

# Multiplying international sales in a regulated market.



International growth in a regulated market is not a translation exercise. It is not a scaled-up version of the domestic playbook.

It is a series of local businesses that happen to share a brand.

I learned that while leading international growth across two animal health and therapeutic device companies. In both cases, revenue multiplied when we stopped exporting the American approach and started building a country-specific one.

That meant local credibility.

Local distribution muscle.

Local presence.

And the discipline to learn the rules before committing to a plan.

Every single place is different.

## Why does the home-market playbook usually fail overseas?

The first mistake is assuming that a successful domestic approach will travel intact.

The messaging travels. The channel structure travels. The sales materials travel. The assumptions about who influences the buyer travel.

The results do not.

A market may require extensive education before a customer understands the category. Another may already understand the category and simply need easier access. In one country, the veterinarian may

make the recommendation. In another, the distributor, hospital owner, procurement group, or local specialist may carry more influence.

The failure is often slow.

That makes it dangerous.

When sales do not develop, companies blame the market. They say demand is weak. They say the product is unfamiliar. They say the distributor is not working hard enough.

Sometimes those things are true.

More often, the method is wrong.

What worked at home may be irrelevant somewhere else. What sounded confident in one market may sound arrogant in another. What felt efficient in one country may feel transactional in the next.

The answer is not to push harder.

The answer is to learn first.

## **How should an international strategy be tailored for each country?**

The plan should be built from local conditions, not adapted down from a master deck.

That starts with a practical market diagnosis:

- How is the category understood?
- Who makes the decision?
- Who influences the decision?
- What evidence is considered credible?
- How are products purchased and distributed?
- What regulatory approvals are required?
- How are relationships built?
- What does the customer value beyond the product itself?

The right approach also differs by product.

A modality that requires explanation needs a clinical education strategy. A product in a mature category may need stronger channel access, better availability, or clearer commercial positioning.

In one market, we needed to create understanding. In another, we needed to create preference. In another, we needed to remove friction from the purchase process.

Those are different assignments.

I did not expect one country to behave like another. I expected to learn why it behaved differently.

That was not a step before the strategy.

It was the strategy.

## **How do key opinion leaders accelerate adoption in regulated markets?**

In regulated animal health and therapeutic categories, respected clinicians and practitioners often provide the authority a company cannot create for itself.

A company can make a claim.

A trusted expert can make that claim meaningful.

The first task is finding the right people. That does not always mean finding the most visible person. It means identifying the clinicians, specialists, researchers, and practitioners who are respected by the customers you need to reach.

The person who matters in one country may be a non-entity in the next.

The right KOL should have genuine standing in the market. They should understand the clinical problem. They should be willing to examine the evidence and speak honestly about where the product fits.

The relationship has to be earned.

Bring useful evidence.

Involve the expert early.

Ask for disagreement.

Let the expert remain the expert.

Never turn a clinician into a mouthpiece.

When that relationship is handled properly, the effect extends beyond a single presentation. A credible local voice can support:

- Clinical education
- Peer acceptance
- Distributor confidence
- Sales team training
- Customer questions
- Product adoption

- Repeat use

Education creates understanding. Authority creates movement.



## **What makes a distributor capable of moving product?**

A distributor is not simply a route to market. In a regulated international business, the distributor is often the operating system for the market.

A strong distributor brings more than a warehouse and a customer list. They bring relationships, local knowledge, regulatory awareness, commercial discipline, and people who know how decisions are made.

A busy distributor is different.

A busy distributor may have many products, many priorities, and little reason to move yours. They may agree with the strategy and still fail to create activity.

The question is not whether a distributor has access to the market.

The question is whether they will prioritize your product inside that market.

A strong distributor should be able to explain:

- Which customer segments they will pursue
- Which salespeople will own the work
- How often customers will be reached

- What education is required
- How regulatory requirements affect selling
- What the first meaningful revenue milestone should be
- How they will report activity and repeat orders

We had to equip those partners properly. That included:

- Clinical and technical training
- Localized sales tools
- Evidence summaries
- Pricing discipline
- Clear account priorities
- Objection handling
- Forecast expectations
- Defined reporting rhythms

A distributor should not have to invent your strategy.

They should have the tools to execute it.

## **Why do local sales teams matter so much?**

You cannot manage a regulated international market from a desk.

Local sales teams understand the language customers use. More importantly, they understand the clinical language behind the words.

That distinction matters.

Corporate language tends to describe features, positioning, and commercial objectives. Local teams hear the question underneath those terms:

Will this help my patients?

Will this fit my practice?

Will my staff use it?

Will my customers pay for it?

Can I trust the company behind it?

The strongest teams could move between clinical conversations and commercial action without making either feel forced. They knew when to educate, when to listen, when to bring in a KOL, and when to ask for the next order.

They also knew where the strategy needed to change.

That feedback was valuable. A local team is not only an execution resource. It is a source of market intelligence.

If you listen.

## **What role do trade shows and in-market presence play?**

Trade shows do real commercial work when they are chosen and prepared properly.

They validate the brand.

They make the distributor's job easier.

They give the local sales team a reason to convene customers.

They create face-to-face time that regulated markets still depend on.

Not every show deserves investment. The right event should connect to a defined market objective. That may be meeting specialists, supporting a distributor launch, introducing a new clinical application, or building a pipeline among a specific customer group.

Before attending, the team needs to agree on:

- The customers who matter
- The local message
- The KOL or expert presence
- The meetings to schedule
- The follow-up owner
- The next commercial action

Showing up is not enough.

The local team needs to be ready. The distributor needs to know how to use the event. The conversations need to continue after the booth comes down.

Presence compounds credibility.

A customer who has seen the company, met the local team, heard a respected expert, and received a thoughtful follow-up is closer to a decision than a customer who has only seen an advertisement.



## **What must companies understand about regulation before entering a market?**

Regulatory timelines are commercial realities.

Registration, labeling, claims, import requirements, distribution rules, pricing structures, reimbursement conditions, and tender processes all affect the revenue plan.

They cannot be added after the forecast is finished.

The discipline is straightforward:

1. Learn the regulatory classification.
2. Map the approval requirements.
3. Identify local expertise.
4. Understand the claims that can legally be made.
5. Estimate the actual timeline.
6. Build the commercial plan around that timeline.

A distributor should never receive a promise the regulatory calendar cannot keep.

That damages more than one launch. It damages trust.

The same applies to pricing and reimbursement. A product may be clinically valuable and commercially difficult if the customer cannot purchase it through the normal local process.

We had to understand how the market operated before deciding what success would look like. Sometimes the opportunity was direct sales. Sometimes it was a distributor-led model. Sometimes the right first step was education and registration rather than immediate revenue.

A forecast without regulatory discipline is only a preference.

## **What does it mean to stop pushing the American way?**

It means accepting that the local market is not a problem to solve.

It is a system to understand.

Every country has its own way of making decisions, building trust, evaluating evidence, and assigning value. The rules may be formal or informal. Both matter.

Learn:

- Who gets invited into the decision
- How quickly trust is given
- How business relationships are built
- What the customer considers respectful
- What the distributor needs to prioritize the product
- How clinical authority is established
- What a reasonable sales process looks like locally

Do not arrive with a finished answer and call it a strategy.

Listen to the people who live there.

Learn from the sales team. Learn from the distributor. Learn from the clinicians. Learn from the customers who choose not to buy.

Then adapt.

## **How do you choose the right strategic position for each market?**

Once the local reality is understood, decide what position the brand should hold there.

That position may not be the one used at home.

That is the point.

The decision should clarify:

- Which problem the product solves
- Which customer should care most

- Which evidence will earn confidence
- Which price tier makes sense
- Which channel can support adoption
- Which expert can establish authority
- Which use case should lead the conversation

One country may respond to the product as an advanced clinical tool. Another may value it as a practical addition to an existing treatment approach. A third may need a narrower use case before broader adoption is possible.

The product can remain the same.

The strategic position can change.

That is not inconsistency. It is relevance.

## **What sequence should companies use to enter a regulated international market?**

The sequence I would use is simple:

### **1. Learn**

Understand the market, regulation, customer, culture, channel, and decision process.

### **2. Choose the position**

Define the problem, audience, proof, price, and channel that make sense locally.

### **3. Secure the credible voice**

Identify respected KOLs and involve them in education, validation, and market development.

### **4. Equip the channel**

Select the right distributor and give the local sales team the training, tools, pricing, and ownership required to execute.

### **5. Show up in person**

Use the right trade shows, customer meetings, education programs, and local visits to build visible presence.

### **6. Scale spend**

Increase marketing investment only after the market has demonstrated regulatory readiness, commercial traction, local ownership, and repeat demand.



## **Which metrics reveal whether international growth is working?**

International revenue should be measured market by market.

A blended global number can hide weak execution in several countries behind one strong result.

I would track:

- Revenue by market
- Distributor productivity
- KOL engagement translating into adoption
- Time from registration to first meaningful revenue
- Revenue relative to regulatory investment
- New account activation
- Repeat orders
- Sales activity by local team
- Forecast accuracy
- Trade show meetings that become opportunities

Attendance is not adoption.

A distributor agreement is not revenue.

A first order is not a market.

Repeat orders are evidence that the product has earned a place in the local system.

## **What is the hardest lesson about multiplying international sales?**

The countries that worked were not always the ones with the strongest product advantage.

They were the ones where we did the homework.

We respected the rules.

We found the right local voices.

We partnered with people who were committed to the outcome.

We showed up in person.

And we stopped trying to make the market behave like home.

International growth is not about making one playbook louder.

It is about building the right playbook for each place.

If you are assessing a new market, rebuilding a distributor strategy, or trying to turn international potential into measurable revenue, a quiet conversation is a useful place to begin.

The market does not need to become like you.

You need to become relevant to the market.