Emmanuelle Boishardy – VP & GM, GSK BeLux

Manufacturing, R&D, and clinical trials are all important, but pricing is just as crucial. Making the domestic market more difficult to access puts Belgium in a challenging situation

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Belgium is a hugely significant country for GSK - which employs 9,000 people in the country - as host to three of the firm's major vaccine sites, the global headquarters for its vaccines division, and many of its oncology and haematology clinical trials. Recently installed VP and GM BeLux Emmanuelle Boishardy highlights some of the management challenges in this important new role and how GSK is advocating for an improved access and reimbursement scenario to better reflect the commitment and investments that the company is making in Belgium.

This is not your first country manager position, having previously served as GSK's Czech Republic lead as well as the firm's global marketing director for vaccines. Can you talk

us through this career trajectory?

My work as GM of GSK Czech Republic between 2017 and 2020 was a career highlight as a professional that loves hands-on roles. This should be no surprise, given my background in marketing, sales, and commercial excellence. I still enjoy being on the field with medical reps, facing the reality in front of physicians, payers, and area experts to better understand how to support them in protecting people's lives.

On finishing my assignment in the Czech Republic, my initial ambition was to take on another GM position in a larger market but realised it would be more beneficial to first gain some global experience. I therefore took up a new role as global marketing director for vaccines; a field I had limited experience in prior to the Czech Republic despite spending over 20 years with GSK. While in Prague I led the team which gained reimbursement for GSK's meningitis B vaccine after two years of hard work, which was an incredibly rewarding and ultimately emotional experience, given the effect this disease has on patients' lives.

Having started my global role with responsibility for GSK's hepatitis vaccines, after six months I took the lead on our combined Diphtheria, Tetanus, and Pertussis (DTP) portfolio, a USD one billion product with a global reach across the US, Europe, and emerging markets. It was fascinating to immerse myself in the vaccine world – which is very different from the day-to-day of a country affiliate – getting closer to R&D to develop the next generation, manufacturing, understanding the science coming online, and working with international organisations like PAHO.

How did the opportunity to become GSK's Belgium general manager come about, and why was it the right career move for you in December 2022?

During my global work, I still harboured the ambition to get back to the market. Belgium has the added interest of being a significant country for GSK, with R&D, manufacturing and distribution operations, and political relevance as the base for European Union headquarters. While GSK does carry out some clinical trials in the Czech Republic, Belgium is on another level in terms of global significance to the company.

GSK employs 9,000 people in Belgium 1,800 of whom are scientists, and 180 of which work for the local affiliate. Moreover, Belgium hosts three of our major vaccine sites (in Wavre, Rixensart and Gembloux), including the company's global headquarters for its vaccines division. All GSK's vaccines that have the '-rix' suffix refer to their connection to the Rixensart site where the majority

of vaccines R&D is conducted. Gembloux plays host to a vaccine distribution hub, and we export 90 percent of the vaccines produced there around the world and next year GSK, in partnership with Yusen Logistics, will be able to rely on a new major, sustainable and state-of-the-art warehouse in Gembloux dedicated to the pharmaceutical and pharmaceutical and healthcare sector.

Finally, we have moved most of our manufacturing to Wavre, which is now the size of a small city and hugely impressive.

Do you feel that GSK's investments and role as a major employer in Belgium are sufficiently valued by government stakeholders in your discussions with them? What are the key agenda issues that GSK is pushing for?

Our commitment to Belgium should count for more, especially on vaccines. For example, Belgium does not have an adult immunisation framework or not even a fully updated calendar; something we are pushing to change. Discussions can be challenging, especially given the differences between vaccines and treatments, but vaccines for adults, like for children, are vital tools with a return on investment (ROI) of four euros to every one euro spent. Not only do vaccines protect individuals against infectious diseases, but they also protect against serious complications and aggravation of underlying diseases. All these benefits ultimately translate in a positive economic and societal impact, not the least on health inequities. However, to many in government, they are still seen as a cost rather than an investment and the pharmacoeconomic assessment of vaccine value is still too narrow. For this reason, we need to continue attempting to educate and inform all stakeholders about the broad value of vaccines, including for adults.

There are several challenges to this, including the fact that vaccines tend to be funded on a regional level, whereas our discussions with government and payers often take place on a federal level. While experts are working on the issue of an adult immunisation framework on a European and Belgian level, there is still a long road to travel. Even for COVID vaccines, for which a framework was established in a moment of crisis, there is still no plan in place for the next winter season.

From my previous roles I have seen the gap between childhood and adult vaccination – which is a difference of between 85 percent and less than 30 percent for our DTP vaccine in the US and Europe for example – and am determined to change this in Belgium. Currently, much adult vaccination depends on the preferences or knowledge of individual patients and doctors, whereas an overarching framework is needed.

2022 was – according to the company's annual report – "a landmark year" for GSK, with the firm finally spinning off its consumer health unit and returning to growth after a COVID-impacted 2021. How have these shifts filtered down to Belgium and what are your priorities in the country today?

We have four main areas of focus, the first being vaccines.

The second is specialty care, where we have a strong portfolio in respiratory disease in severe asthma, HES, EGPA and nasal polyps.

Thirdly, GSK boasts a strong general medicines portfolio which contains most of our treatments against asthma and chronic obstructive pulmonary disease based on our 50 years of experience in this field. General medicines represent a significant proportion of turnover and also contain established products such as antibiotics.

The final area of focus is oncology and haematology, which is still being built up. In 2019 GSK bought oncology-focused biotech TESARO which already had a product on the market, and our teams are still working hard in this area. We continuously strive for first-in-class or best-in-class products in order to provide good alternatives with excellent efficiency and lower side effects. Additionally, by having clear target populations we can make a major difference.

Our reputation in the country is still largely as a respiratory disease company, as well as a vaccines leader. And it is fantastic that Belgium now also plays host to many of GSK's oncology and haematology clinical trials. One of my key priorities is to balance our operations and reputation more evenly across our four areas of focus.

Given your proclivity to being close to your teams, how have you seen the pharma marketing and sales model evolve in recent years? Has the COVID-19 pandemic, as some predicted, made the traditional face-to-face model redundant?

Face-to-face interactions are still hugely important, both internally – I work in the office four days a week, as do much of my team – as well as externally. Our medical reps are now utilising a hybrid omnichannel model, tailoring their communication channels to the content that is being delivered. For message delivery, an in-person visit is unnecessary and wastes the time of the physician. However, for more complex discussions and conversations, face-to-face consultations still hold

plentiful value, both for our teams and the physicians.

Belgium spends 11 percent of its GDP on healthcare, but other industry stakeholders have lamented that not enough of this goes towards innovative medicines. What is your impression?

I would agree. Healthcare expenditure is rising, but this is predominantly going towards infrastructure and staffing. Medicine expenditure is not increasing at anywhere near the same rate, and innovative medicine relative expenditure is actually decreasing. This is a problem for Belgium and for specialty products in oncology or haematology, it is becoming incredibly difficult to gain reimbursement.

Surprisingly, I am engaging in very similar discussions with the Belgian government on this issue as I did in the Czech Republic. As part of the Czech industry association, we launched the 'Innovation for Life' project which aimed to shift the mindsets of authorities and payers about the importance of investing in medicines, especially new and innovative medicines. Having produced a great piece of research which was well received, a decision was taken to invest more. Similarly, Spain recently decided to double its adult immunisation budget in part thanks to an industry-sponsored information campaign bringing together expert opinion around science and unmet medical needs. These are clear examples that change is possible!

The education of patient groups and the general public is also important, as many still feel that a larger medicines budget simply means that more of their taxes going to already-rich pharmaceutical companies. We need to disabuse them of this notion, highlighting the ROI of vaccines, for example, and promoting a greater understanding of our industry's impact.

Will this educational push be more effective as part of pharma.be or on an individual company level?

We need both. pharma.be is doing a great job, especially in this context of Belgium taking on presidency of the EU in 2024 and has interacting closely with the Ministry of Health and National Institute for Health and Disability Insurance (NIHDI) on their roadmap with industry-supporting the aimed improvements while indicating red lines that cannot be crossed. Inter-stakeholder collaboration is vital, and pharma.be is the best organisation for engagement on this level. However, every company has a different portfolio and therefore a different agenda, while sharing

similar principles, meaning that there is space for more focused campaigns on an individual company level.

GSK has continuously invested in Belgium in recent years, but what does the country need to do to remain an attractive and competitive investment destination?

Manufacturing, R&D, and clinical trials are all important, but pricing is just as crucial. Making the domestic market more difficult to access puts Belgium in a challenging situation. Our global company leadership needs to choose where to spend and, despite Belgium's history as a hub for GSK, if patients in Belgium are not able to access our medicines, it decreases the attractiveness of investing here.

When generic competition enters the Belgian market, prices decrease by 60 percent, which is part of the normal product lifecycle. However, we are being asked to enter into discounts upfront in conventions, currently averaging 50 percent before a single box has been sold. While conventions are critical for access to innovative drugs, these levels of discounts are unsustainable and may lead to Belgium becoming a second or third-wave market for new product launches, rather than the first-wave country it is today. Low prices may also lead to certain products being withdrawn from the Belgian market completely. Finally, the existing pricing structure creates issues in terms of parallel trade, whereby wholesalers buy up products here to sell them in higher-price markets like Germany, resulting in shortages.

What metrics are you using to bring attention to this challenging access scenario?

In 2021 Belgium had 21 negative reimbursement decisions, meaning no reimbursement at all. However, 90 percent of these 21 products are reimbursed in Germany, 81 percent are reimbursed in the Netherlands, Austria, and Finland, 53 percent are reimbursed in Ireland, and 40 percent are reimbursed in France. This means that Belgium has an access equity issue and that our patients have fewer options available to them than their equivalents in Germany.

What are your priorities for the coming three to four years?

Vaccination for adults is a big priority. I would be incredibly proud if we were able to move the needle on this in Belgium, not only from a company perspective but to protect people and show the

general public that vaccines are a force for good. Beyond vaccination, we want to bring early access for our new assets. From a business perspective, I always try to balance business goals with the development of my teams. My aim is to lead and develop a team which is engaged and proud.

Having only been in this job for six months, it is difficult to be on top of everything, but I feel like we have a unique opportunity to change things leading up to Belgium taking on the EU presidency in 2024. There is a big chance to influence, support, and shape the Belgian healthcare ecosystem for the better.

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