

National Pharmaceutical Congress Winter Webinar:
After one year of this... What have we learned? Where are we going?

WHAT HAVE WE LEARNED?

WHERE ARE WE GOING?

Pre-Meeting Executive Summary

FEBRUARY 10, 2021

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[NPC-WINTER.EVENTBRITE.CA](https://www.npc-winter.eventbrite.ca)

This report has been prepared for the exclusive use of registrants to the 2021 NPC Winter Webinar.

It provides observations on industry findings during Covid-19 and where the industry might be headed after one year of the pandemic.





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What has Pharma learned from Covid-19?

One year ago today, the first news of a novel coronavirus originating in Wuhan, China was beginning to spread. The first recorded case arrived in Canada on January 25, 2020. On February 11, 2020, the World Health Organization (WHO) named the virus SARS-CoV-2. One year and more than 2.25 million deaths later, life around the world has undeniably changed. What has the pharma industry learned?

According to a study published in the *Journal of Pharmaceutical Policy and Practice* in December 2020, key lessons from Canadian pharmacies during the early stages of the Covid-19 pandemic included the importance of handling drug shortages and addressing drug hoarding and stockpiling.

Medication shortages were rampant across the first wave of the pandemic due to multifaceted causes. To deter stockpiling, provincial ministries of health recommended that pharmacists dispense no more than 30 days' worth of medication. However, this remained a recommendation only, and was inconsistently implemented between pharmacies and across provinces. Some provinces lifted the limitation as early as April or May, but the drug supply is shared across Canada. During the next wave of the pandemic, and in similar future situations, an interprovincial effort to standardize drug supply recommendations would have a more pronounced impact on conservation of medications.

Learning what went well and what didn't work in the early stages of the pandemic is integral to ensuring our future preparedness

The spread of misinformation as to the efficacy of certain medications in the treatment of Covid-19 such as hydroxychloroquine also contributed to medication shortages; experts must bear responsibility in evaluating prescriptions to ensure appropriate use.

Critically-ill patients have been affected by a lack of supply, especially of sedatives and neuromuscular blocking agents used in the treatment of Covid-19. Providing compound and IV mixture training to pharmacy staff can help ensure consistent supply in hospitals.

As a result of Covid-19, the way clinical trials are conducted needs to change, according to Richard Bergström, a board member of the European Health Forum Gastein (EHFG). In an article published on *The Pharma Letter* in July, Bergström writes that Pharma needs to shift its focus toward decentralized, near-patient and site-less-trials. Clinical trials need to be conducted while having patients avoid visiting clinics where they can be infected, or where they 'steal' resources from those in more need.

The Covid-19 pandemic has shown us the consequences of over-reliance on a few sources of supply, writes Ferdi Steinmann for PharmExec.com. Even indirect disruption in source markets can have real impacts further down the supply chain. Pharma companies must have multiple sources of supply so they can quickly switch production to less-impacted areas.

Despite exposing Pharma's supply chain weaknesses, the pandemic has also demonstrated the speed at which companies can adapt. Many Pharma companies were able to quickly retool manufacturing to start producing products that are in high demand. This ability to repurpose capacity provides a model for business agility going forward, but Steinmann cautions that accelerating product innovation and manufacturing will also require improvements to engineering, design, production, and distribution of resources. Ongoing monitoring of production and supply will be essential.



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Where is Pharma headed after one year of Covid-19?

Covid-19 will continue to force cross-industry and cross-enterprise collaboration in Pharma, especially in areas such as research and development. An article from [Orientation](#), a pharmaceutical and life sciences marketing agency, highlights Pharma marketing trends from 2020 and makes predictions for 2021. The agency suggests that the demand for contract development and manufacturing will continue to increase, and that flexibility will be key for these organizations. New technologies such as AI and robotics will help shorten the production cycle as well as the costs associated with production, making processes more efficient.

In such a competitive market, the demand for a drug's value proposition to be supported by clinical and real-world evidence will continue to grow. As patients and decision-makers have more access to information than ever before, the new value proposition needs to be appropriate to patient experience, behaviours and needs.

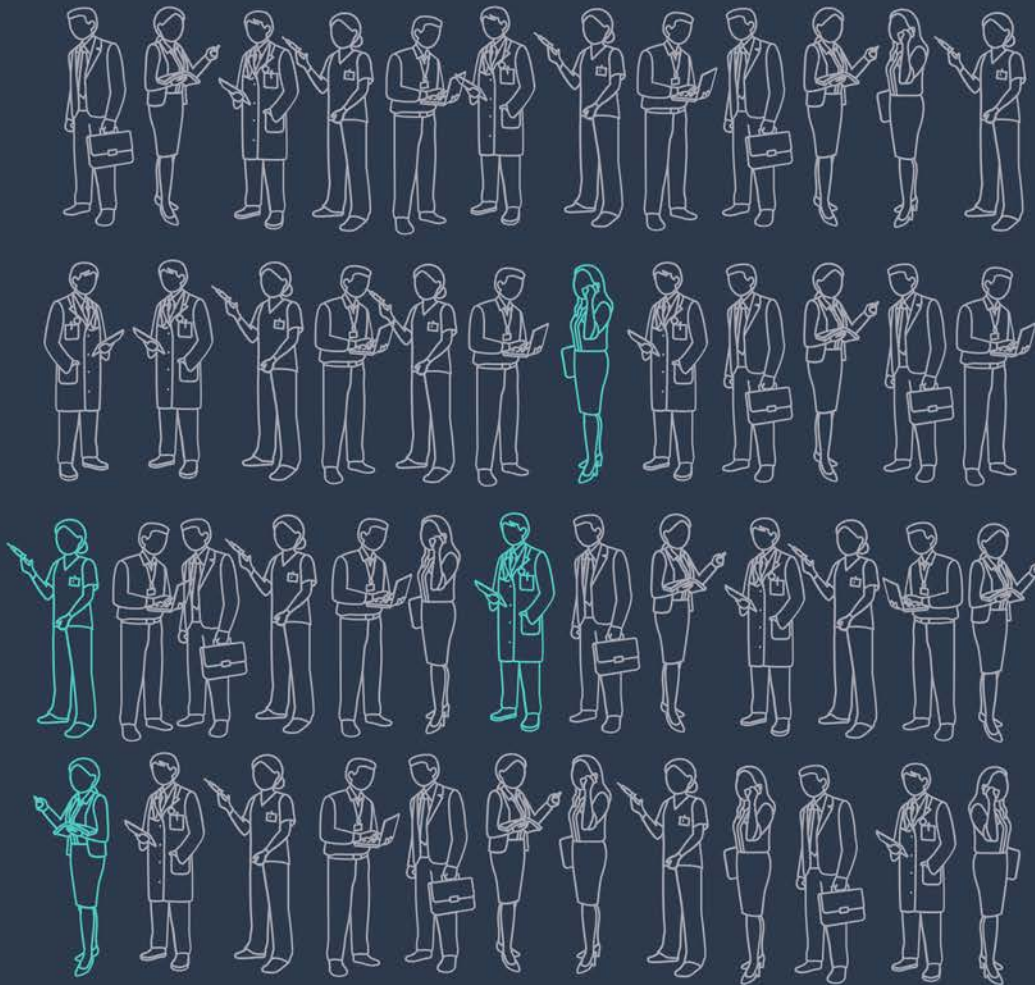
Personalized medicine saw increased attention as customer-centric strategies and digital engagement via social media boomed. The popularity of electronic health records in 2020 led to improvements in both patient data and patient engagement.

Collaborative partnerships and contracts between organizations have been a consequence of the pressures of Covid-19

According to *KPMG's Pharma 2030 Outlook* report, industry shifts in Pharma are driving emerging business models: active portfolio company, virtual value chain orchestrator and niche specialist.

The report suggests the active portfolio company will be active in several therapeutic areas within its portfolio and be able to acquire and divest parts of its portfolio. The value chain orchestrator will be a data-rich pharmaceutical player, offering virtual solutions across numerous healthcare platforms. The niche specialist will focus on a single therapeutic area or disease looking at the entire patient pathway from prevention to a real cure.





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† Potential advantage versus new competitors



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Speaker Highlights



CAROL STIFF

Head of Canada, Santen Canada Inc., responsible for building and executing Canadian entry plans for prescription, surgical device and OTC products in ophthalmology



JIM SHEA

General Manager, Council for Continuing Pharmaceutical Education (CCPE), responsible for its operation and its mission to educate and accredit Pharma employees



PAUL PETRELLI

General Manager of Jazz Pharmaceuticals Canada, with extensive experience as a business leader in biotechnology and rare disease in both Canada and the United States



PETER BRENDERS

CEO of the New Brunswick Health Research Foundation and experienced CEO, General Manager and Board member in the health, biotechnology, and life sciences industries



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