Abbas Virji & Shalina Clifford – Co-CEOs, Shalina Healthcare, UAE

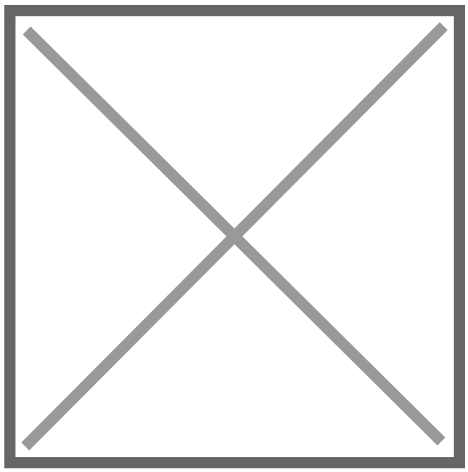


Sub-Saharan Africa has huge potential, with the population expected to increase by more than one billion by 2050.

20.05.2020

Tags: UAE, Shalina, Africa, MENA, Generics, MEA







Sub-Saharan Africa might not be considered among the top destinations for the global pharmaceutical industry, but Shalina Healthcare considers it home and has established itself as the leading pharma company in the region. Co-CEOs and siblings, Shalina Clifford and Abbas Virji, walk us through the company's 35-year history of commitment to the region, bringing innovative and necessary medicine to overlooked markets. Furthermore, they outline their ambitious strategy to establish manufacturing capabilities in the continent and add more therapeutic areas to the portfolio in order to consolidate the Shalina brand as a synonym of Sub-Saharan healthcare.

Could you begin by explaining the responsibilities for each one of you as co-CEOs?

Shalina Clifford (SC): We have shared the CEO role for seven years. We are fortunate in that the division of responsibilities falls quite naturally with our different skill sets and interests. Working in sub-Saharan Africa is a uniquely challenging experience where many have failed; having this unique setup with two CEOs allows us to bounce ideas and opportunities in a very trusted way. With our different strengths, personalities and approaches, Abbas and I often find ourselves starting with opposing views – but by being open to debate and trusting in each other we can get to the right answer. Our communication is something that cannot be understated; we trust each other to make the right decisions and when it is appropriate to bounce back to each other.

Instead of going to big and developed markets, Shalina Healthcare operates in less developed and untapped markets in Sub-Saharan Africa. What made you focus on that particular region?

SC: Sub-Saharan Africa has huge potential, with the population expected to increase by more than one billion by 2050. Shalina Healthcare has a real advantage in Africa whereas many multinationals have pulled out because the challenges such as logistics, lack of infrastructure and consumer behaviour have proved too great. Shalina is the only company serving the mass markets in all the countries we operate in, with a different set of competitors in each of Nigeria, Ghana, Zambia, Kenya, Angola and DRC. Other than us, there is not a single other company that has figured out how to operate effectively across the region. So, although our father, the founder of SHL, has the credit for choosing Sub-Saharan Africa 35 years ago, we are still committed to that decision today.

Abbas Virji (AV): I want to add something in regard to why we focus exclusively in Africa. While our roots go back to India and we look Indian physically, it was our great-grandfather who left and chose to move to Africa. We feel African and consider ourselves to be an African company operating on home turf rather than an Indian exporter. Our father started the business in Africa and people always ask why we do not expand to other markets, the reason is that there is so much work to be done in Africa and succeeding there requires a lot of skills, knowledge and dedication. Shalina as a company has understood and embraced the challenges of working in sub-Saharan Africa and it gives us an advantage; our ambition is to be the healthcare champion of the region, pushing development and having a positive impact on the lives of everyday Africans.

How do you overcome the structural and practical challenges of establishing sales operations in those less developed markets?

AV: Something that makes us unique is the way we are structured. Other pharmaceutical companies look for distributors in each country. At Shalina, we have our own legal company in each country we operate and we have established our own infrastructure in each country;we are responsible for the importation, marketing and distribution of our products. It requires much greater effort and investment but it puts us in a much stronger position to be able to react to changes on the ground and deliver growth.

SC: We have more than 40 distribution depots across our markets, where we keep three months of stock holding on the ground, so we are able to service our customers quicklyBy being on the ground ourselves, we can cut out the middlemen and pass those savings to the end consumer. But we are a for profit business with profitable margins, which is the best way to serve Africa – the continent needs more profitable companies that are incentivized to make a difference. We believe in “trade not aid.” We directly employ over 500 people in Africa and also drive secondary benefits,

as we enable entrepreneurs to sell our medicines so they can make a difference for themselves and their communities.

Since it may be the first time that some of the products have reached patients and providers in some of the countries, how do you support the education part of the process?

AV: This is where our end-to-end approach works best, with our own teams on the ground in each country able to engage with, support and educate the medical community, whether they are doctors, nurses, pharmacists, midwives, other medical professionals or the patients themselves. In addition to ongoing coverage by our own trained representatives, we hold regular educational seminars for doctors and pharmacists, support university programs to encourage the next generation of medical professionals and organize thousands of market clinics and camps across Africa to help patients. Continuing medical education (CME) is crucial for the medical community, the patients and the progress of the country. It is also a two-way opportunity – by being closer to the doctors and patients, we can better understand what are the most critical missing needs and opportunities.

SC: from day one, the mission of SHL has been quality, affordability and availability. Sadly, all the countries we operate in face a shortage of doctors and/or people simply cannot afford or do not have time to go to the doctor because they rely on their daily wages. Therefore, everyday Africans rely on recommendations from trusted pharmacists, family members and friends. Our stakeholders trust Shalina because they have experienced the quality of our products for 35 years. Quality has always been a priority for us and will continue to be at the heart of our business model.

Shalina Healthcare is manufacturing and sourcing from India and China, but you are currently working on a plan to build a manufacturing plant in Nigeria, could you explain the importance of the project?

SC: As Abbas has said, we are focused in Africa; we've been here 35 years already and will be here for the next 35 years. It not only makes sense from an economic point to establish a manufacturing plant in Nigeria, but it also allows us to further partner with the Nigerian government by providing more employment and demonstrating our commitment to reinvest in the region. The Nigeria plant will be our first one on the continent but not the last, we expect to have three plants across Sub

Saharan Africa in the next ten years.

What other current projects would you like to mention?

AV: We are well-known on the continent for our continued desire to innovate in how we do business in our markets. For example, we have the Shalina Young Talent Award (SYTA), which is very unique. The idea is to identify the best brains in Africa and recognize them so they can kick start their careers. Every pharmacy student will want to be part of the SYTA program because of the long term benefits. Another innovative example is our Sales Force Automation (SFA) where our representatives have a digital tool that allows them to go into hospitals, clinics and pharmacies, deliver training on our products and take instant orders. This is innovative for the markets and customers we serve and makes us more efficient.

You have also emphasized the company's commitment to your employees and the importance of having a strong company culture.

SC: At Shalina, we take a meritocratic approach because we are a young and dynamic team that gives many opportunities to grow within the company. We like to give our team an entrepreneurial hand and the freedom to take initiatives to drive the business. At the same time, we hold ourselves to the same standards as any professionally run company.

Furthermore, we are a purpose-driven company, where we believe quality medicines should be a right, not a privilege. This is why we wake up every morning.

AV: Exactly, one of our advantages is our strong purpose. Talking about the next generation, people want to work for businesses where they feel that they are contributing to society and making a difference. In Shalina, we are always aware of our purpose and the impact we have. Millions of people in Africa rely on our products. Sadly, too frequently do families in the region have to decide between spending money on education for their children or purchasing medicine, a choice that nobody should have to make. Everybody in the company, whether they work in finance, IT, supply chain, marketing or production, know that we make a difference in solving that problem.

What is your vision for Shalina moving forward?

SC: Our long-term vision is to be the Healthcare Champion for sub-Saharan Africa. In the next five years, I think we will be present in at least two more countries in Africa and we will have a second manufacturing plant, most likely in eastern Africa. We will continue to introduce much needed new products into therapy areas where the everyday African is priced out and we will be doing more CSR activities like microfinancing to help businesses.

AV: We will maintain our drive to innovate and use technological advances to materially help our business in the longer-term. We will continue to focus on Sub-Saharan Africa and continue to earn the trust of the people.

SC: We see that as a strength because there are a billion people coming. We want to be where we can make a difference.

See more interviews