

Christof Bischoff Country Director, AstraZeneca Denmark

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We need to establish the right reference points, ones that reflect forward-looking, innovation-driven healthcare systems.

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Christof Bischoff, Country Director of AstraZeneca Denmark, draws on over two decades of international and national experience to navigate one of Europe's most advanced yet complex healthcare environments. In this interview, he reflects on the affiliate's evolution from a traditional commercial operation to a system-oriented partner driving innovation across clinical research, access, and sustainability. With Denmark poised to take on greater leadership within the EU, and life sciences playing an ever more strategic role, Bischoff offers a candid assessment of what it takes to turn policy ambition into real-world impact.

With over two decades of experience with AstraZeneca, can you briefly introduce your career trajectory?

My journey with AstraZeneca began in 2000, and aside from a brief period outside the organisation, I have been with the company ever since. This journey has unfolded across a wide spectrum of roles at local, regional, and global capacities. With my background as a pharmacist, complemented by an MBA, I've had the opportunity to approach healthcare through both scientific and commercial lenses. This is a key combination that continues to inform my leadership today.

Over the years, I have lived and worked in Sweden, the UK, and Germany. Through these experiences I gained end-to-end exposure to the value chain, from early-stage business development to strategic portfolio execution. In fact, some of the therapies we are introducing today in Denmark trace back to decisions I was involved in over a decade ago, which gives me a sense of continuity and fulfilment in the work I am doing now. One example is AstraZeneca's current positioning in chronic kidney disease (CKD). While we have long held a strong position in cardiovascular medicine, I previously worked in a team that identified kidney disease early on as an area of critical unmet need. That insight led to strategic investment at the time, and today we are seeing the tangible impact of that decision in the form of an impactful CKD portfolio.

What dynamics are shaping Denmark's healthcare landscape today, and how is AstraZeneca's Danish affiliate adapting to these shifts?

Since taking on the role of Country Director for Denmark, I've seen how significantly the operating landscape has evolved. Denmark is recognised as a leading life science hub, home to a broad range of innovative companies and supported by a politically engaged environment. In the past, a major part of our role as an affiliate was to ensure healthcare professionals were educated about our medicines. Today, the challenge is not simply one of awareness, but of integration. Part of our mission in Denmark is ensuring the system is ready to absorb innovation, particularly as AstraZeneca works towards launching 20 new medicines globally by 2030.

This shift is taking place against the backdrop of a dual demographic challenge: a growing elderly population and a declining healthcare workforce. Many of the therapies we are introducing target entirely new disease areas, where diagnostic infrastructure is often absent and established patient pathways are lacking. In these cases, identifying and reaching eligible patients requires building new systems from the ground up. Fortunately, the Danish healthcare ecosystem has grown increasingly receptive to collaboration. Public-private partnerships are becoming increasingly essential and are now central to how we tackle systemic barriers. Events like Folkemøde, the people's meeting, where citizens and decision-makers meet to cultivate dialogue, reflect this cultural shift and the appetite for joint solutions.

Internally, we have also transformed. AstraZeneca Denmark is no longer a field-force-driven organisation. We have become more specialised, aligning closely with the needs of the broader healthcare system. From navigating pricing assessments to adapting to hospital tenders that now incorporate sustainability criteria, our focus extends well beyond product delivery. It is about supporting systemic transformation, ensuring that innovation translates into access, and that medicines reach the patients who need them through a healthcare system equipped to deliver on value.

Which therapeutic areas are driving growth for AstraZeneca in Denmark, and how does the affiliate's portfolio reflect the company's global offering?

AstraZeneca Denmark's growth trajectory mirrors the company's global strategic focus, with strong, double-digit expansion across its three core therapeutic pillars: cardiovascular, renal and metabolic diseases (CVRM); respiratory and immunology; and oncology. These areas remain the primary engines of growth, supported by a steady flow of new product launches and a robust pipeline. Beyond these key areas, we also see future potential in vaccines and immunology, where several promising assets are progressing. Rare disease further diversifies the portfolio, although is area managed through Alexion as a subsidiary of AstraZeneca.

While overall our momentum remains high, certain segments may experience short-term fluctuations due to factors such as loss of exclusivity or demographic shifts. However, the more systemic challenge lies in ensuring that first-in-class or best-in-class therapies are adopted effectively within the healthcare ecosystem. In many cases, this requires more than medical education within the healthcare system. As therapies become more advanced, they will require the reconfiguration of infrastructure, especially in specialties that have seen little innovation in recent decades. In this context, the system may not be set-up to easily uptake novel therapies as treatment guidelines. Therefore, introducing innovation typically mean we must partner with healthcare to build the pathway around it so patients can get access to the best treatments.

How is AstraZeneca Denmark adapting its structure to support ecosystem transformation and meet new sustainability demands?

To better meet the evolving needs of the healthcare system, AstraZeneca Denmark has also evolved our organisation. We've moved away from the traditional field force model and now engage earlier through our medical affairs teams. By working closely with clinical trials from the start, we gain valuable insights into systemic barriers and care gaps. This early involvement allows us to take a more targeted approach before a new therapy even reaches the market, whether that's supporting diagnostics, building specialist capacity, or mapping the patient journey.

We've also adjusted our stakeholder engagement strategy. While general practitioners remain important, decision-making power has increasingly shifted towards institutions like hospital leadership and regional procurement bodies. These stakeholders are placing more emphasis on sustainability, which has led us to build internal capabilities that address environmental impact, alongside clinical and economic value.

I'd like to point out several of our partnerships that highlight this shift. One example is our use of AI-driven screening to identify lung cancer patients earlier, helping to offset the shortage of radiologists. In asthma care, we're promoting preventive treatment with inhaled corticosteroids rather than relying on acute interventions. This change not only reduces hospital admissions, but also cuts CO2 emissions as less patients travel to the hospital from their homes. Additionally, we have established a forum bringing together hospital directors, regional politicians, and other stakeholders called Green Sounding Board. Together, we're working to come with recommendations to redesign patient pathways that provide both clinical and environmental benefits.

All of these efforts align with the Danish Region's goal to reduce hospital carbon footprints by 50 percent by 2035. But for AstraZeneca, sustainability goes beyond just environmental goals, it's also about system resilience. Preventing hospitalisation through earlier intervention supports sustainability both in terms of the environment and healthcare spending. Our ambition is to be recognized as a credible partner, not only because of our innovative medicines, but also because we bring a system-level vision and a willingness to co-create lasting solutions in critical areas like sustainability.

How would you evaluate Denmark's openness to pharmaceutical innovation, particularly in clinical research and early access to new medicines?

There is a strong political consensus in Denmark around the value of life sciences, and the pharmaceutical industry is widely recognised as a strategic pillar of innovation. This alignment has resulted in important initiatives like Trial Nation, a public-private partnership which acts as the single point of entry for clinical trials in the country. This has helped position Denmark as Europe's leader in clinical trials per capita. While trial activity across the continent has declined, AstraZeneca has continued to expand its presence locally. With around 80 trials currently active or launching in Denmark, we are the most engaged sponsor in the country. These investments are made possible thanks to a well-developed and responsive research ecosystem.

That said, there is still a disconnect between this clinical leadership and the broader ambition to be at the forefront of innovation. Although the policy environment signals strong intent, this is not always reflected in the actual uptake of new medicines. There remains a tendency to prioritise cost containment over early adoption, which limits the impact of Denmark's otherwise advanced ecosystem. It is a shared concern across the industry, but particularly relevant in a market as well-positioned as this one.

When a country leads in clinical research but lags in access, it risks losing momentum. Broader academic engagement, faster integration into practice, and ultimately better patient outcomes depend on a health system's ability to absorb innovation. While the political willingness does exist in Denmark, the challenge now is to ensure that intent translates into tangible progress.

Encouragingly, we have seen a distinct shift in openness to public-private partnerships. Stakeholders are increasingly willing to engage with industry in areas that were once considered out of bounds. This growing appetite for collaboration, combined with a strong foundation in research, sets Denmark to be an increasingly dynamic and rewarding market for the industry overall.

How do you view the relevance of Denmark's Life Science Strategy 2030 in advancing access to innovation, particularly for multinational pharmaceutical companies?

Denmark's Life Science Strategy 2030 stands out as one of the most clearly defined and actionable frameworks in Europe. While not all elements of the strategy have become fully tangible yet, it provides a solid foundation for long-term alignment between industrial policy and healthcare innovation. Even other countries are beginning to take notice, using it as a reference point for shaping their own approaches. This is something we even see at the European Union (EU) level as the Danish Life Science Council who helped shape our national strategy also sent their recommendations for a European life science strategy.

For multinational companies like AstraZeneca, the strategy is a promising start, although the extent of real-world implementation still remains to be seen. As is often the case, ambition does not automatically translate into consistent uptake, especially when external policy developments risk undermining innovation. For example, the EU's proposed PFAS legislation, while well-intentioned from an environmental perspective, could have a negative impact on competitiveness if similar restrictions are not implemented globally. Here, the role of a strong life science strategy, both at the national or European level, should be to ensure that sustainability goals do not come at the expense of the sector's ability to innovate and manufacture at scale.

From an EU perspective, can Denmark act as a role model for what it looks like to strike a balance between policy making and open dialogue?

Absolutely. Compared with its neighbours, Denmark offers a particularly concrete model of supportive policy. Speaking specifically about the strategy's ambition to improve innovative access, the next step is ensuring that leadership in innovation is also reflected through real-world impact. At Lif, the Danish Association of the Pharmaceutical Industry, we are working in partnership with the Danish Joint Prioritisation Council (FPR) to define and track this alignment more precisely. By using tools like the patients W.A.I.T. (Waiting to Access Innovative Therapies) Indicator, we can analyse the actual use of innovative medicines against benchmarks in other European markets and the US. These indicators are essential for translating strategic ambition into measurable progress.

With Denmark having the presidency of the Council of the EU, the timing is just right to share this model more broadly. While Denmark may not always dictate the agenda, it can play a pivotal role as an honest broker, demonstrating how national frameworks can be translated into action. I see this as an opportunity to help gain EU-level momentum for a more innovation-friendly and competitive life sciences environment.

What does your recent appointment to the board of Lif represent for you personally, and how do you hope to contribute to its future direction?

It's a real privilege to join the board of Lif, which I see as one of the most effective and strategically positioned pharmaceutical associations in the Nordics. Lif plays a key role in shaping the industry's framework in Denmark, and given the strength of the country's pharma sector, it's in a great position to have a meaningful impact. I believe there's still untapped potential to further elevate Lif's influence and demonstrate how our sector can be a key partner in addressing broader societal and healthcare challenges.

One of my main goals that I share with Lif is to ensure that Denmark's global strength in life sciences translates into a domestic healthcare system that's equally innovative and advanced. While we already lead in exports and scientific excellence, we need to do more to ensure that this leadership directly benefits Danish patients. This means working more strategically across the health and political ecosystems to align incentives, policies, and adoption pathways.

AstraZeneca's overall commitment to Lif is strong. We have more than 20 colleagues involved across different committees, from regulatory affairs to compliance and ethics. Given the breadth of our portfolio, it made sense for me to take an active role at the board level as well. I see this as a natural continuation of our ecosystem engagement and an opportunity to help push for structural changes that will benefit the entire healthcare system. Lif has already come a long way, and I'm confident we can take its role to the next level. I'm proud to contribute to that effort as board member.

As Denmark seeks to lead in healthcare and life sciences, what message would you like to leave about AstraZeneca's role in supporting that ambition?

Denmark is in a strong position within the global healthcare and life sciences landscape, and AstraZeneca has a key role to play in helping shape that trajectory. With our broad and innovative portfolio, we're in a great spot to lead, partner, and drive meaningful change for both patient outcomes and in transforming the healthcare system as a whole.

That said, I believe we also need to challenge how we define success. Too often, comparisons are made against the European average, but the European average doesn't necessarily provide a meaningful benchmark when our ambition is to lead in innovation. For Denmark to reach its full potential, we need to establish the right reference points. We need to go beyond just Europe, and measure ourselves alongside the world's most forward-thinking, innovation-driven healthcare systems.

This is ultimately a political conversation as well. While other sectors will always be competing for attention and resources, I truly believe that few areas are as crucial to long-term societal well-being as healthcare.

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