Thera
HEALTH POLICY
& ACCESS

CORPORATE DOSSIER · 2026

Boutique
Think & Do Tank

Bridging the gap between health policy and patient access.

let’s create value together

WHO WE ARE

We don’t leave strategy **on the shelf**

Thera was born from the experience of sitting on the other side of the table: of hiring consultancies that delivered a sophisticated document which moved nothing in reality. That is why we are a **boutique think & do tank**: we think the problem through with the depth of a research institute and carry it to the result with the discipline of a consultancy.

THINK

Analysis at think tank standard

Rigorous diagnosis of regulation, technology assessment, coverage and financing. Primary sources, verification, and a thesis of our own about the problem.

& DO

Execution at consultancy standard

We design and implement access strategies that translate into measurable impact. We join the meetings and the stakeholder work: we become part of the team.

BRIDGE

One actionable narrative

We connect science, policy, regulation, reimbursement and patients into a single story that works for the regulator, the payer and the board.

REACH

International perspective, local reading

A team distributed across Latin America, the United States and Europe. A comparative reading of health systems, applied to the institutional, fiscal and political reality of each market we work in.

> “Understanding needs, crafting solutions, driving measurable health impact.”

WHAT OUR CLIENTS GET

Seniority at the table, always

Boutique scale: whoever sells is whoever delivers. No intermediate layers, no junior teams learning on the client’s project.

From diagnosis to implementation

Every deliverable ends in an actionable decision with an owner, a deadline and an indicator — not in a list of generic recommendations.

Impact that can be demonstrated

Policy indicators, installed capacity, effective access and efficiency. What is not measured does not hold over time.

Expert network and regional reach

The Thera Experts Network and our strategic alliances extend capability by country without diluting the accountability of the team that signs.

WHY A THINK & DO TANK

The rigor of an institute, **the execution of a consultancy**

A think tank produces ideas and publishes them. A consultancy produces deliverables and leaves. A think & do tank does both and answers for the outcome: it sets the agenda, designs the solution, implements it with the client and measures whether it worked.

THE DIFFERENCE, CONCRETELY

A think tank

Produces ideas and publishes them. It sets the agenda, but answers neither for implementation nor for the result in the system.

A consultancy

Delivers a report and leaves. It optimizes what the client has already decided to do, without questioning the framework they must do it in.

A think & do tank

Sets the agenda, designs the solution, implements it alongside the client and measures whether it worked. It answers for the result, not for the deliverable.

THREE THINGS WE DO DIFFERENTLY

01

We arrive with the problem, not the catalogue

We never open with who we are and what we sell. We open with a reading of the counterpart's business, built on public information, with a hypothesis about the gap and a solution they most likely have not yet considered.

02

We sell a team, not a report

The client gets legal, scientific, medical, commercial and evidence perspectives at once. Once engaged, we are part of their team: we attend the meetings and sustain the relationships.

03

We convene, not just advise

We are a convergence platform: we bring industry, authorities, academia, providers and patients to pre-competitive agendas where no single actor can solve the problem alone.

7
senior architects, each accountable for one discipline

5
home cities across Latin America, the United States and Europe

3
strategic alliances across the Americas and Europe

25+
published and active health thematic agendas

HOW WE WORK

The **Thera Method**

A four-stage sequence that structures every mandate, every product and every conversation. It is not a conceptual framework: it is the order in which decisions get made.

01

Diagnose

Understand the terrain: regulatory framework, value assessment, coverage, installed capacity and the real gaps.

02

Design

Design the strategy: access pathways, value dossiers, financing models and governance.

03

Deliver

Execute: public affairs, stakeholder convening, implementation and positioning content.

04

Demonstrate

Measure: policy, capacity, access and efficiency indicators — impact that sustains itself.

HOW WE APPLY IT TO EVERYTHING WE DO

Every proposal	Is structured in the four stages, with an explicit deliverable, duration and success criterion per stage. The client knows what they receive and when.
Every deliverable	Closes with the next stage defined: what is decided, who decides it and against which indicator it is verified.
Every product	The products in this dossier — pharmacoeconomic, legal, quality, medical or commercial — are applications of the same method to a bounded problem.
Every multi-stakeholder project	The sequence becomes shared governance: the diagnosis is validated among the actors before design, and measurement is public.

From theory to measurable impact: every plan becomes access for those who need it.

THE THERA METHOD

HOW WE CREATE VALUE

A **complete value cycle** in health

Value is not in the document: it is in the decision the document makes possible, and in the access that decision unlocks. These are the six concrete ways in which we create value for our clients and for the system.

1

We turn regulation into access

A marketing authorization is not access. We design the missing architecture between registration and the patient: recognition, value assessment, financing, care network and data.

2

We anticipate the decision window

Structured monitoring of regulatory signals, public consultations and multilateral agendas. Arriving late to a policy window costs years of access.

3

We align interests that look opposed

Payer, regulator, industry, provider and patient rarely share the same incentive. Our work is to find the design in which they do.

4

We de-risk the decision

Due diligence, scenario assessment and economic modeling so that an investment, a launch or a negotiation is decided on evidence.

5

We install capability, not dependency

We transfer method, templates and judgment. The goal is for the client's team to sustain the result without us.

6

We protect technical reputation

No regulatory, legal or market figure leaves without primary-source verification. What we sign withstands regulatory scrutiny.

TWO DELIVERY MODELS

Multi-stakeholder collaborative projects

Pre-competitive agendas in which several actors co-fund the diagnosis and the proposal. Thera convenes, marshals the evidence and holds the governance.

Individual strategic consultancies

Bounded mandates or retainers for a single organization, under strict confidentiality and the same standard of method and seniority.

WHAT WE DO

Four practice areas, **one method**

Our services are delivered through a dual model — multi-stakeholder collaborative projects and individual strategic consultancies — combining rigorous analysis with strategic execution to achieve concrete improvements in health systems.

01

Health Policy & Systems

We design evidence-based health policy strategies and frameworks, combining deep technical expertise with a clear implementation view to strengthen health systems.

Regulatory and institutional diagnosis · Policy and regulatory proposals · Public affairs and technical advocacy · Coalition building · Translation of WHO/OECD frameworks into country roadmaps · Legislative and regulatory monitoring

02

Market Access & Value

We accelerate the entry of health technologies through robust value propositions, developing negotiation models and access solutions that align stakeholder interests with patient needs.

Complex multi-payer access strategies · Value dossiers and HTA submissions · Pricing and reference-pricing strategy · Risk-sharing agreements · Early access and expanded use · Tenders and public procurement

03

Legal & Regulatory Strategy

Specialized legal and regulatory advice for product approval and lifecycle management, ensuring compliance with international standards while navigating complex regional regulatory landscapes.

Registration and approval pathways · Complex contracting · Intellectual property and access · Competition law · Public procurement · Digital health and AI · Business and human rights

04

Multi-Stakeholder Collaboration

A convergence platform between the public and private sectors. We orchestrate collaborative projects and consortia to solve the most complex challenges in the health ecosystem.

Convening and stakeholder mapping · Pre-competitive consortia · Governance and rules of participation · Shared technical agenda · Consensus documents · Systemic impact measurement

WHO WE WORK WITH

- Innovative pharmaceutical industry
- Generics and biosimilars
- Medical devices and diagnostics
- Biotechnology
- Industry chambers and federations
- Health authorities and ministries
- Insurers and providers
- Multilateral organizations
- Academia and research centers
- Patient organizations
- Investors and funds

> “Thera was born from the conviction of serving as a convergence platform for the different stakeholders in the health ecosystem, fostering dialogues that create value for society as a whole.”
>
> JOSÉ LUIS CÁRDENAS T. · FOUNDER & MANAGING DIRECTOR

DISTINCTIVE SERVICE

Multi-stakeholder projects at the **pre-competitive stage**

Some problems no company solves alone and no authority solves without industry: preparing a system for a new technology, defining what access means in a given condition, building clinical confidence in a category. These are **pre-competitive** problems: solving them benefits every actor before they compete with one another. Thera exists to convene and hold those tables.

HOW WE RUN A PRE-COMPETITIVE PROJECT

01
Convening and mapping

Identifying who owns the problem, who has the incentive to lead it and who must be at the table for the outcome to be legitimate.

02
Shared technical agenda

What is discussed and what stays out is agreed first. Rules of participation and information use are fixed before the first session.

03
Shared evidence

A single diagnosis, verified against primary sources, that every participant recognizes as the baseline. Without common data there is no possible consensus.

04
Proposal and consensus

A policy document or access model with options, costs and a staged implementation sequence.

05
Advocacy and implementation

Presentation to authorities, industry associations and technical forums; support through the regulatory or budgetary discussion.

06
Public measurement

Indicators agreed at the outset. Impact is reported back to participants and sustains the continuity of the agenda.

THEMATIC AGENDAS WE WORK ON

Precision medicine and advanced therapies

Institutional readiness, accredited network, adaptive assessment, integral payment and registry. The 2027–2029 WHO window.

Obesity

From drug coverage to integral management: population definition, care pathway and budget sustainability.

Fertility in Latin America

A development crisis no ministry claims as its own: governance, coverage and territorial equity.

Biosimilars and complex generics

Interchangeability, clinical confidence, public procurement and effective competition to release fiscal space.

Antimicrobial resistance · Digital health and AI · Cancer · Rare diseases · Mental health · Therapy adherence · Cardio-reno-metabolic axis · Women's health · Regulatory convergence · Pharmaceutical relocation

HEALTH POLICY CHANGE

Changing the rule, **not just complying with it**

When the obstacle to access lies in the rule, in the design of financing or in the absence of a standard, the work is not to adapt: it is to take part technically in the change. We support that process with verifiable evidence and without promising outcomes that depend on third parties.

Policy diagnosis and feasibility

A map of the problem, the framework in force, the actors with veto power and the realistic time window for change.

Diagnostic report · Stakeholder and position map · Political and budgetary feasibility analysis

Design of the regulatory proposal

Technical drafting of the solution: draft rule, operational guideline, coverage criterion or financing model, with options and costs.

Policy document · Draft articles or technical guidance · Regulatory impact assessment · Cost scenarios

Public affairs and technical advocacy

Participation in public consultations, hearings and committees; coalition building and technical spokespersonship at academic standard.

Consultation responses · Position briefs · Coalition strategy · Spokesperson preparation

Translation of international frameworks

We turn WHO resolutions, ICH/OECD guidance and multilateral instruments into actionable country-level roadmaps.

Gap analysis between international framework and national law · Roadmap with milestones · Materials for key stakeholders · Ongoing monitoring

Regulatory monitoring and signals board

Structured, AI-assisted surveillance of regulatory change, consultations, international guidance and competition investigations.

Prioritized signals board · Actionable alerts · Periodic digest · Recommended response

Measuring the change

Policy, installed-capacity, effective-access and spending-efficiency indicators, defined before implementation.

Indicator framework · Baseline · Follow-up reporting · Ex-post evaluation

MARKET ACCESS & VALUE

Access **and** the economic evidence that sustains it

An access strategy without numbers does not convince a payer; an economic model without strategy does not change a decision. We work both sides with the same team and under the same value thesis.

COMPLEX MARKET ACCESS STRATEGIES

Multi-payer access architecture

Design of the full pathway when coverage depends on several simultaneous mechanisms: explicit guarantees, high-cost funds, private insurance, out-of-pocket spending and institutional procurement.

High-cost and one-off therapies

Coverage of single high-price interventions: defining the complete financeable package — intervention, episode and contingencies — not just the product.

Early access and expanded use

Access routes ahead of regular coverage: compassionate use, managed access programs, coverage with evidence development.

Pricing and reference pricing

Launch and lifecycle pricing strategy, international reference pricing, country sequencing and corridor price protection.

Tenders and public procurement

Bid strategy, eligibility, contractual compliance and challenges to award decisions in the region's regulated markets.

Institutional readiness of the system

When the system cannot yet buy the technology: center network, referral criteria, registry, data and governance before the first contract.

PHARMACOECONOMICS AND HEOR

Budget impact analysis (BIA)

Multi-year effect on the payer's budget, with scenarios for uptake, treatment mix and cost displacement.

Cost-effectiveness and cost-utility

Markov models, decision trees and partitioned survival models; QALYs, incremental ratios and deterministic and probabilistic sensitivity analysis.

Cost-minimization, cost-benefit and cost-consequence

The appropriate comparison when outcomes are equivalent, or when the decision maker needs the full set of consequences rather than a single ratio.

Burden and cost of illness

Epidemiological and economic quantification, direct and indirect costs, lost productivity and caregiver burden.

Real-world evidence (RWE)

Observational study design, use of registries and administrative databases, adjusted indirect comparisons and comparative effectiveness analysis.

Value dossiers and HTA submissions

Dossiers for ETESA, CONITEC, IETSI, CENETEC and equivalents; systematic reviews, meta-analyzes and local adaptation of global models.

RISK-SHARING AGREEMENTS

Managed entry and **value-based agreements**

When the payer doubts a technology's real-world performance and the marketing authorization holder will not accept a linear discount, a risk-sharing agreement resolves the disagreement by moving it onto a data point. We design schemes that can be measured, contracted and audited — not statements of intent.

THE AGREEMENTS WE DESIGN

FINANCIAL

Volume- and price-based agreements

Confidential discounts, price-volume arrangements, expenditure caps, dose capping, free initial cycles and risk-sharing bands over budget.

OUTCOME-BASED

Value-based agreements

Payment by results, performance guarantees with rebate upon therapeutic failure, payment per responder and price adjustment against observed outcomes.

EVIDENCE-BASED

Coverage with evidence development

Access conditioned on the generation of local evidence within a defined period, with explicit reassessment and an agreed exit rule.

HIGH COST

Annuities and deferred payment

Multi-year installments for one-off therapies, with continuation conditions tied to the persistence of clinical benefit.

WHAT WE DELIVER

Feasibility	Assessment of whether the system can measure the outcome, contract the scheme and audit it. An outcome-based agreement without verifiable data is a financial agreement in disguise.
Technical design	Definition of the outcome, measurement window, data source, success threshold, treatment of loss to follow-up and reconciliation rule.
Economic model	Simulation of the financial result for both parties under effectiveness, adherence and volume scenarios.
Governance and contract	Committee structure, review cadence, dispute resolution and confidentiality and pricing clauses.
Implementation and measurement	Registry set-up, training of participating centers and periodic reporting of results to the parties.

Quality that **enables access**

From inspection readiness and supplier qualification to pharmacovigilance and data integrity, we provide practical, business-oriented solutions that protect patients, support growth and enhance organizational resilience across the LATAM market.

01

Inspection readiness / mock inspections

Structured, ongoing preparation for health authority inspections.

Gap assessment of systems and documentation · Mock inspection with findings report · Staff training for inspection day · Prioritized pre-inspection action plan

02

Risk assessment

Integral, preventive evaluation of the quality system, aimed at anticipating risks before they become a finding or an incident.

Risk mapping by process or area · Prioritization by likelihood and impact · Preventive mitigation plan · Risk report to support decisions

03

Supplier due diligence

Comprehensive evaluation of a supplier, site or CMO ahead of a business decision.

Documentary and/or on-site audit · Review of regulatory compliance history · Risk report with go/no-go recommendation

04

CMO qualification and monitoring

Recurring oversight of the external manufacturing relationship over time.

Initial supplier qualification program · Periodic follow-up audits · Supplier quality performance scorecard

05

QMS / quality compliance

Design, redesign or strengthening of the quality management system.

QMS gap assessment against current regulation · Design of procedures and governance · Quality culture program · Ongoing oversight (retainer)

06

Inspection observation response

Support drafting formal responses to authority observations and executing the associated remediation.

Root cause analysis of each observation · Drafting of the formal response · CAPA plan with effectiveness follow-up

07

Data integrity

Audit and design of data governance, aligned with ALCOA+ criteria.

Data integrity audit of critical systems · Design of data governance and controls · Remediation plan for identified gaps

08

Pharmacovigilance: diagnosis and design

Evaluation and design of the pharmacovigilance system as a scoped project.

Diagnostic audit of the PV system · Design of the PV quality system · Pharmacovigilance mock inspection

09

“On-call” model

Rapid-response GMP retainer consulting for clients who want expert advice without opening a formal project.

On-demand access to expert consultation · Defined response time per service agreement · Monthly or quarterly subscription

Medical affairs with **access logic**

The medical function generates the evidence that must later convince a technology assessor and a payer. We design that evidence from the outset with that destination in mind: scientific rigor and regulatory and reimbursement usefulness in the same piece.

01

Medical strategy and evidence plan

Definition of the product's scientific narrative and of the integrated evidence generation plan by indication and by market.

Medical strategy plan · Evidence gap map · Integrated evidence plan · Prioritization by access impact

02

Advisory boards and expert consultation

Design, moderation and documentation of clinical expert boards, with methodological standard and compliance traceability.

Methodological design · Expert selection and convening · Moderation · Conclusions and consensus report

03

Scientific engagement and KOL

Mapping and segmentation of opinion leaders, scientific interaction plan and measurement of relationship quality.

KOL map by country · Scientific engagement plan · Discussion materials · Engagement indicators

04

Publications and scientific communication

Publication planning, manuscript and abstract support, and congress materials under authorship and transparency standards.

Publication plan · Manuscript and abstract support · Congress materials · Evidence summaries

05

Continuing medical education

Training programs for clinicians and care teams on new categories, diagnosis and management, with editorial independence.

Curriculum and content · In-person, remote or hybrid format · Take-away material · Learning assessment

06

Designing the medical affairs function

Structure, MSL model, processes and metrics for organizations building or redesigning their medical function in the region.

Organizational design · MSL model and territories · SOPs and processes · Function scorecard

Clinical evidence only creates access when it is built with the people who will have to assess and pay for it in mind.

CLINICAL EXCELLENCE

Legal and regulatory strategy **built for access**

Not legal advice that describes the framework in force, but strategy that identifies the fastest defensible route to market — and anticipates where the framework itself is the obstacle.

01

Regulatory pathway and approval strategy

Identification of the fastest, most viable registration route in one or more LATAM markets, including the agency interaction plan.

Comparative map of regulatory routes · Agency interaction and filing plan · Risks and mitigation options · Market-specific recommendations

02

Public procurement and tenders

Legal and regulatory support in public procurement of health products and services, from bid strategy to challenging the award.

Diagnosis of tender requirements and eligibility · Bid strategy and compliance checklist · Support in challenges · Post-award contractual compliance review

03

Complex contracting and commercial agreements

Drafting, review and negotiation of distribution, licensing, supply and promotion agreements.

Contractual, regulatory and competition risk review · Redlines with commercial impact rationale · Fallback positions for key clauses · Negotiation strategy memo

04

Legal and regulatory market access diagnosis

Structured diagnosis of the legal and regulatory barriers to entering a target market.

Barrier mapping: registration, pricing, reimbursement, intellectual property · Benchmarking against reference countries

05

Intellectual property and access

Patent landscape review and access-oriented IP strategy, including patent linkage risk assessment.

Patent landscape report for the target market · IP strategy aligned with access objectives

06

Competition and antitrust risk review

Assessment of pricing, distribution and market conduct decisions under applicable competition law in regulated markets.

Conduct risk assessment · Review of distribution and pricing practices · Merger or joint venture competition assessment · Risk mitigation recommendations

07

Translation of international frameworks

Turning multilateral frameworks — WHO, pandemic instruments, digital health and AI guidance — into actionable country-level compliance roadmaps.

Gap analysis framework vs. national law · Adaptation and communication strategies · Implementation roadmap with milestones · Stakeholder materials · Ongoing monitoring

08

Business and human rights compliance

Assessment against the UN Guiding Principles and OECD Guidelines, focused on supply chains, access to medicines and regulated health markets in LATAM.

Human rights risk diagnosis across the value chain · Gap assessment · Prioritized due diligence plan · Reporting and disclosure recommendations

09

Digital health and AI regulatory readiness

Assessment of a digital health or health AI product against emerging regulatory expectations — data protection, algorithmic transparency — in target markets.

Regulatory classification assessment · Gap review · Country-by-country readiness strategy · Remediation plan

BUSINESS AND GROWTH

Business development, **due diligence and go-to-market**

Investment and market-entry decisions in health fail for reasons a financial analysis does not see: a regulatory route longer than assumed, a plant that will not survive an inspection, coverage that will never arrive. We look at the asset through all four lenses at once.

Healthcare business development

Identification and assessment of licensing, distribution, co-promotion, alliance and portfolio acquisition opportunities across the region.

Opportunity screening · Strategic fit assessment · Commercial term sheet · Negotiation support

Healthcare due diligence

Commercial, regulatory, quality and access due diligence on assets, companies, plants or portfolios, integrated into a single report.

Commercial and market diligence · Regulatory and IP diligence · Quality and GMP audit · Coverage and pricing risk · Report with go/no-go recommendation

Strategic planning

Support to annual and multi-year planning processes, bringing an outside view on trends, public policy and how the organization is seen from outside.

External diagnosis · Regulatory scenarios and trends · Session facilitation · Plan with priorities and indicators

Commercial strategy and go-to-market

Definition of the entry and growth model: channel segmentation, portfolio architecture, pricing model and country sequencing.

Market entry strategy · Channel and coverage model · Pricing architecture · Launch plan with milestones

Healthcare market research

Qualitative and quantitative research with prescribers, payers, pharmacists, patients and institutional decision makers.

In-depth interviews and focus groups · Structured surveys · Pricing and willingness-to-pay research · Competitive landscape · Market sizing

Policy and competitive intelligence

Structured monitoring of the regulatory environment, coverage decisions and competitor moves in target markets.

Signals board · Competitor profiles · Coverage decision tracking · Prioritized alerts

TEAM

Architects, **not generalists**

A multidisciplinary network of senior experts bridging scientific evidence, legal and regulatory compliance, and market execution. Each member leads an architecture: the client's problem is assigned to whoever has solved it before.

José Luis Cárdenas Tomažič

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Over three decades in health policy, pharmaceutical regulation and market access. Former Sr. Director of Corporate Affairs & Market Access LATAM at Teva; legal practice at Freshfields (Frankfurt) and Philippi (Chile). Dr. iur. and LL.M., University of Freiburg.

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Over ten years in health regulation, market access, public coverage and innovative therapies. Former legal and policy expert at Chile's Ministry of Health on high-cost coverage frameworks.

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Thera Experts Network (TEN)

A network of senior specialists on call across regulation, clinical practice, health economics and access, activated by country and by subject. It extends capacity without diluting the accountability of the team that signs the mandate.

REACH

An **ecosystem** that extends capability and reach

A boutique firm does not compete on size: it competes on the quality of the network it can activate. Our strategic alliances — in the United States, Mexico and Europe — and our owned media extend the geographic and communications reach of every mandate, while keeping a single team accountable to the client.

STRATEGIC COMMUNICATIONS · UNITED STATES AND GLOBAL

Knight & Pawn

Strategic communications and reputation management with international reach. Adds narrative and positioning capability to the technical agendas Thera builds.

PUBLIC AFFAIRS · MEXICO / LATAM

Cabildum Consulting

Public affairs, health policy and institutional access, with Mexico as a regional platform. Extends reach to public decision makers in the largest Spanish-speaking market.

POLICY AND INTERNATIONAL PROCUREMENT · EUROPE AND LATIN AMERICA

Nexora

Health policy, public affairs, strategic communications and international procurement. Consolidates the Europe–Latin America bridge, particularly in supply and multilateral organizations.

OWNED MEDIA AND TECHNICAL PRESENCE

TheraTalks

An interview series with global leaders from industry, regulation and public health. Sets the technical agenda and connects regional debates with the international discussion.

Thera Insights

A periodic newsletter offering an analytical reading of the regulatory, policy and market signals most relevant to the health ecosystem.

Columns and policy papers

Regular publication in specialized business press on biosimilars, precision medicine, obesity, fertility, antimicrobial resistance, digital health, competition and value in health.

Forums, associations and academia

Technical participation in regional chambers and federations, intergovernmental roundtables, university courses and workshops.

HOW WE OPERATE

A firm that **optimizes itself**

Since its founding, Thera has automated and optimized its own processes with artificial intelligence. The criterion is single and explicit: **we automate what consumes time without building judgment, and we do not automate judgment itself**. That is what lets us operate at boutique scale with regional coverage — and what gives us the standing to advise others on the same.

ARTIFICIAL INTELLIGENCE: WHAT WE AUTOMATE AND WHAT WE DON'T

WE AUTOMATE

What consumes time without building judgment

Regulatory and public consultation monitoring · Capture of open calls from multilateral organizations · Daily digests over agreed sources · Transcription and structured summary of meetings · Deadline and cadence control · Terminological consistency across Spanish, English and Portuguese.

ASSISTED, REVIEW MANDATORY

What accelerates the expensive part of analysis

Public mapping of the client and draft hypotheses · Prioritization of the work pipeline · Translation of external documents · Source search and organization. Review by the person who signs is always a condition of release.

NEVER

Judgment, voice and relationships

The central hypothesis of an account and the price · The first message to a contact and any communication under personal signature · The diagnostic meeting and relationships with associations, academia and public counterparts · Content published under a team member's signature.

ETHICS AND COMPLIANCE

Client confidentiality

No confidential information enters a tool without a confidentiality agreement and a verified retention policy. We advise on compliance: our method must survive being described out loud to the person it was applied to.

Primary-source verification

No regulatory, legal or market figure is published or delivered without verification against the original source. Traceability is part of the deliverable.

Independence and transparency

We disclose conflicts of interest and the funding source of every multi-stakeholder agenda. In educational settings, content comes first and institutional mention is brief and made once.

What we do not promise

We do not promise regulatory outcomes, approvals or third-party decision timelines. We do not describe capabilities that are not verifiable. We do not mention client information without written authorization.

No agent acts on our behalf

AI prepares, detects, organizes and drafts internally; it does not contact third parties or speak to the market in Thera's name.

Data protection

Personal and health data are processed in line with applicable law in each jurisdiction and with client standards, with minimization by default.

Thera
HEALTH POLICY
& ACCESS

Let’s talk.

Write to us with the problem, not with a request for proposal. The first conversation is always about your business and about what the health system is on the verge of changing.

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let’s create value together