

Our work with communities

We donate money, time, medicines and equipment to support communities around the world. Our programmes are long term and focus on addressing healthcare challenges, in line with our business priority to increase access to medicines. We also invest in improving science education.

Headlines

- Donations valued at £282 million – equivalent to 3.8 per cent of Group total pre-tax profits

Global programmes

- January 2008 marked 10 years of commitment to eliminating lymphatic filariasis (LF), a disabling tropical disease, with more than 400 million treatments administered so far
- 150 million albendazole tablets worth £14 million donated in 2007 to help eliminate LF, bringing the total to date to almost 750 million
- 15 years of Positive Action, supporting communities living with HIV/AIDS

Disaster relief

- Donated life-saving antibiotics and other medicines valued at £16 million to support disaster and humanitarian relief in 107 countries

We believe donating some of our profits to benefit communities is part of being a responsible company. We do not use community investment as a way of generating sales but it does bring long-term business benefits by:

- Improving our reputation amongst the communities we help and wider stakeholder groups
- Boosting employee morale and pride in GSK
- Raising GSK's profile
- Building good relations with governments

For more information on our efforts to increase access to medicines see the [Access to medicines](#) section on page 32.

Our approach

We focus our cash investment on areas relevant to our business and the skills of our people. This is where we can bring the most benefit to communities and GSK.

We look for innovative ways to:

- Prevent disease
- Build capacity of community organisations
- Promote education, particularly in science

Donations are made at group level and by individual sites. Most of our community investment is made through non-profit organisations that are experts in healthcare and education. These organisations are best placed to understand local community needs and to target resources effectively.

We donate key medicines to support low-income patients in the US and under-served communities around the world. We have also committed to donating as many albendazole tablets as are needed to eliminate LF (elephantiasis), a disabling disease prevalent in over 80 countries.

Healthcare

We support major public health initiatives in the developing world. For example:

- We are a founding member of the Global Alliance to Eliminate Lymphatic Filariasis (GAELF)
- Positive Action is our programme to reduce stigma and improve capacity for HIV prevention and treatment
- Our African Malaria Partnership is supporting *Mobilising for Malaria*, an advocacy initiative to generate political commitment and funding to combat malaria
- PHASE – Personal Hygiene And Sanitation Education – is our education programme to prevent diarrhoea-related disease through hand-washing
- We donate essential antibiotics and other products for disaster relief and to support basic healthcare provision in impoverished communities

Access to medicines is not just an issue for the developing world. Even in the developed world some patients cannot afford medicines. This is particularly a problem in the US where many people do not have health insurance. Our Patient Assistance Programs and discount savings cards help patients on low incomes afford the medicines they need. For more information see [Access to medicines](#).

Education

We support education in the UK and the US to interest young people in science and encourage them to pursue a science-related career. We also support programmes that develop young people's understanding of science, enabling them to make sound decisions about the science-related issues they meet in everyday life such as healthy eating, vaccinations and the value of medicines.

Measuring impact

We want to make sure that the money we give has the greatest possible impact. We ask our partner organisations for our larger programmes to report annually on progress of the projects supported by GSK. We review results with our partners and identify any changes required to achieve the programmes' objectives.

Final impact and outcome reports for the projects we support are often not produced until after our funding has come to an end. For this reason, we have reported on the impact of some of the GSK-supported projects that finished before 2007.

Our performance

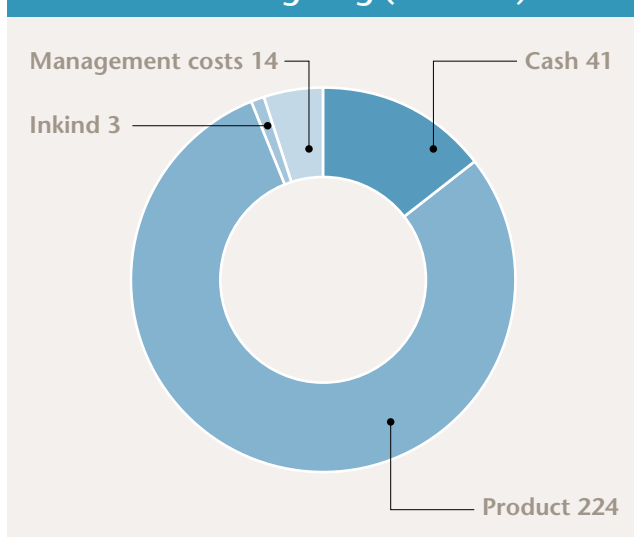
Total giving

In 2007, our community investment was valued at £282 million (\$564 million) compared with £302 million (\$558 million) in 2006. This is equivalent to 3.8 per cent of Group total pre-tax profits (3.9 per cent in 2006). This year on year change is primarily due to sterling/dollar exchange rate movement.

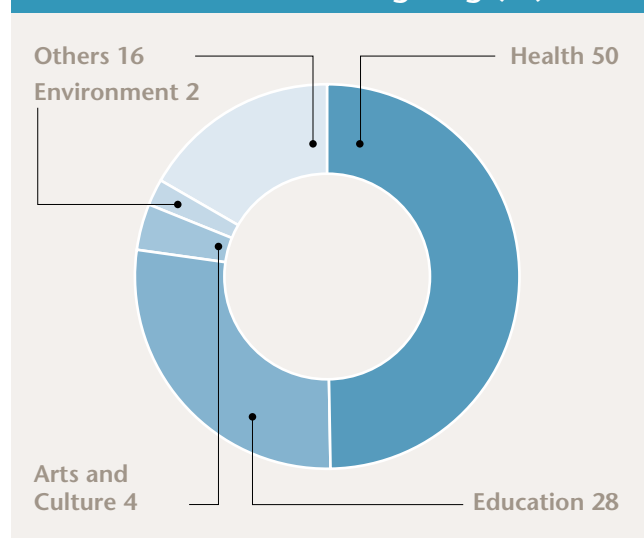
The majority (almost 70 per cent) of the value of our community investment is made through product donations to low-income patients in the US. In addition, we gave £16 million (\$30 million) of humanitarian product donations for under-served communities around the world and donated albendazole tablets valued at £14 million (\$29 million) for the LF elimination programme.

We belong to the UK's London Benchmarking Group and the US Committee Encouraging Corporate Philanthropy (CECP). We report our non-cash donations in line with CECP guidelines which value our medicines at wholesale acquisition cost in line with other pharmaceutical companies. Wholesale acquisition cost is the wholesale list price, excluding discounts. For comparative purposes, the \$388 million at WAC value for the Patient Assistance Programs, the biggest proportion of our giving, would equal about \$330 million at average wholesaler discounted price.

Method of giving (£million)



Breakdown of cash giving (%)



Preventing disease

Infectious diseases kill millions of people in the developing world each year. They cause misery, cost billions of dollars and slow economic growth. Preventing infection is more effective than treatment and can have significant social and economic benefits.

Our vaccines play a significant role in preventing disease, see page 24 and page 25. GSK also supports innovative community approaches to disease prevention that are tailored to local settings and needs. For example:

Micro-finance and malaria

Education is vital to disease prevention. GSK funded the NGO Freedom from Hunger between 2003 and 2006, helping them to bring financial services and education to poor women in West Africa. An impact study assessing the results of the project was completed in 2007.

Freedom from Hunger works with micro-finance institutions (MFIs) which provide small loans to help women start businesses or buy essential equipment. The women meet regularly to make loan repayments and learn about issues from basic business skills to child nutrition and family planning. The MFIs found that malaria was frequently the cause of clients missing their repayments. With support from GSK, Freedom from Hunger was able to develop a malaria education curriculum to improve prevention, early detection and treatment of malaria in the home.

The education programme has now been introduced in six West African countries reaching 173,000 households with 865,000 household members. The impact study conducted with two rural banks in Ghana has shown that:

- After taking the course people are more likely to recognise the cause of malaria and to know that both pregnant women and children under the age of five are most vulnerable

- The course improved knowledge of preventative measures and increased ownership of mosquito nets (half of the people who took the course owned a mosquito net at the time of the impact study, a larger proportion compared to the surrounding area)
- Participants were twice as likely to have a mosquito net re-treated with insecticide in the last six months; women of reproductive age and children under five were more likely to be sleeping under an insecticide-treated net
- Almost 90 per cent of participants indicated they shared messages from their malaria education sessions with other members of their community

The study also showed that education must be accompanied by financial support. The most common reasons for non-use of mosquito nets were their expense and lack of local availability.

Malaria drug distribution in Uganda

Uganda suffers from high levels of malaria transmission. Children and pregnant women are particularly affected – malaria causes almost half of deaths in under-fives and almost a third of deaths during pregnancy. Between 2003 and 2006, GSK supported the Uganda Malaria Partnership Programme (UMPP), a consortium of four NGOs (AMREF, URCS, Africare and CDFU), which aims to reduce malaria deaths among pregnant women and children. A report on the impact of this project is now available.

The programme had three main objectives, to:

- Encourage people to seek treatment when household members (particularly young children) show symptoms of malaria
- Advocate the use of insecticide-treated nets (ITN), especially among pregnant women and children
- Increase preventative treatment among pregnant women using antenatal care services

UMPP took an innovative approach, training 1,100 individuals to provide basic treatment and raise awareness in their communities. Known as community drug distributors (CDDs), they were taught how to recognise high fever and treat patients, how to store drugs safely and when to refer patients to healthcare clinics. CDDs also raise awareness of the importance of protecting vulnerable household members. The projects covered three districts of Uganda, with a total population of around 230,000.

UMPP also raised awareness through leaflets, radio broadcasts, posters, drama shows, films and role-plays performed in schools and at community meetings.

The final project evaluation study showed that CDDs have been very effective in treating childhood malaria:

- In one of the districts 18,505 children with fever were brought to CDDs, of whom 64 per cent were taken there within 24 hours of the onset of symptoms, compared to a national average of 24 per cent
- 95 per cent of these children fully recovered and only 0.1 per cent died, compared to the national level of 4 per cent

- Treatment for children with fever was higher in all three districts covered by the programme compared to areas not included, and two of the districts achieved 80 per cent treatment rates for under fives

The radio broadcasts were particularly successful in encouraging people to buy and re-treat ITNs and encouraging pregnant women to seek intermittent presumptive treatment. However, despite some increase in the use of ITNs, cost was still a barrier. UMPP succeeded in bringing tax cuts for ITNs, but they still remain too expensive for many Ugandans.

The Ugandan Ministry of Health has put the UMPP strategy in its 2006-2011 malaria control plan. UMPP hopes the government will provide funding to continue the programme in the three districts as well as expanding it to the rest of the country.

Eliminating lymphatic filariasis (LF)

January 2008 marked ten years since GSK committed to donating as many doses of albendazole, our anti-parasitic drug, as are needed to eliminate LF.

LF is a disfiguring disease prevalent in tropical countries, which is transmitted by mosquitoes. It can lead to severe swelling of the arms, legs, breasts and genitals and thickening of the skin. LF is one of the world's leading causes of permanent disability with more than one billion people in over 80 countries (over 15 per cent of the world's population) at risk of infection.

In 2007 GSK donated 150 million treatments of albendazole to 19 countries. Since the programme began we have donated almost 750 million tablets and over 130 million people have been treated at least once with albendazole. We estimate that 24 million babies born in the treated regions have been spared the risk of contracting LF.

An additional benefit is that the albendazole dose given for the LF programme doubles as a treatment for intestinal worms. These parasites particularly affect children, causing anaemia and malnutrition, and stunting growth. We estimate that since the beginning of the LF programme, almost 120 million albendazole treatments have been administered to children and over 99 million to women of child bearing age. This will have had a positive impact on the overall health of those infected with intestinal worms.

Each country aiming to eliminate LF must treat all at-risk people once a year for at least five years. So far, Egypt, several Pacific Island countries, Sri Lanka, Zanzibar and Togo have completed five annual mass drug administrations (MDAs). These countries are monitoring their populations to evaluate the impact of the programme on the disease. An assessment conducted in Egypt and Vanuatu, a Pacific island nation, showed that LF has been eliminated in most areas of these countries.

Programmes in Tanzania, Madagascar and Burkina Faso have also reported an unexpected benefit of the MDAs, beyond reducing infection rates. In these countries, some patients infected with LF are describing an alleviation of symptoms after the MDAs, including reduced leg swelling and a reduction in frequency and length of acute attacks (spells of feverishness and loss of energy). Acute attacks are the most incapacitating symptom of LF.

Elimination in Vanuatu

Vanuatu is an archipelago of 83 Pacific islands with a population of around 221,500. In 1998 a survey showed that LF was transmitted in many parts of the country and approximately five per cent of the population was infected. In 2000 the country launched a mass drug administration (MDA), where 83 per cent of the population was treated with albendazole tablets donated by GSK as well as diethylcarbamazine (a non-GSK drug). Between 2001 and 2004 Vanuatu conducted a further four MDAs. A survey conducted after the fifth and final MDA showed that the proportion of people infected with LF had fallen to just 0.17 per cent. No infection was detected among children under five born since the start of MDA. Vanuatu appears to have successfully reached the goal of basic elimination and may no longer have to conduct annual rounds of mass drug administration. A further 11 Pacific island nations hope to eliminate LF by the year 2010.

Building community capacity

Lack of healthcare infrastructure – including clinics and trained healthcare professionals – and cultural attitudes are significant barriers to treatment in many developing countries. We support initiatives that help overcome stigma and build the capacity of communities to combat disease.

Positive Action

The 15th anniversary of Positive Action, GSK's programme to support the communities most affected by HIV/AIDS, was marked in 2007.

Positive Action works with community organisations to counter the ignorance and stigma surrounding HIV through outreach, education and advocacy. Since it was established in 1992, it has provided \$70 million, funding projects in 60 countries across Africa, Asia, Latin America and Eastern Europe.

Discrimination against people living with HIV/AIDS is a significant barrier to treatment. In some communities disclosure of HIV positive status can cause a person to lose their job, their home, face domestic violence and be ostracised from their community.

In Kenya, fear prevents many HIV positive people seeking treatment and some will travel long distances to avoid being seen going to a local clinic. Positive Action is partnering with the African Medical and Research Foundation (AMREF), the Network for the Empowerment of People Living with HIV and AIDS in Kenya (NEPHAK), and the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) to help people get the care they need within their own community through the Zingatia Maisha (Positive Life) programme. This involves members of community groups who are living with HIV, helping to increase referrals and adherence to treatment. The community groups also work to reduce stigma by educating communities and health centre staff about HIV/AIDS.

Zingatia Maisha has been running for two years and has brought more acceptance among healthcare providers and local communities, reducing the fear of coming forward for testing and treatment. For example, treatment adherence rates are as high as 92 per cent in some clinics. Over the three years of the project 38 health facilities will take part.

HIV/AIDS is a growing problem in Asia, with India now ranking second to sub-Saharan Africa as having the most HIV infections, and parts of China seeing transmission rates comparable to Africa. Access to HIV therapies and knowledge about how to use them correctly will be critical to avoid an HIV/AIDS epidemic in Asia.

Positive Action is supporting amFAR's TREAT Asia programme to improve treatment literacy projects in China, Thailand, Vietnam and Cambodia. This reaches some of the poorest members of society. For example in central China, TREAT Asia is working to improve treatment rates among people living with HIV/AIDS who were infected by contaminated needles after selling their blood to supplement meagre incomes. This has caused the deaths of half the population of some villages. To overcome the challenge of low literacy levels the programme uses education materials based around pictures. TREAT Asia provides training so that local NGOs and health organisations can take on the literacy programmes after the project comes to an end.

Positive Action grants are also helping to raise awareness of HIV in Vietnam, where lack of knowledge about transmission and treatment options are among the factors behind a rising HIV/AIDS pandemic. It is estimated that more than 260,000 Vietnamese people are HIV positive. The Asian Community for AIDS Treatment and Advocacy is training people to manage infections so that they can educate hundreds of others. In the second phase of the programme 200 people attended 16 treatment literacy training sessions and another 700 people took part in 20 self-help group meetings.

Supporting science education

Our education programmes help make science more relevant to young people, stimulating their interest in science and supports the training and development of science teachers.

US

The success of our business relies on being able to recruit talented individuals. In the US, the number of students choosing science subjects is falling. Most 4th and 8th graders lack proficiency in either reading or mathematics and only about two-thirds of all 9th graders graduate from high school within four years. Students who do receive diplomas are often unprepared for college or the modern workplace. With 77 million baby boomers soon to retire the country faces a significant skill shortage.

GSK is a leading sponsor of the Institute for Competitive Workforce (ICW), a collaboration between businesses and the US Chamber of Commerce that aims to improve education in the US. In 2007 the ICW published 'Leaders and Laggards', a report into the performance of US public schools. The report used a score card to rank public school systems in all US states based on a number of measures including the relationship between spending and student achievement. It focused on academic outcomes that relate to key business skills: innovation, flexibility, management and fiscal prudence.

The report has raised awareness among state and national governments about the need to improve US education and has identified the states where reform is most needed. After the report was published governors and state legislators invited representatives from the US Chamber and the ICW to present the findings of the report and to give feedback on how to improve performance. The ICW also held events to encourage business leaders to get involved in supporting education reform.

UK

After school clubs help broaden the interests and experiences of young people, but these often focus on sports or arts rather than science. CREST Star Investigators, developed by the British Association for the Advancement of Science and funded by GSK, aims to redress this balance and get young people involved in science-based activities.

The UK-wide programme offers schools and other organisations such as the Brownies and Cubs activity packs for use in after-school clubs. These activities encourage children to solve scientific problems through exciting practical investigations. The pack contains activities at three different levels, and children are awarded a certificate when they complete each stage.

By 2010, we aim to have 5,000 schools and 55,000 children taking part. Since the programme started in September 2007, 1,400 packs have been ordered.

The future

These are some of our community investment plans for 2008:

- We will donate up to 300 million tablets of albendazole, our anti-parasitic drug for the prevention of lymphatic filariasis, our largest donation to date
- As part of our 15 year celebration for our Positive Action programme we will be launching new projects and sponsoring the Global Village (the community area) at the International AIDs Conference in Mexico
- Our financial support for Mobilising for Malaria will come to an end and we will target our support on a new malaria programme
- We will continue to expand PHASE, our hand washing programme to prevent illness from diarrhoea-related diseases. This will include introducing PHASE to the Millennium Village project in Africa which aims to find ways to employ science-based inventions to meet the Millennium Development Goals
- We will extend our European partnership with Hole in the Wall, an organisation that provides therapeutic recreation for terminally ill children, and will assist them in expanding facilities in the UK
- We will grow our successful US 'Science in the Summer' education programme making it available in libraries in both Philadelphia and North Carolina
- Through our continued support for US Children's Health Fund, the Referral Management Initiative will be launched in Philadelphia

Preparing for when GSK funding stops

Most of our programmes run over a number of years, recognising that it takes time to build change. But from the start we plan for what will happen at the end of our funding.

Justine Frain, Vice President Global Community Partnerships, discusses how GSK helps organisations get results and prepare for when funding comes to an end:

'There are many communities around the world in need of support so we can only fund individual projects for a limited time period. We work hard to bring results over the life of a project (usually around three years) and to help organisations win funding from other sources to continue their work.

We don't want to be a grant making organisation that just hands over money and walks away – we work closely with community organisations at every stage of a project. From the start we require our partners to work to a budget to make sure funding is spent effectively and produces the right results.

We ask our partners to demonstrate achievements by producing an annual progress report. These reports do take time to compile, but as our partnership with African Medical and Research Foundation (AMREF) shows they can help attract new donors. AMREF was one of our first partners in Personal Hygiene And Sanitation Education (PHASE), our hand-washing programme to prevent illness from diarrhoea-related diseases. We supported an independent evaluation and encouraged AMREF to focus on measurement and evaluation. The data they gathered showed real evidence of success and enabled them to secure €9 million of EU funding to expand the programme to other countries.

But things don't always work out so well and despite the best efforts of both partners some projects don't attract alternative donors. There are also many other factors beyond our control. A few years ago we started a malaria education and awareness project in the Sudan, with the hope of showing positive results that would attract funding from other sources such as the World Bank. Civil war, floods and difficulties getting into the country meant at the end of the project our funding was not completely spent as originally intended, and we had to find another way it could be used. We have to manage such frustrations around unforeseen obstacles, and accept that even plans that are well thought out can quickly change.'

Links

In this report:

- [Access to medicines in the developing countries](#)
- [Our role in preventing disease](#)

On our website:

- www.gsk.com/community
- www.positiveaction.com
- www.gsk.com/education

Other resources:

- Global Alliance to Eliminate LF www.filaria.org
- AMREF www.amref.org
- Freedom from Hunger www.freedomfromhunger.org
- Crest Star Investigators www.the-ba.net/the-ba/ccaf/creststarinvestigators