Anna-Kaija Grönblad – Country Chair Sweden & General Manager Primary Care Nordics & Baltics, Sanofi



We are used to collaborating closely together because we are a relatively small country, so we have to be practical in our approach

14.08.2019

Tags: Sweden, Sanofi, Strategy

Anna-Kaija Grönblad, country chair Sanofi Sweden and general manager primary care Nordics & Baltics, explains the importance of Sweden for the group as an early adopter of new treatments, an ideal environment for innovative clinical trials and a place where all stakeholders are open to collaborate to find solutions to the most pressing health challenges. She also gives her expert opinion on the areas of improvement in diabetes and cardiovascular care and shares her ambition to pilot test digital solutions in Sweden.

Anna-Kaija, you have worked for Sanofi in the country for more than 20 years and have been CEO of Sanofi Sweden for almost seven years. From this perspective, could you tell us about the importance of Sweden for the group?

Even though Sweden is a regulated market, it is in many ways a progressive market which welcomes innovation. There is a strong willingness and openness from politicians and health authorities to work together with the industry as they realize the importance of the life science sector for the country. The willingness to have a strong life science industry is high. We have a good dialogue with our academic centers, the authorities and the health care professionals. We are used to collaborating closely together because we are a relatively small country, so we have to be practical in our approach.

The comprehensive healthcare data contained in national quality registries and health registries is also a unique resource providing an unparalleled access to real-world data. Combined with personal identification numbers enabling linkage across databases on an individual level, this data allows the creation of unique patient insights. Moreover, the healthcare system and society as a whole are very advanced in terms of digitalization. I believe there are untapped opportunities to leverage these assets for product research and development as well as commercialization, which is something I try to highlight to my colleagues at Paris headquarters.

In recent years, Sanofi has been undergoing an ambitious transformation to simplify the organization with the launch of a new Primary Care Global Business Unit (BU) at the beginning of the year. How has this translated into your operations locally?

The new Primary Care business unit combines the Diabetes and Cardiovascular BUs with the Established Products BU. I am now responsible of this new Primary Care BU in the Nordic and Baltic region. While the Diabetes and Cardiovascular segments are still growing, the Established Products segment has been stable for many years and does not require a large organization since we work primarily through pricing and tenders. As a result, the transition has been quite smooth and had a limited impact on headcount. Nevertheless, we work now as a Nordic-Baltic hub which requires our people to be flexible into new ways of working as we centralize some functions while maintaining customer focus in Sweden. We also have an ambition to increase our own knowledge within digital and multichannel engagement with healthcare.

In 2015, Sanofi introduced a strategic roadmap for 2020 based on four key pillars. One of those pillars is to deliver outstanding launches. What are the steps to delivering outstanding launches in Sweden?

Our growth in Sweden in the last years has been mainly driven by successful product launches in the Vaccines BU (Sanofi Pasteur) and the Specialty Care BU (Sanofi Genzyme) as well as within the Diabetes & Cardiovascular area. In Specialty Care, we have successfully launched DUPIXENT® (dupilumab) for atopic dermatitis and KEVZARA® (sarilumab) for rheumatoid arthritis. In Vaccines, the joint venture between Sanofi Pasteur and MSD was dissolved in 2015. Since then, we have been extremely successful in public tenders and the launch of new vaccines. We experienced a healthy 8 percent growth last year. The overall growth in the Swedish pharmaceutical market is driven by the introduction of new specialty care products, new combination treatments and/or new

indications in immunology, oncology and rare diseases. The Swedish healthcare system is an early adopter of new innovations in these areas and we see a strong willingness from authorities to shorten the time for patient access to new therapies. Of course, just like in other European countries, the pricing and financing of these new treatments represent challenges. However, health authorities are open to discuss new innovative payment models. Sanofi has a strong pipeline in these areas which will drive future growth in Sweden.

The government is currently leading an investigation on how to strengthen primary care. Where do you see the areas of improvement in diabetes care in particular?

What has been a challenge for a long time is that many diabetes patients still have hemoglobin A1c (HbA1c) levels above the targets set by National Guidelines. My impression is that part of the problem is that it takes too long before patients are offered newer and better treatment options that can help the patient in reaching their goals as there is a lack of follow-up of patients. Not all primary care centers have a dedicated diabetes physician or nurse. For instance, HCPs primarily use first-generation insulins in the treatment of type 2 diabetes even though there are better treatment options available. First-generation insulins are given priority in the reimbursement system and in the national guidelines as they are cheaper and there is a strict budget control in the regionsWe try to support by providing training and education and have been discussing patient support programs using digital tools. However, healthcare is reluctant to sign up for solutions that could help treatment adherence and compliance if they originate from an individual company. Instead, they would like to implement these solutions by themselves, but they seldom have the infrastructure or resources in place.

There are of course primary care centers that have a good diabetes team and a structured approach and work closely to each individual patient and their complex disease. But, more generally, I would like to see a more focused approach on diabetes from authorities and healthcare for the benefit of patients and society as a whole. The government has invested a lot of resources in other therapeutic areas such as cancer with a National Cancer Strategy that has been very successful. I would like to see the same kind of national plan for diabetes.

Moreover, we would like to leverage real-life data on the outcomes of diabetes treatment. We have had initial discussions with the TLV on this subject and hopefully, it will turn into something concrete in the future.

What are the areas of improvement in cardiovascular care?

Even though great progress has been made in reducing the mortality from myocardial infarctions (MI) and strokes, cardiovascular disease (CVDs) is still on top in terms of mortality rates in Sweden. Moreover, there are large discrepancies in the quality and access to cardiovascular care between regions, but also between different socioeconomic groups, which is not fair. This is one of the side effects of having 21 regions with their own healthcare budgets and systems. Fortunately, open comparisons published every year, for instance looking at outcome parameters after MI, drives continuous improvements.

Another important therapeutic area for Sanofi is vaccines. Even though vaccination is not mandatory, Sweden is considered to be a vaccine friendly country. What opportunities does this present for Sanofi's vaccine franchise?

Yes, generally we have a good awareness of the importance of vaccination in Sweden. Lately, the idea of implementing a national vaccines program and guidelines for the elderly has been the subject of debate. While the idea was first presented three years ago, it seems to have matured. Whether the vaccination program is driven by the national government or the result of a voluntary agreement between the 21 regions, it would benefit the elderly and present an opportunity for Sanofi to have a more structured approach across the country.

A recurrent theme throughout our interviews is the high level of digitalization and technological savviness in Sweden, not only in the healthcare system but throughout society. Other pharma companies are leveraging this ecosystem, for instance by developing and testing digital tools to support patients. How are you taking advantage of this ecosystem to drive the digital transformation of the company?

This is a recurring theme in my discussions with my colleagues in France. Sanofi has interesting digital initiatives globally. For instance, the group collaborates with Verily Life Sciences, the healthcare subsidiary of Google's parent company, Alphabet, on the development of digital solutions for diabetes patients. The two have created Onduo, a virtual care program with diabetes tools, coaching and clinical support and started commercial pilots in several states in the US last year.

If Sanofi decides to start a similar initiative in Europe, Sweden would be an ideal location to conduct a pilot project. At the moment, I am working on two fronts trying to convince headquarters and stakeholders in Sweden to launch a digital project in diabetes.

As a highly innovative company, how does Sanofi tap into the strength and excellence of the Swedish R&D ecosystem?

Even though the number of industry-sponsored clinical trials has been going down in Sweden for the last decade, the number of trials done by Sanofi has been relatively stable. We have our own clinical study unit located in Stockholm which helps support the clinical studies we perform throughout the Nordic-Baltic region from Phase I to Phase IV. In Sweden, we are currently part of 20 global clinical trials and are conducting a couple of local clinical trials, enrolling a total of 200 patients. We start about five new international projects every year. The clinical study unit is wholly-owned by Sanofi. In other words, we seldom fully outsource clinical trial operations. This is a strength as healthcare professionals want to have a close dialogue with the company behind the drug. The new drugs in the pipeline are targeting relatively narrow patient populations in oncology and haematology which fits well with the competence and infrastructure in the Swedish hospitals. As of 2019, we collaborate with 53 clinics and more than 110 investigators.

We are also strengthening our existing collaboration with Karolinska in the area of haematology, Parkinson’s disease and Multiple Sclerosis, and are discussing the potential for a long-term collaboration for Phase I studies in oncology which is supported by headquarters and should hopefully be concretized this year.

Are there any other exciting local initiatives you would like to highlight to our international readers?

It’s not a local Sanofi initiative but one of the areas where Sweden is relatively advanced is in the area of environmentalism. For instance, we can see environmental criteria becoming increasingly important in tendering processes. Even though price remains the most important factor, regional authorities are also looking at the environmental impact of the products in terms of water consumption, water contamination, CO2 emission, etc. Sanofi should be a leader in this area which will play an increasing role in determining competitiveness but also in attracting the next generation of talents.

Where do you hope to see Sanofi in the next few years?

Our ambition is to continue growing and to be among the top ten pharma companies in the country with good uptake of innovative products for the right patients. I would also like to put even more focus on clinical trials and R&D collaborations with academic centers, as well as concretizing digital projects, so that Sweden continues to be seen as an innovative market to invest in.

See more interviews