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PREPARING FOR THE NEXT PANDEMIC



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- Insightful interviews with thought leaders
- Latest industry news, trends, and challenges
- Provoking conversations with pharmaceutical stakeholders



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CEO'S LETTER

As some restrictions are lifted and a lucky few of us are reunited with loved ones, the lives we once knew are beginning to take shape once again. While this is not the case for all, many nations are still contending with the COVID-19 crisis, it is paramount that we start to reflect on how we have navigated this health emergency so we can extract positive learnings from this difficult chapter.



In line with this, our feature article discusses the probability of another pandemic and unravels how the industry can learn from their response to COVID-19 to best prepare and strategise for the next major health crisis.

For this issue's catalyst interview, Monica Shaw, Executive Vice President, Region EUROPE Plus, LEO Pharma, reflects on the innate connection between physical and mental health and considers how the industry can bolster worldwide access to medicine.

Our infographic, 'The Expectation vs Reality of Drug Launch', investigates common patterns within drug launches and considers the impact that COVID-19 has had on this process. This issue also covers topics such as shortfalls in maternal health, country-specific engagements strategies, caregiving during COVID-19, and so much more.

As you journey through this issue of GOLD, I hope you can reflect on the triumphs and challenges of the pandemic to understand where we have got it right, and what we need to do next time. The industry is already hard at work sketching out a blueprint for how we can use the present to protect our future; a safer and more certain one than we could have imagined before.

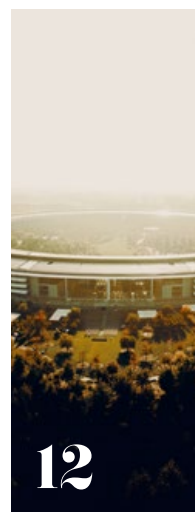
Spencer Gore

Spencer Gore,
Chief Executive Officer

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EMG HEALTH



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SPOTLIGHT

In this issue of GOLD, we look back at the pharmaceutical industry's top news stories from the past few months, covering the latest COVID-19 developments, the most prominent drug approvals, and the standout departures and appointments.

**21
APRIL**

Novartis' first-of-its-kind MS therapy Kesimpta wins NICE backing

**10
MAY**

Sinopharm's COVID-19 vaccine is approved for emergency use by WHO

**25
MAY**

Moderna's COVID-19 vaccine proves to be highly effective in adolescents

**29
APRIL**

Simon Stevens, CEO, NHS England will step down after 7 years, at the end of July

**11
MAY**

Pfizer and BioNTech's COVID-19 vaccine first to be approved by FDA for use in children aged 12-15

**28
MAY**

The MHRA approves Johnson and Johnson's one-dose COVID-19 vaccine for use in the UK

**3
MAY**

AstraZeneca's Farxiga achieves FDA approval for use in treating chronic kidney disease

**21
MAY**

Janssen's genetically defined non-small cell lung cancer therapy Rybrevant wins FDA approval

**2
JUNE**

Sinovac's COVID-19 vaccine is approved for emergency use by WHO

**4
MAY**

The ABPI appoints Ben Osborn as their new president

**22
MAY**

Takeda's dengue fever vaccine secures positive long-term safety and efficacy results

**7
JUNE**

Eisai and Biogen's Alzheimer's drug Aducanumab achieves landmark approval by FDA

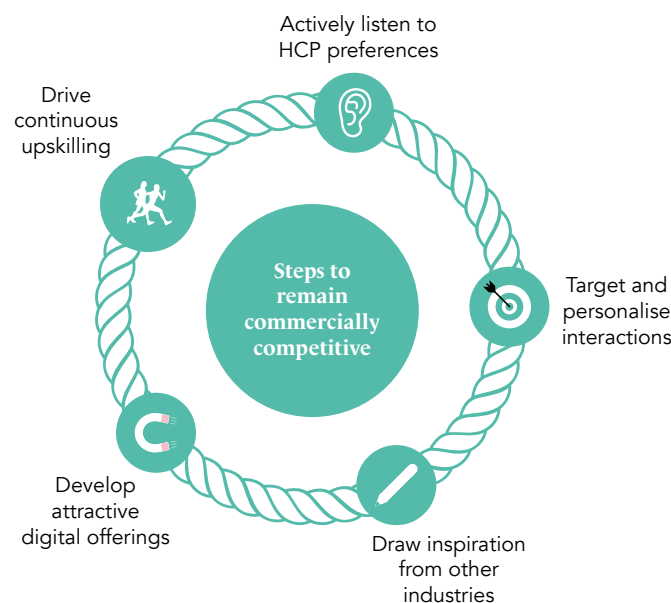
PULLING AWAY FROM PUSH MARKETING

Words by **Isabel O'Brien**

While pharmaceutical marketers used to rely heavily on push marketing, since the pandemic, a call to move to pull advertising has prevailed. How can pharma further engage the medical affairs function to draw in doctors with tailored, scientific content that is targeted and trustworthy?

When a fresh-faced comic takes to the stage in a dingy basement of a comedy club, their main objective is to grab and hold the audience's attention. The demographic, the location, and the mood of these individuals are just as important as the routine itself; in order for the jokes to land, the comedian must deliver their material while also bearing this particular set of spectators in mind.

While the pharmaceutical industry may not be looking for laughs, for too long their customer engagement strategies have not been pulling in the crowds. "For many years, we have been focussed on providing promotional messages, rather than listening and providing the customer with what they want," says Sandra Silvestri, Senior Vice President and Global Head of Medical, General Medicines, Sanofi, during the Reuters Events' Pharma Customer Engagement Europe. The industry has relied on push tactics, which to-date have provoked a lacklustre response from their audience of physicians.

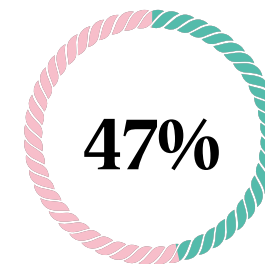


Source: PwC, 2020

HCP demand for pull marketing



of HCPs perceive medical expertise as important



want to receive scientific studies and information



of content should be standardised and 20% personalised

Source: PwC, 2020

able to challenge what you think you know about your customer."

The industry must pour resources into medical affairs if they are to understand what separates winning communications from the flops. Ho explains: "I think investment in insight is crucial; having somebody accountable in the company for ensuring it happens, not just giving it to a project team and saying this is something to do as well as your day job." Once specialist insight teams have been created, pharma can develop communications that not only meet HCP expectations but exceed them. "If we can expand to the next level, ideally we would be able to anticipate the customers' needs and provide solutions to potential issues and problems before they are aware of them," confirms Silvestri.

Relevant and forward-thinking content are of course essential, but the right delivery must be used to reel in an increasingly bombarded audience. Tash Brown, Chief Operating Officer, TrendMD, is a staunch advocate for native advertising when capturing the attention of medical professionals. "There are countless tools available to build various strategies, ranging from digital ads to social media ads to video ads, but native advertising can be a pull tool for maximising healthcare practitioner reach," she says. Engagement from native advertising, in which ads blend in with the form and function of the host platform, has proven to be effective. "It also gives HCPs opportunity to click and learn about what they are already interested in and what they are already reading about," says Brown. Research by TrendMD has found that engagement exceeds the industry benchmark by 74%.

"Currently there is medical learning: talking about the disease and the treatment options. Then there are traditional 'marketing packages': talking about the product, the patients it is for, and what the side effects could be. If we bring those elements together, the customer will be happy," says Edouard.

While medical and marketing are yet to be bouncing effortlessly off one another, the pandemic and the demands it placed on HCPs' time have forced the industry to shake things up to satisfy their prospective audiences. "It takes a while to do a cultural switch from product specific to customer-focussed, but once you have done this and orchestrated all of the different touch points, this should become part of the DNA of how we do business," concludes Silvestri. Pharma may be seeking to educate rather than entertain, but if marketing and medical come together, we could have a hot new double act in town. ●

We must look for that sweet spot between what the clinician, the patient, and the company need

The pandemic has illuminated how ineffective this strategy had become. "It's really a question of realising that that push marketing [marketing from the past] is dead," says Florent Edouard, Senior Vice President, Global Head of Commercial Excellence, Grünenthal Group. "It's very important to understand that what we will deliver tomorrow is not medical education on one side and marketing activities on the other, but an integrated customer journey."

This integration can only be achieved by exchanging a push for a pull mindset, with all the functions working together to create a customer experience that suits both their own and the healthcare professionals' objectives. "We must look for that sweet spot between what the clinician, the patient, and the company need," says Victoria Ho, Head of Medical Capabilities and Excellence EUR/INT, Jazz Pharmaceuticals. "Where is the overlap? Where's the mutual benefit? And where is it likely that that pull can happen?" Stefan Scheepers, Business Director, Digital Health, Europe, Mobiquity, believes that this involves throwing out our assumptions and searching for a wider truth. "Being customer-centric is being

PREPARING FOR THE NEXT PANDEMIC

While the pharmaceutical industry responded swiftly and effectively to threat of COVID-19, they cannot deny their unpreparedness. As we look back at the past year and consider the possibility of future outbreaks – what have we learned that will enable us to prevent another crisis of this scale?

Words by **Isabel O'Brien**

Over the last 20 years, the world has dodged five significant health threats. The outbreaks of SARS, MERS, Ebola, avian influenza, and swine flu were mercifully contained, but the threat of another invasive pathogen has long been both looming and likely. Bill Gates had been sounding the alarm since 2014, most notably urging the world to prepare for an outbreak in a now nearly 50-million-time-viewed TedTalk Youtube video. While hindsight is a wonderful thing, why did the world not respond to the rumbling on the horizon, and crucially, what action can the pharmaceutical industry take now to be ready for the next global health crisis?

“This past year has brought into sharp focus the fragility of life and the complexity of human health,” says Joanna Shields, CEO, BenevolentAI, speaking at the WIREDHealth virtual event. “The COVID-19 pandemic has exposed fundamental flaws in our health systems, supply chains, and disease surveillance, and it has laid bare stark inequalities in society as we continue to face the most significant health challenge of our time.” The pharma industry, by its own admission, was not ready to tackle a coronavirus outbreak of this pace and magnitude. “At the end of 2019, we had technology in place allowing us to make 10,000 doses of vaccines,” explains Uğur Şahin, Co-Founder and CEO, BioNTech, at WIREDHealth. “By 2020, we needed to exchange that number for the whole planet – for the whole of mankind.”

Mariana Mazzucato, Professor, Economics of Innovation and Public Value, University College London, and Author of ‘Mission Economy: A Moonshot Guide to Changing Capitalism’, argues that the transformation of the past year needed not have been so substantial if it were not for our society’s tendency to favour reactive rather than proactive policy making. “The COVID moment is an extremely

16 pathogens have been identified by WHO as of great risk to public health

Only 6 of these are currently under R&D:

63
COVID-19 and other
coronaviruses

05
Ebola

04
Zika

04
Chikungunya

01
Marburg

01
Non-polio

Source: Access to Medicine Index, 2021

challenging one in terms of what we have learned about our unpreparedness,” she says at WIREDHealth. “Governments in particular are always thinking that their role is to patch things up; to wait for a crisis before justifying any sort of policy. It is seen as fixing a market failure. If policy and the public sector is there at best to fix market failures, we will always be too little too late.”

It would be dangerous
to consider this
pandemic a ‘black
swan’ event

While there are inescapable trip wires within a culture that relies on reactivity, if we consider previous health threats that have infiltrated our society, the patch-up approach has proved to be effective. The outbreak of SARS in 2002 was contained through contact tracing. The swine flu scare of 2009 was curbed by adapting pre-existing influenza anti-virals. Even Ebola, which statistically is a far more deadly virus, is much easier to identify and contain due to the visibility of its symptoms. However, COVID-19 was unique due to its potential to spread rapidly without detection. We have been lucky in the past, but now times must change if we are to prevent a future crisis of this scale.

While the pharma industry has acted with formidable speed and commendable vigour, it must ponder how it can become more proactive in the realm of contagious diseases. “It would be dangerous to consider this pandemic a ‘black swan’ event,” confirms Shields. “We must use this opportunity to develop advanced technologies that prevent disease, discover new treatments, and protect human health at scale.”

Throughout the pandemic there has been unmatched collaboration between governments, health organisations, and individual pharma companies to fund and accelerate the development of COVID-19 vaccines. Looking forward, Mazzucato believes that the industry must expand these collaborations further and advises that we look to NASA as a role model.

When planning the 1969 moon landing, the space organisation strived to create mutually beneficial public-private partnerships with their collaborators. “They cared about designing the social contract between public and private so that it was goal-oriented – incentivising constant innovation – but also fair in terms of how the profits were distributed,” she says. The pharma sector has for too long lagged in this arena, and we cannot risk stifling the innovation of treatments that could prevent another serious outbreak. “In the US, \$40 billion a year is spent by

the government on health innovation, and somehow we don’t have the intellectual property rights to reflect that,” reveals Mazzucato. “We should be thinking about things like a patent pool... how we govern innovation really matters.”

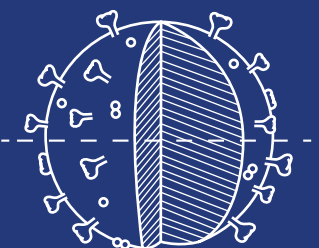
The expanded use of artificial intelligence has been invaluable during this health crisis, not only for identifying high efficacy mRNA vaccine candidates but also for sifting through masses of real-world evidence relating to treatments and treatment combinations to combat the virus. “While the world was erecting barriers, the scientific community was dismantling them,” explains Shields. “To defeat this virus and future pathogens, we need to open communication channels between scientists in every country.” She warns: “Old models of competition and secrecy will not cut it... to bridge the gap, partnerships between AI companies and pharma are essential.” Given that data is the lifeblood of AI, pharma companies must share their insights so that both clinical decision-making and drug discovery can become more efficient and successful.

We must prepare for
the next global health
emergency now

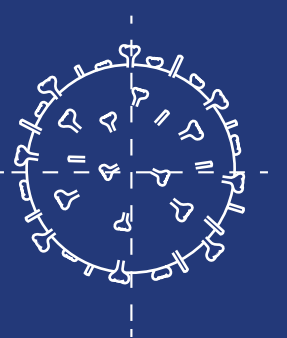
Regulatory approval did initially stagnate at the start of the pandemic, but new avenues were quickly opened to expedite urgent submissions. Şahin emphasises the value of converting these emergency measures into permanent, well-oiled solutions. “We’ve had collaborative efforts not only with the companies, but also with institutions and regulatory authorities,” he says. “An amazing factor contributing to our success was that when we transferred our documents for clinical trials, the feedback came in within a few days.” Overhauling the approval process will enable the industry to accelerate the innovation cycle, prevent the emergence of new pathogens, and rapidly contain future outbreaks that appear.

While pandemics are largely unpredictable events, the industry must be careful to prepare for all threats, ones that are present and ones that are a possibility. “We’ve been living through one of the most challenging times in history,” concludes Shields. “Our ambition is great and our purpose is clear – we must prepare for the next global health emergency now.” While the industry has demonstrated its razor-sharp reactions, now is the time to devise an action plan so we are prepared long before the rumbling of the next alarm. ●

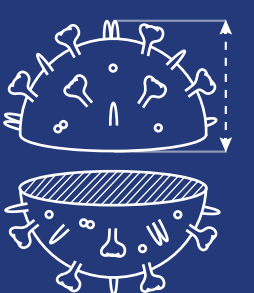
Top health threats of the last 20 years



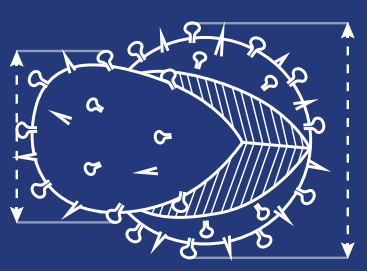
SARS
Year: 2002- 2003
Deaths: 774



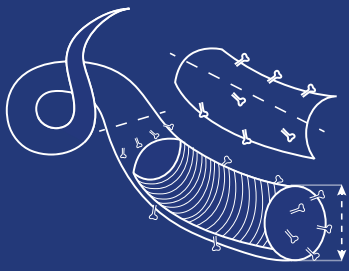
Swine flu
Year: 2009- 2010
Deaths: 284,000



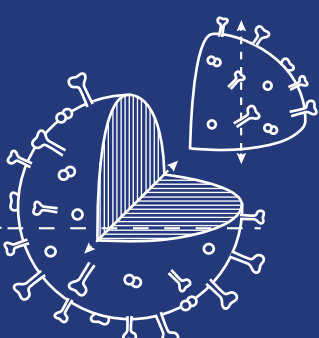
MERS
Year: 2012
Deaths: 858



Avian influenza
Year: 2013
Deaths: 616



Ebola
Year: 2014-2016
Deaths: 11,300



COVID-19
Year: 2020 - Present
Deaths: 3,750,000 (June 2021)

STANDING ON THE SHOULDERS OF SILICON VALLEY

Words by **Isabel O'Brien**

The pharmaceutical industry has long trailed behind other sectors in the realm of five-star consumer experience. As the pandemic emerges as a catalyst for change, how can pharma transform the delivery of healthcare so it can become more empowering and convenient for patients?



Digital platforms, such as Netflix and Amazon, dominate the entertainment market for a reason

Whether it is envy or idolism, Netflix and Amazon are highly revered by innovators in the pharmaceutical industry. The tech giants are like a pair of high-flying older siblings, leading a modish life in the city as pharma watches on longingly from the suburbs. The past year has only intensified the rivalry; the industry is now seeking to follow in these companies' footsteps and establish its own reputation in the metropolis of consumer experience.

"Digital platforms, such as Netflix and Amazon, dominate the entertainment market for a reason," says Pamela Spence, Global Health Sciences and Wellness Industry Leader, EY, at the WIREDHealth virtual event. "They've improved the home media experience, making it efficient, convenient, and personal." While healthcare and entertainment should lack direct comparisons, efficiency, convenience, and personalisation are universal consumer demands which have been largely neglected in healthcare until recent times.

The pandemic has served as a wake-up call for the public who will be the key drivers of the healthcare delivery revolution. "Having had a taste of virtual care, the public will demand additional integrated services that provide a more personalised and convenient health experience," asserts Spence. Pushing the boundaries of innovation will be crucial if we wish to recalibrate the standard of care. "Meeting these increased expectations will mean expanding the traditional definition of innovation, which historically has focussed on the safety and effectiveness of drugs," she says.

Liz Ashall-Payne, CEO of healthcare app review platform, ORCHA and former NHS Speech and Language Therapist, explains that prescribing digital solutions will be key to replicating the efficiency we are observing in more advanced industries. "When digital health technology emerged, I realised we had a real opportunity. A clinician could deploy a digital health solution to many people all at the same time. Then they could all use it without being compromised." Right now, disease management apps are having their moment. "Since COVID-19 arrived, there has been a 25% rise in health app downloads, up from 4 to 5 million every day," she says. "There has also been a 6,500% increase in healthcare professionals recommending apps to patients."

Spence argues that apps are only at the start of moving into a new generation. She predicts that monitoring platforms will also be more widely developed and adopted, resulting in the transformation of entire therapy areas. "In the future, all respiratory, cardiology, and renal patients will take two prescriptions from the clinician: one for the medicine, and the other for the platform that lets the patient and the clinician monitor how the patient is coping after they've been discharged, and to change the care plan when needed," she says. These solutions will not only improve the experience, but they will also individualise care by allowing for real-time personalisation.

Chris Round, former Executive Vice President, Head of International Operations and Global Core Franchises, Merck,

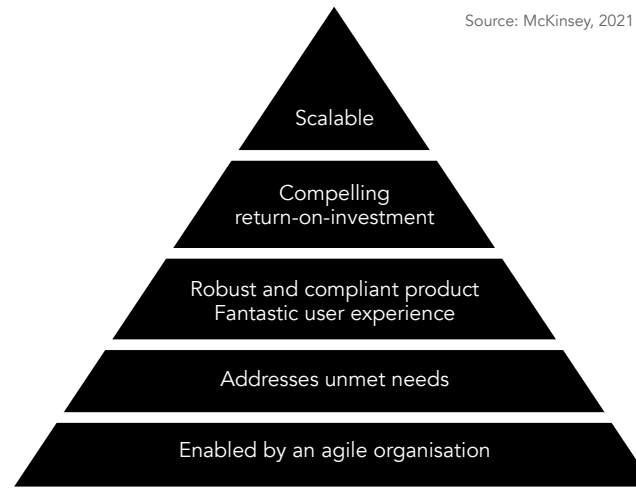
pushes even further while speaking at Reuters Events' Customer Engagement Europe, unveiling his team's hopes for the IVF space: "We're looking to introduce a range of technologies that allow home monitoring and administration of IVF treatments. We would then integrate the data that's collected in a way that helps clinicians, optimises patient care and the timing of interventions, and hopefully reduces the number of cycles that are necessary to go to live births." These solutions not only allow for potentially better efficacy, but home administration delivers substantially on convenience.

The options are bountiful; however it is important for companies to identify a framework through which to explore and expand their investment into digital innovation. "Companies need to identify the business model that can best deliver them a competitive advantage in the future," urges Spence. While Netflix and Amazon were built on these core values, digital advocates in pharma must demonstrate a high return on investment as well as influence on brand differentiation to overhaul the industry for the better.

Ashall-Payne reminds us of the importance of regulatory considerations; while technology has vast potential, safety and efficacy must remain front and centre. "Health apps provide the means to offer patient support plus capture data on medication adherence and patient engagement," she says. "It sounds straightforward, but it isn't, as there are regulatory pitfalls and large fines if codes are breached." Platforms like ORCHA operate in this realm, enabling clinicians to unearth the apps that are most appropriate and credible.

Rightly framing the past year as a catalyst, Round remarks: "The misgivings about the potential of these technologies and digital applications are hopefully now being put to one side." The pandemic has awakened healthcare consumers to the occasionally archaic and sluggish delivery of healthcare, and now pharma must shake up, learn from the example of their elders, and make a name for themselves as a consumer-centric industry. ●

The building blocks of a successful venture into digital health



Interview

Catalyst of Pharma

Access to treatments
is a global right and
something that I see
as our responsibility

Monica Shaw

Monica Shaw is the Executive Vice President, Region EUROPE Plus, LEO Pharma. She spoke to us about the intrinsic link between physical and mental health, her approach to leadership and culture, and how the industry can overcome the challenge of access to medicines across the globe.



YOU INITIALLY TRAINED AS A DOCTOR. WHAT WAS IT ABOUT JOINING THE PHARMACEUTICAL INDUSTRY THAT APPEALED TO YOU AND ULTIMATELY LED TO YOUR SHIFT IN CAREER?

It was a similar reason as to why wanted to be a doctor; I really enjoyed science but was also fascinated with how science translated into actual healthcare for patients. I worked in the NHS for about five years, at a time when biologics were really starting to take off. It was incredible to see the transformative power that these treatments had, but it also struck me that access to these medications wasn't as fast or as equitable as I had expected. Even when you have great science, how



do you demonstrate value and convince healthcare systems to adopt and pay for these medications, so that they can start working for patients and make the health impacts you want? As somebody who has spent time in different parts of the industry, understanding that holistic aspect of getting medication to patients is what really drives and motivates me.

WE HAVE SEEN SIGNIFICANT DIGITAL TRANSFORMATION OVER THE PAST YEAR, OFFERING US A WINDOW INTO THE FUTURE OF HEALTHCARE. WHAT SOLUTIONS FOR IMPROVING THE MANAGEMENT OF CHRONIC DISEASES ARE YOU MOST EXCITED ABOUT?

Digital has been an aspiration for most of the industry for several years now, and COVID-19, for all its bad aspects, has been a strong catalyst across the whole of drug development. We're looking at implementing more virtual studies and optimising our recruitment and touchpoints with patients. A fringe benefit is that you can run studies faster, easier, and cheaper. There's a real role for pharmaceutical companies in keeping engaged with physicians and allowing them to access knowledge and education how they want. Personally, I know what it's like to try and find time slots to read and keep up-to-date. Digital gives people that flexibility, which is very exciting for the future. There are chronic diseases where people must commit to their treatment, so having digital patient support programmes is crucial. We could also do more in telemedicine; as somebody with regional responsibility across Europe, I see different uptake speeds across different markets. We know the capacity issues that some healthcare systems have; telemedicine is potentially a fantastic solution, even outside of COVID-19, to advance healthcare.

ENCOURAGING NUMBERS OF WOMEN ARE PURSUING CAREERS IN SCIENCE. WHAT STEPS CAN COMPANIES TAKE TO SUPPORT THIS UPWARD SPIKE AND WHAT IMPACT DO YOU EXPECT THE PANDEMIC TO HAVE ON WOMEN ENTERING THE LIFE SCIENCES?

I'm pleased that the diversity conversation in all its different facets is now more centre stage. At LEO's executive level, we are reporting into the CEO at 50% women; that is an extraordinarily powerful message. I speak to women about why they feel they haven't fulfilled their potential; they tell me that they don't see a diversity of role models or females in leadership positions to whom they can relate, and that encourages them to have that aspiration. Diversity in all its forms is incredibly important. As a woman, it's a privilege to be able to encourage young females to move into

science. My niece who lives in Cornwall is not as exposed to different career options, so it was fantastic to put her in touch with female leaders; she's now doing a biochemistry degree. The more conversations we have, the better it's going to be for the future. Diverse organisations simply perform better; the incentive is there for us to make sure that we continue to drive that agenda.

Diverse organisations simply perform better; the incentive is there for us to make sure that we continue to drive that agenda

LEO PHARMA IS REPUTED FOR ITS WORK IN DERMATOLOGY, AN AREA WHERE ATTITUDES HAVE EVOLVED SIGNIFICANTLY. WHAT HAVE WE LEARNT ABOUT THE IMPACT OF SKIN CONDITIONS ON MENTAL HEALTH AND HOW CAN THE INDUSTRY ASSIST IN ADDRESSING THIS?

When I started as a doctor, I worked in a tertiary referral centre and saw severe cases of atopic dermatitis and psoriasis. I once saw a woman in her mid-20s with very bad facial and scalp psoriasis. She was in bits; she felt unable to take her children to the playground because she could see people wondering what was wrong with her. The stigma surrounding conditions of the skin had reduced her to a shell of a human being. It was one of my first experiences using a biologic treatment for such a condition; she returned a few months later and it wasn't her skin that you first noticed – it was her attitude. She walked into the office completely differently, exuding confidence, and the joy she clearly had for life had an enormous impact on me. If you have diabetes or hypertension, people understand and empathise. There's still huge stigma and ignorance surrounding dermatological conditions. Historically, dermatology wasn't a prioritised condition, but increasingly we've convinced payers that these diseases are important to fund because of the impact that they have on mental health.



YOU HAVE HELD LEADERSHIP POSITIONS ACROSS SEVERAL COMPANIES AND CULTURES. WHAT IS THE MOST IMPORTANT LESSON YOU HAVE LEARNT ABOUT LEADERSHIP?

The best piece of advice I can give is to stay curious. I've been lucky enough to work for different therapy areas, companies, and markets, and I learn something every day. You must be open to learning if you want to keep evolving. The world nowadays is extraordinarily uncertain; we must navigate ambiguity. The VUCA (volatility, uncertainty, complexity, and ambiguity) concept has never been more real than it is now and staying still today will not make you successful in the future. We must be agile and respond and adapt quickly. I started at LEO when I wasn't necessarily meeting people face-to-face, and to create an environment where you can be curious, you need to create a trustful dynamic. Trust can form through exhibiting vulnerability and allowing people to share ideas and express opinions that move things forward.

HAVING LIVED IN THE UK, SINGAPORE, PANAMA, AND NOW COPENHAGEN, WHAT COMMON HEALTHCARE CHALLENGES HAVE YOU NOTICED THAT MANIFEST ACROSS THE GLOBE?

Regardless of where I've been, access to medicines is fundamental. In the UK, individuals have universal access, but speed and rapidly accessing treatments doesn't always happen. In Central America it was the diversity of access; a section of the population could afford to pay while a huge part of the population couldn't. Singapore was not too dissimilar. Access to treatments is a global right and it's something that I see as our responsibility. We need to find ways of partnering with payers to ensure both speed and breadth of access. We do our best to make global availability of treatments possible, but I don't think that any market can honestly say they have 100% of the medications they need when they need them; that's the reality and a common goal that we must work together to resolve. ●

THE EXPECTATION VS REALITY OF DRUG LAUNCH

Drug launches are tough events to predict. There are varying forces at play, multiple considerations to juggle, and unexpected events can impact revenues and outcomes. This infographic reviews drug launches from recent years, comparing the expectation vs reality of launch, the increase in first-time launchers, and the impact of COVID-19 on the landscape.

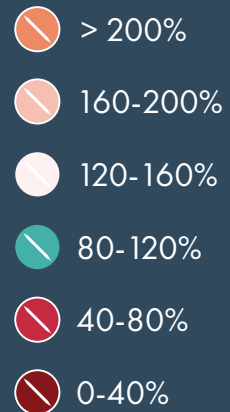
OVERVIEW OF US DRUG LAUNCHES (2012-2017)

YEAR 1 PERFORMANCE

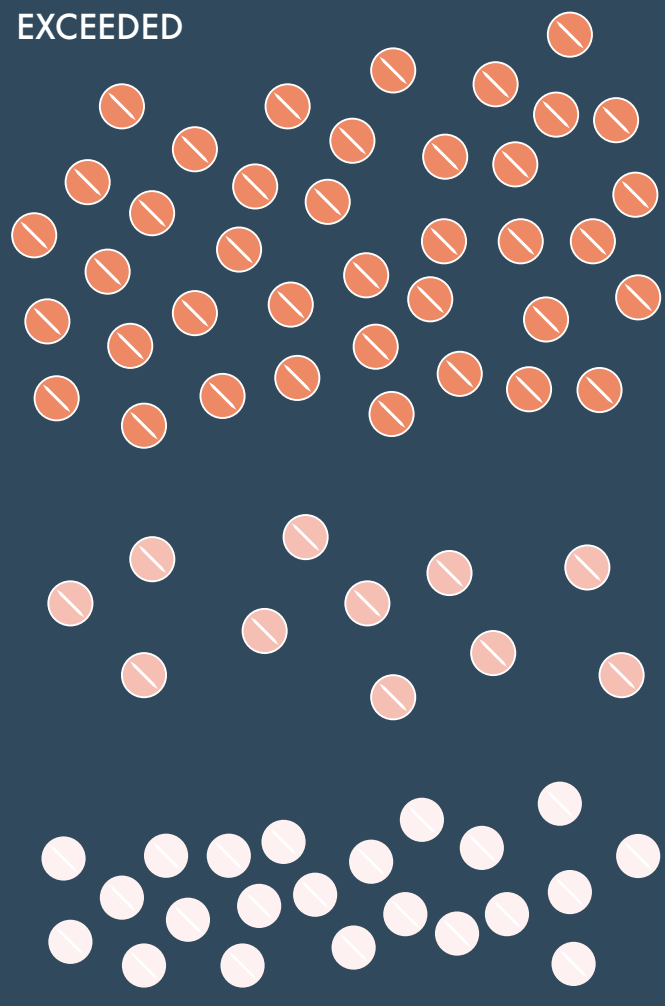
Forecast vs actual sales >>



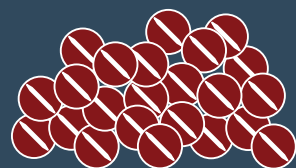
ACTUAL SALES AS A PERCENTAGE OF FORECAST



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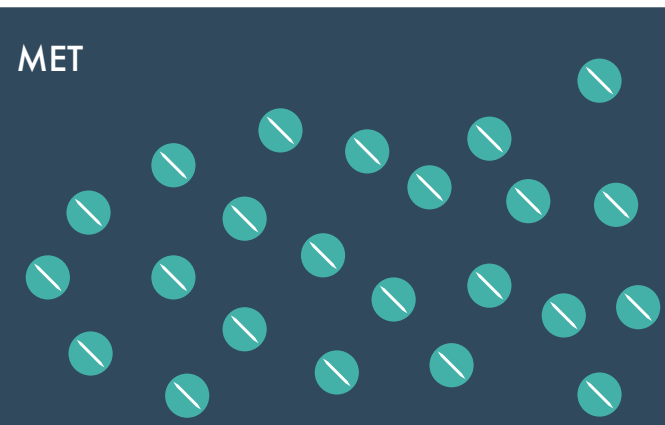


MISSED



23 drugs

MET



23 drugs

MISSED



31 drugs

Source: Deloitte, 2020

REASONS FOR SLOW YEAR 1



Limited market access



Misunderstanding of market and customer needs



Poor product differentiation



Unfavourable safety profile



Low priority for resource allocation



Unforeseen events

Source: Deloitte, 2020

THE GROWTH OF FIRST-TIME LAUNCHERS

Drugs launched per period by company type

First-time launchers Successive launches by former first-time launchers Launches by large pharmaceutical companies



2006-10



2011-15



2016-18

>50%

of blockbuster launches due for the next 4 years will be from first-timers

First-time launches have increased by >3X since 2006

Source: McKinsey, 2020

DRUG LAUNCHES DURING COVID-19

Between February - August 2020:



of launches were put on hold



of launches were impacted by regulatory delays



launches faced external challenges such as supply chain issues

By May, the period between drug approval and patient use climbed from 17 to 58 days

By September, this number had reduced to 21 days

Source: McKinsey, 2020

A debate on DIGITAL TRANSFORMATION



LAUREN LI

Global Head of Digital Health, Ipsen



FRANCESCA WUTTKE

Chief Digital Officer, Almirall



TIMOTHY WHITE

Vice President, Head of Global Digital Commercial, Teva Pharmaceuticals

Following the worldwide adoption of digital platforms and tools last year, the pharmaceutical industry has advanced and adopted a digital mindset. In this roundtable, three thought leaders share their perspective on pharma's progress in this realm, detail the barriers in the way of digital transformation, and outline their vision for the future.

WHAT DREW YOU TOWARDS A CAREER IN DIGITAL TRANSFORMATION?

Li: A common theme through all my professional and volunteer experiences has been helping to broaden access. Right now, I'm focusing on building a bridge between digital technology and pharma to enable broader access to better quality care. Today's industry is ripe for digital transformation, but we need people who truly understand that pharma can go beyond tech buzzwords to define tangible applications, and that's a role I love playing.

Wuttke: It's exciting to be at the vanguard of a space on the cusp of real transformation; to be providing significant benefit to patients, physicians, and our business. I love that digital health can impact lives in a meaningful way; we can treat patients more holistically and deliver deep insights via data analytics. Our mandate is broad and we're embedding digital across the whole company end-to-end.

White: I grew up in a creative environment having played and written music from childhood, so while many people consider digital transformation to be 'technical' in nature, I think it is probably the greatest creative outlet that the world has ever seen. When I entered pharma, I was confronted by this opportunity to help a sector that was saving and improving people's lives.

HOW DO YOU THINK THE PHARMACEUTICAL INDUSTRY'S ATTITUDE TOWARDS DIGITAL COMPARES TO OTHER INDUSTRIES, BOTH HISTORICALLY AND AT PRESENT?

Li: 'Digital health' as a concept has been around for over 2 decades, but in the past 5 years it's started to garner momentum. A convergence of forces have pushed pharma companies to realise the potential that digital holds. One is the rising competition and subsequent need for differentiation;

second is the foray of big tech into healthcare, applying pressure and sparking inspiration for new ways of delivering care; thirdly, we can't ignore COVID-19's role in forcing a spotlight on the critical value of digital healthcare.

Wuttke: We are behind in terms of the extent to which we have disrupted our own industry but are making good headway fast. Looking at the automotive industry, there were several car manufacturers that tried to impose a shift to electric vehicles but weren't taken seriously. Tesla listened to customers to understand what they wanted and have broken away from the pack. It's important to think about patients as people, not as their specific disease. Digital solutions and advanced analytics allow us to understand how to add real value to patients' lives in the same way that consumer-driven approaches have put Tesla on the map.

White: There is often a narrative around the pharma industry being old and conservative. While there is some truth to this, this isn't necessarily correct. Pharma operates in a strictly regulated environment, which does put constraints on what is possible; however, within these constraints, great ideas with relentless execution still win. We are an innovative R&D-based industry that benefits greatly from advances in digital technology. Pharma is well-suited to adopt elements of digitisation even further into the future, notably as our customer base more rapidly adopt technology in their daily lives.

COVID-19 HAS ACCELERATED DIGITAL ADOPTION WITHIN THE PHARMACEUTICAL INDUSTRY; WHAT BARRIERS STILL STAND IN THE WAY OF DIGITAL TRANSFORMATION ACROSS THE SECTOR?

Li: While COVID-19 has catapulted pharma into rethinking how we conduct clinical trials and engage customers to ensure the continuum of care, we need policies to catch up, pharma culture and processes to shift, and the digital talent gap to close. We also need to adopt digital as a mindset; creating a culture of 'test fast and learn fast' and adopting processes that encourage it. None of this can happen without people. Digital healthcare talent is in shortage, but companies can and should cultivate digital champions in-house through training and upskilling.

Wuttke: COVID-19 has served as a huge catalyst; we've drawn on solutions that have been around for some time because we didn't have any other choice. Telemedicine has increased and will persist long after the pandemic; patients have come to accept it as the norm and physicians have become more acquainted with it as a mechanism. The scepticism around digital has waned and the urgency of application has greatly increased. There seems to be an acknowledgement that digital is now a must-have rather than a nice-to-have.

White: What has accelerated is the mindset shift in the industry, realising that in an always-on, on-demand, omnichannel world, any commercial approach needs to

provide a superior customer experience. We still have a way to go to deliver on this promise, but I do think that the pandemic will be a catalyst for changing our approach towards our customers.

CONSIDERING THE POSITIVE IMPACT THAT DIGITAL COULD HAVE ON THE HEALTHCARE LANDSCAPE, WHAT IS YOUR HOPE AND VISION FOR THE NEXT FIVE YEARS?

Li: I particularly look forward to seeing digital further propel personalised medicine and patient centricity. As more therapies become available, HCPs no longer just need a drug; they need to know what the right drug is for the right patient at the right time. At the same time, HCPs are burdened with electronic health record data entry and yet are deprived of actionable insights to inform individual patient care. There is a tremendous opportunity for personalising care with small and big data and advanced analytics. As technology permeates every aspect of our lives, pharma companies should seek to better understand the holistic 'life flow' of patients rather than the typical 'disease journey' and amplify the voices of patients as well as caregivers and families.

Wuttke: I hope that the acceleration we've seen will create sustained growth across the digital health ecosystem, change the treatment paradigm, and address a myriad of different conditions rather than just one. It's exciting, but more education has to be done. Patients need to know that software as a drug can be as powerful as traditional therapeutics, and physicians need to know that these are more than just apps; they're evidence-based and driven by cognitive behavioural therapy, acceptance therapy, and positive psychology. These disciplines can have a real impact on the outcomes of patients. I think the future of digital is bright!

After the pandemic, digital will help the healthcare setting to become much more people-centric

White: I believe that after the pandemic, digital will help the healthcare setting to become much more people-centric. It might seem to be a dichotomy, but I believe that the best uses of technology in healthcare are the ones that allow for deeper, more personalised relationships between patients and professionals alike. Just think of how quickly telemedicine has been accepted or the platforms for booking and managing COVID-19 tests; these activities are allowing people to use technology to manage both their personal health and the overall healthcare system. The 'forced change' has given people first-hand experience of it done well, so I'm optimistic about what the future offers. ●

FINDING HUMANITY WITH AI

Words by Michaila Byrne

The primary goal of medical affairs is customer centricity. With the help of artificial intelligence, teams can extract valuable insights, uncover unmet needs, and make faster, more informed decisions. How can AI help MA retain their human touch as the industry reimagines the field and creates a best-in-class function?

The collection of data has been going on since the Ice Age when tally and tick marks were being etched into cave walls to record and keep track of food inventories. Throughout history, custodians of knowledge have contributed towards everything from the advancement of civilisations to scientific discoveries; medical affairs teams act as the primary data gatherers in the pharmaceutical industry, uncovering and communicating the needs of healthcare professionals. For this title to fit in the 21st century, a human touch blended with the power of artificial intelligence is the path forward to help MA generate new insight, sift through large swathes of medical data, and edge closer to the goal of customer centricity.

“In MA we are now producing huge amounts of data, from evidence generation activities, advisory boards, scientific exchanges, and most importantly, in the field. To use this data to the benefit of our customers we must leverage the

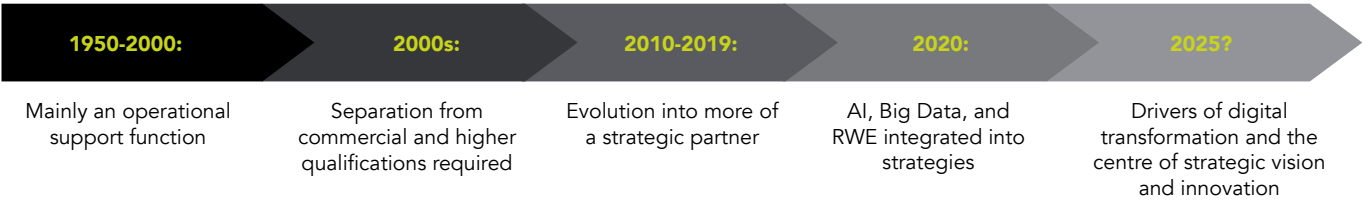
opportunities now presented by technology, in particular data analytics and AI,” says Alexander Bedenkov, Vice President, Medical, International, AstraZeneca, speaking at Reuters Events' Pharma Customer Engagement Europe. Face-to-face contact is a cherished and crucial aspect of the MA role, but teams whose oversight spans larger areas could certainly benefit from the assistance that AI offers. As Victoria Ho, Head of Medical Capabilities and Excellence EUR/INT, Jazz Pharmaceuticals, points out: “If you’re a medical science liaison responsible for a large geography, you obviously have to use technology to deliver a service, because you cannot be in every place at every time.”

Personability is something that the MA function prides itself on, but AI entering the picture doesn’t mean it must be relinquished; rather it allows MA to focus on their primary purpose as insight gatherers. “MA designed for the 20th century will be eclipsed by the current era of patient-centric

and digital healthcare of the future. This makes it increasingly important that we understand customers’ needs and provide the right knowledge at the right time to physicians,” says Bedenkov. We must find a way to work within that sweet spot where technology and humanity can operate in harmony, something which the industry is referring to as ‘human-centric

The Evolution of Medical Affairs

Source: Springer, 2021



We must leverage the opportunities now presented by technology, in particular data analytics and AI

AI. But how exactly does it work? Nipun Jain, Head of Medical IT and Digital, International, AstraZeneca explains: “The advanced machine learning algorithm can quickly understand and respond to these queries to analyse both structured and unstructured data sets. Working together with human AI, our pharma expertise has helped unlock the potential of what this AI-driven platform can do.”

It is all about bringing insight to where the decisions are being made as quickly as possible. “We have a lot of understanding of the needs of clinicians and the patients in the heads of field-based teams. We have seen an explosion of tech companies promising to be able to streamline processing within the pharma industry in the last 2 years and that’s not a coincidence,” says Ho.

This shift will require buy-in from the whole MA function. The MA field role is being reimagined in the light of the pandemic, and both individuals and teams need to be kept as up to date as possible through upskilling. Jain confirms: “Our teams are uplifting their practical capabilities in areas that will be increasingly vital in the future of MA. They’re developing their skills in data analytics, AI, and machine learning, to help them to make the most of new technologies and shape future ways of working.” Bedenkov is similarly optimistic: “It is obvious that measuring field medical impact has often presented a challenge; a growing amount of data is gathered from multiples sources and tools. Human-centric AI can be effective in solving this problem. It is certainly an exciting time.”

Since the dawn of time, we have been honing our ability to collect, store, and share information and have never stopped embracing new tools. Whether it be the passing down of melodies and lyrics in folk music, or baking clay tablets to record censuses, humanity has always strived to improve its ability to share knowledge. AI presents a pivotal opportunity for MA to leverage data while retaining a human-centric approach, ultimately making decisions faster and easier to act upon. It is by utilising such apparatuses that we can evolve even further to create the most sophisticated best-in-class MA function. ●

TAILORING CONTENT TO INTERNATIONAL WATERS

Words by Michaila Byrne

The one-size-fits-all approach to content is proving to be a tired and outdated model. In order to deliver true value to healthcare professionals, modern marketers need to tailor their output based on their customers' geographical locations, personas, preferences, and needs.



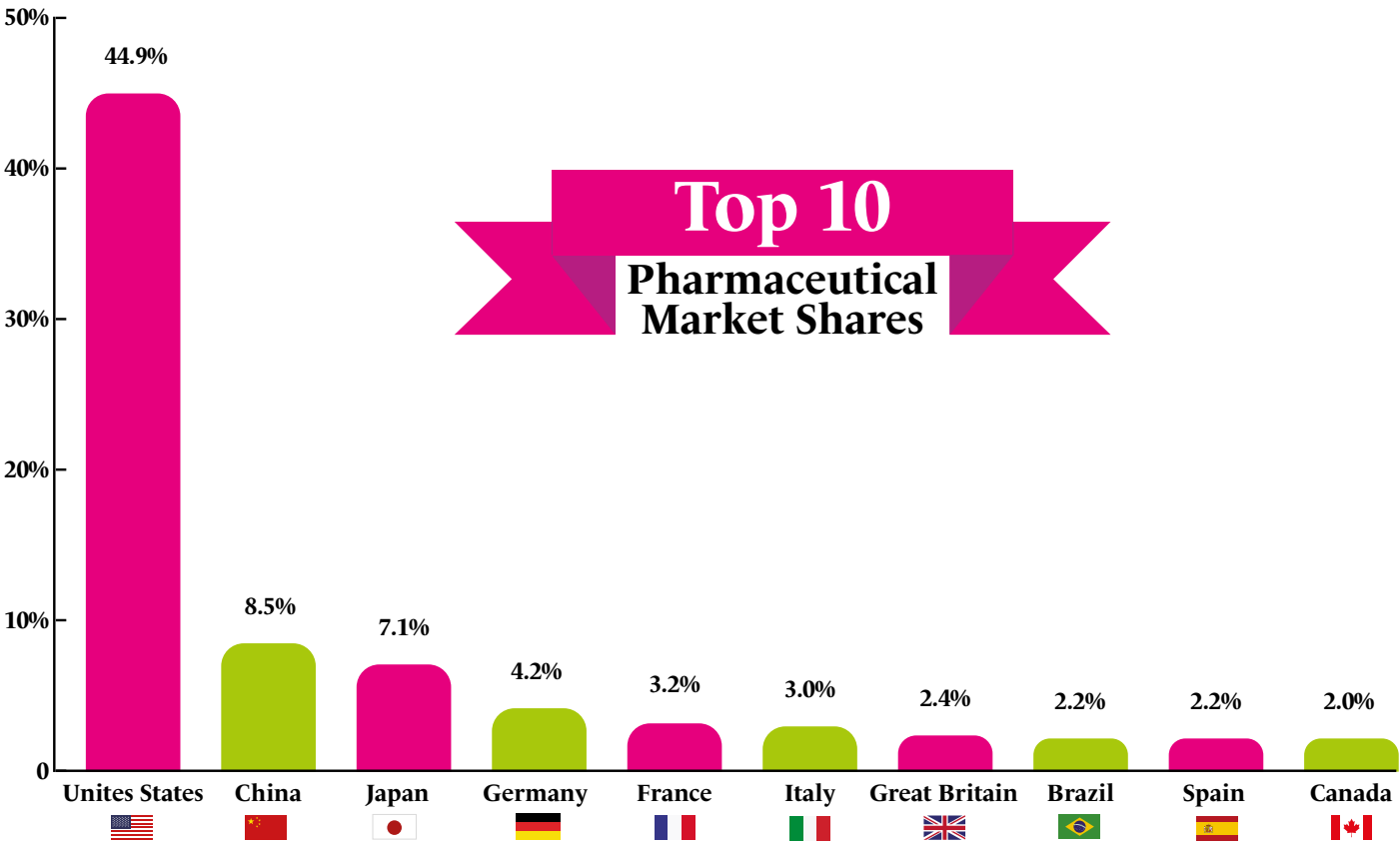
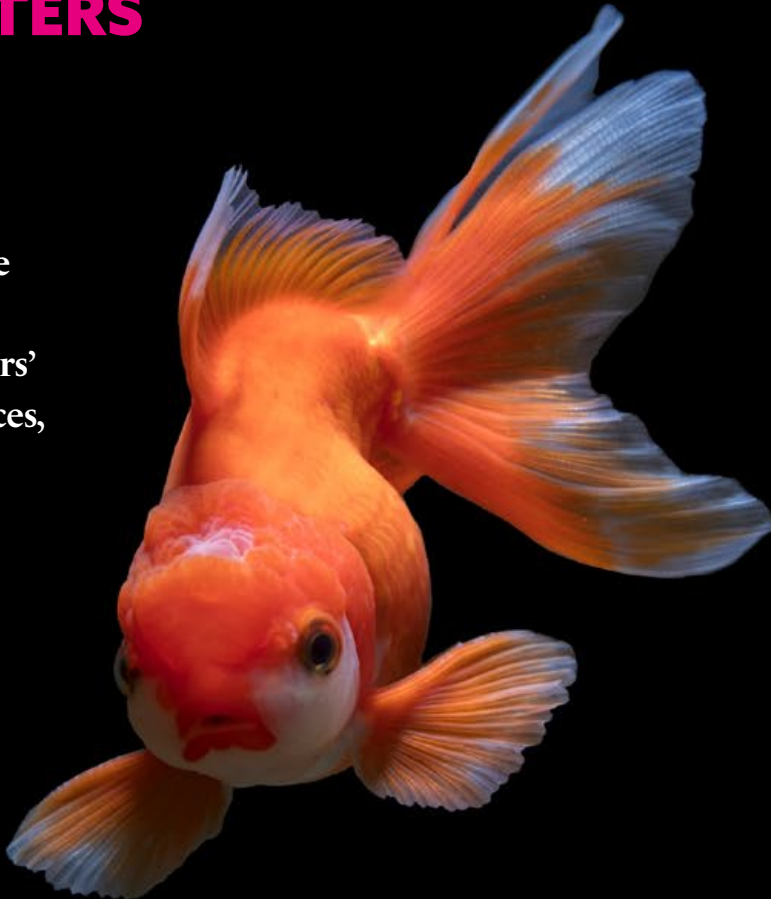
Before a fisherman threads bait onto their hook or even casts a rod, there are numerous calculations to be made to optimise the chances of reeling in that coveted catch of the day. Everything from the depth or temperature of the water to utilising tools that detect ultrasound waves is a contributing factor, but above all, approaches are dependent on the type fish they are aiming for.

When it comes to creating content for healthcare professionals, pharmaceutical marketers need to understand the respective demands of their target audience across countries and apply that knowledge to personalise content based on individual personas and needs.

In a post-COVID-19 era, traditional push marketing simply will not fly, ultimately it will leave marketers walking home empty-handed. "We've learnt that a pushing branding strategy is not very effective. Our HCPs have their own online ecosystem. Fishing where the fish are works much better than the other way around," explains Stefan Scheepers, Business Director, Digital Health, Mobiquity, at Reuters Events' Pharma Customer Engagement Europe. Speaking at the same event, Florent Edouard, Senior Vice President, Global Head of

Commercial Excellence, Grünenthal agrees with the sentiment that push marketing of the past is dead: "Now physicians are reconciling between being physicians and consumers... we need to stop pushing stuff to people that they don't want to see; that never added any value anywhere."

Disparities between the experiences and expectations of different countries and healthcare systems has been more apparent following the COVID-19 outbreak. For marketers, communication with teams in the earlier affected countries became crucial. "By understanding what was going on in the early markets – how they were adapting, what was working – we were able to share those experiences elsewhere



Source: Statista, 2021

get better prepared," explains Chris Round, Executive Vice President, Head of International Operations and Global Core Franchises, Merck KGaA at the Reuters event. The ability to share what is taking place in different markets is fundamentally what differentiates global companies from more local ones. "We've had the opportunity to build off of the experience of others, not just for the first wave but also for the second, and on an ongoing basis."

While complex, at its core, the mission is about tailoring and tuning content to individual countries, and to take it one step further, to individual human needs. Chiming in on the same panel, Chetak Buaria, Global Head of Customer Engagement and Channel Evolution, Merck, explains: "Let's face it, you don't have a one-size-fits-all approach that will work in every market. From northern Europe to southern Europe, there are differences that are driven by culture. When you say 'customer-centricity' you are dealing with a human being on the other side."

Also speaking at the Reuters event, Sandra Silvestri, Global Head of Medical, General Medicines, Sanofi stresses that in order to become truly customer-centric, the HCP experience must become pharma's sole focus: "Tailoring and industrialisation can really go together. We can create a content factory that can be assembled then localised according to the different needs country-by-country and persona-by-persona." This is possible through the

use of artificial intelligence, omnichannel approaches, and marketers taking full accountability for customer engagement, brand strategy, and the patient journey.

Tailoring and industrialisation can really go together. We can create a content factory that can assembled then localised

There are of course undeniable and unifying similarities between the experiences of HCPs, but marketers need to spend less time engrossed in outdated marketing models and instead school themselves on the nuances and demands of their prized target. HCPs are being inundated with content right now, but with a conscious shift in mindset and an awareness of the HCP as a human, marketers can personalise their experiences and begin casting the right bait into the right waters, basing strategy on facts rather than assumptions. ●

THE REALITY OF CAREGIVING IN A CRISIS

Words by Isabel O'Brien

While the pandemic has placed pressure and strain on all members of society, it has had a profound and lesser acknowledged effect on unpaid and family carers. What has been the impact of COVID-19 on those looking after loved ones and how can we better support them in the future?

The unpaid and family carers in our society can easily go unnoticed. Whether they are queuing in line at the pharmacy or helping their loved one out of a car, the world tends to not see their efforts, and recognition is lacking. For many, it is not a job – rather a privilege or a duty, but when we consider the responsibilities that caring can entail, we quickly realise that the role is physically, mentally, and emotionally demanding, and that we must work harder to support our informal caregivers.

“Caregivers are not taught the role. One day they are a wife, partner, working or not, but living a life without care. The next day their loved one comes home with cancer [or another diagnosis] and from that moment on they become a caregiver with no help or support,” explains Sharon Curtis, Caregiver and Charity Manager, The Swallows Head & Neck Cancer Charity.

While the pharmaceutical industry has become more patient-centric in recent years, their support for caregivers is notably underdeveloped, and the pandemic has only exacerbated the pressure and need for acknowledgement and growth in this realm.

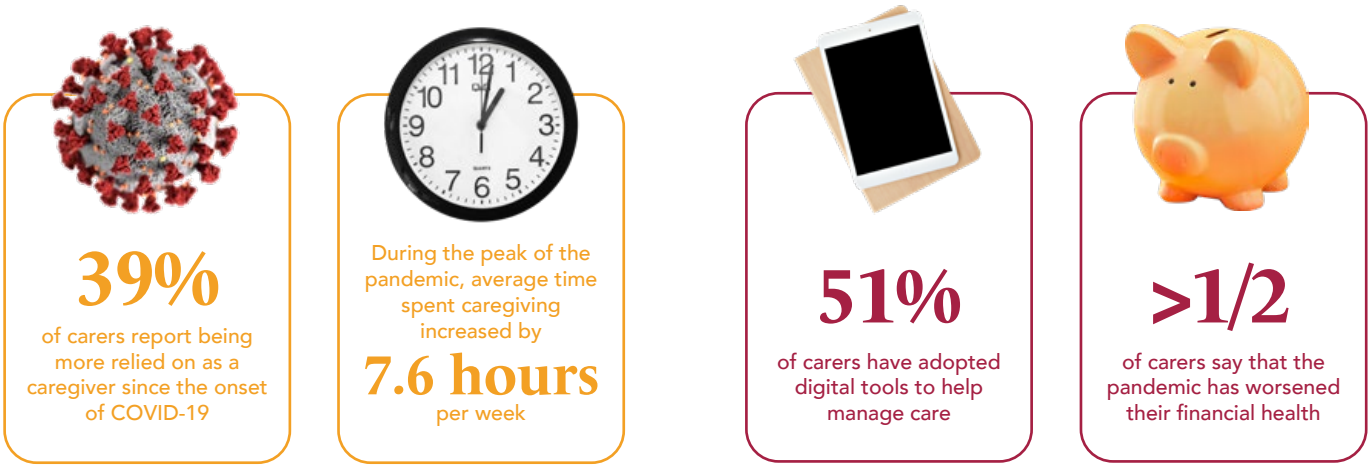
“The need to provide emotional support to the patient has always been a critical part of caregiving, but the pandemic really showed how deeply this is felt by the carer,” says Vanessa Pott, Director, Global Patient Insights and Advocacy, Merck Group.

Pott’s team produced a report in 2021 called ‘The Carer Well-Being Index’ as part of a conscious effort to decipher the impact of the pandemic on the caregiver population. The report revealed that 61% of carers disclosed worsened emotional and mental health due to the pandemic, and only 17% reported talking to other carers to improve their mental well-being, despite the belief that this would help. “In a virtual world, carers may not have access to their own support networks, and visiting with friends and family becomes difficult, if not impossible,” explains Pott.

In keeping with the shift to virtual interaction, the flip from physical to remote healthcare delivery, although beneficial in some regards, has also physically separated patients from their physicians. Curtis raises the difficulty of “dealing with the news of cancer and consultant appointments via the



Merck’s ‘The Carer Well-Being Index’



Source: The Carer Well-Being Index, 2021

new technology appointments.” Once the line goes dead and the consultant moves onto their next call, a caregiver becomes the sole source of support and guidance.

Anil Patil, Founder and Executive Director, Carers Worldwide, expresses that the impact has been exceptionally severe on carers in low-to-middle-income countries (LMICs), citing India, Nepal, and Bangladesh as examples. He affirms that caregiver’s mental health has been compromised, with financial factors dominating as a primary cause of emotional strain. “These countries have not implemented furlough schemes or anything similar,” he says. “Clearly, the pandemic has exacerbated a great emotional need on both the patient and the carer, and we all have a role to play in addressing it,” asserts Pott.

Curtis calls for an investment of time and resources to understand the world of the carer. “Pharmaceutical companies could look to understand the role of a caregiver and help fund projects that look to improve the caregiver journey, but more importantly the quality of life of the caregiver.” Pott agrees, stating: “Taking their needs and challenges into account when developing support materials and creating partnerships can help alleviate some of the challenges outlined in our report.”

In the short term, Anil suggests that the industry unite caregivers with relevant organisations that can offer emotional, financial, and practical support in the wake of COVID-19. “They could facilitate common platforms for the industry representatives, local service providers (private, charity, and not-for-profit), carers, and patients, to come together and plan for the COVID-19 recovery phase,” she says. Continuing to apply that in LMICs in particular: “This should reach not only the middle-class urban families, but also those living in rural areas.”

The pandemic has exacerbated a great emotional need on both the patient and the carer

While the industry must look to support those caring for the patients they serve, this mission must also look inwards. “Consider the fact that you have carers amongst the employees at your company, whether they’re vocal about their roles or not,” says Pott. “Providing opportunities for flexible work schedules and creating a culture where caregiving is recognised and respected can go a long way in ensuring carers are able to continue their professional careers while maintaining their caregiving responsibilities.” Pharma must create a culture in which caregivers feel comfortable to come forward and ask for support as they juggle this role alongside their professional responsibilities.

Creating a deeper understanding and visibility of all carers is a challenge, but pharma has a duty to its patients and its workers to illuminate and aid caregivers in their essential work. “When we start focussing not only on including the patient voice, but also the voice of caregivers, we gain important new insights that can help us develop better products and services,” concludes Pott. Sophisticated insights result in better treatments, adherence, and trial participation, rendering this mission far more than simply an act or symbolic gesture of altruism, but a necessary avenue to improve outcomes overall. ●

NURTURING INNOVATION IN MATERNAL HEALTH

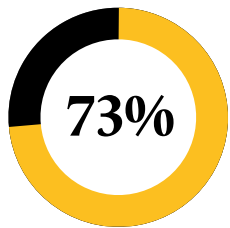
Words by **Cheyenne Eugene**

Over recent decades, there has been a deficit of drug development within maternal health as well as a lack of pregnant participants in clinical trials. What are the reasons behind these shortfalls and how can the industry prioritise maternal health going forward?

‘Motherhood’ is a globally symbolic concept that crosses continents, language, and cultures, one firmly entrenched into our everyday language in expressions such as ‘mother earth’ and ‘mother tongue’. Despite this, statistics suggest that innovation within maternal health is not being sufficiently nurtured; in the last 30 years there has only been one new drug developed for preterm birth and the past 50 have laid witness to zero new therapies to prevent miscarriages. The phrase ‘drug drought’ has been gestating and calls to action are being heard within research and development throughout the pharmaceutical industry.



3/4 women take some medication during pregnancy



of drugs have no safety information for use in pregnancy



new drug has been produced in the last 30 years specifically for use in pregnancy

Source: University of Birmingham, 2021

Describing the industry as “ripe for disruption”, Keren Leshem, CEO, OCON Healthcare says: “Women’s health has been under-invested in and overlooked for many decades... the overarching work for women’s health companies is breaking down taboo and stigma around women’s bodies.” She acknowledges that challenges stand in the way of this essential progress: “Building a pharmaceutical or drug delivery device targeted at a specific population is incredibly expensive and long.”

Professor Arri Coomarasamy, Joint Director, WHO Collaborating Centre for Global Women’s Health, details this further: “The poor economic return from pregnancy drugs, as pregnancies last for a limited period, creates fear that there will be no long-term usage and financial accrual. However, as pregnancy is common, the economic return can make a viable business case, so these factors need not be deterrents to new drug development.”

There is a notable absence of certain demographics within clinical trials, a fact that has been highlighted by the COVID-19 pandemic in all therapy areas. Women have been historically excluded from drug trials, often owed to their hormonal cycles, metabolism rates, and difference in disease manifestation which may skew results. Leshem explains: “Women, along with people who are transgender and gender-nonconforming, have been excluded and underrepresented with consequences for their health.” Leshem recognises that there are “dilemmas for the drug developers to include [pregnant participants] due to high-risk and ethical questions.” This is a concern also noted by Coomarasamy: “I believe the shortfall in new drugs relate to a fear of litigation, particularly if a new drug is found to cause harm to a newborn baby. However, there are robust mechanisms for managing risks.”

Exclusion of pregnant participants in research, due to both industry and participant hesitancy, leads to a lack of knowledge about how medications and dosing for chronic conditions should be managed during pregnancy. “There is limited data regarding how certain conditions, therapies, and dietary supplements affect pregnant and lactating women. This lack of research is to the

An industry ripe for disruption

detriment of women’s health and safety.” Coomarasamy seconds this: “Unless pregnant participants are included in clinical trials, we would not know if the result of a treatment applies to them. Guessing is not good enough.”

Considering the future and a solution-based focus, Coomarasamy explains: “The pharma industry needs to have a nuanced approach to the risks of medicines in pregnancy and be willing to make investments in the healthcare needs of women who are pregnant.” He insists: “Involving women who are pregnant and patient representative groups in the prioritisation of research questions and the development and trial of new medicines, would allow progress to be made.”

In relation to R&D, Coomarasamy comments: “The priorities will be to study the major pregnancy complications including miscarriages, ectopic pregnancies, preterm birth, and more. We need to study the aetiology and mechanisms of these conditions and explore novel therapies.” Referring to where the research is most relevant, he highlights a salient point: “As most of these complications in pregnancy occur in low-income countries, we will need to find affordable solutions.”

This is undoubtedly a lively and opportune time for women’s health. Leshem says: “With a true focus on women’s health, more money circulating into this field, and large pharma making bold acquisitions in this space, I’m sure that the next decade will be unrivalled in terms of innovation, investments, products, and services for women’s health to increase our quality of life.” She places emphasis on investment and how funding drives innovation: “Investing in and getting more women involved in investing is the way to cultivate more successful, innovative, and profitable companies.”

Maternal health is a vast landscape of fruitful and fertile ground. Addressing risk concern, diversifying investment, and improving inclusion within clinical trials are tangible solutions to this currently underserved area. These are the seeds that need to be sown in order to transform this drug drought, and beckon in a boundless and flourishing future for mothers and the communities that treasure them. ●

Getting more women
involved in investing is
the way to cultivate more
successful, innovative,
and profitable companies



≈ 810

women die every day
from preventable
pregnancy related
conditions and
childbirth

Source: WHO, 2020

WHAT IS THE CRITERIA FOR A GREAT IDEA?

Words by **Cheyenne Eugene**

Ideas are gold dust. As humans, we are products of our environments and the pharmaceutical industry is one of the most innovative sectors on the planet brimming with Newtons, Curies, and Edisons alike. Since the outbreak of the COVID-19 virus, rapid digital transformation, idea generation, and problem solving have never been as heavily emphasised, with more solutions being encouraged and implemented daily.

So, you've just had a eureka moment and are keen to let your team know about it; before making that proposal, consider - what boxes does a genuinely brilliant idea needs to tick and does it have to be scalable to be successful?

At its core, the criteria for digital innovation proposals are the same. "The first thing we look at is the patient and healthcare professional," explains Denise Dewar, Digital Hub Director, Europe, Japan, and Canada, GSK, speaking at Reuters Events' Pharma Customer Engagement Europe. "If there's something that we want to deliver, be that a programme or message, first and foremost the question will always be 'Is this going to be relevant for the HCP?'" Also speaking at the Reuters event, Neelesh Shanbhag, Chief Information Officer and Vice President, Business Technology, Asia Pacific, Janssen, outlines the criteria for innovation: "How strong is the idea? How far outside the box is it? How does it align with the business strategy that we have set ourselves for the next 3-5 years?"

Having the data to observe, trial, and track whether an idea is working is ever more crucial. "It's always a question of 'is this working or not?'," explains Dewar. "We're starting to be able to answer that through data. You have to remove yourself from the question and start finding the data that corresponds." Naturally, this does not come without its own set of challenges, and from an organisational perspective, there needs to be a system that collates all relevant data in order to help answer those big questions. "It's massively fundamental in understanding how we can deliver upon what the customer really wants," says Dewar.

For an idea to be executed and demonstrate a quantifiable outcome, an organisation's consistency in the process of how new ideas are managed is important: "It's good to have some form of structure in terms of how we compare, invest in, and start to nurture new

ideas," says Shanbhag. This is detailed further at the Reuters event by Dan Atkins, Vice President, Digital Innovation and Insights, Shionogi Europe, he explains: We look to see if we've tried to run a similar idea in a different market or different therapeutic areas so that we've got some analogue work to figure out if we can build that area further... Sometimes we tried an idea previously, but it was too soon, and it comes around again and we find we're in the right zeitgeist to roll it out again."

You have to remove yourself from the question and start finding the data that corresponds

Zeitgeists and cultural nuances mean that some ideas may be better suited to one market over another. Is scalability compromised with tailored approaches or is there a balance to strike? Shanbhag speaks of the "common core" for digital innovation which can be shared by all markets and the "last mile" which can be tailored to stakeholders depending on their location and therapeutic area. Dewar concludes: "It's vital that there is always that lens from an individual market perspective whilst also trying to keep strategically aligned as an organisation."

The rate and expansion of digital innovation in pharma offers a rare advantage and puts the industry in a privileged position. Since COVID-19, pharma's already prolific nature has left a taste for change and is enabling more efficient methods of testing and implementing those innovative changes. Refining organisational processes that facilitate and support brilliant ideas will encourage valuable idea generation. When an idea strikes, much like a falling apple on the head, pay heed to it. Ideas are to thank for carrying us out of a global crisis. Where could your next lightbulb moment take us? ●

SPoonFUL OF COLLABORATIONS

We highlight four standout apps that have been created by, or in collaboration with, pharmaceutical companies to facilitate a better quality of life for patients. These apps aim to improve patient autonomy and treatment delivery as well as act as lifelines for those living under COVID-19 restrictions.

ABBOTT'S NAVICA

Abbott is launching a smartphone app, NAVICA, to be used alongside its newly approved Panbio™ rapid COVID-19 antigen test. The app functions like a secure mobile boarding pass; if you test negative, it will display a temporary encrypted digital pass via a QR code. This technology could streamline access into facilities where people congregate, such as office buildings and schools.



VIIV HEALTHCARE'S KLICK

ViiV Healthcare is collaborating with the Chelsea and Westminster Hospital NHS Foundation Trust to develop a new smartphone app to improve access to care for patients with HIV. Klick allows patients to manage appointments, carry out health assessments, review results, and correspond with their team of healthcare professionals.

ROCHE'S MYSUGR

Eli Lilly is following in the footsteps of Novo Nordisk as they sign up to supply data to Roche's mySugar app, which is used by people undergoing treatment with insulin pen therapy. The two companies will integrate data from Eli Lilly's connected insulin pen solutions into the app, as part of Roche's ongoing pursuit for integrated personalised diabetes management. ●



AMGEN'S REHAB+

Amgen is teaming up with digital health company Liva Healthcare to develop Rehab+, an app that aims to prevent repeat heart attacks. Rehab+ incorporates services such as educational content, monitoring and tracking, personal coaching, and a support community to ignite long-term lifestyle changes as a form of heart attack prevention.

SUSTAINABLE SOLUTIONS FOR A GREENER TOMORROW

Words by **Michaila Byrne**

Sustainability has become a crucial focus for all industries, and for one that prioritises patient and public health above all else, pharmaceuticals is certainly no exception. From drug development to disposal, how can all processes and functions be considered through a greener lens, and work towards a healthier and safer future?

Consumerism with a conscience has surged in prominence over the past 5 years; interested individuals can cast votes with their money opting for ethical products, avoiding unethical companies, and judging them by everything from treatment of animals to their carbon footprint. With consumers increasingly scanning for the Fairtrade label and dictating the market standard, drugs will soon be no different from coffee and clothing brands, and the pharmaceutical industry must assess their practices, processes, and principles when it comes to drug production and pave the way for a sustainable future.

We now understand the direct correlation between the planet and human health. “The link between environment

Commit not only sustainable practices, but measuring the long-term value that these activities deliver

and health is becoming ever more obvious. It’s all about how we want to live together on this planet,” says Debbie Hobbs, Group Director of Sustainable Business, ISG, speaking at the WIREDHealth virtual event. As we recognise these facts, all industries will need to adjust the way they operate accordingly and accept that things which may have been acceptable in the past will have no place in pharma’s future.

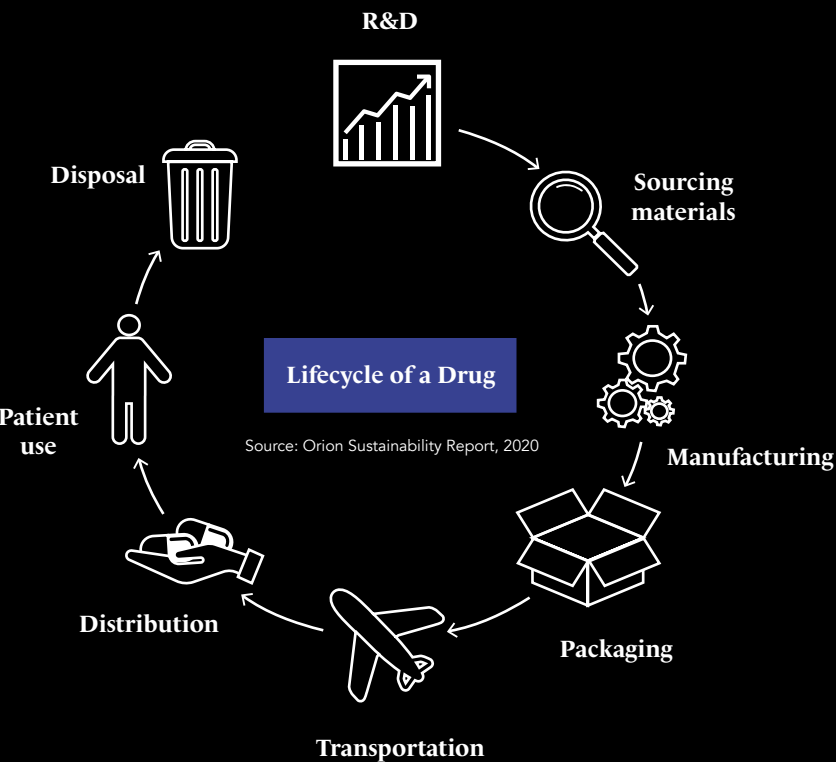
Pharma has a uniquely mighty influence, and arguably their portrayal as an environmental villain is misleading. The industry possesses the capacity to make a sizable dent when it comes to the consumption and proper disposal of plastic and waste across water, energy, and emissions. Noora Paronen, Head of Corporate Responsibility, Orion Corporation explains: “The pharma industry is not behind in terms of sustainability. It has been an important area for the industry for a long time and perhaps issues related to it just have not been brought forward so much compared with, for example, the automobile industry.”

A large part of this shift is reflective of what we see in all areas of consumerism. With David Attenborough and Greta Thunberg placing pressure on governments and engaging people of all ages with the climate crisis, healthcare payers and care providers are now also demanding accountability when it comes to sustainable practices. Speaking at WIREDHealth, Pamela Spence, Global Health Sciences and Wellness Industry Leader, EY, points out that for national healthcare organisations to become carbon neutral, the medical and medical device industries need to contribute, or else the equation will not be balanced: “As we have seen with other industries, products and services – no matter how strong technically – will not be enough in the future.” Expectations are high in the “age of the health experience” and pharma have more than just their own operations to think about; they must consider business partners, suppliers, and third-party providers. “Meeting these increased expectations will mean expanding the traditional definition of innovation, which historically has focussed on the safety and effectiveness of drugs as well as the efficiency and efficaciousness of care.”

Pharmaceuticals do not belong in nature. Medicines leave residues of which a large percentage end up in natural environments through waterways. As Paronen stresses: “Each company should do its best to minimise impacts in its own operations, but also work to minimise relevant impacts across the value chain together with stakeholders.” She continues: “Sustainability is increasingly about understanding the impact of the entire value chain, not only of our own operations.” Hobbs supports this, encouraging a “health and well-being standard” that creates an environment suitable for all its occupants: “Especially for patients recovering; they need to have the best environment possible to allow their bodies to recover.” Companies have the power to challenge and change their own processes and apply all available methods to reduce their negative impact on the environment.

To really accelerate change, this commitment will be needed at all levels of companies – from management to the machine operator – if we are to incorporate sustainability into daily operations and to work towards common sustainability targets. In order to be a leading model of the future, Spence advises pharma: “Commit not only to sustainable practices but measuring the long-term value that these activities deliver. Investors will increasingly demand this commitment to measuring the impact created and will be scrutinising companies’ behaviour more closely in the future than ever before.”

Pledges aren’t enough and time is of the essence. Only by examining every decision or action along the drug development journey through the lens of sustainability can the industry create a model fit for the future, a future where we desperately need a pharma function that considers its patients in the most holistic way – not just in the drugs they take, but also in the water they drink, and in the air they breathe. ●



Top 5 Sustainable Pharmaceutical Companies

- | | | |
|------------------|-----------------------|---------------------------------|
| 01 Roche | 02 GSK | 03 Chugai Pharmaceutical |
| 04 Sanofi | 05 AstraZeneca | |

Source: Dow Jones Sustainability Indices, 2020

THE SUNSHINE RULE: 5 YEARS ON

Words by **Cheyenne Eugene**

5 years ago, the Sunshine Rule dawned in the UK. The regulation swept away the clouds that cast shade over the pharmaceutical industry's interactions with its customers, welcoming a new day of transparency and compliance. When the regulation arrived on British shores it became compulsory for UK medical staff to declare gifts and hospitality received from pharma companies; failure to do so could result in their dismissal and even prosecution.

Since the Sunshine Rule came into effect, the scope of interactions between sales reps and healthcare professionals has reduced, and now the medical affairs function often acts as the face of HCP engagement. Emily Pegg, Head of Medical Affairs UK, Oncology, Takeda explains: "Ultimately, the way we interact with HCPs has to provide value to them, the patients, and the rest of the healthcare community... Giving them tickets to something [unrelated], just does not stand up in the current climate.

We're moving towards more collaborative and educational relationships with HCPs

However, offering them high-quality independent medical education, both product and non-product related, is really important." Having said this, Pegg acknowledges that: "[Non-promotional related medical education] isn't necessarily provided within the NHS because there isn't always the capacity and resources." She continues: "I do feel that we're moving towards a more collaborative and educational relationship with HCPs, as opposed to the more traditional sales and promotion-orientated relationship that we've seen in the past... the pharma industry is a great provider of high-quality medical education."

The pharma industry is a great provider of high-quality medical education

The Sunshine Act was first instituted in the US in 2010 and since then the transparency and anti-corruption regulation has stretched far throughout Europe. While its introduction did spark changes, for many, it simply served as an entrenchment of existing good practice. "Europe has always been cognisant of the importance of not just being compliant, but also of the reputational aspect," says Miguel Angel de Blas Martín, Senior Marketing Manager, Mundipharma. "For MA, the standards were already high, and this was like a stamp of approval of the high compliance and ethical standards in the pharma industry."

While the Sunshine Rule has the industry's commitment and backing, de Blas Martín believes that more must be done for the regulation to enter the public consciousness: "I don't think the general public is even aware of such an act," he says. Adding that: "Perceptions are very hard to overturn." He urges that pharma become better at communicating with the general public on matters pertaining to regulation.

Despite this, Pegg is hopeful about the impact policies like the Sunshine Rule could have on pharma's reputation in the future. "There is a huge role for these initiatives. They could boost HCP and public confidence in the industry," she says. "There's a real lack of public understanding about how pharma works and the value we can bring." She hopes that this "natural scepticism" will fade over time. She emphasises: "We must be very clear about what we are providing, whether it's promotional or non-promotional, how it's actually been planned out, and using HCPs to actually deliver that."

While it is acknowledged that the Sunshine Rule was not best leveraged to alter public perceptions, the regulation awoke a new era of accountability and transparency within pharma. The Sunshine Rule has solidified and built on the integrity that the MA role represents, and during the next 5 years, it would feel like a wasted opportunity to not consider how we can use additional regulation to illuminate the industry's integrity even brighter. ●

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