

News release

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For immediate release

TRAINING OF HEALTH CARE WORKERS AS WEAPON TO FIGHT MDR-TB

*Lilly pharmaceutical company makes important announcement
on multidrug-resistant tuberculosis in South Africa*

November 30, 2006 (Johannesburg, South Africa)—Eli Lilly and Company's President of International Operations, Dr Lorenzo Tallarigo, announced today that Lilly will sponsor the training of 18 South African doctors and nurses at the International Training Center in Latvia in December. Latvia has one of the highest rates of multidrug resistant tuberculosis (MDR-TB) in the world, and has implemented successful measures to reduce the number of people suffering from MDR-TB.

The need for MDR-TB training became apparent after the realization that few, if any, local medical health care practitioners are trained specifically in MDR-TB detection and treatment.

This programme forms part of the Lilly MDR-TB Partnership—a pioneering international initiative led by Lilly that has been increasing the number of trained personnel and drugs available to treat people with MDR-TB, an expanding global health crisis. Archbishop Desmond Tutu, Nobel Peace Laureate and tuberculosis survivor, declared on World TB Day this past March that the Lilly MDR-TB Partnership is an “excellent example of coordinated action against the disease.”

MDR-TB often develops due to incomplete or improper treatment of regular TB. MDR-TB cannot be cured with standard TB drugs, responding only to a handful of second-line, MDR-TB drugs. Once a strain of MDR-TB develops, it spreads to others as easily as “normal” TB. MDR-TB is most likely to occur among patients in developing nations where trained medical personnel and drug supplies are limited. Now, strains of extensively drug-resistant TB (XDR-TB), which are resistant to even more drugs than is MDR-TB, have been appearing, with a recent outbreak in South Africa causing much concern for health care authorities.

One of the countries with the highest TB and MDR-TB infection rates in the world is South Africa, where, according to the World Health Organisation, 241 342 new cases of TB are diagnosed every year. The estimated proportion of MDR-TB cases ranges from 1 to 2 percent among new cases, and 4 to 14 percent among re-treatment cases. Estimated new MDR-TB cases are around 6 000 per year. There is also an increasing surge of HIV patients that are co-infected with TB—the leading cause of death amongst people with HIV.

Dr. Tallarigo stresses the “need for community outreach programmes, healthcare facilities with reliable diagnostic equipment and medicines, and trained medical staff. We know that poverty, having to travel long distances to clinics, and the social stigma associated with tuberculosis, have kept many patients from seeking diagnosis and treatment. Among those who are diagnosed and begin treatment, these factors lead to a poor compliance rate, which often results in new cases of MDR-TB. It is a deadly cycle that must be broken.”

Lilly has been involved in the treatment of MDR-TB since early 2004 and has partnered with South African pharmaceutical company Aspen Pharmacare to transfer drug-manufacturing technology and know-how for the two MDR-TB antibiotics produced by Lilly. This partnership marks an important milestone in Lilly's efforts to increase the supply of affordable, quality drugs for MDR-TB patients around the world. This morning, Dr Tallarigo presented a cheque for 1 million dollars to Aspen as part of this transfer-of-technology program.

Stavros Nicolaou, Aspen Senior Executive said, "Aspen forms one of the cornerstones to Lilly's MDR-TB Partnership initiative and our continued commitment to the partnership complimented by our strong manufacturing and technical capabilities and those of Lilly's, is a critical element to broadening access to these life saving drugs to patients around the globe, in particular to those in resource constrained communities, who seem hardest hit by TB."

Lilly has also collaborated with the International Council of Nurses and the International Hospital Federation, both of them members of the Lilly MDR-TB Partnership, to sponsor “training of trainers” programmes for nurses in South Africa. Last year 17 nurses from the Democratic Nurses Association of South Africa, who work in government clinics and hospitals in nine provinces, were trained in TB and MDR-TB prevention, treatment, and control. Earlier this year, 20 nurses from Botswana and 20 from Swaziland received the training.

Last month Lilly donated 3 000 vials of one of its MDR-TB drugs to the South African government to treat the estimated 30 people currently diagnosed with the newly emerged XDR-TB, and Lilly continues to work closely with South Africa to manage the XDR-TB outbreak. “This donation is part of Lilly's pioneering effort to transfer technology to partners in nations where the disease is most prevalent, who will manufacture the essential antibiotics needed to treat patients with multidrug-resistant tuberculosis,” said Jim Ringer, General Manager of Lilly South Africa.

Ends.

Notes for journalists:

For more information about the Lilly MDR-TB partnership, visit our Website at www.lillyMDR-TB.com

[About Lilly](#)

Lilly, a leading innovation-driven corporation founded 130 years ago, is developing a growing portfolio of first-in-class and best-in-class pharmaceutical products by applying the latest research from its own worldwide laboratories and from collaborations with eminent scientific organizations. Headquartered in Indianapolis, Ind., Lilly provides “Answers that Matter” for patients with some of the world’s most urgent medical needs through its medicines, continuous research and development training and educational programs.

About the Lilly MDR-TB Partnership

The Lilly MDR-TB Partnership at work:

Lilly has four drug-manufacturing partners in the four countries hardest hit by MDR-TB—South Africa, China, India, and Russia. Under the Lilly MDR-TB Partnership agreement, Lilly transfers the know-how and expertise for the manufacture of Lilly’s two MDR-TB drugs, capreomycin (Capastat) and cycloserine (Seromycin), both of which are off-patent.

Lilly’s transfer-of-technology partner in South Africa is Aspen Pharmacare. Using Lilly drug-manufacturing technology, Aspen is working to manufacture both of Lilly’s MDR-TB drugs, and in late 2005, sold its first batch of cycloserine to Botswana. Aspen has completed the validation of cycloserine capsules in its current facility, which WHO and FDA certified for HIV drug manufacturing and which has the capacity for 4 billion capsules per year.

Aspen has also begun construction of a new facility to produce capreomycin vials. For capreomycin production, Aspen hopes to have a qualified facility by early 2008, with plans for sales later that same year. Local Aspen-Lilly project team has been established to oversee progress and assist with any obstacles.

South Africa has an important role in the southern Africa region as a leader in health care services and therefore most of the other Lilly partners have started to developed special training activities. The International Council of Nurses (ICN), the World Medical Association (WMA), and the International Hospital Federation (IHF) are coordinating their efforts to fight MDR-TB in South Africa.

A pilot TB/MDR-TB “training of trainers” program for nurses was launched in South Africa by the ICN in 2005. 17 Nurses from the local ICN chapter the Democratic Nurses Association of South Africa (DENOSA) were trained on TB and MDR-TB. The nurses represented most of the 9 provinces and worked in government run clinics and hospitals.

In May 2006, the ICN trained an additional 20 nurses in Botswana and 20 nurses in Swaziland and received great feedback from the nurses on content and the method the workshop was conducted and were more confident and highly motivated upon its completion. ICN and Lilly plan to launch an award program for the nurses to recognize the success of the training and gather feedback on additional educational needs.

The WMA in association with the SA Foundation for Educational Development developed an MDR-TB clinical manual and is running a pilot version of the online course in South Africa in 2006. This course supplements the manual and guidelines that were recently launched in Geneva during TB day and will receive CME points by the Norwegian Medical Association; it will be made available worldwide once the pilot stage is complete.

The IHF training sponsored by Lilly was piloted on March 7 – 10 in Pretoria South Africa. The training involved training hospital managers on TB using a manual developed by the IHF. 22 Hospital managers from the government sector were trained.

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