Thinking with the Heart:
Scaling up Access to Cardiovascular treatment

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**NCDs - Perspective of the Pharmaceutical Industry**

- Evolving patients’ needs in Latin America: clear rise of chronic diseases’ prevalence. Some might be fought with simple preventive actions. Some others not, but could be diagnosed earlier and therefore prevent their complications or progression.
  - CV diseases, metabolic diseases, dementias, cancer, etc

- Many new drugs with innovative mechanism of action, as well as many marketed drugs (in generic or branded generic forms), which on a broad scale could help cost-effectively address NCDs in the region
  - Diabetes, smoking cessation, obesity, dyslipidemias

- Increasing complexity in new drugs development and to reach the market
  - Costs of new tech platforms, i.e. targeted drugs, humanized antibodies, personalized medicines
  - Experienced sites and available patients for clinical trials
  - Timelines for trial conduction and regulatory approvals
  - Reimbursement

- Increasing competition
  - Do new drugs have an appropriate cost-benefit balance compared to standard of care?
  - Innovators vs. generics
  - Importance of getting long term Health Economics data

- Medical education and products' promotion
Health systems and the Pharmaceutical industry

- Determine priorities for the health system is not easy
  - Chronic diseases in aging populations
    - CV & metabolic diseases, Oncology
  - Pediatric population
    - Increasing incidence of obesity, smoking habits (not only in adults) and diabetes...
    - ...but malnutrition and infectious diseases still present

- Payers’ perspective
  - limited resources
  - Financial burden is getting higher
  - Rights of individual patients vs. needs of the society as a whole
  - Social pressure to reach new standards of care
  - Increasing litigious actions against physicians and institutions

- Physicians’ perspective
  - Less time and more patients
  - Is there time for preventive actions? If so, what are they?
  - Do we carefully follow up if the treatments we indicated actually work?
  - Do we have time to discuss habits (i.e. diet, exercise) and patient’s treatment compliance?

- Relationship with the Pharma industry: what do physicians and patients know about Pharma?
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Clearly determine **priorities** and **maximize joint efforts** to reach the **most vulnerable sectors** by increasing **highly effective preventive actions** on CVD

All sectors need to be highly involved and be accountable for their actions and results

Potential actions

- Continuous Medical Education programs, focusing on prevention (all stages), early detection and cost-effective treatments, specially at primary health care institutions

- Value added programs for patients, focusing on:
  - Access to treatment
  - Education to patients, i.e. on prevention measures like healthy diet, exercise, etc
  - Follow up of treatment. Support physicians, i.e. detecting drop outs

- Working environment: agree programs with employers, i.e.:
  - Fight sedentary way of living, incentive healthy meals to combat obesity
  - Smoking cessation
  - Periodic medical exams for early detection
  - In-company medical programs to prevent or reduce CV risks
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Potential actions – Part 2

- Working groups including all parties to design more effective access plans

- Improve access to the health system and treatments, considering some important factors:
  - Geographical difficulties, i.e. rural population
  - Different dialects, cultures, religious beliefs

- Identify and work together with social leaders of communities with low access to treatments and at high risk for CV diseases.

- Sales force as a tool for distributing educational materials

- Awareness programs for early detection of preventable diseases or their complications

- Joint efforts with other industries, i.e. food and beverages, medical technology, etc.

- Train specialized media partners to responsibly and effectively disseminate health concepts. Using the media as a tool for education of the target population

- Lessons at schools and universities. Consider the “Train the trainer” model to amplify target population