

# Vincent Ruland – Country Division Head, Bayer Pharmaceuticals Malaysia, Singapore & Brunei

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*Bayer's Dr Vincent Ruland highlights his career trajectory from medical doctor to pharma country manager; the company's priorities in Malaysia, Singapore, and Brunei; and leveraging the Asian innovation ecosystem.*

**Vincent, you were appointed Country Division Head for Bayer Pharma in Malaysia, Singapore and Brunei in August 2019. Could you highlight your career trajectory so far to what is your first general manager position?**

Steve Jobs once said you can only connect the dots of your life looking backward and I think that is definitely true for me because I have taken a rather unconventional path. After medical school, I worked in genetic research during my postdoc in Germany. While I was officially a physician working in the university clinic, 90 percent of my time was spent in the lab. After two years there, I became interested in how to commercialize research in general. I felt that part of the ecosystem was underdeveloped in Germany versus the US or the UK, so I decided to do a master's degree in biotech entrepreneurship at the University of Cambridge in the UK, essentially learning how to spin

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out, fund and scale academic research. I wrote my master's thesis and interned with Merck KGaA in Boston, and that was actually the first time I had contact with the pharma industry as a whole.

During that time, I also thought about entering consulting because I thought that would probably offer the fastest learning opportunity in areas that you don't really cover in medical school, such as soft skills. By chance, I was introduced to Matthias Vennemann, now Head of Strategy for Bayer Pharma but who was then part of Bayer's inhouse consulting unit, which is centralized in our headquarters and works across our three divisions of pharma, crop science and consumer health. I joined Bayer Consulting in September 2015 and spent two and a half extremely helpful years there working on a number of projects, not only in R&D but also business initiatives such as the Monsanto integration.

After that, I realized my passion was definitely in pharma and I was keen to return to the pharma world, and I was offered the position to become the Chief of Staff to the Bayer Pharma President. It was a really interesting role, where I was able to work with very experienced leaders and contribute to the overall strategic direction of the division.

As I had never worked in a commercial role (or led a large team), it seemed like a very interesting opportunity when the position of Country Division Head in Singapore opened up.

In general, I believe it is very beneficial to experience different parts of the value chain in healthcare. The industry tends to foster experts and specialists, but the world is changing so rapidly that we need to be able to transfer knowledge relatively quickly from one function to another, so it is important to have a well-rounded exposure to the key areas that drive value for patients in the future.

**The region of Asia as a whole is very important for Bayer Pharma, representing 34 percent of revenues in 2019. How does your specific portfolio of countries fit within the wider region?**

Within the region, China and Japan are two strategic markets that stand alone, and then in APAC we have a very diverse set of markets, such as Australia, Korea and Taiwan, but of course also the countries in ASEAN, which include the cluster of Singapore, Malaysia & Brunei.

I am fortunate in the sense that the Singapore, Malaysia and Brunei cluster is sizeable enough for us to drive projects of our own but at the same time, we are not so big and it's great to have a team that is dynamic and can experiment a bit.

**Having started a year ago, what were some of the first priorities you set for yourself and the organization?**

In my previous role as Chief of Staff, I had read up on a lot of literature around the famous "100 days" when Stefan Oelrich joined us as the new Pharma President, and I tried to apply some of that here in my new role. However, that quickly went out the window because I ended up quite quickly in the operational trenches! I actually left my plane upon arrival in Singapore to go directly to a townhall of our organization to give a keynote speech on the business.

For me, from the beginning, the priority has been to listen. I had seen business reviews and been involved with assessing a country's performance previously but at a very different level, and I realized that I had to grasp the markets and its people as quickly as possible once I arrived.

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In the second month, my priority was to go out and visit many of our customers, so I was accompanying our medical reps on their visits. Having trained as a physician in a different healthcare system, I knew it was important that I gained a proper picture of other healthcare systems instead of simply assuming that everything would function as it did in Germany.

**What did you find out during this journey? For instance, how is the perception of Bayer different in Singapore versus Germany, where of course Bayer is the top national pharma company and is heavily present?**

Definitely, in Germany, Bayer is a household name, so we are quite well-known. In Malaysia, in terms of sales from the multinationals, we rank at number 13, and in Singapore, just make it into the top ten. So the story looks a bit different but at the same time, healthcare practitioners (HCPs) typically do not look at pharma companies holistically either, they focus on the products they know within their own specialties. In the specialties where we are present such as cardiovascular, ophthalmology and women's health, we are mostly market leaders. The only exception may be oncology, where we are really just beginning our journey in terms of novel oncology therapeutics but the groundwork has already been laid so we expect the perception to shift here as well.

Where the difference does matter is with policy and stakeholder discussions. It is therefore critical for all multinational companies to work with associations such as PhaMA or SAPI to outline and align our interests so that we can speak with one voice.

**You mention the diversity of the region as well, and this is the case with healthcare systems and the public and private markets even in your portfolio countries. How do you see these differences and how much does it affect the organizational strategy and so on?**

I can say I definitely underestimated this aspect of the region before I arrived. Now I like to joke with my team that, sure, we have three countries but we are really working in five markets because the public and private markets in both Singapore and Malaysia are all very different. In some sense, a single market with a single reimbursement system may be less work to manage but I think also a bit less interesting. The private market offers more flexibility to implement strategies since there is not just a single negotiation with the government. There is more room to adapt to market dynamics. This also means I have a huge amount of respect for my team for being able to manage all these complexities. It is a lot of effort.

What is clear is that at the end of the day, however complicated the markets are, if companies can bring innovations that add value to patients' lives, the route to market may be more difficult in some countries versus others but ultimately, the company will be in a good position.

**What are the priority therapeutic areas for Singapore and Malaysia?**

Traditionally, both markets have been pretty similar. Firstly, Bayer has a very strong cardiovascular portfolio, not only with rivaroxaban, which is one of our top-selling products, but also with our established products such as arcabose, which continue to provide a lot of value. Cardiovascular health is quite important in both countries, and particularly in Malaysia, it is one of the top priorities also politically.

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Secondly, Bayer has a tremendous legacy in women's healthcare, being the company to launch the first oral contraceptive in the early 1960s, and we have continued to remain a significant player ever since. We are planning to broaden our portfolio in the future to bring in more innovative therapeutic options in addition to our contraceptive portfolio.

Ophthalmology is another relevant area, and as you know, it is a space that we entered into through our collaboration with Regeneron, which gave us aflibercept. This shows that we can be successful in an area where we did not necessarily have deep expertise as long as we invested in building it.

The "newer" area for us is oncology, which is a focus particularly for the Singapore market. We do have an existing portfolio in oncology so we have built relationships and connections on the ground. Again, it comes down to the value that the products bring to the market. Larotrectinib, for instance, is the world's first TRK inhibitor to be approved in patients with TRK gene fusion cancer in all solid tumors. The challenge on this side is that regulators do not always have a lot of experience with such novel approaches but that is where we have to work together.

People talk a lot about oncology being a very competitive space, which is absolutely true, but that is a reflection of the high needs within this space. At the same time, we cannot overlook that there are other therapeutic areas – especially cardiovascular diseases, here in Asia – that are just as important in terms of unmet medical need as cancer, which is why we are continuing to invest in our core therapeutic areas in addition to oncology.

**You highlighted the challenges of working with regulators on novel drugs. How do you assess the regulatory frameworks in Singapore and the region?**

In Singapore, the Health Sciences Authority (HSA) – the regulator – is very collaborative and we have had great experiences with them. They are also well-connected with international regulatory agencies so there is a lot of regulatory harmonization there, which helps us bring medicines to patients faster and more efficiently. However, within Southeast Asia, this is less the case – there is much less regional regulatory harmonization. While Singapore is seen as a gold-standard regulator regionally, there is so far no pathway for accelerated approvals in other countries based on a HSA approval, as far as I am aware. This, in particular, makes it tricky to enter smaller markets. Nevertheless, we do understand that countries need their own regulatory processes and there are differences across the region.

In Singapore, we have very good relationships with the healthcare stakeholders and regulatory authorities but speaking much more generally, I think as an industry we still have to do more to rebuild trust in the industry. It is important for us to communicate the right message that yes, we are businesses with incentives to make profits but we also understand that we will not be profitable if we do not bring efficacious, safe and valuable medicines to patients in a sustainable manner.

**Now that we are over a year into this "new normal" of COVID-19 working, what have been the most striking insights, especially in terms of digitalization, for you?**

COVID-19 was both a curse and a blessing: a curse because we had to turn our entire sales model upside down, at least for a while; but also a blessing because we had plans to engage more digitally with our customers anyway, and being "forced" to accelerate them ultimately was positive for the organization. Certainly, there are still many difficulties on the backend of tracking sales calls, updating the incentive structure for sales reps, and so on, which will have to be adapted continually

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based on the situation on the ground.

In general, the digitalization was quite well-received in both Singapore and Malaysia because HCPs understood that it was to their benefit. There was a lot of openness at the beginning but we also saw a subsequent phase of so-called digital fatigue – much like the entire industry, I would expect – because, after all, if ten pharma companies organized ten webinars every month, that is a lot of time on a HCP's schedule. I think this is an aspect where the industry as a whole has to recalibrate to focus on what is actually delivering value so we do not overload HCPs. But in general, physicians are always thankful if we can provide good, solid and concise information that is relevant to them.

In terms of infrastructure, we have to remind ourselves not everyone in every corner of the world has a high-speed internet connection, so this sometimes does pose a minor limitation in reaching HCPs as well.

**Bayer has one of its six global innovation centers in Singapore. While you do not oversee it, in general, how do you see the region and Singapore fitting in within the global innovation landscape? What is necessary for Singapore's biopharma innovation ecosystem to mature further?**

In terms of biotech innovation, I think the industry – including Bayer – has realized that we cannot develop clinical programs and run clinical trials without having a significant focus on Asia. Bayer currently runs around 50 active clinical trials in the region, for instance. Yes, Boston is the global hub of biotechnology but there is so much innovation happening internationally, in Israel, in China and others. It is critical to maintain a global overview and have dialogues with local players.

Singapore is doing a great job, especially with the Agency for Science, Technology and Research (A\*STAR). Bayer also recently invested EUR 3.4 million (USD 4.1 million) in a Center of Excellence for cardiovascular studies in Singapore in a five-year collaboration with the National Heart Center, where we will focus on data from patients in the region. The key is to build databases to generate actionable insights in drug development, disease pathogenesis and so on.

In terms of digital innovation, the region is hugely interesting because the digital adoption rates are so high. We saw this even during COVID-19 because the Singaporean government gave grants to physicians to incentivize them to sign up for telemedicine platforms. The Economic Development Board (EDB) is also driving many programs in digital health. Singapore's market may be relatively small but it serves extremely well as a test bed for pilot programs that can then be brought to other markets in the region. This is an advantage over the West because it is often prohibitively expensive to run pilot programs, and the adoption rates are typically lower.

For Singapore's own homegrown innovation ecosystem, I believe it is critical to create something that is self-sustaining, something that we see in Boston, or in Cambridge in the UK. Here, successful entrepreneurs reinvest capital into innovation coming mostly out of renowned academic labs, which in turn attracts researchers.

**To conclude, by the time you move on to your next assignment, what kind of legacy do you hope to leave behind for your teams in Singapore, Malaysia and Brunei?**

I would like to leave the right kind of cultural imprint on the teams. Bayer has just relooked at our corporate culture and values, and I would particularly like to emphasize accountability and

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responsibility. For me, that means empowering people to drive their own jobs and decisions. I truly believe that is the only way you can run an efficient and successful organization with good talent, because good talent wants to work somewhere where they can create and implement new ideas, and they want to be held accountable for their work.

Bayer as a company is more than just a pharma company. With our cropscience and consumer health businesses, ultimately we see Bayer as a partner and problem-solver on some of the world's biggest challenges. Looking at the Sustainable Development Goals (SDGs) of the United Nations, for instance, we can help on both the nutrition and the health sides. We want to create something sustainable because across many areas including the environment, agriculture, healthcare and so on, everyone is starting to realize that the way things have been done in the past 20 years cannot be how they are done in the next 20. We have to be the agents of change here.

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