Cristobal Thompson – Executive Director, Mexican Association of Pharmaceutical Research Industries (AMIIF)



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The Mexican Association of Pharmaceutical Research Industries (AMIIF) represents

the innovative pharmaceutical industry in Mexico, advocating for innovation and promoting dialog ue with local authorities. AMIIF's Executive Director, Cristobal Thompson, discusses the country and the organization's response to the COVID-19 pandemic and outlines Mexico's healthcare challenges and how they have evolved since 2020.

Since we last spoke at the beginning of 2020, the world was struck by COVID-19. How has the pandemic impacted the work of AMIIF?

You might think one of the main changes brought by the pandemic would be the working-from-home culture, however, at AMIIF we began with the home office culture back in 2017 after the earthquake hit Mexico. By the time the pandemic hit, we already had the working-from-home culture in place. Nevertheless, we did have to adapt to other challenges. Our first step was to take care of safety issues by securing masks, oximeters, rapid tests, etc. before we could help others. Secondly, we spoke with other companies to see how they were handling the situation and build up early experiences by collecting data to serve as a guide for our next move.

We also wanted to help the authorities, which we did through a social program where we gave out meals at one of the biggest hospitals in Mexico City, providing dinners for 300 people for six days. In addition, we reached other hospitals and asked other companies to join these efforts through AMIIF. We identified small food providers, got transport, and even worked out agreements with suppliers because of the cash flow issues we were dealing with. Ultimately, what came out of the pandemic was the realization that we can all work together as a team. We were genuinely concerned for our employees, and our environment, and took action to help not only patients but also other industries.

By introducing the chairman of the humanitarian organization Direct Relief – at which I sit on the board of directors – to the Undersecretary of multilateral affairs, we built an alliance. In their first meeting, Direct Relief decided to donate a million masks to the government, and since then they have been responsible for importing the 17.8 million doses of vaccine donated by the US but paid for by Direct Relief. In November we will go to California to see the warehouses and the operation of Direct Relief, a visit in which the Undersecretary is expected to participate.

The AMIIF has also been involved in the United Nations' corporate sustainability initiative over the past two years. Can you tell us about that?

Two years ago, we were approved by the UN Global Compact initiative, and we have had to deliver a report every year on our progress. So far, we have made progress on the five sustainability goals we are focusing on, one of them being the reduction of early mortality of non-communicable diseases by one-third. To achieve these goals, we have had to deal with extreme poverty and through alliances and innovation find creative solutions to harsh realities. We have secured many great alliances focused on the social aspects of these issues.

Mexico was hit hard by the pandemic. What do you think the country has learned from the experience, particularly with respect to public-private sector collaborations?

If we learned anything from this pandemic, it would be that we cannot go back to doing things the way we did them before. In the beginning, Mexico, like many other Latin American countries, faced significant challenges with an inadequately prepared health system. There were many controversial decisions, such as minimizing the crisis and the number of overall deaths. And nobody stopped to think about the profile of the Mexican population – riddled with hypertension

and diabetes – making it more vulnerable.

However, vaccine negotiations were carried out in a timely fashion, appropriately assigning the private sector and the Foreign Relations Secretary to reach agreements with Pfizer, AstraZeneca, Janssen, among other companies. In the case of AstraZeneca's vaccine, the line of production was also very well thought out, producing in Argentina and packing in Mexico through the support of the Carlos Slim Foundation for the costs to be as low as possible. Regarding negotiations and all vaccine-related issues, Mexico was better equipped than most countries in Latin America, but one of the biggest learning curves was to realize that Mexico's vaccination system did not show the outstanding results as in the recent past. For it to work, we must ensure all conditions for the correct storage and use of vaccines. We hope that what we achieved can be maintained for future needs.

Only around 60 percent of Mexico's citizens are fully vaccinated. Would you say the vaccination system is the cause of lower vaccination rates in Mexico and across the continent?

The Mexican government obtained the vaccines on time, but the supply programs faced challenges, resulting in delays in their application. Another important thing to consider is Mexico's geography, which is very complex. There are probably 20,000 communities with less than 10,000 people living in them. The authorities had to work to raise awareness among certain populations since vaccination is not a common practice in their customs. Therefore, it is of utmost importance that educational campaigns are side by side with the vaccination process to raise awareness and reach more people. I would say that most of these challenges are present in other countries in the region.

In your previous PharmaBoardroom interview, you were positive about President AMLO's aspirations with respect to healthcare. How would you assess the government's position on healthcare today?

Two and a half years ago health was put at the centre of everything, a decision I validated. Two and half years later this decision has been turned around, prioritizing other issues and topics, making it difficult to push certain topics in our health sector such as government procurement and health supplies as well as the logistics system; we are on a permanent learning curve with the

government and pushing forward as much as we can for new molecule approvals, so patients have access to medicines. To advance that communication, we are already anticipating more campaigns to come.

What about the market access scenario for innovative medicines? What are the pressure points of your members?

Just about a year and a half ago, the Federal Commission for the Protection against Sanitary Risks (COFEPRIS) named Alejandro Svarch as Head of the Commission, who came in with many ideas and wanted to push forward on international agreements. However, to date there are almost 170 new molecules or second uses for existing molecules that have not been approved yet. Innovation doesn't seem like a key priority for the government. We continue to ask ourselves what we could do differently to improve access as we remain below other countries that have less prosperous economies. Last year we updated a study that measures the phases (COFEPRIS approval, inclusion in the National Compendium of Health Supplies, availability, and purchase by health institutions) and time that innovative drugs must go through to be approved and become available to patients. The study found that medicines in Mexico take 4.3 years to get approved, in contrast with Brazil which takes two years or the United States or Europe which takes only one year.

In your view, what is the future of clinical research in Mexico?

Research has declined over the last few years due to delays in protocols that take around 260 days, and timing in research is of the essence. During the past year, we have seen some improvements and hopefully by the end of this year or the beginning of 2023, we will increase our clinical research efforts.

In 2014 we built a 10-year strategic plan stating that Mexico would become a powerhouse in clinical research. I still believe that. We can still reach that goal by 2024 if we accelerate the approval times for clinical research protocols. It is still on our agenda, and for the last five years I have been spreading the word about it, as we could be bringing in an excess of USD 500 million dollars a year. And it is not about facilities, because the truth is that facilities in Mexico are producing only at about 70 percent of their capacity.

You spoke about a number of challenges. What areas do you feel more optimistic about in your work at AMIIF and for Mexico more generally?

Mexico has the 10th largest country population with an average age of 29 years old. If we compare the income per capita, we rank highly with respect to other emerging markets. Currently, we are just below Russia, but due to recent events, Russia's number may be affected.

With the agreement between the United States, Mexico, and Canada (USMCA), Mexico is a strategic partner to the US. We are looking at nearshoring because with prices going up in China it would make sense to have facilities in Mexico, which is true for both the US and Canada.

Another challenge comes from the fact that there is a huge population with non-communicable diseases (NCDs), diseases where our companies' solutions can contribute. It is important to reduce inequality as the country grows.

There are many challenges right now as the G7 discussed, besides COVID-19 there are hundreds of other issues that require us to improve the system and collaboration between the public and private sectors. Currently, about 50 percent of health expenses come from out-of-pocket because when Mexicans cannot get treatment from the public sector they look towards the private sector.

Is there any final message you would like to share with our readers?

We do a lot of studies, most recently one about the social impact of innovative medicine. With this study, we want to show the public sector the benefits of wellness and the results show that early innovation not only benefits patients' wellness but their entire environment – relatives, friends, and caregivers. Another research project underway is a 2–3-year study together with the National Institute of Public Health and the George Institute, based in Sydney. The study focuses on NCDs and the impact it has on gender, especially regarding women. We will analyse statistics on non-communicable diseases (NCDs) mainly in women, which will open doors for further studies. We have also started working on information regarding certain types of cancer and mental health to prepare public policies for the next administration. This is a great opportunity not only short term but also in the long term. We will continue moving forward working with key goals along with our stakeholders always for the benefit of the patients.

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