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Neglected Global Diseases Initiative



a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

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NGDI Member News

NGDI Member Peter von Dadelszen wins \$100K CIHR Knowledge Translation Award

September 28, 2012: Peter von Dadelszen, a Professor in the Department of Obstetrics and Gynaecology and a world authority on diagnosing and treating pre-eclampsia, has received the 2012 Knowledge Translation Award from the Canadian Institutes of Health Research (CIHR).

Pre-eclampsia — the sudden onset of high blood pressure during pregnancy — is the second-leading cause of maternal death worldwide, resulting in 76,000 women dying each year, almost all of them in lower- and middle-income countries. The condition can lead to seizures (eclampsia), stroke or failure of the lungs, kidneys or liver. Treatment involves hospitalization until delivery, so that the mother's blood pressure can be managed, her seizures prevented and her delivery induced.

Dr. von Dadelszen's research spans basic science, clinical research and health services evaluations. He and his trainees have published 130 articles in high-impact journals, and he was the lead author for guidelines issued by the Society of Obstetricians and Gynecologists of Canada for diagnosis and management of pre-eclampsia and for use of magnesium sulphate treatment prior to labour to prevent cerebral palsy. He also was a contributing author of the 2011 World Health Organization's guidelines for the prevention and treatment of pre-eclampsia and eclampsia. [\[read more\]](#)



Professor Kishor Wasan Associate Dean Appointment Renewed for 3 years

Dr. Dean Sindelar, Dean of the Faculty of Pharmaceutical Sciences was pleased to advise that, following his review of the many contributions of Dr. Kishor M. Wasan during his first 12 months as Associate Dean, Research & Graduate Studies, Faculty of Pharmaceutical Sciences, The University of BC, that his appointment will be renewed at the end of his initial term from January 1, 2013 to December 31, 2015. Since beginning his appointment on September 1, 2011, he has implemented and established the Internal Grant Program, Graduate Student Recruitment Fund, Equipment Fund Committee, Equipment Leverage Program, Research Stream Innovation Fund and, most notably, the *Researcher of the Month* Program that has gone a long way to increase the profile of our outstanding scientists. Over the year, Dr. Wasan also led another wonderful Celebrate Research event for our Faculty in May 2012 and has continued to be a strong and passionate advocate for our research programs.

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NGDI News

Faculty of Pharmaceutical Sciences Opens New Building

September 18, 2012: The University of British Columbia today officially opens the new Faculty of Pharmaceutical Sciences Building, a state-of-the-art learning and research facility that will enable UBC to graduate 224 new pharmacists per year by 2015 – a 47 per cent increase – and more than double the research space for drug discovery and health care innovation.

“The new Pharmaceutical Sciences Building is a remarkable achievement, and redefines the future of pharmacy education and practice in the province,” says UBC President Stephen Toope.

“Our government is committed to providing students with the education they need to succeed,” says John Yap, B.C. Minister of Advanced Education, Innovation and Technology. “This facility will ensure that B.C. has the pharmacists it needs to help meet the health-care needs of British Columbians now, and for the future.”

The \$133-million, 246,000-square-foot building also supports the expansion of Masters, Doctoral, and Doctor of Pharmacy programs, and offers a new home to several other research organizations, including the Centre for Drug Research and Development (CDRD). The B.C. government contributed \$86.4-million for the new facility.

“Our Faculty is committed to innovation in learning, research and practice to inspire wellness and health outcomes,” says Dean Sindelar. “Our new building’s collaborative learning and research infrastructure will greatly increase our capacity to lead the world in pharmaceutical sciences and create an environment that challenges our students address real world health issues.”

The new building also increases the Faculty’s community presence. The Story of Medicines, a permanent interactive exhibit that tells the story of pharmacy through hands-on touch screen technology, games, and historical pharmacy artifacts, will help visitors better understand the pharmacy profession, the development of drugs and how they interact with the body.

In addition, a proposed pharmacy clinic will enable students and practitioners around the province to gain valuable experience working with patients. Supervised by licensed pharmacists, students will provide medication counseling to members of the public.

- The NGDI office will be moving to the new Pharmacy Building this Fall.
- NGDI Distinguished Lectureship Seminars will be held in the new building.

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Distinguished Lectureship Seminar – WHO’s Dr. Clive Ondari, Essential Medicines - November 2, 2012 noon – 1 PM

Clive Ondari, PhD, MBA, BSc, is the Coordinator, Medicine Access and Rational Use (MAR), Essential Medicines and Pharmaceutical Policies (EMP) at the World Health Organization. Dr. Ondari has been with the WHO since 1999, previously he was Associate Professor and Head of Pharmaceutics and Pharmacy Practice, University of Nairobi. Dr. Ondari’s work to improve access to medicines is extensive: development of concepts and tools, policy development, and providing technical guidance to LMICs on affordability, availability, and supply management. Dr. Ondari has coordinated work in several key areas: the development of the first comprehensive WHO guidelines on malaria treatment, the development of prequalification of manufacturers for Artemisinin Combination Therapies (for malaria), collaborated with the International Paediatrics Association leading to the development of Make Medicines Child Size Initiative and a WHA Resolution on Better Medicines for Children and also coordinated the National Drug Policy and Implementation program for Kenya.

Location: **Room 1101, 2405 Wesbrook Mall** in the New Pharmaceutical Sciences Bldg

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NGDI Press Release “Funding for NGD Research at UBC Exceeds \$20M”

September 10, 2012: Researchers with the Neglected Global Diseases Initiative (NGDI) at the University of British Columbia have attracted more than \$20 million in funding to find ways to eliminate diseases and conditions that kill millions of people in developing countries worldwide.

Launched in 2009, the NGDI brings together top UBC researchers to study and develop treatment for infectious diseases of poverty, including HIV/AIDS, tuberculosis and malaria. Their work includes basic understanding of these diseases, vaccine and drug development, health care infrastructure and food security.

[University research pays back in terms of jobs and results](#)

By Don Cayo, Vancouver Sun September 3, 2012 6:00 PM

Back-to-school time at the University of B.C. means big business, not just in terms of beer sales, but also for researchers...“Wasan’s group, named the Neglected Global Diseases Initiative, is squarely in that camp. And a policy adopted by UBC five years ago commits it to making its products accessible to everyone in need.” *[click heading for full article]*

The Bill & Melinda Gates Foundation (\$7M), the Canadian International Development Agency (\$6.8M in conjunction with the International Development Research Centre and the National Research Council of Canada) and the Canadian Institutes of Health Research (\$6.6M) make up the bulk of neglected global diseases research funding at UBC.

In 2010, global investment in research and development in the area of neglected global diseases totaled just over \$3 billion, more than half of it towards HIV and TB and \$547M towards malaria.

Twelve funders provide almost 90 per cent of this overall investment, with the U.S. National Institutes of Health as the top funder at \$1.2 billion, pharmaceutical and biotechnology companies at \$503 million and Bill & Melinda Gates Foundation at \$455 million.

Funded projects at UBC include \$7 million from the Bill & Melinda Foundation towards research on pre-eclampsia, a high blood pressure disorder that is the second leading cause of maternal death worldwide; \$4.9 million towards nutrition related studies and \$4.6 million towards the treatment and prevention of HIV/AIDS and tuberculosis.

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Dr. Wasan Introduces NGDI at Associate Deans Meeting

On September 17th, 2012, Dr. Wasan was invited to give a briefing on the NGDI at an Associate Deans meeting.

The opportunity to introduce and engage other faculties with our group are welcomed. Please let Jocelyn know if you have an opportunity to discuss NGDI as there are a set of slides available for this purpose.

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The NGDI Co-sponsored Pharm Sci Graduate Talk – Dr. Karl Werbovetz

Dr. Werbovetz, Ohio State University College of Pharmacy spoke to a group of about 70 on his work on Antileishmaniasis drug candidates. His talk focused on the arylimidamides (AIAs), small molecules inspired by antimicrobial diamidines such as pentamidine. AIAs display IC₅₀ values in the mid-nanomolar range against intracellular parasites in vitro, similar to the clinical antileishmanial drug amphotericin B. DB766 and closely related

AIAs also show activity in rodent models of visceral leishmaniasis, leading to their investigation as new antileishmanial drug candidates.

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Opportunities for Involvement

Campaign to Eradicate Polio Receives Support from CIDA and Gates Foundation

Julian Fantino, Minister for International Cooperation, recently announced a novel new funding initiative to go towards global polio eradication efforts. From now on, every dollar raised by Canadian Rotarians (backdated from June 1st 2012 until March 1st 2013) will be matched with \$1 from the Canadian Government through CIDA and another \$1 from the Bill and Melinda Gates Foundation. *In other words, every dollar raised will be tripled.*

"Across Canada this summer there has been an impressive groundswell of public support for polio eradication. The Global Poverty Project's The End of Polio campaign, Rotary International and RESULTS Canada have been working to bring together thousands of ordinary Canadians in support of eradicating this debilitating disease," he told the assembled world leaders.

If you'd like to contribute to Rotary's PolioPlus Fund and have your donation matched by the Government and the Bill & Melinda Gates Foundation, [\[click here\]](#).

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UBC Global Health Initiative – Faculty of Medicine Recruitment Night October 3

Are you interested in becoming involved in a global health project? On October 3rd, the UBC Medicine Global Health Initiative (GHI) will be hosting [Recruitment Night](#), and information session about GHI and how to participate in workshops and global health projects.

The [UBC Global Health Initiative](#) is a medical student run organization that hosts a series of educational workshops and several global health projects with faculty support and mentorship.

GHI students have been involved in global health projects in Uganda, India, Honduras, and Kenya, while other projects have focused on working locally with a focus on improving health care delivery within a Canadian low-income context. There are also some exciting new project opportunities for students that will be presented at recruitment night this year. Since global health emphasizes an integrated approach to health and well-being across different disciplines, the UBC GHI projects select students from different faculties such as engineering, architecture, nursing and nutrition to ensure that the needs of the community they are working in are met.

Students will present brief summaries of the GHI projects and information on how to apply to be on a project team will be provided at this event. Each project will also have an information table set up with past team members available to answer all of your questions! Keynote speech will be by the Faculty of Medicine's Dean.

If you would like to become involved in UBC GHI's projects this year and want some more information, please come to recruitment night this October 3rd to have all your questions answered! Event details are found at the link below: <http://globalhealth.med.ubc.ca/2012/09/global-health-initiative-recruitment-night-october-3-2012/>

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Global Health Mentorship Project Looking for Mentors <http://ghmp.cfms.org/>

Educational Challenge: For those medical students who are passionate about health for everyone no matter who they are, it can be challenging to find the 'global' path in the medical education landscape.

Not all medical school curricula provide the resources and opportunities that prepare future physicians to work as global citizens who advocate for the health of all people. While keen students and faculty are working tirelessly to build diverse and open-minded curriculums across Canada, many medical students are still left to fend for themselves as they search for a career path in global health.

The Global Health Mentorship Project (GHMP) is a not-for-profit project that attempts to address the global health education shortcomings in our curriculum.

The project links Canadian medical students and global health development professionals in mentor-mentee relationships. The pair communicates over email, the phone, or in person. In return for the time staff spend mentoring students, the mentees can volunteer their time to something that may add value to the mentor's organization and contribute to their own experiential education, such as a literature review, survey, or research. The GHMP is the only project of its kind in Canada, and has received worldwide acclaim.

The GHMP was created in response to the lack of standardized standardized global health education in Canada. This shortcoming was hindering our development into global health leaders, and so we are instead looking to global health experts to start showing us the way.

Through direct contact with a professional in the development sector, students can gain valuable practical knowledge that they can use as a medical student and future physician. In the past, mentorship has improved students' knowledge and understanding of specific global health issues, global health resources and opportunities, and the ethics of global health work. This education is facilitated by discussions with the mentor, as well as an experiential component of the mentorship in which mentees volunteer their time to something that may add value to the mentor's organization, such as a literature review, survey, or research.

Mentorships are structured so that each student develops personal goals for the mentorship. In addition, representatives from the GHMP organizational team regularly check in with each pair to ensure that goals are being met and to provide any other support. As well, mentorship pairs receive regular emails from our team with educational modules. Through these monitoring services, we strive to keep the mentorships dynamic.

Many mentors have experience in one of these areas, and are matched accordingly with the students who are interested in their work. The GHMP requires about 1-2 hours per month from a mentor, where she or he would communicate with a student over email, the phone or in person.

Students immensely value the mentors, as their experiences have helped fill in a huge gap in medical global health education. In addition, the relationship that is fostered between mentor and mentee often fosters the continual reflection and self-awareness that is required when engaging in the complex web of healthcare issues.

Have a question or comment? For more information on the Global Health Mentorship Project, please contact:

Vidushi Khatri

2012-2013 Coordinator

Global Health Mentorship Project

vkhatri2015@meds.uwo.ca

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Funding Opportunities

Funding Opportunity for Canadian Global Health Innovations

Stars in Global Health – Canada Direct Entry to Phase II

We are pleased to announce a new funding opportunity for Canadian Global Health Innovations that are not already funded by Grand Challenges Canada. The *Stars in Global Health – Canada Direct Entry to Phase II* program seeks proposals from Canadian innovators who can prove a bold idea has reached proof-of-concept and is ready to transition to scale in order to achieve impact.

“Grand Challenges Canada is pleased to support the extraordinary work of **Canadian innovators** in their important efforts to address global health conditions,” said Dr. Peter A. Singer, Chief Executive Officer of Grand Challenges Canada.

“Supporting the scaling stage of innovation is crucial to achieving our collective goal of improving and saving lives,” said Mr. Andrew D. Taylor, Executive Vice President of Grand Challenges Canada.

To encourage market or implementation-ready innovations in the next 2–4 years and, contingent on 50% matching through partnerships, Grand Challenges Canada will provide Phase II awardees of the Canada Direct Entry Program up to \$1,000,000 CAD for up to 2–3 years.

Because of the complexity of global health challenges, [Integrated Innovation](#) will provide a blueprint for the path to scale and the required partnerships, in order to optimize delivery, uptake, acceptability, sustainability and impact.

Proposal Deadline is October 31, 2012 – 11:59 p.m. ET

For more information, please see the [Request for Proposals](#). The proposal template, budget template and instructions will be released shortly.

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The Bill & Melinda Gates Foundation TB Vaccine Accelerator Program

The Bill & Melinda Gates Foundation’s TB Vaccine Accelerator Program is requesting applications for projects that will help meet one or both of the following two interrelated goals—

* To develop novel approaches to vaccination against Mycobacterium tuberculosis (Mtb), with a particular focus on approaches that aim to induce protection against infection with Mtb

* To develop models of natural Mtb transmission and methods for defining the relevant molecular and biological characteristics of naturally transmitted mycobacteria and of their interactions with vertebrate hosts

The prevention of tuberculosis (TB) through the development and deployment of an effective vaccine is a priority of the Bill & Melinda Gates Foundation. To strengthen the pipeline of vaccine candidates and enable a more rational and accelerated vaccine development process, the foundation, in collaboration with its Product Development Partner Aeras, recently launched the TB Vaccine Accelerator Program. With the assistance and support of the TB research and development community, a set of obstacles to TB vaccine development—and integrated goals that, collectively, could help to directly understand, overcome or work around these obstacles—have been selected. Through a research program focused on achieving this defined set of interdependent goals, the TB Vaccine Accelerator aims to address significant challenges in this field. This Request for Applications (RFA) focuses on two of these goals.

The complete RFA, along with instructions for submitting a Letter of Inquiry, can be found at:

<http://response.notifications.gatesfoundation.org/t?ctl=43EBEBD:2DB63E3FE53D70C20B5746149A1298C6FA43AB057A377F2C&>

Interested applicants are asked to read the RFA document and are invited to submit a Letter of Inquiry before November 26, 2012.

Please also be sure to check back at www.grandchallenges.org for ongoing funding opportunities.

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Call for Papers

Preventive Medicine Call for Population Health Intervention Research Papers

Website: <http://bit.ly/P4Stl4>

Preventive Medicine in collaboration with Guest Editors Mark Petticrew, London School of Hygiene and Tropical Medicine, and Louise Potvin, Université de Montréal, invite researchers to submit papers on population health intervention research for a themed section of the journal.

This themed issue is co-sponsored by **Preventive Medicine and the CIHR Institute of Population and Public Health, through the Population Health Intervention Research Initiative for Canada**

A working definition of Population Health Intervention Research (PHIR) is:

"...the use of scientific methods to produce knowledge about policy, program, and resource distribution approaches that operate within or outside of the health sector and have the potential to impact health at the population level."

This themed issue will feature conceptual and theoretical papers about the foundations of PHIR, systematic and realist reviews of literature on population health interventions and related processes/outcomes, and research articles describing the processes and/or results of population health intervention studies using a range of research designs and methods.

We also encourage submissions involving multiple jurisdictions, sectors, disciplines, and communities in high, middle- and low-income countries.

The deadline for submissions is **November 30, 2012**.

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Call for Papers: Special Issue "Inequalities in Health" - IJERPH (ISSN 1660-4601)

The Special Issue will be published in the [International Journal of Environmental Research and Public Health](#) IJERPH ISSN 1660-4601

Now open to receive submissions of full research papers and comprehensive review articles for peer-review and possible publication:

Website <http://bit.ly/Rc7BaJ> - Guest Editor: Prof. Dr. Ulf-G. Gerdtham

Deadline for manuscript submissions: **31 May 2013**

".....It has been suggested that health is determined by socioeconomic factors and that socioeconomic inequality has to be reduced in order to lessen socioeconomic inequalities in health. There are also income and education policies etc. which could impact on socioeconomic factors and thus socioeconomic health inequalities.

Still, however, little is still known on exactly how such policies will impact on the socioeconomic health inequalities as the causal mechanisms underlying socioeconomic disparities in health are complex and controversial, and the

causes may be different across population groups and over the lifecycle. Policies aimed at reducing the socioeconomic inequalities in health may therefore easily be ineffective, inconsistent and even counterproductive.

This Issue welcomes new and innovative methods to measure, monitor and explain changes in socioeconomic health disparities over time including modeling effect of economic policies. Manuscripts which shed light on the causal effects of socioeconomic factors on health are particularly welcome....” Prof. Dr. Ulf-G. Gerdtham, Guest Editor

This Special Issue will be fully open access. We encourage authors to send us their tentative title and short abstract by e-mail for approval to the Editorial Office at ijerph@mdpi.com

The International Journal of Environmental Research and Public Health (IJERPH, ISSN 1660-4601) is an online, open access journal in the interdisciplinary area of environmental health sciences and public health. IJERPH is covered by leading indexing services, including PubMed (Medline) and the Science Citation Index Expanded (Web of Science). Full-text articles are also available through PubMed Central. The most recent Impact Factor for the year 2011 is 1.605.

In case of questions, please contact the Editorial Office at: ijerph@mdpi.com
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Save the Date

Emergency Response in Humanitarian Disasters Globally: Coordination not Chaos

Rounds on International Surgery-- October 30 at 5:30 pm.- 7:00 pm

Venue: Vancouver General Hospital, Jim Pattison North, CESEI Room 3600

Guest Speaker: Dr. Hossam Elsharkawi, PhD, Director, Emergencies and

Recovery, International operations, Canadian Red Cross, Ottawa
Dr. Ross Brown, Trauma Services, VGH



Bio: Hossam Elsharkawi

At age 4, Hossam was medevaced out of war-torn Gaza by the Red Cross. As soon as he was old enough, he began volunteering in disaster zones. A public health specialist, Hossam brings over 20 years experience responding to some of the world’s worst disasters in over 30 countries. He is in charge of establishing the Red Cross’ rapid deployment field hospital, an Emergency Response Unit (ERU) which he helped develop. and it was deployed to Haiti for the first time.

Hossam and hismedical team were on the ground just four days after the quake, but logistical problems delayed surgery. A damaged airport, blocked roads and downed communications are the recurring challenges in the early days of the operation.

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Employment Opportunities

World Health Organization Positions

Manager, Planning, Budget and Institutional Development

Application Deadline: **22 October 2012**

Duty Station: Washington, D.C., United States of America

Website: <http://bit.ly/QKuKyl>

Objectives: Planning, Budget and Institutional Development (PBI) is responsible for strategic and operational planning, budget management, institutional development, resource coordination, and performance monitoring and assessment processes in the Organization. It is also in charge of program management, identification, design, piloting, negotiation, and evaluation of voluntary contribution projects. Leads and coordinates the management of the management information system of the Bureau, working in coordination with the different business owners.

PBI ensures that the mandates of the Governing Bodies and relevant international fora are addressed by the PAHO's Strategic Plan, which in turn should be aligned with the Health Agenda for the Americas and the Global Health Agenda and Global Program of Work of the World Health Organization (WHO).

PBI leads the Organization's Results-based Management framework in coordination with the PASB Executive Management and working with all entity managers. It contributes to the organizational learning through sharing of lessons learned from different assessments and evaluations conducted at all levels of the Bureau.

Department of Health Statistics and Information Systems seeks Junior consultant in Health equity monitoring

The consultancy will last for 1 year. For more information visit the website: <http://bit.ly/Vp1zFm>

Applications should be sent to Dr Ahmad Hosseinpoor hosseinpoora@who.int by Sunday **October 7, 2012**

Main tasks include:

1. Do systematic reviews on inequalities in priority health topics like maternal and child health, non-communicable diseases and universal health coverage.
2. Do systematic reviews on existing measurement tools/methodologies with regard to health inequalities.
3. Contribute to developing a set of recommendations on how to measure and report health inequalities in the context of universal health coverage as well as the global health monitoring agendas.
4. Contribute to the development of an interactive visualization report on the state of health inequality.
5. Prepare technical reports/peer reviewed publications based on planned analyses.
6. Other mutually agreed upon tasks related to the subject area of monitoring health inequalities.

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First Nations Health Authority Research and Analyst Positions

FNHA - Research Analyst

The Research Analyst will work collaboratively with the Health Knowledge and Information staff as a dedicated resource to support the building of internal research capacity within the First Nations Health Authority (FNHA). The Research Analyst will work in a partnership with the Health Knowledge and Information (HKI) Health Planner and Health Actions Coordinator to coordinate the work of the Tripartite Academic Collaboration Planning Committee.

As an integral member of the HKI team, the Research Analyst will maintain and strengthen interdepartmental support and information sharing across the FNHA, as well as with Tripartite and other external partners.

Job Description: [Research Analyst - September 2012.pdf](#)

FNHA - Qualitative Analyst

The Qualitative Analyst will work collaboratively with the Health Knowledge and Information (HKI) staff as a dedicated resource to provide expertise and support to generate new knowledge through qualitative analysis. The Qualitative Analyst will work in partnership with the HKI Health Planner, Health Actions Coordinator, Epidemiologists, First Nations Health Authority (FNHA) interdisciplinary teams and Tripartite partners to provide analysis and interpretation of qualitative data and to support the building of internal capacity for the FNHA to generate and use qualitative data in research, evaluation and policy.

Job Description: [Qualitative Analyst - September 2012.pdf](#)

Data and Information Coordinator

The Data and Information Coordinator will work collaboratively with the Health Knowledge and Information (HKI) staff as a dedicated resource to support the implementation of the Tripartite Data Quality and Sharing Agreement (TDQSA; applicants are encouraged to familiarize themselves with the content of this agreement, available online at [http://www.fnhc.ca/pdf/BC Tripartite Data Quality and Sharing Agreement - SIGNED COPY.pdf](http://www.fnhc.ca/pdf/BC_Tripartite_Data_Quality_and_Sharing_Agreement_-_SIGNED_COPY.pdf)).

Job Description: [Coordinator Data and Information - September 2012 Web Posting.pdf](#)

The deadline for all 3 postings: Apply by **October 5th 2012 by 4:00pm**

To Apply: Please email a cover letter and resume to: Jennifer Peers, First Nations Health Authority Email: jpeers@fnhc.ca

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Reports of Interest

Coca-Cola and The Global Fund Announce Partnership to Help Bring Critical Medicines to Remote Regions – CASE STUDY

Corporate, September 25, 2012 To view the full case study released by Yale GHLI please visit <http://nexus.som.yale.edu/ph-tanzania/>.

Partners Expand Work in Africa to Bring Medicines "The Last Mile" in Tanzania, Ghana and Mozambique Nearly 20 Million Africans Have Benefitted From Partnership Since 2010

NEW YORK - The Coca-Cola Company and the Global Fund to Fight AIDS, Tuberculosis and Malaria today announced they will expand a project leveraging the Company's expansive global distribution system and core business expertise to help government and non-governmental organizations deliver critical medicines to remote parts of the world, beginning in rural Africa.

As part of their participation in the Clinton Global Initiative's (CGI) Annual Meeting, the Company and the Global Fund outlined their plans to expand the reach of "Project Last Mile," a public-private partnership established in 2010 to help Tanzania's government-run medicine distribution network, Medical Stores Department (MSD), build a more efficient supply chain by using Coca-Cola's proven logistics models for delivering beverages most anywhere in the world. The



newest phases of the partnership will increase the availability of critical medicines to 75 percent of Tanzania and expand the initiative to Ghana and Mozambique. Opportunities to expand into additional countries are being explored.

Originally developed in cooperation with the Bill & Melinda Gates Foundation, Accenture Development Partnerships, Yale University's Global Health Leadership Institute (GHLI), and government partners like MSD, "Project Last Mile" demonstrates a proven track record on which to expand. Since 2010, the project has:

- Benefitted nearly 20 million people who now have better access to critical medicines in the ten regions where the revised distribution model has been implemented so far;
- Reduced lead time for medicine deliveries to Tanzanian health facilities by as much as 25 days;
- Empowered MSD to reorganize and expand its distribution system from 500 warehouse drop off points to direct delivery to 5,000 health facilities;
- Enabled health facilities to place their own orders for medicines; and improved by 20-30 percent the availability of critical medicines in health clinics where the new model has been rolled out.

A [case study](#) released today by GHLI documents key lessons learned from the partnership thus far and is available as a teaching tool for public-private partnerships.

During today's closing plenary session of the Clinton Global Initiative, President Bill Clinton said, "You guys have done a great thing here. Tonight you should go to bed thinking about all the people that will be alive this year because of what you did."

Tanzania is the second-largest recipient of grants from the Global Fund. Funding has enabled a critical scale-up in access to life-saving medicines for AIDS, tuberculosis and malaria, which makes expanding distribution systems and improving logistics even more pressing. An estimated 39 percent of Global Fund grants worldwide have been used on procurement of pharmaceuticals and other health products. This amounts to a cumulative expenditure of more than US\$ 4.5 billion since 2002.

"The success of this project demonstrates our belief in the power of civil society, government and the private sector working together to solve real global problems. It's what we call the 'golden triangle,'" said Muhtar Kent, Chairman and CEO, The Coca-Cola Company. "This collaboration uses our global business expertise to help solve critical logistical requirements for the delivery of medicines to reach the most remote parts of Africa."

Gabriel Jaramillo, General Manager of the Global Fund, said: "Unfortunately, when medicine is available, it doesn't always reach the people who need it. Supply chains in remote parts of the world often don't work efficiently, and that can mean that deaths that should be prevented still occur. What we noticed was that Coca-Cola's products always seemed to get to every remote regions and we thought that if they could get their product there, with their support, maybe we could too."

Building on the successes in Tanzania, the project has expanded to Ghana, to improve access to essential medicines and vaccines. Additionally, a partnership with U.S. Agency for International Development (USAID) has been established as Project Last Mile continues to expand to other regions. In scaling up into Mozambique partners will leverage an existing collaboration between Coca-Cola and the Clinton Health Access Initiative.

"We are proud to join this high-impact public-private partnership with an eye towards expanding into other countries," said USAID Administrator Rajiv Shah. "Leveraging Coca-Cola's core business expertise and distribution channels has the potential to significantly improve how we bring life-saving products to the hardest-to-reach parts of the world."

The idea for the "Project Last Mile" partnership began in 2009 when the Global Fund approached Coca-Cola to learn from its logistical expertise and address distribution challenges faced in Tanzania. Partners announced the first phase of the partnership at CGI's 2010 Annual Meeting with The Coca-Cola Company committing to help maximize delivery of vital drugs, medicines and medical supplies to the people who need them most. That commitment has been delivered and exceeded expectations.

Note to Editors : Photos and video to accompany this press release can be found at the Press Center area at www.thecocacolacompany.com.

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India's patent law on trial

October 1, 2012 By [Médecins Sans Frontières](#)

This month, two critical legal battles between multinational pharmaceutical companies and the Indian government are taking center stage in an ongoing struggle over India's medicines patent law. The potential consequences could be dire for governments and people in developing countries that rely on affordable, quality generic medicines produced in India. For example, [more than 80% of antiretrovirals \(ARVs\) used by donor-funded HIV treatment programmes globally between 2003 and 2008 were sourced from generic manufacturers in India.](#)

At stake are public health safeguards within India's patent law that allow India to provide life-saving drugs at affordable prices. One case goes to the heart of what merits a patent. The other addresses what countries can do when patented life-saving medicines are priced out of reach for the vast majority of patients.

India's 1970 Patents Act was a watershed law designed to encourage the development and production of low-cost generic medicines. Over time, it helped India become the 'pharmacy of the developing world,' with generic manufacturers competing for markets and thereby dramatically driving down prices of medicines that were patented elsewhere. For example, [the cost of first-generation HIV treatment dropped from over \\$10,000 per patient per year in 2000 to \\$350 by 2001. Today, improved first-line treatment costs roughly \\$120 yearly.](#)

By joining the World Trade Organization in 1995, India became obligated to start granting pharmaceutical patents within a decade. But in 2005, the country adopted a strict medicines patent law that, while ensuring patent protection for new pharmaceutical compounds, makes it tougher to get a patent on new forms of existing medicines. The law was designed with the social objective of stopping drug giants from indulging in 'evergreening,' a common abusive patenting practice in the pharmaceutical industry aimed at filing and then obtaining separate patents relating to different aspects of the same medicine.

This tougher patentability standard—Section 3d of India's patent law—is at the crux of Swiss company Novartis' six-year legal battle against the Indian government, which has now reached India's Supreme Court. Novartis is contesting the Indian patent office's and appellate body's decision to reject the company's application for a secondary patent on the salt form of imatinib, a life-saving drug for treating chronic myeloid leukemia. ([The basic research that led to the original drug was conducted largely in publicly-funded US research institutions.](#))

Novartis is arguing that the interpretation of Section 3(d) as applied by the courts and patent office is narrow and should be broadened, in this case, for example, to allow patenting of the mesylate salt form of imatinib on the basis of a 30% increase in bioavailability. But this reasoning is flawed, according to patient and public interest groups. Selecting a particular salt of an active ingredient as a means of improving bioavailability is a common practice within the pharmaceutical industry, and should not be considered patentable.



A win for Novartis would set a dangerous precedent, severely weakening India's legal norms against evergreening and inevitably leading to patents being granted far more widely in the country. Filing patent applications covering simple changes in the chemistry or formulation of existing pharmaceutical products is a lucrative game for the pharmaceutical business, but also a deadly one for patients: It would prevent generic competition for these products and allow pharmaceutical companies to continue charging high prices, which can mean the difference between life and death.

The second case now playing out in India's courts revolves around the issue of "compulsory licensing," a legal mechanism sanctioned by international trade law that allows governments to authorise production of a medicine by a company other than its patent holder, in the interest of public health. In March 2012, India's Patent Controller took the unprecedented step of issuing a compulsory license to an Indian generic manufacturer: with German pharmaceutical company Bayer charging \$5,500 per person per month in India for a kidney and liver cancer medicine (sorafenib tosylate, marketed as Nexavar), the Indian government deemed this price unaffordable and granted a compulsory license to generic manufacturer Natco. As a result, a generic version is now available for 97% less (\$175/month).

India has faced political backlash from the US for this landmark move, one which health advocates and patients worldwide hope will set a precedent for other life-saving medicines deemed unaffordable. For example, unlike first-generation ARVs,

several of the newest HIV medicines—needed by patients who have become resistant to their drug regimens—are patented in India, preventing generic competition. One of them is the integrase inhibitor raltegravir, which Médecins Sans Frontières (MSF) uses in its Mumbai clinic to treat people who develop resistance to two drug regimens, at a cost of \$1,750 per person/year—for just one drug of a needed triple-drug cocktail.

Bayer has appealed India’s granting of a compulsory license, and the case is now with the country’s Intellectual Property Appellate Board—and may, like the Novartis case, eventually reach India’s highest court. The world is watching closely, as these cases could have a profound impact on access to life-saving medicines for millions of people worldwide.

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