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The third part of our innovation agenda, which might also be the toughest one, is to change our own mindset

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Emelie Antoni joined AstraZeneca in Sweden 20 years ago, evolving in global, regional and local roles. Last year, she became country manager for Czech Republic & Slovakia, with an ambitious plan to triple revenues during her tenure. She lays down the pillars of her plan, discusses the evolving role of patients for market access in the Czech Republic, identifies opportunities for leveraging real-world evidence, and shares her passion for making the affiliate a great place to work for all employees.

You became country president of Czech Republic & Slovakia exactly one year ago, how well did you settle in your new position?

During my first 90 days, I spent a lot of time on the field, which was quite surprising for both physicians and my employees to see! At first, my sales reps thought I was assessing them, when in reality I just wanted to learn from the market, learn about their daily lives and see how I can help remove some obstacles for them. I started as a sales rep myself, so I think it is in my DNA. Sales reps have the most important role in the organization. While country presidents come and go, they are the face of the company every day for our customers and, at the end of the day, they help patients with their knowledge and service.

Looking back, how successful was this first year?

It has exceeded my expectations, both from a business development point of view, but also from a personal point of view. We are doing quite well at the moment; I am pleased with the progress that we have made. We have launched new products in the Czech market. In particular, the major milestone was the launch of our first biologic treatment, which will significantly improve the lives of patients with severe asthma. We are now starting to hear from patients' wonderful experience and stories, which makes us all very proud. Other achievements were mainly in the field of oncology where we brought two new innovative products for ovarian cancer and lung cancer which are addressing unmet medical needs in the market. Europe as a whole is coming back to growth this year thanks to these new product launches, after a period of decline due to the loss of exclusivity of previous blockbusters.

How have you transitioned the local affiliate to support the group's new strategic focus on oncology?

We developed new capabilities and expertise both internally but also by attracting key experts and specialists in the field, not only in oncology but also in the cardiovascular and metabolic areas. We are also venturing into the renal area with chronic kidney disease, which means that we need to educate ourselves but also establish a network with nephrologists and other key stakeholders in the market.

How different are the Czech and Slovakian markets compared to what you expected?

Access to healthcare professionals (HCPs) is quite high still, compared to the situation in most Western European countries where it is increasingly difficult for pharma companies to meet physicians and other stakeholders one-on-one. In Sweden for instance, pharma companies are only allowed to see HCPs to present a new product after an explicit request by a physician, which usually happens during lunchtime, or during group meetings, usually in the evening.

I was quite surprised by the level of interest shown by physicians. They very much welcome our sales representatives to learn from them about new science and knowledge. In other markets, it feels like the added value of sales representatives is not really recognized. It is not the case here. HCPs can receive tailored support and service. And, as a result, we still maintain quite a large field force, unlike in other markets.

In the first six months in your new role, you introduced an acceleration plan to triple the business in next coming years. What are the key pillars of this plan?

This acceleration plan is all about innovation in different forms.

The first pillar is to ensure that patients have access to innovation in a timely manner. Currently, despite all the great progress made in the past few years, it still takes too long for innovation to reach patients in the Czech Republic.

Secondly, we need to innovate in our service model. Traditionally, we were only focused on diagnosis and treatment. But the patient journey goes from general disease awareness and prevention to early detection and diagnosis, treatment, monitoring and follow-up. The patient might be cured or enter a chronic state. Now we want to become a partner all along the patient journey. We want to be involved in the prevention of disease for instance. Some might say that it is against the interests of Big Pharma to prevent diseases. But that is exactly what we do. At our R&D site in Gothenburg in Sweden, the company has a large research team dedicated to finding preventative solutions for diabetes, even though a large portion of our business is in treating diabetes. One does not exclude the other. In order to become true partners to healthcare, we should take equal measures in prevention as well as in caring for patients after treatment. We are also looking at how to improve earlier detection of disease and implement more specific diagnosis.

In different therapeutic areas, especially oncology, the future of care is about personalized medicine, or tailoring the treatment to the individual patient. We want to innovate in this space as well. Since we are a commercial affiliate, I do not have all the expertise in-house, but I can partner with the best minds in the country and, together with our knowledge of our key therapeutic areas and of the healthcare system, we can bring innovative solutions such as more transparent and secure data collection through blockchain technology.

Finally, the third part of our innovation agenda, which might also be the toughest one, is to change our own mindset. While it is easy for leaders to ask their employees to be innovative, it is hard to actually adopt an innovation mindset because people are used to do things a certain way, and tend to see innovation as an add-on rather than a complete rethinking of how things are done. It requires being open for change and uncertainty, open to trying new things, failing at times, learning from the failures and from others.

As an example of innovative approaches, we have developed, in collaboration with the Czech pulmonology association, an application which helps patients and HCPs identify the symptoms of severe asthma. It also helps HCPs in rural areas decide at which point they should refer patients to a specialist centre. Patients can then see where the centre is located because if a patient is eligible for biologic treatment, only a few centres are accredited to deliver the treatment. This is a perfect example of partnering with healthcare along the patient journey through innovation.

We also recently sponsored the CE Smart Health Hackathon at the Institute for Clinical and Experimental Medicine (IKEM) in Prague where during 48 hours hackers from every Central Eastern European country tackled 14 health challenges such as how to reduce waiting times for patients, how to improve adherence to treatment, and how to reduce waste of medicines, which was the topic we proposed. There were also interesting solutions developed in the area of diabetes. Type 2 diabetes patients often develop retinopathy, which might lead to blindness. The challenge was for hackers to develop a blood glucose meter with a voice function so that patients are able to know their blood glucose level and take the appropriate amount of medicine. Other hackers worked on applying AI technology to predict different irregularities in beta-cell function looking at hospital samples.

At the European level, AstraZeneca has formed an AI partnership with Microsoft called the AI Factory for Health, located in Paris, which is looking to apply artificial intelligence to develop patient-centric solutions, and has asked innovators across Europe to submit proposals to their ‘AI for Good Idea Challenge’. In the first round, which took place in October, they received 41 applications, and narrowed it down to about ten. It will be exciting to see how combining AstraZeneca’s healthcare expertise together with Microsoft’s IT know-how will accelerate innovation. Here in the Czech Republic, I pick up some interesting ideas, and if need be, I can bring these ideas to the attention of the group.

I believe Prague would be a great place to build an innovation hub. Prague boasts many advantages: a highly educated workforce, an amazing quality of life, a central location in Europe, etc.

Going back to accelerating patient access to medicine, which was the first point of your strategy. What are you doing differently to make sure that patients have access to innovation in a timely manner?

During my year, I have invested in our market access capabilities but also expanded the scope of our market access activities. We now put more emphasis on governmental affairs and public affairs and linking the two. The goal is to make market access an integral part of the business strategy, and not simply give the market access team a task then wait for one to two years until we receive reimbursement. While it might have worked like that in the past, the situation has changed. We need to craft and communicate our value proposition and gather support from key opinion leaders (KOLs). Closer collaboration between market access, governmental affairs and medical will be critical.

In addition, at the Association of Innovative Pharmaceutical Industry (AIFP), I am engaged in the Innovation working group and the Patient working group. Bringing the patient voice at the centre stage is key. As an industry, we are enthusiastic about the direction taken by the Ministry of Health in strengthening the role of the Patients' Council in the decision-making process. The Czech Republic is among the first countries to clearly include patients at the table. However, patient representatives need to be equipped with the right tools and skills to take part in the discussion. The AIFP has done a fantastic job in supporting patient groups by providing the right training on how to manage their respective associations more effectively, understand health technology assessment and how payers think in order to become better discussion partners with health insurance funds, pharmaceutical companies, and medical associations.

Ladislav Dušek, Director of the Institute of Health Information and Statistics of the Czech Republic (UZIS), he explained how his institute has completed the reconstruction of the National Health Information System, providing a wealth of real-world evidence (RWE). How are you leveraging evidence generation?

I think evidence generation is an untapped area in the Czech Republic, especially compared to Nordic countries where we live and breathe RWE. In Sweden, we have quality and health registries for every aspect of care, some dating back to the 16^{th} century.

I think real-world health data is an exciting area that I think will develop quickly here. As you point out, the National Health Information System provides a wealth of information which we could tap into. Going forward, while randomized clinical trials (RCTs) will remain the main way to show the value of a new medicine, RWE will become increasingly important in assessing efficacy and safety, especially as the FDA and EMA become more open to fast-track approval based on Phase II data. But this can only happen is we strengthen our real-world evidence generation capabilities, so we do

not miss any safety signals or any potential new indications. RCTs, as well as RWE, complement one another, and one should not exclude the other. The results of both should be assessed side by side to deliver true value.

While in the past real-world evidence generation was underdeveloped in the Czech Republic, things are changing, and AstraZeneca is naturally one of the drivers of this change. We are working with both medical societies as well as payers interested in ensuring that the right patients get the right medicine delivering the maximum expected results.

“Be a great place to work” is one of the global strategic pillars of AstraZeneca. You have a history of successfully transforming organizational culture in your previous role as Country Manager Baltic/Iceland when you were nominated during CEO awards in the category Great Place to Work – People development. What do you see as the key pillars of making a “great place to work” and what adjustment have you made in the affiliates on that front?

It is about listening to people and their aspirations. People are not necessarily interested in yearly recognition and rewards but want to feel that their daily work and struggles are meaningful. Everyone needs to feel that their voice is heard, their views and ideas are respected, and that they contribute to a higher purpose. In my opinion, this is one critical aspect of what makes a great place to work. We try to foster a “speak-up culture”, the kind of workplace where everybody feels welcome and included, free to express our views and opinions, and confident that their ideas will be heard and recognized.

I am leading a project for the Central Eastern European region around business excellence and innovation. Our most successful initiative was the creation of millennial focus groups in each country so that the entire organization can learn from the views of employees below 35 about different topics such as diversity, inclusion, and innovation. It is like reverse mentoring.

The second pillar of a great place to work lies in continuous personal development both within and across roles. We have five generations working under one roof and we need to invest in all our people, not only the young rising stars. For me, it is important to ensure that people do not remain stuck in the same role for too long, even though they might be doing a fantastic job, but that their responsibilities evolve, that they take on new challenges and add new perspectives while helping others learn from their experience and expertise.

Gender equality in professional development is a topic that is dear to my heart, and not only at AstraZeneca. I am personally involved in mentoring young women in managerial positions. I currently have a mentee who works at Siemens. On this point, I think the Czech Republic is lagging behind other European nations, including other CEE countries, when it comes to gender diversity. A recent survey showed that 70 percent of Czech people, both men and women, believe that a woman's most important role is to stay at home with the children. In Sweden and Denmark, the corresponding figures are nine and seven percent respectively. I am passionate about showing that it is possible to be a woman, a wife, a mother and pursue an international career by making the right decisions and choosing the right employer. I recommend young female professionals not to hesitate to ask their employers for flexibility.

You have been with AstraZeneca during your whole career. What makes you so dedicated to this company?

I often get asked this question and have reflected on it myself. Looking back at my career, I have changed roles every two to three years and evolved in global, regional and local roles across many different functions, including R&D, marketing, and medical sales. Having such tremendous development opportunities is the beauty of working for a large international company like AstraZeneca. As a result, I have always felt that the company invests in me, that I was growing personally and professionally, and that I was learning from my management. This is a major motivation for me: if I stop learning from the people above me, I would probably look for something else. But I have never felt that the grass was greener on the other side of the fence. I have looked around now and then, but each time there has always been a new exciting opportunity at AstraZeneca landing on my lap.

My journey at AstraZeneca has been extremely dynamic with the company going through such great changes. I started as a sales rep at Astra, a pure Swedish company, rather small and science-based. The big merger between Astra and Zeneca, companies with different cultures, was a rocky, but eventually happy marriage. Then AstraZeneca went through tough times with many late-stage promises failing to reach or stay on the market. As a result, people who have been with AstraZeneca for a long time have developed a fighting spirit. The one thing that unites us is that we will make the impossible possible, for the sake of patients.

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