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We are entering a new era of medicine, and France has every asset to succeed; what is needed now is the political will and shared determination to turn this potential into progress.

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After two decades with AstraZeneca across Europe and the United States, Anne-Laure Dreno now leads the groupâ??s French affiliate at a time of exceptional scientific and organisational momentum. In this conversation, she reflects on AstraZeneca Franceâ??s rapid growth, the countryâ??s evolving research and access landscape, and the companyâ??s pioneering commitment to sustainability. Balancing optimism with realism, she calls for renewed political will to ensure that France fully harnesses its scientific potential.

What have been the main milestones of your career, and what stands out from your first two years leading AstraZeneca France?

I have spent nearly two decades with AstraZeneca, although my career began in the water industry, which instilled in me a lasting interest in environmental and climate-related issues. Later, through my experience in consulting, I developed a broader understanding of business dynamics, and when I moved to Belgium, a genuine â??pharma valleyâ?•, I had the opportunity to join AstraZeneca in 2006 as an internal consultant working on sales-force effectiveness across Europe, the Middle East, Africa, and Russia.

After several years in regional roles, I wanted to gain direct experience in marketing and joined the Belgian affiliate as marketing manager, later becoming sales and marketing director. At that point, I faced a pivotal decision between a country presidency in Austria or a move to the United States to design the commercial strategy for a product in development. Moving my family to the US was a bold choice, but it proved transformative. Working alongside R&D and biotech teams gave me a deeper appreciation of how to build a brand from phase III readout to launch, including in markets such as Japan and China, and it exposed me to an inspiring â??shoot for the moon, and the rest will followâ?• mindset that continues to influence me today.

After returning to Europe, I led AstraZeneca Belgium as country president, overseeing a successful transformation and growth acceleration. Shortly after, I joined the newly created Vaccines & Immune Therapies unit just after COVID-19, contributing to our monoclonal antibody programme for COVID-19 and to the launch of our partnership with Sanofi in respiratory syncytial virus (RSV).

In 2023, twenty years after leaving France, I returned to lead AstraZeneca France. Although I knew the system as a citizen, seeing it from within the industry was a completely new experience. With around 1,200 colleagues, this is a large and deeply engaged organisation, marked by a remarkable sense of agility and creativity despite Franceâ??s complex regulatory environment. One of my early highlights was witnessing how our teams came together to recruit and train an entirely new field force in less than four months, a true demonstration of commitment and coordination.

These first two years have been both intense and rewarding. I continue to be impressed by the depth of talent and dedication across our teams, and it is a privilege to lead AstraZeneca France at a time of extraordinary scientific progress and vibrant collaboration within the French healthcare and academic ecosystem.

How would you describe AstraZenecaâ??s footprint in France and its role within the groupâ??s global growth momentum?

AstraZeneca France today stands as one of the groupâ??s key affiliates, bringing together around 1,200 colleagues and covering all our major therapeutic areas. In oncology, our work focuses on lung, breast, gastrointestinal, and genitourinary cancers. Within our biopharmaceutical portfolio, we address respiratory and immunology, as well as cardiovascular, renal, and metabolic diseases. We also have our Vaccines & Immune Therapies unit and a dedicated rare disease organisation led by CÃ©line KhalifÃ© under Alexion, AstraZeneca Rare Disease, which continues to operate with a distinct structure within the wider affiliate.

Our sales reached approximately EUR one billion last year, reflecting growth of just over 20 percent in 2024, above the groupâ??s already strong global performance. This momentum is driven by a combination of new launches and a diverse, high-performing portfolio. While AstraZeneca is primarily a speciality-care company, one of the defining characteristics of our French organisation is our continued engagement in primary care. Few multinational companies still make this type of investment, but we consider it vital to maintain close collaboration with general practitioners (GPs), both on the commercial and medical fronts, to ensure that innovation reaches patients as efficiently as possible.

Beyond our commercial footprint, France has a strong industrial and research presence within AstraZeneca. Our site in Dunkerque employs around 800 people and serves as the global centre of excellence for our inhaled pressurised-metered dose inhalers (pMDIs) used in respiratory medicine. The site manages everything from formulation to assembly and packaging, generating more than EUR 1 billion in global sales and standing as one of our most advanced manufacturing facilities

worldwide.

France also holds a leading position for us in clinical research. We consistently rank among the top three countries in Europe, with over 150 ongoing clinical trials. While oncology remains a core strength, we have made notable progress in cardiovascular and respiratory research, quadrupling patient enrolment in these areas over the past two years. This reflects the exceptional scientific ecosystem in France and our determination to continue strengthening the countryâ??s contribution to global research and innovation.

With AstraZeneca entering an intense phase of launches across multiple therapeutic areas, how do you approach bringing innovation to patients in France?

This is an extraordinary moment for us, with innovation advancing across every part of our portfolio. The scale and pace of scientific progress are remarkable, and it is extremely rewarding to see how quickly new therapies are being embraced by the medical community in France. Because many physicians have been directly involved in our clinical trials, they are already familiar with the science, which helps make adoption both swift and effective. In oncology, especially, the speed at which specialists adopt new treatments reflects their strong commitment to ensuring patients benefit from the best available options.

Franceâ??s Early Access Scheme, or *AccÃ¨s PrÃ©coce*, has played a key role in enabling this momentum. It is a unique mechanism that allows patients to access transformative therapies even before marketing authorisation, and it has provided life-changing treatments to tens of thousands of patients. We have also successfully launched new biologics in respiratory diseases and innovative therapies in lupus, and in each case, the level of engagement from the medical community has been extremely positive.

However, despite these successes, access remains one of the countryâ??s greatest challenges. While the Early Access Scheme works very well, it still covers only a limited number of patients. France has made deliberate choices over the years to prioritise oncology and rare diseases through initiatives like the *Plan Cancer*, creating an exceptionally well-structured ecosystem with reference centres and national networks. Yet there is no comparable framework for chronic diseases, where patient need is also high. Addressing this imbalance is essential if we are to ensure equal access to innovation across therapeutic areas.

More broadly, the time it takes to bring new medicines to market in France remains among the longest in Europe, often exceeding 520 days versus 50 days in Germany. This delay results from multiple structural factors: lengthy evaluations by the HAS, complex price negotiations with the CEPS, and outdated comparator-based pricing models that undervalue genuine therapeutic progress. Added to this is a regulatory environment that tends to penalise innovation rather than protect it, which is increasingly difficult to reconcile with Franceâ??s stated ambition to be a global leader in health innovation.

Measures such as the clawback (or â??*clause de sauvegarde*â??), cumulative price cuts, and the proposals in the 2026 Social Security Financing Bill (PLFSS) collectively represent nearly EUR 3 billion in cost-containment pressures on the sector. The plan to transform the current clawback mechanism into a tax-like contribution would further increase the burden on innovative companies while leaving generics largely unaffected. By contrast, countries like the UK, Italy, and Spain have chosen to protect newly launched products for several years, creating a more supportive environment for investment and growth.

There is a real contradiction here. France has world-class science and the ambition to lead in innovation, yet some policy choices are moving in the opposite direction. I fully understand the desire to protect existing industrial jobs, but we must also think about the sovereignty of tomorrow. Without an environment that encourages new investment, we risk falling behind rather than leading the next wave of scientific progress.

The proposed reform of the Early Access Scheme has generated significant concern within the sector. What impact could it have on patient access and innovation?

The reform proposed under the PLFSS 2026 would, in effect, bring an end to the Early Access system as it currently exists. No company could reasonably commit to providing a therapy for free after 12 months, which would be the practical outcome of the new framework. This mechanism has already provided early access to more than 100,000 patients; losing it would be a major setback for patients in France. There is also a persistent misconception that Early Access represents a financial burden for the state. In fact, at the end of the negotiation process, companies refund all payments made during the early access period at the final price agreed with the CEPS, making the system essentially cost-neutral. It is efficient, transparent, and strongly aligned with public health objectives. Dismantling it would bring no financial benefit and would deprive patients of early access to critical innovation.

If the concern is administrative complexity or workload, then letâ??s have that discussion and find constructive solutions. But from a patient perspective, ending the scheme would represent an unacceptable loss of opportunity. The fix is simple: withdraw the proposed reform and keep the Early Access framework as it stands.

How do you assess Franceâ??s position in clinical research today, and what steps are needed to strengthen its competitiveness?

France continues to hold an important place in clinical research, but we are clearly not as strong as we once were. We now rank third in Europe, behind Spain and Germany, whereas a few years ago we led the continent. Our standing today is largely sustained by excellence in oncology, an area where the quality of our investigators, academic institutions, and clinical networks remains exceptional. This scientific strength is a national asset that must be protected.

However, outside oncology, particularly in chronic diseases, the situation is less favourable. France has never truly organised clinical research within general practice settings, nor developed incentives for GPs to refer patients to hospitals. This gap is becoming increasingly significant as medicine evolves towards earlier treatment stages, even in oncology. Other countries have recognised this challenge and acted decisively. In Spain, for example, clinical research is deeply integrated into patient care. GPs are incentivised to refer patients, and the benefits â?? better access, greater system efficiency, and stronger scientific outcomes â?? are widely recognised.

The second issue lies in the administrative process. In France, regulatory approvals for clinical trials remain too slow, taking around 100 days on average. In a highly competitive global environment, this delay makes a real difference. Spain, for instance, can include patients 22 days faster than in France, while Germany has introduced an incentive linking clinical trial participation to pricing: if 5 percent of patients in a trial are German, companies receive a premium once the product reaches the market. These measures show that clinical research is not just a scientific matter but also a strategic investment in national competitiveness.

At the same time, Asia has undergone extraordinary acceleration. Chinaâ??s share of global clinical trials has risen from two to 15 percent in less than a decade, and Asia now accounts for around 60 percent of worldwide activity. Europe, meanwhile, has fallen from 30 to 19 percent. If France, already slipping within Europe, does not react, it risks falling even further behind on the global stage. This should serve as a wake-up call, because clinical research remains the most effective pathway to patient access, industrial investment, and sustained innovation.

At AstraZeneca, we continue to invest significantly in clinical research, driven by a rapidly expanding portfolio. However, we may need to become more selective in France if the environment does not evolve. Without faster approvals, clearer incentives, and better access to innovation, maintaining our current level of investment becomes increasingly complex. We experienced this first-hand in cardiovascular research a few years ago, when France was excluded from several international trials because certain therapies were not yet available locally. When the standard of care differs from that of other countries, participation becomes impossible. Everything is interconnected: early patient access, clinical trials, industrial investment, and the overall attractiveness of France as a hub for innovation.

How is AstraZeneca France advancing its decarbonisation agenda and contributing to a more sustainable healthcare ecosystem?

Sustainability is a subject very close to my heart, given my background in environmental science, and I am proud of how deeply it is embedded within AstraZenecaâ??s strategy. This is not about greenwashing; it is about accountability and measurable progress. AstraZeneca was one of the first companies to have its Scope 1-3 emissions targets validated by the SBTi, intending to decarbonise 90 percent of our value chain by 2045. In France, this ambition is clearly demonstrated at our Dunkerque manufacturing site, where we have made substantial investments to modernise and decarbonise production. We implemented innovations (vacuum-based and cryogenic condensation processes) to eliminate and capture greenhouse gas emissions on production lines, and create new ones dedicated to manufacturing our next-generation propellants that drastically reduce COâ?? emissions, a key part of Franceâ??s Choose France reindustrialisation and sustainability agenda. We recently received a positive opinion from the CHMP of the EMA for an inhaler using a next-generation propellant with near-zero global-warming potential. The launch is planned in December and will cut emissions by 99.9 percent compared with traditional inhalers, a major achievement given that propellants once accounted for around 20 percent of our Scope 3 emissions.

Beyond our operations, we are engaging our entire value chain by requiring suppliers to set science-based emission-reduction targets. Through the Energize programme launched at COP26, we are helping partners transition to renewable electricity. We also reached full electrification of our vehicle fleet in France this year, showing how environmental responsibility is woven into day-to-day decisions.

We are also exploring the broader environmental footprint of healthcare. One of our studies assesses how earlier CKD management with an SGLT2 inhibitor can lower the carbon footprint of the patient pathway compared with late-stage management, including the reduction of dialysis sessions, which are highly energy-intensive. Similar approaches apply in respiratory care through the prevention of exacerbations. These analyses, still new in our sector, demonstrate how improving health outcomes can also reduce emissions, a vital perspective when healthcare accounts for nearly eight percent of Franceâ??s total carbon footprint.

Looking ahead to 2026-2027, how optimistic are you about AZ Franceâ??s outlook?

My years in the US taught me to see the value of optimism and positivity, and it is difficult not to feel that way today. Just a week after ESMO, one cannot help but be inspired by the extraordinary wave of scientific progress reshaping our industry. The advances we are seeing in cell and gene therapies, radioconjugates, and other next-generation modalities demonstrate how quickly the field is evolving. Coupled with the data shared earlier this year at ESC and ERS in cardiovascular, respiratory, and oncology research, it is clear that we are entering a new era of medicine.

Although the environment in France remains challenging, I do not believe these difficulties will persist. I cannot imagine that French patients would accept being excluded from access to such transformative innovation. At some point, there will be a collective awakening, a recognition that only collaboration between public authorities, healthcare professionals, patient associations, and industry will allow us to move forward. What must change is the way we approach innovation. We cannot continue to view medicines purely through the narrow prism of short-term budgets. We need a longer-term perspective that considers the wider impact of medical progress, both on health outcomes and on society as a whole. France has every asset required to succeed: exceptional science, strong infrastructure, and highly skilled people. What is needed now is the political will and shared determination to translate this potential into tangible progress.

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