

Doing the right thing is good business

Lutz Hegemann shares how lessons learned treating patients with leprosy influenced the way he thinks about the pharmaceutical business.

By [Elizabeth Dougherty](#) | Sep 14, 2021

Can a pharmaceutical company do good and run a profitable business at the same time? Lutz Hegemann believes not only that it is possible, but also that this is exactly what society expects. In fact, reframing the definition of business success around doing the right thing, he says, is both motivating and liberating.

“In the past, what was seen as a distraction from the core business is now being seen as an enhancement of our business,” says Hegemann, Group Head of Corporate Affairs and Global Health at Novartis.

Hegemann began his medical career working with patients with leprosy in India at a time when the disease was only just beginning to be treatable. Since then, medical interventions have reduced the number of patients with leprosy by 95%. Yet despite charitable donations of medicine over the past 20 years, the number of patients with leprosy – which is curable with treatment – has stopped declining.

“This shows that even if you give a medicine for free, it doesn’t mean you will have an impact. It made an impact in the past, but now it is not good enough,” says Hegemann. “We need to move beyond that transactional approach and look holistically into what the real barriers are for patients.”

This kind of effort involves deep knowledge, which may differ depending on the patient, the disease, the country or the region. It also requires a mindset shift.

“For a responsible company, we need to prioritize positive impact for patients in a way that also leads to a sustainable business,” says Hegemann.

We talked to Hegemann to learn more about his views on building a sustainable business that prioritizes reaching patients.

How did you get interested in working with leprosy patients?

I trained as a dermatologist and took special interest in tropical dermatology. Leprosy was a research focus of the group I worked with. I had always been interested in working with underserved patients. But I was also fascinated by the fact that we understood so little about leprosy, despite the fact that it's been around for centuries.

What are some of the barriers for patients with leprosy today?

Multidrug therapy, which Novartis has been [donating](#) to the World Health Organization for all leprosy patients since 2000, has greatly reduced the number of patients. As the disease becomes less common, there are fewer and fewer experts who know how to diagnose and treat the disease. If you suspect you have the disease, you have to go to a hospital that treats leprosy patients, which may be far away.

There is also a stigma associated with the disease. A possible way to address both of these challenges is by using an [artificial intelligence](#) approach to screen for leprosy remotely. This kind of approach could strengthen

the care infrastructure and address the emotional stigma many patients experience.

How did you connect this experience to the idea of a responsible and sustainable business model?

About 10 years ago, I took over the Novartis portfolio of established medicines. These approved medicines generate profits that fund new innovative medicines. My job was to keep it going.

Because of my public health experience, my desire was to make those established medicines – the breakthrough innovations of the past – available to patients who don't have access to them. This broadened the goal to include prioritizing the reach of these medicines to patients everywhere.

But to make this shift, you need to take multiple steps backwards and figure out how to build a system that has the ability to bring innovations to patients. We've learned that we have to work our way through the complexity and collaborate with health systems, governments and other innovators to find solutions that help more patients get access to the medicines they need.

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Lutz Hegemann

Is there an example of how this effort has worked?

For decades, treatments for sickle cell disease were limited, but now there are advanced therapies. Curative gene therapies could follow. But in sub-Saharan Africa, where 80% of all patients with sickle cell disease live¹, we saw that the disease is not diagnosed early and patients are not able to get fundamental medicines, including established medicines such as hydroxyurea. If we want to bring advanced medicines to patients, we'd better make sure patients are diagnosed and can get established treatments.

But we, as a company, cannot solve these problems on our own. So we have collaborated with partners. We've worked to increase production capacity to support the global supply of therapeutics and worked with governments to make sure established treatments are approved and affordable. We've worked with technology companies to improve diagnostics and health records. And we've worked with health systems to train practitioners.

I should mention that sickle cell disease is just one example. This holistic approach to prioritizing reach in Africa encompasses the entire portfolio that we have at Novartis, across all of the disease areas.



By focusing on patients and patient populations, Hegemann hopes to improve access to medicines for people with diseases such as malaria, sickle cell disease, Chagas disease, and leprosy.

Does this collaborative work take a new type of mindset inside of Novartis?

It is a very, very different mindset and different motivation. What we see is a huge sense of responsibility among Novartis associates who see firsthand what the communities are suffering from. Instead of a focus on, say, increasing market share by 2 percentage points, they wake up in the morning thinking about people: Here's a community that doesn't have access to medicine, and I'm going to change that.

They are determined to help those communities and that is a huge source of motivation.

Does this approach of prioritizing reach extend to other places, such as the US or Europe?

Absolutely. We have realized, as a consequence of the pandemic, that health inequity exists everywhere. The barriers may be different from those in Africa, but some of the solutions are strikingly similar. For instance, in the US you can have a non-medical professional, such as a pharmacist, doing vaccinations to reach more patients in local communities. In Africa, you can take a similar approach by expanding the capabilities and competency of a community healthcare worker.

Keep in mind, though, that we don't have all the answers. We are still experimenting in good faith with our partners and putting our best foot forward. It's a constant learning journey and we always can do better.

The Head of Corporate Affairs and Global Health at Novartis shares his views on building a #sustainablebusiness that does good

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References:

1. Scott D. Grosse, Isaac Odame, Hani K. Atrash, et al. Sickle Cell Disease in Africa: A Neglected Cause of Early Childhood Mortality. *American Journal of Preventive Medicine* 41, no. S4 (December 2011): S398-405.

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