The Novartis commitment to women’s and children’s health

The contribution of Novartis to achieving the UN Millennium Development Goals
The Millennium Development Goals (MDGs), adopted in 2000 by all 193 United Nations (UN) member states and aimed to be achieved by 2015, are a comprehensive and specific framework for the international community to work together to meet the needs of the world’s poorest populations. Achieving the MDGs would be an unequivocal success in modern history, and would not only save the lives of millions and improve the quality of life of hundreds of millions more in poverty, but also represent an important investment in our future generations.

Since 2000, significant progress has been made toward the achievement of the MDGs: In the last decade, extreme poverty has decreased, primary school enrollment has increased, and there has been greater focus and attention on child mortality, HIV/AIDS and malaria. Yet there is a long road ahead before we achieve the MDGs.

Novartis has been committed to the achievement of the MDGs since their beginning. Through its core business, Novartis has made significant investments in the developing world to support access to quality healthcare and has helped to improve the lives of hundreds of millions of patients worldwide.

The following pages draw on the vast and varied contribution of Novartis to addressing MDGs 4 (reduce child mortality) and 5 (improve maternal health) in light of UN Secretary-General Ban Ki-moon’s “Global Strategy for Women’s and Children’s Health,” and underscore the ongoing commitment of Novartis to women’s and children’s health.
In September 2000, 189 countries signed the UN Millennium Declaration and committed to eradicating extreme poverty by 2015. The Millennium Development Goals (MDGs) were devised to monitor the progress toward these commitments. With eight goals, 21 quantified targets, and 60 measurable indicators, the MDGs provide concrete, numerical benchmarks for tackling the many facets of underdevelopment. Thus far, significant progress toward achieving the MDGs has been made. Sub-Saharan Africa experienced an 18 percentage point increase in school enrollment between 1990 and 2009, and the UN Department of Economic and Social Affairs’ MDGs Report 2011 suggests the world is still on track to achieve the MDGs. Yet, with up to 1,500 women and 10,000 babies dying every day due to complications during pregnancy and childbirth, there are major milestones to be met.

In 2010, UN Secretary-General Ban Ki-moon set out a “Global Strategy for Women’s and Children’s Health” to improve the health of women and children around the world. The Global Strategy represents a new effort to achieve MDGs 4 (reduce infant mortality) and 5 (improve maternal health). Novartis has been committed to the realization of the MDGs since their beginning. Through its core business – the discovery, development and marketing of innovative drugs, as well as extensive access-to-medicine programs and voluntary, not-for-profit research into neglected diseases – Novartis has been helping to improve the lives of hundreds of millions of patients worldwide. Considering three of the eight MDGs are health-related, the support of Novartis to the MDGs is invaluable.

This report is dedicated to the commitment of Novartis to women’s and children’s health and the contribution of Novartis toward the achievements of MDGs 4 (reduce infant mortality) and 5 (improve maternal health).
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### MDG 5: Improve maternal health

- Discovered new class of compounds, spiroindolones, to fight malaria parasites.

- Researching group B Streptococcus vaccine for pregnant women.

- Evaluate efficacy and safety of artemisinin-based combination therapies for pregnant women; manage antimalarial stock levels to improve access to antimalarial treatments.

- Sensitize women in antenatal and postnatal care and use of bed nets; quality-of-care improvement (including maternal health); attended deliveries; health insurance protection plans.

- Provide prenatal consultations; village-based preventative and curative services; quality-of-care improvement (including maternal health); health insurance protection.

- Improving access to healthcare (including for women).

- Provide access to products such as calcium and nutritional supplements necessary during pregnancy; offer health education (including maternal health).


- Improve quality of healthcare through teleconsultation (including maternal health).

- Offer various training courses in maternal health; center specializes in maternal health; recruited new tutors with specializations including gynecology.

- Offer support material to improve adherence to antiretroviral therapy; psychosocial support to destigmatize HIV/AIDS; promote prevention, treatment and care of HIV/AIDS across all activities and publications.

- Integrated leprosy care, including better access to treatment, disability care, rehabilitation and reconstructive surgery; train health workers.

- Provided educational resources to address contraceptive care, antenatal care, and adolescent birth rate.

- Supply Information and tools for women with osteoporosis.

- Offer educational and emotional support for caregivers.
Pediatric policy

Novartis is committed to improving child health through pediatric research, development and the authorization of high-quality and age-appropriate medicines for children. Novartis is proactively assessing the pediatric therapeutic potential of both existing and new therapeutic entities. This process is carefully balancing therapeutic value, unmet medical needs in children, safety and ethical considerations. A pediatric policy has been adopted on ethical considerations relating to clinical trials in children. Pediatric drug development follows international guidelines and involves external pediatric experts. Pediatric programs focus on the child’s best interest, safety aspects and potential benefits derived from treatment. Overall, the key goal is to provide children the same access to safe and effective medicines as adults, based on sound scientific and ethical research.

Novartis Institute for Tropical Diseases

Founded in 2002, the Novartis Institute for Tropical Diseases (NITD) concentrates on research and early stages of development in three neglected diseases of the developing world: dengue fever, tuberculosis (including drug-resistant forms) and malaria.

The focus of NITD is twofold: To use the drug-discovery expertise and cutting-edge technology platforms of Novartis to fight against diseases that are not well addressed by current treatment regimes, and to find and implement solutions to help reduce the disparity between rich and poor and improve patient access to medicines in the developing world. All medicines discovered at NITD will be made available without profit to low-income patients in developing countries where these diseases are endemic.

In 2010, NITD announced the discovery of spiroindolones, a new class of compounds and an antimalarial drug candidate that shows promise as a new-generation treatment for drug-resistant malaria. Considering one in six child deaths in Africa is due to malaria, continued research and development in malaria treatments is important for addressing infant mortality.
Novartis Vaccines Institute for Global Health

Inaugurated in 2007, and dedicated to developing vaccines for diseases that are devastating to developing countries and do not receive adequate attention, the Novartis Vaccines Institute for Global Health (NVGH) was the first such initiative with a nonprofit mission established by a major vaccine manufacturer. NVGH initially targeted diarrheal diseases, which are the second leading cause of death among children under five globally and kill more children than AIDS, malaria and measles combined, and developed a broad range vaccine against salmonella. NVGH is currently in phase two of clinical testing of a conjugate vaccine against Salmonella Typhi for infants and young children. Salmonella Typhoid, caused by Salmonella Typhi, has a high incidence in children under five, yet currently no vaccine exists for children under two; the vaccine is therefore an important development in infant health and critical for addressing the high burden of Salmonella Typhoid in children under five.

Novartis Vaccines and Diagnostics

The Novartis Vaccines and Diagnostics division has developed various pediatric vaccines, including the DTPw, hepatitis B and Hib combination vaccine against five deadly childhood diseases, and the Haemophilus influenzae type b vaccine, which helps prevent pneumonia, meningococcal disease and other invasive diseases in children.

The division also manufactures, Menveo®, a pediatric meningococcal disease vaccine that has been shown to be safe and effective in preventing meningococcal disease and requires only one dose at the time of vaccination, and continues development of another pediatric meningococcal disease vaccine, Bexsero®, which protects against the meningococcal serogroup B disease, a disease that has its highest incidence in infants and young children and can lead to death within 48 hours of the first symptoms.

The division’s live poliovirus vaccine has contributed to the World Health Organization’s (WHO) Eradication Initiative to terminate the spread of polio. Novartis has distributed more than 80 million doses of pediatric vaccines through partnerships with organizations including the WHO and UNICEF. In addition, the division has various pipeline priorities targeting women’s and children’s health, including a Group B Streptococcus vaccine for pregnant women and acellular pertussis combinations for infants.
Improving access to healthcare

In 2010, Novartis medicines and vaccines were used to treat and protect more than 910 million people globally. Furthermore, 85.5 million people benefited from access-to-medicine programs across the Novartis portfolio.

Malaria Initiative

Malaria is preventable and treatable, yet every 45 seconds, a child is lost to the disease. Malaria is one of the world’s deadliest diseases, claiming one million lives each year. Pregnant women and children are most at risk – between 85 percent and 90 percent of all deaths from malaria occur in children under five. For more than a decade, the Novartis Malaria Initiative has been a pioneer in the fight against malaria. Focused on access, treatment, research and development, and capacity building, the initiative has become one of the healthcare industry’s largest access-to-medicine programs, measured by the number of patients reached annually. Since 2001, Novartis has provided more than 400 million antimalarial treatments without profit, helping to save the lives of an estimated one million people.

In an effort to respond to the unmet medical needs of infants and children, Novartis in collaboration with Medicines for Malaria Venture (MMV) developed the first sweet-tasting artemisinin-based combination therapy (ACT) against malaria specifically for children. The treatment launched in 2009 received the MMV “Project of the Year Award 2008” and is now deployed in more than 35 countries. To enhance patient understanding of the treatment and promote adherence to therapy, special packaging with pictographic instructions was developed for areas where illiteracy is high. Additionally, the Novartis Malaria Initiative produced a booklet specifically for children and their families with key information on malaria and its treatment to further enhance knowledge of the disease and adherence to treatment. Novartis is also the first healthcare company to develop an observational study to evaluate the safety of ACTs in pregnant women in partnership with the WHO.

Beyond providing quality treatment, Novartis continuously seeks innovative solutions to expand access to medicines in the most remote areas of the world. Novartis leads SMS for Life, an innovative Roll Back Malaria public-private project that increases the visibility of antimalarial stock levels. The project uses a combination of mobile phones, SMS messages and electronic mapping technology to track the weekly stock levels of antimalarials and ultimately aims to reduce stock-outs in public health facilities, increase access to malaria treatments in rural areas, and cut the number of deaths from malaria. After successful piloting in 129 health facilities in Tanzania, which led to a dramatic reduction in stock-outs, SMS for Life is being rolled out across Tanzania and expanded to other countries including Ghana and Kenya.

In 2010, the Novartis Malaria Initiative received prestigious recognitions, including the “Prix Galien USA 2010 Award” in the category of Best Pharmaceutical Product, and the United Nations “World Business and Development Award 2010” for its contribution to the Millennium Development Goals.
ACCESS project in Tanzania

The Novartis Foundation for Sustainable Development’s (NFSD) ACCESS project in Tanzania aims to understand and improve access to effective malaria treatment and care in four rural districts in Tanzania, in particular for pregnant women and children under five.

To address the quality of healthcare services, the project facilitates the training of healthcare personnel in Integrated Management of Childhood Illness (IMCI) and continuously measures the manner and aptitude of healthcare staff as well as healthcare infrastructure and patient satisfaction. To support quality-of-care improvement, including for child and maternal health, the project monitors the performance of health services, including the availability and quality of necessary equipment and supplies, and clinical procedures.

The project conducts education and awareness programs, including social marketing campaigns in schools on malaria where children are taught the causes, symptoms and appropriate treatments for the disease. Considering children take care of their younger siblings during crop cultivation when their parents stay in temporary shelters in the fields and away from their homes, social marketing campaigns in schools are crucial for addressing malaria in the under-five population.

Sensitization for women in ante- and postnatal care is provided to support improved maternal health awareness and practices. More than 220,000 community members in the Kilombero and Ulanga districts, including students in 67 percent of all primary schools in the districts, have been reached through the project’s social marketing campaigns.

Additionally, the Novartis Foundation revived and strengthened existing health insurance schemes to help facilitate financial access to quality healthcare. The project supports women’s savings groups with grants to increase their income through viable income-generating activities. In return, the women’s groups conduct sensitization meetings on preventive health, in areas including malaria, diarrheal diseases, and ante- and postnatal consultations.

As part of their engagement in the grant program, women are committed to enroll in the health insurance scheme, sleep under a bed net and attend prenatal consultations when pregnant.
Indicating improved treatment-seeking behavior, the percentage of investigated fever cases treated with an antimalarial within 24 hours increased 23 percentage points from 2004 to 2008. There were a combined 298,772 fever cases in the Kilombero and Ulanga districts that received treatment from Accredited Drug Dispensing Outlets.

In Tanzania, the overall mortality for children under five has decreased from 28.4 to 18.9 cases per 1,000 persons/year since 1997. This can partly be attributed to the project’s interventions and the national program on insecticide-treated nets, as malaria is a major cause of child mortality.

**Initiative Accès in Mali**

Initiative Accès in Mali, supported by the NFSD, operates under a similar framework to the ACCESS project in Tanzania. Initiative Accès aims to improve the quality of, and access to, primary healthcare specifically for women and children, in the rural region of Ségou, Mali.

The initiative covers 13 health areas in the region of Ségou and reaches a population of 170,000 in 210 villages. As part of an outreach strategy, health personnel offer child vaccinations and provide measures against malnutrition in children locally in the villages. Initiative Accès trains a network of village health workers to offer basic preventive services against child malnutrition in communities by educating women regarding hygiene, cleanliness and proper nutrition, and demonstrating the proper preparation of enriched pap, a high energy density flour composed of millet, cowpea and millet malt, that facilitates digestion and constitutes a healthy diet. Over 1,700 children were reached with nutritional measures in 2010.

Like with the ACCESS project in Tanzania, Initiative Accès monitors the performance of health services to support quality-of-care improvement. Assessments monitor the availability and quality of necessary equipment and supplies, as well as clinical procedures and utilization rates for services including ante- and postnatal consultations and attended deliveries. From 2007 to 2010, utilization rates for curative and prenatal consultations increased by 10 percent and 26 percent respectively. In the same period, the percentage of attended deliveries carried out in a health center increased 4 percentage points from 45 percent to 49 percent. In October 2011, Initiative Accès helped introduce ICATT (IMCI Computerized Adaptation and Training Tool) in Mali to strengthen the training of healthcare personnel.

Initiative Accès additionally encompasses health insurance protection for rural households including children, pregnant women and young mothers. Initiative Accès also supports women’s savings groups with loans to increase their income through viable income generating activities. In return, the women’s groups conduct sensitization meetings on preventive health. As a result, many women are trained village health workers. Initiative Accès has furthermore developed a monitoring tool to collect data on what kind of business activities the women are conducting as well as whether or how these impact the health of the family.
Millennium Villages Project

The Millennium Villages Project (MVP) was founded to help impoverished communities in rural Africa achieve the MDGs and halve poverty by 2015. The MVP is active in 14 sites in 10 African countries and has reached more than 500,000 people.

The NFSD began financing one of the Millennium Villages in the Mbola cluster in Tanzania in 2007. For a five-year-period from 2007 to 2012, the NFSD will invest in the village’s transition from subsistence farming to self-sustaining commercial activity. While inadequate water supplies, extreme hunger, failed crops and a high prevalence of malaria were early challenges of the project, there has been significant progress in the past four years. New infrastructure, including water and sanitation systems and mobile phone towers, has been constructed, and teacher training, new textbooks and school meal coverage for more than 7,000 children have improved education within the village.

The NFSD also agreed to support the MVP in health-related research in 2007 in view that three of the eight MDGs are health-related. In addition, the NFSD donates antimalarials to all Millennium Villages.

Arogya Parivar

In July 2007 Novartis India launched Arogya Parivar (“healthy family” in Hindi), a pioneering for-profit social initiative at Novartis that offers education on diseases, treatments and prevention, and increases access to affordable medicines for the underserved millions at the bottom of the pyramid in rural India. Arogya Parivar is based on four pillars of awareness, acceptability, availability and adaptability to ensure long-term sustainable impact and improve healthcare availability in rural areas in India.

Arogya Parivar focuses on the diseases most prevalent in India and covers 11 therapeutic areas. The program provides education through health educators, who raise awareness about local diseases and preventative measures, and health sales supervisors, who interact with local pharmacies and collaborate with doctors, hospitals and NGOs to organize health camps where villagers can receive treatment and preventive care. The products and services available through Arogya Parivar are tailored to meet the needs of underserved rural populations with a low disposable income, usually paid on a daily basis.

Through Arogya Parivar, women gain access to products needed during pregnancy, including calcium and nutritional supplements, and children gain access to oral rehydration salts against diarrhea as per WHO standards. Additionally, Arogya Parivar has partnered with Embrace, a social enterprise, to expand the distribution of Embrace’s infant baby incubator, a body temperature regulation product for premature and low-weight babies, into rural India and further address infant mortality for premature newborns.

Operating in 257 cells, each covering a radius of 30 to 35 kilometers, in 202 districts in 10 states in India, Arogya Parivar impacts 33,000 villages, each of about 15,000 to 20,000 people. Due to the initiative, 42 million people already have improved access to healthcare.

Arogya Parivar has been consistently recognized in global rankings and awards. After successful piloting in India, the program is looking to expand into other communities in Vietnam, Kenya and Indonesia. In 2012, Novartis aims to extend the program’s reach to more than 100 million people.
Novartis supports the strengthening of healthcare systems to ensure long-term sustainable access to quality healthcare. By supporting infrastructure development and education as well as training for healthcare workers, Novartis contributes to improving health resources and systems.

**ICATT: E-learning for maternal and child health**

To address MDG 4 (reduce child mortality) and globally reduce mortality of children under five, the World Health Organization (WHO) together with UNICEF developed a strategy called Integrated Management of Childhood Illness (IMCI). The Novartis Foundation for Sustainable Development (NFSD) supported WHO in developing an innovative e-learning tool, ICATT (IMCI Computerized Adaptation and Training Tool), to tackle the challenge of adapting IMCI to individual country circumstances.

ICATT is an e-learning software targeted at reducing under-five mortality by globally scaling up training in IMCI. ICATT can be easily adapted to country-specific features such as treatment guidelines, and thus enables faster adoption of IMCI training in a cost- and time-effective manner. After successful piloting in Tanzania, Peru and Indonesia, ICATT is being rolled out globally.

Furthermore, in 2011 the NFSD and WHO decided to continue collaboration to develop a similar training tool for Integrated Management of Pregnancy and Childbirth (IMPAC) to address and contribute to MDG 5 (improve maternal health). The tool is called IMPACTT (Integrated Management of Pregnancy and Childbirth Training Tool), and will comprise training modules in pregnancy care, childbirth, newborn care, postnatal maternal care and postnatal newborn care. The first course module on essential newborn care is being developed in collaboration with the Swiss Tropical and Public Health Institute and will be ready for testing by the end of 2011.
Telemedicine in Ghana

E-health, or electronic health, is one of the most rapidly growing areas in healthcare today, and presents significant potential for both developed and developing countries. E-health can improve and facilitate quality training of the global health workforce, as well as expand geographical access to healthcare and empower people through better access to health information and knowledge.

Telemedicine, a subcategory of e-health, is defined as the use of information and communication technologies (ICTs), such as telecommunication or computers, for the exchange of medical information for prevention, diagnosis and treatment. Telemedicine has the potential to bridge the distance between patients or local health workers and specialized medical professionals anywhere in the world. Additionally, telemedicine, producing cost-effective solutions that better connect people around the world, has the potential to address health challenges faced by developing countries.

The NFSD, in collaboration with the Millennium Villages Project (MVP) and Ministry of Health in Ghana, initiated a Telemedicine Project in the Bonsaaso cluster in Ghana. The project’s objective is to improve access to primary healthcare by using ICTs and ultimately help Ghana develop a sustainable long-term solution at the national level.

In phase one of implementation, the NFSD helped Ghana develop an e-health strategy and set up an informal consultation service between the MVP and teleconsultation center at Agroyesum District Hospital. The project created closed user groups with free-of-charge phone access for MVP clinical health workers, nurses and emergency vehicles to encourage collaboration and strengthen local capacity in health.

In phase two, which began in October 2011, the project formalized teleconsultations via mobile phones and introduced computer-based decision support systems for practitioners working at the Agroyesum District Hospital in the first phase. Teleconsultation services will be expanded from district level to provide support to health workers beyond the MVP cluster.
The Tanzanian Training Centre for International Health (TTCIH), supported by the NFSD, aims to improve the quality of training to strengthen human resources for better health in Tanzania and beyond, and to strengthen the institutional and financial self-reliance of the training center itself.

To strengthen the quality of training within health areas such as gynecology and pediatrics, the TTCIH shifted from Clinical Officer (CO) to Assistant Medical Officer (AMO) training. The AMO degree is similar to a university medical degree, and a priority for the Tanzanian Ministry of Health and Social Welfare. Educating more AMOs helps increase the quality and range of services, especially in rural areas where health workers are needed most.

The TTCIH focuses predominantly on three core thematic areas: community, maternal and child health. It was the first center to introduce the e-learning program, ICATT (IMCI Computerized Adaptation and Training Tool), for training in Integrated Management of Childhood Illness (IMCI). The center has also established expertise in maternal and child health.

Together with the Swiss Tropical and Public Health Institute, the center is developing an e-learning course for an AMO module on maternal and newborn health. In addition, the TTCIH has recruited new tutors with specializations in gynecology and pediatrics, among other areas, to improve the range and quality of classes available.

In the future, the TTCIH will continue to build on its core thematic areas, specifically in community, maternal and child health, as well as clinical medicine.
Supporting Tiny Hearts

Novartis additionally addresses women’s and children’s health through a number of in-country initiatives. Novartis Finland has been instrumental in improving pediatric care in Finland through its Supporting Tiny Hearts program. From 2005 to 2008, the program directly contributed to purchases of pediatric healthcare infrastructure, including ultrasound equipment, at the Heart Unit at the Children’s Hospital division of the Helsinki University Central Hospital. Considering all complicated pediatric cardiovascular cases in Finland are treated at the Heart Unit, this program has had a tremendous impact on Finland’s pediatric cardiovascular care.
Of the roughly 33.3 million people living with HIV in 2009, about 2.5 million were children under 15 years and about 15.9 million were women.

About 16.6 million children under the age of 18 have lost one or both parents to AIDS, and millions more have been affected by AIDS and experienced greater risks of poverty, homelessness and discrimination. About 90 percent of the children living with HIV are in Sub-Saharan Africa.

The Regional Psychosocial Support Initiative (REPSSI), supported by the Novartis Foundation for Sustainable Development (NFSD), provides social and emotional support to children to lessen the devastation caused by HIV and AIDS, poverty and conflict. The nonprofit organization develops, accredits and shares innovative and culturally appropriate methods and tools to provide psychosocial support to children, youth and families as well as trains government officials, nonprofit organizations, and community-based workers. REPSSI also advocates for the integration of psychosocial support into regional, national and global policies and programs that affect children and youth, and provides technical support to governments in developing relevant policies and plans.

REPSSI conducts reproductive health education through social marketing campaigns and training for caregivers, teachers and child-focused organizations. REPSSI has successfully developed an offline, distance-learning Certificate Course that enables community-based workers to study for an accredited qualification in support for vulnerable children. More than 1 000 people have enrolled in the course in 10 countries across Africa. Additionally, the initiative helps improve access to HIV counseling and testing as well as adherence to antiretroviral treatment, thereby reducing mother-to-child transmission of HIV/AIDS.

Operating in 13 countries across Eastern and Southern Africa, REPSSI has experienced significant growth and reached more than five million children. In 2012, the initiative will enter its 10th anniversary of operations.
Leprosy care in India

Since 1986 the Novartis Foundation for Sustainable Development (NFSD) has actively empowered disadvantaged people affected by leprosy. A leprosy program in India, started in 1986 and still operational today, trains health personnel to prevent and lessen disabilities not only through early case detection, but also by strengthening self-care and medical rehabilitation, including reconstructive surgery. While NFSD is helping many countries spread the message that leprosy is curable through social marketing approaches, deformities remain the main cause for discrimination against people affected by leprosy.

The donation of multidrug therapy (MDT) from 2000 onwards by Novartis to all leprosy patients worldwide remains the backbone of the global fight against leprosy. The NFSD facilitates much-needed cooperation among various anti-leprosy stakeholders, including government and civil society, by helping develop innovative approaches to tackle leprosy, for instance m-health (mobile health) applications to improve patient notification systems and just-in-time drug delivery mechanisms. These mechanisms help address diagnosis knowledge levels and drug availability at the primary healthcare level, and are particularly important for decreasing patient numbers.

In-country Initiatives

Novartis also educates communities on women’s health issues. The Novartis Venezuela education program informed young women about birth control, the menstrual cycle and pregnancy to meet a gap in women’s health knowledge.

Furthermore, the Novartis program Más Tiempo para Tí in Mexico provided information and tools for women on osteoporosis, and the Caring for Those Who Care program in Argentina provided education and emotional support to empower caregivers, who are predominantly women.
Looking forward to 2015

Novartis has made a significant effort to improve the lives of women and children. With ongoing research and development, Novartis is committed to the discovery and production of age-appropriate quality medicines that are suitable for children. Furthermore, with its various access-to-healthcare programs, healthcare education and infrastructure initiatives, Novartis is helping provide access to quality medicines and increase understanding in underserved regions to meet the needs of some of the world’s poorest people.

There is substantial progress to be made before the world can meet the UN’s MDGs. Continued efforts to reduce infant and maternal mortality are particularly necessary to address MDGs 4 and 5.

While Novartis continues to contribute and work toward achieving the MDGs, success can only be assured through efforts of all elements in society: local governments, the international community, NGOs, and the private sector. With 2015 approaching, the MDGs will only be realized through a global effort.
Contact

www.novartis.com
www.novartisfoundation.org
www.corporatecitizenship.novartis.com