

Achieving optimal therapeutic modalities for NCDs in the APMA region

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In conversation with "Iris Zemzoum, President of Novartis Asia Pacific, Middle East and Africa (APMA)"



The Asia Pacific, Middle East and Africa (APMA) region represents almost half of the world's population but healthcare access grapples in the region with complex challenges. The region has one of the greatest incidences of unequal access to healthcare, exacerbated by issues such as income inequality and an underdeveloped healthcare infrastructure. Through a range of treatment modalities and health care financing, the healthcare system is striving to build robustness and resilience. With initiatives and novel therapeutics, pharmaceutical companies such as Novartis are contributing to relieving the burden on the healthcare ecosystem. **Iris Zemzoum, President of Novartis Asia Pacific, Middle East and Africa (APMA**) further shares the company's futuristic vision on the ever-evolving healthcare landscape.

• With the integration of pharmaceuticals and oncology divisions, how is Novartis addressing its core therapeutic areas? How significant is the unified model in strengthening the ever-evolving therapeutic pipeline?

Novartis is now in a new era, having successfully transformed from a diversified healthcare player into a 'pure play' innovative medicines company. This is an extremely exciting time for us as we have strengthened our focus in our four core therapeutic areas – Cardiovascular-Renal-Metabolic, Oncology, Immunology, and Neuroscience – which represent some of the world's biggest health concerns.

In the Asia Pacific, Middle East and Africa (APMA) region, we see a particularly urgent need to bring our innovative medicines and novel access approaches to cardiovascular diseases (CVD) and cancer, the leading causes of morbidity and mortality in this part of the world.

• How is APMA sustaining its efforts in combating NCDs especially Cardiovascular Disease (CVD)? How is Novartis unblocking the complexities and demands in this medical niche?

Noncommunicable diseases, such as CVD, are responsible for three quarters of all deaths <u>globally</u>, and are becoming increasingly prevalent. As the world's leading cause of death, CVD kills more than five people every minute in <u>APMA</u>. What's more, in countries like India, UAE and Saudi, we see the disease affecting people 10 years younger than in the West.

The fact is that 80% of heart attacks and strokes are <u>preventable</u>. I see this as a global health emergency and wonder: how many deaths will it take for CVD to be treated with the urgency it deserves?

To "unblock" barriers to heart health, we have initiated the <u>Unblocked Movement</u> to bring together patients, their loved ones, healthcare professionals and healthcare systems. Through the movement, we are building sustainable partnerships across the healthcare ecosystem to catalyze action, drive behavioural change, and ultimately reduce the number of cardiovascular events.

For example, we are collaborating with the Abu Dhabi Public Health Office to educate and build awareness of atherosclerotic cardiovascular disease through public education materials, and cholesterol screening in partnership with 11 corporate employers and healthcare professionals. And, in South Korea, we are collaborating with the Seoul Metropolitan Government on the prevention and management of dyslipidemia.

Our commitment to changing the cardiovascular story also involves our APMA employees, who have been supporting the Unblocked Movement and 'walking the talk' through our Unblocked APMA Challenge. As part of this, ~2,400 employees got their cholesterol checked, and we engaged 27,000 critical stakeholders. We have just finished the second year of the Challenge which encourages colleagues to exercise towards better heart health, with the added bonus of friendly competition across our 31 countries!

• What are the notable strides Novartis' initiative "Alliance and Partnerships for Patient Innovation and Solutions" (APPIS) has made in APMA with the new unified Innovative Medicines business model?

Now in its fourth year, the Alliance and Partnerships for Patient Innovation and Solutions (APPIS) is a region-wide?platform which has brought together more than 2,000 stakeholders across more than 65 countries – including patient organization leaders, policy makers, payers, physicians, academics, and digital innovators – to co-create solutions to the region's healthcare access challenges.

In addition to the flagship annual Summit, the initiative includes APPISx which convenes local stakeholders to address healthcare challenges in their country. As an example, in India, APPISx convened a group of Unblocked Movement ambassadors who identified the need to strengthen the voice of CVD patients and went on to establish the country's first cardiovascular patient organization, the Heart Health India Foundation.

Designed to help patient organizations scale innovative solutions, the APPIS Innovator program enabled the ICanServe Foundation in the Philippines to develop a data and digital infrastructure to provide breast cancer screenings to 23,000 women, and drastically reduce the diagnosis-to-treatment journey from 9 months to 45 days.

These are just two examples of how APPIS is making a positive impact and I am excited by what is still to come, as its community continues to grow and its initiatives continue to drive real change.

• How do you perceive the need to improve health literacy to empower patients? Is APMA shaping its policies to achieve a tangible impact?

My experiences as a physician shaped my core belief that the path to better health outcomes starts with understanding and empowering patients. If a patient has access to clear information about their health and treatment options, they are more likely to make choices that allow them to live life on their own terms, which is a better quality of life by their own definition. It's crucial that we give patients a voice in their own care and in broader healthcare policy decisions such as the Health Technology Assessment (HTA) process and decisions on the approval and funding of innovative medicines.

Furthermore, the APPIS Innovator Program has supported the Hope Foundation for Cancer in Taiwan in its efforts to leverage AI, deliver disease education content through a patient-centric tagging system, and ensure the delivery of relevant, personalised and quality disease information to patients.

• How is Novartis evaluating its investment and multi-stakeholder initiatives to impact healthcare deliveries with Real-world evidence (RWE) data analytics?

RWE data analytics is becoming an increasingly important way to evaluate the effectiveness and safety of treatments across diverse patient populations.

In the UAE, we are leveraging RWE to highlight the use of Patient Reported Outcomes for Hidradenitis Suppurativa to help accelerate time to diagnosis and treatment for this painful disease that affects as many as 1 in 100 people globally, but can often go undiagnosed for seven years due to low awareness.

Through our ASCERTAIN Implementation Science study in Australia, in partnership with Monash University's Victorian Heart Institute and Telstra Health, we are trailing a new 'hyper care' model to improve high cholesterol management. The study will be scaled nationally if it validates a positive impact on clinical outcomes. This could be ground-breaking as a recent report commissioned by Novartis has identified that, for every \$1 invested in a new approach to CVD care in Australia, a staggering \$8 worth of value will be created.

I am proud of the way Novartis is finding new ways to treat and cure diseases that impact people in APMA and believe that we have key medicines with substantial growth potential that address high unmet patient needs. In this way, I am confident that we can shape a healthier future for patients and their loved ones.

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