

# EphMRA NEWS

EUROPEAN PHARMACEUTICAL MARKETING RESEARCH ASSOCIATION

Issue: March 2004

## 2004 - A YEAR FULL OF EVENTS



**First of all, although it is a bit late to do it, I would like to wish you a Happy New Year.**

2004 will undoubtedly be another year full of events. Our industry goes on maturing. An illustration is the announced takeover of Aventis by SanofiSynthelabo.

No one can tell what the outcome will be, but this major move may well be the trigger of another series of consolidation operations. We may then see the emergence of "mega" pharmaceutical companies, with global market shares of more than 10%, but most importantly, with local market shares superior to 20 or 25% in some countries. Sailing such liners will require a lot of attention. How will physicians react when they will receive a visit from 10 or 15 representatives from the same company? How will we structure huge sales forces to optimize the promotion of broad product portfolios? No doubt that market research will have its say...

Agencies are also surfing on the consolidation wave. During the last few months, IMS Health acquired Medical Radar, TNS acquired NFO Worldgroup, Isis Research joined Synovate Healthcare, just to mention a few. Bigger players are emerging, with the ability to provide a wider range of services on a regional or global basis.

However (and fortunately), the world of healthcare is complex enough to allow room for smaller players, who, both on the pharmaceutical companies and agency sides, will develop unquestionable spikes of expertise.

Whatever the changes that have and will take place, EphMRA will remain a unique platform to share efforts in improving our function and its image. Here is some news regarding the association.

The Executive Committee is happy to announce that both Barbara Ifflaender (Vice President) and Christian Hoecker (Treasurer) were elected through the e-mail voting round that took place a few weeks ago. Congratulations to both Barbara and Christian, and welcome.

The Executive is also happy to note the dynamism of the Associate Members. In just a few months, an impressive number of proposals were made, and some of them already became reality, such as the Networking Event held in Brussels on February 11th. The Executive Committee will dedicate a major part of the agenda of its next meeting in March to discuss the proposals from the Associate Members.

Another point on our agenda is to discuss the results of the web-based survey conducted in December and January. Preliminary results are really encouraging. A total of 70 respondents took the time to go through the many questions raised in the questionnaire. Thank you for this, especially in such a busy period. Final results will be shared with you in June in Basel.

In terms of membership, we are happy to report 5 new Full and 14 new Associate Members since September 2003. The Association now counts 41 Full and 71 Associate members. As the richness of EphMRA comes almost exclusively from the diversity of experiences and points of view from its members, we can be confident in the future, and in particular in the 2004 Conference. The agenda put together by the Programme Committee is once again very inspiring and completely in line with the topics that market research professionals have on their agenda this year.

The Executive Committee is also working on a couple of other projects, such as Public Relations, with the publication of an article on market research and EphMRA in the next issue of European Pharmaceutical Executive. We hope that this article, on purpose fairly general in nature, will be the first of a long list of publications on specific topics aiming to raise awareness on the value of our profession (and passion).

**Georges Andre**

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EphMRA President 2003 - 04

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# Facts & Figures

about the Newsletter publication

Copy/Advertising Deadline: April 23rd 2004.  
The next EphMRA News will be issued  
in early June.

Advertising rates and details are as follows:  
Four colour and B&W ads can be carried.  
Prices are quoted in Swiss francs.

	Quarter Page	Half Page	Full Page
B&W	300 CHF	500 CHF	800 CHF
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amount into our bank account (details of which  
will be on the invoice).

## Problems with 'Epi based forecasts'

Epi based forecasts look logical, but are often full of basic errors.

Unfortunately, all these errors tend to be in the same direction.  
Thus the errors do not cancel out they compound. This typically  
results in forecasts that are far too optimistic.

This article explores some of these errors and gives some  
pointers to avoiding them.

### Error 1: precisely wrong epi data

The incidence or prevalence of diseases is available from a number of commercial 'epi databases'. Unfortunately, these databases often report wildly differing incidence and prevalence rates. For example, one commercial epi database recently reported the number of asthmatics in France as 300% higher than another.

Sometimes the problem is that in an attempt to provide detailed demographics on epi data, suppliers lean towards a few sources that provide (spurious) detail. Given, the large errors in most epi estimates, the right approach is surely to take a balanced view of a large number of sources. Better still, let somebody else do the work for you: look at quality 'meta sources': sources that base their estimates on a review and interpretation of all sources. For some reason, that I do not understand, there is a systematic tendency to selectively pick epi sources that are higher than the thrust of all the studies.

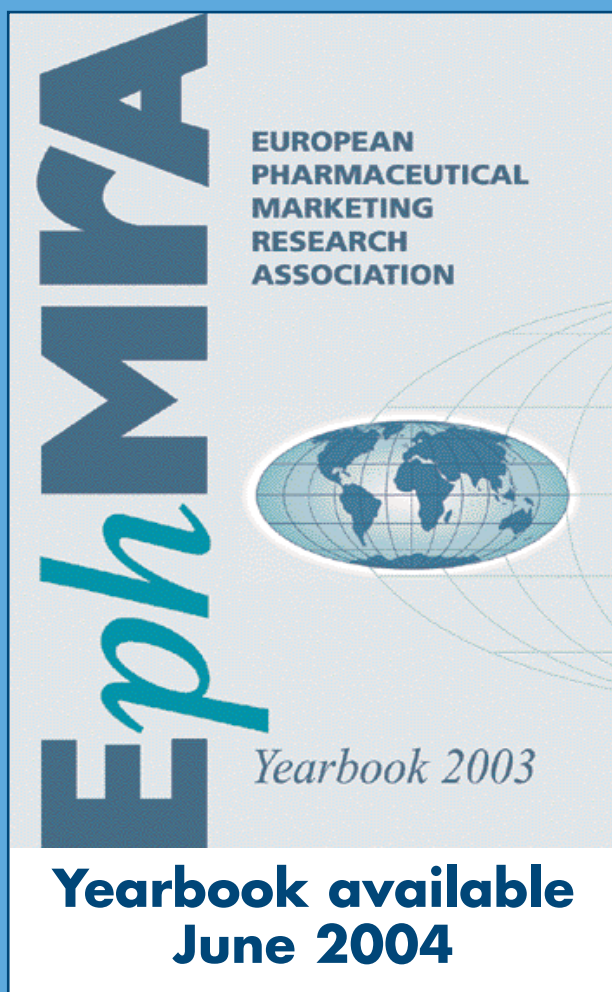
### Error 2: unrealistic diagnosis and treatment rates

Diagnosis rates are often guessed and assumed to be very high. They are not. And diagnosis rates vary predictably according to the type of disease and the treatment available. Econometric analysis across many disease areas has shown that lower diagnosis is associated with - and can be predicted from - a few key factors. For example, the more distressing a disease is, the higher the diagnosis rate. (This is why the diagnosis rate for cancer is ultimately so high). For example, the more a disease can be diagnosed incidentally through other conditions, the higher the diagnosis rate. (This is why hyperlipidaemics with hypertension are diagnosed much more often than those without.)

### Error 3: flawed compliance assumptions

Compliance rate assumptions are often plucked out of the air. Typically, pharma forecast models will assume compliance rates of 60-70%. Our database of compliance levels across major diseases reveals that there is actually great variation in compliance across diseases. For example, rates of 80% for cancer and less than 50% for asthma.

There is also much confusion about the impact of dose frequency in compliance. Most forecasters believe that there is a large drop off in compliance as you move from once-a-day to twice-a-day to three-times-a-day dosing. This is true if you measure compliance as the number of days where all the doses are taken. And this is the most common way of measuring compliance in the medical literature. Obviously, compliance is going to be lower for a twice-a-day medicine than a once-a-day medicine. There are two chances to miss a dose each day rather than one.



The image shows the cover of the EphMRA Yearbook 2003. The cover features the EphMRA logo in large, stylized letters on the left. To the right of the logo, the text 'EUROPEAN PHARMACEUTICAL MARKETING RESEARCH ASSOCIATION' is written in a smaller, sans-serif font. Below this text is a graphic of a globe showing the Americas. At the bottom of the cover, the text 'Yearbook 2003' is written in a script font. Below the cover image, the text 'Yearbook available June 2004' is written in a bold, sans-serif font.

The EphMRA offices will be  
closed for Easter holidays  
from 8-16 April.

However, as forecasters, we are interested in the proportion of prescribed doses taken and not the number of days in which all the doses are taken. There is still a drop-off in compliance as we move from once-a-day to twice-a-day to three-times-a-day dosing. But our compliance database shows that the drop-off is slight and much less than people suppose.

The above discussion of compliance relates to what is sometimes called secondary compliance. This is the compliance rate after the patient has got his/her hands on the medicine. There is of course the issue of primary compliance: the proportion of patients who actually get the prescription filled. In some countries (e.g. the USA) and for some products the level of primary compliance is far below 100%.

For these reasons, compliance estimates tend to be too high.

#### **Error 4: confusing incidence of prescription with prevalence of prescription**

The proportion of patients who are prescribed a pharmaceutical is sometimes estimated from doctor surveys. Doctors may say (perhaps correctly) that they treat 70% of asthmatics with pharmaceuticals. This is then misinterpreted by forecasters as being the prevalence of pharma treatment at any point in time. But at any point in time, most asthmatics have not just been diag-

nosed and have had plenty of time to drop-out of treatment. Our database of compliance rates shows that pharma drop-out rates are large and can be very fast. Not taking this factor into account can cause gross overestimates in forecasts.

#### **The impact of compounding errors**

The above review of just four of the common errors in epi based forecasts. Notice that all three tend err in the same direction - they tend to overestimate.

Now, here is the nub of the problem. Imagine an epi forecast structured like this:

Forecast factor	Error
Epi estimates	+35%
Diagnosis rates	+35%
Prescription rates	+35%
Compliance rates	+35%

The resulting forecast is not 35% too high; it is 232% too high!

**Gary Johnson**

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## Welcome to the following new full members

EphMRA is pleased to welcome the following new full members from the industry - who have joined since September 2003:

**Abbott Laboratories, Amersham Health, Celgene, Elan Pharma, Sankyo Pharma**

## The Pharmaceutical Superpowers

Pfizer's move to pole position following its acquisition of Pharmacia is the latest in a long line of mergers and acquisitions that have taken place in the pharmaceutical industry over recent years. In their bid to achieve market supremacy, we have seen healthcare companies buying up, selling out or merging, such as Glaxo Wellcome who acquired SmithKline Beecham, Pharmacia & Upjohn who merged with Monsanto/Searle, Abbott who bought Knoll from BASF and Bristol-Myers Squibb acquiring DuPont Pharmaceutical. This trend is likely to continue and we may well find there are only 5 - 8 companies holding the lion's share of the pharmaceutical market in the not-too-distant future.

This oligopoly is no bad thing for consumers - pharmaceutical companies will always be searching for the golden bullet, the dream compound that brings them millions in extra revenue. But by becoming superpowers, the pharmaceutical companies are moving towards consolidation in terms of sales, marketing and R&D. Drug development is often not a linear process. Scientists may start out looking for a cure for cancer and stumble upon a treatment to help MS sufferers.

Fortunately for the market research industry, the pharmaceutical market is often less affected in the short term by the vagaries of recession, due to the extensive length of time that it takes for new drugs to be launched and the investment made over many years. Unlike some consumer markets, which have been effected by the recent economic downturn and had to reduce market research budgets accordingly, pharmaceutical companies are still requesting large multi-national research projects from suppliers.

Whilst recession has less of an effect on the pharmaceutical industry, other issues do. There are three big concerns which can seriously affect the success of the drug companies - lawsuits over adverse reactions to their drugs, patent rights and profit warnings. A leading pharmaceutical company was hit by a series of major lawsuits over a product that was taken off the market in 2000, but not before it was connected with more than 60 deaths in America.

Pharmaceutical companies need to patent new drugs before they can launch them on the market. Once a drug is patented, it is protected from competition, but the patent only lasts for a limited amount of time. Therefore, drug companies are often in a hurry to bring new products to market as quickly as possible.

To put into context the difficulties the pharmaceutical industry face when bringing a product to market, it can take on average 8-10 years from registration to the launch of a novel compound

with the average costs of R&D per new chemical entity around the \$230-350million mark. When you consider that at any one time there may be 6000 pharmaceuticals in R&D and of these maybe only 50 will ever make it to market, one realises the amount of investment required and the role marketing research can play to help companies make the right choices early on in the R&D process.

Protecting patenting rights can also be expensive. Pharmaceutical companies have the right to extend their patent only if they have developed a new formulation of the drug that can be proven to give additional medical benefits. GlaxoSmithKline made the headlines in the US recently because it lost the patent rights to Augmentin, its \$2.0 billion antibiotic. If a number of key patents run out because a product fails to get approval, then a pharmaceutical company can have portfolio difficulties very quickly. If they do not have the optimum patented portfolio and pipeline then financial institutions may believe the company will underperform in the future, which can lead to a fall in share price. In addition, withdrawal of compounds from the pipeline, or after launch, can have a dramatic effect on profit. Bristol Myers Squibb had to recall one of its products last year because of alleged safety issues which led to a severe profits warning.

### A Shift in Marketing Perspective - from the Doctor to the Patient

The biggest change in marketing strategy for the pharmaceutical industry has been the shift in perspective from marketing to doctors and specialists to marketing to the healthcare consumer. Consumers are now far more knowledgeable about illnesses, drugs and treatments. Consequently they take much more personal responsibility for their own good health. Although it remains the doctor's role to prescribe ethical drugs, consumers have much more access to information from both the media and the Internet. They are putting increased pressure on GPs and specialists to give them the full picture so that they can make an informed choice.

More than ever before patients are getting involved in making their own healthcare decisions. The growth in over-the-counter drugs and the dissemination of information on the worldwide web, as well as articles in consumer magazines, have all contributed to a thirst for information. Frequently patients come to doctors armed with a printout from a website or magazine article and requesting a brand name prescription compound. Empowered patients are asking questions and evaluating information in order to arrive at a joint decision on the best treatment option for them.

This increase in consumer awareness has changed the way that pharmaceutical companies need to market their products. They have woken up to the fact that the focus needs to shift from a doctor orientation to a patient orientation. Pharmaceutical companies can now see that the GP needs to be given aids to help him or her attend to the needs of the consumer. Treatments now focus on consumer benefits rather than just on medical features.

Recently Martin Hamblin GfK HealthCare undertook some research to find out what GPs think of the way they are marketed to by pharmaceutical companies. The results were fairly encouraging - 24% of doctors think that the drug companies do a very good job of marketing their products to them, and 57%



say it is satisfactory. Positive responses to pharmaceutical marketing include “being given access to information about products” and “having knowledgeable sales representatives”. Because consumers are better educated, all marketing is done with the aim of helping the GP explain the benefits to the consumer and explain the product to the GP.

However, pharmaceutical companies possibly forget that GPs are consumers too. They only look at competition from other pharmaceutical companies when comparing advertising campaigns, or more importantly, advertising styles. Yet in reality the GP is used to many sophisticated advertising messages from other areas of his or her life. So if an advertisement appears in the medical press marketing a pharmaceutical product and it does not have immediate impact, the GP may miss the message. The quality needs to be as good as advertising from other market sectors. There is still some truth in the view that when it comes to advertising, pharmaceutical companies can be very conservative or cautious - with some justification.

America is one of the only countries in the world that currently allows pharmaceutical companies to market their products directly to the consumer (DtC advertising). There has been considerable lobbying by the drugs companies to change legislation in Europe and the rest of the world, but currently, it remains illegal to advertise directly to consumers.

There are other ways of communicating with the healthcare consumer in Europe. Using a variety of mediums PR can be used effectively, through which pharmaceutical companies can considerably raise awareness of their drugs through the media. The MS Society puts out lots of information lobbying for the NHS to make some products more widely available. They recently reported that, “Seventeen specialist nurse appointments have been approved under the Society’s ‘fast-track’ scheme to provide partnership funding for nurses at MS centres across the UK which will assess patients, prescribe treatment and monitor progress. Priority has been given to those of the specialist centres which currently do not have an MS nurse.” This scheme is being jointly funded by the MS Society and three of the drugs’ manufacturers, Biogen and Serono (which make beta interferons) and Teva (with whom Aventis Pharma is in partnership) which makes glatiramer acetate.

Another method of communicating with consumers is therapy-specific informative advertising. For example, you can use public information messages about migraines on the radio. However, the message needs to be educational and they must not promote a particular product. One of the first campaigns of this nature was run to highlight the problem of fungal nail infections. An advertisement ran in the press with the footnote “sponsored by Novartis”, who manufacture the fungal foot treatment brand Lamisil. This was a very effective way of advertising without mentioning the name of the product. Their hope is that consumers see the advertisement and request “the fungal nail treatment that Novartis makes.”

The internet has been largely responsible for the increase in access to information about illnesses and treatments. Every day new chatrooms are set up to discuss certain drugs or disease areas. Negative perceptions, once established, are very difficult to shift. Worryingly, the internet has also meant a proliferation of websites which enable visitors to buy prescription drugs by mail order. A cursory investigation revealed a number of web

sites offering Prozac and other lifestyle drugs on sale for mail order delivery without requiring either a prescription or any medical history. This practice is difficult to legislate against, as websites can be set up and dismantled in a day. That is why it is important that consumers have access to all the right information.

## Lifestyle and OTC drugs

The shift to a consumer perspective means other changes in the requirements for market research. Consumers seek product benefits rather than product features. Some drugs have been identified as “lifestyle” or “lifestage” drugs such as Roaccutane to treat acne, Prozac for depression and of course Viagra. The strength of the brand has begun to take on the same significance in the pharmaceutical world as in other markets. Not only does this offer obvious benefits to the manufacturers but also the patients. Who would have believed that it would be acceptable to discuss erectile dysfunction so openly? Rather than having to pluck up the courage to talk about their sexual problems, patients can simply say “Doctor, I think I need some of that Viagra”.

A further development which has had an effect on pharmaceutical marketing is the switch of a number of drugs to OTC status. Many drugs which were previously only available on prescription can now be sold over-the-counter at a pharmacy. This change in legislation was carried out to remove unnecessary bureaucracy from some classes of medicine.

Competition within OTC markets is undoubtedly increasing, with more and more products becoming available without prescription in an increasing variety of outlets. Understanding the reasons for consumer choice is becoming far more important. The reality of self-selection in the huge range of product categories that fall within the term OTC means that all opportunities must be taken to ensure that pharmaceutical companies are providing the customer with the products they want. This means researching the needs of the customer.

Pharmaceutical companies want more market expertise, more business solutions and more consultancy. The days when you could just present the results of the survey in a pile of tables is thankfully over; nowadays pharmaceutical companies are looking for agencies who have extensive market expertise and can help give them actionable recommendations to develop their marketing strategy. They want solutions, not just data.

High quality insightful research is key to what pharmaceutical companies want from market research suppliers. Because of the changes that the pharmaceutical market is going through, we need to provide a service which keeps up with the needs of our clients. We all do this by looking at developing or adapting innovative new techniques, by building a strong international framework and reassuring our clients of quality. The pharmaceutical market is getting smaller in number and bigger in power which means that if you don’t provide a good service everybody is going to know about it. However, the advantage is that when you develop good relationships with your clients you get better at understanding their needs and that is when you reap the rewards.

### Angela Duffy

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# Musing on Models 6

Dear Colleague,

Many of you are just starting the annual round of developing the plan. I am of course assuming that you can identify the star of what is more usually a continuous process!

It is at this time of the year that you wish that you knew what the final figure was required to be, however, you have a plan to work towards a realistic figure that you know the boss will change. Into this process you may well be asked to provide a quick estimate of a new opportunity. Unfortunately the answer has to be supplied within a few days at best.

The need to assess a joint venture, licensing opportunity or product purchase quickly is one of the more difficult models that you will have to develop. This situation poses two conflicting requirements:

1. The need for speed
2. The lack of information.

The need for speed frequently removes the possibility of undertaking any serious market research. It is essential that you make it clear that a case should be made to undertake the required work to provide a quality assessment.

It is more than likely that all the data available to you will already be within the company. This may not cause a difficulty if the opportunity is associated with a market that is currently being modelled, however, this is usually not the case. If the opportunity is within the overall diagnostic area of your operation you may also have some satisfactory surrogate data, otherwise assumptions will have to be made.

Let us consider the essential data requirements. As always we should start with the population. This may be the total population or a segment of that population, in either case you will also need to make an estimate of when the product will come to market. At this stage I would point out that although a product may be “new” in the case of some in-licensing situations that product may already be available, or you may only be acquiring a specific formulation of the product. You will be asked to produce annual figures but at this stage work at quarterly data levels. This allows you to consider the time of year the opportunity will be launched.

In addition to the population segment it is also as well to consider the possibility of the population segment to be treated differently at lower sub-segments.

The next stage will be to estimate the prevalence of the condition under review. What kind of prevalence statistic will you need. If your opportunity includes a surgical procedure it may be point prevalence that you require, whilst a chronic condition may need annual or 5-year prevalence. You may be able to obtain this kind of data from the medical department or by searching the web. However, if this draws a blank a piece of quick Internet research by one of the market research companies can produce a usable estimate very quickly. Having obtained this information you are now in a position to estimate patient numbers.

We have total patient numbers, but this is of little real comfort. What we really need to know is the market share of those patients that the opportunity will obtain. Forecasting the share to be the market average is probably one of the better estimates. This is an excellent starting point. Whilst I have not studied the distribution of market share about the mean in depth, the work I have undertaken leans towards there being more products below the average than above the average. Blockbusters distort averages considerably. To aim for an average share is both reasonable and potentially achievable. The question is, “How do you progress to that average share?” The use of adoption curves that take account of marketing will take the approach to the selected share into account.

Unfortunately, a realistic share is usually not the figure the boss requires. You are more than likely to be required to produce a best and worst case estimate. In this case consideration of the effects of marketing activity upon products within the selected market can give good indicators of the more normal range of shares than can be achieved. For many years I have used a marketing efficiency curve to aid in this difficult estimation process.

Given that you will now have calculated the share you also have the numbers of patients that you opportunity will fill. All that remains is to estimate the days of therapy for each patient and the sales value per patient.

## Job done, or is it?

More frequently, a NPV figure is also required. When considering a product purchase it is essential to be able to estimate what is the very best use of the available funds. NPV does just that. It calculates the cost involved in the purchase and usually the first five years of the product post launch. To this is added a compound interest rate (Discount Factor). This is compared with the profit made by the product if this result is positive the purchase may proceed, however if it is negative the investment would be better placed elsewhere.

The calculation of NPV is usually undertaken within the accounts department. They will use a company of market discount factor. By use of a standard factor it makes comparisons between products easier. They will also have agreed procedures for the allocation of costs. Whilst it is usual to include R&D cost, there may not always be an inclusion of fixed costs associated with general plant and administration. Much will depend upon the internal accounting procedures of the individual company.

As with many of the tasks that you will be asked to perform, this one requires much thought. The assumptions are extremely important and you will spend more time than normal gathering the data. This will leave you restricted time to develop your model, so in this case it is more important than usual to develop that model in a logical systematic manner.

Good luck

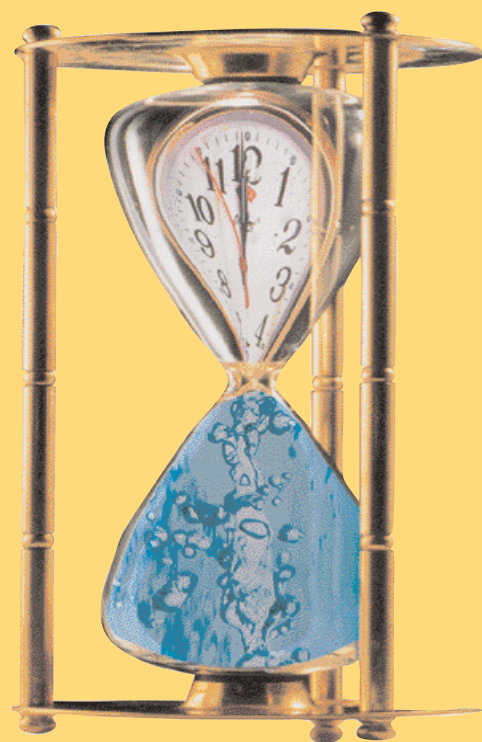
Regards,  
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Basel 28 June - 2nd July 2004 in conjunction with the  
43rd Annual EphMRA's General Meeting

# the persistent flow of time

market research looking  
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# The Rise of the New Consumer

They are aspirational, unpredictable and growing more influential with each year that passes. With lifestyles dominated by high expectations, a demand for instant gratification and a passion for novelty, their span of both time and attention are shorter than at any time in the history of marketing.

Above all they are engaged in quest for what is special and authentic, in order to make them feel special and more authentic.

New Consumers began to emerge onto the market place in ever greater numbers as a result of changes in manufacturing. When information began being applied in an organised way to production and distribution, consumers were presented, year on year, with rapidly expanding choice, quality and reliability. "Mass production spews forth so much that there's a shift in emphasis away from the material desires that dominated the old economy," comments Michael Goldhaber, a scholar at the Institute for the Study of Social Change. "For many people in the US, Western Europe, Japan, and a growing list of other places, the materials needed for basic living are more than abundant."

To predict which products and services will succeed with these consumers equally demands an accurate insight into how they think. Often this means that it takes a good consumer to be a good producer.

Consider, as an example, the astonishing career of UK based Ruben Singh. At the age of just seventeen and while still at school taking his final year exams, Ruben opened his first fashion shop, Miss Attitude. By the time he was twenty-one he had built an empire of one hundred shops which he then sold for a reported sum of £22m, making him the world's youngest self-made millionaire.

He explains the secret of his success like this: "I was a teenager, all my friends were teenagers and that was my target market,"

As New Consumers become increasingly active and interactive, producers and service providers can no longer assume that they will passively respond - or even attend to - advertising slogans and brand messages. Without the metronome of industrial mass-institutions and media to synchronise them, the New Consumers march to their own drumbeat.

Here are six key characteristics of New Consumers that are destined to will have a major impact on marketing over the next decade.

## **New Consumers are Independent**

They want to make up their own minds instead of being told what to think and what to buy. They seek to assert their independence by challenging established thought and demanding dialogue not monologue. The result is widespread and increasing antipathy towards entrenched views combined with interest in new political parties which offer greater grass-roots participation and religions which package ancient beliefs into a more appealing packages.

## **New Consumers are Distrustful**

In an era that promotes individuality, large organisations are increasingly distrusted. A 1970 MORI survey found that around half (53%) of those questioned agreed with the proposition: "The profits of large British companies help make things better for

everyone who buys their goods and services?" while only a quarter (25%) disagreed. When the same question was posed in 1999, those proportions had been reversed, with a quarter (25%) agreeing and half (52%) dissenting.

Easier access to information via the net will make it increasingly difficult for companies, governments and other organisations with guilty secrets to conceal them from the world.

## **New Consumers are Time Poor**

New Consumers across all adult age ranges report having too little time in the day to meet all the demands made on them and claim these pressures are a significant cause of stress. This means that organisations that are able to eliminate or significantly reduce delays will gain a loyal following among these time poor New Consumers.

## **New Consumers have Short Attention Spans**

Time pressures, and the ever growing volumes of information with which we are confronted daily, have also resulted in a significant reduction in attention span. Marketing messages that are overly long or propositions which appear complicated are likely to cause all but the most dedicated to pass on to something more easily understood and assimilated.

## **New Consumers Love Uniqueness**

New Consumers are constantly engaged in what Yiannis Gabriel and Tim Lang describe as a discourse of difference. An exploration of "minute variations, of idiosyncrasies of style, products, brand, signs and meanings... the discovery of difference, the establishing of difference and the appropriation of difference."

Even small and subtle changes in the design or manufacture of a product - what Freud termed "the narcissism of minor differences" can be of great emotional and symbolical importance. These secret codes are the new synchronisers of consumer behaviour.

## **New Consumers Seek Authenticity**

Authenticity and uniqueness will, I predict, become the driving forces behind much marketing success and brand survival over the next decade.

Businesses able to develop a product or service philosophy which enshrines some aspect of authenticity are set to prosper while those which fail to differentiate from their competitors in this crucial regard seem likely to fail.

The Japanese distinguish two types of quality. One, termed Atarimae hinshitsu describes a "quality that is expected" while the other Miryokuteki hinshitsu represents "a quality that fascinates". Where demanding and fickle New Consumers are concerned it is only the latter that can be expected to ensure long term survival and prosperity.

## **David Lewis**

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# Using Research to Change the Future

## *or Getting Rid of South Africa's Best-Known Brand*

In April 2002, Markinor asked 3,500 South Africans living in metropolitan and rural areas to identify the AIDS logo, 90% were able to do so and 98% claimed to have heard about a disease called AIDS. The current and projected figures for HIV/AIDS in Sub-Saharan Africa are frightening. Botswana, Zimbabwe, Lesotho and Swaziland have the highest figures, with over 30% of their populations currently affected with this disease. In South Africa the situation is not much better. Currently it is estimated that the rate of infection is in the region of 20% of all adults. However, our new constitution protects the right of the individual and disclosure of HIV/AIDS status is not compulsory, and the figure of 20% is based on tests done on pregnant women in antenatal clinics, so the figure could well be higher (or lower) than this.

South Africa is considered to have one of the fastest growing HIV/AIDS epidemic rates in the world. In March 1989, the then-Health minister, Dr Nksozana Zuma said that an estimated 2.5 million South Africans were infected, and that 50,000 were being infected every month. By June 2000, it was estimated that more than 4 million were HIV positive, with over 60,000 new infections occurring every month (that is 2,000 new infections every day). By 2010, the projections are that there will be over 7 million people with HIV/AIDS.

The impact on society is obviously enormous. Economically and politically we are not feeling its impact just yet but future projections are frightening. For example, The number of AIDS-related orphans will rise dramatically in the next six years - from 3,678 in 2002 to a projected 10,444 in 2010 - and this is going to place an enormous burden on our society.

Business leaders are beginning to make policy decisions relating to HIV/AIDS infected employees. In 2003, Markinor conducted research among decision makers in 130 companies. These companies covered a broad spectrum in terms of sector and number of employees. We found that 45% of companies have a fully detailed AIDS policy, and a further 26% have an AIDS policy which is part of their other HR policies. In most cases the policy focuses on reducing the rate of infection via literature and workshops, and offering treatment and counselling for those that are already infected. Looking forward, just over half the companies have policies in place to replace skilled workers lost to AIDS, primarily through enhanced training programmes.

The mining sector has been among the worst affected industries, and we have done a tremendous amount of research in the mines. One of these projects was conducted because a mine picked up figures in their mine hospital that indicated a drop in the rate of infection. After much negotiation with the union, a shaft at one of the mines was selected and the mine workers working on that shaft consented to a blood test as well as an interview. The blood tests confirmed the drop in infection rate. Fortunately we had conducted previous attitudinal research in the mine and were able to track changes in attitude. We discovered that the unions themselves had had a dramatic impact on attitudes. They organized workshops where the discussions were led by members that were infected with HIV/AIDS. Mine management had also done something fairly radical.

They included the local sex workers in their education programme. These women worked as sex educators during the day and as sex workers by night. In our study, 77% of workers said that due to AIDS-related education they received on the mine, they had changed their sexual behaviour in some way as they realized that they would be at risk.

So, the business sector in South Africa has responded to the threat of HIV/AIDS by becoming involved with prevention and treatment of their workers. The government has been less proactive. Lobbyists and activists have been through a long period of fighting for the rights of all South Africans to have access to treatment. Our new government has gone a long way in providing medical care to historically disadvantaged individuals but has dragged its heels with regards to HIV/AIDS. Until August 2003 anti-retrovirals were unavailable. Strangely this has not affected the general population's attitude towards the government.

Markinor conducts regular socio-political attitudinal surveys. Since July 1999, we have been tracking South Africans' attitudes regarding how well the government has been addressing the problem of HIV/AIDS. In May 2003, 60% of South Africans said that the government was addressing the problem of HIV/AIDS fairly or very well. Business leaders were more critical: we asked them the same question – and 86% of them said that the government is handling the issue of HIV/AIDS in a poor manner.

In response to the crisis, Markinor has undertaken a number of projects on HIV/AIDS. Many of them have focused on attitudes. We identified a gap because awareness creation and medical intervention seem to come short in the face of public misunderstanding. There has been a failure to understand the public's attitudes towards and perceptions of the behaviour implications of the disease. So, in April 2002 we decided to investigate the awareness, knowledge, attitudes and behaviour of the general public. The survey involved 3,500 interviews with randomly chosen adult respondents, representative of the South African adult population and yielded fascinating findings. 99% of respondents were aware of HIV/AIDS and we were amazed at how openly and frankly people discussed their sexual behaviour. However, we found that 37% of South Africans fell into groups that displayed medium to high-risk behaviour. Some of the findings were so startling that we decided to repeat the project in April 2003 to test our model and obtain some trend data. Again the findings were startling – the medium to high-risk group now grew to 42%.

The major question is naturally how something like this can happen in a country where there are literally thousands of organizations – private sector, NGO's, church and community-based organizations – involved in spreading information about HIV/AIDS - all aimed at the curbing of the spread of the epidemic. Putting all the findings together, this can only be ascribed to the South African government's ambiguity when discussing HIV/AIDS issues, the conflicting messages in the media and a large dose of denial on the side of those infected, or in high-risk groups.

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The questionnaire comprised a series of statements - a total of 59 statements - and respondents were asked to rate, on a 5-point scale, how strongly they agreed with each statement. The top two-box scores were used to compare percentages over the two years. The questions were formulated under specific headings, such as 'What happens during the disease?' and 'Can HIV/AIDS be cured?' but the questions were mixed up in the questionnaire, and did not follow a logical sequence. We generated a wealth of information, such as the answer to 'What is risky behaviour?' The majority of South Africans understand that AIDS is a sexually transmitted disease, and that having multiple sexual partners increases your risk of contracting HIV/AIDS. Conversely, a very small minority of South Africans claimed not to know how you get AIDS.

What really fascinated us were the results of the factor and cluster analysis that we applied to the demographics and the data. In both studies, the data naturally fell into 5 groupings, so our second set of data confirmed the first. We found that, despite the intense media communications that occur in South Africa, aimed particularly at the younger people in South Africa, the shift regarding risky behaviour had occurred in the wrong direction. The size of the Low Risk group had decreased from 19% in 2002 to 12% in 2003, and the High Risk group had increased from 22% in 2002 to 26% in 2003.

Let me describe the two extreme groups in terms of demographics, attitude and behaviour: people in the low risk group (12% of the total sample) are older, usually women, who are married and live in a house. They have one/few sexual partners and, because they don't think they are personally at risk, don't know

much about AIDS. Behaviourally, they are faithful to their partner and don't use a condom because they trust their partner. People in the high risk group (26% of the total sample) are single, usually male and live in an informal settlement. They have had primary education and sometimes even secondary education. They do not believe that AIDS exists and, if it does exist, they are not afraid of getting it and believe that it can be cured. They are embarrassed about using condoms and believe that sex is better without them. They don't believe that fewer sexual partners will reduce the risk of getting AIDS. Their behaviour reflects their attitude: they do not use protection when having sex, they are promiscuous and would not stop having sex with a partner if they discovered that he/she had AIDS. The majority of respondents (61%) fell between these two extremes and their behaviour reflects their belief that AIDS is a serious disease. Our research discovered that there is a very strong link between what people think and what they actually do, and that most South Africans are aware of the risks but only some feel the risk at a personal level.

We will be repeating the research this year to measure the trends and to pass on to those organizations that communicate prevention messages to South Africans. We believe that prevention efforts can curtail the scale of the epidemic and turn the tide over the next ten years, and it is important that the messages resonate with the issues that our research has uncovered.

**Sylvia Jones**  
Markinor  
sylviaj@markinor.co.za

## Joint PRM&T Project with the Foundation Board

### Product Lifecycle Research References

This project was awarded to JW Consulting, based in the UK and the Foundation Board and the PRMT Committee are working closely together on this.

The aim of this project is to use the Research through the Product Lifecycle Wall Chart which EphMRA has developed and to create a web based compendium of lists of useful articles, books, web sites and other reference materials. This will give researchers a one-stop shop when they wish to find information on a particular research approach or methodology eg segmentation or conjoint.

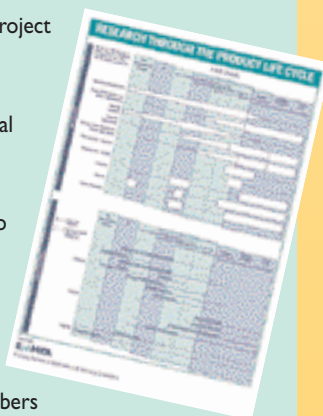
The project will be a member benefit - for Full and Associate members only available on the web site via password activation.

Working with JW Consulting on this project from the Foundation Board are:

Su Meddis - AstraZeneca  
Howard Parr - Martin Hamblin GfK Global Healthcare  
Dan Fitzgerald - V2 GfK

Members of the PRM&T Committee also volunteered to assist in reviewing web links and information before publication.

EphMRA is very pleased to be working with JW Consulting on this project - the results are expected to be on-line before the end of April 2004 and all members will be notified when available.



# DOCTOR STATISTICS REPORT

**EphMRA and PBIRG jointly funded project**  
– now available at [www.ephmra.org](http://www.ephmra.org) –  
use your password to access the report.  
You can also order a paper copy on line.

This project fulfils a long-standing need of international pharmaceutical researchers for better access to doctor universe statistics. There has been tremendous support and enthusiasm for this project, particularly from agencies, reflecting how useful this guide could be. Many thanks to Schmitow Ubersa, Spain for conducting the study with such dedication.

**The brief for the project was as follows:**

**To establish Doctor number populations –  
across Canada, France, Germany,  
Italy, Japan, Spain, UK and USA.**

The sources of the statistics should be given – e.g. addresses of associations, contact details for each country. Information to be included will be accurate total universe numbers as well as key demographics across 20-29 specialties – e.g. whether hospital or office based, age breakdown. EphMRA/PBIRG accept no liability for any errors in the report, nor from use of the data.

EphMRA would sincerely like to thank Peter Williams (EphMRA Foundation), PeterW@Hedfield.co.uk for his sterling job on the project and he was ably assisted by Ruth Evans (EphMRA PBIRG, REvans@uk.mindsearch.com) and Marie Maréchal (PBIRG, MM@madm@ca.athena.com).

Project sponsored jointly  
by EphMRA and PBIRG



## New Members

We are pleased to welcome the following new Committee member: -  
**Hieke Baeumlisberger - Solvay - Germany**

## COURSE REVIEWS

### Positioning - Getting it Right February 2004 - course review



**23 delegates attended the Positioning Course in Brussels** - which was characterised by excellent presentations and lively debates and discussions. While it was clear that nobody debated the importance of positioning, a good part of the first session was spent, delegates and speakers alike,

agreeing on an adequate definition of 'positioning'. But also other questions were discussed at length, such as: The importance of positioning. The inter-relationships between positioning and brand development. Where positioning fits within the product lifecycle. Creating the building blocks to arrive at a positioning. What do we mean if we want to do 'positioning generation research'. Writing a 'positioning statement'. What are the roles of various qualitative and quantitative techniques in the process of positioning? How to measure whether your positioning works. The importance of internal communication in the positioning process and the role of marketing research. The workshop did not give a foolproof recipe of the types of research to conduct in order to 'arrive at a positioning' for a new product in development. Thankfully, life is more complicated than that, and hence more exciting for our professions in marketing and marketing research. However, the workshop clearly identified patterns and critical success factors.

Positioning remains a delicate art, which is built on solid foundations of information. This delicate art requires skills such as insight, lateral thinking, and true communication to make it work.

Here are some comments from delegates:-

*"It was really overall an excellent course, I have learnt a lot in the last 2 days"*

*"Excellent to see so many agency specialists at one course, sharing approaches and debating so openly"*

In order to give more marketing and marketing research professionals a chance to continue the debate, the workshop will be run again in the next 18 months. Watch this space for details!!!

Thank you to all the delegates and speakers from the convenors - Stephen Grundy, Martin Hamblin GfK Global HealthCare, Michael Owen, Context Research, UK and Baerbel Matiaske, GfK HealthCare, Germany



### Understanding and Using Desk Research 5-6 November 2003



**17 delegates attended this course in Brussels**, which was organised as a response to a significant interest from member companies. This was the first training course on "Desk Research".

Effective use of "desk research" is crucial to sound marketing and business analyses and decisions. However, its value may sometimes be underrated in the greater scope of marketing or business information activities.

There is obviously no limit to the information sources available in the industry. Bearing in mind that the level of knowledge of available sources and experience in how to use them in "desk research" determines whether a company marketing or business information department functions as "insight" provider/"knowledge centre" or simply "data" provider, the course aimed to give the basics of how to use "desk research" effectively:

- How, when, where to use which sources
- How to assess the value of sources in a critical manner
- How to integrate various information sources into a comprehensible and reliable market picture in different stages of product life cycle

The course programme started with Janet Wagster establishing the sources delegates were familiar with and used, and specific problem areas faced. "Problem definition and objective setting in a desk research project" by Terry Hardy was a natural follow-up to the above session as it was felt by the delegates that problem definition and objective setting requires greater focus than it is normally given in their current practise: it is researchers' task to clarify the problem / objective for the internal customers by asking timely and necessary questions especially at the start of the project.

The course covered various areas and examples of desk research such as overview of available sources, utilization of different available sources at different stages of product life cycle, in-licensing and integrating results into a model.

The discussion during the course also highlighted some issues with the secondary data source suppliers such as, with many suppliers, primary focus is

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on "how to use their specific databases". However, there is a need for encouraging suppliers to focus more on "information content training and relevance to different analyses".

The course was aimed at experienced market researchers or marketing personnel from pharmaceutical companies. The training programme received a significant interest from the pharmaceutical company members at different levels within marketing and business information departments. Despite varying level of experience of the attendees, the training appears to have been successful: of the 16 delegates who completed the evaluation form (15 from pharmaceutical companies and 1 from agency side), on the standard evaluation rating of 1 = very poor, 5 = very good, the training programme scored 3.9 on the "range of subjects covered", 3.6 on the "value to the attendees' jobs" and 3.8 on the "Value for Money."

One of the attendees commented "A great course made me think differently about methods I use. I will now question what exactly is wanted in the information requests and I feel I can provide a better service, thank you."

Many thanks to the speakers for their excellent presentations, enthusiasm and time.

And thanks to the delegates for their active and enthusiastic participation, and for their valuable comments on the course, which will be of great help in planning future "desk research" training courses.

Course convenors:  
Terry Hardy, Radmos,  
Semra Grundy, Allergan,  
Peter Winters, Medefield



## UP AND COMING COURSE - NOTE IN YOUR DIARY REGISTRATION MATERIALS ON EPHMRA WEBSITE



### The Research Toolbox 20-22 October 2004 - Brussels



#### Course Aim

This course is designed as an intermediate course for research practitioners who want to develop their skills beyond a basic understanding. The course will focus on a variety of research techniques and applications required by the professional market researcher.

Delegates will leave the workshop with a better understanding of

- Questionnaire design and scaling techniques
- Translating research objectives into methodology
- Sampling theory and statistics
- Cultural differences influencing research design
- The application of projective and enabling techniques
- Analysing and interpreting data
- Working with agencies

The course convenors are:-

Bob Douglas, Dorothy Parker - Fast Forward Research  
Catherine Franeau - UCB Pharma

*Registration materials are now available and  
on line registration is also open.*

### Value and Pricing: A Continuous Challenge October 20-21 2004 - Brussels

Pricing and value are increasingly viewed to be closely intertwined. This poses challenges for marketing and marketing research. A multitude of target audiences has to be convinced of the value of a product, each with its specific arguments. Payors often remain an elusive target audience with sometimes-mythical dimensions. Healthcare systems never cease to evolve. EphMRA's Primary Research Methods and Training Committee believe it is time to provide an update of these issues, and to stimulate a debate on the different aspects of pricing and value, and its implications for the marketing research community.

This course is designed as an intermediate course for research practitioners who want to develop their skills beyond a basic understanding.

The key objectives of this workshop are:

- To review the drivers of price and value in pharmaceuticals
- To provide an update on the healthcare systems in the main markets
- To discuss the implications for marketing
- To evaluate the implications for marketing research

At the end of the workshop all delegates should have a basic grounding in the workshop topics outlined and be able to put into practice, on their return to their companies, much of what they have learnt.

The workshop aimed at product managers, marketing managers and both junior and senior researchers from pharmaceutical companies or agencies.

The course convenors are:-

Cathy Clerinx - Adelphi International;  
Stephen Grundy - Martin Hamblin GfK  
Global HealthCare;  
Peter Winters - Medefield - UK

*Registration materials are now available  
and on line registration is also open.*







## "Evaluating licensing opportunities"



### Workshop Background

Evaluating licensing opportunities in healthcare needs input from specialised market research and market intelligence activities. This vital sector of activity poses challenges for marketing research executives and managers alike!

- A business and portfolio strategy is selected by senior management - but organizations often have gaps to fill!
- Opportunities arise - how should companies optimally assess these, given the tight time frames imposed by the negotiators!
- What are the constraints effecting methodology and the analysis plan
- What is nice to do and what is critical within the time often allowed
- What is the role of researchers today!

EphMRA's Primary Research Methods and Training Committee believe it is time to provide a review of these important issues, and to stimulate a debate on this topical subject, and its implications for the marketing research community.

### Workshop Objectives

The key objectives of this workshop are:

- To review important steps in identifying gaps in a businesses portfolio.
- To provide an update on the range of opportunities available to fill identified gaps.
- To outline the optimal, critical and nice to have methods for prioritising inward and outward licensing opportunities
- To evaluate and discuss the implications for marketing researchers
- To explore the above through an evolving and interactive case study

At the end of the workshop all delegates will have developed their understanding of the topics outlined; and be able to put into practice their skills in support of business development activities.

The convenors are Stephen Grundy - Martin Hamblin GfK Global HealthCare, Xander Raymakers - Organon, and Ruth Evans - IMS Health.

### Workshop Objectives

The workshop will provide the opportunity to listen and contribute to discussion and debates, sharing best practice and case studies on a number of developments in the Internet as a research tool, including

1. How the Internet has evolved as an approach to ad hoc research where we are now in our understanding of the range of applications and its shortcomings
2. Use of the Internet in
  1. New product evaluations
  2. Accessing and researching patients/consumers
  3. Webpage development and evaluation
  4. Access to patient data through medical management systems on the internet
3. The development and use of 'live' interactive methodologies on the Internet e.g. virtual advisory boards and iterative discussion groups
4. Access to respondents: the advantages and drawbacks for the industry of suppliers sharing resources such as Internet 'research clubs' and contact 'pools'

The convenors are Bob Douglas, Baerbel Matiaske, GfK HealthCare and Carolyn Fenwick, AstraZeneca.

**FUTURE COURSES IN THE PLANNING STAGE -  
 SEE NEXT EDITION FOR UPDATE  
 OR CONTACT JANET HENSON**

[janet.henson@wanadoo.fr](mailto:janet.henson@wanadoo.fr)

**Positioning - Getting it Right**  
**Introduction to Pharmaceutical Marketing Research**  
**Understanding and Using Desk Research**  
**Effective Segmentation**  
**Forecast Modelling**  
**Conjoint Workshop**  
**A One-Day Master Class - Topic to be defined**

## "How internet research has changed our lives"



### Workshop Background

Following the US lead, pharmaceutical industry marketers and researchers now routinely include the medium of the Internet in the vast array of approaches to ad hoc market research techniques at our disposal. The

tool has applications throughout the life of a compound of brand, both in strategy development and tactical implementation.

Research conducted by PISIL and presented at the 2003 EphMRA Conference indicated that Internet research skills were the most sought-after amongst pharmaceutical market research professionals.

There are now many good examples of how our industry has used this tool to market, communicate and research our markets, while new applications continue to emerge and broaden its scope. This workshop provides the opportunity to learn of them and how to apply them.

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## Company Delegate Goody Bag

at the  
**EphMRA Conference**  
**Basel, Switzerland**  
**June 2004**



**EphMRA**  
[www.ephmra.org](http://www.ephmra.org)

**Why not insert your promotional item into the company delegate Goody Bag in Basel this year?**

- ✓ you can advertise your company to all those attending from a pharmaceutical company
- ✓ all those receiving the Goody Bag are your potential customers
- ✓ your gift will serve as a nice aide memoire
- ✓ this enables you to promote your company and logo
- ✓ it costs you nothing to do this - except provide 140 items in May - such as: pens, pads, novelty items, mugs, sweets etc.

Please note: Literature/promotional brochures are not included in the goody bag.

If you find this interesting then contact:  
**Bernadette Rogers,**  
 General Secretary  
 on 0161 304 8262 or  
 email to [MrsBRogers@aol.com](mailto:MrsBRogers@aol.com)

The Goody Bag is not the Delegate Bag - company delegates get both.



## New People/Promotions



### Stephen Godwin joins Isis Research

Stephen Godwin joined the team at the beginning of November and is working to support the European and UK business in addition to supporting the US business.

Stephen was previously board director at TNS and claims not to be a market researcher but to be a Futurist, which, whilst true, does not negate the fact that he has over 20 years experience in the market research industry and has developed many novel approaches.



### Norbert Herzog joins GfK HealthCare Customized Business International Department

Norbert is responsible now for conducting international studies for clients. Prior to joining the team in January 2004, he already conducted quantitative studies at Information Resources GfK in the retail panel business by analyzing scanner data, including product launch tracking, measuring efficiency of promotion.

During this time Norbert collected extensive experience in market research which will now enrich the HealthCare Department.

### Praxis Research & Consulting

is launching Praxis Consulting to focus on strategy development & opportunity evaluation. Annemijn Eschauzier and Nic Talbot-Jenkins will be leading this new venture.

Annemijn joins Praxis from GSK where she enjoyed various commercial roles. Nic worked for the Mattson Jack Group before working as an independent consult to the pharma industry prior to joining Praxis.



**Medi Pragma** is pleased to introduce a new member of its staff, Chantal Gimbre who joined the Company in December 2003 as International Research Manager.

**Martin Hamblin GfK** - The Global HealthCare Division has recently appointed Joanne Langford as Associate Director and Jeff Baugh as Senior Research Executive. Solvea Lamarina and Lindsay Moore join as Research Executives. Maureen Rice has been promoted to Associate Director and Vicky Wilkie to Senior Research Executive.

### HMI

Siri K Bilek joins HMI with several years of experience in international pharmaceutical marketing and market research, from both the client and agency perspective, a wide international background and good language skills including the 'standard' languages and also Danish. Today, her focus lies in client relationship management and high standard, innovative qualitative research.

### Fast Forward Research



Marie Bennett from Research Executive to Senior Research Executive. Marie joined Fast Forward Research over 3 years ago and has managed both qualitative and quantitative projects for leading pharmaceutical companies in the fields of oncology, cardiovascular, gastroenterological medicine as well as infectious disease.

Rachael Turner has been promoted to Global Fieldwork Manager. Rachael manages all our global fieldwork internally for Fast Forward Research, in addition to our fieldwork services for other agencies through our 4discussion division.



Elizabeth O'Dea has recently joined Fast Forward Research as a Research Executive. Before joining the company Liz worked for Mapi Values as both a Project and Business Development Co-ordinator ensuring the successful running of projects from concept to completion.

**ZS Associates** is pleased to announce the opening of their Tokyo office which joins four ZS offices in Europe and six offices in North America.

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## **rxmark & Interbrand Wood Healthcare Present 'Best Practices' to EFPIA**

Interbrand Wood Healthcare - Europe and rxmark, presented pharmaceutical trademark development & regulatory submission 'best practices' to the European Federation of Pharmaceutical Industries and Associations 'Trade Marks and Health' Task Force in Brussels in January 2003.

Recent developments such as the FDA public meetings in regard to minimizing medication error and the pending expansion of the E.U. to 25 markets were among the topics discussed with the representatives of the EFPIA. rxmark was among a group of public speakers for the FDA December follow-up meeting to the June 26th 'Minimizing Medication Errors - Evaluating the Drug Naming Process' session.

**A+A Research** has just launched their syndicated international prescription audit in glAucomA. It covers the top five European countries and the USA (sample of 700 Ophthalmologists and 10,000 patient cases). A+A Research is also about to launch other international syndicated studies: IMAAX image tracking and other prescription audits in various therapeutic areas.

## **1st Forecast market forecasting launched worldwide**

Martin Hamblin GfK Global HealthCare has launched a new service for the biotech industry and pharmaceutical companies, to determine the likely market success of a new compound in development. Entitled "1st Forecast", this research tool combines management insight, secondary market and disease data and primary data to produce an independent forecast.

## **Services**

### **THE PLANNING SHOP international**

has launched LINAX in partnership with RADMOS as part of a strategy to provide tools for each stage of a brands' lifecycle. LINAX forecasts minimum and maximum sales for in-licence product opportunities and LINAX uses 20 years of launch curves from pharmaceutical products in all major markets.



# Interested in submitting copy for the news?

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