

Q4 · 2021

SOUTH AFRICA

Stewards of Health



EXECUTIVE FORECAST

Executive Interviews • Industry Intelligence • Insightful Conclusions



Contents

Come together, right now—Overseas	6
Think Global, Act Local	8
Stronger Together	9
Quick tips: All together now	10
Satellite Interviews	11
- David Gibbons - General Manager, Roche South Africa	
- Zwelethu Bashman - Managing Director, MSD	
- Abofele Khoele - Managing Director, Organon, South Africa	
- Sandra Orta - General Manager, Roche Diagnostics, South Africa	
- Ursula Myles - Access Market Cluster General Manager, Takeda, South Africa	
- Mia Louw - Country Manager, GUERBERT South Africa	
- Ayanda Swana - Chief Executive Officer, Siemens Healthineers, Southern Africa	
- Eyong Ebai - General Manager of Sub-Saharan Africa, GE Healthcare, South Africa	
- Rhulani Nhlaniki - Cluster Lead Sub-Saharan Africa & Country Manager, Pfizer, South Africa	
- Skhumbuzo Ngozwana - Chief Executive Officer, Kiara Health, South Africa	
- Bertrand Chane-Sam - Head of Africa & Middle East, SANDOZ	
- Ronnie van der Merwe - Group CEO, Mediclinic, South Africa	
- Emma Knox - Country Manager, GSK, South Africa Vice President, IPASA	
- Lynton Lomas - Chairman, Alpha Pharm, South Africa	
- Aurélien Breton - General Manager, Servier Southern Africa	



Executive Forecast South Africa Stewards of Health 2021.

Produced by White Ink House LLC.

Credits: Executive Publisher: Ines Gray / Project Director: Santiago Nandin / Editorial: Arthur Thuot & Flora Mackinnon / Cover credit: Mike Celedonia

For exclusive interviews log onto
www.executiveforecast.com

Copyright: All rights reserved. No part of this publication may be reproduced in any form or by any means, whether electronic, mechanical or otherwise including photocopying, recording or any information storage or retrieval system without prior written consent of White Ink House LLC. While every attempt is made to ensure the accuracy of the information contained in this report, neither White Ink House LLC. nor the authors accept any liabilities for errors and omissions. Opinions expressed in this report are not necessarily those of the authors.



Abbott

POINT-OF-CARE TESTING

ONE SOLUTION TO GLOBAL HEALTHCARE

**POINT-OF-CARE DIAGNOSTIC
TESTING PROVIDES IMMEDIATE,
ACTIONABLE RESULTS RIGHT
WHERE YOU NEED THEM.**

For more information, visit
www.globalpointofcare.abbott

“The only positive thing of the pandemic is that it has brought together different actors in society, ones that wouldn’t normally work together, figuring out it is possible to work together and is something I am hugely proud of.” **Jonathan Broomberg, CEO of Vitality Health International**



“The next few years will be a revolution,” says Emma Knox on the power of collaboration: during COVID-19, as the **Health Workstream Lead** for **B4SA**, she spearheaded partnerships to procure 2 billion rand (133 million USD) of PPE and medical equipment, bringing together major donors in the Solidarity Fund. Many companies like **RMB**, **PWC**, **Deloitte**, **AB Inbev** and **Discovery**, who offered volunteers and other resources, were proof that for Health Stewards in 2021 and beyond, collaboration is the name of the game. But if collaboration between governments, agencies, associations, and businesses—even competitors—is the way forward, *will there ever be the same coordinated effort for healthcare as there is for Climate Change, as demonstrated in the recent COP26 Climate Change Conference?*



COME TOGETHER, RIGHT NOW—OVERSEAS

One recent sign toward global coordination is Merck granting a royalty-free license for its groundbreaking COVID-19 pill to the United Nations-backed nonprofit Medicines Patent Pool.

It's a novel idea in drug development: instead of a system built to benefit shareholders, a new "open-source" platform could borrow best practices from software like Linux and Firefox and potentially energize the race to end COVID-19. Merck's initiative subsidizes access for 105 countries, mostly in Africa and Asia, and **Stephen Saad of Aspen** believes his company could market the drug for about \$20 per dose—less than 3% of the \$712 that the U.S. has agreed to pay.



And Merck is hardly alone. "Abbott's new Pandemic Defense Coalition is dedicated to the early detection of, and rapid response to, future pandemic threats," says **Bassem Bibi**, the company's VP for **Rapid Diagnostics**. The worldwide program's goal is to extend the continuum of the patient journey through a partnership with **Axios** and patient-assistance programs, expanding on viral surveillance and discovery over the last three decades through a network amounting to dozens of partners in strategic geographic locations.

"Country-specific evidence is so much more powerful when driving for change in policy—especially for under prioritized diseases," Bibi says. "Local evidence on the burden of disease is critical to shaping healthcare policies and looking to improving outcomes to enable universal coverage."

Bibi points to a flagship example in Rwanda, where more than 80% of the population is rural. He envisions a future where no Rwandan should have to walk more than 30 minutes to access quality primary healthcare. "The Ministry of Health, in collaboration with a local NGO (**Society for Family Health Rwanda**) and Abbott, built eight second-generation health posts that bring primary care to local communities. As a result of this initiative, more people have gone to the new health posts for general check-ups, antenatal care, wound care, family planning and counseling and other basic

services that previously they might have had to walk three hours to access!"

Ursula Myles, GM of Takeda, offers a similar instinct for multinationalism that goes far beyond her firm freeing up capacity for the production of the COVID-19 vaccine with **Moderna** and with **J&J**. "We partner with a number of organizations in Africa, such as the **International Cancer Alliance**, looking to raise awareness on non-communicable diseases," says Myles. "Our efforts around NCD are a global issue. Hypertension is underdiagnosed and often not adequately managed, and it's unfortunate that it happens across the country and continent. There are challenges in every market, from lack of information, to what they eat, to cultural barriers." Takeda's consortium reaches every country on the continent, but Myles highlights one of the biggest, **Blueprints for Innovative Healthcare** Access in Kenya, as well as expansions throughout Tanzania and Ghana that focus not only on the disease itself, but on education of healthcare professionals and on earlier diagnosis.



"We have one strategy, one concept for the group, but each local region's implementation differs," says **Dr. Ronnie van der Merwe, CEO at Mediclinic**. "In Switzerland, we partner with **Migros**, the country's biggest wholesaler, across many service lines. Together we established **MedBase**, a series of primary care and consultation clinics offering radiology and lab services; Mediclinic runs the radiology and lab services, and Migros runs the consultations."



Barnaby McKay, MD for Astellas, knows first hand about international collaboration: having been appointed to South Africa from his previous role in the Middle East, he was based in Dubai for the first five months. "I was used to routinely communicating with people in Algeria, Morocco, Lebanon, etc.," McKay explains. "But to take on a local affiliate role from a distance when all our stakeholders are in one country—except me—was a new experience."



"We would have never managed to create vaccines as quickly as we did without collaboration and partnerships within the sector," says **Rhulani Nhlani, CM for Pfizer and President of IPASA**. "All I can say is that the Pfizer BioNTech vaccine resulted from collaboration, as was the AstraZeneca partnership with Oxford University. There are many more examples to prove my point."





For over 130 years MSD has been inventing for life, bringing forward medicines and vaccines for many of the world's most challenging diseases in pursuit of our mission to save and improve lives.

But innovating to create lifesaving medicines and vaccines is not enough if those who need them most can't access them.

That is why, since 2013, in partnership with GAVI, the Vaccine Alliance, we have been supporting national efforts across sub-Saharan Africa to vaccinate girls between the ages of 9 to 13 years old against the Human papillomavirus (HPV) - one of the leading causes of cervical cancer.

Today, with programmes in over 14 countries across the continent and growing, we continue to make a meaningful contribution towards the World Health Organization's Cervical Cancer Elimination Strategy which aims to have 90% of girls vaccinated against HPV by 2030.

THINK GLOBAL, ACT LOCAL



“We donated approximately 13 million rand to various organizations in the country,” says Shelley Horner, CEO of Novartis South Africa.



But beyond relieving some of the hardest-hit households with PPE or food parcels, “we’re partnering on an ongoing basis with the **Clicks Helping Hand Trust**,” adds Horner, “through which we have donated over 9,000 reusable sanitary pads for low-income families in the greater Gauteng area, benefitting around 6,000 girls during the pandemic.”

Other than philanthropic contributions, Novartis developed strategic partnerships to enhance access, and “very successfully created a digital environment for our field force through technology, launching new drugs virtually in the country using Zoom, webinars, MS Teams or other platforms,” Horner says. *“We upskilled our field force and our CRA’s, who engaged directly with patients and healthcare professionals. Our clinical trials were never once at risk during the pandemic, thanks to those partnerships.”*



“We can’t do it on our own,” agrees **Zwelethu Bashman, MD of MSD for South Africa and Sub-Saharan Africa.** “We partner with community-based organizations as well as nurse-run institutions within the communities, and we take things a step further by upskilling with technology and social media,” Bashman explains, citing the example of a recent HPV campaign where a single doctor reached 16,000 participants.

“We must make a greater effort to engage with the end customers,” Bashman insists, “to share information and education and not always leave our health up to Dr. Google!”



Abofele Khoele faced a unique challenge as MD for **Organon**: not only was the company spun off from MSD in the middle of the pandemic, Khoele helmed the women’s health specialist totally remotely. *“Collaboration is vital, and as a 2021 startup we leverage technology in our conti-*

nent where infrastructure does not always allow us to access remote areas,” Khoele says. “We are very focused on e-health and fem-tech and we believe these two will transform the future of healthcare delivery in Africa.”

“At a local level, it’s paramount to care for my team,” says **Bertrand Chane-Sam of Sandoz.** “It is through them that we are able to deliver our products and ensure business continuity,” Chane-Sam adds, including recent partnerships to fill gaps in vaccine-manufacturing capacity. “Our CEO, Richard Saynor, has also committed to freezing prices of certain vital medicines since the beginning of 2020.”



Globally, **Clinigen’s** strategy is to approach specific patients and provide access to medication that isn’t available in a given market. “Our business is to reach out to small biotech companies and partner with them,” says **MD Carel Bouwer.** “We do the distribution and supply chain, give them medical support, quality support and pharmacovigilance support,” Bouwer explains. “We ensure the development of the product and that it reaches the customers; we have agreements to provide the medications and access to those treatments, approaching both new products and old products with new registrations.”



“We started out with a very simple vision: to bridge Western science and African need,” says **Skhumbuzo Ngozwana, CEO of Kiara Health.** “We partnered with the people who developed ventilators, and we have two partnerships with locally developed products. We want to meet the need with quality and the demand with healthcare products in aid of the health of South Africans,” says Ngozwana, and adds “ultimately we see ourselves as a player that can play a small but meaningful role in advancing the agenda of localization and local innovation.”



OUR PURPOSE IS TO REIMAGINE MEDICINE TO IMPROVE AND EXTEND PEOPLE’S LIVES.

 **NOVARTIS** | Reimagining Medicine

Magwa Crescent West, Waterfall City, Jukskei View, 2090, South Africa
Tel: +27 11 347 6600 – www.novartis.co.za





STRONGER TOGETHER



"It is always harder to win on our own," admits **Mia Louw of Guerbet South Africa**. *"Being a small team we are very agile and work with a collaborative mindset, which is one of the building blocks of our DNA."*

"We are a family-owned company, and teamwork prevails over individual work—we need all parts to collaborate and not work as a silo."

Because the imaging industry is relatively small and highly competitive, Louw says that collaboration can sometimes be challenging—but it does exist, as evidenced with Guerbet's relationships with Philips and Siemens, installing TT and MRIs. She hopes that policymakers can be persuaded to invest toward disease prevention and access to medicine. "These are fundamen-

tal issues," Louw says. "A strong case should be made in terms of the promotion of health as a basic human right and as a means to contribute to poverty alleviation and economic stability."

"95% of our people are back," says **Anthony Diack, MD of DSV Healthcare**, with some relief: *"I think people are more innovative when working together; solutions are easier to come by in face to face situations."*

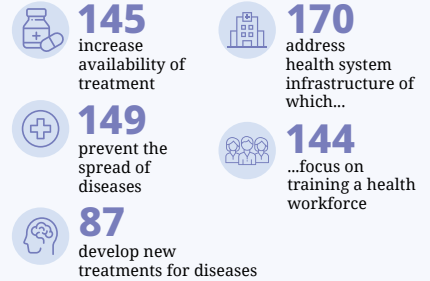


Three quarters of Diack's 1450-person workforce are in warehouse operations or are driving staff and didn't have the luxury of working from home, yet only 16% of his staff were in the office. "This has to some extent tested our managers, as managing remotely means a different mindset," Diack adds. "Initially, it was quite difficult, and even if our people have learned the necessary skillset, in the long term I want everybody back!"

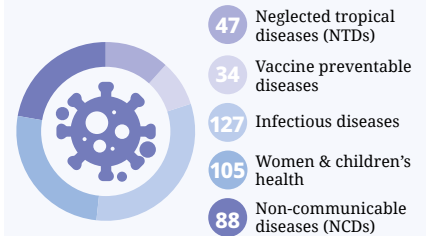
HEALTH PARTNERSHIPS

106 number of health partnerships in South Africa

TYPES OF HEALTH PARTNERSHIPS IN AFRICA



TOP 5 DISEASE AREAS IN AFRICA



Source: IFPMA



Better Health, Brighter Future

Takeda is a global, R&D-driven biopharmaceutical company committed to discovering and delivering life-changing treatments and vaccines that have a lasting impact on society.

Since our founding in 1781 in a market stall in Osaka, Japan, our values endure by putting patient needs first, building trust with society, strengthening our reputation, and developing the business - in that order.

QUICK TIPS: ALL TOGETHER NOW

Executives share their wisdom on going “Back to the Future”—how combining human and machine resources will get us working better together in a post-pandemic world.



Ursula Myles, GM of Takeda: “An important lesson learnt internally was to stay connected, to pivot to become more digital savvy, have information available, and keep all lines of communication open. Embracing digital platforms and various ways of communications was key for business continuity but to also make sure that our people, patients and customers continued to feel supported.”



Shelley Horner Country President NOVARTIS SA: “The world has changed, we have to be flexible, agile, resilient and learn to be digital savvy and to engage with a virtual ecosystem. Novartis has a company culture with three important legs, i) being inspired, ii) being curious and iii) being unbossed. The integration of technology will go hand in hand with the culture we offer, culture that has grown in importance due to the hybrid artificial digital environment we all have had to adapt to. The culture gives us a sense of belonging.”



Eyong Ebai, General Manager of Sub-Saharan Africa GE Healthcare: “The ability to bring in human or technical resources or components equipment from overseas cannot be taken for granted, and some formal local expertise is necessary to survive. The pandemic taught a lot of companies that localization strategy is critical for long term success. Another lesson was in resilience — and the ability for teams to work together as a family to overcome tremendous obstacles. I am out there with my teams, looking for solutions collectively. And despite being very stressful, being in a challenging situation was my element, having to change, pivot and adjust to doing things differently.”



Ivan and Lynette Saltzman, Dis-Chem: “It’s about rolling up your



sleeves and doing the best you can in a changing environment! The situation is changing constantly, so basically you have to navigate it as it comes—the making and breaking of rules, and deal with all that must be dealt with when it comes to South African business, the Department of Health, and the Director General of Health.”

Sandra Orta, GM for Roche Diagnostics: “We had to act very quickly and all together – no one alone could handle the pandemic – and we need everyone: the government, the private sector, suppliers, etc., not competing but each of us bringing our best in aid of the country. From March 1st to April 14th, we gained regulatory approval for our PCR test, with other suppliers getting support soon after. We couldn’t have done it alone. We needed a lab to validate the tests, SAHPRA, and a solid supply chain. It was not easy to get products in, and what we got was never enough, as resources went to other countries as well. Collaboration was fundamental.”



Jonathan Broomberg, CEO of Vitality Health International: “We did a huge amount of ground work in communication, on vaccination, on modeling, and on data collection. There has been an emerging trend around the relevance and utilization of health data pools: the emergence of Big Data insights and related digital engagement has been accelerated by Covid.”



Dr. Ryan Noach, CEO of Discovery Health: “Early in the pandemic, using our rich internal data sources complemented with national and international data, we developed measures and dashboards to closely track the COVID-19 evolution. The dashboard is now released daily. It has become visible and traveled all over South Africa in both healthcare and non-healthcare



organizations. The dashboard is extensive, measuring all the elements of Covid-19 with information per province, per region; we look at new infections, hospital admissions, severe illness and mortality. We are constantly iterating and building on this, as we now enter the phase of measuring and managing vaccination. We are closely tracking the non-Covid related healthcare utilization, because Covid-19 has effectively squeezed out other parts of the healthcare system. Aside from the usual measures of productivity and health of our people, we have all these added complexities of tracking epidemic diseases which we do now on a day-to-day basis.”

If you had to create a Master in Pandemic Administration which skills would you consider mandatory ?



“Empathy, adaptability and communication. 2020 and 2021 have been years of learning for us all, years where we had to change our business models and adapt to working virtually. From 2020 onwards, our customers and stakeholders have different expectations and a different understanding of what is possible. Going forward, I see a hybrid model with a combination of virtual and face-to-face interactions becoming the norm,” says **Rhulani Nhlaniki, CM for Pfizer**

“Critical thinking and agility. Critical thinking allows to dissect problems and gives a person the ability to take a step back and think through problems considering both the positive and negative impact in an ecosystem and track that impact to see if the potential outcome is aligned with what the solution aims at. Secondly, agility: we have gone too far developing a new muscle and we are in a far better place than we were 18 months ago,” shares **Zwelethu Bashman from MSD South Africa**

Executive Forecast South Africa Stewards of Health 2021. Produced by White Ink House LLC.

Credits: Executive Publisher: Ines Gray / Project Director: Santiago Nandin / Coordinator: Mina Demirel / Editorial: Arthur Thuot & Flora Mackinnon / Cover credit: Mike Celedonia

Nearly a century of passion and dedication

Guerbet has become one of the leading experts in medical imaging worldwide. Offering a full range of medical solutions and services in diagnostic imaging and interventional imaging.

Guerbet |

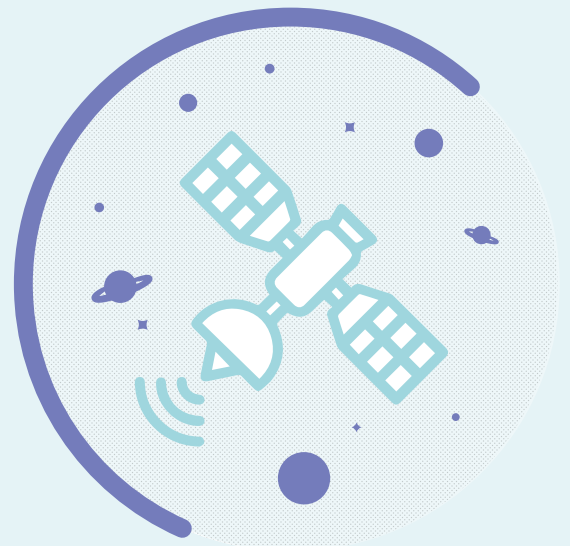
Guerbet South Africa (Pty) Ltd | Co. Reg. No.: 2012/184409/07

Stoneridge Office Park, Building A, 8 Greenstone Place, Modderfontein, Johannesburg, 1609 | T: +27 800 110 200 |

www.guerbet.com/en-za

SATELLITE INTERVIEWS

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





David Gibbons

*General Manager
Roche South Africa*

EF: ¿What was Roche's role in South Africa during the pandemic and over the last 18 months?

DG: It has been a dynamic year for most executives. Roche has a pharma and a diagnostic footprint and at the beginning of the pandemic there was a need for diagnostic tests, then our colleagues in diagnostics developed PCR tests, rapid tests, and eventually antigen tests so we worked closely with the South African department of health to scale up testing operations. At the same time, our pre-Covid patients around the country rely on the services and medicines we provide, oncology patients, neurology patients, patients that need their chronic medications, and this added an additional burden on the supply chain with our staff supporting the Covid initiative and keeping the usual business going. Roche has made a huge contribution considering the impact Covid and lockdown had on the communities, we have a 25-year partnership with the department of health on the Phelophepa train which normally does primary healthcare. As part of the Covid response, together with Transnet we transformed the trains into Covid testing centers and disseminated information, personal protective equipment, and safety indications. It was quite a big shift but made for very interesting times.

EF: How can we refocus on the importance of treatments and diagnosis of chronic diseases (the silent pandemic) with the present focus on communicable diseases?

DG: The big issue is that the pharma dynamic has been completely disrupted, during the pandemic it was not possible to see a GP or to be referred or follow up on any health issue arising and pharma has a big role in solving this. We must find new ways of reconnecting patients and doctors so they are comfortable going in for their diagnostic tests, get referred to the right specialist at the right time, and receive their medicines in a way that doesn't put them at risk. Discovery has telehealth consulting applications which have been generally speaking effective and we are looking where we can play a role on the medicine side of things. In cancer, there is a lot of medication that can be delivered to the patient's home and on this front, we have started supporting and working with mobile health companies doing rapid diagnostic tests for people who need to know if they are infected to then go to see their oncologist or see the specialist for treatment. As the vaccination rate

goes up we can step up the digital health campaign which will play a big role in the future.

EF: When you look back to this period in your professional career, what would you like your 2020 and 2021 tenure to be remembered for?

DG: It would be great to be remembered for navigating a fairly complex time bringing medicines that shifted the status quo for South African patients. Having made available a new set of medicines to a broadest of South African patients in spite of the difficulties of Covid, the economic environment and political uncertainty with our focus always on making sure we help patients in South Africa. In ten years' time I hope to look back and say that at the beginning of 2017 we didn't have a lot of new medicines and ten years later all patients in South Africa have access to new medicines. I hope we can keep on making a positive impact and now that vaccination has started to flow Covid will be over soon.

“We must find new ways of reconnecting patients and doctors so they are comfortable going in for their diagnostic tests, get referred to the right specialist at the right time, and receive their medicines in a way that doesn't put them at risk.”



Zwelethu Bashman

Managing Director
MSD

EF: What were the lessons learned managing through a time of transition and a pandemic?

ZB: The biggest lesson I have learned is that digital is a friend; we had got into a rut where everything had to be face to face, always traveling from country to country or moving from province to province for meetings and here we are 18 months later doing 90% of our interactions online and business is still happening and companies are performing. Covid shocked us into a new way of doing things, into engaging health practitioners virtually and even though we are not quite there yet it has been an important jolt and has a wider-ranging impact in terms of environmental friendliness. Another lesson learned was that we have been made aware of who are the essential workers that keep the company going, not myself or the leadership team but those who keep the organization running from the ground up. The crisis gave us a new appreciation for people who are often unseen within the organization, I come from a community background and was aware of this but now seeing these people never skip a beat, keeping our supply chain and our clinical trials kept going and people getting their medication while I was sitting at home and gave me a new appreciation for what they were doing. The third lesson was that our people care, they all wanted to do more and kept offering themselves up to help and this catalyzed a whole new way of working in our organization. We are building agility and multiple skills in our workforce because we are aware that the future will dictate that, gone are the days when people are specialists in one area. We want to build a workforce that can rotate and add value and we have found that gives our people joy as well. The positive inheritance of Covid is that it has pushed us in this direction.

EF: If you had to design a Master in Pandemic Administration program, which two courses would you consider mandatory?

ZB: I think a course in critical thinking is something that every young person coming out of school needs to do as it allows to dissect problems and gives a person the ability to take a step back and think through problems considering both the positive and negative impact in an ecosystem and track that impact to see if the potential end outcome is aligned with what we are willing to deal with. Secondly, agility, I don't

see us going back to work as we did as we have gone too far developing a new muscle and we are in a far better place than we were 18 months ago. I think critical thinking and agility would be my choices.

EF: What is your definition of access?

ZB: When every single patient that needs our medication can get it at the time they need it there is access. Even if that concept can be seen as wishful thinking in this space we have to that view. Our medication is complex, it's for cancer and is lifesaving medication, diseases where people have less than 6 months prognosis and after diagnosis can have a five-year survival rate. This medication marks the difference between life and death and the world needs it. Access, especially oncology access is very close to my heart. My father passed away from cancer and we were fortunate in that we had those 5 years of survival so I know what it means to have 5 more quality years with a loved one and believe from the bottom of my heart is something we need to do.

“...we have been made aware of who are the essential workers that keep the company going, not myself or the leadership team but those who keep the organization running from the ground up.”





Abofele Khoele

*Managing Director
Organon, South Africa*

EF: What was the mission you set for yourself when appointed in December 2020, in the middle of a pandemic?

AK: Despite the fact we were in the middle of a pandemic, we virtually set up a new company –a huge challenge- and we did it in less than six months. Organon went live globally on June the 3rd, so between January and June, we had to make the company stand up on its own –independently from Merck & MSD. Our three key objectives at that time, which I believe we managed to achieve quite successfully, were:

i) Incorporate the people who had been with MSD 10, 15 or 20 years. It was quite a challenge for them to adopt a new culture and understand our vision, considering it all had to be done on a virtual basis, but bringing people to join our journey was a top priority.

ii) Set up systems processes to support the new organization. We wanted new agility, which meant some processes had to be done from scratch with the added challenge of working remotely.

iii) Engagement with our stakeholders: customers, consumers, the government, etc. We launched a new brand in the middle of the pandemic at a time when governments and customers had bigger priorities.

EF: What were the lessons learnt creating a company in a complex environment and remotely?

AK: One of the key lessons learnt was leveraging technology to be agile. We have now been working from home for about seven months and things are going very well. It has taught me to be flexible and agile, pivoting very quickly from one thing to the next and continually adapting.

EF: If you had to create a Master in Pandemic Administration which two courses would be mandatory?

AK: Agility and resilience to deal with the uncertainty the pandemic has thrown at us in an environment that changes every day. A company needs built-in resilience to cope that goes hand in hand with the agility to adapt.

EF: You are almost entirely focused on women's health, primarily non-communicable diseases, so how can we restore focus to non-communicable or chronic diseases in an infectious disease scenario?

AK: Because of the increasing incidence on our continent NCDs are gaining a higher priority. Traditionally in Africa, the disease burden is considered

mainly to be infectious diseases but with the public and private sector collaboration, we can focus more on non-communicable diseases. There is no way one particular sector can tackle the disease burden alone so collaboration is essential. We have collaborated with governments because there is a significant role to play for non-governmental organizations; we are having conversations and starting a movement for all sectors of society to join us in this journey and to be successful we must all work together. Collaboration is vital, and as a 2021 startup, we leverage technology in our continent where infrastructure does not always allow us to access remote areas but technology does. We can deploy technology to deliver healthcare messages and health education and it is an area we are very keen on exploring. As an organization, we are very focused on e-health and fem-tech and we believe these two will transform the future of healthcare delivery in Africa.

EF: Could you elaborate on your plans for e-health and fem-tech?

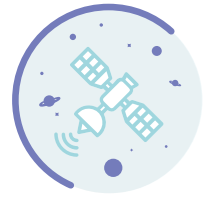
AK: E-health and fem-health are healthcare delivered through mobile and electronic technology. The mobile penetration in the continent is considerable; about 70% of Africa's population has access to mobile phone technology while less than 10% have a landline. In terms of access to healthcare, clinics are focused on urban areas while rural areas lack access to healthcare services and we plan to leverage technology to deliver healthcare information and education to more remote areas. We want to find ways to provide healthcare interventions as is being done in some rural parts of South Africa and Kenya, where healthcare interventions are delivered electronically. Fem-tech is developing very quickly in diagnostics, points of care service, wearables, and there is a focus on diseases that disproportionately affect women -women's health has been ignored and is secondary to the focus on men, and its repercussions can be observed in the continent. Once we have gender equity in access to healthcare, economies will grow, societies will prosper and future generations will be healthier. There's a need for gender equity and fem-tech is a vehicle to achieve it in Africa.

EF: To what extent do you think the pandemic has changed the skills needed for future employees?

AK: I think the pandemic has created a lot of shifts, starting with a change of mindset. From being used to working in an office with face to face interactions, we have shifted to doing home office. Our field force has gone from seeing doctors in their offices every day to interacting remotely and digitally with customers. Those not able to make that mindset shift often experience psychological setbacks or depression. It is essential to interact with people digitally and build on those relationships in terms of the required skills. In our case, after starting from scratch, we could not introduce ourselves over a cup of coffee or a meal but had to do our introductions virtually -a skill we have mastered over the last few months. Interaction with technology is indispensable for us now and into the future, we must know and understand tools such as zoom and MS Teams and all the technology it implies (projecting, presenting, etc.), even setting it up in our homes and performing optimally. I am glad we have been able to make the transition the pandemic has forced upon us all.

There's a need for gender equity and fem-tech is a vehicle to achieve it in Africa.





Sandra Orta

General Manager
Roche Diagnostics, South Africa

EF: Can you elaborate on Roche Diagnostic's role over the last eighteen months, considering the relevance diagnostics has acquired?

SO: We have been on an incredible journey; the pandemic highlighted the importance of diagnostics for the healthcare system. The starting point is prevention and early detection, which has never been so relevant. With the arrival of the pandemic and the healthcare crisis, its relevance became even more apparent. Countries with solid diagnostic, digital and health infrastructure were better prepared to manage the pandemic, South Africa had that necessary infrastructure to control the pandemic better than other countries. Roche played a key role for many suppliers, a significant advantage South Africa had over neighbouring countries that did not have the same situation. Our mission was clear: to support the population during these times. We knew we had to do this through collaboration. There couldn't be a better time to lead in a healthcare crisis in terms of diagnostics and having the infrastructure in South Africa. We had to act very quickly and all together. A key learning is that we must advance together – no one alone could handle the pandemic – we need everyone: the government, the private sector, suppliers, etc., not competing but each of us bringing our best in aid of the country. From the start, we had to be very quick in bringing in PCR tests. I'm proud to say that we worked very closely with SAHPRA to achieve this. From March 1st to April 14th, we gained regulatory approval for our PCR test, with other suppliers getting support soon after. We couldn't have done it alone.

EF: I understand you are celebrating 75 years of commitment to South Africa.

SO: Not only are we celebrating 75 years in South Africa, but Roche Global celebrates 125 years of existence. What stands out is the investment Roche has done and does in R&D being the pharma organisation that has most invested in R&D, and I am also proud of being the highest investor in diagnostics – we invest more than all our competitors together – proving our strong commitment in that sector. We have over 15 solutions across the globe just for COVID. But we don't stop there, we have specific elements for example a new instrument tailored for the needs of Africa, we will have a plasma separation card developed by global and requested by us to test a person's viral load, with a drop

“Countries with solid diagnostic, digital and health infrastructure were better prepared to manage the pandemic, South Africa had that necessary infrastructure to control the pandemic better than other countries.”

of blood of the fingertip which is correctly transported to a lab to detect the viral load of that patient – an excellent system for rural areas where access is much more complex and with this system it is much easier to be tested. We have developed iThemba Life which is a mobile application platform for patients living with HIV to get their viral load results on their phones in a confidential manner and we ran a pilot with the MPB and a team here in South Africa with 500 patients. We then received their feedback and implemented the needs accordingly, this included training materials amongst other requirements, all in aid of developing an excellent tool for HIV. We are now looking at HPV as well, and we need help to raise awareness. Cervical cancer is by far the most common HPV-related disease and it can be completely cured if detected early. We have HPV DNA testing which is very efficacious, and we want more detection so that it can be treated earlier and cured. All emphasis is on the importance of diagnostics, thinking of NHI, our version of universal healthcare which is where diagnostics will play a key role working on early prevention and detection.



Ursula Myles

*Access Market Cluster General Manager
Takeda, South Africa*

EF: What was the mission you set for yourself when you were appointed General Manager of Takeda's Access Market Cluster in March 2021?

UM: I had to have a cohesive approach through our transition and across the whole cluster. The transformation of the Access Market was from a commercial mindset with the patient at the centre of our actions but with access at the core. We addressed the barriers patients face along the continuum of care to gain access to innovative therapies, not so much at the stage where they are genericized or when biosimilars come to the market, but ensuring access happens a lot earlier. The cluster covers South Africa and Sub Saharan Africa, servicing needy and under-serviced communities with no access to therapies. The transition occurred during the pandemic. This forced us to focus on our people and the patients and customers - especially during our restructuring as a mature access market cluster- and was a significant change for the company. Part of the goal was to ensure regular interaction for our people to continue to feel valued and for our mission or vision for the region to be clearly understood and aligned across the different markets I am responsible for.

EF: What were the lessons learnt from managing remotely through a pandemic?

UM: The focus was very much on Covid-19 and the pandemic. Very early on, we realized we would not be part of the front runners developing the vaccine and therefore continued to focus on the overall healthcare sector as even with the pandemic, patients were suffering from many non-communicable diseases. We have key areas of focus, such as oncology and gastroenterology. Maintaining our supply chain was our priority, not forgetting our patients and having business continuity with our customers. An important lesson learnt internally was to stay connected, to pivot to become more digital savvy, have information available, respond rapidly to queries and keep all lines of communication open with our people as well as with our customers. Embracing digital platforms and various ways of communications was key for business continuity but to also make sure that our people, patients and customers continued to feel supported.

EF: Takeda is famous for its culture so how did that work with your efforts in adapting?

UM: Our local market transformation was done with integrity and fairness. Integrity and fairness aligned with our portfolio and paying particular attention to the skillset needed combined with an open dialogue with our people to ensure we took them on this journey. Trust is a critical element of this interaction. In a transformation, the discussion is fundamental and to move forward. We need our people's trust and regular transparent conversations to advance with fairness. Our actions were part of the Takeda culture centring our decisions on patients, trust, reputation and business in our external focus towards customers and internally. During the pandemic, we did this with added attention having additional contact points to make sure our people understood our transformation, staying true to Takeda's values even with a transformation and a pandemic occurring.

EF: Did you have a shift in your portfolio performance this year?

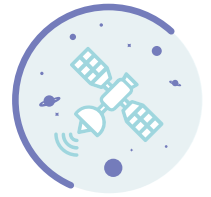
UM: Yes, we did, and the same is true for many organizations involved in non-communicable diseases. In the cancer space, the reports indicate

fewer patients have been screened. We know fewer patients came for their repeat treatments mainly because patients were fearful and hospitals were not allowing elective surgeries. There was a significant change within the healthcare system and in the prioritization from a patient perspective, with fewer and fewer patients being diagnosed. As a result, we transformed into a highly specialized organization aligned with Takeda global. The decline of patients returning for treatments has had a financial impact, but now they are beginning to return but the delay in therapy will have a negative impact in the long term effects in patients' health outcomes and the data and follow up over the next five years will show to what extent this is true. Fortunately, we are seeing a return to normal as people are getting vaccinated.

EF: How do you attract the younger generation to work in Takeda over other tech companies that tend to be more alluring to them? How do we make healthcare 'sexier' to attract the best and the brightest?

UM: Takeda's culture encourages and allows people to learn, pilot and share and is a critical part of what we do. The long term goal is to become an ethical, responsible and compliant manager or leader in healthcare innovation in the digital space. The goal is also to embrace data, to use it for artificial intelligence, to predict and to plan for the future. When we bring new talent into the organization on a local level, we have the opportunity to give them a voice in strategic planning, decision making and listening with new ideas creating an environment not only for what we call best people's experience but as a learning environment for pilot projects which we assess. Our approach and mindset to access are reflected in the partners we choose, for example, young innovators without much experience that can access the whole healthcare sector range and can transform it from the first awareness stage to the aftercare stage, as we can support them and provide the tools in the continuum of the disease. Two such students joined us here in South Africa after they finished their PhDs and are being mentored in this learning environment and is something we see as essential to help accelerate their careers. It is well worth Takeda's time to do this. I think Covid has given us a gift, being able to provide more flexibility in the workplace in terms of working from home instead of from working from the office, establishing a new level of trust between employer and employee. Covid has given us a great opportunity, flexibility as a company policy for young people who want it.

“Maintaining our supply chain was our priority, not forgetting our patients and having business continuity with our customers.”



Mia Louw

Country Manager
GUERBERT South Africa

EF: ¿What was Guerbert´s role over the last 18 months?

ML: We work in diagnostic imaging, focusing specifically on CT Cath Labs and MRIs, and we are starting to venture into interventional imaging in South Africa. The pandemic demonstrated the influence imaging diagnostics has in healthcare. A large percentage of elective procedures did not take place through the course of Covid. Treatments and cardiovascular emergencies weren't performed during this specific time, which had an impact on medical staff as they were unable to provide treatments to patients. This had quite a big impact on our business. Originally the pandemic was a big shock; the big decrease in procedures impacted our sales directly as well as having an extreme impact on our environment, our radiologists and radiographers which were also directly affected. Guerbert had a role is in the quality diagnosis and treatments of chest CTs for intensive care patients who needed to identify lesions. Our role was also to keep our plants and distribution centres up and running, our technical service teams on the frontline keeping our injectors in service to maintain continuity of business, attention and supply of medicine and equipment for essential diagnostic interventional radiology procedures for our customers and patients. But even so, there is still a need to focus more on chronic diseases and matters other than Covid, as there are many people with conditions that need attention.

EF: What were the lessons learnt managing through a time of transition and a pandemic?

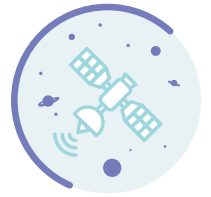
ML: There was no shortage of challenges we have to face, whether leading remotely or working on company communication for home office policies or having to rapidly adapt and change marketing environments or handling constricted supply chains, all challenges that had to be quickly dealt with. Our company invested greatly in hiring talented professionals in South Africa to become a better and more competitive player in the market. Before Covid, we had started a transformation process but it was put on hold till the end of 2020. We learnt to simplify processes, prove our digitalization, gain efficiency and improve quality which will ultimately lead to success. I have also learnt safety requires flexibility and that we must adapt our services to our partner's processes so they can be efficient, also maintaining links to faster knowledge sources as in diagnostics there is a bigger face to face interaction with the customers. We didn't have a huge digital space for webinars and other educational or training content but with the pandemic, we became aware of these shortcomings and of the need to develop a digital platform and have found ways to provide education and training and share knowledge to have continuity of business. Transparency and communication with the team are crucial, we are a very small team in South Africa, about 10 people and we are recruiting three more people before the end of the year. Being a small team we are very agile and work with a collaborative mindset which is one of the building blocks of our DNA. We are a family-owned company, and teamwork prevails over individual work -we need all parts to collaborate and not work as a silo. It's important to create a work environment conducive to the company culture which ultimately goes toward having a better relationship with our customers. We have learnt a lot from Covid as most of our customers are in a hospital

There was no shortage of challenges we have to face, whether leading remotely or working on company communication for home office policies or having to rapidly adapt and change marketing environments or handling constricted supply chains, all challenges that had to be quickly dealt with.

environment and with the restrictions in place, we couldn't see them personally. The significant responsibility of the company is the safety of our employees, to work in a safe environment and know they are taken care of while we find the new normal to be productive and engage customers. One of the more significant challenges we learnt to navigate was developing hybrid models combining face to face interactions with an inside sales environment.

EF: When you look back to this period in your professional career, what would you like your 2020 and 2021 tenure to be remembered for?

ML: I am very dedicated to this company. My mission will be accomplished if I can establish Guerbert with the proper groundwork in South Africa, with our treatments and solutions available to the public sector and those who can afford them. Our company culture is essential and how we present ourselves, as professional ethical, responsible and good competitors in our field. I aim to make a success of that. My responsibility is to create that groundwork in South Africa, grows, develop, become successful, and be a good boss. It's been challenging, but we have a lot to be grateful for. Our small team is responsible for driving the company forward and making it grow, and for every individual, there are multiple opportunities to grow. I focus on their individual development for them to be the best they can be.



Ayanda Swana

*Chief Executive Officer
Siemens Healthineers, Southern Africa*

EF: You took over as CEO during the Pandemic. What was the mission you were given when appointed?

AS: When the pandemic broke out we knew we had to go 'back to basics' as forecasting for our traditional customers, hospitals groups and med-care organizations would be extremely complex. With the first lockdown hospitals stopped admitting patients, elective surgeries came to a complete stop and there was a big drop in occupancy -last year it hardly ever went above 60% of what it had been the previous year. Our strategy was centered in diversifying our business in various countries -Malawi, Madagascar & Mauritius- we decided to focus on non-traditional business and new markets. We managed to accomplish this due to all the work we had done over the last two years.

In terms of the culture and behavior within the company we focused on safety first, as it was our responsibility to ensure our engineers were safe when entering hospitals.

EF: Could you elaborate on the role of SIEMENS HEALTHINEERS over the past months in the region?

AS: Siemens Healthineers and other companies in the country collaborated with the government contributing towards a COVID-19 hospital in the Eastern Cape, a model hospital which was completed in less than 100 days, in record time. That was our biggest key contribution to society in terms of equipment. Once COVID-19 is over it will be converted into a regular hospital and will be a huge contribution to the region. In terms of healthcare we contributed and promoted our digital operations with CT scans in the much needed COVID-19 areas, installing our equipment and managing them digitally from our offices.

EF: What are the lessons learnt that you can share with other business leaders?

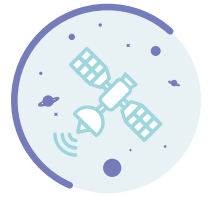
AS: My biggest advise is to: listen to the market. Upon the realization that some of our customers would not be able to have the usual cash-flow, we allowed them to defer payments. We also learnt the lesson of looking beyond the traditional customer and diversifying the business

“We also learnt the lesson of looking beyond the traditional customer and diversifying the business in terms of geography and therapeutic areas.”

in terms of geography and therapeutic areas. It was very interesting to see our Lab & Diagnosis business leap forward with the registration of our rapid COVID-19 test, which was a global contribution to society. Overnight something that didn't exist suddenly became a very big contributor to the company.

EF: Have you seen changes in growth or performance of imaging and diagnostics or in the portfolio performance in general?

AS: Both imaging and diagnostics have performed very well, diagnostics has grown disproportionately more which makes a lot of sense considering the demand in areas of chemistry, pathology, coagulation and the demand for tests that grew our business as did the instruments needed in the points of care where demand also increased. In shopping malls for example those entering have their temperature taken, but our biggest growth was in COVID-19 rapid tests. CT scans became a highly demanded modality which put pressure on our factory and our capacity to deliver; there was an increase -which grew over last year- in the demand to install our equipment abroad because of the limited amount of engineers in the region.



Eyang Ebai

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

EF: When you were appointed in January 2021 -before the second and third wave- what was your mission as General Manager for Sub-Saharan Africa?

EE: The pandemic shone a light on the gaps in healthcare infrastructure across the African continent. It also impacted groups that had not previously experienced the gaps in domestic healthcare systems because they had previously had the means to travel abroad. With closed borders due to the pandemic, this changed. The outcome was that plans were developed to bolster healthcare infrastructure in every Sub-Saharan African country so that communities have access closer to home. A country without a single ICU bed or only ten functioning ventilators in the middle of a respiratory pandemic is definitely below standard. Against that backdrop, I came to sub-Saharan Africa to build healthcare infrastructure for the African people, to make a difference and ultimately save lives. I had previously worked in a surgery and orthopaedics-based organization on improving surgical skills in Africa, but two years into that role, I realized that without the infrastructure - hospitals, wards, beds, recovery units and theatres - there was not enough improvement or impact.

EF: What was GE Healthcare's role in Sub-Saharan Africa over the last year?

EE: Over the last ten years, GE Healthcare has been one of the largest investors in its businesses in Africa. We have over a thousand employees across Africa. In Sub-Sahara alone, the region I look after, we have over 350 employees, most of them, if not all, African or diaspora-based Africans that have returned to the continent. GE has focused on building local talent, localization at global standards, and finding the best diaspora-based Africans and bringing them back. The investment in localization with regional teams and working for the region creates an immense commitment and impact from the employees. Over the last year, GE has continued that trend, focusing time resources on the continent. We had to tighten our belts in certain areas, but we haven't changed our views and purpose, which is building local teams at global standards to cater to the communities where we work and live. We have to be part of the solution. The healthcare gap is immense, and as a healthcare, technology and digital organization, we have the know-how of building hospitals, oncology centres and primary healthcare centres. We have a financing organization, Healthcare Financial Services that works with a range of GE capital and hand in hand with the commercial teams on the ground to identify and finance the projects on the continent. Over the last year, we have seen a significant increase in large scale infrastructure projects across the continent that required funding. The World Bank, IFC, Afri-Exim and UK EF, to mention a few, have all stepped up to fund bankable credible projects. GE is a key stakeholder in developing projects that will impact communities, together with our customer base and partner base.

EF: How did you attract resources from headquarters?

EE: GE has an evolved leadership structure. We run a region-based organization, where I have a budget, I put cases forward and if they

The healthcare gap is immense, and as a healthcare, technology and digital organization, we have the know-how of building hospitals, oncology centres and primary healthcare centres.

make sense, we get resources. I look after the Sub-Saharan region and make 80% of the decisions. Larry Culp, the CEO for GE globally, is all about limited corporate structure and decisions made at the lowest point possible and closest to the customer. GE's philosophy regarding managers is to enable them to make decisions on the ground in the markets they work. I get the support the business deserves; if I run a successful, profitable business, I get more capital allocated to me.

EF: What were the lessons learnt managing a company in a complex environment?

EE: The ability to bring in human or technical resources or components equipment from overseas cannot be taken for granted, and some formal local expertise is necessary to survive. The pandemic taught a lot of companies that localization strategy is critical for long term success. Another lesson was in resilience and the ability for teams to work together as a family to overcome tremendous obstacles. We had people whose families were impacted by Covid; however, they were still going out in the middle of lockdowns to repair equipment because they knew people were suffering from Covid in hospitals and needed functioning equipment. That alone is proof of the importance of family culture from a leadership point of view, with resilient team members prepared to go above and beyond for the benefit of our clients and partners. Traditional business models were torn up and thrown out the window; and in contrast, creativity and the ability to figure things out in record time to adapt to the environment was a huge learning. We developed and opened an onsite repair centre in Lagos, which historically takes a year to eighteen months -to go through the process, get the approvals etc.- and we did it literally in eight weeks. Because we are one of the number one global ventilator manufacturers, we had to be fast in building the repair centre in Lagos to service ventilators and other lifesaving equipment and we did it in record time. The idea of creating a repair centre in eight weeks pre-Covid was out of the question and is an example of how we adjusted to the environment, accelerating bureaucracy and focusing on what matters. Since Covid, we have learnt to look at things in a lean way, trying to cut out the waste in the system. I think it did challenge the status quo in how a business operates.



Rhulani Nhlanki

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

EF: What was Pfizer's role during the pandemic in South Africa and Sub-Saharan Africa?

RN: Pfizer's role in the region covered three key priorities:

- i) Ensure the health and safety of all our employees: we quickly decided to transition into home office mode, even before the government made it mandatory.
- ii) Ensure continuity of supply: not allowing the pandemic to disrupt product supply for vaccines and medicines, even with closed borders. We worked with all stakeholders to ensure products were available, and our very extensive hospital-based portfolio was available for patients in hospitals.
- iii) Collaboration: we were involved at an association level to assist the industry. We met with the Hospital Association of South Africa and government institutions to help with product supply. The government's biggest issue was vaccine procurement, and we contacted them, so they knew what was required from a contract standpoint.

I happened to be the president of IPASA, and from an industry perspective, we all joined forces searching for solutions. We contributed to multiple platforms, to Business for South Africa and the Solidarity Fund, making funds available for medications. Covid was new to us all, the lack of information was very apparent and we worked with people who could help in that area. Due to lockdowns, restrictions, and closed borders, some countries suffered disruption in their supply chain and people lost their incomes. We operate in many countries with informal economies that suffered severely during the pandemic, and we got involved through charitable foundations to cover people's basic needs. In South Africa alone, Pfizer donated USD 500,000 toward charitable initiatives to cover things like PPE to support the government's efforts towards addressing the pandemic.

EF: What were the lessons learnt managing a company in such a complex environment?

RN: The first and most important lesson is that the crucial element in a business is people. With its people behind it, an organisation can withstand any crisis, as can a society. Take care of the people first, and then look to other lessons. Secondly, from a leadership perspective,

As the pandemic evolved, we went through different phases needing different things at separate times, but the need for an empathic leader remained a constant.

we needed to become more accessible, communicate more frequently, be more transparent, open and straightforward because people were uneasy and anxious due to the generalised uncertainty. We communicated information that was in the public domain and which we knew to be credible. Thirdly, we adapted to the new way of doing things from a customer point of view but also for our organisation. We couldn't continue communicating with doctors or other stakeholders as we had done pre-Covid, so we made sure our reps understood that it was no longer about detailing product but about checking in and being present in a difficult time - we shifted the conversation. We learnt a lot over this period, some of the new ways we will keep and will become the base of how we engage with our customers and our colleagues in the future.

EF: If you had to create a Master in Pandemic Administration which skills would you consider mandatory to develop?

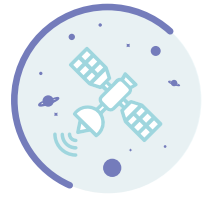
RN: Empathy, adaptability and communication would be my choices. As the pandemic evolved, we went through different phases needing different things at separate times, but the need for an empathic leader remained a constant. I am not sure if empathy can be taught, but a person can learn to observe. Adaptability is crucial in a crisis because things tend to move very quickly, the metrics of success change, and we need to adapt and be comfortable with the new ways. The home office working system made us empathic; if we aren't tolerant of what people are going through, we lose trust. Some managers struggled during this time and we had to support them, helping them focus on outcomes and outputs rather than inputs. Some people worked late at night or very early or when their family life permitted, so as long as the production was there, the team manager must understand and accept this is the new way of working. The office is a controlled environment, the home office is not. Finally, I cannot stress the importance of communication enough. It makes people feel comfortable, breeds trust, makes us more accessible, helps with mental health issues.

EF: How can we restore focus to non-communicable or chronic diseases in an infectious disease scenario?

RN: Mental health is a non-communicable disease (chronic fatigue, lack of concentration, etc.). Diagnostics and elective surgeries have been delayed and affected by the pandemic as the focus was on Covid. We are now getting back on track and are covering other diseases. The governments of Sub-Saharan Africa faced a difficult task, dealing with the immediate issue of saving lives while other silent diseases advanced. The governments and the health sector will have to find a balance going forward in order to manage this situation as it will take a while to recover.

EF: Collaboration seems to be a critical issue; what would be your advice for leaders on this point?

RN: All I can say is that the Pfizer BioNTech vaccine is a classic example of what collaboration can achieve. There are many more examples to prove my point. If COVID-19 taught us anything, it was that we cannot solve healthcare challenges in silos. We must all – patients, industry bodies, governments, and industry players work together to achieve better health for all. We can only achieve this by sharing and cooperating in expertise with industry stakeholders.



Skhumbuzo Ngozswana

*Chief Executive Officer
Kiara Health, South Africa*

EF: Can you elaborate on how you ensured continuity of supply?

SN: Being entirely dependent on imported APIs it is important to be sufficiently covered -no less than six months cover for critical APIs. It is not prudent to have one registered API supplier for raw materials nor is it prudent to have multiple suppliers coming from the same country (weeks on end nothing came from China and India had restrictions on exports). From a security perspective the key issues are i) have multiple sources for all critical ingredients ii) preferably from diverse geographical locations and iii) and as we work within a regulated industry, get the sources registered. We have learnt the most critical lesson of diversifying our sources of supply with local sources if possible –something not possible in South Africa. Tight contracts are also a good idea as is to de-risk of the portfolio which mitigates the inability of supply from one area to another. Options are limited when dependent on imported raw materials so having more inventory for key raw materials is key.

EF: Did you have a shift in your portfolio performance over the last period?

SN: We had a strategy to be a diversified company with MedTech and pharma. When Covid hit, we were in the process of the Novartis plant acquisition and the focus was naturally on pharma side of the business. At the time there was a clear shortage of PPE and testing equipment and a clear need for certain technology directly relating to all things Covid, such as the disinfection technology, and that did produce an interesting shift in our portfolio as we started getting non-healthcare clients. At one point our focus was to work with corporate South Africa outside of hospitals ensuring people are safe in their workplaces or schools and we signed up for a few technologies. It all veered towards a shift due to the pandemic and world crisis, we also felt we had the moral obligation and duty to bring in these technologies. Otherwise, we continued with our traditional healthcare business supplying both the private and public sectors while introducing promising MedTech devices.

EF: How can we increase awareness and interest on developing South Africa and pharma manufacturing?

SN: I don't think awareness needs to be increased, some of us have been lobbying on this issue for more than ten years, from my days as chairman of the GBMSA and in my different consulting roles. I still believe that if we want security of supply we need to go down this route. If we look at the history of South Africa in pharma, going back 15 years they were 45-50 manufacturing facilities. Since then, we have gone from 70 thousand employed in the sector to less than 9 thousand, the economy took a hit and now pharma is the 5th largest contributor to the trade deficit and this situation is well known to most people. The idea that local companies cannot compete on price is not a fully tested argument, we discovered when we started making our own PPE locally (masks, suits and the same goes for ventilators) that we are manufacturing products of international quality which are cheaper and better than the products we had been importing for decades. The line that says local companies cannot compete with international ones has been based on a false or on an untested premise. Hopefully now post Covid things can change.

“We have learnt the most critical lesson of diversifying our sources of supply with local sources if possible –something not possible in South Africa”



Bertrand Chane-Sam

Head of Africa & Middle East
SANDOZ

EF: You have been recently appointed as head of Africa and the Middle East; what is the mission you have set for yourself?

BCS: The mission is to deliver on Sandoz's purpose of finding new ways of enabling patients to access high-quality medicines in places of the world with acute needs. I have the privilege of managing Southern and Northern Africa – Rest of Africa, mostly Sub-Saharan Africa, is no longer in my scope- as well as the Middle East. We cover almost half a billion people with very diverse economic backgrounds, with a well-gear portfolio, expanding healthcare needs in the troubled times of Covid and general economic distress. My mission is to lead and help the organization deliver what Sandoz can offer. To this end, I am gathering insights for the countries I operate in. Secondly, manage continuity in a volatile environment and in a pandemic setting where markets and medicine requirements evolve. Thirdly, engage with the organization. We have almost 600 people in the region in various cultures and backgrounds and getting to know my team is the big priority to continue to enhance our legacy in the region.

EF: What were the lessons learnt by managing through this period?

BCS: Working remotely through this period has been a new and different experience. I refer primarily to my time in South Africa as I have only recently come into my new role. My priority was to help our associates as, at the beginning, the lockdown was quite harsh in South Africa, and it was very stressful for everybody as nobody knew what to expect. We had very little understanding of Covid at the time. At the beginning of these uncertain times, the first focus and learning were looking after our people, keeping them safe, and continuing working while confined to our homes. It came down to speaking with our people to find out what was going on with them and their families, being supportive beyond the transactional aspect of the conversations to understand how people were feeling and taking care of those that were struggling. The second learning that worked very well for us because we had the infrastructure and technology to make it work was transitioning to a remote model. The company reacted very quickly, and we took immediate action after the lockdown was announced. Having a company culture set was vital, as it grounded us at a time the world felt upside down. We were already developing an “unbossed” culture, relying more on trust and

empowering people instead of controlling and checking what they do. This was a significant factor in allowing us to continue to perform and have employees engaged. We do engagement surveys regularly and have solid engagement scores -people express how they are feeling and rate how the organization is working. Throughout the pandemic, we have had very high scores, and this means we are doing things right. Another learning is to be patient -everything takes longer-. We had to adapt our expectations accordingly and find new ways of measuring what we did. This has forced acceptance in the areas where we can no longer measure. I have been most impressed with my team's resilience due to our strong company culture that was in place well before the pandemic.

We have been highly privileged working in an industry that has always been deemed an essential service and operated throughout the pandemic. Our employees' well-being was of first importance because without this you cannot achieve any of the other goals that you may have. One of the things I realized is that not seeing people regularly put us at risk of losing what I call ‘social capital’, so we focused on trying to maintain a collective engagement through collaboration and innovation.

“At the beginning of these uncertain times, the first focus and learning were looking after our people, keeping them safe, and continuing working while confined to our homes.”



Ronnie van der Merwe

Group CEO
Mediclinic, South Africa

EF: How did you go about adapting hospitals in South Africa to treat Covid inpatients? It cannot have been easy to prepare so many hospitals for the task simultaneously.

RM: It was no easy task, mainly because we needed to create urgency without panic. When the pandemic started, people were in denial, they didn't know how to prepare, found it hard to cope and they had to understand we knew what we were doing and would support them. We had to act fast while avoiding panic in more than 50 South African hospitals. Once the urgency was created, the planning process began with the division of hospitals. The hospitals are community facilities spread all over the country; communities rely on these hospitals not only for Covid-19 treatment, but for other emergency care, so there was no thought of them just being Covid hospitals. Splitting each hospital in two with parallel processes – one for Covid-19 patients and one for non-Covid patients – was challenging, but we managed it through careful planning and execution following strict timelines. Soon, we were very efficient and proficient despite initial challenges, and I am hugely proud of the teams that seamlessly managed this.

EF: How did you manage to ensure the security of supply at a time resources were scarce worldwide?

RM: At the onset of Covid-19, securing masks and other protective gear, as well as medication and other supplies, became critical. The entire supply chain was under strain and very restricted. We engaged with all our contacts, even in other industries, and managed to start importing the things we needed. We ended up with a surplus of certain items, proof that our suppliers supported us. It also helped that we buy centrally for all our four countries, and then distribute.

EF: When you mentioned continuum of care strategy, does it refer only to South Africa and Namibia, or the entire group?

RM: We have one strategy, one concept for the group, but each local

region's implementation differs. In Switzerland, we partner with Migros -Switzerland's biggest wholesaler, involved in many service lines and different businesses. They decided to enter healthcare and established MedBase. They are establishing primary care and consultation clinics all over the country offering radiology and lab services; Mediclinic runs the radiology and lab services in their clinics and they run the consultations. We create value through this partnership; we go to the insurance companies and create supplementary insurance products for primary care and sometimes primary and secondary healthcare combined. Partnerships are an excellent way of furthering our brand and for patients to get different value propositions. We are trying to cover the patients' entire healthcare journey, from diagnosis to rehabilitation. We aim to partner with our clients to offer comprehensive services and not the isolated hospital health service, adapting locally to the countries' context. Healthcare is very fragmented in South Africa, largely fragmented in UAE, and less so in Switzerland, and we want to create a comprehensive service that we can coordinate for the patient's benefit. It's working progress at the moment, challenges are being overcome, but we will get there following our strategic direction.

“We aim to partner with our clients to offer comprehensive services and not the isolated hospital health service, adapting locally to the countries' context.”



Emma Knox

Country Manager
GSK, South Africa | Vice President, IPASA

EF: What have been the lessons learned after Managing a company like GSK through the Covid-19?

EK: One major learning in GSK is the need for a differentiated approach, there could not be a one size fits all response globally. This is where we developed a 'globally guided, locally led approach' which gave full autonomy to the country head and their management teams across the world to manage their response, their people and their business the best way possible within their local circumstances. A great positive from this was our speed and agility, we removed all the red tape to decision making and were able to move so much faster than ever before.

A great learning is around decentralization and on how much can be done in a short space of time if you empower local teams and trust them to do the right thing.

Decisions had to be made fast and there was no time to develop new policies and handbooks, instead a value-based decision-making process was used. For me the focus was always our people and their safety first, their families and then ensuring continued access to our products and the protection of our business.

EF: Based on your "locally-led, globally guided" principle, how did you attract resources to South Africa to lead?

EK: We did not require additional resources to manage our response locally. The focus was on decision making and on how you support your people, how you manage the closing and opening the offices, opening sites, managing outbreaks. It was all about working with our people and their safety and ensuring business continuity during the pandemic.

EF: Could you elaborate on the footprint that GSK has in SA?

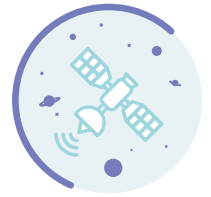
EK: In South Africa GSK has two legal entities: one covers the Pharma, Vaccines and ViiV (HIV) business and the other covers that Consumer

business which focuses on over the counter products such as Grandpa and Pandol. The consumer business has a manufacturing plant in Cape Town.

EF: Did you see a shift in your portfolio during this past year because of the pandemic?

EK: During the pandemic, we saw a shift in the performance of our portfolio. The anti-infectives and vaccines portfolio were the most negatively impacted. There was a very limited cold and flu season last year because of the level 5 lockdown, which meant a significant contraction in the anti-infective market. On the vaccines side, one of the negative side effects of the lockdown was that many people stopped taking their babies and children for vaccinations. So, in terms of the coverage rates in SA nationally, we were above 80% prior to Covid, however during the lockdown, that dropped to 60% and as low as 40% in some of the more hard-hit provinces. This is a major public health challenge and meant that many babies did not get the vaccinations they need.

“A great positive from this was our speed and agility, we removed all the red tape to decision making and were able to move so much faster than ever before.”



Lynton Lomas

Chairman
Alpha Pharm, South Africa

EF: What was Alpha Pharm's role during the pandemic?

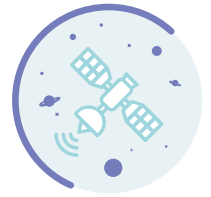
LL: Alpha Pharm is an ancient name in the country. It is a national pharmaceutical distributor distributing in all spheres of the medicine range and is predominantly designed to work for independent pharmacies. We have a massive footprint with 900 shareholder pharmacies in the group and 420 fully franchised independent stores which trade under the auspices of what we stand for. The pandemic caught us all off guard but we were able to react very quickly. Our first call was to stop the panic by supplying medicine without disruption, which was possible as we had invested a considerable amount in route optimization. We knew all our customers, even the difficult to reach customers. We covered all our bases should something go wrong within our infrastructure and had a third party lined up to get the products to the customer. We supplied a lot of PPE and a lot of cheap essentials even when there were worldwide shortages - such as latex - and even though we suffered a bit, our stores

There has been a significant shift from a technological perspective, and the community pharmacy has had a massive footprint increase. This puts demands on us, but we can deliver medicine to all independent pharmacies twice a day.

were very successful. Community-based pharmacies are an emotional experience and they were able to educate and calm their communities. The company had protective screens put up in stores, headgear protective screens for the staff. The malls were closed so the community pharmacies were bombarded with people while sticking to the strict rules of social distancing and played an essential role in education, especially in rural areas. They had the information on the new regulations and protocols of hygiene and sanitation expected. We were able to be at the forefront of educating some of the poorer populations of the country.

EF: In terms of Alpha Pharm product performance, was there a product mix evolution over the last year?

LL: Alpha Pharm is very different to other corporate companies that offer a front shop mix of a lot of products. We were ideally positioned as a centric type organization that specializes in medicines, we supply medicines to keep people on their chronic medication and this was a key factor. People went into an emotional black hole worrying about getting Covid, so our pharmacists were vital in giving the advice on the right steps to follow, telling them to isolate and follow the rules - a big difference between corporate and community. In community pharmacies, pharmacists know their customers and area very well and were a calming influence. We were able to supply medicines through the crisis as we overstocked antibiotics. The vitamins and immune boosters were sold out because it was almost impossible to read the market. We have divisions with certain specific functions; the Alpha-Clin (Clinic) function was very well received. The Alpha-Doc is our virtual doctor business for consultation -our own development with an integrated system for patients to have virtual consultations from stores (telemedicine). There has been a significant shift from a technological perspective, and the community pharmacy has had a massive footprint increase. This puts demands on us, but we can deliver medicine to all independent pharmacies twice a day. It has been a costly decision in some cases, but we had to put the wellbeing of the citizens first; however, I must say we got a lot of marketing exposure and goodwill that have made our decision worthwhile.



Aurélien Breton

General Manager
Servier Southern Africa

EF: What was Servier's role during the pandemic?

AB: Our role was twofold: 1) care of our employees, ensuring high-level safety, understanding and circulating pertinent information of what was going on and giving out perspective on the matter. We aimed to reassure and stay in close contact with our people on a remote basis. 2) Focus on our patients: we don't have drugs to treat or manage Covid-19; our products are for patients who suffer from hypertension and diabetes. We had to ensure continuity of supply to wholesalers, pharmacies and ultimately the patients. It was a challenging time getting our products into the country as the entire world was affected by the virus.

EF: Could you elaborate on your strategy to ensure continuity of supply?

AB: Globally, we were sitting on high-level stock, both raw product and finished product, and we turned a lot of raw product into a finished product to supply the market. Because of the spike in demand, we start-

ed stockpiling to avoid a rupture in the supply chain; nevertheless, the group was very good at accelerating production and sending products to world affiliates to the extent we didn't suffer from any significant rupture in the supply chain. As diabetes and hypertension are risk factors of Covid-19, it was even more critical patients could access their treatments.

EF: What were the lessons learnt from managing through a pandemic remotely or otherwise?

AB: The lesson learned was about accepting the uncertainty and the fact that we were clueless about how things would pan out in the future. I appreciated the collective intelligence of my team, first on a remote basis and then back together at the office where it was easier to do brainstorming and decide on the best thing to do for patients and our business, deciding on ideas, strategy, actions, etc. It was most satisfactory and fulfilling to see the power of collective intelligence in our immediate results. A great team with engagement and commitment, working towards an objective they believe in can take on any challenge, coming up with ideas and solutions, creating miracles of collaboration in a way that can't be achieved by one person alone.

EF: To what extent do you think the pandemic has shifted the skillset needed for employees in the future?

AB: For many years, companies and the market have been trying to digitalize further the working system, the interactions and the environment, and it has been a struggle. Covid has accelerated the transition and has diminished people's resistance to working in a digital environment, eliminating a lot of potential and psychological barriers. We had been trying to achieve this shift for many years, and suddenly, thanks to Covid we have managed it. For the future, as digitalization becomes part of our lives, the skillset needed will involve digital skills and digital agility as it becomes part of every aspect of the business: finance, HR, marketing and medical areas.

“The lesson learned was about accepting the uncertainty and the fact that we were clueless about how things would pan out in the future.”