

Catherine Williams - Managing Director, MSD Denmark & Iceland



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MSD's Catherine Williams, a recent arrival in Copenhagen, gives her first impressions of the Danish healthcare system and pharma market, drawing on experiences in her native UK to compare the two countries' market access environments for innovative products. Williams also touches on MSD's sizeable clinical trial footprint in Denmark, the country's impressive data landscape, and her goals for the affiliate.

Having spent your entire career in the UK up until now, why was this year the right time to take the big leap abroad and into general management with MSD Denmark?

I always appreciate a challenge. So, when I got the chance to make my mark in one of the most exciting life science countries in Europe I did not need any persuasion.

I have spent 17 years in pharma, predominantly with MSD, in several commercial roles, working across all the product lifecycle stages as well as in both the primary and specialist areas.

Therefore, although I have been based solely in the UK up until now, I have been able to obtain quite a broad perspective.

Furthermore, the Danish environment - like the UK environment - is heavily access-dominated. I have worked closely with [UK HTA body] the National Institute for Health and Care Excellence

(NICE) to bring new products to market and drive patient access for our life changing medicines

Latterly, in my role as business unit director for vaccines and primary care, I directly negotiated with the government on securing longer term contracts for national immunisation programs, the importance of which has been foregrounded by the COVID-19 pandemic.

Drawing on these experiences, now felt like the right time to take on a new challenge. I am passionate about leading people, which was one of the things that motivated me to take on this role. Additionally, Denmark is a mature market with a very well progressed healthcare sector. Seven months in, I have relished the opportunity to learn, grow, and understand what is happening here, where the areas for improvement are, and how I can bring value to both my team and to Danish healthcare more broadly.

What has stood out to you most about Denmark and Danish healthcare in these first few months on the job?

I have been really struck by the Danish data registries and the amount of investment that has been placed into them, right through from research to implementation. They are a hugely valuable contributor to the healthcare management of the Danish population. Having been used to battling against data separation and silos in the UK – where although the healthcare system is robust, the level of data integration is not as strong – the data landscape in Denmark has deeply impressed me.

Furthermore, the country's handling of the COVID-19 pandemic has shown that Denmark is a closely-knit society with great trust in authorities in terms of, for example, sharing health data and fast adaptation of new digital solutions as the first EU country to launch a digital COVID passport and other digital tools to limit the spread of the virus. I am confident that this is part of the reason for Denmark being one of the very first countries in the EU to more or less fully reopen before summer.

Does MSD have a significant footprint in Denmark?

We have about 150 employees in Denmark and a large clinical trials presence. We are still one of, if not *the*, largest industry sponsor of clinical trials here. We, therefore, have a strong and diverse team supporting the establishment and completion of those clinical trials. Beyond that, the scope is

very much focused on the human health – which I oversee – and animal health divisions.

What is the revenue split between your main therapeutic areas in Denmark and how do you see that progressing moving forward?

Our three main business areas are oncology, vaccines, and hospital acute care, for which our revenues are broadly split evenly. Our growth areas are oncology and vaccines and in the longer term, we see the most growth and movement coming from our oncology portfolio. Globally, MSD continues to invest in its oncology portfolio through partnerships with the likes of Eisai and AstraZeneca, but also in its own research programs. A balance needs to be struck, but there will no doubt be a focus on these growth areas.

It has been a challenging couple of years for MSD, with the recent announcement that global CEO Ken Frazier is moving on after over 30 years. How are these global shifts filtering down to operations in Denmark?

As an optimist and I see these challenges as opportunities. New people coming on board bring different perspectives, which will enable us to continue to grow as an organisation. Moreover, global healthcare trends are things that we need to consider carefully and challenge ourselves to improve and evolve. Whether globally or locally, the thinking that we need to do and the focus that we need to apply is the same. How we then implement that is perhaps where the differences between global and local emerge.

MSD is one of the world's biggest vaccines companies but was not able to develop its own COVID-19 vaccine. How have you had to engage with stakeholders to manage expectations around MSD's role in fighting the pandemic?

We continue to engage with our stakeholders around our vaccine programs. Honestly, we were all very disappointed that our COVID vaccines did not come to fruition. However, on a personal level, I am proud of the fact that the company made the decision to halt these programs when it was clear that R&D was not progressing as they would have wished.

Other great industry partners like Pfizer, AstraZeneca, and Moderna have had some fantastic successes and I am thrilled that they have been able to overcome the challenges in their path and

develop vaccines so quickly. We are used to it taking ten to 15 years to develop a vaccine, whereas these vaccines were developed in one. From an industry perspective, this is an incredible achievement. As a global organisation, we are now supporting these companies in the manufacturing of their vaccines, as opposed to doing research on our own.

We do, however, have a COVID antiviral in development that is now entering Phase III clinical trials. I hope that we can continue to play a part in COVID management along with our industry peers. Public-private collaboration has been crucial to fighting the pandemic so far and will continue to be so. When we come together with different perspectives and skills but the same goal, we can achieve amazing things.

How would you compare the market access landscapes in Denmark and the UK? Are Danish stakeholders as open to the innovations that MSD is bringing forward as their British counterparts?

There are definite parallels in the sense that stakeholders are always willing and interested to hear about innovations. However, like all of us who work in science, they want that to be backed up by data and by science. That holds true across all markets.

This appetite to understand the innovations that the industry is bringing to market makes for some very interesting discussions with NICE in the UK and with the Danish Medicines Council here. Fundamentally, their outlook and ambition is to assess the clinical and cost-effectiveness of our products, which is a very fair objective.

It has been interesting to see the evolution of the Danish Medicines Council. Whilst I was not in Denmark when the quality-adjusted life year (QALY) system was introduced, there are parallels that I can draw from the NICE process which also uses QALY evaluations.

One thing that could be improved in Denmark is greater transparency in the Danish Medicines Council's evaluation process and better engagement in ongoing conversations with us as an industry group. I fully appreciate the need for a thorough HTA process, however, I think the political dialogue around how to improve this process should be reinforced to avoid unnecessary delays and misunderstandings. This could be done by introducing a systematic annual review of the Council's recommendation in order to ensure that all parties involved in the process continue to optimise their contribution - to ultimately secure fast access to new treatments for those who need it.

Denmark is a much smaller country than the UK; is the problem simply that the Danish Medicines Council does not have the scale or expertise of bodies like NICE?

Simply put, no. On the point of expertise, I have been really impressed by the levels that exist throughout the Danish healthcare sector. There is also a huge passion, willingness and transparency in Denmark which comes with the societal trust that exists here.

In terms of scale, like any of us managing organisations, it is all about having the foresight to be able to plan and adapt. Whether in the public or private sector, that same principle applies. In some ways, it is upon us as an industry to help them understand what is coming so that they can prepare for the conversations that we will want to have, in the urgent way that we will want to have them, when the molecules come to fruition.

This access piece is a big part of Denmark's new Life Sciences Strategy. What are your initial impressions of this Strategy's potential impact?

So far, the impact has been very positive, both in terms of the Strategy's scope and the engagement that was carried out prior to its release. From an MSD perspective, one of the key pillars within the Strategy is clinical research, where we are one of the country's biggest investors and where we are expecting a lot in terms of the Strategy's implementation. We are very willing to continue to engage and are happy that the new Strategy provides a forum for conversations and collaborations that would not necessarily otherwise exist.

Initiatives like Trial Nation – a public-private initiative to improve conditions for clinical research in Denmark – have already provided a blueprint for translating an idea from words on paper into concrete action. Life Science Strategies – of which many have come before – are wonderful *if* they get implemented.

Data and real-world evidence is an area in which Denmark is highly advanced. How is MSD looking to leverage this footprint?

We have a deep interest in continuing to support and collaborate around the utilisation of real-world evidence, which has benefits from both a research and patient outcome perspective.

Denmark's strength in data helps make it a very attractive market. We should be trying new digitalisation techniques and tools in a market like Denmark, where – because of the size of the

population and how well connected and collaborative the industry is – it is possible to make an impact.

Are your senior management cognizant of what Denmark has to offer beyond its modest market size?

Overall, the perception of what Denmark has to offer is positive. Due to the size of the Danish market, I do have to shout louder, but this is a privilege and easy to do when you have a market and healthcare system like that which exists here, as well as a team full of great people, doing great things to positively impact healthcare.

Coming into a first general management role in a new country and against the backdrop of a pandemic, what have been your priorities in terms of setting a culture and management style?

I have had a phased experience over the last few months. When I began the role in February, I was working virtually from the UK, which was tough. Building new relationships can be challenging and I did not know anybody when I first came to Denmark. I was very conscious of building trust with my employees, something of critical importance to me, but also giving a fair representation of who I am and my core values of fairness, equity, trust, and transparency. With fairness and equity comes giving people the opportunity to see who I am as an authentic and passionate leader.

Conveying these concepts virtually was challenging but became more straightforward when I was able to meet people face to face in Denmark. I am a big believer that culture is everything in teams and organisations. If you get the culture, right, the business results will follow. For this reason, we have been having conversations with the team about the culture we want to create and continue to evolve for MSD Denmark, from working models to the workspace itself, and the support we provide our staff.

Have you found any cultural differences between managing British teams and their Danish equivalents, who perhaps tend to be more direct and straight-talking?

There are some cultural differences. The level of directness is different, but not in a negative way. I quite like the directness as it lets you know where you stand. I have also been overwhelmed by the

way that the team has embraced and welcomed me.

You previously led the European chapter of MSD's Women's Network. Given that we tend to think of countries like the UK and Denmark as very progressive societies and at the forefront of diversity issues, from your perspective, what work is there still to be done?

I would love to see the day when we can say there is no work still to be done, but that is just not the case. While we are progressive societies, much of the focus so far has been around gender equality. Although I have been involved in the Women's Network and am still very passionate about it, we need to look beyond gender to all aspects of diversity, whether related to race, sexuality, age, or even diversity of thinking and perspectives.

As an organisation, we have a responsibility to ensure that every individual – no matter their background or orientation – feels like they can come to work as their true self.

While we have made great progress on issues like gender, we cannot take that for granted and be complacent; we need to nurture it. Also, there are still problems that we need to tackle. For example, there is still a gender pay gap in Denmark of 13 percent as of 2019, according to the government statistics, and only 19 percent of board members are women. While I am not saying that there is a right number to hit, I would suggest that these are indicators that a problem still exists which is preventing equity in the workplace.

What goals would you like to achieve in your time at MSD in Denmark?

Through conversations with my team in the last few months, we have centred our ambitions around making an impact on society and enabling the population to access our life-changing medicines and vaccines. Everything we do is driving towards that. We will not achieve this in a couple of years, but we can work towards it as a team.

To do this we will need to continue to nurture our workforce and workplace, looking at topics like diversity, talent recruitment, and capability building. Secondly, we need to engage well with the external landscape; always being aware of important healthcare challenges and engaging our key stakeholders in both the public and private sectors to solve them collaboratively. We cannot do things alone; there is power in collaboration with others because of the diversity of experience that everybody brings to the table.

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