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### **3. The Evolving Strategic Role of Medical Affairs in the Middle East: An Analysis of Pharmaceutical Industry Professionals' Perceptions in the UAE and KSA**

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#### **Abstract**

The Medical Affairs Function (MAF) has evolved from a tactical support role into a strategic pillar within the global pharmaceutical industry. However, there is limited empirical data on its perceived role and value within the Middle East, a rapidly growing and dynamic region. This study aims to address this gap by analyzing the perceptions of pharmaceutical industry professionals in the United Arab Emirates (UAE) and the Kingdom of Saudi Arabia (KSA). To investigate how pharmaceutical industry professionals across different functions, management levels, and company types perceive the role of MAF in achieving business objectives and managing the pharmaceutical product lifecycle (PLC). A quantitative, cross-sectional online survey was conducted with 74 pharmaceutical industry professionals with experience in the UAE and/or KSA markets. The survey collected data on demographics, MAF operational parameters, and perceptions of MAF's role and impact across the PLC. Data were analyzed using descriptive statistics, thematic analysis of open-ended questions, and non-parametric inferential statistics (Kruskal-Wallis test with post-hoc comparisons). The study received ethical approval and adhered to strict confidentiality

and informed consent protocols. Significant differences were found in the perception of MAF's role across functional groups, particularly during the Launch ( $\chi^2=8.27$ ,  $p=0.01$ ) and Post-Launch ( $\chi^2=6.74$ ,  $p=0.03$ ) stages of the PLC. MAF professionals reported a significantly higher understanding of their own role compared to their sales counterparts ( $W=-5.74$ ,  $p<0.001$ ). A strong industry-wide consensus (96%) affirmed that an active local MAF contributes to more successful product launches. Thematic analysis revealed three core themes regarding MAF's expected contributions: strategic stakeholder management, digital leadership, and enhanced cross-functional collaboration. This study confirms MAF's recognition by the industry professionals in the UAE and KSA markets as a critical strategic partner, essential for successful product lifecycle management and achieving patient-centric business objectives. However, a perception gap persists across different internal functions, highlighting the need for MAF's leaders to articulate its value proposition more effectively. To maximize its impact, MAF must continue to build its strategic capabilities, embrace digital innovation, and foster deeper cross-functional leadership.

**Keywords:** *Medical Affairs, Pharmaceutical Industry, Pharmaceutical Product Launch, MSLS, Medical Directors.*

### 3.1 Introduction

The Medical Affairs Function (MAF) within the pharmaceutical industry has undergone a profound evolution over the past several decades. Initially established as a support function focused on medical information and compliance (Werling et al., 2011), MAF has progressively transformed into a strategic partner and, in many organizations, a strategic leader (Zdon et al., 2024). This transformation is driven by an increasingly complex healthcare ecosystem, characterized by the rise of specialized and precision medicines (Ashley, 2016; Faulkner et al., 2020; Kosorok & Laber, 2019), a higher burden of evidence required by payers and regulators, and a greater focus on patient-centricity and corporate reputation (Evers et al., 2019). As a result, MAF is now widely considered the “third pillar” of the pharmaceutical organization, standing alongside Commercial and R&D, bridging the gap between scientific innovation and clinical practice (Mckinsey, 2025).

Recent analyses, such as the ZS Medical Affairs Outlook Report 2025, indicate that the industry continues to prioritize investment in field medical teams and digital engagement platforms to meet diverse stakeholder expectations and demonstrate tangible value to patients. The overarching vision is for MAF to become a business unit devoted to improving patient outcomes, requiring leaders to adopt an enterprise-level mindset and enhance cross-functional collaboration (Algazy et al., 2023).

Despite this global trend, a significant gap exists in the academic and business literature concerning the role and perception of MAF within the Middle East, particularly in the strategic markets of the United Arab Emirates (UAE) and the Kingdom of Saudi Arabia (KSA). These markets are characterized by rapid healthcare system development, increasing investment in healthcare, and unique regulatory and cultural dynamics (Al-Aqeel, 2018; Al-Omar et al., 2020; Pacek, 2023; Rathore & Bhargava, 2021; Tawfik et al., 2022). While the strategic importance of MAF is

anecdotally acknowledged, there is a scarcity of empirical data quantifying how it is perceived by professionals working within this specific regional context. A persistent challenge, noted globally but particularly relevant in emerging markets, is the difficulty MAF faces in articulating its value proposition to internal stakeholders, especially when compared to functions with more direct commercial metrics (Zdon et al., 2024).

This study seeks to address this knowledge gap. The objective of this paper is to present and analyze the perceptions of a broad cohort of pharmaceutical industry professionals (referred to here as H1 Cohort) regarding the role, value, and operational dynamics of MAF in the UAE and KSA. By examining views across different functions (e.g., Medical, Sales, Marketing), management levels, and company types, this research aims to provide an evidence-based understanding of MAF's current standing and future potential in these key Middle Eastern markets.

## **3.2 Methods**

### *3.2.1 Study Design*

This study utilized a quantitative, cross-sectional design, employing a structured online survey. It was conducted as part of a larger doctoral research project at the Swiss Business School (SBS), which adopted a mixed-methods case study approach to investigate the MAF in the UAE and KSA. This paper focuses exclusively on the findings from the first quantitative cohort (named H1 cohort) of industry professionals.

### *3.2.2 Participants and Eligibility*

A purposive sampling technique was used to recruit participants. The target population (H1 cohort) consisted of pharmaceutical industry professionals with at least three years of experience in a customer-facing commercial (Sales, Marketing, Market Access) or medical affairs role within the UAE and/or KSA markets. Participants were also required to hold a university degree in life or health-related sciences. A total of 113 participants were screened, of whom 100 started the survey. Of these, 74 participants provided complete responses and were included in the final analysis (see Figure 1).

### *3.2.3 Data Collection*

Participants were invited through professional networks via LinkedIn (LinkedIn, n.d.), WhatsApp (Meta, n.d.), and direct emails. Data were collected between August and November 2024 via an anonymous online questionnaire administered using the SurveyMonkey® platform (SurveyMonkey, 2024). The questionnaire was developed based on a critical literature review and consisted of sections covering: (1) Demographics and professional background, (2) Perceptions of MAF structure and operational parameters (e.g., Medical Science Liaison (MSL) field time, Key Opinion Leader (KOL) coverage), (3) The role of MAF across the product lifecycle, (4) Agreement with statements regarding MAF's impact on business outcomes, and (5) Open-ended questions on the future of MAF.

### *3.2.4 Data Analysis*

The quantitative data were analyzed using both descriptive and inferential statistical techniques. Descriptive statistics (frequencies, percentages, medians) were used to summarize participant characteristics and response patterns. Due to the ordinal nature of the Likert-scale data and non-parametric distribution, the Kruskal-Wallis test was employed for comparing three or more independent groups (e.g., functional roles) (Kruskal & Wallis, 1952). Where significant differences were found, post-hoc pairwise comparisons were conducted using the Dwass-Steel-Critchlow-Fligner (DSCF) test (Critchlow et al., 1991). All statistical analyses were conducted using Jamovi® (version 2.3.21.0) (Jamovi, 2024).

Open-ended qualitative responses from the survey were analyzed using thematic analysis. Textual data were compiled and processed using IRaMuTeQ® software (version 0.8 alpha 7) (Ratinaud, 2008) to perform classic lexicographical analysis, Descending Hierarchical Analysis (DHA) for clustering (Reinert, 1990), and similarity analysis to identify key themes and semantic networks (Marchand & Ratinaud, 2011).

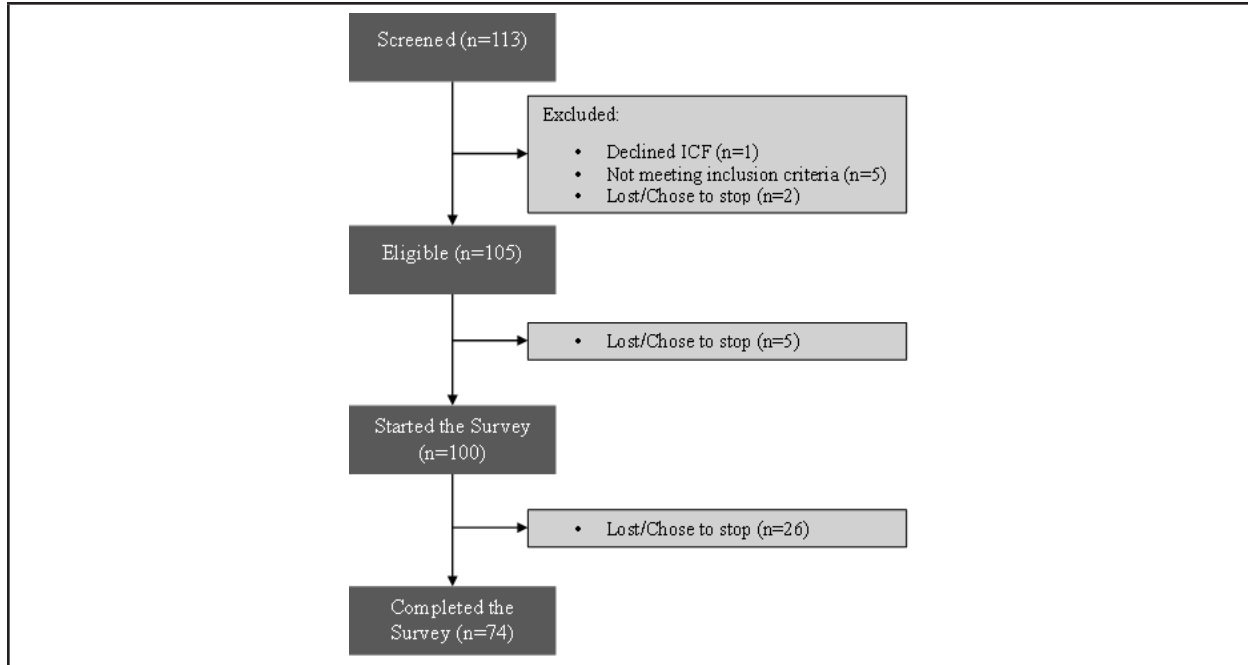
### *3.2.5 Ethical Considerations*

The research protocol received ethical approval from the supervising faculty at Swiss Business School (SBS). All participants were provided with a detailed informed consent form outlining the study's purpose, the voluntary nature of participation, and the robust measures in place to ensure anonymity and data confidentiality. Consent was obtained from all participants before they could proceed to the survey. All data were stored securely, and analysis was performed on an anonymized dataset.

## **3.3. Results**

### *3.3.1 Participant Demographics*

The study successfully recruited 74 industry professionals. The recruitment and screening process is detailed in the study flow chart (see **Figure 1**).



**Figure 1. Study Flow Chart**

The demographic characteristics of the cohort are summarized in **Table 1** below. The participants who initiated the survey were highly experienced, with 92% having over 8 years of industry experience. The majority were pharmacists (82%) and had experience in the KSA market (96%). The cohort was functionally diverse, with the largest group from Medical Affairs (48%), followed by Sales (24%) and Marketing (14%).

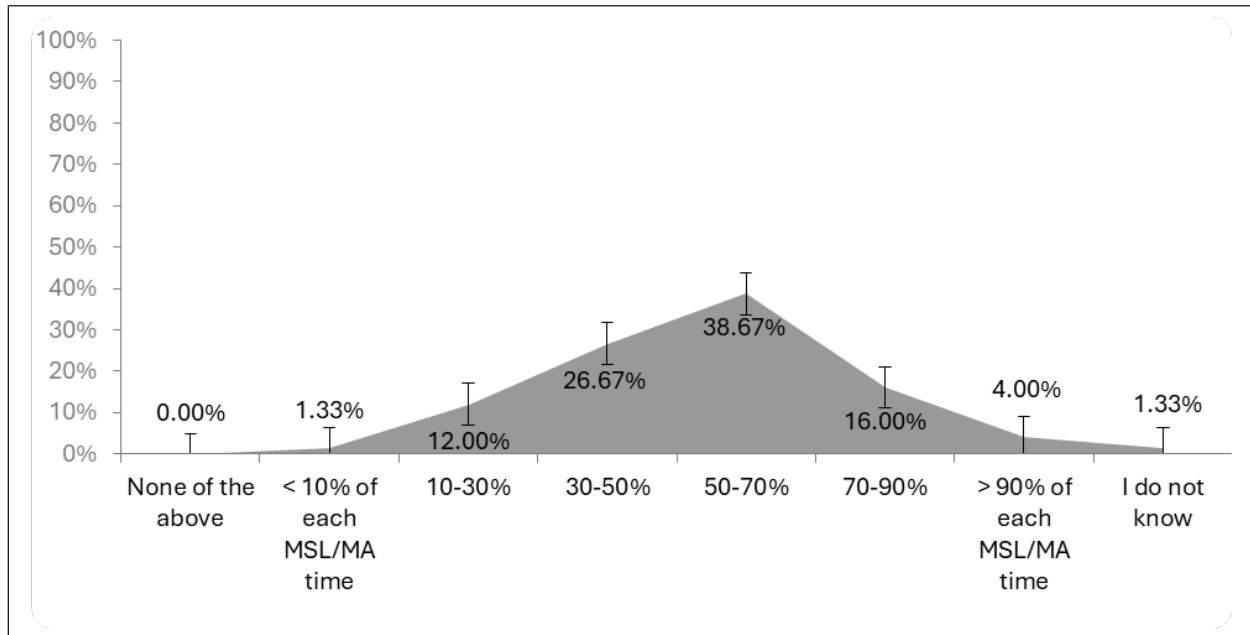
**Table 1. Demographic Characteristics of Participants**

<b>Table 1. Demographic Characteristics of Participants</b>		
	Total Participants	<b>100 (100%)</b>
Qualification(s)	Medical Doctor/Physician	14 (14%)
	Pharmacist	82 (82%)
	Veterinary Medicine	1 (1%)
	Other Life Science degree	3 (4%)
Total Years of Experience in the Industry	< 4 years	4 (4%)
	4-8 years	4 (4%)
	8-12 years	15 (15%)
	>12 years	77 (77%)
Years of Experience in KSA	< 4 years	12 (12%)
	4-8 years	21 (21%)
	8-12 years	24 (24%)
	>12 years	39 (39%)
	I do not have experience in the KSA market	4 (4%)
Years of Experience in UAE	< 4 years	26 (26%)
	4-8 years	21 (21%)
	8-12 years	11 (11%)
	>12 years	6 (6%)
	I do not have experience in the UAE market	36 (36%)
Current Position/Title	Medical/Sales Representative	6 (6%)
	Sales Manager/Supervisor	7 (7%)
	Sales Director/Lead	1 (1%)
	Key Account Manager (KAM)	2 (2%)
	Market Access Manager	2 (2%)
	Market Access Director/Lead	3 (3%)
	Product Manager/Marketing Manager	10 (10%)
	Marketing Director/Lead	2 (2%)
	General Manager/Managing Director	6 (6%)
	Business Unit Director (BUD)	5 (5%)
	Medical Science Liaison (MSL) or Medical Advisor (MA)	11 (11%)
	Medical Manager or Associate Director Medical Affairs	26 (26%)
	Country or Regional Medical Director	10 (10%)
	Other	9 (9%)

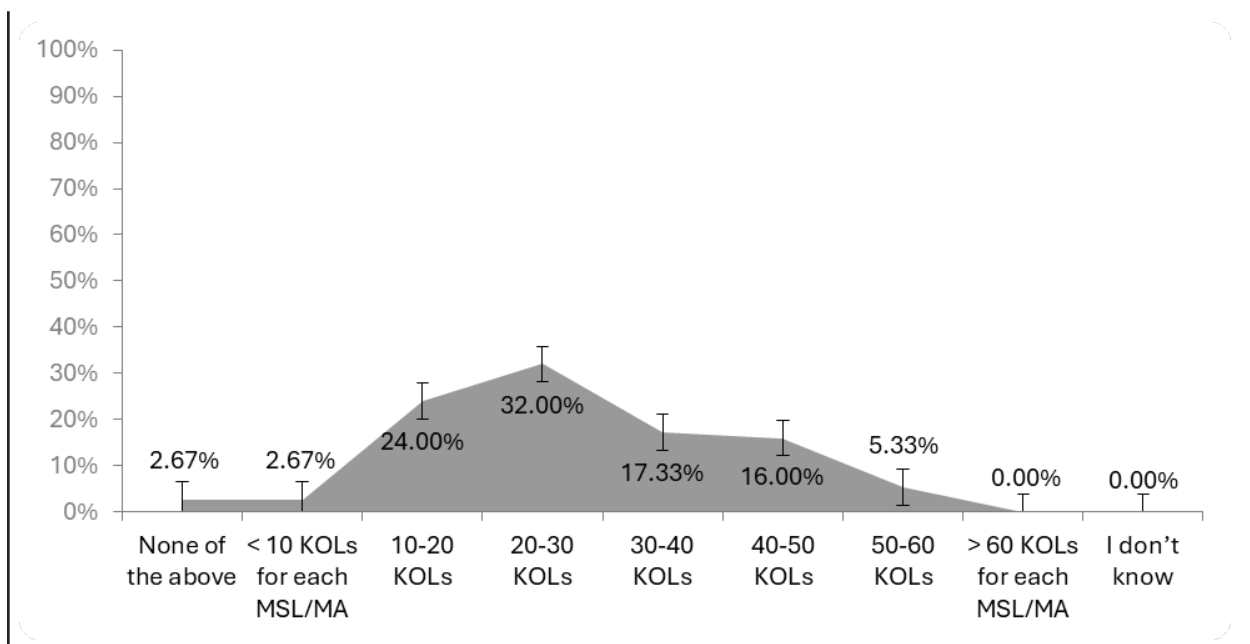
Function	General Management	2 (2%)
	Legal	1 (1%)
	Market Access	6 (6%)
	Marketing	14 (14%)
	Medical Affairs	48 (48%)
	Regulatory	2 (2%)
	Sales	24 (24%)
	Other	3 (3%)
Company Nationality	American	38 (38%)
	Australian	1 (1%)
	Egyptian	1 (1%)
	Emirati	3 (3%)
	European	28 (28%)
	Japanese	7 (7%)
	Jordanian	1 (1%)
	Saudi	14 (14%)
	Prefer not to disclose	7 (7%)
Experience with MAF	Yes	94 (94%)
	Local MAF	35 (37.2%)
	Regional MAF	34 (36.2%)
	Global MAF	21 (22.3%)
	All	4 (4.3%)
	No	6 (6%)
Launch Product Experience	No	7 (7%)
	Yes	93 (93%)
	Therapeutic area respondents:	52 (56%)
	Achondroplasia	1 (1.9%)
	Cardiology	5 (9.3%)
	Diabetes	7 (13%)
	Hematology	8 (14.8%)
	Hepatitis B	1 (1.9%)
	HIV	1 (1.9%)
	Immunology	6 (11.1%)
	Infectious Diseases	2 (3.7%)
	Men Health	2 (3.7%)
	Neurology	4 (7.4%)
	Oncology	10 (18.5%)
	Osteoporosis	1 (1.9%)
	Pain	1 (1.9%)
	Rare Diseases	2 (3.7%)
	Respiratory	1 (1.9%)
Prefer not to disclose / Skipped	41 (44%)	

### 3.3.2 Descriptive Findings on MAF Operations and Perceptions

Participants provided insights into the expected operational parameters and skills for MAF. For Medical Science Liaisons (MSLs), the majority (81%) recommended a field time of between 30% and 70%, with a median recommendation falling in the 50-70% bracket (see **Figure 2**). The median recommended number of Key Opinion Leaders (KOLs) per MSL was 20-30 (see **Figure 3**).

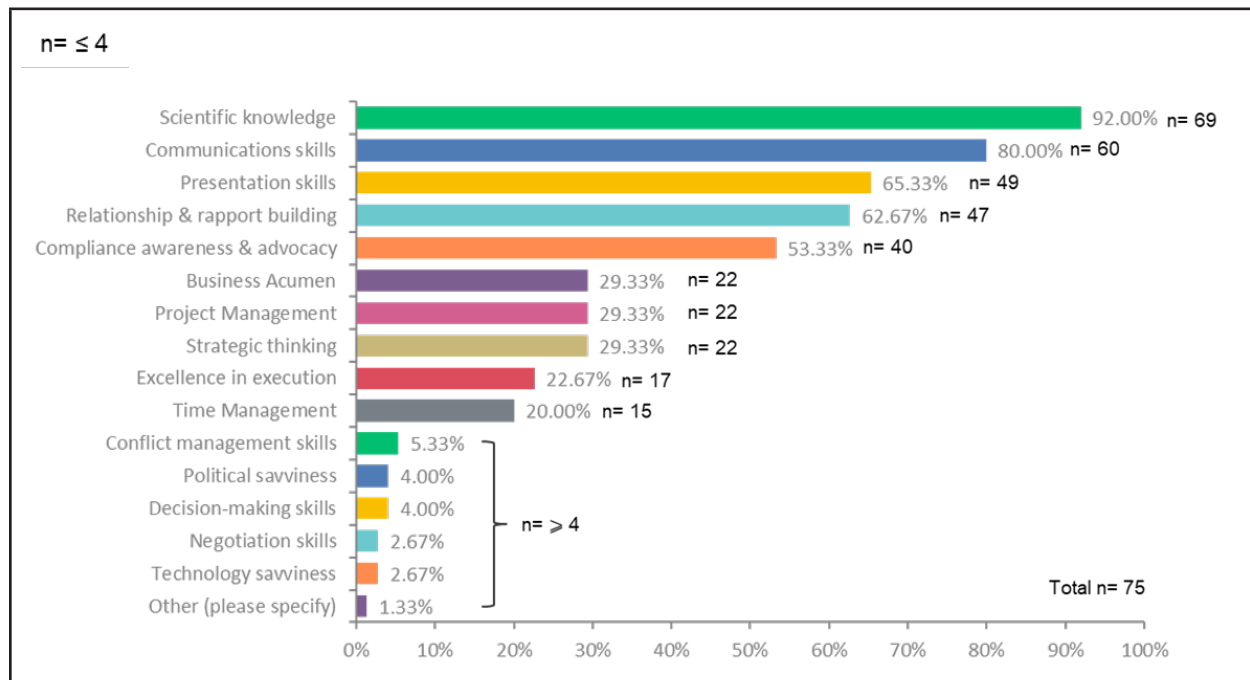


**Figure 2. Proposed Field Time for MSLs in the UAE & KSA Markets**

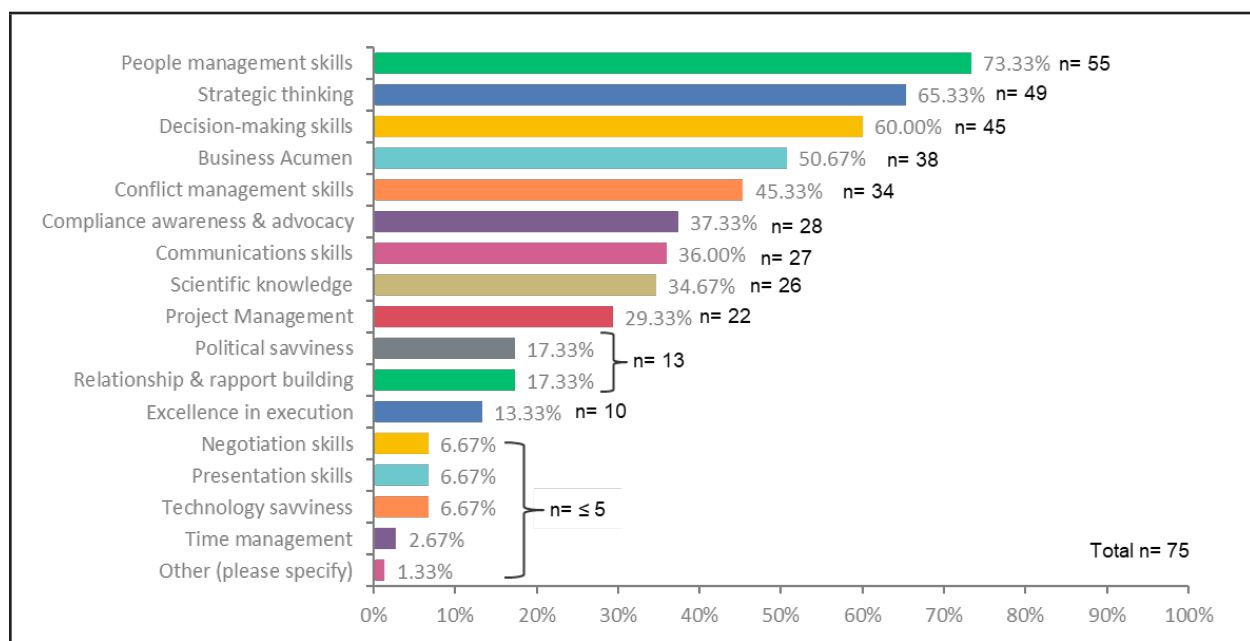


**Figure 3. Proposed no. of KOLs per MSL in the UAE & KSA Markets**

Regarding essential skills, **Scientific Knowledge** (92%) and **Communication Skills** (80%) were rated as the top skills needed for field-based MSLs and Medical Advisors (MAs) (see **Figure 4**). For office-based Medical Managers/Directors, the focus shifted to **People Management** (73%), **Strategic Thinking** (65%), **Decision Making** (60%), and **Business Acumen** (51%) (see **Figure 5**).



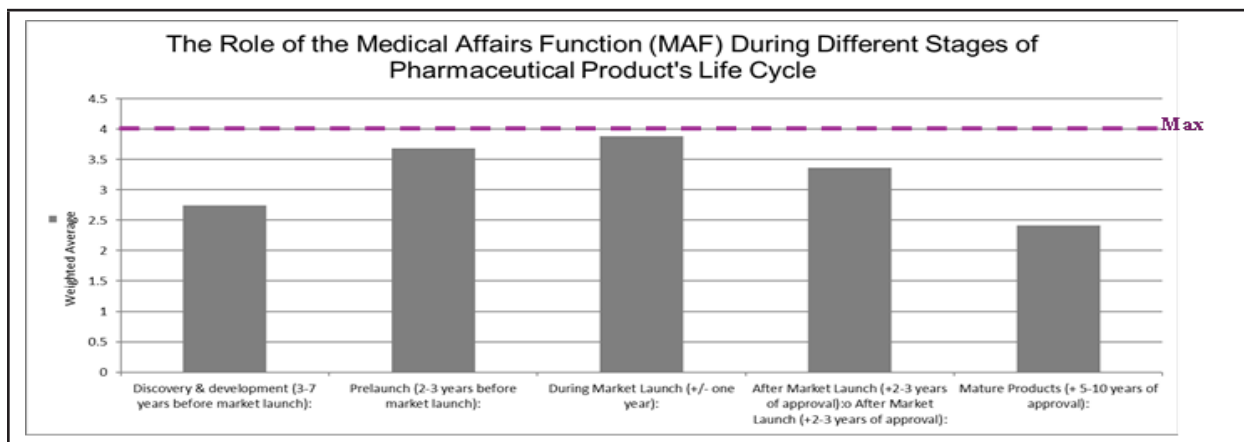
**Figure 4. Top Skills Needed for MSLs and Medical Advisors (MAs) within the UAE & KSA Markets**



**Figure 5. Top Skills Needed for Medical Managers (MMs) and Medical Directors (MDs) within the UAE & KSA Markets**

There was a strong consensus on the value of MAF. A vast majority of participants (96%) agreed or strongly agreed with the statement: “*Pharmaceutical companies that have an active local medical affairs team are more successful in launching innovative pharmaceutical products.*” Similarly, 92% agreed or strongly agreed that MAF plays a significant role in helping other functions achieve their business objectives.

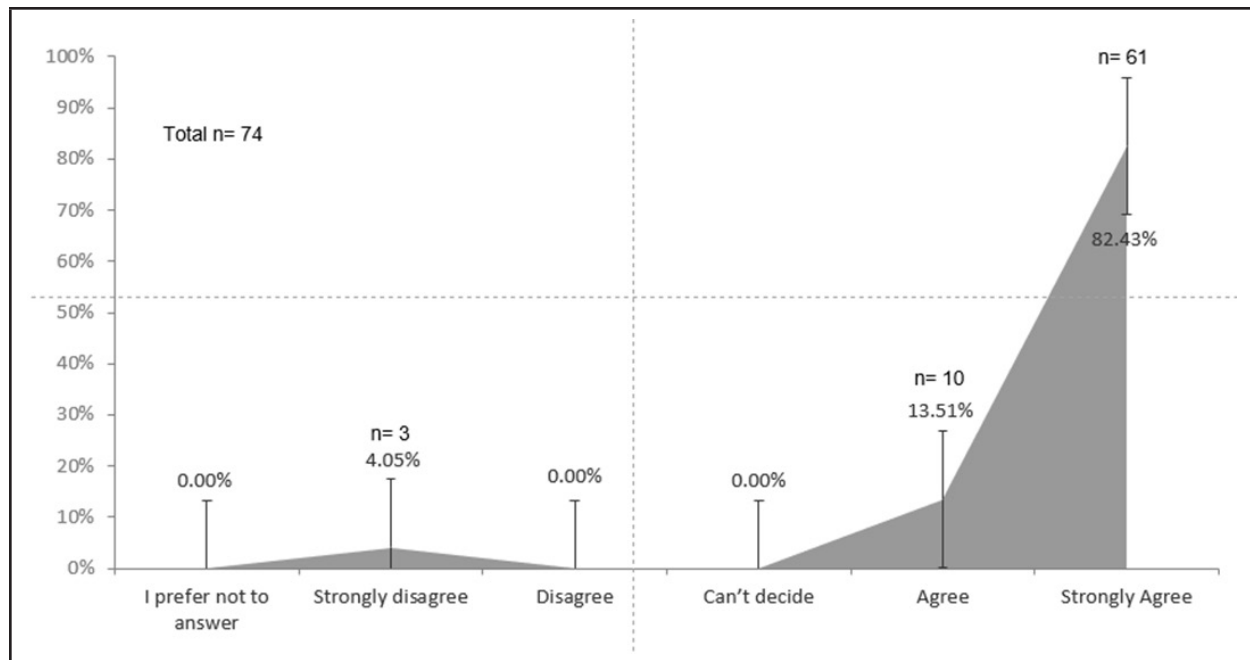
The role of MAF was considered to be above moderate to being significant and important during the pre-launch, market launch, and post-launch phases of the pharmaceutical products (see **Figure 6**). It is worth mentioning that in other stages of pharmaceutical product launch, the MAF role remained recognized but to a relatively lesser extent.



**Figure 6. The Role of MAF During Different Stages of The Pharmaceutical Product’s Life Cycle Measured by The Weighted Average of Ranks**

Note. Ranks were defined as follows: 1= No role at all, 2= Minimal role, 3= Moderate Role, 4= Significant & important role.

The ability of pharmaceutical companies to launch innovative medicines is seen as more likely to succeed when they have an active local MAF team, according to 96% of participants who voted agree (13.51%) or strongly agree (82.4%) to the survey (see **Figure 7**).



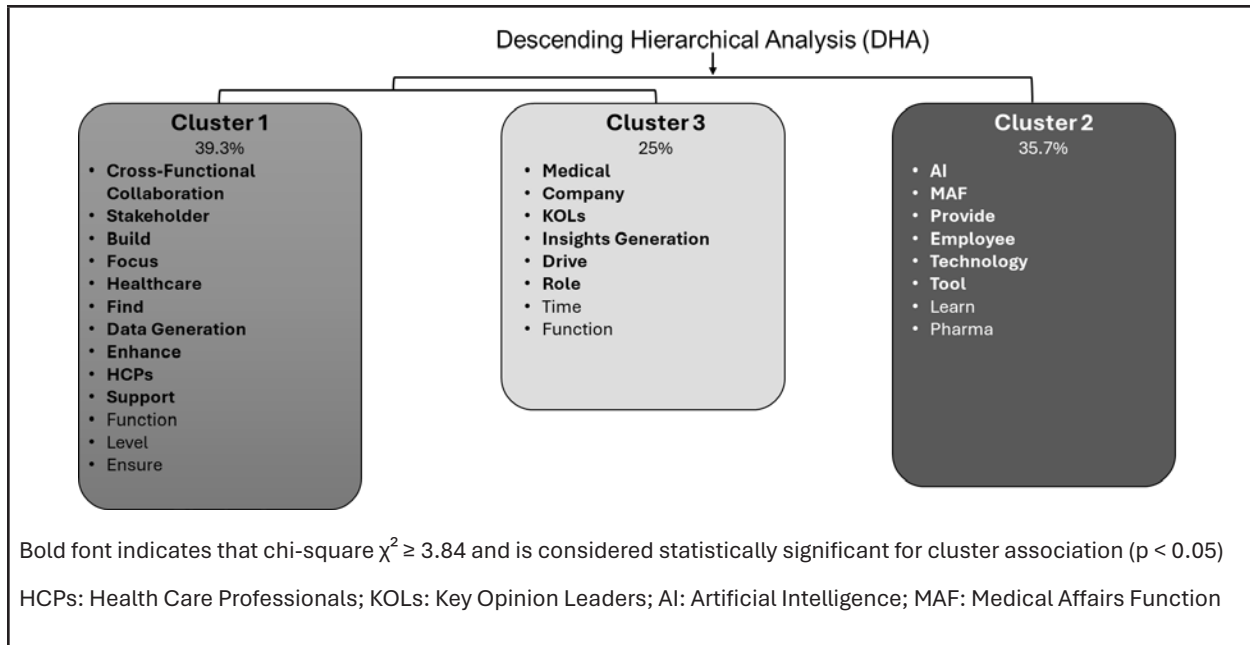
**Figure 7. Participants' self-rating for The Question "To What Extent Do You Agree with the Following Statement: "Pharmaceutical Companies that Have Active Local Medical Affairs Team, Are More Successful in Launching Innovative Pharmaceutical Products?"**

### 3.3.3 Thematic Analysis of MAF's Future Role

Thematic analysis of open-ended responses by Descending Hierarchical Analysis (DHA) technique revealed three primary themes, also known as clusters (see **Figure 8**), regarding the industry's expectations for MAF:

- 1. Internal & External Stakeholder Management:** Participants emphasized MAF's role in building robust relationships with both external stakeholders (HCPs, KOLs) and internal cross-functional partners.
- 2. Digital Leadership and Adoption:** There was a clear expectation for MAF to lead the adoption and utilization of digital tools and Artificial Intelligence (AI) to enhance scientific communication and insight generation.
- 3. Cross-Functional Collaboration & Leadership:** MAF is expected to move beyond simple collaboration to actively drive and lead cross-functional strategic initiatives, linking medical insights to broader company objectives.

Themes (clusters) one and three in the analysis revealed interconnection and dependence, while theme two appeared independent and separated.



**Figure 8. Descending Hierarchical Analysis (DHA) Dendrogram Reveals Three Clusters (Themes)**

Based on graph theory principles (Marchand & Ratinaud, 2011) reposant sur la théorie des graphes, classiquement utilisée pour décrire des représentations sociales, sur la base de questionnaires d'enquête. Nous avons intégré au logiciel Iramuteq (P. Ratinaud, similarity analysis could identify word co-occurrences and network structures within a text corpus. This analysis technique reveals how concepts are clustered and interconnected, providing insights into the conceptual frameworks underlying respondents' perspectives.

It could be interpreted as follows:

- Nodes (words): Represent key terms from the survey responses.
- Edges (lines): Indicate a strong semantic or contextual relationship between terms. The shorter or bolder the edge, the stronger the similarity.

Three top strategic implications could be drawn from the similarity analysis (see [Figure 9](#)):

**1. Medical Affairs Function (Central Node):**

Medical Affairs is viewed as the hub of multiple strategic axes: insights, data generation, collaboration, and product optimization. Patient and healthcare professional (HCP) centrality are foundational drivers of focus.

Data generation and Real-World Evidence (RWE) are not ancillary activities but are core to the MAF strategy.

**2. Technology & RWE Integration (Central Node):**

Strong linkage of MAF to data, research, and digital, highlighting the digital transformation trend in modern practices. Technology is emerging as an enabler of better understanding, engagement, and insight capture.

### 3. Cross-Functional Role (Central Node):

Terms such as collaboration, stakeholder, and team highlight the evolving, interdisciplinary, and cross-functional aspects of Medical Affairs, which serves as a strategic partner that connects insights, product strategy, and stakeholder education. The modern MAF is built on a foundation of collaboration and continuous improvement.

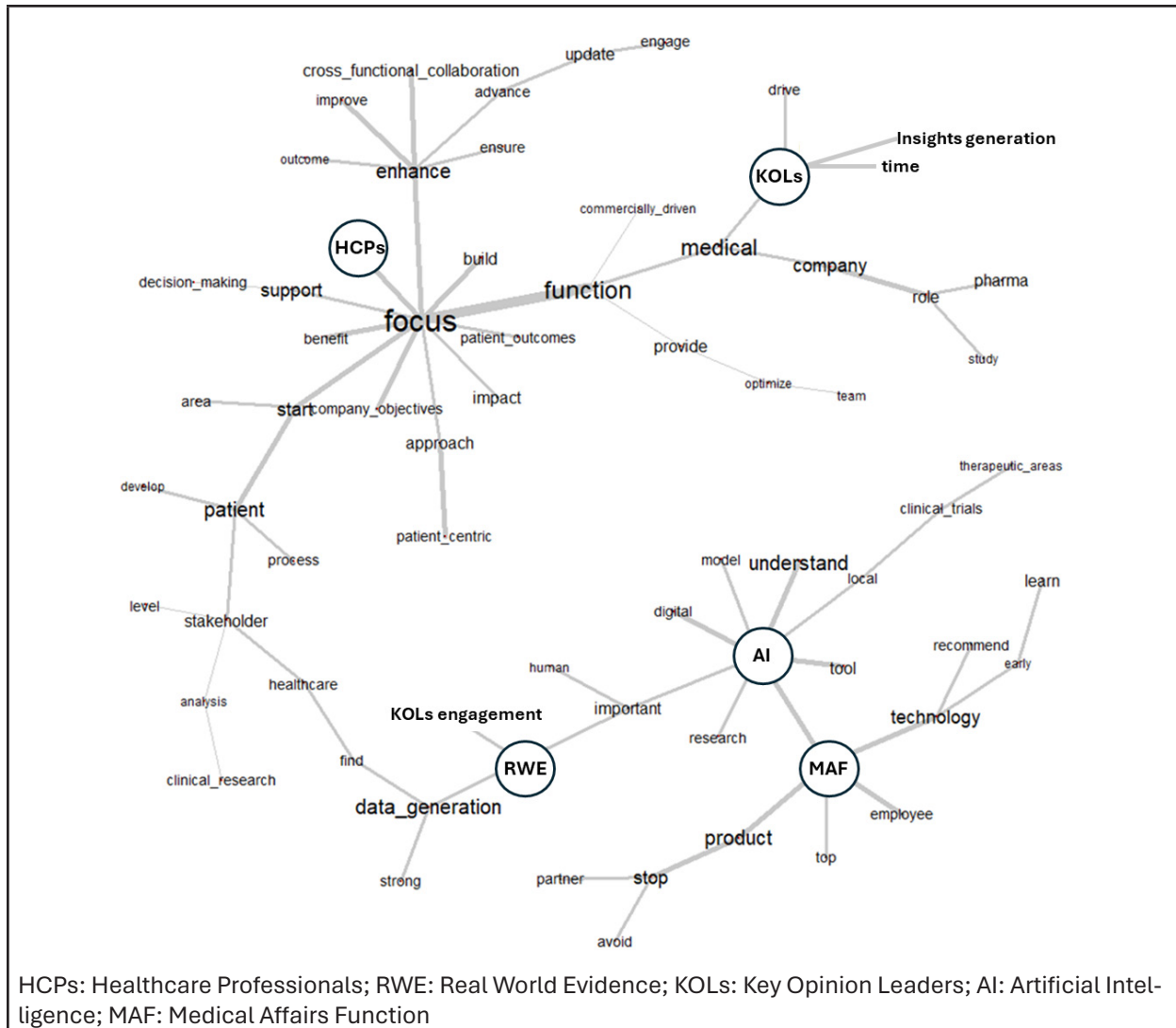


Figure 9. Similarity Analysis

#### 3.3.4 Differences in Perceptions of MAF's Role

The Kruskal-Wallis test (see Table 2) revealed statistically significant differences in how MAF's role is perceived across different functional groups (Medical vs. Sales vs. Others) at various stages of the product lifecycle (PLC).

- Launch Stage:** A significant difference was observed ( $\chi^2=8.27$ ,  $p=0.01$ ). Dwass-Steel-Critchlow-Fligner (DSCF) pairwise comparisons post-hoc test (see Table 3a) indicated that MAF professionals perceived their role during launch as more significant compared to

professionals in other non-sales/non-medical functions ( $W=-3.7$ ,  $p=0.02$ ).

- **Post-Launch Stage:** A significant difference was also found ( $\chi^2=6.74$ ,  $p=0.03$ ). Here, see **Table 3b**) Dwass-Steel-Critchlow-Fligner (DSCF) post-hoc test showed that the Sales function perceived MAF's role as more significant compared to other non-sales/non-medical functions ( $W=3.73$ ,  $p=0.02$ ).

**Table 2. Industry Functional Groups' Perception of MAF Role During PLC Stages**

	$\chi^2$	df	p	$\epsilon^2$
MAF role in Discovery & Development (RANKED)	2.54	2	0.281	0.0373
MAF role in Pre-Launch (RANKED)	4.75	2	0.093	0.0651
MAF role during Launch (RANKED)	8.27	2	0.016	0.1118
MAF role Post-Launch (RANKED)	6.74	2	0.034	0.0910
MAF role Maturity (RANKED)	2.49	2	0.287	0.0337

**Table 3. Dwass-Steel-Critchlow-Fligner (DSCF) Pairwise Comparisons Post-hoc Test for Functional Groups' Perceptions on MAF Role during PLC stages**

a) Dwass-Steel-Critchlow-Fligner (DSCF) Pairwise Comparisons Post-hoc Test During Launch

		W	p
Medical Affairs	Others	-3.704	0.024
Medical Affairs	Sales	-0.233	0.985
Others	Sales	2.495	0.182

b) Dwass-Steel-Critchlow-Fligner (DSCF) Pairwise Comparisons Post-hoc Test During Post-Launch

		W	p
Medical Affairs	Others	-1.13	0.704
Medical Affairs	Sales	2.83	0.112
Others	Sales	3.73	0.023

**Table 4a** shows a significant difference that was also found in the self-rated understanding of the MAF role across industry functions ( $\chi^2=17.8$ ,  $p<0.001$ ). As expected, MAF professionals reported a significantly higher level of self-rated understanding of their role within the pharmaceutical industry compared to both Sales ( $W=-5.74$ ,  $p<0.001$ ) and other functions ( $W=-4.36$ ,  $p=0.006$ ) (see **Table 4b**).

**Table 4. Kruskal-Wallis Test by Functional Role and Dwass-Steel-Critchlow-Fligner (DSCF) Pairwise Comparisons Post-hoc Test for Functional Roles' Perceptions on Understanding of the MAF Role**

a) By Functional Role				
	$\chi^2$	df	p	$\epsilon^2$
<b>Understanding MAF role (RANKED)</b>	17.8	2	<.001	0.244

b) Dwass-Steel-Critchlow-Fligner (DSCF) Pairwise Comparisons Post-hoc Test for Functional Role Groups			
		W	p
<b>Medical Affairs</b>	<b>Others</b>	-4.36	0.006
<b>Medical Affairs</b>	<b>Sales</b>	-5.74	<.001
<b>Others</b>	<b>Sales</b>	-1.89	0.375

### 3.4. Discussion

This study provides the first empirical analysis of how pharmaceutical industry professionals in the UAE and KSA markets perceive the Medical Affairs Function (MAF). The findings confirm that MAF is viewed as a strategically vital component of the pharmaceutical industry's business, but its true value lies in the questions it raises about the function's past and future. The results paint a picture of the MAF at a pivotal crossroads: recognized for its importance yet still grappling with the legacy of its past and the full scope of its future potential. The persistent perception gap between MAF and other internal functions is not merely a communication issue; it is a strategic liability that underscores the ongoing need for MAF to evolve and communicate its value more effectively to various internal stakeholders.

This internal perception gap presents a more complex picture than some expert opinions in the literature might suggest (Evers et al., 2019; McKinsey, 2025), (Lee et al., 2023; Setia et al., 2018). It is essential to note that the majority of these papers are based on experts' opinions and do not rely on systematically collecting and analyzing primary data, nor do they specifically cover the geographical area of the Middle East. However, the findings on the strategic importance and the changing industry landscape align with those of others who have observed a growing interest in the role of the MAF within the context of modern pharmaceutical companies (Bedenkova et al., 2020; Jain, 2017; Sieffert et al., 2018).

The present state of medical affairs, where MAF's value is not universally understood internally, misses critical opportunities for strategic functional synergy. This gap is a historical hangover from an era when MAF was a siloed, reactive gatekeeper of compliance and scientific information. To transition fully from its past role as a tactical support function to its future as a strategic leader, this gap must be closed. The inadequacy of the present state perhaps lies in a focus on immediate over long-term impact. The future demands a paradigm shift where MAF moves from being recognized only as the custodian of scientific data to being the catalyst for scientific strategy

and partnerships with external healthcare stakeholders. Reporting the number of KOL meetings is a relic of the past; the future lies in demonstrating how those meetings shifted clinical understanding, improved patients' lives, or informed a critical business decision.

The skill sets identified by industry professionals map out the toolkit for this future MAF professional. For field-based MAF roles (e.g., Medical Science Liaisons; MSLS, and Medical Advisors; MAs), the emphasis on communication and scientific knowledge is foundational. For office-based MAF roles (e.g., Medical Managers; MMs, and Medical Directors; MDs), the pivot to people management, strategic thinking, and cross-functional leadership is profound.

This study gives practical recommendations on operational key performance indicators (KPIs) that would help the pharmaceutical industry leaders within the Middle East region to shape the proper resources and expectations for MSLS by recommending an average of 20-30 key opinion leaders (KOLs) per each MSLS, industry professionals expect MSLS to spend the majority of their time in the field to cover the target KOLs list.

This finding underscores the need for MAF leaders to identify and prioritize top-tier KOLs in the market accurately. Since MSLS cannot cover all HCPs within a specific therapeutic area or market, MAF leaders should carefully tailor the tiering criteria for KOLs based on factors such as therapeutic area, product lifecycle, geographical reach, available MSLS, and competitive landscape. This ensures that MAF teams are adequately resourced to meet their scientific goals. It represents a move away from the 'share of voice' model of the past towards a 'share of insight' model for the future, where deep, trust-based partnerships yield far greater strategic value than broad, superficial coverage of key external stakeholders.

### *3.4.1. Implications for the Pharmaceutical Industry*

The strong consensus on MAF's positive impact on product launches and business objectives provides a clear mandate for the pharmaceutical industry senior management to continue investing in and strategically integrating the medical affairs function. For non-medical affairs professionals, the results - particularly the sales function's high valuation of MAF's role post-launch - suggest a growing recognition of the need for a collaborative "3Ms" model (Medical, Marketing, and Market Access) to properly manage the pharmaceutical products' life cycle. This is a clear desire from the commercial front lines for a scientific partnership that is deeply integrated, not just adjacent. The opportunity being missed is the failure to hardwire this collaboration into the strategic fabric of the organization from the earliest stages of development, rather than relying on previous unvalidated assumptions that MAF's role is only important in the short period prior to a commercial pharmaceutical product's launch and is not needed beyond that stage.

Commercial teams should view MAF not as a compliance hurdle (Werling et al., 2011) but as a strategic partner that provides the long-term scientific foundation necessary for credible healthcare professionals (HCPs) and other stakeholders engagement and the long-term pharmaceutical brand success.

For medical affairs professionals and leaders, the findings are a call to action. The internal perception gap, evidenced by the differing views on MAF's role and the lower self-rated understanding by non-MAF colleagues, indicates that the value of MAF is not being communicated with sufficient clarity or impact within the industry teams. The burden of proof lies with MAF.

MAF leaders must champion the move beyond reporting on MAF activities to demonstrating strategic outcomes and meaningful insights that can inform and lead business decisions. This involves developing robust metrics that link MAF initiatives to broader business goals and patient outcomes, a challenge noted globally in the scientific literature (Zdon et al., 2024). It's about answering the “so what?” for the business: what did the advisory board reveal that changed our launch strategy? How did the generated RWE data unlock market access? This is the language of value, and MAF must become fluent in it.

### *3.4.2 Recommendations for Practice*

Based on the findings, the following recommendations are proposed:

1. **Foster Deeper Cross-Functional Integration:** Implement structured collaboration models, such as integrated brand planning teams and joint strategic workshops, led by marketing, market access, and medical affairs (the 3Ms model) to ensure alignment and break down functional silos. MAF leaders should transform their mindset from “cross-functional collaboration” to “cross-functional leadership” by adopting more proactiveness, building robust business acumen, and establishing efficient strategic vision among their teams. MAF leaders should encourage the medical affairs teams not to shy away from:
  - Actively participating in business discussions with other functions.
  - Building business rapport by having regular one-to-one meetings with key internal stakeholders.
  - Learning business acronyms and financial skills and not focusing only on scientific and academic skills.
  - Building integrated brand plans that align the medical strategy with the business strategy to achieve the company's unified goal.
  
2. **Develop and Articulate a Clear MAF Value Proposition:** MAF leaders should create a straightforward narrative, supported by meaningful metrics, that articulates how MAF activities contribute to strategic imperatives, such as accelerating access, shaping clinical practice, and improving patient outcomes. This can be achieved by actively participating and presenting in internal business meetings, celebrating successes, and sharing lessons learned from failures. Building the MAF internal persona may not be straightforward and might require sponsorship from senior leadership; MAF leaders can help drive this support by highlighting the business impact delivered by the MAF's initiatives and communicating their value effectively. This will require developing metrics that show:
  - Impact on the clinical practice of HCPs.
  - Impact on facilitating market access to new therapies.
  - Benchmarking the company's sponsored MAF activities vs. the industry standards.

- Impact on HCPs' understanding of the disease area and, or product's data.
  - Generating insights that can inform development or commercialization decisions accurately.
3. **Invest in Targeted Competency Development:** As explained earlier, training programs for MAF should focus not only on scientific and communication skills but also on the identified needs for strategic thinking, digital leadership, and business acumen to meet evolving industry expectations. These programs should be tailored by role and consider the future development of MAF resources. Encouraging MAF professionals to have mentors from the cross-functional team may help not only in establishing productive internal relationships but also in developing the business skills expected within a particular organization or market context. While accredited courses and business programs, such as the Master of Business Administration (MBA), or tailored professional courses from Coursera or similar platforms, might be beneficial, implementing internal shadowing programs across different functions could be highly effective in transforming how MAF interacts with other departments and how they perceive and understand the MAF's perspective.
  4. **Embrace a Digital-First Mindset:** MAF must proactively lead the integration of artificial intelligence (AI) and digital tools to optimize insight generation, personalize stakeholder engagement, and enhance operational efficiency. MAF's leaders should encourage their teams to use available AI tools to save time in medical writing, materials review, data sharing, and even to facilitate clinical diagnostics. Digital tools like customized online educational platforms, virtual meetings, and professional social media can enable more efficient communication with external stakeholders. AI also offers the potential to empower MAF through timely analysis of the large data sets generated by one-on-one insights, advisory board reports, congress presentations, and produce meaningful insights that can confirm or challenge assumptions that inform the medical affairs strategy and guide its tactical plans. The findings of this study align with global literature describing MAF's strategic evolution (Evers et al., 2019; Zdon et al., 2024). The identified need for enhanced business acumen and digital leadership echoes the vision for MAF in 2030, outlined by recent industry reports (Algazy et al., 2023). This study extends the literature by providing specific, empirical data from the under-researched Middle East region.

### 3.4.3 Limitations

The primary limitation of this study is the composition of the study cohort, which had a high proportion of MAF professionals (48%). This may have skewed some perceptions in a more MAF-favorable direction, limiting the generalizability of the findings to the entire industry workforce.

The limited sample size, specifically for sub-groups, may introduce bias. However, due to the data collection method, which relied on invitations through professional social media, achieving a targeted number of subjects in each category has been, and will remain, a challenge for this type of business studies. Future researchers could address this by extending the data collection period and inviting specific categories in waves, possibly offering participants compensation for their time, while also increasing outreach through invitations at scientific congresses, where phar-

maceutical companies are often well-represented in the booths and exhibition areas.

Due to the anonymity of the participants and the nearly 26% dropout rate after starting the survey, with participants leaving at various stages, it was deemed more appropriate to describe the demographics of all 100 participants who were eligible and began the survey.

Future research should aim to survey a more evenly distributed sample across all functions. Additionally, this paper focuses only on internal industry perceptions; incorporating the external views of HCPs and payers would provide a more holistic picture.

### **3.5. Conclusions**

The Medical Affairs Function is recognized by pharmaceutical industry professionals in the UAE and KSA markets as a critical strategic partner, indispensable for successful product life-cycle management, ensuring patient-centricity, and achieving business objectives. While its value is broadly acknowledged, a perception and understanding gap persists across different internal functions. To realize its full potential, MAF must enhance its cross-functional leadership, proactively embrace digital transformation, and develop more sophisticated methods for articulating its strategic impact. By doing so, MAF can solidify its position as a central pillar of the modern pharmaceutical companies in the Middle East region and beyond.

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