

# BeiGene's Stefan Barbour on Transforming Cancer Care through Innovation, Accessibility & Patient-Centric Solutions.

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*Stefan Barbour describes how personal loss and a multicultural, healthcare-focused background have driven a lifelong commitment to access to medicines. Now leading BeiGene's diverse 22-country Sub Region Europe, a grouping he built from scratch, Barbour outlines his leadership style that blends trust, accountability and "aggressive talent development;" and explains how the company is aiming to transform cancer care through innovation, accessibility, and patient-centric solutions.*

## **Can you give us a sense of your background and what initially motivated you to join the pharma industry?**

I have a French Moroccan mother and a Scottish father and grew up between Paris, Casablanca, and Liverpool among other places. This diverse background meant that I did not really fit in anywhere, but at the same time could fit in everywhere.

My mother was a biochemist, my grandfather was a doctor, and my father was in the pharmaceutical industry. I was, therefore, talking about science, medicine, and access to healthcare with my family from an early age and was very well acquainted with pharma. My father

even used to take me out on field visits and leave me in the car while he went to see doctors in hospitals!

I went off to university and, at 20 years old, joined Sanofi as a key account manager. I was then headhunted by Bayer, but experienced redundancy for the first time from that role at around 23 years old after a product failure. Since that point, every move in my career has been about gaining experience and insights from different types of companies. I have gone from big to small pharma, biotech to mid-size, and even worked in diagnostics.

### **What have been the most formative experiences in your career journey?**

I started in mainstream cardiovascular and antibiotics and then found myself specialising in haematology and oncology. At the time, there were very few products available in these fields, with patients sick in hospital wards and relying on chemotherapy, and there was a clear lack of focus on supportive care; ensuring that patients could receive chemotherapy while managing its significant side effects. How do you stop them being sick? How do you prevent mucositis? That stuck with me throughout my journey.

Another reason I specialised in haematology was that my grandmother was diagnosed with acute myeloid leukaemia (AML). Even though my family worked in healthcare, we struggled to get rapid access for her to experimental new medicines.

At that time, there were not many early access programmes, the company I was in could not provide the treatment, and unfortunately, my grandmother passed away. That left me with a drive to ensure that patients could have access, not just to pharmaceuticals but to clinical trials and early access programmes. I wanted to pioneer innovative ways of getting these drugs to patients. Fundamentally, I believe that is what the industry should be focused on: reducing bureaucracy while also presenting the most robust arguments to ensure access.

My career also reflects this. I worked in the UK, where everyone has some degree of healthcare access. But I also worked on a rabies vaccination programme in Morocco, which gave me a very different perspective. People were coming in after being bitten by a dog with rabies; a disease that does not exist in the UK. I was shocked to hear that if they could not afford the 30 euros for treatment, they were simply sent home, likely to die of the disease.

I ended up using my credit card to pay for every patient who came through. Then, I used my father's card, which led to a difficult conversation when I returned home after three months! That

experience left me with the goal of one day returning to Morocco to help change the healthcare system and improve access to medicines.

As it turned out, later in my career, I did have that opportunity. We managed to secure reimbursement for a high-value medicine by negotiating with payers and the government. That experience fundamentally drives my motivation to this day.

### **How have you leveraged this experience and philosophy?**

Before joining BeiGene I was fortunate to have worked for smaller companies that did not have the infrastructure or funding to sell their drugs directly in different markets. One of my roles was to explore how we could work with third-party providers to expand access.

I moved from established markets like the UK and France to North Africa and even Hong Kong – where I lived with my son at the outbreak of the COVID pandemic – all of which have vastly different healthcare systems. There is no one-size-fits-all model. Each market requires a unique approach, and you need to ask yourself several key questions: “What is your vision?” “What is your mandate?” “Do you have the right people to drive that journey?”

When I got the opportunity to return to Europe, I brought with me a deep knowledge of haematology and oncology, having spent years at Celgene, where I worked on multiple myeloma, lymphoma, strategic development, early access, and commercialisation.

[https://alpha.pharma.kalyna.dev/wp-content/uploads/2025/04/Video\\_PBR\\_Stefan\\_Barbour.mp4](https://alpha.pharma.kalyna.dev/wp-content/uploads/2025/04/Video_PBR_Stefan_Barbour.mp4)

### **What is Sub Region Europe and how have you gone about building a footprint for BeiGene in the region?**

Sub Region Europe was a new geography for BeiGene. consisting of the 22 European markets that are not part of the EU5, except for Austria, Portugal, and Ireland. It basically covers most markets that require an EMA approval, as well as Switzerland, which has its own approval system via Swissmedic (the Swiss Health Authority and approval body). It spans countries with some of Europe’s highest levels of GDP per capita to some of its lowest. This eclectic mix of markets also

includes some of Europe's shortest access timelines as well as some of its longest.

When I returned from Hong Kong, I was handed a blank piece of paper and asked, "How are we going to serve these patients in the best way possible?" We needed to prioritise speed of access while remaining financially sustainable. We ended up choosing to build affiliates in the Netherlands, the Nordics, Switzerland, and Poland.

While some companies would not typically set up an affiliate in Poland, we saw an opportunity. Poland is a major contributor to haematology and oncology clinical trials in Europe, with a growing economy and innovative healthcare professionals.

**Does the fact that BeiGene is a new entrant in the European market grant you the flexibility to pick and choose approaches that legacy organisations might lack?**

It does. For example, most companies moved away from conducting in-house clinical trials, but we brought that back. We wanted to manage the interface with customers ourselves so they could experience our reputation, philosophy, and identity as a company.

On the other hand, while we chose to establish affiliates in some markets, we decided that this was not the best approach to serve patients in all 22 Sub Region Europe countries. We could have built the infrastructure ourselves, but that comes with the risk of finding the right talent, and it is difficult to justify with an evolving portfolio. Therefore, we decided to work with a distribution partner in thirteen markets.

However, while many companies simply hand over the product to a partner, set sales targets, and then step back, we saw an opportunity to do things differently. We see our partner as an extension of our team. They are aligned with our values while bringing their deep expertise in these markets; their teams are locally embedded, with a strong understanding of the culture, environment, and reimbursement systems.

The way we have gone to market in these countries has also been very bold. We wanted to ensure that patients within the European approval system gain access to our medicines as quickly as possible. Typically, companies launch in the EU5 first and then expand, but we chose to launch across the continent simultaneously. For our BTK inhibitor alone, we submitted a whopping 45 market access and reimbursement dossiers. For one of our newer products, we have completed 96 dossiers. The workload and complexity are enormous.

At the same time, we have markets where our products have already been present for three years and others, like Romania and Bulgaria, where they will only be launched in the next three months. Managing this region means balancing established markets, newly launched ones, and the full spectrum of pricing. We must also navigate some of the most complex and challenging pharmacoeconomic arguments around.

The only way this works is through the talent that we have been able to bring on board. With a blank slate, I was able to select some of the most incredible talent I have ever had the chance to work with.

### **Can you outline your approach to talent development and retention?**

BeiGene has a unique talent philosophy. It does not matter where the talent sits if they are talented. We chose Switzerland, specifically Basel, for our base because it is home to major companies like Roche and Novartis, with Takeda nearby in Zurich. There is a strong talent pool here. However, if someone wants to live in Zug or Geneva, that is entirely their choice.

After COVID, I realised location is not as critical as we once thought. I managed Hong Kong for six months from Switzerland, despite the time difference. Even when I was physically in Hong Kong, 50 percent of my team was in the office on Monday and Tuesday, and I did not see the other half until the following week.

The key is cultural agility. Working with someone from the Netherlands is very different from working with someone from Poland, Romania, or Finland. You need to be able to flex across cultures without taking things personally. At its most basic, this means not being offended if a Dutch colleague sends you a very direct email!

This cultural philosophy was critical to making everything work. Having people from different backgrounds and environments helped us move quickly. Within the first six months of joining BeiGene, most people were already on a stretch assignment because we were simultaneously building an organisation, launching a product, and securing reimbursement. In my region alone, we have gone from zero employees to nearly 70 in just three years.

### **How do you balance the excitement and opportunity of developing processes while already executing them? Is there a risk of moving too quickly?**

We describe it as flying a plane while attaching the wings and choosing the engine. Throughout my career, I have worked in companies at different stages: startups, mid-size transformations, and large acquisitions. At Celgene, I had the opportunity to join early, watch it grow into a mid-sized company, and then see it acquired. During that transition, Celgene was a highly profitable company with a blockbuster drug which was nearing the end of its patent life. The challenge was figuring out how to reshape the organisation for the future. Could four or five products compensate for the revenue generated by one?

This mindset was crucial when I started at BeiGene. I needed to hire people who understood that their jobs would be secure for at least three to five years. Having a strong vision was essential. On day one, when I sat down with my leadership team, we refined our strategy over the first few months by asking: “Who do we want to be in five years?” That was the vision. Then we outlined the steps we needed in terms of processes, talent, and company philosophy.

But the most important question was: “Who do we want to be as employees?” Many of my team members had experienced major mergers, which often represent a significant cultural shift. I saw this first hand in bringing together Celgene’s fast-moving, creative, and innovative environment with BMS’s more structured, corporate approach.

I took elements I liked from Celgene, BMS, and other organisations to shape BeiGene’s culture here in Sub Region Europe. We needed to challenge everything and embrace a “restless curiosity.” I tell my team to view the world through a child’s eyes. A child asks: “Why is the sky blue?” or “Why does the air we breathe have no smell?” I want my leadership team to ask similar questions: “Why do we operate the way we do?” “Does this process actually work?” “Just because something is a standard operating procedure, does it make sense for Switzerland?” “Does it make sense for the Nordics?”

Often, corporate decisions treat Europe as a single entity, but that does not always work. What makes sense for France might not apply to Poland.

### **Having set five-year goals when you started three and a half years ago, what has been achieved thus far and what is still left on the table?**

We have been so focused on building the organisation and ensuring patients get rapid access that there is a danger of not reflecting on just how much we have achieved.

We have not just launched in one indication; in some cases, we are managing up to four indications, each with its own regulatory and reimbursement process. Some indications are available in certain countries but not others due to healthcare system constraints. Additionally, I oversee a region where Swissmedic makes regulatory decisions independently from the EMA. That adds another layer of complexity.

While we have made great progress, our journey is far from over. We now have two very innovative pipeline drugs in hematology, which could establish BeiGene as the leading company for chronic lymphocytic leukaemia. Moreover, we're making significant strides in oncology, where one of our drugs could become a key cornerstone therapy for future innovative combinations in solid tumours.

This represents an opportunity to leverage our talent even more; not only do we have stretch assignments, but we are also creating new roles.

### **How would you define your approach to leadership today?**

My leadership philosophy is based on what we may call "aggressive talent development." It is always a risk to take a chance on someone. Many companies focus only on what an employee has done within their current role, without considering their entire career journey.

I prefer to consider the breadth of a person's experience, who they are as individuals, and whether we are willing to take a calculated risk to invest in their development. I also firmly believe in hiring people who are smarter, wiser, and more curious than me.

I recently asked my team how they see me as a leader. I am not a micromanager; I give people 100 percent trust and 100 percent accountability. I tell them to manage the business as if it were their own company. My role is to problem-solve with them, challenge them, and help them improve.

Over the past two years, at least four of my leadership team members have been promoted into more senior roles within the organisation. That is the legacy I want to leave. Nobody will remember whether I wrote a business plan correctly, but they will remember that the people I worked with went on to innovate and change the industry.

**We talked earlier about Basel having a strong talent pool, but the flip side of that is a high level of competition. How do you make BeiGene stand out from the crowd and offer**

## **something that larger companies do not?**

The proof is in the results. Initially, I had to actively seek out candidates for key roles in the organisation and explain the company to them. Recently, I was hiring a country manager for one of our markets and received 145 applications, showing how far we have come.

BeiGene is fully settled across multiple markets, and is no longer an unknown name. We recently conducted market research in Switzerland, also home to our European HQ, and the results showed that healthcare providers truly value us as an organisation.

## **What would success look like for BeiGene in your region over the next few years?**

Our goal is simple: we want to transform cancer care through innovation, accessibility, and patient-centric solutions. We started with the belief that patients should have accelerated access to haematology and oncology drugs. If we can continue expanding that to our broader portfolio, it will be a major success.

Our haematology drugs are already having a significant impact on patients' futures. Beyond that, we also have a growing oncology pipeline and are doubling down on our investment in this space.

The company is in the process of changing its name to 'BeOne Medicines' (an operation already concluded in the US) and has even changed its Nasdaq ticker to 'ONC.' This marks a clear attempt to position ourselves as *the* leading haematology and oncology company. While other companies are divesting, we are investing and scaling up.

At the same time, we are increasing patient access through clinical research in our markets and creating more opportunities for talent development. Our long-term success will be defined by the strength and impact we generate across all 22 diverse markets we serve.

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