

MARKETING *Club* 189th

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Strategic Pharmaceutical Marketing



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LIVE WEBINAR

Date

5th August
2025
Tuesday

Time

10:00PM
 Egypt

Time

10:00PM
 KSA

Time

11:00PM
 UAE

Place
Online
Zoom



Instructor
By Dr. Mahmoud Hamdy
Marketing Manager



Mahmoud Hamdy

dynamic marketing professional with over 15 years of experience in 5 multi-national companies in Egypt's pharmaceutical sector, MBA double major, specializing in brand strategy, medical marketing, and team leadership. Currently serving as **Marketing Manager at Saja Egypt** (2021–present), he drives strategic campaigns and market growth initiatives.

Agenda



- Introduction & Objectives
- Definitions & Core Concepts
- Egypt's Pharma Landscape 2024
- Strategic Pillars & Local Cases
- Interactive Workshops
- Implementation Roadmap
- Q&A & Takeaways



Participant Poll



"Your Biggest Challenge?"

- A) Pricing Pressure (MoH caps)
- B) EDA Regulatory Hurdles
- C) HCP Engagement





1. Introduction & Objectives

- **Why Strategic Marketing?**

- Beyond tactical promotions: Aligning brand goals with market dynamics, regulatory shifts, and stakeholder needs.

- **Key Objectives:**

- Equip managers to leverage growth drivers (e.g., generics boom, chronic disease surge).
- Transform insights into actionable strategies.

DEFINITIONS



Strategic Marketing (Simple Definition)

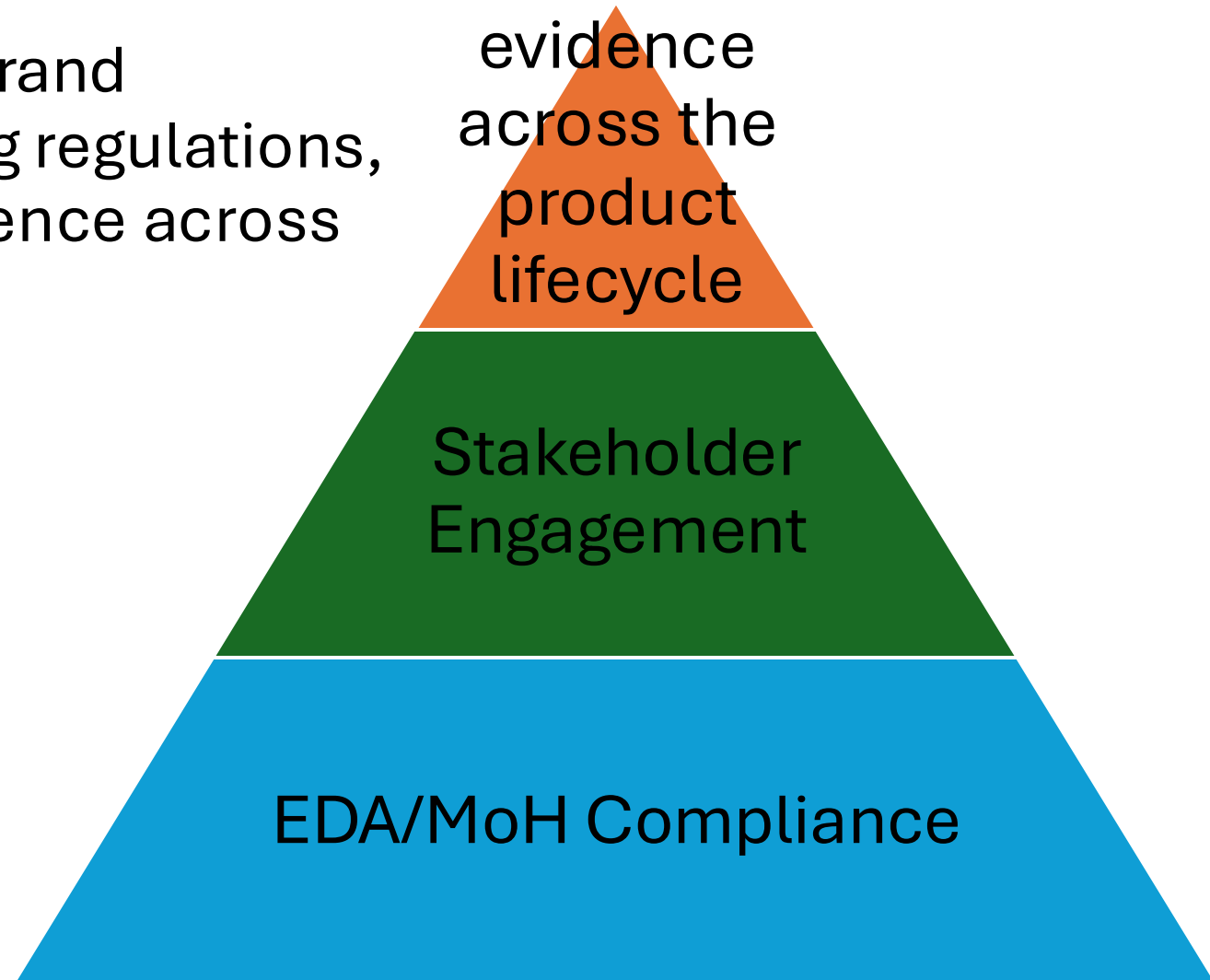
- "Choosing where to compete and how to win by aligning resources with long-term opportunities."
- **Key Elements:**
 - Target Selection
 - Value Positioning
 - Resource Allocation



Pharma Strategic Marketing (Specialized)



"Building sustainable brand advantage by navigating regulations, stakeholders, and evidence across the product lifecycle."



Specialized: *Pharmaceutical Strategic Marketing*



"The systematic process of building sustainable brand advantage in complex healthcare ecosystems" by:

- Navigating regulatory/access barriers,
- Engaging multi-tiered stakeholders (HCPs, payers, policymakers),
- Leveraging data-driven insights across the product lifecycle."

Specialized: *Pharmaceutical Strategic Marketing*



- **Pharma Strategic Marketing vs. General Marketing**

Element	General Marketing	Pharma Marketing
Purchase Decision	Consumer-driven	HCP ↔ Payer ↔ Patient triad
Sales Cycle	Days/weeks	Months/years (formularies, guidelines)
Messaging	Emotional benefits	Clinical outcomes + cost-effectiveness
Egyptian Reality	Brand loyalty = repeat buys	Loyalty = tender wins + KOL advocacy

Specialized: *Pharmaceutical Strategic Marketing*



Why Pharma is Different:

Factor	Impact on Strategy	Egypt Example
Regulatory Gates	EDA approval $\neq$ market access; tender wins critical	MoH formulary listings dictate hospital sales
Stakeholder Layers	KOL influence + payer control + patient adherence	Nasser Institute protocols shape Rx patterns
Long ROI Cycles	3-5+ years to brand maturity	Chronic drug launches (e.g., diabetes) require persistence
Evidence-Driven	Clinical + RWE required for credibility	Local HEOR studies for EDA/insurance approvals

HEOR: Health Economics and Outcomes Research (evidence for drug value)

RWA: Real-World Analytics

Specialized: *Pharmaceutical Strategic Marketing*



Strategic pharma marketing isn't about "selling pills" – it's about:

- **Solving access puzzles** (e.g., Amoun's *Clopidogrel* in MoH chronic disease program),
- **Anticipating policy shifts** (e.g., EDA's 2024 biosimilar pathway),
- **Balancing global IP with local affordability** (e.g., Gilead's *HCV partnerships*).

EGYPT'S LANDSCAPE 2024



Market Snapshot

- **Size:** \$7.1B (↑9% YoY - *IQVIA Q1 2024*)
- **Generics Share:** 76% volume
- **Top Therapy Areas:**
 - Diabetes (15M+ patients - *IDF 2023*)
 - CVD (12M+ patients - *MoH 2023*)



Regulatory Shifts



- **EDA Updates:**

- Biosimilar fast-track (Jan 2024)
- Digital promo guidelines (Circular 5/2)

- **MoH Initiatives:**

- "100 Million Healthy Lives" screening
- Chronic Disease Access Program



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Economic Pressures



- **EGP Devaluation Impact:**
 - Imported APIs ↑40% cost
- **Localization Wins:**
 - Eva Pharma's \$100M insulin plant
 - Hikma's biosimilar expansion



Digital Transformation



- **HCP Preferences** (*DMed Egypt 2024*):

- 65% prefer hybrid engagement
- 70% use medical apps daily

- **Trends:**

- MoH focus: "**Chronic Disease Access Initiative**" (free screenings + subsidized Rx for diabetes/CVD).



STRATEGIC PILLARS



Pillar 1: Stakeholder Power

Rule: "Map influence before spending resources"





STRATEGIC PILLARS

Pillar 1: Stakeholder Power

Rule: "Map influence before spending resources"

EX. Egyptian Biosimilar Insulin Launch

- **Rule Applied:** *"Map influence before spending resources"*
- **Scenario:**
 - Launching a new biosimilar insulin in Egypt's volatile 2024 market with:
 - EDA's new fast-track biosimilar pathway
 - MoH tender decisions pending
 - 65% diabetes treatment gap (MoH 2023 report)



STRATEGIC PILLARS

Pillar 1: Stakeholder Power

Rule: "Map influence before spending resources"

- Stakeholder Identification**

Stakeholder	Role	Impact Potential
EDA Review Committee	Approves interchangeability status	★★★★★
MoH Tender Board	Decides hospital formulary inclusion	★★★★★
Prof. A. El-Sobky (NCI Cairo)	KOL influencing treatment guidelines	★★★★
Health Insurance Org (HIO)	Reimbursement policy setting	★★★
Hospital Pharmacy Directors	Local formulary decisions	★★



STRATEGIC PILLARS

Pillar 1: Stakeholder Power

Rule: "Map influence before spending resources"

- Resource Allocation Strategy Based on mapping:

Quadrant	Stakeholder	Resource Allocation	Egyptian-Specific Tactic
High Influence Low Interest	EDA Committee	15% Budget	Submit real-world evidence dossier <i>before</i> formal application (EDA pre-submission pathway)
High Influence High Interest	MoH Tender Board	40% Budget	Co-develop patient access program with MoH chronic disease initiative
Low Influence High Interest	Health Insurance Org	10% Budget	HEOR presentation showing cost savings vs. originator
Low Influence Low Interest	Hospital Pharmacists	5% Budget	Digital portal with Arabic stocking guides



STRATEGIC PILLARS

Pillar 1: Stakeholder Power

Rule: "Map influence before spending resources"

- **Egyptian Case Example: Eva Pharma's Insulin Glargine Launch (2023)**
- **Challenge:** Limited budget with EGP deflation pressure



STRATEGIC PILLARS

- **Mapping-Driven Actions:**
- **EDA Committee (High Influence):**
 - Invested 20% budget in local Phase IV study at Alexandria University
 - *Result:* Fast-track approval in 4 months vs. industry average 9 months
- **MoH Tender Board (High Influence):**
 - Allocated 35% budget to joint MoH "Diabetes Control Initiative"
 - *Result:* Primary formulary status in 80% public hospitals
- **KOL Engagement (Med Influence):**
 - 15% budget for hybrid KOL program:
 - Virtual advisory boards with Cairo/Ain Shams endocrinologists
 - Physical samples for private clinics
- ***Result: 42% trial rate in first quarter***
- ***Achieved 18% market share within 6 months (IQVIA Q4 2023)***
- ***Saved 30% in promotional spend by deprioritizing low-influence stakeholders***



STRATEGIC PILLARS

Pillar 1: Stakeholder Power

- **Case: Gilead's Sovaldi (HCV)**

Challenge	Strategy	Result
4M+ HCV patients Pricing pressure	MoH/NHTMRI partnership Volume-based pricing	2M+ treated Profitability maintained

High Influence

EDA
MoH Tenders

Low Interest

Insurance
Payers

Pillar 1: Stakeholder Power (KSA) EX.



- **stakeholder Influence Mapping: Oncology Biosimilar Launch in KSA**
- **Rule Applied:** *"Map influence before spending resources"*
Product: Trastuzumab biosimilar for HER2+ breast cancer
Year: 2024 (Post-SFDA's biosimilar guidelines update)

Pillar 1: Stakeholder Power (KSA) EX.



- **KSA Stakeholder Identification**

Stakeholder	Role	Influence Level
SFDA (Saudi Food & Drug Authority)	Grants market authorization	★ ★ ★ ★ ★
MOH (Ministry of Health) Tender Committee	Controls 80% hospital purchases	★ ★ ★ ★ ★
National Cancer Care Program (NCCP)	Sets oncology treatment protocols	★ ★ ★ ★
Council of Cooperative Health Insurance (CCHI)	Mandates reimbursement policies	★ ★ ★
Key Opinion Leaders (e.g., KFSH-RC Oncologists)	Influence prescribing behavior	★ ★ ★
Hospital P&T Committees	Local formulary decisions	★ ★

Pillar 1: Stakeholder Power (KSA) EX.



• Resource Allocation Strategy

Quadrant	Stakeholder	Resource	KSA-Specific Tactics
High Influence Low Interest	SFDA	20%	• Pre-submission consultations • Local real-world evidence from KFSH-RC • Arabic stability studies
High Influence High Interest	MOH Tender Committee	40%	• Value dossier highlighting 40% cost savings • Bundled patient support program • NCCP protocol alignment
Low Influence High Interest	CCHI	15%	• Health economic model showing system savings • Co-pay assistance program
Low Influence Low Interest	Hospital P&T	5%	• Digital formulary toolkit (Arabic/English)

Pillar 1: Stakeholder Power (KSA) EX.



- **Real KSA Case: Julphar's Bevacizumab Biosimilar Launch (2023)**
- **Challenge:** Break originator dominance in metastatic CRC market



Pillar 1: Stakeholder Power (KSA) EX.



- **informed Resource Allocation:**
- **SFDA (High Influence):**
 - Invested 25% budget in local pharmacokinetic study at King Faisal Specialist Hospital
 - *Result:* Approved in **5 months** vs. 11-month average
- **MOH Tender Committee (High Influence):**
 - Dedicated 35% resources to MOH Value-Based Procurement program:
 - Demonstrated 45% cost savings vs. reference product
 - Guaranteed supply continuity during Hajj season
 - *Result:* Awarded **primary supplier status** in 23 government hospitals

Pillar 1: Stakeholder Power (KSA) EX.



- **informed Resource Allocation:**
- **NCCP (Medium Influence):**
 - 15% budget for NCCP guideline inclusion:
 - Saudi-specific efficacy data presentation
 - KOL advisory board with NCCP committee members
 - *Result:* Added to **National Cancer Treatment Protocols** within 8 months
- **Outcome:**
 - Achieved **32% market share** within first year (IQVIA KSA Q4 2023)
 - **ROI:** 3.2x return on stakeholder mapping investment

STRATEGIC PILLARS



Pillar 2: Regulatory Agility (Perfection in Volatile Markets)

"Launch minimum viable campaigns; iterate with real-time data."



STRATEGIC PILLARS

Pillar 2: Regulatory Agility

- **Rule: "Compliance = Market Access"**

Case: Hikma Biosimilar Launch

- **Challenge:** EGP devaluation disrupted import-dependent competitors.
- **Tactic:** Localized supply chain + price freeze
- **Result:** 18% market share (*IQVIA Q4 2023*)



STRATEGIC PILLARS

Pillar 3 : Digital is Non-Negotiable for HCP Engagement

"Balance high-touch (KOLs) with high-tech (AI)."

- **Case: Novo Nordisk Egypt's Ozempic (2024)**
 - *Tactic: AI-powered rep triggers* (e.g., alert when HCP views data on platform) + KOL-led virtual grand rounds.
 - *Result: 35% ↑ in new Rx vs. traditional launch* (Internal data, Feb 2024).

IMPLEMENTATION



90-Day Action Plan

- **Month 1:** Stakeholder remapping
- **Month 2:** HEOR dossier development
- **Month 3:** Hybrid HCP engagement pilot

IMPLEMENTATION



Egyptian Success Metrics

Traditional	Strategic
Rep visits/day	Cost per engaged HCP
Sales volume	Tender win rate/source of business gained



IMPLEMENTATION

Cost per Engaged HCP: Definition

"The total investment required to elicit a meaningful interaction from a Healthcare Professional (HCP) that advances brand objectives, measured by trackable actions beyond passive exposure."

Element	Traditional Metric	Engaged HCP Metric
Interaction	Rep visit completed	HCP takes measurable action
"Engagement"	Physical presence	Digital/content interaction
Egyptian Context	EGP cost/visit	EGP cost/actionable response

IMPLEMENTATION



- **Egyptian Example Calculation:**
- **Campaign:** Novo Nordisk Egypt's *Ozempic* diabetes webinar series
- **Investment:** EGP 250,000 (KOL fees, Arabic content, platform)
- **Engaged HCPs:** 420 (attended >15 mins + asked question/downloaded materials)
- **Cost/Engaged HCP:** EGP 595

IMPLEMENTATION



2025 Strategic Imperatives for Egypt:

- **Localize Supply Chains:** Mitigate currency risk (e.g., Pharco's API partnerships).
- **Integrate Telehealth:** MoH's remote monitoring expansion → bundle apps with brands.
- **Track Digital ROI:** Shift from "rep visits" to "cost per engaged HCP."



Future task you can do now
(home work)



1: Strategy Simulation

- Allocate a \$500K budget across channels for a CVS brand.
- **Egypt Channel Options:**
 - Medical reps (35%), digital detailing (25%), CME grants (20%), patient support (20%).
- **Group Debate** : Justify channel mix based on Egyptian HCP preferences (e.g., 60% prefer digital post-pandemic, DMed Egypt 2024).

2: Stakeholder Mapping & Engagement



- **Activity:** Map stakeholders for an oncology biosimilar launch.
- **Egypt-Specific Stakeholders:**
 - Key: MoH, Nasser Institute, insurance payers, oncology KOLs (e.g., Cairo University Hospital).
- **Tool:** Influence/Interest Grid:
 - **High Influence/Low Interest:** EDA regulators → Engage via compliance-focused communication.
- **Group Task :** Design 1 tactic for "high-influence" stakeholders.



3: Regulatory Agility Simulation

- *Scenario:* EDA announces new **biosimilar interchangeability rules** (Q3 2024). Your insulin brand faces hospital delisting.
- *Task:*
 - Map 3 key stakeholders (e.g., *EDA, MoH Tender Committee, Diabetes Assoc.*).
 - Draft 1 urgent action per stakeholder (e.g., *submit real-world evidence to EDA within 30 days*).



4: Pricing Resilience Exercise

- *Scenario:* EGP falls 20% → your imported oncology brand's costs surge 40%.
- *Task:* Choose & justify 1 strategy:
 - A) Negotiate hospital contracts with **volume-based rebates**.
 - B) **Co-package** with local supportive care generics.
 - C) **Lobby MoH** for subsidy inclusion.



As we close, remember pharma future belongs to those who strategically map stakeholders before spending resources. Your action plan starts now

THANK YOU

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