

Tradition and commitment in Global Health

It has been around 80 years since our predecessor companies took their first steps in the field of global health. Today, we can not only boast of having numerous successful health programs, but also one of the industry's largest development pipelines in the field of neglected diseases which can help to completely eliminate diseases such as malaria.



Lutz Hegemann

President Global Health and Swiss Country Affairs

When Rudolf Geigy set off for Tanzania in 1957 to research diseases such as malaria, he not only laid the foundations for the first field laboratory of the Swiss Tropical Institute which he had founded around 15 years earlier. He also created the basis for a medical training center that still trains around 100 urgently needed local health professionals every year.

The enormous personal and scientific commitment of Geigy, who was also a member of the Board of Directors of J. R. Geigy and Ciba-Geigy from 1923 to 1973, exerted an early influence on company development in matters of social responsibility. Shortly after the Second World War, the management had already been looking at how the company could strengthen local and international communities – including in the field of healthcare.

Thanks to Geigy's influence, the Geigy Foundation was established in the 1930s. This was followed in the 1960s by the establishment of the Basel Foundation for the Promotion of Developing Countries which formulated its own Africa policy in the 1970s and later also extended this to other developing regions. In 1996, after Novartis was founded, these activities were initially transferred to the Novartis Foundation for Sustainable Development and later increasingly advanced by the company itself.

From these beginnings, which were still strongly rooted in a philanthropic mindset, Novartis has continuously expanded its activities over the past three decades, gradually moving away from philanthropy – primarily through strong partnership networks – and charted its own course. The malaria initiative, launched in 2001, was a major step forward in this respect.

At that time, more than one million people died of malaria every year. We knew that charitable donations alone would hardly make a difference in alleviating the suffering of people in need. Unlike previous programs aimed at bolstering health systems and widening access to medicines, Novartis therefore made the malaria



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drug Artemether-Lumefantrine available at cost price for the most part.

In addition to this sustainable pricing model, the initiative also relied on the potency of partnerships with public health experts such as the World Health Organization (WHO). Despite initial doubts, the initiative was a tremendous success. Since 2001, we have been able to provide over one billion treatments, including around 500 million specifically for young children. Our contribution has played a significant role in reducing deaths.

The positive development of our commitment to combating malaria is still having an impact on our work today.

When it comes to providing medicines for malaria and other neglected diseases on an ongoing basis, we can measure our objectives against the benefits we have been able to create for the public health system, while striving to break even financially in order to fund our projects sustainably and reach as many people as possible.

What's more, we have structured our business in Sub-Saharan Africa in such a way that we assess our decisions by way of long-term effects, and not short-term profit. In addition – and this is the crucial point for me personally – we continue to work on innovative access models in order to reach as many patients as possible with our medicines. In my view, ensuring access to innovative drugs requires the very same creativity that their research and development necessitates.



These strategic pillars will help us to further strengthen our efforts in the field of Global Health – especially for our research pipeline, in which we have invested almost 500 million US dollars over the last five years.

However, we continue to remain active in other areas of therapy. For example, we are working on several projects in Africa to alleviate the suffering of patients with sickle cell disease. We are also developing new therapies for Chagas disease, leishmaniasis and dengue fever which are widespread in many developing countries; these are now undergoing testing in clinical trials.

Although we continue to drive innovation and develop new ideas for improving access to medicines, traditional donation schemes – such as those we have been involved in for cancer and leprosy for many years – remain important.

In collaboration with the World Health Organization, we have successfully provided leprosy patients with medication since the turn of the millennium, donated as part of a multi-drug therapy program. We are also making progress in the field of cancer. We have been working closely with the Max Foundation since 2000 and have been able to provide over 100,000 people with access to vital cancer drugs.

Collectively, these efforts have helped us to climb to first place in the important Access to Medicine Index. This result is the outcome of years of work. We are immensely proud of this, but it also spurs us on to continue our research efforts and develop innovative access projects. For us, the long tradition of our social commitment not only allows us to look back with satisfaction, but also defines an obligation to continue along this path.

This remains more important today than ever before. Since the USA and other industrialized countries have withdrawn from numerous international aid projects, the continuation of many programs is no longer guaranteed. Experts already fear that the withdrawal of the USA will lead to millions of deaths – an untenable situation. We will do everything in our power not to jeopardize the progress that has been made to date. That would be a tragedy. The approach of ongoing financing, which we have been pursuing for a long time, is therefore of particular importance.

Ifakara, for example, shows what Novartis and its predecessor companies have achieved and what is at stake. Thanks to the malaria initiative and other proactive programs, there has been a significant decline in this disease in the

region over the last ten years. Ifakara actually means “place of death”, as the region used to be heavily infested with Anopheles mosquitoes. Today, thanks to advances in malaria control, it is hardly possible to conduct clinical trials in this region, since the disease has now become so rare.

This is not only a tremendous achievement but also a motivational case in point – and a reminder that we all need a long-term perspective if we really wish to bring about lasting change on the ground and help as many patients as possible. Given our achievements to date and the continued support of our entire management team, I am confident that, together with our partners, we shall be able to make further progress and contribute to achieving the United Nations Sustainable Development Goals.

Novartis can not only look back on its long tradition in Global Health. As a healthcare company, we also feel obliged to continue this tradition. In Global Health, we have created an organizational unit that has the necessary resources, the knowledge and a purposeful strategy to bring about enduring positive change and, even in the most remote parts of the world, so help millions of patients to live better and longer lives.



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