

Medicine for Millions

Examining the potential impact of PM from an
emerging economy perspective

Race to growth has excluded a large number of people



Healthcare growing @ 15% till 2022 (\$280 bio)
15% richest account for 50% of private spends
Lifestyle diseases



6-8% GDP spend – Developed world 12% +
Still fighting preventable diseases and low resources

PM thus is likely to be perceived primarily from an economic opportunity angle

- Cutting edge health care possibilities exist for developing countries
- India, Mexico, Thailand and South Africa showing way to others
 - Limited resources : hence limited waste on ineffective treatment
 - Statistic : 13% of northern India doesn't respond to 30+ essential medicines
- The key factors that make a difference
 - political will : LOW (Private spend @ 17% compared to 70% in G8 nations and 40% in other emerging economies)
 - institutional leadership : MEDIUM (3mio NGOs)
 - the goal of producing local health benefits : HIGH
 - protecting genomic sovereignty : HIGH, strict limitations
 - promoting economic benefits : HIGH (upside of upto \$500mn per drug)
- Hence business is likely to be the driver for further research
 - Costs already at 30% of US

Culture is a key challenge to behavioral change

- Behaviour is a complex combination of factors
- Culture and values are the lens through which any country will examine the issues
- Existing issues connected to PM
 - Existing reservations-discrimination (upto 50%)
 - Very high competitiveness
 - Aspirations of middle classes
 - Mistrust of government
 - Indian eating habits
 - 40 mio diabetes patients

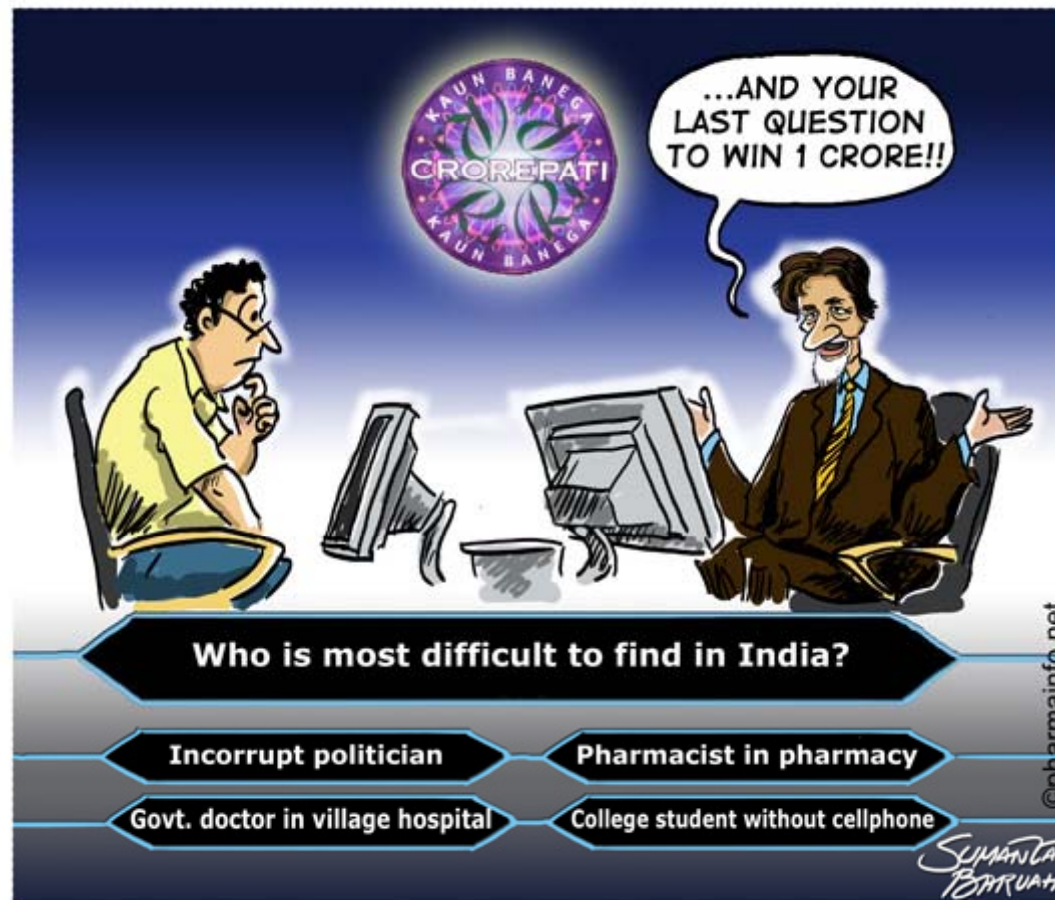


Indian context : several issues around health

1 doctor every
250 people
1 hospital every
70k people

Only 10% have
health insurance

65% regions lack
access to
essential
medicines



4 deaths a
minute due to
preventable
disease

20 mio fall
below poverty
line annually due
to health
indebtness

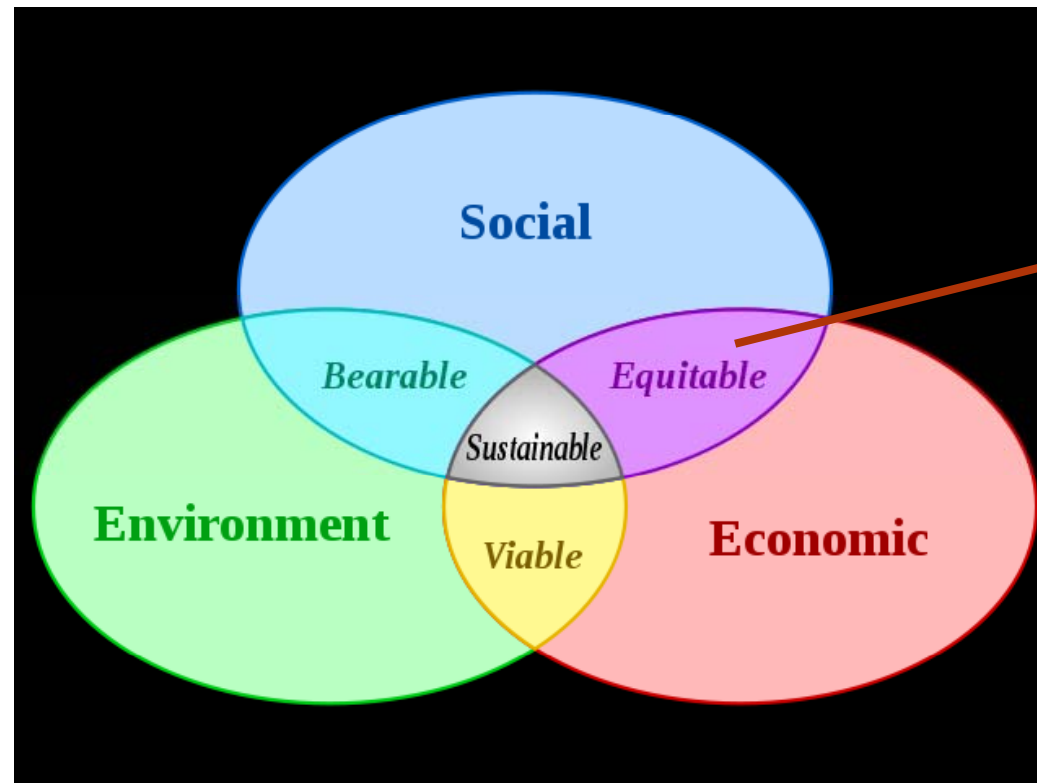
16% population
with 1% of
global healthcare
spend

The Indian context - II

- Ancient roots of PM :
Ayurveda
- High diversity
- Genetic predisposition to
certain illnesses
- Same caste marriages
 - The Parsi community
- Limited focus on ‘individual
choice’
 - Success to business driven
solutions
- One more chance to ‘catch
up’



Sustainable? Not yet!



Key
challenge

In conclusion

- Economic opportunity could be the primary driver for growth of PM
 - Invest or Support!
- Cultural context will determine extent of change in behavior
 - Don't expect similar results
- Mass based PM solutions hold great promise to meet challenges of a country like India
 - Answers for an rapidly growing health challenges

Thank You!
Any questions?

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