

Bridging the gap between science and need

"In the future, regional and global power and national stability will be determined not by who controls arms, but by who controls access to medicines"

Michel Sidibe - UNAIDS Executive Director (June 2012)

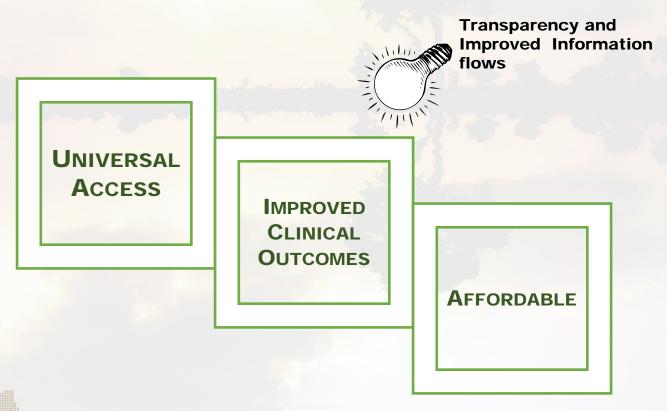


#### Outline

- The Holy Grail of Healthcare
- The Current Status of Healthcare in Africa
- Key Transitions in (African) Healthcare
- About Serenus
  - Vision & Mission
  - Strategy
  - Disease Management Approach



#### The Holy Grail of Healthcare





## Key Transitions in (African) Healthcare





## **Key Transitions in Healthcare**(1)

Health as a PRIVILEGE

Health as a fundamental HUMAN RIGHT

**Procedures/Treatment** 

**Health outcomes** 

Price/Cost

Value

One size fits all

Personalised care/precision

Treat & diagnose/trial & error & intuition

**Diagnose & treat/precision** 

**Treat organs** 

Treat mutations & receptor level interventions



## **Key Transitions in Healthcare**(2)

Acute

**Passive patients** 

Family history driven

Dr as medical record custodian

Dr as primary source of info

Annual health checks

**Chronic** 

**Active co-managers of care** 

**Genetic risk driven** 

Patient owned digital records

Internet and social media platforms as health info source

Daily digital monitoring of health parameters



## **Key Transitions in Healthcare**(3)

**Treat sickness (curative)** 

**Dr.-centred decisions** 

Healthcare provider driven

Dr as king

**Primary care focused** 

**Western focus** 

Investing in wellness (preventive)

Protocols/standards of care

Payer driven

Patient as partner

**Retailisation of care** 

Global focus (emerging markets)



## **Key Transitions in Healthcare**(4)

**Prescription Market** 

**Substitution Market** 

Generic 'generic'
Market

**Patient Market** 

#### Dr is king

- Chooses drug
- Pharmacist dispenses
- Payer pays
- Pharma companies have broad product portfolios + large S&M teams

#### Pharmacist dominates

- Dispenses based on price, what's on shelf & relationship
- Less time spent of S&M
- Key a/c management
- Smaller S&M 'army'

#### Payer led

- Formularies
- Reference prices
- Pure INN prescribing
- Little S&M effort (retrenchments)

#### Patient in control

- Well-informed (own research)
- Personalised medicine (own information)
- Consumer protection
- Able to pay (new insurance products)



# The Current Status of Healthcare in Africa



#### **Changing Disease Landscape**

- Shift in burden of illness from communicable to noncommunicable diseases (NCDs) across the region
  - NCD's will have surpassed infectious diseases as the leading cause of death in Africa by 2030
- The proportional contribution of NCDs to the region's healthcare burden is expected to rise to 21% by 2030
- Africa is forecasted to experience the largest increase in death rates from cardiovascular disease, cancer, respiratory disease and diabetes during the next decade
  - 60 million people with hypertension by 2020
  - 1 million cases of cancer annually
  - 18.6 million people with diabetes by 2020
  - Chronic respiratory diseases (COPD / asthma) and neuro-psychiatric conditions
- This will result in greater demand for healthcare and best in class chronic therapies



#### Significant Health Challenges

#### Inadequate healthcare infrastructure

- Software Shortage of healthcare HR
- Hard ware clinics, hospitals, labs, Supply chain inadequate
- Inadequate quality systems and limited access
- Inadequate Supply Chain systems
- Limited use of technology

#### Limited healthcare funding

- Limited National budgets
- Donor dependence (? fatigue)
- Significant OOP expenditure

### Limited access to quality assured products and technologies

- Sub-standard / counterfeits
- Supply chain inadequacies
- Competencies in forecasting & quantification



## About Serenus



## The Rationale for the Founding of Serenus

- Address specific challenges
  - Sourcing of products & promotion of research into products & technologies that meet an unmet need
  - Delayed introduction of new and best in class health
     Technologies, that normally take 8 10 years after introduction in the developed world
  - Quality-assured products (role of technology)
  - ADR & lack of clinical response due to poor Rx choice / genetics
- Old model not sustainable
  - More HCP engagement (CME's, journal support etc.)
  - Patient Assistance Programmes, education / awareness & adherence programmes (m-Health)
  - better HCP / KOL collaboration and sharing of best practices both on the continent and internationally;
- Promotion of medical congresses on the continent



## The Rationale for the Founding of Serenus

#### ❖ Need to

- engage & integrate HCP's on the continent into global focus groups e.g. International Primary Care Respiratory Group (IPCRG); Oncology focus groups; Cardio-metabolic Syndrome focus groups; Paediatric Management Group (PMG) etc.
- coordinated response to the challenges that we face
   e.g strengthening or setting up Antibiotic
   Stewardship Collaborations with key stakeholders on the continent
- Promoting R&D and promoting continental clinical trial collaborations
- Form Strategic partnerships with governments / health funders (PPP's, Health outcomes focus)

Serenus Biotherapeutics'
mission is to transform
lives through accelerated
access to quality and
affordable novel medicines
in Africa





Our Vision is to build a Pan **African Pharmaceutical** company renowned for innovation, exceptional customer service, and the provision of high quality, safe, and efficacious medication to the people of the **African continent** 



#### **About Serenus Biotherapeutics**

- Pan- African, privately owned specialty biopharmaceutical company
- Strategic Intent to address unmet medical needs of diseases with high regional prevalence in Africa
- Capabilities in R&D will partner to bring Phase II and III opportunities to market
  - CRO, clinical trial site & investigator identification, regulatory and ethics committee approvals)
- Serenus is involved in the in-licensing, registering and commercialization of FDA, EMA and Japanese PMDA approved therapeutics for the African market
- We are experts in managing product approvals, pricing, reimbursement, distribution, compliancy, and marketing practices on the African regional and national levels



#### **About Serenus Biotherapeutics**

Diversified portfolio of innovative NCE, OTC, OTX and novel Generic medicines across multiple therapeutic areas

Aim to become an African based R&D company delivering medical solutions responsive to Africa's needs

\*Aspires to be a the leader in the African pharmaceutical sector:

- presence in various regional economic and trade hubs
- excellent customer service,
- good Corporate Governance and being a responsible corporate citizen



#### International Scientific Advisory Board



Michael Makanga MD PhD

- EDCTP Director of South-South Cooperation and Head of Africa Office
- International experience in conducting and management of health research programmes, emphasis in conduct of clinical trials
- Strong Liaisons with African political leadership, policy makers and the scientific community with the purpose of ensuring a genuine African ownership



Richard Chin, MD

- Founder and CEO of Kindred Biosciences
- Previous Head of Clinical Research for the Biotherapeutics Unit at Genentech
- Served as CEO of OneWorld Health, a Gates Foundation-funded nonprofit organization developing drugs for impoverished patients in developing countries
- Serves on the board of directors of several biotechnology companies, including Immunocellular Therapeutics



Solomzi Makohliso B.Sc M.Sc Ph.D

- Founder & Chief Executive Officer, Ayanda Biosystems S.A., Switzerland
- Founder and Director,
   NanoBioInnovations South Africa,
   Developing affordable biopharmaceuticals particularly tailored for and focused on African markets
- Resident Entrepreneur at the Council for Scientific & Industrial Research), South Africa



Eliangiringa Amos Kaale, B.Pharm Ph.D

- Expert on drug quality assurance and regulatory affairs
- Member of Technical Committee for Registration of Human Medicine in Tanzania
- Awardee of Alexander von Humboldt Fellowship for Experienced Senior Scientist



Karniyus Shingu Gamaniel (OON), PhD, FPCP, FPSN

- Outstanding achievements in R & D on Phyto Medicines, authored several books.
- Holds three US patents on Phytomedicines
- Currently a member of the Scientific Advisory Committee (SAC) of the International Foundation for Science (IFS).
- Audit person and Scientific Advisor on the MacArthur Foundation, Rockefeller Foundation



Keertan Dheda MBBcH (Wits), FCP (SA), FCCP, PhD (Lond)

- Professor of Respiratory Medicine and Head of the Lung Infection and Immunity Unit at The University of Cape Town Lung Institute
- Associate member at the IIDMM, UCT
- Attending Consultant GP and Pulmonologist at Groote Schuur Hospital and UCT Hospital in Observatory in Cape Town
- South African Department of Science and Technology - National Research Foundation Chair



#### Our Guiding Principles



#### **Sustainability**

- Build local healthcare capacity
- Continued growth and strengthen stakeholder relationships
- Best African Pharma legacy
- Disruptive business models



#### Responsibility

- Ethical Corporate citizen
- Partner IP protection and management
  - Improving health outcomes of patients
  - Risk management



#### **Innovation**

- Situational adaptability market specific
- Harnessing mHealth technologies
- Patient-Centric solutions
- Entrepreneurship



#### **Diversity**

- Africa is not a one size fits all
- Culturally sensitive
- Differences in medical need





#### **Our Strategy**

Differentiation

OUR TWIN STRATEGY

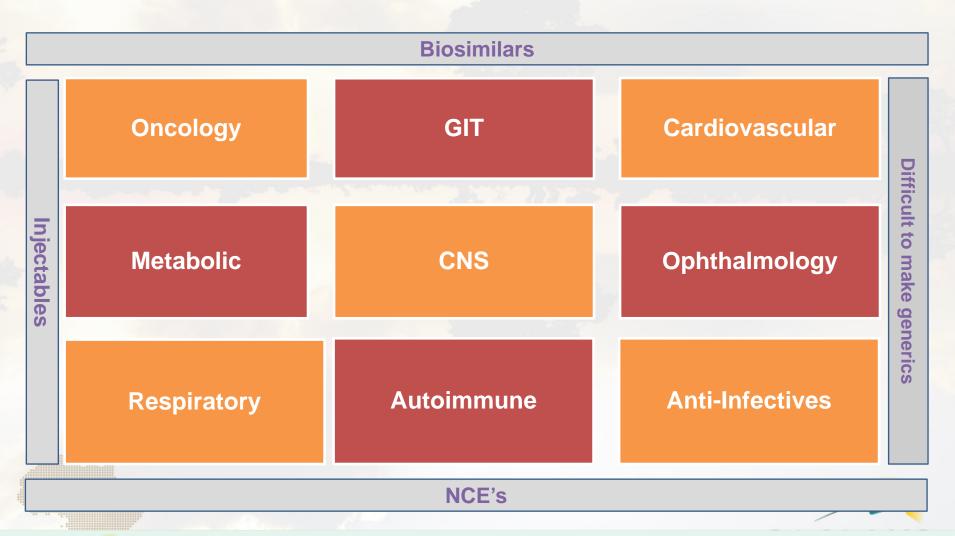
**Diversification** 

- Patient Focus
- Service Offering
- m-Health
- Public Private Partnerships / Mix

- NCE (e.g novel 4<sup>th</sup> Gen Quinolone)
- Difficult to make generics (Injectable suite)
- Innovative Health Technologies (Xenex)
- Improved Dx (Genomic & NGS testing, POC)



#### **Therapeutic Area Focus**





#### "It's far more important to know what person the disease has than what disease the person has"

**Hippocrates** 





#### **Shortening Path to Patient**

#### **Path to Market**

Medicine Registration

Pricing & Distribution

Sales & Marketing

Pharmaco - vigilance

#### **Path to Patient**

#### Patient Awareness

Education
Compliance & adherence

Enhanced access to HCP

Patient Apps HCP Training (CPD / CME) Diagnostic, Staging and Prognostic support

**POC** tests

Disease & Product education

m-Health Health Insurance company







## **Integrated Disease Intervention Pathway**

Drive patient awareness

**Drive Early treatment & Better Outcomes** 

**PREVENTION** 

TESTING

STAGING

**MONITORING** 

Education

Disease & its management Treatment adherence Forecasting & quantification Diag & co-morbidities

HIV

Malaria

Cancer

NCD's

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POC tests

GeneXPERT / SCC

CD4/VL

Various markers

Renal / Liver Function

GeneXPERT

SCC

Renal / Liver function

FBC

**ECG** 

Principal diagnosis & Co-Morbidities

SCC - Sputum culture conversion



"It is the province of knowledge to speak, and the privilege of wisdom to listen"

**Oliver Wendell Holmes** 







Bridging the gap between science and need