
Not by drugs alone but by partnership



By Grace Segran , INSEAD

Nearly eradicated 20 years ago, tuberculosis has since re-emerged at the top of the world’s most deadly infectious diseases list.

“Drugs are not enough to combat TB,” says **Patrizia Carlevaro**, the head of Eli Lilly’s international aid unit speaking to INSEAD Knowledge. “We have all the tools we need to defeat the disease – the challenge rests in effectively linking private sector resources and skills to the needs of local healthcare providers.”

TB is curable, yet it claims two million lives a year, an average of 4,500 a day – more than at any time in history. The disease is airborne, extremely contagious and requires two years of treatment with antibiotics. Interrupted or incomplete treatment often creates new strains of TB known as MDR-TB (multi-drug resistant tuberculosis) that do not respond to standard TB drugs.

TB is more than a health issue. “It affects the most productive age of the population with significant economic impact costing about \$13 billion per



year,” says Carlevaro. In addition, TB patients are discriminated against because of the stigma associated with the disease. For example, it has been reported that 100,000 women are effectively disowned by their families in India because of TB.

Many experts lay the blame for this on inadequate public health policies, insufficient skills and capacity at the national-level point of delivery, and the lack of political will to implement proven eradication protocols.

Eli Lilly’s response to the disease

From the start, pharmaceuticals firm Lilly was convinced that only a 360-degree approach would produce results. “Because MDR-TB is highly contagious and difficult to treat, the fight against the disease requires a

comprehensive multi-sectoral response as TB is more than a health issue,” says Carlevaro. This entailed involving partners from the public, humanitarian and private sectors, as well as those in civil society and government who would be able to bring to the table their various skill sets and expertise.

Since its launch in 2003, the Lilly MDR-TB Partnership has pursued a comprehensive strategy to fight the disease by providing access to medicines, transferring manufacturing technology, training healthcare workers, raising awareness of the disease and providing resources for prevention, diagnosis and treatment of people living with MDR-TB.

The goal of the Partnership is to help people living with TB and MDR-TB, their families and communities by bringing together credible and committed organisations to do what they do best, says Carlevaro.

Choosing partners

The process of identifying Lilly's partners was straightforward. Partners had to have a proven track record of delivering results and a high degree of accountability and transparency in the way they operated.

Partners are also recognised institutions in their respective areas of expertise and are able to lead the fight against MDR-TB at both the global and grassroots levels. The partners, be it a large global organisation or a small non-governmental organisation or NGO, are united by the fact that they



are all committed to making a difference in the lives of some of the world's most vulnerable people.

“Lilly has also made it a point to try to partner with organisations set up by people living with, or who survived, TB – for people who are living with TB,” she adds. “The Partnership is committed to empowering communities directly affected by TB and MDR-TB.”

All organisations have institutional motives and their own reasons for developing collaboration. Hence establishing and maintaining partnerships are never simple as they require a great deal of nurturing, patience and trust.

The Lilly Partnership is the company's corporate social responsibility programme and Carlevaro recalls that some organisations initially regarded it with suspicion simply because Lilly is a pharmaceutical company. “In fact, Lilly has no commercial interest in the TB area. We were pioneers in the development of anti-infectives during the 20th century, but today, we concentrate our business efforts on other therapeutic needs. The Lilly MDR-TB Partnership is a humanitarian effort – nothing more and nothing less.”

The impact of the Partnership

To date, Lilly has committed \$135 million to kick-start operations or initiatives. The Partnership is gradually reaping the fruits of what was sown earlier on in the Partnership.

In 2003 when the Partnership was launched, there were no international policies to address MDR -TB and patients were not treated for MDR-TB. Today through the Lilly MDR-TB Partnership, the Green Light Committee of the World Health Organisation (WHO) has approved more than 40,000 patients for treatment globally, exceeding the WHO's 2003 goal of treating 20,000 patients by 2010.

According to Carlevaro, Lilly's second-line TB drugs were made available at concessionary prices to the WHO at a significant financial loss for the company. Through the Partnership's financial support, the public awareness and anti-stigma campaigns of the International Federation of the Red Cross and Red Crescent Societies have reached more than 15,000 people in Kazakhstan, Romania, South Africa and Uzbekistan. Through healthcare professional associations such as International Council of Nurses,

International Hospital Federation, World Medical Association, thousands of staff have been trained.

Partners have also been able to influence public health policy and garner the support of key and influential decision makers, especially in government. They are increasingly receiving the attention of major development aid donors through matching grants.

“We are proud of the Partnership's solid and measureable accomplishments but more work needs to be done,” Carlevaro says.

Dr. Patrizia Carlevaro was a speaker at the 20th Alumni Sustainability Roundtable held at INSEAD's Europe campus in Fontainebleau on October 8, 2008.

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