1. As we approach the expiration of the Millennium Development Goals (MDGs) in 2015, it is evident that the setting of clear goals has been key to starting to tackle poverty reduction and to supporting human development. However, although countries have made significant progress in strengthening many aspects of their health systems, there remain substantial inequalities in access to healthcare; 1 billion people still lack access to basic healthcare and more than 2 billion people do not have regular access to essential medicines.

2. It is important that any future strategy for development, retains the important focus on health as seen in the MDGs. As well as a goal in its own right, improving health will be an essential element in achievement of many of the other proposed Sustainable Development Goals such as on poverty, education, gender equality and inequity generally. The post 2015 framework should include a well-defined integrated health goal that incorporates Universal Health Coverage (UHC) and builds on and continues the progress made by MDGs 4, 5 and 6; these goals have been helpful in focusing the minds of government, the private sector and civil society on improving the health and well-being of poor people. A continued integrated health goal should also reflect the growing burden from non-communicable diseases and address the reality that without nutrition, food security and stable environments, good health is elusive.

3. Working together in partnership is essential if the post 2015 agenda is to be successfully realised. GSK believes that the private sector and civil society should be involved as equal stakeholders in a truly collaborative process to ensure both their buy-in to the process to finalise the goals and their involvement in their implementation. Policies should be pursued to ensure an operating environment which optimises the contribution from all stakeholders.

4. Some of the key issues where the private sector can usefully contribute to the discussion, include regulatory harmonisation, international reference pricing, anti-diversion, environmental sustainability, appropriate IP, accelerating uptake of new products and increasing vaccine coverage. On the health aspect, some solutions could include easing commercial entry barriers, measuring and addressing the impact of taxes and duties still imposed on medicines and encouraging access to quality-assured medicines through private market support and advocacy in the developing world. From an environmental perspective, solutions could include engaging local communities, regulatory authorities and other commercial organisations to develop long term and sustainable access to safe and clean supplies of water and sanitation.

5. In May 2013, GSK and Save the Children launched a ground-breaking global partnership with the aim of helping save the lives of one million children by combining our expertise, resources and influence. Every year 6.9 million children die, mostly from preventable causes and both organisations have an important role to play in reducing this number. Our joint belief is that we can act quicker and more effectively by working together – this was the rationale for bringing our organisations together a year ago, and continues to be the driving force behind our alliance as we move into our second year. Our joint focus remains on addressing the biggest gaps which result in child mortality; by widening immunisation coverage, addressing nutrition needs of children and training health workers in the poorest communities.

6. Global Health Partnerships have contributed significantly to improved global health outcomes as well as the manner in which global health is governed. Yet in a context of an increasingly complex global health landscape, resource scarcity and a shift from disease-specific to systems strengthening approaches, it is important to continually enhance and apply our understanding of how to improve the performance of these partnerships.

7. The landscape of research and development (R&D) for neglected diseases of the developing world has changed substantially in the past decade. One of the cornerstones of this change was the creation of Product Development Partnerships (PDPs) to develop new medicines for these diseases. Based on data from the Global Funding of Innovation for Neglected Diseases (G-FINDER) project, which surveyed 2007 global investments into R&D of products for neglected
diseases, PDPs captured US$469 million or 23% of ‘external’ R&D funding for neglected diseases, i.e. funding granted by donors to research organisations, as opposed to internal investments by donors. This confirms the central role played by PDPs in transforming the landscape of R&D for diseases of the developing world.

8. Looking at healthcare overall, countries have made significant progress in strengthening many aspects of health systems, but there still remain significant inequalities in access to healthcare. Progress toward UHC is tied to reforming how health systems are financed, improving governance structures, strengthening health infrastructure and delivery, utilising health information technology, ensuring access to innovative and essential medicines, improving health literacy and reshaping the health workforce. There is also increasing recognition that UHC cannot be achieved without continued needs-based medical innovation, alongside expanded access to free or affordable essential interventions.

9. Furthermore, UHC can only be achieved through a multi-stakeholder partnership approach, including the private sector, NGOs, academia and civil society. On a larger scale, partnerships are really the only way to tackle huge global issues such as building a sustainable development strategy. Global partnerships can harness the talents of the public, private and not-for-profit sectors to fight health problems by delivering much-needed money, awareness and expertise – which no one stakeholder can tackle alone.