK cultivates a more secure, resilient, and prosperous global landscape. Investment in overseas aid for global health fosters international cooperation and economic stability. It strengthens diplomatic ties and reinforces the UK's position as a global leader that is committed to the Sustainable Development Goals.

Backing multilateral institutions, advocating for PDP funding, and emphasising the practical application of research promotes economic prosperity and stability in the world.

In order to eradicate malaria for good, PDPs like IVCC deserve support so they can continue to deliver the innovative tools that can finally put malaria into retreat, and fully-funded multilateral organisations can get the tools to the people that need them the most.





Credit: **PSI Mali**

LABOUR GOVERNMENTS HAVE A LEGACY OF TACKLING GLOBAL CHALLENGES. LABOUR CAN DO IT AGAIN

BY JESSICA TOALE, LABOUR PARLIAMENTARY CANDIDATE FOR BOURNEMOUTH WEST



JESSICA TOALE

LABOUR PARLIAMENTARY CANDIDATE FOR BOURNEMOUTH WEST

Jessica is Labour's parliamentary candidate for Bournemouth West and a councillor in Westminster's West End ward. She formerly served as a political advisor to two shadow secretaries of state for international development and is the co-founder of the Labour Foreign Policy Group. She has worked for a variety of NGOs, development consultancies, universities and UN agencies. She has an MSc in Urbanisation and Development Studies from the London School of Economics (LSE) and is a Visiting Fellow at King's College London where she works on sexual exploitation in the aid industry.

One of the legacies of the last Labour Government was the progress made alongside our allies to prioritise and tackle some of the global challenges we face. 20 years ago, under a Labour Prime Minister, the United Kingdom helped found The Global Fund to Fight AIDS, Tuberculosis (TB) and Malaria. Since then, The Global Fund has helped save 59 million lives around the world.

Why did a Labour Government do this and so many other things to support the poorest and most vulnerable around the world? In part, it's because we recognise our moral responsibility as a nation. But it's also because Labour has repeatedly championed a collective and internationalist approach to addressing the world's great challenges. We see this as an important way to strengthen relationships with other nations.

> Unless we work to build strong health systems around the world, we risk our health at home.

Labour has always understood that many of the challenges we face don't respect national borders. We see this clearly today with climate change; but we also see it with health security. Unless we work to build strong health systems around the world, we risk our health at home. We need to support global efforts to identify and react to emerging challenges.

Sadly, the standing that Britain once had on the global stage has been diminished in recent years. The UK has stepped back from the responsibilities we once embraced. Nowhere is this clearer than with the decision in 2022 to reduce the UK's commitment to The Global Fund to Fight AIDS, TB and Malaria.

> Malaria is one of the world's oldest and deadliest diseases. It still kills a child every minute.

Decisions like this demonstrate how important it is that the next government has a strong international development policy – not only for the UK, but for countries around the world.

This is also why Labour must begin to set out how it would reverse the decline in Britain's global standing and signal to our global allies that we will once again work closely with them to make the world a safer place.

One way that Labour can do this is by recommitting to meeting the 2030 goal to end the malaria epidemic, as set out in the UN Sustainable Development Goals in 2015. Malaria is one of the world's oldest and deadliest diseases. It still kills a child every minute. However, it's also a disease against which incredible progress had been made. This is thanks in no small part to British funding to global health institutions like the Global Fund, and through support for UK life sciences research.

Thankfully, the innovation, dedication and abilities of our life science researchers remain strong. This has helped lead to innovations in recent years, like new insecticide-treated bed nets, progress on gene drive technology, and the creation of the first malaria vaccines. However, innovations like those don't happen unless the government works to create the environment that enables them.

It isn't too late. A strong commitment that Labour will fully fund multilaterals, like the Global Fund, Gavi, The Vaccine Alliance and Unitaid, alongside continued support for our leadership in the life sciences, would send a strong signal about what the next Labour Government stands for. Support for these institutions will help create a more robust pipeline of malaria tools in the UK. Organisations and universities that work on their development will know that the British government backs them and will help ensure they get to the people who need them the most.

There will be those that say, "this is all well and good - but why prioritise this before an election, when the public don't care?" But the public do care. The public has always been proud of the work we do as a nation to support those who need it, and they don't want us to walk away from a job half-finished. Polling carried out by Malaria No More UK shows that British voters support backing UK science in the fight against malaria. Malaria No More UK's 2023 Finish The Job campaign took to the streets to speak to ordinary people about how they felt about Britain's role in ending malaria. The overwhelming majority were proud of the lifesaving work that the UK has done in the last twenty years and believe that the government should back British science to finish the job and end malaria for good.

I recognise the voices in this campaign. They are voices I hear every day as a Labour candidate. They are proud of British expertise and the transformative role it can play. And they understand our commitment to making the world a better place, even when we're facing tough times at home.

> We need a foreign policy that Britain can once again be proud of.

Now is the time for Labour to step up. We need a foreign policy that Britain can once again be proud of. One that is compassionate; that recognises our interconnectedness and the value of working with our global partners. It's time for Labour to embed issues like the fight against malaria into Labour foreign policy.

The next government has the opportunity to end malaria in our generation. It can commit to finishing the job started by the Labour governments that came before. Backing British science and supporting the multilateral organisations that distribute lifesaving tools round the world would reflect who we are today as a nation: a Britain reconnected to the world and ready to play its part.

MULTILATERAL ORGANISATIONS UNDERPIN THE GLOBAL COLLABORATIONS NEEDED TO ENSURE GLOBAL HEALTH AND SECURITY

BY JACKIE COOK, EPIDEMIOLOGIST, LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE



JACKIE COOK

EPIDEMIOLOGIST, LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE (LSHTM)

Jackie is an epidemiologist, who co-Directs the Malaria Centre at LSHTM, which connects and supports over 300 malaria researchers through seminars, scientific retreats and social events. Her research focuses on vector control trials, examining malaria transmission dynamics and immunoepidemiology. Jackie has collaborators across the globe, and has worked particularly closely with institutions in Tanzania, where she spent 3 years based in Zanzibar, and across West Africa. Her work includes leading large cluster randomised control trials evaluating novel vector control tools and strategies, developing better methods for trials and examining heterogeneity of malaria transmission.

Since its inception in 1899, researchers at the London School of Hygiene & Tropical Medicine (LSHTM) have played an integral role in the fight against malaria. Research conducted by, and in collaboration with, LSHTM has advanced our understanding of malaria parasites and their mosquito vectors, and has helped to develop and evaluate the key tools needed to fight this deadly disease.

In the last 125 years, the world has changed drastically. In an increasingly connected world, global approaches to health challenges are vital. We have known for many years that defeating the world's highest-burden infectious diseases, including malaria, tuberculosis and HIV, requires an inclusive and collaborative approach. In the 1940s, the World Health Organization (WHO) was created to unify national partners and communities around global health and security. The COVID-19 pandemic only reinforced the importance of this approach.

At the turn of the 21st century, the multilateral funding model emerged. It transformed global health, bringing together funders, governments, and partners around the world to amplify the impact of consolidated funding pots. LSHTM and other research institutions have worked closely with multilaterals over the years to deliver innovation and generate vital evidence for health interventions. Together, we've achieved huge progress towards the control and elimination of numerous diseases. However, without strengthened funding for multilateral approaches to global health, this progress is at risk.

Since 2000, over 2.1 billion cases of malaria have been averted, and malaria mortality has halved. But progress has slowed in recent years.

The world has made immense strides against malaria in the new millennium. Since 2000, over 2.1 billion cases of malaria have been averted, and malaria mortality has halved. But progress has slowed in recent years. A confluence of challenges – from drug and insecticide resistance, to failing diagnostics and the uncertainties of climate change – are brewing towards a perfect storm. Research and innovation are urgently needed to stay ahead of these threats.

Unfortunately, the journey of transferring ideas from basic laboratory science, to generating real-world evidence for their use, to policy creation and introduction of new control strategies, is extremely lengthy. Bringing together innovative research and collaborative teams, conducting ground-breaking trials and finally rolling out new tools, require huge budgets. Multilaterals play a key role in helping take interventions from an idea to something that can be used across endemic countries. Without them, research would be far less advanced, and millions of children would not be receiving vaccinations or sleeping under bed nets.

One of the greatest assets to innovation is collaboration. At LSHTM we work with world-class multidisciplinary experts from across the globe. Our collaborators in Ministries of Health and institutions in malaria-endemic countries are essential for delivering impactful malaria research.

Multilateral funding has made so many of these collaborations possible, bringing together diverse consortia to tackle cross-cutting challenges.

Collaborative projects generate the evidence that Ministries of Health and the World Health Organization need to make informed decisions about health interventions. Multilaterals such as Unitaid and the Global Fund to fight AIDS, Tuberculosis and Malaria engage at various stages in this process. They work in tandem with UK direct funding from organisations such as UK Research and Innovation (UKRI), the Foreign, Commonwealth & Development Office (FCDO), and charitable foundations such as Wellcome Trust. UK investments in multilaterals amplify the value of those domestic investments, ensuring that British science has a truly global impact.


Credit: **LSHTM**

The very first WHO-approved malaria vaccine, RTS,S/AS01, took nearly three decades to develop – from early laboratory research, to understanding malaria parasite biology and immune response, to conducting trials to prove efficacy and safety, then finally delivering pilot implementation programmes and roll-out. The pilot programme and other stages of the research were funded by Gavi, the Vaccine Alliance, Unitaid, and the Global

Fund. RTS,S was initially developed by the British company, GSK. UK-affiliated research institutions, including LSHTM, have been heavily involved in the development and evaluation process from very early stages. LSHTM and our collaborators in endemic countries continue to play an integral role in evaluating the impact of the vaccine as it is rolled out programmatically.

> We urgently need to discover new drugs, develop new diagnostics and vector control tools, and optimise the use of existing tools to prevent a rise in fatality.

The WHO-led malaria vaccine implementation programme was also made possible by contributions from the Kintampo Health Research Centre in Ghana, the Kenya Medical Research Institute, the Malawi-Liverpool-Wellcome Trust Clinical Research Programme, and many more. A second vaccine, developed by the Jenner Institute at Oxford University, was also approved by WHO last year. Now in 2024, Gavi is helping countries to purchase and distribute malaria vaccines to millions of children. The malaria vaccine journey demonstrates how British science contributes expertise that leads to immense change – but it also shows that change is only truly made possible through global collaboration.

Groundbreaking vaccines and next-generation insecticide- treated bed nets would not have had the significant impact they've have if the Global Fund, Unitaid and Gavi were not helping to make them accessible to the people who need them most. Their market-shaping expertise and ability to pool resources helps countries to procure health commodities that would otherwise be out of reach. In 2022, nearly 40% of global investments in malaria control were channelled through the Global Fund alone. Of the 280 million insecticide-treated bed nets purchased in 2022, 220 million were procured by countries holding Global Fund grants. This year, at least twelve countries will introduce malaria vaccines for the first time with the help of Gavi, and many more have requested similar support. This unprecedented demand cannot be met without continued strong funding for multilaterals.

Critically, even with the addition of new nets and vaccines to the malaria control arsenal, there are many challenges that still need to be addressed. Malaria parasites have already developed resistance to historic malaria medicines and are beginning to evade new first-line treatments. These parasites are creative and resilient. They have even evolved ways to evade detection by common diagnostic tools. Malaria-transmitting mosquitoes are also constantly developing resistance to the insecticides we use to keep them at bay.

We urgently need to discover new drugs, develop new diagnostics and vector control tools, and optimise the use of existing tools to prevent a rise in fatality. None of this is possible without consistent funding for research, innovation, and implementation.

We are at a decisive moment in malaria control. So much of the progress that has been made against malaria would not have happened without the funding support of multilaterals, and further progress is at risk without continued funding. With so many threats to our current prevention and treatment strategies, we need to put more resources into innovation and build up strong research collaborations to face the challenges ahead.

CHAPTER 4

DIPLOMACY & BRITAIN'S PLACE IN THE WORLD

RENEWING BRITAIN'S COMMITTED TO MULTILATERALS IS THE FIRST STEP TO RESTORING OUR PLACE IN THE WORLD

BY DR ZUBIR AHMED, LABOUR CANDIDATE FOR GLASGOW SOUTH WEST

Addressing the challenges of the modern world requires vision, ambition and a clear strategy. As we head towards 2030, we face significant socioeconomic and health challenges. The globalised nature of our world means these challenges have never been so interwoven. The geopolitical complexity of these issues demands a global partnership approach where science and knowledge are advanced to tackle them with a cooperative spirit. However, without the right vision and ambition, compellingly articulated by our political leaders, our ability to meet these challenges as a country is severely blunted.

The work done by multilateral institutions requires just this kind of vision and ambition. They are organisations that understand the big picture, and their work brings countries and organisations together in partnership to address some of the greatest global challenges.

For example, the Global Fund to Fight HIV, Tuberculosis and Malaria's goal is to "ensure a healthier, safer, more equitable future for all... achieving the goals the world once deemed impossible". Gavi, the Vaccine Alliance has a similar aim: to "[ensure] no-one is left behind" when it comes to the "equitable and sustainable use of vaccines". These goals are not limited to one project – they aim to better the health of the whole world.

These are ambitions that Labour understands; indeed, Labour helped to shape them. The last Labour government played a pivotal role in the establishment of the Global Fund in 2002. Since then the Global Fund has helped to save the lives of 59 million people through the health programmes it supports, taking us a huge step closer to their ultimate vision.

That impact – one that is felt everyday around the world – is part of the enduring legacy of what Labour has achieved in government.

It's also an impact that stems from a government that understands the role Britain can play on the global stage. When Labour helped establish the Global Fund, it had an ambitious view of Britain's role in the world. It recognised the challenges the world faced and was ready to step up and play its part. Labour's support for multilateral organisations was a statement of intent that Britain would proudly take the lead in making the world a safer and healthier place.

This approach to tackling the world's problems also showed recognition of the need to work in partnership with other countries. The value of such partnerships in tackling global challenges is something I saw myself on a recent visit to the United States. In the US, the intersections of public health and the green transformation are currently

being played out in a polarising arena of pro-industry versus pro-sustainability. It's a stark example of how noble ambitions can lose the support of the public when poorly communicated, and the dividends of success not properly shared amongst those who helped us get there.

However, a lot has changed since Labour was last in government, and it is not enough to simply reflect on the past. If we are to change this and get ourselves back on track and proudly back onto the global stage, a future Labour government needs a new vision.

Only two infectious diseases have been completely eradicated so far – smallpox and rinderpest. But what if the next UK government had the ambition and vision to change that? What if it could eradicate some of the world's oldest and deadliest diseases, such as malaria?

Malaria still kills a child every minute. In 2022, it killed over 600,000 people worldwide. It is a disease I have personal experience with, having fallen ill with the disease as a child when visiting Pakistan. It affects our global fight for better education, the elimination of extreme poverty and fair and equal treatment of women and girls. It also risks becoming more challenging as the negative impacts of climate change multiply, threatening health security around the world.

Malaria No More UK has demonstrated that the British public support eradicating infectious diseases such as malaria. Malaria No More UK's recent campaign made it clear that that there is a public appetite for British science to be part of the global fight against malaria. Many Britons see



DR ZUBIR AHMED

LABOUR CANDIDATE FOR GLASGOW SOUTH WEST

Dr Zubir Ahmed is a practicing NHS surgeon in Glasgow and is standing as the Labour candidate for Glasgow South West. Dr Zubir's interests include healthcare delivery and international development. In addition to his medical qualifications Dr Zubir holds a MBA from Strathclyde business school. He maintains a keen interest in health development and transplantation in Pakistan engaged there in a number of charitable ventures there.

this as a badge of honour and an integral part of their identity. They feel Britain has skin in the game and they want our commitments to continue. They want to see the critical life-saving tools delivered to the communities that need them. They want to see government action that matches this vision.

Over the last few years the UK has not fully embraced its role on the global stage. The COVID-19 pandemic laid bare how global health challenges can quickly overwhelm us at home; yet Britain chose to cut funding to the multilateral bodies that seek to improve global health and develop stronger defences against worldwide pandemics.

A Labour government has the potential to lead an ambitious, outward-looking Britain; one that is prepared to rejoin our international partners in the global fight against diseases.

In his speech at the beginning of the year, Sir Keir Starmer stated that the Labour Party is "unapologetically ambitious" with the domestic goals it is setting for itself if it wins the next election. I believe this should be replicated for our international obligations.

As a candidate for a seat in Scotland, I believe that this is a mission that resonates within all parts of our nation. And the building blocks in developing our global ambitions reside in unlocking and entwining the talents of our union in a spirit of cooperation. The Labour party recognises that by working together as a United Kingdom we can achieve something far greater than the sum of our parts.



The legacy of the Labour Party's support of multilateral organisations is worthy of celebration. However, it also contains a pertinent lesson for the future – how to restore Britain's global reputation in the context of achieving a healthier and safer world. We must work in partnership with countries with whom we have historic, longstanding ties, while also fostering new relationships with emerging economies. These future goals are within our grasp and can be achieved if we are bold enough to rediscover our cooperative multilateralist spirit.

If a Labour government is serious about renewing its commitment to multilateralism, it must involve more vaccine distribution, more families with bed nets, and malaria effectively eradicated. This could restore Britain as a development superpower. I believe the first step toward this commitment can be supporting the work of the Global Fund and Gavi, The Vaccine Alliance through 2025 and beyond.



Credit: **The Global Fund/ Ingrid van der Walt/ Rooftop**

LABOUR CAMPAIGN FOR INTERNATIONAL DEVELOPMENT

BY DAVID TAYLOR, LABOUR CANDIATE FOR HEMEL HAMPSTEAD



DAVID TAYLOR

LABOUR CANDIATE FOR HEMEL HAMPSTEAD

David Taylor is Labour's candidate in Hemel Hempstead. He is the founder and Vice-Chair of the Labour Campaign for International Development. He currently works for The Fairtrade Foundation as a Senior Policy Manager, and has previously worked as an advisor to Gordon Brown, and at Oxfam.

A Labour government helped establish the major multilateral health organisations. To reclaim our place on the global stage, we must once again give them our full support.

Britain has long had an important voice on the global stage. At the beginning of the 21st century, the UK was an important leader in bringing countries together to make the world a safer and more prosperous place for all. We have played a key role in shaping international cooperation and forming partnerships across the world.

> But in recent years, the UK has stepped back from its global commitments, shrinking away from the new challenges that the world faces today.

When the most recent Labour government first came into power in 1997, many of the development issues that the world knows today were already on the agenda, including health, education, and poverty. The Labour Party recognised that these were challenges requiring thoughtful leadership and a prolonged effort to make lasting progress. But as they were issues that crossed borders and spanned continents, they also required collaboration with other countries. Through their development work, Britain gained a reputation under Labour's leadership as a reliable partner who collaborated in tackling global threats and responding to international emergencies.

The COVID-19 pandemic was one of the most recent and life-changing global events for every person on the planet. It highlighted how disease outbreaks can be as deadly and economically damaging as other global events such as conflict. Throughout that period, we worked with international partners to address the challenges the pandemic presented, including organisations that had been established during the last Labour government.

Take the Global Fund to Fight AIDS, Tuberculosis and Malaria. Through its role on the Group of Eight (G8), Britain helped to secure the establishment of the Global Fund to tackle three of the deadliest diseases in the world, which to this day affect hundreds of millions of people every year. The Global Fund has gone on to save almost 60 million lives in the past twenty years.

Similarly, the UK has worked with countries through Gavi, the Vaccine Alliance – a multilateral institution that plays a key role in the distribution of vaccines around the world. The last Labour government played a leading role as one of the six original donors, and the organisation's largest government donor.

Since then, both these organisations have helped give millions of people access to life-saving tools they would not otherwise have been able to afford.

When in government, the Labour Party strove to champion the values of the NHS abroad, promoting free, universal health coverage for everyone, everywhere. We worked closely with multilateral organisations to ensure poorer communities had access to key tools for use against some of the greatest global health challenges. In some countries, like Sierra Leone, our debt relief work contributed to the delivery of universal health care. If Labour had won in 2010, we would have taken this further, establishing a Centre of Universal Health Care to spearhead this work, and giving further budget support to strengthen the ability of governments in lower- and middle-income countries to provide free healthcare.

For Britain and the Labour government, it was not just about entering partnerships for the sake of it. There was an intention to play a meaningful role in these partnerships, ensuring we were actively listening to and delivering what was promised to the communities we were working with.

For many years, Britain was the second highest donor country to the Global Fund, supporting significant progress against a range of diseases and helping to build health security for the world. Recently, we have dropped from this position. It is a reflection of the UK stepping back on the promises it made to the world more than twenty years ago.

It is not enough for the UK to simply say 'the right thing' on global platforms. We must deliver on commitments. Take climate change – less than three years ago, the UK was positioning itself as a leader on the net zero agenda, encouraging action from other countries. But the government's own actions are not responding at the pace of change required, and we are falling behind. More urgency is needed if we are to address some of the most pressing challenges of today.

More urgency is needed if we are to address some of the most pressing challenges of today.

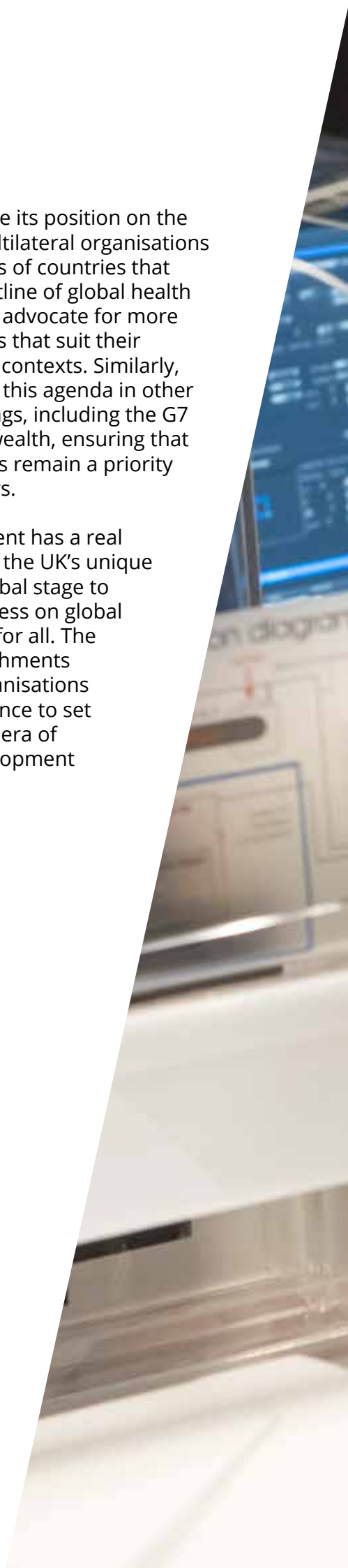
As geopolitical shifts have taken place, Britain's position in the world has inevitably changed. This does not mean that the UK should rescind from global commitments. Instead, we should strive to position ourselves as meaningfully engaged partners in the fight against global challenges, tackling them head-on and delivering on our Labour values – including on universal health coverage.

Right now, the UK's actions are falling far short of its words. Britain's international development agenda – once celebrated as amongst the best in the world – has been weakened by aid cuts and has therefore been unable to live up to its policy goals. This has harmed our national interests and weakened our international credibility.

A government's diplomatic strength comes not from being the loudest voice, but from being one of the most reliable allies on the global stage. A Labour government will need to present a refreshed voice, ready to once again be a leader on the international stage. Only through working in collaboration with countries around the world in a new, partnership-focused model of development can a Labour Britain provide a vision for a United Kingdom that is restored on the international stage and ensure the values of the NHS are adopted around the world. Any route to this vision must include ensuring that at the next replenishment of major multilaterals, such as the Global Fund and Gavi, the UK steps up and fully provides the contribution that is needed to make progress on tackling the global disease burden.

The UK can also use its position on the board of these multilateral organisations to centre the voices of countries that represent the frontline of global health issues. The UK can advocate for more localised responses that suit their specific needs and contexts. Similarly, the UK can elevate this agenda in other international settings, including the G7 and the Commonwealth, ensuring that global health issues remain a priority for all world leaders.

The next government has a real opportunity to use the UK's unique position on the global stage to advocate for progress on global health and access for all. The upcoming replenishments of multilateral organisations will give us the chance to set the tone for a new era of international development in Britain.





Credit: **LSHTM**

CHAPTER 5

BREAKING DOWN BARRIERS FOR WOMEN AND GIRLS

LEVERAGING MULTILATERAL ORGANISATIONS TO ADDRESS GLOBAL HEALTH CHALLENGES AFFECTING WOMEN AND GIRLS : A FOCUS ON MALARIA

BY EMILY EDEPI, SOCIAL ENTREPRENEUR, CLIMATE ACTION, GLOBAL HEALTH AND GENDER EQUITY ADVOCATE

We are living in an increasingly interconnected world, where borders blur and information travels at the speed of light. In this context, the threat of global health challenges easily transcends national boundaries. Complex networks of infectious diseases, emerging pandemics, and enduring health inequities affect populations worldwide, demanding coordinated and collaborative efforts on an international scale.

In this context, multilateral organisations are essential players in tackling and alleviating intricate global health issues. These instruments provide forums for collaboration, information sharing, and resource mobilisation. They give countries a framework to go beyond national boundaries and work together to guarantee the health and welfare of people everywhere. In order to create just, egalitarian, and long-lasting solutions to the urgent health concerns we face, it is vital that we comprehend the critical role that multilateral organisations play in crafting effective, sustainable, and equitable responses to pressing global health issues.

As an expert and health changemaker, I advocate for the unique capabilities and achievements of multilateral organisations. They play a pivotal role in not only responding to crises but also in building resilient and equitable health systems worldwide - especially for the women and girls who are so often left behind.

GLOBAL HEALTH DISPARITIES AND MALARIA'S IMPACT ON WOMEN AND GIRLS

Millions of people worldwide are affected by malaria, a disease that occurs mostly in poor, tropical, and subtropical areas of the world. Africa is the most-affected region due to a combination of factors; this includes the dominance of a very efficient mosquito, Anopheles gambiae complex, which is responsible for high transmission rates. The World Health Organization's World Malaria Report shows that Nigeria has the highest proportion of malaria cases with 26.8%, followed by the Democratic Republic of the Congo (12.3%), Uganda (5.1%), and Mozambique (4.2%).

Anybody can get malaria; yet, like many other illnesses, the social, economic, and physical effects of this fatal illness disproportionately affect women, aggravating poverty and deepening the existing inequality gap. Women and children under five are more susceptible to malaria, with children accounting for two-thirds of

all malaria fatalities. Pregnant women are more susceptible to severe malaria. Malaria during pregnancy can lead to severe complications such as anaemia, stillbirth, spontaneous abortion, low birth weight, and maternal death. Malaria exacerbates already-existing health disparities by increasing maternal and infant mortality.

In Kenya, the government has implemented programmes like the Intermittent Preventive Treatment in Pregnancy (IPTp) strategy, which involves giving pregnant women doses of antimalarial medication during antenatal visits to prevent malaria. However, support is needed to ensure the continuity of such programmes.

> Anybody can get malaria; yet like many other illnesses, the social, economic, and physical effects of this fatal illness disproportionately affect women, aggravating poverty and deepening the existing inequality gap.

Malaria disturbs the social order in areas where it is endemic, reducing economic prospects and sustaining a cycle of poverty that continues to disproportionately impact women. Structural inequalities around gender and income mean some people, particularly teenage girls, do not receive malaria services. This exclusion can have long-lasting effects on their livelihoods. Women, who are often primary caregivers, may miss work opportunities



EMILY EDEPI

SOCIAL ENTREPRENEUR, CLIMATE ACTION, GLOBAL HEALTH AND GENDER EQUITY ADVOCATE

Emily Edepi has advocated for gender equality by providing compelling narratives and evidence for policy and programmatic reforms. Emily co-founded Youth End Period Stigma (YEPSAfrica), a regional MHM Consortium for youth to break the silence on menstruation and advocate for enabling policies and forums to empower girls and reduce school absenteeism in rural Kenya. Previously, she was involved in the global health space by championing sexual reproductive health and rights and menstrual health to promote girls' education. Emily served as the Co-Lead at the Kenya Malaria Youth Corps for two years, leading a vibrant and enthusiastic team of young people to lobby government leaders, the media, and other vital stakeholders to pass stronger legislation on malaria eradication programs and advocate for the allocation of more resources towards the malaria fight.

when they or their family members are sick with malaria. This loss of labour affects household income and women's economic empowerment. This also affects girls who often also bear the responsibility of caring for sick family members. This responsibility can lead to absenteeism from school, hindering their education and future opportunities.

It is therefore crucial to address gender-specific issues in the battle against malaria since several variables, including biological vulnerabilities, socioeconomic disparities, and restricted access to healthcare and education, contribute to this discrepancy.

This disproportionate impact of malaria on women and girls is one of the reasons why women's empowerment is a critical driver of bettering health outcomes in general, and one of the main areas of attention for multilateral organisations.

In addition, as women gain economic and educational status, they take on a role as community health advocates, encouraging healthier lifestyle choices and greater uptake of healthcare resources. The expanded participation of women in decision-making and easier access to resources can positively impact the health of the entire family. Breaking the cycle of poverty and improving health indicators is greatly aided by empowered women's improved access to healthcare resources, education, and economic possibilities.

Because of this, empowering women is essential both to achieving permanent change in issues of justice and equality and in achieving comprehensive and sustainable global health objectives.

THE CASE FOR MULTILATERAL ORGANISATIONS

Multilateral organisations such as the Global Fund and Gavi have been instrumental in mobilising resources to fight HIV/AIDS, tuberculosis, and malaria. They play a crucial role in orchestrating a global response to health challenges, showcasing the importance of shared financial responsibility in tackling global health issues. These organisations provide a platform for collaboration among countries, researchers, NGOs, and other stakeholders, fostering the exchange of knowledge and resources necessary to address the gender-specific dimensions of malaria.

> Multilateral organisations such as the Global Fund, support economic empowerment programmes for women and girls to mitigate the economic impact of malaria on families through funding, research, and program implementation.

Multilateral organisations can mobilise resources on a global scale. The fight against malaria requires significant financial investments in research, prevention, and treatment. Multilateral organisations facilitate the pooling of funds from multiple sources, ensuring that financial support is allocated strategically to address gender disparities in health outcomes.

Multilateral organisations, by definition, bring together diverse nations, each with their own unique strengths, resources, and perspectives. This inclusivity is not just symbolic; it is a necessity when dealing with global health challenges that demand a unified response. The collaborative nature of these organisations enables the pooling of knowledge, expertise, and resources,

fostering a collective front against diseases that recognise no geopolitical boundaries.

These organisations contribute to the development of comprehensive strategies that recognise and address the specific challenges faced by women and girls in malaria-endemic regions. These strategies encompass a wide range of interventions, including improved access to healthcare, educational programmes, the distribution of insecticide-treated bed nets, and support for antenatal care.



Addressing health challenges goes beyond crisis management; it involves a sustained commitment to fostering health equity. Multilateral organisations champion the cause of equitable access to healthcare, emphasising the importance of universal health coverage and the elimination of disparities in health outcomes. Through policy advocacy and programmatic initiatives, these organisations work towards building health systems that leave no one behind. Additionally, they advocate for gender-sensitive policies at the global, national, and local levels. By leveraging their influence, these organisations can encourage governments to prioritise women's health in their national health agendas, implement gender-responsive healthcare policies, and allocate resources for targeted interventions.

The importance of multilateral organisations in addressing global health challenges, especially those affecting women and girls like malaria, cannot be overstated. These organisations serve as critical drivers of collaboration, resource mobilisation, and the development of gender-sensitive strategies. By focusing on the unique vulnerabilities faced by women and girls in malaria-endemic regions, multilateral efforts contribute to a more equitable and effective global health response. As we continue to grapple with infectious diseases, fostering and supporting the work of multilateral organisations remains essential to ensuring the wellbeing of women and girls worldwide.

In the intricate dance of global health challenges, empowering women emerges as a critical strategy in the pursuit of eradicating malaria. Multilateral organisations support this approach, orchestrating collaborative efforts to address the complex interplay of health, gender, and societal dynamics. The empowerment of women is not only a goal in itself but also a strategic pathway toward achieving broader health objectives. By recognising the vital role of women in the health equation and leveraging the capabilities of multilateral organisations, we can move closer to a world free from the shackles of malaria, where women are empowered as architects of a healthier and more equitable future.

Therefore, in a world where the health of one is intricately linked to the health of all, the case for multilateral organisations to address global health challenges stands resolute. These organisations serve as the lynchpins of cooperation, bringing together nations, expertise, and resources in a unified front against disease. The global health landscape will continue to evolve and grow in complexity. The continued support and reinforcement of these multilateral efforts is paramount, highlighting humanity's shared responsibility to protect the wellbeing of all.

FOR THE NEXT UK GOVERNMENT, MAKING WOMEN AND GIRLS' HEALTH A PRIORITY MUST INCLUDE TACKLING MALARIA

BY KIM JOHNSON, LABOUR MP FOR LIVERPOOL RIVERSIDE



KIM JOHNSON

LABOUR MP FOR LIVERPOOL RIVERSIDE

Born, brought up in and still living in the constituency, Kim Johnson was elected as MP for Liverpool Riverside in the 2019 election, the first Black MP for the city with the oldest Black community in Europe. With a background in grassroots trade union activism, Kim was a UNISON shop steward and served as Vice-Chair of UNISON's National Black Members Committee and also the Regional Black Members Committee. Now in Parliament she sits on the Home Affairs Select Committee and the Women & Equalities Committee, where she seeks to raise and address issues of institutional racism across our society, including about employment, training, and educational equality. Kim has led the campaign for acknowledgement and an apology for the forcible deportation of Chinese seafarers from Liverpool post-WWII. She is also pivotal to the campaign for universal free school meals in England. Among others, Kim is an officer of the All-Party Parliamentary Groups on Creative Diversity, Performers' Alliance, Show Racism the Red Card, Race & Community and Schools, Learning and Assessment.

I recently joined a delegation to Tanzania and Zanzibar where we visited maternal medical clinics run by some incredible staff. There, I learned that the highest number of deaths in childbirth in that region are related to malaria.

It was an important reminder of the vital impact of UK overseas aid. Whenever the aid budget is cut, be that for education, global health programmes, or humanitarian needs, there is a disproportionate impact on women and girls. Funding for sexual and reproductive health and rights programming (SRHR), which overwhelmingly supports women, was cut by a third between 2019 and 2022.

Throughout my time in parliament, I have seen first-hand how government decisions taken in the UK can affect women and girls globally. Identifying the impact of cuts to aid is, however, just the first step. We must now turn our attention to how the next government can ensure we continue to prioritise the health and wellbeing of women and girls around the world.

Britain has a proud history of working closely with multilateral organisations, which are established by three or more nations to overcome a common global issue. The last Labour government showed great leadership in founding organisations like The Global Fund to fight AIDS, Tuberculosis and Malaria, which has since helped us to make progress against some of the world's deadliest diseases.

Take malaria, for instance, a disease that still claims the life of one child every minute. The Global Fund and Gavi, the Vaccine Alliance play key roles in tackling malaria through a variety of programmes focused on treatment and prevention. Through this work they not only save lives – overwhelmingly those of children and pregnant women – but also address key barriers limiting women's potential in endemic countries.

> Whenever the aid budget is cut, be that for education, global health programmes, or humanitarian needs, there is a disproportionate impact on women and girls.

In many families, when someone gets sick with malaria, the care burden will fall on the women and girls of the family. They will take time away from work and school, potentially days or weeks, to look after their family. For young girls, missing school days will impede their likelihood of completing school and getting a good education. This will then affect their ability to enter and remain in the workforce or be involved in political or community decisions that affect them.

For women, taking time off work can be detrimental to household income and to their ability to pursue a career. At a time when the family is already having to spend money on malaria treatments, losing out on earning potential can push the family further towards – or into – poverty. Families where the women are the main earners will be especially badly affected.

These setbacks create a vicious cycle which undermines global health goals. Families pushed into poverty are at greater risk of contracting malaria, which further impacts women, further embeds poverty and further risks the lives of mothers and children. It is estimated that over a third of all pregnancies across the World Health Organization Africa region were exposed to malaria infection in 2022, resulting in devastating impacts for mother and baby, such as low birth weight.

But an inverse, virtuous circle is also possible. In some countries, research has shown that the likelihood of children catching malaria decreases by 56%i if their mother has a secondary education. This shows the clear benefits to ensuring women and girls receive an education unimpeded by diseases like malaria in both unlocking their potential and keeping children safer from the threat of malaria.

Many multilaterals – including the Global Fund and Gavi – make commitments to gender equality, and we can be confident that their work is supporting women and girls around the world. Labour recognises this, and a Labour government will value multilateral aid as a part of Britain's development work. To put this belief into action, a Labour government must return to fully funding multilateral health instruments. In just over five years, it will be 2030 – the year we are meant to achieve the Sustainable Development Goals. The next UK Government will take us almost up to that point and will be the last government

that can ensure we make meaningful progress towards them. The Government must reestablish itself as a trusted member of the global team and work in partnership to keep the world safer, by ending diseases like malaria.

Labour is right to prioritise women and girls in Labour's development policy, and in the next few years we must strive for progress towards our global goals. This must include supporting partners that share our visions and ambitions, and working with multilateral organisations to tackle the global challenges that continue to reinforce gender inequality.

> The UK must step up once again to support women and girls around the world, placing them at the heart of development policy.

The UK must step up once again to support women and girls around the world, placing them at the heart of development policy. This must also translate into meaningful action, including fulfilling meeting pledges to Gavi and The Global Fund at their next replenishments.





Credit: **Elene Legese Dema**

CHAPTER 6

LOCALISATION

THE POWERFUL ROLE OF LOCAL MANUFACTURING IN THE FIGHT AGAINST MALARIA

BY PIERRE HUGO, MARKET DYNAMICS & GLOBAL SUPPLY SECURITY, MEDICINES FOR MALARIA VENTURE (MMV) & PERVIZ DHANANI, , FOUNDER AND MANAGING DIRECTOR, UNIVERSAL CORPORATION LTD

The COVID-19 pandemic shone a light on Africa's overreliance on pharmaceutical imports. Supply chain disruptions resulted in delayed access to life-saving medicines. Stocks of essential diagnostic tests and essential lifesaving medicines ran out.

Additionally, due to the widespread use of drugs like antimalarials, there continues to be a significant trade in substandard medicines, which benefits from supply interruptions. This undermines treatment regimes, endangers lives and contributes to drug resistance. These challenges underscore the need for greater regional supply resilience.

Until this issue is addressed, the health security of populations living across Africa will remain vulnerable. African governments and continental institutions like the African CDC and African Union have since made their intentions to enhance local manufacturing clear. We encourage the UK government to support this agenda, in part by backing multilateral organisations. Multilaterals have the experience and expertise to work with partners and local manufacturers to strengthen supply security by boosting capacity and improving the quality and availability of medicines being produced in Africa.

There are few producers of quality-assured medicines in the region. As a result, Africa currently imports up to 80% of the pharmaceuticals it uses.1 Of the continent's 375 medicine producers, only six manufacture drugs to World Health Organization (WHO) prequalification (PQ) standards. The rest are constrained by underinvestment, infrastructure limitations, or regulatory challenges.

Africa accounts for 95% of malaria cases and deaths globally2. A child dies of malaria every minute3. Reliable access to quality-assured malaria treatment is therefore crucial to reducing the impact of the disease.


Credit: **UCL**

In line with its mission to discover, develop, and deliver equitable access to affordable antimalarials, Medicines for Malaria Venture (MMV) has been working in partnership with African manufacturers to support them in meeting WHO Good Manufacturing Practice (GMP) and PQ standards, strengthening the production of quality-assured antimalarial medicines.



PERVIZ DHANANI

FOUNDER AND MANAGING DIRECTOR OF UCL, UNIVERSAL CORPORATION LTD

Mr. Perviz Dhanani is the Managing Director of Universal Corporation Ltd. a leading manufacturer of pharmaceutical products in Kenya, with seven products that have been prequalified by WHO. UCL's focus is on life saving drugs to help improve health outcomes on the African continent, with a vision of local production, accessibility, and availability of quality affordable medicines in Africa for Africa. Since 2016 the firm merged with Strides Pharma Science Limited from Bangalore, India.

Perviz has over 40 years of experience in various businesses on the African continent with 35 years in pharmaceutical distribution and 20 years in pharmaceutical manufacturing in Kenya. He was a Board member of the Kenya Association of Manufacturers and Chairman of the Federation of Kenyan Pharmaceutical Manufacturers.



PIERRE HUGO

VICE PRESIDENT, MARKET DYNAMICS AND GLOBAL SUPPLY SECURITY, MEDICINES FOR MALARIA VENTURE

Medicines for Malaria Venture (MMV) is a Geneva-based Product Development Partnership engaged in the discovery, development, and delivery of novel antimalarial medicines. Pierre supports the launch and expanded uptake of MMV's critical life-saving medicines through various access and delivery projects in endemic countries. After more than seven years in the private healthcare sector, Pierre joined MMV in 2010 as Associate Director, Product Development. In 2013 Pierre moved into the role of Director, Access and Delivery, Africa and was promoted to Vice President in December 2023.

Prior to joining MMV, Pierre worked for Sanofi and GSK in various marketing positions within a regional Sub-Saharan Africa role. Working in African markets, he launched three new antimalarials during his time with these two companies. He also supported the development of antimalarials while at GSK in the UK, working as Product Strategy Manager for Global Product Strategy (GPS), Diseases of the Developing World (DDW). Pierre has a marketing degree from South Africa and an MBA from Bond University in Australia.

Artemisinin-based combination therapies (ACTs) are the primary malaria treatment against the deadliest form of the parasite. A locally available, reliable source of ACTs, close to the patients who need them most, will help save lives. This can also help rid the market of counterfeit products of unknown quality - which are known to contribute to resistance.

Malaria chemoprevention, whereby medicines are used to prevent malaria infection and its consequences, is also a powerful way to reduce the toll of the disease. For example, sulfadoxine-pyrimethamine (SP) is an effective, affordable and well-tolerated medicine

CASE STUDY: WORKING IN PARTNERSHIP FOR QUALITY-ASSURED ANTIMALARIAL MANUFACTURING IN AFRICA

MMV's partnerships with three African manufacturers, Universal Corporation Ltd (UCL, Kenya), Swiss Pharma Nigeria Limited (Swipha, Nigeria) and Emzor Pharmaceutical Industries Limited (Nigeria), are already bearing fruit.

In Kenya, MMV has been working with local manufacturer UCL. In July 2022, UCL became the first African manufacturer to gain WHO prequalification for an antimalarial (SP) to prevent malaria in pregnant women. They achieved this again in November 2023 for another preventive antimalarial for children. MMV provided UCL with training, technology, and quality control guidance. This WHO prequalification certificate has the potential to help ensure that more pregnant women and children in Africa receive quality-assured products.

Similar work has been done in Nigeria thanks to Unitaid funding, helping MMV support the transfer of training, technology, and quality control guidance with two pharmaceutical companies in Nigeria: Swipha and Emzor. Both are well-advanced in the application process.

However, the job is not done. We encourage multilateral organisations to support these regional, quality-assured manufacturers with clear purchase commitments, through international procurement processes. We encourage African governments to do the same. African countries also need to expedite local country registrations, which are time-intensive and a heavy administrative burden.

What's next? A recent call for proposals has identified six potential regional manufacturers for active pharmaceutical ingredients (APIs) and/or finished pharmaceutical products (FPPs). The manufacturers are keen to benefit from the support of multilaterals to: initiate the PQ process, recommend pharma partners in other countries, invest in training staff on quality control and quality assurance, and support purchase of state-of-the-art equipment to enable testing of raw materials and finished products, in compliance with pharmacopoeial standards.

when used alone or in combination with other drugs or vaccines to prevent malaria in infants, children, and pregnant women. The use of SP-based chemoprevention strategies has grown consistently in the past 10 years, with over 50 million children receiving at least one dose in 2023.

In June 2022, WHO expanded its guidance to support the administration of SP-based chemoprevention to broader groups of people, so demand for this medicine is expected to grow even further in the coming years. In addition, recent data from a study supported by the London School of Hygiene and Tropical Medicine showed that the addition of SP-amodiaquine to malaria vaccination significantly improved protection.

Over the last 18 years, MMV has built a track record of helping pharmaceutical partners across the world achieve regulatory approval or WHO PQ for their antimalarial products. Most recently, MMV has received funding to support African manufacturers to achieve WHO PQ for their drugs. This included funding from Unitaid, a multilateral initiative dedicated to tackling global health challenges.

Local manufacturing will go a long way to achieving progress on Universal Health Coverage and tackling some of the most significant global health security challenges, if supported by sustainable demand and properly integrated as a key component of functional health systems. This will require building a sustainable African pharmaceutical manufacturing sector that meets international quality standards. This can be achieved through pan-African and international collaboration and leadership that is bolstered by political will and far-sighted investors.

Local manufacturing will go a long way to achieving progress on Universal Health Coverage and tackling some of the most significant global health security challenges

Many funders, governments, regional bodies, procurement agencies, and health regulators have shown commitment to Africa's drive to make its own medicines, but this commitment now needs to be translated into practical support. The UK government can support this mission by backing organisations like MMV, and providing continued support for the multilateral instruments that can accelerate the localisation agenda.

CHAPTER 7

SAVING LIVES AROUND THE WORLD

THE GLOBAL FUND: A MULTILATERAL MODEL FOR A HEALTHIER WORLD IN A TIME OF CRISIS

THE GLOBAL FUND

Low/middle-income countries (LMICs) today are grappling with a complex web of crises. From the enduring impact of COVID-19 and the risk of future pandemics, to conflicts, climate change, mounting debt, and the erosion of human rights, these challenges demand collective action. Our shared humanity compels us to stand together, transcending borders and ideologies, to address these pressing issues. In this context, the need for effective, efficient institutions with proven track records to respond has never been greater.

The Global Fund is one such institution. Since 2002, it has invested over US$60 billion in more than 120 LMICs to fight HIV, tuberculosis (TB), and malaria, and strengthen health systems and pandemic preparedness.

Proof of its effectiveness is in the numbers: by the end of 2022, programmes supported by the Global Fund partnership had saved 59 million lives. In the countries where it invests, the Global Fund partnership has reduced the combined death rate of HIV, TB, and malaria by more than half.

The Global Fund works by pooling resources from governments, corporations, foundations, and high net worth individuals. The Global Fund provides 76% of all international financing for TB programmes, 65% of all international financing for malaria programmes, and 30% of all international financing for HIV programmes.

It allocates the funding through grants to LMICs using a formula that considers each country's income level and disease burden. The approach is both efficient and equitable. As a result, the Global Fund channels about 70% of funding to countries in Africa, and about 70% of funding to the 50 most climate-vulnerable LMICs.

Country ownership lies at the heart of the Global Fund's approach. It empowers countries and communities to tailor their responses to combat diseases such as AIDS, TB, and malaria based on their unique political, cultural, and epidemiological contexts. By placing country ownership at the centre, the Global Fund ensures that health interventions are not only impactful but sustainable.

The Global Fund is also the world's largest multilateral provider of grants for health systems, disbursing US$2 billion a year. These investments strengthen health systems by: building and reinforcing

laboratories; supporting supply chain management and information & financial management systems; tackling antimicrobial resistance (AMR) including drug-resistant TB; reinforcing community systems; and accelerating the shift towards patient-centred care. Community health workers, numbering over 2 million in regions supported by the Global Fund, are vital pillars of the healthcare system, particularly in reaching underserved, remote, and rural populations.

RESPONDING TO THE MAJOR CHALLENGES OF OUR TIME

The capabilities needed to fight HIV, TB, and malaria – disease surveillance, supply chains, surge manufacturing, among others – are the same capabilities needed to detect, prevent, and respond to new pandemics. The investments the Global Fund has made in resilient and sustainable systems for health underpin efforts not only to defeat today's infectious diseases, but to thwart tomorrow's threats.

New pathogens and pandemics continually threaten collective progress. The COVID-19 pandemic caught the world off-guard. Fortunately, the Global Fund was ready to support the response. The Global Fund raised US$5 billion in additional funding to fight COVID-19 and served as a key channel of tests, treatments, personal protective equipment (PPE), and oxygen to LMICs.

Countries where health systems are harmed by conflict, natural and human-caused disasters, weak governance, or other crises present challenging operating environments. Such countries constitute roughly a third of the Global Fund's allocation. They represent approximately 25% of the worldwide disease burden for HIV, TB, and malaria. Since 2002, the Global Fund has disbursed US$15 billion towards programmes in these countries, including over US$130 from its Emergency Fund.

Progress in global health cannot be made without safeguarding human rights, combating gender inequalities, and rectifying other inequities.



Credit: **The Global Fund /Roan Paul**

Insufficient progress on these cross-cutting challenges has particularly harmed progress in HIV prevention. The Global Fund actively addresses barriers to health services, developing evidence-based programmes with direct involvement and leadership from impacted populations.

Addressing gender disparities is also vital for reducing vulnerabilities to infectious diseases and ensuring equal access to healthcare services. Every week, about 4,000 adolescent girls and young women aged 15-24 are infected with HIV globally. 82% of adolescent girls and young women who acquired HIV in 2022 live in sub-Saharan Africa, including two-thirds in eastern and southern Africa. With the population of 15- to 24-year-olds in sub-Saharan Africa expected to increase by 40% over the next decade, failure to act decisively will lead to a significant resurgence of HIV.

A substantial portion of Global Fund funding directly benefits sexual and reproductive health and rights, including comprehensive sexual education, addressing gender-based violence, HIV treatment, and support for girls' education. Targeted investments in HIV treatment and prevention interventions have led to significant decreases in HIV incidence in this group. In 2022, approximately 120,000 adolescent girls and young women were newly infected with HIV in the Global Fund's 13 focus countries in sub-Saharan Africa. While these are infections that could have been prevented, this represents a 67% reduction in incidence rate among adolescent girls and young women in these countries since 2010. This proves the effectiveness of focused interventions.

Climate change poses an existential threat to progress. Floods, droughts, cyclones, hurricanes, and climate-related conflicts drive displacement, destroy health facilities, and often make it impossible to sustain long-term treatment regimens. Warmer temperatures are expanding the geographies where mosquitos thrive. The Global Fund supports countries to adapt and respond, working to ensure sustainable supply management and safe waste disposal, and providing emergency funding after climate disasters. For example, after Pakistan's flooding in 2022, the Global Fund provided US$30 million in emergency funding to bring mobile medical clinics to remote areas to test for malaria and provide treatment, as well as to deliver bed nets and medicine for prevention.

FINANCING GLOBAL HEALTH

Official Development Assistance (ODA), particularly grant financing, remains essential to international development efforts. Allocated strategically, ODA can generate transformative change and steer the world towards greater equity and prosperity. The Global Fund partnership's strategic allocation of resources for maximum health impact saved 59 million lives by the end of 2022 – a remarkable achievement.

Of course, domestic resources also play a pivotal role in development. The Global Fund supports countries with technical assistance to improve national financial planning. It also works to identify and address bottlenecks in mobilising and effectively using domestic financing for health. Global Fund allocations are subject to co-financing requirements: countries must provide a specified amount of domestic financing to unlock a portion of their Global Fund grant, thereby sharing responsibility and gradually encouraging partner countries to increase government spending on health. The debt crisis in many implementing countries poses a particular challenge to increasing domestic investments in health. The Global Fund

actively collaborates with countries to navigate these challenges, with a specific focus on increasing healthcare access for all.

Complementing grants with additional financing sources such as private sector contributions and innovative financing mechanisms amplifies the impact of ODA. Private sector engagement is crucial for mobilising additional resources and bringing innovative solutions to scale. Public-private partnerships harness corporate expertise, technology, and financial resources, catalysing transformative change. The Global Fund's success in raising over $3.9 billion in private-sector funding is a testament to the impact of such collaborations.

Innovative financing mechanisms can effectively mobilise non-ODA resources to complement ODA initiatives. Global Fund investments have leveraged substantial loans from the World Bank in countries like Indonesia and Pakistan. The Debt2Health initiative further illustrates the potential of such mechanisms, generating additional funding for domestic health programmes by allowing lender countries to cancel debt owed by a Global Fund partner country in exchange for a commitment by the borrower country to spend the savings on health priorities.

SMART SPENDING

The Global Fund works tirelessly to reduce the prices of essential medicines. In 2022, the Global Fund's Pooled Procurement Mechanism managed total orders amounting to US$1.47 billion, benefitting over 83 countries and generating savings of US$49.7 million. Through negotiations in 2023, the Global Fund successfully drove the cost of HIV treatment down from US$10,000 a year in 2000 to just US$45. The Global Fund's scale and experience offer negotiating power to cut costs, significantly broadening access to life-saving treatment. Additionally, the innovative online marketplace, wambo.org, equips countries with essential tools to procure affordable, quality-assured healthcare products, further advancing the overarching objective of country ownership and accessible healthcare for all.

The Global Fund has also introduced a Revolving Facility to negotiate better supply terms for new global health products, making them more affordable and accessible in LMICs.

FINISHING THE FIGHT, TOGETHER

The compounding challenges highlighted in this essay – future pandemics, conflict, deepening inequalities, growing threats to human rights, and climate change – put the target of ending the AIDS, TB, and malaria epidemics by 2030 increasingly at risk. To end these diseases, the global community must continue to invest in innovations, find efficiencies, and accelerate efforts to end the stark inequities that fuel HIV, TB, and malaria.

Multilateral collaboration is the cornerstone of global progress. It transcends borders. By pooling resources, expertise, and goodwill, we can tackle shared challenges to ensure a healthier and more equitable world for all. As an historical leader in international development, the United Kingdom must champion multilateralism and keep a strong focus on health, equity, and poverty reduction.

GAVI AND GLOBAL FUND COLLABORATION ON MALARIA

Malaria is one of the biggest global health threats, with an estimated 249 million malaria cases and 608,000 malaria deaths globally in 2022, almost all of them in Africa. On this continent, the disease is one of the biggest killers of young children, with half a million children under the age of five dying each year.

Gavi and the Global Fund are working together to fight malaria and ensure that all the tools currently available are used effectively to reduce malaria cases and deaths. As the two largest multilateral investors in global health, Gavi and Global Fund share the same goal: to save lives. Our work is driven by country ownership: the countries where we invest take the lead in determining how to tailor their fight against diseases. Gavi currently supports the 57 lowest-income countries globally, and the Global Fund invests in over 100 countries. Most of these countries overlap in Africa and Asia.

The Global Fund has played a crucial role in global efforts to combat malaria since it was established in 2002, providing 65% of international funding for malaria programs, with an investment in the fight against malaria exceeding US$18.8 billion as of March 2024. Its programs encompass prevention, testing, and treatment. In 2022 alone, the Global Fund partnership distributed 220 million mosquito nets to protect families, conducted indoor residual spraying in 8.5 million structures, administered seasonal malaria chemoprevention to 37.1 million children, and provided preventive therapy to 14.6 million pregnant women. Additionally, they tested 321 million suspected cases of malaria and treated 166 million malaria cases during the same period.

The approval of two malaria vaccines – the RTS,S/AS01 vaccine in 2021, and the R21/Matrix-MTM vaccine in 2023 – adds two important tools in the fight against malaria. Gavi-supported malaria vaccines should be provided as part of a comprehensive malaria control strategy and paired with the existing tools to prevent malaria that are part of Global Fund-supported programs: including insecticide-treated mosquito nets, indoor residual spraying, seasonal malaria chemoprevention, and the timely use of malaria testing and treatment. Rolling vaccines out alongside other tools ensures that the impact of the interventions is maximized. Most recently the Global Fund with Unitaid and partners led pioneering work in introduction and scale up of dual active (chlrofenapyr/pyrethroid nets) nets that combat insecticide resistance and ramp up of scale up seasonal malaria chemoprevention MC across the Sahel region and other geographies where appropriate.

Building on existing clinical evidence, Gavi, the Global Fund and Unitaid committed nearly US$70 million to fund pilots to introduce the RTS,S malaria vaccine through routine immunization programs in Ghana, Kenya and Malawi. As of March 2023, and nearly four years since the start of vaccinations, over 4.3 million RTS,S/AS01 vaccine doses had been administered across Ghana, Kenya and Malawi.

The pilots were a success, with the vaccine shown to reduce all-cause mortality by 13% and hospitalizations from severe malaria by 30%. One of those pilot countries, Ghana, has now set its sights on the elimination of malaria from large areas of the country. The pilots, which were coordinated by WHO, have also captured important lessons for countries as they plan their own vaccine introductions, and have shown how powerful malaria vaccines can be when used alongside existing control measures in the context of comprehensive malaria control and prevention.

The rollout of the RTS,S vaccine is building momentum: in February, Burkina Faso joined Cameroon by introducing the vaccine in areas of high and moderate malaria transmission, and Gavi has received applications from a total of 20 countries to support vaccine introduction. A second vaccine developed in the UK, R21, may be ready for introduction to countries in mid-2024, and could play a key role in meeting the burgeoning demand for malaria vaccines.

Gavi and the Global Fund work closely together with partner countries to introduce innovative interventions as part of a holistic package of measures, and we coordinate investments to strengthen key health system functions that can be "benefit multipliers" for other critical public health functions. Targeted strengthening in areas such as service delivery, data systems, cold chain and supply chain management and resilience, not only facilitates the rapid and efficient roll-out of malaria countermeasures, but also has significant ancillary benefits for outbreak preparedness and response, primary healthcare and routine immunization.

By working together, we can support high-burden countries to turn the corner on malaria control. The Global Fund partnership has cut the combined death rate from AIDS, tuberculosis (TB) and malaria by more than half, saving nearly 60 million lives since 2002. Gavi has helped vaccinate a whole generation – over 1 billion children since 2000, preventing more than 17 million future deaths. Now, with the new tools at our disposal, we have a once in a generation opportunity to transform malaria control efforts. It is an opportunity we cannot afford to miss.

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