# Alaa Gamal – Senior Executive & Regional Pharma Expert, MENA

***Making medicines available to patients is the name of the game because, in the past, the region had to wait years to get medications from Europe or the United States***

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*When it comes to knowledge of the Middle East and Africa region's pharmaceutical industry, few executives have the experience of Dr Alaa Gamal. After more than 27 years of experience with Pfizer and GSK, he discusses how companies are helping governments transform the regulatory hurdles, the increasing talent pool available in Saudi Arabia and why NUPCO's centralized procurement might not be such bad news for multinational innovators.*

**Can you give our audience a brief introduction to your long career in the pharmaceutical industry?**

I have worked in pharma for more than 26 years. I am a pharmacist by training, but I also have a master's in strategy of marketing, and a finance diploma.

I was lucky to work with two major pharma giants, GSK for 11 years and Pfizer for almost 16 years, earning the opportunity to serve in different regional roles in the Middle East and Africa (MEA). Both companies enriched my experience.

Within the industry, I have been involved in different roles, including managing sales, marketing and business development strategy. I worked with Pfizer in Saudi Arabia and Egypt, heading the cluster of Saudi, Egypt and Sudan for some time.

**After 27 years working for the industry in the MEA region, what do you think are the biggest challenges for pharma companies operating there?**

The main focus of both multinational and local companies is today patient centricity, reaching out to patients. Reaching them means making medicines available earlier to the right patient, helping in diagnosis and patient education but, most importantly, supporting access. Making medicines available to patients is the name of the game because, in the past, the region had to wait years to get medications from Europe or the United States.

**Are we talking about regulatory hurdles from local regulators? Is it an industry unwilling to bring some therapies due to pricing, infrastructure or intellectual property (IP) protection?**

It is definitively multifactorial, but the main issue was related to the regulatory environment. This has changed tremendously over the last few years, especially in Saudi Arabia, the United Arab Emirates, Qatar and the rest of GCC countries. They have made a huge jump. The average time for registration used to be two years and now the process in some countries can take three to six months. Three months is extremely fast compared to any country around the globe. Even in Saudi, if you have an urgent medication, they will take exceptional measures to make the medication available almost immediately. Changes in the regulatory environment have been huge in the region.

The MEA markets were performing great, but they were still not given attention in the launch sequence. Nowadays, they are some of the first countries to obtain access to new medications.

**People in the industry praise the FDA because once they approve a medication it becomes available almost immediately. You mention that regulatory approval has improved in the wealthiest countries, but how fast are medicines being made available to patients?**

Previously, companies had to prepare a huge file to begin the regulatory submission but now they do the Electronic Common Technical Document (eCTD), which are electronic submissions that facilitate the process.

Once you have the approval, the next step is the go-to-market model, which has also been transformed. In Saudi, companies have been allowed since 2016 to have a direct trading license. Foreign direct investments allow them to have a full trading license so they can sell, import and export their own products. This is a major change because they used to be bound to work only with distributors.

This changed the dynamic of the market since companies can prepare and have their products available within a few days. The same situation is taking place across all GCC markets.

**In the case of Saudi Arabia, the government has implemented a Saudization strategy for pharmacies and sales representatives. What is your position on quotas when looking at the long term?**

This is a critical point. The nationalization or quotas for Saudi nationals is not new, it has existed in one way or another for over 20 years and it is not unique to Saudi; the same happens in South Africa, Algeria and other countries. Some companies took a proactive approach and began including Saudi nationals on their teams early on. It is much easier to get an expat with experience but building local talent is not about saving money for companies.

When the government came out with the decision to have 100 percent of medical reps be Saudi nationals, the industry panicked, with the belief that there was not enough talent available. But the reality is that to work in the medical field in the country you need to be a pharmacist, which means that they are prepared. It is true that there used to be scarcity in the area, but we now have enough local graduates, so it is much easier to find local talent.

The most important thing is that smart companies have been approaching talent when they are still at university. I have seen firsthand how Saudi talents have proven themselves, especially women.

There has been a major shift in the workforce. At the end of the day, if you want to invest and win in a country, you need local talent; you cannot build all your investment only around expats.

Another important point if you want to attract better talent is being able to explain the real benefits and strengths of our industry. We are the best salespeople across all industries because we sell medications and treatments for patients and we should be very proud of that.

**Pricing is always in the mind of executives. Since Saudi Arabia is the reference market for pricing in the region, what is your position on NUPCO as the company in charge of centralized health care procurement?**

I would say that pricing of medications has changed a lot in Saudi in the last few years. There are two main elements, the first are the regulations for the retail market which are controlled by the Saudi FDA. It is one of the best pricing systems in the region, they have reference countries and based on them they decide on a price for the retail market. It is tough, yes, but it is worth it. Of course, low prices can affect markets in a negative way since it could mean less availability for some countries. Extremely low prices could mean that a company is not interested in make an innovative product available as fast.

Regarding NUPCO, making it the centralized procurement company for everything is relatively new. We must be honest and say that there is a similar situation in the UK, France and many other countries that have a unified procurement agency. The upside for companies is that if you win a tender, your product will be available everywhere. On the other hand, it can be negative because of the purchasing power of the centralized procurement agency, but they are very professional, they are good partners for the industry. They are open to dialogue about the benefits for patients and not only fixate on low prices.

**From your experience, what are the general misconceptions that global organizations tend to have about the MEA region?**

Having conversations about the region with international colleagues, it is not uncommon to encounter people that mix the political and business elements. They have the image presented in the media but not enough information about the reality of operating here. Some might still believe that there are only camels walking through the desert, but the reality is that GCC countries are modern societies with top-quality infrastructure. To name a few examples, we have King Faisal Specialist Hospital in Saudi and others in the UAE that are some of the best hospitals in the world. King Faisal Hospital in Riyadh is a research centre approved by the FDA.

There is a lack of knowledge; the supply systems of Saudi and the UAE as good the US or EU systems. The same misconceptions apply to investments in the region.

**If you had the opportunity to bring a portfolio for a new company in the region, which areas would you pick when structuring that portfolio?**

Specialty products are critical, especially in oncology and rare diseases. Cardiovascular products and diabetes are crucial because of the high prevalence of those diseases here. Companies looking to invest here should have a long-term plan, it can take time, but it is a great bet.

Moreover, I want to add that Sub-Saharan Africa will become an investment focus in the next few years. I would say there are three main hubs for investment in the future: Saudi Arabia at the core because it represents around 25-30 percent of the market and then GCC because that makes up 40-50 percent of the whole MEA region.

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