

Interview: Mohammed Abou-El Ela ?? General Manager Middle East, Gulf and NE Africa, Fresenius Kabi, Egypt



16.03.2016

Tags:

[Pharma](#), [Pharmaceuticals](#), [Egypt](#), [Fresenius Kabi](#), [Clinical Nutrition](#), [Critical Care](#), [Middle East](#), [Africa](#), [Mohammed Abou-El Ela](#), [Interview](#), [Insight](#), [Exclusive](#), [Executive](#), [Free](#)

Fresenius Kabi's general manager for the MENA region discusses evolving attitudes towards clinical nutrition for critically ill patients and Egypt's positioning as a knowledge center and source of medical professionals at the regional level.

Fresenius is the undisputed provider of critical care worldwide. What products do you offer in Egypt and what kind of competition is the company facing from local as well as international players?

Within clinical nutrition, Fresenius Kabi is one of the few companies worldwide to offer parenteral nutrition (administered intravenously) and enteral nutrition (administered as sip or tube feed via the gastrointestinal tract), as well as nutrition pumps and infusion disposables. Here in Egypt our product portfolio focuses on intravenous generic drugs, infusion therapies and clinical nutrition products as well as the medical devices for administering these products.

Only one player, Egypt Otsuka, licensed from the Japanese company, competes directly against us. However, they only produce some amino acids and do not provide the whole portfolio of clinical nutrition for critical ill patients like we do, which includes also proteins, lipids as well as other elements. There are no other local players in the segment mainly because of the lack of technology and the high cost of production. Some international players and companies from other countries in the Middle East import products, but their portfolio is not as comprehensive as ours.

How big is the critical care market in Egypt?

We estimate the number of intensive care unit (ICU) beds in Egypt at more than 2,500. Due to economic constraints the percentage of GDP invested in healthcare is less than in other countries of the region, but we have a higher number of ICU beds. What is interesting is that the old philosophy to keep patients starving until they progress has changed dramatically over the last few years. Most recent guidelines foresee they can be fed from the beginning because it will have a positive impact on the progress of illness.

How did the incorporation of the Gulf region change your responsibilities?

I had already been responsible for Saudi Arabia in the past and added the rest of the Middle East countries at the beginning of this year. When I started establishing the business in Egypt back in the 2000s we leveraged the fact that the country was a knowledge center for the whole Arab world to create communication networks among physicians and to participate in Pan-Arab events. The positioning of the country has changed over time but the first years were very important to establish Fresenius as a leading provider of lifesaving medicines and technologies for infusion, transfusion and clinical nutrition.

How do you think this expertise can be leveraged to successfully penetrate other markets?

We have to continue capitalizing on successful activities by increasing the network and the communication with other stakeholders in Gulf countries. Some models implemented in Egypt are proving to be successful. The Egyptian Society for Clinical Nutrition, for instance, was established in 2008 and has helped create awareness about the importance of critical management for patients. We are now trying to establish a Pan-Arab Society to export this best practice abroad.

How collaborative are local health authorities towards the industry?

The Ministry of Health is renovating many procedures and protocols for products and imports; however, we still lag behind other countries in the region, such as Jordan, which are better regulated. In addition, strict controls on pricing and registration processes is limiting the industry. Many products need to be registered in Egypt, but with the current regulation in place it's almost impossible. I think the local industry should be overlooked by a Supreme Pharmaceutical Committee to improve these processes. Unfortunately most local companies are only focusing on generics, and there is no investment in biotech products. To regain some positioning we should develop local R&D and the government should definitely encourage the local industry to do so.

How is this regulation blocking you from launching new products?

We have several products intended to help patient compliance and administration, and to offer added value for IV such as critical syringes ready to use. We are not registering many products for parenteral nutrition due to the limitations imposed by authorities. Nonetheless, our portfolio for parenteral nutrition and IV volume therapy is available in most Egyptian hospitals, with 65 percent of our business coming from public hospitals and 35 from private institutions.

What is Fresenius's main differentiator in the Egyptian market?

With our corporate philosophy of "caring for life", we are committed to supporting medical professionals in the best therapy of patients. Hospitals buy our products because we provide the most comprehensive and versatile portfolio for total parenteral nutrition.

[See more interviews](#)
