

Q2 · 2021

COLOMBIA

Mission Health

Placing Colombia on
the Corporate Map



EXECUTIVE FORECAST

Executive Interviews · Industry Intelligence · Insightful Conclusions



Contents

Fast-acting, long-lasting

Medtech to the rescue

Technology Ambassadors

Access, the key to success

Master's in pandemic administration

Antibiotic Resistance: The Next Pandemic?

Clinical trials

The light from the stars: what is behind what we look at

Satellite Questions

Germán Chamorro, Novartis

Alexis Moyrand, Sanofi

Cristiano Gomes, MSD

Yaneth Giha, AFIDRO

Hernán Porcile, Takeda

Jorge Del Rio, Boehringer Ingelheim

Carlos Ayala, IQVIA

Valeria Kyska, Merck

Javier Prada, Grünenthal

Raul Durán, Grupo Amarey

Lina Betancur, Bimedco

Oscar Javier Pérez, Baxter

Sandra Ramirez, BMS

Diego Valbuena/Romain Brunel - bioMérieux

Ana María Supelano, Ultragenyx

Sandra Cifuentes, Astellas

Luis Ramos Prieto, ASPEN

Eduardo Cabas, CSL Behring

Paulo Etcheverry, Siegfried Rhein

Emilio Sardi, Tecnoquímicas

Patricia Field, BIIB Colombia



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COLOMBIA MISSION HEALTH 2021

 **“Colombians should have confidence,”** claims **Dr. Fernando Ruiz**, the country’s Minister of Health and Social Protection. It’s a simple message calling for the unity and collaboration needed now more than ever: Latin America’s third-largest pharmaceutical market after Brazil and Mexico has also suffered the third-largest death toll from COVID-19, and has been troubled by recent protests over a proposed tax hike. There is reason to remain confident that investment in health and innovation can help the country through these transitional times. Colombia has domestic expertise in medical technologies, a flair for attracting investment and top human resources, a continued push for digital transformation and benchmarking pandemic lessons to adjust to a “new normal,” the only question is: how quickly can it be done?

FAST-ACTING, LONG-LASTING

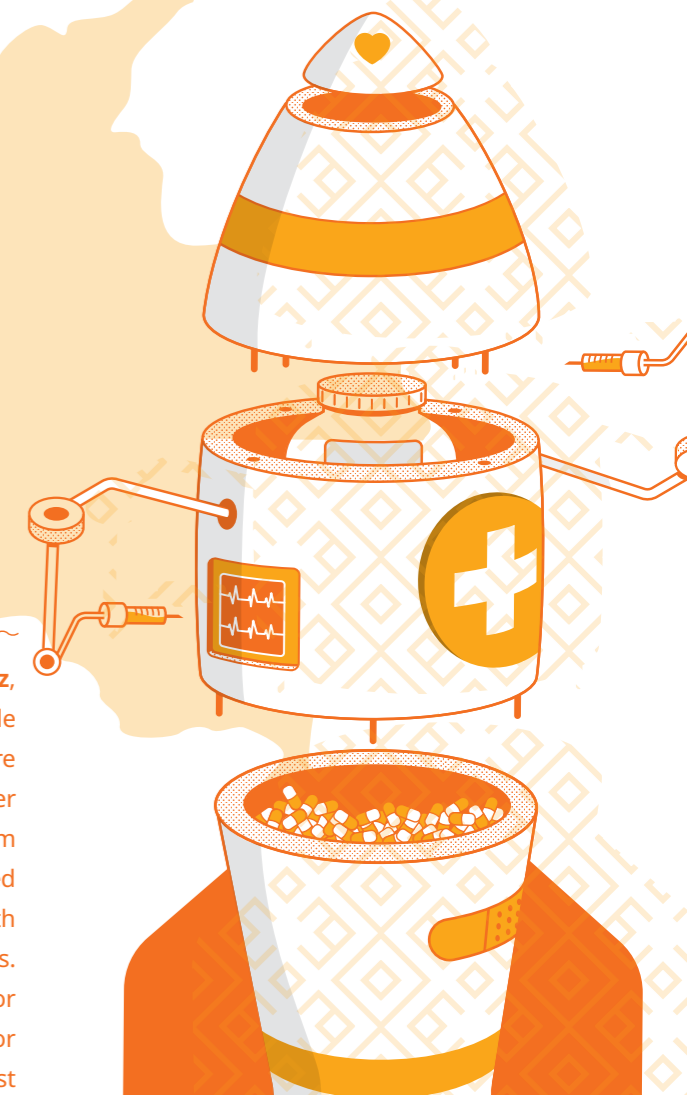
 **“We are seeing a rapid response,”** notes **Yaneth Giha, Executive President of AFIDRO**, an industry association representing R&D-based pharmaceutical companies. **“But it has been a long time coming. This new product of alliances and cooperation is a stepping stone to further sector transformation.”** Giha succinctly distinguishes the three pillars of the Colombian healthcare system: **“First, we have almost universal health coverage for approximately 97% of the population. Second, affiliation to the health system is mandatory; we have a contributory and subsidized regime. Third, our out-of-pocket spending is below the average for OECD member countries.”**

 Homegrown companies are also contributing. **“Our members are 80% of the market,”** says **Ana María Vesga Gaviria, Executive Director of ANDI**, a trade group boasting 71 companies with innovative drugs portfolios, OTC, and dietary supplements in a national market worth 15 billion Colombian pesos in 2020. **“Because there is a plurality of innovative laboratories, they can all come together at ANDI for**

an agenda that is at once broader and more particular.”

One of the standout locals is **Grupo Amarey Colombia**, a flagship player for national health through its shrewd management of hospital inventories. **“We grew almost 30% between 2018 and 2019,”** says **Commercial Director Raúl Durán**, **“and another 2% last year, even on that base of accelerated growth,”** on the back of distributing of technologies like biologicals, robotics, and genomic and genetic platforms imported from Europe, the United States, and Japan.

José Luis Méndez Hernández, CEO of ASINFAR, whose members comprise companies with manufacturing footprints, cites three “great challenges” that Colombia must overcome if it wants long-term results. **“The first is timely access,”** he explains. **“The second is the system’s sustainability which is fundamental because only 50% of the population contributes to the system while the other 50% is subsidized. The third and the most difficult for public health is to achieve indicators of improvement in the health of the population.”**



Colombia in numbers	
Courtesy of PAHO	
49,464,700 Total Population (2018)	31.3 Median age
23.1% Population aged <15 years	8.0 % Population aged ≥65 years
US\$14,170 Gross income per capita	1.8% Annual GDP growth
4.1% Public health expenditure as % of GDP	1.8% Private expenditure in health as % of GDP
18.3% Out of pocket expenditure as % of total spend in health	0.8% Annual GDP growth



MEDTECH TO THE RESCUE

If 2020 was the year of diagnosis, then 2021 will be the year of vaccines -and an inflection point for recognizing the importance of MedTech.

“Our sector learned a lot from the pandemic,” says **Marisol Sánchez González, Director of ANDI Diagnostics Division.** “Medical devices encompass a miscellany of products: disposable products, gloves, surgical clothing, and more sophisticated equipment such as ventilators or MRIs. Due to the diversity of the product portfolio, medical devices have acted as general supplies during the pandemic and this has made our sector visible, both in Colombia and globally.”

ANDI’s members make up the third-largest manufacturing base of its kind in Latin America, with a focus on disposable materials. “It isn’t only a matter of the productive capacity of local companies, but of multinational companies that prioritize management by centralizing global supply-chains,” emphasizes Sánchez.



Then there are companies such as **bioMérieux**, whose Colombian affiliate’s **Senior Director & GM, Diego Valbuena** notes “the impact of diagnostics on the economy of the health system is the great debate that diagnostics companies experience on a day-to-day basis.” Valbuena stresses that new diagnostic technologies are only useful if they’re timely -especially with infections. “A timely diagnosis provides valuable information to the doctor for the adjustment of antimicrobial therapy, which means a difference in the clinical outcome of the patient as well as in the finances of the health system.”



Dr. Romain Brunel, the company’s **Medical Affairs Manager**, agrees. “Our clinical studies are almost always accompanied by their own economic results that measure savings for the health system.”



Mr. Durán of Grupo Amarey can boast both economic and health results with his company’s record-setting new partnership. “We have an **INSIMED** (Institute for Medical Simulation) Science & Technology Center,” says Durán proudly, “where we managed to develop a working ventilator in record time. This is just one example of Amarey’s partnership strategy, finding opportunities in uncertain times, resulting in one of just two ventilators approved for nationwide use.”



“We are entering a phase of consolidation,” says **Lina Marcela Betancur, GM of BIMEDCO**, regarding her Critical Care & Surgery and Oncology portfolios. “Now we are also betting on developing and promoting local innovation in health,” she adds. “In 2017, we bought a stake in a Colombian company that developed and patented software for intravenous anesthesia administration (SmartTIVA), to which we contribute our marketing experience to enter the market.” What’s Betancur’s focus for these next years? “Promote Colombia’s innovation in health (especially in software) and to be the commercial arm that helps bring different projects to the market.”



Technology Ambassadors



“This is a revolution and an innovation,” declared **Minister Ruiz**, speaking at a Digital Health Summit in May. “Since the start of the pandemic in March of last year, public telemedicine services have provided more than 100 million care services. That’s 2.3 visits per Colombian.” The services cut across prenatal care, home delivery of medicines, laboratory tests, remote health counseling and teleconsultations. “This shows the region can generate its own technologies and strategies,” says Ruiz.



Cristiano Gomes concurs, “Over the pandemic the numbers of telemedicine consultations have grown exponentially,” says the Managing Director of MSD Colombia. “We started with the digital transformation two years ago. When the pandemic occurred, we were better suited to face the new way of doing things and have a better understanding of the ecosystem. Even if we have physicians who are not fully remote, we find channels to help them communicate comfortably.”



“The digital transformation has been much faster in consumer companies while the pharma industry has lagged behind,” says **Alexis Moyrand**, Country Chair & GM Pharma at Sanofi. There are three pillars to work on: “Growth, meaning greater engagement with healthcare professionals as well as commerce; Innovation: disrupting R&D in the way we enroll and how we follow up on patients doing clinical trials; and Reinventing the way we work: working from where the employee feels most productive.”



Mr. Chamorro of Novartis pulled out all the stops to combine digital transformation and pandemic forward-thinking. “We are shifting from ‘what is in it for Novartis’ to ‘what is in it for the customer.’ It might sound simple,” Chamorro says, “but it is a big shift. We included in our KPIs metrics such as customer engagement and customer satisfaction in addition to the traditional ones. We moved from brand and disease-area focus to the development of accounts focusing on what is needed (archetype, segmentation of the account) to tailor a solution for each individual account (PPSs, IPSs).” These innovative ways of engagement open up new possibilities unavailable in recent years and have put the spotlight on Colombia as a role model for Novartis affiliates worldwide.



Oscar Javier Pérez, GM of Baxter Colombia, put 45 people from his team through MINTEC’s 80-hour training in digital transformation. “When the pandemic arrived, we had a very clear concept of our digital journey,” Pérez says, adding that technology is a matter of mental, cultural, and behavioral changes. “We use advanced analysis and AI tools to process a large amount of data and suggest therapies in real time to different health professionals. Decisions may be 100% medical, but we can help improve treatments and support more personalized therapies.”



“Digital home-care systems are the future,” says **Harold Taborda, Country Manager for GE Healthcare Colombia** and points to “wearables” as evidence that the future may be here sooner than expected. “We monitor the patient’s blood pressure 24 hours a day for an accurate diagnosis,” Taborda says. “The information used to be limited but today it’s an excellent tool for physicians, with terabytes available in our AI health machinery. We have also pioneered a system called Edison, an open-source platform where any developer can enter and create their own innovative code to make the most of that Big Data.”



Hernán Porcile, General Manager for Takeda’s Andean Cluster Head, addresses the challenges of distance and virtuality with “takedaism,” the corporate philosophy “based on what we call PTRB: placing the Patient (Patient) in the center, generating trust in society (Trust), after reinforcing the reputation (Reputation) to finally develop the business (Business). Although it seems very theoretical,” Porcile cautions, “by following these steps in that order in the decision-making process, we were always able to align ourselves as a team to overcome what was presented to us as an obstacle. During virtuality, Takeda launched three innovative molecules in Colombia that will transform treatments in their therapeutic areas: multiple myeloma in oncology, long-term prophylaxis in angioedema and short bowel syndrome in gastroenterology.”



ACCESS, THE KEY TO SUCCESS

To increase Access in Colombia, we first need to understand what it means for every stakeholder.



Cristiano Gomes, Managing Director of MSD COLOMBIA: “It is when patients can get their medicines or vaccines. As our founder George Merck stated, ‘we cannot rest until we find the way to bring our best achievements to everyone’. In the case of Colombia, even though access to medications covers an important part of the population, we must keep working hard to find more spaces for innovative solutions.”



Alexis Moyrand – Country Chair & General Manager Pharma SANOFI COLOMBIA: “That all eligible patients for therapies get rapid and sustainable access to the treatments they need, rapid and sustainable being key elements. In Latin America, we have two main challenges: i) speed: how fast between the approval of the FDA or EMEA can treatment be accessed and reimbursed in international markets and ii) sustainability: when the patient gets access it must be sustainable access, as sometimes there are sophisticated legal system issues or the need to be vocal in media.”



Oscar Javier Pérez, DG BAXTER Latam Sur: “Is to ensure the availability of what is needed to whom needs it. Every team within an organization is accountable for enabling access.”



Mario Pérez, Country Manager for Janssen: “Access is getting the drug to the patient; it is that easy, if the patient isn’t getting the drug they need there is no access and we need to solve the obstacles in the middle. The issues can be funding, network problems and not being able or capable of providing the service.”



Ana Maria Supelano, General Manager of Ultragenyx Colombia, Andean and Caribbean: “it is a right, and in Latin America it is very critical. The journey of the patient across their health from the symptom to the treatment going through the diagnostic. The right to health is having access to alternatives that allow for the cure and increase in life quality.”



Sandra Aramburo, General Manager COPE-PAC at SANOFI PASTEUR: “Access is giving the population of each country the products and opportunity to live healthier lives.”



Sandra Ramirez, General Manager of Bristol-Myers Squibb Mexico & Colombia: “Access in each market is completely different; in the case of Colombia, the patients have access to our medicines when the product is authorized in the market. This is an opportunity for patients to receive innovative medicines from day one. There are challenges in the timing of the Colombian healthcare system; however, the fact that ground-breaking medicines can be used immediately is a very good step forward.”



Valeria Kyska, GM of Merck Group: “Access means any patient regardless of economic standing or geographic location can access the right treatment for their disease.”





MASTER'S IN PANDEMIC ADMINISTRATION

What have been the lessons learned during 2020/21? The generation of General Managers that have been leading during the pandemic share their insights, and the role of HR in the future of the industry.

Germán Chamorro, President of Novartis Colombia shares: "32% of Colombia's employees are millennials and to have them engaged, motivated and happy they need to be empowered." To him, the lessons learned were:

"1) The importance of communicating with our teams and employees. 2) Understanding we have to be prepared for these kinds of events moving forward, so the lesson is there is urgency and change is the only constant. 3) Our pre-pandemic efforts of investing in multi-channel engagement, digital transformation and creating capabilities to improve allowed us to move faster during the pandemic and now we are using the platforms we created., and 4) About learning skills, we were not prepared for the changes the pandemic brought."

Hernán Porcile of Takeda: "The first lesson was to understand the true meaning of synergies, even among industry competitors. Takeda has experience in plasma-derived therapies, and an international alliance was consolidated between international laboratories to work on the development of a therapy for the treatment of antibodies related to COVID-19. Many barriers fall when united by a common goal."

Sandra Aramburo, GM of COPE-PAC for Sanofi Pasteur: "We need to change the way we innovate, the way we supply, and communicate. The innovation we achieved with our Rappi alliance has been crucial because not getting the necessary vaccines is in the medium term problematic, as patients have been afraid to go to hospitals to get their vaccines. We protected them by bringing the vaccines to their homes in a secure and simple way: the system can be easily used and is close to our culture and habits."



Jorge del Rio, DG, Boehringer Ingelheim Colombia: "The pandemic has taught us that we can be more innovative, more proactive, and work closely. It's basically about *reading the market and capturing opportunities*. In business terms, the pandemic has been a great tool for us to take a proactive position as opposed to being passive."

Javier Prada, GM Andean Region for Grünenthal: "I have been in the industry for 27 years, and the model has not changed significantly over time but in March 2020, in 6 weeks, we had to change our commercial model in record time. Virtual medical education is a considerable opportunity for physicians and there has been a significant impact of digital interactions on the pain-management segment. More pain-trained physicians mean a better pain management approach for the patient in terms of diagnosis, treatment, and relief, which consequently translates into a better life quality and functionality. Despite the new virtual era, *I believe we will return to face-to-face congresses at some point but regardless it is clear that digital has come to upgrade the go-to-market model.*"



Mario Pérez, Director General of Janssen Colombia: "We started negotiations to bring our one-shot vaccine to the country well over a year ago. It has taken all this time but we finally found a solution and vaccines (will begin to arrive) (have begun to arrive ¿it's not in the past?) in the second semester of the year. J&J is a company that focuses on communities and we are deeply involved in many social causes. Colombia has suffered hunger and unemployment and we have been present and active in supporting and trying to help people."

Oscar Pérez of BAXTER: "We included the following indicators: i) El Manager Scorecard: the leader needs to take care of their team. ii) NPS (Net Promoter Score): Using this with clientes, to ensure client success. This indicator measures the interaction between Baxter and their customers". He adds, "The physicians' role might change in the future, but only to get closer to the patient. There will be a humanization of therapies produced by physicians and nursing with the aid of technology." His final lesson is: "to collaborate, get involved and close to governments, regardless of the political perspective. It is time to work together."

Luis Palenque, President & MD of 3M Colombia (& Andean Region): "It's all about crisis management. We had to make tough decisions because our big customers, mostly mining or oil and gas corporations also needed respirators and masks which we couldn't supply, as the priority was on the health sector. We also relied on innovative people-management strategies; we developed programs of psychological assistance leveraging connectivity between all countries with a "work-life balance campaign", no meetings at lunchtime or after 5 pm, for example. We also created spaces for people to interact and coffee talks which resulted in a super successful team-building recipe book with food from all our different countries."



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Antibiotic Resistance: The Next Pandemic?

Dr. Jose Oñate, President of ACIN, (Colombian Association of Infectious Diseases):

When patients repeatedly receive antibiotics they run the risk of suffering infections caused by bacteria which is resistant to the said antibiotics. Not everybody prescribed antibiotics always needs them and since COVID-19 and the pandemic this situation has taken a turn for the worse. Dr. Jose Oñate, president of ACIN highlights "the WHO has published a world alert on this issue which will be the first cause of death by 2050". According to Dr. Oñate for some time now "many patients self-medicate with antibiotics that are useless against the viruses that are the cause of most respiratory infections. Critical COVID-19 patients present similar symptoms of bacterial infections and are given prolonged antibiotic treatments which are later associated to deaths from infections caused by resistant bacteria or fungi". In 2019 ACIN published together with the Colombian Ministry of Health the Technical Guidelines¹ for Optimization of Antimicrobial Programs, one of the authors **Dr. Carlos Alvarez** is an advisor for the **National Government in the response to the COVID-19 pandemic** and **Scientific Vice-President of Colsanitas Clinic**. Dr. Alvarez believes "the challenge is to take the necessary steps to promote and strengthen national and institutional programs of infection control and the rational use of antimicrobials to contain the threat that antimicrobial resistance and its complications associated to COVID-19 poses to the public health".

To ensure the correct use of antibiotics, diagnostic tests must be done to quickly identify the cause of infection and choose the right antibiotic for treatment. "A positive legacy from the pandemic has been the generalization of molecular tests that allows for precision medicine" states Dr. Oñate. Diagnostic tests are excellent support for antimicrobial programs of rational use in hospitals and are recommended by the Technical Guidelines because according to Dr. Alvarez, "being able to rely on a precise and quick diagnostic test steers the diagnosis in the right direction and allows for the de-escalation or withdrawal of the antibiotics, generating benefit for the patient and for the health system".

The world leading multinational in microbiological In Vitro Diagnostics, BioMerieux, backs Colombian institutions with the implementation of its Antibiotic Optimization Programs, with medical education initiatives for health personnel and with diagnostic solutions that quickly identify the cause of infection and the correct antibiotic for the patient.

1. "Technical Guidelines for the implementation of Optimization of Antimicrobial Programs in hospitals and outpatients settings", Ministry of Health of Colombia - Colombian Association of Infectious Diseases, July 2019.

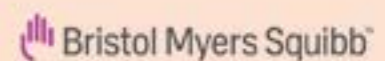
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CLINICAL TRIALS



Colombians have been astute in attracting resources to their country - whether wooing HQ, investing domestically, prioritizing clinical trials or shifting regional hubs during a time of transition. And these five leaders prove that it takes money to make money.

“MSD is the country’s leader in clinical trials, with an astonishing 25% of all clinical trials done by us. We’ve been in Colombia for more than 70 years, with over 40 years of experience in clinical research and with around 80 ongoing trials in Colombia -most of them oncology-related. This has helped expand our footprint: out of a total of 900 employees about 600 employees work in clinical research in both Human Health and Animal Health,” shares **Cristiano Gomes of MSD Colombia**.

Sandra Ramirez, GM of Bristol-Myers Squibb Mexico & Colombia: “In spite of the fact that our entire team has worked from home since March 2020 we are surprisingly nimble. In August our people returned to field work, but we never stopped working, or being in continuous contact with the physicians, collaborating with institutions and the medical community and supporting patients undergoing the trials, proof of the commitment with our local protocols. Although the world’s situation is very difficult right now due to the pandemic, we have seen that governments and people are more conscious about the importance of clinical research and science.”

“Novartis is the second company in trials in Colombia, but compared to other countries from within Novartis, there is room for growth. We are working with the government, academia, and with other companies to promote investigation in the country.” shares **Germán Chamorro**. “The spillover of Clinical trials is clear: providing early access, and local data to compare with global trends.”

THE LIGHT FROM THE STARS: WHAT IS BEHIND WHAT WE LOOK AT

Developing pharmaceuticals can be time and resource-intensive. These are strong commitments and “governments need to see these projects as starlight” **Paulo Etcheverry, Country Manager of Siegfried Rein** says. “Their light arrives years later after it was emitted, because of the time it takes for the light to get to Earth.” Mr. Etcheverry believes that anticipation and correct planning are key as “projects cannot materialize from one day to the next”.



Tecnoquimicas is an example of a long-term commitment to Colombia. They have been in the country since 1934 and **Vice-president Emilio Sardi** shares “We have an investment plan that started 2 years ago, that will last 2 more years to invest 200 million dollars in manufacturing plants.” This is a strong commitment for the company as “our revenues are around 600 million dollars a year”.



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*SER is the acronym for our Service-Education-Reputation model that in Spanish translates to the verb “to be”.

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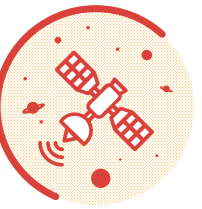
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Germán Chamorro

Country President
Novartis, Colombia

EF: Could you elaborate on Novartis's footprint in Colombia, its relevance, and contribution to the country?

GC: We have an opportunity to drive better participation in clinical trials; Colombia has 50 million inhabitants and it's the opportunity to have better participation. Novartis is the second company in trials in Colombia, but compared to other countries from within Novartis, there is room for growth. We are working with the government, academia, and with other companies to promote investigation in the country. We have just developed two programs with different platforms, one is designed specifically for trials and the second is an 8 year plan on how to innovate and how to improve our participation in trials. The spillover of Clinical trials is clear: providing early access, and local data to compare with global trends. For this, we need to improve approval times to allow for innovation and improve and facilitate research. Getting clinical trials in Colombia is the way to better position our country to get access to innovation faster and with a better regulatory and legal framework that supports new therapies.

Access to innovation is another area that we must work on; Colombia used to be a reference country in matters such as approval times for new molecules, treatments indications and access to innovation, Colombia has a good healthcare system, one of the best in Latin America but in the last few years access to innovation has become slower and we are now behind other countries, not only in terms of timing but as well on a regulatory framework to support the adoption of cutting-edge technologies. We need to catch up and to do this we are having conversations with the government, talking with the private industries, working on agreements to improve access to innovation and to improve the lives of Colombians which is common ground for us all.

We have no framework for gene therapies so we are working with the authorities not only for them to be aware they exist but to offer help and support on whatever needed locally for Colombia to be on equal

footing with other countries in this aspect. I am very proud of the fact that Novartis Colombia is a pilot country in business transformation making a 180° shift to the new way of doing things. Colombia is the right size for a pilot program and allows for it to be presented in a positive light.

We also drive efforts in increasing our social responsibility spillover in Colombia. Initiatives such as contributing in the aftermath of the hurricane San Andres, reducing our carbon footprint equivalent to 1 million tons of carbon dioxide by planting 3600 acres of trees and our contribution to the "Programa de la Primera Dama de la Nación" are some of the ones I am most proud of. But also, in the context of Covid, we did donations to different hospitals and clinics, provided masks and protection for health workers and we donated a big number of food supplies.

EF: Could you outline the main points of the transformation?

GC: We are shifting from "what is in it for NOVARTIS" to "what is in it for the customer", and it might sound simple but it is a big shift from being internally focused to becoming externally focused. In order to succeed in our customer-centric strategy, we included in our KPIs metrics such as customer engagement and customer satisfaction in addition to the traditional ones. We moved from brand and disease area focus to the development of accounts focusing on what is needed to tailor a solution for each individual account, what is there for each stakeholder, and the journey of each stakeholder around the patient because the only reason we exist is the customer. We offer new ways of engagement: multi-channel engagement and digital transformation, all of which wasn't possible in the past because for years we looked inwards. Now, the engagement model is different and more attractive to our customers and as we have a couple of global teams tracking our progress. I hope other countries will look to Colombia as an example.

“Getting clinical trials in Colombia is the way to better position our country to get access to innovation faster and with a better regulatory and legal framework that supports new therapies.”



Alexis Moyrand

*Country Lead and General Manager
Sanofi Colombia*

EF: Could you elaborate on the footprint you have in the country and its strategic importance to the group?

AM: Colombia is a very important country for Sanofi in Latin America; we are the number one pharma company in the country thanks to the dedication of more than one thousand employees that work with passion every day to save patients. We have been in the country for just over 30 years and we are involved in long-term investment in the country. We have a facility in Cali which manufactures over 40 million units a year and we have a second factory which is a strategic partnership with a French company called FAREVA in Villa Rica, south of Cali where 70 million units are manufactured per year. Both plants are exporting to Central America and the Caribbean and Ecuador, Peru, and to some extent to Bolivia. We have a strong presence in the country and in the region. In terms of portfolio, we have just over 270 references in the country allowing us to serve from common diseases like flu or diarrhoea to very complex diseases like oncology, rare disorders, and haematology. We are working on a portfolio of quality accessible products with an important local brand in the country for consumer health, vaccines, and speciality care.

EF: During the pandemic, the focus has been on communicable diseases, how can we balance resources for communicable and non-communicable diseases again for the focus to be brought back to chronic diseases?

AM: This is a very relevant question because in 2020 patients suffering from chronic diseases have been negatively impacted as their access to the healthcare system has been reduced due to the pandemic and as a company, we are tackling this issue. We are strong in vaccines and

know it to be the most efficient tool to tackle disease; we will continue to do this not only with Covid but with other vaccines as well. We are the world leader in flu vaccination and have a very strong franchise in pediatric vaccination not to mention we are a trusted partner of the Colombian government when it comes to pediatric campaigns and vaccination. We play a key role in non-communicable diseases in all cardiometabolic and cardiovascular; we are also leaders in the country providing insulin solutions and we are expanding in immunology for chronic diseases. We are very conscious of the urgent need to offer solutions for patients suffering from chronic diseases to access the healthcare system. In Colombia, we have been working with HMOs to provide telemedicine solutions, providing the HMO with a platform to interact with chronic patients that for various factors don't want to come in for consultations, we are also delivering medication to patients at home as well as working with the HMOs and other logistic operators so the patients don't have to come to the health centre to receive their insulin receiving it instead directly at home. We have developed digital apps for patients to access healthcare information related to their disease remotely and several simple patient programs where nurses call the patients to manage their diseases in a holistic way. The beauty of Colombia and its universal healthcare system is that it is relatively well balanced so the Covid vaccines budget will not impact the country's healthcare budget.

EF: What changes have you seen in the portfolio performance over the last year?

AM: In a time of crisis, the value of a big diversified company is apparent as the impact on the different parts of the portfolio is shown up, consumer healthcare has suffered mainly because while in quarantine people have not been in contact with basic diseases, there have been less common colds or diarrhoea and sales have decreased, vaccines to a certain extent have also suffered because people have been afraid to get themselves and their kids vaccinated in the Covid context. Another area of products that have suffered is specifically related to hospital procedures that have been shut down during the pandemic, transplantation for example because health emergency hospitalization must be separated from Covid patients which can be difficult in the present context. On the other hand, products related to the management of Covid have been doing very well and because healthcare is well structured in Colombia we have been able to give continuity to Covid related ailments. SANOFI has very innovative treatments and life-changing therapies for treatments of acute dermatitis which is very much in demand despite Covid.

“Está en nuestro ADN educar a los médicos y hacer educación continuada a los cuerpos asistenciales en temas blandos como trabajo en equipo en gestión clínica. La virtualidad se quedará y creo que la educación más la economía de la salud es una fórmula ganadora que genera valor.”



Cristiano Gomes

*Managing Director
MSD, Colombia*

EF: Since you were appointed last November, a lot has happened. Have your priorities changed or adapted over these transition months?

CG: Our top priority in Colombia is to ensure patient access to innovative solutions in key therapeutic areas such as Oncology, Vaccines, and HIV. Thus, our priorities have not changed. As the pandemic arose, we adapted to keep our people safe first, to ensure uninterrupted medicines and vaccines supply, and to continue our clinical trials in the country.

EF: In practical terms, what have been the lessons learned from the pandemic?

CG: We have learned that working remotely is completely possible. As an organization during these challenging times, we had the capacity to adapt our way to communicate with all stakeholders. Even though it is harder to build a relationship remotely since it takes longer to build up confidence, we have had very positive interactions with key stakeholders in order to continue achieving our priority in Colombia, which is ensuring patient access to our innovative solutions.

EF: What would be your advice on managing chronic diseases in a communicable disease scenario?

CG: Patients with chronic diseases, especially the ones with diseases associated with higher mortality risk for COVID, should keep up with their health even more. Now, the main challenge is to recover lost time for new diagnosis as most of these diseases are silent and patients have stopped going to the doctors or doing lab exams out of concern of getting infected by COVID. Fortunately, the health care system has learned that when face to face visits are not an option, people can use telemedicine.

EF: Is digital transformation changing the way physicians interact with patients and is the adoption of digital solutions a challenge for physicians?

CG: Over this pandemic, the number of telemedicine consultations exponentially grew. In terms of physicians, most are well adapted and have been able to interact during the pandemic proving it does work. In our case, we started with digital transformation two years ago and when the pandemic arose, we were better suited to face the new way of doing things and to have a better understanding of the ecosystem for each one of our stakeholders. Even if we have physicians who are not totally at home with digital, we could find channels to help them communicate comfortably.

EF: 25% of all the clinical trials held in Colombia are done by MSD. Could you elaborate on your footprint?

CG: MSD is the leader in clinical trials in Colombia. Our company has been in Colombia for more than 70 years and we account for 40 years of experience in clinical research in the country. Currently, we have around 80 clinical trials ongoing in Colombia, most of them are oncology-related. This has helped us have a big footprint to the extent that

now we have about 600 employees working in clinical research out of a total of 900 employees, including Human Health and Animal Health.

EF: Pharma can sometimes be less attractive to young talent than the big tech companies, so how do you attract, retain, and build on your talent base?

CG: We have been chosen by EFY -Employers for Youth- as one of the top ten companies for young professionals in Colombia to work in. Why? Our young colleagues identify that MSD is a company that has a strong sense of purpose, bringing them a place where they can innovate, be heard, experiment and develop their careers. In addition to that, our company supports employee groups that promote all forms of diversity and inclusion. Therefore, we strongly believe in attracting young talent, looking for creative ways for saving people's lives in Colombia while ensuring access to innovation, which is our higher purpose.

EF: Clinical trials are the backbone of access and innovation, without them nothing can move forward. How has MSD Colombia managed to become a hub and so focused on clinical trials at a global level?

CG: As I already mentioned, MSD Colombia is the leader in clinical trials in the country. We comply with the highest quality protocol standards and most rigorous processes in clinical research, supported by independent clinical research centers throughout the country. We truly believe that clinical research brings great benefit to patients by providing them access to innovative alternatives for highly prevalent diseases, having a positive impact on the economy by means of fostering employment, especially for the clinical trials data collection and its accurate processing.

“Patients with chronic diseases, especially the ones with diseases associated with higher mortality risk for COVID, should keep up with their health even more. Now, the main challenge is to recover lost time for new diagnosis as most of these diseases are silent and patients have stopped going to the doctors or doing lab exams out of concern of getting infected by COVID.”



Yaneth Giha

Executive President
AFIDRO, Colombia

EF: Qué recomendaciones tienes para compartir en términos de liderar en tiempos de transición?

YG: El reto más grande del liderazgo y de los líderes es adaptarse a los cambios y movilizar a sus equipos en medio de ellos. He aprendido, con el tiempo, que los retos se expanden. Hay una frase que me encanta: en el límite florece la vida. Es cuando estamos frente a lo desconocido que tenemos la oportunidad de innovar, de hacer las cosas como nunca antes. Creo también que es la oportunidad de conocer más nuestras capacidades. Mi consejo: aprovechar esta oportunidad para innovar más y para profundizar el trabajo en equipo. Entre todos encontraremos el nuevo camino.

EF: ¿Cómo ve la perspectiva del sector farmacéutico en el futuro? ¿Cómo cree que va a evolucionar?

YG: El sector farmacéutico ha mostrado una adaptación increíble en medio de esta crisis global. Seguramente hay más espacio para crecer e innovar, pero lo visto hasta ahora muestra su capacidad de entender su responsabilidad frente a esta pandemia, así como sus capacidades para hacerlo unidos. Hoy estamos viendo la rapidez en su respuesta, que claramente está dada por la experiencia de años de trabajo. Pero también estamos viendo cómo han innovado en la forma de trabajar: más alianzas, más cooperación. Mucho de lo que hemos visto hasta ahora será la base para mayores transformaciones en el futuro en el sector.

EF: Cómo mantenemos la importancia de la salud en la agenda de la sociedad en un ambiente post-Covid?

YG: Esta pandemia ha puesto la lupa sobre la salud. También ha puesto la lupa sobre la industria farmacéutica: todos los seres humanos pendientes de los avances que se den en el mundo de la innovación. También nos ha puesto la lupa sobre la importancia de tener buena salud, de cuidarnos. Esta pandemia ha mostrado que los más vulnerables son precisamente aquellos que no han gozado de buena salud hasta hoy. De ahí que, a partir de ahora, es probable que veamos una consciencia colectiva mayor en cuanto a salud se refiere.

EF: Podría elaborar acerca de AFIDRO y su impacto en la economía Colombiana?

YG: AFIDRO agremia a 26 compañías farmacéuticas de investigación y desarrollo, genera 6.000 empleos directos y 900 indirectos. La industria trabaja para que los pacientes tengan acceso a innovación de calidad y para lograrlo mantenemos un diálogo permanente y constructivo con el Gobierno.

EF: ¿Cómo recomiendas balancear decisiones tácticas y estratégicas? Cuales son las prioridades de AFIDRO hoy?

YG: Afidro ha enfocado sus esfuerzos en mejorar la calidad de vida de los colombianos, contribuyendo con la sostenibilidad del sistema. Nuestra responsabilidad es ser aliados de los esfuerzos que se desarrollen en el sector salud. A partir de ese gran objetivo, hemos desarrollado una serie de iniciativas que se circunscriben a nuestros 3 pilares de acción:

“Esta pandemia ha puesto la lupa sobre la salud. También ha puesto la lupa sobre la industria farmacéutica: todos los seres humanos pendientes de los avances que se den en el mundo de la innovación.”

Propiciar un ambiente favorable para la innovación farmacéutica

Propender por un entorno que permita el acceso sostenible a medicamentos de calidad

Ser agentes de cambio para lograr un mejor sistema de salud, financieramente sostenible

En ese sentido, todas las prioridades de AFIDRO apuntan a esos pilares y a una serie de proyectos que hemos desarrollado en los últimos años, que van desde promover la investigación clínica, apoyar el fortalecimiento del INVIMA, articular actores para el desarrollo de modelos de acceso innovadores, trabajar con aliados para encontrar nuevas fuentes y formas para darle sostenibilidad al sistema, apoyar al Gobierno en sus principales desafíos, tales como la migración de venezolanos y el fortalecimiento del talento humano.

La coyuntura actual ha significado cambios en el entorno y en algunas de las prioridades que tenemos. Por un lado, algunos temas se han vuelto más relevantes. Por ejemplo, hoy estamos muy enfocados en apoyar más al INVIMA. Esta agencia hoy es estratégica y esencial para el país. Así mismo, esta coyuntura nos ha llevado a innovar y a aliarnos más para que el acceso no se vea disminuido.

Sin duda, esta pandemia nos ha obligado a trabajar más unidos a todos los actores del sistema.



Hernán Porcile

Andean Cluster Head - General Manager
(Colombia, Ecuador & Peru) · Takeda

EF: What is the company's footprint in Colombia in terms of market, product and portfolio participation, and what are your prospects for the future?

HP: Colombia covers all Takeda's therapeutic areas. Takeda has adapted its portfolio in a time of worldwide transformation and focuses on all the main global therapeutic areas in Colombia: i) rare diseases, immunology and angioedema, ii) hematology, leader in Colombia, iii) oncology, with our launches of oral multiple myeloma and Hodgkin lymphoma we are also leaders and finally iv) gastroenterology, mainly focused on Crohn's disease, ulcerative colitis and short bowel syndrome.

We have various launches planned for Colombia in the mentioned therapeutic areas, some of them for 2022. We have a very promising pipeline with high specialty treatments well worthy of a leader in pharmaceuticals.

Colombia is a top 15 country in emerging markets for Takeda, and considering that emerging countries have presence in around 80 markets -through direct and indirect presence- these 15 markets make up 92% of the business in emerging markets. Therefore to be part of this ranking reflects the importance of Colombia in Takeda's global map and explains my mission in the country over the next few years. Those of us who understand Latin American markets know the need of risk management while not disregarding an emphasis on strong growth by way of an innovative pipeline. Even considering currency fluctuations Takeda's growth projection is in double digits for the next three years.

“Colombia is a top 15 country in emerging markets for Takeda, and considering that emerging countries have presence in around 80 markets -through direct and indirect presence- these 15 markets make up 92% of the business in emerging markets.”

EF: How have you managed a specialized portfolio in the context of a pandemic with the focus on communicable diseases?

HP: So as not to generate any kind of disruption we very quickly adapted to the different stakeholders of the system (EPS, IPS and even patient associations). We had to find virtual ways of following the company ethos represented in our PTRB steps and further the digital development so that the channels of management and participation wouldn't be broken and move forward being flexible. Our priority was to continue giving treatment to our patients, not generate disruption within the system and have dialogue with each one of our stakeholders. Not all therapeutic areas and not all stakeholders are the same nor respond in the same way so we had to adapt and be flexible to achieve our goal.

I think the companies in the future will be focused in three areas of skillsets:

- **Innovation:** it is not just about innovating on products; it is about innovating in the relationships with our stakeholders, in how to look after and ensure leadership for our personnel and collaborators and how we develop skills within the company. I believe the key lies in creating an exceptional experience for the patients in the different pathologies and therapeutic areas. The organization must be flexible, diverse and inclusive, with the health and wellbeing of our collaborators coming first. The patient must be in the center -we all are or will be patients one day- and we must be prepared to incorporate a learning mentality.
- **Digital Leaders:** data is a key capacity in the management of our therapeutic areas. I believe all companies should innovate scientifically and concentrate on solid data based results because solid data makes possible the continuity of treatments and commitments. With the pandemic digitalization has quickly accelerated and acted as a breakpoint for the said acceleration.
- **Protect the Planet:** Takeda operates in 80 countries with a positive environmental leadership, protecting the natural ecosystem so it is more sustainable and balanced, benefiting the ailments our products treat. The environmental leadership and leading by example demystifies the concept that it is all and only about the treatment of the ailment. We are committed to the sustainability of the environment to benefit less propagation of certain pathologies or illnesses. Takeda has a global program for all regions where the end goal is to reduce carbon emissions by 40% by 2025 and definitively eradicate them by 2040. The people who use our products are aware of our working ethics and it is very gratifying to lead actions that aim at raising awareness.



Jorge del Rio

Director General
Boehringer Ingelheim, Colombia

EF: What are the lessons learned from the pandemic and from this last atypical year?

JDR: I am a person who likes working in close contact with customers and stakeholders, with access managers, the field force, and everybody within the organization. I was worried about losing that closeness going virtual, but surprisingly today we are probably even closer. Transitioning to virtuality has been better than expected and although face-to-face interaction is important, I believe we will return to physical interaction in a different way. The pandemic has taught us that we can be more innovative, more proactive, and work closely. In terms of the business, the pandemic has been a great tool for us to take an attacking position as opposed to retreating or being passive. This proactive strategy has increased our presence by leaps and bounds in Colombia; we restructured our organization very successfully in face of the pandemic, the fastest company in Colombia to do so. Two months into the pandemic we reacted very differently to other companies in the country and focused on a more 'hands-on' approach. We hired new people into our workforce, mostly in access and in the field force. In my opinion, this is the way to be market leaders. The restructuring has allowed us to continue growing and we are still the fastest-growing company with employees committed to the company, happy, and aware of the benefits of what we are doing.

EF: How did you balance the tactic and strategic decisions for the best management over the year?

JDR: It isn't rocket science; it's basically understanding how to read the market and capture opportunities. For me, it was key to listen to the insights of our access managers and field force and then put all the pieces together as the answers were there to be interpreted and that is exactly what we did. Close communication with the executive committee must also exist to successfully put the pieces together. The Colombian market is divided into two big areas: subsidized health and contributory health, and the key is to find the right balance of participation in both.

EF: What is BI's footprint in Colombia and portfolio performance?

JDR: The most important aspect of the company's performance in the country is the contribution we have done to Colombian patients. I believe in taking action as opposed to getting paralyzed, and that is the footprint I have created. Developing new ideas and being committed to helping the Colombian population is a footprint in itself and through our actions, we are creating a snowball of innovation and confidence in the company and in the market. A lot can be done with confidence and passion especially if allowed the freedom to implement new ideas. People at the company are very committed and aware of the freedom they have, for example, last year at the beginning of the pandemic we created an internal contest for the process running, to innovate and find new ways of doing things as a lot was changing around us, we called it an innovation contest and had a lot of people getting involved and proposing innovation processes. We received 23 different innovation projects and we implemented 12, we are doing the final test phases as we speak. 33% of the organization became involved in the different innovation projects, a totally unexpected percentage in my opinion.

The pandemic has taught us that we can be more innovative, more proactive, and work closely. In terms of the business, the pandemic has been a great tool for us to take an attacking position as opposed to retreating or being passive.

EF: What is your insight into the digital impact on medical consultations and the healthcare industry in general?

JDR: I think we have already reached an important level of digital interaction, to the extent physicians are suggesting returning to face-to-face consultations and interactions. As human beings we all need contact and to meet on a face to face basis, physicians need to talk to their patients and they are asking the pharma industry to return to face to face meetings to do business as they are vaccinated and the health risk reason no longer exists -the pharma industry has increased virtual contact exponentially due to lockdowns. I think eventually we will find a balance and although there is no doubt that digital will continue to be an important part of our interactions maybe we will have a hybrid model with 50% of our interactions being digital and the rest face to face.

EF: With the shift in focus to communicable diseases, what would be your advice on managing a chronic disease portfolio in a communicable disease scenario?

JDR: We have been in contact with the regional health authorities and they are dealing with patients who are asking for their diabetes or hypertension or other diseases medication and we are advising them on how to maintain the service with those patients. If those patients are not supported, once the pandemic is over the authorities will have an even bigger problem on their hands. Here again, access is the keyword.



Carlos Ayala

General Manager
IQVIA, Colombia

EF: Could you elaborate on the differences between the Colombian and Latin American markets?

CA: The Colombian market is very well positioned and very attractive for investment. It is not the largest market, although large enough to have a lot of potential with reasonably good macro-economics in comparison to other countries in the region. Our market size is an advantage because it is not too large and provides an agile environment. The real world evidence on regulation, access, or innovation for the accelerated use of high-cost treatments -usually carrying better health outcomes- are much easier to manage in a country with the size and the configuration of Colombia. Colombia's pharma market has managed to continue growing during the pandemic healthily, its growth was balanced between volume, innovation, and price. This is good news for the patient, for pharma companies, and even for the institutional sector. Colombia is well-positioned for growth being attractive but not too complex.

EF: What have been the biggest therapeutic areas driving growth?

CA: In Colombia, patients are willing to go to institutional coverage to get the needed medication for chronic diseases such as diabetes, hypertension, or cardiovascular disorders. This is very different to what happens in Mexico, where people go through a slower process. Colombians have more incentives to engage with the treatments which translate into a good outcome for market growth. Another important and decisive therapeutic area is oncology, given the way the Colombia system works there are many fewer barriers for innovation than in Mexico as authorizations can be accessed by the population. In Colombia, market authorization is more rapid than other markets and has mechanisms where physicians, institutions, or patient associations can access the high-cost drugs. It is harder for the institutional segment of the market to control the spending so innovation has continued to penetrate the Colombian market right up to 2020 which was not the case elsewhere.

EF: Could you elaborate on IQVIA Colombia's footprint and its relevance to IQVIA LATAM?

CA: I am very happy to say that IQVIA Colombia has established itself as the number 3 country in the region which was to be expected given its size, Mexico has almost three times the Colombian population and that has an impact on the size of the pharmaceutical market. In recent years Colombia has solidified its position and closed the gap with Mexico growing faster in terms of percentage. Our base is lower so it is easier for our percentages to be higher. Additionally, we have been focusing on expanding our portfolio of solutions offering innovation to the market -typically driven by Brazil. There are examples where we have been the first country in the region to bring innovation in terms of tech solutions thus closing the gap with the bigger countries in the region in terms of portfolio.

EF: What are the services most requested and has this changed after Covid?

CA: After our merger with Quintiles the business changed significantly. One of our largest business earnings comes from the CRO branch, and we saw a significant increase during the pandemic. We were involved in several studies for vaccines and related products all over the world and LATAM and Colombia were no exception. We ran studies on vaccines that are now being reviewed, we had an impact on how the industry responded to Covid and we are proud of our effort to bring access faster to the population.

The demand for our services has changed over time; companies rely on the information and insights we provide to make decisions. During the pandemic, there was a shift on the promotional sales forces business model promoting drugs for the pharma industry. It is a unique model in that we deliver a full service; we have the technology to track the activity, and data assets to assess the impact of the promotion in terms of prescription and actual sales. IQVIA is a company that can connect the dots and the demands have shifted to these kinds of solutions. We were quick to provide access to recruited physicians while complying with the Colombian legal requirements and helping in the shift to virtual work. In the past, we relied almost exclusively on data subscriptions solutions with a set of standard solutions that could be subscribed to for tracking what is happening in the market. The value-added services has grown a lot and we have developed very valuable expertise focused on health -it is our only focus- and we understand everything surrounding the subject offering comprehensive solutions to our clients. The company started up in Colombia to track the retail segment and now we have a consumer health unit, an institutional market unit, we are entering the animal health segment, developing a dermo-cosmetic branch, and going into medical devices. Yes, we have changed a lot over the last 2 or 3 years.

Our market size is an advantage because it is not too large and provides an agile environment.



Valeria Kyska

Managing Director and General Manager
Merck, Colombia



EF: After a hectic 2020 what have been the lessons learned from this pandemic, that we can take into the future?

VK: The pandemic created a lot of value within companies, value in terms of resilience, showing people up for whom they are, creating value in the family groups, and making them more aware of the work being done by their parents, partners and children –a good example for everyone. It showed us, managers that we have to stay close, even if virtually, to the people we work with and of course, respect their personal times. At first, we didn't know how to handle the new way of working so we had calls without rest at all times but eventually we managed to balance out with time and be more considerate about other times.

EF: What would be your advice to ensure business continuity?

VK: 2020 has been a challenging year for us all, trying to implement new projects and different strategies. Merck had the advantage of already having a home office going on, so when the lockdown was implemented, 'home office' was not that difficult to implement. The lack of office interaction was of course missed and being in the field with certain projects was difficult, we had to suddenly accelerate certain skills to be able to work in a new way so it meant all sides and areas had to adapt. Working in the health sector we had to adapt to the pandemic from day one as there was no chance of us closing down; it was our responsibility that patients continue to receive their medication and we had to ensure continuity of supply providing both services and products. I am proud of the fact we never stopped and kept adapting and training our people to cope with the situation, first virtually and eventually physically when it could be done. All this has really accelerated our digital skills which were nowhere near as good as they are now, we have really and truly embraced those skills now and for the future and have more tools to work with, for better results.

EF: How do you rate the level of adoption of digitalization in the Peruvian and Colombian markets –both of which you know well- by all stakeholders: physicians, patients, and the whole healthcare ecosystem?

VK: In Peru, telemedicine was implemented at great speed, electronic prescriptions took a bit longer. The normative was ready pretty soon but the implementation was slow. Peru is a big country and geographically speaking, complicated, so the implementation was difficult to do whereas Colombia was better prepared and had perhaps a better educational foundation for the implementation.

EF: Could you elaborate on Merck Colombia's footprint, plans, and strategic importance to the Group?

VK: Merck Colombia has three divisions and we define ourselves as an innovative, scientific and technological company, so it's not only about the healthcare division. There are scientists behind the scenes working on the innovations the company offers, we do research for new compounds, biologicals, devices, etc. in the Scientific Division. The third division is Performance materials which is about consumer goods, specific pigments used in cosmetics, liquid crystals, and everything attaining to performance in products we use every day. In Colombia, healthcare is the biggest and the best-known division but our footprint is strong in all three areas. In healthcare, our primary care business is critical, especially with the focus on cardio-metabolic, and we have a long history of treating patients. In multiple sclerosis, we were among the first to start offering treatments in Colombia and

we also have a fertility area that works very well. Merck is present in all the stages of a person's life, from creation with fertility, patients with chronic diseases, and then patients with more specific diseases such as oncology and multiple sclerosis covering the whole span of life and we have saved so many patients along the way that it feels like the best legacy to have.

EF: The focus is on communicable diseases, but chronic diseases are still part of the health equation. How can we tackle both at the same time?

VK: Last year was a hard year for many patients with the focus switched very definitely on communicable diseases and Covid with chronic patients, and patients needing diagnosis being left behind. But the pandemic has also brought a lot of opportunities and discussions to the table showing up many inefficiencies in the health system not to mention certain talks on the importance of research -bringing awareness to the sector that wasn't there before. During the pandemic, chronic diseases haven't got the needed attention but for the future, we can implement the needed protocols, to serve all patients, install virtual consults to have better and more complete service so patients won't even have to travel to the hospitals. This has been a lesson learnt. It is a way of giving access to people who need it and a great chance to change and improve in the future.

During the pandemic, chronic diseases haven't got the needed attention but for the future, we can implement the needed protocols, to serve all patients, install virtual consults to have better and more complete service so patients won't even have to travel to the hospitals.



Javier Prada

General Manager
Grünenthal, Andean Region



The WHO states that pain it is a highly underestimated public health problem and there is a very important knowledge gap, since it is generally perceived as a symptom and not as a disease that has a very high impact, not only on people's health (physical and mental) but also in their independence and productivity

Chronic pain is a major source of suffering and disease by itself, according to the ICD-11(WHO's International Classification of Diseases), nevertheless, the WHO states that pain it is a highly underestimated public health problem and there is a very important knowledge gap, since it is generally perceived as a symptom and not as a disease that has a very high impact, not only on people's health (physical and mental) but also in their independence and productivity, because it is highly disabling. Therefore, the approach must include timely diagnosis, correct and comprehensive treatment with a personalized approach, and a follow-up to ensure the patient's recovery.

Our purpose is to change lives for the better, contributing to the improvement of this situation because we have the way and the elements to do it. We are working very hard at a world level on pain education, pain management, pain diagnostic and pain treatment because it is the chance to bring in trained physicians from the diagnostic world who in the majority of cases use our products and can offer a solution to the patients and the system. If the patient has access to the right physician at the right time, they will receive the correct diagnosis and medication. Our goal is to free people from suffering pain, which can be achieved if the patient receives the right diagnostic in the first approach.

EF: What would be your advice in managing a chronic disease portfolio in a communicable disease scenario?

JP: ACED (Asociación Colombiana para el Estudio del Dolor) did a survey with amazing results, 20% of the patients with chronic pain never ask for pain diagnostic, showing they have normalized their pain. If you ask a big group of people in a conference room 59% of them will admit to suffering pain in some sort of way, and 26% will have been suffering pain for 3 months without looking for a solution so it is considered normal for a patient to suffer pain. It is also normal for some physicians to have patients suffering pain. In a factory maybe half the employees have chronic back pain from lifting boxes -generally ignored- and the cost on productivity is enormous, so the opportunity for us is huge as it is a problem which needs to be solved. Acute pain will become chronic pain if ignored and it does many times when people hope it will get better on its own. Chronic pain requires a personalized comprehensive treatment according to the needs of each patient. There are different drugs and therapeutic classes depending on the specific needs of the patient. There is a great opportunity to better understand the disease and to generate multidisciplinary work, jointly with the Ministry of Health for the benefit of patients who suffer from it. It is a pathology that requires comprehensive treatment.

EF: What is Grünenthal's footprint in Colombia and what is its relative importance to the Group?

JP: Grünenthal is a global leader in pain management and related diseases, with a strong track record in Latin America of more than 50 years, it first arrived to Peru in 1968, then Ecuador and finally Colombia. Throughout these years, we have acquired companies with a small presence in Colombia and have consolidated an innovation-driven company with a solid portfolio of differentiated products in pain treatment and other therapeutic areas that add value to the physicians and patients. We focus all of our activities and efforts on moving towards our vision of a world free of pain.

EF: How do you think digital will change the way health is delivered specifically in pain management?

JP: The impact of digital on pain management is important. Virtual medical education is a considerable opportunity for physicians as there are no boundaries for digital meetings. Nowadays we are able to reach them and deliver incredible knowledge. More pain-trained physicians mean a better pain management approach for the patient in terms of diagnosis, treatment and relief which consequently translates into a better life quality and functionality.

Virtual technologies can facilitate the consultation, and this is where digital will make a big difference. For example, patients located anywhere will have access to a pain specialist that is not in the same city through a hospital digital platform. This provides patients access to a good diagnostic not to mention the reduction of costs. I foresee in the future having virtual hospitals, offering most of their services online with the specialists working from their homes attending patients with centralized technology-empowered services, at a reduced cost.

EF: Could you elaborate on the key therapeutic areas of pain management in Colombia?

JP: Pain management is a broad area, it exists all over the world and covers all health areas because regardless of the ailment pain is always present, pain exists across the whole health system and in all the different pathologies. However, if it lasts longer than three months and continues after the injury or illness that caused it in the first place, or if it is not attended to in a timely and adequate manner it becomes chronic and this has a tremendous impact on the quality of life of the people who suffer from it.



Raúl Durán

Director Comercial
Grupo Amarey, Colombia

EF: ¿Crees que la virtualidad de la educación está para quedarse en Colombia, más allá de la pandemia?

RD: La pandemia cambió el modelo para los que viajamos por negocios ahora hacemos todo virtual y el nuevo sistema llegó para quedarse porque permite ser muy productivo en el uso de recursos, permite llegar a mucha gente en una sola sesión con programas asincrónicos para la educación que no tiene alto costo en estructura y en el cuerpo docente. Si logramos maximizar podremos dar cursos con valores muy bajos y el sistema será muy replicado no sólo por los grandes laboratorios sino por grupos como nosotros porque el distribuidor que no genere valor desaparecerá. Para reconfigurar nos deberemos ofrecer el mejor servicio para que una institución nos vea como su mejor aliado incluso ofreciendo educación para los productos que traemos. El mundo tiene exceso de artículos científicos pero falta de educación para los médicos que los usan y con la medicina personalizada la educación es un camino a la innovación y una manera clara para generar diferenciación. Inicialmente entramos en educación por responsabilidad social haciendo un centro de simulación para que los médicos aprendan simulando pero hoy más que un negocio es nuestro pilar estratégico. Está en nuestro ADN educar a los médicos y hacer educación continuada a los cuerpos asistenciales en temas blandos como trabajo en equipo en gestión clínica. La virtualidad se quedará y creo que la educación más la economía de la salud es una fórmula ganadora que genera valor. Tenemos escenarios múltiples y versátiles basados en educación, por ejemplo los cirujanos hacen la parte teórica online y el entrenamiento presencial pero cuando llegue la realidad virtual volveremos a cambiar porque permitirá que el cirujano entrene desde su casa con sus gafas y laparoscopia, todo apoyado en la tecnología. Se vienen cosas muy interesantes y apasionantes en tema educación.

“Está en nuestro ADN educar a los médicos y hacer educación continuada a los cuerpos asistenciales en temas blandos como trabajo en equipo en gestión clínica. La virtualidad se quedará y creo que la educación más la economía de la salud es una fórmula ganadora que genera valor.”

EF: ¿Crees que cambiarán las necesidades físicas/virtuales en el manejo de hospitales y consultas médicas? ¿Cómo se verá afectada la hospitalización?

RD: La visita del paciente al consultorio permanecerá aunque ya existen muchos dispositivos en las casas de las personas. En el futuro todos tendremos nuestra propia estación en casa -como hoy tenemos el decodificador para la televisión- que medirá todo tipo de síntomas del paciente. Ya está inventado, China tiene muchísimas estaciones también Europa y Estados Unidos. Puntualmente en Colombia apuntamos a tenerlos porque es mucho más económico y se ahorra en recursos porque la virtualidad logra mayor productividad debido a que es más eficiente y no hay desplazamiento. La única crítica que he escuchado de los médicos es la falta de contacto físico con el paciente por lo que un mix de lo virtual y del presencial sería ideal. En lo que se refiere a hospitalización en mi opinión el hospital del futuro tendrá alta complejidad pero menos espacio de hospitalización y la recuperación sería mayormente en los domicilios con los dispositivos necesarios pero se necesita tecnología y sistemas de información para correlacionar y obrar.

Tenemos varios operadores de EPS como modelos de hospitales en casa que han sido exitosos y que permiten descongestionar el sistema. Siempre serán necesarios hospitales de alta tecnología y cirugías pero en la medida que tengamos modelos de hospitalización en casa con procesos estandarizados a adherencia a medicina donde se respete el principio médico de la independencia la hospitalización será menos necesaria. En Colombia hay prácticas en clínicas a las que la adhesión es clave y demostrado por evidencia evaluadas por un comité pero aún tenemos camino por recorrer. Los dispositivos médicos son un reemplazo perfecto porque son de invasión mínima, en las nuevas tecnologías, las plataformas robóticas, la nanotecnología o la radio cirugía ni siquiera hay corte de tejidos sino sencillamente se focaliza el tumor y esto cambiará el sector para siempre pero falta hacerlo más viable para nuestros países. Las nuevas tecnologías de todas formas se van abaratando en la medida que más empresas se vayan involucrando en temas robóticos, nanotecnología y en dispositivos innovadores hasta ser una práctica accesible para nuestros países.

En Colombia el gasto en salud per cápita es de USD 700 y en Estados Unidos es de casi USD 18 mil y además en Colombia cubre todo tipo de enfermedades por lo que tenemos que pensar en costo-eficiencia pero creo que vamos en la dirección correcta. El regulador de Colombia está siendo consecuente con estas acciones, entiende que salud manejada con buena data y con estandarización genera una salud mejor y más costo efectivo.



Lina Marcela Betancur

Gerente General
BIMEDCO, Colombia

EF: ¿Podría contarnos acerca de la historia detrás de BIMEDCO-Gemedco?

En 1985 nace Gemedco, como representante en Colombia para ventas y servicio técnico del portafolio de imágenes diagnósticas de General Electric. En 2007 se reestructuró la organización, que hasta el momento tenía un manejo familiar, y pasó a tener un gobierno corporativo y una Junta Directiva independiente. El portafolio de productos fue evolucionando y se fueron incluyendo productos complementarios para ofrecer una solución integral al cliente. Al principio comercializábamos sólo equipos de imágenes de diagnósticas y luego tuvo sentido complementar nuestro portafolio con consumibles que fueran del interés de los clientes a los que ya impactábamos.

Debido a los excelentes resultados que como GEMEDCO obtuvimos en el mercado colombiano, en 2015, GE Healthcare tomó la decisión de hacer presencia directa en el país y acordó con la compañía una transición armónica adquiriendo todos los activos relacionados con la marca GE. La transacción se realizó en Septiembre de 2015 y se fijó para nuestra compañía una cláusula de no competencia por cinco años en imagen de diagnósticas.

EF: ¿Cuál fue tu misión cuando te nombraron Gerente General de BIMEDCO, y cuál fue el rol de la empresa este año tan atípico?

LB: Uno de los roles principales el último año de todas las compañías que trabajamos con dispositivos médicos fue garantizar el abastecimiento del mercado local, mantener los equipos instalados en correcto funcionamiento y entrenar al personal para su uso adecuado. No es suficiente tener los equipos, hay que también tener gente entrenada para manejarlos porque en su mayoría son dependientes del operador. El rol de la compañía fue, entonces, que toda esto sucediera a pesar de las restricciones de abastecimiento, logística internacional y de transporte terrestre que vivimos. En mi caso el reto fundamental al asumir la Gerencia General, fue mantener la compañía a flote en un año de mucha incertidumbre y cambios, muchos de los cuales llegaron para quedarse sobre todo en materia de transformación digital. BIMEDCO es una compañía muy tradicional, que siempre había operado con un esquema presencial desde nuestras oficinas en Bogotá y Medellín, y con personal comercial y de servicio técnico en las demás ciudades principales. Debimos adaptarnos rápidamente a trabajar desde nuestras casas a partir de la segunda semana de Marzo 2020 y ha significado un reto lograr que la gente continúe motivada, mantener los equipos funcionando y, particularmente para el equipo comercial, realizar el seguimiento y acompañamiento a los clientes sin poder tener contacto físico permanente.

“Uno de los roles principales el último año de todas las compañías que trabajamos con dispositivos médicos fue garantizar el abastecimiento del mercado local, mantener los equipos instalados en correcto funcionamiento y entrenar al personal para su uso adecuado. No es suficiente tener los equipos, hay que también tener gente entrenada para manejarlos porque en su mayoría son dependientes del operador.”

EF: ¿Cuáles fueron las lecciones aprendidas a lo largo del último año, principalmente en materia de mantener la cadena de suministro y servicios funcionando?

LB: Nosotros trabajamos muy de cerca con nuestros Representados y socios comerciales, y juntos logramos mantener el abastecimiento constante, importando desde Europa y Asia y en algunos casos de Estados Unidos. Así mismo, contamos con aliados estratégicos para el transporte de carga internacional, lo que nos garantizó oportunidad para el despacho de las mercancías hacia Colombia desde los distintos países. La clave para permanecer abastecidos fue la comunicación, el monitoreo y el seguimiento permanente de toda la cadena de suministro, en alianza con nuestros Representados y aliados comerciales. Definitivamente, la cooperación entre todos los actores fue fundamental y la mayor lección aprendida.

EF: ¿Cuáles fueron los KPIs que utilizaste para mantener la compañía a flote?

LB: La variable más importante que monitoreamos todo el año pasado fue la liquidez. Al ser un año de tanta incertidumbre y dificultades de flujo de caja en la economía, el monitoreo constante de la liquidez fue fundamental. Más allá de grandes volúmenes de ventas, se trataba de garantizar el recaudo y una adecuada rotación de la cartera.



Oscar Javier Pérez

Gerente General
Laboratorios Baxter, LatAm Sur



EF: ¿Cómo lograron mantener la seguridad del suministro transitando la pandemia?

OP: Trabajamos sin manual y con el sentido común. No escatimamos en nada tratándose del bienestar y seguridad de la gente. Invertimos en que nuestros empleados pudieran llegar con toda seguridad a sus lugares de trabajo, a las clínicas y la planta de manufactura (+1000 empleados). Incluso tuvimos que tomar personal temporal para cubrir posiciones afectadas por casos positivos o sospechosos. Aumentamos la cantidad de turnos en manufactura para evitar la aglomeración de los empleados. En las clínicas, generamos procedimientos para evitar la exposición de personas con falla renal de alto riesgo e intentando llegar a las casas de los pacientes en un modelo de diálisis diferente. Algunas terapias cambiaron su comportamiento durante la pandemia, los quirófanos cerraron a cirugías electivas, impidiendo inserciones de los catéteres (procedimiento fundamental para terapias de Diálisis Peritoneal). Debimos ser creativos e innovar en las formas para ofrecer una ayuda social diferente. Mantuvimos nuestra identidad de prueba y error, prueba y aprendizaje; de crecer y ganarle a la situación, y todos ganamos esmerándonos en sobrepasar adversidades. El comportamiento del mercado también afectó a la fuerza comercial y con la caída en ventas de algunos productos y los quirófanos cerrados, el personal de enfermería quirúrgica se vio afectado. Reasignamos funciones de forma temporal de acuerdo a las actividades que intempestivamente se presentaban. Baxter garantizó ingresos a sus empleados por más de 6 meses de tal manera que todos pudiéramos cumplir con obligaciones financieras. La respuesta de parte de nuestra gente en referencia al compromiso fue fenomenal.

EF: ¿Las ventas de unos productos subieron y otros cayeron, podrías elaborar en cómo adaptaron el portafolio?

OP: Debimos adaptar nuestra forma de planeación, ya no podíamos planear mensualmente y tuvimos que hacerlo cada semana con revisiones diarias de demanda. Sin históricos que sirvieran y sin saber que iba pasar con el consumo. Había requerimientos de equipamiento hospitalario en todo el mundo y también se necesitaban medicamentos específicos para tratamiento de Covid. Gracias al establecimiento de un proceso de benchmark con países que iban un poco más adelante en la pandemia, tales como Italia y España y posteriormente con Brasil y Estados Unidos. Aumentamos nuestro abastecimiento en ciertos productos, aprendimos a conocer mejor los impactos de la enfermedad sobre pacientes con diferentes patologías y de esta forma llegamos a triplicar órdenes de compra, muchas veces sin mirar pronósticos que de todas formas no servían. Desde nuestra oficina global nos organizamos para trabajar en equipo y poder reaccionar desde el punto de vista de capacidad de manufactura en plantas totalmente globalizadas y la empresa respondió rápidamente en este sentido. Los países se vieron inmersos en situaciones donde la demanda superaba ampliamente la oferta mundial. Las entidades regulatorias y agentes como FDA, Invima y similares flexibilizaron sus procesos basado en principios de prioridad e importancia lo cual permitió el acceso a nuevas opciones y mayor oferta. La pandemia ha logrado que se considere lo realmente importante porque hoy es cuestión de Vida. El portafolio se fue adaptando a las necesidades del momento, nuestro proceso de pronósticos fue evolucionando con personas evaluando diariamente los consumos. Contar con información fue fundamental. Conformamos un equipo para apoyar áreas de mayor demanda, como la de Sistemas de Infusión, en donde logramos ubicar más de 8mil equipos en todo el país en tan solo 5 meses.

EF: ¿Cómo posicionas a la región para conseguir recursos de HQ en una situación de crisis considerando que todos los países son importantes?

OP: La organización fue muy hábil en dejar muchas decisiones en las gerencias locales generando mayor velocidad en las acciones y sirviendo como facilitador para asignaciones de producto a nivel global con base

en los comportamientos de la epidemia. A pesar de las restricciones, Baxter ha logrado atender adecuadamente la demanda desbordada de algunos ítems gracias a canales abiertos de comunicación y acciones con sentido de urgencia a través de toda la cadena de abastecimiento. Soy un embajador de mi región y competimos por abastecimiento con afiliadas en otros países, allí es donde la comunicación rápida y la agilidad en las acciones marca una diferencia radical. Hemos aprendido muchísimo este último año, ha sido desafiante pero también una experiencia enriquecedora.

La organización fue muy hábil en dejar muchas decisiones en las gerencias locales generando mayor velocidad en las acciones y sirviendo como facilitador para asignaciones de producto a nivel global con base en los comportamientos de la epidemia.



Sandra Ramirez

Director Comercial
Grupo Amarey, Colombia



EF: How has it been for you navigating through the pandemic reality?

SR: This period has been an exceptional learning experience for everyone in the organization. In March, we started working from home and only specific areas such as logistics, quality control and certain areas related to products, kept working from our logistics site. On August 3rd., our workforce returned to the field to meet specific priorities and issues. From a business point of view, we have been doing well having our employees' safety as our first priority since day one. Originally, we thought the lockdown situation would last a month or two, but now, six months later, we believe this situation will continue for another three to six months. Our mission to support our patients has taken on even more relevance with the Covid-19 pandemic, and from a business perspective, we have focused on three priorities:

Access for patients- because we believe health should not be a privilege, but a right available to every person. The access to medication can be difficult, so we are working to ensure that medication and treatments are available to all patients and not only to a privileged few. The Covid-19 situation created a new sense of awareness so that more people can be treated. It is imperative to keep working on access and enhancing capabilities so that we can work with the government and other stakeholders in order to have available the innovative medicines for our patients.

Dedicate time and effort to promote our team's well-being and support both logistics and quality departments to ensure the continuance of supply for patients. We have implemented different initiatives to assist our team during this period. In addition, not only have we maintained our entire workforce, but over the last six months, we have even hired 22 new positions in Mexico and 2 in Colombia. We are hiring new people because we are very confident about our future in these countries.

Digital and virtual transformation- as one of our main pillars for the continuity of the business, implementing important digital initiatives for continued engagement with key company customers in the healthcare system.

“It is imperative to keep working on access and enhancing capabilities so that we can work with the government and other stakeholders in order to have available the innovative medicines for our patients.”

EF: Last time we spoke, you had cracked the top 100 list of the most powerful women and now you have done it again, only now you are in the top 50. What are you doing differently to be considered as such?

SR: I'm very proud to be part of the ranking. This is a recognition to my team and the entire organization, which is focused on innovation as well as diversity and inclusion.

Our work is based on four main topics:

Clear commitment to offer equal opportunities for women and men while ensuring we provide development leadership programs for women. Also, endorsing excellent conditions for diversity and inclusion.

Generating engagement within our employees to continue working creatively in high-performance teams to achieve our goals.

A different way of working: other companies aim to solve immediate problems whereas we have tried to go to the core problem and from that standpoint, we work at how we can help.

Maintain our patients in the centre of everything we do.

EF: BMS is surprisingly nimble for a company of its size and committed to critical research as you are. How have you been affected as not everything can be done digitally?

SR: The clinical research team has been working from home since March. On August 3rd., they returned to the field and are working with the institutions and the medical community to support patients. We are fortunate enough to have the technology and company structure needed to work from home, so the RCO team never stopped working and are in continuous contact with the physicians and patients undergoing the trials, which is proof of the commitment we have with the protocols we are conducting in Mexico.



Diego Valbuena

Sr. Director & General Manager
bioMérieux, Colombia



Dr. Romain Brunel

Medical Affairs Manager
bioMérieux, Colombia



EF: ¿Cuál es el impacto del diagnóstico en la economía del sistema de salud?

DV: El impacto del diagnóstico en la economía del sistema de salud es el gran debate que vivimos las compañías de diagnóstico en el día a día. En el mundo se desarrollan tecnologías que ayudan a mejorar el diagnóstico y las nuevas tecnologías llevan costos asociados, pero la evidencia demuestra que el diagnóstico oportuno es crítico, sobre todo en el caso de infecciones. Un diagnóstico oportuno aporta información valiosa al médico para el ajuste de la terapia antimicrobiana, lo que significa una diferencia en el desenlace clínico del paciente y en las finanzas del sistema de salud. Hay infecciones que al ser virales no deben ser tratadas con antibióticos lo que conlleva a la optimización de los recursos del sistema; otro ejemplo es un paciente que sobrevive a una infección severa que puede quedar con falla renal, lo que ocasionará gastos importantes al sistema de salud posteriormente. El diagnóstico sintomático es la herramienta correcta para determinar la terapia adecuada que a su vez permite dar de alta al paciente más velozmente y mejorar su desenlace. Estos son algunos ejemplos del impacto en costo-eficiencia para el sistema de salud y con beneficios directos en optimización del uso de antimicrobianos, estancia hospitalaria y reducción de secuelas por el manejo de una infección severa.

Dr. RB: En Colombia hemos terminado de realizar el estudio de impacto clínico del diagnóstico sintomático de Meningitis/Encefalitis más grande hasta la fecha y en este momento estamos desarrollando estudios de costo-eficiencia para esta misma enfermedad. Apoyamos al Instituto Nacional de Salud en la vigilancia epidemiológica por medio de una donación de reactivos diagnósticos para la discriminación de otros virus respiratorios diferentes a SARS-CoV-2, lo que complementa la vigilancia epidemiológica de la pandemia y su evolución. Apoyamos la investigación de impacto clínico porque buscamos la aplicación práctica de este impacto clínico sobre el paciente. Nuestros estudios clínicos van acompañados casi siempre de sus propios resultados económicos que miden el ahorro para el sistema de salud. Nos estamos acercando a las aseguradoras colombianas para proponerles estudios de la vida real (RWE) que permiten ver el impacto de las tecnologías diagnósticas en el sistema Colombiano de Salud.

F: ¿Crees que existe la conciencia necesaria para identificar el antimicrobiano correcto para el paciente incluso para aceptar la resistencia antimicrobiana?

DV: La resistencia antimicrobiana es una problemática silenciosa pero de la cual las instituciones de salud son muy conscientes y es una problemática que vivimos en el día a día. La aparición de bacterias multi-resistentes que no tiene un antibiótico efectivo hace que infecciones que antes eran fácilmente tratables ahora son muy complicadas, y los antibióticos de amplio espectro pueden ocasionar secuelas o pueden tener impacto posterior en la vida del paciente. Es una problemática que viene creciendo en todo el mundo, de hecho la OMS señala que para 2050 tendremos hasta 10 millones de muertes anuales relacionadas con la resistencia a los antimicrobianos y es probable

“Un diagnóstico oportuno aporta información valiosa al médico para el ajuste de la terapia antimicrobiana, lo que significa una diferencia en el desenlace clínico del paciente y en las finanzas del sistema de salud.

Diego Valbuena

que la pandemia acelere ese proceso. Normalmente la resistencia se desarrolla en la medida que hacemos uso no racional de los antimicrobianos, por ejemplo, cuando un paciente recibe un antibiótico que no es apropiado para un agente patógeno específico. Hay muchos factores que promueven el desarrollo a la resistencia y la OMS tiene pronunciamientos al respecto, en Colombia existe regulación vinculada al tema para combatir y frenar el problema de la resistencia a través de herramientas poderosas como los PROA -programas de uso racional de antimicrobianos- en hospitales y otras instituciones prestadoras de servicios de salud. En la implementación de los PROA, el diagnóstico juega un papel crítico para desescalar, cambiar o quitar un antibiótico.

Dr. RB: La resistencia antimicrobiana es un tema grave para Latinoamérica, en los próximos años esta problemática se volverá más grave que el cáncer y las enfermedades cardiovasculares y se volverá la primera causa de muerte en el mundo. Pero desde ahora, en la epidemiología de Colombia existe presencia de múltiples genes de resistencia y la tasa de resistencia a antibióticos - generalmente de última línea- es muy alta. El sistema de Salud está enfocado totalmente en Covid aunque ya existen bacterias para las cuales no hay tratamiento posible y que a futuro esta situación será peor porque durante la pandemia se ha incrementado el uso inadecuado de antibióticos. Covid es un virus y para su tratamiento los antibióticos no son necesarios pero la gran mayoría de los pacientes con COVID -más del 70%- recibieron antibióticos, cuyo único efecto en estos pacientes es modificar su flora bacteriana, favoreciendo las bacterias resistentes y facilitando que en el futuro pueda tener una infección que no podremos tratar. Las cifras son contundentes, vamos a tener cerca de 10 millones de muertos al año por este motivo en 2050. Diez millones de muertos son 4 pandemias de Covid al año, todos los años, será un fenómeno crónico sin posibilidad de vacunación ya que no podemos vacunar a los pacientes contra su propia flora. La pandemia es un problema muy grave hoy pero gracias a la vacunación se irá aliviando, pero contra el problema de la resistencia a los antibióticos no existe una solución tan evidente. Será un problema crónico, grave y de dimensiones enormes. En bioMérieux estamos preparándonos a luchar contra este problema, y nuestro enfoque es dual, i) el diagnóstico: conocer la bacteria y el antibiótico necesario, tenemos pruebas diagnósticas que nos dicen en una hora cuál es la bacteria y el nivel de resistencia, y ii) educación para el médico sobre este problema. Tratamos de acercarnos a los tomadores de decisión y este año haremos un trabajo muy fuerte en desarrollar diferentes proyectos que buscan vigilar la resistencia a los antibióticos en el país.

EF: ¿En dos años bioMérieux celebra su aniversario número 60, qué es lo que te gustaría celebrar y cuál será tu mensaje para tu equipo?

DV: Celebro el hecho que todas nuestras acciones tienen un impacto en el sistema de salud, ayudan al sistema de salud a tener mejores prácticas y a que los pacientes con enfermedades infecciosas tengan mejores tratamientos. Agradezco el trabajo de todo el equipo para contribuir a salvar vidas, tenemos casos de médicos que nos cuentan cómo el diagnóstico oportuno salvó la vida de un bebé o un infante y son historias que nos tocan profundamente. Colaboramos para que el sistema de salud sea mejor y podamos controlar el impacto de problemáticas graves como la resistencia. Quisiera finalizar comentando que la pandemia ha dejado en evidencia la importancia del diagnóstico; debemos seguir trabajando con las autoridades de salud para que el sistema se favorezca del diagnóstico en términos de beneficios tanto para los pacientes como para las finanzas del sistema. Hoy por hoy el laboratorio representa aproximadamente un 5% del presupuesto de los hospitales, pero tiene impacto entre el 60% y 70% de las decisiones críticas en el hospital. Debemos trabajar juntos en un modelo de economía de salud que siga optimizando los recursos del sistema, a través del diagnóstico oportuno. Nuestra prioridad: que un diagnóstico oportuno sea una realidad para todo paciente que lo necesite.

EF: ¿Cómo se logró conseguir los recursos necesarios para la subsidiaria en Colombia, en un mundo afligido por la pandemia?

DV: Desde el inicio de la pandemia la compañía definió directrices muy claras:

1. Asegurar la salud de nuestros colaboradores. Gracias a la transformación digital el impacto no fue mayor, nuestros colaboradores trabajaron desde sus casas asegurando la continuidad del negocio.
2. Trabajar con los sistemas de salud para atender a los pacientes más allá de los inconvenientes, asegurando la logística que estuvo impactada por incrementos hasta del 100% en las tarifas de los fletes internacionales. Trabajamos para asegurar el suministro de productos y la cadena de abastecimiento, para que los hospitales sigan manteniendo flujo de pruebas y combatir la pandemia y otras enfermedades infecciosas.
3. Asegurar la continuidad de los instrumentos de diagnóstico; para esto se requiere de un equipo de ingeniería y asesoría especializada que trabaja en campo; con la transformación digital logramos satisfacer muchas inquietudes y dificultades de los clientes de manera virtual. La compañía tomó el compromiso de capacitar al equipo de ingeniería en prácticas seguras con todo el material de protección personal cuando el trabajo no se podía hacer virtualmente.
4. bioMérieux ha estado presente en cada una de las etapas de la pandemia. Nuestro corporativo habilitó los recursos necesarios para inversiones en material de protección personal para los colaboradores, e incluso hizo donación de materiales al principio de la pandemia cuando había escasez de éstos, tales como máscaras N95, caretas y otros elementos de protección para los trabajadores del sistema de salud.
5. La compañía aprobó una iniciativa en junio 2020 de repartir el 50% de sus dividendos de 2019 a causas filantrópicas en el mundo y en Colombia una donación a un proyecto llamado “Fundación Proyecto Unión” que se centra en niños con enfermedades terminales que sus familias han abandonado en hospitales y la fundación los acoge les da cuidados paliativos, alimentación, etc., estamos muy complacidos de haber aportado a esta loable causa gracias a la donación del 50% de los dividendos.
6. En 2020, la compañía decidió brindar un apoyo adicional para todos sus colaboradores por el trabajo realizado durante ese año que fue muy desafiante.

“La resistencia antimicrobiana es un tema grave para Latinoamérica, en los próximos años esta problemática se volverá más grave que el cáncer y las enfermedades cardiovasculares y se volverá la primera causa de muerte en el mundo.

Romain Brunel



Ana María Supelano

Gerente General de Ultragenyx
Colombia Andina y Caribe

EF: ¿Qué fue lo que te atrajo a trabajar en Ultragenyx?

AMS: Me atrajo tomar la gerencia de una filial que está en crecimiento y que contribuye significativamente en la región de LATAM. Ya he tenido la oportunidad de trabajar en patologías consideradas raras y en otras de mayor prevalencia en el país y me genera una enorme satisfacción trabajar en cercanía a esas necesidades. Me atrae el propósito de contribuir a enfermedades raras y la autenticidad del enfoque en el 'patient centricity' y no menos importante la identidad cultural y los valores de la compañía entendiendo mi rol de líder y de mujer que responde a la diversidad e inclusión en la región de LATAM .

EF: ¿Cuánta concientización y conocimiento existe sobre enfermedades poco comunes en Colombia?

AMS: La concientización sobre enfermedades poco comunes ha avanzado muchísimo en Colombia, ha habido esfuerzos colectivos y generales para instalar el tema en la agenda de la salud. Colombia cuenta con una mesa de trabajo de enfermedades huérfanas que ha hecho una importante e incansable labor generando cambios, de hecho enfermedades huérfanas tiene una ley en el país como resultado del esfuerzo de las sociedades científicas, las asociaciones de pacientes y del Ministerio de Salud. La población de enfermedades huérfanas de Colombia es reconocida, tiene protección especial y se trabaja para no vulnerar sus derechos en términos de salud, aunque aún queda mucho por hacer. Es importante generar en el cuerpo médico la concientización de estas enfermedades, no solo en especialistas sino en los médicos de atención primaria que pueden referir a los pacientes y permitir un diagnóstico oportuno. Si bien ha habido avances importantes en los últimos 15 o 20 años en Colombia debemos continuar con la tarea de educar y contribuir con el sistema ya que una condición de baja prevalencia no debe quedar excluida o ser menos importante para el sistema de salud.

Desde Ultragenyx nos enfocamos en el ciclo que va desde la educación médica, el diagnóstico hasta el tratamiento de la enfermedad, ya que por tratarse de enfermedades raras con factores desconocidos para los actores del sistema es nuestra responsabilidad contribuir al proceso.

EF: ¿Cuál es el desafío mayor hoy a la hora de brindar acceso a una terapia a través de tus productos?

AMS: El principal desafío que enfrentamos es cómo demostrar valor de la terapia mas allá de su costo sobre todo las terapias innovadoras que requieren grandes esfuerzos en su investigación y desarrollo.

Desde Ultragenyx nos enfocamos en el ciclo que va desde la educación médica, el diagnóstico hasta el tratamiento de la enfermedad, ya que por tratarse de enfermedades raras con factores desconocidos para los actores del sistema es nuestra responsabilidad contribuir al proceso.

EF: ¿Cómo se puede recuperar la importancia de enfermedades poco frecuentes en un contexto de pandemia?

AMS: Si bien la pandemia es una situación prioritaria es importante no dejar de atender las otras condiciones médicas existentes. El tema relevante hoy es el de la vacunación y no solo de Covid-19, hay que seguir vacunando a la población de las otras enfermedades respetando el esquema porque de no hacerlo será contraproducente a largo plazo. Así mismo se debe garantizar la continuidad en los tratamientos y terapias de la población con enfermedades huérfanas para la continua mejora de su calidad de vida. Desde Ultragenyx, aun con la pandemia continuamos con la educación médica, proveyendo el servicio de diagnóstico para las enfermedades de nuestro alcance. Siempre se le dio continuidad y nunca nos detuvimos en nuestra labor.

EF: ¿Cuál sería tu consejo a otras mujeres que quisieran desarrollar posiciones de liderazgo en el sector en Colombia o en la región?

AMS: Hoy por hoy son muchas las mujeres que tienen roles de liderazgo y gran responsabilidad dentro de las empresas farmacéuticas en Colombia. A las mujeres que quieren desarrollar una carrera les diría que crean en ellas mismas, no solo en sus capacidades pero en su autoconfianza para desempeñar el rol, básicamente romper los techos de cristal y no dudar de ellas mismas. Para ser una líder mujer no es necesario cambiar de forma de ser, sino ser fiel a sus valores y creencias y a su propio estilo de liderazgo. Se puede, yo soy mamá, no hay que elegir entre carrera y familia. Las mujeres tendemos a estar más en el detalle y ser perfeccionistas y por ello a veces no aplicamos a trabajos por temor a fallar pero debemos animarnos e ir para adelante sobre todo si se tienen las habilidades necesarias.



Sandra Cifuentes

Area Lead LatAm
Astellas

EF: What advice would you offer other Latin American leaders who come from a different culture and want to create values of collaboration, integrity, and respect?

SC: For me, the most important way to lead is by example. There isn't a more powerful strategy than doing what you preach and work every day to be the best leader you can be. In Astellas, I also work in achieving consensus. As a leader, I also practice the aspiration that we have in our region and is our passion for excellence- excellence in all that we do, believing in our people, and creating value for patients and always challenging ourselves to be the best we can do.

EF: As a Japanese company that has a very strategic mindset with long term objectives, how do you balance tactical decisions based on day to day operations to ensure business continuity while dealing with Covid-19?

SC: Ensuring business continuity during a pandemic is a challenge for all of us and there is no magic formula to succeed. We have a responsibility as an organization and we care about our employees, the health system, and the different stakeholders. We are alert and seek to understand what is happening around us to make the right decisions. We need to be very flexible in our approach to customers, and medical society has to be adapted. We also see new advancements coming in, such as telemedicine, that is changing the needs of customers. Historically, the doctor had a face-to-face interaction with each patient and that now has gone to fifteen minutes of focus for each patient 's ailment as well as for the human side of the relationship. We must understand and support how customers, physicians, and patients are coping with this new digital world while balancing the priorities of the business

We need to be agile in understanding the circumstances of each of these markets as each one is in a different stage. Even if there are regulations, they might not be implemented or they might not be ruled or they might not have a plan to regulate in some cases.

and mitigating the impact of Covid-19. Covid has created an additional barrier within the Latin American healthcare system, so we are focused on providing emphatic solutions for the different interest groups. Our customers and our teams are adapting to this change and my job is to acknowledge all of this, be flexible, and embrace the changes that are needed to adapt to the circumstances. Decisions made must be taken towards your objective, in our case, creating value for patients. We also need to be very attentive to listen and read what is happening in the market and acknowledge that changes are happening fast.

EF: Have you, as Astellas, identified some of the key trends pharma companies will need to advance on? What is the required skill-set for the company of the future?

SC: Operational tools and skills are very important to run the business. To grow strategically, skills that help you read the moment and understand the priorities and urgency will allow you to provide a better outcome for all parties. For example, when ensuring the supply chain, it is crucial not only to know the rules of the market but also have information on new trends such as home delivery. Having increased stock might be important to ensure the security of supply in some of the Latin American countries. The environment needs to be read correctly through a common capability which is the ability to listen and interpret what is happening. We all have different ways of adopting the use of technology and managing our customer-facing roles and for some, it will be easier than for others. People raised in the era of new technologies may find it easier to adapt than the more mature and experienced professionals, as they are better on a hands-on relationship with the customer, but again, we cannot assume this as a rule. The different stakeholders and health systems are suffering and need to optimize to maximize their resources to deploy innovative access solutions. In a situation like the present, chronic patients might get left behind and it is our responsibility to ensure those patients are not left out for long because there will be a cost to pay for all the parties. Another capability to be taken into account is building confidence in the customers and patients so they come back to the system once the healthcare systems of the different countries allow for it. There have been changes like doing digital launches and managing regulatory agencies that are taking up with everything related to Covid-19. There are other additional capabilities more related to soft skills, like understanding, building confidence, and some very hard skills, like innovation, providing access to patients and supporting the concerns in terms of resources, organization, investments and attention for chronic patients. One skill doesn't work without the other, they complement each other, and the whole is greater than the sum of each skill.

In Latin America, there are countries that before Covid-19, telemedicine was already regulated while others were trying to catch up and some did not have a framework at all. We need to be agile in understanding the circumstances of each of these markets as each one is in a different stage. Even if there are regulations, they might not be implemented or they might not be ruled or they might not have a plan to regulate in some cases. A lot of information and communication is required, as is a dialogue with the Chambers, customers, and organizations across the region to develop knowledge and to try to influence the health agenda. The pharma industry must work together to achieve access for Covid-19 patients but also for chronic patients that are not getting to the system at the moment.



Luis Ramos Prieto

General Manager
Aspen Pharma, (Colombia, Peru, and Ecuador)

EF: How was the transition to working remotely and what have been the lessons learned from the pandemic?

LRP: The message to my team was to cover all areas of work even though we are not in the same space working together, we had to learn a new way of working, meeting deadlines, and accomplishing goals. We have a lot of software and solutions I had been encouraging my team to make use of even before the pandemic and then we had no option but to start using them. Personally, I prefer face-to-face contact or chats, finding that contact easier faster, more direct, and efficient. In January of this year, our office contract finished and we were looking for new offices and when we were very close to signing the contract, the pandemic arrived and we stopped our negotiations. Right now we don't have offices -we are the only region of the company in LatAm that doesn't have an office to go back to. This has benefits in savings and the added value of avoiding the Bogota traffic -the worst of Latin America- for our people, saving 2 hours every day not having to commute and they are working very hard from home. We plan to go back in February to an office and see the team behaviour on a flexible schedule working on a 3x2 schedule which means 3 days in the office and two days from home and go adjusting the team and business as needed. It will be a bit of an experiment, collecting data to see how to continue as the size of the office will depend on how many people we have working there. We won't do 100% home office as interaction will be necessary.

EF: Could you elaborate on the business Aspen has in Colombia?

LRP: Our main business is with hospitals and we are very big in anaesthetics. In some brands, we are the world's top 10 in sales, something which doesn't usually happen in the Latin American pharma industry, so it is quite an achievement for Colombia. Other than anaesthetics, which is a major part of our business as we have a 75% market share in one product and in a few others, we are also leaders with a 40% market share as well as a thrombosis business. Two-thirds of our business is with hospitals and one-third is in retail. For Peru and Ecuador, which I also manage, it is the other way around -more retail than hospital business- but we are developing the anaesthetic business which is growing very rapidly. Due to the pandemic which caused issues in the supply chain, May and June were very difficult months but since July and August, the situation has massively improved and we have grown. So despite the pandemic, it has been a good year for us in terms of sales, even if some brands haven't performed that well.

“The message to my team was to cover all areas of work even though we are not in the same space working together, we had to learn a new way of working, meeting deadlines, and accomplishing goals. We have a lot of software and solutions I had been encouraging my team to make use of even before the pandemic and then we had no option but to start using them.”

EF: How is it to virtually manage not only Colombia but Peru and Ecuador as well?

LRP: Before the pandemic and at the beginning of my tenure, I was travelling a lot to both Peru and Ecuador so after practically living in an aeroplane, this year things have changed very drastically. We are all virtually very connected regardless of the actual distance between us. Most of our people work from home so when we have to make an announcement, we make sure everybody gets the information at the same time. Regardless of where our employees are, they all have the same information at the same time.

EF: What was your given mission when appointed a year and a half ago?

LRP: In Aspen, finance is the main driver and management rules are simple, we have to deliver our ratios in terms of sales, OPEX, and expenses but otherwise, we have a free hand to work. In Colombia and the region, we had a few issues with high expenses mainly due to the original company's organization which required a lot of administrative work but we have done a very good job cutting back expenses and we were already in a good position when the pandemic broke out. My first given mission was to cut back expenses, my second was the alignment of Aspen's different areas which we have done to the extent where we no longer have divisions and the feedback we have received from the top management was that they don't see any difference -receiving the same message- when talking to a person from Colombia, Peru or Ecuador so our alignment has been successful. My third mission is to keep the Aspen business growing and to that end, we are looking at physicians and for deals in the region. I hope in the near future we will be managing new brands. We follow the Aspen culture and narrative to achieve integration through company values. When we got the anaesthetic business from GSK, only three countries in the world received their people: Kenya, China, and Colombia. We were the first to receive the business and we worked very smoothly and successfully with the GSK team.



Eduardo Cabas

General Manager
CSL Behring, Colombia



EF: During these times of transition, how do you balance tactic and strategic decisions to achieve your objectives while navigating the current scenario?

EC: In the healthcare sector we are very used to planning the future, working on short term goals or 5-year forecasts. During this pandemic, we didn't know what would happen in a week so after being used to managing the medium to long term, we had to focus on a week to week basis. Now we are going back to our original balance but we will have to stay nimble and ready to react to the short term because the long term planning will not help with the quick and changing conditions we are dealing with at the moment. We are forced to be reactive with the environment constantly changing, the government passing new regulations, and companies having more flexible policies. We must of course plan in the long term as far as the company's big drivers are concerned, like the pipeline, the supply, and the product. What doesn't change are the values, the spirit of the company, and what we stand for. The challenge of going 'virtual' is something we all must continue to explore and this means changing habits and people are much more flexible than we give them credit for, especially in situations that are not ideal.

EF: What have been the lessons learned in these times of transition?

EC: The biggest lessons learned are the need to invest in team-building and the new virtual era. Establish a mission, ensure the whole team is engaged in the project, and understand where we are going, why we are doing it and what we stand for. These are major drivers and they must be clear to be able to advance. We spend a lot of time on virtual communication channels to the extent where people are finding it exhausting, but we are grateful to have the technology, it is a big but fundamental investment. Building communication channels is very important and spending time with the team is the major learning. Clarifying where we are at in the short term and what is happening week to week has been important for our personnel as our employees needed reassurance on the short term and their jobs. Covid reality must be understood as there were a lot of people who thought it was a hoax or that masks did not work so the company needed to make a statement and be prepared to correct or amend that statement if needed, people need to know what to expect and what we are thinking. In business, we like to have a structured process but at the moment, we have to be more flexible due to the many changes in the environment so we bring as much certainty as we can while navigating the situation and trying to recover a balance to successfully survive.

EF: CSL Behring is a very young company in Colombia, could you elaborate on the portfolio and products within Colombia, why was it the right market to address, and why now?

EC: CSL Colombia is a result of strategic corporate decisions and we are here for the long term. The company focuses in the areas of immunology and haematology (products for haemophilia), our portfolio targets rare diseases which are a bit of a niche market. Big pharma companies are starting to focus on niche areas and markets. CSL has always specialized in rare diseases since the beginning. Colombia has a very attractive healthcare system, and there is great talent here, as well as very good conditions. Being local put us in a scenario to

“Rare diseases can be a difficult area because even doctors are sometimes not generally aware of the diagnosis involved so we want to give support educating doctors to achieve our end goal which is our commitment to the patient's experience.”

engage in long term dialogue with the government and shape the environment to increase access to patients. We offer a new mindset, cross-cultural knowledge with high innovation, and our rare diseases niche which brings value to the market. It is the perfect time for us to bring our portfolio, make ourselves known, and have a great impact on the patients. Rare diseases can be a difficult area because even doctors are sometimes not generally aware of the diagnosis involved so we want to give support educating doctors to achieve our end goal which is our commitment to the patient's experience. As part of our long term planning, CSL is committed to Colombia and doing whatever is needed to get through these difficult times. CSL isn't quite established yet so it is very exciting times for us, needing, wanting, and finding new markets where we know we can make a difference in our contribution to healthcare.

EF: What is your advice on how to balance the allocation of resources between Chronic Diseases and Covid?

EC: It is a tough balance. The healthcare system has had to focus on Covid-19 related issues while still having its usual challenges so it is difficult to prioritize and allocate resources. Across the world, Covid has a negative impact on plasma collection. Biological products are manufactured from plasma donations, so if we consider that for three months nobody has been to a plasma donation centre -and are still scared of going- the business will be affected by the reduced plasma supply so there will be a shortage of related products. It is important for the healthcare system that the companies that are in the know have discussions on the subject. We are in a plasma alliance where we gather convalescent plasma from recovered patients and we also have trials going on to deliver safe and effective drugs.



Paulo Etcheverry

Gerente regional
(Colombia-Venezuela-CeAm) en Laboratorio Siegfried

EF: ¿Cómo vislumbras la compañía farmacéutica del futuro?

PE: En mi tesis en la universidad, formulé tres puntos comparativos sobre la compañía del futuro:

1. En 50 años, lo que hoy entendemos por una organización serán las pinturas rupestres de esta ciencia. Los organigramas, las jerarquías, el control y el presupuesto serán temas irrisorios. La nueva organización contará con un sistema de comunicación distinto, un cerebro central que guardará automáticamente los conocimientos de todas las generaciones y las experiencias de toda la comunidad.
2. La teoría de Gaia: se escribió hace 20 años y es sobre un medio ambiente inteligente, el ecosistema de la tierra se regula sola y yo suponía una combinación de los dos puntos, compartiendo información.
3. La tercera comparación trataba del último estado de las organizaciones con una organización parecida al cerebro humano. La pregunta es si podemos realmente concebir algún día una organización como un sistema nervioso sin una 'neurona CEO' y que cada una de las otras neuronas trabaje con sus parámetros y funciones específicas, y sea el mismo proceso de autoaprendizaje el que decida. La estructura de las compañías son todas similares porque hay una estructura y procedimientos que se cumplen, pero las personas no son todas iguales. Todos esos conocimientos compartidos y esa historia que guarda en sus estructuras más antiguas debiera primar en muchas decisiones.

Escribí esa tesis mucho antes de la pandemia y tuvo sentido cuando tuvimos que romper con preconceptos en compañías tradicionales; por ejemplo que los administrativos ya no trabajen en una oficina o que la fuerza de ventas no salga a la calle. Nosotros logramos crear un modelo de trabajo muy exitoso durante los primeros doce meses. Cuando se decretó la cuarentena decidí comunicar a nuestros 280 empleados mi objetivo de transicionar la pandemia priorizando la salud y el trabajo. Les comuniqué que para lograr eso, necesitábamos tiempo para pensar y planificar, por lo que como primera medida establecí 15 días de vacaciones para tener tiempo para pensar soluciones viables. Hablé con mi equipo y colegas, y un colega comentó su idea de enfocar los esfuerzos para llegar a lugares que antes no llegábamos, hacer cosas que antes no hacíamos. Su frase permaneció conmigo y hablando con mi gerente de marketing y buscando hacer cosas diferentes le pregunté dónde no llegábamos. Su respuesta fue inmediata, había 120 mil médicos y nuestra fuerza de ventas solo llegaba al 18% de ellos por las limitaciones de cantidad de visitantes y tiempo. Se nos ocurrió capacitar a nuestro equipo con técnicas de venta telefónica y en tres semanas contamos con 300 visitantes médicos renovados. No es una idea nueva, pero haber sido rápidos en el cambio fue crucial porque 6 meses después, el resto de la industria empezó a hacer lo mismo. Este tiempo permitió contactar al triple de médicos, y nos fue mucho mejor. Después el sector reaccionó y el share que habíamos ganado se equilibró. El manejo fue día a día, sin planificación de un presupuesto a largo plazo, modificando y adaptándonos constantemente. Si bien puede ser difícil para las personas cambiar repentinamente, el desafío real depende de las decisiones de gerencia y el ejercicio del ajuste constante tiene que estar en equilibrio con cómo el equipo percibe al líder.

“Hay compañías que tienen la capacidad para armar proyectos a largo plazo y necesitan poder comenzar cuanto antes. Los gobiernos deben ver estos proyectos como luz de estrellas –su luz nos llega años después por el tiempo que se tarda esa luz en llegar a la tierra. De esta misma manera debemos anticiparnos sabiendo que como la luz de estrellas los proyectos no se materializan en un día.”

EF: Qué reflexiones le gustaría compartir con nuestros lectores pertenecientes a la comunidad de negocios?

PE: La pandemia incrementó la empatía de la sociedad y nos enseñó a no ser tajantes en las decisiones para todos. Las decisiones serán tomadas caso por caso, siendo flexibles de acuerdo a como mejor se trabaje. No es simple pero sí ganaríamos todos.

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Desde hace unos 15 años atrás y a nivel global hay un punto de inflexión sobre la medicina, su regulación y quien es el responsable de regularla. Se supone que está en manos de un sector técnico, y luego el gobierno implementa. Existen muchos productos nuevos y muy interesantes pero la gran controversia es como regularlos y la rigurosidad con la que un país determina lo razonable y si es responsabilidad del estado. Hay países en que es muy fácil registrar un biosimilar y países que es muy difícil, y el estado debe establecer su adopción en función a su nivel de desarrollo y de sus necesidades y no por las necesidades de algunas multinacionales.

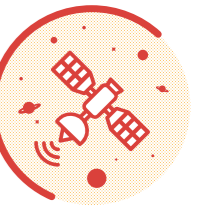
Diez días antes de que se decretara el confinamiento en Colombia, se realizó un simposio para anunciar una política de educación en Estados Unidos para un juego justo en biosimilares con el espacio necesario para su mejor aprovechamiento.

La biotecnología es otro tema muy incipiente e interesante en Colombia. No existe en Colombia una Cámara Nacional de Biotecnología, y nosotros cubrimos ese espacio que otros países ya tienen creando un entorno para discutir sobre el tema. Tenemos varios proyectos muy interesantes que están en su inicio, no se verán los resultados por años, son proyectos de asociatividad a largo plazo para grandes compañías como la nuestra, pero somos positivos en que va a servir para sentar una base fundacional en el país.



Emilio Sardi

Vicepresidente
Tecnológicas



EF: ¿Podría comentarnos su postura frente a esta pandemia?

SA: La OMS modificó su definición de pandemia para poder referirse a la Covid-19 como una pandemia. Es una enfermedad que acabará matando unos pocos millones de personas en el mundo, cuando todos los años mueren dos millones de personas solo de frío. Aunque evidentemente es un problema que debía ser enfrentado, considero que se le dio una trascendencia demasiado alta, lo que ha hecho que sea manejado de manera irracional por los distintos gobiernos y ha servido de justificación a daños en las economías y el bienestar de la humanidad que no encuentro lógicos. Pienso, además, que ha servido para generar unos negocios brutalmente grandes, con los que tengo discrepancias filosóficas muy fuertes. En el futuro, el historiador que estudie la pandemia no entenderá como la humanidad entera decidió cometer un suicidio colectivo para combatir un virus de tan baja letalidad porque son millones y millones de personas los que han sufrido- solo en Colombia entre 5 y 8 millones de personas han sido privadas de su bienestar echadas hacia la pobreza en un solo año. El problema de salud que se ha generado es enorme, pues después de no haber habido atención médica durante seis meses, las colas en las clínicas hoy son tremendas. Los médicos tuvieron su peor año de su historia en términos de ingresos, sin poder trabajar, y en toda mi vida jamás he visto algo igual. Nadie pensó en el balance social del daño versus el bien que se ocasionaría, cuántas vidas se arriesgaban por la Covid y cuántas vidas se estaban definitivamente tomando por las acciones para combatirla. Hay un estudio hecho en Gran Bretaña que muestra que los pobres tienen una tasa de mortalidad muy superior a los ricos y el resultado del manejo que se le ha dado a la pandemia fue mandar al 20% de la población a la pobreza. En Colombia, por ejemplo, 5 millones de niños pobres recibían almuerzo en el colegio, y con los

“No nos dejamos manejar por el miedo, aunque en los primeros meses no se sabía a lo que nos enfrentábamos. Pero una vez vista la situación, la estrategia por nuestra parte fue distinta. Sabíamos que se podía avanzar con cierto orden y cuidado y adaptando los procesos. Los resultados nos han dado una gran fortaleza mental.”

colegios cerrados habrá niños malnutridos. Es un año que quedará marcado por pérdida: de salud, de estudios, de trabajo y de vidas.

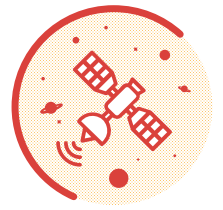
Por el otro lado, en nuestra compañía trabajamos en todo momento, tomando todas las precauciones del caso. Establecimos un esquema de detección temprana y armamos círculos de trabajo para hacer las pruebas y tests correspondientes. Solo 12 personas han sido internadas y no ha muerto nadie. Como hacemos detección temprana activa, hemos tenido un diagnóstico de 20% de contagiados de Covid cuando en Colombia en general muestran apenas un 5% de contagios. Nos hemos también encargado de que las familias de nuestros empleados estén sanas. Se ha podido trabajar sin hacer locuras.

EF: ¿Cómo considera que fueron los resultados de sus estrategias para transitar la pandemia?

ESA: Con el cierre por seis meses de los consultorios y a falta de médicos para recetar, se afectaron las ventas de medicamentos de marca con receta médica. Nuestra línea genérica se disparó porque esos medicamentos fueron recetados por los dependientes de farmacia. Los OTC tuvieron un comportamiento mixto, según el momento y la fantasía de la comunidad. Hubo productos que cuadruplicaron su venta mientras antigripales cayeron porque al estar todos encerrados nadie tuvo gripe. Hubo mezcla de resultados en nuestro portafolio, pero de todas formas mejoramos nuestra participación de mercado en todas nuestras líneas, y de hecho terminaremos el año creciendo entre un 15 o 20 %. Esto se debe también a que nunca paramos de trabajar, de visitar a los médicos. Aun cuando no nos recibían les mandábamos muestras médicas e información. Entendimos que la vida no había cesado y en la medida que se pudo trabajamos -fue distinto a hacer home office- y salimos a trabajar y a atender las droguerías. No nos dejamos manejar por el miedo, aunque en los primeros meses no se sabía a lo que nos enfrentábamos. Pero una vez vista la situación, la estrategia por nuestra parte fue distinta. Sabíamos que se podía avanzar con cierto orden y cuidado y adaptando los procesos. Los resultados nos han dado una gran fortaleza mental.

EF: ¿Cómo se recupera el foco y la importancia en enfermedades no transmisibles en un escenario totalmente enfocado en las enfermedades transmisibles y a Covid-19?

ESA: ¡No sé cómo pueden dormir los ministros de salud de los distintos países sabiendo el daño que ha sufrido tanta gente por haber volcado los sistemas de salud a atender exclusivamente la Covid! En Colombia han pausado todos los procedimientos para las personas con cáncer por seis meses y muchos de ellos dolorosamente no sobrevivirán. Como también se suspendieron por meses procedimientos de diagnóstico que eran indispensables para prevenir y atender enfermedades mortales. Debieron haber manejado las cosas de otra forma, estudiar seriamente los medicamentos existentes para encontrar salidas alternativas. Un equipo médico en Cali hizo exactamente eso en dos ancianatos. Con una muestra de 480 personas con foco de infección de Covid, y no hubo ni un muerto. Ni siquiera una señora de 102 años. Este era un grupo de profesionales liderados por un infectólogo y por un farmacólogo que llegó a la conclusión que con una combinación de diversos medicamentos podrían aliviar los síntomas de la enfermedad, y lo hicieron. El manejo de Covid ha creado nuevos desafíos importantes para el sistema de salud y es urgente que se le dé la atención debida a todas las patologías no-Covid que se han desbordado por la excesiva concentración en ese tema.



Patricia Field de Leon

General Manager
*BIIB Colombia**

EF: Could you elaborate on the footprint of BIIB Colombia* in Colombia?

PF: We currently work in two diseases. The first one is Multiple Sclerosis, which is the core of BIIB Colombia* today and I'm very proud of our portfolio because we have the most robust portfolio in MS, covering every phase of the disease. We made great work, and we are having a huge impact, not only with patients, but also in societies, physicians, and other stakeholders. The other therapeutic area relevant for us is spinal muscular atrophy. SMA is the main genetic rare disease present in infants. This disease can appear before infants have their second birthday. We're very proud that, after our work, we have now a reimbursement program approved for this disease. We are working now to deliver to patients these products on time. In regards to our pipeline. I am thrilled as we are bringing options to a neurodegenerative disease that has no alternative today. It is very exciting to see changes of

this magnitude, as this is when you see the true value of innovation.

We are committed to being present in Colombia, and we are here for the long run. We are bringing solutions that are going to change the lives of many people, that before they did not have an option.

EF: How can we increase awareness of 'rare diseases'?

PF: When it comes to rare diseases, education is a big challenge. A physician may see one or at most two people with a rare disease in their lifetime, but it is important that when they come across them, they diagnose it at an early stage. Now, our education program is digital and we see a larger number of physicians involved. They are learning how to quickly identify the disease because identifying a rare disease early can make a difference. We have also developed specialized education programs with centers of excellence and have been working very closely with the government to create awareness.

EF: As BIIB Colombia* is celebrating 2 years in Colombia this month, we agree that you are a remote-first pharma company in Colombia. What advice would you give in leading remotely?

PF: Two pieces of advice come to mind. The first one is that there are ways to be close with your employees even if you are not in the same location and finding that common space is extremely important. During the Pandemic, we've seen an overflow of work. Problems you would normally solve during a 'coffee-break' with a colleague, now require finding a space to meet, and this can be very time-consuming. People forget that you need a common workspace to streamline job tasks.

The second piece of advice is to invest in technology capabilities and its adoption through change management process. One should not take for granted that people are going to adapt and be comfortable. You need to ensure a smooth transition through the digital transformation and have a strong strategy to achieve this. Nobody was prepared for this Pandemic and accompanying your team in this change management was crucial.

Innovation comes as a critical capability that needs to join the digital transformation. It's not about bringing innovation to products. It's about bringing innovations to solutions and processes that you manage with people.

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* BIIB Colombia S.A.S., Affiliate of Biogen Inc. A company domiciled in Cambridge, Massachusetts, U.S.A