Andrew Hexter – Vice President & General Manager Asia 5, Gilead Sciences

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Andrew Hexter, VP and GM of Gilead Asia 5 (Hong Kong, Singapore, South Korea, Taiwan and Malaysia), shares the highlights of his past three years leading the diverse region, the significance of Asian markets being the first to approve remdesivir as a COVID-19 treatment, and the importance of public-private partnerships to Gilead's track record of success in the region.

Andrew, as VP and GM of Gilead Asia 5, which comprises the diverse markets of Hong Kong, Singapore, South Korea, Taiwan and Malaysia, what have been some of the highlights of your past three years in this position?

Thirty years ago, I was drawn to this region because of its vibrancy and energy including the possibility to do impactful work. This continues today, especially at Gilead, which tackles some of the world's most challenging disease areas such as HIV and viral hepatitis, and now COVID-19.

We have established a long track record of making the impossible, possible. That spirit of being mission-driven and bold is embraced by every employee in our organization and informs the decisions we make including our collaborations and partnerships.

Our ambition of 'Creating Possible' has steered us to a number of breakthroughs and 'firsts' that we can be extremely proud.

We were the first in setting a new standard of care for patients with HIV in this region including the recent launch of novel therapeutics such as Biktarvy® and Truvada for PrEP® (pre-exposure prophylaxis) for at-risk populations.

HIV is one of Gilead's core therapeutic areas, and our work in the discovery and development of novel therapeutics has been instrumental in the transformation of HIV – changing what used to be labelled as a 'death sentence' to what is now a chronic, manageable condition. We are the only company to have therapies available across the entire spectrum of care, from prevention to treatment.

In the area of viral hepatitis, we were the first company to introduce a breakthrough cure for hepatitis C with Sovaldi®. As a result, HCV cure rates are far higher now compared to 10 or 15 years ago. There continues to be significant unmet medical need in Asia when it comes to hepatitis. That drives our continued work and innovation in this space.

Addressing the medical needs caused by the pandemic, we are working hard to deliver remdesivir – the first approved treatment in the market for COVID-19. Remdesivir applies decades of research, combined with years of experience and expertise harnessed from our work in HIV and hepatitis, to answer the urgent global need for treatment of COVID-19.

The progress we have made across all three of these therapeutic areas is possible due to the quality of the relationships that we have built as an organization over decades with key stakeholders in the region. Today, Gilead's ability to collaborate and partner with governments, regulatory authorities, patient groups, and physicians with a focus on innovating and improving access to life-changing medicines will help us achieve eventual elimination of diseases.

Of course, looking back at the past six months, COVID-19 has severely disrupted operations in most parts of the world. Gilead is the first company to have had a COVID-19 therapeutic approved. What has your experience been over the past six months?

The last six months have been incredibly inspiring. I am very proud of what our teams have done globally to advance our COVID-19 asset, remdesivir. Before the pandemic, remdesivir was an investigational compound that had been studied in viruses with similar characteristics to COVID-19. As the outbreak escalated, we quickly repurposed our research efforts of the compound in order to study its safety and efficacy in treating COVID-19.

We were able to move rapidly through the clinical trial process in a matter of months in order to deliver remdesivir from clinical development through to registration approvals, a process that could have otherwise taken years. In one of our markets, we were able to shorten the clinical trial approval timeline from six months to 11 days.

Our ability to move at an unprecedented pace can be attributed to the solid relationships that we have built with partners in Asia and globally. We have accelerated our Gilead-sponsored trials with top clinical centres around Asia to address scientific and clinical questions of interest. Further, we accelerated trials in partnership with the National Institute of Allergy and Infectious Diseases (NIAID) around the world. The outcome of these efforts was a series of rapid regulatory approvals in Asian markets including Taiwan, South Korea, Singapore and Hong Kong.

All of our previous learnings and experiences around partnerships, engagement and community outreach from our efforts in HIV, HBV, and HCV have become critical as we began to navigate the uncharted terrain of COVID-19 where we must deliver solutions quickly to external stakeholders, partners and patients.

Asian markets have been the first to approve remdesivir for the treatment of severe COVID-19, which is great news for patients in the region, but there remain supply chain and manufacturing questions. How will Gilead ensure that patients in Asia can have access to this drug where necessary?

Gilead has been ramping up production to ensure that our manufacturing and supply chain capabilities are ready to address the public health needs of COVID-19, as clinical trials demonstrate the safety and efficacy of remdesivir. Our initial donation of 1.5 million doses of remdesivir was distributed globally and included Singapore, South Korea, Hong Kong and Taiwan.

In Asia 5 region, we are working together with external stakeholders to understand their needs and find ways to address them. With concerted efforts, we are pleased that the first commercial order of remdesivir recently arrived in Asia.

Having emphasized the critical importance of public-private partnerships, what has been your experience in building these connections and relationships in the different markets you oversee?

It has been my experience that while every country is unique, there are more similarities than differences between countries. If we take an approach that is science-driven and patient-focused and use that as the basis to engage and create a dialogue with external stakeholders, we will be able to move forward and identify the best solutions for patients.

Of course, sensitivity to the market context is key. In Taiwan, for instance, we contributed medicines to indigenous and marginalized populations to support the government's efforts to eliminate HCV in the remote mountainous areas. We have PrEP programs throughout Asia to serve the at-risk population that we piloted with the support of various local government entities. This includes education initiatives on the importance of prophylaxis in an infectious disease such as HIV.

Beyond providing medicines, we also have corporate social responsibility programs to support marginalized groups by providing basic necessities, education, and financial support based on their needs. These efforts have been significant during the COVID-19 pandemic, as the crisis has exacerbated the economic and social challenges faced by many disadvantaged and underprivileged groups.

Gilead consistently receives positive feedback on how we can drive science-focused, patient-focused, and community-focused programs. Our stakeholders know that we put patients at the centre of our decision-making, and this helps guide our engagements in all countries.

As a company, Gilead is looking to enter new therapeutic areas like inflammation and oncology. How well-positioned is Gilead to make this transition in the region?

There is still a huge amount of work to do in this region in terms of infectious diseases like HIV, HBV and HCV. The work that we started here is still not finished, and Gilead will continue to focus on 'Creating Possible' for patients in this space.

That said, thinking about the future, Gilead also sees significant areas where we can contribute to the new therapeutic areas you have mentioned.

An example is filgotinib for rheumatoid arthritis. Despite all the advances that have been made in the rheumatoid arthritis space with biologics, there is still a large unmet medical need. We want to build on our track record of transformative innovations in the space of HIV and HCV and deliver the same life-changing impact to patients in the area of rheumatology.

We are not looking to be just another player here. I think anyone that truly understands how Gilead operates will know that our ambition to ‘Creating Possible’ and provide patients with therapies that improve the quality of their lives substantially is far-reaching and comprehensive. We will apply many of our best practices and best thinking in working with stakeholders in HIV, HBV and HCV to make this happen.

Asia, especially places like Hong Kong, Singapore, South Korea and Taiwan are already leading in terms of the adoption of digital technologies. How has the pandemic accelerated the digital transformation within the pharma industry in the region?

The pandemic has encouraged people to embrace digital technologies at a much faster pace than before. We are seeing greater participation and activity on digital channels in subjects related to medical education and patient needs. This is critically important.

As a global healthcare community, we need to not only share our knowledge, insights and clinical data but more importantly, listen to the perspectives and experiences of physicians and other healthcare stakeholders in the field so that we are deliberate in how we are moving science forward together while keeping patients at the centre. Technology is presenting an incredible opportunity for us to do this across borders in everything from R&D to patient advocacy to education. While I see great transformation ahead, I am also inspired by the possibilities to create a healthier world.

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