



A brave new healthcare world

Has global branding made global advertising a necessity? Roy Carlisle of marketing consultancy, PharmaSolutions, investigates.

Before we attempt to answer this interesting advertising question, I want you to do something. Think of a number. A big number. Okay, is it as big as 86,000? According to Ries & Ries, this is the number of advertisements the 'average' citizen is exposed to in a year.

Now Ries & Ries uses this piece of data to suggest that some advertising is like wallpaper, adding: 'Only when an advertisement is different do we pay any attention to it all'¹. So, if we consider our target audience of global healthcare professionals, who after all are 'average citizens' but working in highly qualified and specialised roles, it is clear that they will be receiving additional messages from the pharmaceutical industry. So we need to be very focused with our pharma branding messages to penetrate through all this background interference to get through to our healthcare customers. The one saving grace may well be that, in the professional environment, many of the 'everyday' advertisements will be tuned out.

However, unsurprisingly the basic premise of Ries & Ries' discourse is that while public relations builds pharma brands pre-launch, the 'role of prescription brand advertising is not to make a drug a best seller, but to keep it a best seller'¹. For example, it was global publicity that increased awareness of the Viagra brand, and it was the targeted advertising that cut through some of the more salacious aspects picked up by the tabloids to reinforce the clinical positioning and key prescribing messages to healthcare professionals and payers.

Probably very few would disagree that PR builds brands, or that there is still a place for pharmaceutical advertising in maintaining awareness of the core offering at both rational and emotional levels. But what happens to local campaign strategy, including PR and advertising when, as is increasingly the case, pharma companies want to increase the rate of brand penetration with registration and launch taking place simultaneously around the globe? Furthermore, what can be done to maintain



global brand visibility, control and consistency in the post-launch period?

It would appear necessary to have a set of core brand values created by pre-launch global PR and sustained by global advertising among other tools in the marketing mix. But what does this mean for country affiliates, which may well need local flexibility, including marketing mix elements such

positioning and key messages and localised components such as advertising execution, packaging and components’².

Of course, Simon & Kotler correctly observes that the centralised brand components will be founded on clinical profiles based on the input from the major global markets. One early example of creating global brand values was SmithKline Beecham’s anti-viral Famvir (now owned by Novartis), which had all these core elements agreed at global level, even down to design of logo and trademarks. However, the UK, which was the first launch market, was given the tactical flexibility to create its own advertising imagery, provided that it stayed within the ‘brand guidelines’.

This combination of core brand values, coupled with local tactical flexibility in advertising and other resources, meant that the Famvir brand consequently went on to achieve market dominance in the UK. Its global success had an impact on SB’s share price as investors saw that the company, one of the founding partners of GlaxoSmithKline, could quickly make an impact in a new therapeutic area.

There are upsides and downsides, as there is global brand consistency right through to the visuals, but such a rigid approach needs thorough global market research to ensure that there is the same cultural appeal in different markets. Ensuring that all your customers in all your global markets understand the core offering at a rational and emotional level is one of the basic tenets of successful international marketing.

In pharmaceutical branding and advertising, it is probably more straightforward to communicate the rational clinical brand offering, but the emotional aspects for doctor, patient, carer and

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as the advertising campaign? Simon & Kotler suggested that building and maintaining global pharma brands is indeed ‘a balance between centralised branding components such as strategic

payer may vary from country to country due to differing attitudes and priorities. To illustrate this point from a consumerist perspective, we all know the stories of the new Rolls Royce model whose >>

new trademark meant, well, faeces, in certain languages, or the French lemonade, which sounds like a slang word for the same thing. Amusing, yes, but totally detrimental to brand credibility, which is a perception that may never be changed.

Turning back to pharmaceuticals, even the brand name may not be acceptable to all the regulatory authorities, which clearly means some inconsistency. For example, Simon & Kotler

director of advertising agency, Creative Lynx, has seen the positive advantages of a best practice global launch where every regional brand manager became a stakeholder. 'I was captivated by the enthusiasm of the local product managers for a global launch that they really believed in because they were involved,' he explained.

Stuart cites this involvement of local brand managers in the creation and maintenance of the global brand and its advertising campaign as one of the keys to successful implementation at local level. This is because, having been involved, the brand managers were, 'believers in the global brand and advertising campaign because they had helped create it and believed that it was their collective responsibility to make it a success.'

Of course, with the move to global advertising, there have been media reports of a move in certain pharma companies to global procurement of advertising, meaning that some very good independent local advertising agencies in certain

markets have been fired to make way for corporate advertising agencies with offices in every country. As there are no doubt pros and cons for both types of supplier arrangement, other companies don't seem to share this view.

In fairness, it could be said that if a company only drives a global advertising campaign in an attempt to purchase suppliers' services more cost effectively, they could be missing the point or the opportunity to secure internal buy in from their country marketing teams.

Simon & Kotler elicited the following quote from Thomas Ebeling of Novartis: 'If you are fortunate enough to have a brand on the market, you have a duty to maximise it.'

So, it would seem that if, as Simon & Kotler suggests, companies can successfully manage to build global pharma brand offerings that are communicated via global PR and advertising campaigns based on satisfying the rational and emotional needs and 'decision drivers in key customer groups and their variations within and across countries,' that the Industry, despite some recent problems, has a healthy future. This means that the numbers of patients on a worldwide basis having access to the latest medicines will hopefully increase, while the companies deliver the value that their shareholders and healthcare providers and payers demand.

Very much a 'brave new healthcare world,' which will be built by global PR and sustained by appropriate global advertising. So, if this is the justification for global advertising as part of the global marketing mix, well you couldn't say fairer than that!

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notes that the US Food and Drug Administration made Astra change the name of its proton pump inhibitor, omeprazole, from Losec to Prilosec to avoid confusion with Lasix. This didn't stop omeprazole from becoming a multi-billion dollar brand, but this type of issue does cause some inconvenience if one is trying to build totally global recognition.

When it comes to global advertising visuals, well we've seen the amusement value of Tarrant on TV, which shows how a television advertising campaign may not translate from global to local level, or vice versa, based on local ideas of good or bad taste. This also applies to journal advertising, including that in the pharmaceutical sector. Simon & Kotler agrees with these issues, saying: 'While targeted drugs may have fairly uniform audiences worldwide, mass market products face widespread cultural variances.'

According to one senior Industry advertising executive, some companies currently issue the global brand tool kits on the understanding that the global advertising campaign is followed strictly with just the prescribing information and local company office address being changed. 'This does mean global advertising consistency but may mean that local market nuances can be missed and there may be a lack of ownership amongst the local brand managers,' he said. 'However, if everybody does their own thing, we can end up with an inconsistent mess. Clearly there needs to be a happy medium where the global advertising campaign can be tailored within agreed guidelines to local market drivers,' he concedes.

On the plus side, Stuart Wilson, managing

References:

1. Ries & Ries, *The Fall of Advertising & the Rise of PR*
2. Simon & Kotler, *Building Global Bio Brands*, Simon & Schuster, 2003

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