

Amjad Ahmad: Welcome to Empower Middle East Conversations. A podcast from the Atlantic Council. This show brings you leaders from business and government that shape the future of Middle East economies. I'm your host, Amjad Ahmed, director, and resident senior fellow. Let's get started.

The Middle East's growing population, young demographic, increasing health consciousness, and rising life expectancy, have set the stage for a strong pharmaceutical market expected to reach 60 billion by 2025. And this was before the Covid pandemic. Pfizer has been at the forefront of fighting the pandemic with its highly effective vaccine, but this is not the full story.

The company has been operating in the region for over 60 years and has been active in many areas of the pharmaceutical market. With us today to discuss the Middle East Pharma Market and its future, is Patrick van der Loo, regional president for Africa and the Middle East. Welcome, Patrick.

Patrick van der Loo: Thank you very much for having me Amjad. For inviting me to the podcast.

Amjad Ahmad: Absolutely, and it's perfect timing giving Pfizer just got the full approval in the U.S. So this is a great time for this conversation. Jumping into the pandemic very quickly, we're seeing rising cases because of the Delta variant, but thankfully, hospitalizations are still down, thanks to probably the vaccine you've created. What are you seeing in the region specifically as you roll out the vaccine and other initiatives?

Patrick van der Loo: With regards to the vaccine, in particular, I think we take benefit from the fact that Africa and the Middle East have long been very important geographies for Pfizer. We've been in the region for over 60 years. We have a direct presence in 19 countries, 16 indirect through agencies that we work with. And during that time, we have evolved significantly. And I think that base of a footprint has helped us in the rollout with those countries where we have either bilateral arrangements for the covid-19 vaccine or where through USG, COVAX direct donation schemes, there is access to the vaccine.

So currently worldwide, we're in over 120 countries. In the next four weeks, we're rolling out in 25 more countries alone. So it's on an ever-increasing pace to make sure that we roll out our vaccine, close to three billion doses this year appropriately.

But really our focus is on six core therapeutic areas across the globe and also in Africa and the Middle East. Which includes vaccines, obviously, but also an ever more important in this part of the world, an increased focus on oncology. That is a very key area for us.

Then we are active in inflammation area, we're active in the internal medicine area, so heart disease, etc. We have a very heavy focus on rare diseases. Again, very interesting here in the region because, for example, we're looking at sickle cell disease. So if you think about Africa, that's an area obviously fraught with intense interest for there. And then we have a hospital business which is very heavily focused on anti-infectives and sterile injectables in and outside of that hospital setting, which also is very important during the pandemic.

So for us, it's driven by science is the core of the message. We have a slogan, "Breakthroughs that change patient lives." Our objective is to introduce 25 of these breakthroughs by 2025. And so that means globally, that means in Africa, and that means delivering meaningful value to patients,

communities, and the broader health systems. And if we put it in perspective for the region, our medications reach approximately 6.6 million patients in these countries in 2020.

Now as we continue to battle the global pandemic and the challenges it presents for people, for patients, for health care systems, and governments, we remain focused on all these different therapeutic areas and how we can make the most significant impact. And that means three key mantras for us, if you will, providing novel, scalable, and sustainable access solutions. Meaning that we want to bring our breakthroughs to the most pressing health needs and making sure that we invest in the right people, markets, and technology to strengthen the health care for the most vulnerable people.

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Amjad Ahmad: And just so the audience understands, your, the scope of the business in the Middle East, because, as you said, it's much more than just vaccines. What are the significant areas specifically in the Middle East and geographies for you in that 19 country portfolio?

Patrick van der Loo: So we are present in all six therapeutic areas. If you look historically and Pfizer was a much bigger company before when it comes to breadth of portfolio. We had an animal health business that when it was split off. We had a consumer health business that we merged with Glaxo to basically make the largest consumer health care business, but that's no longer part of our core Pfizer biopharmaceutical group. And we had a portfolio of what we call tail products, all the products off-patent medicines that became the vitreous business, again, separate business outside of Pfizer.

Pfizer now really is focused on these six key core therapeutic areas. When you look in Africa, Middle East, there is a difference. When you look at sub-Saharan Africa, there's a heavier emphasis on that hospital business where those anti-infectives, for example, are very strong.

When you think about markets in the Gulf or in Saudi Arabia, there is a much more rapid absorption of innovative technologies. What you see in these geographies, like the Gulf markets and Saudi Arabia, is that, when you look at oncology, when you look at rare disease conditions, very often the UAE, for example, will be the first or second market after the original approval in the U.S. because we are an American company, that these products will get approved.

So patients, especially in this part of the region, have very early access to these parts of the portfolio. But that's why we also have that heavy emphasis on access programs to make sure that in other parts of the region, where traditionally maybe the portfolio is a little bit more legacy tilted and these innovations reach ever more patients as well.

Amjad Ahmad: And has the pandemic changed your strategy or way of operating in the region?

Patrick van der Loo: I think we have that very clear mandate of 25 breakthroughs by 2025. That's a Bible for everyone in Pfizer globally, and that means we want to implement those across the globe. What you have seen and where we have made considerable headway in our objectives when it comes to public-private partnerships is that, not only in the Gulf but across the region, really, governments are seeing health care as one of the key areas where they want to develop as they are aiming to become more independent from what comes from the soil, whether it is oil-dependent

nations or mineral-dependent nations. You see that tourism, for example, but also health care is a key area and a fundamental given if they want to grow outside of those core original businesses in the countries. When we talk public-private partnerships, we see that we're making considerable headway in our objectives there with regards to regionally driven innovation. I'll give you two or three examples.

In Algeria, for example, we launched a program called the B-Imtiyaz. That's a program that we established. Very often programs historically would be driven by pharmaceutical companies and that wouldn't really be a clear partnership. But this program was developed and implemented in collaboration with Algerian Ministry of Health, Ministry of Pharmaceutical Industry, and Ministry of Higher Education. So it's not just one ministry, but there is also actually a platform within the governments because this is a key priority for them to make sure that their pharma and biotech students get access to our and other industry experts to support their learning and development as they are trying to become a regional biopharma hub.

Another example I'll give is Saudi Arabia, where over the last couple of years we have increased massively our collaboration with very important research centers to support the rollout of an increasing number of clinical trials, such as very recently for our Duchenne muscular dystrophy gene therapy.

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And we expect to develop many more of these types' initiatives and innovations in Africa and Middle East region which are increasingly contributing to some of the breakthroughs, not just benefiting from what's being done globally, but really contributing to the breakthroughs themselves. So from that perspective, really, yes we see an increased willingness to those public-private partnerships doesn't always go as quickly as you like it to go. Well, you know the answer to that.

Amjad Ahmad: This is a really important point that is actually one of my questions. A lot of the economies are obviously looking for diversification. They're looking to be more self-sufficient, self-sustaining, and a lot of them are focusing a lot on entrepreneurship and SME growth. How does Pfizer play a role in that, and I think more importantly is where would you tell entrepreneurs to focus in terms of this particular segment where Pfizer plays to take advantage of trends that are happening that you're seeing?

Patrick van der Loo: Okay. So that's almost two questions, right? One is, what are the trends? And two is, where do the entrepreneurs come into play? Which I think is a very interesting question as well and I have some thoughts on that. So right now there is an urgent trend, obviously, with regard to the pandemic and what we can do, not only from a vaccine perspective but also from a treatment perspective. So, for example, we're also working on a protease inhibitor, which is an oral treatment for covid-19 for the disease, as well as the periphery in those hospital products, continues to be a major priority.

However, I just mentioned that objective to bring these 25 breakthroughs in by 2025, and that goes in what we would consider a number of bold moves that will help us deliver these breakthroughs. And so that means being very much focused on the patient-centricity model. We continually are

working to transform our go-to-market models and to address to patient access and affordability. So one of the key trends that we foresee much greater use of, and UAE is a perfect example of that, is other countries are a little bit behind, but trying to catch up is use of digital solutions through many different ways. And what we're trying to keep up with that as well, by using machine learning and artificial intelligence.

Many of our go-to-market initiatives now are not the traditional rep just visiting a doctor model, but it's really driven by the use of A.I. And we really believe in the applicability of like a number of novel technologies across the region, because that means, I mentioned novel, scalable and sustainable. I think that means that because it ensures more sustainable, healthy ecosystem, meaning supporting probation, pro-innovation policies also that allows the banks to flourish while striving to provide patient access to those latest medicines and therapies.

Now, when it comes to entrepreneurs, the problems we're facing similar in nature to where they were and novel in nature as well, but everything comes down to it like an every business customer first, right? We see that the governments, especially in the wide Gulf area, continue to look at the diversification with results to 2030, but really outside of those traditional commodity sectors. And one and all are very clear that health care policy, a central part in that, but also are very clear that affordability is a key element here.

And so many of the solutions in this space are likely, again, to be digital or have a very heavy digital component. And while there has been considerable adoption of digitization across our industry, there's plenty of room to drive greater efficiencies across the health care sector. And Telehealth, I think, is for entrepreneurs, a very interesting one for this region. Remote caregiving solutions demonstrate significant promise, because if you look at the current burdens on health care providers, besides the cost of treatment, it's the complexity of the health care system in many markets that plays an important part as well. And so we're constantly searching for solutions that simplify that patient experience. So give an example, in The Gambia, we're working on solving supply chain issues through what we call a vaccine visibility system, which is an open-source inventory system for the management and tracking of vaccines.

We're working on multiple health outcome-based models to accelerate access to innovative treatments.

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So entrepreneurial thinking with regards to outcome-based modeling is an area of high interest. And then I haven't even really touched on distribution models yet and the possibility for change and innovation in that space. So I believe there's a lot of room for innovation in that area as well.

And I think especially when you look at the ME region, they're perfectly positioned to play a greater part in... African Union has the ambition to become a single market. Right? ME-based markets are perfectly positioned with the experience that they have to expand into that area.

Amjad Ahmad: It's interesting you mentioned distribution. What are some interesting models that you're seeing that are working in that area? Because that could be a big potential for the Middle East.

Patrick van der Loo: We're running into it now, for example, when it comes to the distribution of our vaccine. And so distribution for us in some of these markets is really a problem because historically these markets have been too small individually to really either establish a base of our own or work with existing distribution models to make sure that our products get to these patients. It doesn't mean that there are no oncology patients. It doesn't mean there are no inflammation and immunology patients. It's just that it hasn't been.

We cannot afford to set up a business in each of these individual countries. And we cannot find the right distribution models either. But there are a number of players now that slowly but surely in these markets where distribution is an issue, are working on innovative solutions to get medicines that need culturing, that need other types of controlled distribution to patients, whether it is by the use of drone technology or whether it is through other innovative solutions. So I think distribution, massive potential growth area for our region.

Amjad Ahmad: Yes, yes, I tend to agree, knowing the region well, it's an area that I think several entrepreneurs are trying to crack. So the interest to see next decade...

Patrick van der Loo: And anybody with a good solution, please. E-mail address is probably in the podcast. Contact me.

Amjad Ahmad: Yeah, we'll put his email in the note. What about manufacturing? Patrick, we hear especially I think with the pandemic, we're hearing noise about possibly establishing manufacturing in the region. Where do you see that playing out?

Patrick van der Loo: And I'll give you a quick answer and then I'll give you a little bit of more of a structural answer, if I may. The quick answer is that right now I've been working with around 30, 35 countries for our Covid vaccine. And every single minister of health that I've spoken to has offered to become the manufacturing hub for the vaccine. And obviously, that cannot work. I get the problem. And because in reality, especially in sub-Saharan Africa, the percentage of the population that has been vaccinated with a Covid vaccine is very low. There are a number of obviously reasons for that. And people were putting their hope into vaccines coming from India or from Russia or from China, which has not turned out to be the solution necessarily across the board.

So it takes a little bit more time to get also to the right level of vaccination in these countries. But I think that goes to the broader question, what needs to be done from a policy perspective as well in this region? And so emphasis, in my opinion, should be on a couple of things. And I hear that coming back from people more and more as well.

Emphasis should be on facilitating robust regulatory frameworks that are grounded in quality, safety, and efficacy to pave the way for medical breakthroughs, whether it is a vaccine, whether it is manufacturing locally because there's a lot of talk about harmonization efforts and common label adoption. And this would really have a major impact.

The same goes for regulatory work. We cannot do all the regulatory work in all these individual countries. So especially when it comes to facilitating access to smaller, traditionally not attractive markets, common market type approach for African Union associated countries, for example, would create an amazing opportunity to expand access to affordable health care and would also

make it attractive to pick a base where you potentially could manufacture specifically for the African Union.

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Like we have done, by the way, and I don't know if you knew about that, but we announced a few weeks ago that we are going to manufacture also the covid-19 vaccine in South Africa, in particular for African Union countries.

The second part and I know it's a hot button and very current topic of debate, but very integral to these issues is questions of intellectual property protection. It's very easily said abandon and abolish all patents. And then all the world's problems with the pandemic will be solved. But the reality is, you need a strong IP culture to help promote medical progress because it provides incentives to stakeholders to sustain R&D and the investments in manufacturing, and it encourages the tech transfer that is needed, and the FDI that is needed to fuel innovation and economic growth.

So I think along with the efforts of the regional governments in their transition to more knowledge-based economies, they need to think about that regulatory and legal framework, which will ensure that it stays at the forefront of delivering medical breakthroughs. I mean, Gulf and Saudi are moving more and more in that direction. But for the rest of the region, that's a very important area.

The third area, so I mentioned regulatory. I mentioned intellectual property. The third would be access. Because we can develop the nicest breakthrough, but that means nothing if patients cannot get their hands on them, right? So we have patient access programs that help eligible patients in the Gulf across the entire region, people that cannot afford treatment costs. We have 30 programs in more than 11 countries. We service, thousands of patients. We provide affordable solutions for people. But that's not enough for us. We need diagnosed patients to be able to have access to innovative medicines regardless of location. So that's a key, important area for us.

If we can solve for a number of these issues through proper frameworks and public-private partnerships, I think you automatically start seeing more manufacturing in the region as well. I mean, we do manufacture in the region. We have factories in Saudi Arabia, we have factories in Algeria, we have factories in Tunisia, factory in Morocco. We have manufacturing partnerships in South Africa like I mentioned, and in other countries as well. But if we really want to expand manufacturing on the continent, there's a couple of things from regulatory and legal and access framework perspective that need to happen.

Amjad Ahmad: Is there something particularly more important than another to drive change in the positive direction when you talk about regulation, for example.

Patrick van der Loo: It's that harmonization of elements because as nice as all the individual markets are individually, none of them are big enough to warrant the type of investment that we're talking about. So as long as you don't have a unified framework that you can work on and they all agree that and I'm just naming an example, but they all agree that Rwanda will manufacture X, and Morocco will be focused on Y, Saudi will be focused on Z, then it becomes attractive to pool the investment because we know we're manufacturing for a continent. We're not manufacturing for five people.

Amjad Ahmad: So we go back to regional integration, something that's key, I think, for your expansion as well. It's something we bring up quite often in many of our forums. You came from Asia managing that part of the world to now managing Middle East and Africa. What has surprised you about the region in the last year that you've been there?

Patrick van der Loo: So I'm originally from Netherlands. I worked in Europe, North America, worked globally, regionally, locally, and prior to this role I was in Asia, in Hong Kong and in Thailand, and in Japan for 7 years. So what I really like about being back in the region, such as Africa and Middle East, is the vibrancy. Its numerous geographies and its nationalities. It's the cultures and it's the languages and then joining in the middle of the pandemic.

My last job before this was Japan and I knew what was going to happen three years out. Here, I don't know what will happen three hours out. It's from that perspective, it's fun. And it's also shown me very directly there's a great variety in the way that governments deal with the pandemic. I mean, every minister of health texts and emails, all the colleagues of Pfizer to talk about this right now and how fast they engage with private partners as ourselves.

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But I think despite the differences, I think what did surprise me is because I expected that. But what did surprise me is that across the board, that underlying sense of dynamism through progressive and fast-developing economies across the region are all showing a very strong tendency towards innovation.

And they all view health care sector as playing a key part in this. And that makes it a fascinating time to be working in the region. You know, even more so considering what I talked about earlier that shift across many countries to a knowledge-based economy and to partnering more between countries also to make the region more attractive.

I think the discussions that we've started having in recent months with some of the public partners, this seems to be very much accelerated because of the pandemic situation. And so against that backdrop, we intensified collaborations with government authorities. I mentioned Algeria and I mentioned Saudi Arabia. But another example is South Africa, where we have a collaboration with the biotech consortium for the manufacture of vaccines, but we also trained health care professionals.

So that's a handful of examples from the region. But I think that dynamism that you very often see in emerging regions with the benefit of having established markets like the Gulf and Saudi in there, the potential of all the local talent, the increased willingness because I've been with a company for close to 25 years and the increased willingness, and I would call it almost the diversification of talent in the region, more young talent, more female talent, and a very bold and pioneering approach of these regional governments towards innovation in the health care sector makes it a very bright looking future for the region.

And I feel like I landed in exactly the right time having it be right smack in the middle of the pandemic because it's opened doors in discussions with these public stakeholders also to kick start some of these processes more rapidly.

Amjad Ahmad: For sure, I think the pandemic has been a catalyst for many positive changes. And it looks like the same thing is true for health care. I want to pull on that string about talent because that's a very critical area for the region. You've been recognized as really probably the best place for women to work in the region by Women in Leadership, Middle East and Africa Forum. Why do you think that is, what is it about Pfizer that made you sort of the most attractive place for women in the Middle East to work for?

Patrick van der Loo: Yes, so first of all, I think all of us are incredibly proud to be called most women-friendly employer. My boss is female, my boss's boss is female. We have a very much a 50:50 split globally. And I've been with this company, like I said, for well over 20 years. And all that time I've seen that at Pfizer all across the globe because I've basically now worked everywhere except Antarctica, we believe that the diversity of our staff should really reflect the diversity of our patients. And that makes us a more successful organization as a whole.

Diversity and inclusion as such, with diversity being more the metric and inclusion in the culture, their critical values to us and at AF-ME me, we're very much focused now on reducing the gender gap across all functional levels. So it's not just about a 50:50 split. It's about do you see this at all levels? And so for this region specifically to that, we continue to push forward. And for example, we launched last year what we call LAFTA, which is an aspiring female leader program to provide knowledge, experience and practical tools to accelerate the growth and development of the aspiring female talent in our region. And they get coaching, they get personal branding, training, which is something that's incredibly important because they very often underplay their skills.

They get experience in working with other female leaders in the organization, and also some practical tools to accelerate their growth and development of talent, with also an objective to within 12 to 24 months grow forward into the next level. Because we need to make sure we are actively working on improving the gender ratio across all functional levels. And we set ourselves very ambitious targets.

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I have six targets twice a year and one of those targets is aimed at inclusion and diversity.

So we get measured on this to make sure also that everybody follows through. But, obviously, it starts at bench strength across, AF-ME, as of the beginning of 2021 around three-quarters of our recruits were female and we have an overall ratio of 46% female. I just checked the numbers before we had this call because I see in your list also and you're young, you're aimed at female, you're aimed at public-private partnerships and entrepreneurship in the region.

So I make sure I had some facts ready. But it's 40% female. We have a mix of 45 nationalities in a workforce that's just shy of 2,000 colleagues. And on top of that, it's a very young colleague population because 40% of the colleagues that we have is under five years of service with the company. Doesn't mean that they leave very quickly. But we've hired a lot of new young talent in the region.

So we embrace that equity principle across the globe and across the region by acting with integrity and inclusively in the decisions that we make. So for example, in South Africa, we've been working very closely with the government on the BBBEE initiative, Broad-Based Black Economic

Empowerment Policy to make sure that we advance economic transformation and financial participation of black people in South Africa. We have DICO what we call Diversity and Inclusion Councils at both the regional and the market levels, and they are empowered both locally and regionally to advise management, to drive diversity, to drive a culture of inclusion at all organizational levels.

And so we actively encourage exchange of talent across geographic regions because that helps a lot of the female talent also experience different leaders in the organization. And I think, again, I'm lucky that I joined during the pandemic because I think related to the pandemic and the new work from home policies, which for us even moving forward post-pandemic fight has been clear 50:50 virtual and office-based for colleagues. Very quickly after the pandemic started, our CEO mentioned that. But that policy has also enabled us to look at new opportunities for developing talent more broadly across the regions. All leaders spent a lot of time on this.

I get requests from young and experienced female talent each week, both internally and externally through LinkedIn activity to have a discussion around career. And I always make sure to have a chat with them or to point them in the right leader in Pfizer to make sure that if someone wants to have a discussion around a medical career and Pfizer, I'm not the right person, but I will put them in touch with our regional medical lead. And this way we also get the ambitious and proactive young talent to join us and the way that we want. And I think that's a testament to those teams, policies and culture. Our offices, almost all of them have been recently recognized as top employers. When you look at best places to work and recognition by the Top Employers Institute, I can list off basically all the countries, and all of them are on this list. It is something that's not just in work, but it's something that we try to live really day to day from an inclusion perspective to develop the female and the young talent in our organization,

Amjad Ahmad: Patrick, I think it's really clear that it's embedded in the organization from everything you're saying, which I think is a great reason for your success. A lot of leaders I talk to regionally are able to attract female employees, but I think retention becomes an issue. And I think that has a lot to do with their policies internally that are not very women-friendly. Maybe, if you could talk to some of the leaders, what are some of the policies that you think are instrumental in allowing for retention of women employees at Pfizer?

Patrick van der Loo: Interesting. Also, one of our key female talents in the region actually started a cross-company initiative also to be focused more on diversity and inclusion with all the other multinational companies, we need to have a much broader discussion around this, to make sure we retain a lot of the female talent. Amjad, the situation is not unique to AF-ME. Questions are very often very similar.

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I think many employers don't really listen to what the colleagues have to say, whether they are female, whether they are young, whether they are maybe older colleagues in the organization. And that's how you lose talent and that's how you lose motivation in the organization.

We make sure that all of our colleagues need to have a proper individual development plan. And it's not just writing up your objectives every six months. Yes, we need to do that as well, but that's

different from an individual development plan. An individual development plan looks at you as Amjad as a colleague, what can you do to develop in your current role?

What is your ambition basically from a short term and long term perspective? What are the steps you are taking to get to that point? Do you need help to get to that point? Do we need to assign you a mentor in the organization? So all of those LAFTA colleagues, like we mentioned, they're getting coaching, they're getting training on personal branding. I think the personal branding element is probably one of the most important things because many of the female colleagues will not even speak up and brand themselves for a role or as many of the male colleagues.

I'm careful how I put it, but the opposite is true for female colleagues. So that personal branding is very important. Assign these people a mentor. And if you don't have enough senior female leaders in the organization, assign them a male leader that's really convinced that making sure that your company reflects the people that you sell your products to is very important. And for your key talent, also make sure they have a sponsor because a mentor is not a sponsor.

Sponsor is someone who really make sure that these people grow through in the organization. And every couple of years they make a step so that they can become senior leaders. And obviously, there's also policies with regards to work from home, child care and those types of things. But those are more of the standard things. I don't think that necessarily helps with career. That helps maybe with retention somewhat, but that keeps people at a level, and at some point, you will lose them anyway or they will become more disengaged. If you really want these female leaders to grow through in your organization it's around an individual development plan, coaching, helping them sell themselves, mentorship and sponsorship, those really are key elements that as an organization you need to have in place to make sure you get the most out of your potential female leaders in the organization.

Amjad Ahmad: And just more generally on talent, when you look at the Middle East, what do you think governments can do more of? I mean, are you comfortable with the talent pipeline or do you think more can be done specifically in your sector to increase the talent base in the region?

Patrick van der Loo: every country with education, there's a lot to be said what is good and what is bad. If you just look at normal standardized testing, my kids were very good at that because they went through the American system. So they know exactly how to do standardized tests and they can score like crazy on those. That doesn't mean that automatically they would be a very good employee for us.

I think what we are doing directly now in Algeria, through that B-Imtiyaz program that I mentioned, that actually is helping students while they are in university, they're much more focused on what is it that is required in order to set up a good biopharmaceutical industry? What is it that is required to make Algeria a biotech hub? And it's aimed at doing that in Algeria. It's not aimed at us picking the best talents and moving them to the U.S. or the U.K. to one of our sites there. It's really aimed at improving it at a local level. And I think that is something that's being now recognized because the Algerian authorities are talking about it to other key leaders in the African Union, for example, and people within the African Medicines Agency.

It's a program that's really now gotten a lot of traction and it's gotten a lot of attention as something that we need to think about more broadly if we want to have more manufacturing in the region, like you mentioned earlier, what will it take to get more factories? Well, it will take to get the right talent is there, but to get the talent prepared to do the right thing in the region. And I think these types of programs like this B-Imtiyaz program and these public-private partnerships that we're talking about. If we continue to drive clinical trials the way we are doing now in Saudi Arabia, that is an area we'll get a lot more attention in educational programs as well because we're employing a lot of people through that.

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So I think there's a combination of things that we can do to help as an industry, also to make sure we move that forward. And because we're not looking to do this on our own, obviously Pharm places are the association of pharmaceutical industry in the region plays a very important part in that.

Amjad Ahmad: I think you really hit the nail on the head. I mean, building local capacity is so critical for all of these visions to come to fruition in the long term. So it's critical that more programs like the one you mentioned get implemented at an early stage for young people to get involved. Patrick, my last question is going back to the Covid situation.

We're seeing variants pop up, of course, and thankfully, the vaccine has been effective. How do you see this playing out within the next 18 to 24 months? Because obviously, it's important for businesses in the region, given your visibility, what are you seeing around the world and what do you expect to see as you as this continues?

Patrick van der Loo: Yeah, I think all of us would have loved to have a crystal ball and be better aware of what is happening, new variants will pop up. And as long as if you look at sub-Saharan African markets, 1.5% of the population has been fully vaccinated. A handful of percentage points, I think we're at 6%, 7% now. Had at least one shot of the vaccine.

On the other side of the spectrum, you have the Gulf. If you look at the UAE, I think we're now at 78% of the population being fully vaccinated. But then they've also basically kept the country open to the point where you still see the delta pop up. I think making sure we get to that high level of vaccination across all countries is something that will be required. But I think we have to keep in mind that nobody had made or thought about a covid-19 vaccine until this pandemic. We got it to market in 9 months.

The highest number of vaccines we ever produced as a company prior to the pandemic per year was around 250 million. And you know how big the world's population is. We initially said we'll manufacture one billion doses this year. Then that became two billion. And now we're saying this year it will be 2.93 to 3.0 billion. Next year it will be four billion in the scale-up. That's a 40 fold shift to ramping up and Moderna is doing the same thing, and the other many manufacturers through their own ways, are doing the same thing, we need to ramp up capacity and we need to do that in the most efficient manner.

And we need to make sure that the access programs like we've now set up with the U.S. government and with other partners where this year we're committing a billion of those doses to low-income

countries. Next year we're committing another billion doses already to those low-income countries. And we need to make sure that we increase the vaccination level in those countries where we're currently low because that will also help with the spread of new variants.

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Amjad Ahmad: Well, with that, thank you, Patrick, for a really great discussion, I think we covered a broad base and wanted to wish you much more success in the region.

Patrick van der Loo: Look forward to hearing more from the Empower Me conversations as well, and thank you again for having me here. Time flew by.

Amjad Ahmad: Great. That makes for a good conversation. Thank you so much.

Patrick van der Loo: Absolutely. Thank you, Amjad.

Amjad Ahmad: Take care. Have a wonderful day.

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