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In the historic year of their 70th anniversary, Cristóbal Thompson, executive director of the Asociación Mexicana de Industrias de Investigación Farmacéutica (AMIIF), the association for research-based pharmaceutical companies in Mexico, shares their new agenda, AMIIF 2030, which aligns with the UN 2030 Agenda for Sustainable Development with a focus on five specific SDGs relevant to the healthcare industry, as well as the various partnerships and alliances AMIIF is building with key institutions including the National Academy of Medicine, and the importance of execution when it comes to public health policy.

Cristobal, before we discuss the transformation of the Mexican healthcare landscape, could you outline what has changed for AMIIF since we last interviewed you in 2017?

The evolution of AMIIF started many years ago. One of the biggest aspects of that evolution was the strengthening of the organization of AMIIF itself. As the association for innovative pharmaceutical companies, many of the leaders of our member companies change every couple of years. Therefore, in 2014, we prepared an AMIIF 2024 Vision to outline a long-term strategic plan for the association itself independent of who our members were. At that time, key topics included how to turn Mexico into a clinical research powerhouse and how to increase access to more innovation.

In 2019, AMIIF turned to a new agenda: AMIIF 2030. We are looking at how we can align our strategy with the United Nations (UN) 2030 Agenda for Sustainable Development, with five specific SDGs in mind:

- SDG 1: 'No Poverty'. 45 percent of our population lives in poverty, with 7.4 percent in extreme poverty. This is a national goal for Mexico and as President Andrés Manuel López Obrador (AMLO) has made clear, this is a top priority for the country and we have to align ourselves with that as well. The gross added value of the private sector to the Mexican economy is 8 percent and we have a lot to contribute. We have to assume some responsibilities here too.
- SDG 3: 'Good Health and Well-being'. This is the obvious SDG for the pharmaceutical industry to work on and it is also a critical one for the reduction of extreme poverty.
- SDG 8: Decent Work and Economic Growth. This is tied to health and wellness. The private sector emphasizes health and productivity a lot. The new administration talks about social development and wellbeing. At the end of the day, these are equivalent concepts. If people feel better, they work better.
- SDG 9: Industry, Innovation and Infrastructure. This is very linked to the core of our work in innovation, not only in terms of pharmaceutical R&D but increasingly, the development of digital tools. The digital aspect is a very powerful and exciting part of the healthcare story, and it is perhaps more accessible for the wider society to appreciate compared to the more technical processes of biopharmaceutical innovation.
- SDG 17: Partnerships for the Goals: we place a huge emphasis on this because the SDGs cannot be achieved alone. AMIIF needs to integrate with other players. This is even truer in the health sector. I do not believe any country can face the challenges of safeguarding the health of their citizens without the support of the private sector.

Our international agenda has always been very strong. We are constantly in conversation with PhRMA, our sister organization in the US; the Board of IFPMA – whose Chairman Thomas Cueni is attending our Week of Innovation in Mexico City in March – and we are also one of the founding members of FIFARMA, the Latin American industry association. We also have strong relationships with BIO in the US, EFPIA in Europe, and the OECD.

A lot of the work AMIIF has done impacts the subthemes of other SDGs but we are focusing on these five SDGs as the core of our agenda.

In line with this agenda, we have also broadened the membership of AMIIF. When I was last interviewed in 2017, AMIIF had 40 pharmaceutical member companies. In 2018, we invited CROs to

join AMIIF so that we could be more representative of pharmaceutical innovation. Even more excitingly, at the end of 2019, we decided to invite players that invest more generally in health, not only pharmaceutical companies or CROs. This opens the doors to new players, which we need in order to improve the overall health system. Already, two companies have applied to join: Boston Scientific and Johnson & Johnson Medical. The purpose is really to define a space for long-term strategic thinking. There are always going to be fires to put out in the short term but we have to consider the big decisions of the long-term also. I am looking for companies whose leaders share the same long-term mentality and recognize the need to invest more holistically in the entire healthcare value chain.

Everyone is talking about the healthcare reforms President AMLO has been implementing. What is the perspective of AMIIF on the measures that have been announced in the first 18 months of his presidency?

President AMLO has put health first. No one can argue with that. We are happy that health is now at the top of the government agenda, and we have to recognize the fact that he instituted universal health coverage so quickly. The idea is that by integrating the existing social security institutions under the newly established INSABI, 20 million previously uninsured people could be integrated into the new system. As an industry, we all agree with that vision and the President has set expectations very high.

However, healthcare is a long game. Progress is slow and particularly difficult to see. However, if the right decisions are taken today and we continue to move in the right direction, we will eventually reach our destination. The industry itself is inherently complex.

I believe there is a lot of goodwill in the administration and they are learning quickly. For instance, there was a misuse of funds in *Seguro Popular* so it is understandable that the government wants to centralize it. However, it is not easy to centrally manage the healthcare of 130 million people. Efficiency is a concern. But we have to applaud President AMLO's aspirations. His actions reflect his incredible presidential majority of 53 percent and an overwhelming current public approval rating of nearly 70 percent!

At the same time, execution - as always - is a challenge. Access to healthcare requires three components: medicines; infrastructure; and human resources. The health system always focuses on medicines and drugs. Pharmaceuticals represent only 12 percent of Mexico's healthcare budget. We should discuss the other 88 percent of our healthcare expenditures.

In terms of infrastructure, the government has done some analysis of the number of new hospitals needed but beyond building more hospitals, we also have to look at the overall organization of healthcare here. We need to move the system from third-level attention and late detection to first-level attention and early detection, which would reduce healthcare costs tremendously. We need a network of family care and GP clinics while encouraging patients to seek medical attention earlier rather than later.

In terms of human resources, we have an imbalance in terms of demand and supply. Our doctors sometimes see up to 50 patients a day. In terms of specialities as well, there is an imbalance. For instance, we have too many paediatricians and not enough geriatric physicians. The education system needs to be modernized and doctors need to be trained to ask the right questions for early prevention and detection. Training programs have to evolve. In addition, we need more nurses and other hospital support staff. We need to look at the whole healthcare system, not just medicines, which are only one piece of the puzzle.

What are some of the main roadblocks when it comes to reforming the overall healthcare system in Mexico?

The bigger picture is really about measuring and improving success in terms of healthcare outcomes. Conventional metrics like the number of prescriptions filled and the number of hospitals built are not adequate. We need more holistic measures including the time taken to see a doctor and success of therapeutic interventions. As far as I know, these metrics are not currently being tracked.

Another crucial component is of course financing. Our healthcare system needs more money but financing is a huge challenge. Here is where we should be leveraging on international alliances as well. Organizations like the World Bank and the World Health Organization can share best practices from other countries. There is a huge global discussion on value-based healthcare outcomes that I think Mexico can also benefit from. We are not the only country in the world looking at reducing healthcare expenditures. But to advance towards a more value-based and efficient system, we need data. A couple of years ago, we started exploring how we might be able to implement outcomes-based assessment models in Mexican hospitals. Surprisingly, there was much more information in the social security systems than we expected. The Mexican healthcare ecosystem is still extremely fragmented. If patients need to move from one social security system to another, it is nearly impossible to migrate their patient records and data from one to the other. This means

that patients might have to undergo the same tests and procedures again in the new system, which delays the patient journey and wastes resources.

At AMIIF, we believe that we need to bring all the relevant players together in order to provide integrated solutions beyond just medicines. We have to look at the long term. We have already discussed risk-sharing models relating to diseases like Hepatitis C and HIV/Aids, as well as more cost-efficient interventions in diabetes. Our members are very open to risk-sharing and other types of innovative commercial models. The entire global industry is moving towards precision medicine and we want to do the same here in Mexico. But we need to work with all the players and define the kind of data we need to measure success, the kind of devices and tools we need to collect the data, and the kind of commercial agreements we can implement between industry and the public sector. There are still some misconceptions on both sides that costs cuts and discounts are innovative commercial models. This is not the case. The focus should not be on the prices of medicines but the value of effective patient outcomes.

How can AMIIF and your members play a role in supporting the execution of the current government's vision - and how receptive have different stakeholders been?

In the first year of President AMLO's administration, AMIIF has worked very hard at building bridges with different parts of Mexican society.

As an industry with global links and strong regulatory and ethical conventions, we have a lot to offer. This is why we have set such a broad agenda as an association: we are invested in the overall health and wellbeing of Mexican society. Let me give just a few examples below of the work we have done.

In December 2019, we established an unprecedented agreement with the National Academy of Medicine to establish a training program to help doctors perform better diagnoses. The pilot will start in the state of Tabasco. This is the first time the Academy has been willing to work with the pharmaceutical industry and we are very grateful to the new President, Dr. Teresita Corona Vázquez for opening the doors to such a productive dialogue and collaboration. Impressively, she is also the first woman to lead the Academy.

We are also speaking to international organizations like the Pan American Health Organization (PAHO) to discuss strategies for the treatment of tropical and other infectious diseases. Mexico has some best practices to share in this regard as well. Mexico is the third-largest provider of funds

globally when it comes to the fight against tropical diseases (after the US government and the Bill & Melinda Gates Foundation). With the support of the IFPMA and PAHO, we will begin to discuss potential strategies and models of collaboration with different African governments.

We also have a number of other initiatives related to significant public health concerns. Mental health is one of them. Mental health conditions contribute to 16 percent of healthcare costs in the country but only receive 2 percent of healthcare investment. Vaccines is another. We are working with the Mexican government on the long-term purchase of vaccines because there is a global shortage of vaccines production. Antimicrobial resistance (AMR) is another area of huge interest for the Mexican government. Coronavirus is another extremely topical concern. On all these topics, we have offered help and insights.

We also have an exceptionally strong social responsibility agenda. Our nine employees at AMIIF work tirelessly with international organizations like the Red Cross, Save The Children and Direct Relief, for which I am a board member in Mexico. We - and our members - have also participated in the Jóvenes Construyendo el Futuro (“Youths Building the Future”) social program introduced by President AMLO to integrate youths between the ages of 18 and 29 years that do not currently study or work back into society by providing training and mentorship. In 2019, we mentored a total of 125 young people with very positive outcomes.

My philosophy is that AMIIF needs to have a broad agenda. Ethics and compliance are the minimum requirements to enter any dialogue and as an industry, we adhere to many international and national industry norms and conventions of ethics and compliance. This is non-negotiable. But after that, we need to have a holistic agenda in order to be able to work with many different stakeholders. We cannot just talk about selling more products in Mexico. That is only one conversation. This is why AMIIF has always tried to offer support and resources in any capacity we can offer. We always say yes, how can we help?

Looking at the pharma industry specifically, what are some of the key concerns that AMIIF is raising on behalf of your members?

I think there is insufficient understanding of the lengthy nature of pharmaceutical processes. Manufacturing orders take a minimum of three months to fulfil. R&D is an even longer process. The approval timelines of innovative drugs in Mexico are far longer than core global markets. These all create challenges for our members.

Another huge topic is clinical research. I am ex-Quintiles myself so I have a soft spot for this subject and I have been advocating for Mexico as a clinical research hub for a very long time. The global pharma industry invests USD 171 billion in clinical research every year but only USD 250 million comes to Mexico. There is so much potential for this figure to grow but we need more efficient clinical approval protocols. With the right kind of supportive government policies, the clinical research industry in Mexico could grow to USD 2 billion by 2026. This is extremely significant given that the overall growth of the Mexican economy was flat last year. We also need more incentives for doctors to do clinical research in Mexico. We have around 30,000 researchers in Mexico currently but there are probably more than 30,000 abroad, mostly in the US, where clinical research is highly valued. Looking at China, for instance, in the past few years, the country has attracted over 80,000 PhDs from the US. These talents bring with them expertise and valuable IP. It would be great if we could have some kind of positive industrial policy for clinical research in Mexico.

On a final note, 2020 marks the 70th anniversary of AMIIF, which is a tremendous milestone. What can we expect from the 70th anniversary celebration agenda in 2020?

When AMIIF was founded on 23 March 1950 – at that time under a different name – life expectancy in Mexico was only 49 years. Today it is 75.2 years. That is an unbelievable gain – and indicative of the great strides we as a society have made in healthcare. Pharmaceutical innovation has of course been a key contributor as well.

We are organizing our annual Week of Innovation during 24-26 March and we have an extremely packed agenda that reflects the broad priorities of AMIIF as a whole. We will have panels discussing the SDGs, cancer innovation, vaccines, value-based healthcare models, ethics and compliance, women and innovation, IP, and clinical research – just to name a few! We have really focused on bringing together all kinds of stakeholders, not just AMIIF members. But this year, in addition to the Week of Innovation, we will launch a couple of one-day events throughout the entire year to keep our agenda fresh. Therefore, in June, we will have a seminar on digital health in conjunction with Universidad Nacional Autónoma de México (UNAM – the National University of Mexico) and FUNSALUD (Fundación Mexicana para la Salud, a Mexican healthcare thinktank). In Q3, we will have a seminar on regulatory and government procurement topics, with a shorter-term focus, based on the progress of government procurement negotiations throughout the year. In addition, different working groups within AMIIF will organize their own events on relevant topics like biosimilars, digitalization, regulatory affairs and so on.

I think we have to speak up. We have to bring substance and value to the ongoing national conversation. As long as we keep talking, people will listen eventually. We have to offer best practices and clear strategic plans for action. We also have to provide data from our members. We are already doing all these things but we have to keep going.

With this year being our 70th anniversary, I really wanted to celebrate the work and achievements of AMIF and our members in the past seven decades, and to share a positive story instead of focusing on the negatives and the challenges that do exist. We want to be champions of good news and positive messages even as we work together with stakeholders on the areas of improvement.

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