

ANN AERTS

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Frank Mueller: I think Ann starting off, it would be fantastic to probably get a sense of your current job role just as an introduction. So, we know you a little bit better before I start with the questions we have written down. If you want to just introduce yourself, that would be fantastic for a good start.

Ann Aerts: Yeah, thank you. I'm Ann Aerts and I'm heading the Novartis foundation, which is an independent organization from the company Novartis. And our goal is to advance data and digital led innovations to re-imagine or re-engineer the way health and care is delivered around the world.

Frank: Okay, perfect thank you so much. So, the first question I want to ask you Ann... I've kind of researched your background – very impactful. So, who is your inspiration behind your medical and scientific career?

Ann Aerts: I don't think I have a single person as an inspiration. But what inspired me to start medical school, as I come out of a family of no one has done anything with medical. So, they were all really much more in the economic and banking sector, things like that. So, as a child I was already fascinated by Dr Schweitzer. You know from more than a century ago how he went to Africa and then came back to his home country here close to Basil to play music concerts and gain money or do fundraising for his programs in Africa. But that's not what I would say as an answer.

I think when I was a teenager, I got really taken by the movies or the documentaries on

TV on the famines that were happening in Ethiopia at that time. And I looked at how the organizations like the Red Cross and then Médecins Sans Frontières was founded there and I said, this is what I'm gonna do. So, I think I was more fascinated at that time suddenly by that insight when these catastrophes were happening in Africa. And I really said, this is what I want to do very idealistic.

Frank: So, the TV at this point did something really good to bringing you in that career path. Fantastic. So, the second question I want to ask you is, you started your career by working for the international community of the Red Cross and non-profit organizations, then moved into the pharma back into a Philanthropy organization in Novartis foundation. So, it seems like you have done the full circle. Was this really intentional? Or did it help you to explore different areas and then kind of bring it together? How did this come together?

Ann Aerts: Yeah, thank you for that question. It's absolutely not been intentional. I'm someone who takes opportunities as they come along. What was intentional was my first choices. So, first and foremost in Belgium when I finalized my studies, I worked as an emergency physician and in intensive care really for a few years to get that kind of training extra on my medical degree. And then I decided – I was at the same time studying tropical medicine – and I decided I would go abroad after that. So, I chose that yes to be an emergency physician and then go abroad to work in in complex emergencies.

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So, I worked mainly in conflict areas. And when you do that after a while, when you know how things have to get organized to have the best impact, you advance in the past and become a coordinator of the actions. And this took me a little bit away of my clinical work without realizing really. And that I missed it, because I love clinical being a physician and doing clinical work. I loved it. But then yes, I advanced in that career and in the end after a few years, I ended up heading the health services in the international committee of the Red Cross, which was the biggest humanitarian organization. So, it was a huge opportunity that I wanted to take.

So, I did that for a few years and then at a certain moment you realize now that's enough I want a normal life. So, I was about mid 30s I guess and I was married since a long time. And I said now I want kids and that's really not combinable. So, I went back to my home country and in fact, I was called also by my government in Belgium first and foremost. It was September 11th and they called me back to Belgium to set up the emergency response there in the public health space. So, I did that, but I didn't like so much to work for the government. It was too bureaucratic, but it was a really good experience to understand how governments work.

So, that helped me then to realize okay what I want to do is really combining my passions – if I'm not working as an emergency physician abroad – I have another passion and that's science. So, I went back to

working to take that kind of role by chance that I ended up in the pharma sector. But not by chance that I chose Novartis, I really chose Novartis because I was very interested in their research on tropical diseases. They had a Novartis – we have still Novartis Institute of Tropical Diseases – and it's the almost the only company who was doing that at the time. So, that's why I came to Novartis and worked there in R&D for seven years or more. First in Belgium and then here in Basil.

And then I joined the foundation when I had this opportunity to combine my passions into this role that was obviously the best opportunity there was. And I still love my role. I really cannot think of a better job in Novartis than this one.

Frank: This is like the perfect storm.... A lot of people they search for their entire life and when somebody just found really the kind of job role the kind of passion to just you know put everything into this area. Perfect.

Ann Aerts: Yeah, I always say it's also a lot of luck. You have to be there in the right moment when they were. It's just luck. When there was the possibility to lead the foundation that was when I was already in Basil. If that would have happened five years before I wouldn't have known. So, it's also luck but I know I've always been very lucky in life. So, that's something that accompanies me.

Frank: At the right time, at the right place. I mean it always counts for the best. Perfect.

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So, the Novartis Foundation is so engaged in so many different activities and projects. So, do you have one which you would kind of consider as “wow, this is the closest to my heart”? And can you explain why?

Ann Aerts: That's a really difficult question, Frank. Choosing one in fact we have only one big initiative currently and that is advancing Cardiovascular population health really at the level of populations at large. And that's my favorite, absolute favorite because it's responding to the

world's leading problem currently – it's the leading cause of death, cardiovascular disease. And there's very little answers and solutions to that in low- and middle-income settings. Where health systems are insufficiently equipped and prepared to address all the needs of chronic patients as they are geared mainly towards addressing acute needs.

And that's definitely an initiative that has an enormous impact, and that's why it will always be my favorite, because it is so impactful. In fact, we had tested the approach of innovating the way you can deliver healthcare for chronic patients in relatively small pilot programs first in Ghana, in Vietnam. And then the learnings from that served to scale that at an entire city level in our initiative that was called 'Better Hearts, Better Cities', that we run across three continents in Sao Paulo, Dakar, in Ulaanbaatar in Mongolia – all three places with very high Cardiovascular morbidity and mortality.

The result of that initiative an urban health initiative taking a multi-sector approach bringing together the health sector with the tech sector obviously. But also, the agriculture food and agriculture sector, education sector work and environments and employers' associations and transport sectors, and many other sectors has an enormous impact. In fact, we are just reading out our results of this initiative, that after one and a half or two years of interventions with these super complexes but efficient partnerships, where the local government is in the driver's seat, in fact. We just read out the results and we were able in very short time to advance blood pressure control rate, for example, which is one indicator we measure from being very low to being much higher than in Europe or in the US. So, 60% of blood pressure control, we reach in Sao Paulo which translates in a reduction of 30% of strokes for example in one-year time only.

So, it's a huge impactful initiative. And that is in fact now again the precursor to our next level in the Novartis Foundation, where we won't be calling that “urban initiatives” but we will continue working with cities as they drive population health, and move it to the next level, where we lower overall cardiovascular health risks – sorry overall risk in the population with the government and all these partners.

So, this is tremendously impactful and will even be more impactful if we address more than only high blood pressure. We will look at the other risk factors too and I think that's my favorite. So, I don't want to say I didn't

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like the work we did on leprosy, for example, where we went to the last miles to advance or accelerate the last miles in the elimination. And now are going to get there with the newest technology, we are gonna be able to eliminate the oldest disease we know in the world. Because we use an AI solution based on image-based diagnostics with skin images to accelerate early diagnosis of Leprosy. So, I cannot say I don't love that, but it's not in our foundation anymore. We are handing this over now to Novartis, so that it can be rolled out in the whole world.

Frank: Okay. You already made a very interesting and valid point in terms of technology, innovative technology. To kind of you know tackle that point specifically, in your experience what is the best way to enable innovative technology to develop and scale in places that need it most? What would be your answer and what is your experience?

Ann Aerts: The best way I wouldn't claim that I know that, because I don't know. But our work, we have always underpinned our initiatives with data and digital driven innovations. And currently we are expanding that to the use of AI as much as possible. What we've seen in, for example, the models that have been now very mature in telemedicine for example virtual care – what you need is that it is, for scale I mean, that it is very adapted to the local infrastructure and the local needs. A digital or an AI solution first and foremost has to respond to a priority in the country where you want to roll it out.

If it's not a health priority, it will never reach scale. And that priority has to be set together with the local health authorities. It cannot be you coming with a solution proposing it to a health authority and then they say, maybe it's interesting yes, but what our main problem is, is this. So, then we always work in the opposite way. We ask what the main problems are and how they would like to address that. And then we challenge, we challenge to help the governments or the decision makers, let me say it like that, think out of the books and think differently.

If they want to do this within their health system what we did in our work, for example, saying, "Why don't we do that outside of the health system?" It saves so much work for the health professionals. That's things that the foundation can catalyze. This is how we see it. But we know you need to have the buy-in from the local government, because in low and middle-income settings most of the scale when a solution is successful and you've proven its track record and the evidence that it works, then you turn to the government to scale it. So, the government has to buy it from the beginning. I mean buy-in and not buy, but has to agree with setting that solution out in their country before we even start.

The second condition, is that we include the needs of the people who will use it the solutions. If we don't do that, the solution will never be successful. So, these two would for me be the most important parts to address before even thinking of developing and launching a solution. And in our work with Accenture, now the last report from the

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broadband commission for sustainable development – where we looked at the landscape of how AI is already having a tremendous impact on the health of many populations – we discovered together with your team's that there's in fact 300 use cases that are very impactful already, including high and low- and middle-income settings. We framed them into five main use cases, in fact. And I'm not going to go through these, but what we found is if a country they're learning from all these use cases. We distilled that to the roadmap to for countries to accelerate their readiness to deploy AI in the system. And what we found is that, human-centered design is one of the domains the governments have to invest in. So, it means talking to the users who will benefit from the solution.

So, that has to be included. It's one of the six domains in the roadmap towards maturity, combined with identifying upfront what the processes will be to integrate a solution in the health system – because if you don't have that already fleshed out, there will be a lot of resistance from health workers. As we saw in the COVID times even in the UK, there was still a lot of resistance of health providers to use virtual care. And then in the end, when they saw the benefit outweighing the risk by far, even the most skeptical health professionals were happy to deliver virtual care.

So, you see how it has to come to that. That you have the processes identified before, otherwise it doesn't get to scale. But there's obviously five other domains that are very

important for AI to be deployed in health systems. And if you want, I can walk through but that's a lot of, and you know it as well as we do. So, you could distill it from the report.

Frank: Interesting, okay. And question about the current situation, and I mean we're in a situation the world has never faced. Do you see that people are probably a little bit more aware, really the broad population, probably the politicians, the economy etc., are more aware of the whole issue of health and have more engagement towards the health issues, the health systems? Do you see that probably something positive out of the negative situation we have right now?

Ann Aerts: Yeah, I think Frank you're really right. This is what I hope, I would hope so. That there will be much more interest in health and how health is not only a cost, but it is a driver of benefits for the whole population and the government. It is driving our success to survive in a pandemic like this. So, I know countries that have, let me say, political leaders that believe in science and follow science will definitely look at health in a different way. You have obviously many countries where politicians think they don't have to listen to the scientists and don't consider it. But I would hope that COVID is a wake-up call for all people with some logical thinking that it is super important to think of health as an economic benefit for your population.

And there's a lot, a lot of documentation evidence around that and it's been phrased like this much more often recently than

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before. And that's what gives me the hope that it will become a much bigger item on the agenda. Until now, Ministers of Health have been relatively less powerful in main governments than other kinds of ministers, like the finance or anything – you name it – but I think this may very well change in the future. When government leaders overall understand how health drives economic benefit, then it will definitely change the way we look at it. And some leaders are, you look at some of the countries that have really good leaders, you can see that already a bit.

Frank: And perhaps it is a fair comment, a lot of the countries who deal very well with the situation have female leaders. I just want to make that point.

Ann Aerts: I didn't want to make that point [laughs].

Frank: I'm going to keep on that topic.

Ann Aerts: I know it's true and I don't necessarily think it's linked to be female to believe in science. But you have to have the female side maybe that you have to have logical thinking, and not just power thinking.

Frank: And the empathy and probably some emotional intelligence. Okay perfect. My last question to you is we are in December; we are very close to the Christmas time. If there's no barriers no limitations, what are the three things you have on your Christmas Wishlist?

Ann Aerts: Oh, three things. Oh wow! For the foundation, I would wish we find a way to scale our population approach as large as possible that we find a way to do this. And I think we can do it, with the help of our company in fact – because the company obviously stands for scale and we

are a small organization. So, that's my first wish for the foundation. A second wish is that, COVID vaccine can be rolled out worldwide as soon as possible and in an equitable way, obviously. So, that we can start to get back to a little bit more normal life next year.

And my third wish for the world you are asking it? What would it be? I think that maybe this point what you just mentioned, that health becomes a respected agenda item in every government. That governments take it seriously and spend on it. Spend the necessary resources to make sure health systems become stronger. Or to make sure health systems can re-engineer themselves with the opportunity of living in a digital era, where we have this computational power that can do anything. We have to transform our systems, from being care systems that wait for people to get sick before they come to the system, to becoming real proactive predictive and even preventive health systems. That would be my main wish.

But I don't think it will be in one year, but let's make that several years in a row then. And some countries may be able to do it in a year so.

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Frank: But I think we are on a very good road. Because when you think about the development of the vaccine, how the different parts of the world have worked together, I think we've never seen something so quickly advanced as the vaccine now for COVID. If we are looking at the normal numbers of, I don't know eight, ten, twelve years of development, now we have done it in less than a year. Because a lot of power was just put together for one goal and I think this is the result. If the world works together, we can fight the diseases.

Ann Aerts: Oh, so true. I 300 percent agree and of course the vaccine would have been on my wish list if it wasn't there yet. But we know it's coming, so my Wishlist that it becomes available for as many people as possible. But this collaboration across the world and between countries, and between companies, as well has been really unprecedented. I think this was a fantastic example how science can save the world and how it is a wake-up call again, that if we work together and we put all our brilliant minds together we get there. So, if we do that for more than only COVID, we can definitely make the world a much better place. I think you are absolutely right.

Frank: Okay. Allow me one last question please. When we are back to normal and the travel policies probably open up again. What is your next trip? Is there a next trip planned for Africa?

Ann Aerts: Oh, for Africa, definitely yes. I don't want to name the country because I

don't want to limit if it's not possible yet or something, but definitely my first trip would be somewhere in Africa. The second one would be or maybe opposite it depends on the COVID situation, Sao Paulo, because our initiative there, we really can bring this to the next level. And the third trip would be to somewhere in Asia, yes.

Frank: Well, so you're choosing all the different continents. Perfect. This is how your life has been international, global. So, you're just reflecting that also with your travel.

Ann Aerts: Yeah. What about you, Frank? What's your next trip?

Frank: What is my next trip? I mean we were actually planned; we had planned for this year to go to Japan, first time. But well we cancelled that. Now the Olympics hopefully will happen next

year and we might want to leverage that. So, I don't know what the plan is, but this is definitely high on the agenda.

Ann Aerts: That sounds like a great plan. I love Japan. And it's really a very nice place to go on holidays. So, good luck. I hope also that the Olympics can go through.

Frank: Hopefully. Thank you so much and it was a wonderful conversation. Thank you so much for your time.



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