Interview: Allan Finkel – Vice President and General Manager, Novo Nordisk Brazil



"We want stakeholders to know that we are a leading company in diabetes – this is the core of our business."

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Allan Finkel, recently voted Novo Nordisk's best GM globally, speaks about the partnerships and projects that the Brazilian affiliate organizes with doctors and patient associations to increase diabetes awareness in the country as well as their newly launched obesity treatment Saxenda®, which has seen tremendous success in Brazil.

You took over the helm of Novo Nordisk Brazil in January 2015, which marked the beginning of a great era for the affiliate. In June 2016, Novo Nordisk became again the leader of the diabetes market, with more than 13 percent market share (private market). If we consider public and private markets, this number goes up to almost 17 percent. Two and half years after you took over, is it already "mission accomplished" for you and Novo Nordisk?

Novo Nordisk is well known across the entire world for the great benefits that it brings to patients; whereas in Brazil up until some time ago, we were not there yet, despite being in the country for more than 25 years. When I was hired, my mission was to understand the business and investigate what could be done to put ourselves in the right spot. We have been able to accomplish some milestones such as reaching insulin and growth hormone leadership in the country, and we also launched Saxenda® a year ago, thus establishing another therapeutic area – obesity. Now that we are recognized as such, we would like to consolidate our leadership in order to change the lives of people with diabetes in Brazil.

Out of all the people living with diabetes, only 50 percent of them are diagnosed, of whom only 50 percent receive care. Out of those, only 50 percent achieve treatment targets and, lastly, only half of them achieve desired outcomes. This means that only 6 percent of people with diabetes live a life free from diabetes-related complications. As a result of this, our objective goes beyond just being leaders – we want to work and achieve more awareness. To this purpose, we are investing in education, not only for physicians but also for patients and the general public. We try to do so through partnerships with medical and patient associations by instructing them on how one can still achieve a good quality of life, while being diagnosed with diabetes.

A survey released by the Ministry of Health in April shows that the number of Brazilians diagnosed with diabetes increased 61.8 percent in the last 10 years, from 5.5 percent of the population in 2006 to 8.9 percent in 2016, which makes over 18 million people. What is this due to?

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Firstly, it has to do with a rise in awareness and understanding of the disease – hence more data – but as well as the fact that the number of people with diabetes is growing at an alarming rate. Through different initiatives under our Changing Diabetes® platform, we work to address the largest unmet needs for people with diabetes by focusing on the risk factors, early diagnosis, access to care and also supporting them to achieve better health outcomes. It is crucial for us to let patients and the general public know that, by adopting simple changes in their lifestyle, such as improving their eating and exercising habits, their risk of developing diabetes is reduced, and they may also avoid the progression of the disease.

Do you think there is willingness and eagerness to include modern diabetes products in the public system in Brazil?

In terms of diabetes drugs, the public system is well established as everyone has the right to receive care through our universal healthcare system (SUS). However, the products that are available in the public system are not the most innovative ones, such as human insulin. It requires patients to get a hold of a syringe and inject the product – which you would agree is not the most convenient way. At Novo Nordisk, we've come up with new ways of injecting insulin, such as modern dischargeable and also non-dischargeable pens with very small needles, thus improving the treatment adherence of the patients. There are studies showing that, by coming up with more innovative ways of insulin injection, treatment adherence is improved.

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Besides that, some governments of the federal states realized that there are better basal insulins, and they are starting to reimburse these products accordingly. For example, we have Tresiba®, which is a long-acting insulin. By reimbursing it, states would have great benefits on a macroeconomic level, as they would avoid hypoglycemia and hospitalization. Therefore, some states decide to invest part of the reimbursement budget the Federal government provides into reimbursing modern products. Another example is that, many years ago we launched Novorapid®, an analogue insulin, which is currently not reimbursed at Federal level, but only at state level. I believe that there are more opportunities for the Federal government to look more at modern therapies to offer even better treatments to Brazilian patients. If this doesn't happen, the number of patients currently not being treated will unfortunately increase. I think that ANVISA improved dramatically over the past few years. Our experience with the products that we submitted to ANVISA has been very good in terms of time of submission and registration. Of course it can be improved, but I cannot complain as far as I am concerned.

Novo Nordisk holds an unrivalled expertise in the patient-centric diagnostics and management of diabetes. How do you ensure the local ecosystem can leverage Novo Nordisk's global expertise in this field?

We are engaged in many activities in the medical arena, such as partnerships with medical associations to train key endocrinologists in the country and raise more awareness of diabetes. Furthermore, we are about to start engaging with cardiologists, which is very new to us. We also organise some standalone events, such as the one we held last month in which we involved around 300 doctors, bringing in external speakers to talk about future predictions of the disease and give them a sense in terms of how things are moving on the innovation side. From a patient perspective, we have some limitations. For instance, we cannot have direct contact with patients, as DTC (Direct-to-Consumer Pharmaceutical Advertising) is not allowed in Brazil. However, what we try to do is to partner with patient associations by doing diabetes testing all over the country and investing in patient programs. For example, NovoDia was launched in 2009 and revamped on 2016 to also include support to obesity patients besides diabetes. Only last year, the program attended more than 300 thousand patients with the distribution of educational materials about the conditions and about how to improve their lifestyle to avoid future complications.

Novo Nordisk's plant in Minas Gerais is the largest insulin plant in Latin America. Could you give us an overview of its importance in the global operations of the group?

While it is not within the scope of my responsibility, I have close and regular contact with the person in charge of supervising the plant as a way to maintain business strategy, Marcelo Zuculin

Júnior. Currently, the plant does not supply its products to the Brazilian market because when the plant was purchased back in the early 2000s, the significance of the Brazilian affiliate was very small. From a tax perspective, at that time it was not beneficial for them to supply to Brazilian patients as well, as they would have lost the opportunity to ship the products outside of Brazil with a more advantageous price due to tax exemptions. However, we recently submitted the request to ANVISA to have the products registered in order to start delivering products to the Brazilian population too. It is worth noting that the plant alone is responsible for 25 percent of the total export of pharmaceuticals in Brazil. It is the biggest plant in Latin America and the most significant for the Novo Nordisk ecosystem outside Denmark.

We understand at least three out of four people with type 2 diabetes are overweight and Novo Nordisk launched Saxenda®, the company's strategic new anti-obesity treatment. How has this product been received in Brazil?

We have reached close to 30 percent of share of the obesity market and the acceptance of Saxenda® came to us as a huge surprise in Brazil and from a volume perspective the medication has done even better than the US. Brazil is currently looked up as an example for those countries looking to launch Saxenda® in their markets. The reason for our success is mainly linked to our ability in identifying our customers, listening to them, looking for the right doctors and trying to understand the market and position the product for the right patients.

In addition to this, we also provide packages through the NovoDia program with information on why it is important to treat obesity – because at the end of the day taking Saxenda® without working on one's diet and doing exercise is not equally effective. Most of our key people that we a got hold of for educating the public and making ourselves known, such as endocrinologists, are the same as for our diabetes products so it was not all too difficult to build credibility and position our acquired expertise. We are now looking at doctors with other specialties to raise awareness on obesity, such as cardiologists and general practitioners who also treat the disease.

In many countries, obesity is not conceived as a "real" disease and a chronic disease, even by healthcare stakeholders. What is your assessment of the situation in Brazil?

It is hard to give you the exact statistics. I reckon that it is not well known, but we have been doing a lot of work to raise awareness. For instance, last year we launched an awareness campaign called 'Obesity is what you cannot see'. What we would like to showcase is that obesity is a complex and multifactorial disease and that there are treatments available as well as a way for patients to live a better life. As an example, the entire promotion of the new obesity franchise was about the disease

and showing that it is not a matter of aesthetics, but rather a matter of health. Additionally and perhaps even more importantly, it is to raise awareness around the stigma of obesity, so that people with the disease stop being labelled as lazy and blamed for having obesity.

What is the image that you want external stakeholders to have about Novo Nordisk, now that you have a new franchise?

We want stakeholders to know that we are a leading company in diabetes – this is the core of our business. Furthermore, we were very well placed in the ranking of the Great Place to Work®. We were 19 last year, and now we are number eleven. If you look at pharma companies up to 1000 employees we are number one. I do not want everyone to know about Novo Nordisk, I want our patients to know about the great value that we bring to their lives and that our culture is entirely focused on them.

Everything seems to go so well at Novo Nordisk. What are the challenges that keep you awake at night?

Political instability plays a significant role in our ecosystem. It gives uncertainty as to where we should invest. For instance, the government announcing to take insulin out of the Farmácia Popular program which, in my opinion, would be quite unfortunate. The Ministry of Health, a few years ago, did a research on the great benefits that Farmácia Popular is bringing to macroeconomy of the country – the decrease in hospitalisation being one of the major results of this. We are speaking to the government and with the trade associations, and hopefully we'll continue to guarantee the access to medicines for patients through the program.

In 2016, you were awarded the title of best Novo Nordisk general manager. What does it take to be a good general manager?

The award was not only given to me but to the entire Brazilian affiliate, as they have done a tremendous job. No matter how good your strategy is and how skilled you are at implementing it, because if you do not do it with passion it will never work out well. I believe that this recognition reflects how employees are passionate about what they are doing. When you translate into numbers, dividing all the patients we reach every year by the number of personnel we have, it results in 6000 to 7000 patients on average per employee – this makes people realize how important our job is. When I go to work in the morning, I think about all these people relying on the work that I carry out on a daily basis.

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