The Lilly Global Health Innovation Campaign
An Overview

Dr. Evan Lee
Vice President, Global Health Programs
Eli Lilly and Company
October 2012
Lilly Corporate Responsibility
Lilly is Advancing its CR Portfolio

Traditional
- Philanthropy. Thematically and operationally removed from core business
- Key drivers are building goodwill and a “good corporate citizen” reputation

Examples include:
- Ronald McDonald House Charities
- UPS Foundation
- ExxonMobil

Aligned
- Corporate engagement focused on themes / issues that are related to the company but goals not necessarily linked to strategy / competitive advantage
- Key drivers are reputation, and ability to contribute on issues with specific expertise

Examples include:
- Citi Foundation
- Vodafone Foundation
- HP
- The Lilly MDRTB Partnership

Shared Value
- Corporate engagement is viewed and managed as a key component of the overall company strategy
- Key drivers are opportunities that create shared value for the business and society

Examples include:
- Nestle’s work with farmers
- GE’s Healthymagination
- Cisco’s networking academies
- IBM’s Smarter Planet
- Walmart sustainability
- The Lilly NCD Partnership
The Lilly Global Health Innovation Campaign

Aim: To improve the health for populations in need

The Lilly Global Health Innovation Campaign will:

• Advance treatment capabilities
• Improve outcomes through partnerships
• Benefit healthcare providers and patients
• Assess program outcomes
The campaign encompasses Lilly’s signature CR programs:
Research, Report and Advocate: Innovative Approach

**Research**
Pilot models of healthcare based on research and detailed data collection

**Report**
Work with well-respected partners to share data and lessons learned

**Advocate**
Inform stakeholders about findings and encourage adoption of best solutions

Under this framework, we will focus on sharing our results with the global health community so better informed decisions can be made about how to invest limited resources to address the burden of disease.
MISSION: To combat the growing MDR-TB pandemic and to support the Global Plan to Stop TB

Lilly MDR-TB Partnership:
2003-2011

Transferring Technology
Reaching patients throughout the world
Community Support and Patient Advocacy
Awareness and Prevention
Treatment, Training and Surveillance
Lilly MDR-TB Partnership: 2012-2016

Third and final phase spans **2012 to end of 2016**

Additional **US$ 30 million** committed by the Lilly Foundation

**Two focus areas:**
- Ensuring patients have access to second line medicines
- Addressing the deficit in trained health care providers through training

**Four focus countries:**
- China, India, Russia & South Africa
## Focus Area I: Improving Access

**Goal**
- Create effective interventions for **access to affordable, quality-assured treatment** within a sustainable drug market, focused initially on supply-side issues.

**Approach**
- **Coordinated initiative** with six ‘workstreams’ addressing prioritized issues
- **Develops and drives implementation** from IOM Meetings and Innovation Summit

**Possible Linkages between efforts**
- **SLDAII**
  - Builds on ongoing efforts, coordinating with IOM Meetings and Innovation Summit

**IOM Meetings**
- **Discuss innovative solutions to develop and strengthen the global supply chain and related issues** for SLDs
- **Two meetings and new assessment paper** with presentations summarized in a document slated for Q2 2012
- **Offers ideas to inform future SLDAII work, *CB Committees and reform agendas** of key MDR-TB stakeholders

**Innovation Summit**
- **Generate actionable new ideas to improve the SLD supply chain** to serve all MDR-TB patients, bringing fresh voices to the table
- **2-day meeting** developing 3-5 concrete ideas released in actionable format
- **Offers ideas to inform future SLDAII work, *CB Committees and reform agendas** of key MDR-TB stakeholders

---

*CB= Coordinating Board – a governance component of the Stop TB Partnership
Lilly MDR-TB Partnership: 
Focus Area II: Healthcare Provider Training

The critical shortage in adequately trained TB and MDR-TB healthcare providers is driving our focus on HCP training

**Goal**
- To improve outcomes for people affected by TB and MDR-TB by demonstrating the value of quality training of HCPs, we will support projects which provide innovative solutions and persuade stakeholders to adopt and replicate best cost-effective approaches.

**Approach**
- Work at a country level engaging with key decision makers
- Select partner projects which will provide innovative cost-effective solutions aligned to key policies and strategies for treatment scale-up

**Actors**
- National, State and District TB and MDR-TB Program Directors, NGOs, Civil Society, Public and Private Sector
Training: All providers have to be engaged

Physicians, nurses, pharmacists, and community health workers can all play a role in the screening, diagnosis and treatment of TB and MDR-TB patients.

Training approaches will be researched and developed to respond to the needs of the Ministry of Health for more effective control of MDR-TB.

Results will be reported out to support advocacy for replication and scale-up.

- India focus: Nurses and pharmacists
- Russia focus: Physicians and nurses
- South Africa: Nurses
- China: Physicians, nurses, and lab workers

Patient Journey

Symptomatic/care seeking  Diagnosis  Treatment and Support
Non-communicable diseases (NCDs)

- Known as **chronic diseases**, include cardiovascular diseases, diabetes, cancer and chronic respiratory diseases
- **Largest burden of disease** worldwide
- Claims the lives of **35 million people each year** ~60% of all global deaths
- Major contributor to **poverty** and a barrier to social and economic development

*The Lilly NCD Partnership will seek innovative solutions to help fight chronic diseases in developing countries*
The Lilly NCD Partnership

Launched in September 2011

Initially, the Lilly NCD Partnership’s focus is on diabetes to:
• Strengthen diabetes care
• Improve system efficiencies
• Increase appropriate use and medication compliance
• Replicate the efforts in similar clinic environments

Four focus countries: Brazil, India, Mexico and South Africa

Goals:
• Improve care by selecting and demonstrating sustainable, replicable, cost-effective models.
• Engage HCPs, meeting their environment-specific requirements.
• Improve patient outcomes, while making better use of available resources.
• Creating higher value for health systems and patients.
The Lilly NCD Partnership: India

55.7 million people in India have diabetes
- 7.8% of the population

22 out of every 100,000 people die from diabetes

Opportunity:
• Comprehensive model for awareness, patient care, and provider training in one district including mHealth and community health workers
• Improve treatment access, including orals & insulin
• Research program impact, cost-effectiveness, and best practices

Goal
• Improve care by demonstrating a cost-effective model
• Create sustainable value by replicating the model leading to more patients who are aware, educated, and better treated
The Lilly NCD Partnership: Mexico

6.8 million people in Mexico have diabetes - 10% of the population

69 out of every 100,000 people die from diabetes

Opportunity
- Deploy HCP treatment capability improvement tool in front line clinics. Apply results oriented tracking system for HCPs and patients

Goals:
- Improve HCP ability to escalate treatment. Reaching appropriate treatment drives better outcomes for patients and the health system
- Strengthening the primary health clinic to produce higher value for health system and patients
The Lilly NCD Partnership: South Africa

1.3 million people in South Africa have diabetes - 4.5% of the population

85 out of every 100,000 people die from diabetes

Opportunity:
- Train CHCW at urban and rural sites to diagnose and refer patients
- Launch peer support groups to generate awareness and better care at the community level
- Integrate treatment efforts with planned government activities

Goal:
- Improve understanding of how to leverage CD treatment platforms for NCDs
- Improve access to and support for appropriate treatment. Thus improving outcomes and better utilizing resources