

Daniel Vella Friggieri - Regional CEO, Middle East, North Africa & Turkey, Aspen



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Aspen's regional CEO for the Middle East, North Africa & Turkey, Daniel Vella Friggieri, provides insights into how the South African company's federated model and decentralized management system translates into differentiated portfolios across regions and significant networks of local CMO partners. After more than five years with Aspen in the Middle East, he also reflects on the evolution of the dynamic Saudi pharma market and the opportunities that lie ahead.

Can you begin by briefly introducing your career in the pharmaceutical industry and the trajectory that brought you to Aspen?

I am a pharmacist by training, having graduated from the University of Malta, and have over two decades of experience in the pharmaceutical industry. My career began as a medical rep, progressing through commercial roles with Actavis (now Allergan) where I had the opportunity to head countries and eventually wider regions, ending up as VP for Africa.

I finally joined Aspen in 2016 as managing director for the Middle East and North Africa, being promoted three years later to regional CEO and adding Turkey to my country portfolio.

My tenure with Aspen has been marked by many interesting developments, including the establishment of marketing authorization holding entities, launched new products, entered new

therapeutic areas, and made an acquisition in Turkey. Over the last five years, Aspen has invested heavily and leveraged its commercial presence to grow the business and has localized many core functions including marketing, tendering, and pricing models.

You have spent 20 years in the pharma industry, most of them in MEA. Given MEA's status as a "growth region" for much of the industry, which regional dynamics have most impressed you?

You never have a dull day working in this region! I come in every day with a plan, but often a situation arises that changes the schedule. That is the exciting part of MEA; the fact that you must think outside of the box to solve big issues. I am in love with this region because it is where I had my first experience in the industry, the culture and the way of doing business here.

Does the fact that Aspen is an African home-grown company mean that there is greater empathy from senior management to the challenges faced by your regional organization?

Having a successful Group Chief Executive like Stephen Saad and a Group Executive team with a strong background in Africa and other emerging markets does mean that they have a deep understanding of our needs and have always been very supportive of the opportunities that are present in this region.

What is Aspen's Middle East, North Africa and Turkey region today for the group?

The Aspen group has a heritage of over 160 years; it began in South Africa and is a global pharmaceutical company. Aspen currently has 9,100 employees, 69 established offices and provides more than 150 countries with access to important medicines.

Compared to the overall Group, Aspen's Middle East, North Africa, and Turkey organization is relatively young and has grown through global acquisitions. When I arrived in 2016, the company was in a good trajectory of growth but had plenty of room to expand further, leading us to focus on our strengths and unique value propositions as well as search for gaps in our portfolio. Today, Aspen focuses on its thrombosis, anesthesia portfolio and leading regional brands for the treatment of Hypothyroidism, Immunosuppression, Pain Management, Gout and Women's Healthcare in the

region. We are expanding our portfolio to be less reliant on global acquisitions and becoming more self-sufficient through regional acquisition and in-licensing opportunities.

In anaesthesia, for example, we already have one of the industry's widest portfolios but wanted to offer absolutely everything and so we are partnering with companies that could fill the gaps. This strategy is now being rolled out in our other key therapeutic areas.

None of this would be possible without Aspen's federated model and decentralized management structure that gives regions a fair amount of autonomy, allowing them to enhance local expertise. It is a true "Think globally, act locally" approach, and the reason why there are variations in our portfolio in different regions. Naturally, the level of autonomy depends on the size and significance of the investment.

When the affiliate began in 2009 as Aspen Healthcare, it had three employees, a number that has grown to 226 today. We have established ourselves as a key player in MENA for several therapeutic areas. Since we follow the federated model, we have regional functions carried out from Dubai such as sales and marketing; supply chain and logistics; and pharmaceutical affairs, including technology transfers and quality control.

In the 20 countries under my responsibility, we have a network of 32 distributors, two marketing authorization holding companies and multiple partnerships with local contract manufacturing organizations (CMOs). We have embraced localization through partnerships and do not have our own manufacturing sites in the region, which has given us a solid outreach across the region and the necessary flexibility.

Is there any particular reason why Aspen has chosen to work with CMO partners in the region instead of just importing the medicines from its own manufacturing assets?

We believe that localization can be a win-win proposition both for local industries and for Aspen. All countries would like to have a manufacturing plant run by a multinational company, but it is physically impossible to do so. We understand that there is an obligation from our side to contribute to the development of local ecosystems by localizing part of our portfolio and providing technological know-how.

What role does Saudi Arabia play for Aspen and how aligned is the company with the country's Vision 2030 economic transformation plan?

We entered the Saudi Arabian market after the global acquisition I mentioned in 2009-2010. The Kingdom of Saudi Arabia is the largest market by revenue for Aspen in the Middle East, North Africa, and Turkey region, although Turkey has also been performing quite well.

Saudi Arabia is a high priority market for us because of its stable political and economic environment. The growth of the market, coupled with the government's ambitious Vision 2030, makes it an excellent place to invest and Aspen has implemented strategic objectives that align with the country's strategic plans, such as those in National Industrial Development and Healthcare Transformation.

Aspen's investments into Saudi Arabia are not limited to expanding our portfolio and launching new products every year. We already have a number of ongoing partnerships with local CMOs in the Kingdom and have just recently signed a memorandum of understanding with a CMO for further localization projects.

Moreover, Aspen is aligning with Vision 2030's human capability development program, with 100 percent of our customer-facing workforce now Saudi nationals, many of whom are present at a managerial level. Today, 25% of our product specialists are women which is a positive development in the country and moving forward I would like to see even more women taking on managerial positions. We do not differentiate between culture, race, or gender; our aim is to employ people based on their capabilities and expertise to do the job. However, in certain emerging markets with new staff joining the workforce, it is important to proactively look for a diverse set of profiles.

Saudi Arabian market dynamics are shifting rapidly, with an expansion in healthcare provision towards the private sector, a highly centralized and digitized procurement system, an increasingly value-based approach, and healthcare provision becoming somewhat privatized. How is Aspen adapting to these trends?

The Saudi authorities are quite receptive to the ideas and needs of multinational companies. As they look towards greater localization and the expansion of the Saudi healthcare system, there is an increasing willingness to see private industry as a partner. The authorities are forward-looking and trying to lead the way in terms of medicine regulation, pricing, and value-based access.

The authorities' first priority is to provide the population with the best quality and latest innovation coming from pharma and biopharma companies, which is why they are open to having discussions around pricing to find common ground.

In the meantime, Aspen will continue to expand its portfolio, providing the market with complex and difficult to manufacture products. One way of doing this is through collaboration with R&D-based companies, leveraging our commercial capabilities, structure, and geographic footprint. For example, we recently launched a medicine for multiple sclerosis which was previously not available in the region.

What other actions are you currently pursuing at Aspen?

Aspen has a unique product offering for thrombosis and the widest portfolio in the industry for anaesthesia. We are actively looking to fill gaps to expand our portfolio.

Our approach in thrombosis is quite innovative because we have the only synthetic anticoagulant available. We were able to continue supporting healthcare providers and patients regardless of the rising costs that heparin shortages are causing because our product does not depend on it. Additionally, clinical data supporting our use in COVID-19 has led to the inclusion of our product in COVID-19 protocols across the region.

Finally, we want to underline our commitment to giving back to society through our own socio-economic development program and we have rolled out several campaigns to increase disease awareness.

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