Miriam Rodriguez – General Manager, Aspen Pharmacare Iberia



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Miriam Rodriguez, general manager of Aspen Pharmacare Iberia, highlights the steps she has taken to set up the affiliate and how her past experiences have helped her. Furthermore, she breaks down the operations of Aspen in Spain and gives advice to women beginning their career in healthcare

Could you please start by telling us about your experience setting up Aspen's Spanish and Portuguese affiliates from scratch two and a half years ago?

The global acquisition of the thrombosis portfolio from GSK and subsequent purchase of AstraZeneca's anaesthesia business were critical milestones for Aspen and effectively enabled the company to establish and subsequently consolidate a presence in Europe. When I joined Aspen and was handed the mandate to establish Iberia-wide operations, I encountered a somewhat paradoxical situation: despite Spain ranking as a top 5 western European market with significant growth potential, it had been designated by Aspen as one of the second wave of affiliates to open, behind other tier-1 countries like Germany, the UK, Switzerland, France and Italy.

The reason for this was actually very logical. In all those other markets that I have mentioned, Aspen was inheriting from GSK a readymade vertically integrated structure. By contrast, this was impossible in the cases of Spain and Portugal because the agreement between the companies

hadn’t included the transfer of headcount or structures in Spain or Portugal. Instead, GSK’s hospital business teams were responsible for overseeing and executing all those functions. This meant that although high-performance, revenue-generating products already out and about in the market place were being transferred over to Aspen, we needed to grow the entire supporting infrastructure from the ground up from zero.

This entailed not only hiring new staff and the legal and material establishment of the affiliate, but also our speedily getting to grips with the dynamics of the local market. There was no prior body of intelligence available to draw upon. My priorities thus far have therefore been all about putting together and assembling the business.

How did you practically go about accomplishing this feat?

I already possessed a good awareness and sense of the inner-workings of the Spanish market and hospital segment from my work in previous companies, but the specific segments we are operating in, like thrombosis or anaesthesia were entirely new to me, so this was a steep learning curve and I had to speedily understand the market intricacies in these specific therapeutic areas.

In terms of implementing an appropriate business structure, I was very attentive to the way I went about sourcing the human capital. Especially in a young and distinctive company like Aspen, I consider it essential to be recruiting personnel with the right attitude that reflects the dynamism, entrepreneurialism and grand ambitions inherent in the company culture. It’s not just about selecting the right talent in terms of experience and knowledge profile, but also to do with identifying personnel who exhibit an appropriate mindset and behaviour. Because of the scale of the task at hand, I ensured that I selected and appointed some people that I knew, trusted and could have complete confidence in. This then formed the core team for driving us forward and attaining our objectives.

The rest of it is about being methodical and open-minded. We had to work hard at analyzing the emerging trends in thrombosis and anesthetics and assemble a list of priorities based upon research and feedback. Then we had to ensure flawless execution and a lean, efficient operating vehicle. There is no magic formula so to speak.

You mentioned that Aspen possesses a rather distinctive corporate culture and modus operandi. How would you describe this unique company ethos and business model?

Joining Aspen has actually been a huge adventure for me personally. The environment is highly refreshing and completely unlike the bureaucracy and inertia that one commonly associates with big pharma. Firstly, the business model is radically different. Unlike an R&D-driven drug developer, we grow inorganically through acquisition with the aim being to quickly internalize other companies' products that have not managed to attain full potential. Moreover, we tend to focus on technically complex products in specialist areas and distinguish ourselves through our abilities to reap strong performance from post-patent molecules and to optimize product lifecycle management. Normally when pharma companies engage in M&A activity, the task revolves around the acquisition or meshing together of entire companies resulting in a lengthy process of sorting out the component parts to divest or merge. Aspen is fundamentally different. We opportunistically seek out synergistic products, business lines or portfolios that we can rapidly digest and absorb, internalizing the production as quickly as possible. Our work cycle is thus considerably shorter than the majority of our competitors.

This, in turn, has a big impact on the corporate culture because our staff has to be comfortable with constant change. Ordinarily change is considered scary within an organization and human nature resists doing things differently. In Aspen, however, we thrive on change and our workforce has to be ready to embrace and adapt to brand new portfolios at virtually a moment's notice. Beyond that, as a dynamic entity, we are always on the look out to improve upon on processes and for new business models that might give us a head start in relation to our competitors. We are constantly learning and challenging longstanding assumptions and all of this gives us a distinctly entrepreneurial flair.

Furthermore, these characteristics dovetail neatly upon Aspen's amazing capacity for storytelling. We are a young company for a well-recognized pharma multinational – only 20 years old this year – and one of only a handful to have been initiated on the African continent. The roots of the company go back to the height of the AIDS pandemic in Africa when there was barely any access to antiretrovirals. In mature markets such as the US and Europe, HIV was already being managed to the point whereby the disease could be considered chronic, but most patient groups in undeveloped regions were locked out of this treatment paradigm. Aspen's founders essentially created generic antiretrovirals by negotiating with large pharma companies whose patents were expiring so as to give access to those underserved patient populations. This was the original impetus for setting up the company and continues to inspire us today.

How would you describe the local portfolio and capabilities?

The anaesthetics and thrombosis business lines constitute the leading therapeutic area, which mirrors the general trend for Aspen across Developed Europe. Anti-thrombotics are the broadest area in the portfolio and we possess four especially well-known brands – Fraxiparine®, Fraxodi®, Arixtra®, Orgaran® or Monoembolex®– each of which enjoys its own unique positioning in the market. We encounter competition from a range of angles including heavyweight multinationals like Sanofi and LEO Pharma, and locally embedded actors like Rovi that can draw upon their Spanish roots and nation-wide name recognition.

Europe accounts for some 29% of Aspen's global revenues and the Spanish market within that can be considered a strategically relevant source of growth. Our thrombosis business is developing at a rapid pace despite the entry of biosimilars into that space and we are pursuing an aggressive five-year development plan which means a significant investment from Aspen, in terms of employment, structures, etc. Part of this growth momentum, of course, reflects the fact that there is significant market potential that we still need to properly capture.

Our production supply, meanwhile, is sourced from three European manufacturing sites, with the solids and liquids being produced at the Bad Oldesloe facility in Germany, APIs in Oos in the Netherlands and our Notre Dame de Bondeville plant in France is responsible for producing pre-filled syringes such as low molecular weight heparins for export throughout the world. As a general rule within Aspen, tight control over the supply chain enhances our ability to achieve manufacturing synergies and thus supports earnings growth.

What, then, are your strategies for increasing your own brand recognition?

As the new kid on the block, we strive to project our core values of patient centricity, efficiency, integrity, and humility. We may be a mid-cap with a global footprint, but in Spain we are very much the newcomer and, to some extent, still learning the ropes. "Patient centricity" is talked about a lot in the pharma market, but my personal impression is that, all too often, the patient gets forgotten about with the emphasis placed more towards relations with the authorities, the system, the payers and practitioners.

Aspen, however, because of its very story and legacy, always remembers that the patients should be the start point and end point of all our activities. This can be difficult owing to the regulated landscape in which direct interactions with patient groups are limited by law, more so in Spain where the healthcare system's current model is highly fragmented. I am often faced with the conundrum of how to deliver services for patients in conjunction with the current healthcare

system. Nonetheless, we make it our business to go beyond merely acting as a purveyor of medicines and instead focus our energies on delivering healthcare solutions that meet patient expectations and generate beneficial clinical outcomes while all the while ensuring good levels of adherence and user-friendliness.

How are you navigating the regulatory thicket of decentralized power where you have to negotiate with each individual region in turn?

Our playing field in Spain is extraordinarily challenging due in part to the increased number of stakeholders you need to be in touch with.

There is a spiral of roles that need to be considered: the regulatory role joined by EMA and AEMPS, P&R played by Ministry and extended to AACC as real payers, physicians as prescribers/recommenders and patients in the vortex. Patients are the cornerstone, the beginning and the end of the process.

All of them are relevant stakeholders in the chain value, and you need to have a specific, ethical, pragmatic, and oriented interaction with all of them.

Internal teamwork and coordination between the different areas of the company are the password to offering a reliable and responsible value proposition, valuable for the healthcare system.

The most optimistic studies predict that by the year 2020 the health expenditure to provide universal coverage in Equity conditions would have doubled.

To maintain effective equality and thus comply with the principle of equity demanded by the law, it would be necessary to have state-of-the-art technology and the latest therapeutic innovations therapeutic everywhere equally. But in the current scenario of a low level of cohesion between AACC, this is more than unaffordable, it’s unrealistic.

This means we need to obtain a sanitary pact between all the agents in the sector is the key, that prioritizes issues of short-term health interest, medium and long term, and depoliticizes the health message. The pact must include AACC, professionals, pharma industry patient associations and the private sector.

There are some thoughts all the actors of the system we need to do together on how to create a realistic collaborative pathway:

1. Define a common and equity basic service portfolio
2. Re-evaluate the governance of the system. The implementation of implement business KPIs for health system administration in the public health would need to be mandatory, which does not necessarily imply the outsourcing of management, but the use of all resources, public and private, at the service of society is an obviousness (eg single clinical history)
3. Improvement of management efficiency
4. Encourage citizens in the use of the health system, through real awareness campaigns covering a full generation

As one of the new wave of female country and regional managers, what advice would you give to other women aspiring to make it to top leadership positions in the pharma industry?

I would tell them to be bold in their willingness to assume new responsibilities and challenges and, in doing so, to never renounce their female characteristics. For many years it was widely accepted that to be able to take decisions you had to adopt a male leadership style of toughness in which you mustn't show your emotions and feelings. You had to become an "alpha male woman." I vigorously resist this approach.

There are many different types and styles of leadership and many women possess emotional intelligence and social sensitivity that lends itself very well to the life sciences industry and indeed to the new world of healthcare grounded in patient centricity and enhanced consideration of the patient experience. I would, therefore, urge future women leaders to be true to themselves. In short, have the inner ambition to rise to the challenge and, be yourself and you will likely go far!

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