

MEDICINE

Takeda stood out on the Access to Medicine Index by jumping from No. 15 in 2016 to the No. 5 slot in 2018. To get the story behind that, Brunswick's **BEN FRY** and **WILL CARNWATH** interview Takeda's **DR. SUSANNE WEISSBAECKER**.



NEARLY 30 PERCENT OF PEOPLE HAVE NO access to modern medicine, a problem the pharmaceutical industry has been grappling with over the last decade.

Since 2008, the independent nonprofit Access to Medicine Foundation has been measuring pharmaceutical companies' progress in reaching patients in low- and middle-income countries—home to more than eight out of every 10 people alive today. The biennial rankings capture a competitive spirit across the sector, helping to spur action. "Powerful

WHERE

NEEDED

medicines once available only in rich countries are distributed in the most remote regions of the globe, saving millions of lives each year," said a June 2019 New York Times article applauding the progress.

In the 2018 Access to Medicine Index, Tokyo-based Takeda Pharmaceutical stood out from the pack with a significant rise in the rankings, jumping from No. 15 last time round to the No. 5 position.

"The significant shift came when Takeda's Access to Medicines program was embedded into the business strategy and endorsed by our Executive Board," says Dr. Susanne Weissbaecker, Global Head of Takeda's Access to Medicines program. "It's all about how you turn good intentions and good ideas into the difference you make for patients on the ground."

Dr. Weissbaecker is the former Head of Healthcare Industries for the World Economic Forum and

a physician trained in Germany and the US. She joined Takeda originally to manage patient programs in Europe and Canada. Her earlier experience working on access issues in emerging markets allowed her to see firsthand the impact that a big company can make. That work became a passion and, as the Global Head of Takeda's Access to Medicines program, she saw the opportunity for driving lasting change for patients.

The program's strategy seeks to ensure patients in underserved communities gain access to quality care and treatment. This means going beyond simply providing medicines to focus on sustainably strengthening health systems at every stage of the patient journey, from awareness and diagnosis to treatment and aftercare. Patients not only receive medicines, but also the care, support and advice that they need.

From 2016 to 2018, Takeda's Access to Medicines program established initiatives in 52 countries and territories, screening more than a million people for cancer, diabetes and hypertension.

Patient Yana Vermigova, 25, in a Takeda facility at the National Cancer Institute, Kiev, Ukraine.

“Our approach to Access to Medicines was built from the ground up,” Weissbaecker says. “We knew from the outset that our programs had to be co-created with local partners if they were to be sustainable. Internally, we were able to deeply embed Access to Medicines within the business and be part of the strategic decision-making process.”

In 2017, the company brought together its existing Patient Assistance Programs (PAPs). PAPs ensure that underserved patients gain access to cutting-edge, innovative medication they would otherwise be unable to afford. They work by sharing the cost of the treatment between Takeda, the local healthcare system, NGOs and patients themselves—they are means-based, specific to the individual case and, most importantly, sustainable over the long term.

Counterintuitively, they show that building a system in which the patient makes this kind of contribution to treatment is not only more sustainable (as many of Takeda’s treatments are lifelong), but also “stickier”—patients are more committed, and more likely to stay on their treatment regimen for the long term.

The coordination of the PAPs brought to light a challenge. “In order for them to work they needed to be part of a broader strategy to address the many additional access barriers in the healthcare ecosystem,” says Weissbaecker. “We were also very conscious that there was no one-size-fits-all solution—not only is each patient different, but so is the system they are a part of. We therefore needed to create robust on-the-ground delivery mechanisms that are coordinated and consistent.”

The solution was for Access to Medicines to address further barriers to allow patients to access the treatment they need. A key advantage that helped address this was that Access to Medicines is integrated into the activities of Takeda’s Local Operating Companies, or LOCs, and supported by the executive team. To help shape the LOC Access to Medicines plans, a series of academies have taken place with the country teams responsible for delivering Access to Medicines activities, to build sustainable roadmaps which look at strengthening the healthcare system across the entire patient journey. As of the end of December 2019, around 1,200 patients have had their lives positively impacted by Takeda’s PAPs.

Under Weissbaecker’s leadership, Access to Medicines has become a core pillar within the Growth & Emerging Markets Business Unit, driving overall strategy, rather than merely supporting access to treatment.



From the field to the boardroom, Access to Medicines is integrated into Takeda’s decision-making.

DR. WEISSBAECKER,
Global Head of Takeda’s
Access to Medicines
program.

“This was a big step change for us as an organization. As Head of Access to Medicines and a member of the Leadership Team in Growth & Emerging Markets, I am now part of all of the key decision making for the business processes. This not only gives Access to Medicines a voice, but ensures input into strategic decisions.”

Takeda established a KPI specifically on enhancing market access, combining it with Access to Medicines activities. “Access to Medicines is not a nice-to-have charitable activity—it is critical to us. For our colleagues it has become central to their approach, it is not an add-on to their job, but an integral part of it,” says Weissbaecker.

A more traditional strategy would attempt a blanket approach to delivering support—but that approach doesn’t reflect the complexity and specificity of the challenge at the patient and clinic level.

“Launching any initiative brings with it challenges, but making sure it is integrated into the local healthcare ecosystem and aligned to the unique set of issues faced by a community is perhaps the biggest that we face. What works in one market would not necessarily work in another.”

Which is why Takeda developed a tool called Blueprint for Innovative Access, a framework that, while informed centrally, ensures that initiatives are created through partnerships at the regional and local level with stakeholders who understand the local healthcare environment and are best placed to drive maximum impact.

The jump in ranking in the most recent Access to Medicine Foundation Index, says Weissbaecker, “created a sense of pride throughout the organization. Our colleagues see the good that we are doing and how it is being recognized in the outside world. It renews their sense of purpose and helps us to continue to focus our efforts.”

That pride helps attract new talent in a world where job seekers are placing ever increasing importance on purpose and the value that a company delivers to society.

“Our Access to Medicines Academies create opportunities for further discussion of our initiatives and help shape our thinking and strategy. Having people solely focused on delivering Access to Medicines is vital, but it requires the support of everyone if we are to create a sustainable approach internally,” she says.

“We need to be on the ground, experiencing firsthand the challenges we are seeking to solve, and building trust within communities. I often wish I could be in two places at once as it



Meru County's Oncology Centre & Palliative Care Unit at the Teaching & Referral Hospital—a key partner in Takeda's Blueprint for Innovative Access in Kenya (photo supplied by Takeda's local partner, ICI).

is equally important to be meeting with the key international stakeholders to build partnerships and understanding of the issues. It is therefore so important for me to have a team focused on Access to Medicines, and for the whole organization to be united around it.”

In the long term, programs such as this work only if their impact is measured objectively and the data is used to inform future efforts. Measurements include not just the quantity of medication provided, but the number of people treated and the strength of the system that enables their delivery.

Takeda is working with Duke University to develop an independent impact measurement framework that will provide up-to-date impact metrics to support live adaptation of programs to react to social developments on the ground in real time. Their ambition is to share this framework with the industry to foster deeper collaboration and ensure that resources are being effectively deployed on an industry basis.

“One of the most rewarding parts of my job is when I get to meet the people that our programs have supported. Having the ability to talk to physicians, patients, NGOs and health ministries about the reality of the barriers these patients face and the impact of our initiatives inspires and motivates me. It helps us as an organization to understand how we

make a difference to patients’ lives and enables us to ensure that our programs are designed to tackle the specific barriers to access faced by communities or health systems,” she says.

As she looks to the future, Weissbaecker believes that it will take collective action by the industry working hand-in-hand with front-line healthcare workers to drive sustainable improvement in the most challenging locations and in regard to the most challenging illnesses.

“With each change that we are able to make, and each success, comes the next need and challenge. I believe that this will never go away. But if everyone works together then we can make a difference.

“The government has to take the lead in building sustainable healthcare ecosystems and moving toward universal health coverage, but every single actor, including corporates, must step in to drive change.

“The system is too complex to allow for any one individual or organization to make a change by themselves. If you change policy, then that doesn’t necessarily reflect in the quality of the delivery system, so you need to change all of it—all while considering the voice and needs of the patient.

“So, for me, everyone can contribute, and indeed has to. It should be orchestrated by the government; we should be guided by them so that together we can all make a collective change for the better.” ♦

WILL CARNWATH is a Partner and Head of Brunswick’s Singapore office. **BEN FRY**, a Director, is also based in Singapore.

ACCESS IN ACTION

BLUEPRINT FOR INNOVATIVE ACCESS is Takeda’s guiding framework for specific access barriers. Launched in a trial in Meru County, Kenya, it aims to strengthen healthcare systems in the area, in partnership with Amref Health Africa and the International Cancer Institute (ICI), plus government and other organizations at local, national and regional levels.

IN Q1 2019, OVER

500

COMMUNITY HEALTH VOLUNTEERS

were trained to identify early warning signs of non-communicable conditions such as diabetes or cancer.

NEARLY

1,400

WOMEN

were screened for breast cancer and 880 for cervical cancer. More than 70 women began treatment as a result.

MORE THAN

200

MEN

were screened for prostate cancer—21 of them began receiving treatment.

All screenings were in accessible locations like district hospitals and **FREE FOR PATIENTS.**