

Petter Hartman - CEO, Medicon Valley Alliance



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Petter Hartman of the Medicon Valley Alliance, a non-profit membership organisation spanning the Danish-Swedish life science cluster Medicon Valley, introduces the progress of the Alliance from a networking body to today facilitating concrete collaborations between its 300+ members. Hartmann also touches on the MVA's key focus areas, talent hiring and retention challenges, and the benefits of even greater levels of research collaboration between Sweden and Denmark.

Medicon Valley Alliance (MVA) is somewhat unique as a bi-national life science cluster; could you begin by introducing its inception and where it stands today?

We are one of only a few bi-national clusters globally, formed in 1997 when the Øresund Bridge was built between eastern Denmark and southern Sweden, two regions with very strong historical ties. The cluster began life as a collaboration between industry and academia in these regions to provide a platform for knowledge exchange, networking, and collaborative projects.

The life sciences sector has always been very strong on both the Swedish and Danish side of the border; therefore, it made sense to build this organisation. We are member-driven and funded predominantly by membership fees, which gives us a greater agility than many of our government-funded competitors across Europe. Today, the organization counts over 300 members, equally distributed between Sweden and Denmark.

Partially driven by the COVID-19 pandemic and digitalization, more and more international companies are joining MVA as they see it as a stepping stone into the Scandinavian markets.

Our purpose is to provide an arena for our members to share knowledge, meet potential partners, and learn and get inspired from each other. We also try to act as a collaborative platform; leveraging Scandinavia's great tradition of public-private partnerships to concretely identify opportunities and challenges that we could work together to solve within the life sciences.

MVA's 300+ members range from pharma companies to biotechs, academic institutions and service providers like CDMOs. How do you reconcile such a diverse membership base towards common objectives?

While this is a challenge, we have deliberately chosen to see the Medicon Valley as an ecosystem, for which many different parts are needed to function holistically. If one part is missing, it becomes difficult to develop that ecosystem in a positive way. We do not differentiate between academic partners, municipalities, or biotech companies; rather the crucial thing for us is that they contribute to the ecosystem in a valuable way and that they are interested in a positive development of this part of Scandinavia.

Given the MVA's role as a networking body, how challenging was continuing to facilitate this ecosystem during the COVID-19 pandemic and its associated border closures and lockdowns?

All of society has been challenged. When a crisis arises – regardless of whether it is a financial crisis, refugee crisis, or in this case a pandemic – we tend to look inwards and focus on self-preservation, which is natural. However, the problem is that these challenges are often global and therefore need to be dealt with in a global way. The life science industry has done a great job in showing that international collaboration is the way forward and there are huge positives to be taken from the greater societal interest in the sector and realisation of its importance. This is a crucial industry in terms of stimulating jobs and keeping the economy going in tough times, but also the industry which had the key to solving the pandemic. That has increased political awareness of the need to invest in the sector and stimulate its further growth.

In terms of challenges, a lot of problems arose around commuting from one country to another, which is a problem for the many companies who hire from the other side of the bridge. However,

we have now largely managed to deal with this issue and, more importantly, have made use of our innovation capacity to respond to this major challenge.

Life science clusters, especially those in smaller countries like Denmark and Sweden, need to allocate their resources wisely and focus on a few key areas to be successful.

What are the areas that MVA has dialled in on?

It is impossible to lead on every topic; we have had to identify the areas where we have the potential to make the biggest impact and stand out amongst the international competition for talent and investment. We have a few strongholds with strength on both the academic and private sector side. The first is diabetes, where of course we have a leading international company in Novo Nordisk, but also very competitive research in our universities. Oncology is another area for which there is great potential to stimulate even more collaborations between Sweden and Denmark, leveraging the strong academic environments in both countries. Thirdly, there are a lot of opportunities to stand out in stem cells. Fourthly, and perhaps surprisingly, reproductive health and reproductive medicines have emerged strongly in recent years here. Finally, we also have a strong footprint in neuroscience.

Beyond these research areas, it should be noted that we have a veritable goldmine of healthcare data in both Denmark and Sweden. However, we are still struggling to utilise this data in the best possible way. We are not even close to extracting the full potential from all the information connected to our citizens' CPR numbers and there is a lot more work to do, although we must be careful not to compromise the high level of trust that people here place in their data being used in scientific research. Recently, we have seen some excellent initiatives on a national level in both Sweden and Denmark, so I am quite optimistic, but this process will take time.

Both Denmark and Sweden have increasingly tightened immigration laws in recent years, which has knock-on effects on the countries' ability to remain attractive to international talent. How have you seen the situation evolve in your six years as CEO?

There is a strong belief in both Sweden and Denmark that we need to be welcoming to talent. Given the extreme international competition for talent, the day we cannot support our companies with the competencies they need, we will be in a really bad situation. Happily, as a binational cluster, MVA has the largest pool of life science talents in Scandinavia with more than 45,000

people working in the region's life sciences sector. However, maintaining this is always a struggle.

It is not enough just to make sure that talent emerges from our universities; we also need to attract people from abroad. This is not a task for MVA alone; we need to work very closely together with our partners and members to express to the rest of the world why this is an excellent location for a career in the life sciences. While we have a strong offer, competition is tough, so we need to remain on our toes.

My biggest concern is the aforementioned cross border obstacles. There is still work to be done on alignment between Sweden and Denmark on topics like tax, pensions, and maternity leave. There have always been issues, but COVID has exacerbated them, which is not good enough if we want to remain an integrated hotspot for life science talent and investment.

Scandinavia has always been strong in research but has often struggled to translate that into value or business. How much movement have you seen in this respect in recent years?

In the last couple of years, the Scandinavian life science industry has rapidly opened up and is now very willing to engage with society more broadly. Big, open innovation platforms have been established as private companies have begun to understand the importance of interaction with the research community and public healthcare systems to stay ahead of the competition and grow as a company. The time of looking at businesses as isolated islands is long gone.

The importance of public-private partnerships to fighting the health challenges of today is very clearly expressed in the national life science strategies and there is now an acceptance that these challenges cannot be dealt with only through investment in the healthcare system or in academia. We need to be open and even more successful at spinning out new companies and transforming the findings at our universities into new treatments and technologies.

There are many good examples of partnerships already in place, such as Novo Nordisk's Cities Changing Diabetes campaign, focused on bringing together the private and public sectors to find new ways to change the trajectory of the disease.

What barriers still exist to close collaboration between Denmark and Sweden on research projects and what would be the benefits of even greater alignment?

Firstly, it should be remembered how much the two countries have in common. We both have similar welfare models, a significant amount of public trust and willingness to participate in research, and a high level of public R&D spending. The fundamentals for the life science industry are fantastic in both Sweden and Denmark.

The question is, therefore, how we utilise these fundamentals in the best way. The issue of volume is very important; although we are strong life science countries, we are constrained by our size. To stand out internationally, we need to pool our resources and act regionally, at least between Denmark and Sweden but ideally across the entire Nordics.

There is a fantastic opportunity to conduct clinical trials in both countries in a coordinated way without any hurdles. Having the correct structures in place so we can assist companies that want to develop their products in our region is an extremely important part of attracting the investments needed to continue this journey. Pooling talent, resources, research infrastructures, and healthcare data, and making sure that these structures are aligned would make us more attractive internationally than we would be on our own.

That is not necessarily to say that we should not be competing; competition can be positive and keeps us on our toes. However, in the areas I have mentioned, the risk of losing is much higher than if we work together to create a holistic offer to the rest of the world.

Compared to other, perhaps more renowned, global life science clusters such as Boston, the Bay Area, Basel, and Cambridge, UK, what makes Medicon Valley unique?

We have the same ingredients as the world's leading life science clusters. In terms of what makes us stand out, we have a long tradition in the life sciences. Even though MVA was only established in 1997, we have over a century of life science R&D heritage. The combination of global pharma giants like Novo Nordisk with many small innovative companies, a strong Science Park tradition, a well-funded public healthcare sector, and our excellent universities gives us a good dynamic and a very interesting and unique mix of possibilities.

The nine universities performing life science research in our – relatively small – region play a vital role in the ecosystem. Having so many strong universities in one place is fantastic.

Looking ahead, we are seeing major investments in research infrastructure, that will play an important role for the region and for Northern Europe more broadly in the coming years. For example, the European Spallation Source ERIC (ESS), a multi-disciplinary research facility based on

the world's most powerful pulsed neutron source, is currently being built in Lund and is set to open in 2023, hosted jointly by Sweden and Denmark. This is a big European project that several European countries have come together to create and is a great example of what our two countries can achieve collaboratively

Having been in your current position for seven years, what legacy do you hope to leave behind?

My major contribution has been to add collaborative elements to MVA. We have moved from being predominantly a network organisation trying to promote this region to creating initiatives that illustrate what we can achieve by working together. We have great ongoing projects within type one diabetes and reproductive health among others that are good examples of how academia, hospitals, and the private sector can work together. Additionally, in a concrete way, these projects create value for the people living in this region; giving them access to highly specialised and cutting-edge treatments.

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