

Niclas Källbom Karlsson VD & General Manager, GSK Sweden



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Niclas Källbom Karlsson, general manager of GSK Sweden, reflects on his first five years of heading the local affiliate, in which the company has emerged as a leader in the speciality respiratory medicines, vaccines and HIV area. With a new wave of products to be launched, he highlights the importance of local authorities to reimburse new, innovative medicine and work for having more patients getting access to those. He also reflects on the impact the Swedish affiliate has on the global group, being an early launching pad for GSK products.

Niclas, having worked for GSK for more than 20 years, in Sweden, France and the UK, you returned in 2014, taking over your first general manager position. What would you highlight as your main priorities at the helm of GSK Sweden?

The two main objectives when taking on the general manager position were to establish ourselves as a leader in the respiratory area, while also implementing changes within the Swedish affiliate. The aim was to bring more energy and engagement, considering new products of our portfolio we were about to launch in the respiratory and other product areas. My previous roles have allowed me to work across a very broad portfolio, so I have significant experience in primary care as well as the specialty care portfolio in our respiratory field. It also allowed me to understand the global operations

better and gain insights into similarities and differences across various markets. Thanks to my previous assignments, I believe I have brought a much more European leadership style to Sweden.

GSK has a leadership position globally in respiratory products and vaccines, while also having a significant OTC portfolio. What do you see as your most important growth drivers in Sweden?

I am very proud of the Swedish affiliate, as we have a leadership position in most of our treatment areas, due to our strong performance in the last few years. Today, we have one of the highest sales per capita in many of those areas.

The Tesaro acquisition gave us a significant boost in the oncology area, so we are looking to integrate these products now into our operations here in Sweden, as none of these assets have been launched here yet. We will also grow our primary care segment and further boost our HIV assets. While this unit is headed by the ViiV organization in Europe, in mid-size markets like Sweden, it is fully integrated in the GSK business. Sweden is the world-leading GSK affiliate when it comes to market penetration of our new assets in this field, as we have a market share of around 48 percent in that specific class of HIV medicines. We are planning to launch two new products in the HIV area, so we will continue to be a dominant force. Another growth driver is our vaccines business, with very promising new products to be launched here in Sweden soon. GSK has a very broad portfolio and we will continue to have great performance in the diverse areas mentioned.

In the respiratory area, particularly our triple-treatment for patients in COPD has had great global results in his first full year on the market globally. Using this as an example, what do you see personally as the key factors for a successful market launch in Sweden, compared to other European markets you have worked in?

We are marketing our full Ellipta portfolio here in Sweden, but the product launch obviously depends on the treatment area and if the product is for the hospital use or even sold through tenders, as it is the case for a part of our vaccines business. For the COPD portfolio, the reimbursement process goes through the national payer TLV, but before receiving a regional recommendation it can take up to two years. Hence market access is more than only receiving national approval, as we need to get each region onboard. We have a strong organization managing the regional market access to ensure our products are available throughout all regions of Sweden.

While clinical research has been declining in Sweden, GSK boasts a strong footprint in this area. What makes Sweden an attractive location to perform clinical trials for the company?

GSK is conducting trials in most of our focus areas and in the future, we will also have more research related to our new portfolio segments such as oncology here in Sweden. I am very proud that Sweden has been acknowledged as a footprint country for GSK when it comes to clinical trials, which was announced three years ago. History shows that the Swedish affiliate has delivered on quality and quantity in clinical research and we have a great infrastructure here in the country with dedicated centers and a very open patient population. Another factor is that we have a strong, devoted in-house team, which makes it easier to create a stronger bond with university hospitals and research centers. Depending on the treatment area, we are approaching eight different university hospitals in the country, so we are in a good dialogue, which is crucial to plan ahead for future trials.

Since being appointed, CEO Emma Walmsley has made a number of personnel changes at the top of the organization and has reformed GSK's R&D focus. How have these changes been reflected in Sweden?

Since Emma's arrival GSK's R&D focus is much narrower, so now we are investing heavily in building a winning pipeline, rather than spreading the resources broadly. We are also developing the way of how we conduct clinical trials, moving away from large research projects in the primary care setting, to much more specialized trials and is driving more innovative ways of conducting R&D which are quicker and more efficient. There is a trend of using registers when available, including patients much earlier in all processes and leverage the potential of big data. We are listening to all stakeholders to ensure we bring this new, innovative medicine to the patients, and there is a lot of potential to speed up this process. Right now, there is a discrepancy between generating evidence and starting to launch medicines in Sweden, mainly due to a delay in this process, which we will need to work on. We can only continue the clinical trials, if our medicine will gain access and get used. We as an industry need to continue to target the unmet medical needs and collaborate tightly with the payers, authorities and patients to ensure the fastest access to our products.

How would you assess the current willingness amongst Swedes to use vaccines, considering a global growing anti-vaccines movement?

Swedes have a very high adherence and willingness to be vaccinated, so I do not see an issue currently here in the country, but together with authorities and the profession we must continue to be active and convey the value of vaccines and act on factual news in this area. We can separate our vaccines business into two areas, with half of it being subject to tenders and the other half coming from the private market. Tenders have been evolving in Sweden, with more consolidation of county councils coming together and also having more national tenders.

GSK has made headlines in December 2018 with the announcement of the spin-off of its consumer healthcare unit in a joint company with Pfizer. How will this strategic move influence GSK's operations in Sweden?

We have a lot of informal collaboration between our consumer and pharma business here in Sweden, as we share offices and resources between the two entities, which will stop, once the unit has been spun off. Certainly, there will be practical consequences, but at this point we have no news yet of how this will pan out exactly. The direction is clear, but we are still waiting for concise instructions from our headquarters.

Sweden will never have the market depth of larger European countries, however many general managers of multinational companies we have met so far, told us that Sweden is nonetheless considered a strategic country for their groups. What makes Sweden a particularly relevant ecosystem to operate in for GSK?

We are a very profitable affiliate for GSK and we are delivering on science. Sweden is a market where you can easily test new initiatives, to see how it impacts the business and, on this way, develop practices that can be used elsewhere. The affiliate here is an early launcher, so we can

provide feedback from experts and patients, which is very valuable for our global operations. We have a strong footprint in three of our focus areas, so our voice is definitely heard.

Value based pricing is one of Sweden's key features, particularly interesting as the country has a great health data thanks to its unique quality registries and biobanks. Considering this unique environment, do you see potential areas where other GSK affiliates can learn from the Swedish operations?

Sweden is certainly a very mature market in terms of access conditions, so there is a high level of interest from other countries to see how we operate here in Sweden, especially on how we deal with regional and national authorities. A global trend is the increasing environmental prerequisites for medicines, ensuring a sustainable value chain from production to disposal. Sweden is a country that has picked up this trend early, so we are trying to transfer this learning to the European and global organization. There are multiple examples for Sweden and the Nordics being a pioneer for technologies or practices that later became a global standard. This places us in a good position to be included in think tanks and advisory boards.

How would you like GSK's footprint to evolve in Sweden going forward?

We will continue to be a diverse business, so we can develop the same therapeutic areas which we have today. A priority will definitely be to strengthen the oncology and hematology business, launching various products in this area, to demonstrate our ambition to stay in this field. We want our future assets continued to be launched in Sweden first. GSK has strong collaborations with the government and other stakeholders, and we will need to continue to work together to give patients access to our medicines.

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