the networkone: health & life

a collection of essays from independent health & life agencies

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If you are a marketer and would like impartial advice on how leading health & life expert independent agencies could help you, contact

Julian Boulding  
Tel: +44 (0)20 7240 7117  
 julian.boulding@thenetworkone.com

If you work for a leading independent health & life focused agency and would like to connect with great agency partners in other countries, contact

Paul Squirrell  
Tel: +44 (0)20 7240 7117  
paul.squirrell@thenetworkone.com

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From Spray Mount to Scalpel – healthcare communications is changing

The healthcare landscape is one of the most constantly evolving disciplines in communications. Systems inherently vary widely between countries while market factors, governments and social movements all have a level of impact on protocols.

Some sector developments are natural and expected, such as the general growth of the market, its niche sectors and the increasing influence of technology in the health process. But other local factors are drastically changing the field in specific regions—for example the implementation of the Affordable Care Act in the US or the specific care needs of the vast aging populations in Asia.

As the healthcare landscape is unfolding, the communication lines from patients through doctors through to brands are being blurred. Individuals are now taking a more proactive role in their health: either via online tools that are able to self diagnose or through sophisticated brand awareness programs, patients can now request a specific treatment themselves.

This direct interaction between consumers and brands has led to a shift in consumers demanding more from healthcare companies and has opened a dialogue surrounding these brands’ need to contribute to society. These companies have an obligation to innovate not just for their bottom line, but also for their customer’s wellbeing. And it is the role of their communications agency to help them share it.

Healthcare agencies are now taking on the complex role of guiding these conversations in very regulated and sensitive areas. This communication is fundamentally different from any other sector and requires a specialist who has in-depth understand of both the local culture and the healthcare field. For example, agencies are now partnering with brands earlier in the development process to align the scientific research with their marketing objectives.

In this collection of essays you will hear from these experts first hand about where they feel the industry is moving and how their geographic region and community is changing.
Healthcare marketing: Interconnectivity of target audiences and managing the dialogue

The US healthcare system is evolving almost daily. The still-unfolding Affordable Care Act ("Obamacare"), continued consolidation amongst pharmaceutical manufacturers, and advances in communications tools, have all impacted marketing efforts. The ways we communicate and manage the dialogue with our respective target audiences have also evolved. But the days when brand teams can disseminate messages solely through their sales force—and therefore control the dialogue—are long gone.

In fact, even as we try to manage the dialogue, our targets are taking healthcare into their own hands and reshaping the dialogue on their terms. Easy access to information on the web, increased influence of managed markets payers, rising patient empowerment—all these have eroded traditional marketer control.

Declining autonomy of healthcare professionals
Cost containment pressures increasingly limit the freedom of healthcare professionals (doctors, nurses, etc.) to prescribe what they want to whom they want. Today, they have to use specific treatments based on established protocols and formulary guidelines. They continue to play a primary role in ensuring brand uptake, because without their ability to prescribe, the brand would not be used; but their influence has, to some extent, been neutralized by payer and patient audiences.

Greater influence of managed markets payers (the insurers or health plan providers)
The increase in payer influence began in the mid-1990s, with the advent of managed care organizations. The way these organizations managed their collective physician and patient base led to dissatisfaction and resentment among many. However, their ability to hold down costs was seen as a benefit to insurance companies and plan providers alike. Over the years, these organizations grew in influence and stature. Today, it is very difficult for a doctor to prescribe a brand unless it is on a preapproved formulary; this makes payers a primary target for marketers, with their own value messages, language, and materials.

Rising patient empowerment
Until late in the 20th century, patients relied almost entirely on their doctors to treat their illnesses and choose their medications. In fact, physicians used to be perceived as one of the "most trusted" professionals. Today, patients (and caregivers) have greater say in healthcare management, and therefore in what medication will or won't be prescribed. Information, readily found on the web, increases patient knowledge about diseases and other potential health issues. That knowledge empowers patients to start and even manage the dialogue with doctors on their own terms.

Interconnectivity of targets
All these targets now interact with each other in ways never imagined by marketers even 15 years ago. Patients will ask for a prescription by brand name and many physicians will agree to prescribe. Payers determine what treatments should and shouldn't be used, thereby influencing physician prescribing habits solely based on a value story. This interconnectivity of conversations now determines decisions about brand use.

And the marketers? Often now, they are outside looking in—and trying to get back in, so they can become part of the dialogue again and exert influence on treatment decisions and brand use.

How marketers can rejoin and manage the dialogue
So how can we better manage this dialogue and increase brand uptake for our clients? It starts with looking at the current relationship dynamics, focusing on the patient and their desired outcome. Patients should be at the center of care. While ensuring the healthcare professional and the payer are part of the decision-making process, informed and in agreement about brand benefits and appropriate use, we must remember that the patient is our end user. Brand awareness, requests, satisfaction, and adherence are key objectives with this target.

To achieve maximum impact with and motivate action by patients, we should determine:
• Why we are engaging them in a dialogue
• When is the best moment in time to communicate with them
• What we should communicate at that point in time and through what media

Identifying the most appropriate time to make an impact
Finding that most appropriate of moment in time is key, considering the myriad of competing messages patients receive before and during treatment. A greater impact will be made when we can identify that particular moment when a patient may be most receptive to a message that will resonate and motivate action. It may be prior to diagnosis, or at the point of starting treatment. Or, it may occur during a chronic illness, when treatment side effects are limiting the patient’s activities and quality of life. Any of these may be the key moment in a patient’s healthcare continuum where marketers may be able to make an impact.

Research with patients, caregivers, and healthcare professionals can help marketers identify these key moments. Core messages can then be developed to create an ongoing dialogue that motivates and drives desired actions. Finding that moment in time is key to marketers getting back into the healthcare dialogue, and better managing it.

Larry Lannino is the General Manager of Beacon Healthcare in Bedminster, NJ, USA.

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Nowhere is this disconnect more illustrated than in the context of appropriate regulatory guidelines. “Good science” often entails a product’s safety and clinical/economic/humanistic value in actual practice settings. Sound, yet strategic and practical research initiatives — often undertaken in connection with key payer stakeholders — are essential in demonstrating a product’s promise and accelerating commercial acceptance. However, in many cases, important projects are tabled due to a fundamental disconnect. A key problem is that Clinical Development teams are often given the responsibility for executing later-stage research without having the perspectives necessary to “operationalize” studies more for discretionary, commercial aims than for regulatory approval.

Increasingly, the answer lies in building a bridge between the two classic “land masses” of Clinical and Commercial: leveraging clinical development as a platform for eventual product marketing, and ensuring future marketing activities are built on a solid foundation of scientific evidence. We believe companies need a multi-dimensional partner to support the elegant exchange that ultimately wins the race through a variety of efficient and synergistic activities that balance science and strategy and, in so doing, challenge conventional and often myopic thinking.

For example, a clinical trials patient recruitment campaign can be a critical solution for ensuring accelerated clinical development, but only collaborative thinking would utilize the recruitment activity as a platform for engaging patients and physicians, for establishing the basis for a “real world” observational registry, and for establishing a patient community for future clinical trials.

“Good science is good marketing”

A serious challenge, however, is that Clinical Development and Product Marketing teams within pharmaceutical companies typically operate in an insular and isolated — if not altogether mistrustful — manner. We know that there are very good reasons why commercial influence shouldn’t find its way into clinical research, but at the same time, most people would agree that “good science is good marketing” and vice versa. Still, far too many clinical research initiatives are undertaken without sound strategy that articulates how the company sponsor intends to leverage the research (for commercial benefit). And there’s nothing wrong with this as a goal, given the for-profit status of most pharmaceutical and device companies, and within the context of appropriate regulatory guidelines. “Good science” need not compromise “good strategy.”

Still, the reality is that clinical researchers and product marketers are from different worlds and speak different languages. Nowhere is this disconnect more illustrated than in the peri-approved (immediately pre- and post- product approval and launch) phase when compelling evidence is required to establish a product’s safety and clinical/economic/humanistic value in actual practice settings. Sound, yet strategic and practical research initiatives — often undertaken in connection with key payer stakeholders — are essential in demonstrating a product’s promise and accelerating commercial acceptance. However, in many cases, important projects are tabled due to a fundamental disconnect. A key problem is that Clinical Development teams are often given the responsibility for executing later-stage research without having the perspectives necessary to “operationalize” studies more for discretionary, commercial aims than for regulatory approval.

While many companies have organized functions that operate on the “bridge” between Clinical and Commercial — multi-disciplinary “Late-Stage” organizations that facilitate an elegant and efficient exchange of the baton from Clinical Development to Product Management — the latest paradigm is to outsource this role in a truly meaningful and strategic way. Indeed, in view of the need for organizational harmony, objectivity and effective communication between disparate parts of an organization, an outsourced vendor (or even an arbitrator of sorts) may represent the most viable approach. That said, neither traditional CROs (on one side) nor traditional advertising agencies (on the other) may have the necessary balance and skill-sets to credibly meet these needs.

We believe the answer lies in a distinct response that embraces the best of both worlds in a nuanced manner: a set of capabilities that includes an understanding of both strategic marketing goals and clinical research operational realities, brought together in a balanced, scientific, and strategic manner.

To this end, Blue Chip recently formed Continuum Clinical, a purpose-built healthcare research and marketing company including a distinct set of services directed toward either Clinical or Commercial, and for those clients ready to capitalize on a collaborative approach, both. Albeit somewhat of a new paradigm, the reality is that traditional approaches aren’t effectively serving as the necessary bridge, and may even be perpetuating the divide.

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Many people working in Pharma marketing don’t feel comfortable or have the confidence to achieve this, though, the marketing function in Pharma needs to be re-set as a market leader in all but market share. In order to achieve this, the people at the coal face need to effectively influence people’s behaviour. With that in mind, forward-thinking companies recognise that digital skills are an essential core competency, required across every level of their business, to enable them to thrive and offer value in a competitive market.

Einstein said: “We can’t solve problems by using the same kind of thinking we used when we created them”.

In healthcare communications we all have one key goal – to help improve the nation’s health and wellbeing. In order to do so effectively we need to constantly develop new ways to create effective dialogue and influence people’s behaviour. The digital landscape can help the David outperform the Goliath time and time again to become the market leader in a leader position. The digital landscape can help the David outperform the Goliath time and time again to become the market leader in a leader position. The digital landscape can help the David outperform the Goliath time and time again to become the market leader in a leader position.

Customer centricity is forcing companies to realise that “above the pill” services are no longer reserved for the entirely contradictory market leader position. The digital landscape can help the David outperform the Goliath time and time again to become the market leader in a conversation. The digital landscape can help the David outperform the Goliath time and time again to become the market leader in a conversation. The digital landscape can help the David outperform the Goliath time and time again to become the market leader in a conversation. The digital landscape can help the David outperform the Goliath time and time again to become the market leader in a conversation.

But all this work needs to lead to a change in behaviour that positions the company as a market leader in all but market share. In order to achieve this, though, the marketing function in Pharma needs to undergo a radical overhaul. Many people working in Pharma marketing don’t feel comfortable or have a firm understanding of search engine marketing (surely the most under represented skill in Pharma), attribution marketing, social media skills (from community management, influence matrices, setting up and running social listening exercises etc) or data visualisation to name but a few new skills.

Re-setting the skills required is fundamental for brands to thrive. Those companies that invest in digital skills will achieve better results faster quicker and be better positioned to have productive conversations with their agencies. Better briefs will challenge agencies to work harder on the elements above and this, married with the brand team’s forensic understanding of patient journeys, will mean leaner outputs and more change in behaviour.

So how do we provide clients with the innovative, technology, and insight-driven ways of engaging with their customers that they are looking for?

Clients recognise that one agency cannot be ‘best in class’ at everything and are increasingly calling for either joined-up solutions to engage with customers; or discipline solutions that have benefitted from drawing on diverse skill sets.

So we need to structure ourselves accordingly and provide ourselves with the tools to work together when there are challenges that demand that from us.

As a group of specialist health companies, we realise this requires a new way of thinking and working. Our vision is to see individuals and agencies working together, unencumbered by traditional methods. We believe to achieve great strategy it has to be coupled with unencumbered thinking. After all, what got us where we are isn’t necessarily going to get us where we want to be next.

By bringing the right people and companies together we can unlock the power of the collective to seize the endless opportunities that exist for brands and businesses in today’s rapidly-evolving world.

Our goal is to smash through the barriers that all-too-often exist between marketing and communications disciplines, encumbering creativity and handicapping client success. Shared values and a mutual desire to unlock the power of creative collaboration across geographies, delivers international growth and competitive advantage for our clients.

This shared creative philosophy, with the promise of unlimited thinking at its core, can give clients access to a diverse and complementary range of integrated technology, brand and consultancy services.

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Catherine Warne is CEO of Health Unlimited, part of Creston Unlimited, in London, UK.
Creativity for healthier and better living

Indonesia is an archipelago composed of 13,446 islands. It has 34 provinces with an estimated population of over 253 million people, making it the world's fourth most populous country. Indonesia is a founding member of the Association of South East Asian Nations (ASEAN) and is a member of the G-20 major economies. The Indonesian economy is the world's 17th largest by nominal GDP.

Sadly, for a country that big, we are still facing a challenge in making our country a healthy one. We lack an adequate amount of healthcare professionals to serve our people. Below are the figures for our latest healthcare professionals:

<table>
<thead>
<tr>
<th>Position</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practitioners</td>
<td>102,177</td>
</tr>
<tr>
<td>General Dentist</td>
<td>25,900</td>
</tr>
<tr>
<td>Medical Specialist</td>
<td>26,933</td>
</tr>
<tr>
<td>Specialist Dentist</td>
<td>2,438</td>
</tr>
<tr>
<td>Total Medical Doctors</td>
<td>157,448</td>
</tr>
<tr>
<td>Midwives</td>
<td>200,000</td>
</tr>
<tr>
<td>Total Healthcare Professionals</td>
<td>357,448</td>
</tr>
</tbody>
</table>

These figures show that one healthcare professional is expected to care for around seven hundred people, which is very unrealistic. Indonesia needs help from many parties to make the country healthy. Prevention is the best way to maintain health. For this, considerable education is needed. Millions of people need to be reached. This should become a shared responsibility of the government, private sectors, NGOs, and others.

Understanding is the very basic foundation we need to have in order to communicate. How can we communicate if we do not understand? There are three aspects that we have always seemed to be able to understand very well: the brand, diseases and the patients and healthcare professionals. Once we understand all three, it is usually simpler for us to do the rest of the work. Understanding will also allow us to formulate the right strategy and creativity. It takes lots of effort to understand, yet it is worth it.

The second method is to collaborate with parties that will allow us to deliver education better. Collaboration will allow us to become much stronger and powerful. Only through collaboration will our work become more effective and efficient. In most cases, collaboration is to collaborate with healthcare professionals.

Managing relationships with a healthcare professional is truly an art. They are scientists, and yet also humanity’s servants. Their life is dedicated to developing science and improving people’s lives. A special approach is needed to maintain a relationship with them; not only because of work, but to give our appreciation for what they have done for our people. We found out that serving deep from the heart is the key to maintaining relationships with healthcare professionals, as well as with our clients.

Work in healthcare communication is often very tiring. We are dealing with lots of things simultaneously. We must handle the clients, regulations, patients, healthcare professionals and many other stakeholders. How can we ensure that we will work in an effective manner? How can we ensure that our creativity is still creative? How can we ensure that our work process and its result are healthy, considering that we are working for healthcare?

We understand that in order to be able to contribute in creating better health, we need to care for our own health first. How can we contribute to improving health if we are not healthy? To improve our own health, we try to implement a healthy lifestyle among our workforce – a balance between healthy mind, body and soul. No junk food is allowed into our office, all employees must take a leave of at least 5 straight working days each year, we discourage overtime working, we do not promote drinking culture and we try to play as much sport as possible, even if it’s just a bit. We learn to care for our minds, bodies and souls mindfully.

Most importantly what we are trying to practice everyday is not only promoting healthy living, but practicing what we preach. We believe through this, our work will be more soulful, alive and powerful. We are fully aware and understand that our role is beyond creating excellent works of creative communication. Our role is to serve business and humanity at the same time. To us, that is a very big honor and responsibility.

Astrid Maharani Prajogo is Director of TM Health in Jakarta, Indonesia.

“One healthcare professional is expected to care for around seven hundred people”

Healthcare communication agencies play a very important role here. Our responsibility is not just helping clients to promote their brand. Our creative communication work will ease the healthcare professionals’ job, and at the same time, create direct good causes to the consumers. Through our creativity, we are obliged to help all of them to have a healthier and better life.

We are often faced with a basic question: how do we make it happen? How can we communicate effectively? Healthcare itself already has a “different language”. Out of a population of two hundred and fifty three million, we only have approximately fifty five million patients from the middle and affluent classes. Thus only around twenty two percent of us have access to the digital world. What about the rest of them?

Throughout our journey, we found two basic methods in formulating effective healthcare communication, regardless of the method we use in conveying the message (whether it is digital, activation, radio, TVC, movie, posters, etc.). These methods complement and strengthen each other. These methods are understanding and collaboration.
Sometimes you need a different medicine

Marketing and advertising, handled right, are very powerful tools in persuading people to buy a certain product or think a certain thought. So powerful in fact, that authorities around the globe have found it necessary to restrict it by legislation. Some businesses are more restricted than others, with pharmaceutical marketing (both Rx and OTC) being among the most restricted of them all. European countries belonging to the EU share the same pharmaceutical regulations. In addition, Sweden (and Nordic countries) has added even more rules, concerning communication for example, in conjunction to sales rep meetings, prohibiting giveaways and the possibility for pharmaceutical companies to sponsor HCP (health care professionals) attending scientific meetings.

Consumer advertising is often based on dramatized exaggerations, irrelevant benefits, provocation and humour. Ironically, these are a few of the techniques that are not allowed to their full potential in pharmaceutical advertising.

Working with both consumer and pharma advertising for decades, we have noticed that when trying to approach the advertising of pharmaceuticals with the same communication tools that are used in other businesses, the result often becomes uninteresting and banal due to legislations.

“… count the number of happy older people taking a stroll with their dog on a beach…”

Few other industries are so full of clichés and metaphors in their advertising as the pharma industry. Next time you read a HCP magazine count the number of happy older people taking a stroll with their dog on a beach or in the woods. Or, the more or less cryptic photoshopped metaphors.

Instead of creativity increasing the efficacy of communication, it ends up only as decoration of the messages. Often to the extent that the decoration stands in the way of the communication: i.e. the creativity becomes completely counterproductive.

But, how can we be a useful advertising agency to our pharmaceutical clients, even if Swedish rules are restricting our toolbox?

Most important is not to surrender to the restrictions, as simple as it may sound. And we must think differently instead of just continuing working with the same, by regulations, blunted tools.

So, where is the room for creativity in pharmaceutical advertising? Everywhere! But used in a different manner.

Where creating, for instance, amusing advertising for clients in consumer markets will do the job, we need to use our creativity to be useful. It is when our communication becomes useful to HCP that we become useful for our clients.

In order to do that we must know more about both the HCP needs and in what way our clients solutions meet those needs than the client do themselves.

“…We must think differently instead of just continuing working with the same, by regulations, blunted tools.”

We have to be on top of changes in regulations to be able to explore new opportunities in order to develop innovative communication.

We must help our clients to be more single minded, choosing the most important argument in order to get a strong message across.

And finally, we have to do this in an engaging and interesting way to get noticed, and all this requires relevant and useful creativity.

Started in 2014, health is now a specialist part of the Cannes Lions Festival, the world’s largest advertising congress showcasing the best and most innovative advertising from all over the world. Attending last year, our team in Cannes enjoyed all the amazing work and seminars all trying to develop the pharmaceutical industry’s way to communicate.

Go there (with us if you would like), get inspired and most important of all, demand more relevant creativity and less cliché decorations from your agency!

Johan Good is a planner at Ellermore in Göteborg, Sweden.

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The best opportunity for health brands in Asia is not where you might think

When most MNC marketing organisations look at Asia, they are typically seduced by the bulging populations of China and India and the promise of large profits they could bring. Yes, these markets are huge opportunities for foreign brands, but often their regulatory and cultural complexity, and their sheer size, make them difficult to penetrate with success. Just ask the many Western ‘stars’ that have sparked briefly, only to burnout without trace.

The region of accessible opportunity in Asia lies to the South and the East. The territories of South East Asia, formally organised as the Association of South East Asian Nations (ASEAN) represent the variety and vibrancy usually conjured when one thinks of Asia. Of crowded cities, rampant in development, counterposed by palm trees and wayward cattle. Though, in modern ASEAN, now not often found in the same street.

With around 9% (625m) of the world’s population, and covering 4.43m sq km, ASEAN countries (Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand and Vietnam) represent significant market potential. And as many are still in the early to stages of economic development, establishing businesses and brands requires less cost and is more achievable than in their two monolithic Asian neighbours.

Once established, your brands can enjoy one of the fastest growing populations on Earth...”

Once established, your brands can enjoy one of the fastest growing populations on Earth, adding the equivalent of one Switzerland in new mouths and bodies, every year.

This is a region of immense diversity. Indonesia is 322 times the area of Brunei and at 248 million people, has 600 times their population. Singapore, our planet’s most densely populated country with 7550 people/km² is 270 times more crowded than Laos. 43% of the region’s people live in urban areas, from 100% in Singapore to just 15% in Cambodia. There are over 10 major languages spoken, and many more dialects. The whole gamut of religions, o/gi/14ce within the same country, with economic systems ranging from capitalist to communism. This region truly has something for everyone.

And yet, despite its diversity, there are many factors held in common. The middle classes are growing at an enormous rate. The Asian Development estimates this segment to grow from 24% to 65% of the ASEAN population between 2010 and 2030.

The region is getting older... fast! Whilst the median age of Laos is a mere 21 years of age, it is around 37 years for Singapore and Thailand, who already have more 15% of their population aged over 60 years. In fact, the number of people aged 80 years or more in ASEAN is set to overtake that of East Asia (China, Japan, Korea and Taiwan) by 2050.

With this comes the staggering onslaught of Non-Communicable disease as the major factor shaping health and well-being as these countries rush to find their feet in the new world, easily surpassing communicable disease and accidents as the major source of mortality. Almost beyond comprehension, NCDs rose from 39% as the cause of all deaths in 1986 to nearly 72% in 2010. And this charge shows little sign of abating, even in Singapore, Brunei and Vietnam which showed a slightly, albeit statistically insignificant, drop over the past few years.

Changing diets, the shift to urban and more sedentary lifestyles, smoking and other risky health behaviours are creating a health time bomb that will test the struggling health systems.

ASEAN governments have recognised this problem and have moved to implement broad access to healthcare across such a diverse population. ASEAN nations have implemented innovative financing schemes from compulsory medical savings to social insurance for long term care.

Privatisation of health assets and Public-Private partnerships have eased the load on governments but, as out-of-pocket payments account for around 60% of healthcare spending, there has been effort to make drugs more affordable to patients, through both value-driven evaluation and price caps.

A great example of this innovation is Indonesia’s recent rollout of universal health coverage under the Dandan Penyelenggara Jaminan Sosial (BPJS) Program, which aims to have every Indonesian covered by 2019. Malaysia and Thailand effectively have 100% access to social health insurance whilst Singapore has 93% coverage through MediShield. Cambodia and Laos lag with 24% and 15% coverage but the expectation is to have universal coverage by 2020. The other markets lay in between but are quickly gaining ground.

Another issue for pharma companies seeking to establish branded presence in emerging ASEAN markets is the ever-present spectre of counterfeits, although with the unification of ASEAN Economic Community (AEC) in 2015 and cross market cooperation, it is expected there will be pressure to support legitimate products and remove the health risks counterfeit products pose for improved health delivery.

In summary, ASEAN represents real and accessible opportunity for pharmaceutical and health-related categories and brands. However, the huge economic and cultural diversity means that businesses and brands need to be nimble and sensitive. One size cannot fit all, though when managed by skilled healthcare marketers with solid experience in the region, common ideas and propositions can be interpreted across the markets with success.

Brands cannot be driven from New York or London. Selecting ASEAN-based communication partners with global thinking and experience, but local familiarity and sensitivity, will allow new brands to maximise their foothold in this most exciting and fast-growing collection of markets. ASEAN - the true ‘region’ of Asia.

... Andrew Crombie is the Managing Director of H&T in Singapore
How should health innovations be promoted in an increasingly complex and competitive context?

Companies must innovate constantly in order to create value and gain a share of the market against the backdrop of increasingly intense global competition. However, the acceleration of innovation is no longer an end in itself and raises questions in society. For consumers and citizens, innovation is only desirable if it is beneficial to them and society as a whole. Citizens today increasingly believe that progress only benefits companies and their directors.

These new questions about the meaning and impact of innovation are forcing companies to overhaul the way they communicate and to demonstrate the social utility of their business in response to two core 21st century aspirations: health and healthy living.

And because health innovation is not the sole preserve of pharmaceutical laboratories but can also be driven by new tech companies, insurance and the food industry, all the sectors involved in innovation in the living world must answer these questions being raised by society.

A global brand strategy going above and beyond the product

The frontiers between marketing and communication and between corporate communication and product communication are gradually eroding with a globally coherent brand strategy taking their place. In very sensitive areas such as health and healthy living, corporate social responsibility applies to all the business’ activities, from product and service design and production to communication. The company as a whole is judged and communication is an integral part of it: nowadays brands are assessed both on the quality of their products and on the company’s reputation. This means that brand preferences are now based on brand values, history, ambitions and the men and women who develop them, and not solely on the product’s intrinsic scientific benefits.

Espousing dialogue with all the stakeholders

There is also a need for coherence in the way in which the brand/company interacts with all of its target groups. In an open and interconnected world, all of the stakeholders dialogue and question practices and products. Opinion leaders, decision-makers, journalists, bloggers and consumers use the same social networks and media outlets and talk to each other. In this gigantic cognitive and information market, the company must make its voice heard and dialogue with all of its contacts, while conveying coherent messages. To this end, companies must be able to grasp its contacts’ different thought patterns and visions of the world in order to be able to enter the social debate.

This is a highly complex undertaking and involves laying the company open, accepting any criticism and sometimes having to justify the company’s practices or track record. While companies are skilled in commercial marketing, they are often powerless in the face of attacks made by opponents and when a debate is underway. Make no mistake, this is a real debate and not just top-down communication, fully controlled by the company. Messages should not be simple or simplistic.

“...We must think differently instead of just continuing working with the same, by regulations, blunted tools.”

Humility, closeness and desirability make for a solid and lasting brand preference

This form of communication involves openness, sincerity and humility. However, companies that do put it into practice become winners on all fronts. They forge a close relationship and a real link with their consumers. Their brands are not just admired or respected but loved, because people can talk to them. These companies create a deep and long-lasting preference for their brand and products. They also reduce the risk of constraints on their business activity by anticipating any relevant social debates. This is their best weapon when developing strong brands that are resilient in times of crisis. And especially for bringing to market desired innovation, this sought-after form of innovation that will generate growth in the future, whether in the food industry, medical sector or chemistry.

...Serge Michels is President of the Protéines Group in Paris, France.
What sticks is what matters

TV advertising remains one of the most powerful drivers in the OTC communications mix. Almost all the major pharmaceutical companies market their products with the help of television – which accounts for 71.1% of spend.

This high level of investment and the associated significance of TV commercials for the economic success of an OTC brand creates increasing responsibility on marketers and their agencies to remain top-of-mind among consumers, pharmacists and pharmacy technicians.

In societies suffering from information overload, the quality of contact is the decisive factor in a brand’s success. So, one has to focus on conveying the right information to the right target audience via the right type of media. There are 3 fundamental strategic levers to achieve this:

1. Media planning that is based on buyer target groups.
2. A TV concept that sticks in the minds of consumers quickly, easily and effectively.
3. Advertising impact research that looks specifically into the minds of the target audience and shows how TV adverts actually make an impact.

1. Big OTC brands still (primarily) focus on TV and popular magazines. This results in identical media plans for identical target audiences.

To better differentiate a brand in the market and boost its own sales rather than those of the entire product category, what matters is reaching potential buyers in a more targeted manner and then driving them in to the pharmacy in search of your product.

Today, both traditional and new media can meet this demand better than ever. The solution is as follows:

Media planning based on buyer target groups.

An incorrect or imprecise definition of the target audience is considered the number one efficiency killer for a marketing communications strategy. With improving data fusion, it is possible to precisely identify the buyers of a specific brand, address them in a targeted manner, and also acquire new customers from a competitor brand.

Planning that’s based on buyer target groups results in a highly brand-specific, competitively differentiating media plan, which is adjusted to the actually relevant buyer target groups and offers a promising effect on buyers’ share and sales. This is because:

– The ROI for campaigns based on buyer target groups is 28% higher than the comparable ROI based on common methods.

– Planning campaigns based on buyer target groups makes it possible to directly address groups of buyers with an affinity for the brand: 60% of additional sales are from new first choice buyers.

2. About 49% of consumers report that they’re aware of advertising for medicinal products, but 57% of the consumers say that brand awareness has a big impact on their brand purchasing decisions.

A TNS Infratest analysis suggests that advertising has to appeal to the consumer on an emotional level as well as providing rational arguments for a brand decision. In a Serviceplan Health & Life study, 56% of the consumers questioned stated rational arguments are derived from the effects of a product, among other things.

Advertisements need to establish the therapeutic approach of a brand whilst presenting it quickly, simply and effectively. Product demonstrations with schematic diagrams that explain the therapeutic approach vividly and scientifically continue to be an appropriate tool for achieving this.

The ‘problem-solution’ approach can also be successful. This involves introducing the protagonist’s problem and then showing how the product treats this health issue. The creative challenge is to make the therapeutic approach demonstrated relevant and emotionally positive for the consumer.

An advert laden with patient problems and/or is too scientific, or maybe includes a lot of personal suffering, scares consumers away from a brand.

It is important to emphasize not only the physical improvements but also, the emotional benefits in everyday life.

3. With regular concerns being expressed about the limitations of traditional research methodologies, unconventional research techniques such as eye tracking, implicit association tests (IAT) and various forms of neuromarketing can supplement (and add value to) traditional research approaches.

Experts suggest, a person’s conscious information uptake comprises only 2% of the total uptake so, the information we experience unconsciously has a significantly larger impact on human decision-making processes. Therefore, it seems that the importance of implicit methodologies are still being underestimated and research into the impact of advertising, combining explicit and implicit approaches appear to represent a valuable and pioneering approach.

The advertising industry is waking up to neural research and, whilst opinions are divided on neuroscientific methodologies, these methodologies provide a window into the mind of the consumer and, answer the question marketing strategists most want to know: “What happens in the mind of a consumer when he or she takes in an advertising message?”

Researchers at the Mediaplus subsidiary MP neuro:impact have been using with success, the steady state topography (SST) methodology to analyse the brain activity of test subjects when confronted with advertising materials and content. SST makes it possible to determine the speed of electrical information processing in the brain on a per millisecond basis. The methodology is suitable for the evaluation of moving images, print, radio advertising and online campaigns.

Neurological research makes it possible to generate exciting insight into the processing of advertising content. Creation and media planning (as we’ve demonstrated our clients like ACC akut), also benefit from the neural research method.

Neurological research provides illuminating insights into advertising effectiveness in a complex area.

... Florian Bernsdorf is a partner at Serviceplan Health & Life GmbH & Co., and Chairman of Indigenus in Munich, Germany.
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