Cyril Titeux – Senior VP Mid-sized Markets EMEA & Strategic Leader, Janssen



I foresee a renewed and increased focus on prevention [post-COVID], especially for future pandemics, and on building healthcare systems which are more resilient than efficient

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Janssen's Cyril Titeux highlights the commonalities and challenges within his 31-country portfolio, his hopes and expectations for the evolution of market access in the region, and some of the key industry trends emerging from the COVID-19 pandemic.

Could you begin by giving our international audience a brief history of your career trajectory at Janssen and the scope of your current role as head of Mid-sized Markets (MSM) in EMEA?

In my 24 years at the Janssen Pharmaceutical Companies of Johnson & Johnson, I have worked across different countries, continents, and functions. I started out in France, mostly in sales and marketing roles, then in 2005 moved to the US to join the Global Strategy Team. There I worked much more closely with R&D and the early lifecycle of our brands, and was fortunate enough to be involved both in tuberculosis treatments and the beginning of a new era in Hepatitis C drugs.

I returned to Europe, taking on managing director roles in Austria and France, before being appointed to lead the EMEA Strategy Organization. This role encompassed all Janssen's therapeutic areas and functions, from market access to medical affairs, digital, and business development. Just over two years ago I became MSM managing director. My Janssen journey has allowed me to build a diverse global perspective and I am happy to say there has not been a dull moment!

I currently oversee 31 countries, ranging from small to medium-sized to quite large. All are non-G5 European countries, apart from Israel, and our goal is to ensure that as many patients as possible can access our medicines. This extremely diverse grouping of countries has over 200 million people, which is its core strength as well as a unique challenge.

What are the commonalities between the smaller, comparatively underdeveloped markets in this grouping and the much larger, more developed ones?

There are a few. Firstly, all the countries, regardless of their healthcare development level, have a demand for innovative solutions for unmet needs. Janssen's global strategy of being a transformational medical innovator therefore applies throughout the region, although we do not approach every market in exactly the same way.

One commonality is how Janssen ensures that we have the best possible people and teams in all our markets. We offer fantastic opportunities to grow and develop our 1,500-strong team across these 31 countries. Another aspect is market access, a huge strategic priority, and a challenge regardless of geography or healthcare system. Lastly, we all focus on finding ways to excel in our customer interactions.

Although these three topics unite us, given the market differences, we ensure that our teams are empowered and have the flexibility to adapt and succeed in their local environments. It is a fine balancing act!

On the talent question, do you prioritise hiring nationals for general manager positions in the countries you manage? How do you balance having the right management in place with ensuring that local voices and interests are represented?

We have a good balance of people in managing director positions from the respective country as well as nationals of other countries. The Janssen Mid-sized Markets business currently has domestic country managers in Switzerland and Benelux, but Brazilian, French and Irish nationals in other positions. Hiring domestic MDs is not a must, although sometimes, depending on the circumstances, it can help to have someone in position who originally hails from that country. We also rotate and give exposure to our top talent.

Of course, our leaders do not work alone, but in teams with many local and highly engaged colleagues. However, it is true that country manager positions develop leaders – like me in Austria – and give them a first exposure to sizeable P&L responsibilities. These roles allow people to grow and then move on to other kinds of responsibilities.

How strong is Janssen on market access in your region, and how do you benchmark performance in this field?

Janssen is well-positioned market access-wise, but I would like to see earlier and/or broader access in certain markets. This is not due to lack of effort on our part, but we need to think about how we can shape the environment to facilitate this accelerated and broadened access, taking a leading role in external interactions in the most challenging countries.

The market access question is only going to become more complex as Janssen moves into areas such as cell and gene therapies, personalized therapies, and products with multiple indications. How do you see the company's engagement efforts evolving as you bring these therapies to market?

First, this is a good problem to have. Bringing forward innovative solutions will always be challenging in terms of market access, but so far, we have always found solutions. We need to continue partnering with stakeholders, especially payers, to imagine the solutions of tomorrow.

Janssen is willing to explore the possibility of introducing new payment or reimbursement models. Innovative therapies such as CAR-T can prove to be highly cost effective, because although the upfront payment can be high, instead of treating patients for many years, as we do today, a potential cure can be administered with one intervention.

Given the differing levels of sophistication and infrastructure of the payers in your portfolio, which tools do you give your teams to ensure a 'one Janssen' approach?

A singular approach to payers is impossible. What is possible is establishing a set of principles and ensuring that we are pricing according to the benefits and local value for patients, we work in the specific reimbursement systems locally and we sustain the discovery, development and delivery of transformational medicines for the future.

The phrase ‘value-based healthcare’ is overused and misunderstood nowadays, but if a company wants to start from value and ensure reward for innovation, it always starts by clearly establishing the value responding to an unmet need. Then it needs to be flexible, market-by-market, to find the appropriate set up, and maintain a fair and consistent pricing model. Different countries have different systems and may not be willing to pay using similar mechanisms. Therefore, there is a need – of which Janssen is cognizant – to be flexible. We never come with one single approach, but rather adapt to the landscape in which we play, provided that the value we add is recognized.

What needs to evolve in the work and thinking of regulators and health technology assessment bodies to improve the market access situation in your region?

I believe that we need to reconsider the international reference pricing mechanism, which makes access to innovation more difficult and rigid, and make some changes to take into account the situation of each market.

Another positive evolution would be a change in how we look at drug budgets. There are many savings when a patient is well-treated – as well as some associated costs with certain treatments – but drug budgets are still viewed in isolation, which does not fully reflect the value medicines can bring.

Lastly, from a broader perspective, I would like everyone to see investments in medicine and healthcare not just as a cost, but as an insurance for the future. Optimistically speaking, the realisation of benefits for society when healthcare functions well could be a learning of the pandemic period. . Too often, the solutions that the pharma industry brings are looked at as a cost, when they are actually a valuable investment.

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What do you see as the role of data in this equation and how can Janssen help build up the necessary infrastructure?

Naturally, we heavily advocate making decisions based on data. This region shows a great variation on this front. Some countries, like Israel or the Nordic countries, already have a fully

digitalised system and we make use of this data.

However, this is not the case everywhere. Amazingly, even in 2021 many healthcare systems are not fully digitised, and we cannot access the data that they generate. Data is pivotal for outcome-based decision-making around both best care and best price. I hope that we will see acceleration in the effective use of relevant data.

We contribute to this push, either through partnerships in regions with good data like the Nordics and Israel, or by creating our own databases and platforms. As an example, Janssen already has a big project in multiple myeloma in partnership with many centres across Europe.

You mentioned that one fallout from COVID-19 could be a more holistic assessment of the value of medicines. Are there any other changes from the past year that you foresee having a long-lasting influence as we move back towards 'normal'?

I do not think there will ever be a pre-COVID 'normal' again, although we hope to get back to normal in several aspects. COVID has brought rapid acceleration of underlying changes already bubbling away but not yet fully embraced. The biggest one is digital health, from telemedicine to interacting with healthcare professionals digitally.

I foresee a renewed and increased focus on prevention, especially for future pandemics, and on building healthcare systems which are *more resilient than efficient*. Efficiency, for a long time the holy grail, has been put under huge pressure by the current pandemic. The question then becomes, how to build a system that is also resilient? Another trend is partnerships. Pharma companies have partnered on the COVID-19 vaccine, for example, in a way we've never seen before, but we will also see more partnerships with governments and academia.

The last trend, although not unique to healthcare, points to significant changes in the way we work. People will not come back to sit in an office five days a week and they will travel much less.

As someone who manages 31 countries and travelled a lot pre-pandemic, does this brave new world of work excite you? How does it change how you manage?

At the beginning, exhausted from so much travelling, I loved the contrast! However, after communicating almost solely through video calls, I began to miss true social interactions. I am a very human- and people-oriented leader, so spending all my days behind a computer screen is no

fun.

Despite this, many things we took for granted before – such as taking a plane for a single meeting and coming back the same day – no longer make sense. They're not environmentally justifiable or a good use of time. A significant reduction in travel is definitely for the better.

How challenging is it to spot and nurture talent remotely?

We have some extreme situations, where people appointed at the beginning of COVID have not even had an opportunity to meet their managers or teams physically. This makes it highly challenging for them to gain a good understanding of company culture and know their colleagues.

So far, we have dealt with this fairly well, by paying a lot of attention to keeping our people *engaged and sane*. These two concepts are equally important. Feedback shows that our staff find constant video calls exhausting, with the lines between work and home life becoming blurred. Additionally, homeworking offers fewer periods of lower intensity with informal interactions. Keeping our teams engaged while balancing well-being is, therefore, our number one priority in 2021.

What kinds of questions are your country managers bringing to you around regulatory approval and availability of the vaccine?

They have plenty of questions, but we have great mechanisms in place to keep everyone updated. I have had what seems like an infinite number of calls to filter the right information down to all levels of the organisation. Although still early days, hopefully once enough people have been vaccinated, we can reflect as an industry and as a company, and acknowledge what we have achieved in such a short timeframe. A little more than one year after the first lockdowns started in Europe, we have four vaccines approved and millions of people have been vaccinated, a rate of progress unique in the world of healthcare and pharma. We must help people understand that this was not a given at the beginning of the pandemic. We have a huge opportunity to rehabilitate the reputation of our industry, which is not always portrayed in the best possible way. If we cannot strengthen our reputation after this, perhaps we will never be able to.

Having highlighted excelling in customer interaction as a key tenet of Janssen's strategy in your region, what are the most important aspects to consider?

We need to be more aware of what healthcare professionals really want. For many years, we delegated this task to field forces, which is fine, but the industry now needs to be more sophisticated in using data to gauge customer preferences.

We need to understand our customers and their preferences around how they interact with us much better. This will help us to bring them the value they need. The challenge will be finding the right balance between face-to-face and digital interactions, based on their preferences and needs, rather than implementing a universal, across-the-board approach.

The buzzwords here – which I prefer to translate into reality – are sophistication, complexity, and agility. Agility in this sense is about truly understanding what the customer wants and prefers, and then delivering on it. This is another aspect that has been talked about for years but which perhaps now COVID is accelerating.

The final aspect is to be competitive. I talk about this with my teams a lot. Even when you bring differentiated innovative medicines as we do, you have competition, which is good for everyone and which inspires us to do even better.

With a team of 31 country managers under you, some of whom are perhaps at much earlier stages of their careers than others, and all of whom sit in quite different geographies, how do you ensure that everyone's voice is heard?

We work hard to be inclusive and to have an open working environment. Sometimes managers from some markets can be more hesitant that others to raise concerns in large company meetings. For this reason, I changed the team structure to remove a layer between those countries and me and to have more visibility. I now visit these markets in person more often and have been very impressed by what I have seen there.

For example, this year we had an award ceremony for best practice – held virtually of course – and three out of the seven winners came from Central European countries. Initiatives like our Croatian team's virtual medical education drive are true standouts and show what we can achieve with enough resourcefulness.

On a final note, what type of company culture are you trying to instil and what legacy do you hope to leave?

No-one enters this industry by accident. We are all here because we know that what we do has a huge impact on patients. What I am trying to do – and frankly, it is an easy task – is make sure that all our employees strive to serve the patients and always keep them top of mind. If we do a great job, patients will benefit.

The other aspect is ‘people first’, where our own people are developed, helped, and supported to be their best selves. Looking back on my career, the people truly make the greatest difference. With a great team of motivated and engaged colleagues, you can move mountains.

Leaders in our industry are not remembered for their business results, but for who they are, how they lead, the teams they build, how they develop people, and ultimately how they make a difference for patients. That is what I am striving for.

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