Sally Ann McNab – General Manager, VP Benelux, Bristol Myers Squibb

BMS has been able to deliver for Belgian patients and physicians, in partnership with the health minister and his team

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Benelux is a crucial cluster for Bristol Myers Squibb (BMS), which recently started construction of its first European CAR-T cell therapy production centre at the Leiden Bio Science Park. Sally Ann McNab, the company's general manager and VP Benelux outlines the 28-year journey that has brought her to this important position, describes some of the market access challenges which need to be ironed out to maintain Benelux's positioning as an innovation-friendly group of countries, and highlights why healthcare should always be regarded as an investment rather than a cost.

Having spent a remarkable 28 years working in the healthcare industry, can you talk us through your career trajectory and what has kept you engaged and motivated during this time?

My home country is Scotland, in the UK, and began my career at GlaxoSmithKline (GSK) where I spent 20 years. For the past eight years, I have been with Bristol Myers Squibb (BMS). Having started out at GSK in London, I spent five years there in various marketing roles before moving to France, where I was more involved in commercial sales roles, and various business unit roles within the GSK portfolio.

Following this, I moved to a global role based in Madrid, Spain, where I stayed for three years heading the Global marketing for urology before returning to France and becoming the business

unit head for GSK vaccines there.

Having gained great experience with GSK, I decided to seek a new opportunity. I considered what would equip me best for a future in healthcare and given my 20 years of experience and the speed of change that the industry was going through, I knew that I had to adapt. With the aim of developing my own skills and capabilities, I enrolled in a master's degree in strategic change at Oxford University, a real eye-opening course that covered many areas of business.

Alongside that, I also set up my own consulting company. That was a big change from all the support and structure of GSK. It was a great experience building new networks and getting fresh perspectives; I realized that when we are in these wonderful large companies, it is good to step out and see how other areas of work and business are undertaken and the challenge and energy needed to succeed.

I was approached by Bristol Myers Squibb to join the French team and started out running BMS's cardiovascular business for France before moving to London and having the chance to step into one of the company's major area of assets, oncology, taking up the role of vice president for worldwide oncology commercialization. With my team, we would support countries around the world focusing on securing access and share learnings from other geographies and building the bridge between global strategies and local execution. It gave me the chance to experience a very broad diversity of healthcare systems and learn more about access to innovative therapies in major global markets.

Throughout my career, having a strong sense of purpose and working towards making a difference for patients has been a cornerstone for my choices and opportunities.

What made you take on this Country General Manager role?

I had always wished to have the opportunity to become a General Manager. What is exciting about my role is that it encompasses three countries: Belgium, the Netherlands, and Luxembourg. This has an interesting effect on how we work as a team, how we get diversity into our thinking, and how we can challenge each other. I have always enjoyed change, and diversity keeps me on my toes.

Belgium and the Netherlands are markets with different dynamics, with the latter often described as quite generics-driven. How would you characterise the Benelux organization for BMS?

I would not define the Dutch market in that way. As an example, yesterday afternoon, I was in Amsterdam, talking to two fabulous experts – a surgeon and an oncologist – about the future of the way they work and the healthcare system. The Dutch system is both interesting and innovative.

There are a lot of partnerships, and opportunities for new innovative therapies of course have a key place in the Netherlands.

Understanding the healthcare systems and access situations across all three countries is crucial, as they can differ significantly. I have fabulous access teams that know how things are done and are agile and adaptable to the varying situations with which they are faced.

There are also significant cultural differences both between Belgium and the Netherlands, as well as within Belgium itself in terms of language, education, politics, and the different regions there. This diversity is positive but leads to a fair amount of complexity.

How well-suited is the Belgian environment to the kinds of innovation that BMS is bringing forward in your key therapeutic areas?

Sometimes the path is long, but I believe everyone has a common goal. That is one of the great things about working in Europe; a healthcare system that works for all is a positive message for a nation. We are a stakeholder and partner in the delivery of that healthcare. Taking it from that premise, I think we have a strong seat at the table and the true value of what we have brought to Belgian patients has been recognized. However, as budget tightens, this is becoming more challenging, and we as an industry must think more about how we add and prove the value of our products.

The notion of unmet medical need is a critical one and that is where you will get a government that will support reimbursement for your new product to solve their unmet medical need. It is a partnership, and I think BMS has been able to deliver for Belgian patients and physicians, in partnership with the health minister and his team.

We work in four different areas: oncology and haematology, immunology, and cardiovascular. These all have their own specificities. What is exciting about BMS today is that we continue to

succeed in the four areas we are known for, particularly with OPDIVO© and YERVOY©, and the innovation in oncology, bringing new innovative treatments for cancer patients. We have many new indications and products. That is both an opportunity and a challenge: How, as a team, we ensure on bringing our energies and time to the most important areas and actions.

When moving into a new area, like psoriasis, for example, where we have an exciting molecule coming through, we must ensure that we understand the ecosystem. We are permanently challenging ourselves, and asking, ‘Are we getting this right for this type of asset? Every new asset we ask ourselves, ‘What is the path for the patient?’

Belgian government stakeholders have suggested that too many managed entry agreements are now being used for what is meant to only be an option for exceptional circumstances. What is your take and opinion on the potential of NIHDI’s new access roadmap to retool the system for the better?

A managed entry agreement is simply a convention with the government to get an innovative therapy to Belgian patients. It is positive. If we could have a simpler process of reimbursement, we would be supportive of that, but we currently do not. In Germany, products are on the market as soon as approval from the European Medicines Agency (EMA) is granted. So, why does it take so long in Belgium? Why are only 51 percent of the medicines that received EMA approval available in this country? There is a fundamental question about the weightiness of the process.

For me, the issue is not managed entry agreements per se, but that we need to get around the table and discuss the true value of a given medication, who it is for in Belgium, and what agreement we can come to for reimbursement. The intention of this 52-point roadmap is positive in that it aims at bringing innovation to patients faster in Belgium, and as an innovative biopharma company, BMS can be an active part of the solution.

Medicines are a relatively small part of the big picture in terms of health spending. The share of medicines within the NIDHI healthcare budget is only 16 percent. Therefore, whilst a 52-point roadmap about negotiating medicine costs may have some benefit, it impacts less than one-fifth of the total budget. However, this is a challenge for every government, not only Belgium. The industry needs to partner to also see the holistic system and where we can bring value. There is an opportunity to evolve the way the actual healthcare system works with an adapted approach to earlier diagnosis, treatment and prevention.

What measures is BMS taking to be a more active part of the healthcare system transformation and not just a passive deliverer of medicines?

The more you partner, meet with, listen, and ask questions to understand, the more we can be a valued part of the ecosystem. You need to adapt to every countries-specifics and understand the payer perspective, physician perspective and at the centre the patient.

What are your key objectives for the short-medium term?

From a Belgian perspective, access will continue to be the main challenge in our ecosystem. By that, I mean recognition of the value of what we bring for patients. This is a key part of NIHDI's roadmap, which is a good start, but there are areas within the roadmap that need to evolve if Belgium is to remain competitive and deliver innovative medicines to patients more quickly. It is just taking too long for innovative medicines to get to Belgian patients. Compared to other EU countries Belgium is significantly longer than the average time to reimbursement post EMA approval.

Another area is the work we do with patients, and the importance of the patient voice is part of the roadmap. We have always believed that at BMS and have done a lot of great work in working with patient groups and understanding what they need and how we can help. We have worldwide resources that we can use for Belgians.

For BMS, it is the excitement of so many game-changing new opportunities coming up over the next two years. We need to continue to be pioneers and continue to build partnerships.

Having worked in several European countries and now sitting in the continent's administrative and political heart, do you have a message of confidence about the future of European innovation and industry performance?

I think that when you are inside a system, you tend not to see it for what it is and value the chance that you have. So many European countries have fantastic healthcare and access to amazing physicians in a way that other countries do not have. We can take that for granted.

Healthcare is often considered as a cost but in fact, it is an investment.

Companies such as BMS have choices. Innovation in the past has been positive in countries like Belgium, but it is reducing as we speak, as the environment is not so conducive to helping us bring innovation here.

There is a need for an environment where companies can be confident that they can partner with governments to have the value of their innovative medicines recognized in a timely manner which is not necessarily the case at the moment.

Is there anything you would like to add to the interview that we have not already mentioned?

We are delighted at the company's positive performance and the momentum it has brought. BMS today needs to be agile and shifting to meet future needs. It is about investing for the future. Also, it is about how we can build that future, which will be a continuing focus.

A clear example of this is, as a pioneer in cell therapies, BMS is excited to have its Leiden plant here in the Benelux. This is being built as we speak and will be dedicated to personalized cell therapy, one of the future areas that can be a revolution in medicine.

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