Michael Nesrallah – General Manager, Takeda Belgium



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One year into his first country management assignment at Takeda Belgium, Michael Nesrallah reflects on his initial impressions of the Belgian pharma market as well as its similarities and differences with that of his native US. Belgium plays host to Takeda's third-largest manufacturing site globally - a carbon neutral facility in Lessines which employs over 1,200 staff and exports to over 80 countries - and Nesrallah expands on the importance of Belgium to global operations, as well as the synergies between the company's production footprint and local commercial affiliate.



Having developed your career in management consultancy and pharma exclusively in the US, what pushed you to take the jump into country management with the move to Takeda Belgium last year?

On the personal front, the opportunity for my family to experience a new culture and a life that is quite different from what they have known in the US was exciting. It was a similar story on a professional level, where the opportunity to immerse myself in a new culture, a different healthcare environment, and to be part of the wider European community was really intriguing.

Although I have previously led large businesses in the US, I was energised by the challenge of being a general manager for the first time, leading and shaping the culture of the Belgian Takeda organisation and its diverse portfolio of medicines that help patients find better health. I recently celebrated one year in the role and, while it has not been an easy journey, I can firmly say that it has been an enriching experience thus far, both personally and professionally.

Given the significant differences between European and US healthcare systems, what adaptations have you had to make on a personal and management level in this first year, and what has struck you most about Belgium?

My first aim was to come in and listen; taking the time to learn about both the business, our people, and the needs of the Belgian healthcare community and patients. As leaders, learning from your people at all levels of the organisation and building trust is critical in the first few months of a new role.

Two things really stood out to me about Belgian people and Belgian culture. The first is the work ethic of the team; our people here are continually and consistently asking how they can do more, different, or better for patients in a meaningful way. Secondly, there is a humility to the Belgian culture. Our team does exceptional things for patients, but do not often seek recognition for their incredible efforts.

Externally, as a single-payer system, Belgian healthcare obviously operates very differently from that of the US. However, there are commonalities. The entire community and the overall ecosystem are focused on the patient and bringing innovation to patients, although we get there in a different way, and sometimes with different outcomes. One nuance of Belgium that is a contrast to the US is the tightness of the healthcare community, from providers to academics, the government, and the industry. There is a lot of connectivity as well as active discussions and trust

that has been built over time, which helps the ecosystem to function.

Finally, I would highlight some of the challenges in Belgian healthcare that need ironing out, such as the length of time it takes to bring medicines to market and help patients more quickly and meaningfully. The EFPIA's 'WAIT' Indicator survey shows that Belgian patients must wait longer than their equivalents in other high-income European countries to access medicines following EMA approval, waiting over 500 days on average and 638 days for orphan drugs. This is a result of some of the inefficiencies in the system and – while the fact that a rigorous efficacy, safety, and quality assessment process exists is a positive – there is significant room for improvement.

What do you sense as the root cause of this delayed access scenario?

There are several reasons for this situation. Belgian healthcare has a fixed budget, and regulators and payers must review medicines both on their individual merits as well as in the context of total spend. There is always a tension between the willingness/ability to pay for a new treatment against existing budget constraints, which we must work through. Moreover, the COVID-19 pandemic led to a delay in submission reviews which exacerbated the situation. While I do not pretend to be an expert on the process that exists here, I can see that there are clear opportunities for improvement in terms of the system's efficiency.

Where do you stand on the potential of early access programs to alleviate some of these issues/ punctually the access to innovative medicines related to unmet medical needs?

Early access programmes have their merits but, like all other solutions, are fraught with challenges. These include the tracking and collection of data as well as when and how much remuneration is offered. A choice needs to be made between adopting a one-off approach for a set of treatments or looking at the system holistically and trying to improve the overall process. Currently, Belgium is looking at the pieces of the problem to figure out which ones are going to lead to the best outcome, but this is not a conundrum that will be solved overnight.

How relevant is Belgium for Takeda in areas beyond marketing and how the different assets interplay?

The company has a large manufacturing site in Lessines for plasma-derived therapies which employs 1,200 people and supplies products to over 80 countries. This is an important part of our presence in Belgium, not just for the country but also for Takeda as our third largest manufacturing site globally. Over the last two years, Takeda has invested over EUR 400 million in Lessines, expanding the existing site and adding new warehousing and production facilities. Given the company's increasing focus on plasma-derived therapies, this facility will only grow in importance.

Operating as a country manager in such proximity to this site has provided a lot of learning experiences, especially in the areas where the site excels, such as sustainability. Takeda has the global ambition of becoming net carbon zero by 2035, while Lessines has this aim by 2030. The site is working towards recycling 90 percent of the water it uses and has installed over 8,000 solar panels, a number it intends to double in the coming years. Last year, Takeda became the first pharmaceutical company in Belgium to obtain the "Lean & Green" label and also obtained a "Factories of the Future" award as recognition of these achievements.

Following the acquisition of Shire back in 2018, we are now One Takeda in Belgium and engage externally based on the impact of what we do in Lessines as well as our local commercial organisation. Helping to support and evolve the healthcare landscape in Belgium is a foundational part of our operations.

Which parts of Takeda's global portfolio are currently present in the Belgian market?

Our established medicines are present, as is our gastroenterology range with a focus on inflammatory bowel disease and short bowel syndrome. Takeda is present in oncology in Belgium, with key treatments in multiple myeloma, lymphoma, Non-Small Cell lung cancer, Ulcerative Colitis, Crohn's Disease, and we also have an array of rare disease therapies. Finally, beyond those core areas we recently announced the launch of our recently approved vaccine for dengue fever which, while not endemic in Belgium, there is a traveller market for.

How have you found the product launch process to be in Belgium thus far and how does this contrast with your previous experience in the US?

I had to get up to speed straight away as Takeda was seeking reimbursement for one of its treatments in Belgium in my first month on the job. Joining in discussions and understanding different perspectives (in French) was a remarkably interesting experience. Bringing different

stakeholders together to debate the merits of a given case is incredibly important and we aim to ensure that the patient voice is also heard more clearly in these discussions moving forward. The process is different to that of the US – where rebates and discounts for access need to be negotiated with various private payers – but I found the discussions to be fruitful. Most importantly, the positive outcome allowed us to introduce a new treatment which helps patients to live with better health.

What are your priorities for the next few years in terms of portfolio and organising your teams?

We have put a lot of thought into resource allocation, making sure our people are aligned to where the highest unmet need is and where the opportunities to help as many patients as possible are. Given the large number of launches that we have coming up in the next few years, as well as our existing inline portfolio, this has required a significant adjustment but has given our teams a high level of excitement as we realign to optimise the business and ultimately help as many patients as possible.

At Takeda, we feel that giving our people the opportunity to work on new and exciting projects is incredibly important. As a leader, talent management is my most important role and there is a continuous emphasis on attracting, developing, and exciting the best talent. Change – such as our organisational refocus on high-priority treatments – is never easy, but it comes with a lot of opportunity.

A strong company culture is vitally important to retaining and bringing in new talent. How does a concept like 'Takeda-ism' work in a Belgian context?

At Takeda, we meaningfully and authentically put the patient at the centre of everything we do. Takeda-ism means Integrity, Fairness, Honesty, and Perseverance while our priorities are always Patient-Trust-Reputation-Business (PTRB), in that order. We put patients first in all that we do. This helps us to build trust with the communities that we serve, ultimately supporting and enhancing our reputation and the business.

These are not just words written on a wall to glance at as you enter a Takeda building, but a framework for the decision-making processes we go through every day. What is right for the patient supersedes any other consideration. This is at the core of how we operate and dear to our

hearts. This philosophy transcends geographies and seniority and I have seen it across the US organization, the Belgian affiliate, and consistently throughout our Global organization

Is Takeda’s public image in Belgium aligned with this company-wide philosophy?

From participation in various forums over the past year, I have seen recognition from various social and political groups of our presence and our patient focus. It is clearly not just an internal moniker. For example, in February 2023 we hosted a Rare Disease Day celebration in Lessines with HRH Princess Astrid of Belgium in attendance. This event brought patients together to share their experiences, meet the Princess and other political figures, and raise awareness of their diseases. This is how we bring our philosophy to life externally, elevate the voice of the patient, highlight unmet need, and showcase how we can work together to benefit them.

Do you have a final message for our international audience?

The company’s decision to move me to Belgium is a testament to its commitment to its people. Bringing in people like me, who have experience in a different healthcare environment and culture, enriches the diversity of the team here, bringing in new perspectives to reach the common goal of helping patients. I am grateful to have had the opportunity to be part of this exceptional team here in Belgium and I am excited by our important work that helps patients find better health and a brighter future.

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