Interview: Peter Ulvskjold – Corporate Vice President of International Operations, South East Asia, Novo Nordisk



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Peter Ulvskjold, the Corporate Vice President of International Operations in Southeast Asia, highlights the challenges in the region facing diabetics and how Novo Nordisk is working to close the gaps in access and education for insulin in the region.

You have been overseeing South East Asia for about a year now. How would you characterize the pharmaceutical industry in this region?

The pharmaceutical sector is under tremendous development in SEA. We are seeing a multitude of international and local players coming into the industry and in particular diabetes care. Many patients are undertreated and therefore the pharma sector views the region as one of potential and with substantial needs. Within diabetes; there are a lot of different insulin products coming to the market from well-known multinationals, such as Eli Lilly and Sanofi, but also from a number of new Indian, Chinese and Polish companies. This offers some challenges both from a quality and regulatory perspective but in the end, hopefully, patients will receive a better treatment. Insulin is a life saving and potentially lethal medicine if not produced and used correctly; patients can suffer very severe effects. So when we sell our products here, it’s not only about delivering a high quality product, it’s also about delivering an educational services platform, which is very much needed as more physicians understanding diabetes will help treat the pandemic currently taking place.

Endocrinologists are usually the ones who prescribe insulin but there are very few of them, and family physicians have little understanding about insulin. Given the fact that there are so few endocrinologists, there is a huge strain on society for them to perform.

Diabetes is already widely prevalent in this region and according to the International Diabetes Foundation the number of cases will double by 2040. How does that speak to the type of challenges that governments face when it comes to managing the growing burden of diabetes?

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Diabetes is unfortunately just one among many big disease burdens governments face. Their responsibility is to ensure that physicians have the right capabilities and that the infrastructure such as hospitals and dialysis is in place to be able to treat diabetes. They also have to make sure that products are available, ambulance services are reliable and nurses are properly trained. I believe the perspective of IDF is to try and educate and communicate to governments that dealing proactively with managing diabetes and researching how to improve lives locally through projects help to educate societies about the burden and risks of diabetes.

For example, there is an expectation that the number of people living with diabetes will grow double digits percentages year-on-year, which would result in a major strain on government budgets. If expenditure in managing diabetes goes up by 20 percent, the associated costs will double within just three years. Nonetheless, this would be countered if people are well treated and in control of their diabetes because subsequently people would lead more productive lives being part of an efficient work force. When hospitals are able to provide better care to people living with diabetes, it ultimately increases the productivity of a country overall. Secondly and more importantly, it would save many people’s lives as well as improve the general state of diabetes.

From your perspective, how should diabetes be prioritized, especially in the face of other pervasive and chronic diseases?

From my perspective, diabetes is as critical as other chronic diseases, but it is also treatable. For the most part, diabetes is a lifestyle disease, which is typically developed when people are between the ages of 40 and 60. A large percentage of these people only start using insulin when complications start to occur, which is a major problem. If only there was a way to instill testing once someone turns 40 and has a body mass index above 25.

In those cases, we clearly recommend yearly check-ups – like many people do in the more ‘industrialized’ world. In this way we would be able to measure the effectiveness of people’s pancreases, and thus be more alert when someone is prone to develop diabetes. As a result, we would be able to detect signs of diabetes early and most likely even prevent it from developing further.

Your managerial oversight covers the whole spectrum of what Mike Doustdar refers to as Tier One, Tier Two, and Tier Three countries— spanning vast discrepancies in affordability and wealth. How do you go about balancing commercial profitability against social responsibility?

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In some countries patients pay out-of-pocket, in others, the government supports them. Our job is to work with all stakeholders such as patient organizations, doctors and ministries to ensure that the best possible treatment paradigm is in place. For instance, we have different “generations” of insulin. We have the full portfolio of insulin, the newer insulin becomes safer as every generation closer mimics a natural pancreas functionality.

Novo Nordisk offers all generations of insulin pending the specific country regulatory approval. In Bangladesh for example, we have thousands of patients using the human insulins but we also have many patients using new generation insulins due to knowledge of doctors, cost and treatment setups.

How have you gone about partnering with local stakeholders who advance the longstanding agenda of treating diabetes?

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Many companies in this industry often overlook Southeast Asia given its market access barriers, lack of affordability, and low purchasing power. How would you evaluate Novo Nordisk’s presence and commitment to the region?

We have a longstanding commitment in Southeast Asia. We are continually expanding our workforce and investments here, and are committed to do so over the next many years.

If you look at demographics, wealth distribution, urbanization and the way GDP growth is trending, Southeast Asia is actually the fastest-growing region globally. With 6% GDP growth over the next five years and a population growing from 830 million to one billion by 2030, these dynamics gives me confidence in that focusing on treating diabetes is one that will have increasing focus.

Naturally, we also see certain challenges, as the environment here is changing quickly. I think that price pressures will continue and as mentioned the awareness of diabetes is a concern of mine resulting in a need to invest in large-scale awareness programs, trade deals or educational grants.

Over the next three to five years what are the targets that you would like to set and how will you ultimately measure your success?

Changing diabetes in short – the number of patients we reach and help prevent the progression of their diabetes. If we can lower the patients' blood sugar levels meaning their HBA1C which is a three-month average of your blood sugar levels closer to the recommended 7% by the American Diabetes Association; that would also be a success. In this region the average measure is 9 to 9.5 % so reducing it by just 1% would have a tremendous impact.

Finally, we operate in markets and environments where the way business is made can be difficult or impossible following our business ethics standards as those are cornerstones for a global company. For Novo Nordisk, business ethics and being a good long-term partner to different stakeholders in the sector is of utmost importance.

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