

Q3 · 2021

SOUTH AFRICA

Stewards of Health



EXECUTIVE FORECAST

Executive Interviews • Industry Intelligence • Insightful Conclusions



Contents

Stronger Together	3
Master's in Pandemic Administration	4
“Pandemial” Executives	5
Inoculation Education	7
MedTech to the Rescue	7
Shaping Modern History of Healthcare	8
Collaboration Triple Shot	9
Let's Get Digital	9
Satellite Interviews	13
- Martin Kingston , Chairman, B4SA (Business For South Africa)	
- Peter Mehlape , Managing Director, Medtronic Southern Africa	
- Ian Wakefield , General Manager, Becton Dickinson Africa	
- Ayanda Swana , CEO, Siemens Healthineers Southern Africa	
- Ahmed Banderker , CEO, Afrocentric Group	
- Peter Wharton-Hood , Group Chief Executive, Life Healthcare South Africa	
- Dr. Ryan Noach , CEO, Discovery Health South Africa	
- Jonathan Broomberg , CEO, Vitality Health International Global Head of Health Insurance, Discovery Group	
- Barbara Nel , Country President, AstraZeneca South Africa	
- Ruth Field , Market Access Director, AstraZeneca, South Africa	
- Zwelethu Bashman , Managing Director, MSD South Africa	
- Hassan Sabbah , General Manager of Abbvie South Africa & Region Africa	
- Francisco Plaza Muñoz , Managing Director, Janssen South Africa	
- David Gibbons , General Manager, Roche South Africa	
- Bassem Bibi , Divisional Vice President, Middle East and Africa, Rapid Diagnostics, Abbott	
- Ivan & Lynette Saltzman , Co-Founders, Dis-Chem Pharmacies	
- Vikesh Ramsunder , CEO Clicks Group South Africa	
- Dr. Morena Makhoana , CEO, Biovac	
- Taryn Purdon , General Manager, Pierre Fabre South Africa	



Executive Forecast South Africa Stewards of Health 2021

Produced by White Ink House LLC. / 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.



A global company
with a passion for
local sustainable
health access.

Grounded in science, our
innovative programmes include:





SOUTH AFRICA

STEWARDS OF HEALTH 2021

“WE HAVE FOUND A LEVEL OF COOPERATION AND COLLABORATION WITH SOCIAL PARTNERS THAT, IN MY EXPERIENCE, IS UNPRECEDENTED, CERTAINLY SINCE 1994.” HIGHLIGHTS MARTIN KINGSTON, STEERING COMMITTEE CHAIRPERSON OF B4SA.

B4SA is a cohesive grouping of private and public interests unlike anywhere else in the world. This unique cross-section—of labor, business, civil society, the Solidarity Fund and faith-based organizations—has been mobilized to support national healthcare efforts.

“You can’t compartmentalize business and government and society,” says Cas Coovadia, CEO of Business Unity South Africa. Coovadia should know: as the head of an organization whose ambition is to enable a *“vibrant, diverse and globally competitive economy that harnesses the full economic and human potential,”* he confronts the blunt reality that successful capital, governance, and the flourishing of citizens are fully interlinked—and that, in the grips of the global pandemic, they have never been more so. He joins a roster of South African Health Stewards who, in 2021 and beyond, will be pushing for not only a healthier but a fairer and more diverse world, one that transitions from prevention and diagnosis toward vaccines and innovation, embraces digitization, and adapts industry KPIs to keep pace with unprecedented times that are shaping modern history even as we live through it.

AstraZeneca Phakamisa Programme

Phakamisa is AstraZeneca's access to healthcare initiative. Through the Programme we aim to improve the health outcomes for patients and reduce the burden of non-communicable diseases (NCDs) on South Africa's public healthcare system.

The Phakamisa Programme

Phakamisa, which means 'to uplift' in Zulu, partners with expert organisations, to improve health outcomes for patients through a three-pillared approach



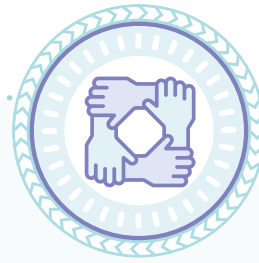
TRAINING



AWARENESS



ACCESS



STRONGER TOGETHER

"COVID-19 is a national challenge requiring a collaborative national effort," says Martin Kingston, of B4SA.

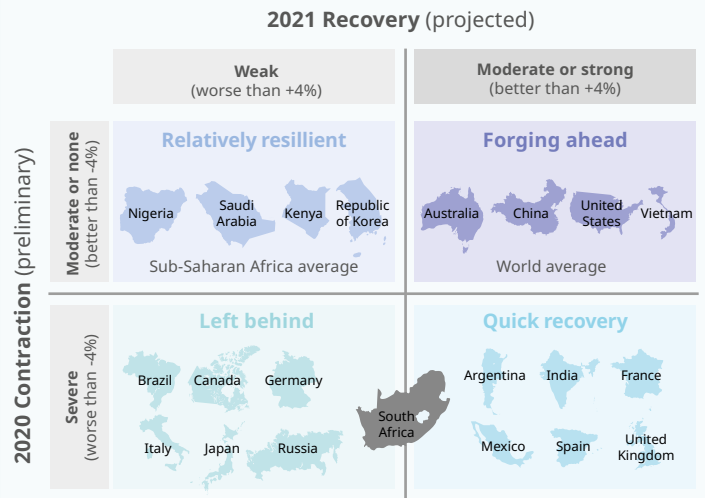


"The procurement of 90 million pieces of personal protective equipment when South Africa had almost nothing in stock," Kingston offers as one example of B4SA's impact. "Another was the UIF/Ters intervention for worker wage relief and the support for small businesses. Without this, South Africa's social challenge would have been orders of magnitude greater. Other workstreams—risk assessment, civil society coordination, project management teams—contributed immeasurably."



"The more subtle but no less powerful message for our healthcare sector in South Africa is that it's been the strongest and most effective example of public-private collaboration that I have seen in the last 30 years I have been involved in the Sector," shares **Jonathan Broomberg CEO Vitality Health International**, and echoes "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."

COVID-19-related contractions and projected recovery rates, 2020 and 2021



Source: World Bank Global Economic Prospects. Note: 2020 GDP growth rates better than -4% are defined as moderate and worse than -4% as severe. For 2021, projected recovery rates below 4% are regarded as weak and above 4% as strong.



MASTER'S IN PANDEMIC ADMINISTRATION

As the saying goes, in a crisis you must make the road by walking. But when the COVID-19 pandemic is compounded by civil unrest—recent riots and looting, stemming from longstanding frustrations over income inequality and a 32% unemployment rate—how should executives manage? What lessons have they learned, and what would they put on the curriculum for a Master's in Pandemic Administration?



"Textbooks on COVID-19 are still to be written!" says **Ivan Saltzman, CEO of Dis-Chem Pharmacies**, a national chain that will open its 200th store in September 2021. "The situation is changing constantly, so basically it is about rolling up your sleeves and doing the best you can in a changing environment. Academic knowledge can't teach how to deal with all that must be dealt with—South African business, the Department of Health, the director general of health, etc. We have to navigate it as it comes."



"One of the important things was *educating the public and creating awareness* on mask wearing, hand-washing, sanitizing, social distancing, all the things that we know and concepts that needed to be reinforced," says **Lynette Frances Saltzman**, the company's **Managing Director/Co-Founder**. "Another was that this time it really was different. In the beauty sector, whenever there is a crisis, we refer to 'the lipstick effect'—a woman buying lipstick when everything else is in turmoil. In this pandemic, however, no women were going out to buy lipstick because they had to hide behind a mask!" Faced with Dis-Chem's *online presence increasing by up to 400-500% at some stages of the pandemic*, Saltzman says, "We had to shift and reduce inventories. There has been a move away from beauty products and toward immune boosters and health products. Beauty, makeup, and fragrances were also affected. Because people are not socializing, or going to the office, cosmetics aren't being used as they were. It's an important commercial adaptation for pharmacies around the world. *It was a case of balancing the type and the quantity of stock needed.*"



"First and foremost we must lead with empathy," says **Barbara Nel, Country President of AstraZeneca South Africa**, when asked the biggest lessons from the pandemic so far. "We keep our focus on what we can control, and let go of things we can't." It's an approach that led Nel's internal leadership teams to *pivot to digital and immediately start considering how patient behavior could change to access healthcare*. "We also looked at opportunities to facilitate crucial knowledge sharing amongst Healthcare Professionals," Nel adds, by delivering a series of "By Africa, For Africa" webcasts which *enabled experts to share locally relevant content, within each therapeutic area, in response to the pandemic*. "We provided the platform and the various partner healthcare societies provided the content," Nel says. "We were one of the first movers on the African continent to embrace the easy and obvious digital solutions, going from face to face to remote engagements, and later a mix of the two to allow for HCP preference."

AbbVie
Here.
Now.

Helping millions
find a new day.
Right here.
Right now.

At AbbVie, our goal is to help people live their best lives today and tomorrow. Our people are proudly committed to leave a positive legacy in all the lives we touch - right here in Africa.

Read how we help patients like Lindell: [here.now.abbvie](https://www.abbvie.com/here-now)



Lindell,
Psoriasis patient

abbvie



“One of last year’s learnings,” says **Ian Wakefield, General Manager of Becton Dickinson Africa**, “was that while having a meeting with a room full of people is not easy, it is a situation we are all familiar with. But to speak to 300 people scattered all over the continent is a very different experience!”

It has been critical to learn new skills: we must be a reliable and credible institution with the capacity of resolving any situation that could arise, even simple ones. For example, finding swabs for COVID-19 at very short notice and sending them in the back of an ambulance to the Free States where there has been an outbreak.”



“Be nimble, flexible, and agile,” says **Peter Mehlahe, Managing Director of Medtronic Southern Africa**. “We reset conditions for our employees to work from home while collaborating with our partners. We hoped that logistics

companies and hospitals could offer the same level of services pre-COVID, which was quite a challenge. We collaborated with TNT, FedEx, and DHL for support with the logistics of moving our products around the country. In fact, we were able to overcome multiple obstacles to save lives with our work. For example, we chartered a plane to fly a cardiologist from Cape Town to Johannesburg for a critical operation during lockdown!”

“Ethics must be on the curriculum,” says **Vikesh Ramsunder, CEO of Clicks Group**, the country’s leading pharmacy group, “mainly because there are many ethical dilemmas with no obvious right or wrong answer. The second topic that must be covered is Corporate Strategy, because it is about learning how to make things grow and in a world such as ours we all know that no growth means more poverty.”



“PANDEMLAL” EXECUTIVES

2020 and 2021 has shaped a new generation of executives, who have lead through one of the most challenging times in modern history: The Pandemials. 25% of the executives interviewed where appointed during this period.



Peter Wharton-Hood is among a new generation of South African healthcare managers—but it almost didn’t happen. In January 2020, before becoming Group Chief Executive of Life Healthcare, he thought he had retired after a successful banking career. Then, by chance, he met Dr. Toby Cosgrove, and, at the age of 55, started in a completely new field. Or was it so new?

“The way COVID-19 has played out is that this clinical crisis is only the first piece of the problem,” Wharton-Hood says. “*Once the clinical crisis was identified, the impact immediately became financial.*” He explains that when he saw the clinical crisis merging with the financial crisis, the reality was that the *pandemic had turned into a crisis of leadership more than anything else.* “So, whilst the clinical components were identified,” Wharton-Hood says, “and were been treated by the clinicians and became accurately predictable in terms of the model, and the financial models have been understood and addressed by the bankers, the reality is we have industries, not just in healthcare, where the crises are all around leadership.” As a result, cash preservation and cost control became paramount.

“At the same time,” Wharton-Hood adds, “we had to spend more money on those clinical measures that protected both our nursing staff and frontline staff and our patients. The *dichotomy inside the healthcare company became one of two contrasts: saving money because there’s a financial crisis, but investing money in PPE.*”



“Just because we haven’t done it before doesn’t mean we can’t do it now,” says **Hassan Sabbah**, who has been with **AbbVie** for over 13 years but who was appointed from the UK to his role as **General Manager for South Africa & Region Africa early 2020**. It’s a fortuitous time, coinciding with

finalizing the acquisition of Allergan, which strengthened a market-leading position in biologics for autoimmune diseases such as rheumatoid arthritis, and a newly launched oncology treatment for CLL, the most common leukemia in adults. Sabbah arrived to a mandate of closer partnerships with SAHPRA, and he will be leveraging his clinical

research team based in the company’s Johannesburg offices—along with specialists across the country—to recruit local patients for upcoming trials in Crohn’s disease and ulcerative colitis.

“This speaks to our commitment to ensure diversity of population in our clinical trials and thus wider data points across different populations,” Sabbah says. “The reality is that it takes on average four to five years longer for the same product to be approved in South Africa than it does in the US, Europe, and Japan. To have access to these medicines, we need earlier regulatory approval, and to this end we continue to work with SAHPRA and their new reliance processes to help achieve earlier approvals. I want to be associated with the word *resilience*,” Sabbah adds. “We must continue to evolve and grow and take the right steps to break barriers and to be the disruptive agent to drive real change,” he adds, noting that disruptive change is possible only with the investment commitment to back it up: AbbVie spent over U\$5 billion last year in R&D on treatments for diseases of unmet medical need.

Taryn Purdon was appointed **General Manager and Director of Pierre Fabre South Africa** in 2020, a year that saw the company’s global restructuring and gave her full responsibility for Medical Care, Dermo-Cosmetics, and Personal Care. “We’ve learned to face reality as a key success factor!” she says, stressing the importance of creativity in her outlook, moving from fixed budgets to a rolling forecast as the environment destabilized throughout 2020. “*One of the biggest learnings working remotely while restructuring the company was that the well-being of the employees is critical.*”





For the tireless, the selfless, the brave

You mean the world

Whether you are working on the frontlines or are the last line of defense in the fight against COVID-19, you are making a world of difference for so many. **Thank you.**

bd.com/COVID-19

BD and the BD Logo are trademarks of Becton, Dickinson and Company.
All other trademarks are the property of their respective owners. ©2020 BD. All rights reserved.



INOCULATION EDUCATION



While government provides policy and administrative and political leadership, all sections of South African society are leveraging their brands, networks and infrastructure to drive vaccine education.



In July, **Chairperson** of the regulatory authority **SAHPRA**, **Professor Helen Rees**, used a call-in radio show as an opportunity to educate vaccine skeptics. “I think people are fearful because the vaccine was developed rapidly. People are asking the question—and it’s a natural question to ask—If you develop things rapidly, are you doing it properly? What the public needs to know is that we did not cut corners on looking at whether these vaccines are going to be safe or effective. We had all that data before we gave an emergency use permission.”



Ahmed Banderker agrees. The **CEO** of **Afrocentric Group**—the most diversified healthcare group on the Johannesburg Stock Exchange, with over 5000 employees and 3.9 million lives under management across its core businesses of private medical aid and chronic medical care, pharmaceuticals, and corporate wellness—wrote in a recent op-

ed piece, *“Before we vaccinate the body we need to vaccinate the mind.”*

“Education plays a key role,” Banderker explains. “There are a number of people in the country and worldwide that have concerns and reservations about taking the vaccine because the clinical trials have been so short and expedited.” Normal drugs, Banderker elaborates, go through a process of 3, 4, or 5 years before they are registered and are considered safe, whereas all of the COVID-19 vaccines have been developed in under one year. “When I refer to vaccinating the mind,” Banderker elaborates, “I mean having confidence and faith in the fact that globally, every single company had the same focus in putting the best scientists on the job of developing a vaccine. *If we cannot trust that process, then we will never move forward as a country or in fact as humanity.*” Banderker puts the reality in perspective: “Today we no longer talk about polio or about measles, which are diseases which are completely managed,” he concludes.



MEDTECH TO THE RESCUE

Not all heroes wear capes. MedTech companies have been rightly seen as saviors of sorts, whether introducing new diagnostic tools with the ability to manufacture to scale, or supporting vaccine trials with molecular test platforms.

And they have responded with historical swiftness—both to new patients caused by COVID-19 and to the related challenges for the company’s existing patients. But what about maintaining profitability?

“We managed our spending and revenue hits quite well, as we are not single-business dependent,” says **Wakefield** of **Becton Dickinson**, who points to the company’s response to its many patients with prostate cancer—



an especially sensitive group, given the 40% reduction in visits to healthcare professionals by the non-COVID-19 population living with a chronic illness. “Over 2000 men were treated with BD’s brachytherapy technology, and this only happened because we came up with a unique solution to barriers such as no flights to or from the USA.” Other solutions included a public-private partnership with UCT’s Clinical Skills Centre and Groote Schuur hospital to create a “Safety in Health” simulation where medical students and other healthcare professionals could be trained on a range of medical skills and safety techniques. “When the pandemic hit South Africa, this ward became a COVID-19 ward because it had the facilities and best-practice techniques necessary for infection prevention and control, equivalent to those in a private sector hospital.”

Mehlape of **Medtronic** mentions similar initiatives spearheaded by his company, including Sunskill, an integrated clinical training laboratory. “Since 2016, Medtronic’s partnership with Stellenbosch University has prompted



a transformational change to training and education of healthcare professionals across South Africa,” Mehlape says, adding that his company’s country-wide offices across six main cities allow its medical practitioners access to a wide portfolio of products and therapies, including theatres, ICUs, and teaching hospitals. “*Like many industry players, COVID-19 has put to the test our operations, but at the same time opened up new horizons.* We made a unique gesture by contributing the PB 560 ventilator on an open source. Sharing the ‘recipe’ to assemble ventilators was our way to help countries around the world overcome the pandemic.” It’s a surprising move in an industry that is sometimes criticized for opportunism, but Mehlape insists that he was keen to do the right thing—a humanitarian effort of ensuring that ventilators and other COVID-19-related products, like oxygen oximeters, intubation tubes, and cameras would be constantly available to meet the large global demand. “In some areas, manufacturing capacity was ramped up fivefold to keep up with the growing supply,” he concludes.

SHAPING MODERN HISTORY OF HEALTHCARE



If 1929 will be remembered for the Wall Street crash, and 1994 for the end of Apartheid, then 2021 will be remembered as the year that the world moved from diagnosis and prevention into a new paradigm of vaccines. South Africa is playing a central role: in July, Cape Town's **Biovac Institute** announced that it will be the continent's first manufacturer, which will reach 100 million doses of **Pfizer-BioNTech** vaccine in 2022 for distribution among 54 countries.

Discovery Health will be making sure that the vaccine rollout goes as smoothly as possible, thanks to its rich internal data sources complemented with national and international data. *"Early in the pandemic," says CEO Dr. Ryan Noach, "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 extensive dashboard measures information per province and per region, including 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," Dr. Noach says.* "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."

"The better lesson learnt was the absolute necessity of closer collaboration across borders", shares **David Gibbons** in reference to balancing resources allocated to each African country. "It has widened the need for a global view across the world and countries individually." The objective is not to hoard test kits for a future wave when they could be needed in other countries.



Janssen Never Stops

A lot has stopped in the world. But not cancer, depression or HIV. So you can count on us to keep developing and producing the medicines you need. Because we never stop working toward a future where disease is a thing of the past. Learn more at www.janssen.com

COLLABORATION TRIPLE SHOT

The better lesson learnt from the pandemic, is the absolute necessity of closer collaboration, within all actors and across borders.

Part 1: Laying the Foundation



"It's a critical step," says **Biovac CEO Dr. Morena Makhoana**. "As a company that is based in Africa with limited skills and available capital, we have had to lay a strong foundation for the past 15 years with supplying our local market," he adds, noting that over this timeframe, the country's immunization schedule has evolved to such an extent that there are few differences compared to other advanced markets like the USA and Europe. "This foundation is now very solid," Dr. Makhoana says, "and allows us to leverage and expand our capability beyond the borders of South Africa. We are now preparing to ensure that *Biovac* is a significant contributor to vaccine supply for global markets in the next 10 years."

Part 2: Keeping the Momentum



South Africa's health regulator approved the single-shot **Janssen** vaccine in April, and in just three months nearly a half-million frontline workers had received the jab, with up to 96.2% effectiveness against death from COVID-19. **Francisco Plaza Muñoz**, the local affiliate's **Managing Director**, is proud not only of this most recent achievement, but of his company's long-term commitment to public health in other diseases. "We used the same technology in developing the Ebola vaccine," Muñoz says, "and candidates for Zita, and HIV which are now in clinical trials. South Africa is an integrated part of our drug trials. When we planned the clinical development of the COVID-19 vaccine, the country was one of the candidates to participate in the Phase 3 clinical trial which had over 60,000 volunteers all over the world."

The biggest challenge, Muñoz adds, is to press forward on innovation without compromising safety. "Clinical research cannot have shortcuts," he insists. "We learned during this process that collaboration is key to success. Developing Private-public partnerships, as well as engaging with different research institutions and companies, has allowed us to work simultaneously on different fronts." Muñoz cites a specially expedited parallel process, as opposed to the usual "in sequence" process, which shortened timeframes dramatically. "While Phase 2 trials were still running, we started Phase 3 after successful interim re-

sults. Clinical trials aim not only to see how effective a vaccine is but also how long the immunogenicity is going to last. This research on clinical trials must continue."

In late July, **Steven Saad**, CEO of **Aspen**, went on national television to make a big announcement. "It's finally happening," he says of the landmark joint-venture with **Janssen**. "We had to change API sources midway, but finally there are products that are made in Africa and being sold in Africa, so it's a really proud moment for all of us—and a tribute to the team who worked particularly hard to get this over the line," he adds, noting that around 1.5 million doses would be immediately available for domestic use, and that beginning in October, after a period of partial exports to Europe, 100% of Aspen's production will be serving the African continent.



Part 3, Finishing Strong

"We have much to celebrate," says **B4SA's Dr. Stavros Nicolaou**, citing among other innovations, the Electronic Vaccination Data System, "which is the most tangible step to vaccinating particularly the elderly and vulnerable segments of the population." Nicolaou explains that the country's COVID-19 readiness always depended on two things. "One was securing sufficient vaccines—which we've now done, enough to cover 41 million people although we only need to vaccinate 40 million. The second thing, and this is the tricky part, is to ramp up capacity to vaccinate between 250,000 to 300,000 people every day for the foreseeable future, into February 2022."



So far, things are looking up. In late August 2021, when vaccinations opened up for over-18s, more than half a million people in that group registered. "We were delighted to see the enthusiasm of the youngest cohort," Nicolaou says. "There were queues filled with young people at many vaccination sites. We know, however, that with each new age group, there is an initial rush of early adopters, and then demand tapers off significantly – a situation both B4SA and the NDoH are acutely aware of. The biggest risk that we now see is not vaccine support or capacity to vaccinate, but the sustained demand from all of South Africa's adults."



LET'S GET DIGITAL



Discovery's tools are one example in a broader trend toward digitization that has only accelerated in the past 18 months—others include **AstraZeneca's** New Normal Same Cancer Campaign, or the **eSihle** program offering prostate cancer patients home-based care and support, both facilitated by a low-touch patient journey that would have been impossible without digital tools.



Nel says, "We have partnered with **BrandMed**, a leading South African connected healthcare company, to sponsor fifteen **BrandMed Syntro-P Health Centres of Excellence**, offering patients access to a more proactive, patient-centric, integrated risk-reduction and treatment approach to chronic conditions."



Ruth Field, **Director Market Access**, hopes that the country can look beyond with its digitalization efforts, keeping the momentum to the future. "COVID-19 information has been digitalized," she says, "but the same must be done for all the health systems. In other countries, a patient in the primary healthcare system can be linked to a digital platform and to the protocols and guidelines, and there is a record in real-time showing the patient's journey." Field sees the implementation of such management in South Africa to accelerate diagnoses, allocate beds, and coordinate referral systems, allowing for new protocols to replace outdated ones. "With all this in place, we could improve the management of care tremendously," Field says. "The best doctors, the best medicines, and the best systems are of no use if they don't go hand in hand with good management of care."



Digitalization is one of **Bassem Bibi's** 3 D's. "We see three key trends on the rise in healthcare: democratization, decentralization and digitalization," says the **Divisional Vice President, Middle East and Africa, Rapid Diagnostics for Abbott**. "These trends are universal but occurring at varying speeds in regions around the world. In Africa, we offer a health data surveillance app called **Sympheos** that lets healthcare workers send data back from our rapid diagnostic tests to ministries of health so they can know if there is a COVID-19 or malaria outbreak." And that's on top of the more than 400 million COVID-19 tests that Abbott has already administered globally.



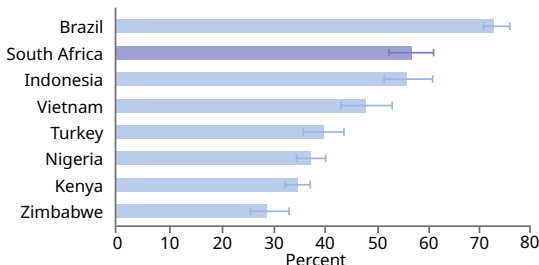
"We offer a wide range of tests," Bibi says, "from high-throughput laboratory-based systems to point-of-care rapid tests, that allow us to expand access to testing across centralized and decentralized settings. Reference laboratories, regional and district hospitals and community clinics are all healthcare settings in which Abbott tests are being used to prevent and control spread of COVID-19."



Banderker of Afrocentric Group highlights his company's significant investments on digital tools and their implementation—including laptops, furniture,



Share of firms using digital platforms, May 2020 survey



Source: South Africa Business Pulse Survey; global comparison from Davies et al. 2021 based on Business Pulse Survey and Enterprise Surveys conducted in sub-Saharan Africa. Note: Conditional Average, controlling for size, sector, and timing of the survey.



**2 PEOPLE
EVERY SECOND**
143 PEOPLE
EVERY MINUTE
**205,500 PEOPLE
EVERY DAY**

That's how many lives are touched by our medical technologies, services, and therapies. In our Mission to alleviate pain, restore health, and extend lives, we've helped millions around the globe each year get back to the life they love.

LEARN MORE AT
[medtronic.com/
transforminghealthcare](https://www.medtronic.com/transforminghealthcare)





AfroCentric Group is disrupting the health industry through their extensive, diversified and seamlessly integrated health solutions that make health more affordable, more accessible and provide a better experience for South Africans.

AfroCentric · Healthier Together



For more information, please visit
www.afrocentric.za.com

 AfrocentricGroup
 company/afrocentric-group

internet connectivity and security—“but if the investment was significant, so were the benefits,” he says. “The operational gains that we have had are completely sustainable and we consider there is still a lot we can do to further develop them.” *One such way is through AI, enabling projects like “Hospital Benefit Management,” two years in the making, which launched in 2020 and can effectively and automatically authorize hospital admissions so there is no backlog and no delay.*



Roche, too, has introduced digital tools, such as the app **Floodlight** for multiple sclerosis. “It combines medicine and technology for the advancement of what we can deliver to patients in rural settings” which have been disproportionately affected by the pandemic, says **David Gibbons, Managing Director of Roche South Africa**. “COVID-19 has broken down a lot of the silos,” Gibbons adds. “We didn’t use to talk, as we do today, to the distribution industry or the hospital groups. *We need people who are open to this dialogue and to the idea of co-creating solutions with non-traditional partners.*” He’s open to digital experts with cross-industry and cross-functional knowledge who can maintain an “innovative aura” and attract others who are fascinated by making a difference through innovation. “We have to find people who can figure out and develop ways of bringing digital aspects to the table,” Gibbons says, “and at the same speed we are commercializing!”



“Digitalization is crucial,” says **Ayanda Swana, CEO at Siemens Healthineers South Africa**. “The more digitized we are, the less human contact there will be, which is a step forward in the case of infectious diseases. Healthineers already identified with this concept in 2017 and it’s a promise we make to our customers. *We must first understand how to digitalize healthcare, and second we must understand the concept of global health and the principles of public health and public administration.* Only a year ago

many presidents didn’t understand concepts which are of common use today, such as isolation or quarantine!”

“We have invested a lot into the growth drivers of our company, which are interventional imaging and digital solutions,” says **Mia Louw, Country Manager for Guerbet South Africa**. “Collaboration can be challenging but it does exist. We have collaborated with leading medtechs installing TT or MRIs as part of a tender. “On a global level, our three pillars are diagnostic imaging, interventional imaging and digital solutions & artificial intelligence. South Africa is firmly in the first pillar. We are establishing interventional imaging and then plan to move on to the third pillar.”



“*Digital is king,*” says **Muñoz of Janssen**, “*but collaboration is King Kong!* These are the two key factors to have. It doesn’t matter which platform you’re using—you need to have an agile team to find the most convenient solution fast. In Healthcare, we’ve been speaking about digital for years, but we’ve learned more in the last few months than in the past many years combined.”



“*Digital is a friend,*” concludes **Zwelethu Bashman, Managing Director of MSD for South Africa and Sub-Saharan Africa**. “For some time, we had gotten 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.” Bashman describes the blessing in disguise of being forced to embrace digital. “Here we are 18 months later, doing 90% of our interactions online and business is still happening and companies are performing!” he says. “We should be grateful that, even if the systems aren’t perfect, it has been an important jolt in the right direction. There are wider-ranging positive impacts, too, in terms of environmental friendliness, from engaging health practitioners virtually. COVID-19 shocked us into a new way of doing things.”



Dis-Chem PHARMACIES



JSE-listed Dis-Chem Pharmacies has been South Africa’s first choice in pharmacies since 1978. Our nationwide linked dispensaries, clinics and comprehensive self-medication centres have earned us the reputation of ‘The pharmacists who care’, a standing we work constantly at reinforcing.

As leading specialists in health, wellness and beauty, we offer the widest ranges along with expert in-store advice from our teams of pharmacists, nurses and nutritionists. Always with a focus on the delivery of care,

Dis-Chem Pharmacies continues to be at the forefront of primary healthcare throughout the worst of the Covid-19 pandemic. We however, have not slowed down on store rollout, with our landmark 200th store opening in September 2021, or on our efforts to support the national vaccine rollout campaign via our mass in-store clinic vaccination sites across the country.

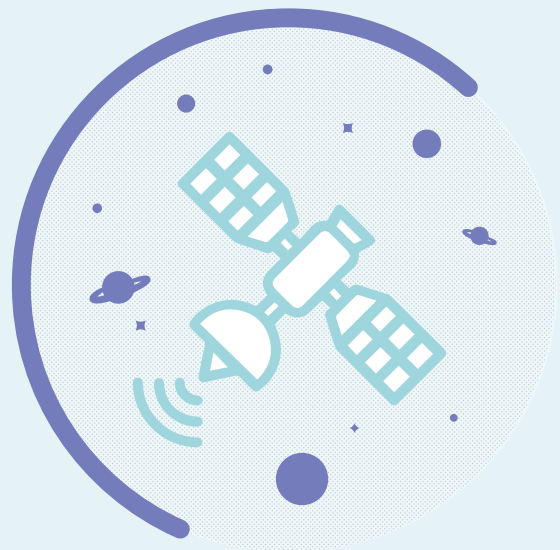
Furthering our commitment to meeting customer demands and in addition to our existing e-commerce offering, we have launched our

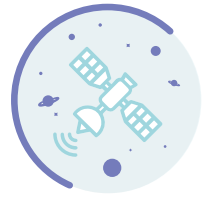
newest innovation and app addition, DeliverD. DeliverD is an on-demand same-day delivery service, which promises delivery within 60 minutes, in the initial stages in a limited number of stores in the major metropolitan areas.

Dis-Chem Pharmacies is proud to be a valuable first port of call for millions of South Africans, offering our valued customers the unrivalled shopper experience, range and value that they have come to expect.

SATELLITE INTERVIEWS

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





Martin Kingston

Chairman
BUSINESS FOR SOUTH AFRICA

EF: Could you share with us the Role of B4SA?

MK: I serve as VP and Deputy Chair on the board of BUSA (Business Unity SA). Last year, at our board meeting, we concluded that it was inevitable that the pandemic would hit South Africa. As the country's apex business association, we agreed upon the need to have an integrated and coordinated response to combat the pandemic's impact and to work closely with the government and other social partners. To ensure that we could operate as nimbly and flexibly as possible, we created a virtual platform called Business for South Africa (B4SA) with the Black Business Council. BUSA sponsored it at the beginning, and the Black Business Council joined in the middle of March last year. We co-opted people onto the platform whether they were part of formal business structures or not, based on their ability to add value. On the 26th of March of 2020, South Africa went into hard lockdown for five weeks. *During the two weeks previous to the lockdown, we assembled the critical elements for B4SA, opting for three primary pillars of activity:*

- i. **A healthcare platform** – Its primary but not exclusive goal was to bring PPE and other critical medical supplies into the country. At the time there was no PPE in the country.
- ii. **A labour market platform**, similar to a 'furlough system' as many other countries used. We put in place structures to provide some level of support to businesses and individuals who were temporarily rendered incapable of working due to the pandemic. By the end of last year, working with our social partners (government, labour and civil society) we had paid out R60 billion to more than six million people.
- iii. **An economic intervention platform**, which I chaired, with two primary areas of focus: a) engaging with government on finding ways to protect the economy from the pandemic including determining lock down levels and practical mechanisms to apply lock downs, b) work on devising a post-Covid accelerated economic recovery strategy for the country. When the pandemic arrived, we were already in a recession and about to be downgraded to sub-investment grade as an investment destination. This accelerated economic recovery strategy, covering the short, medium and long term, has been a critical input into the government's reconstruction recovery program.

In addition, B4SA covered other support aspects; we had a team that gave legal advice, a group that gave communications support, a team that looked at risk and a team that engaged with the community at large. We had about 450 people on this platform. Most of them had never met each other before, let alone worked together. We all worked together virtually, and the mantra was to forget egos, sharp elbows and personal and institutional brands, and work together on a pro bono basis for B4SA. This was unprecedented; it was the first time businesses large and small, black and white, formal and informal, domestic and international across all sectors had collaborated to formulate a strategic economic vision for the country.

This year, we refocused the organisation on implementing the vaccination rollout strategy. It's a public-private partnership with the govern-

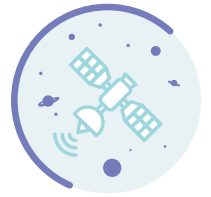
ment working across five key disciplines: 1. Procuring the vaccine, 2. Ensuring logistics and supply chain are intact, 3. Ensuring the vaccine financing and payment mechanism of the vaccines, 4. Establishing sites in place in public and private sectors to vaccinate as many people as quickly as possible, and 5. Communication, stakeholder engagement and advocacy workstream. These five workstreams have been working 24/7 for the past four months or so on an integrated basis with the government and overseen by the Director-General, the most senior civil servant in the Department of Health where I have led the business involvement.

EF: How did you get companies to join quickly, and how could other countries do something similar?

MK: As far as we know, no other country in the world has done what we have done here, with the private sector being an integral part of the rollout program. In the UK, the vaccination is run, administered, overseen and implemented by the public sector with limited if any private sector involvement. In South Africa, it is much more sophisticated: i) we have a history of social compacting in South Africa, which is hard-wired into the regulation and legislation of consultation between government, business, labour and civil society, and there is a formal structure established in 1994-5 through an organisation called NEDLAC (National Economic Development and Labour Council). ii). Before the lockdown, we all thought it was a Wuhan problem. It became an Italian problem, and then it started spreading through Europe and the United States. All we would hear about was the spread: the numbers of the people dying, the struggle to get PPE and overburdened hospitals, something that hasn't changed, but the world's attention has moved on.

The initial two or three weeks were crucial to assemble the leaders. There were many leaders in this process – not egos, but leaders – and as a result, we attracted a lot of talent, subject matter experts, and people who wanted to get involved. Because we had already established the systems with the project management office, it became easier for everybody to operate.

“During the two weeks previous to the lockdown, we assembled the critical elements for B4SA, opting for three primary pillars of activity: a healthcare platform, a labour market platform, an economic intervention platform.”



Peter Mehlape

Managing Director
MEDTRONIC Southern Africa

EF: What have been the lessons learnt during 2020, a very atypical year?

PM: A key lesson learnt was to be nimble, flexible, and agile. The COVID-19 pandemic meant we had to reset conditions for our employees to work from home while collaborating with our partners. We hoped that logistics companies and hospitals could offer the same level of services pre-COVID, which was quite a challenge. We collaborated with TNT, FEDEX and DHL for support with the logistics of moving our products around the country and ensured they had the necessary permits from the government's Department of Trade and Industry to be fully operational during lockdown. We are very proud of having been able to ensure the security of product supply and continuity of regular operations during the Covid-19 lockdown because of our life-sensitive work. In fact, we were able to overcome multiple obstacles to save lives with our work. For example, we chartered a plane to fly a cardiologist from Cape Town to Johannesburg for a critical operation during lockdown. Additionally, many Medtronic employees offered remote support for patients to overcome the heightened physical restrictions and make our therapies more available and accessible.

EF: What is MEDTRONIC's footprint today in South Africa?

PM: Medtronic is present in South Africa and other African countries, including Namibia, Mozambique, Lesotho, Botswana etc. In South Africa, we have offices in six main cities: Johannesburg, Durban, Port Elizabeth, Bloemfontein and Nelspruit. This large presence allows our medical practitioners to have access to a wide portfolio of our products and services across the country. Moreover, in 2016 Stellenbosch University and Medtronic have established Sunskill, an integrated clinical training laboratory, to prompt a transformational change to training and education of healthcare professionals in the Southern Africa region.

For more than 30 years, Medtronic Africa has been committed to supporting the healthcare needs of the public and private sector in South Africa and Sub Saharan Africa. Medtronic offers therapies that treat nearly 70 conditions, including some of the world's most challenging chronic diseases — like diabetes, obesity, cancer, and heart disease. Our legacy of innovation and unique position as the world's largest medical technology company allow us to play a central role in transforming healthcare in South Africa and Sub Saharan Africa. We're collaborating with new partners in new ways to create new innovations — ones that add both clinical and economic value. So that tomorrow, even more people can get the affordable care they need.

EF: You have a very long career in Med-Tech, what keeps you motivated?

PM: *The ability to make a difference and impact is a major motivator; it gives me purpose to wake up every day and keep going. Working in the healthcare sector and saving lives is very rewarding.* I remember, for example, the case of a young boy with a muscular movement disease, called dystonia, which kept him moving constantly and stopped him from resting day or night. A neurologist decided to help him and was able to organize a procedure in Cape Town's Red Cross hospital. By customizing and implanting our technology called deep brain stimulation, we were able to change the child's life. It is a very emotional story, especially if you see him now.

Every other month, I run a two-hour breakfast session and invite a special guest outside the healthcare sector to speak. This is eye opening for our employees; it helps them see the importance of our work. The motivation is huge and the feedback we get is priceless. Access and collaboration are very powerful motivators for us.

We are very proud of having been able to ensure the security of product supply and continuity of regular operations during the Covid-19 lockdown because of our life-sensitive work. In fact, we were able to overcome multiple obstacles to save lives with our work.



Ian Wakefield

General Manager
BECTON DICKINSON AFRICA

EF: How was BD's transition during the pandemic, learning new skills and managing remotely? How have you worked with your teams across Africa?

IW: As part of our new way of leading we identified a way to engage with associates that were isolated due to the lockdown and we have shared a lot of news in terms of what is going on, showing our people what we are doing gave people comfort especially during lock down and isolation. We created a flexible working environment recognizing that people are balancing many balls, some have a study to work in but others worked out of a bedroom so it was important to create an environment where everybody could work. Giving people the tools to engage with others from their homes was key while still being able to come across as a professional organization all made possible with digital tools. The leadership team had patch-point meetings giving a voice to all, BD's multifaceted approach is about having honest communication and includes multiple tools, multiple forums and employment support programs so all could reach out for help. This has been an atypical period, where HIV and TB patients have not been going to clinics so we were not selling diagnostic kits for example in spite of this our associates across Africa still earned some substantial bonuses. All our associates -each one of the sales reps- got at least 50% of their incentives we made this commitment quite early on redirecting the spending we saved on from the traveling expenses -which came to a full stop- and I have countless thank you emails for our proactive action in this respect. From a salary point of view our people have not suffered an impact and knowing their jobs are secure has created a huge amount of goodwill for us among the associates.

EF: How has BD's overall business performance for bio-science and medical devices been over this last year in the region?

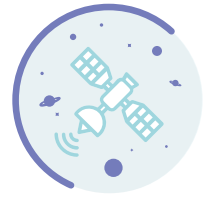
IW: In some markets HIV patients have not been going to the HIV clinics and the same happened with TB patients, These are clinical areas where we have a high level of focus. But one of the benefits of being part of a company like BD is the scope of the portfolio and from the innovation point we were quickly able to respond to the COVID challenges by introducing new a diagnostics test with the ability to manufacture to scale. Currently we support Covid 19 vaccine trials in South Africa with our molecular test platforms and because our portfolio is quite broad, even with depressed areas we have managed our spending and revenue hits quite well as we are not single business dependents. Looking for a health impact in areas such as chronic diseases or prostate cancer in excess of

2000 patients with prostate cancer were treated with BD's brachytherapy technology and this only happened because we were able to come up with a unique solution to barriers such as the fact that there were no flights from the US at one point in time. We focused on patient care areas, on the immunization space, supporting COVID-19 in terms of infection prevention and control to reduce infection in the environment. We were able to work to find the solutions to health needs arising from Covid-19 while still having impact in other areas. It was in our benefit having a corporate diversified portfolio which allowed us to do this and we have had a fantastic start to our first quarter of the year. Due to our mixed approach of personnel safety first, employee wellbeing and flexibility plus our portfolio we have been able to address multiple areas and set ourselves apart and I believe results will follow. Employees are at the center of our business continuity as is using employee centricity to get to patient centricity and growth.

EF: What are your expectations for 2021?

IW: We have high expectations for 2021, as a company we must be motivated in crisis, providing new tools to navigate these difficult times. Probably being a leading company in infectious diseases is key, HIV and TB are BD's biggest revenue and Covid's worse affected patients are those who have diabetes and cardiovascular health issues. We have invested time to understand our company better in this time of crisis working with customers across the healthcare sector and in order to sell a product we must understand the needs and the strategic focus area of labs, hospitals and even health ministries.

“We were able to work to find the solutions to health needs arising from Covid-19 while still having impact in other areas.”



Ayanda Swana

CEO
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. Within the company we had to adjust to a new virtual reality and a new customer virtual engagement, as well addressing basic topics such as ensuring a safe interaction with the customer, the mental health of our employees and adjusting the company to digitalization.

“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.”

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 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.

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?

AS: As regards the company I would like to be remembered for bringing work and collaboration to Siemens Healthineers core and achieve higher results because of my actions. I would like to instill the culture in the organization to be more candid in how we appraise our results, look at the results objectively to see what it is telling us and what needs to be done, improved and changed. The culture should move away from using hierarchy as the definition of authority which means that if we break down the silos hierarchy for accountability anybody should be able to work cross functionally in the allocated projects. If I could be remembered for moving the company in that direction I would be grateful. South Africa is going through a transformation and we need to comply with the Employment Equity Act fulfilling the plans of employment of equity and diversity and I would be happy to achieve this by the time I leave the office.

We have reached a stage where there is more need for operations between the investors and collaboration in the interest of patient care.



Ahmed Banderker

CEO
AFROCENTRIC GROUP

EF: Could you elaborate on Afrocentric Group's position in SA's healthcare map?

AB: Afrocentric Group is a listed company with over 5000 employees and we are the most diversified group in the healthcare sector on the Johannesburg Stocks Exchange, with more than 3,9 million lives under our management across three core line business:

- i. Private medical aid administration and chronic medical care business, for members on chronic medication.
- ii. Investments in the pharmaceutical cluster, this part of our business has grown substantially over the last five years.
- iii. Corporate wellness solutions

We are drug manufacturers, drug wholesalers, have the largest retail pharmacy in the country dispensing more than one million chronic prescriptions a month and we do import and wholesaling of medical and pharmaceutical consumables and prosthetics. Last year we created a corporate cluster that included everything related to employee well-being, occupational health services, on-site nursing services, emotional assistance program, everything that makes for a large-scale corporate organization to make life easier for employees provided in a package for the work environment. We have been quite fortunate over the last five years in that we have grown significantly across all our business lines.

EF: According to your experiences managing and leading through a pandemic, what lessons would you incorporate in a Master in Pandemic Administration?

AB: I don't think there is any business continuity plan or disaster recovery plan that could have foreseen an event of this magnitude but the pandemic has taught us the ability to be flexible in leadership. We spent six weeks as a leadership team designing how to operate remotely, and when we realized we were in for a long haul and we couldn't spend all our time on tactic and operational issues, we refocused back on strategy and adapted it as needed. One of the biggest lessons learned was the ability to trust people in that they will still be productive even if we can't see them, judging them by their outputs. About three years ago I was at Google and Facebook in Silicon Valley and as I was visiting, I asked them why so much time and effort was spent in bringing people to the campus. Their answer was simply "because this is where the magic happens". Great ideas can happen at home but the magic is produced only when people are together over coffee tables, lunch sessions, etc., and I am a firm believer of that magic and even though we can do a lot virtually there is an intangible value in physically being together.

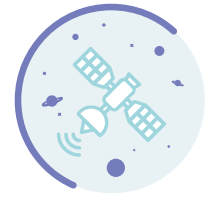
Another lesson is the need for collaboration between the private and public sectors, we believe in assisting the government with insurance

“Great ideas can happen at home but the magic is produced only when people are together over coffee tables, lunch sessions, etc., and I am a firm believer of that magic and even though we can do a lot virtually there is an intangible value in physically being together.”

issues, we already manage care services for the government employee medical scheme, we also built the service for administration of police medical services. My view is that the regulation needs to be adapted to be more relevant for the current times and if it is adapted then the ideology on national health care and the implementation would be much faster and there would be a lot more private insurance.

EF: A few years down the road when you look back what would you like your 2020/2021 tenure to be remembered for?

AB: I would like to be remembered for the team and collective work. As the team leading the healthcare transformation in South Africa making huge changes. Health services have not evolved or changed in private medical healthcare over the last 15 or 20 years and we are significantly changing the paradigm and I would like to be remembered for that. Nine million lives can afford private medical insurance in the country, but if we can get this right -and we will- we can make healthcare more accessible and affordable and maybe take the 9 million to 12 or 15 million and if we do, I would have been involved in creating positive change and it will be a very comforting thought to take with me.



Peter Wharton-Hood

*Group Chief Executive
Life Healthcare*

EF: What are the lessons learned that you can take away from managing during the Pandemic?

PW: The primary lesson learned in our company was the adaptability that needed to be put in place and the speed with which decisions were taken. And we've got an interesting contrast between the approaches in wave one of the pandemic and wave two, viewed from a South African context. The clinical uncertainty of what we were dealing with, led to a large component of decision-making being centralized. And that's a natural reaction when people are scared. It was a completely natural reaction in the corporate world to do.

In that particular context, as the confidence of the organization improved, and waves loomed in front of us, we knew that the pandemic would impact different parts of our geography at a different time and in varying ways. The 'one size fits all' decision making process clearly had its pitfalls, to the extent that if you shut down all elective surgery across the country, you would be making the wrong call. In phase two, we gave greater decision-making to the hospital manager. So in addition to hospital managers' decision rights, we created Covid-19 management committees at the hospital level, where the clinicians were able to make the decisions that were in the best interest of patients. And in so doing, the collective, "localized" decision-making by individual facilities ended up with the best answer for the patients. Whereas in the previous wave, the decision was made in the center, and it was just presumed that it was a protected institution, we were able to localize the decision making, which then allowed us to speed up the decisions making process dramatically. The conclusion was that hospital managers with local

The lesson learned is around the speed with which decisions are made, trust in people and an oversight hierarchy that they can take comfort in. If the decision gets too big, they should be able to seek guidance quickly and effectively.

decisions and an empowered management style, having to deal with a centralized decision-making process and bureaucracy doesn't work. This gave me an opportunity to decentralize the decision-making powers inside the organization. Trust the hospital manager. In the context of being able to look after patients, speedy decisions are very important which is why we took this approach. The result was that patient satisfaction improved dramatically. However, patient satisfaction in the context of search type pandemic conditions can never be as good as they are in well-orchestrated times where everything's under control and an organisation .

The lesson learned is around the speed with which decisions are made, trust in people and an oversight hierarchy that they can take comfort in. If the decision gets too big, they should be able to seek guidance quickly and effectively. And we show that Life's ability to deal with a crisis is amazing. I've told my executive team that they should execute day-to-day projects as they do with in-the-moment crises to continue succeeding.

EF: What courses would you make part of the core program of an MPA?

PW: I don't see a pandemic, any different to a banking, financial crisis... So if you want to try and prepare executives for moments of extreme resilience, you can't take a leader that's inadequate, and give them any course of the university that puts him in a position to be able to deal with it. There's a further line, some leaders that have done well, in circumstances like this have a basic fundamental that you can't teach them. You can't teach them courage, and you can't teach them judgment. So on the basis that you're giving me raw material to work with, you're giving me leaders that have got courage and judgment.

The course that I would first offer in the MPA is a course in listening. Because when things go wrong, when you're sitting in the corner office, unless you know how to listen, you're going to make the wrong decision.

And the second course that I would give to an individual in managing a pandemic is compassion. Because when the heat goes up, if you aren't able to allow people to make mistakes, it's an impossible organization to run. Because everything is not going according to the book. And it's in that moment where the organization is trusting its line of judgment, and things go wrong, that you've got to first of all, listen, and second make sure you don't lose the person. So the issues that I'm really getting down to is the leadership criteria to take an organization through the pandemic are more important than the technical skills of the people that already exist in a well-run organization. So the basics in an organization only get tested in a pandemic, or financial crisis on those two criteria that I've identified.

Third, communication is incredibly important. You have to make decisions fast and if you can't get your point across, things don't get done and you don't bring the team along with you. If you do it in a fluffy way people won't take you seriously. That moment of actually having your team listen and being able to bring them along, I think gives you the kit to be able to deal with the problem.



Dr Ryan Noach

CEO
DISCOVERY HEALTH South Africa

EF: What was Discovery's role during the pandemic, both last year and in 2021?

RN: Our core purpose at Discovery is to enhance and protect people's lives – the lives of our members, clients and employees. Naturally, our first responsibility was to our people, we are a big employer servicing a big community, and our employees represent our own extended family, critical to sustaining our support to all external parties. Every day in our normal course of business, we spend a lot of time thinking about how to protect our members, developing products that ensure they receive the best quality of care on a cost-effective basis. We are an integral part of the healthcare system in South Africa. The healthcare workers have been heroes during the pandemic. Through our partnerships we have put together programs to support them during this time, and to ensure that they thrive in a post-pandemic SA healthcare system. As a large player across the system, we feel responsible for what happens in the country more broadly. We have contributed significantly to the country's response to Covid-19 working with NGOs, supporting the government, and working with private sector partners ensuring the country's quick response to Covid.

I would like to be remembered as having an inspirational optimistic leadership approach that meaningfully helped to protect employees, doctors, and customers; and as being part of the solution to the broader country's successful response to Covid-19.

We are incredibly proud of the immense dedication and commitment of our team throughout the pandemic and now also through the national vaccine rollout. They have worked tirelessly around the clock with public and private sector partners in support of the national plan to accelerate the effective and efficient vaccination programme roll out.

EF: What was the strategy you employed to keep your staff nimble and aware of the company's purpose particularly with the new system of home office?

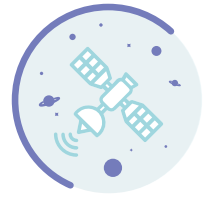
RN: At the start of the pandemic we transitioned 90% of our staff to a work from home model within days. Fast forward a few months, and we have seen better productivity and higher engagement levels than before. By all our measures, our people have expressed that they felt well protected and cared for during this time. They have also felt a responsibility to care for other stakeholders, a manifestation of our core purpose. This has brought our people together.

In the long term, we do recognize that one of the biggest risks of being decentralized and having so many people working from their homes is that we could face a dissipation of our strong culture. The result could be a diluted culture and people moving further and further away from the company values. We are very cognisant of this long term risk despite having seen the opposite in the short term. Looking ahead, we need to carefully agree the target operating model, how many people will come back to the office or where from elsewhere. If we end up with a large virtual workforce we will have to invest heavily into equipping our leadership to understand how to lead remotely, remain engaged and caring without face-to-face engagement, protect the culture and maintain understanding and proximity to our purpose and values.

EF: A few years down the road when you look back on these last couple of years -the Covid years- what would you like your 2020/2021 tenure to be remembered for?

RN: This is probably the biggest learning curve I will personally ever go through. It has been a challenge on every level - a challenge from a leadership perspective, from a product perspective, and an economic challenge. With the whole economy under pressure, it is more difficult for our customers to afford insurance.

I would like to be remembered as having an inspirational optimistic leadership approach that meaningfully helped to protect employees, doctors, and customers; and as being part of the solution to the broader country's successful response to Covid-19. I would also like it if people thought I brought stability through a calm approach, focused on the right things with relevant products and services. Aspirationally, I would love people to say Discovery helped vaccinate the nation with its incredible partnerships. It would be great for our brand to be considered central to the country's response to Covid-19.



Jonathan Broomberg

CEO

DISCOVERY VITALITY & GLOBAL South Africa

EF: You were appointed CEO of both Vitality Health International and Global Health Insurance at the beginning of 2020, what was the mission you set for yourself in both appointments?

JB: Discovery has been in South Africa over the 30 years, we have built the South African health and other businesses into very strong franchises, we have done very good work globally expanding our health insurance business and worked in partnering life insurance in many regions. My mission is to leverage the expertise and assets we have built up in South Africa to grown our businesses in in healthcare, health insurance, health tech, etc globally., Starting with an important focus on our continent and then move on to other parts of the world. Ten years ago we started Ping An Health, a health insurance business in China with Ping An Insurance Group -we still own 25% of what today is a very successful health insurance company. We also have a start up health insurer in Australia in partnership with AIA, but our ambition is to grow into one of the worlds leading global insurers. As far as the Americas are concerned we have a wellness business in the US and some partnerships in Latin America in health and life insurance which we want to expand and build on as well.

EF: Could you elaborate on the Vitality Health or on any initiatives are you especially proud of over this last year and a half?

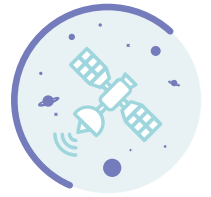
JB: Discovery was very much on the frontline making a powerful contribution to the national effort in facing Covid-19. We did a huge amount of ground work in communication, on vaccination, on modeling, and on data collection. But if I could single out one thing it must be the vaccination campaign. The mounting of an incredibly professional operation and running a large number of vaccine centers all over the country open to everybody not just to people with health insurance or our customers. This was done in strong collaboration with the government and it has led the way for other private healthcare players to come in and do the same thing. The more subtle but no less powerful message for our healthcare sector in South Africa is that it's been the strongest and most effective example of public-private collaboration that I have seen in the last 30 years I have been involved in the sector. This is also a global lesson as there is not enough collaboration between sectors across the world due to general distrust or competition. 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. I played a personal and active role during 2020 with the Solidarity Fund which worked very closely with B4SA but is a completely separate structure and was set up in February 2020 by the President. It collected several billion rand of donor money, setting up a governance structure to govern that money giving grants, doing things like supporting the government, procurement of PPE, later bringing in Covid test kits and supporting hospitals. Now there is a lot of work going on in communication and supporting vaccines as a separate nonprofit vehicle and as medical advisor and I am very proud of the work we did which as an incredible example of public private collaboration but also about bringing big and small business together as well as ordinary citizens, with tens of thousands donating money and many people volunteering to make it possible. The government right from the start had a clear

insight that their process might be too slow to deal with something as quick moving as Covid-19 so they set up a separate vehicle that could make decisions in days and that is indeed what happened. Discovery donated my time to the Solidarity Fund which I was involved with for most of 2020.

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

JB: I see myself as part of a team, and the legacy I would like us to leave behind is how we responded during the pandemic, that Discovery did the right thing and the test of that is our own people doing the right thing for our customers, the country and the world. But Covid is still very much in our present and won't be over till it is over. My feeling is that when we look back we will recognize we made mistakes but that in the main we did the right thing for all the stakeholder groups. We put in enormous effort and made big sacrifices including financial spending a huge amount of Discovery resources on doing the right thing even with no hope of recovering that money. I feel we rose to the occasion although we won't know till Covid is actually over. I do hope that what we have learnt with the pandemic will endure as we all know how easy it is to fall back into old habits but this goes beyond South Africa, I hope the world will learn and take the offered opportunities from the positives learnt and change the way we live. Our legacy is having done the right thing.

“My mission is to leverage the expertise and assets we have built up in South Africa to grown our businesses in in healthcare, health insurance, health tech, etc globally., Starting with an important focus on our continent and then move on to other parts of the world.”



Barbara Nel

CEO
AstraZeneca South Africa

EF: What are the lessons learnt from this very atypical year navigating a pandemic?

BN: First and foremost it has been to lead with empathy. At the same time it has been critical during this atypical year to secure continuity of supply, especially with airspace closing down across Africa. We focused our teams on innovation, accelerating digitalization and embracing disruption. When I walked out of the office on March 18th, 2020, I had my heart in my hands, but from day one we worked together as one team, across our markets to ensure the continuum of care to patients in Africa. This is what we kept at the centre of our solutions, keeping our focus on what we could control and make a difference in and letting go of those things beyond our control. We connected on our virtual platforms every week, to check in with our teams across geographies, to find out how they were doing, what they needed. As a senior leadership team we met daily to ensure that all facets of the business were able to continue delivering their valuable service, whether this be internally or to our customers. Within the first week we had pivoted to digital, with our medical representatives trained on our new virtual engagement platforms. Whilst our internal teams pivoted to digital we immediately started to challenge ourselves as a leadership team to consider how patient behaviour may change to access healthcare. We also looked at opportunities to facilitate crucial knowledge sharing amongst Healthcare Professionals, and delivered a series of “By Africa, For Africa” webcasts, in partnership with key healthcare societies in

Whilst our internal teams pivoted to digital we immediately started to challenge ourselves as a leadership team to consider how patient behaviour may change to access healthcare.

Africa, across therapeutic areas. The webcasts enabled key experts to share locally relevant content, within each therapeutic area, in response to the pandemic. We provided the platform and the various partner healthcare societies provided the content. I think we were one of the first movers on the African continent to embrace the easy and obvious digital solutions, going from face to face to remote engagements, and later a mix of the two to allow for HCP preference.

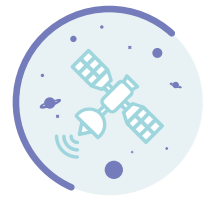
EF: What has been AstraZeneca’s participation in the Covid-19 fight?

BN: The extraordinary circumstances of the COVID-19 pandemic calls for extraordinary measures. AstraZeneca has risen to the challenge of creating a not-for-profit vaccine that is widely available around the world and we are proud that our COVID-19 vaccine accounts for over 90% of COVAX supply to date, with more than 77 million doses delivered to 127 countries, including more than 38 African countries. No one is safe until we are all safe, together we can bring an end to this pandemic. We are committed to playing our part in achieving this goal, here in Africa and around the world.

EF: How are you managing the chronic diseases portfolio in a communicable disease scenario such as Covid-19?

BN: Our focus remains on the patient and their journey through the health care system. The pandemic has influenced patient behaviour, with patients looking to minimize the time spent in large hospitals or clinics. We have seen a significant reduction in breast cancer diagnoses and mammograms performed over the last months, this statistic lies at the heart of our New Normal Same Cancer Campaign, which urges patients to contact their doctor and return to treatment following the disruption to their care due to COVID-19. Our eSihle programme in South Africa offers prostate cancer patients home-based care and support. Our response to these changes in patient needs has been focused on three aspects:

1. *A low touch patient journey: introducing an integrated holistic ecosystem which minimizes the time the patient spends at a health-care facility.*
2. *Home-based care: where the patient is diagnosed by their doctor and is then able to receive treatment at home.*
3. *Access to medication and solving the issues around economic turmoil. We have worked internally and externally with customer groups to understand the requirements for these ecosystems, both in the public and private sectors. We have been able to do a few things in the short term, others will take longer, but we must support the patient flow, the clinicians, nurses and all involved in the patient’s journey.*



Ruth Field

Director Market Access
AstraZeneca

EF: What is your personal definition of access?

RF: Access to me is making sure every patient has what they need in terms of necessary healthcare outcomes. *Access is not just about medicines it has a broader meaning, it is about the patient's journey and the socio-economic factor.* Even with a fully equipped hospital if I don't have the money to take a taxi to go to the hospital I don't have access. A patient not having the education to realize they are sick and then dies is a variation of lack of access. There are other socioeconomic factors that are obstacles to access for example a patient having no food to take with prescribed medication is an obstacle to access as is the lack of education. *If policies are in place but not working or if there are systemic issues this for me is lack of access.* Education is at the root of a lot of our problems and the government is aware of this fact but lacks the tools to make necessary important changes. The pharma industry and other healthcare stakeholders aim to improve the patient's life and we are all here to play a part and it's clear we need to work together to focus on the entire patients' journey.

EF: How do we keep momentum on the importance of health for the country into the future?

RF: Historically South Africa has focused mainly on HIV and TB, now with the focus on COVID-19 they have been relegated but people are still dying from non-communicable diseases. *The question is if we can apply what we do for Covid-19 to diabetes or cancer or asthma or any other non-communicable disease once the system is in place,* covering all disease areas. If this can be managed for the different disease areas, connected through the health ministry to other ministries it could be an ongoing project and plan for the country. South Africa has been learning about Covid from other countries, from China, from Italy, so in the same way, they can also learn about other diseases. There are some very good examples of how some countries have worked with non-communicable

“Access is not just about medicines it has a broader meaning, it is about the patient's journey and the socio-economic factor.”

diseases; Cuba, for instance, has done an amazing job in terms of primary care. Our government has a partnership and relationship with Cuba and has sent people to learn from their system. Now that a lot of countries are leaning towards universal healthcare coverage *the National Health Insurance is working on the following concepts:*

1. **Task shifting:** for healthcare practitioners and doctors whatever their specialty to focus on what they do best, on their core business. In South Africa there are about 60 thousand community healthcare workers paid by the government going into the community households just for HIV and TB, work needs to be done in this area to achieve a more patient-centric approach and look for other non-communicable diseases, bringing tools into the household to cover pre-screening or screening as a way of detection. We need our population to be educated in prevention, take responsibility and look out for their own health, get into the system and not leave the responsibility of their personal health in the hands of the healthcare professionals.
2. **Digitalization:** the Covid information has been digitalized and the same must be done for all the health systems. To have digitized care solutions the equipment to read the data must be linked to a digital platform so when a primary care system observer encounters a problem in a possible patient in real-time, that patient can then be included in the system. In other countries, a patient in the primary healthcare system can be linked to a digital platform and to the protocols and guidelines and there is a record in real-time showing the patient's journey. The importance of management of care in real-time lies in the four levels of care and immediately knowing if the patient has been in a district hospital or at a tertiary level institution and for what reason. The timelines will help in checking the times spent in each place, accelerating the diagnosis, bed availability, and referral systems –which don't work that well in South Africa- and allowing for new protocols like the ones in place are outdated. With all this in place, we could improve the management of care tremendously. The best doctors, the best medicines, and the best systems are of no use if they don't go hand in hand with good management of care.

At the moment digitalization is not in place in the public sector and we lose a lot of patients who arrive to the system late, even incurable cases of stage 3 or 4 of cancer or even for patients that come in early with stage 1 or 2 but because the healthcare practitioners are not well trained and do not know what to look for, the patient can be in the system two years and still not be referred up, they don't have a diagnosis due to lack of equipment or for whatever reason and the result is sure death for the patient.



Zwelethu Bashman

*Managing Director
MSD South Africa*

EF: What was your given mission when you were appointed as one of a new generation of managers to manage a pandemic?

ZB: First and foremost it was about keeping our employees safe. Sales and opportunities have to come second. For the better part of the last 18 or so months, our employees have been working from home. We implemented specific protocols for safe work for the critical employees, for the ones that had to report to work such as the clinical trial division and manufacturing, and all non-essential face-to-face engagements were put off for the better part of twelve months. We have since gradually introduced people back into face-to-face engagements but withdrew them again when there were threats of a second and third wave. Secondly, our contribution as an organization was investing in research -we are an innovation company- we looked into vaccines and we are now at the end of a process, doing three clinical trials on a Covid-19 therapy which we think will have an impact not only on the continent but around the globe towards the latter part of this year. Now is the time for innovative companies to innovate as humanity depends on it. The third mandate given to me was not to disappoint the patients, we deliver lifesaving medicines on HIV, oncology, vaccines. It wasn't the time to have problems with our supply chain. At the beginning of Covid-19, we struggled as we have a huge access business that delivers HPV vaccines across multiple low and middle-income African countries and at the beginning of the pandemic getting vaccines into the countries was incredibly tough and we had to work our way around it. We needed to ensure the delivery of our critical medicines and we did not disappoint patients. We had a lot of insight and input from our global leaders; we could charter planes specifically to bring in medicines or to take them to other countries. Fortunately 12 months down the line I think we have done pretty well, we have ticked the boxes of the pillars of the company's mandate and it won't stop here. The world changes as the Covid situation changes and so shall we, it is the natural order of things.

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 wide-ranging impact in terms of environmental friendliness. Another lesson learned was having 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

“We needed to ensure the delivery of our critical medicines and we did not disappoint patients. We had a lot of insight and input from our global leaders; we could charter planes specifically to bring in medicines or to take them to other countries.”

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: How did you manage to attract resources to South Africa at a time they were scarce?

ZB: “Build your network with individuals at a regional and HQ level” was some very sound advice I was given some time ago. I joined just before the first lockdown and couldn't go to HQ in the US and walk the corridors and introduce myself personally to people there so I utilized the leverage of previous networks. By the time I took over as managing director, I already had the introductions I needed and whenever I had an opportunity to speak to people I always put forward the South African story speaking about the organization beyond financial metrics which they already knew. People invest because of hope and want to know what the future looks like for the business and the country and an organization and I spent a lot of time sharing what that future would look like, helped by having a very coherent organization and strategy. We knew where our opportunities lay so I was very specific with what I needed, what was the value attached and the outcome to be achieved. The most important thing is building the network in organizations that span over multiple geographies.



Hassan Sabbah

General Manager
ABBVIE South Africa & Region Africa

EF: What was the mission you were given when you took over your position, seven months ago?

HS: I have been with AbbVie for over thirteen years, and I have been very fortunate in that I have been responsible for different geographies and different business units, recently being appointed to South Africa and Region Africa. At around the time of my appointment in May of 2020, AbbVie finalized the acquisition of Allergan which has a broad portfolio in South Africa and Region Africa countries. With this acquisition we have expanded our footprint bringing together over 30 brands and leadership positions to diversify our product portfolio and pipeline assets, while we continue to invest in innovative science and continue to serve unmet medical needs of patients that rely upon us.

At AbbVie, we believe patients need access to quality and affordable medicines. Improving health outcomes for patients around the world is one of AbbVie's corporate responsibility commitments and is integral to our core business strategy.

EF: Tell us about your footprint in South Africa and in the African region.

HS: We are fortunate to have a very diverse portfolio and an extremely dedicated team of professionals that are committed to delivering on our promise to our patients. We have a broad eye care portfolio, with market leading brands in areas such as dry eye disease, retinopathy, and glaucoma which is the leading cause for blindness. We have a neurology asset which leverages the therapeutic effect of targeted neurotoxin protein use in the treatment of spasticity and chronic migraine amongst others. We also have a market leading biologic that is used for autoimmune diseases such as rheumatoid arthritis, Crohn's disease, ulcerative colitis, and Psoriasis, as well as specialty products in areas of anesthesia and infant respiratory Distress syndrome and we have recently launched a new product in oncology for CLL patients, so our footprint is quite strong and diverse in South Africa and across Region Africa countries.

EF: Coming from UK to South Africa what strikes you the most from a working perspective?

HS: I think that one key area is the disparity in terms of healthcare access across the population with only a fraction of the patients having access to private health insurance and thus the ability to afford access to innovative medicines that can make significant impact on patients' lives. We must continue to work together to introduce changes in policy that will drive change in patient care across the entire population. South Africa is a complex but very attractive market and improving access would have a huge impact.

At AbbVie, we believe patients need access to quality and affordable medicines. Improving health outcomes for patients around the world is one of AbbVie's corporate responsibility commitments and is integral to our core business strategy.

EF: What will be new skill sets needed for the future?

HS: This pandemic has forced us in many ways to adapt and adopt to our new ways of working, using a multi-technology approach to reach our customers and our patients. It has also given us a different perspective on working remotely. I believe that we will need to understand better those approaches and how we can apply them in the post COVID period. As an example, how will we reach the right balance between remote working and physically being at the office? How will we take advantage of great technology platforms to amplify our in-field teams' share of voice? What will our patients and customers want and desire in terms of interaction channels and how do we ensure we are ready for this evolution? All these are questions that we need to better understand moving forward.



Francisco Plaza Muñoz

*Managing Director
Janssen South Africa*

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

FM: 2020 and 2021 were years of major disruptions which required increased collaboration, and pushed innovation as never before. At the beginning of the pandemic, the uncertainty of an unknown virus, its severity, and the necessary measures to fight it, were some of the elements to deal with. In the second half of the year, we had to manage unprecedented volatility. Scenario planning was more than ever, a difficult exercise that required the best from the leadership in an organization. More importantly, leadership during these times is about connecting with employees, because as individuals, we have been tested up to our limits. Leaders need to be close to their teams and ensure solutions to accommodate their needs, whether they are flexible in policies or the best use of technology. A successful organization needs enough agility to adapt its operations to the new norm and to be resilient to go through a situation that has been prolonged for many months.

During the pandemic, there were a lot of new conditions to manage: Balancing on-site and remote work, ensuring employees had the right work-life balance and ensuring continuous supply.

Companies like J&J have demonstrated the critical role that innovative pharmaceutical companies play in our society. I'm proud of the way that J&J has responded to our patients, our employees, and the communities we operate in.

EF: How can we keep momentum on the importance of healthcare in the future?

FM: Covid-19 has demonstrated to us the importance of a healthy population and its impact on the economy. The adequate resourcing of health systems and the correct utilization of those resources using a patient-centric approach will be critical after the pandemic. Leaving no patient behind should be the priority. Clear collaboration among institutions has been demonstrated to be a valid instrument to achieve those goals.

We have seen the impact of Covid-19 not only on patients that have suffered from the virus directly but also on the rest of the healthcare system. With a significant part of the resources dedicated to mitigating the impact of Covid-19, patients suffering from non-Covid-19 diseases have been negatively impacted. There have been delays in diagnostics, monitoring, and treatments. This will lead to another problem in the future.

Learnings gathered on simplification of procedures, finding alternatives that reduce the number of visits to hospitals, and implementation of

telemedicine are some of the examples that will increase access to healthcare and avoid a similar situation in the future.

The connection between Covid-19 and other diseases, and the connection between the Healthcare system and the rest of the economy, are two fields of study that should be further analyzed.

EF: How has your management style evolved?

FM: I have necessarily adapted to the different phases. During the first months of the pandemic, motivation was the critical element, as there was a lot of uncertainty. People were struggling to effectively manage their work-life balance. What I've learned is how important is to best understand what your employees are going through. If you do not understand what the personal circumstances of an employee are, you will never know how to help.

Flexibility is an important component, and it is not only related to work policies. Flexibility is about understanding your employees' situation and adapting, one size does not fit all. For example, at Janssen, we have implemented several flexible work arrangements to allow employees to adapt to their circumstances.

During the pandemic, there were a lot of new conditions to manage: Balancing on-site and remote work, ensuring employees had the right work-life balance and ensuring continuous supply.



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

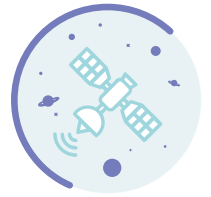
DG: Communication and Psychology; communication because remote communication has been critical for working on the same page, chasing the right objectives as well as connecting with customers and clients. Phycology because working alone can take a toll and people must be kept motivated to get the best from them and they must be approached individually. We must bear in mind that some people live alone and going to the office was their time to connect with other people and with Covid their worlds became a lot smaller. As leaders we must look after our employee’s mental health. I have a very good team, my head of communications played a very strong role in tackling these areas effectively and all I could do was encourage the leadership team to stay

close to the people. We had a meeting every two weeks and checked in with the teams more frequently and if we saw somebody looking down and out we would reach out to them individually.

EF: Do you think the role of pharma and innovation will be better understood by the world in general after Covid?

DG: Yes and no; on the one hand the world has seen pharma’s positive role in solving complex problems, it is an incredible feat that pharma companies have come up with vaccines and diagnostic tests in the space of one year but on the other hand there has been a lot of debate on the intellectual property issue. We invest heavily in innovation and finding complex solutions and we have to ensure that we are able to continue investing by protecting intellectual property and so allow future generations to find new solutions in different disease areas, maybe the cure to cancer or eradicate the common flu, which might be achieved as a result of what we have learnt from Covid-19. But regardless there will be a lot more public interest in health and an increased responsibility for players in the pharma industry. Universal healthcare coverage does not exist in all the countries of the world –it actually exists in very few places- therefore the equitable access to cancer medication is vastly different in South Africa to what it is in Europe and this has been highlighted in the access to vaccines. Pharma will need to solve this issue by focusing on equitable healthcare distribution going forward and not just during a pandemic.

“Communication and Psychology; communication because remote communication has been critical for working on the same page, chasing the right objectives as well as connecting with customers and clients. Phycology because working alone can take a toll and people must be kept motivated to get the best from them and they must be approached individually.”



Bassem Bibi

Divisional Vice President
Middle East and Africa, Rapid Diagnostics, Abbott

EF: How do you envision the Future of Healthcare?

BB: We see three key trends on the rise in healthcare: democratization, decentralization and digitalization. These trends are universal but occurring at varying speeds in regions around the world.

Access to healthcare is increasing and getting to more people regardless of where they live and their income level. Healthcare is also becoming increasingly decentralized with routine services moving away from centralized locations and closer to people in their communities.

A great example of this is an initiative that Abbott is supporting in Rwanda. The government of Rwanda, a country in which more than 80% of the people live in rural areas, has a vision that no Rwandan should have to walk more than 30 minutes to access quality primary healthcare. In 2019, the Ministry of Health, in collaboration with a local NGO (the 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. In early 2021, the U.S. Department of State honored Abbott with its annual Award for Corporate Excellence (ACE) in the innovation category for capacity building to help strengthen Rwanda's healthcare services for the long-term.

Taking decentralization even further, we see self-testing on the rise. HIV self-tests have been available in Africa for a while. COVID-19 self-testing is rapidly becoming available.

Finally, we're seeing innovations in digital technologies becoming integrated into healthcare. Nearly everyone today has a smartphone or

Access to healthcare is increasing and getting to more people regardless of where they live and their income level. Healthcare is also becoming increasingly decentralized with routine services moving away from centralized locations and closer to people in their communities.

a cellphone. Beyond using apps to shop, listen to music and chat with friends, health apps are now available for people to monitor their health and get test results from their healthcare provider. In Africa, we offer a health data surveillance app called Sympheos that lets healthcare workers send data back from our rapid diagnostic tests to ministries of health so they can know if there is a COVID-19 or malaria outbreak. Abbott's FreeStyle Libre continuous glucose monitoring system, together with its digital health tools, enable people living with diabetes to efficiently monitor their glucose levels through their mobile devices and voluntarily provide seamless access to this data to their caregivers and treating doctors

EF: What advice do you have in regards to Management and Leadership?

BB: Good management and leadership are critical to a company's success. In my professional career, I've benefited from mentors who guided me and facilitated access to opportunities to work with other people and learn from them. At Abbott, we are committed to building a diverse workplace and offering everyone equal opportunities for development and success.

Recruiting and developing great talents is an integral part of my responsibilities. So is instilling a culture conducive to high performance. Leading by example requires consistency and discipline to rally a whole team behind your vision and attain the goals we have set out to achieve. Therefore, caring for one another and for the people we serve around the world is a common trait across our team.

EF: Any final message to share?

BB: Abbott has stood up to the challenge of the pandemic – and we're not done yet because the virus has not run its course and vaccines are going to take a while to reach many people in the region and globally. We need to stay vigilant and test for infections and understand more about this virus which will probably continue to exist and mutate even after vaccination.

Abbott's new Pandemic Defense Coalition is dedicated to the early detection of, and rapid response to, future pandemic threats. The program expands upon the viral surveillance and discovery work that Abbott has performed over the last three decades through a network of dozens of partners in strategic geographic locations

It's truly an exciting time to be in diagnostics and healthcare. A time of incredible innovation at breakneck speed, and the opportunity to have an immediate and massive impact on health outcomes around the world.

If and when this kind of once-in-a-lifetime opportunity comes to your industry and your company, take a deep breath, don't let traditional thinking be an obstacle, break down the silos and apply all the great minds and resources you have to stand up to the challenge. It's amazing, liberating, fulfilling – and yes, exhausting – at what can be accomplished when we work together.



Ivan and Lynette Saltzman

CEO - Managing Director/Co-Founder
Dis-Chem Pharmacies South Africa

EF: Being such a big company how did you manage to stay agile in the process of deploying testing and the vaccination plan?

IS: We aim to give everybody what they need, and what they want. I think that's been our success.

LS: I think the result is a combination of Ivan's foresight, and our staff's ability to implement what needs to be done. We are a very big company, but Ivan at its helm knows everything that's going on, he sees what the needs are, he is agile and makes things happen. We also have very competent staff at the head of the clinic services and at the head of the pharmacy side. And once they understand what is required, it doesn't take them long to get things done.

Text books on Covid are still to be written! The situation is changing constantly so it is about rolling up your sleeves and doing the best you can in a changing environment.

Ivan Saltzman

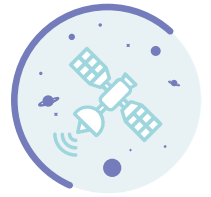
The strains and variants present in South Africa were identified very quickly because of the testing done.

Lynette Saltzman

EF: Which courses would you recommend to include in a Master Pandemic Administration?

IS: I'm not sure university can teach us how to deal with a situation like the present. The situation is changing constantly so it is about rolling up your sleeves and doing the best you can in a changing environment. I don't think academic knowledge can teach you how to deal with all that must be dealt with, South African business, the Department of Health, the director general of health, etc. We have to navigate it as it comes, depending on the supplies, etc. Text books on Covid are still to be written!

LS: I think one of the important things over this period was educating the public and creating awareness on mask wearing, washing their hands, keep sanitizing, social distancing all the things that we know about first and concepts that needed to be reinforced with the customer. We set up the store with basic learnings into all our communications, even if it's just a price catalog -reinforcing the basic principles of hygiene. Treatments, protocols keep changing but fortunately, our health system does seem to be very aware of what is happening. The strains and variants present in South Africa were identified very quickly because of the testing done and mainly due to our excellent academics and professionals in virology, all experts in their fields.



Vikesh Ramsunder

CEO
CLICKS GROUP South Africa

EF: A year and a half into the pandemic could you elaborate on Clicks Group role during this time?

VR: We are a healthcare player, and in fact, we are South Africa's leading pharmacy group and when the pandemic broke out people gravitated to preventative healthcare very quickly which meant they looked for supplements, multivitamins, vitamin C, PPE masks, etc., and we had to respond very quickly to their needs. But the first priority was to protect our workforce -implementing the right protocols, installing screens to work safely- as we can't serve society as a whole if we first haven't protected our own workforce. During the various stages of lockdown as a healthcare service provider, we remained open, in spite of a challenge with public transport and malls closing earlier. We worked on providing for society in spite of huge operational challenges. When people feel sick the first place they come to is their local pharmacy so there is no doubt we have played a very important role in individual lives, pharmacies as a whole have played a very important role in the Covid-19 pandemic. The role that healthcare plays in society has quite frankly been elevated. We responded to our workforce, to our customers and most importantly we prevented the spread of the virus as best we could.

EF: What were the lessons learnt managing through this period when unlike other companies you had to continue working on a face to face basis?

VR: The bulk of our people cannot work from home, the storage system is about serving customers face to face, our distribution centres have to pick and supply stock to our stores, so we took a cautious view by prioritizing the protection of our staff and the few that could work virtually did so. We didn't consider clamping down operations but instead tried to serve more effectively. As the country and our customers needed us more than ever we injected resources to serve consumers. The remote

We must focus on the vaccination program itself and we are spending much of our time and energy on being able to vaccinate as many citizens as possible. UPD plays a phenomenal role in the private sector and has more than 70% share of the hospital market supplying very specialized medicines to the different hospitals.

consulting mode was used by doctors, there were fewer elective surgeries, fewer people in the pharmacies so we were in a very difficult scenario with some underutilized pharmacy stock and reduced volumes but we had an increase in costs to serve. Our main focus however was to serve our communities.

EF: Did you introduce any new KPIs over the last year?

VR: First of all we watched our people's infections, we closely monitored store infections and deep cleans of our storage facilities and hospitalizations. The care of the staff was primordial and we were conscious of the additional cost our staff had in commuting so we gave all our frontline staff an additional bonus. My directors and I contributed a third of our salaries to a solidarity fund for a period of time, so we did social upliftment projects but our biggest contribution was being there for the patients that needed us. This has been carried forward into the vaccination program and as a single entity, I believe we have done the most vaccinations in the country. We have the most sites, so far we have opened 300 vaccination sites and my aim is to have a total of 600 in the next couple of months. The strategy for any business today in South Africa must be to vaccinate because it is the only way to get the economy up and running and that is why we took a forward-thinking view rather than a conservative one. Since the pandemic began we have significantly opened more stores and invested more money, over the last two years we have accelerated our pharmacy opening program basically because now consumers need us more than ever. We are not just providing "lip service" but putting our money where our mouth is, investing, providing support and opening vaccinating sites, even if it is quite disruptive to have a vaccination site in our stores with people queuing and disrupting normal sales but we do it because it will make a material difference to the wellbeing of society. Opening a vaccination site in a small town means we service the entire community and they don't have to travel long distances to a centralized vaccination site. We have the footprint to be able to choose to take this approach of going to the people rather than forcing the people to come to us to be vaccinated and we are maximizing the benefit of that footprint.

EF: 2020 was a year of diagnostics and prevention and 2021 of vaccines and being involved with primary care, supply chain and distribution, what challenges and opportunities lie in having vaccination sites?

VR: We must focus on the vaccination program itself and we are spending much of our time and energy on being able to vaccinate as many citizens as possible. UPD plays a phenomenal role in the private sector and has more than 70% share of the hospital market supplying very specialized medicines to the different hospitals. I believe they agree that UPD has done an excellent job all through the pandemic. The hospitals aren't doing much elective surgeries as they are dealing with Covid and UPD does an absolutely essential job in supplying lifesaving drugs to them. We are seeing large levels of hospitalization due to Covid and UPD has the capability and the resources to support the country in terms of supplying hospital groups and Pharmacies.



Dr. Morena Makhoana

Chief Executive Officer
Biovac, South Africa

EF: Could you share what have been the lessons learnt over this last very atypical year?

MM: For those of us involved in the vaccine and infectious diseases world the pandemic was not such a surprise, although none of us expected it so soon. We have seen these situations on a smaller scale, with new viruses such as Zika virus and Ebola, among others and every year a new one appears. In 2009 we had an almost pandemic similar to SARS COVID 2, but what surprised me the most was the speed with which Covid developed and the amount of destruction it has caused in its wake. The financial crisis it caused was on par to the 1918 pandemic affecting most of the world. 2020 will remain in our memories mainly as catching us unawares. Regarding BIOVAC we are a very young company and have responded favourably to the original disruption and impact caused by Covid and I am happy to say we learned through the process and had the capacity to respond and deliver. We were fortunate to be able to work through the pandemic and deliver on all previous commitments.

EF: From a managerial perspective how did you manage to achieve business continuity?

MM: I faced the crisis without panic, it was a problem of course and it needed to be tackled but I was composed knowing positively it was the only way to act. As a leader, I had to calm others, for them to use their energy on the crisis and on the next step that needed to be taken. We went into lockdown with many worries but faced each necessary outstanding issue as it came to us, solving each challenge as it appeared, always trying to look forward. It was about facing the immediate future and focusing on the “now”. We made many tactical decisions –owing to the fact that the level of disruption was both fast and exponential.

EF: What do you want BIOVAC's role to be during this pandemic?

MM: BIOVAC is an expert on tech transfer on South African vaccines but we see ourselves as playing four important roles in the sector and country:

Logistics: Assist the government in logistics and execution of the vaccines -this is our everyday work which we can do with our eyes closed. We will be handling 1.5 million doses for emergency and healthcare workers, doing it as fast and efficiently as possible, regardless we will respond to any challenge.

Our local manufacturing definition is slightly different to others in the sector, licensing and contract manufacturing involves for us much longer a client and partner conversations than the usual contracting with clear technical differences where we outsource. We focus on local manufacturing from its formulation right through to the finishing touches.

Vaccine Trials: we are involved with overseas partners, doing vaccine trials to develop products overseas and is a key element –albeit small-because I am hoping there will be a relation with the Covid vaccine as we are working on the current variant. There are some of us behind the scenes working on different technologies for a Covid vaccine, some quite exciting. Clinical trials are beginning soon and bode very well for the future.

Planning for the future: looking to extend our capabilities to respond with a much larger capacity, we have to plan for what comes and we want to be prepared and not caught unawares after the pandemic ends.

EF: Looking back at this period, what would you like 2020 to be remembered for, and what are your expectations for 2021?

MM: From a sectorial and selfish point of view the vaccine industry -which was not well known- now has a much higher impact on the rest of the world. For example in access and equitability, the value of the vaccine could be worth a lot because of the savings it could have on the financial crisis and due to the general effect, it has on the economy. But its impact is so much higher as it has the power to restart the economic engine and unlock the future for humanity. In 2020 the world was brought to a stop, and I am hoping that in 2021 will prove the value of what the vaccine has done, and what the sector has created. Vaccines were the only thing that moved the needle in 2020, in spite of other elements that assisted such as masks, sanitisers etc. *It is my pleasure to be in the industry that is mobilizing itself to solve a worldwide problem.*

In 2020 the world was brought to a stop, and I am hoping that in 2021 will prove the value of what the vaccine has done, and what the sector has created. Vaccines were the only thing that moved the needle in 2020...



Taryn Purdon

General Manager
Pierre Fabre South Africa (Pty) Ltd

EF: What were your lessons learned in this last very atypical year?

TP: 2020 was a year of transformation for Pierre Fabre with the restructuring of the International Business Unit. As a local subsidiary we had a change in management in 2020 whereby I was appointed the General Manager of the full subsidiary responsible for Medical Care and Dermo-Cosmetics and Personal Care. 2020 taught us to face reality as a key success factor, address the crisis and fight it. One of the biggest learnings working remotely while restructuring the company was that the well-being of the employees is critical. We had to focus on keeping all staff members connected and monitoring their headspace. We ran an employee wellbeing program for 4 months where we had a local counselor working with our team on mental health. I was restructuring the subsidiary, and the senior management of the organization played a pivotal role in having one direction and one idea which really assisted in terms of getting that message across. We had to be creative in our outlook, moving from having a fixed budget to adapting to a rolling forecast as the environment went unstable and we had to balance the P&L through 2020. All our three divisions got impacted: medical care, consumer care, and dermo-cosmetics, and after a decline in the first two quarters, we did a lot of catching up in the last two quarters. 2020 taught us that when we see data, we need to learn from it, adapt every time our ambitions, our ways of working as soon as possible in order keep our competitive edge.

EF: How do you see the pharma companies of the future and what sort of shift do you see coming?

TP: The transformation of teams will be quite diverse. In time, face-to-face interactions will be at a minimum, and the companies will have to manage their sales force effectiveness changing this aspect of the industry. Covid-19 has pushed National Health into its next phase, and co-sharing between private and public will happen, the interactions in co-sharing are already a reality with public patients being treated in private facilities purely due to the lack of beds in the public hospitals. It will be interesting to see how it will develop as this situation has catapulted the implementation of National Health. The public and private sectors have always been separated in South Africa but since Covid-19, there has been a change of mindset, and it is comforting to see them working together.

EF: What do you think was critical when it came to navigating throughout the pandemic?

TP: I believe our company has become very valuable at a time like the present at PF we have fundamental pillars

- i. Innovation: every time we innovate, to help each person live better.

Leadership for me is about leading from behind as opposed to leading from the front; it is about being the one at the back keeping everybody moving forward.

- ii. **Naturality:** Every time we repay nature for her treasures; we have found that consumers have become very much aware of what they are using, especially on the personal care side of the business searchers and website visitors want to know what is in their product of choice—all our products have a natural core including our oncology drugs- which incorporates the concept of repaying nature for what she gives us,
- iii. **Sharing:** Every time we share the fruit of our effort with those working and living besides us; sharing is a basic inclination in us all, we share within the company and with the people we live.
- iv. **Pierre Fabre Foundation:** Every time the PF Foundation improves access to healthcare for those most in need.

These pillars, Innovation, Naturality, Sharing and the Pierre Fabre Foundation are vital and I believe in PF's purpose statement has enabled us to move forward in a Covid context. We believe every time we care for a single person we make the whole world better.

Leadership for me is about leading from behind as opposed to leading from the front; it is about being the one at the back keeping everybody moving forward. With Covid there has been a lot of entrepreneurial spirit that must be developed because we can no longer think in a fixed way and how we have always done things, it's about being adaptable, trying to change things, and finding the best way to do things in order to advance to the next phase. COVID situation will ultimately offer opportunities to open minded managers and sales representatives with an entrepreneurial mindset.



For participating in the upcoming South Africa Stewards of Health II, please contact Santiago at sg@whiteinkhouse.com.

Executive Forecast. Content by Executives for Executives.
