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Otsuka
people creating
new products
for better health
worldwide

Asian Leaders Looking for Asian Solutions to Asian Health Issues



Gan Kim Yong, Minister for Health, Republic of Singapore giving the opening keynote address at the Healthcare in Asia 2014, Singapore

Patrizia Carlevaro, the Managing Director of Otsuka SA in Geneva, Switzerland, spoke during a conference on Healthcare in Asia organized by *the Economist* about creating a viable business model in tuberculosis (TB). For over 30 years, Otsuka scientists have synthesized and screened numerous potential TB compounds to discover a drug to treat MDR-TB. This work has culminated in the discovery of delamanid, Otsuka's novel compound for the treatment of MDR-TB which is poised to receive its first regulatory approval in Europe.

The conference was held on March 20th and March 21st in Singapore. Health leaders and numerous other senior officials from national governments and international agencies from Asian countries, including The Philippines, Indonesia, Thailand and more, gave speeches to share their thoughts on how to move forward with healthcare for Asian countries as well.



Patrizia Carlevaro, Managing Director, Otsuka S.A.

Ms. Carlevaro said after HIV/AIDS, TB remains the second greatest infectious disease killer in the world. In 2012, TB caused 8.6 million new illnesses and 1.3 million deaths.¹ The disease is present in every country in the world and knows no borders. Nonetheless, Asia shares its disproportionate burden, with almost 60% of the incidences of all forms of TB.² Alarmingly, we currently do not have enough tools to fight this global epidemic, mainly due to a rise in drug-resistance. Multidrug-resistant tuberculosis (MDR-TB) is TB resistant to at least the two most common first-line treatment drugs, isoniazid (INH) and rifampicin (RMP). Extensively drug-resistant tuberculosis (XDR-TB) is resistant to at least four of the core anti-TB drugs.

Ms. Carlevaro continued to explain that we have few tools to enable us to win with TB. Most current diagnostic tools and vaccines are largely ineffective, and treatment options are limited. Moreover, in the last 40 years only 2 new TB drugs have been approved.

Government and donor intervention is necessary. Private industry cannot conquer TB alone. With almost 9 million people getting sick *every year*, clearly, TB control is in worldwide public interest and can be thought of as a public good. The private sector plays a significant role in the provision of TB care, hence it must be included in any public health approach to TB control. In Indonesia almost 40% of patients consult private practitioners in case of illness. In India about 80% of all the qualified doctors, 75% of the dispensaries, 60% of the hospitals, and 75% of the country's health expenditure are all in the private sector.



Patrizia Carlevaro, Managing Director, Otsuka S.A. (Geneva) speaking at one of the break-out sessions

Apart from the need for political commitment, more funding and medical research is crucial along with involving all the health care providers—both public and private—into the debate. Especially in Asia, as a large proportion of patients consult private doctors, go to private hospitals, and buy from private pharmacists, TB cannot be controlled unless the private practitioners are involved.

Not enough is done to overcome these obstacles. The political commitment to controlling TB in some governments remains low. And, since TB knows no borders, unless everyone joins, no one can fully win.

¹ WHO Global Tuberculosis Report 2013

² WHO Updated Regional Strategic Plan for TB Care and Control 2012-2015



As the lead sponsor of Healthcare in Asia, Otsuka had a booth where Otsuka staff were on hand to explain facts about MDR-TB and the company's long-standing commitment to TB research and development. Visitors to the booth also enjoyed refreshing rehydrating POCARI SWEAT and nutritional SOYJOY bars.

