



Agenda

LATAM Macroeconomic Scenarios

COVID-19 Impacts on Access and Reimbursement: What Comes Next?

- -Impact Of COVID-19 On Healthcare Funding in LATAM
- -Evolving Changes To Patient Care Pathways in the Region
- -Key Reimbursement Risks

Impacts on Digital Health Strategies in the Region

- -The Role of Telehealth in a Post-COVID Environment: Challenges and Opportunities
- -How Shifts in Healthcare Ecosystem Will Impact Clinical Data Aggregation and Analysis in LATAM

Q&A

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Q&A

Three key variables will explain economic trajectory /= over the short and medium term



Key economic drivers

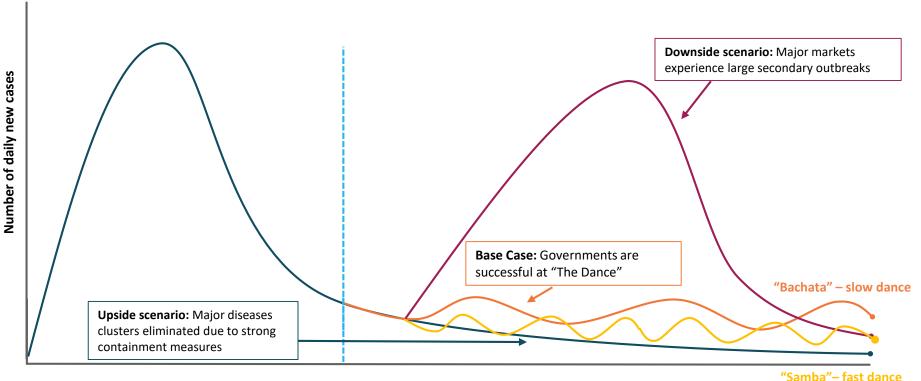
- Recurrence, length, and stringency of social distancing measures (SDM)
- **Government stimulus during and after SDMs**
- Timing of treatment and vaccine

1. "Dancing" with COVID-19 has become the base case scenario in most countries



COVID19 scenarios leading up to widespread vaccination

Virus containment approaches inspired by Tomas Pueyo's analysis Coronavirus: The Hammer and the Dance



Time since first case

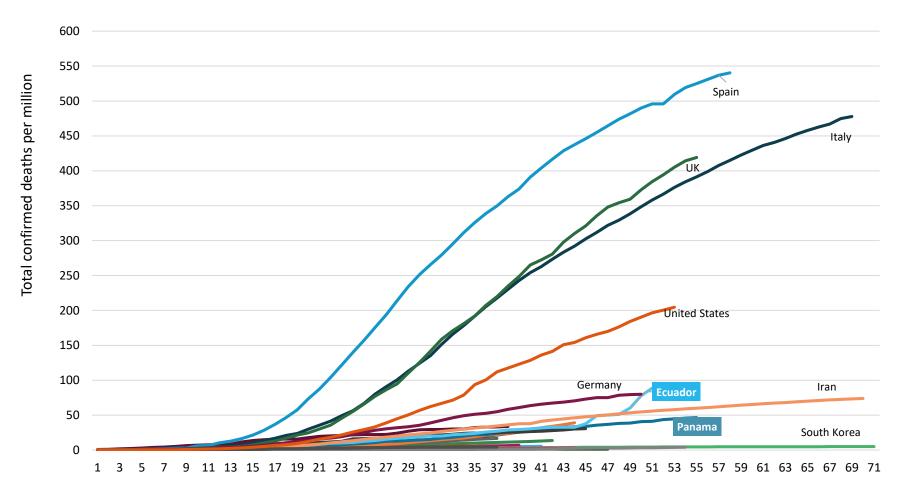
Good "dancing skills" can limit virus spread, reducing the need for and cost of SDMs



Key	y "dancing skills"	Variables & Importance	"Bachata" – slow dance	"Samba" – fast dance
1	Early reaction (and dancing with the right tempo)	 Early border controls: to stop importation of cases Early SDM: to stop domestic contagion (e.g. closing of schools, mass gatherings, release of SDM guidelines) 	Slow reaction leads to rapid spike in number of cases Reopens the economy too quickly	Rapid reaction keeps case count under control Reopens the economy at the right pace
2	Good information	 Testing (1): To identify and isolate cases Tracing: To identify and isolate suspected cases Testing (2): To identify people with antibodies and allow for targeted relaxation of SDM 	Lack of information leads to indiscriminate and widescale restrictions during containment and relaxation phases	Good information allows for more targeted measures during containment and relaxation phases
3	Treatment capacity	 To reduce contagion: PPE for healthcare workers, masks, gloves, disinfection To reduce morbidity: strong primary care system; # hospital beds (normal and ICU); #ventilators 	Poor healthcare infrastructure and resources lead to higher contagion and morbidity rates	Strong healthcare infrastructure and resources lead to lower contagion and morbidity rates
4	Endorsement from local authorities	 Influences adherence to WHO and local healthcare guidelines, and hence contagion rates Influences trust during relaxation phase 	Conflicting orders reduce adherence to SDM guidelines Activity stays muted during relaxation of SDM amid fears of contagion	Greater alignment increases adherence to SDM guidelines Activity picks up faster during relaxation of SDM if healthcare criteria dominates

LATAM has so far avoided Europe and US impact / levels, but beware of under reporting of cases





Days since total confirmed deaths reached 0.1 per million

Source: OurWorldInData

Production and distribution of treatment and vaccine could prove challenging for LATAM



Treatment

Vaccine

Upside (15%)

Effective treatment & moderate access by Q3 2020

- Moderate access by Q3 2021

Base case (55%)

- Effective treatment & moderate access by Q4 2020

- Moderate access by Q4 2021

Downside (30%)

No effective treatment found

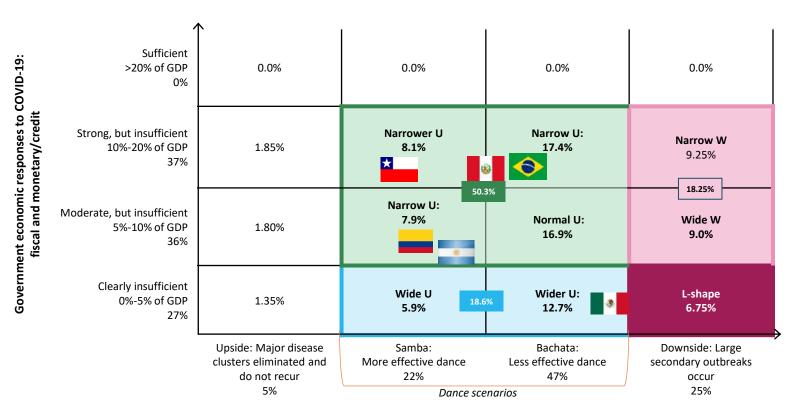
 Moderate access by Q4 2022 or no vaccine found

Access definiti	ons	Low access	Moderate access	Good access
Treatment	% of population	5%	250/	Γ00/
Vaccine	% critically sick patients	5%	25%	50%

However, the region will fall short of required stimulus to mitigate the impact of SDMs



Scenarios and likelihoods for Latin America's economic growth outlook*



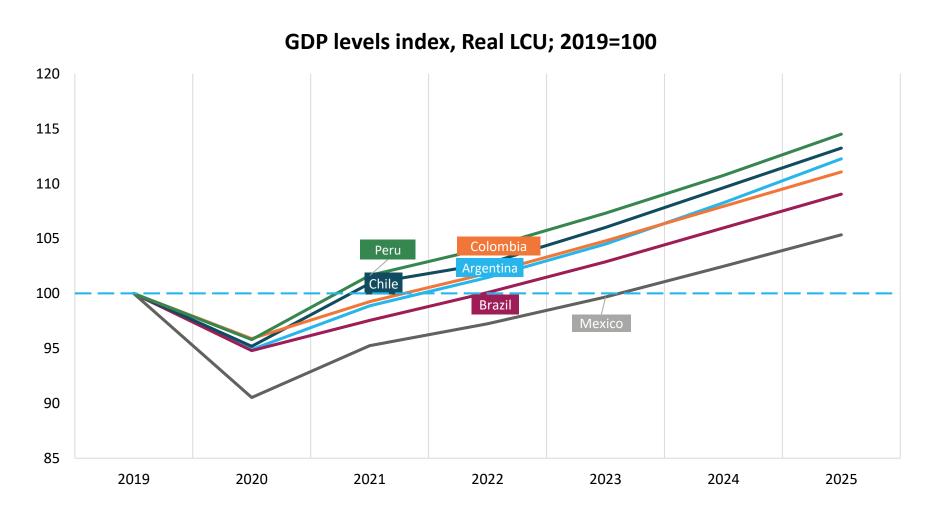
Virus containment success

^{*}Likelihoods reflect regional weighted average of individual country probabilities for each scenario (weighted by GDP in dollars) Flags reflect most likely scenario for each country

Economic forecasts

Strength: Mexico will be the last to regain 2019 levels among top markets





We expect currencies to stabilize from current levels, but volatility will persist



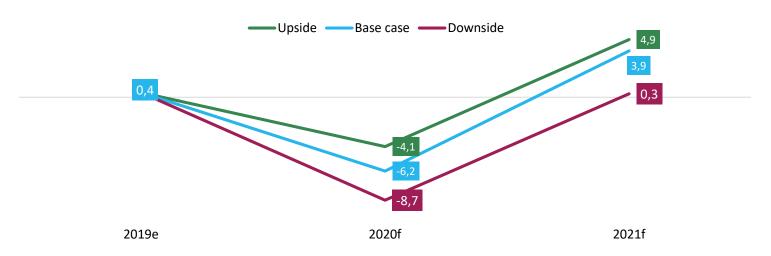
LCU:USD exchange rates – Evolution since January 1st and 2020 forecasts

Currency	Jan 1	May 4	Average-of-year DuckerFrontier	End-of-year consensus range	Diff between max and min
CLP	735.9	838.6	822.2	784–820	5%
СОР	3,274	3,966	3,800	3,500–4,200	20%
PEN	3.26	3.38	3.52	3.35–3.60	7%
BRL	4.0	5.5	4.95	4.32-5.90	36%
MXN	18.9	24.1	22.30	20.0–26.25	31%
ARS	59.9	66.8	70.90	71.59–100.00	40%

Companies should rely on scenario planning more than ever



Real GDP, %YOY – Weighted Regional Average Latin America



Most likely Best Case and Worse Case scenarios for each country (i.e. excludes extreme scenarios)

	Brazil	Mexico	Colombia	Argentina	Peru	Chile
Best case*	Narrow U (30%)	Normal U (15%)	Narrow U (22%)	Narrow U (22%)	Narrower U (21%)	Narrower U (27%)
Base case	Narrow U (30%)	Wider U (40%)	Narrow U (22%)	Narrow U (22%)	Narrow U (24%)	Narrower U (27%)
Worse case**	Narrow W (15%)	L-shape (25%)	Wide U (14%)	Wide W (11%)	Normal U (16%)	Narrow U (18%)

^{*}All upside scenarios assumes effective treatment & moderate access by Q3 2020, and moderate access to vaccine by Q3 2021

^{**}All downside scenarios assume no effective treatment found, and moderate access to vaccine by Q4 2022 or no vaccine found

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Impact on Funding

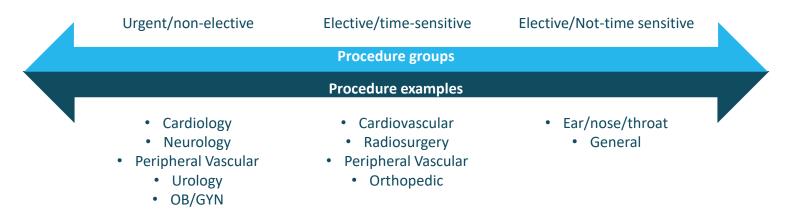
A qualitative framework is necessary to answer the question of funding impact



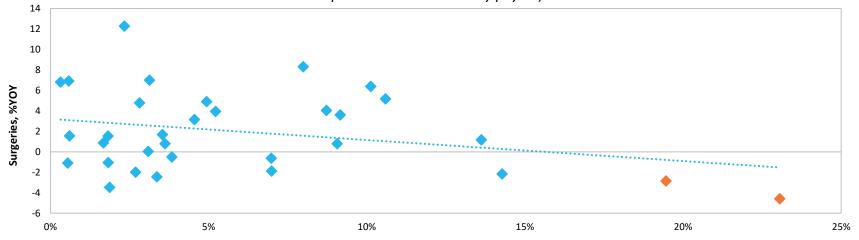
	Infection rates	Fund injection	Fiscal Space	Savings from elective procedures
Argentina	Low	Large	Very low	High
Brazil	Moderate	Moderate	Moderate	High
Colombia	Low	Low	Low	High
Chile	Low	Very High	Very High	High
Mexico	Moderate	Low	Moderate	High
Peru	High	Low	High	High

Timing of elective procedure recovery will be critical for the entire healthcare system



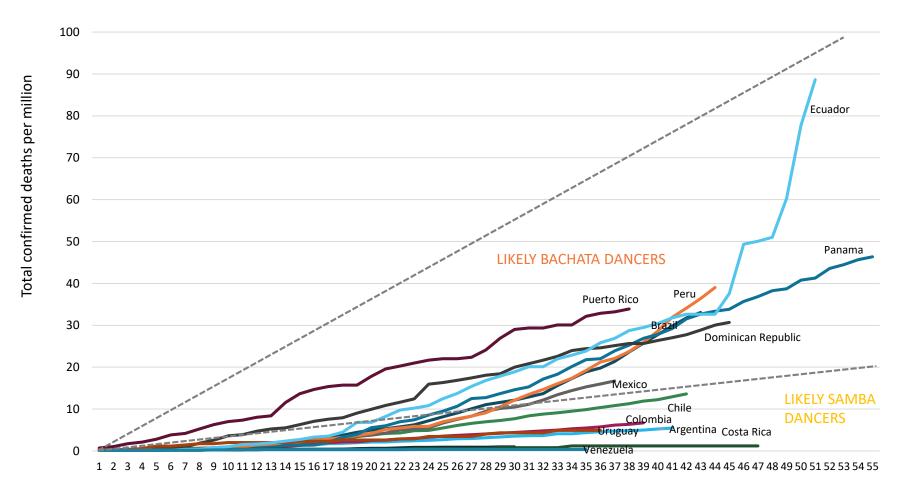


Historic relationship between infection rates by H1N1 at the state level in 2009 and surgical procedure volumes in Mexico (includes all public and social security payers)



Argentina, Colombia, and Chile have been more effective at virus containment than Brazil and Mexico

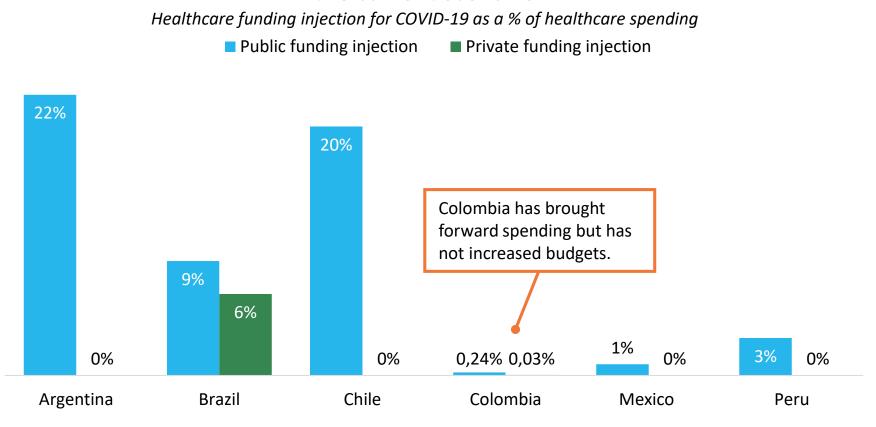




Governments have taken different approaches to emergency funding injections



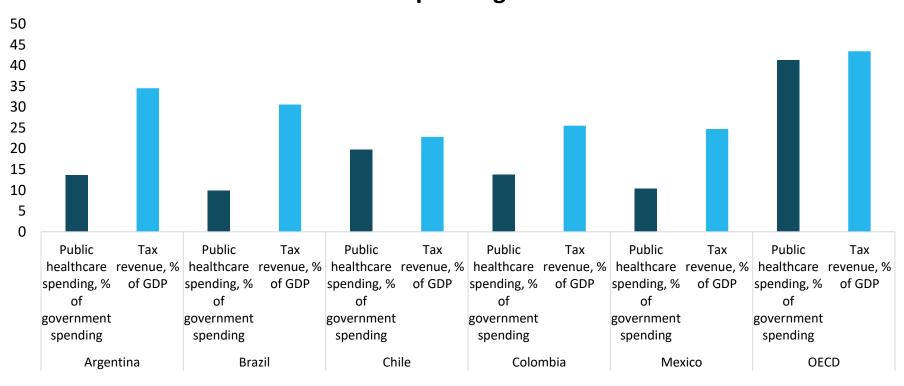
The key challenge remains that many payers are actually saving money in the current scenario



But sustainability of these funding injections is questionable in some cases



Some countries will need to increase tax intake, while others will have to rely more heavily on improving efficiency of current spending



However, we believe the most important factor is provider financing sustainability



Level of Challenge

- Severe
- Pressing
- Moderate
- Limited

Expected Action

- Completely addressed
- Significantly addressed
- Partially addressed
- Limited action taken

	Argentina	Brazil	Chile	Colombia	Mexico	Peru
FFS Private Providers						
Employment-based financing	•					
Lack of ICU infrastructure	•		•			
Lack of diagnostic infrastructure		•	•			

Infection rates and overall financing design will determine the timing of elective activity recovery



Framework for planning impact on elective activities in healthcare sector

Late recovery, with potential significant Late recovery, with limited High infection ratescapacity and financial capacity impacts impacts dancing bachata Infection Rates High infection ratesdancing samba Early recovery, with Early recovery with potential Low infection rateslimited capacity and significant capacity and resource impacts dancing bachata financial impacts Low infection rates dancing samba Limited FFS Limited FFS financing Moderate FFS Moderate FFS without financial financing with financing with financing without financial support financial support support: financial support Potential disruptive factors

- New funding injections
- Expanded use of PPP model

FFS Provider Financing

Subsequent strategic implications are stark:



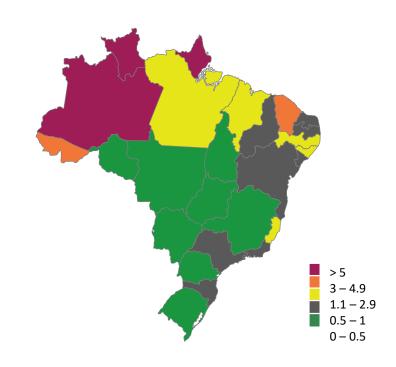
Demand recovery and impact on patient journey will differ significantly across markets

Key events to date

- Chile announces return of elective procedures
- Uruguay announces return of elective procedures
- Colombia announces return of elective procedures
- Brazil's ANS recommends continued delay of elective procedures
- ➤ IMSS signs PPP contracts to provide elective procedures in private hospitals

In high infection rate countries, the importance of a subnational strategy will be magnified

Estimated critical COVID-19 cases per public sector ICU Bed (As of May 5)



Impacts on Patient Care Pathways

The patient journey impact will fall into several buckets



Awareness/Diagnosis/ Treatment Prescribing

Financing

Physical Access

Follow-up and adherence

Telehealth is legalized and expanded

Electronic prescriptions are expanded

Slowed incorporation of innovation

Care delivery bottlenecks and safety concerns

Private-Public Partnerships are expanded

Home Delivery and Prescription Stock Piling

- Expansion across therapy areas
- Continued concern about reimbursement rates
- Patient ease of use
- New data streams
- Enhance search for personal financing options
- Potential government openness to innovative early access programs
- Surge in elective (or delayable) health services creates surge pressures on physical infrastructure and personnel
- Lack of PPE for patients and healthcare personnel creates delays
- New PPP models to address bottlenecks create new communication and data collection flows
- Patients might not know what is available to them
- Patients may be seeing new practitioner without access to clinical records

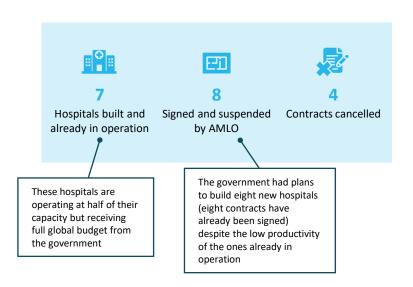
- Governments might pursue expanded use of last mile delivery to patients
- Patients might not transition well from extended prescriptions to normal equilibrium

Public-private cooperation is being discussed around the world to address demand surge



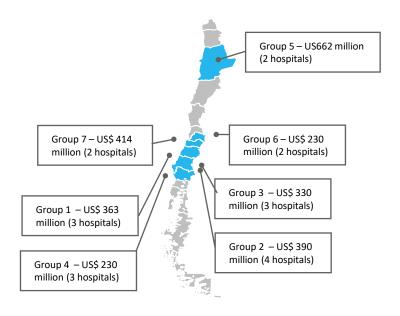
Markets such as Mexico and Brazil where there have been barriers for PPPs could see a takeoff

Current situation of PPP hospitals in Mexico, by status



Other markets where there was already growth might see a broadening and acceleration

Planned PPP hospitals in Chile – by region and total expected expenditure



Fintech financing of healthcare is likely to continue to emerge for several reasons

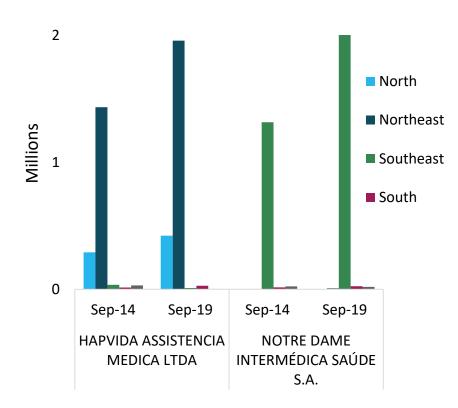


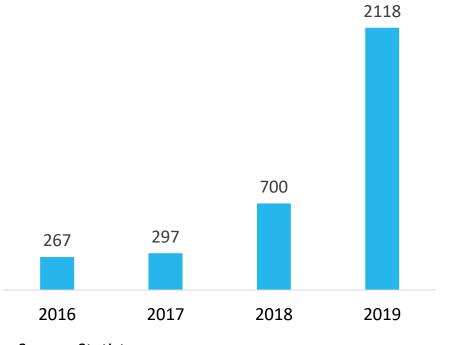
Low-cost payers and providers will accelerate expansion across LATAM

Brazil beneficiaries by region by insurance provider (key low cost insurers being highlighted)

Fintech will remain a focus of investment within the region

Value of venture capital fintech investments in LATAM (US\$ millions)





Source: Statista

Reimbursement risks

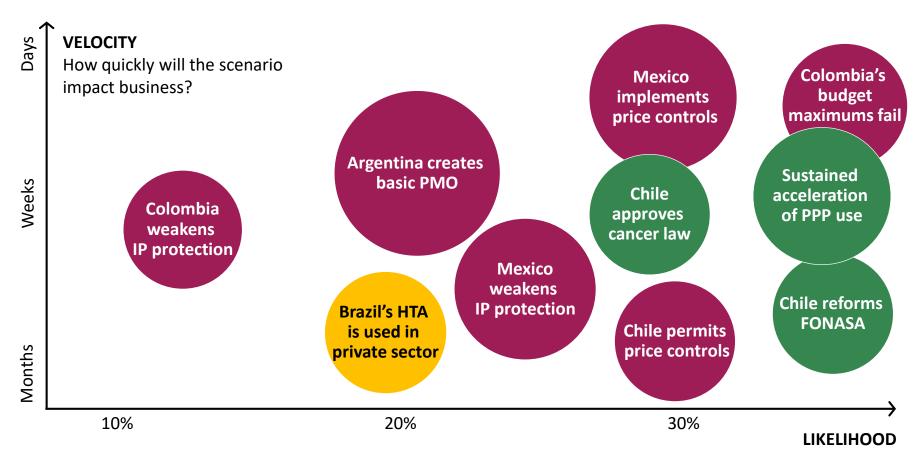
The impact on pre-existing trends will be significant...



	Cost-focused Trends	Access-focused Trends	Quality-focused Trends
Accelerate	 Investment in primary care Reduced budgets for sanitary bodies/delayed marketing authorization Centralized procurement 	 Use of opex budgets to procure capital equipment Easing of restrictions on imports without local sanitary registration Digitization of health services 	 Data interoperability
Delay	 Investment in HTAs/Discussion on cost- benefit analysis metrics 	 Growth of full coverage private insurance 	 Seeking of value-based contracting Leveraging of existing clinical data to drive insights Implementation of quality metrics
Cancel Out	 Freezes on infrastructure spending 		
Renew	Weakening of IP protectionInternational centralized negotiations/tenders	 Use of PPPs to build infrastructure and contract services 	

Risks will continue to evolve across the region 🥏





Bubble size represents relative business impact of the event; color represents positive, negative, or mixed effect

How likely is the scenario to occur in 2020/2021

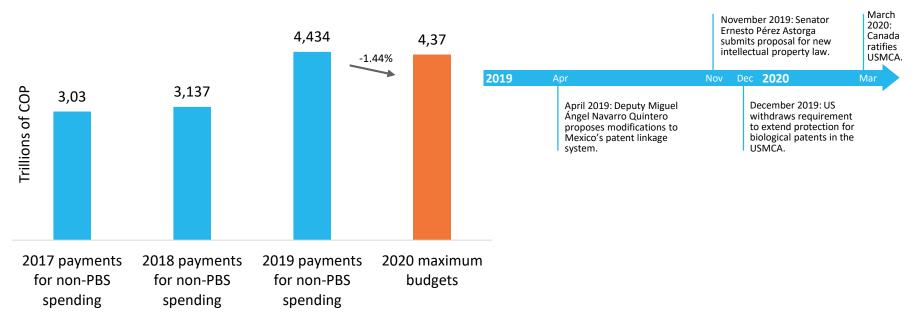
But a few specific risks present the largest downside



Collapsed fiscal space in Colombia means the implementation of new budget ceilings could be in jeopardy

Total non-PBS budget passed to EPSs and IPSs by year (maximum budget for 2020)

Mexico's new proposed intellectual property law poses a rising risk amid a contraction in resources and hardening of administration Key recent timeline of Mexico IP legislation action



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Role of Telehealth

Expanded investment in digitalization will shift priorities



	Current Standing on Key Components of Digital Health Readiness							
	Digital Health Strategy	Interoperability Strategy	EMR Strategy	Data Protection Law	Specific Public Digital Health Body	Digital Health Faculty Within Leading Universities	Regulation on Telehealth	
Argentina	√	✓	✓	√	√	√	X	
Brazil	√	✓	✓	√	√	√	X	
Chile	√	√	✓	√	√	√	X	
Colombia	X	✓	✓	√	X	X	√	
Costa Rica	√	✓	✓	√	√	X	X	
Guatemala	X	X	✓	√	X	X	X	
Mexico	X	X	✓	√	X	√	X	
Panama	√	X	√	√	√	X	X	
Peru	√	√	√	√	X	√	√	
Uruguay	√	√	√	√	✓	√	X	

The crisis has driven legal and regulatory changes around digital health

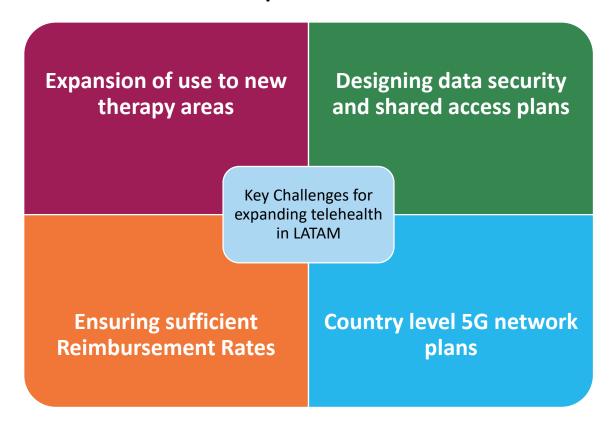


	Actions on telehealth	Other digital health actions
Argentina	Implementation of Telecovid, a telehealth network ran by the national government for telehealth consults for potentially infected patients and recovering patients.	E-prescription for oncological drugs, treatment of chronic, non-transmittable illnesses, and any other medication requiring a prescription that is not a psychotropic may be issued through images via WhatsApp, email or fax.
Brazil	A decree has legalized medical consults, diagnostics, and medical certificates (including prescriptions) to be conduced and issued virtually throughout the duration of the pandemic.	E-prescriptions for medication is now authorized nationwide, excluding psychotropics and opioid's, and are accessible via online platform for pharmacies and physicians.
Chile	The National Center for Health Information Systems published a Telehealth best practices guide with key recommendations for physicians, providers and patients.	The Chilean government is planning on launching "CoronaApp" to adequately monitor potential infection points and avoid large gatherings of citizens. Allowed citizens to pay copays for FONASA online
Colombia	Decree 538 was issued and allows for physicians to use video and audio platforms to evaluate and prescribe medications to patient, avoiding contagion amid the COVID-19 pandemic.	EPSs have begun implementing telehealth, via specific apps or WhatsApp, in order to attend to high-risk patients and mitigate losses from COVID-19
Mexico		
Peru	The government announced the creation hotline with 400 health professionals, with the capacity to take 80,000 calls on daily basis for non-COVID 19 related health issues, such as mental health.	

There are opportunities to address challenges that will slow expansion of telehealth



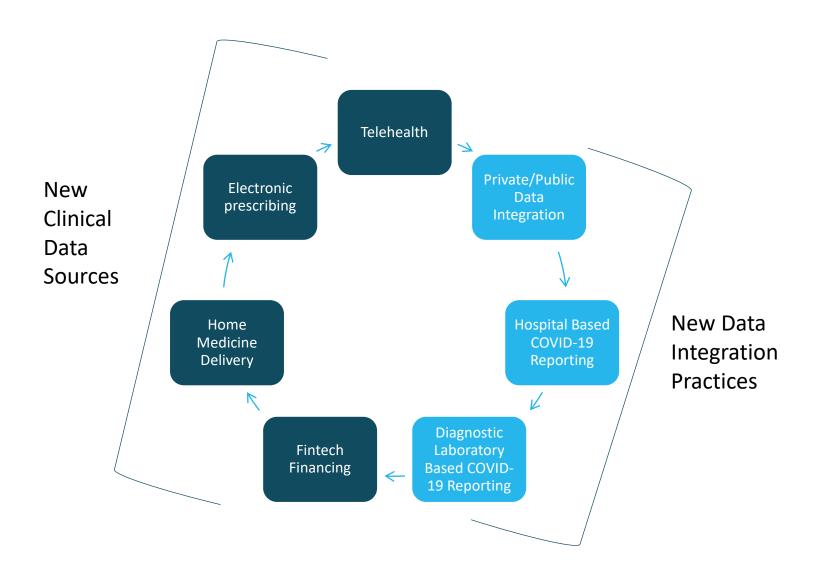
Work streams should be created around these prioritized areas



Data Collection and Analysis

New data streams and data integration practices have been initiated





New policy makers will need to be educated as to the importance of actions on data collection



Brazil Replaces Minister of Health – April 20



- Amid a political crisis, new Minister Nelson Teich is appointed by Jair Bolsonaro.
- Teich is former oncologist with an extensive background in healthcare economics and management.
- With strong ties to the private sector, Teich has worked with Hospital Israelita Albert Einstein and President Bolsonaro's presidential campaign as a consultant.

Peru Replaces Minister of Health – March 21



- Victor Zamora replaces
 Elizabeth Hinostroza as
 Minister of Health as
 President Vizcarra claims
 Zamora possesses
 "extensive expertise in
 public health".
- Zamora is a physician with an academic background in health management and economics.
- Prior to his ministerial position, Zamora was regional health director for San Martin and acted as an advisor for the Ministry of Health.

Ecuador Replaces Minister of Health – March 21



- Juan Carlos Zevallos is a cardiologists who replaced Catalina Andramuño after her resignation as Minister of Health amid a deep sanitary crisis.
- Zevallos was an acting professor at Universidad de las Americas and at Florida International University.
- Prior training includes epidemiological control at the Center for Disease Control in the United States.

Guatemala Replaces Minister Health – January 15



- Hugo Roberto Monroy de Castillo was announced Minister of Public Health and Social Services on January 15
- As Guatemala's health crisis deepens, Guatemala's Human Rights Obmudsman has filed a request to destitute Monroy from his position due to his poor execution of public policies during the COVID-19 pandemic.

Colombia Assigns new Vice-Minister of Health – April 6



- Appointed during the COVID-19 pandemic, María Andrea Godoy Casadiego is the new Vice Minister of Social Protection.
- A lawyer, Godoy has an extensive background in health management and administrative law.
- Prior to her role, Godoy worked in management at health insurers such as Fasminar and Colsanitas, and in charge of the Legal Advisory Office of the National Superintedency of Health.

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