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Based at Gilead Sciences' Hong Kong hub, as VP & GM of Asia, Turkey, and the Middle East, American Dustin Haines oversees a vast region that includes the "Asia 5" territories Singapore, Malaysia, Taiwan, Hong Kong and South Korea and is the biggest of the company's intercontinental areas with respect to revenues. He speaks about developing a bespoke solution for each of these diverse markets, Gilead's efforts to help break down the stigma around HIV in the region, and how the company is working with governments and community-based organisations to put HIV and hepatitis educational tools and testing in place.

You oversee the vast Asia, Middle East and Turkey region for one of the world's largest global biopharmaceutical companies. What attracted you to Gilead and to this new role outside of the US?

Having worked in the area of HIV for over 20 years, I have learnt over my career that having a purpose in your job makes it so much more fulfilling. Coming to work every day with that purpose and knowing that I am making a significant difference in people's lives and communities is a real driving force and a major factor in coming to Gilead.

At Gilead, we are the market leaders in HIV and Hepatitis and are advancing our oncology portfolio. Gilead has the purpose and passion and it is a really exciting time for me and the company,

especially as we broaden our oncology footprint.

With regards to Asia, I have spent a lot of time here and fell in love with the region after working and living in Japan for 3 years. You come to realise that it is geographically diverse and each country is extremely unique. I grew fond not only of the innovation coming from the region, but the culture and people really have drawn me in. I am an American, but my heart is in Asia, and I feel more fulfilled everyday as I work with a purpose to help patients.

Asia is a region with a high level of economic variance, from high-income countries to developing nations. Do you see some common denominators that make access to patients systematically viable and ensure a decent level of health equity?

Sure, there are, but we have just as many complexities [as commonalities] as the markets are not the same. If you look at markets in Southeast Asia, they may be much less developed than other countries or territories in the region such as Taiwan or South Korea which have excellent healthcare systems and a very engaged government.

So, we must look at similarities, look at differences, and bring these together to find a bespoke solution for each market. Furthermore, countries can learn from each other and find what is best for them. For example, a few weeks ago Gilead had our Rainbow Academy, where we brought 50 community-based organisations together from Asia and Southeast Asia to strategically discuss what is being done for people living with HIV. When you have people from Japan, China and Korea sitting down and talking to people from much less developed nations, you generate engaging discussions. The members were able to share what works and what does not work in their ecosystems, and sometimes it could be as simple as money or education, but it is about sharing resources to find better solutions. We had this same discussion about hepatitis.

Due to that diversity you mentioned, Asia can be at times not as fast-paced as the US. Do you find this frustrating when having to make business decisions?

No, not at all, it is just the way things are done and you must adjust. In fact, a pause in discussion is a good time to wait and contemplate decisions. Here it is about active listening, pausing, thinking and then, once you make a decision, we move, and we move fast and make things happen. This thinking step is important and allows you to prepare to move once the decision has been made.

You served a long international tenure at ViiV Healthcare and a stint at the US-based start-up CCO before you joined Gilead eighteen months ago, and now you sit in a unique position as the VP and general manager of Asia. What exactly does your role entail?

We are part of the broader intercontinental region, which is more or less every market outside the US, Europe, China and Japan. I oversee Asia 5, which includes Singapore, Malaysia, Taiwan, Hong Kong and South Korea, and has recently been expanded to include the Middle East, Turkey and Russia.

The geography that I oversee within this intercontinental region is the biggest from a revenue generation perspective. Asia 5 plays a geographically significant role being in close proximity to Gilead's major markets of China and Japan and is positioned to expand quickly, which has been done in the Middle East, Turkey and Russia. These markets are rather mature, so we are building on synergies and finding market opportunities.

What makes Gilead unique is that we are flexible and agile, and we still act and think as if we are a small biotech, even though now we are a large, global multinational corporation (MNC). This mindset and agile decision making means we adapt and evolve to the market conditions.

As one of the largest global biopharmaceutical companies, 72 percent of Gilead's revenues still come from the US. How would you explain that?

Every MNC is driven by the US market, and this is in all industries, not just pharmaceuticals. Having said that, this is based on revenues, and we are not looking at the impact and contribution of companies outside the US. Asia as a region has size and is the largest global population, so there are plenty of opportunities to treat patients with hepatitis, HIV and cancer.

The other piece is how we can impact the communities and be engaged with them to make change. We aim to show up and assist our partners through impact from the perspective of the government, physician organisations, NGOs and community organisations. So yes, the US has the largest revenue piece of the pie, but we aim in Asia to be larger players in the community and show up by making sure patients are treated and can live healthier lives.

A big part of HIV is breaking down the stigma around the disease and a lot of this is cultural. Are people open to speaking up in the region?

For HIV in general, there is a culture of not speaking up, and this is often even more the case in Asia. It could be for a number of factors, such as white coat syndrome where the doctor is seen as an authority figure, or the government is seen as an authority figure, so the patient prefers to stay quiet.

What we believe at Gilead, is that we must create a space where people can safely have conversations and come together to be open and share their experiences. Community groups are trying to fix the problems and fill gaps, and we see ourselves as a valuable partner to help them bridge these gaps more effectively.

We have put in place a grant program to help these groups in areas such as education, and we have one hepatitis grant called All4Liver and another in HIV named the Rainbow Grant. Sometimes it is all about taking that leading hand to give people an opportunity to share and connect.

Looking at the data, HIV patient numbers are growing in some areas within the region. What factors could be behind this?

There are in some cases systematic issues, such as not enough education around testing, maybe not enough testing facilities, or once a person is tested not linking to other departments. Despite these barriers that we must overcome for HIV in Asia, we do have success stories such as in Taiwan where the number of new cases annually is dropping. At Gilead we always aim to eradicate diseases, so we hope that in 20 years HIV is considered a condition of the past.

For HIV and hepatitis, and soon for oncology, a number of national epidemiological plans have proved to be effective. How is Gilead partnering with governments on those efforts?

It is not just Gilead’s job, but a community effort. We believe that we are a trusted partner for the community and we must bring together community-based organisations, physicians, government and the industry. We know we cannot do it all alone but by making everyone work together, then we can advance. We must sit down with the government to create policies that are going to help patients get the treatments they need in the long term, and even put in place preventative

measures before the disease spreads further.

In many cases the community has the strongest voice and knows where the gaps must be filled for HIV and hepatitis. Therefore, we work together with them to put in place concepts such as educational tools and testing. Testing in many cases is the largest step as if a patient does not know they have these diseases, they can then spread it onto others. Also, if we can treat the patient well for HIV they are not able to transmit it. The problem is many people do not know this.

One of the issues with putting in place such a program is the government does not have infinite financial resources, and this is even more the case after Covid and within the scope of an ageing population. Therefore, there must be some trade-offs on how money is spent, and in fact looking at prevention might be an important move as getting ahead of the disease before it spreads could save money, rather than just treating it down the road.

When there are limited funding resources from governments, market access to innovative medicines tends to become challenging. Do you see this as a concern as you look to launch new products, especially within oncology?

It is our role as an innovative pharmaceutical company to bring to the market true innovation that makes significant change, and this is our focus with our oncology medicines. Our first product is to treat triple negative breast cancer, a rare case of the disease, and our treatment has a statistically positive impact on chances of survival, so governments need to realise that we allow their citizens to live longer.

As mentioned, our role is to bring innovation to the market, but it is on the onus of the government to make it available to patients in an affordable manner. We know not every product can be reimbursed, but the greater the innovation, the higher the chance.

More often horizon scanning and early discussions around what new medicines are being developed are taking place between industry, regulators and payers, helping to make informed decisions. Is this also a trend in Asia?

To a degree, and the regulatory bodies do understand the importance of engagement with the pharmaceutical industry. A good way to prepare for the future and promote innovation is to attract more clinical trials, and this is being done in Hong Kong, but to a greater degree in South Korea,

with Seoul being the largest recruiter of clinical trial patients in the world. This early access to innovation allows the market to better understand the value of an innovation prior to launch, so then they can make informed decisions on whether it is valuable enough to be reimbursed or not as data has already been generated within their population group. Hong Kong is now realising the importance of this early innovation in the market.

Nevertheless, it is a competitive market and attracting clinical trials is not easy as other locations such as the Middle East and Saudi Arabia also look to attract such R&D. We are partnering with the government and community organisation to see what clinical trials make sense to bring to the region.

Part of Gilead's oncology portfolio contains a CAR-T solution and you have two centres in Singapore. How ready is Hong Kong for advanced therapies in the field of CAR-T?

When we talk about CAR-T therapy it is an incredible innovation and the science is remarkable and quite complex. We have two certified treatment centres in Singapore and this gives us an opportunity to better understand the impact of the therapy on patients in the region. Hong Kong could be an interesting place to bring this concept and the government is interested in doing so. This could be a joint effort with the Greater Bay Area and this is a conversation we are excited to have.

With Singapore as our epicentre of this therapy, we have noticed many patients are coming from far and wide to be treated as for many of them it is a great opportunity to find a new hope for treatment and the response rate is phenomenal. We are looking at studies and talking to researchers now on the therapy to see if earlier intervention would improve efficacy for patients.

Who are the payers for these innovative products in this part of the world?

It is a mix of government and private. It is complex innovation and some governments cannot afford it, and others are looking at unique structures to pay for it. In South Korea and Taiwan, the governments are engaging with us to bring it there, but we know that there must be trade-offs from both sides as finding the funds available is not that easy, but the outcomes are amazing.

You are the only large MNC with a decision-making hub in Hong Kong. What do you find are the advantages and disadvantages of being based out of Hong Kong?

To a degree it was a historical decision as Hong Kong is geographically located in the centre of Asia and in close proximity to China, which at the time of establishing the offices we did not have a Gilead office in mainland China, like we have today. Moreover, Hong Kong is within a 3-to-4-hour flight to anywhere in Asia and is a business-friendly environment with the government looking to support us more and more.

In the future we must look at not only developing local talent but attracting talent to come to Hong Kong, and this is a concept we are talking to the government about. Furthermore, we want our employees to go abroad to places like the US and Europe and broaden their experience. Hong Kong has an abundance of great universities and researchers, so we must harvest this potential. We are motivated to operate in Hong Kong and are working to reach our full potential and helping Hong Kong do the same.

Do you have a final message for our international audience?

We have built a company that is the market leader in HIV and Hepatitis and we are proud of what we have done. 20 years ago, having an HIV diagnosis was nearly a death sentence, with patients given a handful of drugs with the side effects nearly as bad as the disease. Now, if a 20-year-old is diagnosed they have a life expectancy longer than the normal individual. Science and technology are amazing and if we take time to stop and think about it, we have done fantastic things to help people and we have the potential to do a lot more in the next 20 years.

Finally, there are always patients and communities that require market gaps to be filled and Gilead is a trusted and reliable partner to help them do so. We are working with governments, communities and healthcare systems to bring innovative therapies and change the landscape in HIV, Hepatitis and soon cancer treatment.

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