

Iris Zemezoum - President, Novartis Asia Pacific, Middle East & Africa (APMA)



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On World Heart Day 2022 Iris Zemezoum of Novartis Asia Pacific, Middle East & Africa (APMA) outlines the devastating impact of cardiovascular disease (CVD) as well as Novartis' multipronged approach to overcoming healthcare disparities across a diverse region that is home to half the world's population. Speaking at the outset of a significant new chapter in Novartis' history, with the unification of its pharmaceuticals and oncology business divisions, Zemezoum also sheds light on how Novartis collaborates with patient groups, healthcare professionals, and healthcare systems to unblock CVD access barriers and ends with a call for more sustainable partnerships throughout the healthcare ecosystem.

You were recently appointed President, Novartis Asia Pacific, Middle East, and Africa (APMA). Tell us more about the focus areas and priorities in your new role and what you hope to achieve over the next few months?

After 18 months of leading Novartis' Pharmaceutical business in the region, I recently took on a new role to lead the Innovative Medicines business in Asia Pacific, Middle East, and Africa (APMA). This integrates our former pharmaceuticals and oncology divisions and brings increased focus on Novartis' core therapeutic areas of Cardiovascular, Hematology, Solid Tumors, Immunology and Neuroscience. I am excited to lead this unified organization which signals a new chapter in

Novartis' history, strengthening our ability to bring innovative medicines to more people, faster, and helping us to better address some of the most challenging healthcare issues in our region.

This is the most significant transformation in the company's history and will impact employees in different ways. My aim is to clarify the implication of the changes as quickly as possible, unify our teams across the region by building on the strengths of the legacy teams, inspire our associates to perform at their best, and continue to make a positive impact on patients' lives as we grow the business.

There are many chronic diseases in the Asia Pacific, Middle East, and Africa region that warrant attention. Why is cardiovascular disease a key focus area for Novartis?

Across Asia Pacific, Middle East, and Africa, we have a diverse landscape of healthcare frameworks and access levels, and we also face a broad range of disease burdens like neglected tropical diseases, cancer, diabetes and respiratory diseases, to name a few. And, of course, cardiovascular disease (CVD) – the number one killer worldwide – is a key priority for us.

Every minute, more than five people in APMA die from CVD[1]. Each person is a parent, child, sibling, friend or colleague, so the emotional ramifications are significant. Added to that is the economic burden – as an example, CVD is Australia's most costly disease, accounting for over 10 percent of direct healthcare expenditure including hospitalization, rehabilitation and outpatient care[2]. This doesn't include the fiscal costs of losing citizens from the economy through early mortality and early retirement as a result of their condition.

Part of tackling CVD is understanding the insights related to cultural norms that shape perceptions and health behavior. For example, we have learned that patients in countries such as India are aware that their food habits impact their cholesterol but struggle to change their diets as these are deeply ingrained in their culture. In other countries, such as the Kingdom of Saudi Arabia, patients shared a preference to address high cholesterol issues via medication rather than lifestyle changes.

The urgency to address CVD in this region continues to grow as population growth and ageing threaten to double the disease burden by 2050. This makes for a public health issue that we should not be underestimated. I am encouraged by the willingness of government and society to work together to ensure healthier populations. On our side, as a company that has been working to advance heart health for the past six decades, we are keen to continue building powerful

collaborations that deliver valuable treatments and programs for patients, unblock barriers, and put millions of people on the path to better cardiovascular health.

APMA is a diverse region that covers over 30 countries and is home to half of the world's population. There is no doubt that this region is complex and fragmented. Given this reality, what is Novartis' approach to addressing the state of cardiovascular disease in the region?

There is no denying that the APMA region is faced with numerous healthcare challenges, with access being one of its most pressing issues. APMA is a region of extremes – GDP per capita ranges from \$800 USD in Yemen to \$60,000 USD in Singapore, and the number of institutional payers ranges from 1 in Australia to 80 in South Africa.

As the complexity of the region's healthcare challenges continues to grow, too many patients are still waiting too long to get access to innovative medicines.

Acknowledging the diversity of the healthcare landscape across the region, we have segmented our markets around strategic access archetypes rather than a purely geographic approach. We've considered how innovative healthcare is funded, the barriers faced along the patient journey and how long it takes for approval of innovative medicines. This enables us to leverage access synergies within archetypes, customize access solutions, and tailor approaches to the unique needs of the communities in our region.

It is often said that every stakeholder in the entire healthcare ecosystem plays a role in tackling chronic diseases such as cardiovascular disease. Who are some of the stakeholder groups that you work with within the region?

I believe we can only effect meaningful change and deliver better health outcomes through sustained, multi-stakeholder collaboration.

Individual and collective responsibility is key to addressing CVD and its consequences. We know the impact that can be achieved through partnerships – this is why we are proud to be a partner of choice for patients, healthcare professionals (HCPs) and healthcare systems. All three groups are facing unique challenges that continue to make access to the right treatment more complex than ever. I would be particularly keen to see more governments partnering with the industry to move

the needle on societal, chronic diseases. Together, we can be a collective force for good in heart health.

You mentioned patients, healthcare professionals and healthcare systems. How does Novartis work with patients in APMA to address the state of CVD in the region?

Patient organizations and the patient voice are crucial in shaping the future of healthcare, and Novartis is committed to engaging patients regularly and consistently across the medicines' lifecycle. For instance, we actively seek out insights from patients and caregivers to help us understand patient pathways, experiences and motivations. Through this work, we have identified different patient segments among people with cardiovascular disease in APMA – we have found them to range from those who want to take control of their condition to those who are overwhelmed. This understanding helps us to determine the support that different types of people need so we can develop more targeted education and solutions that lead to better management and improvement of their condition.

It is also important to engage with the patient community to effect systemic changes. Last year, we launched the Invisible Nation program in partnership with Global Heart Hub to harness the power of patient groups and advocates in the cardiovascular space and ignite critical conversations with healthcare decision-makers. The aim is to bring attention to this critical health condition – when patients share their personal health experiences, they often find that they are not alone in their journey which, in turn, reduces their sense of isolation and empowers them to advocate for better care. At the end of the day, collective advocacy is the way to achieve a healthier community.

Thanks for sharing the work that you do with patients and patient organizations. In the same vein, how does Novartis work with HCPs in the CVD space?

I have worked as a physician in a hospital and know first-hand the challenges that HCPs face. They are expected to see more patients in less time, absorb an overwhelming amount of medical innovation, and cope with increased system pressure.

We've found that it's the non-clinical barriers that often prevent HCPs from treating their CVD patients as per scientifically proven guidelines. As a result, we aim to alleviate these barriers through broad-scale HCP education in partnerships with leading institutes, real-world evidence and implementation science, patient support programs, and tools that help identify uncontrolled

patients and enhance HCP and patient interaction.

Our partnership with leading scientific publisher Wiley to co-create an atherosclerotic cardiovascular disease (ASCVD) & Lipidology knowledge hub is driven by an independent editorial board consisting of experts from the APMA region and beyond. Since its launch, the hub has seen more than 64,000 unique visitors from India, Bangladesh, Vietnam, Turkey, Indonesia, South Korea, Jordan, Thailand, Egypt, and Algeria. We have also set up an Expert Council consisting of eight cardiology experts from across APMA that serves as an online discussion platform on different CVD-related topics each month. It helps us co-develop solutions to improve the management of CVD in the region.

How does Novartis collaborate with healthcare systems to bring about positive health outcomes for CVD patients?

A healthcare system sits at the center of a complex, interconnected society and has multiple players including payers and governments. The latter face many challenges including balancing budgets, being overburdened and under-resourced, while aiming to meet the healthcare needs of their population.

We work with ministries and departments of health to ensure that CVD remains high on the healthcare agenda. CVD-related costs amounted to over USD \$850 billion in 2010 and that is projected to rise to over USD \$1 trillion by 2025[3]. When you consider that 80 percent of premature cardiovascular events can be prevented[4], significant costs can be saved by preventing or effectively managing heart conditions.

Governments are already making heart health a priority and we are working closely with governments across APMA to support their public health goals. In the UAE, we are collaborating with health authorities on ASCVD initiatives to co-create tangible and sustainable solutions for the healthcare system and its patients. We have signed a Memorandum of Understanding with the Saudi Health Council, represented by the Saudi National Heart Center, to combat CVD in the country by advancing cardiovascular patient services and improving overall population health. Recently, we signed a Memorandum of Collaboration with Cleopatra Hospitals Group, Egypt's foremost private healthcare service provider. This collaboration is the first of its kind between Novartis and a private healthcare provider in Egypt to address opportunities and challenges across the ASCVD patient journey. It aims to raise patients' awareness of the risk of high cholesterol, drive early diagnosis, improve treatment adherence to enhance patient outcomes, and accelerate access

to innovative treatment.

I am extremely proud of our multifaceted collaboration with the Malaysian healthcare system which transformed the standard of care for heart failure patients, reducing more than 14,000 hospital readmissions and saving over 2,000 lives. Efforts under this initiative included the set-up of the country's first national heart failure registry in collaboration with the National Heart Association of Malaysia and supporting multi-disciplinary care through heart failure clinics to tackle readmission rates and in-hospital mortality. The success of this partnership sparked the signing of our first ever scientific memorandum with the National Heart Institute in Malaysia to improve the standard of care for patients with CVD. This, in turn, has led to the development of Cardiovascular Risk Reduction Clinics to provide effective and aggressive cholesterol and cardiovascular risk management to CVD patients, which reduces recurrent events and hospitalizations among high-risk patients.

I am sure your engagement with patients and patient organizations, healthcare professionals, and healthcare systems does not take place in silos. Does Novartis undertake multi-stakeholder initiatives in the APMA region?

Yes, there are occasions where we need to bring together the various players in the healthcare ecosystem to effect positive change.

One of the more memorable multi-stakeholder engagements is our partnership with the American Heart Association (AHA). We support the Get With The Guidelines, an AHA initiative that aims to improve the quality of care for patients hospitalized with heart failure through a sustainable and scalable quality improvement model. We work with health ministries, hospitals, physicians, and local medical societies to implement the program. Since the initial launch in Saudi Arabia, we have scaled the initiative to Asia where it has now been rolled out to 13 hospitals in Taiwan, Vietnam, Malaysia, Indonesia, and Thailand. Five of these hospitals have even been recognized by the AHA for consistently providing higher quality care to heart failure patients.

Access to specialized care and attention following heart failure is critical to a patient's recovery journey. However, 24 percent to 30 percent of heart failure patients are readmitted within a year [5]. This can be addressed through dedicated heart failure clinics that provide individualized care plans covering lifestyle, medication, diagnostics, and other risk factors that can help to reduce readmission while improving their quality of life. Focusing our efforts on emerging markets where healthcare infrastructure may be limited, Novartis is working with healthcare specialists and

professionals to establish these clinics. To date, we have helped set up close to 1,100 heart failure clinics across APMA including India, Korea, Thailand, Lebanon, Saudi Arabia, Taiwan, Vietnam, South Africa, Philippines, Indonesia, Malaysia, Egypt, UAE, Pakistan, Turkey, and Bangladesh.

How do you foresee the state of cardiovascular disease in APMA changing in the next 10 to 15 years?

I have great hope for the future state of CVD in APMA. Why? As I said before, 80 percent of premature cardiovascular events can be prevented. The most important way to prevent CVD is to promote a healthy lifestyle and address risk factors. Current evidence suggests that elevated LDL-C (low density lipoproteins, widely known as “bad” cholesterol) is the most readily modifiable risk factor, however only 20 percent of patients have it controlled. At the same time, we know that every 1 mmol/L reduction in LDL-C is associated with approximately 20 percent reduction in cardiovascular events. So, by increasing the number of patients who meet their LDL-C goals, we can significantly improve cardiovascular mortality in the region.

We believe sustainable partnerships are crucial to unblocking barriers to heart health and Novartis is committed to being a cardiovascular partner of choice in the healthcare ecosystem. It will take a concerted effort among all stakeholders – patients, HCPs, and the healthcare system – to effect change and deliver better health outcomes for cardiovascular patients and those at risk. For patients, it means elevating the importance of screening for CVD risk, early intervention, and treatment adherence. The role of HCPs is to support the patients to enhance their quality of care and meet their treatment goals. And, for healthcare systems, there is a need to prioritize CVD management and access to treatment on the national health agenda. To make this happen, we’re partnering with key stakeholders across the region to co-create a sustained movement for heart health to mobilize action for long-term behavioral changes.

As I have said before, heart work is hard work. I am proud to lead teams that are delivering valuable treatments and programs for patients in APMA, putting millions of people on the path to better cardiovascular health. There is still much to be done but, if we approach the problem with a united front and rally support from various stakeholders in the healthcare ecosystem, I am confident that we can turn yesterday’s impossible into tomorrow’s reality for CVD patients in this region.

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