Mohamed Nasser – General Manager, Amgen Middle East & Africa (October 2022)



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PhRMA's Middle East & Africa (MEA) group appoints a 'champion' for each of its markets to bring the priorities of that country to the agenda of the MEA executive committee. Egypt's champion is Amgen and – as the company's MEA lead Mohammed Nasser describes – there is much to be excited about in the North African nation. Currently undergoing a seismic healthcare transformation, bringing universal coverage to over 100 million citizens, Nasser outlines the impact of Egypt's presidential healthcare initiatives, the potential of inter-stakeholder partnerships around digitalisation, creating a clinical trials hub, building up Egyptian talent, and much more.

What have been the most significant trends affecting Amgen in the Middle East and Africa (MEA) region in 2022?

Firstly, more patients returned to the healthcare system post-COVID. This is obviously good news for patients, as they are now getting the treatments and care they need, as well as for the company, as we are seeing some growth in several of our therapeutic areas.

Secondly, there is now more supply chain stability than there was at the height of the pandemic. However, this stability means that we must work even more closely with our customers and payers to maintain adequate levels of predictability, ensure supply chain sustainability and medicine availability, manage increasing costs, and reduce the industry's carbon footprint.

Thirdly, COVID has shown how deeply connected the economy and healthcare are, and that a healthy population means a healthy economy. Accordingly, post-pandemic many governments have put more focus on healthcare. This is leading to a reduction in bureaucracy and better streamlining for example when it comes to publishing tenders on time.

A fourth key trend is that of flexible working arrangements, which Amgen strongly supports. We see that productivity remains strong and our staff maintain a good work-life balance. Flexibility is especially important in MEA since the region spans three different time zones. The success of this approach has been validated by our frequent ‘Great Place to Work’ awards across MEA. We must, however, remain vigilant about staff connectivity when working remotely.

Have you seen significant staff turnover in the region? What is Amgen’s value proposition for attracting and retaining talent?

Amgen’s social architecture and culture play a tremendous role here. Our mission -to serve patients- drives all that we do and our commitment to being a great place to work, diversity and inclusion, openness to flexible work arrangements, and level of engagement with staff is paying off in terms of talent attraction and retention.

Our staff feels a great sense of shared purpose as our patient-centricity runs from R&D to commercialisation and supply chain and is continually refined. Additionally, Amgen has a strong focus on the patient care pathway and addressing its gaps. We examine how patients move through the system, and how they receive care and consider these elements when providing solutions.

All the above have led to us not observing major changes in staff turnover. Within MEA, however, the Saudi market continues to see relatively higher turnover due to a large number of opportunities and increasing industry demand for talent.

In a region like MEA with low-, middle-, and high-income countries, how much customisation of this approach is needed, given that economic conditions have a sizeable impact on patient journeys and care pathways?

Pharma is one part of a country’s healthcare but does not define the economics or system in operation. In essence, we adapt ourselves to local realities across the world.

At Amgen, we are committed to bringing innovations to markets at a reasonable price, which amongst other factors enables us to continue innovation and R&D to bring new solutions.

Within MEA, we are committed to bringing our medicines to the patients who most need them. Therefore, we are actively employing different creative access models with various stakeholders including government bodies, charities, and other providers.

A roadblock in some countries in MEA is the need for a specific value chain and infrastructure for some sophisticated medicines like biologics, where, irrespective of the product's price, having proper cold chain storage facilities is imperative to serve patients.

In this context, how important is it that Amgen MEA countries' teams are creative in finding access solutions?

Very. Egypt, for example, has 26 governorates and around 70 major cities spread over one million km2. This means that an extensive supply chain is needed to ensure that a company's medicines reach the patients that need them. Supply chain challenges differ from one country to another and the solutions that work for Egypt are not exactly the same as those that work in Saudi Arabia, the UAE, or Algeria.

The second important element is digitalisation. While post-COVID stakeholders are more cognisant of the importance of digitalisation, not all countries are yet progressing at the same speed. Some healthcare systems in some MEA countries have well-linked electronic medical and social records, which allow for easier patient identification and contact, while many others do not. The collection and use of data will be critical for healthcare development in all countries.

Looking again at Egypt, the presidential initiative around Hepatitis C was very successful – as were those tackling women's health, cardiovascular disease, obesity, and paediatric health – and created a wealth of data that is unique, tremendously valuable, and could save both lives and costs when utilised well. Many are now looking forward to seeing how this data can be integrated to predict and prevent diseases.

Amgen represents Egypt within PhRMA's regional organisation; what is the significance of this?

The PhRMA executive committee for MEA decided to appoint a champion for every market or cluster. The responsibility of this ‘champion’ is to bring the priorities of that country to the agenda of the MEA executive committee. I’m excited about being the champion for Egypt and being involved in this project that I’m passionate about.

My role is mainly to support the local Egypt EFPR group by working with the board and the chairman to put priorities and governance in place as well as enhancing country-to-country dialogue, and sharing of issues, opportunities, and experiences.

Are these PhRMA agenda priorities already in place for Egypt or are they still being developed?

They are still being developed as we wait for the legal entity to be finalised. However, given the scale of the healthcare transformation occurring in Egypt, it is clear that this is a priority, and that PhRMA needs to look carefully at how we can best support it.

Very few countries with populations of over 100 million have such an ambitious goal to bring the entire population under universal health coverage by 2030. We are already seeing positive outcomes, with 1.3 million people benefiting from the critical operation waiting list initiative, for example.

Several new governmental organisations have sprung up in Egypt in recent years, all of which have clear missions. Pharma needs to connect the dots between these organisations and understand the decision-making process to reduce system redundancies and streamline to a common approach.

Topics that would interest us include how multinational pharma companies fit into Egypt’s overall healthcare transformation, innovation beyond the pill in terms of global clinical trial exposure for younger physicians and generating data that can be leveraged in a value-based approach. Balancing intellectual property (IP) protection – an imperative for a knowledge-based, innovation-intensive industry like pharma – while considering Egypt’s healthcare challenges will also be important.

Given the historic volatility of emerging markets like Egypt, how confident are you that the country’s 2030 transformation can be successful?

I’m quite confident! The level of transformation – which is probably the largest in the country’s last 100 years from an infrastructure perspective – is remarkable and should not be underestimated.

It is important to remember that there are global macro trends at play. The entire world is facing economic challenges as it emerges from the pandemic, adding to that inflation and energy challenges in many countries. Such problems are naturally amplified in countries with big populations like Egypt.

Looking at the Egyptian pharmaceutical market, there is a trend of strong volume growth driven partly by increased coverage, increasing health awareness, and the growing middle class. The growth in value might be a different story that needs to be monitored closely.

Looking again at data, if we begin to use it better, then the approach to cost will be enhanced and move beyond simple discounts to a more holistic value viewpoint that considers healthcare an investment and a key driver for resiliency, economic growth, and prosperity.

In areas like cardiovascular disease (CVD), early intervention will prevent heart attacks, which results in significant savings for the system and the country. By 2030, it’s expected that 23.6 million people worldwide will die from CVD -mainly due to heart disease and strokes-, and there will be a 22% increase in the global economic burden. In Egypt, CVD has been the leading cause of premature death since the 1990s and in 2017, CVD caused 46.2% of the overall mortality. DYSIS-Egypt (DYSIS is a cross-sectional, observational, multinational study) showed that most hypercholesteremia patients are at very high risk of CVD and that 67% of patients have not met their LDL–C targets.

I now hope to see greater cross-industry and public-private collaboration on digitalisation in Egypt, with data becoming an even greater factor in the decision-making process. It’s now time to come together and capitalise on the cross-stakeholder commitment and desire to drive meaningful change. By better understanding the decision-making process, and the care pathway, we can simplify and improve the patient journey, thereby creating huge benefits for patients and the overall system.

Do you see partnerships with local companies as a feasible strategy for reaching more patients in Egypt?

Absolutely. This depends primarily on a company’s portfolio and the number of patients it can help in a given therapeutic area. The Hepatitis C campaign was a good example of the local-

multinational collaboration needed to reach millions of patients, where global pharma companies did a great job in transferring technology and patents over to local firms, as this was the suitable approach for this issue.

For therapeutic areas with much smaller patient populations, other approaches would be more effective, as the cost and effort of localisation and technology transfer would neither be as efficient nor economically viable and hence wouldn’t serve patients.

How important is Egypt for Amgen within MEA? What are your goals for the country?

Egypt is a very important country for Amgen. Not many countries in the MEA region have such a large population and an ambitious healthcare transformation program. These two factors mean that Egypt represents a key opportunity.

In terms of goals, we are aiming to better understand patient data in Egypt to promote prediction, prevention, and early intervention. We also focus on diseases where we can have the deepest impact and where our medicines could help avoid and/or treat challenging illnesses. We have also started to focus on conducting clinical trials in the country. It’s important to remain creative, and agile and collaborate with stakeholders to bring data into the dialogue.

What potential does Egypt have as a clinical trials hub based on Amgen’s experience?

Egypt and some other MEA countries are in a similar position today as Eastern European countries were back in the late-90s/early 2000s, when several countries were able to establish themselves as clinical trial hubs, add to this the upgraded level of science and digitalisation today vs back then. This directly contributed to a transformation in the standards of hospitals, and their revenue, enhanced the knowledge and experience of both young and seasoned physicians, and of course, contributed to scientific development.

Looking at Egypt today, there is a determination to elevate the standard of care -which is crucial for expanding coverage- and with the country’s increasing number of hospitals, and a sizeable population of young physicians, there is strong ground for high-standard clinical trials. Additionally, Egypt has always been strong in clinical trials, especially in oncology – there are around 15, 200 clinical trials conducted in Africa, more than 7900 of which are in Egypt. The opportunity ahead is to add more structure to enhance processes and emphasise the benefits. I believe the existing

governmental bodies are fit to do so; with no need for a new clinical trial-specific body. Egypt passed legislation around clinical trials back in 2020, now it’s time for its activation.

Moreover, HCPs will need to communicate the benefits of clinical trials to their patients to ensure that the community understands what clinical trials are and why they are important.

Do you think that Egypt has the potential to be a regional industry leader on topics like regulation, manufacturing, and services, given the proximity of the UAE and Saudi Arabia?

I am fortunate to work in MEA during this time as there is strong ambition. Almost all countries have a 2030/40 vision, and a desire among governments and populations to transform. Several countries aspire to become major regional and global players which creates a great environment and competition.

Egypt is well positioned and is one of a handful of countries in Africa that can become a hub for the continent, at the same time this is a competitive space to serve this potentially enormous market. The MEA pharma market is worth USD 60 billion, half of which is in Africa, whereas it serves the vast majority of 1.6 billion people, which is significantly disproportionate and means that there is a great opportunity here.

Topics like common regulations and registration procedures would certainly help, and so would free trade agreements and a reliable supply chain, as these would help transform Africa into a much more attractive market and would likely lead to a big influx of pharma investment.

Multinational affiliates in Egypt tend to be staffed largely by locals. How are you able to pollinate ideas in organisations which are so local?

Many countries are locally staffed, and more than eight million Egyptians – roughly one per family – live abroad, creating a strong international connection. Secondly, all pharma multinationals are part of a global organisation and local affiliates are therefore connected to a global infrastructure and culture. While teams in Egypt are not as diverse as those in Saudi Arabia or the UAE in terms of the number of nationalities, Egypt continues to enjoy its own diversity.

One area where pharma companies in Egypt have room for improvement is having women in leadership positions. In the past, this has not been a pharma industry priority, now it needs to be.

There is a significant representation of Egyptian women on the Fortune Middle East’s Most Powerful Women list and pharma needs to catch up. Needless to say, having more women in senior management will create more diversity of thought among many other benefits.

Bringing in people from other industries could also enhance diversity. While pharma specialists are still needed for certain functions, areas like digital, HR, finance and supply chain can benefit from individuals with experience outside of pharma, yet proper onboarding to the highly regulated nature of the industry is critical.

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