Marie-JosÃ© Borst â?? General Manager BeLux, Roche

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After a 25-year-long career at Roche, spent at local affiliates in Switzerland, Germany, and the Netherlands, as well as in global positions in Switzerland and the US, Marie-JosÃ© Borst took on the role of GM at the firmâ??s BeLux affiliate. Having spent a year on the job, she explains some of the challenges around access in Belgium, a country that stands in 23rd place on EFPIAâ??s WAIT indicator; the importance of Belgium as a clinical trials hub and where Roche has its own clinical trial operations unit, and the potential impact of a centralised EU clinical trial database.

After 25 years with Roche in the Netherlands, Switzerland, the US, and Germany, what excited you most about taking on your first country manager role in Belux last year?

Firstly, the Belux General Manager (GM) role itself is an extremely attractive one. Secondly, taking on a GM role for the first time allows me to expand the impact I have on patientsâ?? lives, which is a continuing motivation and inspiration. Thirdly, Roche Belgium is a medium-sized but strong performing affiliate that is attractive from a business perspective. Its location in Brussels, the political centre of Europe, gives it an additional dimension. Belgium itself is a well-developed market with high-quality healthcare and professionals, as well as its positioning as the â??pharma valley of Europe.â?? There are, however, challenges here in terms of access to medicines, which makes it an interesting place to work. Finally, as a Dutch national it is nice to be geographically close to my

family and friends.

How did you find the transition from global roles to country lead?

I am used to â?? and like â?? both worlds. While global roles give you a more strategic birdâ??s eye view of a situation, being within a local affiliate positions you much closer to local customers and health systems and calls for a more hands-on approach. Moving to a different country is never easy, but I am well accustomed to it. Moreover, my career has taken me across roles in both local affiliates in Switzerland, Germany, and the Netherlands, as well as global roles in Switzerland and the US. My advice to people starting their career in pharma is to experience both global and local contexts if the opportunity arises.

What key agenda priorities did you set out during your first year on the job?

Access emerged as a key priority. Belgium boasts a strong healthcare system with a good reputation, but access to innovation remains a concern. Roche invests heavily in research and development (R&D), but our innovation is only worthwhile if patients have access to it. The bridge from having a fantastic portfolio to ensuring patient access is not a given in Belgium, but I will work very hard to improve this.

As an example of the challenging access scenario in Belgium, as estimated by the EFPIA in its yearly WAIT indicator analysis, the average time between the European Medicines Agency (EMA) approval of a drug and national level reimbursement is 534 days in Belgium, putting the country in 23rd place in Europe. This can notably be explained by the absence of sustainable early and fast access systems. Belgium, as a historical biopharmaceutical valley, can surely do better in improving time to access and making the system fit for the future. The innovative pharmaceutical industry has strong pipelines full of solutions for unmet medical needs, but these are not reaching patients as quickly as they should.

Other countries, such as France, recently adapted their system in the aim to close this gap. Belgium can surely learn from such initiatives or from neighbouring countries that have shorter access times. The National Institute for Health and Disability Insurance (NIHDI) recently published a document summarising suggested reforms to improve our reimbursement system. We welcome this initiative and recognise the ambition yet we believe the suggested reforms are insufficient to close the gap and could even put our system even further at risk if implemented as currently suggested.

Another key agenda priority is transformation, not just of the way we work internally but also of how we collaborate with other stakeholders. Roche, as large as it is, cannot provide all the necessary solutions alone. Rather, an ecosystem approach, partnering with other healthcare stakeholders as well as government stakeholders and patient associations is key to bringing innovation to patients and improving outcomes.

Finally, from an internal perspective, Roche Belgium has twice been recognised as a â??Great Place to Workâ??, and I want to continue the people-focus that won us those awards. Our people should feel at home and have the opportunity to thrive and deliver their best for patients.

Roche is in a period of transformation with a new CEO, an increased digital offering, and a rethinking of its go-to-market model. How are these shifts impacting the operations of European affiliates like Belgium?

These are unprecedented and challenging times for the world. Many things that most of us have come to take for granted have changed dramatically. No business is completely insulated from those effects, and that is why Roche began a transformation process a few years ago in response to this volatile world we live in.

We are a company with 125 years of history, present for almost 100 years in Belgium, and we have changed our role in the health system, prioritising the scientific approach and generating a different kind of engagement in the market. We want to transcend the traditional role of pharmaceutical companies as mere providers of therapies to become a true scientific ally of the healthcare system.

An ally that places science, patients and clients at the centre. An agile organisation where the potential and expertise of everyone is put at the service of a purpose. A new operational model that redefines priorities and eliminates activities of less value for patients. And finally, an efficient company that invests even more in R&D to deliver meaningful innovations to patients faster than ever, while helping healthcare systems incorporate this innovation.

Now we are applying these learnings to our whole commercial organisation, including of course in Belgium. We have been learning how to work with agility, unleash the full potential of our people, and truly co-create with customers and partners who need different things from us than they did before.

How challenging is it to assess success within this holistic approach compared to the relatively straightforward metrics in a product-focused model?

It is a different way of working which requires a different mindset and attitude. Our approach is that everything we do should benefit patients, the ecosystem, and be sustainable for Roche. This shift has not been easy for all our staff over the past two years, but everyone is supporting our ambition to drive better outcomes for patients, faster.

Having worked for Roche for over 25 years, I can clearly characterise the company as a learning organisation. We try new things and if they do not work out, we adapt and improve. Our people are constantly learning.

How significant is Belgium to Roche globally?

Belgium is a medium-sized affiliate that is significant for Roche as it is strong performing and is located in the political heart of Europe.

The value of Belgium to Roche can be seen most clearly in our clinical trial operations here. Roche Belgium â?? unlike many other European countries â?? has its own clinical trial operations unit which employs over 30 people and conducts trials from phases I to IV. The company invested EUR 27.7 million in R&D in 2021 through clinical trials in Belgium, according to betransparent.be.

Belgium has one of the highest levels of pharmaceutical investment in R&D per inhabitant in Europe, and holds the third position in pharma R&D employment per inhabitant, as reported by pharma.be

[the federation of the innovative biopharmaceutical industry in Belgium], which contributes to the countryâ??s reputation of being a â??pharma valley.â?•

What impact do you foresee the new centralised EU database for clinical trials having on Belgium?

From a Belgian perspective, a centralised EU clinical trial database potentially levels the playing field in Europe and diminishes our competitiveness somewhat.

For this reason, Belgium â?? and companies implanted in Belgium like Roche â?? need to find new angles and ways to be competitive. Having served in global roles, I know that there is a limited number of countries in which it is feasible to invest in clinical trials, so this new EU move will serve as a wake-up call to the Belgian industry. While Belgium may no longer be able to move faster than other EU countries, for example, it could differentiate itself. This is a moment for reinvention if Belgium wants to maintain its privileged position as a clinical trials hub.

How does Roche Belgium work with patient groups, and how significant is their input to your operations?

Patients are central to our discussions and decisions. We work closely with various patient organisations and have co-created several excellent initiatives with them. Patients and patient representatives can express what is most important to them, which we can then incorporate in our operations. In clinical trials, for example, we bring in patient input on both a local and global level to adapt the amount of information given to trial participants.

Additionally, in 2020 Roche Belgium established the Belux Experience Exchange for Patient Organizations (BEEPO), a learning and networking program that brings together Belgian and Luxembourg patient organizations to exchange experiences, knowledge, and best practices. This is a local counterpart to the international IEEPO network. BEEPO discussions are ongoing, and our annual meetings are a great source of patient insight into how we can do things differently.

One BEEPO discussion centred around the need for easily accessible information on clinical trials. This became the starting point of a larger initiative led by Patient Centrics to co-develop clinical trial.be, a clinical trial portal for Belgium that is already partly live ahead of a full launch in May 2023. Many patient organisations are planning to integrate the tool into their own websites, which lists the 260,000 clinical trials in Belgium by therapeutic area and patient profile. This will be a huge benefit for patients, for Roche, and for the wider ecosystem.

Having highlighted the â??unacceptableâ?• lack of an early access solution in Belgium, are you optimistic that the political will is in place to improve this situation?

Belgian patientsâ?? lack of rapid access to innovation is a major concern for both the Belgian pharma industry as well as the Ministry of Health. As part of pharma.be, we have held discussions with the current government on this issue and are convinced that our objectives are aligned. There is a common recognition that a future-proof reimbursement system that can support the introduction of the increasingly complex treatments coming to market, such as cell and gene therapies, would be highly beneficial. The government has recently released a roadmap with a series of proposals

regarding early and fast access as well as a reformatting of the reimbursement system, which we hope will crystalise our shared goals.

We are pleased for instance to see positive elements in the roadmap regarding the patient voice that will be better integrated in the reimbursement decision-making process through the set-up of a Patient Council made of different patient groups that the CRM will consult in a regular and structured manner and the integration of key additional elements in the health technology assessment (HTA) report that provide complementary information to interpret the relevance of clinical trial results. Other countries have found a solution to these issues, so I am confident that Belgium can too.

Roche, primarily known as an oncology company, now has a much more diverse pipeline across a variety of therapeutic areas. Does this present an opportunity or a challenge on an affiliate level?

The future looks bright. Roche Belgium will be launching a lot of new products in the coming years, this is the beauty of working for an innovative and science-driven company with a bursting portfolio. We used to be mainly present in oncology with a few molecules but the arrival of biosimilars pushed us to diversify our portfolio, in oncology and beyond in new disease areas. The diversity of the portfolio is the strength of Roche, as well as a challenge.

Finally, the consequence of a rich pipeline is that it comes with both hits and misses. Misses are difficult to swallow as research takes years and we have generated hope for patients. However, we cannot afford to stay focused on misses and we need to bounce back quickly to shift gears. This necessitates greater agility, prioritisation, and smarter ways of working.

Do you have a final message for our international audience?

I would like to emphasize the importance of placing the people at the core of everything we do. As someone who has been with the company for over 25 years, I know firsthand the importance of having a deep sense of purpose and a culture where everyone feels a sense of belonging. Our collaborative work environment helps us develop healthcare solutions that make a positive impact on peopleâ??s lives worldwide. We also offer coaching programs and leadership development to support our employees both personally and professionally. We expect all our leaders wherever they sit to demonstrate these commitments day in and day out, and I try to do the same in my position of course. It is also worth noting that Roche in Belgium has won the Great Place to Work award twice, which speaks to our commitment to our people.

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