



All-Party Parliamentary Group on
Malaria and Neglected Tropical Diseases

Annual Report
2020-21

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

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

The Annual Report

This Report covers the period from December 2020 to December 2021. The Report also makes reference to key events outside of this reporting period that have influenced this All-Party Parliamentary Group's (APPG) activity during this past year and will inform its work over the coming year.

Publications by All-Party Parliamentary Groups

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

Declaration of Interests

The APPMG's Vice-Chair, Baroness Hayman, is a Trustee and outgoing Board Chair of Malaria No More UK.

Abbreviations

ACT	Artemisinin-based combination therapy
ALMA	African Leaders Malaria Alliance
APLMA	Asia Pacific Leaders Malaria Alliance
APHA	Animal and Plant Health Agency
APPG	All-Party Parliamentary Group
APPMG	All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases
ASCEND	Accelerating the Sustainable Control and Elimination of Neglected Tropical Diseases
CHOGM	Commonwealth Heads of Government Meeting
COVID-19	Coronavirus disease
DND<i>i</i>	Drugs for Neglected Diseases <i>initiative</i>
FAO	Food and Agricultural Organization of the United Nations
FCDO	Foreign, Commonwealth and Development Office
GNI	Gross National Income
GSK	GlaxoSmithKline
HAT	Human African trypanosomiasis
IDC	International Development Committee
IRM	Insecticide Resistance Management
IRS	Indoor residual spray(s)
ITN	Insecticide-treated mosquito net(s)
IVCC	Innovative Vector Control Consortium
LLIN	Long Lasting Insecticidal Net
LPRF	Leukocyte and Platelet Rich Fibrin
LSHTM	London School of Hygiene and Tropical Medicine
LSTM	Liverpool School of Tropical Medicine
MMV	Medicines for Malaria Venture
MNМУK	Malaria No More UK
MSF	Médecins Sans Frontières /Doctors Without Borders
MVIP	Malaria Vaccine Implementation Programme
NIHR	National Institute for Health Research
NTD	Neglected tropical disease(s)
ODA	Official Development Assistance
OIE	World Organisation for Animal Health
PATH/MVI	PATH's Malaria Vaccine Initiative
PDP	Product Development Partnership
RIGHT	Research and Innovation for Global Health Transformation
RDTs	Rapid diagnostic tests
R&D	Research and development
RTS,<i>S</i>	RTS, <i>S</i> /AS01 vaccine for malaria
SDG	Sustainable Development Goal(s)
SMC	Seasonal malaria chemoprevention
SuNMaP (2)	Support to the National Malaria Programme in Nigeria
TB	Tuberculosis
UKRI	UK Research and Innovation
UN	United Nations
WHO	World Health Organization

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Chair's Foreword

It has been a challenging year for everyone across the world. While there has been some cause for celebration in both the malaria and NTD communities this year, there have also been major setbacks and challenges to progress in defeating these devastating diseases for good. For this reason, the All-Party Parliamentary Group for Malaria and Neglected Tropical Diseases (APPMG) continues to exist to inform Parliamentarians and advocate for continued UK support in the fight against these diseases.

Early in the COVID-19 pandemic, I wrote an article for The Times Red Box arguing that we must not let other diseases surge during the coronavirus crisis. This is critical to being able to help countries not only fight COVID-19 now, but also build health systems that can withstand the pandemics of the future, and get on track to a future of prosperity, with all the benefits that that brings for everyone.

Unfortunately, COVID-19 has had a truly devastating impact on malaria and NTDs, diverting attention and resources away from these diseases and causing disruption to services. It has severely affected health systems, undermined and delayed disease elimination efforts, and contributed to the reversal of years of progress. We have seen a 12 per cent increase in malaria deaths between 2019 and 2020, of which two-thirds were due to disruptions caused by the pandemic. Similarly, NTD programmes were, and in some countries still are, disrupted in an estimated 44 per cent of endemic countries.

Even before the emergence of COVID-19, global gains against malaria were levelling off, and the world was not on track to reach global targets. The recent World Health Organization (WHO)'s World Malaria Report 2021 found that malaria deaths rose between 2019 and 2020, to the highest level in nearly a decade. The global burden of NTDs also remains significant, and continues to be a barrier to health equity, prosperity, and development.



The global malaria and NTD communities are full of passionate and dedicated people. The COVID-19 pandemic has had a tremendous impact on their operations, and I want to pay tribute to the sheer hard work, resilience, and dedication of scientists, researchers, community health workers, practitioners, and volunteers in Africa, across the Commonwealth and throughout the world.

The desire to mitigate the damage of the pandemic has inspired innovation, and we must be proud of all the collaborative efforts that have been made.

I want to pay special tribute to Dr Mwelecele Ntuli Malecela, Director of the WHO Department of Control of NTDs, who passed away shortly before the publication of this Report and who is widely recognised for her invaluable contributions to global health. The Group were immensely grateful to

Dr Malecela for joining us virtually in April at the UK Parliamentary Launch of the WHO NTD Road Map. Her passing is a real loss to the NTD community, and we remain inspired by her words and her dedication to improving the health and well-being of all those affected by NTDs.

During a tumultuous Parliamentary year, the APPMG has strived to maintain focus on malaria and NTDs. We are grateful for the many individuals and organisations who have supported our work and contributed to our events, keeping Parliamentarians informed of key issues. I particularly want to thank those supporters and partners who we have worked especially closely with this reporting year – including Malaria No More UK, Medicines for Malaria Venture (MMV), the UK Coalition against NTDs, Drugs for Neglected Diseases *initiative* (DNDⁱ), PATH's Malaria Vaccine Initiative, Innovative Vector Control Consortium (IVCC), The Malaria Consortium, The London School of Hygiene and Tropical Medicine (LSHTM), The Liverpool School of Tropical Medicine (LSTM), and many others.

I would also like to thank those individuals who have been integral to the administration of the Group this year, including outgoing Coordinator, Yasmin Ghaffar, Charlotte Dixie from Malaria No More UK, and Nathalie Spells from my Parliamentary office.

Special thanks must go to all the Officers of the APPMG for their dedication to this Group, and for their hard work in keeping malaria and NTDs on the agenda through their interventions in Parliamentary debates, questions, and committees. This has been especially important given the changes to UK aid that we have seen this year, the impact those changes have had on key malaria and NTD programmes, and the need to advocate effectively for those affected. UK aid has supported the lives of some of the most vulnerable and marginalised people in the world and this is precisely why we, as Parliamentarians concerned about global health, are determined to keep malaria and NTDs in the spotlight both inside and outside of Parliament.

As Chair of the APPMG, I'm immensely proud of the UK's strong record on tackling malaria and NTDs, in supporting the Sustainable Development Goals (SDGs) and in the UK-led research and innovation which, backed by critical funding from the UK, has contributed to tremendous progress. As new challenges emerge – whether it be growing biological and technical challenges due to drug and insecticide resistance, the evolution of parasites to evade detection, or the increasingly rapid loss of natural habitats which are the source of many new medicines – the UK is uniquely positioned to play a leading role, helping to develop many of the solutions needed to navigate these threats.

But the fight against malaria and NTDs is importantly a collective endeavour. The recommendation by the WHO for widespread use of the long-awaited RTS,S vaccine against malaria was ground-breaking this year, and an example of collaboration at its best – with African scientists and researchers at the heart of its development, together with GlaxoSmithKline, PATH, the Bill & Melinda Gates Foundation, Gavi, the Vaccine Alliance, The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), Unitaid, WHO, and many others working in partnership to achieve this breakthrough.

This next year is pivotal to our collective success. The Kigali Summit on Malaria and NTDs in June and the Seventh Replenishment of the Global Fund later in the year, are key to recapturing some of the momentum needed to fight these diseases. With renewed commitment, the UK can maintain its place as a global leader on malaria and NTDs. As a Group, we will maintain our efforts and appreciate all the support we have been given.



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

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

Overview of the year

This reporting year for the APPMG has, as with the rest of the world, been severely disrupted by the COVID-19 pandemic. The impact on people's lives and health, and on health systems across the globe, has been devastating, and efforts to prevent and treat malaria and NTDs have been seriously affected – an estimated 47,000 additional malaria deaths¹ have been attributed to the pandemic and only 732 million people were reached with NTD treatment in 2020 down from over one billion annually in the preceding five years².

Much of the Group's work has been influenced by the impact of the pandemic – exploring in our webinars, for example, how UK aid can evolve to meet this, and other, challenges through health system strengthening. This Report will also detail some of the profound impacts of the COVID-19 pandemic on progress in the fight against malaria and NTDs, and the challenges those impacts pose to progress.

The pandemic also changed the way that the Group has operated. Rather than in-person meetings, most activities and events have been conducted online and, unlike in previous years, we have been unable to send Parliamentary delegations abroad to see first-hand the impact of malaria and NTDs on communities, and the role the UK could play in

addressing these diseases. The Group looks forward to when there can be a relaxing of restrictions such that in-person meetings, seminars, and visits can be resumed. Nevertheless, the APPMG has held virtual webinars, meetings, and Parliamentary launches throughout the year, as detailed in the next section of this Report.

The APPMG has continued to strive to give exposure to issues facing malaria and NTDs globally, as well as highlighting cross-cutting issues – for example, the link between malaria and NTDs and women and girls, poverty, the Commonwealth, climate change, global health security, pandemic preparedness, and health system strengthening. The Group has also worked collaboratively with other global health APPGs – including the APPGs on HIV and AIDS and Global Tuberculosis (TB) – to help reach shared objectives, particularly around The Global Fund.

Much of the work of the Group was also re-focused by the Government's decision, due to the economic impact of COVID-19, to reduce Official Development Assistance (ODA) spending from 0.7 per cent of GNI to 0.5 per cent. The UK has long been a global leader in the fight against malaria and NTDs. As the second largest international donor, the UK can be proud of the role it has played in tackling malaria, which has contributed to a 60 per cent reduction in deaths since 2000. The UK government is also the second largest bilateral donor to NTDs and spearheaded the London Declaration on NTDs in 2012 where commitments were made to collaborate in efforts to control and eliminate NTDs.

¹ WHO World Malaria Report 2021

² WHO, Neglected tropical diseases: 2020 preventive chemotherapy treatment coverage declines due to COVID-19 disruptions, 24 September 2021

³ WHO World Malaria Report 2021



Dr Samuel Harrison tends to a young malaria patient at hospital in Kintampo, Ghana. Photograph © Tom Pilston/Malaria No More UK

The impact of reductions in ODA has resulted in the termination of some key NTD and malaria programmes – including the flagship ASCEND programme working to fight six NTDs in 24 countries across Africa and Asia, and SuNMaP 2 tackling malaria in Nigeria, the country with the highest malaria burden. For example, RISE (Recognised, Identified, Seen, Empowered), a four-year project in Bangladesh, saw funding of just over £1 million cancelled. The project aimed to increase access to curative Multi-Drug Therapy for people affected by leprosy who live in the slums and for their households to acquire an improved understanding of nutrition and menstrual hygiene and to adopt healthier practices⁴. As a result of the funding cut, this project has not been able to start.

Reductions to the UK's aid spending has also had a significant impact on UK science and innovation, research and development (R&D), and regional universities, and on global health Product

Development Partnerships (PDPs) – all of which are critical in developing the innovative tools to respond to emerging threats and accelerate the fight against malaria and NTDs. For example, a research programme led by Imperial College London and partners across Africa, focusing on the development of point-of-care diagnostics for malaria, is no longer able to apply for their next round of funding from UK Research and Innovation (UKRI), putting research into a critical area of infectious disease control in jeopardy. At LSHTM, a four-year malaria research project exploring the increasingly important issue of malaria drug resistance has been cut by two thirds for the next 12 months, with knock-on impacts for the researchers in low- and middle-income countries who partner with LSHTM⁵.

Throughout the year, Members of the APPMG, together with concerned Parliamentarians from across the House, have raised the impact of changes to the

⁴ The Leprosy Mission England and Wales, Response to the International Development Committee call for evidence on the Future of UK Aid, 15 June 2021
⁵ MNMUK and MMV, Submission to the International Development Inquiry on the Impact of UK Aid Cuts, 15 June 2021

UK's foreign aid programme and the importance of UK investment in science and innovation in debates across the House, in Parliamentary Questions, and in letters to Ministers. The APPMG is also grateful to partners – including MMV, Malaria No More UK, The Leprosy Mission England and Wales, Uniting to Combat Neglected Tropical Diseases, LSHTM, DND/ and WHO's Department of Control of Neglected Tropical Diseases among others – for their insightful contributions to the International Development Committee (IDC) Inquiry into the Future of UK Aid, which also helped to inform Parliamentarians' work.

Members of the APPMG have strived to keep the question of malaria and NTD control work on the UK political agenda throughout the year in debates in the House of Commons and the House of Lords. This is a crucial time for global health. Malaria deaths have risen to the highest level in nearly a decade – with around 14 million more cases in 2020 compared to 2019, and 69 000 more deaths⁶. The global burden of NTDs remains significant, with an estimated one billion people affected across 149 countries⁷. Emerging threats from climate change, the natural world, and humanitarian emergencies threaten to further setback progress.

But there has also been cause for optimism this year, with the WHO recommendation of RTS,S/AS01 (RTS,S), the world's first malaria vaccine, for children at risk of *Plasmodium falciparum* malaria (most of whom live in sub-Saharan Africa) and the subsequent approval of funding for a broader rollout of the vaccine in Gavi-eligible countries. To date, more than 900,000 children in Ghana, Kenya, and Malawi have received the vaccine through routine immunisation services as part of the pilot programme begun in 2019. Phase II trials of the R21/Matrix-M (R21/MM) vaccine have also shown promising early results. And there have been exciting innovations coming through in vector control in support of malaria eradication, in gene-drive technology which has been developed to make female mosquitoes infertile to stop the spread

of malaria, and in the discovery of a number of new drugs to treat malaria in response to the growing threat of drug resistance. In addition, in 2021, the WHO certified China and El Salvador as malaria-free.

For NTDs, there has been progress in implementation and mass treatment – more than one billion people were treated per year for five consecutive years by 2019, for at least one of the five NTDs amenable to prevention, control, and elimination through large-scale preventive treatment campaigns. Since 2012, more than 11.5 billion treatments have been donated by pharmaceutical companies. There has also been progress towards disease control, elimination, and eradication targets – for example, there has been a massive 91 per cent drop in the number of people at risk of trachoma infection over the period from 2002 to 2020⁹. Moreover, 42 countries, territories, and areas have eliminated at least one disease, and 199 countries, areas, and territories have been certified free of Guinea worm – in 2019, only 54 cases remained in four countries. 600 million fewer people require interventions against several NTDs than in 2010.

The APPMG has sought to highlight some of the progress made in its events throughout the year. The Group held a webinar, for example, on collaborative working to beat rabies and a panel event highlighting the vital work of PDPs in health research and product development for infectious diseases. The APPMG is particularly indebted to those speakers who joined us at our virtual events from across the globe – including, Joseph Kabakeza, First Counsellor at the High Commission of Rwanda to the UK, and Dr Indra Napit, Nepal Site Lead for The Leprosy Mission at Anandaban Hospital – highlighting the importance of global collaborative efforts in fighting these devastating diseases.

You can read more about the work of the Group in the next section of this Report.

6 WHO World Malaria Report 2021

7 WHO, Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030

8 PATH's MVI, RTS,S

9 WHO, Amid continued progress, trachoma elimination programmes set their sights on 2030, 24 July 2020



Nurse Rupali Murmu bandaging ulcers. Every day, before the doctors start morning ward rounds, patients soak their feet in warm water as part of their self-care routine. DBLM Hospital is a specialist leprosy treatment and general medical services for people affected by leprosy and the local community. It is the only reconstructive surgery referral centre in Bangladesh. Photograph © Fabeha Monir/The Leprosy Mission

Summary of Members' activities and events

hosted by the All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases

November 2020

Joint APPG letter on the impact of COVID-19

Officers of the APPMG joined with Officers from the APPGs on HIV and AIDs and Global TB to write to FCDO Minister, Wendy Morton, to highlight the impact of the pandemic on low- and middle-income countries and the threat of the pandemic to decades of hard-won gains in global health. The letter called for additional funds, as part of the international COVID-19 response, to be directed to the Global Fund to help protect progress made since 2002 through UK investment and to help strengthen pandemic preparedness for the long term.

December 2020

Launch of a new video from the Malaria Must Die campaign

The APPMG hosted a virtual event exploring British leadership on malaria to celebrate the launch of a new video from the Malaria Must Die campaign, 'A World Without Malaria', featuring David Beckham. The event explored the latest World Malaria Report from the WHO and the importance of the UK maintaining its crucial leadership and investment in the global fight against malaria, to save children's lives today and help build the infrastructure needed to protect us all from future pandemic diseases.



The event was chaired by broadcaster and Malaria No More UK Special Ambassador, Charlie Webster, and included a panel discussion featuring:

- Rt Hon Andrew Mitchell MP
– former *Secretary of State for International Development*
- Stephen Doughty MP
– *Shadow Minister for Africa*
- Ingrid Etoke
– *Senior Market Access Manager at IVCC*
- Bridget Wachira
– *Director of Global Health at GSK*
- Ross Plummer
– *Managing Director of Ridley Scott Creative Group, Europe*

December 2020

Joint APPG letter on investment in product development

The APPMG's Vice-Chairs, Pauline Latham MP, Lord Trees, and Virendra Sharma MP, joined Members of the APPGs on HIV and AIDS, Global TB, and Global Health and other interested Parliamentarians – including former Secretary of State for International Development, Andrew Mitchell MP, former Secretary of State for Health and Foreign and Commonwealth Affairs, Jeremy Hunt MP, and Sarah Champion MP, Chair of the International Development Select Committee – in writing to the Foreign Secretary expressing concern about the future of the UK's global health research budget and seeking reassurances that FCDO will not reduce its investment in product development for infectious diseases.

February 2021

Webinar on collaboration to beat rabies

The APPMG held a webinar with an expert panel of speakers, including representatives from the World Organisation for Animal Health (OIE), the Food and Agricultural Organization of the United Nations (FAO), the WHO, and the UK's Animal and Plant Health Agency (APHA) to discuss how collaborative working can help improve prevention and control of rabies and other zoonotic diseases and health threats.



The APPMG's Chair, Catherine West MP, and Vice-Chairs, Lord Trees and Baroness Masham of Ilton, were joined by panellists including:

- Dr Bernadette Abela-Ridder
– *Team Leader on neglected zoonotic diseases and NTDs that have a human-animal interface at the WHO Department for the Control of NTDs*
- Dr Keith Sumption
– *Chief Veterinary Officer at the FAO*
- Sarah Cleaveland
– *Veterinary Epidemiologist*

The APPMG also welcomed Joseph Kabakeza, First Counsellor at the High Commission of Rwanda to the UK, who outlined the Rwandan Government's commitment to tackling rabies and other NTDs.

February 2021

Joint APPG letter on the Global Fund and the G7 Summit

The Chairs of the APPGs on Global TB, HIV and AIDS, and Malaria and NTDs wrote to the Prime Minister ahead of the G7 Summit to highlight the work of the Global Fund in supporting the pandemic response in low- and middle-income countries. The letter drew attention to the fact that most low- and middle-income countries based their COVID-19 responses on the laboratory, disease surveillance, community networks, and supply chains that were created to fight HIV, TB and malaria. Specifically on malaria, the letter highlighted that mosquito net distribution campaigns have been delayed or cancelled, and fewer people have been going to clinics to be tested and treated, as a result of the pandemic.

March 2021

Policy presentations by University of Oxford MSc students

The APPMG hosted students from Oxford's MSc in International Health and Tropical Medicine at a virtual event where the students were able to present their global health policy briefings to Parliamentarians across a range of topics, including:

- What role do community health systems play in health security, and how well is this role currently captured by key health security metrics such as International Health Regulations?
- What does it mean to 'decolonize global health' and what policy recommendations can you share that will help to inform UK government decisions on the future of UK aid, in how it supports a shift in global health research, policy and practice in this regard?
- What policies (at a global, regional and/or national) level will support the coordination and integration of trachoma and broader eye health services in order to sustain the impact of trachoma elimination?

- Outline the policy arguments to persuade donor countries to maintain overseas aid expenditure on malaria and NTDs in the challenging domestic post-COVID-19 economic situation they face.
- Discuss the merits and potential challenges of a 'One Health' approach for the control of malaria and NTDs.
- What policy recommendations (reflecting broadly at global, regional and national level) can support the achievement of the soon-to-be-launched WHO Global NTD Road Map 2021-2030, to embed the paradigm shift centred on country ownership, cross-sectoral partnership and sustainability?

March 2021

Annual General Meeting

At the Annual General Meeting, the APPMG officers and members conducted mandatory business to maintain an APPG including the election of officers and the approval of accounts. The Group welcomed three new Vice-Chairs – James Sunderland MP, Virendra Sharma MP and Baroness Masham of Ilton.

April 2021

The UK Parliamentary Launch of the WHO NTD Road Map

The APPMG worked with the UK Coalition against NTDs to host a virtual, cross-APPG event to profile the new WHO NTD Road Map. The event was an opportunity to highlight the contributions that UK aid has made to the fight against NTDs and to discuss how UK aid could evolve to meet these new ambitions during the COVID-19 pandemic and beyond. The event also addressed how NTD programmes and UK aid have contributed to achieving universal health coverage. It also showcased the benefits of cross-sectoral collaboration, and the links between NTDs and other UK global health and development priorities.



Professor Gail Davey, Professor of Global Health Epidemiology at The University of Sussex and President of the Royal Society of Tropical Medicine and Hygiene, moderated the discussion, which also featured a presentation from Dr Mwele Malecela, Director of the WHO's Department of NTDs.

Panellists comprised a range of implementing and policy stakeholders from across NTDs, water, sanitation, and nutrition who spoke to the priorities of UK aid, NTDs, and the SDGs – including:

- Dr Wendy Harrison
– *CEO of SCI Foundation and a Lancet One Health Commissioner*
- Helen Hamilton
– *Senior Policy Analyst at WaterAid*
- Dr Julian Eaton
– *LSHTM and international development organisation, CBM Global*

The APPMG's Chair, Catherine West MP, and Vice-Chairs, Lord Trees and James Sunderland MP, also spoke in support of cross-Party collaboration to help protect and champion UK aid.

April 2021

World Malaria Day

Although COVID-19 restrictions prevented an event in Parliament this year, members of the APPMG issued personal statements supporting World Malaria Day – taking the opportunity to highlight the global efforts to end malaria and the need for sustained political commitment and continued investment for malaria control and elimination, especially against the backdrop of the COVID-19 pandemic.

April to July 2021

Raising awareness of the impacts of the UK ODA cuts on malaria and NTDs

As the details of the UK ODA cuts began to emerge, the APPMG worked alongside other APPGs to raise awareness of the impacts of the cuts to malaria and NTDs programmes. Briefings and updates from the Group contributed to some very powerful speeches both in the House of Commons and the House of Lords.

The Group's Chair, Catherine West MP, co-ordinated a letter, which included signatories from the Chairs of the APPGs on Africa and Nigeria, to the Foreign Secretary urging a rethink on ODA cuts and outlining how these cuts harm some of the poorest people in the world and weaken already fragile health systems. In particular, the letter highlighted the impact of cutting life-changing programmes in Nigeria, which has the largest malaria burden in the world, including the SuNMaP 2 programme.

The Group also took part in a joint meeting with FCDO Minister, Wendy Morton MP, to highlight the impact of ODA budget cuts and discuss next steps for the UK's commitment to malaria and NTDs.

Together with the APPGs on Global TB and HIV and AIDS, the APPMG also sent a letter to FCDO Minister, Wendy Morton MP, on R&D cuts and the impact on regional universities. The letter applauded the UK's leadership in global science and health diplomacy to date, and highlighted the important work of PDPs and cutting-edge research institutions working on global health. The letter called for the Government to maintain the UK's reputation as a science superpower and look again at the funding to UK research and innovation. The letter included an open letter on the impact of ODA cuts to the sustainability and credibility of UK research leadership on global challenges, signed by 5,000 signatories from 134 UK universities and 29 research organisations, with colleagues and partners in 142 universities and organisations from 54 countries around the world.

August 2021

A new website for the APPG on Malaria and NTDs

Over the summer, the APPMG developed a new website to make it easier for Parliamentarians and members of the public to interact and engage with activities and upcoming events. The website will be formally launched at the Group's next Annual General Meeting.

October 2021

Conservative Party Conference event on UK science



APPMG Vice-Chair, James Sunderland MP, speaks about malaria at an event at Conservative Party Conference. Photograph © ConservativeHome

Alongside George Freeman MP, the Science Minister, and James Whiting, CEO of Malaria No More UK, the Group's Vice-Chair, James Sunderland MP, spoke at an event jointly hosted by Malaria No More UK and ConservativeHome. The event addressed how UK science is driving innovation and saving lives in the fight against malaria.

November 2021

Panel event on UK science

The APPMG worked with partners, including IVCC, MMV, DND*i*, and The Leprosy Mission, to host a virtual event, 'Science Superpower: The Role of British Backed Science in the Fight Against Malaria and NTDs', on the importance of R&D and PDPs in the fight against malaria and NTDs. The discussion focused on the importance of continued long-term investment by the UK government to ensure that new tools are taken from development to delivery.

The event was chaired by the APPMG's Chair, Catherine West MP, and included a panel comprising of:

- Dr Charles Mowbray
– *Discovery Director at DNDi*
- Dr Nick Hamon
– *CEO of IVCC*
- Dr David Reddy
– *CEO of MMV*
- Professor Richard Lilford
– *Professor of Public Health at the University of Birmingham*
- Professor Sian Clarke
– *Professor of Epidemiology and Global Health at LSHTM*

The event also featured a keynote address from the Minister for Global Health, Wendy Morton MP, who recognised the work of PDPs and re-affirmed Britain's commitment to supporting R&D to tackle global diseases.

Dr Indra Napit, Nepal Site Lead for The Leprosy Mission at Anandaban Hospital, gave a presentation on an innovative trial of autologous blood products to promote ulcer healing in leprosy funded by the National Institute for Health Research (NIHR) Research and Innovation for Global Health Transformation (RIGHT) grant.



Spotlight on Dr Indra Napit

With thanks to The Leprosy Mission

People affected by leprosy often have frequent hospital stays to cure severe ulcers. If left untreated, they can lead to serious disability and amputation. The traditional method of treating ulcers sees the wound cleaned and dead skin removed, before a dressing is applied. While this encourages the natural healing of the skin, it can still take months or even years.

Thanks to his new treatment, Dr Indra is seeing ulcers completely healed in a matter of weeks. First used in dentistry, Leukocyte and Platelet Rich Fibrin (LPRF) sees blood samples taken from the patient, which are then spun in a centrifuge to separate the red and white blood cells with platelets into two layers. The white blood cells and platelets coagulate to create a gel membrane which is then applied directly to the wound site and covered with a dressing. The whole process is complete in 30 minutes and dressings are reapplied every week.

The technique has been trialled on more than 100 patients at Anandaban Hospital and initial results have blown everyone away. For some patients, ulcers healed in as little as a week. A total of 97 per cent of patients saw their ulcers completely healed in seven weeks, cutting healing time in half when compared to using the traditional methods.

"LPRF is life-changing for patients", said Dr Indra. "It sees their wounds heal so much quicker. They can return to their families and jobs without too much disruption."

"There are so many benefits all round. Faster healing frees up hospital beds so we can treat more people affected by leprosy. There is always a huge need and it is our calling to reach everyone possible who needs our help. LPRF is natural, cheap and safe. It is also a simple procedure that can be carried out by nursing staff and paramedics."

November 2021

Cross-APPG briefing on the Global Fund

The APPMG's Vice-Chairs, Virendra Sharma MP and James Sunderland MP, joined members of the APPGs on HIV and AIDS and Global TB for a cross-APPG briefing on the Global Fund, ahead of the Seventh Replenishment, with Peter Sands, Executive Director of the Global Fund, and Gargee Ghosh, President of Global Policy and Advocacy at the Bill & Melinda Gates Foundation.

December 2021

Article on the importance of the Global Fund

The APPMG worked with the Global Fund Secretariat and the APPGs on HIV and AIDS and Global TB to place an article in Politics Home. Together with Lord Fowler and Virendra Sharma MP, the article was co-authored by Peter Sands, Executive Director of the Global Fund, and highlighted the importance of an ambitious UK contribution to the Seventh Replenishment of the Global Fund in 2022.

You can read this article on Page 42 of this report.

December 2021

Raising the profile of noma, a neglected disease

The APPMG's Chair, Catherine West MP, met with researchers from the University of York and LSTM to discuss noma, a devastating and disfiguring disease that predominantly affects young children living in extreme poverty. Our Chair subsequently wrote to the Foreign Secretary to bring noma to the attention of the FCDO, highlighting important links between the disease and the UK Government's priority of ending preventable deaths, particularly of young children.

Spotlight on noma, a neglected disease

With thanks to The Noma Project

Noma is a gangrenous disease that predominantly affects children between two and six years of age living in conditions of extreme poverty. Noma starts in the mouth with an ulcerous gingivitis and an oedema of the face, which may necrotize rapidly, destroying skin, muscles, and bones. In the later stages of the disease, the loss of the necrotic parts will leave an often large and always debilitating facial hole.

The exact cause of noma remains unknown. The major predisposing factor for its development is severe chronic malnutrition in children, which is thought to begin during the mother's pregnancy. Another significant risk factor is the lack of access to adequate healthcare for vulnerable children and their families, including low immunisation rates, immunosuppression caused by co-morbidities, such as malaria and measles, and poor oral hygiene practices.

If left untreated, noma has a staggering mortality rate of up to 90 per cent within weeks of the onset of the disease. Those children who survive the latter stages of the disease are likely to develop significant aesthetic and functional sequelae. These range from

facial disfigurement to impairments in breathing, swallowing, speaking, and vision, as well as definitive mouth closure. This often leads to intense social isolation for surviving children and their families, who may experience stigma and discrimination that adversely affects the realisation of their rights to education, work, privacy, and family life.

However, like so many of the NTDs, noma is both preventable and highly treatable. Addressing noma's risk factors – in particular, malnutrition in children, lack of immunisation and poor access to healthcare for children and pregnant women – and investing in research and education of stakeholders, are central to its prevention.

An important step towards the eradication of this disease is the inclusion of noma on the WHO list of NTDs. A multi-stakeholder coalition involving Nigeria's Federal Ministry of Health, Médecins Sans Frontières/Doctors Without Borders (MSF), researchers and representatives of non-governmental organisations have launched a campaign in support of noma's formal recognition as a WHO NTD. Researchers at leading UK universities, such as the University of York's Centre for Applied Human Rights and the Liverpool School of Tropical Medicine, are strongly backing this campaign.



Children affected by noma. Photograph © Morad Echarkaoui

Parliamentary Debates and Questions

Major themes that are relevant to the All-Party Parliamentary Group on Malaria and NTDs that were debated in Parliament this year included the following:

Official Development Assistance and UK Foreign Aid Programme

- **House of Commons**
9 March, 26 April, 8 June, 23 June, 30 June, 9 July, 13 July and 15 September 2021
- **House of Lords**
27 and 28 April, 19 May, 26 May, 10 June, 24 June and 1 July 2021

The APPMG's Chair, **Catherine West MP**, spoke about the impact of ODA cuts on the UK's regional universities and the collaboration between British and African scientists, and also about the impact on women and girls and the UK's soft power. Vice-Chairs, **Baroness Hayman** and **Baroness Masham of Ilton**, spoke in support of investment in academic institutions and highlighted the impact of cuts to UK research and innovation, and R&D for global health. **Baroness Hayman** pointed to international institutions such as LSTM and LSHTM which are affected by cuts to UKRI, and argued that the spending cuts are counterproductive both to the UK's reputation and future capacity to fight disease and pandemics. **Baroness Hayman** also argued that in-year cuts are particularly damaging and wasteful of public money already spent. Vice-Chairs, **Lord Trees** and **Baroness Hayman**, argued that ODA cuts are contrary to the UK's aspirations as a global scientific power and damage our international reputation and our soft power reach – pointing to ODA support for UKRI and the global challenges fund, and the importance of this funding on research to preventing future pandemics. **Baroness Hayman** argued that cuts to UKRI from ODA funds threaten our ability to influence major crises including COVID-19 and global health, and climate change – and undermine provision of vital health infrastructure for the fight against future diseases.

Spotlight on UK funding for R&D

With thanks to DND*i*



Working to discover and develop new medicines for Leishmaniasis at the Laboratory of Medicinal and Computational Chemistry (LQMC), São Paulo University USP, São Carlos Campus, São Paulo Brazil. Photograph © DND*i*

The UK's place as a 'global science superpower' is underpinned by the UK's capacity to invest in global development and research innovation – but this has been dramatically affected by reductions to ODA.

Following the announcement on planned ODA spend for FY21/22, UKRI announced a £120 million gap between funding allocations and commitments¹⁰. These were critical resources to ensure ongoing research into NTDs and malaria, and the funding gap threatens to negate years of investment in building the knowledge base for international development. The reductions have had an impact on key research institutions, including Imperial College London, LSTM, LSHTM, the University of York, the University of Lancaster, and many of our regional universities.

More than ever before, the achievement of the SDGs will rely on the development and delivery of new vaccines, diagnostics, and treatments. Through continued investment in global health PDPs over the past 15 years, the UK has helped to

develop and deploy more than 65 products to meet the health needs of the most vulnerable, including children and those living with NTDs and malaria. Products from these investments have reached more than 2.4 billion people around the world. However, the FY21/22 budget for these resources has fallen by over 60 per cent, from previous annual funding levels, and there is no certainty on future funding.

R&D depends on long-term financial clarity, including multi-year spending commitments, to ensure that ongoing work can continue to produce the results, tools, and treatments required to help reach the world's poorest communities with vital healthcare services – as well as to meet the SDG targets, strengthen health systems, bolster global health security, and build resilience against future pandemics. Without investment in the whole R&D chain – from discovery to trials to ensuring access – new tools will not be made available to those who continue to be affected by malaria and NTDs.

¹⁰ UK Research and Innovation, ODA review

The APPMG's Vice-Chair, **Pauline Latham MP**, spoke passionately on a number of occasions about the impact of ODA changes on girls, including on girls' education, reproductive health, and support with accessing clean water and sanitation.

Vice-Chairs, **Pauline Latham MP** and **Baroness Hayman**, also pressed for a vote on 0.7 per cent of GNI on aid and a timetable for any reductions.

Vice-Chair, **Virendra Sharma MP**, spoke forcefully in support of 0.7 per cent and in support of the UK's record as a donor highlighting work on gender equality, clean water and sanitation, education, and ending human trafficking and modern slavery.

On malaria specifically, the APPMG's Vice-Chair, **Baroness Hayman**, spoke to the benefits of investment in malaria, and the damage of ODA cuts to malaria programmes and to the commitment made at CHOGM 2018 to halve malaria in the Commonwealth by 2023, especially in Nigeria with its disproportionate malaria burden.

Baroness Hayman, **Baroness Sheehan** and **Tim Loughton MP** highlighted the impact of cuts to the SuNMaP 2 malaria programme in Nigeria.

Baroness Hayman also pointed to UKRI funding for research at Imperial College into malaria and other infectious diseases and asked the Government to honour the commitment to lead the fight against malaria and maintain investment at its present level.

Sir Roger Gale MP asked what effect changes to ODA will have on research into the treatment and prevention of malaria. **Greg Clark MP** spoke about the importance of scientific research in relation to malaria and other diseases and asked the

Government to ensure vital research programmes can continue uninterrupted. **Stephen Doughty**

MP spoke of the absurdity of cutting global health research, given the benefits not just of finding a vaccine for COVID-19 but also of the work on malaria.

Ian Blackford argued it was time to live up to commitments on aid spending when the cases of malaria are rising. **Lord Alton of Liverpool** and

Lord McConnell of Glenscorrodale asked about the malaria eradication programme in light of cuts and the Government's commitment to ending malaria.

From 2008 to 2016, Malaria Consortium delivered the UK aid-funded Support to the National Malaria Programme in Nigeria (SuNMaP). The programme's purpose was to reach the general population, especially the poorest and most vulnerable, with evidence-based interventions that would help control the disease and reduce the malaria burden¹¹. Between 2010 and 2015, national malaria prevalence among children aged six to 59 months decreased from 42 to 27 per cent¹² saving an estimated 48,000 lives of children under five¹³.

The programme also increased the capacity of disease surveillance in Nigeria, which has strengthened the ability of the health system to manage and treat other diseases at the same time. Malaria programmes such as these are vital for strengthening the infrastructure needed to detect and prevent future pandemics, including rapid diagnostics, disease surveillance, and supply chains that ensure essential tests and treatments are available everywhere¹⁴.

The follow-up, SuNMaP 2, began in 2018, and aimed at supporting the Nigerian government's efforts to further reduce Nigeria's malaria burden towards elimination. It was due to conclude in 2024, but activities were first halted and then terminated in July 2021 due to the challenging financial climate created by the COVID-19 pandemic.

APPMG Chair, Catherine West MP, and Vice-Chair, Baroness Hayman, raised the implications of a loss of funding to the SuNMaP 2 programme in letters to Ministers and in the House respectively.

11 Malaria Consortium, Final Report: Support to the National Malaria Programme 2008-2016

12 Malaria Consortium, SuNMaP2: End of Project Review

13 Malaria Consortium, Final Report: Support to the National Malaria Programme 2008-2016

14 MNMUK and MNV, Submission to the International Development Inquiry on the Impact of UK Aid Cuts, 15 June 2021

Stephen Timms MP spoke passionately about the positive impact of a child survival project he ‘visited’ during a virtual trip to Togo on a woman, Ama, who was registered with the programme while pregnant and ill with malaria. The APPMG’s Vice-Chair, **Pauline Latham MP**, spoke of letting down the poorest people in the world, who will no longer have the malaria treatments they need. The APPMG’s Chair, **Catherine West MP**, argued to keep the momentum that has been gained as a result of the historic role the UK has played in global health, particularly malaria.

On NTDs specifically, the APPMG’s Vice-Chairs, **Lord Trees** and **Baroness Hayman**, and **Sir Roger Gale MP** highlighted the impact of cuts to the UK’s flagship programme for NTDs, ASCEND. **Baroness Hayman** argued that NTD programmes are facing total and immediate devastation. **Sarah Champion MP** argued that funding for NTDs will be wiped out. **Baroness Greengross** pointed to a 90 per cent cut in programmes addressing NTDs. The APPMG’s Chair, **Catherine West MP**, called for NTDs to be kept as a key issue on the Government’s agenda to help ensure that momentum is not lost. **Stephen Doughty MP** spoke of the absurdity of cutting global health research and work on NTDs at a time when that work is more crucial than ever. The APPMG’s Vice-Chair, **Pauline Latham MP**, spoke of letting down the poorest people in the world, who will no longer have access to the NTDs treatments they need. **Harriett Baldwin MP** spoke about the work the UK puts into NTDs – which has meant that we have been able to contain and control other diseases to prevent them from reaching the UK – and about how important it is for humanity for the UK to work on such shared global challenges. **Andrew Mitchell MP** pointed to the UK as a world leader in NTD work, stimulating public and private sector partnerships. He spoke repeatedly about the 90 per cent cut in funding for work on NTDs – which he called not only a huge taxpayer investment but also one of the best investments that can be made in global health – and noted that 74 million schoolchildren will not receive drugs to prevent parasitic worms, huge numbers will be maimed, blinded, debilitated, disabled, and killed, and hundreds of millions of drugs, vaccines, and

tablets will be wasted and probably burned as a result of the cuts. The Group’s Vice-Chair, **Lord Trees**, and **Lord Alton of Liverpool**, **Baroness Bennett of Manor Castle** and **Lord Purvis of Tweed** also pointed to the waste of NTD drugs donated by pharmaceutical companies, with millions of tablets likely to expire or go undelivered and unused as a result of ODA funding reductions.

Patrick Grady MP pointed to the former President of Malawi, Professor Arthur Peter Mutharika, who joined 32 other former Heads of State and Heads of Government from Africa in calling out cuts to NTDs funding which he said will lead to tens of thousands of otherwise preventable deaths.

Officers of the APPMG and other Members of the House of Commons and the House of Lords continued to apply pressure over ODA spending in their Written Parliamentary Questions throughout the year. The Group’s Chair, **Catherine West MP**, asked about the potential effect of the reduction in ODA spending on the UK’s ability to support global women’s rights, and Vice-Chair, **Tanmanjeet Singh Dhesi MP**, asked about the impact of cuts on mortality rates. APPMG Vice-Chair, **Virendra Sharma MP**, tabled a number of questions on the impact of ODA reductions to women and girls, specifically to sexual and reproductive health and rights funding, and asked about the levels of funding that will be allocated to ending preventable deaths.

Pauline Latham MP, the Group’s Vice-Chair, tabled a number of questions about the effects of reducing funding for NTD programmes and what steps are being taken to ensure NTD programmes are able to continue operating. **Pauline Latham MP** asked about the impact of reduced ODA spending on progress towards elimination of malaria and NTDs such as elephantiasis and blinding trachoma, and on the worldwide prevalence of those diseases.

Pauline Latham MP also asked about the steps taken to inform delivery partners of the effects of changes to ODA on their programmes and what measures the FCDO had taken to ensure that decisions on ODA changes remain evidence-based, informed by the experiences of delivery partners, and secure the best possible value for money for the residual spend.

Spotlight on ASCEND

The UK's flagship NTDs programme, Accelerating the Sustainable Control and Elimination of Neglected Tropical Diseases (ASCEND), supported two projects – one in West and Central Africa and one in Eastern and Southern Africa and parts of South Asia – to make substantial progress towards eliminating six NTDs through treatment and care, health systems strengthening, and cross-sectoral collaboration. The programme was due to continue until at least 2022 but was closed eight months' early. ASCEND had already been severely interrupted by the COVID-19 pandemic but had pivoted much of its activities to aid the efforts to fight COVID-19 in the endemic countries where it operated.

ASCEND supported hundreds of millions of drug treatments for NTDs and helped with drug delivery, facilitating the training of hundreds of thousands of community health workers and volunteers to inform and administer medication¹⁵. Specific interventions supported by ASCEND included¹⁶:

- interventions to eliminate lymphatic filariasis as a public health problem amongst a combined population of 196 million people, leaving those individuals at risk of painful episodes of lymphangitis as well as hydrocoele and elephantiasis over the long term;
- interventions to permanently stop the transmission of onchocerciasis in 104 million people, leaving those individuals at risk of debilitating itch and blindness;
- interventions to control schistosomiasis in 106 million people, who are now at risk of chronic blood loss and bowel and bladder complications, including bladder cancer;
- interventions to eliminate trachoma as a public health problem in 21 million people, who are now at risk of going painfully blind;
- interventions against soil-transmitted helminthiasis in 97 million people, who are now at risk of anaemia and reduced school or work performance;
- case finding and treatment of individuals with visceral leishmaniasis, meaning 20,000-30,000 individuals are likely to die, with the uncertainty in that estimate related to expected recent increases in disease incidence due to COVID-19-related programmatic delays; and
- interventions aimed at permanently stopping transmission of Guinea worm, one of only three human pathogens currently formally targeted for eradication.

Sightsavers report that the withdrawal from the programme means that more than 100 million people who would normally be reached could be affected – more than 76 million treatments risk not reaching those who need them, hundreds of thousands of people will no longer be identified for life-changing surgery, and training and in-country capacity building has come to a halt¹⁷. In its evidence to the International Development Committee's Inquiry into the Future of UK Aid, the WHO argued that 'no obvious alternative source of funding exists to fill the funding gaps that will be left by the exit of ASCEND'¹⁸.

APPMG Vice-Chairs, Lord Trees and Baroness Hayman, raised the impact of the closure of ASCEND on a number of occasions in Parliament.

15 The Guardian, 'A very cruel exit': UK's aid cuts risk rapid return of treatable diseases, 13 September 2021

16 WHO, Written Evidence to the International Development Committee Inquiry on the Future of UK Aid, 15 June 2021

17 Sightsavers, Ascend: fighting disease in West and Central Africa

18 WHO, Written Evidence to the International Development Committee Inquiry on the Future of UK Aid, 15 June 2021

The Global Fund to Fight AIDS, TB and Malaria

- **House of Commons**
1 December 2020, 26 April, 30 June and
2 December 2021
- **House of Lords**
24 March, 28 April, 24 June, 1 July and
1 December 2021

Lloyd Russell-Moyle MP, Stephen Doughty MP, Baroness Sheehan, Lord Collins of Highbury, Baroness Nye, Lord Cashman and APPMG Vice-Chair, **Baroness Hayman**, asked the Government to honour commitments to the Global Fund and to ensure that there was the right level of investment in the next Replenishment.

Thangam Debbonaire MP spoke about the remarkable progress made against AIDS, TB and malaria thanks to the Global Fund and UK Aid Direct.

Malaria Vaccine

- **House of Commons**
30 June 2021
- **House of Lords**
9 December 2020 and 24 June 2021

Lord Young of Norwood Green, Lord Hunt of Kings Heath, Lord Dholakia, The Lord Bishop of Newcastle and **Lord Collins of Highbury** drew attention to the devastating impact of malaria and asked about Government funding for, and leadership in the fight against, malaria in light of development of malaria vaccines and the reduction in the overseas aid budget. **Lord Hunt of Kings Heath** and **Lord Randall of Uxbridge** asked about the procurement of vaccines, keeping costs as low as possible for malaria endemic countries and equity of access to vaccines. **Baroness Uddin** asked about the Government's efforts to assure partners across Africa about the standards of compliance and consent for vaccines. The APPMG's Chair, **Catherine West MP**, and **Baroness Suttie** highlighted the importance

of work on the malaria vaccine in developing the Oxford/AstraZeneca vaccine for COVID-19, and in maintaining support for such innovation.

Strengthening Health Systems

- **House of Commons**
30 June 2021

Catherine West MP, Chair of the APPMG, raised the importance of strengthening health systems across Africa and supporting research and development with a results framework that incorporates progress against malaria and NTDs.

Global Health Security

- **House of Commons**
23 September 2021

The APPMG's Chair, **Catherine West MP**, pointed to Nigeria's huge malaria burden and argued that global health security is often married up with conflict, violence, and persecution of minority faiths.

Animal Diseases: Future Pandemics

- **House of Lords**
21 July 2021

APPMG Vice-Chair, **Lord Trees**, asked about the UK Government's assessment of the proportion of infectious diseases that originate in animals and about plans to adopt a 'One Health' approach to prepare for future pandemics, urging the Government to consider improving – both in the UK and abroad – animal health, public health, and environmental health systems which are critical in the prevention of spill-over infections from animals to humans.



Lusitana, who received the first dose of the malaria vaccine through routine immunisation services, pictured with her mother at Mitundu Community Health Center. Photograph © PATH

Women and Girls

- **House of Commons**
8 June and 13 July 2021

Vice-Chair, **Pauline Latham MP**, spoke passionately on a number of occasions about the impact of changes in ODA spending on girls, including on girls' education, reproductive health, and support with accessing clean water and sanitation.

Climate Change

- **House of Commons**
7 September and 21 October 2021

Hywel Williams MP and **Chris Law MP** referenced the WHO's prediction that climate change will cause a quarter of a million additional deaths a year through malaria, malnutrition, diarrhoea, and heat stress. **Caroline Lucas MP** noted that just half a degree temperature increase could mean many millions more people being subjected to life-threatening climate events from unprecedented crop failures and food insecurity to risks from diseases such as malaria and dengue fever, extreme heat, and sea level rises.

Spotlight on women and girls

With thanks to Malaria No More UK



Amina Suley and baby Nazif Bawah under their net. Photograph © Malaria No More UK

Children and pregnant women are particularly vulnerable to malaria. Around one third of all pregnant women in sub-Saharan Africa suffer from malaria which puts them and their baby at risk. Malaria is an important contributor to maternal anaemia which increases the mother's risk of death before, during, and after childbirth. Maternal anaemia can also put the baby at risk of being born early or with a low birth weight. In 2020, an estimated 819,000 children were born with low birth weight as a result of malaria. In sub-Saharan Africa, malaria causes an estimated 50,000 maternal deaths and 200,000 stillbirths each year.

Women and girls are also disproportionately affected by malaria due to caregiving responsibilities which affects their schooling and employment opportunities and excludes them from decision-making activities. Eradicating malaria by 2040 would reduce number of caregiving days provided by women by approximately 1.1 billion days.

Children under the age of five are particularly vulnerable to malaria as their immunity has not yet developed. In 2020, 80 per cent of malaria deaths in Africa were in children under five. Seasonal malaria chemoprevention (SMC) is given to children in areas

of high transmission during the malaria season to stop them getting sick. Despite the difficulties implementing this intervention in 2020 due to the COVID-19 pandemic, the number of children who received SMC increased to a total of 30 million compared to 22 million in 2019.

In addition, several NTDs disproportionately affect children, girls, and women. For example, some diseases with cutaneous manifestations are disfiguring, particularly for women, because they delay health-seeking behaviour, diagnosis, and treatment. These diseases often leave visible scars, which have mental, social, and economic impacts that are amplified for women because of gender-based cultural norms and expectations¹⁹. This also intersects with social determinants of health such as poverty – for example, illness from schistosomiasis has been linked to decreased school attendance and substantial reductions in future earnings. Girls from households with individuals infected with onchocerciasis and other NTDs, especially those that result in blindness and skin disease, are also at increased risk of receiving less education, as they are often required to care for the affected family member²⁰.

¹⁹ WHO, World Health Assembly adopts decision to recognize 30 January as World NTD Day, 27 May 2021

²⁰ The Access and Delivery Partnership, Factsheet: The Gender Dimensions of Neglected Tropical Diseases

Spotlight on climate change and changes to the natural environment

Climate change poses a growing challenge to both malaria and NTDs, with changes in temperature, precipitation, and humidity all having an impact on current and future burden of these diseases in both low- and middle-income countries and high-income countries, and making decisions about the type and timing of interventions increasingly complex. This requires work and strategies to optimise interventions as tools for climate change adaptation, including modifying the duration and shifting the campaigns of distribution of interventions. An increase in natural disasters due to climate change will also have implications and increased demand for interventions to cope with water-borne and vector-borne diseases.

Changes in the natural environment, including loss of biodiversity, could reduce our ability to find new treatments to combat drug resistance. Deforestation, for example, can lead to changes in the physical environment which impacts mosquito populations and the rate of development of parasites²¹. Warming temperatures could also lead to the growth of vector habitats, with mosquitoes likely to roam beyond their current habitats, shifting the burden of diseases like malaria, dengue fever, and chikungunya²². For example, dengue is a climate-sensitive disease and variations in weather and temperature affect the growth and development of dengue-carrying mosquitoes, as well as the time the virus takes to

incubate and replicate, and of incidences of mosquito-human interaction. As a result, rising temperatures are expected to see dengue intensify in endemic areas. At the same time as increased and more severe outbreaks in already endemic areas, dengue will also spread to new areas, often with explosive outbreaks – such as those already being seen in parts of Europe.

Over half of approved medicines are derived from plants, including quinine and artemisinin which have been used to treat malaria. Unfortunately, the source of quinine faces the threat of extinction due to unsustainable farming practices, deforestation, and lack of environmental regulation. Similarly, since artemisinin is currently a first-line treatment for malaria, the demand for its production is high, and unregulated cultivation could threaten the diversity of the plant. Such examples illustrate how unchecked deforestation, and loss of plant species with the potential to play a valuable role in malaria control, could hinder efforts to find new treatments for malaria and other diseases²³.

In order to achieve prosperity for all, and meet SDG target 3.3 to end the epidemic of NTDs and malaria, climate adaptation efforts warrant a greater focus on the research and development of, and access to, health tools for climate-sensitive infectious diseases.

21 MNMUK, Best of British: How British-backed science can accelerate the end of malaria

22 Stanford Earth Matters magazine, How does climate change affect disease?, 15 March 2019

23 MNMUK, Best of British: How British-backed science can accelerate the end of malaria



Mother Pamela Atieno gives malaria medication to her son Lucas. Photograph © Malaria No More UK

Update on Malaria

Malaria deaths have risen to the highest level in nearly a decade – the WHO World Malaria Report 2021 reported that 627,000 lives were lost to malaria in 2020, with a 12 per cent increase in malaria deaths between 2019 and 2020. Pregnant women and children remain particularly vulnerable – malaria is responsible for 8 per cent of all deaths in children under five²⁴.

Much of this increase was reported in the WHO African Region, which continues to carry a disproportionately high share of the global malaria burden. In 2020, the Region had 95 per cent of all malaria cases and 96 per cent of deaths, with children under 5 years of age accounting for about 80 per cent of all malaria deaths in the Region. Four African countries accounted for just over half of all malaria deaths worldwide: Nigeria (31.9 per cent), the Democratic Republic of the Congo (13.2 per cent), United Republic of Tanzania (4.1 per cent), and Mozambique (3.8 per cent)²⁵.

On a global scale, progress against malaria remains uneven. Many countries with a low burden of the disease are steadily moving towards the goal of elimination – El Salvador and China were certified malaria-free by the WHO in 2021. However, other countries including those with an already high burden of the diseases have suffered setbacks and are losing ground. Setbacks have also been seen in countries on the precipice of becoming malaria free, including Timor-Leste which reported zero indigenous malaria cases in 2018 and 2019 but reported cases again in 2020.

Even before the emergence of COVID-19, global gains against malaria were levelling off, and the world was not on track to reach global targets. The WHO reported a US\$ 3.5 billion funding gap between the



In the Abokobi Health centre in Accra, Ghana, Rosemund Awuni examines Sally Juwelatu, 32, who is 20 weeks pregnant with her second child.

Photograph © Tom Pilston/Malaria No More UK

amount invested and the resources needed in 2020²⁶ – and the pandemic served to further overwhelm already overstretched health systems, disrupting life-saving services, and diverting critical resources. Overall, an estimated 47,000 additional malaria deaths have been directly attributed to the pandemic²⁷.

Beyond the COVID-19 pandemic and the disruption that it has, and continues to, cause, several emerging threats from the natural world, such as growing drug and insecticide resistance, as well as climate change, changes to the natural environment, and humanitarian emergencies have also contributed to stalling progress. The WHO reports that, in 2020 and 2021, about 122 million people in 21 malaria-endemic countries needed assistance due to health and humanitarian emergencies, not including the COVID-19 pandemic – from Ebola outbreaks to conflicts and flooding²⁸. These emergencies cause disruption to vital malaria and NTD prevention, diagnosis, and treatment services, although their exact impact is difficult to quantify²⁹.

Left unchecked, these emerging challenges threaten to reverse the gains of the last two decades. The situation remains especially precarious in sub-Saharan Africa where the malaria burden is high and a convergence of these threats poses an added challenge³⁰.

²⁷ Ibid.

²⁸ WHO World Malaria Report 2021, Global Messaging

²⁹ WHO World Malaria Report 2021

³⁰ WHO World Malaria Report 2021, Global Messaging

²⁴ WHO World Malaria Report 2021

²⁵ Ibid.

²⁶ Ibid.

Insecticide resistance

The mosquitoes that carry malaria are becoming resistant to the insecticides used to deter and kill them. This resistance could reduce the effectiveness of chemicals currently used in insecticide-treated nets (ITNs) and indoor residual sprays (IRSs). The WHO reports that 73 countries have detected resistance to at least one insecticide, and 28 countries have detected resistance to all four of those most commonly used³¹.

Drug resistance

Antimalarial drug resistance has emerged as a threat to global malaria control efforts, particularly in the Asia-Pacific region³². In addition, the threat of artemisinin resistance in Africa³² has become all too real. Reports from Rwanda, Uganda and elsewhere in the Horn of Africa, of emerging partial resistance of malaria parasites to artemisinin, the core compound of the most commonly used drug treatment, is threatening antimalarial drug efficacy³⁴. Drug resistance could lead to more people developing severe forms of malaria, and cause deaths from the disease to increase rapidly.



A mosquito feeding. Photograph © David Maitland

Gene-deletions

Gene-deletions could cause the Rapid Diagnostic Tests (RDTs) used to diagnose 74 per cent of malaria cases in sub-Saharan Africa to produce inaccurate results. 345 million malaria RDTs sold annually diagnose malaria by detecting a protein in the malaria parasite called histidine-rich protein 2 (HRP2). However, recent evidence suggests that the malaria parasite is evolving to delete the gene that makes this important protein, making it difficult to identify malaria using an RDT. 82 per cent of countries reporting to the WHO have found these gene deletions³⁵.

Invasive vector species

The emergence of an invasive malaria vector, *Anopheles stephensi*, which easily adapts to urban environments and thrives in ecosystems to which it is not native, may increase the risk of malaria outbreaks in African cities³⁶.

31 MNMUK, Best of British: How British-backed science can accelerate the end of malaria

32 WHO, Report on antimalarial drug efficacy, resistance and response: 10 years of surveillance (2010-2019), 19 November 2020

33 National Library of Medicine, Evidence of Artemisinin-Resistant Malaria in Africa, Massachusetts Medical Society 2021

34 WHO World Malaria Report 2021, Global Messaging

35 MNMUK, Best of British: How British-backed science can accelerate the end of malaria

36 WHO, Malaria Threats Map



Mum Naomi Afiah brings her son Robert Osu to be given the vaccine for malaria at the Tuobodom Health Centre in Ghana. Photograph © Tom Pilston/Malaria No More UK

There has been some positive news. In October 2021 – informed by the findings from the pilot implementation of RTS,S through routine childhood immunisation in areas of Ghana, Kenya, and Malawi – RTS,S, the world’s first malaria vaccine, was recommended by the WHO for children at risk in sub-Saharan Africa and in other regions with moderate to high transmission of malaria caused by *Plasmodium falciparum*. In December 2021, the board of Gavi approved a malaria vaccination programme to support the broader rollout of the vaccine in Gavi-eligible countries³⁷. The recommendation also reflected findings that a combination of seasonal chemoprevention with seasonal vaccination with RTS,S provides a promising approach to the prevention of malaria in the large areas of Africa with seasonal malaria and where malaria is currently poorly controlled.

In parallel, the R21/MM vaccine, developed at the same Institute as the Oxford-AstraZeneca COVID-19 vaccine, has shown promising results in early trials, with high-level efficacy of 77 per cent reported in a Phase II trial among 450 children in Burkina Faso, similar to findings from a Phase III trial of RTS,S at the same site a decade earlier. The Institute has now commenced Phase III trials, working with partners across Burkina Faso, Kenya, Tanzania, and Mali to vaccinate 4,800 children. If results of these trials are positive, R21/MM could be in use later this decade³⁸.

In response to the threat of artemisinin resistance emerging in Africa, MMV and pharmaceutical company, Novartis, have been working in partnership to find alternative treatments for the most severe form of malaria. This work has led to the discovery of a number of new drugs from different antimalarial classes – including ganaplacide-lumefantrine, the front-runner non-artemisinin combination therapy

37 PATH’s MVI, RTS,S

38 MNMUK, Best of British: How British-backed science can accelerate the end of malaria

(ACT) in MMV's pipeline. In September, positive results of the Phase II study of the combination were reported. Depending on the results of ongoing studies, this exciting combination could soon progress to Phase III clinical trials³⁹.

In addition, MMV and GSK collaborated on the development of tafenoquine, a single-dose antimalarial indicated for the radical cure of *Plasmodium vivax* malaria, commonly found in Asia-Pacific and Latin America, when combined with chloroquine. The shift to a single-dose drug will not only revolutionise treatment for patients, it will also help improve adherence by making it much easier to ensure the full treatment is taken⁴⁰. Recognising the urgency to fill the unmet medical need of young patients vulnerable to mortality caused by cumulative severe anaemia from repeated *Plasmodium vivax* malaria episodes, between 2017 and 2020 GSK and MMV conducted a Phase IIb clinical study on a paediatric formulation of tafenoquine. The data from this study was submitted to the Australian Therapeutic Goods Administration (TGA) requesting to extend the indication of single-dose tafenoquine to children. Shortly before the publication of this Report, the TGA approved the use of single-dose tafenoquine in combination with chloroquine for the prevention of relapse of *Plasmodium vivax* malaria for children from two years of age and weighing at least 10 kg.



Work taking place in Brazil on a paediatric formulation of tafenoquine. Photograph © Fundação de Medicina Tropical, Brazil

There are also other exciting innovations coming through in vector control in support of malaria eradication. Long-lasting insecticide-treated nets (LLIN) have been the backbone of malaria prevention for decades, helping to prevent 68 per cent of malaria cases in Africa between 2000 and 2015. However, the emerging threat of insecticide resistance is putting the effectiveness of this intervention and further progress to end malaria in jeopardy. One Insecticide Resistance Management (IRM) strategy being supported by IVCC is the development of dual-active ingredient LLINs which reduces the reliance on public health insecticides where resistance has become established and widespread – a report due for publication shortly is likely to show a major demonstration of public health value.

There is also the emergence of outdoor biting interventions, including Attractive Targeted Sugar Bait (ATSB) supported by IVCC, which aims to lure mosquitoes to a toxic bait. These interventions have the potential to be incredibly effective, as they are easy to deploy, durable and attractive to a wide range of mosquitoes. Modelling suggests that a modest daily feed/kill rates of two to three per cent could lead to a substantial decrease in transmission and a 30 per cent reduction in malaria incidence. Early trial data in Mali, Kenya, and Zambia suggest that this feeding rate is achievable⁴¹.

In addition, exploring genetic modification to eliminate mosquito populations, researchers from Imperial College London and Polo GGB, working collaboratively with partners in West Africa, recently completed a year-long experiment which successfully suppressed populations of malaria-carrying mosquitoes by using a special type of genetic modification known as gene drive to make female mosquitoes infertile.

The APPMG looks forward to hearing more about these, and many other, developments over the course of the next year, and to championing the work of everyone involved in the fight against malaria.

³⁹ MMV, Ongoing challenges and renewed commitment: MMV's progress in 2021, A message from MMV's CEO, David Reddy, 14 December 2021

⁴⁰ MNMUK, Best of British: How British-backed science can accelerate the end of malaria

⁴¹ IVCC, Research & Development

Spotlight on The Commonwealth

With thanks to Malaria No More UK

The 2018 Commonwealth Leaders' pledge to halve malaria remains an important commitment for the malaria community. Nine out of 10 Commonwealth citizens live in a malaria-endemic country.

During this reporting period, there have been a number of events and publications to help move this commitment forward. The RBM partnership to End Malaria, African Leaders Malaria Alliance (ALMA), Asia Pacific Leaders Malaria Alliance (APLMA), WHO and Malaria No More UK completed the first report on malaria progress in the Commonwealth. Produced in partnership with the Commonwealth Secretariat, the report was successfully presented to the Commonwealth Advisory Committee on Health in March 2021 and launched at the Commonwealth Health Ministers' Meeting in May 2021. A digital representation of the report prepared by the same organisations and produced through a pro-bono partnership with the Dentsu Aegis Network was also launched to visualise the progress made by countries. The tracker can be accessed at <https://commonwealthmalariatracker.org/>

The next major milestone for the Commonwealth malaria community will come at the June 2022 Commonwealth Heads of Government Meeting (CHOGM). At this crucial meeting, progress on the commitment to halve malaria will be reported and discussed by Heads of State. In parallel to the meeting, a special summit on Malaria and NTDs will take place, bringing together leaders from the worlds of government, science, technology, philanthropy, and the private sector. The Kigali Summit will focus on actions to build back from the recent reversal in progress across the Commonwealth.

The APPMG was delighted to see the appointment of His Royal Highness The Prince of Wales as President of Malaria No More UK in May 2021. His Royal Highness has long been a supporter of the fight against malaria, and has tirelessly championed concerns and raised awareness of the illness, death, and devastation caused by malaria, particularly across the Commonwealth.

Update on NTDs

With thanks to the UK Coalition against NTDs

The global burden of NTDs remains significant, and continues to be a barrier to health equity, prosperity, and development. As such, NTDs remain important tracers or proxy indicators of poverty and disparities in access to crucial services and health outcomes.

The COVID-19 pandemic had a tremendous effect both on the implementation of NTD programmes, and on the political and financial context within which they are implemented. In September 2021, the WHO reported disruption of mass treatment against NTDs in 60 per cent of countries, with the number of people reached dropping to 732 million compared with over one billion annually since 2015⁵⁰. The global disruptions to travel and shipping, economic recession, and increased commodity costs added to the impact of the disease on already strained health systems and budgets in NTD-endemic countries.



Health Extension Worker Missa Wondimagegn (red scarf) registers the names of students who will be receiving deworming (Mebendazole 500mgs) during the annual school campaign at Anbessamie Primary School. Next to her is Health Extension Worker Tibealtalech Kifle who gives the students the deworming tablets after they have been registered. Students and the health workers wear face masks and students line up two meters apart as part of COVID-19 prevention measures. Dera Woreda (District), Debut Gondar Zone, Amhara Region, Ethiopia. Photograph © SCI Foundation/Indrias Getachew.

⁴² WHO, Neglected tropical diseases: 2020 preventive chemotherapy treatment coverage declines due to COVID-19 disruptions, 24 September 2021

List of NTDs⁴²

Bacterial

1. Buruli Ulcer
2. Leprosy
3. Trachoma
4. Yaws and other treponematoses



Ectoparasitic

5. Scabies and other ectoparasitoses



Fungal

6. Mycetoma, chromoblastomycosis and other deep mycoses



Helminth (parasitic worm)

7. Cysticercosis/Taeniosis
8. Dracunculiasis (Guinea-worm disease)
9. Echinococcus
10. Foodborne trematodiasis
11. Lymphatic filariasis (elephantiasis)
12. Onchocerciasis (river blindness)
13. Schistosomiasis
14. Soil-transmitted helminthiasis



Protozoan

15. Chagas disease
16. Human African trypanosomiasis (sleeping sickness)
17. Leishmaniasis (cutaneous and visceral)



Venom

18. Snakebite envenoming



Viral

19. Dengue and chikungunya fevers
20. Rabies





Abebech Shaga, a mother of three, wades into Shapa River in Malo Achura Kebele, Boloso Sore Woreda (district) in Wolaita Zone, SNNPR to fill her 25 litre jerry can with water which she will take home to wash dishes and for other household chores. Wading into the water to fetch water, wash clothes, and bathe, places Abebech and other villagers who similarly use the water from the river, at risk of contracting schistosomiasis, or bilharzia. Photograph © SCI Foundation/Indrias Getachew

Nonetheless, significant progress has been made over the past decade, and since the last APPMG Annual Report was published. There has been progress in implementation and mass treatment – more than one billion people were treated per year for five consecutive years by 2019, for at least one of the five NTDs⁴³ amenable to prevention, control, and elimination through large-scale preventive treatment campaigns.

There has also been progress towards disease control, elimination, and eradication targets – Mexico has become the first country in the world to receive validation from the WHO for eliminating dog-transmitted rabies as a public health problem, and there has been a massive 91 per cent drop in the number of people at risk of trachoma infection over

the period from 2002 to 2020, while the number of people with the severe, blinding form of the disease dropped by 74 per cent over the same period⁴⁴. To date, 12 countries⁴⁵ have received validation of elimination of trachoma as a public health programme, including Myanmar in 2020⁴⁶ and The Gambia in 2021⁴⁷. In addition, the number of human cases of Guinea-worm reached an all-time low in 2021, with only 14 identified across four countries⁴⁸, bringing the goal of global eradication closer than ever. Significant strides have also been made towards elimination of human African trypanosomiasis (HAT) as a public health problem, with only 980 cases reported to the WHO in 2019⁴⁹. In 2020, Togo became the first African country to end HAT as a public health problem⁵⁰, joined in 2021 by Côte d'Ivoire⁵¹.

43 Lymphatic filariasis, onchocerciasis, soil-transmitted helminthiasis, schistosomiasis and trachoma

44 WHO, Amid continued progress, trachoma elimination programmes set their sights on 2030, 24 July 2020

45 International Coalition for Trachoma Control, Key trachoma facts and statistics

46 WHO, WHO validates Myanmar for eliminating trachoma as a public health problem, 17 September 2020

47 WHO, WHO validates Gambia for having eliminated trachoma as a public health problem, 20 April 2021

48 The Carter Center, World Records Fewest Guinea Worm Cases in History of Eradication Campaign, 26 January 2022

49 WHO, Sustained decline in sleeping sickness cases puts elimination within reach, 23 June 2020

50 WHO, Togo is first African country to end sleeping sickness as a public health problem, 27 August 2020

51 WHO, WHO validates Cote d'Ivoire for eliminating sleeping sickness as a public health problem, 25 March 2021

Progress has also been made on drug donations. Several pharmaceutical companies renewed their agreements with the WHO to donate NTD treatments and technologies – including Sanofi (covering HAT, leishmaniasis, Chagas disease, and integrated control of the skin NTDs⁵²) and Bayer AG (addressing Chagas disease, HAT, and other cross-cutting interventions)⁵³.

On R&D, the first deliveries of fexinidazole for use outside of clinical trials began in the Democratic Republic of Congo at the beginning of 2020, making a new oral treatment for HAT available for those most in need. Trials continue into further treatments for HAT as well as for treatments for visceral leishmaniasis, Chagas disease, HIV, and malaria, including four treatments designed specifically for children⁵⁴.

Building on this progress and in response to new challenges, a new 10-year NTD Road Map was issued by the WHO in January 2021 to guide global action to control, eliminate, or eradicate NTDs by 2030. At its heart, the Road Map includes three paradigm shifts that represent a significant departure from ‘business as usual’, with important impact for the design, funding, and implementation of NTD programmes. There is a core focus on measuring the health impact of interventions, instead of the delivery of activities. Actions run across sectors and health systems strengthening, instead of delivering disease specific programmes in isolation from overall health services. And country ownership and financing are placed at the heart of NTD programmes, to reduce their reliance on external support and agendas.

In addition, in May 2021, the World Health Assembly endorsed the recognition of 30 January as World Neglected Tropical Diseases Day, which will help to raise much-needed attention and visibility for these neglected diseases⁵⁵.

To date, the UK government has been a global leader in the fight against NTDs and the second largest bilateral donor.

1997	\$20 million to APOC Trust Fund (World Bank) 1997 to 2013 ⁵⁶ – river blindness control
2008	£50 million – NTD control
2011	£20 million The Carter Centre – Guinea-worm eradication
2012	London Declaration £240 million – NTD elimination including £22 million to LSTM and SCI (CNTD) for elimination of lymphatic filariasis and schistosomiasis ⁵⁷ , and treatment against river blindness and Guinea-worm
2017-2022	£360 million commitment over five years – aiming at one billion treatments for 200 million people including: <ul style="list-style-type: none"> • £220 million ASCEND (Accelerating Sustainable Control and Elimination of NTDs – six NTDs in 24 high burden countries)⁵⁸ • £40 million – elimination of lymphatic filariasis, eradication of Guinea-worm, eradication of trachoma (in the Commonwealth), visceral leishmaniasis, integrated control of schistosomiasis and intestinal helminths⁵⁹ • £100 million – from Ross Fund for drug development, diagnostics and other research⁶⁰

52 WHO, Neglected tropical diseases: WHO and Sanofi renew decades-long collaboration to sustain elimination efforts, 15 December 2020

53 WHO, WHO and Bayer renew longstanding collaboration to accelerate control and elimination of neglected tropical diseases, 15 December 2021

54 DNDi, Medicines for the People: 2020 Annual Report

55 WHO, World Health Assembly adopts decision to recognize 30 January as World NTD Day, 27 May 2021



Health workers administer treatment against schistosomiasis to a child in Côte d'Ivoire. Photograph © Yao Armel Kouassi/SCI Foundation.

Significant reductions in UK funding support in 2021 have added continued strain on efforts to fight NTDs. It is estimated that budget reductions will cause around 72 million people to miss out on life-saving treatment during the six-month period from October 2021 to April 2022⁶¹. Overall UK funding for NTDs was decreased by £150 million, or around 90 per cent⁶².

As efforts get under way to renew political and financial commitment to NTDs among the global community with the anticipated adoption of a new Declaration on NTDs in Kigali in 2022, the APPMG will continue to raise the profile of NTDs and strive to protect the significant, yet fragile, gains made so far in the fight against these neglected diseases.

56 PMC, US National Library of Medicine, National Institutes of Health, Investing in Onchocerciasis Control: Financial Management of the African Programme for Onchocerciasis Control (APOC), 14 May 2015

57 LSTM, UK Government pledges new support to LSTM to protect 100 million people, 21 January 2012

58 Gov.uk, Neglected Tropical Diseases Summit 2017: UK Pledge, 19 April 2017

59 Gov.uk, UK government spend on Neglected Tropical Diseases Implementation Programmes

60 Including £63m Drugs for Neglected Diseases Initiative (DNDi) between 2017 and 2022; £30m Foundation for Innovative New Diagnostics (FIND)

61 Devex, 72 million people to miss treatment for NTDs due to UK aid cuts, 6 January 2022

62 Uniting to Combat Neglected Tropical Diseases, Our response to the UK's cuts to foreign aid, 12 May 2021

Spotlight on COVID-19



Leaflets and awareness on prevention of COVID-19 given out by Shondya of TLM Bangladesh's AEP partner Shalom (Church of Bangladesh development wing). Shondya managed to get use of a Government car and PPE to talk to leprosy-affected communities and ensured she spoke with leprosy-affected and non-leprosy-affected people in those communities. Photograph © The Leprosy Mission/Jiptha Boiragee

The COVID-19 pandemic has brought unprecedented disruption to people's lives and health. The economic and social disruption caused by the pandemic has been, and continues to be, devastating – the WHO estimates that tens of millions more people are at risk of falling into extreme poverty⁶³. The number of global 'excess deaths' directly and indirectly attributable to COVID-19 in 2020 amount to at least three million⁶⁴.

Across many countries, COVID-19 overwhelmed already overstretched health systems. Lockdowns disrupted life-saving services and critical resources

were diverted from other disease programmes and interventions to fight the new pandemic. People avoided going to health centres for treatment out of fear of catching COVID-19 or of being stigmatised for having COVID-19 symptoms such as cough or fever – which could also be signs of treatable malaria or other diseases⁶⁵.

The APPMG has highlighted this impact across its work this reporting year, in Parliamentary debates, in briefings and webinars, and also in articles. The Group will continue to raise the impact of COVID-19 on progress in the fight against malaria and NTDs throughout the coming year and beyond.

63 WHO, Impact of COVID-19 on people's livelihoods, their health and our food systems, 13 October 2020

64 WHO, The impact of COVID-19 on global health goals, 20 May 2021

65 The Global Fund, Seventh Replenishment Investment Case

Malaria and COVID-19

In April 2020, during the early months of the pandemic, analysis by the WHO projected a worst-case scenario of a doubling of malaria deaths in sub-Saharan Africa. With support from global, regional, and national partners, malaria-endemic countries mounted an impressive response to maintain essential malaria services, averting the worst-case scenario. Thanks to key adaption measures⁶⁶ – such as shifting to house-to-house distribution of mosquito nets and increasing the use of geolocation technologies to enable malaria interventions to be more precisely tailored to local needs – together with the sheer hard work, resilience, and innovation of community health workers, malaria prevention activities remained stable or increased compared to 2019. For example, the number of nets distributed increased by 17 per cent, and structures covered by indoor residual spraying (IRS) increased by 3 per cent⁶⁷.

Vital mitigation measures taken during the early stages of the pandemic helped to ensure continued production, supply, and affordability of preventive and curative treatments for malaria. For example, in the 2020 Seasonal Malaria Chemoprevention (SMC) campaign, MMV utilised a web-based forecasting platform to closely monitor the SMC drug supply chain to ensure uninterrupted supply. In addition, investment over the years in healthcare infrastructure and staff capabilities in several malaria-endemic countries provided much-needed support during the pandemic. Rural healthcare workers in Zambia, for example, trained by MMV and partners for severe malaria case management projects, also disseminated important healthcare messages regarding COVID-19.

However, many countries experienced ‘moderate’ levels of disruptions to malaria prevention, diagnosis, and treatment. The pandemic spread into resource-limited settings, compromising access to life-saving antimalarial medicines and emergency care. In sub-Saharan Africa, there was an estimated 12 per cent increase in malaria deaths in 2020 over 2019 – highlighting the consequences of even ‘moderate’ service disruptions in a population at risk⁶⁸. In total, there were around 14 million more malaria cases in 2020 compared to 2019, and 69,000 more deaths. Approximately two thirds of these additional deaths (47,000) were linked to disruptions in the provision of malaria services during the pandemic⁶⁹.

Many countries in sub-Saharan Africa showed a decline in outpatient attendance and malaria testing during the initial phase of the pandemic, with reductions tending to coincide with peaks in COVID-19 transmission. By the end of 2021, there was a 4.3 per cent drop in testing for suspected cases of malaria compared with 2019⁷⁰ – though levels of testing did improve in the latter part of 2020 through into 2021.

Access to antimalarial medicines and the production of these medicines has also been disrupted globally due to lockdowns, import-export suspensions, and the redeployment of some antimalarials in response to COVID-19⁷¹. An example from the early stages of the pandemic was the supply for chloroquine, an antimalarial used to prevent and treat malaria in areas where the parasite remains sensitive to its effects, and hydroxychloroquine, used for malaria and as a treatment for rheumatoid arthritis and lupus. Since chloroquine and hydroxychloroquine were considered as potential prophylaxis and treatment options for COVID-19, some countries started ban-

66 Ibid.

67 The Global Fund, Results Report Reveals COVID-19 Devastating Impact on HIV, TB and Malaria Programs, 8 September 2021

68 WHO World Malaria Report 2021

69 Ibid.

70 The Global Fund, Results Report Reveals COVID-19 Devastating Impact on HIV, TB and Malaria Programs, 8 September 2021

71 MMV, The impact of COVID-19 on developing countries, Humanitarian crises monitoring: response on the current situation and the immediate risks and threats, April 2020

ning exports and sales in pharmacies and restricted their use to hospitals. Lockdown of countries hosting major manufacturers of these medicines, key starting materials, and active pharmaceutical ingredients, also resulted in a decreased supply of these products, which meant that demand outstripped supply. Additionally, approximately 48 million fewer courses of artemisinin-based combination therapies (ACTs) were distributed by national malaria programmes in 2020 compared with 2019⁷².

As COVID-19 continues, so too does the disruption to malaria prevention and treatment. The WHO outlines a prolonged triple challenge for endemic countries as a result of the pandemic: mitigating the immediate health impact of COVID-19; reducing disruptions to essential health services, including for malaria; and managing the health of their populations as broader economic disruptions affect societies⁷³. Without urgent action, further ground may be lost, risking a serious resurgence of malaria.

NTDs and COVID-19

With thanks to the UK Coalition against NTDs

The COVID-19 pandemic began impacting NTD programmes as soon as travel restrictions and social and physical distancing measures came into force within endemic countries. According to the WHO, NTD interventions were among the most frequently and severely affected of the essential health services⁷⁴. One concerning consequence has been the lower number of people reached with treatments for NTDs – with only 732 million people reached in 2020 compared with over one billion annually in the preceding five years⁷⁵.

NTD programmes were, and in some countries still are, disrupted in 44 per cent of endemic countries. In addition, the proportion of countries reporting severe disruptions of NTD activities ranked the highest among all health services (19 per cent)⁷⁶.



Initiatives have been taken by the partners of The Leprosy Mission Bangladesh in communities they support to inform people on COVID-19 by distributing information leaflets, arranging awareness sessions, and practically showing people how to wash their hands appropriately. Photograph © The Leprosy Mission

72 WHO World Malaria Report 2021

73 Ibid.

74 WHO, Control of Neglected Tropical Diseases: NTDs & COVID-19

75 WHO, Neglected tropical diseases: 2020 preventive chemotherapy treatment coverage declines due to COVID-19 disruptions, 24 September 2021

76 WHO, Control of Neglected Tropical Diseases: NTDs & COVID-19

These included: disruption of community-based interventions; delays in diagnosis, treatment and care, and other health facility-based services; discontinuation of monitoring, reporting and evaluation activities; and repurposing of financial and human resources towards COVID-19 control efforts. Furthermore, like many other workers globally, NTD programme staff were affected by absence from work due to illness, care-giving responsibilities, and lockdowns.

Additionally, implementation of COVID-19 control measures has added to programme costs including for purchase of personal protective equipment and hand sanitisers or handwashing stations. Initial transport and shipping restrictions also

Case study: Kewali Devi, India

With thanks to The Leprosy Mission Trust India

Kewali Devi, a 73-year-old leprosy patient, developed an ulcer on her right leg. Due to the lockdown, she could not travel beyond her village in Mirzapur district of Uttar Pradesh, so she consulted a local practitioner, who covered the ulcer with some crepe bandage, making it worse. She had to wait for months before the lockdown was eased and she could reach The Leprosy Mission Hospital Naini on another doctor's recommendation. By then, the wound had grown more extensive and complicated, leaving the doctors with no other option other than doing a below-knee amputation. Her daughter, Reeta Devi, said: "Doctors told me that the delay has allowed the infection to spread, and they would not be able to save my mother's leg. Travel restrictions made us wait for so long".

contributed to increased costs of basic consumables, and there have been delays in manufacture, shipment, transport, and delivery of vital NTD medicines and consumables to endemic countries and in their distribution within countries. The cost of delivering mass treatment programmes also increased due to the need to shift to community or door-to-door distributions while schools were closed.

Disruptions to other related programmes and interventions has affected disease transmission, such as vector control, veterinary public health, awareness and health education campaigns, and the implementation of water, sanitation, and hygiene behaviour change activities.

Organisations like DND*i* have adapted to new health challenges including COVID-19, pivoting expertise and infrastructures to respond. Historically, there has been a chronic challenge when it comes to meeting the R&D needs of neglected populations – and access to vaccines, diagnostics, and therapeutics for COVID-19 are acute examples.

For example, in November 2020, DND*i* and the ANTICOV Consortium launched ANTICOV – a multi-country, adaptive platform trial conducted in 13 African countries with 26 African and global partners to identify treatments for mild-to-moderate COVID-19 outpatients to prevent the need for hospitalisation. The study is an open-label, randomised, comparative 'adaptive platform trial' that is testing the safety and efficacy of treatments in mild-to-moderate COVID-19 patients. ANTICOV aims to identify early treatments that can prevent progression of COVID-19 to severe disease and potentially prevent spikes in hospitalisations that could overwhelm fragile and already overburdened health systems in low- and middle-income countries⁷⁷.

To mark **World Malaria Day 2020**, the APPMG's Chair, **Catherine West MP**, wrote in *The Times Red Box* on the impact COVID-19 on other diseases.

We must not let other diseases surge during the coronavirus crisis

Catherine West MP

The Times, Red Box, 26 April 2020

In recent weeks our lives have changed beyond recognition. Empty streets with boarded-up shops and pubs are the norm and we spend our time in an endless cycle of video calls, trying to stay connected to the ones we love and miss the most. These unprecedented changes to our lives all have one single purpose: to protect our health service so that our NHS heroes can save lives.

Tomorrow is World Malaria Day, an opportunity to highlight the amazing progress we, as a global community, have made in fighting endemic diseases and supporting health systems across the world. But as COVID-19 continues to spread to countries already battling diseases like malaria, it is also vital that we are aware of the real and current danger to the progress we have made, and most importantly, to hundreds of thousands of young lives put at risk by a potential malaria upsurge.

As Chair of the All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases, I'm proud of the UK's strong record on tackling malaria. As the second largest international donor, we've been at the forefront of efforts that have helped to save seven million lives and prevented more than one billion cases since 2000.

Every pound spent not only helps stop the spread of the disease but also makes stronger the crucial frontline of health services around the world. The combination of our investment and the work of our science and research base has helped health workers to do their jobs more effectively and to build strong supply chains and real-time information gathering systems, which ensure that vital services are delivered to the right people, in the right places, at the right time.

Right now COVID-19 poses a huge threat to this historic progress. In 2014 to 2016, when the world was focused on fighting ebola in Africa, we saw the impact it had on the already strained national health systems of Guinea, Liberia and Sierra Leone. Malaria control efforts were curtailed leading to a resurgence in malaria cases and deaths.

We are in danger of seeing a similar trend, this time in an exponential number of countries, unless urgent steps are taken. As countries impose the social distancing measures needed to control the spread of COVID-19, the danger is that vital supplies of anti-malaria tools are grounded and health workers are overwhelmed as they try to manage the multiple threats to the people they care for, without the protection they need.

Indeed, according to new modelling from the World Health Organization and partners, severe disruption to insecticide-treated net campaigns and other activities could lead to a doubling in the number of malaria deaths in sub-Saharan Africa unless we act now. This would represent a return to mortality levels last seen 20 years ago.

All focus right now must be on helping to ensure that planned distributions of bed nets and other malaria prevention, detection and treatment services continue, and health workers are supported and protected. Hundreds of thousands of young lives depend on it.

But it's not just about lives being lost now. Unless we act urgently, we could see an upsurge in malaria that could take many years to get back under control, resulting in many more lives being lost into the future. Respond now, and we can save these lives. When we emerge from this crisis the UK must continue its global role, leading by example to rid the world of this terrible disease once and for all – and make it possible still in our generation.

For only then can we truly help countries build health systems that can withstand the pandemics of the future, and get on track to a future of prosperity, with all the benefits that that brings for everyone.

Look ahead to 2022 and beyond



Scientists from LSHTM working on malaria research. Photograph © LSHTM/Anne Koerber, 2021

2022 looks set to be an important year for malaria and NTDs, with the World Health Assembly in May, the Kigali Summit on Malaria and NTDs alongside the Commonwealth Heads of Government Meeting (CHOGM) in June, and the Seventh Replenishment of the Global Fund at the end of the year. The APPMG will look to these moments to further inform and mobilise Parliamentarians.

We will also continue to emphasise cross-cutting themes throughout the year, including:

- Supporting British-backed science, research, and innovation – including highlighting the vital role of science and research in developing the new tools and evidence-informed policy needed to end malaria and NTDs, and how investments in this area can help to cement the UK's position as a science superpower.
- Protecting the UK from global health security threats – including safeguarding progress on malaria and NTDs during the COVID-19 pandemic and focusing on the synergies between the efforts to end all these diseases, and the importance of long-term investments in malaria and NTDs to strengthen health systems, bolster global health security, and build resilience against future pandemics.
- Highlighting the impact of malaria and NTDs on women and girls – including on girls' education, reductions in future earnings, and the cycle of poverty.
- Improving health and saving lives across the Commonwealth – including through leveraging the UK's soft power and diplomatic network to encourage global action on malaria and NTDs, including investment and action from other donors and endemic countries, ahead of key global platforms.
- Demonstrating the value and impact of UK ODA spending on malaria and NTDs.

Kigali Summit on Malaria and NTDs and the Kigali Declaration on NTDs

Due to the COVID-19 pandemic, the Kigali Summit on Malaria and NTDs (the Kigali Summit), planned for June 2020, and expected to mobilise new support and resources, has been postponed twice. It is expected to take place in June 2022, in parallel with CHOGM. At this crucial CHOGM meeting, progress on the commitment to halve malaria will be reported and discussed by Heads of State.



The parallel Kigali Summit will build on the work of The Malaria Summit London⁷⁸ in 2018 where 53 Commonwealth Nations committed to halving malaria in the Commonwealth by 2023, and is a major milestone for the Commonwealth malaria and NTD community. This special summit will bring together leaders from the worlds of government, science, technology, philanthropy, and the private sector. The summit will focus on actions to build back from the recent reversal in malaria progress across the Commonwealth.

The Summit will also follow the 2012 London Declaration on NTDs⁷⁹ which saw a pledge made by governments, donor agencies, pharmaceutical companies, research institutions, non-governmental organisations, and other stakeholders to work together to treat and prevent NTDs.

The Kigali Declaration on NTDs will be high on the agenda at the Kigali Summit. The Declaration is a high-level, political declaration which aims to mobilise political will and secure commitments to achieve the SDG 3 target on NTDs, and to deliver the targets set out in the WHO's NTD Road Map 2021-2030. The Declaration puts country ownership of NTD programmes, integration and cross-sectoral collaboration front and centre to ensure sustainability in the long term⁸⁰.

The APPMG looks forward to the Kigali Summit on Malaria and NTDs and will strive to inform Parliamentarians of the importance of making progress on the global goals for malaria and NTDs, of the role of the UK as a global leader and of the importance of joining international efforts to achieve the SDG 3 target on NTDs. We will support efforts for a considerable UK commitment at the Summit.

⁷⁸ Malaria Summit London

⁷⁹ Uniting to Combat Neglected Tropical Diseases, London Declaration on Neglected Tropical Diseases

⁸⁰ Uniting to Combat Neglected Tropical Diseases, The Kigali Declaration

The Global Fund⁸⁵

With thanks to Malaria No More UK

This next year is pivotal in ensuring robust global malaria funding. The WHO World Malaria Report 2021 found that the funding gap between the amount invested and the resources needed has widened dramatically over recent years, increasing from US\$ 2.3 billion in 2018 to US\$ 2.6 million in 2019 and US\$ 3.5 billion in 2020. 2020 funding for malaria control and elimination was estimated at US\$ 3.3 billion against a target of US\$ 6.8 billion. To reach the 2030 global malaria targets, current funding levels will need to more than triple to US\$ 10.3 billion per year⁸¹.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) was established in 2002 to accelerate the end of AIDS, TB and malaria as epidemics. The Global Fund is a proven and effective vehicle to channel investments to respond to the world's deadliest infectious diseases and prepare for future pandemics in low- and middle-income countries.

The Global Fund mobilises and invests more than US\$ 4 billion a year to support health programmes run by local experts in more than 100 countries. As of the end of 2020, 44 million lives have been saved. Overall, the number of deaths caused by AIDS, TB and malaria each year have been reduced by 46 per cent since 2002 in countries where the Global Fund invests.

The Global Fund provides 56 per cent of all international financing for malaria programmes (39 per cent of total available resources) and has invested more than US\$ 14.7 billion in malaria control programmes as of June 2021. Since 2020, the Global Fund has provided additional funding through the COVID-19 Response Mechanism to countries to mitigate the impact of COVID-19 on the malaria response.

The Global Fund is the largest multilateral investor in grants for systems for health, investing more



than US\$ 1 billion a year to strengthen and build diagnostic tools and laboratory facilities, data and surveillance systems, procurement and supply chains, community systems and responses, and training of health workers.

At the end of 2022, donor governments, including the UK, will be asked to continue to invest in the Global Fund at its Seventh Replenishment Conference, which will be hosted by the USA. Shortly before the publication of this Report, the Global Fund published its Investment Case which argued that, for the Seventh Replenishment, the Fund needs at least US\$ 18 billion to get the world back on track toward ending HIV, TB and malaria, to build resilient and sustainable systems for health and strengthen pandemic preparedness, making the world more equitable and safer from future threats⁸².

The UK has been a leading donor to the Global Fund since 2002 and remains the third largest donor behind the USA and France. These investments have yielded an incredible return and are proof that the UK is helping to transform millions of lives around the world, including the lives of women and girls and those living in fragile and conflict-affected states. It is important that the UK Government makes an ambitious commitment to the upcoming Replenishment, so it can continue its life-saving work over the next three years.

Throughout this reporting period, the APPMG has worked collaboratively with the APPGs for HIV and AIDS and Global TB to highlight the importance of the Global Fund and to keep its work on the political agenda – including through joint letters, articles and cross-APPG briefings. The APPMG will continue to raise awareness of the vital role of the Global Fund throughout 2022 and beyond.

⁸¹ WHO World Malaria Report 2021, Global Messaging

⁸² The Global Fund, Seventh Replenishment Investment Case

As a look ahead to **The Global Fund's Seventh Replenishment** in late 2022, the APPMG's Chair **Catherine West MP** – together with **Lord Fowler** and **Virendra Sharma MP** from the APPGs on HIV and AIDS and Global Tuberculosis, and **Peter Sands** the Executive Director of the Global Fund – co-authored an article on the importance of an ambitious UK contribution.

Together, we can beat infectious diseases for good

Lord Fowler, Catherine West MP, Virendra Sharma MP and Peter Sands

Politics Home, 9 December 2021

Twenty years ago, the United Kingdom brought its strength to bear on one of the world's most pressing health crises by joining the international community to form the Global Fund – a partnership to fight HIV, TB and malaria. At the time, these diseases seemed unstoppable. They were claiming millions of lives, with devastating consequences for families and communities around the world.

The Global Fund partnership, which celebrates its 20th anniversary this year, has turned the tide against these diseases and saved more than 44 million lives. In countries where the Global Fund invests, AIDS-related deaths have dropped by 65 per cent, malaria deaths by 45 per cent and TB deaths by 28 per cent since 2002. From the beginning, the United Kingdom has remained front and center in supporting the Global Fund to achieve these amazing results, contributing approximately GBP 4 billion to date.

Today, this remarkable investment in the fight against infectious diseases is in jeopardy. COVID-19 is not only claiming millions of lives but is also reversing the progress we have made in the fight against other diseases. A report released by the Global Fund shows that COVID-19 is having a devastating impact on the fight against HIV, TB and malaria. For the first time in the Global Fund's history, key programmatic results for these three diseases declined in 2020.

The knock-on impact of the pandemic on HIV, TB and malaria has been severe. The number of people tested and treated for TB dropped by around one million patients compared with 2019. We also saw a 22 per cent decrease in HIV testing, an 11 per cent decrease in the number of people reached by HIV prevention services, and a 4.3 per cent drop in testing for malaria.

Without the rapid and determined actions that took place across the Global Fund partnership to mitigate the impact of COVID-19 on the three diseases, the fallout could have been even worse. The Global Fund responded swiftly to COVID-19, reprogramming savings from existing grants, leveraging our expertise and strong global networks, and raising new funds to fight the pandemic and protect gains made against HIV, TB and malaria. As of October, the Global Fund had provided over US\$4 billion (about GBP 2.9 billion) to support more than 100 low and middle-income countries with life-saving tests, treatments, and other medical supplies.

Those investments also supported countries to protect front-line health workers; adapt lifesaving HIV, TB and malaria programs; and reinforce fragile systems for health. In the fight against COVID-19, the Global Fund is now the primary provider of financial support to low- and middle-income countries for everything but vaccines.

The Global Fund partnership has also catalysed a multitude of health innovations that can be scaled up to regain lost ground against HIV, TB and malaria and other infectious diseases. Such efforts include co-testing for infectious diseases, multimonth dispensing of medicine, and using digital tools for prevention activities and treatment support.

In addition, the crucial role of community health workers became even more apparent in 2020. There are more than two million community health workers in countries where the Global Fund invests, often serving rural and hard-to-reach populations. These health workers, which the Global Fund has supported over the last two decades, took up and often led the fight against COVID-19 even as they continued their role in the fight against HIV, TB, malaria and other diseases.

Investments in health systems by the Global Fund partnership over the past 20 years – in community health workers, laboratories, supply chains, surveillance, data systems – have formed a strong foundation for the COVID-19 response in many countries. Those investments have also prepared countries to better respond to future pandemic threats we know will come. Building on this existing infrastructure is the speediest and the surest way to achieve true global health security.

Two decades ago, the Global Fund partnership brought the world together, creating a powerful force to fight the world's deadliest infectious diseases. The millions of lives saved and results achieved over the past 20 years, and most recently during the COVID-19 pandemic, are clear proof that political will, global commitment and community leadership can force the world's deadliest infectious diseases into retreat. It is time for another global push to save lives: We must invest vigorously to fight COVID-19 and to protect the gains made against HIV, TB and malaria. Continued support from the UK and other nations for this proven mechanism is essential to achieving those interlinked goals.

We did it once, and we can do it again. Together, we can continue our progress against HIV, TB and malaria, and strengthen our global foundation to fight future disease outbreaks and pandemics.

Recommended resources and sponsors

Resources

- **WHO World Malaria Report 2021**
<https://www.who.int/teams/global-malaria-programme/reports/world-malaria-report-2021>
- **WHO Malaria Threats Map**
<https://apps.who.int/malaria/maps/threats/>
- **Ending the neglect to attain the SDGs: a road map for NTDs 2021-2030**
<https://www.who.int/teams/control-of-neglected-tropical-diseases/ending-ntds-together-towards-2030>
- **Commonwealth Heads of Government Meeting**
<https://thecommonwealth.org/chogm>
- **Commonwealth Malaria Tracker**
<https://commonwealthmalariastracker.org/>
- **Kigali Declaration on NTDs**
<https://unitingtocombatntds.org/kigali-declaration/>
- **The Global Fund, including the Seventh Replenishment Investment Case**
<https://www.theglobalfund.org/en/>
- **International Development Committee inquiry into the Future of UK Aid**
<https://committees.parliament.uk/work/940/future-of-uk-aid/>
- **All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases website**
<https://appgmalariaintds.org.uk>

Sponsors

The All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases (APPMG) is grateful to the following organisations and coalitions which have sponsored it during the year:

- **Medicines for Malaria Venture:**
<https://www.mmv.org>
Medicines for Malaria Venture (MMV) is a leading Product Development Partnership (PDP) in antimalarial drug research and access facilitation. Its mission is to reduce the burden of malaria in disease-endemic countries by discovering, developing and delivering new, effective and affordable antimalarial drugs.
- **Malaria No More UK:**
<https://malariafornomore.org.uk>
Malaria No More UK is one of the leading UK organisations working to eradicate malaria worldwide – through uniting policymakers, private sector actors and public audiences in the fight.
- **PATH's Malaria Vaccine Initiative:**
<https://www.malariafornomore.org.uk>
PATH's Malaria Vaccine Initiative (PATH/MVI) is a program of PATH, an international non-profit organisation that drives transformative innovation to save lives and improve health, especially among women and children. PATH works with partners in private industry, government, and academia to accelerate development of and access to malaria vaccines.
- **The UK Coalition against NTDs:**
<http://www.ntd-coalition.org>
The UK Coalition against NTDs is a collaborative partnership between UK organisations, coalitions and special interest groups actively engaged in the control, elimination or eradication of NTDs. The Coalition works to promote the cause of ending NTDs through influencing decision making and policy in the UK as well as collaborating with other global actors.
- **GlaxoSmithKline:**
<https://gsk.com/>
GlaxoSmithKline (GSK) is a science-led global healthcare company with a special purpose to improve the quality of human life by helping people do more, feel better, live longer. GSK are sponsors of the printing of the APPMG Annual Report.



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We are also grateful to the excellent speakers at the APPMG'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.

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Cover image A mother protects her child from malaria using a long-lasting insecticidal Olyset Net
Photograph © M. Hallahan/Sumitomo Chemical

