The Lilly MDR-TB Partnership
21 September 2007 – Tbilisi, Georgia

A global partnership to fight MDR-TB
MDR-TB Challenge

Lilly’s Response to MDR-TB

• Prolonged and complex treatment can result in poor patient compliance and development of resistance
• Thus Lilly promotes intensive directly observed treatments
• Lilly has organized health professionals, businesses, academics, and communities in a comprehensive $135 million MDR-TB program

Phase I (2003-2007): $70MM USD
Phase II (2008-2011): $50MM USD
Early Phase Drug Discovery: $15MM USD
Answering the public health community call

In 2003, Lilly developed a comprehensive initiative which encompassed:

• Transfer of technology
• Concessionary priced drug supply
• Training tools for health care professionals via “training of trainers”
• Community and business involvement in improving MDR-TB prevention and treatment adherence
• Government assistance in designing sound MDR-TB strategies
• Improved surveillance systems in order to understand and handle drug resistance

VISION: to combat the growing MDR-TB pandemic and to support the Global Plan to Stop TB.
The Lilly MDR-TB Partnership

- Brigham and Women’s Hospital/PIH/Harvard
- Centers for Disease Control
- International Council of Nurses
- International Hospital Federation
- International Federation of the Red Cross & Red Crescent Societies
- Manufacturing plants: Hisun (China), Shasun (India), SIA (Russia), Aspen (South Africa)
- Purdue University (USA)
- World Economic Forum
- World Health Organization
- World Medical Association

Training, Treatment & Surveillance
Technology Transfer & Drug Supply
Early Phase Drug Discovery
Patient Advocacy
Community Support, Awareness & Prevention

Lilly Partnership

Reaching patients throughout the world
The Lilly MDR-TB Partners

Improving health care, supporting patients

Increasing Drug Supply at the local level
Global Partners - Local Action

Lilly MDR-TB Partnership Activities

- Community Support
- Drug Supply
- Transfer of Technology and GMP Training
- Drug Resistance Surveillance
- Technical Assistance and Training in MDR-TB Management

Except for the transfer of technology, all other activities are implemented directly by Lilly partners through unrestricted grants.
Impact of the Lilly MDR-TB Partnership

- From 2000 to 2007, Lilly supplied approximately **1.2 million vials** of capreomycin and **5.4 million capsules** of cycloserine through the WHO’s DOTS-Plus program in GLC-approved countries.

- Lilly’s transfer of technology ensures a **greater supply** of affordable, quality, second-line drugs where they are needed most. Aspen began supplying cycloserine in 2006.

- Lilly’s partners play vital roles in **influencing key MDR-TB policies** around the world and ensuring their implementation.

- The WHO Green Light Committee has approved more than 26,000 patients for treatment globally.

- ICN trained **over 100 nurses** directly in the ICN TB/MDR-TB Training of Trainer's Program. Each of these nurses committed to train a minimum of 10 nurses and 10 allied health personnel each, resulting in at least 1000 indirectly trained nurses and 1000 indirectly trained allied health personnel.

- PIH-led programs have trained over **300 physicians**, representing a majority of the territories of the Russian Federation.

- IFRC, through National Societies, provided support and care to over **400 most vulnerably MDR TB patients**.