Laurent Abuaf – Country President UK Marketing Company, AstraZeneca



In recent years we have refocused our efforts and invested heavily in the UK—our new global headquarters in Cambridge is just one example—and we want to get our 'AZ in the UK' story out there

12.07.2018

Tags: UK, AstraZeneca, Pharma, Strategy, Innovation

Having recently joined the UK operations of AstraZeneca after a varied international career, Laurent Abuaf shares his vision of the UK as a life sciences reference market and his take on what makes the NHS so unique. Moreover, he highlights some exciting elements of AstraZeneca's pipeline and reaffirms the company's willingness to continue growing in the UK, a market holds a deep-rooted significance for the global group.

As you have very recently been appointed as President of the UK Marketing Company of AstraZeneca, home to the global group, what mandate was laid out for your tenure?

AstraZeneca wants to continuously be true to its principles: dedication to global talent and making sure that—whatever global context we operate in—we always strive to drive innovation and science for patients, while ultimately driving good business. We want to be a global player but also remain as patient-focused as we have always been, especially given our footprint in the UK. It has really been set as my priority to build on those axes and commercial success, and we added one more dimension to my mandate: bring together the whole picture of AstraZeneca in the UK in our communications with healthcare professionals.

Indeed, although we employ over 6,000 people in the UK (of which the commercial operation represents 700), we see that not all physicians are aware of what we really stand for as a company.

In the past, AstraZeneca kept a relatively low profile, focusing on patients and science, but missed opportunities to highlight these characteristics. However, in recent years we have refocused our efforts and invested heavily in the UK—our new global headquarters in Cambridge is just one example— and we want to get our ‘AZ in the UK’ story out there, particularly to the medical community.

The UK is known to have a tendency to be self-centric. My experience of working in other countries enables me to see things differently; to see opportunities and challenges you might miss by not having the element of comparison. For instance, the UK is one of the worst countries in Europe in cancer outcomes and respiratory deaths, but it has on the other hand made great progress in cardiovascular outcomes. The same logic applies for Brexit: both a threat and an opportunity. Britain as a country and AstraZeneca as a major player, have to seize the opportunity that this presents for Life Sciences, the NHS and patients in this country.

What is the scope of operations of AstraZeneca in the UK today?

For AstraZeneca, our roots lie in Great Britain and Sweden, and, consequently, our footprint in the UK is second to none in biopharma. Our new R&D headquarters in Cambridge will regroup all scientific sites around Cambridge into one, which will allow us to further foster collaboration with academia. 70 percent of all AstraZeneca medicines have either been invented or developed in the UK, which goes to highlight our historic footprint and scientific past in this country.

Next to the science offering, we also have important manufacturing and development operations in the North-West corridor, in Macclesfield. From there we turn our molecules into medicines, manufacturing supply for 130 countries globally.

Those are just some elements that illustrate how crucial the UK is for AstraZeneca but also how important AstraZeneca is for the UK: we represent one percent of all British exports.

To AstraZeneca, the UK is critical, owing to the intellectual capital and high science it showcases as opposed to the size of the market. Being able to leverage this, as well as the incredible data available here, allows us to identify the right patient for the right study, and make the UK into a unique place for us.

For AstraZeneca, the UK is one of the largest markets in Europe, but only in the top ten markets worldwide. Therefore, Britain is more of a medium-sized market to the Group from a business opportunity perspective.

What does it mean for AstraZeneca's UK operations to have a global headquarter in Cambridge?

Having our corporate headquarters in Cambridge allows us to create and access an ecosystem of science, innovation and academia. We are also re-joining our roots as a company, with our MedImmune R&D arm already being located in Cambridge.

Cambridge and the University of Cambridge are known to be the cradle of amazing science and rightfully so. At AstraZeneca, we know that we do not drive science on our own in our corner, but that collaboration within a buzzing environment where we can meet intellectual capital is what triggers great innovation and science.

Thanks to this new location, we will be able to benefit in more extended ways from new discoveries and developments, while—just as importantly— better understand how medicines can be used in real life. By putting these elements closer to global functions, we hope that we will further develop a future-oriented approach from the beginning of the inception of a drug.

What can we expect from AstraZeneca's pipeline moving forward?

As a company, we concentrate on three core therapeutic areas: cardiovascular, renal & metabolic (CVRM), then respiratory and oncology.

For example, in CVRM, we have several investigational molecules pushing through, including a GLP1-glucagon-based molecule that presents a double mode of action. Phase IIa data for MEDI0382, recently published in the Lancet, showed that after six weeks of treatment this treatment significantly improved glycaemic control and reduced body weight compared to placebo. Separately, we are also working on a technology that will revascularize the cardiac muscle following myocardial infarction. It's still early days but this is really exciting.

What is your approach to the NHS and NICE, and the tough reputation both have in international markets?

In the UK, the NHS is a source of national pride and for good reason. It means free healthcare for everyone, and because this is absolutely true, it goes beyond similar systems in France or Belgium.

There are no partially reimbursed drugs; once a medicine has been approved by NICE, it is supposed to be available on the NHS. However, no system is perfect, and although all eligible patients should then have access to these medicines, that is not always the case locally.

In fact, the NHS' ambition of perfection is part of the problem. While it is often recognised as an efficient system compare to others, with a lower percentage of GDP spent on health compared to other European countries, it still requires high amounts of funding to live up to this ambition and is complex to manage across national, regional and local levels. The UK tries to live up to the idea of universal coverage and the NHS strives for the best outcomes with the least amount of money, and medicines are one element of cost. Medicines have a crucial role to play in improving patient outcomes and bringing efficiencies to the NHS, and the recent announcement by the UK Government to increase healthcare funding is a positive step for the NHS.

For AstraZeneca, the NHS is a critical partner. It is however not one entity, and we have to engage with it on national, regional and local levels, and all are evolving. The crucial point here is that if you want to collaborate with the NHS, you need to be open to understanding their agenda. They have a patient-care and cost-effectiveness perspective, with a local needs dimension adding to it, and this comes as no surprise.

With NICE, our collaboration revolves around understanding how they approach health economics so that we can model the cost effectiveness of our drugs. NICE cost-effectiveness thresholds are some of the lowest in Europe and have not changed since 1999, despite inflation, which can be challenging when trying to bring innovative medicines in the UK.

Looking more to the future, what role do you see the UK playing on a global life sciences stage?

The UK has what it takes to be a global life sciences leader, from a scientific capital perspective, from an infrastructure perspective and, more recently, from a political intention perspective – but this political intention needs to transform into real decision-making. For example, we need to create an environment that can adopt innovation; at the moment, the uptake of new medicines in the UK is one of the lowest in Europe. In the first year after launch, for every five patients who receive a medicine in France or Germany, only one patient in the UK will have accessed it. We cannot ignore this. Patients need access to innovative medicines to improve health outcomes.

The signs are encouraging, but we have to figure out, as an industry and together with academia and officials, how we can strike the perfect balance between ensuring that the best innovation reaches patients in an affordable manner and encouraging innovation on the other side. There is no easy answer, but I see that the foundation for discussion is here in the UK and that ultimately, everybody has the health of patients on their mind. This will lead all of us to make the right decisions moving forward.

To conclude, can you share what you believe are the skills you will need to manage the UK operations of AstraZeneca in a successful way?

I believe that maintaining the patient focus while developing resilience will be of the utmost importance. At AstraZeneca, I see an innovative spirit and great creativity firmly anchored in our ways: good ideas make their way to the top. This is essential for the future of any company, and I am proud that we have the capacity at our company and in the UK to unlock potential. It is easy to be distracted by the system, but patient focus has to remain our mantra.

We want to be a success. I feel excited, blessed and to a certain degree stressed by the task in front of me, but I retain the confidence that the UK will continue to be a hub on the life sciences map.

See more interviews