Novo Nordisk’s Triple Bottom Line approach to business

In this issue:
#WeAreNotWaiting
Partnerships are the new black
A partnership perspective with Mogens Lykketoft, President of the United Nations General Assembly

No. 2 · 2016

GOAL
17
THE PARTNERSHIP ISSUE
In this issue

Partnerships are the new black
Novo Nordisk Corporate Vice President, Charlotte Ersbøll, shares her view on the power of partnerships and why now is the time to act.

Companies have unique contributions to bring to the table
Mogens Lykketoft, president of the UN General Assembly, shares his perspective on Goal 17 – partnerships for sustainable development.

The digital health connection in Africa
The Université Numérique Francophone Mondiale and Novo Nordisk join forces to put type 1 diabetes education for children on mobile phones in Africa.

#WeAreNotWaiting
Most companies involve consumers as early as possible in the development of a new product or service. But how about pharma?

5 reasons why partnerships go wrong
This issue’s infographic shows why partnerships can come under strain and what can be done to avoid it.
Partnering with diabetes at the centre of the universe

The Italian Barometer Diabetes Observatory Foundation is breaking new ground in chronic disease management through a unique partnership model.

14

Learning to collaborate through real world research

See how building partnerships between insurers and pharma can help deliver high-quality care.

20

Helicopter view of a sustainable city

The Danish city of Kalundborg is not well-known globally, but it is one of a kind as a true city of partnerships.

22

The people driving sustainability

What makes a healthy partnership

PATH and Novo Nordisk work together to advocate for better access to essential diabetes medicines and technologies in Africa. Hear what they have to say about working together.

17

In September 2015, world leaders adopted 17 goals for sustainable development towards 2030. Goal 17 aims to strengthen the means of implementation and revitalise the global partnership for sustainable development through finance, technology, trade, capacity building and multi-stakeholder partnerships.

Novo Nordisk Corporate Vice President, Charlotte Ersbøll, shares her view on the power of partnerships and why now is the time to act.

The opportunities to create positive change are all around us and stronger alignment of purpose is bringing us closer together.

As a pharmaceutical company, we spend and invest significant resources every day on improving health for millions of people living with diabetes and other serious chronic diseases. But the cause of the diabetes epidemic, and the solutions required to make a change are multidimensional.

Neither Novo Nordisk, nor any other single actor or sector can succeed working in isolation to change diabetes. The same goes for tackling climate action, ending poverty or improving gender quality.

In September 2015, I attended the 70th session of the United Nations General Assembly. From around the world, governments, organisations and individuals pledged support to promote peaceful and inclusive societies, improve health and wellbeing, and tackle the environmental challenges of our time – particularly climate change.

This pledge has been formalised in the 17 Sustainable Development Goals, or Global Goals, which will guide policy, funding and action for the next 15 years.

Goal 17 stresses the need for strong commitment to global partnership and cooperation. The partnership goal is a testament to the fact that urgent action is needed to organise, redirect and unlock the transformative power of resources from private, public and non-governmental sectors. To deliver on sustainable development, we need to join together around shared purpose and complementary competences.

Putting purpose first

Novo Nordisk’s history of working in partnerships has taught us that, unlike donor-receiver and customer-supplier relations, partnerships go beyond self-interest. To be successful, they must be based on the condition that all partners expect to gain from the engagement and the measurement of ‘gain’ is the positive impact on the societal challenge at hand.

Everybody talks about Public-Private-Partnerships. But aren’t we limiting ourselves? How we come together in a purpose-led collaboration should rather be defined, not by the type of partners, but on the insights, capabilities, mandates and resources required to best deliver impact and scale. The purpose offers us the sweet-spot where each stakeholder has most to contribute and most to gain.

There is an increasing amount of talk about partnerships and this needs to be met with increasing amount of practice. In this issue of TBL Quarterly, we highlight examples of purpose-driven partnerships. We share the stories of why partnerships were formed, the challenges that can arise in the process and how we learn to collaborate with new partners by putting our shared purpose first. The stories we bring in this issue show what can be achieved when we overcome mistrust and old habits and begin recognising common purpose. From patient partnering to new ways of partnering with payers, there is value to be created when we learn to collaborate.

Reading through the stories, it is clear that partnerships are not just another fad: they actually work. Progress on the Global Goals will be enhanced when action is backed by multi-stakeholder partnerships that mobilise and share knowledge, expertise, technology and financial resources.

In the new era of sustainable global development, partnerships are the new black. I hope you find inspiration in this issue of TBL Quarterly and unite around purpose. The time is now.

Charlotte Ersbøll, Corporate Vice President
Corporate Stakeholder Engagement, Novo Nordisk
Twitter: @C_Ersboll
In this Q&A, Mogens Lykketoft, President of the 70th UN General Assembly, shares his perspective on partnerships as a means to achieve the Global Goals.

What are your hopes for partnerships in relation to achievement of the Sustainable Development Goals?
The international community committed in 2015 to the most ambitious global agenda to date – the Sustainable Development Agenda – aiming to end poverty and ensure prosperity, peace and a sustainable planet for all by 2030. This, alongside the ambitious Paris Agreement on climate change, will depend in great part on effective multi-stakeholder partnerships, because this enormous task can only be achieved with the business sector and others on board.

Stakeholders have already come together – Every Women Every Child, Sustainable Energy for All, the Ebola Private Sector Mobilization Group, to name but a few. I have hope that stakeholders will recognise the opportunity to build on past successes, to strengthen and scale up these partnerships, and to create even more in order to implement the far-reaching global goals.

What opportunities can the United Nations provide in this area?
The UN has been steadily improving its capacity to forge and facilitate multi-stakeholder partnerships – especially engaging the private sector. Goal 17 of the Sustainable Development Agenda specifically calls upon governments to encourage and promote effective public-private and civil society partnerships, engaging all sectors. To help with this within the UN, the UN Global Compact acts as a portal for the private sector to pledge principles and locate UN partners or initiatives with which the private sector can engage.

Numerous other UN entities are fostering multi-stakeholder partnerships on health, energy, transport, climate action, gender equality and governance, among other issues, as well as when working with big data, technology and other cross-cutting tools. UN forums also offer opportunities to share best practices, such as the annual Global Partnership Forum, the Partnership Exchange and the High Level Political Forum. Into the future, the UN can become even better at helping partners connect to change the world.

What do you consider to be the main role of the private sector?
Each company is unique. Each has comparative contributions to bring to any multi-stakeholder coalition. A company’s unique contribution can run the gamut from technical expertise to distributive capacity, from financing leverage to communications bandwidth and much more. That is the tremendous value of partnerships.

Small enterprises have, for example, very specific experience and the potential to create inclusive growth in developing countries. Multi-national companies have such a big outreach that their behaviour – and thus also improvements in their practices – can create impact at scale.

Equal to what a company does, however, is how the private sector conducts its own business – individually and collectively. I applaud the partnerships that support the private sector in integrating sustainable development principles into business practices all along the value chain – which goes far beyond simply adopting a CSR strategy. Equally impressive are partnerships that aim to transform entire sectors. This sort of contribution by the private sector – real transformation – is needed to achieve the sustainable development goals.

These commitments better position a company and a sector for the transformation underway. Markets are increasingly driven by principles of social and environmental responsibility – voluntarily by some companies but also on the regulatory side. You can see this for example in the financial sector, where climate as well as environmental and social risks are more and more integrated in investment decisions. Forward looking companies embrace this trend.
Sometimes what brings two partners together seems obvious. In the case of the Université Numérique Francophone Mondiale (UNFM) and Novo Nordisk, a commitment to children with type 1 diabetes and the growing uptake and use of mobile technology in Africa were the catalysts for action on the ground – and in cyberspace.

It’s 43 °C (104 °F) and Ulrik Uldall Nielsen has just travelled 70 kilometres to Thies from Senegal’s capital Dakar to visit one of the clinics expected to be enrolled in Novo Nordisk’s Changing Diabetes® in Children (CDiC) programme.*

As Global Project Manager, Ulrik hits the road frequently to speak with healthcare professionals at CDiC clinics throughout Africa and South East Asia. Seated in the office of the clinic’s lead doctor, they are discussing the programme when the doctor’s phone begins beeping. The doctor takes out his phone, opens the message and shows it to Ulrik.

“It was a reminder to check blood sugar levels,” says Ulrik. “It just goes to show how quickly Africa is embracing the power of mobile technology.”

21st century health without borders
mHealth, short for mobile health, is the use of mobile and wireless devices to improve health outcomes, healthcare services and health research. In contrast to desktop computers and their reliance on broadband or telephone wires, with mHealth, anyone with a mobile device and a good signal can get connected.

In just over a decade, mobile-cellular subscriptions have outpaced internet access substantially throughout Africa. In 2005, mobile subscription rates were approximately 12%, and only 1% had internet access in their home. By 2015, mobile subscriptions had reached 73% while home internet access was slightly above 10%.¹

Despite the huge uptake in mobile devices, traditional ways of providing training of healthcare professionals or patient education were not seizing the mHealth opportunity.

As Ulrik would learn, the materials used in the CDiC clinics were a perfect example.

---

* For more information, see: http://www.novonordisk.com/cdic.

Type 1 diabetes in the developing world

Globally, an estimated 542,000 children under the age of 15 are living with type 1 diabetes. 2 Half live in resource-poor settings in the developing world and many face life-threatening complications because families are not able to afford treatment or adequate health care is not available.

“PDFs are heavy. They are not the best way to deliver health information in Africa.”

Since 2009, Novo Nordisk has been partnering with Roche, the World Diabetes Foundation and the International Society for Pediatric and Adolescent Diabetes (ISPAD) to improve delivery and accessibility of care for children with type 1 diabetes in resource-poor settings.

Today, the CDiC programme has established 108 clinics in nine African and Asian countries. More than 13,500 children have been enrolled in the programme, receiving free insulin, blood sugar test strips and treatment support, and more than 6,000 healthcare professionals have been trained.

“There are very few paediatric specialists in type 1 diabetes in many of the countries the programme operates in,” says Ulrik. “We usually work with a physician in the clinics, so we created training materials for them and educational materials for nurses who must work with family members and the children.”

The training and educational materials, created with ISPAD, have been translated into five languages and published in paper format and as a PDF download. They have been a valuable resource in the CDiC clinics and have also been recognised and used by diabetes educators and parents around the world. The catch is that you need a fast internet connection and preferably a desktop or laptop computer to really enjoy a PDF.

Rethinking education tools

“PDFs are heavy. They are not the best way to deliver health information in Africa,” says Line Kleinebreil, Vice President of Université Numérique Francophone Mondiale (UNFM) and consultant for the World Health Organisation’s non-communicable disease mobile health programme in Senegal.

Line started her career as a doctor but in 2005 began working with different organisations to develop health education tools that could be delivered over low-broadband connections to city hospitals.

In her work at UNFM, Line has been a part of the team establishing a network of health centres in sub-Saharan countries. Once a month all these centres join an international webinar on diabetes using a special system which allows over 50 centres to connect at the same time, even in places where internet is still of poor quality.

“The monthly training is an opportunity for healthcare professionals to interact with diabetes specialists and discover new tools,” says Line. “The PDF versions of the CDiC material were too difficult to use so we created an interactive version, with games, to facilitate the necessary understanding of the disease and adequate daily management.”

After Line repurposed the CDiC training materials to be used in low-speed internet connections, they have been presented during webinars to over 1,000 healthcare professionals throughout French-speaking Africa.

According to Line, the feedback has been very positive and she is now working towards offering a Changing Diabetes® in Children game to each child newly diagnosed or hospitalised with type 1 diabetes.

“Senegal and Ivory Cost are ready to start and we are exploring new games that could be added,” says Line. “These new games could help address needs in Muslim countries to increase education about type 1 diabetes and fasting for example.”

**Be He@lthy Be Mobile**

Though there has been great success at the healthcare professional level, Line has come to realise that internet connections may not be the way to go to reach people living with diabetes.

“If you want to reach 10% of the population, use the internet,” says Line. “But with mobile, you can reach up to 90% of the population in Africa.”

With so many people owning a mobile device, even the most basic phone offers the opportunity to use text messaging to educate and remind people to improve treatment.

This has not gone unnoticed and in 2012 the World Health Organization (WHO) and the International Telecommunication Union (ITU) jointly launched the Be He@lthy Be Mobile programme in eight countries. The aim of Be He@lthy Be Mobile is to explore the effectiveness of using mobile devices to combat the rise of non-communicable disease.

“Senegal is one of these eight countries and has chosen to focus on diabetes,” explains Line. “Senegal’s mDiabetes plan aims to provide children with type 1 diabetes and their families with support via text messaging. We are hoping we can use the CDiC material that has already proven to be effective.”

Line and Ulrik agree that the partnership was a great match.

“Novo Nordisk has diabetes expertise and has developed excellent material with international experts,” says Line. “UNFM has the expertise and network to scale-up the dissemination of training material among health centres even in remote areas where children live. Together we have a better chance of improving the global care for children with diabetes.”
#WeAreNotWaiting

Most companies involve consumers as early as possible in the development of a new product or service. A company would not bring a new beverage, for example, to market without first having found out if it meets people’s taste preferences. This just makes sense – and is a business critical success factor.

In the pharmaceutical industry, working with the end customer is easier said than done. Nevertheless, Research and Development (R&D) teams across Novo Nordisk have now started partnering with patient leaders through a specialised unit within Novo Nordisk R&D. The unit works to better understand what truly matters, and ‘what great looks like’, from a healthcare consumer (aka ‘patient’) perspective.

“We have, for example, expanded our understanding of the fact that there is no such thing as ‘one size fits all’,” says Camilla Krogh Lauritzen, director of R&D Communication and Patient Partnering at Novo Nordisk. “People living with diabetes, whether it’s type 1, 1.5 or 2, have unique perspectives on their experience, and we cannot capture the multifaceted aspects if we are not having a conversation with them directly.”

Tanner Barton was the first member of Novo Nordisk’s DEEPs – Disease Experience Expert Panels.
Camilla continues: “Patient leaders are in a unique position to capture as well as share the many nuances of a disease area, allowing us to draw key overall conclusions, which can then be further uncovered and validated by surveying a particular group, for example.”

The partnering unit is currently drilling into one of the key conclusions, namely that people with type 1 diabetes want treatments that reduce their daily awareness of living with diabetes.

“It is clear that irrespective of who you are, being afflicted with type 1 diabetes takes up mental bandwidth 24/7,” says Camilla. “This matches another key conclusion – that the implied psychological burden of type 1 diabetes is in fact considered bigger than any physical downside of being afflicted by this disease.”

As is the case with any research and development, finding out what this means for the design of future products is critically important.

“From past experience, I know that it is key to capture and internalise insights and advice from patient leaders into R&D if one wants to be ahead of the curve and the competition.”

**No such thing as ‘can’t be done’**

In 2014, a group of Novo Nordisk colleagues led by Camilla set out to prove the concept of ‘patient partnering in medicines R&D’ and break the traditional flow by bringing the patient from the end of the pharmaceutical pipeline to the beginning. It was the start of a new partnership model at Novo Nordisk and an opportunity to learn from patient leaders representing hundreds to thousands of people affected by diabetes, obesity and other serious chronic conditions.

“At first, people told me that building such a partnership with patient leaders couldn’t be done,” says Camilla. “In addition, there were no specific guidelines, procedures or contracts in place in Novo Nordisk enabling the set-up of this kind of partnership model, and some thought it was unclear how it would benefit our research and development.”

The six-month pilot project brought together 13 patient leaders – disease experience experts – representing people living with type 1 diabetes, diabetes complications, obesity and adult growth hormone deficiency. It demonstrated the win-win value of working together – from the perspective of both researchers and patient leaders.

“At the end of the pilot project, it was clear to everyone involved that this was just the beginning of something mutually valuable. ‘Can’t be done’ had become ‘let’s do this’, for both the researchers and disease experience experts involved,” Camilla says. “After the last meeting of the pilot project, one of the disease experience experts, Tanner Barton, said that if we were ever looking to do something more systematic, for real, he would be interested in being involved.”

Two months later in August 2015, when the R&D Patient Partnering unit was formally established, Tanner became the first member of what is now known as DEEPs – Disease Experience Expert Panels.

**Everyone at the same end of the pipeline**

Today, DEEPs are being recruited across six therapy areas – type 1 and 2 diabetes, obesity, haemophilia, growth hormone deficiency and diabetes complications. Each panel is to be comprised of five to eight disease experience experts who are patients themselves and are also global, regional or national patient organisation leaders: essentially people who represent and can speak on behalf of their patient community.

After only a few meetings, the DEEP partnerships have so far provided Novo Nordisk’s product development teams with a better understanding of how to include the experiences of people living with chronic conditions in eg treatment development and trial design.

Novo Nordisk’s Chief Medical Officer, Alan Moses, has been involved with patient partnering and the DEEPs from
the beginning. His experience on the panels underlines his belief that insights into the ‘non-obvious’ elements of living with a disease can provide new approaches to designing a clinical trial, developing a device, or gathering specific information from patient interactions that might otherwise have been missed.

“Perhaps the most important learning from the DEEP experience is how valuable the patient perspective can be across the entire development process,” says Alan. “When scientists have an opportunity to interact with disease experts who are very knowledgeable about drug development, the opportunities can be almost unlimited.”

These insights are especially true for people with chronic conditions, like diabetes, haemophilia and obesity.

“Chronic diseases often impose a unique burden on the person living with the condition and the family because of their life-long implications,” Alan says. “Gaining insights into the ‘pain’ points that a chronic disease imposes on a patient, family or workplace requires a level of understanding that is diminished by not having their voice available.”

A DEEP dive into type 1 diabetes

Andreas Linderoth Norlin, project vice president at Novo Nordisk, sees the value of DEEPs personally and professionally. Andreas was one of the researchers taking part in a type 1 diabetes DEEP meeting to discuss a new treatment that aims to preserve the functioning of insulin producing beta-cells in people newly diagnosed with type 1 diabetes.

“Being a part of the type 1 diabetes disease experience expert panel is an inspiration; it makes it easy to go to work in the morning,” says Andreas. “Listening to and learning from the perspectives of people living with the disease helps us make sure we are not missing anything by only focusing on the regulator and medical professionals. Already, we are putting our learnings from disease experts into our project plans.”

At the meeting, five diabetes disease experience experts and 12 research and development leaders engaged in a series of conversations about the emotional impact of living with type 1 and 1.5 diabetes, their disease journey since diagnosis, and their wishes for innovations in treatment, including a cure.

One of the key values of having everyone in the room is the opportunity to clarify perspectives. When type 1 diabetes disease experts were asked how big a role diabetes plays in their lives, the response made it clear the question isn’t that simple: “Sometimes my diabetes is ‘this’ small [places thumb and index finger close together] in relation to my life and sometimes is it this big [holds hands far apart]. Which time are you talking about?”

The closing question of the day was: ‘What would it take to make your life feel like it did before you were diagnosed?’ The responses were wide-ranging and highlighted less intrusive devices (ie fewer injections or blood sugar testing), higher energy levels, less time thinking about and managing blood sugar levels, and most importantly: the elimination of hypos, when blood sugar levels become too low and present a serious health risk.

“There were five disease experience experts and each presented a unique perspective,” says Andreas. “The experiences are very personal and being part of a DEEP meeting makes it obvious that there isn’t only one approach to improving treatments.”

#EndTheWait

Camilla recalls that in the beginning, people inside the company were doing the work that led to the establishment of the patient partnering unit. There was a passion and a belief that partnering with disease experts would create mutual benefits.

“There is a hashtag used on social media by many in the type 1 diabetes community - #WeAreNotWaiting. It is a call to action to take innovation and ideas into the public domain,” says Camilla, “I love this. It is a reminder to the industry as a whole that the time is now. It is why we are one of the first pharmaceutical companies to systematically engage disease experience experts in R&D across multiple disease areas.”

1. Type 1.5 diabetes is a non-official term that is sometimes used to refer to a form of type 1 diabetes known as Latent Autoimmune Diabetes in Adults (LADA). It refers to the fact that the condition is a form of type 1 diabetes that can share some features that are more commonly associated with type 2 diabetes (http://www.diabetes.co.uk/type15-diabetes.html).

2. The process of testing new medicine in humans to document safety and efficacy.

3. Beta cells are unique cells in the pancreas that produce, store and release insulin, a hormone responsible for regulating levels of glucose in the blood (http://www.diabetes.co.uk/body/beta-cells.html).
Five reasons why partnerships go wrong

Partnering is an ongoing learning process that sometimes goes wrong. According to partnership managers in Novo Nordisk, alarm bells should go off when partners ...

1. ... are not genuinely invested in the common goal – or lose track of it.
2. ... fail to listen to each other and make room for other partners’ ideas and perspectives.
3. ... invade each other’s territories and fields of expertise.
4. ... lack the mandate to make decisions and drive things forward.
5. ... underestimate the time and resources needed to make partnerships succeed.

* This infographic is based on an internal interview study conducted September 2014.
Three principles that can steer partnerships in the right direction

There is no single recipe for partnership success, but these are the principles that guide Novo Nordisk’s partnership work:

1. **TOGETHER FOR CHANGE**
   - To create SOLID FOUNDATIONS for successful partnerships, partners should:
     - set clear goals for what they want to achieve together and individually
     - organise partnerships in efficient and sustainable ways in compliance with business ethics procedures

2. **TRUST AND TRANSPARENCY**
   - To create TRUSTING RELATIONSHIPS AND TRUSTWORTHY PARTNERSHIPS, partners should:
     - work with partners with compatible values and always pursue an open and honest dialogue
     - embrace differences and respect boundaries – always bearing in mind the integrity and intention of each partner

3. **TRACKING PERFORMANCE AND IMPACT**
   - To ensure that the partnership DRIVES CHANGE, partners should:
     - measure performance and impact, and hold each other to account concerning the progress made
     - share learnings and results
Located on the hillside where Galileo Galilei was watching the stars, the Italian Barometer Diabetes Observatory Foundation breaks new ground in chronic disease management through a unique partnership model.

Partnering with diabetes at the centre of the universe

The IBDO Foundation has its headquarters in Villa Mondragone, the venue of Galileo Galilei’s telescope, and the place where Pope Gregory XIII issued the 1582 “Inter Gravissimas” papal bull to promulgate the Gregorian calendar that today is used throughout the world.
In Italy they know their numbers. 6.2% of the total population has diabetes. In 20 years, 9% could be affected.\footnote{D. Cucinotta. Italian Barometer Diabetes Report 2015; 2; 28. Retrieved from: \url{https://dl.dropboxusercontent.com/u/27037912/ibdo/Report2015aprile2016.pdf}}

Not only are the statistics alarming, they are also numerous and the numbers highlighted are just a small extract of the diabetes and obesity statistics for Italy. But it wasn’t always like that.

Under the mantra that ‘you can’t manage what you can’t measure’, since 2008, the Italian Barometer Diabetes Observatory Foundation (IBDO Foundation) has been closely monitoring diabetes in Italy and using the insights on disease dynamics to unite stakeholders to fight the disease.

Founded by the University of Rome Tor Vergata, the Italian Diabetes Federation — DIABETE ITALIA — and the Parliamentary Association for Health and Prevention, the ambition of the IBDO Foundation is to stop the epidemic progression of diabetes in Italy. According to Professor Renato Lauro, President of the IBDO Foundation, the ultimate aim is to optimise planning of future interventions by coordinating interventions across stakeholder groups.

“We strive to offer tools ensuring cohesiveness and coordination in the many initiatives undertaken against diabetes, establishing the foundation as a long-term point of reference in the fight against the disease,” Professor Lauro says.

**A shared project**

Working closely with the Ministry of Health, the Higher Institute of Health and regional governments, as well as scientific societies, research institutes and companies specialising in diabetes care, the IBDO Foundation is the first diabetes observatory in the world that involves multiple stakeholders with the explicit goal of promoting “un progetto condiviso” – a shared project.

“We build on the modern Healthcare Landscape approach where diabetes is addressed holistically through the analysis and integration of the clinical, social, economic and policy-related areas,” says Professor Lauro. “This approach to chronic care management calls for a multi-stakeholder approach as the only way to carve out a joint roadmap for action.”

Together with the University of Rome Tor Vergata, the Parliamentary Association on Health and Prevention, and the Link Campus University, the IBDO Foundation has developed a model of cross-sector partnerships for diabetes management.

Today, the model guides the work of the IBDO Foundation and forms the basis for entering into programme agreements and memorandums of understandings with the foundation’s many alliance partners.

The model takes its starting point in the most prominent health-related issues in diabetes, examines existing data and research in progress, and validates data within a reference framework.

**Issues in focus**

Based on the analysis, partnerships can be developed that focus on issues such as the burden of disease in diabetes and obesity or the quality of life of people with diabetes. In this way, all relevant stakeholders are involved, such as private for-profit organisations, private not-for-profit organisations, the scientific community and public institutions.

The analysis of available data makes it possible to identify clinical outcomes in relation to costs, offering the opportunity to both create models aimed at improving the quality of life of people with diabetes and define the direction for future action.

With this model, the IBDO Foundation hopes to facilitate and promote health intervention synergies and guide policy makers on which specific interventions to prioritise:

“We aspire to be a tool to effectively drive concrete improvement in diabetes care, by promoting constructive exchanges among experts and identifying relevant and decisive solutions to reduce the economic, social and clinical burden of the disease,” says Professor Lauro.
**Converging ideas**
The IBDO partnership model was first presented in 2007 by Professor Vicenzo Scotti, a former minister of the Italian Republic and prominent Italian political figure, on the occasion of the New York Leadership Forum – a diabetes dialogue forum organised by Novo Nordisk.

At the same event, Novo Nordisk CEO Lars Rebien Sørensen announced an upcoming company initiative called the Changing Diabetes Barometer.

Head of Public Affairs for Novo Nordisk Italy, Federico Serra, recounts the launch of the barometer:

“The idea was to develop a tool to keep score of the fight against diabetes at both the national and international level, allowing comparison of interventions and outcomes in and across countries,” says Federico. “It was clear from the beginning that this was an important and ambitious initiative that we as a company neither could nor should drive on our own. It was a partnership proposition.”

For Novo Nordisk Italy, supporting the establishment of the IBDO Foundation in 2008 became the way the Changing Diabetes Barometer idea was carried out in practice.

Since then, the company has supported the IBDO Foundation unconditionally, including sponsoring specific activities and events such as the annual Italian Barometer Diabetes Forums and Reports and the IBDO Foundation Regional Observatories.

Today, the support of the IBDO Foundation’s work is a cornerstone in Novo Nordisk’s Public Affairs strategy in Italy and, according to Federico, a key example of Novo Nordisk Italy’s approach to Public Affairs.

“It is crucial that public and private sectors cooperate in common-interest projects to improve the quality of life of people with diabetes. By supporting the IBDO Foundation we aim to engage decision makers to better understand patient needs and to translate diabetes and obesity insights into actions,” says Federico.

**Crossing Italian borders**
According to Professor Lauro, the IBDO Foundation aspires to become a model of cross-sector partnerships in chronic disease management in and outside Italy and it is alreadywell on its way.

In 2011, the IBDO Foundation was awarded the Medal of the President of the Italian Republic for its efforts in health care.

Since its establishment, the IBDO Foundation’s work has also attracted attention beyond Italian borders and currently the foundation is a member of several international public health fora and research groups such as the European Public Health Association and the NCD Alliance. Founded in Italy, it now inspires partnerships to fight diabetes across the world.

The partnerships goes to show that when working together, only the sky is the limit.
The people driving sustainability

What makes a healthy partnership

Helen McGuire from the non-governmental organisation (NGO) PATH and Aura Adriana Vilhelmsen from Novo Nordisk work together to advocate for better access to diabetes medicines and technologies in Africa. Here they share the secrets of a healthy partnership and reveal how they navigate the sensitivities of industry-NGO collaboration.

You call your partnership a healthy partnership. What makes it healthy?

Helen: At the core of a partnership is a commitment to shared goals and objectives and this is what initially brought PATH and Novo Nordisk together. When PATH presented our NCD (non-communicable diseases, ed.) strategy to Novo Nordisk we identified a common objective – increasing the availability of affordable essential NCD medicines and technologies. We moved from there to determine how we could collaborate to achieve our shared goal. Really, it is taking the time to figure out how that builds a partnership that is resilient and healthy.

It is inevitable that there will be times that your opinions will differ or you are faced with a barrier that you must navigate that is perhaps a little more challenging than what you have come across before. In such situations it’s the trust that you have built up over time that will help you be transparent and problem-solve together.

I think the partnership we have with Novo Nordisk is a very healthy partnership. Certainly, if I had concerns, I would not hesitate to contact Aura or Soraya (Director of Global Health Policy at Novo Nordisk, ed.) to share those concerns. I know that we would have an open dialogue and come to a common understanding.

In our partnership we have avoided challenging issues by meeting regularly, planning ahead and being transparent about our concerns. Effective communication and trust breeds further success and a resilient partnership.

Aura: I agree. The most important thing is to set shared goals – this is what drives everything. We went into this partnership because it is aligned with, and supports, our access to diabetes care strategy.

Our goal is to advocate for action on diabetes and NCDs and ultimately achieve better access to diabetes care for people who don’t have it. I think the secret to this – going back to the beginning – is that we took the time to get to know each other and align expectations. We spent quite a long time on this and also getting to know each other personally.
Geographically we are far apart [USA & Denmark] and you find out that you cannot drive this type of collaboration only through teleconferences. You have to meet in person and have working meetings, and knowing each other personally makes everything run smoother.

What are the hardest parts of industry-NGO collaboration and how do you deal with those?

**Aura:** I think the sensitivities arise when we engage stakeholders together in a joint dialogue. It is obvious why PATH is advocating for better access to essential diabetes medicines and technologies in Africa, but some stakeholders are sceptical about why Novo Nordisk is involved. This is why transparency on motives is important.

**Helen:** Agree. The partnership not only has to be effective for those directly involved – it has to have formal mechanisms and explicit roles and responsibilities that satisfy the scrutiny of external stakeholders. Though Aura is part of a team at Novo Nordisk focused on access to care, she represents the whole company.

For example, in the early days of the project PATH invited technical experts from academia, health care, government and the supply chain to join a Technical Advisory Committee (TAC) tasked with guiding project design and implementation. In addition, we established a TAC in Kenya and Senegal to guide local implementation.

Proposed members initially had concerns regarding the influence of the company on issues such as the design of the project, the interpretation of results and the selection of medicines and technologies.

**How did you address these concerns?**

**Helen:** They were reassured to know that decisions would be evidence-based with input from the TAC – medicines and technologies would be selected based on the World Health Organisation essential medicines list, clinical guidelines and input from the TAC. The structure of the project reinforced this.

Novo Nordisk is not a member of the TAC and does not influence the data collected or the analysis and presentation of the results. It is important to establish the roles and responsibilities and the mechanisms for collaboration at the beginning along with a supporting structure that provides objectivity and a clear focus on achieving the goals and objectives of the partnership.

Generally, decisions become clearer if you start with the person with diabetes. Right now, in many parts of the world, they can neither find nor afford the medicines and technologies they need to prevent complications. We ask ourselves: How can we work together to change that?

The new Global Goals require us to consider innovative partnerships that provide new opportunities across all sectors to influence our future. As we move forward, I hope that we are able to establish partnerships that are truly cross-sectoral with each participant having an equal voice at the table. Currently there are restrictions that often limit this type of full partnership.

**Aura:** I fully agree. From our side it would obviously take less effort to simply fund PATH’s work, but this is not what we want to do. We have insights and expertise to bring to the table and we want to be actively involved. I deeply believe that this is the right approach, and that our voices will always be stronger together than individually.

**What is your advice to other partnership managers?**

**Aura:** Work from the shared goal and commonalities and take time to clarify expectations and agree on the outcomes. Also, agree on potential issues and very importantly, have an open communication throughout the entire process.

**Helen:** I certainly agree with what Aura is saying – take the time upfront to lay the groundwork for the partnership and to develop a relationship. The foundation of a healthy partnership remains transparency, openness, inclusiveness, accountability, integrity and mutual respect, and of course shared goals and objectives.

Additionally, having the foresight to identify issues before they arise and to institute mechanisms and structures to offset or prevent them is always preferable. I would say as well that when you are partnering with an international NGO, the level of involvement required depends on the phase of the project.

There are times when you want to be very involved, however it is important to recognise when you need to step back and let your partner do what they do best in order to achieve your shared project objectives.

**Aura:** Yes, as a corporate organisation involved in this kind of partnership, you have to know when to step back. I think the most important thing is to always have the project in mind.

Personally, I would sometimes have liked to be involved even more, but there are situations when you need to ask yourself whether it is best for the project that Novo Nordisk is front and centre or that we are in the background. It’s a difficult balance to strike, but the only way to do it is to always keep in mind what benefits the project, and ultimately the shared goals.
The purpose of the No Empty Shelves partnership is to:

1. Strengthen the global evidence base on availability of affordable essential medicines and technologies (EMTs) for diabetes in Low and Middle Income Countries.
2. Raise awareness of major barriers to availability of affordable diabetes EMTs.
3. Build a network of key stakeholders committed to taking action to increase the availability of affordable EMTs for diabetes and other NCDs.


About PATH
PATH is the leading international NGO in global health innovation working across five platforms – vaccines, drugs, diagnostics, devices, and system and service innovations. PATH works in more than 70 countries, primarily in Africa and Asia.

www.PATH.org
Traditionally, the relationship between those that manufacture medicines and those that pay for them has been a battlefield of hard-nosed price negotiation. With new forms of collaboration this is slowly changing.

Jesper Høiland, President of Novo Nordisk Inc., Novo Nordisk’s affiliate in the USA, is not a man who is known for beating around the bush. Commenting on the ‘blame-game’ between the industry and health insurance companies in a recent debate on access to health care in the US, his call to replace conflict with collaboration was loud and clear.

“Most people feel it is time for pharmaceutical companies and insurers to bury their differences and collaborate on behalf of patients. I strongly agree. We must start to put more of our energies into building partnerships that can deliver high-quality care for everyone… Whatever the vehicle, we need to adopt a more collaborative spirit”.

In the Global Market Access team at Novo Nordisk, the sentiment is the same.

“The relationship between pharma companies and payers will not change overnight as long as we have competing incentives,” says Mette Hammer, head of the Health Economics & Outcomes Research, Real World Evidence team. “But with the increasing pressure on healthcare budgets across the world, we simply have to find new and more constructive ways of working together.”

According to Mette, failing to accommodate payers’ concerns and their increasing demands for proof of value could have profound effects on Novo Nordisk’s business. More importantly, diabetes patients may lose access to innovative treatments that can reduce healthcare costs in the long run. Essentially the value proposition is a win-win-win.

“If we manage to establish a joint goal of improving patient outcomes everybody stands to win. Patients will get better and lower their risk of complications later in life, insurance companies and providers will reduce long-term costs, and Novo Nordisk will be able to continue to innovate to meet unmet needs,” says Mette.

In the industry at large, new forms of partnerships between pharmaceutical companies and health insurers range from well-known activities such as medical education to experimentation and piloting of new pricing models, including risk sharing schemes and pay for performance contracts.

**Generating evidence in the real world**

Within the diabetes space, new contracting models are still in their infancy, but an increasing number of research partnerships are cropping up.

Since 2012, Novo Nordisk entered into various research collaborations with health insurance companies in and outside the USA. With the end goal of improving the quality of diabetes care, the focus is to jointly generate and analyse so-called Real World Evidence on diabetes care and treatment — as opposed to the evidence that is generated during randomised clinical trials.

With a limited amount of real world data on diabetes management in most countries, partnerships can provide valuable information about the burden of diabetes, treatment patterns, adherence to medication, and health outcomes.

“Ultimately, the hope is that research findings will help by generating more information about the disease. This information can be used to shape strategies that will improve the way diabetes is treated and managed to the benefit of patients, insurers, healthcare providers, and Novo Nordisk,” says Mette.

**Combining diabetes expertise with real world data**

The match between Novo Nordisk and its research partners is the combination of the company’s diabetes knowledge and expertise in diabetes research and the increasingly large amounts of patient-specific data that health insurance companies and health systems are collecting.

When Novo Nordisk Inc. launched its partnership with Humana Inc. in the US in 2010, Anne Phillips, M.D. and Senior Vice President, put it this way: “Health care quality is so important when it comes to achieving good outcomes, but we can’t measure it unless we have a strong partner with substantial data.”

---


Announcing the results of a study conducted under a research partnership between Cleveland Clinic and Novo Nordisk Inc., Michael Kattan, Ph.D., study Principle Investigator and chairman of the Lerner Research Institute’s Quantitative Health Sciences at Cleveland Clinic underscored the “importance of utilising big data to help solve chronic public health conditions such as type 2 diabetes.”

To exemplify the insights that real world research can offer, in the study*, an electronic health record (EHR) system was utilised to compare cross-sectional summaries of patients with type 2 diabetes within Cleveland Clinic’s integrated health delivery system in July 2008 and July 2013.

According to the results, the profile of patients within the EHR changed from 2008 to 2013, with an increase in participants who were female, African American and from a lower median household income. The study also found that in 2013 compared to 2008, the prevalence of hypertension had increased among patients with type 2 diabetes, but the prevalence of other comorbidities had decreased. As an indicator of diabetes management, more than 64% of patients had adequate control of blood sugar levels in both 2008 and 2013.

### Just beginning

Jon Bouchard, who is a Senior Director of Health Economics and Outcomes Research, is heading up the partnerships at Novo Nordisk Inc. He is excited about both the learnings and the future prospects.

“We are just beginning to enjoy the fruits of our labour. Not only have we been able to work with great researchers at these organisations, but both sides of these collaborations have learned a great deal about their data,” says Jon. “What it reveals about their patients, and how it can be used to improve the quality of care in those with diabetes or obesity.”

---


4. Clinical Characteristics, Complications, Comorbidities and Treatment Patterns Among Patients with Type 2 Diabetes Mellitus in a Large Integrated Health System. Retrieved from BMJ http://drc.bmj.com/content/3/1/e000093.full?sid=6b2e2dab-02df-40b3-abdc-251f4528e85b.

---

About Humana
Humana Inc. is a leading health care company in the USA that offers a wide range of insurance products and health and wellness services that incorporate an integrated approach to lifelong well-being. [www.humana.com](http://www.humana.com)

About Cleveland Clinic
Cleveland Clinic is a non-profit multispecialty academic medical center that integrates clinical and hospital care with research and education. [www.clevelandclinic.org](http://www.clevelandclinic.org)
The Danish city of Kalundborg is not well-known globally, but nearly half of the world’s supply of insulin is produced here. Since 1969, Novo Nordisk has been actively engaged in advancing sustainable community development in Kalundborg. From green energy to education, partnerships are transforming this Danish city into a global example of a sustainable community.

Jobs and education

Kalundborg Recruitment Alliance
Local industries market job opportunities and initiate recruitment activities in Kalundborg in collaboration with the municipality, job centres, national universities and unemployment funds.

Engineering education
Local industry, the municipality and the region collaborate to attract students to Kalundborg. A new bachelor degree in bio-technology engineering and a campus is one of the initiatives.

Biopro.nu
BIOPRO is a partnership between universities and companies. The vision is to create a world-class biotech cluster in full-scale biotech manufacturing.

A green environment

Kalundborg Symbiosis
The Kalundborg Symbiosis is the world’s first working industrial symbiosis where the by-product of one enterprise is used as a resource by another enterprise, in a closed cycle. For example, the yeast slurry from insulin production is used for biogas.
Liveability and mobility

Green energy

The local utility company, Novo Nordisk and two other local industries are partnering to convert the local power station from coal to biomass. From 2018, the heating and steam used by local households and industries will be generated from biomass.

Living in Kalundborg

The municipality, local industry and the local business council have teamed up to support new employees and spouses moving to Kalundborg.

Sustainable Community 2025

The municipality and Novo Nordisk have initiated a dialogue on sustainable community development to pinpoint future partnering opportunities.

Infrastructure task force

The municipality, the region and members of the local business council have joined forces to enhance local economic development through improvement of inter-regional mobility and transportation routes.
Headquartered in Denmark, Novo Nordisk is a global healthcare company with more than 90 years of innovation and leadership in diabetes care. This heritage has given us experience and capabilities that also enable us to help people defeat other serious chronic conditions: haemophilia, growth disorders and obesity.

We believe that a healthy environment, society and economy are fundamental to long-term value creation. This is why we manage our business in accordance with the Triple Bottom Line business principle and consider the financial, environmental and social impact of our business decisions.

The best way to comment on any article is via:
Email: sustainability@novonordisk.com
Facebook: facebook.com/novonordisk
LinkedIn: linkedin.com/company/novo-nordisk
Twitter: twitter.com/novonordisktbl

For a deeper look at how Novo Nordisk works with sustainability visit our website at: novonordisk.com/sustainability