



## DEBATE PACK

23 October 2015

# Debate Pack: Work of the UK in tackling malaria and neglected tropical diseases

## Summary

This debate pack has been compiled ahead of the debate on the work of the UK in tackling malaria and neglected tropical diseases to be held on Tuesday 27 October 2015 at 9.30am in Westminster Hall. The Member in charge of the debate is Jeremy Lefroy.

Debate packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for MPs on request to the Library.

The House of Commons Library prepares a briefing in hard copy and/or online for most, but not all, non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

Nikki Sutherland  
Sarah Barber  
Jon Lunn

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# 1. Press articles and press releases

## 1.1 Press article

**Malaria deaths cut by 60% since 2000 but UN says \$6bn a year boost needed**

**Guardian, 17 September 2015**

<http://www.theguardian.com/global-development/2015/sep/17/malaria-achieving-the-mdg-target-world-health-organisation-unicef-deaths-cut-since-2000>

**Malaria: '700 million cases' stopped in Africa**

**BBC News, 17 September 2015**

<http://www.bbc.co.uk/news/health-34260339>

**Will the SDGs be the last hope for lost causes?**

**Guardian, 20 February 2015**

<http://www.theguardian.com/global-development-professionals-network/2015/feb/20/will-the-sdgs-be-the-last-hope-for-lost-causes>

## 1.2 Press releases

**The Global Fund**

**Universal Health Coverage Key to Sustainable Development Goals**

**28 September 2015**

NEW YORK – A United Nations General Assembly side event involving the governments of Japan, France, Liberia, Senegal and Thailand as well as the World Health Organization, World Bank and the Global Fund was held in New York today to consider Universal Health Coverage as a key element of the Sustainable Development Goals.

Universal Health Coverage aims to ensure that everyone, everywhere can access quality health services without suffering financial hardship. It strives to break down barriers to health, such as affordability, access and insufficient health systems.

A panel of distinguished leaders discussed several key aspects of universal health coverage, including the role played by financing institutions such as the Global Fund in changing the trajectory of AIDS,

tuberculosis and malaria. They agreed that universal health coverage will further contribute to ending the diseases as epidemics, and more broadly reduced poverty and health risks in low-income countries.

The keynote address was delivered by the Prime Minister of Japan, Shinzo Abe.

Prime Minister Abe said that he hoped the event would be an important step forward in promoting the formation of an alliance to bring together expertise and resources to strengthen health systems towards the ultimate goal of achieving UHC. Prime Minister Abe added, "Japan is ready to lead this global discussion."

Dr. Margaret Chan, Director-General of the World Health Organization said, "Universal health coverage is the single most powerful concept that public health has to offer. It builds social cohesion and stability. It unifies services and delivers them in a comprehensive and integrated way, based on primary health care."

Dr. Mark Dybul, Executive Director of the Global Fund, added: "Making health care accessible and affordable for all has a powerful impact on human lives, and ending epidemics is part of the solution," Dr. Dybul said. "Our collective efforts are critical to building stronger, more resilient systems for health that can bring greater opportunity for social justice to all."

Today's event is one of several General Assembly side events to highlight how the global community will adapt to the emerging challenges of achieving the Sustainable Development Goals which demand a more integrated approach if countries are to make and sustain progress.

## **Department for International Development**

### **Malaria Death rates drop by 60%**

**17 September 2015**

The Millennium Development Goals target on malaria has been achieved with a sharp drop in cases and mortality.

British support for bednets has helped the sharp fall in malaria cases.  
Picture: Kate Holt/UNICEF

Malaria death rates have plunged by 60% since 2000, translating into 6.2 million lives saved, the vast majority of them children, according to a joint [World Health Organisation \(WHO\) - UNICEF report](#) released today.

The report shows that the malaria MDG target to "have halted and begun to reverse the incidence" of malaria by 2015, has been met convincingly, with new malaria cases dropping by 37% in 15 years.

Dr. Margaret Chan, Director-General of WHO said:

Global malaria control is one of the great public health success stories of the past 15 years. It's a sign that our strategies are on target, and that we can beat this ancient killer, which still claims hundreds of thousands of lives, mostly children, each year.

International Development Secretary Justine Greening said:

The global battle against malaria is one of the great success stories of modern times. Across the world we are now winning the battle against deadly diseases - whether it's Ebola, smallpox, polio or malaria.

We can be proud of Britain's contribution to this success, but we cannot stop here. Malaria still causes one in ten child deaths in Africa and costs the continent's economies around £8 billion every year.

A healthy, prosperous world is in all our interests and the prevention of deadly diseases is one of the smartest investments we can make. That is why, working with malaria-affected countries and partners like the Global Fund, Britain will continue to provide bednets to millions, tackle resistance to life saving medicines and insecticides, and boost health systems across Africa to help bring an end to this terrible disease.

[Factsheet: The UK's role in cutting global malaria deaths by 60% since 2000](#)

PDF, 116KB, 2 pages

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At the report's official launch at the UK's Houses of Parliament, Justine Greening pledged to continue Britain's support to help defeat the disease. The aim to end the epidemic of malaria by 2030 is just one of the targets the UK is backing as part of the [United Nation's Global Goals](#), set to be formally agreed by world leaders later this month.

An increasing number of countries are on the verge of eliminating malaria. In 2014, 13 countries reported zero cases of the disease and 6 countries reported fewer than 10 cases. The fastest decreases were seen in the Caucasus and Central Asia, which reported zero cases in 2014, and in Eastern Asia.

Despite tremendous progress, malaria remains an acute public health problem in many regions. In 2015 alone, there were an estimated 214 million new cases of malaria, and approximately 438,000 people died of this preventable and treatable disease. About 3.2 billion people – almost half of the world's population – are at risk of malaria.

Some countries continue to carry a disproportionately high share of the global malaria burden: 15 countries, mainly in sub-Saharan Africa, accounted for 80% of malaria cases and 78% of deaths globally in 2015.

Children under 5 account for more than two-thirds of all deaths associated with malaria. Between 2000 and 2015, the under-5 malaria death rate fell by 65% or an estimated 5.9 million child lives saved.

UNICEF Executive Director Anthony Lake said:

Malaria kills mostly young children, especially those living in the poorest and most remote places. So the best way to celebrate global progress in the fight against it is to recommit ourselves to reaching and treating them. We know how to prevent and treat malaria. Since we can do it, we must.

## **Malaria Consortium**

### **The Sustainable Development Goals provide an opportunity for UK to prioritise global health**

**25 September 2015**

As the UN General Assembly meets to adopt the Sustainable Development Goals (SDGs), Malaria Consortium Chief Executive Charles Nelson calls upon the UK to work to its strengths and prioritise global health.

Welcoming the new international goals, which replace the Millennium Development Goals, Mr Nelson said: "The SDGs will provide the framework for the next fifteen years of development efforts, as we work to eradicate poverty, avert climate change and ensure healthy lives for all.

"However, the SDGs will only be truly transformational if their ambitious targets are matched by strong financial and political commitments, from donor countries and developing countries alike."

The UK is already at the forefront of international development and is the only G7 country committed to spending 0.7 percent of GNI on aid. Debates in both chambers of Parliament this month further demonstrated the strength of cross-party support for international development. It is critical that this financial and political commitment is sustained.

Beyond its financial contribution, the UK has an important role to play in helping national governments develop strong plans for implementing the SDGs in their countries, leveraging larger contributions from other donor countries, and supporting the transition to greater domestic financing of development.

While the SDGs need to be viewed as interconnected and interdependent goals, relying on the realisation of each other for their success and necessitating a multi-sectoral approach, there is benefit to donor countries specialising in certain areas. "We are not going to be able to support everything, and health is clearly one of the UK's areas of expertise," said Mr Nelson in a recent interview for Politics Home. "DFID has great experience in that and we have excellent resources in the NHS which can be brought to bear on the task of building strong health systems around the world."

Within global health, the UK's record on combating diseases such as malaria and neglected tropical diseases (NTDs) is particularly strong. UK spending on malaria control and prevention alone reached £536 million by 2014-15, second only to the US in terms of donor country

commitments, and has contributed to the recently announced 60 percent reduction in malaria mortality since 2000. However, there is still a long way to go before we defeat malaria, and we face substantial challenges, such as the spread of resistance to drugs and insecticides.

Reasons for the UK to prioritise disease control interventions include:

Malaria and NTD prevention and treatment are among the most cost-effective public health interventions.

If global malaria targets are achieved by 2030, it is estimated that more than 10 million lives will be saved and over US\$4 trillion of additional economic output generated.

Tackling these diseases will bring greater productivity and growth, reduce worker and child absenteeism and household poverty, increase equity and women's empowerment, and make health systems stronger. Failure could see the disease resurge, with increased malaria deaths and lost opportunities for progress and development.

Delivering malaria and NTD interventions is essential for achieving universal health coverage, ensuring healthy lives and promoting well-being for those of all ages, particularly for vulnerable and marginalised populations.

Since malaria and NTDs disproportionately affect the poorest households, defeating these diseases will free vulnerable communities from the cycle of sickness, suffering and poverty.

Scaling up malaria and NTD control contributes strongly to reducing child mortality and improving maternal health.

Interventions targeted at malaria and NTDs also provide the opportunity to treat childhood illnesses such as pneumonia, diarrhoea and acute malnutrition.

It is therefore crucial that the UK sustains its leading role in the fight against malaria into the SDG era. "I personally believe many hundreds of thousands or millions will die from malaria as a consequence if we don't keep going," said Mr Nelson. "And we must, because we can beat malaria."

If you have any questions regarding this, please contact Michelle Davis: [m.davis@malariaconsortium.org](mailto:m.davis@malariaconsortium.org) or 0207 549 0320

### **Liverpool School of Tropical Medicine**

#### **All Party Parliamentary Group on Malaria and NTD Launch**

**24 February 2015**

LSTM's Director, Professor Janet Hemingway, has been among experts asked to comment at the launch of the 2015 Neglected Tropical Diseases Report for the All Party Parliamentary Group (APPG) on Malaria and NTDs.

The report, which was produced for the APPG by the UK Coalition against Neglected Tropical Diseases, has been launched at a special

meeting in the UK Houses of Parliament. It says that great strides have been made in the battle against Neglected Tropical Diseases but more needs to be done for the 1 in 5 people whose lives are still blighted by these diseases.

The report outlines the advances that have been made over the last 12 months to control and eliminate diseases which affect 1.4 billion of the world's poorest people through mortality, morbidity, disability and stigma.

NTDs are a key barrier to attainment of global development goals and poverty reduction.

Jeremy Lefroy MP, Chairman of the APPG, comments: "Ebola has shone a spotlight on the importance of building health systems to address challenges such as insufficient numbers of qualified health workers and inadequate surveillance and information systems equipped to respond rapidly to new and existing health challenges. Neglected Tropical Diseases affect the world's poorest communities. They must remain a global health priority post-2015."

LSTM is a member of the UK Coalition Against Neglected Tropical Diseases, which makes eight recommendations in the report and encourages the UK Government to:

- maintain its financial commitment to NTD programmes
- ensure that the Department for International Development (DFID) disability framework and forthcoming health system framework support a response to NTDs
- ensure that DFID supports country governments to equip their health systems to deliver essential NTD interventions
- support the full range of research and development for NTDs
- promote a cross-sectoral NTD response
- promote the partnership model exemplified by the NTD response
- continue to champion international investments for NTDs by supporting the inclusion of NTDs in the Sustainable Development Goals
- highlight the successes achieved with UK government investment and urge other governments and institutions to contribute more to the fight against NTDs

Good, competent, transparent government, specialist expertise and more health workers are all necessary ingredients to combat NTDs.

## **Wellcome Trust**

### **Neglected tropical diseases: The London declaration**

**31 January, 2012**

by [Michael Regnier](#)

In London yesterday morning, an extraordinary gathering of international politicians, pharmaceutical chief executives and global health organisation heads threatened to take the 'neglect' out of ['neglected tropical diseases'](#) (NTDs). Together they made a number of



significant commitments to provide treatments, research and development funding and cooperation to control, eliminate or even eradicate ten NTDs by 2020.

At an event called [Uniting to combat NTDs](#), the [World Health Organization](#) (WHO) launched a new roadmap for reducing the burden of NTDs between now and 2020, while 13 pharmaceutical companies announced donations of billions of tablets each year to treat the most common NTDs in endemic countries.

The UK's Minister for [International Development](#), Stephen O'Brien, said: "The world has come together to end the neglect of these horrific diseases which needlessly disable, blind and kill millions of the world's poorest.... [We will] provide critical treatments to millions of people, which allow children to attend school and parents to provide for their families so that they can help themselves out of poverty and eventually no longer rely on aid."

#### *Tough targets*

The companies and organisations represented at the event endorsed the [London Declaration on NTDs](#), committing to take advantage of a "tremendous opportunity to control or eliminate at least ten of these devastating diseases by the end of the decade." This statement reflects the targets in the WHO roadmap, which are to eradicate [dracunculiasis](#) (Guinea worm disease) by 2015 and [endemic treponematoses](#) (yaws) by 2020; the global elimination of [trachoma](#), [leprosy](#), [human African trypanosomiasis](#) (sleeping sickness) and [lymphatic filariasis](#) (elephantiasis) by 2020; and to bring under control by 2020 [schistosomiasis](#), [onchocerciasis](#) (river blindness), [soil-transmitted helminthiases](#) (hookworm, roundworm and whipworm infections), [Chagas' disease](#) and [visceral leishmaniasis](#).

The next post in our [NTDs series](#) will be looking at the differences between control, elimination and eradication in more detail next week but, briefly, eradication means no more cases of a disease: this has been achieved only once before in human history when smallpox was eradicated last century – dracunculiasis could be the next to disappear (although polio is also getting close to extinction).

Elimination can be achieved regionally, which means that the transmission of a disease no longer takes place. Global elimination is when a disease has been eliminated from all regions. Control reduces the transmission of a disease to such an extent that it is no longer a major public health issue.

Other NTDs are included in the roadmap but without specific targets. These include [dengue fever](#), Buruli ulcer, cutaneous [leishmaniasis](#), trematode infections, cysticercosis and echinococcosis.

All of the NTDs in the WHO's official list of 17 are accounted for in the roadmap. There are several other diseases that could also claim to be neglected and what happens to tackle these remains to be seen, but controlling or eliminating at least ten NTDs in the next eight years would be a historic achievement.

*Not the only solution*

Opening the event, Dr Margaret Chan, director of the WHO, said that in the past we may have relied too much on drug donation alone. “It is one solution,” she said, “but it is not the only solution.”

This point was echoed throughout the day as participants discussed the roadmap and the undeniably impressive drug donation commitments from the world’s pharmaceutical sector. A common issue was the urgent need for clean water and sanitation in the communities at risk from NTDs. And, of course, while treatments have been made available for numerous diseases, there is still the considerable challenge of delivering the pills to the people who need them and ensuring they produce the desired effect – better health and reduced burden of these diseases.

But as Haruo Naito, the president and CEO of [Eisai](#), indicated, having these commitments from the pharma companies removes one obstacle from finding long-term solutions to NTDs. “Supply of drugs will not be the bottleneck,” he said.

*Building the future of NTDs together*

In the afternoon, a second event examined in more detail the WHO targets and what will be needed to achieve them. Many participants spoke of their emotional response to the news of the morning – Professor Alan Fenwick, director of the [Schistosomiasis Control Initiative](#) described it as a “transformational commitment” – but we were also reminded of the need to be cautious and not to forget all the other parts of the equation that need to be in place to achieve the WHO’s “stretching” goals.

Dr Lorenzo Savioli of the WHO explained that the roadmap was designed to provide guidance and technical insight to encourage countries and communities to act against NTDs. The drug companies’ donations had changed the situation: “Business is not as usual,” he said.

The World Bank is a major supporter of improving countries’ healthcare infrastructure and has funded NTD control programmes since the first such programme to control onchocerciasis in Africa launched in 1974. Dr Caroline Anstey, a Managing Director of the [World Bank](#), said: “Part of the reason NTDs are neglected is because the people are neglected. They don’t have a voice so this is about shining a light. We have to create a lobby group for the voiceless.”

Professor Chris Witty from the UK Department for International Development, which announced a [significant increase in funding for treating four NTDs last week](#), said that elimination and eradication get harder the closer you get to achieving them because you are left with territories in which it is more difficult to monitor and coordinate the effort. “A very difficult endgame will be a sign of success,” he concluded.

We also heard more from the pharmaceutical companies about their commitments beyond drug donation. Dr Jutta Reinhard-Rupp from

[Merck KGaA](#) – which donates praziquantel for schistosomiasis – explained that her company is working on a formulation of praziquantel suitable for children. The current tablets are large and taste bitter if broken up.

Several pharmaceutical companies are now working together, or at least sharing libraries of compounds, to speed up development of better drugs for certain NTDs. Several industry people spoke of new drugs that needed to be reformulated so they could be given orally rather than by injection, which is impractical in poor rural areas. Many participants also described the need for more operational research – to understand the best ways to deliver drugs in the communities where they are needed.

[Professor Sir Roy Anderson](#) of Imperial College London set out several areas where scientific tools are available but not currently being sufficiently used. These covered treatment strategies, electronic monitoring of diseases, and the need for demographic analysis as well as epidemiology.

Sir Roy also said we will have to monitor very carefully any evolutionary changes in the parasites given they will be subjected to the most intense selective pressures in their long histories. Mass drug administration could potentially drive the development of resistance mechanisms and as we are currently reliant on just one or two drugs for so many NTDs, that could be disastrous.

#### *Still neglected?*

The global health community – including governments, public and private partnerships – has taken a huge step forwards in the task of reducing the burden of disease among the world's poorest people. However, even if we have the resources and capacity to deliver the donated drugs and implement effective disease control strategies, the tools we currently have will not be enough to combat all NTDs in the next eight years. Looking beyond 2020, the tools of the future will come from basic and applied research being done today – research such as that funded by the [Wellcome Trust](#), the [Gates Foundation](#) and others.

As reported in [the Guardian yesterday](#), Bill Gates – who played a major role in bringing together the pharmaceutical companies in yesterday's announcement – said: "Maybe as the decade goes on, people will wonder if these should be called neglected diseases. Maybe as the milestones go on, we will call them just tropical diseases."

Of course, the name 'neglected tropical diseases' has [not been around that long](#). It is a testament to the strength of the campaigners and advocates who have been extolling the need for action that people are already talking – albeit tentatively – about the term becoming obsolete.

## 2.Parliamentary material

### 2.1 Debates

Lords debate: [Sustainable Development Goals](#)

HL Deb 17 September 2015 | Vol 764 cc1966-1999

Commons debate: [Sustainable Development Goals](#)

HC Deb 10 September 2015 | Vol 599 cc602-644

Commons debate: [Sustainable Development Goals](#)

HC Deb 28 January 2015 | Vol 591 cc925-970

Lords debate: [AIDS, Tuberculosis and Malaria](#)

HL Deb 11 December 2014 | Vol 757 cc1962-1977

Westminster Hall debate: [Health Systems \(Developing Countries\)](#)

HC Deb 11 December 2014 | Vol 589 cc363-392WH

Westminster Hall debate: [Global Health \(Research and Development\)](#)

HC Deb 8 July 2014 | Vol 584 cc32-53WH

Lords debate: [Health: Neglected Tropical Diseases](#)

HL Deb 6 February 2014 | Vol 752 cc127-142GC

### 2.2 PQs

[Medicine: Research](#)

**Asked by Lord Taylor of Warwick**

To ask Her Majesty's Government what assessment they have made of the case for a global fund to support research into antibiotics, Ebola and other neglected diseases.

**Answered by: Lord Prior of Brampton, Department of Health**

The global funding of research and development of new antibiotics is part of the Independent review announced by the Prime Minister in June 2014 and chaired by Lord O'Neill of Gatley. The review is analysing

the economics underlying all stages of the research and development of new antimicrobials and will propose concrete actions to tackle these internationally. The final recommendations from the review will be published in summer 2016.

There are now 15 vaccines under development for Ebola across the world. The Department for International Development, in partnership with the Wellcome Trust and the Medical Research Council, has supported the Phase 1 clinical trial of a vaccine candidate, and funded a number of other areas of Ebola research, through the Research for Health in Humanitarian Crises programme.

The United Kingdom is also providing over £10 million annually for research into neglected tropical diseases. This is through a range of initiatives, including development of new treatment and diagnostic products, as well as implementation research. Examples of products resulting from the research in recent years include the first ever rapid diagnostic test and the first new, improved treatment option for sleeping sickness.

Written Question HL1159, 20 July 2015

### **Infectious Diseases**

#### **Asked by: Virendra Sharma**

To ask the Secretary of State for International Development, what steps she is taking to implement the commitment in the June 2015 G7 Leaders' declaration to invest in the prevention and control of neglected tropical diseases.

#### **Answering member: Grant Shapps, Department for International Development**

The UK is at the forefront of the fight against Neglected Tropical Diseases (NTDs). At the London Declaration on Neglected Tropical Diseases in 2012 the UK committed an additional £195million to combat these diseases. We support programmes protecting millions of the poorest from a range of NTDs. We also support research into new drugs and diagnostics to combat NTDs. There remains a significant funding gap for NTDs. The UK is meeting our commitments. Others need to do more to support countries to implement programmes to prevent and treat NTDs.

#### **Written Question 7535 23 July 2015**

### **London Declaration on neglected tropical diseases**

#### **Asked by Stuart Andrew**

What progress she has made towards achieving the aim of the London declaration on neglected tropical diseases to eradicate such diseases by 2020.

#### **Answering Member: Grant Shapps, Department for International development**

The UK is delivering on the commitment we made and our programmes are protecting millions of people from these diseases. My right hon. Friend the Minister of State for International Development participated in the recent launch of the third progress report on the London declaration.

**Stuart Andrew:** By funding the global trachoma mapping project—the largest such project ever attempted—will my right hon. Friend say what the Department aims to achieve and how the lessons learned from that project can be used in the ongoing fight against other neglected tropical diseases?

**Grant Shapps:** My hon. Friend is right to point out the importance of accurately mapping trachoma. That will enable us better to apply the appropriate actions and activities to rid the world of the worst blindness disease in the world today.

**Mr Gregory Campbell** (East Londonderry) (DUP): Instances of trachoma, often involving irreversible blindness among children, are continuing, particularly in developing countries in Africa. What steps are we taking to try to address this very serious issue?

**Grant Shapps:** As I just mentioned, we have data from mapping the problem, and support from Sightsavers for the elimination of blindness and trachoma is also critical. The Government have put in £195 million, a large amount of money, through the 2012 process to help to tackle this disease, as well as many others.

**HC Deb 8 July 2015 c306**

[Developing Countries: diseases](#)

**Asked by Patrick Grady**

To ask the Secretary of State for International Development, what assessment her Department has made of the effect of the patenting of new drugs on their price and availability to treat neglected tropical diseases overseas.

**Answering Member: Grant Shapps, Department for International Development**

Most drugs required to treat Neglected Tropical Diseases (NTDs) are donated free of charge by pharmaceutical companies. However, in some cases the drugs need to be purchased. In these cases we work to secure good value for money in our procurement and also encourage flexible approaches to increase availability, such as licensing and technology transfer partnerships with low-cost, high-quality generic manufacturers.

DFID also funds research into new NTD treatments through Product Development Partnerships (PDPs). PDPs use patents flexibly to ensure products are available at lowest possible cost. This includes negotiating royalty-free access to patented products and developing products as 'open source' so that anyone can use them, with requirements for distribution at the lowest possible cost. PDPs can also patent new products at an early stage and then use the patent to attract partners to

help develop the products and make them available at the lowest possible cost.

**Written Question 4494, 2 July 2015**

[Developing Countries: Diseases](#)

**Asked by: Mr Jim Murphy**

To ask the Secretary of State for International Development if she will make it her policy to support the proposed target to end HIV/AIDS, tuberculosis, malaria and neglected tropical diseases by 2030 in the upcoming Open Working Group negotiations on the Sustainable Development Goals.

**Answering member: Justine Greening | Department: Department for International Development**

The UK supports a target to reduce the burden of disease from HIV/AIDS, tuberculosis, malaria and neglected tropical diseases. Language on this is included in the most recent draft goals and targets list released by the co-chairs of the Open Working Group (OWG) on 2 June.

The final targets in the post-2015 development framework will however be subject to international negotiations in the United Nations, in which the UK will play an active role.

**HC Deb 16 June 2014 | 200135 | Vol 582 cc416-7W**

[Development Framework \(Health\)](#)

**Asked by: Jeremy Lefroy**

Great gains have been made under the millennium development goals in the areas of malaria, neglected tropical diseases, HIV/AIDS and tuberculosis. Can my right hon. Friend reassure me that the goals that we will push for post-2015 will ensure that those gains will be maintained and, indeed, enhanced?

**Answered by: Justine Greening | Department: International Development**

Yes, I can. In fact, we want HIV, TB and malaria to be incorporated under a health goal. My hon. Friend will be aware that the UK was one of the leading donors at the global fund replenishment at the end of last year, and will continue to support that important work.

**HC Deb 09 April 2014 | Vol 579 c249**

## 2.3 Committee reports

[House of Commons International Development Select Committee:](#)

*Strengthening Health Systems in Developing Countries*, HC246 2014-15

<http://www.publications.parliament.uk/pa/cm201415/cmselect/cmintdev/246/246.pdf>

Government Response, HC816 2014-15

<http://www.publications.parliament.uk/pa/cm201415/cmselect/cmintdev/816/81602.htm>

*Recovery and Development in Sierra Leone and Liberia*, HC247 2014-15

<http://www.publications.parliament.uk/pa/cm201415/cmselect/cmintdev/247/247.pdf>

Government Response, HC863 2014-15

<http://www.publications.parliament.uk/pa/cm201415/cmselect/cmintdev/863/863.pdf>

Current Inquiry: Sustainable Development Goals

<http://www.parliament.uk/business/committees/committees-a-z/commons-select/international-development-committee/inquiries/parliament-2015/sustainable-development-goals-inquiry/>



### 3. Useful links

UK Coalition against NTDs: *Annual Report 2014-15 Report for the All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases*  
February 2015

[http://www.lstmed.ac.uk/sites/default/files/content/news\\_articles/files/UKNTD%20appg%20NTD%20Report%202015.pdf](http://www.lstmed.ac.uk/sites/default/files/content/news_articles/files/UKNTD%20appg%20NTD%20Report%202015.pdf)

The Global Fund 2015 Results Report

<http://www.theglobalfund.org/en/publications/>

London Declaration 2012 on Neglected Tropical Diseases

[http://unitingtocombatntds.org/sites/default/files/resource\\_file/london\\_declaration\\_on\\_ntds.pdf](http://unitingtocombatntds.org/sites/default/files/resource_file/london_declaration_on_ntds.pdf)

London Centre for Neglected Tropical Disease Research

<http://www.londonntd.org/>

Neglected Tropical Disease NGDO Network

<http://www.ntd-ngdonetwork.org/>

Malaria Consortium

<http://www.malariaconsortium.org/pages/ntds.htm>

WHO: HIV/AIDS, TB, Malaria and Neglected Tropical Diseases

<http://www.who.int/about/structure/organigram/htm/en/>

Malaria No More UK

<http://www.malarianomore.org.uk/>

Public Health England, Malaria: guidance, data and analysis

<https://www.gov.uk/government/collections/malaria-guidance-data-and-analysis>

WHO, [Investing to overcome the global impact of neglected tropical diseases](#), February 2015

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