Kirsti Nyhus – Market Access & External Affairs Director Scandinavia & Country Lead Norway, AbbVie



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AbbVie Norway's Kirsti Nyhus discusses access challenges in the Norwegian market for innovative drugs, the importance of bringing clinical trials back to Norway, managing through the COVID-19 pandemic, and establishing an award-winning working culture.

Could you begin by introducing yourself and your background?

I am a pharmacist by training with a Master of Science in pharmacy and have worked in the pharmaceutical industry for more than 20 years. Back in 1997, I did my master's thesis on health economics and market access, which was a somewhat new field at that point, and really sparked my interest. I was fascinated about being a pharmacist, not only looking at the efficacy and safety of medicines but their actual value for both patients and for society. Since then, market access has been the thread running throughout my career, even when I took on medical, regulatory, and commercial roles.

I started out at Eli Lilly, where I worked for nine years. Then I moved into consulting, first for PharmaEcon, a small consultancy mostly focused on strategic health economic research for the pharma industry, and then at Deloitte, where I had more of a focus on healthcare and hospitals. This gave me a better understanding of health authorities' perspective and how pharma and medicine fit into a bigger picture.

Then I returned to the pharma industry, where I feel I belong, with Abbott/AbbVie in 2012. I have been with the company for eight years now in various roles, always with a market access perspective, and am now country lead for Norway and also market access and external affairs director for Scandinavia.

In February 2019, AbbVie reorganised its whole Scandinavian business with lots of management and support functions going to Sweden and losing some employees in the process. This is also the point at which you became country manager of the Norway affiliate. What was the logic behind this reorganisation?

Becoming a unified Scandinavian affiliate instead of Norway, Sweden, and Denmark separately was a strategic decision to give us more flexibility and robustness moving into a new phase for the company with lots of product launches. We have maintained a very strong local focus and footprint in each of the countries we serve, but a lot of the support functions are now Scandinavia-wide. Most of those positions were located in Sweden, the largest Scandinavian market. We were a very strong leadership group in Norway at that point, but unfortunately, doing this restructuring meant that some of those great people had to leave the company.

One and a half years into the transition the setup is slightly different, with responsibility for market access and external affairs with me in Norway, for example. We are very strong and locally present in Norway, with all external-facing roles for the Norwegian market located here. A strong local presence is the model that we are working towards.

Was moving from market access into a country manager role a big challenge for you?

It was, but more and more it is evident that it is a real positive for country managers to have market access experience. Increasingly, driving a business is not all about commercial plans, but about access and external engagement. This kind of promotion is always a challenge, but I have been lucky enough to work alongside great managers in the past, who I have been able to watch and learn from. Moreover, my boss in Sweden has been a great source of support.

2020 has been an eventful year, especially at AbbVie, where the Allergan acquisition means that the combined group is now the world’s fourth-largest pharmaceutical

company. Where does AbbVie Norway stand today and what are your key therapeutic areas?

AbbVie's key therapeutic areas historically are immunology, oncology, and haematology. We also had a pre-integration footprint in neuroscience, which is being bolstered by the Allergan acquisition, and we are taking on Allergan's eyecare portfolio – an exciting and totally new area for us. Allergan was set up as a Nordic organization spread across all the Nordic countries, including Finland, which is slightly different from how we have previously been organised.

AbbVie is probably best known for producing the world's top-selling drug, Humira. Will this new enhanced portfolio reduce your dependence on this one drug for revenues?

Yes, absolutely. We are a multi-drug company with a greater spread of assets and a broad pipeline and portfolio. It's a good situation to be in that positions us well for the long-term and is already having a positive impact on performance.

How much of a threat do biosimilars pose to your revenues?

The entry of biosimilars to the market is inevitable and something that we plan for well in advance. It does not surprise us!

How do you evaluate patients in Norway's ability to access AbbVie's innovative treatments?

There are a lot of good things about the Norwegian healthcare system, which is broadly fair and equitable. Cost containment measures exist, which is only natural, and cost-effectiveness analysis is conducted which helps maintain a sustainable system.

However, cost containment on pharmaceuticals in Norway is much higher than in other areas, or in healthcare in general, which leads to innovative new treatments taking longer to get to the market. Many of these treatments either are rejected and do not make it to market at all, or have restricted access, which at the end of the day is not good for patients. Statistics show that Norway has good health and good outcomes, but these outcomes could be even better if we had better access to innovative treatments.

We also have a set up in Norway where pharmaceuticals are clustered into ‘scientifically equal’ bundles based on the ‘equal enough’ principle. Innovative, generic, and on-patent treatments are bundled together even though they may have different outcomes. Then they are procured based on price alone even though the quality criteria is completely different. This system is not very innovation-friendly, is harmful to Norwegian patients who miss out on accessing better-quality treatments, and is ultimately bad for the healthcare system. We want to put more emphasis on looking at price and quality together to better evaluate the value of a drug.

From a patient and payer perspective, if a generic or biosimilar drug has the same effect as an originator drug, what would be the incentive to pay more?

That is a fair argument, but this is not about generic versus originator. Rather, this is about, for example, a new treatment for psoriasis that clears your skin 100 percent compared to an older treatment that only clears 75 percent. The new treatment may be only slightly more expensive and offer better value for money, but the older, cheaper, treatment will be selected. Making decisions based on price alone leads to sub-optimal outcomes and does not do us any favours.

From a regulatory perspective, is Norway ready for the next generation of innovative medicines?

Norway has a unique opportunity to be a frontrunner for testing new treatments thanks to our good quality patient registries, data, and real-world evidence. It is natural for there to be uncertainty around these new treatments when they come to the market, but that is often the discussion point where the access stops. Norway has the opportunity to use its registries, pilot pay for performance schemes, and initiate innovative contracting, so that payment is only made when something works, uncertainty is removed, and patients can access the best treatment possible. My hope is that the public and private sectors can work together on this and make Norway a frontrunner.

Clinical trial numbers in Norway have been decreasing in recent years. What is your take on the causes of this and how important is it to bring back clinical trials to Norway?

Having clinical trials locally is extremely important. It gives doctors first-hand experience of new treatments, creates better knowledge in the clinical environment, and allows patients to access new treatments at an earlier stage.

However, global companies need to place clinical trials in countries where they can actually use the drugs when the trial stops. If a country is not willing to procure a drug post-trial, the trial will not be based there. Moreover, some clinical trials require a best-in-class competitor. If that competitor is not being used in a country's clinical practice, then it will not be eligible as a trial location.

Norway has a big opportunity to have clinical trials locally. We have logistics, infrastructure, well-educated people, a high level of scientific knowledge, and even though we are seen as a rich country, we are highly competitive in terms of costs. Running clinical trials in Norway can be very effective. At AbbVie, we have a footprint in clinical trials across Scandinavia, with 100 ongoing studies in 200 clinics.

With COVID-19 necessitating the greater uptake of digital tools, how well-prepared was Norway compared to other European countries?

Norway had already started its digitalisation journey years before. Digital communication tools are vital in such a long country with five million inhabitants very spread out. The distance from Oslo to the North of Norway is the same as from Oslo to Rome! Traveling around and meeting people here is more difficult than, for instance, in Belgium or the Netherlands.

Even before COVID-19, we were very accustomed to meeting people and interacting digitally. Now, I think this is a heritage we can leverage in building up a national health industry, especially at the intersection between digital, pharma, and medtech.

COVID-19 represented a huge challenge for all leaders when it hit back in March 2020; what strategy did you put in place at that point?

We set out a few key priorities. The first one was to take care of our patients, making sure that there were no shortages of supply. It was crucial that these patients continued to get their medicines. We haven't had any drug shortages and all the production sites have been open in good cooperation with the Norwegian procurement body. This was a joint effort to make sure that we could build up in a structured manner and avoid shortages.

The second priority was taking care of our employees. This meant safeguarding them by closing the office, ensuring that everyone was safe working from home, and confirming they had what they needed. There was also a cultural element to take care of, ensuring that our employees had people to talk to and were not cut off. When we were able to reopen the office slightly, we did so and put in place all the necessary protective and safeguarding measures.

The third priority was social responsibility: giving back via donations locally and globally to help those less fortunate.

Finally, in terms of R&D AbbVie looked into where we could help in terms of repurposing our existing treatments as therapeutics for COVID-19 patients.

It has been great to see everyone coming together and working towards a common goal. Additionally, like many other pharma companies, our employees hold great expertise which they were able to offer to the healthcare system where necessary.

AbbVie Norway was recently voted the country's second-best employer across all industries. Congratulations! What makes it such a great place to work?

Working culture has long been a priority for AbbVie and we have actually consistently been voted one of the best places to work in Norway over the past 10 years. This is in our DNA and has been built over many years, including by many of the staff that had to leave during the reorganization.

Our focus is to recruit, develop and retain great talents, but also to take care of our culture. AbbVie people appreciate the sense of purpose in the job they do, working with medicines that make a big difference for patients with severe diseases. Our employees take pride in working here and have a good sense of belonging within the team. This means that we look at how people behave just as much as what they accomplish.

Another important area of focus is giving people the freedom and autonomy to do their jobs. We have implemented a 'life navigation' system, whereby it is up to employees to navigate their own lives, determine their work/life balance, and achieve their goals.

The feedback we get is that AbbVie Norway is a good, safe and energetic place to work with a fantastic company culture.

What are your goals over the next five years for AbbVie Norway?

We have a very interesting pipeline and great, innovative treatments that can make a big difference for patients with severe diseases. My hope is that we can get these treatments onto the market and ensure that patients can access them so that they can benefit from our innovations.

AbbVie wants to be a leading player in helping build a modern and sustainable healthcare system in Norway, collaborating with the public sector and changing the framework so we are better positioned for the future. Our goal is to be part of that journey.

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