José Antonio Alas – President & General Manager, SAMETA Region, Eli Lilly



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Eli Lilly's president and general manager for the SAMETA (South Asia, Middle East, Turkey, and Africa) region, José Antonio Alas, discusses the challenges attached to overseeing 70 countries and half of the world's population, the main opportunities for Lilly's diabetes and oncology portfolio in the region, and the importance of diversity and inclusion in this day and age.

Can you talk about the countries under your responsibility and give us an overview of Lilly's footprint in this region?

I am in charge of the SAMETA region for Lilly, which stands for South Asia, Middle East, Turkey, and Africa. The region is of crucial importance for the company as it encompasses 70 countries and around 50 percent of the world's population. It is a big area and certainly humbling for me. Our footprint in terms of human capital is around 800 employees across the region. Eli Lilly has seven affiliates within SAMETA, most of them clusters of their own, even though Turkey and Saudi Arabia are self-standing affiliates. As we have done throughout our history, we continue to bring innovative medicines to some of the world's most debilitating chronic health issues such as diabetes, cancer, autoimmune, and chronic pain.

What is the importance of the region to the global Lilly group? What task were you given when you joined?

The size of the SAMETA region carries great responsibility and many challenges, last year we were the third largest operation in terms of revenues; it is a fairly sizeable operation. We are part of Lilly International, which includes all countries except the United States and Canada.

China and Japan have been added recently to our International business unit, therefore we expect to be the 5th largest operation next year.

A recent report by PwC warns about the changing role of the pharma industry because the sales and marketing workforce will be replaced by a new model as the industry shifts from a mass-market to a target-market approach. What is your position on this changing landscape for pharma marketing?

From a marketing perspective, the field is experiencing rapid changes, for many reasons. Big data is playing a big role in how we look at markets and how we do our analysis. Another reason is a generational change; the younger the physicians, the more they want to get their information online instantly and through digital means. It has changed the manner in which we operate and how we get information to customers.

However, this industry is highly regulated. This calls for great attention in the way we enable promotion; ethics and compliance play a key role.

But the fundamentals are the same, at the end of the day, what you are trying to do is to get physicians to understand which patients your product can really help.

We use multiple channels to do that: peer to peer programs; which are physicians talking to physicians, our customer-facing teams; the sales representatives and the medical liaisons visit our customers and provide them with relevant information. I think those are the fundamentals that have not changed. Having a good market understanding and having good thought leader engagement are all critical components.

From a strategic point of view, how do you navigate the high level of volatility attached to these markets?

I think that the blessing of the region is precisely the size of it. Some things will go wrong, but some things will go better than you planned. You spread the risk; you somehow always find a way.

Where do you see the opportunities coming from in the region?

That depends on the portfolio. In this region of the world we have a particular potential to help diabetes and oncology patients. The highest incidence of diabetes is in this region of the world; for example, one out of four patients in Saudi Arabia and Pakistan have diabetes. The UAE is not at those levels, but the prevalence is still high. We have an extensive portfolio for diabetes, which means that Lilly can make a huge difference for patients in this region.

Oncology is also important, not only because of the incidence, but because treatment comes late, and diagnosis comes late, meaning that usually what you see are patients with advanced conditions. Obviously, the willingness of governments to pay for oncology products is higher than other therapeutic areas.

Immunology is more tailored because it depends more on payers and ensuring that you have a reimbursed market. There is a difference between out-of-pocket markets, India and Pakistan being perhaps the best examples, and then fully reimbursed markets like Turkey, UAE and Saudi Arabia, where there is a willingness to pay for such medicines.

We have also found that this region of the world, particularly the UAE, is making a big effort to introduce innovation rapidly. They do a great job bringing innovation as fast as Europe and the United States.

In terms of the challenges, what we see happening with Algeria and Turkey, are a lot of localization policies. How big a challenge is it for Lilly?

I don’t think we really see an impact from localization policies, not significant enough because we have many partnerships with local companies and always strive to be part of the local ecosystems.

We have a number of initiatives in this region of the world with local companies, probably more than anywhere else. Either to commercialize our portfolio or to improve access for patients. We are very proud of an initiative we have called 30×30, by which we try to reach 30 million patients by 2030 in resource-limited settings. This region of the world is prime for that.

How are you going about diversity and when looking for new talent?

It is critical for us. I think both diversity and inclusion are fundamental when running any type of organization. One thing is to be invited to the party and the other thing is to be invited to dance; it has to be both. We do have a global initiative, one that is very important here in this region, prioritizing gender and generational inclusion. We probably have one of the highest percentage of millennials in the company. I think the one thing that Lilly has that really helps us attract millennials is that we have a straightforward purpose that links with everyone. One thing that millennials are known for is their sense of working for a purpose, to work for a common good, and Lilly provides that.

Prior today our previous CEO was John Lechleiter, he would tell us: “you guys are struggling so much when you should really just unleash your new generation to find the solutions for customers.” The fresh ideas will come from our 26 and 27 years old.

What motivates you to continue working for Lilly after all these years?

I think more than anything else is the values of Lilly. It might sound like a cliché: “excellence, integrity, respect for people” but this company really practices it. I can go to sleep every night and not worry about anything. That is why I stay, and I love what I do.

This is a job that I asked for. I wanted it because our purpose is about uniting caring and discovering to make life better for people around the world. This is a very challenging region for that very reason: we have 50% of the world’s population. How do we serve the highest number of patients that we possibly can? It is about those patients we serve as well as our employees; how do we grow the next generation of leaders and talent across the region. This is why I get up every morning.

What is the next step for you?

I really don’t know. I love emerging markets more than anything else and most of the world can be considered emerging markets: Latin America, China, etc. The SAMETA region is energizing simply because of the health needs of the population. I think we can always get up every morning and have plenty to do to serve those patients. A question that we ask ourselves is will it matter for the

patient? It is a nice way of prioritizing your work. We do not have time to spend on things that don’t really matter for patients.

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