



Annual Client Event 26th Edition

November, 19th 2020

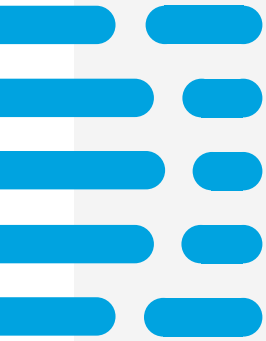


**HELP MAKE EVERY
HEALTHCARE DECISION
THE RIGHT ONE**



Agenda

- + Intro panel
- + East Europe market overview, challenges & insights
- + The COVID pandemic and pharmaceutical market prognosis: 2020 and beyond
- + Healthcare Professional challenges during COVID
- + IQVIA Healthcare Awards



Welcome note



Sorin Petcu

General Manager

IQVIA Romania

COVID-19 changes fundamentally market dynamics and engagement with PharmaCo customers in our region

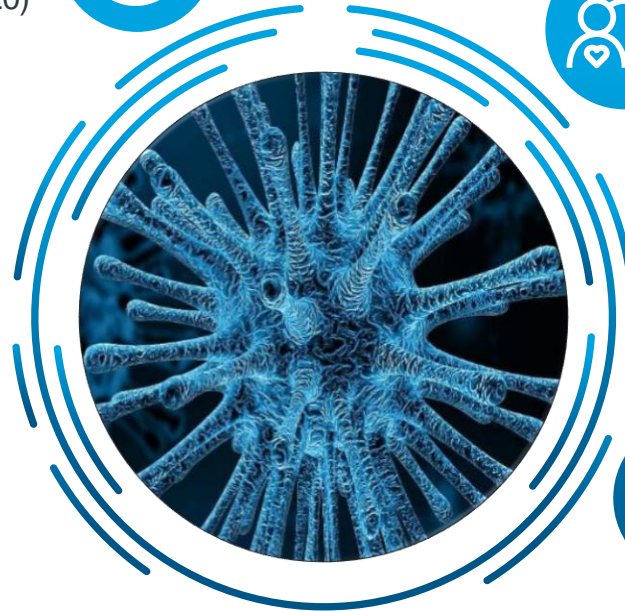
Selected facts & figures related to COVID-19 driven changes

Drop in biopsies, cited by 61% HCPs, and delay in surgeries, cited by 58% HCPs impacting cancer treatment
(EE, April '20)



63% HCPs assume that less patients F2F visits is a result of fear over COVID
(EE, March '20)

96% HCPs provided remote visit
(April '20)



E-commerce sales increased by up to 3x times¹
(PL, CZ, HU April '20)

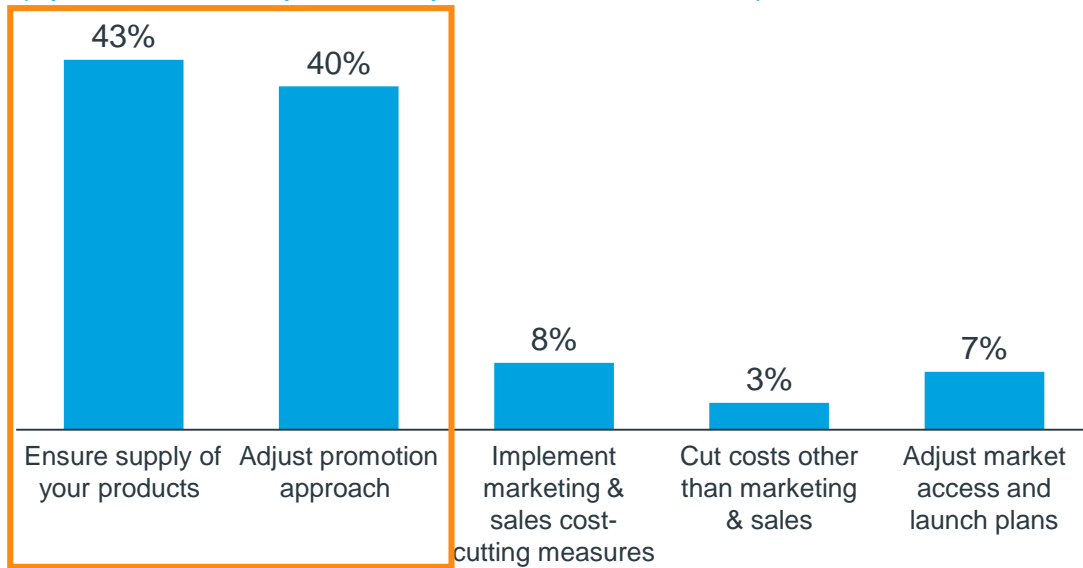
F2F promotion to HCPs reduced by up to 60%
(CEE, March '20)



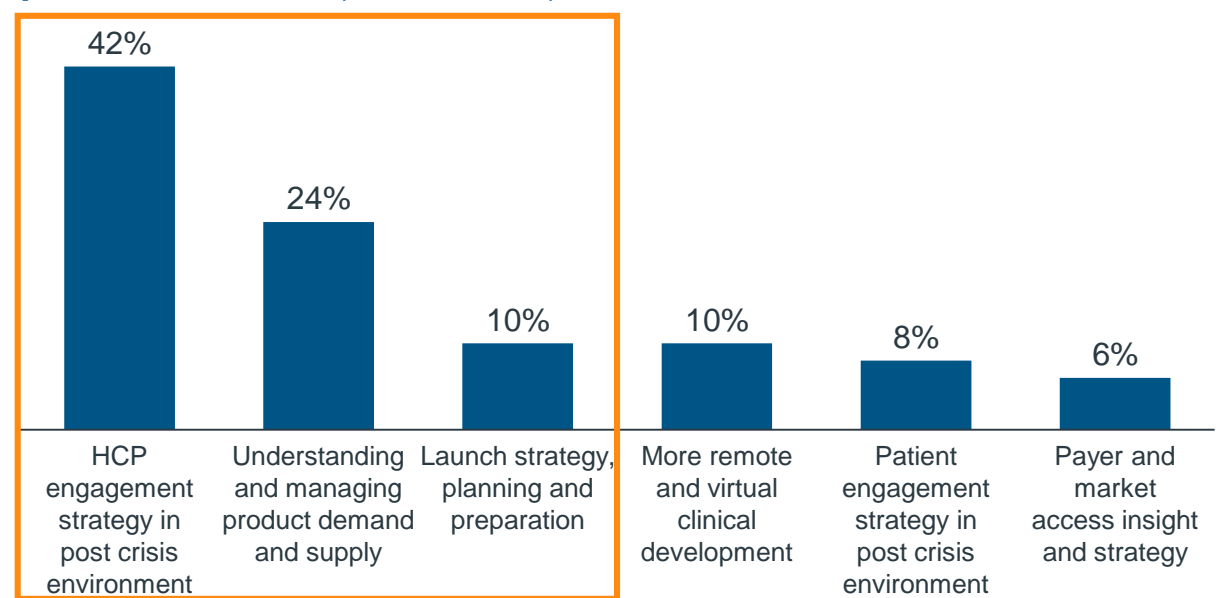
Promotion and product supply are consistently named by pharma companies as top priorities in COVID-19 context

Priority responses to COVID-19 – assessment by PharmaCo managers in East Europe

What is your priority for the next 3 to 6 months?
(up to 2 most important options was selected)



Where do you require support in the management of the COVID-19 pandemic crisis? (Choose one)



Majority of PharmaCo have been admittedly slow at preparing for transformation... focusing recently more on adaptation of channel-mix to F2F contact restrictions³



Radu Rășinar

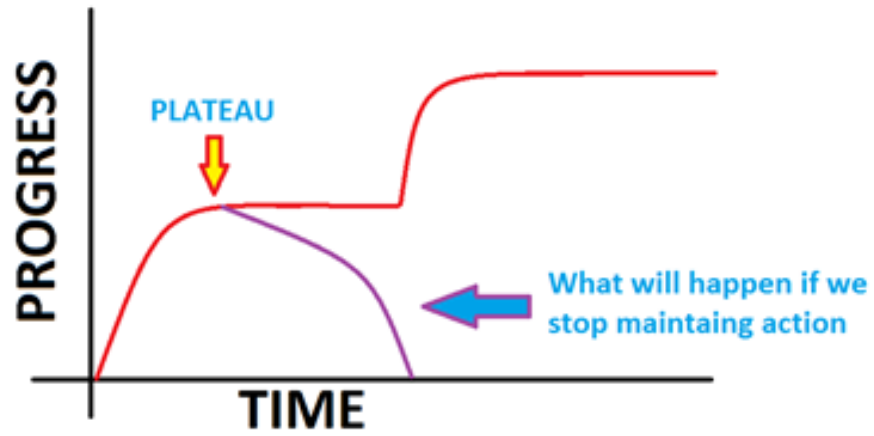
Vice President CEE

AstraZeneca

1. Why?



CHANGE



Some of the mega-trends underway....

Economic Shifts



Budgets under pressure

Expanding public debt
COVID slowing GDP growth

Price and access controls

Access headwinds
Value-based pricing

Societal / Geopolitical



Nationalism

Strained states relationship
Supply chain vulnerabilities

Climate crisis

Becoming a business imperative

Healthcare Delivery



Healthcare delivery

Remote care/ eHealth
Patient centric models

Digital transformation























































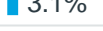
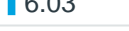






























Patient, HCP & payor
Data, trial design and delivery



CEE pharma market is worth EUR 25 b with Romania, Poland and Hungary generating ~57% of its total value

Markets prioritization becomes critical for capturing full products / launch potential

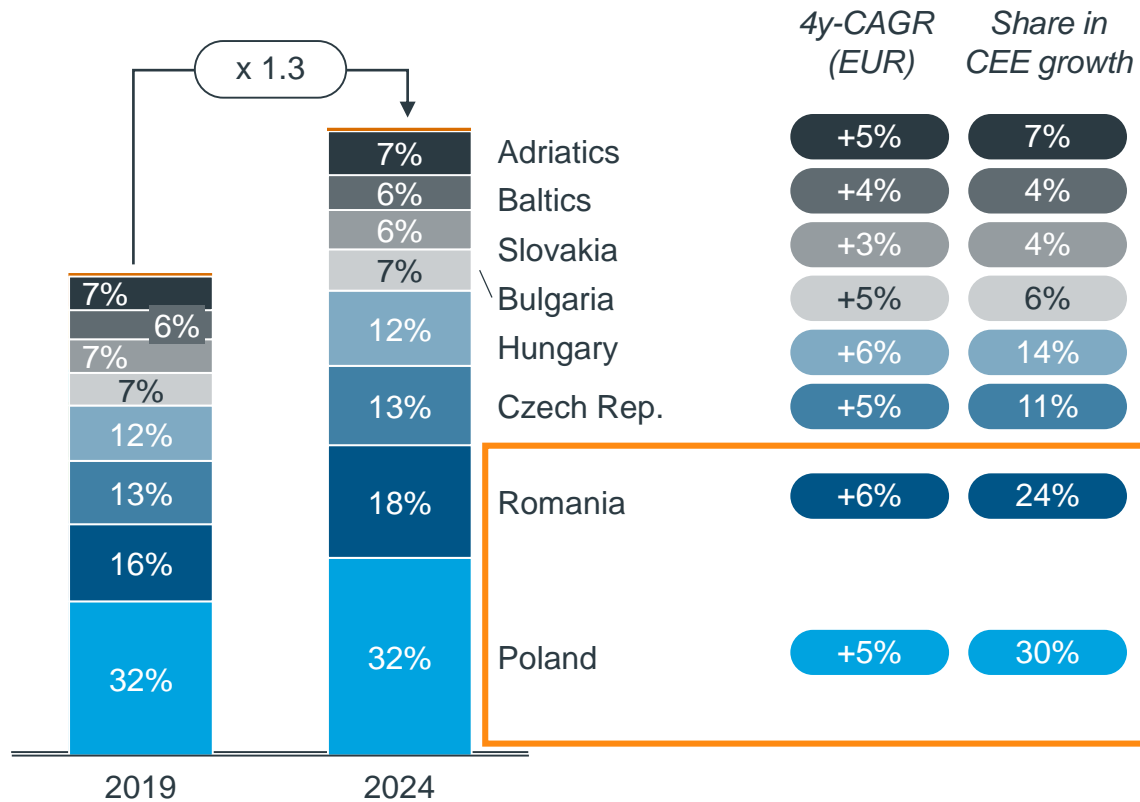
Key facts on EE countries

Region	Country	Pharma market ¹⁾ value [mEUR]	% of total EE pharma market	% of total EE GDP	Country population [m, 2019]	% of total EE population	GDP ²⁾ per capita [k EUR]
Total EE		50,885	100%	100%	392.6	100%	11.24
Total CEE		24,598	 48.3%	 43.8%	112.93	 28.8%	 15.11
CEE	Poland	 7,474	 14.7%	 14.5%	 37.97	 9.7%	 13.31
	Romania	 3,851	 7.6%	 6.3%	 19.52	 5.0%	 11.15
	Hungary	 2,771	 5.4%	 4.4%	 9.76	 2.5%	 15.60
	Czech	 2,892	 5.7%	 6.3%	 10.64	 2.7%	 20.73
	Slovakia	 1,594	 3.1%	 2.7%	 5.45	 1.4%	 17.46
	Bulgaria	 1,591	 3.1%	 1.7%	 6.96	 1.8%	 8.50
	Slovenia	 708	 1.4%	 1.4%	 2.07	 0.5%	 23.37
	Baltics ³⁾⁴⁾	 1,449	 2.8%	 3.1%	 6.03	 1.5%	 17.73
	Adriatics ⁵⁾	 2,268	 4.5%	 3.4%	 14.53	 3.7%	 8.14
Total CIS		26,287	 51.7%	 56.0%	279.7	 71.2%	 9.25
CIS	Russia	 18,543	 36.4%	 42.0%	 146.70	 37.4%	 9.97
	Ukraine	 3,523	 6.9%	 3.9%	 41.90	 10.7%	 3.21
	Kazakhstan	 1,320	 2.6%	 4.4%	 18.60	 4.7%	 8.16
	Rest CIS ⁶⁾	 2,753	 5.4%	 6.0%	 72.50	 18.5%	 3.20

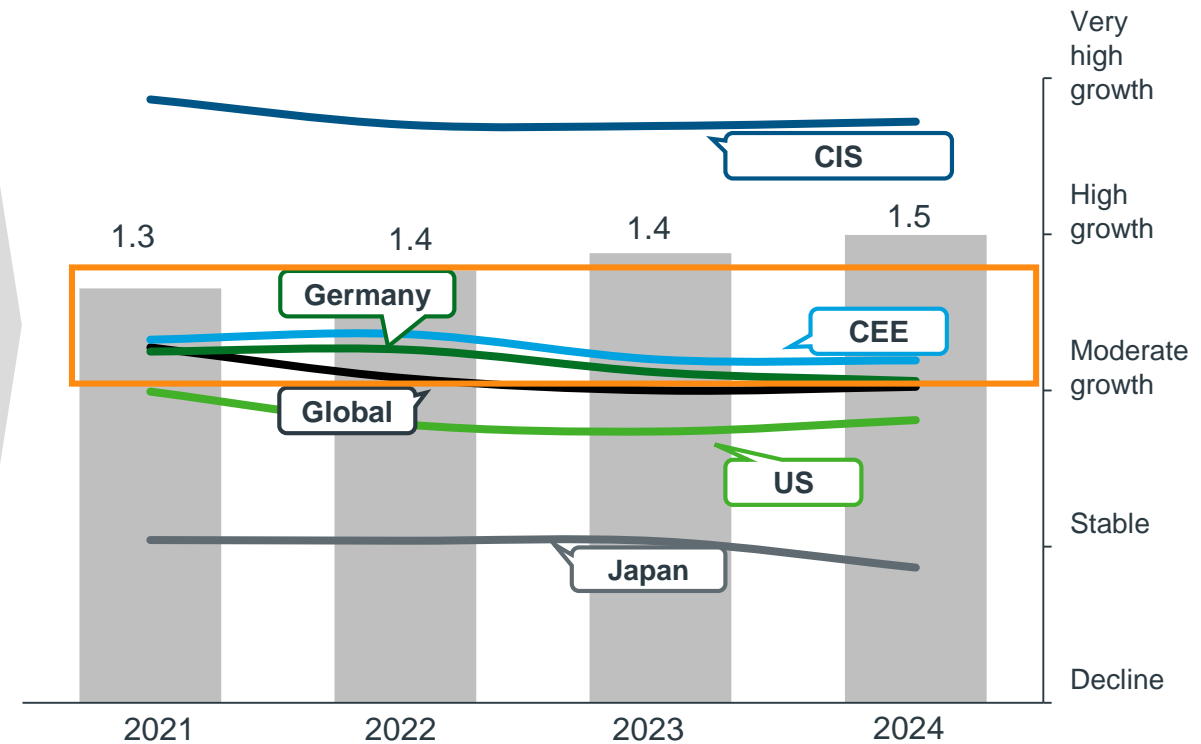
Highest growth contribution in CEE will be driven by Romania and Poland

EE pharma market region is forecasted to grow at higher rates than largest global markets

Forecast of CEE pharmaceutical markets¹⁾

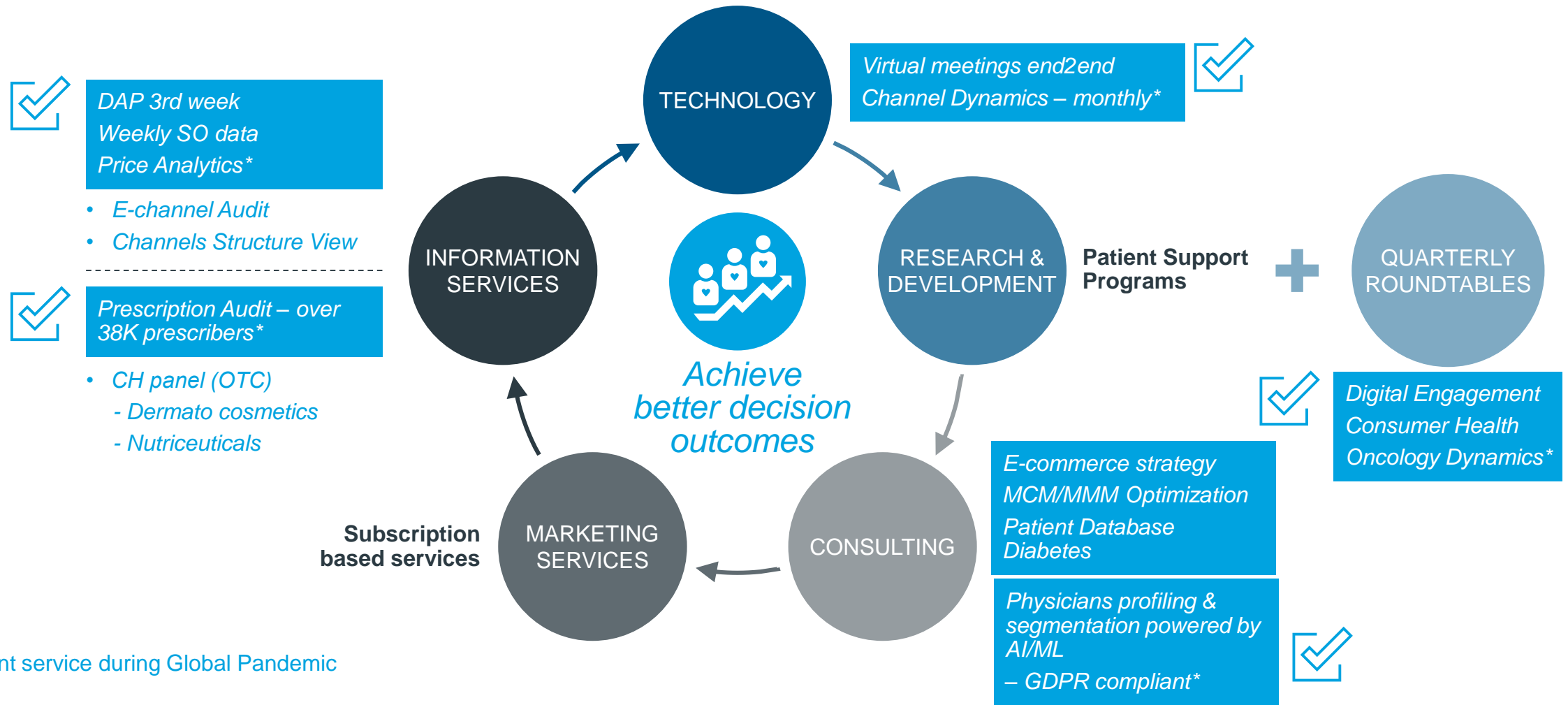


Global pharma markets value and growth rate of key regions¹⁾ [bn USD]



Service Portfolio Development – new services launched in 2020

Services mapped for each market segment Innovative, Generics, Consumer Health



* Relevant service during Global Pandemic



New services 2021 roadmap



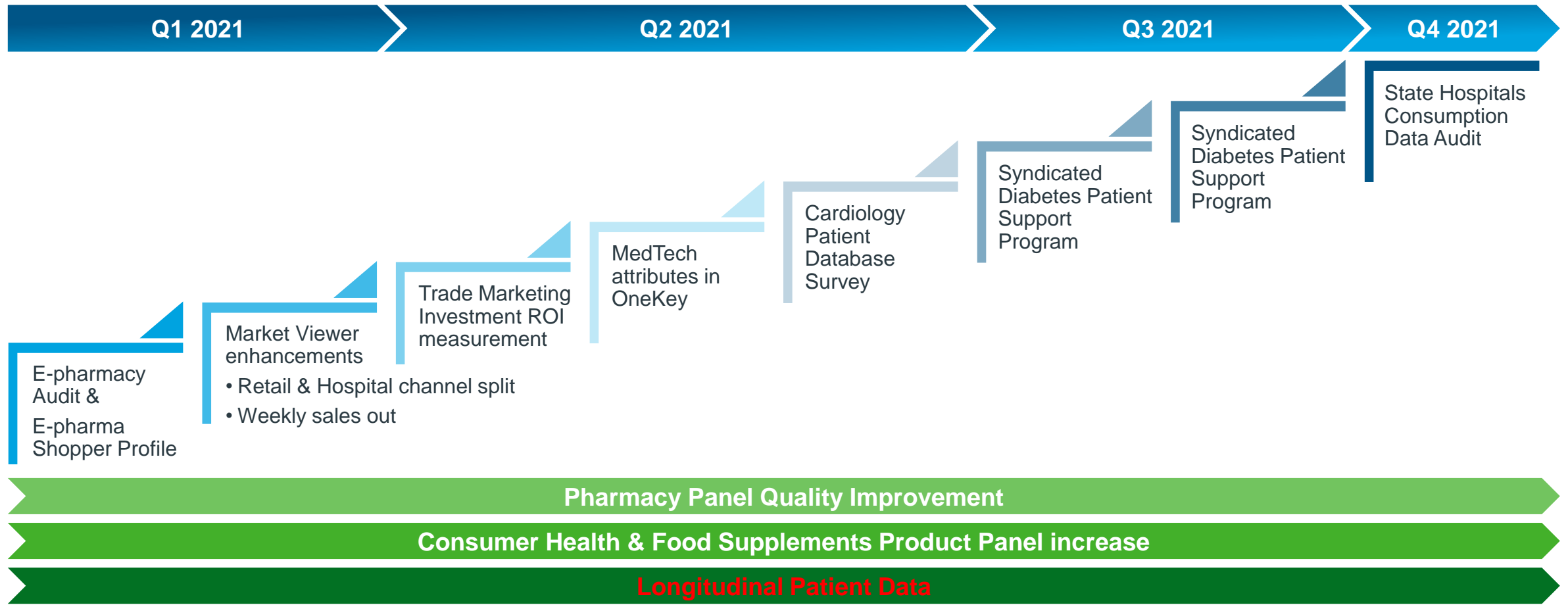
Cristian Rădulescu

Associate Director Offering & Data Suppliers

IQVIA Romania

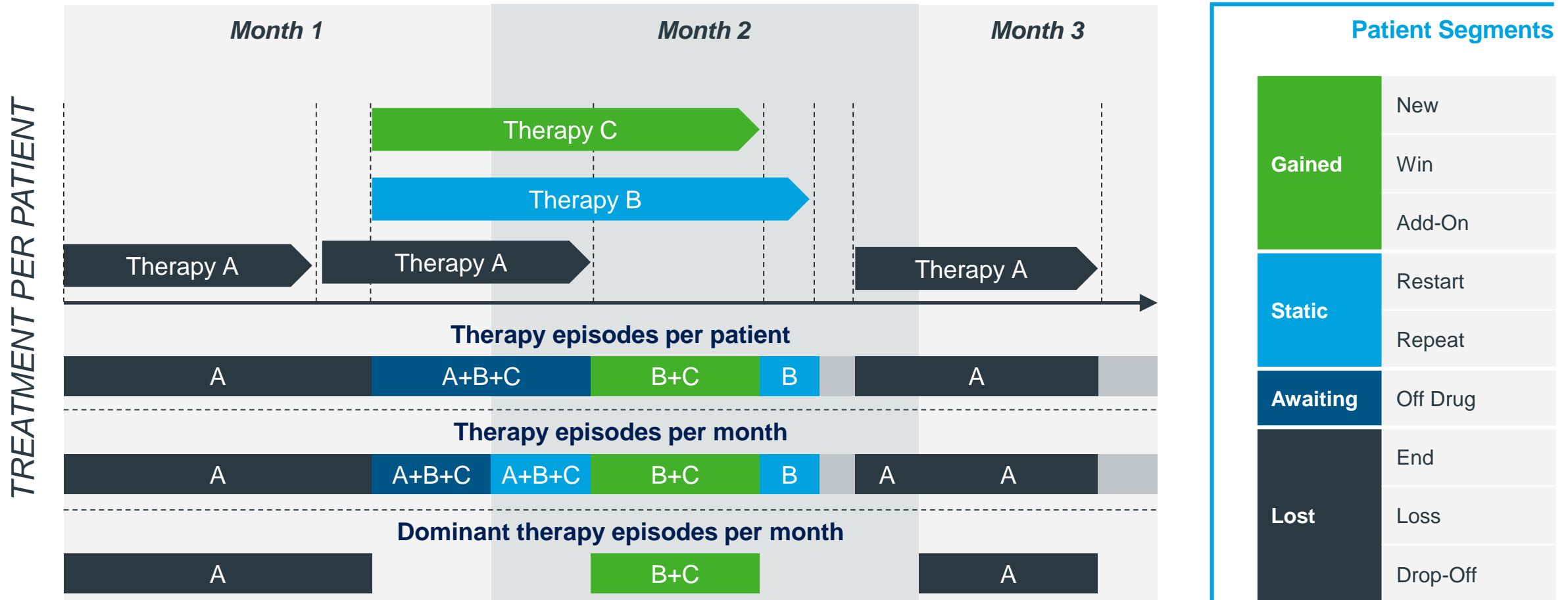
Strong services development roadmap, reflecting overall market development and companies needs


New services launch calendar



Longitudinal Patient Data is the foundation for in depth market knowledge

Illustration of LRx data outputs





East Europe market overview, challenges & insights



Alexandra Bosco

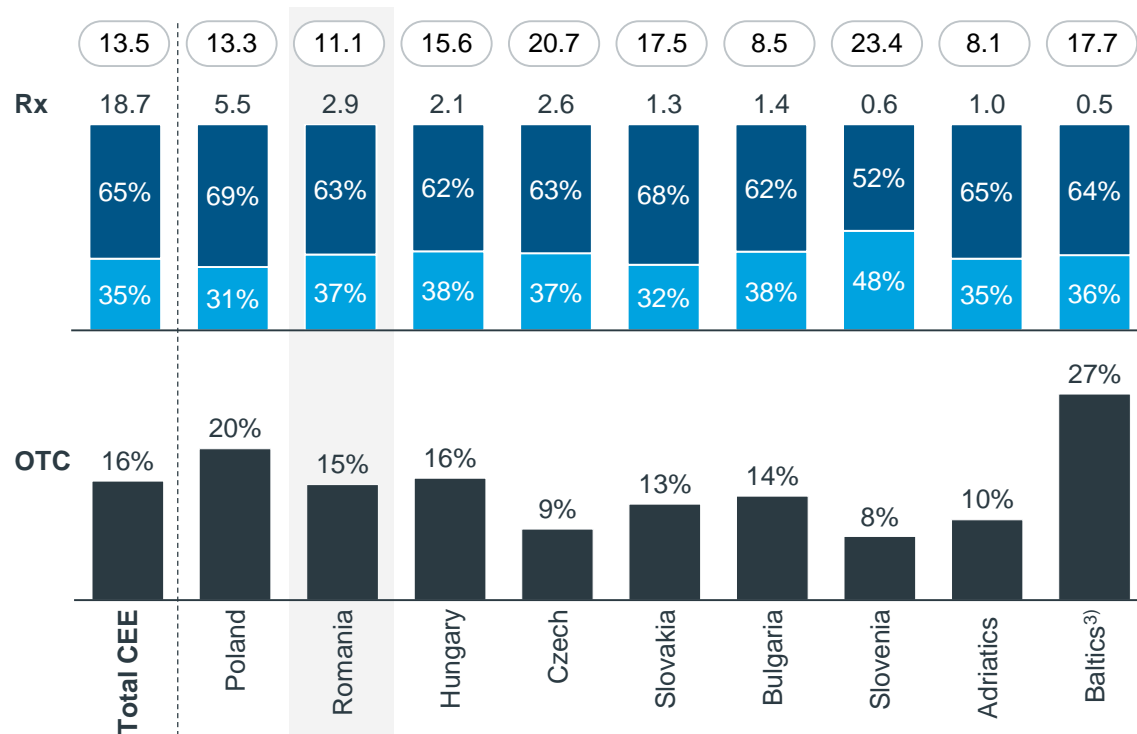
Consulting Country Lead

IQVIA Romania

Romania market remained relatively stable in 2020, with the decline of Protected segment being offset by OTC growth

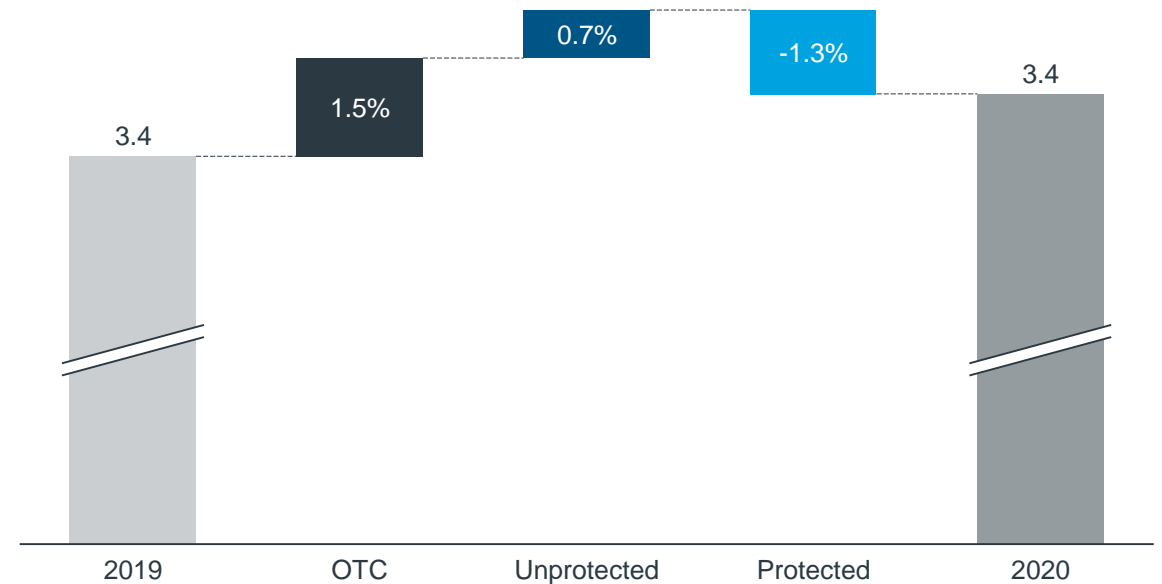
Pharma market structure

[MAT 09/2020, bnEUR]



Romania growth drivers

[MAT 09/2019 – MAT 09/2020, bnEUR]



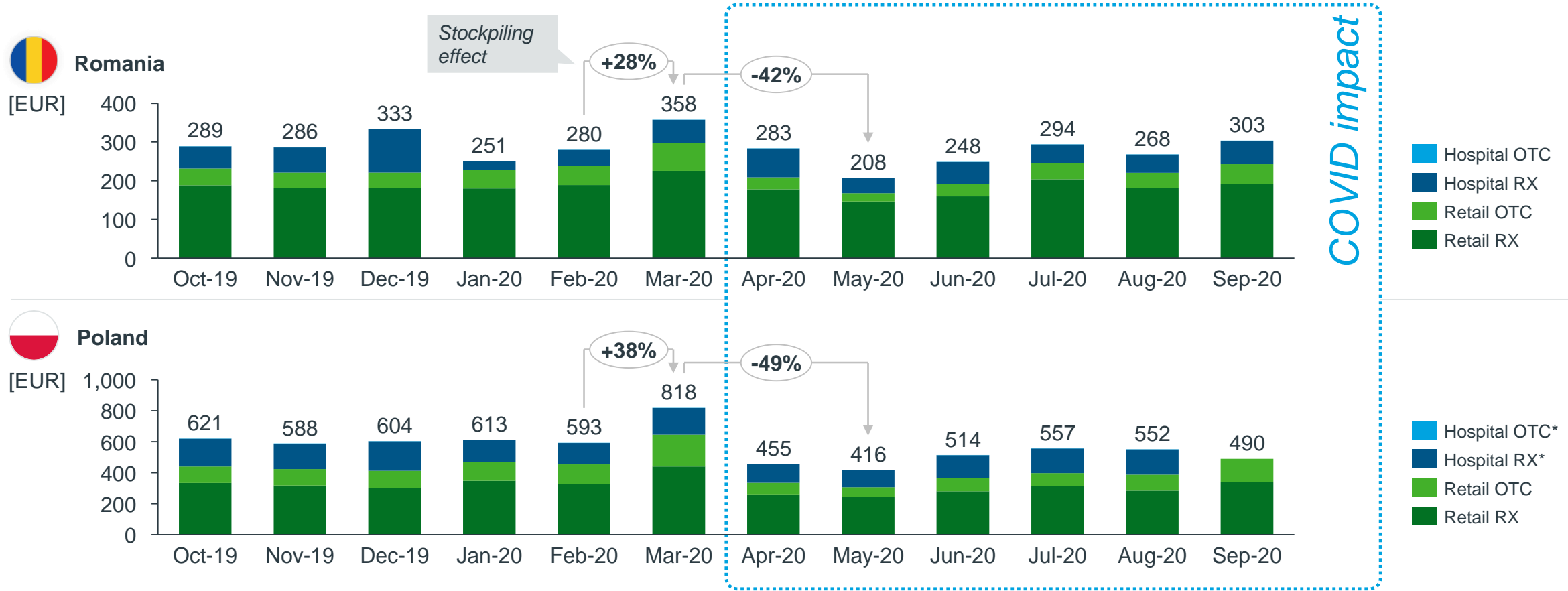
■ Protected¹⁾ ■ Unprotected ■ OTC (xx.x) GDP²⁾ per capita [k EUR]

Note: (1) Protected – RX with market exclusivity (protected) in time-period in-scope, MA12/2019, IQVIA MIDAS (2) Based on GDP data from 2019

Source: IQVIA Local Databases, MIDAS, Pharma market includes Retail and Hospital sales

Romania's monthly evolution is aligned to the region, slowly recovering in June after the sharp drop generated by restrictions

Pharma market growth on categories [mEUR]

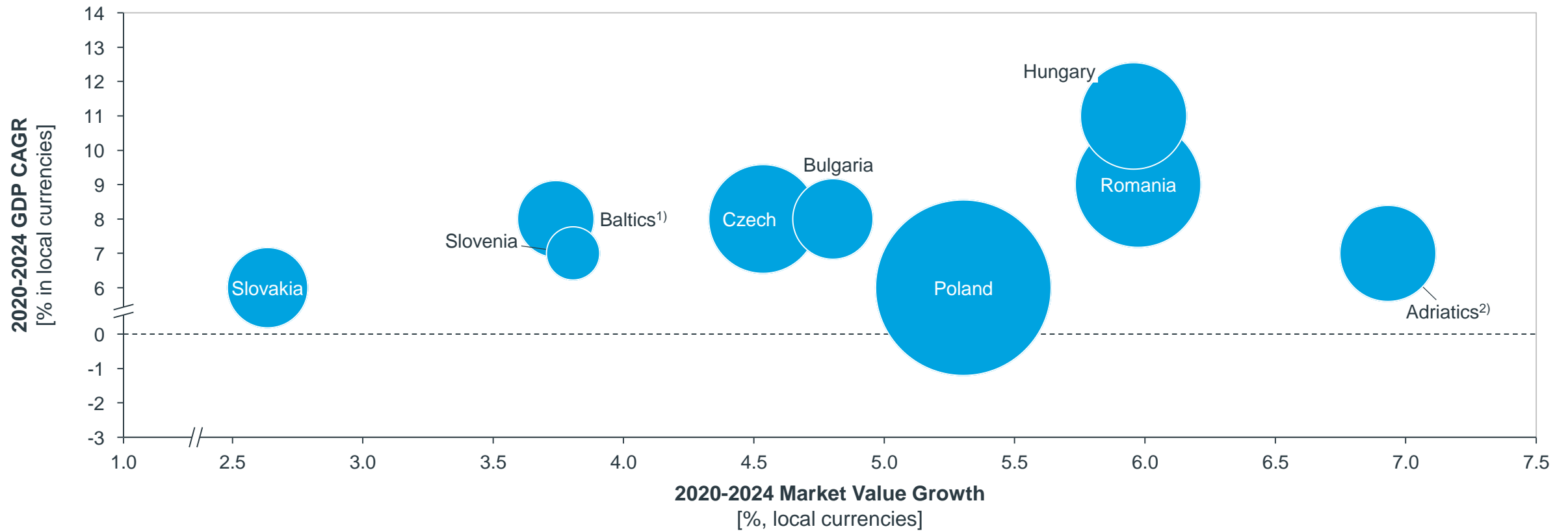


Note: * Poland HOS data for Sept '20 not available at the date

Source: IQVIA MIDAS database

Along fast track economies such as Adriatics and Hungary, Romania, the second largest market, is driving the region's growth

Comparison of growth dynamics: GDP vs. pharma market



Note: Bubble size represent size of the market; (1) Baltics include Estonia, Latvia and Lithuania (2) Adriatics include Bosnia and Herzegovina, Serbia and Croatia

Source: IQVIA Local Databases, MIDAS, Pharma market includes Retail and Hospital sales MNF sell-in prices, IMF (2020 GDP forecasts)

COVID-19 severely impacted healthcare dynamics in various dimensions ...

PATIENTS VISITS

-50% decrease in patient load and office visits across markets

PRESCRIPTIONS

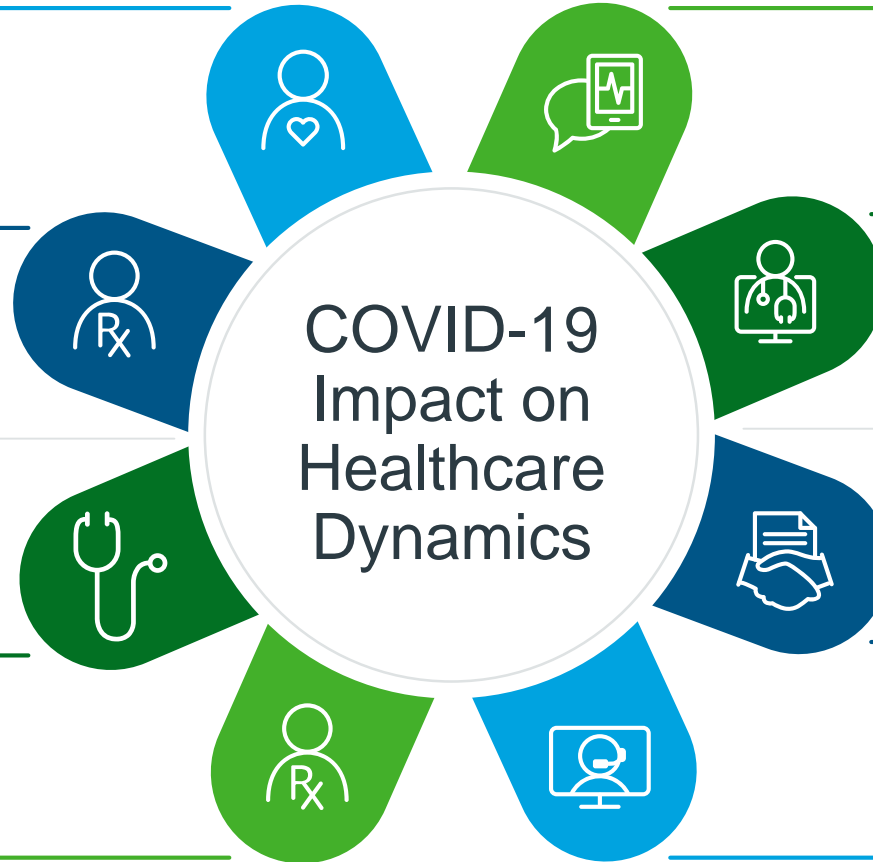
- 70% Rx decline in TAs that rely on in-office/hospital procedures

NEW THERAPY

App. 2/3 of Oncologists in Europe reporting dip in number of patients started on a new cancer therapy

PRESCRIPTIONS

Declines in TRx mostly driven by dynamic market (initiation & switch)



PROMOTIONAL ACTIVITY

Massive restrictions of HCP access and rep visits, up to -75% decrease in overall promo activity

REMOTE CONSULTATIONS

+1,600% surge in Telehealth²
+6-8% practices using video consultation (from <1%)

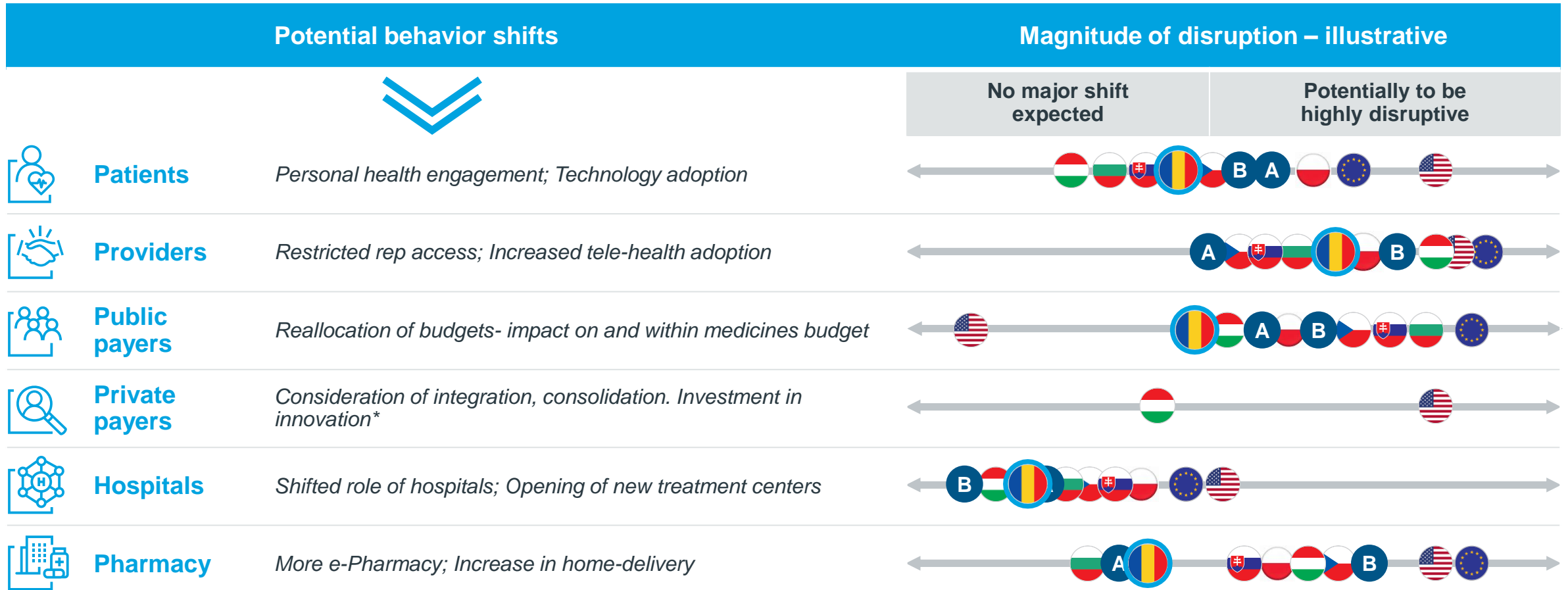
F2F DETAILING

Up to -95% decline in F2F detailing

REMOTE CHANNELS

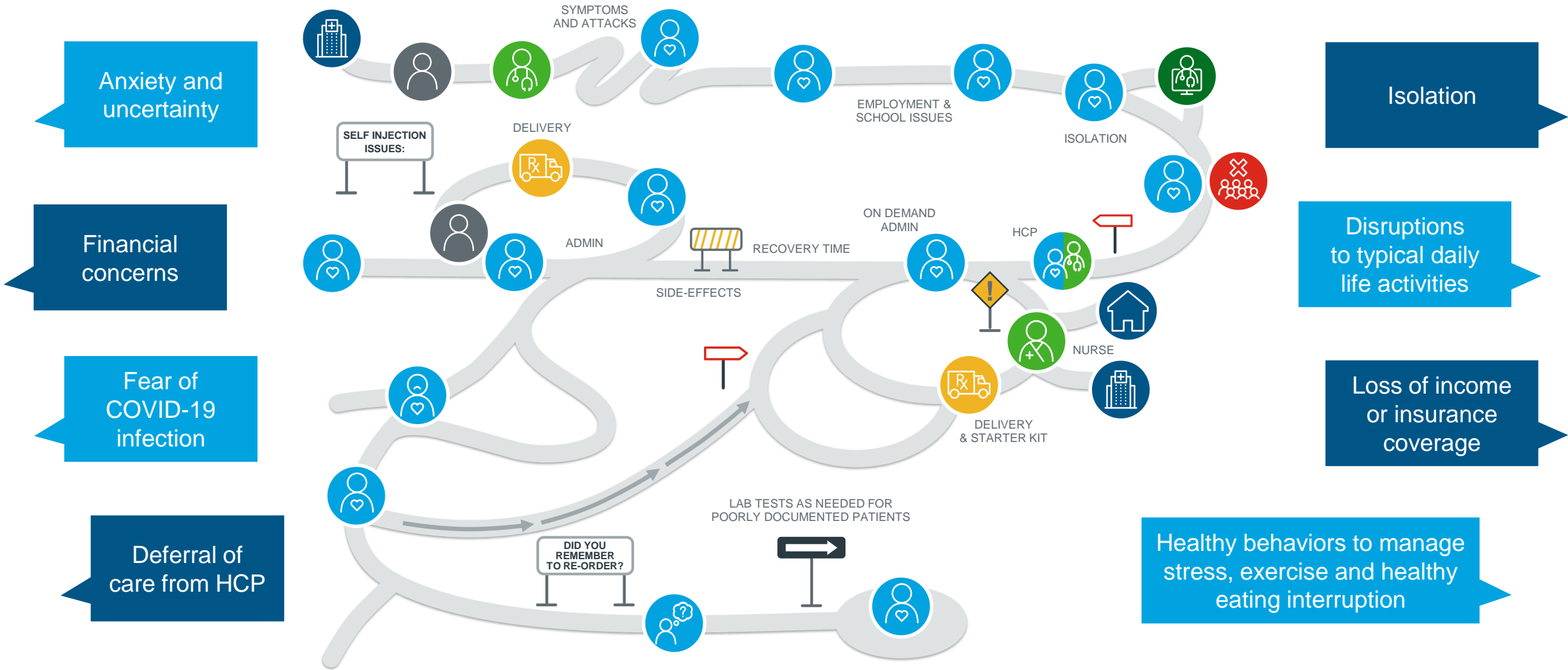
Up to +500% increase of remote channels to engage HCPs³

... putting additional pressure on the entire healthcare eco-system, and generating different reactions within the region



Note: Adriatic countries: Croatia, Serbia, Slovenia, Bosnia; Baltic countries: Lithuania, Estonia, Latvia | *Not applicable for countries not appearing on the respective line

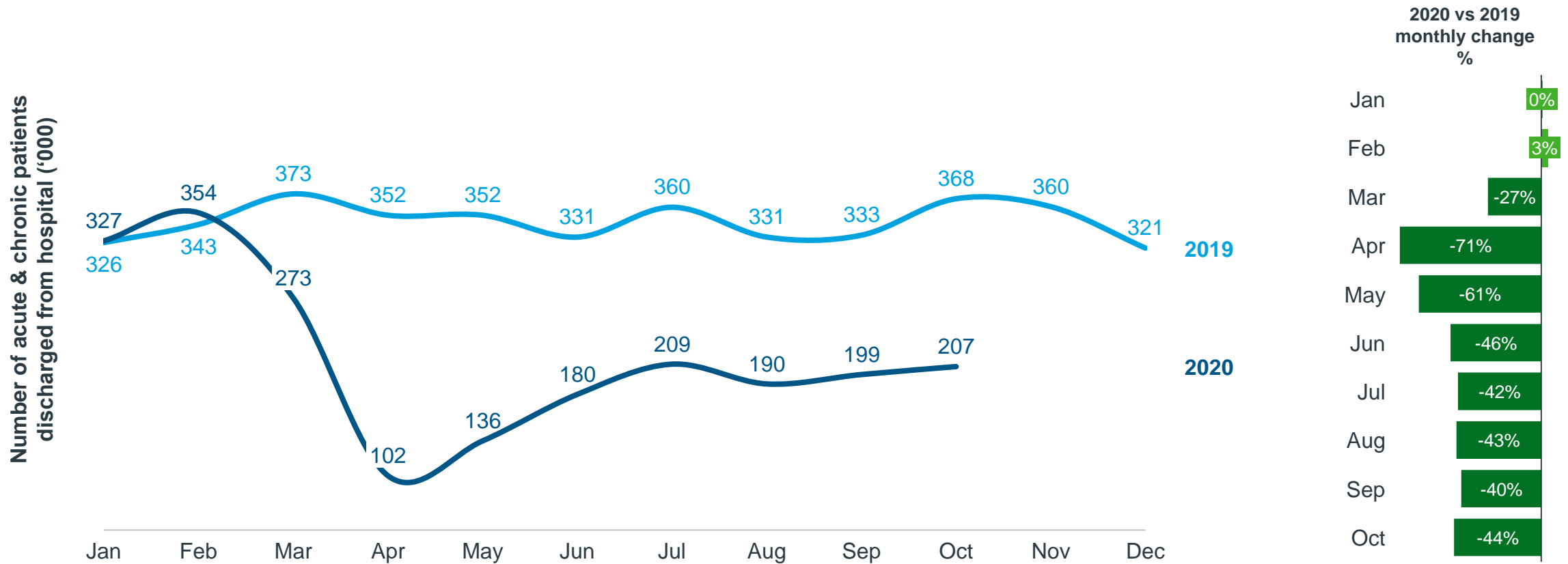
The COVID-19 pandemic introduced multiple new challenges for patients, both physical and psychological



6 months after the pandemic outbreak in Romania, the overall discharged patients from hospitals is still 44% below the baseline



Inpatients caseload analysis during outbreak



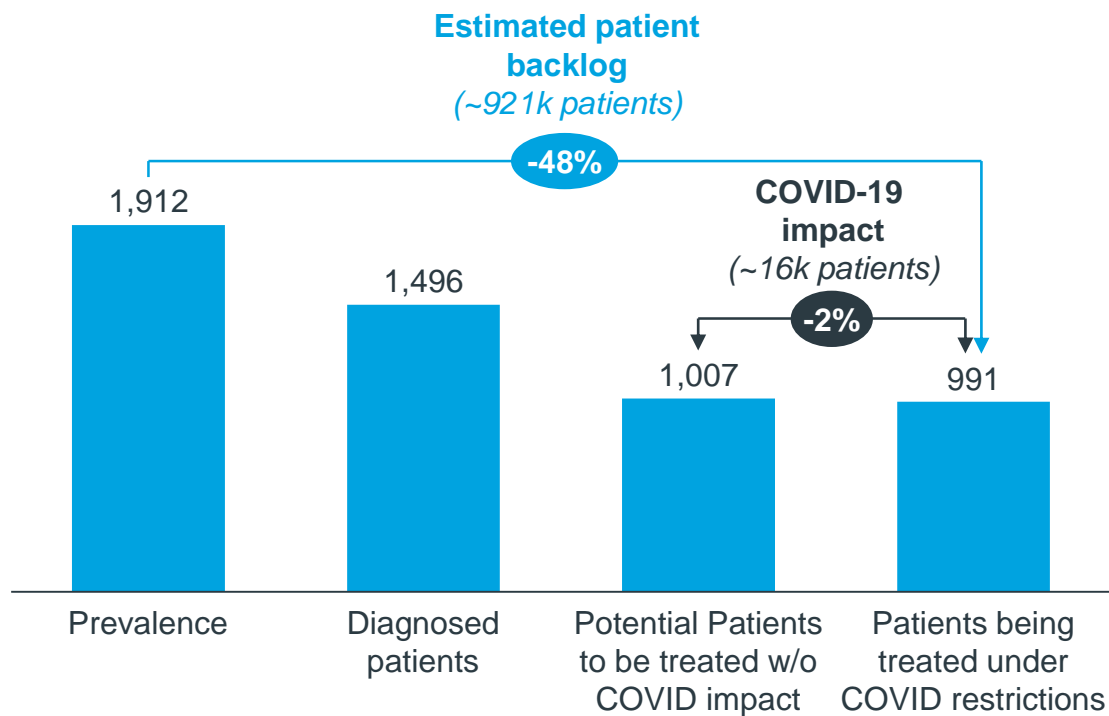
The number of Patients starting treatments have decreased across major TAs, already confronted with significant backlogs



Patient backlog estimation for chronic patients in Romania

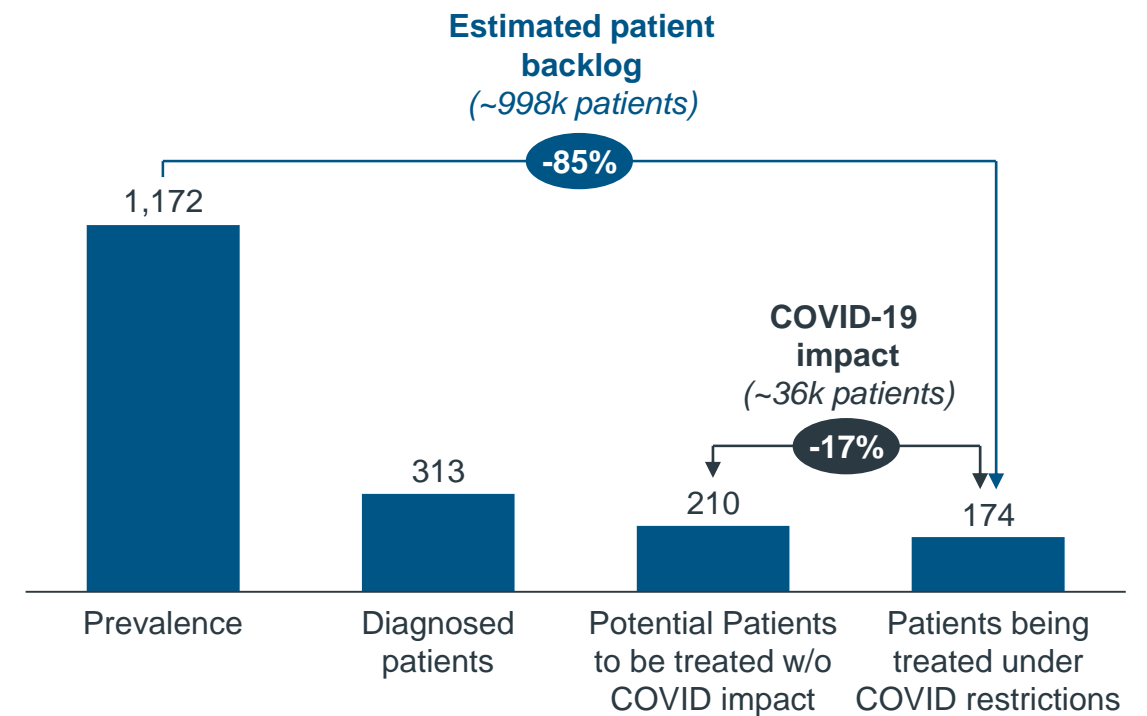
Estimated diabetes patients' backlog

[# of '000 patients, April/May 2020]



Estimated asthma patients' backlog

[# of '000 patients, May 2020]

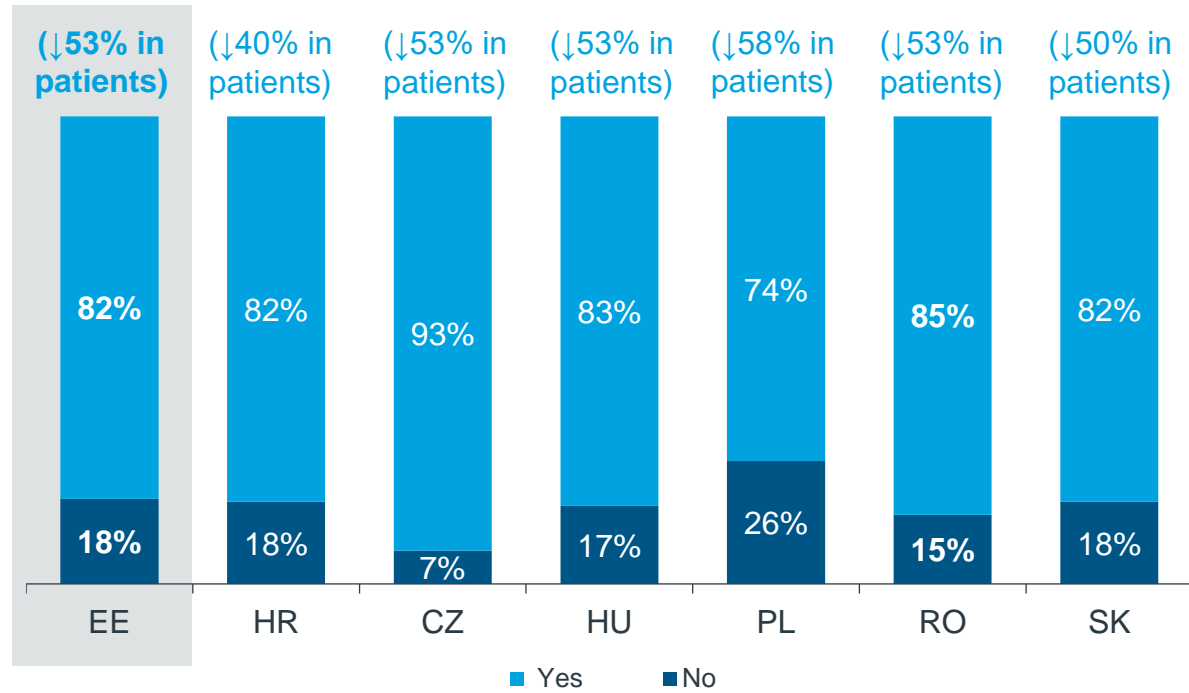


The pandemic affected vulnerable oncology patients, Romania perceiving one of the largest drop in diagnosing new patients



Cancer patient caseload analysis during outbreak and treatment initiation

After the COVID-19 outbreak, are you seeing fewer haematology/ oncology patients per week?



Have you seen a dip in the number of patients getting started on cancer treatment?

	Yes	No
EE	52%	48%
HR	53%	47%
CZ	43%	57%
HU	38%	62%
PL	60%	40%
RO	74%	26%
SK	29%	71%

Romania is seeing a larger impact in terms of number of patients getting started on cancer treatment

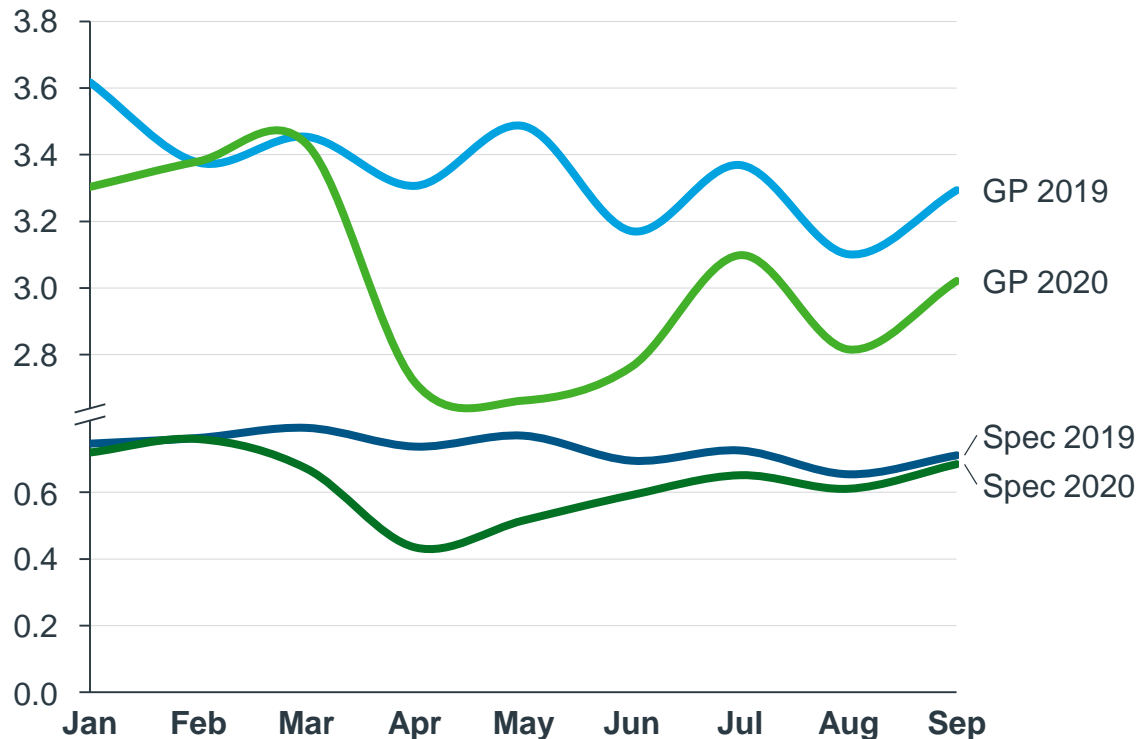
Source: IQVIA primary intelligence study: "Impact of COVID-19 on Cancer Treatment - Eastern Europe"

Changes in HCPs availability and service model resulted in shifts in prescription potential



Prescriptions number

[YTD 09/2019-2020, mil. prescriptions]



HCP distribution in hypertension, diabetes and asthma&copd therapy

Specialty	Market	Share of new physicians in the highest potential physicians' group (1 st decile)	
GP	Joint: Hypertension, Diabetes, Asthma&COPD	86%	14%
Cardiology	Hypertension	92%	8%
Diabetology	Diabetes	67%	33%
Pneumology	Asthma & COPD	67%	33%

■ HCP with highest potential before and after 03.2020
 ■ New HCPs with highest potential (joined 1st decile in 03.2020)

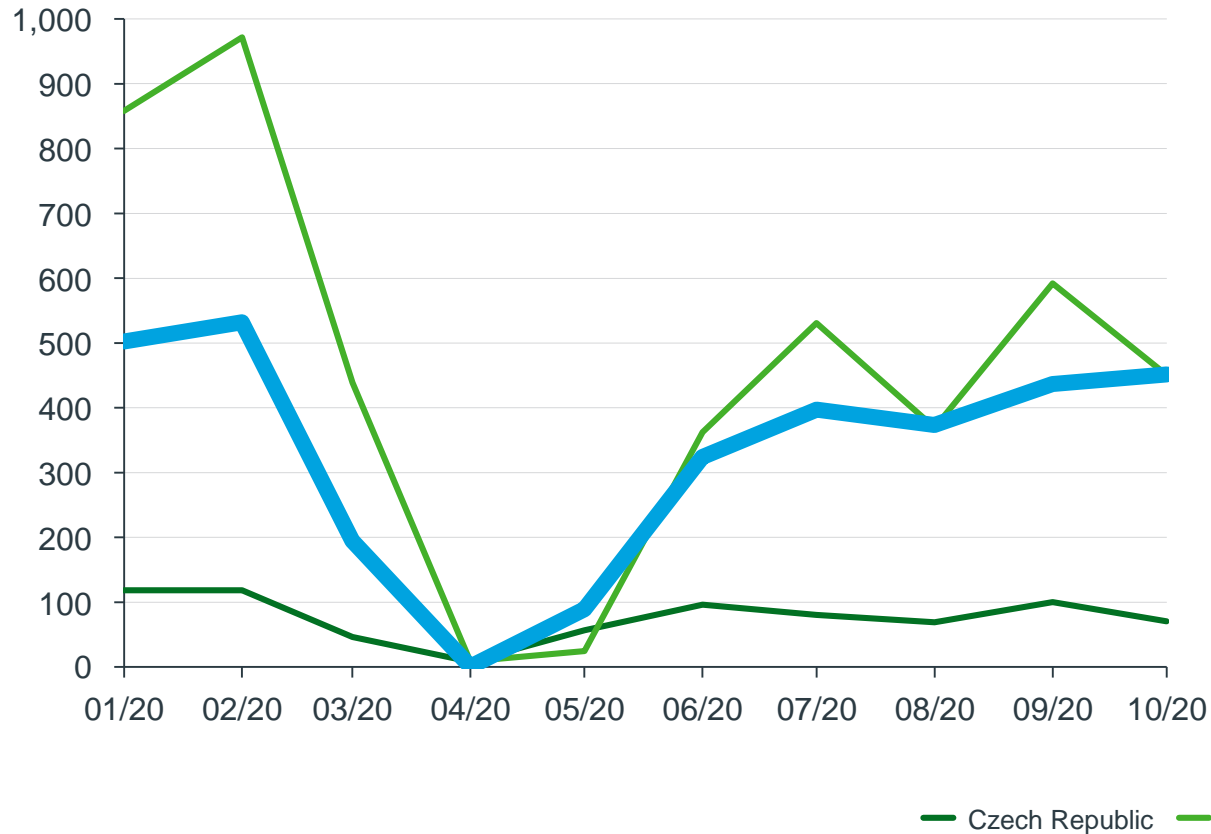
Note: Hypertension Market: ATC2 C02 | Diabetes market: ATC2 A10 | Asthma&COPD market: ATC2 R03

Source: IQVIA Local Databases, NDA, Pharma market includes Retail and Hospital sales

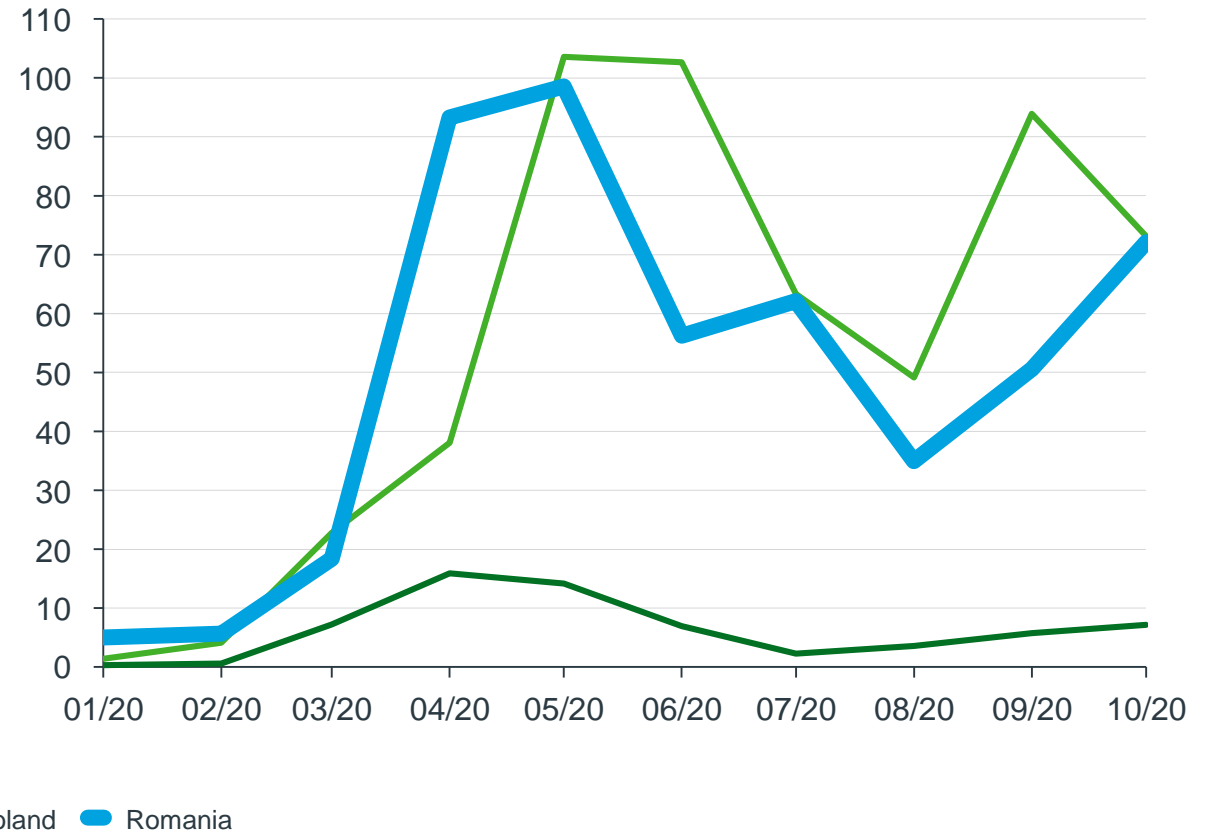
F2F rep activity has started to recover, being backed up by a significant number of remote channels touch points



Number of F2F detailing and meeting contacts
[k visits, YTD 2020]

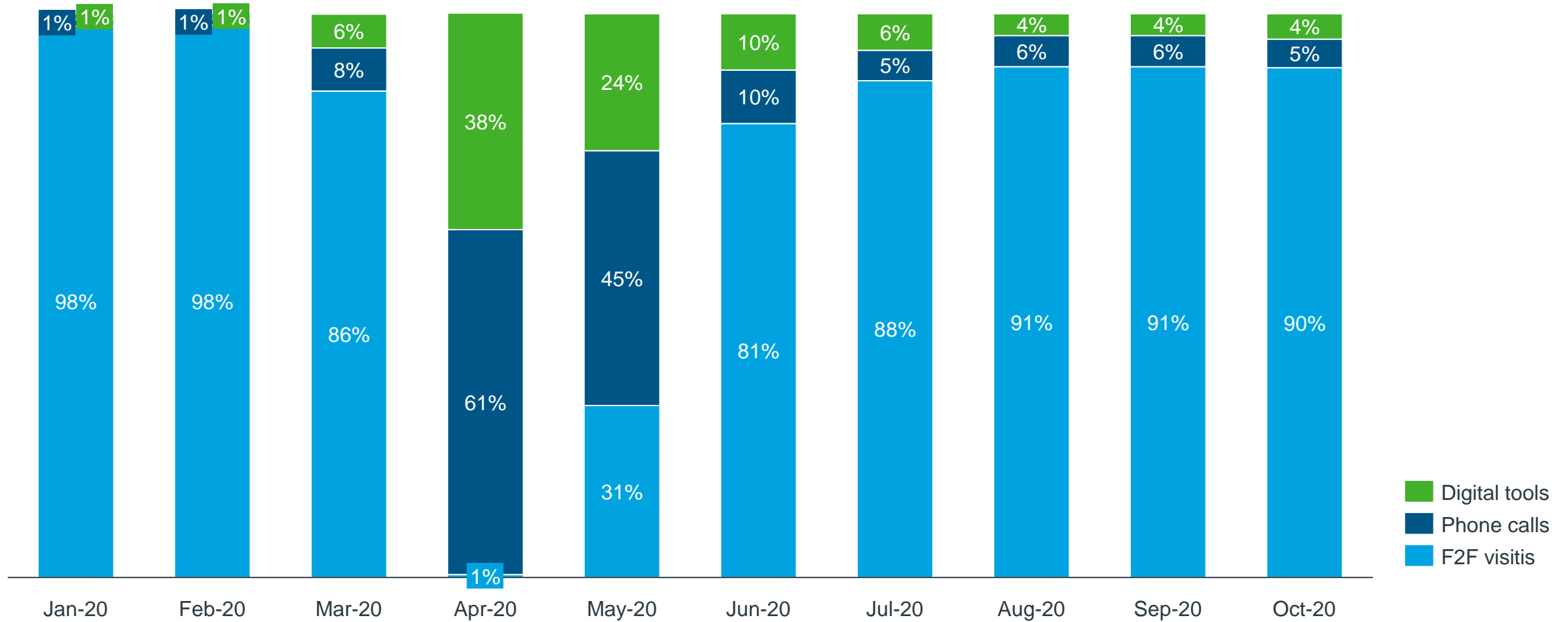


Number of remote detailing and meeting contacts
[k visits, YTD 2020]



Source: Channel Dynamics; F2F includes detailing and meetings; Jan - October 2020

F2F visits have increased but not to the previous levels, as the adoption of digital and phone channels gained share



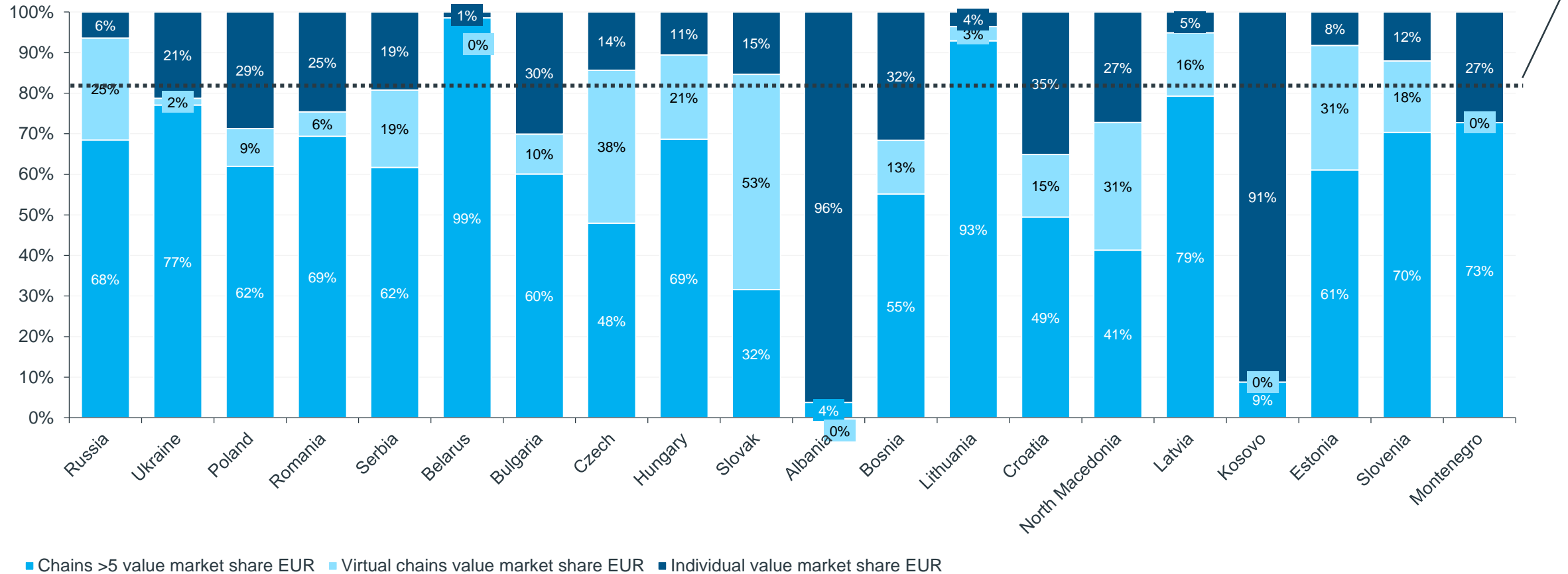
Source: IQVIA Channel Dynamics - PromoMix based on Promo Questionnaire 01.2020-10.2020; % of total promotion value EUR

Pharmacy chains & virtual chains have prevalent position across CEE, holding on average 83% of the market share



Pharmacy chains & virtual chains value market share 2019 EUR

CEE average pharmacy chain & virtual chain value market share 83%



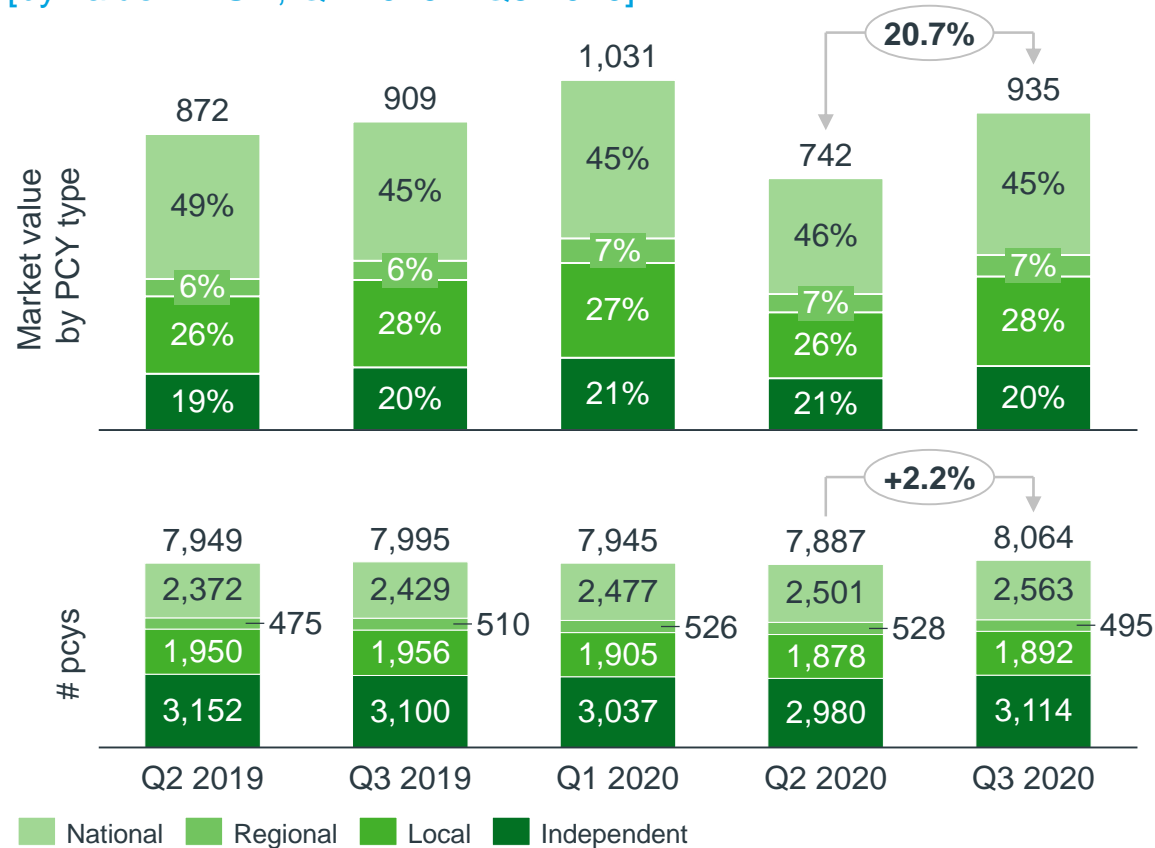
Source: Country data 2019 ETH & CH value EUR, IQVIA universe estimations; countries ranked by number of pharmacies

Pharmacies landscape and related strategies needs refreshing as market potential shifted significantly due to COVID impact



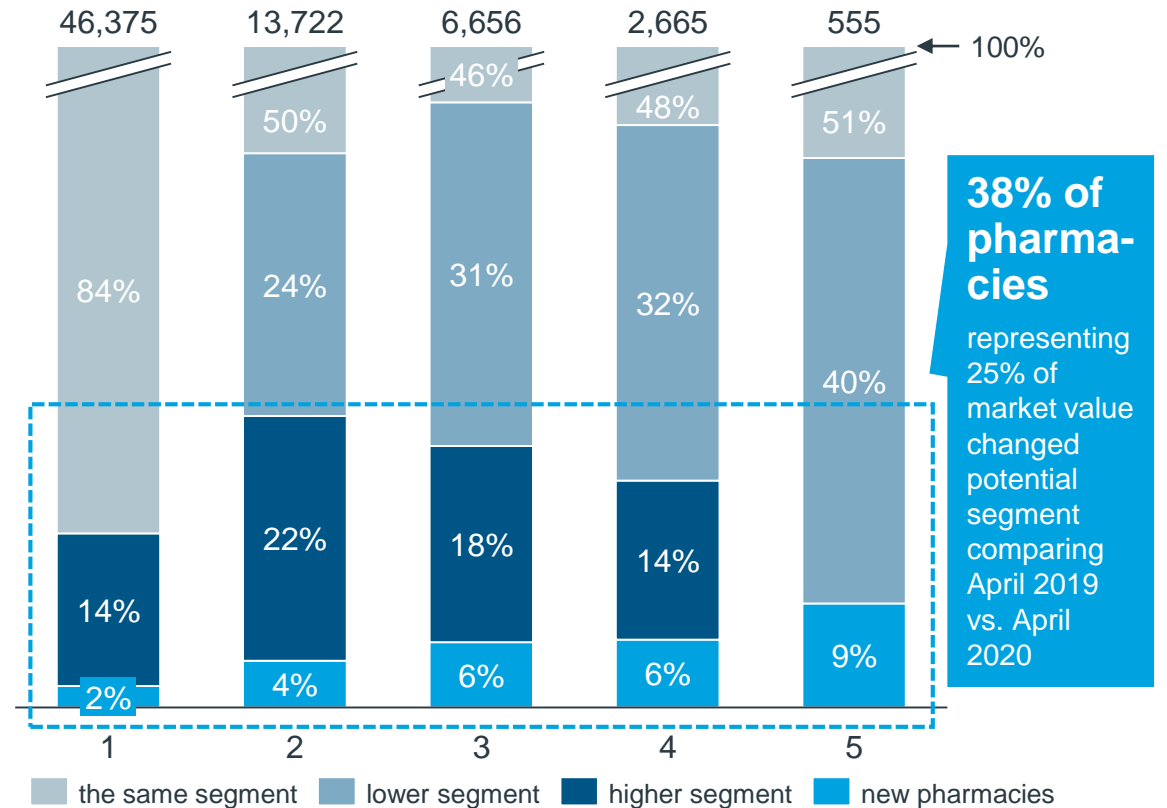
Pharmacy market structure

[by value mEUR, Q2 2019 – Q3 2020]



Change of pharmacies OTC potential quartile

[by value kEUR, April 2019 vs. April 2020]



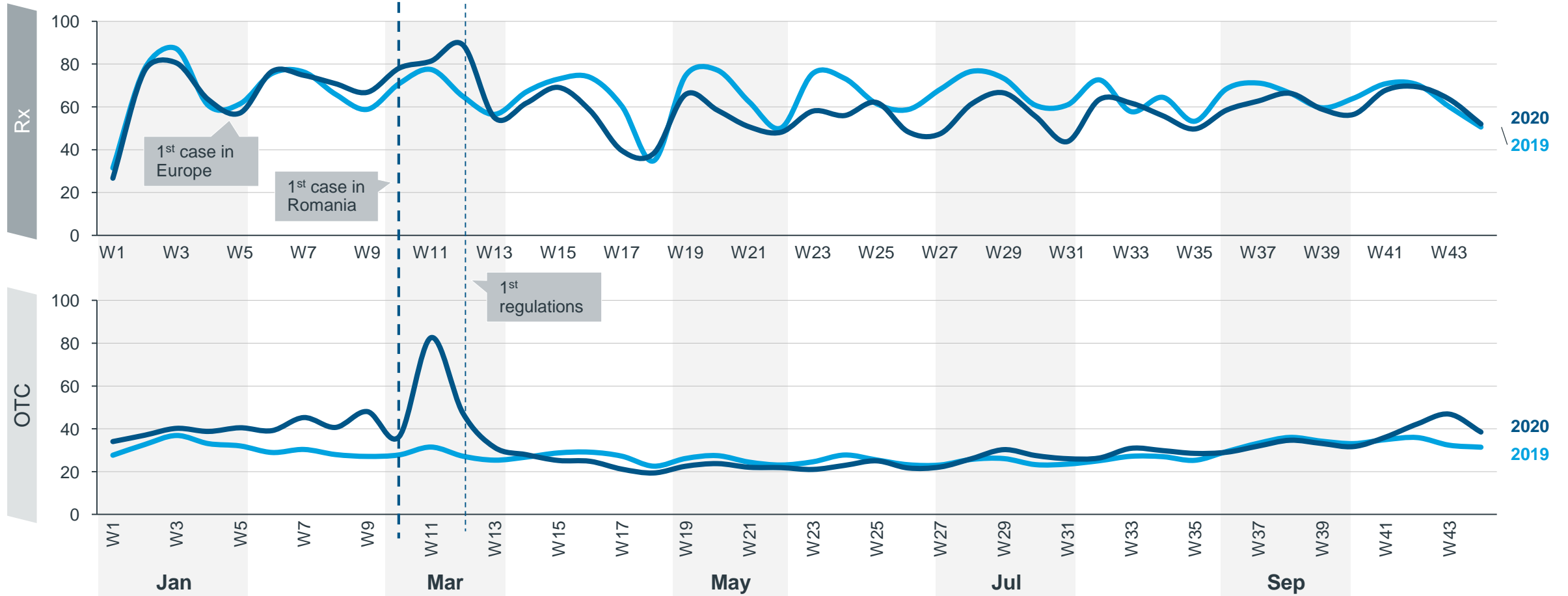
Note: Retail Pharmacies, including health stores

Source: IQVIA Local Databases, Pharmacy Census, Pharma market includes Retail sales

Shopping behavior have changed, creating unprecedented sales fluctuation for pharmacies especially on OTC



Total market sales [Rx and OTC market, mEUR, 2020 weekly]



Source: IQVIA Weekly Sales

New commercial model should have FLUID nature – Digital component is powering all other model components

F

Flexibly scalable

Can be up-scaled/ down-scaled rapidly

Its structure can also be shifted fast to respond to what customers needs

L

LEAN-based

Customer is the only variable – model design only comprises of functions serving this purpose

Anything else is unnecessary

U

Unparallel insights-driven

Main goal is to keep Customer satisfied to maximize their engagement

I


Improved continuously

Model evolves all the time based on continuously collected and processed insights

D

Digitally-enabled

Digital is the key enabler & engine powering the model – allows for automation, insights processing and all forms of communication



The COVID pandemic and pharmaceutical market prognosis: 2020 and beyond

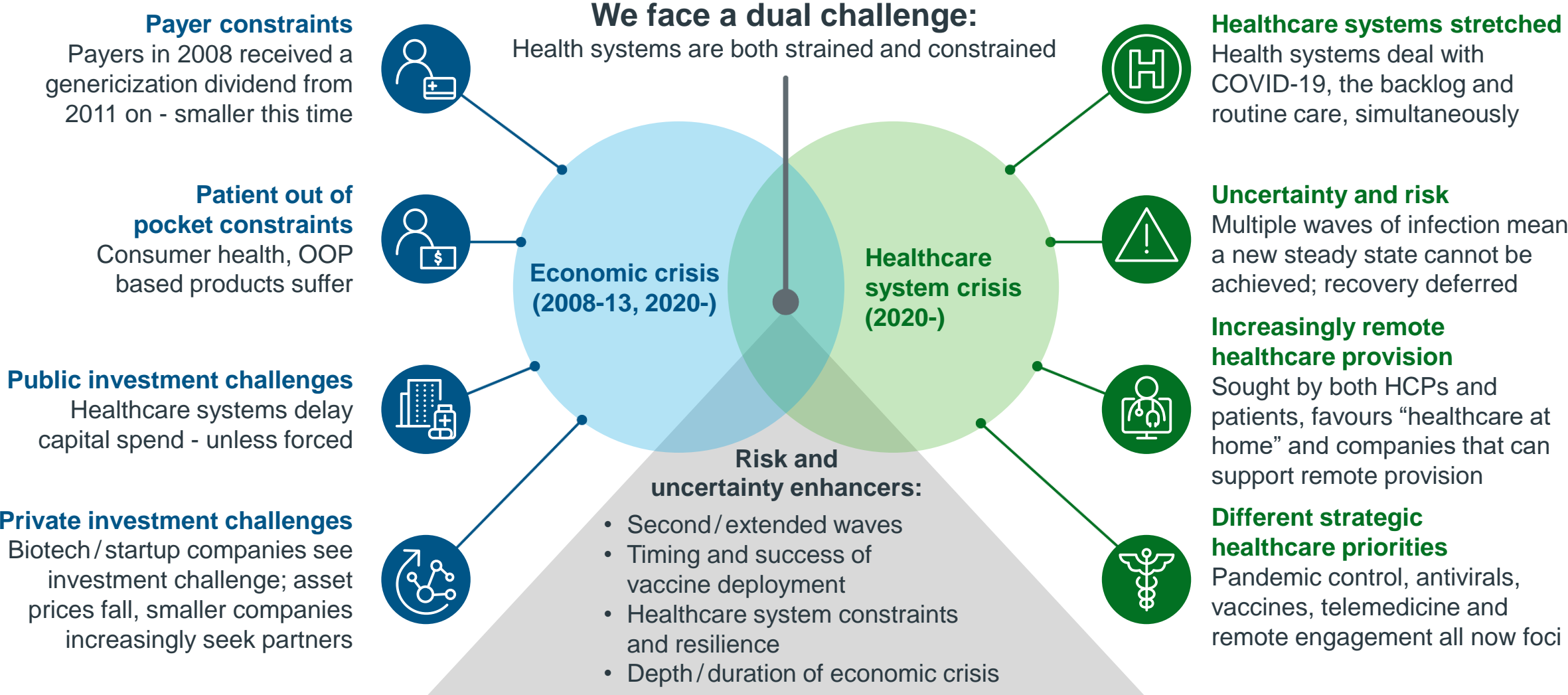


Graham Lewis

Vice President, Global Pharma Strategy

IQVIA EMEA Marketing & Thought Leadership

We are only at the beginning of the economic crisis and the extended healthcare system crisis



The COVID-19 crisis brings different challenges to brands dependent upon lifecycle stage: but impacts launch most

Launch products
COVID crisis impact: **high**
Key challenges:

1. Collapse of the dynamic (new+switch) market removes the engine of launch growth
2. Payers and HTA slows down launch path to reimbursement
3. Time pressured doctors addressing backlog may be less receptive to launch products unless significant treatment improvement

Growth products
COVID crisis impact: **high**
Key challenges:


1. Collapse of the dynamic (new+switch) market removes the engine of growth
2. Lack of F2F engagement with HCPs one to one or in conference to consolidate launch



LAUNCH **GROWTH**

Mature products
COVID crisis impact: **medium-low**
Key challenges:

1. Maintaining repeats easier, need focus on compliance if winning new / switch harder
2. Manage for profitability, divert resource to launch / growth brands, consider how to maintain carryover on minimal spend
3. Loss of new starts / switches to generics due to budget constraints



MATURE

Declining products
COVID crisis impact: **medium-low**
Key challenges:

1. Manage for profitability, divert resource to launch / growth brands
2. Loss of new starts / switches to generics in budget constraint accelerates decline



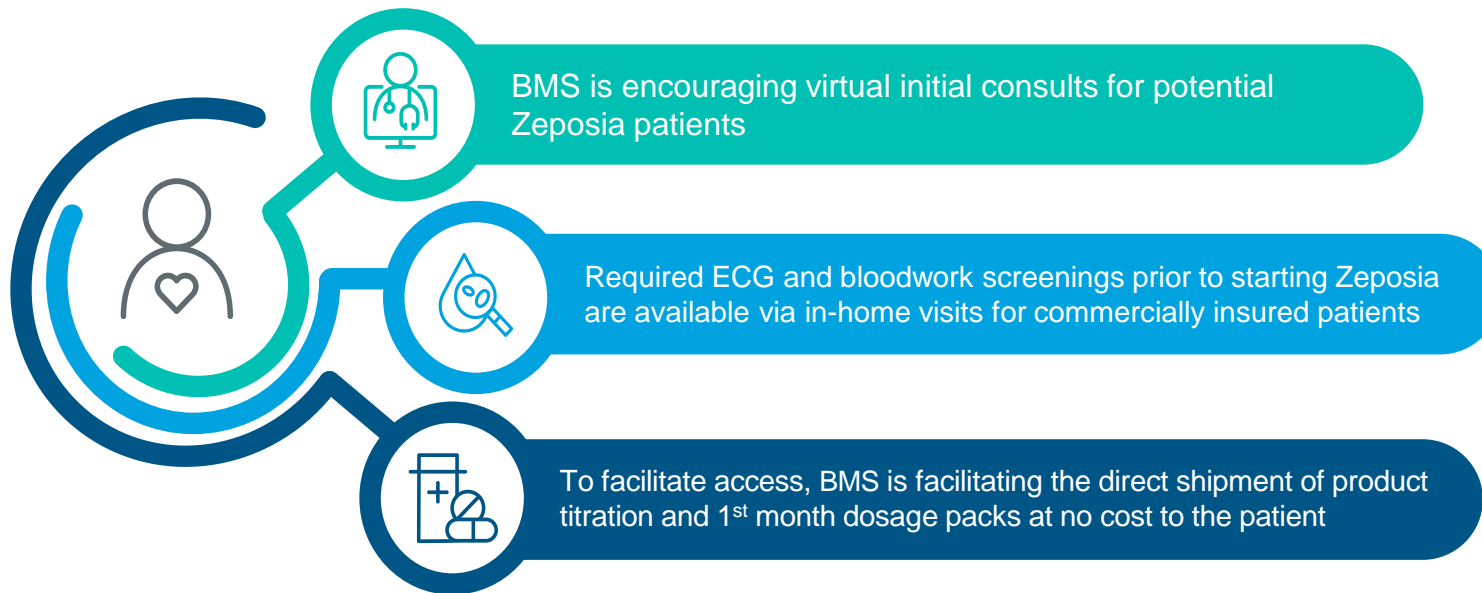
DECLINE

Companies launching products in 2020 are having to respond in an agile and novel manner

BMS used its launch delay to redesign support programs to accommodate/guide virtual HCP-Patient interactions as well as provide contactless access to Zeposia

Zeposia was approved in March 2020, its launch was delayed until June 2020

After its initial launch delay, Zeposia launched with a navigator program informed by COVID-19 realities



GETTING STARTED with ZEPOSIA

If you and your MS healthcare team decide to move forward with ZEPOSIA, we'll help you get started in a way that works for you. And a dedicated **MS Nurse Navigator** will be with you every step of the way.

Consider a virtual visit

To avoid unnecessary exposure to others during the current health crisis, consider asking your MS healthcare team if they offer [telehealth appointments](#)



Once your Start Form is received, you'll get a call from your MS Nurse Navigator who will:

- Introduce him or herself as your dedicated contact
- Let you know what to expect
- Answer any questions
- Ask how often you'd like to be contacted going forward

How can we help?

A dedicated MS Nurse Navigator

This point of contact will be assigned to you and help by:

- Scheduling key appointments when you get started with ZEPOSIA
- Making sure you take advantage of all the support that's available
- Getting to know your specific needs and answering questions about ZEPOSIA for you and your loved ones

Three elements must be addressed by companies seeking excellent launches in a world with COVID-19



1
Patient journey

- A backlog of undiagnosed and treated patients built during the crisis and must be addressed
- The opportunity for patients to receive new or switch prescriptions must be rebuilt
- Patient journeys to effective diagnosis and treatment changed during the crisis and some movement to remote treatment will be permanent



2
Evidence and value

- Payers will be budget pressured in the coming economic crisis and will raise the bar in terms of evidence for access
- Meaningful engagement with HCPs and health systems will be more likely with a strong stream of effective RWE demonstrating utility and value in the post pandemic environment

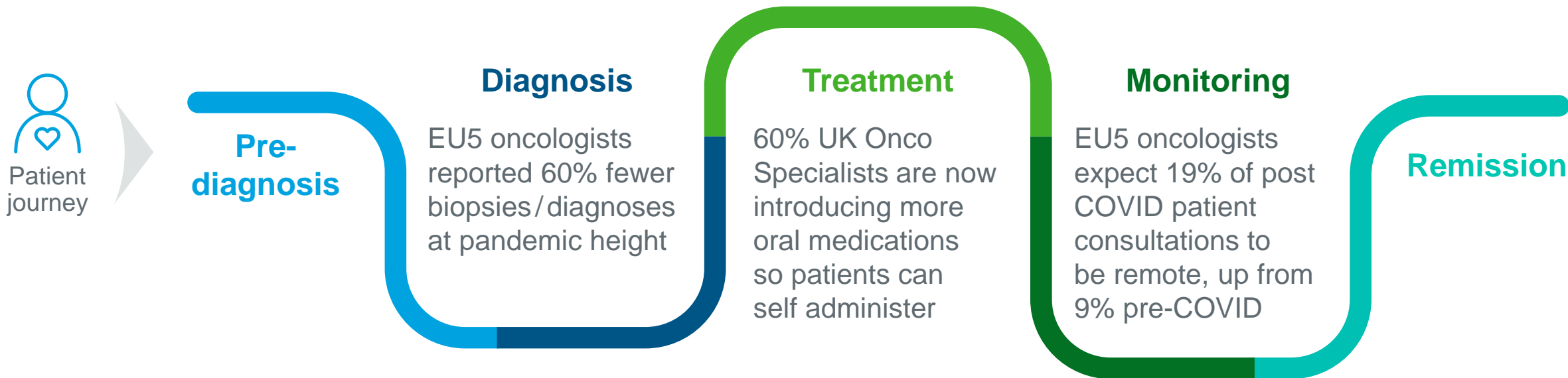


3
HCP engagement

- HCP / pharma engagement fell in volume and went remote in the crisis- volumes have recovered in some countries, but engagement mix is still more remote
- HCPs are time pressured as they address ongoing pandemic crisis and their treatment backlogs
- HCPs expect patient treatment pattern change and look to pharma for support

Pharma needs to understand, then engage with, the post-COVID reconfiguration of patient journeys

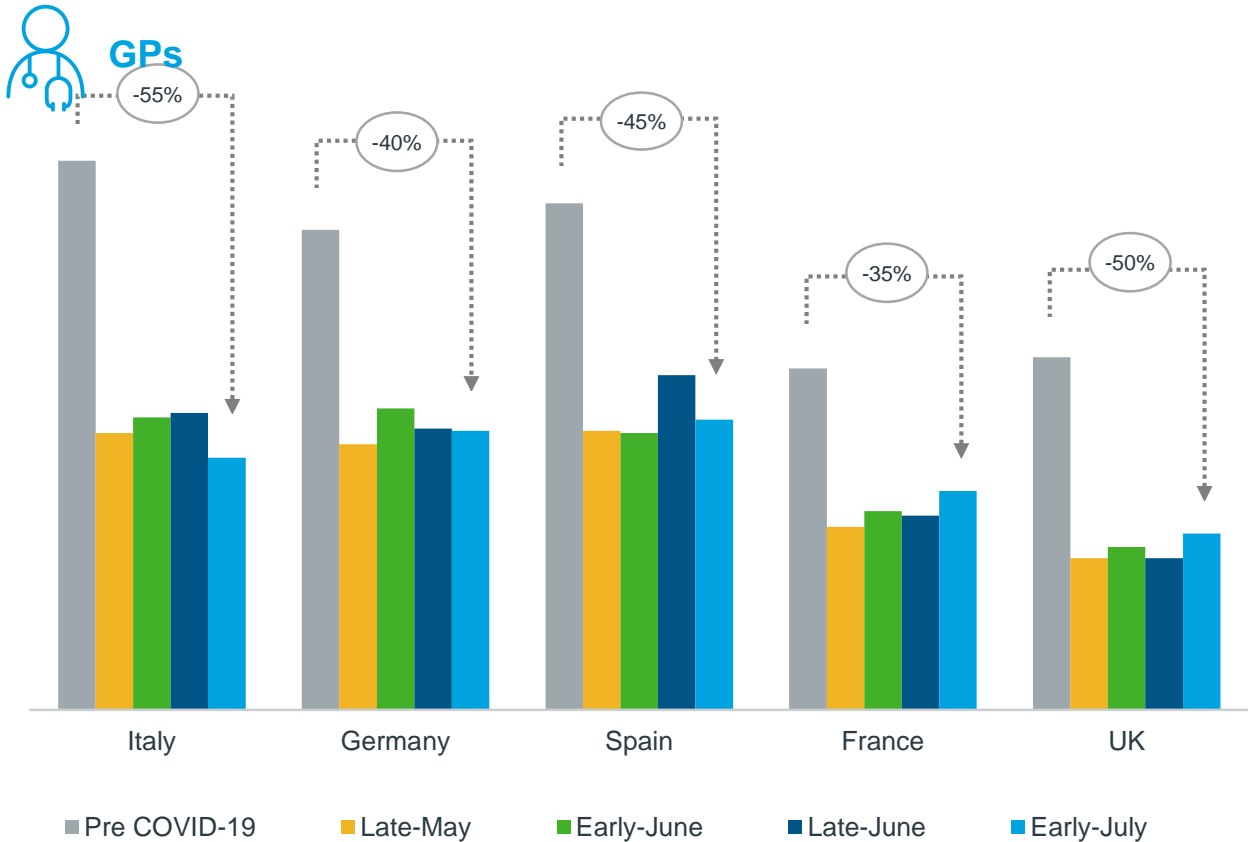
Treatment and HCP-patient engagement will be increasingly remote



Key questions for Pharma:	How will this change affect current and potential users of our medications treatment experience?	How will HCP experience change when treating these patients?	Will treatment flow be improved/worsen, and where?	What support could Pharma provide to HCP and patients to address and facilitate these changes?
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Weekly patient consultations for GPs remain ~45% lower than pre COVID-19 levels: backlog of patients as of July 2020

Average Weekly Patient Consultations



COVID-19 Impact On Treatment and Prescription (Across Specialties in EU5 Countries)

Adapting Patient Load Management



~60% of HCPs reported **fewer consultations**



~45% of HCPs reported **increasing time between consultations**

Diagnosis of Treatment Delays



About a third of HCPs reported making **fewer diagnoses, delaying treatment initiation** or **writing fewer prescriptions** since COVID-19

Prescription Trends

Almost half the HCPs reported **increasing prescription duration**, and about a fifth reported being reluctant to **initiate new or change current treatment**



Source: IQVIA COVID-19 EU5 Dynamic Market Tracker



In the US, telehealth does not result in new and switch prescriptions at the same rate as face to face visits

NBRx Per Patient Visit



Specialty	4 W/E 9/13/19 Office	4 W/E 9/11/20 Office	4 W/E 9/11/20 Telehealth	Difference (%) Office v. TM
Allergists	0.95	0.96	0.79	-18%
Dermatologists	1.17	1.17	0.95	-19%
PCP	0.98	0.98	0.70	-28%
Pulmonologists	0.88	0.88	0.62	-29%
Pediatrics	1.13	1.13	0.80	-29%
Gastroenterologists	1.05	1.05	0.74	-30%
Ob/Gyn	1.14	1.14	0.78	-32%
Rheumatologists	0.53	0.53	0.35	-34%
Ophthalmologists	1.31	1.32	0.85	-36%
Neurologists	0.57	0.57	0.36	-36%
Cardiologists	0.64	0.64	0.40	-38%
Psychiatrists	0.45	0.46	0.27	-41%
Urologists	1.16	1.16	0.67	-42%
Endocrinologists	0.62	0.63	0.35	-43%

Potential Drivers of Difference



- Patient mix skews towards existing patients replacing office visits with telehealth
- Willingness to initiate new therapy remotely
- Lack of diagnostics such as vitals and labs are impeding diagnosis of new conditions
- Prescribers are reporting spending less time on a telehealth call with patients which may reduce NBRx opportunity
- Many offices have now adapted protocols to safely see patients enabling the preference to NBRx office prescribing

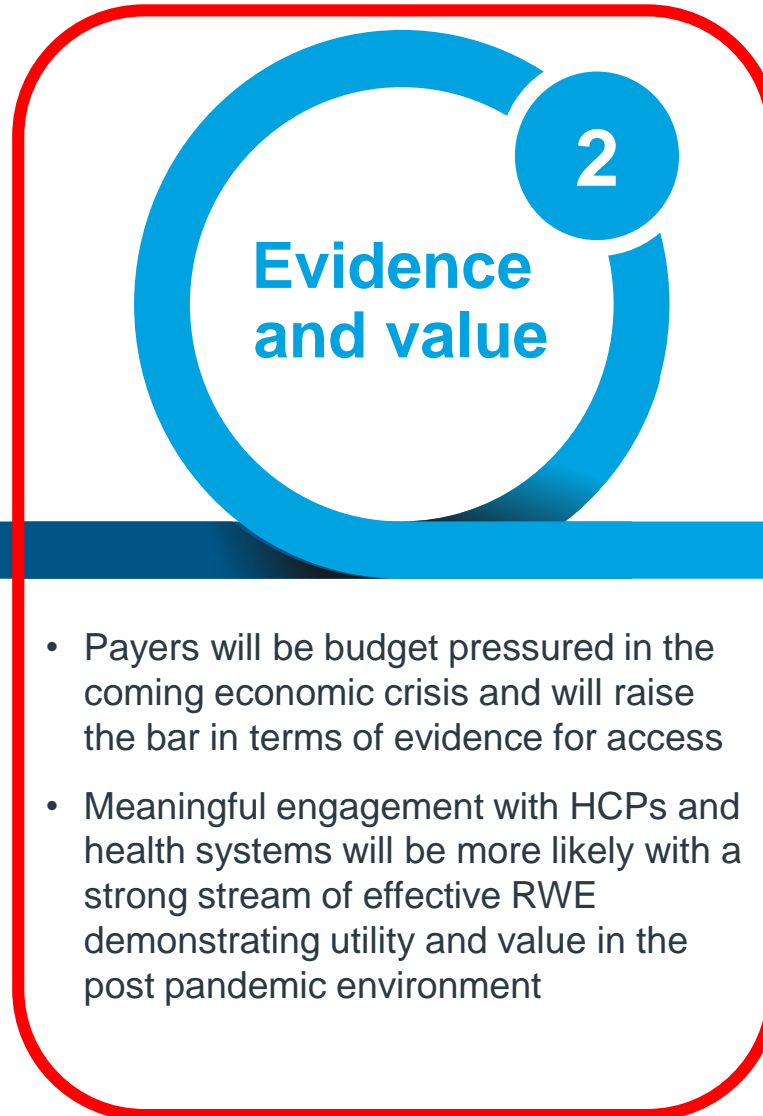
Evaluation of medical claims visit with same patient/prescriber combination occurring as NBRx within 2 weeks of medical claim service date

Source: NPA New To Brand (NPA NTB); Medical Claims analysis; 2020; Custom analysis

Three elements must be addressed by companies seeking excellent launches in a world with COVID-19



- A backlog of undiagnosed and treated patients built during the crisis and must be addressed
- The opportunity for patients to receive new or switch prescriptions must be rebuilt
- Patient journeys to effective diagnosis and treatment changed during the crisis and some movement to remote treatment will be permanent



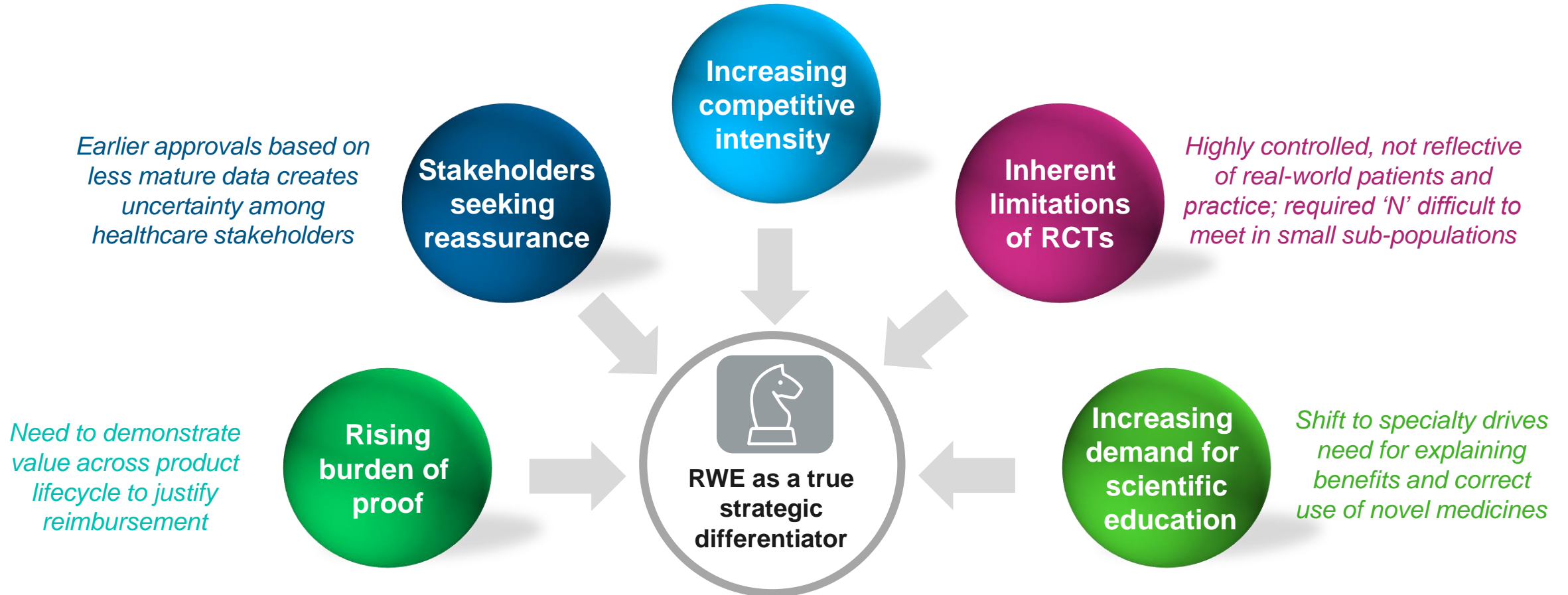
- Payers will be budget pressured in the coming economic crisis and will raise the bar in terms of evidence for access
- Meaningful engagement with HCPs and health systems will be more likely with a strong stream of effective RWE demonstrating utility and value in the post pandemic environment



- HCP / pharma engagement fell in volume and went remote in the crisis- volumes have recovered in some countries, but engagement mix is still more remote
- HCPs are time pressured as they address ongoing pandemic crisis and their treatment backlogs
- HCPs expect patient treatment pattern change and look to pharma for support

RWE: A new battle line in the quest for launch excellence

*Many TAs becoming increasingly crowded;
need for new ways to differentiate*

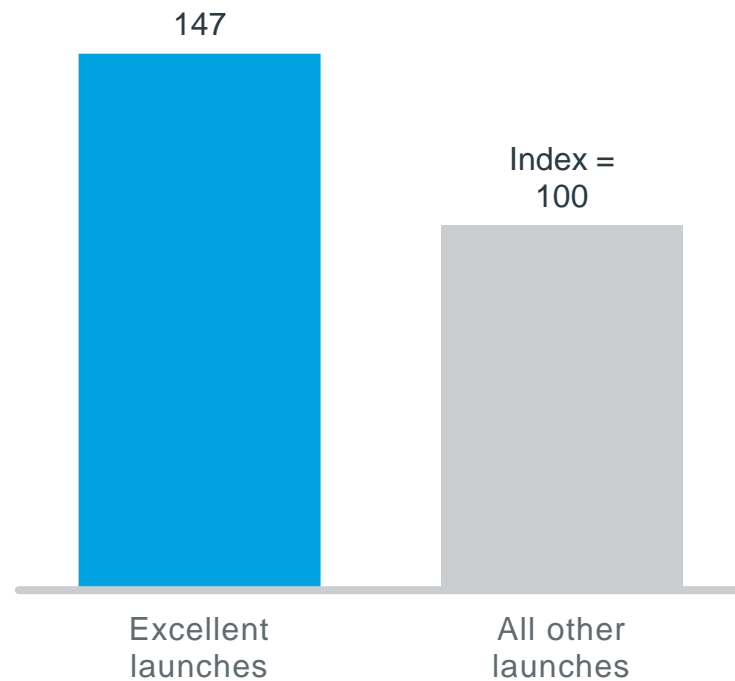


Pre-COVID-19 RWE was emerging as a differentiator; RWE will be vital in a new normal with tightened budgets

RWE will be essential to fill the evidence gaps opening up due to COVID disruption

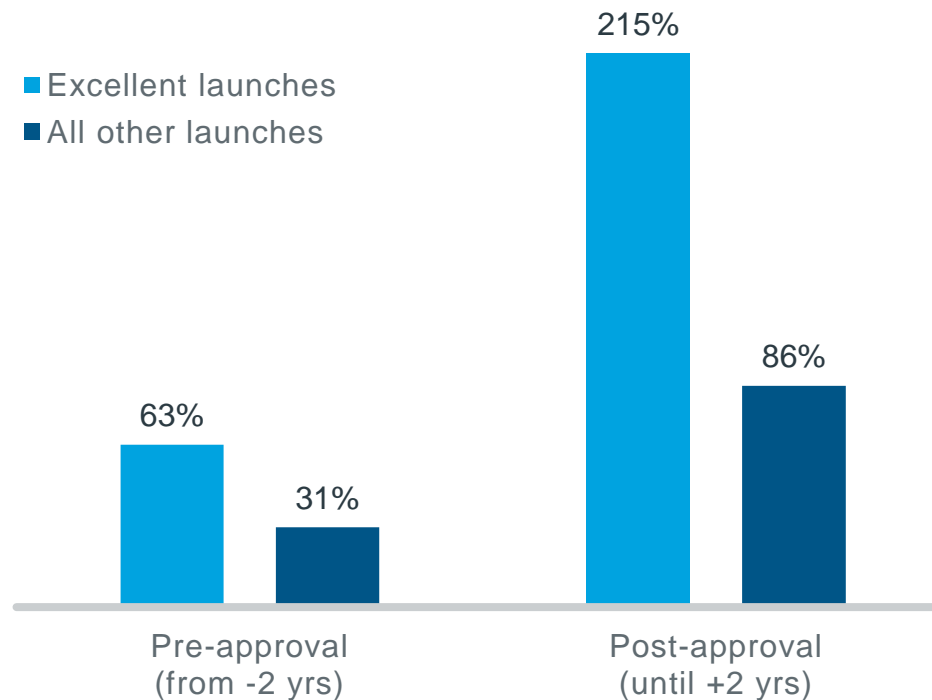
Normalised RWE lifecycle productivity*

(Indexed: average all non-excellent launches = 100)



Growth in RWE volume over product lifecycle

(2-yr CAGR for annual published RWE volume, by launch type)



RWE for commercial differentiation joins growing list of reasons to increase strategic investment in RWE, including:

- Inherent limitations of RCTs
- Evidence gaps in the post COVID world
- Rising burden of proof
- Stakeholder reassurance
- Increasing competition
- Scientific education

* Total number of publications / number of indications approved >6month ago / normalised for time on market

Unlocking the full strategic potential of RWE for launch success

Key priorities

1 Elevate evidence generation to a strategic level

Must resonate with senior management, evidence investment decision makers

2 Approach evidence generation with a competitive mindset

How to stand out and win the battle for share of mind in a crowded market place

3 Develop comprehensive lifecycle evidence plans

Starting early, with anticipation of future needs; focus dynamically aligned

4 Show conviction in commitment to RWE

Maintain competitive levels of investment; sustain differentiating RWE productivity

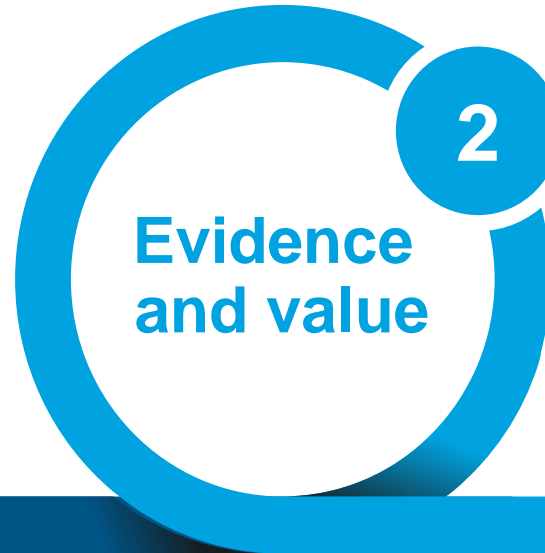
5 Establish a world-class RWE capability, as a prerequisite

Build a platform, tap into evidence networks and innovations in evidence generation

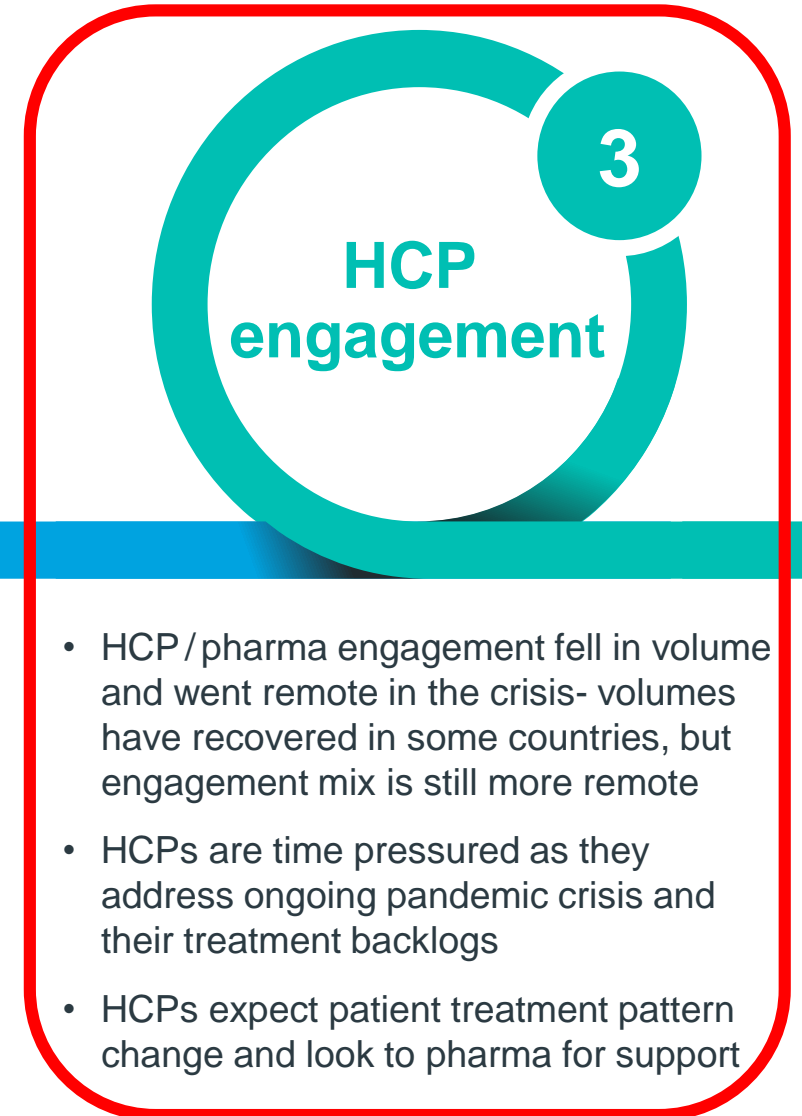
Three elements must be addressed by companies seeking excellent launches in a world with COVID-19



- A backlog of undiagnosed and treated patients built during the crisis and must be addressed
- The opportunity for patients to receive new or switch prescriptions must be rebuilt
- Patient journeys to effective diagnosis and treatment changed during the crisis and some movement to remote treatment will be permanent



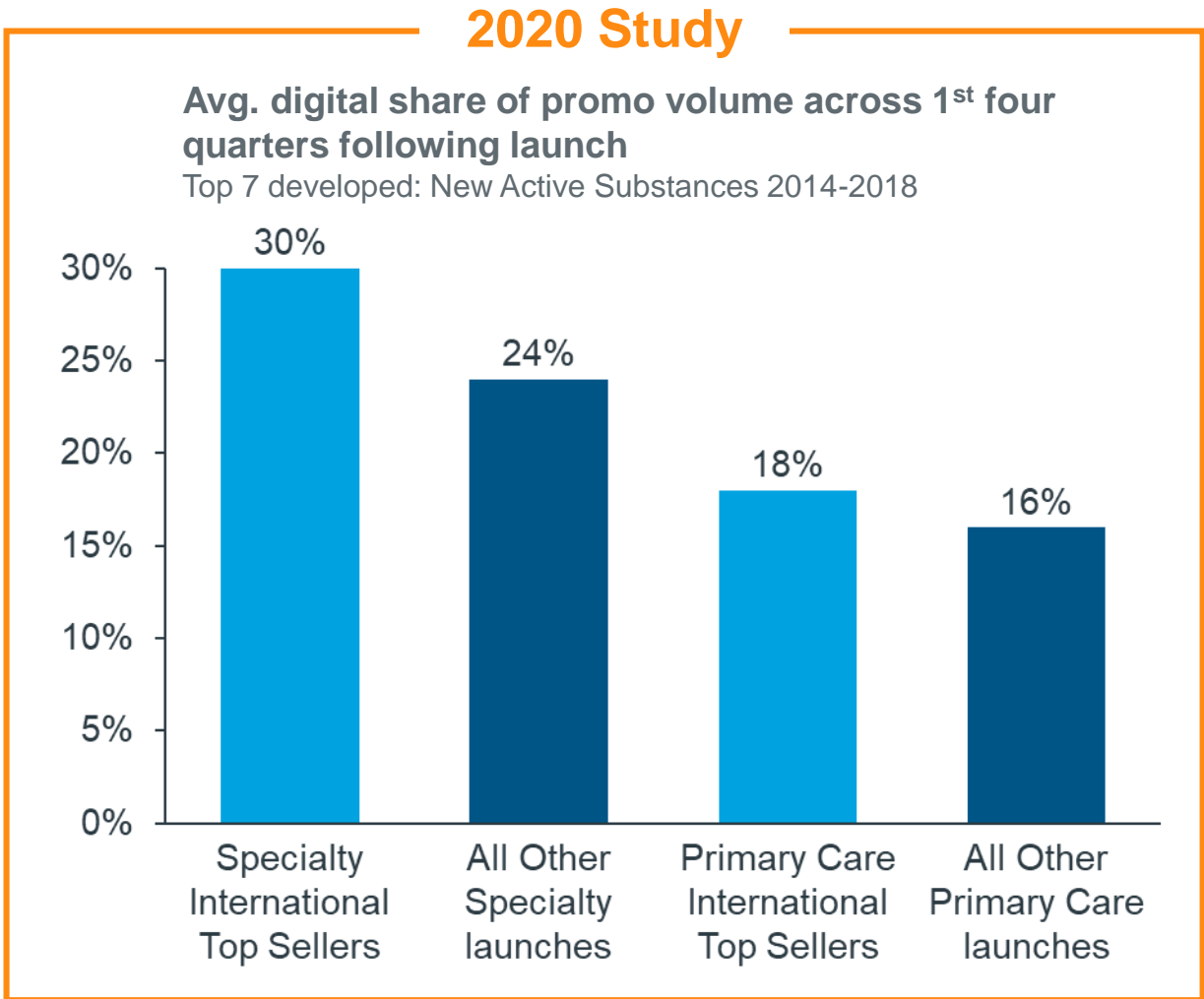
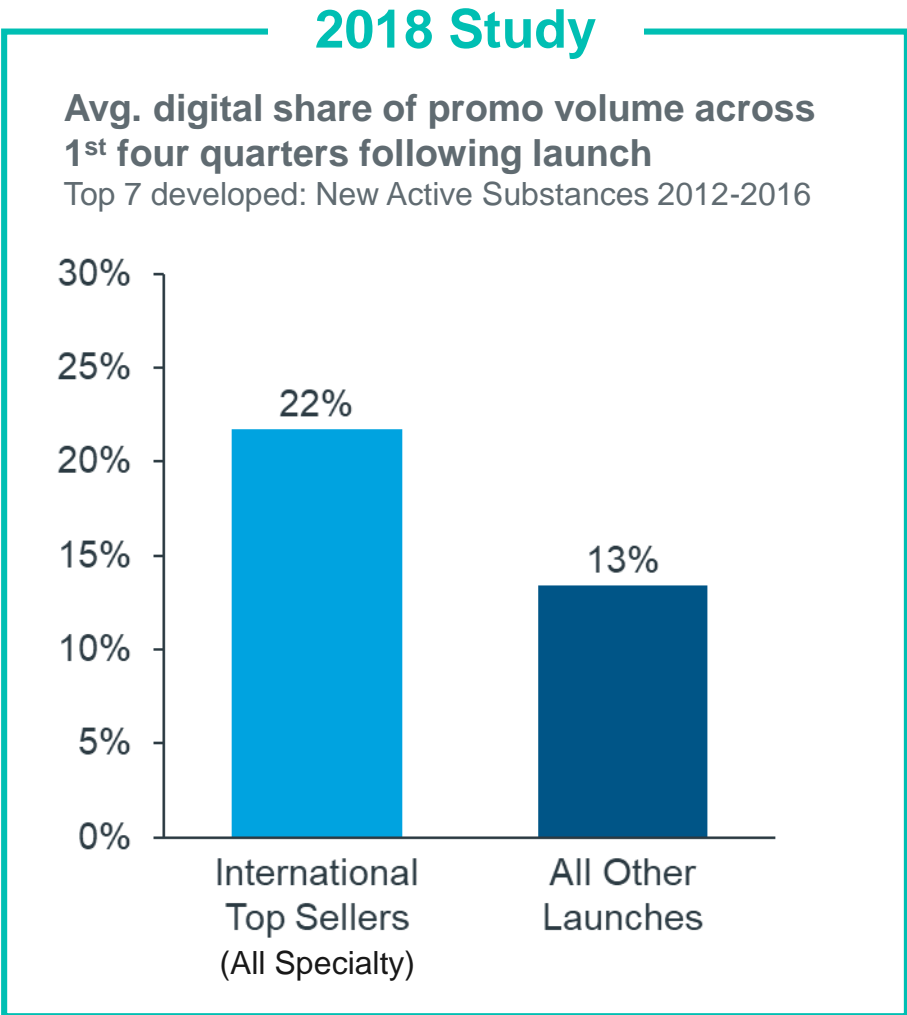
- Payers will be budget pressured in the coming economic crisis and will raise the bar in terms of evidence for access
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Already in the pre-COVID world, excellent launches had a significantly higher share of digital promotion

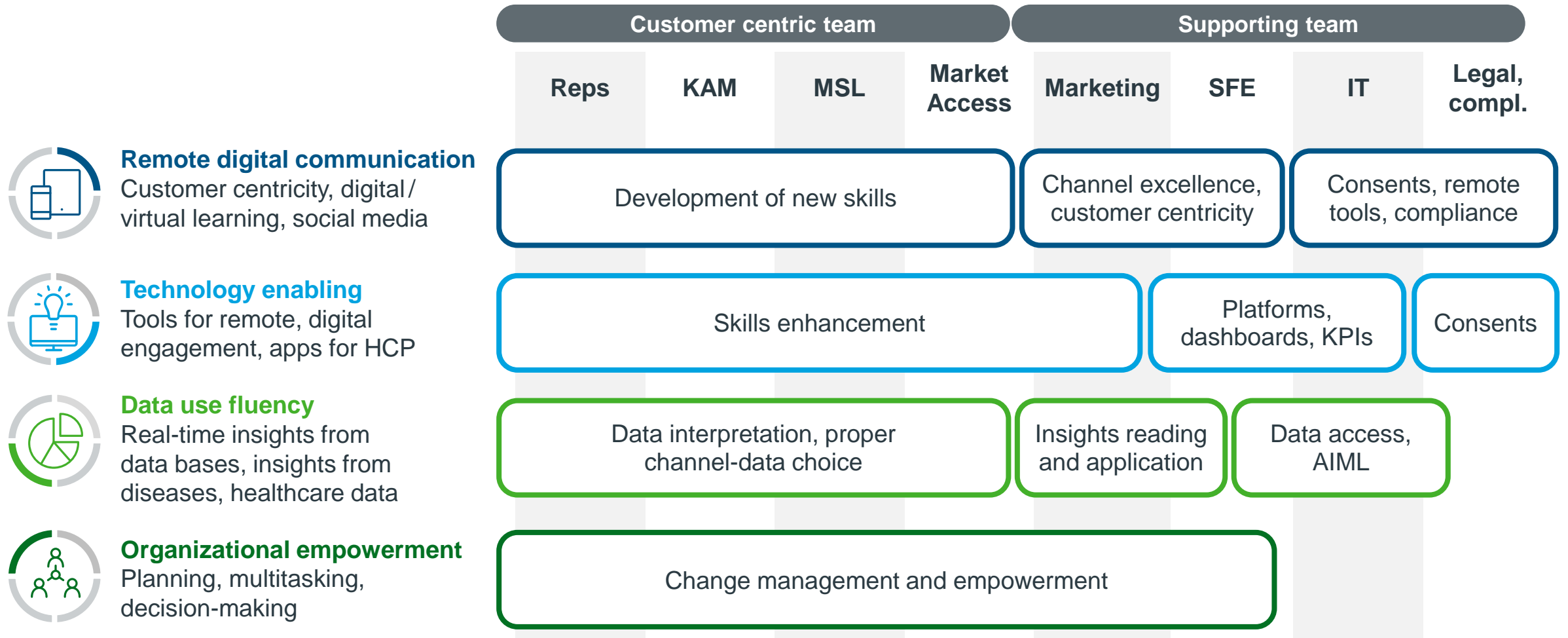
Overall levels of digital promotion have increased since 2018, but the conclusion remains



Source: IQVIA European Thought Leadership; ChannelDynamics Q3 2017; MIDAS Q3 2017; ChannelDynamics MAT Q1 2020; MIDAS MAT Q1 2020; Rx-only

Pharma companies should rethink the skillset of HCP engagement teams and enable teams with a new skillset

Customer centricity change of commercial teams would require developing diverse skillset



COVID-19 is an accelerator of change – the longer restrictions and uncertainty prevail, the more drastic change can be expected



COVID-19 crisis caused significant decline in patient load and a diagnosis backlog, impacting new treatments and switches, **and implications for the launches entering the market in 2020 and beyond**



Risk and uncertainty challenges forward planning. Healthcare system fragility, limits pharma's **ability to interact with physicians at a time where its support with information and services essential**



Long-term economic crisis will pressure healthcare budgets and require **more compelling product evidence, and pharma services for HCPs and patients navigating healthcare system change**



A massive reduction of F2F interactions, and growth remote HCP-patient and pharma-HCP interaction – **recent experience increases digital capabilities and acceptance of digital engagement**



An increasingly challenging access environment in the US **requires a nimble salesforce structure and a heightened focus on affordability programs**



Healthcare Professional challenges during COVID



Prof. Dr. Viorel Jinga

Rector

University of Medicine & Pharmacy “Carol Davila” Bucharest

13 aspects

A

Healthcare professional

B

Healthcare professional – Patient

C

Professor (Doctor) – Resident physician – Student



1. Burnout Syndrome



- Prolonged shifts
- Lack of medical personal
- Both physical and emotional stress contribute together to amplifying the burnout syndrome

2. Getting out of your "comfort"/expertise area



The General Surgery physicians become Anesthesiologists + Infectious Disease MD + Psychologist and still have to perform surgery



Legal aspect? Malpraxis?
State regulations? Who is your guarding angel in this war-like medical field?



3. Is it like riding a bike?

There are some really important questions which junior and senior practitioners frequently ask after almost 10 and a half months of reduced practice, especially in COVID units, but also in NON –COVID hospital

- Can we get the mastered skills back and how fast?
- What is the maximum period of time that we can put our skills on hold? More than this, the junior residents no matter the year of preparation have lost 10 months of normal skill acquiring learning programme? Will they have prolonged residency to cover the loss?

Unfortunately there is no answer to this question for the moment.



4. Online medical events vs real life congress/conference



- Advantages and disadvantages
- \$\$\$
- Networking
- Public speaking
- Reduced collaboration
- No hands on

5. Minimum or lack of treatment guidance

- Countries like Germany, Italy, Switzerland have national protocols
- Ro: Different hospital – different treatment protocols
- In addition, when being from another specialty (urology for example) and have to treat COVID patients with urological problems too you have to be guided through the treatment by Infectionist/ATI/Internal Medicine. BUT...
- The Infectious Disease Physician are overwhelmed, burnt out, might skip diagnostics/high error possibility



6. Social stigma

Family avoidance

Friends avoidance

Lack or minimum social life



7. Risk + Stress



The risk that you may take the disease and take it home to the loved ones

The stress that comes with the risk

YOUR personal risk that YOU may take it

SUMMING UP:
Risk and stress for Loved ONES, for Self

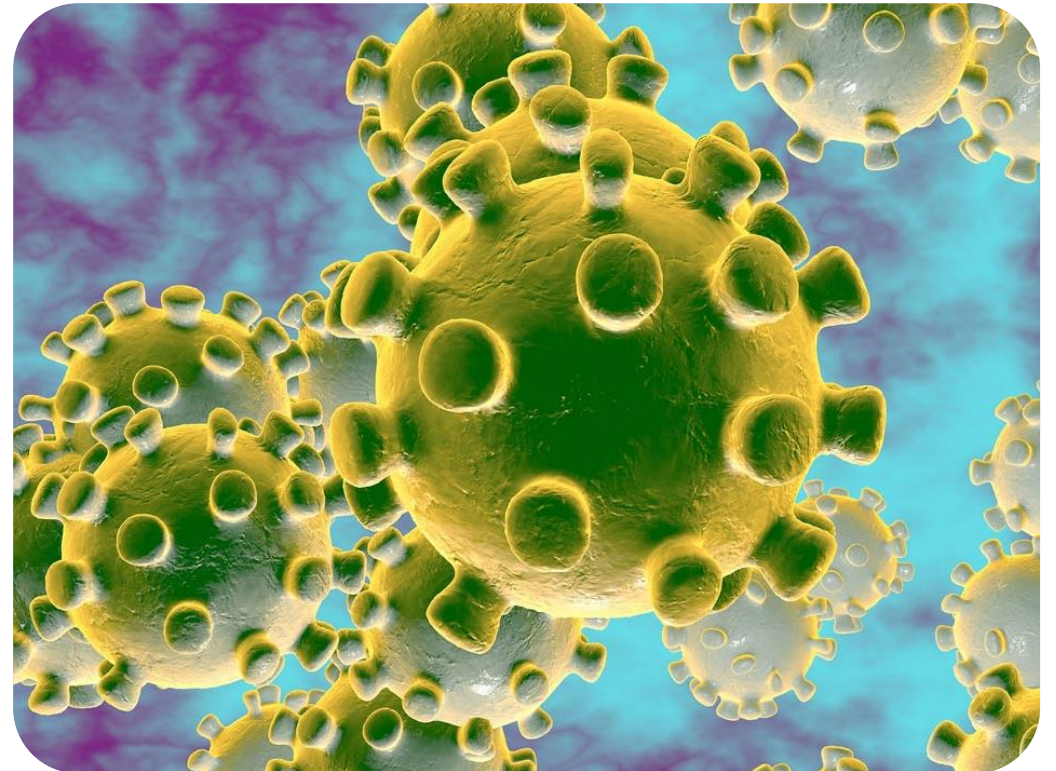
8. Patient-Doctor/Staff relationship

PAST (Before COVID-19)

- In the past you could develop a relation with the patient
- Based on trust
- Build a connection
- Give power/will/energy for the patient to continue treatment/fight

NOW -> working in shifts

- Patients cannot see you
- Doctors and nurses change every week/..-> discourages also the patient, he/she feels abandoned/stigma



9. Another position – Psychologist



- Psychologist for the patients
- For patients' family
- For your family and friends and relatives
- For yourself??
- For the medical staff that you work with

10. Disinformation

Fighting with mass media disinformation

Creating anxiety and misleading situations

Destroying healthcare professionals' image



11. Communication with patients

- Masks on -> limited hearing, understanding, transmitting info -> not seeing the entire face
- Limited time with + patients, or even negative patients (15 min)
- No legal and ethical regulations for telemedicine operationalization



12. Perform surgery with many layers



- In COVID-19 units special equipment is required
- Good insulation, but difficult conditions
- Limited mobility
- Limited time



13. Difficult academics in a patient-dependent domain

- Patients refusal/fear
- Students need for practical abilities
- Residents training
- Adapting to new online era
- Identified tools – medical simulation



Healthcare Awards Ceremony 2020

IQVIA Romania Advisory Board Members



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Dr Cecilia Radu
General Director, Novo Nordisk



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General Manager Abbvie



Diana Mereu
Executive Director, RASCI



Sorin Petcu
General Manager, IQVIA Romania

Performance Awards Criteria

Weighted index, based on two indicators, MAT September 2020

- **Average Market Share - Units & Sales**
- **Average Growth - Market Share**

Performance Awards



Performance Award Generics

ZeNTIVA

Performance Award Originals

Pfizer

Performance Award Consumer Health

ZeNTIVA

Leadership in Healthcare Excellence Award

Excellence Award – “Leadership in Healthcare”

Category definition & Criteria

- **Leadership** with evidence for high levels of participation, commitment to excellence, or support for excellence and innovation in Romanian healthcare system with direct impact for patient benefit
- **Best lead to human-centered solutions or project** – physician, any individual from a patient association, medical societies, pharma association or NGO association

Excellence Award Nominees



Dr. Adrian Marinescu
Primary care physician,
Matei Bals National Institute
of Infectious Diseases



**Romanian College
of Pharmacists**



Dr. Mihai Craiu,
Primary Physician in
pediatrics at I.N.S.M.C.



Radu Ganescu
COPAC President



Dr. Andreea Moldovan
Medical Manager,
Brasov Hospital for
infectious diseases



Dr. Wargha Enayati
Founder of Enayati Medical City



**Romanian Society of
Anesthesia
and Intensive Care**



**Romanian College
of Physicians**



Dr. Virgil Musta
Head of infectious diseases
department, "Victor Babeș"
Hospital Timișoara



Melania Medeleanu
Founder Magic and
Zi de Bine Associations

Excellence Award

“Leadership in Healthcare”



**Societatea Romana de Anestezie
și Terapie Intensivă**




Emergency/ Intensive Care System: The Noah's Arch in disaster



Prof. Dr. Dorel Săndesc

Vice President

Societatea Română de Anestezie și Terapie Intensivă

A scenic view of a mountain range under a cloudy sky. The mountains are in shades of blue and green, and the sky is filled with soft, white clouds. The text is overlaid in the center of the image.

**“It wasn't raining when
Noah built the ark.”**

Howard Ruff

A framework outlining conventional, contingency, and crisis surge responses

Christian MD, Devereaux AV, Dichter JR. Introduction and executive summary: care of the critically ill and injured during pandemics and disasters: CHEST consensus statement. Chest. 2014 Oct;

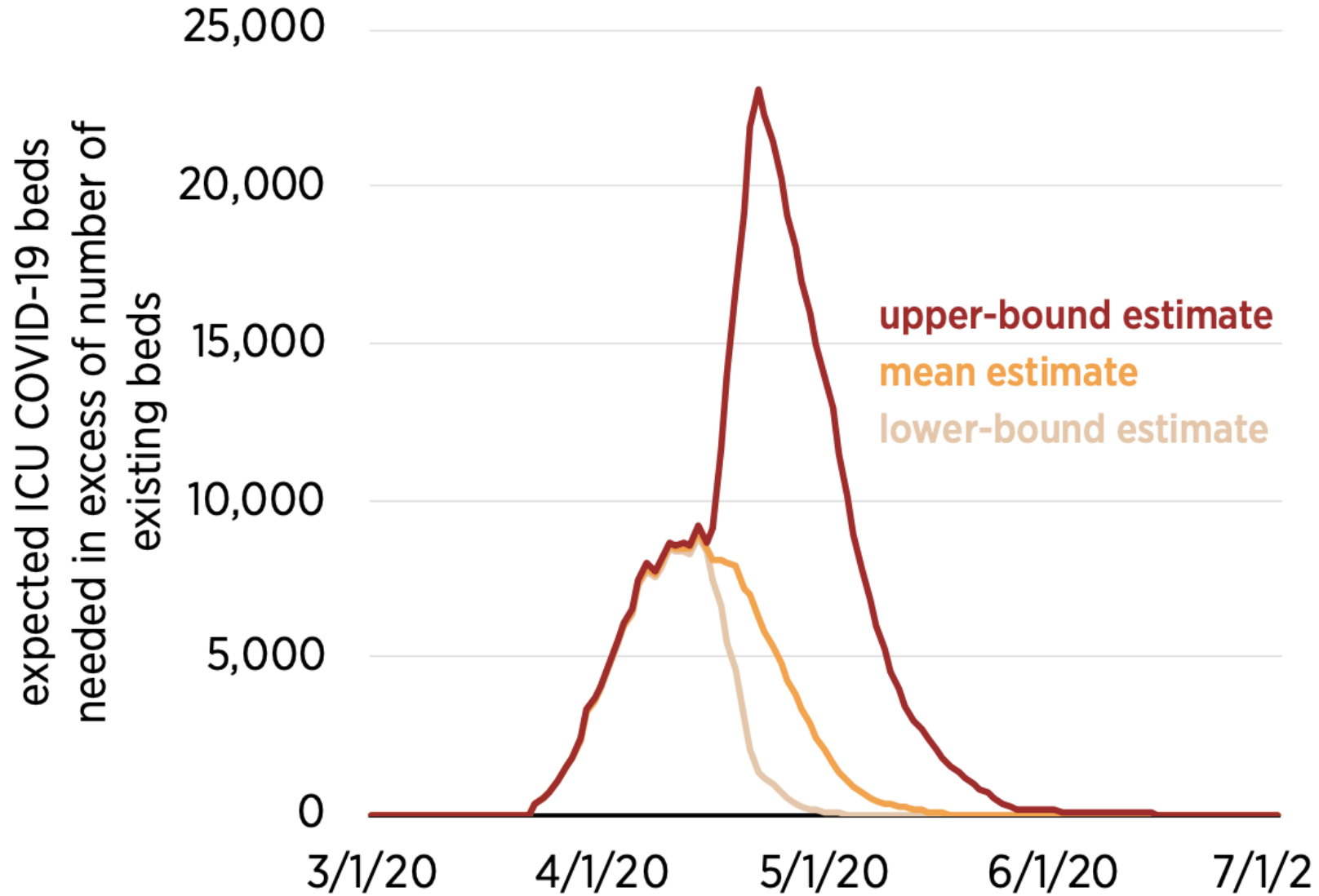
Decreasing ← Morbidity and Incident demands → Increasing

	Conventional	Contingency	Crisis
Space	Usual patient care spaces maximized	Patient care areas re-purposed (PACU, monitored units for ICU-level care)	Non-traditional areas used for critical care or facility damage does not permit usual critical care
Staff	Additional staff called in as needed	Staff extension (supervision of larger number of patients, changes in responsibilities, documentation, etc')	Insufficient ICU trained staff available/unable to care for volume of patients, care team model required & expanded scope
Supplies	Cached/on-hand supplies	Conservation, adaptation and substitution of supplies with selected re-use of supplies when safe	Critical supplies lacking, possible allocation/reallocation or lifesaving resources
Standard of care	Usual care	Minimal impact on usual patient care practices	Not consistent with usual standards of care (Mass Critical Care)
ICU expansion goal	X 1.2 usual capacity (20%)	X 2 usual capacity (100%)	X 3 usual capacity (200%)
Resources	Local	Regional/State	National

Normal ← Operating Conditions → Extreme



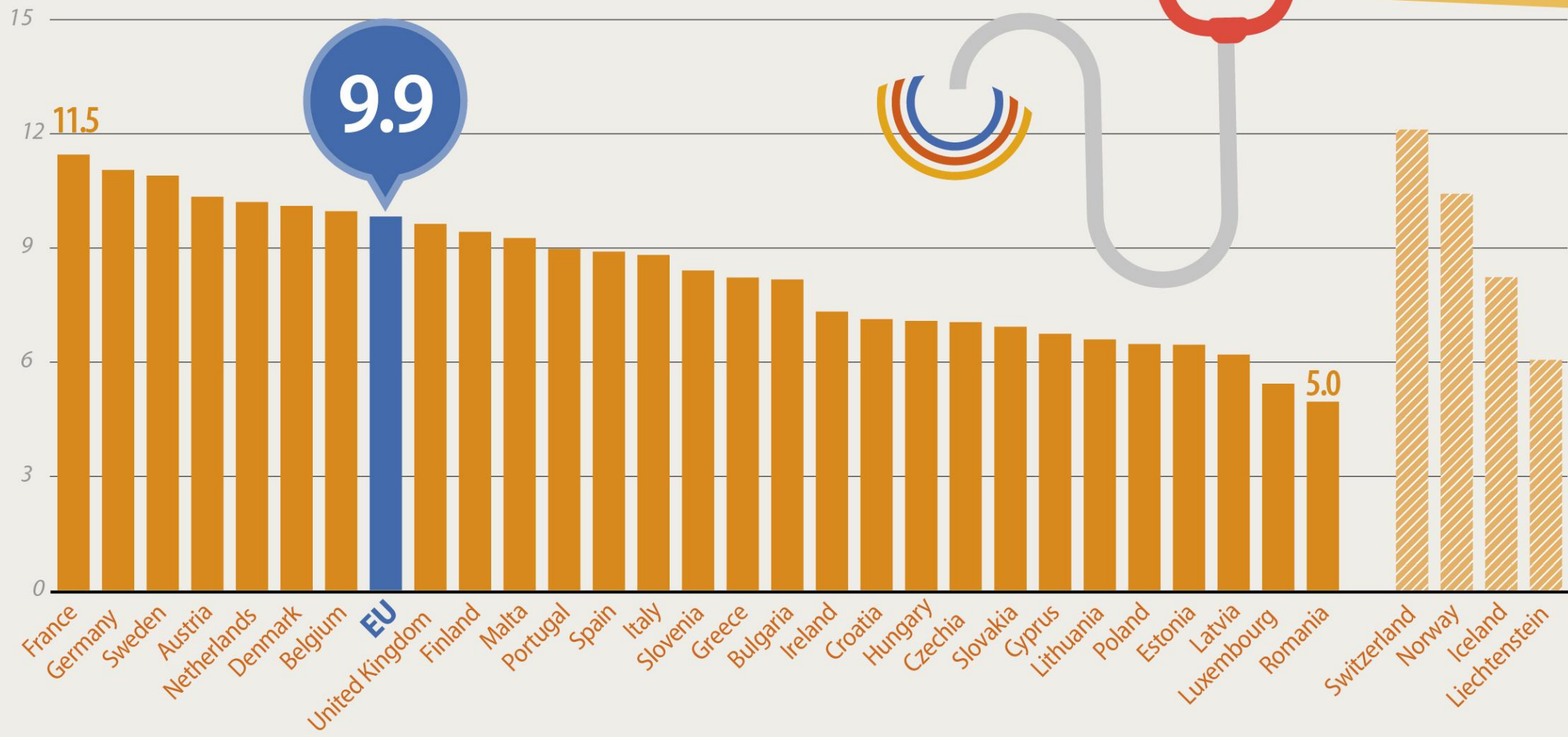
Figure 3. Projected ICU Bed Shortage



Source: "COVID-19 Estimate Downloads," Institute for Health Metrics and Evaluation, accessed April 22, 2020, <http://www.healthdata.org/covid/data-downloads>.



Current healthcare expenditure (% of GDP, 2016)

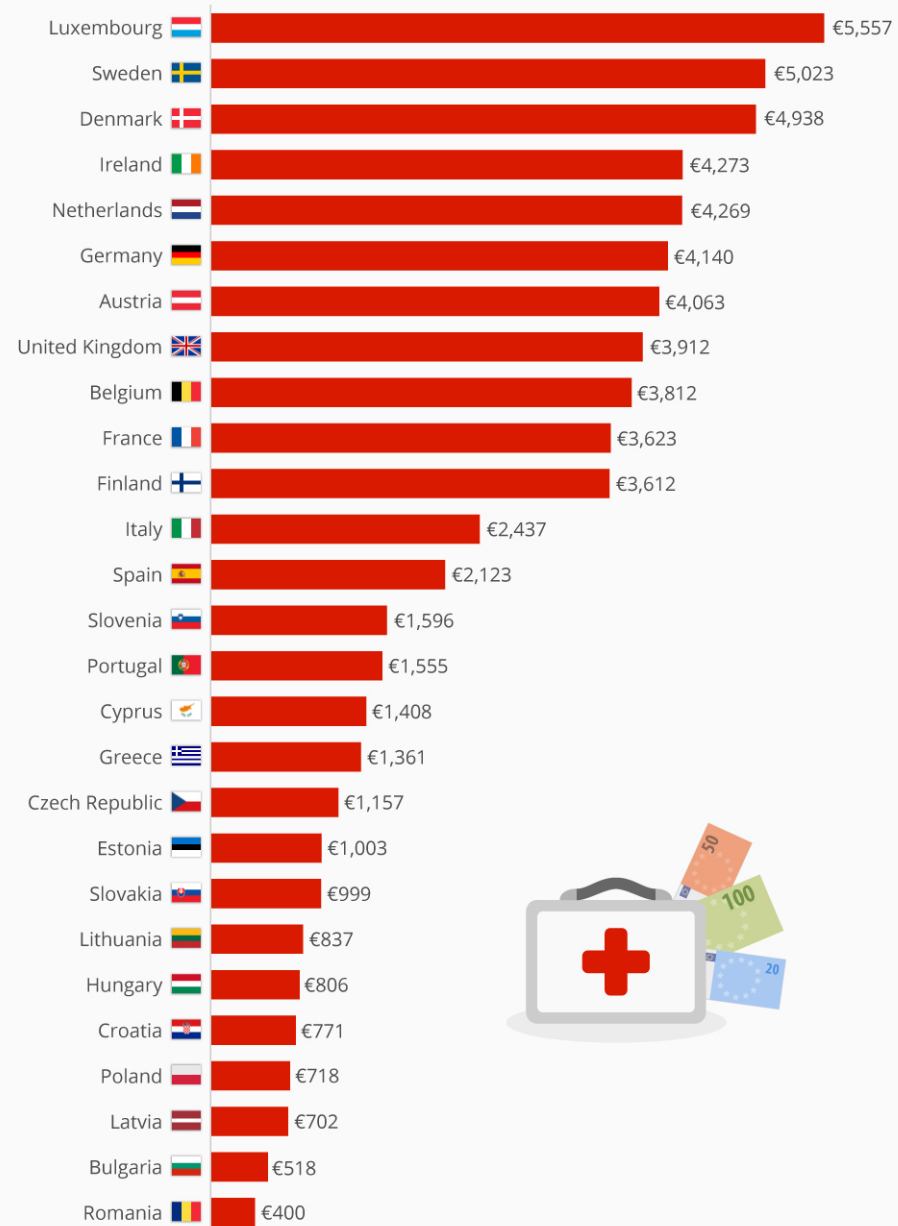


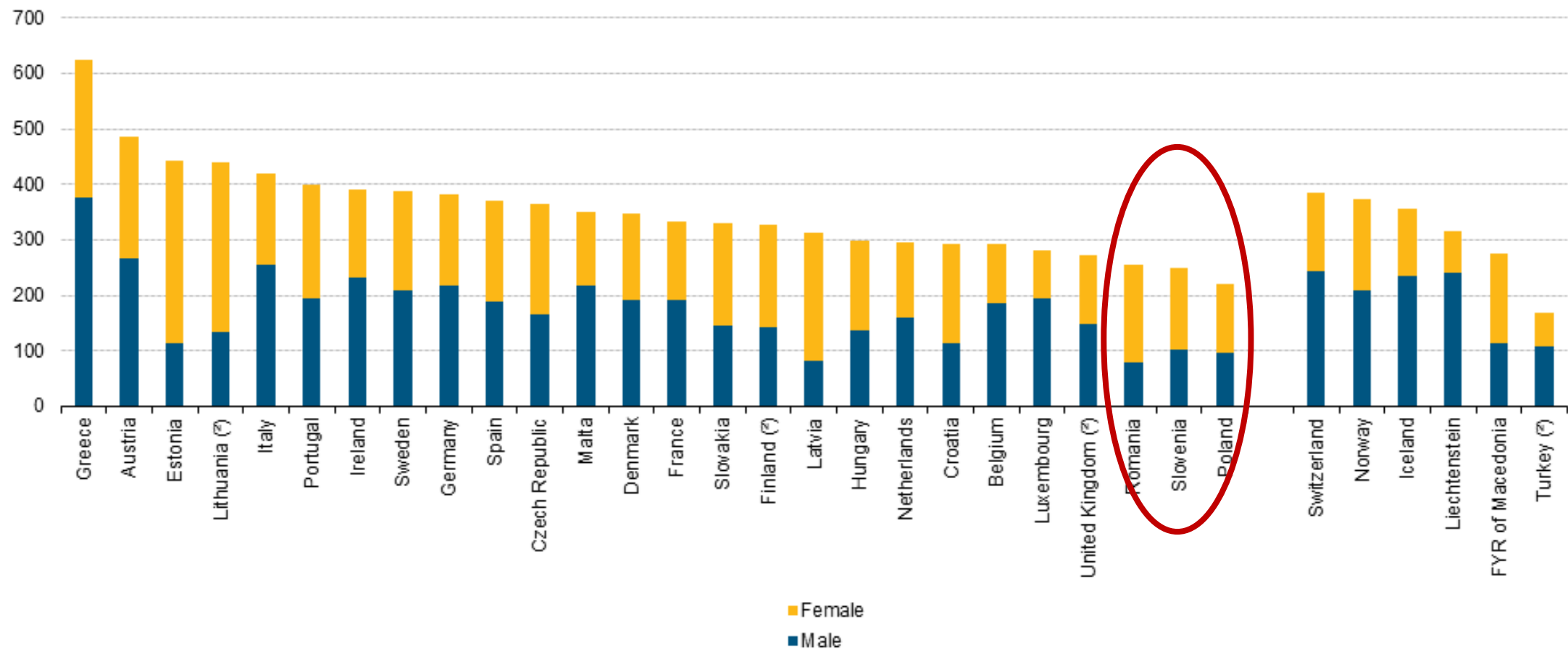
European Union: estimate
Malta: 2015 data

Source: Eurostat table hlth_sha11_hf

EU Healthcare Expenditure Relative To Population Size

Healthcare expenditure per inhabitant in 2015*





(*) Belgium, the Czech Republic, Germany, Estonia, Greece, Croatia, Italy, Latvia, Lithuania, Austria, Poland, Portugal, Romania, Slovenia, Slovakia, Finland, Norway, Switzerland, the former Yugoslav Republic of Macedonia, Turkey: 2011. The Netherlands and Sweden: 2010. Denmark: 2009. Bulgaria and Cyprus: not available.

(*) Estimates.

Source: Eurostat (online data codes: hlth_rs_phys and demo_pjan)

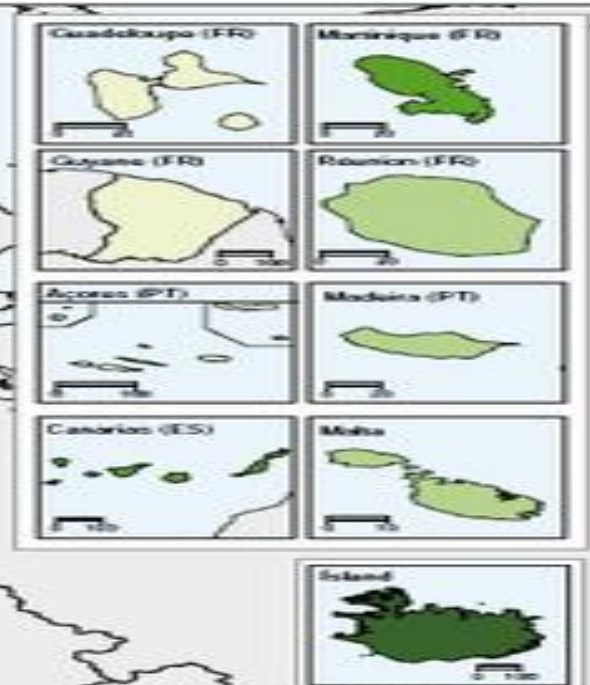
**Nurses and midwives,
by NUTS 2 regions, 2007 (*)**

Rate per 100 000 inhabitants

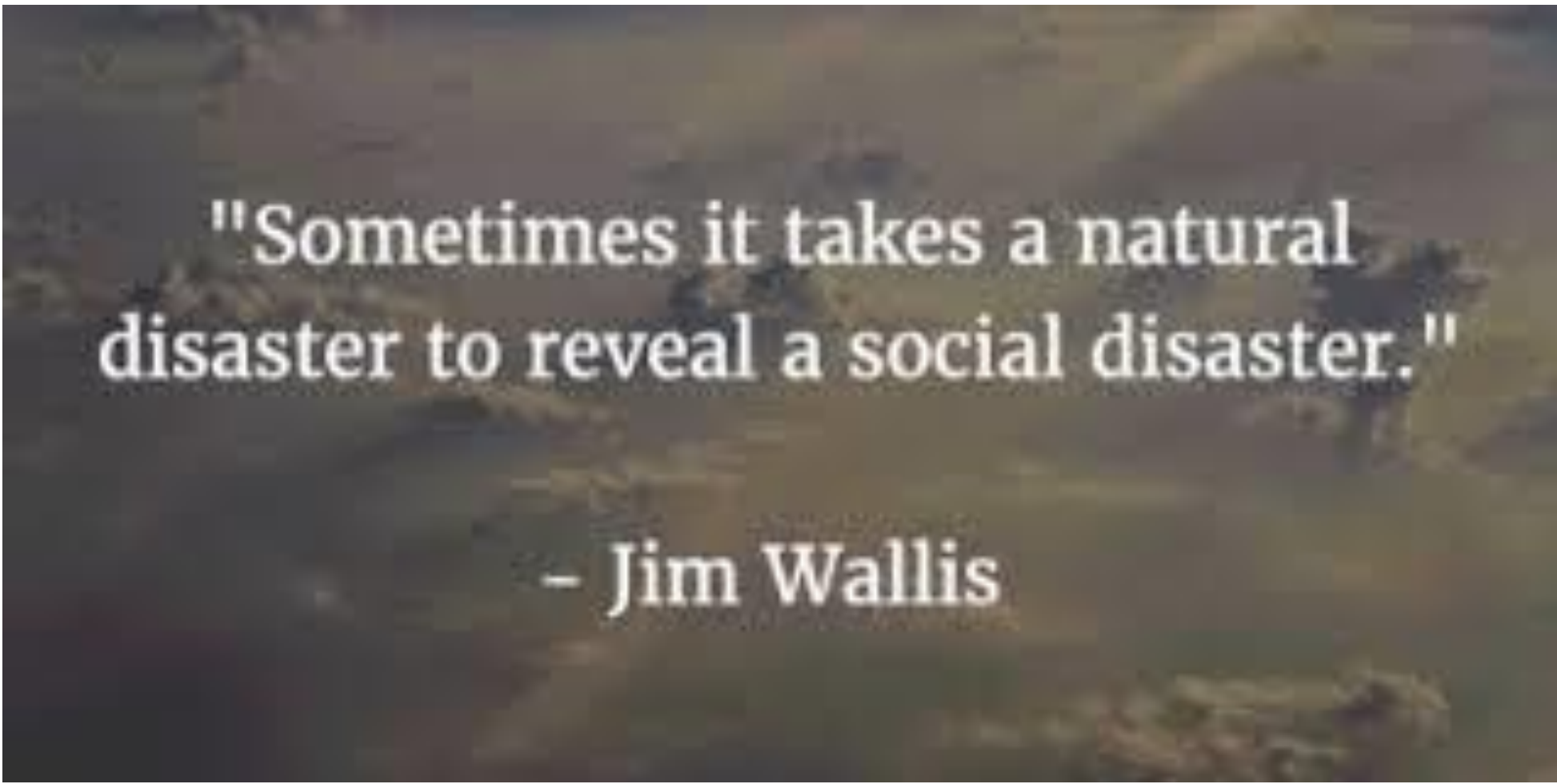


© EuroGeographics Association, for the administrative boundaries
Cartography: Eurostat — GISC0, 04/2010

0 600 km



(*) Czech Republic, Germany, Austria, Slovakia, former Yugoslav Republic of Macedonia, 2006; Finland, 2005; Portugal, 2003; Croatia, 2002; Germany, Switzerland, national level; England and Wales, NUTS 1 level.



"Sometimes it takes a natural
disaster to reveal a social disaster."

- Jim Wallis



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BRAVE MINDS FOR A HEALTHIER WORLD