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

**Annual Report**  
2023



# Contents

- 2 Co-Chairs' Foreword
- 6 Overview of the year
- 12 International visits
- 15 Domestic visits
- 16 Events
- 26 Meetings
- 31 Statements
- 32 Articles
- 35 Letters
- 39 Reports
- 42 Parliamentary debates, contributions, and questions

## 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 2023 to December 2023. The Report also makes reference to key events outside of this reporting period that have influenced the All-Party Parliamentary 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 Co-Chair, Catherine West MP, is an (unpaid) Trustee of the Liverpool School of Tropical Medicine and Co-Chair, Lord Trees, is the Chair of the Liverpool School of Tropical Medicine's 125th Anniversary Campaign, Chair of the United Against Rabies Forum Steering Group, and the outgoing Chair of Trustees at SCI Foundation (now Unlimit Health). Baroness Sugg, an APPG Vice-Chair until November, is the outgoing Chair of the Board of Trustees at 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, contributors, and participants at the APPG's events over the course of the year and to all the experts and community advocates that have presented at our meetings. Their support has been critical in informing members of global progress and challenges across malaria and NTDs.

We are especially grateful to the Ministry of Health in Malawi, the British High Commission in Malawi, the Parliamentary Committee on Health, the National Malaria Control Programme, Mitundu Community Hospital, PATH's Malaria Vaccine Initiative, Sightsavers, World Vision Malawi, Uniting to Combat NTDs, International Coalition for Trachoma Control, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Balaka District Council, Malawi Liverpool Wellcome Programme, Kamuzu University of Health Sciences, Queen Elizabeth Central Hospital, the University of Glasgow, and Liverpool School of Tropical Medicine for their support in the organisation of our visit to Malawi, and to the Drug Discovery Unit, the Wellcome Centre for Anti-Infectives Research, and the School of Life Sciences at Dundee University for their support in the organisation of our visit to Dundee.

We are also grateful to Nathalie Spells from Catherine West MP's Private Office and to Dr Harriet Davenport and Dr Fiona Shuttleworth, outgoing and incoming Parliamentary Veterinary Interns to Lord Trees, for their support for the APPG throughout the year.

## Sponsors

The All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases is grateful to the following organisations for their support and sponsorship throughout 2023:

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

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

**PATH's Malaria Vaccine Initiative** – a programme of PATH, an international non-profit organisation that advances health equity through innovation and partnerships.

**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.

In addition, the Group receives support in relation to the Secretariat from:

**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.

# Co-Chairs' Foreword

## Welcome to our Annual Report for 2023.

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 and some recent encouraging elimination successes, progress on malaria is stalling – with cases on the rise and deaths above pre-pandemic levels – and neglected tropical diseases continue to cause devastating health, social, and economic consequences to over 1.65 billion people, perpetuating cycles of poverty.

Growing challenges such as climate change, conflict, and humanitarian crises, along with increasing drug and insecticide resistance, new invasive vectors, and a decline in the effectiveness of core tools, threaten to knock us backwards. We are already witnessing the increased spread and transmission of malaria and dengue to new areas, including Europe. A widening funding gap makes efforts more challenging.

However, we have a unique opportunity with both malaria and neglected tropical diseases – they can be defeated. A growing number of malaria-endemic countries are progressing towards elimination, and 50 countries have eliminated at least one neglected tropical disease, marking the halfway point towards the 100-country target set for 2030. Most recently, we have seen the certification of Cabo Verde as malaria free, the elimination of visceral leishmaniasis and lymphatic filariasis from Bangladesh, the interruption of leprosy transmission by Maldives, and the incredibly exciting inaugural roll-out of the RTS,S malaria vaccine in Cameroon. We have also seen Gavi's welcome renewed support for rabies post-exposure prophylaxis (PEP) following the suspension of financial support for PEP during the COVID-19 pandemic to prioritise support for COVID-19 vaccines, with discussions ongoing as to criteria for



Catherine speaks with healthcare workers and Sightsavers staff at Maganga clinic in Salima

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eligibility for countries to receive the vaccine. And noma was added onto the World Health Organization's official list of NTDs – a reminder of the importance of drawing focus to those very neglected of diseases. We hope this new status will amplify global awareness, catalyse research, stimulate funding, and boost efforts to control this awful disease.

As such, our focus for 2023 has been on a number of key areas: raising the profile of malaria and neglected tropical diseases in Parliament and to Ministers, including celebrating elimination successes; demonstrating the value and impact of UK aid; and supporting British-backed science, research, and innovation, including partnerships with research institutions in endemic countries. 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 leading UK science institutions and endemic countries. We have also been able to use key moments in the year – including World NTD Day and World Malaria Day – 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



Catherine and Lord Trees speak with a scientist during a visit to Dundee's Drug Discovery Unit

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informed of key issues. We particularly want to thank those partners we have worked especially closely with this reporting year – including the Ministry of Health in Malawi, the British High Commission in Malawi, the Parliamentary Committee on Health, the National Malaria Control Programme, Mitundu Community Hospital, PATH's Malaria Vaccine Initiative, Sightsavers, World Vision Malawi, Uniting to Combat NTDs, International Coalition for Trachoma Control, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Balaka District Council, Malawi Liverpool Wellcome Programme, Kamuzu University of Health Sciences, Queen Elizabeth Central Hospital, the University of Glasgow, and Liverpool School of Tropical Medicine for their support in the organisation of our visit to Malawi, and to the Drug Discovery Unit, the Wellcome Centre for Anti-Infectives Research, and the School of Life Sciences at Dundee University for their support in

the organisation of our visit to Dundee. I also want to thank our kind sponsors – DNDi, MMV, PATH's Malaria Vaccine Initiative, the UK Coalition Against NTDs, Uniting to Combat NTDs, and Malaria No More UK – who generously support our work and enable us to operate effectively and efficiently as a Group.

We are especially grateful to those individuals who have spoken about their experience of malaria and neglected tropical diseases to our Group this year – to Fidel and Mulikat for their powerful accounts of surviving noma, to Subodha and Anju for sharing their experiences of living with leprosy, to Sherrie, Anyika, and Mirriam for their testimonies of contracting malaria, to Harun for his account of living with HIV, and to all the incredible men, women, and children we met in Malawi, including Litines who spoke of her struggles with trachoma. 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, we would like to pay a special tribute to our wonderful Vice-Chair, Baroness Masham, who very sadly passed away earlier this year, and who was such a passionate champion and advocate for global health. She continues to be greatly missed.

As we move into a new year – an election 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, Patrick Grady is leading a Westminster Hall debate on the UK's role in ending malaria and neglected tropical diseases and we are partnering with the UK Coalition Against NTDs on Parliamentary reception to raise awareness of these little-known diseases. We are also working with colleagues at Newcastle University, London School of Hygiene and Tropical Medicine, and the



Lord Trees speaks with scientists on a visit to Dundee's Drug Discovery Unit

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MENTOR Initiative on sessions on the impact of climate change and conflict on infectious diseases, and with London School of Hygiene and Tropical Medicine on the growing threat of the invasive *Anopheles stephensi*.

So, a busy year, but there is still a lot more to do. With an election expected to take place at some point in the next year, we will continue to maintain focus and attention on these devastating diseases, and push for continued UK support. We appreciate all the support we have been given in 2023 and look ahead to another challenging year together as we advocate for some of the world's most devastating diseases.

Catherine West 

**Catherine West, Member of Parliament for Hornsey and Wood Green, and Professor the Lord Trees FRCVS FMedSci HonFRSE**

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

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Precious Mastala presents MLW's research work on rabies incidence in Malawi



### Assessment of Human Rabies Incidence and Post-Exposure Prophylaxis (PEP) Accessibility

Precious Mastala<sup>1</sup>, Janelisa Musaya<sup>1</sup>, Stella Mazeri<sup>2</sup>, Malawi Liverpool Wellcome Programme, Blantyre, Malawi, <sup>1</sup>University of Edinburgh, Edinburgh

#### Introduction

- Rabies, a neglected tropical disease claims 600 human lives yearly in Malawi
- Affects marginalized communities and mostly children
- But we do not know where these cases are happening
- No research to comprehend the rabies burden on the human population
- No research to comprehend the rabies burden on the human population
- Despite availability in most Low- and Middle-income Countries (LMICs), there is a PEP accessibility + immunoglobulin access barrier (observed at 40-201%)

#### Objectives

- We aim to assess the prevalence of human rabies and characterize the pathway to access PEP and potential barriers and facilitators

- To evaluate the trends and clinical features of human rabies cases in space and time
- To analyze the post-exposure prophylaxis issuance trends
- To measure the availability and accessibility of rabies post-exposure prophylaxis
- To analyze the post-exposure prophylaxis issuance trends

#### Funding

Wellcome / Liverpool Wellcome Programme / COVID Training

#### References

1. Mastala P, Musaya J, Mazeri S, et al. (2023) Assessment of Human Rabies Incidence and Post-Exposure Prophylaxis Accessibility in Malawi. *PLoS ONE* 18(12): e0253888. <https://doi.org/10.1371/journal.pone.0253888>

2. Mazeri S, Mastala P, Musaya J, et al. (2023) Assessment of Human Rabies Incidence and Post-Exposure Prophylaxis Accessibility in Malawi. *PLoS ONE* 18(12): e0253888. <https://doi.org/10.1371/journal.pone.0253888>

# Overview of our year

## AGM, Membership and workplan

The All-Party Parliamentary Group (APPG) on Malaria and Neglected Tropical Diseases held its Annual General Meeting (AGM) on Tuesday 16 May 2023.

Catherine West MP was re-elected as a Co-Chair, and Lord Trees was elected as a new Co-Chair. In addition, Taiwo Owatemi MP, Baroness Ritchie, and Derek Thomas MP were elected as new Vice-Chairs, joining re-elected existing Vice-Chairs, Tanmanjeet Singh Dhesei MP, Baroness Hayman, Pauline Latham MP, Bell Ribeiro-Addy MP, Virendra Sharma MP, Baroness Sugg, and James Sunderland MP.

The Parliamentarians present at the meeting agreed the focus for the work of the APPG over the next year. This work includes:

- raising the profile of malaria and neglected tropical diseases (NTDs);
- demonstrating the impact and value of UK aid;
- supporting and promoting British-backed science, research and innovation, with a particular focus on UK regional-based malaria and NTD research institutions; and
- continuing to build close working relationships with Parliamentary Groups, forums and caucuses in endemic countries.

In addition, the APPG will consider exploring themes around:

- harnessing the strengths of researchers in endemic regions and promoting research partnerships;
- promoting coordination and collaboration between malaria and NTD programmes and



Members of the APPG together with partners launching our Annual Report for 2022 at the Annual General Meeting

existing investments to multiply the benefits of UK development – for example, in nutrition, WASH, education, disability inclusion, and maternal and child health;

- cross-cutting issues – including conflict (with a focus on Sudan), climate change, and changes to the natural environment including flooding – which impact on malaria and NTD rates, and cross-cutting themes prioritised within the International Development Strategy and Integrated Review Refresh – including women and girls, pandemic preparedness, and health system strengthening;
- a focus on high-burden countries, and last mile elimination efforts;
- raising the profile of noma and other neglected diseases; and
- building relationships with Parliamentary Groups, forums and caucuses in other donor countries.

On the following pages is an overview of how we have met those priorities through our work in 2023.

## Raising the profile of malaria and NTDs

The World Health Organization (WHO) World Malaria Report 2022 found that, despite some significant global progress, and despite the continued impact of the COVID-19 pandemic, 619,000 people lost their lives to malaria in 2021. In addition, the global burden of NTDs remains significant – the WHO estimates that NTDs affect more than one billion people, while the number of people requiring NTD interventions, both preventive and curative, is over 1.6 billion.

For these reasons, the primary focus of the APPG for 2023 has remained to raise the profile of malaria and NTDs within Parliament and to Ministers. This has included a specially curated week-long art and photographic exhibition in Parliament to raise awareness of NTDs across MPs and Peers, through providing an understanding of the different NTDs and their impact, and highlighting successful projects working to tackle them. We also drew attention to the very neglected disease, noma, through a reception with the University of York and Médecins Sans Frontières, and to the painful condition of female genital schistosomiasis, with a roundtable discussion to mark International Women's Day. We also focused on new and emerging threats to progress and public health, with a roundtable discussion on drug and insecticide resistance and a roundtable discussion with ISNTD on arboviral diseases, including dengue and chikungunya.

The APPG has also strived to raise the issue of malaria and NTDs at the highest level possible. Following the meeting on noma, the APPG wrote to the Foreign Secretary and Minister for Development to bring renewed attention to the disease, and to call for UK support for the inclusion of noma in the WHO list of NTDs. Following on from a meeting with Parliamentarians from Uganda, the APPG also wrote to the Minister for Development to draw attention to rising malaria cases in the country. A number of Members also joined global cross-Party Parliamentarians in signing Uniting to Combat NTDs's call on G7 Leaders to invest in NTDs. And Members of the APPG have continued to ask questions to Ministers in both Chambers of the House and in relevant Westminster Hall debates.

## Demonstrating the value and impact of UK aid

UK aid has supported the lives of some of the most vulnerable and marginalised people globally, who are often disproportionately impacted by malaria and NTDs. This is precisely why we, as Parliamentarians concerned about global health, are determined to keep these diseases in the spotlight, and to demonstrate the value and impact of UK support and investment.

The impact of the reduction in Official Development Assistance (ODA) is still being keenly felt, particularly in respect of UK support for NTD programmes. The UK's commitment in November 2022 of £1 billion to the Global Fund to Fight AIDS, Tuberculosis and Malaria was a welcome pledge and a significant sum. However, in our Statement following the announcement, we did express concern about the reduction of the UK's level of spending from the Sixth Replenishment – the first time in the Global Fund's 20-year history that the UK reduced its allocation, leaving us out of step with G7 partners such as the US and Germany, who increased their funding commitments. And, while we have also been particularly pleased to see continued support for investment in research and development, including through our world-leading Product Development Partnerships (PDPs), it is important that this support is provided for the long term, with multi-year funding commitments.

As such, in 2023, we have continued to try to demonstrate the value and impact of UK aid in our work, and to draw attention to the importance and impact of sustainable UK investment and support to tackle these devastating diseases. In our Parliamentary exhibition for World NTD Day, we profiled a number of UK-supported projects and programmes, including the National Institute for Health and Care Research (NIHR)-funded programme ECLIPSE, which focuses on cutaneous leishmaniasis in Brazil, Ethiopia, and Sri Lanka. Members have continued to ask important and probing oral and written Parliamentary questions, including about funding for research, multilateral organisations, and across specific diseases. As we move towards the upcoming Replenishments of the Global Fund and Gavi, the Vaccine Alliance, it will be especially important we keep up the momentum.

## Supporting and promoting 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 2023, the APPG has met with a range of partners – including holding briefing meetings in Parliament with DNDi – and across a range of topics including on the use of Artificial Intelligence for NTDs and the challenge of drug and insecticide resistance. The APPG has also been able to hear from some of the UK’s incredible scientists, academics, and researchers in receptions and roundtable discussions, including Louise Marston, an inspiring young scientist from Target Malaria and Imperial College, Dr Ioana Cismas from the University of York’s Centre for Applied Human Rights, Dr Khalid Beshir and Dr Helen Kelly from the London School of Hygiene and Tropical Medicine, Professor Angharad Davies from the Royal College of Pathologists,

and Laura Rosu from the Liverpool School of Tropical Medicine. We are grateful to everyone for joining us and sharing their expertise.

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.

The APPG has also had a chance to visit some of these amazing research institutions in person – including a visit to Dundee University to see the important role the Drug Discovery Unit (DDU), the Wellcome Centre for Anti-Infectives Research (WCAIR), and the School of Life Sciences at Dundee University are playing in the fight against neglected infectious diseases. 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.



Catherine West MP and Lord Trees speak with scientists during a visit to Dundee’s Drug Discovery Unit

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Catherine West MP and Patrick Grady MP listen to researchers working on rabies with the Malawi Liverpool Wellcome Programme and Kamuzu University of Health Sciences

## Harnessing the strengths of researchers in endemic regions and promoting research partnerships

In addition to profiling research institutions in the UK, the APPG is also committed to harnessing the strengths of researchers in endemic regions and promoting equitable research partnerships. This has included hearing at our meetings, receptions, and roundtables from a number of researchers, academics, and scientists from across the globe, including Professor Getnet Tadele from the Department of Sociology at Addis Ababa University, Dr Linda Amoah from Noguchi Memorial Institute for Medical Research at the University of Ghana, Dr Subodha Handhi Galahitiyawa from Sri Lanka and currently working with the University of the West of Scotland, Dr Pamela Sabina Mbabazi, a medical epidemiologist working on FGS and member of the World Health Organization’s NTD Team, and Robinson Karuga at LVCT Health, a Kenyan NGO leading on HIV programming, research, and advocacy.

In addition, in July in Malawi, Members of the visiting delegation were able to visit Malawi Liverpool Wellcome Programme, one of the leading research institutions in any low-income country worldwide – with international partners including the Liverpool School of Tropical Medicine, the University of Liverpool, and the Wellcome Trust – and Kamuzu University of Health Sciences (KUHeS), which houses the Blantyre Blantyre Research Facility, supported by the University of Glasgow. During the visit, the delegation was able to meet with scientists and researchers working across global health, including malaria and NTDs such as rabies, schistosomiasis, and human African Trypanosomiasis, also known as sleeping sickness.

We will continue to develop our work and focus in this area.

## Continuing to build close working relationships with Parliamentary Groups

It is important for our Members to be able to meet with Parliamentary Members from endemic countries to learn about the reality of the situation on the ground. We have, therefore, continued work to build on the close relationships with Parliamentary Groups, forums, and caucuses in other countries that were initially formed through our former Chair, Jeremy Lefroy.

In February, the APPG hosted a productive roundtable discussion with a delegation of MPs from the Parliament of Uganda, together with members of the Uganda Parliamentary Forum on Malaria (UPFM) and the Uganda UK Health Alliance. The roundtable provided a chance to build and strengthen relationships with Parliamentarians working on global health in Uganda, and an opportunity to share best practice around political engagement on tackling malaria as well as to hear an update on progress and challenges to malaria control and elimination across Uganda, and the reality of the situation on the ground.

In April, the APPG also met with Parliamentarians, officials, and global health practitioners who were in London in April for the UK Africa Health Summit, coordinated by Uganda's Permanent Secretary at the Ministry of Health, Dr Diane Atwine, to discuss progress, priorities, and challenges for tackling malaria and NTDs.

In July, in Malawi, Members of the visiting delegation were able to meet with Parliamentarians Dr Matthews Ngwale, Chair of the Health Committee, and Catherine Gotani Hara, Speaker of the National Assembly, and received a tour of Malawi's Parliament building. The delegation also met with members of the 50:50 Campaign Malawi to discuss their work in strengthening the participation and involvement of women in leadership and decision-making positions at the national and district level.

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.

This also includes working to develop and build relationships with Parliamentary Groups, forums and caucuses in other donor countries, which will become especially important as we approach the upcoming Replenishments of the Global Fund and Gavi, the Vaccine Alliance.

## Raising the profile of noma and other neglected diseases

In December 2021, Co-Chair Catherine West MP met with researchers from the University of York and the Liverpool School of Tropical Medicine to discuss noma, a devastating and disfiguring disease that predominantly affects young children living in extreme poverty.

Since that meeting, the APPG has sought to raise the profile of this neglected disease, including through letters to the Foreign Secretary to bring noma to the attention of the FCDO, highlighting important links between the disease and the UK Government's priority of ending preventable deaths, particularly of young children. This year, we held a special event on noma to draw wider attention to the disease within Parliament. Speakers included inspiring noma survivors and founders of Elysium – Noma Survivors Association, Fidel Strub and Mulikat Okanlawon, who shared their stories, and also researchers and scientists who provided an overview of the disease and the campaign for its formal recognition by the WHO as an NTD. The event also included a screening of Inediz's powerful award-winning documentary, 'Surviving Noma'. Following the event, we wrote to the Foreign Secretary to call for UK support for the inclusion of noma in the WHO's NTD list, and the event was also covered in an important article by Harriet Barber in The Telegraph.

We welcome noma's inclusion in the WHO NTD list in December, and will continue to work closely with noma survivors, advocates, and organisations to build on the momentum this inclusion has created.

## Other areas of focus

As discussed at the AGM, there were some additional areas to consider for focus that the APPG has started to work on but require further progress and attention over the coming months. This includes:

- promoting coordination and collaboration between malaria and NTD programmes and existing investments in, for example, nutrition, WASH, education, disability inclusion, and maternal and child health to multiply the benefits of UK development. The APPG has sought to do this through working collaboratively with other global health APPGs and through joining other Parliamentary events that have focused on this area, including, for example, International Day of Persons with Disabilities. Our Secretariat has also ensured Members have relevant briefings for debates, such as the Westminster Hall debate on water, sanitation and hygiene (WASH) in October. In particular, our session on FGS with the APPGs on HIV and AIDS and Population, Development and Reproductive Health demonstrated the value and importance of cross-sectoral collaboration.
- cross-cutting issues which impact on malaria and NTD rates such as conflict, climate change, and changes to the natural environment including flooding. This year's World Malaria Report highlighted the impact of climate change on malaria transmission – for example, flooding in Pakistan led to a five-fold increase in malaria cases and a 900 per cent increase in dengue. Conflict and humanitarian crises also have devastating implications for transmission of malaria and NTDs. As such, next year, we are working on holding two sessions – on the impact of conflict on malaria and NTDs and the impact of climate change on malaria and NTDs – and will prioritise this as an area of focus for the APPG moving forward.
- cross-cutting themes prioritised within the International Development Strategy and Integrated Review Refresh such as women and girls, pandemic preparedness, and health system strengthening. On International Women's Day, the APPG co-hosted a roundtable to draw attention to the devastating impact of FGS on over 50 million women and girls across sub-Saharan Africa, and highlighted the opportunity for greater gender equity and women's health. Our Secretariat has also ensured Members have relevant briefings for debates, such as the Westminster Hall debate on the United Nations High-Level Meetings on Pandemic Preparedness and Universal Health Coverage.
- a focus on high-burden countries and last mile elimination efforts. The APPG discussed crucial last mile elimination efforts in meetings with DND*i*, Uniting to Combat NTDs, and the World Health Organization's Dr Ibrahima Socé Fall. We will continue to explore ways of strengthening this focus, including, for example, through forging stronger links with country APPGs, where possible.

# International visits

## Malawi

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 and innovative ways to tackle disease and overcome key threats to progress.

This July, Co-Chair, Catherine West MP, Vice-Chairs James Sunderland MP and Tan Dhesi MP, and Member, Patrick Grady MP, were able to travel to Malawi for a four-day visit based around the capital Lilongwe, in the central region, and Blantyre in the south.

The delegation's first site visit was to Mitundu Community Hospital to learn about the roll-out of the RTS,S malaria vaccine pilot programme. The delegation met with doctors, nurses, and healthcare providers at the Community Hospital, together with representatives from Malawi's Expanded Programme on Immunization (EPI) and the National Malaria Control Programme (NMCP) within the Government of Malawi's Ministry of Health, and programme partners, including PATH's Malaria Vaccine Initiative. Members heard how the pilot programme has been rolled out, with safety concerns managed, and were shown household surveys demonstrating the positive impact of interventions on individual families. The delegation was able to see first-hand the critical work of a group of incredible healthcare professionals administering the routine immunisation programme, including seeing a malaria vaccine being given to a five-month-old baby. The delegation also met with Evison Saimon, the second child in the world to receive the vaccine, and his mother, to hear about the positive impact of the vaccine on their lives.

The delegation's second site visit was to Salima, on the shore of Lake Malawi, to meet some of the inspiring health workers and surgeons who had been at the forefront of the successful elimination of trachoma as a public health problem in Malawi in 2022. The delegation was also able to hear from some remarkable men and women who had received surgery for trachoma, regained their sight, regained their independence, and were able to enjoy time with their families without feeling like a burden. Their powerful testimonies showed the impact of these incredible efforts to treat and eliminate trachoma on individual lives. The delegation also heard about key lessons learned from the comprehensive approach adopted by the Ministry of Health in Malawi, managed by Sightsavers and implemented with support from several non-governmental organisation members of the International Coalition for Trachoma Control (ICTC) – including the importance of increased mapping to understand where affected communities are, the development of a national programme to coordinate and implement all components of the SAFE strategy, and ensuring the integration of trachoma interventions into the formal health system to ensure interventions can still be accessed where needed after elimination has been achieved.

The delegation's third site visit was to Balaka to learn about the indoor residual spray (IRS) campaign supported by the Ministry of Health through the NMCP, funded by the Global Fund, and implemented through World Vision Malawi. The delegation received an informative presentation at Balaka District Council on the results of the IRS campaign to date, and on the challenges to malaria control and prevention, including the impact of Cyclone Freddy on the community. The delegation then visited the district's main warehouse where IRS commodities are securely stored, before travelling to Mbera operational site to see a simulated demonstration of how structures are safely sprayed. At Mbera, the delegation was welcomed by the entire village community with



Catherine West MP speaks with Litines Dalali, a former trichiasis surgery patient, near Maganga clinic in Salima



The delegation watch a demonstration of Malawi's Indoor Residual Spray (IRS) campaign supported by the Global Fund



The delegation speak with researchers at Malawi's Blantyre Research Laboratory



singing, dancing, and presentations from Group Village Heads about the success of the IRS campaign. The delegation also visited Mtira community clinic to see how suspected cases of malaria are managed and treated at a local level, and to meet with some of the incredible, dedicated community health workers.

The delegation's fourth site visit was to Kanolo Health Post, currently under construction in Dedza. The nearest public health facility to this area is located about 20 kilometres away – with no direct means of transport it takes a minimum of two hours to get there by foot. As a result of the distance, and the lack of immediate access to health care services, the community of Kanolo has been experiencing many deaths in those under the age of five. In some instances, pregnant mothers have had to deliver their babies on the way to the nearest health facility. Supported by the Global Fund, Kanolo is one of 55 health posts being constructed by the Government of Malawi. Once complete, the health post will include a clinic, two houses for health workers, a borehole, and a solar power supply for the facility and the houses. The delegation met with construction workers and with representatives overseeing the design and implementation of the project to learn more about progress and the impact the post will have on the community.

The delegation's fifth site visit was to Blantyre for a packed two-day programme of presentations, meetings, and laboratory, hospital, and community visits, coordinated by the Malawi Liverpool Wellcome Programme (MLW). MLW is one of the leading research institutions in any low-income country worldwide. Built around laboratories, it provides training for the next generation of clinical researchers and supports research nurses and clinicians at the nearby Queen Elizabeth Central Hospital. It is closely linked with the community and is an integral part of the Kamuzu University of Health Sciences (KUHeS), which houses the Blantyre Blantyre Research Facility, supported by the University of Glasgow. MLW's international partners include the Liverpool School of

Tropical Medicine (LSTM), the University of Liverpool, and the Wellcome Trust. These relationships provide a unique opportunity replicated in few centres in Africa to study major health issues spanning both community and hospital settings.

The delegation was able to meet with scientists and researchers working across global health, including malaria and NTDs such as rabies, schistosomiasis, and human African Trypanosomiasis, also known as sleeping sickness. The delegation also met with the senior leadership team at KUHeS, toured the state-of-the-art Blantyre Blantyre Research Facility, and visited the paediatric research ward, the adult respiratory high-dependency unit, and the newly-built oxygen plant at Queen Elizabeth Central Hospital. The group also toured the construction site of the new CREATOR building which, when built, will train the next generation of researchers. Finally, the delegation visited nearby Ndriane Health Clinic to meet health workers and understand the collaborative work MLW does in and for the local community.

Delegation visits also enable Parliamentarians to meet with their counterparts in other countries. During our time in Lilongwe, the delegation was able to meet with Parliamentarians Dr Matthews Ngwale, Chair of the Health Committee, and Catherine Gotani Hara, Speaker of the National Assembly, and received a tour of Malawi's Parliament building. The delegation also met the UK's High Commissioner to Malawi, Fiona Ritchie, and members of the 50:50 Campaign Malawi to discuss their work in strengthening the participation and involvement of women in leadership and decision-making positions at the national and district level.

A detailed report on the visit has now been published, which you can read [here](#)<sup>1</sup>.

## Domestic visits

### Dundee

As part of our focus on British-backed science, research and development, and innovation, in September, our Co-Chairs Catherine West MP and Lord Trees and Member Wendy Chamberlain MP visited Dundee University to see the important role the Drug Discovery Unit (DDU), the Wellcome Centre for Anti-Infectives Research (WCAIR), and the School of Life Sciences at Dundee University are playing in the fight against neglected infectious diseases, including malaria, tuberculosis, leishmaniasis, schistosomiasis, cryptosporidiosis, and Chagas disease.

Drug discovery for neglected diseases faces huge challenges. Existing treatments are expensive, difficult to administer, and unsafe and/or increasingly ineffective as the pathogens that underlie these conditions develop resistance. The WCAIR is developing new methods, technologies, and processes that will make drug discovery for NTDs faster and smarter, training the next generation of researchers, and informing the public about the role that science plays in fighting poverty and disease.

The DDU bridges the gap between academic scientific research and commercial drug development. Four DDU-developed compounds are currently in clinical development and nine assets are licensed to pharmaceutical companies. DDU partnerships with pharmaceutical companies bring millions of pounds in international investment to Dundee. Successes include developing a rapid diagnostic test for human African Trypanosomiasis, also known as sleeping sickness, and two drugs in clinical development to treat visceral leishmaniasis, while a compound invented in Dundee can treat malaria with a single dose and is now in advanced human trials in Africa.



Catherine West MP and Lord Trees with members of Dundee's Drug Discovery Unit and Wellcome Centre for Anti-Infectives Research

The Members visited Dundee University's cutting-edge, purpose-designed laboratories and met some of the incredibly committed and talented scientists and academic staff dedicated to drug discovery and uncovering new insights into neglected infectious diseases in the hope of developing potential therapies for these devastating diseases. The Members also heard about the University's work to support research and development in low- and middle-income malaria and NTD endemic countries. Dr Linda Amoah from Noguchi Memorial Institute for Medical Research at the University of Ghana introduced the 'Developing a Drug Discovery Hub in Ghana' project where her laboratory evaluates malaria transmission in the field and designs new transmission blocking agents. This work demonstrates the University's commitment to active, equitable partnership.

You can read more about the visit, [here](#)<sup>2</sup>.

<sup>1</sup> [https://malarianomore.org.uk/sites/default/files/appg\\_malaria\\_A4-report\\_malawi-july-2023\\_draft\\_V15\\_low-res\\_spreads.pdf](https://malarianomore.org.uk/sites/default/files/appg_malaria_A4-report_malawi-july-2023_draft_V15_low-res_spreads.pdf)

<sup>2</sup> [www.dundee.ac.uk/stories/politicians-see-drug-discovery-expertise-work](http://www.dundee.ac.uk/stories/politicians-see-drug-discovery-expertise-work)

# Events



Members of the APPG with panellists and speakers at the roundtable on noma

## January 2023

### Noma

In January, the APPG co-hosted a panel discussion with Médecins Sans Frontières, the University of York's Centre for Applied Human Rights, and York Law School, on noma, titled 'Through the eyes of survivors and scientific evidence, lifting the neglect from a neglected tropical disease'. The APPG has been involved with the noma campaign since 2021, when our Co-Chair, Catherine West MP, met with researchers from the University of York and the Liverpool School of Tropical Medicine to discuss the neglected profile of the disease.

Noma is a neglected disease which mainly affects children under the age of seven living in conditions of extreme poverty. The disease has a staggering untreated mortality rate of 90 per cent in the first two

weeks. Our roundtable brought together advocates, scholars, and humanitarian practitioners to raise awareness in the UK about noma and the ongoing campaign for its formal recognition by the WHO as an NTD. We heard from noma survivors and advocates, Fidel Strub and Mulikat Okanlawon, who shared their incredibly powerful personal stories of living with noma, the stigma and social impact of the disease, and the importance of awareness and education. We were also joined by Dr Mark Sherlock and Claire Jeantet from Médecins Sans Frontières and Dr Ioana Cismas from the University of York's Centre for Applied Human Rights, who spoke about the importance of acknowledging noma as an NTD and embracing a human rights-based approach to the disease. The event included the screening of Inediz's award-winning short documentary 'Surviving Noma' which offers a glimpse into survivors' lives and documents their voice and their stories. You can see this powerful short film [here](#)<sup>3</sup>.

<sup>3</sup> [Surviving noma – Noma \(msf.org\)](#)

Following the meeting, the APPG wrote to the Foreign Secretary and Minister for Development to bring renewed attention to noma, and to call for UK support for the inclusion of noma in the WHO list of NTDs. It is hoped that recognition of noma as an NTD will bring the required attention to the disease, including funding for research.

The event was referenced in a powerful article by Harriet Barber in The Telegraph, which you can read [here](#)<sup>4</sup>.

### Roundtable on Artificial Intelligence and NTDs

To coincide with World NTD Day, our Co-Chairs Catherine West MP and Lord Trees joined a breakfast roundtable convened by DNDi and chaired by Professor Lucy Chappell, Chief Scientific Adviser at the Department of Health and Social Care. The roundtable focused on how we can apply Artificial Intelligence (AI) to help discover and develop new treatments and diagnostics for diseases which are neglected and which often do not feel the benefits of new technologies until much later.

The use of AI is already allowing collaborations which are improving the efficiency of life-saving discovery research into new treatments for global health, in particular for NTDs. Promising partnerships with AI companies are already taking place, for example to use molecule structure prediction algorithms to find compounds against leishmaniasis and Chagas, or to identify repurposed drugs to treat dengue. Dr Charles Mowbray,



Members of the APPG with panellists at the roundtable on AI and NTDs

<sup>4</sup> <https://www.telegraph.co.uk/global-health/science-and-disease/living-noma-preventable-disfiguring-disease-lost-part-face/>

Discovery Director at DNDi, described the work of DNDi in partnering with UK AI companies to use some of the new technologies to speed up drug discovery and development for diseases such as dengue and leishmaniasis, work which is all the more important given the climate sensitive nature of these diseases.

Questions for discussion at the roundtable included how can AI and new technology contribute to the fight against NTDs, what are the barriers to implementing new technologies and AI for neglected diseases and how can we overcome them, and how UK scientists and the UK Government can contribute to this work and enable and support such collaborations.

### World NTD Day Exhibition

To coincide with World NTD Day on 30 January, our Co-Chair, Catherine West MP sponsored a week-long exhibition in Parliament to raise awareness of NTDs across MPs and Peers, through providing an understanding of the different NTDs and their impact, and highlighting successful projects working to tackle them.

Working with APPG partners, including the UK Coalition against NTDs, the exhibition featured images and video across the diseases and showcased some of the successful UK-funded projects and programmes – including the National Institute for Health and Care Research (NIHR)-funded ECLIPSE and REDRESS projects for skin stigmatising NTDs. There were also some pieces from loaned art collections and exhibitions by social engaged artists – for example, a scabies wearable experiential garment which was made for a public education event by textile artists, and art submissions from the Global Youth NTD Storytelling Festival led by Uniting to Combat NTDs – which helped give an understanding of those living in endemic regions and their experiences with NTDs.



Catherine West MP with speakers Dr Charles Mowbray and Dr Subhodha Handhi Galahitiyawa at the World NTD Exhibition's Opening Ceremony

The exhibition was launched with an opening ceremony which included a powerful video address from the new Director of the WHO's Department of Control of NTDs, Dr Ibrahim Socé Fall, who provided a WHO perspective on the challenges we face together to beat NTDs and a call to ensure communities are at the heart of our collective response. Professor Getnet Tadele, from the Department of Sociology at Addis Ababa University, gave an insightful presentation by video on the social sciences for stigmatising skin conditions and the societal barriers to treatment, including stigma and discrimination. And Dr Charles Mowbray, Discovery Director at DNDi, spoke about the need for innovation and research into new tools for the prevention, diagnosis, and treatment of diseases of poverty, and made the case for ensuring that new tools are made available to everyone who needs them, at the right time and in the right way. We were also honoured to be joined by Dr Subodha Handhi Galahitiyawa who spoke about her experience of living with leprosy, the importance of awareness and education, and the need to include affected people in every level of research into NTDs.

In addition, winning and shortlisted posters from a competition run for eight- to 16-year-olds by SCI Foundation (now Unlimit Health) were featured in the exhibition and three young artists joined the opening ceremony to be presented with their certificates from Co-Chair, Catherine West MP, Vice-Chair, Virendra Sharma MP, and Dr Wendy Harrison, CEO of SCI Foundation.

## February 2023

### Delegation from the Parliament of Uganda

The APPG was honoured to host a productive roundtable discussion with a delegation of MPs from the Parliament of Uganda, together with members of the Uganda Parliamentary Forum on Malaria (UPFM) and the Uganda UK Health Alliance.

The roundtable provided a chance to build and strengthen relationships with Parliamentarians working on global health in Uganda, and an opportunity to share best practice around political engagement on tackling malaria as well as to hear an update on progress and challenges to malaria control and elimination across Uganda, and the reality of the situation on the ground.



Members of the APPG with Members of the Parliament of Uganda

Hon Fred Opolot MP provided opening remarks on behalf of the Speaker of the Parliament of Uganda and Hon Dr Timothy Batuwa MP opened the discussions as Chair of UPFM. UPFM provides a platform for Uganda's MPs to advocate for and champion funding for malaria, and to generate visibility and provide leadership to the control and elimination of malaria in Uganda.

Members of the APPG heard how the entire population of Uganda is at risk of malaria, accounting for 30 to 50 per cent of out-patients' consultations and costing a family an average of three to nine per cent of annual household income per episode. The WHO World Malaria Report 2022 showed that Uganda accounts for 5.1 per cent of all malaria cases

globally and 3.2 per cent of deaths, with 19,663 deaths recorded in 2021. The case burden remains nearly 10 per cent higher than it was in 2015.

Dr Batuwa outlined how the Ministry of Health and partners have been working tirelessly to reduce the malaria burden but that there have been real setbacks to progress, exacerbated by the COVID-19 pandemic. He reinforced that UPFM is deeply committed to exploring all opportunities for reducing the burden of malaria in Uganda, particularly among the most vulnerable groups such as children and pregnant mothers. He also highlighted the need to increase support and investment in innovative vector control and diagnostic tools, including in the research and development of promising tools and vaccines. Dr Batuwa also discussed the need for renewed bilateral support from the UK, and expressed concern on the correlation between the ending of UK bilateral malaria programming and the rise in cases and mortality in Uganda.

In particular, discussions centred around collective efforts to ensure that, globally, attention is given to:

- expedite the roll-out of malaria vaccines, especially among the most vulnerable communities and demographics;
- ensure resilient and equitable health systems and universal health coverage;
- optimise learnings and data from implementation research to guide policy and investment in proven malaria tools and interventions;
- invest in understanding and response to climate-related challenges that impact global health, particularly among vulnerable populations in sub-Saharan Africa; and
- increase support and investment in innovative vector control and diagnostic tools, including in research and development in promising tools like gene drives for malaria control, vaccines, and next generation insecticide treated nets.

Following the meeting, the APPG wrote to the Foreign Secretary and the Minister for Development to provide a summary of the meeting, and to ask for an update on the UK's support for malaria control and elimination efforts, including any bilateral support.

The APPG will continue to build on our relationship with UPFM and support UPFM and Uganda in its malaria control and elimination efforts.

## March 2023

### Female Genital Schistosomiasis

Over 50 million women and girls across sub-Saharan Africa are experiencing painful, yet preventative, sexual and reproductive health complications due to female genital schistosomiasis (FGS) – an indicator of the failure of health systems to respond to these women's rights and needs. In March, to coincide with International Women's Day, the APPG co-hosted a roundtable briefing with the APPG on Population, Development and Reproductive Health and the APPG on HIV and AIDS, on FGS and 'Unlocking health and opportunity for women and girls in Africa through tackling a neglected health emergency'.

The session highlighted the opportunity for greater gender equity and women's health, drawing the links between NTDs, HIV, and sexual and reproductive health. It followed an event our APPG held last June to launch the FGS Integration Group (FIG) – an innovative coalition of organisations galvanising joint action to raise awareness of FGS with the aim of improving diagnosis, treatment, and prevention with and for women and girls.



Baroness Barker leads a panel discussion on female genital schistosomiasis (FGS)

The roundtable was chaired by APPG on HIV and AIDS Co-Chair, Baroness Barker, with contributions from Dr Pamela Sabina Mbabazi, a medical epidemiologist working on FGS and member of the World Health Organization's NTD Team, Dr Wendy Harrison from Unlimit Health, Amaya Bustinduy and Dr Helen Kelly from the London School of Hygiene and Tropical Medicine (LSHTM), and Robinson Karuga at LVCT Health, a Kenyan NGO leading on HIV programming, research, and advocacy.

At the event, FIG launched a policy briefing outlining the impact and a call to action, including calls to:

- raise awareness about FGS among decision-makers and the public;
- address FGS in health and gender policies;
- integrate FGS services in all parts of the health system, from health service delivery and training to health financing;
- fund FGS services as part of integrated sexual and reproductive health care;
- include FGS in gender equality and human rights advocacy; and
- strengthen cross-sector coordination for women's health and stronger health systems.

You can read the briefing in full, [here](#)<sup>5</sup>.

Following the event, Baroness Barker laid a written question on what steps the Government are taking to tackle FGS.

The APPG was also pleased to see FGS included in the House of Commons International Development Select Committee inquiry into the FCDO's approach to sexual and reproductive health, with Vice-Chair and International Development Select Committee Member, Pauline Latham MP, chairing the evidence session which included the WHO's Dr Camilla Ducker presenting evidence on FGS on behalf of FIG.

<sup>5</sup> <https://frontlineaids.org/resources/fgs-policy-brief/>

## Drug and Insecticide Resistance

In March, to coincide with British Science Week, we co-hosted a roundtable briefing with the APPG on Global Tuberculosis, the APPG on HIV and AIDS, and Malaria No More UK on how the UK can best support the fight against drug and insecticide resistance, shining a spotlight on the impact resistance is having on communities.

The roundtable was co-chaired by our Co-Chair, Catherine West MP, and Member, Lord Browne of Ladyton, and involved Parliamentarians and experts from across global health, civil society, scientists, researchers, and advocates. George Jagoe from Medicines for Malaria Venture (MMV) opened the discussion with an outline of the critical work that Product Development Partnerships such as MMV do in developing new tools to tackle resistance – for example, through scaling up delivery of seasonal malaria chemoprevention in response to country priorities, and development of new antimalarial, tafenoquine, for prevention of relapse for *P. vivax*.



Lord Browne and Catherine West MP join a roundtable discussion on drug and insecticide resistance

Dr Khalid Beshir from the London School of Hygiene and Tropical Medicine raised the issue of the decreased effectiveness of diagnostic tools, resistance to insecticides for preventing malaria, and resistance to the drugs that treat the disease. Professor Angharad Davies from the Royal College of Pathologists addressed the vital role of pathology and laboratory capacity, and Laura Rosu from the Liverpool School of Tropical Medicine highlighted the cost of multidrug-resistant tuberculosis.

Janet Ginnard from Unitaid spoke about Unitaid's work across the diseases in tackling resistance. Unitaid is a global health agency engaged in finding innovative solutions to prevent, diagnose, and treat diseases more quickly, cheaply, and effectively, in low- and middle-income countries, funding initiatives to address major diseases including malaria. Around half of Unitaid's current projects address issues of resistance, and its work also focuses on optimising the use of tests and treatments to save lives and stem the rise of resistance – for example, through collaboration with IVCC on new insecticide-treated bed nets for insecticide-resistant mosquitoes.

We also had the privilege of hearing from individuals personally affected by these diseases. Award-winning choreographer and Malaria No More UK ambassador, Sherrie Silver, spoke passionately about her personal experience of malaria and the disproportionate impact on young children and their access to learning, and Harun Tulunay, an HIV and sexual health advocate, spoke from a community perspective about access and challenges to HIV treatment – access to HIV drugs and healthcare in lower income countries, particularly on the African continent, can be challenging, with access to resistance testing expensive.

Following the discussion, in a House of Lords debate on the Integrated Review Refresh, Lord Browne raised the increasingly significant and global threat that drug resistance poses to tackling global health risks, including malaria, tuberculosis, and HIV, noting the work of Unitaid and the Global Fund.



James Sunderland MP and Catherine West MP with Oxford's International Health and Tropical Medicine MSc students

<sup>6</sup> <https://malariaenomore.org.uk/sites/default/files/APPG%20The%20Race%20Against%20Resistance.pdf>

The APPG partnered with Malaria No More UK on a short report, which begins to highlight some of the key challenges and solutions to the growing problem of resistance. You can read the report, [here](#)<sup>6</sup>.

## Oxford MSc Students

As in previous years, in March, Co-Chairs Lord Trees and Catherine West MP 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, Nuffield Department of Medicine.

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, including One Health, pandemic preparedness, climate sensitive diseases, roadmaps and declarations, and disease management.

1. What impact could the Financial Intermediary Fund for Pandemic prevention, preparedness and response have on tackling new and existing diseases such as malaria?
2. How could a 'One Health' approach be better applied to the treatment and prevention of malaria (including consideration of biodiversity when assessing vector control for malaria)?
3. When it comes to NTDs, what policy arguments might persuade donor countries to support disease management rather than Mass Drug Administration programmes?
4. How can policy makers use roadmaps and declarations, such as the WHO NTD roadmap or the Kigali Declaration on NTDs, to enact policy in a more meaningful, tangible manner?
5. Given the current gaps in knowledge around climate sensitive diseases such as malaria, and the way climate change will impact on global health, what is needed for policymakers to better prepare health systems for this intersecting challenge?

April 2023

### World Malaria Day

To coincide with World Malaria Day, our Vice-Chair, Baroness Sugg, hosted a reception in Parliament together with Malaria No More UK to raise the profile of the ongoing fight against malaria and to celebrate some of the incredible work being done by British-backed scientists, including the inspirational Louise Marston, a senior research technician from Target Malaria and Imperial College.

Gene drive is a genetic phenomenon that occurs in nature that biases inheritance, causing a selected trait to rapidly spread through a species via sexual reproduction. Target Malaria is investigating the potential of gene drive technologies to help eliminate malaria transmission in Africa by reducing the population of malaria mosquitoes. As part of the team, Louise investigates spermatogenesis and the embryo sex determination pathway in the malaria mosquito, testing new gene drive lines, and injecting mosquito embryos with the genes. At the reception, Louise spoke passionately about her innovative work to end malaria and how she became involved in the malaria fight, highlighting the importance of further support for development of new tools and ensuring they can reach those who need them.

You can read more about Louise's work in her blog post, [here](#)<sup>7</sup> and she is also profiled as part of Ian Rankin's series of portraits in The Telegraph, [here](#)<sup>8</sup>.



Members of the APPG with speakers at the World Malaria Day reception

7 <https://targetmalaria.org/latest/blog/malaria-researchers-celebrated-as-new-rock-n-roll-stars-this-world-malaria-day/>  
8 <https://www.telegraph.co.uk/global-health/science-and-disease/rankin-portrait-photography-world-malaria-day-2023/>

Highlighting in particular the growing concern of the impact of climate change and conflict on malaria transmission, the Global Fund's Peter Sands spoke about challenges to malaria eradication, and about the importance of continued advocacy and the commitment to accelerate progress. He pointed to the highly climate sensitive nature of the disease, and the rise in cases following flooding in Pakistan and Cyclone Freddy in Malawi.

Speaking from a personal perspective, Olympic medallist, malaria survivor, and passionate Malaria No More UK ambassador, Anyika Onuora, spoke about her experience of falling ill from malaria – just before she won bronze with the GB 4x400m team at the Rio Olympics in 2016 she was in hospital with life-threatening malaria which she contracted during one of her regular visits to her late father's village of Nri in Nigeria. Anyika spoke of her determination to support efforts to help eliminate malaria, and the importance of continued leadership and investment.

### UK-Africa Health Summit

In April, our Co-Chairs, Lord Trees and Catherine West MP, co-hosted a discussion with Dr Diana Atwine, Permanent Secretary at the Ministry of Health in Uganda, for Parliamentarians, health officials, and health professionals in London for the UK-Africa Health Summit.



Lord Trees, Catherine West MP, and Baroness Hayman with Dr Diana Atwine, Permanent Secretary at the Ministry of Health in Uganda

The meeting served as an opportunity to build relationships with Parliamentarians and Officials working on global health across Africa. It was also a chance to share best practice around political engagement on tackling malaria and NTDs, and how

we can work collaboratively to find solutions to tackle global health challenges. It was also an opportunity to hear an update on malaria programmes and progress, as well as priorities and challenges for tackling the disease.

### APPG on Vaccinations for All event on lessons from the pandemic

In April, Members of the APPG attended the APPG on Vaccinations for All roundtable with Dr Seth Berkley from Gavi, the Vaccine Alliance, Uganda's Permanent Secretary at the Ministry of Health, Dr Diana Atwine, and representatives from the Global Health team at FCDO. The meeting focused on equitable access to vaccines, including for malaria, and the importance of building resilient health systems and vaccine supply chains.

May 2023

### Leprosy Mission Trust India

Every four minutes, someone is diagnosed with leprosy, a leading cause of disabilities among communicable diseases. After the formal proceedings of the APPG's AGM in May, the Parliamentarians were joined by Nikita Sarah from The Leprosy Mission Trust India, who gave a presentation on the impact of leprosy, with a focus on India, and on The Leprosy Mission's work to create awareness and increase political, public, and social support for people affected by leprosy. Nikita spoke passionately about the challenges to accessing timely treatment and her work helping people with disabilities and marginalised communities.



Members of the APPG with Nikita Sarah from the Leprosy Mission Trust India



Lord Trees and Catherine West MP join a panel discussion on arboviral diseases

## July 2023

### Arboviral Diseases

In June, our Co-Chairs, Lord Trees and Catherine West MP, co-hosted a roundtable with the International Society for Neglected Tropical Diseases (ISNTD) on 'The arboviral threat: a growing hazard in an uncertain world'.

Arboviral diseases, such as dengue and chikungunya, are a growing concern, both in magnitude and geographic spread, with exacerbating factors including climate change, migration, and urbanisation. The session explored the growing threat to public health, and the responses and collaborations urgently needed in those regions experiencing explosive outbreaks, as well as the risks and roles for non-endemic countries.

The session discussed how innovations, research and development in treatment and diagnosis, equitable access to tools, partnerships, and investment in vector control are all critical.

The roundtable included an overview from Dr Ibrahim Socé Fall, Director of the World Health Organization's Department of Control of NTDs, and presentations from Dr Dinu Guruge at the Drugs for Neglected Diseases Initiative (DNDi),

<sup>9</sup> <https://www.youtube.com/watch?v=MmEqvDTg3S8&t=2709s>

Dr Theodore Tsai from Takeda Pharmaceutical, Dr Juan Carlos Jaramillo from Valeneva, Sergio Lopes from MENTOR Initiative, and Her Excellency Mrs Saroja Sirisena, Sri Lanka's High Commissioner to the UK.

You can watch this meeting in full, [here](#)<sup>9</sup>.

Following the meeting, Catherine West MP laid a question asking about the effectiveness of UK funding for research on treating and preventing dengue, chikungunya, and other arboviral diseases, and what plans the Department has for future research and innovation. Lord Trees also tabled a question on what assessment the Government has made of the risk of dengue fever being transmitted in the UK, both now and in the future.

## September 2023

### RTS,S malaria vaccine in Malawi

In July, Members of the APPG were invited to join a virtual discussion of the RTS,S malaria vaccine pilot programme in Malawi, coordinated by the APPG on Malawi, the Scottish Parliament's Malawi Cross-Party Group, and the Scotland Malawi Partnership, with presentations from the University of Glasgow and the Kamuzu University of Health Sciences.

## December 2023

### World Malaria Report

Each year, the World Health Organization publishes its World Malaria Report providing a comprehensive and up-to-date assessment of trends in malaria control and elimination across the globe. This year's report included, for the first time, a dedicated chapter focused on the intersection between climate change and malaria.

In December, our Co-Chair, Catherine West MP, hosted a Parliamentary reception on behalf of the APPG with Malaria No More UK to mark the findings of the World Malaria Report, and to discuss the ways in which we can get back on track to end malaria with UK support.



WHO World Malaria Report reception speakers Dr Alastair Robb and Mirriam Banda Chisamba with Virendra Sharma MP

Speakers included Dr Alastair Robb from the World Health Organization who introduced the report, outlined key threats to progress – with a focus on climate change – and spoke to the importance of collaboration across diseases and sectors to meet the challenge. The Foreign, Commonwealth and Development Office's Head of Human Development Chris Carter outlined the Department's work in the fight against malaria – including through continued support for the Global Fund to Fight AIDS, Tuberculosis and Malaria – as well as the UK's role in innovation, science, and research and development.

We also heard from Global Fund Advocate, Mirriam Banda Chisamba, an inspiring midwife and primary healthcare provider working in rural Zambia, who has experienced malaria both personally – having almost lost her daughter to severe malaria in 2011 and suffered from malaria herself countless times – and professionally. Mirriam spoke passionately about her work, especially with pregnant women and babies, and about the transformation of diagnosis and management of malaria in her community thanks to interventions from the Global Fund, which have enabled the rapid prescription of life-saving treatment, particularly for children, and have improved and expanded health services in rural and hard-to-reach communities.

### International Day of Persons with Disabilities



Anju Chaurasia speaking at the FCDO and Bond NGO special event for International Day of Persons with Disabilities

On International Day of Persons with Disabilities in December, the APPG Secretariat met with Anju Chaurasia who works at The Leprosy Mission India's Muzaffarpur Hospital in Bihar and heard about her experience after being diagnosed with leprosy as a teenager and her commitment to disability inclusion at the Foreign, Commonwealth and Development Office and Bond NGO's special event in Parliament.

# Meetings

## Dr Ibrahima Socé Fall

In December 2022, Dr Ibrahima Socé Fall, a public health scholar, global health leader, and infectious diseases epidemiologist, was appointed as Director of the World Health Organization's Department of Control of NTDs. The Department coordinates and supports policies and strategies to enhance global access to interventions for the prevention, control, elimination, and eradication of NTDs, including some zoonotic diseases.

In January, at the opening ceremony of our World NTD Day exhibition in Parliament, the APPG was able to hear in a video address from Dr Socé Fall on the WHO perspective on the challenges to NTD elimination. At the end of February, Co-Chair Lord Trees and Vice-Chair Baroness Sugg hosted Dr Ibrahima Socé Fall and the WHO's Senior Advisor on Global NTD Programme, Dr Camilla Ducker, for our first in-person meeting in Parliament to discuss his plans and priorities for the WHO's Global NTD Programme, and how we can work together to tackle the interconnected challenges we face.



Lord Trees with the WHO's Dr Socé Fall and Dr Camilla Ducker

## WHO Global NTDs Programme Partners' Meeting

In June, Co-Chair Lord Trees attended the World Health Organization's Global Neglected Tropical Disease Programme Partners' Meeting in Geneva to discuss successes and approaches to tackling NTDs.

Chaired by Dr Tedros Adhanom Ghebreyesus, WHO's Director-General, and Dr Ibrahima Socé Fall, WHO's Director of NTDs, the meeting was aimed at ensuring that the global NTD community is best placed to respond to the many challenges it faces. The meeting was attended by over 300 participants, both in-person and online, across the global

NTD community, including government representatives, donors, academics, pharmaceutical companies, representatives of national NTD networks and patient associations, and UN agencies.

Discussion was based on an unwavering collective commitment to do all that is possible to rid the world of NTDs, and produced important action points and outcomes that will help refocus the NTD community on its 2030 road map targets and on the broader health agenda that includes the United Nations Sustainable Development Goals.

You can read more about the meeting, [here](#)<sup>10</sup>.

<sup>10</sup> <https://www.who.int/australia/publications-detail/9789240081215>

## PATH's Malaria Vaccine Initiative

PATH's Malaria Vaccine Initiative is a programme of PATH, an international non-profit organisation that advances health equity through innovation and partnerships. The programme was established in 1999 on the premise that although promising malaria vaccine approaches existed, they required additional support to get out of the laboratory and on a path toward clinical testing. The PATH programme catalysed those efforts by providing funds as well as logistical and technical support to advance promising projects into clinical development. Having played a crucial role in the late-stage development of the RTS,S/AS01 malaria vaccine (in collaboration with GSK and African research centres), PATH was also a key partner in the pilot introduction of the vaccine. PATH continues to support the Ministries of Health in Ghana, Kenya, and Malawi in their ongoing implementation of the vaccine and is assisting other countries as they prepare to introduce and roll out approved malaria vaccines (RTS,S and R21/Matrix-M). In addition, PATH continues to maintain a diverse malaria vaccine development portfolio that encompasses early-stage, pre-clinical, and clinical projects.

In November, our Co-Chair, Catherine West MP, met with Sally Ethelston, Director of Resource Mobilization and Outreach for Malaria Vaccines at PATH, to discuss the malaria vaccines and to update on the RTS,S malaria vaccine in particular. The meeting included discussion around vaccine supply, access, and roll out, the importance of a whole suite of tools for malaria prevention and eradication, next-generation vaccines, and capacity-building to develop, test, and manufacture vaccines in Africa.



Lord Trees with DNDi's Rachael Crockett, Thi Hanh Cao, and Dr Luis Pizarro

## DNDi

The Drugs for Neglected Diseases *initiative* (DNDi) is an international, not-for-profit research and development organisation and Product Development Partnership (PDP) working with over 200 partners in nearly 50 countries to discover, develop, and deliver affordable and patient-friendly treatments for neglected patients around the world. DNDi's work has already saved millions of lives, delivering nine 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.

In July, our Co-Chair, Lord Trees, met with DNDi's new Executive Director, Dr Luis Pizarro, External Relations Director, Thi Hanh Cao, and Senior Policy and Advocacy Manager, Rachael Crockett. The meeting was the APPG's first meeting with Dr Pizarro who took over from Dr Bernard Pécoul as DNDi's Executive Director last September. It was an opportunity to hear more about DNDi's work and current priorities, and to discuss how and what more the UK can do to support vital research and development into affordable and patient-friendly drugs for neglected patients.



Lord Trees and Harriet Davenport with Uniting to Combat NTDs's Thoko Elphick-Pooley and Louisa Tribe

The meeting focused on the importance of UK support and investment in elimination and control of NTDs, and cross-cutting themes including climate change and pandemic preparedness. The discussion centred around how investment in NTD programmes can create a ripple effect in society, leading to better health, education, and employment outcomes, and supporting pandemic preparedness response.

### Briefings with Ministers

Throughout the year, Members of the APPG attended briefing sessions with Ministers, including a cross-APPG meeting with the APPGs for Water, Sanitation and Hygiene (WASH), HIV and AIDS, and Global Tuberculosis and the Minister for Development, Andrew Mitchell MP, ahead of the United Nations High-Level Meetings held in September on Pandemic Preparedness, Universal Health Coverage, and Tuberculosis, and following the publication of the Government's International Development White Paper in November.

### Uniting to Combat NTDs

Uniting to Combat NTDs is a global advocacy organisation established following the signing of the London Declaration on NTDs in 2012 as a coordination hub, mobilising resources and creating the political will and an enabling environment for change. The organisation has a global network of partners across academic and research institutions, donor countries and the governments of countries in which NTDs are endemic, multilaterals, coalitions, philanthropic foundations, private sector, pharmaceutical industry, youth, and non-governmental organisations.

In July, our Co-Chair, Lord Trees, met with Uniting to Combat NTDs's Executive Director, Thoko Elphick-Pooley and Director of Communications, Louisa Tribe. The meeting followed an introduction at the World Health Organization's Global NTD Programme Partners' Meeting in Geneva in June.

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A former trichiasis surgery patient in Salima, Malawi





A former trichiasis surgery patient in Salima, Malawi

## Statements

Following the publication of this year's World Health Organization World Malaria Report, our Co-Chair Catherine West MP put out a statement on behalf of the APPG:

“The UK’s political leadership, funding contributions, and scientific innovations have historically been at the forefront of the fight against malaria. Yet this year’s World Malaria Report from the World Health Organization indicates that progress continues to stall, with malaria cases on the rise and deaths remaining above pre-pandemic levels. Increasing drug resistance and emerging threats such as climate change are threatening to reverse the great strides taken towards the eradication of this deadly disease. We cannot let years of progress go to waste. The UK must continue to work with its global allies to get the world back on track for meeting our 2030 goals”



Catherine West MP speaks at the WHO World Malaria Report 2023 Parliamentary reception

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# Articles

**British-backed science has once again delivered malaria vaccine success. Now we must ensure it reaches those who need it most.**

In October, following the recommendation by the WHO for R21 for the prevention of malaria in children at risk of the disease, our Vice-Chair James Sunderland MP wrote in ConservativeHome on ensuring the vaccines can reach those who need them most, and paying tribute to the hard work of the incredible scientists who developed them:

The R21 vaccine marks a historic moment in the fight against one of the world's oldest and deadliest killers. For years, malaria has ravaged communities and torn families apart. Millions of lives have been lost – mostly children under the age of five. Countless livelihoods have been destroyed, plunging people into poverty and denying opportunities for education and employment.

**R21 is an incredible achievement, but it is not a silver bullet. We cannot afford to take our foot off the pedal.**

We have won another battle in the war against malaria. And Brits have many reasons to celebrate.

The World Health Organisation (WHO) has announced a policy recommendation on the R21 malaria vaccine, developed by Oxford University's renowned Jenner Institute. After extensive review, a joint advisory group of vaccine and malaria experts have declared the vaccine safe and effective in high-risk settings. Pending licensure, this vaccine will soon be rolled out to protect millions of people from this devastating disease.

Britain's world-leading life sciences sector has once again delivered, and I feel immense pride in our scientists and leaders who have, for decades, been at the forefront of the fight against global infectious disease. In July, I travelled to a community hospital in Malawi and was privileged to meet one of the very first children in the world to have received GSK's RTS,S malaria vaccine which was approved in 2021. With the development of R21, we now have two effective vaccines, and our arsenal of malaria-fighting tools has never looked stronger.

Yet, the job is not done. We must now ensure these vaccines reach those at risk in malaria endemic countries, and we must ensure that their impact is maximised by continuing to develop and deliver a full set of malaria tools and treatments. R21 is an incredible achievement, but it is not a silver bullet. We cannot afford to take our foot off the pedal.

Tragically, malaria mostly impacts young children and pregnant women. It pains me to say that despite immense progress made in the last decade, the disease still claims the life of a child every minute. While visiting antenatal health clinics in Rwanda in my role as Vice-Chairman of the APPG on Malaria and Neglected Tropical Diseases, I spoke with mothers in a daily battle to keep their children safe from malaria and saw the life or death stakes they face. I've seen the challenges of malaria firsthand while travelling worldwide with the Army, and know the physical and psychological toll it takes on people and communities.

**Malaria may seem far from UK shores, but emerging threats like climate change and drug resistance means it is moving ever closer.**

What might not be widely known is that tackling malaria is good for Britain, as well as being crucial to saving lives overseas.

First, there is much to be gained from Britain becoming a science and technology superpower. Over the last decade, the UK has led the way on research into global infectious disease amongst a whole host of other areas. This thriving sector brings jobs and prosperity to our nation. Tackling malaria strengthens our economy and boosts trade both at home and abroad, as reducing malaria incidence by

Malaria may seem far from UK shores, but emerging threats like climate change and drug resistance means it is moving ever closer. Combatting malaria is in our national interest and now is not the time to be complacent about our collective health.

Finally, the millions of lives that Britain has helped to save – through science and through strong political leadership – is something that strengthens our international reputation and relationships with key allies. The UK has a long and proud history as part of the global team creating a safer and better world,

**The UK has a long and proud history as part of the global team creating a safer and better world.**

10 per cent is associated with an average rise of 0.3 per cent GDP per capita. World-leading British science does far more than benefit the recipients of vaccines developed in the UK.

Second, a healthier global population keeps us all safe. It was decades of research into diseases like malaria that allowed British scientists to develop a vaccine against COVID-19 pandemic at unprecedented pace. It is these same scientists who pioneered the COVID response who have now developed the R21 vaccine – proof that investment in the development of vaccines is an investment in preventing future global health crises.

and this latest achievement is something that we, as a nation, can proudly deliver to the world stage. This pride is reflected in the opinion of the British public, who strongly support the UK continuing to play a leading role in the fight against malaria.

I want to pay tribute to the scientists who have dedicated years of research that has culminated in WHO approved vaccines. We now have a second effective vaccine in our arsenal. We have world-leading science capabilities to keep on innovating. We have the backing of the British public. Let's get the job done.



Community members in Salima, Malawi, welcome APPG Members as they visit a trachoma patient's home

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## Letters

Investment in NTDs and NTD programmes is critical to achieving the G7 priorities on universal health coverage and pandemic preparedness and response. In May, ahead of the G7 Summit in Hiroshima, a number of Members joined Uniting to Combat NTDs and cross-Party Parliamentarians from around the world in an open letter to call on G7 Leaders to invest in NTDs.

**Subject:** Open letter to G7 Leaders in advance of the 49th Summit in Hiroshima

**To:** **Fumio Kishida**, Prime Minister, Japan (Host)

**Joe Biden**, President, United States

**Emmanuel Macron**, President, France

**Giorgia Meloni**, Prime Minister, Italy

**Olaf Scholz**, Chancellor, Germany

**Rishi Sunak**, Prime Minister, United Kingdom

**Justin Trudeau**, Prime Minister, Canada

**CC:** Health Ministers and Invited Guests

Dear G7 Leaders,

As the 49th G7 Summit in Hiroshima approaches, we urge G7 Leaders to renew their commitments to end neglected tropical diseases (NTDs) by prioritising bold action and investment to end these diseases once and for all.

NTDs are a group of twenty preventable and treatable diseases that affect more than 1.7 billion people worldwide. These diseases cause untold suffering, can disable, disfigure, and be fatal. In addition to the human toll, NTDs have a significant economic impact, resulting in billions of dollars in associated costs and lost productivity each year.

As parliamentarians and legislators, we are proud of our long history of fighting NTDs. Over the years, these contributions have had a significant impact on people's lives. Incredible progress has been made; 47 countries have eliminated at least one NTD, with several countries having eliminated two, three or four NTDs, and in 2020, 600 million fewer people required interventions against NTDs than in 2010.

Funding NTDs makes good financial sense. Many low-cost interventions for NTDs exist, are affordable to implement in low-income settings, and yield a robust return on investment. Drug donations for interventions like preventive chemotherapy, for example, have been particularly efficacious and cost-effective, with over 19 billion tablets donated by the pharmaceutical industry to deliver the WHO NTD road map so far. The end of NTDs offers a net benefit to affected individuals of about US\$25 for every dollar invested by funders – a 30 percent annualized rate of return.

However, setbacks caused by the COVID-19 pandemic and global economic slowdowns are threatening the progress made to date. Unless sustained action is taken, there is a real risk of a reversal of gains and more people being pushed into poverty due to preventable diseases.

The G7 has a well-established history of taking important action against pressing global health issues and has notably prioritised neglected and poverty-related diseases during past Summits. We commend the G7 for making clear commitments to invest in the prevention and control of NTDs during the 2015 Elmau Summit to help reach critical global elimination targets. These commitments led to expanded support to affected countries and accelerated critical research and development. More recently, we applaud the G7's commitment to strengthening global capacity to prevent, prepare for, and respond to future global health emergencies, especially through the G7 Pact for Pandemic Readiness endorsed in Elmau in 2022.

Investing in NTD programmes is critical to achieving the G7 priorities of universal health coverage (UHC) and pandemic preparedness, prevention, and response (Pandemic PPR) efforts. Global health emergencies, like COVID-19, stem from persistent underinvestment in global health, insufficient disease surveillance, inadequate global data sharing, and weak health systems, compounded by inadequate pandemic preparedness. Investing in fighting ongoing epidemics like NTDs, as well as malaria, HIV, and TB, leads to stronger health systems and workforces that are better equipped to detect and respond to both existing epidemics and future outbreaks of new diseases. Eliminating one or more NTDs also requires the establishment of robust disease surveillance systems, which can also improve early detection of new health threats, allowing for a faster and more effective response.

Equally, the scope and access of NTD programmes to some of the world's poorest communities can provide a gateway to achieving UHC. In some settings, NTD programmes represents a community's first entry point to the health system. Training health workers to provide high-quality treatment, conducting disease surveillance, and encouraging referral to the local health facility helps to strengthen health systems. Investments in NTD programmes expand access to health services to hard-to-reach populations and frees up capacity to address other health issues. As such, we call on the G7 to ensure that NTDs and other infectious diseases are included in new commitments being made, particularly funding for UHC.

When the G7 acts together, they can achieve ambitious goals. We believe that the G7 has a critical role to play in renewing support to end NTDs, and in ensuring that this support is backed by concrete actions and financial commitments. As such, we call on the G7 Leaders to commit to the following:

1. We acknowledge and commend the G7's endorsement of the Kigali Declaration on NTDs, a country-led, landmark political declaration that is mobilising political will, community commitment, resources and action, and securing commitments needed to end suffering caused by NTDs. We call on G7 Leaders to continue to meet their NTD commitments with concrete action and robust resources, to further prioritise NTDs in successive G7 Leaders' Statements, and to champion NTDs at G20 Summits and other high-level political fora.
2. We commend the G7 Leaders' longstanding commitment to achieving universal health coverage (UHC) and for prioritising UHC at the 49th Summit. The scope and access of NTD programmes to some of the world's poorest communities are a gateway to achieving UHC and an indicator for equity. We urge the G7 to advocate for investments in primary healthcare to help reach UHC targets, as well as funding for NTDs as part of new UHC commitments at the UN High-Level Meeting on UHC in September 2023.
3. We commend G7 nations for historic and continued investments in product development and to Research and Development, through partners such as the Global Health Innovative Technology Fund (GHIT) and Drugs for Neglected Diseases Initiative (DNDI). We call on G7 leaders to increase

investments in research and innovation for vaccines, new drugs and diagnostics, to help reach the goals set out in the World Health Organization's NTD road map, as well as financing to ensure access of these innovations and technologies to the most vulnerable populations affected by neglected tropical diseases.

4. We applaud the G7 for strengthening their investment in pandemic prevention, preparedness, and response. Investing in fighting ongoing epidemics – including NTDs, malaria, HIV, and TB – is critical to strengthening the world's capacity to prepare for future pandemics. We call on the G7 to advocate for control and prevention of current epidemics, particularly NTDs, as part of the UN High-Level Meeting on Pandemic Prevention, Preparedness and Response in September 2023.
5. We celebrate the financial commitments G7 countries have made against NTDs, and we call on G7 leaders to sustain or increase bilateral and multilateral support to low- and middle-income countries, and to commit to establishing accountability mechanisms to track these commitments. Such support will help to ensure that these countries have the resources they need to address the NTD crisis and prevent future outbreaks.

In conclusion, we urge G7 Leaders to prioritise action and investment towards ending NTDs. This critical issue requires urgent attention and global cooperation to prevent further harm to individuals and communities. The NTD crisis not only affects public health but also has a significant economic impact. If left unaddressed, it will drive more people into poverty and reverse decades worth of progress. Tackling NTDs is essential to G7 priorities to improve Pandemic PPR and the achievement of UHC.

You can count on our support as Global Parliamentarians to be champions, alongside each of you, of a more equitable and just world for all. We must work together to end NTDs.

Sincerely,

Hon. Rozaina Adam, Member of Parliament, Maldives

Hon. Njume Peter Ambang, Founder and Executive President of Parliamentary Network for Sustainable Development Goals, National Assembly of Cameroon, Cameroon

Hon. Dr. Kozo Akino, State Minister of Finance, Member of the House of Councillors, Japan

Dr. Éctor Jaime Ramírez Barba, MD, PhD, Federal Deputy, Mexico

**The Baroness Barker, Member of the House of Lords, United Kingdom**

Petra Bayr MP, Chairperson of the Sub-Committee for Development and Cooperation, National Assembly, Austria

Dr. Angela Brown-Burke, Member of Parliament, Jamaica

Hon. Fabio Massimo Castaldo, Member of the European Parliament, Italy

Amb. Akua Sena Dansua, Global Board Member and Regional Chair, West and Central Africa of UNITE Parliamentarians Network for Global Health, Ghana

**Patrick Grady MP, Member of Parliament, United Kingdom**

Hon. Benjamin Okezie Kalu, Member of Parliament, Nigeria

Hon. Cde Eleven Kambizi, Senator, Zimbabwe

Dr. Georg Kippels, MdB, Member of the German Bundestag, Germany

Hon. Dr Ayano Kunimitsu, Member of the House of Representatives, Japan

**Pauline Latham OBE MP, Member of Parliament, United Kingdom**

**Jeremy Lefroy, Former MP and Chair of the APPG on Malaria and NTDs (2010-2019), United Kingdom**

Sen. Emilio Álvarez Icaza Longoria, Senator, Mexico

Hon. Rosette Christine Mutambi, Member of Parliament, Uganda

Hon. Mbonyor Naomi Ngando, Member of Parliament for Ndu, Education Committee, Cameroon

Prof António Rosário Niquice, Member of Parliament and Chair of Budget Committee, Mozambique

Dip. Saraí Núñez-Cerón, Diputada Federal de la República Mexicana, Mexico

**Rt Hon. Sir Stephen R O'Brien KBE, Former UK International Development Minister, Former United Nations Under-Secretary-General for Humanitarian Affairs & Emergency Relief Coordinator**

Senator Dr Ibrahim Yahaya Oloriegbe, Chairman, Senate Committee on Health, Nigeria

Jorge Luis Mazorra Ortiz, Member of Parliament, Cuba

Hon. Esther M Passaris OGW, Member of Parliament, Kenya

Hon. Syed Naveed Qamar, Commerce Minister of Pakistan, President PGA, Pakistan

Congressman Fabio J. Quetglas, Member of National Congress, Argentina

Hon. Marko Raidza, Member of Parliament, Zimbabwe

Senator Mohamed-Iqbal Ravalia, Senator, Canada

Gustavo Rivera, State Senator, New York, USA

Prof. Pedro Ruiz-Castell, Member of the Valencian Parliament, Spain

José Ignacio Echániz Salgado, Member of Parliament, Spain

Marta Pilar Bravo Salinas, Member of the Chamber of Deputies, Chile

Dr. Esther Cuesta Santana, Member of the National Assembly and Legislator, Ecuador

**The Baroness Sugg CBE, Member of the House of Lords, United Kingdom**

**James Sunderland MP, Member of Parliament, United Kingdom**

**Alison Thewliss MP, Member of Parliament, United Kingdom**

**Prof. The Lord Alexander Trees, Crossbench Peer, House of Lords, United Kingdom**

Prof. Dr. Andrew Ullmann, Member of the German Bundestag, Germany

Hon. Larry P. Younquoi, House of Representatives, Liberia

You can read the letter, [here](#)<sup>11</sup>. It was also published in Politics Home.

<sup>11</sup> <https://unitingtocombatntds.org/en/news-and-views/parliamentarians-call-on-g7-leaders-to-invest-in-ntds/>

# Reports

## **The Race Against Resistance: what it means for affected communities in the Global South and global health security**

Following the meeting in March on how the UK can best support the fight against drug and insecticide resistance, the APPG partnered with Malaria No More UK on a short report, which begins to highlight some of the key challenges and solutions to the growing problem of resistance. Our Co-Chair Catherine West MP provided the foreword:

Resistance to drugs and insecticides is one of the most pressing threats facing humanity today. Some of the key global health interventions are already becoming less effective at preventing and treating infectious disease.

As the Chair of the APPG on Malaria and Neglected Tropical Diseases, I have seen first-hand the progress that has been made against some of the world's oldest and deadliest diseases in the past twenty years. The difference that tools like insecticide-treated nets and antimalarial drugs make to endemic communities is remarkable.

But we know that these tools are becoming less effective due to the increasing challenge of drug and insecticide resistance. And resistance is a growing threat across a number of other diseases – both here

in the UK and further afield. It is imperative that we act now to prevent the world from losing the gains against infectious diseases made in recent years.

Against the backdrop of the COVID-19 pandemic, we know that tackling global health security threats is more important than ever. The pandemic showed us that strong, resilient health systems are the building blocks of the response to global health emergencies. To secure our health security, the UK must play a part in strengthening health systems all around the world: in the words of one of the participants of the discussion on which this report is based, 'no-one is safe until everyone is safe.'

This report is based on an APPG roundtable discussion between Parliamentarians and experts from across global health, civil society, scientists, researchers and advocates. The discussion was fascinating and urgent, and the report begins to highlight some of the key challenges and solutions to the growing problem of resistance.

This defining issue of our time requires more extensive discussion than can be covered within one short report. I hope that our discussion and report can provide a starting place for an ongoing conversation. The UK has a role to play in tackling resistance here at home and across the world. With renewed commitment, the UK can rise to the challenge of resistance, and, alongside our global partners, bring about the end of diseases like malaria.

You can read the report in full, [here](#)<sup>12</sup>.

<sup>12</sup> <https://malarianomore.org.uk/sites/default/files/APPG%20The%20Race%20Against%20Resistance.pdf>

## Parliamentary Delegation to Malawi

Following the APPG's visit to Malawi in July, we published a report which included detail on the organisations and programmes we visited and also some proposals for UK action. Our Co-Chair Catherine West, who travelled as part of the delegation, provided the foreword:

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

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

We had an incredibly tight schedule, but were able to travel to many different projects – we saw a baby being given her first dose of the ground-breaking RTS,S malaria vaccine and met one of the first children in the world to have been given the vaccine; we met individuals who had recovered from eye surgery to treat years of blindness as a result of

trachoma; we saw a whole community energised by an indoor residual spray campaign which had significantly reduced cases of malaria. We were also able to meet with dedicated scientists and researchers from all over the world, coming together to find new and innovative ways to treat and eliminate disease – the Malawi Liverpool Wellcome Programme being a real example of collaboration to deliver global impact and influence.

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

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

Following the visit, the Group made the following proposals for UK action and support for the control, treatment, and eradication of malaria and NTDs:

1. Over the last decade, the UK has led the way on research into global infectious disease – playing a pivotal role, for example, in the development of new malaria vaccines, RTS,S and R21. The UK's thriving scientific research and innovation sector must continue to be world-leading and supported through long-term, sustainable UK funding and investment.
2. The UK should take a lead in building and supporting R&D and manufacturing capacity across the African continent, drawing on the success of the Malawi Liverpool Wellcome Programme. Funding for these localised approaches generates long-lasting, sustainable dividends for health and wealth.
3. The Global Fund to Fight AIDS, Tuberculosis and Malaria contributes 65 per cent of all international financing for malaria control and elimination and over 40 per cent of malaria financing in Malawi. The UK should return to a full contribution to the Global Fund as soon as possible to ensure we are not pushed further off track in our global eradication goals, and the UK should strongly support other key multilaterals including Unitaid and Gavi, the Vaccine Alliance.

4. The successful elimination of trachoma in Malawi demonstrates the immense value of cross-sector partnerships and collaboration. Building on the Kigali Declaration's call for comprehensive NTD programmes, the UK should champion the adoption of comprehensive, partnership-driven strategies to eliminate NTDs within UK aid and broader global health policies, programmes, and investments, and should resume support and funding for cross-sectoral collaborations.
5. Cyclone Freddy had a devastating impact on Malawi, damaging critical infrastructure and contributing to a rise in cases of cholera with the resulting floods and stagnant water also creating ideal locations for mosquitoes to breed. The UK should support efforts to mitigate the impact of climate change and changes to the natural environment on malaria and NTDs.

You can read the report in full, [here](#)<sup>13</sup>.

<sup>13</sup> [https://malarianomore.org.uk/sites/default/files/appg\\_malaria\\_A4-report\\_malawi-july-2023\\_draft\\_V15\\_low-res\\_spreads.pdf](https://malarianomore.org.uk/sites/default/files/appg_malaria_A4-report_malawi-july-2023_draft_V15_low-res_spreads.pdf)

# Parliamentary debates, contributions, and questions

## Debates

### Global Fund: Supplementary Funding

In March, to coincide with International Women's Day, Dan Carden MP led an adjournment debate on supplementary funding for the Global Fund:

**Dan Carden MP:** It is a pleasure to have secured the Adjournment debate this evening on supplementary funding of the Global Fund, a subject that I am passionate about, and one that I know the Minister responding is, too. I want to start by paying tribute to the organisations that work tirelessly and diligently on these matters, including Malaria No More and STOPAIDS, which have advocated throughout the replenishment period for the UK to meet the Global Fund's funding target.

I would like to begin by describing the work of the Global Fund and highlighting its impact in saving lives across the countries that it operates in. In 2002, the Global Fund was created to fight what were then the deadliest pandemics confronting humanity: HIV and AIDS, tuberculosis and malaria – diseases that are all treatable and preventable; diseases of poverty and inequality; diseases which at that point seemed truly unbeatable. Bringing together civic society organisations, the private sector, Governments and local communities, the Global Fund has proven that, with collaboration and the correct investment, action can be taken to improve lives.

The results have been stark. In the 20 years following the initiation of the fund, 50 million lives have been saved. The number of deaths caused each year by AIDS, tuberculosis and malaria has decreased by 70%, 21% and 26% respectively since 2002. Yet those numbers alone paint only a partial picture,

because the fund helps to better the livelihoods of families and communities around the world. Every dollar invested for the Global Fund's seventh replenishment will yield an astonishing \$31 in health gains and economic returns.

The Global Fund targets countries in the greatest need. Countries in Africa receive about three quarters of the Global Fund investments, and Commonwealth countries receive about half. The Global Fund promotes gender equality, strengthens health systems and allows children to gain an education. It is perhaps the most successful initiative the Foreign, Commonwealth and Development Office supports, and it demonstrates to the international community our efforts to end AIDS, tuberculosis and malaria epidemics in line with UN sustainable development goal 3.3. Its success was highlighted by the Independent Commission for Aid Impact, which praised the fund for its low operating expenditure, saying that it represents the best "value for money" of any UK development assistance initiative. Indeed, the Minister himself said that the Global Fund is "brilliantly effective." In his time as a Back Bencher, the Minister urged the Government to ensure that we are as generous as possible on the replenishment of the fund and he is now in the perfect position to ensure that the Government are as generous as possible. He knows the Global Fund can only be as effective as it is if it is properly funded.

I want to highlight one example of the programme in action. I would like to speak about Krystal. Krystal is a field entomologist in Uganda. Her story is particularly relevant on International Women's Day, as malaria has a disproportionate impact on women and young children, and in particular on pregnant women. She collects mosquito samples, which are then studied to develop genetic technology that can interrupt malaria transmission. Krystal's fight against malaria is not just professional, it is personal. She remembers the horrors of having malaria as a

child, her little brother convulsing with the disease, and her mother struggling to afford the treatment for her children. When Krystal and her two brothers were growing up, their mother worked to support the family. When one of her children got malaria, she was left with the impossible decision of whether to stay home to care for her sick child, or go to work to earn the money to look after her family and pay for treatment. Krystal says that the Global Fund's arrival in Uganda was a game changer. She said: "I remember what it was like when the Global Fund came to Uganda. They brought free malaria treatment to hospitals, free mosquito nets that protected children and their families, and funded village health teams."

In Uganda, deaths from malaria fell by almost two thirds between 2002 and 2020, while the percentage of people using long-lasting insecticidal nets almost doubled over the same period. In 2020, almost every person in Uganda with suspected malaria received a test. That accomplishment was only possible with the intervention of the Global Fund and Krystal's story is one example of the outstanding work the Global Fund carries out. There are many more.

**Charlotte Nichols MP:** I would like to share another example. I was recently in Kenya on a delegation with STOPAIDS. At the Ngong Sub-County Hospital just outside Nairobi, I met Abigail, a two-year-old child. Her mother was HIV-positive and had been supported through a programme funded by the Global Fund which provides what are called Mentor Mothers. That meant her mum got peer support for two years – not only for the period of her pregnancy, but until Abigail was two – to make sure she was taking her antiretroviral tablets and her daughter was taking the prophylactic treatment that was needed because her mum was breastfeeding. Now, as a two-year-old, Abigail is HIV-free, despite being born to a mother who was HIV-positive and who had not been complying with treatment earlier on. Does my hon. Friend agree that the Government can put a cost on these sorts of interventions, but they cannot necessarily put a value on them? They are hugely important.

**Dan Carden MP:** I am very grateful to my hon. Friend. I am glad she had the opportunity to get that on the record. Let me turn to the UK's most recent funding contribution. At the seventh replenishment in 2022, the UK Government pledged £1 billion to the Global Fund – a significant 30% cut to the UK's 2019 pledge of £1.4 billion. The US, Japan, Canada, Germany, the European Commission and several other contributors met the Global Fund's request for a 30% increase from 2019. France increased its contribution by 23% and Italy by 15%. However, the UK – alone – went in the opposite direction. The UK was the only G7 member to cut funding in 2022. Mike Podmore, the director of STOPAIDS, said that it was a "disastrous decision" that risks the lives of 1.5 million people and "over 34.5 million new transmissions across the three diseases, setting back years of progress".

**Patrick Grady MP:** I congratulate the hon. Member on securing the debate. Is not the point precisely that the kind of interventions that the Global Fund make are preventive spends? If those lives are not saved or if people continue to contract those diseases and there is not further research into them, in the longer term it will cost more to deal with the consequences of not reducing the infection rate. It is a false economy. The Government talk about making their diminishing aid budget work smarter and harder. Surely, that kind of preventive spend is a smart and hard way of working?

**Dan Carden MP:** Absolutely, I agree. We know what is needed. Analysis has calculated that \$18 billion is required to get the world back on track towards ending HIV, tuberculosis and malaria, to build resilience and sustainable health systems and to strengthen pandemic preparedness. The Global Fund is more than \$2 billion short of reaching that \$18 billion target. At the sixth replenishment, the UK was the second biggest donor. Now, the UK's reduction in funding is the biggest contribution to the shortfall.

Now is possibly the worst time to be cutting funding following the coronavirus pandemic, which had a drastic impact on the ability to test for infectious diseases. In 2020, for the first time in the Global Fund's history, we witnessed declines in key outcomes across all three diseases. Decreases in testing led to increases in infections, undoing years of progress. That is exactly what the statistics tell us: HIV testing fell by 22% and prevention services by 11%. In 2020, TB deaths increased, fuelled by a surge in the number of undiagnosed and untreated cases. The number of people tested for drug-resistant TB dropped 19%, and the number of people treated for TB fell by more than 1 million. Malaria testing fell by 4%. Now is not the time to reduce our commitments to the developing world; it is the time to redouble our efforts.

As co-founder of the Global Fund with permanent representation on the board, the UK is uniquely placed to direct policy and act as a leader in the field. We should do everything we can to strengthen that position, not undermine it. I ask the Minister, who is a champion of the Global Fund, to continue to be both vocal and resolute in his calls to his Cabinet colleagues.

Let me turn to the reasons that the UK decreased its contribution to the fund at the most recent replenishment. We were made aware in the autumn statement that the Chancellor had decided that the aid budget would not be restored to 0.7% of gross national income until "the fiscal situation allows". The Government have been unclear on when the international aid budget will be increased again, if at all. The Home Office is now appropriating funds to host refugees, and only 0.3% of GNI is being spent on official development assistance – a smaller percentage than before 1997. That means less funding for the UK's long-standing international aid commitments such as the Global Fund.

No other G7 country used the economic impact of the covid-19 pandemic to reduce its contribution to the Global Fund, but that is exactly the action that the UK Government have taken. Will the Minister share with the House what discussions he has had with Treasury colleagues about the urgent need to return the aid budget to 0.7%? What conversations has he had with FCD, Treasury and Home Office colleagues about increasing the transparency of the aid budget spending that is allocated domestically? I have written to the Treasury on that point, but I hope his discussions have been more productive than mine.

The development budget – the pot of money we put aside to help the world's poorest people – is being squeezed from every angle. Not only was it slashed by almost a third, but other Departments are now able to use the fund to cover shortfalls. The Minister should consider whether it is accurate to say that we are spending even 0.5% on international aid, when such a huge proportion of the pot is being spent domestically rather than on helping people facing enormous hardship across the world. I hope that ahead of next week's Budget he has been lobbying hard for more money. The bottom line is that the UK was the only major donor that failed to deliver the same level of funding as in the previous replenishment, let alone the increase that was requested.

As we have seen in recent years, marginalised communities will suffer the most as a result of UK ODA cuts. These decisions have a drastic impact on infections and deaths from HIV, TB and malaria. We must explore what our country can do to ensure that our international obligations are met. Although of course those obligations involve replenishing the Global Fund, I remind the House that they must extend further.

If we are to ensure that the poorest countries have the resources to fund healthcare fully for their populations, we need to end the crippling debt crisis faced by more than 50 countries worldwide. As agencies such as the Catholic Agency for Overseas Development are warning, debt levels for low-income countries are at their highest for 20 years. Countries are being forced to choose between spending on debt servicing and spending on healthcare. The focus of this debate is the Global Fund, but let us not forget that there are actions that the UK Government can and must take to tackle the growing debt crisis. If we want to increase financing for healthcare in the poorest countries, action on debt is essential.

Let me return to the Global Fund. In the current resource-limited setting, it is vital that the UK ensures value for money and capitalises on the match-funding arrangements with the US for the seventh replenishment, under which the US will provide a 50% match for every additional £1 that the UK contributes. Supplementary funding to the Global Fund has the potential to unlock significant matched funding from the US and drive the delivery of the UK's international development strategy, so the Government should be exploring the allocation of additional funding to the Global Fund in the upcoming Budget and beyond. I urge the Minister to listen to this call.

Finally, it is International Women's Day. It is important to recognise that women and girls continue to be disproportionately affected by ill health as a result of AIDS, TB and malaria. AIDS-related conditions are the leading cause of death for women of reproductive age globally, and approximately one third of all pregnant women in sub-Saharan Africa suffer from malaria. Thanks to the Global Fund's investments, more than 85% of pregnant women living with HIV now have access to medicine.

**Rt Hon Andrew Mitchell MP (Minister for Development):** I congratulate the hon. Member for Liverpool, Walton (Dan Carden) on securing this debate. It is a pleasure to respond on behalf of the Government. Let me say at the outset how much we appreciate the work of the Global Fund's executive director Peter Sands and his team, whom I saw recently in Geneva. He, along with others, has significantly reformed the Global Fund, with which I was involved 10 years ago. It is now going from strength to strength. As the hon. Gentleman said, this spending is among the very best of the development expenditure that the British taxpayer generously provides.

Given the impacts of the pandemic and Russia's barbaric attack on Ukraine, the UK's aid budget currently sits at about 0.55% of gross national income. That equated to more than £11 billion in 2021, and we are proud to remain one of the world's biggest aid donors. Over the past 18 months, the UK has acted decisively and compassionately to help the people of Ukraine and Afghanistan to escape oppression and conflict and to find refuge in the UK. We report all aid spending in line with the OECD rules, which allow funds to be spent on food and shelter for asylum seekers and refugees during their first year in the UK. That point was raised by the hon. Gentleman.

This support has put significant pressure on the aid budget, which is why the Treasury has agreed to provide an additional £2.5 billion of official development assistance over two years. Even with that extra money, we are having to make difficult decisions to manage our aid spending this year and next. Our decisions and approach to spending are guided by the international development strategy. That means focusing our work on the priorities set out in the strategy, including women and girls and global health, both of which the hon. Gentleman cited with approval. We will do this in a way that maximises the positive impact we can have, and our ability to respond to crises.



Organisations such as the Global Fund remain essential partners for the achievement of our goals. The UK joined with others to create the Global Fund because we refused to accept the loss of millions of lives every year to AIDS, TB and malaria – diseases that are both preventable and treatable. The fund's achievements are nothing short of extraordinary. Over the last 20 years, it has saved 50 million lives, cut the death rate from those three diseases by more than half, invested billions in healthcare systems, and played a crucial role in the protection of key populations and women and girls – a point made by the hon. Gentleman towards the end of his speech.

The UK is an important partner in the Global Fund's success. We are its third largest donor. We have contributed more than £4.5 billion to the fund to date, and we continue to back its vital, life-saving work. In November, I announced our significant contribution of £1,000 million to the fund's seventh replenishment. This will support critical programmes through to 2025, helping us to get back on track to end AIDS, TB and malaria. The UK's pledge will help to save an estimated 1.2 million lives, while preventing 28 million new cases and infections. Not only will that funding help the diagnosis, treatment and prevention of those three diseases, but it will boost work to tackle the stigma and discrimination that are driving the epidemics, reaching 3 million people in key populations through prevention programmes. It will help community workers to find those at greatest risk, and it will be used to invest in innovative research and development work. That includes tackling the growing resistance to drugs and insecticides that threatens the fight against malaria.

We have invested about £400 million in product development partnerships, harnessing the best of British scientific excellence to fight diseases of poverty, and our £500 million investment in Unitaid supported innovations that cut the cost of the best paediatric HIV medicines by 75%. As I made clear in the international development strategy, we will continue to push for multilateral reform, including

greater collaboration between health agencies at global, country and local level. The UK remains a determined leader, not only through our financing but through our valuable country partnerships, our expertise and our power to convene others. We are pleased that the Global Fund and Unitaid have been building on their partnership.

The Global Fund is key to our strategy to end the preventable deaths of mothers, babies and children. The majority of its investment is in Africa, where a child dies every minute of malaria and where one in three pregnant women risks catching malaria, putting them and their baby at risk. It also invests in strong and inclusive health systems. One third of the UK's contribution to the Global Fund will help to support and strengthen formal and community health systems, improving data tracking, getting medical supplies to clinics in remote areas and helping community health workers to meet the needs of their local communities.

Building on the experience of the fight against Covid-19, the Global Fund supports work to prepare for and respond to pandemics. For example, it invests in building laboratory networks that were the bedrock of the covid-19 testing programmes. The fund raised \$5 billion in two years to fight covid, leading work in lower-income countries on diagnosis and treatment. But this is about more than money to fight diseases; it is about addressing wider global challenges, from conflict to climate change.

**Dan Carden MP:** The Minister and I agree that the Global Fund is a very good thing. We have had two years of progress, increased testing and reduction in diseases, and in the end we are hopeful of eradicating those diseases for good. Will the Minister continue to watch that progress? At the minute, statistics suggest that we are sliding backwards – something we cannot afford to do. If that is what the evidence suggests this year and next year, will he push for more funding? Will he also touch on the point about the United States' match funding, which makes this such a good investment for the FCDO?

**Rt Hon Andrew Mitchell MP (Minister for Development):** The hon. Gentleman is absolutely right to point out the huge benefits of the generous offer from the United States, which, along with Britain, has been one of the two core countries for the Global Fund. On his request that I keep this spending and the results under review, he may rest assured that I certainly will.

The Global Fund has kept health services going in conflict zones from Afghanistan to Ukraine. It has provided \$25 million in emergency funding to Ukraine, which has been used to deploy doctors and mobile clinics. It has supported healthcare for those suffering from climate-related disasters in Pakistan and Somalia.

Addressing gender and human rights barriers is an integral part of the Global Fund's strategy for the next five years, ensuring that life-changing services are available for all, regardless of gender, age, sexual orientation or income. Some 60% of the Global Fund's investments go towards protecting women and girls. The UK continues to champion those values in all our work. As the hon. Gentleman indicated, today we celebrate International Women's Day, and this morning we published our strategy, which puts women and girls at the heart of pretty much everything the Foreign Office does. We will stand up for them at every opportunity, work with our partners who do the same and counter any rollback in women's rights and freedoms around the world.

We are increasing our ambition, because threats to gender equality are mounting and because women and girls continue to be at particular risk from diseases such as HIV and malaria. Over the next year, global leaders will come together for UN high-level meetings on universal health coverage, tuberculosis, and pandemic preparedness and response. The Global Fund is an important partner to the UK in helping to advance those priorities.

To conclude, we have no doubt of the huge importance and value of the work of the Global Fund. We will fulfil our sixth replenishment pledge. This is an outstandingly successful partnership,

which is why the Foreign Secretary, the Chancellor and I very carefully considered our £1,000 million pledge to the seventh replenishment, for all the reasons that the hon. Member for Liverpool, Walton has set out so eloquently.

We balance the needs of the fight against AIDS, tuberculosis and malaria against the many other demands on the aid budget, guided by the priorities of the international development strategy. We can all be proud of our commitment and the difference this pledge will make to millions of people around the world, helping to end those three diseases that shatter lives and to build a better, safer world for all.

The hon. Gentleman asked me about the discussions on transparency with the Home Office. A new cross-Whitehall committee, co-chaired by myself and the Chief Secretary to the Treasury, will bear down on the quality of ODA spent throughout the Whitehall system. He asked about discussions with the Treasury on these matters and on ODA generally. I assure him that, short of camping under the Chancellor of the Exchequer's bed, I could not lobby more than I am.

**Charlotte Nichols MP:** The Minister has outlined brilliantly all the great things the Global Fund does, but as we have cut our replenishment funding, has the Department made an assessment of what that loss will mean, in terms of the inability to meet some of this need?

**Rt Hon Andrew Mitchell MP (Minister for Development):** We look incredibly carefully at the results our taxpayers are buying with their contribution. The contribution we have made of £1,000 million is a significant one, given the constrained circumstances that we and others around the world find ourselves in. We have made a contribution at that level for precisely the reasons set out by the hon. Lady and the hon. Member for Liverpool, Walton, in what I think you will agree, Madam Deputy Speaker, has been a most interesting and illuminative debate.

## Spoken contributions in the House of Commons, the House of Lords, and at Committees

In March, in a House of Lords debate to coincide with International Women's Day, Member Lord Browne of Ladyton spoke about the impact of malaria on women and girls:

**Lord Browne of Ladyton:** Globally, women and girls bear the most severe consequences of sickness and poverty. Malaria is just such a case, where women and girls not only are more vulnerable to the disease itself – it causes an estimated 50,000 maternal deaths and 200,000 stillbirths every year in sub-Saharan Africa – but act as the first caregivers and healthcare providers when family members fall ill. Like Covid, malaria is a global challenge we have in common, but a common challenge that has asymmetric effects. In the context of this debate, it is also a field in which female scientists, community organisers and aid workers are taking a lead. Through its participation in multilateral institutions such as the Global Fund and Unitaid, the UK has contributed to a dramatic improvement in the international picture, with 10 million lives saved and more than a billion cases prevented.

In appreciating this, it is particularly heartening that so many British and British-backed women are in the vanguard of the malaria fight. It is always invidious to single out individuals from a truly collective effort, but from the work of Professor Katie Ewer at the Jenner Institute and Dr Cristina Donini at the Medicines for Malaria Venture, to those on the ground such as Suzy Haylock, who has spent 20 years of her life as a community health worker in Honduras providing testing and treatment, the anti-malaria effort exemplifies what can be achieved when women are empowered and given the space and resources they need to devise solutions to a truly global issue.

In March, in FCDO Oral Questions, Vice-Chair James Sunderland MP raised UK support for the Commonwealth goal of ending malaria by 2030:

**James Sunderland MP:** One of the biggest barriers to education worldwide is poor health. In 2021, more than 600,000 people worldwide died of malaria. Will the Minister please commit to renewing the UK Government's commitment towards meeting the 2030 Commonwealth goal of ending malaria? Will he also provide maximum support to the Global Fund?

**Rt Hon Andrew Mitchell MP (Minister for Development):** As my hon. Friend knows, we committed to the latest Global Fund replenishment a sum of £1,000 million, so we are right behind the aspirations that he has expressed. A child dies every minute from malaria, entirely needlessly. Dealing with that is a top priority for the Government.

In March, in the House of Lords debate on the Integrated Review Refresh, Member Lord Browne of Ladyton raised the threat of drug resistance:

**Lord Browne of Ladyton:** My Lords, I too welcome the integrated review and note that paragraph 28 on page 28 confirms the Government's commitment to the fourth overarching priority of the 2022 international development strategy, which includes supporting global health. The Minister will be aware, as I know his department is, that drug resistance poses an increasingly significant and global threat to tackling global health risks of all kinds, including TB, malaria and HIV. So, while we await the global health framework refresh for the detail of the Government's support for global health, can the Minister confirm that it will include commitments both to restore the cut in funding to Unitaid of nearly £250 million and to follow our G7 allies – the US, Japan and Germany – and pay in full the 29% increase in funding that the Global Fund to Fight AIDS, Tuberculosis and Malaria called for, which will mean, in our case, making up a shortfall of £800 million?

In July, in FCDO Oral Questions, Vice-Chair James Sunderland MP asked about the spread of malaria beyond its predominant endemic regions:

**James Sunderland MP:** Evidence suggests that malaria is on the move; it has appeared in parts of the US and is creeping across Europe. Can the Foreign Office please confirm that it is serious about eradicating malaria and neglected tropical diseases across the world, and say what plans are being taken, if any, to keep British people safe?

**Rt Hon Andrew Mitchell MP (Minister for Development):** My hon. Friend is entirely right. I was recently in Mozambique, where they had managed to cut malaria infection by 50%, but we saw that climate change is now leading to its increasing again. We will do everything we can to make sure that what had previously been a successful policy of malaria eradication gets back on track as soon as possible.

In July, the APPG on Global Tuberculosis's Co-Chair and our Vice-Chair, Virendra Sharma MP, led a Westminster Hall debate on the United Nations High-Level Meetings on Pandemic Preparedness, Universal Health Coverage, and Tuberculosis during which a number of Members spoke on issues relating to malaria and NTDs, including water, sanitation, and hygiene, pandemic preparedness and response, the UN Sustainable Development Goals, and universal health coverage.

In October, Vice-Chair Tan Dhesi MP led a Westminster Hall debate on debt in Africa during which a number of Members spoke including Patrick Grady MP who spoke of the APPG's visit to Malawi:

**Patrick Grady MP:** The hon. Member for Slough and I were both in Malawi this year – I refer to our entries in the Register of Members' Financial Interests – with the all-party parliamentary group on malaria and neglected tropical diseases. Malawi is one of those 21 African countries we heard about that are in, or at high risk of, debt distress. Its external debt effectively tripled between 2009 and 2021, and we can see the impact of that simply in the country's inability to get moving; there is a need for infrastructure, and it is simply unable to leverage the resources.

**Tanmanjeet Singh Dhesi MP:** The SNP spokesman, the hon. Member for Glasgow North (Patrick Grady), mentioned our recent visit to Africa, where we looked into the effects of malaria and neglected tropical diseases, and at how the growth of African nations is being hampered. We spoke at length to other stakeholders about that. He spoke about the need for co-operation from private sector creditors that are charging higher interest rates, which the Government need to address.

In October, Dr Matthew Offord MP led a Westminster Hall debate on Water, Sanitation and Hygiene and sustainable development during which a number of Members spoke including Patrick Grady MP, who raised the APPG's visit to Malawi and the country's successful elimination of trachoma, and International Development Select Committee Chair, Sarah Champion MP, who raised FGS:

**Sarah Champion MP:** It is a pleasure to serve under your chairship, Mrs Latham. You are the perfect person to be chairing this sitting, as I believe that you have served on the International Development Committee for 12 years now. Thirteen years – let me correct myself. You probably know more about this issue than any of us in the Chamber, so I am grateful that you are here today.

I congratulate the hon. Member for Hendon (Dr Offord) on securing the debate. I have been reminded of our trip to Uganda together many years ago; I know that his absolute passion for low and middle-income countries has stemmed from that. He has been a true champion of the cause ever since, and I thank him for that.

Access to clean water, sanitation and hygiene is one of the most basic human needs and is fundamental for development. The importance of global action in this area is set out in the UN sustainable development goal 6, which is about working towards clean water and sanitation for all. The International Development Committee, which I chair, held an evidence session on this topic – known by its acronym WASH – in March this year. We heard about the devastating impact of the lack of access to WASH on the world's poorest people and the most marginalised groups. It is crucial that we continue to shed light on this problem, which can have devastating impacts on those living in lower-income countries across the world.

According to a joint report from the World Health Organisation and UNICEF, in 2022 2.2 billion people lacked access to safely managed drinking water, 2 billion people lacked access to basic hygiene services and 3.5 billion people still lacked access to safely managed sanitation. It is hard to comprehend the scale of those figures or the cost of that inaction. A lack of access to clean water, sanitation and hygiene has serious consequences for health and wellbeing. It increases the risk of diseases such as cholera, dysentery, typhoid and polio.

According to the US Centers for Disease Control and Prevention, a lack of access to WASH contributes globally each year to 3 million cases of cholera, resulting in an estimated 95,000 cholera deaths. In recent days, Zimbabwe has banned large gatherings as the threat of a cholera outbreak grows. The problem will only get worse with water shortages and poor sanitation systems. Those problems also contribute to 11 million cases of typhoid fever, resulting in 129,000 deaths; and 1.7 billion cases of diarrhoea among children younger than five, resulting in an estimated 446,000 deaths.

As the hon. Member for Hendon said, women and girls suffer most acutely from a lack of access to WASH. According to Water Witness, women and girls spend a total of 200 million hours fetching household water each day. My Committee heard that in hilly areas of Nepal, for example, women have to wake up at 3 am to collect water and return home before beginning their daily household tasks as the primary carer. That reduces their ability to attend school and work, and limits their political, social and economic participation.

In certain regions, water collection can increase the risk of women contracting diseases. As part of our inquiry into the FCDO's approach to sexual and reproductive health, my Committee heard that women risk getting infected with the neglected tropical disease, female genital schistosomiasis – I am very happy for you to correct my pronunciation of that, Mrs Latham – through snails carrying parasites in bodies of water. It is a serious and painful condition, which also increases the risk of contracting HIV.

UNICEF and the WHO have found that half of the world's healthcare facilities do not have basic hygiene services, rising to two thirds across the least developed countries. That meant that in 2021, 3.85 billion people lacked basic hygiene services at their healthcare facilities, 1.7 billion lacked basic water services and 780 million had facilities with no sanitation services.

Practising hygiene during antenatal care, labour and birth reduces the risk of infection, sepsis and death for children and their mothers. Right now, there are pregnant women receiving care and giving birth in places without basic access to clean water, soap and sanitation. WaterAid told my Committee that babies born in hospitals in low and middle-income countries are up to 20 times more likely to develop neonatal sepsis than hospital-born babies in high-income countries such as the UK. Those are shocking statistics, which emphasise starkly the global inequality of the issue.

Efforts across the world to achieve access to clean water and sanitation for all are being set back by climate change. Natural disasters such as floods and earthquakes destroy and damage water and sanitation infrastructure, and pollute water sources. My Committee heard that in coastal regions, due to sea level rises, saline contamination of water is increasing in countries such as Bangladesh. Saline water is a breeding ground for cholera. The UN also recognises that water shortages undercut food security and the income of rural farmers. Farmers often use waste water because it is the only reliable supply of water, which then increases the risk of infection for both farm workers and those who consume their crops. This is an act of desperation: 34 million people are facing acute levels of food insecurity in 2023.

On top of that, there is a vicious cycle of conflict and water scarcity that we must work to break. Scarcity of access to water is increasingly recognised as the likely multiplier of conflict, and it contributes to the creation of refugees. That conflict then increases the likelihood of destruction of water supply systems, and so the cycle continues.

As we speak, we know that the people of Gaza have limited access to water, and nearby Jordan is now the second most water-scarce country in the world. Jordan's resources are stretched by instability in the region, and it needs a sustainable strategy for long-term refugees, which my Committee has also published on. Two million Palestinian refugees are in Jordan and, given what is happening, that is likely to only increase.

The UN's high-level panel on water predicts that 700 million people are at risk of being displaced by 2050 because of intense water stress. It is clear that access to water, sanitation and hygiene impacts on all aspects of a country's development. I welcome the UK's involvement in the declaration for fair water footprints at COP26, which brings together the needs of communities, businesses and ecosystems to stop water pollution and maintain the sustainable and equitable withdrawal and use of water.

Making water usage more equitable and sustainable will be key to achieving SDG 6 by 2030. However, since 2018 the UK aid budget for WASH has been slashed by nearly 80%, falling from £206.5 million to £45.6 million in 2022. The percentage of bilateral ODA spent on WASH has more than halved between 2021 and 2022. My Committee heard that "The scale and the speed of the cuts have been shocking to those working in the sector." That is despite the FCDO approach paper on ending preventable deaths of mothers, babies and children by 2030, which included commitments to work with countries, partners and the private sector to strengthen WASH delivery systems.

As I have highlighted, WASH is crucial to the empowerment of women and girls, which again is a stated aim of this Government. To achieve SDG 6 in low and middle-income countries, WaterAid has stated that investment in WASH needs to triple by 2030, with at least \$200 billion a year needing to be invested into WASH systems. That is where the UK Government could play a significant role in catalysing investment and bringing stakeholders together. I urge the Minister to reconsider the Government's ODA spending on WASH so that it

aligns with their own goals and priorities. Without action, the most vulnerable will continue to be at risk of dehydration, disease and death.

**Patrick Grady MP:** It is a pleasure to serve under your chairship, Mrs Latham; as others have said, it is very appropriate that you are in the Chair. I congratulate the hon. Member for Hendon (Dr Offord) on securing the debate, and I am proud to serve as a vice chair of the all-party parliamentary group for WASH, which he and the hon. Member for Putney (Fleur Anderson) so ably co-chair. I also refer to my entry in the Register of Members' Financial Interests regarding a visit to Malawi earlier this year with the APPG on malaria and neglected tropical diseases.

Malawi is a country very close to my heart. There is a popular saying in that country, "madzi ndi moyo": water is life. That probably encapsulates everything we have heard in this debate. As the hon. Member for Putney said, lots of interventions and policy areas are often cited as key to sustainable development and ending poverty, but access to clean, safe water is inarguably right at the very top. A human being can survive several weeks without food but only days without water. Access to water is a basic human right, and yet 2.2 billion people go without ready access to safe drinking water, and more than half the world's population do not have access to safe sanitation. We take access to clean water so much for granted here in the west – particularly in this country, where it falls out of the sky with such frequency – that it can be hard to comprehend just how difficult life can be without access to safe water.

If water is life, the inverse must be true. Lack of access to water deprives people of life – sometimes quite literally, with 13% of all deaths among children under five attributed to inadequate water, sanitation and hygiene. If unsafe water does not kill, it certainly makes life much more difficult. Water-borne diseases cause terrible sickness, particularly diarrhoea and fluid loss, as the Chair of the International Development Committee said. That can make recovery from illness and the ability to retain nutrition

from food even more difficult. Experiencing such illnesses in childhood can have long-term consequences for mental and physical development, which reduces life expectancy and life chances.

Lack of access certainly impacts quality of life: as we have heard, 29% of schools globally do not have access to clean water. I have taught in some of them. About 443 million school days are lost every year because of water-related diseases. As others have said, that disproportionately affects women and girls. Girls are more likely to miss school because of a lack of sanitary facilities—frankly, that is as true here in the United Kingdom as anywhere else in the world—and it is women in developing countries who bear the largest burden of water collection needs, as the hon. Member for Hendon said.

Water Aid estimates that more than 77 million working days could be freed up for women if there were universal access to water and sanitation. The hon. Member for Putney spoke passionately about the difference that that can make. Again, I have been in exactly the same situation; I have travelled to villages and communities in Malawi and other parts of Africa, where water has transformed the lives of the whole community, particularly empowering women and allowing them to assume leadership roles.

The climate crisis is also increasingly experienced as a water crisis. In many places there is either too much or too little or it is too contaminated. That is not just in developing countries. In the United Kingdom, we are experiencing both floods and droughts, and the situation puts massive pressure on our sewerage system. Where efforts are made, benefits can be seen by all, and the potential for benefits can be predicted.

Earlier this year, I and other members of the APPG on malaria and neglected tropical diseases had the privilege of visiting Malawi. We met people in communities where trachoma had been eliminated, thanks to the adoption of WHO's SAFE strategy: surgery to treat blindness; antibiotics to clear infection; facial cleanliness and hand hygiene to reduce transmission; and environmental protection to stop the infection spreading. Malawi has now been

declared a trachoma-free country – something that many other countries in that part of the world aspire to.

As we have heard, the WASH APPG published an important report earlier this year – I took part in some of the evidence hearings – that demonstrated how WASH interventions as simple as cleaning hands and hospitals with soap and clean water can decrease demand for antibiotics, break that chain of infection and remove the opportunity for resistant diseases to become dominant. The hon. Member for Erewash (Maggie Throup) spoke of the importance of cleanliness in hospitals in particular.

A few months ago, Lord Boateng hosted a really inspiring event, appropriately enough in the River Room, celebrating the work of Water and Sanitation for the Urban Poor, a charity that he is very closely involved with. It works to improve the delivery of clean water to increasingly densely populated areas of towns and cities in developing countries in Asia and Africa. Many stories were featured of lives transformed as a result of putting in sometimes quite complicated and sometimes very simple infrastructure. Again, that has a transformative effect on people's lives.

The Scottish Government are investing, again, in Malawi in its Water Futures programme, supporting Malawi's National Water Resources Authority and the Malawi Environmental Protection Authority to map, monitor and enhance that country's water infrastructure.

I can see that the Minister shares the enthusiasm and inspiration that many of us do on this matter, and it is clear from this debate that water, sanitation and hygiene flow through the development agenda. Making sure that people have access to clean, safe water and a water infrastructure that protects them against floods and droughts helps to unlock so many other aspects of the sustainable development goals. We know that there will be a wider debate on progress towards those goals later in the week. I do not know whether the Minister for Europe will respond to that debate with the same enthusiasm with which he is gearing up to respond to this one.

Questions arise for the Government about how they can support the kind of positive interventions that we have heard about today and what action they will take to overcome the many challenges that remain to ensure that everyone around the world has access to water, sanitation and hygiene. We have heard about the level of public support for these kinds of interventions that exist here in the UK. That needs to be reflected in the White Paper when it is published and it needs to be heard more clearly, as the hon. Member for Putney said, at the highest possible level when the Government make representations on these matters on an international level.

The Government's own statistics show the dramatic reductions to WASH funding since the ODA cuts were announced. Many of us said at the time that effective aid cannot be turned on and off like the taps that we all take for granted. Government cuts have a long-term impact, so even if funding is slowly being increased and bilateral aid is being increased in some countries, that does not change the fact that there has been a loss of capacity and a loss of progress resulting from the previous cuts. That will not be easily undone.

I do not think we can allow the debate to conclude without addressing the question of access to water in Israel and Palestine – as the Chair of the International Development Committee did – and particularly at this moment in Gaza. Denying people access to water is a fundamental breach of their human rights. Cutting off water supplies to hospitals in Gaza will condemn to death innocent people who have nothing to do with the terrorist atrocities perpetrated by Hamas. The Government of Israel must not use the denial of civilian access to water as part of siege or any other military tactics. I hope that the Minister will echo that statement.

Water is life and, in this part of the world, all too often we take it for granted. The Government have to do more – much more – to make sure that everyone has the access they need to water and to the life that it brings.

**In October, Vicky Ford MP led a Westminster Hall debate on the UN Sustainable Development Goals during which a number of Members spoke including Patrick Grady MP who raised the APPG's visit to Malawi and Virendra Sharma MP who spoke of the devastating economic impact of malaria and NTDs:**

**Virendra Sharma MP:** It is a great pleasure to speak under your chairship, Ms Bardell. I congratulate the right hon. Member for Chelmsford (Vicky Ford) on calling this debate, which is very close to my heart.

I cannot start today without mentioning the humanitarian crisis in Palestine. Civilians, old and young, men and women, sick and healthy, are in the firing line. There is no politics here: the killing of civilians is wrong. The scenes of grave destruction in Gaza are appalling and deeply troubling. There are reports that basic resources and services are being denied to civilians, half of whom are children, and that hundreds have been killed at the Al-Ahli Arab Hospital in Gaza. It is a tragedy, and the images are heartbreaking. There is no room for breaking international law, and civilian lives must be protected. Without an end to the conflict, the SDGs will never be realised in Gaza and Palestine, which have some of the most vulnerable people in the world. Unless the SDGs move everyone forward, they fail.

That message is one that we can apply in many more areas. Tuberculosis is an area of particular interest to me, and I should declare an interest as the chair of the all-party parliamentary group on global TB. The SDGs make it clear that TB should be eradicated by 2030, which is seven years from now, but we will not reach that goal without real change, real investment and a real will. In 2021, 10 million people fell ill with TB – a shocking 4% rise – and 1.6 million people died. This is not progress; it is relapse. TB diagnosis has fallen by 18%, from 7.1 million to 5.8 million, which means that fewer cases are being detected by health systems. Fewer people are getting the help they need and, as we move towards 2030, the goal gets further

away. That is before we consider a particularly concerning issue that I have raised before: multidrug-resistant TB. It does not respond to typical therapies, and we are not prepared for it. Treatments and diagnoses have gone down this year, too. We are not fighting TB where we need to, and we do not have the momentum we need to fight it.

I thank the Minister and the Government for their role in the UN's second high-level meeting on TB. Thanks to that meeting, we now have a political declaration. We now have specific, measurable and time-bound targets to find, diagnose and treat people with TB using the latest WHO-recommended tools. We now have time-bound, specific targets for funding the TB response with research and development. However, because this is a disease of the poor – a disease of poverty – engagement has been low. I ask the Minister how the FCDO will work alongside international partners and national Governments to generate momentum to achieve TB eradication by 2030. Will the R&D funding announced by the Government at the HLMs be used to support the development of new TB vaccines, diagnostics and medicines, and how can the UK utilise our world-leading life sciences sector to lead the world in the global response to the TB pandemic?

It is no cliché to say that the world changed when we eradicated smallpox. A disease that killed millions, scarred many more and blighted lives was ended. That same spirit can live on. Malaria claims 600,000 lives a year, and a child under five dies from malaria almost every minute. As with TB, eradication does not just save lives; it drives growth and equality, and allows the reprioritisation of vast sums of money. For households experiencing poverty, malaria costs can account for up to one third of their income. Think what they could do with that money.

Parents struck down by any of the neglected tropical diseases that we have committed to eradicate cannot work. In turn, that takes education and childhoods from the children forced into work, which can be tiring, exhausting and backbreaking, or even dangerous, degrading and illegal. Childhoods are ruined and more generations are inured to the cruellest of behaviours.

Although we as a world are on course to achieve 15% of the SDGs, a staggering 30% have stalled or are even going backwards. I hope that the Government do not lose focus on the SDGs, but I am sad to say that it seems an all too real possibility. This Government got rid of the Department for International Development. They cut international development spending when the world needed it most. In the face of the British people, this Tory Government decrees there is no need to worry about climate change, and that dealing with it can wait a few more years. That is just wrong.

Will the UK Government commit to a second voluntary national review to monitor progress on their implementation of the SDGs, and deliver on the commitments made in the 2019 VNR? Will they meaningfully engage civil society to deliver the 2030 agenda? I want to see the British Government and this country act because it is the right thing to do. It saves lives. This country will not forgive the Government that failed to prepare us for the next fight.

**Patrick Grady MP:** Thank you, Ms Bardell. It is a genuine pleasure to serve under your chairmanship for the first time, and I warmly congratulate the right hon. Member for Chelmsford (Vicky Ford) on securing the debate. It provides an incredibly timely opportunity to reflect on the progress, or, indeed, the lack of progress, towards reaching the sustainable development goals as we approach the halfway point, and to look at the outcomes of the high-level meetings on the SDGs that were held in New York last month. Appropriately, this debate bookends the Westminster Hall debate that the hon. Member for Ealing, Southall (Mr Sharma) led back in July on those high-level meetings. A number of Members present spoke in that debate as well. I refer to my entry in the Register of Members' Financial Interests, because I will speak later about my visit to Malawi with the all-party parliamentary group on malaria and neglected tropical diseases.

The first debate that I led in Westminster Hall, back in 2015, was on the sustainable development goals. At the time, there was a real sense of optimism and consensus that the achievements that

had been made under the millennium development goals framework could be continued, and that Agenda 2030 would provide a platform for even more progress. For several years, we would come into Westminster Hall debates and I would have to congratulate the UK Government and give them credit where it was due for achieving the 0.7% target and for showing leadership in shaping the global development agenda. But then along came Brexit and Boris, which upended the whole thing. It led to the merger of the Department for International Development and the FCDO, descriptions of official development assistance as a giant cash machine in the sky, and a really dismissive attitude to the entire development agenda. I hope that the presence of the new Minister with responsibility for development indicates that the wheel is turning again and that the Government are prepared to take their responsibilities in these areas as seriously as they did under previous regimes.

There was considerable debate about how the sustainable development goals framework should be established, and the SDGs in Agenda 2030 are part of a more complex and perhaps more complicated framework than the MDGs were, but that is not necessarily a bad thing. There was a slightly spurious debate at the time about how many goals there should be, but a development framework is not a marketing exercise. At the end of the day, there are 17 goals and 169 targets, because that is how many there need to be to quantify and measure progress in the interconnected strands of development policy. As the hon. Member for Hendon (Dr Offord) alluded to, even that does not cover absolutely everything. Everyone will have different policy goals that they do not necessarily see fully reflected in the framework, but it does allow for both focus and specialisation, as well as a truly global perspective, and it represents a consensus at an international level.

Of course, it is important that the SDGs apply equally to all countries, unlike the MDGs, which were sometimes seen as things that were being done to developing countries by the so-called developed west. As the hon. Member for Strangford (Jim Shannon) said, not everything in our country

or society is perfect, so there are still areas, even in the UK, where progress needs to be made.

This debate is an opportunity, as were the recent high-level meetings that took place in New York, to speak up about the importance of multilateralism at a time when many countries, and that includes elements here in the UK, are starting to look inwards and to narrow their horizons. The UN Secretary General said at those meetings that the outcome document from them represents a “to-do list” for the whole planet. Achieving the SDGs is the best route to achieving peace and security and to tackling the climate crisis around the world.

Sadly, the message from those meetings and today’s debate is that although we have the knowledge and resources to meet the SDGs, we are still significantly off-target for many of the goals. That includes goal 2 on hunger and food security, with 3.1 million children still dying of malnutrition each year. If people do not have enough to eat, nothing else will improve. Kids cannot concentrate at school, adults do not have the energy to work, people get desperate and they look for alternatives. United Against Malnutrition and Hunger says that for every 1% increase in food insecurity, there is a 2% increase in migration and population flows. The Government might want to reflect on that when they think about how to reduce migration into this country.

Goal 3 is on achieving healthy lives for all, and in particular, there is a target within that on ending epidemics. We know that that is affordable, transformative and possible. During our visit to Malawi, we saw people who had benefited from the elimination of trachoma in their communities. We met the very first child who had received a malaria vaccine – it was fantastic. We know that ending TB and even AIDS, as the hon. Member for Ealing, Southall said, can be done if we are willing to put in the effort and resources.

Goal 4 on education, which the right hon. Member for Chelmsford is particularly interested in, is so important. Education is the foundational goal, especially girls’ education, and it has that transformative effect. I was struck in Malawi by the young generation coming through – people in

their late 20s and early 30s – who were among the first generation in the country to benefit from universal primary education, and by how it has raised the standard across the whole of society, with the employment opportunities, the research capabilities and the jobs open to people because they have had that investment in education right at the start of their lives. Holistic reform of the architecture that allows finance to flow into individual countries so that they can invest in their education systems is so important and is being called for by the different campaigns we have heard about, including the Global Campaign for Education and Education Cannot Wait.

Goal 6 on water, sanitation and hygiene – as the hon. Member for Hendon said and as we spoke about in great detail on Tuesday – is also so important. Water is life, and clean schools are better for education. Clean drinking water is better for nutrition and health. Clean hospitals and hand hygiene stops the transmission of disease and reduces antibiotic resistance.

Civil society was clear that the summits were a bit of a missed opportunity, especially for the United Kingdom. The Government must be much better at living up to their rhetoric by actually implementing their commitments and showing leadership at the highest level. Sadly, there is a story about the UK’s diminished and diminishing role in SDG leadership compared with the role that it played in 2015. Perhaps that is indicative of a slightly wider malaise affecting this Conservative Government – a Government who have wrenched us out of the European Union and are prepared to abandon key human rights frameworks.

We can compare that with the Scottish Government – one of the first sub-state Governments to commit fully to the SDGs – and the SNP’s vision, which would see 0.7% of aid as a floor, not a ceiling, of an independent Scotland playing its part as a good global citizen. The Government need to pay attention to the demands set out by Bond and others in civil society: to prioritise the SDGs and coherently integrate them into policymaking across Departments; to commit to another voluntary national review to check our progress; to champion reforms of the global financial system; to commit to

the principle of leaving no one behind; and to engage with civil society so that it can contribute to the agenda as well.

The hon. Member for Strangford spoke about the generosity of all our constituents to civil society organisations that work in these areas, particularly those led by the Churches and other faith communities. That shows, as the Minister said before, the importance of demonstrating public support. That public support exists, and we all have a role to champion that here in the UK.

The other theme that has come out of today’s debate has been conflict. The hon. Member for Hendon spoke about landmines. The hon. Member for Congleton (Fiona Bruce) and the hon. Member for Strangford spoke about how conflict affects freedom of religion and belief, and the hon. Member for Ealing, Southall rightly spoke about the situation in Gaza. We cannot have this debate without reference to the humanitarian catastrophe now unfolding in Gaza. How different might the world be if the authorities in Israel and Palestine had focused on attaining the sustainable development goals for all the peoples of their territories, rather than descending into a spiral of violence and destruction?

In the modern world, development and peace are so closely tied together that Pope Paul VI was moved to say that “development is the new name for peace.” He also said: “If you want peace, work for justice.” In the last few days, his successor Pope Francis has been even clearer about the situation in Israel and Palestine, saying, “Humanitarian law is to be respected, especially in Gaza. Please, let no more innocent blood be shed, neither in the Holy Land nor in Ukraine, nor in any other place! Enough! Wars are always a defeat, always!” I hope the Minister can agree with that.

Conflict prevention is absolutely key to the sustainable development goals. That is why SDG16 is to “Promote peaceful and inclusive societies for sustainable development”. That should also be the priority for the Government as a whole, not just in their words but in their actions. That is what constituents in Glasgow North, people across Scotland and people across the whole United Kingdom want to see.

**Lyn Brown MP:** It is a privilege, Ms Bardell, to serve under your chairship for the first time; I am sure it will not be the last. I thank the right hon. Member for Chelmsford (Vicky Ford) for securing this debate. She has a vast knowledge and real passion for these issues, which she has raised so effectively.

The UK had a key role in formulating the sustainable development goals, so I think it is fair to say that we have a special responsibility to support their achievement at home and certainly internationally. We are now more than halfway to the 2030 deadline. As we have heard, unless we see a real injection of energy, ambition, co-operation and leadership, we are so unlikely to meet most of our global commitments. Progress on many targets has stalled or even reversed: last year, more young women were not in education, employment or training than in 2015; we have seen a massive drop in international finance to support developing countries' clean energy research and production; and, worst of all, we are back at global hunger levels not seen since 2005.

Last month, when the Deputy Prime Minister talked about getting the SDGs back on track, there was a bit of a relief – even just from having development back on the Government's agenda somewhere. I am genuinely looking forward to seeing the Government's international development White Paper, which I hope will contain clear detail on how the Government will support the achievement of the global goals, particularly on extreme poverty and on climate change. I hope that it speeds up the transformation that we so need so that partnerships can work together hand in hand to strengthen local development leadership.

But how can that transformation happen when the Government are, I fear, stepping back from leadership on essential issues like climate change? In July, the Minister rightly said that the White Paper will "will set out how the UK will lead the charge against extreme poverty and climate change". That is very welcome. The impacts of climate heating, alongside covid and rising violence, are already proving a huge barrier to progress. But frankly, we are open to a charge of hypocrisy, because only last month the Prime Minister U-turned on crucial climate action here in the UK, backtracking on supporting the rapid

shift we need and that British businesses want towards electrification of both car transport and home heating. The Prime Minister also doubled down on his refusal to stop new oil and gas developments in the North sea, massively undermining our climate diplomacy. It would be really useful to hear from the Minister how he thinks this helps the UK to be seen as a credible partner at COP28.

The reason I have pushed on that point today is that so many SDGs will be impacted by climate change. We will not see resilient food systems or meet our global goal of ending hunger unless we scale up climate mitigation and adaptation, and we will not see an end to conflict fuelled by increasingly scarce water and land resource. We have already seen the humanitarian catastrophes created by the combination of climate heating and conflict for vulnerable communities. The Minister knows that in east Africa, 65 million people face acute food insecurity. There is terrible hunger already in the Democratic Republic of the Congo, Sudan, Ethiopia, Afghanistan, Yemen and Syria, to name but a few. As we speak, huge numbers of people are at risk of death by dehydration and starvation in Gaza because of the conflict. To quote my boss, my right hon. Friend the Member for Tottenham (Mr Lammy): "There will not be a just and lasting peace until Israel is secure, Palestine is a sovereign state, and both Israelis and Palestinians enjoy security, dignity and human rights. . .we will not surrender the hope of two states living side by side in peace."

Globally, it is not just about conflict, food and climate change. I honestly think the UK Government are failing to take a prevention-first approach to the problems that the world faces. We still base our activities on an outdated idea of handouts – crumbs from the table of the rich to the poor. We need a different approach. Sudan surely taught us that we need to work with our partners to monitor and sanction those fuelling violence. We have not learned enough lessons from Sudan, because we have not even mirrored all the US sanctions on actors fuelling the bloodshed, and I honestly do not know why. Why have we not sanctioned all those responsible for funnelling gold to Russia? I say this because our development approach should not be just about our spending; it has to be about how our partnerships can

support Governments in low-income countries with their own investments, aims and ambitions to meet the SDGs. There is much more we can do.

I have raised the issue of unsustainable sovereign debt before, so I will say just this today. If a country is spending debilitating amounts of money paying off high-interest loans, how can it possibly build resilience to climate change and develop desperately needed public services, because its hands are tied behind its back? The City of London has an almost unique importance in relation to sovereign bond finance. We need to build on these strengths, take a leadership role and take serious action to tackle the debt crisis.

I will make one last point. We need to look at the Government's approach to sustainable development in health. The global maternal mortality ratio has barely declined since 2015; it went from 227 maternal deaths per 100,000 live births in 2015 to 223 deaths in 2020. That is obviously not good enough. In 2021, five million children died before reaching their fifth birthday; the figure was down from 6.1 million in 2015. It is difficult to celebrate that reduction when we know that we could have done so much more and that 10 children under the age of five die every minute.

Our progress to end HIV, tuberculosis and malaria is off track. In 2021, there were 1.5 million new HIV infections worldwide. There were 1.6 million deaths from TB and 600,000 malaria-related deaths. We can do better: we have world-leading universities and the expertise to work with partners around the world to strengthen global health security and defeat these epidemics once and for all. Our communities, and so many people around the world, need a Government that will give us our future back.

Let us remember: the world came together and discussed what it wanted the future to look like. In a joyful moment of co-operation and ambition, a global programme and goals were agreed. What a tragedy it is that we are sitting here, just a few years away from when those goals were supposed to be achieved, with so much to do. We really need a genuine commitment from our Government to do so much better.

Responding to the debate specifically on malaria, the Minister made reference to the UK's support for the Global Fund:

**Rt Hon Andrew Mitchell MP (Minister for Development):** Finally, both the hon. Members for West Ham and for Ealing, Southall raised the issue of malaria and TB. In the case of malaria, the new vaccination that was announced a fortnight ago, which is the second vaccination – again, British technology – is a very welcome moment. I was in Mozambique recently with the head of the Global Fund, and together we saw how climate change is leading to an uptick in the number of people affected by malaria. In Mozambique, the amount of malaria had been driven down below 50% among children, but is now rising again for the first time in many years because of climate change and the amount of flooding.

Let me be clear that the first announcement that we were able to make once the Prime Minister came into Government last October was about a replenishment for the Global Fund of £1 billion. It is a very significant commitment by Britain, because we know the Global Fund is so effective when it comes to HIV, TB and malaria. I hope that the hon. Members for West Ham and for Ealing, Southall will accept that this is a powerful British ambition in all three of those areas, and that our support for the Global Fund is a reflection of that.

In November, in a House of Lords debate on climate and nature, Co-Chair Lord Trees and Member Lord Browne of Ladyton raised the impact of climate change on transmission of malaria and dengue:

**Lord Browne of Ladyton:** My Lords, climate change is already having a material effect on malaria transmission. Forecasts suggest that owing to a rise in global temperatures, transmission seasons could be up to five months longer by 2070. Already, malaria rates in Mozambique are at their highest since the current reporting phase began in 2017. More than 70% of anti-malaria drugs used in Africa are imported, so what is the international community doing, and what are we doing, to stimulate local manufacture of drugs to ensure that weaknesses in the international supply chain do not result in preventable deaths?

**Lord Ahmad of Wimbledon (Minister):** The noble Lord is correct and I can assure him, from our experience of the Covid pandemic, that we are working in collaboration with India on global health generally but specifically on malaria. We welcome India in tackling global health threats and the whole issue of malaria is something we are looking at specifically, based on our research, in terms of collaboration with India on manufacturing. Indeed, two of the main vaccines currently being developed for malaria are actually UK research based.

**Lord Trees:** My Lords, with regard to global health and climate change – I am sorry it is health again – the latter is having a huge impact on insect-borne diseases of both humans and animals. Malaria has been mentioned, but another very specific threat is that of dengue viral disease in humans, which is no longer confined to the tropics. Indeed, there was an endemic outbreak in people in the Paris region only two to three months ago. So I ask the Minister, although it may be a bit outside his brief, what preparations His Majesty's Government are making to prepare for, detect and hopefully prevent incursions of similar insect-borne infections into the UK.

**Lord Ahmad of Wimbledon (Minister):** My Lords, it is not just my brief, it is my department. I agree with the noble Lord. When we look not just at malaria but at the spread of dengue fever, I know this for myself because a member of my own family sadly and tragically was infected and then died from dengue fever. We are working in this respect. The noble Lord is correct. We have seen those infections, those transported diseases, very much in evidence now in the UK. The rare and imported pathogens laboratory at Porton Down has accredited, reliable tests for dengue and other infections and we are working with partners and local authorities. We had a question just now about heat as well, and it is notable that, even at a local level in southern England, we have found invasive mosquito vectors appearing on six occasions. That reflects how global transmission is very much a reality, but we do have laboratories very much at the front end of our research to address these issues.

In December, in FCDO Oral Questions, Vice-Chair James Sunderland MP referenced the World Malaria Report and asked what more the UK can do to help move the world towards elimination:

**James Sunderland MP:** The "World malaria report 2023" shows that the number of malaria cases and deaths remain above pre-pandemic levels. What more can the Government do to ensure that we recover lost ground, and also drive towards the total eradication of this awful disease?

**Rt Hon Andrew Mitchell MP (Minister for Development):** My hon. Friend is right to ask that question. British scientific expertise has delivered two new malaria vaccines, and as a result of our replenishment of the Global Fund we are working to ensure that 86 million mosquito nets are delivered, providing 450,000 seasonal malaria chemoprevention treatments.

Other Parliamentarians also raised malaria and NTDs throughout the year, including:

On malaria and other mosquito-borne diseases:

**Lord Cormack:** The noble Lord, Lord Fowler, gave the figures for AIDS. Does my noble friend not agree that a similar number of people are dying every year from malaria? Most of them are children, and most of them are in Africa. What prospects of real progress can he hold out for us in that context?

**Lord Ahmad of Wimbledon (Minister):** My Lords, partly I can answer in exactly the same way as I answered the noble Lord, Lord Fowler. The Global Fund, as my noble friend will be aware, targets three specific areas: HIV, tuberculosis and malaria. The United Kingdom has committed £1 billion for 2022-25.

**The Bishop of St Albans:** If we are to minimise the impact of mosquito-borne diseases, we need, with some urgency, to develop a new generation of insecticides and other preventive measures for vector control. What long-term plans and support do His Majesty's Government have to support product development partnerships, so we can minimise the impact of mosquito-borne diseases, whether in sub-Saharan Africa today, or in this country by 2050?

**Lord Evans of Rainow (Minister):** My Lords, I note that Health Ministers get asked Foreign Office questions, and Foreign Office Ministers get health questions. However, the right reverend Prelate raises a very good point. It is a very topical issue. The UK is a world leader in life sciences, and British science is at the cutting edge of fighting malaria. Our support to public/private product development partnerships has helped saved many lives. This includes support to the Liverpool-based Innovative Vector Control Consortium to develop novel bed nets and next-generation insecticides to overcome the threat of insecticide resistance. Since 2017, we have provided £44 million to develop new insecticides to prevent vector transmission of malaria and other vector-borne diseases. IVCC has developed many ground-breaking technologies, including a novel type of bed net that kills mosquitoes' resistance to traditional insecticides.

On the malaria vaccines:

**Lord Bilimoria:** In the summer of 2019, I was in Oxford to witness the honorary doctorate being given to my friend Dr Cyrus Poonawalla, the founder and chairman of the Serum Institute of India, and a fellow Zoroastrian and Parsee. On that day I spoke to Professor Sir Adrian Hill, who told me of the amazing work they were doing in a race to develop a malaria vaccine, working very closely with the Serum Institute of India to achieve this. This year, we heard the great news that this vaccine has now been approved. It is 75% effective, it is cheaper than the other vaccine that is available and it is going to save millions of children's lives, particularly in Africa.

On ODA:

**Alex Sobel MP:** I refer to my entry in the Register of Members' Financial Interests as the chair of the all-party parliamentary group for aid match. The Government funding rounds for UK Aid Match and the Gavi and Malaria match funds ended in 2023 and totalled £377 million, which represents just 0.3% of UK overseas development assistance. When will the next round of aid match be announced, how much will be announced and will the Government increase the percentage of ODA that is aid matched?

**Rt Hon Andrew Mitchell MP (Minister for Development):** The hon. Gentleman is quite right to accentuate the importance of aid match, which has done an enormous amount to swell the funds that can be deployed. I will come back to the House as soon as we are able to set out the amounts we will be spending in the next financial year and, I hope, in the financial year thereafter as well.



### On UK support for the Global Fund:

**David Mundell MP:** I think Members of all parties actually did a very good job in relation to the Global Fund. I fully appreciate that hon. Members may think that the sum given was not enough, but let us be honest: it could have been less if it had not been for the active lobbying of many Members from all parties. I certainly believe that the Global Fund is the best way to deliver across the world in relation to malaria, HIV and TB, but we have to make the positive case for it.

### On pandemic preparedness:

**Rt Hon Anne-Marie Trevelyan MP (Minister):** Through our “One Health” approach, we are working to monitor and control the spread of diseases between humans, animals and the environment. We supported Cameroon to carry out a simulation exercise that tested and refined plans to deal with disease outbreaks of zoonotic origin, including monkeypox. Meanwhile, our investments in research and development are increasing equitable access to vaccines, drugs and diagnostics. With UK support, the Medicines for Malaria Venture has developed and rolled out more than 13 new anti-malarials. To date, those medicines have saved an estimated 2.7 million lives.

### On climate change:

**Lord Kakkar:** The impact of climate change can be seen very much as having a multiplying effect on underlying predispositions to poor health outcomes. For instance, a predisposition to heart disease or respiratory conditions can be exacerbated by the impact of alterations in climate. We also know that the nature of the diseases that we will experience as the climate changes in our own country will need to be carefully planned for. For instance, in the future we will see more vector-related diseases, mosquito-related diseases – such as Zika virus and West Nile fever – and, potentially, malaria, if the predictions are correct. Tick-borne diseases, such as Lyme disease, will be seen more frequently. There is an important need to ensure that, with the potential for flooding, other waterborne diseases are properly recognised and can be treated early, and that appropriate public health measures can be employed to mitigate against them.

### Written Parliamentary Questions

Throughout the year, a number of Members asked about UK support for malaria eradication, including the new malaria vaccines:

**James Sunderland MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, with reference to World Malaria Day 2023, what steps his Department is taking to support the delivery of (a) malaria vaccines and (b) next-generation insecticide-treated nets to malaria endemic communities.

**Rt Hon Andrew Mitchell MP (Minister for Development):** The UK is supporting the delivery of vaccines for malaria through our £1.65 billion of core funding to Gavi, with UK funding contributing to Gavi’s \$156 million malaria vaccine programme which launched in January 2022. Our support to the Liverpool-based Innovative Vector Control Consortium (IVCC) has helped develop technologies that have averted up to 27 million cases of malaria, including the novel dual-action bed nets that kill mosquitoes resistant to traditional insecticides. The UK’s pledge of £1 billion to the Global Fund’s seventh replenishment will support the transition to and distribution of next-generation insecticide-treated nets to malaria endemic communities.

**Baroness Ritchie of Downpatrick:** To ask His Majesty’s Government what plans they have to contribute to eradicating malaria within the foreseeable future.

### Lord Goldsmith of Richmond Park (Minister):

The UK is a global leader in supporting work towards achieving Sustainable Development Goal 3.3 to end the epidemic of malaria by 2030. The UK recently pledged £1 billion for the seventh replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria which accounts for 63 per cent of all international funding for malaria programmes.

We also continue to play a leading role in research and development, including supporting the Innovative Vector Control Consortium to develop novel bed-nets and Oxford University to develop a new generation of antimalarial medicines to address the threat from emerging drug resistance.

**Baroness Ritchie of Downpatrick:** To ask His Majesty’s Government what assessment they have made of the impact that the development of a malaria vaccine by the Oxford-based Jenner Institute will have on saving lives around the world.

**Lord Ahmad of Wimbledon (Minister):** The UK welcomed the World Health Organisation (WHO) recommendation on 2 October 2023 of the R21/Matrix-M malaria vaccine for the prevention of malaria in children. We supported the decision by the Gavi board in December 2021 to launch a malaria vaccine programme, including with support through the UK’s contribution to Gavi, and look forward to Gavi supporting the future rollout of R21 once Pre-Qualified by WHO. The UK’s £1.65 billion funding from 2021 to 2025 to Gavi will immunise 75 million children and save up to 2 million lives from vaccine preventable diseases, including malaria. Our £1 billion pledge to the 7th replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria will help to distribute 86 million mosquito nets and provide malaria treatment and care for 18 million people. UK support to Unitaaid will help countries to optimise the introduction of new malaria prevention tools and help to ensure that malaria medicines and tools are affordable and accessible for all.

Following the reception on arboviral diseases and reports of rising global cases of dengue in Peru and globally, Members asked about UK support to tackle dengue and other arboviral diseases:

**Fabian Hamilton MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what steps his Department is taking to support Peru following the recent outbreak of dengue fever.

**David Rutley MP (Minister):** The UK Government has been carefully monitoring the situation in Peru since heavy rains and countrywide flooding affected the country in March. The Peruvian authorities subsequently declared dengue fever a national health emergency in May. The Peruvian government is leading the immediate response to the current dengue outbreak. The UK Government will continue to monitor and support the country's long-term sustainable development through our work in Peru.

**Catherine West MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what recent assessment he has made of the effectiveness of UK funding for research on treating and preventing (a) dengue, (b) chikungunya and (c) other arboviral diseases in the last five years; and what future plans he has to support dengue research and innovation.

**Rt Hon Andrew Mitchell MP (Minister for Development):** UK investments in Product Development Partnerships for research on novel health technologies have led to advancements in tackling many neglected diseases of poverty, including dengue, chikungunya and other arboviral diseases. The FCDO supports the Drugs for Neglected Diseases initiative (DND<sup>i</sup>) which has established a research partnership with dengue-endemic countries

to find a safe, affordable, and effective treatment for this disease. FCDO also invests in the Liverpool based Innovative Vector Control Consortium (IVCC), which is developing innovative ways to reduce transmission by mosquitos, including those that transmit arboviruses. Research is still at an early stage and continuous investment in Research and Development (R&D) will be essential to ensure progress in combatting these diseases.

**Lord Trees:** To ask His Majesty's Government what assessment they have made of the risk of Dengue Fever being transmitted in the UK, now and in the future.

**Lord Markham (Minister):** Dengue is a mosquito-borne infection that is transmitted by the bite of an infected *Aedes* mosquito from the *Stegomyia* subgenus. The UK Health Security Agency (UKHSA) undertakes surveillance of dengue cases in the United Kingdom. All cases identified in the UK to date are imported cases where a human has been infected abroad then travelled to the UK. There is no current evidence of the presence of mosquito species that can transmit dengue in the UK and there is no risk of acquisition of infection within the UK.

Changing weather conditions favourable for the proliferation of mosquitoes and the expansion outside of historical areas of transmission secondary to climate change may lead to changes in dengue transmission beyond current endemic areas. UKHSA have published modelling on the future risk of establishment of mosquito species that can transmit dengue in the UK, and undertake daily international horizon scanning via epidemic intelligence to track changing dengue epidemiology globally. Detections of invasive mosquitoes are responded to in line with the national contingency plan to prevent the establishment of mosquitoes that can transmit dengue.

Following reports of a rise in malaria cases exacerbated by conflict in Sudan, Member Lord Alton asked about action the UK is taking:

**Lord Alton of Liverpool:** To ask His Majesty's Government what action they are taking to address the continuing health crises in Sudan and South Sudan, particularly given the worsening malaria outbreaks in those countries.

**Lord Ahmad of Wimbledon (Minister):** In Sudan, the UK continues to provide support to the health sector through the International Committee of the Red Cross (ICRC) and the Sudan Humanitarian Fund (SHF). The UK is one of the largest donors to the Global Fund to Fight AIDS, Tuberculosis and Malaria, pledging £1 billion to the Global Fund over the next three years. This Fund treated 4.2 million cases of malaria in Sudan and South Sudan in 2022. To effectively tackle disease outbreaks in South Sudan, the FCDO works closely with the UK Public Health Rapid Support Team who aid investigations and coordinate information flow between the South Sudanese ministries of Health, World Health Organization and in-country partners. The UK's Health Pooled Fund, co-funded with other partners, has treated 1.6 million children in South Sudan for common childhood diseases and vaccinated over 288,000 children.

Throughout the year, a number of Members asked questions relating to UK support for multilaterals such as Unitaid, Gavi, the Vaccine Alliance, and the Global Fund to Fight AIDS, Tuberculosis and Malaria:

**Virendra Sharma MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, how much funding the Government has contributed to the GAVI Matching Fund to tackle TB and Malaria since the fund's launch in 2013; and what information his Department holds on the dates that programme was operating.

**Rt Hon Andrew Mitchell MP (Minister for Development):** The UK pledged £50 million to the Gavi Matching Fund 2011-2015. £38 million of this commitment was utilised matching private contributions £1 for £1 in support of Gavi's core mission to immunise children against vaccine-preventable diseases. The UK have also committed up to £25 million to Gavi's current Matching Fund, which makes up part of our £1.65 billion commitment to Gavi between 2021-2025. The UK's main investments in malaria and tuberculosis are through the Global Fund to Fight AIDS, Tuberculosis and Malaria (the 'Global Fund'). UK leadership helped establish the Global Fund in 2002. Our 2019 commitment included a £200 million 'Malaria Match Fund' which has been delivered in full.

**Virendra Sharma MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, pursuant to Answer of 23 January 2022 to Question 126580 on Developing Countries: Malaria and Tuberculosis, what proportion of the UK funding commitment to the Gavi Matching Fund for 2021-25 has been delivered.

**Rt Hon Andrew Mitchell MP (Minister for Development):** The UK has committed up to £25 million to Gavi's current Matching fund 2021-2025. Of this £25 million we have so far contributed £5 million (20%) towards the fund. To date £1 million of the UK/Gavi Matching Fund has been matched. There are currently further UK/Gavi Matching Fund opportunities being explored for this year.

**Dan Carden MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what recent assessment he has made of the effectiveness of the work of Unitaid on global health outcomes.

**Rt Hon Andrew Mitchell MP (Minister for Development):** Unitaid has become a significant actor within the global health landscape. Over their last strategic period (2017-2021), Unitaid contributed to saving 758,000 lives, averted 133 million cases of mortality from HIV, tuberculosis (TB) and malaria, and evidenced \$2.3 billion in economic savings reached through the improved affordability of treatments due to voluntary licenses and health system efficiencies that are expected to have a demonstrable effect on progress towards the global health targets, in particular for HIV, TB and malaria.

**Baroness Ritchie of Downpatrick:** To ask His Majesty's Government whether, following the recent recommendation by the World Health Organization on the R21 malaria vaccine, they intend to provide sufficient funding to (1) Gavi, the Vaccine Alliance, (2) the Global Fund to Fight AIDS, Tuberculosis and Malaria, and (3) Unitaid, over their next funding cycles to ensure that vaccines and other life-saving tools can be delivered at scale.

**Lord Ahmad of Wimbledon (Minister):** The UK welcomed the World Health Organisation (WHO) recommendation on 2 October 2023 of the R21/Matrix-M malaria vaccine for the prevention of malaria in children. We supported the decision by the Gavi board in December 2021 to launch a malaria vaccine programme, including with support through the UK's contribution to Gavi, and look forward to Gavi supporting the future rollout of R21 once Pre-Qualified by WHO. The UK's £1.65 billion funding from 2021 to 2025 to Gavi will immunise 75 million children and save up to 2 million lives from vaccine preventable diseases, including malaria. Our £1 billion pledge to the 7th replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria will help to distribute 86 million mosquito nets and provide malaria treatment and care for 18 million people. UK support to Unitaid will help countries to optimise the introduction of new malaria prevention tools and help to ensure that malaria medicines and tools are affordable and accessible for all.

Throughout the year, a number of Members asked about the Government's support for the UK's science sector:

**Catherine West MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what recent assessment he has made of the potential contribution of the UK's malaria science sector to preventing, diagnosing and treating malaria; and what steps his Department is taking to support that sector.

**Rt Hon Andrew Mitchell MP (Minister for Development):** The UK's malaria science sector has made significant contributions to the development of antimalarial drugs, vaccines and diagnostic tools. We continue to support the sector through our research and development investments. This includes support to the Liverpool-based Innovative Vector Control Consortium to develop novel bed-nets and to Oxford university to develop a new generation of antimalarial medicines to tackle the threat posed by emerging drug resistance. In collaboration with UK Research and Innovation we have also funded a study led by the London School of Hygiene and Tropical Medicine to evaluate the role of malaria vaccines when deployed in combination with seasonal administration of antimalarials.

**Baroness Ritchie of Downpatrick:** To ask His Majesty's Government what steps they are taking to support young and emerging scientists, including those whose research is contributing to the treatment and eradication of malaria and other infectious diseases.

**Viscount Camrose (Minister):** Early-career researchers are at the heart of securing the UK's place as a global science superpower, and that is why the Government is working with UK Research and Innovation (UKRI) on a New Deal for Postgraduate Research. As part of this work, UKRI recently announced a 5.4% uplift to the minimum stipend for UKRI-funded students for the academic year 2023/24.

UKRI's Medical Research Council (MRC) invests around £85 million annually to support around

1,600 PhD students. The MRC Unit at the London School of Hygiene & Tropical Medicine was awarded £2.8 million between 2022-2027 to fund studentships, with the majority focused on infectious diseases, including malaria.

**Baroness Ritchie of Downpatrick:** To ask His Majesty's Government, following the World Health Organization's World Malaria Day on 25 April, what assessment they have made of the UK's malaria science sector.

**Lord Goldsmith of Richmond Park (Minister):** The UK is a world leader in the life sciences, and British science is at the cutting edge of fighting malaria. We will continue to play a world-leading role in research and innovations to combat this disease. This includes support to the Liverpool-based Innovative Vector Control Consortium to develop novel bed-nets and to Oxford University to develop a new generation of antimalarial medicines to address the threat posed by emerging drug resistance. We have also funded research to evaluate the role of malaria vaccines when deployed in combination with seasonal administration of antimalarials, led by the London School of Hygiene and Tropical Medicine.

**Baroness Ritchie of Downpatrick:** To ask His Majesty's Government what support they are providing to UK life sciences and investment in the innovation pipeline to build on recent successes such as the development of a malaria vaccine by the Oxford-based Jenner Institute.

**Viscount Camrose (Minister):** The UK has an exceptional life sciences sector, and the UK Government is committed to supporting it. We work closely with industry, including through strategic partnerships, such as the 10-year partnership with Moderna and strategic collaboration with BioNTech, delivering innovation to UK patients.

Following the Life Sciences Vision launched in 2022, we announced in May a further £650m to drive growth and bring innovative treatments to the NHS, including £121m to improve commercial clinical trials, £48m for a new biomanufacturing fund, and £154m to increase the capacity of the UK Biobank.

Following the formation of the Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response, Vice-Chair Baroness Ritchie asked about the impact on malaria and other diseases:

**Baroness Ritchie of Downpatrick:** To ask His Majesty's Government what assessment they have made of the impact of the Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response on tackling (1) new diseases, and (2) existing diseases such as malaria.

**Lord Goldsmith of Richmond Park (Minister):** The UK is shaping discussions to improve pandemic prevention, preparedness and response globally. In June 2022, the UK announced a £25 million commitment to the Pandemic Fund. The Fund should fill some of the financing gaps for preparedness in health systems and disease surveillance at country, regional and global levels including by catalysing countries' own financing so that they are better prepared to detect and respond whenever and wherever a health risk emerges. Improved health systems preparedness and surveillance should positively impact wider disease control efforts, including new diseases and malaria.

Other Parliamentarians also tabled a number of questions relating to malaria and NTDs throughout the year, including:

On malaria:

**Preet Gill MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what steps his Department are taking to mark World Malaria Day in 2023.

**Rt Hon Andrew Mitchell MP (Minister for Development):** The UK recognises the importance of World Malaria Day for raising awareness and galvanising the global response. I will attend a roundtable with leading figures to discuss the role of Product Development Partnerships (PDPs) and British science in ending malaria. The Department will be highlighting UK's leadership in fighting against the disease. This includes our £1 billion contribution to the seventh replenishment of the Global Fund to Fight AIDS, TB and Malaria; our support to research and development including to world leading Product Development Partnerships (PDPs) such as the Medicines for Malaria Venture (MMV) and Innovative Vector Control Consortium (IVCC); and our funding for catalytic interventions to bring down the prices of new products and tackle barriers to widespread access.

**Caroline Monaghan MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what financial support his Department is making available to tackle disease and infections in the developing world.

**Rt Hon Andrew Mitchell MP (Minister for Development):** The UK is committed to the fight against infectious diseases in the developing world and has a strong record of leadership in combatting their spread and impact. This includes our £1 billion contribution to the seventh replenishment of the Global Fund to Fight AIDS, TB and Malaria; as well as £1.65 billion to Gavi (the Vaccine Alliance) to immunise 300 million children and save up to 8 million lives from vaccine preventable diseases by 2025. We also invest in world-leading Product Development Partnerships such as TB Alliance for new drugs, the global non-profit FIND for new diagnostics, Medicines for Malaria Venture (MMV) and Innovative Vector Control Consortium (IVCC). Our funding for catalytic interventions brings down the prices of new products and tackles barriers to widespread access.

**Stephen Morgan MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what steps his Department is taking to help tackle (a) malaria outbreaks and (b) other health crises in (i) Sudan and (ii) South Sudan.

**Rt Hon Andrew Mitchell MP (Minister for Development):** In Sudan, the UK continues to provide support to the health sector through the International Committee of the Red Cross (ICRC) and the Sudan Humanitarian Fund (SHF). The UK is a top donor to the Global Fund to Fight AIDS, Tuberculosis and Malaria, pledging £1 billion to the Global Fund over the next three years. This Fund treated 4.2 million cases of malaria in Sudan and South Sudan in 2022. To effectively tackle disease outbreaks in South Sudan, the FCDO works closely with the UK Public Health Rapid Support Team who aid investigations and coordinate information flow between the South Sudanese ministries of Health, World Health Organization and in-country partners. The UK's Health Pooled Fund, co-funded by with other partners, has treated 1.6 million children in South Sudan for common childhood diseases and vaccinated over 288,000 children.

## On NTDs:

**Lisa Nandy MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what steps the Government is taking to support progress on the World Health Organisation's 2030 Roadmap for Neglected Tropical Diseases.

**Rt Hon Andrew Mitchell MP (Minister for Development):** 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 World Health Organisation 2030 road map on NTDs. 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. Since January 2021, the FCDO has invested over £42 million into delivering services to prevent and treat NTDs, as well as strengthening health systems so they can provide these essential services.

**Baroness Barker:** To ask His Majesty's Government what steps they are taking to tackle female genital schistosomiasis.

**Lord Goldsmith of Richmond Park (Minister):** The UK is supporting research and development into schistosomiasis through funding for the Drugs for Neglected Diseases initiative (DND<sup>i</sup>) which is actively developing new drugs for the disease with the aim to counter the risk of resistance and to treat female genital schistosomiasis. We had previously supported research into female genital schistosomiasis through support to the Coalition for Operational Research

on Neglected Tropical Diseases (COR-NTD) and this had led to the development of new competencies for the training of health professionals on the disease. Through our funding for The Joint United Nations Programme on HIV/AIDS (UNAIDS) and support for their Global AIDS Strategy 2021-26 we are also supporting initiatives to address female genital schistosomiasis and integrate treatment and prevention services for the disease with HIV services, sexual and reproductive health and rights services and comprehensive sexuality education.

**Tulip Siddiq MP:** To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, whether his Department is taking steps to help tackle female genital schistosomiasis in countries where those diseases are endemic; and whether his Department plans to increase aid funding for prevention programmes for neglected tropical diseases.

**Rt Hon Andrew Mitchell MP (Minister for Development):** The UK Government is supporting research and development into schistosomiasis through funding for the Drugs for Neglected Diseases initiative (DND<sup>i</sup>) which is actively developing new drugs for the disease with the aim to counter the risk of resistance and to treat female genital schistosomiasis. Since January 2021, the FCDO has invested over £42 million into delivering services to prevent and treat Neglected Tropical Diseases, as well as strengthening health systems so they can provide these essential services. We had previously supported research into female genital schistosomiasis through support to the Coalition for Operational Research on Neglected Tropical Diseases (COR-NTD) and this had led to the development of new competencies for the training of health professionals on the disease.

## In Memoriam

### Baroness Masham

The APPG was deeply saddened at the passing of our Vice-Chair, Baroness Masham of Ilton, in March. 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 APPG was immensely privileged to have Baroness Masham's expertise and leadership as a Vice-Chair. Our thoughts continue to be with Baroness Masham's family and friends.

### Kamran Rafiq

The APPG was deeply saddened at the passing of Kamran Rafiq, co-founder and co-director of ISNTD, in July, shortly after our joint roundtable on arboviral diseases. Kamran was a passionate champion and advocate for NTD alleviation, and the health and prosperity of the most vulnerable. Our thoughts continue to be with Kamran's family and friends and all at ISNTD.

## Officers

### Co-Chairs

**Catherine West MP** (Labour)  
**The Lord Trees** (Crossbench)

### Vice-Chairs

**The Rt Hon. the Baroness Hayman GBE** (Crossbench)  
**Pauline Latham MP OBE** (Conservative)  
**Taiwo Owatemi MP** (Labour)  
**Bell Ribeiro-Addy MP** (Labour)  
**The Baroness Ritchie of Downpatrick** (Labour)  
**Virendra Sharma MP** (Labour)  
**Tanmanjeet Singh Dhesi MP** (Labour)  
**The Baroness Sugg CBE** (Conservative) until November 2023  
**James Sunderland MP** (Conservative)  
**Derek Thomas MP** (Conservative)

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**Cover image** Former trichiasis surgery patients and healthcare workers in Salima, Malawi

**Photograph** © Malumbo Simwaka/Uniting to Combat NTDs/Sightsavers

