

ADVERTISING *that* TRAVELS



Languages, cultures and federal regulations aside, is marketing pharmaceutical products outside of the US all that different? **Ben Comer** talks global strategy with the experts

On the subject of world hunger, the late comedian Sam Kinison—in typical earsplitting volume—advised those individuals living in resource-starved locales to, “Live where the food is!!” That was 1984. Since then, the internet has helped to create an almost Pangaeian proximity between peoples and cultures the world over, including the means for providing health information and medicines to those who need it most.

As a result, new markets around the globe have presented pharmaceutical marketers with an ever-increasing web of local cultures, unmet needs and regulatory frameworks, not to mention the growing number of physicians and patients within that web who are keen to learn about disease states and the medicines available to treat them.

Before launching a brand into a new market, there are two major things to keep in mind, says Michael Parisi, president of Ogilvy CommonHealth Worldwide. “It’s important to think about the brand first and foremost, its attributes and value proposition,” says Parisi. The noise of the local market—its language and culture—can be “really distracting to a brand team.” Paradoxically, the second major consideration for launching in a new market is that precise cultural context, how a given disease is understood within the population, and what sort of psychological barriers may exist. “You have to focus on the brand first, and then understand the [cultural] context on a regional and local level,” says Parisi.

Amar Urhekar, McCann Healthcare’s EVP for Japan and Asia Pacific, adds that stakeholder influence patterns, regulatory details and a picture of the satisfaction levels with respect to current therapies are also key considerations before launching a new product.

In the case of Sprycel (dasatinib), a Bristol-Myers Squibb (BMS) treatment for chronic myeloid leukemia (CML), Parisi says the science, at least on the professional side, was transferrable across global markets. Launched in 2006, Sprycel went to markets where Novartis’ Gleevec (imatinib), called Gleevec in the US, is sold. Sprycel is currently indicated as a second-line treatment, for patients previously treated with Gleevec or who can’t tolerate Gleevec (Sprycel sales were \$131 million for 1Q 2010, according to a BMS report).

“We did this advertorial [for Sprycel], which explained the science and mechanism of the disease, and when we translated it for different geographies, it literally translated almost exactly the same [across countries],” says Parisi. “The visual image was the same because it was grounded in the scientific image. The campaign started from a scientific platform and presentation, and literally went out to 80 countries almost identical across the board.”

BMS is currently seeking approval for Sprycel as a first-line treatment, although Novartis’ Tasigna, a second generation CML drug, got the jump on Sprycel in the US when it landed a first-line thumbs up with FDA in June. But the approval race continues globally for a piece of what analysts estimate to be a \$3 billion CML market, and growing. Novartis has already begun to face patent challenges on Gleevec/Gleevec, which was approved in 2001.

A doctor is a doctor

Global marketing, that is to say, marketing outside of the US, tends to focus most heavily on physicians. Despite numerous cultural differences and regulations, a few trends witnessed in the United States regarding professional communications hold true for global markets, one being a decline in person-to-person access to physicians. In the United Kingdom, for example, sampling has become



“Marketers need to provide much better experiences for HCPs who want to engage with brands online”

—June Dawson, Digitas Health Europe

“much more rigorously monitored,” says June Dawson, managing director at Digitas Health Europe, in London.

Dawson points to a recent European Federation of Pharmaceutical Industry and Associates (EFPIA) mandate that caps the amount of samples to be given to any one doctor at four sample packets per year, per doctor, for no more than two years after a drug is approved. GlaxoSmithKline CEO Andrew Witty, who is the incoming EFPIA president, vowed to uphold the ceiling.

In Asia and other Eastern markets, access to physicians can be difficult for different reasons. In China, for example, “there’s a shortage of physicians, and there’s a tremendous demand for patient care,” says Parisi, adding that shorter, mini-symposia, are the way to go, since “physicians just don’t have the time to spare.”

Global campaign dos and don’ts

DO develop campaigns prospectively, based on how to be more successful in the marketplace, ensuring that brand and disease state can survive the compromises that are necessary to achieve globalization.

DON’T do global for the sake of being global or base it on an unfounded desire.

DO create global campaigns that are locally adapted to maximize impact, locally. If global marketers use branding elements to define message and positioning, local marketers connect messages to their audience.

DON’T make global campaigns an exercise in global sameness.

DO capitalize on perceived savings by producing campaigns once rather than 14 times (one for each of the major markets). This requires careful planning and timing based on local selling cycles.

DON’T overlook global production as a key to efficiency.

DO create global campaigns that breathe.

DON’T make having a global campaign platform the goal; a platform to sell from locally is the goal. This takes local insight ensuring the campaign evolves and improves (see next Do/Don’t).

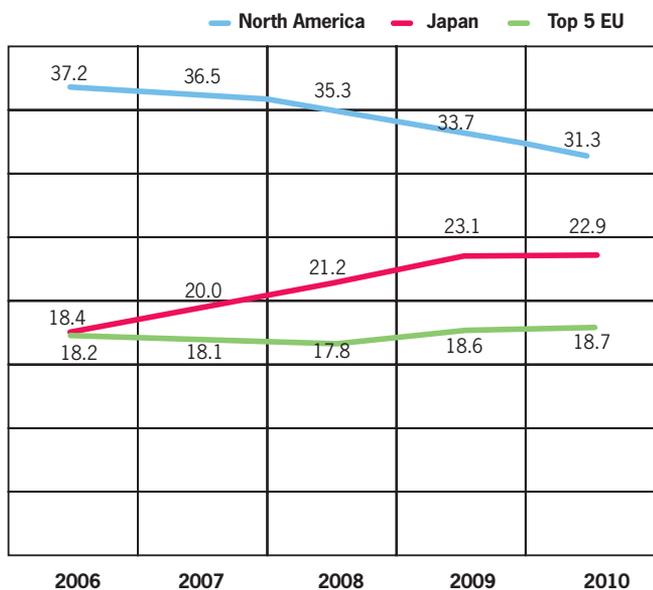
DO leverage some kind of global marketing council to establish a system of gaining local insight on campaigns.

DON’T consider these a vehicle to tell local marketers what to do. Councils have to be a real exchange.

Phil Deschamps is president and CEO of GSW Worldwide

Fig 1: Top 3 Global Markets by Promotional Spend

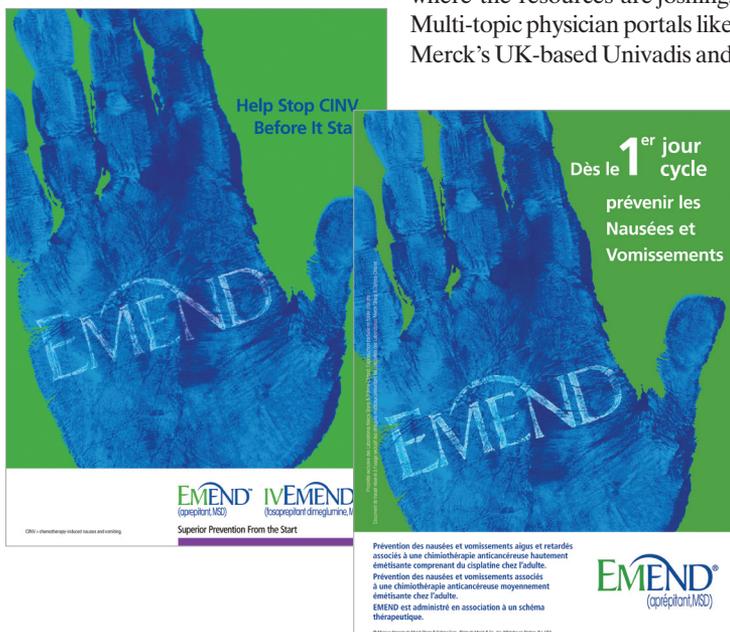
Total spend (\$ billions) for the 12 months ending in March of the last 5 years



Source: Cegedim Strategic Data
 Note: Marketing mix includes detailing, direct mail, DTC, samples, print ads, e-activities, meetings and clinical trials. Top 5 EU (Germany, France, Italy, Spain, UK)

Citing a recent “big channel assessment,” Parisi says physician targeting is more similar than dissimilar across geographic boundaries. Docs everywhere respond well to “peer-to-peer support, [medical] society-level information exchanges, and seeing reps with information related specifically to a product or a reimbursement service, or a patient program.”

For doctors, technology changes the meaning of Kinison’s go-where-the-resources-are joshing. Multi-topic physician portals like Merck’s UK-based Univadis and



Visual aid covers for Merck’s CINV treatment Emend in English (by Ogilvy CommonHealth) and French (by Merck regional business unit)

Doctissimo in France, are gaining in popularity. Of the physicians surveyed in a recent Kantar Health/Digitas Health study, 70% of UK physicians report using health portals for the information they need. Dawson says there are three fundamental areas that pharmaceutical marketers need to focus on over the next 12 months: better measurement, collapsing the divide between content and media, and a lack of personal relationships between doctors and reps. “Non-personal selling is here to stay,” says Dawson. “[Marketers] need to provide much better experiences for physicians who want to engage with brands online.” Currently, online media in support of pharmaceutical brands in the UK is “underwhelming,” says Dawson, due to a “lack of skills or knowledge.”

In Japan, the second-largest pharmaceutical market in terms of media spend (see Fig. 1), Urhekar says promotional direct mail to doctors “is not considered acceptable,” and key opinion leaders (KOLs) are uncomfortable with “being seen as advocating any one particular product, or even one particular class of drugs.”

On the other hand, physicians respond well to CME programs, and pharmaceutical companies are investing heavily in those activities, says Urhekar, adding that marketers in Asia-Pacific markets, especially China, Taiwan, Korea and India, still put a lot into pure relationship building.

“Many activities are conducted merely to make a doctor happy, without necessarily linking to product or marketing goals,” he says. “I don’t think this is necessarily considered effective, but I think the fear exists that stopping this kind of activity could be detrimental.”

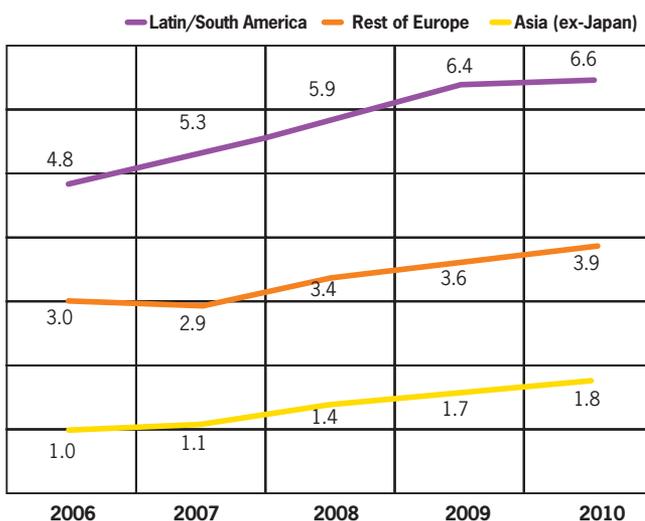
No patients for DTC

What about patient marketing? It’s well known (and often quoted) that DTC is illegal everywhere but the United States and New Zealand, but what exactly does that mean? After all, can’t patients view branded messages and video online?

“It’s funny what’s allowable and what’s actually happening,”

Fig 2: Top 3 Emerging Markets by Promotional Spend

Total spend (\$ billions) for the 12 months ending in March of the last 5 years



Source: Cegedim Strategic Data
 Note: Marketing mix includes detailing, direct mail, DTC, samples, print ads, e-activities, meetings and clinical trials. Latin/South America (Argentina, Brazil, Mexico, Columbia), Rest of Europe (Slovakia, Morocco, Turkey, Switzerland, Hungary, Czech, Ireland, Luxembourg, Poland, Portugal, Romania, Greece Denmark, Sweden, Austria, Belgium, Norway)

Fig 3: Top 10 Companies by Promotional Spend

Companies and their total spend for the 12 months ending March 31

Rank	Company	Total Promo Spend	
		2010 (Billions)	% change vs prior 12 mos.
1	Pfizer	\$6.2	-4%
2	Merck	\$5.5	-12%
3	Novartis	\$4.6	7%
4	GlaxoSmithKline	\$4.3	-8%
5	AstraZeneca	\$3.8	8%
6	Sanofi-Aventis	\$3.2	-6%
7	Eli Lilly	\$3.1	4%
8	Boehringer Ingelheim	\$2.6	-10%
9	Johnson & Johnson	\$2.5	-4%
10	Abbott	\$2.3	-3%

Source: Cegedim Strategic Data

Fig. 4: Top 10 Promoted Drugs Worldwide

Leaders and their total spend for the 12 months ending March 31

Rank	Product	Company	Global sales (Millions)	% change vs prior 12 mos.
1	Advair/Seretide	GlaxoSmithKline	\$1,105	-3%
2	Crestor	AstraZeneca	\$1,007	3%
3	Plavix	BMS/Sanofi-Aventis	\$906	-5%
4	Lipitor	Pfizer	\$893	-7%
5	Symbicort	AstraZeneca	\$857	51%
6	Cymbalta	Eli Lilly	\$857	-4%
7	Lexapro/Cipraxel	Forest	\$769	4%
8	Benicar/Olmetec	Daiichi Sankyo	\$703	-15%
9	Celebrex	Pfizer	\$697	-14%
10	Januvia	Merck	\$639	27%

Source: Cegedim Strategic Data

says Parisi. “YouTube is gigantic (globally), and I don’t want to call [YouTube] an advertising or promotional vehicle, but it is consumer-facing.” By way of example, Parisi says Cancer Care, a nonprofit where he’s a board member, recently hosted a telephone conference on lung cancer.

“There were people from Afghanistan, China, Egypt and several other countries dialing in for the call,” he says. “We didn’t promote [the conference] in any of those markets.”

With respect to DTC regulations, Parisi draws a line between “broad-channel push media” and “on-demand” content. “If it’s up on the web and being pulled down locally, you really can’t control that,” he says. “The challenge for marketers is planning for it. Can we create branded programs that live in those channels [online], and what regulations are we following?” says Parisi, adding that regulatory bodies are “going to have some real issues” with the fact that branded information is being requested online in global markets.

Echoing Parisi, Dawson says “the irony of the regulatory framework is that typing in a pharma brand name on Google in the UK often leads you directly to a plethora of sites which are not controlled in the UK. You can’t get away from online discussions of brands which can often be overt advertising.” Dawson says she doesn’t think prohibition of “above-the-line” broadcast DTC advertising in the UK has had an adverse effect on patients. However, she does feel that pharma ought to “be able to actively provide factual, unbiased content online about their brands, in a way that is simple and easy to consume.

For the most part, however, unsolicited consumer marketing takes the form of unbranded, disease awareness and educational campaigns. Although campaigns in Europe and Asia differ superficially from unbranded campaigns in the US—a game on Abbott’s “Flush it” site for Crohn’s disease in Denmark (www.flush-it.com) pits animated Crohn’s sufferers against each other in volleyball, with players having to make frequent, unexpected sojourns to beachside toilets—they are similar in terms of the content they provide.

In Australia, pharmaceutical companies run “information to patient,” or “ITP” disease awareness campaigns, says Urhekar. The call to action for disease awareness campaigns—“talk to your doctor”—is essentially the same no matter which country one lives in. “In reality, patients go online to get the information they are seeking,” says Urhekar. “Patients are armed with information when they visit their doctor, but the doctor still has the power.”

There are many factors—efficacy, indication, therapeutic class—that can be attributed to the success of Pfizer’s Lipitor, the best-selling drug ever, but what about the product’s name? According to Scott Piergrossi, VP, creative development at the Brand Institute (a brand identity consultancy that helped develop the name Lipitor) a drug’s name, along with well-defined positioning and a consistent brand strategy, can make a big, global difference.

The name Lipitor is a hybrid “connoting the drug’s lipid-regulating effects, combined with elements of the drug’s generic name, atorvastatin,” says Piergrossi. “The name works globally because the word-parts are easily understood in multiple languages,” and is suggestive of the functional attributes of the product, he says. Using a hybrid name “creates a tangibility that may not be achieved by a more contrived or meaningless name,” or a name that doesn’t reflect actual drug properties, says Piergrossi.

Additionally, the name Lipitor is free of any inappropriate, pejorative or misleading messages across geographic lines, says Piergrossi.

“Pfizer has the infrastructure and reach to deliver tailored messaging to markets that require special branding efforts, based on certain sensitivities, regional needs or regulatory requirements. These messages may diverge slightly from the overarching global brand positioning, but they are vigilantly crafted to stay consistent and true to the brand’s core values,” says Piergrossi. ■



Merck corporate ads by Ogilvy CommonHealth appearing in Chinese, Swedish and English news media