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

The All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases provides a forum for exploring issues pertaining to the fight against malaria and Neglected Tropical Diseases (NTDs). Keeping malaria and NTDs high on the political agenda is crucial if we are to sustain the progress made in recent years to prevent, control and eliminate these diseases. This group allows parliamentarians, academics and sector professionals to come together to discuss both the problems and solutions to defeating some of the most devastating diseases in the world.

The Annual Report

This report covers the period from September 2017 to November 2018. 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 the APPG’s 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

Jeremy Lefroy MP sits on the Board of Liverpool School of Tropical Medicine and Innovative Vector Control Consortia (IVCC).

Abbreviations

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<thead>
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<th>Abbreviation</th>
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<tr>
<td>ACT</td>
<td>Artemisinin-based Combination Therapy</td>
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<td>AFRO</td>
<td>Africa Regional Office of the WHO</td>
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<td>APPG</td>
<td>All-Party Parliamentary Group</td>
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<td>APPMG</td>
<td>All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases</td>
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<td>DFID</td>
<td>UK Department for International Development</td>
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<td>EDCTP</td>
<td>European and Developing Countries Clinical Trials Partnership</td>
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<td>EMR</td>
<td>Eastern Mediterranean Region</td>
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<td>GFATM</td>
<td>Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<td>GTS</td>
<td>Global Technical Strategy</td>
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<td>IVCC</td>
<td>Innovative Vector Control Consortium</td>
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<td>MDA</td>
<td>Mass Drug Administration</td>
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<td>MDG</td>
<td>Millennium Development Goal(s)</td>
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<td>MMV</td>
<td>Medicines for Malaria Venture</td>
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<td>MVIP</td>
<td>Malaria Vaccine Implementation Program</td>
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<td>NTD</td>
<td>Neglected tropical disease(s)</td>
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<td>PAHO</td>
<td>Pan American Health Organization</td>
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<td>PATH's</td>
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<td>MVI</td>
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<td>PDP</td>
<td>Product Development Partnership</td>
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<td>R&amp;D</td>
<td>Research and Development</td>
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<td>SAFE</td>
<td>Surgery, Antibiotics, Facial cleanliness and Environmental Hygiene</td>
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<td>SDG</td>
<td>Sustainable Development Goal(s)</td>
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<td>STH</td>
<td>Soil-transmitted Helminths</td>
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<td>Water, Sanitation and Hygiene</td>
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After more than a decade and a half of seeing substantial progress in combatting malaria and neglected tropical diseases (NTDs), the conclusion from our 2018 report is that the situation is becoming tougher.

Regarding malaria, on the one hand, there is real progress as more countries have either been declared malaria-free (such as Paraguay) or on tract to eliminating the disease. On the other hand, the number of malaria cases globally is rising, after a sustained period of annual falls, and – as the Executive Director of the Global Fund writes in its Results Report – “drug and insecticide resistance, environmental factors, funding shortfalls and demographics pose severe challenges in the highest-burden countries.”

The 2018 Commonwealth Heads of Government Meeting hosted by the UK in April of this year, highlighted the commitment of Commonwealth leaders to end malaria and trachoma, one of 20 neglected tropical diseases. The Malaria Summit that followed saw significant commitments from government, donors, private sector and international organizations to catalyse progress to end malaria, at a time when progress has stalled. It was wonderful to be present as so many leaders pledged themselves to the fight against malaria. All those who made that possible, in particular the Commonwealth, the UK’s Department for International Development and Malaria No More UK deserve our heartfelt thanks.

The picture for NTDs is also challenging, although perhaps more encouraging. WHO has observed record-breaking progress and over the past 10 years, millions of people have been supported to prevent disability and end extreme poverty, thanks to one of the most effective global partnerships in modern public health. The global NTD community is demonstrating how strong political support, generous donations of medicines, and improvements in living conditions are contributing to sustained expansion of disease control programmes in countries where these diseases are most prevalent.

Further gains in the fight against neglected tropical diseases will depend on wider progress towards the Sustainable Development Goals, including global targets for water and sanitation. Meanwhile, global concern about the recent outbreaks of Zika virus disease, and its associated complications, has re-energized efforts to improve vector control. There are also brighter prospects to prioritize cross-sectoral collaboration to promote veterinary public health. Both these approaches will benefit malaria and NTDs.

The UK is a global champion and leader in the fight against malaria and NTDs. UK Aid is supporting the lives of the most vulnerable and marginalised populations of the world and this is precisely why we, as parliamentarians who are concerned about global health, are determined to keep malaria and NTDs in the spotlight both in Parliament and outside. We are fortunate both in that DFID is equally committed to this, and in having fellow parliamentarians who are doing excellent work in the APPGs on HIV/AIDS, TB, Global Health and Anti-Microbial Resistance.

The APPG on Malaria and NTDs also celebrates the appointment of Dr. Mwele Ntuli Malecela to the position of Director of the Department of the Control of Neglected Tropical Diseases at the World Health Organization. The APPG values Dr. Malecela’s

‘But these real achievements should not obscure the fact that progress in tackling some NTDs has stalled or even gone into reverse.’
commitment, contribution and dedication to fighting neglected tropical diseases thus far. We look forward to supporting the World Health Organization in reaching the 2020 goals and beyond for NTDs, and to welcoming Dr. Malecela to Parliament in the near future.

We have been pleased to see parliamentarians in other countries come together and form similar groups. In February 2018, I had the privilege of speaking at the inaugural meeting of the group in the German Parliament, chaired by Dr Georg Kippels. Professors Sandy Trees and Ian McColl, both Members of the House of Lords, visited Uganda in September and met both the newly-formed malaria group in the Ugandan Parliament and HE President Museveni, in addition to visiting projects in Gulu, Northern Uganda.

One of our Vice-Chairs, Pauline Latham OBE MP, is a senior member of the International Development Committee. She therefore takes the opportunity to raise the question of malaria and NTD control work with the governments and parliaments of the countries which she visits in that role.

Another Vice-Chair, Baroness Helene Hayman GBE, is a board member of Malaria No More and – with colleagues – ensures that both malaria and NTDs are debated regularly in the House of Lords.

A group of MPs, including our Vice-Chair Catherine West MP, visited Kenya with Malaria No More to see the work being done to tackle the disease. Their report can be read on page 40.

I would like to thank them as well as Fiona Bruce MP and Dr Paul Williams MP, who himself worked as a doctor in Uganda, for all their support over the past year. I am also grateful to the Group’s Coordinator, Nicole Vecchio, for her commitment, and to her predecessor, Aparna Barua Adams who continues to support the APPMG in her new role at the International Coalition for Trachoma Control.

We could not hold the range of meetings and events without the support of several organisations – Medicines for Malaria Venture, Malaria Consortium, Malaria No More UK, PATH’s Malaria Vaccine Initiative, FIND, the London School of Hygiene and Tropical Medicine, the Liverpool School of Tropical Medicine and the Innovative Vector Control Consortium. I would also like individually to thank Alex Simpson, Lis Wallace, Jonathan Williams, Michelle Akintoye BEM and Vanessa Brimhall for all they have done to support various parts of the APPG’s work.

I conclude by restating what I wrote last year:

"Malaria and NTDs have a devastating economic impact. Yet treating them is affordable and entirely possible. Investing in eliminating these diseases is a smart choice for global development…Economic growth by itself cannot close the gap between rich and poor. Ensuring access to basic services and the strengthening of health systems will be key to supporting healthy communities who are able to contribute to economic development and social well-being."

Jeremy Lefroy MP
Chair of the All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases

Declaration of interests:
Member of the Boards (unpaid) of the Liverpool School of Tropical Medicine and the Innovative Vector Control Consortium

Jeremy Lefroy speaking at an IVCC event
Overview of the year: Malaria
Overview of Malaria Progress

The innovative malaria medicines which have been introduced over the years have saved an estimated 1.5 million lives as of today. Continued roll out of seasonal malaria chemoprevention (SMC) on an annual basis provides protection to millions of children in West Africa and so far, there has been no resurgence in parasites resistant to the SMC drugs. Although there has been significant recent progress with 20 million less malaria cases in 2017 compared to 2010, according to the World Malaria Report 2018 (WHO), the worrying trend seen in last year’s report which showed progress in malaria having levelled off is again the case this year.

Key facts, WHO World Malaria Report 2018:

1. In 2017, there were an estimated 219 million cases of malaria globally
2. Data from 2015–2017 highlight that no significant progress in reducing global malaria cases was made in this period.
3. Globally, there were an estimated 435,000 deaths in 2017
4. The 10 highest burden countries showed an increase of 3.5 million cases over the previous year
5. Of the 21 countries identified by the WHO for the milestone of malaria elimination by 2020, 11 are on track for this target, but 10 have reported increases in the last year.

Despite the plateau in progress against actual figures for malaria cases and deaths in the last 2 years, there have been significant notable achievements and progress in regard to advocacy and drug and vector control developments to note in 2017.

Malaria Factsheet

1. Malaria is caused by Plasmodium parasites, spread to people through the bites of infected Anopheles mosquitoes. Of the five parasite species, Plasmodium falciparum is the deadliest.
2. In 2016 there were an estimated 216 million malaria cases in 91 countries; an increase of 5 million new cases over 2015 and malaria deaths reached 445,000.
3. In areas with high malaria transmission, 70% of all malaria deaths are children under 5 years.
4. Since 2010, malaria mortality has fallen globally by 29% among all age groups and 35% in children under five.
5. Early diagnosis and treatment of malaria reduces disease, transmission and prevents deaths. Access to diagnostic testing and treatment is critical.
6. Emerging parasite resistance to artemisinin, the core compound for WHO recommended treatment, is a major concern.
7. Long lasting insecticide nets provide personal protection against mosquito bites. Between 2010-2015, there was an 80% increase in the use of insecticide-treated nets.
8. Indoor residual spraying is the most effective way to rapidly reduce malaria transmission, when at least 80% of houses in targeted areas are sprayed.
9. Pregnant women are at high risk of dying from complications of severe malaria and can hugely impact on new-born health outcomes. WHO recommends intermittent preventative treatment at antenatal visits in the first trimester.
10. Malaria causes significant economic loss in high burden countries, disproportionately affecting marginalised and poor communities who cannot afford treatment, or who lack access to health care.

Source: http://www.who.int/features/factfiles/malaria/en/

With thanks to Medicines for Malaria Ventures, Malaria Consortium, Malaria No More UK, and Malaria Centre at London School of Hygiene and Tropical Medicine for contributions to the malaria section.
2018 GLOBAL MALARIA ACTION SNAPSHOT

For the first time in more than a decade, malaria cases increased and reductions in malaria deaths flattened, reversing a trend of significant decline since the early 2000s and putting at risk one of the most successful global health efforts in history. In response to this call to action, political, philanthropic, business, research, advocacy, civil society and academic leaders from around the world came together in 2018 to renew focus and commitment to ending malaria.

MAJOR POLITICAL COMMITMENTS MADE IN 2018:

50% Malaria Burden Reduction by 2023 in Commonwealth Countries

53 Commonwealth leaders committed to reducing the burden of malaria by half by 2023 at the 2018 Commonwealth Heads of Government Meeting in London, building on national-level commitments.

Zero Malaria Pan-African Campaign

The African Union endorsed “Zero Malaria Starts with Me”, a pan-African campaign launched in July by the African Union Commission and the RBM Partnership to End Malaria. The campaign empowers communities to take greater ownership of malaria prevention and care, and to mobilise additional resources to achieve a malaria-free Africa.

Countries that already have or will launch campaigns include: Cameroon, eSwatini, Ethiopia, Mauritania, Mozambique, Namibia, Niger, Senegal, Uganda and Zambia.

Malaria Elimination in the Sahel

The Sahel Malaria Elimination Initiative creates cross border collaboration and commitment to accelerate malaria elimination across eight Sahel countries. Progress will be tracked through a sub-regional scorecard in partnership with the African Leaders Malaria Alliance.

The Windhoek Declaration

All 16 of the Southern African Development Community countries committed to firmly place regional malaria elimination on the agenda, and to expand data sharing, collaboration and programme implementation, and increase funding for malaria.

Targeted Response in High-Burden Countries

New approach to reduce the burden of malaria in countries most affected by the disease – to be launched by country leaders in Nov 2018 with support from World Health Organization and the RBM Partnership to End Malaria.

Malaria Elimination in the Greater Mekong

Six countries – Cambodia, China, Lao PDR, Myanmar, Thailand and Viet Nam – signed a Ministerial Call for Action to Eliminate Malaria in the Greater Mekong Subregion before 2030.

GLOBAL MALARIA EVENTS IN 2018:

- Multilateral Initiative on Malaria Conference (Dakar, Senegal)
- Malaria Summit (London, UK)
- 1st Malaria World Congress (Melbourne, Australia)
MAJOR FINANCIAL COMMITMENTS MADE IN 2018:

$4.1bn in new and expanded financing commitments to meet malaria financing needs and to accelerate R&D. This includes $2 billion in co-financing commitments between 2018-2020 from 46 malaria-affected countries, which will leverage a further $355 million to support national malaria control and elimination efforts, and new commitments to accelerate malaria R&D and scale up access to innovation by the private sector, UNITAID, UK and Australian governments and Bill & Melinda Gates Foundation.

$83.6m in new funding for elimination in Central America

$150m in grant funding in Asia

$5m in private sector funding in Asia

The Regional Malaria Elimination Initiative leverages over $100 million in domestic finance and $39 million of existing donor finance in Central America and Dominican Republic to support malaria elimination plans in the region.

The Asian Development Bank and APLMA announced plans to raise up to $150m in grant funding for a Regional Health Fund to address health challenges in Asia Pacific, including malaria elimination.

The M2030 platform aims to mobilise business leadership and funding to support Global Fund programmes in the Greater Mekong Subregion and Indonesia.

INNOVATIONS APPROVED IN 2018 OR BEING ROLLED OUT IN 2019:

Dual-ingredient bed nets

1st single-dose “radical cure” drug for P. vivax

1st-ever malaria vaccine to be rolled out in selected areas of Ghana, Kenya and Malawi

KEY STATISTICS:

No. of countries with <10,000 cases

ON TRACK to meet goal by 2020 of eliminating malaria in at least 10 countries in which malaria was transmitted in 2015 (in addition to Argentina and Uzbekistan)

Increases in Cases of 15 Highest Burden Countries 2015–2016

endmalaria.org

@endmalaria #EndMalaria
Key global successes in Malaria

Advocacy
- In addition to the RBM Partnership highlights above, another global advocacy success for malaria is the new resolution coming out of the UN General Assembly which calls on member states to provide universal access to existing life-saving tools for prevention, diagnosis and treatment of malaria, and package of core interventions recommended by WHO; as well as equity in access to health services for all people at risk of contracting malaria, especially the most vulnerable and hard-to-reach populations.

Vector Control
- Insecticide-treated nets (ITNs) and indoor residual house spraying (IRS) are the cornerstones of malaria control in sub-Saharan Africa, and have been estimated to reduce malaria prevalence by 40% and avert 663 million cases of malaria between 2000 and 2015.
- More people at risk of malaria in Africa are sleeping under an ITN. In 2016, 54% of the population was protected by this intervention, an increase from 30% in 2010. Between 2014 and 2016, a total of 582 million ITNs were reported by manufacturers as having been delivered globally.
- Fewer people at risk of malaria are being protected by IRS, a method of prevention where the inside walls of houses are sprayed with insecticides. Globally, IRS protection declined from a peak of 6% in 2010 to 3% in 2016. The declines in IRS coverage are occurring as countries change or rotate insecticides to more expensive chemicals, in an effort to tackle widespread insecticide resistance among malaria mosquitoes.

Vaccines, Drug Resistance and New Drugs
- Pilot implementation of the RTS,S malaria vaccine begun in 3 countries in sub-Saharan Africa (Ghana, Kenya and Malawi) to assess the programmatic feasibility of delivering a 4-dose schedule, to evaluate the vaccine impact on mortality and to characterize further its safety in the context of a routine immunization programme.
- Rectal artesunate, a crucial intervention to save the life of young children with severe malaria living in remote areas, is now produced by two manufactures which received prequalification from the World Health Organization in 2017 and 2018. Access activities can now start at scale.
- Tafenoquine, the first ever single-dose cure for vivax malaria, was approved in 2018 by the United States’ Food and Drug Administration and the Australian Therapeutic Goods Administration. This innovation brings hope for progress in malaria vivax elimination.
- Further expansion of P. falciparum parasite populations with reduced artemisinin susceptibility in the Greater Mekong region, now accompanied by growing piperaquine resistance was addressed with trials of a new strategy – triple combination therapy. The approach, which adds an additional monotherapy to a standard artemisinin combination (ACT) over a three-day treatment regimen, appears to be highly efficacious against the resistant parasites. This provides a promising basis for an interim solution for malaria management in the region.
- Protocols for deployment for other interim measures, designed to prolong the useful life of our current therapies are being developed. For example, “double sequential ACT” combines two different ACT combinations sequentially, over 6 days. This prolongs the artemisinin exposure of resistant parasites, which has been shown to be effective in earlier work.
- Further progress is being made in understanding the mechanisms of resistance to artemisinin and key partner drugs such as piperaquine. The application of CRISPR-Cas9 gene editing to studies of parasite

‘Between 2014 and 2016, a total of 582 million ITNs were reported by manufacturers as having been delivered globally’
drug susceptibility in the laboratory are providing important insights into these processes. The K13 protein now appears to be one of several parasite molecules that, in variant form, can lead to transient in vitro resistance, and thus potentially to poor treatment outcomes in vivo. One of these is coronin – identified in experimentally generated artemisinin-resistant parasites from Senegalese isolates.

New opportunities

Drugs

• MMV has increased the number of biological targets for medicines in the pipeline malaria from five in 1999 to more than 20 today, and ensures that all compounds in development are fully active against drug-resistant parasites. As of April 2018, 13 compounds were in preclinical and clinical development, including compounds with entirely novel mechanisms of action compared with those used for artemisinin-combination therapies.

• This is generating optimism that deployable new generation combination therapies may be within reach, and could replace current therapies within the coming 5-10 years.

• There is an untapped potential for strengthened data sharing and lesson learning between malaria and other disease areas. As part of its open policy, MMV is releasing a ‘Pandemic Response Box’, containing 400 diverse, drug-like molecules active against bacteria, viruses or fungi. To be launched at the end of 2018, the box will be supplied free of charge to stimulate research into new treatments for pandemic diseases.

• Discussion continues around the potential for use of ivermectin in Mass Drug Administration (MDA) settings to stop the transmission of malaria. This drug widely used as a deworming treatment in cattle and also used to treat river blindness in humans has been shown to have strong mosquitocidal activity after being ingested by the mosquito with the blood meal – with field trials currently planned in Africa and India.

• With support from DFID, the TRAC consortium are expanding roll-out of triple-ACT trials to African study sites, as well as an expanded trial portfolio in Asia.

• The establishment of the African CDC potentially provides a new framework for coordination of antimalarial drug efficacy surveillance and resistance monitoring at a supra-national level across the continent.

Vector Control

• New Bed nets to fight insecticide resistance:
  – First clear evidence that a new type of insecticidal nets provides protection against malaria; nearly halving the prevalence of new infections in children.
  – However these nets are currently more expensive than current long-lasting nets, which may be a barrier to widespread distribution.
  – At the same time, other studies have also shown the value of continuing to use (sleeping under) a mosquito net in areas of reported insecticide resistance
  – A series of randomized controlled trials (RCTs) of new nets combining two active ingredients (AIs) – a pyrethroid insecticide plus an unrelated active ingredient – have also started in 2018 (The New Nets Project, funded by Global Fund and Unitaid.

• Due to resistance to insecticides, a new class of ITN looks promising (further detail on page 11).
• A promising range of additional vector control interventions continues to be developed and field tested, including eave tubes (which kill mosquitoes on attempted entry into houses), mosquito-proofed housing and spatial repellents.

Funding

Global Fund Replenishment

Since its creation in 2002 the Global Fund to Fight AIDS, TB and Malaria has saved 27 million lives.

The Global Fund channels almost 60 percent of all international financing for malaria and has invested more than US$10.5 billion in malaria control programs in more than 100 countries between 2002 and 2017.¹

As a result, in 2017, the Global Fund distributed 197 million mosquito nets, and covered 12.5 million structures by indoor residual spraying. 27 percent of funding was invested in health systems strengthening.²

To achieve this impact the Global Fund secures funding from international donors, domestic resource mobilisation and the private sector. At the 5th replenishment pledging conference in Canada in September 2016 donors pledged over US$12.9 billion for 2017-2019, demonstrating extraordinary commitment to global health. The UK pledged £1.1 billion in 2016, making it the second largest donor after the USA in the 5th replenishment round, and historically the third largest contributor.

The Global Fund’s Sixth Replenishment will take place in France in 2019. A fully funded Global Fund, with international, domestic, and private sector contributions, will be key to accelerating action against malaria and strengthening health systems in the coming years.

As a founding partner of the Global Fund, the UK continues to have a pivotal role to play both as a donor, and in helping to leverage commitment from other donors.


Challenges in Malaria

While we have seen successes for malaria this year, a number of issues, from insecticide resistance to funding, continue to pose a challenge to malaria control and elimination.

1. Insecticide Resistance

Resistance of malaria mosquitoes to insecticides is among the major threats to malaria control and prevention efforts. Current effective malaria vector control strategies include the use of insecticides for two core prevention tools: insecticide-treated nets (ITN) and indoor residual spraying (IRS). Resistance is a growing problem and has been detected in all classes of insecticides that are most commonly used in malaria control. Prioritisation and targeting of vector control interventions must take into account the distribution and intensity of resistance in local vector populations. In order to do this, monitoring and data reporting mechanisms for resistance also need strengthening.

To address the challenge of insecticide resistance, alternative strategies are being explored. Research published this year based on a cluster randomised controlled trial carried out in Tanzania has shown that a new type of long-lasting insecticidal net (LLIN) incorporating both a pyrethroid insecticide and the synergist piperonyl butoxide (PBO) is more effective than a pyrethroid-only LLIN against malaria infection and transmission. Based on the findings of the trial,
the World Health Organization (WHO) made an interim policy recommendation:

‘National malaria control programmes and their partners should consider the deployment of pyrethroid-PBO nets in areas where the main malaria vector(s) have pyrethroid resistance that is: a) confirmed, b) of intermediate level (mosquito mortality after exposure to a pyrethroid insecticide in WHO test kits or CDC [Centers for Disease Control & Prevention] bottle assays ranging from 10% to 80%), and c) conferred (at least in part) by monooxygenase-based resistance mechanism, as determined by standard procedures. Deployment of pyrethroid-PBO nets must only be considered in situations where coverage with effective vector control (primarily LLINs or IRS) will not be reduced; the primary goal must remain the achievement and maintenance of universal coverage for all people at risk of malaria.’

2. Malaria in Pregnancy

Malaria infection during pregnancy is a significant health problem, with risks of morbidity and mortality for the pregnant women, her foetus and the newborn. WHO recommends pregnant women receive a full therapeutic course of antimalarial medicine, known as intermittent preventive treatment of malaria in pregnancy using the drug sulfadoxine-pyrimethamine (IPTp-SP). IPTp-SP should be administered as part of antenatal care services in malaria-endemic areas in Africa, and ‘dosing should start in the second trimester, and doses should be given at least one month apart, with the objective of ensuring that at least three doses are received’ (WHO, 2016). In addition, WHO recommends interventions for the prevention and control of malaria during pregnancy, including promotion and use of ITNs and appropriate case management with prompt and effective treatment.

While many African countries have adopted this WHO-recommended policy on IPTp-SP, progress in adherence remains a challenge. Data from 2014-2017 indicates that adherence to the policy had only increased marginally. While at least half of pregnant women reportedly received at least one dose of IPTp, only 19% received the recommended three or more doses. Further work is needed to increase uptake of IPTp.

3. Domestic financing for national health systems

A further challenge in malaria is domestic funding. To bring the malaria caseload down and to maintain elimination status, health systems need to be strengthened. This can only be achieved by national governments increasing ownership of their health systems by committing funds and domestic resources in order to extend healthcare to everyone. The 2018 Malaria Summit led to significant commitments among high-burden countries, but domestic health expenditure within these countries still falls below the Abuja target of allocating 15% of the annual budget to improve health. Donor governments must continue to lead and influence governments of high-burden countries to invest in health to achieve universal health coverage.

Globally, according to the 2018 World Malaria Report, funding is not on track for the target of $6.6 billion/year by 2020, with only $3.1 billion available in 2017.

4. Antimicrobial resistance and development of new medicine for children

Antimicrobial resistance has been identified to all but one of the malaria treatments. The development of newer artemisinin-based combination therapies remains critical, and we also need medicines with new mechanisms of action. Malaria also still takes a disproportionate toll on children under 5 years of age. Easier-to-administer and palatable medicines that target children still require focused attention and R&D investment from the international community.
Overview of the year:
Neglected Tropical Diseases

A young boy enjoys drinking water from a community pump in Chikwawa District Hospital, Malawi. Through annual Mass Drug Administrations, surgeries, and sustained water, sanitation, and hygiene improvements, Malawi is well on its way to eliminating the disease.

Credit: RTI International/Ruth McDowell

Credit: Billy Weeks/Task Force for Global Health
Neglected tropical diseases (NTDs) affect the lives of more than one billion people every year – and it is often the poorest and most vulnerable in society that bear the greatest burden. As global communities work towards the achievement of the Sustainable Development Goals, sustainable progress in NTDs can only be achieved through the effective inclusion of cross-cutting issues such as access to water, sanitation and hygiene, disability inclusion and gender equity. By addressing cross-cutting issues alongside NTD programmes, aid investments can strengthen health systems and improve the determinants of ill health and poverty.

The 2012 WHO global NTD Roadmap lays out a plan to enhance control, prevention, elimination and eradication of 17 NTDs by 2020. Inspired by the launch of the 2012 roadmap, international global health and development stakeholders and partners from donor agencies and the pharmaceutical industry came together to endorse the 2012 London Declaration, in support of achieving the 2015 and 2020 goals for at least 10 NTDs. Signatories of the London Declaration including the UK and US governments, 13 pharmaceutical companies, endemic country governments and NGOs committed to eradicating Guinea worm disease; eliminating by 2020 lymphatic filariasis, leprosy, sleeping sickness (human African trypanosomiasis) and blinding trachoma; and controlling by 2020 schistosomiasis, soil transmitted helminths, Chagas disease, visceral leishmaniasis and river blindness (onchocerciasis).

The WHO NTD Roadmap and the 2012 London Declaration on NTDs have been pivotal in building political will, planning and the mobilisation of resources to address these 10 NTDs, culminating in a global partnership between endemic country governments, donor governments, corporates, philanthropic organisations and non-governmental implementing organisations to deliver the world’s largest public health initiative to over a billion people, and make efforts to control, eliminate or eradicate these 10 NTDs by 2020.

**WHO’s five public health approaches to tackling NTDs**

Effective control can be achieved through a combination of five main public health approaches:

- **innovative and intensified disease management** of diseases that are difficult to diagnose and treat
- **preventive chemotherapy** – the large-scale delivery of free and safe, single-dose, quality-assured medicines, either alone or in combination, at regular intervals to treat selected diseases
- **vector ecology and management** – the safe management of public-health pesticides to achieve vector control through integrated vector management
- **veterinary public-health services** – the application of veterinary sciences and interventions to protect and improve human health
- **water, sanitation and hygiene** – the prioritization of improved sanitation combined with delivering preventive chemotherapy and health education to sustain reductions in prevalence of many of these diseases.

Credit: RTI International/Ruth McDowall

Students from Atu Government School in Calabar, Nigeria receive medicines for NTDs during a mass drug administration.
Water, Sanitation and Hygiene (WASH) for accelerating and sustaining progress on Neglected Tropical Diseases

Neglected Tropical Diseases affect more than 1 billion of the world’s poorest people in 149 countries

2.4 billion people lack access to improved sanitation facilities

663 million people lack access to improved water sources

946 million people practice open defecation

WASH is critical in the fight against Neglected Tropical Diseases

NTDs and poor water, sanitation and hygiene conditions contribute to a vicious cycle of disease and poverty

WASH play a critical role in preventing and caring for NTDs

Prevention
- sanitation to reduce contamination of the environment
- safe water supply for consumption, enabling hygiene practices, and reducing contact with surface water
- water resource and waste management for vector control and contact prevention
- hygiene practices

Treatment and care
- water for treatment and care at home and in healthcare facilities
- accessible WASH services for individuals with physical impairments
- prevention of stigma-based exclusion from WASH services

A Global Strategy 2015 - 2020

Improve awareness of the co-benefits of joint WASH and NTDs action by sharing experience and evidence from improved delivery.

Use WASH and NTDs monitoring to highlight inequalities, target investment, and track progress.

Strengthen evidence on how to deliver effective WASH interventions for NTD control and elimination and embed findings in guidance and practice.

Plan, deliver and evaluate WASH and NTDs programmes with mutual inputs from WASH, health and NTDs stakeholders at all levels.
Neglected Tropical Diseases

Summary

Since the launch of the WHO NTD Roadmap in 2012, three more NTDs have been added to the WHO NTD portfolio. These 20 NTDs represent a diverse group of mostly communicable viral, bacterial, fungal, parasitic diseases and snakebite, endemic to 149 countries around the world. Diseases included in the London Declaration are highlighted in yellow.

<table>
<thead>
<tr>
<th>NTD</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Buruli ulcer</td>
<td>A debilitating mycobacterial skin infection causing severe destruction of the skin, bone and soft tissue.</td>
<td>Reported in 33 countries, with the majority of cases reported in West and central Africa.</td>
<td>Bayer: 7.75 million doses of nifurtimox (2012 – 2021) for second line treatment. Donated through WHO.</td>
</tr>
<tr>
<td>Chagas</td>
<td>A life-threatening parasitic disease transmitted to humans through contact with vector insects (triatomine bugs), ingestion of contaminated food, infected blood transfusions, congenital transmission, organ transplantation or laboratory accidents. Vector control remains the most useful method to prevent infection.</td>
<td>An estimated 8 million people are infected worldwide, mostly in 21 countries in Latin America. Over 10,000 people die every year from clinical manifestations of Chagas disease. More than 25 million people are at risk. Screening and diagnosis in pregnant women and their children are essential control measures.</td>
<td>(UK Aid supports R&amp;D for improved diagnostcs)</td>
</tr>
</tbody>
</table>

At one of the many distribution points for lymphatic filariasis medicines during a mass drug administration (MDA), people line up to take their pills while health volunteers record their data.

“Close your eyes and let me know if you feel this”. A senior field technician for leprosy in Ghana starts diagnosis through the skin sensation test.

Credit: RTI International/Louise Gubb

© Elsie Ansareo/Aneswad
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<tr>
<td>Dengue</td>
<td>A mosquito-borne viral infection causing flu-like illness that may develop into severe dengue and cause lethal complications.</td>
<td>The incidence of dengue has increased 30-fold over the last 50 years. Up to 50-100 million infections are now estimated to occur annually in over 100 countries. Almost half the world’s population is at risk.</td>
<td></td>
</tr>
<tr>
<td>Dracunculiasis (Guinea-worm disease)</td>
<td>A nematode infection transmitted exclusively by drinking-water contaminated with parasite-infected water fleas.</td>
<td>Since 1998, the number of cases has decreased by 99% from 892,055 to 21 (as at September 2018). So far in 2018 cases have been reported in Angola, Chad, Ethiopia and South Sudan.</td>
<td></td>
</tr>
<tr>
<td>Echinococcosis</td>
<td>Parasitic zoonotic disease (a disease that is transmitted to humans from animals), caused by the larval stages of tapeworms forming pathogenic cysts in humans and transmitted when ingesting eggs most commonly shed in faeces of dogs and wild animals.</td>
<td>More than 1 million people are affected at any one time. Human prevalence levels can be 5%–10% in parts of Argentina, Peru, East Africa, Central Asia and China. In livestock, prevalence in slaughterhouses in hyperendemic areas of South America is 20%–95%.</td>
<td></td>
</tr>
<tr>
<td>Foodborne trematodiases</td>
<td>Infection acquired by consuming fish, vegetables and crustaceans contaminated with larval parasites; clonorchiasis, opisthorchiasis and fascioliasis are the main diseases.</td>
<td></td>
<td>Novartis: 2016 – 2018, up to 600,000 tablets of tricladendazole. Donated through WHO.</td>
</tr>
<tr>
<td>Human African trypanosomiasis (sleeping sickness)</td>
<td>A parasitic infection spread by the bites of tsetse flies that is almost 100% fatal without prompt diagnosis and treatment to prevent the parasites invading the central nervous system.</td>
<td>The number of cases has decreased by 92% from 1999 – 2016. In 2017, 11 countries in Africa reported cases.</td>
<td>Bayer: 320,000 tablets of nifurtimox (2014 – 2019). Until November 2020, a further 100,000 vials of suramin. Sanofi: Until 2020, unlimited supply of eflornithine, melarsoprol and pentamidine. All drugs donated through WHO.</td>
</tr>
</tbody>
</table>
### Neglected Tropical Diseases Summary continued

<table>
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<tr>
<td><strong>Leishmaniases</strong></td>
<td>Parasitic disease transmitted through the bites of infected female sandflies that in its most severe (visceral) form attacks the internal organs and in its most prevalent (cutaneous) form causes face ulcers, disfiguring scars and disability.</td>
<td>Recurrent epidemics of visceral leishmaniasis in East Africa (Ethiopia, Kenya, South Sudan and Sudan) have caused high morbidity and mortality in affected communities. Likewise, major epidemics of cutaneous leishmaniasis have affected different parts of Afghanistan, Syrian Arab Republic and western Europe.</td>
<td><strong>Gilead Sciences Inc.:</strong> Up to 380,000 vials of liposomal amphotericin B (2017 – 2020) for visceral leishmaniasis in South East Asia and East Africa. Donated through WHO</td>
</tr>
<tr>
<td><strong>Leprosy</strong></td>
<td>A complex disease caused by <em>Mycobacterium leprae</em> resulting in infection mainly of the skin, peripheral nerves, mucosa of the upper respiratory tract and eyes. Curable with multidrug therapy. Untreated, leprosy can cause progressive and permanent damage to the skin, nerves, limbs, and eyes.</td>
<td>There were 216,108 new leprosy cases registered globally in 2016, from 145 countries from the 6 WHO Regions. Based on 173,358 cases at the end of 2016, prevalence rate corresponds to 0.29/10,000.</td>
<td><strong>Novartis:</strong> Since 2002 until the world is free of leprosy, unlimited supply of multidrug therapy (rifampicin, clofazimine, dapsone) to treat leprosy and its complications. Donated through WHO</td>
</tr>
<tr>
<td><strong>Lymphatic filariasis</strong></td>
<td>Parasitic infection transmitted by mosquitoes causing abnormal enlargement of limbs and genitals from adult worms inhabiting and reproducing in the lymphatic system.</td>
<td>856 million people in 51 countries worldwide remain threatened by lymphatic filariasis and require preventive chemotherapy to stop the spread of this parasitic infection.</td>
<td><strong>Eisai Co. Ltd.:</strong> Up to 2.2 billion tablets of diethylcarbamazine citrate (DEC) combined with albendazole for preventative chemotherapy. <strong>GSK:</strong> Since 1997 till global elimination is achieved. Up to 600 million tablets/year of albendazole (400mg). Both drugs donated through WHO</td>
</tr>
<tr>
<td><strong>Mycetoma, chromoblastomycosis and other deep mycoses</strong></td>
<td>A chronic, progressively destructive inflammatory skin disease which usually affects the lower limbs. Infection is thought to be caused by the inoculation, through a thorn pric or skin damage, of fungi or bacteria into the subcutaneous tissue.</td>
<td>Global burden is not known, but the disease is endemic has been reported from countries in Africa, Asia, Europe and Latin America.</td>
<td><strong>Merck Sharp &amp; Dohme (MSD):</strong> Since 1997, unlimited supply of ivermectin for elimination in Yemen, African countries with co-endemicity with lymphatic filariasis and onchocerciasis. Extending to countries outside of Africa where treating with triple therapy ivermectin, DEC and albendazole (IDA)</td>
</tr>
<tr>
<td>NTD</td>
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<tr>
<td><strong>Onchocerciasis</strong> (river blindness) (UK Aid supports efforts through financial commitment to WHO’s Expanded Special Project for Elimination of Neglected Tropical Diseases – ESPEN)</td>
<td>Parasitic infection transmitted by the bite of infected blackflies causing severe itching and eye lesions as the adult worm produces larvae and leading to visual impairment and permanent blindness.</td>
<td>Endemic in 30 countries across Africa, Brazil, Venezuela and Yemen. Currently 300,000 people are blind from onchocerciasis. In 2017, more than 135 million people were treated with ivermectin in Africa, using the community-directed treatment with ivermectin strategy.</td>
<td><strong>Merck Sharp &amp; Dohme ( MSD):</strong> Since 1987, unlimited supply of ivermectin for onchocerciasis (across WHO AFRO, EMR and PAHO) and lymphatic filariasis. 7.8 billion tablets donated over the last 30 years. Current annual donation is over 791 million tablets donated through the Mectizan Donation Program.</td>
</tr>
<tr>
<td><strong>Rabies</strong></td>
<td>A vaccine-preventable viral disease which occurs in more than 150 countries and territories. Transmitted to humans through the bites of infected dogs that is invariably fatal once symptoms develop.</td>
<td>Dogs are the main source of human rabies deaths, contributing up to 99% of all rabies transmissions to humans. Rabies elimination is feasible through vaccination of dogs and prevention of dog bites. 40% of people bitten by suspect rabid animals are children under 15 years. Immediate, thorough wound washing with soap and water after contact with a suspect rabid animal is crucial and can save lives.</td>
<td></td>
</tr>
<tr>
<td><strong>Scabies and other ectoparasites</strong></td>
<td>A parasitic infestation caused by Sarcoptes scabiei var hominis. Scabies infestation is frequently complicated by bacterial infection, leading to the development of skin sores that, in turn, can cause more serious consequences such as septicemia, heart disease and chronic kidney disease.</td>
<td>Globally, it affects more than 130 million people at any time. In 2010, it was estimated that the direct effects of scabies infestation on the skin alone led to more than 1.5 million YLDS (years lived with disability), and the indirect effects of complications on renal and cardiovascular function are far greater.</td>
<td></td>
</tr>
<tr>
<td><strong>Schistosomiasis</strong> (Supported by UK Aid)</td>
<td>Trematode infections transmitted when larval forms released by freshwater snails penetrate human skin during contact with infested water.</td>
<td>Estimates show that at least 206.4 million people required preventive treatment for schistosomiasis in 2016, out of which more than 89 million people were reported to have been treated.</td>
<td><strong>Merck:</strong> 2007 – 2017, 200 million tablets/year for school-age children in Africa. Since 2017 this expanded to 250 million annually. Donated through WHO</td>
</tr>
</tbody>
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**Neglected Tropical Diseases Summary continued**
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<table>
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<td><strong>Soil-transmitted helminthiases</strong> (Supported by UK Aid)</td>
<td>Nematode infections transmitted through soil contaminated by human faeces causing anaemia, vitamin A deficiency, stunted growth, malnutrition, intestinal obstruction and impaired development.</td>
<td>Approximately 1.5 billion people (almost 24% of the global population), are infected with soil-transmitted helminths worldwide. Infected children are nutritionally and physically impaired.</td>
<td>GSK: 400 million tablets/year of albendazole (400mg) for preventative chemotherapy in school-aged children. Donated through WHO. <strong>Johnson &amp; Johnson:</strong> Up to 200 million tablets/ year of mebendazole (500mg). Both drugs donated through WHO.</td>
</tr>
<tr>
<td><strong>Snakebite envenoming</strong></td>
<td>Snakebite envenoming is a potentially life-threatening disease that typically results from the injection of a mixture of different toxins (&quot;venom&quot;) following the bite of a venomous snake. Envenoming can also be caused by having venom sprayed into the eyes by certain species of snakes that have the ability to spit venom as a defence measure. While snake antivenom is an effective treatment and is part of the WHO essential medicines list, many people lack access or cannot afford them.</td>
<td>WHO estimates about 5 million snakebites occur each year, resulting in up to 2.7 million envenomings. Published reports suggest that between 81,000 and 138,000 deaths occur each year. Snakebite envenoming causes as many as 400,000 amputations and other permanent disabilities. Many snakebites go unreported, often because victims seek treatment from non-medical sources or do not have access to health care.</td>
<td></td>
</tr>
<tr>
<td><strong>Taeniasis and cysticercosis</strong></td>
<td>An infection caused by adult tapeworms in human intestines; cysticercosis results when humans ingest tapeworm eggs that develop as larvae in tissues.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Trachoma</strong></td>
<td>A bacterial infection caused by <em>Chlamydia trachomatis</em>, transmitted through direct contact with infectious eye or nasal discharge. Repeated infection and if left untreated causes irreversible corneal opacities and blindness. The SAFE (surgery, antibiotics, facial cleanliness, environmental improvements) is crucial for treatment and prevention.</td>
<td>157.5 million people are at risk of disease (as at April 2018). 43 countries require interventions. Since 2012, 8 countries, one in each endemic WHO region, have been validated by WHO for elimination as a public health problem.</td>
<td><strong>Pfizer:</strong> 1998 – 2025, unlimited supply of azithromycin for the elimination of trachoma as public health problem. Drugs donated through and managed by the International Trachoma Initiative.</td>
</tr>
<tr>
<td><strong>Yaws (Endemic treponematoses)</strong></td>
<td>A chronic bacterial infection affecting mainly the skin and bone.</td>
<td>There are 13 countries currently known to be endemic for yaws, of which only 8 regularly report data to WHO. There are 73 countries previously endemic for yaws that need to confirm the current status of the disease.</td>
<td><strong>EMS (Brazil):</strong> 150 million tablets of azithromycin (2018 – 2022) to support global eradication. Shipment to selected countries due to start soon. Drugs donated through WHO.</td>
</tr>
</tbody>
</table>
Private sector collaboration

Recent increases in medicine donations by the pharmaceutical industry have allowed a scale-up of interventions, increasing access to high-quality medicines free of charge for hundreds of millions of people worldwide. Drug donations from the pharmaceutical industry in support of the London Declaration are currently valued at US$17.8 billion to 2020. The sheer number of donated drugs being administered to scale is astonishing. In 2017, close to 1,900 tonnes of medicines used for preventative chemotherapy interventions were delivered through WHO to more than 100 endemic countries worldwide; more than 1.5 billion tablets were delivered annually to countries that requested these medicines.

Preventative chemotherapy medicines donated and delivered through WHO, 2010 – 2017

Established in 2012, the NTD Drug Supply Chain Forum is a landmark partnership between both public and private sector partners, working together to manage the logistics of medicine distribution across a wide and diverse supply chain network to meet the ambitious 2020 goals of the WHO NTD Roadmap.
The Neglected Tropical Diseases (NTDs) affect the lives of more than 1 billion people every year - and it's often the poorest and most vulnerable in society.

2012 brought together diverse global health partners inspired by the World Health Organization’s Roadmap to implementation to pledge their support, via the ‘London Declaration’, to control, eliminate, and/or eradicate ten key NTDs by 2020.

A SOLUTION OF COLLABORATION

6 pharma donors
Eisai, GlaxoSmithKline, Johnson & Johnson, Pfizer, MSD, Merck

5 NGO's
The International Trachoma Initiative, Children Without Worms, RTI International, the Mectizan Donation Program, the Neglected Tropical Diseases Support Center...

...together with the World Health Organization, DHL, Alere, and the Bill and Melinda Gates Foundation...

...working to share knowledge and experiences, align processes, collaborate, and maximize efficiency and cost effectiveness of First Mile deliveries to achieve the London Declaration’s 2020 goals.

5 NTDs
addressed by pharma donors in the Forum: lymphatic filariasis, soil-transmitted helminths, trachoma, schistosomiasis, onchocerciasis

Credit: NTD Supply Chain Forum
ACROSS 70+ ENDEMIC COUNTRIES
Pharmaceutical partners donate BILLIONS of medicine doses for control and elimination of NTDs across over 70 countries, making NTD donations the world’s largest public health donation program.

7.9 billion
Tablets donated since the London Declaration’s inception

$17.8B
Value of drug donations pledged by pharmaceutical companies from 2014-2020

Total Supply Chain Visibility: An End-to-End Collaboration

Three Key Forum Projects Underway:

"NTegrated" Forecasting and Planning Tool Development

Dedicated DHL "Control Tower" for Coordination of NTD Shipments

Supply Chain Optimization and Simulation

The WHO and the Forum are collaborating to create a comprehensive database tool that will streamline the logistics management processes for integrated PCT supply chain decision-making.

The creation of a dedicated DHL "Control Tower" for NTDs enables DHL to oversee clearance of several medicines through customs and ensures delivery to national warehouses.

The Forum is using statistical modeling to map supply chains of several medicines to streamline delivery of co-administered medicines and furnish business cases for potential supply chain improvements.

What’s Next for the Forum?

The Forum began to include partners involved in the diagnostics space, expanding its scope beyond pharmaceuticals to find new sources of supply chain collaboration in the NTD community.

Through the forecasting and planning tool development, the Forum seeks to establish a dashboard view of Key Performance Indicators (KPIs) to increase transparency and engagement regarding supply chain performance.

Sources

http://unitingtocombatntds.org/

Credit: NTD Supply Chain Forum
Global progress since 2012

- 28 countries have now been validated by WHO have eliminated at least one NTD.
- Guinea worm is on the verge of eradication. As of September 2018, 21 cases have been reported in Angola, Chad, Ethiopia and South Sudan. The number of cases has declined sharply from the 1,797 cases reported in 2010.
- Onchocerciasis has been almost eliminated in the Region of the Americas; Guatemala (2016), Mexico (2015), Ecuador (2014) and Colombia (2013) have recently been declared free of the disease.
- Since December 2014, 26 Ministers of Health have pledged to take ownership and increase local investment in NTD efforts as part of the Addis Ababa NTD Commitment. Bangladesh and the Philippines pay for 85% and 94% of their NTD programmes, respectively, and Honduras recently became the first Latin American country to launch a national NTD programme fully financed by the government.
- In 2015, 2016 and 2017, enhanced collaboration resulted in the treatment of over a billion people.
- Surveillance and case management of some NTDs have been enhanced through a District Health Information System database platform; WHO is now considering the implementation of a new approach to improve case detection, manage disability and overcome stigmatisation of NTDs that affect the skin.
- WHO launched a Global Vector Control Response (2017 – 2030) to tackle the spread of vector-borne diseases including dengue, chikungunya, malaria and Zika.
UK government leadership and impact of UK Aid

To date, the UK and US governments have been the largest bilateral donor governments supporting NTD implementation globally. Philanthropic donors have provided substantial support in coordinated efforts with government donors, private sector and implementing partners. Evidence of the impact of investments made in NTDs across broader health and development goals will be needed to bring new donors in to this collaborative global health programme.

The UK spend on NTD implementation between 2012 and 2016 averaged almost £30 million per year. UK leadership has played a key role in global progress made against NTDs and UK Aid is contributing to eight of the ten London Declaration NTDs; Chagas disease, Guinea worm disease, lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminths, trachoma and visceral leishmaniasis through investments across research and development for improved tools (drugs and diagnostics) and implementation of treatment programmes. In 2016 alone, UK Aid funded NTD projects helping to distribute over 136 million treatments across 27 countries.

Over the past year the APPG has supported a series of parliamentary discussions on cross cutting topics including disability inclusion in NTD programmes, ahead of the UK Disability Summit in July 2018. The APPG has also supported in collaboration with the UK Coalition against NTDs, discussions with German parliamentarians in Berlin and London to explore shared lessons from the role of parliamentary forums in influencing policy and investments on global health, development and NTDs.
Recent UK funded successes

- Elimination of onchocerciasis (river blindness): In Uganda, 14 (out of 17) areas are now free from river blindness (August 2018) (Uganda National Onchocerciasis Elimination Programme, funded partly through UK Aid match).

Other highlights

- In 2018, Ghana became the first sub-Saharan Africa country to eliminate trachoma as a public health problem (partners included the Ministry of Health and Ghana Health Service, communities, pharmaceutical companies, WHO, funders and more than 20 NGOs. Coordinated donor engagement with the USAID END in Africa project demonstrates the effective mobilisation of resources to avoid duplication of efforts in the global NTD programme.
- In 2018 Yemen conducted its first mass drug administration for trachoma in conflict affected villages. Yemen also conducted a successful integrated MDA for onchocerciasis, soil transmitted helminths, and schistosomiasis with 82% treatment coverage.
- In April 2018, the UK Aid funded Pakistan Trachoma Elimination Project was officially launched by the Ministry of Health. A consortium of international NGOs supporting Government led implementation of the WHO SAFE strategy to treat and prevent further transmission of the disease to an estimated four million people living in trachoma endemic areas across four provinces of Pakistan, and to prevent the further loss of sight to more than 26,000 people living with trichiasis, the advanced stage of the disease.
- In 2018, Commonwealth countries in the Pacific benefitted from UK funding (Commonwealth Fund and The Queen Elizabeth Diamond Jubilee Trust) to support progress towards the elimination of trachoma as a public health problem. In the Solomon Islands and Vanuatu surveys have generated the evidence needed to determine whether these countries can be classified as ‘non-endemic’ and in Papua New Guinea in October the Ministry of Health and in-country stakeholders planned program implementation needs to address the atypical presentation of trachoma in the Pacific region.

A young girl waits to have her eyes examined for trachoma by Dr. Anaseini Cama, a Tropical Data Master Grader from Fiji, during a training of trainers for the Pacific region that took place in Guadalcanal, Solomon Islands in April 2018. The Tropical Data service provided by RTI International, Sightsavers, and the International Trachoma Initiative, supports endemic countries to standardize data collection and analysis for decision-making on where to start and stop treatments for trachoma.
Schistosomiasis is a type of parasitic worm infection that is carried by freshwater snails and is estimated to affect over 200 million people worldwide. It’s transmitted through contact with contaminated water during daily activities like bathing and fishing. Schistosomiasis can result in impaired child development, reduced productivity and internal organ damage.

Kenise Klah Keino is a head teacher in Botinde district in Côte d’Ivoire where, with funding from the UK government, the Schistosomiasis Control Initiative (SCI) has helped to deliver treatments against schistosomiasis since 2014. Kenise explains that due to the country’s tropical climate and water sources not being maintained, diseases like schistosomiasis are commonplace.

But treatment is safe and cost-effective. Kenise attends training sessions led by the SCI and passes this knowledge onto his fellow teachers so that they can facilitate mass drug administrations in his school. He explains that before the treatment programme reached them, he regularly saw absenteeism due to the anaemia and tiredness caused by schistosomiasis. However, since the start of the programme there have been no reported cases of the disease amongst his pupils.

Thanks to the programme now in place, Kenise can effectively prepare his teachers to administer treatments to their pupils, ensuring they never miss a day of school because of this debilitating disease. He says:

“My mission is to see schistosomiasis eliminated from Côte d’Ivoire. Because if it’s not, the disease will remain a threat to children who are the future of the country.

To the people who help us treat our children for schistosomiasis in our country, I really thank them with all my heart. Because of them, our children in the most remote parts of Côte d’Ivoire are healthy. May they continue to support us, as the fight is not yet over.

I think one day, we can say that schistosomiasis will be eliminated, thanks to their continued support combined with our efforts in the field.”

Thanks to funding by the UK government, SCI has achieved national coverage in Côte d’Ivoire and is targeting all school-age children at risk of infection. Just £1 can help to deliver up to 3 people, and with continued support, we can continue to work towards elimination.
Nigeria carries an estimated 25 per cent of Africa’s burden of NTDs, making it one of the world’s most endemic countries. To tackle this, the UK Aid funded UNITED programme\(^1\) delivered around 116 million preventative treatments in Nigeria between 2013 and 2017.

The programme has now been extended to March 2019 and continues to make remarkable progress, having delivered a further 17.3 million treatments (September 2018) by a network of 57,817 volunteers.

UNITED also aims to strengthen the healthcare system to manage NTDs sustainably in the long term. It seeks to streamline drug supply chains to ensure that at-risk communities get the support they need at the right time.

How does the UNITED programme work?

The programme works in five states of northern Nigeria: Kaduna, Kano, Katsina, Niger and Zamfara. Preventative treatments for up to seven NTDs\(^2\) are distributed by trained local volunteers, known as community drug distributors, CDDs. Many volunteers have first-hand experience of how these diseases have affected the lives of family members or neighbours.

CDDs are selected by their communities to take on the responsibility of distributing treatments. In particular, female volunteers are trained as they are often allowed into households and communities when men cannot.

### Case Study: the UNITED programme

**Hadiza’s story**

Hadiza lives in Zamfara state. After her husband died she had to work twice as hard to provide for her four children. For several years, Hadiza suffered from painful and blinding trachoma, which stopped her being able to work her two jobs – as a midwife and a labourer in local fields.

Hadiza was reached through one of UNITED’s large-scale distribution of antibiotics to prevent and treat trachoma.

She said: “I took the medication and I felt good. My eyesight has improved and I feel life is sweet now, I feel more relaxed and happier.”

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1. UNITED is a UK aid funded programme led by Sightsavers. It involves a consortium of partners including the Federal and State Ministries of Health in Nigeria, non-governmental development organisations (Sightsavers, CBM/HANDS, HKI and MITOSATH); and academic institutions (Schistosomiasis Control Initiative (SCI) of Imperial College, and The Filariasis Support Programme of the Liverpool School of Tropical Medicine (LSTM). It also involves private-sector providers (Health Partners International, Crown Agents and Accenture Development Partners). A Technical Advisory Group, consisting of consortium representatives, leading Nigerian academic institutions and the National NTD Coordinator provides technical oversight and quality assurance.

2. Trachoma, schistosomiasis, lymphatic filariasis, river blindness and three different types of intestinal worms (hookworm, whipworm and roundworm).
### A summary of UK commitment to NTDs (2011 – )

<table>
<thead>
<tr>
<th>Announcement</th>
<th>Commitment</th>
<th>Composition/focus</th>
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<tbody>
<tr>
<td><strong>April 2018</strong></td>
<td>£20 million through the 2018 – 2020 Commonwealth Fund to support elimination of blinding trachoma in 10 Commonwealth countries through the implementation of the SAFE strategy (surgery, antibiotics, face washing, environmental improvements)</td>
<td>Focus countries include Kenya, Nigeria, Tanzania, Pakistan, Nauru, Papua New Guinea, Tonga, Kiribati, Solomon Islands and Vanuatu</td>
</tr>
</tbody>
</table>
| **April 2017** | £360 million to support implementation programmes                                                                                                                                                           | £205 million in new support (2017/2018 to 2021/2022)  
£55 million (2017-2018) forming part of the 2012 UK commitment to NTDs  
£100 million from The Ross Fund                                                                                                                                                                                |
| **April 2017** | £48 million to Drugs for Neglected Diseases Initiative (DNDi) for research and development on improved drugs for NTDs                                                                                         | A range of NTDs including sleeping sickness and visceral leishmaniasis                                                                                                                                                 |
| **April 2017** | £30 million to Foundation for Innovative New Diagnostics (FIND) to support R&D for diagnostics                                                                                                               | Chagas disease; sleeping sickness                                                                                                                                                                                      |
| **April 2017** | £10 million to the Coalition for Operational Research on Neglected Tropical Diseases                                                                                                                        | Evidence generation to support effective delivery of NTD programmes.                                                                                                                                                 |
| **January 2012** | £195 million to support integrated country approaches for NTD programmes.                                                                                                                                  | Includes £20 million committed in October 2011.  
Guinea worm, lymphatic filariasis, river blindness, schistosomiasis, trachoma, visceral leishmaniasis.                                                                                                          |

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Staff member (lady) from Mukhti taking notes at a community outreach drop in for people affected by leprosy. Bangladesh.
Challenges to continued progress across NTDs

Despite progress, several challenges must be addressed to continue momentum and ensure impacts of NTD programmes are sustained. Ongoing NTD leadership through the development of the next WHO NTD Roadmap beyond 2020 will be crucial. Additional challenges include:

Coverage rates: While more people are being reached, scaling up access to treatment in many places remains low to achieve set goals. Understanding the barriers to scale up are key to identify solutions and mechanisms to implement.

Improved indicators and targets: As the 2020 deadline of the WHO NTD Roadmap approaches, now is a crucial time to assess progress and revise and improve NTD indicators and targets to achieve the targets and goals outlined in the 2015 – 2030 Sustainable Development Goal 3 for healthy lives and beyond.

Sustainability: As districts and countries reach elimination of one or more NTDs, planning for sustainable impact is crucial. This will include ensuring NTD investments support health systems, through trained health workers, consistent use of best practices to maintain quality of services, and ensuring NTDs are incorporated in to public services to continue to screen, test and provide access to interventions.

New diagnostics and tools: Reaching WHO Roadmap targets for a number of these diseases relies on new diagnostics and tools, some of which are still in development, underscoring the importance of prioritising research and development.

Funding: A 2015 progress report of the London Declaration highlights an annual treatment delivery funding gap of US$200-300 million between now and 2020. However significant additional resources and integrated policies are required to support the multipronged strategy across disease management, treatment, vector control, veterinary approaches and WASH in order to achieve our global goal to end NTDs. The WHO estimates that low- and middle-income countries could fully fund their share of universal coverage of NTD interventions with less than 0.1% of domestic spending on health.

It is clear that new and expanded partnerships are needed to support the goal of eliminating NTDs and the achievement of the Sustainable Development Goals. Integrated policies are also required to ensure that NTD investments work in alignment with global priorities across disability, education, gender equity, addressing global health in fragile and insecure environments. UK Aid is generating a strong body of evidence to demonstrate the effectiveness of interventions and working with donors and partners to identify remaining gaps in programmes.

Continued UK leadership is crucial in the fight against NTDs, and the UK has an important role to play in sharing lessons learned in order to bring new donors and partnerships together in tackling NTDs.
Summary of Events
hosted by the APPG on Malaria and Neglected Tropical Diseases

29th November 2017

Launch of the 2017 World Malaria Report

Supported by the UK Malaria Advocates Network

• Rt Hon Alistair Burt MP, Minister of State for International Development and Minister of State for the Middle East at the Foreign & Commonwealth Office
• Carolyn Quinn, The Westminster Hour and BBC PM on Radio 4
• Andy Ransom, Rentokil Initial
• Prof Azra Ghanı, Imperial College London
• Jo Yirrell, Malaria No More UK
• His Excellency Lazarus Amayo, High Commissioner for Kenya

Partners working together in the field of malaria came together to discuss the World Malaria Report of 2017 at this event. Key findings from the report showed that the previous success toward eliminating malaria was now fragile and uneven, bringing the decline in deaths and cases to a halt and putting tremendous progress at risk.

12th December 2017

Christmas celebration, Launch of APPMG Annual Report and Uhuru Day

Co-hosted with the APPG on Tanzania

• H.E. Dr. Asha Rose Migiro, Tanzania High Commissioner to the UK
• Jonathan Pace, Tanzanian Development Trust
• Charles Nelson, Malaria Consortium
• David Reddy, Medicines for Malaria Venture
• David Hughes, Novartis Malaria Initiative
• Professor Joanne Webster, London Centre for NTD Research
• Eleanor Fuller OBE, The Queen Elizabeth Diamond Jubilee Trust

This APPG meeting was jointly hosted with the Tanzanian APPG to mark Tanzanian Independence Day with Her Excellency, Dr. Asha Rose Migiro. It featured a range of expert guest speakers speaking on development and global health. The APPG on Malaria & NTDs also launched its annual report at this meeting, providing a summary of key global progress across malaria and NTDs and showcased the breadth of work the APPG had undertaken over the previous year.

13th December 2017

Launch of G-Finder

Co-hosted with the APPG on Global Health, APPG on HIV/AIDS and APPG on Tuberculosis

• Nick Chapman, Policy Cures Research
• Anna Doubell, Policy Cures Research
• Sue Kinn, DFID
• Ashley Birkitt, PATH’s Malaria Vaccine Initiative
• Lutz Hegemann, Novartis
• Samia Saad, Bill and Melinda Gates Foundation

This meeting launched the annual G-Finder report which signified important milestone of 10 years of monitoring and tracking global investment in global health research and development.
23rd January 2018

Launch of the Imperial College Network of Excellence in Malaria

- Professor Jake Baum, Imperial College London
- Dr Pantelis Georgiou, Imperial College London
- Dr Aubrey Cunnington, Imperial College London
- Dr Andrew Blagborough, Imperial College London
- Dr Lucy Okell, Imperial College London
- Professor Jake Baum, Imperial College London
- Delphine Thizy, Imperial College London

The Imperial College Network of Excellence in Malaria was officially launched in October 2017, bringing together over 100 researchers at Imperial working on different aspects of malaria. The aim of this network is to combine scientific insights, technological innovations and evaluations of impact across multiple areas of malaria research from epidemiology, genetics, modelling, drug development, vaccines and diagnostics. One way it is meeting its aim is by leading scientific developments and innovations in malaria through an array of partnerships spanning the European, African and Asian continents, working in collaboration with research, academia and private sector. This event showcased key examples of UK leadership in malaria and the breadth of partnerships utilised and managed by this network to progress innovations in scientific discovery and development for malaria control and elimination efforts.

6th February 2018

Translating Research into Policy: A series of presentations by the London Centre for Neglected Tropical Diseases Research to mark the 6th Anniversary of the 2012 London Declaration on NTDs

- Professor Roy Anderson, Imperial College London
- Dr. Jennifer Palmer, London School of Hygiene & Tropical Medicine
- Mark Bradley, GSK
- Hugo Turner, Imperial College London
- Dr. Tim Littlewood, Natural History Museum
- Professor Joanne Webster, Imperial College London
- Dr. Katherine Halliday, London School of Hygiene & Tropical Medicine

This event marked the 6th anniversary of the London Declaration on NTDs – a unique collaboration between the public, private and philanthropic sectors to deliver one of the world’s largest public health initiatives. Speakers showcased how UK led research is being translated into policy to advance progress against NTDs.

6th February 2018

University of Oxford Presentation Series on Global Health by International and Commonwealth Students

- Lord Alexander Trees, APPG on Malaria & Neglected Tropical Diseases
- Baroness Jenny Tonge, APPG on Population, Development & Reproductive Health
- Baroness Shas Sheehan, APPG on Global Tuberculosis
- Mark Bradley, GSK
- Hugo Turner, Imperial College London
- Dr. Tim Littlewood, Natural History Museum
- Professor Joanne Webster, Imperial College London
- Dr. Katherine Halliday, London School of Hygiene & Tropical Medicine

International students from the MSc International Health & Tropical Medicine programme at the University of Oxford presented on 4 topics which touched on global themes of tackling resistance, research and development in new tools and the impact of cutting aid to middle income countries which face disproportionate gaps between the very poorest and richest of populations within country. This APPMG event served as a platform to encourage public health and research professionals to understand the role of decision makers in global health policy dialogue.
27th February 2018

How to incentivise the development of antibiotics: lessons from malaria drug research partnerships

Co-hosted with the APPG on Antibiotics
- Dr. David Reddy, Malaria Venture
- Nick Brown, DRIVE-AB
- Colin Sutherland, London School of Hygiene & Tropical Medicine

Chaired by Julian Sturdy MP, Chair of the APPG on Antibiotics, this meeting shared lessons from the MMV model of drug development and its impact on malaria R&D. There was also a cross-party call to look at what can be done politically to ensure recommendations of high profile initiatives such as the AMR Review, DRIVE-AB project and Longitude Prize can be used to advance antibiotic development, antibiotic treatments and make the difference they were intended to make.

13th March 2018

The Commonwealth Partnership to End Trachoma

Supported by the International Coalition for Trachoma Control
- Hon. Dorcas Makgato, Minister of Health, Botswana
- Eleanor Fuller OBE, The Queen Elizabeth Diamond Jubilee Trust
- Virginia Sarah, Fred Hollows Foundation
- Dr. Paul Emerson, International Trachoma Initiative

Chaired by Baroness Helene Hayman, APPMG Vice Chair, this event hosted Hon. Dorcas Makgato, Minister of Health of Botswana and several partners of the global trachoma programme. The Queen Elizabeth Diamond Jubilee Trust’s 5 year Trachoma Initiative is playing a key role in supporting 12 Commonwealth nations to eliminate trachoma by 2020. Commonwealth partnership has been key to its success, supported by implementing members of the International Coalition for Trachoma Control and the drug donation program managed by the International Trachoma Initiative.

24th April 2018

World Malaria Day – Malaria and the Commonwealth – Harnessing the opportunities

Supported by the UK Malaria Advocates
- James Whiting, Malaria No More UK
- James Tibenderana, Malaria Consortium
- Elvis Eze, Youth Speaker

World Malaria Day 2018 took place just one week after the Commonwealth Heads of Government Meeting in London presented the APPMG – a unique opportunity to engage parliamentarians on how integral the Commonwealth is in the fight against malaria, and to feedback on outcomes from the Malaria Summit ran concurrently to CHOGM. This meeting focused on how the Commonwealth is disproportionately affected by malaria, and how acting on this would increase progress toward the Sustainable Development Goals. It finished with a discussion on the multitude of opportunities for collaboration and effective work within the Commonwealth.

L-R: Hon. Dorcas Makgato, Baroness Helene Hayman APPMG Vice Chair, Prof. Alan Fenwick, Dr. Adrian Hopkins.
19th June 2018

**RTS,S vaccine, Launch of Malaria R&D Funding Study**

Supported by the UK Malaria Advocates
- Jeremy Lefroy MP, APPG on Malaria & NTDs
- Dr David Schellenberg, WHO Global Malaria Programme
- Jo Mulligan, Department for International Development
- Mathias Mondy, Innovative Vector Control Consortium
- Sally Ethelston, Resource Mobilization and Outreach, Malaria Vaccines, PATH’s Centre for Vaccine Innovation and Access (CVIA)

Dr David Schellenberg briefly outlined the Malaria Vaccine Implementation Programme which was soon to be rolled out in Ghana, Kenya and Malawi and is funded by GAVI, Unitaid and the Global Fund through to the end of 2020. Dr. Schellenberg then presented the findings of the report *Bridging the Gaps in malaria R&D*. The report aimed to understand “the volume and uses of funds across malaria research and development – from basic research through implementation – [as] one way to identify potential gaps in the field.” Presentations were also made on an NginIRS case study and a malaria diagnostics case study. The meeting finished with a Q&A session moderated by Jeremy Lefroy. Links to the reports can be found in the *Resources* section on page 50.

21st June 2018

**Upholding the Right to Health: The intersection between Neglected Tropical Diseases and Disability**

Co-hosted with the APPG on British-German Group; supported by the UK Coalition against NTDs.

- Johan Willem, CBM
- Dr Louise Kelly-Hope, Liverpool School of Tropical Medicine
- Shabina Sadiq, The Leprosy Mission England and Wales
- Leah Wohlgemuth, Sightsavers
- Professor Hannah Kuper, International Centre for Evidence in Disability, London School of Hygiene & Tropical Medicine

Jeremy Lefroy MP, APPMG Chair and Paul Farrelly MP, Chair of the APPG British-German Group co-Chair a meeting with Dr. Georg Kippels, German Parliament, on disability and NTDs.

According to the WHO, NTDs affect over a billion people and many cases result in severe or life-long disability, without access to treatment. Furthermore, around one billion people worldwide live with disability and often experience multiple barriers in accessing healthcare. With an obvious direct link between NTDs and disability, people with disabilities need to be included in the global NTD response – elimination and disease management by 2020. In light of this information, the meeting explored how policies and disability inclusive practices can strengthen local systems in the provision of inclusive and sustainable services, as well as empower people with disabilities to make informed decisions and prioritise their health.
Annual General Meeting

The Annual General Meeting took place in order to elect officers of the APPMG and to approve accounts from the previous year.

16th October 2018

Leaving No-one Behind: Inclusion, Integration, Sustainability, Health Systems, NTD and Malaria Programmes

Supported by the Liverpool School of Tropical Medicine (LSTM)

- Karsor Kollie, COUNTDOWN
- Dr Louise Kelly-Hope, LSTM
- Okefu Oyale Okoko, Nigeria Federal Ministry of Health
- Dr Luret Lar, COUNTDOWN

Discussions concluded on the need for cross-sectoral and cross-disease collaboration to support decision makers to prioritise and engage with affected communities, the bedrock to achieving universal health coverage. The meeting included a call to action to donors to allow flexibility on how funds support vulnerable communities to access health interventions across malaria and NTDs jointly.

13th November 2018

Update on the Pilot Project of the new generation of mosquito net

Supported by the Global Fund to fight AIDS, TB and Malaria

- Professor Charlotte Watts, The UK Department for International Development
- Kate Kolaczinski, The Global Fund to Fight AIDS, Tuberculosis and Malaria
- Ana Alvarez Nieto, UNITAID
- Tom McLean, Innovative Vector Control Consortium
- Egon Weinmuller, BASF

Professor Sally Theobald, Chair in Social Science and International Health at LSTM chaired a panel discussion on key findings shared at the Health Systems Research Conference that took place in Liverpool. The presentations that followed covered a variety of topics including: challenges and opportunities of integrating NTD case management, disabilities linked to lymphatic filariasis (LF), evidence from COUNTDOWN, a 5 year DFID funded project, on NTD implementation research and the relationship between the malaria and NTD programmes in Nigeria.

Gains in malaria control have recently stalled and are not on track to meet the 2030 SDG targets for malaria. Considering this, the meeting focused on the need to treat nets with new insecticides to help reinvigorate global progress against malaria. This meeting also introduced the partnership between the Global Fund, UNITAID, the U.S. President’s Malaria
Initiative, the Bill and Melinda Gates Foundation, net manufacturers and National Malaria Control Programmes in pilot countries to implement a project designed to accelerate the market entry and ensure the cost-effectiveness of new nets.

20th November 2018

Launch of the World Health Organisation World Malaria Report 2018

Supported by UK Malaria Advocates

- Chair – Baroness Helene Hayman, Vice-Chair of the APPG on Malaria and NTDs
- Moderator – Anne Gullend, The Telegraph Global Health
- Harriett Baldwin MP, Minister for Africa
- Dr Elvis Eze, Nigerian doctor currently working at Bart’s Hospital in London
- Charlie Webster – Broadcaster, malaria survivor and advocate
- Dr David Schellenberg, Scientific Advisor to the Director of the WHO Malaria Programme
- Yamina Karitanyi, Rwandan High Commissioner
- Rogerio Ribeiro, Global Health Unit, GSK

At this event the APPG celebrated the launch of the WHO World Malaria Report 2018 at Parliament. The panel discussed the current status, progress and challenges raised by the World Malaria Report 2018 and what needed to be done to address this.
During this reporting period the secretariat supported members of the group to take part in global events on behalf of the APPG, championing continued UK investment in to malaria and neglected tropical diseases.

Cross-Parliamentary Collaboration in the fight against Malaria and Neglected Tropical Diseases

This year, the APPG on Malaria and Neglected Tropical Diseases (APPMG) has made connections with similar parliamentary organisations in various countries, most significantly in Uganda and Germany but also with Tanzania and Canada.

Collaboration with German parliamentarians

On 21st February 2018, Member of the Bundestag, Dr. Georg Kippels, was supported by Uniting to Combat NTDs and the German NTD Network in hosting a parliamentarian breakfast meeting whose aim was to engage German parliamentarians on the issue of neglected tropical diseases, with a view to provide a brief situational analysis of global efforts to combat NTDs. Expert speakers from the University of Bonn, The END Fund (a philanthropic organization) and Nigeria contributed to a discussion on the future role and opportunities for German Government partnership and collaboration on NTDs. Jeremy Lefroy MP shared with the group his experience from 8 years chairing the APPMG and discussed the contribution of UK parliamentarians in building continued political will and momentum to anchor and support continued UK government commitment to NTDs, as well as explore areas of cross-collaboration between parliaments.

On 14th June 2018, the German Parliamentary advisory council on neglected tropical diseases was founded which is composed of 10 parliamentarians and chaired by Dr. Georg Kippels.

As a follow up to the February meeting, the Chair of the APPMG, Jeremy Lefroy MP, invited representatives from the newly formed German Parliamentary Advisory council on NTDs as well as the German NTD Network to attend a luncheon meeting on 21st June 2018. This meeting was in collaboration with and supported by the UK Coalition against NTDs. Representatives from Wateraid, Dr. Amir Aman, Minister of Health Ethiopia speaking at the APPMG inter-parliamentary lunch with Dr. Georg Kippels, Member of the German Bundestag
Schistosomiasis Control Initiative and Fred Hollows Foundation participated in discussions to share evidence of the impact of UK aid in NTD programmes through cross-sectoral collaborations across education, WASH, health systems strengthening and the one health approach, with country examples from Ethiopia. UK Coalition representatives also shared ideas on areas for new collaborations on NTD programmes with the German government. The guest of honor for this inter-parliamentary roundtable was Dr. Amir Aman, Ethiopia’s Minister of Health, who spoke about the health policies his country had adopted to support continued progress. Dr. Aman pointed out that Ethiopia’s case showed how progress could be achieved when national governments took charge of combating neglected tropical disease with the help of donors, of which the UK government was acknowledged as a major contributor. Dr. Aman emphasized that combating neglected tropical diseases also meant a country had to strengthen its health system accordingly. All participants reaffirmed the necessity for cross-national cooperation and agreed to plan regular exchanges and joint activities to further the battle against neglected tropical diseases.

The board of the German Parliamentary Advisory Council on NTDs will meet on 26th November 2018 for its first working session and discuss activities for 2019. The APPMG plans to continue to engage with and support the Council and keep informed of their developments.

APPMG Delegation to Uganda

Delegation: Lord Trees of the Ross; Lord McCall of Dulwich; Lady McCall of Dulwich. Accompanied by Sophie Durrans (Malaria Consortium)

At the Commonwealth Heads of Government Meeting (CHOGM) in April 2018, all 53 Commonwealth countries committed to halve malaria across the Commonwealth by 2023. His Excellency the President of the Republic of Uganda, President Museveni, stated that Uganda is committed to achieving malaria pre-elimination status by 2030. He outlined his commitment to support malaria control activities at community level by providing bicycles to local parish chiefs to supervise and ensure appropriate use of all malaria interventions. He further outlined plans to recruit and pay 15,000 Community Health Extension Workers (CHEWs) to promote early treatment for the most vulnerable groups. The President welcomed the launch of the Uganda Parliamentary Forum on Malaria (UPFM) and committed to establish a dedicated malaria fund, the Presidential Malaria Fund Uganda (PMFU), to help mobilize additional resources of US$785 million by 2020 and accelerate national progress against the disease.

UPFM is a cross-party platform of members of parliament, working to raise visibility and provide political leadership on the control and elimination of malaria in Uganda. The forum serves as advocates for political, legislative and community action for a malaria free Uganda. The UPFM aims to respond effectively to the scourge of malaria.
through advocacy and providing best examples for raising the profile of malaria at both national and international arena. UPFM uses its members to intensify the legislative, budgetary and oversight role to cultivate visibility of malaria issues at policy level. Each member of parliament has taken up the mantle of ensuring “a malaria free constituency is my responsibility”. After its inception, UPFM invited the APPMG to Uganda to share experiences of parliamentary forums.

Malaria in Uganda and UK Aid

Although significant progress has been made due to substantial investment in malaria control, malaria remains a significant public health problem in Uganda. Reported malaria cases declined nearly 45% from about 16,000,000 in 2013 to 8,820,000 in 2016, with parasite prevalence in children <5-years reduced from 42% in 2009 to 19% in 2014. The UK Department for International Development (DFID) had supported various malaria programmes in Uganda over the years and this year marked the launch of a new £45 million programme to fight malaria in Uganda over the next 5 years (2018-2022). DFID intend to end bilateral funding to Uganda after this time, but will continue to support malaria efforts through the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Day 1

On the first day, the delegation met with DFID Uganda, the Ministry of Health and the British High Commissioner to discuss malaria control efforts, including the move from DDT to Indoor Residual Spraying, the cost of prevention efforts and environmental risks.

The Ministry of Health hosted a meeting with the delegation and malaria and NTD stakeholders from the Ministry of Health, NGOs (Malaria Consortium, Sightsavers, Against Malaria Foundation), UN agencies (UNICEF, UNHCR) and donors (DFID, USAID/PMI). In the meeting, presentations and discussions focused on the malaria and NTD context in Uganda, the goals (including to be malaria free by 2030) and the progress to date, funding and interventions available and key challenges.

At both meetings, there was a discussion about DFID’s bilateral funding changes in 5 year’s time. DFID Uganda are currently developing a transition plan to support this, and lobbying the government to increase ownership and responsibility for funding malaria programmes will be a priority.

Day 2

The delegation travelled to Lamwo District to see malaria and NTD programmes on the ground. The District Chairperson welcomed the delegation and presentations were made on malaria, childhood diseases and NTDs in Lamwo. Malaria is still the biggest challenge in the district and the burden in refugee camps is high and is a major contributor to cases of malaria in the district.

The delegation also saw the impact of NTDs in the region, with a visit to the district hospital to observe a hydrocele surgery and presentations made by Sightsavers and the Schistosomiasis Control Initiative on vector control for onchoceriasis (river blindness) and testing for schistosomiasis in urine/fecal samples.

Malaria Consortium introduced the delegation to their new project called Strengthening Uganda’s Response to Malaria (SURMa). This DFID-funded project will contribute to a reduction in malaria-related morbidity and mortality in Uganda.

The evening ended in Gulu with activities as part of the Mass Action for Malaria Programme, an effective and new approach to reaching communities with messaging about malaria. This included singing, dancing and acting performances from school groups around malaria, NTDs and public health.

Day 3

Back in Kampala, the delegation met with the Deputy Speaker of Parliament of Uganda, Jacob Oulanyah, who spoke of his commitment towards eradicating malaria and his support of UPFM. Lord Trees spoke on behalf of the delegation, explaining the structure and purpose of the APPMG and his positive impression.
Lord Trees stressed that progress must continue against these deadly diseases as the burden is still high in Uganda and a healthy, population is needed to create wealth and support economic development.

Finally, on the request of President Museveni, the delegation were welcomed into the State House to discuss malaria and NTDs with the President. UPFM representative Hon. Moses Balyeku MP, explained what the delegation had seen over the past few days and President Museveni reinforced his commitment to malaria elimination in Uganda.

**Actions arising from visit**

Following on from this successful delegation trip, the APPMG will extend a reciprocal invitation to the UPFM to visit UK Parliament. The APPMG will also encourage UPFM to consider adding NTDs as part of their remit. The APPMG will investigate further and pursue discussions with DFID about the transition from bilateral funding for malaria to Global Fund contribution in Uganda and potentially other high-burden countries.
Delegation to Kenya with Malaria No More UK

Vice-chair Catherine West MP visits Kenya with Malaria No More UK

In July, Catherine visited Siaya County with Malaria No More UK, Stephen Kerr MP, Andrea Jenkyns MP and Stephen Lloyd MP, to see first-hand the impact of malaria and how local communities are fighting back.

With funding from Malaria No More UK, the PATH/MVI Macepa project in Siaya County has been training Community Health Volunteers (CHVs) to diagnose and treat malaria in their own communities, saving families from having to travel long distances to health facilities, and preventing unnecessary complications and deaths. To gain a deeper insight into the daily lives of these CHVs, Catherine accompanied Peter Ouma (pictured below) on a visit to the home of three-year-old Rollins, who was suffering with a high fever, and watched as he was tested for malaria, and given the appropriate treatment.

Catherine also met with the British High Commissioner to Kenya and the Department for International Development (DFID) in Nairobi, to discuss the importance of the CHOGM 2018 commitment to halve malaria across the Commonwealth by 2023 and ensuring that the UK makes the most of opportunities to work with Kenya and other Commonwealth countries to drive forward progress.

The trip concluded with a visit to the KEMRI-Wellcome Trust in Nairobi, where Catherine heard about the vital role of research and development (R&D) in finding new innovative ways of tackling malaria, and overcoming key threats to progress, including antimicrobial resistance (AMR).

Parliamentary Debates

2nd November 2017
Commonwealth Summit 2018, House of Lords

Baroness Hayman, Vice-chair of the APPMG discussed the importance of tackling malaria in the Commonwealth and the The Minister of State, Foreign and Commonwealth Office (Lord Ahmad of Wimbledon) (Con) responded to this point about the contribution of the UK through the Global Fund to Fight AIDS, Tuberculosis and Malaria.

https://hansard.parliament.uk/Lords/2017-11-02/debates/2F1FA6D-0C6B-4870-8158-F544267C5982/CommonwealthSummit2018?highlight=malaria#contribution-CCC320CC-5A76-4974-97B8-AFC6383FF39
11th July 2018
Annual Report on NTDs, House of Lords

The debate covered a wide range of topics around combating neglected tropical diseases. A total of 8 peers spoke in the debate.

Lord Trees began the discussion, stating that the aim for this debate was to look at the progress that has been made toward combating NTDs after the recent publication of the Fifth Progress Report on the 2012 London Declaration.

Lord Trees went on to stress the fact that NTDs are not merely a result of poverty, but also a cause of poverty that can be tackled with mass drug administration, shrinking the existing funding gap and monitoring the achievement of Sustainable Development Goals.

Baroness Hayman stressed that NTDs are diseases of neglected people that face conflict and destabilisation in the poorest communities around the world, and that wealthy countries are not exempt from these issues as the poor within them suffer from NTDs as well. She took note that persistence and perseverance are the keys to successfully tackling NTDs and urged the Minister to advance this issue up the government’s agenda.

Baroness Stroud, Lord Stone of Blackheath, Baroness Warwick of Undercliffe, Baroness Sheehan and Lord Collins of Highbury also contributed to the debate.

The Minister of State for DFID, Lord Bates ended the debate with the promise that DFID will continue efforts to combat NTDs, increase domestic resources committed to this global effort and focus more on SDGs.

The full debate can be found here: https://hansard.parliament.uk/Lords/2018-07-11/debates/98A0F942-15E5-4F17-8A18-109226478EBD/NeglectedTropicalDiseases

18th April 2018
CHOGM: Sustainable Development Goals, House of Commons

Sarah Jones MP asked the Secretary of State for International Development – What steps the Government are taking to ensure that the Commonwealth Heads of Government meeting promotes the sustainable development goals? Bob Blackman MP and Pauline Latham MP then contributed further questions about the importance of continued UK commitment fighting malaria (among other diseases) as these diseases are barriers to achieving the Sustainable Development Goals. Comments were also made to celebrate the Malaria Summit and the contribution of the Bill and Melinda Gates Foundation as an important partner in the fight against malaria. The Secretary of State for International Development responded to these questions and comments by reaffirming the UK’s commitment to fighting these diseases and the fact that the British public should be proud of the impact that UK aid has had on these diseases.

Stephen Hammond MP also asked the Secretary of State how the UK government plans to use their influence on other Commonwealth countries to ensure that the fight continues as the UN announced that progress on malaria was at risk. Alistair Burt assured Mr. Hammond that the UK is proud to be a global leader in the fight against malaria and thanked Bill Gates, Jr. and his foundation for celebrating the UK contribution to the fight at the Malaria Summit.

Full debate can be found here: https://hansard.parliament.uk/Commons/2018-04-18/debates/94483D6D-BD4F-4587-9D51-7EB173E8E5B1/CHOGMSustainableDevelopmentGoals

A trainer examines a child for signs of trachoma during a Tropical Data Training-of-Trainers in Tanzania.
The support of the All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases (APPMG) has helped governments of countries endemic for neglected tropical diseases (NTDs) to prioritize work to accelerate the elimination of these diseases.

Since its creation in 2005, the APPMG has continued to advocate for action against NTDs by engaging parliamentarians and others, enabling the Government of the United Kingdom to provide support, mainly through its Department for International Development (DFID).

As one of the largest bilateral donors contributing towards the implementation of NTD programmes, the UK government has used funding to motivate governments, NGOs, academia and the public and private sectors to act.

I am thankful for their sustained support which adds to our common vision of achieving the bold and ambitious targets in eliminating many neglected diseases by 2030. Already, in addressing their burden, the global community is providing an important marker of progress towards universal access to health coverage.

The APPMG engages powerful voices and in so doing, it sustains efforts by the wider global community and the informal NTD partnership, mobilizing donors, pharmaceutical companies, multilateral organizations and a wide range of stakeholders to provide support and technical assistance to NTD programmes.

Now more than ever, research and innovation are needed to foster opportunities for integrated approaches, and to develop and adapt rapid diagnostic tools as progress is made.

As WHO gears up to publish its new NTD Roadmap to guide us beyond 2020, we need APPMG’s continued support to bring together experts to debate ideas that can contribute to a re-evaluation of our model of interventions and make them adaptable in the face of epidemiological and demographic changes.

With hundreds of millions of people still unable to access treatment, we must expand the reach of our programmes to include all those in need, tackle new challenges arising from climate change and identify how to deliver interventions in complex settings affected by conflicts, migration and displaced populations.

My colleagues and I look forward to the opportunity to participate in stimulating APPMG discussions on emerging issues, particularly those associated with the threat of vector-borne diseases, the lack of access to safe water, sanitation and hygiene, and the need to promote an all-inclusive One Health approach to address the challenges facing interactions of humans, animals and the environment.
Commonwealth Heads of Government Meeting 2018 (CHOGM 2018) and the Malaria Summit London

By Malaria No More UK

The Malaria Summit London 2018, co-hosted by the Governments of the UK, Rwanda and eSwatini, inspired new and renewed leadership and energy in the fight to end malaria. On the 18th April, leaders from 19 Commonwealth Countries, including 12 Heads of Government, 2 Vice Presidents and 5 Senior Ministers, Bill Gates, Jr., Dr Tedros Adhanom Ghebreyesus, Chimamanda Ngozi Adichie and business and science leaders, gathered together on the eve of CHOGM 2018 in London, ‘Ready to Beat Malaria’.

The Summit featured significant political leadership and resourcing commitments from governments, philanthropists, private sector companies and international organisations, worth over £2.9 billion, to catalyse progress towards beating malaria.

In summary these included:

- High-Level commitments by Heads of State and Government to national and regional malaria elimination targets.
- Significantly increased investment commitments from malaria endemic countries to leverage and complement donor funding.
- Research and development investment from governments and private sector to create and implement new innovative tools to overcome the growing threat of drug and insecticide resistance.
- Commitments to expand and improve methods to track the disease, helping enable more effective and efficient interventions and prevent resurgence.

The UK announced £160 million in new financing commitments as part of its overall commitment to invest £500 million per year to fight malaria until 2020/21. These commitments included a new £100 million ‘Match Fund for Malaria’, managed by The Global Fund and unlocked through pound-for-pound match funding from the private sector, £50 million in support of efforts to fight malaria in Nigeria, and £9.2 million in research and development to accelerate the creation of two new safe and effective triple artemisinin combination treatments for malaria.

Leaders at the Summit also called for a new Commonwealth commitment to halve malaria across the Commonwealth by 2023. The 53 Commonwealth Heads of State and Government took up this call when they met the following day, adopting a new commitment to malaria as articulated in the CHOGM2018 communiqué:

“Heads welcomed global, regional and national efforts to combat malaria and other mosquito borne diseases, and committed to halve malaria across the Commonwealth by 2023. They also urged acceleration of efforts to reduce malaria globally by 90 percent by 2030. Heads agreed that progress on these commitments should be considered every two years at the Commonwealth Health Ministers’ Meeting and progress should be reported at CHOGM.”

Achieving this commitment will prevent 350 million cases of the disease in the next five years and save 650,000 lives across the Commonwealth.

As Commonwealth Chair-in-Office until 2020, the UK Government has a critical role to play in working with Commonwealth leaders to ensure maximum progress against the Commonwealth malaria commitment. Achieving this commitment will be an enduring legacy for the UK’s tenure.

Full highlights, including videos, speeches and the commitments in detail are available at: www.malariasummit.com
Landmark moment as Commonwealth Governments commit to bringing vision to everyone, everywhere

By the International Coalition for Trachoma Control

Blindness and poor eyesight are a growing problem which affects millions of people across every Commonwealth country. At their Heads of Government meeting in the United Kingdom (CHOGM) in April 2018, Commonwealth leaders agreed for the first time to take action to ensure all citizens have access to quality eye care including a commitment to eliminating blinding trachoma by 2020.

Trachoma is the world’s leading infectious cause of blindness and a major cause of disability, exclusion and poverty. If left untreated, trachoma can cause eyelids to turn inward, or eyelashes to grow towards the eye scratching the cornea, causing immense pain and leading to irreversible blindness. 42 million people across 21 Commonwealth countries are at risk of trachoma, and Commonwealth countries account for over 25% of the global burden. This landmark moment provides a powerful opportunity to leverage the critical successes already underway in the vision space, and the significant progress being made towards the elimination of trachoma by 2020.

‘Vision for the Commonwealth’ an advocacy initiative launched by a group of six leading eye health organisations, charities and campaign groups – The Queen Elizabeth Diamond Jubilee Trust, Sightsavers, The Fred Hollows Foundation, Peek Vision, Clearly and the International Coalition for the Trachoma Control – joined efforts to end avoidable blindness and poor vision across the Commonwealth, uniting Governments, advocates, service providers and supporters to take action at the Commonwealth Heads of Government meeting.

Commonwealth leaders have played a vital role in championing and mobilising national, regional and global progress on trachoma. In 2018 Ghana became the first Commonwealth country to eliminate trachoma as a public health problem and several further Commonwealth countries are are on track to reach elimination to reach elimination thresholds by 2020.

New funding

During CHOGM 2018, the UK announced funding of £20 million from its newly created Commonwealth Fund to support trachoma elimination efforts from 2018 – 2020. This funding will support Commonwealth countries across Africa, Asia and the Pacific implementing the World Health Organization-endorsed SAFE Strategy (surgery, antibiotics, face-washing, environmental improvements), which is used to treat trachoma and reduce transmission. These countries include Kenya, Nigeria, Tanzania, Pakistan, Nauru, Papua New Guinea, Tonga, Kiribati, Solomon Islands and Vanuatu. Scale up of the SAFE strategy has resulted in the global number of people at risk of trachoma reducing from 325 million in 2011 to 157.7 million in 2018.

The Commonwealth Fund announcement continues the UK’s leadership to eliminate trachoma and other neglected tropical diseases (NTDs) and also helps to fulfill its commitment in the 2012 London Declaration on NTDs – to control or eliminate 10 NTDs, including trachoma, by 2020. UK leadership and coordinated donor engagement has supported the collaboration of a wide range of public, private, philanthropic and civil society stakeholders committed to eliminating this debilitating disease. This new investment, from

Her Royal Highness The Countess of Wessex, Vice-Patron of The Queen Elizabeth Diamond Jubilee Trust, visits the Kasungu district in Malawi, to see the Trust’s work towards eliminating blinding trachoma.
the Commonwealth 2018-2020 Fund, will help make huge strides towards eliminating this ancient scourge from the Commonwealth and will also encourage new donors to step forward. The fund will support work that ensures the most remote and marginalised communities are reached with no one left behind – helping to achieve the Sustainable Development Goals.

IVCC and the Launch of the ‘Zero by 40’ Campaign

Contribution by Sir Stephen O’Brien KBE
With the support of the UK government (DFID), and other global funders (notably from the outset the Bill & Melinda Gates Foundation), the focus of the Liverpool based Innovative Vector Control Consortium (IVCC) – a registered UK charity – remains the development and delivery of vector control tools to combat malaria and other neglected tropical diseases (NTDs). To do this IVCC works with industry to identify and develop effective public health insecticides for use on range of interventions such as bed nets to combat the growing threat of insecticide resistance.

During the past year IVCC has supported the introduction of two new insecticides; one for use on a bed net and the other for use as an indoor residual spray (IRS). Together they represent a major breakthrough in the battle to manage insecticide resistance.

Malaria eradication will rely on a toolbox of solutions in which vector control continues to play a leading role. However, innovation cannot just be about new product development; rather, it is the responsibility of the entire stakeholder community to accelerate pathways to approval and implementation, identify key enabling technologies, as well as innovative new funding, partnership and delivery models. IVCC has led the way in this area by initiating ‘ZERO by 40’, a multi-stakeholder partnership which will support product innovation through collaboration.

ZERO by 40 originated at the World Economic Forum in Davos in January at a meeting of the CEOs of the major research-based agrochemical companies hosted by Bill Gates, Jr. and IVCC. A few months later at the Commonwealth Heads of Government Meeting in London these same companies made a public commitment on a world stage to work collaboratively to play their part in advancing vector control innovation, with the goal of eradicating malaria by the year 2040.

The UK Parliamentary interest is strongly represented at IVCC with Jeremy Lefroy MP on the Board of Trustees. The Rt. Hon. Sir Stephen O’Brien KBE, former MP, DFID Minister and Under-Secretary-General for the UN’s global Humanitarian and Emergency Relief operations has been a Director Trustee of IVCC since its inauguration in 2005 and assumes the Chair of the Board at the end 2018.
The Lancet Commission on Malaria Eradication

Contribution by Sir Richard Feachem, Commissioner and Director of the Global Health Group at University of California San Francisco

Purpose and content of the Commission
Since the year 2000, the fight against malaria has made exceptional progress. Strong political commitment, robust funding, and effective tools and strategies have led to tremendous strides forward, and we are now poised to embark on a journey towards global eradication of the disease. Malaria eradication, entailing the permanent reduction of all human malaria species to zero worldwide, will be a tremendous undertaking that will require concerted efforts across multiple sectors globally.

The Lancet Commission on Malaria Eradication is an international advisory group of 26 leading experts who are developing the evidence base to inform strategies to eradicate malaria at national, regional, and global levels. The Commission is a joint endeavor between The Lancet and the Global Health Group at the University of California San Francisco (UCSF) and is designed to complement the World Health Organization’s Strategic Advisory Group on Malaria Eradication. The aim of the Commission is to provide the critical research needed to influence the policies and decisions that affect malaria funding, and build consensus and commitment around the goal of eradication.

The Commission’s report will be published in mid-2019, and will address the following questions:

- Why should we eradicate malaria in the face of many competing global health priorities?
- How will malaria trends be impacted by urbanization, climate change, and population growth in the coming decades?
- What are the costs and benefits of eradicating malaria, and what financing opportunities will be available?
- What are the biggest challenges that lie ahead for successful malaria eradication, how can we address these challenges with a more effective use of today’s tools, and what new tools and technologies will be required?

The Commission’s work will emphasize the dual imperative to shrink the malaria map while intensely reducing the burden of disease in high transmission areas. The Commission will pay special attention to the endgame: the last battle that will likely play out in high transmission countries in equatorial Africa. The Commission will also examine the role of international and domestic financing in achieving eradication, as well as the role of cross-sectoral commitment. The Commission’s seminal publication — the first of its kind — will enable decision-makers to identify the scientific, operational and financial requirements to create a malaria-free world.
Fifty years in the fight against NTDs

Contribution by Professor David Molyneux

I am honoured to have the opportunity to reflect on a lifetime working on the parasites and insects which cause so much significant global misery and also to reflect on progress over several decades in alleviating the many problems caused by neglected tropical diseases (NTDs). The UK through DFID, MRC and Wellcome Trust and more recently the NGDO community have always demonstrated leadership in this area together with the rich resource of UK academic institutions.

My own journey started in Cambridge in the Molteno Parasitology Laboratory working on trypanosomes in 1965 before moving on to start as a raw lecturer at the Liverpool School of Tropical Medicine in 1968. In the early 1970s, I worked in Nigeria and Burkina Faso on Sleeping Sickness, and then began lab work on Leishmaniasis and sandflies, which introduced me to another NTD. I then moved to Salford University to a more academic role but still working on vectors and parasites before joining LSTM again as Director in 1991.

During this time NTDs were essentially looked upon as separate devastating diseases but significant successes in their control were demonstrated by the impact of the onchocerciasis programme in West Africa, the Chagas Disease control programmes in the Americas, Filariasis control in China and the start of the Guinea worm Eradication Programme. The concept of NTDs had not emerged beyond Ken Warren and the Rockefeller Foundation’s Great Neglected Diseases of Mankind initiative which included malaria.

Perhaps, the landmark event was the decision by Merck & Co. Inc. to donate ivermectin (Mectizan) for onchocerciasis control for as long as needed in 1988. This, for the first time, provided as means of providing some control of eye and skin disease preventing progression to irreversible blindness.

Since the donation of Mectizan some ten major pharmaceutical companies have committed to drug donations for NTDs which has enabled programmes to deliver these products to the poorest. However, in 2005 following the WHO/GTZ meeting in Berlin the concept of pulling together a group of these diseases of the poor was borne with the establishment of an NTD Department in WHO and a series of advocacy papers which promoted the idea of “integration” of delivery of drugs. The momentum continued with commitment from the George W Bush White House in 2005/6 with funds from USAID being made available through the advocacy of the Global NTD Network. This was followed by the generous funds from DFID and the engagement of the Bill & Melinda Gates Foundation whilst international NGDOs expanded their interest beyond their initial mandates into wider disability issues.

We now have targets for elimination, control and eradication, research is blossoming, the wider dimensions of the impact on the lives of the poorest better recognized as now NTDs are included specifically in the Health targets of the UN Sustainable Development Goals. Approaching 7 billion treatments have been given to date and around 1 billion treatments are given annually, Guinea Worm cases are down to a handful from over 1 million in 1988, several countries have been declared free of transmission of filariasis, blindness due to onchocerciasis is a disease of the past in West Africa and sleeping sickness has declined to the lowest incidence since active programmes stopped in the 1960’s. NTDs are regarded as exceptional investments to alleviate suffering of the poorest, success can be measured and gains quantified. It has been a privilege to be part of a movement which has over my 50 academic years translated an idea into policy and implementation when elimination targets have been established based on existing interventions, drug donations, endemic country commitment and NGDO involvement, WHO leadership and a recognition that huge health gains have been made at limited cost.
Recognition of tropical snakebite as an NTD deserving of international support and action

Contribution by Professor Robert Harrison, Centre for Snakebite Research & Interventions, Liverpool School of Tropical Medicine

It’s taken over two decades for the international community and tropical country governments to recognise the scale of the burden posed by snakebite and engage effectively in identifying and implementing transformative remedial systems.

With the support of the Kofi Annan Foundation, Médecins Sans Frontières, The Global Snakebite Initiative, Health Action International, some governments and several academics, the World Health Organization listed tropical snakebite as a priority Neglected Tropical Disease in 2017. This was ratified by the Global Health Assembly in May 2018 “The resolution provides WHO with a clear mandate to work with affected countries, partners, stakeholders and industry” said Dr Ren Minghui, WHO Assistant Director-General for Communicable Diseases. “We need to work with everyone to coordinate multifocal measures that can save lives and in most cases life-long disabilities resulting from envenoming”.

Also this year, the World Health Organization instituted a sub-Saharan Africa-antivenom prequalification program designed to identify effective and ineffective brands of antivenoms marketed in Africa, as part of its strategy to halve the global mortality and morbidity caused by tropical snakebite by 2030, including by subsidised provision of effective antivenoms to regions in greatest need.

These actions by the World Health Organization have in just 1-2 years galvanised political opinion and transformed perceptions of snakebite in key health decision-makers in governmental, international and philanthropic donor agencies. It is imperative that this momentum for addressing the global burden of tropical snakebite is not lost. Donor agencies need to provide the World Health Organisation with the investment it needs to implement its strategic plan. Investment is urgently needed to support clinical trials in tropical regions, particularly in sSA, of existing and new antivenoms to ensure that inappropriate antivenoms are removed from distribution. Funding of survey work is needed to accurately identify where snakebite incidence, mortality and morbidity is greatest and thereby identify priority antivenom delivery routes. Funding to support capacity strengthening of local health infrastructures is vital to ensure victims can rapidly access effective healthcare. The scientific research community requires funding to develop new drugs and diagnostic tools that are polyspecifically effective, and that are safe and affordable to tropical snakebite victims.

In recent years, British Government funding agencies (Medical Research Council, National Institute of Health Research and Department for International Development) have invested in specific projects related to therapeutic and capacity strengthening research to reduce the mortality and morbidity of tropical snakebite victims. The outputs from this funding include, for example, the establishment of the African Snakebite Research Group that is providing substantial capacity strengthening to new centres of snakebite expertise (Snakebite Research & Intervention Centres) in Nigeria and Kenya – enabling them to implement outputs of their new clinical, socioeconomic, therapeutic and health systems research to achieve these aspirations.

While this funding output is laudable and important, a more comprehensive and cross-agency British Government policy on this disease of poverty would increase the range of transformative outputs, accelerate their translation into new disease-ameliorating products and expand the number of countries receiving these important benefits.

The APPG has convened a January 2019 meeting of key stakeholders to discuss a strategy to achieve this objective.
Global TB Caucus

Global Health Highlight

Contribution from the APPG on Tuberculosis

The APPG on Malaria and Neglected Tropical Diseases (APPMG) celebrates the contributions of the APPG on TB to the Global TB Caucus, which is a group that demonstrates the value of inter-parliamentary action on global health issues. The Rt Hon Nick Herbert CBE MP serves as the co-chair on both groups and has been leading the Global TB Caucus since its inception alongside the South African Minister of Health, Dr Aaron Motsoaledi. The APPMG particularly would like to highlight the contribution of the Global TB Caucus to the successful planning and outcome of the High-Level Meeting on TB at the UN General Assembly, which is a significant global health achievement this year.

About the Global TB Caucus

The Global TB Caucus is the world’s largest independent parliamentary network, comprising more than 2,300 members of parliament from over 130 countries. Its members commit to working collectively and individually to tackle the global TB epidemic, which claims more lives every year than any other infectious disease.

The Caucus was founded in Barcelona in 2014 and has been led since its launch by Dr Aaron Motsoaledi, the South African Minister of Health, and the Rt Hon Nick Herbert CBE MP from the United Kingdom. It has four regional networks (in Africa, the Americas, the Asia-Pacific and Europe) and a linguistic Francophone network. The Caucus focuses on building the political foundations for a stronger TB response and has helped launch forty new national TB caucuses in high burden and donor countries around the world. It is supported by a dedicated Secretariat which coordinates the efforts of Caucus members and liaises with the TB community.

Since the Caucus’ launch in 2014, the political profile of TB has been transformed. The Caucus has played an influential role in securing references and commitments on TB in the most recent G20 and G7 Head of State and Minister of Health Declarations. It has also helped secure commitments on TB through regional intergovernmental platforms, such as the Association of South-East Asian Nations and has built TB caucuses in accompanying regional parliamentary platforms such as the Pan-African Parliament.

Most recently, the Caucus played a pivotal role in the success of the High-Level Meeting on TB, which took place at the United Nations General Assembly in September. During the campaign, Caucus members met nearly 110 representatives of UN Missions, as well as holding countless meetings with officials, Ministers and Heads of State in-country. The Caucus was specifically recognised by the co-facilitators of the High-Level Meeting in their final letter to the President of the General Assembly for its outstanding contribution to the success of the High-Level Meeting.

Whilst the Caucus campaigns for political commitments at the global and regional level, at national levels, it focuses on resource mobilisation and policy change in high burden and implementing countries. Caucus members have passed legislation in a number of key TB countries, including Philippines and Peru, and are in the process of advancing legislation in half a dozen others. The Caucus has also played a key role in mobilising new finances, with 30 of the highest burden countries increasing their domestic investment in TB since 2014 and over $1.5bn made in commitments on research and development for global health.

In October 2018, the Caucus won the prestigious Kochon Prize awarded by the Kochon Foundation for exceptional political leadership and has a key role to play in driving accountability around the commitments in the High-Level Meeting Declaration, and encouraging governments around the world to steps up their efforts and achieve the Sustainable Development Goal target to end TB by 2030.
Recommended Resources and Sponsors

Reports

2017 WHO Fourth Progress Report on Neglected Tropical Diseases
www.who.int/neglected_diseases/resources/9789241565448/en/

2018 WHO World Malaria Report

Global Britain and Ending Malaria: The Bottom Line

Global Fund to Fight AIDS, Tuberculosis and Malaria: 2018 Results Report

WHC 71.5 resolution on snakebite envenoming

UNGA Resolution

New bednets

WHO Factsheet on MVIP
www.who.int/malaria/publications/atoz/first-malaria-vaccine/en/

Bridging the Gap on malaria R&D
www.malariavaccine.org/resources/reports/investigating-second-valley-of-death-malaria-rd

Websites

Countdown: Calling Time on NTDs
www.countdownonntds.org

Imperial College Network of Excellence in Malaria
www.imperial.ac.uk/network-of-excellence-in-malaria

InfoNTD portal: cross-cutting issues in NTDs
https://www.infontd.org/

London Centre for NTD Research
www.londonntd.org

Sponsors

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

Malaria Consortium
https://www.malariaconsortium.org/

Malaria No More UK
https://www.malarianomore.org.uk/

Medicines for Malaria Venture
https://www.mmv.org/

PATH’s Malaria Vaccine Initiative
https://www.malariavaccine.org/

UK Coalition against Neglected Tropical Diseases
http://ntd-coalition.blogspot.com/p/home.html

GSK – Sponsor of the Annual Report
https://www.gsk.com/
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Cover image: Woman with LF in Nepal
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