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EPISODE BRIEF · EP. 11

50%

of respondents say scientists and budget owners, not procurement, select R&D suppliers.

Behind Procurement LinkedIn poll, November 2026

BEHIND PROCUREMENT · EPISODE 11

Structure Without Friction in Pharma Procurement

Spend control that stakeholders actually follow



HOST

Natalie Eksi

CEO and Co-founder, APSentra



GUEST

Alan Salter

Founder and Principal, Caravel International Partners



GUEST

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VP of Professional Services & Customer Success, APSentra

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AT A GLANCE

Pharma R&D buys more from partners than ever. Procurement often arrives last.

A growing share of pharma R&D runs through CROs, CDMOs, clinical service providers, and specialized suppliers. Yet the supplier choice is usually made before procurement joins the conversation.

Who really selects suppliers for R&D and external services in your organization?



LinkedIn poll on Natalie Eksi's profile ahead of the episode. Figures as presented in the episode.

Five takeaways from the episode

1. **The disconnect is structural, not personal.** R&D solves a moving set of problems, while procurement works through repeatable criteria. The fix is a defined handoff between them, not a search for blame.
2. **Outsourced R&D is procurement spend.** As CRO and CDMO budgets grow, certification, risk, and capacity checks belong with procurement rather than on scientists' calendars.
3. **Governance has to scale with spend.** When a few phase III trials with one CRO reach $100M or more, the relationship needs executive-level oversight and a fixed reporting rhythm.
4. **Timing matters as much as process.** Procurement adds the most value once R&D components stabilize, early enough to secure scarce supplier capacity.
5. **Adoption decides whether control works.** A system has to be as easy for stakeholders as it is useful for procurement, and AI only amplifies a process that is already well designed.

01 · THE DISCONNECT

Why R&D and procurement drift apart in pharma

Neither guest was surprised that half of respondents named scientists and budget owners as the real decision-makers. Both saw the result as a design problem rather than a turf war.

Alan Salter, who led procurement for Takeda's largest business unit in the US, considers joint ownership the right model. In his view, procurement's role is not to slow research down but to make sure the company receives full value for very large budgets. Stakeholders and procurement bring different expectations to every supplier relationship, and the best outcome for both the company and the supplier comes from managing those relationships together.

> "For me, jointly from the start is the way it should be done."
>
> Alan Salter, Founder and Principal, Caravel International Partners

Mauricio Dezen traces the gap to the nature of R&D itself. He recalls a global head of supply chain at a vaccine manufacturer whose key ingredient has a lifespan of twelve days and is so sensitive that part of a batch, or all of it, can be lost. Procurement and logistics models built for stable, predictable materials do not fit that environment.

The way research progresses adds a second layer of complexity. R&D teams break a large problem into small ones and solve them one at a time. When a later step requires changing a component chosen earlier, the supply picture changes with it, and a procurement process designed for fixed specifications struggles to keep pace.

The cost shows up at launch

Working separately carries a delayed price. A product can be ready while the supply chain lacks the capacity to bring it to market, which sends R&D back to replace components that cannot be sourced at scale. Mauricio's conclusion is that both functions need a different way to connect, matched to the pace and scale of research.

> "It's not necessarily the R&D team's fault or procurement's fault. They need to find a way to connect at a different scale, in a different dynamic."
>
> Mauricio Dezen, VP of Professional Services & Customer Success, APSentra

02 · EXTERNALIZED R&D

As R&D moves to partners, governance moves to procurement

The episode drew on McKinsey's 2025 research on pharma R&D supplier partnerships. Its central finding is simple: pharma now buys a large part of its innovation, and the value of that spend depends on how well the company and its suppliers govern it together.

$2.3B
Average cost to develop a new drug, as cited in the episode

12–13%
Annual growth in CRO and CDMO spending between 2014 and 2022

80%+
Of R&D and supplier leaders expect supplier spend to rise a further 10–30% within two to five years

Source: McKinsey & Company, "Building a shared vision for pharma R&D–supplier partnerships," 2025.

Alan describes a pendulum that swings between internal and external models. At Takeda, R&D was largely externalized through four major CRO partners. Decentralized trials added another layer: instead of routing everything through the CRO, trial teams selected their own specialist suppliers from a large internal supply base. A shared platform let teams propose suppliers and vote on them, and leadership resolved disagreements, which most often centered on capacity. The recurring question was whether a supplier had the bandwidth to take on the work alongside its existing commitments.

For Mauricio, the shift has a direct consequence. Historically, most R&D cost sat in people and laboratories. Once that work moves to third parties, it becomes procurement spend, with the governance, controls, and supplier qualification that implies. Scientists' time should not go to validating certificates, and criteria should not be rebuilt for every product. R&D and procurement need to agree once on the risk, certification, and capacity standards for outsourced services.

> **"When you're outsourcing to third parties, it's procurement. You need governance, you need controls."**
>
> Mauricio Dezen

Same problems, larger stakes

Alan sees the same issues in mid-sized and global pharma; the difference is scale. A problem that affects two or three trials in a mid-sized company spreads across five or ten in a large one. At Takeda, major CRO relationships ran on quarterly and annual governance meetings, with leadership up to the chief medical officer attending for the largest partners. Three phase III trials with a single CRO can represent $100–150 million, and that spend justifies the time it takes to keep the relationship in the right place.

03 · EXTERNAL SPEND CONTROL

Why external spend escapes control

Strong supplier relationships do not guarantee visibility. In Alan's experience, control slipped most during the transition from an internal model to an external one.

When Takeda moved R&D toward external partners, the reporting that had existed internally had to be rebuilt around the CROs. Investors ask publicly traded companies how billions in development spend were used, so the company needed partners to provide the right information, at the right cadence, and with the right detail. That data had to support diagnosis from three angles: financial performance, patient recruitment, and progress through the trial. Building that reporting took time, and the gap was a direct result of changing operating models.

What to frame before the contract is signed

Alan's view of "taking control" of contracting is shared control between R&D and procurement. Clinical trials follow recognizable steps, gates, and deliverables, which makes it possible to set a common frame:

- **A common lexicon** so that every party means the same thing by each deliverable
- **Standard reporting** and agreed expectations for every supplier
- **Consistent treatment** across suppliers, so no partner can claim different rules
- **Pricing by function and task**, adjusted for trial type such as rare and orphan diseases

Finance benefits most from that structure. Without it, finance sits at the end of the process reconciling invoices against commitments it never saw. With pricing and expectations agreed up front, the ledger becomes far easier to read. APSentra applies the same logic through budget control at the point of commitment, where every request is checked against available budget before approval.

> "Finance is stuck in the back of all this, trying to clean up the financial mess."
>
> Alan Salter

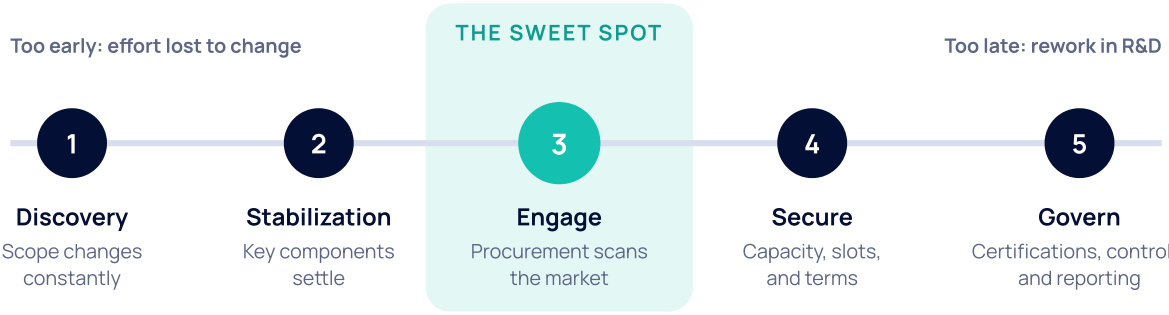
The cost pressure behind the urgency

Mauricio added a view from the buyer's side of healthcare. Running strategic management for a large hospital network in Brazil, his team tracked general inflation against medical inflation, the growth in what a healthcare system pays for everything it needs to operate. Over one five-year period, he recalls, general inflation averaged about 5% while medical inflation ran between 14% and 18%. With an aging population, that gap is not sustainable, and pharma has to become more competitive in how it spends.

04 · TIMING AND SYSTEMS

When procurement should enter R&D, and what makes the system stick

Mauricio's first step in closing the gap is procedural: bring R&D and procurement to one table and agree on the point at which research is stable enough to engage procurement. Engage too early, and constant change wastes effort. Engage too late, and R&D may have to rework a solution because a component cannot be secured.



Pharma supply markets make that timing critical. As Mauricio puts it, building a drug is not like building a printer. A specific component may have only two or three qualified global suppliers, already booked for years ahead. Securing supply then means more than price, capability, or quality; it means reserving manufacturing slots. That work is highly technical, so procurement cannot negotiate at every step of research, and R&D cannot finish development and only then hand the sourcing over.

The digital side follows from the process. Governance, certification, and quality criteria need to be built into the system so they apply automatically, and process flows need to be configurable so the company does not rebuild them for every drug, piece of equipment, or supplier. Mauricio recalls running hospital supply where the team bought thousands of items costing cents and, minutes later, CT scanners costing $3–5 million. One rigid flow cannot serve both.

Adoption is the real test

Alan's experience at Takeda followed a familiar path: procurement started in spreadsheets, which worked until version control and updates became unmanageable, and then moved to an enterprise-wide system. The system succeeded only after the team tuned it so stakeholders did not see it as extra process.

> "It needs to be just as easy, efficient, and acceptable to the people who have to use it as it is to the procurement folks who want visibility on the spend."
>
> Alan Salter

05 · PROCESS BEFORE AI

AI accelerates governance only when the process comes first

Mauricio had just returned from a major event on AI in supply chain, and his takeaway was sobering: many AI projects are failing because companies approach procurement as a technology project. An AI agent is a system with a single purpose. If that purpose is not clearly defined and tested, the agent returns wrong answers and the surrounding process breaks down. Automated governance, transparency, and speed are achievable, and quickly, when the organization knows exactly what it needs. AI earns its role when it works on top of structured procurement data, not in place of it.

> "Even the most sophisticated AI does not work if it's not supported by experienced human intelligence."
>
> Natalie Eksi, CEO and Co-founder, APSentra

APSENTRA CASE

How a pharmaceutical distributor brought full-cycle procurement under unified control →

An established distributor of pharmaceuticals and medical products, with a nationwide footprint, high transaction volumes, and a large regulated product range. There is no R&D in distribution, yet the procurement challenges mirror those discussed in the episode.

CHALLENGE

- Heavy manual dependency across the procurement cycle
- Limited end-to-end process control
- Traceability gaps in a regulated environment
- Volume and complexity that manual workflows could not sustain

OUTCOME

- Request, tendering, ordering, and payment in one controlled cycle
- Consistent, rule-based supplier selection
- Traceable, audit-ready record of every action
- A consolidated view of purchasing for management

> "Put the right systems in place, build the right relationships, and you will have a good outcome."
>
> Alan Salter, on the case

CLOSING

Three conditions for structure without friction

Summing up the discussion, Alan named three conditions that make pharma procurement both controlled and usable. Together they describe a process that is repeatable, easy to understand, and easy to follow from request to payment. Alan explores these ideas further in Pharma Procurement Without Friction, co-created with APSentra.

01

Shared expectations

One lexicon, one reporting standard, and the same rules for every supplier and stakeholder.

02

Early involvement

Procurement joins once R&D stabilizes, early enough to assess capability, risk, and capacity.

03

Controls that work

Certifications, approvals, and traceability built into the workflow rather than added on top.

For APSentra, this is where procurement becomes a finance and operational control function. When the system mirrors how the organization actually buys, external spend becomes visible at the point of commitment, supplier decisions leave a record, and stakeholders follow the process because it is the easiest route to what they need.



Bring structure to your external spend

Discuss how your organization governs R&D and services spend with Natalie Eksi, CEO and Co-founder of APSentra.

Book a meeting with Natalie

→ Watch the full episode on YouTube

→ Read: Pharma Procurement Without Friction

→ Read the pharmaceutical distribution case

→ Subscribe to the Behind Procurement newsletter