

MNMIUK and MMV submission to the IDC Inquiry on the Impact of UK Aid Cuts

May 2021

1. Introduction

Malaria No More UK and Medicines for Malaria Venture (MMV) welcome the International Development Committee's inquiry into the future of UK Aid and the impact of UK Aid cuts.

As the second largest international donor to the fight against malaria, the UK has been at the forefront of efforts that have helped to save 7 million lives and prevented more than 1 billion cases since 2000. Despite this progress, the disease still claims the life of a child every 2 minutes and continues to take a heavy toll on pregnant women and children across sub-Saharan Africa. In 2019, there were 229 million cases of malaria and 409,000 deaths. The COVID-19 pandemic has since emerged as a serious additional challenge to malaria responses worldwide. A recent report from the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund) uncovered significant disruptions to health systems across Africa and Asia in 2020 due to COVID-19, with malaria diagnoses falling by 31%. Progress against malaria is fragile. Taking our foot off the gas could have devastating effects and lead to widespread resurgence – undoing the hard-won gains and investments of many decades.

In 2016, the UK government made a five-year commitment to spend £500m per annum tackling malaria, which came to an end in March 2021. The recent decision to cut spending on overseas development assistance (ODA) from 0.7% of GNI to 0.5% of GNI, is of real concern in terms of our ability to maintain funding for crucial aspects of the UK's malaria investment portfolio at its current scale, including for bilateral programming, research and development (R&D), and multilateral institutions such as the Global Fund.

As the world continues to battle the COVID-19 pandemic, the UK government's investments in, and leadership on global health, including health systems strengthening and malaria prevention, have never been more important. These investments save hundreds of thousands of lives every year and are helping to build the health infrastructure that will help to prevent future pandemics, especially at community level.

This submission will outline the impact of the cuts to ODA on UK government investment in the fight against malaria, and how the government can continue to deliver on its 2019 manifesto promise to 'lead the way in the eradication of malaria' by embedding efforts to tackle malaria as a central pillar of the UK's strategic priority on global health security and locking in long term investment at the upcoming spending review, which will not only help to revitalise progress against this deadly disease, but also to make the whole world safer from future pandemics.

2. Impact of the cuts to ODA on the fight against malaria

a. Multilateral Investments

The UK government plays a key role in shaping policy and practice through its voice and influence in the multilateral platforms that make up the global health financing landscape. By doing so it is able to extend its reach beyond the countries in which it has direct bilateral engagement and play a crucial role in shaping global policy.

In particular, the Global Fund is an innovative partnership that pools resources, consolidates technical expertise and leverages increased investment from both the private sector and endemic countries to accelerate the end of the three diseases. Since its founding in 2002, the Global Fund has delivered phenomenal results on a global scale, helping to save 38 million lives.

In 2019, the UK government pledged £1.4 billion to the sixth replenishment of the Global Fund, to help save 2 million lives from AIDS, TB, and Malaria over three years. We welcome the government's assurances that it will continue to fulfil this pledge. However, the suggestion of potential delays in the disbursement of this year's contribution is unfortunate, and it will be vital to ensure the protection of the UK's Global Fund pledge is sustained into next year, with the final payment tranche also disbursed in full. The government must do everything it can to ensure that payments to the Global Fund are disbursed as planned and on time, to ensure that it is able to continue to support country programmes, without delays.

However, with such downward pressure on spending because of the overall cut to ODA, other elements of the UK's malaria portfolio are at risk, including bilateral programmes and R&D.

b. Bilateral Investments

The cuts to the UK ODA budget have also put the UK's bilateral malaria programming at risk, notably in Nigeria, which still has the largest malaria burden in the world.

UK Aid has made significant contributions to alleviating the malaria burden in Nigeria in recent years. The 2008-2016 Support to the National Malaria Programme in Nigeria (SuNMaP) was highly successful in targeting and planning effective intervention and saw national malaria prevalence decrease from 42% to 27% among children aged 6 to 59 months. The follow-up, UK Aid funded SuNMaP 2 programme began in 2018, looking again to reduce the burden towards elimination, and was due to conclude in 2024, but there is concern that funding could be at risk as an outcome of the current review.

The programme has not only saved lives from malaria, but also increased the capacity of disease surveillance in Nigeria, which has strengthened the ability of the health system to manage and treat other diseases at the same time. Malaria programmes such as these are vital for strengthening the infrastructure needed to detect and prevent future pandemics, including rapid diagnostics, disease surveillance, and supply chains that ensure essential tests and treatments are available everywhere.

Potential cuts to broader bilateral health programming are also of concern, as many of these programmes have malaria components and provide invaluable investment in health systems that are vital for the effective and sustainable prevention and control of malaria. Any cuts to these programmes would therefore have significant knock-on impacts for malaria.

Bilateral investments also represent a significant opportunity to strengthen bilateral relations, especially with fellow Commonwealth states. The Commonwealth is disproportionately affected by malaria. It represents 2.4 billion people, 90% of whom live in malaria-endemic countries. In 2019, 94% of all malaria cases and deaths occurred in Africa and the six countries that accounted for around half of all malaria deaths included three Commonwealth states: Mozambique, Nigeria, and Tanzania. Concerted action and investment in these countries, to prevent and ultimately eliminate malaria, will not only improve the health security of all member states but will have multiple economic and development benefits by stemming the losses in healthcare, education, and productivity.

c. Investments in R&D

Science and research is one of the seven key priorities of the UK Government to deliver on poverty reduction. This is certainly crucial to sustain the longstanding UK's leadership on the path to global malaria elimination, as part of the achievement of SDG1 (end poverty) and SDG3 (health for all). It is as well critical to support the expertise and assets of the R&D malaria community to scale up global health security.

Lancet and WHO experts agree that R&D into new tools to prevent and treat malaria will be essential to eradicating the disease, particularly given the growing threat of drug and insecticide resistance. The fight against malaria has long drawn on the best of British science and innovation, stretching back to the discovery of the malaria parasite by British scientist Sir Ronald Ross in 1897, which laid the foundation for efforts to combat the disease. The public is proud of the role that British science is playing in the fight to end malaria. A recent poll conducted by YouGov found that 79% of the British public think the UK should invest in science and innovation to combat malaria.

MNMUK has been told that the cuts to the UK Research and Innovation agency (UKRI) as a result of the reductions in ODA are having an impact on key malaria research. A research programme led by Imperial College London and partners across Africa, focusing on the development of point-of-care diagnostics for malaria, is no longer able to apply for their next round of funding from UKRI, putting research into a critical area of infectious disease control in jeopardy. At London School of Hygiene and Tropical Medicine (LSHTM), a four-year malaria research project exploring the increasingly important issue of malaria drug resistance has been cut by two thirds for the next 12 months, with knock-on impacts for the researchers in developing countries who partner with LSHTM.

In addition, funding could be at risk this year for Product Development Partnerships (PDPs), including the Innovative Vector Control Consortium (IVCC) and MMV, which catalyse the work of the UK's and global networks of partners in industry, academia, research institutes, governments, and philanthropies. This work effectively diversifies and de-risks the UK's investments in this area. UK support for PDPs enables the pharmaceutical industry to invest more in R&D for diseases of poverty such as malaria because the costs and risks are shared.

The UK played an integral role in the creation of MMV in 1999 and has since maintained this commitment through robust support via core funding and access to world class technical R&D expertise. MMV is the only public-private partnership dedicated to the discovery, development and delivery of malaria prevention and treatment tools.

With UK support, MMV and its partners have brought to market 11 new quality-approved antimalarial products for the treatment and prevention of malaria. Nine of these have been developed specifically for children. These efforts have contributed to the significant progress made in the control of malaria over the last decade and have saved over 2.7 million lives.

MMV's success is a result of collaboration with partners across the world. Over the years, MMV has worked with over 300 industry and academic partners in the UK, playing a central role in the field of infectious diseases by bringing forward new malaria therapies and prevention tools. In 2020 alone, MMV collaborated with 47 UK scientific and industry partners. Each UK £1 invested by MMV has been transformed into £3.5 through direct and in-kind donations from pharmaceutical partners.

Liverpool-based IVCC, with the support of UK Aid and other funders, has developed a robust pipeline of repurposed and novel insecticides suitable for use on vector control interventions such as Long-Lasting Insecticidal nets and Indoor Residual Sprays, helping to address the growing threat of insecticide resistance across sub-Saharan Africa. Next generation Indoor Residual Sprays, for example, delivered through the NgenIRS programme, are estimated to have protected over 135

million people throughout Africa from malaria, averted between 5.6 million and 11.2 million cases and saved between sixteen thousand and thirty-three thousand lives during the course of the 4-year programme.

As products move into late phases of the rich R&D pipeline, funding for malaria-focused PDPs will need sustained funding.

UK's investment for malaria research and product development is foundational for its other international investments in global health, most notably for the Global Fund, and it is in line with the UK's continued support for WHO. The investment in malaria R&D is important for the future of both of those engagements, providing the technical expertise in drug development and access and the next generation of tools for malaria prevention and treatment to help scale up the impact of the Global Fund's post-2022 strategy and successful implementation of the WHO Global Technical Strategy for Malaria 2016-2030.

It is vital that the UK continues to support malaria R&D and PDPs with long-term financing in order to ensure that there is a steady stream of the new tools that are needed to end malaria for good, and that these tools can reach the people in need in the right places, at the right time and at the right cost.

3. Global health security as a strategic priority for ODA

In November 2020, the Foreign Secretary outlined global health security as one of seven strategic priorities for UK Aid under the new FCDO.

The COVID-19 pandemic has underscored the need to invest more in public health systems to build a safer world for all, and also highlighted the extent to which fighting malaria and strengthening global health security can be mutually reinforcing goals.

In some contexts, malaria programmes are the only disease programmes that have the community presence and organisational structure that enables rapid deployment of pandemic response measures into communities. They have been critical in the fight against COVID-19. For example, the UK-funded Strengthening Uganda's Response to Malaria (SURMa) programme helped deploy over 33,000 frontline health workers at community and health facility level to work together to provide integrated community case management of malaria, pneumonia, diarrhoea and other infectious diseases. Since the arrival of COVID-19, these frontline health workers have been supported to safely identify, treat and refer COVID-19 cases whilst sustaining iCCM services.

Malaria thrives where there are gaps in basic health services, and the resulting fever cases mask outbreaks of other illnesses. This not only puts a huge strain on the underfunded health systems of malaria-endemic countries, but it also threatens collective global health security by allowing potential future pandemic diseases to spread undetected. Investment in malaria programming is a way to build capacity in these geographies, and provide the foundation needed for effective detection and response to avert a future pandemic that could be even more deadly than COVID-19.

New global health threats and existing epidemics of poverty-related, infectious diseases unfold side by side, and they need to be addressed in an integrated response through international collaboration. Our collective health security is therefore reliant on robust and cost-effective programmes for tackling malaria and strengthening the underlying architecture needed to fight

disease wherever it occurs, including through the frontline Community Health Workers who are the eyes and ears required to detect future pandemics and stop them in their tracks.

A recent report from Malaria No More UK, Malaria No More US, and the UN Foundation, *Leave No Fever Unresolved: The Malaria Pathway to End this Pandemic and Prevent the Next*, explores the evidence for these arguments in more detail, and outlines how building on the community health systems established for the malaria response is the quickest, most cost-effective solution to deliver the government's ambition of improving countries' capacity to prevent, detect and respond to future pandemics – building on its historic leadership on malaria to date. It is therefore crucial that investments and leadership to tackle malaria are included as a central pillar of the UK's strategic priority on building global health security and preventing future pandemics.

The UK has historically made important investments, with high value for money and return on investment, in global health security, including thanks to catalytic support to public-private partnerships for research and product development. The fight against antimalarial resistance as part of the broad approach to antimicrobial resistance includes the judicious use of current tools and the development of compounds based on new mechanism of action ahead of need. Product-development partnerships have played a major role in the fight against antimalarial resistance; for example, MMV has been working with its partner networks to populate the antimalarial pipeline with next-generation therapies to counter this resistance, wherever it may occur.

Backed by a deep understanding of therapeutics and supply chains, PDPs redeployed resources during the COVID-19 pandemic to help curb the unrelenting spread of the pandemic. MMV for example had begun within weeks to catalyse global R&D and lead the way in COVID-19 clinical research seeking to repurpose antimalarial treatments, mobilizing its expertise, experience and end-to-end capabilities, from the discovery and development of promising compounds to their delivery as affordable medicines. As a partner in the COVID-19 Therapeutics Accelerator, MMV initiated a study in South Africa to explore the use of ACTs in patients with mild SARS-CoV-2 infection. Believing that global health security relies in on a collaborative model, MMV also joined the hunt for new therapies with the launch of the COVID Box, a set of 160 different drugs or compounds with known or predicted activity against the SARS-CoV-2 virus, provided free of charge to researchers.

Both agendas on antimalarial resistance and full utilization of expertise and assets from the R&D malaria community for epidemic and pandemic preparedness and response are crucial for the global health security agenda, in which the UK is historically a leader, and will be critically important for the UK and for the world. Reduction of support to malaria R&D will contribute to weaken these key priorities for the UK.

4. The valuable complementarity of bilateral and multilateral channels for the delivery of UK Aid

Historically, the breadth of the UK's investment in malaria has widely been regarded as a key strength and area of global leadership, particularly the ability to deliver 'end to end' programming through a mix of bilateral and multilateral support. By employing this holistic approach, the UK government plays a key complementary role that recognises the functions of other organisations and supports their fulfilment – for example through valuable funding to multilateral institutions such as the World Health Organisation (WHO) and the Global Fund – whilst also leading by example through its own bilateral programming. Both channels are highly effective and complementary and the FCDO should continue to fund a balance of both.

As a complement to valuable multilateral investments, UK bilateral support for the malaria fight brings numerous benefits, not only for the UK government, but also the countries and communities it works to support, and the malaria community at large. They include:

- Clear visibility at country level of the contributions the UK is making to efforts to combat malaria.
- Strong government-to-government relationships with endemic countries, which enable the UK to shape malaria resource and programming through robust technical dialogue, and to support governments to fulfil their role in strategically tackling this deadly disease. This is also critical in allowing FCDO to ensure malaria is considered as a central pillar of broader health financing and systems strengthening. Such leverage is greatly reduced when donors lack a bilateral presence grounded in technical expertise, regardless of the level of investment being made through other channels.
- Catalysing valuable opportunities for innovation and managed risk taking, for example through demonstration projects in high burden areas that can strengthen the evidence base and lead to more effective decision making. Ground-breaking approaches identified in this way can then be taken to scale and may lead to global best practices – thus leveraging resources far beyond the value of the original UK investment.
- Timely understanding of key gaps and opportunities that allows for effective, responsive investment, particularly through identification of catalytic funding gaps that may otherwise fall through the cracks of the more restricted remit of key multilateral institutions such as the Global Fund. The value of this has been highlighted during the COVID-19 pandemic, in which strong country relationships have been critical to the UK's ability to support a rapid and informed response to sustain essential malaria services.
- Continued strengthening of FCDO's own understanding and learning, based on timely feedback that can in turn be used to shape the UK's broader portfolio of malaria investments.
- An entry point for government-to-government dialogue that extends beyond malaria, allowing exploration of broader health, development, trade, and diplomatic priorities.
- Cuts to UK's bilateral malaria and health programming are therefore of significant concern, even in light of the welcome continuation of UK support for the Global Fund. We encourage the UK to continue support for both multilateral **and** bilateral channels which have complementary strengths.

5. Process for tracking the impact of ODA cuts on malaria investments

It has been challenging to assess the full extent of the cuts to the UK's malaria investments due to the way projects are tagged on Dev Tracker and the lack of transparency about what constitutes malaria funding. For example, funding for the Global Fund for projects beginning in 2013, 2016 and 2020 has been tagged as 'sectors not specified' rather than a proportion being allocated to 'malaria control'. At the same time, it is not completely clear what the FCDO constitutes as 'malaria control'. For example, whether this allocation also includes programmes with a broader focus on health systems strengthening and health personnel, that are essential for malaria control but also go beyond benefiting this specific disease. Looking ahead, we would welcome a clear breakdown of funding allocations to accompany any global health strategy, so it is more straightforward to track malaria spending from year to year.

6. Conclusion

The full extent of cuts to UK's investments on malaria are yet to become clear. Should severe cuts to bilateral programmes and R&D be confirmed, this could put years of hard-fought progress in the fight against malaria at risk, detract from Britain's reputation as a science superpower and leader on global health, and ultimately undermine UK efforts to build global health security.

The UK Government has historically been a leader in the fight against major poverty-related diseases such as malaria. Funding from the UK has helped prevent hundreds of thousands of deaths, including of pregnant women and children who are often the most vulnerable. Building on and strengthening the community health systems developed for the malaria response, is the quickest, most cost-effective solution, not only to revitalise progress against one of the world's oldest and deadliest diseases, but also to deliver the UK government's ambition of improving countries' capacity to prevent, detect and respond to health threats. Looking ahead, it is crucial that efforts to tackle malaria form a central pillar of the UK's strategic priority on global health security.

As the UK develops and refines a forward-looking strategy on global health, in particular we would like to see:

- Recognition of malaria as an indicator of weak health systems that pose a risk to health security domestically and internationally, and thus a proxy for investment need.
- A central focus on strengthening the health systems needed to effectively prevent, diagnose, track, and treat infectious disease, with an emphasis on building the capacity of the health workforce and strengthening primary health care at the community level to build the resilience of the overall system.
- A commitment to ensure investments in pandemic preparedness align with and strengthen existing health systems and capacity at global, national, and sub-national levels.
- Continued support for R&D as a central pillar of the malaria elimination and global health security agenda.
- An accompanying results framework that incorporates progress against malaria, as well as improvements in key indicators of community level service provision, as core metrics of success.

The UK hosted G7 in June will have a strong focus on global health security in light of the COVID-19 pandemic. This will be a key opportunity for the government to profile its commitment to tackling malaria, particularly through continued investment in the Global Fund, as part of its work on health systems strengthening and pandemic preparedness.

The upcoming spending review in the autumn provides the next major opportunity for the UK to lock in long term funding for vital and complementary aspects of the malaria fight, including bilateral programmes, multilateral institutions such as the Global Fund, and R&D – including highly effective PDPs.

7. About Malaria No More UK and MMV

Founded in 2009, Malaria No More UK is one of the leading UK organisations working to eradicate malaria worldwide. We work to unite policymakers, private sector actors and public audiences in this fight.

Established in 1999, MMV is a leading product development partnership in antimalarial drug research. Its mission is to reduce the burden of malaria in disease-endemic countries by discovering, developing, and delivering new, effective, and affordable antimalarial drugs.