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Peter Lane lays out IQVIA's nuanced and ambitious vision for healthcare in the vast AMESA region, focused on empowering smarter healthcare and improving patient outcomes. Lane explains how IQVIA hopes to do this through clinical research, maximizing data value, providing technology and analytics to healthcare systems, and ensuring global health equity.

Could you talk us through your career journey from the military to management consulting, to now heading up IQVIA's operations across the Africa, Middle East & South Asia (AMESA) region?

I served as an officer in the British Army for 20 years. While I thoroughly enjoyed my time in the military, it did cause me to miss my daughter's first birthday and many other important family events. Family comes first for me, so I eventually decided to bite the bullet and seek a new career.

I was fortunate to be offered a role as a management consultant at a systems integrator called CSC (Computer Sciences Corporation), utilising both my military background as well as some of the professional qualifications I had gained. After a couple of years, I moved to CSC's healthcare account as an account manager, a role which saw me oversee CSC's national programme for IT in the West Midlands region of the UK. I stayed in the company for six more years, expanding my responsibilities until I eventually became COO of the entire UK healthcare operations.

However, as my career developed, I wanted to take on a general management role. And this opportunity arose when IMS Health, now known as IQVIA, asked me to run their business in the UK working directly with hospitals and England's National Health Service (NHS). Most of the rest of the IQVIA business at the time was focused on working with Life Sciences organisations.

I led this team for over seven years, before being approached to take on my current role 18 months ago. This was a natural career progression for me within IQVIA, not only taking on more responsibility, but also bringing to bear some of the experiences I have had dealing with hospitals and governments over the past 15 years.

What is your vision for IQVIA in the AMESA region?

We want to empower smarter healthcare and helping people live longer, healthier lives, everywhere. There are four main ways that we do this, all of which are patient focused.

The first is through clinical research. We support pharma organisations to develop new medicines and prove that they are safe, effective, and valuable to patients.

Second, we want to ensure that all our clients are maximising the value of the data that they have so that everyone gets the right healthcare at the right time.

Third, IQVIA aims to provide capabilities directly to hospitals and healthcare systems through technology, consulting, and analytics.

Finally, we strive to ensure equity of health across the globe. Our Global Public Health pillar has grown significantly in recent years and is a big part of our work across AMESA. It includes running vaccination programmes and other initiatives for governments and helping governments set up strategies for their own public health organisations.

While this may sound like we are moving away from our traditional client base of pharma, what we are actually doing is connecting them with the public side. Pharma's broad aspirations around improving patient outcomes tend to be closely aligned to those of governments, meaning that collaboration can be hugely beneficial to all. IQVIA plays an important role in bringing together and working with all these stakeholders.

AMESA is a sprawling geography which contains both developed and developing markets as well as geopolitical and economic challenges. How would you characterise IQVIA's approach to this region?

It is certainly a fascinating region to be part of. Africa, the Middle East, and South Asia, are three very different geographical groupings, with a lot of diversity, hundreds of languages, 70-plus countries, eight time zones, and 40 percent of the world's population. An added challenge is the complexity of the region's health systems, which are at varying stages of maturity. This means we must engage with our clients differently depending on the context, as we attempt to bring new advances from other parts of the world to AMESA and help them transform the healthcare they provide to patients.

Which new advances from other parts of the world stand to have the biggest impact in this region?

There are many, but I do not want to lose sight of the more foundational aspects of IQVIA. We will continue to work with life sciences and MedTech organisations, engaging in all our well-established service lines, including data analytics and consulting. Our life science clients, quite rightly, continue to demand this of IQVIA.

However, particularly in the post-COVID period, a demand for real insights from governments in the region has emerged. Given our close ties to industry, as well as our governmental relationships, we are increasingly bringing these two sides together and facilitating public private partnerships (PPPs) to drive change.

In terms of technology, there has been a massive move towards digital health in the past 12 to 36 months. We are now pushing forward on enabling government clients, often sponsored or supported by life science organisations, to advance their use of digital healthcare tools and harnessing the data that is being captured. Different countries are at different stages in this process, but the demand for large datasets and the tools to analyse them is widespread.

Certain countries, including many in Africa, are advancing rapidly on this front, learning from some of the advances that have been made in regions like the Middle East and Europe. The Government of India also launched Ayushman Bharat Digital Mission in 2021 with an aim to support the national digital health ecosystem. The combination of technology with strong national leadership and vision is a real game changer for healthcare in the region.

As some of the countries in your region are starting this digitalisation push from scratch, do you see an opportunity to leapfrog more developed nations with clunky legacy systems?

Definitely. I am asked just as often about what has *not* worked well elsewhere as what has. This allows our clients to avoid the pitfalls that others have fallen into. Post-COVID, governments really want to advance their healthcare systems and are using every lever possible to do so. This ranges from national public funds to investment funds from other nations, as well as the World Bank and other international funding organisations.

How significant is the top-down political structure in many of your region's leading countries to the speed at which they are transforming their healthcare systems?

Having strong leadership as well as a clear transformational vision and a well-defined path towards reaching it is critical. This is the case in all countries; we saw that the NHS National Programme for IT (NPfIT) [an initiative by the Department of Health to move the NHS in England towards a single, centrally-mandated electronic care record for patients – Ed.] was delivered by a government with a massive majority. While there were challenges with the Programme there were many advances in the way technology was rapidly deployed to the benefit of patient care.

More locally, the Kingdom of Saudi Arabia's 2030 vision has put a focus on improving healthcare for the whole country and we are now seeing adoption of digital transformation with the healthcare system bringing advancements and improved healthcare provision.

COVID also has a big role to play in the speed at which countries are moving. The pandemic was a watershed moment for healthcare system transformation, as governments fully realised the urgency and necessity of topics like data collection and local/regional medicine production. This was not just for safeguarding populations against COVID, but also against future pandemics.

What do you see as the most game-changing impacts of COVID on healthcare transformation within your region, and which countries or organisations are now leading the way?

COVID has definitively shifted attitudes and approaches to health within AMESA and we have not seen a regression to what existed pre-pandemic. Fascinatingly, we are seeing much more cross-border collaboration, including in never-before-seen constellations of countries.

What is needed, and what we are seeing, is a few flagbearers for transformational change, overcoming various false starts and challenges along the way. In a region where the maturity of healthcare systems varies wildly, these flagbearers are crucially important to show the way forward.

Kenya, for example, is aiming to transform much of its healthcare system via universal health coverage initiatives and digital health technologies in Africa. Kenya has strong governance and a well laid-out economic vision, which is helping them in this push.

In India and the Middle East, most countries now have a well-documented future looking transformation plan in place. There are some real step change examples of how these countries are investing in the future of their healthcare, in line with ongoing social and national transformations.

Investment sources are also diversifying. While certain donor organizations have allocated increased funding for healthcare projects in the post-COVID era, there is also a notable influx of investments from national sovereign wealth funds.

Is this greater cross-border collaboration butting up against the other big post-COVID trend of manufacturing localisation and regionalisation? To what extent can the two co-exist?

Although seemingly contradictory, in many ways these two trends are linked. We see a broad recognition and going solely one way or the other is not the answer. There is definitely an agenda for localisation in almost every country we operate in, especially localised pharmaceutical manufacturing, and certainly from a regional or sub regional perspective. Countries cannot afford to be stranded and want to be self-sufficient. However, conversely, this can only be achieved through collaboration, particularly with pharma and MedTech organisations that might want to bring manufacturing operations within a country’s borders, or those of its sub-region.

How do environmental, social and governance (ESG) concerns factor into IQVIA's work in AMESA?

This is something we are very aware of. In terms of ESG, much of the social and governance piece is almost taken for granted in healthcare, as the benefit to society is clear, while governance is covered if it is done in a structured way. Hitting environmental targets is more challenging, but new technology can have an impact. This is already the case for remote healthcare that reduces the need to travel as well as the use of data to predict who needs what care and when. Our Decentralized Clinical Trial (DCT) program allows IQVIA to bring the trial to the patient rather than the patient to the trial. This innovation allows increased participation from previously underserved patient populations. Our public health team continues to provide essential training for health workers worldwide, focusing on issues such as reducing infant and maternal mortality in childbirth to building sustainable healthcare workforces.

What would success look like for IQVIA in your region over the next few years?

It is all about bringing to life the vision statement I described earlier: doing the right thing to improve patient outcomes across AMESA. Given that this means potentially impacting 40 percent of the world's population, it is a huge aspiration!

We know that impactful transformations do not happen overnight. Therefore, for now, our focus is with the countries where local leadership, at the national or regional level, has vision and robust plans in place. IQVIA has already helped a host of countries and organisations execute on their plans and realise their potential. This at the same time as supporting our Life Sciences clients succeed across the region in navigating the variety of dynamics country by country.

We are also tentatively taking our first steps into new geographies, including Iraq; something unthinkable just five years ago. The task at hand is to see which of our capabilities are best suited to these markets to support some of the advances that are happening there. It is truly an exciting time to be amidst the ongoing transformation in this region, working with a passionate and collaborative team to help improve healthcare systems and, ultimately, patient outcomes.

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