

## Rolf Hoenger - Area Head LATAM, Roche

---



*Tremendous opportunities exist to deliver meaningful patient impact throughout Latin America*

---

12.11.2025

Tags: [LatAm](#), [Roche](#), [Access](#), [Innovation](#), [Strategy](#), [Talent](#), [Regulation](#)

---

*Rolf Hoenger discusses Roche LATAM's growth, emphasising patient-centric strategies, untapped access potential, and evidence-based dialogue with policymakers. He highlights accelerated regulatory approvals, digital health initiatives, and Movement Health Foundation projects, where he serves as Vice Chair. Hoenger also underscores talent development, local leadership, and framing health as investment as essential for sustainable growth and expanded patient impact across Latin America.*

**How would you characterise the primary drivers behind Roche LATAM's 14 percent sales growth in the first half of 2025, and what strategic measures are being implemented to sustain this trajectory?**

The growth foundation rests fundamentally upon patient pool penetration dynamics. Even within our most successful therapeutic areas, we treat approximately 60 percent of potential patients. Across numerous other disease categories, when examining the complete patient journey, penetration rates decline to approximately 30 percent. This reality underscores substantial untapped growth potential – growth that remains entirely non-cyclical, as it correlates directly with our effectiveness in governmental negotiations and our capability to expand patient access systematically.

**Having moved from traditional sales approaches toward client-centric problem-solving, what major strategic or operational adjustments have been driven by stakeholder feedback?**

We have fundamentally reconceptualised our approach through what we designate as patient journey partners. These individuals engage with institutions and healthcare professionals whilst maintaining a holistic perspective of the entire patient journey. Depending upon the specific challenges encountered, we determine optimal intervention points that remain economically viable, ensuring mutual benefit for all stakeholders.

Additionally, we have deliberately reduced the administrative burden upon physicians. Deploying ten separate representatives to a single healthcare professional constitutes inefficient practice. Instead, we have established primary points of contact, supplemented by specialist support functions as required. This model has proven remarkably successful. Clients respond enthusiastically, appreciating the facilitated communication framework – essentially a one-stop-shop approach where they understand precisely whom to contact, and when that individual leverages technology effectively, the advantages multiply for both healthcare professionals and institutions.

**Reflecting Roche's mission to advance public health globally, how is the company extending its impact beyond medicine innovation to strengthen health systems and partnerships throughout Latin America?**

Long-term strategic considerations reveal several critical challenges confronting Latin America. Public health investment remains substantially below the recommended six percent of GDP threshold, creating a considerable financing deficit. Simultaneously, demographic shifts toward population ageing necessitate deliberate innovation focus upon disease areas representing the greatest global burden. Our pipeline reflects this imperative precisely.

Fundamentally, however, we must ensure health systems execute economically rational decisions that optimise outcomes relative to available resources. This requires multifaceted engagement. Regarding macroeconomic health systems financing, we have dedicated the past two years to international organisational collaboration, conducting workshops and bridging the conceptual divide between health sector stakeholders and economic policymakers.

The health sector demonstrates considerable proficiency in diagnostic assessment – identifying problems and proposing solutions. However, effective implementation transcends the health sector alone. We must facilitate dialogue with finance ministries and cultivate understanding of health as investment rather than expenditure. This perspective remains conspicuously absent from numerous conferences.

Consequently, we must equip health organisations with financial vocabulary, establishing common ground for productive discourse. I recently participated in a panel discussion with a representative from CAF (Development Bank of Latin America), who stated unequivocally: despite lacking health sector background, he perceived no rationale for evaluating health investments through criteria distinct from bridge infrastructure, hospital construction, or health programmes. All investments must demonstrate return on investment.

Consider this illustration: at the beginning of this year, CAF convened a conference examining productivity – specifically, pathways for restoring Latin American economic growth. Throughout this two-day conference, we organised a closed panel discussion addressing health’s contribution to productivity, and the President of Paraguay explicitly identified health as fundamental to productivity gains and economic advancement. Remarkably, we constituted the sole voices articulating this perspective throughout the entire conference.

In October, we celebrated the 14th edition of Roche Press Day — a key platform to promote the transformation of healthcare systems across Latin America. Under the theme “Health and Equity: From the Center to the Community,” this year’s edition focused on one of the region’s most pressing structural challenges: the decentralization of healthcare access.

As part of the event, we also hosted a side event with The Atlantic Council, bringing together leaders from the financial, healthcare, academic, public, and private sectors to explore how investing in health innovation drives sustainable economic growth and generates positive social returns in Mexico and throughout the region.

This reality illuminates our imperative: elevating this discourse to decision-maker levels. Without such elevation, we face the inevitable collision of ageing populations, escalating demand, health systems requiring adaptation, chronic underfinancing, and significant productivity losses throughout regional economies. In this context, the pharmaceutical industry’s role in driving evidence-based dialogue becomes increasingly vital. Encouragingly, we are witnessing substantial progress in this area, reflecting the collective effort of industry associations and individual companies like ourselves. We commission studies in collaboration with institutions such as the IGES

Institute in Germany, examining the broader societal benefit of our medicines and integrating these findings into policy discussions.

No country can circumvent implementing mechanisms such as health technology assessments. Rational resource allocation requires determining optimal investment priorities – identifying interventions that deliver maximum societal benefit from a socioeconomic perspective, transcending individual patient considerations.

**What is your assessment of the timeline for achieving widespread adoption of these frameworks?**

Progress manifests gradually but tangibly. Last week's International Monetary Fund and World Bank meetings in Washington featured these topics within panel discussions and ministerial agendas. Whilst not a rapid transformation, this trajectory is absolutely achievable through both international and national-level engagement.

The pharmaceutical industry provides essential support, but our role extends beyond public advocacy. When we enable a Ministry of Health to comprehend these economic frameworks comprehensively, that minister enters subsequent negotiations with finance counterparts substantially better equipped. Whilst not all progress occurs publicly, these incremental advances strengthen their argumentation when requesting resources and articulating underlying rationale.

This represents a notable evolution from traditional industry priorities centred upon accelerating medicines access and regulatory engagement – yet it complements rather than replaces those foundational activities. Financing constitutes only one dimension of a broader challenge, and the question of access remains paramount. Across Latin America, many innovative products developed elsewhere never reach these markets. This is not consistent with Roche's philosophy. We hold the firm conviction that patients in the region deserve access to our full investigational portfolio. With rare exceptions – where no viable market exists – we strive to make all economically sustainable innovations available to Latin American patients.

**How is Roche working to narrow the persistent gap between regulatory approval and patient access in Latin America, which recent data indicate averages around 5.6 years before new medicines reach the public sector?**

Country-specific variation proves substantial. Uruguay exemplifies remarkable success – historically a laggard in registration timelines, it has transformed into a frontrunner where launches occur among the earliest globally. This reflects deliberate regulatory reform, partially attributable to industry dialogue with governmental authorities regarding the counterproductive philosophy of delaying launches to conserve resources.

When innovation delivers superior patient outcomes with demonstrable socioeconomic benefit – not merely clinical benefit – expedited registration and access serve national interests far more effectively. Initiatives such as regulatory reliance mechanisms are gaining traction, and we observe increasing governmental adoption coupled with accelerated processes in select countries.

Clinical trials provide another illustration of competitive improvement. Whilst Latin America experienced a period of reduced competitiveness, recent years have witnessed renewed strength. Brazil, Argentina, Mexico, Peru, and Colombia demonstrate accelerating approval timelines. Overall, this represents an auspicious period for the pharmaceutical industry throughout Latin America.

Though we refrain from disclosing granular financial data, we consistently achieve growth rates substantially exceeding global averages. This translates directly into expanding patient access to our medicines, representing genuine progress.

**Managing stakeholder relationships across Latin America’s diverse governmental structures and ideological perspectives presents considerable complexity. How challenging has this navigation proven?**

Country and policy variations naturally exist, but generally speaking, when organisations such as ANVISA, INVIMA, and COFEPRIS adopt progressive approaches, this generates dialogue extending to smaller nations, which often demonstrate greater agility in adoption. The overall dynamic trends positively. Our dialogue with health authorities across the region remains constructive and relatively transparent. With rare exceptions, I do not perceive ideologically motivated barriers to engagement.

**What constitutes your vision for enhancing the region’s position as a world-class clinical trial destination, and what barriers require addressing?**

Competitiveness defines everything. We rank among the fastest recruiters globally, occasionally achieving first-in-world recruitment for specific trials. We have functioned as “rescuers” – when trials experience delays elsewhere, characteristic Latin American pragmatism and flexibility enable rapid adaptation and execution. This constitutes a considerable strength, garnering global recognition within our organisation. When Latin American teams commit to delivery, they execute reliably. This reputation drives our expanding clinical trial infrastructure.

**How do you see digitalisation reshaping healthcare access in Latin America, particularly through private-sector innovations that public systems could adopt to enable managed entry agreements and performance-based payment models?**

Progress has been substantially more limited than I would prefer. Implementation proves considerably more challenging than anticipated. We occasionally observe governmental reluctance to invest in data collection infrastructure necessary for these agreements to function effectively. Depending upon specific indications, authorities gravitate toward traditional negotiation frameworks, expressing uncertainty regarding their capacity to provide requisite data systems.

Some managed entry agreements are operational – not all publicly disclosed – but opportunities remain substantially underutilised. Digitalisation adoption proceeds slowly. Even within Movement Health Foundation, where I serve as co-founder, projects sometimes require extended timelines. Nevertheless, once solutions are demonstrated, adoption rates improve considerably. From a health systems perspective, digital solution adoption could dramatically enhance both effectiveness and efficiency – ultimately our objective.

**During our previous conversation, you discussed Movement Health 2030, then an initiative, now formalised as a foundation. What impact is Movement Health generating globally?**

Movement Health Foundation was officially established in Geneva approximately two years ago, in March. Roche, Siemens Healthineers, and Microsoft serve as co-founders, alongside the Copenhagen Institute for Future Studies and distinguished Professor Rifat Atun. I currently serve as Vice Chair of the Foundation, overseeing our initiatives across Latin America, Africa, and Eastern Europe.

Whilst relatively early in our trajectory – some projects require extended implementation periods – we are witnessing tangible outcomes. In Colombia, after demonstrating a digital cardiovascular patient follow-up solution's efficacy, the government assumed ownership. We provided initial seed funding; the government subsequently allocated half a million USD for national expansion, with additional phases currently under consideration. This exemplifies our strategic intent: developing scalable solutions that governments adopt institutionally.

Presently, Latin American operations span Chile, Peru, Colombia, and Mexico – our core regional projects. African initiatives operate in Ghana and South Africa, both considerably advanced. Eastern European activity centres primarily on Bulgaria, with additional WHO Europe collaborations progressing well. The fundamental concept involves demonstrating health systems' efficiency gains through technology adoption, ultimately liberating resources for innovation. This defines our foundational framework.

**How does Roche retain and develop its top future-ready talent in the region, and what long-term career benefits does it offer?**

Numerous Roche professionals maintain extended tenures, rotating through various positions – I represent one such example. Recent cycles have witnessed General Managers from Europe assuming Latin American roles before returning to global positions. Conversely, Latin American talent has advanced to significant positions, including current leadership in Spain. My former Finance Head recently transitioned to the US. This demonstrates systemic functionality improvements.

Latin America admittedly confronts reputational challenges. Many candidates, citing safety concerns and family considerations, do not prioritise the region. However, we firmly believe emerging market experience proves invaluable for career development. We focus globally on encouraging professionals toward emerging markets, given the substantial learning opportunities and impact potential. This momentum is demonstrably increasing.

**Looking forward, what constitutes the greatest non-market risk threatening sustainable growth throughout the region?**

Recent years demonstrate our capacity to collaborate effectively regardless of governing administrations. Health constitutes a universal necessity demanding attention, enabling productive

engagement across the political spectrum.

I believe the most significant impact factor remains economic performance. Historical analysis reveals that major healthcare advances coincided with periods of robust economic growth. Universal Healthcare expansion accelerated when Latin American economies grew at six to eight percent annually, facilitating increased health investment without raising GDP percentage allocations. Current economic reality – approximately two percent average growth – constrains such straightforward expansion.

This underscores the criticality of repositioning health as investment. The greatest opportunity lies in elevating governmental awareness that addressing non-communicable diseases enhances population productivity. Demonstrating this through quantitative evidence constitutes our responsibility.

I maintain conviction that Latin America remains a region of extraordinary opportunity. Our forthcoming years will witness growth rates exceeding global benchmarks, translating directly into expanded patient access. This requires intensive negotiation across both private and public sectors. Both markets hold importance, with governmental policy determining relative emphasis. We analyse each system comprehensively and adapt our approach accordingly.

**For readers contemplating engagement with Latin American markets - confronting large, ageing populations alongside systemic challenges - what counsel would you offer?**

First, opportunity is unequivocal – patients are present in substantial numbers. Healthcare increasingly features in presidential debates and policy discourse, though not yet as top priority. The question becomes: how do we collaborate effectively with governmental authorities?

We consciously diverge from prevailing industry clustering trends, maintaining affiliates in every market. This reflects deliberate strategic conviction: maximum impact requires senior leadership presence within each country to engage health authorities directly. We reject clustering pathways adopted by numerous competitors because meaningful access solutions emerge locally. This localised commitment, I believe, substantially explains our success.

Latin American patients – many millions – remain without adequate care. Tremendous opportunities exist to deliver meaningful patient impact throughout Latin America. This defines our fundamental mission and collective responsibility.

[See more interviews](#)