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Global Perspectives on Life Sciences R&D and Clinical Trial Country Site Prioritization

SEMINARIO: ENSAYOS CLINICOS OPORTUNIDADES PARA CHILE EN SALUD, INNOVATION Y DESARROLLO PRODUCTIVO

May 14, 2026

Murray Aitken, Executive Director

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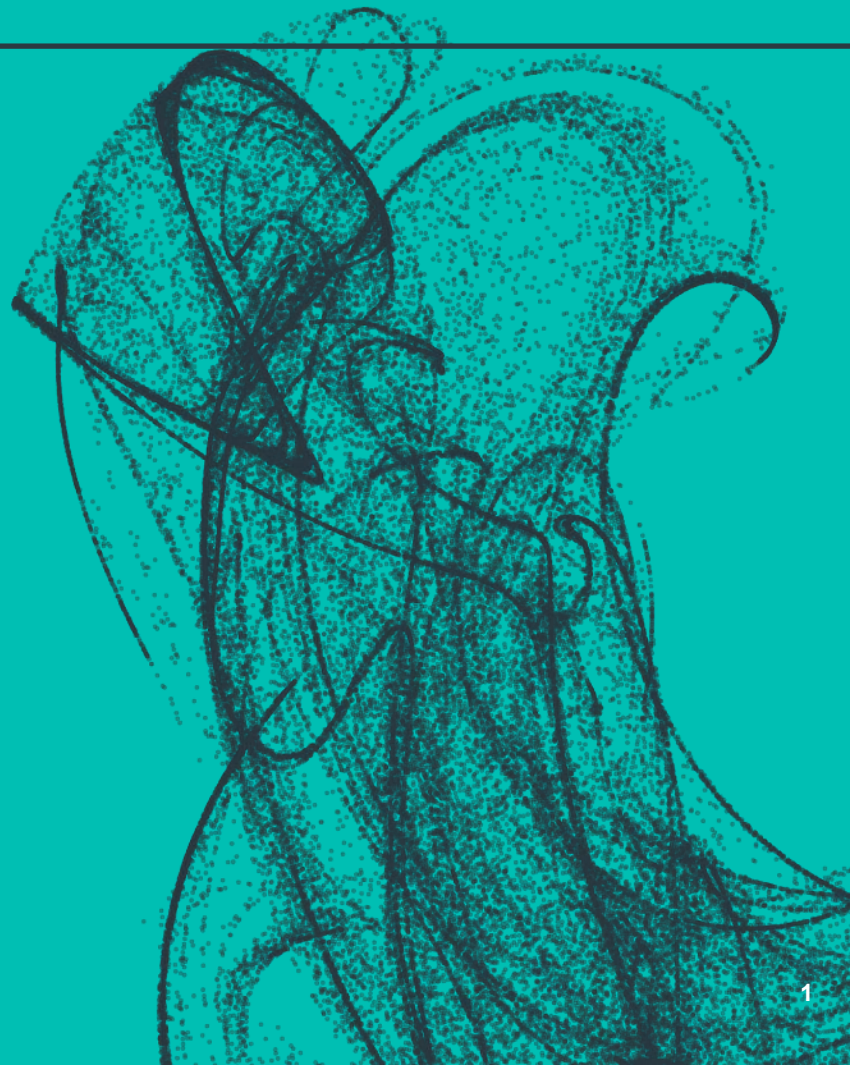
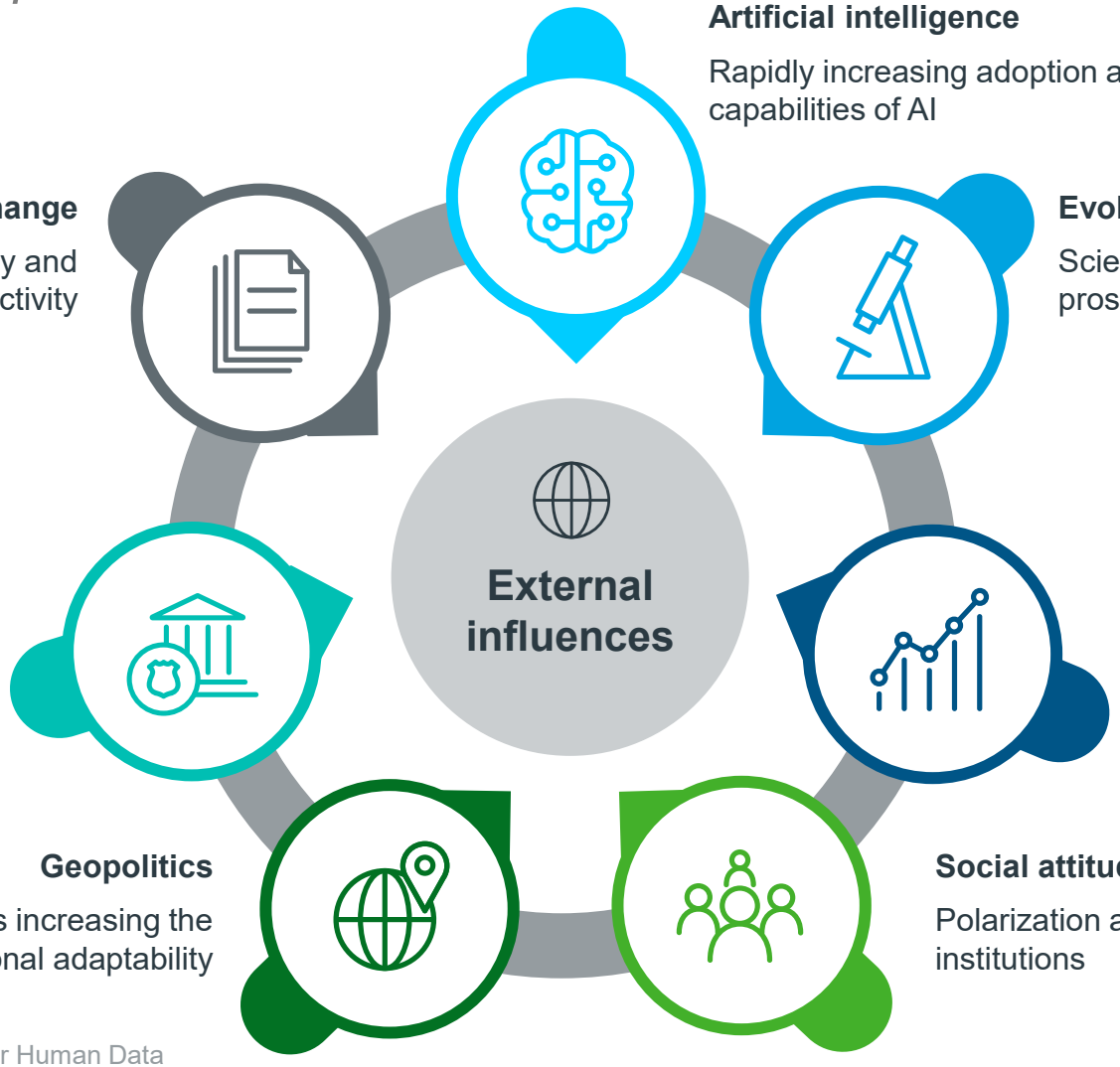
Global themes in Life Sciences R&D



A complex and challenging external ecosystem is evolving and places new and different pressures on R&D stakeholders

Dynamics impacting trial sponsors



Artificial intelligence

Rapidly increasing adoption and capabilities of AI

Evolving science

Scientific developments enabling prosecution of new targets and indications

Economic challenges

Incentives for investment and innovation with increasing R&D costs

Social attitudes

Polarization and declining trust in science and institutions

Geopolitics

Trade disputes and conflicts increasing the need for strategic and operational adaptability

Policy shifts

Protecting national and regional interests and enabling competitive innovation

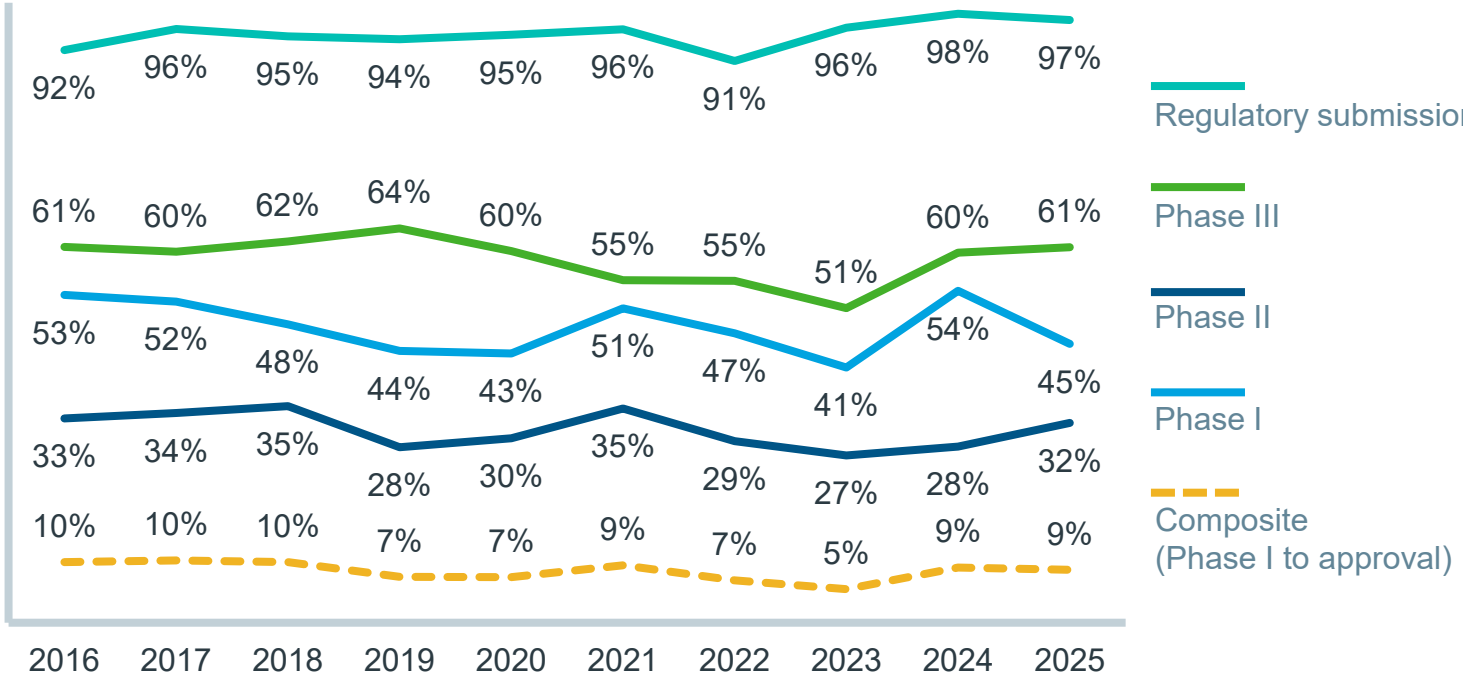
Regulatory change

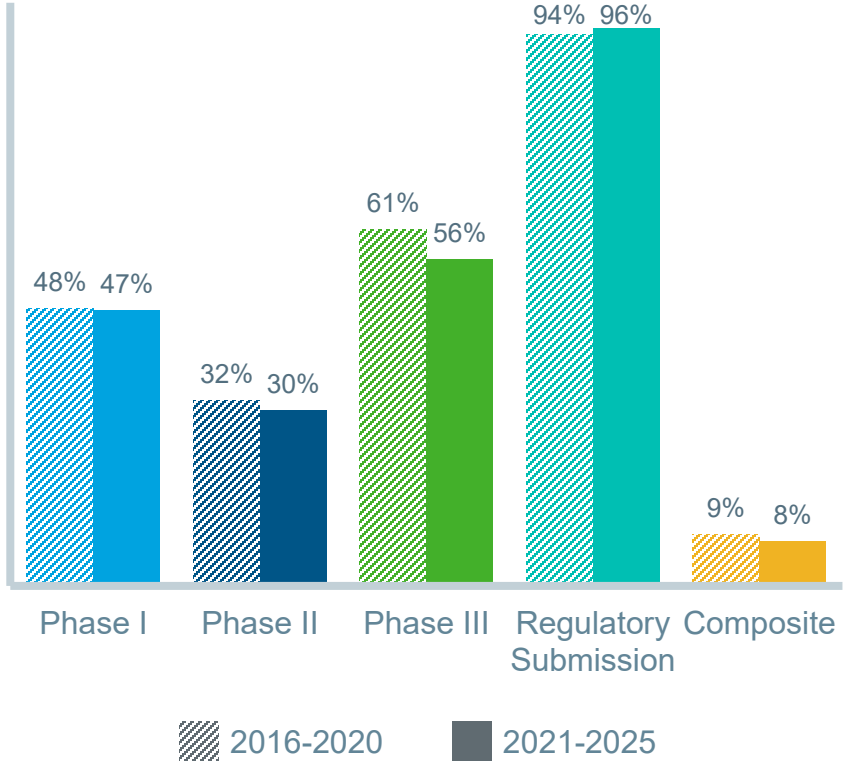
Regulatory developments positively and negatively impacting R&D productivity

Source: IQVIA Institute, Feb 2026.
Report: Global R&D Trends 2026. IQVIA Institute for Human Data Science.

R&D program success rates increased in Phase II and III in 2025, largely offsetting volatility in Phase I

Program composite and between phase success rates, Phase I to approval, 2016−2025





Phase success % = Success (drug program reaches higher development phase) / Total of success and failure

Composite success % = Phase I x Phase II x Phase III x Regulatory submissions

Sources: Citeline Pharmapremia, Jan 2026; IQVIA Institute, Feb 2026.
Report: Global R&D Trends 2026. IQVIA Institute for Human Data Science.

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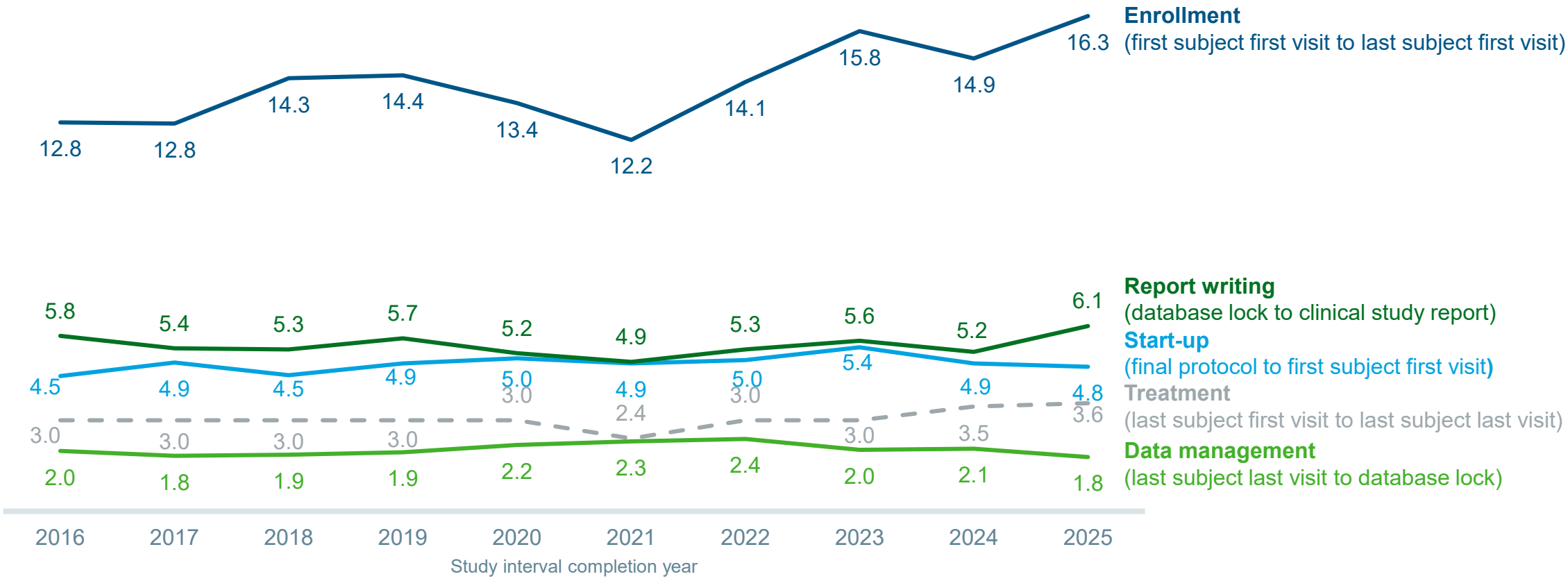
Enrollment continues to be the most important opportunity to accelerate trials, increasing by over a year between 2024 and 2025

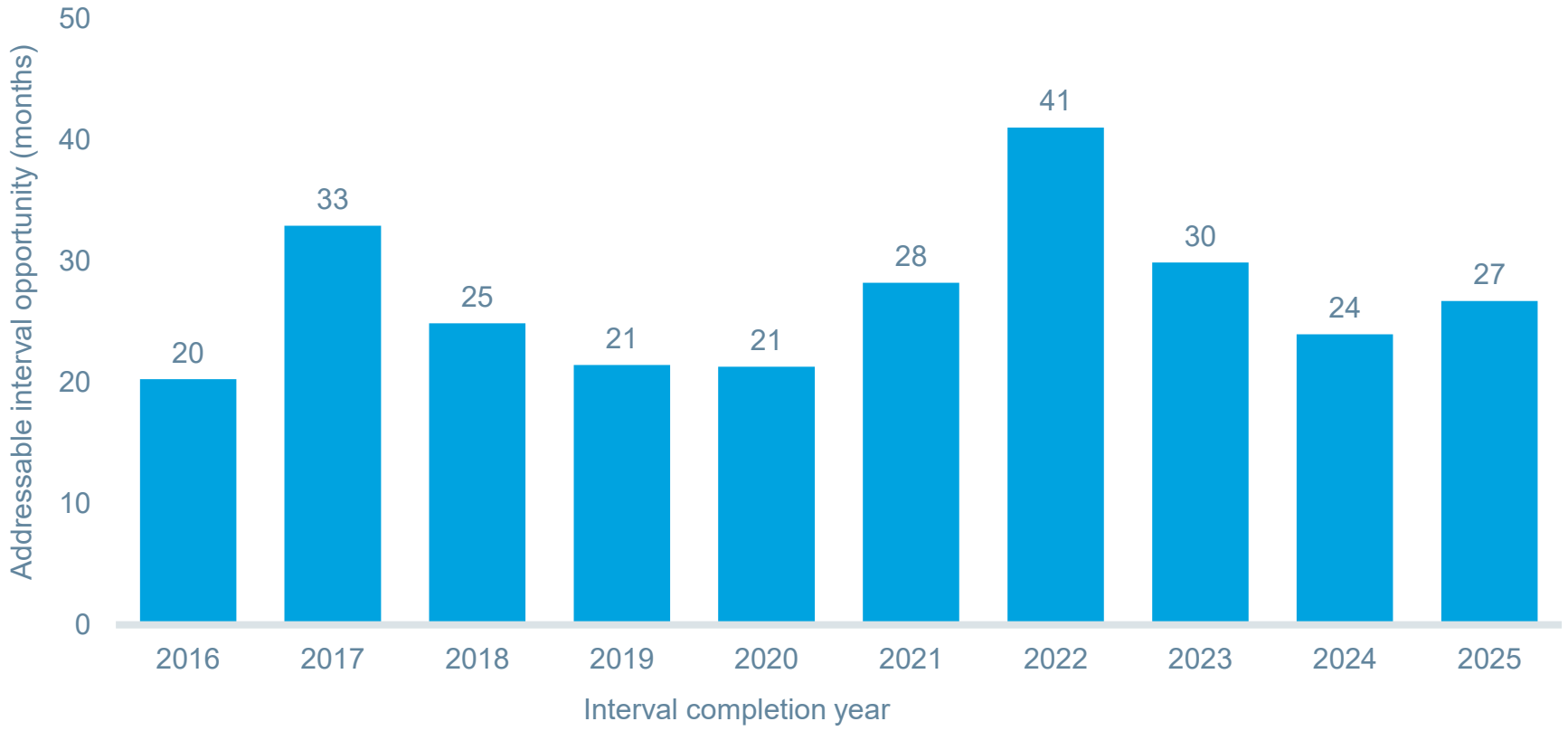
Median duration benchmarks by study interval (months), Phase I to III combined, 2015 to 2024



Source: Citeline Trialtrove, Jan 2026; IQVIA Institute, Feb 2026; Getz et al, Therapeutic Innovation & Regulatory Science 57 (2023) 49-56.
Report: Global R&D 2026: IQVIA Institute for Human Data Science.

Inter-trial intervals increased by three months in 2025, reflecting a small rebound after the post-pandemic recovery of 2023-2024

Total of between-trial intervals (months) for an average program, 2016-2025



Source: IQVIA Analytics Link, Jan 2026; Citeline Trialtrove, Pharmapremia, Jan 2026; IQVIA Institute, Feb 2026; Getz et al, Therapeutic Innovation & Regulatory Science 57 (2023) 49-56.
Report: Global R&D Trends 2026: IQVIA Institute for Human Data Science.

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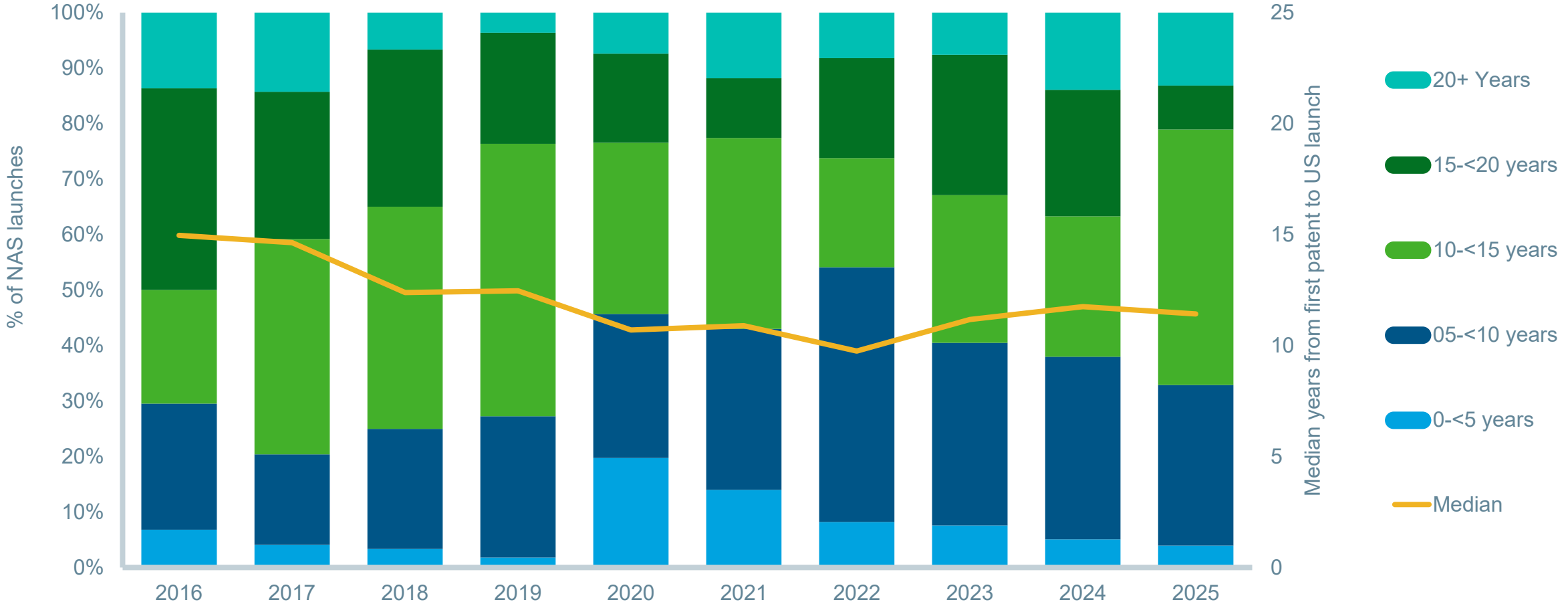
In 2025, one-third of NAS were launched within 10 years of first patent filing, and the median time was 11 years

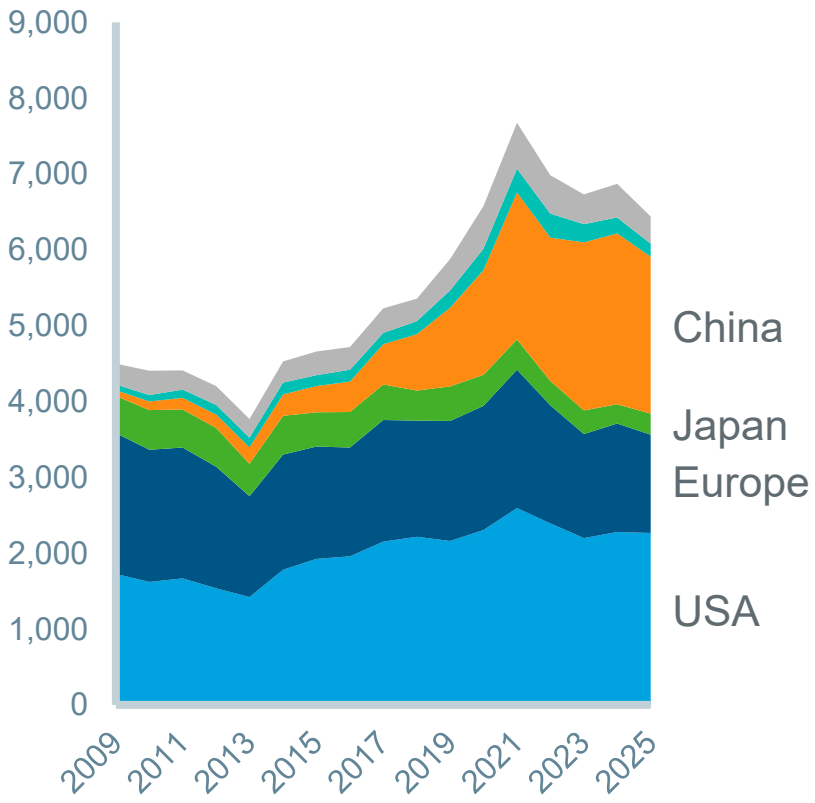
Time from first patent filing or human trial and global launch for novel active substances (NAS), 2016-2025



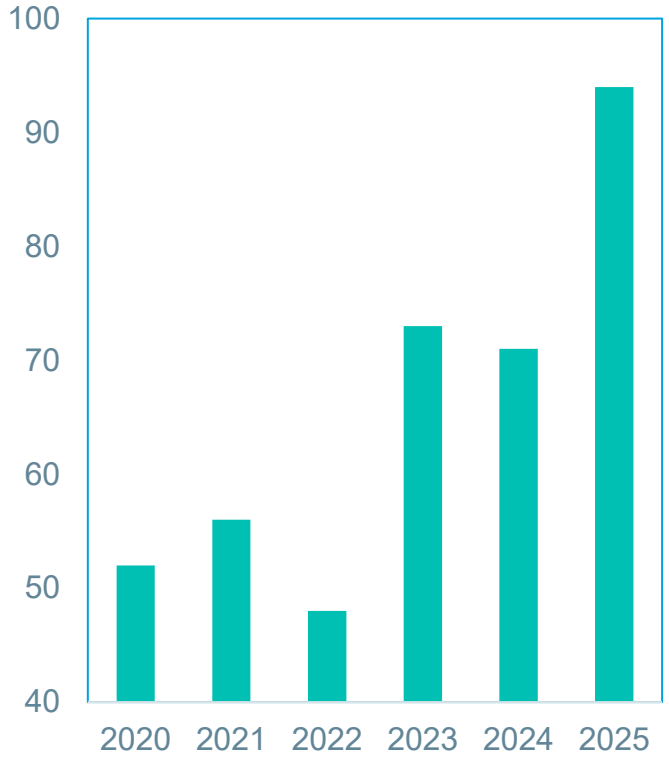
Source: IQVIA ARK Patent Intelligence, Jan 2026; Citeline Trialtrove, Jan 2026; IQVIA Institute, Feb 2026.
Report: Global R&D Trends 2026. IQVIA Institute for Human Data Science.

China's innovation ecosystem is maturing and now represents a major global center of activity

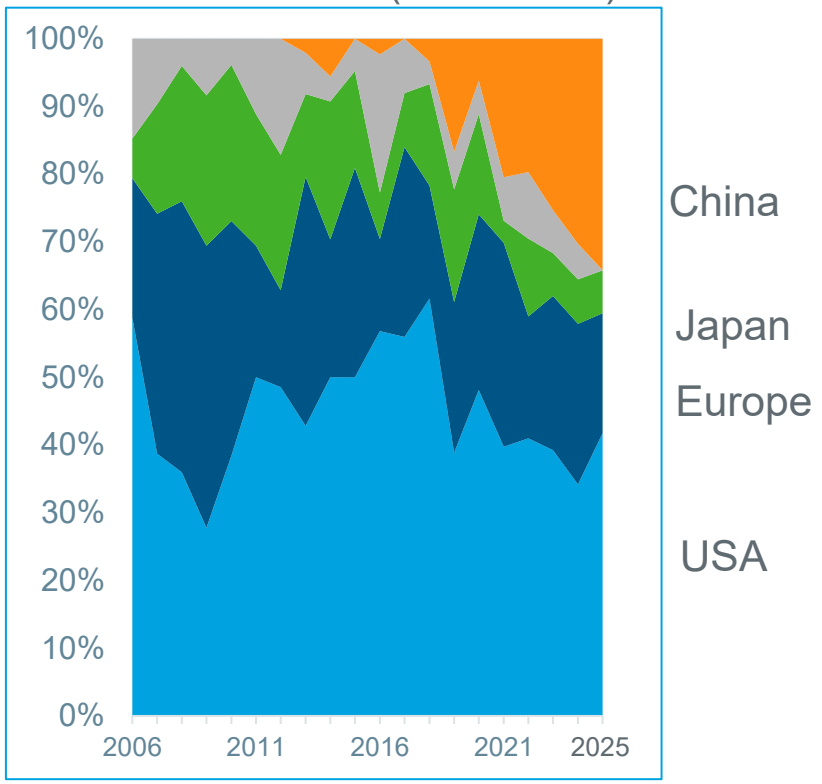
Clinical Trial Sponsor HQ Location



China M&A and Licensing Deals



Originator country of global NAS launches (2006-2025)



Source: IQVIA Institute, Feb 2026.
Report: Global R&D Trends 2026. IQVIA Institute for Human Data Science.

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Efforts by countries to increase their clinical trial competitiveness are intensifying

Timelines, incentives aimed at key enablers of country selection

- Governments around the globe are competing to attract investment and innovation, including clinical trial placement.
- Policies focus on key enablers of country selection: Availability of regulatory advice, start-up speed, site productivity/patient access, commercial value.

UK Clinical Research Reform, 150 Day Mission
Streamline regulations, reduce time from approval to recruitment, Phase I 14-day pilot for regulatory approval.

Australia's Time and Cost Advantages Notification system, commercialised Ethics Review reduce timelines; tax grants incentivise companies conducting Phase I trials in Australia.

Expedited Pathways in China
NMPA now offers a 30-day pathway prioritizing review and resources for some innovative drug INDs with plans to initiate trials in 12 weeks.

Fast EU/Biotech Act to Accelerate CT applications
Reduce administrative delay, simplify submission requirements, centralise review.

Country Level Phase I Timeline Incentives in EU
Spain, Belgium, Germany among EU countries giving 'mono-country' Phase I trials preferential, accelerated timelines

US FDA Policies to Speed Development
Active effort by commissioner to reduce time to FIH and streamline evidence generation

Market Incentives for Significant Country Inclusion **Germany offers** preferential drug pricing if ≥ 5% of global trial patients recruited in Germany. Addresses concern of small contributions requiring similar system start up resources.

PMDA Targeted Scientific Advice for early-stage companies

EU Biotech Act Incentivizes Trials through Longer Exclusivity
Supplementary Protection Certificates (SPCs) could be extended for certain medicinal products developed on the basis of two or more clinical trials in the EU.

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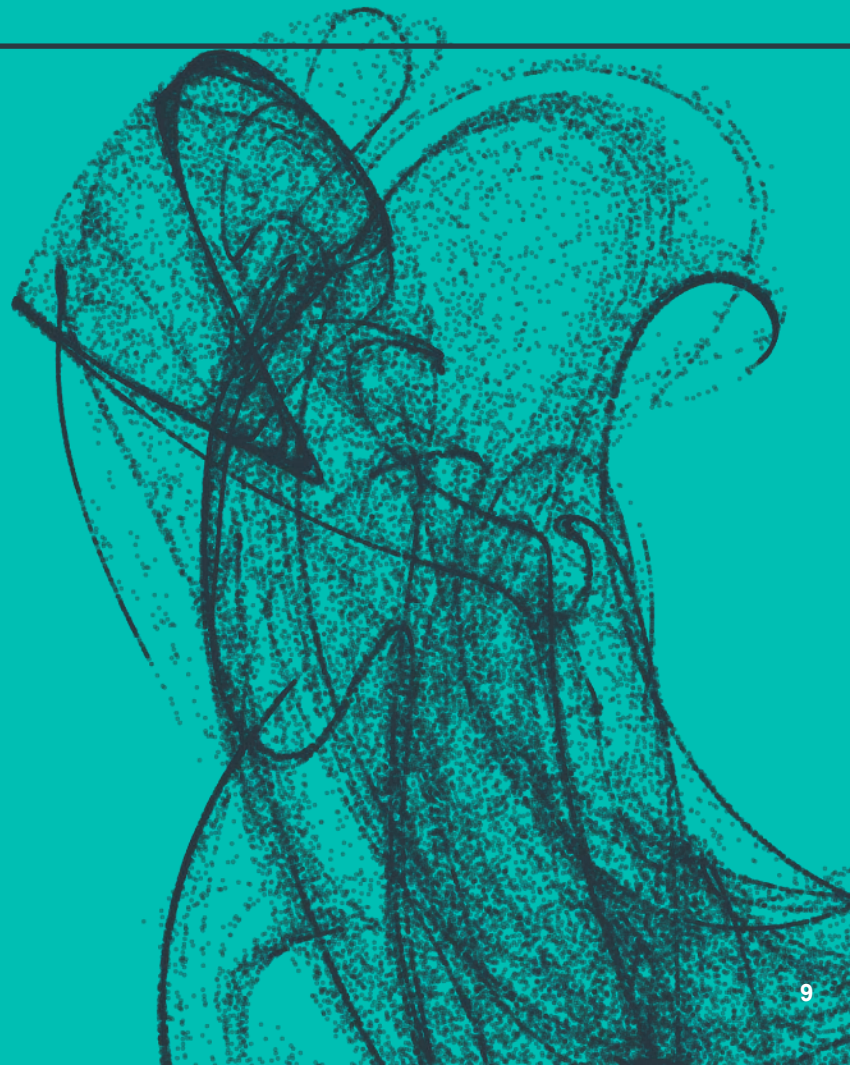
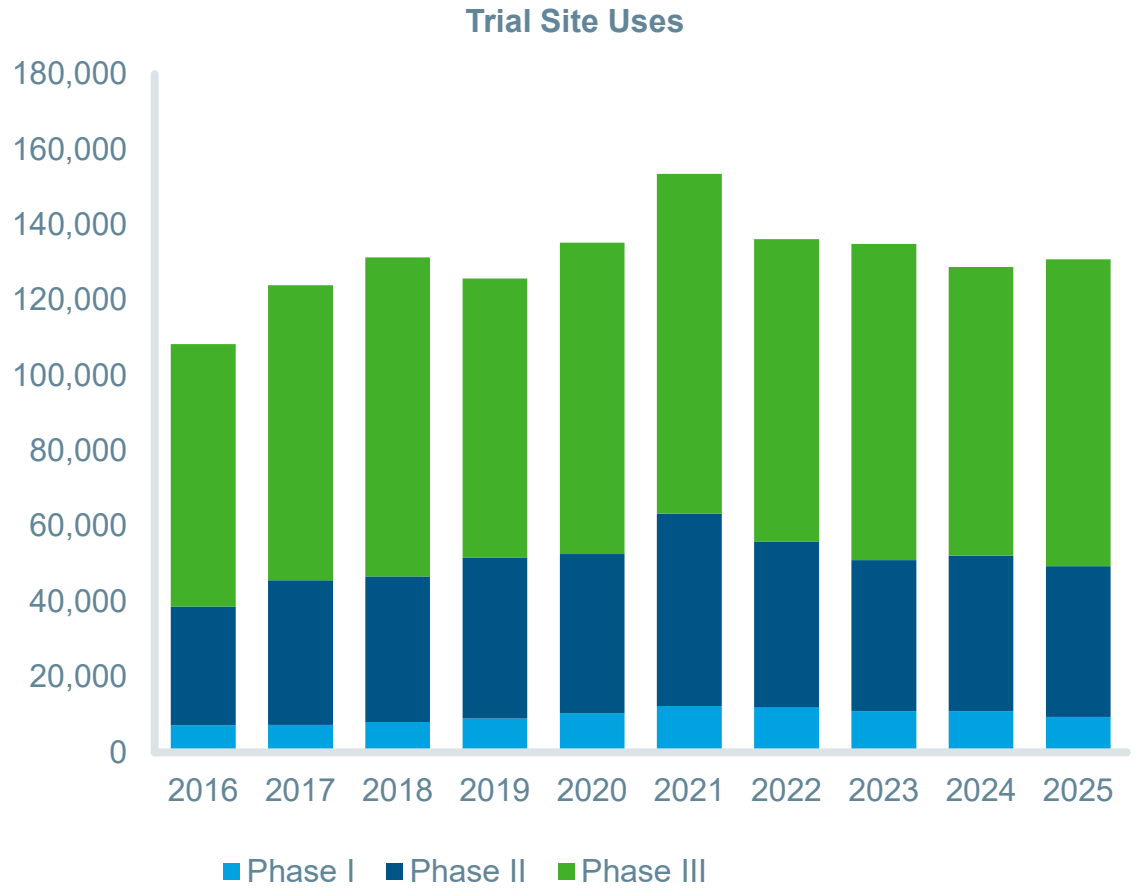
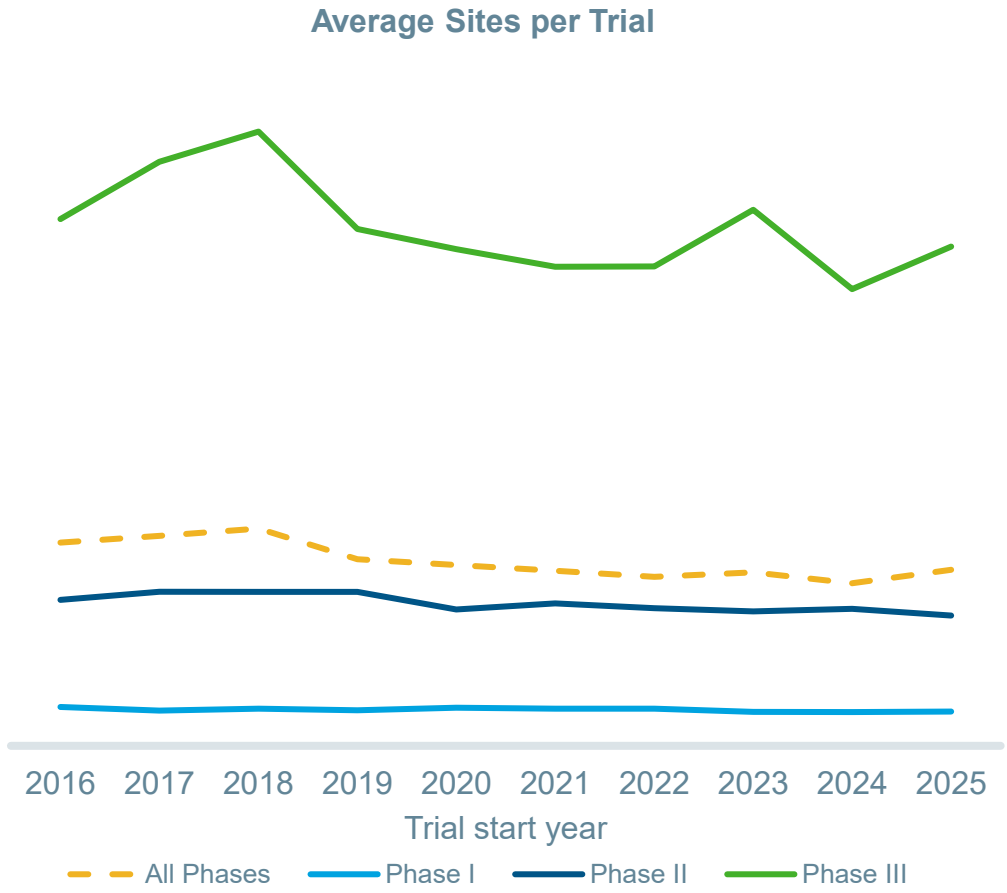
Clinical trial site country use



Clinical trials started in 2025 are enrolling with a total of over 130,000 site uses, a slight increase on 2024

Clinical trial sites per trial and trial site uses by phase, all therapeutic areas, 2016–2025

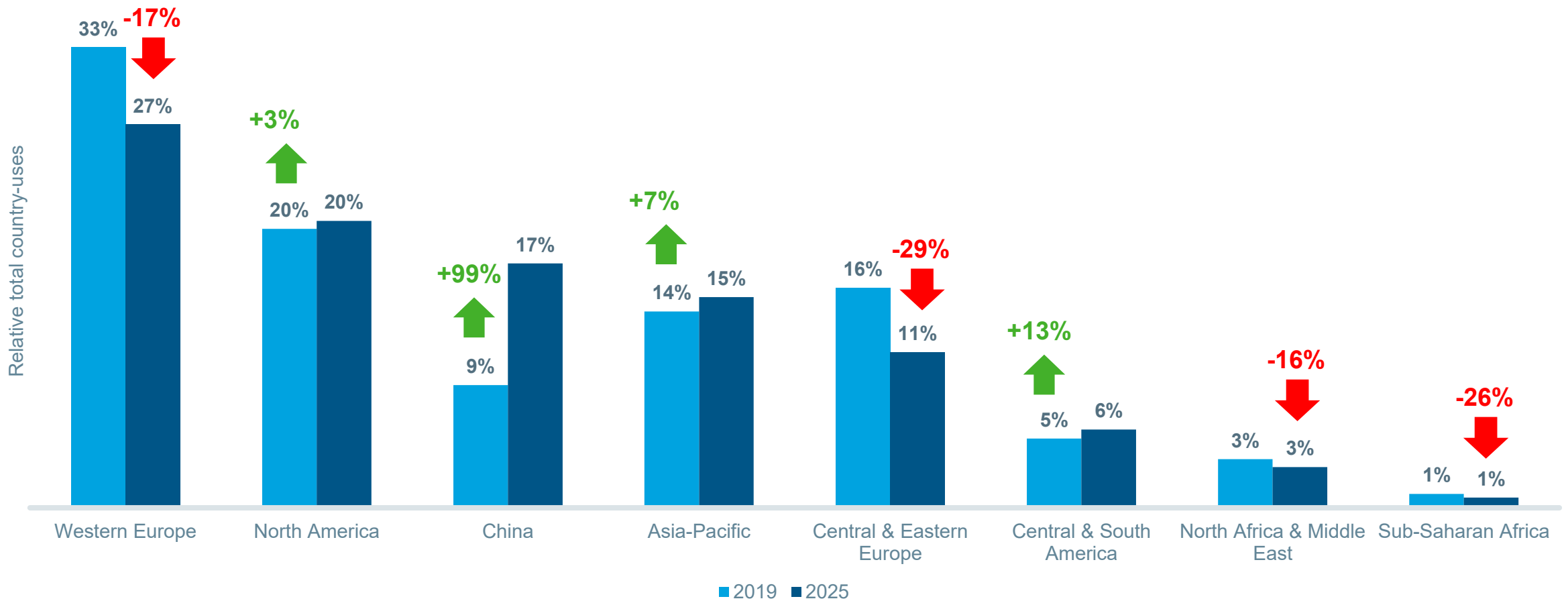




Source: Citeline Trialtrove, Jan 2026; IQVIA Institute, Feb 2026.
Report: Global R&D Trends 2026. IQVIA Institute for Human Data Science.

Trial country utilization has decreased in Europe but increased in North America, China, Asia-Pacific and Central & South America

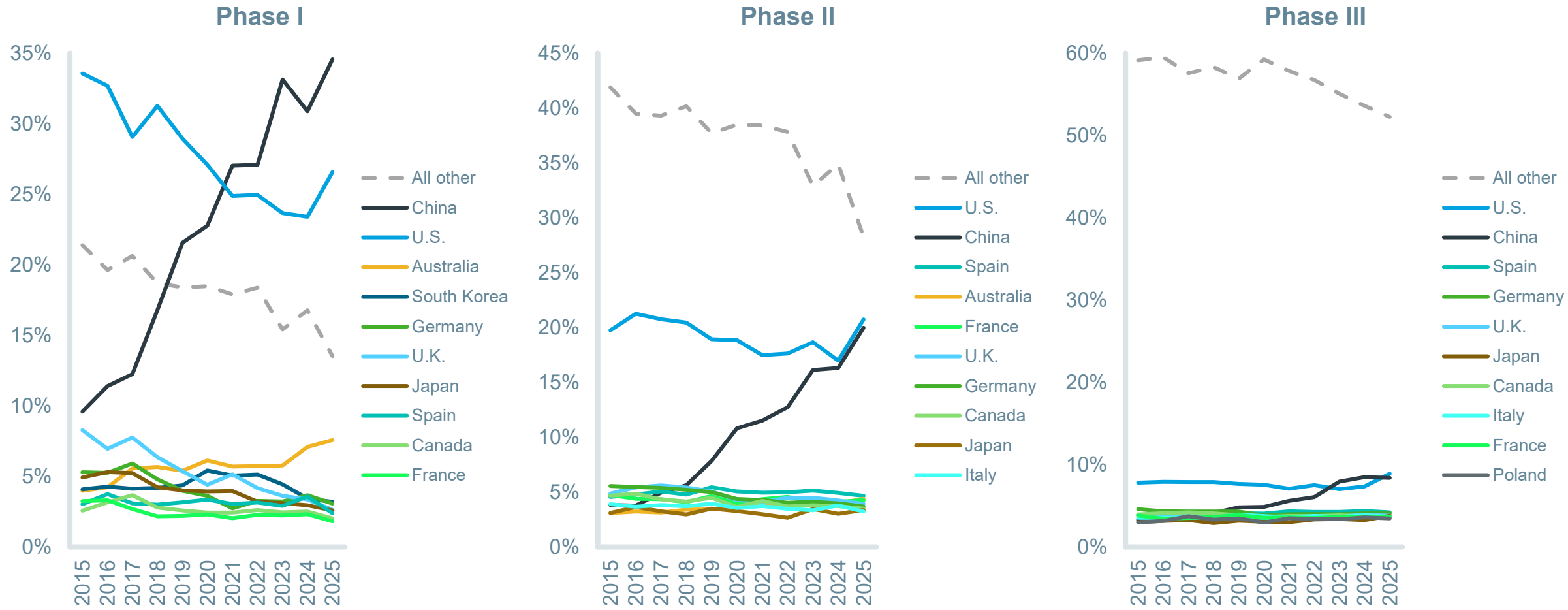
Country utilization as percentage of global trial country-uses, 2019 and 2025



Source: Citeline Trialtrove, Jan 2026; IQVIA Institute, Feb 2026.
Report: Global R&D Trends 2026. IQVIA Institute for Human Data Science.

China accounts for the highest share of trial country uses in Phase I, and a similar share to that of the U.S. in Phase II and III

Share of industry interventional trial country uses for top-10 countries in 2025, Phase I, II and III

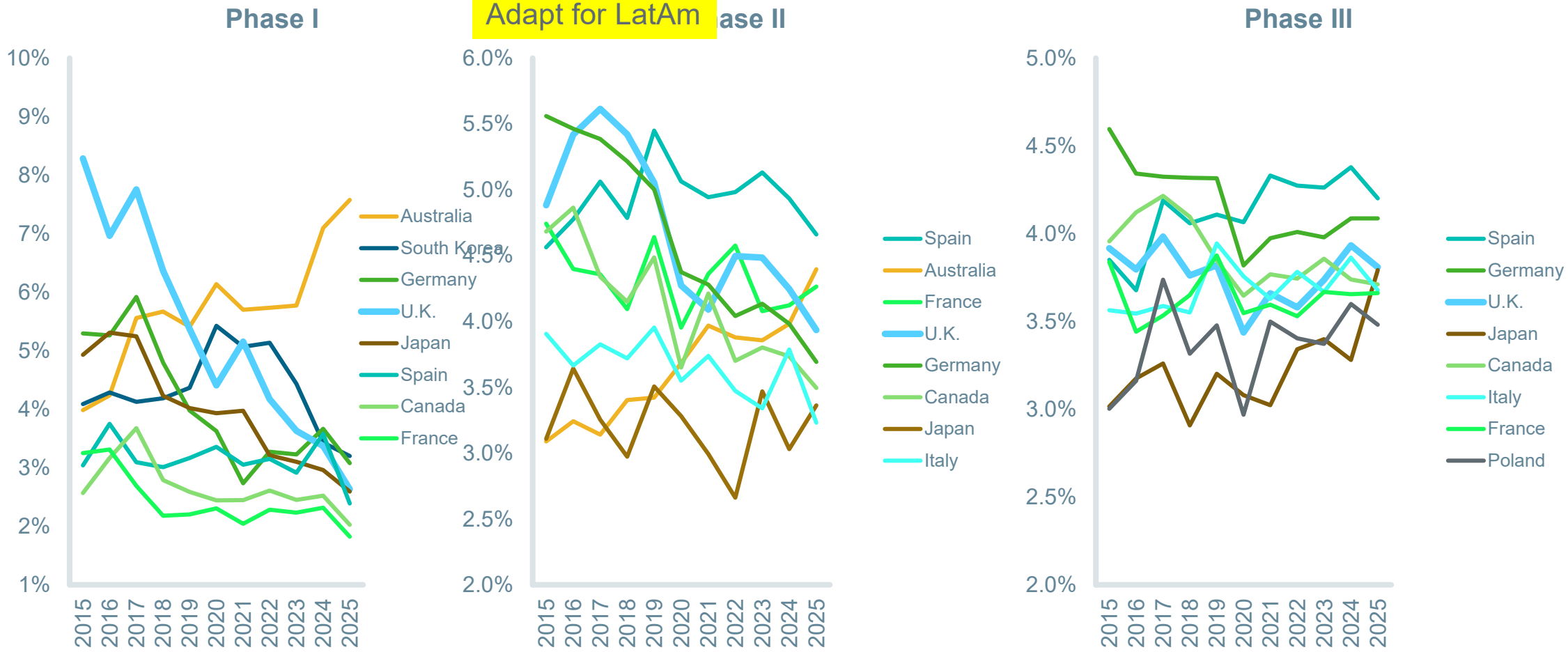


Source: Citeline Trialtrove, Jan 2026; IQVIA Institute, Feb 2026.
Report: Global R&D Trends 2026. IQVIA Institute for Human Data Science.

Other top 10 countries for trial use have generally seen declining shares of the global total, with some notable exceptions

Share of industry interventional trial country uses for top-10 countries in 2025, Phase I, II and III

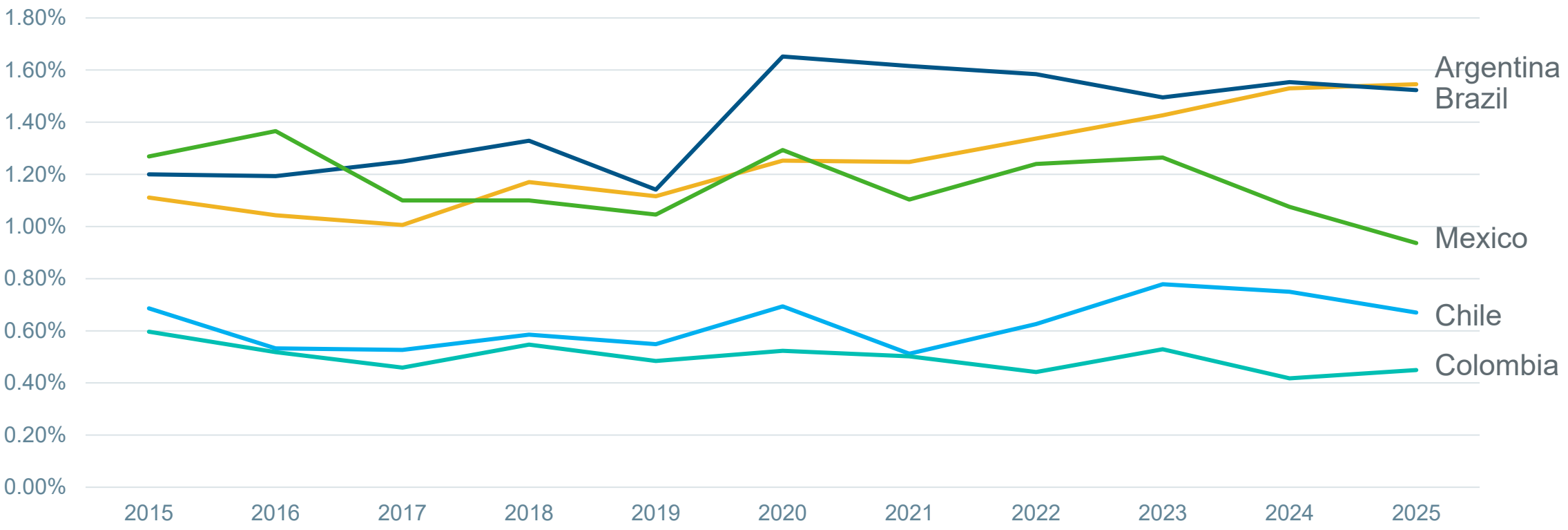
Adapt for LatAm



Source: Citeline Trialtrove, Jan 2026; IQVIA Institute, Feb 2026.
Report: Global R&D Trends 2026. IQVIA Institute for Human Data Science.

Latin American countries contribute less than 2% of total clinical trial country uses

Share of industry interventional trial country uses for LatAm countries 2015-25, Phase I-III



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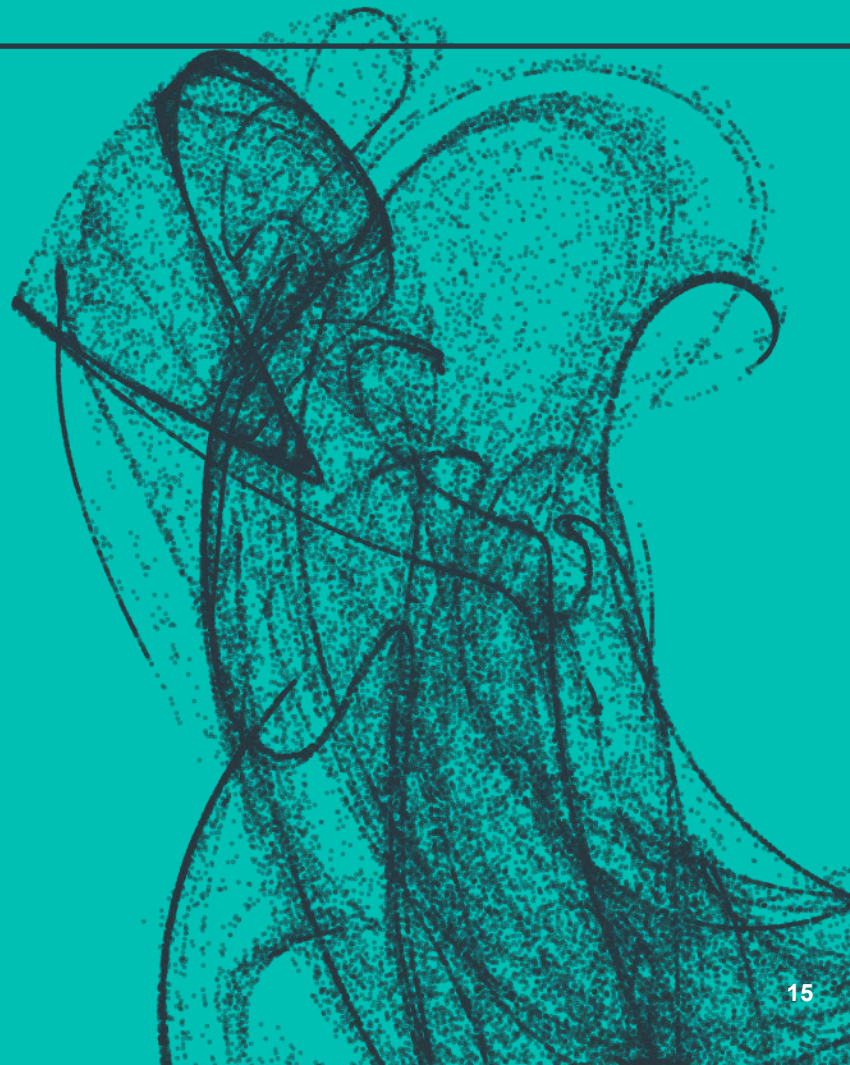
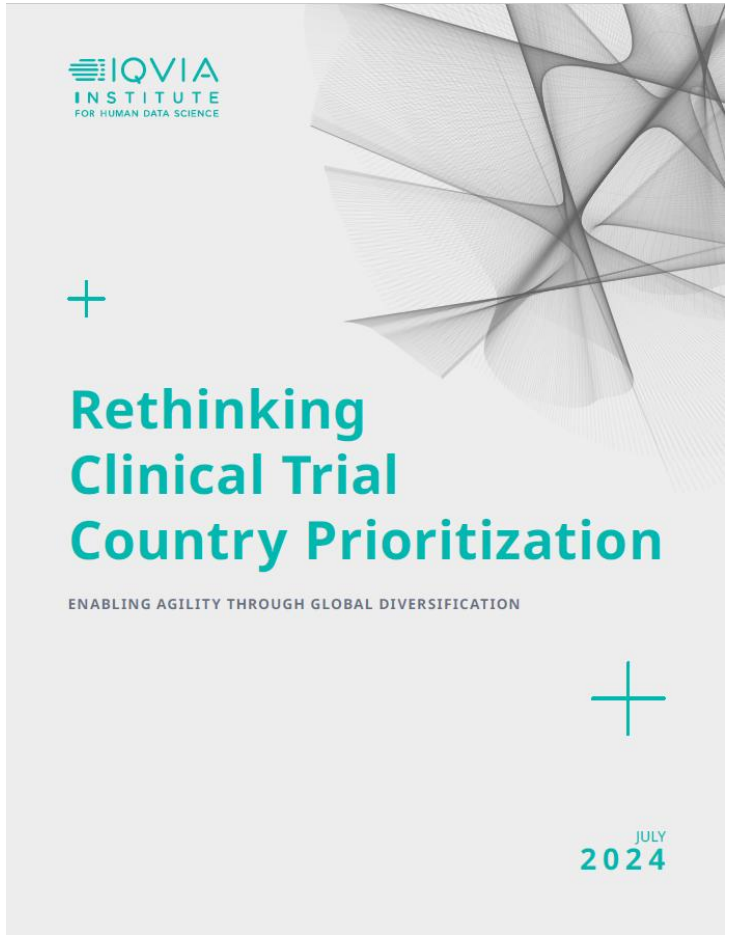
Analytical approaches to assessing clinical trial country prioritization



Rethinking Clinical Trial Country Prioritization focuses on opportunity to increase clinical trial country selection agility

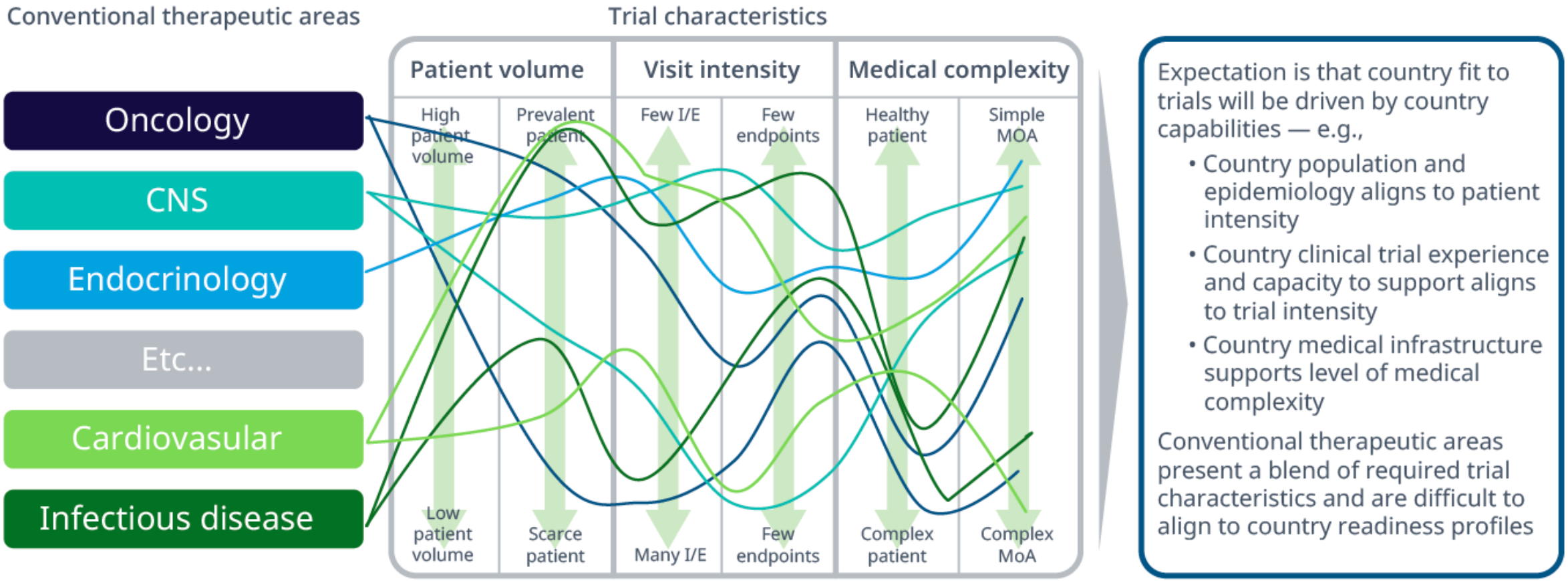
Summary of Institute report contents



- Contents
  - The need for clinical trial global diversification
  - Assessing country attractiveness for trial sites based on trial types
  - Recent trends in reallocating trial sites across regions and countries
  - Mapping opportunities according to country attributes
  - Using case studies to highlight longer term country opportunities
- 34 Exhibits, 43 pages
- Research based on publicly available data sources and IQVIA SME input
- No confidential sponsor or customer data accessed or used
- Research undertaken independently by the IQVIA Institute as a public service, without industry or government funding

Assessing country fit for clinical trials requires consideration of trial complexity, which does not necessarily align to therapy areas

Illustrative mapping of trial characteristics by traditional therapeutic areas



Expectation is that country fit to trials will be driven by country capabilities — e.g.,

- Country population and epidemiology aligns to patient intensity
- Country clinical trial experience and capacity to support aligns to trial intensity
- Country medical infrastructure supports level of medical complexity

Conventional therapeutic areas present a blend of required trial characteristics and are difficult to align to country readiness profiles

Source: IQVIA Institute, June 2024,
Report: Rethinking Clinical Trial Country Prioritization: Enabling Agility through Global Diversification

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Trial characteristics can be used to define segments more usefully than conventional therapy area segmentation

Trial segment characteristic mapping

TRIAL SEGMENT	TRIAL CHARACTERISTICS: PATIENT VOLUME	TRIAL CHARACTERISTICS: MEDICAL COMPLEXITY	TRIAL CHARACTERISTICS: VISIT INTENSITY	SEGMENT SPECIFIC COUNTRY REQUIREMENTS	COMMON "BASELINE" OPERATING AND CLINICAL CHARACTERISTICS
Phase I non-oncology	High	Low	Low	Efficiency, access to patients, Phase I infrastructure	• **Base operating infrastructure:** clean water, electricity, digital capabilities • **Basic clinical trial business infrastructure:** functioning supply chain, reasonable tax structure, regulatory infrastructure, and approval and commercialization of standard of care drugs • **Optimized clinical trial efficiency:** Attractive clinical trial cost structure and regulatory approval timelines • **Access to the right patients:** epidemiology fits I/E profile (includes right local treatment pathways, standard of care, healthcare and drug access) • **Clinical site capacity:** moderate trial competition • Focus and investment on clinical research enablement
Phase II/III Infectious disease and vaccines (IDV)	High	Med (varies)	Low	Efficiency, emergency care access, access to patients	
Phase 2/3 primary care	High	Med (varies)	Med (varies)	Efficiency, acute and primary care sites/ physicians	
Biosimilars	High	Med	Med	Efficiency, access to patients, mix of acute/primary care and specialty sites	
Phase I Oncology	Med	Med	Med	Screening, medical infrastructure, experienced specialty sites, access to patients	
Phase II/III 'specialty'/ biologics	Med	High	High	Screening, medical infrastructure, experienced specialty sites/ specialists, access to patients	
Phase II/III oncology	Med	High	High	Screening, medical infrastructure, experienced specialty sites	
Rare disease	Low	Varies	varies	Screening, Patient ID and support, ability to reach specific patients	
Cell and Gene Therapy (CAGT)	Low	High	High	Screening, medical infrastructure, cell and gene laboratory access, experienced specialty sites	

Source: Citeline Trialtrove, Jan 2024; IQVIA Institute, June 2024.
Report: Rethinking Clinical Trial Country Prioritization: Enabling Agility through Global Diversification

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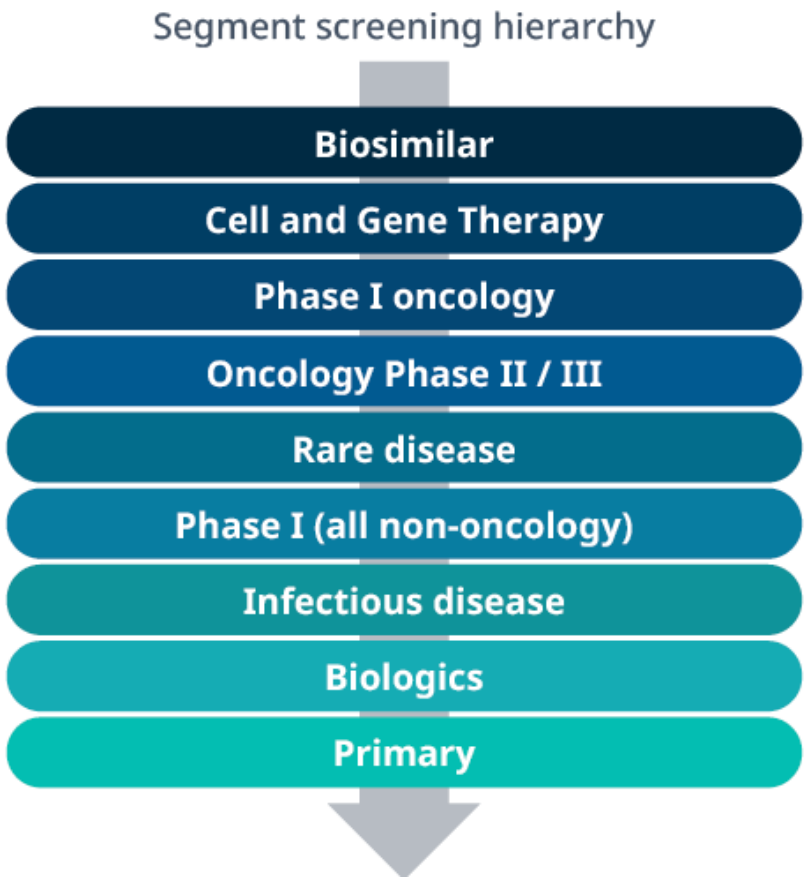
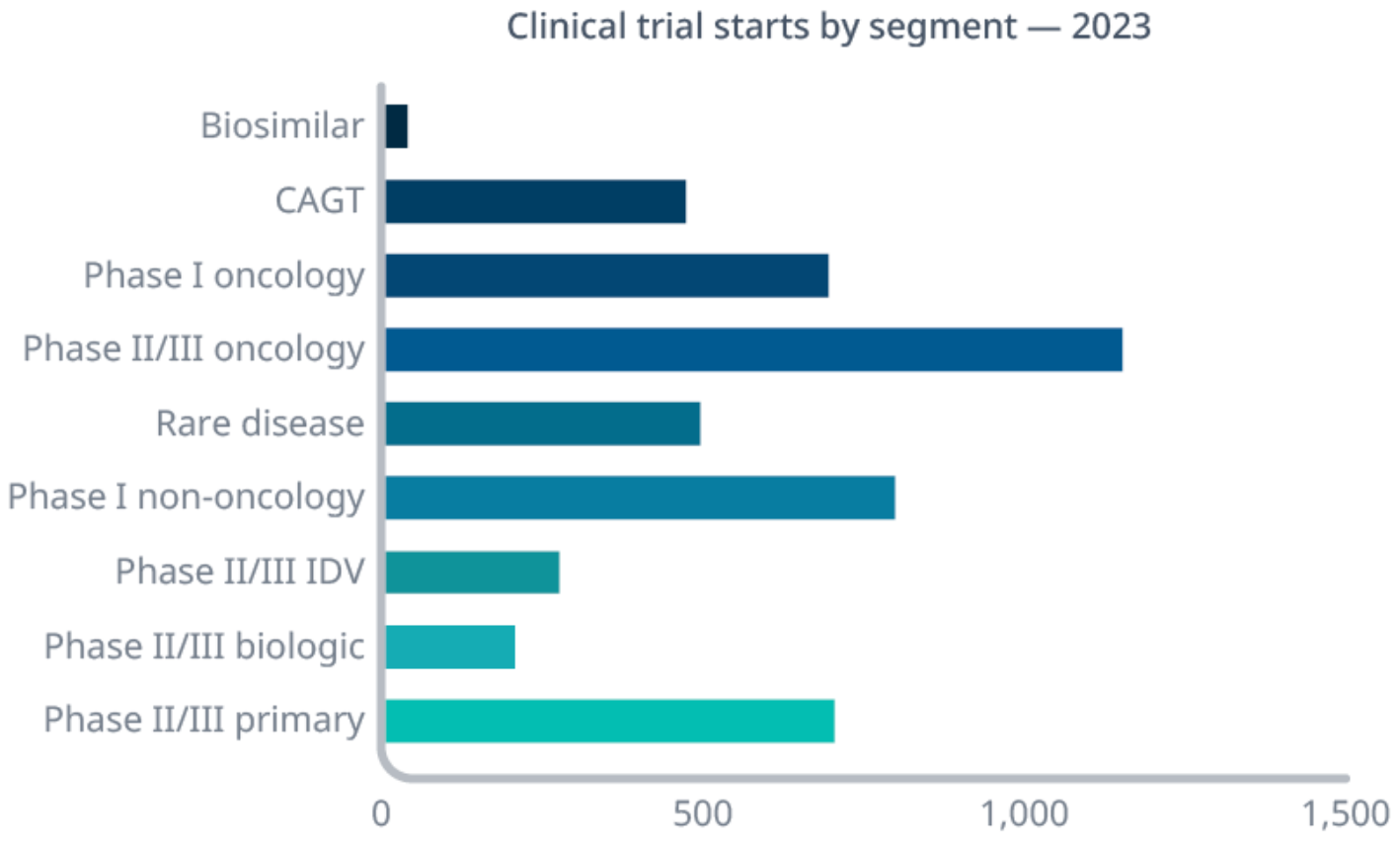
Total industry activity can be broken into trial segments using a filtering hierarchy focused on defining trial attributes

Trial segment screening hierarchy and Phase I-III industry interventional clinical trial volume - 2023





Source: Citeline Trialtrove, Jan 2024; IQVIA Institute, June 2024.
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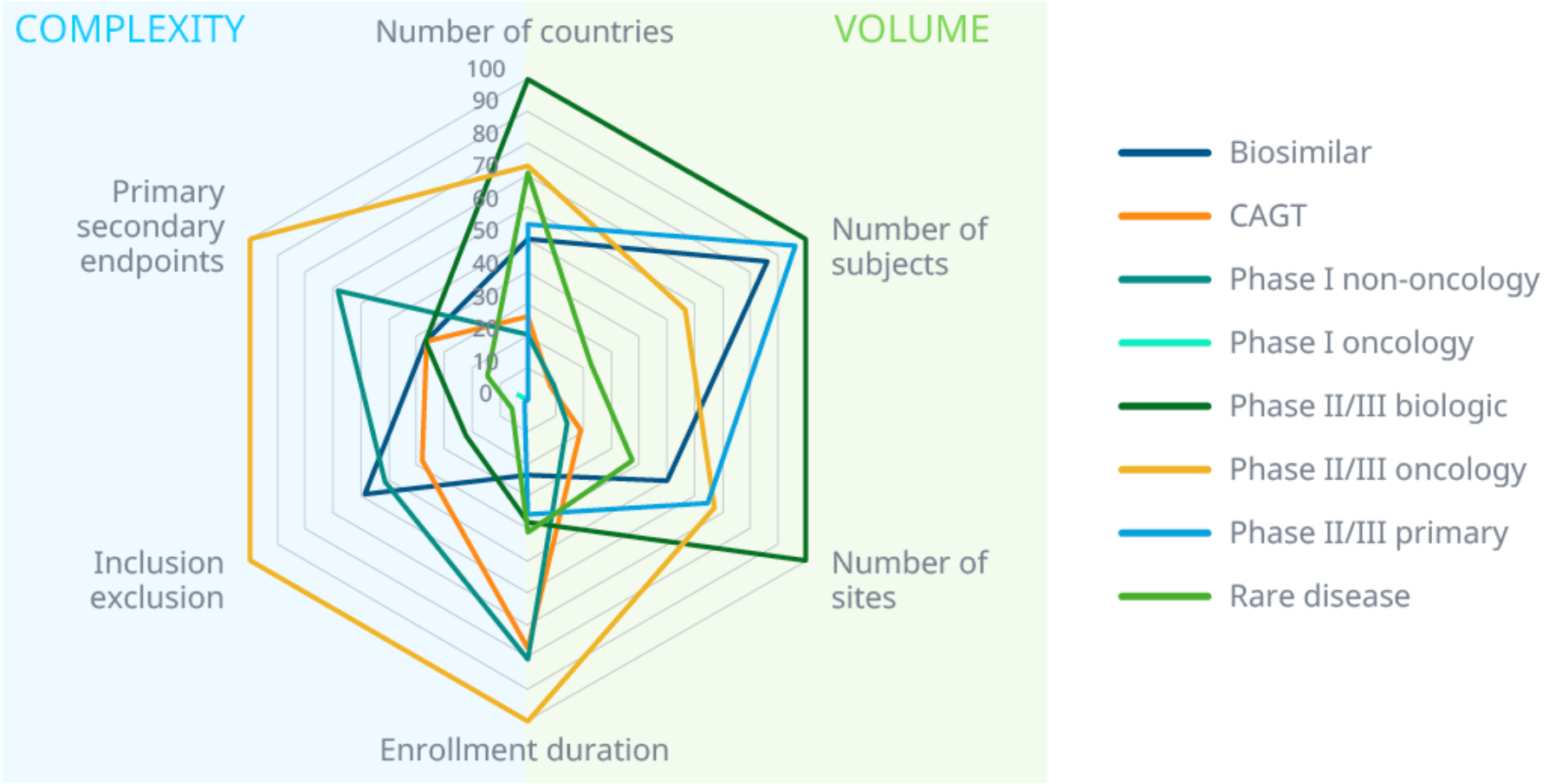
The profiles of trials in each trial segment are distinct across volume- and complexity-related metrics

Key trial characteristics for industry interventional clinical trials, completing enrollment 2021-2023 excluding IDV – indexed to 100 by metric



Source: Citeline Trialtrove, Jan 2024; IQVIA Institute, June 2024.
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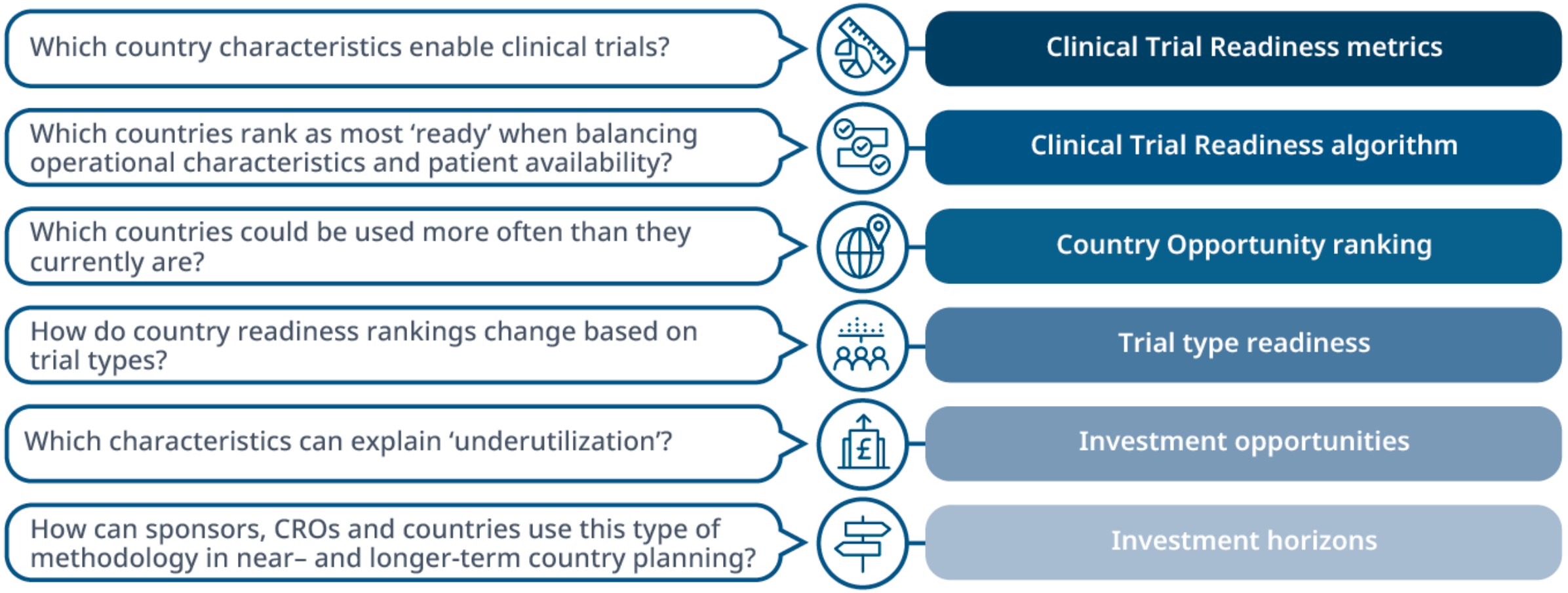
Transparent Country Readiness analysis helps answer questions arising from a dynamic clinical trial operating environment

Summary of country opportunity mapping process



Source: IQVIA Institute, June 2024,
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An algorithm integrating country infrastructure, clinical capabilities and patient availability metrics can highlight country trial readiness

Algorithm and metrics to characterize country opportunity for running clinical trials

Country Readiness Score = Average (**Operational infrastructure** + **Clinical infrastructure**) X **Patient availability**

Operational Infrastructure Score

- Access to water
- Access to internet
- Paying taxes
- Trading across borders
- Safety and stability
- Sound government

Clinical Infrastructure Score

- New drug approvals
- Healthy life expectancy
- Active site density
- Affordability
- Regulatory capabilities
- Start-up efficiency

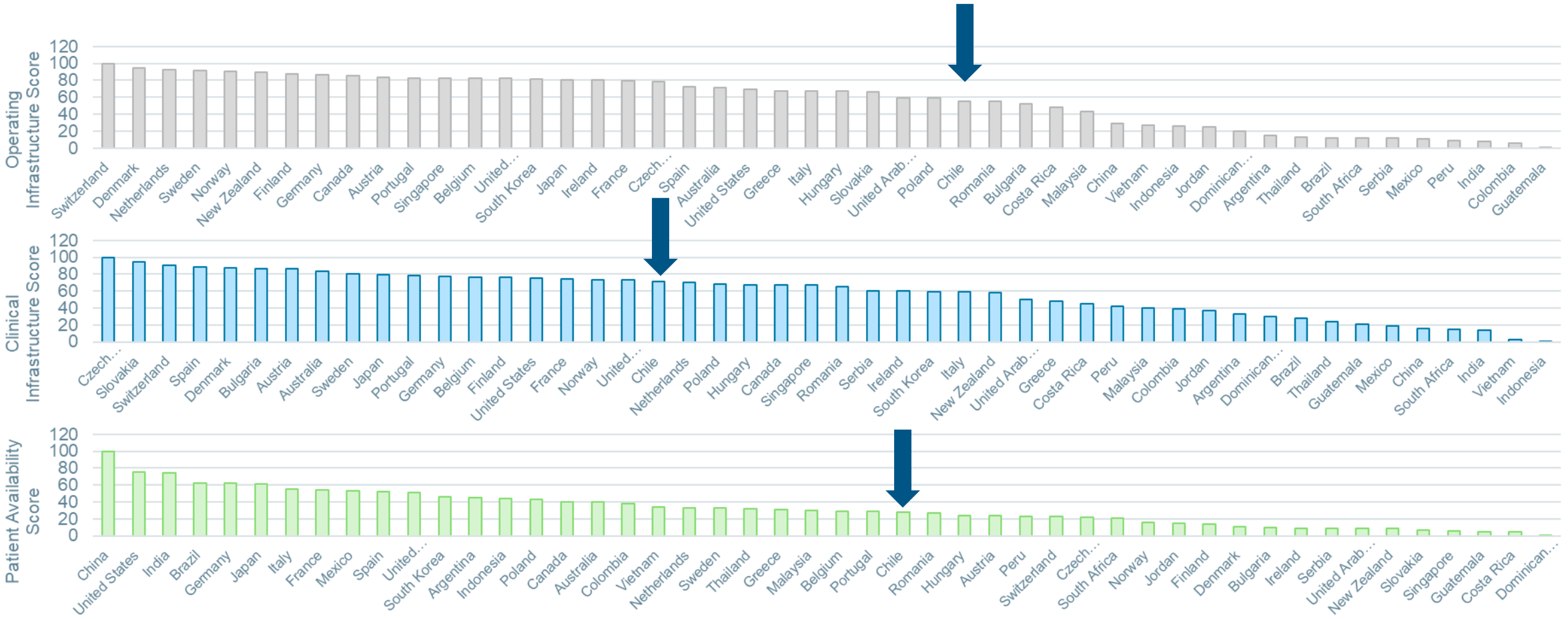
Patient Availability Score

- Population
- Healthcare access and quality index
- Number of physicians
- Patient need: Inverse new drug reimbursement
- Competition: Inverse trial density

Source: IQVIA Institute, June 2024,
Report: Rethinking Clinical Trial Country Prioritization: Enabling Agility through Global Diversification

Each Country Readiness Component score prioritizes countries differently demonstrating the need for a way to balance priorities

Country ranking by readiness algorithm component scores



Source: Citeline Trialtrove, Jan 2024; Citeline Sitetrove, March 2024; World Health Statistics4, March 2024; World Bank, Development Indicators DataBank,March 2024; World Bank, Doing Business DataBank, March 2024; World Bank, Worldwide Governance Indicators, March 2024; PhRMA, Global Access to New Medicines Report, April 2023; ILO Stat explorer, March 2024; Moore et. al., JAMA International Medicine, Nov 201810; Healthcare Access and Quality Index 1990–2019. Institute for Health Metrics and Evaluation (IHME), 202211; IQVIA Institute, June 2024.
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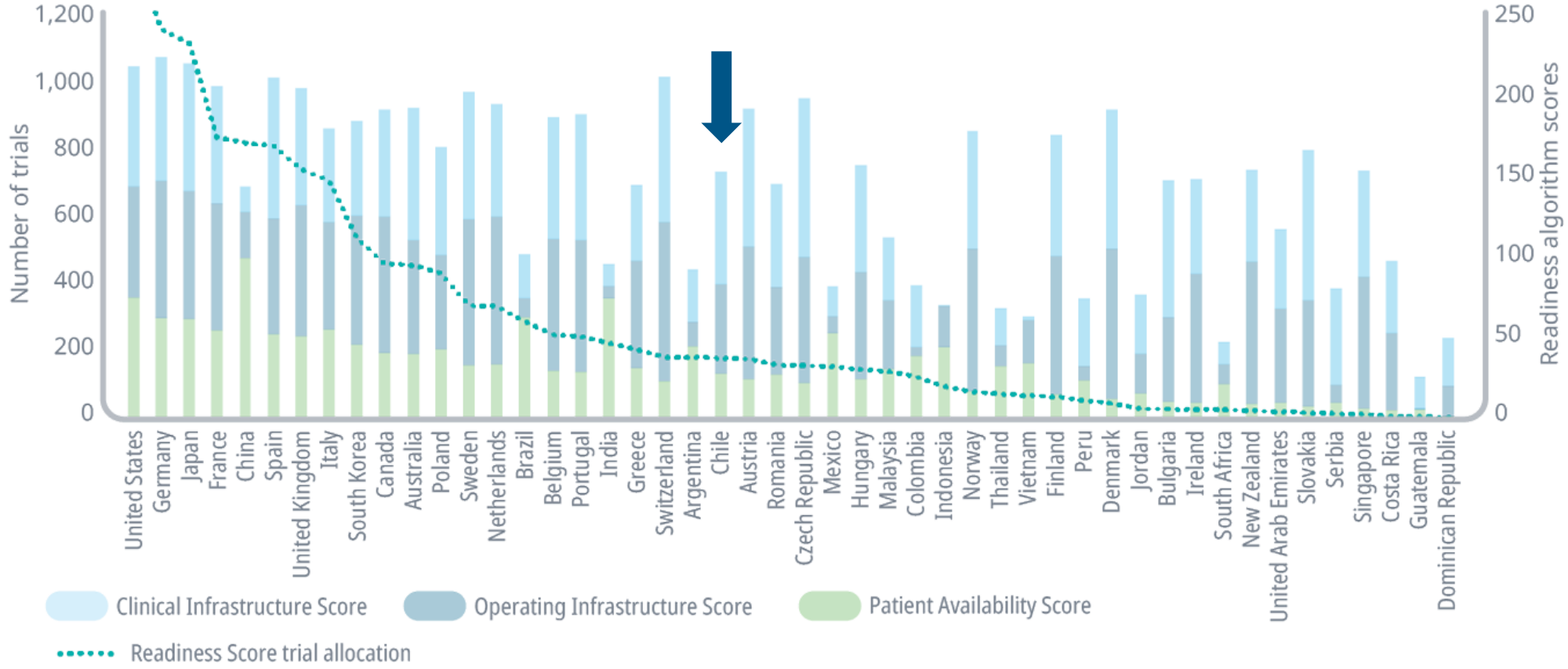
Country Readiness Score balances the importance of country infrastructure and patient availability to enable clinical trial delivery

Readiness algorithm scores and Readiness Score allocated trials by country – All industry interventional Phase I-III trials

Country Readiness Score = Average (Operational Infrastructure + Clinical Infrastructure) X Patient Availability



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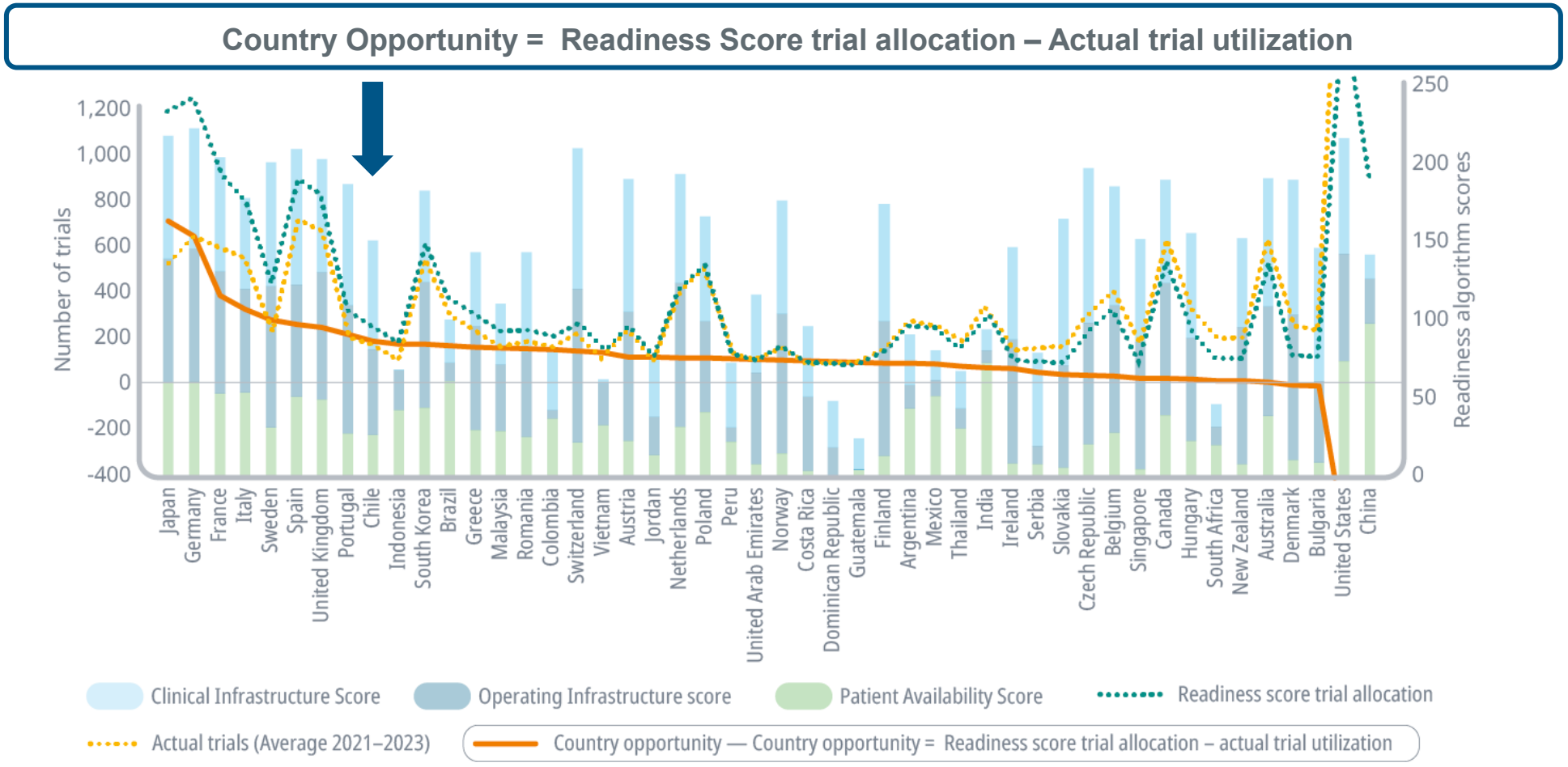
Ranking countries by difference between Readiness Score trial allocation and actual trials highlights underutilized countries

Readiness Score allocated trials difference to actual 2021-2023 trials by country – All industry interventional Phase I-III trials



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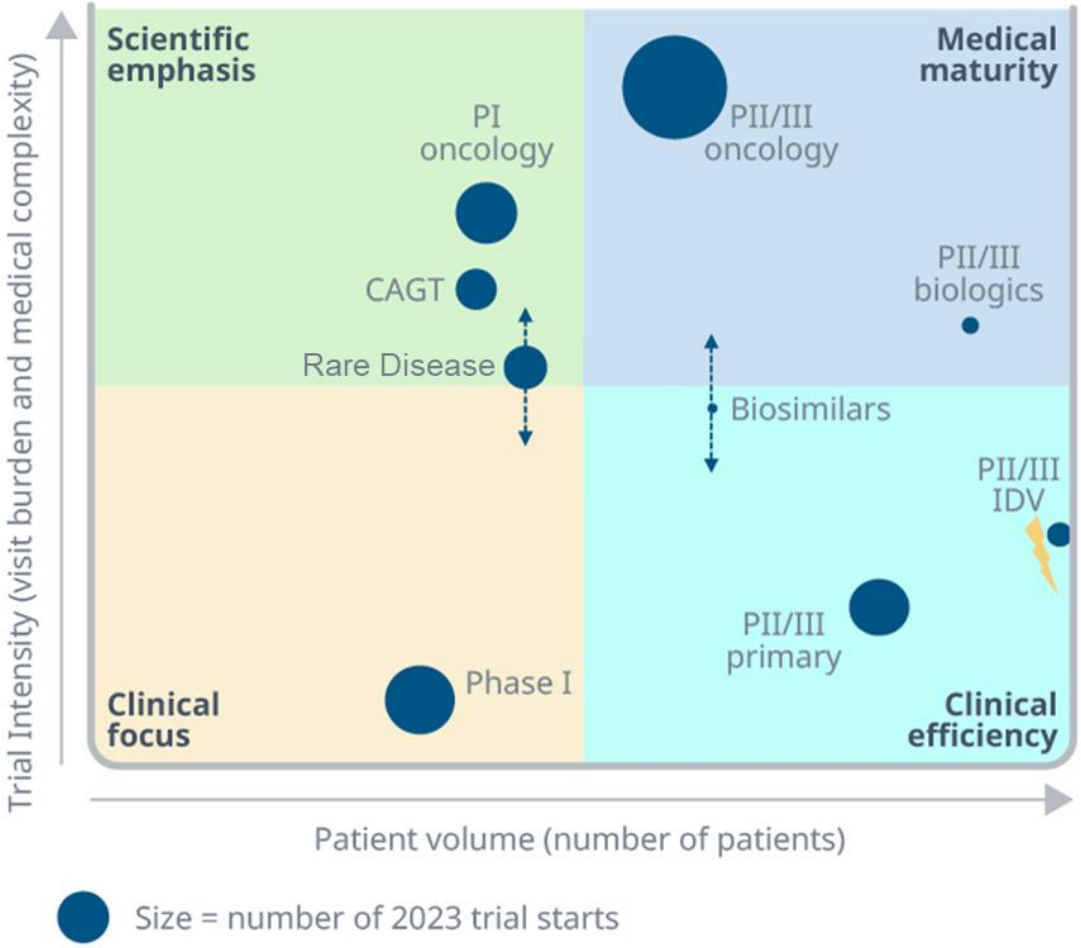
Trial segments map to four trial types based on country capability needs to execute those trials

Framework for aligning trial pipeline to trial needs profiles

Pipeline mapping: Trial demands



Size = number of 2023 trial starts

Country capability mapping

Trial type & country capabilities	Clinical focus	Clinical efficiency	Scientific emphasis	Medical maturity
Patient availability (patient volume in 'reach' of basic healthcare infrastructure – e.g., healthcare access, primary physicians)	~*	✓		✓
Operational infrastructure (access to water, internet, doing business, safety and sound government)	✓	✓	✓	✓
Clinical infrastructure (established clinical sites, clinical staff capacity, data standardization, regulatory support)	*	✓	✓/*	✓
Medical infrastructure (healthcare system quality, established specialty sites, technology and scientific innovation)			✓/*	✓

✓ Capability requirement * Specific capability requirement

Source: Citeline Trialtrove, Jan 2024; IQVIA Institute, June 2024.
Report: Rethinking Clinical Trial Country Prioritization: Enabling Agility through Global Diversification

Prioritization based on infrastructure and patient volume points to slightly varied country readiness across trial types

Top 25 countries by Readiness Score ranking

Clinical Focus (Phase I)		Clinical Efficiency (Phase II and III Primary, IDV, Biosimilars)		Scientific Emphasis (Phase I Oncology, CAGT, Rare)		Medical Maturity (Phase II and III Oncology, Phase II and III Specialty)	
United States	Brazil	United States	Brazil	United States	Sweden	United States	**India**
Germany	Netherlands	Japan	**Chile**	Japan	**Portugal**	**Japan**	Netherlands
Japan	Sweden	Germany	**Portugal**	Germany	Belgium	Germany	Sweden
China	Belgium	France	**Malaysia**	Spain	Brazil	China	Argentina
France	**Portugal**	China	Netherlands	France	Greece	France	Portugal
Spain	**Greece**	Spain	**Greece**	China	Switzerland	Spain	**Chile**
United Kingdom	**Chile**	United Kingdom	Romania	Italy	Czech Republic	Italy	Mexico
Italy	Mexico	**Italy**	**Sweden**	United Kingdom	Argentina	United Kingdom	Greece
South Korea	Malaysia	**South Korea**	Argentina	Australia	Hungary	South Korea	Belgium
Australia	Argentina	Poland	**Switzerland**	**South Korea**	**Chile**	**Poland**	**Malaysia**
Canada	**Romania**	Australia	**Indonesia**	Canada	Austria	Australia	Romania
Poland	**Switzerland**	Canada	Mexico	Poland	India	Canada	**Colombia**
India		India		Netherlands		Brazil	

Not a current 10 most-used country **Not a current 25 most-used country**

Source: Citeline Trialtrove, Jan 2024; Citeline Sitetrove, March 2024; World Health Statistics4, March 2024; World Bank, Development Indicators DataBank,March 2024; World Bank, Doing Business DataBank, March 2024; World Bank, Worldwide Governance Indicators, March 2024; PhRMA, Global Access to New Medicines Report, April 2023; ILO Stat explorer, March 2024; Moore et. al., JAMA International Medicine, Nov 201810; Healthcare Access and Quality Index 1990–2019. Institute for Health Metrics and Evaluation (IHME), 202211; IQVIA Institute, June 2024.
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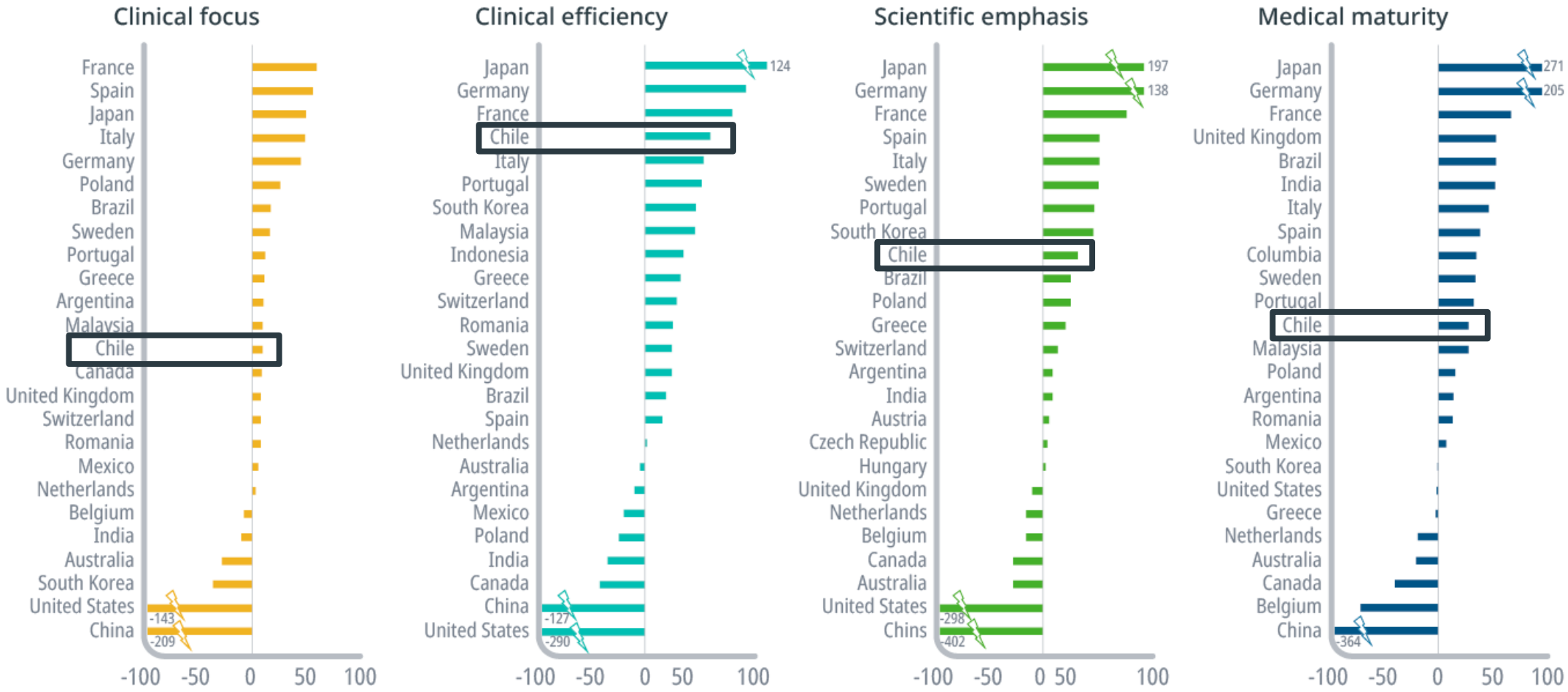
Country Opportunities differ across trial types, with Chile ranged highest for Clinical Efficiency trials

Country Opportunity by trial type – Top 25 countries by Readiness Score



Source: Citeline Trialtrove, Jan 2024; Citeline Sitetrove, March 2024; World Health Statistics4, March 2024; World Bank, Development Indicators DataBank,March 2024; World Bank, Doing Business DataBank, March 2024; World Bank, Worldwide Governance Indicators, March 2024; PhRMA, Global Access to New Medicines Report, April 2023; ILO Stat explorer, March 2024; Moore et. al., JAMA International Medicine, Nov 201810; Healthcare Access and Quality Index 1990–2019. Institute for Health Metrics and Evaluation (IHME), 202211; IQVIA Institute, June 2024.
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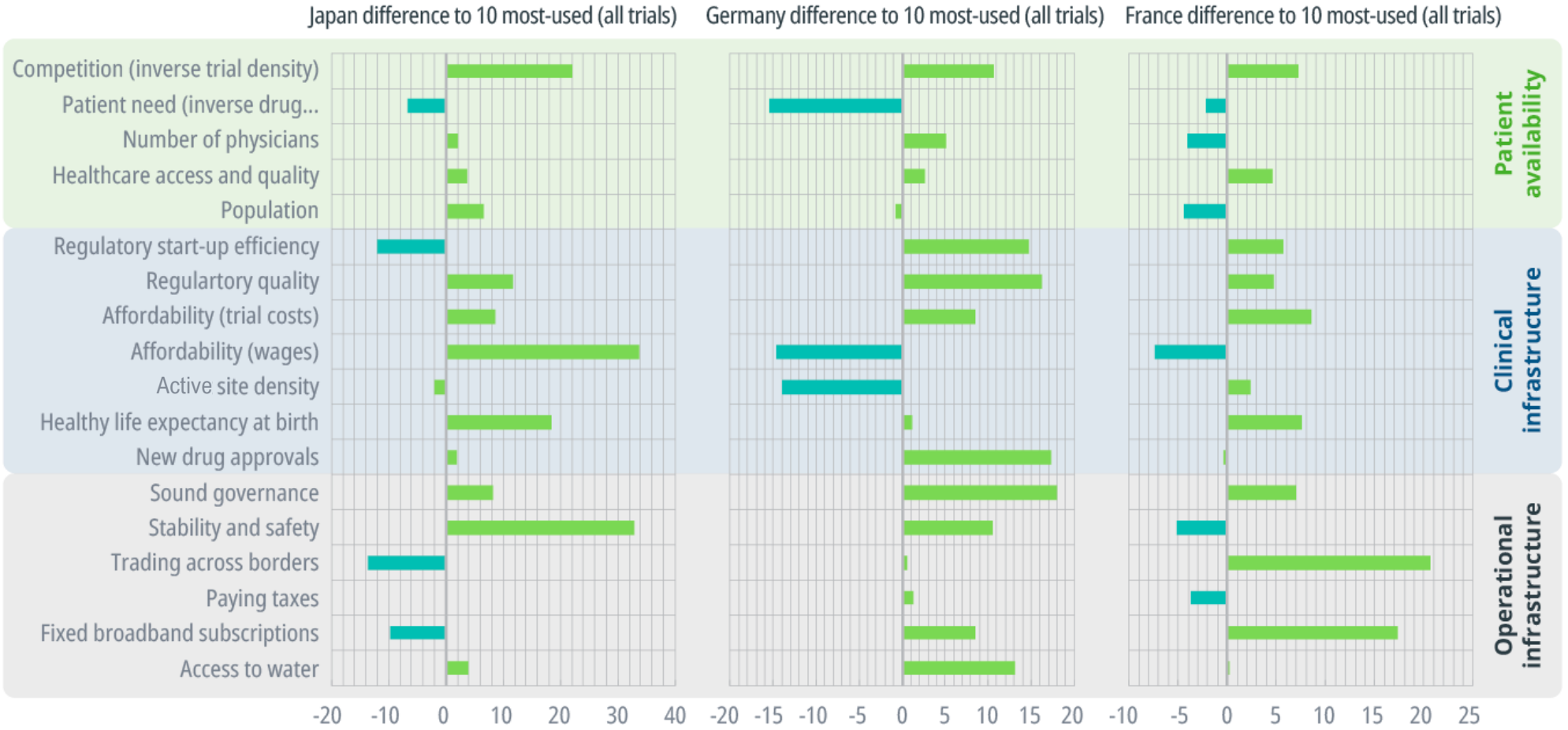
Comparing specific metrics relative to the most-used countries reveals the drivers of opportunity scores for individual countries

Comparison of metrics for select countries versus average of metrics for top 10 most-used countries 2021-2023



Source: Citeline Trialtrove, Jan 2024; Citeline Sitetrove, March 2024; World Health Statistics4, March 2024; World Bank, Development Indicators DataBank,March 2024; World Bank, Doing Business DataBank, March 2024; World Bank, Worldwide Governance Indicators, March 2024; PhRMA, Global Access to New Medicines Report, April 2023; ILO Stat explorer, March 2024; Moore et. al., JAMA International Medicine, Nov 201810; Healthcare Access and Quality Index 1990–2019. Institute for Health Metrics and Evaluation (IHME), 202211; IQVIA Institute, June 2024.
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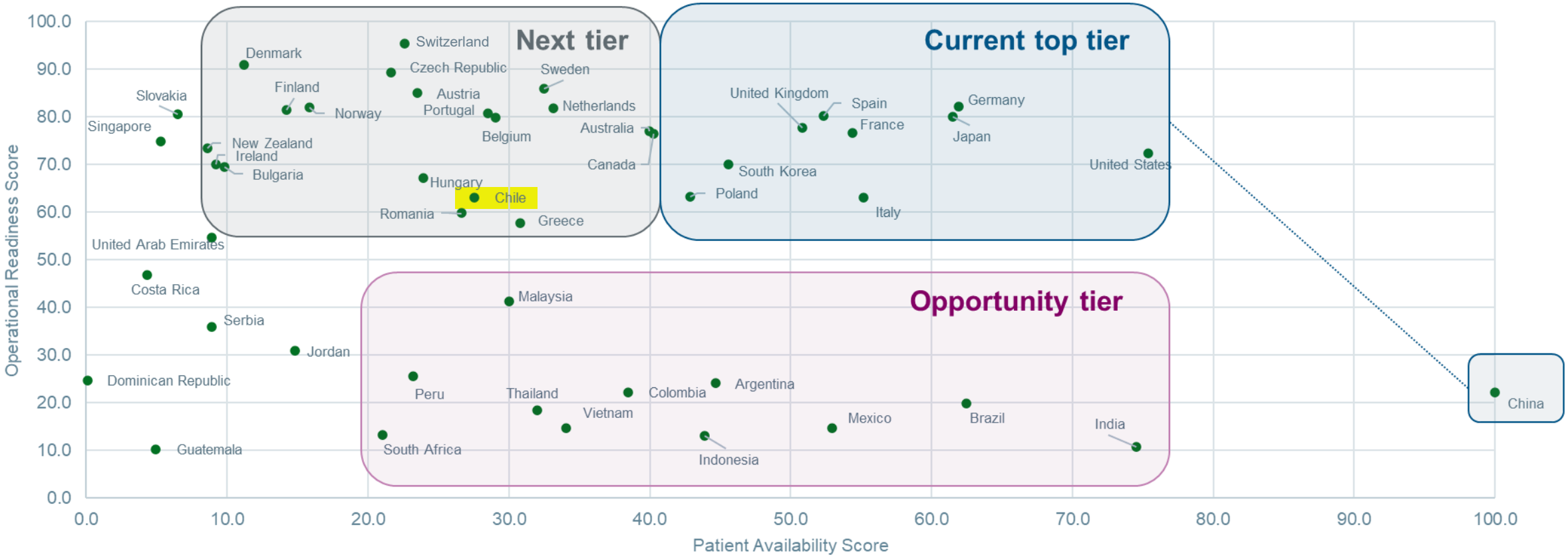
Sponsors are being encouraged to move beyond Top Tier countries to Next Tier and Opportunity Tier

Operational Readiness and Patient Availability Scores for all trial types and all countries considered in analysis



Source: Citeline Trialtrove, Jan 2024; Citeline Sitetrove, March 2024; World Health Statistics4, March 2024; World Bank, Development Indicators DataBank,March 2024; World Bank, Doing Business DataBank, March 2024; World Bank, Worldwide Governance Indicators, March 2024; PhRMA, Global Access to New Medicines Report, April 2023; ILO Stat explorer, March 2024; Moore et. al., JAMA International Medicine, Nov 201810; Healthcare Access and Quality Index 1990–2019. Institute for Health Metrics and Evaluation (IHME), 202211; IQVIA Institute, June 2024.
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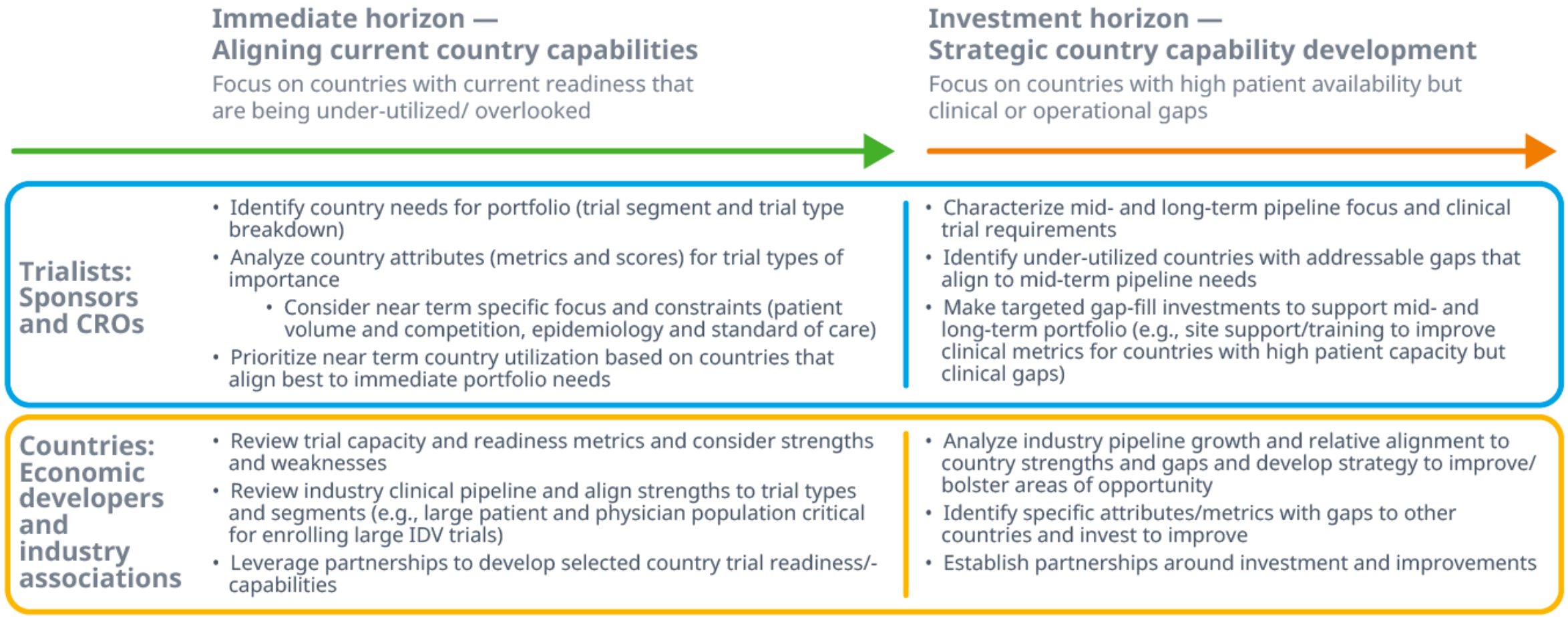
Sponsors and countries have opportunity to extend portfolio readiness with strategic focus on country attributes

Country prioritization horizons



Trial sponsors and countries can formulate near- and long-term strategies around country tiers

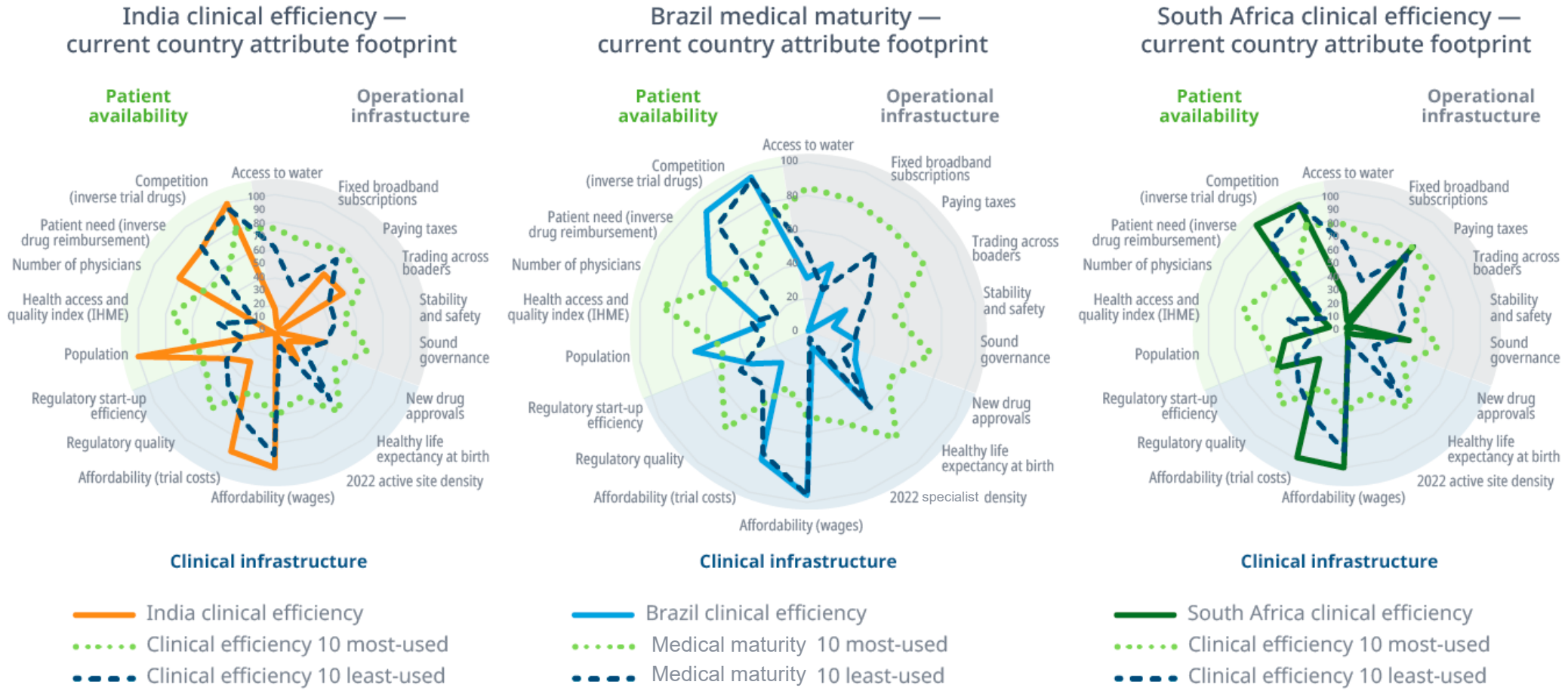
Approach to tier specific horizon planning

Country tier	Description	Near-term action	Mid- and long-term investments
Top tier	Countries with high quality operational infrastructure and good patient availability	**Sponsors and CROs** • Ensure trial specific opportunities aligning to country selection analytics **Countries** • Consider reasons for current underutilization and communicate trial readiness strengths to trialists	**Sponsors and CROs** • Ensure site networks are supported and invest in ongoing capacity in anticipation of crowding **Countries** • Consider partnership opportunities to build capacity • Ensure ongoing investment in areas of strength
Next tier	Countries with high quality operational infrastructure but lower patient availability	**Sponsors and CROs** • Monitor for trial saturation • Consider site support resources to bolster capacity and competitiveness **Countries** • Support site staffing and patient participation in trials and communicate clinical trial strengths to key partners	**Sponsors and CROs** • Invest in site capacity and site network support • Invest in patient analytics and patient support **Countries** • Focus on site and patient participation in trials and invest in patient communication, technology and privacy balance to enable optimized trial participation
Opportunity tier	Countries with significant patient availability but limited clinical and operational infrastructure	**Sponsors and CROs** • Deploy mobile trial capabilities and site support for high enrolling trials **Countries** • Identify, support and communication high functioning research hubs to partner sponsors and CROs	**Sponsors and CROs** • Use pipeline analysis (future patient needs) and metric analysis to target countries for investment – invest in site capacity building/site partnership development **Countries** • Focus on policy and regulatory process optimization to support clinical trial execution • Foster site development – invest in staff and infrastructure capacity building to meet industry pipeline needs

Source: IQVIA Institute, June 2024

India, Brazil and South Africa provide examples of countries with high patient availability but varying gaps in operational attributes

Country specific metric scores compared to average metric scores for 10 most- and least-used countries by trial type



Source: Citeline Trialtrove, Jan 2024; Citeline Sitetrove, March 2024; World Health Statistics4, March 2024; World Bank, Development Indicators DataBank,March 2024; World Bank, Doing Business DataBank, March 2024; World Bank, Worldwide Governance Indicators, March 2024; PhRMA, Global Access to New Medicines Report, April 2023; ILO Stat explorer, March 2024; Moore et. al., JAMA International Medicine, Nov 201810; Healthcare Access and Quality Index 1990–2019. Institute for Health Metrics and Evaluation (IHME), 202211; IQVIA Institute, June 2024.
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Brazilian focus on regulatory process and investment in clinical infrastructure and training suggest trial readiness opportunity

Examples of recent focus on oncology clinical research infrastructure in Brazil

Regulating clinical trials

- Law 14.874 Regulating Clinical Trials was published in Brazil May 28, 2024
  - Renewed commitment to facilitating clinical research in Brazil with highest ethical standards
  - New provisions designed to clarify and streamline to prevent unnecessary clinical trial delays

Ethics process streamlining:
Single, local ethics commission review
30-day timeline for first opinion

Clinical trial approval streamlining:
90-day timeline
Trial may proceed if no statement in this time

Post trial drug supply access clarity:
Explanation required for cases where not provided
Clarity on sponsor process

Biological materials, patient data clarification:
Clear patient ownership / privacy
Designated terms / time limit of trial utilization

Public and private investment in Brazilian clinical infrastructure

Training

- Brazilian Society of Clinical Oncology (SBOC) focused on oncology clinical research training
- Supporting oncologists to implement clinical research centers in regions outside of existing large centers

Research infrastructure

- The largest Latin American private oncology health group (Groupo Oncoclinicas) engaged in strategic expansion of regional research centers through public-private partnership around Brazil clinical pipeline

Public access

- High Complexity Oncology Care Centers (CACON) and High Complexity Care Units (UNACON) provide comprehensive oncology care with extensive diagnostic and treatment infrastructure across 317 units covering all Brazilian states

Source: IQVIA SME Input, Resende H, Araújo RS, Barros CH, Schwyter F, Teich NL, Gomes A, Dallan AB, Bonilha LA, Souza CM, Francisco FR, Munhoz KR. Improving access to cancer clinical research in Brazil: recent advances and new opportunities. Expert opinions from the 4th CURA meeting, São Paulo, 2023. ecancermedicalscience. 2024;18., Lessons from implementing a clinical research network in Brazil. American Society of Clinical Oncology Educational Book. 2022 Apr 29;42:447-56.
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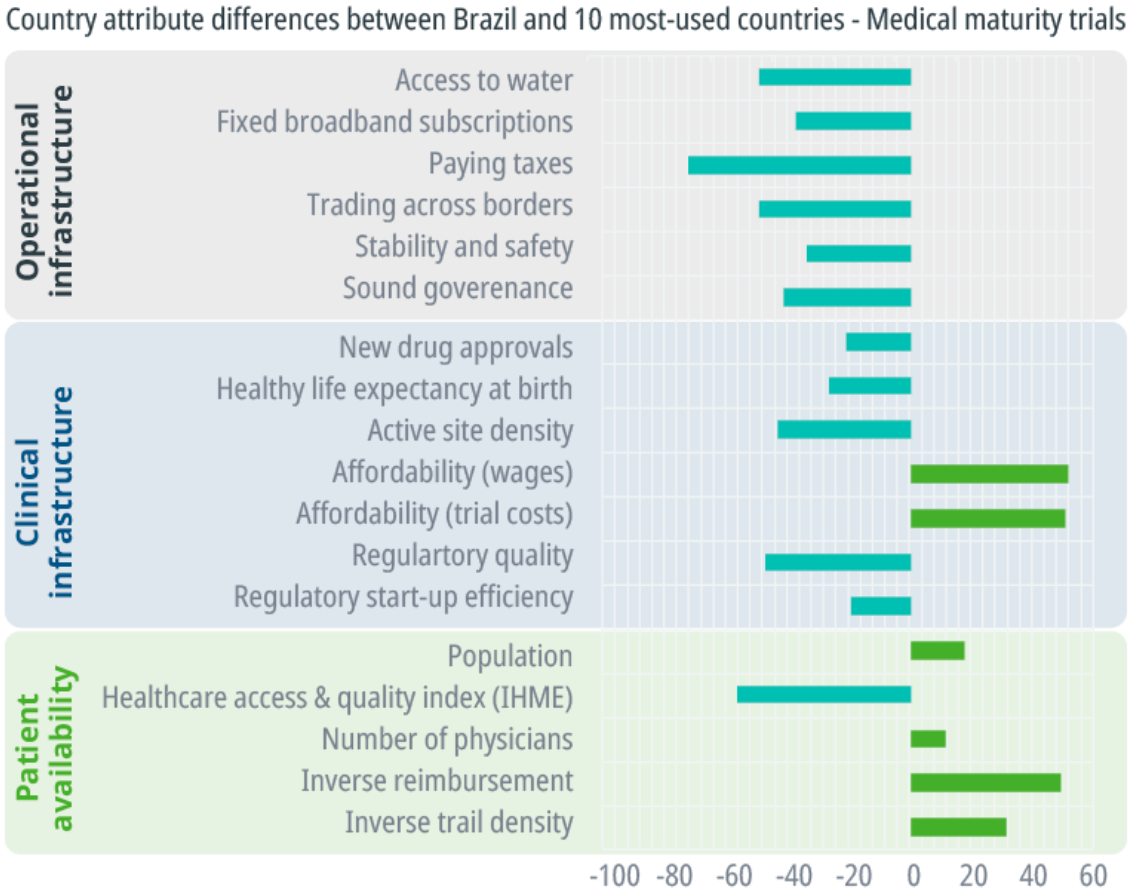
Brazil has a large accessible patient population and ranks high in affordability, but lags top countries along other attributes

Comparison of Brazil metrics versus average of metrics for top 10 most-used Medical Maturity countries 2021-2023



Brazilian oncology focus

- Patient need: Cancer 2nd leading cause of death in Brazil
- Existing infrastructure focus: Brazilian Society of Clinical Oncology (SBOC), Latin America Cooperative Oncology Group (LACOG), CURA initiative

Key barriers

- Complex Regulatory and IRB processes and longer timelines
- Cancer research centers largely limited to urban academic centers
- Limited research staff and researcher participation

Opportunity

- Regulatory process optimization
- Infrastructure investments
  - Cancer center partnerships
  - Research staff training

Source: Citeline Trialtrove, Jan 2024; Citeline Sitetrove, March 2024; World Health Statistics4, March 2024; World Bank, Development Indicators DataBank,March 2024; World Bank, Doing Business DataBank, March 2024; World Bank, Worldwide Governance Indicators, March 2024; PhRMA, Global Access to New Medicines Report, April 2023; ILO Stat explorer, March 2024; Moore et. al., JAMA International Medicine, Nov 201810; Healthcare Access and Quality Index 1990–2019. Institute for Health Metrics and Evaluation (IHME), 202211; IQVIA Institute, June 2024.
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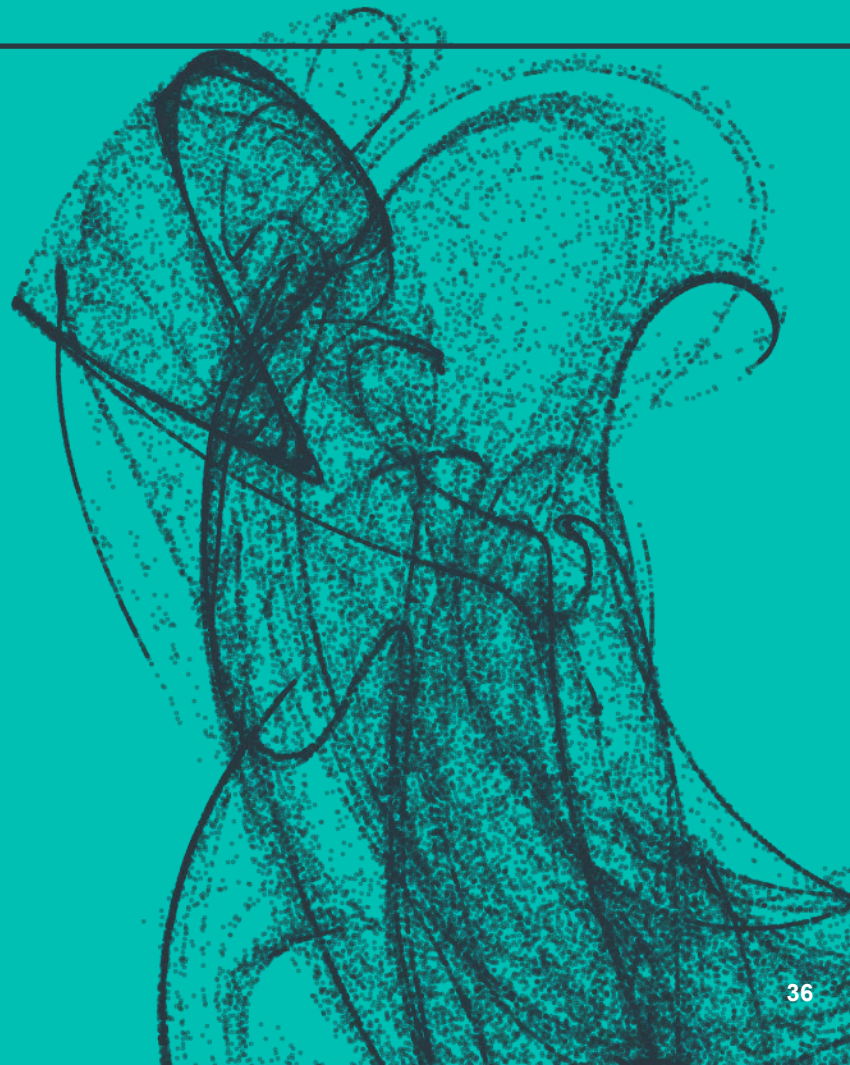
Final thoughts



Final thoughts for Chile

- The global biomedical innovation system is large, diverse and dynamic
- Identifying areas to focus will be important to demonstrate differentiated capability
- A Latin America-wide effort that supports each country and the region may accelerate the development and recognition of advances in clinical research
- Clinical research should be positioned as part of a broader innovation and development strategy, including the role of local life sciences entrepreneurs
- An integrated and collaborative approach is needed across government agencies, health delivery system, investigator clinicians, trial sponsors (large and small companies), and patient groups, which each recognizing its role, contributions and benefits from clinical research

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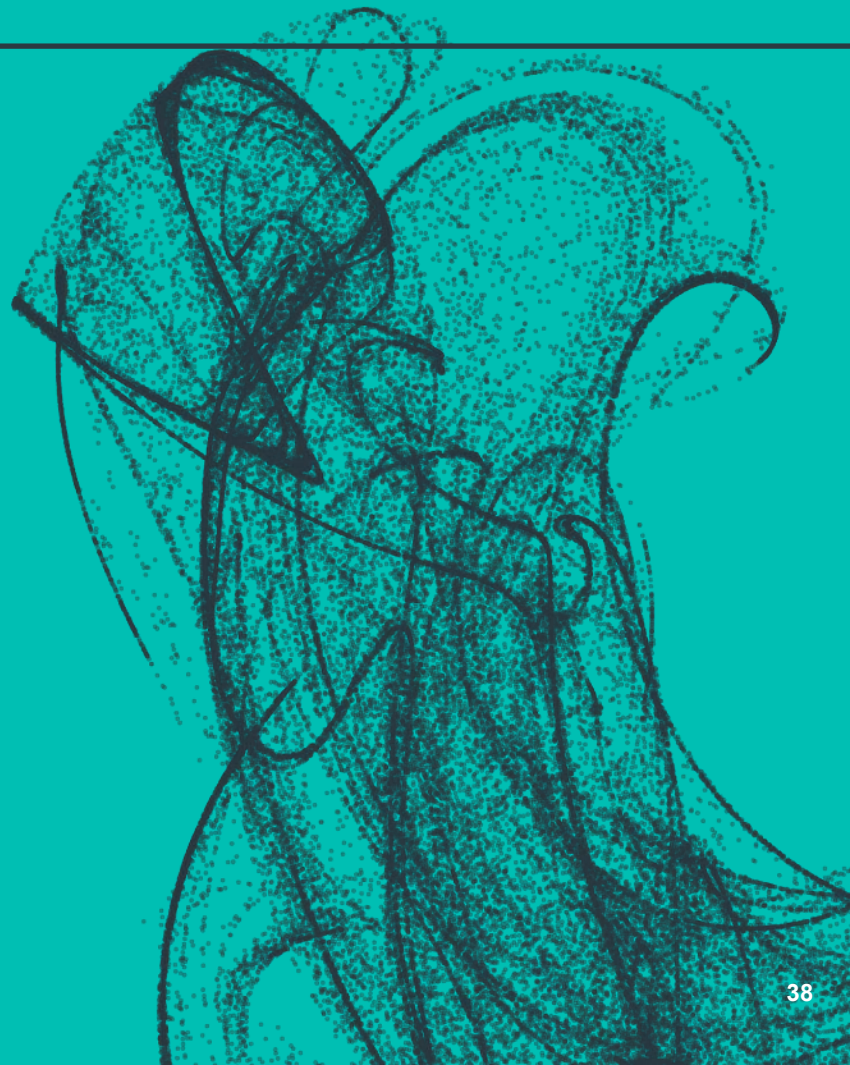
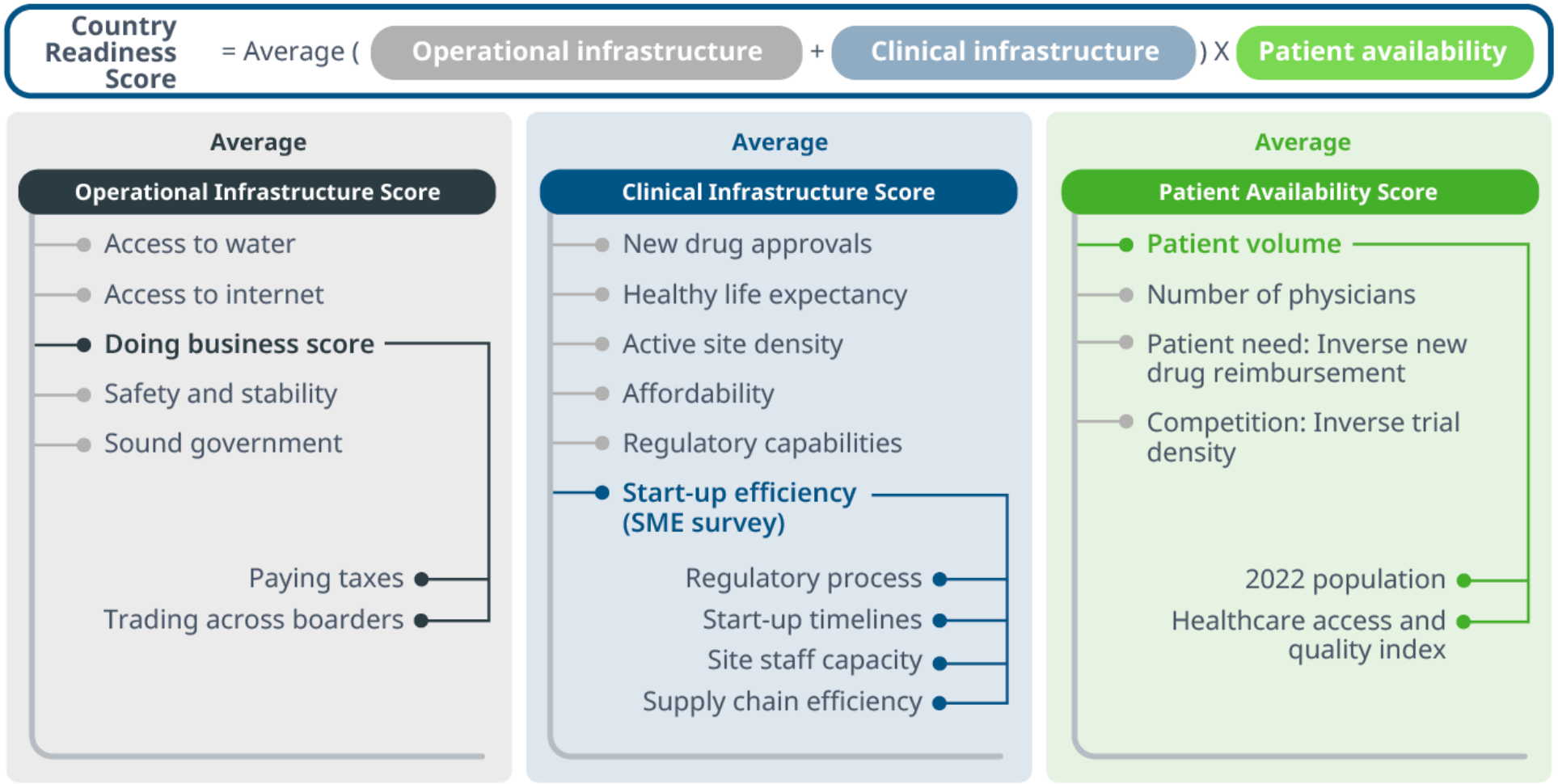


Appendix

Specific methodology for algorithm to characterize country opportunity for running clinical trials



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Metrics detail for components of the Country Readiness algorithm

	Algorithm component	Specific metric	Source
Operational infrastructure	Access to Water	Access to Water: Proportion of population using safely-managed drinking-water services	WHO World Health Statistics, 2023 Sustainable Development Goals[4]
	Access to Internet	Fixed broadband subscriptions (per 100 people)	World Bank/World Development Indicators[5]
	Paying Taxes	Paying taxes (DB17–20 methodology)	World Bank Doing Business[6]
	Trading Across Boarders	Trading across borders (DB16–20 methodology)	World Bank Doing Business[6]
	Safety and Stability	Stability and Safety	World Bank/Worldwide Governance Indicator[7]
	Sound Governance	Sound Governance	World Bank/Worldwide Governance Indicator[7]
Clinical infrastructure	New Drug Approvals	In country drug approvals (of the global launched 2011–2020)	IQVIA Institute/PhRMA Global Access to New Medicines[8]
	Healthy Life Expectancy	Healthy life expectancy at birth	WHO World Health Statistics, 2023 Sustainable Development Goals[4]
	2022 Active Site Density	2022 – total active, specialist or phase I Site Density	Citeline Site Trove
	Inverse Relative Wage	Inverse average monthly earnings (2021–2023, USD)	International Labor Organization[9]
	Inverse Trial Costs	Inverse trial costs (by region)	Moore et. al.[10]
	Regulatory Quality	Regulatory Quality	World Bank/Worldwide Governance indicator[7]
	Start up Regulatory efficiency	GSA survey scores – Reg process, timeline and supply chain	IQVIA Global Start up Team (GSA)
Patient availability	Population	Log10 2022 Population (000,000)	World Bank/World Development Indicators[5]
	Healthcare Access and Quality Index	Healthcare Access and Quality Index (IHME HAQI)	IHME GBD HAQ Index[11]
	Number of Physicians	Log10 number of physicians	WHO SDG[4]/World Bank World Development Indicators[5]
	New Drug Reimbursement	New drug reimbursement (of the global launches 2011–2020)	IQVIA Institute/PhRMA Global Access to New Medicines[8]
	Trial Density	Number of trials / total population	Citeline Trial Trove

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