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Axel De Muyt, general manager & VP of Novo Nordisk Belgium and Luxembourg, recounts his journey through the pharma industry, how he has been able to revive the company's perspectives in Belgium, and the importance of multi-stakeholder collaboration to raise awareness and education around diabetes.

You have a wide range of experiences across multiple pharma companies within the industry. What has been your journey?

I have a degree in physiotherapy and first began working at a hospital, but on a temporary contract. I found an advertisement for a medical representative at UCB and applied for the job. I was a rep at different levels for eight years, dealing with both GPs and specialists. I always had an interest in working with people and managing a team and the longer I worked in the pharma industry, the greater this ambition became. At UCB, I was able to gain team management experience, as well as experience as a product manager.

During this period, I was contacted a few times by head-hunters, but was always hesitant to switch jobs. However, after 12 years at UCB and when Roche came calling, I finally took the opportunity to

gain new experiences and deal with new pathologies, taking on sales management for two small oncology teams, one for lymphoma and one for lung cancer.

My next role was at Lundbeck. Thanks to my wide network of industry connections, the company got in touch with me directly when looking for a new sales director. Interestingly the role encompassed leading a team of over 50 people, which was a fantastic experience. After a few years I also incorporated the marketing director's role into my remit.

Unfortunately, Lundbeck underwent major restructuring on a European and then a global level and by the end of 2015, our office went from 75 people to only approximately ten. During this restructuring, I was asked to become the Lundbeck Belgium country manager. However, despite this being a nice opportunity to have a first country manager experience, I decided to pursue a different direction after 8 great years at Lundbeck.

I was well acquainted with the management of Teva, having promoted one of their innovative drugs in Parkinson with one of the Lundbeck sales teams. When they learnt that Lundbeck was going to reorganise, I was contacted to evaluate if I would be interested in a job as business unit head of their generic franchise. Initially I was reticent to accept because my experience had been in innovative medicines rather than generics. On the other hand, this was an opportunity to develop new skills and take on a different challenge, so I accepted the role. I stayed for two good years at Teva but missed the innovative side of the business.

Unexpectedly, I saw an ad on LinkedIn for the general manager's role at Novo Nordisk Belgium. By this point I felt I was ready to take up additional responsibilities and decided to apply for the role of general manager. I started in my new role at Novo Nordisk in January 2018 and have been leading the commercial organisation, including a strong clinical and medical department since then.

What challenges did you find in the new general manager position that were unique to the role?

Novo Nordisk has faced a few very difficult years in Belgium. This was due to the difficulties of bringing new innovative products to the market and receiving reimbursement. Before 2018, our sales and market share had been declining for several years. At the end of 2017, Novo Nordisk decided to make Belgium an independent affiliate, whereas previously it had been reporting to another country. This came together with some changes in the management team, including my start at Novo Nordisk.

My greatest challenge was ensuring early success in bringing innovation to the Belgian market and by doing so, bringing growth back to our affiliate. I was lucky to have a solid team with a lot of experience in different fields. It is quite exceptional that we have managed to bring five new products (4 diabetes products with innovative insulins and innovative GLP-1 and 1 product in haemophilia) into the market in only a 15-month period and have changed the diabetes treatment landscape for our patients. This has allowed our affiliate to have a solid double digit growth in 2019 with nice perspectives for the coming years.

We also entered the market in a different way, developing a strategy together with our key stakeholders instead of doing it alone. Working with these stakeholders allowed us to identify areas where our strategy was wrong in the past and adapt our efforts accordingly. For example, we work closely with academics to help demonstrate the clinical benefit of our products.

To achieve this success, it was necessary to shape the team to ensure that the organisation was ready to face these new challenges. We received a lot of support from the headquarters and were allowed to hire and place people in the right positions, focusing on developing the organisation's human capital. This is something I strongly believe in and it is the mark of any organisation - the strength of an organisation is directly linked to the development of its people. We need to heavily invest, not only in getting the right people, but fostering their skills and preparing them for future roles. Finally, I want to emphasize the importance of communication within the organisation. We have opened up internal communication and shared our information and updates, whether the news is good or less good. This makes employees more motivated, connected and accountable.

Although many pharma companies are increasingly focused on digitalisation- it seems for Novo Nordisk this more than just words, but embedded in new products is a *smart pen*. Can you tell us your experience with more digitalised and innovative products?

We are looking forward to launching digital connected pens and we are currently working on adding them to our portfolio. The benefits are clear for both patient and doctor; by using digitally connected pens in combination with a continuous glucose monitoring system, the doctor will get a better insight into the patient's glucose levels as well as how and when they administer their treatment. The goal is to obtain a much better control of the glucose levels of patients with diabetes. The additional available data will allow even more beneficial interactions between the doctors and the patients.

To what extent does Novo Nordisk take advantage of Belgium's strong record in clinical trials?

Belgium is considered to be an important contributor to the clinical trial program of Novo Nordisk. 20 percent of our local colleagues are working in the clinical and medical department. They are involved with the clinical trials we are conducting across different disease areas like diabetes (children and adults), obesity, non-alcoholic steatohepatitis (NASH), haemophilia and cardiovascular disease. The evolution of our clinical trial footprint in Belgium over the last couple of years shows how highly regarded the country now is by the global group.

We have more than ten clinical trials ongoing in 2020 with around 50 centres in Belgium. This is around 400 patients, rather a lot for a midsized country. Belgium still presents a clear advantage of fast access to clinical trials approval.

What market access challenges have you faced while launching products in Belgium and what have you been able to learn from them as an organisation?

When new products come to Belgium, it is clearly advantageous to conduct local clinical trials and collaborate with local academics. This allows them to build experience with the products. During the reimbursement procedures in Belgium, we can nominate an expert that the reimbursement commission can ask questions to. For a local key opinion leader to provide their expertise adds credibility to the process.. This collaboration has been key and will be paramount for further success.

It's also important to highlight the fact that our industry association signed the pact of the future in 2015 with our current Minister of Health. The goal was to ensure fast access to innovative treatments while at the same time reducing the price of off patent medicines to allow budgetary room for

innovation. As this pact of the future is ended and facing the economic impact of COVID-19 , with on top of this a very unstable political situation, we need to ensure a good and continuous dialogue with stakeholders and government to assure access to innovative medication. There might be economic measures that could impact the health budget and the access to innovation.

We need to assure that patients still have fast access to our innovative treatments. Recently the EMA approved the first and only oral GLP-1 . The next step will now be to assure access in Belgium for patients, just like in some other European countries where access was already approved.

Novo Nordisk is also investing in haemophilia, with that part of the global portfolio now represented in Belgium. What is the strategy for success in this new pathology?

I must say that when I joined, haemophilia hadn't received the full attention it needed. To turn this around we had to adapt our internal organisation, hiring the right people with the right know-how. This allowed us to bring focus back to our haemophilia portfolio in our organisation.

Consequently, we managed to grow our haemophilia turnover in the past two years, which is encouraging. We were also able to bring innovation to our patients with a new drug for patients with haemophilia B.

The prevalence of diabetes in Belgium is six percent according by the official data website health.be, and potentially ten percent when including the undiagnosed. How does this compare to other developed markets?

According to Sciensano, there are an estimated one million patients with diabetes in Belgium, close to ten percent of the population, although we lack an official registry. The problem is that the number of patients with diabetes is still increasing. While it is ten percent across the whole population, in the over 65 demographics, it is around 25 percent and therefore a burdensome problem. One of the main problems are the numerous complications that can occur. Only six percent of funding for diabetes goes to drug costs, most of the budget is linked to management of complications. If we want to address this issue properly, the focus also needs to be on prevention and creating awareness.

In general, Belgium has a good system for diabetic patients. We have a lot of innovation that is now accessible, and different ways for the health care practitioners to interact with patients. Diabetic patients can, for example, obtain a prescription to receive information and guidance from educators, be it diabetes educators, pharmacists, dieticians or physiotherapists. Next to this there is the path of care trajectory and the conventions, depending on the number of injections needed. All of these offer additional services to patients.

The Belgian government, to their credit, has done a lot. Last year, we had a revision of the treatment and reimbursement guidelines based on the guidelines from the American and European diabetes associations.

Like mentioned earlier, we now have to work to ensure that we not only treat the complications but focus on prevention and create awareness too. Therefore it's important to notice that together with academics, patient organisations, and other industry partners, we have jointly established the Belgian Diabetes Forum. The goal of the forum is to make a list of recommendations to prioritise policy actions and create awareness. Creating this awareness should lead to an alignment of

prevention, care and lifestyle initiatives for patients with diabetes.. As a company leading in the diabetes market, Novo Nordisk has been one of the driving partners to establish this in Belgium.

Looking at obesity, which is closely related to diabetes, we have even more work to do on awareness. One million people may have diabetes, but two million are obese. Many people still see obesity as a lifestyle choice, whereas there are many genetic, environmental and other factors. Obesity also leads to many other problems, in addition to diabetes. Raising awareness on this remains one of our key priorities.

No one has escaped the impact of COVID-19. However for chronic diseases like diabetes this could have another dimension?!

In March 2020 we had an enormous spike in demand as patients were concerned that there would not be a steady supply of medicines and we had to invest in managing our stock levels. One of the things I learnt from the crisis is that communication is crucial. Had we not been reaching out to patient organisations, academia, and to doctors' associations, we would probably have faced shortages. Because we reached out and communicated very clearly that there was no need to stockpile, we guaranteed access to our medicine for the patients.

You began your career, like many current general managers, as a sales rep. How much has that position changed over time and what are the positions today that will foster the general managers of tomorrow?

The sales rep role has evolved both significantly and rapidly. When I was starting out in the early 90s sales reps often found themselves with a lot of colleagues from other companies in the waiting room of a doctor's practice. Back then most companies had a lot of sales reps, but the number has decreased as accessibility decreased. I still see an important place for this role, not only in communicating the benefits of a specific product, but also from an educational point of view. Specifically for diabetes, the treatment landscape has changed a lot with many innovative treatments being available now. It's important to connect with GPs and specialists to ensure that they have the relevant information to offer the best treatment to their patients.

With the lockdown due to COVID-19, the operating style of a sales rep is evolving quite rapidly, since they were working from home for a couple of months. This has driven a thirst for digital capabilities to find other ways to communicate with doctors. Although doctors still prefer face to face contact in Belgium, there's an increasing number of doctors who are open to more virtual connections such as webinars. So we need to accelerate and build our digital capabilities within our organisation.

If you ask me what the profile of future general managers should be, I would answer that ideally they have a strong commercial feeling and definitively also a strong interest in market access. But most of all, being curious, willing to learn in different fields, building experiences in different functions are crucial to develop into a general manager position.

Novo Nordisk is now back to growth globally and in Belgium. Where do you want to take the organisation in the next three years?

We need to continuously make sure that patients in Belgium have access to our innovations. Next to this, we would like patient organisations to look back at this period and see Novo Nordisk not only as a company bringing innovation to the patients treatment, but also as a company who is a real partner by educating and creating awareness.

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We have a professional cycling team *Team Novo Nordisk* made up of athletes with diabetes- which is quite exceptional. They compete in races all over the world. The mission of the team is to inspire, educate and empower people affected by diabetes. . When diagnosed with diabetes, many people think it means they won't be able to live life the way they'd hoped. Team Novo Nordisk hopes to show the world what may be possible with diabetes.

As we strongly believe those community activities are encouraging for patients and their families- we are locally also supporting an event called *Climbing for Life*. The goal is to climb one famous mountain annually, accompanied by as many patients as possible. Last year we went to Italy with 2000 people of which many were patients with diabetes, to climb the 2750m Stelvio Pass. The patient associations together with doctors helped with training and some people went from almost no level of fitness, to climbing a mountain within a few months. To see the smile on the faces of those people when reaching the top and the impact on their ambitions is something I want to look back on in a few years, knowing that we brought not only innovative medicines, but a transformation in patients' outlook towards life.

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