

Best Practices in Establishing Medical Affairs Capabilities in Emerging Countries: Using Structure, Staffing, and Responsibilities to Create an Effective Medical Affairs Group in TMEA



Best Practices, LLC Strategic Benchmarking Research & Analysis

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- Performance Measurement
- Virtual Interactions
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Medical Affairs Benchmark Research for Turkey, Middle East and Africa (TMEA): Objectives, Methodology & Topics

11

Survey Respondents

Respondent's Role

- 45% -- Director or Head in Medical Affairs function in TMEA region
- 36% responses from Turkey, 27% each from South Africa & UAE

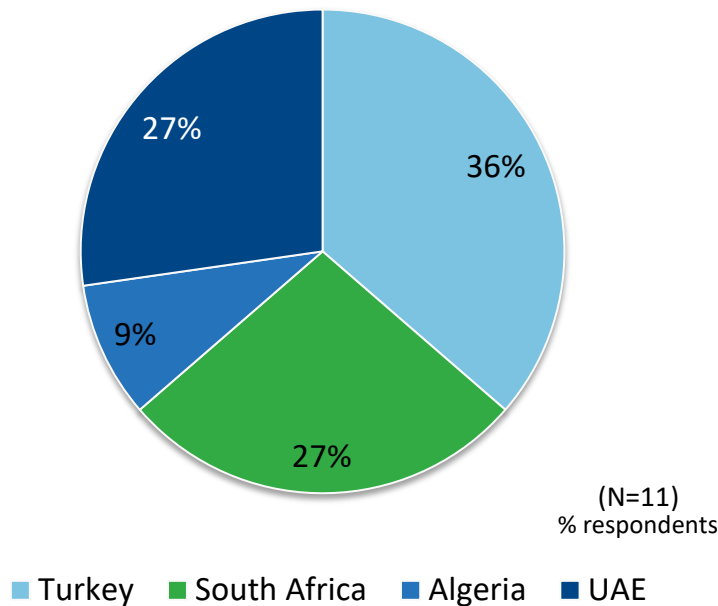


Survey Objective	Research Overview	Methodology	Topics Covered
An effective Medical Affairs (MA) organization is critical for success in an emerging country or region. However, with companies facing diverse markets around the world, it is challenging to create and maintain an effective Medical Affairs group in less understood regions such as TMEA, which encompasses Turkey, Middle East, and South Africa.	This benchmarking study is designed to produce reliable industry metrics on establishing effective Medical Affairs capabilities in the TMEA region. Pharmaceutical leaders will be able to use the research results to see how their regional and/or country-level Medical Affairs groups compare with industry trends and averages.	Best Practices, LLC engaged 11 Medical Affairs executives from 10 pharmaceutical companies with operations in the TMEA region.	▪ Medical Affairs Responsibilities ▪ Country-Level MA Structure, Staffing and Activities ▪ Field-Based Medical Staff Structure & Staffing ▪ Field-Based Medical Staff Responsibilities & Compliance ▪ Field-Based Medical Staff Performance & Virtual Meetings

Respondents Background

Faced with a diversity of markets around the world, regional and country-level leaders are struggling to understand what Medical Affairs structure, staffing and responsibilities are required to ensure success in the TMEA region. This benchmarking study is designed to produce reliable industry metrics on establishing effective Medical Affairs capabilities in the TMEA region. This study engaged 11 leaders with direct experience working in Medical Affairs across Turkey, Middle East and Africa.

Demographics of Respondents



Companies of Respondents



Sample Key Findings:

- **All Participants Combine Medical & Medical Affairs in TMEA Countries:** All participating companies have combined their medical and medical affairs functions in TMEA and the group is led by a medical director. For 60%, their medical directors report to country leadership/ general manager. Similarly, scientific affairs is led by a director at 90% of companies and they report to country leadership at 56% of companies.
- **Most Participants Utilize Almost all Key Medical Affairs Functions & Roles in TMEA Region:** More than 60% of study participants employ all the key medical affairs functions - except publication & medical writing. Likewise, more than half use medical affairs roles such medical advisors, clinical research, MSLs, medical directors, medical affairs directors, PV/safety training and medical information and call centres.
- **Majority of Participants Put Responsibility for 15 Key Medical Affairs Activities at Country Level:** Clearly participants rely on their country-level staff's familiarity of local regulations and customs. Promotional material review is a country responsibility for 91%, while project management, KOL management and training internal staff is a country responsibility at 82% of companies. Meanwhile, for 73% drug safety, MSL resource support, ad boards and non-promotional material review are country level responsibilities – followed by compliance (70%).
- **MSLs in TMEA have Scope of Work Similar to Mature Markets:** Similar to mature markets, MSLs in the TMEA region have responsibility for 17 key MSL activities. All participants rely on MSLs for KOL management, field-based work, congresses, CI, clinical study support and education programs & symposia.
- **Countries in TMEA have 4 to 6 MSLs , on Average:** On average, companies in the study have 4 to 6 MSLs for each of the countries in the TMEA region. For span of control, participants said that each MSL manager is responsible for 5 MSLs, on average.

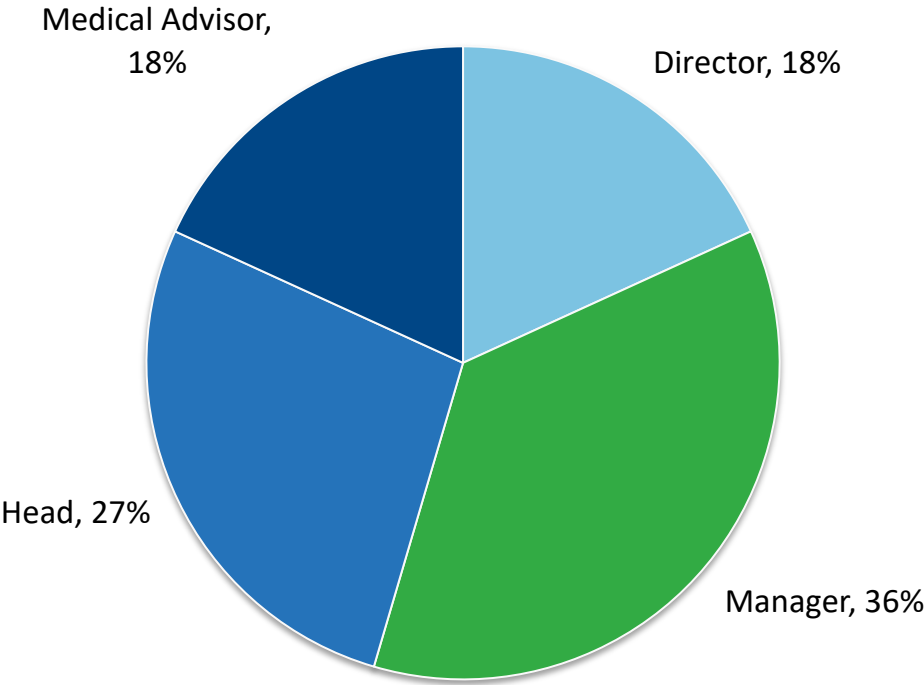
Titles of Study Respondents

Almost half (45%) of the participants are at the director or head level. Medical advisor and manager level roles account for 55% of respondents.

Participant's Title:

Titles of Participants

- Medical Director
- Associate Director Medical Affairs
- Medical Affairs Head (2)
- Head Medical Affairs, Emerging Markets
- Medical Advisor (2)
- Senior Medical Manager
- Senior Medical Manager/ MSL Manager
- Medical Manager (2)



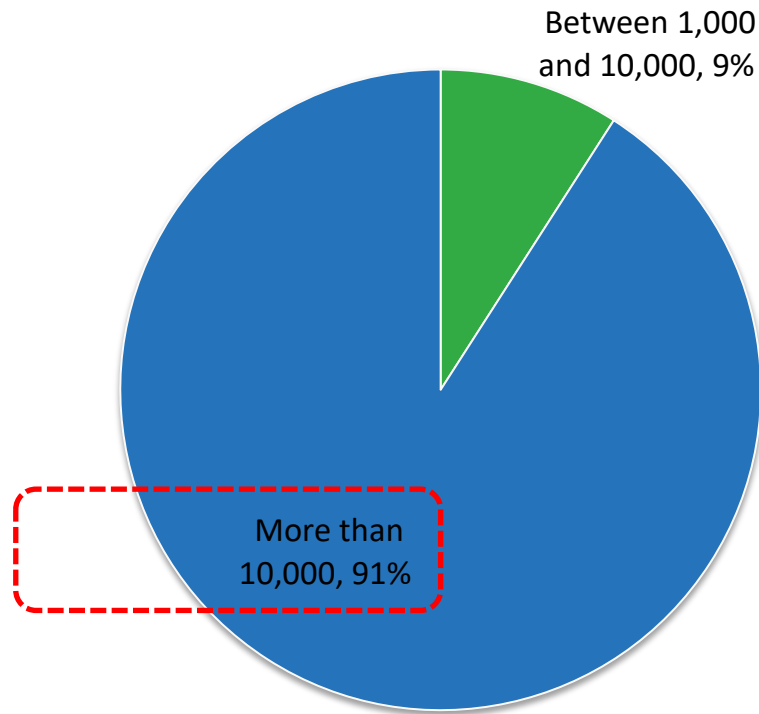
(N=11)
% respondents

Q1. What is your title?

10 of 11 Companies in Study have More than 10,000 Employees

Ninety- one percent of benchmarked companies have more than 10,000 employees.

Number of Employees Worldwide:



(N=11)

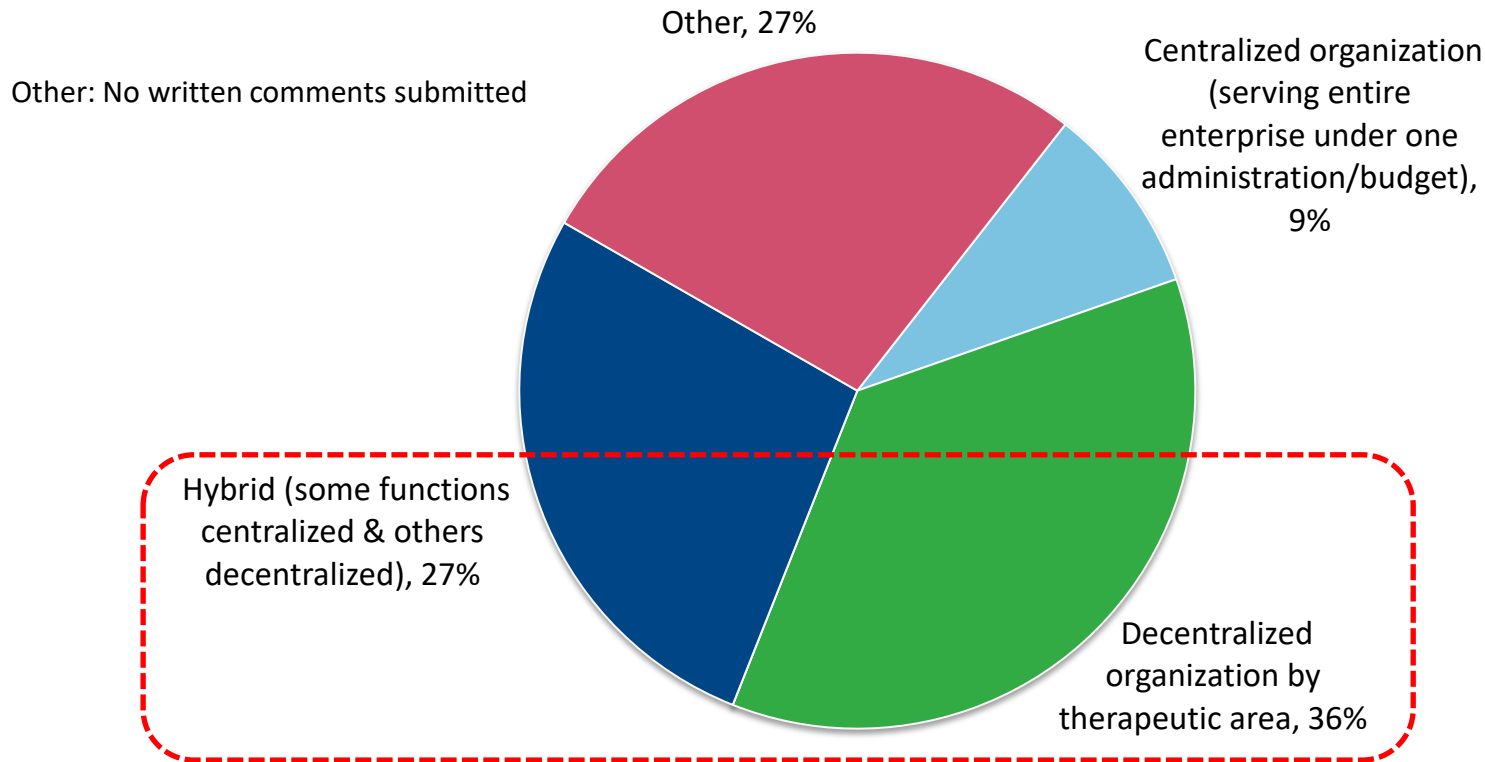
% respondents

Q2) What is the approximate total number of employees your company has at all the locations (worldwide)?

Majority of Participants have Either Decentralized or Hybrid Structure for their Medical Affairs Group

Participants appear to favor organizing their medical affairs group in either a hybrid structure or one aligned with therapeutic areas.

Current Structure:



(N=11)

% respondents

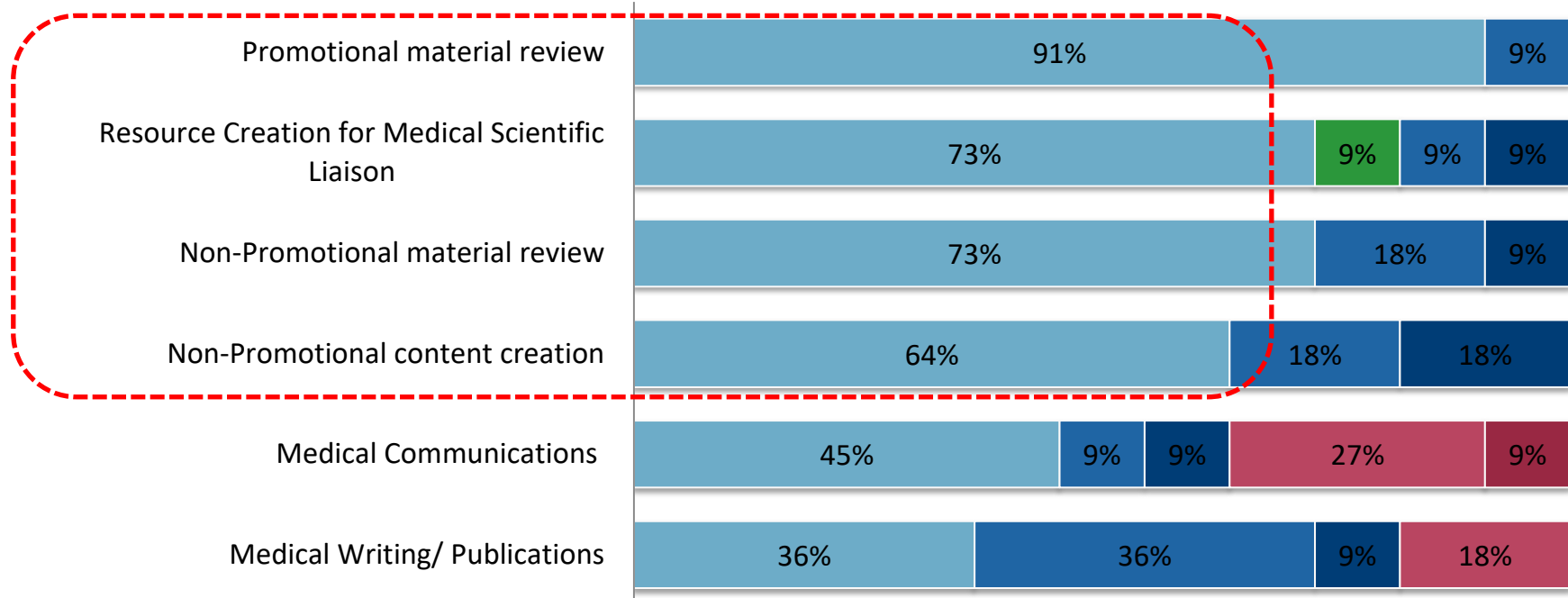
Q4) Which best describes the current structure of Medical Affairs at your company?

Responsibility for Most Promotional & Non-Promotional Activities is at Country Level

This slide and the next five slides (p.21-26) represent a more expanded perspective of slides 19 and 20 that listed 26 medical affairs activities and where responsibility was held. In the next five slides, we have grouped the 26 activities into relevant buckets to make it easier to see responsibility trends in activity areas.

Responsibility: Promotional & Non-Promotional Activities

- At the Country Level
- Shared between Country and Region
- Share by Country or Region and Global
- At the Regional Level
- At the Global Level
- Not Overseen



(N=11)

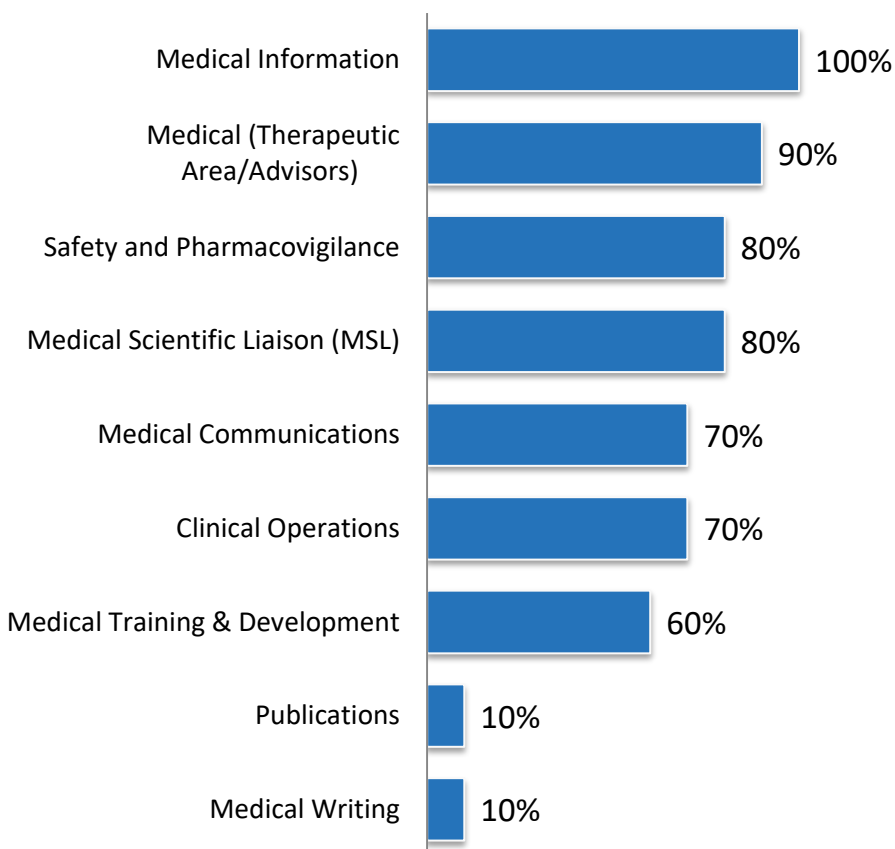
% respondents

Q4) Where is the primary responsibility held for each of the following medical affairs activities?

Key Medical Affairs Functions and Roles Present in TMEA Countries

Seven key medical affairs functions exist at the TMEA country level for companies in the study. Similarly, 50% or more of companies in TMEA countries have roles that fit within these functions, such as medical advisors, clinical research, MSLs, medical directors, medical affairs directors, PV/safety training and medical information and call centers.

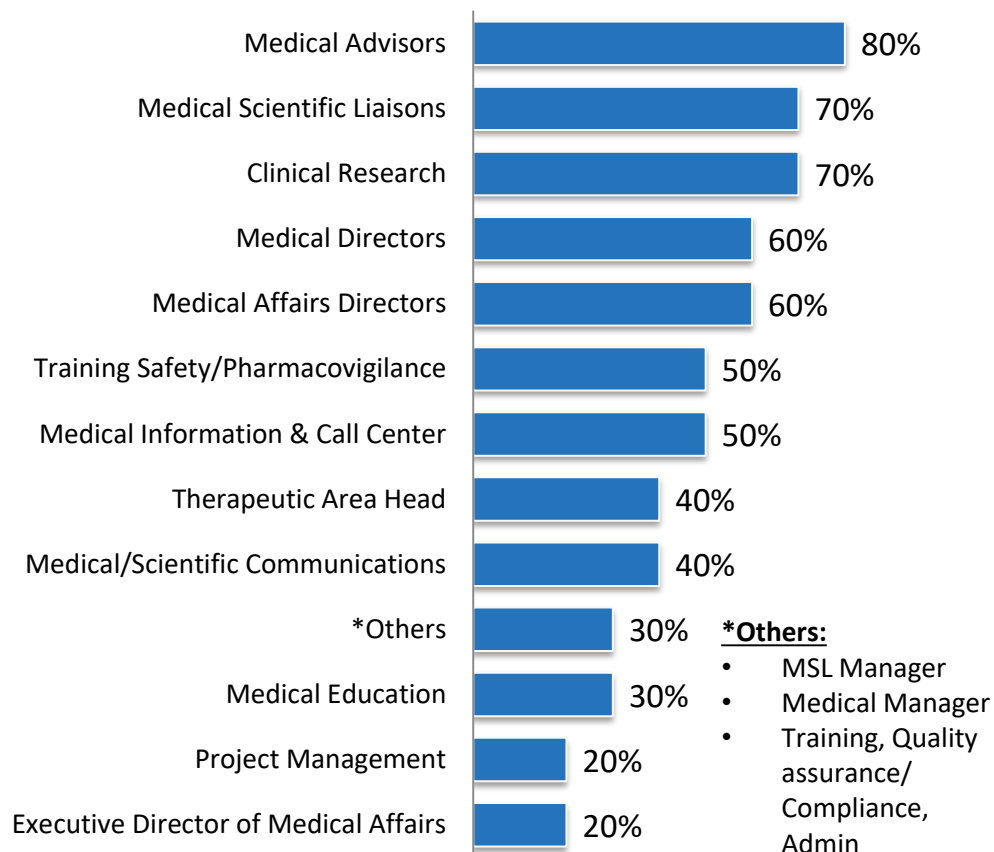
Affiliate/Country Functions:



(N=11)

Q27) Which functions are part of Medical Affairs in your 'affiliate/country'?

Medical Affairs Roles:



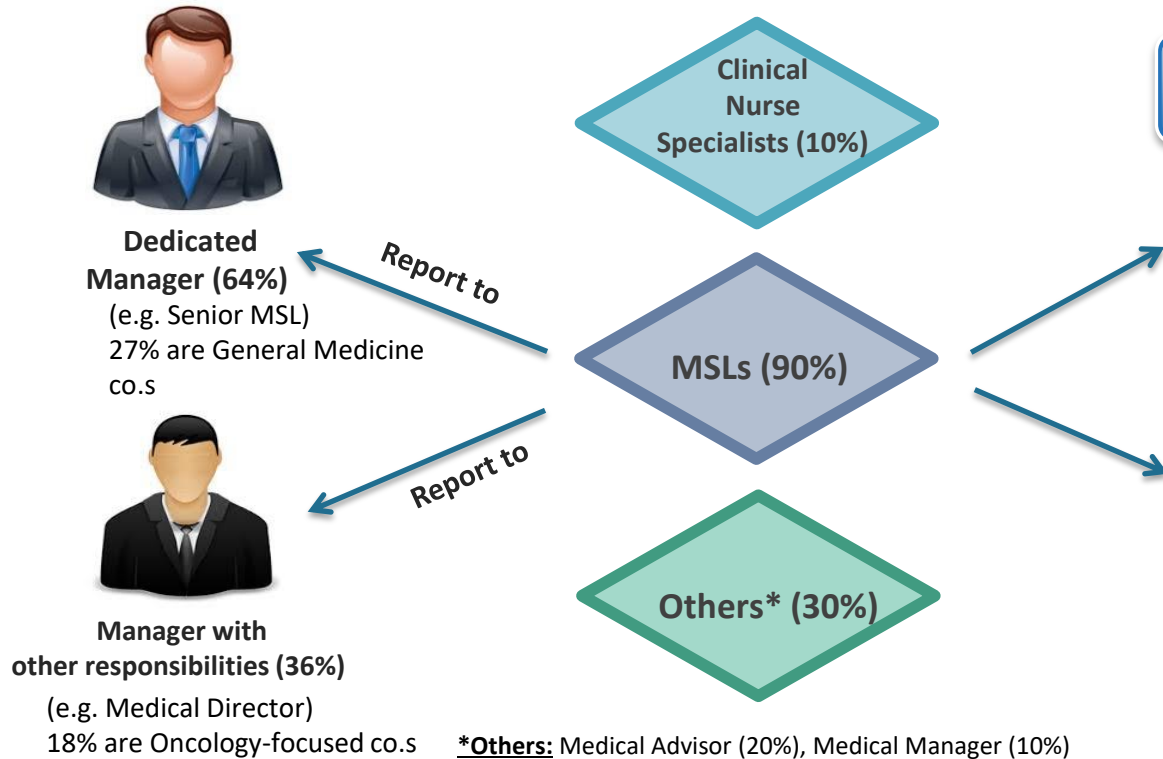
*Others:

- MSL Manager
- Medical Manager
- Training, Quality assurance/ Compliance, Admin

Q36) Which of the following roles do you have within your 'affiliate/country' Medical Affairs function?

Companies Average 23 MSLs in Region and 4 to 6 MSLs per TMEA Country;

Field Medical Team Makeup:



Average Number of MSLs

	
In Region	23.4
Direct Report per Manager	4.7
In Country	5.5

***Others:** Medical Advisor (20%), Medical Manager (10%)

of Respondents

(N=11-13)

Q) Who do your field-based Medical Scientific Liaisons (MSLs) report to? Average number of direct reports per MSL manager? How many MSLs are there?



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