

Kshitij Panse – Director, Servier Malaysia



Oncology is the future, and we want to introduce the products in Servier’s pipeline to Malaysia as and when they become available

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Kshitij Panse, director of Servier Malaysia discusses the company’s planned move into oncology, as well as their strategies to provide an all-round improved patient experience, through education, screening, and e-health.

Before taking over the Malaysian affiliate you worked in India, France, and Myanmar. What were your main goals upon coming to this affiliate?

I took charge of this affiliate in April 2016. I personally was content with taking a subsidiary which is performing, both in terms of results and in terms of the image it holds within the local market. Servier has always had a strong presence in Malaysia. Despite only having ten products on the market, we

are the 11th largest multi-national company in the private market, with a view to entering the top ten. Therefore, my objective was to take the company to greater heights and to better fulfil Servier's company mission "to serve the patients' needs".

Therefore, in the last few years, we have been growing in line with market growth. For the promoted products our growth has been in double over the last 12 months. Moreover, we have developed close associations with all of the scientific societies. In fact, when the Malaysian cardiology society began, Servier acted as their secretariat. Consequently, we have been able to maintain a close relationship with the doctors and the patients.

How is Servier's increasing focus on oncology at the global level manifesting itself within the Malaysian affiliate?

Globally, Servier concentrates on five therapeutic areas: cardiovascular, immune-inflammatory diseases, neuropsychiatry, oncology, and diabetes. As we are a branch of Servier Laboratories in France, we will develop a presence in these five therapeutic areas in Malaysia as well. So far, our largest therapeutic area is diabetes, constituting around 37.5 percent of our turnover, followed by hypertension at 30 percent. The local patient pools in these therapeutic areas are already large with further growth widely expected. Our third largest segment is cardiovascular disease, at 25 percent. Our neuro-psychiatric area is currently small, around three percent of our revenue. Nonetheless, it is experiencing strong growth. In most areas of Asia, the stigma around mental illness persists. However, we have observed considerable improvements in awareness and acceptance of psychiatric conditions, particularly in large urban areas. Servier is involved in this domain by conducting awareness campaigns. While we would like to increase the number of our patient activities, it is problematic for legal reasons. Thus, we assist in raising awareness by supporting psychiatrists in the public sphere.

However, we still have yet to develop a presence locally in oncology as we do not have a product registered yet. In Europe, a product has been launched as part of a business development deal. Unfortunately, Asia was not part of that deal, but we remain interested in launching the recently acquired Shire products *Oncaspar*[®] and *Onivyde*[®]. When I met my Shire counterpart at the time these deals were being finalised, I was informed that some doctors were well acquainted with the drug from international conferences and although it was unregistered, were able to supply the products on a named patient basis. Despite not being present in oncology, there is an unmet demand as regrettably, the incidence of cancer is rising in Malaysia.

What type of activities has Servier created to advocate preventative healthcare and personalised medicine?

Recently our head office has worked on a strategy called "Patient-In". This not only attempts to do things for the patient, but also with the patient. To provide a concrete example, first, we improve the awareness for certain diseases. In the case of hypertension, we launched a project called "because I say so". We took the campaign to the streets and to the universities handing out t-shirts with "because I say so" written on them after they agree to check their blood pressure. Through this, we help to increase awareness and improve diagnoses. We have plans for a similar programme with angina. At a global level, there is a new Patient-In officer who has been recruited. As a result, it is imperative that we work with the Patient-In strategy in Malaysia too.

The second aspect is education. We approach education indirectly, through the doctors. However, we also conduct patient education camps, providing patients with advice and guidance which has been validated by local specialists. This is unrelated to our products.

Thirdly, we consider the tools and initiatives that we can provide for the patient, such as *Deprexis*[®], an online version of Cognitive Behavioural Therapy (CBT). This is a computer-based programme designed by a German partner company. The psychiatrist can provide a code to the patient, who can go online and receive psychological counselling. This is one of our products related to E-health. We envisage this product being helpful for a number of reasons. Firstly, patients are averse to visiting the psychologists for therapy in person, again linked to the stigma. Secondly, the availability of psychologists in Malaysia is sparse. Our vision is to work with patient groups and with doctors to work together so that patients understand their conditions.

Looking forward, what are the next launches that you are planning and the main investment goals?

Oncology is the future, and we want to introduce the products in Servier's pipeline to Malaysia as and when they become available. When branching into oncology, we must be prepared for a market that operates differently from our traditional markets. The doctors are different, and the needs are different. In my opinion, a product will be successful if it meets the patient's need. Launching a product for the sake of launching a product is not an optimal strategy. We must explain to medical professionals how the product will benefit patients in ways that cannot be achieved by the competing products. This effective communication is vital. This being said, we cannot ignore diabetes and hypertension. While oncology is the main focus for the future, I still believe that Malaysia has an unfilled void in the diabetes and hypertension markets.

As an innovative global company offering products in Malaysia, what would you like to communicate to the recently appointed minister of health that is currently working on reforming the Malaysian Healthcare system?

Around 20 percent of our business is in the public sector, where we have made available our original innovative products. While we acknowledge that the government takes an interest in providing new and innovative products to patients, the Ministry of Health is under fiscal pressures, so it will switch to a cheaper option when necessary. Be that as it may, we hope the government will take a pharmacoeconomic approach and consider not only the cost of the drug but also its quality and therapeutic value. That means if there is a group of patients who need a specific original medicine, they should be able to receive this innovative treatment.

What are your top three priorities for the future?

Firstly, my top priority will be to understand how we can further address the patients' needs. We have 470,000 patients treated with our products, and we would like to increase the number of those we can help with their conditions. Secondly, our team is important. We have around 165 employees in Malaysia, composed almost entirely of Malaysians. Thus, I want to develop our human capital to bring it to the next level and ensure that we are building a career path for every individual within the company. Finally, I want to find the growth drivers in the market so that we can launch new products and break into the top ten international companies within the market.

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