

Press Release

Basel, February 20th 2016 - The Swiss HLG, a non-profit association of Business Development and Licensing professionals, held its **23rd Conference titled " Patient Centricity: What does it mean for Business Development?"**

This year the conference took place for the very first time at the completely privatized Jugendstilhotel Paxmontana, in the center of Switzerland near Lucerne from January 31st - February 2nd 2016. The conference was attended by around 90 participants from 10 different countries. We welcomed participants from Germany, Italy, South Korea, Netherlands, UK, USA, France, Canada, Austria and Switzerland. Around 50% were loyal & regular attendees while more than 40% joined us for the first time. Attendees could enjoy over two & half days of conference program with lively discussions, keynote speeches, case study discussions, best practice sharing during our workshops and plenty of networking opportunities.

There is a consensus that in principle, the patient is at the heart of every healthcare related activity. However, patient centricity has been undermined for a long time by the healthcare industry stakeholders whilst nowadays it is recognized as very important, if not critical. There is a shift focus from the prescriber to the patient, with an increasing consumer type of power to the latter. This shift impacts the healthcare industry, enabling non-traditional players such as information technology or patient organizations to enter this field.

Humberto C. Antunes, CEO of Nestlé Health Science opened the conference with an inspiring keynote presentation. Interestingly, he positioned the company as a rather people centric than patient centric, one. According to him, placing people's needs at the center drives all their R&D efforts & investments. He engaged the company in the journey of people centricity at each strategic & operational level. To that end, they have created a unique R&D center consisting of a multidisciplinary hub where end consumers are the common point of interest for all the teams.

We then heard from Harrison Posner relating patient's perspective with regards to healthcare need and innovation. He highlighted that innovating healthcare organizations should ask what patients need, as simple but as complex as it is. So, we have heard about different patient experiences, what their expectations are, what their needs are and what they do value the most. We, the pharma companies listen to the patient voice, we seek to improve patient outcomes by boosting innovation in the companies. Patient centricity means being close to the patients, but sometimes Industry cannot be so close to patients due to regulatory and legal constraints and in the end, we – the industry - need to look at profitability. In addition, many new technologies help people and patients to connect and exchange experiences. The patient is then becoming much more aware, if not knowledgeable about his disease. This "consumerism" type of approach has to be considered early on in the development of new treatments. Patients really need and expect closer collaboration with innovating organizations so that to create a stronger tripartite relationship between pharma, doctors and patients.

Mark Krueger and Serge Braun highlighted how structured & useful patient organizations could be. Indeed some patient associations and charities have successfully supported research. They became

active actors in new drug development, fueling & financing innovation from early stage to commercialization and manufacturing. They really encouraged the audience to consider very seriously collaboration and transactions with such organizations, also highlighting their specificities in terms of market access and pricing conditions.

So how does the pharmaceutical industry manage patient centricity nowadays, what are the Do's and Don'ts, where are the opportunities?

Through their interactive session "Patient centricity: Hype or Hope?" Frank Kumli and Matthias Bunte shared with us the five key success factors. They highlighted the Do's and Don'ts about the implementation of such patient centricity approach inside organizations.

In addition, Graham Foxon addressed how considering market access, pricing & reimbursement is critical from BD&L perspective. Payers are taking an increasing role and what are pharma companies doing to assess payer needs and maximize their assets? Graham took us through the 10 questions that you should ask when considering in/out-licensing assets of interest.

Riccardo Cortese and Jean-Pierre Paccaud addressed the shift from collective mass market to individual patients. Developing Vaccines to mass market and developing vaccines for an individual. The question there is: would we be prepared to afford this treatment? Could it be made accessible to the individual patient? Patients with neglected diseases as well, they do not constitute a market for pharmaceutical industry and illustrations of a patient-centric approach of targeted therapies have been discussed.

We zoomed into the technology side with Marc Ceulemans talking about the technologies developed by companies financially backed by Novartis. These technologies are already considering patient centricity for example by helping to execute clinical trials efficiently, selecting & recruiting patients effectively.

Chris Springer from Vifor presented us an original model of joint venture with Fresenius Medical Care almost designed to directly access patients & related data. All their BD&L strategy is driven by the need to offer comprehensive therapeutic solutions to their patients.

During his closing keynote, Dominique Limet, CEO of ViiV Healthcare, described a unique and inspiring vision, strategy and model of his company, with a clear patient centric focus. Patients should be the core of every business strategy and decision, even if it does not result in a direct instant financial gratification. So one could question if ViiV Healthcare is a typical pharma company? According to Dominique, patient centricity must be in the DNA, the core culture of the company, so that it drives any decision. The only drive is "how can we make the HIV treatment progress?"

We also organized a Good Partnering Practices Fair, to submit our first SC E N I C Chapters (SCouting, Evaluation, Negotiation, Integration, Conflict Resolution) to the review from our attendees. Indeed, GPP initiative was launched in January 2015, aiming at providing a best practice framework in BD&L. We have shared and discussed last year's output with over 200 participants at the International Pharma Licensing Symposium (IPLS). This year, we discussed the consolidated output again with around 90 business development executives in a very interactive session and we will integrate this feedback in the next release.

Based on our survey post conference, the 23rd Conference was a great success in terms of quality of conferences and networking opportunities. Indeed, Majority of the participants said they would recommend the conference to their colleagues. Moreover, 76.6% participants found the networking opportunities positively affecting their BD&L activities. We felt much honored to get such positive and encouraging feedback and hope to improve each and every year to keep our audience satisfied.

I would like to thank my co-conference director, Zaki, in helping me design the conference program. My appreciation also goes out to all board members for their feedback and support which helped take the conference to the next level. I would like also to thank all the sponsors for their support without which we would not have been able to put the conference together. Lastly, a big thank you to all participants who made the conference a big success.

Yours sincerely,

Gabrielle Gache

President Swiss HLG

Conference Director 2016