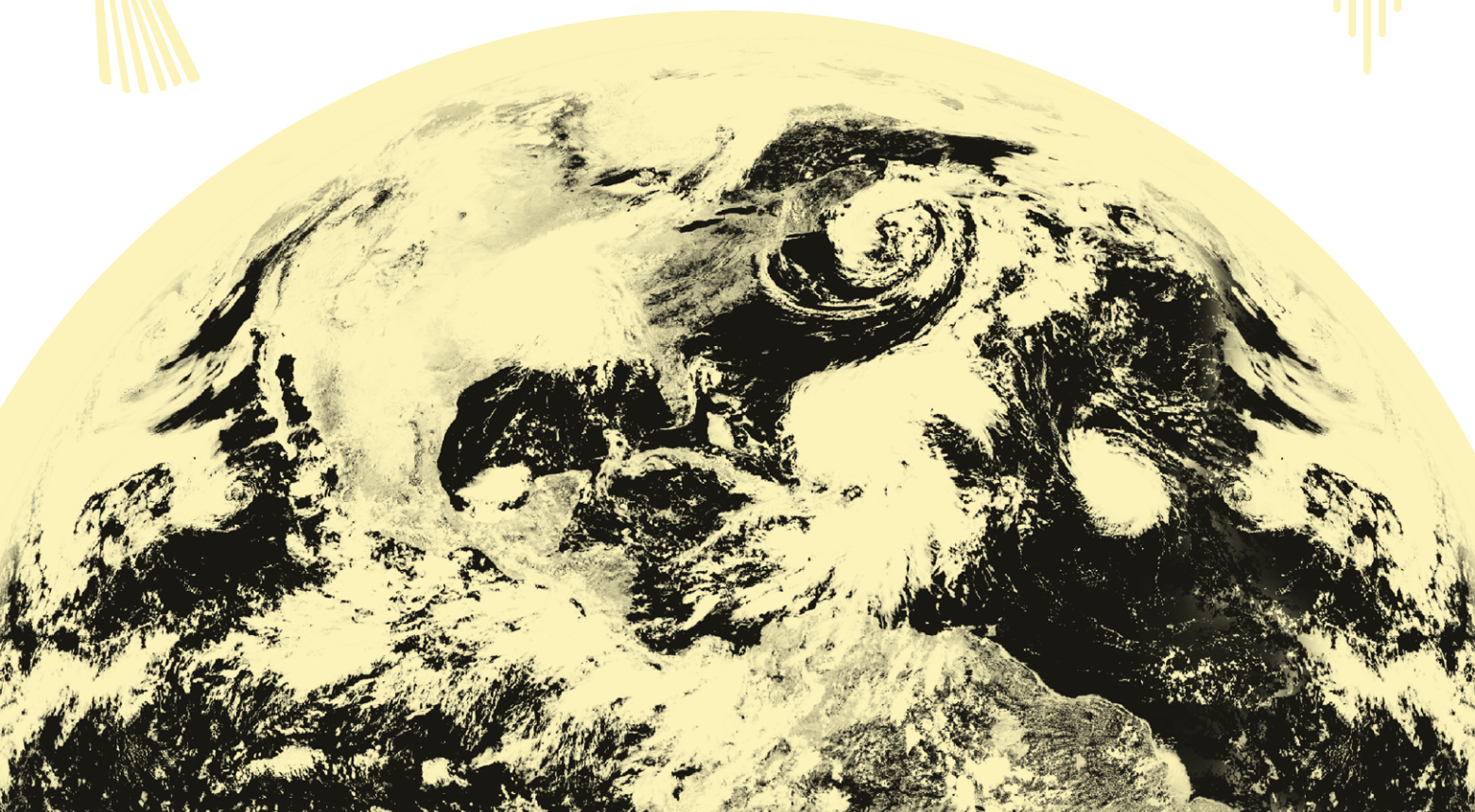
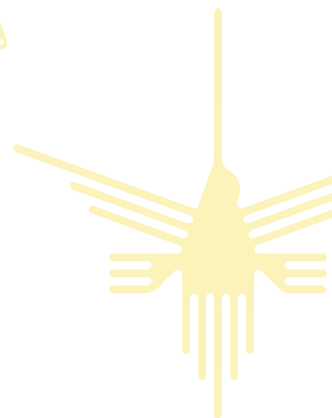
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Executive Forecast
For Executives by Executives

Mission Health Peru 2021



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PERU

MISSION HEALTH 2021

Over the past year, Peru has gone through an extensive process of transformation. In addition to COVID-19, there have been important changes within the government and the business community in Peru has had to adapt their businesses to navigate these transformational challenging times.

According to the OECD, Peru invests only a small percentage of its GDP in the country’s health which over the years together with the lack of development has opened gaps in the Peruvian healthcare system that must be closed through constructively driven development and private sector involvement. The system is reluctant to embrace innovation but the pandemic has stripped the healthcare system bare and made the Peruvian authorities aware of how basic it is, so that even though there is the money it has not been translated into a more advantageous and beneficial scenario for the population. On the subject, **Ángela Flores**, Executive Director of ALAFARPE states “the low economic growth of the country has affected the growth of the health sector”, adding “in terms of public investment Peru has 5.5% of the GDP expenditure allotted to health, but during the pandemic, the public health budget has been increased slightly by 20 million soles which are about 11.4% of the total public health budget in Peru in terms of expenditure”, and this was done to alleviate COVID-19’s impact on society, but it might not have been enough.

Even the President of Peru, **Francisco Sagasti**, has in a speech appealed directly to the private sector “I am calling for the commitment of the private sector to assist in the economic reactivation of the country”.

Covid-19’s second wave is already ravaging Peru and its 32.6 million inhabitants. Access to quality health is critical at the moment. In a country, the quality of access to health is measured not only by the quality of doctors, treatments, and innovation but by the number of patients that actually have access to the health system. *The Peruvian Health Minister Pilar Mazzetti in reference to navigating COVID-19’s second wave expressed “We are going through a rough second wave, the rate of infection and growth of cases is huge and the health system is under huge stress”.*

Jurgen Schosinsky, General Manager of Roche Peru considers that “unfortunately health hasn’t been considered a real strategic priority for the country and investments in public health have been low, about 3% of the GDP when the WHO recommends an investment of 6%. Not to mention the ‘out of pocket’ expenditure in Peru is one of the highest in Latin America in relative terms which means the country needs to invest in healthcare significantly more”, he concludes.



Peru Fast Facts		
369.08 USD	5.24%	32.51 millones
Health Expenditure per capita (2018)	Health Expenditure as % of GDP	Total population (2019)

Source:World Bank



At Sanofi, we are there beside the people in need, as a health journey partner.

Life is a health journey, with big and small moments. Fighting pain, and diseases, whether lifelong or temporary. That's the fight against which we, the thousands of women and men of Sanofi, gather all our forces.¹

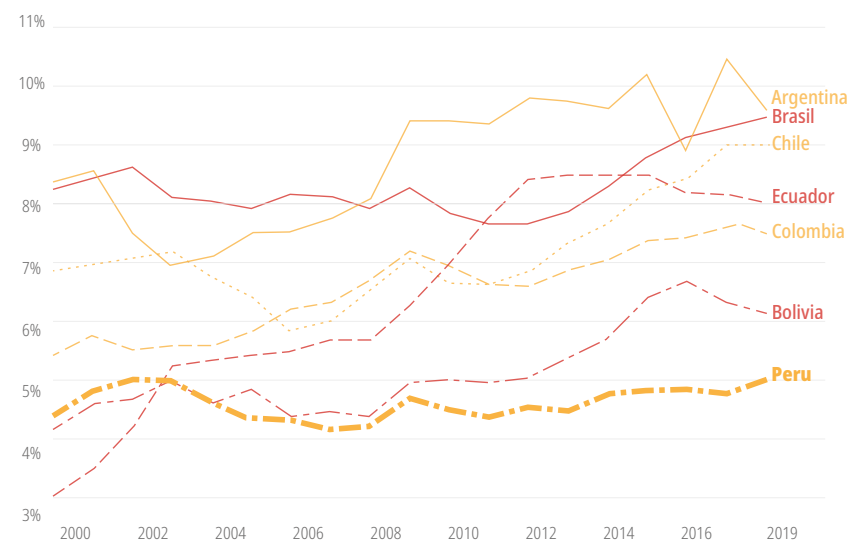
Our contribution goes beyond the delivery of high-quality medicines, vaccines and therapies. We contribute to the economy of each of the countries in which we are present; we also help to strengthen the pharmaceutical industry; and, more recently, we are active players in the fight against COVID-19.

We are allies of health and we are committed to access to innovation and to solving the problems that affect the population.



Reference 1. Sanofi. About us. Available at: <https://www.sanofi.com/en/about-us/empowering-life>

Current health expenditure (% of GDP) - Peru, Argentina, Colombia, Bolivia, Brazil, Ecuador, Chile



World Health Organization Global Health Expenditure database (apps.who.int/nha/database).

INNOVATION CONTINUITY

The mission of the National Pharmaceutical Laboratories Association of Peru (ALAFARPE) is to generate innovation and promote quality medicines for the benefit of all Peruvians.

Ángela Flores Executive Director of ALAFARPE believes “The pharmaceutical industry is one of the world’s most regulated industries and as such, has a responsibility and an important role to play in quality healthcare in terms of universal healthcare coverage”. ALAFARPE is pushing an agenda for the government, the private sector and the civil society to work on logistics and communications to mitigate the effects of the lack of treatments received due to Covid-19. According to Flores “There is more than a 1-billion-dollar gap per year on investments made by the state versus the needs of the population in high complexity illnesses, chronic and orphan diseases”. There is clearly a need for economic investment in terms of healthcare development.

MASTER IN PANDEMIC ADMINISTRATION:

Nobody teaches you how to get through a Pandemic

The healthcare sector had to learn lessons the hard way in 2020, lessons that nobody has had the capacity to teach. Leaders and management teams have learned how to adapt and shape organizations operating within a changing context. EF gathered key comments from market leaders in Peru on the subject:

Vanessa Vertiz Managing Director of MERCK PERU refers to the importance of being agile, “processing and adapting to changes so we ourselves are the advocates for change when responding to the market needs. We rose to the occasion when forced to learn quickly and have adapted successfully.”

Florandy Mendoza, General Manager of NOVO NORDISK PERU surmises “Going virtual has been a challenge and in spite of the steep learning curve we have progressed very quickly, making sure we stayed close to our employees as they worked from home”.

“The main lesson we as leaders in the company learned was how resilient our people were and how they are prepared to learn and go that extra mile when they feel taken care of and protected, in this case by SANOFI”, reflects **Diego Hovispo, General Manager and Country Chair of SANOFI PERU**.

Jurgen Schosinsky, General Manager of Roche Peru believes “When an external stressor is big enough to break the healthcare system, over time –a few months- other health crises are bound to follow”, only to be proved right.

COVID-19 in Peru - Facts and Figures

1.323.863 Confirmed cases **46.299** Confirmed deaths **265.608** Delivered vaccines

Source: Johns Hopkins University

HOW TO NAVIGATE TRANSFORMATIONAL TIMES

In times of transformation leaders must take action even when no clear road map exists, Covid being a perfect example of this, so EF has questioned various healthcare sector leaders on their priorities in times of change:

“I would suggest openness and collaboration, to work closely with civil society and the private sector” states **Vanessa Vertiz, Managing Director of MERCK PERU**.

“The changes are here to stay” claims **Florandy Mendoza, General Manager of NOVO NORDISK**, “Nowadays, it is important that our messages include the relevant information while remaining concise, we are working on communicating through text messages and email but the challenge lies in really getting to know our stakeholders, what motivates them and generates a connection so we can offer more and better products and services” she concludes


Jurgen Schosinsky, General Manager of Roche Peru observes “We conducted a study together with ALAFARPE on the impact of Covid on non-communicable diseases that shows clear evidence that death rates have tripled between May and August”. Schosinsky believes the world is giving us clues and as a result of the crisis two very important things have happened in Latin America:

1. Leverage & technology; telemedicine & tele-health: Roche promotes digital transformation in health centers, supports strategies and implements tools to achieve comprehensive health solutions, and Schosinsky believes the development of tele-health in the healthcare systems will close many gaps.
2. Collaboration: “The power of collaboration between the sectors can change the future of healthcare for the better and Ecuador and Peru are perfect examples of how partnerships between the public and private sectors during the pandemic can make a difference. Roche contributed to the “Arequipa Unida” campaign, developed by Arequipa’s Cámara de Comercio e Industria donating more than 740 food baskets to be distributed among the neediest”.




ACCESS: A COLLECTIVE DEFINITION


All the multinational healthcare companies operating in Peru share the commitment of bringing innovation to the country with the final aim of achieving wider access for the Peruvian population. CEO's in Peru share their plans and hopes for the country in the short term:



Diego Hovispo, General Manager and Country Chair of SANOFI PERU defines access as “transversal accessibility and reach to public health”. *Hovispo considers accessibility and adherence as the two main challenges in the country “We are developing programs to allow rare diseases patients to have home treatments”.*




Whereas **Jurgen Schosinsky, General Manager of Roche Peru's** definition of access is achieving better outcomes faster “*We have access when the patient has the best possible outcome in the appropriate timeline, independent of location or economic status*”. Adding “in Latin America, when patients access medicines, the deficiencies of the supporting health ecosystem prevent patients from benefiting from the whole setup”.




To **Erika Pagani, former Cluster Lead for Peru, Bolivia & Ecuador for PFIZER** access is having the opportunity of the best treatment at the appropriate time. “The challenge with the government is that they see access as a threat for their healthcare sustainability but we only bring vendible products for the government and for the people. If the right treatment is used on the right person at the right time lives are saved or at the very least


improved allowing them to be productive in the work-force. This means long-term savings, a modern drug for oncology is far more expensive but the patients are less time in hospital and more productive sooner as they don't have to deal with side effects of less modern drugs. The same happens with biologicals where the same efficacy and safety must be proven, so investing in low-quality treatments is the same as throwing money away”.



Florandy Mendoza, General Manager of NOVO NORDISK PERU believes “Access is about equality, about the opportunity of having correct therapy for the right patient at the right time. Every patient has the right to safe, affordable, and quality healthcare”. Mendoza avows, “*Access is about equality, opportunity and the security of a regulated environment*”.



Vanessa Vertiz, Managing Director of MERCK PERU defines access as “when a necessary product or therapy reaches patients in need in the shortest possible time. To this end, product registrations and the implementation of efficient technological assessments in the health systems must be speeded up”.



Ángela Flores Executive Director of ALAFARPE states “access is about equity, the opportunity to get the needed therapy when that patient needs it. Every patient has the right to have a safe quality treatment in any therapeutic area. Access is about healthcare being affordable, a regulatory framework and approval timelines and about opportunity and positive impact new molecules have on patients”.

BRINGING INNOVATION: INVESTING IN HEALTH DEVELOPMENT



Peru is geographically challenging when it comes to healthcare delivery. Closing the gaps not only in terms of disease and illness but also in prevention is a priority. Transformative innovation is coming into the country but Peru´s epidemiology must be taken into consideration because the medical needs are so high that investments are made to make the needed drugs and products available to the patients.

SANOFI's Diego Hovispo *believes partnerships are the way to go, “People are afraid of going to public or private health to get vaccination shots because they fear of Covid-19 transmission” so they have come up with the idea of getting flu shots and vaccines to the people.* They leveraged Rappi's technology and merged it with Best Service, a vaccination center 15 years in the country and experience in remote vaccination at patient's homes following the right protocols for delivering vaccines. He proudly concludes “This partnership has amplified vaccination accessibility with the sole use of a smart cellphone”.

“The innovation we are bringing is transformative for the improvement of the Peruvian healthcare system” says Jurgen Schosinsky (Roche), “our medicines continue transforming lives; (patients that take our drug for Hemophilia can have a close to normal life, a dream for these patients in the past). The Latin American epidemiology is very similar to the US one and Roche is very robust in cancer which is Peru's number one cause of death”.

Erika Pagani, former Cluster Lead for Peru, Bolivia & Ecuador for PFIZER shares “Peru is a very good environment for business in general; the government recognizes and understands the importance of the private sector and its contribution to the country, more so than in other Latin American countries. Having the framework contributes to a good working environment between the government and the private sector.”

WOMEN IN PHARMA

Women in influential positions in Latin America have shared their thoughts with EF on their experience of working in the healthcare environment and on encouraging other women looking to grow in this sector.



Vanessa Vertiz, Managing Director of Merck Peru believes that self-confidence and faith in self is critical for professional women interested in making progress in the sector. “Women tend to be harder on themselves in general” she explains, “knowledge can be easily learned but confidence and decision must come from within. Merck has programs that foster feminine leadership, home office, flexible timetables, mentorships and coaching”.



Erika Pagani, Cluster Lead for Peru, Bolivia & Ecuador, PFIZER adds, “We need to be clear on what is possible and feasible. I could not be where I am without the support of my family”.



Florandy Mendoza, General Manager of NOVO NORDISK says with emphasis “*Be yourself! I am a strong believer in diversity and independence of opinions, the correct balance between business and objectives and building the team together. These are all things women should foster.*”



Doing now what patients need next

That has been our guiding principle for the past 80 years in Peru and it's never been more relevant than today. Our committed team is energized and ready to continue strengthening the healthcare system and empowering people through empathy and innovation.

These were our 2020 strategies for a better tomorrow

Pandemic relief For the people

We donated more than \$200,000 in food, first aid and bio safety equipment to the communities most affected by the pandemic as well as hospitals and shelters throughout the country.

Bringing healthcare closer to patients

Hundreds of patients were safely driven to hospitals so they could continue

treatment. We also helped more than 100 patients without health insurance to finance their treatments and empowered thousands of women through breast cancer prevention.

Strengthening the healthcare system

We drove thousands of health workers, nurses and doctors to their jobs. We also implemented telemedicine services in public hospitals and organized virtual training sessions for thousands of health professionals.



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LA DIABETES

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Novo Nordisk sigue fiel a su esencia de cambiar la vida de las personas que viven con padecimientos crónicos como la diabetes y la obesidad.

Somos los pioneros de los últimos avances científicos en diabetes, continuamos ampliando el acceso a nuestros medicamentos, trabajando para prevenirla y, en última instancia buscando curarla.

Estamos dando los pasos necesarios para seguir haciendo historia.

Nosotros no nos preguntamos si es posible vencer la diabetes, nosotros nos preguntamos cómo.

SATELLITE QUESTIONS, IN THEIR ORIGINAL LANGUAGE



Knowledge and experiences should be shared, in order to grow as a society. To this end, the following interviews aim to illustrate the industry perspective and refreshing ideas that hopefully will inspire business leaders to make better decisions. To preserve the interviewee's intention, interviews are shared in the language they were made:



Diego Hovispo, Country Coordinator & Country Head of Sanofi Pasteur, Peru

EF: What was your given mission when appointed as Country Manager a year ago and how has that mission changed over this very atypical year?

DH: When I was appointed as Country Head last year, I was given two priorities:

1. Take the business to the next level, modernize the vaccine portfolios, and introduce the right vaccines in the public sector to provide health to the communities so no one dies from a preventable disease.
2. As part of the company strategic decision, integrate our four business units which were “stands alone” and merge them into one big family. This included personnel management and dealing with Covid-19 this year as well.

Even with the pandemic, we haven’t changed our priority decisions as a company. We have merged all business units into one with everybody working from home, maintaining momentum, keeping our employees motivated, and protecting them and their families. Sanofi is an employee, customer, and patient-centric based decision-making company so the shift in the process was easy to achieve. With vaccines, our goals haven’t changed either, our four business units in Peru continue working toward having healthy communities in the country from the office to the field, supply, and external manufacturing. Even with the Covid pandemic, we are working alongside the government, chambers, clients, and others to close the gaps generated by transmissible diseases (rabies, polio, yellow fever, flu, etc.), chronic diseases (cardiovascular, diabetes, chronic pain), rare diseases (Pompe, Gaucher, MS), and everyday pains (allergy, child diarrhea, joint pain, etc.) and at the same time, developing a Covid vaccine for the people’s safety worldwide.

EF: What are the lessons learned from managing your team remotely in the quarantine?

DH: We actually started doing digital changes two years ago so when all the companies started thinking about Zoom, digital platforms, linking with healthcare providers, the ATPs, the HNOs, we already had a platform in place a year ago which gave us leverage and an advantage in this particular area. The main lesson we as leaders in the company learned was how resilient our people are and how they are prepared to go that extra mile when they feel taken care of and protected, by Sanofi in this case. I am happy to say we are doing fine so far and this is mainly due to how the people have responded. Even in not ideal conditions, some of them didn’t even have internet in their homes to begin with while others had children playing around them and all the stress and anxiety which comes with being in quarantine. But they were resilient and prepared to learn.

We have also learned the hard way how our public system suffered also with this pandemic year. Gladly not only the Minister of Health

started working exhaustively very fast to attend the population, but also Sanofi and ALAFARPE, among others, have worked together in collaboration to be there on the front line for the patients and the learning is that when there is a virus threatening the country –and the globe- we all work as allies with the public sector to change the lives of the patients. Of course, there always challenges in the health sector but that’s why is so important to work alongside each other.

EF: A month ago we were invited by FIFARMA to a vaccine forum and concern about the distribution of the vaccine was expressed and on how to create access. How do you envision the vaccine distribution in Peru?

DH: A month ago, in August, the company and the country were still working through the distribution mechanisms but the situation has changed and that concern has been allayed. There remain two main issues: the government must make an inventory of the private sectors’ cold chambers and there must be a collaboration between the public and private sectors to fiscally distribute the vaccine the right way. There have been agreements as to the correct distribution of the vaccine at a global level and in the case of Sanofi, we are working with COVAX global agreements between countries. COVAX ensures global equitable access to Covid-19 vaccines so that big countries with cash flow are not unduly favored. Peru has signed the agreement last week confirming its participation and has to pay 15% in advance for the vaccines. The COVAX mechanisms will assure the country 20% of the total population doses of the Covid-19 vaccine. A part of our global production is going to the COVAX mechanism and Peru will receive the vaccine from them.

EF: What is your personal definition of access?

DH: Access is to have transversal accessibility and reach to public health.

EF: We have seen that you are developing partnerships within Peru with Rappi and Best Service, could you elaborate on these partnerships you are working on for the delivery of vaccines?

DH: Health vaccination rates are dropping in the country due to Covid. People are afraid of going to the public or private health to get a vaccination shot cause fear of Covid transmission as the main driver. This means a lot of children, young adults, and elderly people are not getting their vaccines according to plan making them unprotected from polio, rabies, yellow fever, and in the Peruvian jungle, that is not a choice. We cannot have flu, yellow fever, and Covid all happening at the same time because any system in any country will need to focus on the pandemic and what matters the most, that is saving people’s lives, so urgent measures had to be taken and we need to help people to do their part in prevention. As a result, we have come up with the idea of getting flu shots and vaccines to the people. Rappi already has a big clientele with their food delivery app and merged with the best possible partner, Best Service, a vaccination center with 15 years in the country and with experience in vaccination, not only at their vaccination centers but also for remote vaccination at patient’s homes, following the right protocol for delivering vaccines. This partnership has amplified vaccination accessibility so now with a smart cellphone, it is possible to get a yellow fever shot or a child’s vaccine by scheduling and paying for the vaccination on the Rappi app. Rappi then alerts Best Service who in turn will send a person to do the vaccination. The whole operation is totally transparent, safe, Covid-19 free, and straight to the client’s door. It is a win-win all around.

EF: It is an amazing shift in the approach but do you see all these proactive changes as here to stay? Will partnerships, like using delivery for vaccination, be ongoing in the future after Covid-19 is overcome?

DH: Absolutely! Rappi has a lot of expansion plans and we will

happily jump in to access every province and remote area. I do not think of this program as a Covid-19 project because access is going to be managed by the MoHs in every country, but as a change in the go-to-market for the future. We are hoping it will be a success story.

EF: What is Sanofi Peru’s relative importance in the global group in terms of footprint and operations?

DH: When we talk about Public Health, every country matters. We are a company that works exhaustively in four flanks preventions: through vaccines, treatments in rare diseases, chronic diseases, and other illnesses through our General Medicine Division; and Self-Care, through our Consumer Healthcare Division. In these matters of health and improving and impacting people’s lives, there is not relative importance for the company, what matters are the patients.

That being said, Peru is part of the LatAm Cluster in the international region which is contributing widely to the growth of the company globally.

EF: What would you like your 2020 tenure to be remembered for?

DH: The decisions we are making in terms of patients and health technology improvement will have an impact on healthcare for the upcoming next ten years. Accessibility and adherence are two of the main challenges in the country; for example, a patient with rare diseases with limited mobility can’t make it sometimes to the hospital to get their free treatment in the public sector, so we are developing programs to allow patients of rare diseases to have home treatments. Bringing treatment to the patient is a great breakthrough in health and we will work in this area in the coming years to make it possible.

The present view on generics will also change. Generics have a low profile sometimes or are seen as the low quality of a great medicine, but our Generics Division is proof of the right balance between quality product and the right price for the patient. With Covid-19, people in general are reading up more on their intake of medications so it is a great opportunity for exploring the generics market as there are a lot of drugs that aren’t the right fit for the patient and random generics have advanced a great deal.

In vaccines as well, we are seeing breakthroughs we haven’t seen before. The record time for developing a vaccine before Covid-19 was around 2 ¼ years and now we are developing a vaccine in one year at a global level. This isn’t a Sanofi achievement but an industry achievement; all the vaccine players are on a mission to show the world that what we do is worthwhile. But as the saying goes “with great power comes great responsibility and, regardless of who has the vaccine, we all share the responsibility of making it accessible to the world. This is not a race against each other but a race to protect humanity and this is what we will be remembered for as an industry, and of course as a company.



Jürgen Schosinsky, General Manager of Roche, Peru

EF: You have been General Manager of Roche Peru for four years; how did Covid-19 affect or change your mission or priorities?

JS: Our mission has never changed. Our purpose is to increase access to transformative healthcare innovation to improve the Peruvian healthcare system; this includes access to cutting-edge medicines and diagnostics technology. At Roche, as allies of the healthcare system, we are committed to give access to treatments and care to all Peruvians for a healthy life.

As a result of the COVID-19 pandemic, Peruvian authorities are more aware of the primary care network’s deficiencies, which is essential to filter and ensure the appropriate treatment to all patients. Additionally, it optimizes healthcare costs and enables robust prevention strategies. The Peruvian authorities are trying to close these gaps with support from international organizations

but, there is still much to do. For example, there is a massive need to invest funds allocated to health to improve infrastructure and close gaps in doctors, specialists, nurses, and health personnel in service areas. Hence, the importance of promoting collaboration between the public and private sectors to develop comprehensive and sustainable solutions.

EF: What is your personal definition of access?

JS: At Roche, we aim to achieve better outcomes for more patients faster, which is my definition of access. We have access when the patient has the best possible outcome in the appropriate timeline and any place in the country, independently of location or economic status. It is not about winning a tender but about ensuring the drugs, diagnostics, and other necessary services that are used by the patients at the right time -when that patient needs it.

In Latin America, when the patients have access to medicines, they may not have the expected outcome because there are deficiencies in the supporting health ecosystem preventing them from benefiting from the whole setup. Accordingly, the ultimate purpose of the healthcare intervention, which is getting healthier, is lost or diluted. So, we say that we achieve access when the patient has the expected delivery and impact on their health.

EF: How does Roche adapt its portfolio to the Peruvian system?

JS: The innovation we are bringing is transformative. Suppose there is a medical need in the country. In that case, we will make our best effort to deliver the necessary drugs, diagnostics, and services to create patient- appropriate conditions. We have found that the epidemiology of Latin America has similarities to the epidemiology of the US or Europe. Roche portfolio is robust in cancer, which is the number one cause of death in Peru, neurosciences, as Multiple Sclerosis, immunological diseases, as arthritis, and rare diseases, as hemophilia. As per example, our medicines continue transforming lives; patients taking our Hemophilia drug, Hemlibra, can make a “close to normal” life, which in the past was just a dream for these patients.

We are so committed to the local healthcare system that in the last five years, over 1,000 Peruvian patients with complex diseases from the whole country have benefited through our clinical research, with an investment of more than 20 million dollars. For many of them, it was the only opportunity to access innovative treatment for their disease.

EF: How do you balance tactic and strategic decision-making between communicable and non-communicable diseases -for example, Covid-19 & cancer- in Peru to address the health transition and allocate resources to both areas with the present urgent need to address Covid-19?

JS: Covid -a communicable disease- has stressed the healthcare system and made it collapse. When an external stressor is big enough to break the healthcare system for so long, other health crises will follow some months later. In a study we made with ALAFARPE on the impact of Covid on non-communicable diseases, we have clear evidence that the effect has been dramatic, showing that death rates have tripled between May and August. Additionally, the study indicates that the capacity to treat non-communicable diseases, like cancer, decreased by 70%, and creating a cumulative disease burden. The impact on the country’s death rate based on all the services refocused towards Covid is enormous, and it is clear that the next crisis will be in non-communicable diseases.

EF: Governments are now shaping their fiscal budgets for next year. How can we keep momentum on the importance of Healthcare when building those budgets?

JS: I believe there are capable people in the government that realize

Healthcare as a strategic priority. Peru was transiting a similar event as twenty or thirty years ago when there was a macroeconomic crisis, and the result was an excellent transformative process of depoliticizing macroeconomics. Since then and for the last twenty years, Peru has been one of the most prosperous countries from a macroeconomic perspective. My call to action to the government would be that Healthcare is as crucial as macroeconomics and should have a high priority. Without Healthcare we have no country because a healthcare crisis affects every single segment of the country: tourism, consumption, retail, and mining, which are Peru's primary sources of income.

One idea would be that the government take a similar strategy to macroeconomics and de-politized Healthcare. Then the leaders of the main institutions could drive a long-term healthcare strategy and make Healthcare independent from the government in power; something good could be created by technocrats -not politicians- for the country's future.

EF: As a result of the pandemic, what changes do you see happening in Healthcare in Latin America?

JS: What is happening today in the world is giving us clues as to how to increase access in Latin America, and two very important things have happened as a result of the Covid crisis:

1. Leverage and technology, telemedicine, and telehealth: if we can develop telehealth in the healthcare systems, we will probably close many of the gaps. For example, In Peru today, we do not have enough doctors in some areas, so via telehealth, we could have a virtual presence of doctors from all over the country, or even the world, in a specific place. As promoters of digital transformation in health centers, at Roche, we have supported strategies and facilitated the implementation of tools to achieve comprehensive health solutions.
2. Collaboration: during the pandemic, we have seen many successful collaboration examples between the public and private sectors. Guayaquil in Ecuador and Arequipa in Peru are perfect examples of how the partnership between the public and private sectors helped a critical situation immediately improve. For instance, in Roche, we contributed to the “Arequipa Unida” campaign, developed by the Cámara de Comercio e Industria de Arequipa, with the donation of more than 740 food baskets, to be distributed among the neediest population. The power of collaboration between the different segments can change the future of Healthcare for the better.



Florandy Mendoza, Gerente General de Novo Nordisk, Perú

EF: ¿Cómo han transitado estos últimos meses? ¿Qué lecciones han aprendido?

FM: La transformación a lo virtual fue un reto. Rápidamente migramos a un ambiente de comunicación formal y definido por la organización. Al principio, hubo mucha resistencia al cambio por parte del gremio médico, sumado a que las clínicas estuvieron cerradas dos o tres meses con toda la atención de pacientes crónicos paralizada, solamente atendiendo urgencias. Se redujeron las ventas de Abril y Junio debido a una falta de stock en el canal, pero en Julio, con la flexibilización y la apertura de las clínicas y probablemente cierta consciencia por parte de la población, se vio una tendencia al incremento del consumo.

Al principio, la curva de aprendizaje fue recorrida muy velozmente, y estuvimos acompañando a nuestra gente desde un punto de vista humano, ya que trabajar en casa tiene sus inconvenientes. Fue un reto pero estoy muy satisfecha por lo logrado y por acompañarnos y sostenernos, fundamental a la hora de mantener el compromiso del equipo. A partir de Julio abrimos nuestra oficina en foros reducidos, el personal administrativo asiste a la oficina dos veces por semana

en determinados horarios, al principio con mucha resistencia pero hoy están pidiendo volver a la oficina. Las oficinas están diseñadas para trabajar, sillas cómodas, iluminación, ventilación, incluso hemos aprendido el valor de la comunicación informal, por ejemplo definir temas laborales tomando un café con un colega.

Parte de nuestro negocio es diabetes, la otra parte del negocio está relacionado con enfermedades de alto costo que las cubre el estado: como por ejemplo hemofilia y el producto es un factor salvavidas, porque si el paciente no recibe el factor a tiempo puede morir desangrado.

EF: ¿Este impacto existe en el sector público o en el ´out of pocket´?

FM: Tenemos oportunidades en el mercado ´out of pocket´ o gasto de bolsillo debido a que las consultas que van usualmente al sector público se están redireccionando al canal privado, y las personas van a las farmacias a comprar. Estamos viendo este año una migración de recetas de alrededor del 50% al gasto de bolsillo. Para nosotros, es una oportunidad gigante y lo hemos acompañado con la implementación de una estrategia de precios y una expansión geográfica aprovechando la vitalidad y el ahorro en tiempo para expandir y alcanzar médicos y especialidades nuevas. Gastroenterólogos, cardiólogos e incluso nefrólogos recetan nuestros productos, todas especialidades que no teníamos mapeadas y ahora las hemos mapeado y estamos empezando a visitarlas.

EF: ¿Cómo balancean las prioridades en términos de decisiones tácticas y estratégicas teniendo en cuenta el giro al Covid, considerando todas las enfermedades asociadas que aún deben ser atendidas?

FM: Por ahora el foco es la pandemia y esto no se modificará en el corto plazo. Por nuestra parte tampoco ha cambiado poner a disposición las mejores terapias en el mercado, expandiendo nuestra operación geográfica y aprovechando el nuevo entorno virtual hemos incorporado nuevas especialidades, nuevos médicos y nuevas cadenas comerciales. Ha habido un crecimiento en venta minorista nada despreciable, en algunas terapias hemos crecido entre el 2 y 3% y en zonas alejadas la venta minorista está creciendo entre un 10 y 15% anual. La venta minorista se ha vuelto una excelente oportunidad y estamos muy enfocados en ello. Tenemos dos marcas del portafolio de diabetes al que le estamos dedicando todo nuestro esfuerzo en la expansión comercial. En Venezuela la situación es muy diferente, nuestros pacientes siguen recibiendo productos a través de donaciones que se hacen por medio de la Organización Panamericana de la Salud, los productos son donados a la ONG Direct Relief de Estados Unidos y ellos dan los productos a la OPS para enviar a Venezuela.

EF: ¿Con la transformación digital cuáles son las nuevas capacidades necesarias para los equipos de trabajo en la industria farmacéutica del futuro?

FM: La nueva forma de interacción puede ser tan poderosa y potente como una interacción cara a cara. Tiene que ver con la transmisión del mensaje en un tiempo reducido y adaptado a la agenda de los médicos de las instituciones. Estudiamos cómo adaptarnos laboralmente a los tiempos de los médicos, en general prefieren conectarse después de las 5 de la tarde y es un espacio que debemos aprovechar porque no es fácil tener un espacio. Los médicos que tienen consulta privada están más abiertos a recibir al representante de ciertos sectores y es una oportunidad que estamos aprovechando, usando los mecanismos de protección necesarios y asistiendo con cita al consultorio privado del médico. Los cambios han llegado para quedarse y es importante transmitir en mensajes de un minuto la información relevante que reemplazará la cita. Es todo un desafío y es importante conocer a nuestras personas de interés, saber que los motiva y generar una conexión para poder ofrecer más y mejor servicio.

EF: ¿Cuál es tu definición personal de acceso?

FM: Para mi, el acceso tiene que ver con equidad, la oportunidad de tener las terapias adecuadas a las necesidades del paciente en el momento que lo necesita. Cada paciente tiene derecho a un tratamiento seguro, de calidad y asequible, a tener llegada al tratamiento que mejor le quede a su cuerpo. El acceso tiene que ver con igualdad, oportunidad y seguridad en un ambiente regulado.

EF: ¿Cuál es el impacto que tiene la diabetes en los presupuestos en Perú y cuál es tu opinión sobre educar para diagnosticar?

Entre un 60 y un 70% de la población peruana sufre de obesidad o sobrepeso. De acuerdo a la información oficial la prevalencia de diabetes 7% que es muy baja, si lo comparamos con países de las mismas características demográficas, claramente está sub-diagnosticada. En Perú existe una población con índices de informalidad bastante altos, aproximadamente entre un 60 y 70% de la población no va al médico, y cuando llega el diagnóstico ya es muy tarde, la enfermedad sea cual fuere está muy avanzada y esta forma de actuar es cultural porque la gente tiene miedo y hay muchos mitos al respecto. El subdiagnóstico es un hecho, sobre todo viendo las prevalencias tan altas de obesidad y sobrepeso que van asociadas a diabetes. La primera causa de muerte en el país es cardiovascular y probablemente tiene que ver con una diabetes mal tratada, ayudada por la muy alta informalidad y un nivel bajo de educación que no permite que se diagnostique a tiempo. Novo Nordisk tiene una iniciativa para el año 2021 relacionada con acceso a poder trabajar el área para diabetes tipo 1. Nuestra idea es hacer una alianza con una ONG para llevar a cabo este proyecto que va más allá de la donación de productos y tiene que ver con diagnósticos y recolección de data confiable al estado luego de tres años cuando se acabe el proyecto y así garantizar el acceso al tratamiento de la población vulnerable . Es una iniciativa que empezamos a trabajar en Marzo . Me llama la atención el poco empoderamiento que tienen los pacientes en Perú, el paciente no exige , o no conoce sus derechos. Creamos un programa “Nuevo Yo” para educar a los pacientes que empiezan a utilizar insulina y los acompañamos en su recorrido.

EF: ¿Cuál sería tu consejo a las mujeres Latinoamericanas interesadas en tomar una posición de liderazgo?

FM: Ante todo que nunca dejen de ser ellas mismas, ni imiten a alguien. Nosotras como mujeres tenemos mucho que aportar, tenemos cierto sexto sentido y la capacidad de balancear muchas cosas al mismo tiempo. Creo en la diversidad y la diferencia de pensamientos, balancear el negocio y sus objetivos, y lo que formamos como equipo y esto es algo que las mujeres debemos potenciar. Las gerentes de farmacéuticas en Perú reconocemos que nos cuesta hablar de nuestras ventajas y no creamos espacios que nos permitan relacionarnos y crear espacios fuera de la oficina.

EF: ¿A tres meses de que se termine el 2020 como quisieras que sea recordado tu mandato atravesado por la pandemia y cuáles serían tus definiciones de éxito en un año diferente?

FM: Tengo varios propósitos, en cuanto a lo profesional, celebro habernos adaptado a las nuevas estrategias con buen efecto. Hemos apoyado y cuidado al equipo durante la pandemia, y estamos muy orgullosos de haberlo podido hacer. Ha sido muy aleccionador el no tener control, hacer planes sobre la marcha, a corto plazo, porque todo se ha hecho sin tiempo para pensar el largo plazo, poder manejar la incertidumbre, adaptarse y fluir con ella.

EF: ¿Cómo manejar durante un contexto una pandemia y situación política actual?

FM: Gracias a mi experiencia previa en Venezuela, aprendí a no perder foco. Tenemos un contexto dado, que en este momento es complicado, y tenemos que seguir haciendo lo mismo que venimos haciendo. Los pacientes siguen necesitando los medicamentos. La salud es apolítica, y nosotros tenemos que seguir trabajando para los

pacientes. Nosotros como empresa respetamos las ideas y fomentamos un contexto donde podamos expresarnos libremente, siempre y cuando quede claro que la organización no es quien representa las ideas, ya que Novo Nordisk es apolítico y le toca trabajar siempre con la administración de turno, sin importar quien este.

Ángela Flores, Directora Ejecutiva, ALAFARPE

EF: You have a strong background in economics and public policy so what attracted you to work in ALAFARPE?

AF: I worked in the public sector for many years and I have also worked in the private sector and multilaterally for the World Bank. Whether it is done by the government or multilateral organizations, the economic application of the health sector is trust-oriented in terms of development for people and societies. In Peru, there have not been further developments in the health sector for many years, and as a result, there is evidence of huge gaps in Peruvian healthcare that must be closed with constructively driven development and with the involvement of the private sector. The pharmaceutical industry is one of the world's most regulated industries and as such, has a responsibility and an important role to play with many opportunities to get involved in quality healthcare in terms of universal healthcare coverage.

EF: Could you elaborate on ALAFARPE´s market footprint, members, facts and figures, and public and private market share?

AF: ALAFARPE, the Peruvian Association of Pharmaceutical Laboratories, has a history of over 60 years and represents the interests of 23 companies. Our members include multinationals and laboratories that operate plants in the country, members with diverse business models, most of them with innovative therapies or generics. All our members share the core values of innovation, quality, and the high ethics of the pharmaceutical industry. In Peru, there are about 4 million people who have no health insurance and for their benefit, we try and promote a more sustainable regulatory framework. Our market, which is small in comparison with the rest of the Latin American markets, has a value of 1.9 billion dollars. In 2008, the market expanded 6% but by 2019, the growth has slowed to 2%. The low economic growth of the country has affected the growth of the health sector and ALAFARPE´s proportionate share of the whole market is 35% which means there is a lot of room for improvement of access to innovative therapies as the rest of the market is covered by local laboratories and importers of generic biosimilars. In terms of public investment, Peru has 5.5% of the GDP expenditure allotted to health, but during the pandemic, the public health budget has been increased slightly by 20 million soles which are about 11.4% of the total public health budget in Peru in terms of expenditure.

EF: How can we keep momentum on fiscal strategies in Latin American economies for the allocation of healthcare budgets?

AF: It is not just a matter of additional budget, but that said budget must come in hand with an effective expenditure strategy. I have been in this association for 3 years and the effectiveness of the health budget expenditure has been low, so it is a matter of having an effective strategy of quality expenditure. Due to these issues and delays the industry suffers, but more importantly, the patients suffer, especially the patients with cold treatment coverage. About 58% of the country´s vulnerable population has an insurance issued by the Ministry of Health but they have not even been able to get complete treatments which by right, should be theirs. So, the effectiveness of the budget is a variable we should work on in both the public and private sectors, complying with contract, vision, and transparency. The government must comply with timelines, the effectiveness of expenditure, and most importantly, with the quality of strategic resources for Peru as the patients desperately need assistance. We need to achieve compliance, quality, safety, and effectiveness in terms of healthcare.

