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11.12.2020

Tags:

[Norway](#), [GSK](#), [Clinical Trials](#), [Vaccines](#), [Strategy](#), [Oncology](#), [HIV](#)

Christian Probst gives an overview of GSK Norway's broad portfolio, market access hurdles, and the importance of bringing clinical trials back to Norway. Probst also touches on how the country's impressive digital footprint can be better leveraged and GSK's role in Norway as one of the world's leading vaccine companies.

Could you begin by giving us a brief introduction to yourself and your background?

I am originally from Switzerland and, although I have worked in the pharmaceutical business for many years, my background is in economics. I started my pharma career as a finance director at GSK 16 years ago and quite quickly moved into the commercial field. I then held several different leadership and commercial roles at GSK Switzerland before moving on to an above-country role as director of classic brands for all our European markets except the big five countries. This role gave me the opportunity to get to know different healthcare systems and cultures within Europe, which was very interesting given both the similarities and differences within Europe. Since Summer 2015, I have been country manager of GSK Norway.

How is GSK organised in Norway?

Due to the size of the Norwegian market as in other markets in Europe my team and I are responsible for the pharmaceuticals business, which includes vaccines and prescription drugs, while the consumer healthcare business is run separately. We have around 60 employees in Norway focused on pharmaceuticals.

Globally, GSK has a very strong heritage in respiratory care and HIV and is now moving more towards immunology and oncology. To what extent is this mirrored in Norwegian operations?

In Norway, the situation is very similar to the global picture. We have a strong respiratory footprint with more than 50 years' experience in bringing innovative products, mainly in asthma and COPD, to market. Our respiratory portfolio represents a significant proportion of our total business in Norway.

Vaccines make up around a quarter of the total business. Norway has a very advanced and wide-ranging state-funded vaccination program, for which most of the vaccines are provided by GSK.

Our HIV business has grown significantly over the last two years to now represent the third biggest share of our total business. Globally, GSK's HIV portfolio is organised through an organisation called ViiV, but due to the relative size of the Norwegian market, we are responsible for all promotion and scientific dialogue around HIV.

We also have a classic and established brand portfolio, which ranges from areas like respiratory, CNS urology and more. Most are products at the later stage of the life cycle but are still very important from a revenue perspective. These products improve lives of many patients in Norway.

GSK has an innovative R&D pipeline in oncology and we are at the stage where the first products are available for patients in Norway. Oncology is currently quite a small field for GSK Norway, as we are just beginning this journey, but it is growing strongly. With plenty in the pipeline, it is now about making sure that patients in Norway can get access to our oncology and other specialist treatments.

What are the challenges for a 60-person organisation of managing such a broad portfolio?

We have a highly engaged and positive team with the competence to be excellent in their prioritisation and focus on the areas with the highest growth potential, which for us are HIV, respiratory, vaccines and oncology. I cannot say that it is not a challenge with a small team and broad portfolio, but it is a challenge we relish.

What talent challenges have you been facing; is it is easy to attract international talents?

I am proud to work with such a talented team of people. Within Norway, we work hard to position ourselves attractively and create a positive cultural image, as the talent pool is relatively small and closely-knit. Even though it has been challenging, we have managed to differentiate ourselves and find the talent, especially in areas like oncology and market access where we have been actively expanding. We also place a huge amount of focus on developing talent within the company.

Regarding bringing people from abroad to Norway, it can be quite challenging to attract people due to the remoteness of the country and the relatively small market size. However, at the GM level it is easier to expose international talentsâ?? although I was one of the first expat members of the LMI board of directors â?? but now many multinational companies here have foreign GMs.

What are some of the market access challenges that GSK is being confronted with in Norway?

One of GSKâ??s key priorities, not only in Norway, is making sure that the innovative products we already have on the market and those in our pipeline are made available to patients.

We support Norwayâ??s efforts to ensure access to healthcare and the efforts to ensure every person in Norway has the right to treatment regardless of their financial status. The strong notion of equality in healthcare can however also lead to some challenges. For example, getting compassionate use authorisation in Norway is tricky as it implies selecting one group of patients over another.

Norway is quite risk averse in the evaluation of health economic data. This makes it difficult to introduce new innovations to the Norwegian market, especially if all the data requested is not yet available, with price becoming often the only measure to mitigate uncertainties in the data. For this reason, many new drugs are rejected limiting patient access to new treatments.

There needs to be more thought about different health technology assessments models and the use of real-world evidence (RWE), including pay-for-performance. The Norwegian authorities are slowly opening up towards these more innovative models, but we as an industry also have to have more input in order to increase their trust in us.

How open are the Norwegian authorities to new ideas and solutions around pricing and payment?

This is a very challenging question to answer. Having been in Norway for five years, a lot of progress has been made, but there is still a reluctance to embrace innovative pricing models. However, recently, there have been some signals that the centralised hospital procurement body, which is responsible both for the procurement of drugs as well as execution, is now more open to new payment solutions. Here also seems to be an opening to explore public private collaborations and partnerships in line with what is being done in other European countries.

Other elements also come into this equation, including Norwayâ??s lack of a strong industrial heritage in the life sciences. There is some production here, but far less than in other countries, which means that the industry has less political capital.

Moreover, Norway has a very high level of overall healthcare expenditure, but a comparatively low level of pharmaceutical expenditure. There is perhaps a political explanation for this; with the government looking to save money on pharmaceuticals rather than increased efficiency in the health system.

Norwegian clinical trial numbers have been decreasing in recent years despite the country's good fundamentals. How has GSK's Norwegian clinical trial footprint fluctuated over time and what dynamics are at play today?

In the past, GSK had a number of clinical trials in Norway. We saw a decrease, however, we are now seeing an opening up and the return of clinical trials to Norway, especially in oncology and immunology, which is a very positive development.

There is huge potential to conduct clinical trials in Norway but the decline in clinical trial numbers is linked to different factors like lack of prioritization and incentives, a culture of public-private collaboration, the question of market access, and the challenges of bringing innovative new treatments to market.

Last year the Norwegian government released a health industry prioritization paper, one element of which was concerned with attracting clinical trials and making sure that Norway's hospitals have the resources necessary to run them well and adequately prioritise them. In the past, public-private collaborations and partnerships were seen negatively in Norway and although we are not yet at the final destination, huge progress has been made in this area. We welcome the progress made in that area and encourage authorities to continue to move in that direction.

GSK Norway is also working hard with our R&D colleagues to attract trials to Norway, which is often more difficult given the challenges that exist here. We are also looking not only into clinical trials per se but also how we can partner with experts on investigator-initiated projects. A lot of very positive change is occurring. Three years ago, we met with the industry association and the heads of the key university hospitals who told us they lacked the resources to conduct clinical trials as they were not being paid extra for them. Now, with clinical trials becoming more prioritised from a political health perspective, a huge switch has occurred, and Norway's excellent clinicians and researchers are now being better utilised. Even the scepticism about public-private collaborations is decreasing somewhat.

What are Norway's advantages in terms of digitalisation?

The country's geographical spread has been a factor in its advances in digitalisation, especially in more remote regions. However, the most important reason for this level of digitalisation is the smart people we have in Norway with an interest in data and a general cultural and political curiosity for the field. This represents a great opportunity for us and for our industry.

The level of digitalisation in this country is immense, best exemplified by its patient registries, which are like gold in health data terms for Norway compared to other countries. This is an advantage of the country's centralisation, but also of Norwegian society's openness to digital tools.

However, the clock is ticking on fully utilising this resource, as Norway is not the only country in the world with such data sets. Nevertheless, I do see a greater sense of awareness and urgency about the importance of these resources if Norway is to build a stronger domestic health industry.

Given the size and remoteness of Norway, were Norwegians better prepared for the switch to digital communication tools that the COVID-19 crisis has necessitated?

I contend the idea that we were already used to working virtually; this is a massive cultural shift brought about by COVID, not only in Norway, but across Europe and elsewhere. Prior to this year, communicating with doctors virtually was almost impossible, for example. It was a traditional model based on face-to-face contact. However, we have made the transition and been able to maintain important interaction with healthcare professionals during the pandemic.

As one of the vaccine industry's major players, how would you characterise the vaccines ecosystem in Norway and what issues do you face in terms of vaccine adherence and scepticism?

GSK has a very strong vaccines footprint so the focus from our side was always there and Norway has prioritised vaccines from a health political perspective for a long time. The Norwegian vaccination program is probably one of the best in the world and there is an openness to vaccines here. For example, Norway was one of the first countries to introduce HPV vaccination for both girls and boys.

Additionally, Norway has been very politically active on vaccines at a global level, even spearheading the founding of the Coalition for Economic Preparedness (CEPI). This includes work on lower profile or more challenging diseases, which the country sees as its social responsibility.

Despite the general openness to vaccination, there is still some vaccine scepticism in Norway, albeit at a lower level than that seen for example in neighbouring Denmark. However, Norway is by and large a pro-vaccine country with a robust vaccination program.

GSK is not developing its own COVID-19 vaccine but instead making its adjuvant technology available to other companies and partners. With this in mind, do you see a role for GSK in the rollout of a COVID-19 vaccine in Norway?

Of course, as a leading vaccines player we are part of the industry association's vaccines committee.

GSK has advanced partnerships with several different companies and academic institutions to develop potential COVID-19 vaccines as quickly and safely as possible. If one of these vaccines comes to Norway then we will probably play a more active role in its rollout, but regardless we are supportive of any vaccine, even if it is a competitor's product.

Since the pandemic began, we have been looking at many ways to harness our scientific expertise and technology to make a difference and it is not only vaccines that we are looking at. We see a clear need for therapeutics in addition to vaccines to combat the pandemic, particularly to help those patients who have more severe COVID-19 symptoms and require hospitalisation.

In this area, we are very active along with other companies to see how we can treat patients better and decrease the severity of their illness.

It is also important not to forget that beyond COVID-19 there are many other vital vaccines. For example, we are already seeing a drop off in the use of some booster vaccines.

Where do you see yourself in five years' time?

I cannot say for sure, but I know I want to challenge myself, develop as a leader, create an impact and have fun. Together with my family, we will decide on the best next step, but I cannot name a particular role I covet. What I can say is that I am extremely happy to work for GSK and I want to be close to people and leading people because that is my passion.

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