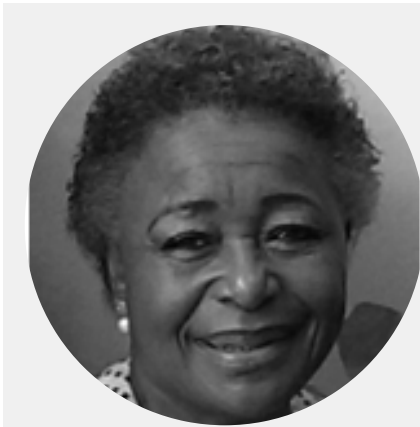


# Interview: Konji Sebati - Chief Executive Officer, IPASA (Innovative Pharmaceutical Association of South Africa)

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30.10.2015

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*The CEO of IPASA reveals how over the last ten months the priority has been to reach out to different stakeholders, rebuilding trust with the department of health, with patients and physicians; why a National Health Insurance scheme should be established to act as a true merger between the public and private sectors; and how big pharma operates more collaboratively than competitively today as it continues to find new chemical entities to treat unmet needs for the benefit of the entire country.*

**IPASA aims to be an association that focuses on building an environment for sustainable access to innovative research-based healthcare and currently represents approximately 43% of the pharmaceutical private sector in the country. You have been the CEO of IPASA for ten months now. What have been your priorities for the association during this time?**

My biggest priority over the last ten months has been to rebuild trust with the department of health, our biggest stakeholder, with our patients and the physicians. It is essential for us to project ourselves as part of the healthcare value chain, moving on from the “us versus them” mentality. We need to work together with all stakeholders; healthcare funders, healthcare practitioners, hospital groups, patient groups, in particular the South African Non-Communicable Diseases Alliance, perhaps the most organised patient group, working on how to collaborate with the

Ministry of Health in the awareness of Non-Communicable Diseases (NCDs), which is one of the Minister's priorities. Among government departments, other important stakeholders for IPASA include the Department of Science and Technology and the Department of Trade and Industry. My focus has been on reaching out to these different stakeholders, to discuss our perspectives on the industry's role in health care in South Africa, and how we can contribute to a healthy prosperous South Africa.

**In April 2013, IMSA AND PIASA integrated to form IPASA. What was the reasoning behind the move and what importance can the re-unification of innovative companies have in increasing the voice of like-minded pharmaceutical organizations operating in South Africa?**

It was a logical move. We were two associations serving the same industry. We all have the same interests and issues; be it discussions on intellectual property, or regulatory delays of our products, it affects us all. Our views and reactions are going to be similar and by working together we will have a much stronger impact. By being two associations we allowed other stakeholders to play us against one another. Now we are one united industry.

**The South African market is forecast to grow at a yearly rate of 5.8 percent and reach \$5.1 billion by 2018. What role can your member companies have in contributing to this strong growth rate?**

One has to distinguish between the growth of the generic and research based industries. Generics have "an upper hand" so to say when it comes to the market they operate in; there is a bias towards generic companies in government tenders, and they also compete with research-based industry in the private sector, and so they will grow at a faster pace, whereas the innovative research-based industry is increasingly over-legislated, hampering our growth potential. In fact the research-based industry is not growing in S. Africa.

**Drug access is one of the most important issues in South Africa. What is IPASA doing to ensure the timeline for registering a new drug is reduced, helping to increase the patients' access to innovation?**

One initiative that IPASA fully supports, is the MoH intention to launch a regulatory science institute, which intends to train regulatory officials in the Ministry and those working within the industry. They will all undergo the same training, same modules, and standards, ensuring that the industry and the regulatory authority are all on the same page. This would contribute significantly to reducing the time it takes for a product to be listed in the public healthcare sector.

**How can the country balance the importance of access to medicine, while at the same time ensure that there remains a place for innovation and research?**

The true value of the private sector and innovation needs to be well understood and embraced and encouraged. The 16 percent of people who have private health insurance help to fund the public sector, private sector cross-subsidises the public sector, and therefore the private sector has to be allowed to innovate and protect their Intellectual Property so as to continue to innovate.

Our member companies are focused on the private sector by default, it is not that they are in SA only to provide to the private sector, but as mentioned before, to get government tenders to provide innovative medicines in the public sector is almost impossible. We are here to serve all South Africans, but the environment in the public sector is particularly challenging for research-based companies. South Africans too deserve innovative medicines and technologies. The industry is willing to provide their medicines if tiered pricing models were approved for the public and private sector. We want to see a National Health Insurance system that will not be based on a model of generics and local companies. Indeed, I hope that it will be a true merger between the public and private sectors.

**What potential do you see for Public Private Partnerships (PPPs) to raise the level of quality within the South African public healthcare?**

There are plenty of opportunities for PPPs in South Africa, in areas including supply chain management and training. As an industry we are ready and waiting to partner with government. I see real potential for PPPs in a large range of areas and I am confident that they will work.

**What is the importance of clinical research in South Africa? Can the country become a hub for clinical research in the region?**

South Africa already acts as a hub for clinical research in the region. We have excellent clinical research facilities and highly skilled and experiencing Research Scientists. I have been working in the pharmaceutical industry since 1993, and back then we were already conducting numerous pivotal studies. Our level of expertise, the experience of our doctors and our large patient population allows us to act as a hub for the region.

**What is your five year vision for the future of the South African pharmaceutical sector and what role can IPASA play in it?**

By 2020 my ambition would be to have a healthcare environment where this stark separation of the public sector and the private sector is minimal. I would like to see a time when the Ministry of

Health will engage and involve the private sector in some of their strategies to ensure health for all, and not just in the private sector but as good a health system in the private sector.

The role IPASA can play in the industry, is to be recognised as a necessary partner in providing new chemical entities to cover all diseases in SA, and to be valued as “the goose that lays the golden egg”, because “killing” research-based pharmaceutical companies will be a disaster for generic companies who would not be able to function without our research. As an industry we also have to do our part, acting as partners in healthcare. We do acknowledge that some of the newer medicines are prohibitively expensive, but in an environment of collaboration, and partnership, these too can be available to most even in the public sector.

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