

EphMRA NEWS

European Pharmaceutical Market Research Association Issue: December 2008

STRATEGIC OPTIONS UPDATE

Dear Colleagues – since the EphMRA Conference in June you have all hopefully enjoyed a summer break but no doubt you are all now back to your desks with much work to complete and deadlines to meet.

EphMRA is a very vibrant Association thanks to your participation and support. It is the energy and enthusiasm of the Membership that keeps the Association fresh, constantly looking for ways to improve and add value in order to ensure that EphMRA is a relevant voice in the pharmaceutical business environment.


Since the last update on EphMRA's activities much work has taken place since then.

During the summer the Strategic Options Teams completed their plans on the way forward and identified areas of priority and focus. This culminated in the EphMRA Webcast which took place on 13 October – a 30 minute broadcast to the membership which was recorded and can be viewed via the web site – the link is <http://www.ephmra.org/main.asp?page=1793>. Please take the time to review this broadcast (30 minutes long) as it will bring you right up to date with where the Association is.

As a reminder the Teams were:

1. Conference – How to add value.
2. How to develop further added value for EphMRA members?
3. Full pharmaceutical membership of EphMRA how to extend members and participation.
4. Extending the reach of EphMRA.

The key recommendations coming out of the Strategic Options Broadcast were:



European Pharmaceutical Market Research Association

Conference – format, length and content being actioned for 2009 conference – via Conference Programme Committee and EphMRA Board.
Aim = better meet members need.

Communication (marketing/communication) and Setting Professional Standards – key elements for adding value.
More targeted communication within pharma companies – increase perceived value.

Raise profile of the value of members' contribution within Pharma company = increased visibility, value and participation.

Extend our Reach and identify strategic alliances, points of collaboration and synergies with appropriate business sectors and Organisations.

Following this broadcast the 2009 Conference Programme Committee and EphMRA Board met at separate meetings and discussed what should be implemented for the 2009 Conference and next steps.

Changes made to the 2009 Conference

Registration will open for the 2009 Conference in January and you will then notice that we have, in response to the recommendations put forward by the members, made the conference shorter (now 3 days in total including committee meetings resulting in just 2 nights hotel accommodation), offered more choice (parallel sessions) and structured the agency fair to be open for longer in defined time periods over 2 days. EphMRA will be keen to review delegate feedback to the changes after the conference.

Ensure that we are 'in tune' with our Membership.

As you will know, we have taken the pulse of the Associate Members to understand the needs and opinion of this important Membership voice. It is now clear what is important to the AMs. The objectives for the survey to establish the FM perspective have now been agreed and the next step is to start the survey process.

Leverage the expertise of the Associate Members.

The Board has been pleased to welcome Bob Douglas (Synovate) and Piergiorgio Rossi (SGR) to the EphMRA Board. The remit that Bob and Piergiorgio have is to provide the Board with fresh perspectives on strategic issues and leadership for some key initiatives. The Board has already benefited from the perspective of these longtime EphMRA supporters and they have attended 2 Board meetings already.

In addition...

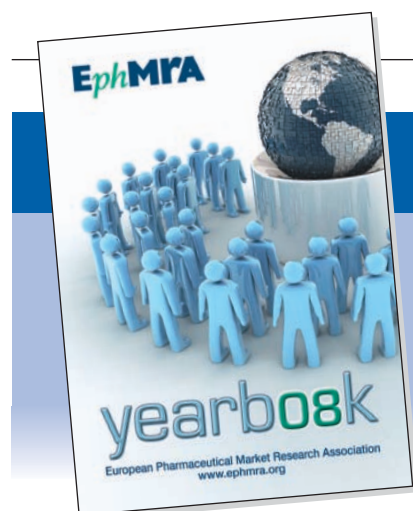
In 2009 we will have our new web site launched which aims to better showcase our Association – there are more details of this later in the Newsletter.

Of course we hope to see as many members as possible at our IMM (Interim Members Meeting) in Geneva on Wednesday 4 February 2009. Again see later in this News for more details.

In the meantime the EphMRA Board wishes you all best wishes for the festive season.

Many Thanks

The EphMRA Board



YEARBOOK - ONLINE SEARCHABLE DIRECTORY IN 2009

EphMRA is preparing an online searchable Directory – enabling you to search for agencies and suppliers. A paper version of the Yearbook will still be produced and Associate Members will get a standard entry in the Yearbook (online and paper version) included as a member benefit. This new member benefit will be launched early in 2009.

INTERNET IN RUSSIA AND WHAT DO DOGS HAVE TO DO WITH IT?

The Internet has revolutionized the way we as humans communicate globally, nationally, and locally for almost two decades. Transferring information, knowledge, thoughts, and ideas from continent to continent with lightning speed enables us to better learn from one another.

Russia, one of the three oldest countries in Eastern Europe, has seen its Internet usage skyrocket from 3 million in 2000 to upwards of 30 million in 2007, while remaining at a stable population of 141,378,000 people. Even the average salary has increased from just \$65 per month in 1999 to approximately \$540 in 2007. This rapid economic and technological growth within Russia has enabled it to begin catching up to its Western European counterpart and playing hardball to regain economic stability and modernize its living standards.

As in the United States, the Internet services sector in Russia is dominated by small private enterprises – regional and local Internet service providers. Nearly every city of consequence in Russia has at least one commercial provider of electronic mail, while many larger cities benefit from competition among several aspiring providers that offer a full range of high-speed on-line data communications and Internet services, including graphical access to the World Wide Web.

Usage remains highest in Moscow, St. Petersburg and Central Russia and improvements in the telecommunications division means that 12% of Siberians are now users. Moreover, Russia currently has the fastest growing online audience, increasing 23% within the last year.

It is no surprise that today Russia, with its growing economy and expanding powerhouse structure, is considered to be a vital source of information for a variety of industries including pharmaceutical, medical device and diagnostic sectors. Professionals in Russia within these industries provide the most accurate and up to date information gathered from their day-to-day experiences.

“For the last 3 years, I use the Internet every day,” says Dr. Pavel Pavlenko, Internal Medicine Specialist for one of the leading clinics in central Moscow. He praises his clinic for being innovative and organizing educational schools of patients for different disease types. He has become an avid user of the Internet and writes on his daily Blog about the benefits of a healthy diet.

The purpose of Internet projects is to give the client the most representative sample that will reflect the trends and opinions that are present or used across the country. It is possible to reach physicians based in their central Moscow apartment or located close to the famous Kamchatka's Valley of Geysers. Internet is steaming and hot in Russia and the medical community is catching up. Russian doctors do not use Internet at work. Some clinics and hospitals have 1 or 2 computers that are connected to the Internet, but the connection is very slow with lots of interruptions.

There is no real difference in the proportion of male and female users among doctors, but there is a huge gap in between the older and younger generation groups. Physicians 45+ years of age do not want to learn about Internet, if they didn't start doing so 5-6 years ago. There will be less than 10% of Internet users among doctors in the 50+ age group.

So what does 'Dog' have to do with all of this?

Next time someone gives you an e-mail address from Russia, be prepared to hear the word 'Dog' (Sobaka) instead of that famous @ in the middle. There is no Russian word for it and millions of people in the largest country in the world, call it “the dog”.

Tatyana Pankrats
East To West
tpankrats@gmail.com

EphMRA Web Site Relaunch

A new EphMRA web site is being developed for launch in Q1 2009 – a very different look and with state of the art functionality.

The Content Management System on which the web site is built will still be 'Immediacy' with the site being redeveloped onto Version 6.1 of Immediacy. The new design is being undertaken by Merchant Healthcare Marketing an Immediacy partner.



The technical implementation of the site will remain with Unified Solutions, EphMRA's current developers.

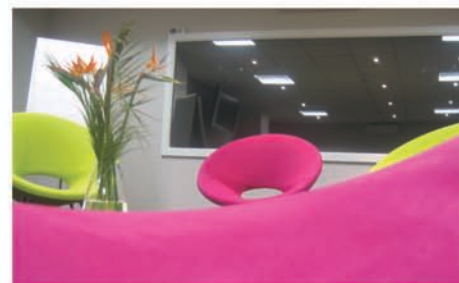
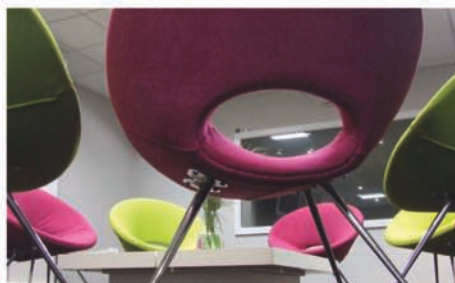
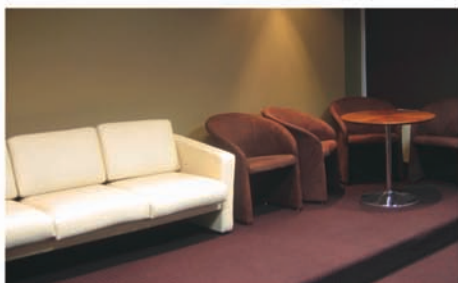


The templates will be tested in Safari, Firefox and Internet Explorer v6 and above. The site will be developed to initially meet W3C Single A standards - the W3C (World Wide Web Consortium) are the world's authors for web design guidelines regarded as the international standard for Web accessibility.

New web site features will include:

- a bespoke password system which will allow you to choose your own password as well as ask for reminders if you have forgotten it
- online payments via credit cards
- advertising opportunities
- easier navigation
- clearer layout and accessibility
- less use of 'white space' and greater use of icon imagery and visuals

IPSOS MORI'S NEW VIEWING FACILITY FOR PHYSICIAN AND PATIENT RESEARCH



Our studio offers a state of the art environment, equipped with the latest technology:

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- 52 inch LCD screen with internet playback
- Remote controlled cameras for close-up shots
- Free Wi-fi access

We understand the importance of results-driven qualitative research:

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- HCP's, KOL's, payer and patients
- Use of innovative and projective techniques
- Senior level moderators

For more information please contact Sarah Phillips on 0208 861 8062 or email sarah.phillips@ipsos.com

WHO NEEDS A PRESCRIPTION?

Understanding consumer choice: The Arabian Gulf

In their continued search for sustainable growth, many health-care companies are now reaching out for new opportunities beyond their traditional markets – particularly in the developing regions where economic growth is high. But while the long-term potential of these dynamic countries may be promising, expanding and flourishing within them can be a major challenge. Cultural issues, embedded practices, and regulations that exist but are rarely enforced can confound the best laid strategic plans. High on the agenda of successful companies is a keen understanding of the unique dynamics that shape their chosen market and a willingness to adapt their business models to the local situation.

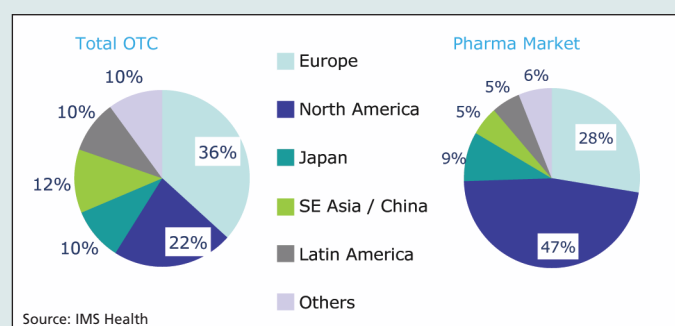
A case in point: The Arabian Gulf

The Arabian Gulf is one of the most exciting and dynamic regions of the world, with states that are committed to providing comprehensive healthcare and a rapidly growing population that is likely to require an even greater level of medical investment in future. A particularly important feature of the environment is the direct consumer purchasing of prescription and non-prescription medicines, which has significant implications for marketing and promotional strategies in the region; here, in contrast to Europe, a consumer can enter a retail pharmacy and buy many mainstream pharmaceutical products without a prescription. While this in itself is not unique among developing nations, when combined with the high levels of disposable income seen in such markets as Saudi Arabia and the United Arab Emirates, it provides an interesting case study in consumer choice.

European benchmark

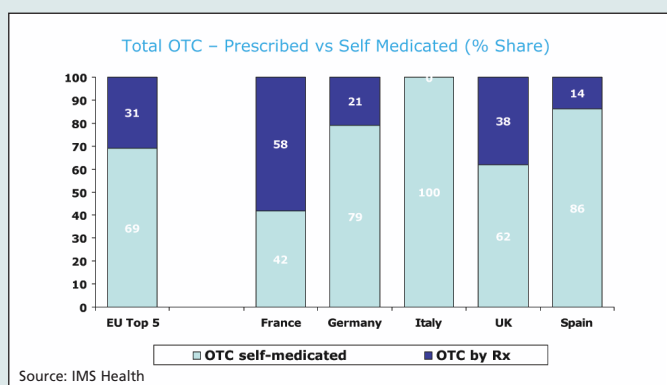
It is useful at this point to consider the situation in Europe. In general, the sale of prescription medicines in most European markets is well controlled; regulations are in place and they are largely enforced. However, there is a genuine and growing OTC sector with a pattern of distribution that is broadening away from its traditional pharmacy base. Despite the fact that Europe represents only 28% of the total pharmaceutical market, it accounts for 36% of the global OTC market, a value of some €22bn in 2007. By comparison, North America, with its 47% share of the total pharma market, has only a 22% stake in the OTC sector (Figure 1).

Figure 1: Europe holds the highest share of the OTC market



The OTC market can be broadly divided into two components: products classed as OTC and sold without a prescription (self-medicated) and products classed as OTC but still prescribed by a doctor (prescribed OTC). In the top five European markets combined (France, Germany, Italy, Spain, UK) self-medicated products dominate the sector with a 69% share versus 31% prescribed OTC. However, this ratio varies considerably across the individual countries (Figure 2).

Figure 2: Self-medicated OTC products dominate the sector in the Top 5 European markets



Moving down to the product level in a single market, UK sales of the Voltaren (diclofenac) brand franchise for the treatment of inflammation comprise 88% prescription-only products and 12% categorised as OTC. However, since 63% of the OTC category products are prescription-driven, the self-medicated sector for Voltaren represents only 4% of overall brand sales in value.

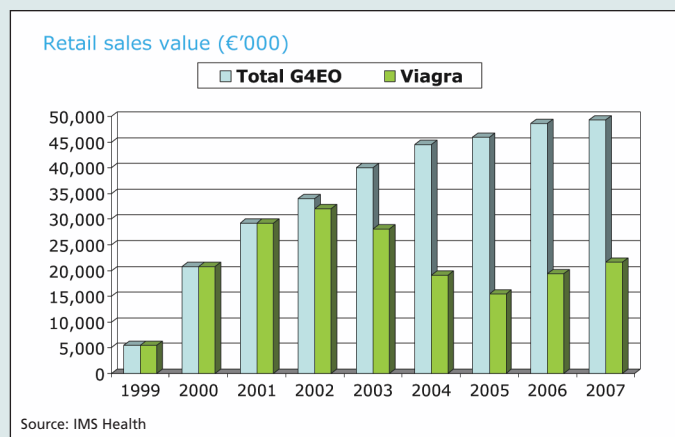
OTC in Saudi Arabia

Saudi Arabia is the largest and most important of the Arabian Gulf markets and from an OTC perspective at least, is broadly representative of the region as a whole. In theory, there is virtually no OTC sector in the country; very few pharmaceutical products are approved for sale without a prescription and even fewer are licensed for sale outside the pharmacy. Panadol (paracetamol) is one of only a handful of medicines that can be currently found on a supermarket shelf.

With the majority of products licensed for sale by prescription only, it would be reasonable to assume that non-prescription sales of Voltaren in Saudi Arabia are even lower than the UK's 4%. In reality, the situation is very different; as far back as the mid 1980s, estimates suggested that possibly two-thirds of Voltaren sales were non-prescription. A similar picture emerges with the PDE5 inhibitor class, which includes Viagra (sildenafil citrate), where sales have more than doubled over the last seven years to almost €50m in 2007 (Figure 3). At one point in the early 2000's Saudi Arabia - with a population of only 20 million people - was ranked as the 6th or 7th most valuable market worldwide for Viagra. Why?

Because any man can walk into a pharmacy there and buy it without a prescription. Prescription sales for the specific treatment of erectile dysfunction account for only a small portion of Viagra's market in Saudi Arabia; in reality this is primarily a performance-enhancing – consumer lifestyle – product.

Figure 3: Sales of PDE5 inhibitors in Saudi Arabia have more than doubled since 2000



These examples have potentially far-reaching implications for products in other areas. Obesity and the desire to lose weight, for example, are major consumer issues in Arabian Gulf markets. Should treatments such as Acomplia (rimonabant) become available they could quickly acquire a reputation as weight loss agents. Unless controlled and appropriately positioned as "risk reducing" products, the potentially dangerous scenario of en masse direct purchasing without a prescription could easily follow.

Strategies for success

So how should companies contemplating expansion prepare for this type of scenario? Key among the many factors to consider are three golden rules for success:-

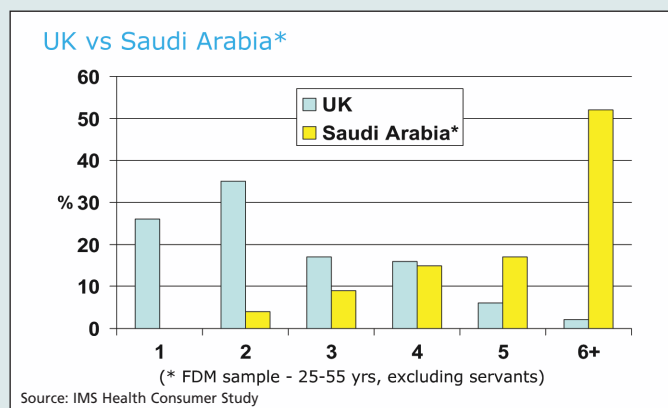
1. Understand the consumer
2. Think like a fast moving consumer goods company
3. Accept the situation for what it is

Understand the consumer

Saudi Arabia is a country of some 23 million people, of whom around 17 million are Saudi nationals and the remainder a mix of expatriates from Asia, neighbouring Arab countries and the West.¹ In general, Saudis are traditional and conservative people. Saudi Arabia is the birthplace of Islam and the interpretation and application of its principles there is possibly the most conformist of any to be found in the Arabic-speaking world: designated prayer times are strictly followed five times a day, with parallel closure of shops and all public offices; alcohol is strictly prohibited; and entertainment options are limited by Western standards. Attitudes towards the global community and the West, in particular, are mixed. On the one hand, Saudis are keen to try new products and ideas. On the other, there is still a fear that rapid and widespread adoption of Western lifestyle trends may undermine traditional values and family unity.

Among the many striking demographic features of Saudi is a very broad population base, with 50% of nationals aged 16 years or less. While this is not an uncommon feature of developing markets, what makes Saudi Arabia unusual is the combination of a young population with quite high levels of disposable income – hence its interest and value to companies such as Unilever, J&J and P&G. Another striking population demographic is the average household size compared to that of the UK – as illustrated in Figure 4, based on a recent IMS consumer study in the country.

Figure 4: Saudi households are typically much larger than those in the UK.



The differences are noteworthy. In the UK, some 25% of households are single person, a further 30% two-person, and the average around 2.4. In Saudi Arabia, where the family is crucial to everyday life, the average is between 6 and 7, excluding servants. This demographic has huge implications for the marketing of fast moving consumer goods (FMCG) because many decisions regarding brand choice in Saudi Arabia are made by the whole family. This goes some way to explaining why the failure rate for new FMCG launches in Saudi Arabia is far greater than it is in the West, where consumer choice is largely individual. Although the effect on pharmaceutical products is less pronounced, it is still important as the number of family members influencing a decision – and the degree of influence they bring to bear – are much higher.

Sources of influence and channels of communication are also very different from those in the West, with word of mouth and personal recommendation carrying significant weight – as was the case in Viagra's startling sales growth. The pharmacy also plays a key role, with many consumers seeking advice on common ailments and product choice. Pharmacists are frequently involved in brand recommendation and are often able to induce brand switching. Limited commercial entertainment options make television a particularly important medium in Saudi Arabia. Although direct-to-consumer pharmaceutical advertising is not permitted on terrestrial TV, these restrictions do not apply to some of the satellite channels beamed regionally from other countries. Viagra, for example, has been directly advertised on satellite television.

Continued on next page >

Think like an FMCG company

Many pharmaceutical companies have been reluctant to think of markets like Saudi Arabia as FMCG markets. This is understandable to a degree. Despite the high levels of direct consumer purchase, pharma companies do not enjoy the same freedom of action as manufacturers of consumer goods. However, just because they can't act like an FMCG company doesn't mean they can't think like one. FMCG companies such as P&G focus strongly on the brand as an entity and what it means to consumers, not just in practical and physical terms, but in the emotional values it communicates. Many pharmaceutical companies have begun to recognise the importance of emotional brand values in promoting their products to doctors; in markets such as Saudi Arabia they also need to think about consumer brand perceptions and how they affect brand choice.

Alongside the adoption of an FMCG mindset is the need to apply certain principles of consumer brand strategy. Using the dominant position of a brand leader to dictate terms to other, smaller brands is one example. In the same way, a smaller brand should not seek to fight the leading product on its own ground but rather adopt tactics that sit less comfortably with its larger competitor. A good example of this for a consumer product is the balance between advertising spend and below-the-line promotion. A brand leader with say 40% of a market will always be happy to compete on mass advertising as it can spread the cost across a much greater number of unit sales. The unit cost to a brand with only 10% of the market is far higher. However, offering an incentive - such as a gift, extra product, or even a price reduction - with each purchase is a relatively low per-unit investment overall for the minority brand, but costly for the brand leader to match. It would be easy to dismiss this example as being irrelevant in a market such as Saudi Arabia where pharmaceutical prices are fixed. However, there are opportunities for advertising and there are very *considerable opportunities* for below-the-line promotion.

Accept the situation for what it is

As we have seen, a number of pharmaceutical product sectors involve considerable amounts of direct consumer purchasing. In some ways, to varying degrees, they are consumer markets. In spite of this, many pharmaceutical companies have continued to treat them as prescription-only environments, promoting their products accordingly. A good example of this in the Saudi market concerns the first local pharmaceutical manufacturing operations. These companies, the first of which was the Saudi Pharmaceutical

Industries & Medical Appliances Co (SPIMACO) in Riyadh, generally manufactured a range of branded and unbranded generics as well as products under license from multinational pharma companies. By targeting, packaging and positioning their brands to meet the particular features of the Saudi market, these local manufacturers could have gained significant advantages over their multinational rivals, whose corresponding operations were dictated largely by the requirements of the major global (in particular, Western) markets. Instead, they initially presented their brands as virtual facsimiles of the leading multinational products in each sector. Perhaps in recognition of a missed opportunity, local manufacturers are now beginning to imbue their brands with a degree of individual identity that is more specifically aligned to the local characteristics of the market.

Conversely, one area where local manufacturers have taken advantage of the local conditions is in the context of retail pharmacies - the importance of which we have already identified. Less restricted than the multinationals in terms of rules governing promotion, local companies have become very active in detailing to retail pharmacies. Multinationals have sometimes been slow to counter this, but a number are now being more creative in their approach to promotions - to positive effect in most cases.

Think global, act local

So, what should companies do when everything is OTC? Firstly, they need to understand local consumers and their decision-making processes as they relate to their particular products. Secondly, they should think like an FMCG company even if they cannot necessarily act like one. "What would P&G do in this situation" is a useful role-playing exercise. Thirdly, by accepting the status quo of the market they can apply their expertise in a more effective and competitive way. Companies that are quick to adapt to the local environment and develop appropriate operations will be better positioned to optimise their global success.

Sources:

¹ Department of Information and Statistics, Ministry of Planning, Saudi Arabia

Jim Ryan

IMS Health

Jim.Ryan@uk.imshealth.com

CONFERENCE 2009 Update

Registration for the 2009 Conference will open in mid January 2009. An email will be sent out informing you when registration opens.



2009

Interim Members Meeting

Wednesday 4th February 2009

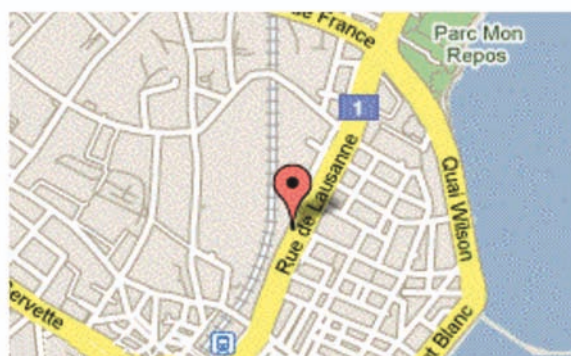
To ensure your place please register on-line
before 16th January 2009.



Venue:

Hotel Royal
41-43, rue de Lausanne
CH-1201 Geneva, Switzerland
Tel +41 (0)22 906 14 14
Fax +41(0)22 906 14 99
www.manotel.com
royal@manotel.com

The hotel is located in the centre of Geneva, 200 yards from the lake, 300 yards from the railway station and within easy walking distance of Geneva's extensive shopping facilities.



Geneva International Airport (GVA):
Approximate driving time is 15 minutes and distance is 8 kilometres (5 miles). A train runs from the airport to the central Geneva-Cornavin station, which is only 200 metres from the hotel. A taxi to the hotel will cost approximately €25.

Driving Directions: *From the airport head towards Lausanne on the A1 and exit onto Route de Ferney. On entering Geneva turn right on to Avenue de France and then right on to Rue de Lausanne where the hotel is located.*

Who Can Attend?

The meeting is only open to Full and Associate Members of EphMRA – you can attend free of charge but we need to

know in advance who is attending and so please register. There is a limit of 2 attendees per member company or 3 if you also have an active committee member in your company. You can make name substitutions any time free of charge.

How to Register

Please register on-line only at
www.ephmra.org

Confirmation of Registrations

On receipt of your on-line registration you will receive a confirmation email. There is no other type of confirmation issued.

Hotel Reservations – please make your own accommodation booking in the form provided and direct it to the hotel and not EphMRA.

Cancellations

If for any reason you are not able to attend after you have booked please email EphMRA – generalsecretary@ephmra.org

Contact for Questions:

EphMRA General Secretary
Bernadette Rogers
generalsecretary@ephmra.org
Tel +44 161 304 8262

EphMRA
www.ephmra.org

2009

Interim Members Meeting

Wednesday 4th February 2009



*'Bringing
Us Together'*
www.ephmra.org

Venue:

Hotel Royal, Geneva, Switzerland

Time:

09.30 - 10.00	Welcome coffee
10.00 - 11.00	All Members Meeting - Strategic Options Update and Discussion
11.00 - 11.30	Coffee
11.30 - 12.45	Full Members Meeting Associate Members Meeting (Separate Meetings)
12.45 - 14.00	Lunch
14.00 - 15.45	1. Guest Speaker Presentation 'Managing Change' 2. Speaker from IFPMA (International Federation of Pharmaceutical Manufacturers and Associations)
16.00 - 17.30	Informal discussions, Coffee and Close

Contact for Questions:

EphMRA General Secretary
Bernadette Rogers
generalsecretary@ephmra.org
Tel +44 161 304 8262



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Emerging markets have become the main drivers of global growth, offering unique business opportunities to multinational healthcare organizations.

Successful entry and sustainable growth are contingent upon a comprehensive understanding of the competitive dynamics of each individual country, maintaining an acute awareness and timely exploitation of the opportunities and threats that arise.

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Our company understands the industry-specific, technical issues of healthcare-related research and is staffed by local people whose insights allow us to recognize opportunities invisible to outsiders.

For the past 30 years, facta has earned a reputation for providing actionable recommendations with an unmatched flexibility and commitment to quality that only a specialized agency can provide, contributing to the development of sound and successful marketing strategies.

facta | emerging
ideas

EphMRA Classification News

The two proposed changes to the Anatomical Classification System were approved by the full voting members of EphMRA and PBIRG and will take effect in the first audits of 2009.

Proposal 1: This proposal was for a restructuring of the oral anti-diabetic class (A10B) and the creation of a GLP-1 class (A10S). The restructuring was proposed as a necessary proactive measure to keep the oral anti-diabetic class current with the market. Class A10B had become so crowded that only one fourth level class was free, which would make it very difficult to accommodate the expected introduction of new classes such as SGLTs and PPARs as well as of new combinations. In order to open up new classes, class A10B and its fourth level grouping was deleted and replaced with third level groupings and fourth levels of plain and combination products. Please see www.pbirg.com for the new structure.

Proposal 2: Remove all products containing halogenated quinolones (e.g., norfloxacin and ciprofloxacin) from G4A2 and move them to J1G (Fluoroquinolones) and change the name of G4A2 from Urinary quinolones to Urinary non-halogenated quinolones.

The Classification Committee is pleased to announce that Grégory Senac of Pierre-Fabre has been accepted as its first Associate Member. Gregory's responsibilities, similar to full Committee Members', will be to conduct secondary research into product classification and potential new categories; share responsibility for a therapeutic class, under the mentorship of a full Committee member; and participate in Committee discussions of therapeutic classes and individual product classifications. Welcome, Gregory!

The requirements for proposing changes to the EphMRA/PBIRG classification system are described here.

Proposals to create a new class or to modify an existing one can be suggested by EphMRA/PBIRG members, by non-members or by Classification Committee members. In practice, Committee members review their assigned classes on an ongoing basis and note if there is a need to revise the class, such as if there are pipeline products that will need a new class, if the current classes are too crowded for analytical purposes, if they need to be updated to reflect current practice, or if there are other reasons for revision.

In order to create a new class within the system, there must be a compelling need for a new class. The proposals should be clearly stated and the impact of the change should be outlined. Optimally, the request should suggest a name and full definition for the new class, describe the products that will be included in the new class, how it will fit into the current classification structure, and provide a rationale for creating the class. In order to have a class, there must be a product with an approved indication launched in at least one country and a second or similar substance in pre-registration and expected to be launched soon after. However, classes can be approved in anticipation of the criteria being met when the new class is implemented. It is therefore useful to provide this information when requesting a new class since it will help the committee research the proposal.

The proposal is carefully reviewed by the entire Committee, which consults, as needed, with appropriate involved member companies and sometimes with medical opinion leaders. The Committee reviews the proposed changes and may solicit alternative suggestions. The purpose is to find out if there is general consensus that the system should be modified and what the changes should be. The responsible Committee member finalizes the proposal.

A template for proposing changes to the system will be posted on www.ephmra.org.

Please let me know if you have any questions.

Christine Wong
Chair, EphMRA Classification Committee
Christine.Wong@Novartis.com tel: +41 61 324 88 83

Foundation Committee Update

The EphMRA Foundation Committee has been established to support and fund original projects in the international healthcare marketing research and business intelligence fields. EphMRA Member companies will be able to benefit from these added value projects since they will provide incisive information and knowledge and address important issues - relevant to the Industry today and tomorrow.

The Foundation Committee members are:

Jack Bush Alcon Laboratories, USA	Director, Global Pharmaceutical Marketing Intelligence
Allison McAulay Norgine Limited, UK	Market Research Manager Global Commercial Planning
Angela Duffy The Research Partnership, UK	Director
Professor Philip Stern BSc, MSc, PhD	Chair in Marketing Bangor Business School, UK
Bernadette Rogers EphMRA General Secretary	Committee Support

New Committee Members

Sally Birchall Aequus Research, UK	Director
Bridget Pumfrey Double Helix Development, UK	Director

How You can Help the Foundation

1. Proactively make Suggestions for topics and projects
2. Apply to join the Committee when vacancies are advertised
3. Work as part of a Foundation Project Team – we email out asking for volunteers to help work on our projects. This means that you can become involved in the work of the Foundation but do not have to commit to being a full Committee member.
4. Give feedback and input on the value and utility of current projects.

The Foundation Committee has recently completed a number of projects:



1. Doctor Statistics in Canada, France, Germany, Italy, Japan, Spain, UK and USA
Project completed by Datamonitor



2. Doctor Statistics in Turkey
Project completed by Cegedim Turkey



3. Doctor Statistics in Scandinavia
Project completed by GfK Scandinavia



4. Doctor Statistics in India
Project completed by Santosh Gupta of GRAM



5. Doctor Statistics in Asia
Australia, China, Korea and Taiwan
Project completed by Warwick University team



6. Doctor Statistics in Latin/South America
Argentina, Brazil, Chile and Mexico.
Project completed by Pia Nicolini of Brintnall & Nicolini

Doctor Statistics reports being developed now:

Doctor Statistics in CEE - 7 country report - Bulgaria, Czech Republic, Hungary, Poland, Rumania, Russia, Slovakia
Project being undertaken by East to West Research.

Continued on next page >

Previous Foundation Committee projects...

Internet Access Amongst Physicians



Project completed by Medimix – in 5 EU countries.

What makes Market Research Useful to Internal Customers - conducted by Synovate Healthcare

What makes Market Research Useful to Internal Customers?

An investigation of attitudes towards and experience of market research among Product Managers and In licensing/ Business Development managers.

A 2004-6 Foundation Project in two parts, conducted for



Project completed by Stephen Godwin of Synovate Healthcare

New Project being undertaken

Understanding Epidemiology

Epidemiology has just become clearer! The Syndicated Data Committee is collaborating with the Foundation Committee to commission a project to develop a resource to help you better understand epidemiology data and how it can be utilised. This will soon be available in the EphMRA web site – the project is being undertaken by



Project Objectives:

To develop an educational 'one stop shop' epidemiology tool which will be easy to use and will de-mystify the issues surrounding this type of data, thus enabling the market researcher to have a better understanding and comprehension of this type of resource and how it can be utilised in their role.

Part A

Part A will provide an overview and explanation of epidemiology data which will be an excellent resource for either a new starter into the pharma industry or a colleague wanting to refresh their understanding.

Definitions, the how, what, when, where and why surrounding epidemiology data.

This would include:

- What is epidemiology data
- Definitions – what are they and what do they mean
- When to use epidemiology data
- Where to use epidemiology data
- What are the common epidemiology data sources
- Common rules for judging and using data, caveats and pitfalls

Part B – Case Studies

The case studies will enable the Market Researcher to understand clearly some of the common projects where epidemiology data is used.

The aim of each case study will be to illustrate how typical questions can be approached and answered. A detailed outline of how to go about answering the question, including where to find the data, caveats and pitfalls, further questions to ask would be included. The case studies recommended approaches (or 'answers') must be in-depth and thoroughly thought through.

The 4 proposed case studies are:

1. How to build a forecast using the numbers you have!
2. Epidemiology population trends. This would include looking at the aging population as well as disease burden.
3. Market sizing
4. Product potential ie if every eligible patient received your product.

In particular the case studies should ensure they cover:

- When to use incidence vs prevalence – at 1 year, 5 year, 10 year time points as well as other point prevalence.
- Definitions of appropriate terms eg disease definition including label indications along with patient populations.
- Where does epidemiology data start and finish.
- Role of market research in defining patient populations

JOIN AS AN ASSOCIATE MEMBER OF EPHMRA

MEMBERSHIP YEAR
1 October 2008 -
30 September 2009

Associate Membership is available to

- Any market research or business intelligence agency/supplier whose activity encompasses healthcare marketing research and/or business intelligence, and whose activities are multinational in scope.
- Members of academia, universities, etc
- Companies whose activities encompass other related business areas eg executive search provided that the main focus of the company's activities is in pharmaceutical marketing research.

Membership is corporate covering all affiliates and the HQ office, with the same company name.

Membership is approved by the EphMRA Board according to the Association statutes.

Associate Membership fees are linked to the number of pharma/healthcare market research employees worldwide. See later for employee definitions.

Companies:	Annual fee in CHF [swiss francs]
Up to 3 employees world-wide	1725 swiss francs
Up to 15 employees world-wide	2875 swiss francs
Up to 50 employees world-wide	3450 swiss francs
Up to 150 employees world-wide	4600 swiss francs
Up to 250 employees world-wide	9200 swiss francs
More than 250 employees world-wide	17,250 swiss francs

Freelancers/one person companies:	Annual fee in CHF [swiss francs]
1 employee	1150 swiss francs

Employee definitions

Your membership application is based on the number of pharma/healthcare market research executives you have working for your company across all your affiliates/offices and sites.

By employees is meant:

Executives working in pharma/healthcare market research from the most junior (eg graduate trainee) to the most senior (eg President, CEO, COO, Chairman etc). If the executive works only partly in healthcare (as well as in another sector) they must be counted in the pharma/healthcare market research employee numbers. Part time employees can count as a half person, long term contract employees should also be counted.

Not included in the pharma market research employee head count - the non Executive MR type functions:

- Interviewers
- Freelancers used who are not permanently employed/on contracts
- Secretarial/Receptionists
- Administration/Operations/Finance
- Field department

Applications must be made at the correct employee level and all applications will be checked by EphMRA eg against sources published, Yearbook entries etc. If companies apply for membership at the incorrect membership fee level then the Board will consider suspending the company from membership of EphMRA.

Those applying for the membership level of 1 employee must be one-person companies only. The membership is linked to the person applying for membership only and is not transferable to another person/name. Thus you cannot apply for this level of membership even if you are a company with just one person working in pharma market research - you need to apply at the next level. This is for single person companies/consultants etc.

Important note about Membership:

[does not apply to those applying for membership at the 1 person level]

Membership is corporate covering all affiliates and the HQ office, with the same company name.

Membership is linked to the company name. eg if company ABC Ltd owns Company CD and Company FG (each with a different name) then each company must apply for its own corporate membership.

Although membership covers all offices with the same name a maximum of 8 persons per Associate Member company may register at the members fee for conferences and training courses - remaining delegates to pay the non members fee. These 8 persons can be based in any Associate Member office/site which is covered by the membership.

Membership Year

The membership year runs from 1st October to 30th September the following year. If you join in February you will need to renew your membership on the 1st October the same year. Fees are not adjusted according to the time of the year when you join.

Membership will be automatically renewed at the end of the membership year. An invoice for fees will be issued unless you have cancelled your membership by having given 6 months prior written notice [this would be in March] so as to leave at the end of September.

Continued on next page >

Member Benefits:

- Networking and Contacts
- Free one page standard entry in Yearbook
- Involvement in / membership of committees
- Conference attend at attractive member fees.
The conference includes high profile speakers, excellent papers and an exhibition.
- Interim Members Meeting (IMM) usually held in February free attendance for members, network with colleagues, guest speaker
- Training Face to face courses and On-Line Training attractive fees for members
- Free announcements in EphMRA Newsletter

Payment

On receipt and acceptance of your application an invoice for the membership fee will then be issued.

EphMRA has an established procedure for invoice payment as follows:

- EphMRA issues the invoice and the payment period is 45 calendar days
- 1-2 weeks before the 45 calendar days are up an email reminder is sent out to ask for payment
- If the invoice remains unpaid after 45 calendar days then the following penalty fee is applied and must be paid in addition to the first invoice amount:

Invoice amount	Penalty fee added
0 - 1000 CHF	100CHF
1001 - 5000 CHF	250CHF
5001 - 10,000 CHF	500CHF
10,001 CHF and over	750CHF

After 90 calendar days from the date of the first invoice if the first invoice and/or penalty fee invoice remains unpaid then membership of EphMRA is suspended for a period of 12 months from the date of the first invoice.

Companies are unable to participate in EphMRA events, conference, training etc if they have outstanding invoices (ie invoices unpaid after 45 days).

Member benefits will become available once payment is received - not when the application form is received.

If you have not previously been a member of EphMRA you may be asked to support your application by supplying the names and addresses of two current pharmaceutical/health-care clients - this information is treated in confidence. You will be contacted about this if necessary.

All Associate Members should read the Association's Statutes which give all details on the constitution at www.ephmra.org

Associate members agree to abide by the EphMRA Code of Conduct for Market Research.

Please address membership queries to:

EphMRA General Secretary

Tel +44 [0]161 304 8262

Fax +44 [0]161 304 8104

E-mail: generalsecretary@ephmra.org

Visit the EphMRA web site at www.ephmra.org

CONTACT US By phone, fax or email...

EphMRA General Secretary,
Tel: +44 161 304 8262 Fax: +44 161 304 8104
E-mail: generalsecretary@ephmra.org
Visit the EphMRA web site at
www.ephmra.org

Interested in submitting copy for the News?

If you would like to submit copy for possible publication in this Newsletter then contact EphMRA at generalsecretary@ephmra.org
Guidelines for articles and copy are available.
EphMRA reserves the right to edit/adjust any material submitted.

Articles published in the EphMRA News do not necessarily reflect the opinions of EphMRA.

EphMRA 2009 Newsletters - Copy deadlines

Published	Copy Deadline
March 2009	14 January 2009
June 2009 (conference issue)	20 April 2009
September 2009 (Post Conference News)	8 July 2009

What each Full and Associate member can include:

One piece of News only per Newsletter - this can be:

1. People/Moves/Promotions

or

2. Services

or

3. Company Moves

or

4. Company Name/logo changes

One photo of one person can be included

Photos

Min quality 300dpi. Colour. Head & Shoulders. Business attire in a business setting on a plain background. Photos taken outdoors, in gardens or a relaxed pose or setting etc will not be accepted, nor will black and white photos.

Announcements

The announcement can be no more than 30 words long including any title. EphMRA will no longer edit these words but if more than 30 words are submitted then the announcement will not be carried.

Advertising Specifications

	No bleed	With bleed	Type area
Full page	297mm x 210mm	307mm x 220mm	277mm x 190mm
Half page horizontal	148mm x 210mm	158mm x 220mm	128mm x 190mm
Half page vertical	297mm x 105mm	307mm x 115mm	227mm x 185mm
Quarter page	148mm x 105mm	158mm x 115mm	128mm x 185mm
Box Ad	80mm x 60mm	Not Required	70mm x 50mm

Publications trimmed size 297mm x 210mm

Resolution/Artwork

If using photoshop or software dependent on resolution please ensure that it is set at the correct size and that the resolution is set to no less than 300dpi. Finished artwork needs to be supplied in CMYK with embedded fonts, or text should be converted to outlines/paths and supplied as an EPS. Print quality PDF files are also acceptable. PLEASE NOTE: We cannot be held responsible for any misprint, if fonts are not embedded/converted and the file is not in CMYK.

Operating System

Apple Mac

Programmes used

Quark Xpress, Adobe Illustrator, Freehand, Adobe Photoshop

Media

Compact Disc, Memory Sticks and Email are available.

File Formats

Graphics should be supplied (CMYK) in the following formats EPS, TIF, JPEGs and Print Quality PDF files.

Prices in Swiss Francs

Prices displayed are for full colour - EphMRA News is produced in colour therefore mono prices are not available

Box Ad	100 CHF	Quarter page	600 CHF
Half page	850 CHF	Full page	1400 CHF

CHF = Swiss Francs



EphMRA – New One Day Masterclass and Networking Training Event

STOP PRESS

QUALITATIVE RESEARCH – NEW HORIZONS

Broaden your horizons with EphMRA

ONE DAY MASTERCLASS TRAINING & NETWORKING EVENT – THURSDAY 23RD APRIL 2009

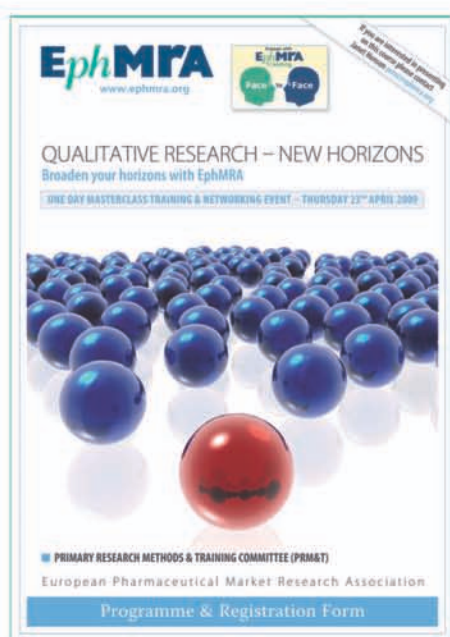
Venue - ABPI – The Association of the British Pharmaceutical Industry – London

NEW HORIZONS – why this name?

Definition - promising future prospects: new and promising prospects that seem to be opening up for somebody or something

BROADENING HORIZONS WITH EphMRA

Definition - broaden one's horizons expand one's range of activities, and knowledge.



If you are interested in presenting on this course, please contact Janet Henson: [email prmt@ephmra.org](mailto:prmt@ephmra.org)

Introduction

The aim of this MasterClass is to explore new, cutting edge thinking and latest trends in qualitative research, encompassing the totally new through to the evolution of the tried and tested. More and more the role of market research within the pharmaceutical industry product lifecycle is paramount to the marketing success of pharmaceutical products. All pharmaceutical companies need to maximise their products performance within the marketplace, and this requires a high level of market research.

Qualitative Market Research often focuses on explicating processes, how things happen, in ways that acknowledge the contingency and open-endedness of human experience, but we must focus on increasing the use of research that link these specific processes to specific consequences, outcomes and results. More often than not qualitative research is the start point for market research programs, and within the competitive nature of the pharmaceutical industry **never** has the importance of these first steps been more crucial. It is therefore of paramount importance that market researchers keep abreast of latest techniques and trends, both within the pharma research world and beyond. This awareness enables them to ensure their companies gain the most insightful and leading edge research design, and ensure that not only do they use the latest cutting edge methods, but they themselves become dynamic, leading edge market researchers.

Course Background

EphMRA members generated valuable suggestions for improvement of training course structures as a result of two surveys. A working group of the EphMRA PRM&T committee revised the EphMRA course structure to better meet the needs of the course delegates. The new course structure consists of 3 main types of courses:

- A** Introductory (basic skills training)
- B** Business issues related (regular training courses), product life cycle orientated, each B course is independent with no in-depth focus on methods
- C** Method related (ad hoc Masterclasses with in-depth focus on one single method)

This course is one of our advanced MasterClass method related courses, to learn why you should attend one of our courses see our brochure 'Why attend one of our courses', this document takes you through all the key advantages of the EphMRA learning programme.



The course objectives will be achieved via high quality experienced speaker presentations and through a high degree of practical interactive sessions, addressing how to understand more fully the new, emerging and more established qualitative market research techniques and how to apply them in practice. Delegates will be able to use the latest thinking and be able to more creatively approach their market research projects. The ultimate aim is that delegates can return to their office with a clear mandate to make a difference, thereby enhancing their companies' decision making process in order to gain a leading competitive edge within the marketplace.

The course will provide:

- ☐ An understanding of cutting edge, latest thinking in qualitative techniques from within and outside the pharma area
- ☐ An overview of latest trends in qualitative market research
- ☐ What the new and emerging qualitative market research trends are
- ☐ What the latest developments are for tried and tested qualitative methods
- ☐ What can be learnt from outside the pharma world
- ☐ Advanced use of cutting edge qualitative methods
- ☐ What the techniques mean, how to differentiate them against each other and against other more established qualitative techniques
- ☐ When and which techniques are applicable
- ☐ What is the significance to be at the leading edge of qualitative design, what is the added value to you and your company
- ☐ How to broaden your HORIZONS in qualitative market research and impress your company and colleagues
- ☐ An invaluable opportunity to network with best thinkers and practitioners in the qualitative field and to exchange ideas with market research colleagues, thus enhancing further the learning experience

Who Should Attend?

The target audience for this advanced MasterClass is experienced market researchers who want to gain a deeper insight into how to effectively utilize cutting edge qualitative research techniques and stay ahead of the game. The course is suitable for both pharmaceutical companies and agencies within the market research or competitive intelligence areas through to brand managers.

Convenors & Organiser

We recognize that an advanced qualitative MasterClass requires highly experienced and innovative market research practitioners so the following representatives from the EphMRA Primary Research Methods and Training (PRM&T) Committee have been recruited to guide you through the qualitative maze:

Julie Buis – Aequus Research
Peter Caley – Branding Science
Rachel Sewell – AstraZeneca

Ablly assisted by:-

Janet Henson – MasterClass Organiser
Nicole Collingwood – EphMRA Training Course Logistical Organiser



Watch our website for news on speakers

On-Line Training



HOT OFF THE PRESS

The PRM&T Committee is pleased to announce the launch of the on-line Introduction to International Pharmaceutical Market Research Course.

This course is unique and had been developed by EphMRA for the pharmaceutical industry. No new member of your department should miss the opportunity to experience this fundamental foundation course – a must for all new market researchers.

EphMRA would like to thank the Working Party who helped bring this course to life:

Janet Henson – PRM&T Chair
Anna Garofalo – Double Helix Development
Julie Buis – Aequus Research
Anne Loisel – Abbott

MEMBER DISCOUNTS

EphMRA members only have to pay 840 Swiss France per person for this outstanding course. None Members of EphMRA can also benefit for 1200 Swiss Francs per person.

REGISTER NOW

To register please see our website www.ephmra.org

FULL SCOPE OF COURSE



Introduction to Pharmaceutical Market Research enables delegates to understand the basic principles and best international practices of pharmaceutical market research. It aims to help learners to develop an understanding of:

- Pharmaceutical Market Research (MR) and its uses
- Defining Secondary and Primary Research
- Different primary methodologies
- The scope of MR and its role in the product lifecycle
- The role of MR and its clients
- The role of MR in business decisions
- The fundamental elements within research practice
- Using research findings to make a difference
- The role and mission of EphMRA in International Pharmaceutical Market Research
- Further training opportunities from EphMRA

Target Audience

The target audience for this basic course is those who have joined an international pharmaceutical market research department or agency within the last 12 to 18 months.

Learning Outcomes

The Role of Market Research

- The Pharmaceutical Industry - Understanding in detail the process of drug development and testing, and the role that market research plays within the world of pharmaceuticals
 - How is a drug developed?
 - How are drugs tested and regulated?
 - How are clinical trials carried out?
 - What is the role of market research in the industry?
- The Product Lifecycle - looks at the lifecycle of a drug, as a product, and the market research that might take place at each stage of the product lifecycle.
 - What is the product development lifecycle?
 - Where does market research fit into the lifecycle?
- Commissioning Market Research - the process of commissioning market research, from the initial question or request, through to how pharmaceutical companies select and work with agencies
 - Why do market research?
 - When should we undertake market research?
 - How do we clarify the objectives
 - What planning needs to be done?
 - How is an agency selected?
 - What process does a market research project follow?
 - How do other people perceive market research

Secondary Research

- Overview of Secondary Research - what role should Secondary Research play in a market research project, from helping to define the problem, to clarifying the research objectives and establishing information gaps.
 - What is Secondary Research?
 - How do we use Secondary Research?
 - When can we use Secondary Research?
 - How helpful is Secondary Research?
 - What are the common pitfalls?
- The Sources - a review of secondary data sources that are available to market researchers and how that data can be classified and categorised.
 - How is secondary data categorised?
 - What are the main sources of secondary data?
 - What does audit data look like?
 - What is audit data useful for?
 - What is non-audit data useful for?

Primary Research

This section looks at different primary research opportunities and aims to help you to distinguish and differentiate between the role and character of qualitative and quantitative methodology in order to maximise the application and value of any research you undertake.

- Qualitative
 - What is qualitative research?
 - Where can we use qualitative research?
 - What are the main methods?
 - How are samples chosen and interviewed?
 - How do we analyse qualitative learnings?
 - What can go wrong?
- Quantitative
 - What is quantitative research?
 - Where is quantitative research used?
 - How do we collect quantitative data?
 - How is sample size derived?
 - How is a quantitative study undertaken?
 - How do we analyse quantitative research data?
 - What can go wrong?
 - What other techniques are commonly used?

EphMRA and your career

This module looks at EphMRA and their work to develop and improve standards and techniques for market research in the field of health and healthcare. It also contains details of the courses and publications EphMRA offer to help you progress your market research career within the industry.

- The EphMRA Board
- Associate Members
- Role of EphMRA Committee
- EphMRA's role in training, members meetings, annual conference and publications

FOR MORE INFORMATION CONTACT
JANET HENSON
prmt@ephmra.org

Engaging, Accessible, Anytime, Anywhere



all words that apply to our new on-line training

ALSO AVAILABLE FROM EphMRA ON LINE – brought to you by the PRM&T Committee

EphMRA Healthcare Market Research Skills Courses

420 Swiss Francs to Members (600 Swiss Francs to Non Members)

Managing a Research Project



Pharmaceutical companies are always facing new situations. The competitive business environment in which they operate is constantly changing. Companies develop new products and new promotional strategies. Prescribers and users respond to changes in economic, social and legislative systems by changing their product use patterns. New organisations, affiliations and initiatives are continually being born. All these provoke management to ask questions.

These questions need answers. Answers that you as a market researcher are expected to find. This course is designed to help you to improve the quality of research you do, avoiding the common pitfalls that lie between a brief from your in-house client and reporting the results of your research.

The Role of Research through the Product Lifecycle



The role of market research within the product lifecycle is paramount to the marketing success of pharmaceutical products. All pharmaceutical companies need to maximise their products performance within the marketplace, and this requires a high level of market research information and analysis. Market Research has always been key to the success of pharmaceutical companies and products, but today and in the future it is even more important and the importance will certainly increase. This course aims to demonstrate why market research is important and provides an overview of different methodologies that any project might incorporate through out the lifecycle of a product. The course also looks at the key influencers to research and most importantly effective presentation delivery of the research.

EphMRA Healthcare Business Skills Courses

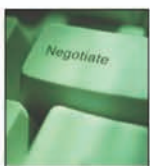
190 Swiss Francs to Members (250 Swiss Francs to Non Members)

Managing Workload



The healthcare industry is a rapidly changing and evolving area resulting in more and more demands on the market researcher. This demand indicates that senior managers value the internal and external services you provide. However this has resulted in higher levels of skills being required to manage your workload. During the course of your work, you may find that you have to work to tight deadlines. More often than not, these will concentrate themselves at certain times of year. This course will help you learn techniques for managing your workload through identifying your priorities correctly, setting effective goals, and making the best use of your time. It also looks at how you can cope when your workload becomes excessive.

Negotiation Skills



Being able to negotiate effectively will benefit you both in and outside of the workplace. This course will help you to learn some practical negotiation techniques and strategies, and to plan your negotiations to give you the greatest chance of success.

EphMRA Healthcare Leadership Skills Courses

190 Swiss Francs to Members (250 Swiss Francs to Non Members)

Coaching Skills



Coaching is a fundamental part of your role as a manager. It is at the heart of your relationship with anyone who works for you. This course will help you develop an understanding of coaching and how you can use it to get the best out of the members of your team.

Leadership Skills



Many people make the mistake of thinking that leadership is something that only very senior people have to consider. In fact, leadership is a key skill that every manager needs to master. This course will help you to develop your leadership skills and use them to provide direction for your market research team.

Managing from within the Team



As a manager, you are also a member of the team that you work for. This course will help you to balance these two roles and manage your team more effectively from within.

Register Now www.ephmra.org

For more information contact Janet Henson prmt@ephmra.org

ASSOCIATE MEMBERS NEWS

PEOPLE



Ipsos Health Division



Ana Medina

Ana joins the Ipsos MORI Health team as an SRE. Ana specialises in advanced quantitative techniques such as segmentation, pricing analysis, product development and brand tracking.

double helix



Samara Mendes Da Costa

Double Helix Consulting welcomes Samara Mendes Da Costa; Senior Consultant HEconomics, previously GSK Europe; Catherine Charter (MSc Biotechnology, Imperial); Analyst. Brian Larkin (MSc Biochemistry, Oxford) joins Research as an Executive.



Rossol promoted to Chief Methodologist

Ziment promoted Josh Rossol, Ph.D., to Chief Methodologist with responsibility for developing innovative methods and implementing multi-variate techniques to address clients' most difficult strategic issues.



Jane Barrett

Jane Barrett has joined healthcare specialist Insight Research Group as a Director. Insight also announces the recent promotion of Kevin Schou to Account Director, and Tom Atkinson to Director.



East to West Marketing Inc. is pleased to announce Tatiana Pankrats' promotion to Business Development Manager. Tatiana received her Bachelor in Molecular Biology, Biochemistry and Business from Simon Fraser University.



Tim Robinson

Therapy KnowlEdge expands

The Research Partnership has appointed Tim Robinson as Director and two executives to support and expand Therapy KnowlEdge, its unique syndicated monthly market tracking service.

pharma-insight



Regina Krieger

Regina Krieger, Dipl.-Biologin has been promoted to Senior Market Research Manager. Regina holds responsible for the management of qualitative studies in the area of pharmaceuticals, health care and medical devices.



Mariam Mansoor

P&S&L Research Europe is pleased to announce the arrival of Mitra Abtahi, Mariam Mansoor and Vishal Jhanjee who join the team as Account Directors to underpin our continued expansion.



Gillian Newbold

Healthcare Research Worldwide (HRW) welcomes Gillian Newbold (nee Thorne) to the team. Gillian joins from Insight and has 7 years healthcare research experience, both qualitative, quantitative, agency and client side.



Stephan Gresoviac has joined CSD as Business Unit Manager UK. Stephan has a background in medical research and has been working in market research for the pharmaceutical industry since 2004.



Anne Loiselle

EQ announces a partnership between founder Director Claire Engelsma and Anne Loiselle, formerly head of Abbott International Market Research, offering primary international research and consultancy with specialisation in qualitative methodologies.



Gerald Wackert

Gerald Wackert is responsible Director Global Accounts at TNS Healthcare, Munich, since September 2008. Before, Gerald joined Glaxo Pharmaceuticals followed by IMS, Orion Pharma, Cegedim, Reportive and Maritz Research Europe.

SERVICES



MattsonJack launched Epi Database® BRIC, a Web-accessible database that provides researched, documented, and comprehensive epidemiology data for 50 indications for Brazil, the Russian Federation, India, and China.



ALL GLOBAL LAUNCHES ITS PALLIATIVE CARE PANEL

The panel provides unique access to more than 18,000 healthcare professionals in 39 countries who specialize in palliative care. More information in: <http://www.allglobal.com/palliativecarepanel>



Synovate Healthcare launches Online Data Query Service

Using Synovate's physician panels, the service is designed to facilitate the fastest turnaround of short questionnaires, enabling pharmaceutical companies to get rapid feedback.



WorldOne Research expands its online services by launching, Virtually There!, offering online Focus Groups, Bulletin Boards, Depth Interviews for qualitative and Remote Access Pilot Test for pre-testing online quantitative studies



NHWS now in Japan!

Consumer Health Science's flagship product, the National Health & Wellness Survey (NHWS) is now fielding in Japan with plans to expand further into Asia soon.