

Save the Children and GSK join forces to develop drugs for children in developing countries

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The charity Save the Children and the drug company GlaxoSmithKline have established a partnership to work together to develop drugs to treat some of the leading causes of deaths in children in developing countries.

The two organisations are working together to prioritise areas for research, plan projects, and share expertise and resources to accelerate the development and availability of drugs and technologies to improve the health of children.

For the first time a member of Save the Children has a place on a new paediatric research and development board to help plan projects for development, and GSK will work with the charity's healthcare teams on the ground to reach children in remote areas.

"GSK is really engaging with us, focusing on the areas of greatest need and working jointly on projects in the world's poorest countries," explained Simon Wright, head of child survival at Save the Children. He said that the partnership also opened up new advocacy channels for putting pressure on governments and other organisations to act to reduce child mortality.

The partnership has a five year target to develop drugs and improve access to healthcare to save the lives of a million children, but the organisations also aim to continue the collaboration in the long term.

Allan Pamba, director of public engagement and access initiatives with GSK's Developing Countries Market Access Unit in Kenya, said, "One of the challenges of setting up this partnership is that it's not just about GSK giving money and letting Save the Children get on with it. Every project we are working on has been thought through by teams made up of people from both organisations. That collective contribution is refreshing, resulting in better efficiencies with the resources and intelligence that we are pooling."

Andrew Witty, GSK's chief executive, said he hoped that the partnership would set a new standard for how companies and non-governmental organisations could work together towards a shared goal.

The partnership will initially work on two major projects in sub-Saharan Africa, identified as priorities by the partnership team, which will then be rolled out to other developing countries.

The first project is to reformulate the antiseptic chlorhexidine, found in a GSK mouthwash, for cleansing the umbilical stumps

of newborns to prevent infections that are currently a major cause of neonatal death in developing countries.

Half of the seven million deaths of children in 2011 were in the neonatal period, and many of these deaths were due to umbilical infections, said Pamba. "Research indicates that chlorhexidine can be repurposed into a gel that can be mass produced and used to help reduce these neonatal infections," he said.

The second project will develop a child friendly antibiotic to treat pneumonia. The partnership is planning to reformulate amoxicillin as a powder that will be distributed in dose packs suitable for small babies and infants. They will also look for an alternative formulation to use where access to water or milk is limited.

"Nearly 100 million children in the world had pneumonia last year, and 80 million of these did not get even a whiff of an antibiotic, let alone the right antibiotic," Pamba said. "GSK makes amoxicillin—the antibiotic that WHO recommends for treating pneumonia in children—and we are challenging ourselves to see if we can make it available in a suitable formulation and in sufficient quantities to treat these children."

Other projects will widen vaccination coverage of the poorest children by using mobile technology solutions, including sending text messages to contact parents; increase investment in healthcare workers; and develop a low cost nutritional product to help combat malnutrition in children. Programmes will run initially in the Democratic Republic of Congo and Kenya. These will be closely monitored, and evidence will be collected on which to replicate programmes in other countries in Africa, Asia, and Latin America.

Asked about the return on GSK's investment in the programme, Witty said, "Our focus at GSK is very much on two strands. One is innovation and the other is access—it is not one or the other, it is both.

"We believe, and I think we are proving this, that we can deliver a very sustainable return to our shareholders and, at the same time, be a very innovative and forward leaning organisation in terms of developing the access agenda and finding ways in which we can meaningfully contribute towards strengthening the developing world, particularly in the healthcare arena."

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