



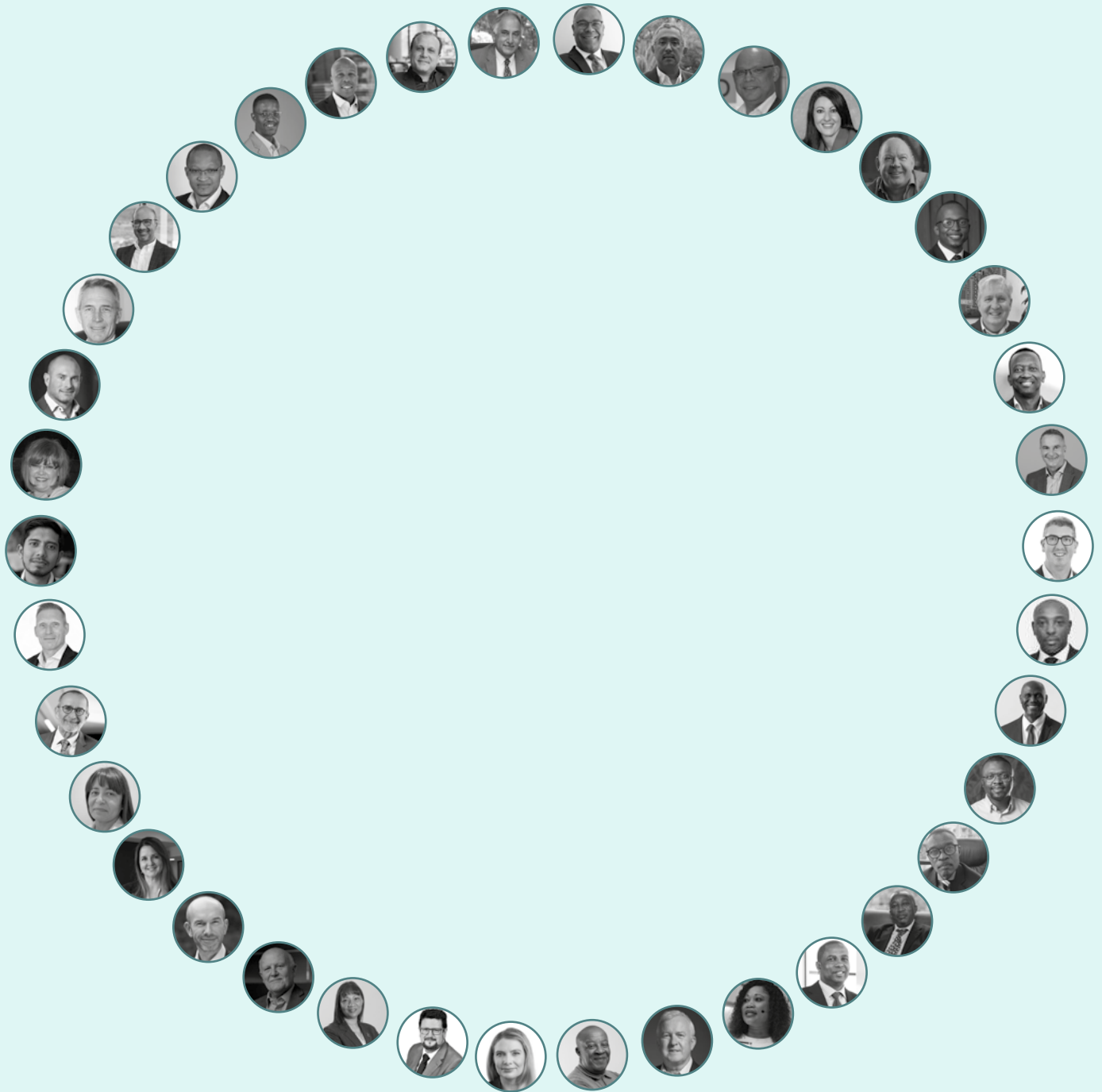
Q3 · 2022

South Africa

# Back to the Future of Health



EXECUTIVE  
FORECAST





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**Al van Buuren**, CEO - Alpha Pharm

**Ebrahim Asmal**, CEO / Hospital Manager – AL KADI Hospital, South Africa



**EXECUTIVE  
FORECAST**

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# Back to the Future of Health

*“It is in the character of growth that we should learn from both pleasant and unpleasant experiences.”*  
 – Nelson Mandela

## Formulating Sustainable Healthcare — A Balancing Act



“Healthcare is not just an industry; it’s an equality booster and an economy contributor,” shares **Dr. Nicholas Crisp** from the National Department of Health. Formulating a sustainable healthcare model should be everyone’s priority and is a matter of national interest.

Experiences fueled by the COVID-19 outbreak became lessons of unexpected collaborative efforts, technological adaptations, and a greater healthcare awareness amongst patients and healthy populations. Two years on, it is time to distil these lessons to shape a robust and sustainable plan going forward, a plan that requires executives to find the right balance among strategic variables.



**Martin Kingston**, Chair of the Steering Committee at B4SA, was at the forefront of South Africa’s COVID-19 response, an effort that saw the formation of the Solidarity Fund and B4SA in which independent private organizations, healthcare, and non-healthcare related, joined forces to de-risk the impact on the economy, and today finds a way to reactivate it – “We saw business mobilize itself and the private sector work in and amongst itself, along with the public sector in dealing with challenges of the pandemic.” **Stavros Nicolaou**, Group Senior Executive at Aspen, South Africa’s multinational pharma giant, asserts these points by stating that “the pandemic has shown that the public and private sectors can

work together, and that we need to have a hybrid model that will help collaborations become better.”



**Cas Coovadia**, CEO of BUSA (Business Unity South Africa), elaborates on another pressing healthcare concern, which would benefit exponentially from a re-engineering on the public-private collaborative model. “A critical issue for us in 2022 will be the National Health Insurance discussion. During the pandemic, we built a collaboration platform, particularly with the National Department of Health, which we can be used as a launchpad to discuss and engage on National Health Insurance collaboration frameworks.”

An additional variable to fine-tune is the management of resources among ‘chronic’ and NCDs (non-communicable diseases) in a post-COVID, or communicable disease scenario. This is a focal point for **Rhulani Nhlaniki**, former Cluster Lead for Sub-Saharan Africa (SSA) and Country Manager for Pfizer South Africa, and now Vaccine Lead in the UK, “we are seeing that we need to pay attention and stay focused on non-communicable diseases, because they remain prevalent, while at the same time not neglecting COVID-19.” This is also high on the agenda for **Barbara Nel**, Country President for African Cluster at AstraZeneca, “It is integral to ensure that major health concerns such as diabetes, asthma, and cancer remain front



and center stage for the healthcare systems by continuing to work with the government and NGOs, and societies to also ensure that we deliver on their plans, and what that holds into the future.” When Adrian Gore founded Discovery Vitality in 1992, he was at the forefront of creating healthcare sustainability by contemplating that incentivizing people to live healthier lives would result in better outcomes, “the only sustainable way to have an insurance model was to make people healthier,” as he told Fortune 500.

Alongside these priorities, the implementation of digital transformation technologies and business models prevailed during these last two years. Great efforts were made by healthcare stakeholders to adopt a ‘digitally forward’ mentality, which allowed for more data to be collected, processed, and analyzed. If we believe that “what is not measured, cannot be improved,” then we now face a grand opportunity for improvement to create and deliver sustainable healthcare ensuring the best use of resources. The application of such solutions provides an array of benefits, from early-stage diagnostics and detection to better informed healthcare decisions.



**Ahmed Banderker**, CEO at AfroCentric, one of South Africa’s leading JSE-listed healthcare operators with a presence in six countries across the region, elaborates on the how the organization uses these innovative methods through their subsidiary, MedScheme. Banderker states that “we have been focused on innovating a new integrated model of sustainable healthcare that measurably improves access to quality healthcare. As a technological and increasingly data-driven company, Medscheme is using one of our biggest assets – data – to offer a personalized healthcare experience focusing on both curative and preventative interventions.”

**Aligned to the United Nations’ Sustainable Development Goals (SDGs), healthcare business leaders are advancing the agenda of access to health and innovation, education, economic recovery, gender equality, investments and partnerships. The healthcare industry sets the landscape for a sustainable future by going back to the future of health.**



“Our national health expenditure is 8.5% of GDP on healthcare which is significant for a developing and transitioning country. It is therefore important to spend what we can efficiently. We need a reform that allows us to work together.” – **Dr. Nicholas Crisp**

**The South African private market had a PPG growth of 4,8% in value over the last MAT period**

The bio-comparables and Generics recorded the strongest short term MAT growth of 55,5% and 10,7% in value, while non-categorised recorded a decline of 3,6% in value terms

	Total	PPG Total	Private mkt	Private Share	PPG% Private	State Hospital	State Share	PPG% State
Value	62.5 Bn	2,6%	52.0 Bn	83,3%	4,8%	10.4 Bn	16,8%	-6,7%
Units	1.0 Bn	-3,9%	600 Mn	58,8%	2,9%	419.5Mn	41,2%	-12,2
CU	79.6 Bn	-5,0%	52.8 Bn	66,3%	0,4%	26.8 Bn	33,5%	-14%

	Market Size		Share		PPG	
	RX **	OTC ***	RX **	OTC ***	RX**	OTC ***
Value	32.2Bn	19.9Bn	61,90%	38,10%	5,30%	3,80%
Units	199.3Mn	400.7Mn	33,20%	66,80%	2,50%	3,10%
CU	13.9Bn	38.9Bn	26,30%	73,70%	-0,20%	0,70%

\*= State Hospital MATQ1 '22 (quarterly audit) - Reads data for State Hospitals only, \*\* = schedule 3-6; \*\*\* = schedule 0-2; Segmentation from IGMS audit-TPMGAll values MAT to latest month; Value in ZAR; PPG% is the previous period MAT growth percentage; CU is counting units which equals the units multiplied by the amount of tablets, capsules or millilitres in a particular pack; Bio-comparable segment = biosimilar products Source: IQVIA - June 2022



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## A FINANCIAL BOOST

### HEALTHCARE'S PIVOTAL ROLE IN ECONOMIC REACTIVATION

"Health is a public good," points out **Dr. Nicholas Crisp**, and "health is everybody's business," echoes **Dr. Sadiq Kariem**, COO at the Western Cape Department of Health, going on to state that "each private organization, government department and every individual have a part to play in their own health and the health of our whole province. This is in line with the provincial focus on economic growth. Good health also makes good economic sense."



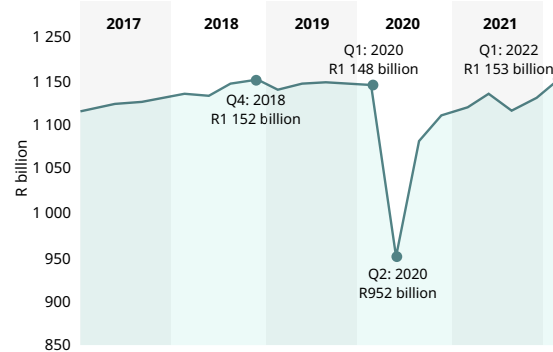
"South Africa has got the systems, the infrastructure and the people. Investors ought to be encouraged not only by the stock of existing investors but also by the fact that we have a government that is more attentive and cooperative than we have seen for a long-time," highlights **Martin Kingston**. Placing a stake in the country would lead to a warm greeting from **Cas Coovadia**, "at BUSA we would welcome any corporation interested in investing in South Africa, talking to other business organizations, or us. When I speak to people overseas, I am very frank with them, we want them in our country."



**Bertina Engelbrecht**, CEO from Clicks Group, a private healthcare group with the largest retail pharmacy chain of over 640 in-store pharmacies, provides sound advice to potential investors. **Engelbrecht** claims that they "should be looking out for well-run, socially responsible companies with proven track records of sustained performance, strong market shares, a clear path to growth and who advocate for a sustainable future. I firmly believe that companies that integrate strong environmental, social and governance (ESG) practices into their strategic planning processes



### The Economy Returned to Pre-Pandemic Levels in Q1 2022



South Africa's economy started to recover in 2021, with GDP growth reaching 4.9%. The recovery is expected to continue in 2022, with GDP growth expected at 2.1% and to average 1.7% over the medium term.

Source: World Bank, April 2022

will experience sustained growth over time." "A healthy society is a productive society," echoes **Mia Louw**, Guerbet General Manager.



"J&J has invested billions of dollars in antivirals and vaccine capabilities. During the COVID-19 pandemic for example, our vaccine leveraged unique and proprietary technological platforms used to develop and manufacture Janssen's European Commission-approved Ebola vaccine regimen and construct its investigational Zika, RSV, and HIV vaccines. The vaccine is an example of our role in ensuring access. Our companies were built for times like these," echoes **Francisco Plaza Muñoz**, Managing Director of Janssen in SA, reinforcing the impact of healthcare investment in advancing health and the South African society.



The image depicted contains models and is being used for illustrative purposes only. Janssen Pharmaceutica (Pty) Ltd. (South Africa) © J.P. (Pty) Ltd. (South Africa) 2022

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7.8 billion statistic from [www.census.gov/popclock/](http://www.census.gov/popclock/)

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*"A healthy population means a productive people, which makes investment in healthcare infrastructure critical to a country,"* highlights **Dr. Khama Matseke**, CEO of Clinix Health Group, a South African healthcare operator of hospitals in low-income areas. He goes on to share the company's role, "we need to ensure that our young population is healthy, and the more we spend on health infrastructure, the more productive human capital is available. We have invested and continue to invest money in health infrastructure to prepare for the future. *Investment in healthcare is an investment in the country; one cannot grow without the other. Reducing the burden on the economy will help increase health awareness and good physical and mental wellbeing.*"



**Toni Hanekom**, Country Manager at Merck South Africa, places a key focus on the contribution of prevention – "preventative medicine and preventative approaches also contribute to a healthy livelihood. A healthy population is a healthy economy." Hanekom goes on to detail Merck's efforts in ensuring this process, "our primary goal is to find ways to partner where we can ensure that the expertise and knowledge that we have are transferred to the government. We're working to find solutions, technologies and experiences that our global companies have had, that can improve effectiveness and open up access."



**Kingsley Tlolbatla**, Executive Chairman of Bliss Holdings Group, speaks of the integrity of recognizing the healthcare as a contributor toward growth, "healthcare is one of the largest and fastest growing industries globally, it is important to dispel this myth and misconception that the healthcare sector is a non-productive sector with little ability to contribute to the growth and economic development, especially in developing economies."



For **Amanda Jane Wilde**, CEO of Umsinsi, having the right incentives is critical in ensuring sound economic success, stating that "a funding partner that cares about what they are investing in is integral. *My ultimate advice to investors is to get into it for the right reasons.*"



"Scale, speed and success of South Africa's COVID-19 vaccine procurement and rollout has significant implications for our economic recovery. Without a fast vaccination programme, the economy will not recover quickly or adequately. With it, we give ourselves every opportunity for a speedy turnaround," urges Ryan Noach, CEO of Discovery Health.



### Health Department Budget Vote 2021/22

	2021/22
Programme 1: Administration	R 816 333
Programme 2: National Health Insurance	R 1 340 471
Programme 3: Communicable and Non-Communicable Diseases	R 32 605 402
Programme 4: Primary Health Care	R 222 283
Programme 5: Hospital Systems	R 21 372 304
Programme 6: Health Systems Governance and Human Resources	R 6 186 478
<b>TOTAL</b>	<b>R 62 543 271</b>

In delivering the health budget speech, the Minister of Health, Dr. Joe Phaahla, stated that the budget allocation for financial year 2022/23 is R64.5 billion.

Source: <https://www.gov.za/speeches/minister-zweli-mkhize-health-dept-budget-vote-202122-13-may-2021-0000>

“Together, we create hope for tomorrow, by pioneering transformative solutions on our African soil.”





## EMBRACING THE UBUNTU SPIRIT

Ubuntu, the ancient African philosophy, emphasizes that we become ourselves through others, it tells us to focus on the plural rather than the singular. For Ubuntu, the potential that comes from collectively working toward goals far outweighs individual efforts, leaders in the industry know this through first-hand experience.



“We are stronger together than we are alone,” highlights **Francisco Plaza**, MD at Janssen South Africa. “When we face the complexities of this world like the pandemic, no institution, organization, or country can overcome it alone.” **Plaza** has the ambition for this working spirit to go into the future – “I hope we will continue seeing collaborations like those formed during the pandemic. The spirit of cooperation is more effective and efficient. It is more rewarding to work together on set objectives. All patients deserve to have the best treatments from collaborative approaches.”



**Zwelethu Bashman**, from MSD and IPASA (Innovative Pharmaceutical Association of South Africa), shares the regard on the importance of joined efforts, “collaborations and part-

nerships are critical and cross borders. I was in Washington D.C., I met with the Trade and Development Agency specifically to get insights and feedback around the developing partnership they have with SAHPRA (South African Health Products Regulatory Authority), contributing positively to health system strengthening.”



**Rhulani Nhlani**, also tells of the attention that Pfizer put toward partnerships for the future, “our pledge and approach is that collaborations are important in the industry, and this is one of our priorities.

It is an indication of continued relationships that helps set up for COVID-19 vaccine manufacturing and the production of vaccines.” Pfizer’s vaccination partners, Biovac, played a fundamental role in its collaboration with the multinational and sees itself in a more robust position. The CEO, Dr. **Morena Mak-**



**hoana**, elaborates, “partnerships are necessary for our industry. Biovac exists because of partnerships, and it’s what we have done. We have partnerships with the East and the West, from Cuba to India; we work with Pfizer, Sanofi, and local universities.”



**Christopher Whitfield**, Executive Director and General Manager for Gilead African Region, brings a patient perspective into the equation, “through collaborations, we can understand what the community wants and needs and how we can sur-

round them with the right resources. We need to meet the patient at the point of their need and direct them to a cure that is accessible.” Whitfield continues by highlighting the need for a focus on delivering sustainability, “we need to have impactful, sustainable projects that achieve the outcomes we are looking for through vigorous assessment. All the companies that initiate projects in Africa need to think about sustainability, the true impact, and the legacy that the project will leave.”

## CREATING MEANINGFUL IMPACT

**AstraZeneca’s Country President (CP) for the African Cluster, Barbara Nel**, is proud to be running a program for 11 years for government sector patients. “It is centered around the awareness, screening and diagnosis of cancer patients, mostly focused on breast and prostate cancer. We also run initiatives where we go into communities with experts and general practitioners to create awareness on symptom detection, and then work with laboratories to set up screening facilities where people can get screened. We are often the first point of contact for people in the government sector.”



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# 2022: ONWARDS AND UPWARDS

2020 and 2021 provided a platform that gave visibility to the benefits of 'diagnostics and vaccines' and the role of 'prevention' in making better use of healthcare resources. We asked the healthcare industry leaders what 2022 will be the year of, here are some of the highlights-



## RECOVERY AND CHANGE

**Ryan Noach, CEO of Discovery Health:**

"There will be a change in how care is delivered. Instead of going back to conventional ways of delivering care, we hope for new ways of delivering care, digitally and efficiently reaching more places."



## VACCINATIONS

**Zwelethu Bashman, Managing Director of MSD South Africa:**

"2022 will be a year where the need for broad scale vaccinations will continue to resonate within the public discourse. We have seen historically that vaccinations are the sustainable and impactful healthcare interventions in situations such as this. Going forward, approved COVID-19 treatments are going to be part of the discourse as COVID is here to stay. Testing and treating are going to become part of our way of life."



## INVESTMENT AND ACCESS

**Ian Wakefield, General Manager for BD Africa:**

"We will continue seeing a shift and pivot whilst taking advantage of how to continue investing and leveraging investments by using diagnostics differently. We are bound to see shifts and a new wave of healthcare investment and provenance. The other area, which will become quite prominent from a trend point of view is universal healthcare access."



## NEW CHALLENGES AND OPPORTUNITIES

**Colin Tyrer, Cluster Head for Southeast and West Africa:**

"2022 will be a year of exploration and challenges in this new world. There will be a new normal consisting of what I call 'the new fluid.' It is a new world that is emerging from the post vaccines. A key discussion is around the 'New Industrial Revolution', which has arrived and now we're trying to figure out how we cope with that as a society with the opportunities."



## TECH SOLUTIONS

**Peter Mehlape, MD at Medtronic:**

"I see 2022 as the beginning of a new era. Big companies like Medtronic are fast tracking adoption in digitalization and related technologies to be nimbler and more efficient."



## RESTORATION

**Dr. Hendrik Hanekom, Chief Executive and Co-Founder at Intercare:**

"2022 will be the year of recovery and a year of restoring levels to those of pre-COVID years. We are currently seeing the impact of many non-communicable diseases that were not focused on during the COVID-19 years."



## SELF-SUFFICIENCY

**Christopher Whitfield, Executive Director and General Manager for Gilead African Region:**

"As an industry and a group of confederated countries, Africa needs to identify how to become more sustainable and self-sufficient. 2021 was the year of vaccines; but much of the COVID utilities were not made here, and this highlighted the need to begin building self-sufficiency in Africa. It is crucial."



## JOINT EFFORTS

**Hassan Sabbah, General Manager South Africa and Region Africa:**

"Part of AbbVie's mission is widening access for patients and a point of discussion with insurance providers such as Discovery is based on going from tier 1 to tier 2 or 3. On a systematic level, this can be achieved by improving access and diagnosis whilst leveraging some sort of national system. What I see the most prominent regarding what we can do to play our part in the short and medium term is to ensure that we widen the access and provide innovative ways to widen this access. I believe that AbbVie has been a solid partner at a leadership level."



## MENTAL WELLBEING

**Wendy Cupido, Country Manager at Lundbeck SA:**

"2022 will be a year where mental health will come to the forefront, and I think patients are starting to reach out for help when it comes to that. What we are seeing is people struggling in the aftermath of COVID, and we are now finding that the repercussions of this are now being seen by healthcare providers."



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#### AWARENESS AND INNOVATION

**David Morel, General Manager at International SOS SA:**

*"There are two key things, one is to continue raising health-care awareness. We need to re-emphasize non-communicable disease prevention and assist in vaccine awareness. Raising awareness is the key. The second thing to look at is innovation. Leveraged technology will expand the reach of healthcare and health promotion. This translates to telehealth solutions. The pandemic accelerated the use of telehealth technology, and it is a very convenient way to remotely access primary and emergency care."*



#### REPRESENTATION AND EXPANSION

**Colin Tyrer, Cluster Head for Southeast and West Africa:**

*"I will be celebrating a new cluster coming together. All these countries that encompass 650 million people come together to help deliver for those people, there is a beauty in being whole. The strength of an organization is exemplified with the different experiences, cultures, and views. When you have a diverse and inclusive organization that comes with all these various aspects, we can synthesize them into something that is going to help everyone else. If I can play a part in bringing that together, I'd be delighted."*



#### PURPOSE AND MAINTENANCE

**Ian Wakefield, General Manager for BD Africa:**

*"The thing which strikes a chord for me right now is when associates speak to me and say, 'I understand BD's purpose. I understand why I want to work for you as a company.' That for me is success, that through challenging times, you have maintained the purpose and the culture within the organization. We have seen an expansion of our business. In the near term post-COVID we've had products recalled, but we have still maintained that customer credibility, which allows us to expand into new areas within our customer base. That speaks about what I am proud of and why we will continue to be successful, that we have stood by our customers and patients during these trying times."*

### Vaccination Sustainability: Biovac's Roadmap to Self Sufficiency

The COVID-19 pandemic has shone a spotlight on the African continent by being the last to receive much-needed vaccines. Besides the demand exceeding supply in 2020/21, the situation was exacerbated by export bans those countries and regions imposed, therefore limiting access to much-needed vaccines. The lack of African-based vaccine manufacturing has been highlighted through this unfortunate situation, and plans are underway under the guidance of the African Union to address this issue.

For the continent to fully respond to this major gap, the whole value chain (not just manufacturing) must be addressed. Biovac has been one of the very few companies invested in the manufacturing of vaccines since 2003. To this end, Biovac has developed capabilities in product development in bacterial fermentation and conjugation. It has successfully created products to the extent that it has been able to out-license some of the technology to partners on other continents. The second platform that we are already investing in is the mRNA platform. On the manufacturing front, we have built capability in both aseptic formulation and filling. We have partnered with global pharmaceutical companies such as Sanofi and Pfizer to locally manufacture three vaccines, two targeted at childhood diseases and one for COVID-19.

The remaining part of the value chain is establishing Drug Substance/ Active Pharmaceutical Ingredient capability on home soil. To this end, plans are underway to achieve that in the coming years. This demonstrated capability of product development and manufacturing beyond COVID-19 vaccines will go a long way in addressing the gap on the continent. The bedrock of sustainable vaccine manufacturing is to ensure that routine vaccines are manufactured on a predictable and sustainable basis. Only through addressing the full value chain will the continent be ready and able to respond.



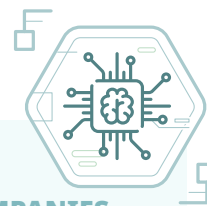
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# PHARMA'S TECH JOURNEY

ASSESSING THE DIGITAL AND TECHNOLOGICAL JOURNEY OF LEADING HEALTHCARE COMPANIES, AND HOW THE DIFFERENT STAKEHOLDERS ARE ADAPTING, AS TOLD BY THEIR LEADERS.

## THREE KEY TRENDS FOR DRIVING THE GROWTH OF THE HEALTH TECHNOLOGY MARKET IN SOUTH AFRICA:

- 1 CONSUMERIZATION OF HEALTHCARE
- 2 PRESSURE TO REDUCE COSTS
- 3 INCREASED FOCUS ON OUTCOMES

(Source: Netherlands Enterprise Agency/Ministry of Foreign Affairs <https://www.rvo.nl/sites/default/files/2021/03/Overview-of-the-health-technology-sector-in-South-Africa-Opportunities-for-collaboration.pdf>)

*The experience of the past few years forced the industry to adapt on an unprecedented level with technology rising to the center stage to guide the country through the pandemic. These are changes that industry leaders intend to keep.*

“Technology will guide the way we do healthcare,” points out **Dr. Khamane Matseke**, going on to provide a present example, “many people are already monitoring their health through smartwatches and other technology.” **Danny Donkers**, the recently appointed Country Manager for Amgen, a leading biotechnology company focused on the treatment of serious illnesses, tells of how the company adapted to technological solutions, stating that “within just a couple of weeks of the pandemic it became clear that it would accelerate the digitalization of the healthcare sector,” the company “adapted to this new situation by allocating more resources to digitalization.” Despite this rapid rise in the use of technology, Donkers stated it was critical to remember the value of in-person



communication: “the human touch will always be important, but one thing is clear—digitalization is here to stay, and Amgen wants to be a leading company in that,” concludes Donkers. **Paul Richards**, General Manager of Stryker, likewise tells of acceleration in technology, “COVID has been a springboard for an advancement in virtual communication, opening many exciting future possibilities. The provision of information worldwide and the sharing of knowledge is very exciting.”



**Ahmed Banderker** tells the story of AfroCentric’s journey of adaptation in the context of the behavioral changes of patients, “We launched our virtual care in 2020. It is a phone call teleconsulting either on voice or on video with a nurse. It is a massive step forward given that people are settling into the new norm of hybrid and working from home models.” Banderker elaborates on further areas of investment focus, stating that the company has “invested in digital solutions to facilitate virtual care access. This comes in handy to care for patients in ways that are convenient, coordinated and that enable multidisciplinary teams to collaborate through technology. This dissolves the myth of lack of healthcare services.”

For other companies, the experience of the past years only advanced a process that was already in movement such as Siemens Healthineers. **CEO Ayanda Swana**, provides an example – “patients can now store their records digitally. We have combined this with AI (Artificial Intelligence) analysis technology. This means that when a patient takes a test or does a scan and their information is uploaded into their file, the system analyses the data and gives a result which makes the diagnosis process



## Building a Healthier LIFE

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As the country’s leading health, beauty and well-being retailer, we have a duty to provide easy access to quality healthcare, medicine, health products and expert advice to those who need it most.

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over **660** pharmacies and **190** clinics nationwide



**167 200** free services for moms and babies



**78 773** free health consultations in 2021



**118 960** bottles of sanitiser donated to schools



over **1.5 million** Covid vaccines administered at over **531** vaccination sites



**150 000** sanitary towel packs donated to schools girls



faster.” **John Norman** foresees a future in which “digital will evolve. Post-pandemic, interactions have been primarily virtual meaning that other digital means are used. We manufacture medical technology, trying to improve its efficiency. The people who use the devices must also be trained, so we apply user-friendly technology, making the procedures as simple as possible.”



On the application of technology, **Christopher Whitfield** focuses on diagnostic necessities— “diagnostically, we need to start looking for ways to decentralize laboratories and figure out ways to establish more point of care technologies.” **Whitfield** states that the current capabilities will allow for further development, stating “Africa needs to start using more innovation and technology to address patients’ needs. Technology for HIV is advanced here in South Africa. We want to see the same advancement in other diseases across the continent. It all starts with having a sound industrial base that has to be fully developed.”



For **Dave Roberts**, General Manager for Southern African Countries at J&J MedTech, technological solutions play a pivotal role in value, with this factor being recognized with their recent brand change. “Our key driver of value in the marketplace is technology, software, and the utilization of the big data that is going to be encapsulated in different offerings that are technologically driven. That is where MedTech comes in, the branding change is an intersection of devices and the technology space.” **Roberts** elaborates on how physicians are adapting to these vast changes, stating that “the pandemic helped accelerate the adoption of technology in the MedTech sector. Initially, technicians embraced technological advances because it was a necessity during COVID-19”.

Going into the future, **Roberts** is pushing for this adaptation to continue and provides an example on how J&J MedTech are doing this— “we are encouraging this to continue by communicating the value of technology and increasing physicians’ and technicians’ understanding. Physicians need to learn and deliver accessible healthcare for all patients.



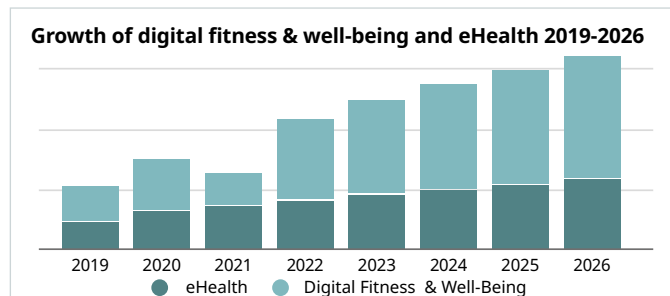
The greatest benefit of technological solutions is the assistance it provides to everyone involved, from the representatives to the doctors and nurses, and the patient.” **Hassan Sabbah** highlights what the nation offers with personnel and technological capabilities— “what South Africa provides is top talent and access to a considerable number of technologies. When you look at standards of care and standards of treatment South Africa is far ahead in terms of diagnosis and patient care. I believe that it is a very attractive market.”



“South Africa was GE’s first export market outside of the U.S.,” explains **Eyong Ebai, General Manager of SSA for GE Healthcare**. “We’ve positioned ourselves as leaders in oncology, cardiology, women’s health and radiology. We’re a digital organization that solves various problems in the right way and in record time. Our commitment to embed artificial intelligence has made it possible to reduce the burden and burnout of clinicians.” After seeing the success of using AI, Mr. Ebai confirms that they “will continue to partner with companies that are relentlessly building algorithms that can have a positive impact on the healthcare sector.”



**Ian Wakefield:** “AMR (anti-microbial resistance) is a key area to look into. We are seeing the adoption of automation in microbiology labs and adoption of robotics automation using IT technology.”



Source: <https://www.statista.com/outlook/dmo/digital-health/south-africa#revenue>  
Assessing growth of digitalization in the healthcare industry through the perspective of eHealth and Digital Fitness, from 2019-2026



# Purposeful technology, reimaging health

As the most comprehensive medtech business in the world, we seek to reimagine every step in the health journey by unleashing our diverse healthcare expertise, purposeful technology, and passion for people.





# BY AFRICA, FOR AFRICA

President Ramaphosa provides a glimpse into South Africa's role in powering Africa forward. During South Africa's tenure as AU Chair in 2020, he established the Africa Joint Continental Strategy on Africa's Covid-19 Response, the African Medical Supplies Platform, The African Vaccine Acquisition Task Team (AVATT). The aim was to strengthen AU's continental response.



from a tech adoption. That is where South Africa is." From a wider perspective, **Wakefield** states that the nation has "a significant role to play in adding to the healthcare capacitation across the continent. Right now, there is a focus on localization and manufacturing in Africa, and Africa can do that. It is about how to share and train and we have that in East and West Africa. South Africa can lead that process because we have the ability through the level of infrastructure." Meanwhile, the nation at large holds the responsibility for overcoming obstacles, claims **Dr. Khamane Matseke**— "The social and economic challenges in our country will change if every individual and corporation play a role in the areas, they operate in." For **Dr. Khamane**, aspiration is just as important as action, as the CEO goes on to state, "people need hope, and every single company can intervene and help the people in its community. A little goes a long way."



Various factors allow South Africa to develop toward becoming a self-sufficient healthcare hub.



**Cas Coovadia** states that these elements will contribute toward sustainable provision for the future: "we have the resources and the capacity between the private and public sectors in the country to achieve a model that will provide universal healthcare." Industry leaders provided their insights on their perspectives regarding the nation's self-sufficiency capacity and what examples it provides to the world.



"We are a multinational growth company and localization is now high on our agenda," states **John Norman**, "we take our purpose seriously." With advancing on localization as part of Acino's objective in the area, **Norman** elaborates on their local impact, "we are a certified Broad-Based Black Economic Empowerment Level 1 company, and this is a significant milestone for us and an important part of our transformation. The company environment, the employees we bring on board, and our learnership programs look to the future and into doing things differently." **Rhulani Nhlani** also elaborates on the local impact of Pfizer, pointing out that the company is divided into six portfolios.



"We have internal medicine, vaccines portfolio, our hospital business unit, oncology, inflammation & immunology and Rare Diseases." **Nhlani** elaborates on the strategy of implementation, "when you look at all six, our focus has been on how we accelerate that development and bring that breakthrough to those patients while executing well on the ground."



**Bada Pharasi**, CEO of IPASA, reflects on the manufacturing capacity of South Africa— "I am proud that we are starting to be a self-sufficient hub, as it is something from which the whole continent can benefit. South Africa is beginning to be seen as a vaccination manufacturing hub." For **Pharasi**, South Africa's clinical research excellence is likewise an aspect worthy of recognition, "South Africa has exceptional clinical research facilities.

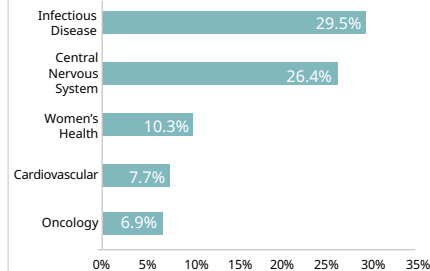
*Clinical trials allow for research and development and are the way to open the pipeline that leads to generic medicines, making them more affordable."*



**Skhumbuzo Ngozwana**, CEO of Kiara Health, a local pharmaceutical company that serves as a manufacturing and commercial partner for global household names, goes on to point out the healthcare attribution of South Africa to the country's neighbors, "from a continental perspective, there is significant scope to come in and supply other countries, especially those that do not have any local manufacturing capability. We need to build that level of self-sufficiency whilst creating bigger markets for all of us."

**Ian Wakefield** claims that South Africa has "the ability to export best practices and act as training grants, because we have some of the best health facilities, not just in Africa, but globally, anywhere

## Top Therapy Area for Clinical Trials Located in Africa (2016-21)



South Africa accounts for 19.9% of all clinical trials conducted between 2016-2021

Source: <https://www.clinicaltrialsarena.com/comment/clinical-research-africa-2016-21/>



## At MSD we are unified around our purpose

We use the power of leading-edge science to save and improve lives around the world. For more than 130 years, we have brought hope to humanity through the development of important medicines and vaccines. Today, we are at the forefront of research to deliver innovative health solutions that advance the prevention and treatment of diseases in people and animals. We foster a diverse and inclusive global workforce and operate responsibly every day to enable a safe, sustainable and healthy future for all people and communities.





## THE POWER OF KNOWLEDGE

*“Education is the premise of progress...” – Kofi Annan*

As one of the pillars within the SDGs of the UN, education is a key enabler in socioeconomic advancement, and healthcare education, for all stakeholders, is an essential component in ensuring the effectiveness of any healthcare system. Leaders outline its importance and their efforts in providing education to physicians and patients alike.



*“Education is key”* as **Toni Hanekom** outlines. **Hanekom** elaborates on education’s integrity, *“it’s important to bolster health education. We have seen devastating impacts on communities and individuals around the stigma and discrimination across Africa. There is a need to address education in South Africa, which we’ve made our focus.”*



Alongside Merck, other companies are putting a focus on education. **Dr. Iain Barton**, Founding Principle at Health 4 Development, explains how his organization placed a stake in educational capabilities during the COVID experience, *“when the pandemic began, we funded educational programs and initiatives to teach doctors about the differences between antibody, antigen, and molecular tests, and deployed a significant range and volume of equipment to points of care.”* For **Dr. Barton**, the impact was not

limited to the pandemic, *“now, people can take tests at clinics, pharmacies, and even at home. Physicians can make faster decisions with a quicker diagnosis and help more patients.”*



**Ahmed Banderker** elaborates on AfroCentric’s educational efforts for women, stating that *“our agenda is to educate pregnant women about the benefits of natural birth and C-Section. According to global research, young women prefer the C-Section, a move inspired by psychological reasons such as fear of pain. Our obligation is to inform the woman about their options for delivery. It is also well known that a C-Section is relatively expensive compared to normal delivery by double, increasing financial strain on the healthcare scheme.”*

On July 2022 Cyril Ramaphosa, in his role of African Union’s COVID-19 Champion, welcomed a U\$ 2.5 million investment initiative from Serum Institute of India (SII). The initiative aims to shape *a complete health workforce in Africa*, in pursuit of economic recovery and global health.



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# THE NEXT GENERATION OF LEADERS

*“If there is one thing I’m sure of, it is this: Africa can achieve the future it aspires to.” – Bill Gates*

Whilst opportunities of a vast array have resulted from the acceleration of aspects such as digitalization and technology, this process has also meant that leaders across the industry have had to adjust their management styles to incorporate two worlds, analog and digital, along with other elements such as focusing on NCDs and changes in the provision of care. Here is what some of the executives had to say:

**Rhulani Nhlani** – “The virtual world has advanced over the past two years and has had positives of reaching people more frequently and regularly. Pfizer have a great focus on making sure that health and safety of our employees is at the forefront of most of the decisions we are making, and our focus stays the same, health and safety of our people, making sure we deliver products as quickly as possible, and ensuring we have highly effective collaborative initiatives that are helping us to move forward.”



**Hassan Sabbah** – “A good example on our culture change is hybrid working, which consists of 3 working days in the office and 2 days working remotely, and I am proud to say that, not only in South Africa but globally as well, AbbVie has adapted to this model. It can also be applied not just for now but also in the future where you continue to track talent with the younger generations. The model is the result of many months and a couple of years of understanding what works and what does not work. It creates enough flexibility for people to feel that it is a new way of working, but at the same time you do not miss out on the human element.”



**Toni Hanekom** – “Success in pre-diabetic care with preventative medicine or early-stage intervention is one of my dream projects. I believe we can have an enormous impact on the whole population if Merck is successful in working with the healthcare professionals to hold it in high regard like other diseases. Being a disease that manifests itself at critical stages, it’s an unseen and unfelt pandemic. We have rolled out a diabetes prevention program through treating pre-diabetes. If treated in the earliest stages, it means that the care can be treated using low-cost medication. It will also help us open access to innovative therapies for a larger population, other than those who are paying premium funds.”



**Dave Roberts, General Manager South African Countries, J&J MedTech** – “We must demonstrate the health and economic opportunities that technology brings. Most people and institutions are aware of the pace that technology is moving at, which makes people apprehensive about procuring technology. Some assurances need to be given to the market as technology evolves. Our strategy is to partner with institutions and specialists. The country needs to provide more support on connectivity. A lot of technology requires stable and sufficient connectivity. Advancement



*is about the whole patient pathway from start to finish. We need more connectivity through the value chain.”*

**Alykhan Vira, Executive Manager at Quantum Health Outcomes** – “Value-based healthcare is also a growing trend in South Africa. It is fundamental and will be a key trend in the future. There will be a shift from fee-for service models to paying for outcomes over time, which is intuitively what other people-facing industries are based on. Measuring health outcomes and creating payment and reimbursement systems based on value holds great power for unlocking the next evolution of healthcare. This also stops the rising cost of healthcare while maintaining the quality of healthcare.”



**Ursula Myles** – “It is about having a collaborative, dedicated team and our journey together. My success is the team’s success. We achieve as a group, and our achievements are down to patient impact, which means more patients diagnosed, rare diseases demystified, and more people open to getting tested. We must ensure sustainability over the long term to get impact. Sustainability is key, as is value-based decision-making for a better future. We work not for today but for the future.”



**Dr. Vuyane Mhlomi, CEO and Co-Founder of Quro Medical** – “We were the first company in Africa to pioneer the provision of digitally enabled hospital-level care at home. We remain the leading and trusted provider. COVID-19 essentially accelerated the acceptance and growth rate of our company. The pandemic happened, and there was a rapid adoption of health regulatory shifts, attitude changes, funder attitude changes, and consumers’ and patients’ behavior changes towards delivery at home. It is something we are at the forefront of.”



**Zwelethu Bashman** – “I have engaged with many employees over the past couple of months and we are cognizant of the fact that people’s lives have changed in the two years, and as a result, how we do business and interact with them as an organization also has to change. The other important thing that we have done is to stay in touch. Although we work virtually, I found that I was engaging a lot more with individual employees.”



# KEEP ADVANCING



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## A WOMEN'S PLACE IS IN THE BOARDROOM

WITH WOMEN REPRESENTING 50 % OF SOUTH AFRICA'S POPULATION, WE SHARE THE VOICE AND REFLECTIONS ON SHAPING A DIVERSE GENERATION OF LEADERS.

2021 SA's population by gender.

**51,1% - 48,9%**

Approximately 30,75 million of the population is female and approximately about 29,39 million is male.

Source: STATS SA



thing is to have the right people around the table in the discussions. When the topic is women's health, women must be in the room and be there at the table making the decisions."

**Colin Tyrer** from Bayer Africa also speaks of Bayer's advancements in delivering quality care for the female population, "we work together to make sure that we are building a women's health infrastructure in Africa that is not just reliant on aid, but will be there after the NGOs depart. It's the next place where we're going to get growth for the world economy. Along with the sustainability agenda, there are a hundred million women who can benefit from modern contraception by the end of the decade."



Successful leaders not only enable their enterprises to thrive, but they also leave a legacy which motivates others. **Bertina Engelbrecht**, CEO of Clicks Group, provides advice for other future leaders, "first, be authentic. Know yourself, your strengths and the areas you need to develop." Engelbrecht goes on to include being mindful of others, "encourage and be supportive of other women in leadership positions. Make time to replenish and reinvigorate yourself, to reflect and care for yourself, and invest in relationships. Lastly, practice gratitude and generosity by giving back to others." **Ursula Myles**, General Manager at Takeda South Africa, builds on the notion of self-belief and individual virtues, "authenticity plays a significant role. We must be true to ourselves, our values, and our aspirations and take them to the workplace. Be responsible for your learning; take time to listen and understand because it helps your confidence as a leader."



**Wendy Cupido**, Country Manager at Lundbeck South Africa speaks of a company-wide effort in ensuring success- "you need to make people responsible for the culture. Culture belongs to everybody who works in the company, and this is a factor that Lundbeck has succeeded in."



**Barbara Nel** likewise notes on the integrity of ensuring adequate efforts are made when it comes to employees, stating that "having a team within AstraZeneca that is fully engaged, and that has a sense of belonging and a connection to our purpose, our vision, and our mission."



There are healthcare leaders that are putting a focus on the quality of healthcare for women, too. One such leader is **Abofele Khoele**, Managing Director for Organon South Africa, a company that specializes in women's health. **Khoele** tells of his efforts, "we have engaged with number of stakeholders and partners across the continent to start the conversation in terms of what is it that women need on the continent. For us, it's important that we first listen and provide the solutions that are necessary. Those conversations have started. The first

"South Africa's constitution guarantees every citizen access to health services through the public and private health sectors. The country is divided into nine provinces and each has a Department of Health that participates in health delivery, along with local Departments of health responsible for health promotion and preventative services. Low quality public health care is available to all citizens for free with no formal health insurance plans. This public health system is divided into three tiers of health services. Primary care facilities are meant to be the first point of contact for patients and provide an initial assessment of the patient. There are over two thousand primary care clinics and are mostly staffed with nurses providing community health services. District hospitals are the second tier and this is where patients can be tested and have minor procedures performed. Tertiary hospitals are bigger in terms of infrastructure and have advanced technologies for major surgeries. Specialists are required at these hospitals because patients with serious conditions are treated there. Most of the South African public health system is funded by a National Revenue Fund, which collects payments made to local, provincial, and federal governments. There is a decentralized distribution of funds from federal to local municipalities, giving local public health agencies independence over allocation of funds.

The private health sector in South Africa accounts for the largest share of health expenditures through out-of-pocket-payments and medical schemes. There are around 200 private hospitals throughout the country which can only be accessed with private insurance or self-pay. Only 18% of the local population regularly use private providers and despite being much smaller than the public sector, it accounts for about half of expenditures. About 79% of doctors work privately, leaving only 21% of doctors for the public sector."

Source: <https://www.publichealth.columbia.edu/research/comparative-health-policy-library/south-africa-summary>



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# FACTS AND FIGURES:

## Key Insights into South Africa's Demographics, Healthcare Trends, and Public Spending.



Data shows that South Africa's population **increased by 724 thousand** (+1.2 percent) between 2021 and 2022.



At the start of 2022, 68.3 percent of South Africa's population lived in urban centres, while 31.7 percent lived in rural areas.



Data from **GSMA Intelligence** shows that there were **108.6 million** cellular mobile connections in South Africa at the start of 2022. GSMA Intelligence's numbers indicate that mobile connections in South Africa were equivalent to **179.8 percent** of the total population in January 2022.

### The OTC category contributes 38,1% of the value and 66,8% of the volume towards the South African private market

OTC category value growth is mainly driven by the Generics segment with a short-term growth of 15,6% in value compared to originators with 10,5% growth in value

	OTC mkt***	Share	PPG%
Value	19.9Bn	38,1%	3,8%
Units	400.7Mn	66,8%	3,1%
CU	38.9Bn	73,7%	0,7%

	Originals	Share	PPG%	Generics	Share	PPG%	Non-categorised	Share	PPG%
Value	4.5Bn	22,5%	10,5%	6.4Bn	32,4%	15,6%	8.9Bn	45,1%	-5,9%
Units	99.4Mn	24,8%	8,1%	176.6Mn	44,1%	7,1%	124.7Mn	31,1%	-5,5%
CU	9.1Bn	23,4%	6,4%	10.5Bn	26,9%	10,4%	19.3Bn	49,7%	-6,2%

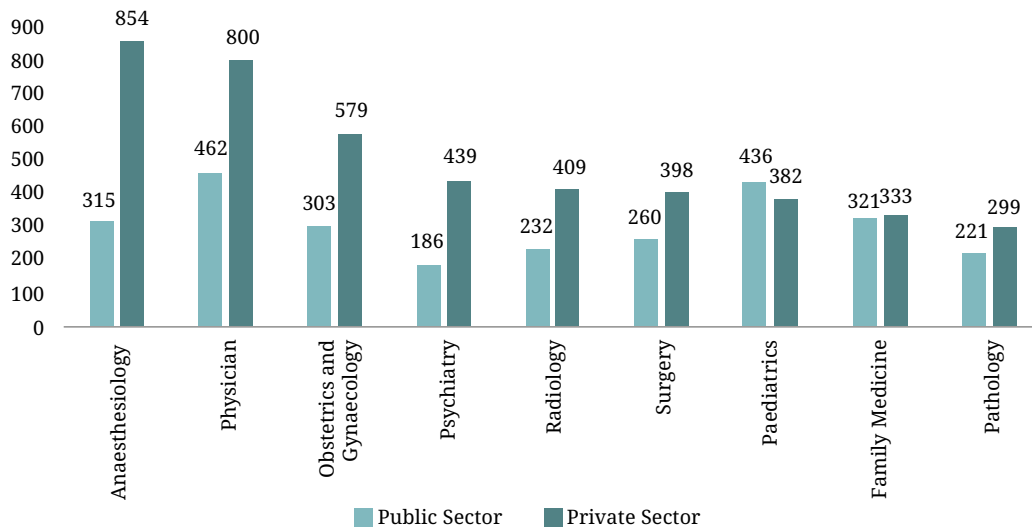
\*\*\* = Schedule 0-2; Segmentation from IGMS audit-TPMG

All values MAT to latest month; Value in ZAR; PPG% is the previous period MAT on MAT growth percentage;

CU is counting units which equals the units multiplied by the amount of tablets, capsules or millilitres in a particular pack size; Bio-comparable segment = biosimilar products Source: QlikView TPM and TPMG June 2022

Note: PPG = Short term MAT growth

IQVIA Monthly Market Feedback Report - June 2022 data period





## The Rx category contributes 61,9% in value to the private market, it has recorded a value growth of 5,3% for the latest MAT period

The Originals segment is showing the smallest value growth in the prescription market with 1,3% in value terms and -1,8% in volume terms during the MAT 06/2022 period

		Rx mkt**		Share	PPG%								
Value	32.2Bn	61,9%	5,3%										
Units	199.3Mn	33,2%	2,5%										
CU	13.9Bn	26,3%	-0,2%										

Originals	Share	PPG%	Generics	Share	PPG%	Non-categorised	Share	PPG%	Bio-comparable	Share	PPG%				
Value	15.4Bn	47,9%	1,3%	Value	14.9Bn	46,4%	8,8%	Value	1.7Bn	5,2%	10,7%	Value	180Mn	0,6%	55,5%
Units	51.1Mn	25,6%	-1,8%	Units	136.6k	68,6%	4,2%	Units	11.5Mn	5,8%	1,6%	Units	100.5k	0,1%	15,5%
CU	1.9Bn	13,5%	-1,9%	CU	6.2Bn	44,5%	6,1%	CU	5.8Bn	42,0%	-5,5%	CU	1.1Mn	0,0%	8,2%

\*\* = schedule 3-6; Segmentation from IGMS audit-TPMG

All values MAT to latest month; Value in ZAR; PPG% is the previous period MAT on MAT growth percentage;

CU is counting units which equals the units multiplied by the amount of tablets, capsules or millilitres in a particular pack size; Biocomparable segment = biosimilar products Source: a.) QlikView TPM and TPMG June 2022; OMNI /Netcare data: Imputation for Netcare from December 19 Note: PPG Short term MAT growth

IQVIA Monthly Market Feedback Report - June 2022 data period

## The South African private market had a PPG growth of 4,8% in value over the last MAT period

The Bio-comparables and Generics recorded the strongest short term MAT growth of 55,5% and 10,7% in value, while Non-categorised recorded a decline of 3,6% in value terms

		Private mkt		Share	PPG%	Total market	PPG%	State Hospital *		Share	PPG%
Value	52.0Bn	83,3%	4,8%	Value	62.5Bn	2,6%	Value	10.4Bn	16,8%	-6,7%	
Units	600Mn	58,8%	2,9%	Units	1.0Bn	-3,9%	Units	419.5Mn	41,2%	-12,2%	
CU	52.8Bn	66,3%	0,4%	CU	79.6Bn	-5,0%	CU	26.8Bn	33,5%	-14,2%	

		Rx mkt**		Share	PPG%	OTC mkt***		Share	PPG%
Value	32.2Bn	61,9%	5,3%	Value	19.9Bn	38,1%	3,8%		
Units	199.3Mn	33,2%	2,5%	Units	400.7Mn	66,8%	3,1%		
CU	13.9Bn	26,3%	-0,2%	CU	38.9Bn	73,7%	0,7%		

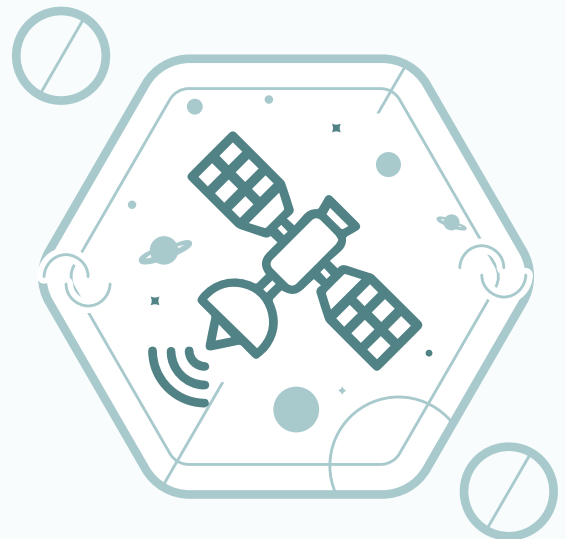
Originals	Share	PPG%	Generics	Share	PPG%	Non-categorised	Share	PPG%	Bio-comparable	Share	PPG%				
Value	19.9Bn	38,2%	3,3%	Value	21.4Bn	41,1%	10,7%	Value	10.6Bn	20,4%	-3,6%	Value	180Mn	0,3%	55,5%
Units	150.5Mn	25,1%	4,5%	Units	313.2Mn	52,2%	5,8%	Units	136.2Mn	22,7%	-4,9%	Units	100.5k	0,0%	15,5%
CU	11Bn	20,8%	4,8%	CU	16.7Bn	31,6%	8,8%	CU	25.1Bn	47,6%	-6,0%	CU	1.1Mn	0,0%	8,2%

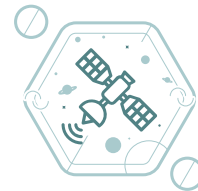
\* = State Hospital MATQ1 22 (quarterly audit) - Reads data for State Hospitals only; \*\* = schedule 3-6; \*\*\* = schedule 0-2; Segmentation from IGMS audit-TPMG All values MAT to latest month; Value in ZAR; PPG% is the previous period MAT on MAT growth percentage; CU is counting units which equals the units multiplied by the amount of tablets, capsules or millilitres in a particular pack; Bio-comparable segment = biosimilar products Source: a.) QlikView TPM and TPMG June 2022; b.) QlikView DVISA Q1 '22 OMNI /Netcare data: Imputation for Netcare from December '19 Note: PPG = Short term MAT growth

IQVIA Monthly Market Feedback Report - June 2022 data period

# SATELLITE INTERVIEWS

Illustrating the industry perspective that will inspire business leaders to make better decisions.





# Dr. Nicholas Crisp

**Deputy Director-General**  
National Department of Health

**EF: What will 2022 be going to be a year of?**

NC: A year of reform and seriousness on healthcare matters. It is time we start treating COVID as an endemic disease, by integrating vaccines and care patterns in the current healthcare system. We must leverage on the lessons learnt during the pandemic especially for Africa and strive to stabilise our health care systems, cut dependency from the west and hopefully head towards normalcy.

**EF: Will the private and public collaboration last?**

NC: This is a collaboration that would yield returns despite there being some scepticism cutting across the two fronts of the public and private sector. Fiscal federalism is another aspect where interpretation of our constitution has created a barrier to moving patients between provinces, making it difficult to get equity in the public sector.

Around 20% of the population relies on the private sector but many are unable to sustain their healthcare in that space. Many patients end up scrambling to raise funds to pay for care, including selling property to accommodate themselves in that space before reverting to the public sector, an instance we want to stop. About 16% of the population is routinely dependent on the private sector, spending half of the country's healthcare expenditure where the lion's share is paid for through prepaid care.

However, 80% of the population is dependent on the public sector. During the pandemic it was estimated that over 500,000 people lost their jobs, and this meant losing medical scheme cover. Violence and HIV are further challenges to the already constrained public sector whose budget was cut by 1.5%. The private sector is looking after general care using specialist resources, raising the cost of healthcare, and limiting access to these specialists for public dependent patients who need their care.

**EF: What are the biggest factors affecting the transition to more service to the public?**

NC: First, our national health expenditure is 8.5% of GDP on healthcare which is a lot for a developing and transitioning country. It is therefore important to spend what we can efficiently as this is all we can afford. We need a reform that allows us to work together. Second, revenue being spent on duplication of services also creates a route to unnecessary expenditure. Third, we need to embrace digitalization to avoid loss of patients' records, medicine information, and history. In the private sector, a lot is spent on the administration of 76 medical schemes that utilize over 250 different packages, which complexity raises the cost of medication, something replaceable with a handful of medical schemes that should fund what cannot be provided by our constrained public service.

*Healthcare is not an industry but an equal contributor to the economy and if not invested in, healthy educated people, you will not have growth. Health is a public good.*

**EF: How will the NHI benefit society and the economy in the long term?**

NC: NHI will reform the health system by registering every person to their nearest primary healthcare space within a contracting unit for primary healthcare. Since we will know geographically where you live it will be possible to monitor access and equitable spending on benefits for all. The aim is equity in access to services for everyone regardless of who you are or where you get treated. If each person's data can be collected and viewed in their constituents' capitation area it becomes easier to use strategic purchasing to achieve equity.

*There are at least 40 countries globally busy with massive transformations equivalent to ours which is aimed at universal health coverage. We have a gap to fill and a journey to segue towards productivity and healthcare systems strengthening; TB, HIV, GP contracting, infrastructure strengthening.*

**EF: What are some policies that will complement fundamental changes needed in the future?**

NC: Basic education is the avenue to better chances of participating in the economy. As we purpose to craft a future of hard-working, skilled, individuals, we need to deregulate and make the envelope of the small economy bigger. We also need to narrow the gap of what people earn between the rich, the lower middle class and the poor. Many drivers of the economy were hit hard by the pandemic, but it is inequity that will destroy our country.

We must digitalize the way we manage the health system and reduce manual activities to halve the burden on our scarce professionals. We need to embrace innovation about the products that we make. We can use the magnificent, powerful arm industry that we used to have and repurpose those capabilities for health and find our own solutions instead of copying the way other people practice their endeavours.

“Basic education is the avenue to better chances of participating in the economy.”



# Dr Saadiq Kariem

COO

Western Cape Government - Department of Health

**EF: According to many executives from the private sector, there's a surge in the willingness to work in collaboration with the public sector. Do you see a trend that's setting the pace in South Africa?**

*SK: Prior to COVID, we already had collaborations with the private sector which has pharmacies closer to the communities that are bound by a contract. The partnerships with community pharmacies have helped us deliver family planning services to women. There are a lot of contractual obligations that one has when entering a partnership. Pricing differentials and legislative issues must also be considered.*

Due to COVID, we entered a very complex set of contextual relationships with the private sector hospital groups because we were concerned about our capacity to counter COVID since we didn't know what to expect. We started negotiating with our private sector partners who are national hospital groups that have localized presence in each of the provinces.

*The deal was to have us use a private sector hospital base for public sector patients should the need arise and also develop independent contractual contracts with the specialist groups who were independent of the hospital groups, like physicians, surgeons, and radiologists, which worked successfully.*

Even with regulatory issues, we were able to agree on prices, which was a huge part of the negotiation, and we also tested the system with a few patients to make sure that it worked and that the payments would be offered. We were able to return the favor and accommodate some private sector patients in the public sector system. *We have proven that the collaborative partnerships between the private and public sector work, and could set the baseline for NHI implementation in South Africa.*

Another collaborative partnership is working around COVID vaccines. We worked with Discovery, one of the largest medical schemes in South Africa, setting up a large vaccination center. The partnership was between the private and government sectors, which was successful in setting up the site, the operationalization, and the management.

We also had a successful partnership with Metropolitan Momentum for a similar vaccine site in the Western Cape. Our success disqualified the myth that the private and public sectors can't work together. The private sector brought experience in the management of the flow of events, making sure that there was a return on investment for both parties.

**EF: How do you manage the balance between creating awareness about COVID and non-communicable diseases?**

*SK: Our mission momentarily is to bring TB patients back into care, bring our HIV patients back into care, and focus on all other non-communicable diseases and immunizations of children. It's a reminder for us that we should have a deliberate concern for caring for other diseases like heart attacks, and strokes, in equal measures. This meant the acquisition of additional qualified and unemployed staff to help cope with the threat we were facing. This enabled us to treat emergency medical conditions like cardiac events, strokes, and other delicate conditions, which we managed, though it had a toll on the staff because for two years, they had to maintain this delicate balance, whilst also implementing a vaccination program. It was our call to manage our resources appropriately since we didn't have an endless supply, in the end, we were pleased to have a very clean audit of our financial expenditure.*

**EF: What's the economic impact of the Cape Health Technology Park collaboration?**

*SK: It is one of the ways that we think the health sector could be a significant boost to the economy. The intention is to create the health technology park partly related to the urban project. It's perfectly situated because, in that vicinity, we have public and private sector facilities. We have public sector hospitals there, and a large private sector hospital there. South Africa is part of a collaborative effort under the WHO for developing and producing vaccines. This brings the public-private sector collaboration to the next level, creating a massive health park largely focused on digital innovations, and forming a cocktail of health services in one geographic location, which is a significant boost to the economy.*

**EF: What message do you have for investors to come and invest in Cape town?**

*SK: I would pitch to them the fantastic public-private sector collaborations that we observe. We have stable governance in the province, demonstrating successful collaborative partnerships on a huge scale, and vaccine innovations, for example. We have the intellectual capacity to be able to execute these partnerships because we're privileged to have some of the greatest intellectual minds in the province attached to our universities, who do fantastic research. The private sector adds significant value, to turn the intellectual professionals that we have into that intellectual capacity not only for the public good but also for commercial viability. Ultimately, if there's a shared vision and a trusting relationship between parties, then anything and everything is achievable.*

**EF: Kindly elaborate on your Healthcare 2030 vision, and the steps you're taking to achieve it.**

*SK: Our Healthcare 2030 vision is a deliberate plan to achieve quality health service for all, which is a routine observed by many healthcare parties both in the public and private sectors. Despite coming from an unequal healthcare environment in South Africa, we will be allocating many resources to providing world-class quality care services, to 100% of the population, without discrimination of their geographical location. A scheme that will need collaboration efforts between the public and private sectors. "Health is Everybody's Business", thus each private organization, government department and every individual have a part to play in their own health and the health of our whole province. This is in line with the provincial focus on economic growth. Good health also makes good economic sense.*

“Health is Everybody's Business”, thus each private organization, government department and every individual have a part to play in their own health and the health of our whole province.”



# Martin Kingston

*Chairman of the Steering Committee  
B4SA*

**EF: 2020 was the year of diagnostics, 2021 the year of vaccines, what do you think 2022 will be the year of?**

MK: 2022 will differ from 2020 and 2021 as we were all caught unaware by the pandemic. As a country, it will be a year of big agenda items that need to be dealt with, such as the issue of universal healthcare. This focuses on the disparity between those who have access to private healthcare and those that rely on public provision.

*It is a year that will highlight the ability of working together. 2020 and 2021 saw the formation of the Solidarity Fund and B4SA which are independent organizations from government. We saw business mobilize itself and the private sector work both in and amongst itself, along with the public sector in dealing with challenges of the pandemic.*

2022 is a year that will no longer just carve out COVID-19 as something that is worthy of attention as there are many other demands on people's time and attention. This can be achieved by institutionalizing the vaccination programs to a particular degree as well as formulating and implementing vaccine rollout programs with the government. *Another focus is on building public-private sector collaborations that are focused on prioritizing the limited number of interventions as we work on building the capacity as a country to address critical issues.*

**EF: Could you elaborate on how you see the private sector in addressing some of the key social and economic concerns in South Africa?**

MK: The private sector has identified and tabled six or seven work streams to government, one being the investment environment and ease of doing business which includes red tape, or the energy sector to provide fixable, reliable, predictable and affordable services to the public at large. The private sector has also been dealing with other areas such as crime, corruption, mal-administration and alleviating pressure on the transportation infrastructure. As a business, we have acknowledged that we can mobilize resources, financial, skills, expertise and capacity that can work through these issues and implement initiatives that can progress that work and increase confidence levels in the South African economy and more broadly the South African environment.

**EF: What is the role of healthcare in developing the economy?**

MK: It is critical especially if we localize production of raw materials and equipment by having strategic foresight and organizational capability, and the will of people to work together. It requires a high level of collaboration and cooperation between the private sector and the public sector, both in South Africa and abroad to make sure that we are both economically efficient and not dependent on importing critical items.

Whilst we are behind in eHealth and eLearning, *the last two years have taught us that we can work and educate people very efficiently remotely and we will see shifts in addressing challenges of accessibility and the provision of basic healthcare and education to the public at large.*

**EF: What top three strategies would you choose to implement sustainability for business growth?**

MK: *The first is we need to have a much longer-term horizon in terms of the investments we are prepared to make, and to have people aware of the complex and dynamic environment within which we exist and that*

As a business, we have acknowledged that we can mobilize resources, financial, skills, expertise and capacity that can work through these issues and implement initiatives that can progress that work and increase confidence levels in the South African economy and more broadly the South African environment.

it is not just the responsibility of government but everybody. *We need to walk that journey together.*

The second is we have to accept that the unemployment and poverty levels are untenable and unsustainable without working together to drive economic growth and activity.

The third is making sure we have appropriately represented representative workforces who are suitably skilled, open minded and strategic, and that we need to have leaders who design and implement solutions in order to get real traction from government and that address issues that have arisen.

**EF: What advice would you give to investors looking to put a stake in South Africa?**

MK: *South Africa has got the systems, the infrastructure, and the people, so be encouraged not only by the stock of existing investors but also by the fact that we have a government that is more attentive and cooperative than we have seen for a long-time.*

**EF: What would like to be remembered for in 5 years' time?**

MK: Creating a unique dynamic and capability within South Africa of convening businesses on a very inclusive basis to make individual resources available. *Recalibrating our level of energy so that in the long haul we have made differences in people's lives with positive contributions.*

**EF: What are you going to celebrate at the end of this year?**

MK: As a business, *if we can establish institutionalized modus operandi where we can really bring business to the party alongside government and other social partners in meaningfully addressing economic challenges, then that will be something to celebrate. Establishing the capability and starting on that journey. Success breeds success, so that's how I would like to get to end 2022 with hopefully fewer people having been impacted by poor health along the way.*



# Cas Coovadia

CEO  
BUSA

Value-based capitalism complements growth and profitability, and younger generations will push for it.

**EF: 2020 was the year of diagnostics, and 2021 was the year of vaccines, what do you think 2022 will be the year of?**

CC: From the perspective of Business Unity South Africa, the aftermath of Covid has a semblance of a new normal returning. *Covid has impacted the world of work, and we must all reposition ourselves. We will continue to manage the impact of COVID-19 from an economic standpoint. We will be working with the hardest-hit sectors with economic recovery strategies, including backing and driving the healthcare sector. A critical issue for us in 2022 will be the National Health Insurance discussion. During the pandemic, we built a collaboration platform, particularly with the National Department of Health, which we can use to discuss and engage on NHI. Pre-COVID 19, we had a substantial engagement, but it must be renewed to arrive at some sort of incentivization for universal healthcare. Private healthcare is strong and efficient in South Africa. In contrast, the public sector requires work, so we need to use the strength of the private healthcare sector to build up the public healthcare sector for resources to be more equitable and have a universal healthcare system.*

**EF: How can we leverage the experiences and lessons learned from the pandemic going into the future?**

CC: We need to separate the work and the implementation from the politics. BUSA was formed because a project management approach was essential for businesses to support the government. We created the structure with the necessary expertise to make decisions quickly, have fast turnaround times, and not be burdened with mandates and reports. We need to carry this approach in future discussions on NHI. *While continuing political negotiation, identify issues where we need to start making progress, draw on our local and global experience, and drive the project management. Hopefully, this will feed into the more difficult political debates and effectively enable us.*

**EF: You spoke at the Confederation of Swedish Enterprise regarding strengthening economic relations between Africa and the European Union. If there was such a project, what strategies would you put in place to get the project going immediately?**

CC: We must move beyond the idea that we should not have universal healthcare; *we have the resources and the capacity between the private and public sectors in the country to achieve a model that will provide universal healthcare. I would want both private and public to join resources and capacity and identify the trade-offs and compromises needed.* The impact on the public sector means that most of the population does not have access to appropriate healthcare. Should this situation persist in the long term, the access of those who have private healthcare would begin to be threatened. When the majority does not see the fruits of democracy, the minority that does will not see them for much longer. In such a scenario, I would consider it reasonable and satisfactory to look to the strengths of the public and private sectors to create a healthcare model for the country with minimal healthcare coverage for the majority of the population. We can enable additional healthcare for those prepared to pay for it.

**EF: Is universal provision the future of access at a global level?**

CC: Undoubtedly, globalization has assisted in reducing poverty, but it has also exacerbated inequality, and as inequality grows, those with the resources look after themselves while those without resources cannot do so. In South Africa, those with the means have privatized healthcare, security, and more, while those without means get continuously diminishing returns. The same happens in other aspects of life, so universal access has become a global phenomenon. It is also the result of how we have managed our economic model. Capitalism is the dominant system, but it is under threat. *We must reimagine capitalism and apply capital more equitably because inequality has brought up all these broader global issues, such as inequality in healthcare.*

**EF: Will economic partnerships be based more on self-reliance and independence rather than interconnection?**

CC: *Younger people are beginning to demand a more value-based capitalism, they want a better family-work balance, they want businesses to play a value-based role in society, and to achieve this we need to collaborate and not be self-serving.* For major corporates to adopt a value space capital in the short term requires compromise and sacrifice, even though companies have improved their bottom line in the medium to long-term through this. Value-based capitalism complements growth and profitability, and younger generations will push for it. *I believe there will be more collaboration; countries and firms will collaborate to create an appropriate business environment.*

**EF: What would you like to celebrate by the end of 2022?**

CC: I would like to celebrate having learned lessons from the pandemic and having a better-prepared healthcare sector in the event of another pandemic. *To make progress in manufacturing our own vaccine and work with the government to ensure we are prepared as a country. Finally, I would like to see significant progress in our engagement with NHI; I hope that we will manage to agree on using the strengths and capacities of the public and private sectors.*



# Stavros Nicolaou

Senior Executive Responsible for International Trade Development  
Aspen

## EF: Can you elaborate on the impact of COVID and how South Africa responded?

SN: Healthcare systems around the world were significantly stretched, and like any other country, *South Africa's response to covid was good.*

*I hosted an emergency meeting this past March with healthcare leaders. The discussion was based on setting up a solidarity fund, making the private sector capacity available, and creating an economic and labor response. The meeting was so productive and unique that I was invited to speak in other countries like Costa Rica. I attended a meeting convened by the president based on how South Africa needs to respond at an economic labor and healthcare level. This meeting was the enthusing factor for the solidarity fund.*

The first phase of COVID was the first wave manifesting in winter. During the first wave, healthcare systems were significantly tested. *We worked closely with the government to increase capacity and ensure availability in finance. We set up a facility to procure PPE. It was quite difficult to get PPE because it was a global constraint. We managed to buy 100 million units of PPE by tapping into our sources and contacts in China and other countries.*

## EF: What will 2022 will be the year of?

SN: The history of the pandemic speaks to the challenges of the capacity in Africa and South Africa. 2020 showed us handling pandemics alone was a challenge. We relied heavily on the Covex facility, which did not materialize. The first vaccines were administered by Pfizer globally in December of 2020. South Africa woke up to the reality that it would not get the vaccines through Covex. At this point, *we entered into a bilateral with AstraZeneca for 2 million doses. These first doses were for doctors, nurses, and the people working at the covid frontline before the third wave hit us. We wanted our doctors, nurses, and other healthcare workers vaccinated because they were four to seven times more prone to get covid than the rest of the population.*

As we were waiting for the first dose of vaccines, medical experts determined that AstraZeneca did not have the required efficacy for the beta variant. At this point, the government requested I get into discussions with the European Union health commissioner. Unfortunately, they had a lot to deal with at the time and could not help us. In the interim, we were the only emerging market globally that had a clinical trial for Pfizer, J&J, and AstraZeneca. *We convinced J&J to give us doses if we held clinical trials for phase three of the implementation study. We were able to vaccinate 490,000 subjects by getting our hands on Pfizer. Preceding September, Aspen had signed a contract with Johnson and Johnson to manufacture the J&J vaccine.*

*It was groundbreaking because we were the only country in the Southern Hemisphere to do this. We were also the quickest off the mark with the J&J contract. J&J contracted ten companies to manufacture the vaccine, and at the beginning of our contract, we were the ninth company. However, we became the number one company by producing the most vaccines among the ten companies. This speaks to Aspen's capabilities and Africa's capabilities.*

*Aspen started receiving some vaccine products from a facility in Baltimore, US, with contaminated products. At that time, South Africa suffered a setback because we were waiting for those doses to vaccinate against the beta variant. After that, we received uncontaminated substances from a supplier in the Netherlands.*

“... we became the number one company by producing the most vaccines among the ten companies. This speaks of Aspen's capabilities and Africa's capabilities.”

We had to write off the first consignment of the completed product, which meant Aspen was in a testing situation. At the time of production, the delta variant hit and President Macron supported us in terms of keeping our vaccines. Macron believed that vaccines produced in Africa should be distributed in Africa. He had us sign an IP waiver, and there was a back and forth between us and the EU. It was President Ramaphosa who settled the deal with *90% of the vaccines were to stay on the continent, and 10% were shipped off.*

In 2022 everyone talks about pandemic preparedness. It is great that in 2022 institutions are willing to set up covid capacities in under capacitated continents. However, if institutions do not get a real orientation of the global procurement dynamics, they will not be in a position to sustain those capacities in under capacitated continents.

*2022 should be the year of finding out how to sustain pandemic capacities for 2022 and beyond. We need to start managing neglected chronic diseases and live with the aftermath of COVID. It all needs to be done amid financial collaborations.* There is an ideological difference between the public and private sectors that we hope to breach.

The pandemic has also shown that the public and private sectors can work together. Patients from public hospitals were vaccinated in private pharmacies, and private patients were vaccinated in public hospitals. We need to have a hybrid model that will help collaborations become better.

South Africa made way for Africa. President Ramaphosa and his team and the African Union set up structures for the AU covid commission. South Africa held the AU leadership at the time the pandemic broke. At the 2021 AU council meeting, the AU appointed president Ramaphosa as the AU covid champion. It is relevant as it affects the present and the future as well. Most of my time is spent in the AU and EU, trying to integrate both systems. There is a lack of capacity in the African continent, whereas *South Africa has the ability and expertise, which is why we took the lead during the pandemic.*

South Africa delivered, and there are five highlights. The first is on emerging markets with clinical trials with J&J, Pfizer, and AstraZeneca. Second, we have the most intelligent genomic surveilling and sequencing from an emerging market perspective. For the omicron variant, we were the first to sequence it. The third is Aspen made 180 million doses from its collaboration with J&J as we were manufacturing for the entire southern hemisphere. The fourth is how we conducted the largest phase 3 implementation studies with 490,000 test subjects. The fifth highlight is that we did the biggest booster study, the Sisonke2.



# Bada Pharasi

CEO  
IPASA

**EF: 2020 was the year of diagnostics, 2021 the year of vaccines; what do you think 2022 will be the year of?**

BP: We are already starting the second quarter of the year; the lockdowns have been completely removed in South Africa and the economy generally can go back to where it used to be. This does not mean we have seen the end of Covid-19. We keep learning from Covid-19, and we know vaccination has had a key role in preventing deaths and prolonged hospitalizations. Its impact appears to wane over time, as in the flu vaccine, which must be taken annually. *The pharma industry must continue working on research and development on Covid-19 drugs and related illnesses to keep people out of hospitals and reduce death incidents.* We have statistics from one of the major medical schemes, Discovery Health, which clearly show the impact of diabetes and mental health. The challenge for the innovative pharma industry is to continue research in those areas. *At the onset of Covid-19, the focus was on the pandemic, with hospitals and clinics prioritizing Covid infected patients and very little provision made for those patients with chronic illnesses, especially tuberculosis and HIV, which have a very high incidence in South Africa. We must be better prepared for future pandemics; chronic diseases cannot be neglected again.*

**EF: South Africa showcased very successful collaborations. Could you elaborate on the impact of alliances in South Africa over these last few years?**

BP: Given the history of South Africa, there has always been a speculation in the public sector toward the private healthcare sector in terms of profiteering, particularly where multinational companies are concerned. *The BUSA (Business Unity South Africa) collaboration exceeded all our expectations. Many business sectors came together and established B4SA and worked very closely with the Health Department; people worked for the institution without being paid to assist the government distribution of vaccines.* The Solidarity Fund was set up, and billions of rand went into the fund to help the government buy PPE and other required equipment. An important aspect of this collaboration is that as the government implements the nationalized insurance, they will be able to look back and see the substance of the private sector, which makes me happy. The second level of collaboration was within the private sector; generally, we guard intellectual property and believe in intellectual property protection, whereas the government has tried to bring about

Clinical trials allow for research and development and are the way to open the pipeline that leads to generic medicines, making them more affordable.

compulsory licensing. Both South Africa and India are trying to get the WTO to adopt a waiver of intellectual property for Covid-19 vaccines, medication, and medical devices. While that is ongoing, *we see how voluntary licensing has worked between Aspen Pharma Care and J&J, first filling vials with ready-made vaccines and sending them out. Due to the collaboration, Aspen can now manufacture in its Port Elizabeth facility, adding their name to the vaccine.* Then there is Biovac, based in Capetown, and our government has part ownership in Biovac. *The collaboration between Biovac and Pfizer will mean supplying vaccines to the rest of the continent this year. There is a unit in the University of Capetown known as H3D. In this drug development unit, many of our member companies have been collaborating to develop all sorts of drug entities. These collaborations are exciting.*

**EF: How do you see the role of the pharma industry in recovering and developing the economy?**

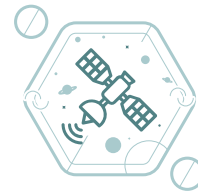
BP: *We are an industry that employs highly qualified people, doctors, people qualified in biopharmaceutics, and scientists.* We increasingly work with academic institutions, and graduates participate in programs in our companies that later become employable in the same company or the industry. *We aim to be good corporate citizens who are seen as deserving of being invited to the policy-making table of society as a whole.*

**EF: Could you elaborate on the role of R&D in South Africa?**

BP: *South Africa has exceptional clinical research facilities. South Africa currently has 350 clinical trials going on.* The diversity of the population helps study the effects of a drug on all population groups. Clinical trials allow for research and development and are the way to open the pipeline that leads to generic medicines, making them more affordable. *Without clinical trials, we could not have generics in the pipeline.*

**EF: How do you see the future of healthcare information and education from a patient's perspective?**

BP: Of course, there is digitalization but for years there has been telemedicine, an example is that of an X-ray picture that can be sent to a specialist who sends back the results to the doctor to then inform the patient. There is also the need to have automated systems that will allow for less human error in the pharma industry, which can have consequences for patients and companies. *Digitization is in great use in the supply chain area to enable faster decision-making and more efficient operations. The manufactured medications become more affordable when companies identify the cost inefficiencies in the system. It helps the interactions of suppliers and manufacturers, suppliers and distributors, exchanging vital information instantly.* IT is already important, but it will become more so in communication. For over two years now, we have been working virtually, and we still do not see much reason to spend a lot of time in the office, as *technology is efficient, effective and enhances productivity from a time-saving point of view.* IT and general digitization go hand in hand, and the pandemic accelerated that process.



# Mothobi Godfrey Keele

**Head of Government Affairs and Policy**  
IPASA

## **EF: How do you balance the priorities between different members in IPASA?**

MG: It starts with IPASA's mission, vision, and values. After numerous consultations and fieldwork, a strategy is formed. The strategy is then broken down into various workstreams. Collectively some issues concern a lot of innovative companies. *Issues like intellectual property, market access, and reconfiguration of the healthcare system in South Africa are the future of innovative pharma under universal health coverage.* The issues related to the regulatory authority for quicker technological registration turnarounds are quite common. All these companies have common interests and challenges. It is how we balance the interests of different pharmaceutical companies.

## **EF: COVID-19 accelerated the partnership between the public and private sectors. How will they continue into the future?**

MG: We all learned that we need each other and that together we stand, divided we fall. The government could not have contained the pandemic without innovative pharma. *There were various collaborations within the private sector and the healthcare sector. I believe these partnerships will continue in the future.* This situation showed us how interdependent we are on each other across the different sectors. Before the pandemic, there was always a mantra about public and private partnerships without traction. *The pandemic made both sectors make it work.*

## **EF: When it comes to non-communicable diseases, how can we get patients back to care and keep the momentum in healthcare?**

MG: With the pandemic under control, priorities from before are com-

ing back on the healthcare radar. It is well known that South Africa is grappling with a quadruple burden of diseases like HIV, TB, child health, non-communicable conditions, and trauma cases. The healthcare industry has put a lot of care into the quadruple burden of disease.

The annual performance plan will again deal with problematic issues since the main agenda is no longer about the pandemic and putting out pandemic fires. *A new cadre of healthcare professionals was recently introduced called communique health workers. These professionals go from house to house in both urban and rural areas. They ask questions to screen and identify when interventions are needed. This process is necessary to eliminate the escalation of diseases.*

## **EF: What is the role of artificial intelligence in South Africa in R&D and for physicians?**

MG: *Artificial intelligence has helped shorten the time it takes to get the solutions for curing diseases.* In the past, it was a hit-and-miss approach. With the development of molecular biology and other molecular sub-fields, the understanding of diseases at a cellular and molecular level has grown rapidly. *AI and molecular structure understanding enabled us to create vaccines speedily for COVID-19.*

*AI has changed the face of healthcare and pharma for the better. In manufacturing, AI and robotics have made processes more efficient and easier to optimize because there is less human intervention. There is better batch-to-batch consistency. AI has also improved diagnostics. With the newer, improved, and more sophisticated medical devices, diagnostics, monitoring, and other medical tasks become more precise and efficient.*

## **EF: Do you encourage local manufacturing among your members?**

MG: This is an area of policy development. The legislation states that certain fundamentals need to be met if a company wants to participate in public procurement. One such fundamental is local production. Therefore, this incentivizes us to have a greater chance of supplying the state if we manufacture locally.

Some of our member companies make local companies their third-party manufacturing companies. Novartis used to own a manufacturing plant in South Africa and recently sold it to a South African company. The agreement in place is that the company will continue manufacturing Novartis products. So, Novartis still manufactures in South Africa even though they do not have a plant here. The most commonly known ones are Pfizer and Biovac under Johnson and Johnson and Aspen. Many more plants and companies manufacture locally outside the COVID-19 vaccines domain.

We all learned that we need each other and that together we stand, divided we fall. The government could not have contained the pandemic without innovative pharma.



# Ahmed Banderker

**Chief Executive Officer**  
AfroCentric Group

## EF: Can you elaborate on the impact of AfroCentric on the healthcare market in South Africa?

AB: AfroCentric Group is the most diversified healthcare company in South Africa. *Our diversified service model allows us to unlock value while transforming healthcare. We leverage the unique assets and scale of the group as well as best practice analytics to achieve superior operating excellence linked with modern, simple service tools.*

*Following an acquisitive phase, we have embarked on a new mission to integrate our operations and optimise costs across the value chain to offer a seamless end-to-end service, while leveraging the power of technology to transform client service.* This integrated strategy promotes value-enhancing coordination between members, schemes and providers; and improves access, quality and affordability of care for long-term sustainability. AfroCentric is all about innovation and over the past few years, we have been focused on innovating a new integrated model of sustainable healthcare that measurably improves access to quality healthcare. Coupled with that was our recent brand refresh, which has seen our biggest subsidiary, Medscheme, evolve beyond its core administrative services, providing an enhanced member experience through its Smart Solutions. As a technological and increasingly data-driven company, Medscheme is using one of our biggest assets – data – to offer a personalised healthcare experience focusing on both curative and preventative interventions.

We're looking at how we can help our people save and receive the best care at a subsidized cost. Hospital systems have been the drivers of our healthcare system and the reality is that if we want to provide a healthy healthcare system that's not commercialized, then *the future has to be derived from outside of the four walls of the hospital system.* We launched our virtual care in 2020. It is a phone call teleconsulting either on voice or on video with a nurse. It is a massive step forward

... patients recover faster at home, surrounded by their loved ones, resulting in better or improved clinical outcomes, patient experience, lower mortality, and complication rates as well as low costs.

given that people are settling into the new norm of hybrid and working from home models. Human behavior has changed where we are all a lot more comfortable having conversations virtually. We have therefore invested in digital solutions to facilitate virtual care access. This comes in handy to care for patients in ways that are convenient, coordinated and that enable multidisciplinary teams to collaborate through technology. This dissolves the myth of lack of healthcare services.

According to research, *patients recover faster at home, surrounded by their loved ones, resulting in better or improved clinical outcomes, patient experience, lower mortality, and complication rates as well as low costs.* This is a relief to most patients since they're not susceptible to secondary infections that might be sustained in hospitals. 'At home', also offers a getaway from overburdened healthcare systems. Home nursing and hospital at home concepts were launched in 2021 and have grown by 11.7% since 2020. Results show that 63% of a case cost can be saved by treating somebody in a home-based care setting.

For cases that have a combination of in hospital treatment and home base care is a saving of 27%. We're focusing a lot of our energy and effort into cost efficiency.

The readmissions, in a 30-day readmission rate, for case types of home-based care, are 74% lower when cases are treated in the home-based care environment as well to traditional in hospital. There's a big behavior change. All this burdens the cost dynamic in the country, reaffirming our focus on it.

## EF: What is your perspective on the level of awareness of mental health in South Africa?

AB: Mental health as an issue escalated with COVID-19 because of the psychosocial impact of everything that we had to endure. These are intensified issues that can't be seen by the naked eye. There is a need for medical professionals, funders, and all stakeholders involved and aware of supportive needs of the varied effects and symptoms that patients experienced during and following the pandemic. We need to act now.

As an organization, we are developing mobile screening tools in order to achieve early detection signs. We have created a concept of a health score (similar in concept to a credit score) which supervises your BMI, blood pressure, and stress levels from the face, picking trends that show symptoms of stress or mental challenges so they can be attended to. In this realm, a virtual consultation on mental disease is a lot more effective because it's random. Pre-COVID, there was an awareness of it in the workplace, where there's an inclusion of an employee value proposition called emotional assistance programs. However, we are not where we need to be, but from an awareness perspective, we are better than a lot of emerging market countries.



# Ryan Noach

**CEO**

*Discovery Health South Africa*

**EF: 2020 was the year of diagnostics, and 2021 was the year of vaccines; what will 2022 be the year of?**

RN: 2022 will be a year of recovery. As utilization recovers, *there will be a change in how care is delivered. Instead of going back to conventional ways of delivering care, we hope for new ways of delivering care, digitally and efficiently reaching more places.*

**EF: How will the ecosystem expand due to this change in homecare delivery and access?**

RN: I believe it is a reliable trend. *We could care for people responsibly during COVID-19, with an acute illness at home, monitoring them adequately and with the right resources to ensure home care is safe. We are now applying this to many other conditions, continuing a global pre-Covid trend.* In South Africa, the trend was to move out of acute hospitals into less critical, less infectious, and less costly care sites. This trend has dramatically accelerated. The change of management will take some time but this is the year it starts, and in the medium term, we will see the trend accelerate, and I hope it will end up with a significant amount of care done at home. Our data estimates say that 8-10% of hospital admissions could potentially be looked after at home. *Patient selection is key, and there should be an eligibility check to select the patients properly. An ecosystem must be created around a platform with healthcare professionals to monitor whilst using artificial intelligence to help predict issues ahead of time along with a fleet of nurses and homecare practitioners to deliver the care at home.*

**EF: What can other countries' health systems learn from South Africa's original response to the pandemic?**

RN: There is a lot to be learned from how we currently train doctors; we produce some of the best healthcare professionals in the world. There is a lot of innovation in our healthcare system directly relevant to other parts of the world. The value for money we deliver in the South African private healthcare sector is superb. Based on key data points, we benchmark value for money. The best way to measure value for money in a health context is to look at how much quality is delivered at what cost – cost per quality in health economic terms- and South Africa purports brilliantly. *I hope we can learn from other markets to close the gap, using universal healthcare solutions we can apply locally.*

**EF: From the perspective of private insurance, how do you see healthcare's role in closing those gaps and advancing the economy?**

RN: There are a number of lenses we should use to analyze the situation:

- i. The foreign direct investment and confidence lens: the absence of a highly competent healthcare offering in the country poses a significant threat to sustained foreign direct investment and confidence. *As investors, we must maintain foreign confidence in the country and ensure our employees and stakeholders access excellent healthcare in South Africa.*

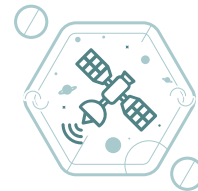
- ii. *South Africa's private healthcare sector contributes hugely to the tax authority, the National Treasury, and we are a significant employer. Using existing private sector capacity, we must collaborate with the public sector to drive returns in taxes and broaden employment and fiscal returns.*

- iii. *Human rights and access to excellent healthcare are enshrined in our constitution and at the base of Maslow's pyramid of needs. We must stand together to deliver a societal dividend of better care for all South Africans. We live in a country with an unusual quadruple burden of healthcare disease, and we need to stand together to face the challenges.*

**EF: 90% of multinational pharmaceutical companies choose South Africa as their regional headquarters. What sort of an example does South Africa set to the rest of the world as a healthcare hub?**

RN: *There have been some superb developments lately, such as South Africa's vaccine manufacturing capabilities. African countries and the world have recognized the importance of access to healthcare and vaccination. If we have a strong variant in an African country, it will be inevitable that it will get to countries with developed economies. It is in the global interest to ensure it does not happen and the South African economy poses certain attractions. South Africa has stood with world leaders on COVID-19 research, genotyping the variants of Covid-19 and its early identification. It has great local engineering capabilities, sound financial regulatory and government principles, a proven manufacturing record, and a brilliant local scientific community. With all that, South Africa emerges as a natural hub for healthcare investment and growth, not only for the African continent but for developing markets.*

“South Africa has stood with world leaders on COVID-19 research, genotyping the variants of Covid-19 and its early identification. It has great local engineering capabilities, sound financial regulatory and government principles, a proven manufacturing record, and a brilliant local scientific community.”



# David Morel

**General Manager Sales, and Marketing Africa**  
International SOS

We need to re-emphasize non-communicable disease prevention and assist in vaccine awareness. Raising awareness is the key. The second thing to look at is innovation.

**EF: 2020 was the year of diagnostics, 2021 the year of vaccines; what will 2022 be the year of?**

DM: The pandemic had a negative effect on the preventive effort for other infectious diseases like malaria and non-communicable diseases such as cancer, diabetes and hypertension. *There are two key things, one is to continue raising healthcare awareness.* Right now, promoting breast cancer screening for women is in the healthcare agenda whereas promoting prostate screening is not as popular. This year will be about assisting our clients in developing appropriate awareness and screening programmes so as to prevent health issues among their workforces. Discovery in South Africa incentivizes healthy behaviors and preventative screening for various NCDs. It is great how an insurance company is incentivizing a preventative healthcare approach.

We need to re-emphasize non-communicable disease prevention and assist in vaccine awareness. Raising awareness is the key. The second thing to look at is innovation. Leveraged technology will expand the reach of healthcare and health promotion. *This translates to Telehealth solutions.* The pandemic accelerated the use of Telehealth technology, and it is a very convenient way to remotely access primary and emergency care. In addition, there are wearables like watches, wristbands, and chest bands that keep track of the patients' vitals. Our medical community has a genuine commitment to leveraging all those technologies.

**EF: How can the industry advance in creating further awareness regarding mental health?**

DM: There has been a key evolution of employee healthcare and well-being pre-COVID-19 and post-COVID-19. The shift we saw was for example with the Human Resource function, which used to focus mainly on managing employee benefits and career development. *Employee healthcare is now a topic discussed, regularly reviewed, and decided on at the board level. Such a change has a positive impact on the duty of care of employers, productivity, decreased absenteeism and increased employee engagement.* It may also be a matter of brand protection and becoming an employer

of choice. It may be a matter of cost reduction and control over health provision costs. These reasons have shed light on good mental health practices at work and what they can bring. There is a clear demonstration that health and mental health affect the economy. In light of this, the well-being program implemented by Mott MacDonald in partnership with International SOS, touches on these subjects.

**EF: What is the role of healthcare in developing the economy?**

DM: Fundamentally, *a healthy workforce will contribute to a dynamic economy.* A healthy workforce is important because it ensures business continuity and sustainability. We collect electronic medical records on the thousands of sites we operate on. The collected data is mined to detect trends. Data and trends can formulate action plans to help our clients improve their business continuity and sustainability. *It is a subject at the forefront of the industry in the future in light of these new advancements and new ways of thinking.*

**EF: How do you keep your employees engaged?**

DM: Our HR function has evolved over the last two years. *Mental health has been a key focus for our company and employees. We developed an application called my-well-being where employees can share information about their health. Our employees can share their anxieties and challenges freely regularly.* We have different employee's populations, some are in the office, and others are working remotely. We provide mental health support through different activities like awareness sessions, webinars, a dedicated hotline or in-person counseling sessions. Keeping direct, frequent, and regular communication with all employees is sought after within our company. *As a company that works on healthcare risk management, we are conscious of the importance of protecting our employees' emotional wellbeing.*

**EF: Can you elaborate on the importance of South Africa to International SOS?**

DM: South Africa is a healthcare hub for us. One of our 27 assistance centers is in Johannesburg. It is also a regional center for Africa with regional operations and medical support. This center manages a network of more than a thousand accredited healthcare and security providers. It is a multilingual center capable of delivering medical and security advice, referrals, and evacuations out of countries. It has medical and security professionals available to bring the human touch and save lives.

**EF: What advice would you give to investors regarding putting a stake in South Africa?**

DM: South Africa is a good regional base because there are a wide range of capabilities. The South African economy is one of the two largest economies in Africa. The innovation and entrepreneurship here are vast and incredible and supported by the government. It is a good place to invest and have a hub in. South Africa has enormous potential. If you can bring capacity, resources, and potential together, there will be sustainable businesses and healthcare in the country.



# Bertina Engelbrecht

**Chief Executive Officer**  
Clicks Group South Africa

**EF: Looking back, 2020 was the year of diagnostics, 2021 the year of vaccines. What do you think 2022 is going to be the year of?**

BE: *This year will be a year of normalization in terms of economic activity. Global supply chains will however continue to be under pressure, which has reiterated the need for businesses to source locally. Local suppliers are vital to the South African economy, which urgently needs sustainable and inclusive growth.*

**EF: What was the mission you set yourself when you were appointed CEO and how has this mission evolved?**

BE: Entrenching our position as the customers' first choice in the health, beauty and wellness sector is a priority. Not only is Clicks an iconic brand, but it is the preferred choice for millions of consumers when it comes to health and beauty retailing. Maintaining this position requires that we strengthen our engagement with all stakeholders – including customers – and to highlight our achievements particularly around our localisation strategy, empowerment and sustainability commitments.

**EF: What's your perspective on the contribution of the healthcare retail market to the economy?**

BE: The retail sector is one of the largest employers in the country and plays an incredibly important role in job creation given its capacity to absorb school leavers and provide them with an opportunity to achieve accredited, portable qualifications. Both the direct and indirect job opportunities created by the sector are significant as they contribute to economic prosperity, encourage foreign direct investment and contribute to the fiscal coffers via value added tax and corporate tax payments. In addition to employing school leavers, Clicks is the second largest employer of pharmacists in the country.

**EF: What advice would you give to investors looking to put a stake in the South African healthcare system?**

BE: Investors should be looking out for well-run, socially responsible companies with proven track records of sustained performance, strong market shares, a clear path to growth and who advocate for a sustainable future. *I firmly believe that companies that integrate strong environmental, social and governance (ESG) practices into their strategic planning processes will experience sustained superior returns over time. Sustainable businesses are those that prioritise people over profit and that measure their success by more than shareholder returns. At Clicks Group, for example, we have collaborated with Discovery to provide around 11 000 permanent employees who were not covered by healthcare cover with a fully funded medical insurance product.*

**EF: Clicks opened its 800th store this year, do you have plans to continue expanding?**

BE: As a group, Clicks is committed to investing in and growing the South African economy. We launched the 800th Clicks store in March and since then have launched another 25 stores. We have committed to opening at

“Investors should be looking out for well-run, socially responsible companies with proven track records of sustained performance, strong market shares, a clear path to growth and who advocate for a sustainable future.”

least 45 stores this year – which is close to *a store a week* – with an overall target of 900 stores situated throughout South Africa by 2026.

**EF: How do you see the role of physical stores evolving over time in a post-COVID environment?**

BE: Shoppers are looking for something different when they visit a physical retail store. When they visit a Clicks store, for example, it may be to get advice from a beauty advisor, to use augmented reality in the beauty aisle to test a product before purchasing it or to consult with a pharmacist regarding a particular vitamin, supplement or medication. In addition, we have *facilitated access to virtual doctor consultations in some of our stores*. As digital diagnostics becomes increasingly sought-after, we are cognisant that consumers looking for these solutions will need access to staff who have knowledge of this area.

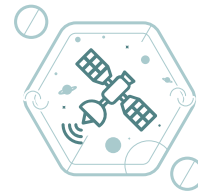
**EF: Are virtual consultations delivered within the store or at home?**

BE: At the start of the pandemic, medical schemes gave approval for their members to dial in from home and to connect virtually with a doctor. However, patients can now access this service from one of our in-store clinics.

**EF: As a leader, what would you like to be known for?**

BE: I regard myself as an inclusive leader who listens and engages with people. I trust in people's competence which helps to foster a collaborative and accountable culture. I appreciate dialogue that introduces new perspectives and innovation. And I've never been afraid of being challenged, in fact I encourage and value it.

I'd like to be known as somebody that embraces their humanity, that is kind and generous with their time and that has empathy. I try to be as authentic as possible – I'm the same person in my private life as I am at work.



# Rhulani Nhlani

**Cluster Lead Sub-Saharan Africa & South Africa Country Manager**  
Pfizer

Pfizer have been in South Africa for more than 50 years, demonstrating our commitment to the market. South Africa offers a highly dependable, developed infrastructure and working together with the government has also enabled a number of collaborations in reference.

**EF: What do you think should be the key healthcare focuses in South Africa?**

*RN: The focus should be on lessons learned from COVID-19 and moving forward. One of the key things that we are seeing is the realization from people that we need to pay attention and stay focused on noncommunicable diseases, because they remain prevalent, and are very important for us to actually focus on while at the same time not neglecting COVID-19.*

*We should also focus on mental health, and how to support people that might have gone through COVID-19 and suffered from mental health issues, and on the way healthcare systems have been delivered across the world and in South Africa and making healthcare much more successful whilst learning from the experience at the same time.*

**EF: How can we keep this momentum on health going from a patient and physician point of view?**

*RN: The virtual world has been working for over the past two years and has had positives of easily reaching people more frequently and regularly. We use these technologies to reach as many people as possible in order to provide support for people that might be going through mental health issues and also providing a support system for careers as well.*

*Pfizer have a great focus on making sure that health and safety of our employees is at the forefront of most of the decisions we are making, and our main focus stays the same, health and safety of our people, making sure we deliver products as quickly as possible, and ensuring we have highly effective collaborative initiatives that are actually helping us to move forward and be great participants during the pandemic.*

**EF: Can you elaborate on the portfolio performance and the priorities of Pfizer in South Africa?**

*RN: Our priorities are based on how we reach the patient as quickly as possible and make our innovative brands as accessible as we can in the country. Even with COVID-19 our priorities have not changed. Pfizer is divided into six portfolios. We have internal medicine, vaccines portfolio, our hospital business unit, oncology, inflammation & immu-*

*nology and Rare Diseases. When you look at all six, our focus has been on how we accelerate that development and bring that breakthrough to those patients while executing well on the ground to ensure that we get those products as quickly as possible into the hands of the patient. Looking at collaborations, we have to ensure those collaborations are quite effective and they can produce the required results.*

**EF: Producing vaccines to distribute across the nation by a South African born and bred company is a clear demonstration of collaborating of local commitment. Can you elaborate on Pfizer's efforts with other local companies?**

*RN: Biovac is one of many initiatives run from a social point of view. South Africa is focusing on healthcare and how it gets delivered by a great amount. Pfizer has been in partnership with other companies to invest in Unjani Clinics Network, more than 100, which Pfizer has directly contributed to, to have eight of those fully sponsored, and up and running. It's also donated over 60 scanners to allow pregnant women to have them available within clinics, that are run and eventually owned by the women running them. Partnerships like this support health systems strengthening and access to affordable healthcare – this is aligned to the country's national development plan.*

*South Africa also has a challenge around communicable disease, such as TB, and training more healthcare workers is something Pfizer is involved with, with the PHEF to have doctors trained at a master's level to specialize in some of these noncommunicable diseases to understand them at a higher, deeper level.*

**EF: How do you see the role of healthcare in developing and assisting the economy going to the future?**

*RN: Considering Pfizer's contribution in that respect, we are currently running over 19 clinical trials in the country. That is a considerable investment, and South Africa was one of five countries across the world that contributed into the COVID-19 pivotal clinical trial.*

*South Africa is a place Pfizer is interested in and one that remains a highly strategic market that we will continue making investments in. Those investments drive direct and indirect employment, and have a social contribution by ensuring our scientists are part and parcel of this innovation journey and new science that is coming in.*

**EF: What example do you think South Africa sets as a healthcare hub?**

*RN: Pfizer have been in South Africa for more than 50 years, demonstrating our commitment to the market. South Africa offers a highly dependable, developed infrastructure and working together with the government has also enabled a number of collaborations in reference. We are also able to find skillsets that we are looking for in order to input and be part of Pfizer's business growth if and when we want to grow. Being a science-based company, we are part and parcel of the scientific environment, nurturing it, but also contributing and lending from that scientific environment as well from scientists we have in the country, which is something a lot of countries can work on making happen.*



# Barbara Nel

**Country President**  
AstraZeneca, South Africa

**EF: How can the industry leverage on its experiences from the past couple of years in order to navigate its response against this potential new wave?**

BN: People's health remains front and center. AstraZeneca has been in Africa for over 30 years and has brought in vaccines at no profit and brought discussions to slow the pandemic down and other non-communicable diseases. It is integral to ensure that major health concerns such as diabetes, asthma, and cancer remain front and center stage for the healthcare systems by continuing to work with the government and NGOs, and societies to also ensure that we deliver on their plans, and what that holds into the future.

**EF: Could you elaborate on the integrity of education and awareness in South Africa?**

BN: *In South Africa we have a program that has been running for about 11 years now and is aimed at the government sector patients. It is centered around the awareness, screening and diagnosis of cancer patients, mostly focused on breast and prostate cancer. We also run initiatives where we go into communities with experts, general practitioners, urologists,*

“It is integral to ensure that major health concerns such as diabetes, asthma, and cancer remain front and center stage for the healthcare systems by continuing to work with the government and NGOs, and societies to also ensure that we deliver on their plans, and what that holds into the future.”

*and oncologists to talk to people about signs and symptoms, and then work with laboratories to set up screening facilities where people can get their bloods done to see if there are any risk factors. We are often the first point of contact for people in the government sector, which is why we run classes for them, we provide them with the training to do initial examinations and diagnosis on if to refer or if it's not to.*

**EF: Can you elaborate what South Africa means for AstraZeneca globally?**

BN: *South Africa is the gateway into Africa. It is often where we would launch products first, and their health sector is representative of what we see with many of the healthcare systems in other parts of Africa as well. The healthcare system is controlled in terms of pricing and parallel imports. South Africa has big clinical research teams here that have 45 trial sites, which contributes to the strategic importance of the country*

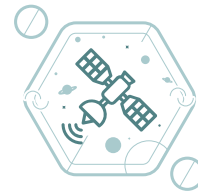
*South Africa's history has also made it a hub where good quality medical doctors are, where they study, can get educated and there are good systems in place, even for research where all researchers get peer-reviewed grading dependent on the number of publications they do, and what the impact of those publications are and the contribution that they're making from a scientific and a healthcare perspective.*

**EF: How will machine learning and artificial intelligence help in reducing clinical research trial and speed up treatment?**

BN: *It is amazing what can be done with patients self-tracking themselves in clinical studies as this gives much more rich data compared to patients who go in once a month for the measurements they take in the hospital. Tech that supports more of a continuous view, is great. The challenge has been on how to make this real for patients in Africa. The pragmatic approach is enabling nurses and doctors by giving them access to the right machine equipment and all necessary aspects to take the vital steps for early detection and speedy treatment.*

**EF: Can you elaborate on the key factors behind AstraZeneca's success?**

BN: *Globally, it was the laser focus on the science and reshaping of the pipeline, which South African's are benefiting from. In Africa, the thing that gives meaning is having a clear alignment and a team focused on health strengthening the health system to ensure wider access of health-care, and this in turn leads to commercial success. Partnerships have had a considerable impact on the sustainability and resilience of health systems.*



# Colin Tyrer

Colin Tyrer, VP Cluster Head Pharma Southeast and West Africa  
Bayer Pharmaceuticals

**EF: What was your mission that you set for yourself on appointment and has this changed?**

CT: When South Africa became available, I took the opportunity. I wanted to come to Africa and do something worthy for the people. I believe that Bayer are an agent for good, and we can do the right things, which means *running a profitable business whilst ensuring that our medicines become more ubiquitous for masses who deserve them across Africa, that's my vision.* Women's health is a massive part of our portfolio and I intend to extend the reach of this. *Along with the sustainability agenda, there are a hundred million women who can benefit from modern contraception by the end of the decade, this is a considerable objective to have when you are already the leading women's health pharmaceutical company.*

**EF: Could you elaborate on the footprint of Bayer in the healthcare market?**

CT: *Crop Science is the biggest part of the business with agriculture being a considerable part of the economy across Sub-Saharan Africa.* This section also has a sustainability goal which supports small-holder farmers. All parts of the conglomerate are doing their level best to try and reach out across Africa, and whilst we work with the big wholesalers and farmers, we also work with the smaller ones, that is part of Bayer's ethos. One example of that would be Unjani Clinics, which is a container that is converted into a small medical facility that we support physically, providing the cash, but also help train individuals within those that then get put into the townships and more rural areas where access is a challenge.

*Bayer is a part of the community, that is our ethos, our sole incentive is not financial but to also make sure that we sustain the community and look after the community that is looking after us.* Considering the history of Bayer in the region, we have positive feedback. That Bayer name is well respected, but you only get that respect by having equitable and meaningful relationships with all of your customers.

**EF: What is your perspective on the use of Artificial Intelligence and technology in South Africa's pharma industry? Do Bayer have any examples of this?**

CT: It's coming and will have considerable utility, particularly in areas which have unmet healthcare needs. That is where the new technology will fill that gap, where you are resource constrained and the level of infrastructure has room for development. This is an advantage of being a large organization that can take the technology and the thinking that's developed with an eye to supporting our goal. *Health for all is at the core of Bayer's ethos and technology will help us move forward and hit that aspiration.*

Mobile phones are key examples due to their widespread usage. The aspects made available by the devices include monitoring individuals, checking diagnostic, and prognosis. That's the sort of technology on offer and opportunity that we have in countries like those that aren't responsible.

**EF: Can you elaborate on the portfolio performance of Bayer South Africa?**

CT: *Business has bounced back to a high-quality standard. We have a cardiovascular portfolio and we have a medicine that treats thrombotic risk. This had great utility through COVID and saved lives through preventing DBT or pulmonary embolism. Women's health continues to be the mainstay of our business and we are continuing our innovations in that area. Our long-acting contraception is now on state tender in South Africa, which means now more women can access modern long-term contraception and ensure that women are able to come out of poverty, own their own lives, and become empowered. That portfolio continues to grow but the tender remains a very low price, that's the balance between having a sustainable business and making sure that we're doing the right things by making our medicines more accessible to people. Oncology portfolio is set to provide a significant contribution alongside new cardiovascular medicines coming to treat the huge unmet healthcare need in Africa. In terms of ensuring accessible pricing, we have a P3 Initiative which tiers the pricing of our new medicines. If it's a developed country, they get one price. If it's an underdeveloped country, they get the lowest price. This initiative ensures that medicines are more affordable and for more people across Africa.*

**EF: At the end of this year, what are you going to celebrate to?**

CT: I will be celebrating a new cluster coming together. All these countries that encompass 650 million people come together to help deliver for those people. But the whole being greater than some of the parts, this is the beauty of bringing. *The strength of an organization is exemplified with the different experiences, cultures, and views. When you have a diverse and inclusive organization that comes with all these different aspects, we can synthesize them into something that's going to help everyone else. If I can play a part in bringing that together, I'd be delighted.*

I will be celebrating a new cluster coming together. All these countries that encompass 650 million people come together to help deliver for those people. But the whole being greater than some of the parts, this is the beauty of bringing.



# John Norman

**Regional Director English Speaking Africa  
Acino**

**EF: What is the role of healthcare in the recovery and future of South Africa?**

JN: *In the healthcare environment, the pharma sector employs a lot of taxpayers. The more people we are in a position to hire, the better it is for the economy. Over the last two years we have increased our number of employees by more than 10%, which is a significant milestone, especially with several businesses doing the same and impacting the economy.*

We are a multinational growth company and localization is now high on our agenda. We take our purpose seriously. *We are a certified Broad-Based Black Economic Empowerment Level 1 company, and this is a significant milestone for us and an important part of our transformation. The company environment, the employees we bring on board, and our learnership programs look to the future and into doing things differently. If we cannot manufacture a product locally, we try and package it locally because it stimulates the manufacturing facility to be more involved in secondary packaging. As primary care medicine becomes more available over time, local manufacturing will grow.*

**EF: It is the third year you have the black empowerment program; what would be your advice to other executives who want to participate in social responsibility?**

JN: *Acino has achieved the Broad-Based Black Economic Empowerment level 1 status certification for three consecutive years, and it has been an important pillar. Change and transformation have to start from the top; the CEO, the HQ, and the immediate management line must back the whole transformation process. The process is complex, and all possible help is needed. We are a company that is transforming in several ways, and we have invested heavily in people, both inside and outside the organization in South Africa. We have a very solid learnership program and a corporate social investment program. We are invested in our country's president's YES initiative, a youth employment scheme, contributing both internally and externally. We look for what is important to the business and sustainable for the country; we put our strategy on paper and cluster the different items into the DTR scorecard. Everybody makes assumptions about the scorecard, but it has many elements with procurement being an example. We procure from other empowered companies, small and large, going through a stringent process. It is a three-quote system; over a certain value, it is a tender-driven system, and we are always looking for the best suppliers or partners to come on board. We strategically try to make the right decisions to align with our transformation and the DTR (Disclosure and Transparency Rules) scorecard, and we have been very successful.*

**EF: Could you elaborate on your investment project in medical technology devices?**

JN: *We manufacture medical technology, trying to improve its efficiency. The people who use the devices must also be trained, so we apply user-friendly technology, making the procedures as simple as possible. We operate in the multiple sclerosis space, and we license a portfolio from Biogen, a US-based company. We have to educate patients compliantly, with the permission of healthcare professionals; for example, we teach patients to inject themselves. Post-pandemic, interactions have been primarily virtual meaning that other digital means are used. Digital will evolve and be used more in these situations as well as for rare diseases where good information is critical for the patients and tailored to specific patients.*

*“We are a certified Broad-Based Black Economic Empowerment Level 1 company, and this is a significant milestone for us and an important part of our transformation. The company environment, the employees we bring on board, and our learnership programs look to the future and into doing things differently.”*

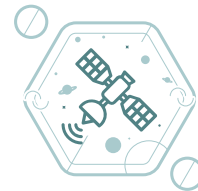
**EF: How do you see the future working environment model?**

JN: *I have worked in the business for a long time, and I prefer an office environment as I like interacting with people daily at the office and going home in the evening to my family. We have evolved into a hybrid model; we allow people, when possible, to do their jobs from their homes. It is a limited option regarding the number of days a week, and it is job-specific. Even if there are jobs that can be done from home, my concern is the company culture built in the proximity of people. I walk around the offices twice a day to greet people, and pre-Covid, the two floors of our office were full of people; now, capacity is at 50-70%. We have added a vast number of additional jobs over the past two years but have not increased the size of our offices. After our lease finished in the coastal region, we took on new premises, but we do not need more space at our HQ after acquiring a new space. I believe the pandemic experience showed that we will not lose productivity as the business evolves.*

**EF: Going forward, how can we leverage the lessons and experiences from the pandemic?**

JN: *The focus on the patients can be multidimensional, and here are combinations of lessons we could leverage.*

We had online store pharmacies that delivered medicines to patients and these evolved rapidly. Businesses across the spectrum, particularly retail, quickly realized the importance of getting the product to the consumer's home. Tourism took a hit as a market and we must now establish ourselves in accordance with the changes to attract tourists back to the country. Acino is in the healthcare space but is a very diverse and unique company; we do not just talk about patients' healthcare and healthcare professionals but consumers and retailers also. Our customers have changed their business model over the past two years. Private hospitals have put their focus on aspects such as emergencies and trauma. We needed to adapt our strategies. There has been an emergence of general practitioners offering services they did not have before. We are leaders in intravenous iron therapy, and during COVID-19, hospitals were not available for anemic patients that still needed their iron. Facilities opened close to general practitioners so they could provide that service, we opened the Acino Med Reps which provides training to GPs on iron infusions. The market found ways of adapting and changing; some aspects have changed for the better but we still have work to do.



# Hassan Sabbah

**General Manager, South Africa & Region Africa**  
AbbVie

What South Africa provides is top talent and access to a considerable number of technologies. When you look at standards of care and standards of treatment South Africa is far ahead in terms of diagnosis and patient care. I believe that it is a very attractive market.

**EF: In relation to National Health Insurance, is this level of health-care provision in south Africa the future?**

HS: In South Africa, AbbVie cater for the private market in tier 1. Part of Abbvie's mission is widening access for patients and a point of discussion with insurance providers such as Discovery is based on going from tier 1 to Tier 2 or 3. On a systematic level, this can be achieved by improving access and diagnosis whilst leveraging some sort of national system that can provide care to patients who do not have that opportunity right now. We still have a long journey but we have made a start on the right path.

Alongside the Tier expansion, we are looking at alternative reimbursement mechanisms to make medicines more affordable and accessible for patients. We're also looking at ways where we can expand access to governments, but the work that we've done with ATC (access to care) that we have for HIV is also decimate of Abbvie's commitment across Africa. This is a non-profit program that we have been committing to for the past 10+ years, and providing well needed HIV medicine in south Africa and across Africa and that never stopped during COVID-19. It was a challenge to try and maneuver some of the supplies, but I am proud of what the team has done in terms of ensuring that no patient is left behind. These are great examples of where we can continue to expand and work with governments, whether it's avoiding price agreements or access agreements. We want to be part of NHI discussions as well, and ensure it is a specific infrastructure. What I see the most prominent regarding what we can do to play our part in the short and medium term is to ensure that we widen the access and provide innovative ways to widen this access. I believe that AbbVie has been a solid partner at a leadership level.

From an infrastructure perspective we know that there is significant disparity. South Africa has tremendous examples of highly recognized institutions that can cater top care and can compete with major countries, but adequate provision is not available for the population at large. The level of discussion regarding the National Health Insurance in South Africa is due to these challenges.

**EF: 90 percent of multinational companies have South Africa as their regional headquarters. What example does South Africa gives to the rest of the world as a healthcare hub?**

HS: What South Africa provides is top talent and access to a considerable number of technologies. When you look at standards of care and standards of treatment South Africa is far ahead in terms of diagnosis and patient care. I believe that it is a very attractive market. The government is also very eager to attract and bring in multinational companies, meaning that there is also that partnership that you can rely on from a government perspective in helping to ensure a setup shop in South Africa. From our perspective we are here to stay and that is why we also have our clinical trial setup here. We have a QA lab as part of our organization. We are very invested for today and for the future of south Africa.

**EF: Regarding the maintenance of workplace culture, what advice would you give to other executives on leadership and employee engagement in the new age of work?**

HS: First and foremost, it is an evolving picture in terms of culture, you never have a stagnant culture. We set-up what we call culture crusaders, these are group of employees who volunteer to be culture ambassadors for our company and we interact with them at a management level and at a leadership level to ensure that the priority that we want to focus on for the year is implemented through this group. Second, is to keep the finger on the pulse which is having small meetings with diverse group of people. Gathering data on what works best and what does not, all while having human interaction which is very vital for a good workplace to excel. We just make sure that we amplify our employee's voice, because a great place to work is when an employee's voice is heard and in making sure that there are opportunities for them.

**EF: What would you like to celebrate at the end of this year?**

HS: We have to celebrate our collective resilience. Having to work remotely for 2 years, we came through together as an organization so there was excitement in seeing everybody in the same room talking about the same priorities and really celebrating successes. For me, it is all about resilience and determination with a bigger purpose. The future is bright, and despite doing things differently, we are still committed to the same purpose which is to make an impact on patients' lives and that's what we want to celebrate.



# Toni Hanekom

**Country Manager**  
Merck South Africa

**EF: What were the key lessons learnt from your new position during this time?**

TH: *We must put patients first in all our decision-making endeavors, that was our bottom line. My main point was to make decisions that are good for the patients, and the rest will follow. Another point is focusing on your people through a strategy that does not discriminate, and that makes them flexible to change, resilient and empowered to be decision-makers. We were forced to evolve quickly into digitalization, for us and our patients. Digitalization has improved efficacy in everything inside.*

*By embracing digitalization, we can reach a much bigger base. The change of structure was a necessity and not a privilege, which is seldom a survival tactic to interact with customers in the way they need to be interacted with. This was a course that was stagnant and relatively inefficient.*

**EF: Could you elaborate on the strategic importance of South Africa to Merck and the role of the country in the company's success?**

TH: *Merck is focused on accessing medicine in South Africa. We are a good example of how we can move from a private sector market into partnerships with government to improve access to healthcare. Merck also focuses on two of the largest parasitic diseases, things that have a huge impact on countries like South Africa in terms of adding value to us and the world at large.*

*However, when it comes to putting the patients at the center of everything we do, access to health is extremely important. Merck is focusing on innovation and technology, a big understanding that there are still people in Africa who don't have access to basics medication, they are not getting diagnosed. It's important to bridge these barriers irrespective of country and cost. A healthy population is a healthy economy and so application of preventative medicine or preventative approaches also contribute to a healthy livelihood.*

**EF: What are some of the key focuses for the company in South Africa?**

TH: *We're focused on National Health Insurance, something that we need to be involved with and is a win-win for both sectors. We've partnered with the government on various projects such as community programs. Our aim is to provide value under National Health Insurance which is a low-cost health environment.*

*We can make sure that we arrive at a middle ground not only for cost-effective solutions but for accommodating all parties. This aims at making sure that no stone is unturned in terms of making sure that all the challenges are catered to and add value.*

**EF: What is your perspective on the integrity of early prevention and greater awareness in addressing health concern at an early stage?**

TH: *We have rolled out a diabetes prevention program through treating pre-diabetes. If treated in the earliest stages, it means that the care can be treated using low-cost medication. It will also help us open access to innovative therapies for a larger population, other than those who are paying premium funds. Part of our programs will include education on diet and exercise for everyone, while focusing on making sure the medicine is available and ensure that the medical community is aware and starts to treat early to prevent escalation.*

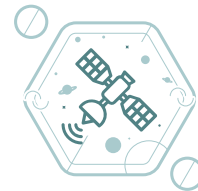
**EF: Can you elaborate on the importance of healthcare education and your expectations from such initiatives?**

TH: *Education is key. There is an enormous stigma around infertility in countries like Kenya and Uganda, terming it a female's disease. It's important to bolster health education. We have seen devastating impacts on communities and individuals around the stigma and discrimination across Africa. There is a need to address education in South Africa, which we've made our focus.*

**EF: Is there a dream project you would like to do, or something that you are specifically excited about?**

TH: *Success in pre-diabetic care with preventative medicine or early-stage intervention is one of my dream projects. I believe we can have an enormous impact on the whole population if Merck is successful in working with the healthcare professionals to hold it in high regard like other diseases. Being a disease that manifests itself at critical stages, it's an unseen and unfelt pandemic. Another concern is a disease that increases the chances of contracting HIV and causes malnutrition in children. I would like to contribute toward Merck's efforts in changing how the community feels about diabetes.*

“We have rolled out a diabetes prevention program through treating pre-diabetes. If treated in the earliest stages, it means that the care can be treated using low-cost medication.”



# Francisco Plaza Muñoz

**Managing Director**  
Janssen SA

**EF: From a managerial perspective, what would be your advice on managing through a pandemic?**

FP: *At Janssen, we were technologically equipped to get through the pandemic, but we had to prepare our staff for the pandemic mentally. The second phase was managing the uncertainty. There were so many questions about the future. The last phase is returning to the workplace and managing the changing working environment. A positive secondary effect is seeing managers and leaders become close with their employees. Future leaders should be more understanding of the work-life balance of their teams. Virtual communication has helped us understand how to help our employees achieve a work-life balance, and it has allowed us to be more flexible. Johnson & Johnson created more flexible work policies to enable employees to have flexible schedules and working times. We have adopted the hybrid model, a key component in working. Collaboration and returning to the office will be critical components moving forward. Managers need to personalize each employee's work experience.*

**EF: How do you adjust your portfolio to the healthcare needs in South Africa?**

FP: *As a global leader in healthcare, we focus our efforts and expertise on areas where we can make the biggest impact. No entity or organization can diversify its portfolio to encompass all the diseases that are out there alone. In our case, these areas are oncology, immunology, neuroscience, infectious diseases and vaccines, and pulmonary hypertension. The prevalence of some diseases is not the same in all parts of the world, but no country is free from diseases. We are committed to bringing innovation and transformation to the different markets and we have the privilege of having a strong public health vocation and vision. We have been working intensively on treatments relevant to South Africa and Africa. We have treated thousands of TB patients resistant to other medicines. The other is focused on HIV. It combines the disease strongholds we operate in, with the public health component. We will continue bringing innovation to the market in long acting, more convenient and effective administration for the patients.*

South Africa is becoming an important hub for research, R&D, and manufacturing. The quality of research and investigative centers in South Africa is high.

**EF: What is the strategic role of South Africa in developing health-care and accelerating access in the region?**

FP: *South Africa is becoming an important hub for research, R&D, and manufacturing. The quality of research and investigative centers in South Africa is high. Historically we have had infectious disease clinical trials running in South Africa. Because of the investigative quality, we are looking to invest and have clinical trials for other areas like inflammatory diseases, oncology, and hematology.*

**EF: What achievement are you going to celebrate this year?**

FP: *Every day that a saved life or a cancer patient starts their treatment, I celebrate. I am privileged to be in a company that allows me to celebrate such things every day. In 2022 I want to celebrate better lives for patients. My team here in South Africa works tirelessly to ensure the availability of our products to patients and the appropriate usage of our products, which is why I can celebrate every day.*

**EF: Do you think collaborations are here to stay, and how will they impact the healthcare system's future in South Africa?**

FP: *"We are stronger together" is a well-known expression in South Africa. This saying also goes for collaborations; we are stronger together than we are alone. When we face the complexities of this world like the pandemic, no institution, organization, or country can overcome it alone. We have to fight against many non-communicable diseases like cancer and HIV. hope we will continue seeing collaborations like those formed during the pandemic. The spirit of cooperation is more effective and efficient, and I hope it stays. It is more rewarding to work together on set objectives.*

There is still work to be done on the vaccination rate in South Africa and the rest of the continent, but we will keep on playing our part. *We have developed partnerships with multiple companies across three continents to help manufacture our COVID-19 vaccine, and we continue to seek out new partnerships. We have committed to creating an effective, affordable vaccine, and we delivered that promise. A growing body of evidence demonstrates that our vaccine provides protection when administered as a single dose for an efficient response to the pandemic and as a booster dose at least two months after primary vaccination to protect against symptomatic COVID-19. The vaccine is affordable as it has been distributed on a non-for-profit basis globally. COVID-19 has shown us that individual health requires collective action with industry driving progress so that we can quickly and efficiently develop transformative treatments for patients. Rapid development of COVID-19 vaccines and medicines was possible because of years of investment and expertise in advancing innovation by industry. In South Africa, we would like to partner with medical schemes and the health department to find the best treatments for all patients. All patients deserve to have the best treatments from collaborative approaches. I would like to see the same collaborative base to eradicate all the diseases in the future.*



# Christopher Whitfield

**Executive Director**  
General Manager Africa

**EF: What advice would you give to other companies seeking to increase their social responsibility?**

*CW: You can treat ten people for some diseases, and the trial is profitable. But flipping this on its head and treating a million or a hundred million people in a less profitable area to make the bigger impact is better. It starts at home, thinking about how to develop your research platforms, diversifying clinical pathways, including diverse groups, and thinking about the products that can impact special and at-risk communities is foundational.*

**EF: Can you elaborate on some of the education initiatives and programs commencing in the region and South Africa?**

*CW: We have the DREAMS program that has been running for a few years now. It is focused on the prevention of HIV. The main target audience is primarily young women. The program teaches them prevention skills and provides them with PrEP (pre-exposure prophylaxis), a medicine to prevent them from getting infected and affected. We are working with several stakeholders for the program. In South Africa, there are over 250,000 patients in the program, making it one of the largest programs in the world. We want the program to grow exponentially and prevent more people from getting HIV. We must reach out to more groups. To reach more people, we must become more creative in our approach.*

*We have some projects that have gone well for hepatitis. We have many patients' programs across the continent, but we need more. We need to have impactful, sustainable projects that achieve the outcomes we are looking for through vigorous assessment. All the companies that initiate projects in Africa need to think about sustainability, the true impact, and the legacy that the project will leave. We have to do things that will move the dial and make a difference to the lives of people in Africa.*

*We are cautious in picking the right projects and identifying them using real-world evidence. Through collaborations, we can understand what the community wants and needs and how we can surround them with the right resources. We need to meet the patient at the point of their need and direct them to a cure that is accessible. Education as a preventative approach is important moving into the future, and all these initiatives must be patient centric.*

**EF: What is your perspective on the future of research and development in clinical trials in South Africa?**

*CW: It is a soft spot for me and a critically important issue. We started one of the largest independent clinical trial companies here 15 years ago. Africa is a place with excellent academicians, physicians, and researchers. When it comes to researching certain conditions, it does not get better than here in Africa. This goes for communicable and non-communicable diseases. Some of the pivotal trials for major product by major companies like Amgen and Eli Lilly were done here in South Africa. Gilead is extensively involved in research across the continent and has formed extraordinary research relationships. Recently we talked about the importance of diversity in clinical trials because diversity means different things in different places. . When we talk about research, it is better to do it here in Africa because the population is young, generally healthy, and diverse. We invest in enhancing and developing a more varied clinical research platform that reaches different communities.*

**EF: What advice would you give to other companies seeking to increase their social responsibility?**

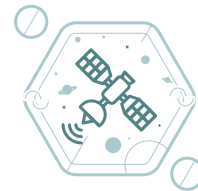
*CW: You can treat ten people for some diseases, and the trial is profitable. But flipping this on its head and treating a million or a hundred million people in a less profitable area to make the bigger impact is better. It starts at home, thinking about how to develop your research platforms, diversifying clinical pathways, including diverse groups, and thinking about the products that can impact special and at-risk communities is foundational.*

**EF: When hiring employees these days, what skill set do you look for?**

*CW: People must be able to communicate effectively, show emotion virtually, and good at communicating verbally and visually. In this day and age, we need to be fast learners and devour vast amounts of information quickly to make our interactions effective. And most importantly, to sustain any meaningful work, we cannot forget to find joy in what we do.*

*COVID-19 has created a huge burden on everyone, which has brought mental illnesses to the fore. I have CEO friends that talk about their HR departments prior to COVID receiving one or two doctor's notices per year for rest from work. Now they frequently receive five to six notices a month. During the pandemic, we were all trying to deal with life. When we hire and recruit people, we need to remind them that it is normal not to have a great day. It is normal to be exhausted after a day of video calls and only taking a few steps as we work each day. We must find ways to make people find joy in what they do and who they interact with, regardless of where they are.*

Through collaborations, we can understand what the community wants and needs and how we can surround them with the right resources. We need to meet the patient at the point of their need and direct them to a cure that is accessible. Education as a preventative approach is important moving into the future, and all these initiatives must be patient centric.



# Danny Donkers

**Country Director**  
Amgen South Africa

My role as a leader is to provide guidance and a vision for the future. This is done by giving responsibility and empowering people to make the best decisions for the company.

**EF: How do you see the company's footprint developing in South Africa?**

DD: As a company we aim for patient access to innovative treatments as of day 1 once approved. In South Africa we see already great progress in shortening these timelines but bear in mind that we talk about a timeline which is coming from about 6 years. There is still a lot of work to do, and we can't rest until we have accomplished regulatory timelines that are more acceptable than the current ones. Amgen's footprint so far has been very much limited to serve our patients in South Africa. One of the things that are high on my to do list is to accelerate expansion to other countries in the African continent. As our mission is to serve patients, I consider it my obligation to not limit this to South Africa only but also serve our patients the best way possible in the surrounding countries.

**EF: What makes a good leader for you?**

DD: A good leader encourages people to step out of their comfort zone by giving them confidence and a protecting environment to do so. A vision, north star and bringing people along the journey are key. Heading into new and uncharted paths is needed, so leaders must equip their people to leave their comfort zones. I do not particularly appreciate ordering and telling people what to do as a leader. We have many talented people in the company. My role as a leader is to provide guidance and a vision for the future. This is done by giving responsibility and empowering people to make the best decisions for the company.

Covid-19 showed us that time waits for no-one, which is why many people adapted to making decisions on the spot. The pandemic taught us to be

agile, adaptable, and resilient. Agility and rapid decision-making are what I hope to leave as a legacy when I leave South Africa. In dynamic times like these, the fastest way of going backwards is by not acting.

**EF: How do you see the company's footprint developing in South Africa?**

DD: One of the issues in South Africa is the regulatory timelines. Some products we recently launched in South Africa are already on the market in a lot of other countries. I think that nobody will deny that having treatments available quicker is an obligation for all stakeholders acting in the South African healthcare system.

As a company we aim for patient access to innovative treatments as of day 1 once approved. In South Africa we see already great progress in shortening these timelines but bear in mind that we talk about a timeline which is coming from about 6 years. There is still a lot of work to do, and we can't rest until we have accomplished regulatory timelines that are more acceptable than the current ones.

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**EF: What are your thoughts on digitalization, and what objectives will Amgen implement in South Africa?**

DD: Within just a couple of weeks of the pandemic it became clear that the pandemic would accelerate the digitalization of the healthcare sector and demand a change in the way we work as well as our go-to market models. We moved quickly and adapted to this new situation by allocating more resources to digitalization and making sure that our stakeholders would be served the best way possible. Digitalization is key for how we drive our business in the future. For example, most of our customer interactions were based on face-to-face before the pandemic with a split of 90% face-to-face and 10% digital. Currently, the interaction mix is at 60% face-to-face and 40% digital; and I expect this will further evolve in the future. The human touch will always be important, so I believe face-to-face interactions will remain, but digital interactions provide additional opportunities and new ways for valuable exchange with our customers.

There is work to be done to ensure a more diverse channel and promotion mix so we can bring more value to our customers. But one thing is clear, Digitalization is here to stay, and Amgen wants to be a leading company in that.



# Zwelethu Bashman

**Managing Director**  
MSD South Africa

**EF: Could you elaborate on returning importance to NCDs within the context of misdiagnosis?**

ZB: This is of critical importance as it is a well-known fact that many other healthcare areas such as cancer programs, HIV treatment rollout programs, were put on the backseat due to the importance of COVID-19 and the impact that it has had. From our perspective, it is important that we get back to that. *We have seen that our healthcare systems can be resilient, and we are now bouncing back in HIV programs whilst hoping to see the same impact on cancer prevention and treatment programs. We are continuing to have those conversations with regulators, and the ministry of health, because we do not want to avoid one problem whilst creating a much bigger problem on the other end.*

*If you think about the impact that things such as cancer screening and awareness have years down the line you may be dealing with a bigger issue that one wants to avert, and we are not just talking about cancer treatment, but cancer prevention. The focus now is on ensuring that those critical health programs get back on their feet, and the institutions that deliver those healthcare services are supported as much as possible.*

**EF: Could you elaborate on MSDs commitment in the fight against cancer and NCDs?**

ZB: *There are two themes that we tend to talk about regarding cancer care, cancer prevention and treatment. Cancer prevention is primarily through our HPV vaccine. Over a third of all cancer deaths or cervical cancer deaths globally occur in Sub-Saharan Africa, although the region hosts 14% of the world's female population, which really shows you the importance of cancer prevention, and we've got a real solution in our HPV vaccination. We have a solid partnership where we support around countries across the continent with HPV vaccination programs. The impact we foresee is that obviously later on in life, we would like to see cervical cancer statistics drastically reduced. For me, it gives me great hope that many governments across the continent are wanting to roll out these cancer prevention programs through availing large-scale vaccinations in schools.*

*The second pillar is around the treatment. We have spoken about our treatment, and we continue to work at availing and broadening access. Our previous CEO said there were two things we must ask ourselves as employees at MSD. 1) how many people are you helping. 2) how much help are you giving those people. Once you maximize on those two things, the commercial aspect of the business will take care of itself. And for us, that is exactly what we are doing. It would not give us any joy to innovate and create all this cutting-edge science for it would not help or be used by people. It is about maximizing the amount of help that we are giving people and with those two things, our contribution in the cancer space will certainly make a lasting impact on the globe.*

**EF: How do you keep your employees engaged with remote work?**

ZB: *The first thing is trust. We need to lead with empathy and trust that our employees have grown and learned how to manage their lives within the*

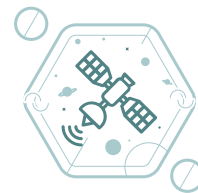
*I have engaged with many employees over the past couple of months and we are cognizant of the fact that people's lives have changed in the two years, and as a result, how we do business and interact with them as an organization also has to change.*

*new working environment. I have engaged with many employees over the past couple of months and we are cognizant of the fact that people's lives have changed in the two years, and as a result, how we do business and interact with them as an organization also has to change. We have given them a large amount of trust when offering this hybrid working environment. We believe that if you allow people who are committed to the overall task and purpose of the organization to manage their time, they will perform.*

*The other important thing that we have done is to stay in touch. Although we work virtually, I found that I was engaging a lot more with individual employees, much more than I did on a face-to-face basis, and our engagement scores actually increased during this period.*

**EF: As the newly appointed president of IPASA, what was the mission you set for yourself?**

ZB: *My mission is the same one that has kept me in pharmaceuticals for many years and focuses on ensuring increased access to innovation on this continent. It has always been a bone of contention that those who need these innovations often struggle to access them. There are many challenges related to innovation; logistical challenges, manufacturing capacity, distribution channels, and legislative gaps across the continent. There are challenges associated with the fragmented nature of our government's procurement and engagement process. As an African citizen, these issues are close to my heart, and I am motivated by finding solutions. IPASA is an important tool for achieving change.*



# Ursula Myles

**General Manager Access Market Cluster**  
TAKEDA, South Africa

Preventative healthcare should be at the top of our agenda because its impact is much greater than treating patients. A healthier society means a more productive society, and a productive society has a knock-on effect, going hand in hand with education.

**EF: What message would you deliver to the world leaders at the Davos Economic Summit to ensure healthcare remains at the top of the agenda?**

UM: Healthcare should have a larger focus, not just on equity but on prevention. Preventative healthcare should be at the top of our agenda because its impact is much greater than treating patients. A healthier society means a more productive society, and a productive society has a knock-on effect, going hand in hand with education. I am passionate about education; *if people are well informed, they make better decisions.* Cultural practices go deeper than information, and we must influence community leaders while understanding their choices. We can bring change by reflecting on individuals' reality, especially in lower and middle-income countries, listening, understanding, forging meaningful partnerships and addressing issues. During COVID-19, we all became very comfortable with the remote working system from home, but it also has a negative health impact, and we are seeing this in 2022 as well.

**EF: What is your perspective on using digital solutions to get patients back to care?**

UM: The role of smartphones is critical as most people have one, and since COVID-19, a lot of different mediums have come into existence

or become more popular such as various social media platforms. My idea of digital solutions is being able to use them to influence people through influencers. We have many influencers across countries and cultures, through celebrities or music. There is an alternative to use this influence more positively in healthcare. *Digital and technology can embrace a positive role for community groups. More importantly, there are ways and opportunities to track information, allocate it, use it for improvement, and amplify it to bring about change within healthcare systems.* We could then analyze and predict what interests people, what they are most likely to look for, and where they look for it because this trend is here to stay. Discussions have evolved to include digital, and misinformation issues, and steps should be taken for the information to be based on fact. *Information should be controlled to ensure it is right; providers also have a role in monitoring and providing correct and credible information.*

**EF: What is Takeda's role in creating awareness around rare diseases?**

UM: *Creating awareness has always been a focus for Takeda. We put the patient at the center and forefront of everything we do. True awareness and education for patients and healthcare professionals are paramount to impact society and ensure a dialogue of options available for treating patients. Awareness must be created first to drive earlier diagnosis and understand the burden of disease, which speaks to data that allows us to predict better.* Healthcare systems need to plan for early diagnosis to create a healthier society. *With more awareness, testing, and better support from organizations such as Rare Disease South Africa, patients are doing much better because they realize they are not alone, which helps demystify rare diseases and relieves their stigma. Takeda's role is to partner within the space, creating awareness and providing resources and opportunities for the education of physicians.* We hope to be a partner of choice, and although we do not directly influence what is done, we provide resources, as and when requested, in the frame of each country's operations.

**EF: Does Takeda have various education initiatives for the various stakeholders involved?**

UM: *We naturally engage in medical education to build sustainability and strengthen healthcare systems. We work based on our values, which are patient, trust, reputation, and business - in that order, as part of our philosophy. We build trust across the entire health system, providing credible and updated information and being disease-focused, as opposed to product-focused, not to lose sight of alternatives for the patient.*



# Abofele Khoele

**Managing Director**  
Organon South Africa

**EF: Considering that Organon was founded during the pandemic, does this give a competitive advantage in the industry?**

**AK:** *In terms of being a modern multinational, Organon is the one. Being born in the middle of a pandemic, setting up virtually in the last year has been a real game changer for us. But at the same time, our workforce comes from an organism like MSD that has got a history and has got a way of working. Many of them have been there 15, 20 years. As much as we are a modern, tech focused, data-driven organization, we still have a workforce that needs to make the transition. We need to walk that path with them. We cannot just dump them and expect them to catch up.*

**EF: What are the women health segments in South Africa?**

**AK:** *In terms of women's health in our cluster, that is South Africa including sub-Saharan Africa, we have seen good growth. We are present in both the public and the private sectors. In the public sector, we have seen around 55% growth in the last year, forecasting continued growth in the coming year. We are investigating innovative ways of ensuring that we have new financing models that are going to increase access in the aid of women's health, particularly on a continent like ours, access is key. The only way that you are going to grow your business is by providing access both in terms of the availability of product, but also the affordability. This is something that we are dedicated towards.*

We have engaged with number of stakeholders and partners across the continent to start the conversation in terms of what is it that women need on the continent. *For far too long across the world, women have been told what they need. For us, it's important that we first listen and provide the solutions that are necessary. Those conversations have started.* We've partnered with Africa Health Business to have round tables across the continent with the key stakeholders, with women and getting those insights to help us build a business that speaks to those needs and that can address those needs.

**EF: What will you be celebrating at the end of the year?**

**AK:** *We hope to celebrate the establishment of our ESG strategy that we have been working on for the last year. We have been talking now for almost a year about the difference that we want to make, and now is the time that we unveil what it is that we are going to do. On a local level, there is going to be an ESG and philanthropy strategy that we are unveiling, and several partnerships that are going to make a difference to girls and women. We are going to be looking into femtech as well and see how we partner and make a difference in that space. We want to celebrate the performance of the organization, but also the impact that we make on the societies in which we operate.*

**EF: What is the role of healthcare in developing the economy?**

**AK:** *It is essential especially in an environment as we have in Africa where a considerable amount of employment is manual and part of the informal economy. To participate in manual labor, you must be healthy and physically fit. With the COVID-19 containment measures such as lockdowns, the informal economy has suffered, and people are not healthy enough. When the economy opened, we did not have the expected lift off due to the considerable health impacts. In Africa, falling ill can push people into*

*“We are investigating innovative ways of ensuring that we have new financing models that are going to increase access in the aid of women's health, particularly on a continent like ours, access is key.”*

*poverty. Health is fundamental to the economic progress of the continent.*

**EF: How can the industry ensure that adequate provision is at the center of health discourse?**

**AK:** *The first thing is to have the right people around the table in the discussions. When the topic is women's health, women must be in the room and be there at the table making the decisions. If there was a senate or a Supreme Court full of women what has unfolded wouldn't have happened.*

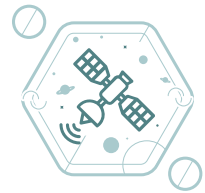
The second part is that there must be mobilization of society. We do know that men listen to men. The men who are the allies and who are the eco-allies of gender equity and women's rights need to speak up and talk to other men to make sure that we change the mindsets through our society.

If we take the conversation forward, the next thing that needs to happen is to put these talk shops and policies and turn them into action. Every year there will be conferences on women's health, and nothing comes out of it. *There needs to be action and that needs to happen now.*

**EF: With employee safety being a key priority for Organon, what are amongst the company's other key issues to address?**

**AK:** *In terms of employee safety, we have taken a very cautious approach. For 9 months our field force has been out of the field. They have been engaging digitally and they have slowly been going back to the field in the first quarter of this year. Having to then adhere then to all the required COVID-19 containment measures was important for us.*

Going forward, our sales force must be agile and tech-savvy. They must be able to build relationships without that face-to-face contact. And how do we deploy them in the market? Instead of having 100 reps in the field, we could do with less, that is doing a lot more using technology. For the other half of our field force, it is integral to equip them with different skill to avoid a mass retrenchment. We just need to equip them differently to be able to support the organization in other ways as we move to the future.



# Ayanda Swana

**CEO**  
*Siemens Healthineers South Africa*

**EF: In access, what are the biggest challenges you face in South Africa?**

AS: In this part of the world, access to care means appropriate technology, affordable healthcare, and technology availability in all communities; the portfolio should fit the country. Each country's economic portfolio determines the amount of access people will have. *Digitalization can improve remote access to healthcare. An example of remote access that would be highly beneficial is teleradiology. Within Siemens Healthineers, we have an initiative for remote access to healthcare.* This initiative is already taking place here in South Africa, with 37 hospitals. Digitalization and access to healthcare are synonymous because we can leverage digitalization to improve access. The vaccine initiative is about access to care.

**EF: How do you rate the adaptation to digitalization in the entire region?**

AS: *Developing countries and regions adapt to digitalization better and faster. There is an increased mobile app usage in Africa.* The challenge we face is infrastructure. Sometimes there are no network platforms to enable digitalization. The regions quickly adapt to digitalization because the general population is young. There is even a willingness to digitalize. Implementing the infrastructure for digitalization is faster than analog systems. *With our current initiative, patients will now be able to store their records digitally. We have combined this with AI analysis technology. This means that when a patient takes a test or does a scan and their information is uploaded into their file, the system analyses the data and gives a result which makes the diagnosis process faster.*

**EF: Do you think AI helps in prevention and early diagnosis?**

AS: There are medical watches that monitor patients. The doctor can identify when there is a change in the patient's vitals, like blood pressure, which would prompt them to get the patient in for a consultation. This is one of the examples of how AI can lead to prevention and early diagnosis.

The pandemic brought a health awareness shift that has led to increased healthcare knowledge and action. Many patients are researching their symptoms and ailments because they are curious. *Keeping fit, eating well, and drinking a lot of water have become the new normal for many people. People are now more health-conscious and putting more effort into their health and healthcare. As a healthcare industry, we have to step up and bring more awareness to how people can be healthier.*

**EF: Can you elaborate on the efforts by Siemens Healthineers when it comes to healthcare education?**

AS: *We are more focused on educating physicians and health workers in a*

*structured manner; after teaching healthcare workers, they go to the patient level and teach patients the importance of healthcare. We have some cooperative initiatives that train healthcare professionals in preventative measures. An example is the breast cancer prevention campaign we are currently running.*

**EF: Is Siemens Healthineers educating and informing people about health?**

AS: *We are more focused on educating physicians and health workers in a structured manner; after teaching healthcare workers, they go to the patient level and teach patients the importance of healthcare. We have some cooperative initiatives that train healthcare professionals in preventative measures. An example is the breast cancer prevention campaign we are currently running.*

**EF: What does the future of work look like?**

AS: In general, workers now see each other as remote colleagues because of the hybrid working system that people have adopted. The focus is now on remote work. There is no geographical barrier when people work remotely. The one challenge that many employees may face during remote work is the one-way system. One person tends to make decisions independently and communicate that decision to the rest of the team. *Teams should develop ways to get all the team members to contribute. Many digital platforms can be used to share, track and meet with groups. Ultimately the future approach to work is remote work.*

The pandemic brought a health awareness shift that has led to increased healthcare knowledge and action. Many patients are researching their symptoms and ailments because they are curious.



# Wendy Cupido

**Country Manager**  
Lundbeck South Africa

**EF: Could you elaborate on why mental health needs to be an urgent priority in South Africa and how it can be integrated into the system?**

WC: Mental health has not been a key focus in South Africa due to larger diseases like HIV, and there being few companies still focused on mental health. The voice is a lot less in terms of promoting it and NGOs involved in mental health have limited funding which then poses a barrier for them to promote mental health. For Lundbeck South Africa, it is something that we do and are passionate about in terms of disease awareness, but there is still cultural stigma attached to mental health in South Africa.

**EF: How can challenges around cultural stigma be overcome?**

WC: Overcoming these challenges would require a greater collaboration between the private sector as well as the government sector in order to increase awareness on mental health and the stigmas associated with it and where to and how to reach out for help. So greater collaborations than what we have currently are highly advised.

“We need to create an open platform for people to speak up and to reach out for help which will improve workplace productivity which then will contribute positively to the growth of the economy.”

**EF: Could you elaborate on your role in the Mind Resource Centre initiatives?**

WC: It is a global initiative and one that we have localized that is directed to healthcare practitioners. In terms of the healthcare professionals, there is great support in mental health awareness and how to treat mental health awareness. We have some of the most educated psychiatrists in the world. Lundbeck also has printed versions of patient material, that's a wonderful resource centre in terms of information that's more patient-focused where patients have access to information on all mental diseases.

**EF: What are the top priorities for the portfolio performance of Lundbeck South Africa?**

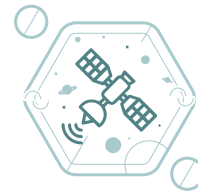
WC: For us, patient access will always be the top priority. Dealing with psychiatric conditions is important not only for patients, but for their family members and for them to get access to medication, because if they do not, they may relapse which then poses more complications. We're dealing with a disease area where compliance is a big issue. In order to achieve compliance and for patients to stay on medication, access to medication is a priority.

**EF: From your perspective, what is the future of access in South Africa?**

WC: It goes back to a greater need between pharmaceutical private sector and government to interact as we are dealing with such a big population where access cannot be done alone. To facilitate better access, we need to start with higher engagement particularly about mental health as there is a lot more engagement for other disease areas like HIV and vaccines.

**EF: How does the healthcare sector assist in developing the economy?**

WC: What companies could do is focus a lot more on mental wellness within organizations. Often you get people struggling with mental health issues trying to function at work, while not being productive. We need to create an open platform for people to speak up and to reach out for help which will improve workplace productivity which then will contribute positively to the growth of the economy.



# Ian Wakefield

**General Manager**  
BD South Africa

**EF: How can we leverage the lessons learned from the pandemic for going into the future?**

IW: There are a couple of enforced changes. For the first time in a long time, the government and private sector came together to deliver patient care and support for the government either through funding, technology, and ultimately deliver faster care, and this is a model to build on. Differences between the sectors were thrown out the window. For me, partnership is key to deliver healthcare in Africa and is an absolute key change to leverage. The other area which became critical is how to utilize technology and infrastructure in the IT space which gives visibility, and most importantly, I think will force governments to think differently.

The next area is preparation for big health events, and as a country we have to be ready to rapidly respond by working on the preparedness of a pandemic by training healthcare professionals and primary care personnel. The lesson here is on how to deal with those events on a large scale and using communication to elevate and change behaviors.

**EF: How is South Africa adapting to digitalization and technology outside of COVID?**

IW: From a diagnostics and instrument patient point of view, we have a lot of high-end technology, but purely because of the ITO digital infrastructure. What is quite interesting is that we are probably now having discussions and realizing opportunities from a commercial point of view with some of the large healthcare providers, be it lab groups or hospital groups.

We are now rolling our pipeline in accordance with some of the gaps that we have with healthcare professionals or nurses by using technology and automation as the bridge through hand. We are also realizing

The next area is preparation for big health events, and as a country we have to be ready to rapidly respond by working on the preparedness of a pandemic by training healthcare professionals and primary care personnel.

opportunities around efficiency gains using automation, using predictable data coming from systems to inform healthcare decisions.

In BD, we use the term connected care. Just prior to COVID there was investment of electronic records that track a patient in your system, whether they go from one hospital to another irrespective of whether they have a paper file or not. We are starting to see changes and a much more accelerated adoption right now, from a commercial point of view there is much more readiness to unlock budget and funding in that space and the investments to make that happen in the short to medium.

**EF: How do you see South Africa as a potential of a healthcare hub for African continent?**

IW: Healthcare capacitation within the rest of Africa is a challenge because there is such a gap in terms of healthcare delivery, depending on which country you go to in Africa. Africa is in a fantastic position where we have both the capacity as well as the infrastructure in a doctrine of new technology. The ability to export best practices and act as training grants, because we have some of the best health facilities, not just in Africa, but globally, anywhere from a tech adoption. That is really where South Africa is, we have a big role to play in adding to the healthcare capacitation across the continent.

Right now, there is this focus on localization and manufacturing in Africa, and Africa has the ability to do that. But we should not be holding everything close to our chest. It is about how to share and train and we have that in East and West Africa. South Africa can lead that process because they have the ability to leap frog other countries, because they already have the level of infrastructure. But it has to be shared, it has to be created as a universal approach to improving healthcare across the continent.

**EF: If you could choose three strategies for employee engagements, what would they be?**

IW: Firstly, decisions should not be just determined by the head of the company, not only top leadership can decide what's best for everyone, and make sure that you're inclusive in your approach in assessing where you want to go and what you're supposed to need. Don't assume because you think they need it, that's what they need. You need to have the engagement which is absolutely critical. The next part of the strategy is to take the best from a pre-COVID work setup and apply the learnings. COVID taught me that I can trust an employee can deliver without having to sit in the office. Investment in virtual tools, making sure that employees can manage their flexibility in work and home-life balance, needs to be part of the strategy going forward.

The other area, which is quite interesting for us, at the start of next month, we're moving into new offices. One of our key strategies is redefining our office workspace by way of how it adds value proposition, compared to what we had before COVID. We're also looking at empowering the organization by being transparent with our associates and not being distracted by potential mishaps which have increased how associates have embraced the culture.



# Dave Roberts

**General Manager Southern African Countries**  
J&J MedTech

**EF: Can you elaborate on how J&J MedTech's rebranding effort has evolved since you became a general manager, and what are your expectations going into the future?**

DR: I joined when the company was still a medical device company. The branding change is an intersection of devices and the technology space. *Our main key driver of value in the marketplace is not product modification. The main driver is technology, software, and the utilization of the big data that is going to be encapsulated in different offerings that are very technologically driven. That is where MedTech comes in.*

Data scientists are a talent that most companies now need. As we dive deeper into the robotic space, different skill sets will be needed because we need people who understand the technology. Many digital, omnichannel, and sales positions are more transit now. *We have to demonstrate the health and economic opportunities that technology brings.* Most people and institutions are aware of the pace that technology is moving at, which makes people apprehensive about procuring technology. Some assurances need to be given to the market as technology evolves. *Our strategy is to partner with institutions and specialists. The country needs to provide more support on connectivity. A lot of technology requires stable and sufficient connectivity. Advancement is about the whole patient pathway from start to finish. We need more connectivity through the value chain.*

**EF: How can physicians be encouraged to adapt toward new technology in the sector?**

DR: *It is not about changing the mind of the physician but about changing their perspective on technology. It is about adapting to the pace with which change comes.* Technology will not replace a physician's part. It will change their role allowing them to do more pre-progressive thinking and planning with data. Adapting to new technology is something that all doctors are talking about. *Different specialists have different impacts within healthcare. Technology aids in the process and assists in the outcome.*

J&J provides the technology for training opportunities. We provide technology through online forums, virtual platforms, surgical glasses, and other medical equipment. We also have hands-on practical training in surgery. We have an institute that runs the program on procedural training with different institutions. Some things cannot be replicated like the human touch. Technology increases the speed of learning. *Technology will serve and accelerate processes to provide personalized training and a personalized patient approach.*

**EF: When you will be making your speech end of year what are going to be key elements you will celebrate as achieved?**

DR: We recently had our major review. There will be a lot of alignment at the end of the year. We had our first major meeting in person since February 2020, which was a celebration in and of itself. We celebrated being able to connect again. Tapping into the energy of that connection was important to us. Our performance bounced back after COVID-19, but this was still not the main reason to celebrate. We celebrated being connected again. At J&J, employees can work remotely or in the office because we acknowledge the connection.

At the end of the year, we will celebrate some of our critical corporate

pillars, including our progress and the transformation we have steered. There are some quantifiable KPIs to measure because we want improvement and growth. We will celebrate embracing innovative change post COVID-19. We have goals and objectives to measure our success in embracing our goals.

**EF: What is your perspective on the perception of AI and digitalization in healthcare?**

DR: *AI is positioned as an assistance tool that enables big data and algorithms that improve systems and efficiencies within the industry. The industry has the potential to fully and effectively use AI in its full capacity.* Surgeon and physician discretion remains sacred even with robotic procedures and AI-powered tools and equipment within the OR and the industry. AI is an assistant tool for patient criteria.

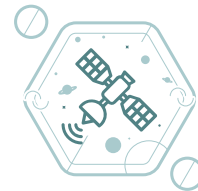
The digitalization process and its benefits and outcomes are something I am excited about. *There are opportunities for digitalization which include the AI remit for theatre efficiency.* We are in the process of showing patients and healthcare practitioners the importance of digitalization. We are in the process of showing healthcare practitioners the importance and opportunities of digitalization, which include the AI remit for theatre efficiency.

*MedTech digitalization covers the pre-operative process of needs to post-operative outcome measurements. The accumulation of data from the different processes helps to build algorithms that align with AI. At Johnson & Johnson, we have tools like the digital patient pathway and SPI, a software-based process efficiency tool.* Process efficiency occurs when patients receive treatment quicker and get the necessary procedures faster. Our aim is to provide value not just through the product which is why the tools we will bring to the market will be more than just MedTech devices. *Delivering value is one of the key lessons we learnt from the last couple of years.*

**EF: How do you want to be remembered as a leader post-pandemic?**

DR: *I would like to be seen as an empathetic leader.* Everyone had to work through the pandemic, but *I hope as a leader, I could put people first and understand everyone's circumstances.* The pandemic allowed me to dig deeper into my partnerships with my staff. I remember telling my team to trust our staff and to set clear KPIs for them to achieve working from home. *I hope I will be remembered as empathetic while getting the job done.*

“Our main key driver of value in the marketplace is not product modification. The main driver is technology.”



# Peter Mehlape

**Managing Director**  
Medtronic, South Africa

“Medical technology will allow and improve access to care, and many patients without access to care will have more access to care.”

**EF: What is your advice to other managers or leaders on managing a pandemic?**

PM: I have learned that it is better to *show empathy, be more supportive and understanding to people in different situations and environments during the pandemic. As leaders, we have to be supportive and empathize with team members, partners, and collaborators. We did what we could, offering support and solutions remotely*; for example, we sent the employees small cakes and shared them in front of the camera -small gestures for them to feel connected and supported. By working remotely, Covid has forced us to reexamine the existing structures, particularly during the pandemic, we worked very long hours, and the change had negative on employee's mental health. Coming back to the office, some people's confidence levels are low as a consequence of having less interaction in a business environment, affecting the social and emotional aspects of work. After a year of working remotely and in lockdown, there have been general negative impact in the world in the form of mental illness, depression, and anxiety, affecting people's confidence and social capabilities while increasing their technical skills.

**EF: What is the role of medical technology regarding access in South Africa?**

PM: Medical technology will allow and improve access to care, and many patients without access to care will have more access to care. *E-health will be crucial to reaching more people. We use a system that allows different specialties to work together from separate locations, South Africa, London, or the Middle East. Doctors in one location can guide and help surgeons operate on another site through a screen. We are driving this adoption, even if it is only done for complex surgical cases. Telemedicine is part of day-to-day work now. Digitalization has*

allowed us to connect with more patients remotely, mainly due to Covid accelerating digital acceptance, and increased technology adoption and acceptance. The acceptance and uptake of E-health in general are quite high, and with that comes innovation. The use of technology created virtual hospital services, identifying, supplying, and connecting the patients with technology so they can be monitored from their homes, not from the hospital; an initiative that has been quite successful.

**EF: What is the strategic importance of South Africa for Medtronic?**

PM: *There are many reasons South Africa is important to Medtronic. Medtronic is a big R&D company and relies on countries like South Africa to participate in a product's R&D stages to get evidence of where it can work best. Due to its geography, South Africa always contributes to the world with clinical trials in research and development. Medtronic South Africa contributes to Medtronic Global considerably and differently, both from an innovation and a commercial perspective. South Africa is unique because there is an interesting mix of first and third-world development and highly skilled and qualified doctors and professionals. The first doctor to do a heart transplant was South African, and we are still the best in that area.*

*South Africa is key to Medtronic because it has a unique and advanced healthcare system both in infrastructure and specialists to perform complex procedures and therapies, which is Medtronic's strength. We are world leaders in cardiovascular, and South Africa is a very fertile environment for an R&D company like us to do clinical trials research and new product development. We can offer training and development of new procedures and therapies for cardiovascular diseases, general surgeries, and many other procedures. Medtronic's capabilities and South Africa's infrastructure and needs are an excellent combination for mutual benefit. We bring leading innovative technology and new science which solves problems and is good for the country. Technologies are required, and the benefit is mutual.*

**EF: What advice would you give to an outside investor seeking to put a stake in the healthcare system?**

PM: I would say that *this is a good moment to showcase the "African Story"*, and I can leverage my experience for this. I am very lucky to have worked in many segments of the healthcare system, including investing in hospital infrastructure. It gave me a clear picture of creating a hospital group to address a gap in the market, with the idea of expanding into the continent.



# Paul Richards

**General Manager**  
STRYKER, South Africa

**EF: The importance of collaboration and education are lessons learned. What are the ethics behind the positive social impact of care systems and procedure coordination through education?**

PS: *At Stryker, we are focused on making healthcare better together with our customers, and education the HCP's is the best way to improve. We educate clinical phase HCPs (doctors and nurses), clinical engineers in hospitals, and office staff in the doctor's rooms to understand what we do and the procedures they support as customers. We also educate the various purposes of the healthcare team focused on the end-use and look for other areas where we can provide connective solutions.*

*In South Africa, there needs to be a big shift toward a collaborative approach between the government and the private sector -we cannot move forward in isolation, and I trust we are going in that direction. When government-supported work had huge waiting lists in the UK, they used the private sector to reduce these lists, and this could be replicated in South Africa. Collaboration is needed as it delivers results such as better outcomes, greater efficiency and cost-related benefits. Partnerships and teamwork are required, as individual solutions no longer work.*

**EF: How do you see Stryker's role in leading the innovation industry and providing predictable surgical procedures to patients?**

PS: *Leading in innovation means taking accountability and understanding our customers' needs to help them deliver healthcare for the patients of today and the future. I trained as a nurse in 1993 and have seen a significant change from what was available then to what is available now. We are here to make healthcare better. We have the right mindset and a real purpose to improve healthcare. We understand our customers and the market's needs, both are crucial elements to act with responsibility and lead in innovation. It is a source of pride for those who work at Stryker that we invest significantly in R&D and are committed to innovation.*

**EF: Could you elaborate on the strategic importance of South Africa to the global company?**

PS: *South Africa is growing and will continue to grow in healthcare. It is a substantial opportunity for us to be involved in shaping healthcare for the future in South Africa, and we are committed to its growth. Stryker now has four branches and will be setting up the fifth one this year. I believe the access to technology and health we offer in the US should also be offered in South Africa.*

**EF: Do you see a future for home-based healthcare in South Africa, and will Stryker be developing remote care?**

PS: *Stryker already has technology around arthroplasty procedures and at-home post-op procedures that allow remote patient monitoring. MotionSense is a wearable remote therapeutic monitoring device that guides the patient through knee replacement recovery. We are currently using it in the US and are looking to enroll the technology in South Africa imminently. We work with GPs to assist in the treatment and management of patients at home. Covid has been a springboard for advancement in virtual communication, opening many exciting future possibilities. The provision of information worldwide and the sharing of knowledge is very exciting. We did a lot of virtual HCP training during the pandemic for the products' safe and effective usage.*

**EF: How do you see the future working environment model, hybrid or otherwise?**

PS: *We are using a hybrid model, working part-time from home and part-time from the office; the face-to-face interaction helps keep the company culture alive. We will keep the hybrid model and its flexibility, as a lot of work can be done remotely. But the energy is different when we are together; the conversations between meetings, the personal chit-chat, checking on family, and weekend activities build relationships, which are harder to achieve in a virtual relationship. My team in South Africa has been very receptive to going back to the office and having face-to-face meetings -they really enjoy it- so it has been important to return to the office.*

Leading in innovation means taking accountability and understanding our customers' needs to help them deliver healthcare for the patients of today and the future.



# Mia Louw

**General Manager**  
GUERBET, South Africa

**EF: 2020 was the year of diagnostics, and 2021 was the year of vaccines, what will 2022 be the year of?**

*ML: I see 2022 as the year of innovation and investing in artificial intelligence for the future.*

**EF: Is this level of innovation and investment in AI something that will happen in South Africa?**

*ML: We can already see investment in innovation and artificial intelligence in the South African landscape; Siemens Healthineers has artificial intelligence, and However Guerbet is strongly positioned in diagnostic imaging in South Africa. We believe in delivering integrated solutions, with contrast media, injectors, consumables, software, and services. Advanced data analytics improves the workflow in radiology and reduces the reporting, compliance of processes and provide meaningful insights. We have a common ecosystem of related products called “the unique system”. Thanalytic part of the unique system, the software solutions, is new, and we want to introduce it into South Africa this year to be available to our customer base. There will be a lot of investment going forward in South Africa. There are some educational programs in Guerbet as a global company. Some Asian countries and France have provided knowledge transfer to South Africa for sharing best clinical practices and creating network cultivation within the healthcare community.*

**EF: What will the process of innovation and investment in AI within South Africa look like?**

*ML: We can already see investment in innovation and artificial intelligence in the South African landscape; Siemens Healthineers has artificial intelligence, and However Guerbet is strongly positioned in diagnostic imaging in South Africa. We believe in delivering integrated solutions, with contrast media, injectors, consumables, software, and services. Advanced data analytics improves the workflow in radiology and reduces the reporting, compliance of processes and provide meaningful insights. We have a common ecosystem of related products called “the unique system”. Thanalytic part of the unique system, the software solutions, is new, and we want to introduce it into South Africa this year to be available to our customer base. There will be a lot of investment going forward in South Africa. There are some educational programs in Guerbet as a global company. Some Asian countries and France have provided knowledge transfer to South Africa for sharing best clinical practices and creating network cultivation within the healthcare community.*

**EF: With a large range of products in diagnostics, scans and women's health, how do you choose your portfolio performance for South Africa?**

Advanced data analytics improves the workflow in radiology and reduces the reporting, compliance of processes and provide meaningful insights.

*ML: Our portfolio performance focuses on diagnostic imaging; this year, we are slowly moving to interventional imaging and digital solutions that form part of the diagnostic imaging portfolio. We are doing an impact study to see if the environment is ready to accept these technologies. As physicians are trained and become familiar with the products, we can spread them to the rest of the world.*

**EF: Unlike most companies reducing their office space, you are moving into larger offices. What working models are you choosing to use?**

*ML: We have room for expansion in South Africa; we have grown from 10 to 15 employees over the last eighteen months, with one more position in June. We are moving to Waterfall, the business hub for pharmaceutical companies in South Africa, for more visibility, being able to provide in-house training and creating brand awareness. We have a home office policy, but my employees want to work from the office, and the majority of the time, they come into the office. I prefer employees to come to the office; the connection enhances collaboration and makes for a faster turnaround time in projects. I find people have better contribution and emotional stability when interacting with colleagues.*

**EF: What achievement would you like to celebrate by the end of 2022?**

*ML: I would like to invest more proactively in interventional imaging in South Africa because it is the new growth driver of our transformation model. Guerbet has existed for nearly 100 years, we have a long history of innovation. We need to diversify our business and invest in new fields.*



# Eyong Ebai

**General Manager**  
GE Healthcare, Sub-Saharan Africa

**EF: As a healthcare spokesperson at the G-7 Summit, what message would you deliver?**

*EE: Healthcare as the only service to the human body should be given priority in equal measures across the world.* In that faith, partnering with various governments in Africa to invest in manufacturing plants that are profit oriented and sustainable to help distribute healthcare in remote sub-Saharan Africa while creating employment for the local market. A step that would see big pharma enter in all the 54 African markets.

**EF: Can you elaborate on the company's partnership and initiative with Afya?**

*EE: Partnerships as the future of business is a lesson that we've learnt during the pandemic.* In line with that, our partnership with Microsoft and others plays a great role in bringing innovation to our customers and small startups in the healthcare industry as well as offering value to the government partners in strengthening their healthcare systems. Afya presents opportunities to follow-up on your radiological data, and share from anywhere since it's more practical, more efficient, and more effective. You're totally in control of it as a patient, which is good for business. *By empowering these startups, we will be adding value and growth to the economies in the market.*

**EF: GE Healthcare is set to become a standalone company next year. How will your independence affect the strategic approach to the company?**

*EE: It's a great step to be listed as an independent standalone healthcare company, which makes us one of the largest healthcare companies,* which is a very positive aspect of the organization. Being independent provides an avenue to make decisions and solve problems technologically, it's an added list to our bucket. We will be compared to big names like J&J, proving our eligibility as a big and strong healthcare business.

“Healthcare as the only service to the human body should be given priority in equal measures across the world.”

**EF: How does digitalization contribute to the future of healthcare in South Africa?**

*EE: South Africa is one of the most advanced healthcare environments in the world. With digitalization, this great treasure can be accessible throughout the globe.* This way, a patient doesn't have to visit a doctor in person since they can just share their x-rays in privacy, which can help mitigate the risk and actually focus on what's best for the patient. The clinical patient and doctor are both happy and ready to explore the innovation it is.

**EF: What is your perspective on the integrity of preventative approaches in South Africa?**

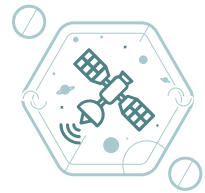
*EE: Prevention is better than cure; it's important to identify problems early to increase chances of recovery, which is cost-effective and safe.* This is an approach that can work well especially in economies like South Africa where the supply of healthcare facilities and infrastructure is below the demand. This program can be rolled out of hospital, in communities, to serve many more people. This will work under the Private-Public-Partnership, for system strengthening and improvement of patient outcomes and recovery.

**EF: Can you elaborate on the impact of GE in South Africa?**

*EE: South Africa was GE's first export market outside of the U.S.; therefore, we have a huge footprint to the public, and we don't take that for granted.* We embrace and have invested in gender equality, embracing diversity, we're creative and innovative and able to adapt to the market of our people. We've positioned ourselves as leaders in oncology, cardiology, women's health and radiology. *We're a digital organization that solves various problems in the right way and in record time.* Our unwavering commitment to embed artificial intelligence has made it possible to reduce the burden and burnout of clinicians. We will continue to partner with companies that are relentlessly building algorithms that can have a positive impact on the healthcare sector.

**EF: How does South Africa contribute to GE Healthcare success?**

*EE: GE Healthcare is a specialist rich organization that is successful globally and academically. It's an organization that is ahead of its peers by years, boasting of their advanced genome sequencing and disease management systems, manufacturing and distributing pharmaceuticals and vaccines. Therefore, there is a good amount of learning that can be done from South Africa.* Despite there being a public sector challenge, the private sector is one to admire as it partners with us in doing some great work in rural healthcare and subnational health systems.



# Taro Kanawo

**Managing Director**  
FUJIFILM South Africa

**EF: Could you elaborate on the importance of medical education and the benefits of artificial intelligence for the physician?**

TK: *The stakeholders, the government, hospitals, and doctors must understand the importance of the added value of AI; it helps the patient and makes the doctors' and hospitals' jobs easier to do.* Most doctors are aware that our AI technology can provide considerable assistance in diagnosis. *For AI technology to penetrate the medical industry, education is essential. We have educational programs to teach the technology users how to understand its role and use the technology.* For example, in Zambia, we are trying to introduce our AI system in a middle-sized hospital in Lusaka City. The Japanese government donated the X-ray system, but radiographical skills need to be developed to operate the technology. A Japanese organization called JATA, which fights TB and has offices in Zambia, is working jointly with the Japanese government on doctor's education to introduce our AI solutions to the hospital. We are training the doctors in Zambia, and in one month, we will introduce AI solutions in Zambia.

**EF: Could you elaborate on the portfolio performance of Fujifilm South Africa?**

TK: In March 2021, we acquired Hitachi Healthcare, one of the bigger medical equipment companies in Japan, and changed its name to Fujifilm Healthcare. *Fujifilm South Africa provides equipment, healthcare, and IT technology systems and supplies equipment, although the distributor imports directly from Europe or Dubai. We have an extensive line of equipment, including CT, MRI, endoscopy systems, and X-ray machines covering a very broad base.*

**EF: What is the strategic importance of South Africa to Fujifilm global?**

TK: Fujifilm is divided into three regions, the US market, the European market, and the Middle East and Africa. The Middle East & Africa region headquarters is in Dubai, with two big branches, Turkey and South Africa, and many smaller support offices in Egypt, Tanzania, Ethiopia, Nigeria, etc. The biggest office on the African continent is in South Africa. We employ over 60 people in South Africa and manage all South African regions, essentially the English-speaking area. *Our regional headquarters' expectation is to expand medical equipment, healthcare, IT, and solutions in our region.*

**EF: Could you elaborate on the importance of medical education and the benefits of artificial intelligence for the physician?**

TK: *The stakeholders, the government, hospitals, and doctors must understand the importance of the added value of AI; it helps the patient and makes the doctors' and hospitals' jobs easier to do.* Most doctors are aware that our AI technology can provide considerable assistance in diagnosis. *For AI technology to penetrate the medical industry, education is essential. We have educational programs to teach the technology users how to understand its role and use the technology.* For example, in Zambia, we are trying to

“Our regional headquarters' expectation is to expand medical equipment, healthcare, IT, and solutions in our region.”

introduce our AI system in a middle-sized hospital in Lusaka City. The Japanese government donated the X-ray system, but radiographical skills need to be developed to operate the technology. A Japanese organization called JATA, which fights TB and has offices in Zambia, is working jointly with the Japanese government on doctor's education to introduce our AI solutions to the hospital. We are training the doctors in Zambia, and in one month, we will introduce AI solutions in Zambia.

**EF: With healthcare as a fundamental factor in the success of Fujifilm, what is the role of the company in driving medical technology innovation in South Africa?**

TK: *Considering all the South African regions we cover, 75% of our revenue proceeds from South Africa.* We first have to establish our solutions in South Africa and then expand our experience to other countries. I am hopeful we will succeed in the registration of our products due to *the importance of our technology and solutions as they will solve many social problems in the region.*

**EF: Can you elaborate on the financial performance of Fujifilm?**

TK: Two weeks ago, our headquarters disclosed the 2021 fiscal year financial result and our revenue for the last fiscal year was 2.5 trillion Japanese yen (around USD 21 billion). Our operating income was approximately USD 1.9 billion, indicating the scale of our company. Healthcare revenue represents 32% of the revenue, which in financial terms is around the estimation of eight hundred billion Japanese yen (USD 6 billion), and our future global target is to achieve USD 8 billion by March 2026. *Healthcare is one of the biggest contributors to our operating income, with 38% from healthcare.* When people think of Fujifilm, they think of a photographic company, but it represents only 13% of the business; the biggest contributor is healthcare, a considerably fast-growing industry business. The growth is about +15% per annum. If we compare this with 2019, we have not only recovered from the Covid situation, but the operating income is at a historical record high, a fantastic feat considering Fujifilm was established in 1934, 88 years ago. *The overall healthcare growth is close to 40% and continues to grow, contributing around 100 billion Japanese yen.*



# Dr. Khamane Matseke

**CEO**  
Clinix Group

“People need hope. Every single company can intervene and help the people in its community. A little goes a long way.”

**EF: What advice would you give other industry leaders regarding social responsibility?**

**KM:** *Many companies play a social responsibility role in many communities, making social responsibility a common trend. All the companies and sectors should take full responsibility for the South African unemployment rate. People need hope. Every single company can intervene and help the people in its community. A little goes a long way. The social and economic challenges in our country will change if every individual and corporation plays a role in the areas they operate.*

**EF: Can you elaborate on Clinix's plans for artificial intelligence, and how will it improve the healthcare journey?**

**KM:** *Providing healthcare to the future is our mission. Most people now only go to hospitals when it is truly necessary. People now prefer at-home remedies and over-the-counter remedies. Moving forward, technology will play a major role in changing the way we deliver healthcare. Normal brick-and-mortar hospitals will no longer be the main healthcare centers. The shortage of practitioners means that Telemedicine is therefore an inevitable part of our future. We will have holistic approach to healthcare, integrating home care and primary, secondary, and tertiary healthcare. Homecare is less capital intensive than building or managing hospitals and thus widening patient's access to holistic care. Technology will guide the way we do healthcare. Many people are already monitoring their health through smartwatches and other technology. The logistics industry will expand exponentially as more people get their medicines, instruments, and other medical items delivered to their homes.*

**EF: How will the trend of greater healthcare awareness on a patient-level continue in the future?**

**KM:** The lockdown in South Africa took a while to end, which affected

the economy. The lockdown was hard on many people. Many factors surrounding the lockdown negatively affected many people. Therefore, mental health became an issue. Other countries accelerated vaccination programs to decrease the time they would be under lockdown. I believe South Africa could have better planned around the pandemic. We could have implemented vaccine drives earlier.

*In every household, an average of one person lost their job during the pandemic, and small businesses closed. This worsened the economy and the mental and physical health of many people. As a result of the increased burden on the economy, some daily necessities were affected.*

With the electricity situation, the load shortfall has increased many companies' expenses. The public sector takes care of the health of the majority of South Africans. This means things will get tough before they get better.

People end up making sacrifices. Such issues will continue affecting healthcare and health awareness. I believe that *reducing the burden on the economy will help increase health awareness* and good physical and mental wellbeing.

**EF: Clinix is celebrating 30 years this year, what will be the key factors in your celebration speech?**

**KM:** *The key factor in my message is to take the company into a more sustainable future. It is now up to the new generation of employees to step up in order to grow and take Clinix to greater heights. Our hospital group is a training ground for people in township areas. We expose them to private healthcare. The more hospitals we acquire and/or build, the more equipped we will be - to not only deliver quality care but also address unemployment issues, making a big impact wherever we operate. Our company creates opportunities for less privileged people by offering them education, training, and employment within the healthcare industry. I am proud of the social impact we have made. However, we need to grow and learn to provide integrated healthcare services. Integrated platforms will accelerate patients' access to healthcare. As we look into the future, we need to go back to the drawing board and think carefully about how we want to provide healthcare to our people. Longevity is something that will become big in the future driving us to achieve our purpose of helping communities to live longer and healthier lives.*

**EF: Do you have a final message?**

**KM:** *The public and private sectors need to focus on the upskilling and retention of healthcare professionals and develop a plan to deliver consistent quality care to all patients.*



# Morena Makhoana

CEO

The Biovac Institute, South Africa

**EF: What could be Biovac's role in creating a healthcare hub for a more self-reliant Africa?**

MM: Healthcare hubs are essential, and I think South Africa should be a healthcare hub. Silicon Valley is a technology hub; the ecosystem has been leveraged, entrepreneurs go there, and the East Coast is also a hub. Singapore is a hub for biotechnology and manufacturing in Asia, as is South Korea. It is important not to dilute the effort, a concentration of healthcare will get hubs going, and *South Africa has great potential to be an emerging market hub. Capetown, for example, has the potential to become a mini-hub. Amazon is setting up infrastructure, and Afrigen is also starting up. This means skills and investment come and stay in the region for Africa to grow and develop. Many African graduates go to Europe, Oxford, or Harvard. They are brilliant and skilled, and having a hub gives them a reason to return. We can make a hub in South Africa; the ecosystem has already been generated and exists.*

**EF: Biovac has grown significantly; what are the key factors contributing to the growth?**

MM: Biovac does not have many resources; *our primary resource is our people and the culture we have worked on and fostered.* When resources are scarce, the center must be solid and have an internal capacity because when people partner with Biovac, they ultimately deal with Biovac technical people. *Our internal culture must be strong enough to deal with other big companies; it shows confidence to be transparent about what we know. We work well because the tension level within the company is very low, and we are a real community. It's a good culture because we don't take or pay the highest bills, and we do our job successfully.* Biovac is a specialized vaccine company, which means we are deep in biologicals, science is costly, and we don't know when the returns will come. *We are into innovation and product development with limited resources, so we invest in developing products ourselves and try and match that with manufacturing. We need to be close to the customer to market our products; we are a manufacturer and a distributor, which is fairly unique.* Most companies are not involved in distributing their products, but this allows us to understand the customers we supply. We have knowledge that is unique; in vaccines, we know about the coverage and why a specific region is not vaccinated compared to another. We are a small company, but *we are involved end-to-end in the value chain, and this is why people come knocking on our door for manufacturing and product development. We are talking with a philanthropic organization to develop an Africa-specific product, which is the specialist nature we stand for.*

**EF: What would be your advice to other business leaders to attract investors and create collaborations?**

MM: Our field has only recently become an appealing industry. *We have done a lot of under the surface work that has now emerged. A lesson learned*

“We have knowledge that is unique; in vaccines, we know about the coverage and why a specific region is not vaccinated compared to another.”

*is not to give up when times are tough, remain true to our purpose, hustle, and never give up. It is what we did, and it is my advice to others. Secondly, partnerships are necessary for our industry, even though they can mean compromise. Biovac exists because of partnerships, and it's essentially what we have done. We have partnerships with the East and the West, from Cuba to India; we work with Pfizer, Sanofi, and local universities. What works for Europe and the US may not necessarily work for Africa, and we need to create a blend that works for us. There are lessons we can take from the US and convert and adapt them to our local means for them to work. We create our own blend and make it work through belief and perseverance. We are passionate about what we do; it's what gets me up every morning.*

**EF: What would you be most proud of achieving in 2022?**

MM: *We are chasing some technology deals. We haven't signed anything yet, but they will significantly move the needle for Biovac, allowing us to be a more international company in our profile. It is my number one priority for the year, although we have other projects in the pipeline which are non-Covid projects and are important. We have been involved in routine vaccines pre-pandemic, and we have gone back to the basics of what keeps the industry alive: routine vaccines. We want to take a step up from a pre-Covid perspective. Our lifeline is routine vaccines, Covid changed that, but we can't focus solely on Covid.*

**EF: Could you elaborate on your technology transfer deals and how will they affect Biovac?**

MM: *Up to now, Biovac has stuck a partnership with Sanofi and two partnerships with Pfizer. We are now entering a new phase of Biovac 2.0 which will have more extensive, more international facilities and search for more partnerships.*



## Dr. Hendrik Hanekom

Chief Executive and Co-founder, Intercare  
Intercare



## Hendri Hanekom

Group Strategy & Innovation Executive  
Intercare



**EF: Intercare has recently taken part in education initiatives. Could you elaborate on the overall importance of education in healthcare?**

Dr. H: *Education is fundamental to anything in life, not just to healthcare is crucial to any country and any society, and of course to healthcare. There are some great institutions in South Africa, an example of this is the Foundation for Professional Development, a subsidiary of the South Africa Medical Association, where they upskill all healthcare providers across the spectrum to provide better healthcare, if we can do more of this it would be wonderful. As an organization, we have a great learning platform where we provide training to all our staff, not just healthcare professionals, to upskill them so that in addition to providing better care, they can also provide better service, whether they provide clinical care or administration.*

HH: Consumer education is also a big focus. Consumers are currently forcing a lot of change in healthcare because consumers are increasingly aware of their healthcare requirements, yet there is still a long way to go in educating consumers about the need for healthcare, both in general and in specific areas. *As a population we must take preventative steps to become healthier.*

**EF: How can the industry continue the momentum on the advantageous adaptations?**

Dr. H: Looking forward, *there are great opportunities for forming partnerships and developing integrated models. Together with Discovery and Mediclinic, we have just launched a very innovative product, readily available on the Discovery medical scheme, aimed toward the employed but uninsured market, and it comes at a very competitive price. The whole principle is digital first, patients will have access to Intercare digital clinic through the Discovery website or app. The journey begins with a chat, then a video consultation, and then a physical consultation with Intercare GPs. They can also get access to specialists and hospitalization, so it's a closed network, based on a regional plan which is the first of its kind in South Africa. This is where we believe the future is going to be.*

HH: At Intercare, we realized that the need for healthcare in South Africa is prevalent. *It can only be achieved in cooperation with one another. It's*

Intercare has always been innovative, we continuously consider our competitors' new developments, as well as worldwide trends and developments.

*about putting differences aside, combining skills and capabilities, and expanding access to healthcare to all the people in South Africa. Another partnership that I think is innovative is between Intercare and Unjani, a non-profit nurse-based network of clinics, where Intercare is busy adding virtual capabilities to this network. This allows patients that have previously not had any access to healthcare, or had access but needed to go to the public sector or pay privately, to access another tier of service before going to another level of care.*

Dr. H: One thing that we have realized is *that you don't have to own everything to provide a comprehensive range of services.* You can extend your clinical reach through partnerships. Referring to the partnership with Unjani clinics, these are also located in the peri-urban and rural parts of South Africa, where we currently don't have a presence. To install a comprehensive Intercare medical and dental center in a place with a lower volume of patients is not always viable, but *we can now extend our clinical reach through partnerships to provide quality healthcare to people whom up to now, didn't have access to it.*

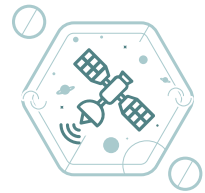
**EF: How did digitalization evolve during the pandemic and how is digitalization advancing in healthcare?**

HH: Intercare has always been innovative, we continuously consider our competitors' new developments, as well as worldwide trends and developments. *We also implemented online bookings for patients before any other provider, and today, online bookings equate to around 60% of our total appointments.*

*Within the first month of the pandemic (and the subsequent lockdown regulations), we realised that people had to be given access to healthcare and the only way we could do that was by delivering digital services to patients wherever they were.* Consequently, we implemented video consultations, just like many other healthcare organizations. *We were one of the first providers of digital healthcare services in South Africa, and it is evident from research and feedback, that our adoption rate was very good.*

Dr. H: *We implemented an integrated solution, where virtual consultations were not developed in isolation from physical consultations. Now, we aim to create an integrated, hybrid organization where patients and doctors move seamlessly between the virtual and physical world for appropriate care.*

HH: *We also had to evolve and be agile to find solutions. The question was, how could we extend our clinical reach? We reached the conclusion that partnerships had to be formed and that we had to provide our partners with virtual services. Nurses with patients needed to connect to a doctor, we facilitated this. We have implemented an on-demand, digital health service where any patient can enter our clinic, even through different entry points. The next question is, how do we make sure that this is a seamless healthcare experience, but also delivers quality outcomes. It is one thing to say that we can deliver healthcare, another is doing it to add or improve quality and not to the detriment of the patient, making sure that we monitor and improve on this service.*



# Kingsley Tloubatla

**Executive Chairman**  
Bliss Holdings Group

**EF: Could you please provide an introduction for yourself and Bliss Holdings?**

KT: *I am chairman of the Black Pharmaceutical Industry Association, BPIA, we represent the indigenous businesses and peoples of South Africa who are in the main black professionals and manufacturers of pharmaceutical and medical devices locally. In terms of Bliss as a company, one of our core competencies is strong regulatory capacity through Bliss Healthcare, which is our regulatory outfit. The business model changed around 2013 when we needed to establish a fully-fledged pharmaceutical company, where we do not just register products on behalf of people but have our own dossiers. We also get to supply much-needed medicines, especially essential medicines, because South Africa has a high burden of communicable diseases. Solutions cannot always come from outside the country, South Africans, local businesses, local professionals, we need to participate in developing our own solutions rather than relying on outsiders. Across the world the top 20 companies will be owned by locals, and this ought to be the case in SA but unfortunately not. Multinationals still dominate ownership of our economy... these are the remnants of apartheid and colonialism that have impacted on Africa as a whole, especially in South Africa.*

**EF: How do you see the role of healthcare in developing the economy of South Africa?**

KT: Healthcare is one of the largest and fastest growing industries globally, in South Africa 9.5% of our GDP is spent on healthcare. if you look at most developed nations, they spend around half of that. *It is important to dispel this myth and misconception that the healthcare sector is a non-productive sector with little ability to contribute to the growth and economic development, especially in developing economies.* Some of the funds that were spent should have been invested in developing local capacity, such as during the pandemic, but they were not, instead, we focused on imports. The pharmaceutical industry contributes less than 1% to the total GDP of South Africa, yet we are the second largest contributor to the trade deficit. Throughout the pandemic, we were a huge importer of vaccines which further increased the trade deficit and put us in a worse position.

**EF: There are several upcoming opportunities within the logistics, healthcare, and pharmaceutical sectors. Could you share with us the things you are most excited about?**

KT: In a UNECA report, its estimated that Africa's health sector represents an investment opportunity of about \$66 billion annually, imported medicines cost Africa an estimated \$50 billion annually. *Local pharmaceutical production would not only reverse but create more than 16 million jobs. This puts the responsibility on local companies such as us to not only seek partnerships and come up with solutions for our continent but these solutions need to be grounded in resolving and creating long-term economic sustainability for the continent.* Bliss are looking at addressing some of these challenges. South Africa regulatory (SAHPRA) authority is rated as one of the top five regulatory bodies globally, As South Africans, we need to be proud of our colleagues who have turned SAHPRA into an organization that is rated so highly. his would contribute towards levelling out the

trade deficit and inject much-needed foreign currency into the economy of our country, *we are looking to create an export-driven pharmaceutical sector where we can compete with other global markets.*

**EF: How can the industry leverage the experiences of the past two years and carry them into the future?**

KT: When the pandemic hit us in early 2020 there were several initiatives put in place, such as the establishment of the Solidarity Fund. This is something that South Africa and other developing economies can learn from. Bliss is a member company of the Black Pharmaceutical Industry Association (BPIA) the Association is a member association of the Black Business Council (BBC), through the BBC we participated with our colleagues at BUSA to establish a social compact with government. Within a short period of time, B4SA Work Streams we participated in facilitated much-needed PPE's, and medicines to the country and we supplied various government departments including the private sector. When the pandemic hit, we all knew that most of the PPE's were manufactured in East Asian countries we further, rely as a country on API's from China and India, most of these countries had embargoed exports, and they first needed to satisfy their local requirements. As a result of the latter we had huge shortage of PPE's and Trade Unions like NEHAWU even threatening a strike because their members were exposed to contracting the pandemic as a result of these unavailability of masks, gloves etc etc. I remember Paracetamol mainly produced in India, we were left with only two months' worth of supplies in the country, India had embargoed all exports of medical consumables and some pharmaceutical products, and we had to form a team to get the trade minister to intervene with his counterpart and come to our rescue.

Social partnerships and leveraging on the capacity of the private sector and civil society for me is a great learning experience which we as a country build on to resolve the many challenges we face.

By forming partnerships, we could cross barriers, and essential medicines were able to come through from China and India. South Africa and the situation we found ourselves in we needed to learn from that, the learnings are that we cannot rely on imported products for essential drugs and chronic medicines, developing local capacity for products like masks and other essential products. Unless we address this decisively and create jobs locally, this will not change.

Healthcare is one of the largest and fastest growing industries globally, in South Africa 9.5% of our GDP is spent on healthcare.



# Skhumbuzo Ngozswana

**CEO**  
Kiara Health

**EF: What advice would you give to other executives for keeping these collaborations going into the future?**

SN: The case for collaboration makes itself. Pre-COVID-19 a lot of people in the industry knew that the days of ruthless competition were over and that we need to move more towards co-opetition. *The market is big enough for everyone, and no company has the full suite of solutions, so collaborating offers these solutions.* The other thing that we are seeing is that there are a number of continental initiatives that are also pushing us towards collaboration. For example, the African Medicines Agency, to the African Continental Free Trade Area.

*The impact of COVID-19 got the industry talking across national borders to find who has what, who has capacity and for what, and what we can do to collaborate. The climate is rich and fertile now for collaboration as the new world we are living in calls for combined efforts.* On our own partnerships and beyond COVID-19, we currently offer contract manufacturing and packaging and have clients such as Sandoz, Cipla, Trinity and Servier, and are looking to add one or two more multinational clients.

**EF: How is Kiara Health using digital solutions to tackle key health issues in the South Africa?**

SN: *We started before COVID. In a continent where there are infrastructure and human resource challenges, cost is always an issue as the healthcare budgets are constrained. Technology allows us to leapfrog these challenges.*

*The first device we introduced was a disinfection robot that helped reduce hospital associated infections wherever deployed. The second is a remote patient monitoring system that can be used to diagnose different diseases and signals a cardiologist or doctor when a patient has any complications. The third is used in neonatal ICUs, and it predicts neonates that are at risk of developing sepsis or necrotizing enterocolitis or intraventricular hemorrhages. It computes the normal measures gotten an ICU monitoring equipment, and then comes up with a score and then notifies the neonatologist if the neonate is at risk, which allows them to intervene early.*

*There is one that we are going to introduce to the market, which is cancer-screening technology. You take a picture of the cervix and within 30-60 seconds you receive a diagnosis. The use of these kinds of technologies is something we implicitly believed in even before COVID-19, as that is how you democratize healthcare.*

**EF: How do you see this technology advancing these processes forward going into the future for clinical trials?**

SN: From the point of enrolling patients, these technologies can help you

by dramatically reducing enrollment timelines. They make sure you get the right people onboard so your chances of having to exclude patients down the line decreases because you uncover conditions, they have that exclusion criteria. This leads to much cheaper clinical trials. The significant blood work that needs to be done would probably be reduced with the use of these technologies.

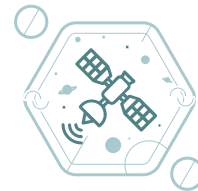
Some patients are also reluctant to get into clinical trials because these are new untested therapies. However, if there is technology that gives them peace of mind by signaling if a problem occurred, they would more likely participate. *If you are using AI-enabled, cloud-based platforms to access info, it just makes the experience easier for everybody whilst truncating the length and the cost as most trials are multicenter and multi-country.*

For example, Pebble is a platform that can be used to diagnose COVID and influenza A that has pharmacogenomic capabilities as well. You can test a response to certain drugs and do a lot of other tests to come with time. Anybody who can operate a smartphone can operate the device as it does not require extensive training or expensive lab equipment and reagents to operate.

**EF: How is your new future work environment in Kiara Health?**

SN: For us, it has to be a hybrid model. We obviously operate a manufacturing plant, so by virtue of having that, you have to have people on the ground doing the physical production. From a marketing or finance perspective for example, working from home is not a challenge and productivity is still at 100% output. We will never fully have a 100% physical workforce, and now, *this gives you the possibility to scrutinize roles and say, "Can this be delivered remotely?" If it can be then it should be done.*

“From the point of enrolling patients, these technologies can help you by dramatically reducing enrollment timelines.”



# Alykhan Vira

**Executive Manager**  
Quantum Health South Africa

**EF: What are the key lessons from the pandemic and how can they be utilized for the future?**

AV: The pandemic accelerated the process of data usage in healthcare. The necessity to analyze and understand data has increased a hundred-fold. It is a silver lining as many positives can be taken away from it.

*We have always believed in the power of data and having real-time, in-depth data to inform important decisions. The pandemic helped boost our purpose, and mindset. During the pandemic, people had to analyze data, get insights as quickly as possible, and act on it. The time has long passed to prove the value of data. It is now all about how do you build systems within your organization to analyze and act on data quickly and effectively.*

**EF: What does the future of healthcare delivery look like and what will be the role of data science in developing healthcare systems in South Africa?**

AV: Healthcare is becoming dual. It now operates online and offline. Online healthcare solutions are not the only solution because there is power in seeing a doctor face-to-face. *There is great power in building a relationship between a provider and a patient. The question is how to use digital solutions to augment the relationship between the provider and patient to make it more seamless and effective.* It is a big issue that we should figure out together. *Different players are involved in health journey of a patient, and each player has a piece of information that can improve the patient's health. This goes beyond patient care; it is in research, and it is value-based healthcare.* The solution is to break down the siloes and bring the information together while maintaining safety, security, and patient confidentiality.

**EF: Can you elaborate on key healthcare trends data analytics will aid, such as home-based healthcare?**

AV: At home, healthcare is a growing trend, although it is still in its foundational phase. Most people are comfortable in their homes, technology is advancing, and medical devices are becoming more portable and user-friendly. This is why home-based care is a trend. It will keep growing and it may be the new future. *Value-based healthcare is also a growing trend in South Africa and many of our clients are genuinely*

*thinking about this. It is fundamental and will be a key trend in the future.* There will be a shift from fee-for service models to paying for outcomes over time, which is intuitively what other people-facing industries are based on. *Measuring health outcomes and creating payment and reimbursement systems based on value holds great power for unlocking the next evolution of healthcare. This also stops the rising cost of healthcare while maintaining the quality of healthcare.*

**EF: What is the strategic importance of South Africa given Quantum's global presence, and how do you attract resources from headquarters?**

AV: Africa is an important market for us. *South Africa was the first subsidiary we opened outside of Australia* and it is of strategic importance to Quantum. We have many important and trusted collaborations in South Africa such as with Discovery and our clients in pharma, MedTech and hospital groups. *We are committed to building and growing data science capability in South Africa. We hire many graduates each year from STEM fields into data science early and build cohorts of phenomenal data scientists over time.* We do this by providing on the job experience, training programs and opportunities to work in other global markets where we have a presence.

**EF: What factors make Quantum a partner of choice in South Africa?**

A: Many large organizations we partner with believe in Quantum's data ethics and security. Clients trust us with their data, and that we will use it to do good and unlock the value within that data. Some companies have amazing data but don't know how to make it more available and useful externally. Helping clients organize their data internally and use it externally in a responsible manner is something Quantum excels at.

**EF: How do you incorporate your health expertise into your role as a manager?**

A: *Combining data science with industry experience can help solve the biggest problems within any industry and health is no exception.* I have always been interested in data and the power of data in transforming healthcare. My experience over the last 10 years working has helped me get a good understanding and appreciation of the healthcare landscape in South Africa. Therefore, my role allows me to bring that experience and work with some of the best data scientists in South Africa and Australia to solve our clients toughest challenges.

**EF: Do you have any other message for our readers?**

AV: There is a lot of caution in trying new things in healthcare, and rightfully so. Healthcare has always been highly innovative in developing new drugs and devices however, perhaps slower in innovating how service is delivered or how healthcare companies operate. My call would be for healthcare stakeholders to be bolder, break siloes and start collaborations between pharma, med-tech, insurance, hospital groups, regulators, and the public sector for a sustainable healthcare system in South Africa. We have proved that this is possible during the pandemic and I would love to see collaboration and innovation continue in using data more effectively in all areas of our healthcare system.

“Clients trust us with their data, and that we will use it to do good and unlock the value within that data.”



# Dr. Iain Barton

**Founding Principle**  
Health 4 Development

**EF: Can you elaborate on the role of the private sector in developing access?**

**IB:** *Expanding the private sector to create an affordable, high-quality, accessible system is fundamental to the growth and strengthening of every country's healthcare system. Historically donors were big, governments were growing, out of pocket was small, and insurance was minuscule. Covid was the continent's tipping point for fund generation. Third-party reimbursement models are becoming more common. Many clinics and hospitals need funding to provide quality and accessible care for the community at affordable prices. The volume of patients at clinics is incredibly high.*

*Unjani Clinics was launched in 2010, and now we have 110 clinics serving more than 60,000 self-funded patients monthly. The mid-term goal is to develop these clinics into networks that convert their funding source into prepaid third-party reimbursement models. As an industry and a continent, we need to find ways to fund small to mid-sized enterprises that make a difference. The investments should deliver care and healthcare commodities. The funds should be managed transparently and demonstrate the impact they make. We are not looking for the opportunities for greatest financial return but the market where the conditions are for investments to achieve the greatest impact for care.*

**EF: Can you elaborate on the role of healthcare in developing the economy?**

**IB:** *In our brand, the 'd' in development is a capital D. Development is fundamental to and a representation of the basis of health. One of our key focuses is healthcare outcomes of children in Africa. Our mission is to get at least one parent into a meaningful job for a healthier family and healthier children. Through this initiative, we are contributing toward dynamic economic growth. *Creating better health creates economic development and develops people's self-sufficiency.* SMEs provide 80% of the continent's jobs. Therefore, the more we grow the SMEs, the more jobs are created. *We need more businesses to create a sustainable and more credible economic platform.**

**EF: Can you elaborate on the necessity of healthcare investment and philanthropic efforts?**

**IB:** *Smart investment is all about thinking about the future, but not at the expense of the present moment. Blending different financial instruments can create maximum impact. When used individually, the agents work; however, so much can be leveraged by combining the various financial tools.*

*The integrity of providing adequate care here and now is the focal point. However, ensuring future patient readiness and keeping momentum in the change is important. Creating a significant impact with the investment money and leveraging it in the market is more meaningful. I use all the knowledge and experience I have acquired throughout the years to drive a futuristic vision but not at the expense of the present moment. *A healthy society is equal to a healthy economy.**

*Often, our biggest challenge is changing the government's view of healthcare as an expense rather than a driver of economic growth. We need governments to invest in healthcare. There is a clear linkage between healthcare expenditure and GDP growth. It is a position we are encouraging governments to adopt.*

**EF: What advice would you give to potential investors regarding putting a stake in the South African healthcare system?**

**IB:** *The healthcare industry in South Africa has been through three momentous events in the last 20 years. The first was the deregulation of retail pharmacy. The second was the single exit price, and the third was the regulation of dispensing fees. The common running theme in all these events is the industry's superb growth after each event – in patient access and financial benefits for all role players. I am confident that it will be the same with the National Health Insurance. The biggest challenge we are facing is investment fear. The vision for the long-term future over the short-term vision is at the center of healthcare's discourse. Investors should strongly consider long-term prosperity over short-term gains. Sure, the UK's NHS is an imperfect model. But it works – supporting patient health, social wellness and economic growth. Most of the challenges we face are long-term challenges. Therefore, there should be long-term solutions provided.*

**EF: What is your perspective on a national or continental level of self-sufficiency?**

**IB:** *Local manufacturing is the number one item on today's African Union heads of state meeting agenda. Before the pandemic, starting the conversation on local manufacturing was impossible. People and leaders to now realize its strategic priority. The most important thing to note is that this is a long-term investment. It is a 10-to-15-year investment cycle. The main aim should be to manufacture essential commodities and basic medicines that cover the continent's needs. We need to focus on fixing the key elements.*

*In our brand, the 'd' in development is a capital D. Development is fundamental to and a representation of the basis of health. One of our key focuses is healthcare outcomes of children in Africa.*



# Dr Vuyane Mhlomi

CEO and Co-Founder  
Quoro Medical

We need to re-emphasize non-communicable disease prevention and assist in vaccine awareness. Raising awareness is the key. The second thing to look at is innovation.

**EF: How does your portfolio performance look beyond COVID-19?**

VM: *The future of healthcare means hospitals will become highly specialized centers of care while transitioning from this hospital-centric care to hospital-level care at home. I see hospitals being a place where people go for specialised care and surgeries. Everyone else will be treated at home. The future of healthcare is one where healthcare is delivered and centered around the home, and the entire system is reconfigured to support that care. Healthcare access limitations have been administrative, logistical, or infrastructure-related. Moving healthcare to the home rapidly solves all those issues. With our model, the biggest issue would be solving the telecommunications problem. Once the telecommunications/connectivity challenges is addressed, everyone will have access to doctors.*

*Data-driven healthcare is the second part. I want to create a future where we democratize the stethoscope. Fortunately, that is where we are heading. We can create more value and focus on the quality care we deliver. With data, healthcare can become less of a black box. In other words, data can be collected in homes by patients themselves using tools like the stethoscope.*

*Lastly, the future of healthcare teaches us to be more efficient with our existing healthcare resources. It takes nine to ten years to train and register as an independent doctor. The healthcare burden is increasing at a staggering rate. The healthcare sector is not training enough healthcare professionals to respond to the growing burden. So, unless we find ways to become much more efficient with the existing resources and prevent diseases, we will constantly be chasing our tail. How can we make specialists knowledge more accessible, and how do we expand the scope of what physicians and nurses can do so that everyone can look after more patients? All these things speak to a value; therefore, the ultimate manifestation of innovation in healthcare is value-based care.*

**EF: How has the company grown in the past four years, and did the pandemic contributed to its accelerated growth?**

VM: *We were the first company in Africa to pioneer the provision of digitally enabled hospital-level care at home. We remain the leading and trusted provider. COVID-19 essentially accelerated the acceptance and growth rate of our company. The pandemic happened, and there was a rapid adoption of health regulatory shifts, attitude changes, funder attitude changes, and consumers' and patients' behavior changes towards delivery at home. It is something we are at the forefront of. A perfect storm could not have been better created for our model.*

*We have seen the uptake of our model by companies like Medscheme and Discovery Health. It is incredible to see how far we have come, as there were only six people when the company started in 2018. Life Healthcare invested in Quoro Medical because they believe in our team and this model. We are at an inflection point and will continue pioneering healthcare at home and all the other tailwinds that assist us in driving change.*

*Collaboration and partnership are the future; they drive innovation and change. Having a collective vision is one of the biggest lessons from the past couple of years regarding experience.*

**EF: Do Quoro Medical have plans to extend across Africa or internationally?**

VM: *If we are not building healthcare systems to enable greater access, we are not doing it properly. Healthcare is a global problem. We are constantly looking at how we can build our solutions for export. We have massive aspirations to go beyond South Africa. Beyond the continent, our focus is on emerging economies. One of my biggest frustrations is reverse innovation. It is the idea of something developed in an emerging economy and subsequently taken to developed countries being considered reverse innovation. Sending people to the best institutions globally will naturally produce innovative ideas that solve global problems. Unless we can make platforms and digital solutions that create solutions that are accessible to everyone globally, we have to keep going back to the drawing board and come up with more global solutions. Quoro is true to its premium quality mission. Affordability and a premium quality care should not be mutually exclusive. Affordability must be cross-cutting.*

**EF: Next year Quoro will be celebrating five years. What do you think you will be celebrating?**

VM: *We hope to have covered South Africa and be in at least two other African countries. That is currently our main goal and my biggest project. Right now, we have managed to halve the cost of healthcare for patients in our care. We have also reduced the length of their hospital stay by 60%. We have averted over one-thousands hospital bed days. It is exciting because it means our model can be scaled rapidly which is important given the urgency of our work and our pursuit to reach as many patients as we can.*



# Amanda Jane Wilde

**Managing Director**  
Umsinsi Health Care

**EF: Can you elaborate on the key aspects required in forming ideal partnerships?**

AJW: It must be about investment, not all money and risk can come from the local partner. It is important to live your words, we say actions speak louder than words. There must be a recognition that no one can do it individually, commercial companies must think about their motivations in the country and how they envision healthcare in the long-term, and then what can be done collaboratively to achieve this. There is more than enough business for everyone. Short-term risk is fixated amongst partners which then hinders deals, we hold contracts with the Western Cape Government, but the short-term vision is prevalent. *These are some of the biggest contracts that we have been awarded over the years and so the potential is immense.*

**EF: The John Lewis Partnership was a demonstration of long-term strategy that overcame various hardships, can you elaborate on how this vision inspires your mission?**

AJW: John Lewis have a 5-year turnaround plan which resulted from the necessity to adapt to online shopping, whilst also maintaining the core values, *one of the main aspects that inspires me is that the original intention of John Lewis was the reconcile social classes, and this is something that needs to be done in South Africa.* Sections of society believe that societal trauma should be swept under the carpet, but it needs to be addressed, putting plasters over deep wounds is unsustainable and we are now feeling the pain of these unaddressed wounds. *Problems cannot be wished away. It is a process, and you cannot skip steps, or else there will be consequences.*

**EF: What advice would you give to potential investors that are interested in putting a stake in the South African healthcare system?**

AJW: It is the advice that I give to wound care nurses, *healing doesn't happen in a day, and what we must do is build in a set of markers and achievements that show the progress, and then decisions can be made along the way.* By the end of each month, we want to see a list of things going in the right direction. It is essentially a roadmap. When it comes to scenario planning, two or three scenarios will provide the confidence of moving in at least one right direction. Furthermore, do not hinge everything on the result, it is an experience and a journey, which is why we need a philanthropic investor that truly wants to make the difference. Health is not short term; it has always been long term. Factoring prevention means that we can spend the budget on treatment that is a necessity, we should not be looking at creating more patients.

**EF: What is your perspective on public-private partnerships going into the future and developing the South Africa healthcare system?**

AJW: *There is going to have to be a period of reflection and discussions around the table,* there are some notable positive lessons learnt for example

“... actions speak louder than words. There must be a recognition that no one can do it individually...”

the necessity to state a problem sooner rather than letting it evolve and become too late. I have a meeting with the Western Cape Government in which I will be providing feedback on what we are seeing in the field. Supply-chain times must be improved for patient care, and I am optimistic about our potential impact on the Western Cape province. We need to see more collaborations and partnerships and less individualization in order to level the playing field, and this will impact everyone. There is more than enough business for everyone.

*We can only see this level of change happening if we work together by sitting around the table together, assessing the situation and discussing solutions.* Our sector, the wound care sector, has many implications with the cost consequences of infected skin, for example. These consequences are preventable if we get on top of them.

**EF: How has your portfolio performance shifted and evolved over the past couple of years?**

AJW: Before the pandemic our portfolio was more diverse, when Convacare took their business back at the end of 2018 we looked at skin through three aspects; wound care, skincare of healthcare professionals using reusable PPE, and our probiotic hygiene range. We focused on reusable PPE due to the environmental damage and implications that result from single-use plastic waste and the use of alcohol in eliminating infections that are sensitive to soap and water. This is also something that we need to discuss in terms of the environmental impact. For us, the focus should have been on clean water as this is another societal issue that needs addressing whilst also being sufficient, along with soap, in ensuring the elimination of bacteria. The pandemic could have been an opportunity to address the water supply which would have resulted in taking care of the virus and setting ourselves up for tackling infectious diseases in the future. Being in wound care puts us in a unique perspective as we see the broader picture. We made a difficult decision of either continuing down this portfolio path or going back and starting again, but we decided to keep going, and now Western Cape have awarded everything on the first contract. It is the first awarding for probiotics, and we also have most of the wound dressings. Now, the challenge is finding a partner to assist in operating the cash flow or investment.



# AI van Buuren

CEO  
Alpha Pharm

“One of the values is that no one gets left behind; no staff member, customer, or stakeholder should be left behind.”

## EF: Can you elaborate on the changes in retail going into the future?

AVB: *During the pandemic, online retailing accelerated exponentially. E-commerce businesses were stimulated and did tremendously well. Alpha Pharm did not have the same experience because our company relies heavily on services, face-to-face interactions, and pharmaceutical skills. The medical compliance for non-communicable diseases was impacted because many people were too afraid to leave their homes to get their medicines. The healthcare industry has become commercially objective. Being in the healthcare sector was a calling in the early days, but not so much these days. We are more knowledgeable and technologically driven, so the industry is now more commercial. Technology has allowed healthcare to be quicker and better.*

With technology, patient information is easily stored and accessible. *Many pharmacists now know a patient's condition at a glance because of their drug history. It is a positive benefit because it gives the pharmacist more accurate information and more time with the patient. We are no longer on a paper-based system. This allows pharmacists to have a few extra minutes with patients, which has saved patients' lives. There have been times when a pharmacist encourages a patient to get a cholesterol test, which then turns into a bypass surgery. Therefore, though technology has improved, it does not substitute time with the patient.*

## EF: How do you define access in the context of South Africa?

AVB: *The first exchange is crucial in healthcare. The first call for patients should usually be the doctor. However, the first call is typically the pharmacy or the clinic here in South Africa because most people are on a shoestring budget. The first interaction and first medical advice given are paramount, so the first call should be the doctor. The speed with which care is provided is crucial to a patient's health. The sooner a patient discovers their disease, the better. We deal with a lot of life-threatening*

*and life-altering ailments. One of the biggest things that create better access is; having healthcare practitioners around and accessing them easily. AlphaDoc does this; a doctor is available within minutes to talk with the patient. The second thing that creates better access is experience. New healthcare practitioners need the expertise to grow and become better professionals. The knowledge they gain includes bedside manners and empathy.*

*We have 900 shareholder pharmacies nationwide, which puts us in almost every town. Medicine can be given to any pharmacy and healthcare practitioner but giving them great advice on the medication is the bridge that will help patients receive the care and medicine they need. We can deliver almost anywhere in the country twice a day. Without medical professionals, this would not be possible. I am a big advocate and believer in the healthcare pharmacists deliver. If healthcare is still about life and not income brackets, then it is still good.*

*Many competitors shared their stock, delivered for their opponents, backed each other, and survived and thrived the pandemic together. It was amazing to see pharmacists, doctors, and other healthcare workers talking to each other and banding together all elements available from a purely humanitarian basis. We use the term Ubuntu which means community, to show such kinds of collaborations and partnerships.*

## EF: What are the company's core values, and how do you co-operate with your workers?

AVB: *We have taken on a lot of insolvent pharmacies and have had to stimulate them. They all have great pharmacists and physicians on-site; however, their financial or retail management has been lacking, which is where we step in. Our part is to show them that business and resources are people. Supplies are people, customers are people, and our staff is people. If they do not understand people, they cannot be in the retail business.*

*We have ten values that we believe should be lived. One of the values is that no one gets left behind; no staff member, customer, or stakeholder should be left behind. COVID-19 showed many companies that they did not know who was with them and who was lagging. We have to understand the problem and take the time to solve it.*

*The responsibility belongs to all of us. I am responsible for the growth of my subordinates. I believe that I can only get promoted if my associates can do my job. Trust is earned, and grit is respected. I want to be respected because I work with my employees from the base level. The way I serve a customer is how they will serve a customer. We have to treat people the way we want to be treated. We have respect for all stakeholders and fragile care for our assets. We do not leave for tomorrow what could have been done and resolved today. It is an important aspect of retail. Our values are designing with our heads and running the business with our hearts.*



# Ebrahim Asmal

**CEO / Hospital Manager**  
AL KADI Hospital, South Africa

## EF: Could you elaborate on the hospital's role during the pandemic?

EA: *We were primarily responsible for ensuring Covid-care for the community. We had a detailed and structured system to manage patients at home or out-patients. We sent out nursing teams to patients' homes, and we set up an emergency station at the facility, installing an additional separate structure center for patients. We had three sessions a day, morning, mid-morning, and afternoon to treat patients. Through partnerships with charitable organizations and foundations, we went to outlying areas to offer the provision of care, trying to assist as many people as possible by creating satellite services. We collaborated using every possible avenue of help going to the patients rather than the patient coming to the facility because it created better patient experiences and clinical outcomes. It also meant getting to the patients earlier before the complications of Covid set in. Between waves, we set up post-Covid recovery structures, a kind of Covid rehab center, to get patients to exercise their lungs. We made oxygenation centers available for those who had difficulty breathing and provided oxygen to patients' homes. Our service was complete and holistic.*

## EF: How do you see the role of the healthcare infrastructure in developing the economy in South Africa?

EA: *Investment in infrastructure is critical to the sector and country, as it leads to the creation of employment, opportunities for social growth, and healthcare takes on a pivotal role, giving quality in terms of human capital. A healthy population means a productive people, which makes investment in healthcare infrastructure critical to a country. We need to ensure that our very young population is healthy, and the more we spend on health infrastructure, the more productive human capital is available. While others put investments on hold during the pandemic, we have invested and continue to invest a lot of money in health infrastructure to prepare for the future. Health infrastructure: healthcare services, sanitation, and vaccination programs play a key role in helping a country's economy in mobile and efficient delivery. Investment in healthcare is an investment in the country; one cannot grow without the other.*

## EF: What would be your advice to investors looking to invest in healthcare services in South Africa?

EA: *From an investment perspective, There are huge opportunities in South Africa. We might be considered a third-world country, but the private health sector is first-world. The quality of private healthcare in South Africa has always been good, equivalent to what you would get in Europe. We have invested in bringing the latest technology to South Africa. Having the latest technology would be a huge boon for the country because we are looking forward. Healthcare has changed and will continue changing dramatically; the scenario will be different in three years; we will have increased our innovation and technology. In sanitation, for example, we have an excellent track record in reducing disease burdens. But investment is required. I believe the investor should not build hospitals but invest in healthcare support services systems.*

## EF: How would you like to be remembered for your management over the last few years?

EA: *Our motto is healthcare excellency, and we want to be recognized as*

... actions speak louder than words. There must be a recognition that no one can do it individually...

leaders in patient care. *Our facility offers the best patient experience and the best clinical outcome at the right time.* Patients enjoy quality care at our facility delivered with a smiling face. Our maternity unit has been so successful over the last two years that it is known as the Royal Maternity Experience. Patients say they feel like royalty when they get here. Our aim is for all patients to enjoy the best possible experience at Al-Kadi Hospital.

## EF: Could you elaborate on the lessons learned and experiences from the pandemic?

EA: *Judging from what we saw during the Covid waves, a lesson learned was the at-home-care, a pivotal point for us and the patients because it worked very well, as it didn't block up the hospital, and we could still collectively manage the patient. Home care is a key priority for us; post-covid, we have set up an in-home care department. Patients either have a teleconference with a doctor or come in once to the doctor, and then we provide nurse services. The nurse goes to the patient's home to manage the patient. The system is here to stay, and with the move to reduce healthcare costs in South Africa, it will add value for the patients and us. The medical schemes are quite receptive to it because it lowers the cost of care, and the patient is getting appropriate care at the right time and in a convenient place. We have also set up Chronic Disease Management Centers. During Covid, the patients were scared to come into hospitals, but they still needed assistance managing their chronic diseases and complications. Hence, we set up satellite Chronic Disease Management Centers, and people could walk in either weekly or monthly to have their chronic conditions managed. The patients were controlled, outcomes improved, the hospital environment was avoided, and the risk of getting Covid was reduced. Even today, patients are reluctant to come, so having the Chronic Disease Management Centers separate from hospitals was a big inducement to control their chronic conditions. Throughout, technology was instrumental; with digital platforms, zooms, remote patient monitoring, telemedicine, etc., we leveraged all the digital options to benefit the patients and the hospital. Technology is here to stay, and the patient's mindset has also changed; they now like having a teleconference with their doctors from the comfort of their homes. Technology and remote patient monitoring allow doctors to access all the needed data. House visits allow for readily available oncology treatments and pathology, and we can offer the complete spectrum of care without the patients having to come in or be hospitalized.*