

Woman & Child Health Partnerships for the Developing World

In support of the United Nations Secretary-General's
Global Strategy for Women's and Children's Health,
"Every Woman, Every Child"

September 2011



International
Federation of
Pharmaceutical
Manufacturers &
Associations

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EVERY WOMAN
EVERY CHILD

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Dear Reader,

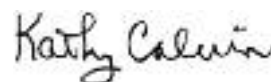
In 2000, 193 United Nations member states agreed on eight goals for the world community to achieve by the year 2015. These critically important Millennium Development Goals (MDGs) focus on a range of challenges, from eradicating extreme poverty and confronting diseases and epidemics such as AIDS, to improving gender equality and encouraging environmental sustainability.

A decade after their inception, the two MDGs related to child mortality (MDG 4) and women's health (MDG 5) were seen to be both woefully under-resourced as well as experiencing a disturbing decline in progress. Something needed to be done, more action needed to be taken, specifically to improve women's and children's health globally through new partnerships, new collaborations, new investments and new focus. In September 2010, Secretary-General Ban Ki-moon launched *Every Woman, Every Child* – a global effort aimed at preventing the deaths of millions of women and children through the strategic mobilization and engagement of a host of new partners and stakeholders – particularly from the business and philanthropic communities.

Perhaps nowhere better can the great potential of the private sector making a meaningful impact on saving and improving the lives of millions of women and children be seen than with the research-based pharmaceutical industry. Through the myriad areas of support – from product and financial resource donations, research and development into new treatments, honing and expanding of current therapies, and catalyzing new innovative collaborations – the research-based pharmaceutical industry is a critical component of the global health community.

Woman and Child Health Partnerships for the Developing World articulates the remarkable scope of the pharmaceutical healthcare industry's leadership, involvement, and investments in women's and children's health. The research-based pharmaceutical industry continues to make amazing and much-needed advancements in medicine, treatment, and diagnostics and it is through the more than 200 programs highlighted in this publication that we see both the history and the great future of the industry's important and continued role in global health.

The global research-based pharmaceutical industry is a partner to women's and children's health and as we approach 2015, we look forward to a great deal of new efforts, new collaborations, and new approaches to save the lives of millions of women and children who die unnecessarily every year.



Kathy Calvin
Chief Executive Officer
United Nations Foundation



Dear Reader,

This booklet contains a selection of access and capacity building programs updated in 2010 addressing child and maternal health, which the members of the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) conduct or contribute to.

While governments have the primary responsibility to improve global health, the pharmaceutical industry also plays a unique role: researching, developing, and marketing innovative, safe and effective medicines.

In low and middle income countries, the industry works to reduce mortality and morbidity, and to improve access to health care and medicines by supporting a large number of philanthropic or not-for-profit partnership programs.

Nearly half of these programs focus on women and children's health, and their number has been growing over the last several years. However, still too many women in low and middle income countries find it difficult to access the health care services and medicines that others in richer countries take for granted, and that have helped them to enjoy longer and more productive lives. While progress has been recorded in recent years, maternal mortality¹ remains a major challenge to health systems worldwide. In the developing regions there were 343 000 maternal deaths worldwide in 2008, down from 526 000 in 1980².

While the target of Millennium Development Goal (MDG) 5 is still far from being achieved, substantial, albeit varied, progress has been made towards this objective. Whilst only 23 countries are on track to achieve the target of a 75% decrease in maternal mortality ratio by 2015, countries such as Egypt, China, Ecuador, and Bolivia have been achieving accelerated progress³. Interventions that are known to be effective in lowering maternal and perinatal mortality and morbidity are not universally provided. Scaling-up the coverage of maternal and newborn health care provided by skilled personnel is expected to have a considerable impact in helping to achieve MDG 4 and 5.

A critical challenge is the shortage of skilled professionals: it is necessary to train nurses, midwives and health educators to provide skilled assistance during labor and delivery, as well as care for infants and children. In this respect, it's worth noting that 57% of IFPMA's programs have an element of capacity building which is key to addressing women's health challenges⁴. Moreover, countries, donors and multilateral agencies must mobilize resources to strengthen health infrastructure: to create new hospitals, to upgrade equipment and facilities, and provide them with essential medicines. A combination of targeted and inexpensive basic health interventions would have a dramatically positive impact on advancing on MDG 5. These include better nutrition for mothers and children; mass vaccination campaigns, access to basic antibiotics and programs to prevent the spread of HIV/AIDS and other sexually transmitted diseases.

Achieving MDGs 4 and 5 will continue to require the combined commitment of governments, civil society and healthcare communities globally. As the projects in this booklet illustrate, the IFPMA companies share this commitment to global health and are working actively in partnerships towards fulfillment of these goals.

Eduardo Pisani
Director General
IFPMA

¹ Maternal deaths are the deaths of women during pregnancy, childbirth, or in the 42 days after delivery.

² The Lancet: Maternal Mortality on the decline, 2010

³ The Lancet: Maternal Mortality on the decline, 2010

⁴ IFPMA Partnership Directory 2010 <http://www.ifpma.org/resources/partnership-directory.html>

FAMILY HEALTH PROGRAMS





Abbott Fund Program to Fight Malnutrition in Vietnam

Child & maternal health, malnutrition

Abbott

AmeriCares, Giao-Diem Humanitarian Foundation

Since 2006

Access - Donation, Capacity Building - Training

Vietnam

www.abbott.com

Children in Vietnam are afflicted with some of the most severe forms of malnutrition, an unacceptable reality caused by limited access to nourishing food and a lack of nutritional education. According to UNICEF, more than 25% of Vietnamese children under five are underweight and more than 10% of Vietnamese children suffer from vitamin A deficiency. To help improve the overall nutritional health of children in rural areas of Vietnam, the Abbott Fund is working with AmeriCares to support the Giao-Diem Humanitarian Foundation.

Together, the Abbott Fund and its partners are improving the nutritional status of school age children in three rural provinces of Vietnam – Quang Tri, Hue, and Dong Thap – where childhood malnutrition rates are among the highest in the country. This successful initiative targets nutritional health early in life. Administered through a network of local schools, the program focuses on three main components: nutrition support with multivitamins and nourishing local food products; training and health education for teachers, staff and parents; and school infrastructure improvements. During the flooding and raining season, Abbott also donates pediatric nutritional products. In 2009, the Abbott Fund initiative reached 73 classrooms and more than 2,200 children. During the 2008-2009 school year the program reduced the prevalence of child malnutrition in three provinces from an average of 31% to 18%.

In addition to improving the health and nutrition outcomes for enrolled children, Abbott's support of the program contributes to Vietnam's national efforts to meet the United Nations Millennium Development Goals. In association with Goal 1 on extreme poverty and hunger, Vietnam aims to reduce the proportion of people living under the food poverty line by 75% by 2010. In association with Goal 4 on child mortality, the partnership is helping Vietnam reduce the proportion of children under five who are malnourished down to 20% by 2010. This program serves as a sustainable model for improving pediatric nutrition in rural Vietnam. Abbott is currently supporting efforts by other organizations to replicate this model program at seven additional locations.



In Vietnam, the Abbott Fund is helping improve the nutrition of children in rural schools by providing local foods; teachers, staff and parents also receive training and health education. (Abbott)

Abbott Fund Program to Improve Children's Health in Cambodia

Child & maternal health

Abbott

Angkor Hospital for Children in Cambodia, Direct Relief International

Since 2006

Access - Donation, Capacity Building - Training

Cambodia

www.abbott.com

Malnutrition is a significant contributor of early morbidity and mortality among young children in Cambodia. According to UNICEF, the mortality rate for children under five increased from 115 per 1,000 live births in 1990 to 143 in 2005; nearly 45% of all children under five are underweight. Since 2006, Abbott and the Abbott Fund have partnered with Direct Relief International and Angkor Hospital for Children in Siem Reap in an effort to reverse these troubling trends.

Abbott and the Abbott Fund have provided more than USD 2.3 million in grants and products to support the work of Angkor Hospital for Children, a pediatric teaching hospital providing free comprehensive care for children in Siem Reap and neighboring provinces. Direct Relief, a global humanitarian assistance organization, manages the distribution of Abbott's grants and product donations.

The Abbott Fund is focused on improving health professional and caregiver awareness, knowledge and ability to treat pediatric nutrition through formal training, local and regional educational workshops, cooking demonstrations and donations of essential products. With the Abbott Fund's support, in 2009 Angkor Hospital for Children also sent 117 hospital staff to participate in college-level 'train the trainer' courses to strengthen the overall clinical teaching skills of the hospital's nursing staff.

In 2009, the Abbott Fund's grant made it possible for the Angkor Hospital for Children to provide services to more than 124,000 children, all of whom were assessed for malnutrition. Of those assessed, 136 were identified and then treated for severe malnutrition. Additionally, with the Abbott Fund's support, 1,700 families attended cooking classes through AHC and 4,000 families attended nutrition information sessions. In order to sustain what they had learned in the cooking and nutrition classes, AHC provided more than 3,000 families with locally grown food to put what they had learned into practice.

Since the partnership began, more than 250,000 children have received nutritional assessments, more than 6,000 families have participated in nutrition information workshops, and more than 400 health professionals have received nutrition training. The program's success has helped Angkor Hospital for Children serve as a role model for hospital nutrition programs in Cambodia.

Abbott Fund Program to Improve Children's Health in the Democratic Republic of Congo

Child & maternal health
Abbott
Église du Christ au Congo, IMA World Health
Since 2007
Access - Donation, Capacity Building - Training
Democratic Republic of Congo
www.abbott.com

Years of civil war have had a devastating impact on the health and lives of women and children in the Democratic Republic of Congo. The country suffers from one of the highest maternal mortality rates in the world, at 1,100 deaths per 100,000 live births, the third highest infant mortality rate in Africa at 129 deaths per 1,000 live births, and 67% of pregnant women are anemic.

Since 2007, the Abbott Fund is partnering with IMA World Health and the Église du Christ au Congo to help reverse these statistics. The partnership supports the training of health care professionals and water engineers, and provides essential supplies needed to deliver basic health care services, such as vaccinations, nutrition counseling, literacy training, screening and counseling on gender-based violence, and prenatal care, to more than 60,000 women and children in Equator Province. The Abbott Fund also is coordinating the donation of nutritional products, and rapid HIV/AIDS tests to help prevent the transmission of HIV from mother to child.

Despite ongoing conflict in the targeted areas, which has caused the internal displacement of thousands of persons and cut off delivery and access routes, the program continues to deliver life-saving services. More than 100 community health care workers and 133 doctors and nurses have been trained this past year to diagnose and treat children in a community-care setting. More than 5,000 women have been educated through on-going gender-based violence campaigns and more than 1,700 women attended literacy classes.

The Abbott Fund's support is part of its effort to invest in creative programs that advance access to health care around the world, focused on finding sustainable solutions to make a lasting impact on people's lives.



In the Democratic Republic of Congo, the Abbott Fund is piloting a comprehensive prenatal health initiative. (Abbott Fund)

Abbott Fund Program to Improve Maternal & Child Health in Afghanistan

Child & maternal health
Abbott
Afghan Institute of Learning, Direct Relief International
Since 2005
Access - Donation, Capacity Building - Training
Afghanistan
www.abbott.com

According to the World Health Organization, Afghanistan has the second highest maternal mortality rate in the world, with 1,900 deaths per 100,000 live births. In addition, one in four Afghan children will not live to see their fifth birthday. To improve the lives of women and children in Afghanistan, Abbott and the Abbott Fund are partnering with the Afghan Institute of Learning (AIL) and Direct Relief International to help reverse the country's high maternal mortality rate, and increase the survival and overall health of infants and children.

The Abbott Fund has provided more than USD 500,000 in grants and assisted in coordinating USD 4 million in product donations from Abbott to support the work of AIL, founded by Nobel Prize nominee Sakena Yacobi, a long-time advocate for women's rights in Afghanistan. Direct Relief International, a global humanitarian assistance organization, manages the distribution of Abbott's grants and product donations to AIL.

With five clinics serving mostly rural areas in Afghanistan, AIL is staffed and operated by Afghan women. Abbott Fund support is focused on empowering Afghan women through the training of female nurses, midwives and health educators to provide skilled assistance during labor and delivery, as well as care for infants and children. The Abbott Fund also is supporting 5-day women's health workshops that have provided health education directly to more than 376,000 Afghan women since 2005.

Abbott has donated products to improve maternal and child health, including rehydration solutions, antibiotics, multivitamins and nutritional supplements.

Since the partnership began in November 2005, there has been a ten-fold increase in the number of healthy babies delivered at AIL's clinics. More than 600,000 women and children have received services, and 60 nurses/midwives have been trained, with most now employed in clinics and hospitals. The Abbott Fund is supporting the training of 25 additional women in 2010-2011.



The Abbott Fund has helped Afghan women through the training of female midwives and by strengthening health care capacity to provide better services for women and children. (Abbott Fund)

Arogya Parivar Program – A Rural Health Initiative

Multiple diseases
Novartis
Rural Connect
Since 2006
Access - Pricing, Education
India
www.novartis.com

In 2006, Novartis' Consumer Health and Sandoz divisions launched an initiative in India to address the neglected health needs of rural populations. The Arogya Parivar (healthy family) program started with pilot sites in the states of Uttar Pradesh and Maharashtra. It combines healthcare education with access to affordable medicines through local pharmacies. The initiative aims to build a sustainable business that improves access to healthcare among the underserved millions in rural India by providing locally available and affordable health solutions. This 'social business' approach represents a mix of corporate citizenship and creative entrepreneurship.

In the pilot phase, products focused on tuberculosis, other respiratory infections, coughs, colds, allergies, skin and genital infections, malnutrition in mothers and children, diabetes, intestinal worms and digestive problems - all important health challenges in these communities. The intent is to collaborate with third parties to broaden the product portfolio to include medicines for additional therapeutic areas and items such as anti-malarial bed-nets. To be included, products need to be easy-to-use, relevant and have instructions in local languages. Packages are reduced in size so that weekly individual treatment costs are kept below USD 1.25. As of end of 2009, the portfolio included 56 products addressing 11 disease areas. Because transport and communication in rural India are difficult, a decentralized model was adopted, organizing the 500 health advisors and supervisors in autonomous 'cells'. They are not Novartis employees, but are trained to ethical standards set by Novartis.

The initial phase of Arogya Parivar I addressed 120 of India's more than 600 districts, selected using criteria ranging from population and purchasing power to transportation infrastructure and density of private doctors. By the end of 2009, Arogya Parivar had increased the number of cells to cover a population of around 42 million villagers (28,000 villages) in 13 states and 190 districts. The system includes 22,000 rural physicians and 18,000 pharmacies linked to cities for their supplies.

Arogya Parivar health advisors speak to villagers about diseases and help them recognize symptoms. Periodic health camps bring in doctors to do examinations and make referrals to a treating doctor. A single health camp can attract from 200 to 2,000 people.



Women field workers in rural India. (Novartis)

Arpana Research and Charitable Trust

Child & maternal health
Pfizer
Arpana Research and Charitable Trust
Since 2002
Capacity Building - Support
India
www.pfizer.com

One of the biggest obstacles to improving the health of women and children, the aim of UN Millennium Development Goals 4 and 5, is inadequate primary care capacity. Pfizer has been working the Arpana Research and Charitable Trust, an NGO operating in rural and urban India, since 2002. Pfizer's funding and in-kind support is now focused on building technical capacity at Arpana Hospital, a 135-bed facility in rural Haryana, and in the NGO's operations in two other Indian States.

A key focus of Arpana's work is on expansion of its maternal and child health work, as well as gender empowerment interventions that include self help groups and micro-financing. Pfizer has worked with Arpana to create a self-sustaining business model in which fees from paying patients help to support low-income patients and community service programs. Additionally, Pfizer has connected Arpana to other funding sources, including government programs and multilateral entities, to promote sustainability and scale up of the NGO's program within India.

Key achievements within the rural program in Haryana include:

- Decreasing anemia rates among pregnant women by 32%, and among adolescent girls by 51%;
- Creating 1,046 home kitchen gardens that have helped reduce levels of malnutrition, and increasing household nutrition through the cultivation of local fruits and vegetables;
- Reducing infant and maternal mortality rates, with a 20% reduction in low-birth-weight infants, a 20% increase in institutional deliveries and a lower prevalence of neural-tube defects; and
- Improved awareness of the health care needs of pregnant women and children less than five years old, which has led to a 94% coverage rate of antenatal checkups.

Bayer Schering Pharma & Family Planning

Family planning
Bayer HealthCare
Governments, multilateral organizations & private organizations
Since 1961
Access - Pricing, Capacity Building - Training, Education
Worldwide
www.bayerscheringpharma.de

For more than 46 years, Bayer Schering Pharma AG (part of Bayer HealthCare) has been supporting family planning programs in 132 countries with its high quality products in close co-operation with government organizations (BMZ - German Federal Ministry for Economic Cooperation and Development, KfW - German Development Bank, GTZ - German Association for Technical Co-operation, the UK's DFID and DANIDA), multilateral organizations (UNFPA, the World Bank, the WHO, and USAID), and private organizations (International Planned Parenthood Federation, Population Services International, Marie Stopes, IMRES and Missionpharma).

In that time, more than 2.6 billion cycle packs of oral contraceptives have been provided to family planning organizations and users in the developing world. The product range includes a wide choice of contraceptive methods, (mono- and triphasic combined oral contraceptives and progestogen-only products), injectables (one- and three-monthly), implants and intrauterine devices/systems. These products are of the same quality as those available on the private market but they are sold at no profit to organizations running family planning projects in developing countries. In 2009, Bayer contributed about 70 million cycles of oral contraceptives and more than 5.4 million injectables worldwide, as well as more 900,000 sets of implants.

With its family planning programs, Bayer wants to help people to make informed and independent decisions concerning their family size, taking into account the best possible conditions for the future of their children. Family Planning reduces women's exposure to health risks of unwanted childbirth and unsafe abortions.

Bayer is committed to making universal access to fertility control means a reality by 2015, as recommended by the International Conference on Population and Development. Through its long-term commitment to family planning, Bayer is making a substantial contribution to the UN Millennium Development Goals, including empowering women, reducing child mortality and improving maternal health by 2015.

Training programs for family planning providers are also part of Bayer's commitment. Since sexual education is vital to contraception, Bayer supports programs like the CELSAM project (Centro Latinoamericano Salud y Mujer), providing detailed information on sexual education in all Latin American countries by radio, educational programs for schools and universities, telephone hotlines and information booths on the streets. In Asia, Bayer cooperates with APCOG (Asia Pacific Council on Contraception).

Bidan Delima Midwife Training Program

Child & maternal health
Johnson & Johnson
Indonesian Midwives Association
Since 2003
Capacity Building - Training, Education
Indonesia
www.jnj.com

In Indonesia, 20,000 women die each year as a result of pregnancy or delivery, and 165,000 infants die before, during or directly after birth. Midwives are crucial to improving reproductive health services. Working with the Johns Hopkins University's JHPIEGO unit, the Indonesian Midwives Association is trying to increase the standard of care among private practice midwives in the country. The Bidan Delima Program, a component of the Sustaining Technical Achievements in Reproductive Health/Family Planning project operated by IMA, was implemented in 2003.

Johnson & Johnson has supported this midwife training program since its inception in 2003. Since then, more than 1,200 midwives have been trained on the national clinical standards of midwifery. These standards cover family planning services, infection prevention, contraceptive technology and safe delivery care. The program also provides educational material to 28,000 additional midwives throughout the country. The Association was able to produce an updated version of its national safe delivery training video, which is used to train 76,000 practicing midwives in Indonesia.

The 2008 program has trained 200 Bidan Delima facilitators in order to expand the number of candidates each year. The program spans 12 Indonesian provinces with 177 cities and involves more than 26,000 midwives. By improving the health care services offered to midwives in private practice, Bidan Delima aims to help reduce the maternal and neonatal mortality rate of urban births by 30 to 60% over the next five years.



Since 1961, more than 2.5 billion cycle packs of oral contraceptives have been provided to family planning organizations and users in developing countries. (Kirsi Amanto, Bayer Schering Pharma)

Computerized Training for Management of Childhood Diseases

Child health
Novartis
WHO
Since 2005
Capacity Building - Support
Indonesia, Tanzania, Peru
www.icatt-training.org , www.novartisfoundation.org

Every year, almost 10 million children die before they reach their fifth birthday. Many of these deaths could be avoided if those children received timely and appropriate care. It is the goal of the World Health Organization (WHO) to reduce the infant and child mortality rate by two-thirds by 2015 (compared with 1990). One of the most promising instruments for achieving this goal is the Integrated Management of Childhood Diseases (IMCI), an approach to managing the most common diseases such as pneumonia, diarrhea, malaria, measles, or malnutrition.

To train healthcare personnel in IMCI and to respond to different realities in countries, innovative and flexible ways of learning and skills development have to be established. To that end, the Novartis Foundation for Sustainable Development has, in collaboration with the WHO, developed a computer-based learning program: the IMCI Computerized Adaptation and Training Tool (ICATT).

In 2008, the ICATT software was sent to all IMCI-implementing countries. With the support of the Novartis Foundation, Peru, Tanzania and Indonesia have started the adaptation process from a generic version to a country-specific version. In those countries, the first ICATT training courses were conducted. Close monitoring will document the early findings in order to share them, with stakeholders who may be interested in the potential use of the tool in the future.

Every Mother, Every Child

Child & maternal health
Johnson & Johnson
More than 200 organizations
Since 2010
Access – Donation, Healthcare Capacity - Support & Training, R&D
Developing countries
www.jnj.com/everymothereverychild

Every Mother, Every Child is a comprehensive five-year effort to improve the health of women and children in developing countries. Every Mother, Every Child aims to help as many as 120 million women and children each year over the next five years (2010-2015), and represents a significant commitment of grants, medicine donations, research and development.

The effort includes treatments for intestinal worms, health information for pregnant women over existing mobile phones, research and development of new medicines for HIV and tuberculosis (TB), and efforts focused on enhancing birth safety and improving health. The effort includes the following programs:

- **Mobile Health for Mothers** – More than 15 million expectant and new mothers, in six developing countries, will receive mobile free phone messages on prenatal health, reminders of clinic appointments and calls from health mentors over the five-year program. Countries in the effort include Bangladesh, China, India, Mexico, Nigeria, and South Africa.
- **Intestinal Worms in Children** – Johnson & Johnson plans a four-fold increase in its current support, with a goal of donating 200 million doses of mebendazole, a treatment for intestinal worms in children, each year. It is expected that it will take about two years to materially scale up production and to build partnerships with organizations on the ground to implement the program fully. The program aims to distribute mebendazole in 30 to 40 countries by 2015, and includes education to help prevent treated children from being re-infected.
- **R&D Innovations** – The Johnson & Johnson commitment includes research and development to bring forward new treatments for HIV and TB, both of which disproportionately affect women and children in the developing world. The Company is currently working to develop a TB drug with a new mechanism of action, anti-retrovirals to treat HIV and potentially prevent HIV transmission from pregnant women to their infants, as well as new technologies that may, in the future, prevent the transmission of HIV between adults.
- **Safe Birth Programs** – Johnson & Johnson will extend current commitments to peer education programs that have been successful in preventing mother-to-child transmission of HIV; reducing a life-threatening condition in infants caused by lack of oxygen at birth (birth asphyxia); and upgrading existing health care facilities to accommodate more women at risk of fistulas. Fistulas are a debilitating tissue rupture in mothers caused by obstructed labor, resulting in incontinence and infections.

Freedom of Breath, Fountain of Life

Child & maternal health
Johnson & Johnson
Chinese Ministry of Health & other partners
Since 2004
Capacity Building - Training, Education
China
www.jnj.com

Each year in China, as many as 125,000 babies may succumb to neonatal asphyxia, the inability to breathe at or immediately after birth. Johnson & Johnson Pediatric Institute, LLC, has joined with the Chinese Ministry of Health, the American Academy of Pediatrics, the Chinese Society of Perinatal Medicine and the Chinese Nursing Society to form the 'Freedom of Breath, Fountain of Life' national neonatal resuscitation program.

The program aims to reduce infant mortality through education, with a goal of ensuring that there is at least one trained person present at every hospital birth by 2010. In just a few years, the program has trained health care professionals saving the lives of countless babies who would have otherwise died. Since 2004, the program has trained more than 27,000 medical professionals, in more than 6,400 hospitals, in 20 provinces across China, in the techniques of neonatal resuscitation.

Fuyang AIDS Orphan Salvation

Child health
Johnson & Johnson
Fuyang AIDS Orphan Salvation Association
Since 2006
Capacity Building - Support, Education
China
www.jnj.com , www.faaids.com

Founded in December 2003, the Fuyang AIDS Orphan Salvation Association (AOS) addresses the social stigma and discrimination associated with HIV/AIDS. With support from Johnson & Johnson, this NGO serves the needs of more than 500 children affected by HIV/AIDS in Anhui Province in eastern China. AOS assists more than 200 families in 20 different villages, providing stipends for basic health and education needs, clothing, food, vocational education and emotional support. AOS strives to reduce social stigma by encouraging meaningful dialogue within Chinese communities to raise public awareness about HIV/AIDS.

Since 2003, AOS has rescued approximately 500 children affected by HIV/AIDS, most of them orphans. Johnson & Johnson supports three key AOS initiatives:

- Sponsoring children to attend vocational schools to help prepare them for better job opportunities and economic independence;
- Providing transportation for infected children to obtain treatment and nutritional support;
- Operating a summer camp for AOS children ages 5 to 16 who are infected or affected by HIV/AIDS.

Ghazipur Children’s Hospital

Child health
Pfizer
Sabera Foundation
Since 2004
Capacity Building - Support
India
www.pfizer.com

Pfizer Spain is supporting the Sabera Foundation, which runs a small Children’s Hospital in Ghazipur, in the outskirts of Calcutta in India. The hospital provides specialized residential health care and rehabilitation services for the children of poor families. Pfizer helps fund maintenance of the building and the hospital’s operating expenses infrastructures and makes available the company’s expertise in health care. Therapeutic areas covered include physiotherapy, tuberculosis and ophthalmology. The hospital also provides out-patient support to the surrounding community.

As a part of its corporate social responsibility strategy, Pfizer allows its employees to work at the Ghazipur Hospital, performing support, management and medicine distribution activities for two to four weeks, as well as helping with rehabilitation tasks. To date, 74 Pfizer volunteers have participated in this program.

GlaxoSmithKline & Integrated Management of Childhood Illness

Maternal, neonatal & child health
GlaxoSmithKline
WHO, UNICEF & other partners
Since 1996
Capacity Building - Support & Training, Education
Ethiopia, Ghana, Kenya, Namibia, Nigeria, South Africa
www.gsk.com

The World Health Organization (WHO) and UNICEF developed Integrated Management of Childhood Illness (IMCI) as an improved delivery strategy for child survival interventions. GlaxoSmithKline has been involved with IMCI since 1996 when it initiated an unique partnership with the South African Ministry of Health. Since then, GSK has entered into public-private partnership agreements with WHO, UNICEF, National Ministries of Health and/or NGOs for the implementation of the IMCI strategy or components thereof in Ethiopia, Namibia, Nigeria, Ghana and Kenya.

IMCI aims to reduce morbidity and mortality due to the major killer diseases for children under five: malaria, diarrhea, malnutrition, measles, pneumonia, HIV/AIDS and neonatal causes. The strategy includes three main components: 1) improving the case management skills of health workers; 2) strengthening the health system; and 3) improving key household and community practices that have the greatest impact on child survival.



The Children’s Hospital in Ghazipur, Calcutta, provides specialized residential health care and rehabilitation services for the children of poor families. (Pfizer)

GlaxoSmithKline: Namibia Sanitation & Hygiene Program

Child Health
GlaxoSmithKline
Namibia Ministry of Health, UNICEF
Since 2008
Capacity Building - Support
Namibia
www.gsk.com

Nearly 1.3 million of Namibia's population of just over 2 million do not have access to proper toilet facilities, including 84% of all people living in rural areas. Diarrhea is the second highest cause of pediatric admissions in Namibia and is responsible for more than 30% of deaths in children under the age of five. In order to achieve the UN Millennium Development Goals (MDGs), the Namibian government's aim for 2015 is to ensure that at least 62% of people will have access to adequate sanitation.

In line with GlaxoSmithKline's Corporate Social Responsibility commitment to support the MDGs (especially those focused on child survival), a partnership agreement was signed in October 2008 during the first ever Global Handwashing Day, with UNICEF, Ministry of Health & Social Services of Namibia and GSK. GSK committed GBP 125,000 to this project of the period 2008-09.

The project goal is to support the development of a National sanitation promotion campaign, and a National policy, strategy and action plan on Sanitation & Hygiene Promotion in Namibia. The aim of the campaign is to raise awareness about the benefits of hand washing and improved sanitation. The campaign has two major components; firstly, to target the entire population, with a focus on mothers and other caregivers of children under the age of five, and secondly, to focus specifically on schools and school-age children, who themselves are often caregivers of their younger siblings.

GlaxoSmithKline: Nurse Training in Tamil Nadu

Nurse training
GlaxoSmithKline
Direct Relief International, Sri Ramakrishna Math
Since 2007
Capacity Building - Training
India
www.gsk.com

In the aftermath of the devastating Indian Ocean tsunami of 2004, GSK is providing USD 133,509 of funding from June 2007 to June 2009 to help Sri Ramakrishna Math, a local NGO in the Chennai region of Tamil Nadu, to enroll an additional 420 local girls in its Nursing Training Course. Sri Ramakrishna Math Chennai, in partnership with Direct Relief International, had already conducted extensive relief work in the area immediately after the tsunami, providing medicines, food, shelter and clothing.

The impact of the tsunami in the coastal regions was significant, with an estimated 500 fatalities and 150,000 people displaced from their homes, which created a huge extra demand for trained health professionals. Sri Ramakrishna Math Chennai developed its Nursing Assistant Training Course to help address staffing shortages and strengthen the local healthcare infrastructure as part of a long-term relief and rehabilitation strategy.

The girls are selected from very poor, outlying agricultural and fishing villages. Many of them have completed their secondary schooling but, due to family financial restrictions, are unable to continue further. In most cases, they are the first in their families to receive higher education and the nurse training gives them hope of employment outside the depressed traditional fishing and agricultural industries.

The success of the project is reflected in the high demand for their skills on completion of their training. The newly-qualified nurses have been quickly absorbed into nearby hospitals, where they are able to earn a decent salary and receive free room and board, thus raising their own economic status.



Health depends on many factors, including access to clean water, sanitation, adequate nutrition and basic education. (GlaxoSmithKline)

GlaxoSmithKline: Reinvestment in LDC Communities

Healthcare infrastructure
GlaxoSmithKline
WHO, UNFPA & other partners
Since 2009
Capacity Building - Support & Training
Cambodia, Democratic Republic of Congo, Ethiopia, Myanmar, Rwanda, Sudan
www.gsk.com

GlaxoSmithKline has committed to reinvest 20% of its profits from sales of its medicines in Least Developed Countries (LDCs) back into projects that address priority healthcare challenges, provide support to governments to remove barriers that stop patients accessing quality healthcare, and strengthen basic healthcare infrastructure.

In 2009, GSK selected six LDCs for reinvestment: Cambodia, Democratic Republic of Congo, Ethiopia, Myanmar, Rwanda and Sudan. The initial activities are targeted primarily on improving maternal, newborn and child health – high priorities for the ministries of health and essential for achieving the Millennium Development Goals (MDGs), specifically goal four (reduce child mortality) and goal five (improve maternal health).

In total, GSK reinvested GBP 512,000 in 2009 and allocated another GBP 300,000 to programs that are yet to start. Activities include expanding a network of business format franchise nurse-run clinics to improve access to quality basic healthcare and essential medicines in Rwanda, water sanitation programs in the schools of suburban areas in Myanmar and a one year program in 2010 to provide

GlaxoSmithKline's Midwife Training in Vietnam

Child & maternal health
GlaxoSmithKline
Tu Du Hospital in Vietnam
Since 2004
Capacity Building - Training
Vietnam
www.gsk.com

Since 2004, GlaxoSmithKline has been supporting a unique training program based in Tu Du Hospital, Ho Chi Minh City, Vietnam. The project is training birth attendants to provide maternal healthcare services in rural villages and aims to reduce childbirth complications and decrease newborn fatalities from the current unacceptably high level of 6%.

Supported by Tu Du medical and nursing staff, and housed within a residential training centre built by GSK, the trainees spend four months gaining practical knowledge of maternal and child healthcare.

Over 500 midwives have now graduated with a government-recognized qualification. Each midwife has been equipped with a medical pack and some are provided with a motor scooter to facilitate access to remote areas. motorcycle ambulances for pregnant women in Sudan.

GlaxoSmithKline's PHASE Program

Child health
GlaxoSmithKline
AMREF, Earth Institute, Save the Children, national MoHs
Since 1998
Education
13 developing countries
www.gsk.com

GlaxoSmithKline's Personal Hygiene & Sanitation Education (PHASE) project is helping to reduce diarrhea-related disease by encouraging school children to wash their hands. GSK established PHASE in 1998 and has so far invested over USD 7 million in the program. PHASE is run in partnership with AMREF, Save the Children and Earth Institute at Columbia University, as well as national Ministries of Health and Education in countries where the program is active.

The program has had impressive results so far. For example, a study by AMREF in Kenya showed that after four years, 88% of children from participating schools washed their hands after using the toilet, compared with 46% from non-participating schools. PHASE was extended to Millennium Villages in Malawi and Senegal during 2008 and now operates in a total of 13 countries. The aim is for the program to reach over 1 million children by next year.

GSK has a PHASE steering committee with representatives from its partner organizations to help expand the program into more countries. In 2009, PHASE was extended to the Philippines and Rio de Janeiro in Brazil.



GlaxoSmithKline's PHASE project is designed to reduce diarrhea by teaching children to wash their hands and other sanitation measures. (GlaxoSmithKline)

Global Campaign to End Fistula

Maternal health
Johnson & Johnson
UNFPA & other partners
Since 2004
Capacity Building - Training, Education
Ethiopia, Tanzania
www.fistulafoundation.org/hospital , www.americansforunfpa.org , www.ccbirt.or.tz

Fistula is a serious and painful disorder that develops when blood supply between organs or vessels is cut off during prolonged obstructed labor. Johnson & Johnson works with organizations in Africa to prevent and treat fistula.

In Eritrea, it helps the Global Campaign to End Fistula, led by UNFPA (United Nations Population Fund), which seeks to make this problem as rare in the developing world as it is in industrialized countries today. This project focuses on addressing obstetric fistula by increasing the caesarean section rate and the number of fistula repairs, thereby contributing to the ultimate goal of reducing maternal mortality and morbidity.

Addis Ababa Fistula Hospital is a key partner in the Global Campaign to End Fistula. It is the only health care facility in Ethiopia dedicated to victims of fistula. Johnson & Johnson supports outreach efforts to treat this condition and to educate women in remote areas about the importance of quality pre-natal and obstetrics care. The hospital treats more than 1,000 women each year throughout Ethiopia and serves as a training center for fistula surgery.

Johnson & Johnson also partners with the Comprehensive Community Based Rehabilitation center in Dar es Salaam, Tanzania (CCBRT), to provide fistula surgeries to nearly 200 women a year. In Ethiopia, Johnson & Johnson also supported in 2008 an accredited degree program at the Hamlin College of Midwifery for 40 rural women studying to become midwives.



Johnson & Johnson supports the Addis Ababa Fistula Hospital in Ethiopia. (Johnson & Johnson)

Global Fund for Women

Maternal health, women’s health
Johnson & Johnson
Global Fund for Women
Since 2005
Education
Kenya, Nigeria, Uganda
www.globalfundforwomen.org

The Global Fund for Women (GFW) advocates for and defends women’s human rights by making grants to support women’s grass-roots organizations around the world. The GFW works to promote economic security, awareness of the endemic problems of violence against women, education, health, and leadership.

Maternal prenatal care and reproductive health are of especially great concern. Estimates are that 500,000 women worldwide die each year in childbirth and another 18 million are left disabled or chronically ill. Johnson & Johnson provides support, through the GFW, to a dozen community-based groups that address maternal health issues in multiple African countries, including Kenya, Nigeria, and Uganda

Healthy Communities, Healthy Ecosystems

Multiple diseases
Johnson & Johnson
WWF & other partners
Since 2003
Education
Democratic Republic of Congo, Kenya, Nepal
www.jnj.com , www.wwf.org

Since 2003, J&J has supported the innovative ‘Healthy Communities, Healthy Ecosystems’ projects run by the World Wide Fund for Nature (WWF) in East Africa, the Congo Basin and the Eastern Himalayas. Over the past year in the Congo, the WWF has conducted sex education and HIV/AIDS training in eight villages, established five wildlife management committees as well as two primary schools reaching 400 students. A Congo community health center also was renovated and restocked. In Nepal, improved cooking stoves have been installed to reduce pressure on forests and improve community health. J&J funding also has assisted in protecting freshwater streams from degradation in Khata, Nepal.

Recent activities in Kenya include building a dispensary clinic for target communities, provision of safe drinking water and family planning education by newly trained health care workers from the Ministry of Health and Family Health International. Mobile clinics reach villages that have no access to quality health care, and people are receiving prenatal and postnatal care, immunizations, nutritional counseling and education about environmental health and conservation efforts.

Home-Based Newborn Care (HBNC) Initiative

Maternal health
Johnson & Johnson
UNICEF
Since 2008
Capacity Building - Training
India, Nepal, Pakistan
www.jnj.com

The Home-Based Newborn Care (HBNC) initiative aims to train a sufficient number of community midwives in the most underserved areas to save newborns' lives. After taking a series of intensive courses, the community midwives can provide a continuum of quality care from pregnancy through birth and early infancy. The care includes drying the newborn, keeping the baby warm, initiating breastfeeding, giving special care to low-birth weight newborns, and diagnosing and treating common infant infections.

The HBNC initiative has trained the first 32 community midwives in two pilot areas of Punjab, Pakistan's most heavily populated province, where only 33% of births take place in the presence of a skilled birth attendant. To further improve the health care for newborns and mothers, several midwifery homes have also been built. With the newly built facilities, each community midwife is now able to provide clean and safe deliveries to communities with populations of 10,000. By the end of 2009, 190 skilled community midwives had been deployed in five districts.

Initiative Accès: Access to Primary Health Care in Mali

Multiple diseases
Novartis
Mali Ministry of Health, Mali Ministry of Social Development
Since 2001
Capacity Building - Support & Training
Mali
www.novartisfoundation.org

Since 2001, the Novartis Foundation for Sustainable Development partners with the Ministries of Health and Social Development to improve the access to primary health care services in rural areas of Mali. Poor rural populations in Mali are faced with multiple obstacles when seeking healthcare such as mobilizing resources within their family and community to be able to overcome the great distance to the nearest health center.

To test a new approach, the Novartis Foundation has contributed to the establishment of a health insurance scheme in the Municipality of Cinzana of the Ségou region (the country's largest rural community). From the onset, the range of offered services included quality health services (preventive and curative) as well as geographical accessibility to increase the attractiveness of enrollment. This pilot project is today regarded as a reference for the whole country of Mali, because the Cinzana health insurance scheme is the largest rural insurer in the Ségou region.

Since 2007, the foundation, in cooperation with the regional authorities for health and social development, has expanded its activities to 12 health zones in the region of Ségou, covering 170,000 people in 210 villages. The main components of the Initiative consist of improving the quality of care, strengthening the organization and management of the health centers and enhancing the accessibility of services in the villages through health insurance schemes. Furthermore, the project further improves the affordability of health services by providing access to micro-credits for women and by supporting income-generating activities such as jatropha, poultry and milk production.

Integrated Midwives Association of the Philippines

Child & Maternal health
Johnson & Johnson
Integrated Midwives Association of the Philippines
Since ?
Capacity Building - Training
Philippines
www.jnj.com

Johnson & Johnson supports training of IMAP midwives. More than 170 have been trained in the past few years.

International Rescue Committee

Child health
Johnson & Johnson
International Rescue Committee
Since 2004
Capacity Building - Support, Education
25 developing countries
www.theirc.org

The IRC is a global leader in emergency relief, protection of human rights, post-conflict development, resettlement services, and advocacy for those affected by conflict and oppression in more than 25 developing countries. Johnson & Johnson provides support to help the IRC build schools, and train police, peacekeepers, and relief workers in best practices for assisting victims of trauma.



Johnson & Johnson supports the UNICEF Safe Motherhood Initiative program at the Fabella Memorial Hospital in the Pilippines. (Janea Wiedmann, Johnson & Johnson)

It's Worth Dreaming Project

Child & maternal health

Pfizer

Instituto Kaplan

Since 2004

Education

Brazil

www.pfizer.com

An initiative of the Instituto Kaplan with the support of Pfizer, the 'It's Worth Dreaming Project' fights unplanned pregnancy among adolescents in the State of São Paulo. In 2008, approval was given to implement the initiative in all public schools of the State. By 2010, 37,000 education professionals will have been trained and 1.7 million students reached, in 645 municipalities.

The project was first launched in 2004 in 14 municipalities in the Ribeira River Valley region, which has the lowest Human Development Index rating in the state. Since then, the Project has accomplished a 91% reduction in unwanted pregnancies and assisted more than 11,000 adolescents.

It's Worth Dreaming Project workshops ask young people to define their life goals and then encourage them to achieve them. This helps adolescents to understand better the consequences of unplanned pregnancy in their lives and become more motivated to learn about and practice safe sex. The Vale Sonhar game helps teachers and community agents to explore this theme with youngsters.

Johnson & Johnson Burn Treatment Center (JJBTC) in Soweto

Multiple diseases

Johnson & Johnson

Chris Hani Baragwanath Hospital

Since 1990

Capacity Building - Support & Training

South Africa

www.jnjsouthafrica.co.za/co_social.asp, www.chrishanibaragwanath-hospital.co.za

In 1990, the company built the Johnson & Johnson Burn Treatment Centre at the Chris Hani Baragwanath Hospital in Soweto, South Africa. The JJBTC has 24 beds for adults and 26 beds for children, an operating room, and multi-disciplinary facilities and treats about 1,500 people a year. This state-of-the-art unit treats more than 1,500 patients annually for serious and complicated burns, and has succeeded in reducing the mortality rate among critically ill patients. J&J continues to support the facility with management support, essential equipment, quality products, and education for nursing and medical personnel. Less visible, but of equal importance, are the investments and expertise provided at the community level with the establishment of clinics and training of caregivers.

Nurse Training in East Africa

Multiple diseases
Johnson & Johnson
Aga Khan University
Since ?
Capacity Building - Training
Kenya, Tanzania, Uganda
www.agakhanhospitals.org/nairobi/index.asp

Johnson & Johnson supports the Advanced Nursing Studies (ANS) and the Enrolled Nurses to Registered Nurses (ER-RN) programs at the Aga Khan University Health Sciences campus in Nairobi, Kenya. The program provides quality education and greater standards of evidence-based care to nurses and midwives from Kenya, Tanzania, and Uganda, to further develop their professional skills. The training, which includes some distance-learning approaches, prepares nurses to become registered nurses. More than 500 nursing students have benefited from this program.

Nurse Training in Somalia

Multiple diseases
Johnson & Johnson
SOS Children’s Villages
Since ?
Capacity Building - Training
Somalia
www.sos-usa.org

When the civil war broke out in Somalia in 1990, SOS Children’s Villages started a major medical emergency relief and food program. The SOS Hermann Gmeiner School was converted into an emergency clinic where adults and children injured in the war were cared for, and the mother and child clinic became part of the emergency relief program. To date it remains the only functioning maternity ward and gynecological care facility in the country. In order to provide SOS as well as other interested youths in Somalia with a professional training, the SOS Vocational Training Centre offers a three-year state-approved training for nurses or midwives.

Johnson & Johnson is funding several SOS programs including a nursing class in Mogadishu, which provides training for 20 student nurses in surgery, orthopedics, trauma, midwifery and HIV/AIDS prevention education. The company supports further health programs in a number of other SOS sites in Africa.



The R&D-based pharmaceutical industry also supports primary health care programs and capacity building, including the training of doctors and nurses. (Boehringer Ingelheim)

Pankararu Health & Culture Project

Child & maternal health
Pfizer
Associação Saúde Sem Limites
Since 2005
Capacity Building - Training, Education
Brazil
www.pfizer.com

Pfizer and Associação Saúde Sem Limites (Unlimited Health Association) have been working together on The Pankararu Health and Culture Project since 2005. The project provides 5,000 Pankararu Indians in townships located in the Borborema Mountain Range, in the arid interior of Pernambuco State, with basic health care information. Pfizer provides both financial and technical support to the program.

The Pankararu population also suffers from long droughts, intense social discrimination, clan conflicts and territorial disputes. To address these issues, the project has launched initiatives including diagnosis of the primary illnesses afflicting the population and training Indigenous Health Agents. The young population is also impacted by the project by means of activities focused on sexual education and family planning.

One of the initiatives is a program to assist traditional midwives and pregnant women. From 2007 to 2008, the project trained 60 traditional midwives, who provided more than 1,600 prenatal medical appointments and, on average, assisted more than 400 women. The project has also trained 40 Pankararu Indians to act as Indigenous Health Agents. Since the beginning of the project, not a single death has been registered during pregnancy, upon delivery or following a birth.

Ranbaxy Community Health Care Society

Child & maternal health
Ranbaxy
Rural communities throughout India
Since 1994
Capacity Building - Support & Training, Education
India
www.abbott.com

Ranbaxy set up the Ranbaxy Community Health Care Society (RCHS) in 1994 as a professionally managed independent, non-profit body. RCHS grew out of the work of the Ranbaxy Rural Development Trust, created by the company in 1979 to deliver primary health care to the underserved and underprivileged in Indian society and contribute to the national objective 'Health For All'.

RCHS adopts a focused, integrated approach to basic health care issues its service areas. To help plan needs-based intervention strategies, RCHS monitors and records events such as live births, infant deaths, maternal deaths and abortions. It has identified the main causes of infant and maternal mortality in RCHS areas as low birth weight, diarrhea, pneumonia, birth asphyxia, hypothermia, anemia in pregnancy, including obstetrical causes like sepsis or hemorrhage. Special attention is given to oral rehydration salts for diarrhea, and early diagnosis and appropriate treatment of pneumonia. To help bring down infant and maternal mortality rates in RCHS areas, the organization works with at-risk groups to prevent low birth weight and anemia in pregnancy, including referral services for dealing with obstetrical emergencies.

RCHS found that more than 70% of births in its service areas were conducted at home by untrained or improperly trained dais (traditional midwives). While lack of skills was causing many neo-natal deaths, the dais were accessible and acceptable to pregnant women. A two-phase intervention strategy was adopted, where RCHS Medical officers were trained to train the dais and then went out to deliver that training to dais in the community. RCHS has also established various community groups for women, dais, anganwari (childcare) workers, volunteers, adolescents and breast-feeding to promote community involvement and self-sustainability.

Daiichi Sankyo Co. Ltd. of Japan took a majority stake in Ranbaxy in 2008.

Red Cross Children's Hospital, Cape Town

Multiple diseases
Johnson & Johnson
Red Cross Children's Hospital Cape Town
Since ?
Capacity Building - Support & Training, Education
South Africa
www.jnj.com

The Red Cross Children's Hospital is a leading center for pediatric services located in Cape Town that provides comprehensive health care to children and adolescents. Johnson & Johnson supplies educational, product and financial support. The company also funded the development of an educational center at the hospital, which educates hospital staff, as well as members of the Western Cape community on health-related issues.

Renascer: Helping Poor Mothers in Brazil

Maternal health
Johnson & Johnson
Renascer
Since 2005
Education
Brazil
www.criancarenascer.org.br

Renascer is a Brazilian NGO which provides medical and educational aid to mothers with chronically ill children living below the poverty line. The program addresses the specific needs of health, education, income, housing and citizenship. During 17 years of operation, Renascer has helped 2,500 families with more than 8,600 children break the cycle of poverty and illness. The Renascer model has been so successful that it has inspired the development of 17 similar independent programs throughout Brazil.

Johnson & Johnson funds a key component of the Renascer model - education. Mothers are taught how to create healthy environments and given the skills to do so. Monthly sessions address issues of health education, disease prevention, child development, and domestic abuse. When family goals are met, the women graduate from the program prepared to provide for their families on their own.

Safe Motherhood Initiative

Maternal health
Johnson & Johnson
UNICEF
Since 2004
Capacity Building - Support & Training
India
www.unicef.org

One quarter of all women who die from complications of pregnancy or childbirth around the globe are in India. In two states, Madhya Pradesh and Rajasthan, the Maternal Mortality Ratio (MMR) is 379 deaths per 100,000 live births and 445 deaths per 100,000, respectively. Both numbers are significantly higher than India's already high national average of 305 deaths per 100,000 live births. About half of all maternal deaths are attributed to hemorrhage and anemia, both of which can be prevented. Unfortunately, poor maternal health care and inadequate emergency obstetric care put babies at risk, too.

To help address these issues, Johnson & Johnson partners with UNICEF/Safe Motherhood Initiative to increase access to good health care, giving mothers better care early and infants a healthy start in life. The UNICEF/Safe Motherhood Initiative provides extensive technical support, leadership and training programs to midwives, female health workers and staff nurses in Madhya Pradesh and Rajasthan. The initiative also ensures that skilled caregivers are available for the community 24 hours a day at nine health care facilities where the staff has received birth attendant training; seven more centers are to follow. Additionally, UNICEF helped initiate an emergency transport program to take pregnant women to the hospital.

As a result of to the UNICEF/Safe Motherhood Initiative, the percentage of institutional deliveries in the Guna district of Madhya Pradesh has risen from 35% in 2004-2005 to 76% in 2006-2007, meaning that many more mothers are being cared for by skilled birth attendants. The Fatehegarh Health Center, for example, handled 230 deliveries, up from zero in 2006. As part of UNICEF's overall efforts, in Madhya Pradesh 22 government agencies are part of a 24-hour emergency transport initiative, and in Rajasthan more than 100 vehicles are available for this service. More than 300 women have received emergency obstetric care through this transport service.

Sanofi-aventis Children's Programs

Child health
sanofi-aventis
Various partners
Since 1994
Access - Donation, Capacity Building - Support
10 developing countries
www.sanofi-aventis.com

Sanofi-aventis supports a number of projects in developing countries, the main purpose of which is to help improve children's health. These include:

Setting up a 4 years pilot program with The Chain of Hope to improve prevention of childhood rheumatic fever in Cambodia's rural Pursat province;

In Vietnam, sanofi-aventis is helping the Sister Elisabeth Association to build a dispensary in an orphanage for sight-impaired children, to build a school for street children (to help fight against prostitution) and to create sculpture and sewing workshops to generate income for the very poor;

Sanofi-aventis is helping to provide social and medical support to the homeless, in particular children in Huaycan, Peru, in Bucharest, Romania and in Moscow, Russia, in partnership with Samusocial International;

In Haiti, sanofi-aventis has helped set up of a medical and psychosocial program for street children in Port-au-Prince in partnership with Aide Médicale Internationale;

In Philippines, Chameleon Association protects and rehabilitates girls aged 5 to 18 who have been mistreated and sexually abused. In addition to corporate-level help, sanofi-aventis and Sanofi Pasteur Philippines support Chameleon through local fund-raising and vaccination campaigns among young girls and the center's staff;

In Senegal, sanofi-aventis has partnered the Kinkeliba association for its training program of bush doctors: fund of courses for final year medical students and for post-doctoral students working on such subjects as parasitology, pharmaceuticals and biology;

Sanofi-aventis is partner to the Les Enfants du Noma association which helps children affected by this terrible disease in Burkina Faso and Mali. Noma is a disease of poverty, which affects 500,000 children each year worldwide in Africa, Asia and South America. This bacterial infection disfigures the face, mainly in young children from birth to the age of six. Those who survive suffer from serious facial mutilation, leading to speech and eating problems.

Save the Children

Child health
Johnson & Johnson
Save the Children
Since 1998
Education
Philippines, Thailand, Vietnam
www.jnj.com , www.savethechildren.org

Since 1998, Johnson & Johnson has partnered with Save the Children in efforts to educate children and their families in the Philippines, Thailand and Vietnam about child development, health and nutrition.

The partnership’s first project involved integrating personal, community and environmental hygiene instruction into school curricula in Thailand. Johnson & Johnson has provided more than USD 1.1 million in grants, contributions, matching gifts and in-kind gifts.

Project Pampalusog works with residents and schools in the community of Masville in the Philippines to improve the health and nutrition of school children. Launched in June 2004, the project has increased awareness by children and their families living in Masville of health and diseases, particularly worm infection and some reproductive health risks. Through practical skills in recognizing and preventing the spread of diseases, improving delivery of health and nutrition services, and forming partnerships for better sanitation practices, the project has inspired the community in creating a vision for healthy children living in safe and healthy environments. Since its inception, worm infections have been reduced from 50% in 2004 to 17% in 2007. In addition, the community has improved drainage and sanitation systems and increased recycling and composting.

Unamos al Mundo por la Vida

Child health
Johnson & Johnson
Unamos al Mundo por la Vida
Since 2005
Education
Venezuela
www.unamosalmundo.org

Johnson & Johnson partners with Unamos al Mundo por la Vida, an organization dedicated to recruiting and educating children who beg in the streets of Caracas, Venezuela. Many of these children are homeless or live in extreme poverty, lacking opportunities to fulfill their basic needs. Program funding goes to a health clinic and shelter where these children receive basic medical, dental and psychosocial care, as well as meals, education and entertainment. Unamos al Mundo por la Vida estimates that approximately 3,500 children benefit from this program every year.



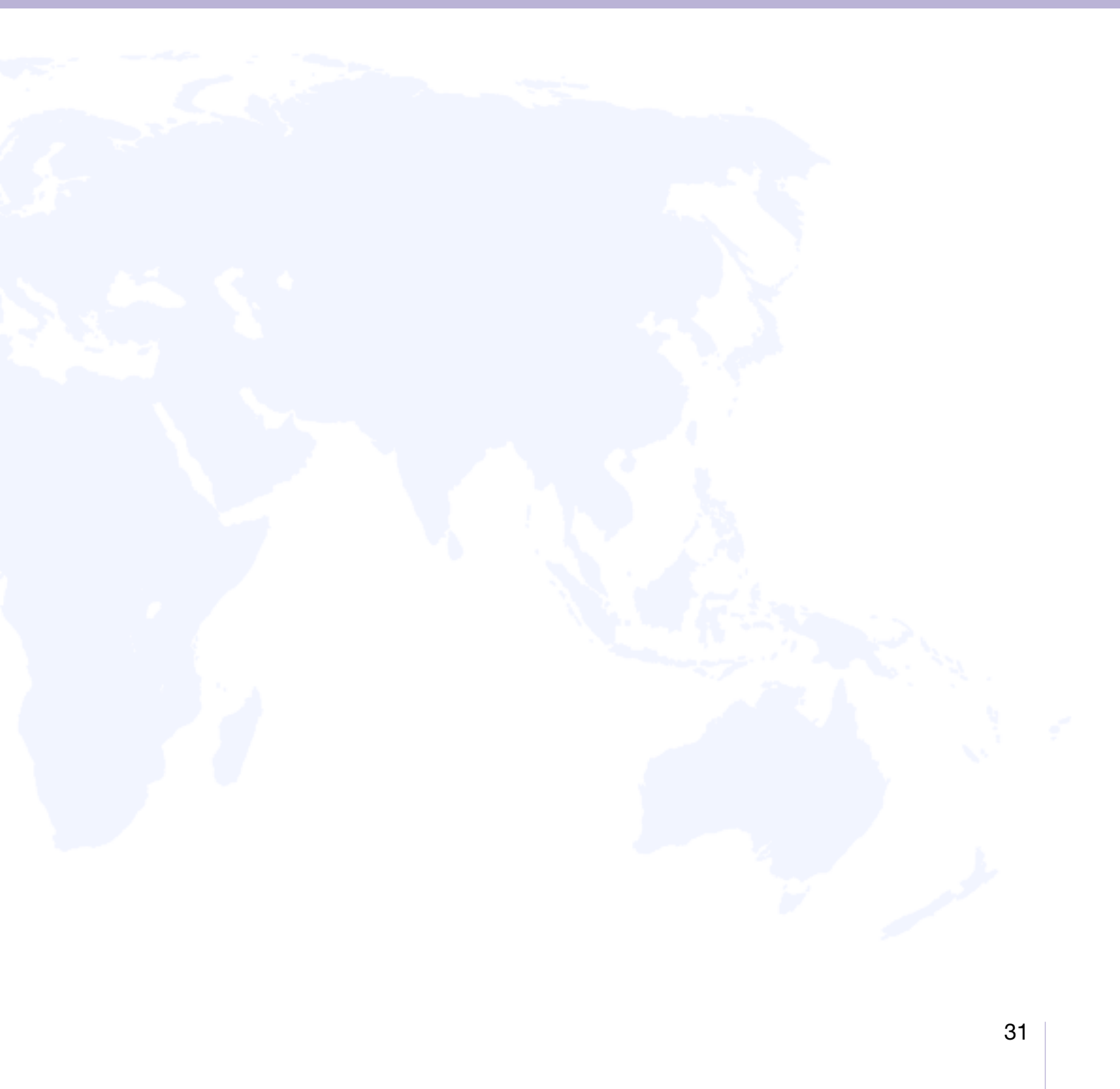
In Venezuela, Johnson & Johnson supports *Unamos al Mundo por la Vida*, which provides safe shelter, health care, education and food for children who come from poor settings. (Kelly Shimoda, Johnson & Johnson)



Children washing their hands. (Karl Grobl, GlaxoSmithKline)

DISEASE SPECIFIC PROGRAMS





AAI - Accelerating Access Initiative

HIV/AIDS

Abbott, Boehringer Ingelheim, Bristol-Myers Squibb,

Merck & Co. Inc., Roche, Tibotec, ViiV Healthcare

UNAIDS, UNFPA, UNICEF, WHO, World Bank

Since 2000

Access - Pricing & Tech Transfer

Developing countries

www.who.int/hiv/AAI_fs_4Q2005.pdf

The Accelerating Access Initiative (AAI), begun in 2000, is a partnership between UNAIDS, the World Health Organization (WHO), the UN Children's Fund (UNICEF), the UN Population Fund (UNFPA), the World Bank and seven research-based pharmaceutical companies (Abbott, Boehringer Ingelheim, Bristol-Myers Squibb, Merck & Co., Inc., Roche, Tibotec (an affiliate of Johnson & Johnson) and ViiV Healthcare, which combines the HIV medicine operations of GlaxoSmithKline, Pfizer. Participants in AAI are committed to working with governments, international organizations and other stakeholders to find ways to broaden access, whilst ensuring rational, safe and effective use of medicines for HIV/AIDS.

The strong commitment of the AAI companies to improve access to treatment has manifested itself in many innovative ways. All AAI companies have individual programs through which they provide their own antiretroviral medicines at more affordable prices in developing countries. Some AAI companies have also expanded manufacturing capacity to meet product demand in the developing world. Individual AAI companies are also taking other actions to increase the overall availability of ARVs, including the granting of voluntary licenses or non-assert declarations, contract manufacturing with generic manufacturers and technology transfer agreements. These efforts are delivering results. As of 30 September 2008, some 773,803 patients in developing countries were estimated to be taking one or more medicines supplied at preferential prices by an AAI company. In addition, the number of patients in developing countries treated with generic ARVs - including those through cooperative efforts with AAI companies - has increased significantly.

AAI companies also recognize that expanded access to medications requires a collaborative approach with governments, NGOs, multilateral organizations, and other public and private bodies. Many AAI companies are involved in initiatives to strengthen healthcare systems, streamline product registrations, and conduct clinical studies in developing countries. AAI companies also continue to invest significantly in research and development of new medications - including pediatric formulations - and diagnostics, to help combat the global HIV/AIDS pandemic.

Abbott Fund Program for Supporting Children Affected by AIDS

HIV/AIDS

Abbott

Baylor College of Medicine, EGPAF & other partners

Since 2000

Capacity Building - Support & Training

Burkina Faso, India, Kenya, Malawi, Romania, Tanzania, Uganda

www.abbottglobalcare.org

The Abbott Fund is partnering with several organizations to expand access to health care for mothers and children affected by HIV/AIDS in developing countries. Since 2001, more than 1 million children and adults have received services in Burkina Faso, India, Kenya, Malawi, Romania, Tanzania and Uganda.

The Abbott Fund supported the Baylor College of Medicine in establishing a pediatric HIV/AIDS treatment program in Romania that reduced the death rate for children with HIV in the program by more than 90%. The Abbott Fund is now supporting Baylor's efforts to replicate this model across Africa, including opening the first pediatric treatment center in Malawi and building Tanzania's first pediatric treatment center. Baylor and the Abbott Fund also partnered to establish the Baylor Children's Clinical Centers of Excellence Network to train health professionals who together treat 30,000 children - the largest number of children with HIV in any treatment program worldwide.

The Abbott Fund is working with Catholic Medical Mission Board (CMMB) to help prevent mother-to-child HIV transmission in 100 health facilities in Kenya. Through the partnership, testing, care and treatment will be provided to pregnant women and exposed infants.

The Abbott Fund-Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) partnership in Tanzania and Uganda is working to accelerate enrollment of HIV-infected children into care and treatment programs, and to train and support health care workers.

The Abbott Fund and Family Health International (FHI) partnered in Tanzania and Malawi to reduce mother-to-child HIV transmission and expand access to HIV care and treatment for children.

In Kenya, the Abbott Fund works with the Academic Model for Providing Access To Healthcare, or AMPATH (also known as the Indiana University-Moi University, Kenya Partnership) to prevent HIV infections through testing and counseling (primarily home-based), education and treatment.

Abbott Fund is working with Partners In Health in Malawi to scale up and improve pediatric HIV services and support construction of a new 40-bed hospital.



The Abbott Fund is supporting efforts to provide testing, care and treatment to pregnant women and infants exposed to HIV in 100 health facilities in Kenya. (Craig Bender, Abbott Fund)

Abbott Program for Expanding Access to Treatment

HIV/AIDS
Abbott
Various partners
Since 2001
Access - Pricing
Africa, LDCs, low & lower-middle income countries
www.abbottglobalcare.org

Abbott has a longstanding commitment to the fight against HIV/AIDS and has implemented five practical measures to ensure the company's medicines are as broadly available as possible:

- **Innovation with the Needs of the Developing World in Mind:** Abbott developed the lopinavir/ritonavir tablet, the only co-formulated protease inhibitor tablet that does not require refrigeration and can be taken with or without food – two important advances in delivering HIV medicine, especially in developing countries.
- **Broad Registration:** The heat-stable tablet formulation of lopinavir/ritonavir has been filed, is available or has been approved in 170 countries. The new, lower-strength tablet formulation of lopinavir/ritonavir, which is suitable for pediatric use, has been filed, is available or has been approved in 124 countries. Abbott intends to make the lower-strength tablet available or approved in every country where the adult tablet is available.
- **In January 2010, Abbott received approval for a new, heat-stable tablet formulation of its protease inhibitor ritonavir, and the company intends to register the new ritonavir tablet as broadly world-wide as the lopinavir/ritonavir tablet.**
- **Commitment to the Treatment of Children with HIV:** Abbott has a longstanding commitment to the treatment of children with HIV. The company has made the liquid formulation of lopinavir/ritonavir available in the developing world since 2001. The new, lower-strength lopinavir/ritonavir tablet complements the liquid formulation and was first launched in Africa in 2007, even before it was available in developed countries.
- **Investment in Consistent Quality Manufacturing:** Abbott has invested hundreds of millions of dollars in the development of the heat-stable tablet formulations and sufficient manufacturing capacity to ensure they can be supplied to all who need them at universally high quality standards.
- **Affordable Pricing:** Since 2002, our HIV medicines have been available in all 69 African and least developed countries at prices that are among the lowest for branded or generic protease inhibitors.
- **Philanthropic Measures:** As part of the company's broad efforts to expand access to health care, Abbott and the company's philanthropic foundation, the Abbott Fund, have invested more than USD 175 million to improve the lives of more than 1 million people affected by HIV/AIDS in Africa and elsewhere in the developing world.

Associação Saude Da Familia HIV/AIDS Awareness

HIV/AIDS
Johnson & Johnson
Associação Saude da Familia
Since 2004
Capacity Building - Support, Education
Brazil
www.saudedafamilia.org

The Associação Saude da Familia (ASF) mobilizes community support in poor favelas in Sao Paulo, Brazil, to protect young people from unwanted pregnancies and sexually transmitted diseases. This includes raising awareness and spreading information about HIV/AIDS. In these teeming slums, where drugs and violent crime are a constant reminder of the fragility of civil societies, ASF works with local community leaders, and municipal and state governments, to implement its programs to encourage safer and healthier behavior.

In its program 'Expanding Prevention and Assistance to HIV/AIDS/STD', ASF trains lay persons in poor communities to become outreach workers. They make door-to-door visits providing HIV prevention education and offer voluntary testing and counseling services. With a grant from Johnson & Johnson, ASF was able to expand the scope of this program, and to help local health care units to provide diagnosis, prevention, treatment and care for people living with HIV/AIDS.

AstraZeneca & AMREF: An Integrated Approach to Managing HIV/AIDS, Malaria & TB in Uganda

HIV/AIDS, malaria, tuberculosis
AstraZeneca
AMREF
Since 2004
Capacity Building - Training, Education
Uganda
www.astrazeneca.com

AstraZeneca and the African Medical and Research Foundation (AMREF) have been working together since 2004. The partnership initially focused on TB in the Eastern Cape province of South Africa. In 2006, AstraZeneca extended its commitment to support AMREF in strengthening healthcare systems and integrating management of TB, HIV and malaria programs in Uganda, where there is a high burden of all three diseases. AstraZeneca is one of a few organizations involved in this integrated approach.

The program is focused on women of child-bearing age, people living with HIV/AIDS and children under the age of seven in the poor, remote Luwero and Kiboga districts of central Uganda, which have high disease incidence rates, influenced by lack of healthcare funding in and destruction of local healthcare infrastructure by conflict.

AMREF works with district health teams in Luwero and Kiboga to encourage ownership and continued implementation. Training and support for health workers, coupled with public campaigns, is essential for effective implementation.

The program is focused on:

- Enhancing the capacity of health centers to prevent, diagnose and treat malaria, HIV/AIDS and TB, particularly through improved laboratory diagnostic capacity;
- Improving community-based prevention, treatment and care;
- Strengthening links between the formal health system and informal community-based capabilities;
- Gathering data to support an integrated and community based strategy.
- The program is aligned to Ugandan Ministry of Health targets and also to MDGs 4 and 5, which focus on the reduction of child and maternal mortality.

Progress to date includes:

- Three laboratories have been completed to Ministry of Health standards, management of which has been handed over to district management teams;
- 144 Village Health Teams with 776 members have been established, trained in health promotion;
- 161 health awareness outreach activities and 91 educational films screenings at HIV Counselling and Testing clinics;
- 183 local peer educators trained in reproductive health, life skills, counseling and MAT (Malaria HIV/AIDS TB) testing;

The Ministry of Health has implemented a policy of integrated MAT testing and is working with AMREF on this program.

Boehringer Ingelheim Access

HIV/AIDS
Boehringer Ingelheim
Governments in most recipient countries
Since 2000
Access - Donation & Pricing
59 developing countries
www.boehringer-ingelheim.com

As part of its policy to extend access to Viramune®, since 2000 Boehringer Ingelheim offers its antiretroviral product Viramune® (nevirapine) for single-dose use in the prevention of mother-to-child transmission (PMTCT) for free through the Viramune® Donation Program. So far, around 1.9 million mother/child doses have been made available to 170 programs in 60 countries.

Viramune® should be administered with additional anti-retroviral medicine as recommended by actual WHO guidelines. Recent studies suggest that in women and infants previously treated with single-dose nevirapine for prevention of mother-to-child-transmission of HIV-1, the efficacy of subsequent Viramune® combination therapy may be reduced.

For chronic treatment, Boehringer Ingelheim charges a substantially reduced price for all countries classified by the World Bank as low income, all Least Developed Countries according to UN definition and for all countries in sub-Saharan Africa - a total of 74 countries. In addition, all middle income countries qualify for a lowered price (67 countries).

For more information on the company's other HIV/AIDS activities, see the HIV/AIDS - Mother & Child Programs section, ARV Licensing in Developing Countries (non-assert declarations) and Additional Health Initiatives.



Lamvelase Clinic in Swaziland is supported by EGPAF and provides various services for its community. (Keri Oberg, Boehringer Ingelheim)

Bristol-Myers Squibb Global Access Program

HIV/AIDS
Bristol-Myers Squibb
Various partners, including Health Ministries
Since 2001
Access - Pricing
Africa & least developed countries
www.bms.com

The goal of the Bristol-Myers Squibb Global Access program is to enable broad access to the company's HIV medicines at no-profit prices in the regions most impacted by HIV and with limited ability to pay, notably sub-Saharan Africa. The Global Access program is based on three essential pillars of activity and policy: 1) no-profit pricing policy; 2) patent policy; and 3) efforts to enable generic manufacturing. Information on the latter two activities can be found below under the heading "ARV Licensing in Developing Countries".

In 2001, BMS announced that it would provide all of its HIV medicines at no-profit prices in sub-Saharan Africa, because of the extreme burden of disease there, combined with the region's limited ability to pay for HIV medicines. In July 2005, the company announced a further reduction in the price of pediatric formulations from no-profit to significantly below cost in an attempt to reduce all barriers hampering accelerated, broad access to treatment for the millions of children in sub-Saharan Africa who need these medicines most. BMS has also implemented a differential pricing policy globally, to enable collaboration with and support for government activities in regions with high incidence and low ability to pay for HIV medicines.

Bristol-Myers Squibb's Secure The Future®

HIV/AIDS
Bristol-Myers Squibb
Various partners, including African NGOs
Since 1999
Capacity Building - Support & Training
20 developing countries
www.securethefuture.com

Secure The Future® is a comprehensive initiative to fight HIV/AIDS in sub-Saharan Africa, sponsored by Bristol-Myers Squibb and the Bristol-Myers Squibb Foundation. It combines medical treatment and care, access to antiretroviral medicines, with research, social support with community education, and training for health care professionals with new facilities and infrastructure investments in remote areas of sub-Saharan Africa where resources are extremely limited. The initiative now is reaching women, children, their families and communities in 20 nations: Benin, Botswana, Burkina Faso, Burundi, Democratic Republic of Congo, Côte d'Ivoire, Kenya, Lesotho, Liberia, Malawi, Mali, Mozambique, Namibia, Niger, Senegal, South Africa, Swaziland, Tanzania, Uganda and Zambia.

Secure The Future® has evolved and remained agile over the years in order to play as relevant a role as possible in the global response to HIV/AIDS. From 1999 to 2002, the program was focused on broad-based grant-making to support medical research and community outreach and education. From 2003 to 2007, focused investments were made in community based HIV/AIDS care and treatment support, NGO training, and pediatric AIDS.

In 2008 Secure The Future® entered its third phase as a Technical Assistance and skills transfer program. This phase will capitalize on Secure The Future's funding, program management experience and expertise, and track record as a committed private-public partnership program. The aim is to replicate Secure the Future's lessons, experiences and successful models, and address a strategic challenge of operational multi-sectoral collaborations in HIV by harnessing community resources and capacity. Program support is executed by an experienced and expert pool of faculty members who have played a critical role in supporting NGO's and CBO's to provide essential services in the Community Based Treatment Support and NGO Training Institute Programs. The aim of the faculty is to develop and strengthen organizational and technical capacity and leverage and harness the potential of civil society in improve health outcomes of health programs.

Bristol-Myers Squibb's Secure The Future® Children's Clinics & Pediatric AIDS Corps

HIV/AIDS

Bristol-Myers Squibb

Baylor College of Medicine in USA

Since 1999

Capacity Building - Support & Training

8 developing countries in Africa

www.securethefuture.com

Bristol-Myers Squibb's Secure The Future® initiative (see HIV/AIDS Capacity Building), in partnership with Baylor College of Medicine, Houston, Texas, USA, funded the first clinical center in Africa for children and families with HIV/AIDS, located in Botswana. This center now has more than 1,500 children under treatment. Additional children's clinical centers have now been opened in Lesotho, Swaziland and Uganda, and two more are being built in Tanzania and Kenya. These centers add capacity to fight HIV/AIDS by providing modern facilities for testing, treating and monitoring children and their families, as well as training of local health care professionals.

To increase the number of trained pediatric specialists, Secure The Future® and Baylor College of Medicine created the Pediatric AIDS Corps, which will send 50 doctors a year over five years to Africa to treat some 100,000 children and train local health care professionals. The first class of 50 doctors arrived in Africa in August 2006. Additional Secure The Future® projects provide education, psychosocial care and support for orphans and vulnerable children, training, food security and income-generating projects for caregivers; and works to reduce stigma and encourage testing.

Elizabeth Glaser Pediatric AIDS Foundation

HIV/AIDS

Abbott, Boehringer Ingelheim, Johnson & Johnson

EGPAF

Since 1988

Access - Donation, Capacity Building - Training, Education

17 developing countries

www.pedaids.org

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is an international leader in the fight to eliminate pediatric HIV/AIDS, working in 17 countries around the world to halt the pandemic and help those already infected with HIV to lead healthier lives. Since its inception in 1988, EGPAF has remained deeply committed to preventing mother-to-child transmission (PMTCT) of HIV, ensuring better overall medical treatments, and creating a healthier future for children and families worldwide. The Abbott Fund, Boehringer Ingelheim and Johnson & Johnson are major supporters of EGPAF and its work.

EGPAF collaborates with host governments, international health care facilities, non-governmental organizations and community-based organizations to plan, implement and/or expand pediatric HIV/AIDS programs. It also provides technical assistance and support for community mobilization and training of health care workers, HIV counseling and testing, prevention of mother-to-child transmission regimes and infant feeding education.

As of September 2009, EGPAF had provided more than 8.6 million women with services to prevent transmission of HIV from mothers to their babies, and tested more than 7.4 million women for HIV. More than 850,000 individuals have been enrolled into EGPAF care and support programs, including nearly 69,000 children under the age of 15. Of those ever enrolled, more than 442,000 individuals have begun antiretroviral treatment (ART), including more than 35,000 children.

EGPAF's comprehensive approach includes prevention, diagnosis, and treatment of opportunistic infections such as pneumonia, malaria and tuberculosis. EGPAF is working to increase identification and care and treatment of young HIV-positive or HIV-exposed children and their mothers, through reproductive and child health (RCH) clinics, general clinics, and inpatient wards. EGPAF is also implementing routine testing of children and/or mothers of unknown HIV status in well-child clinics and inpatient pediatric wards.

The Abbott Fund-EGPAF partnership in Tanzania and Uganda is working to accelerate enrolment of HIV-infected children into care and treatment and develop the capacity of health care workers.

J&J has supported EGPAF's international programs since 2003, with support to six countries during 2009. As of June 2009, the EGPAF-J&J PMTCT Partnership has contributed to reaching more than 1.6 million women with counseling, providing over 1.4 million women with HIV testing, and administering ARV prophylaxis to over 124,000 HIV-positive mothers in over 1,300 sites.

Empowering Africa's Young People Initiative

HIV/AIDS

Johnson & Johnson

International Youth Foundation

Since 2006

Capacity Building – Support, Education

Zambia

www.jnj.com

Johnson & Johnson partners with the International Youth Foundation on the HIV/AIDS prevention program Empowering Africa's Young People Initiative in Zambia. Support from Johnson & Johnson enables the International Youth Foundation to expand its services and training, including increasing the number of peer educators who teach other youth in their communities about preventing the spread of HIV/AIDS. Since the partnership began in 2006, more than 1,900 peer educators have been trained.

End Violence against Women and Prevent HIV and AIDS Program

HIV/AIDS

Johnson & Johnson

UNIFEM, UNAIDS

Since 2006

Capacity Building – Support, Education

Botswana, Dominican Republic, India, Nigeria, Vietnam

www.unifem.org, www.jnj.com

Globally, violence against women is both a cause and a consequence of HIV/AIDS: women facing violence within intimate relationships often cannot negotiate safer sex practices, such as condom use. Rape and harmful practices such as female genital mutilation also spread the virus. In addition to untenable levels of stigma and discrimination from the community, women who test positive for HIV are often subjected to physical abuse from partners and can face eviction from their homes. Further, as a result of such stigma associated with HIV/AIDS, they are prevented from obtaining life-saving medical care and treatment.

Johnson & Johnson partners with the United Nations Development Fund for Women (UNIFEM) to award grants to community-based organizations. These organizations implement prevention programs addressing the link between gender-based violence and HIV/AIDS. They pursue innovative strategies to raise awareness, uphold laws, provide medical assistance, train service providers and reduce stigma and discrimination to empower women.



Two-thirds of all people living with HIV/AIDS are in sub-Saharan Africa. (GlaxoSmithKline)

GlaxoSmithKline - Other HIV/AIDS Capacity-Building Initiatives

HIV/AIDS

GlaxoSmithKline

AMREF & other partners

Since 1998

Capacity Building - Support & Training, Education

17 African countries

www.gsk.com, www.childrensaidsfund.org

The GlaxoSmithKline Foundation supports a range of HIV/AIDS-related programs around the world. Since 1998, the GSK France Foundation has supported 86 programs to improve healthcare through prevention, education and training in 14 developing countries. The GSK Foundation Canada also supports community programs in Africa, including AIDS Orphans Uganda, working with the African Medical Research Foundation (AMREF).

GSK supports community programs in Botswana, Cote d'Ivoire, Democratic Republic of Congo, Ethiopia, Ghana, Kenya, Malawi, Mozambique, Namibia, Nigeria, Senegal, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. These provide treatment for HIV/AIDS patients, counseling and testing, home-based care, training for health care professionals and community volunteers, life skills training for orphans, hospice care, day care centers, feeding schemes, as well as support for basic primary healthcare and HIV/AIDS clinics.

For example, GSK has supported the AIDS Care Treatment and Support (ACTS) initiative in Masoyi, South Africa, since 1999. GSK's initial support included building a dedicated HIV/AIDS primary health care clinic and training center, and supporting running costs for the first three years. Since the opening of the ACTS clinic in May 2001 more than 28,000 patients have been tested and/or treated. ACTS offer a comprehensive service caring for people at all stages of HIV/AIDS. Facilities and services include a specialist HIV outpatient clinic, complemented by a home-based care team (average of 120 visits per month) an eight-bed community hospice, on-site laboratory, cervical cancer prevention program and a newly established Mother & Child Clinic. There are currently 1,737 patients on ARVs, 152 of which are children under the age of 12 years. Nearly 2,000 patients are seen each month.

In 2004, GSK's US Business launched a project called 'Hope after HIV: Africa'. Through the Children's AIDS Fund, GSK has helped open 6 clinics in Uganda, Malawi, Zambia, and South Africa that have treated more than 9,000 HIV/AIDS patients. The sponsored clinics offer testing, medicines, education, mother-to-child transmission care, counseling and follow-up. Patients are also supported by more than 1,500 volunteers who provide adherence counseling, disease education and palliative care.

GSK has also established the 'Hope after HIV 501(c)(3) Fund' that allows employees and others to donate funds to support life-enhancing, non-medical needs. The fund has been used to improve nutrition and generate income for patients and their families; provide bicycles, pumps and refrigerators; and education for promising young HIV-positive people.

Health at Home/Kenya

HIV/AIDS, tuberculosis, malaria

Abbott, Bristol-Myers Squibb, Pfizer

Kenya MoH, USAID, PEPFAR & other partners

Since 2009

Capacity Building - Support

Kenya

www.pfizer.com

Health at Home/Kenya is an initiative coordinated by Global Business Coalition on HIV/AIDS, Tuberculosis & Malaria (GBC) that is providing home-based HIV/AIDS testing, TB screening and malaria bed nets, and de-worming for children into the homes of millions of Kenyans in a remote region with difficult access to health care. This innovative door-to-door model includes community preparation by local volunteers.

To date, 97% of households in communities reached by the Health at Home/Kenya Impact Initiative have welcomed HIV counselors inside their homes. More than 3,000 people have been found to be HIV positive and directly connected to treatment programs.

On-the-ground implementation of Health at Home/Kenya is being managed by the Academic Model Providing Access to Healthcare (AMPATH), based in Eldoret, Kenya, working closely with the Kenyan government and PEPFAR.

This two-year initiative is supported by PEPFAR and GBC member companies. The initiative is being brought to scale by industry competitors working side-by-side in common cause – serving as a model to be replicated in other AIDS endemic regions of the world.

Participants in the initiative include the Abbott Fund, Accenture, Bristol-Myers Squibb Foundation, Standard Bank Group, Coca-Cola, Deutsche Post DHL, Pfizer, Premier Medical Corporation, SAB Miller, Standard Chartered Bank.



Medical services are provided by the African Medical and Research Foundation (AMREF) in the Kibera slum district in Nairobi, Kenya. (GlaxoSmithKline)

Humana: Total Control of the Epidemic

HIV/AIDS
Johnson & Johnson
International Humana People to People Movement, Irish Aid
Since 2000
Education
Developing countries in Africa, China, India,
www.humana.org

‘Only people can liberate themselves from the AIDS epidemic’. These are the motivating words behind the Total Control of the Epidemic (TCE) program, which was created by the International Humana People to People Movement. Driven by a grassroots door-to-door approach, TCE has been completed in 24 areas with 2,340,000 inhabitants and at present is operating in 62 areas with 6,170,000 inhabitants in Africa, 2 areas with 200,000 inhabitants in India and 3 areas with 300,000 inhabitants in China. Created by Humana People to People, TCE provides communities with HIV risk assessments and prevention education.

Johnson & Johnson currently supports the TCE areas of Main Reef and Sekhukhune in South Africa, reaching up to 400,000 people. In partnership with Irish Aid, it also supports the TCE in Narela, Baddi in India, covering an additional 200,000 people. The projects supported by the company provide one-on-one counseling sessions, briefings for pregnant women about preventing transmission of disease to their newborns and large-scale distribution of condoms.

IMIFAP: HIV/AIDS Education

HIV/AIDS
Johnson & Johnson
Instituto Mexicano de Investigación de Familia y Población
Since 2005
Education
Mexico
www.imifap.org.mx

‘I Want to, I Can prevent HIV/AIDS’, is the slogan behind the Instituto Mexicano de Investigación de Familia y Población (IMIFAP) HIV prevention programs, which mobilize citizens to raise neighborhood HIV/AIDS awareness in Mexico.

Johnson & Johnson supports an educational program for youth that utilizes the existing national network of middle schools to teach students about HIV prevention before they become sexually active, increasing the likelihood that these adolescents will practice safe sex in the future. IMIFAP engages all levels of the community from the Ministries of Health and Education, to the school administrators and local politicians, to the teachers and students.

The program includes teacher training, a software program, and Web site support. The 10,400 schools in Mexico with Internet access bring this program to more than 300,000 students. For those schools without Internet access, IMIFAP trains teachers and students to run the program, and has partnered with UNETE, a member of The Resource Fund, to raise educational levels using technology to distribute the program in more rural and remote areas.



A lab worker at Nyumbani Diagnostic Laboratory, Nairobi, Kenya, which provides specialized HIV tests and other general diagnostic lab services for abandoned and orphaned children. (Willie Davis, Johnson & Johnson)

International Partnership for Microbicides (IPM)

HIV/AIDS

Bristol-Myers Squibb, Gilead, Johnson & Johnson, Merck & Co. Inc., ViiV Healthcare

International Partnership for Microbicides

Since 2004

R&D

Rwanda, South Africa, Tanzania

www.ipm-microbicides.org

Johnson & Johnson's Tibotec affiliate established a first-of-its-kind public-private partnership with the non-profit International Partnership for Microbicides (IPM) in 2004, providing a royalty-free license and technology transfer to develop, manufacture and distribute TMC120 as a topical vaginal microbicide to reduce sexual transmission of HIV in developing countries. IPM is conducting safety trials of TMC120 as a vaginal gel in Belgium, South Africa, Rwanda and Tanzania. Following two successful safety studies, IPM is now researching dapivirine's use in an innovative vaginal ring delivery system which could offer women extended HIV protection.

In October 2005, Bristol-Myers Squibb announced that it had granted a royalty-free license to IPM to develop, manufacture and distribute their new antiretroviral compound as a microbicide to protect women from HIV in resource poor countries. The compound was an 'entry inhibitor', some of which bind directly to the HIV itself, others to the CCR5 receptor. The compound is designed to prevent HIV from entering host cells efficiently, thus preventing infection.

In December 2006, Gilead granted royalty-free rights to the IPM and Conrad to develop, manufacture, and distribute tenofovir gel as a microbicide. The gel is currently being evaluated in Phase II/III clinical studies conducted by the HIV Prevention Trials Network (HPTN), Microbicide Trials Network (MTN), and the Centre for the AIDS Programme of Research in South Africa (CAPRISA).

In 2005, Merck granted a no-cost license to IPM for development, manufacture and distribution as a microbicide for use in developing countries. Most recently, in March 2008, Merck granted a non-royalty-bearing, non-exclusive license to IPM to develop, manufacture and distribute a novel antiretroviral compound for use as a potential vaginal microbicide. The compound is the fourth Merck has granted to IPM since 2005.

In January 2008, Pfizer agreed to give IPM a royalty-free license to maraviroc, its newly-approved HIV treatment, as a microbicide for the prevention of HIV infection. Maraviroc is one of a new class of antiretroviral drugs known as CCR5 blockers. Under this agreement, IPM will work to develop maraviroc as a vaginal microbicide with the right to develop, manufacture and distribute it in developing countries. Pfizer granted these rights to IPM without a royalty. Pfizer's contribution now falls under ViiV Healthcare.

Life Skills: Community Support for Children Affected by HIV/AIDS

HIV/AIDS

Johnson & Johnson

Life Skills Development Foundation

Since 2005

Capacity Building - Training, Education

Thailand

www.lifeskills-stl.org

There are some 150,000 AIDS orphans in the Upper Northern region of Thailand. From economic struggle and emotional hardship to social stigma and isolation, they face many problems. The Life Skills Development Foundation, a NGO that provides life skills education and training for children, youth, women and families, works in many districts to reach children affected by HIV/AIDS. With the help of Johnson & Johnson, the foundation provides assistance to these children and their caregivers through HIV/AIDS education, psychological and financial support, and community education. Using a holistic approach, the foundation extends its support to the people it serves, and to the communities and schools that have a stake in the well-being of their children.

Medical Mission Sisters

HIV/AIDS
Johnson & Johnson
Medical Mission Sisters
Since 2005
Capacity Building - Support, Education
Kenya
www.medicalmissionsisters.org

In 1989, Sister Gill Horsfield of Medical Mission Sisters (MMS) began training health workers in Nairobi, Kenya, to provide home-based care to individuals suffering from HIV/AIDS-related illnesses. Her program offered medical and pastoral counseling, and social services in the Korogocho slums, one of Nairobi's poorest areas.

Johnson & Johnson supports Sister Gill's continued involvement in caring for people with HIV/AIDS. Today, MMS has joined with the Comboni Missionary Sisters to provide more extensive holistic care for those affected by HIV/AIDS. The partnership includes programs in home-based care and tuberculosis treatment, programs for deaf and handicapped youth, and a voluntary HIV/AIDS counseling and testing program. It also includes distribution of antiretroviral therapy, other medicines, and prepared meals and dry goods to families with sick parents.

More than 1,800 people affected by HIV/AIDS are benefiting from this work. School dropout rates among children receiving nutrition and social support have decreased significantly.

Merck & Co., Inc. Access to ARVs

HIV/AIDS
Merck & Co. Inc.
Various governments & NGOs
Since 2001
Access - Pricing
Developing countries
www.merck.com

Since 2001, Merck & Co., Inc. has had a tiered pricing policy whereby it provides its antiretroviral medicines (ARVs) at access prices in least developed countries and those hardest hit by the AIDS pandemic. The offer extends to the governments of these countries, as well as to international donor agencies, non-governmental organizations (NGOs), charitable organizations and private-sector employers.

Merck's ARV pricing policy applies to all of the company's ARVs: Crixivan™, Stocrin™, Atripla™ and Isentress™. For each product, Merck offers its lowest price - a price at which Merck does not profit - to the world's least developed countries and those countries hardest hit by the HIV/AIDS pandemic, as measured by adult HIV prevalence. Countries with a higher degree of economic development and/or lower prevalence rate receive a significantly discounted price, within a price band. The price at which patients and countries can obtain their ARVs are based on their relative level of economic development, relative burden of disease, the degree to which the governments are committed to treating its HIV-infected population and the value that the Merck ARV plays in the local marketplace and treatment regimen. For the most economically-developed countries, Merck applies competitive, market-based principles in pricing its ARV products.

Merck believes that the most relevant measure of the success of its ARV access strategy is the number of patients treated, and where they are treated (developing versus developed countries). As of December 31, 2008, 653,867 patients in 131 countries and territories were being treated with regimens containing at least one of Merck's ARVs. Three out of four (76 percent) - or an estimated 498,845 patients - obtained these ARVs in the more than 80 countries in which Merck sells them at a price at which the company does not profit. An additional 9% received Merck ARVs in countries where they are offered at significantly discounted prices. Nine out of 10 patients using Merck ARVs live in developing countries in Africa, Asia, Latin America and the Caribbean, where the pandemic is having its most devastating impact. Of those being treated with Merck ARVs, there are an estimated 111,471 children using pediatric formulas, representing 17% of all patients on Merck ARVs.

Merck & Co., Inc. HIV/AIDS Programs - China

HIV/AIDS
Merck & Co. Inc.
China Ministry of Health & other partners
Since 2005
Capacity Building - Training, Education
China
www.merck.com

In 2005, Merck & Co., Inc. and the Government of China established the first large-scale comprehensive public/private partnership known as the China-MSD HIV/AIDS Partnership (C-MAP), to address HIV and AIDS prevention, patient care, treatment and support, in support of “China’s Action Plan for Reducing & Preventing the spread of HIV/AIDS 2006-2010.” The partners introduced the program in Liangshan Prefecture, Sichuan Province, with the aim of developing a model that could be replicated in other provinces. The Merck Company Foundation has committed USD 30 million to support this partnership over five years. The Government of China, through the leadership of the Ministry of Health, is providing staff, facilities and equipment. C-MAP is led by two co-national directors and has project offices in Beijing, Sichuan Province and Liangshan Prefecture.

From 2007 through 2008, C-MAP launched 82 initiatives in support of the following six core strategies:

- Raising awareness and reducing discrimination among target populations through training and education;
- Deploying comprehensive, integrated risk-education approaches to reduce HIV transmission in high-risk populations;
- Establishing a service network to provide consecutive treatment, care and support to HIV and AIDS patients;
- Providing support to orphans and families affected by HIV to alleviate negative social and economic impact;
- Building capacity of health care workers and organizations and developing new anti-HIV strategies and techniques;
- Strengthening monitoring and evaluation systems, data usage and follow-up outcomes to put intervention strategies into practice and apply best practices in a timely manner.

When the partnership launched in 2005, C-MAP covered three countries in Liangshan Prefecture of Sichuan Province. In 2008, C-MAP expanded to cover 62 countries/districts targeting 21 million out of 87.5 million total population in Sichuan Province.

As C-MAP continues to reach its goals, an important task will be to disseminate lessons learned to other health officials in China and other countries combating the pandemic.

Merck & Co., Inc. HIV/AIDS Programs - Latin America

HIV/AIDS
Merck & Co. Inc.
PAHO & other partners
Since 2003
Capacity Building - Training, Education
Argentina, Brazil, Chile, Colombia, Mexico, Venezuela
www.merck.com

With some 720,000 people infected with the HIV virus, Brazil is estimated to have approximately one third of Latin America’s HIV-positive population. In response to the epidemic and in support of the Brazilian government’s well-recognized commitment to address HIV and AIDS, Merck’s Office of Contributions and MSD Brazil provided financial support to HIV programs developed by local nongovernmental organizations, focusing primarily on prevention, education and awareness. These organizations have included Grupo de Amparo ao Doente de AIDS, which supported the creation of a mobile unit for STD/AIDS prevention and assistance to offer pre- and post-test counseling for HIV and AIDS in São Jose do Rio Preto

A number of projects also have focused on adolescents and young adults — an especially vulnerable group. In Brazil, Centro Corsini’s ‘Prevention Just in Time’ project is aimed at increasing screening, diagnosis and early treatment of HIV and AIDS and other sexually transmitted diseases among low-income teenagers and adults in the city of Campinas. Another project, ‘Prevention: The Sooner The Better’ with INMED Partnership for Children, supports sexual health education and information and HIV/STD prevention programs for young people in the town of Francisco Morato, São Paulo.

Mothers 2 Mothers Mentoring Program

HIV/AIDS
Johnson & Johnson
Mothers 2 Mothers
Since 2005
Capacity Building - Training, Education
Kenya, Lesotho, Malawi, Rwanda, South Africa, Swaziland, Zambia
www.m2m.org

Mothers 2 Mothers (M2M) provides education for South African HIV-positive pregnant women about how to prevent mother-to-child transmission of the disease and later mentor other HIV-positive pregnant women. Program participants learn about medications, nutrition, formula feeding, and how to combat stigma and societal pressures. After their infants are born, the women become mentors to new women entering the program. Mentors are paid, helping them to gain financial independence.

Johnson & Johnson began its partnership with M2M in 2005 in East London, focusing on hospitals with high numbers of HIV-positive patients who needed better health care. Since the Company's association with M2M, 50% more women in the area are now getting tested for HIV. J&J helped establish two M2M sites in 2005 and the company currently supports 15 sites across East London, Port Elizabeth and the Cape Town area. M2M has established itself in six provinces in South Africa, and other African countries such as Kenya, Lesotho, Malawi, Rwanda, Swaziland and Zambia. By 2008, the M2M program had grown to 400 program sites, reaching 130,000 women each month. More than 1,000 mothers have been trained as mentors. M2M served more than 6,000 HIV-positive mothers-to-be at these locations in 2008.

Nawa Sport Program

HIV/AIDS
Johnson & Johnson
Academy for Educational Development AED, NawaLife Trust
Since 2008
Education
Namibia
www.jnj.com

The Nawa Sport Program is a collaboration between the Academy for Educational Development (AED) and Johnson & Johnson, in partnership with NawaLife Trust. The program uses the large-scale appeal of soccer to inspire young men ages 14 to 25 to get involved in a community activity, which could provide a way to teach them about HIV/AIDS prevention.

But the program does more than just teach about HIV/AIDS prevention. It gives all involved a greater sense of accomplishment and involvement within the community. The program operates in 20 sites across two regions in the north of Namibia, Ohangwena and Omusati. In its first year, the Nawa Sport Program enrolled more than 3,000 young men in its soccer and HIV/AIDS prevention education program. In its second year, the program has expanded to include female players and coaches as well.



Mothers2Mothers is an organization that addresses prevention of mother-to-child transmission by employing mothers living with HIV as peer educators and professional members of the healthcare team in public health facilities. (Merck & Co., Inc.)

Nyumbani Children's Home

HIV/AIDS

Johnson & Johnson

Nyumbani Children's Home

Since ?

Capacity Building – Support, Education

Kenya

www.jnj.com

Johnson & Johnson supports the Nyumbani Children's Home which covers communities throughout Nairobi. The Children's Home serves as a home to nearly 100 abandoned or orphaned children with HIV/AIDS. The children receive holistic care antiretroviral therapy, psychological, academic and spiritual support.



An ACHAP training program for doctors in Botswana.
(Merck & Co., Inc.)

Pediatric Formulations for ARVs

HIV/AIDS

Abbott, Bristol-Myers Squibb, Gilead, Ranbaxy, ViiV Healthcare

Various partners

Since ?

R&D - Pediatric R&D

Clinical programs include developing countries

www.abbott.com, www.bms.com, www.gilead.com, www.gsk.com

Of the 2.5 million HIV-positive children in the world in 2007, nearly 90% were in sub-Saharan Africa, according to UNAIDS. Antiretrovirals (ARVs) are developed for adults, most clinical trials are in adults, with doses and dosage forms designed for adults. But children cannot be dosed like small adults, as their metabolic capacity to absorb ARVs is not simply proportional to their weight. Safety, efficacy and dosage need to be determined via specific pediatric trials. Most ARVs were developed in tablet form, yet these are impractical for children under five, who require special liquid formulations. While older children can take tablets, those intended for adults often contain too large a dose.

Abbott has had a longstanding commitment to the treatment of children with HIV. In 2007, as an industry first, Abbott launched the lower-strength tablet formulation of lopinavir/ritonavir in the developing world (Uganda) before the product was available in the developed world. The lopinavir/ritonavir tablet is the only co-formulated protease inhibitor tablet that can be used in children, the tablets do not require refrigeration and can be taken with or without a meal – important advances in delivering HIV medicine in developing countries. The tablet is easier for children to take than its liquid formulation, which has been used in Africa since 2001. The lower-strength tablet is sold at half the price of the original formulation in 69 countries, including all of Africa.

Bristol-Myers Squibb currently produces pediatric formulations of Videx® (didanosine), Zerit® (stavudine) and Sustiva® (efavirenz), and is working with the Pediatric AIDS Clinical Trials Group to develop Reyataz® (atazanavir) for infants from 3 months old to 18 years. It is also developing Sustiva® oral solution for children from 3 months to 16 years. Sustiva capsules are currently approved for use in children 3 years and older.

Gilead Sciences is working to advance development of a pediatric formulation of tenofovir. To address issues with the initial formulation, Gilead has developed a new heat-stable encapsulated sprinkle formulation for future studies. Two Phase III studies in pediatrics are fully enrolled and ongoing.

GlaxoSmithKline's ARV interests are now managed by ViiV Healthcare. It has developed a number of ARV liquid formulations for children, all available at not-for-profit prices in the world's poorest countries. ViiV has also committed to support five pediatric clinical trials in resource-poor countries to determine the best ways to expand access to HIV/AIDS treatment. The development of oral solutions for its combination therapies, Combivir® and Trizivir®, is complicated because two key components (zidovudine and lamivudine) require different pH ranges to maintain stability, and daily dosing issues associated with abacavir have hampered a Kivexa® pediatric formulation.

Ranbaxy, which is majority owned by Daiichi Sankyo, is active in pediatric HIV R&D, with 2 fixed dose combinations and 9 single ingredient products in development, in line with WHO pediatric guidelines. Ranbaxy has developed a triple fixed dose combination of Lamivudine, Stavudine and Nevirapine but, as WHO subsequently changed its dosing recommendations for this combination, the company is now seeking a partner to help fund a new bio-equivalence study.

In 2007, ViiV gained European Commission and FDA approval for new scored tablets for Epivir, Combivir and Ziagen. This will enable children above 14kg of weight to benefit from a solid dosage form. Scored tablets enable ARVs to be broken into two smaller doses which simplifies treatment for children. Tablets are often easier to store and distribute, and also less complicated to administer than the liquid formulations currently available - particularly when two or three medicines are combined in one pill. For example, a child weighing 20kg can now take half a tablet of Combivir in the morning and the second half in the evening in combination with another ARV, instead of requiring 8ml of Epivir solution twice a day plus 12ml of Retrovir solution three times daily.



An estimated 2.5 million children were living with HIV/AIDS in 2007. (Abbott)

PEPFAR Partnership for Pediatric AIDS Treatment

HIV/AIDS

Abbott, Bristol-Myers Squibb, Gilead, Merck & Co. Inc., ViiV Healthcare

PEPFAR, UNAIDS, UNICEF, WHO

Since 2006

Access - Pricing, R&D - Pediatric R&D

15 developing countries

www.pepfar.gov

The US President's Emergency Plan for AIDS Relief (PEPFAR) Partnership for Pediatric AIDS Treatment was launched in 2006. This public-private partnership includes innovator and generic pharmaceutical companies and multilateral organizations such as UNAIDS, WHO and UNICEF. The initiative will identify scientific obstacles to treatment for children, take practical steps to address key barriers, share best practices and develop systems for clinical and technical support.

In addition to making medicines available at preferential prices to PEPFAR, Abbott is also working with PEPFAR to advance treatment for children with HIV in developing countries by actively participating in the PEPFAR Partnership for Pediatric AIDS Treatment.

Bristol-Myers Squibb is an active partner in the PEPFAR Partnership for Pediatric AIDS Treatment, working to find solutions to issues concerning pediatric HIV treatment, formulations and access. In 2004, Bristol-Myers Squibb agreed to allow the FDA to make right of reference to its confidential dossiers and product registration files to facilitate approval of generic combination products under the PEPFAR program.

Gilead is an active member of the PEPFAR Partnership for Pediatric AIDS Treatment.

Merck & Co., Inc. is working in partnership with the PEPFAR Partnership for Pediatric AIDS Treatment, working to identify scientific and technical solutions to improving access to antiretroviral treatment for children living with HIV/AIDS in resource-limited settings.

ViiV Healthcare is a major supplier of ARVs to PEPFAR at access prices and has also participated in the State Department's program to expand the number of pediatric formulations for HIV medicines that are appropriate for PEPFAR and other child access programs in the developing world.

PMTCT: Abbott Rapid HIV Test Donation Program

HIV/AIDS

Abbott

Various partners

Since 2002

Access - Donation

39 countries, including all of Africa

www.abbottglobalcare.org

Each year, approximately 430,000 babies around the world become infected with HIV during their mothers' pregnancy, during birth or through breastfeeding. Enabling pregnant women to know their HIV status before they give birth is the first step in preventing mother-to-child transmission (PMTCT) of HIV. However, for many pregnant women living in the developing world, testing is limited because of cost, time required to receive results, and lack of trained health care staff and testing facilities.

Rapid on-site testing can have a significant impact in the fight against HIV/AIDS. Using a small amount of whole blood, serum or plasma, any program in a remote setting can obtain results regardless of access to laboratory equipment or electricity. To facilitate access to rapid HIV testing, Abbott has made a commitment to donate a rapid (15 minute) HIV test to PMTCT programs in 69 countries, including all of Africa and the Least Developed Countries, as defined by the United Nations. Abbott also has extended its PMTCT donations to include testing of spouses and children of pregnant women who are found to be HIV positive through the program.

To date, Abbott has donated 15 million rapid HIV tests in 40 countries: Angola, Benin, Botswana, Burkina Faso, Burundi, Cambodia, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Djibouti, Democratic Republic of Congo, Ethiopia, Gabon, Ghana, Guinea Bissau, Guinea, Haiti, Kenya, Laos, Lesotho, Liberia, Madagascar, Malawi, Mali, Mozambique, Namibia, Nepal, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, Swaziland, Tanzania, Togo, Uganda, Zambia and Zimbabwe.



The Abbott Fund is supporting efforts in Western Kenya to prevent HIV infections through Home-based Counseling and Testing (HCT), education and treatment services. (Craig Bender, Abbott Fund)

Regional Psychosocial Support Initiative

HIV/AIDS
Novartis
REPSSI, Swiss & Swedish Development Agencies
Since 2002
Capacity Building - Support
13 developing countries in Africa
www.novartisfoundation.org , www.repssi.org

UNAIDS estimated that by the end of 2007 there were approximately 6.5 million children orphaned by AIDS in Southern Africa. Millions more children in the region feel the triple effects and impact of HIV/AIDS, poverty and conflict. While there is no doubt that all these children have to be provided with basic services like food, shelter, education and healthcare, they also need care and support to cope with the emotional side of these difficult life situations.

The Regional Psychosocial Support Initiative for Children affected by AIDS, Poverty and Conflict

(REPSSI) was founded with the support of the Novartis Foundation for Sustainable Development and the official development aid agencies of Switzerland (SDC and Sweden (SIDA), with the aim of laying down benchmarks in psychosocial support (PSS) in Eastern and Southern Africa.

REPSSI works with over 140 local NGOs to train course leaders and develop courses and manuals, and cooperates with the governments of the 13 countries in which it operates with the objective of securing recognition of PSS as a basic right and a fundamental element of social policy. REPSSI, along with its partners, has developed a range of tools and approaches in order to maximize both the quality of psychosocial care and support, as well as the numbers of children who are able to access various levels of PSS.

The organization had reached over 3 million children orphaned by AIDS by the end of 2009.

Roche Children's Walk

HIV/AIDS
Roche
UNICEF & European Coalition of Positive People
Since 2003
Capacity Building - Support, Education
Malawi
www.roche.com

The Roche Children's Walk (formerly the Global Roche Employee AIDS Walk) extended its scope to all vulnerable children in 2008. In 2008, 14,000 employees from 100 sites walked around five kilometers each to raise an estimated CHF 1.2 million, including the amount contributed by the company. While 35% was contributed via company affiliates to local children's charities, the balance was donated through Re&Act to Roche's long-term partners, the European Coalition of Positive People and UNICEF Switzerland, for their work in Malawi.

In 2003, a pilot Roche Employee AIDS Walk was initiated across three sites in Switzerland and the USA to support children orphaned as a result of AIDS in Malawi, Africa. The event is now conducted each year, across Roche sites worldwide. To date, over 60,000 Roche employees from 100 sites worldwide have raised a total of over CHF 6 million.

Funds raised via the Employee Walk supports 7 orphan day care centers in the Mulanje district of Southern Malawi where the children are given food, clothing, vocational training and the chance of a secondary school education. The centers are supported by the European Coalition of Positive People, a UK-Malawi NGO, led by and for people living with HIV and AIDS. The centers currently look after some 3,000 children. Local community leaders and villagers are being trained to manage the centers.

A further partnership was announced in 2006 with the United Nations Children's Fund (UNICEF), to strengthen the local primary schools these children attend. Seventy five percent of children are unable to access secondary school education in Malawi. Money raised by the Employee Walk has paid for the construction, repair and equipment of the orphan centers and school classrooms, the drilling of bore holes for water, as well as school fees and educational equipment. All efforts are designed to make a visible, long term and sustainable difference in the lives of these orphaned children.

Saber para Reagir

HIV/AIDS
Johnson & Johnson
ALIA
Since 2005
Education
Brazil
www.jnj.com , www.alia.org.br

According to a survey of 600 adolescents from the impoverished São Jorge community in the Brazilian city of Londrina, 60% do not use contraceptives and 30 percent have used illegal drugs. To protect these vulnerable teens from infectious diseases, ALIA began the Saber para Reagir (To Know Is to React) program.

The program's workshops educate 80 participants at a time about sexually transmitted diseases (including HIV/AIDS), early pregnancy, correct use of male and female contraceptives, and citizen rights. In addition, monthly meetings with families in the community spark dialogue and empower their involvement in the education process. "

Saber para Reagir is just one of 18 projects run by ALIA, which was established in 1989 by HIV-positive professionals working in several fields. Now the largest HIV/AIDS-related organization in Brazil, its mission is to protect the civil rights of people living with HIV/AIDS and to prevent the spread of HIV/AIDS through the creation and implementation of scientific and social programs. ALIA is considered an authority in combating HIV/AIDS and actively participates in formulating policies related to public health, social assistance and education.

Since the partnership with Johnson & Johnson began in 2005, ALIA's Saber para Reagir program has reached more than 240 teens at high risk for HIV/AIDS infection.

Sikiliza Leo Project, Uganda

HIV/AIDS
Johnson & Johnson
Sikiliza Leo
Since 2003
Access - Donation, Capacity Building - Support
Uganda
www.tibotec.com

Johnson & Johnson, its Tibotec subsidiary and the African Medical Research Foundation help the Ugandan NGO Sikiliza Leo to provide HIV testing, counseling, treatment and care in rural Uganda. Since March 2003, HIV testing and counseling have been offered to 3,586 community members, of whom 559 have tested positive for HIV. A total of 272 persons receive Home Based Care and a first group of 20 are now receiving ARV therapy. Basic drug kits containing a variety of essential medicines, including miconazole MAT and co-trimoxazole prophylaxis, are among the tools used by home care volunteers.

The program has also established two day-care facilities that support some 250 orphans and vulnerable children in Mulanda and Lwala parishes. Psychosocial development, education, nutrition and care are offered to children from 3 to 8 years of age. The program has been recognized by the American Embassy, and a grant has been provided to improve facilities and food.

Takeda Initiative with Global Fund

HIV/AIDS, Tuberculosis, Malaria
Takeda Pharmaceutical
Global Fund to Fight AIDS, Tuberculosis & Malaria
Since 2010
Capacity Building - Support
Nigeria, Senegal, Tanzania
www.takeda.com

The Takeda Initiative is an endowment made by Takeda Pharmaceutical, with an annual value of JPY 100,000,000 (approximately USD 1 million). It is designed to support the Global Fund to Fight AIDS, Tuberculosis and Malaria over the period 2010-2019, primarily for the training of health care workers and strengthening of health care systems in Africa.

Controlling the spread of the three major infectious diseases is one of the eight targets set by the United Nations Millennium Development Goals (MDGs). The lack of trained health care workers is particularly severe in Africa, and poses a major obstacle to providing the health care services required to combat infectious diseases. The Takeda Initiative is contributing to Global Fund-supported programs in Africa, to enhance health care systems mainly through training and strengthening the competence of individuals involved in providing health care.

During the first phase, the initiative will focus on:

- Nigeria (target disease: HIV/AIDS): Scale-up of comprehensive HIV/AIDS treatment, care and support, training staff members of not-for-profit and grass-roots organizations engaged in providing community-based care for HIV/AIDS patients and orphans, and advocacy and awareness increasing activities;
- Senegal (target disease: tuberculosis): Reinforce tuberculosis control by training health workers engaged in tuberculosis diagnosis and treatment;
- Tanzania (target disease: malaria): Support the National Insecticide Treated Nets Implementation Plan (NATNETS) by strengthening the system to distribute insecticide treated nets and by developing the human resources engaged in promoting the use of nets.

ViiV Healthcare Collaborative Research Program for Resource-Poor Settings

HIV/AIDS
ViiV Healthcare
WHO & other partners
Since 2000
R&D - Pediatric R&D
14 developing countries
www.gsk.com

ViiV Healthcare is committed to the development of new molecules that target unmet medical needs in HIV. The treatment of children with HIV/AIDS remains a significant unmet medical need and there is a pressing need for new medicines to tackle problems such as drug resistance, complex treatment regimens, and side effects associated with current treatments. Through its HIV-collaborative research program for resource-poor settings, ViiV Healthcare is supporting clinical trials that are sponsored by external organizations - such as the World Health Organization (WHO), the UK Medical Research Council and the US National Institutes of Health (NIH).

At the end of 2009, 22 trials, involving approximately 23,300, patients, were either underway or committed to, with 19 of these trials being in Africa. These CRTs focus predominantly on public health-related issues such as prevention of mother-to-child HIV transmission, pediatric treatments strategies and HIV-TB co-infection. Five of these are pediatric studies, one of which will provide the first significant clinical data in the resource-poor setting on the efficacy, safety and pharmacokinetics of ViiV Healthcare's NRTI scored tablets. ViiV Healthcare donates study antiretrovirals and/or financial support, and also provides scientific input.

Countries in which HIV clinical trials are being conducted under the aegis of this program include: Botswana, Brazil, Cambodia, Haiti, India, Kenya, Malawi, Peru, South Africa, Tanzania, Thailand, Uganda, Zambia and Zimbabwe.



The treatment of children with HIV/AIDS remains a significant unmet medical need. (GlaxoSmithKline)

ViiV Healthcare's Positive Action on HIV/AIDS

HIV/AIDS

GlaxoSmithKline

AMREF, CRS, EGPAF, IHAA, NEPHAK

Since 1992

Capacity Building - Support & Training, Education

21 developing countries

www.positiveaction.com

Set up in 1992, Positive Action is ViiV Healthcare's international HIV/AIDS education, care and community support program. It works with community organizations to build capacity to counter the ignorance and stigma surrounding HIV and AIDS through outreach, education and advocacy. In 2009, ViiV Healthcare provided more than GBP 1 million, funding projects in 46 countries across Africa, Asia, Latin America and Eastern Europe. Positive Action has pioneered support for vulnerable communities, including men who have sex with men, intravenous drug users, sex workers, migrants, young people, orphans and vulnerable children and marginalized poor rural women. In July 2009, ViiV Healthcare launched a new Positive Action for Children Fund which will make GBP 50 million (USD 80 million) available over ten years to help prevent mother-to-child transmission of HIV and to support orphans and vulnerable children. During 2009, ViiV Healthcare supported 17 Positive Action programs in 46 countries, examples of which are given below.

Reach India aims to make HIV/AIDS prevention, financial and business education available to millions of poor women in rural India. ViiV is giving USD 595,000 over four years to develop the capacity of community organizations and self-help groups to reach 500,000 women and 2.5 million family members in rural areas. Reach India is supported by Catholic Relief Services (CRS).

In Kenya, ViiV is giving USD 2.2 million over four years to integrate HIV/AIDS treatment and support services into 38 general healthcare clinics, to enable people to avoid the stigma of visiting an HIV clinic. Positive Action also helps to train healthcare professionals and create patient self-help groups. Other partners include the African Medical and Research Foundation (AMREF), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and the National Empowerment Network of People Living with HIV and AIDS in Kenya (NEPHAK).

In Mexico, ViiV is working on a four-year project with the International HIV/AIDS Alliance (IHAA) and its Mexican partner, Colectivo Sol, to improve quality of life for people with HIV/AIDS, reduce stigma and discrimination, and educate people about HIV/AIDS.

The TREAT Asia program is run by the Foundation for AIDS Research (amfAR) with support from Positive Action and seeks to teach proper, safe and effective use of HIV therapies, working with clinicians and other health care workers in 25 clinics across a number of Asian countries, including Cambodia, China, Thailand and Vietnam.

In 2009 ViiV Healthcare announced support for the Staying Alive Foundation in its efforts to raise awareness about HIV/AIDS and its prevention among young people worldwide.

Women and Families Initiative

HIV/AIDS

Johnson & Johnson

HIV Collaborative Fund

Since ?

Capacity Building – Support, Education

Uganda

www.jnj.com, www.hivcollaborativefund.org

The HIV Collaborative Fund, a community organization that raises funds to support treatment for people living with HIV/AIDS, and Johnson & Johnson are partnering in a Women and Families initiative, which focuses on HIV/AIDS treatment preparation services for women. These services include advocacy, treatment and adherence education, counseling on stigma and discrimination, skills-building workshops, and direct service delivery in each of the communities served. Thousands of women in communities throughout Sub-Saharan Africa have been reached over the past few years. In Uganda, the partnership supports The Mama's Club and the Together Against AIDS Positive Association, two grassroots groups focused on treatment preparedness education of women.



Rapid on-site testing can have a significant impact in the fight against HIV/AIDS. (GlaxoSmithKline)

'Youth Speak-Up!' HIV Peer Education

HIV/AIDS
Johnson & Johnson
Indonesian Youth Partnership
Since 2006
Education
Indonesia
www.jnj.com

Young people in Indonesia account for 46% of all HIV/AIDS infections. 'Youth Speak-Up!' was initiated by the Indonesian Youth Partnership (IYP), a nationwide network of youth leaders fighting for Adolescent Reproductive Health and Rights. 'Youth Speak-Up!' uses a network of peer educators to raise awareness about HIV/AIDS transmission and prevention.

Johnson & Johnson supports 'Youth Speak-Up!' programs in which adolescents from 12 provinces are trained to educate others in their communities, reaching more than 3,000 young people. In 2007, 240 peer educators were recruited and an additional 21 peer education trainers were trained in the program. With the support of the IYP, the program is growing into a sustainable network of peer educators with the capacity to ensure education in the provinces. The IYP collaborates with the national media to spread the importance of their message.

ACCESS II – Improving Access to Effective Malaria Treatment

Malaria
Novartis
Swiss Tropical and Public Health Institute & other partners
Since 2003
Access - Pricing, Capacity Building - Support, Education
Tanzania
www.novartisfoundation.org

Since 2003, the ACCESS Project has been devoted to analyzing and improving access to effective malaria treatment in Tanzania. Main interventions have included social marketing campaigns to inform the population on causes, symptoms and appropriate treatment of malaria, training and supportive supervision of health personnel and the establishment of licensed private drug stores.

One of the initiative's achievements has been the development of a general analytical and planning framework on the issue of access, which can also be applied to other diseases and contexts. The second phase of the project – ACCESS II – began in 2008 by building on this model as well as on the results and experiences gathered so far. The purpose of the project is to increase the demand for adequate malaria services to induce more people with the relevant symptoms to come for treatment in a health center or a licensed drug store.

Despite the initial success, ACCESS II faces further challenges. An increasing number of people with fever go to health centers and drug stores, but may fail to receive adequate treatment in all of them. In addition, the results from the first phase show that beyond information on malaria and its treatment, the financial resources available to potential patients must be increased. People who are affected by malaria ultimately need enough money to be able to finance insurance coverage and treatment. Thus, access to insurance coverage through community health funds is being promoted. In addition, ACCESS II supports micro-credits and new measures to generate income, particularly for women. More participatory information campaigns on malaria and healthcare services with community involvement are also pursued. By simultaneously strengthening healthcare services and patient resources, access should sustainably improve.



Girl receiving malaria treatment at a health facility near Ifakara, Tanzania. (Novartis)

GlaxoSmithKline & Access to Malaria Care

Malaria
GlaxoSmithKline
Various partners
Since 2003
Access - Pricing, Capacity Building - Support, Education
13 developing countries
www.gsk.com/malaria

GlaxoSmithKline offers its antimalarials at not-for-profit prices to public sector customers and not-for-profit organizations in 64 countries - all the Least Developed Countries and all of sub-Saharan Africa. All CCM projects fully funded by the Global Fund to Fight AIDS TB and Malaria are also eligible. GSK does not make a profit at these prices, but it does cover its costs, so it can sustain supply of these high-quality products for as long as they are needed. These prices apply to orders of any size and include insurance and freight costs.

GSK's African Malaria Partnership was set up in 2003 to support education programs in eight African countries, through partnerships with Freedom from Hunger, AMREF and Plan International. These focused on prevention and prompt treatment, particularly among children and pregnant women. GSK funding for these initiatives has now ended, but the investment will have a long-term positive impact.

The scale of the malaria problem requires a significantly bigger response, so in 2005, GSK gave a USD 1.5 million three-year grant to a new partner, the Malaria Consortium, to launch the Mobilizing for Malaria initiative. In 2009, GSK extended its support for the initiative for an additional year. The aim is to increase awareness, generate political commitment and sustained funding to combat the disease. It will increase the number of NGOs engaged in tackling malaria, and give more African communities the knowledge and tools they need to prevent transmission of malaria. National Coalitions Against Malaria were launched in Belgium, Cameroon, Mozambique, Ethiopia, France and the UK, bringing together advocates from the public sector, NGOs, the media, the private sector and the political, academic and scientific communities.

Over the last two years Innovation Grants were awarded to NGOs in Africa to boost advocacy efforts. Grants were awarded to civil organizations in Nigeria, Tanzania, Ghana, Mozambique, Democratic Republic of Congo and Burkina Faso. The GSK African Malaria Partnership awarded four new grants in 2009, with a total commitment of GBP1.5 million over three years, to Kenya, (via Save the Children UK), Ghana (via Family Health International), Tanzania (via AMREF) and Nigeria (via the Planned Parenthood Foundation of Nigeria).

Medicines for Malaria Venture (MMV)

Malaria
Bayer HealthCare, Chong Qing Holley, Genzyme, GlaxoSmithKline, Merck & Co. Inc., Novartis, Pfizer, sanofi-aventis, Shin Poong, Sigma-Tau
MMV & other partners
Since 1999
R&D - Pediatric R&D
8 developing countries
www.mmv.org

Medicines for Malaria Venture (MMV), was established as a not-for-profit public-private partnership in Switzerland in 1999, after talks between the World Health Organization (WHO) and the IFPMA. MMV brings public, private and philanthropic partners together to fund and manage the discovery, development and delivery of new medicines for the treatment and prevention of malaria.

MMV is funded by foundations, governments and corporations. Regarded by WHO and the Roll Back Malaria partnership as an important partner, it now manages the largest portfolio of malaria medicine research in history, with nearly 40 projects underway at the end of 2008. MMV has mini-portfolio agreements with Genzyme, GlaxoSmithKline, Novartis and sanofi-aventis. Other partners include Bayer HealthCare, Chong Qing Holley, Merck & Co., Inc., Pfizer, Shin Poong and Sigma-Tau.

MMV subsidizes 30 scientists at GSK's dedicated DDW research facility in Tres Cantos. As compounds move into clinical development, GSK provides clinical, regulatory and manufacturing expertise and resources via its global R&D and supply network. In 2008, GSK announced a new collaboration with MMV to identify novel drugs for the treatment of malaria. Research will focus on macrolide antibiotics, which may help treat drug-resistant malaria. GSK and MMV are currently developing tafenoquine, a potential new treatment for the radical cure of *P. vivax* malaria).

The Novartis Institute for Tropical Diseases is working with MMV to develop a one-dose cure for *P. falciparum*, and a curative modality for *P. vivax*. In 2009, Novartis and MMV introduced Coartem® Dispersible, the first artemisinin-based combination (ACT) developed for children with malaria. It delivers the same 97%+ cure rate as Coartem® and the sweet-tasting tablets dissolve quickly in water, easing administration and dosing for children.

In 2008, MMV signed an MoU with sanofi-aventis for discovery work, including early-stage molecule testing, and screening, plus clinical development of ferroquine, SAR97276 and trioxaquine. In 2009, MMV contributed to the DNDi and sanofi-aventis 'ASAP field monitoring program' in Côte d'Ivoire. With approximately 15,000 patients, this is the largest study ever done on an antimalarial and should help African experts and government bodies to develop innovative pharmacovigilance methods in 'real life' conditions.

In 2009, Merck & Co., Inc. granted MMV an exclusive, royalty-free license to pursue development of an investigational drug candidate for the treatment of malaria in the developing world. The antimalarial candidate is an orally available compound, which could potentially provide a daily or twice-daily curative dosing regimen. In preclinical studies, it has shown to be effective against *P. falciparum*, the organism that causes acute malaria, including multi-drug resistant strains.

In 2009, Pfizer and MMV signed an agreement which will allow Griffith University in Brisbane, Australia to screen approximately 200,000 compounds in the Pfizer compound library against *P. falciparum* malaria.

Sigma-Tau is developing a new artemisinin combination with MMV.

Millennium Villages Project

Malaria
Novartis
Millennium Village Project
Since 2007
Access - Donation, Capacity Building - Support
Tanzania
www.novartisfoundation.org

As three out of eight Millennium Development Goals (MDGs) are health-related, the Novartis Foundation for Sustainable Development agreed in 2007 to support the Millennium Villages Project (MVP) in health-related research interventions. The MVP was founded with the goal of helping impoverished communities in rural Africa achieve the MDGs formulated and agreed to by all member countries of the United Nations. The MVP is active at 12 sites in ten African countries.

In 2007, the Novartis Foundation started financing one of the six Millennium Villages in Tanzania, the Ilongulu Village. For a five-year-period, the Novartis Foundation invests in the village's transition from mainly subsistence farming to more self-sustaining commercial activity. Challenges facing Ilongulu Village included inadequate water supply, extreme hunger, failed crops and a high prevalence of malaria.

The Novartis Foundation also donated the artemisinin-based combination therapy of Novartis (Coartem®) for the treatment of malaria in MVP sites all over sub-Saharan Africa where Coartem is registered on the national essential drugs list.

After two years, positive results have been seen. Crop diversification and the use of fertilizers and hybrid seeds have increased the yields for maize from 1.5 tons/hectare in 2007 to close to 5 tons/hectare in 2009. A new clinic constructed by MVP in the Mbola cluster improved the overall health of the population with better health services and the distribution of more than 20,000 treated bed nets. Education and nutrition have improved for more than 7,000 children in the cluster with training of teachers, supply of new textbooks as well as meals in school. Finally, new infrastructures were developed – such as water and sanitation systems, as well as mobile phone towers.



Family in Millennium Village, Ilongulu, Mbola, Tanzania. (Novartis)

Novartis Coartem®

Malaria
Novartis
WHO, MMV
Since 2001
Access - Pricing, Capacity Building - Training, Education
34 developing countries
www.novartis.com

Coartem® is the first World Health Organization-prequalified fixed-dose, artemisinin-based combination therapy (ACT) antimalarial, approved by stringent regulatory authorities and on the WHO Model List of Essential Medicines. Coartem® is fast-acting and cures over 97% of patients after a 3-day treatment course. Coartem® combines artemether, a derivative of artemisinin (from the Chinese medicinal plant *Artemisia annua*), with a synthetic substance, lumefantrine, which has not been used as a monotherapy.

Since 2001, Novartis has provided more than 300 million treatment courses of Coartem® - without profit - for public sector use in Africa. These treatments have helped save an estimated 750,000 lives in more than 60 malaria-endemic countries.

In early 2009, Novartis and Medicines for Malaria Venture introduced Coartem® Dispersible, the first artemisinin-based combination therapy (ACT) developed especially for children with malaria, to address specific treatment needs of millions of children with malaria. Coartem® Dispersible contains the same amounts of artemether and lumefantrine as Coartem® tablets (20mg/120mg) and delivers the same high cure rates.

Prior to this innovative pediatric medicine, health workers and parents had to crush bitter-tasting antimalarial tablets for children to swallow. New, sweet-tasting Coartem® Dispersible tablets dissolve quickly in small amounts of water, easing administration and ensuring effective dosing for children. Six million treatments of Coartem® Dispersible were delivered in 2009. To date, Coartem® Dispersible has been approved in 26 African countries as well as Brazil and Switzerland.

Coartem® Dispersible received the Medicines for Malaria Venture (MMV) Project of the Year Award in 2008. Further, the Coartem® Dispersible packaging won the 2009 Healthcare Compliance Packaging Council Award. The pack was recognized for aiding patient compliance, thanks to clear separation per body weight, the availability of one full treatment course on the same blister and clear pictorial instructions.

Education being a key factor in malaria control, the Coartem® program includes training materials and courses for healthcare workers and mothers/caregivers – translated into several African languages and distributed free of charge. Twice a year, Novartis also brings together the managers of national malaria control program across Africa to share best practice in community awareness, healthcare worker training, stock management and distribution, and health impact measurement.

Novartis R&D for Malaria

Malaria
Novartis
TDR & other partners
Since 2006
R&D - Pediatric R&D
8 developing countries
www.novartis.com

Novartis is working with the UNICEF-UNDP-World Bank-WHO Special Programme for Research and Training in Tropical Diseases (TDR) and the Government of Zambia to study the use of Artemisinin Combination Therapy to treat uncomplicated *P. falciparum* malaria in pregnant women, for which there is currently little reliable data available.

Novartis has worked with the Medicines for Malaria Venture (MMV) to develop a pediatric formulation for Coartem®; an important need, given the disproportionate vulnerability of children under 5 year to malaria. Clinical development took place in several African countries and the new product, Coartem® Dispersible, was formally launched in January 2009.

Since 2007, the Novartis Institute for Tropical Diseases (NITD) in Singapore has been working with MMV, the Singapore Economic Development Board and the Wellcome Trust to discover new malaria medicines.

The partnership is focusing on the development of a once daily-dose cure for *P. falciparum*, the most dangerous form of malaria, and a curative modality for *P. vivax*, the most frequently-occurring and widely distributed type of malaria. NITD will manage the program and conduct research jointly with several institutes including the Genomics Institute of the Novartis Research Foundation, the Swiss Tropical and Public Health Institute and the Biomedical Primate Research Center.



Novartis is working on medicines to treat malaria in pregnant women and on pediatric formulations. (Novartis)

PATH Malaria Vaccine Initiative (MVI)

Malaria
GlaxoSmithKline
MVI & other partners
Since 1999
Capacity Building - Support & Training, R&D - Pediatric R&D
Burkina Faso, Gabon, Ghana, Kenya, Malawi, Mozambique, Tanzania
www.malariaivaccine.org

The PATH Malaria Vaccine Initiative (MVI) was launched in 1999 to accelerate development of malaria vaccines and ensure their availability and accessibility in the developing world. MVI was funded by a USD 50 million grant from the Bill & Melinda Gates Foundation and the Initiative is administered by the US not-for-profit Program for Appropriate Technology in Health (PATH). MVI is guided by Technical Advisory Groups, a Strategic Advisory Council and PATH's board. Partners include malaria experts around the world, government agencies, academia, public and private research institutions, and vaccine producers.

GSK's candidate RTS,S/AS is the most clinically advanced malaria vaccine in the world. In 2008, two separate Phase II trials confirmed of earlier studies' findings that the vaccine provides infants and young children, the most vulnerable groups, with significant protection against malaria. In children aged five to 17 months, the RTS,S/AS01 vaccine reduced the risk of clinical episodes of malaria by 53% over an eight-month period. In the other trial, amongst infants under 12 months who received three doses of a modified RTS,S/AS02 vaccine, the risk of first infection from malaria was reduced by 65% over a six month period. Importantly, trials also showed that the RTS,S/AS02 vaccine does not interfere with the efficacy of vaccines for other diseases, such as diphtheria, tetanus and polio, administered to infants through existing African national immunization programs. This means that in malaria-prevalent countries, the vaccine could be delivered through the current immunization schedule for infants, called the WHO Expanded Program on Immunization (EPI).

In 2009, GSK and its partners launched a large-scale phase III efficacy trial of RTS,S in seven countries in Africa. The trial, which is expected to involve up to 16,000 children, is on schedule, with almost 7,500 children enrolled by the end of January 2010. Christian Loucq, MVI Director, commented on the significance of the trial results by saying, "we are closer than ever before to developing a malaria vaccine for children in Africa".

Under current plans, the RTS,S vaccine candidate would be submitted to regulatory authorities in 2012 based on efficacy in children 5-17 months of age. Depending on the final clinical profile of the vaccine and timetable of the regulatory process, the first vaccine introduction could take place over the next three to five years.

Pfizer - Azithromycin/chloroquine for Malaria

Malaria
Pfizer
London School of Hygiene & Tropical, MMV
Since 2006
R&D - Pediatric R&D
9 developing countries
www.pfizer.com/responsibility

Pfizer, in partnership with Medicines for Malaria Venture (MMV) and London School of Hygiene and Tropical Medicine, is developing a fixed dose combination of azithromycin and chloroquine (AZCQ) for intermittent treatment of malaria in pregnant women (IPTp) in sub-Saharan Africa. IPTp is aimed at lowering the incidence of adverse pregnancy outcomes associated with malaria in pregnancy. Sulfadoxine/pyrimethamine (SP) is the current standard of care for IPTp in high transmission areas in Africa. However, recent emergence of resistance to SP, especially in East and Southern Africa has made the search for SP replacement IPTp regimens an urgent priority.

The AZCQ development program is in Phase III of clinical development. In two multi-country clinical trials in sub-Saharan Africa, AZCQ recently demonstrated 98% and 100% efficacy in treatment of symptomatic, uncomplicated falciparum malaria in non-pregnant adults. The trials were conducted in Burkina Faso, Ghana, Mali, Kenya, Senegal and Uganda. A phase III multi-country pediatric treatment trial is currently ongoing in Burkina Faso, Ghana, Mali, Cote d'Ivoire and Kenya. The pivotal IPTp trial is planned to start in the third quarter of 2010 in Kenya, Uganda, Tanzania and Malawi.



Maintaining treatment records can be a challenge in developing countries. (GlaxoSmithKline)

Pfizer – Mobilize Against Malaria

Malaria
Pfizer
London School of Hygiene & Tropical Medicine & other partners
Since 2006
Capacity Building - Support & Training
Ghana, Kenya, Senegal
www.pfizerglobalhealth.com

Unveiled at the Clinton Global Initiative in 2006, Mobilize Against Malaria is Pfizer's signature social investment in malaria, supporting programs to reduce the malaria burden in three hard-hit African countries, Ghana, Kenya and Senegal, over a five year period (2007-2011). Under this USD 15 million program, Pfizer helps four leading NGOs to close critical gaps in malaria treatment, training, and public demand for quality services.

In Ghana, Pfizer is helping to bring the public and private sectors together to find new solutions to the malaria challenge. The program specifically supports Family Health International and Ghana Social Marketing Foundation which have demonstrated that investments in Ghana's licensed chemical sellers, small retail outlets which act as a major source of basic medicines, can dramatically improve malaria treatment, diagnosis and prevention. Through Pfizer's partners, thousands of LCSs are receiving training and job support and are developing closer ties to the communities they serve.

In Kenya, Pfizer is helping Population Services International to reduce malaria in pregnant women and children under five, two groups most at-risk for malaria-related mortality and morbidity. While Kenya is one of the most progressive African countries in terms of malaria programming, resources are still needed to reach women and healthcare providers, especially in hard-to-reach rural communities. Recognizing that more than 70% of women attend antenatal clinics at least once during their pregnancy, Pfizer's partners are providing a boost to healthcare providers and patients at these clinics by supplying improved training, health education and new information packets designed especially for new mothers.

In Senegal, Pfizer is working with IntraHealth International to strengthen the country's system of health huts, rudimentary clinics which are often the only healthcare facility accessible to rural communities. During the rainy season, when populations become even more isolated, these clinics frequently function without running water, electricity, adequate supplies or medicines. Recognizing the critically important role these health huts play in the country's healthcare system, Pfizer and its partners are investing in improving their infrastructure, malaria training, supply chain, provider skills, and community demand for services.

Pfizer is working with the London School of Hygiene and Tropical Medicine, along with KEMRI-Wellcome Trust and Health Partners Ghana, to evaluate the impact of this program.

Sanofi-aventis - DNDi Malaria Medicine

Malaria
sanofi-aventis
DNDi & other partners
Since 2005
Access - Pricing, Capacity Building - Support & Training, R&D - Pediatric R&D
10 developing countries
www.sanofi-aventis.com , www.dndi.org

In April 2005, sanofi-aventis signed an agreement with Drugs for Neglected Diseases initiative (DNDi) to develop a new medicine against malaria, in response to a call from the World Health Organization (WHO) for malaria be treated by drug combinations to combat resistance.

DNDi and sanofi-aventis have developed a fixed-dose combination (FDC) of two antimalarial compounds, artesunate and amodiaquine (ASAQ) that is easier to use and more affordable than any other combination currently available. DNDi developed the formulation combining the two active ingredients in a single tablet and carried out the initial pharmaceutical and clinical development, before choosing sanofi-aventis as its industrial partner for further development.

Sanofi-aventis developed the product at industrial level, carried out additional clinical studies, prepared the dossier for regulatory authorities and applied for WHO prequalification. Sanofi-aventis has launched this new FDC in malaria endemic countries and embarking on a large follow-up clinical trial program ('ASAQ field monitoring program') with DNDi and Medicines for Malaria Venture to collect good efficacy and safety data on this new medicine in 'real life' conditions, in several countries including Côte d'Ivoire, Liberia, Uganda and Senegal. This program is being set up in close coordination with the WHO.

The medicine, now registered in 24 African countries was prequalified by the WHO in October 2008. The new formulation simplifies adult treatment to 2 tablets once a day for three days. The pediatric dose is also simplified: one tablet a day for three days. Tablets are soluble in water or in semi-liquid food, making them suited to the needs of children, the population most at risk of complications from malaria.

Sanofi-aventis committed to sell the product 'at no profit-no loss' to health ministries in affected countries, intergovernmental institutions, NGOs and programs promoting access to drugs in pharmacies. A full treatment costs less than USD 0.50 for children less than 5 years old and less than USD 1 for older children and adults. In 2009, the first full year after WHO prequalification, 23 million treatments were sold at preferential prices to over 20 malaria-endemic countries.

Sanofi-aventis: Impact Malaria

Malaria
sanofi-aventis
Various national & international partners, including universities
Since 2001
Access - Pricing, Capacity Building - Training, Education, R&D - Pediatric R&D
Benin, Burkina Faso, Côte d'Ivoire, Ghana, Republic of Congo
www.impact-malaria.com

The Impact Malaria program embodies sanofi-aventis' longstanding commitment to fight malaria.

Sanofi-aventis is researching new treatments that are affordable, adapted to patients' needs, especially children, and can help circumvent growing resistance to existing medicines. The most advanced projects are ferroquine for uncomplicated malaria, developed with Lille University and 'bicationic compounds' for severe malaria with Montpellier University, both in Phase II clinical trials. Upstream projects include development of 'trioxaquins' with Palumed in Toulouse.

Sanofi-aventis seeks to improve access to its antimalarials, by making them available at a 'no profit, no loss' prices to needy populations. Sanofi-aventis and Drugs for Neglected Diseases initiative (DNDi) launched a new artesunate-amodiaquine combination treatment in early 2007. The company has relinquished its patents and committed to supply it at prices scaled to income. In the poorest countries, this is less than USD 1 for an adult treatment and a less than USD 0.5 for a pediatric one. Tablets are soluble, facilitating their use with children. This combination was pre-qualified by the WHO in October 2008 and, in 2009, 23 million treatments were sold at preferential prices to over 20 malaria-endemic countries.

Sanofi-aventis, Medicines for Malaria Venture, DNDi, and Medicines for Malaria Venture have set up an innovative 'ASAQ field monitoring program' with clinical trials in sub-Saharan Africa to generate good efficacy and safety data on the new artemisinin-amodiaquine antimalarial in 'real life' conditions, and help build clinical trial and pharmacovigilance expertise. This program that aims at including over 20,000 patients was formalized as a "Risk Management Plan", the first to be submitted to the World Health Organization.

In 2009, sanofi-aventis provided over 20 African health professionals with high-level malaria training. In addition, information, education and communication tools and training sessions have been developed with national malaria control programs and NGOs. In 2009, over 40,000 children were informed about malaria in Côte d'Ivoire, Ghana and Burkina Faso, through an initiative entitled "Schoolchildren against malaria". The www.impact-malaria.com website provides disease, prevention and treatment information, plus educational tools and an online library.

In 2009, sanofi-aventis continued to support malaria prevention and treatment by Actions de Solidarité Internationales in Makoua, Republic of Congo and new initiatives were launched with the NGOs Jeremi in Burkina Faso and Caritas in several African countries. In Benin, the company works with PlanetFinance to help local NGOs to train health workers to educate communities about malaria.



Malaria is the leading cause of death in children under the age of five in Ghana. Mobilize Against Malaria works on local, national, and global levels to raise awareness and fight the disease. (Mark Tuschman, Pfizer)

Children Without Worms

Soil-transmitted helminthiasis
Johnson & Johnson
Task Force for Child Survival and Development
Since 2007
Access - Donation
8 developing countries
www.ChildrenWithoutWorms.org

Globally, up to 400 million children suffer from Soil-Transmitted Helminthiasis (STH), an infection of intestinal worms, but fewer than 20% of at-risk children were reached with de-worming treatment in 2005, falling far short of the World Health Assembly's target to treat 75% of at-risk children by 2010. STH is especially dire for children because it causes malnutrition, increases susceptibility to other serious infections, and stunts growth during a critical development period.

STH has been identified by the WHO and the US Centers for Disease Control and Prevention as a 'target of opportunity', meaning that with existing diagnostic tools and treatments and greater support, it can be prevented, treated and controlled.

In 2007, Johnson & Johnson partnered with the Task Force for Child Survival and Development to develop and launch a program to donate up to 50 million doses of mebendazole in 2007 to treat children with or at high risk for STH. Approximately 30 million doses were donated to strategic recipients in 2007. Mebendazole is one of a class of medicines known as anthelmintics that are used to treat numerous kinds of worm infections.

Merck Praziquantel Donation Program

Schistosomiasis
Merck KGaA
WHO
Since 2007
Access - Donation
8 African priority control countries
www.merck.de

According to the World Health Organization (WHO), up to 300 million people suffer from schistosomiasis, a worm disease caused by schistosomes, parasitic worms that multiply as swimming eggs in certain fresh water snails. Human infection occurs when the skin comes into contact with schistosome parasites released into the water by infected snails. The parasites migrate to the liver, mature into adult worms and reproduce, with their eggs being ejected from the body in the feces. Schistosomiasis causes anemia, stunted growth and learning disabilities. It is the second-most common tropical disease in Africa after malaria and is also prevalent in Asia, the Caribbean, the Middle East and South America. Some 600 million people are at risk and around 200,000 people die of this disease every year.

In April 2007, Merck KGaA signed a partnership agreement with the WHO to supply 200 million tablets of Cesol® 600 (praziquantel) for the treatment and prevention of schistosomiasis over a 10 year period. Some 27 million African school children will benefit from the Merck donation, with an estimated value of approximately USD 80 million, which is focused on Sub-Saharan African countries. Angola, Benin, Cameroon, Central African Republic, Madagascar, Senegal, Nigeria, Malawi, Mauritania, Tanzania, Mozambique and Zambia have been designated by WHO/AFRO for priority control of neglected tropical diseases (NTDs).

Praziquantel is the most effective therapy to date for schistosomiasis infections - often even after just one dose - and it is well tolerated. It is therefore on the WHO list of essential drugs. The donation will address the issue of the affordability of praziquantel, which has been a barrier to access in poor communities and the main obstacle to implementing preventive anthelmintic chemotherapy in many African countries. Anthelmintic chemotherapy refers to drug treatment for worm infections, such as schistosomiasis, that disrupt the metabolism of these worms, which are known generally as helminths.



A young girl taking her medicine in Madagascar.
(Merck KGaA)

Bristol-Myers Squibb Foundation: Delivering Hope

Hepatitis

Bristol-Myers Squibb

Various national & local foundations

Since 2002

Capacity Building - Support & Training, Education

China, India

http://www.bms.com/foundation/reducing_health_disparities/hepatitis/Pages/default.aspx

‘Delivering Hope’ is a comprehensive effort to fight Hepatitis B and C in Asia, sponsored by the Bristol-Myers Squibb Foundation. Delivering Hope has drawn upon the proven models created by the Foundation’s work on HIV/AIDS in Africa to address a major health care challenge in resource-constrained settings.

Support focuses on four areas: creating greater awareness of hepatitis and addressing the stigma associated with the disease; prevention, especially among groups most at risk; disease education and management training for health care workers; and operational research to develop data and demonstration projects to generate lessons that can be shared, adapted and applied in the future.

These efforts are helping to develop a portfolio of projects that aims to raise the profile of the disease in Asia, inform health policy and national programs, build institutional and community capacity, and target prevention in the hardest-hit populations including children, blood donors and health care professionals.

In many rural communities, lack of hepatitis awareness hinders prevention. The Foundation therefore is seeking to increase awareness among the general population and lay health care workers. In addition, programs in China and India focus on children as for a way of building family and community awareness.

Since 2002, Bristol-Myers Squibb and the Bristol-Myers Squibb Foundation have provided USD 3.1 million in grants in China, already benefiting more than 700,000 people directly, and USD 1.9 million in India.



Vaccination is a cost-effective health measure.
(Sanofi Pasteur)

GAVI Alliance

Childhood diseases

Crucell, GlaxoSmithKline, Merck & Co. Inc., sanofi-aventis, Pfizer

GAVI Alliance, WHO & other partners

Since 2000

Access - Donation & Pricing, Capacity Building - Support & Training

Low-income countries

www.gavialliance.org

The GAVI Alliance was created to reduce childhood morbidity and mortality from vaccine preventable diseases by increasing immunization rates and improving vaccine access for children in developing countries, in response to stagnating global immunization rates and a widening gap in vaccine access in developing countries. The GAVI Fund provides financial support to low-income countries, based upon applications to and recommendations by the GAVI Alliance Board.

The Alliance's partners include industrialized countries vaccine manufacturers (Crucell, GlaxoSmithKline, Merck & Co., Inc., Novartis, Sanofi Pasteur, the vaccines division of sanofi-aventis, and Pfizer), developing countries vaccine industry, industrialized and developing country governments, UNICEF, the WHO, the World Bank, charitable foundations and NGOs. Industry partners invest in the development of new vaccines and in enhanced global vaccine manufacturing capacity, including facilities in developing countries. They also help to educate healthcare providers and develop technologies to facilitate vaccine distribution.

Crucell support for GAVI includes supplying large quantities of the first internationally available thiomersal-preservative free, fully liquid pentavalent (5-in-1) vaccine Quinvaxem™ which protects children against 5 diseases (DTP-HepB-Hib) in one single shot. Country applications for Hib-containing combinations grew to their historical high in 2009 and over half a billion doses of liquid pentavalent vaccine have been requested for 2009-2012.

Of the 1.37 billion vaccine doses GSK supplied in 2009, 50% went to GAVI countries and 80% went to developing countries. GSK has actively supported GAVI since its inception and was its main pentavalent and tetravalent vaccine supplier during GAVI Phase I. GSK has also developed new pneumococcal, rotavirus and cervical cancer vaccines, which will be made available in developing countries with help from GAVI. GSK was one of the first manufacturers to sign-on to the Advance Market Commitment for pneumococcal disease, committing to supply up to 300 doses of its vaccine Synflorix to developing nations over the next decade. GSK also is developing new vaccines for diseases which are future GAVI targets, including dengue and malaria.

As part of its support for the GAVI Alliance, the Merck Company Foundation funds the Merck Vaccine Network - Africa. Merck also provided 1 million doses of MMR II vaccine for mumps, measles and rubella to Honduras over a three-year period and donated hepatitis B vaccine in support of GAVI. Merck is also providing rotavirus vaccination for all infants in Nicaragua for a three-year period. In 2008, Merck contributed USD 2 million to the GAVI-supported Measles Initiative of the UN Foundation, for disease surveillance activities in Africa. Since 2001, the Measles Initiative has supported the vaccination of more than 600 million children in more than 60 countries.

Sanofi Pasteur supports GAVI's polio eradication efforts and has donated 120 million doses of oral polio vaccine (OPV) since 1997. It also supports the GAVI Yellow fever vaccine initiative for Africa. In 2007, Sanofi Pasteur sponsored the first technical conference on yellow fever, which drew 150 participants from Benin, Burkina Faso, Cameroon, Côte d'Ivoire, Guinea, Mali, Senegal and Togo.

In November 2008, GAVI accepted the proposal by Wyeth (subsequently acquired by Pfizer) to donate more than 3 million doses of its Prevnar® pneumococcal vaccine to protect children in Rwanda and the Gambia, countries with very high mortality from pneumococcal disease. Immunization began with "first dose in child" in Rwanda in April 2009 – the first time a pneumococcal conjugate vaccine was used in GAVI-eligible countries. Pfizer supports the AMC initiative and is working with UNICEF, GAVI and other international health partners on next steps in the AMC process relating to Pfizer's newest pneumococcal conjugate vaccine, Prevenar 13, including a provisional Supply Agreement.



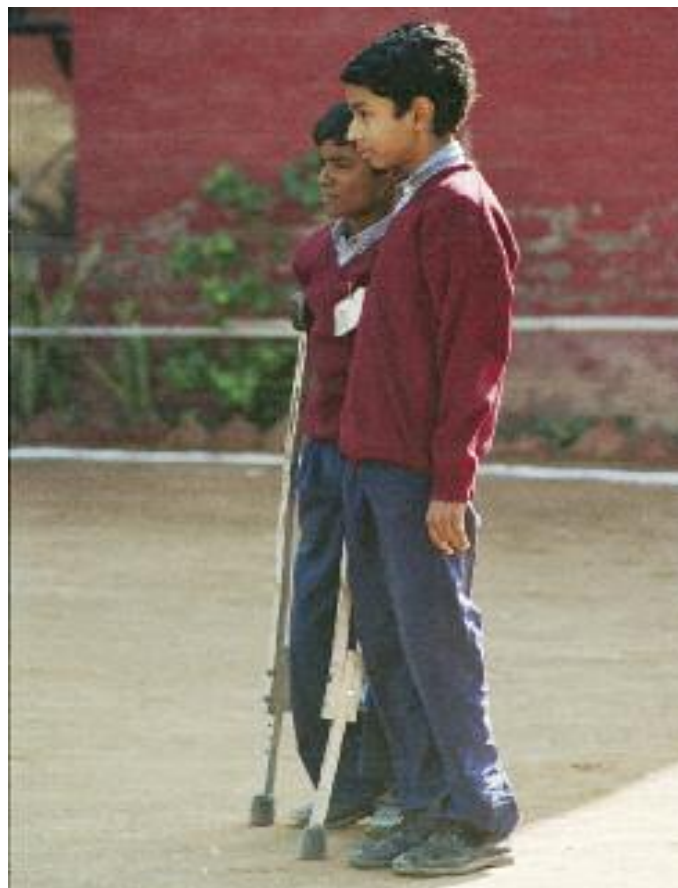
Vaccination drive against yellow fever in Togo.
(Norbert Domy, Sanofi Pasteur)

Global Polio Eradication Initiative

Polio
sanofi-aventis
WHO & other partners
Since 1988
Access - Donation, Capacity Building - Support
Afghanistan, Egypt, India, Indonesia, Nigeria, Pakistan
www.polioeradication.org

In January 2004, a new plan was unveiled to immunize 250 million children in the remaining polio-endemic countries to eradicate finally a disease that once paralyzed hundreds of thousands of children each year. Working in cooperation, the World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC) and the United Nations Children's Fund (UNICEF) agreed to accelerate efforts targeted at eradicating polio.

In 2002, Sanofi Pasteur, the vaccines division of sanofi-aventis, announced that it would donate 30 million doses of the Oral Polio Vaccine (OPV) to the Global Polio Eradication Initiative through 2005. Sanofi Pasteur, the longest-standing corporate partner in the Initiative, has donated 120 million OPV doses since 1997. At the WHO's request, Sanofi Pasteur developed and licensed a new vaccine in record time in 2005 – Monovalent Oral Polio Vaccine 1 or MOPV1 – for use first in Egypt as a critical part of a new WHO strategy to end polio transmission. Sanofi Pasteur also provides bulk mOPV1 to a manufacturer in India, to fill and package for local use. In 2007, Sanofi Pasteur donated 270,000 doses of inactivated polio vaccine (IPV) to Indonesia for a WHO sponsored demonstration project of 5 years on IPV introduction in Yogyakarta province.



Children at the India Polio Handicap prothesis school.
(Sébirot, Sanofi Pasteur)

HPV Vaccine & Cervical Cancer

Cervical cancer
GlaxoSmithKline, Merck & Co. Inc.
PATH
Since 2005
Access - Donation & Pricing
India, Peru, Uganda, Vietnam
www.gsk.com , www.merck.com

Cervical cancer is the second most common cancer in women worldwide, with about 500,000 new cases and 250,000 deaths occurring each year. Almost 80% of cases occur in low-income countries, where cervical cancer is the number one cause of cancer in women. Virtually all cervical cancer cases (99%) are linked to genital infection with human papillomavirus (HPV), a family of virus types which also causes genital warts and other forms of cancer.

PATH, the Program for Appropriate Technology in Health, is an international, nonprofit organization that creates sustainable, culturally relevant health solutions, and works to advance acceptable and affordable new technologies for low-resource settings. PATH is partnering with GlaxoSmithKline and Merck & Co., Inc., both of which have developed HPV vaccines, to conduct pilot HPV vaccination programs in adolescent females, looking at acceptance and accessibility. The countries selected are India, Peru, Uganda and Vietnam. The PATH project also looks at issues such as adapting vaccination schedules to fit with the school year, to maximize potential uptake. PATH has received a grant for this project from the Bill and Melinda Gates Foundation.

GSK's HPV vaccine, Cervarix™, received WHO Pre-Qualification in 2009, which allows its purchase by UN agencies on behalf of poorer countries. GSK works with partners to help improve access to its vaccines and is committed to ensuring pricing is not a barrier to access in the developing world. For example, it has made Cervarix™ available at substantially reduced prices – with price reductions of up to 60% – in a diverse array of countries, including several in Southeast Asia, South Africa and Colombia. GSK has long practiced tiered pricing for vaccines supplied to government-led programs, charging lower prices in poorer countries. GSK is also supporting HPV pilot projects; for example, it has donated more than 133,000 doses of Cervarix™ to PATH-led projects in Uganda and India (Gujarat).

Merck & Co., Inc. provides its Gardasil® HPV vaccine at no-profit prices to the public sectors of GAVI-eligible countries. For other countries, Merck will offer tiered-pricing, largely based on their ability to pay. In 2008, CSL Ltd agreed to waive Merck's royalties for sales of Gardasil® in the developing world, which should result in lower prices there. Gardasil® received WHO pre-qualification in May 2009, which will also help make it more accessible for developing countries. Through the Gardasil® Access Program, Merck has pledged to donate at least 3 million doses of Gardasil® to qualifying organizations in eligible lowest-income countries, where 80% of the world's cervical cancer cases occur. The program will help them gain operational experience in the design and implementation of HPV vaccination projects. Approval has been given for donation of 496,000 doses of Gardasil® for Bhutan, Bolivia, Cambodia, Cameroon, Georgia, Ghana, Haiti, India, Kenya, Lesotho, Moldova, Nepal, Nicaragua, Papua New Guinea, Tanzania, Uganda and Uzbekistan.

Merck Vaccine Network – Africa (MVN-A)

Vaccine-preventable diseases

Merck & Co. Inc.

Various partners

Since 2003

Capacity Building - Training

Kenya, Mali, Uganda, Zambia

www.merck.com/mvna

In sub-Saharan Africa, more than 7.8 million children each year do not receive the most basic vaccines. One major reason for low vaccination rates in developing countries, according to the World Health Organization, is the lack of skilled health care professionals. As part of Merck & Co., Inc.'s commitment to the GAVI Alliance, it established the Merck Vaccine Network - Africa (MVN-A) to develop sustainable immunization training centers in Africa. One of Merck's major programs in Africa, MVN-A reflects the company's commitment to improving access to medicines, vaccines and health care in the developing world.

In 2003, with funding from The Merck Company Foundation and after a competitive grant application process, MVN-A grantees established training programs in both Kenya and Mali. Based on their success, renewed funding was provided to both programs in 2007, enabling both MVN-A grantees to extend training to additional health workers in Kenya and Mali and explore innovative training methods to address emerging immunization management needs. Following a second competitive grant application process in 2007, The Merck Company Foundation provided supplemental funding to enable two new MVN-A grantees to establish immunization training programs in Uganda and Zambia.

The four MVN-A training programs are led by partners including: Indiana University School of Medicine and Moi University School of Medicine (Kenya); University of Maryland School of Medicine's and the Center for Vaccine Development and the Centre pour le développement des vaccins, Centre national d'appui à la lutte contre la maladie (Mali); The Task Force for Global Health and Makerere University School of Public Health (Uganda); and Brighton and Sussex University Hospitals NHS Trust and the University of Zambia School of Medicine (Zambia).

To date, more than 600 health professionals in Kenya, Mali, Uganda and Zambia have successfully completed MVN-A training, in vaccine management and immunization services. Trainees have returned to their home medical facilities to share their expertise and knowledge with fellow health care workers. In Kenya, MVN-A trainees in the Ministry of Health worked to coordinate health services support, including mass immunization campaigns to prevent outbreaks of measles and polio for large camps of internally displaced persons. In Mali, the Ministry of Health leveraged the MVN-A program to help train immunization managers in preparation for the accelerated introduction of a new Hib pentavalent vaccine (DTP-HepB+Hib), funded by GAVI. Since its successful expedited introduction in 2005, more than 675,000 Malian children have received this new combination vaccine.

Pediatric Dengue Vaccine Initiative (PDVI)

Dengue

GlaxoSmithKline, sanofi-aventis

PDVI

Since 2001

R&D – Pediatric R&D

Thailand

www.pdvi.org

Dengue fever is the second most widespread tropical disease after malaria. The Pediatric Dengue Vaccine Initiative (PDVI), a Bill and Melinda Gates funded initiative of the International Vaccine Institute, in Seoul, Korea, was established in 2001 to accelerate the development of a dengue vaccine that is appropriate, safe and accessible to poor children in endemic countries. Some of the Initiative's goals include: Country surveys to define better the burden of dengue illness; Support R&D and enhance developing country science capacity; A scientific blueprint for a safe, effective and affordable pediatric dengue vaccine.

No specific treatment is currently available and vector-control strategies have been insufficient. Dengue vaccines offer an impending solution to control this major global health problem and there are several robust dengue vaccine candidates, but many challenges remain. A focused effort should achieve a safe, broadly protective dengue vaccine for children in a matter of years.

The Initiative is supported by governments of endemic countries, academic research centers in the USA and South-East Asia and the pharmaceutical industry, including Sanofi Pasteur, the vaccines division of sanofi-aventis, and GlaxoSmithKline.

In 2006, Sanofi Pasteur and the PDVI announced a collaborative partnership to prepare for the possible introduction of a Dengue vaccine and to make it widely accessible for prevention of Dengue. At the forefront of dengue vaccine development with an active R&D program, Sanofi Pasteur's lead candidate dengue vaccine entered efficacy studies in children in Thailand in 2009, and several other studies are currently underway in Asia and the Americas.

Pneumococcal Conjugate Vaccine Programs

Pneumonia
GlaxoSmithKline, Pfizer
GAVI Alliance, FioCruz, USAID & other partners
Since 2009
Access - Donation & Pricing & Tech Transfer
Brazil, Rwanda
www.gavialliance.org , www.gsk.com , www.pfizer.com

Pneumococcal disease takes the lives of 1.6 million people each year, including approximately 800,000 children before their fifth birthday. More than 90% of these deaths occur in developing countries. Its most common serious form, pneumonia, accounts for one in every four child deaths.

GlaxoSmithKline and Pfizer have developed pneumococcal conjugate vaccines which protect against this major health threat. On 23 March 2010, these two companies made unprecedented long-term commitments, via the GAVI Alliance's Advance Market Commitment for pneumococcal disease, to supply these new vaccines to developing countries at a fraction of the price charged in industrialized countries. GAVI estimates that the introduction of suitable and affordable vaccines against this disease could save some 900,000 lives by 2015.

GSK will supply up to 300 million doses of its vaccine Synflorix™, to GAVI over a ten year period. Synflorix contains 10 serotypes, three of which – 1, 5, and 14 – were required to be included in the AMC vaccine, due to their high disease burden in the developing world. GSK has committed to provide an average of up to 30 million doses annually and expects to deliver the first doses to Africa later this year. GSK has invested more than USD 400 million in a dedicated manufacturing plant in Singapore.

Pfizer's Prevnar® 13 contains 13 serotypes, which represent the most prevalent invasive disease-causing strains in young children worldwide. It has been approved for use in infants and young children in more than 40 countries. Pfizer is increasing its manufacturing capabilities to help ensure Prevnar® 13 availability through a combination of capital investment, process improvements and efficiency measures throughout the supply network.

On 17 August 2009, GSK announced a partnership with Brazil's Oswaldo Cruz Foundation (Fiocruz), under which GSK will provide Fiocruz with access to the technology behind its Synflorix™ conjugate pneumococcal vaccine. GSK will supply Synflorix™ to Fiocruz until the technology transfer is completed, allowing rapid incorporation of the vaccine into Brazil's national immunization program.

Prevnar® was originally developed by Wyeth, which was acquired by Pfizer in October 2009. Earlier that year, Wyeth donated 3 million doses of Prevnar® for use in Rwanda, as part of the first national pneumococcal immunization campaign undertaken in a GAVI-eligible country. The program was undertaken with the support of GAVI Alliance and USAID, and the first dose was administered by Rwandan Health Minister Dr. Richard Sezibera on 25 April 2009.

Rotavirus Vaccine Program

Rotavirus-induced gastroenteritis
GlaxoSmithKline, Merck & Co. Inc.
GAVI Alliance, WHO & other partners
Since 2003
Access - Donation & Pricing
Brazil, El Salvador, Mexico, Nicaragua, Panama, Venezuela
www.rotavirusvaccine.org

Rotavirus infection is the leading cause of severe diarrhea and vomiting (gastroenteritis) in children under two and is responsible for nearly 600,000 deaths among children under five – worldwide – each year. Eighty percent of rotavirus-related deaths occur in developing countries. With funding from the GAVI Alliance and the Vaccine Fund, the Program for Appropriate Technology in Health (PATH) established the Rotavirus Vaccine Program (RVP) in 2003. With its strategic partners, the World Health Organization (WHO) and the US Centers for Disease Control and Prevention, RVP is working to accelerate introduction of the two available vaccines. In 2005, WHO moved to recommend rotavirus vaccination as a core childhood immunization. In late 2006, the GAVI Alliance committed to provide funding for its introduction in eligible countries around the world.

GlaxoSmithKline's vaccine, Rotarix™ is a two-dose oral vaccine targeting one rotavirus strain. Early in 2007, GSK obtained WHO Prequalification for Rotarix™. GSK is helping Brazil to implement a universal mass vaccination program for rotavirus. The vaccine was included in the National Programme of Immunizations in 2006 and the partnership includes a technology transfer agreement with Brazil's Oswaldo Cruz Foundation (Fiocruz) signed in 2007. Since 2007, GSK (via Fiocruz) has been the supplier of 50 million doses of rotavirus vaccine in Brazil. From 2012 Fiocruz will produce Rotarix™ for the Brazilian domestic market and manufacture Rotarix™ for GSK under contract for export. The deal is helping to ensure that around 17 million babies in Brazil will be protected by Rotarix™ over five years. The vaccination program has already resulted in an 85% reduction in rotavirus related hospitalizations, according to the Brazilian Ministry of Health.

Merck & Co., Inc.'s Rotateq® is a three-dose, ready-to-use oral vaccine that protects against five common rotavirus strains. In 2006, Merck and the Nicaraguan Ministry of Health announced a new partnership to provide all eligible infants born in Nicaragua in a three-year period with free doses of Rotateq®. Since the partnership was launched in 2006, Merck has provided nearly 1 million free doses of Rotateq® to Nicaragua, with an estimated 27,720 doses administered every month. To date, more than 769,120 doses have been administered. The Nicaraguan ministry of health reports that 81 percent of eligible infants in Nicaragua were vaccinated in 2008. In addition, Merck is providing assistance in administrative, training and logistical aspects related to an expansion of Nicaragua's immunization activities.

Sigma-Tau & AMREF: “Uganda Project”

Vaccine-preventable disease

Sigma-Tau

AMREF

Since 2008

Access - Donation, Capacity Building - Training

Uganda

www.sigma-tau.com

Sigma-Tau supports the African Medical Research Foundation (AMREF) in implementing the ‘Uganda Project’, a vaccination and medical training program in Northern Uganda, in the areas most affected by the civil war of the 1990s.

The main aim of the project is to vaccinate more than 3,000 Ugandan children against the six most common childhood diseases (tuberculosis, diphtheria, tetanus, poliomyelitis, hepatitis B and measles). At the same time, it also aims to provide medical training for local health workers, thus furnishing both immediate and long-term support for health development.

Abbott Program to Advance Diabetes Care in Bolivia

Diabetes
Abbott
Centro Vivir Con Diabetes, Direct Relief International
Since 2006
Access - Donation, Capacity Building - Training
Bolivia
www.abbott.com

Since 2006, Abbott and the Abbott Fund have partnered with Direct Relief International to support the education and outreach activities of Centro Vivir Con Diabetes, a non-governmental organization dedicated to low-income adults and children living with both type I and type II diabetes in Cochabamba, Bolivia.

The Abbott Fund has provided grants to support diabetes education, expand public outreach campaigns, train health care personnel in diabetes management, and establish and expand the number of core diabetes educators. Abbott also has donated glucose screening and monitoring equipment, and disease-specific nutritional products.

Since the partnership began, there has been a 260% annual increase in detections of diabetes. The patients that have been diagnosed have been counseled on how to manage their disease and encouraged to seek follow-up care through the Centro Vivir Con Diabetes.

AstraZeneca Breast Cancer Program in Ethiopia

Breast cancer
AstraZeneca
Axios, Ethiopian Cancer Association, Ethiopia Ministry of Health
Since 2005
Access - Donation, Capacity Building - Support & Training
Ethiopia
www.astrazeneca.com

In Ethiopia, AstraZeneca has been working since 2005 to help build local capability in managing breast cancer – the second most common cancer among young women in the country. The company's partner in this project is Axios, an organization that works with the private sector to advance healthcare in developing countries.

In the developing world, the incidence of cancer is increasing. It is predicted that 20 million more people will be diagnosed by 2010, and 70% will live in countries that between them will have less than 5% of the resources for cancer control.

At the outset of the Ethiopia Breast Cancer Program, the country had only one cancer specialist for the entire population; there was no mammography; no easy access to chemotherapy or hormonal agents; no cancer screening and no national treatment protocols.

The program has focused on strengthening diagnosis and treatment capabilities at Tikur Anbessa University Hospital in Addis Ababa. In the last three years, with company help, the hospital has become a centre of reference for breast cancer treatment across Ethiopia. Activities have included developing treatment guidelines, strengthening the referral system, setting up an institutional-based cancer registry, raising awareness of the facilities amongst healthcare professionals and providing training for other physicians in Ethiopia. AstraZeneca's breast cancer medicines, tamoxifen and anastrozole, are also being donated.

The impact of the program has been broader than anticipated for what was intended as a small, targeted pilot. By collaborating with the Ministry of Health and other health institutions and by working with the Ethiopian Cancer Association to help strengthen awareness, the benefits reach farther than Tikur Anbessa Hospital. This is a sustainable model that could be replicated in other countries and other disease areas.

Benefits to the patient have included reduced time between diagnosis and surgery, down from 12–18 months in 2006 to 3–6 months in 2009.



A female patient undergoes an ultrasound examination in the Breast Imaging Department at Tikur Anbessa University Hospital in Addis Ababa. (Doug Rea, AstraZeneca)

Cancer Awareness Leadership Initiative (CALI)

Cancer
Novartis
Global Health Council & other partners
Since 2009
Capacity Building
Developing countries
www.globalhealth.org

The objective of the Cancer Awareness Leadership Initiative (CALI) is to raise awareness and quantify the burden of cancer in the developing world, to help encourage capacity development by bringing disparate parties together to explore ways to collaborate on cancer treatment programs. For example, Novartis and the Global Health Council (GHC) collaborated with the African Organization for Research and Treatment in Cancer (AORTIC) to sponsor a medical education module during an AORTIC conference in Dar-es-Salaam, Tanzania, in 2009. The education module, which was offered free of charge, was designed to improve the clinical skills and knowledge base of participating African oncologists.

CALI also sponsored a survey of GHC members to determine the types of cancer they were addressing in developing countries, while GHC conducted a literature review of articles and papers on the cancer burden in developing countries, to help document the prevalence of cancer in developing countries.

In 2010, CALI is hosting six workshops and forums on the burden of cancer. One forum will be dedicated to cervical cancer, the most common reproductive cancer in the developing world. The workshops will focus on the burden of disease, existing infrastructure, the stigma associated with cancer, screening and low-cost treatments such as acetic acid. CALI is the recipient of a grant that will continue for two more years, with an increased focus on collaboration and capacity building.

Changing Diabetes in Children®

Diabetes
Novo Nordisk, Roche
WDF, Health Ministries, patient organizations
Since 2008
Access - Donation, Capacity Building - Support & Training
6 developing countries
www.novonordisk.com

The Changing Diabetes® in Children program is part of Novo Nordisk's Access to Diabetes Care strategy and aims at improving availability, accessibility, affordability and quality of diabetes care for children with type 1 diabetes in least developed countries, via partnerships. It also contributes to the achievement of the UN Millennium Development Goals, especially Goal 4: Reduce child mortality and Goal 8: Develop a global partnership for development. In each country, the program works with local partners within the framework of defined national health policies, while seeking to build on the overall capacity in the field of diabetes care.

The program, which runs over a 5-year period in each country, has three overall objectives:

- Improve the health and quality of life of children with type 1 diabetes;
- Strengthen the capacity of the healthcare systems;
- Sensitize national stakeholders to the specificities of type 1 diabetes in children.

Program components include:

- Improvement of existing infrastructure and supply of medical and laboratory equipment to establish centers for the treatment of children with type 1 diabetes;
- Training of healthcare professionals and diabetes educators to develop diagnostic abilities and the expertise to treat children with type 1 diabetes. Development of training material specifically adapted to a developing country setting, taking into account the reality in which healthcare professionals operate;
- Provision of insulin free-of-charge, and blood monitoring glucose equipment and supplies to children and adolescents enrolled in the program for a period of 5 years;
- Development of diabetes education material for children and their families adapted to the local context, including education sessions and children camps to support better self-monitoring;
- Implementation of a patient registry system to enable systematic data collection and patient follow up;
- Insights gained through the Program will be extracted and shared to the benefit of the development of health care systems in developing countries in general.

The program is currently implemented in six countries: Bangladesh, Cameroon, Democratic Republic of Congo, Guinea, Tanzania and Uganda.

Piramal: Helpyourbody™ Chronic Disease Campaign

Arthritis, cardiac disease, diabetes, hypertension
 Piramal Healthcare
 WHO, Indian Ministry of Health & other partners
 Since 2008
 Capacity Building - Training, Education
 India
www.piramalhealthcare.com, www.helpyourbody.com

India is the chronic disease capital of the world. The number of diabetics in the country is expected to rise from 40 million today to 70 million by 2025. In the same period, hypertensive cases are expected to rise from 118 million to 213.5 million, and cases of osteoarthritis from 15 million to 60 million. Genetic causes, obesity, stress, inappropriate dietary habits and a lack of exercise predispose India to such chronic ailments in a relatively young population. Helpyourbody™ is an Indian nationwide campaign launched by the Piramal Group to help reduce the projected increases in the incidence of chronic diseases, notably type 2 diabetes, hypertension, cardiac problems and arthritis, by:

- Highlighting the risk of chronic diseases, especially to lower income groups;
- Educating about disease prevention and management;
- Helping to sustain a healthy lifestyle: regular check-ups, nutrition and exercise at health camps;
- Building activist communities.

Experts in cardiology, endocrinology and orthopedics have developed India-specific guidelines for better management of various chronic disorders. Some 4,000 Helpyourbody™ activists have enrolled 20,000 doctors, who are conducting detection camps across India to disseminate knowledge and induce action from the recipient population. Ninety diagnostic centers across 47 Indian cities are providing specialized tests for chronic illnesses and limited free testing. In November 2009, Helpyourbody™ launched a Mumbai initiative, to enroll 3,500 doctors across Maharashtra and Tamil Nadu.

Piramal Chairman Mr. Ajay G. Piramal said: "If existing interventions are used together as part of a comprehensive integrated approach by the government, the private sector and the civil society, the goal of preventing chronic diseases can be achieved."

Helpyourbody™ has also partnered with the Self Employed Women's Association (SEWA), whose health workers have been trained by the Helpyourbody™ team to create awareness and prompt the target population to pursue medical intervention so as to manage their lifestyle disorders better. A pilot is being conducted by the health workers across Ahmedabad district, targeting 1,000,000 people. The Associated Chamber of Commerce and Industry of India (ASSOCHAM) is also a partner in the Helpyourbody™ campaign, which is also supported by the WHO and Indian Government.

Sanofi-aventis: My Child Matters

Childhood cancers
 sanofi-aventis
 International Union Against Cancer UICC
 Since 2004
 Capacity Building - Training, Education
 21 developing countries
www.sanofi-aventis.com

In 2004, sanofi-aventis and the International Union Against Cancer (UICC) launched a mobilization and awareness program called 'My Child Matters', to fight against childhood cancers in emerging countries. The objective is to encourage institutions (hospitals, NGOs, etc.) to develop pragmatic approaches to improve awareness, early diagnosis, access to care and treatment, pain control and better management of the social and cultural aspects of the disease for both children and families.

This program has already been launched in 16 developing countries – Bangladesh, Bolivia, Egypt, Honduras, Indonesia, Kenya, Mali, Morocco, Peru, Philippines, Rumania, Senegal, Tanzania, Ukraine, Venezuela and Vietnam – via 26 pediatric oncology projects. In 2008, 8 new childhood cancer projects have been launched in Burkina Faso, Colombia, Côte d'Ivoire, Pakistan and Paraguay.

In 2008, 12,875 children benefited from this program and 2,849 health professional were trained.



Display of prevention messages developed by medical students. (Piramal Healthcare)

Photos

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