Judith Love – Country President Sweden and Oncology General Manager Nordics, Novartis



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Judith Love, country president Sweden and oncology general manager for the Nordics region for Novartis, underlines the need for a new reimbursement system for cell and gene therapies in the region and explains how the Nordics and Sweden can be a pioneer in this field, by initiating early dialogue between the industry and all stakeholders.

Judith, you have great international experience working in Australia, Switzerland, and Japan for Roche and Novartis. This is your first position as a country president, so what has been your first experience on being out on the front line?

Firstly, it is amazing to have this opportunity to lead and give direction to an incredibly talented group of people. Coming to the Nordics has been quite an eye-opening experience for me. It is a different environment compared to some of the other international markets I have worked in, there is a strong sense of collaboration and having everyone's opinion heard. This is very much the mindset of the whole Novartis organization today, "unbossing" our company and seeing everyone as a leader, giving employees empowerment with accountability. Coming to a new country in a new role has also been a personal change for me, particularly in terms of leadership across four countries, which required a certain level of adaption. It is essential to understand how the different country teams and Nordic organization works based on the different cultures, and of course health

care systems.

How have your previous positions helped you to lead the Nordics affiliate for Novartis?

As I was working in Japan, I am used to operating in consensus-orientated environments and organizations. I see quite many similarities, so I took many learnings and transferred them to the affiliate here. I generally believe that is more important to look for similarities and not for differences, to find a common ground to work on. This makes you less resistant to the environment and allows you to be more open, in order to bring value. I interviewed every single person in the organization when I started my assignment here, to get to know the employees but also to have a feeling what is working and where are the challenges within the organization.

How being here in the Nordics for two years, how would you characterize the ecosystem here?

The Nordics and Sweden, in particular, have an environment where nearly all stakeholders want to actively engage in the pharmaceutical industry. It is an open, collaborative ecosystem paired with a very innovative mindset. The country's Quality Registries are an incredible tool. This registry data, can identify patient populations, compare them, and identify trends that can accelerate diagnosis, treatment and ultimately mean that in the future personalized medicine may become more of a reality. In Sweden, there is a personal number for each individual, which can help bring different data sources together, so we can use machine learning and AI to direct health care resources better.

Many GMs of multinational companies we have met so far told us that Sweden is considered a strategic country for their groups. What makes Sweden a particularly relevant ecosystem to operate in for Novartis and making it a headquarter for the Nordics?

Sweden is very relevant in the clinical trial and registry space. In Novartis, we are putting all our clinical trial data online, to ensure clinical research we undertake is advancing our knowledge rather than repeating any insights that exist in registries today. The registries allow us to compare our clinical data with real-world evidence, so we make better decisions and move away from only

incremental differences in clinical results. This is what makes Sweden very important, not only to Novartis but for advancing healthcare on a global scale, for registry data and beyond-the-pill solutions. The life science industry needs to continue to obtain investment so that the number of clinical trials starts to increase across the Nordics, bringing early innovation. We are proud to contribute to this ecosystem, Novartis runs approximately 100 clinical trials across the four countries, with very high standards and fast recruitment times.

On a global level, Gilenya and Cosentyx are the main growth drivers for Novartis. What are the products driving growth in Sweden?

We have strong growth drivers across our three divisions. In the oncology area, based on unmet needs, we have double digit growth in our recently launched breast cancer and AML treatments as well as across our blood cancer portfolio. On the pharma side, we have positive uptake in the neuroscience, cardiology and dermatology areas, and we also see significant growth from the Sandoz generics portfolio. Overall, growth has been fueled consistently by all three divisions based on many product launches.

When looking at the company’s top ten best-selling drugs, there are seven oncology drugs represented. Sweden being the country with the highest five-year relative survival rates for all cancers is in the EU by a strong margin, so do you feel that there is still much appetite from the authorities to embrace the latest innovation in this crucial field, or the focus has somewhat moved to other areas?

I believe Sweden, but also the other Nordic countries are very competitive in this area. There is still an interest to bring new innovative treatments in oncology to the region. The statistics mentioned relate to small molecules and immuno-oncology treatments, while the cell and gene treatments aren’t reflected in these numbers yet. To ensure that the Nordic countries retain high five year survival rates, we need new pathways to bring more novel treatments to the market quickly.

Particularly the approval of CAR-T drug Kymriah has been a great achievement for Novartis globally. What challenges have you faced when launching, considering CAR-T therapies come with a huge price tag?

It is crucial to work with the health authorities and the individual institutions, as these are highly specialized approaches, which require high technical capabilities, QA approvals and protocols. We have designated onboarding sites, selected based on adequate infrastructure, staffing levels, and knowledge as well as the right number of patients to ensure quality over time. In pediatrics we see high cure rates of 80 percent, so we have achieved an agreement on reimbursement with the authorities. For diffuse large B-cell lymphoma we are still in discussions. We have learned that we need to explain to all stakeholders, how different CAR-T is too other traditional pharmaceutical approaches. Novartis has a dedicated group for cell and gene products, to work with the authorities in the regions to ensure access to these types of treatments.

Other general managers have told us that Sweden can be considered testbed for launching innovative products because of the collaborative market access approach needed to succeed in Sweden. To what extent can the local affiliate be seen as a model for innovative market access approaches?

It certainly is, as we are amongst the first wave of countries when it comes to product launches, however, I would like to note that there is still a lot of work to do, when it comes to new, innovative precision treatments. For traditional medicines, Sweden is without a doubt an early launch market, but to keep its place we need to continue to innovate. Some of the new products that are coming out are not pharmaceuticals per se, such as cell and gene therapies. This requires early collaboration to find a solution for how this can be brought to the market. Neither the industry nor the authorities know yet of how this new model of reimbursement can look like, hence why we need to come together and come up with innovative payment models, that facilitate patient access and set up outcome-based mechanisms. We have to understand that we are part of the problem but also part of the solution and there is a need to start the conversation early on. The current system is not broken, but we are shifting in a different direction with these new ways of applying personalized medicine, which would naturally require a different system than for traditional pharmaceuticals. In my eyes it makes no sense to run these products through the same regulatory and pricing system. Sweden has the potential to be a pioneer for establishing a new system, because of this openness we find in the country.

What are your targets for Novartis for the future?

My goal is to build sustainability, as the treatments we will bring to the market in the future are fundamentally different from existing medicines. We need early collaboration and openness by all parties to design a new reimbursement system, which is sustainable. The great thing about Sweden is that it is less about the individual companies and more about the industry working collectively to implement sustainable changes, so Sweden can defend its leadership position in the life sciences space. My second goal is to export the expertise and unique assets such as quality registries and health data to many countries around the world. A third target is to achieve an integrated system, where all stakeholders work towards the common good to tackle the most important challenges humanity is facing in healthcare now and in the future.

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