Diana Arsovic Nielsen – Director, Danish Life Science Cluster



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The Danish Life Science Cluster is Denmark's new national business cluster for life science technology, established in December 2020 with the goal of strengthening collaboration between the country's public and private sectors and commercialising more of the discoveries being made in its world-class research universities. The Cluster's director, Diana Arsovic Nielsen, describes her strategy for the organisation and what the Danish life sciences have to offer internationally.

Can you introduce your career trajectory up to this point and why now was the right time to take on a new challenge as the Danish Life Science Cluster's first permanent director?

I was educated and initially worked as an architect with a specialty in industrial design, creating products that make buildings better in the final phases of a building. While working in a well-known international architecture firm, meeting with people from many different cultures, I got the sense that the architects generally did a great job in trying to understand the users but that when the solutions got out in the world, the users did not behave as expected.

This led to a personal interest in, and journey towards, behaviour-driven design, allowing user experience (UX) to drive innovation. I returned to education, studying organisational development and strategy at business school while still working in architecture, with the end goal of

transforming creativity into something more democratic. Facilitating collaboration and discussion has become the undercurrent that runs throughout my professional life. Growing up in a multicultural and multilingual household, with a Yugoslavian mother and Danish father, has imprinted in me that there is no one answer to any problem and therefore democratic negotiation is crucial to finding the solutions that create the best value for the end users.

While looking for a job that could utilise my skillset, I was hired as Director of the Health Innovation Centre of Southern Denmark, a historically industrial region home to about one million people. When the financial crisis hit, the region realised the need to futureproof itself and develop new solutions. Given its industrial heritage and existing capability, it decided to focus on technology, especially on robotics. This was accompanied by a big centralisation of the healthcare system and the creation of specialised and more efficient so-called ‘super hospitals.’

During my time there, the Southern Region built an innovation centre, promoting public-private sector collaboration on the better use of technology in both hospital buildings and homecare. I was instrumental in integrating these technologies into the healthcare ecosystem, especially in the city of Odense. Although I did not have a background in healthcare, I was well versed in architecture product design and bringing these products to market in a user-centric manner. Through collaboration, promoting a user-centric focus, and working with our employees on the organisation’s innovation processes, I was able to bring many innovative solutions forward in this role.

After four years in Southern Denmark, I was recruited by the city of Copenhagen to become its Chief of Innovation. While there I worked with health innovation, but also social innovation, city innovation, and sustainability innovation. My time in this role was very interesting but also very political. When you are slightly naïve about politics, as I was, you make a lot of mistakes and hit a lot of glass ceilings.

I was then hired as Director of Development for the capital region, overseeing all of the development projects within the region, from traffic to education, pollution, and climate change. In addition to this very broad portfolio, my remit covered the scientific research being conducted within hospitals, working on legal frameworks, contracts, technology transfers, and fundraising. This was my first introduction to the pharma part of life sciences.

Having only been in this previous role for three years, I am not yet in a position to tell pharma what to do in my new role at the Danish Life Science Cluster. Although I have been around the block in terms of technology and product development, I must remain open and curious.

Your new position is not region-specific but national, heading up an organisation itself that is quite new. Could you introduce the purpose of the Danish Life Science Cluster?

Having been established in January 2021, the Cluster is still very new and was created as part of the push to consolidate the different cluster organisations across the country. Several local hubs and clusters have been created, which drive innovation locally but also bring down legal and financial barriers to cross-regional collaboration. As Denmark is a very small country, it made no sense to stay regional. Therefore, 14 national, industry-specific clusters have been created, with life science being one.

Creating a new cluster with the right value proposition for members and potential members has involved a lot of collaboration with both public and private stakeholders, from the Ministry of Education and Research, Danish Business Promotion Board, and European Regional Development Fund – the three main funders of the project – through to the industry association, Lif. Having two separate funding streams means that we are being pushed to focus on both shorter-term business goals as well as driving sustainable innovation in the longer term and bridging the gap between knowledge and business. Our purpose is to help create businesses and growth for Denmark as well as an ecosystem of knowledge with better stakeholder collaboration, and finally better healthcare for the citizens of Denmark.

How has Denmark performed historically in terms of translational research in the life sciences?

A lot of research is being done not only in universities themselves, but through the university hospitals, and through private industry. Despite being a relatively small country, our research output is extremely strong. However, where we have not traditionally been so strong is transforming that knowledge and research into value or business; Denmark is a long way away from global leaders in this field such as Tel Aviv and Boston. One of my jobs is to identify why this gap is not currently being bridged.

A key area of focus will be building up a more market-driven approach across the board, including improving the work of universities’ tech transfer offices, ensuring that they can profit from research projects that eventually make it to market. Currently, technology transfer here in Denmark works too slowly.

Does the Life Science Cluster have KPIs of the number of companies it wants to develop and products it wants to bring to market?

We are still in the middle of establishing a strategy. To get the money to be become a national cluster we had to write an application which had a lot of negotiation around what our focus should be. I want to ensure that our strategy is data-driven, focusing on our actual quantifiable areas of strength. Due to the fact that we have so many stakeholders, the challenge I face is consolidating all of their interests into a single communicable strategy.

Our other interviewees have told us that there is great public private collaboration and a high level of trust in Denmark, but what are the challenges of pulling such a diverse group of stakeholders together under one umbrella?

While there is a culture of consensus in Denmark and everybody wants to be on the same page, this does not necessarily mean that they are. In our stakeholder group we have the five regions, the universities, the medical training schools, technological institutes, businesses from tiny to huge, municipality representatives, and all the ministries. Having so many stakeholders is the first challenge.

The second one is funding; we have been driving the clusters so far with small funding pots, but this changes as a national cluster, meaning we need to be more strategic in our fundraising. That us where we will see how much our stakeholders, being part of the project, really want the cluster. If they do not fund it and put time into it, the cluster will be nothing more than a branding exercise. That has merit, but my aim is to change not just Denmark, but the world with our work in healthcare. If we cannot focus our strategy on what we want to fix, it’s going to be completely impossible to get anywhere with all these stakeholders.

Given you sit in Copenhagen, how do you ensure that the Life Science Cluster is truly representative of all the Danish regions and not only the country’s capital?

I travel a lot and have experience working within the regions. Local challenges need to be understood to properly affect change, which necessitates an open strategic approach and the creation of visions and missions that are worth fighting for. I will get out there and engage with

stakeholders throughout Denmark to translate intentions into action. To me, leading is not just paperwork, it is a contact sport! Leading a network is emotion-driven, especially in the regions which have limited budgets and so need to be appealed to directly. They have much more at stake than the city of Copenhagen for example.

What is your final message for our international audience on Denmark's life sciences industry and what it has to offer internationally?

Right now, I am leading a call to action. The cluster will only be as good as its members want it to be. My job is to join the dots between the country's myriad of strengths, whether knowledge or talent. The cluster itself is not what it is interesting; it is our members and what they have to offer, especially when they collaborate. Public private collaboration and innovation is nothing new in Denmark. We have a strong tradition in this area but are constantly working on how to do it better and faster. Our most common mistake is to assume that we know what their colleagues and partners do; to really understand we must observe.

In terms of our strengths, we have an excellent footprint in public health data. There is an openness and trust within Danish culture to using this data, which was shown during the COVID-19 crisis, and this is something we hope to leverage further in the future. Trust permeates our society in a way rarely seen elsewhere, which is a key selling point for Denmark internationally.

Equality – as best shown in our world-class welfare state – is also an important and relevant part of Danish society. Our hierarchies tend to be quite flat, and – for example – there would be nothing strange about representatives from a small start-up firm being able to talk to the CEO of a large hospital. I feel that building innovation requires equality and a respect for everyone in the value chain – from the factory floor up to the boardroom – and an acknowledgement that their inputs are valuable.

A third important point is the openness of our culture and the willingness of Danish people to engage with each other and with people from other countries. This is on both a personal and professional level, where both our people and our companies are open and willing to learn from the experiences of others. Barriers to entry are low in the business sphere, and even our cities are designed for engagement in the public space.

Fourthly, on healthcare, our system has a high level of integration, with a big focus on collaboration between the primary and secondary sectors. The aforementioned trust means that patients feel comfortable speaking to their doctors about their health without worrying that the doctors are

trying to financially benefit from the interaction. This is also conducive to research and innovation. Patients are willing to share their data and insights to help create better outcomes for others; this is a key element in the user-centric nature of our healthcare.

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