



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

**Annual Report**  
2022



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

The All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases provides a forum for exploring issues pertaining to the fight against malaria and neglected tropical diseases (NTDs). The Group brings together Parliamentarians, academics and sector professionals to discuss both the problems and solutions to defeating some of the most devastating diseases in the world. The Group aims to strengthen cross-Party Parliamentary support for UK leadership and investment in the fight to end malaria and NTDs, and to cultivate a strong group of Parliamentary champions.

## The Annual Report

This Report covers the period from January to December 2022. The Report also makes reference to key events outside of this reporting period that have influenced the Group's activity during this past year and will inform its work over the coming year.

## Publications by All-Party Parliamentary Groups

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

## Declaration of Interests

The Group's Chair, Catherine West MP, is a Trustee of the Liverpool School of Tropical Medicine, the Group's Vice-Chair, Lord Trees, is Vice-President of the Liverpool School of Tropical Medicine, Chair of the Liverpool School of Tropical Medicine 125th Anniversary Campaign Board and Chair of the Steering Group of the United Against Rabies Forum of the Quadripartite (WOAH, WHO, FAO, UNEP), the Group's Vice-Chair, Baroness Hayman, is the outgoing Chair of the Board of Trustees of Malaria No More UK, and the Group's Vice-Chair, Baroness Sugg, is the incoming Chair of the Board of Trustees of Malaria No More UK.

## Acknowledgements

This Report was prepared by Martha Varney, Coordinator of the All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases, and designed by Paul Bowen, with contributions from several experts and members of the UK malaria and NTD communities that support the work of the Group.

We are grateful to the excellent speakers and participants at the Group's meetings, visits and events over the course of the year. Their support has been critical in informing members of global progress and challenges across malaria and NTDs.

We are also grateful to Nathalie Spells from Catherine West MP's Private Office for her continued support.

## Sponsors

The All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases is grateful to the following organisations for their support and sponsorship throughout 2022:

**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.

**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.

**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.

**PATH 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.

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# Chair's Foreword

Welcome to our Annual Report for 2022.

As was the case at the time of our last Report, we remain at a critical juncture in the global fight against malaria and neglected tropical diseases. Despite tremendous progress over the last two decades, new and growing challenges continue to threaten to knock us backwards – from the disruptions caused by the COVID-19 pandemic to humanitarian crises as a result of conflicts, flooding and famine; from rising biological threats and insecticide and drug resistance to a decline in the effectiveness of core tools; from a widening funding gap to disruptions to already-fragile health systems.

Each year, the release of the World Health Organization's World Malaria Report offers the opportunity to reflect on the current state of malaria, and to assess what more can be done to accelerate the global fight for eradication. The 2021 World Malaria Report, published in December 2021, was concerning – reporting that malaria deaths rose between 2019 and 2020, to the highest level in nearly a decade. The Report for 2022 provided some reasons for hope – finding that, despite these new threats and challenges, and despite the continued impact of the pandemic, national malaria programmes have demonstrated real resilience through difficult times. Cases and deaths have broadly stabilised and endemic countries have largely held the line against further setbacks to malaria control.

For neglected tropical diseases, incredible progress has been made against these 20 debilitating, disfiguring and deadly diseases. Forty-three countries have eliminated at least one neglected tropical disease, 600 million people no longer require treatment, and cases of some diseases are at an all-time low. In September, for example, we celebrated Malawi's successful elimination of the eye disease trachoma as a public health issue –



the first country in southern Africa, and the first country funded by The Queen Elizabeth Diamond Jubilee Trust, to achieve this milestone. However, the global burden of neglected tropical diseases remains significant and, as is also the case with malaria, continues to be a barrier to health equity, prosperity and development, causing devastating health, social and economic consequences to more than one billion people living in impoverished communities. Funding shortfalls, combined with the emerging global threats, mean that hard-earned gains are at risk, and diseases can re-emerge or enter new geographic areas. That the epidemiology of neglected tropical diseases is complex, makes their public health control, and eventual elimination or eradication, all the more challenging.

Despite some significant global progress, these diseases continue to cause pain, suffering and death. Tragically, 619,000 people lost their lives to malaria in 2021. A child still dies from malaria every minute. Every two minutes, someone is diagnosed with leprosy. Rabies causes tens of thousands of deaths every year, 40 per cent of whom are children under the age of 15. Schistosomiasis, a disease which mainly occurs in poorer communities where people rely on the use of contaminated surface water for their daily living needs such as drinking, cooking, cleaning and bathing, affects over 240 million people globally and causes an estimated 200,000 deaths a year. That these diseases are treatable – often relatively cheaply – and preventable makes statistics like these all the more shocking. Our work as an All-Party Parliamentary Group must be to continue to shine a spotlight on these diseases and to demonstrate how the UK can play its part.

As such, our focus for 2022 has been on a number of key areas: raising the profile of malaria and neglected tropical diseases in Parliament and to Ministers; demonstrating the value and impact of UK aid; and supporting British-backed science, research and innovation. We have done this in a number of different ways – through Parliamentary questions and debates, letters and articles, meetings, roundtables and receptions, and visits to UK science institutions and endemic countries. We have also been able to use key moments in the year – including the landmark Kigali Summit on Malaria and Neglected Tropical Diseases and the vital Seventh Replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria – to help us concentrate our efforts.

We are grateful to the many individuals and organisations who have supported our work and contributed to our events, keeping Parliamentarians informed of key issues. I particularly want to thank those partners we have worked especially closely with this reporting year – including the Global Fund to Fight AIDS, Tuberculosis and Malaria, Brighton and Sussex Medical School, 5S Foundation, the University of Rwanda, the NIHR Global Health Research Unit on NTDs, and Malaria No More UK

for their support in the organisation of our visit to Rwanda, and IVCC and the Liverpool School of Tropical Medicine for arranging our visit to Liverpool. I also want to thank our kind sponsors – DNDi; Malaria No More UK, MMV, PATH MVI, the UK Coalition against Neglected Tropical Diseases, and Uniting to Combat Neglected Tropical Diseases – who generously support our work and enable us to operate effectively and efficiently as a Group.

I am especially grateful to those individuals who have spoken about their experience of malaria and neglected tropical diseases to our Group this year – to Rachna for her brave account of living with leprosy, to Serena for sharing her experience of contracting malaria as a toddler, to Delphine for her passionate call for more attention to be given to women's health after contracting female genital schistosomiasis, to Pip for sharing her experience of leishmaniasis and for speaking out about the global inequity in access to healthcare, to Maurício and Silvio for raising the health, wellbeing and rights concerns of the Yanomami and other indigenous peoples in Brazil, and to Thérésa for talking through her incredible, selfless work as a community health worker in Rwanda. Their openness in sharing their experiences, including the associated stigma and discrimination these diseases can bring, has been an invaluable part of our events and really brings home the personal impact these diseases have on individual lives.

Special thanks must also go to all our Group's Officers for their continued dedication, and for their hard work in keeping malaria and neglected tropical diseases on the agenda through their interventions in Parliamentary debates, questions and committees. In particular, I want to pay a special tribute to our wonderful Vice-Chair, Baroness Masham, who very sadly passed away just before the publication of this Report, and who was such a passionate champion and advocate for global health. She will be greatly missed.

I also want to thank Officers from our sister All-Party Parliamentary Groups on HIV and AIDS and Global Tuberculosis for our work together to advance our collective goals. This has been especially important

given the continued impact of the reductions to Official Development Assistance that we saw in 2021, and the reduction in the UK contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria that we saw this November. UK aid has supported the lives of some of the most vulnerable and marginalised people globally and this is precisely why we, as Parliamentarians concerned about global health, are determined to keep these devastating diseases in the spotlight.

As we move into a new year for our All-Party Parliamentary Group, we will work hard to keep malaria and neglected tropical diseases on the Parliamentary agenda. We already have plans in motion for a busy start to the year. To mark World NTD Day at the end of January, we are partnering with the UK Coalition against Neglected Tropical Diseases on an exhibition in Parliament to raise awareness of these little-known diseases. We are

also working with Médecins Sans Frontières and the University of York on an event to bring attention to the very neglected disease noma and to join efforts for the disease to be included in the World Health Organization list of neglected tropical diseases.

So, a busy year, but there is still a lot more to do. We appreciate all the support we have been given in 2022 and look ahead to another challenging year together as we advocate for some of the world's most devastating diseases.



**Catherine West, Member of Parliament  
for Hornsey and Wood Green**

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*Chair, All-Party Parliamentary Group on  
Malaria and Neglected Tropical Diseases*

A demonstration of some of the community-based surveillance activities supported by the Global Fund in Rwanda



# Overview of the year

## AGM, Membership and workplan

The All-Party Parliamentary Group (APPG) on Malaria and Neglected Tropical Diseases held its Annual General Meeting (AGM) on Wednesday 30 March 2022. Our Chair and Vice-Chairs from 2020/21 were all re-elected unanimously onto the Group, and we were delighted to welcome four new Vice-Chairs onto the Group:

- **Afzal Khan MP**  
(Labour, MP for Manchester Gorton)
- **Khalid Mahmood MP**  
(Labour, MP for Birmingham Perry Barr)
- **Bell Ribeiro-Addy MP**  
(Labour, MP for Streatham)
- **Baroness Sugg** (Conservative)

The Parliamentarians present at the meeting agreed on a core set of priorities for the work of the APPG over the next year, which included:

- demonstrating the value and impact of UK aid on malaria and neglected tropical diseases (NTDs);
- raising the profile of malaria and NTDs ahead of and during the Commonwealth Heads of Government Meeting (CHOGM) and the Kigali Summit on Malaria and NTDs (Kigali Summit);
- making the case for an ambitious UK pledge in the Seventh Replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), and supporting the work of the Global Fund;
- supporting and promoting British-backed science, research and innovation, with a particular focus on UK regional-based malaria and NTD research institutions; and



Members of the APPG launching our Annual Report at this year's AGM



- re-establishing the close working relationships with Parliamentary groups, forums and caucuses in other countries that was developed pre-pandemic under former Chair, Jeremy Lefroy.

Below is an overview of how we have met those priorities through our work in 2022.

## Raising the profile of malaria and neglected tropical diseases

The World Health Organization (WHO) World Malaria Report 2021 found that malaria deaths had risen to the highest level in nearly a decade, with progress against malaria uneven on a global scale. In addition, the global burden of neglected tropical diseases (NTDs) remains significant – the WHO estimates that over 1.7 billion of the world’s population should be targeted by prevention and treatment activities for at least one of the 20 NTDs, every year.

For these reasons, the primary focus of the APPG for 2022 has remained to raise the profile of malaria and NTDs within Parliament and to Ministers – with a particular emphasis this year on the period ahead of and during the Kigali Summit and leading up to the Seventh Replenishment of the Global Fund.

Much of our work has been around Parliamentary engagement on these issues, with a series of interventions in the House of Commons and the House of Lords at key moments throughout the year, including on World NTD Day and World Malaria Day. This work includes specific debates on malaria and NTDs led by Vice-Chairs Baroness Sugg and Lord Trees, and a question in Prime Minister’s Question Time from Vice-Chair James Sunderland MP. We have also held a number of in-person briefing sessions for Parliamentarians to help them gain greater understanding of the current status of these diseases and the challenges surrounding control and elimination, as well as several specific, targeted events.



Catherine West MP with Rt Hon Andrew Mitchell MP, Minister for Development, and the Co-Chairs of the APPGs on Global Tuberculosis and HIV and AIDS

The APPG has also raised the issue of malaria and NTDs at the highest level possible. We have met with Ministers on a number of occasions throughout the year, and have sent a number of letters to Ministers across a range of issues. This includes:

- a joint letter with the All-Party Parliamentary Human Rights Group to the Minister for Africa, Latin America and the Caribbean, following a meeting with representatives of the Yanomami on the health and rights challenges facing indigenous peoples in Brazil;
- private letters to Ministers from APPG Members, and joint letters from Members of the APPG together with Members of the APPGs on HIV and AIDS and Global Tuberculosis, ahead of the UK’s pledge to the Seventh Replenishment of the Global Fund;
- a cross-APPG letter with the Chairs of the APPGs on HIV and AIDS and Global Tuberculosis following the publication of the Government’s International Development Strategy;
- letters to new Prime Ministers, Rt Hon Liz Truss MP and Rt Hon Rishi Sunak MP, on their appointments, raising malaria and NTDs as global health priorities; and
- a joint meeting with Rt Hon Andrew Mitchell MP, the Minister for Development and the Co-Chairs of the APPGs on HIV and AIDS and Global Tuberculosis following the UK’s pledge to the Seventh Replenishment of the Global Fund to discuss next steps across the three diseases.

## **Demonstrating the value and impact of UK aid**

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In our last Annual Report, we highlighted how the reduction in Official Development Assistance (ODA) resulted in the termination of some key NTD and malaria programmes – including the flagship ASCEND programme working to fight six NTDs in 24 countries across Africa and Asia, and the SuNMaP 2 programme tackling malaria in Nigeria.

The impact of the reduction in UK aid is still being keenly felt. To give just one example, in October, The Times reported that cases of the parasitic disease schistosomiasis were rising again in Zanzibar – a region which had been on the brink of eliminating the disease before the UK withdrew its funding. The UK made up 72 per cent of the total schistosomiasis funding pool in the year 2020-21.

In addition, this year saw the publication of the Government's new International Development Strategy, with potentially negative implications for malaria and NTD funding including from a proposed substantial rebalancing of ODA investments from multilateral towards bilateral channels. By 2025 the Foreign, Commonwealth and Development Office (FCDO) intends to spend around three-quarters of its funding allocated at the 2021 Spending Review through country programmes – which may have a negative impact on organisations working across malaria and NTDs, such as the Global Fund, which provides 63 per cent of all international financing for malaria programmes, and Unitaid.

As such, in 2022, as part of broader efforts to strengthen health systems and improve resilience to crises, we have continued to demonstrate the value and impact of UK aid, and to try to make the case for strong and sustainable investment to help treat, control and eliminate NTDs and malaria. Our Vice-Chair Lord Trees, for example, was able to keep up the focus through a topical debate in the House of Lords, and our Vice-Chair James Sunderland MP wrote a number of articles on the need to protect foreign aid intended for disease treatment, control and elimination efforts, and on the importance of the Global Fund as a mechanism for this. In addition, a number of Members questioned the impact of the

International Development Strategy on malaria and NTDs through asking questions of Ministers and tabling Written Parliamentary Questions, especially around the shift from multilateral to bilateral funding.

The Seventh Replenishment of the Global Fund and the Kigali Summit both provided moments of focus for the APPG in relation to the discussion of the value of UK aid. More detail on our work to profile these events is below.

## **Replenishment of the Global Fund**

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This year saw the crucial Seventh Replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria, which provides 63 per cent of all international financing for malaria programmes. Since the Global Fund was created in 2002, in the countries in which the Global Fund invests, 50 million lives have been saved – deaths from malaria specifically have been reduced by 26 per cent. In 2021 alone, the Global Fund distributed over 133 million mosquito nets and tested over 280 million suspected malaria cases.

The aim of the Seventh Replenishment was to raise at least US\$18 billion – the Global Fund reported that meeting this target would save 20 million lives, avert 450 million new infections, strengthen health and community systems, and bring new hope for ending HIV and AIDS, tuberculosis, and malaria. The UK did not initially pledge at the pledging conference in New York in September, but did announce a commitment of £1 billion to the Fund in November.

Throughout the year, ahead of the Replenishment, the APPG called for a bold and ambitious funding commitment from the UK. Members highlighted the



Lord Trees speaking in Parliament

work of the Global Fund in tackling malaria – and also in supporting wider goals around women and girls, pandemic preparedness, global health security and health system strengthening, and championing science, research and innovation.

In the months leading up to the UK's pledge, our APPG worked especially closely with the APPGs on HIV and AIDS and Global Tuberculosis to raise the importance of an ambitious UK pledge and to keep this issue on the Parliamentary agenda – with private interventions and letters, articles, contributions in Parliamentary debates, Written Parliamentary Questions, and in-person and written briefings for Parliamentarians on the work of the Fund. Following the absence of a financial commitment from the UK at the pledging conference, the Chairs of the three APPGs issued a joint statement urging the Government to translate its support for the Global Fund into a financial pledge.

In the week of the pledging conference, our Vice-Chair, James Sunderland MP, wrote a powerful article in *ConservativeHome* on the importance of a strong UK pledge, bringing in some of his reflections from the APPG's visit to a Global Fund-supported health centre in Rwanda in June. James Sunderland MP also wrote in the *Times* together with fellow MP, Derek Thomas, on the need to protect the UK's commitment to the Fund ahead of the UK's final pledge.

When the Government announced its £1 billion commitment in November, the APPG welcomed the contribution and continued support for the Global Fund, as well as the commitment to placing health system strengthening, health equity, gender, and human rights at the very core of the Global Fund's work. The commitment of £1 billion was a welcome pledge and a significant sum at a time of great need at home and abroad.

However, this was the first time in the Global Fund's 20-year history that the UK reduced its allocation – by 29 per cent compared with the Sixth Replenishment – leaving the UK out of step with G7 partners such as the US and Germany, who increased their funding commitments. Recognising



James Sunderland MP with representatives from civil society at Mareba Health Centre, Rwanda, campaigning in support of the Global Fund

what a critical time this is for malaria, and the impact this will have on the lives of the millions of people around the world who bear the brunt of the disease, the APPG hopes to work constructively with Ministers at the FCDO to ensure we can return to a full contribution to this vital Fund as soon as is possible, and can retain our place as a global leader in tackling malaria.

### Kigali Summit on Malaria and NTDs

The landmark Kigali Summit on Malaria and Neglected Tropical Diseases provided another focal point for our discussions throughout the first half of 2022. The Summit – a follow-up to the 2012 London meeting convened by *Uniting to Combat NTDs* that led to the pivotal London Declaration – took place on 23 June alongside CHOGM. Hosted by the Government of Rwanda, in partnership with *Uniting to Combat NTDs* and RBM Partnership to End Malaria, the Summit enabled country leaders to reaffirm commitments to end malaria and NTDs, and recognise the critical importance of investing in the fight against these diseases for developing more resilient health systems, improving the response to future pandemics, and supporting healthier populations.

The Summit featured commitments totalling more than US\$ 4 billion with funding from governments, international organisations, philanthropists, and private sector support. Malaria and NTD-endemic countries committed over US\$ 2.2 billion in domestic

resources. In addition, more than 18 billion tablets were donated by nine pharmaceutical companies for preventing and treating NTDs.

On NTDs, participants at the Summit, including Lord Ahmad on behalf of the UK Government, joined other global leaders in endorsing and committing resources to the Kigali Declaration on Neglected Tropical Diseases (Kigali Declaration). The Kigali Declaration will mobilise political will and secure commitments to achieve the Sustainable Development Goal 3 target on NTDs and to deliver the WHO's NTD road map for the period from 2021 to 2030. The UK, through its endorsement of the Declaration, has committed to deploy technical and financial resources in support of countries to achieve the road map – with the UK making the specific commitment to invest in NTD research and innovation in new drugs and diagnostics through world-leading Product Development Partnerships (PDPs) and continue to support countries to strengthen their health systems, including for NTD prevention and treatment.

On malaria, participants at the Summit joined other global leaders in calling for at least \$US 18 billion for the malaria response at the Global Fund's Seventh Replenishment Conference. In addition, Heads of Government in the Commonwealth, as stated in the 2022 CHOGM communique, committed to work towards ending the epidemic of malaria by 2030.

The APPG was privileged to attend the Kigali Summit and to hear some of the incredible speakers – including His Royal Highness The Prince of Wales – and meet with a number of participants. In the run up to the Summit, Vice-Chair, Lord Trees, co-hosted a reception in the House of Lords with the UK Coalition against Neglected Tropical Diseases to raise the Parliamentary profile of NTDs, sharing successes and impact from UK investment to date. Following the Summit, Lord Trees asked about the commitments made by the UK, including through the Kigali Declaration, in a dedicated debate in the House of Lords, and fellow Vice-Chair, James Sunderland MP, asked a question in Prime Minister's Question Time referencing his visit to Rwanda to attend the Summit.



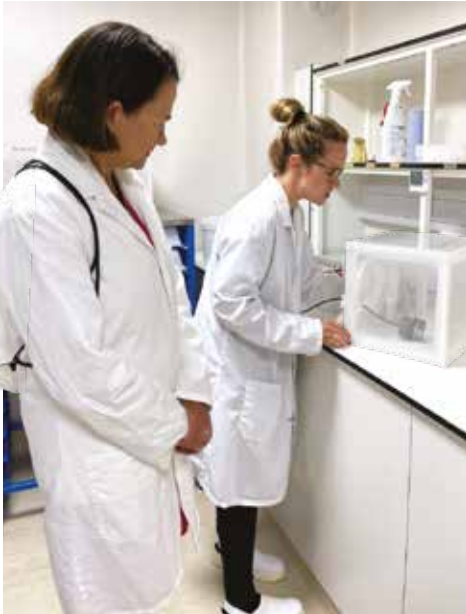
James Sunderland MP, Baroness Sugg and Jeremy Lefroy with malaria youth champions at the Kigali Summit

### Supporting British-backed science, research and innovation

The APPG has continued in its efforts to support and promote the incredible science, research and innovation taking place in the UK – with a particular focus on UK regional-based malaria and NTD research institutions.

Throughout the course of 2022, the APPG has met with a range of partners – including holding briefing meetings in Parliament with Medicines for Malaria Venture (MMV), the Drugs for Neglected Diseases initiative (DNDi), the Drug Discovery Unit (DDU) and Wellcome Centre for Anti-Infectives Research (WCAIR) at the University of Dundee, and Brighton and Sussex Medical School and 5S Foundation.

The APPG has also supported a number of receptions throughout the year – including a reception hosted by our Vice-Chair, Lord Trees, to celebrate the Liverpool School of Tropical Medicine (LSTM)'s remarkable 125 years of global health impact, and a reception hosted by Lord Crisp in support of the Kenya UK Health Alliance, where some of the fantastic research work in Kenya and the UK across global health was being showcased. We have also been privileged to continue our partnership with the University of Oxford's MSc International Health and Tropical Medicine Course, hearing policy briefings from students – who are sure to be future leaders in global health – on a range of global health topics.



Catherine West MP at Liverpool Insect Testing Establishment (LITE)

The APPG has also had a chance to visit some of these amazing research institutions in person – including Innovative Vector Control Consortium (IVCC), LSTM, and Keele University. The APPG hopes to undertake more of these regional visits over the course of the next few years to help inform our understanding of the role British-backed science plays in tackling malaria and NTDs and to advocate for continued sustainable investment.

## Re-establishing close relationships with Parliamentary groups

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It is vital for our Members to be able to meet with Parliamentary Members from malaria and NTD endemic countries to learn about the reality of the situation on the ground. We have, therefore, also started work to re-establish our close relationships with Parliamentary Groups, forums, and caucuses in other countries, which was spearheaded by the APPG's former Chair, Jeremy Lefroy.



APPG roundtable with UK-East Africa Health Summit delegates from Uganda and Kenya

This year, the APPG was able to meet with Parliamentarians, officials, and global health practitioners from Uganda and Kenya who were in London in April for the UK-East Africa Health Summit to discuss progress, priorities, and challenges for tackling malaria and NTDs. Our Chair, Catherine West MP, was also invited to say a few words at a reception hosted by Lord Crisp in the House of Lords to showcase some of the fantastic research work supported by the Kenya UK Health Alliance. And Vice-Chairs, James Sunderland MP and Pauline Latham MP, together with former Chair, Jeremy Lefroy, were able to spend time with Tanzania Parliamentarians Against Malaria and Neglected Tropical Diseases (TAPAMA NTDs) while in Rwanda for the Kigali Summit.

We hope to build on these relationships in the coming months and years to share best practice, and to discuss the role of Parliamentarians in tackling global health challenges, including malaria and NTDs.

# International visits

Cross-Party Parliamentary delegation visits to endemic countries are incredibly important to our work – enabling Parliamentary 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 being done by respective governments, partners, and local communities to fight these diseases on the ground, as well as the vital role of research and development in finding new innovative ways to tackle disease and overcome key threats to progress.

This year, Members of the APPG were able to travel to Rwanda. Due to the sad passing of Her Majesty the Queen and the early recall of Parliament, we unfortunately had to postpone our scheduled visit to Mozambique.

## Rwanda

In June, the APPG visited Rwanda for the Kigali Summit which took place alongside CHOGM. In the margins of the Summit, the delegation visited a Health Centre supported by the Global Fund, and had a meeting on podoconiosis with researchers from the University of Rwanda and 5S Foundation.

Nearly 13 million people in Rwanda are at risk of malaria. Malaria cases in 2020 reached nearly three million, with 3,046 deaths. The Commonwealth targets for malaria were set at CHOGM 2018: to reduce malaria incidence by 50 per cent by 2023, and to reduce malaria mortality rates by 50 per cent by 2023. Rwanda is close to target for the malaria incidence rate, achieving 75 per cent to 99 per cent of the progress required to be on track in 2019, but is off track on the malaria mortality rate. For NTDs, in 2019, 4.09 million people received treatment in Rwanda for NTDs – this equates to 83 out of 100 in the NTD mass treatment coverage index.



Lord Purvis, Baroness Sugg, James Sunderland MP and Pauline Latham MP with Musoke J. Sempala and Dr Marjike Wijnroks from the Global Fund at Nyamata Emerging Infectious Diseases Centre

Parliamentarians visiting Rwanda have been able to speak about their visit in debates in the House of Commons and Lords – including Vice Chair, James Sunderland MP, who spoke about his visit to a health centre supported by the Global Fund in Prime Minister's Question Time, and Vice-Chair, Pauline Latham MP, who raised the disease podoconiosis in a debate in the House of Commons.

## Global Fund visit

In the margins of CHOGM and the Kigali Summit, Pauline Latham MP, James Sunderland MP, Baroness Sugg and Lord Purvis visited Mareba Health Centre in Bugesera district of Rwanda to see first-hand the real-life impact of UK investments to the Global Fund on individuals and communities across Rwanda.

The delegation received an overview of the work of the Global Fund in helping to reduce cases of malaria in Rwanda through the role of Rwanda's community system for managing malaria. This system aims to identify, treat, and manage malaria cases at community level, as close to an individual's home as possible, ensuring that suspected cases are treated rapidly, hospitals are not overwhelmed, and knowledge about malaria signs and symptoms are disseminated by trusted individuals at a local level.

The delegation visited the ante-natal care clinic to see the centre's immunisation programme and the process by which long-lasting insecticidal nets are distributed to all eligible beneficiaries (typically,



Pauline Latham MP learning about vector surveillance at Mareba Health Centre



Baroness Sugg with volunteer community health worker, Thérésa Twagiramariya

pregnant women and children under five). This also included important social and behaviour change communication messaging. The delegation was able to meet with pregnant and new mothers, and heard powerful testimonies about how the use of insecticide-treated bed nets was driving down repeated cases of malaria in their children.

The delegation also heard from some of the doctors and research technicians at the centre about the entomology activities, including surveillance and data gathering, that takes place, with a focus on community-based surveillance. These activities are routinely conducted in the communities that receive vector control to understand the habits of the mosquitoes that transmit malaria as well as understand whether the mosquitoes have developed resistance to the two main tools used in Rwanda – insecticide treated bed nets and indoor residual spraying. This information is used to direct product selection to ensure that the population is getting the most effective tools to prevent malaria.

The delegation also received a presentation on the role of civil society in social and behavioural change communication, with a focus on reaching high-risk groups. These organisations, through sustained Global Fund investment, are able to play such an important role in community engagement for malaria control and prevention, helping to ensure that cases are managed in the community, where possible, reducing the pressure on hospitals.

In addition, in the local community, the group met with Thérésa Twagiramariya, a binome, or voluntary community health worker, who works in a male to

female pair to help manage and treat malaria within her community. The crucial role of community health workers like Thérésa became even more apparent during the COVID-19 pandemic, often serving rural and hard-to-reach populations. Their work includes providing medicines, tests, information, bed nets and other prevention tools door-to-door. Thérésa's focus is on health promotion and referral activities, as well as early diagnosis and treatment of malaria. She spoke of her tireless dedication to helping those within her community, and demonstrated how she provides individual malaria testing and treatment.

The delegation also visited Nyamata Emerging Infectious Diseases (EID) Centre, a treatment and isolation centre where severe COVID-19 cases are managed. This state-of-the-art mobile treatment centre was set up with significant support from Global Fund COVID-19 Response Mechanism (C19RM) resources to help manage severe COVID-19 cases – including through providing critical tests, treatments and medical supplies. The facility, equipped with an oxygen plant and more than 100 beds, including 22 critical care beds, is built with containers that can be moved to any place in a small time, and is designed to be able to shift resources to respond to future emerging infectious diseases beyond the COVID-19 pandemic – reflecting a modern way of combating epidemics.

The Global Fund's C19RM has awarded US\$4.3 billion – including about £60 million from the FCDO – to 131 countries since April 2020, to mitigate the knock-on impact of the COVID-19 pandemic on programmes to fight HIV, tuberculosis, and malaria,

and initiate urgent improvements in formal and community health systems. The work the APPG saw at Nyamata EID centre demonstrates the Global Fund's ability to respond to emerging threats such as the COVID-19 pandemic, and highlighted the significant role the Global Fund can play in wider health system strengthening, through pandemic preparedness and protecting front-line workers, helping to ensure sites are not overwhelmed.

During the visit, the delegation also had an opportunity to speak with Dr Marjike Wijnroks, Chief of Staff to the Global Fund, about the upcoming Seventh Replenishment and the importance of an ambitious UK pledge.

### **Podoconiosis meeting**

While in Rwanda, Vice-Chairs, Pauline Latham MP and James Sunderland MP, met with representatives from the University of Rwanda, Brighton and Sussex Medical School, the Social Sciences for Severe Stigmatising Skin Conditions (5S) Foundation, and the NIHR Global Health Research Unit on NTDs who are implementing the UK-funded National Institute for Health and Care Research (NIHR) projects on podoconiosis, mycetoma, and scabies in Rwanda, Ethiopia, and Sudan.

The meeting, led by Dr Lawrence Rugema, Co-Investigator at the University of Rwanda, focused on podoconiosis – a non-infectious form of elephantiasis endemic to tropical and subtropical areas of Africa, central America and Asia, affecting an estimated four million people in Africa alone. The disease is most prevalent in subsistence farming communities, where individuals spend the majority of their time working barefoot in irritant volcanic soils. Years of exposure can cause extreme painful swelling of the feet and lower limbs leading to debilitating disfigurement. The disease has a significant negative impact on affected individuals and communities in terms of disability, mental distress, depression, stigma, and loss of economic productivity. It can result in them, and even their entire families, becoming ostracised from their communities.



Pauline Latham MP and James Sunderland MP with representatives from the University of Rwanda, Brighton and Sussex Medical School, 5S Foundation and the NIHR Global Health Research Unit on NTDs working on podoconiosis in Rwanda

In Rwanda, 80 per cent of all tropical lymphedema, or lower leg swelling, is due to podoconiosis. Those most affected are already living below the poverty line, and patients lose 45 per cent of their productive working days to the disease. The Rwandan government has set out a goal to eliminate podoconiosis by 2024.

The APPG learnt how UK-funded research is helping to meet this goal in Rwanda, through delivering enhanced social science capacity to examine the cultural logics and social and economic contexts of the disease. Social science, which looks at the social and cultural aspects of human behaviour and experience, provides a unique perspective on the problem of the continuing existence of NTDs. It is currently underrepresented in the NTD research landscape. This project explores the lived experience of people living with podoconiosis in Rwanda, the relationships between diseases, human behaviours, and the environment, the real-life working of current interventions and community-based prevention programmes, and the social dynamics of policy creation in relation to





## Meeting with TAPAMA NTDs

Tanzania Parliamentarians Against Malaria and Neglected Tropical Diseases (TAPAMA NTDs) is a coalition of cross-Party MPs dedicated to fighting malaria and NTDs through engaging all members of Parliament in Tanzania and enhancing the political will to end these diseases in Tanzania. TAPAMA NTDs's mission is to scale up malaria prevention and treatment intervention in order to reduce the mortality and morbidity rate caused by malaria in Tanzania, and to relieve the sufferings of disease among the most vulnerable groups, namely pregnant women and children under five.

The APPG has met with TAPAMA NTDs on a number of occasions – including in 2019 together with a delegation from the German Bundestag. As part of our cross-country Parliamentary collaboration efforts, the APPG funded the travel for a small group from Tanzania to attend CHOGM and the Kigali Summit. The APPG was also delighted to be able to meet with Dr Hermengild Mayunga, TAPAMA NTDs Programme Director, in the margins of the Kigali Summit to discuss the current situation of malaria and NTDs in Tanzania and possible ways to collaborate over the coming years.

podoconiosis at a national and international level. The hope is to provide real health benefits to those affected through research into treatment options, genetics, education, and tackling the associated stigma and discrimination of the disease.

The meeting was also an opportunity for Members of the APPG to give advice on how to present this crucial research work to policymakers.

Following the meeting, Pauline Latham MP raised podoconiosis in a debate on the International Development Strategy in the House of Commons, and urged the responding Minister to consider those suffering from the disease in investments and support for the treatment, control and prevention of NTDs, noting that tackling NTDs can have huge positive knock-on effects throughout the local economy, as well as enabling those affected to live healthier, happier, and more productive lives.



Pauline Latham MP, James Sunderland MP and Jeremy Lefroy with members of TAPAMA NTDs

# Domestic visits

## Liverpool

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As part of our focus on British-backed science, R&D, and innovation, our Chair, Catherine West MP, together with former APPG Chair, Jeremy Lefroy MP, and local Liverpool MP, Ian Byrne, visited Liverpool with IVCC (Innovative Vector Control Consortium) and the Liverpool School of Tropical Medicine (LSTM) to learn about their work on innovation and impact in the fight against malaria and NTDs.

IVCC is the only Product Development Partnership (PDP) working in vector control. IVCC works with stakeholders to facilitate the development of novel and improved public health insecticides and formulations to combat the rapidly growing problem of insecticide resistance – bringing together partners from industry, the public sector and academia to create new solutions to prevent disease transmission. LSTM has been at the forefront of research into infectious, debilitating and disabling diseases worldwide since 1898 – with the aim of improving health outcomes in disadvantaged populations globally through partnership in research and education.

The APPG heard about the diverse vector control pipeline that IVCC is developing and delivering which is helping to bring life-saving interventions to market at scale and at pace, saving many thousands of lives, particularly in the most vulnerable groups such as young children. This includes work on next generation indoor residual sprays, long-lasting insecticidal nets, dual active ingredient bed nets which combine two or more insecticides to help combat the rise in insecticide resistance, and a new outdoor biting intervention called Attractive Targeted Sugar Bait which aims to lure mosquitoes to a toxic bait and kill them.

The Group was also able to visit the insectaries at Liverpool Insect Testing Establishment (LITE) to see the important on-site testing being undertaken on insecticide-resistant colonies. LITE maintains a range of insecticide susceptible and resistant colonies of mosquitoes and provides a range of approaches for insecticide efficacy testing, supporting the testing of insecticide-based products for commercial partners using a variety of biological and chemical assays.

The APPG also heard about LSTM's work at its Centre for Neglected Tropical Diseases (CNTD), which brings together a large and diverse group of initiatives focused on the challenges posed by a range of NTDs. As a multidisciplinary centre, CNTD has extensive expertise across all NTDs – from drug and diagnostics discovery and development to delivery, evaluation and deployment into health systems to span the translational research spectrum. The Group specifically heard about mass drug administration and implementation programmes for lymphatic filariasis, which impairs the lymphatic system and can lead to the abnormal enlargement of body parts, causing pain, severe disability and stigma, and onchocerciasis, commonly known as 'river blindness', a parasitic eye and skin disease which can lead to permanent blindness. The Group also heard about the need for new innovations and curative drugs to help accelerate elimination of these devastating diseases.

The Group was also able to visit the herpetarium at the Centre for Snakebite Research and Interventions (CSRI) to learn about their pioneering research into snake venom for tackling the deadly NTD, snakebite envenoming. Snakebite annually kills 81,000-138,000 people residing in some of the world's most disadvantaged subsistence farming



Catherine West MP and Ian Byrne MP observing Paul Rowley and Edouard Crittenden extract venom at the Centre for Snakebite Research and Interventions

communities, and leaves 400,000 surviving victims with permanent physical disabilities and disfigurements. CSRI works on a diverse portfolio of research activity to better understand the biology of snake venoms and use this information to improve the efficacy, safety and affordability of antivenom treatment of tropical snakebite victims. The herpetarium at LSTM is a Home Office-accredited and inspected experimental animal facility, hosting the largest and most diverse collection of tropical venomous snakes in the UK. It is a critical resource to the research work of CSRI – the herpetologists at the centre extract venom from snakes at regular intervals, which is immediately frozen and subsequently lyophilised and stored to be used for antivenom production, and for therapeutic and basic science research.

The visit highlighted the importance of the UK's regional science hubs in developing new tools and evidence-informed policy to end these devastating diseases. It also highlighted the importance of the PDP model as a cost-effective way of ensuring the delivery of new products to tackle these diseases.

## Keele University

In September, our Chair, Catherine West MP, visited Keele University where she learnt about ECLIPSE – a five-year anthropological healthcare intervention programme which aims to empower people with cutaneous leishmaniasis in the most marginalised communities in Brazil, Ethiopia and Sri Lanka.

Cutaneous leishmaniasis (CL) is an NTD caused by the parasite *Leishmania* which is spread through the bite of a sand fly. CL is the most common form of leishmaniasis and causes skin lesions, mainly ulcers, on exposed parts of the body, which heal slowly and can leave life-long scars and serious disability or stigma. Early diagnosis and treatment improve patient outcomes by limiting lesion size and can reduce spread of the disease in the community. The most common treatment for CL consists of daily drug injections for 20 days, usually administered at specialist clinics located far away from rural communities.

It is estimated that between 600,000 to one million new cases of CL occur worldwide annually, with up to 40 million people suffering from the long-term, stigmatizing residual scarring associated with the disease. CL is found in 98 countries, with about 95 per cent of cases occurring in the Americas, the Mediterranean basin, the Middle East, and Central Asia. Each country has different challenges in terms of disease awareness, early and accurate diagnosis, disease reporting and monitoring, available treatment pathways, and access to healthcare.

ECLIPSE is a partnership between Keele University, Kent and Medway Medical School, the Federal University of Bahia (Brazil), Mekelle University (Ethiopia), and Rajarata University of Sri Lanka, and is funded, through a £4.6 million grant, by the National Institute for Health and Care Research (NIHR) and UK Aid. The partnership brings together expertise in an

international, cross-cultural, multidisciplinary team that includes clinicians, anthropologists, psychologists, disease specialists, and public health researchers. The partnership includes established researchers, a cohort of early career researchers, and the ECLIPSE Policy Network which brings together policy makers from the three countries to learn from best practice. The ECLIPSE team has placed community engagement at the heart of the project right from the start to ensure a strong community focus, involving local communities throughout with robust community engagement to help design study documents, oversee ECLIPSE activities, and advise on easily understandable messages to publicise findings.

ECLIPSE uses a range of qualitative and quantitative methods to gain in-depth understanding of patients', communities', and healthcare professionals' experiences and views on the effects of CL on the daily lives of those affected, the barriers to seeking healthcare, obtaining accurate and early diagnosis, and receiving effective treatment. The insights gained inform the development of new interventions, including community education campaigns to increase disease awareness and reduce stigma, and training packages for healthcare professionals. The interventions are first tested, refined, and then implemented in three field sites in each country. The research will benefit people with CL and endemic communities in Brazil, Ethiopia and Sri Lanka by:

- increasing early diagnosis and treatment uptake;
- helping patients improve their quality of life;
- empowering communities to reduce stigma and social isolation; and
- ensuring community health workers are able to help CL patients.

The ECLIPSE team working in Ethiopia to improve the patient journey for people living with cutaneous leishmaniasis and reduce stigma through community education





# Events

March 2022



Cross-APPG Members with Global Fund Executive Director, Peter Sands

## Cross-APPG meeting with Peter Sands, Global Fund

Members of the APPG – together with Members of the APPGs on Global Tuberculosis, HIV and AIDS and other interested Parliamentarians – met with Peter Sands, Executive Director of the Global Fund, who presented an update on the work of the Global Fund and made the case for renewed investment ahead of the Seventh Replenishment.

The Parliamentarians discussed the importance of the vital work the Global Fund has done to tackle malaria, tuberculosis, HIV and AIDS, including for women and girls, and discussed strategies around making the case for an ambitious UK funding commitment.

## Policy presentations by University of Oxford MSc students

As in previous years, the APPG welcomed students from Oxford University's International Health and Tropical Medicine Course to Parliament where they gave policy briefings on a range of topics across global health. This annual session is always an exciting opportunity for Members to engage with students who are sure to be future leaders in global health, and also serves as a platform to encourage public health and research professionals to understand the role of decision makers in global health policy dialogue.

The International Health and Tropical Medicine Course is a full-time one-year multidisciplinary and interdisciplinary programme examining major challenges to the health of populations in resource-limited contexts. The course is embedded within the Oxford Centre for Tropical Medicine and Global Health at Nuffield Department of Medicine. This year, the 25 students from 21 different countries, all had substantial work experience prior to their Masters – many were on the frontline in the COVID-19 response.

Before presenting their policy papers, the students had a tour of the Houses of Parliament and sat in the Gallery of the House of Commons to listen in on Parliamentary proceedings. The students then presented policy briefings on range of topical global health topics, selected by APPG Members and Partners:

- What is the intersection between malaria and AMR, and what implications does this have for role of malaria programmes in building health security?
- What policy arguments may persuade donor countries to maintain or increase funding for



Catherine West MP with Oxford University International Health and Tropical Medicine students

research and innovation around NTDs in the current COVID-19 situation?

- Can climate finance enhance the resilience of global health?
- When many public health programmes such as mass treatment are valued on their cost-effectiveness, how can the less cost-effective 'last mile' disease elimination efforts be better valued politically and economically?
- For some diseases, control interventions can be more effective when focused in a non-human sector, but this may not have obvious benefits to those stakeholders needing to take this action (for example, while sheep vaccination against echinococcosis can be important to prevention of transmission to humans, it is of little production value to a farmer who must be the one to take action). How can the benefits of veterinary public health interventions to human health be better communicated and achieved?
- What are the arguments in favour of, and against, a new Pandemic Treaty as proposed by the WHO?

## UK-East Africa Health Summit roundtable

Members of the APPG met with Parliamentarians, officials, and global health practitioners from Uganda and Kenya who were in London for the UK-East Africa Health Summit.

The meeting served as an opportunity to build relationships with Parliamentarians and Officials working on global health across East Africa. It was also a chance to share best practice around political engagement on tackling malaria, and an opportunity to hear an update on malaria programmes and progress, as well as priorities and challenges for tackling the disease.



Catherine West MP and Lord Dholakia with UK-East Africa Summit delegates from Uganda and Kenya

Diana Atwine, Permanent Secretary at the Ministry of Health in Uganda, and our Chair, Catherine West MP, led the discussions which included anti-microbial resistance, R&D, vaccine equity, the importance of sustainable funding, and the impact of malaria on children's education and people's livelihoods.

Vice Chair, Lord Trees, and Member, Lord McColl, were also able to receive an update from Uganda's members of the visiting delegation, following their visit to the country with the APPG in 2018.

## DND/Meeting

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APPG Chair, Catherine West MP, and Vice-Chair, Lord Trees, met with Dr Bernard Pécoul and his team from the Drugs for Neglected Diseases *initiative* (DND*i*) for a briefing on their current workstream plans and priorities, and to discuss opportunities to collaborate together to raise the profile of NTDs and not-for-profit models for conducting research and development for new health tools.

DND*i* is an international, not-for-profit research and development organisation working to develop and deliver new, affordable, and patient-friendly treatments for neglected patients around the world. DND*i* acts as a conductor of a ‘virtual orchestra’ of over 200 global partners to develop treatments for patients, not profits – finding solutions to the lack of medicines for life-threatening diseases that disproportionately impact poor and marginalised people. By bringing together the public, private, academic, non-profit, and philanthropic sectors, DND*i* leverages the unique expertise of each partner to drive innovation for neglected populations.

DND*i*’s work has already saved millions of lives since being founded in 2003 – delivering twelve new treatments for six deadly diseases, and developing a robust portfolio of projects spanning from discovery to implementation for sleeping sickness, leishmaniasis, Chagas disease, filaria, mycetoma, HIV, hepatitis C and COVID-19.

At the meeting, Dr Pécoul, Dr Charles Mowbray, DND*i*’s Discovery Director, and Joelle Tanguy, DND*i*’s Director of External Affairs, outlined the



Catherine West MP and Lord Trees with the team from DND*i*

work that DND*i* is doing on developing drugs for the most neglected diseases such as sleeping sickness, visceral leishmaniasis, and Chagas disease, while considering engagement in R&D projects for other neglected patients, and development of diagnostics and/or vaccines to address unmet needs that others are unable or unwilling to address.

## May 2022

### Indigenous Peoples in Brazil meeting

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Together with the All-Party Parliamentary Human Rights Group and Survival International, the APPG met with representatives of the Yanomami, Maurício and Silvio, to learn about challenges facing indigenous peoples in Brazil.

There are hundreds of indigenous groups in Brazil, comprising around one million people in total, with their territories constituting approximately 14 per cent of Brazil’s land mass. Yanomami territory is the largest indigenous territory in the Brazilian Amazon, an area of primary rainforest and immense biodiversity, home to 30,000 Yanomami, who have traditionally been semi-nomadic and widely dispersed.

Despite their rights being upheld in international instruments and the 1988 Brazilian constitution, and their reputation as effective and dedicated guardians of the environments in which they live, indigenous peoples in Brazil continue to face significant risks, particularly uncontacted groups who are completely dependent on their land for survival and have no immunity from common diseases.

As well as providing moving accounts of the threats of illegal mining, and the personal dangers they face in trying to protect their habitats, we heard from Maurício and Silvio about the impact of changes to the environment, including land use changes and deforestation, on the transmission of malaria and other tropical diseases, and the need for a better specialised healthcare service and the training of more indigenous healthcare workers.





Representatives of the Yanomami indigenous peoples, Maurício and Silvio

Following the meeting, the APPG wrote a joint letter with the All-Party Parliamentary Human Rights Group to the Minister for Africa, Latin America and the Caribbean, to bring attention to the challenges facing indigenous peoples in Brazil.

### Global Fund Day of Action to End Epidemics

Members of the APPG attended the Global Fund Day of Action to End Epidemics co-hosted by The ONE Campaign, STOPAIDS, RESULTS UK, Restless Development, Aid Alliance and Malaria No More UK.

The day encouraged Members of Parliament to drop in to the session to meet campaigners and constituents to discuss the work of the Global Fund and the important role that the UK can play in accelerating efforts to end AIDS, tuberculosis and malaria.



Catherine West MP and activists at the Global Fund Day of Action to End Epidemics

### House of Lords reception on Neglected Tropical Diseases

The APPG's Vice-Chair, Lord Trees, co-hosted a reception in the House of Lords with the UK Coalition against Neglected Tropical Diseases (UK Coalition) to raise the Parliamentary profile of NTDs in the run-up to CHOGM and the Kigali Summit, and to call for an end to the neglect of these devastating diseases that need not exist in the twenty-first century.



Lord Trees with members of the ILEP advisory panel, including Rachna Kumari who spoke at the House of Lords reception on NTDs

At the reception, we heard from people who have been personally affected by NTDs as well as those who are working towards their elimination, including successful research partnerships with the UK and NTD-endemic countries. This included an insightful presentation from Professor Abebaw Fekadu, Director of the Africa Centre of Excellence for Medical Discovery and Clinical Trials (CDT-Africa), who spoke about the impact of UK funding on NTDs and the importance of mature research partnerships to bring about diagnostic and treatment solutions in endemic countries.

Ahead of the reception, Lord Trees was able to meet with members of the ILEP advisory panel, who spoke about their experiences with leprosy, a chronic infectious disease which affects the skin and nerves. ILEP is consortium of international non-governmental



Baroness Sugg with Felicia Wong from FIG and Delphine Pedebou who spoke at the House of Lords reception on NTDs

organisations with a shared desire to see a world free from leprosy. During the event, a member of the advisory panel, Rachna Kumari, spoke incredibly movingly about her personal battle with leprosy, and the associated stigma and discrimination she faced, including from her immediate family members. Rachna now works as a community leprosy ambassador, and her life purpose is to help other people with leprosy. We also heard from Pip Stewart, an adventurer, journalist and presenter, who was infected with the skin NTD cutaneous leishmaniasis in the Amazon rainforest. Since her infection and subsequent treatment, Pip has become a vocal advocate for patients affected by NTDs, speaking out about the global inequity in access to healthcare.

We also heard from Delphine Pedebou who passionately shared her experience of female genital schistosomiasis (FGS) and the challenges she faced around diagnosis and treatment. FGS is a complication of untreated schistosomiasis, an NTD caused by parasitic worms that is transmitted to humans through snails that live in lakes, rivers and ponds where people swim, fish, bathe, wash clothes and collect water. FGS causes painful, yet preventable, sexual and reproductive health complications, and is linked to an increased risk of HIV transmission, bladder cancer and cervical cancer. As part of the reception, our Vice-Chair, Baroness Sugg, helped to launch FIG (FGS Integration Group) – a new global coalition aimed at galvanising joint action across NTDs, sexual and reproductive health and rights (SRHR), HIV, HPV/cervical cancer, and water, sanitation and hygiene (WASH) sectors to address the neglected and harmful condition of FGS. FGS integration is a powerful opportunity to demonstrate that cross-sector coordination can contribute to high quality healthcare, universal health coverage, and resilient and sustainable health systems for women and girls.

The reception was also an opportunity to share successes and impact from UK investment in NTDs to date. The UK has a strong legacy of investing in these devastating diseases, not only in terms of reaching the world's poorest communities with healthcare services, but also in leadership in research, innovation, and business partnerships. However, this reputation – and the wellbeing of the world's poorest people – is at risk without ongoing leadership, investment and engagement by the UK Government.

As such, at the reception, the UK Coalition launched its new case for investment into diseases of poverty. The Investment Case examines how tackling NTDs will help the UK deliver on other global health and development priorities – building on existing foundations to strengthen health systems, bolstering cross-sector action and coordination, and improving health equity and inclusivity – and argues that UK investment in pandemic preparedness and global health security should include NTDs. Key recommendations for the UK Government include:

- continue to invest in health system strengthening, using NTDs as an entry point to reaching marginalised communities and under-resourced areas of health service delivery such as rehabilitation and mental health;
- support national health systems to use data on the distribution of diseases of poverty, to better target services, including WASH, nutrition, mental health and physical rehabilitation, to the most affected populations;
- harness community-based programmes that target diseases of poverty, including those led by organisations of persons with disabilities (OPDs), to deliver hygiene behaviour change and improve the uptake and sustainability of health, nutrition, WASH and education services, particularly for marginalised groups such as women and girls and people with disability;
- leverage existing private sector engagement on NTDs and nutrition to target integrated programmes to improve health and nutrition outcomes for mothers and children;

- support the strengthening of diagnosis and surveillance for NTDs within pandemic preparedness and response planning, recognising that strong health systems are vital to ensuring health security;
- lead on applying a One Health approach to global health security, including NTD control, with an emphasis on planetary health and addressing the changing nature of disease, and linking areas of the UK's comparative advantage and expertise;
- develop a cross-Whitehall strategy for supporting global health research to ensure alignment across all departments and to ensure maximum impact for diseases of poverty in these investments;
- provide urgent clarity on long-term financial decisions and multi-year spending commitments that ensure ongoing PDP-backed research and development will continue. This is essential for producing results, tools and treatments needed to meet the Sustainable Development Goal targets and prepare for potential epidemics and health threats; and
- support science and policy leadership to strengthen existing and emerging innovation ecosystems that prioritise the needs of neglected populations. This includes ensuring innovations originating in low- and middle-income countries are integrated into international responses and strengthening clinical research networks and drug discovery consortia in endemic regions.

There was also an opportunity to see images and video across NTDs in a mini photo and textile exhibition, including a scabies wearable experiential garment which was made for a public education event by textile artists.

## July 2022

### Medicines for Malaria Venture meeting

APPG Chair, Catherine West MP, and Vice-Chair, Baroness Hayman, met with CEO, David Reddy, and his team at Medicines for Malaria Venture (MMV) for a deep-dive briefing session on their current workstream plans and priorities, and to discuss opportunities to collaborate together on raising the profile of malaria and the critical work of Product Development Partnerships (PDPs).



Catherine West MP and Baroness Hayman with the team from MMV

PDPs use donor funds to engage the pharmaceutical industry and research institutions in undertaking R&D for diseases that they would normally be unable or unwilling to pursue independently, without additional incentives. MMV is a leading British-backed PDP in antimalarial drug research, development 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.

MMV's antimalarial portfolio is the largest ever assembled and includes thirteen compounds in clinical development targeting unmet medical needs, including medicines for children, pregnant women and people suffering from drug-resistant malaria. It is estimated that MMV-supported products have saved 13.6 million lives to date, and protect 50 million children every year.

At the meeting, David Reddy, George Jagoe, Executive Vice President for Access and Product Management, and Neil McCarthy, Vice-President and Head of External Relations, provided an overview of MMV's portfolio of antimalarial medicines and progress to date, as well as an outline of future strategy around impact, vulnerable populations, resistance, and disease elimination. In particular, the session looked at how MMV works to ensure impact – through addressing bottlenecks and increasing access – and how MMV addressed malaria during the COVID-19 pandemic, supporting the overall pandemic response.

George Jagoe also provided a detailed overview of MMV's incredible work on malaria in mothers and babies (MiMBa) which aims to improve availability of and access to appropriate medicines for pregnant and breastfeeding women and newborns affected by malaria. MMV implements its MiMBa strategy through collaboration with global partners in the malaria community by improving drug coverage, generating data on the safety of existing antimalarial medicines in pregnancy and developing new antimalarials to address the needs of pregnant women and neonates. The MiMBa strategy also includes advocating for changes in drug development to promote the safe inclusion of pregnant women into clinical studies. George Jagoe outlined how MMV works to understand the profile of populations at risk of malaria as an important first step towards designing solutions to reach elimination goals, as well as who is underserved by current antimalarials to ensure that medicines are developed for everyone impacted. This includes work to broaden access to currently used antimalarial medicines, investment in appropriate new molecules for the future, the acceleration of population-appropriate compounds in the current pipeline, and advocating for greater inclusion of women who are – or could become – pregnant and lactating across antimalarial R&D and access.

As the world faces emerging resistance to current malaria treatments, new medicines are needed to continue the fight towards elimination. In our last Annual Report, the APPG was able to report on a partnership between MMV and pharmaceutical

company Novartis to find alternative non-artemisinin treatments for the most severe form of malaria. In November 2022, MMV and Novartis announced the decision to progress the non-artemisinin combination ganaplacide-lumefantrine into Phase 3 development for the treatment of patients with acute uncomplicated malaria due to *Plasmodium falciparum*. This combination has the potential not only to clear malaria infection, including artemisinin-resistant strains, but also to block the transmission of the malaria parasite. The APPG looks forward to hearing about the results of one large Phase 3 pivotal trial which will be conducted in collaboration with the WANECAM 2 consortium and will include partner clinical sites in Burkina Faso, Mali, Gabon and Niger. Both Phase 2 and 3 studies receive funding from the European and Developing Countries Clinical Trials Partnership (EDCTP), which is supported by the European Union.

### **UNITE briefing event on the role of Parliamentarians in the Global Fund Replenishment**

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Members of the APPG attended a briefing event in Parliament on the Seventh Replenishment of the Global Fund co-hosted by Dr Philippa Whitford MP and UNITE Parliamentarians Network for Global Health (UNITE), and supported by RESULTS UK. UNITE is a non-profit, non-partisan, global network of current and former Members of Parliament from multinational, national, state, and regional Parliaments, Congresses, and Senates, committed towards the promotion of efficient and sustainable policies for improved global health systems, in alignment with the United Nations Sustainable Development Goals.

The session included an extensive briefing on the work of the Global Fund and the importance of a successful Seventh Replenishment from Scott Boule, Senior Specialist Parliamentary Affairs at the Global Fund, and remarks from Dr Ricardo Baptista Leite, Founder and President of UNITE and a Member of Parliament in Portugal, on the crucial role Parliamentarians can play in Replenishment cycles.



Professor Charles Wondji, Professor of Vector Genetics at LSTM and Director of the Centre for Research in Infectious Diseases in Cameroon, at LSTM's 125 Campaign Launch

### Liverpool School of Tropical Medicine's 125 Campaign Launch

Our Vice-Chair, Lord Trees, hosted a reception in Parliament to celebrate 125 years of Liverpool School of Tropical Medicine (LSTM), and to launch the 125 Campaign to help build resilience, skills, and capacity in lower income countries, breaking the cycle of poor health and poverty, and bridging the gap in health inequalities. Our Chair, Catherine West MP, attended the reception alongside former Chair, Jeremy Lefroy, and Vice-Chair, Baroness Sugg, and in the presence of LSTM's patron, Her Royal Highness The Princess Royal.

LSTM's expertise in areas like malaria, sleeping sickness, COVID-19, Ebola, anti-venom therapeutics, and monkeypox has led to the development of many new treatments and disease preventions. The 125 Campaign aims to enable LSTM to strengthen skill-sharing and collaborations with experts in sub-Saharan and Asian countries that face the burden of NTDs. At the reception, LSTM's Director, Professor David Laloo, outlined how, through the Campaign, LSTM will create a Global Fellowship Programme to support 25 researchers with funding and mentoring, and a Global Leaders Programme to create senior research leadership positions in Malawi, Kenya, Cameroon, Zimbabwe and Tanzania.

At the reception, Professor Charles Wondji, LSTM Vector Biologist, based in Cameroon, gave a keynote

address about his own career journey, from Early Career Researcher at LSTM, to pre-eminent academic at the Centre for Research in Infectious Diseases (CRID) in Cameroon.

### 5S Foundation Early Careers Researchers

Our Vice-Chair, James Sunderland MP, met with Early Careers Researchers from the Social Sciences for Severe Stigmatising Skin Conditions (5S) Foundation project – some of whom he had met previously in Rwanda with our Vice-Chair, Pauline Latham MP. The researchers updated James on their projects and discussed routes by which to bring their research findings to the attention of stakeholders within and beyond Parliament.



James Sunderland MP meeting with 5S Foundation Early Careers Researchers

The 5S Foundation programme is an NIHR-funded £3.5 million collaborative research partnership between Brighton and Sussex Medical School, the Faculty of Geographical and Environmental Sciences at the University of Khartoum, the Organisation for Social Science Research in Eastern and Southern Africa (OSSREA) based at Addis Ababa University in Ethiopia, the University of Rwanda, and the Institute of Development Studies (IDS).

The Foundation's vision is to end the neglect of three skin conditions – podoconiosis, mycetoma, and scabies – through bringing the social sciences to bear on these conditions, all of which are huge public health problems in the three countries in which the 5S Foundation works – Ethiopia, Sudan, and Rwanda. Social science, which looks at the social and cultural aspects of human behaviour and experience, provides

a unique perspective on the problem of the continuing existence of NTDs. It is currently underrepresented in the NTD research landscape. The top priority of the 5S programme is to produce social science research that can have a direct impact to improve the health and wellbeing of people affected by these diseases, identifying interventions informed by social science perspectives at the level of the patient, the community, and national and international policy. Each country team has a dedicated public engagement officer supporting the researchers to this end.

## December 2022

### Drug Discovery Unit and Wellcome Centre for Anti-Infectives Research meeting

Our Chair, Catherine West MP, together with Vice-Chair, James Sunderland MP, and Member, Derek Thomas MP, met with the Drug Discovery Unit (DDU) and Wellcome Centre for Anti-Infectives Research (WCAIR) at the University of Dundee to learn more about their work on anti-infectives drug discovery, including for malaria, leishmaniasis, Chagas disease and cryptosporidiosis.

Professor Ian Gilbert, Head of the DDU, and Catharine Goddard, Manager of WCAIR – together with colleagues David Horn, Susan Wyllie, Kevin Read and Manu De Rycker and a collaborator from



Catherine West MP, James Sunderland MP and Derek Thomas MP with members of the University of Dundee team working on drug discovery

GSK – provided a comprehensive overview of the challenges to tackling malaria and NTDs, including the lack of effective or fit-for-purpose drugs for many of these diseases, and how they are working to reduce and prevent suffering by developing understanding of how to develop new drugs and discovering potential new medicines for these diseases. To date, the DDU and WCAIR have four candidate drugs in clinical development, 165 scientists, six licensed assets to BioPharma companies, and over £100 million invested.

Professor Gilbert outlined the barriers to fit-for-purpose drugs for NTDs – including the lack of understanding of the underlying biology and pathway to make new drugs for these diseases, the lack of commercial drivers and funding for developing new medicines, and the lack of effective treatments. The team then presented some of the innovative work the Unit and Centre are doing in anti-infectives drug discovery. This includes work on new medicines



and understanding disease biology, on collaborative partnerships, and on capacity-building in low- and middle-income countries with a unique, new Drug Discovery Group being established in Ghana.

## WHO World Malaria Report 2022

Each year, the release of the World Health Organization (WHO)'s World Malaria Report offers the opportunity to reflect on the current state of malaria, and to assess what more can be done to accelerate the global fight for malaria eradication. To coincide with the launch of the report, the APPG co-hosted an event in Parliament together with Malaria No More UK to raise the profile of malaria and to update Parliamentarians on the latest assessment of trends in malaria control and elimination, and the challenges that we continue to face. The event also provided an opportunity to get together as a wider community to discuss latest



Rt Hon Andrew Mitchell MP addressing a Parliamentary reception on the WHO World Malaria Report 2022

innovations and tools in the pipeline, and what support is needed so we can continue together to make the case for continued UK action.

Our Chair, Catherine West MP, hosted the event, with Rt Hon Andrew Mitchell MP, Minister for Development, providing the keynote speech – in which he reaffirmed the Government's commitment to global health and ending preventable deaths – and Dr Alastair Robb, a senior adviser from the WHO, presenting the report findings with a focus across response, risk, resilience, and research.

There was also a panel discussion with Professor Azra Ghani, Chair in Infectious Disease Epidemiology at Imperial College London, and Serena Mukhi, a youth ambassador for Malaria No More UK and a graduate of the London School of Economics. Serena was diagnosed with a severe case of malaria when she was two years old living in Nigeria, and passionately highlighted the importance of awareness and education around malaria prevention and treatment.

The panel discussion centred around what is needed to get back on track to reach global malaria targets, and how we can support the development and strategic targeting of new tools, and our critical and innovative research and development work, that is so vital in the fight against this devastating disease. As WHO Director-General, Dr Tedros Adhanom Ghebreyesus, said on launching the report, "We face many challenges, but there are many reasons for hope. By strengthening the response, understanding and mitigating the risks, building resilience and accelerating research, there is every reason to dream of a malaria-free future."



Virendra Sharma MP with Jeremy Lefroy at a Parliamentary reception on the WHO World Malaria Report 2022



Volunteer community health worker, Thérèse Twagiramariya, demonstrating her important work to identify, treat and prevent malaria cases within her local community in Rwanda, which is supported by the Global Fund



# Statements

In the months leading up to the UK's pledge to the Global Fund, our APPG worked closely with the APPGs on HIV and AIDS and Global Tuberculosis to continue to raise the importance of a bold and ambitious UK pledge.. When the UK did not make a pledge at the Replenishment Conference, the Chairs of the three APPGs released a joint Statement urging the Government to translate its support for the Fund into a financial commitment.

“While it is welcome to see the UK Government restate its strong commitment to the Global Fund, this needs to be translated into a bold and ambitious funding commitment for the next three years to stand with our G7 allies and help end HIV/AIDS, TB and malaria for good.”

In November, the UK committed £1 billion to the Global Fund. In our statement following the announcement, the APPG welcomed the contribution but expressed concern about the impact on malaria eradication of a reduction in UK spending.

“The APPG on Malaria and Neglected Tropical Diseases welcomes the Government’s announcement to pledge £1 billion over the next three years, as part of the crucial Seventh Replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

This funding comes at a critical time in the global fight against these devastating diseases. Despite tremendous progress over the last two decades, colliding crises – including conflict, climate change, the COVID-19 pandemic, and other global health challenges – threaten to knock us backwards. Malaria deaths have now risen to the highest rate in nearly a decade, with half of the world’s population living under the shadow of the disease.

We are relieved to see the Government’s continued support for the Global Fund which has reduced deaths from malaria by 26 per cent since the Fund was founded in 2002 and which, in 2021 alone, distributed over 133 million mosquito nets and tested over 280 million suspected malaria cases. We also welcome the Government’s decision to continue to invest in research and development through world-leading Product Development Partnerships, and to introduce a UK-Global Fund performance agreement, putting health system strengthening, health equity, gender, and human rights at the very core of the Global Fund’s work.

However, we are concerned that the UK has not been able to maintain or increase its level of spending to the Global Fund from the Sixth Replenishment, and in fact has decreased its contribution by 29 per cent. This will have a real impact on the millions of people around the world who bear the brunt of malaria, and threatens to push us further off track in our global eradication goals. We hope to work constructively with the Minister for Development to ensure we can return to a full contribution to this vital Fund as soon as is possible, and can retain our place as a global leader in tackling malaria.”

# Articles

In June, Vice-Chair, [Lord Trees](#), co-authored an article in [The House Magazine](#) with Dr Bernard Pécoul, Executive Director of the Drugs for Neglected Diseases *initiative* (DND*i*), on the vital role global Britain can play in helping to cure neglected diseases.

## Global Britain has a vital role to play in helping cure neglected diseases

A silent medical revolution has been going on over the past decade. Innovative initiatives to bring the best science to the most vulnerable communities have resulted in breakthrough cures and preventative drugs for some of the world's most neglected diseases.

Yet very few people in the United Kingdom are aware of the essential role their country has played in these successes.

As a doctor and a vet, who have been heavily involved in the study and control of parasitic diseases, we have seen first-hand the immense harm they cause – especially a group of illnesses known as neglected tropical diseases (NTDs). Far from the headlines, NTDs kill, disfigure, and disable millions of people every year.

Take sleeping sickness, a parasitic disease transmitted by the bite of the tsetse fly which, without treatment, is fatal. Three million people in Africa are at risk of infection. But, for decades, the only treatment available for the second stage of the disease consisted of an arsenic-derivative so toxic that it killed one in 20 patients.

More than one billion people are affected globally by other NTDs each year, diseases such as river blindness, elephantiasis, schistosomiasis, leprosy, and others with horribly difficult names and horribly difficult clinical diseases. Yet the only available treatments are often toxic or ineffective – if they even exist at all. Since NTDs impact the poorest communities, the pharmaceutical industry has little financial incentive to develop drugs.

But solutions do exist.

Sleeping sickness can now be cured with a safe and effective treatment called fexinidazole, recently developed by the non-profit medical research organization Drugs for Neglected Diseases *initiative* (DND*i*). UK public investment has also driven the development of all ten new treatments delivered by DND*i* since 2003 and strengthened enduring R&D collaborations between endemic countries, British universities, and the British pharmaceutical industry.

Supported by the UK, such innovative, non-profit, collaborative approaches, or Product Development Partnerships (PDPs), have resulted in more than 65 health tools – vaccines, medicines, and tests – to combat diseases such as tuberculosis, malaria, HIV/AIDS, and NTDs, reaching more than 2.4 billion people, including the most vulnerable women and children, and preventing disruption in employment, family income, and education.

Other NTDs are being tackled by mass drug administration programs using existing drugs, including repurposed veterinary medicines, donated free by pharmaceutical companies, in probably the biggest philanthropic gesture by any industry. For Mass Drug Administration programs, UK Official Development Assistance has been crucial in supporting NGOs, and others working in collaboration with endemic countries' Ministries of Health, to deliver to all the global communities in need of treatment.

Ahead of this month's Commonwealth Heads of Government Meeting in Rwanda and Kigali Summit on Malaria and NTDs, during which concrete actions to tackle NTDs will be discussed, we think it is important to demonstrate the critical role the UK has played in innovating for NTDs.

This support from the UK must continue. Too many people suffer from dreadful diseases that could be cured and prevented with the right tools. The COVID-19 pandemic has set progress back, and new challenges are emerging. NTDs such as dengue are impacted by climate change and other changes to the natural environment and will continue to see their burden increase dramatically. It is vital we maintain and even expand our current research efforts.

We therefore look forward to the FCDO making ambitious commitments at the Kigali Summit and showcasing those commitments at the reception organised in the House of Lords on 8 June by the All-Party Parliamentary Group on Malaria and NTDs and the UK Coalition against NTDs.

Helping humanity to get rid of the diseases that plague our most vulnerable communities is not only within our reach – it also seems a goal worthy of Global Britain's ambitions.

In June, Vice-Chair, [Baroness Sugg](#), wrote in [ConservativeHome](#) following the publication of the International Development Strategy to urge the UK not to step back in the fight against malaria and to continue investment in the Global Fund.

### **Britain must not step back in the fight against malaria**

Earlier this month, the FCDO published its International Development Strategy. This described a new approach, with four priorities – to deliver honest and reliable investment, to provide women and girls with the freedom they need to succeed, to provide life-saving humanitarian assistance, and to take forward work on climate change, nature and global health. The strategy also set out the government's intention to rebalance its spending away from multilateral institutions – such as the World Bank – towards bilateral channels to bolster our diplomatic agenda and achieve our development aims.

I'm proud of the Conservative Party's history of supporting developing nations to establish their own economic independence and social stability, and of our strong record on humanitarian assistance. We also have a long and proud history of tackling one of the world's most deadly diseases – malaria. This long-standing support has contributed to significant progress on tackling this preventable and treatable disease – between 2000 and 2015 the death rate fell by 51 per cent.

There are plenty of vaunted ambitions to end any number of diseases, but thanks to this progress and developments in science and technology, there is a realistic prospect to end malaria this generation – if there is the political will and investment to do it.

Over the years we have worked closely with our Commonwealth family and African partners to help tackle malaria. We have also made significant contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Through

smart, effective health investments, the Global Fund has saved 44 million lives and provided prevention, treatment and care services to hundreds of millions of people.

But this progress on malaria is now at risk. The impact COVID-19 has had on health systems has compounded challenges faced by already stretched services. In 2020, 627,000 people died from malaria, the highest in nearly a decade. Malaria is one of the leading causes of child mortality – children under five accounted for around 80 per cent of these deaths in Africa.

Later this year President Biden will host a Replenishment Conference for the Global Fund. Despite the move towards bilateral funding highlighted by the Strategy, I hope that our contribution to the Global Fund bucks this trend. There is a solid case for investing in the Fund – it is a highly efficient mechanism for fighting existing disease, but it also helps to keep us safe at home by strengthening health systems possibly preventing the next pandemic.

Unlike some other multilateral organisations, the Global Fund has clear, trackable results that show excellent value for money, and UK investment leverages in significant additional funding from the private sector and other donors giving a multiplier effect.

We saw the power of British-backed science during the pandemic, with innovative vaccines being brought to market in record speeds – meaning we could save lives and open up economies. The Strategy seeks to channel world class UK expertise in science and business towards development outcomes. In the last year, the UK celebrated the first malaria vaccine to be approved by the WHO, developed by a British company, GSK, and results from trials of another new vaccine made by the Jenner Institute at Oxford University are due soon. Vaccines are just one tool in the antimalaria arsenal, others include UK developed drugs and insect control – such as the new mosquito nets developed through a partnership including London School of Hygiene and Tropical Medicine.

Strong investment in the Global Fund would help get these British innovations to the people who need them. In 2020, the Global Fund distributed 20 million of the new mosquito nets and funded the trials that led to the approval of the malaria vaccine.

The work of the Global Fund will help improve maternal health and end preventable child deaths. It will help achieve the Prime Minister's ambition for 12 years of quality education for every girl by reducing missed school days. It will help women and girls fulfil their economic potential – as well as getting sick themselves, women and girls take the lion's share of the responsibility for caring for family members. And it will boost economies – each 10 per cent reduction in malaria incidence is associated with an average rise of 0.3 per cent in GDP per capita.

Continued UK investment in the Global Fund is highly valued by our African partners. Malaria remains a significant public health and development challenge across the continent – last year around 95 per cent of global cases occurred in Africa. Tackling malaria is a major

focus for the Commonwealth leaders meeting in Rwanda in June.

So investment to end malaria is critical to protect our own health security, to bolster our global position in science and R&D, to give women and girls the freedom to succeed and deliver on our commitment to Africa. And this is not an open-ended need – for the first time, beating this disease is in sight.

The challenge of malaria is greater than ever, and the Global Fund has asked for a funding increase from all donors to meet the increased need. The UK has long been a generous contributor, but other donors must play their part and do more than before. But, with the possibility to end this disease in our lifetime, now is not the time for us to step back. I hope to see the UK contribute at least as much as at the last Global Fund Replenishment.

The Foreign Secretary has set out her ambition to unleash the power of people and countries to take control of their own future. Our continued investment to end malaria will help to achieve this laudable goal.



Baroness Sugg meeting a mother and her child at Mareba Health Centre and presenting them with a new bed net provided by the Global Fund

In September, our Vice-Chair, **James Sunderland MP**, wrote in **ConservativeHome** on the importance of the Global Fund in the global fight against malaria.

### The global fight against malaria must continue

This week, the USA is hosting the Seventh Replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria. This important global conference is where countries will pledge their funding commitments for the next three years to help defeat these horrible illnesses.

The extent of the UK's contribution will be one of the first key foreign policy undertakings for the new Prime Minister, a decision which has the potential to shape the UK's reputation on the world stage and accelerate progress against the world's deadliest infectious diseases.

Twenty years ago, the UK Government co-founded the Global Fund – an organisation which has helped save 50 million lives to date. A key target for this vital work is malaria, a life-threatening, yet fully preventable and curable, disease, which has devastated mankind for centuries. Half of the world's population lives under its terrible shadow. Children under five are particularly vulnerable. On average, one child dies from malaria every minute.

Over the last two decades, huge progress had been made in malaria control, supported by UK investment and leadership, in the areas of prevention, treatment and research. This has been a source of real pride for the brilliant brains at the heart of this work. But in 2018 that progress began to stall. Faced by the COVID-19 pandemic and new threats such as drug and insecticide resistance, climate dangers and our changing natural environment, malaria deaths have risen to the highest rate in nearly a decade. In 2020, 627,000 lives were lost.

Having seen first-hand the devastating impact of malaria and watched helplessly as others succumbed to it, I am clear that the UK must not renege on its global responsibility. In June, I was

privileged to attend the successful Kigali Summit on Malaria and Neglected Tropical Diseases, where the UK endorsed the Commonwealth's goal to end the malaria epidemic by 2030.

While in Rwanda, I also visited an antenatal health clinic where mothers spoke passionately about the effects of insecticide-treated nets in keeping their babies alive and allowing families to sleep at night. In 2021 alone, the Global Fund distributed a staggering 133 million insecticide-treated nets to protect vulnerable people from malaria, just one of the many examples of incredible, lifesaving, preventative interventions that are making a real impact.

The Global Fund also works with international partners to provide timely testing and treatment for the two million community health workers who remain critical to fighting malaria.

In Rwanda, I met Thérèse Twagiramariya, a volunteer community health worker, who has worked for years to help those in her locality to detect and treat malaria. She is passionate about her work. Her purpose is to keep people alive. For them, it is about life and death.

The Global Fund is effective, cost-efficient, and ensures that all interventions get to the right people, at and in the appropriate time and way. In countries where the Global Fund invests, malaria deaths have dropped by 26 per cent since it was founded in 2002. Without these interventions, fatalities would have increased by a staggering 84 per cent over the same period. In fact, the Global Fund provides more than half of all international finance for malaria programmes and the need for continuity is clear throughout all affected regions. It is no exaggeration to state that if we take our foot off the pedal now, we risk a widespread resurgence of a disease that we have worked so hard to defeat. Millions more will die.

As one of the few countries of the G7 yet to declare its hand, the UK must not now step back. As a proud Conservative and member of the new Government, I remain in awe of our



James Sunderland MP meeting a mother and her child at Mareba Health Centre and presenting them with a new bed net provided by the Global Fund

long-standing commitment to tackling malaria and how we have led the way with exciting new vaccines and technology. But these significant strides in funding, research, innovation, vector control and pioneering drug development are in danger of being undermined.

Despite the huge fiscal challenge facing the UK, our commitments on supporting women and girls, health systems and the fight against malaria and NTDs should be maintained if we are to play our rightful role at the head of the global fight. I have no doubt that our new Prime Minister and Foreign Secretary will honour them. But the extent of that contribution remains unclear. Importantly, if we invest now, there really is an end in sight. Other countries are stepping up: the United States and Germany leading the way in their early commitments to the Replenishment. We must do so too.

Lastly, the economic benefits of continuing to invest into the Fund are staggering. In 2015, it was estimated that malaria cost the African economy around US \$117 billion in lost productivity. Research has also shown that every \$1 invested in the Global Fund results in approximately \$31 in health and economic returns and that each 10 percent reduction in malaria incidence is associated with an average rise of 0.3 percent in GDP per capita and faster GDP growth. Indeed, the downstream benefit to UK trade alone could be trillions of pounds.

As we approach the Seventh Replenishment on Wednesday, I urge the new Prime Minister to be ambitious, kind and bold. This would be a timely and impressive marker in the sand.

In November, ahead of the UK's pledge to the Global Fund, our Vice-Chair, [James Sunderland MP](#), and Member, [Derek Thomas MP](#), made the case in [The Times](#) newspaper for renewing our support to the Fund and the need to protect foreign aid to ensure millions of people don't suffer.

### **If foreign aid isn't protected next week, millions of people will suffer**

Few chancellors of the exchequer will have arrived at No 11 with quite as daunting an in-tray as Jeremy Hunt did last month. Among the decisions he will have to make before his autumn statement next Thursday is on Britain's renewed support for the Global Fund to Fight Aids, Tuberculosis and Malaria.

That fund may not occupy the same amount of column inches as the other issues demanding his attention, but that's not to say it isn't still crucially important. A decision by the UK to reduce its support for the fund would put millions of lives in jeopardy over the next three years, and would risk backsliding in the struggle to finally defeat three of the biggest killers in human history.

The importance of this decision doesn't stop there, however. The world is still learning the brutal lessons of the past two and a half years and the grim struggle against COVID-19.

As the MP for St Ives, West Cornwall and the Isles of Scilly, I (Derek Thomas) was honoured to host in my constituency the G7 Working Group on Vaccine Confidence, where partners celebrated the gargantuan efforts of scientists from around the world, particularly in the context of the COVID-19 pandemic. While their resilience was admirable, we owe it to them to do our very best to prevent any such disaster from happening again.

One of the clear lessons from the fight against COVID-19 was that to eradicate a disease a truly global effort is required. It took a matter of weeks for a virus first identified in China to wreak havoc in every corner of our planet.

There's another important lesson in this context. As devastating as the pandemic was, it could have been worse had it not been for the decades of investment in global health that played a vital role in reinforcing vulnerable health systems and reducing the horrific fallout from the pandemic.

This is why organisations like the Global Fund are so critical. It was one of the unsung heroes of the pandemic, and now forms one of the cornerstones in our global efforts to ensure we are better prepared and better equipped to reduce the threat from future pandemics.

While the Global Fund has been able to save 50 million lives since its inception across the three diseases, all of this progress could be at risk if the UK does not step up to the challenge. As vice-chairman of the all-party parliamentary group on malaria and neglected tropical diseases, I (James Sunderland) have seen first-hand the devastating impact that diseases like malaria continue to have on communities, including when I visited a health centre on the outskirts of Kigali, Rwanda, earlier this year. We just cannot risk losing any more lives to a disease that we know is entirely preventable, treatable and beatable.

Since Hunt has taken the reins at the Treasury there has been serious pressure on him to cut spending, but our enduring commitment to the Global Fund should not be one of them. We are clearly at a time of need at home, and it is right that government priorities should be met by appropriate funding. Yet it is also important that we do not lose sight of the global communities that lie further afield, and that Britain has played a crucial role in supporting over many decades.



Our closest allies, including the US, Germany, Canada, and Japan, have made ambitious commitments to the Global Fund. We should strive to demonstrate the same level of support, especially on issues that are truly life and death in nature. Without a strong financial commitment from the UK, all the hard-fought progress to date could be lost and millions of lives will be at risk. Our relationships with key allies may also be threatened at a time when British leadership is needed now more than ever.

Lastly, there can be few smarter investments the Treasury could make, and few better ways of showing we have learned the lessons of the past, by upholding the Global Fund. The prize of seeing malaria and other horrible diseases eradicated for ever is just too tantalisingly close to ignore.

# Parliamentary debates, contributions and questions

## Parliamentary debates

In April, to coincide with World Malaria Day, the APPG's Vice-Chair, **Baroness Sugg**, asked a question in the House of Lords on the steps the UK Government is taking to tackle malaria globally. Lord Ahmad was the responding Minister and a number of Peers spoke on a range of topics including the Global Fund, CHOGM and the Kigali Summit, malaria vaccines, UK investment in science and innovation, and UK leadership on malaria. The full text of the debate is copied below.

### World Malaria Day

**Baroness Sugg:** *To ask Her Majesty's Government what steps they are taking to tackle malaria globally; and what assessment they have made of the findings of the World Health Organization's World Malaria Report 2021, published on 6 December 2021, in particular that after years of steady progress towards elimination, malaria cases and deaths are rising.*

My Lords, I beg leave to ask the Question standing in my name on the Order Paper and, in doing so, declare my interest as chair of the charity Malaria No More UK.

**The Minister of State, Foreign, Commonwealth and Development Office (Lord Ahmad of Wimbledon):** My Lords, first, I acknowledge and congratulate my noble friend on assuming the role of chair of Malaria No More UK, a charity we worked very closely with in the run-up to CHOGM in 2018. Turning to the specifics of the Question, the World Health Organization's 2021 World Malaria Report notes that the COVID-19 pandemic contributed to an estimated 6 per cent increase in malaria cases and a 12 per cent increase in malaria deaths in 2020. The UK remains a very strong supporter of

the Global Fund to Fight AIDS, Tuberculosis and Malaria, providing £4.1 billion to date. We also invest in research to help people to access new malaria treatments and diagnostics and support countries to strengthen their health systems.

**Baroness Sugg:** My Lords, today is World Malaria Day. It is possible to end malaria within this generation, but we need continued UK leadership to do so, so I thank my noble friend the Minister for that Answer. My noble friend mentioned the Global Fund; does he agree that it is one of the most effective and best value for money investments we can make with UK aid? This year will see the Global Fund Replenishment. Can my noble friend give me any reassurance that the UK will make an ambitious pledge, as the United States has just done, to help get progress back on track?

**Lord Ahmad of Wimbledon:** My Lords, as I have said, the United Kingdom has invested £4.1 billion in the Global Fund to date and during the last Replenishment. My noble friend is correct: the Global Fund's Investment Case for the Seventh Replenishment has been presented to the Government. We are looking at this and reviewing our support in line with our published approaches to health systems and our commitment to strengthen work to end preventable deaths. We will announce our commitment in the near future.

**Lord Collins of Highbury:** My Lords, may I put the question in another way? In the last Replenishment of the Global Fund, we were the third biggest contributor. We have been its founder and strongest supporter, and what we need now is an early and strong pledge to show leadership. Will the Minister confirm that "global Britain" – as the Government put it – will keep its leadership position in support of the Global Fund?

**Lord Ahmad of Wimbledon:** My Lords, the noble Lord mentioned our commitment and our support and leadership. Whether we are second or third, depending on which criteria are used, we remain very much committed to the Global Fund. As I said, I cannot pre-empt the announcement that we will make about the current Replenishment because that decision is being finalised, but I can reassure the noble Lord and your Lordships' House that we remain very much committed to fighting malaria and to the Global Fund.

**Lord Purvis of Tweed:** My Lords, I was in Washington last week, and I met the US representative and board member of the Global Fund. She stressed to me very clearly that the Biden Administration's earmark of \$6 billion is part of the American approach of matching up to 30 per cent as a percentage cap of the remainder of the contributions. So, if the UK cuts its support for the Global Fund, that will automatically cut American support, which would be devastating and a tragedy. The Americans have earmarked the funds – why can the British Government not state that they will not cut support for this crucial fund? It is over a number of years and the Government say they want to return to 0.7 per cent, so why do they not make that announcement now?

**Lord Ahmad of Wimbledon:** My Lords, I appreciate that the noble Lord is tempting me to make a specific commitment, but as I said already, I cannot give a commitment in terms of the actual amount. I can again reassure the noble Lord that we are committed to the fund. I agree, as my noble friend has illustrated and the noble Lord knows well himself, on the real impact the Global Fund has had in tackling malaria. Regrettably and tragically, the COVID-19 pandemic has seen a rise in cases – though not to pre-pandemic levels. Frankly, there has been a real challenge, particularly looking at young children and pregnant mothers, with the rise of cases of malaria, and these are preventable deaths. That is why we remain committed to fighting malaria.

**Baroness Hayman:** My Lords, I draw attention to my interests in the register. The Minister is quite right to point out what has gone backwards during Covid in terms of malaria, but today there have been extremely promising results from the Jenner Institute in terms of the new R21 vaccine. Does the Minister agree with me that our investment in science is equally important and bore huge results in terms of Covid? Will the investment case for the Global Fund look at the possibilities of reversing that decline in progress through the new vaccine?

**Lord Ahmad of Wimbledon:** My Lords, again, I pay tribute to the noble Baroness's work on this issue, but I share her commitment on the importance of the vaccine. She will be aware of recent trials that have taken place, including the World Health Organization's approval of specific vaccines in key pilot countries. We are looking at that very closely. She is also right to point out the R21 vaccine being developed by the Jenner Institute in Oxford. As part of our focus on vaccines, I am also pleased that it now has an association with the Serum Institute to look at upscaling manufacturing of that vaccine once it has been tested. We are looking at working very closely with both those institutes.

**Baroness Ritchie of Downpatrick:** My Lords, malaria deaths have risen year on year to the highest level in nearly a decade: 627,000 lives were lost to malaria in 2020. Could the Minister ensure that funding to the overseas aid budget is restored to 0.7 per cent of GNI and that there is a successful Seventh Replenishment of the Global Fund? Could he indicate today when that announcement about the Seventh Replenishment will be made?

**Lord Ahmad of Wimbledon:** The noble Baroness is right to make the point about the increases in deaths from malaria. We did see a real reduction from the estimated 896,000 to around 560,000 in 2015, but we have seen a rise in cases under Covid, so I accept that point. As I said earlier, I cannot give a commitment on the amount, but it will be during the course

of this year, as we look to the deadline of the Seventh Replenishment, to ensure we make a sizeable contribution that reflects our continuing commitment to fighting malaria around the world.

**Lord Lexden:** My Lords, is it not imperative that, at this year's summit, Commonwealth countries renew the commitment that they gave in 2018 to reduce malaria by half?

**Lord Ahmad of Wimbledon:** My Lords, as the Minister of State for the Commonwealth, I am working closely with our colleagues in Rwanda. Certainly, the United Kingdom was and is the biggest Commonwealth donor in fighting malaria, and we will be working closely with Rwanda to ensure this remains on the agenda for CHOGM in June.

**Lord Turnberg:** My Lords, I am sure the noble Lord saw the encouraging report by Adrian Hill in the Times today about the vaccine trials. One of the things he said was that if the vaccine trial is successful, as it seems to be, it will cost a mere \$3 per person to vaccinate the African population. That would require \$600 million per year. Is the Minister aware of the cost of this scheme? Are the Government going to come forward with a response?

**Lord Ahmad of Wimbledon:** My Lords, the noble Lord is of course right to point out the impact of malaria, particularly on Africa. Indeed, when you look at the statistics, they are very stark: 95 per cent of cases and 96 per cent of deaths from malaria are on the African continent. I have not read the specific article, but I am aware of the support and the issue of having effective costs. I think the real progress will be made through the World Health Organization and ensuring that vaccines are made available to all those who need them at a cost which is acceptable, reasonable and sensible for those who require them.

**Baroness Sheehan:** My Lords, in October 2021, the WHO recommended the first malaria vaccine for children living in areas of high to moderate

risk of malaria. The demand for the RTS,S malaria vaccine is estimated to be far greater than supply over the next few years. What is the FCDO doing to speed up equitable access to the vaccine?

**Lord Ahmad of Wimbledon:** The specific vaccine that the noble Baroness refers to, the RTS,S malaria vaccine, is one of those which has just gone through the World Health Organization's approval process. This was based on trials in three countries, I believe: Ghana, Kenya and Malawi. Some 800,000 children received that vaccine. The conclusions of that – this is why it is important to continue research on the vaccines, which we are certainly committed to – is that the vaccine supply is limited and there are costs, as was pointed out just now by the noble Lord, to ensuring equitable access. The noble Baroness is right to point this out and, as I said earlier, we will work with the World Health Organization on equitable and fair access to the vaccines once they are scaled up. We should be encouraged that the Covid experience, through partnerships such as those with the Serum Institute, lends itself to a proper scaling up of the vaccines once those initial trials have been proven.

In July, following CHOGM and the Kigali Summit, our Vice-Chair, **Lord Trees**, secured a topical debate in the House of Lords on the impact of current reductions to UK foreign aid on malaria and NTDs. Lord Trees asked about the UK's commitment to supporting NTD elimination in light of the UK signing the Kigali Declaration and to supporting malaria control through the upcoming Global Fund Replenishment.

A number of Peers spoke in the debate including our Vice-Chair, **Baroness Hayman**, who spoke about the withdrawal of UK funding from NTD programmes including ASCEND and the RISE leprosy project in Bangladesh, and **Lord Purvis** who spoke about the vital work of the Global Fund which he saw first-hand during the APPG's visit to Rwanda.

In his response, Lord Ahmad spoke of specific deliverables following Kigali – including the commitment to invest in Product Development Partnerships – and of the importance of the Global Fund as an essential partner in the fight against HIV, TB, and malaria. The full text of the debate is copied below.

## Malaria and Neglected Tropical Diseases

**Lord Trees:** *To ask Her Majesty's Government, further to the Kigali Summit on Malaria and Neglected Tropical Diseases on 23 June, what assessment they have made of the effect of current reductions in Official Development Assistance on the global control of (1) malaria, and (2) neglected tropical diseases.*

My Lords, I draw attention to my interests in the register and thank those who have committed to speak today. I am very grateful. The Kigali Summit on Malaria and NTDs on 23 June, running alongside the Commonwealth Heads of Government Meeting in Rwanda, reaffirmed international commitment to control and eliminate malaria and neglected tropical diseases in the Kigali Declaration, to which I will return later.

The fact that these diseases were singled out emphasises their importance to the health of the populations in Commonwealth countries and globally. Malaria, as many will know, is a protozoal infection transmitted by mosquitoes and is of huge importance in sub-Saharan Africa and Asia, but it is controllable. I can travel and work in malaria-endemic countries safely, as I have done many times, provided I have access to certain safeguards, namely prophylactic drugs, bed nets and, if necessary, curative treatment. However, millions of people in endemic countries do not have such access, so malaria has been, and still is, one of the globe's biggest killer diseases. International efforts have reduced mortality from nearly one million per year before 2000 to about 500,000 by 2015, but that welcome reduction in mortality has stalled since 2015, and I note that was before the Covid epidemic.

This is profoundly worrying because malaria and NTDs are endemic infections which, without interventions, cause morbidity and mortality year after year. It is imperative, if we are to avoid 500,000 deaths a year from malaria in future – some 80 per cent of which are of children under the age of five – that we redouble our efforts to mend damaged health systems and to continue to deliver malaria interventions.

Turning to NTDs, they are a group of 20 health challenges affecting the most disadvantaged and impoverished communities in the world. In a vicious circle, they are a cause of poverty but also caused by poverty. Individually neglected, a brilliant initiative was to bring these disparate conditions together under the title of neglected tropical diseases, which thereby highlighted their huge collective impact. They share many features. In most cases they cause chronic, disabling and stigmatising illnesses such as leprosy; elephantiasis – otherwise called lymphatic filariasis – which causes swollen limbs and genitals; major facial and other disfigurement caused by leishmaniasis; female genital disease and predisposition to HIV as a result of schistosomiasis; and blindness through river blindness and trachoma, to name but a few. Collectively, the NTDs place a huge health burden on the societies affected, while reducing the ability of the afflicted to contribute fully to their societies. Some NTDs, such as rabies and snake bite, kill.

NTDs are a key barrier to the attainment of the sustainable development goals, not only SDG 3 on health but those on poverty eradication, hunger, education, gender equality, work and economic growth, and reducing inequalities. Yet we already have the means to prevent or control many of these horrific diseases, partly with drugs – in many cases donated free by the pharmaceutical industry or recently developed by product development partnerships – or, for rabies, by vaccination of dogs, which are the major cause, through bites, of nearly 60,000 estimated deaths per year from rabies, of which nearly half are in children. What is needed is to deliver these

interventions, which may cost as little as 50 cents per treatment.

A major positive, historic initiative was the London declaration of 2012, which identified 10 NTDs for which mass drug administration provided a practical and effective intervention. Substantial progress has been made since 2012: 12 billion treatments have since been donated to prevent or treat NTDs; 600 million people now do not require interventions, which they did in 2010; 43 countries have eliminated at least one NTD; 10 countries have now eliminated lymphatic filariasis as a public health problem; five countries have eliminated trachoma; river blindness has been eliminated in nearly all the Americas; Guinea worm disease is now on the brink of eradication; and there has been a 96 per cent reduction in sleeping sickness cases since 2000.

I reel off these figures to emphasise the great progress made quite recently in controlling diseases that have plagued the endemic populations for centuries. NTDs, however, continue to affect more than one billion people worldwide. We must keep the foot on the pedal to sustain these gains. The UK has been a leading supporter of NTD control and research but the recent gains, for which we can take much credit, have been imperilled by the official development assistance cuts. It is difficult to ascertain exactly how much of the £4 billion reduction in the total ODA budget announced in November 2020 fell on health sector support, but the savings are small in comparison with total UK public expenditure, which in 2020-21 was £1,000 billion pounds.

We do know that cuts for NTD control have been disproportionately huge in their effect. The UK's flagship Ascend programme, essentially our entire operational contribution to NTD control, had its £220 million original budget slashed. These cuts were immediately applied to ongoing programmes. The result was that millions of already donated medicines have been unused, and millions of at-risk people have been left

exposed to horrible preventable diseases. Moreover, support for health system strengthening and capacity-building within the NTD programmes was lost. In its two years, however, Ascend consistently scored "exceeds expectations" in evaluations.

We know that the control of NTDs is one of the most cost-effective health interventions, with an average economic benefit of at least \$25 dollars for every \$1 spent. The Government themselves, in their recent international development strategy, have emphasised that success for that strategy means "unleashing the potential of people in low- and middle-income countries to improve their lives", and that they want women and children to have "the freedom they need to succeed".

Yet malaria and NTDs disproportionately affect the health, well-being and life chances of women and children, who bear the brunt of morbidity, mortality, and the stigmatising effects of these diseases. Moreover, tackling these diseases can improve and strengthen health systems, surveillance systems and healthcare delivery methods that align totally with the Government's priorities for ODA and pandemic preparedness, as well as with the sustainable development goals.

The Kigali Declaration on NTDs seeks to galvanise further commitments to end NTDs by reducing by 90 per cent the number of people requiring interventions for NTDs by 2030. It was backed by high-level participants, including the Minister, the noble Lord, Lord Ahmad, who, on behalf of Her Majesty's Government, endorsed the agreement.

Returning to malaria, the UK has made major contributions to its control, mainly through the Global Fund, for which the UK was a founding member and has been the second-biggest donor. The fund can command huge economies of scale and has been A-rated by quality assessments. Most importantly, the Seventh Replenishment goal of \$18 billion dollars—to be discussed in

September – has already received a pledge from US President Biden for \$6 billion dollars but is conditional on the balance of \$12 billion dollars being raised from other sources. Failure to reach the target will reduce the US commitment, so potentially every \$2 the UK commits will help ensure \$1 from the US.

In conclusion, health underpins every attempt to improve social, educational and economic development, which we espouse to support. Without health, endemic communities are handicapped in their ability to help themselves. We need to emphasise that support for health – closely integrated in partnership with endemic communities and Governments – not only is an altruistic and humanitarian good thing to do but is in our own interest.

A huge challenge facing the affluent global North is migration – yes, much of it is driven by conflict, but also by the desire for a better life. With relatively modest investment, returning to our legal commitment to devote 0.7 per cent of our GNI to ODA, and by prioritising health, we can improve the life chances of disadvantaged communities, and through health create wealth: stabilising those communities, promoting social and educational equality, enabling economic development and aiding detection and control of potential pandemics at source, all of which will benefit us in the UK.

Finally, I ask the Minister: how will the UK Government deliver their commitment in the Kigali Declaration to support NTD elimination programmes? Secondly, will Her Majesty's Government support malaria control by increasing their commitment to the Global Fund at the next Replenishment in line with the US Government's increased commitment?

**The Lord Bishop of St Albans:** My Lords, I thank the noble Lord, Lord Trees, for obtaining this important debate on a subject that really needs to be before your Lordships' House more frequently and deserves a much higher profile. This is a topic of some interest to me because

one of my colleagues, the Bishop of Hertford – last week, he became the Bishop of Bath and Wells – is a professional epidemiologist. I hope that he will be in this House in a few years, because he has spent a lot of his time – even though he has been a bishop – in Africa working on a variety of things such as malaria and Ebola. Thanks to him, I have become increasingly aware of just how important this area is and, as we come out of Covid, how vital it is that we grow human capital in these regions.

It was said to me that rather than calling them “neglected tropical diseases” it would be more apt to call them “tropical diseases of neglected peoples”, given the global economic status of their victims. While I am conscious that malaria is specifically referenced in this debate and that NTDs include a host of serious bacterial and viral infections, I want to focus my brief comments on the parasitological infections within the NTD umbrella, as these are really diseases of poverty. Parasitological infections such as worms are in many cases caught because of the social context in which people are living – poor sanitary conditions, lack of clean water and the inability to store or consume food safely. It is therefore no surprise that deworming programmes are a huge part of the global effort to combat NTDs.

Typically, the victims are school-age children, which is why the standard way of delivering these treatments is very often through schools. This is why the millennium development goals and the specific provision to achieve universal primary education are so crucial, because, as well as giving education, these are the places where parasitological infections can be treated. However, as we experienced during the Covid lockdowns and the gradual emergence from them, children in areas of the world where NTDs are prevalent were unable to attend their schools and were locked out of the treatment that they desperately needed. This created a backlog in the delivery of these treatments. It is important to emphasise that the delivery systems and infrastructure are equally important as any

medication if we are going to sort this out. To be fair to some of our pharmaceutical companies, very often that medication is donated.

It is deeply regretful, therefore, to see the very sizeable cuts in foreign aid. Parents in this country would be rightly outraged if children were being infected with parasites which could be treated for as little as 50p – I think the noble Lord, Lord Trees, said 50 cents, but I thought it was 50p. The currency does not matter; it is pennies we are talking about. This is a minor amount of money yet, in some respects, by reducing our foreign aid funding, we are allowing these diseases to occur in the developing world. The real danger, as people face starvation, shortages and famine – and these NTDs – is that we potentially face mass migrations. It really makes sense for us to think about how we can make improvements in these other parts of the world.

The point about treating NTDs, especially parasites, is that by building the delivery infrastructure, such as schools, as well as better sanitary facilities to prevent infection in the first place, we are investing in the human capital of these nations. In rich countries, human populations constitute between 70 per cent and 80 per cent of the nation's wealth. In low-income countries it is around 30 per cent to 40 per cent. The implication is that the majority of people in these countries fail to achieve their full potential. That is a tragedy for them as people and for the well-being of their nation. Therefore, when we talk about treating NTDs, it has to be within a wider framework of boosting human capital within nations. This occurs through direct treatment, which is extraordinarily cheap per child; supporting universal primary education, especially where women are concerned, since they are more likely to be locked out of primary education; and continuing to improve public health infrastructure in these areas.

All these things will improve treatment and human capital, which in itself will lift people out of poverty and prevent infection. Therefore,

when we consider cuts in aid to the tune of £150 million for the elimination and eradication of NTDs, this is only one section of the funding required to address this problem, as it fails to account for the cuts in funding to help build the human capital that is so vital to combatting these diseases in the long run.

Many charities are doing their best to address these issues. Within the Anglican Church we have the Anglican Alliance, which is a major fundraiser trying to do that. Just this morning I chaired an online meeting with people from Mozambique, because my diocese is seeking to make a serious input into the north of that country to see whether we can give it a serious boost. The problem is that, despite all our voluntary efforts, it will not be enough without government help. I believe that is what we need urgently.

I finish by reiterating that foreign aid is an undeniable moral good, especially when we consider our good fortune in not being plagued by these diseases. That is not to say that we do not currently have problems at home, but it is about being mindful of our privilege and material well-being. The Covid pandemic has set back efforts to tackle NTDs, which makes it more important than ever to see what we can do to help these countries, which will also benefit us as being the right thing to do.

**Baroness Hayman:** My Lords, I declare my interests as set out in the register and apologise for not doing so when I intervened in a Question earlier. I hope the House will forgive me.

I have been involved in these issues for a long time. I remember the excitement around the London Declaration on NTDs. I very much welcome the speech that the noble Lord, Lord Trees, made, which I thought set out comprehensively the implications of these diseases for some of the poorest people in the world – some of the most neglected people in the world, as the right reverend Prelate said.



The London declaration aimed to enable more than a billion people suffering from NTDs to lead healthier and more productive lives. The link between good health and development is very well understood. We have made a great deal of progress, but we are at a very dangerous point for NTDs and malaria. There is a double challenge. There is the challenge of the post-Covid environment. Covid had a tremendous effect in the poorest countries in the world in diverting resources away from the absolutely basic services given for malaria and NTDs, and we have seen the consequent rises in death, as far as malaria is concerned, and in disability and disfigurement that come from NTDs.

However, as well as the effects of Covid, we have had the effects mentioned by both speakers already of the reduction in ODA, which have been devastating as far as NTDs are concerned. The flagship Ascend programme was cut off completely and in a totally irresponsible way, which ended up with donated medications being thrown away on a horrific scale. If we are to end programmes, there is a way to end them which is sensible and minimises disruption and damage, and we did not do that with the Ascend programme. There are other examples across the board. The RISE leprosy programme in Bangladesh just went, in exactly the same way.

Not to be completely negative, I say that I hope that the Kigali Declaration can bring us back to some focus on NTDs. The Minister, who I know has always been very concerned about these issues and committed to tackling them, endorsed the Kigali Declaration during the summit last month and committed to supporting NTD elimination programmes, recognising that tackling NTDs also helps to reduce poverty, address inequality, strengthen health systems, increase human capital, and build resilient communities. However, I would be very grateful if, when he winds up, he can give us a little of the detail on how the UK intends to act on its CHOGM and Kigali Declaration commitments, and what technical and financial resources it will deploy in support of countries to achieve the

WHO 2030 NTD road map, and to partner and collaborate with endemic countries to support action to achieve disease-specific goals while building resilient health systems.

Turning to malaria, I think that the most important message that we can give to the Minister today is on the need for this country's strong support of the Global Fund. The US has shown the way. We have always been the joint leader on donations to the Global Fund. I hope that this continues. Any reduction in that funding would have long-term consequences. Not only would it imbed and continue the reduction in the progress that we have made in reducing deaths from malaria, it could also have very different consequences. There was a fascinating meeting yesterday with the Medicines for Malaria Venture. One consequence of reducing funding to the Global Fund would be on endemic countries' access to quality medicines. The shortfalls in the funding of quality medicines might oblige countries to source lower-quality medicines, which are not as effective, and which could have potentially devastating effects. I hope that the Government will look at that potential negative consequence and at the potential positive consequence in supporting the local manufacturing of malaria and NTD medicines, particularly malaria drug production.

There are some examples of local manufacturing, but they need support and investment to meet international regulatory standards and WHO prequalification.

I hope that if the Minister cannot reply today he will write to me on whether the Government are considering the positive role they can play in knowledge transfer and supporting capacity-building in-country so that endemic countries can move towards self-sufficiency in the production of these medicines. The UK has been a long-standing leader in the fight against malaria, supporting ground-breaking R&D and the large-scale deployment of tools to tackle the disease. That has been done particularly through generous contributions to the Global Fund.

I shall make one last point. When we were discussing Nigeria the other day, the Minister reassured the House about the priority that the Government give to programmes for women and girls. I hope he will recognise today that those programmes are not just about violence against women and girls. Those who suffer from these diseases most acutely are women and girls. Support for the Global Fund means support for 60 per cent of a programme specifically directed to women and girls. Deaths occur in children under five and pregnant women. NTD infections contribute to maternal mortality and morbidity, poor foetal development, maternal anaemia, maternal mortality, pregnancy complications, infant mortality and low birth weight. They also heavily impact on education and employment opportunities for women and girls. These are important areas, and I hope the Minister will be able to respond positively.

**Lord Purvis of Tweed:** My Lords, this is a short debate on a hugely important topic. The three speakers who preceded me have outstanding experience and knowledge on this issue and I commend them on their remarks. I particularly commend the noble Lord, Lord Trees, on securing this debate, so relevant after the Kigali announcements and incredibly prescient since the Government will be making decisions about the Global Fund Replenishment that has been made. The timing could not be better, and I hope and expect that the noble Lord, Lord Ahmad, will respond positively – but I look forward to hearing the extent of that positive nature.

The right reverend Prelate is right that this topic is not solely a health topic but is primarily a life chances topic. The eradication of these diseases has a low financial value but a high value in enabling and liberating girls and young women in particular, as the noble Baroness, Lady Hayman, indicated. She stressed that 11.5 million pregnant young women, the focus of the Global Fund, will be impacted by this, which draws into sharp focus why we believe so passionately that the UK should repeat its full

complement to the Global Fund Replenishment, as it did last time. I will return to that in a moment.

Just two weeks ago when the Minister – along with the Prince of Wales, who was representing Her Majesty – was in attendance at CHOGM on behalf of the UK Government, I was fortunate to join the All-Party Group on malaria, of which the noble Lord, Lord Trees, is Chair, which visited a health centre on the outskirts of Kigali. I met pregnant women who are directly benefiting from this work on greater education and awareness of how to receive medication and use nets and to communicate to the wider community about their effective use and the positive impact that makes.

We also visited a community health centre, where we met one of the networks, made up primarily of women, which provide vaccination services after the identification of potential malaria. These people are volunteers in their community. They are paired up, a man and a woman, in each community. I saw at first hand the materials they use from USAID, the equipment they have been provided with via the Global Fund from the UK contribution, and their impact on the wider community. I am sure that the Minister is aware of this but, if the UK does not replenish, we will see to the same extent we have seen before an immediate reversal in some of the progress we have heard about. It will not be a gradual decline, in the same way as we have seen a gradual improvement; it will be an immediate reversal, which is why the UK needs to replenish in full.

I welcome the Kigali Declaration on reducing NTDs by 90 per cent. In the Commonwealth, there was a restatement of the ambitions with regard to malaria. However, we have been informed through our briefings that the 2018 Commonwealth declaration on the reduction of malaria, with the UK as chair-in-office, is now off track. I would be grateful if the Minister could give an update on where we are in the Commonwealth after the commitment on malaria

made at the 2018 CHOGM. I remind the House that the commitment was to halve malaria across the Commonwealth by 2023. I would be grateful to know where we are on that.

The noble Baroness, Lady Hayman, is absolutely right that we are at a dangerous tipping point. The good intentions of the summit and the Kigali Declaration were very positive. They included commitments totalling more than \$4 billion from Governments, international organisations and philanthropists; commitments of more than \$2.2 billion in partner countries' domestic resources; and 18 billion tablets being donated by nine pharmaceutical companies. However, they will go only so far in maintaining this level of progress if the Global Fund Replenishment, which supports the distribution of many donated medicines, does not happen, as this will reduce the capacity of partner countries to deliver them to their people. From the point of view of value for money, levering in support from other partner countries and the private sector for full Replenishment should be seen as one of the best things we can do.

The tragedy of the cuts we have seen in UK ODA has been twofold. The first is something that is often under-debated: research and development. In many respects, the UK has led in the fight against malaria and NTDs because of UK research and what the UK has brought about through science and innovation, working with our universities, health partnerships and partner countries in particular. All that has come through UK leadership. Therefore, the cut in UK R&D as a result of the funding cuts will cause long-term damage.

Following the announcement of the ODA spend for 2021-22, UK Research and Innovation announced a £120 million research gap. Think about the partnerships with Imperial College, the Liverpool School of Tropical Medicine, the London School of Hygiene & Tropical Medicine, the University of York and the University of Lancaster – these are world-leading partnerships that have been starved of the kind of capacity that is necessary for the next generation.

I am not an expert on these areas. I defer to the noble Lord, Lord Trees, all the time. In fact, I have in front of me the names of the conditions that he so easily pronounced, and I look down at my notes with foreboding because I cannot even pronounce them. However, getting to the next level of improvement will require even greater levels of innovation because by definition these people are harder to reach.

With the cuts to NTDs, with the matter – which we have debated and had Questions about over the period – of the disgrace of the incineration of medicines that could have been provided, and with the distribution of vaccines whose lives were just short of their effective use, we could potentially see 24 million people with lymphatic filariasis, 21 million people with river blindness, 21 million people with schistosomiasis and four million children with intestinal worms. That is the scale of the human impact.

Given the life chances that this measure is going to remove for those nearly 100 million people, I hope the Government will think again, lever in UK support and deliver the Replenishment to the Global Fund in full.

**Lord Collins of Highbury:** My Lords, I thank the noble Lord, Lord Trees, for initiating this short debate on a vital subject. I too want to start on a positive note, because the Kigali summit displayed something unique and important that we should stress: it included Governments, coinciding with CHOGM, but also civil society and the private sector.

We heard clear government commitments to support the fight against malaria and NTDs, which included domestic resources, co-financing and support for innovation, from all the countries committed to that declaration. Like the noble Baroness, Lady Hayman, I would like to know what that commitment means in terms of action by this Government, so I hope the Minister can translate those words into specific actions.

We also had clear commitments from the private sector, which we should welcome, including the donation of drugs, as the right reverend Prelate referred to. Again, that is action that we should encourage and support; it is not all about government action. We also had support from trust funds and philanthropists such as Bill and Melinda Gates, who also make important contributions.

Just as important are civil society organisations and NGOs, which have made a significant commitment in the fight against malaria and NTDs. It is those sorts of commitments and programmes that we should also hear about from the Minister regarding how our Government's commitments can translate into support for those civil society organisations.

However, as we have heard in this debate, such collective action will not deliver without the support of overseas development assistance – from all countries but, more importantly, from this country. As we have heard, progress in combating malaria has stalled in recent years despite the gains of the past two decades. In 2019 there were 229 million cases of malaria and 409,000 deaths, and it continues to take a heavy toll on pregnant women and children, particularly in Africa. The noble Baroness, Lady Hayman, is right: if this Government are going to make women and girls a priority, they need to focus on these policies. It is not just about conflict prevention.

As all noble Lords mentioned, the cuts in the UK's ODA budget, to which I shall return, have had serious impacts. I will not repeat what the noble Baroness, Lady Hayman said but I was going to refer to the issue in more explicit detail. It was not just a question of the amount of those cuts but the speed at which they occurred. We have had repeated debates on the unnecessary harm caused by the speed of those cuts. They were not planned. I am not advocating cuts but damage was caused by immediately stopping programmes. I cannot imagine the consequences.

It is important to acknowledge the role of this country because we have been in the lead. The London declaration was an important initiative, supported by philanthropists and others. I must thank the noble Baroness, Lady Hayman, who, when I first came into this House, initiated a series of debates on the declaration. We had a sort of annual anniversary debate to monitor the progress of the commitments made.

As we have heard, however, one of the impacts of Covid has been a coming together on all NTDs to look at how collective action and cross-sectoral collaboration can help rebuild programmes – particularly on WASH and NTDs. The NTD road map, which has been referred to, set vital global targets. I want to say a few words about the importance of cross-sectoral collaboration. Through co-ordinated investment, we can have an impact across the range of NTDs as well as in terms of priorities for women and girls.

I declare an interest as Co-Chair of the APPG on Nutrition for Growth. Nutrition is a vital foundation activity for safeguarding women and girls and ending some of the worst diseases. Nutrition relies primarily on education and primary healthcare. Universal healthcare is a priority that this Government have led the way on but where the ODA cuts have impacted hugely. They are not programmes that one can set up one year and then take away; they need long-term investment. A lot of the activities that we have been talking about are precisely that – five, 10 or 15-year programmes. We are talking about sustainability and employing nurses and community nursing activity to go out and build sustainable development. That is vital and I hope that the noble Lord can reassure us on how we will support the road map highlighted by NTDs.

We have focused heavily not just on the physical means to deliver progress against these diseases but on the need to stress the importance of research and innovation. That is true of Malaria and many NTDs. We need to hear from the Minister about how we will

continue to support that innovation through the Kigali Declaration. The Global Fund is a vital instrument for change and for pushing back these diseases. The US Government have led the way. I have asked the Minister questions on this and the noble Lord, Lord Trees referred to it. That leadership by the US needs UK support. If we do not support it, the overall amount given to the Global Fund will reduce, which is why it is vital that we continue with that commitment.

I hope, therefore, that the Minister will reassure us. I know he will say that the decision on the amount has not been made yet. We do not know who is responsible for that – things could change in days, hours or minutes. But this is such an important subject, so I hope he will take back the message that we need to support the United States to ensure that the Global Fund Replenishment can continue to deliver on the targets that we agreed in 2015, with the SDGs. I hope the Minister will respond positively.

**Lord Ahmad (Minister of State):** My Lords, I thank all noble Lords for their, once again, detailed and expert insights in this short but very informed debate. In particular, I thank the noble Lord, Lord Trees, for tabling it and for his long-standing commitment to combating malaria and neglected tropical diseases. I pay tribute to the noble Baroness, Lady Hayman, for her continued focus; her expertise and insight were valuable to me, as they were to the noble Lord, Lord Collins. He and I joined your Lordships' House at more or less the same time.

As the noble Lord, Lord Trees, reminded us, this debate comes hot on the heels of the successful Kigali Summit on Malaria and Neglected Tropical Diseases, alongside the Commonwealth Heads of Government Meeting. I was pleased to see members of the APPG, including the noble Lord, Lord Purvis, in Kigali and to exchange views with them directly. As he mentioned, the Commonwealth is undoubtedly disproportionately affected by these diseases, and the political will demonstrated at the summit and in the leaders' communiqué will be key to ending these epidemics.

I agree with the noble Lord, Lord Collins, about the importance of civil society and its role. A few other events were keeping people occupied, but over the last 48 hours I was focused on the delivery of the freedom of religion or belief conference at the QEII, which has just concluded. Civil society representatives were intrinsic and central to the ministerial conference, rather than a separate part of it, and the same needs to apply in every respect of our work.

As noble Lords noted, Commonwealth leaders reaffirmed their commitment to halving cases of malaria in the Commonwealth, and countries affected by malaria made \$2.2 billion of commitments to tackle the disease. As noble Lords acknowledged, I was proud to sign on behalf of the UK the Kigali Declaration on NTDs, which will continue the global momentum generated by the UK-led London declaration 10 years ago. The Kigali Declaration commits countries to supporting the delivery of the World Health Organization's road map on NTDs, a pivotal instrument in our fight to end this epidemic by 2030. I was glad to see the commitments made by Governments, pharmaceutical companies – which the noble Lord, Lord Collins, alluded to – donors and others.

The noble Lord, Lord Purvis, asked about the Commonwealth being off track on the commitment to halve malaria by 2023. There is no hiding from this; it is off track. A large part of this is a result of the impact of Covid; many Commonwealth countries that were on track were impacted. The noble Lord is aware of the challenges of Covid and vaccine distribution, particularly for the most vulnerable. Countries currently on track include Bangladesh, Belize, Malaysia and South Africa. Off-track countries include Nigeria, Mozambique, Uganda and Tanzania, for example. Although overall we are off track as a Commonwealth of 56, the commitment to end the malaria epidemic by 2030 was restated. When I see the focus, uniformity and universality of the commitments,

I believe that, rather than pushing targets back, we will see what progress can be made when the Commonwealth meets again. I would be keen to talk to all noble Lords to see what more can be done to meet this commitment.

There is no doubt about the challenges that these epidemics pose: diseases such as COVID-19 place a terrible burden, and the issue of NTDs and malaria add to that. They were there before Covid, are still very much present and affect the poorest, especially women and children.

I assure the noble Baroness, Lady Hayman, that when I alluded to the issue of women and girls, it was not just in the context of issues of sexual violence. I totally agree with the noble Baroness that it is about how we invest, which is why the Government remain committed, for example, to the important issue of girls' education around the world. In 2020, more than 11 million pregnant women in African countries were exposed to malaria, contributing to more than 800,000 cases of low birth weight, and eight in 10 of those who died of malaria were children aged under five.

Even before Covid, the issue of being off track, which I have just alluded to, was a key challenge for everyone. The pandemic has set us back, but we have rallied to avert the worst-case scenarios, including the World Health Organization recommending the world's first malaria vaccine, as well as advances on other vaccine candidates. The Gambia was declared trachoma free last year, and Rwanda and Uganda heralded the elimination of specific strains of sleeping sickness this year.

On the issue of specific deliverables raised by the noble Lords, Lord Trees and Lord Collins, and the noble Baroness, Lady Hayman, I agree that we need to be specific in what we can do. One of the important elements, to put a bit of detail on this, is that the UK will invest quite specifically in research and innovation in new drugs and diagnostics, through world-leading product development partnerships. These will

include specific research on NTDs and other diseases of poverty.

Several noble Lords raised the issue of drugs being thrown away by programmes, and I will look into this in more detail. From a general perspective, while there were no reported cases of donated drugs being destroyed or thrown away, figures are being used in media reports, so I will follow this up. If noble Lords know of any specific countries or issues that can be traced back to particular programmes, it would be helpful to have that information.

Picking up several of the points raised by the right reverend Prelate, we remain very much committed to global health, and our recently published international development strategy focuses on this. Saving lives, particularly those of mothers, newborns and under-fives, while making essential health services available to all, is a top priority for the UK. We have detailed our commitments and plans in our new IDS, as well as in position papers last year on health systems strengthening and ending preventable deaths.

Strong, resilient and inclusive health systems are of course crucial here and we will continue to invest in programmes to strengthen these, to help ensure that tools for preventing and treating malaria and NTDs are readily available to all who need them. I agree again with the noble Baroness that, by investing early in R&D and prevention, we can save money but, most importantly, we can save lives.

The focus on stronger health systems is the bedrock of our efforts to improve global health, and in this respect I agree with the noble Lord, Lord Trees, that it really is the basis for continued wellbeing. It is a strategic decision to focus on the sustainable systems and essential services required to address all causes of ill-health – a point made by the noble Lord, Lord Collins.

In some cases, this focus has also meant reducing our investments in directly delivering services, but here we have worked with national

programmes and partners to prioritise and complete programme activities where possible, and to co-ordinate the handover of activities to others. We continue to invest in key multilaterals and research, alongside helping to build strong health systems overall.

All noble Lords referred to the Global Fund. This year also marks the Seventh Replenishment of the Global Fund, which remains an essential partner in the fight against HIV, TB and malaria, as well as in strengthening health systems and supporting pandemic preparedness. As all noble Lords acknowledged, the UK is a co-founder and long-standing contributor to the Global Fund, having provided more than £4 billion in funding to date, and we are reviewing the Investment Case for the Seventh Replenishment in line with our new strategy and global health position papers. I reassure noble Lords that we will make a significant financial and leadership contribution to the Global Fund.

The noble Lord, Lord Collins, talked about needing to make sure we get the commitment. What more should I say? I am still here. In all seriousness, this is important to me; it is something I have focused on. There is nothing on which I disagree with noble Lords in relation to the importance of this fund and its contribution. We are focused on making sure that our leadership is sustained. The noble Lord spoke about supporting others, including the United States. If we can continue to focus on this, we can look ultimately again at saving lives.

Along with other institutions, we have funded Gavi and UNITAID. The Global Fund has also played a critical role in piloting the malaria vaccine. We will continue to support the Global Fund and Gavi to maximise the vaccine's impact by helping countries plan their rollouts, alongside other proven malaria interventions. That is an important point about logistics on the ground.

On R&D, the UK continues to invest. I can assure the noble Baroness, Lady Hayman, and the noble Lord, Lord Collins, of our recognition of

the importance of technology transfer. We will continue to put our scientific expertise to work for global health and development challenges in this respect, focused on NTDs. Our investments have led to the world's first child-friendly antimalarial drug, which is estimated to have saved over a million lives. We have also funded trials, with the result published in the *Lancet*, of a novel type of bed net that kills mosquitoes resistant to traditional insecticides. This net reduced the prevalence of malaria by 43 per cent in the first year of use.

The point on ODA is well made. I have always been candid and clear: when you cut funding on ODA, which we have done, that will have an impact, but ensuring prevention is a key focus. The Government's commitment to 0.7 per cent remains.

I am grateful to all noble Lords who have contributed. Our long-standing commitment endures. As the noble Lord, Lord Trees, said, health ultimately creates wealth. Our objective should be ensuring that countries improve not only their health services but their livelihoods. The collective will demonstrated in Kigali should be the impetus to do so much more.

In May, our Vice-Chair, **Lord Trees**, spoke in the House of Lords Queen's Speech debate on UK support for control of NTDs, global health inequalities, and the return of the overseas aid budget to 0.7 per cent.

**Lord Trees:** The Government's recently published international development strategy has considerable implications for the control of tropical diseases. Time forbids me discussing this further, but I note that the Government remain committed to a return to spending 0.7 per cent of GNI on official development assistance. When will the Government next review this situation? The UK has a proud history of research into and collaborative support for the control of tropical diseases. Apart from the fact that supporting health improvement in the most disadvantaged countries in the world is a humane thing to do, data show that it is one of the most cost-effective forms of aid. At a time when mass migration and global pandemics are two of the most serious global challenges, it is surely in our own interests to address global health inequalities, which are a major impediment to social and economic development in low and middle-income countries.

In May, our Vice-Chair, **Pauline Latham MP**, spoke in the International Development Committee session on the future of UK aid with the Foreign Secretary and senior officials at the Foreign, Commonwealth and Development Office, about the effect of the International Development Strategy on malaria, and the need for continued UK investment to help end malaria, including through the Global Fund.

**Pauline Latham MP:** Generally, I do not disagree with going out of the multilaterals and putting it into the bilaterals. You have highlighted the World Bank, and there have been issues with the World Bank over many years. The reduction in multilateral funding from 40 per cent to 25 per cent of ODA, if it is equally applied across the board, in terms of the existing multilateral investments, would have a

devastating impact on the Global Fund, which we have always funded highly. It has been very effective.

Cutting funding across the Global Fund by approximately a third would put 1.2 million lives at risk. I am particularly interested in malaria, because there is a hope that we might eradicate it by 2040. This is really important. We need to continue with that, because women and girls disproportionately have to look after people who have malaria, and they suffer from it themselves a lot. If they get it and are pregnant, it contributes to maternal anaemia and they are more likely to die during the pregnancy or in childbirth.

I hope, from what you are saying, that your investments in multilaterals will not affect things like malaria, TB, neglected tropical diseases and all those things that are really important and have a disproportionate effect on women and girls. I hope that we can have some assurances that that multilateral fund will not be cut.

**Nick Dyer (Director General, Humanitarian and Development, FCDO):** I very much agree with you about the importance and impact of malaria. That is one of the great success stories of course, in terms of the fact that the number of children dying from malaria has gone down quite significantly, principally because of the use of bed nets. Beyond the World Bank, we have not made final choices on the allocation to particular institutions.

There are two questions we need to take in mind when we look at those institutions. One is whether they are doing everything they can to graduate and exit certain countries. I suspect that they are not graduating as fast as they should be. Countries need their own resources to be able to fund this themselves, which will come from investment, of course. The other question is about the right burden share and everybody stepping up and doing their part. In many of these institutions, we have been the biggest donor for many years.



We have helped create the institutions and we are very keen to see other countries play their parts and step up as well.

**Pauline Latham MP:** They have been very effective on malaria reduction. If we have a malaria-free world, that is going to empower so many women and girls to get jobs and take part in the economic prosperity of their own countries and households. That is really important. I would like to put a plea in that you look very hard at continuing to invest in the Global Fund, in the sense that, if other places are not stepping up, or if countries are not graduating, we support them through that, but we fund the Global Fund until such time as malaria is eradicated.

**Rt Hon Elizabeth Truss MP (Foreign Secretary):** We have been through all the different multilateral funds. The most substantial reduction is the World Bank and that has already been done. We have already been through the process of reducing that. Is it 54 per cent?

**Nick Dyer:** It is 54 per cent.

**Rt Hon Elizabeth Truss MP:** It is 54 per cent over the period, so that is where we have made the biggest reduction, because we really were an over-contributor compared to others. We wanted to be more active in the bilateral space, so we made that conscious decision. As Nick says, there are further decisions to be made down the road.

In June, our Vice-Chair, **James Sunderland MP**, spoke in Prime Minister's Question Time to ask whether the UK will fulfil its full commitment to the Global Fund to help end malaria for good. Responding, Deputy Prime Minister, Rt Hon Dominic Raab MP, noted that the Global Fund is a very powerful, high-performing international organisation.

**James Sunderland:** I was privileged last week to attend the malaria summit in Kigali. Even today, malaria remains the biggest single killer of mankind ever, and 1.7 billion people live every day under its shadow of misery. But we are on the cusp of something really special: recent

advances, education and our world-leading British vaccines can now eradicate it forever. Can my right hon. Friend please confirm that the UK will fulfil its full commitment to the Global Fund?

**Rt Hon Dominic Raab MP (Deputy Prime Minister):** I know from working in the Foreign Office just how powerful the Global Fund is; it is a very high-performing international organisation. My hon. Friend will know that since 2002 we have been the third largest donor, so we have stepped up to the plate. The UK has not yet determined our pledge for the Seventh Replenishment, but the Foreign Secretary will have heard loud and clear my hon. Friend's advocacy in that regard.

In July, the House of Commons held an Estimates Day debate on the International Development Strategy in which our Vice-Chair, **Pauline Latham MP**, raised the issue of podoconiosis in Rwanda, following the APPG's meeting in Kigali, and the important work of the Global Fund in tackling malaria.

**Pauline Latham MP:** I do not intend to focus on the overall aid budget in my short speech. Instead, I want to comment briefly on the important issue of neglected tropical diseases, including malaria. They are called neglected tropical diseases because people forget about them. A couple of weeks ago, I, too, was in Rwanda for the Kigali summit, which aimed to tackle the problems of malaria and neglected tropical diseases, and which was a very successful event. Governments, the private sector and philanthropists all pledged to help to accelerate the global fight to beat these deadly diseases, with commitments made at the summit totalling more than \$4 billion.

However, there is much more to be done. In 2020 alone, an estimated 627,000 people died of malaria – a staggering number. More than 1.7 billion people required treatment and care for neglected tropical diseases over the course of that year. Often, the impact of COVID-19 was to disrupt community care and preventive

programmes, meaning that the number of people receiving treatment for NTDs fell by 33 per cent in 2020. There is a simple and cheap cure for many of these diseases, and we must not lose sight of that.

While I was in Rwanda, I attended a programme run by the UK-funded National Institute for Health and Care Research about podoconiosis, a neglected tropical disease that causes dreadful pain and suffering, generally among farmers and those who spend a lot of time in contact with irritant soils without wearing shoes. The microbe gets into their bodies and causes them terrible problems. NTDs such as podoconiosis are widespread in huge parts of the world, and funds for research and prevention are needed not only from a humanitarian and ethical perspective, but from an economic one. For those people's communities and families, these diseases can lead to long-term poverty, hunger and starvation because they can prevent people from working. For example, podoconiosis patients lose 45 per cent of their productive working days to the disease. Research on treatment and prevention can keep people economically active, and able to maintain their lifestyles and their jobs.

Investment in tackling NTDs – that is just one small example – and malaria has huge positive knock-on effects throughout the local economy. The UK funding is providing real benefit for podoconiosis patients through research into treatment options, genetic research, education and more, enabling sufferers to live healthier, happier and more productive lives. I urge the Minister to consider people who suffer from the disease, because it is horrendous.

The UK has a strong legacy of investment in the elimination and control of NTDs – it is supporting the Rwandan Government's ambition to eliminate podoconiosis by 2024 – and it is critical that we maintain that legacy. This is an example of the UK helping the world's poorest to live happy, healthy, economically active lives. That helps the economy and the education of women and girls, giving them the good future that

many do not have at the moment.

That programme in Rwanda has been funded, but others have been hit by the international development funding cuts. For example, the Ascend programme countries still need support to reach their elimination goals.

I encourage the Minister to consider the forthcoming year's spending and to invest as much as we can in NTDs, and in particular in preventing malaria. That is doable; we can eliminate malaria, and it is so important that we contribute significantly to that. The shift in spending under the international development strategy away from multilateral programmes and towards bilateral funding threatens many of the programmes that aim to combat NTDs and malaria. I would therefore be delighted if the Minister could today confirm an ambitious commitment to the forthcoming Seventh Replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria and neglected tropical diseases.

**Rt Hon Vicky Ford MP:** I thank my hon. Friend the Member for Mid Derbyshire (Mrs Latham) for her passionate discussion of neglected diseases, including podoconiosis, which she now knows is a new one to me. What she said was very moving, and I will look into it further – what she said was very moving – and I reassure her that we are reviewing the Global Fund Seventh Replenishment Investment Case. I hope that that gives her the confidence she needs.

In October, in the House of Lords, Lord Bruce of Bannachie asked what specific steps the UK is taking towards meeting the United Nations Sustainable Development Goal of ending absolute poverty in the world by 2030. Our Vice-Chair, **Lord Trees**, contributed to the debate arguing that within the UK's Official Development Assistance commitment, our support for health should be prioritised.

**Lord Trees:** My Lords, disease causes poverty and poverty causes disease in a vicious circle. Does the noble Lord agree that health underpins all development: social, educational and

economic? Does he further agree that, within ODA and our ODA commitment, our support for health should be prioritised?

**Rt Hon Lord Goldsmith of Richmond Park (Minister of State)**: The noble Lord is obviously right. Health remains one of the top four priorities as set out in the integrated review and the international development strategy, neither of which has changed or been forced to be changed as a consequence of recent activities, not least Russia's illegal invasion of Ukraine. Health remains a top priority and will continue to do so.

In December, in the House of Lords, our Vice-Chair, **Baroness Sugg**, spoke in a House of Lords debate on Overseas Development Assistance, highlighting the findings of the WHO World Malaria Report 2022.

**Baroness Sugg**: My Lords, I am grateful to the noble Lord, Lord Bruce, for introducing the debate and to the noble Baroness, Lady Northover, for getting this issue on the Order Paper.

Our activities through official development assistance have given us many successes over the years and many reasons to be proud of the UK's role in the world. In the times we find ourselves in, there are multiple areas on which we must continue to work, many of which we have heard about today. I have limited myself to two areas that I believe we must remain focused on, the first of which is malaria. I declare my interest as the chair of the board of trustees of the charity Malaria No More UK. We recently saw the Seventh Replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and we have heard very powerful cases made for this by the noble Lord, Lord Fowler, my noble friend Lord Herbert and the noble Baroness, Lady Suttie. I will focus on the third – malaria.

Last week, the WHO published its World Malaria Report, which showed that, tragically, 619,000 people died from malaria in 2021. Africa continues to experience 96 per cent of those deaths, and a child still dies every minute from malaria. In just the time it will take for this

debate, 180 children will die from a preventable and treatable disease. This year, we have seen some exciting innovations, many from here in the UK. Developments in vaccines and new insecticide bed nets could be real game-changers in the malaria fight. On Replenishment, despite the difficult economic and political circumstances in the UK, we made a significant pledge towards the \$15.7 billion raised, for which I thank our new Minister for Development, Andrew Mitchell, who is a great champion for malaria, among other things.

Like many aspects of global health, progress has stalled since the COVID-19 pandemic, but it is not too late to turn the tide and get us back on track. For us to succeed, the UK needs to play its part in investing in global health. We need a thriving R&D pipeline with enough funding to accelerate next-generation tool development; and we need to ensure increased funding to create resilient health systems, so that life-saving tools can reach the communities which need them, including through the Global Fund, GAVI, the Vaccine Alliance and our bilateral programmes. The UK has the diplomatic, scientific and financial muscle, still, that we need to get the fight back on track. I hope my noble friend the Minister can reassure me that we will continue our funding and show strong political leadership to help get us back on track.

As with many development issues, women and girls – particularly teenage girls and pregnant women – are disproportionately impacted by malaria, and they can be a key part of the solution in accelerating positive health outcomes. I believe we must look at malaria and all development issues through a gender lens – including our rugby programming, it appears.

We are living in a world of multiple crises, armed conflict, economic turmoil, the COVID-19 pandemic and climate change. All those things and their interaction impact the most vulnerable in society, particularly women and girls. We are seeing rape and other forms of sexual violence

against women and girls, and we are seeing disruption to the provision of sexual and reproductive health and rights services. I support my noble friend Lady Hodgson's Private Member's Bill on women, peace and security, and I hope to hear more on that later.

On climate, according to yesterday's report, the 2023 Emergency Watchlist published by the International Rescue Committee, an estimated 80 per cent of people displaced by climate change are women and girls. The economic effects of extreme weather events can contribute to girls dropping out of school, push girls to early and forced marriage, and divert funding away from reproductive and sexual health services. All of this undermines their long-term opportunities and our hopes for truly sustainable development.

I look forward to the Government's forthcoming women and girls strategy, and I hope my noble friend the Minister can reassure me that it will support ActionAid's call to resource the women and girl-led organisations that provide life-saving services and help hold their Governments to account; to meaningfully partner with women and girls; and to provide long-term, flexible funding for women's and girls' rights organisations for their own priorities. I add to that a plea to re-establish the UK as a major player in sexual and reproductive health and rights. We know that such services lead to improvements in education, gender equality, political stability, economic development and environmental sustainability.

In my remaining time, I want to address the state of development here in the UK. I have spoken many times in this Chamber on the distressing outcomes that the cuts to UK aid have had on millions of people around the world. We have heard a lot more on that today from many noble Lords. This year, it has been exacerbated by the reported £3 billion that will be taken from the FCDO ODA budget because of the domestic costs of refugees.

Sadly, there has been very little transparency or accountability on these costs, despite my best efforts and those of many noble Lords. We find ourselves in the exceptional situation of not knowing what the FCDO budget is – and this is two weeks before the end of the ODA accounting year. That is hardly sound management of public money. Can my noble friend the Minister shed any light on how much of these domestic costs will be charged to ODA this year, in two weeks' time? If not, will he commit to writing to me with an estimate?

Sadly, this is the latest in successive rounds of cuts that have been exacerbated by the merger between the FCO and DfID into the FCDO. Despite reassurances at the time, development has not been at the heart of this new department. I agree with my noble friend Lord Hannan that international development must be done well, not badly, but the merger has not helped this, and nor has it helped on accountability or evaluation.

It is not just the impact of these cuts but the way they have been done. A few weeks ago, at an international conference, I shared a panel with an African parliamentarian. She publicly criticised our actions, explaining how they were told that funding to provide women with contraception would be stopped, immediately, leaving them no time to find alternative resources. These are our partners and our allies who we have let down. As we heard from the right reverend Prelate, it impacts not only on our international development reputation and relationships with these partners but on our trading relationships, security partnerships and political relationships. This is at a time when we are seeing other actors leverage their investments and relationships for political gain. It is something I regret to see. I hope we can rebuild our relationships with our partners to ensure that they support us in our international aims and that we do the same.

I will end on a positive note. All is not lost; we have the opportunity to recover our international standing. I commend to noble Lords, the FCDO and the Treasury a recent article by Ranil Dissanayake and Stefan Dercon for the Center for Global Development, which sets out clearly the challenges and offers some effective solutions. It calls on us to articulate a vision and strategy for UK development policy, to establish controls to promote strategic and effective spending, and to rebuild and reverse the loss of development and expertise from the FCDO.

I am grateful that the Government once again have a seat for development at the Cabinet table, and that we have such a champion for development in Andrew Mitchell. With his work, and with political will from the Foreign Secretary, Chancellor and Prime Minister, we can take measures to ensure that our activity overseas through official development assistance gives us reason to be proud of our role in the world.

**Viscount Younger of Leckie (Minister of State):** ... I will start by giving three overarching objectives. First, we will focus our spending on the priorities set out in the international development strategy, while maximising value for money and our flexibility to respond to emerging issues.

Secondly, because multilateral organisations, such as the UN and the Global Fund for AIDS, tuberculosis and malaria, remain essential partners for achieving our goals, we will meet the financial commitments we have made to them. The noble Baroness, Lady Suttie, raised tuberculosis, which I hope to say more about in a moment, and my noble friend Lady Sugg raised malaria. I will try to help by answering the questions raised, particularly on malaria, although I know that the noble Baroness, Lady Sheehan, and others raised Nigeria, and my noble friend Lord Fowler, if I may call him that, gave a passionate speech on AIDS.

My right honourable friend in the other place, Andrew Mitchell, was pleased to speak at the launch of the World Malaria Report on Monday, an event organised by Malaria No More, which my noble friend Lady Sugg mentioned that she chairs. Minister Mitchell spoke of the department's commitment to the fight against malaria and to getting back on track to meet the target to end the epidemic of malaria by 2030. As the Minister said, it is appalling that malaria, a disease that is eminently preventable and treatable, kills a child every minute of every day. He was pleased to announce a £1 billion commitment to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Through this funding, the UK will support the delivery of malaria treatments and care to over 18 million people, and the distribution of 86 million mosquito nets to protect children and families from malaria. The UK is also supporting research and development in the fight against malaria, investing in other global health institutions, and supporting other countries. That might help to answer the questions asked by the noble Baroness, Lady Warwick, on research and development, although I acknowledge it might not go the whole way ...

... Let me move back to our overarching objectives; I want to talk, thirdly, about what we are doing. The FCDO will act swiftly to manage its bilateral programmes this financial year. We will approach this in a proportionate way, empowering experts in our missions and relevant policy teams to ensure that we prioritise the right areas...

## Written Parliamentary Questions

To coincide with World NTD Day and World Leprosy Day on 30 January, the APPG's Chair, Catherine West MP, laid a number of questions on disease control, research into prevention, diagnostics, treatment, and care of NTDs, and leprosy and leprosy research, including:

**Catherine West MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what recent assessment she has made of (a) the effectiveness of her Department's Accelerating the sustainable control and elimination of neglected tropical diseases programme and (b) the impact of ending that programme; and what plans she has for future support for neglected tropical diseases programmes.

**Rt Hon Amanda Milling MP (Minister for Asia and the Middle East):** The effectiveness of the Accelerating the Sustainable Control and Elimination of Neglected Tropical Diseases programme has recently been assessed in the Programme Completion Review. The programme scored A+, moderately exceeding expectations. The full results of the programme, including comparisons to original targets prior to the programme closure, will be published on the government development tracker by March 2022. UK support has reached hundreds of millions of people with preventative treatments and care for NTDs. We continue to invest in strengthening the health systems of countries affected by NTDs, and through our investments in research and development.

**Catherine West MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what steps her Department has taken to support research into prevention, diagnostics, treatment and care of neglected tropical diseases; and what plans she has for future financial support for research into diseases for which there is no viable market.

**Rt Hon Vicky Ford MP (Minister for Africa):** FCDO funded research has helped deliver innovative technologies such as new diagnostics and treatments for NTDs, for example the first rapid diagnostic test as well as the first ever oral only drug to treat all stages of sleeping sickness. For many years, the UK Government through FCDO has supported a range of so-called Product Development Partnerships, which develop novel health technologies for diseases of poverty where commercial markets fail. The Department continues to fund the Drugs for Neglected Diseases initiative, DNDi, as well as the Foundation for Innovative New Diagnostics, FIND, both of which include products for Neglected Tropical Diseases. FCDO also supports applied research for Neglected Tropical Diseases through the Coalition for Operational Research on NTDs. Global health remains a priority for UK Official Development Assistance. We will invest in health systems strengthening through our support for the World Health Organisation (WHO), multi-country global funds and bilateral support for health programmes within countries, including those affected by NTDs. The UK fully endorses the WHO's 2030 NTDs Road map and its focus on sustainability and delivery through health systems.

**Catherine West MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what recent assessment she has made of the effectiveness of UK funding allocated to research on ending leprosy; and what future plans she has to support leprosy research.

**Rt Hon Vicky Ford MP (Minister for Africa):** The FCDO-funded Coalition for Operational Research on Neglected Tropical Diseases (COR-NTD) programme is a research platform which commissions multiple studies to improve the effectiveness of programmes to control and eliminate NTDs, including leprosy. The results of this research are expected to define best practices of NTD control for uptake by NTD

programmes and governments in affected countries and around the world, ultimately reducing the suffering caused by NTDs and securing a healthier future in which the world's poorest are free from the threat of these diseases.

On the Seventh Replenishment of the Global Fund, Members from across the House and across a number of APPGs, including the APPGs on HIV and AIDS and Global Tuberculosis, and our APPG, laid a number of written questions, including:

**Catherine West MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what assessment her Department has made of the potential implications for its policies of the findings of the World Health Organization's World Malaria Report 2021; and whether the UK Government plans to continue its partnership with the Global Fund To Fight AIDS, TB and Malaria to help support the attainment of that Fund's global malaria targets.

**Rt Hon Amanda Milling MP (Minister for Asia and the Middle East):** The Foreign Commonwealth and Development Office (FCDO) has noted with concern the increase in the number of cases and deaths from malaria shown in the World Health Organisation's World Malaria Report 2021. Cases of malaria increased by 6 per cent from 227 million in 2019 to 241 million in 2020 and deaths by 12 per cent from 558,000 to 627,000. The WHO estimates that about two-thirds of the increase in deaths was due to disruptions relating to the COVID-19 pandemic. Tackling malaria is closely linked with our ambition to end the preventable deaths of mothers, new-borns and children as it predominantly impacts pregnant women and children under 5. The UK pledged £1.4 billion in the Sixth Replenishment (2020-2022) to the Global Fund to Fight AIDS, Tuberculosis and Malaria, making us the 2nd largest donor. We look forward to reviewing the Global Fund's Investment Case for the Seventh Replenishment in due course, which will include the Fund's global malaria targets.

**Virendra Sharma MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, if her Department will pledge £1.8 billion to the Global Fund's upcoming Seventh Replenishment campaign.

**Rt Hon Amanda Milling MP (Minister for Asia and the Middle East):** The Global Fund remains an essential partner for the UK in the fight against HIV, TB and malaria. The UK pledged £1.4 billion to the Global Fund's Sixth Replenishment (2020-2022), making us the second largest donor. We are reviewing the Global Fund's Investment Case for the Seventh Replenishment and deciding our precise contribution in line with the new International Development Strategy. We will continue to make financial and leadership contributions to the Global Fund's Seventh Replenishment.

**Baroness Ritchie of Downpatrick:** To ask Her Majesty's Government what assessment they have made of how funding for the Global Fund's Seventh Replenishment will advance the priorities of their international development strategy.

**Lord Ahmad (Minister of State):** The new International Development Strategy (IDS) highlights that global health will remain a top priority. We will continue to deliver our health commitments on COVID-19; building strong health systems; promoting a One Health approach; and working towards ending preventable deaths of mothers, babies and children, including through Gavi and the Global Fund. Our support to the Global Fund to address the HIV burden in adolescent girls and young women, particularly in Sub-Saharan Africa, also contributes to the IDS priority on empowering women and girls. The UK pledged £1.4 billion to the Global Fund's Sixth Replenishment (2020-2022), making us the second largest donor. We are reviewing the Global Fund's Investment Case for the Seventh Replenishment and deciding our precise contribution in line with delivering the new International Development Strategy.

The Global Fund will continue to be a key partner for the UK in the shared fight against HIV, TB and malaria.

**Baroness Ritchie of Downpatrick:**

To ask Her Majesty's Government what recent discussions they have had with the government of the United States, as host of the Global Fund's Seventh Replenishment, about the UK's contribution to that fund; and whether they intend to match the United States by increasing UK funding by one third to reach the replenishment target of \$18 billion.

**Lord Ahmad (Minister of State):** The Foreign Secretary and US Secretary of State recently discussed the upcoming Seventh Replenishment of the Global Fund. The UK has been a committed supporter of the Global Fund, investing over £4.1 billion in the organisation to date. We are the second largest donor to the Sixth Replenishment, with a pledge of up to £1.4 billion. The UK will continue to make a significant financial and leadership contribution to the Global Fund. We are currently reviewing the Global Fund's Seventh Replenishment Investment Case in line with our recently published International Development Strategy and will continue to work with all G7 and G20 members, including the US, to support progress in the fight against HIV, TB and Malaria.

**Derek Thomas MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what assessment she has made of the potential impact of the level of the UK's pledge to the Global Fund to Fight AIDS, TB and Malaria on the UK's international reputation.

**Rt Hon Amanda Milling MP (Minister for Asia and the Middle East):** The Global Fund is a high performing organisation that, with partners, has saved 44 million lives to date. The UK is proud to be the organisation's third largest donor historically, investing £4.1 billion since 2002. We are currently reviewing the Global Fund's Seventh Replenishment Investment Case in line with delivering the International Development Strategy.

**Baroness Ritchie of Downpatrick:** To ask Her Majesty's Government what recent assessment they have made of (1) the response of the Global Fund to Fight AIDS, Tuberculosis and Malaria to the COVID-19 pandemic, and (2) the Fund's role in future pandemic preparedness.

**Lord Ahmad (Minister of State):** The Global Fund is a high performing organisation that, with partners, has saved 44 million lives to date. The UK is proud to be the organisation's third largest donor historically, investing £4.1 billion since 2002. The Global Fund responded quickly and effectively to the COVID-19 pandemic by establishing the COVID-19 Response Mechanism. This mechanism has raised over \$4.3 billion to mitigate the impact of COVID-19 on programs to fight HIV, TB and malaria, and work with national response plans to support urgent improvements in health and community systems. The UK allocated an additional £60 million to the mechanism this year to support diagnostic and oxygen supplies. As an active member of the Board, the UK is supporting the Global Fund to define its evolving role on Pandemic Preparedness and Response within its new 2023-2028 strategy.

**Baroness Ritchie of Downpatrick:** To ask His Majesty's Government what plans they have to match the target of other G7 countries by increasing the UK's contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria by 30 per cent; and what assessment they have made of the effect on the UK's reputation as a reliable international partner if they do not commit to make that increase in their contribution.



**Rt Hon Lord Goldsmith of Richmond Park (Minister of State)**: Global health remains a priority for the UK. We are a founding donor of the Global Fund and its third largest donor historically, investing over £4.4 billion to date. At the Seventh Replenishment pledging conference, the UK committed to remain a strong supporter of the Global Fund, continuing to provide significant financial and political leadership, and to announce our pledge in the coming weeks.

**Baroness Ritchie of Downpatrick**: To ask His Majesty's Government what plans they have to issue a formal pledge to assist the Global Fund to Fight AIDS, Tuberculosis and Malaria.

**Rt Hon Lord Goldsmith of Richmond Park (Minister of State)**: The UK remains a committed supporter to the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) and will formally announce a pledge in support of the Global Fund's Seventh Replenishment (2023-2025) in the coming weeks.

**Baroness Ritchie of Downpatrick**: To ask His Majesty's Government what plans they have to make further contributions or top-up pledges to the Global Fund before its Eighth Replenishment in 2025.

**Rt Hon Lord Goldsmith of Richmond Park (Minister of State)**: The Foreign Secretary and Ministers carefully considered funding options in light of the current and forecasted UK and global economic situation and our other essential ODA commitments. The Global Fund remains one of our top global health investments, and our pledge of £1 billion reflects the high priority we place on the fight against these diseases. There are currently no plans to make a further contribution before the Eighth Replenishment. The UK remains the third largest donor overall to the Global Fund and has invested over £4.4 billion to date.

**Baroness Ritchie of Downpatrick**: To ask His Majesty's Government what assessment they have made of the UK's pledge to the Global Fund in terms of tackling (1) malaria, (2) AIDS, and (3) tuberculosis.

**Rt Hon Lord Goldsmith of Richmond Park (Minister of State)**: The Global Fund remains one of our top global health investments, reflecting the high priority we place on the fight against these diseases. The UK's pledge of £1 billion will help: avert over 28 million infections of the three diseases; provide antiretroviral therapy for 1.8 million people; provide TB treatment for over one million people; and distribute 86 million mosquito nets to protect children and families from malaria.

The responsibility of funding the Global Fund is shared across Governments, the private sector, and private foundations; the UK will continue to encourage everyone to continue the fight against the three diseases – inspiring others with our significant commitment.

**Baroness Ritchie of Downpatrick**: To ask His Majesty's Government whether they have made a forecast of the potential impact of reducing UK funding of the Global Fund to Fight AIDS, Tuberculosis and Malaria on the Commonwealth commitment to end malaria by 2030.

**Rt Hon Lord Goldsmith of Richmond Park (Minister of State)**: The Global Fund remains one of our top global health investments, reflecting the high priority we place on the fight against these diseases. The UK's pledge of £1 billion will help: avert over 28 million infections of the three diseases; provide antiretroviral therapy for 1.8 million people; provide TB treatment for over one million people; and distribute 86 million mosquito nets to protect children and families from malaria.

The responsibility of funding the Global Fund is shared across Governments, the private sector, and private foundations; the UK will continue to encourage everyone to continue the fight against the three diseases – inspiring others with our significant commitment.

**Baroness Ritchie of Downpatrick:** To ask His Majesty's Government, following the reduction of the UK's pledge to the Global Fund, what other means the UK Government has to continue supporting global health security and fighting malaria, tuberculosis, and AIDS.

**Rt Hon Lord Goldsmith of Richmond Park (Minister of State):** Tackling these diseases remains a priority for the UK Government – as evidenced by our significant £1 billion pledge at a time of challenging global fiscal conditions. The International Development Strategy (IDS) highlights how global health and global health security is a top UK priority; key for economic prosperity and global stability. Combatting these diseases supports the UK's commitment to end the preventable deaths of mothers, new-borns and children, and our priority to strengthen country health systems. We have invested around £400 million in Product Development Partnerships, and our commitments to Unitaid, Child Health Advocacy Initiative (CHAI) and MedAccess support access to innovations aimed at ending the three epidemics.

On the Government's new International Development Strategy published in May, a number of APPG Members laid questions, including a number of questions from Baroness Ritchie:

**Baroness Ritchie of Downpatrick:** To ask Her Majesty's Government what their strategic priorities are in relation to malaria, following the publication of the International Development Strategy.

**Lord Ahmad (Minister of State):** As set out in the International Development Strategy and our global health position papers, global health is a priority for UK development policy and programming. Within this we will particularly focus on strengthening health systems and ending the preventable deaths of women, newborns, and children. Tackling malaria is closely linked with the UK's ambition on ending preventable deaths, as the disease predominantly impacts pregnant women and

children under five. Our focus on health systems strengthening is key to sustainably tackling malaria and other diseases. Our health programming and investments on these themes will continue to account for malaria's disproportionate impact on these demographics.

**Baroness Ritchie of Downpatrick:** To ask Her Majesty's Government what assessment they have made of the risk of the resurgence of malaria over the next three years in relation to health system strengthening, following the publication of the International Development Strategy.

**Lord Ahmad (Minister of State):** In 2020, there was the first significant increase in malaria cases and deaths in two decades and we recognise the risk of further resurgence of malaria. Health systems strengthening is critical to reducing this risk. As set out in the International Development Strategy, global health is a priority for UK development policy and programming and within this we will particularly focus on strengthening health systems to improve the resilience of health systems to shocks such as pandemics and to ensure continued progress on malaria and other diseases.

**Baroness Ritchie of Downpatrick:** To ask Her Majesty's Government what assessment they have made of their programmes to prevent malaria in pregnancy, following the publication of the International Development Strategy.

**Lord Ahmad (Minister of State):** As set out in the International Development Strategy and our global health position papers, global health is a priority for UK development policy and programming. Within this we will particularly focus on strengthening health systems and ending the preventable deaths of mothers, newborns, and children. Our bilateral health programmes will take consideration of malaria's disproportionate impact on pregnant women and children under five as a key driver of preventable deaths, and will strengthen health systems to

deliver quality malaria prevention and treatment. Our investment in the Global Fund to Fight AIDS, TB and Malaria also delivers large scale malaria interventions for pregnant women and children.

We also fund research on combatting malaria, including for mothers, babies and children. For instance, our funding to the Medicines for Malaria Venture supports their Malaria in Mothers and Babies strategy, which aims to scale up the availability of preventive malaria treatment in pregnancy and generate evidence on the use of existing antimalarials throughout pregnancy.

**Baroness Ritchie of Downpatrick:**

To ask Her Majesty's Government, following the publication of The UK government's strategy for international development, what assessment they have made of the UK's bilateral programmes to tackle malaria.

**Lord Ahmad (Minister of State):** In line with the Health Systems Strengthening and Ending Preventable Deaths (EPD) papers, published last year, future bilateral health programmes will focus holistically on strengthening health systems as the bedrock of sustained improvements to health and well-being worldwide. Our bilateral programmes on EPD will take consideration of the disproportionate impact that malaria has on pregnant women and children under five as a key driver of preventable deaths, as noted in our position paper.

Our current direct investments in malaria services are primarily through the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Global Fund provides over half of international funding for malaria and is an essential partner of the UK in the shared fight against HIV and AIDS, Tuberculosis and malaria, as well as in strengthening health systems and supporting pandemic preparedness. The UK is a co-founder of the Fund and long-term contributor, having provided £4.1 billion in funding to date.

**Baroness Ritchie of Downpatrick:**

To ask Her Majesty's Government, following the publication of the UK Government's Strategy for International Development, what assessment they have made of the case for additional investment in surveillance for malaria and other diseases.

**Lord Ahmad (Minister of State):**

Surveillance is an important aspect of efforts to control malaria and other diseases. UK investments support low and middle-income countries to strengthen their routine disease surveillance systems.

Multilateral investments on routine disease surveillance include the work of the World Bank, the World Health Organisation and the Global Fund to Fight AIDS, Tuberculosis and Malaria. On malaria specifically, we have supported the Global Fund's Regional Artemisinin-resistance Initiative in response to the emergence of drug-resistant malaria in the Greater Mekong region.

Bilateral programming on disease surveillance includes the Tackling Deadly Diseases in Africa Programme, the International Health Strengthening Programme and the Fleming Fund.

On vaccines, the APPG's Chair, Catherine West MP, laid a question ahead of the Global Pandemic Preparedness Summit in March 2022:

**Catherine West MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, with reference to the Government's role as host of the Pandemic Preparedness Summit in March 2022, if the Government will commit £60 million per year to the Coalition for Epidemic Preparedness Innovations over the five-year Replenishment period to help ensure that Replenishment (a) reduces the development of vaccines to 100 days, (b) secures future pandemic preparedness and (b) ensures fair and equitable access to new vaccines; and if the Government will use its position as host to demonstrate global leadership and encourage ambitious pledges.

**Rt Hon Amanda Milling MP (Minister for Asia and the Middle East):** The UK Government is pleased to be hosting the Global Pandemic Preparedness Summit on 7 and 8 March to raise funds to achieve the Coalition for Epidemic Preparedness Innovations' (CEPI) goal to develop vaccines against new health threats and rapidly scale-up regional manufacturing for affordable global supply. CEPI are crucial to delivering on the G7's ambitious 100 Days Mission, which the UK championed under our G7 Presidency last year: to develop safe and effective vaccines, therapeutics and diagnostics within 100 days of a pandemic threat being identified. The Global Pandemic Preparedness Summit will be an important moment to marshal support for vaccine research and development from the international community and to mobilise the resources needed on a global scale to deliver these goals. In support of the Replenishment efforts, the UK recently announced our pledge of £160 million towards CEPI's 5-year strategy, building on our long-term support of CEPI – giving £276 million funding since 2018.

A rapid upsurge in reported malaria, dengue fever and other disease cases has been observed in Pakistan after an abnormal monsoon rainfall and unprecedented flooding that began in mid-June 2022. In December, our Chair, Catherine West MP, laid a written parliamentary question about UK support to Pakistan:

**Catherine West MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what support he is providing to Pakistan in response to the (a) recent floods and (b) rise of vector-borne diseases including (i) malaria, (ii) dengue fever, (iii) chikungunya and (iv) leishmaniasis.

**Leo Docherty MP (Parliamentary Under Secretary of State):** The UK has committed £26.5 million in total to respond to recent flooding. Recognising the impact that the floods are having on vector-borne diseases, UK assistance is targeting sectors that will mitigate

and reduce transmission – shelter, water and sanitation, health and nutrition. Emerging health risks in Pakistan are being routinely monitored and the UK will continue to work with the Government of Pakistan and international partners to support Pakistan's recovery.

On malaria in general, our Vice-Chair, Tanmanjeet Singh Dhesi MP, laid a question on progress:

**Tanmanjeet Singh Dhesi MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what recent progress the Government has made on eradicating malaria.

**Rt Hon Amanda Milling MP (Minister for Asia and the Middle East):** The UK is committed to tackling malaria, which is closely linked to our ambition to end preventable deaths of mothers, babies and new-borns. We are concerned by the impact that COVID-19 has had on efforts against malaria, with last year's World Malaria Report recording the first significant increase in malaria deaths in over two decades – up by 69,000 – and an increase in the number of malaria cases by 14 million. The majority of our malaria investments are through the Global Fund to Fight AIDS, TB and Malaria; the UK remains a strong supporter of the Global Fund, having donated £4.1 billion to date. We are reviewing the Global Fund's investment case for the Seventh Replenishment and deciding our precise contribution in line with delivering the new International Development Strategy. To work towards ending the epidemic of malaria, we also invest in research to develop new tools to prevent, diagnose and treat malaria and support countries to strengthen their health systems. This has included funding the world's first antimalarial drug for children, which is estimated to have saved over one million lives.

Other Parliamentarians also asked a number of questions relating to malaria and neglected tropical diseases throughout the year, including:

On malaria:

**The Marquis of Lothian:** To ask Her Majesty's Government how they used the 15th anniversary of World Malaria Day on 25 April to support their aim of highlighting the need for "continued investment and sustained political commitment for global malaria prevention and control" and to ensure that children in particular, especially those in Africa, do not die from preventable disease.

**Lord Ahmad (Minister of State):** World Malaria Day provides an opportunity to keep malaria high on the international health agenda. Foreign Commonwealth and Development Office Ministers used social media and a response to an oral question in the House of Lords to highlight the need for global collaboration and commitment to tackle malaria.

The British Deputy Head of Mission to the United States also raised similar themes at an event in Washington convened by President Kenyatta of Kenya to mark World Malaria Day. We will continue to use upcoming events to maintain political momentum to protect those most vulnerable such as children under five, who are disproportionately impacted by this disease.

**Lyn Brown MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, if he will take steps to support efforts to reduce the number of children killed by malaria in the Central African Republic.

**Gillian Keegan MP (Parliamentary Under Secretary of State):** Malaria is the leading cause of death for children under five in Central African Republic (CAR) as well as the leading cause of morbidity. Conflict has displaced over a quarter of the population and rendered them particularly vulnerable to malaria. In 2022 the UK's humanitarian programme in CAR totals just under £11 million and has a strong emphasis

on healthcare. In addition to health specialist partners, such as UNICEF and the International Committee of the Red Cross, the UK funds the MENTOR Initiative, a Non-Governmental Organisation focusing on vector borne diseases such as malaria, as well as primary health care.

**Baroness Kennedy of Cradley:** To ask His Majesty's Government what assessment they have made of (1) the spread of Anopheles stephensi mosquito in Africa, and (2) the challenges posed for people's health.

**Rt Hon Lord Goldsmith of Richmond Park (Minister of State):** The Anopheles stephensi mosquito is a malarial mosquito species that thrives in cities and has been expanding in Africa. The World Health Organisation has estimated that the species could put an additional 126 million people at risk of malaria if it were to spread unchecked. The WHO has launched an initiative to research the spread of the strain and to protect against further spread. The UK recently pledged £1 billion to the Seventh Replenishment of the Global Fund to Fight AIDS, TB and Malaria. This investment will help to protect millions of people from malaria.

**Stephen Hammond MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, with reference to the World Malaria Report 2022 published by the WHO on 8 December, what steps he is taking to support the eradication of malaria.

**Rt Hon Andrew Mitchell MP (Minister for Development):** The World Malaria Report 2022 reported that numbers of malaria cases and deaths remained broadly stable in 2021 following an increase in 2020, with 247 million cases and 619,000 deaths. On the 12th December I (Minister Mitchell) gave the keynote speech at the UK Launch of the World Malaria Report. The UK supports the Sustainable Development Goal 3.3 target to end the epidemic of malaria by 2030. Tackling malaria is also closely linked with the UK's ambition to end the preventable deaths of mothers, newborns and

children given it predominantly impacts pregnant women and children under five. The UK has pledged £1 billion to the Global Fund's Seventh Replenishment (2023-2025) which will help save over 1 million lives and avert over 28 million new infections. In addition to this the UK also supports research and development into new tools to address malaria and provides bilateral support to malaria endemic countries to strengthen their health systems.

#### On neglected tropical diseases:

**Lyn Brown MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what steps she is taking to support the World Health Organisation's new road map for neglected tropical diseases 2021–2030, published on 28 January 2021.

**Rt Hon Amanda Milling MP (Minister for Asia and the Middle East):** The seismic impact of the COVID-19 pandemic on the UK economy forced tough but necessary decisions, including exiting from Neglected Tropical Diseases (NTDs) implementation programmes. The UK has made a significant contribution to global efforts to protect hundreds of millions of people from NTDs. Our programmes have delivered NTD treatments and strengthened health systems to deliver these services in future.

The latest target for the total number of treatments to be delivered by the ASCEND (Accelerating the Sustainable Control and Elimination of NTDs) programme between 2019 and 2022 was 600 million. Hundreds of millions of treatments have been distributed to date under the programme. The full results and spend of the programme will be published by March 2022.

FCDO research has helped deliver innovative technologies such as new diagnostics and treatments for NTDs, for example the first rapid diagnostic test as well as the first ever oral only drug to treat all stages of sleeping sickness. We currently fund the Coalition for Operational Research on NTDs and the Drugs for Neglected Diseases initiative.

Global health remains a priority for UK Official Development Assistance. We will invest in health systems strengthening through our support for the World Health Organisation (WHO), multi-country global funds and bilateral support for health programmes within countries, including those affected by NTDs. The UK fully endorses the WHO's 2030 NTDs Road map and its focus on sustainability and delivery through health systems.

**Lyn Brown MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what steps she is taking to monitor the impact of UK Official Development Assistance on levels of Neglected Tropical Diseases.

**Rt Hon Amanda Milling MP (Minister for Asia and the Middle East):** The seismic impact of the COVID-19 pandemic on the UK economy forced tough but necessary decisions, including exiting from Neglected Tropical Diseases (NTDs) implementation programmes. The UK has made a significant contribution to global efforts to protect hundreds of millions of people from NTDs. Our programmes have delivered NTD treatments and strengthened health systems to deliver these services in future.

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**Lyn Brown MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what Neglected Tropical Disease programmes her Department funded from April to September 2021; what funding each such programme received; and what Neglected Tropical Disease programmes her Department is funding from October 2021 to March 2022.

**Rt Hon Amanda Milling MP (Minister for Asia and the Middle East):** The seismic impact of the COVID-19 pandemic on the UK economy forced tough but necessary decisions, including exiting from Neglected Tropical Diseases (NTDs) implementation programmes. The UK has made a significant contribution to global efforts to protect hundreds of millions of people from NTDs. Our programmes have delivered NTD treatments and strengthened health systems to deliver these services in future.

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**Lyn Brown MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what estimate she has made of the number of people with (a) lymphatic filariasis, (b) river blindness, (c) schistosomiasis and (d) childhood intestinal worms who would have received treatment from the UK-funded Sustainable Control and Elimination of Neglected Tropical Diseases programme in West and Central Africa between October 2021 and April 2022 had that programme continued during that period.

**Rt Hon Amanda Milling MP (Minister for Asia and the Middle East):** The seismic impact of the COVID-19 pandemic on the UK economy forced tough but necessary decisions, including exiting from Neglected Tropical Diseases (NTDs) implementation programmes. The UK has made a significant contribution to global efforts to protect hundreds of millions of people from NTDs. Our programmes have delivered NTD treatments and strengthened health systems to deliver these services in future.

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**Baroness Northover:** To ask His Majesty's Government what assessment they have made of the impact that cuts to Official Development Assistance have had on research projects concerning dengue fever in the UK.

**Rt Hon Lord Goldsmith of Richmond Park (Minister of State):** The UK Government, through the Foreign, Commonwealth and Development Office, have made significant investments in global health research for novel health technologies and implementation research to combat diseases of poverty, including HIV, TB and malaria as well as Neglected Tropical Diseases. The FCDO has not supported direct research on dengue fever although it is addressed indirectly through our health systems research programmes and our support to technology development programmes such as the Liverpool based Innovative Vector Control Consortium (IVCC).

**Dame Diana Johnson MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what steps her Department is taking to tackle the impact of neglected tropical diseases on (a) health, (b) education and (c) employment opportunities for women and girls.

**Rt Hon Amanda Milling MP (Minister for Asia and the Middle East):** Since January 2021, the UK has invested over £42 million in delivery of services to prevent and treat NTDs, and in strengthening of health systems to provide these essential services. Since January 2021, the UK has also invested £15.6 million in research on NTDs. This has supported research on the treatment and prevention of NTDs including leprosy and female genital schistosomiasis (FGS). These investments have contributed to progress on NTDs and to reducing the burden of these diseases on women and girls.

The UK will continue to invest in research into NTDs and also continue to support countries to strengthen their health systems. This supports countries to ensure that essential services, including those for leprosy and other NTD prevention and treatment, are integrated and accessible to all without discrimination. Additionally, our support to evidenced-based packages of comprehensive sexual and reproductive health services and ensuring the realisation of rights, supports improving access to a range of health services for women and girls.

**Claire Hanna MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what (a) steps her Department plans to take and (b) investment her Department has committed in relation to helping to achieve the UN Sustainable Development Goals on neglected tropical diseases.

**Rt Hon Amanda Milling MP (Minister for Asia and the Middle East):** The UK has made a substantial contribution to global progress on neglected tropical diseases (NTDs) and will continue to fund multilateral organisations which contribute to global progress on NTDs, such as the World Health Organisation. Our investments will continue to support countries, including those affected by NTDs, to strengthen their health systems to deliver essential health services. We will also continue to invest in



research and innovation in new drugs and diagnostics through world-leading Product Development Partnerships (public private partnerships that are highly successful in developing health technologies) and other research organisations. This will include research on NTDs and other diseases.

**Dame Diana Johnson MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, whether the UK Government (a) has signed or (b) plans to sign the Kigali Declaration on Neglected Tropical Diseases; and what steps the Government is taking to tackle those diseases in the context of that declaration.

**Rt Hon Amanda Milling MP (Minister for Asia and the Middle East):** The United Kingdom was pleased to endorse the Kigali Declaration on Neglected Tropical Diseases (NTDs) at its launch, to support continued progress on delivery of the WHO 2030 road map on NTDs.

In support of the Kigali Declaration, the FCDO will continue to invest in research and innovation in new drugs and diagnostics for diseases of poverty, including NTDs, through world-leading Product Development Partnerships (highly successful public-private partnerships for developing health technologies such as vaccines, therapeutics and diagnostics) and other research organisations.

**Zarah Sultana MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what steps the Government is taking to tackle (a) malaria, (b) leprosy and (c) other neglected tropical diseases globally.

**Rt Hon Vicky Ford MP (Minister for Africa):** The UK is committed to driving down the number of malaria cases and deaths. This is closely linked with the UK's ambition to end the preventable deaths of mothers, newborns and children. The Global Fund to Fight AIDS, TB and Malaria (the Global Fund) is the UK's main financing mechanism for combatting malaria.

We have been the third largest donor over its lifetime, contributing over £4.4 billion. The UK is also a leading investor in research and innovation to combat malaria and in market shaping interventions to bring down prices of new products and tackle barriers to widespread access.

#### On vaccines:

**Lyn Brown MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, if she will make an assessment of the adequacy of global funding for the (a) production and (b) distribution of the Mosquirix malaria vaccine in areas with high levels of malarial disease over the next 10 years.

**Rt Hon Amanda Milling MP (Minister for Asia and the Middle East):** The UK welcomes the World Health Organisation's recommendation for use of the new Mosquirix (RTS,S) malaria vaccine, alongside existing malaria tools such as bed nets, indoor sprays and chemoprevention, and recognises the need for sufficient global funding to ensure the benefits from this range of tools are maximised. The UK provides substantial core funding to Gavi, the Global Fund to Fight AIDS, TB and Malaria, and Unitaid who together committed \$US 70 million to fund the RTS,S malaria vaccine pilots. We are supporting Gavi as a Board Member in their work on introducing the vaccine as part of national malaria control plans.

**Fabian Hamilton MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what assessment his Department has made of the potential impact of the development of a Malaria vaccine on health standards in Latin America.

**Rt Hon Jesse Norman MP (Minister of State):** The UK welcomes progress in the development of vaccines for malaria and applauds the impact of British expertise and innovation. The World Health Organisation (WHO) recommendation in October 2021 for the use of the new Mosquirix (RTS,S) vaccine for the

prevention of plasmodium falciparum malaria in children living in Sub Saharan Africa and in other regions with moderate to high transmission is a significant milestone.

Other cost-effective and proven malaria interventions must continue alongside the roll out of any vaccine to ensure high levels of protection against the disease. The UK is committed to tackling malaria, which is closely linked to our ambition to end preventable deaths of mothers, babies and newborns. The UK works with partners such as Gavi, the vaccine alliance, to improve access to life-saving vaccines.

#### On research and development:

**Alex Cunningham MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, whether he is taking steps to help ensure British research and technical experience in tackling (a) malaria and (b) other global diseases is deployed in countries where those diseases are endemic.

**Rt Hon Vicky Ford MP (Minister for Africa):**

The UK is a global leader in research on tackling malaria and other global diseases, with wide-ranging expertise across the UK academic, public and private sectors. For example, the world's first World Health Organisation approved malaria vaccine was developed by a British company, GlaxoSmithKline, and the new R21 malaria vaccine has been developed by Oxford University's Jenner Institute.

The Government continues to support the deployment of UK expertise through further investments in research and development. This includes the University of Oxford and the Mahidol Oxford Tropical Medicine Research Unit's trial on a new combination therapy for drug-resistant malaria, and the Innovative Vector Control Consortium, established by the Liverpool School of Tropical Medicine, including their novel class of bed-nets which kill mosquitoes resistant to traditional insecticides.

The UK also provides support to multilateral institutions such as GAVI, the Vaccine Alliance, and the Global Fund to Fight AIDS, TB and Malaria to deliver life-saving interventions to disease-endemic countries.

**Lyn Brown MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, when her Department's plans for its 2022-23 funding of research and development into (a) malaria, (b) tuberculosis and (c) HIV/AIDS will be published.

**Rt Hon Amanda Milling MP (Minister for Asia and the Middle East):** Global health remains a priority for UK Official Development Assistance. Our research plans are consistent with the two FCDO position papers published in December 2021 on strengthening health systems and ending preventable deaths of mothers, babies and newborns.

FCDO does not routinely announce spending plans for research on specific diseases such as malaria, tuberculosis or HIV/AIDS. However, we do publish details of our research investments as they occur, including in each of these disease areas, at <https://devtracker.fcdo.gov.uk/search>.

Details of our annual expenditure on malaria, tuberculosis and HIV/AIDS is published via the G-FINDER neglected diseases report <https://gfinderdata.policycuresresearch.org/>.

## Tribute to Baroness Masham

Just prior to the publication of this Annual Report, the All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases was deeply saddened to learn of the passing of Baroness Masham of Ilton.

Baroness Masham was a leading disability rights campaigner, and a passionate champion and advocate for global health and for strengthening the global response to HIV and AIDS, tuberculosis, and malaria.

Our All-Party Parliamentary Group was immensely privileged to have Baroness Masham's expertise and leadership as a Vice-Chair. Our thoughts are with her family and friends at this time. May she rest in peace.

## Officers

### Chair

**Catherine West MP** (Labour)

### Vice-Chairs

**The Rt Hon. the Baroness Hayman GBE** (Crossbench)

**Afzal Khan MP** (Labour)

**Pauline Latham MP** (Conservative)

**Khalid Mahmood MP** (Labour)

**The Baroness Masham of Ilton DL** (Crossbench)

**Bell Ribeiro-Addy MP** (Labour)

**Virendra Sharma MP** (Labour)

**Tanmanjeet Singh Dhesi MP** (Labour)

**The Baroness Sugg CBE** (Conservative)

**James Sunderland MP** (Conservative)

**The Lord Trees** (Crossbench)

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**Cover image** This subsistence farmer is pictured outside her house in the Amhara Region of Ethiopia. She did not wear shoes when growing up and developed podoconiosis in her early twenties. Long-term exposure to mineral irritants through walking barefoot on specific clay soils appears to trigger changes within the lymph system in the legs, leading to swelling of and episodes of extreme pain which worsen with prolonged exposure.

**Photograph** © Alex Kumar/NIHR Global Health Research Unit on NTDs at BSMS (NIHR 16/136/29)

