

Parliamentary Delegation to **Malawi**

July 2023



8 RTS,S malaria vaccine



10 Trachoma elimination

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13 The Global Fund to Fight AIDS, Tuberculosis and Malaria



16 Malawi Liverpool Wellcome Programme



19 Kamuzu University of Health Sciences



20 National Assembly

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Catherine at Ndriande Health Clinic in Blantyre

Malawi is affectionately known as the warm heart of Africa, and it is clear to see why. In July, I travelled to the country with a small group of cross-Party colleagues from the All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases, which I co-chair. Tan Dhesi, Patrick Grady, James Sunderland, and I were warmly welcomed to this beautiful country, and had an opportunity to meet with so many inspiring people.

All four of us are united in a desire to see the elimination of malaria and neglected tropical diseases. These diseases have a devastating impact on individual lives and livelihoods, on families, on communities, and on countries in which they are endemic. During our visit, we were able to meet so many incredible people and to hear powerful and moving testimonies from those affected, as well as to celebrate some of the inspiring work of healthcare professionals and community health workers who are the backbone of the response.

We had an incredibly tight schedule, but were able to travel to many different projects – we saw a baby being given her first dose of the ground-breaking RTS,S malaria vaccine and met one of the first children in the world to have been given the vaccine; we met individuals who had recovered from eye surgery to treat years of blindness as a result of trachoma; we saw a whole community energised by an indoor residual spray campaign which had significantly reduced cases of malaria. We were also able to meet with dedicated scientists and researchers from all over the world, coming together to find new and innovative ways to treat and eliminate disease – the Malawi Liverpool Wellcome Programme being a real example of collaboration to deliver global impact and influence.

The recent Kigali Declaration on NTDs highlighted two factors that are particularly important if progress is to continue in the

fight against these debilitating diseases: country ownership and partnership. What we saw in Malawi is a shining example of that – with the Ministry of Health playing a pivotal role in the recent elimination of trachoma and taking a lead in tackling malaria through its National Malaria Control Programme and delivery of the RTS,S malaria vaccine pilot programme. We also saw the strength of collaboration throughout all the projects we saw – partnerships across central and local government, local, national, and international NGOs and charities, and across the scientific and research community.

Fighting disease has a ripple effect helping to improve outcomes beyond just health. More children are able to go to school, more adults are able to go to work, and individuals, families, communities, and nations are able to thrive. Malawi is one of the poorest countries in the world – with a low life expectancy, a large population living in rural areas away from healthcare settings, and challenges relating to climate change, hunger and malnutrition, education, and endemic diseases. Treating, controlling, and eliminating these diseases in Malawi will have an impact not just on individual lives, but on the country and region as a whole. We saw some successes but there is a way to go. Our group will champion UK efforts to support that work.

Catherine West

Catherine West

MP for Hornsey and Wood Green

Co-Chair of the All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases

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

- raising the profile of malaria and NTDs;
- demonstrating the impact and value of UK aid;
- supporting and promoting British-backed science, research, and innovation, with a particular focus on UK regional-based malaria and NTD research institutions; and
- building close working relationships with Parliamentary Groups, forums, and caucuses in malaria and NTD endemic and other donor countries.

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

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

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

Previous APPG delegations have included visits to Kenya and Tanzania in 2018 and, more recently, to Rwanda in 2022 for the Kigali Summit on Malaria and NTDs which took place alongside the Commonwealth Heads of Government Meeting (CHOGM). This July, the APPG visited Malawi for a packed five-day visit, taking in two cities, a visit to Malawi's Parliament, and countless meetings with people affected by and working to tackle malaria and NTDs on the ground.

This report is a short summary of that visit, with a focus on some of the incredible work we saw in Malawi, and the inspiring people we met. As with all APPG reports, this is not an official publication of the House of Commons or the House of Lords and has not been approved by either House or its Committees. The views expressed in this report are those of the Group.

Malawi

The Republic of Malawi is a landlocked country in south-eastern Africa, known affectionately as the ‘warm heart of Africa’. With a diverse geography, including rolling plains, highlands, and vast lakes, Malawi is bordered by Zambia to the west, Tanzania to the north, and Mozambique to the east, south and southwest. Malawi’s capital, administrative centre, and largest and most populated city, is Lilongwe; its second largest is Blantyre, the country’s centre of finance and commerce. Covering about one-fifth of Malawi’s area is Lake Malawi, the third largest and second deepest lake in Africa, home to more species of fish than any other in the world, nearly all of which are endemic to the lake. Malawi’s climate is sub-tropical, with a rainy season from November to May and a dry season from May to November.

Malawi’s economy is small and largely dependent on rain-fed agriculture, with a narrow export base. Current GDP per capita is around US\$ 580¹ and GDP growth is not expected to exceed 2.7 per cent this year². Malawi is one of the poorest countries in the world, ranking 169 out of 191 countries in the Human Development Index. 70 per cent of the population live below the income poverty line, and approximately 63 per cent of children live in poverty³. Consequently, Malawi has one of the most aid-dependent healthcare systems in the world, facing challenges related to population density, weak growth, limited connectivity with the region, climate change and environmental degradation, hunger and malnutrition, education, and endemic diseases.

Malawi has a population of over 20 million, the majority of whom are under 65 years of age – the country has one of the lowest life expectancies in the world. More than 80 per cent of people live in rural areas, far from healthcare settings – Malawi has 0.04 doctors and 0.44 nurses per 1,000 population; there are currently approximately 350 clinical doctors in the country⁴. Infectious diseases such as HIV, tuberculosis (TB), malaria, and NTDs – all preventable diseases – are major causes of disability and death amongst adults and children. The under-five mortality rate is 43.7 per 1,000 live births, and the maternal mortality ratio is 349 per 100,000 live births⁵. Hospitals currently have a 50 to 60 per cent availability rate of essential medicines⁶. Malawi is also now experiencing one of the worst outbreaks of cholera in its history, exacerbated by recent storms and subsequent flooding.

Malawi is vulnerable to climatic shocks and demographic challenges. Adverse weather conditions affected the 2021/2022 agriculture growing season, and two successive tropical storms destroyed lives, livelihoods, infrastructure, and a third of the

country’s electricity generation capacity; the recent Cyclone Freddy at the start of the year had a devastating impact, killing 225 people, with 30 emergency camps set up for at least 20,000 people who had to leave their homes⁷. The storm also crippled power supplies, with most parts of the country experiencing prolonged blackouts. Fuel shortages are not uncommon.

Malaria in Malawi

Malaria is a life-threatening disease spread to humans by certain types of mosquitoes. Nearly half of the world’s population is at risk of malaria – with 95 per cent of cases and 96 per cent of deaths in the Africa region. Children under five account for about 80 per cent of those deaths – a child dies of malaria every minute.

Plasmodium falciparum is the deadliest malaria parasite and the most prevalent on the African continent. Malawi is endemic for *Plasmodium falciparum* malaria across all districts, with the entire population at risk. In 2021, there were over 4.3 million cases of malaria and 7,392 deaths⁸. The World Health Organization (WHO)’s World Malaria Report 2022 ranks Malawi 15th for malaria cases globally, with 1.7 per cent of global cases, and 22nd for malaria deaths, with 1.2 per cent of deaths globally. It is a leading cause of morbidity and mortality in children under five in Malawi, and malaria infection during pregnancy is a major cause of maternal and neonatal death. Data collected from Malawi’s Health Management Information System (HMIS) in 2018, reported by World Vision Malawi, demonstrates the devastating social and economic impact malaria has on the country, at both a household and national level – malaria accounts for over 30 per cent of outpatient visits and 34 per cent of in-patients. The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) notes that ‘the disease is hyperendemic in Malawi, and controlling transmission, particularly given the country’s high temperatures, rainfall and humidity, presents a key challenge that can only be met with sustained, high-impact interventions’⁹.

Malawi is committed to fighting malaria. Established in 1984, the National Malaria Control Programme (NMCP) in Malawi is housed under the Directorate of Preventive Health Services within the Ministry of Health, with the vision that ‘all people in Malawi are free from malaria’, through universal coverage and equitable distribution of key malaria interventions. The implementation of the country’s Malaria Control Strategy is guided by evidence-based decision making, building partnerships, collaborating with both domestic and international allies, and use

of appropriate innovative technologies. Key malaria interventions are delivered under thematic areas, including: vector control; case management; social and behaviour change; malaria in pregnancy; procurement and supply chain management; and surveillance, monitoring, evaluation and operational research.

Consequently, Malawi has made progress in tackling malaria despite challenges in the country’s healthcare delivery systems such as limited government funding and a lack of trained staff. The WHO’s World Malaria Report 2022 notes that malaria transmission is stable in most of Malawi. The Global Fund notes that ‘although Malawi is still in the control phase of the malaria epidemic, strong gains have nonetheless been made against the disease’¹⁰. Although not on track for malaria morbidity and mortality in both the Global Technical Strategy for Malaria 2016-2030 (GTS) milestones, and the Commonwealth 2030 targets, Malawi did achieve reductions in malaria case incidence by 2021 compared with 2015, though did so by less than 40 per cent.

In terms of interventions, the WHO’s World Malaria Report 2022 gave Malawi a modelled percentage of 54.1 per cent of the population with access to an insecticide-treated bed net (ITN), with 9.1 million long-lasting insecticidal nets (LLINs) distributed in 2021, up from just under a million in 2020 and just over a million in 2019. The Global Fund notes that ‘a doubling in the rates of access and use of LLINs has helped set new cases on a slow yet steady downward course’¹¹. In addition, 2.4 million people in Malawi were protected by indoor residual spraying (IRS) in 2021. Malawi also had more than 30 per cent of eligible women receiving at least three doses of Intermittent Preventive Treatment of Malaria for Pregnant Women (IPTp3) in 2021. The African Leaders’ Malaria Alliance (ALMA) 2020 Scorecard for accountability and action, showed progress in stocking rapid diagnostic tests (RDT) and artemisinin-based combination therapy (ACT), but noted that more effort is required.

Neglected Tropical Diseases in Malawi

Neglected Tropical Diseases, or NTDs, are a group of 20 diseases which are mainly found in tropical areas, predominantly affecting poorer communities, women, and children. They particularly thrive where healthcare, sanitation, and clean water are limited. They are preventable and treatable, often at a very low cost. As their name suggests, they are very neglected – especially in terms of funding and research. They cause devastating health, social, and economic consequences to more than a billion people worldwide. They disfigure, disable, keep children out of school and parents out of work, often contributing to the cycle of poverty.

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

Over one third of people affected by NTDs live in Africa, and Malawi is endemic for diseases including schistosomiasis, onchocerciasis, human African trypanosomiasis, rabies, leprosy, and soil transmitted helminths. Malawi is ranked 10th on the 2021 Africa NTD League Table, and is labelled as ‘progressing’, meaning that progress has been made but more effort is required.

Malawi has eliminated two NTDs in recent years. In 2020, Malawi eliminated lymphatic filariasis (or elephantiasis), a painful and profoundly disfiguring disease which impairs the lymphatic system and can lead to the abnormal enlargement of body parts. Elimination was the result of Malawi’s comprehensive mass drug administration (MDA) programme which began in 2008, with assistance from the Liverpool School of Tropical Medicine (LSTM)’s Centre for Neglected Tropical Diseases (CNTD) which, funded by UK Aid, supported the delivery of over 335 million treatments of combined preventive chemotherapy for the disease. In 2022, Malawi eliminated its second NTD, the eye disease, trachoma, as a public health concern.

Malawi is committed to fighting NTDs, as demonstrated by becoming one of the first endemic countries to endorse the Kigali Declaration on NTDs – a high level political Declaration led by endemic countries designed to mobilise political will and secure commitments to achieving global NTD goals. On World NTD Day 2023, Honourable Lazarus McCarthy Chakwera, the President of Malawi, shared his vision for a world free of NTDs, noting that the elimination of trachoma served as a reminder that NTDs cause suffering to millions and “we simply cannot afford to neglect them any longer”... “even where an entity has been eradicated, it is imperative that we remain vigilant, because complacency is a recipe for disaster”.

The UK in Malawi

The UK has a long history in Malawi, including through the Commonwealth. The Foreign, Commonwealth and Development Office (FCDO)’s Mission in Malawi is to make a positive difference in pursuit of the UK’s global objectives, with mutual benefit to the prosperity of Malawi and the UK. To do this, the FCDO works in partnership with the Government and people of Malawi, together with international partners, to reduce poverty, encourage growth, and support good governance and respect for human rights, while improving local and international security and stability.

The latest profile on Malawi was published by FCDO (DfID) in 2020, with data from 2018. Headline deliverables included: building resilience to crises, including supporting the Government of Malawi reforms to improve food security; prioritising the poorest and most vulnerable, including women and girls and those living with disabilities; and building institutions and economic development, especially through agribusiness.

Recent UK support for Malawi has included providing an emergency package of assistance following Cyclone Freddy.

1 International Monetary Fund, World Economic Outlook Database, October 2023

2 President Dr Lazarus Chakwera, State of the Nation Address, February 2023

3 UNICEF

4 Malawi Liverpool Wellcome Programme

5 Ibid

6 President Dr Lazarus Chakwera, State of the Nation Address, February 2023

7 BBC, Tropical Storm Freddy: Malawi hit by national tragedy, March 2023

8 Commonwealth Malaria Tracker, 2021

9 Global Fund dataset for Malawi

10 Global Fund dataset for Malawi

11 Ibid

Site visits



The delegation with officials, healthcare workers, and families at Mitundu Community Hospital

Site visit: RTS,S malaria vaccine

In October 2021, RTS,S/AS01 (RTS,S) became the first malaria vaccine to be recommended by the WHO for widespread use among children living in sub-Saharan Africa and in other regions with moderate to high *Plasmodium falciparum* malaria transmission. *Plasmodium falciparum* is the deadliest malaria parasite globally and the most prevalent in Africa. The vaccine is provided in a schedule of four doses in children from five months of age, and is designed to prevent the parasite from infecting the liver, where it can mature, multiply, re-enter the bloodstream, and infect red blood cells.

The vaccine is an historic breakthrough for science, child health, and malaria control and is the result of 30 years of research and development by GSK, through a partnership with PATH, with support from a network of African research centres¹². Early clinical development was conducted by GSK in collaboration with the Walter Reed Army Institute for Research. In January 2001, GSK and PATH's Malaria Vaccine Initiative (MVI) entered into a public-private partnership to develop RTS,S and, between 2001 and 2015, the Bill & Melinda Gates Foundation provided catalytic funding for its late-stage development.

The vaccine was informed by the findings from pilot implementation of RTS,S that began in 2019 in areas of Ghana, Kenya, and Malawi, led by Ministries of Health, coordinated by the WHO, and supported by in-country and international partners, including PATH, UNICEF, and GSK. The pilot programme was designed to evaluate the feasibility, safety, and impact of the

vaccine in real-life, childhood vaccination settings – including whether caregivers would bring their children to clinics for the four-dose regimen and the vaccine's impact on reducing childhood illness and death from malaria. Financing for the pilot was through an unprecedented collaboration among three key global health funding bodies – Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and Unitaid – with GSK donating up to 10 million doses of the vaccine.

Through the pilot, RTS,S has reached nearly 1.7 million children as of October 2023 with at least one dose of vaccine and more than 4.5 million doses of the vaccine have been administered through the implementing countries' routine immunisation programmes. The three pilots are ongoing, continuing throughout 2023 to understand the added value of a fourth vaccine dose and to measure the longer-term impact on child deaths. Further rollout to young children at greatest risk of malaria illness and death in malaria-endemic countries is possible by early 2024. The WHO estimates that RTS,S could save the lives of an additional 40,000 to 80,000 African children each year, once implemented at scale.

Data and insights generated from two years of routine vaccination show that the RTS,S vaccine is safe, feasible to deliver, and reduces malaria – in the areas where the vaccine is being deployed, vaccination has shown a substantial reduction in deadly severe malaria, a drop in the number of children being hospitalised, and a reduction in child deaths. In addition, the high uptake across the three pilot countries indicates strong community demand for the vaccine. A qualitative study by PATH in collaboration with research consortia in the three implementing



Mothers and their babies queue for routine health checks and vaccinations

countries found that the malaria vaccine is acceptable to both health service providers and caregivers, and that trust in the vaccine has grown as caregivers see the benefit of vaccination for their children. The pilots have also shown that RTS,S increases equity in access to malaria prevention in vaccinating areas – with equitable coverage across socio-economic groups, regardless of gender, and more than two-thirds of children in the implementing areas who were not sleeping under a bed net receiving the vaccine. This has resulted in 90 per cent of eligible children benefiting from at least one preventative intervention.

The delegation's first site visit was to Mitundu Community Hospital, an hour south of Lilongwe in Malawi's central region, where, in 2019, a little girl, Lusitana, became the first child in the world to receive a dose of RTS,S through the pilot programme.

As with the other pilot countries, the RTS,S malaria vaccine pilot programme is ongoing in Malawi as part of the country's childhood immunisation programme. The Ministry of Health is currently delivering the vaccine to eligible children across 11 out of 28 districts in Malawi – targeted because of their high malaria burden – with an intention to roll-out throughout the rest of the country within the next year. The vaccine has seen a high uptake with 95 per cent of eligible children receiving the first dose, reducing to around 50 per cent of eligible children for the fourth dose. This uptake is being continually monitored to ensure the highest impact.

Since the introduction of the vaccine, Malawi has seen a consistent reduction in cases and deaths in the age group eligible to receive the vaccine. Importantly, there has not been a reduction in the use of other malaria interventions, with the vaccine being administered as part of a comprehensive malaria control plan which includes, for example, the delivery of long-lasting insecticidal bed nets to pregnant mothers and newborn babies, and case management at community level.

During the visit, the delegation met with doctors, nurses, and healthcare providers at the Community Hospital, together with representatives from Malawi's Expanded Programme on Immunization (EPI) and the National Malaria Control Programme (NMCP) within the Government of Malawi's Ministry of Health, and programme partners, including PATH's MVI. Members heard how the pilot programme has been rolled out, with safety concerns managed, and household surveys showing the positive impact on individual families. Members asked questions about the supply challenges, given that current estimates suggest that the initial supply of the vaccine is insufficient to meet need.

RTS,S is already clearly having an impact – and saving lives. The delegation was able to see first-hand the critical work of a group of incredible healthcare professionals administering the routine immunisation programme, including seeing a malaria vaccine being given to a five-month-old baby. The delegation also met with Evison Saimon, one of the very first children in the world to receive the vaccine, and his mother, to hear about the positive impact of the vaccine on their lives.



The delegation with officials and healthcare workers at Mitundu Community Hospital

¹² PATH MVI, The RTS,S malaria vaccine: First malaria vaccine recommended by the World Health Organization for children at risk, May 2023

Site visit: Trachoma elimination

Trachoma is the world's leading infectious cause of blindness, responsible for the visual impairment or blindness of about 1.9 million people globally. As of April 2023, 115.7 million people are at risk globally. Like many other NTDs, trachoma predominantly affects people living in the poorest areas of the world, often with limited access to clean water, sanitation, and health services. Almost 85 per cent of the population in Malawi lives in remote, rural communities that are far from the country's few eye health centres.

Trachoma is caused by the bacterium *Chlamydia trachomatis*, which presents in young children as a chronic inflammation of the eyelid. Repeated re-infection can cause scarring of the eyelid, which can turn eyelashes inwards so that they scrape painfully against the eyeball – left untreated, this can cause severe pain, vision impairment, and permanent sight loss.

While eyelid surgery can effectively address trachomatous trichiasis, the late blinding stage of trachoma, by repositioning the eyelid to prevent eyelashes from touching the eyeball, vision impairment and blindness resulting from trachomatous trichiasis cannot be reversed. This underscores the significance of comprehensive and equitable access to trachoma interventions, including a continuum of promotive, preventive, treatment, rehabilitation, and care interventions.

To combat trachoma, the WHO has endorsed a comprehensive package of interventions known as the SAFE strategy (Surgery, Antibiotics, Facial Cleanliness and Environmental Improvement):

- **Surgery** to treat the blinding stage of the disease, and stop eyelashes scraping the surface of the eye;
- **Antibiotic Zithromax®** (azithromycin) donated by Pfizer to clear the infection;
- **Facial cleanliness** and hand hygiene to help reduce transmission; and
- **Environmental improvements** to stop infection spreading.

In 1998, the World Health Assembly adopted Resolution 51:11, targeting trachoma for global elimination. The resolution called on Member States to implement the WHO-endorsed SAFE strategy and consider all possible intersectoral approaches for community development in endemic areas, particularly for greater access to clean water and basic sanitation for the populations concerned. The resolution also called for Member States to actively collaborate through the WHO Alliance for the Global Elimination of Trachoma, or GET2020 Alliance, which was formed in 1996 to provide technical leadership and coordination to the international efforts aiming to eliminate trachoma as a public health problem. In 2018 and 2022, Commonwealth Heads of Government also made a commitment to the elimination of trachoma as a public health problem.



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Former trichiasis surgery patients in Salima

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This global push for trachoma elimination has made real impact – the number of people at risk from trachoma has reduced by 92 per cent, from 1.5 billion in 2002 to 115.7 million in 2023, and the estimated number of individuals with trachomatous trichiasis reduced by 78 per cent from 7.6 million in 2002 to 1.5 million in 2023. Part of this success can be attributed to the establishment of NTD Departments within Health Ministries of endemic countries, which have enabled greater awareness, data collection, and resource mobilisation to address targeted public health issues like trachoma. As more countries reach elimination thresholds and validation of elimination by WHO, sustaining the impact achieved to date requires transitioning interventions from an elimination programmatic approach back into routine eye health units where appropriate.

In September 2022, the WHO announced that Malawi had been validated for the elimination of trachoma as a public health problem. At the time Malawi was the first country in Southern Africa, the fourth country in the WHO Africa Region, and the 15th country globally to achieve this milestone.

Malawi has focused on eliminating trachoma as a public health problem since baseline trachoma prevalence surveys were conducted in 2008 which confirmed that 17 out of 28 districts in the country were trachoma endemic. This led the Ministry of Health in Malawi to establish the country's first National Trachoma Control Program in 2011 and launch a formal national trachoma action plan in 2014. At the time of the launch, approximately 9.5 million of the 14 million people in Malawi were

at risk of trachoma. Between 2014 and 2019, elimination efforts were further accelerated with an infusion of support from The Queen Elizabeth Diamond Jubilee Trust Trachoma Initiative, which focused on supporting Commonwealth nations in scaling-up of all components of the SAFE strategy.

The Trachoma Initiative – an International Coalition for Trachoma Control (ICTC) partnership initiative, managed by the UK charity Sightsavers and implemented with support from several non-governmental organisation members of ICTC – applied a comprehensive approach to tackling trachoma within Malawi, working closely with the Ministry of Health, local NGOs and international partners. This included:

- training and certifying ophthalmic clinicians as trachomatous trichiasis surgeons;
- distributing antibiotics donated by Pfizer through mass drug administration to all at-risk populations, including every child under the age of 15;
- establishing community-based awareness raising campaigns, including through television and radio campaigns, the engagement of community leaders, and through supporting more than 250 schools to adopt improved hygiene and sanitation programmes; and
- improving access to clean water and sanitation, including through the introduction of 'tip taps' to help handwashing in areas with no running water.



The community celebrates successful trichiasis surgeries in Salima



The delegation meets healthcare workers in Salima



The delegation meets healthcare workers in Salima



Catherine speaks with Litines Dalali, a former trichiasis surgery patient

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During this time, Sightsavers and partners in Malawi delivered 22.25 million antibiotic treatments, helped more than 6,000 cases of advanced trachoma, and supported 253 schools to adopt facial cleanliness and hygiene practices to prevent the spread of trachoma in the country. Sightsavers and partners also helped to train 16 surgeons and carried out other activities to help strengthen the healthcare system in Malawi in the long term.

The delegation's second site visit was to Salima, a town set back from the shore of Lake Malawi in central Malawi to meet some of the inspiring health workers and surgeons who had been at the forefront of this amazing achievement. The delegation was also able to hear from some remarkable men and women who had received surgery for trachoma, regained their sight, regained their independence, and were able to enjoy time with their families without feeling like a burden. Their powerful testimonies showed the impact of these incredible efforts to treat and eliminate trachoma on individual lives.

The successful elimination of trachoma as a public health problem in Malawi provides important examples to countries across the region and within the Commonwealth that are working to eliminate the disease by 2030. The delegation also heard about key lessons learned from the approach adopted in Malawi – including the importance of increased mapping to understand where affected communities are, the development of a national programme to coordinate and implement all components of the SAFE strategy, and ensuring the integration of trachoma interventions into the formal health system to ensure interventions can still be accessed where needed after elimination has been achieved.

The delegation also heard about continued efforts to maintain eye health in Malawi, particularly in rural areas, and to tackle other diseases such as cataracts and onchocerciasis, also known as river blindness, with nearly 2.5 million people thought to be at risk from the disease in the country.

Site visit: The Global Fund to Fight AIDS, Tuberculosis and Malaria

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

In countries where the Global Fund invests, malaria deaths have dropped by 27 per cent between 2002 and 2022. In the absence of malaria control measures, deaths would have increased by 91 per cent, and malaria cases by 76 per cent, in the same period. Specific malaria interventions supported by the Global Fund include:

- testing and treatment of suspected malaria cases – in 2022 alone, the Global Fund tested 321 million suspected cases for malaria and treated 165 million cases;
- providing preventative treatment for pregnant women – in 2022 alone, the Global Fund provided preventative treatment for 14.6 million pregnant women;

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



The community celebrates the success of the IRS campaign in Balaka district



The delegation meets officials and healthcare workers at Balaka District Council

The Global Fund has four active investments in Malawi: two dual-component TB/HIV grants of up to a combined total of US\$430 million and two malaria grants of up to a combined total of US\$95 million. This funding is allocated for the 2021-2024 investment period and supports Malawi's bold targets for incidence and mortality reduction for the three diseases¹³. Cumulatively, Global Fund grants in Malawi have totalled over US\$2 billion since 2003 with more than \$US375 million allocated to malaria¹⁴. For the funding cycle 2018-20, the Global Fund grant represented 41 per cent of total resources available for tackling malaria and was the second biggest donor for malaria after the US Government (50 per cent). Domestic resources represented 0.9 per cent of total funds available.

The Global Fund has provided funds for the provision of LLINs, artemisinin-based combination therapy, supply chain management, programme management, and capacity building. In 2022, the Global Fund tested more than 10.9 million suspected cases for malaria in Malawi and treated more than 4.6 million cases. Over 1.9 million people and 399,291 households were covered by Indoor Residual Spraying (IRS)¹⁵.

The delegation's third site visit was to Balaka district in the south of Malawi to learn about the IRS campaign supported by the Ministry of Health through the National Malaria Control Programme (NMCP). This campaign is funded by the Global Fund through the 2021-2023 grant, and implemented through its fund recipient and implementation partner, World Vision Malawi. IRS is a core vector control intervention that can rapidly reduce malaria transmission. It involves the application of a residual insecticide to internal walls and ceilings of housing structures where malaria vectors may come into contact with the insecticide. In 2021, 53 countries implemented IRS to prevent malaria, including Malawi.

The Ministry of Health reprogrammed unspent funds from the 2018-2020 Global Fund funding cycle to support the implementation of IRS in Mangochi district, as a complementary intervention alongside existing malaria control and elimination

¹³ Global Fund dataset for Malawi
¹⁴ Ibid

- recruitment of 672 seasonal workers;
- capacity-building training;
- environmental compliance activities in readiness of the spray season; and
- social and behaviour change communications to increase community acceptance – including publications, road and market talk shows, mass media, and advocacy and community dialogue sessions.

IRS itself is carried out between October and December each year, covering a period of 36 days. The project goal for Balaka district is to spray 85 per cent of targeted structures each year. During the 2022 spray season, the campaign achieved 95.1 per cent spray progress (structures sprayed against targeted sprayable structures) and 91.4 per cent spray coverage (structures sprayed against structures found). In total, 126,315 structures were sprayed in 2022, protecting a population of 425,429, including 63,886 children under five and 7,403 pregnant women. In the village clinic the delegation visited, Mtira, the malaria incidence rate has reduced from 164 positive cases in 2019, to 36 as of June 2023.

The delegation received an informative presentation at Balaka District Council on the results of the IRS campaign to date, and on the challenges to malaria control and prevention, including the impact of Cyclone Freddy on the community. The delegation then visited the district's main warehouse where IRS commodities are safely stored, before travelling to Mbera operational site to see a simulated demonstration of how structures are safely sprayed in the community. At Mbera, the delegation was welcomed by the entire village community with singing, dancing, and presentations from Group Village Heads about the success of the IRS campaign. The delegation also visited Mtira community clinic to see how suspected cases of malaria are managed and treated at a local level, and to meet with some of the incredible community health

¹⁵ Global Fund dataset for Malawi

efforts. Following savings realised from this campaign, the IRS intervention was scaled up across two further districts – Balaka and Nkhatabay, both high-burden districts. The campaign has seen promising results: across the three districts combined, two million people have been protected by the IRS campaign, leading to a 50 per cent reduction in malaria cases.

2023 is the fourth year of implementation of IRS across Balaka, following successful implementation in 2020, 2021, and 2022 respectively. To date, the IRS campaign in Balaka district has been carrying out a number of activities to achieve its objectives, including:

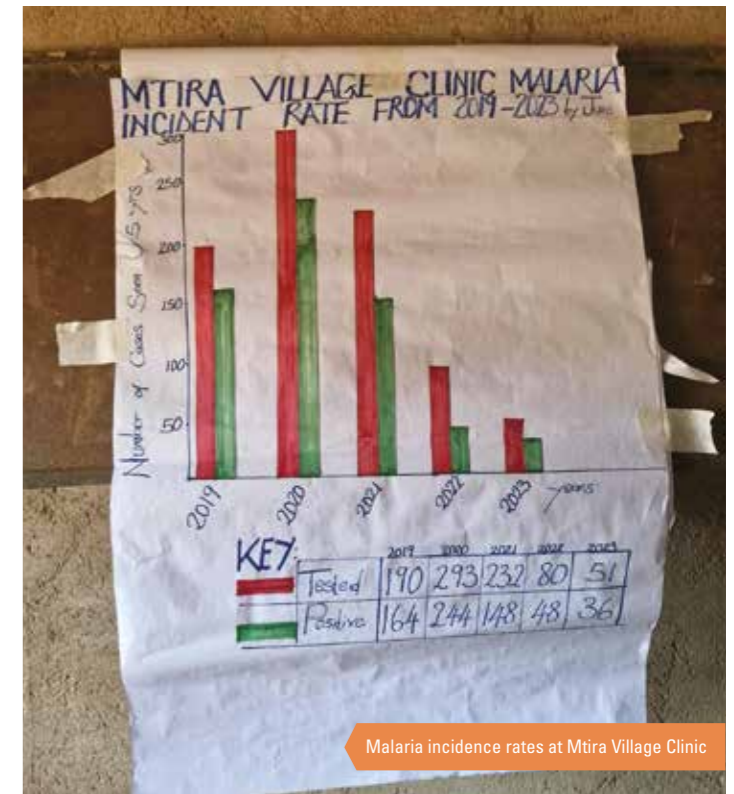
workers dedicated to the community. IRS is intended as an additional malaria intervention, and it was important to hear about efforts within the community to continue the mass distribution of long-lasting insecticidal nets and other life-saving interventions.

2023 is expected to be the final year of the current IRS campaign in Balaka and across the three implementation sites. The delegation will be interested to hear more about plans to continue, or even extend IRS, across Malawi, especially given its success in reducing cases. We understand that Malawi is moving towards the broader use of Insecticide Treated Nets (ITNs) – whose efficacy is similar to the more expensive IRS – following the introduction, availability, and recommendation by the WHO for the use of a more affordable, new type of net, Interceptor® G2 (IG2). In the case of the Global Fund, this means that grants will support the procurement of IG2 ITNs for one Mass Distribution Campaign scheduled for 2024 and one round of school-based distribution in those districts where IRS has been removed. Communication will be key to ensure that communities understand the changes to any interventions distributed and used, and to ensure continuous use of interventions.

The Global Fund also provides support to Malawi through wider health system strengthening, and increasing access to health services – including through the establishment of new health posts across the country to help move Malawi towards universal health coverage. This work is supported through the Global Fund's COVID-19 Response Mechanism (C19RM) which has awarded US\$4.3 billion to 131 countries since April 2020, to mitigate the knock-on impact of the COVID-19 pandemic on programmes to fight HIV, TB, and malaria, and to initiate urgent improvements in formal and community health systems. The UK's FCDO has contributed around £60 million to the fund.

The delegation's fourth site visit was to Kanolo Health Post, currently under construction in Dedza district, just over 80 kilometres south-east of Lilongwe. Kanolo has a population of 50,099 who will all benefit from the new health post, as well as surrounding villages. The nearest public health facility to this area is Lobi Health Centre which is located about 20 kilometres away – there is no direct means of transport to this clinic and it takes a minimum of two hours to get there by foot. As a result of the distance, and the lack of immediate access to healthcare services, the community of Kanolo has been experiencing many deaths in those under the age of five. In some instances, pregnant mothers have had to deliver the babies on the way to health centre. The other nearest small facility is a private-for-profit clinic, about 12 km away and unaffordable for the majority of villagers.

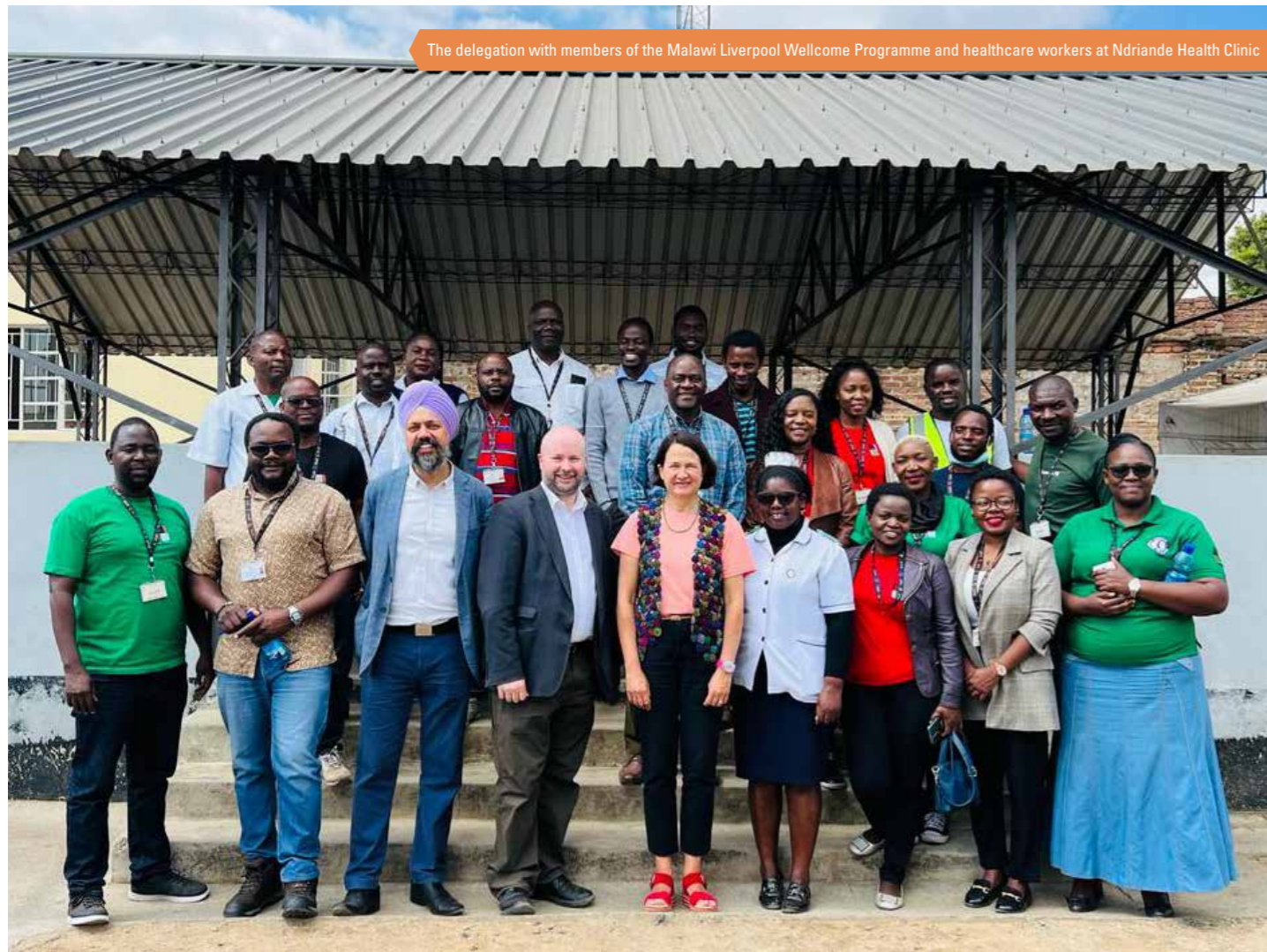
The Government of Malawi, through the Ministry of Health, has announced plans to construct 55 health posts in all districts across the country, including the new health post at Kanolo. The project is supported by a \$4.6 million grant from the C19RM and is co-financed with about \$1 million from the Government of Malawi. 20 health posts are currently under construction.



Malaria incidence rates at Mtira Village Clinic

Once constructed, the health post will house a clinic, two houses for health workers, a borehole, and a solar power supply for the facility and the houses. The delegation met with construction workers and with representatives overseeing the design and implementation of the project to learn more about progress and the impact the post will have on the community. Construction began in September 2022, and is due for completion in August 2023 – heavy rains have, however, had an impact on progress, especially on access to villages.

The work the delegation saw at Kanolo highlights the significant role the Global Fund can play in wider health system strengthening and in supporting resilient and sustainable systems, through bringing health services closer to communities. The Global Fund also worked to support Malawi through the COVID-19 pandemic. In Malawi only 0.1 per cent of the population had been tested for COVID-19 by mid-July 2020. In 2021, through the C19RM, the Global Fund supported Malawi with over US\$102.5 million to fight COVID-19, including for the provision of diagnostic tests and oxygen equipment and infrastructure. With these investments, Malawi built and renovated some of the health facilities and infrastructure needed to respond to the pandemic. C19RM funding also supported the recruitment of healthcare workers that were needed to alleviate the staff shortages at overwhelmed health facilities, and the procurement of personal protective equipment to protect them. The Global Fund also supported Malawi to strengthen its laboratory and surveillance systems, and to adapt HIV, TB, and malaria programmes to ensure service delivery and access throughout the COVID-19 pandemic, including strengthening community-led risk communication and monitoring activities. These investments contribute to strengthening systems for health and improving pandemic preparedness, so that Malawi can effectively respond not only to COVID-19 but also to other infectious diseases including malaria.



The delegation with members of the Malawi Liverpool Wellcome Programme and healthcare workers at Ndiande Health Clinic

Site visit: Malawi Liverpool Wellcome Programme

The Malawi Liverpool Wellcome Programme (MLW) based in Blantyre, is one of the leading research institutions in any low-income country worldwide. Built around laboratories, it provides training for the next generation of clinical researchers and supports research nurses and clinicians at the nearby Queen Elizabeth Central Hospital (QECH). It is closely linked with the community and is an integral part of the Kamuzu University of Health Sciences (KUHeS), which houses the Blantyre Blantyre Research Facility, supported by the University of Glasgow. MLW's international partners include the Liverpool School of Tropical Medicine (LSTM), the University of Liverpool (UoL), and the Wellcome Trust. These relationships provide a unique opportunity replicated in few centres in Africa to study major health issues spanning both community and hospital settings.

Malawi's specific health challenges also present unique opportunities for research and innovation. MLW works to deliver excellent clinical research across a wide global health portfolio spanning disease areas such as malaria, NTDs, TB, HIV, typhoid, childhood diarrhoea, meningitis, salmonella, stroke, pneumonia, and respiratory infections – with a focus on infectious and non-communicable diseases. The programme has impact and influence across health and policy both nationally and globally – for 30 years, MLW has pioneered major interventions and managed large clinical trials. This includes the trial of a modern

rotavirus vaccine which cut infant deaths from diarrhoeal disease in Malawi by 39 per cent, and work on HIV self-testing which led to the first demonstration of the feasibility and safety of this method, ultimately influencing international guidelines. For malaria, MLW has a 25-year history of world-class severe malaria research – work which has helped to define those at greatest risk of death, improved understanding of severe disease, and improved outcomes in patients with cerebral malaria, a serious neurological complication of severe malaria.

The delegation's fifth site visit was to MLW for a packed two-day programme of presentations, meetings, and laboratory, hospital, and community visits. The visit coincided with a visit to Blantyre by the Director of the Liverpool School of Tropical Medicine (LSTM), David Laloo, enabling the delegation to see the strength and depth of collaboration and partnership between MLW and LSTM.

During the delegation's visit to MLW, the group received presentations across a number of areas, led by MLW's dedicated and inspiring Director, Professor Henry Mwandumba, a clinician scientist, Professor of Immunology and Infectious Diseases at LSTM, and an honorary consultant physician at QECH. Professor Mwandumba welcomed the delegation and gave an overview of the scope of MLW's work, introducing core research themes – vaccines; maternal, neonatal and child health; population health; infection biology; clinical and experimental medicine; and social



Construction of the new CREATOR building

science – and new opportunities, including delivering postgraduate training impact through the new CREATOR project.

Following Professor Mwandumba's introduction, the delegation had an opportunity to hear from Tamara Chipasula-Makawa, MLW's Head of Operations, Dr Elias Phiri, who works in MLW's Policy Team, Dr Alice Mbewe, who works on translational science, and Dr Marc Henion, who co-leads the joint training and development programme across MLW and KUHeS. The group also met with Dr Janelisa Musaya who leads the NTD work. The delegation heard about challenges and opportunities for MLW, including the impact of reductions in UK Official Development Assistance (ODA) on, for example, training, as well as the importance of collaboration and partnership across global health, the importance of education at all levels as a key to tackling development goals – MLW has, for example, an exciting Science For All campaign aimed at engaging primary and secondary school children – and the importance of community engagement and creating solutions together with local communities.

Across the two days, the delegation was also able to meet with some of the incredible scientists and researchers working across global health, including malaria and NTDs, and to hear about some important ongoing studies, including on:

- **Schistosomiasis**, also known as bilharzia or 'snail fever' – a disease caused by parasitic worms that are carried by freshwater snails. 80 per cent of people living in Malawi are at risk of schistosomiasis, and it is highly prevalent among children. MLW's Hybridisation in Urogenital Schistosomiasis (HUGS) Project, funded by the Wellcome Trust is a four-year multidisciplinary longitudinal population study in response to the concerning rise of hybrid schistosomes in Malawi. The project is aimed at investigating the transmission biology, epidemiological impact, and clinical importance of these hybrids.



The new oxygen plant at Queen Elizabeth Central Hospital

- **Human African Trypanosomiasis (HAT)** – also known as sleeping sickness, HAT is a vector-borne parasitic disease transmitted to humans by bites of tsetse flies. HAT transmission requires the interaction of humans, tsetse flies, and human or animal parasite reservoirs – rural populations which depend on agriculture, fishing, animal husbandry, or hunting are the most exposed. In Malawi, 0.9 million people are at risk of HAT, the highest in the southern part of the rhodesiense distribution, accounting for 8 per cent of global reported HAT cases, and upsurges in cases have been reported in communities surrounding Nkhotakota wildlife reserve since 2019. MLW is conducting a control operation across the reserve via community-led vector control and HAT screening and treatment in humans to understand the most at-risk populations.
- **Rabies** – a vaccine-preventable, zoonotic, viral disease affecting the central nervous system. Rabies claims more than 500 lives each year in Malawi, affecting marginalised communities and primarily children; there were 19 rabies-related human deaths between 2008 and 2023 in Chiradzulu, southern Malawi, of which children below the age of 15 were most affected (42.9 per cent). There is little research into understanding the rabies burden on the human population and where these cases are happening, with challenges including non-standardised archiving systems, and a barrier to PEP (anti-rabies and immunoglobulin) access. MLW is working to evaluate the trends and clinical features of human rabies cases, analyse the post-exposure prophylaxis issuance trends, and measure the availability and accessibility of rabies post-exposure prophylaxis.

The delegation also visited the paediatric research ward and the adult respiratory high-dependency unit (HDU) at the nearby QECH, a tertiary referral and teaching hospital in Blantyre, serving Malawi's southern region. Up to 150 children, including those suffering from malaria, can be treated at any one time on the

paediatric ward, with 10 beds in the high-dependency unit. The opening of the HDU, which enables the hospital to care for critically ill patients, was accelerated to care for patients suffering from severe COVID-19 infection, and was designed in partnership with managers, clinicians, nurses, and patients to address local needs. This work included alignment with existing services, refurbishment of a dedicated physical space, recruitment and training of specialist nurses, and provision of continuous monitoring and oxygen delivery equipment. The HDU is complemented by a newly-built medical oxygen plant, funded by the Wellcome Trust, which has the capacity to generate an incredible million litres of oxygen per day.



The paediatric research ward at Queen Elizabeth Central Hospital

The delegation also visited nearby Ndirande Health Clinic to meet health workers, see the work of the local clinic, and understand the collaborative work MLW does in and for the local community. MLW has 13 field sites across both rural and urban settings in almost every district across Malawi. In Ndirande, a large townsite located in Blantyre city, MLW works to support the health team at the site on a number of research projects, including a study on sero-surveillance of vaccine-preventable diseases and a study on the impact and effectiveness of the typhoid conjugate vaccine.



The delegation receives a presentation on research into schistosomiasis

Finally, the delegation was able to tour the construction site of the new CREATOR building, funded by Wellcome, LSTM and UoL, with an additional fundraising target of £2.5 million. Despite the huge success of MLW, there is still a critical need across the region for improved training and clinical research capacity – this is essential for addressing the many emerging health threats facing Malawi, but also to combat the persistent issue of ‘brain drain’ in a country with one of the most under-served patient populations in the world. When built, CREATOR will be the first, specialist postgraduate medical training centre in Malawi, representing MLW’s ambitious vision of creating an environment for developing emerging African health leaders. The building – with training and research spaces, a library and innovation hub, and

state-of-the-art, innovative, and technology-driven laboratories – will be critical in training and retaining the brightest talent in-country, and promoting a sustainable workforce in Malawi. It will also promote clinical and research excellence and collaboration focused on catalysing new ideas, better health outcomes, and improved clinical care for the people of Malawi and the wider region.



The delegation with Professor Macpherson Mallewa and his team at Kamuzu University of Health Sciences

Site visit: Kamuzu University of Health Sciences

Kamuzu University of Health Sciences (KUHeS) is a comprehensive health and allied sciences higher learning public institution based across three residential campuses, including one in Blantyre, established in 2019 under an Act of Parliament which merged Kamuzu College of Nursing and the College of Medicine. The aim of the University is to impart knowledge and produce transferable skills through teaching and learning, research, consultancy, and application of skills to meet the needs of society at regional, national, and global levels. The University specifically trains health professionals such as nurses, midwives, medical doctors, pharmacists, physiotherapists, nutritionists, and biomedical scientists and laboratory technologists at both undergraduate and postgraduate levels.

During the visit, the delegation was able to meet with KUHeS’s Vice-Chancellor, Professor Macpherson Mallewa, together with representatives from the University of Glasgow, including Professor McInnes, Vice-Principal and Head of Glasgow’s College of Medical, Veterinary and Life Sciences. The delegation was able to hear about the growth of the University and huge progress in the three years since it was established, with the intake of students expected to nearly double in the next three years to around 7,000. The delegation also heard about the strength of the links with the Scottish Government and KUHeS, and especially with the University of Glasgow.



The delegation with researchers at Blantyre Blantyre Research Laboratory

The delegation was also able to tour the now-complete, state-of-the-art, internationally-accredited Blantyre Blantyre clinical research facility – a £2 million project funded over five years by the Scottish Government’s International Development Department with matched funding from the World Bank and the Wellcome Trust. The project will enable researchers to compare the causes of poor health and low life expectancy in both Blantyre, Scotland and Blantyre, Malawi. The delegation met with researchers working at the laboratory and saw some of the impressive diagnostic equipment housed in the laboratory, including two -80 freezers and a state-of-the-art microscope shipped from the University of Glasgow to the new facility.

Meetings with Parliamentarians and Parliamentary Groups

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

Meeting with Fiona Ritchie

To kick-start the visit, the delegation was able to meet with Fiona Ritchie, the British High Commissioner to Malawi. Fiona was appointed to the role in June 2022 and took up her appointment in August 2022, succeeding David Beer.

Fiona was previously the Development Director at the High Commission in Malawi. Prior to that she was Deputy Director at the FCDO, responsible for the Review of the Independent Commission for Aid Impact, and has also served as Principal Private Secretary to the Secretary of State for International Development, and the Private Secretary to the Minister of State for Africa. She has also worked in New York as the First Secretary for Development and Human Rights in the UK Permanent Representation to the UN, and has held several roles in DfID including supporting development programmes in South Sudan, Afghanistan, and Iraq.

Fiona and her team were able to give the delegation an overview of the UK's work in Malawi, with a focus on how the UK is working to support Malawi across all aspects of healthcare.

National Assembly, meeting with Matthews Ngwale and the Speaker



Whilst in Lilongwe, the delegation was able to meet with Dr Matthews Ngwale, an independent MP for Chiradzulu West District and Chairperson of the Parliamentary Committee on Health. The functions of his Committee include:

- inquiring into and reporting on any matter referred to it by the Assembly;
- inquiring into annual reports of Government Ministries, Departments, Commissions, or statutory authorities or state-owned enterprises presented to the Assembly; and
- studying the programmes and policy objectives of respective assigned Ministries, statutory corporations and public bodies funded by the Treasury and the effectiveness of their implementation.

Dr Ngwale discussed the status of malaria and NTDs in Malawi with the delegation, including perspectives from his own constituency, and issues relating to wider health concerns across the country.

Dr Ngwale invited the delegation to visit the National Assembly, the supreme legislative body in Malawi, and to sit in on a Parliamentary debate. Dr Ngwale also arranged a meeting with Catherine Gotani Hara, a Malawian politician who has been the Speaker of the National Assembly since June 2019 – the first woman to hold the position. The delegation discussed the competing needs of health and food in Malawi, the impact of climate change, and the resurgence of diseases such as cholera and polio. The delegation also discussed the importance of girls' education for health, as well as the strength of the partnership with the UK.

Meeting with Parliamentary Women's Caucus, Centre for Civil Society Strengthening and 50:50 Campaign



The Scottish National Party (SNP) through the Westminster Foundation for Democracy works closely with the Parliamentary Women's Caucus in Malawi and its Secretariat, an NGO called Centre for Civil Society Strengthening (CCSS). The long-term goal of the CCSS is for civil society to drive human-centred approaches that anchor the poorer population to mainstream development programmes. This year, the group have been working in particular on gender-based violence, gender responsive budgeting, anti-hate campaigning and election retention, and are looking at how to incorporate cross-cutting health issues which impact on women and girls, such as malaria and NTDs, into their new strategic plan.

Part of their work involves initiatives aimed at strengthening the participation and involvement of women in leadership positions and decision-making positions at the national and district level – the 50:50 campaign Malawi. In 1994, Malawi had 10 women elected as Members of Parliament from 46 candidates, representing 5.6 per cent of elected Members and 7.8 per cent of the total number of candidates. This has increased to 23.3 per cent of women elected as Members of Parliament in 2019 and 23.3 per cent of the total number of candidates. In local government, the percentage of elected women has increased from 8.5 per cent in 2000 to 15 per cent in 2019. Following the 2019 election, Malawi has elected its first female Speaker, Catherine Gotani Hara, and has six female Members of Parliament under the age of 35.

There has been progress, but there are still significant barriers to female participation in Malawian politics. During our time in Lilongwe, the delegation met with Mercy Chikadza and Viwemi Chavula to discuss and share ideas around the 50:50 Campaign Malawi. Mercy and Viwemi shared thoughts around the factors that negatively impact women's political participation – including negative social norms, literacy, financial resources, violence against women in elections, and the overburden of productive, reproductive, and community roles which limit the capacity to participate. The delegation also discussed the impact of poor health and diseases like malaria and NTDs.

Viwemi outlined the 50:50 Campaign's areas of focus, including work to: improve coordination and programming processes throughout the electoral cycle to promote female participation and representation; improve the social and cultural environment for women and young women to become active in politics; improve individual and collective capacities and agency for women in politics; and enhance gender responsiveness of political parties' principles that are accountable to female representation in politics. The campaign works through a number of interventions – including influencing, mobilisation, capacity-building, media, visibility and communications, digital, anti-violence initiatives – and has established a 50:50 Campaign Incubator which acts as a resource and information centre, providing information and support on electoral processes, printing of campaigning material, and a space to meet.

Proposals

1. Over the last decade, the UK has led the way on research into global infectious disease – playing a pivotal role, for example, in the development of new malaria vaccines, RTS,S and R21. The UK’s thriving scientific research and innovation sector must continue to be world-leading and supported through long-term, sustainable UK funding and investment.
2. The UK should take a lead in building and supporting R&D and manufacturing capacity across the African continent, drawing on the success of the Malawi Liverpool Wellcome Programme. Funding for these localised approaches generates long-lasting, sustainable dividends for health and wealth.
3. The Global Fund to Fight AIDS, Tuberculosis and Malaria contributes 65 per cent of all international financing for malaria control and elimination and over 40 per cent of malaria financing in Malawi. The UK should return to a full contribution to the Global Fund as soon as possible to ensure we are not pushed further off track in our global eradication goals, and the UK should strongly support other key multilaterals including Unitaid and Gavi, the Vaccine Alliance.
4. The successful elimination of trachoma in Malawi demonstrates the immense value of cross-sector partnerships and collaboration. Building on the Kigali Declaration’s call for comprehensive NTD programmes, the UK should champion the adoption of comprehensive, partnership-driven strategies to eliminate NTDs within UK aid and broader global health policies, programmes, and investments, and should resume support and funding for cross-sectoral collaborations.
5. Cyclone Freddy had a devastating impact on Malawi, damaging critical infrastructure and contributing to a rise in cases of cholera with the resulting floods and stagnant water also creating ideal locations for mosquitoes to breed. The UK should support efforts to mitigate the impact of climate change and changes to the natural environment on malaria and NTDs.

Delegation

Tanmanjeet Singh Dhesei MP

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



Tan speaks with a researcher at the Blantyre Blantyre Research Laboratory

James Sunderland MP

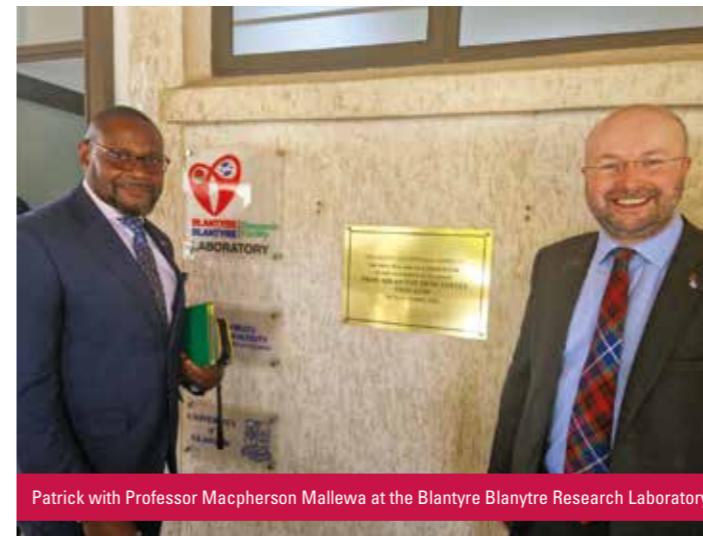
Conservative Member of Parliament for Bracknell and Vice-Chair of the APPG on Malaria and NTDs



James addresses the community in Balaka district

Patrick Grady MP

SNP Member of Parliament for Glasgow North, Member of the APPG on Malaria and NTDs, and Chair of the APPG on Malawi



Patrick with Professor Macpherson Mallewa at the Blantyre Blantyre Research Laboratory

Catherine West MP

Labour Member of Parliament for Hornsey and Wood Green and Co-Chair of the APPG on Malaria and NTDs



Catherine speaks with a healthcare worker in Salima

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Declarations of Interests

The Co-Chair of the All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases, Catherine West MP, is a Trustee of the Liverpool School of Tropical Medicine. This is an unpaid role.

Acknowledgements

The All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases is grateful to all our Partners who helped to organise the visit, including, but not limited to, the Ministry of Health in Malawi, the British High Commission in Malawi, the Parliamentary Committee on Health, the National Malaria Control Programme, Mitundu Community Hospital, PATH's Malaria Vaccine Initiative, Sightsavers, World Vision Malawi, Uniting to Combat NTDs, International Coalition for Trachoma Control, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Balaka District Council, Malawi Liverpool Wellcome Programme, Kamuzu University of Health Sciences, Queen Elizabeth Central Hospital, the University of Glasgow, and Liverpool School of Tropical Medicine.

Sponsors

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

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

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

PATH's Malaria Vaccine Initiative – a program of PATH, an international non-profit organisation that drives transformative innovation to save lives and improve health, especially among women and children.

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

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

Secretariat

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

Litines Dalali, a former trichiasis surgery patient, in Salima





All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases



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Cover images: Litines Dalali, a former trichiasis surgery patient, with family and friends in Salima
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