

Catherine Rives - General Manager, UCB France



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Newly-appointed general manager of UCB France, Catherine Rives, discusses what drew her back to the company after time away, market access issues in France and the future of personalized medicine.

Congratulations on your appointment 4 months ago as general manager of UCB France. What brings you back to the iconic Belgian pharma company after stints away at MSD and Baxter?

I had initially been interested in familiarizing myself with the medtech space because of the shorter time frames for developing medical devices and bringing them to market, however, at the end of the day, I am very happy to have returned to biopharma with a company that has always inspired me. As a shareholder, I had been closely following UCB's development ever since first working for the company and I really believe that this is a firm with a special corporate culture. Not only are we driven by science, but also we are genuinely inspired by the patients that we treat and have taken very concrete steps to embed patient-centricity into absolutely everything that we do.

What sort of mandate have you been entrusted with as the new general manager? And how would you describe your immediate priorities?

My mission is very clearly to raise the profile of the French affiliate within the UCB Group and simultaneously to increase the company's footprint within France's healthcare ecosystem. Right now, our affiliate ranks around 5 among Top 10 in strategic importance within the overall Group. and that is clearly not commensurate to the immense potential of France, both in terms of underlying market size and innovation capacity.

Not only is this a top 5 European sales market, but there are many aspects in France that are simply unique that you don't find elsewhere. Firstly, this is the only western EU state where the public healthcare budget has been steadily increasing by 2.3 to 2.5 percent per annum and where there is an explicit willingness to channel some of that funding towards experimenting with patient pathways. . Furthermore, by virtue of an unusually centralized healthcare apparatus, there are unprecedented opportunities to be positioned right at the forefront of the big data revolution that is disrupting conventional styles of healthcare provision. The state has firmly signalled its intention to go down the route of "open data sharing" and with the French administrative health care database – the "Système National des Données de Santé" (SNDS) – now covering some 99% of the population, the requisite infrastructure is already being put in place.

My objective is to make full use of these opportunities. I will be seeking to leverage France's potential as a test ground. Not only will we be looking to raise the level of sales and marketing, but we also want to go beyond that by engaging with the strong patient communities that you encounter out here.

You give the impression that the French affiliate has not necessarily been performing to its full potential. Why is this?

The French affiliate has been performing well within the confines imposed upon it, but now we are entering a window of opportunity where we will have the scope to do a lot more than before. I think this has a lot to do with the contextual environment of sharp price decreases. Formerly UCB probably didn't have enough products to fuel the rates of growth that we would have ideally wanted to offset the price decreases. Now, however, we are entering into a new phase of our development trajectory in which we possess a much better-stocked pipeline. Indeed, our current early clinical pipeline is the broadest in company history: That means we have an unprecedented opportunity to go for growth in the years to come.

Which therapeutic areas and products within them are driving the French revenues?

UCB essentially specializes in a few select areas: namely neurology and immunology disorders and osteoporosis. In France, we have two star products driving turnover. The first one is Cimzia®, a therapy for rheumatoid arthritis, which will also soon be used to treat psoriasis as well. The second is Vimpat® for epilepsy, where we have been an uncontested leader for some time. We also have a very exciting product currently under review called Evenity™, which is an investigational bone-forming monoclonal antibody that is promising to revolutionise the treatment of fragility fractures. This is the fruit of a partnership with Amgen that was signed back in 2004, an alliance that has done much to raise the profile of this silent disease, and make fracture prevention a global health priority.

How do you assess the current ease of market access in France?

In the past, the affiliate has experienced challenges in securing reimbursement for some of our more innovative therapies, however, we are optimistic that this process will be well navigated in the future. By concentrating on our Patient Value Strategy we hope to capture the entire ecosystem and generate knowledge of the disease based on real-world evidence and insights into the patient experience, which, in turn, should make our lives easier when going to the authorities and demonstrating our contribution to the overall efficiency of the health system.

In an environment of pressured healthcare budgets, increasing involvement of patients in their own healthcare and the potential of scientific and technological innovation, it is our expectation that overall healthcare will shift towards recognition of true differentiation, outcome orientation and value generation. As a company, we have been keeping pace with the tendency towards convergence. We no longer think of ourselves just as purveyors of pills, but seek to play a proactive part in disease management and the care process by empowering and joining forces with the patients.

Meanwhile, there has been a sea change of direction on the part of the authorities. The Macron presidency has unleashed new momentum and September's unveiling of "Ma Santé 2022", the Ministry of Solidarity and Health's blueprint for modernizing the national health apparatus is a clear indicator of that. We, in UCB, have been overjoyed to hear that the plan envisions placing the patient right at the heart of the system and rendering the quality of its support the compass of reform.

You mentioned UCB's attentiveness to "patient centricity." How does this play out at the local affiliate level?

UCB's "patient value strategy" (PVS) was launched in 2015 with the appointment of Jean-Christophe Tellier as our global CEO. What this strategy does is to embed a patient focus into our 10-year integrated plan of business priorities encompassing everything from strategic sales objectives to corporate ethos to day-to-day modus operandi. It basically dictates that everything that we do starts and ends with the patient. It also flavours our engagements with partners, the authorities and healthcare providers by extending beyond price-cost discussion, reflecting a shift from volume orientation to patient value creation and striving for long-term sustainable patient value outcomes.

The French market is a good place to put this into practice because the local patient associations are increasingly empowered and well structured. The local authorities have simultaneously been attentive to including patient representatives in decision making at the HAS (for health technology assessment), the ANSM (for marketing authorization) and the CEPS (for pricing). Against this very positive backdrop, we, in the French affiliate of UCB, have been teaming up with patients groups like the Osteoporosis Association with a view to compiling knowledge about the disease, the patient experience and potential social and economic impacts. This transcends the sort of disease awareness campaigns that many pharma companies carry out and instead strives to build a knowledge base around the patient pathway and to concretely fill any outstanding gaps where needs are not being adequately met. Our approach is to come up with a transparent and collective approach to generating knowledge in a way that brings a lot of stakeholders into the game so as to effect real positive change in patient lifestyles.

Are you able to give some specific examples?

As soon as the French law authorized access to the French claim database in 2017, we conducted an extensive real-world evidence study into bone fragility fractures which enabled us to harness raw data from the SNDS in order to better analyze the obstacles to effective management and the consequences of fractures affecting nearly 400,000 people a year in France.

Recently we have teamed up with the French Association for the Fight Against Rheumatism (AFLAR) with a view to co-building "Epifract study," the first French epidemiological survey

dedicated to bone fragility fractures attributable to osteoporosis across the general population. The objective is to understand the entire patient pathway from home to home and to mobilize that combined knowledge to build a coalition involving all stakeholders – public, private, government, patients and practitioners – so as to ensure a continuum of care and improve the patient experience. The data captured will belong not only to us and AFLAR, but will be made open and sharable to everyone else as well.

The other way that we demonstrate patient centricity is in our approach towards the patient. We believe that there is no such thing as an “average patient”. We want to use all the tools, channels and scientific advances at our disposal to develop a better understanding of the various expressions of disease and assimilate the real needs of specific patient populations into our science and innovation process.

This surely ties in very well with the tendency towards personalized precision medicine that is now underway.

Absolutely. Neurological disorders like epilepsy tend to manifest themselves in very different ways in different patients. There is no one-template-fits all or cookie-cutter approach. We take pride in our ambition to be a leader in 5 sub-populations and to improve the lives of individual patients, especially those with the hardest cases to treat. That is precisely why we seek leadership, not in osteoporosis, but fragility fractures.

How would you describe your management style?

In UCB, we are very humble and deploy an unusual management structure that is organized around small ecosystems. We use the concept of shared responsibility and multidisciplinary teams so that every member has more than one manager to report to. Instead of our business units having an overall product and sales managers, they are broken down into teams covering small regional ecosystems, which allows for maximal local adaptation. This also has the added benefit of being able to free up resources to direct in the areas where we need most to be so as to be as close as we can to the end patient.

What are your objectives for the next 5 years?

My aspiration is for us to have become the leader in the 5 sub-populations that we are active in and to be playing some part in the brave new world of predictive medicine and biomarkers through the rolling out of pilot studies. In immunology and rheumatology, we will continue to distinguish ourselves from the big pharma competitors through our very targeted, agile and patient-centric approach, and in epilepsy, we will be maintaining our dominant position. Most of all we want to have cemented a status locally as the “patient-preferred biopharma actor” for our specific sub-populations.

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