Volume 2

NEW DAWN

Intelligent thinking in emerging markets

The digital patient

Comparing attitudes in emerging markets

Fast and furious

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Real-world evidence

A guide to conducting market research for scientific publication

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research partnership

Letter from the Editor

This year continues to offer opportunities for healthcare in emerging markets, as well as some considerable challenges. Globally we are still witnessing a rise in ageing populations and shifting disease profiles with an ever-growing number of people suffering from chronic diseases. Technology and digitisation are bringing about improvements in care and efficiencies, as well as new models for healthcare delivery. Many people are becoming increasingly aware of and engaged in their own personal health. Many countries' governments are putting healthcare at the top of their agenda, giving their communities wider and better access to healthcare services.

However, it is also a fact that healthcare systems are under considerable pressure to cope with rising costs and increasing volumes of patients. Governments want clear demonstration of clinical outcomes and cost effectiveness to ensure they are getting value from their healthcare budget.

In this issue we focus on some key trends in developing markets such as China, where reform is bringing about a number of exciting opportunities. Themes such as digital health, novel oncology therapies and nutritionals are also explored within the magazine. In digital health, we can see emerging markets 'leapfrogging' mature markets in terms of moving straight from paper-based health provision to new digital health models, which makes these regions unique and exciting to evaluate.

As ever, putting patients at the centre of our thinking can help all of us identify new possibilities, especially in emerging markets where often the patient pays out-of-pocket and is the only constant in their healthcare journey.

We hope you find this issue of interest. Our dedicated Emerging Markets team of specialists are on hand to help you maximise your competitive advantage in the markets offering the best opportunities for growth.

Marc Yates
Director of Emerging Markets

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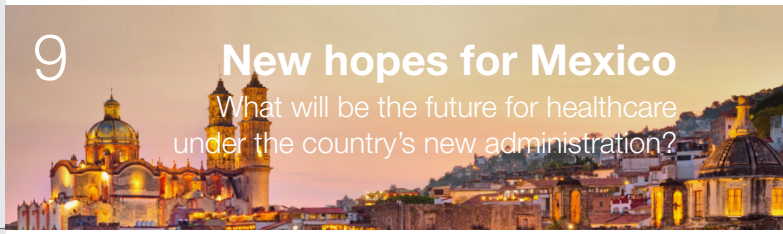

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Fast and furious

What will the fast tracking of approvals for key drugs mean for China's pharma market?

Pei Li Teh & Wan Ling Neo

Despite a predicted slowing of China's compound annual growth in pharmaceutical spending for the coming five years, long-term prospects remain bright. One reason is a series of reforms that have significantly altered the market access landscape. They include better patent and data-exclusivity protection for medicines; tariff concessions on imported drugs; and an overhaul of what used to be, for multinationals at least, an intractable system of drug evaluation and approval.

In August 2018 the Centre for Drug Evaluation (CDE) went as far as publishing a wish list of 48 drugs, many for cancer or rare diseases, that were already approved in the US, EU or Japan, and were urgently needed in China. These products would be eligible for priority review based on existing data, providing there was no evidence of ethnic sensitivity around safety and efficacy.

One company, AstraZeneca, has shown its appreciation by securing the first approval worldwide for Roxadusat (a specialist anaemia treatment developed with FibroGen), in China while the drug was still in Phase III trials in the US and Europe. Other companies are predicted to follow suit.

The impact of these changes is that Chinese patients now have access to innovative medicines such as the cancer immunotherapies Opdivo (nivolumab, Bristol-Myers Squibb) and Keytruda (pembrolizumab, Merck); the hepatitis C treatment Epclusa (sofosbuvir/velpatasvir, Gilead); or the human papillomavirus vaccine Gardasil 9 (Merck).

However, whilst getting regulatory approval is critical, cutting-edge medicines may need to weather deep price cuts if they want to be on the national reimbursement drug list and widely available. Whether universal healthcare can sustain premium-priced western medicine in the long term, even at heavily discounted prices, remains to be seen.

"Patients now have access to innovative medicines such as cancer immunotherapies and novel vaccines."

Watch our webcast

China in the fast lane: How to play and win in the world's hottest emerging market

researchpartnership.com/china-in-the-fast-lane/

"Doctors in China have 50% more consultations in a day than in the US"

The digital patient

Comparing usage and attitudes in mature and emerging markets

Paul Reed

We may talk about always putting the patient at the heart of healthcare, but in some less established world markets, is this feasible? The rise of chronic diseases in some regions, combined with an ageing and growing population, is putting unbearable pressure on health-care systems already at capacity.

Poorly-developed primary care systems in many emerging markets mean wellness and prevention are often neither central to healthcare strategy nor a focus of public health investment. This means that options that could potentially prevent chronic diseases, such as vaccines, weight management and nutrition, may be lacking. Established routine screening programmes are also less commonplace, which can be especially problematic for asymptomatic conditions, as patients may not be aware they are suffering from a chronic disease until a late stage. With patients often paying out-of-pocket for treatment, concerns about cost may prevent them seeing a doctor until symptoms become severe, which can end up limiting their treatment options. Patients in areas where there is poor infrastructure may not be willing to travel unless symptoms are life-threatening because of the additional cost.

In the previous issue of New Dawn, Director Sue Rees looked at how pharma companies could be more patient-centric in emerging markets by using mobile technology to deliver health solutions. We wanted to explore this idea further so we commissioned a small study with M3 and Research Now SSI into attitudes to digital adoption in China and Brazil in comparison with the US. We surveyed 148 chronic disease patients aged 35-54 and 240 primary care physicians from the US, Brazil and China.

In our study, we asked physicians how many consultations they have in a typical day – and as expected, in emerging markets the number is much higher – doctors have 35% more consultations in a day in Brazil and 50% more in China than in the US. As a result of this time pressure at each consultation, a significantly higher proportion of patients in emerging markets are turning to digital sources, searching for information doctors don't have time to tell them - 71% of patients in Brazil and 91% in China compared to just 48% of US patients.

We also wanted to explore how much patients trusted their doctor compared with online sources and apps. Fortunately, in all markets there is currently more trust in the doctor, but in emerging markets, a greater proportion trust digital sources than is the case in the US and there is a greater level of middle ground, where either source is equally trusted. This could signal an opportunity for the pharmaceutical industry to fulfil an unmet need that is not being met by physicians.

Our survey also found that physicians in emerging markets are happy for patients to turn to digital sources for their health information, particularly in China. Doctors in Brazil like the idea of online sources for diet and exercise and for disease understanding but have more concern about the use of compliance tools or treatment information.

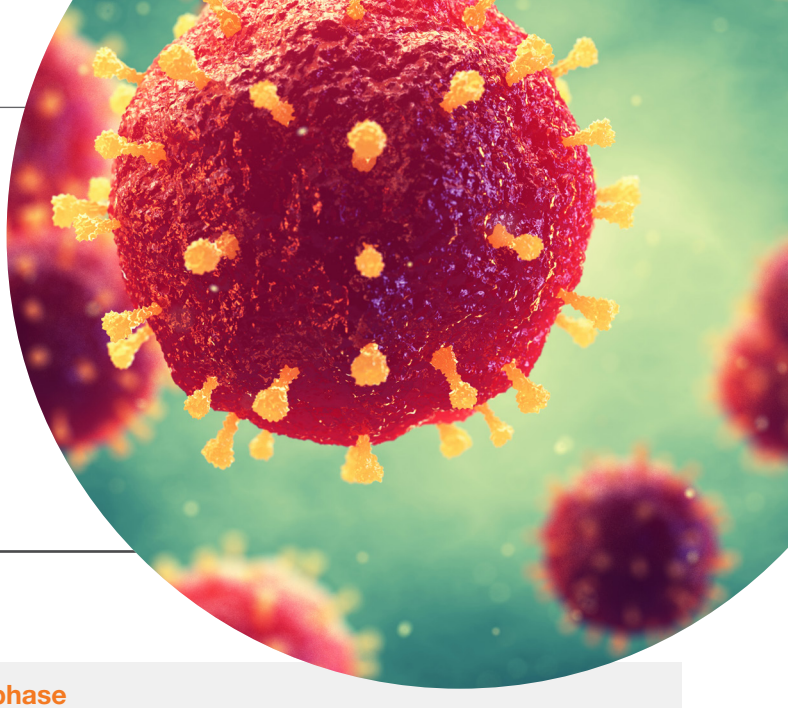
In these emerging markets, there is clearly an appetite for digital sources and patients are already starting to use healthcare apps more regularly.

The gaps in the healthcare system, in terms of what the doctor can provide and the infrastructural insufficiencies associated with accessing healthcare in emerging markets, mean there is a desire and a need for digitally delivered healthcare services that pharma has an opportunity to fill. However, fulfilling that need does require a strong, consumer-level understanding of patient needs and behaviour, particularly important in emerging markets, where the patient is often the only constant in their journey.

Just as we know that not all consumers or all doctors are the same, so we need to appreciate that not all patients are the same, nor do they have the same needs and preferences, either offline or online. When developing digital services, we would advise pharma to develop a technographic profile of patients and segment using these profiles, incorporating relevant cultural or behavioural factors.

Integrating data

How to conduct an effective epidemiological data review



Misti Paul & Helen Ansell

Clients often ask us if we can triangulate various data sources to fully understand the opportunity for an asset. There are clear benefits - combining primary market research findings with existing data sets provides validity and depth, whilst eliminating many inconsistencies, which helps guide the direction for future marketing strategy and initiatives.

In particular, data integration plays a critical role in the following:

- Emerging markets (where available data may be clouded with inaccurate information due to widespread importation / exportation of treatments)
- Rare diseases (data available is often limited and primary research is required to confirm information)
- Forecasting / competitive landscape / market sizing and regional analysis / understanding brand behaviour and capturing switching behaviour (primary market research can be designed to fill any gaps and provide robustness).

Here are our tips to ensure an epidemiological data review is carried out successfully for an emerging markets project:

Project commissioning phase

A systematic review of all available sources is essential. It's important to ask questions about what data we have and what we can have access to. It could be the case that data can't be shared with research suppliers because of confidentiality clauses. Data may need to be purchased, or require translation (if in local language) and then be analysed to understand what the insights/conclusions are.

Desk research phase

Build a desk research period into the timelines. We call this the 'parameter mapping' phase. We create a framework where all the parameters that need to be included are identified and the secondary sources that provide information on those parameters are listed alongside.

Here's an example:

Parameter	Secondary Source
Market size and growth rate	World Health Organization, Eurostat, country census statistics
Market position of key players	Annual reports, public databases, company websites
Market dynamics and trends	Market reports, published reports on sectors

Consider a debrief session to review the learnings and identify whether any data can be discounted (e.g. consider age of publication, level of detail, reputation) or priority (e.g. is one report or article considered more influential or valid?) Managing expectations up front will help guide the analysis stage and will heavily influence the design of the research materials.

Design and execution stage

Where possible, the same parameters found within existing data sources should be built into the design of the questionnaire or interview guide – for example, incidence, prevalence, treatment usage/switch/discontinuation to allow accurate and robust comparisons to be drawn.

Any gaps in knowledge can be addressed using a mix of quantitative and qualitative questioning. Guided by the number of markets, stakeholders and areas of uncertainty, a tailored market research programme will add more granularity to the overall learnings.

Data analysis and reporting phase

A data architect will build a model linking the primary and secondary market research data and apply sophisticated, predictive analytic techniques, based on the outcome variable. Outputs can be in a report or simulator/dashboard format.

Where a simulator/dashboard is required, a section is built in containing all the underlying assumptions. Often the user is given the ability to modify the assumptions that have been factored into the models, with a user-friendly interface page for viewing and editing, especially useful in time series forecasting and market sizing studies. The output obtained by leveraging both secondary data and primary data is calibrated within the model, eliminating the need for another calibration phase.

Our data analytics team have considerable experience in data integration modelling. If you are considering an epidata review and integration with primary market research data please contact us and we would be happy to take you through our best-practice process.

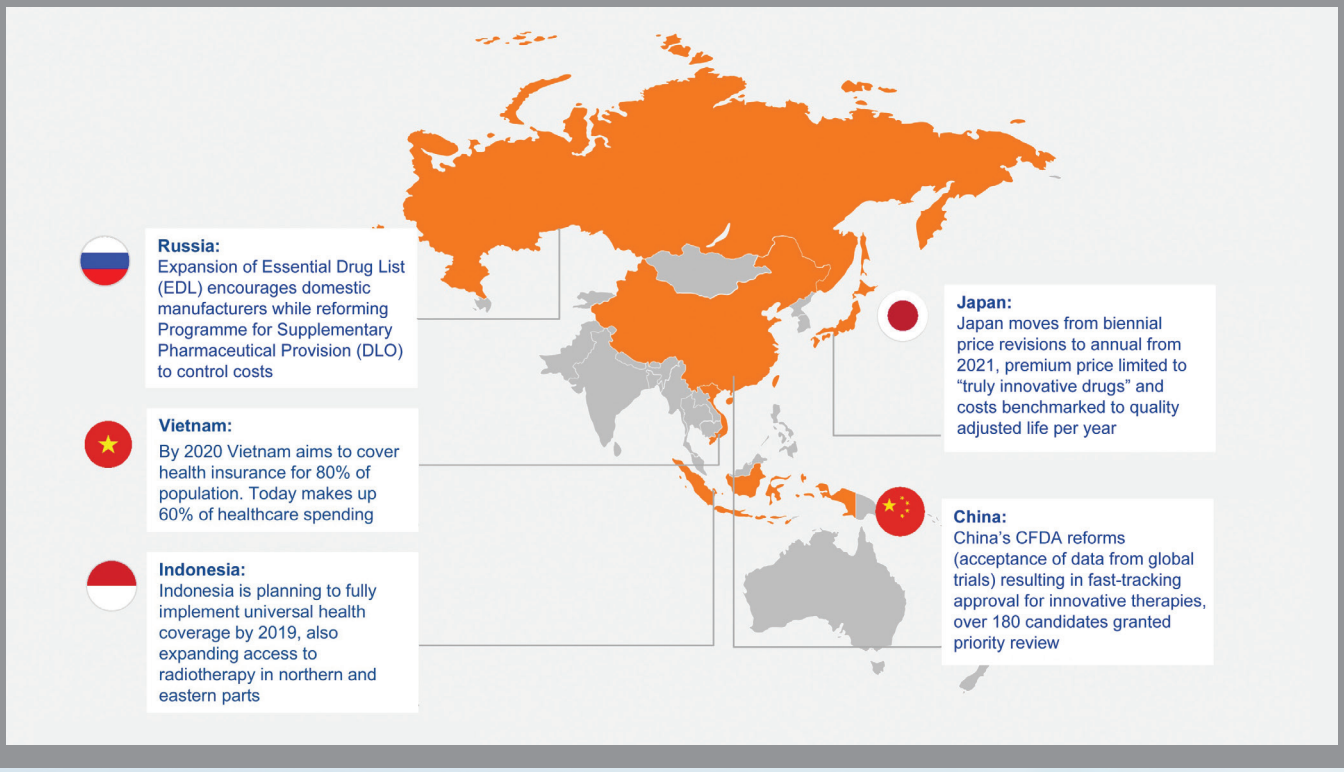
Launching novel oncology therapies in Asia

Identifying and communicating value

Pei Li Teh & Wan Ling Neo

Novel cancer therapies are offering patients new treatments and better outcomes worldwide. Recent changes in healthcare policies across APAC have reignited interest in the region as a strong market for oncology, such as China's fast tracking approval of therapies for severe and rare diseases and Vietnam's plan to cover health insurance for 80% of the population. Unfortunately, the often eye-watering costs of these new therapies means that, currently, for the many patients who still have to pay for treatment out of pocket, novel therapies are beyond reach. Pharma brands need to demonstrate clear value if they want to achieve success.

Recent policy changes in APAC region



The challenges

Physicians can be reluctant to recommend a novel therapy unless they have very clear evidence of beneficial outcomes, feeling that the 'do no harm' ethic that they ascribe to should extend to imposing no financial harm on patients and their families. Patients want justification from their doctors that these novel therapies are worth the cost. Some countries are trying to introduce novel therapies more quickly and are fast-tracking approvals, which is shortening the length of time that pharma has to achieve a return on investment. With increased pressure to get the access strategy right from the off, successfully launching a novel oncology product in Asia can be very challenging.

"Brands will need to demonstrate clear value to a range of stakeholders"

How can pharma address these challenges and develop a successful launch strategy? As a start, we recommend:

01

Understand stakeholder values

Brands will need to demonstrate clear value to a broad range of stakeholders, from patients and caregivers to physicians, key opinion leaders, patient advocacy groups, insurance companies and payers. Value will mean different things to different stakeholders. So, for example, the payer is keen to get value for money and requires clear evidence of medical outcomes. Key opinion leaders are less attuned to economic tolerability issues and more interested in efficacy, whereas oncologists would probably exhibit a more balanced view, weighing up efficacy against tolerability and considering practicalities around administration logistics. Patients and caregivers may consider quality of life and toxicity against overall survival. Understanding the values for each stakeholder will enable the pharma company to develop a strong brand proposition prior to launch.

02

Understand the patient journey

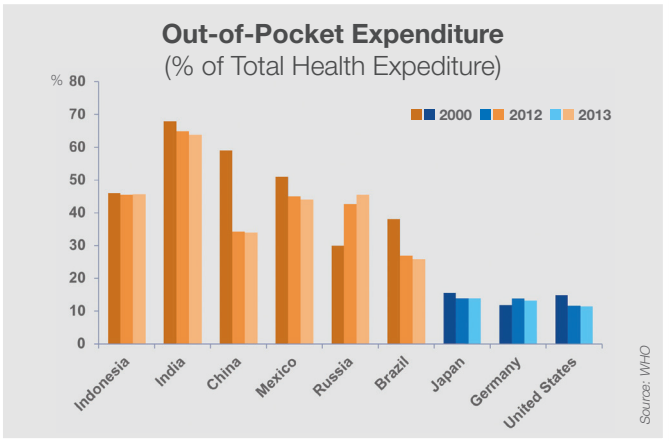
In Asia, the patient is often the payer and therefore a comprehensive understanding of the patient journey is critical. Addressing all channels and patient touch points will help identify where the roadblocks currently exist and where value can be added to best effect.

03

Understand patient wiliness to pay

Patients' ability to pay and willingness to pay are different. Pharma brands need to understand to what extent patient willingness to pay will impact pricing and what reimbursement is in place in the market.

Market research grounded in a strong understanding of the complexities of the local market can offer key insights into optimising launch opportunity for novel therapies. It can help unlock value in self-pay markets by providing a strong understanding of your stakeholders' value perceptions – both the patients themselves and the people who will influence them.



Watch our webcast

Live from Singapore: Oncology in APAC – Evaluating the opportunity for novel therapies

researchpartnership.com/novel-therapies-in-oncology

WhatsApp in emerging markets

What does it mean for market research?

Rachel Howard

WhatsApp, the messaging platform bought out by Facebook back in 2014, offers free, encrypted, international communication between both groups and individuals. While its penetration varies across the globe, one of the regions in which it has become most popular is Latin America, where the cost of SMS messaging is especially high.

WhatsApp is so popular in LATAM it has almost become a social media platform. Local businesses and even government agencies are using it as a way of communicating with their customers, taking advantage of higher open rates than on Facebook or email. HCPs, pharmacists and patients are all using it to communicate with each other, with evidence of physicians employing it to share clinical data (despite privacy concerns). Pharma, too, is waking up to the potential of the platform for HCP and patient engagement.

What does WhatsApp's regional ubiquity mean for us as healthcare market researchers?

WhatsApp is now rolling out a new business platform designed to help organisations structure and engage in conversations on a greater, more systematic scale than ever before. So, we have developed a formal best-practice approach for using WhatsApp to connect with our market research respondents.

Recruiters have been scheduling interviews with respondents using text messages (on various platforms) for years, but the functionality WhatsApp offers enables us to do much more than that from a market research perspective: voice and video calls; group chats; voice notes; photo and video sharing; annotating content. As with telephone and online before, we are adapting our methodologies to suit our respondents' communications needs. WhatsApp is already so widely used that it doesn't need to be freshly downloaded or explained to the target audience; it seamlessly fits into their lives. There is lots of potential to collect rapid-turnaround, increasingly sophisticated feedback from large groups of healthcare stakeholders who are already comfortable using it in their personal life, especially as new features are added.

Of course, it's not suited to every study. It is no substitute for higher functionality online platforms designed specifically for more complex market research projects. It can't (yet) give us any quantitative data; there's not even a basic polling feature. We still need to pay particular attention to sampling bias and accessibility if we are dealing with older age groups. It can't guarantee a respondent's undivided attention; the depth of communication it offers does not replace the value we can get from in-person interactions. Issues relating to data security and compliance need to be carefully considered before plunging in to any study. While encrypted, it doesn't provide a secure way to share confidential stimulus. Effective moderation, from probing to laddering, remains as essential as in any qualitative research environment – a high level of planning and approval is still required.

Despite its limitations, however, when agility is key, WhatsApp offers us a great – if not perfect – opportunity to have quick, exploratory, multi-media conversations with both HCPs, key healthcare stakeholders and patients.

Read our article

Game changer? The role of virtual reality in healthcare
www.researchpartnership.com/the-role-of-virtual-reality-in-healthcare/

Real-world evidence

A guide to conducting market research for scientific publication

Marc Yates

Publishing market research in a peer-reviewed journal transforms the study's findings from real world data into real world evidence, which potentially has a much greater impact. But what are the challenges for conducting market research projects intended for publication in a peer-reviewed journal?

Clinical trial data is still the gold standard for evidenced-based practice, helping to guide treatment protocols for healthcare professionals to deliver to their patients. However, in a world where payers and healthcare systems are demanding increased value for money, additional real-world insights can play an important role in how stakeholders across the healthcare value chain make decisions. Market research insights published in a peer-reviewed journal can be invaluable for shaping opinions and can provide stakeholders with objective evidence of discernible positive patient outcomes to help support them in their decision-making.

Market research must be conducted in an extremely rigorous manner to ensure that real-world insights are deemed credible and trustworthy. Depending on the objective of your study, sample needs to reflect the population, to reduce any potential selection bias. Questionnaire design must be appropriate, intelligible and unambiguous. Research insights need to be presented in a clearly organised and understandable format to be considered for publication in a high-impact journal, Collaborating with professional medical writers who have experience in developing high-quality manuscripts will increase the likelihood that your study is accepted by higher impact journals.

1. Identify and engage key stakeholders

Both internal and external stakeholders should be identified and engaged as early as possible. If appropriate, organise a workshop involving all key personnel in order to encourage full buy-in. Once identified, establish your stakeholder's interest, influence, opinion, role and availability.

2. Appoint a Principal Investigator (PI)

A PI is the external face of the study. Usually a respected KOL, they are responsible for ensuring the research project achieves the necessary medical credibility and the desired impact factor. If possible, appoint an independent expert to act as the PI.

3. Get the methodology right

Pay close attention to the methodology and ensure it is rigorously tested. Be prepared to justify all the decisions made in the process and keep a record of everything.

4. Keep the end point in mind

Ask: What story do we want to tell? Who will it be aimed at? Where should it be seen? Ensure that the research design meets end goals and that it can hold up to scrutiny.

Read the full guide

Best practice guide for conducting market research for scientific publication
researchpartnership.com/conducting-market-research-for-scientific-publication-guide/

Exploring Saudi Arabia

Is it the right climate for nutritional health products?

Paul Reed

As a country with a ferociously hot climate, Saudi Arabia relies heavily on imports to maintain its food supplies. The country also faces a looming demographic imbalance, in which a top-heavy population can rely less and less on the resources and tax revenues of the young.

Saudi now has to cope with a rapidly accumulating burden of disease related to population aging, westernised diets and more sedentary lifestyles. Sharp increases in cardiovascular disease, cancer, arthritis and other age-associated conditions, as well as surging levels of obesity and diabetes all give cause for alarm. Around 57% of men and 61% of women in Saudi are considered overweight or obese and around 3.8 million adults in region are living with diabetes.

All of these trends, as well as cultural shifts such as the growing presence of women as wage earners and western social media influences, are opening up opportunities for the nutritional-health market.

However, companies looking to cash in on a new wave of health consciousness in Saudi Arabia must negotiate carefully around a number of challenges to growth, such as stringent regulation of health claims for foods and a government that strongly encourages health maintenance through basic dietary adjustments, rather than through nutritional supplements.

A sliver of hope exists though, in the form of a draft report from the Saudi Food and Drug Authority. In 'Requirements for Health Supplements', the SFDA recently proposed a new, less stringent registration requirement for registering natural herbal and health products which don't have any medicinal activity. The draft report is out for comment until April 2019. A change in the regulations could bring new opportunities to nutritional companies offering these types of products.

While the current regulations may present some issues, we believe market contenders should pay close attention to niche categories, such as young body-conscious consumers, gym-goers, people who want to lose weight and wealthier Saudis who favour premium western brands. Other groups to target could include those with a determined health need such as a vitamin D deficiency or problems with digestive health. Of course, the swelling ranks of the aging will also be looking for preventative health measures to keep them fit and well. Given Saudi Arabia's current preoccupation with health and healthy eating in particular, the prospects for growth in nutrition health products look strong. According to one recent study, for example, 22% of Saudis already take nutritional supplements.The regulatory system may take some time to catch up with its counterparts in Europe or the US. In the meantime, manufacturers may have to stick to relatively generic health claims, avoiding more ambitious territory such as explicit disease-risk reduction statements.

"Around 57% of men and 41% of women are overweight or obese in Saudi Arabia"

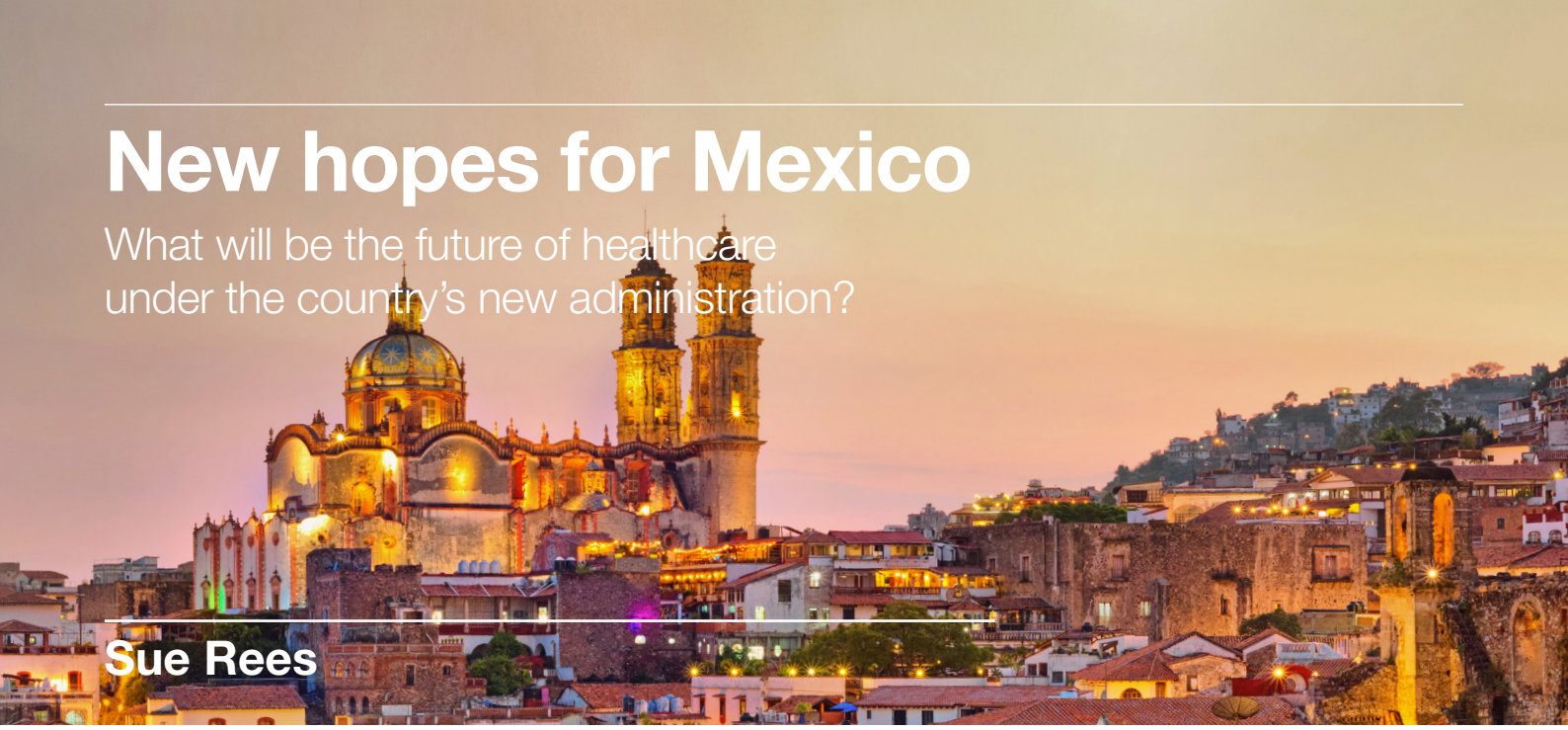
All the fundamentals are in place for dynamic growth of nutritional health products in Saudi Arabia. With the right informed and targeted strategies, international players can both profit from that growth and foster it for the long term.

Watch our webcast

Rich in potential – Exploring the opportunity for nutritionals in emerging markets
researchpartnership.com/rich-in-potential-webcast

New hopes for Mexico

What will be the future of healthcare under the country's new administration?



Sue Rees

In December 2018 the new Mexican President, Andres Manuel Lopez Obrador came into office after a landslide victory of over 65% of the votes (more than 30 million voters). López Obrador was a former Mexico City mayor and has been a major political figure for over twenty years. Widely regarded as both a populist and nationalist, his ideology is to end poverty and improve the lives of his people by fighting corruption and increasing austerity within the government.

In theory, López Obrador's ideology should mean good news for Mexico. But can he deliver on his promises? Sceptics say the reform lacks sufficient detail. We spoke to Dr Xavier Tello, CEO of Strategic Consulting in Mexico, who has over 17 years' experience in medical marketing for big pharma, and Talia Pagano, a local independent expert we work closely with in Mexico, for their views on the likely impact on healthcare under López Obrador's presidency. Dr Tello told us, "We have a word in Spanish – 'ocurrencia' – which means a nice idea with no plan. This is how many people feel about this healthcare reform."

López Obrador is proposing radical changes within the government structure and administration in an attempt to achieve universal healthcare coverage, reduce out-of-pocket expenditure and unify the healthcare system. He has appointed his former Mexico City Health Secretary (a Swedish national) as the new National Health Undersecretary to help support and implement his vision. He has also instigated shakeups within COFEPRIS, the regulatory authority, in an attempt to take greater control. The 'Seguro Popular', the insurance system for the poorest part of the population, is seeing major changes, with a goal to reduce corruption and integrate its functions with other current federal health systems such as IMSS, ISSSTE and PEMEX. The entire purchasing and tender system is likely to change under his leadership. Before taking office, López Obrador pledged, "We are going to open tenders to buy medicines anywhere in the world where they offer better prices."

Dr Tello's main concern is the lack of public health expenditure. Although López Obrador wants to significantly increase the amount of people getting access to healthcare, the budget for health is not changing. López Obrador says that by reducing corruption, introducing efficiencies and standardising salaries, the US$6.3bn budget will be sufficient. However, Dr Tello is not convinced, "The UK spends over eighty times more than Mexico on healthcare," he told us. "The allocation per patient will not be enough to treat them adequately."

What impact is the reform likely to have on pharma? Longer patent protection is benefiting pharmaceutical companies, in particular those with novel therapies and biologics. Talia told us, "Lobbyists from major multinational pharmaceutical companies in the US have put strong pressure on Mexico to extend patent protection from 8 to 10 years to be in line with other markets. According to the AMIIF (Mexican Association of Pharmaceutical Research Industries), raising protection standards encourages research in Mexico and attracts investments from foreign industry to the country." In addition, streamlining the drug approval process will help the industry, as the process is currently considered more complex than in other markets.

"The UK spends over 80 times more than Mexico on healthcare. The allocation per patient will not be enough to treat them adequately"

On the flip side, Dr Tello thinks there could be preference for national companies over global outsiders. "It may be the case that in order to commercialise drugs in Mexico in the future, companies will have to manufacture them in the country."

Our advice to global pharmaceutical companies wanting to be successful in Mexico is to look at investing in clinical research in the country, perhaps via national collaborations, and to ensure the brand is competitively priced.

If López Obrador succeeds in his objective of lowering corruption and achieving higher levels of transparency alongside more robust patent protection, then there is a view that Mexico is likely to become a more attractive destination for the pharmaceutical industry in the future.

One thing that is certain: at this time, nothing is certain!

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