EphMRA NEWS
March 2013
keeping members informed and involved

what's inside

Membership of EphMRA - more value added

These are challenging economic times and EphMRA has been increasingly adding tangible benefits and value to the membership package. Membership fees have not been increased since 2009 and yet you are getting more for your investment now.

Besides all the great offerings our members have always benefitted from, the Board has invested in enhanced offerings. Below we show just some of the additional benefits on offer when you are a member.

- ✓ **Members Forums** - separate sessions for peer to peer discussionsand networking.
- ✓ **Reduced registration fees for the annual conferences**
- ✓ **Interim Members Meeting (IMM) usually held in January each year** - a free one day meeting for members
- ✓ **Up to 4 Local Chapter Meetings per year** - free attendance to these one day events for members
- ✓ **Webinars** - free registration to member webinars (recent webinars include Data Visualisation, Adverse Event Reporting, Optimising Insights from Digital Channels)
- ✓ **Code of Conduct online Competency Test** - free test and certification to members
- ✓ **Code of Conduct online Training Modules** - free registration for members
- ✓ **Code of Conduct** - free access to the Code Query Service
- ✓ **Publications: Free to members** - Managing a Research Project and Research through the Product Lifecycle; Open Data, How to Reference Data, Longitudinal Patient Data, Guide to using Promotional Data.

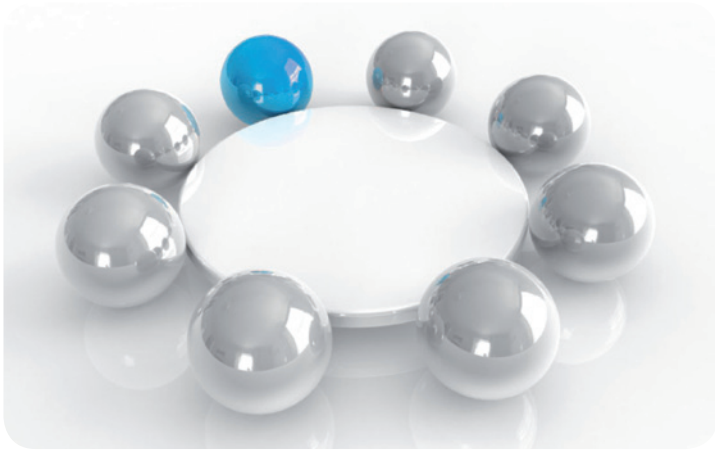
If you would like to add your voice to how we develop added value member benefits then get in touch *generalsecretary@ephmra.org*

The EphMRA Board

events diary

- 18 April 2013 - **Germany Local Chapter Meeting**
- 25-27 June 2013 - **London Conference**
- Early July 2013 - **Italy Local Chapter Meeting**
- 13-14 November 2013 - **Asia Conference, Singapore**

update from the board



Since Q3 last year the Board has been working on the Strategic Plan and now it is, at the time of going to print, finalised. This means that we will be introducing the implementation of the plan, looking at the resources needed to fulfil objectives and prioritisation of initiatives.

We have already announced the third Asia Conference, 13-14 November in Singapore. The decision to hold a third event was taken after looking at the regional demand for the event, the business focus of EphMRA members and the investment needed to run such an event.

The Board is committed to supporting the Mid Level Researchers Group as here is the future talent pool for our industry. Feedback on the 2 recent initiatives - Data Visualisation Webinar and the IMM programme - have been positive and a call took place at the end of February to plan next steps for this Group.

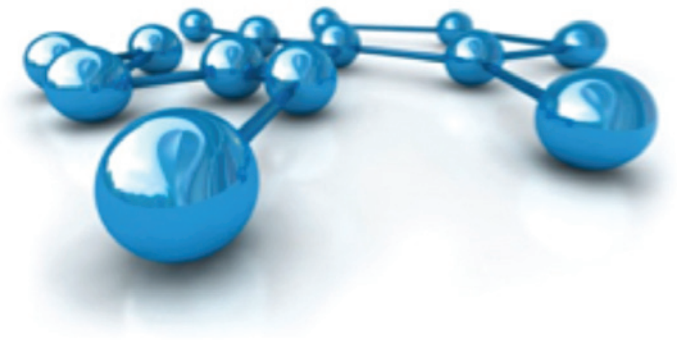
At the London Conference you will see more of our upcoming researchers at the Young Professionals Poster Session.

Local Chapter Meetings are also a Board initiative and since July 2011 we have undertaken 3 meetings (2 x in Italy and one in Poland) and have Germany planned for April. This is a great opportunity to take our offerings out to members.

update from the associate members

We hope that everyone has had a great 2013 so far, and is looking forward to a strong Q2

It was great to see so many of you at the IMM meeting in January, we had a lively discussion on a number of important topics. One of the really important on-going initiatives, which we discussed at the IMM, is the review of the strategic direction for EphMRA. A lot of work has been done on this, through various working groups and meetings. It was great to have your feedback on some of the critical questions in Frankfurt.



The work on the strategic review has looked in depth at ensuring the direction for our organisation focuses on the needs of the members and the direction our industry is going in. Based on the discussions and feedback we have had from many of you, there are a number of issues we, as your board representatives, consider important and have been working hard to achieve.

As any of you who have a strategic role will know, a successful approach has to have a clear definition as well as a strong plan for implementation. The mission for EphMRA will focus on ensuring that market researchers are valued business partners, working as consultants in their companies and with their clients, and are underpinned by best practice and excellence in market research, for instance, through the code of conduct.

There are many elements which underpin the actual implementation of this vision, for instance, in terms of geography, whether we should be a global organisation or focus on Europe. Then, what does this mean, for instance, should we be holding conferences outside Europe, or having a presence in specific markets, or using the successful Local Chapter approach in a different or broader way?

In addition, what is the scope for the membership of the organisation? We have a strong code of conduct which sets best practice standards for research, hence should we challenge all companies who are conducting market research in the pharmaceutical industry to meet these standards, broadening out our reach, and raising the profile of EphMRA beyond market research agencies and departments?

These are not easy questions to answer. This has been a very thorough and interesting review, and we really appreciate the input many of you have made into this. The AGM in June will provide us with the opportunity to take you through the strategic plan and vision in much more detail. We look forward to seeing you all in London.

Please do get in touch with any of us directly if you have any comments or issues you would like to discuss

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full members' forums

Fiona Lake

Fiona Lake, **Engagement Officer**

At the request of Full Members, EphMRA introduced the Full Members' Forum in 2012, to provide an opportunity for Senior Managers to meet and discuss the key issues and challenges they face in a peer group setting.

Two forums were convened last year, the first at the IMM and the second at the AGM meeting in June. EphMRA Board Member, John Shortell of Bayer HealthCare Pharmaceuticals acted as moderator for these discussions, driving for solutions and looking at how EphMRA can actively help to meet the challenges raised.

Working with Suppliers

The first Full Members' Forum (FMF) was held at the IMM in Brussels in February 2012. The topic for this inaugural meeting was 'Working with Suppliers' and the aim was to identify the current issues arising in the working relationships between pharmaceutical manufacturers and key vendors. The brainstorm session highlighted a number of areas for action, including:

- Ensuring good practice in primary research in emerging markets
- Procurement issues
- Compliance with the EphMRA Code of Conduct by those outside market research
- The implications of off-shoring for the market research department of the future
- The need to simplify and streamline the third party agreement process.

Some of these issues were fed back to the EphMRA Ethics Group and others were taken up by EphMRA Committees. For example, the discussion of engagement guidelines in emerging markets led directly to the Country Capsule project being worked on by the Foundation Committee. The Country Capsule for Turkey was published in 2012 and the Country Capsules for India and China are nearing completion.

Off-shoring Market Research

The effect of off-shoring on market research departments in Europe was felt to be an issue of interest to both Full and Associate Members, so this topic was given prominence in the Senior Managers' programme at the 2013 IMM. Speakers from pharma companies and agencies presented their perspectives on various off-shoring models, recent trends such as 'near-shoring' and 'back-shoring' and outlined the future impact of off-shoring on market research departments.

During the second FMF of 2012, it was procurement and Third Party Agreements (TPA) that were thrown open for wider discussion. Procurement experts from two Full Member companies attended and there was a helpful discussion on how to best to manage price negotiation without compromising quality; ensuring the focus is always on the value of a deliverable, not just the price.

The pros and cons of preferred supplier lists were also discussed and the Forum agreed that it is important to be clear on the precise areas where each supplier is preferred, be it on a geographic level such as Europe or a portfolio level such as oncology.

TPAs

Turning to TPAs, Catherine Beaucé, Chair of the EphMRA Data & Systems Committee, outlined the latest proposals from IMS to simplify and streamline the current TPA process. As this was a major issue for all Full Members, Catherine recommended the involvement of the EphMRA Board in further discussions with IMS. Since June, representatives from the Board together with the D&S Committee have held a series of discussions with IMS concerning the TPA Programme Enhancements. Ideas that will enable enhanced data access flexibility for participating service providers linked to routinely requested IMS assets and uses were discussed at the Forum meeting during January and the outcomes will be reported soon.

Alongside TPAs, the FMF also touched on consumer healthcare data as several Full Members had flagged up the difficulties of harmonising OTC and Rx data universes and identified the need to improve the quality of OTC data generally. The Forum also debated forming a new Consumer Health committee and the results of this will be announced later.

The Forum has proved to offer a great opportunity for serious discussion about the challenges common to all pharmaceutical research departments. By facilitating these meetings, EphMRA aims to provide the opportunity for peer-to-peer discussion, directly taking on board the issues where the association can best target its efforts.

Join EphMRA

What's included in your membership

Just some of the benefits on offer when you become a Full (pharma) or Associate (supplier) member...

1 Members Forums
- separate sessions for peer to peer discussions and networking.

2 Reduced registration fees for the annual conferences

3 Interim Members Meeting (IMM) usually held in January each year
- a free one day meeting for members

4 Up to 4 Local Chapter Meetings per year
- free attendance to these one day events for members

5 Webinars
- free registration to member webinars (recent webinars include Data Visualisation, Adverse Event Reporting, Optimising Insights from Digital Channels)

6 Code of Conduct online Competency Test
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7 Code of Conduct online Training Modules
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8 Code of Conduct
- free access to the Code Query Service

9 Publications: Free to members
- Managing a Research Project and Research through the Product Lifecycle; Open Data, How to Reference Data, Longitudinal Patient Data, Guide to using Promotional Data.

Mid Level Researchers Update

The Mid Level Researchers Group was first convened in 2012 at the IMM and a group of almost 30 reconvened at the 2013 IMM in Frankfurt - it was great to see the enthusiasm and commitment and thanks to all managers who sent their executives to the meeting.

A comprehensive programme was put together for this group and included:

Market Access issues in **Germany and Spain**

Speaker: Mark Silvey, Director, Adelphi Access

Advanced Qualitative Techniques

Speakers: John Griffiths, Creative Director and Steve Phillips, Chief Happiness Officer, Spring Research, UK

- **Session 1:** How to research context
- **Session 2:** Auto-ethnography - how respondents become collaborators

This session was also supported by Wendy Giardina of GfK Research Matters who provided input into the applications to pharma of these advanced consumer techniques.

Wendy Giardina

In January this year a free-to-members one hour webinar on Data Visualisation was convened, using Andy Kirk a recognised expert in the field following feedback that this was a topic Mid Level researchers would like to know more about. The webinar attracted many senior managers thus showing that the topic was of great interest. The slides and recording of the webinar are available on the web site - under Events - Webinars - via your members password.

Mid Level Group (MLG) **Convenors**

The MLG will be driven forward by:

Jennifer Curtis - Associate Consultant, ZS Associates
Nick Ellis - Associate Director, Ipsos Healthcare
Laura Hunt - Associate Director, fastforward research

...and supported by EphMRA.

code corner

Whilst the last few months have been very busy ones for all those involved in Professional Standards, they have proved fruitful with an updated Code of Conduct and revised Adverse Event Reporting Guidelines being published.

updated code now available

Code of Conduct **January 2013**

A revised and updated Code was made available on the website in January. It now includes 14 countries having been extended to cover Korea.

Following extensive examination and consultation with experts on data protection requirements, important changes have been made to the guidelines concerning recording and observation. The revised code also includes extended definitions of 'client' and 'agency' and new points on the use of unsolicited text messages, apps and automated dialling equipment.

Outcome of discussions on moving to a mandatory Code of Conduct

The discussions and member consultation on the principle and practicalities of moving to a mandatory Code of Conduct have concluded that there are likely to be a number of serious difficulties arising if Full Members were required to adopt the Code on a mandatory basis. However, as a discretionary Code, it will continue to be of value and it will continue to grow in importance.

Revised Adverse Event Reporting Guidelines

As you are probably aware, adverse event reporting from market research studies is now explicitly included within the European Medicines Agency's (EMA) Guidelines on Good Pharmacovigilance Practices. Pharmaceutical manufacturers, and market research agencies working on their behalf, must now forward those possible adverse events that meet specific criteria. More information about this can be found on the EphMRA website: ***http://www.ephmra.org/professional-standards---code.aspx***

EphMRA's Ethics Team working with an AER Task Force made up of senior and experienced EphMRA members have re-drafted the AER Guidelines in line with the EMA's requirements.

Please note: These are interim guidelines only as we are awaiting feedback from the EMA on how to address the management of safety information when some of the minimum reporting criteria are missing for individual case safety reports to be valid. For example, when the information collected by the interviewers does not allow us to distinguish individual patients.

code corner

2012 Webinar - **Optimising insights from digital channels**

This webinar, run in December by the Learning & Development Committee (LDC), included some legal and ethical questions and these are answered here by Catherine Ayland.

Question: **Are there legal restrictions for active research - an interactive form of market research?**

Answer:

Both the ethical and legal considerations that we have to take into account for active research, using social media are pretty similar to those for any other market research medium. So respondents must be told it's market research. Researchers can't pretend to be anything other than market researchers, they must declare their presence, key pieces of information must be communicated, so the identity of the research organisation, the purpose of the market research, how the comments will be used, who has access to the data, those sorts of things should all sound pretty standard for market researchers listening in. What we do have to be aware of, is that permission from site owners and contributors must be acquired. And terms and conditions of use must be observed and there are some sites out there that specifically prohibit market research through that particular social media forum. But essentially, it's all the same sorts of considerations, the same sensible and reasonable precautions we take with any other form of market research where we seek our respondent's fully informed consent.

Question: **Can we do market research alongside other activities?**

Answer:

Yes we can. Again it's as true for market research when using social media as when we're using other mediums but we've got to be clear that it is market research, we've got to get explicit consent for the market research but there's no reason why market research cannot be run knowingly and transparently alongside other forms of activity

Question: **How should doctors deal with adverse events or how should we deal with reported adverse events on doctors' social network?**

Answer:

Basically, we have the same obligations as we have with any other media. So if a potential adverse event is mentioned that meets the reporting criteria, then it has to be forwarded. And thinking of the question about off label discussions, now that off label usage is explicitly mentioned as an adverse event within the recently revised pharmacovigilance guidelines, we are going to have to report off label usage as an adverse event should it come up during the course of market research using social media whether that's passive or active. If it meets the reporting criteria then it has to be forwarded. And there is a legal obligation on us as market researchers to do that. And that legal obligation extends to everybody involved in the chain, whether that's the company, the agency they've sub contracted the work, or the freelancers to whom the agency has subcontracted part of the work.

code corner

Question: **Is there a regulatory difference between pharma owned and third party social networks?**

Answer:

Well there's something of a difference. But in practical terms it doesn't add up to an awful lot in terms of our responsibilities as market researchers. So when we're looking at company sponsored sites, then we have to be careful about what we do, depending on what information we take in house. In the same way when we're listening in on social networks or actively using social networks that the company hasn't sponsored, depending on the information we take in house, we have certain obligations. Now when we talk about the information we take in house, where we start to run into problems is when we start to collect personal data. So if we're just collecting information, the mentions of a disease, drug or company positive and negative sentiments in the accompanied text, alone this isn't personal data, so data protection considerations aren't relevant. What we would advise is the use of filters and controls to remove personal identifiers such as user names, photos, avatars, any kind of online moniker.

Don't bring this data in house without good reason. So bring the minimum information in your require and you're less likely to run up against regulatory issues. You do have to be somewhat careful though because if you're bringing in house, so copying in verbatims from online contributors or participants, we can't really call them the respondents because when it comes down to digital listening, they're not active respondents as we understand normally in market research. If we're using a quotation, it is quite possible that should we load that quotation into a search engine, we may well be able to track back and identify the originator. And we have to protect the people that contribute from that. So no attempt must be made to identify contributors.

We've got to be very careful about copying content. If the terms and conditions prohibit it without explicit permission, we can read the content but we can't lift it verbatim. If we do have permission to lift it verbatim, we've still got to make sure that when quoting comments no harm is done and the contributors are protected from negative consequences. And bearing in mind that we're quite often fishing in quite sensitive ponds when it comes to market research information, then there may well be a need to mask the comments. So that we alter the wording such that it can't be traced back to the contributor. Whether we're looking on pharma owned sites or third party social networks all these considerations would apply. The need to report adverse events would apply. So for practical purposes when it comes to market research the distinction isn't a big deal.

Copy deadline

EphMRA NEWS

June 2013

keeping members informed and involved

April 15th is the deadline for submitting your copy for the **June** News. Send it to ***generalsecretary@ephmra.org***

Other News Copy Deadlines:	**News Published**	**Copy Deadline**
	September 2013	7th July 2013
	December 2013	15th October 2013

code corner

2013 **webinars**

In January, we hosted the first of two free-to-members ethics webinars for 2013. The Revised Adverse Event Reporting Guidelines webinar attracted a very large audience, with more than 150 participants logging on. The slides and webinar recording are available on the web site under Events.

A second webinar updating members on Code developments will be held in the middle of the year. In the meantime, if you have any suggestions for webinar topics, please let us know.

Code of Conduct **Training**

At the time of writing, more than 420 members have taken the Code of Conduct Competency Test and a further 250 have completed the online training module. If you wish to join these growing ranks, the training and the competency test are available free of charge on the EphMRA website.

In addition, full and associate members can take advantage of EphMRA's flexible approach to training and can commission tailored, in-house Code of Conduct training workshops and webinars. If your team/company would like to talk to us about an in-house Code training initiative please contact Bernadette Rogers.

Code **Enquiries**

Code enquiries continue to come in to us every week, covering a wide range of topics. If you have any questions on the EphMRA Code of Conduct, the Code Query service is available on the website for all EphMRA members.

get in touch

If you have any enquiries

If you have any enquiries, suggestions or feedback, just phone, fax or email us:

Bernadette Rogers, General Manager

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Email: generalsecretary@ephmra.org

www.ephmra.org

Country **Capsules**

Over the past year, we have focused on a series of Country Capsules, designed to provide a cribsheet for conducting research in specified markets. They contain a summary of the healthcare environment and practical market research hints and tips for successful research in each country. Based on feedback from the Mid Level Researchers at the IMM in February 2012, we hope that this series of projects will be of particular interest to this group of EphMRA members.

Thanks to local experts in each market the following Capsules have been published, are due soon or are in the pipeline:

Turkey	(IPSOS Turkey)	Available now
China	(Kantar Health & GfK)	Q2 2013
India	(Kantar Health)	Q2 2013
Brazil	(Demanda)	In the pipeline
Czech Republic	(Millward Brown)	In the pipeline
Lithuania	(WorldOne)	In the pipeline
Russia	(OMI)	In the pipeline
Spain	(Pharmore Research)	In the pipeline
Ukraine	(East to West)	In the pipeline

At the time of writing, we are also looking for a partner agency to complete a Country Capsule for Poland. Please contact any of the Foundation Committee if you would be interested in helping with this project. If you would like to offer your local expertise in producing a Country Capsule for another market, please contact any of the Foundation Committee - we would love to hear from you.

If you would like to see a particular market included in this series, please take a moment to contact us and we will look for a suitable partner to provide the necessary local expertise. Remember that the Foundation is working for YOU and we need to know which projects are of greatest value to you!

Foundation Committee

committee focus

Primary research **projects**

The Foundation is also working on behalf of the EphMRA Ethics Group to explore the impact of recent changes to the requirements for adverse event reporting in market research and the implications for the EphMRA AER Guidelines. This is an important and complex issue and considerable discussion is on-going to ensure that an optimal approach is selected. We are hoping to include the views of physicians, agency researchers, pharma company researchers and pharmacovigilance professionals in this project.

Decisions on Foundation project topics are made on the basis of member need, so please take a moment to suggest a topic that would be of interest to you - we are always looking for new ideas!

For details of previous Foundation projects, members can visit the EphMRA website: ***http://www.ephmra.org/default.aspx?page=29&ReturnUrl=%2fpublications--resources%2ffoundation-projects1.aspx***

Please remember that all EphMRA Foundation projects are funded (entirely or in part) by, and belong to, EphMRA members. The materials, reports and intellectual rights resulting from Foundation projects cannot be used by other parties without formal permission from EphMRA.

If you would like to share all or part of a Foundation publication, please ensure that all recipients are current EphMRA members and that the EphMRA Foundation is clearly referenced. If in any doubt, please seek formal confirmation from EphMRA before sharing the projects.

What is the EphMRA **Foundation?**

The EphMRA Foundation is a unique resource for all members. We conduct original research projects in the international healthcare market research and business intelligence fields to add to knowledge and best practice amongst members.

Providing 'research for researchers', we focus on questions of greatest value to EphMRA members in their professional lives. Foundation projects are funded by YOUR membership fees, so please tell us which questions YOU need answering! Read on to learn which projects has the Foundation funded or supported recently.

Who are the EphMRA Foundation Committee members?

The Foundation Committee consists of a mix of pharma company and agency members, along with a member from academia to provide specialised input and academic rigour. We also have a dedicated Asia Region Representative, to reflect the increasing importance of this region in the activities of EphMRA and our members.

Pharmaceutical company members

- Felicina Itote (Abbott)
- [2 vacancies]

Market research agency members

- Angela Duffy (The Research Partnership)
- Jessica Santos (Kantar Health)
- Steve Kretschmer (IPSOS Turkey)

Academic member

- Prof. Philip Stern (Loughborough University, UK)

Asia Region representative

- Stephen Potts (GfK)

Committee Chair

- Sally Birchall (EphMRA Foundation Chair)

We are currently recruiting for Pharmaceutical Company members.

The Foundation provides an ideal opportunity to identify and guide projects of particular interest to you or your employer that would be unlikely to receive in-house funding/resource. If you would like to know more, please get in touch.

For any further information about the EphMRA Foundation and its activities, or to suggest a potential Foundation project, please contact any committee member or the Foundation Chair ***foundationchair@ephmra.org***.
We are at your disposal!

Webinar in **December**

Learning & Development Committee

December's webinar *Optimising insights from digital channels* presented by **Len Starnes**, a digital media expert and consultant, proved to be a great hit with those who logged on. As well as sharing important updates on the subject, Len was happy to answer a plethora of questions posed by his audience.

Alexander Rummel from Aurum Research in Germany kindly offered to act as our report on the ground and to summarise the webinar for those who were not able to take part...

The digital landscape is evolving quickly and pharmaceutical marketers identified this as an opportunity very early on. While market researchers know they have to follow this trend, the question remains as to how to do so? Furthermore, we need to understand the benefits of using digital channels for market research as well as the legal and ethical restrictions.

During the webinar, Len Starnes offered insights into the dynamics of digital channels. The participants were particularly interested in the examples of what different pharma companies are already doing, from self medication dashboards to strategic research partnerships.

Len Starnes

Catherine Ayland, EphMRA Ethics Consultant, joined Len to answer questions on legal aspects, which are presumably still a barrier to use the web (e.g. physician and patient communities) for market research.

However, the spectrum of questions was much broader also including social media policy and sample/data quality issues:

- Is it feasible for a pharma to exploit social media market research if it does not have a robust social media policy in place?
- Are pharma clients in Europe embracing the use of a community's methodology for market research or do they see it as more of a marketing activity?
- Do you think that listening to the web is automatically selecting a specific sub-group of people (such as patients or physicians) and so is not truly representative of the whole?
- How does the central management of such projects reflect local insights? Often the data do not 'speak' unless there is someone with relevant market knowledge to interpret?

Catherine Ayland

committee focus

The webinar was scheduled for 45 minutes but lasted 1 hour with many participants staying online over the time. The topic will stay on the agenda for most pharmaceutical market researchers, many of whom still have a lot of questions.

The questions on legal and ethical aspects answered by Catherine Ayland have been summarised in anonymous form and you can read the comments in the Professional Standards Group section of this News (page 8).

Webinars for **2013**

As we go to press, we have three further webinars planned for 2013:

- **April** Gamification
- **May** Exploring payer segment characteristics and requirements in an evolving world
- **October** Issues facing fieldwork approach in areas such as the Arab States, smaller Eastern European countries and other emerging markets

Debate convened by the **LDC at the IMM**

The LDC convened the debate 'Commoditisation - is this the future of Market research and Business Intelligence?' at the IMM. Led by Carsten Fuhrmann of Boehringer Ingelheim and Alexander Rummel of Aurum Research, the debate proved to be a popular topic. A full write up can be found in the event report.

Conference **Masterclasses and Workshops**

The Masterclasses and Workshops of this year's conference in London on 25-27 June have now been set. Why not take part?

- **Masterclass 1** Methodologies of the future
- **Masterclass 2** Social media and implications and use at local level
- **Masterclass 3** Issues facing fieldwork approach in BRC (Brazil, Russia and China)
- **Workshop 1** Individualised medicine and implications on research, including devices (3 hours only)
- **Workshop 2** Managing change and uncertainty (3 hours only)

See conference programme for full details.

committee focus

Publications and **online training**

The LDC has recently updated two publications.

- Managing a Research Project
- Research through the Product Lifecycle

Both are available free of charge to members.

Alongside these publications, the following online courses have also been updated:

- Introduction to International Pharmaceutical Market Research
- Managing a Research Project

Please refer to the website for further details: www.ephmralearning.org.

Committee members **needed**

If you have a keen interest in training and a desire to help us deliver our vision of providing leading-edge training, engaging debate and a drive to share best-practice then we would like to hear from you. As the world of market research evolves in response to continual change, so must our training programmes. Be part of the team that helps shape best practice and join the LDC. Please contact Sandra McAuliffe at ***prmtchair@ephmra.org*** or Bernadette Rogers at ***generalsecretary@ephmra.org*** for more information.

committee focus

Syndicated Data Committee

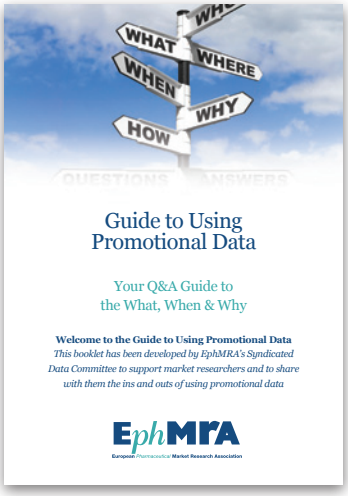
Narges Shahangian

Introducing a **new member**

The Syndicated Data Committee would like to welcome Narges Shahangian to the committee. Narges is Global Business Intelligence Director at AstraZeneca. She has been with AstraZeneca for over 12 years, where she has worked in a variety of market intelligence and commercial insight roles.

Her experience in the use of various primary and secondary information sources, along with a Masters in Business Administration (with a concentration on international marketing) will bring great value to the SDC.

Narges will be joining Stefano Gandolfi from Pfizer and Ana Perez from Merck Serono. Chaired by Karen Cooper, the SDC is a small but strong committee, which benefits from highly qualified members. If you would like to find out more about the committee and its projects, please contact Karen at *SDCommitteeChair@ephmra.org*



Guide to using **Promotional Data**

As this newsletter goes to print, the SDC will be finishing its latest publication, the Guide to Using Promotional Data. The booklet will cover the basics on using and selecting promotional data, offering valuable hints and tips. It will be available as a downloadable PDF on the EphMRA website and also in hard copy. Look out for announcements via email, Linked In and Twitter.

Open**Data**

OpenData offers EphMRA members easy access to freely available data on the web. There is an increasing amount of free, good quality information on the web and an-ever growing number of sources. However, there are a number of fundamental issues in accessing this information, not least having the time to search for the data or knowing where to start or what to look for. Most people have their own favourite places to go but the majority of rich information will not be together in one place. Finding, collating and updating that information - or even finding one piece of information more than once - can be challenging to say the least.

For example, the Eurostat statistics on the number of physicians by specialty added several emerging Eastern European countries within the last six months alone. Last June, the OECD issued a complete review of the Russian healthcare system. (***http://www.oecd.org/russia/oecdreviewsofhealthsystems-russianfederation.htm#toc***). While the complete report is not free,€25 will not break a budget.

The lightening speed at which data appears, particularly with the increase in social media, could catch us off guard if we didn't have a systematic way of interrogating the information.

OpenData is a repository of website links catalogued to point the user to the website of interest. It is freely available to members through a password link on the EphMRA site. It is maintained, enhanced and updated by Themis, who regularly check all the links to make sure that they are still valid. A free training webinar that explains how to use OpenData in more detail is available on the EphMRA website and can be found under Committees - SDC - OpenData.

committee focus

To further demonstrate the benefits of using the OpenData database, the SDC plan to publish a case study in each newsletter. The case study for this quarter, Macroeconomic and Health Care Data in CEE Countries, has been provided by Themis. It can be accessed on the EphMRA website where you find OpenData (via password).

For more information on the OpenData project and for access to the repository, please contact the Chair on *SDCommitteeChair@ephmra.org*

SDC **Survey**

Finally, last year we sent out a survey to gather feedback on level of awareness and usefulness of projects/resources launched in recent years and to appeal for ideas in terms of future developments. The SDC would like to thank all who took part. While the response rate did not make a full analysis of the results viable, the good news is that a strong value in SDC activities was identified and some good ideas have been suggested for future plans. So, watch this space!

Classification Committee

Classification **developments**

The Classification Committee have confirmed the new ATC classes for implementation in 2013. The new developments, plus additional specific changes to other parts of the Guidelines, can be found on the EphMRA website alongside a full version of the 2013 ATC Guidelines. The new therapy codes cover the following:

A: Osmotic laxatives and bowel cleansers
B: Direct factor Xa inhibitors
H: Antiparathyroid products

December 2012 **meeting**

The December meeting was hosted by Pfizer in New York. In fact, Anthony Palkovic of Pfizer is the PBIRG co-chair of the Committee and every 2-3 years the meeting is hosted by the PBIRG member.

The main focus for the meeting was the finalisation of the classification developments and the Guideline changes for 2013. Further discussion and decisions were taken on several other topics raised by companies and on new developments in the pipeline. The summary of current projects and decisions is available to EphMRA members on the EphMRA website.

Committee **Membership**

Virginie Verdoucq of Sanofi recently stepped down from the Committee and we would like to thank her for her contribution over the last few years. We now have further vacancies on the Committee and we would be very pleased to receive enquiries from people who wish to shape the future development of classification. If you are interested, please contact Bernadette Rogers at *generalsecretary@ephmra.org* or one of the Committee members listed on the website.

local chapter meetings - November 2012

Warsaw calling...

Highlights from the EphMRA

Local Chapter Meeting for the CEE region

- Market research in CEE
- Closed-loop marketing
- Opportunities in CEE
- Open Data

Welcome to Warsaw

The EphMRA Local Chapter Meeting for Central and Eastern Europe (CEE) held in Warsaw earlier this month was the first of its kind. Although the meeting follows in the footsteps of a similar event in Milan earlier in the year, the CEE Chapter Meeting is the first to encompass an entire region.

As you will read in more detail inside this report, CEE presents a range of challenges and opportunities. Even describing the region is not a simple task; while some definitions focus solely on a core of countries including Poland, Romania and the Czech Republic, others encompass Russia, Turkey and even Israel. Yet, despite – or perhaps because of – its huge diversity, CEE is a region of great promise, especially in the healthcare sector.

In this report, we bring you the highlights of the Warsaw meeting's packed agenda and an overview of the active discussion and debate among attendees.

We also include some feedback from attendees. On that note, we are always interested in hearing from market researchers, so if you have any views and thoughts please do get in touch. After all, we need your input to help us move closer to achieving the vision of EphMRA – "to create excellence in professional standards and practices to enable healthcare market researchers to become highly valued business partners".

I hope you enjoy this Local Chapter Meeting report.

Bernadette Rogers is the General Manager of EphMRA. She can be contacted at generalsecretary@ephmra.org or +44 161 304 8262

www.ephmra.org

Bernadette Rogers

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The views expressed by those quoted in this report do not necessarily represent the views of EphMRA.

This report was written and produced for EphMRA by Grey Gosling (www.greygosling.co.uk)

Growth opportunities

With sales declining in markets across Western Europe and North America, all eyes are on Central and Eastern Europe to provide part of the future growth that the pharmaceutical industry needs. But what is CEE and what are the challenges of doing business here?

"There are huge opportunities in the CEE region – we wouldn't be here today if that wasn't the case," said Pfizer's James Rienow. "All companies want to operate in large markets with significant growth and many CEE countries are in that space. As the largest market in the region, Russia is important, but Romania too offers huge opportunities as it will see the same growth and reach an equal market size to the UK over the next five years."

However, CEE also presents a range of challenges, said James. "CEE countries spend less per capita on healthcare than western European countries, although this is increasing, and there are a huge range of factors that will have an impact, not least around cultural differences as well as pricing and reimbursement. There is a lot of pressure to make something of these newer markets and to do that we need to understand them," he says.

For Incite's Sarah Phillips, the very definition of CEE presents challenges. "What is a region?" she asked the audience at EphMRA's CEE Chapter Meeting in Warsaw. "Regions usually share characteristics such as language, ethnicity, currency, religion or history, but CEE is not so easy. It is not even entirely clear which countries are even in the CEE region. Wikipedia lists 14 countries with an ex-Communist past but leaves out Ukraine, Moldova, Belarus and Russia. Other definitions include Turkey, even Israel, so CEE is a moveable feast."

Different dynamics

Cultural differences also present challenges, said Sarah. "Small things can have a huge impact on how you approach a market. For example, in the Czech Republic dumplings are made of bread but they are made from potato in Poland. Getting a receipt from a Ukrainian taxi driver can be very difficult, where as receipts are obligatory in Poland."

James agreed. "When it comes to doing business, I am always surprised by how people from different countries react in a Q&A session. With people from the UK, for example, you can't stop them from asking questions but in CEE there is often a hesitancy to ask a question or to point out a problem, especially if the speaker is perceived as an authority figure."

Pharmaceutical markets in CEE countries are often markedly different from their counterparts in western Europe. "A key difference is what happens after loss of exclusivity," said James. "In the UK, Germany and the US, for example, sales drop off very quickly after patent loss but in CEE markets, where there is greater brand loyalty, market share can be maintained in face of generic competition, even increased. With greater brand loyalty and different roles for physicians, patients and pharmacists, these markets have different dynamics and, therefore, opportunities but they also raise business-critical questions. Do you invest in clinical studies? Do you support a sales force? Do you continue to do market research?"

James and Sarah pooled their experience in order to highlight several practical issues when carrying out market research in CEE countries. "The role and influence of healthcare professionals also varies considerably; for example, although treatment of type 2 diabetes might seem similar on the surface, far fewer patients see cardiologists or ophthalmologists than in the West. We have to understand this in order to know who to speak to," said Sarah.

"In many countries, doctors are not as well-paid as in western countries and a gift-giving culture is common, with healthcare professionals receiving a little bit extra directly from the patient," said James. "Doctors' case load also varies considerably, with physicians in Hungary seeing more than double the number of patients per month than those in Russia. This clearly impacts the standard of care but also the amount of time a doctor has to see a sales rep or to take part in market research. On the flip side, the incentive we pay for research is more often welcomed by physicians, with some prepared to change

! Market research in CEE countries

- Market research is not as well established – there are more market research agencies in the UK than in the whole of CEE
- Public and religious holidays can impact multi-country studies
- With fewer patient support groups, accessing patients can be more challenging. However, hospitals have fewer restrictions on healthcare professionals taking part in research
- The definition of direct-to-consumer marketing can include market research, making brand research more difficult
- Obtaining patient records can be problematic as specialists are reluctant to give out information
- Direct relationships are important – it builds trust if the recruiter and moderator are the same person
- Face-to-face interviews are preferred – participants can be suspicious (especially in Russia) of who might be listening to the call or watching behind a one-way mirror
- Participants may be reluctant to discuss the motivation behind a prescribing decision if an element of gift-giving is involved
- An informal setting can be more conducive to research.

work patterns in order to participate in a study."

In conclusion, CEE countries are important but one size does not fit all, said Sarah. "We must not assume that CEE countries want to be like Western countries. They want access to some of the things we have but they want to retain their own identity. We must embrace the cultural differences and tailor our approach to local circumstances – we cannot assume that a technique that works in one country will work elsewhere, even neighbouring countries," she said.

"Companies must not be put off from entering CEE markets," added James. "A gift-giving culture or the ability to buy a medicine without a prescription might feel wrong to a western person but these are not sufficient reasons to avoid a entire region. We must all be more open-minded."

THE PRESENTERS

James Rienow is Senior Manager, Regional Market Analytics, Pfizer, covering all primary care brands in emerging markets Europe, Russia, India and Turkey (EURIT), and **Sarah Phillips** is Head of Health at Incite. Both are members of the **EphMRA Executive Board.**

Hitting the target

AstraZeneca wanted an answer to an apparently simple question – what should a rep visit look like in order to lead to higher frequency of prescribing? However, in a region as complex as CEE, simple questions rarely prompt simple answers

What topics of discussion should sales reps be raising with healthcare professionals? Should they focus their sales call on marketing messages or the medicine's effectiveness, on clinical trial data or pricing and reimbursement issues? To answer these questions, and more, AstraZeneca turned to GfK, asking the agency to carry out an analysis of the Polish market from 2010-2012 that encompassed multiple products and disease areas.

The conclusions were surprising, said AstraZeneca's Agnieszka. "The study showed that clear, matter-of-fact messages developed by the marketing department and based on medical needs have the greatest impact on physicians. In addition, customers want new and credible information based on clinical trial data as well as patient-focused information to help with patient management," said Agnieszka. "Interestingly, the analysis also highlighted that physicians perceived discussion of pricing and reimbursement very negatively."

A clear, matter-of-fact message

Mariusz broke down these conclusions for attendees at the EphMRA meeting using data from his analysis. "We concluded that a clear marketing message based on physicians' needs was the best way to boost sales. 60% of physicians said they would strongly recommend a medicine to a colleague when the product was promoted through marketing messages, a higher figure than for promotion based on the medicine's effectiveness or discussion of the disease area," said Mariusz. "In addition, after nearly 80% of rep visits where promotion was based on guidelines developed by the marketing department, physicians declared their intent to prescribe the product more often."

"Physicians were particularly interested in receiving information that could help them with patient management," said Agnieszka. "Such information also increased the perceived credibility of the visit. However, customers are only interested in hearing about the advantages of a medication when the claims are demonstrated by clinical trial data. 58% of visits where clinical trial results were discussed were judged to be very interesting by physicians. In addition, the analysis highlighted that physicians found simple messages to be the most effective, provided they are credible."

New information was not only welcomed by physicians but had a positive impact on future prescribing, said Mariusz. "82% of visits where reps presented new information on a medication were perceived to have a positive impact on future prescribing, as opposed to 68% for visits that did not deliver new information. In addition, such visits were perceived as more interesting, credible and relevant."

This conclusion was reinforced by a campaign for a competitor product to AZ's Zoladex, said Agnieszka. "The campaign was built around a simple message that was new to physicians and which was persistently repeated by the sales team," she said. "It was a very effective campaign and had a large impact on our product's market share."

> "When we speak with one voice, articulating a simple, credible message, then the campaign will be effective."

The AstraZeneca/GfK analysis showed that while pricing and reimbursement was a popular topic of discussion for rep visits, such conversations were not favoured by customers. "Talking about price has 20% less positive impact on future prescribing behaviour than communications developed by the marketing department and only 46% of visits where reimbursement was discussed were perceived as credible by physicians," said Mariusz.

The analysis has led to a number of recommendations, said Agnieszka. "Marketing must prepare precise promotional communications that address physicians' needs, utilising market research to better understand those needs, and reps should avoid discussing the cost of therapy. Reps must also be better informed about the research process so that they are able to discuss clinical trial results with customers," she said. "When we speak together with one voice, articulating a simple, credible message, then the campaign will be effective."

THE PRESENTERS

Agnieszka Długołęcka, Product Manager, AstraZeneca, and **Mariusz Jędrzejewski**, Healthcare Director, GfK.

local chapter meetings

Listening to reason

Closed loop marketing is a hot topic both in pharma and other industries but does its success mean the end of pharmaceutical market research?

Closed loop marketing (CLM) is a simple concept with powerful applications, Bob Douglas told the audience at the EphMRA CEE Chapter Meeting in Warsaw earlier this month. "The definition of closed loop marketing does sound very revolutionary – 'a loop of two-way messaging with customers' – but it is quickly redefining the way we promote products to customers."

When he started in the business, marketing was about developing a simple message and saying it loud and often until you got through to the customer, he said. "I was often told that the quality of the messaging (and of the market research behind it) wasn't important as long as the message was clear and reps understood how to articulate it. Times have changed."

The change started about five years ago, when Proctor & Gamble announced their intention to stop shouting at customers and start listening to them. "The interaction between marketing and customer is at the core of closed loop marketing, listening to feedback and adapting your message. There is an increasing recognition that share of voice is no longer a key measure in predicting sales performance, even in markets where rep-led marketing is still prevalent," said Bob. "IMS data backs this up; it shows that there is a very poor correlation between share of voice and the value of the business."

Recording real-time information

Recently, CLM has been given a boost by new technology. "The digital detail aid delivered via a tablet computer has radically changed the way companies interact with their customers, it integrates the sales and marketing function. Using an interactive, flexible sales tool, reps can tailor the detail to the needs of the customer and, most importantly, it is possible to collect huge amounts of information along the way."

Digital detail aids on a tablet computer can record real-time information, said Bob. They can tell Marketing how long the rep and doctor spent looking at specific content, what other types of information interested the customer, as well as additional information such as what events the customer has been invited to and what web searches they have been doing. "This information is particularly powerful when you have prescriber-level information as we have the US, as you can form a very complete picture of each customer.

> People don't think how they feel, they don't say what they think and they don't do what they say.
>
> – DAVID OGILVY

However, even where that data is not available, reps can often find out indirectly what an individual doctor is prescribing. Either way, reps have access to huge amounts of information in advance of a sales visit, which makes the detail much more effective. CLM promises to deliver the right message to the right customers through the right promotional channels – and what could be better than that?"

However, for many, the rise of CLM means the end of market research, said Bob. "At a conference in Amsterdam on sales force effectiveness, an attendee made a shocking statement – that because so much data is captured in the CLM process, it makes market research redundant. Clearly, this is a worrying comment but it ignores a huge range of practical issues.

(Continued overleaf...)

ARE EphMRA CHAPTER MEETINGS A GOOD IDEA?

"The meeting was a great chance to hear insights on the CEE region. We have quite a lot of experience in carrying out field work here but it is good to hear from other people."

"I found the meeting very useful – it had an intimate feel and there were plenty of chances to talk to the other attendees, unlike at larger events like the EphMRA Conference."

"I am always looking for new knowledge and new solutions to my problems. It is important to attend events like this as you can learn a lot from other people's perspectives."

local chapter meetings

In the real world, it is difficult to reach the ideal level of detail and efficiency." Factors include the inadequacy of data, the difficulty in integrating the information to form a clear picture, plus the danger that the 'wow factor' of the technology will get in the way. "It is important to remember that the digital detail is a sales aid, not a marketing tool," he said. "CLM is a sales loop not a marketing loop. It is inherently tactical not strategic, and it tends to focus on healthcare professionals alone, not the increasing numbers of stakeholders, whose influence is increasing rapidly."

Another important practical issue concerns the very nature of CLM itself. "As CLM is a closed loop, it can be difficult to get information into the self-perpetuating system," said Bob. "For me, marketing is not just about what happens between the rep and the doctor, it is also about market insight, about understanding different customer needs and about broader influencer channels. Marketing is about understanding real people's lives."

Bob highlighted a quote from advertising executive and 'Father of Advertising', David Ogilvy. 'People don't think how they feel, they don't say what they think and they don't do what they say.' "As a rep, it can be very difficult to find out what a doctor thinks," said Bob. "You cannot know for certain whether they are telling the truth, or even able to articulate the motivation behind their decision making and behaviour. We need other means of listening to our customers, and that means market research."

In conclusion, Bob had some words of wisdom. "It is inevitable that closed loop marketing will become an essential part of the way we work. I was in India recently and companies there are experimenting

with tablet computers and digital content so it is not restricted to the US and EU Big Five. CLM can help us build better relationships with our customers but we must remember that technology is merely an enabler not an end in itself and that strategy is just as important as tactics. Fortunately for us, market research is not out of the loop and remains an integral input into the marketing process, as long as we focus on people's real lives and relationships."

THE PRESENTER

Bob Douglas is Global Head of Custom at Ipsos Healthcare and a member of the **EphMRA Executive Board**

The right approach

Carrying out market research in the Czech Republic and Ukraine presents a range of practical challenges, Keti Natsvlitchvili told the audience at the Warsaw meeting

"The Ukraine and Czech Republic are very different countries and healthcare markets," said Keti, presenting a comparative analysis of the two markets. "Ukraine is 7.5 times the size of the Czech Republic and has a population 4.5 times larger, however its GDP, healthcare spend and life expectancy are significantly lower. Also, although both countries claimed independence in the early 1990s, the Czech Republic undertook reforms early on and has a much more developed and comprehensive healthcare system."

The Czech Republic's system is tax-supported and near-universal, even covering visitors. While it does not currently cover the cost of medications, additional 'complex' insurance is popular and further reforms are underway to extend the system to include medicines. In Ukraine, although reforms were scheduled for 2009, they were delayed due to the situation in the country; consequently, the healthcare system is the same as in Soviet times. In theory, Ukrainians receive free basic healthcare but, in practice, patients rely on hospitals to provide the majority of their care and must shoulder around 97% of the cost. Standards of care also vary considerably across the country and there is no quality control. Private health insurance is taken up by only 1% of the population and 80% of medical services are consumed by the top 20% of earners. This means that there is little preventative care and the majority of people wait until something goes very seriously wrong before seeking medical care.

Keti outlined some of the health challenges facing the countries. "Ukraine has the highest rate of HIV/AIDS in Europe and a large amount of funding is allocated to its treatment. In addition, the country continues to deal with the effects of one of the worst nuclear accidents of all time. The Chernobyl disaster affected 9 million people and cancer rates in the country are three times the European average and demand for healthcare services outweighs supply. Bribery is also commonplace, primarily because doctors' wages are so low, only €230/month, compared to €1,700/month in the Czech Republic, where corruption is rarer." She also pointed to a shortage of qualified medical professionals as low wages provide little incentive for young people to enter the profession.

In the Czech Republic, the situation is significantly more rosy but there are still challenges, she said. "The biggest

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> The Chernobyl disaster affected 9 million people and cancer rates in the Ukraine are more than three times the European average.

problem is the lack of transparency as patients do not have access to their medical information so they cannot see what was prescribed or how much it cost and cannot check whether healthcare professionals only claimed for services they provided."

Keti also shared her experience of working in the two countries. "When doing research, it is important to bear in mind that the role of GPs in prescribing is much less important, so you might want to select a wider sample of participants, especially pharmacists, who have a more influential role in both countries. The role of nurses is also very different; they are generally under-utilised and have little decision making power. Other stakeholders, such as technical engineers and lab directors, tend to be suspicious of market research studies and rarely participate."

Personal relationships are crucial to success, she said. "When interviewing specialists, it is best to avoid naming others taking part as we have had participants walk out on the research. Effective methodologies include CL, telephone-depth interviewing and face-to-face interviews, online and self-completion questionnaires and ethnographic research with physicians, pharmacists and patients."

In terms of methodologies that can prove difficult, Keti mentioned diary studies involving charts, web-assisted telephone interviews – due to slow internet connections, time differences and language barriers – and studies involving key opinion leaders and Ministry of Health officials.

"In addition, creative studies are not well understood, especially if the questions seem flippant and undermine the seriousness of the study. Physicians are also reluctant to engage in role play and it is best not to mix senior and younger physicians in focus groups," said Keti. "A final note, physicians in these countries can be much younger than is normal elsewhere as they finish school earlier and can, at the age of 25, be experienced physicians."

THE PRESENTER

Keti Natsvlitchvili is Senior Research Analyst at East to West Marketing Research

"The agenda of the meeting was interesting and the presentations excellent. I particularly enjoyed the talk on closed loop marketing as it is a hot topic right now. There was also a good level of debate, although I would have liked to see more real-life examples."

Focusing on the data

In the final presentation of the Warsaw meeting, Marion Wyncoll highlighted some of the healthcare data available for the CEE region and how to access EphMRA's Open Data

"There are many fantastic sources of information on the CEE region, including familiar favourites such as the World Bank, the World Health Organization and Eurostats. The challenge for the market researcher doing desk research, however, is that these sources are not standardised," said Marion.

The data sources often have different front ends, requiring a slightly different approach for each, different file formats, making data extraction complex, and different search mechanisms to find relevant data. In addition, they often have different data definitions and update frequencies. "Also, sources share data," said Marion. "So with Open Data – EphMRA's repository of data sources – we concentrate on World Bank data, as it is where most of the data is grounded."

For her presentation, Marion accessed a number of data sources using Open Data and integrated them to provide an overview of 10 CEE countries. "I extracted data in areas that I think are most relevant and important for those of us carrying out market research in the region. Firstly, I looked at population trends as they are the most important data of all, they affect everything we do."

Population across the region is declining, dropping from 308 million in 1996 to 241 million in 2010. "When it comes to population, we must recognise the importance of Russia, which represents nearly one-half of the entire population of the region. When added to its neighbour and second most populous country, Ukraine, they represent 64% of the region's population."

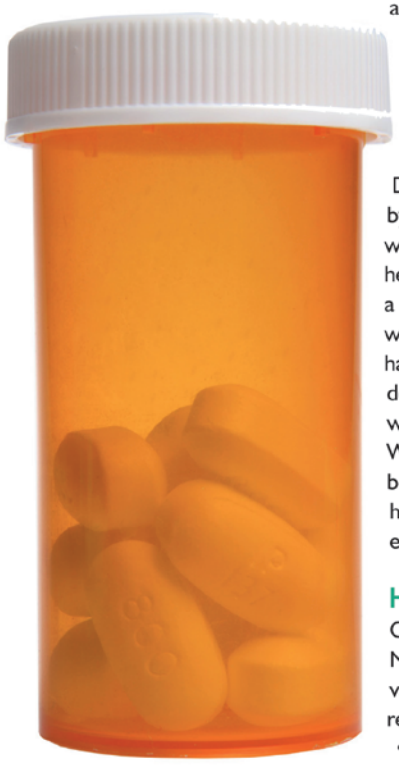
Why is the population declining? Marion pointed to the population

of those aged over 65, which in many parts of the world is increasing rapidly. "In Japan, the 65+ population has reached 22.7%, the highest of any country, and this segment is also growing in Germany, Hungary and Bulgaria. However, in Russia, it has fallen to 12.8% of the population." The cause? "There is a 10-year gap between life expectancy in Russia and most countries in Europe, including some in the CEE. While a man in Russia can only expect to live to 63 years of age, life expectancy in the Czech Republic is 74 and in Poland 72. This is a huge difference, although Russia is improving as life expectancy was even lower in the recession of the 1990s. In addition, Russia and many other CEE countries have a birth rate lower than their death rate (with the exception of the Czech Republic, Poland and Slovakia)."

Spending on health

Marion also looked at the amount CEE countries spend on healthcare. "Healthcare spending across the region has increased sharply over the past 10 years, from $34 to $153 billion, although it has slowed in recent years, with some countries seeing a decrease in health spending. Although Russia represents a large proportion of this spending, when you consider its large population the situation looks less optimistic. The country lags far behind countries such as the Czech Republic, Slovakia, Hungary and Poland when you look at healthcare spending per capita."

Russia also lags behind in spending on pharmaceuticals. "Hungary spends a massive 34% of its healthcare budget on pharmaceuticals, a higher figure than Japan (21%), France (16%) and even the US (14%). Why is this? There are many factors but a tendency to overmedicate and low use of generics are important. When you break this down and look at pharmaceutical spend per capita, we see that spending is significantly lower than the US ($983 per person), France ($635) and Japan ($630), with Slovakia and Hungary having the highest spend ($538 and $554/person respectively)."



As part of her overview of the CEE region, Marion looked at healthcare determinants, focusing specifically on cancer statistics. "I picked one key healthcare determinant – smoking – and was shocked to see that the Czech Republic has a huge level of tobacco consumption, more than double the per capita consumption of France or the UK." To get a picture of cancer prevalence and treatment in the region, Marion used three data sources – OECD, Eurostats and Globocon. "Despite spending a lot of money on pharmaceuticals, OECD data shows that Hungary has a higher rate of cancer deaths than other countries, with 475 deaths per 100,000 population compared to 325 deaths in USA or 349 in Belgium. Breaking this down into types of cancer, we can see a spike around malignant neoplasms of colon, which is much higher in Hungary than elsewhere."

Marion accessed Eurostats through EphMRA's Open Data to track the number of cancer inpatient days in Romania and the Czech Republic. "In the Czech Republic, we see a good downward trend showing fewer inpatient days for all cancers over time. However, in Romania, we see very little change; while breast cancer is decreasing, colon cancer is increasing." This picture of cancer in the CEE region is enhanced by data from Globocon. "This excellent data set shows that lung, colorectal and prostate cancer have both a high incidence and mortality across the region. Comparing this to the picture in the EU generally, CEE countries have much higher cancer mortality."

> "The Czech Republic has a huge level of tobacco consumption, more than double the per capita consumption of France or the UK."

To finish her presentation, Marion focused on Russia using local data accessed through Open Data. "Russia is the largest country in the world by land area and is divided into 90 territories with widely differing levels of economic development and healthcare spending. The oil-producing areas have a GDP that is 18 times the average for the country, while southern areas have three times less GDP. We have already seen that the population of over 65s is declining – due, in part, to a population dip of those who would have been young adults during World War II – however, this figure will increase as the baby boomer generation matures. Healthcare companies have a huge opportunity to help increase the life expectancy of this generation of people."

How to access Open Data

Open Data is a resource available to all EphMRA Members and Associate Members. It provides valuable general background to increase a researcher's knowledge:

- For strategic assessments
- Forecasting
- For quickly evaluating disease areas/countries where there is little/no direct experience
- Background is desired to assist in the design of primary research: target, sample size, areas of questioning, universe

To access this resource, please contact Bernadette Rogers at generalsecretary@ephmra.org

THE PRESENTER

Marion Wyncoll is Business Development Director, Themis Analytics.

IS THE CEE REGION OF INTEREST TO YOU AND YOUR COLLEAGUES?

"We are doing more and more international studies that include the CEE region so it is an important area. Everyone needs to know what is going on here."

"I am based here in Poland, so the meeting was a great chance to learn more about other markets and get a more regional perspective."

"EphMRA should run more events in CEE. It is vital that we know the rules and regulations in every market. EphMRA's Russia and Poland guidelines are very helpful but we need more."

our reporter in...

… Spain

By Georgette van den Bosch
Managing Director
Pharmore Research
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there is an unprecedented opportunity to maximise the value of products and potentially develop new opportunities for long-term business success

A storm is the **best time to fish!**

In Spain, companies are currently operating in highly uncertain times and the recent regulatory changes in the National Healthcare System (Sistema Nacional de Salud, SNS) makes this is even more challenging. Conventional sense may prescribe to reduce costs and to cut back on investment and to focus on the core business but freezing in the face of threats will only result in being left even further behind.

Asking questions and exploring possible future scenarios, developing a realistic view of the game board will make us feel more confident and it will be the companies that do this now that will create products that we'll all be talking about in years to come.

On 24 April 2012, the Spanish government announced reforms to the SNS which outlines a series of new measures to restrict supply and demand of healthcare services and products in Spain. Uncertainty remains over the precise nature of some of these reforms and the exact implications they will have but a few of the main changes are outlined below:

Changes to the Common Services Portfolio of the SNS & co-payment mechanisms

Whereas previously there was just one portfolio, it is now divided into three categories: basic, accessory and supplementary. Only the basic one will be free, while introducing new co-payment mechanisms in the remaining two. Also, drugs that previously were reimbursed have now been removed from the basic category (e.g. drugs that treat minor symptoms).

Reforms to reference pricing

Further reforms have been made to the reference pricing system pushing prices further down, e.g. pharmacists are now obliged to dispense the product with the lowest price within the reference group and in case of equal price the generic will need to be dispensed.

New health technology assessment systems

HTA agencies will become more involved in the evaluation of drugs included in the Service Portfolio as well as in the analysis of new technologies and procedures. Furthermore, a new cost-effectiveness body (Comité Asesor de la Prestación Farmacéutica del Sistema Nacional de Salud) has been announced to act as a NICE (National Institute for Health and Clinical Excellence)-like body. It will be composed of recognised experts assigned by the Ministry of Health (MoH) who will provide economic analysis on the therapeutic value of reimbursed medicines.

Centralised procurement processes

The reform also establishes the creation of a Centralised Procurement Platform, which means that the different autonomous regions in Spain will lose some of their purchasing power. This saving mechanism has already started with the purchase of vaccines which generated important savings for the MoH. This measure will be applied also to hospital drugs and medical technology.

Outlook

The market research sector in Spain has been contracting in recent years. The data from the Spanish Market Research Associations AEDEMO and ANEIMO mention that the total net sales of the Market Research sector in 2011 are estimated at €505 million, 4.5% less than the previous year and reversing the slowdown of -2.2% in 2010 from -7.7% in 2009.

Pharmaceutical market research fared slightly better with sales decreasing by 3.2% in 2011. The associations also mentioned in their report that the Market Research sector is without doubt affected by the negative evolution of the Spanish economy and it is foreseen that 2012 will show a further contraction before recovering slightly in the second half of 2013. Furthermore, depending on how the new measures of the MoH evolve, they could have a significant impact on the pharmaceutical industry.

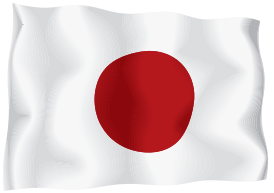
our reporter in...

Despite these challenges, within the significantly changing and evolving healthcare system in Spain there is an unprecedented opportunity to maximise the value of products and potentially develop new opportunities for long-term business success.

Comprehensive market research is one of the critical tools that provides support tackling this complex situation by delivering the Industry with the intelligence they need. Using new technologies, innovative and cost-effective approaches, targeting various groups (physicians, patients, caregivers, pharmacists, payers and policymakers) in topics such as market landscaping & exploration of unmet needs, product profile development testing possible scenarios of trial outcome, pricing research and patient profiling which could successfully identify growth opportunities, probabilities and potential, driving future strategies in the Spanish market for the coming years.

Patients are speaking out **in Japan too!**

… Japan



According to statistics published by the Japan Marketing Research Association, the total marketing research industry size was around €1,260 million in FY2011 (year ending March 2012). After the financial crisis in 2008, the industry saw a slight decline but over the past few years, the market has been quite flat, with a slight growth in 2011 (in local currencies).

It is reported that around 17% of this total market is accounted for by research for industries such as chemicals, cosmetics and pharmaceuticals. So, although the numbers are not quite clear, we can estimate the market size for healthcare market research is to be around €80 - 100 million. However, this has been continuously growing as domestic pharmaceutical companies are being becoming more active in conducting market research.

As with other countries, Japan is also seeing a continuous growth in online research, especially in the healthcare market. Much of this is due to the fact that it is becoming more difficult to use face-to-face methods as physicians are becoming extremely busy and many hospitals are no longer accepting calls from market research agencies. Online studies and online recruitment for qualitative methods are becoming a popular and effective way to work around this current difficulty in recruitment.

Another trend we are seeing in Japan is the emerging need to conduct patient studies. Historically, the share of generics in Japan has been extremely low compared to the markets in EU and US. However, actions taken by the government have gradually been changing this situation seeing the share of generics growing from 17% in 2006 to 23% in 2011. During these years of change, the term *generikku iyakuhin* (generic drugs) has become a very common term and patients are becoming more cost conscious than ever before.

According to a major survey conducted by Anterio with 700,000+ patients, over 10% of them asked for a generic to be prescribed. On the other hand, specific requests for the brand by patients exceeded 10% of total prescription for that brand. This is not a situation that was seen in Japan a decade ago and pharma companies are clearly seeing the need to communicate to a new group of customers that had not been in the spotlight before.

As a result, the research industry has seen a growing need to conduct patient studies. Here, researchers need to take extra care in handling personal information. The privacy law that took effect in 2005 specifically points out health conditions as a category of personal information that, in general, should not be collected. This means that patients cooperating in interviews need to be clearly notified prior to the interview that health-related information will be gathered. They must be told how their information will be handled and stored, and that they have the rights to refuse at any point during the interview. Becoming a certified Privacy Mark holder is a way to prove to the patients that their privacy data will be handled rigorously.

By Yoshiya Nishi
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As with other countries, Japan is also seeing a continuous growth in online research, especially in the healthcare market...

spotlight on...

… Egypt

By Sherif Shafick
General Manager - Middle East and Africa
Kantar Health
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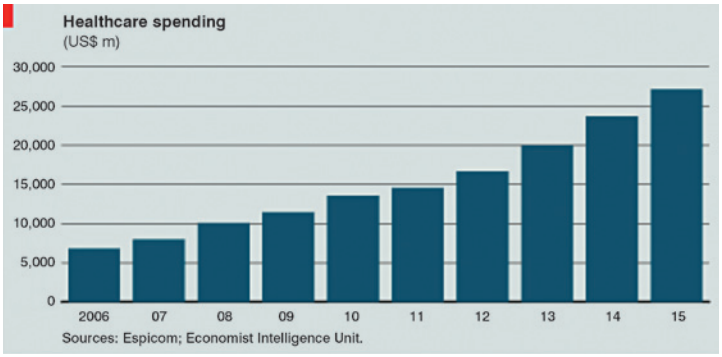
there is an unprecedented opportunity to maximise the value of products and potentially develop new opportunities for long-term business success

Egyptian healthcare research opportunities and **challenges post Arab Spring**

As the most populous country in the Arab world and the second most populous country on the African continent, Egypt has always had a healthy demand for healthcare and this remains true today, despite the fact that over half of the population (57.5%)* has to pay for medical care out-of-pocket.



Source; Economist Intelligence Unit 2011

Healthcare spending as a proportion of GDP is low compared to the West (e.g. US 17.9%, UK (9.6% in 2010) but at 4.7%** it is similar to that of other emerging markets. Add this to the fact that strong annual growth is forecast - to the tune of 15% per annum to 2016***, making it the second highest revenue earning country in MENA after Turkey - and it becomes clear why it is a potentially attractive prospect for pharmaceutical companies looking to expand their product portfolios.

Disease profile

Egypt's healthcare profile has been evolving over the past 20 years to be more like developed countries, with longer life expectancy and higher productivity. Although it differs from the west in that the majority of its population is young (median age in 2012 is estimated at around 25 years for males and females**** compared to 40 and 43 for North American males and females respectively), it is experiencing a growing number of western-style lifestyle related illnesses, such as cancer, diabetes, heart and chronic respiratory disease. The most common forms of cancer are breast, liver, bladder and lymphatic and the leading causes of death *are ischaemic/myocardial heart disease (21%), cerebrovascular disease (7%) and hypertensive heart disease (6%)*. Pharma companies who have developed portfolios for these diseases in the west have an opportunity to extend their portfolios to take in Egypt and other countries in the emerging markets that are going through similar changes in health profile.

There is also an unusually high incidence of hepatitis B and C in Egypt. The latter is associated with high mortality from chronic liver disease, cirrhosis and liver cancer, one of the top five leading causes of death. Currently, the estimated prevalence of HCV-positive individuals is around 15% in Egypt, the highest worldwide and the absolute number of cases (11.5 million infected), is also higher than North America and Latin America combined. Poor medical hygiene is a contributing factor as is lack of awareness of symptoms, the severity of the disease and possible cures. Not everyone remains infected but the Egypt Demographic and Health Survey (EDHS) reported that 9.8% of those that do continue to be untreated.

Indicator	Year	Egypt	North Africa & Middle East (R-1)	World	Source
Health expenditure, private and public (I-40) (US$ per capita)	2007	310	287	869	UNDP, 2010
Physicians per 10,000 people (I-41)	2000 - 2009	24	nd	nd	UNDP, 2010
Births attended by skilled health staff (I-42) (%)	2000 - 2008	79	77	75	UNDP, 2010
Prevalence of child (ages 0-5) malnutrition (I-43) (%)	2003 - 2009	8	14	26	UNICEF, 2011
TB treatment success rate, new smear-positive cases (I-44) (% of cases)	2008	89	88 (1)	86	WHO TB Control Report, 2010

Sources - WHO TB control report, UNICEF disease reports 2011, UNDP 2010

The challenges… and opportunities

While Egypt is, in many ways, a land of opportunities for pharmaceutical companies looking to expand their portfolios, it is important not only to understand the disease profile but also the economic and political challenges that exist now and are likely to persist to a greater or lesser degree for several years to come, and also the cultural and social nuances that can make or break a campaign.

Healthcare in Egypt - a general overview of the system

Primary healthcare as seen in the west does not exist in Egypt and democracy is changing the situation slowly, it still has a long way to go before it is any way comparable. As in other parts of the Middle East, the patient is a key stakeholder, often going directly to a pharmacist for almost any prescription drug. Despite efforts to extend the public sector insurance scheme, less than half Egyptians are covered by public sector insurance but this does not mean that those patients who have cover patients spend more on drugs; indeed those without insurance currently spend 42% more than insured patients per year.

Over a quarter of patients don't go to doctors for treatment either for acute or chronic illness and twice as many uninsured versus insured don't seek care. This can be down to geography, lack of education/awareness as well as cost (over half the population live in rural areas). The emerging markets in general struggle to retain public sector doctors (if they have any) due to poor conditions and pay, especially in rural areas and Egypt is no exception. Many doctors are unwilling to leave Cairo and Alexandria, Egypt's second-largest city, to work in rural areas because of resource issues and educational/awareness campaigns that exist don't reach these patients because of this and cultural/social issues. Private work in urban areas is also more lucrative.

Public-sector hospitals, which account for the majority of care, have been underfunded for years and many still function poorly, with facilities that were out of date and badly maintained. Quality has also been severely compromised by the fact that there were no common standards or monitoring and a lack of co-ordination between facilities.

Healthcare reform post Arab Spring

Following the revolution in early 2011, The Muslim Brotherhood's Freedom and Justice Party (FJP) went one step further than its predecessors with promises on healthcare reform, effectively agreeing to overhaul the entire healthcare system by 2025. They proposed to do this by growing healthcare expenditure to international levels. Doctors' salaries were set to rise, there would be further increases in physician and other healthcare worker numbers (there was a rise to 2.1 doctors per 1,000 people in 2010, from just 0.8 from 1990 - 2010*****) and health insurance coverage would be offered to all Egyptians. The most crucial changes included allocating over $115 million to provide primary healthcare in villages, free medical treatment from hospitals and subsidised treatment of children under six who are not covered by health insurance, enhancing family planning services at a national level and institutionalising/strengthening consumer protection. International recognition and support for government-funded programs would also be sought to address key diseases.

Egypt is, in many ways, a land of opportunities for pharmaceutical companies looking to expand their portfolios

Opportunities arising from change

Although it has been constrained in its ability to increase spending by slow GDP growth and a widening fiscal deficit, The Ministry of Health is committed to working in partnership with pharma companies on primary, secondary and tertiary care social welfare programs and on generally improving outcomes. These include extending collaborative community, national, regional and international educational programs aimed at prevention of key diseases and the creation of model/mobile clinics to tackle geographical challenges and ensure early detection of diseases like breast and cervical cancer. Relatively successful health programs have already been put in place at no cost to patients to tackle Poliomyelitis, tuberculosis, viral hepatitis B/C and bilharziasis. Moving forward, there are particularly strong opportunities for pharma companies to help prevent and control hepatitis C infection, including preventing HCV infection in healthcare settings, ensuring a safe blood supply, establishing surveillance and monitoring to track the effectiveness of control programs and providing care and treatment. Educational, community and treatment programs in conjunction with pharma companies are also an area of opportunity but so far these have been limited to approximately 20,000 patients. Also, while there has been

there was a rise to 2.1 doctors per 1,000 people in 2010, from just 0.8 from 1990 - 2010

spotlight on...

As always, understanding the key stakeholders and their social/cultural motivations is a really key factor in achieving success

international recognition from the IMF for health-related Millennium Development Goal programs to tackle the epidemic, government funding typically only covers 40% of total costs of the screening and treatment programs, with the remaining 60% being paid by insurance companies and patients.

Wider healthcare insurance coverage should also happen to close the affordability gap at least, although timing for this is still uncertain. The plan before the revolution was to ensure all of the population would be covered by health insurance as soon as possible but this will cost $80B, which is four times the current budget. The early estimate was that this could be achieved in nine years, that then became 20 years and a firm date is still be reached.

In terms of product launch opportunities, generics are still the most popular form of therapy but there are opportunities for highly specialised, and more valuable, pharmaceuticals. While the current drug pricing system makes it hard to trade profitably, pharma companies have also looked at tactics such as providing the government with drugs at discounted prices, which then ensures that they reach the citizens who need them or using other tactics such a strongly tailored packaging and marketing to get buy in to brands (see the case study in the next section of this article for more on this). There are also opportunities to engage KOLs on price concessions as part of their decision-making process. We have, for example, run successful educational workshops for the country's largest payer (the Health Insurance Organization (HIO)) to help them understand the appropriate use of cost-based health economics models in determining the price they should pay.

The lack of quality and innovation offered by local partners and the lack of investment in R&D generally is another concern for international companies producing drugs locally through partnership or licensing but hopefully the situation will improve as government reforms take shape. In addition, the deregulation of imports means that manufacturers of medical devices have a particular opportunity in the market.

Opportunities for international pharmas will also be majorly shaped by how effectively Egypt implements the World Trade Organisation's Trade-Related Aspects of Intellectual Property Rights (Trips) agreement. Its proper implementation may attract more foreign investment. It is also likely to raise the price of drugs which won't really help the general healthcare situation until the healthcare insurance situation slowly (but hopefully surely) improves.

The importance of cultural and social understanding in achieving success

Launching new brands can be challenging in a country dominated by generics (they accounted for over 70% of the market pre Arab Spring*****) but for those who succeed in capturing market share, the rewards are strong. As always, understanding the key stakeholders and their social/cultural motivations is a really key factor in achieving success. Egypt has a unique and often contradictory social/cultural landscape that is in some respects changing rapidly (e.g. in the development and uptake of social media) and in others is completely mired in tradition. Pharma companies can benefit greatly from working with on-the-ground research teams to ensure they get a complete picture of the market landscape.

For example, pharma companies with head offices in the US or Europe may not realise that when physicians prescribe drugs in Egypt (and elsewhere in the Middle East), they are working toward a promise of a better reputation and a better career. So whereas doctors in the West tend to be rationally led, the prescription process in Egypt is actually driven by emotion. Marketing programs focused on stressing functional differentiation therefore wouldn't work. Traditional market research techniques don't work either as physicians shy away from talking about themselves in terms of having particular needs and attitudes.

When we recently worked with an international client who wanted to expand their portfolio to Egypt by introducing a comparatively expensive pain management brand, we proposed a needs-based segmentation and positioning strategy and the use of a psychological framework and projective techniques to get an understanding of physicians' emotional responses to the brand. Using core physician archetypes based around psychological types as the basis of our analysis, we studied the segments to understand their behaviour and determine profiles. From quantitative and qualitative interviews with the various segments, we ascertained their awareness, perceptions and attitudes toward brands, factors that influence prescription behaviour, whether they orient prescribing certain brands for certain patient types and any concerns/anxieties they might have.

Our techniques uncovered some unexpected responses and negative emotions that could affect success if left unchecked. Brand image - good packaging, clear instructions, premium positioning - was also found to be very important to the physician's own image in a market where consumers can buy prescription drugs without visiting a doctor, taking precedence over scientific concerns. The client launched their brand and achieved market leadership, showing the importance of understanding local culture in the process of gaining market access.

It's also increasingly important in a country where educational and awareness campaigns are opportunities but geography is a challenge to note how stakeholders are consuming information online. While only 9% of the overall population has internet access and only 21% have computers, 82% have a mobile phone and two thirds of these of these are Smartphone users (72% of whom are under 34). 90% of these Smartphone users are also highly susceptible to mobile marketing with 80% of Egyptians making mobile purchases at least once per month (compared to 62% for the U.S., and 56% for the U.K).****** These figures would suggest that educational and awareness healthcare campaigns run on a mobile and app based therapeutics could be effective. As 92% of Egyptian social media users use sites such as Facebook (more users in Egypt than anywhere else in the Middle East region) to get news and information (compared to 86% in Saudi Arabia and UAE), this medium could also be a highly effective way of reaching stakeholders.

Summing up the challenges and the opportunities

In terms of the pharma market research opportunity, Egypt is a more complex country than many in the emerging markets, not least because the dust has let to settle more than two years on from Arab Spring. It has a long way to go to become modernised in terms of its healthcare provision and while that is the case, pharmas have opportunities to work with the government, payers and other KOLs to improve outcomes. There is also the opportunity to home in on the best channels and messages to ensure marketing/educational activity success with key stakeholders in a market that is truly starting to embrace digital/mobile marketing.

By far the most important factor that will influence the size of the opportunity moving forward is how far the government moves towards following through with their promises. Although there are some areas where progress can be made in the short to medium term, radical reform is looking like being a long term game plan. Egypt still offers more medium to long term promise than its geographical neighbours, Morocco and Algeria, and also many more Middle Eastern countries so it really is worth finding a local partner who can help you negotiate the hurdles and seize the opportunities as they arise.

Egypt still offers more medium to long term promise than its geographical neighbours, Morocco and Algeria, and also many more Middle Eastern countries

By far the most important factor that will influence the size of the opportunity moving forward is how far the government moves towards following through with their promises.

Sources

** World Health Organisation (WHO) estimates 2010*

*** Worldbank GDP estimates 2010*

****IMS/Economist estimates 2011*

** ***CIA Worldbook 2010*

******Economist Intelligence 2011*

*******Econsultancy Factfile 2012*

All non-attributed data is sourced from Kantar Health studies.

2013 conference details

Shaping the Future
NEW DIRECTIONS IN RESEARCH

Programme

EphMRA 2013 Pharmaceutical Market Research Conference

25 - 27 June 2013
Novotel London West
1 Shortlands
London / W6 8DR / UK

EphMRA
European Pharmaceutical Market Research Association

2013 conference details

Time Schedule (Overview)

All sessions take place at the Novotel London West.

Day 1 - Tuesday 25 June 2013

09.00 - 14.15	Committee Meetings
14.30 - 17.30	Masterclasses and Workshops
19.00 - 19.30	Welcome Cocktail for first time attendees
19.30 - 20.30	Welcome Cocktail

Day 2 - Wednesday 26 June 2013

08.30 - 11.30	Masterclasses and Workshops
09.30 - 11.00	Agency to Agency Supplier Meetings
11.40 - 12.15	EphMRA AGM - Full Members only
11.00 - 12.15	Associate Members Meeting
12.20 - 12.50	Power Lunch
12.55 - 14.25	Agency Fair
14.30 - 14.45	EphMRA Welcome and Conference Opening
14.45 - 15.15	Plenary Session - Key Note Speaker
15.15 - 15.45	Coffee
15.50 - 16.20	Parallel Sessions 1 & 2
16.25 - 17.45	Debate
18.30 - till late	EphMRA Evening Event

Day 3 - Thursday 27 June 2013

09.00 - 09.30	Parallel Sessions 3 & 4
09.35 - 10.05	Parallel Sessions 5 & 6
10.10 - 10.45	Coffee & Interactive Poster Session
10.50 - 11.20	Parallel Sessions 7 & 8
11.25 - 11.55	Parallel Sessions 9 & 10
12.00 - 12.30	Power Lunch
12.30 - 14.00	Agency Fair
14.10 - 15.30	Balloon Debate
15.35 - 15.50	Conference Closing and 2014 Conference Announcement
15.50 - 16.30	Closing Cocktail

Masterclass and Workshop Overview

	Masterclass 1 Social Media and Implications and use at Local Level *(2 x 3 hour sessions)*	Masterclass 2 Methodologies of the Future *(2 x 3 hour sessions)*	Masterclass 3 Fieldwork challenges and opportunities in Brazil, China and Russia *(2 x 3 hour sessions)*	Workshop 1 Managing Change and Uncertainty *(1 x 3 hour session)*	Workshop 2 Individualised Medicine - Opportunities and Threats and Implications for Market Research *(1 x 3 hour session)*
Tuesday 25 June 2013	14.30 - 17.30	14.30 - 17.30	14.30 - 17.30	14.30 - 17.30	-
Wednesday 26 June 2013	08.30 - 11.30	08.30 - 11.30	08.30 - 11.30	-	08.30 - 11.30

associate members news

People News

Branding Science congratulates Joe Gadilhe, Sam Martin, Ellie Jones and Ella Laramee on their recent promotions and welcomes Anna Field and Kim Day who join our New Jersey office.

Millward Brown Healthcare appoints Qualitative Director. With over 16 years market research experience, both client and agency side, Carolyn Chamberlain joins Millward Brown from Ipsos where she was a Director.

Adept Field Solutions, are delighted to announce further expansion following a strong period of growth. Heliana Bedoya joins as Project Director, and Jason Seymour has been promoted to Project Director.

Dr. rer. nat. Eva Englberger has joined the Healthcare Division of CONCENTRA Marketing Research as international project manager with particular focus on cardio-vascular diseases and medical devices in general.

Ellen Cabacungan joins SKIM as Senior Qualitative Methodologist. Based in SKIM's US office in NJ, Ellen brings a highly strategic perspective to research from her background in advertising and brand consulting.

Elma Research is delighted to welcome Andrea Testori as Research Director. Andrea will join and strengthen the quantitative team on national and international projects.

Medi-Pragma welcomes Rosaria Ledonne: with a wide experience in quantitative fieldwork management, she joins our team as the new Field Professional. www.medipragma.it

associate members news

People News

InSites Consulting

Marije Nouwen (Research Consultant) & Charlotte Van Tuyckom (Senior Research Consultant) joined the dedicated InSites Consulting Health team in January. Next to that, Sofie Bruggeman is promoted Senior Research Manager.

double helix

Double Helix announces the appointments of Rebecca Walker, Sofia Lombera and Katerina Kelesidi and promotions of Rebecca Da Cunha, Shaz Iqbal and Gavin Harper in its London HQ.

P\S\L RESEARCH

Bob Douglas has joined P\S\L Group as Chief Strategy Officer. In his new role Bob will focus on the development of new services, building upon the businesses existing strengths.

trufflenet health
The Experts in Digital Healthcare Research

Trufflenet launches health division. The multi-lingual research agency has launched specialist healthcare division, Trufflenet Health, led by Janet Gunner, delivering HCP and patient insights from social media sources - globally.

DEMANDA

Demanda is happy to celebrate Marina Mischan's 2rd year in the team. She has performed brilliantly as Project Manager focusing on qualitative research and client service.

ALL GLOBAL

All Global is delighted to welcome back Amy Boast who has rejoined the business as Director of Business Development. Amy brings a wealth of full service international experience to this role.

insight RESEARCH GROUP

Insight Health US has appointed Kathryn Gallant as joint CEO to work alongside Jessica Cunningham. She replaces Avanti Ananthram, who will become head of international development based in the UK.

associate members news

People News

KJT Group welcomes Mariana Olivar, Research Manager; Anne Marie Green, Research Associate; Tim Brewer, Research Assistant and Param Singh IT Administrator to its healthcare research and consulting team.

Stephen Godwin will head the KoL division for TPSi. Stephen, latterly KoL head at Synovate/IPSOS, is known for his award winning presentations and for being an Early Stage Product expert.

All Global is delighted to welcome back Tom Pugh who rejoins our EU team as Director Business Development. Tom has a strong background in International Data collection bringing extensive feasibility insights to his role.

Services News

STETHOS International - Tracking the HIV Market with the best tool for 15 years!
Robust, Reliable, Accurate multi-country data for dynamic and total Markets!
Contact: Rachel Leroy MD
leroy@stethos.fr

H&Ps new patient centricity framework uncovers the drivers of patient engagement throughout their disease pathway, allowing you to enhance their journey towards compliance and advocacy.

associate members news

Services News

Kantar Health collaborates with Roche on publishing its much-anticipated obesity in France study, ObEpi 2012, which has been updated five times in the past 15 years.

Black Swan Analysis has expanded its Epiomic™ patient population database with over 100 diseases now available for subscription along with the recent launch of a Hospital Patient Episode database.

fastforward research has been advancing innovative qualitative research techniques to uncover exciting insights on customers' willingness to pay (patient & physician perspectives) and affordability markers within the healthcare arena.

GKA would like to introduce the Knowledge Works, a rich source of information with fast access to expert thoughts leaders. Look at our website to find out more www.gilliankenny.com/our-approach/knowledgeworks

Clarity Pharma Research = scientifically valid patient record studies that optimise marketing decisions.
www.claritypharma.com
Contact: information@claritypharma.com

42 market research announces the addition of panels for Sweden, Norway and Finland to its existing global online healthcare panel portfolio. Please visit www.42mr.com for more information.

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associate members news

Services News

Amber - 12 years leading the market
Amber a multidisciplinary team over 20 professionals and 12 years leading the Spanish industry, offers you global and creative solutions in market research.

PMR has launched pharmaceuticals, healthcare market intelligence portal for CEE & CIS regions. The platform offers a wide range of functionalities and contents: data, forecasts, reports, news, companies' profiles. moreinfo@pmrcorporate.com

ITG announces the Q4 2012 report in its HOSPITAL EXECUTIVES series, which focuses specifically on the impact of the US election, the Fiscal Cliff, and Obamacare on hospital budgeting / spending.

WorldOne, global leader in healthcare insights / intelligence, acquires Sermo, largest online community of U.S. physician becoming the largest, most engaged U.S. physician network, eclipsing 350,000 opted in and verified doctors.

Intercampus is the first portuguese company to launch a mystery shopping panel in the pharmaeutical industry, to gather regular information about recommendation of generics.
www.intercampus.pt
master@intercampus.pt

HCMs are frequently struggling with patient noncompliance issues. ComplitrAAck, AplusA Research - new Compliance Insights tool, will enable you to improve your product - compliance. Contact us at aplusa@aplusaresearch.com to learn more!

Themis introduces Mobile Views delivering powerful analytics on the go. Pharmaceutical executives can now explore data and draw insights on their iPad using Themis' familiar and intuitive interface.

associate members news

Company News

suAzio consulting kicks off 2013 with a fresh look

suAzio consulting has launched a new website to support its growing global businesses. Visit www.suazio.com to learn more.

Bazis Group presented new corporate logo and reinforced its presence in USA by opening its Chicago office. This step will allow to provide a dedicated marketing research support focused on Russia and CIS.

Looking for fantastic meeting/conference facilities in Switzerland? Come to our new office at the IUCN (World Conservation Union) in Gland. It's Minergie certified and Europe's greenest building: http://www.iucn.org/about/union/secretariat/centre/meeting/

Psyma's new two-colour logo highlights the roots in "psychological" "market research". The claim "Passionate People. Creative Solutions." expresses enthusiasm for the clients' objectives and passion for our profession. www.psyma.com

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A+A has taken on all of your emerging markets challenges and tackled them one by one: reliability, accuracy and relevance.

RELIABILITY
Quality of data, quality of processes, meeting deadlines
A+A is one of the most experienced healthcare agencies of reference for these markets. For over 20 years our teams have been working simultaneously in at least 15 emerging markets each week (across a total of 55 countries). We are constantly identifying, evaluating and training a selection of top local partners to our strict quality standards. Our established quality control procedures are applied with appropriate adaptations to ensure that local constraints are not overlooked.

ACCURACY
Your expectations and requirements mirror those of our own: emerging markets are becoming a strategic priority in your organization. We derive actionable recommendations by building quality samples, ensuring data collection and data analysis are pertinent to local requirements and through our insightful interpretation of the data.

RELEVANCE
In line with our major market practices, one of our senior level project directors will remain your daily point of contact to help you maximise the value of his/her long-standing expertise in the emerging markets. Their suggestions and recommendations are based on a strong foundation of rich industry experience.

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