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**ALL-PARTY PARLIAMENTARY GROUP ON  
MALARIA AND NEGLECTED TROPICAL DISEASES**

**Annual  
Report 2024**

**ABOUT THE ALL-PARTY PARLIAMENTARY GROUP ON MALARIA AND NEGLECTED TROPICAL DISEASES**

The All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases works to raise the profile of malaria and neglected tropical diseases in the UK Parliament, to champion solutions and tools to prevent, treat, control, and eliminate these diseases, and to strengthen cross-party Parliamentary support for UK leadership, investment, and mobilisation of political will as the world works towards the shared 2030 Sustainable Development Goals.

**The Annual Report**

This Report covers the period from January 2024 to December 2024. 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**

Former Co-Chair, Catherine West MP, was an (unpaid) Trustee of the Liverpool School of Tropical Medicine and continuing Co-Chair, Lord Trees, is the Chair of the Liverpool School of Tropical Medicine's 125th Anniversary Campaign and was Chair of the United Against Rabies Forum Steering Group until May 2024.

**Due Diligence Statement**

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

**General Election**

From 30 May 2024 to our inaugural meeting in November 2024, in line with Parliamentary rules and procedure, the All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases ceased to exist and was unable to conduct any business.

**Acknowledgements**

This Report was prepared by Martha Varney, Coordinator of the All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases, and designed by Bruce Graham with thanks to 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 Group'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 those organisations involved the organisation of our visit to Ethiopia, including, but not limited to: the British Embassy in Ethiopia; the Ministry of Health in Ethiopia; the Standing Committee on Health, Social Development, Culture and Sport; the EU and Western Europe Parliamentary Friendship Committee; the National Malaria Elimination Programme, Ethiopia; Brighton and Sussex Medical School; the 5S Foundation Partnership; CDT-Africa; NaPAN; IOCC; Addis Ababa University; Migbare Senay General Hospital; AHRI; ALERT; The Leprosy Mission Great Britain; The Leprosy Mission Ethiopia; Hamlin Fistula UK; Hamlin Fistula Ethiopia; Africa CDC; the UK Coalition Against NTDs; Uniting to Combat NTDs; and the Global Fund to Fight AIDS, Tuberculosis and Malaria – and especially to Professor Getnet Tadele, Professor Abebaw Fekadu, Dr Asrat Mengiste, Fikre Hailekiros, Rachel Jackson, Gemma Aellah, Esther Garibay, Jenni Wilburn, and Professor Gail Davey.

We are also grateful to Dr Fiona Shuttleworth, Parliamentary Veterinary Intern to Lord Trees, Nathalie Spells from Catherine West MP's Private Office, and Natalie Burgess from Dr Lauren Sullivan MP's Private Office for their support for the Group 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 2024:

*Drugs for Neglected Diseases initiative* – an international, not-for-profit research and development organisation working to discover, develop, and deliver new, affordable, and patient-friendly 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.

*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 neglected tropical diseases.

*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 neglected tropical diseases.

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.

# Contents

Co-Chair's foreword	5
Overview of our year	7
International visits	9
Domestic visits	14
Events	14
Meetings	21
Articles	23
Letters	26
Committees	28
Early Day Motions	29
Parliamentary debates, contributions and questions	29
Government announcements	54





APPG Members on a tour of the Ethiopian Parliament with Professor Getnet Tadele, Ethiopian Member of Parliament

## Co-Chair's foreword

Welcome to our Annual Report for 2024.

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. This year's World Health Organization World Malaria Report revealed that, despite significant progress – including the monumental step forward taken with the start of the roll-out of the malaria vaccines in January – malaria remains a serious global health threat, particularly across Africa. Neglected tropical diseases continue to cause immeasurable health, social, and economic consequences to 1.5 billion people in the most vulnerable communities around the world, perpetuating vicious cycles of disease and poverty. Climate change, conflict, and humanitarian crises, along with increasing drug and insecticide resistance, invasive vectors – such as *Anopheles stephensi* which we held a session on in January – and a decline in the effectiveness of core tools continue to hamper progress. Reinvigorated global efforts are needed.

This year has been an unusual one for our All-Party Parliamentary Group, with the general election causing us to postpone much of our planned work, including sessions on the impact of climate change and conflict, and a visit to Glasgow to see innovative research into diseases including malaria, rabies, and human African trypanosomiasis. Members of the Group were, however, able to visit Ethiopia just before the election was called to learn about some incredible work funded by the UK on the skin diseases mycetoma, podoconiosis, and scabies, and to understand more about threats to progress including *Anopheles stephensi*, conflict, and climate change.

The change in government and huge transition in Members of Parliament has meant we have had to say goodbye to a number of passionate champions, including my long-standing Co-Chair, Catherine West, who has taken up an exciting role in Government as Parliamentary Under-Secretary of State for the Indo-Pacific. I would also like to pay a special tribute to those Members who have left Parliament this year, including dedicated champions, Virendra Sharma, Pauline Latham, James Sunderland, Derek Thomas, and Patrick Grady. They will all be greatly missed.

We have, however, been able to welcome new Members to the Group. I am especially excited to be working closely with my new Co-Chair, Dr Lauren Sullivan, who brings real experience of malaria and neglected tropical diseases to the Group – Lauren's doctoral thesis was on the discovery and development of diagnostic biomarkers for human African trypanosomiasis and she has also worked on malaria at the Francis Crick Institute. Lauren has recently taken up a role as a Member of the Science, Innovation and Technology Committee and I know will be a huge asset, especially in our work on supporting UK science, research, and innovation for neglected diseases.

2024 had started in a promising way, with a 90-minute Westminster Hall debate, led by Patrick Grady, dedicated to the UK's role in ending malaria and neglected tropical diseases. The UK's leadership and investment in tackling these diseases will be particularly critical as we enter a busy replenishment year, with the Global Fund to Fight AIDS, Tuberculosis and Malaria and Gavi, the Vaccine Alliance both up for renewal in 2025. Recent decisions on international aid in the United States and here in the UK make our role more pressing than ever, as we work with colleagues in Parliament to protect global health within remaining Official Development Assistance.

So, as we move into a new year for our All-Party Parliamentary Group, we will work hard to keep malaria and neglected tropical diseases on the Parliamentary agenda. We appreciate all the support we have been given in 2024 and look ahead to another challenging year together as we advocate for some of the world's most devastating diseases.

**Professor the Lord Trees FRCVS FMedSci HonFRSE**  
Co-Chair, All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases





Lord Oates, Patrick Grady MP, and James Sunderland MP at The Africa Centres for Disease Control and Prevention (Africa CDC) in Addis Ababa, Ethiopia

## Overview of our year

### AGM, MEMBERSHIP AND WORKPLAN

The All-Party Parliamentary Group (APPG) on Malaria and Neglected Tropical Diseases held two general membership meetings this year – an Annual General Meeting (AGM) on Wednesday 13 March 2024 and, following dissolution of the APPG in line with general election rules, an Inaugural General Meeting (IGM) on Wednesday 6 November 2024.

At the March AGM, **Catherine West MP** and **Lord Trees** were re-elected as Co-Chairs and **Tanmanjeet Singh Dhesi MP** and **James Sunderland MP** were re-elected as Vice-Chairs.

The Parliamentarians present at the meeting agreed the APPG would focus on the following priority areas of work:

- raise the profile of malaria and neglected tropical diseases;
- hold the government to account for meeting commitments relating to ending the epidemics of malaria and neglected tropical diseases;
- demonstrate the impact and value of UK aid, with a focus on upcoming replenishments and funding for long-term research;
- support and promote British-backed science, research, and innovation, including UK institutions and Product

Development Partnerships (PDPs), and equitable research partnerships and capacity-building in endemic countries;

- build relationships with Parliamentary groups, forums, and caucuses in endemic and donor countries;
- draw attention to the impact of climate change and changes to the natural environment on malaria and neglected tropical diseases;
- draw attention to the impact of conflict and humanitarian crises on malaria and neglected tropical diseases; and
- promote cross-sectoral collaboration to maximise the impact of UK investment – for example, water, sanitation, and hygiene (WASH), sexual and reproductive health and rights (SRHR), nutrition, maternal and child health, mental health, disability inclusion, pandemic preparedness and response, and drug, insecticide, and antimicrobial resistance (AMR).

At the AGM, the APPG's report on its delegation visit to Malawi in July 2023 was officially launched.

At the IGM in November, **Dr Lauren Sullivan MP** and **Lord Trees** were elected as Co-Chairs and **Tanmanjeet Singh Dhesi MP** and **Baroness Hodgson** of Abinger were elected as Vice-Chairs.



Members of the APPG at the Annual General Meeting in March



The Parliamentarians present agreed a Statement of Purpose for the APPG, as follows:

- To raise the profile of malaria and neglected tropical diseases in Parliament, to champion solutions and tools to prevent, treat, control, and eliminate them, and to strengthen cross-party Parliamentary support for UK leadership, investment, and mobilisation of political will as the world works towards the shared 2030 Sustainable Development Goals.

The Parliamentarians present agreed overarching aims for the APPG, as follows:

- To inform Parliamentarians of the devastation that malaria and neglected tropical diseases cause.
- To build cross-party Parliamentary support for UK leadership and investment in the fight to end malaria and neglected tropical diseases.
- To cultivate a strong group of Parliamentary champions who will hold the government to account on their commitments to tackling malaria and neglected tropical diseases.

The Parliamentarians present agreed the APPG would focus on the following priority areas of work:

- raise the profile of malaria and neglected tropical diseases;
- keep members informed of updates and milestones across malaria and neglected tropical diseases and equipped with up-to-date data to enable them to make meaningful Parliamentary contributions;
- demonstrate the impact and value of UK aid, with a focus on upcoming replenishments (including Gavi, the Vaccine

Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria) and funding for long-term research;

- hold the government to account for meeting commitments relating to ending the epidemics of malaria and neglected tropical diseases, including Commonwealth commitments;
- support and promote British-backed science, research, and innovation, including UK institutions and Product Development Partnerships (PDPs) and equitable research partnerships and capacity-building in endemic countries;
- maintain and build relationships with key malaria and neglected tropical disease stakeholders and build relationships with Parliamentary Groups, forums, and caucuses in endemic and donor countries;
- undertake cross-party Parliamentary delegation visits to affected countries and undertake cross-party Parliamentary visits to UK science, research, and innovation hubs;
- draw attention to the impact of climate change, conflict, and humanitarian crises on malaria and neglected tropical diseases;
- promote cross-sectoral collaboration to maximise the impact of UK investment – for example, water, sanitation, and hygiene (WASH), sexual and reproductive health and rights (SRHR), nutrition, maternal and child health, mental health, disability inclusion, ending preventable deaths, pandemic preparedness and response, and drug, insecticide, and antimicrobial resistance (AMR); and
- grow membership and reach of the APPG.

At the IGM, the APPG's report on its delegation visit to Ethiopia in May 2024 was officially launched.



Members of the APPG at the Inaugural General Meeting in November

## International visits

### Ethiopia

Cross-party Parliamentary delegation visits to endemic countries are incredibly important to our work – enabling members to see first-hand the impact of malaria and NTDs, the lived experience for those at risk of and suffering from these diseases, and the important work done by respective governments, partners, and local communities to fight these diseases on the ground, 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.

In May, Vice-Chairs **Tan Dhesi MP** and **James Sunderland MP** and Members **Patrick Grady MP**, **Baroness Hayman**, and **Lord Oates** were able to travel to Ethiopia for a four-day visit based around the capital, Addis Ababa.

In Ethiopia, malaria is highly seasonal and unstable with epidemic-prone transmission patterns in many parts of the country. As a result, the protective immunity of the population is generally low, and all age groups are at risk of infection and disease. *Plasmodium falciparum* is the deadliest malaria parasite and the most prevalent on the African continent – in Ethiopia, it accounts for around 65 per cent. *Plasmodium vivax* is the most prevalent strain outside of sub-Saharan Africa but is becoming more established in Ethiopia, accounting for around 35 per cent. As malaria is altitude-dependent, high malaria risk areas are mainly located in the western lowland areas of the country, with areas of high altitude, such as Addis Ababa, generally seen as too high to support mosquito survival and transmission. However, there is growing evidence that warmer temperatures are causing malaria to spread to higher altitudes.

For NTDs, Ethiopia is estimated to have the highest burden of podoconiosis, trachoma, and cutaneous leishmaniasis in sub-Saharan Africa. The country also faces the second-highest burden in sub-Saharan Africa in terms of round worm (a type of soil transmitted helminth), leprosy, and visceral leishmaniasis, as well as the third-highest burden of hookworm (another type of soil transmitted helminth). Almost all regions of Ethiopia have been affected by at least three NTDs, with higher burdens observed in the central, western, and northwestern parts of

the country. Over 75 million people are at risk of infection by at least one NTD and, unfortunately, more than 27 million of those in need have not received treatment.

The delegation was invited by Brighton and Sussex Medical School to join the Opening Day Policy Forum of the Social Sciences for Severe Stigmatising Skin Conditions (5S) Foundation Annual Programme Meeting and Dissemination Event, *Time for Action: From Shadows to Spotlight: Transforming Perceptions of Neglect*. The 5S Foundation partnership, funded as part of the UK's global health portfolio by the National Institute for Health and Care Research (NIHR) through its Research and Innovation for Global Health Transformation (RIGHT) programme, aims to leverage social science knowledge for action on neglected skin diseases, including podoconiosis, scabies, and mycetoma. To mark the culmination of five years of activities and achievements, the 5S Foundation partnership held a three-day forum welcoming delegates from the WHO, the Ethiopian and Rwandan Ministries of Health, representatives from Ethiopian and UK governments, over eight universities, implementing



Baroness Hayman speaks with a woman affected by podoconiosis and Abebe Kelemework from IOCC

organisations, and the patient community. Sessions included panel discussions, an exhibition, academic summary and reflection, and a partnerships panel with learnings from public engagement teams. At the opening of the event, **Patrick Grady MP** spoke on behalf of the delegation and was followed by a keynote speech from Dr Dereje Duguma, State Minister for Health Services and Programmes at the Federal Ministry of Health in Ethiopia. The session closed with a community theatre piece, 'See Me!', followed by the official opening of the 'See Me!' exhibition, featuring photographs, 5S poster presentations, videos, health materials, and a 'Black Box of Policy' installation demonstrating the role that love, compassion, and common humanity can play in finding ways to take action for NTDs.

The delegation's first site visit was to Addis Ababa University, the oldest and largest higher learning and research institution in Ethiopia. Since its inception, the University has been a leading centre in teaching, learning, research, and community services. The University's mission is to pursue transformative education, cutting-edge research and innovation, and impactful services and engagement in advancing socio-economic, cultural, and technological needs and interests. Its vision is to become a leading research university in Africa, to advance national needs, and be responsive to global development. As part of a visit to the campus, the delegation met with the University's inspiring Interim President, Dr Samuel Kifle, who previously served as State Minister for Higher Education and Development. Dr Kifle gave an overview of the University, and spoke to his commitment to collaboration, especially across health, including with institutions in the UK.

The delegation's second site visit was to the Center for Innovative Drug Development and Therapeutic Trials (CDT-Africa). CDT-Africa was established by Addis Ababa University – with support from the World Bank and a number of UK partners including NIHR, King's College London, and Brighton and Sussex Medical School – as an Africa Higher Education Centre of Excellence to deliver high quality postgraduate education and build collaborative research capacity to address the development challenge posed by poor access to drugs, vaccines, and diagnostics. The delegation, together with a number of Ethiopian Parliamentarians from the Standing Committee on Health, Social Development, Culture and Sport, was hosted at CDT-Africa by Professor Abebaw Fekadu,

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

The delegation's third site visit was to Migbare Senay General Hospital to see a podoconiosis treatment clinic set up with support from the National Podoconiosis Action Network (NaPAN), the International Orthodox Christian Charities (IOCC), and 5S Foundation to serve those who have migrated from their communities to Addis Ababa, often due to stigma and discrimination. The delegation was able to visit the clinic and meet with members of the team from NaPAN, including Fikre Hailekiros and Dr Asrat Mengiste, and IOCC, including Tsige Amberbir, Abebe Takele, Mebratu Mitiku, and Abebe Kelemework to learn more about the impact of their work, and to understand the diagnosis, disability prevention, morbidity management, and self-care practices for the disease. This included the opportunity to observe and participate in a training session to learn how healthcare workers teach affected people the necessary self-care and foot hygiene skills – including foot washing, compression, exercises, and shoe-wearing – to be able to self-manage this chronic disease at home or in community groups supported by community health extension workers. The delegation was also able to meet with some inspiring men and women affected by podoconiosis and spend time listening to each of their stories, unique experiences, and unseen struggles of living with the disease including severe pain, misdiagnosis and misunderstanding of the disease, intense stigmatisation, ostracisation, and isolation, the feeling of worthlessness, and the devastating impact on relationships with family members, friends, and their local communities. Many of those the delegation spoke to have not seen their families – including mothers, fathers, husbands, wives, and children – for years.

The delegation's fourth site visit was to the All Africa Leprosy, Tuberculosis, Rehabilitation and Training Center (ALERT), one

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

The delegation's fifth site visit was to the Armauer Hansen Research Institute (AHRI), a medical research institute initially set up to investigate the pathogenesis and human immune

responses of leprosy, and now conducting medical research across a range of diseases, including malaria, cutaneous leishmaniasis, and podoconiosis. The delegation met with Professor Afework Kassu Gizaw, AHRI's Director General, who previously served as Ethiopia's State Minister for Science and Higher Education, and Dr Fitsum Tadesse, who presented to the APPG in the UK Parliament in January. The delegation received presentations on AHRI's work, including on *Anopheles stephensi*, before touring the biomedical research laboratories, the new AHRI building which is currently under construction, and the historical sites within the ALERT-AHRI Health Village.

The delegation's sixth site visit was to Gelan Health Centre with Dr Kebede Etana, Malaria Case Management Adviser at the National Malaria Elimination programme in Ethiopia, and Dechasa Nesga, from Addis Ababa Health Bureau, to understand more about the critical work of the Global Fund to Fight AIDS, Tuberculosis and Malaria in Ethiopia. The delegation met with the incredibly inspiring manager of the health centre, and members of her on duty team, followed by a tour of the busy outpatient department, the



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



laboratory department, and the centre's critical drug stores and dispensaries. Gelan is situated on the outskirts of Addis Ababa and, given the high altitude, should not experience local cases of malaria. However, evidence that is starting to be collected at the health centre through surveillance, monitoring, and mosquito and stagnant water collection suggests that malaria may be moving into the highlands with local cases starting to emerge, including in those under five which indicates transmission in the community.

The delegation's seventh site visit was to the Africa Centres for Disease Control and Prevention (Africa CDC). Africa CDC is a specialised technical health and autonomous agency of the African Union established to support public health initiatives of Member States and strengthen the capacity of their public health institutions and systems' capacities, capabilities, and partnerships to detect, prevent, control, and respond quickly and effectively to disease threats and outbreaks, based on data-driven interventions, policies, and programmes, and evidence-based decision-making. The delegation was hosted for a meeting and tour of Africa CDC headquarters by Dr Nafiisah Chotun, the Unit Lead for Endemic and NTDs in the Division of Disease Control and Prevention. The delegation was able to see an impressive data warehouse which, when fully operational, will support electronic storage capacity for Member States, as well as a building with a range of equipped biosafety level laboratories designed to enable secure and safe handling of highly dangerous pathogens, training rooms, decontamination rooms, and biorepository facilities.

The delegation was also able to meet with scientists, researchers, and others working across global health, including with Dr Alemayehu Sisay, Orbis's Country Director, who provided an overview of Orbis's work on reducing the spread of trachoma infection, Dr Samuel Tesema and colleagues from DNDi working on visceral leishmaniasis, and Dr Agonafer Tekalegne, Dr Zelalem Kefene, and Esey Batisso Gabore from Malaria Consortium working on podoconiosis. The delegation also had a meeting on the impact of conflict and humanitarian crises in the region.

Delegation visits also enable Parliamentarians to meet with their counterparts in other countries. During our time in Addis Ababa, the delegation was able to meet with Parliamentarians including Professor Getnet Tadele, a Member of Parliament and Professor at the Department of Sociology at Addis Ababa

University, who gave the delegation a tour of the Ethiopian Parliament. During the tour, the delegation was able to drop in to a session of the Standing Committee on Health, Social Development, Culture and Sport, and to meet with members, including its Chair, Werksema Mamo Mekonnen, and Vice-Chair, Dr Tadele Buraka Bushasha, as well as Dr Mahatme Haile Workeneh and Tesfahun Bogale Jember, who sit on the Health Sub-Committee, and Ambassador Dina Mufti, who chairs the EU and Western Europe Parliamentary Friendship Committee.

Finally, the delegation was able to learn about some connected global health issues, including malnutrition and hunger and integrated nutrition and immunisation, through meetings with UNICEF Ethiopia and Action Against Hunger Ethiopia Mission, and obstetric fistula through a site visit to Hamlin Fistula Ethiopia's Addis Ababa Fistula Hospital.

A detailed report on the visit has now been published, which includes the following proposals for UK action:

1. The Global Fund to Fight AIDS, Tuberculosis and Malaria contributes 65 per cent of all international financing for malaria control and elimination. The UK should commit to a full contribution to the Global Fund at the next replenishment to ensure we are not pushed further off track in our global eradication goals, and should strongly support other key multilaterals including Gavi, the Vaccine Alliance. In addition, using its leadership position to shape the future of global health initiatives, the UK should explore how support for NTD elimination could be better incorporated into existing funds, including the Global Fund, to ensure people affected by NTDs are not left behind.
2. Over the last decade, the UK has led the way on research into global infectious disease – playing a pivotal role, for example, in the development of new malaria vaccines, RTS,S and R21. The UK's thriving scientific research and innovation sector must continue to be world-leading and supported through long-term, sustainable UK funding and investment.
3. Equitable partnership must be at the heart of the UK's development approach, recognising the strength in collaboration and research partnerships between the UK and endemic countries. The UK should play a leading role in collaboration with international partners to build and

support local manufacturing capacity across the African continent, including for production of medicines, vaccines, and diagnostics. Funding for these localised approaches generates long-lasting, sustainable dividends for health and wealth.

4. The psychological and social well-being of people affected by NTDs, including experiences of stigma and marginalisation, are often overlooked. To maximise their impact and sustainability, policies, strategies, and programmes need to explicitly incorporate the needs and circumstances of people affected to build more holistic and inclusive services, including psychosocial support. The UK should support social science research capacity in lower and middle-income countries to help understand and amplify the knowledge that affected people have about the social and economic structures that impact their vulnerability to, and experiences of, NTDs, as well as their ability to live well.
5. To multiply the benefits of UK development and to ensure no one is left behind, the UK should ensure cross-sectoral coordination and collaboration between NTD and malaria programmes and investments in nutrition, water, sanitation and hygiene (WASH), disability inclusion, maternal and child health, and preventing avoidable deaths, including preventing avoidable childbirth injuries.

6. Malaria is a disease that is driven by the environment, sensitive to climatic indicators of temperature, rainfall, and humidity. In Ethiopia, there is growing evidence that rising temperatures are causing malaria to spread contributing to the establishment of the disease in areas that were previously malaria-free. The UK should support global efforts to mitigate the impact of climate change and changes to the natural environment on malaria and NTDs.
7. The arrival of the invasive malaria vector *Anopheles stephensi* in Africa poses a risk to arid regions, increasing transmission across the dry season. The UK should support its scientific research sector in contributing to urgent research into *Anopheles stephensi* behaviour and biology and use its leadership position to raise awareness and political commitment to this and other biological threats including the emergence of *Plasmodium falciparum* gene deletions.
8. As a result of conflict in the region, including in northern Ethiopia and in Sudan, there has been a widespread disruption of basic public health services and interventions, increasing disease outbreaks including malaria, dengue, and scabies, and leading to millions of people displaced and in need of humanitarian assistance. The UK must continue to press for peace in the region and assist with urgent lifesaving support.



The delegation learn about how special shoes, prosthetics, and orthoses are made for leprosy patients at the Prosthesis and Orthosis Department at ALERT

## Domestic visits

### Glasgow

As part of our focus on British-backed science, research, and development, in June the APPG was planning a visit to, and tour of the laboratory facilities at, the College of Medical, Veterinary and Life Sciences at Glasgow University to meet with academics covering malaria and NTDs such as rabies and human African trypanosomiasis, led by Professor Andy Waters.

Unfortunately, the announcement of the general election and the dissolution of the APPG meant that the visit was postponed. We hope to be able to visit Glasgow University soon to see some of this incredible work.

In February, Members of the APPG were able to attend a showcase in Parliament, sponsored by APPG Member, **Patrick Grady MP**, on how the University of Glasgow is creating healthier places through research, innovation, and equitable partnerships to tackle health inequalities and chronic diseases both in the UK and overseas. Members, including Co-Chair **Catherine West MP** and Member **Wendy Chamberlain MP**, met with academics at Glasgow and received an update on the collaboration between Scotland and Malawi, which the APPG saw first-hand during a delegation visit to Blantyre in Malawi last year.

## Events

### *Anopheles stephensi*

In January, Vice-Chair **James Sunderland MP** hosted a panel discussion led by RAFT (Resilience Against Future Threats consortium) at the London School of Hygiene and Tropical Medicine, on *Anopheles stephensi* in Africa and why this invasive vector matters for the future of malaria control.

*Anopheles stephensi* was first identified over 120 years' ago in Asia, where it transmits malaria in several countries. In 2012, this species was reported for the first time in Africa in Djibouti and has since been found in another eight African countries.

The event explored the emergence of the *Anopheles stephensi* mosquito in urbanised environments within these African countries, exposing vast numbers of people living in unplanned urban settlements to a new health risk. These mosquitoes readily breed in man-made containers, such as those used to store water, setting them apart from the familiar species *Anopheles gambiae* and *Anopheles funestus*. As a result, *Anopheles stephensi* can thrive in urban areas with unreliable water supply, transmitting malaria in large towns and cities. Evidence suggests that this invasive vector could put 129 million people in major cities in Africa at increased risk of malaria.



James Sunderland MP with Professor Sian Clarke, Dr Seth Irish, Professor Jo Lines, and Dr Fitsum Tadesse at a Parliamentary reception on *Anopheles stephensi*

Where prior exposure and immunity to the disease is low, this could result in outbreaks with high morbidity and mortality.

The event aimed to raise the profile of this vector's emergence in Africa and bring together experts and stakeholders from a variety of fields and backgrounds. Entomologists, epidemiologists, environmental scientists, NGOs, and private and public sector representatives from across the UK, Africa, South Asia, and the Middle East joined in person and online.

Panellists included Dr Seth Irish from the World Health Organization who leads the development of the WHO's initiative against *Anopheles stephensi*, Dr Fitsum Tadesse, a Wellcome Trust Fellow at the London School of Hygiene and Tropical Medicine and the Armauer Hansen Research Institute in Ethiopia where he leads the malaria research team, and Dr Jo Lines from RAFT, a vector biologist who has been working on practical methods of malaria mosquito control for decades.

Dr Fitsum Tadesse emphasised that *Anopheles stephensi* is now well-established year-round in the Horn of Africa and has recently been implicated in an urban dry-season outbreak. Dr Seth Irish discussed the activities that the WHO is undertaking to prevent the expansion of *Anopheles stephensi* including the launch of an initiative to understand and combat the vector's spread, maintenance of a Malaria Threat Map, and convening quarterly calls with experts and stakeholders from around the world to discuss new findings. Surveillance is lacking in some regions and the true extent of *Anopheles stephensi* remains uncertain.

The panel discussion focused on the need for new research into *Anopheles stephensi* behaviour and biology, monitoring and surveillance, and funding, as well as the importance of raising awareness and political commitment. We also heard how collaboration across sectors, including water and sanitation, environment, and development, is crucial to control, adding to other known public health benefits. In particular, investments in urban development, especially in water and sanitation, could play an important part in controlling the spread of this mosquito.

Professor Jo Lines closed the presentations by reflecting on the need for a strategic shift: "Urbanisation has been playing a big role in reducing malaria in towns and cities in Africa. We have somehow come to accept that slowly, but surely,

development would gradually build malaria out of Africa. With *Anopheles stephensi* in Africa, we have to think again."

Key messages from the event, included:

- The ongoing spread of *Anopheles stephensi* in Africa puts millions of people at increased risk of malaria, due to its ability to breed in urban areas.
- The invasive species has been associated with urban outbreaks in the Horn of Africa.
- The WHO continues to track the spread of *Anopheles stephensi* and support international collaborations for preparedness and response.
- We must reconsider our assumption that urbanisation will aid in the long-term fight against malaria in Africa.
- We must continue breaking down silos between the malaria community and water, sanitation and hygiene (WASH) and urban development stakeholders.

### World NTD Day

30 January was the fourth annual World NTD Day – a global awareness day for addressing NTDs. To mark the day, and to raise awareness of these devastating diseases within the UK Parliament, our Co-Chair, **Lord Trees**, hosted a Parliamentary reception on behalf of the APPG with the UK Coalition against NTDs under the global theme 'Unite, Act, Eliminate'. The event also drew attention to the disproportionate impact these diseases have on women and girls, celebrated recent NTD successes – including noma's inclusion in the WHO official NTD list and the UK-supported elimination of visceral leishmaniasis and lymphatic filariasis in Bangladesh – and highlighted the importance of cross-sectoral collaboration, national government leadership, and the need for continued investment into implementation, research, and partnerships for sustainable NTD control, elimination, and eradication.

Fidel Strub, Co-Founder and Director of Elysium Noma Survivors Association, spoke passionately about surviving noma, his journey through countless reconstructive surgeries, and his drive to get more attention to both this cruel disease and oral health, so that no other child has to suffer so long after noma.

The World Health Organization's Director of the Department of Control of NTDs, Dr Ibrahima Socé Fall, shared his vision of a world where health equity is not just a goal but a reality for



everyone, pointing to recent elimination successes and achieving the halfway point towards the 100-country target set for 2030.

Dr Dinu Guruge, an epidemiologist in Sri Lanka working with the Drugs for Neglected Diseases initiative's Dengue Global Programme, spoke about the impact of dengue outbreaks, including on women and children, the difficulty for health systems to cope, innovations in treatment, and the importance of everyone working together through long-term, sustainable partnerships.

Tijana Williams, Director of GSK's albendazole drug donation programme, highlighted not only the huge role that GSK plays in supporting elimination success for lymphatic filariasis and other NTDs through its drug donation programme, but also in supporting research innovations for NTDs – a shining example of UK institutions and pharmaceutical companies delivering impact and reaching the most vulnerable communities.

We also heard powerful video presentations from Dr Dinesh Mondal of the International Centre for Diarrhoeal Disease Research and Professor Nazmul Islam of the Centre for Disease Control in Bangladesh, edited by Brighton and Sussex's Professor Shahaduz Zaman, which incorporated heartfelt testimonies from Bangladesh's elimination successes for visceral leishmaniasis and lymphatic filariasis.

Dr Poonam Khetrpal Singh, Regional Director at the World Health Organization for Southeast Asia, also provided an update via video on regional challenges and successes and spoke to the importance of political commitment.

To close, Dr Wendy Harrison spoke on behalf of the UK Coalition against NTDs to call for stakeholders to unite across sectors to achieve shared goals, building on the Kigali Declaration's call for comprehensive, partnership-driven NTD programmes and strategies that promote gender equity and support country ownership. Dr Harrison and Lord Trees also announced the winners of Unlimit Health's 'Shine a Light' poster competition to raise awareness of NTDs. Art has a real power to shed light on important issues that some people may not be aware of and is a fantastic way of engaging young people in raising awareness of these neglected diseases. This year's poster winners showed not only artistic brilliance, but also creativity and clarity in their interpretation of the brief.

On World NTD Day, **Lord Trees** also attended a screening of 'The Fly Collectors' at the Royal Society of Arts, co-hosted by Reaching the Last Mile Forum, the World Health Organization, and the UAE Embassy in London. This incredibly powerful documentary follows the work of leading entomologist, Dr Daniel Boakye, and his determination to eliminate onchocerciasis, or river blindness, from Senegal.



Lord Trees with Dr Ibrahim Socé Fall, Tijana Williams, Dr Wendy Harrison, Dr Dinu Guruge, and Fidel Strub at a Parliamentary reception to mark World NTD Day

### Ending preventable deaths

In February, the APPG supported a roundtable event in Parliament with Unitaid, STOPAIDS, and the APPGs on Global Health and HIV and AIDS on ending preventable deaths of women and girls.

Nearly 95 per cent of all maternal deaths occur in low- and middle-income countries and nearly five million children globally die before their fifth birthday. For malaria, young children and pregnant women are disproportionately affected. Effective medicines and other malaria-fighting tools are not reaching as widely as is needed, while other tools are waning in efficacy.

Roundtable participants included **Baroness Barker**, **Lord Browne**, and **Patrick Grady MP**. **Theo Clarke MP** talked about the role of UK aid in working to tackle the 300,000 women dying in pregnancy and childbirth early every year. Janet Ginnard, Director of Strategy at Unitaid, spoke about Unitaid's work focusing on three main areas: promoting safe pregnancy and childbirth, improving child survival, and prioritising women's access to health care by accelerating access to high-quality and affordable screening, treatment, and prevention tools. In particular, Janet spoke to Unitaid's investment into research institutions, including over £250 million in the UK, to fight infectious diseases and deliver for women's health. Recent reports suggest that investing in women's health could return US\$1 trillion by 2040.

Angelina Namiba of 4M Project spoke about the need to commit core funding to women's organisations and the importance of language and respect for women facing birth trauma and pregnant women living with HIV. 4M Project is a unique peer-led programme led by black migrant women training women living with HIV across the UK as 'Mentor Mothers', providing psycho-social support to peers in their pregnancy journey and beyond.



Cross-APPG roundtable with Unitaid on ending preventable deaths

Carol Nawima shared powerful personal testimony of how dolutegravir HIV treatment, including paediatric formula, developed by Unitaid saved her life and the lives of children in her family. Carol became a grandmother recently and credited Unitaid and the political leadership of those supporting funding for global health for her being alive and able to support her daughter through university.

Finally, Radhika Khanna Hextor from Malaria Consortium explained how Unitaid is helping to fund British science, including at the London School of Hygiene and Tropical Medicine, and how this is being utilised in the global fight against malaria, including through preventing malaria in pregnant women.

### British Science Week

In March, to coincide with British Science Week, Member **Lord Oates** hosted a Parliamentary reception with Unitaid and STOPAIDS on British research and development, *Innovation that delivers global impact to reach the Sustainable Development Goals by 2030*. The event showcased partnership work with Unitaid and UK research institutions, including the Innovative Vector Control Consortium (IVCC)'s New Nets Project (NNP) funded by Unitaid and the Global Fund to tackle anti-microbial resistance through insecticidal nets treated with new insecticide combinations.

Mosquitoes are becoming increasingly resistant to the pyrethroid insecticides used on insecticidal treated nets, which may reduce the nets' ability to protect people from malaria. To respond to this rise in insecticide resistance, the NNP piloted



Unitaid's Tenu Avafia and IVCC's Dr Laura Roberts and Justin McBeath showcasing their New Nets Project at a Parliamentary reception for British Science Week

mosquito nets treated with new dual insecticide combinations in moderate to high transmission areas throughout sub-Saharan Africa, to give definitive evidence of how well they perform compared to standard nets. The project also assessed the cost-effectiveness of the nets under operational pilot conditions, across countries representing different epidemiological, insecticide resistance, and entomological profiles.

The project built the evidence needed to allow the World Health Organization to make a policy recommendation for dual active in nets – not only working to establish the necessary evidence base needed to support an appropriate policy recommendation, but also to make the new nets a sustainable choice for countries looking for the best value for money in controlling malaria. In addition, catalytic market shaping work under NNP to increase supply and demand has laid the foundation for ensuring equitable and affordable access to novel vector control products.

The nets were first deployed in 2019 in Burkina Faso in West Africa. Additional countries were selected for pilots in 2020, 2021, and 2023.

#### 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 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.

The students presented policy briefings on range of topical global health topics, selected by APPG Members and partners, including:

- What are the challenges facing a One Health approach to achieving the goal of eliminating dog-mediated rabies by 2030, and how do you suggest they are overcome?
- How does recent research showing the existence of bovine/human hybrid *Schistosoma* spp. affected the public health and policy approach needed for controlling human schistosomiasis?
- What role can the reform of multilateral development banks play in relation to funding for health interventions, including malaria and NTDs?
- How can NTDs be better incorporated into existing funding mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Global Financing Facility?
- What is the intersection between conflict and diseases of poverty, and what implications does this have for NTD and malaria programmes and for policymakers?
- Given that reliable and widespread diagnostics form the early smoke signals for monitoring outbreaks of emerging

and existing diseases, what more can policymakers do to support surveillance and monitoring of infectious diseases?

#### Regional manufacturing

In April, ahead of World Malaria Day and to coincide with the first day of World Immunisation Week, Co-Chair **Catherine West MP** and Member **Patrick Grady MP** joined a roundtable led by Unitaid to highlight the importance of increasing the regional manufacturing capacity of health products in countries around the world that are facing some of the most significant health challenges, including malaria, and to discuss the UK's role.

Equitable access to affordable, quality assured health products is an essential part of sustainable health systems. But with the majority of the world's health products produced in just a few mainly high-income countries, most low- and middle-income countries do not have stable, affordable access to the tests, treatments, and tools they need – Africa, for example, which shoulders the majority of the malaria burden, imports more than 95 per cent of the active pharmaceutical ingredients and 70 per cent of all medicines used on the continent.

To coincide with the event, Unitaid released a new report calling for regional manufacturing of antimalarial drugs in Africa to be urgently scaled up to increase health security and help address growing drug resistance. The report, *Antimalarial manufacturing in Africa: A call for regional action*, lays out a pathway for increasing regional manufacturing of antimalarials on the continent. While recognising that there are still significant barriers to be addressed, the report shows that recent advancements in pharmaceutical manufacturing

capabilities in Africa make this an opportune time for all stakeholders to work together to support the continent's emerging antimalarial manufacturing sector.

To date, support has been limited for strengthening regional manufacturing of pharmaceuticals in Africa due to key challenges such as deficient infrastructure, lack of access to affordable financing, a shortage of relevant skills, limited avenues for technology transfer, high cost of production, the cost and difficulty of securing World Health Organization prequalification, and weak regulatory and quality assurance systems. In the new report, Unitaid has identified opportunities for interventions that address these barriers to achieve scaled, cost-effective, sustainable, and commercially viable manufacturing of antimalarials in Africa.

Participants at the Parliamentary roundtable included: Joy Phumaphi, Board Member of Medicines for Malaria Venture (MMV) and Executive Secretary of the African Leaders Malaria Alliance (ALMA); Kanya Manoj, Director of Sexual and Reproductive Health Rights Choices at the Children's Investment Fund Foundation (CIFF); Kaodili Udeh, Health Markets Executive at MedAccess; Emeka Okoli, Chairman of Emzor Pharmaceuticals; Nikhil Chulani, Investment Director at British Investments International (BII); Astrid Bonfield, Chief Executive of Malaria No More UK; Samrita Sidhu, Deputy Director of Global Health at the FCDO; and Robert Matiru, Director of Programmes at Unitaid.

Reflecting on the discussion, Robert Matiru noted how regional manufacturing of quality-assured, affordable treatments in Africa is critical to health security and to



Lord Trees with students and teachers from Oxford's MSc programme on global health



Catherine West MP and Patrick Grady MP at a Unitaid roundtable on regional manufacturing



achieving universal health coverage. This will also contribute significantly to the health-related Sustainable Development Goals (SDGs) and support achievement of climate targets by reducing transport costs and carbon emissions.

### The Future of Vaccines

In April, to coincide with World Immunisation Week, Members of the APPG attended the APPG on Vaccinations' panel discussion hosted by **Dr Philippa Whitford MP** on the future of vaccines. The discussion, which included Dianne Stewart from the Global Fund to Fight AIDS, Tuberculosis and Malaria and Edward Molnar from Gavi, the Vaccine Alliance, included discussion on the new malaria vaccines and the need to ensure equitable access.

### WHO World Malaria Report

In December, Co-Chair **Dr Lauren Sullivan MP** and the APPG co-hosted a reception with Malaria No More UK to mark the release of the World Health Organization's World Malaria Report 2024.

Each year, this report provides a comprehensive and up-to-date assessment of trends in malaria control and elimination globally. This year's report found an estimated 2.2 billion cases of malaria and 12.7 million deaths have been averted since 2000 with clear progress across many countries, but noted that the disease remains a serious global health threat, particularly in the WHO Africa Region which accounts for 95 per cent of malaria deaths.

This event brought together Parliamentarians, scientists working on the eradication of malaria, and a range of partners to mark the launch of the report, examine the progress that has been made, and discuss how we can accelerate progress over the next few years. We heard from a range of speakers including individuals from malaria-endemic countries, organisations that deliver programmes deploying key malaria tools and medicines to the people and communities who need them, and Parliamentarians whose support is vital to ensuring the UK plays its part in the global fight.

**Dr Lauren Sullivan MP** and Dr Astrid Bonfield, CEO of Malaria No More UK, opened and closed the event with a video address from Dr Daniel Ngamije, Director of the Global Malaria Programme at the World Health Organization, presenting the key findings from the report. Dr Ngamije highlighted the need for a more inclusive and effective response to reach those most vulnerable to the disease – including pregnant women and girls, children aged under five, Indigenous Peoples, migrants,

persons with disabilities, and people in remote areas with limited healthcare access. In particular, he called for urgent and accelerated action through a 'Big Push' to revitalise global malaria control by aligning international support more closely with the specific needs of affected countries.

Krystal Birungi, an entomologist at Target Malaria, based in Uganda and specialising in vector biology and innovative malaria control strategies, provided powerful testimony. Krystal is also a prominent Global Fund advocate, working to promote effective funding and resource allocation for malaria and other critical health issues. Krystal and her two younger brothers almost became statistics themselves when they each fell ill as young children. Krystal recalled being desperately sick, with her mother having to call personal contacts who worked in clinics to try to get access to medications at no cost, because they were not able to afford to pay for them. Seeing the effect the Global Fund and other organisations have had on fighting the disease within Uganda ignited a belief within Krystal that she too could make a difference. She developed an interest in genetics and now works as an entomologist to better understand mosquitoes with the hope of one day being able to eliminate malaria once and for all.

The Minister for Development, **Anneliese Dodds MP**, provided the keynote address, which included the announcement of a new £5 million UK programme with the RBM Partnership to End Malaria (RBM) to boost global efforts to end malaria by 2030. Barbara Laurenceau, Head of Programs for RBM, also spoke to the announcement.

Finally, Marijke Wijnrocks, Head of Strategy, Investment and Impact at the Global Fund to Fight AIDS, Tuberculosis and Malaria, and Björn Gillsäter, Managing Director, Global Donor Relations, Advocacy and Fundraising at Gavi, the Vaccine Alliance, spoke about their upcoming replenishments.



Dr Lauren Sullivan MP with keynote speakers at a Parliamentary reception to mark the release of the WHO World Malaria Report 2024

## Meetings

### MMV

In January, Co-Chairs **Catherine West MP** and **Lord Trees** met with Medicines for Malaria Venture (MMV)'s outgoing CEO, David Reddy, and Chief Officer for Corporate Strategy and Affairs, Andrea Lucard. MMV is a leading Product Development Partnership (PDP) in antimalarial drug research, development, and access facilitation, and a long-standing supporter and partner of the APPG.

The meeting was an opportunity to hear more about MMV's activities, pipeline, and equitable partnerships, and to understand shared priorities for the next year, including gender equity, climate change, drug resistance, and global health security. It was also an opportunity to thank David Reddy for his support and collaboration with the APPG over the course of the last few years. Incoming CEO, Martin Fitchet, was appointed in March 2024 and joined MMV in June.

MMV works through a PDP model to deliver a portfolio of accessible medicines with the power to treat, prevent, and eliminate malaria. MMV was born out of a need for greater health equity, closing critical gaps in research, development, and access, and working end-to-end to expand the use of existing antimalarials and innovate new compounds to treat

and protect all populations including pregnant women and children. Bringing public and private sector partners together, MMV pioneers new solutions that align with local and global health priorities and promote the equitable development of effective and affordable products that work to help end malaria and advance health for all.

MMV's antimalarial portfolio is the largest ever assembled and includes thirteen compounds in clinical development targeting unmet medical needs, including medicines for children, pregnant women, and people suffering from drug-resistant malaria. As of 2024, MMV-supported products have effectively protected or treated an estimated 711 million people and saved 17.4 million lives, in the absence of any treatment.

The UK is MMV's largest country-donor and has been supporting MMV since its inception in 1999. MMV has over 60 UK based partners, more than 100 consultants, and a number of UK experts on its Board of Directors and Governance committees.

### Peter Sands, Global Fund

In November, **Lord Trees**, **Baroness Sugg**, **Lord Oates**, and **Baroness Barker** met with Peter Sands, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria.



Cross-APPG Members with the Global Fund's Peter Sands

## Articles

### *The role of the UK in ending malaria and NTDs*

In January, following on from his Westminster Hall debate, **Patrick Grady MP** wrote an article in Parliament Politics on the role of the UK in ending malaria and NTDs:

“When we talk about malaria and Neglected Tropical Diseases (NTDs), as we did in a Westminster Hall debate on 8th January, we are not just talking about a group of 21 diseases that exist in test tubes or petri dishes in a lab somewhere. We are talking about diseases that are having a daily impact on the lives of 1.7 billion people – nearly one in five around the world. They can cause immense suffering, disability, disfigurement, and can often be fatal. In many ways, it is not just the diseases that are neglected – the people affected by them are also, by definition, being neglected.

On Monday 30th January, we will mark World NTD Day, a day designated by the World Health Organisation to raise awareness of the challenge and opportunity we have to eliminate many of these deadly diseases. This year's theme is “unite, act, eliminate”, and challenges decision-makers and those in positions in power to work together and mobilise the resources necessary to eliminate malaria and other neglected tropical diseases.

The evidence shows that it is the poorest, most vulnerable, marginalised and remote people and communities, and particularly women and girls that are affected most by these diseases. Schistosomiasis, for example, can lead to female genital schistosomiasis, with an estimated 56 million cases worldwide, which can triple the risk of HIV and cause infertility, ectopic pregnancy, and in some cases maternal death.

So the human cost of these diseases is incredibly high. Last year, a cross-party group of MPs visited Malawi with the All-Party Parliamentary Group on Malaria and NTDs, to see for ourselves the impact of these diseases and efforts to overcome them. In the Salima district, we met a number of people who had lived with trachoma, a bacterial infection which can cause eyelashes to draw in and can damage eyesight and cause blindness. People affected can lose their independence, and their family and friends have to dedicate time and resources caring for them in turn. But caught early,

trachoma can be treated with antibiotics or surgery. It can be prevented with good water and sanitation for health practices, and – and this was the key lesson from our visit – it can be eliminated altogether.

The people we met had been affected by trachoma, but interventions – supported by Queen Elizabeth Diamond Jubilee Trust Trachoma Initiative – have helped restore their sight, and since 2022 trachoma has been eliminated as a public health concern in Malawi – the first country in Southern Africa, the fourth country in the WHO Africa Region, and the 15th country globally to achieve this milestone.

So what we witnessed was not just individual transformation – men and women whose sight had been restored, who could live independently, but the community transformed, as they could go back to actively contributing, caring for grandchildren and helping with other tasks. And their families in turn benefit from that support, and can focus their time and energy back on education or employment.

The campaign group Uniting to Combat NTDs reckons that in some cases, investing just US\$ 1 in tackling these diseases can unlock US\$ 25 of benefits. A recent study by Deloitte showed that if Nigeria met its NTD elimination targets by 2030, it could add US\$ 19 billion to its economy.

So if we want to reach the Sustainable Development Goals, if we want to unlock wasted economic potential, change the nature of aid flows and release new forms of finance to help developing countries drive poverty reduction and grow their economies, then investing properly and effectively in tackling malaria and NTDs is essential.

The government must also make sure that it recognises the importance of a cross-sectoral approach, and ensure that there is coordination and collaboration between malaria and NTD programmes and existing investments in nutrition, education, WASH, disability inclusion, and maternal and child health. In all of this we have to address massive structural issues, including the climate emergency and the growing debt burden on developing countries.

The Global Fund is a partnership between donor and endemic country governments, communities and civil society, the private sector, and technical partners. It is the largest multilateral provider of grants for health and community systems in low- and middle-income countries. Since its inception in 2002, the Global Fund partnership has saved 65 million lives and reduced the combined death rates from AIDS, tuberculosis, and malaria by 61 per cent. The UK, as a founding member and long-time partner, has been crucial to this success.

Peter provided an overview of the work of the Global Fund ahead of its upcoming 8<sup>th</sup> replenishment for the three-year cycle from 2026 to 2028.

The discussion included how the Global Fund can partner with UK Parliamentarians to build the profile and support for the Global Fund in the new Parliament, and presented an opportunity to hear the current outlook for malaria and how the Global Fund is responding to the challenges and opportunities.

### *Dr Sania Nishtar, Gavi*

In November, Member **Baroness Sugg** hosted a roundtable meeting together with **Lord McConnell** and **Jess Toale MP**, Co-Chairs of the APPG on the United Nations Global Goals,

with Dr Sania Nishtar, CEO of Gavi, the Vaccine Alliance. Gavi, the Vaccine Alliance is a global public-private partnership that helps vaccinate more than half the world's children against some of the world's deadliest diseases. The Alliance brings together developing country and donor governments, the World Health Organization, UNICEF, the World Bank, the vaccine industry, technical agencies, civil society, the Gates Foundation, and other private sector and philanthropic partners. Since its inception in 2000, Gavi has helped to immunise a whole generation – over 1.1 billion children – and prevented more than 18.8 million future deaths, helping to halve child mortality in 78 lower-income countries. A child born in a Gavi-supported country is 70 per cent less likely to die before their fifth birthday than in 2000.

The meeting was an opportunity to hear from Gavi's CEO about the power of vaccination, the incredible contribution Gavi makes in saving lives and keeping the world secure, and the case for the UK to make a strong contribution at Gavi's upcoming Investment Opportunity for 2026 to 2030. The meeting also offered an opportunity to discuss the increasing impact of climate change on health, with countries supported by Gavi disproportionately affected by the changes in the world's temperature. The event highlighted Gavi's work to provide more protection against climate-sensitive diseases and, in particular, the ramp up of its malaria vaccine programme.



Cross-APPG Members with Gavi's Dr Sania Nishtar



Malaria, and many other tropical diseases, have been neglected for too long – and that means that the people most affected by these diseases have also been neglected for too long. But all the evidence shows that we can cure, prevent and ultimately eliminate these diseases. For relatively little cost, we can achieve a massive return on investment, both in terms of long-term savings of the costs of chronic treatment, but also in the actualisation of economic and social potential of people no longer confined to a sick-bed or condemned to an early death, but working for the betterment of their families and communities.”

*Women and girls’ health must be a priority every day, not just on International Women’s Day*

In March, **Kim Johnson MP** wrote in LabourList about the economic impact of malaria on women and girls:

“I recently joined a delegation to Tanzania and Zanzibar where we visited maternal medical clinics run by some incredible staff and heard how the highest number of deaths in childbirth in that region are related to malaria. It was an important reminder of the vital impact of UK overseas aid, and of the danger of reductions in funding that have recently impacted programmes that support everything from education and global health, to humanitarian needs. In almost every area we have seen cuts, there has been a disproportionate impact on women and girls.

*International aid cuts have a disproportionate impact on women and girls*

Funding for sexual and reproductive health and rights programming (SRHR), which overwhelmingly supports women was cut by a third between 2019 and 2022. This is just one example of how government decisions taken in the UK affect women and girls globally, which I have seen throughout my time in parliament.

Identifying that these cuts need reversing is, however, just the first step. Attention must now turn to how we do so.

Britain has a proud history of working closely with multilateral organisations, which are established by three or more nations working together to overcome a common global issue. Indeed, the last Labour government showed great leadership in founding organisations like The Global

Fund to fight AIDS, Tuberculosis and Malaria, which has since helped us to make progress against some of the deadliest global diseases.

*Decisions made in Britain have impacts around the world*

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

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

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

*Malaria has health but also economic impacts*

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

Yet research has shown that in some countries the likelihood of children catching malaria decreases by 56% if their mother has a secondary education. There are clear benefits to ensuring women and girls receive an education unimpeded

by diseases like malaria, both unlocking their potential and keeping children safer from the threat of malaria.

Even though many multilaterals make commitments to gender equality, and we can be confident their work is supporting women and girls around the world, the current UK government has failed to correctly value multilateral aid as a part of Britain’s development work.

*Britain has failed to step up to the task – but it can re-prioritise*

This was made especially clear in 2022 when, even though the pandemic had placed additional stresses on health systems globally, Britain failed to step up and meet the Global Fund’s replenishment ask. Labour cannot afford to make the same mistake.

In just over five years, it will be 2030 – the year we are meant to achieve the Sustainable Development Goals. The next UK Government will take us almost up to that point and will be the last government that can ensure we make meaningful progress towards them. The Government must reestablish itself as a trusted member of the global team and work in partnership to keep the world safer, by ending diseases like malaria.

Labour is right to prioritise women and girls in Labour’s development but in the next few years, we must do more than just undo damage – we must strive for progress towards the achievement of our global goals. This must include necessary support for partners that share our visions and ambitions, and working with multilateral organisations to tackle the global challenges that continue to reinforce gender inequality.

Through the aid cuts of the last few years the UK has failed women and girls around the world. We cannot afford to fail them any longer.”

*The Conservatives must maintain their proud legacy on international development*

In April, on World Malaria Day, Member and former Vice-Chair **Pauline Latham MP** who, just before the publication of the article announced she was standing down at the next election, wrote an article in ConservativeHome calling on the Conservative Party to continue their commitment to ending malaria and to the UK being a leader in international development:

“Stepping back from politics, as I have chosen to do at the next general election, gives one a sense of perspective.

In my case, I’ve gained a distance from the day-to-day to reflect on the positive legacies of what the Conservatives have achieved in government since 2010. These cannot and should not go unacknowledged, despite the continued challenges we face both at home and on the world stage.

On a personal level, I’m immensely proud of my role in the banning of child marriage in England and Wales which, with support from the Government, was enacted through my Private Member’s Bill. This became law in February and it fills me with pride to leave such an important legislative change on the statute books to protect some of the most vulnerable.

I’m also indebted to my constituents in Mid-Derbyshire, for whom I defended Derby County FC during its administration, worked with local businesses such as Rolls-Royce, and campaigned to make Derby the headquarters of Great British Railways.

On the world stage, I’ve been fortunate to serve on the International Development Select Committee alongside diligent and inspiring colleagues to promote girls’ education, eradicate disease, and increase clean water supply around the globe.

We played a significant role in formulating the Sustainable Development Goals between 2013 and 2015, which have since helped to guide the sector and inspire us to go further and faster.

These positive changes have come about in no small part through British leadership and they risk disintegrating without it.

With today being World Malaria Day, we can take this disease as a case study.

Malaria is a disease I know well from my many visits to Africa, where the vast bulk of cases are. My trips included a summit in the Kigali Summit on Malaria and NTDs in 2022 where I saw first-hand the work of organisations like the Global Fund.

This year sees the continued rollout of one vaccine and likely rollout of a second, both of which are largely due to

the efforts of British scientists backed by the British government.

But without continued ministerial support, this progress will slip. The impact of COVID-19 in particular has led the World Health Organisation to state just last year that progress “has stalled” on malaria according to the World Malaria Report last year.

This is why the Conservative Party must continue its commitment to ending malaria and being a leader in international development in its next election manifesto.

Whilst the outcome of this election may be uncertain, re-committing to spending 0.7 per cent of gross national income on official development assistance is guaranteed to reaffirm this country's status as global leader and secure our party's legacy as a pioneer in international aid.

And we need not look far for inspiration: The Conservative Party Manifesto in 2019 both committed to “proudly maintain” 0.7 per cent of GNI on development and to “end the preventable deaths of mothers, new-born babies, and children by 2030, and lead the way in eradicating Ebola and malaria.”

I hope that my Conservative colleagues can rekindle this ambition and see the many global challenges we now face as providing all the more reason for doing so, rather than an excuse not to.”

## Letters

In May, ahead of the G7 Summit in Puglia, civil society partners working on NTDs – including the UK Coalition against NTDs and Uniting to Combat NTDs in the UK, as well as the Canadian Network for NTDs, the Francophone Network for NTDs, the German Network for NTDs, the Italian Network against NTDs, SDGs Promise Japan, and the United States NTD Roundtable – published an open letter to G7 Leaders, published in the UK's House Magazine, calling for greater investment in NTDs:

To: H.E. Giorgia Meloni, Prime Minister, Italy (Host)  
H.E. Joe Biden, President, United States  
H.E. Emmanuel Macron, President, France  
H.E. Olaf Scholz, Chancellor, Germany  
H.E. Rishi Sunak, Prime Minister, United Kingdom  
H.E. Justin Trudeau, Prime Minister, Canada  
H.E. Fumio Kishida, Prime Minister, Japan

Dear G7 leaders,

Neglected tropical diseases (NTDs) are a group of preventable and treatable diseases that affect about 1.65 billion people around the world. NTDs cause immeasurable suffering. They debilitate, disfigure and can be fatal. By most commonly affecting some of the most vulnerable people in the world – who often live in remote communities – NTDs create cycles of poverty and cost low and middle incomes countries billions of dollars every year. Moreover, NTD funding is neglected in comparison with the magnitude of the public health threat they represent, and unlike other infectious diseases, there is currently no pooled funding mechanism to support their control or elimination.

We, as a collective of G7 member state civil society partners, call on the G7 to:

*Financially commit 1% of global health aid to fund neglected tropical disease programmes, which support the delivery of the World Health Organization's NTD road map (2021-2030) and will contribute towards the target of 100 countries eliminating at least one NTD by 2030.*

Programmatic actions to end NTDs are based on the ethical principle that all lives are of equal value. We hope the G7, under Italy's presidency, continues, as they have done previously, most recently during the Hiroshima 2023 G7 and the Elmau 2022 G7 summits, to prioritise NTDs and the people that are impacted by these devastating diseases. We call on Italy to follow Brazil's example of including NTDs on the G20 agenda in its 2024 presidency.

The WHO NTD road map (2021-2030) outlines the actions needed to achieve the SDG target of a 90% reduction in people requiring an intervention against NTDs by 2030 and sets out its own ambitious targets to achieve this. These include 100 countries eliminating at least one NTD by 2030. This is doable, and as of May 2024, 50 countries around the world have eliminated at least one NTD, with several having eliminated more than one, meaning we are halfway towards the WHO target.

A commitment to NTDs will also follow from the conclusions of the C20 during the Italian Presidency in 2021, where it was noted that “*despite long-standing global commitments, the world has yet to end HIV/AIDS, Tuberculosis (TB) and malaria as epidemics; eradicate neglected tropical diseases; manage non-communicable diseases and address mental health effectively; provide quality services for nutrition, water, sanitation, and hygiene (WASH), and sexual reproductive health and rights (SRHR)*”.

The WHO NTD road map seeks to promote resilience, health system strengthening, equity and country ownership, all of which require strong collaboration and partnership. NTD programmes continue to face difficulties in recovering from pandemic-related disruptions, and their performance is still far from pre-COVID-19 levels. In line with the Kigali Declaration on Neglected Tropical Diseases adopted in 2022, renewed commitment by global leadership is required to attain the targets set for 2030.

Far from being a public health challenge of only communities experiencing conditions of poverty, NTDs are relevant to several Sustainable Development Goals and current cross-cutting global priorities, including:

- Universal health coverage (UHC): the goal of ensuring everyone has access to the full range of quality health services they need, when and where they need them, without financial hardship, cannot be achieved without reaching the

bottom billion affected by NTDs. Tracking access to NTD services will tell how successful we are in attaining UHC.

- Climate change: several NTDs are vector-borne and climate-sensitive. Unless countermeasures are taken, the burden of NTDs may grow and their endemic areas expand. We have witnessed the spread of dengue (and other NTDs) into southern Italy and France already and the UK government recently noted it was one of the most significant risks to public health.
- Health security: NTDs such as dengue have the potential to disrupt health services, economies and societal well-being. Conversely, measures deployed to prepare and respond to future pandemics should make provision for maintenance of essential health services, especially in areas where these are already weak, such as in countries affected by NTDs.
- Support the research and development of vaccines, medicines and diagnostics and provide access to affordable essential medicines, vaccines and diagnostics. Even in some high-income countries the access to NTD medicines and diagnostics through national health systems is not guaranteed.
- The signatories of this letter represent national networks – Canada, France, Germany, Italy, Japan, UK, USA – that are committed to raise awareness for the necessity and urgency to fighting NTDs. NTDs are an urgent cross-border issue and therefore we call on the respective governments meeting at the G7 Summit to honour their commitments and visibly support the fight against NTDs.

Sincerely,

The Canadian Network for Neglected Tropical Diseases  
The Francophone Network on Neglected Tropical Diseases  
The German Network Against Neglected Tropical Diseases  
The Italian Network Against Neglected Tropical Diseases  
SDG Promise Japan  
The United Kingdom Coalition Against Neglected Tropical Disease  
The United States Neglected Tropical Disease Roundtable  
Uniting to Combat Neglected Tropical Diseases



## Committees

### *International Development Committee*

In January, the Commons' International Development Committee published a report following its inquiry into the Foreign, Commonwealth and Development Office (FCDO)'s approach to sexual and reproductive health. The report included a chapter on female genital schistosomiasis (FGS), a painful and debilitating, yet treatable NTD, which affects up to 56 million women and girls. FGS is caused by parasitic worms, transmitted to humans through snails that live in lakes, rivers, and ponds, and is linked to a lack of access to safe, clean water, good hygiene and sanitation facilities, and quality, affordable healthcare services.

The Committee recommended that programming and care for FGS should be integrated into broader sexual and reproductive health and rights (SRHR): "FGS is best tackled through an integrated approach with wider SRHR programming, as well as with other areas of programming such as education, WASH, and HIV and AIDS. The UK should integrate female genital schistosomiasis (FGS) care into its SRHR programming. This should include (a) improving access to adequate water, sanitation and hygiene facilities, (b) increasing girls' enrolment in education and supporting distribution of FGS medicine in schools, (c) distributing educational materials on WASH, and (d) considering integrating FGS and HIV and AIDS programming, including by discussing the integration of HIV and AIDS programming with FGS care with its multilateral partners, such as the Global Fund".

In May, the FCDO responded to the report, including with a partial agreement to the recommendation on FGS. The response noted:

- The FCDO recognises the impact of FGS on women globally. We are supporting research and development into schistosomiasis through the funding for the Drugs for Neglected Diseases initiative (DNDi). This initiative is actively developing new drugs for the disease with the aim to counter the risk of resistance and to treat FGS.
- The FCDO has previously supported research into FGS through support to the Coalition for Operational Research on Neglected Tropical Diseases (COR-NTD) which led to the

development of new competencies for the training of health professionals on the disease.

- Through the FCDO's funding for UNAIDS and support for their Global AIDS Strategy (2021-26) the FCDO is also supporting initiatives to address FGS and integrate treatment and prevention services for the disease with HIV services, sexual and reproductive health and rights services, and comprehensive sexuality education.
- The terms of reference for implementing partners for the forthcoming WISH Dividend regional programme includes the treatment of FGS as part of service delivery support in priority countries where feasible. The FCDO will explore where it can further integrate FGS into SRHR programming.

### *Science, Innovation and Technology Committee*

In December, the Commons' Science, Innovation and Technology Committee held a one-off oral evidence session on innovation and eradicating diseases, investigating how UK science and research has contributed to disease eradication. Members of the Committee, which included Co-Chair **Dr Lauren Sullivan MP**, assessed the global health burden of tropical diseases and the role that the UK government plays in supporting R&D which contributes to the eradication and prevention of tropical diseases, such as advances on malaria vaccines. The session included testimony from Professor David Lalloo, Vice-Chancellor at the Liverpool School of Tropical Medicine, and Dr Lisa Stockdale, Senior Immunologist at The Jenner Institute.

## Early Day Motions

To mark this year's World Malaria Day, Member **Patrick Grady MP** tabled an Early Day Motion (EDM) recognising that progress against malaria is stalling and calling on the government to increase its focus on working to end malaria:

"That this House notes that Thursday 25 April 2024 has been designated as World Malaria Day by the World Health Organisation, marking the 17th time the day has been observed since its establishment by the World Health Assembly in 2007; further notes that this year's theme focuses on accelerating the fight against malaria for a more equitable world, drawing attention to the decline in progress toward reducing malaria globally, particularly in the WHO African Region which in 2022 accounted for 94% of malaria cases and 95% of deaths and, that on current trajectories, critical 2025 milestones of the WHO global malaria strategy for reductions in malaria cases and deaths will be missed; also notes that the disease continues to directly endanger health and cost lives, and perpetuates a vicious cycle of inequity, with people living in the most vulnerable situations including pregnant women, infants, children under five years of age, refugees, migrants, internally displaced people, and Indigenous Peoples disproportionately impacted; and calls on the UK Government to increase its focus on working towards Sustainable Development Goal 3.3 to end the malaria epidemic, and to contribute required funding at the upcoming replenishments of Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria."

Signatories include:

- **Patrick Grady MP, Stuart McDonald MP, Deidre Brock MP, Dr Philippa Whitford MP, Allan Dorans MP, Chris Law MP, Kirsten Oswald MP, Richard Thomson MP, Anne McLaughlin MP, Carol Monaghan MP, Alison Thewliss MP, and Martyn Day MP** (SNP);
- **Wendy Chamberlain MP and Daisy Cooper MP** (Liberal Democrat);
- **Ian Byrne MP, Rachael Maskall MP, and John McDonnell MP** (Labour);
- **Bob Blackman MP and Sir Peter Bottomley MP** (Conservative);
- **Jim Shannon MP** (DUP); and
- **Jonathan Edwards MP** (Independent).

## Parliamentary debates, contributions and questions

### DEBATES

#### *Westminster Hall debate*

In January, APPG Member **Patrick Grady MP** led a Westminster Hall debate on the role of the UK in ending malaria and NTDs following the findings of the World Health Organization's World Malaria Report 2023 and ahead of World NTD Day. A number of Parliamentarians contributed to the debate and spoke passionately in support of tackling these devastating diseases, including **Gregory Campbell MP, Jim Shannon MP, Tan Dhesi MP, Wendy Morton MP, James Sunderland MP, Chris Law MP, and Catherine West MP**, with Minister **Anne-Marie Trevelyan MP** responding to the debate.

**Patrick Grady MP:** I beg to move, that this House has considered the role of the UK in ending malaria and neglected tropical diseases.

Thank you, Mrs Harris, and a very happy new year to you too. It is a pleasure to serve under your chairmanship.

I am grateful to the Backbench Business Committee for granting time for this debate, and to the hon. Members from across the House who supported the bid, not all of whom have been able to make it here today. I think a few folk are stuck in traffic or whatever, so perhaps we will see some more faces as the debate goes on. I am very grateful to everyone who has come here to take part.

I refer to my entry in the Register of Members' Financial Interests. Last year I and a number of colleagues visited Malawi with the all-party parliamentary group on malaria and neglected tropical diseases to learn more about the efforts to end these diseases, and to see at first hand the impact of UK investment on those efforts. I will draw on that experience in my contribution today.

We are particularly grateful to the Backbench Business Committee for granting the debate now, because at the end of this month, on Tuesday 30 January, we will mark World Neglected Tropical Diseases Day – a day designated by the World Health Organization to raise awareness of the challenge and the opportunity that we have to eliminate many of these deadly diseases. It will be the first such awareness day of the calendar year, and the fourth time that that particular day has been marked. This year's theme is "Unite. Act. Eliminate." It challenges decision makers and those in positions of power – including everyone taking part in this debate – to work together to mobilise the resources necessary to eliminate malaria and other neglected tropical diseases.

Debates such as this about international development can be full of acronyms, and we will no doubt hear today references to many of them, including SDGs, sustainable development goals; spending on ODA, official development assistance; and WHO, the World Health Organisation. Acronyms can be a useful shorthand, but we have to be careful that we do not reduce what we are discussing to technical or abstract concepts. When we talk about NTDs – neglected tropical diseases – we are not talking just about a group of 21 diseases that exist in test tubes or Petri dishes in a laboratory somewhere. These diseases are having an impact on the daily lives of 1.7 billion people around the world – nearly one in five of the global population. They can cause immense suffering, disability and disfigurement, and are often fatal. In many ways, it is not just the diseases that are neglected; the people affected by them are also, by definition, being neglected.

**Gregory Campbell MP:** I congratulate the hon. Member on securing the debate. He rightly says that we should not be distracted by the statistics, but given the fact that one in five people on the planet is affected, it is important that we remember that many of these diseases are entirely preventable if the right action is taken as early as possible.

**Patrick Grady MP:** The hon. Gentleman is absolutely correct. I think that the point he makes will come through in all the contributions and evidence that we hear today.

The evidence shows that, as the hon. Gentleman suggests, it is the poorest and most vulnerable and marginalised people in remote communities, and particularly women and girls, who are affected most by these diseases. For example, noma, which

was added to the WHO's list of NTDs just a few weeks ago, in December, is a severe gangrenous disease of the mouth and face that primarily affects malnourished children between the ages of two and six years in regions of extreme poverty. Hookworm, a type of soil-transmitted helminth, affects one in three pregnant women in sub-Saharan Africa and can cause anaemia and lead to death during pregnancy. Schistosomiasis, or bilharzia, which is slightly easier to say, is very common in Malawi, where we visited; it can lead to female genital schistosomiasis, of which there are 56 million cases worldwide, which can triple the risk of HIV and cause infertility, ectopic pregnancy, and in some cases maternal death.

The human cost of these diseases is incredibly high. On our visit to Malawi, in the Salima district we met a number of people who had lived with trachoma, a bacterial infection that can cause eyelashes to draw in, damaging eyesight and even causing blindness. People affected in that way can very easily lose their independence, and their family and friends have to dedicate time and resources to caring for them. If it is caught early, trachoma can be treated with antibiotics or surgery, and it can be prevented by good water and sanitation for health practices. The key lesson, which the hon. Member for East Londonderry (Mr Campbell) just mentioned, is that trachoma can be eliminated altogether. That gives us another acronym, SAFE: surgery to treat the blinding stage of the disease, antibiotics to clear the infection, facial cleanliness and hand hygiene to help reduce transmission, and environmental improvements to help stop the infection spreading.

**Jim Shannon MP:** I commend the hon. Gentleman. He is right to say that. As you do over the holiday period, I watched lots of films. One of the advertisements on the channel that I was watching said that, at a small cost – I think it is as little as £11 – a surgical operation that stops eyesight loss can be offered. That is a small cost to pay for a long-term health gain.

**Patrick Grady MP:** The hon. Gentleman is absolutely right, and we will come on to that as the debate continues. It is exactly as I was saying: we met people who had been affected by trachoma, but interventions supported by the Queen Elizabeth Diamond Jubilee Trust's trachoma initiative helped to restore their sight through are exactly the kinds of operations and access to medicine that he is talking about. Since 2022, trachoma has been eliminated as a public health concern in Malawi. It is the first country in southern Africa, the

fourth country in the WHO Africa region and the 15th country globally to achieve that milestone.

What we witnessed was not just individual transformation – men and women whose sight had been restored and who could again live independently – but community transformation, because they could go back to actively contributing by caring for their grandchildren and helping with other tasks around the home. In turn, their families benefit from that support and can focus their time and energy back on education or employment. That is the reality of the statistics, which demonstrate both the value of taking action and the cost of continuing to neglect these diseases.

Many of the researchers and practitioners who are taking an interest in this subject have told us, as the hon. Gentleman just suggested, that investment in NTDs really is a best-buy in global health intervention. The campaign group Uniting to Combat NTDs reckons that, in some cases, investing just \$1 in tackling these diseases could unlock \$25 of benefits. Brighton and Sussex Medical School has calculated that the economic burden to a patient with podoconiosis, which is a form of elephantiasis, can be up to £100 per year, but that the one-off cost of a single treatment is just £52. A study by Deloitte showed that, if Nigeria met its NTD elimination targets by 2030, it could add \$19 billion to the value of its economy. If we want to achieve the sustainable development goals, unlock wasted economic potential, change the nature of aid flows and release new forms of finance to help developing countries drive poverty reduction and grow their economies, investing properly and effectively in tackling NTDs is essential.

The fight against malaria is one of the best demonstrations of that point. The All-Party Group's visit to Malawi was not my first visit, or even my last visit to that beautiful country. I first lived and worked in Malawi nearly 20 years ago. The prevalence and impact of malaria has always been evident throughout that country's history. Those of us who came from Scotland and other countries where malaria is not endemic were affected, because we were strongly encouraged to take prophylactic medication – at that time, Lariam – which is not without side effects. Daily, we saw kids in the school where we taught missing class because they had contracted malaria. Sometimes it would affect the teachers, too, so that whole classes missed out on their education or relied on some of the volunteers to pick up the slack, which might have been

okay if it was a maths or English class, but was slightly more complicated if it was Chichewa lessons.

Malaria, like so many of these diseases, is preventable and curable, yet there were 249 million cases in 2022, which is five million more than in 2021 and 16 million more than in 2019. Malaria still kills around 608,000 people around the world each year, most of them young children. That is approximately one child a minute, or 90 completely avoidable deaths in the time set aside for today's debate. There has been progress, but more can be made. Many of the required interventions are, in principle at least, very straightforward: for example, using bed nets is very simple and effective. The New Nets Project, developed by a number of UK institutions including the Innovative Vector Control Consortium, a Liverpool-based product development partnership, along with the London School of Hygiene and Tropical Medicine, the Liverpool School of Tropical Medicine and Imperial College London, has developed nets with dual active ingredients that combine insecticides to respond to growing resistance to insecticides among mosquitos.

In Malawi, in Mtira village in the Balaka district, we witnessed indoor residual spraying of insecticide, and in the local clinic – a small, brick, thatched building with one room – a chart was proudly displayed showing the dramatic decline in the incidence of malaria patients in the village in just the four years since the spraying began. Outside Lilongwe, in Mitundu village, we visited the clinic where some of the very first doses of the new RTS,S vaccine against malaria had been dispensed, starting in 2019. We were very privileged to meet young Evison Saimon, who is now five years old and had benefited from the vaccine.

These success stories have come about only through the incredible effort of and collaboration between a range of partners and funding bodies, including national Government ministries, UNICEF, the WHO and private or charitable organisations including GlaxoSmithKline and the Bill & Melinda Gates Foundation. What they all have in common is security of funding and a clear goal.

Around the world, however, more money is still spent on treating male pattern baldness and curing hay fever – I and a few other hon. Members in the Chamber have lived experience of both conditions – than on tackling malaria. Hay



fever can be debilitating, but it is rarely life-threatening, and the main symptoms of baldness can be readily treated with a hat. That speaks to some of the serious challenges in how the pharmaceutical industry approaches these diseases and how research and development can be properly carried out.

Many of us know about researchers' frustration with the lack of certainty around funding. The product development partnership model funded by the former Department for International Development worked to overcome shortcomings in the commercial research and development sector and was seen as a leader in funding such efforts through public ODA until the axe began to fall in 2021. Since then, the Foreign, Commonwealth and Development Office has been able to provide funding guarantees only one year at a time, which causes massive uncertainty for projects that require long-term funding. Clinical trials cannot be turned on and off like a tap; they take time and effort in the field and have to run over defined periods of time. They cannot be driven by political funding cycles.

Where trials work, there have been and continue to be breakthroughs. The drug discovery unit at the University of Dundee, which my hon. Friend the Member for Dundee West (Chris Law) will be familiar with, has worked with the PDP Medicines for Malaria Venture to develop cabamaquine, which could not only treat malaria with a single dose but potentially protect people from contracting the disease and stop its spread. The Drugs for Neglected Diseases initiative has revolutionised treatment for sleeping sickness with fexinidazole, a simple oral cure, instead of the only available previous treatment, which was toxic and cumbersome and could kill up to one in 20 patients. For those kinds of innovations to be effective, there has to be sustained, effective and targeted investment. Without it, we find an ever-changing environment where the malaria virus continues to adapt and evolve, and buzzes about just like the mosquito that carries it, frustratingly difficult for the scientists to whack it against the wall, even though they can see and hear it.

We know that elimination of malaria and other tropical diseases is possible, because it has already been done. Many diseases that were once endemic here in the United Kingdom and in other parts of the world have been eradicated. Individual countries and regions, as we saw in Malawi with trachoma, have been able to make progress and eliminate

certain diseases as public health threats, but if we allow progress to stall, we risk undoing the good work that has already been done, and new, stronger and more difficult to treat variants of these diseases will emerge.

That is before we take into account increasing challenges such as climate change. Last year, for the first time, the World Malaria Report included a chapter on climate change. Malaria and other tropical diseases are extremely sensitive to the environment, affected by temperature, rainfall and humidity. Locally acquired malaria has been detected in Florida and Texas in recent years, while dengue fever has appeared in France and other parts of Europe. All of a sudden, commercial pharmaceutical companies are taking more interest in many of these diseases, but a purely economic or profit-driven approach on its own will not be enough to tackle these diseases properly. For example, investing in a vaccine for dengue fever that would benefit tourists travelling to affected areas is very important, but for countries such as Bangladesh or the Philippines, an effective, immediate treatment for people who have already contracted the disease is more of a priority.

In all of this, we have to consider the role of institutions and organisations in the United Kingdom and the role of the UK Government in supporting them and global partners. There can be no hiding from the impact of the cuts to the ODA budget. Any of us who speak to partner organisations or to those who have previously received funding and put it to such good use, continue to hear of the long-term impact of short-term decisions. We all welcome the White Paper, the new tone and focus of the International Development Minister, the right hon. Member for Sutton Coldfield (Mr Mitchell), and his team, the reinvigoration of the SDGs and the determination to build a new consensus, but at the end of the day, stakeholders ask us when 0.7% will return. That is a question both for the Minister and for the official Opposition, and for all our manifestoes in this election year.

The next replenishment cycle for the Global Fund will be in 2025. At that point, we hope that the UK will be in a position to meet the requested funding, rather than the 29% reduction that it provided last year. Can the Minister make similar commitments for multilateral initiatives such as Gavi, the Vaccine Alliance, and Unitaids? The UK has signed up to a number of commitments on neglected tropical diseases, including the 2022 Kigali declaration, the G7 leaders'

communiqué and the Commonwealth Heads of Government Meeting communiqué, so what steps will the Minister be taking to drive these commitments forwards?

The SDGs are a welcome focus in the White Paper. SDG 3.3 sets a target of ending the malaria epidemic and achieving a 90% reduction in the number of people requiring interventions against NTDs by 2030, so how are the Government leveraging funding and working with partners to meet those goals? In practical terms, can the Minister commit to multi-year funding for research and development in these areas, particularly for product development partnerships? What steps are the Government taking to build and support R&D and manufacturing capacity in affected countries? On our visit to Malawi, we saw the world-class Blantyre-Blantyre facility, which was developed in partnership between the University of Glasgow, in my constituency, and the Kamuzu University of Health Sciences, and funded in part by the Scottish Government. That is real innovation, genuine partnership and the empowerment of a new generation of young local researchers, clinicians and academics, and it was inspiring to meet a number of them during our visit.

The Government must recognise the importance of cross-sectoral approaches, and ensure that there is co-ordination and collaboration between malaria and NTD programmes and existing investments in nutrition, education, WASH – water, sanitation and hygiene – disability inclusion, and maternal and child health. In all of this, we have to address the structural issues, including the climate emergency and the growing debt burden on developing countries. We have debated a number of these topics recently in Westminster Hall, and it shows the interconnectedness of so many of the challenges around achieving the SDGs.

In November's debate on African debt, which was led by the hon. Member for Slough (Mr Dhesi), who I am delighted to see present, I said that Malawi is one of 21 African countries 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 in the country's inability to get moving. How different the country might be if the payments it is making on debt, or even just on debt interest, could be invested instead in primary healthcare and in eradicating not just trachoma, but malaria and all the other endemic diseases affecting its population.

All of these challenges are created or, at the very least, exacerbated by the actions and decisions of people, which means that the challenges can be overcome by the actions and decisions of people – whether that it is each of us as individuals practising basic hand and face hygiene to help prevent the spread of disease, or Government Ministers making decisions about millions of pounds of aid spending. Malaria and many other tropical diseases have been neglected for far too long, which means that the people most affected by these diseases have also been neglected for far too long, but all the evidence shows that we can cure, prevent and, ultimately, end the scourge of these diseases. For relatively little cost, we can achieve a massive return on investment, both in long-term savings on the costs of chronic treatment and in the actualisation of the economic and social potential of people who are no longer confined to a sick bed or, worse, to an early death, but who are working for the betterment of their families and communities.

Many, if not most of us, present for the debate will have witnessed malaria and tropical diseases at first hand on delegations or through our own personal experiences, so I look forward to hearing the contributions from other Members and how the Minister responds. I hope that when we get to World NTD Day at the end of the month, the Government will be able to draw on the experiences of Members and their contributions to today's debate, and endorse this year's theme that we should all unite, act and, ultimately, eliminate malaria and all neglected tropical diseases.

**Jim Shannon MP:** It is an absolute pleasure to follow the hon. Member for Glasgow North (Patrick Grady), whom I commend. He and I are often side by side in debates on issues that are of interest to us – whether freedom of religious belief or health – and I know this subject is close to his heart. When he asked whether I would participate in the debate, I said, "Of course; it is Westminster Hall, after all." No, I said I would do it because it is the right thing to do and because the subject matter he has chosen is also close to my heart. Due to his personal experiences, he brings vast knowledge to the subject matter that I do not have. He also brings compassion for those who are less well off. That is what I always admire about the hon. Gentleman, and he has done that exceptionally well today.

I am pleased to see the shadow Ministers in their place and I look forward to their contributions, because they both have a

deep interest in the subject matter. It is always a pleasure to see the Minister in her place. She often speaks as we speak, with the difference that the Minister has the opportunity to put in place the answers we need, which is what we always ask for. It is also a pleasure to serve under your chairship, Mrs Harris. You are looking extremely well this morning. Your choice of glasses excels each time I see you. Well done and thank you very much.

**Tanmanjeet Singh Dhesi MP:** I thank the hon. Gentleman for giving way, and congratulate the hon. Member for Glasgow North (Patrick Grady) on securing this important debate on malaria and neglected tropical diseases. Does the hon. Gentleman agree that climate change – the worsening climate crisis – has had an alarming impact on malaria and neglected diseases?

Locally acquired cases of malaria have now been found in the US, and a recent UK Health Security Agency report concluded that dengue fever could be transmitted in London by 2060. Does he agree that addressing the climate crisis is imperative in our fight against these diseases, and that this global challenge requires a unified global response?

**Jim Shannon MP:** I thank the hon. Gentleman for that intervention, and I completely agree with his point. I said beforehand to my colleague, my hon. Friend the Member for East Londonderry (Mr Campbell), that in the past year there have been reports, in southern England anyway, of mosquitoes that we had never had before. The threat level cannot be ignored in this country. He is right to underline the need to address climate change. To be fair, the Government have a commitment on that. It is important to work together collectively politically across the United Kingdom, Europe and the world, to try to address these issues. He rightly says that we cannot ignore them.

Global aid funding cuts not only have affected developing countries, which need our help, but lead to a knock-on effect for British citizens travelling globally. Looking at the title of the debate – malaria and neglected tropical diseases – we must acknowledge travel is easier to achieve now, and with that comes the potential threat. For example, since foreign development aid was cut, there has been an increase in malaria cases globally. I have no empirical evidence that the two are linked, but I believe that is noteworthy and should be acknowledged.

Africa accounts for the majority of global cases of malaria. According to the World Malaria Report 2023, there were 249 million malaria cases in 85 malaria-endemic countries. The hon. Member for Glasgow North also referred to that. It is so important that we grasp the magnitude of this problem.

**Gregory Campbell MP:** Does my hon. Friend agree that the frustrating part of this issue of neglected tropical diseases is that a straightforward partial solution would be the greater availability of clean drinking water, particularly in sub-Saharan Africa? That would not solve all the problems, but many of them.

**Jim Shannon MP:** My hon. Friend is absolutely right. In the past, there have been debates on water aid in this Chamber. If the hon. Member for Putney (Fleur Anderson) were participating in the debate, she would have brought her knowledge from her involvement with Christian Aid and other charitable organisations. Their advertisements on TV always mention clean water, so we have a massive role to play there too.

On 14 December 2023, the UK Health Security Agency published provisional UK case numbers for 2022-23 up to October that suggested that there were 250 more cases in the first nine months of 2023 than in the whole of 2022, and that the case total in 2023 was higher than the average between 2010 and 2019 of 1,612. That upward trend is discouraging. That is despite preliminary data from the Office for National Statistics suggesting that UK resident visits abroad remain lower than pre-covid-19 pandemic levels. Travel destination data for this year is not yet available. I am not sure whether the Minister is able to provide that, but it would be good to get some figures. If we cannot get them today, will she pass them on to those who have participated in the debate?

In previous years, the majority of cases where the travel history was known were acquired in Africa – particularly western Africa – by travellers visiting friends and relatives. In my constituency—I know this is true for my hon. Friend the Member for East Londonderry and others, including the hon. Member for Glasgow North – I have a large number of church groups and non-governmental organisations that work across Africa. Nearly every church has a missionary connection with Africa, so people travel there maybe once a year – certainly, every couple of years.

The rise in the number of cases, despite travel intensity lessening, is a worrying trend that must be addressed,

alongside the reinstatement of our foreign aid. The hon. Member for Glasgow North referred to the 0.7% target, and I support that 100%, as others do. I know the Minister is keen to respond positively. I am ever mindful that she is not in charge of the money, but I want to underline the issue. We need investment in malaria research, and we must make cheap and reliable medication available.

The last time I went to an area with high malaria levels – Nigeria – my wife was able to order malaria tablets online from the local Boots pharmacy. I am not promoting Boots; I just went there and collected the tablets. It is great to have that facility available. I only knew that the medication was necessary when one of my staff members looked up the area and told me. Information about the spread of malaria in certain countries is not readily available. Perhaps flight tickets should come with a warning. They could say, “Your bag must weigh under 23 kg and you really should get your malaria tablets.” There are some things we could do from a practical point of view. There is no 100% effective vaccine for malaria, but there is medication that massively reduces its severity. The official advice is that a combination of preventive measures provides significant protection against malaria.

This is not solely an issue for travellers; we have a moral obligation to tackle malaria. I believe that is the motivation of the hon. Gentleman; it is certainly my motivation for being here. The restrictions on travel and aid due to the covid pandemic demonstrate halting those steps had a detrimental effect. In 2020 and 2021, there was significant disruption to malaria services, such as the distribution of bed nets, which the hon. Gentleman referred to. That caused a spike not just in malaria incidence but mortality rates.

In 2022, \$4.1 billion was invested globally to fight malaria – far short of the World Health Organization’s \$7.8 billion target. Before I look globally to ask other nations to step up to the mark, I look to my own Minister and Government and ask what else we can do right here, right now to assure others across the world that we will not simply increase funding but ensure that none of the funding is wasted and that it goes directly towards meeting the need.

**Tanmanjeet Singh Dhesi MP:** The hon. Gentleman is making an excellent speech. Does he agree that preventing and treating malaria and NTDs is within our grasp? They can

be beaten, but progress is stalling. Does he agree with me that the UK aid funding gap from Government, the climate crisis, conflict and humanitarian crises all pose a serious threat to sustaining those lifesaving efforts?

**Jim Shannon MP:** I thank the hon. Gentleman for that intervention. It gave me time to get a good gulp of water. He is right again in underlining the issue and our role as this United Kingdom of Great Britain and Northern Ireland and what we can do together. The use of non-governmental organisation partnerships that are charitable and faith-based will always be my motivation for being here. That is where I come from.

I think of the clinics in Malawi, which the hon. Member for Glasgow North referred to, as well as in Zimbabwe and Swaziland. I think of those three and of those in Uganda, Kenya and Nigeria that I know the churches back home are involved with. The Elim church and missions are active in my constituency. In particular, the clinics in the first three countries are supported through the Elim Relief Association, which has taken steps to deliver anti-malaria tools at a low cost with a big dividend at the end, purchasing nets in bulk and handing them out through the charitable hospital and clinics. That is replicated worldwide.

We have questions to ask about how much funding is wasted on unnecessary red tape. When we see images of a child wasting away with no proper care, suffering from a disease that could have been managed, it underlines how we must do better. I believe we can.

**Wendy Morton MP:** To allow the hon. Gentleman to have a quick drink, I will make the following point. He is making a passionate speech on the importance of supporting the tremendous work to tackle malaria and neglected tropical disease. We often talk about this from an Africa or an international perspective. Does he agree with me that it is important we recognise that our work through the UK aid budget and international development also has an impact on UK citizens and the UK’s reputation in many ways? It is important we do not lose sight of that.

**Jim Shannon MP:** The right hon. Lady is absolutely right. That is a good reminder that what we do here is appreciated across the world. There is feedback and a positivity that comes through that.



I support many organisations, as do others, whether they be church groups or charitable groups. One such organisation that I want to mention is the Christian Blind Mission, which I have supported for about 20 years. I had never met any representatives in person until I got to Nigeria and visited them and saw what and how much they do. One of our former Members, Jo Cox, was involved with that organisation. I did not know that until that day and it was interesting to catch up. We may donate to charity but may not always know all the good an organisation does.

Time has prevented me from going into other tropical diseases, but the trends are the same and so is the solution: joined-up thinking, working in partnership with the bodies that exist on the ground and a budget that can and does deliver compassionate aid. This debate is important. I believe we have an obligation to speak up for those who need help and be the ears and voice of those across the world. I thank the Government for what they do but urge them to do more.

**Wendy Morton MP:** It is a pleasure to follow the hon. Member for Strangford (Jim Shannon), who contributes to so many debates and always brings a huge amount of commitment, passion and knowledge. I thank the hon. Member for Glasgow North (Patrick Grady) for securing time for this important debate on malaria and neglected tropical diseases, particularly ahead of the world awareness day. I have long been interested in the issue and my support continues. Malaria and neglected tropical diseases are embedded in UN sustainable development goal 3 – good health and wellbeing – and under target 3.3, as I am sure hon. Members will know all too well, to end the epidemic of malaria and NTDs by 2030. The UK actively contributes to that target.

As a former FCDO global health Minister, I was pleased to launch the “Ending preventable deaths of mothers, babies and children by 2030” paper in December 2021. That paper highlights the UK’s key achievements to date in the fight against malaria and NTDs. It is worth just reminding ourselves of a few of those achievements. In 2019, UK aid helped to distribute 160 million mosquito nets, sprayed 8 million buildings with anti-malarial indoor spray, gave preventive malaria treatment to 11 million women and supported the development of seven new drugs for malaria.

But, all too sadly, as we know, malaria transmissions are concentrated throughout countries in sub-Saharan Africa, especially those close to the equator. In 2022, there were 249 million cases of malaria and 608,000 deaths, of which 95% were in Africa. I am very fortunate to have visited, and actually volunteered in, some of those sub-Saharan countries – for example through Project Umubano, with the Westminster Foundation for Democracy, and as a member of the International Development Committee – including Kenya, Rwanda, Burundi, Sierra Leone, Nigeria and Mozambique. Like most travellers, when I visited, I would take anti-malarial pills as a short-term preventive precaution. However, for people living in those countries, anti-malarial pills are either not an option or not a long-term solution.

Another preventive measure, which of course is more accessible and affordable – and often free – is the use of mosquito nets. When used properly, mosquito nets are very effective. However, an unintended consequence that we need to be aware of is that, when they are free or subsidised – which is a good thing – that can lead to some of those nets being used for alternative uses, such as for fishing.

I therefore urge that, when the Government are looking at these projects and at funding, we also insist that we accompany that with education of how to use mosquito nets properly. I think we all know that there is no point in having a mosquito net if it is not being used effectively. Otherwise, not only are we risking somebody’s life, but we are risking our investment at the expense of the British taxpayer.

I was also very fortunate to visit the Liverpool School of Tropical Medicine during my time as Minister for global health. That is, again, another organisation here in the UK that does absolutely incredible work, and I am glad to see that the UK continues to set malaria and NTDs as a priority on its agenda.

The UK’s international development White Paper, published in November 2023, highlights the following achievements: the UK’s contribution to the World Health Organisation’s malaria vaccine implementation programme, the UK’s Fleming fund for strengthening anti-microbial resistance surveillance systems in more than 20 low and middle-income countries, support for civil society advocacy groups such as Malaria No More, and both of the first two malaria vaccines in the world to be recommended by the WHO coming from British science and

British expertise. Those are Mosquirix, developed by GSK, and R21, developed by the University of Oxford. I would like to give recognition to GSK and the University of Oxford’s Jenner Institute for that incredible contribution to global health.

**Tanmanjeet Singh Dhesi MP:** Indeed, our battle against malaria and NTDs is not just a struggle for survival but a reflection of our collective humanity. Does the right hon. Lady agree with me that it is a global fight that transcends national boundaries and demands worldwide unity, that our actions today will define the legacy we leave for future generations, and that this battle is about saving lives and upholding our moral duty to the global community?

**Wendy Morton MP:** The hon. Gentleman makes an important point. We often talk about budgets in terms of countries and regions; insects and diseases such as malaria do not see the boundaries that we do, so it is always important that we do as much as we can, working with our partners, to address the long-term issues and finding the solutions, but taking a holistic approach. I do not believe it is always that simple, but we must absolutely continue to work on it. That is why I think the UK has a very good reputation when it comes to international development, particularly now that that work is integrated within the Foreign Office. However, it is important that we continue to work on this, whether on malaria or many of the other diseases that we see around the world.

**James Sunderland MP:** As a Vice-Chair of the All-Party Group on Malaria and Neglected Tropical Diseases, I have a great interest in this issue, and having spent a lot of time in Africa over the years, mainly with the military, I understand this particular field intimately. Does my right hon. Friend agree that even though the percentage of overseas aid fell from 0.7% to 0.5%, the Foreign Office should now be focused on maintaining at a consistent level the funding relating to life and death issues? With the overall funding headroom being reduced, the funding element for life and death issues – particularly malaria and NTDs – should be consistent in order for the UK to fulfil its global responsibilities.

**Wendy Morton MP:** My hon. Friend makes a very important point, and having been a Minister, I know how difficult some of these challenges can be. I am sure that the Minister may well pick up on that issue during her speech. It is important that we look at our priorities and seek to achieve the

most effective outcomes for our spend. It does not matter whether this is about international development or any other Department. All too often we talk about the amount of money we are putting into a project, whereas I would like to see us look more at the outcomes alongside that. As my hon. Friend the Member for Bracknell (James Sunderland) acknowledges, we are discussing really important topics this morning that are often about the difference between life and death.

I was pleased that in May 2022, the UK launched its 10-year international development strategy, with one of its four priorities being global health. The strategy states that we will “work towards ending preventable deaths” by “investing both bilaterally and through initiatives such as Gavi, the Vaccine Alliance; and the Global Fund to Fight AIDS, Tuberculosis and Malaria.”

I appreciate the great work of the Global Fund. I also gently remind Ministers – I am sure they are very aware – that there have been some issues with funding in certain parts of the world. That is why it is so important that there must always be the appropriate management and oversight capacity, as well as accurate inventory records checked by external auditors, so that we have overall accountability to British taxpayers.

That said, I absolutely acknowledge the positive results that have been achieved. The Global Fund’s 2023 report states that in 2022, it treated 165 million cases of malaria, and gave preventive treatment for malaria to 14.6 million pregnant women. That is another example of the scale of the challenge we face, and how important this is.

The UK has contributed to those results as the third largest Government donor to the Global Fund, pledging £1 billion for the Global Fund’s seventh replenishment for 2023 to 2025. It is also important to recognise that the funds are spent on some other very important areas, such as HIV and TB, which I know this House and some Members here take very seriously.

It is right that we continue to invest in malaria prevention and treatment if we are to meet our target of ending preventable deaths by 2030. I recognise that the total number of malaria deaths worldwide is falling. The statistics show a fall from 896,000 deaths in 2000 to 608,000 in 2022. By my calculation, that equates to a reduction of about 13,000 deaths a year. Even if we apply that rate between today and 2030, there will still be approximately 517,000 malaria deaths in 2030, which is obviously

far from us being malaria-free, so we urgently need innovations to continue to tackle malaria. Perhaps we need to scale up the newly recommended R21 malaria vaccine as part of the solution.

Good international development is not all about spending money overseas to benefit developing countries, although we need the funds to do this. It is also about protecting and developing our interests as the UK: for example, through trade and the building of new trade relationships, and making a strong contribution to the UK's soft power and international place in the world. It is about honouring the UK's international commitments, but it must also firmly remain about making this more effective by improving openness, transparency, value for money and delivering. Today's debate is a very helpful reminder of that.

**Chris Law MP:** Happy New Year, Mrs Harris. It is a pleasure to serve under your Chairship, as ever. I thank my hon. Friend the Member for Glasgow North (Patrick Grady) for securing this debate, not least because it is timely and critical ahead of World Neglected Tropical Diseases Day. I also thank him for his continued commitment to speaking up for the most vulnerable and poorest people in the world, as well as for his constituents.

The fact that one child dies every minute from a preventable and treatable disease is not simply a tragedy, but a moral failure. As we have heard in this debate, malaria and neglected tropical diseases are preventable and curable, but a lack of political will and much-needed investment is resulting in the progress towards eliminating these diseases stalling. When minds are focused and resources are properly mobilised, successes can be achieved. Between 2000 and 2022, an estimated 2.1 billion malaria cases and 11.7 million malaria deaths were averted globally. Fifty countries have eliminated at least one neglected tropical disease, and 600 million fewer people require intervention against those diseases compared with 2010.

In 2022, however, the global tally of malaria cases reached 249 million. That is an increase of 5 million from 2021 and 60 million more cases than in 2019 – well above estimates from before the covid-19 pandemic. Today, around 1.65 billion people are estimated to require treatment for at least one neglected tropical disease, resulting in devastating health, social and economic consequences. That is more than 20% of the global population.

Malaria and neglected tropical diseases have been exacerbated by climate change, conflict and humanitarian crises. Furthermore, drug and insecticide resistance, as well as invasive mosquito species, also hamper progress. However, the challenges can be overcome with the right investment. At the heart of this debate is a significant funding gap for malaria and neglected tropical diseases, as well as the shameful role of this UK Government, with their years of death sentence cuts, stepping away when they should be stepping up.

The funding gap between the amount invested in malaria control and elimination and the resources needed is dangerously large. Spending in 2022 reached \$4.1 billion, which is well below the \$7.8 billion required to stay on track to reduce case incidence and mortality rates by at least 90% by 2030, as highlighted in the SDGs. Similarly, neglected tropical diseases are preventable and treatable, often at a very low cost, yet they are neglected in terms of funding and research.

The UK was once a global leader in tackling those diseases, particularly in research and innovation, but that contribution has been fundamentally undermined by the reckless decision to cut ODA from 0.7% of GNI to 0.5%. For example, in June 2021, the UK Government decided to terminate the Accelerating the Sustainable Control and Elimination of Neglected Tropical Diseases programme – otherwise known as ASCEND – with no alternative funding offered to more than 20 beneficiary countries in Africa. That resulted in over 250 million treatments and over 180,000 disability-preventing surgeries being stopped. In Zambia alone, it resulted in the cancellation of 1,500 sight-saving trachoma surgeries and 1,500 disability-preventing lymphatic filariasis surgeries.

There is international acceptance of the hard facts that demonstrate that malaria and other tropical diseases are far from eradicated. In November 2022, the UK Government announced a pledge of £1 billion for the seventh replenishment fund of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and that is to be welcomed. Crucially, however, that commitment is £400 million less than in 2019, and £800 million short of the 29% increase in funding that the Global Fund called for to get progress against those three diseases back on track. Other G7 allies, such as the US and Germany, have met that call.

That money was and is needed to regain progress lost during the covid-19 pandemic and to save 20 million lives over the next

three years, but that pledge by the UK Government is on trend with their theme of grandiose gestures and media splashes that may sound good, but have little meaningful impact. It is on track with the UK Government's morally corrupt insistence on finding loopholes in their international commitments.

For example, in the recent FCDO White Paper on international development, there was noticeably no recommitment to the 0.7% spending on ODA and no reinstatement of the pre-2021 projects or commitment to beneficiaries of cut projects. The UK Government must therefore, as a matter of utmost urgency, recommit to the UN-mandated 0.7% spending of GNI on ODA, and they must go further and clarify that funds from that are available for research into tropical diseases including malaria.

My first question is: will the Minister tell us what tangible action the UK Government intend to take to make up the shortfall left by the ODA cuts? Do their Government colleagues feel any remorse for the beneficiaries of projects that have had their funding stripped due to the 2021 policy?

Over the past decade, the UK has led the way in research into global infectious diseases, and the thriving scientific research and innovation sector must continue to be world leading and supported through long-term, sustainable UK funding and investment. The lack of commercial drivers for anti-malarials and neglected tropical diseases requires not-for-profit solutions to help to develop new medicines through public sector and charitable sources.

I am very proud to say that the Drug Discovery Unit at the University of Dundee in my constituency is a world-leading drug discovery centre, focused on developing new treatments for neglected infectious diseases. I have had the opportunity to visit the unit on a number of occasions, and I give my personal thanks and gratitude to all those who use their skills and expertise to make such valued contributions.

The Drug Discovery Unit has collaborated with the Medicines for Malaria Venture on the discovery of a potential anti-malarial compound called cabamiquine – a single-dose cure that has also been shown to be effective in preventing malaria in trials and is currently undergoing phase 2 clinical trials with patients in Africa. That type of research does not fit nicely into typical funding body structures based around a specific scientific hypothesis and employing one person for three

years. Rather, it requires large multidisciplinary groups and is focused not around a narrow research question, but a broader challenge. Are the Government looking at recommitting to longer-term multi-year funding?

Furthermore, the Drug Discovery Unit recognises the increasing need and desire to involve scientists from low and middle-income countries in partnership in this work, and it has been working to establish collaborations with scientists with particular focuses on Ghana and Brazil as part of the Wellcome Centre for Anti-Infectives Research. Do the UK Government intend to support partner programmes from countries that are most impacted by malaria and other tropical diseases?

Of course, to continue its world-leading progress on virus research, it is fundamental that Scotland and the rest of the UK continue to be able to attract the best talent from the European Union. The “make it up as you go along” approach to Brexit, which was not voted for in Scotland, has had one disastrous consequence after another for Scotland and the rest of the UK.

In that context, the inability to work effectively and efficiently with partners in the EU has hindered the UK's full potential in addressing malaria and tropical diseases. Despite the UK now rejoining Horizon, which I welcome, the years of missed opportunity, broken partnership and lack of EU funding have significantly set the UK back in the context of tropical disease research. Crucially, can the Minister explain how the UK Government intend to be a global leader or to continue to punch above their weight in global medical research without the collaboration or resources of one of the deepest pots of funding, and by limiting the information-sharing capacity and collaboration with our European counterparts?

The fight against malaria and neglected tropical diseases is global, requiring collaboration and for each of us to take all the necessary steps to help combat them. The existential global challenge of climate change should further focus minds on malaria and NTDs. We know that many of these diseases are driven by the environment. Changing temperatures, precipitation levels and increasing extreme weather events have the potential to change the distribution, prevalence and virulence of these diseases. For example, flooding in Pakistan in 2022 resulted in more than 2 million additional cases of malaria and a 900% increase in dengue fever.



One of the most meaningful ways in which the UK Government can be proactive in combating malaria and other tropical diseases is to acknowledge the nexus between climate change and the transmission of these diseases. Again, can the Minister outline how the UK Government intend to work with global partners to tackle malaria and NTDs as part of their work on reacting to climate change?

Finally, these diseases are referred to as “neglected” because they have been largely wiped out in more developed parts of the world, but they persist in its poorest, most marginalised or isolated communities. I cannot help but feel that we would be doing more if they existed here. Of course we would—we just have to look at the experience of covid-19 to see that, and the subsequent inequitable distribution of vaccines from high and middle-income countries to low-income countries as another example of the moral failure to protect the most vulnerable in our world.

The UK Government must restore their credibility and urgently scale up their contribution to the eradication of these diseases. Given the vast numbers of people affected across the world, there is no excuse for neglecting them. As I said, more than 20% of the global population is affected. The elimination of malaria and neglected tropical diseases is possible, and it will be a small step to a more equal world when it is achieved.

**Catherine West MP:** It is a real pleasure to serve under your Chairmanship, Mrs Harris. I congratulate the hon. Member for Glasgow North (Patrick Grady) on securing this debate; he has a proud record of work, both in his constituency, with the University of Glasgow, and in Malawi itself. I also refer to my entry in the Register of Members’ Financial Interests.

As hon. Members have said, we remain at a critical point in tackling malaria and neglected tropical diseases due to the pandemic; humanitarian crises as a result of conflicts, flooding and famine; rising biological threats such as insecticide and drug resistance; a decline in the effectiveness of core tools; a widening funding gap and resource constraints; and disruptions to already fragile health systems. We really must act now. Global malaria progress has stalled in recent years, with malaria incidence and mortality currently above pre-pandemic levels. In 2022, 5 million more people were infected than in 2021, and 16 million more than in 2019.

Despite malaria being preventable and treatable, nearly half the world’s population remains at risk – particularly in African countries, as the hon. Member for Bracknell (James Sunderland) said. The global burden of neglected tropical diseases also remains significant and, as with malaria, continues to be a barrier to health equity, prosperity and development, with devastating health, social and economic consequences to 1.65 billion people worldwide, including over 600 million people in Africa.

**Tanmanjeet Singh Dhesi MP:** As a Vice-Chair of the All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases, I thank my hon. Friend for her leadership as chair of our APPG. I also thank her and Martha Varney of Malaria No More for their leadership in orchestrating our recent visit to Malawi. Their insights and the dedication of partners such as the Wellcome Trust have significantly deepened my understanding of the challenges at hand. Does the Shadow Minister agree that malaria is a relentless barrier to development, thwarting educational progress, disproportionately impacting women and girls, and perpetuating cycles of poverty?

**Catherine West MP:** Indeed, and my hon. Friend pre-empted my point about the impact on women and girls. I know that you will be particularly interested, Mrs Harris, in the relevance of tackling what seems to be the disproportionate impact on women and girls, due to various biological, social, economic and cultural factors. Limited financial resources, time constraints, diminished autonomy, and stigma and discrimination create barriers that prevent women from gaining access to timely healthcare, education and employment opportunities. Due to their responsibility for home and family care, they often miss out on crucial treatments. Through close contact with children, women are two to four times more likely to develop trachoma, which is a neglected tropical disease, and are blinded up to four times as often as men.

It was particularly exciting, in the visit mentioned by my hon. Friend the Member for Slough (Mr Dhesi) and the hon. Member for Glasgow North (Patrick Grady), to see old women, who are often neglected in developing countries, receiving crucial treatments and being enabled to feel that they were not a burden on their children. It was particularly special to learn that trachoma has been eliminated in Malawi. The World Health Organisation has signed that off, which is a

really exciting development. Sometimes, these things feel very overwhelming, but when we see that trachoma has been eliminated in Malawi, it really is wonderful and encouraging.

The “Ending Preventable Deaths” strategy recognised malaria as a major cause of child deaths, and important tools such as bed nets and intermittent preventive treatment in pregnancy as examples of evidence-based health intervention and best buys. It was also welcome that the strategy recognised the critical importance of clean water, sanitation and hygiene. However, there is no way of ending these epidemics and meeting the Sustainable Development Goals without working to empower and enable women and girls to succeed. I know that is very much at the heart of your work in Parliament, Mrs Harris.

**James Sunderland MP:** The Shadow Minister and I, and many others here, went to Malawi, as we heard earlier, and we share many of the same views on the way forward. In fact, it is quite nice to have cross-party support on such a key issue. We have sought a Commonwealth Heads of Government meeting in Rwanda. Does the Shadow Minister agree that it is important for the league tables to be published, so that African nations can take a lead and have responsibility for a particular NTD? In Malawi, we have eliminated trachoma, and I welcome that noma has now been added to the list of approved – if that is the right word – diseases that the WHO is looking at and investing in. Does the Shadow Minister agree that empowering African nations and ensuring that the UK can take a lead in thought leadership and education is really important?

**Catherine West MP:** Indeed, and it has been estimated that 500 million more people, rising to a billion by 2080, could become exposed to chikungunya and dengue, as these diseases spread to new geographies due to warmer climates – a point made by my hon. Friend the Member for Slough. As an example, the impact of flooding in Pakistan has also been mentioned, and in 2022 there was a 900% increase in dengue and a fivefold increase in the number of malaria cases. The Minister might be quite creative and see whether there is money in the climate funds to join up the health inequalities with the climate funding that will eventually become available through the COP28 process.

While countries in the global south will of course carry a disproportionate burden, tropical diseases are now becoming a growing concern in non-endemic countries. Will the Minister update the House on Government efforts to mitigate the impact

of climate change on malaria and NTDs, and what steps they are taking to support lower-income countries to address climate-sensitive infectious diseases? Conflict and humanitarian crises are considerable threats to progress. Many countries have seen increases in malaria cases and deaths, and a few experienced malaria epidemics. Ethiopia saw an increase of 1.3 million cases between 2021 and 2022, and political instability in Myanmar led to a surge in cases, from 78,000 in 2019 to 584,000 in 2022, with a knock-on effect in neighbouring Thailand.

Last June, mycetoma services in Sudan were suspended due to a lack of safety, resulting in patients not receiving vital medication. We know that in refugee camps – as I am sure the Minister also knows from visiting refugee or internally-displaced persons camps – there is a particularly high risk of scabies due to overcrowding. Can the Minister reassure us that the UK is working to support countries affected by conflict and other humanitarian crises to ensure the safe delivery of medical supplies, which are the basics?

Despite the difficulties in surmounting the challenges we face, the elimination of these diseases is possible. Both malaria and neglected tropical diseases can be beaten, as we have seen. Azerbaijan, Belize and Tajikistan have been declared malaria-free by the World Health Organisation recently, and 50 countries, including 21 in Africa, have eliminated at least one neglected tropical disease, marking the halfway point toward the target of 100 countries set for 2030. As a result, 600 million fewer people globally require interventions against neglected tropical diseases than in 2010. Bangladesh, supported by the UK and other partners, is the first country in the world to be validated for the elimination of visceral leishmaniasis, which is the very complicated form of the disease that is fatal in over 95% of cases and has devastating impacts, particularly on women.

The Labour Party is proud of the UK’s contribution to date in this global effort, and of the legacy of Department for International Development, one of our proudest achievements of the last Labour Government. As part of that commitment, the last Labour Government helped to found the Global Fund in 2002. It is an incredible fund, and we saw the important work it does when visiting Blantyre. The results are staggering, with the malaria incidence rate decreasing from 164 positive cases four years ago to 36 at the time of our visit last autumn.

I know that you want me to wind up, Mrs Harris, but I have one final anecdote. I met Mirriam, an inspiring midwife and primary healthcare provider working in rural Zambia, when she visited the UK Parliament. She said that she encounters disease every day at her health centre, and spoke to me about her harrowing experience of caring for and losing pregnant women and young children with malaria. However, over the past few years the availability of high-quality, inexpensive, rapid diagnostic tests, insecticide-treated bed nets and preventive treatment for pregnant women, all provided by the Global Fund, are transforming how Mirriam and her midwife colleagues diagnose and manage cases of malaria. She also mentioned the important work being done on tuberculosis and HIV.

Many of the tools and medicines we need to beat malaria were also developed here in the UK, and a number of Members have outlined the important connection with our excellence in research – for example, at the University of Dundee, which the hon. Member for Dundee West (Chris Law) mentioned in his speech, and other important UK research institutions. It is important that we listen to what they say about what we need to keep that research going and maintain this country's leadership in research and development.

We have already talked about the Vaccine Alliance, Unitaaid and the Global Fund, so I will not go into the detail. However, we have one specialism that I need to mention: the crucial research into snakebite. Many who may be watching parliamentlive.tv will not be aware that snakebite kills so many people in Africa, or aware of the important work being done at the Liverpool School of Tropical Medicine – I declare an interest as an unpaid trustee there. That work is very special and niche, but it is crucial to keep it going.

I will conclude on the important work that we need to do this month, given that World Neglected Tropical Disease Day is on 30 January. Can the Minister assure me that the UK is doing all it can to support the development of new medicines for neglected tropical diseases and look at re-committing to multi-year funding for product development partnership models? What is her view on manufacturing in Africa? If we look at the map, we see that expensive medicines are produced here in Europe or America and then sent to Africa and so on, so it would be wonderful to see more manufacturing, perhaps through the Serum Institute of India, for example, which did so much important work during covid. What is her thinking about

collaborations there that we could lead and push different parties towards? Finally, as 30 January 2024 approaches – World Neglected Tropical Disease Day – the World Health Organisation argues that, for malaria, “business as usual” will simply not be enough. I hope that the Minister agrees that we now need to act, because there is no more time for us to lose.

**Anne-Marie Trevelyan MP:** I thank the hon. Member for Glasgow North (Patrick Grady) for securing this important debate and thank the all-party parliamentary group on malaria and neglected tropical diseases for its really thoughtful contributions today and, more importantly, for its long-standing advocacy in this whole arena. I thank all hon. Members for their contributions.

Members will be aware that my right hon. Friend the Member for Sutton Coldfield (Mr Mitchell) is the Minister in FCDO with responsibility for global health. He is unfortunately unable to be here, hence my presence. I am happy to respond; this is an area of both policy and personal interest anyway. When I was the Secretary of State for International Development before the merger, we spent a lot of time on this policy area, so I am pleased to be able to respond on behalf of the Government. If I miss any questions, for which I apologise, I will ensure that my right hon. Friend picks up on them.

On the point made by the shadow Minister, the hon. Member for Hornsey and Wood Green (Catherine West), a number of colleagues touched on the wider question of the UK's focus on climate change, the impacts more broadly, and how the UK can assist, and is assisting, on the wider question of resilience and adaptation to the changing nature of communities, landscapes and healthcare. All the work that we do has health impacts at its heart. Women and girls are at the centre of every single piece of programming work that the FCDO does, but I will ask my right hon. Friend the Member for Sutton Coldfield to set out a few examples in his reply to help colleagues to see the broader picture, beyond the issue we are discussing today.

As colleagues have pointed out, we are at a critical point for the sustainable development goals. With COP's focus on the impact of climate change on global health, and with World Neglected Tropical Disease Day at the end of the month, this is a really important opportunity to consider the UK's role in helping to end those diseases. We know that the covid pandemic has taken a toll in so many ways on the pathway

to the 2030 SDGs, and I can safely say that, across the world, we are all focused on trying to get back on track and thinking about how we can do that, using all the tools at our disposal.

As many colleagues have set out, the burden that malaria and NTDs place on so many countries is not geographical; it is about families and people. It is perhaps concentrated in some countries, not only by virtue of their geography and their landscapes, but because of the state of their health systems. As colleagues have said, malaria is still killing a child every minute of every day, and NTDs are causing devastating health, social and economic consequences for more than 1 billion people. We know that they fall most heavily on the poorest and the most marginalised.

In November, my right hon. Friend the Member for Sutton Coldfield set out the Government's White Paper on development, which has at its heart the principles underpinning the UK's ongoing contribution towards ending extreme poverty and combating climate change. A key focus of getting the world back on track to meet the 2030 SDGs includes targets to end the epidemic of malaria and NTDs. The White Paper reaffirms our commitment to ending the preventable deaths of mothers, newborns and children under five, which we cannot achieve without a particular focus on malaria. As I have mentioned, however, the White Paper also underlines the importance of helping countries to build health systems by working with them in mutually respectful partnerships and harnessing innovation and new technologies to help them to solve some of these problems.

On malaria, we are at a critical juncture in our fight against the disease. As a number of colleagues have set out, this year's World Malaria Report showed once again that progress has stalled. We are facing a perfect storm of challenges, including rising drug and insecticide resistance, the climate impacts we have talked about, the spread of urban mosquitoes, conflict and humanitarian crises, rising prices and funding shortfalls. This is, of course, a complex mix to try to get ahead of, but the UK continues to provide global leadership. We will continue to make the limited resources that we have go further and to think about how we can adapt our approaches to fit local contexts more closely, because it is not the same everywhere. How can we help countries to focus in a more targeted way on tackling their most difficult health problems?

The UK has long been a leader in the fight against malaria. As my right hon. Friend the Member for Aldridge-Brownhills (Wendy Morton) mentioned, we have been the third largest contributor to the Global Fund over its lifetime, investing over £4.5 billion. It has three specific focuses – to eradicate malaria, TB and AIDS – which has enabled it to channel global energies into tackling those diseases. We provided £1 billion towards the seventh replenishment of the fund, and the mission to eradicate those diseases remains absolutely at the heart of the UK Government. The latest investment will help to fund 86 million mosquito nets and 450,000 seasonal malaria chemoprevention treatments, and provide treatment and care for 18 million people. Our funding continues to help drive scientific advancement—for example, the next generation of malaria bed nets, which were developed with funding from the UK and which the Global Fund is now rolling out. We have also long funded the Medicines for Malaria Venture, whose anti-malarial drugs are estimated to have averted nearly 14 million deaths since 2009.

There is further cause for optimism from new vaccines. As colleagues have mentioned, in October the WHO recommended the second ever malaria vaccine, R21. In November, just before Christmas, the first consignment of the RTS,S vaccine was delivered to Cameroon to begin roll-out across Africa. Both vaccines were developed through British scientific expertise, including the long-term commitments that we have seen from GSK, whose RTS,S vaccine has now been given to over 1.5 million children in Ghana, Kenya and Malawi. A further nine countries will receive the vaccine over the next two years, and the UK will continue to support roll-out through our £1.65 billion funding for Gavi and by further funding clinical trials.

Colleagues might not be aware that the UK led the replenishment of Gavi back in 2020, at the height of the covid pandemic, when its funding had never been more urgently needed. Gavi is the organisation that delivers vaccines to many hard-to-reach corners of the globe. It is an incredibly important organisation that is respected and welcomed in pretty much every country in the world. We were proud to bring \$8 billion-worth of global commitments to Gavi, despite the challenges that everyone faced during the ongoing covid epidemic. The UK's commitment was the largest of all those made to that replenishment.

Of course, time goes quickly, and Gavi's replenishment for next year is coming round again; I know that the UK will continue to



provide leadership on that. Gavi is one of the many parts of the machine that enables us to deliver. It does such important work to ensure that, whichever brilliant new technologies brilliant scientists come up with, they get to the places they need to be. That is so important. Indeed, through covid Gavi demonstrated – sadly, more urgently than ever – how effective it can be.

Colleagues have set out the impact of neglected tropical diseases across the globe. We have seen incredible progress, which has been due in part to the UK's contribution. It is encouraging that 50 countries have eliminated at least one NTD, in line with the WHO's ambitious target for 100 countries by 2030. Last year saw Iraq, Benin and Mali eliminate trachoma, Ghana eliminate a key strain of sleeping sickness, and Bangladesh and Laos eliminate lymphatic filariasis. In October, Bangladesh became the first country in the world to eliminate visceral leishmaniasis, which would not have happened without long-standing UK support.

Here, again, we face major challenges: climate change threatens to unravel so much of the progress that we have seen, and global funding falls short of what is needed to achieve our overall ambitions. The hon. Member for Slough (Mr Dhesi) highlighted the rise of dengue, which causes real concern and impacts too many places. The UK was pleased to sign the Kigali Declaration on Neglected Tropical Diseases at the 2022 CHOGM meeting, and towards that goal we committed to continued investment in research and development. Each signatory makes a unique contribution towards ending NTDs; it is very open and was designed to encourage countries, however small or large, to push on with tackling the challenges.

We are delivering on our commitment with our ongoing funding to the Drugs for Neglected Diseases initiative, or DNDi – I apologise for all the acronyms; there are lots of them – in which we have invested over £80 million so far. Through our and others' support, DNDi has developed 13 treatments for six deadly diseases, and those are already saving millions of lives. They include a first oral-only treatment for both chronic and acute sleeping sickness, which recently received regulatory approval; a treatment for mycetoma, an infectious flesh-and-bone disease that leads to amputations; new short-course treatments for deadly visceral leishmaniasis, which I mentioned earlier, that can replace treatments with severe side effects and growing drug resistance, which is a

continuing challenge in this space; and the first paediatric treatment for Chagas disease, a complex tropical parasitic disease that can result in heart failure.

Some of the DNDi's incredible work takes place in the UK, where it has over 40 partners across industry and academia. To name but a few, we have the incredible leadership of global companies such as AstraZeneca UK and GSK, which are well known and based across the world, through to some of the smaller developing companies such as BenevolentAI, DeepMind and AMG Consultants. Those smaller companies are using other modern technologies – not pharmaceutical technologies but wider technologies – to think about how we can solve these challenges. It is worth remembering that many UK industry partners threw their technical expertise into the scientific ring when covid-19 hit the world, for instance through the COVID Moonshot work. Continuing to focus on the incredible investments made by our world-leading life sciences, tech and pharma companies is part of the whole solution.

**Catherine West MP:** The Minister is being very generous in giving way. What assessment has she made of the possibility of promoting more African leadership in manufacturing? Developing really good partnerships may require investment at the beginning, but it could be a very effective way to work. How do we strengthen in-country leadership in Africa while avoiding a top-down approach?

**Anne-Marie Trevelyan MP:** I said earlier that the Government are focusing not only on how we spend our development budget but on how we invest in and give space to the private sector to use its research and development investment as effectively as possible in areas where there can be global solutions. The Shadow Minister raises a really important point, and I spent a lot of time at the World Trade Organisation in 2022 discussing how patents and investment in expensive production facilities can be done more globally. The issue was not resolved at the WTO, but it is at the heart of the conversation, which is, as has been said, about trade. We must understand how to empower the countries that will potentially get the most immediate benefit from production domestically, which will then be able to export to their neighbours, and ensure that investment flows work securely for the pharmaceutical companies that are investing billions of pounds to solve these challenges. We must ensure

that production is secure and that the vaccines and other medications reach those they need to. A lot of discussion is going on globally around those issues, and some of our largest pharmaceutical companies are already doing these things around the world. Particularly in South Africa, there has been a real shift in investments, and that country can be a hub from which to export to neighbouring countries. That ongoing area of global policy development sits within the world trade discussions, and it is really important to keep pushing it.

**Jim Shannon MP:** I and others mentioned the important role that church and charity groups play and the significant voluntary contribution they make. How can the Minister's Department work alongside them to encourage them and align partnerships so that things can go better?

**Anne-Marie Trevelyan MP:** The hon. Gentleman raises a really important point. When I visited Malawi a few years ago, I was struck by the fact that almost every Scottish church and school has a relationship with that country. The history goes back to the Scottish explorers of the 19th century, and that fascinating relationship feeds into church and other community groups across Scotland working together to support religious hospitals in Malawi. That really interesting model has been built up over more than 100 years, and those connections continue to grow. I have visited schools in my patch where children want to be involved in these issues and understand them more closely. Strong relationships can be built, and there are some very good organisations – I will come back to the hon. Gentleman because I cannot remember their names – that try to develop links with schools, in particular, to help them understand each other better. We know, as Churches across the world do ecumenically, that that is the best way to share knowledge and develop better understanding.

**Jim Shannon MP:** The Minister is right to acknowledge the good work that has been done in Malawi. There are 94 churches in my constituency, and I know of only one that is not doing some work in Africa. In particular, the Elim church and the Church Mission Society do work in Malawi, Zimbabwe and Swaziland. I would like to encourage those things, and I am keen to hear how we can do that.

**Anne-Marie Trevelyan MP:** I will take that away and we can perhaps pick it up more fully.

As colleagues set out, this has been an important and positive debate. The UK plays a long-standing and leading role in the fight against malaria and neglected tropical diseases, both as a leading donor and with our world-leading scientific and research capability, which has focused on this issue for decades. Although, as a global community, we have made incredible progress in the last 20 years, we know that too many countries still face major challenges, not the least of which is the impact of climate change. As colleagues have pointed out, in many countries the most challenging health problems are across boundaries—diseases do not see a line in the sand. As we set out in the development White Paper, we will continue to lead the fight against poverty and climate change, including, very importantly, on global health.

If I have failed to answer any questions, I hope that the Minister of State, Foreign, Commonwealth and Development Office, my right hon. Friend the Member for Sutton Coldfield, will pick up on them. We will continue to seek health solutions, alongside building health systems to help make these diseases history.

**Patrick Grady MP:** I am grateful to all Members who have taken part today. The hon. Member for East Londonderry (Mr Campbell) spoke about the return on investment. The hon. Member for Strangford (Jim Shannon) made the point that this issue is very important to our church communities and to many of our constituents. The right hon. Member for Aldridge-Brownhills (Wendy Morton) brought to bear much of her personal experience, as did the hon. Member for Bracknell (James Sunderland) – I will call him my hon. Friend, because I think we are all hon. Friends today. I thank the hon. Members for Slough (Mr Dhesi) and for Hornsey and Wood Green (Catherine West) – this is a bit of a reunion for those who went on the APPG's visit – and my hon. Friend the Member for Dundee West (Chris Law), who provided a suitably robust challenge to the Minister. I also thank the Minister for her summation and her reflection on all the points that were made during the debate.

It is quite frustrating that there is a category of diseases known as “neglected” and that work has to be focused on them. One of the key principles of the sustainable development goals is that we leave no one behind. Nobody should be neglected, and none of the factors that keep people in poverty, including these diseases, should be neglected. That

is a challenge for all of us as we come to write our election manifestos for the coming year.

I hope that today's debate has, at the very least, raised some awareness, meaning that these diseases will be slightly less neglected and that we can continue to unite and act and can, ultimately, eliminate malaria and other neglected tropical diseases so that they become eradicated tropical diseases.

Question put and agreed to.

Resolved,

That this House has considered the role of the UK in ending malaria and neglected tropical diseases.

### ***UK's contribution to international development***

In January, a number of Members took part in a debate led by **Baroness Northover** on the UK's contribution to international development, in particular in regard to the impact of climate change on developing nations.

**Baroness Bottomley** focused specifically on malaria in her contribution, with strong support for the Global Fund to Fight AIDS, Tuberculosis and Malaria and the UK's world-leading and innovative scientific research and development sector: "It is the leadership, the science base, the collaborative approach and the consistency that can ensure that we play a real part in reducing climate change and assisting developing nations further."

**Baroness Sheehan** also spoke about malaria noting that "wetter, warmer conditions mean that malaria is on the increase" pointing to the increase in malaria cases as a result of flooding in Pakistan: "Does the Minister agree that our Government must do much more to support the eradication of this dreadful disease, which is now within our grasp? It would be nothing short of enlightened self-interest. The West is fast becoming a hospitable climate for the malaria mosquito and the mosquito that spreads dengue fever."

And **Lord Collins** noted that: "we need to continue to raise awareness of the intersection between global health and climate change on the global stage, while working to improve climate resilience in healthcare systems and ensuring that climate-sensitive diseases such as malaria are factored into

health programmes. We know that malaria is a climate-sensitive disease, threatening hard-won progress in many areas."

**Lord Purvis** spoke about NTDs: "On climate, no doubt the Minister will refer to the £100 million of UK funding announced at COP 28; I am sure that is in his contribution. He will cite the £18 million for an innovative new programme to adapt and strengthen health systems. I suspect what he will not say is that the cuts for neglected tropical diseases and cuts in health systems made prior to that included a 95% cut for neglected tropical diseases and health systems, where the UK had led a global flagship programme on transition and climate. We know that one of the impacts of climate change is the increase in disease and those debilitating conditions which the UK has cut aid on, so there is little point in issuing press releases announcing £100 million extra, where just a few months before, £150 million had been cut from health systems."

Responding to the debate, Minister **Lord Benyon** noted: "I am conscious that I want to address malaria. We are making a range of investments to fight malaria, which include our £1 billion contribution to the seventh replenishment of the Global Fund. This supports vital tools in combating malaria, including the distribution of 86 million mosquito nets, 450,000 seasonal malaria chemoprevention treatments, and treatment and care for 18 million people – but the future is where the benefits really lie. We are funding R&D support on next-generation bed nets and vaccines and are supporting research that has paved the way for the rollout of RTS,S and R21 malaria vaccines, mainly targeting children under five who are at much greater risk of malaria. Additionally, we have supported the rollout of these vaccines through our £1.6 billion funding to GAVI, including for further clinical trials. This is really important work and, with our biotech industry and ability to move fast on vaccines, we can benefit from some of the tragedies we have had in recent years, such as Covid, and see real benefit to the world in what we are delivering."

### ***Infectious disease threats to UK biosecurity***

In January, Co-Chair **Lord Trees** led a debate on infectious disease threats to UK biosecurity, including human, animal, and plant health, in an age of globalisation and climate change. Opening the debate, Lord Trees spoke of climate change as one driver of changes in infectious disease geography, noting that the mosquito-transmitted dengue

fever virus is a major potential disease threat to the UK, and highlighting the importance of a OneHealth approach.

Member **Baroness Hayman** also raised dengue and the need for global responsibility: "We cannot protect ourselves totally by putting up barriers. The burden of many diseases... is being felt not in the future... but in the here and now in parts of Africa and Asia, where they are spreading". Member **Lord Browne of Ladyton** addressed the impact of climate change on incidences and the geographic spread of malaria and dengue: "These are not merely warnings of a possible dystopian future, but something that already is crystallising into observable reality".

### ***Global Health Agencies and Vaccine-Preventable Deaths***

In May, Member **Virendra Sharma MP** led a Westminster Hall debate on global health agencies and vaccine-preventable deaths. Opening the debate, Virendra Sharma MP noted the UK's strong record of support for Gavi, the Vaccine Alliance and leading role in the research, development, and financing of vaccinations.

Speakers included **Chris Law MP** who spoke about the global impact of vaccines in saving lives, noting, in 2022, "the WHO and UNICEF reported that there had been the largest sustained decline in childhood vaccinations in approximately 30 years, which all of us should be seriously worried". He called on the Government to support global health agencies and vaccines as "part of a well-funded, coherent global health strategy". Specifically, on the malaria vaccines, he noted: "In recent years, a new malaria vaccine has reached nearly two million children, yet evidence to the International Development Committee from the malaria campaign organisations Malaria No More UK and Medicines for Malaria Venture stated that the aid reductions put the UK's strategy at risk. They also said that cuts to broader health programmes would have significant knock-on impacts for malaria. While I have the opportunity, I would like to put on record my thanks to the Drug Discovery Unit at the University of Dundee, in my constituency, which is world-leading in work on a single-dose treatment for malaria, in terms of both preventing it spreading and protecting people from getting it."

Our Co-Chair **Catherine West MP** spoke about immunisation as "one of the most successful and cost-effective global health interventions in history, and I am particularly proud

of the role that the UK, and the last Labour Government specifically, had in inventing the Department for International Development and leaving a legacy where the Global Fund, Gavi, the Vaccine Alliance and Unitaids were able to group together to fight AIDS, tuberculosis and malaria." On malaria specifically, she noted: "Sadly, in the last couple of years the numbers have plateaued, particularly in relation to malaria. They have not continued to fall as we would wish, and we must redouble our efforts to address that. As hon. Members have said, this debate follows World Immunisation Week. I should also note that the All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases was in Dundee and saw the Drug Discovery Unit, and I am pleased that the hon. Member for Dundee West (Chris Law) mentioned its important work on developing the vaccine.

As we know, one of the key principles of the sustainable development goals is that we leave no one behind, and the hon. Member for Dundee West outlined the lessons that we learned through the covid-19 pandemic and how we must redouble our efforts to address those. Last July, on a visit to Mitundu Community Hospital in Malawi, I was able to see at first hand the critical work of the expanded programme on immunisation. The hospital is an hour south of the capital Lilongwe, and it is where, in 2019, a little girl named Lusitana became the first child in the world to receive a dose of the groundbreaking and British-backed RTS,S malaria vaccine. During the visit, I also met five-year-old Evison Saimon, the second child to receive the vaccine in all its doses. Saimon and his mother talked about how delighted they were not to have malaria in their household. We can read all the things we like, but it really comes home to us when we actually go and meet families abroad and see this important work being done.

We also heard from representatives of Malawi's expanded programme on immunisation and the national malaria control programme about how the pilot programme is being rolled out, with safety concerns managed and household surveys showing the positive impact on individual families and communities. Since the introduction of the vaccine, Malawi has seen a consistent reduction in cases and deaths in the age group eligible to receive the vaccine. Across the three pilot countries – Ghana, Kenya and Malawi – more than 4.5 million doses have been administered through the implementing countries' routine immunisation programmes, reaching nearly 1.7 million children. The World Health Organisation estimates that RTS,S could



save the lives of an additional 40,000 to 80,000 African children each year once implemented at scale. It is especially important to note that the pilot was financed through an unprecedented collaboration between three global health funding bodies – Gavi, the Global Fund and Unitaaid, with GSK donating up to 10 million doses. We have so many good examples of GSK's UK involvement, which we can all be proud of.

At this critical juncture in the fight against malaria, we really must not allow global progress to continue to stall. We must support the groundbreaking malaria vaccines and see how other countries, such as the 28 countries across Africa that are due to roll out a vaccine in the next few years, go with the roll-out of the programme. Vaccines have a limited impact if they do not reach the communities that need them most and are not joined up with other strategies, such as insecticide bed nets – I know that colleagues here have seen those – and occasional spraying, which we also saw when we were in Malawi. We also know that health data management systems are crucial to understanding the impact of those important measures.

Not only does immunisation save lives, but it has a profound knock-on effect for families, communities and countries. The economy is helped enormously in many parts of the world by such important, life-saving initiatives. As part of Gavi's mission to save lives and protect people's health by increasing the equitable and sustainable use of vaccines, it has helped to vaccinate more than 1 billion children in 78 lower-income countries.

Other hon. Members have mentioned the opportunity for more manufacturing in country. I was pleased that FCDO representatives and other partners recently joined us for a roundtable in the House to talk about the opportunity to work with the Serum Institute, which was so crucial during covid-19. That would be a triangular partnership between India, the UK and many African countries. The hon. Member for Dundee West has seen that in action in South Africa, and I am sure that it can be rolled out across other African countries too.

I would be grateful if the Minister could update us on the Government's intention to continue to support these vital global agencies in working to end vaccine-preventable deaths with strong pledges at the upcoming replenishments of Gavi and the Global Fund. Will he also update the House on the steps that the Government are taking to help to build and support research and development, as well as manufacturing,

in particular to build capacity in vaccine manufacturing?

On the British science side, which is so important, what is the Minister doing to support the higher education sector, particularly where we have important collaborations? There have been setbacks due to Brexit and bumps along the road. What is he doing to promote and support our excellence in research, particularly the deep pockets of research in our universities? They sometimes report feeling a bit unsupported, and I know that the Minister will wish to put on record his support for international students being welcomed in the UK and for the rebuilding of collaborations across Europe, as well as for work with US partners and in country in Africa. I look forward to hearing his thoughts."

Responding to the debate, the Deputy Foreign Secretary, **Andrew Mitchell MP** noted the importance of Gavi and the Global Fund, stating: "Let me be clear: reaching the world's children with vaccination remains a top priority for Britain, as set out so clearly in our widely endorsed international development White Paper. We are determined to enhance our partnerships with individual countries and strengthen our collaborations with organisations such as Gavi, which will help continue to save countless lives."

On malaria specifically, the Minister noted: "The roll-out of the malaria vaccines, which were referred to, not least by the hon. Member for Hornsey and Wood Green, highlights the role the UK has already played in end-to-end support of innovation vaccines. First, working in collaboration with partners in India, our world-leading scientists helped to develop these game-changing new vaccines, which must be used in combination with bed nets and chemoprotection. Then, supported by UK funding, Gavi, the Global Fund, Unitaaid and the World Health Organisation set up pilots to provide the evidence necessary for a wider roll-out, and Britain's MedAccess, so brilliantly led by Michael Anderson, worked with Gavi to secure the vaccine supply.

The vaccine roll-out will protect more than six million children from malaria by the end of next year. This is the first time that Gavi and the Global Fund will be working together on a single disease, and it presents a wonderful opportunity to strengthen their efforts even further. The wider work to prevent and treat diseases such as malaria, HIV and TB is also helping to save countless lives."



Lord Oates, James Sunderland MP, and Patrick Grady MP at Gelan Health Centre in Addis Ababa, Ethiopia



A photograph of two men standing in front of the Houses of Parliament in London. The man on the left is wearing a dark suit, a white shirt, and a yellow tie. The man on the right is wearing a grey suit, a blue shirt, and a red lanyard with a 'VISITOR' badge. The Elizabeth Tower (Big Ben) is visible in the background under a blue sky with some clouds.

Lord Oates and Professor Getnet Tadele, Ethiopian Member of Parliament, on a tour of the UK Parliament

## SPOKEN CONTRIBUTIONS IN THE HOUSE OF COMMONS AND THE HOUSE OF LORDS

In January's Foreign, Commonwealth and Development Office Questions, **Wendy Morton MP** asked about the UK's support for malaria eradication through Gavi, the Vaccine Alliance, highlighting the recent pre-qualification of the R21 malaria vaccine. Responding, Minister **Andrew Mitchell MP** spoke about his recent visit to the Jenner Institute at Oxford to meet the remarkable people who had worked so hard to develop that vaccine.

On World NTD Day in January, Co-Chair **Lord Trees** asked about the UK's commitment to EU Horizon research funding which has been "hugely valuable in supporting British scientists at our world-class biomedical institutions to collaborate with Asian, African, South American, and European scientists to tackle NTDs and diseases such as malaria" which "threaten the most disadvantaged populations in the world but also our public health". Responding, **Minister Viscount Camrose** confirmed that the UK's associate membership of Horizon would give access to these sorts of Horizon calls

In March, during a debate on the UK's position on foreign affairs, **Lord Oates** highlighted the concerning implications of climate change on NTDs including chikungunya and dengue, noting that "changes in precipitation combined with increasing temperatures will alter vector breeding habitats and pathogen development, changing the geographical distribution of diseases, transmission risks, prevalence rates and the virulence of disease. Some 500 million more people could become exposed to chikungunya and dengue by 2050, with a recent UK Health Security Agency report warning that dengue could be transmitted in London by 2060."

In March, during a House of Lords' debate on International Women's Day, **Lord Oates** raised the devastating and disproportionate impact of NTDs including trachoma, schistosomiasis, and soil-transmitted helminths on women and girls and drew attention to the economic impact of NTDs which constrain productivity and prosperity for so many women and girls: "women and girls are disproportionately affected by malaria and NTDs, due to social, economic, biological and cultural factors. These affect women and girls both as patients and caregivers, disrupting their health and

keeping them out of school and work, exacerbating existing gender inequalities. Girls are often more likely to be taken out of school to take care of children and family members. Lack of access to clean water and sanitation increases exposure and the risk of developing NTDs for women who bear responsibility for water collection, home and family care. Limited financial resources, time constraints, diminished autonomy, stigma and discrimination create barriers that prevent women accessing timely healthcare, education and employment opportunities.

Through close contact with children, women are two to four times more likely to develop trachoma and are blinded up to four times more often than men. Since women and girls perform two-thirds of water collection globally, they have a higher risk of developing schistosomiasis in endemic areas, an NTD caused by freshwater parasitic worms. Certain NTDs, such as schistosomiasis and soil-transmitted helminths, can directly affect women's reproductive health and increase the risk of adverse outcomes during pregnancy, including anaemia, premature birth, increased blood loss during childbirth, infertility and a significantly higher risk of HIV. One in three pregnant women in sub-Saharan Africa is infected with hookworm, which, in some settings, is responsible for 54% of anaemia cases during pregnancy. Anaemia accounts for at least 20% of maternal deaths.

The economic impacts of NTDs are devastating, constraining productivity and prosperity in so many countries. A recent study by Deloitte showed that if Nigeria met its NTD elimination targets by 2030, it could add \$19 billion to its economy. Modelling from the Economist Intelligence Unit showed that by eliminating two NTDs – soil-transmitted helminths and schistosomiasis – Ethiopia, Kenya, Rwanda and Zimbabwe would collectively add over US\$5.1 billion to their GDPs by 2040."

In July, during her maiden speech in a debate on education and opportunity, **Dr Lauren Sullivan MP** spoke about her scientific background: "As well as being a scientist working on neglected tropical diseases under the supervision of regius professor Michael Ferguson at the University of Dundee – particularly African sleeping sickness, or trypanosomiasis, which is transmitted by the tsetse fly – and having worked more recently on malaria with Jean Langhorne at the Francis Crick Institute in London, supported by a brilliant Daphne



Jackson fellowship, which returns its fellows to science after a break, I am also a qualified secondary school science teacher. I know full well that lessons should instil the excitement and inspiration needed for young people to choose to pursue a scientific career – one that our nation’s growth depends on – so I welcome the proposed modernisation of the curriculum, and especially the curriculum for life.”

In July, during a debate for the King’s Speech, **Lord Oates** raised the impact of climate change on malaria and NTDs such as dengue: “...climate impacts are exacerbating many challenges faced by low-income and middle-income countries, further threatening food security and impacting health as malaria, dengue and neglected tropical diseases become more widespread and resistant, as well as causing more extreme weather events, with hugely destructive consequences to developing economies.”

In September, during a debate on Sudan, **Lord Browne of Ladyton** noted: “More than three-quarters of the health infrastructure in Sudan has been destroyed or is out of commission. This has not merely led to a resurgence in diseases such as malaria, cholera and measles but has heightened the population’s vulnerability to mpox.”

In October, during a debate on the impact of climate policies on jobs, growth, and prosperity **Lord Oates** raised the effect of rising temperatures on malaria and dengue transmission: “...rising temperatures and changes in precipitation patterns are altering vector breeding habits and pathogen development. The All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases recently organised a visit to Ethiopia, which I was lucky to attend. We visited the Gelan health centre on the outskirts of Addis Ababa with the Global Fund. As many noble Lords will know, Addis Ababa is high up and is traditionally a non-malarial area. Well, at that health clinic on the outskirts of Addis, they were seeing the first evidence of transmission of malaria in that area as warming happens. These mosquito-borne diseases are spreading with climate. Dengue has seen a thirtyfold increase in the past 50 years. There are more than five million cases globally and transmission has started across Europe, with local transmission now in Spain, France and Italy. I recently visited south-west France. When I returned, I went to give blood. They asked me, “Have you been abroad?”, and I said, “Only to France”. They asked where. I told them, “Somewhere near

Cognac”, and they got out their maps. They said, “I’m sorry, you can’t give blood until after the quarantine period. That is now a tropical virus area”. It is expected that dengue will be transmitted locally in London by 2060. Think about the costs of those sorts of things to our economy.”

In October, during a debate marking the 40<sup>th</sup> anniversary of the Ethiopia famine, **Lord Browne of Ladyton** raised the recent upsurge in cases of cholera, malaria, and measles in Ethiopia.

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

In January, during a debate on Israel and Palestine, **Vicky Ford MP** raised concerns about malaria, scabies, and other diseases.

In February, during a debate on Myanmar’s health system, **The Lord Bishop of Chelmsford** noted that: “Communicable diseases are on the rise and progress that had been made against diseases such as malaria and tuberculosis has been reversed. Infectious diseases invariably spike in times of humanitarian crisis. Between 2019 and 2022, there was a sevenfold increase in malaria cases in the country, which can primarily be attributed to unrest and a weakened health system. This is having a knock-on effect on neighbouring Thailand, where cases more than doubled over the same period. Displaced people are crossing the border to seek the medical treatment that they cannot access in their own country. The UK is a significant funder of the Global Fund to Fight AIDS, Tuberculosis and Malaria. What steps, then, does the Minister think can be taken to ensure that interventions from multilateral organisations such as the Global Fund can be accessed by those who need them in Myanmar? What other interventions, multilateral or bilateral, might effectively be offered by the UK to alleviate the pressing medical need?”

In April, during a debate on antimicrobial resistance (AMR), **Will Quince MP** noted the threat that AMR presents to malaria control.

In September, during a debate on the covid-19 inquiry, the Parliamentary Under-Secretary of State at the Department of Health and Social Care, **Baroness Merron**, noted that: “... changes in our environment such as those caused by climate change mean that the risks of outbreaks through some other modes of transmission are increasing. Planning must prepare

for the range of transmission modes, including oral routes such as contaminated food and water; sexual and blood routes – which include diseases such as HIV, syphilis and, more recently, mpox – contact routes in diseases such as Ebola; and vector routes such as insects, which include diseases such as malaria and bubonic plague.”

In September, during a debate on security in the Democratic Republic of Congo, **Jeremy Corbyn MP** noted the rise of endemic diseases such as mpox, malaria, tuberculosis, and cholera, with the limited hospitals and health services, overwhelmed.

In September, during a debate on commercial opportunities and exports in Africa, **Lord Bruce of Bennachie** noted: “An interesting report from Malaria No More made the point that tackling malaria will have an economic benefit. One of the problems with Africa is that not only do countries there sometimes not have the skills but too many people are sick too often to be able to be productive workers, so tackling illness and disease and promoting good health is good economic policy as well.”

In September, during a debate on Sudan, **Lord Bellingham** noted: “Is it not appalling that in 2024 there are hundreds of people dying every day and thousands every week from diseases such as cholera, dengue fever and malaria? All are completely avoidable with the right vaccines and immunisation.”

In October, during a debate marking the 40<sup>th</sup> anniversary of the Ethiopia famine, **Baroness Anelay** spoke to the issue of disease outbreaks such as malaria.

In November, in a debate on UK Universities, **Lord Krebs** spoke about the success of the Oxford malaria vaccine and the importance of UK investment in research.

In November, **David Mundell MP** asked about the UK’s continued commitment to the Global Fund during a World AIDS Day debate.

## WRITTEN PARLIAMENTARY QUESTIONS

Throughout the year, a number of Members laid written questions on a range of topics, including:

- **Lord Alton** on UK action to address the continuing health crises in Sudan and South Sudan, particularly given the

worsening malaria outbreaks in those countries.

- **Baroness Ritchie** on the impact of the Oxford-based Jenner Institute malaria vaccine.
- **Jim Shannon MP** on UK support for the life sciences sector to develop new drugs to tackle malaria.
- **Baroness Ritchie** on UK funding for Gavi, the Global Fund, and Unitaid.
- **Jim Shannon MP** on UK support for the elimination of malaria through the Global Fund, Gavi, and other multilateral institutions.
- **Baroness Ritchie** on the UK’s discussions with the European Union regarding action to end malaria.
- **Jim Shannon MP** on UK support for the roll-out of new medicines developed in the UK to tackle malaria.

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

- **David Mundell MP** on the Global Fund, including assessments of challenges faced by the Global Fund in achieving its goals, the role of the Global Fund in the FCDO’s broader strategy for international development and global health, the impact of the UK’s contribution to the Global Fund on global health outcomes, Global Fund programmes for inclusivity and reaching the most vulnerable populations, the Global Fund’s transparency and effectiveness, UK discussions with international counterparts to maximise Global Fund impact, the UK’s annual financial contribution to the Global Fund, and action to mitigate the potential impact of changing levels of funding, including on malaria.
- **Peter Fortune MP** on funding into malaria vaccination research.
- **Dr Neil Shastri-Hurst** on the potential impact of climate change on instances of malaria in the UK.
- **David Mundell MP** on steps the FCDO is taking to tackle emerging global health threats and ensure sustainable health systems.
- **The Lord Bishop of St Albans** on plans for upcoming global health multilaterals.
- **John Healey MP** and **Steve McCabe MP** on the prescription of mefloquine for armed forces.
- **Lord Spencer** on support for Kenya in its fight against malaria following recent flooding.
- **Lord Strathcarron** on the level of investment in the WHO’s pandemic agenda, relative to efforts to counter endemic diseases such as malaria.

# Government announcements

## Malaria Vaccines

In January, at Davos, Foreign Secretary, **Lord Cameron** announced £10 million of funding to support the roll-out of new British-developed malaria vaccines. His LinkedIn article making the announcement is below:

“This is how we’re saving lives”

In 2022, three in four of those who died from malaria were African children under five years old. Britain is helping end this epidemic.

A bite from a miniscule mosquito may seem just a pinprick. The parasite which can then infect you is microscopic. But these tiny organisms spread malaria. And without the right treatment, this can kill.

According to the World Health Organization (WHO), almost 250 million people caught malaria in 2022, of whom over 600,000 died. Most were young children in Africa. At present, every minute a child somewhere far from Britain dies from this disease.

A tragedy. Wasted potential. And all eminently preventable.

In Britain, we are fortunate to have long since eliminated malaria. Our commitment to end it everywhere is unwavering.

I am proud of the impact of the work begun when I was Prime Minister. Millions of lives saved. Several countries freed from malaria altogether, with Cape Verde certified just a few days ago. And global ambition renewed, with the Sustainable Development Goals committing the world to end the malaria epidemic by 2030.

Returning as Foreign Secretary, however, it is clear the whole international community must do much more to achieve this target. Too many lives are still being lost. But we can change that.

We now have effective, affordable vaccines. In the last few years, the WHO has approved two vaccines – RTS,S,

developed by British firm GSK, and R21, developed by Oxford University and the Indian Serum Institute. Used in combination with other measures, they can help us deliver our pledge.

These vaccines are the result of incredible research going back decades. Rollout of RTS,S has begun, with more than six million doses provided to more than two million children in Ghana, Kenya and Malawi. Rollout of R21 is expected later this year.

To support this rollout, Britain is matching the first £2 million of new pledges from the private sector to Gavi, the Vaccine Alliance. Twenty lower-income countries have applied for Gavi support. Donors from government and the private sector have an opportunity to ensure as many children are vaccinated as quickly as possible.

As I said to business leaders at Davos this week, it is one of the easiest investment decisions they could ever make. A small donation for them will be life-changing for families in Africa.

But if we are to maximise the impact of vaccines, we also need to pay attention to seemingly small, but critical, details.

How to schedule doses for children at the optimal moment and ensure they receive the full course. How best to combine vaccines with other simple measures such as bed nets. How to deliver community confidence in the vaccines.

Previous research showed how combining the RTS,S vaccine with seasonal malaria chemoprevention reduced clinical attacks, hospital admissions and deaths by 70%.

Similarly, the WHO recommended use of a new class of insecticide-treated bed net, based on research we funded into the first new insecticide in 40 years. This is vital in areas where mosquitoes have become resistant to insecticides now in common use.

This week, at Davos, I have therefore announced new funding for research into which measures can make rollout most

effective. The Government and our partners, UK Research and Innovation’s Medical Research Council, will provide £10 million to thoroughly investigate these vital questions.

The investment may be modest. But the potential impact is huge.

It is a vital part of how we defeat malaria. And ensure millions of children can live to fulfil their potential.”

## MedAccess

In April, to coincide with World Malaria Day, Deputy Foreign Secretary, **Andrew Mitchell MP**, announced £7.4 million of UK funding to MedAccess to make malaria drugs and tests accessible for countries around the world. MedAccess guarantees sales volumes of drugs in markets where demand is uncertain so manufacturers can commit to affordable prices and stable supply. In return, manufacturers receive assurance that they will be paid even if the demand doesn’t materialise. In three years, it is expected that more than 50 million people will have access to drugs and other items.

The £7.4 million UK support will be used to negotiate lower prices for vital malaria drugs and diagnostic tests for people in countries affected by the disease. The funding brings total UK support to MedAccess to £17.4 million, which will help one million people access new diagnostic tests and 120 million patients to receive anti-malarial treatments.

On making the announcement, **Andrew Mitchell MP** said: “Thanks to British science, we now have life-saving malaria vaccines which will protect millions of people. But we also need to make sure we are making drugs available at the best possible price to the countries that most need them. Deaths from malaria are entirely preventable and the UK’s support for MedAccess will ensure that countries can afford to offer people the best protection against the disease.”

## RBM Partnership

In December, following the launch of the World Health Organization’s World Malaria Report 2024, the Minister for Development, **Anneliese Dodds MP**, announced a new £5 million UK programme with the RBM Partnership to End Malaria (RBM) to boost global efforts to end malaria by 2030. RBM is the world’s largest platform dedicated to eliminating malaria, with over 500 partners, including malaria-endemic

countries, bilateral and multilateral development agencies, private sector organisations, and community-based groups. Through collective action, RBM works to convene and coordinate an inclusive, multisectoral response to control, eliminate, and ultimately eradicate malaria.

The UK’s new partnership will support RBM as it galvanises global leaders in the fight against malaria. This includes tackling resistance to malaria treatments and supporting efforts to control malaria in four countries: Cameroon, Nigeria, Tanzania, and Uganda.

On making the announcement, **Anneliese Dodds MP** said: “Thanks to the expertise of British scientists and the efforts of partners across the world, we have shown that the malaria epidemic can be ended. But in the Global South too many are still losing their lives and livelihoods to the disease, with pregnant women and children especially vulnerable. The UK is pleased to be partnering with the RBM Partnership to End Malaria, contributing £5 million to reenergise global efforts to tackle the epidemic. With the right tools, treatments and leadership, we can get back on track to end malaria, save lives and unlock billions in economic growth.”





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

OFFICERS

**Co-Chairs**  
*Catherine West MP (Labour) – until May 2024*  
*Dr Lauren Sullivan MP (Labour) – from November 2024*  
The Lord Trees (Crossbench)

**Vice-Chairs\***  
Tanmanjeet Singh Dhesi MP (Labour)  
*The Rt Hon. the Baroness Hayman GBE (Crossbench) – until March 2024*  
*Baroness Hodgson of Abinger (Conservative) – from November 2024*  
*Pauline Latham MP OBE (Conservative) – until March 2024*  
*Taiwo Owatemi MP (Labour) – until March 2024*  
*Bell Ribeiro-Addy MP (Labour) – until March 2024*  
*The Baroness Ritchie of Downpatrick (Labour) – until March 2024*  
*Virendra Sharma MP (Labour) – until March 2024*  
*The Baroness Sugg CBE (Conservative) – until March 2024*  
*James Sunderland MP (Conservative) – until May 2024*  
*Derek Thomas MP (Conservative) – until March 2024*

STAFF

**Coordinator**  
Martha Varney

DEPARTING MEMBERS

The All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases is grateful to the following Members who left Parliament during this reporting year and who have played an integral role in leading and supporting the work of the Group both throughout 2024 and in previous years:

**Patrick Grady**  
Patrick has been a recent, active member of the Group. He joined delegation visits to Malawi in July 2023 and Ethiopia this May, leading in Malawi in his dual role as Chair of the All-Party Parliamentary Group on Malawi. This year, he led a Westminster Hall debate on the UK’s role in ending malaria and neglected tropical diseases, laid an Early Day Motion for the House to recognise World Malaria Day, and wrote an article for Parliament Politics on neglected tropical diseases.

**Pauline Latham**  
Pauline has been a long-standing, active member of the Group, including serving as a Vice-Chair, and has been a passionate champion for development, especially women and girls, including sitting on the International Development Committee. Pauline joined the delegation visit to Kigali in June 2022 to participate in the Kigali Summit on Malaria and Neglected Tropical Diseases alongside the Commonwealth Heads of Government Meeting. This year, Pauline wrote an article in ConservativeHome calling on the Conservative Party to continue their commitment to ending malaria and to the UK being a leader in international development.

**Virendra Sharma**  
Virendra has been a long-standing, active member of the Group, including serving as a Vice-Chair, and has been a passionate champion for development, including sitting on the International Development Committee. As the Co-Chair of our partner Group, the All-Party Parliamentary Group on Global Tuberculosis, Virendra led on collaborative work, especially around replenishments of the Global Fund. This year, he led a Westminster Hall debate on global health agencies and vaccine-preventable deaths.

**James Sunderland**  
James has been a long-standing, active member of the Group, including serving as a Vice-Chair. James joined delegation visits to Kigali in June 2022, Malawi in July 2023, and Ethiopia this May. He has written a number of articles on malaria and neglected tropical diseases over the years, and raised global health in countless debates, including malaria in Prime Minister’s Questions. This year, as well as serving as a Vice-Chair and joining the Ethiopian delegation, James led the meeting on *Anopheles stephensi*.

**Derek Thomas**  
Derek has been a recent, active member of the Group, including serving as a Vice-Chair. He has written a number of articles on the importance of UK investment and support in malaria and neglected tropical diseases over the years, including ahead of the last replenishment of the Global Fund.

*\*To comply with the new rules for APPGs as approved by the Committee on Standards in July 2023 and amended in September 2023, the number of officers for the APPG reduced to four at the March 2024 AGM*



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**Cover image:** A woman from a 'Self Help Group' of individuals affected by leprosy in the Deder District, Ethiopia

**Credit:** Natnael Mesfin, Program Coordinator, The Leprosy Mission International Ethiopia

