

A Transnational Partnership: Addressing the Burden of Non-Communicable Diseases in Developing Nations

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Abstract

Eli Lilly recently launched the Lilly NCD Partnership, which will initially focus on diabetes—a core competency business area for Eli Lilly. The partnership will target communities in Brazil, India, Mexico, and South Africa and is based on the concept of shared value. The goal is to find sustainable approaches to patient care, which, depending on local needs, may require patient and provider education as well as increased treatment access. Through partnerships with leading health organizations, Eli Lilly will test new models of care for diabetes, including detection, screening, diagnosis, prevention, and treatment. While Lilly is addressing the need to augment healthcare capacity through the Lilly-NCD partnership, the organization has acknowledged the need to look across the value chain—from discovery to delivery to address the burden of NCDs particularly in less developed countries with poor innovative and healthcare capacity.

1.0 Introduction

Eli Lilly and Company announced a \$30 million commitment in 2011 over five years to address non-communicable diseases in developing nations. Lilly is launching The Lilly NCD Partnership which will initially focus on diabetes—a core competency business area for Eli Lilly. The partnership will target communities in Brazil, India, Mexico, and South Africa. (Lillya, 2011)

“Non-communicable diseases are afflicting nations, communities and families around the world, with the most vulnerable bearing most of the burden,” said John C. Lechleiter, Ph.D., Lilly chairman, president, and chief executive officer. “We believe we have a responsibility – and are uniquely positioned – to assist in the global fight against these diseases. In partnership with leading health organizations, Lilly will contribute its deep expertise and the company’s broad research capabilities to help find solutions for these pressing societal needs.”

Partners that will develop country specific programs with Eli Lilly include:

- Brazil: Hospital Israelita Albert Einstein – Diagnostic & Preventive Medicine and Research Institute.
- India: The Public Health Foundation of India, Project HOPE, Population Services International.
- Mexico: The Carlos Slim Health Institute – Casalud.
- South Africa: The Donald Woods Foundation, Project HOPE.

(Lillya, 2011)

The World Health Organization (WHO) indicates that non-communicable diseases are the leading cause of death in the world. Of the 57 million global deaths in 2008, 36 million, or 63 percent, were due to NCDs. (WHO, 2011) By 2030, non-communicable diseases will account for 66 percent of the global disease burden and 80 percent of all NCD deaths occurring in low- and middle-income countries (Global Health Council, 2004; WHO, 2011).

Jacques Tapiero, president of Lilly’s emerging market business group, noted, “NCDs in developing countries haven’t garnered the same attention that TB, HIV/AIDS and malaria have. There are few successful models

of treatment for NCDs and limited international funding. Meanwhile, governments in developing countries are recognizing the need to focus resources on NCD treatment and prevention. The Lilly NCD Partnership will work closely with governments to identify, evaluate and prioritize healthcare solutions that meaningfully reduce the burden of chronic diseases in cost effective ways.”

(Lillya, 2011)

2.0 Partnership Model

The partnership is based on the concept of “shared value,” and has the goal of finding sustainable approaches to patient care, which, depending on local needs, may require patient and provider training as well as increased treatment access. (Lillya, 2011; Porter and Kramer, 2011)

The partnership will use research, information sharing, and advocacy to identify new models of patient care that will increase treatment access and improve health outcomes for patients. (GBCHealth, 2011) Specifically, Eli Lilly is focused on strengthening clusters around the delivery of healthcare solutions for people with diabetes in developing countries. Through partnerships with leading health organizations Eli Lilly has the objective to test new models of care for diabetes, including detection, screening, diagnosis, prevention, and treatment. (Lillyb, 2011)

“The business community can and must play a vital role in addressing complex societal problems. And it's clear that writing a check or donating product alone doesn't have a lasting impact,” stated Lechleiter. “A growing body of evidence demonstrates that when a company engages with partners in an area in which it has deep expertise and a vested interest, society benefits and the company enhances its own performance.” (Kaustinen, 2011)

3.0 The Partners

The first phase of the Lilly NCD Partnership, which has been under development, will seek to:

- Strengthen diabetes care capabilities at primary care health clinics;
- Improve system efficiencies so that more patients are served;
- Increase appropriate use and medication compliance for improved patient outcomes;
- Replicate the efforts in similar clinic environments.

(Figure 1); (Lillyc, 2011)

In Brazil, Hospital Israelita Albert Einstein (AEH) is a leading teaching and research hospital and is involved in a variety of projects to improve health care in the country, including partnerships to strengthen the government’s basic health clinics. In Brazil, the focus is on validation of diabetes screening tools specific to the local community, training of community health workers and professionals in diabetes care, the application of appropriate interventions in the case of health outcome improvement, and the use of Lilly’s disease management expertise to assess and improve the capabilities of primary healthcare clinics. (Lillyc, 2011)

Partners in India include the Public Health Foundation of India—a public-private partnership whose mission is to strengthen training, research, and policy development in the area of public health, Project HOPE—the world’s largest social marketing organization, and Population Services International—a long term Eli Lilly partner. The objectives in India are to develop diabetes awareness, patient care and provider training, improve treatment access, and research program impact, cost, and best practices. (Lillyc, 2011)

K Srinath Reddy, M.D., president of the Public Health Foundation of India, noted in a press release that prevention is just as important as early detection and effective treatment. It is also important, Reddy said, that “health systems in developing countries are strengthened, so that they can effectively respond to this challenge.” A comprehensive program, in which education is focused on prevention as well as treatment, can help these countries to target the cause rather than try to just deal with the outcomes of disease progression. (Kaustinen, 2011)

In Mexico Eli Lilly’s partner is the Carlos Slim Health Institute (CSHI)—chosen because of its proven medical, measurement and evaluation capabilities, its experience, extensive network, and its current commitment to diabetes care. Lilly Mexico will work with CSHI and others to help strengthen the diabetes care capabilities at primary health care clinics and related healthcare system components. Additional efforts will be undertaken to strengthen patient capabilities, introduce appropriate interventions, and encourage broader adoption of interventions. (Lillyc, 2011)

Finally, the partners in South Africa are Project HOPE and The Donald Woods Foundation. In South Africa, Project HOPE launched the HOPE Center in early 2011 in partnership with local NGOs, government, and academic stakeholders to educate local communities on chronic diseases, and provide clinical services for the treatment and management of the diseases as well as support through peer group education. (Lillyc, 2011) Lilly and Project HOPE will train community health workers, launch peer support to generate disease awareness and the management, and strengthen the capabilities of clinics. Lilly and The Donald Woods Foundation will conduct an assessment of current HIV-AIDS treatment capabilities and apply a similar model to track provider and

patient improvements as well explore the usage of novel ICT tools. (Lillyc, 2011)

4.0 Moving Beyond Health Access

The partnerships are currently focused on testing new models of care, including detection, screening, diagnosis, prevention and treatment. Companies can create shared value in three distinct ways: by designing and re-designing products and markets, by increasing productivity across the value chain and building supportive clusters. (Porter and Kramer, 2011) While Lilly is addressing the need for cluster development to augment healthcare capacity through the Lilly-NCD partnership, Lechleiter has acknowledged the need to look across the value chain—from discovery to delivery to address the burden of NCDs particularly in less developed countries with poor innovative and healthcare capacity. (Lillyb, 2011)

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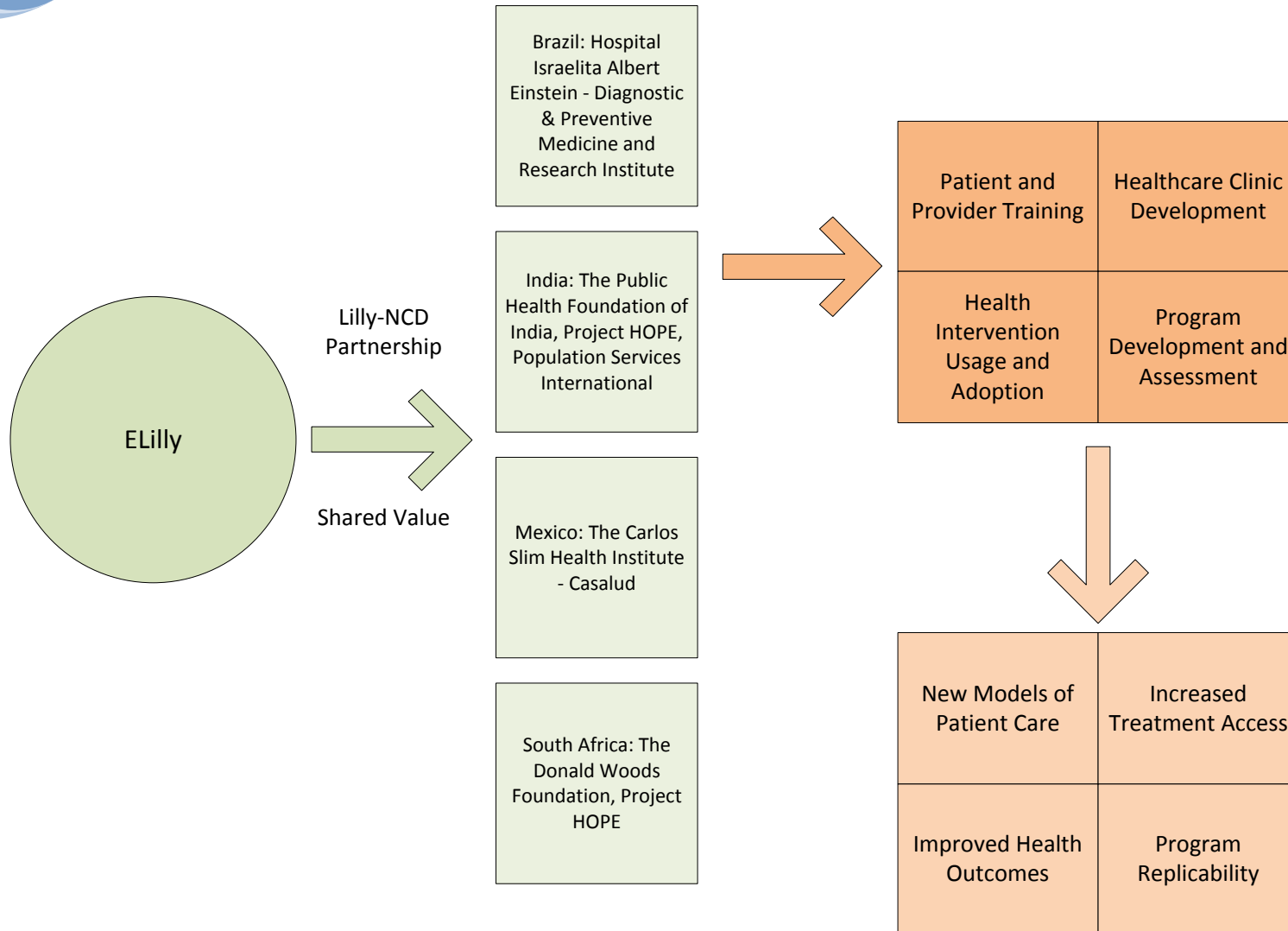


Figure 1: Lilly-NCD Partnership Goals and Outcomes