NEW DAWN

Volume 3

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Letter from the Editor

As we go to print on our third edition of New Dawn, the world is in the middle of a global coronavirus pandemic. Healthcare systems already under strain are being stretched beyond their limits, especially in emerging markets with high density populations and inconsistent healthcare delivery. However, it has been awe-inspiring to witness the efforts of healthcare professionals, scientists, analysts and many other experts all working together to try to find an end to the crisis through testing, treatment and ultimately, vaccination.

The impact of the disease would have been far worse without technology. Amongst many other things, technology has helped trace contacts, map progression, share information, hasten drug discovery and save lives.

Technology and digitalisation are becoming critical in all forms of business, including healthcare. The industry is having to adopt new digital methodologies to communicate with customers and provide communities with better access to healthcare services.

In this issue, Research Partnership's emerging markets team discuss topics such as the post COVID-19 landscape and what it will mean for healthcare globally; as a result, a further rise in digital communications is predicted across the world including China, the Middle East and Latin America. We explore new research techniques such as facial analysis and channels such as WeChat and WhatsApp, and conference research in Asia. We look at healthcare reforms in China, and the outlook for Mexico under AMLO one year on. As we have seen an increase in demand for quantitative research and techniques such as demand assessments in emerging markets, our experts shed some light on how best to adopt these methodologies in challenging landscapes.

At Research Partnership we have a dedicated team of emerging market experts across the world, including 8 specialist Directors and Associate Directors with a vast amount of experience conducting healthcare market research in almost all global markets. In addition, we have a large, dedicated fieldwork team to ensure we recruit the best possible respondents. High quality and protocol are fundamental to any research project we conduct, and we are committed to producing the most valuable and in-depth insights for our clients.

We hope you find this issue of interest. If you have any questions or would like to discuss any of the topics, please don't hesitate to get in contact with us. Our specialists are on hand to help you maximise your competitive advantage in the markets offering the best opportunities for growth.

Marc Yates
Director

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In this issue:

COVID-19

Accelerating digitalisation in emerging markets

An-hwa Lee

Advances in digital technology have already changed how we do business, interact, and communicate. In market research, we have embraced these new channels and communication trends to develop new, innovative methods. Even in emerging markets, where respondents traditionally favour face-to-face interviews, digital methods are being adopted successfully.

However, the global Covid-19 (coronavirus) outbreak has forced us all, in a matter of weeks, to quickly adapt how we live and work. Thanks to technology, we are discovering that video calls and virtual meetings can be just as effective as in-person ones. We use social media to receive information and stay connected, and we are participating in virtual group activities such as singing in a choir, book clubs or yoga to stay physically and mentally healthy. An unexpected positive side effect of the pandemic is that we are helping the environment by significantly reducing unnecessary travel.

In healthcare marketing, the digital trend continues. Currently, 13.8% of overall pharma investments are in digital multichannel marketing. A survey among over 100 pharma and bioscience companies conducted by the Pharma Marketer in 2019 indicated that, by 2022, one-third of pharma companies would spend over 50% of their marketing budget on digital channels.

mHealth is still on the rise, especially in emerging markets, where mobile phone penetration is high, and patients are seeking greater control over their health. Telemedicine facilitates communication between patients and healthcare professionals, allowing remote diagnosis, monitoring and treatment maintenance. Popular apps include Doctor2U in Malaysia and Ping An Good Doctor in China (which reported a year-on-year increase of 52% in 2019). We believe the worldwide impact of COVID-19 will accelerate the adoption of digital tools and channels across many sectors, including healthcare and market research. Here, we look at some of the ways the pandemic is changing marketing in emerging markets.

Mobile channels communication

Given the widespread mobile connectivity in emerging markets, using mobile communication apps is an obvious option. WhatsApp is used by millions of people worldwide, and is especially popular in India, Latin America, parts of Asia and the US. The World Health Organisation (WHO) has entered into a partnership with WhatsApp to launch a coronavirus information hub to provide allow factual information to be distributed in emerging markets such as Brazil, Indonesia and Singapore, demonstrating the importance of this platform as a communication channel.

Research Partnership recognised the widespread use of both WhatsApp in Latin America and WeChat in China and decided to explore the possibilities of utilising these platforms to capture real-time, exploratory, and multi-media enriched feedback. For our ‘WhatsApp in LatAm’ study, we recruited 10 migraine patients. Respondents were unanimously positive about taking part, with one respondent providing feedback that, “I really liked the dynamics. I felt it was more fluid and personal… it was possible to do it at any time of the day.”

For our 'WeChat in China' study, we recruited 10 HIV patients. This condition has a considerable level of stigma in China, but again, respondents were extremely positive about taking part and shared images, voice notes and videos via WeChat, which resulted in richer insights.

Mobile methodologies are equally well-suited to collecting physician feedback. For example, our technique RxRationale uses mobile app technology to capture rich, qualitative information at the point of prescription, when the physician has just seen a patient and has made a decision about the best course of treatment. Physicians use the audio recording feature of their phones to give us detailed and thorough reasons for their prescribing decision-making, providing in-depth qualitative insight.

Embracing digital technology amid COVID-19

The coronavirus crisis has triggered an accelerated uptake of remote communication technology. The social distancing measures, or 'circuit breaking' as referred to in Singapore, introduced by governments to slow down the spread of the virus, have forced us to solely focus on digital methodologies as an alternative to face-to-face interaction. In market research, we have seen an increase in the use of virtual interviews, group discussions and entire central location days and found them an efficient way of reaching a broader target group, reducing costs and being more time-efficient and agile, proving that digital research can be successful in any world market.

We believe the worldwide impact of COVID-19 will accelerate the adoption of digital tools and channels across many sectors, including healthcare and market research

The pandemic is also giving telemedicine the necessary push to be more widely accepted and used. A survey conducted in March 2020 by a global online panelist showed that physicians in Japan and China (but also in Europe and the US) have seen a rise in telehealth to manage their patients with many expecting the technology to stay once the pandemic has subsided. For example, in South Korea, regulations and concerns from the medical community have until now been a considerable barrier to the implementation of telemedicine services and products. But in light of the coronavirus crisis, Korea has slightly shifted its position, with the Seoul National University Hospital offering telemedicine services to coronavirus patients to allow them to monitor their symptoms and to enable

remote diagnosis and prescription, which in turn might convince the Korean Medical Association and The Ministry of Health and Welfare to reconsider their position and see the value of telemedicine, especially when there is no alternative. Pharma has long equated sales of drugs with the number of reps out in the field. Covid-19 will severely disrupt this marketing model, and drive pharma to invest more in multichannel/digital marketing solutions. Companies and individuals who ignore social distancing rules run the risk of public censure - as shown when the manager of a Brazilian pharmaceutical company tried to pressure the sales force to continue organising face-to-face meetings. The story was leaked and caused a major PR crisis for the company, forcing them to clarify their stance.

As more digital communication tools and channels are explored, the need to test their effectiveness will increase. We market researchers need to broaden our capabilities so that we not only understand stakeholder needs, drivers and barriers to use, but also the actual usability and user experience (UX) of these technologies. This will help marketers design and develop tools which meet customers' needs fully and functionally.

Finally, we could also see a rise in Digital Opinion Leaders (DOL) who exert their influence through social media platforms such as Twitter, Facebook, Instagram or TikTok. HCPs and patients/consumers alike utilise the digital channels to publish, share and exchange knowledge which in turn we as market researchers and our pharma clients should monitor closely, either through social media listening or including these DOLs in our research.

Once our lives return to normal, we don't expect face-to-face interviews to be replaced entirely by digital methods. In some emerging markets where cultural influence is strong, such as Japan, we think there will be a return to traditional methods. There are also research objectives or therapy areas that require strong rapport or interaction where face-to-face is more favourable. However, we envisage that the virtual way of conducting research will become more established across emerging markets, as we embrace more agile methodologies and come to appreciate that face-to-face communication is not the only or ultimate way of extracting deeper insights.

We predict that the pharmaceutical industry will continue to evolve, expanding the depth and breadth of their use of digital methods in their marketing strategy, and also in market research. The growth will perhaps be greatest across emerging markets, which will continue to develop innovative approaches to reach target respondents in the years ahead.

Read our article

COVID-19 and Artificial Intelligence
researchpartnership.com/covid19-and-artificial-intelligence

The Middle East

Trailblazers of digital health?

Helen Ansell

With rising pressures on healthcare systems, and a keen appetite for new technology, countries in the Middle East (ME) could leapfrog legacy restraints in more developed healthcare systems to emerge as digital-health pioneers.

The raw materials are already in place. They include strong encouragement from some national governments, widespread familiarity with mobile and wearable devices, and readiness to embrace both advanced technologies and healthcare delivery in non-traditional settings.

Consumers are driving mass digital uptake in the ME. In 2018, the volume of mobile subscriptions across the region grew by 8 million to 304.5 million, while the number of internet users increased by 18 million to 182 million. The United Arab Emirates (UAE), Qatar, and Bahrain are among the leading countries worldwide for smartphone penetration and social media adoption.

In 2016, 67% of ME consumers were open to receiving healthcare in a non-traditional setting

So far, however, consumer enthusiasm has not been matched by implementation of digital strategies in the public and private sectors, although governments in countries such as Egypt, Bahrain, Saudi Arabia, Jordan, Oman, the UAE and Qatar have taken a proactive approach, motivated partly by the need to diversify away from falling oil revenues.

Saudi Arabia's National Transformation Program 2020 includes initiatives to improve healthcare effectiveness through digital transformation. Smart Dubai's AI Lab programme is leveraging artificial intelligence to improve diagnosis and treatment in the city's medical institutions. In November 2018, the Dubai Health Authority launched a smart-homecare project, using wireless devices that link directly to the DHA's SALMA electronic medical-records (EMR) system. Countries such as the UAE, Saudi Arabia, Turkey and Jordan are transitioning towards integrated EMRs. These will facilitate patient monitoring through healthcare systems while providing data reserves to analyse inputs, costs, efficiency and outcomes.

Underlying these efforts are demographic, economic and cultural trends that will stretch healthcare capacity in the long term, particularly as more ME countries roll out mandatory health insurance. Aging populations, sedentary lifestyles and unhealthy diets are driving a heavy burden of conditions such as diabetes, heart disease, cancer and obesity.

Digital entrepreneurs, as well as more established players such as GEC, IBM and Royal Philips, have responded with creative solutions, e.g.:

- Under the Dubai Future Accelerators programme, Admetsys is rolling out an 'artificial pancreas' to regulate diabetics' blood-sugar levels in real time.
- Royal Philips is introducing an integrated Cardiovascular Information System across multiple healthcare facilities in Saudi Arabia, in collaboration with the Ministry of Health.
- In February 2019, AlTibbi launched an initiative with Telecom Egypt and non-governmental organisation T20, offering one million free telehealth consultations in Egypt.
- Health At Hand provides a video-based platform for virtual doctor consultations, partnering with insurers Allianz to cover their 4,500,000 clients across the ME and North Africa.

According to a survey by PwC, these initiatives should be treated less sceptically than in countries with more established healthcare systems. Already in 2016, 67% of ME consumers were open to receiving healthcare in a non-traditional setting. In addition, 57% of respondents had already conducted a virtual doctor consultation (10-12% through a mobile app). In a more recent PwC survey, 66%, 65% and 62% respectively of respondents in Saudi Araba, Qatar and the UAE were open to having AI and robots perform the functions of human doctors, versus 55% across Europe, the Middle East and Africa.

None of this will happen all at once or without significant variation across the ME. There are also cultural barriers to consider, such as the value placed on interpersonal relationships, and logistical hurdles including patchy digital infrastructure/skillsets and tentative regulatory frameworks for data governance, security and privacy. These should not deter healthcare and digital players from pursuing carefully targeted strategies for the long term. There are very real opportunities for a whole range of interventions in a region where digital health may eventually prove to be the bedrock of affordable, accessible and effective healthcare.

Developing biosimilars in Asia

Pei Li Teh

Biologics currently make up half of the pharmacological market for oncology, but the steep cost of these drugs is a barrier to access globally. In 3 years' time, patents on nearly 20 oncology biologics will expire, which is likely to result in the launch of biosimilars offering reduced prices.

In the past, the biosimilars market was focused in Europe and the US. However, biosimilars have recently begun to emerge in countries with existing biopharmaceutical infrastructure and companies.

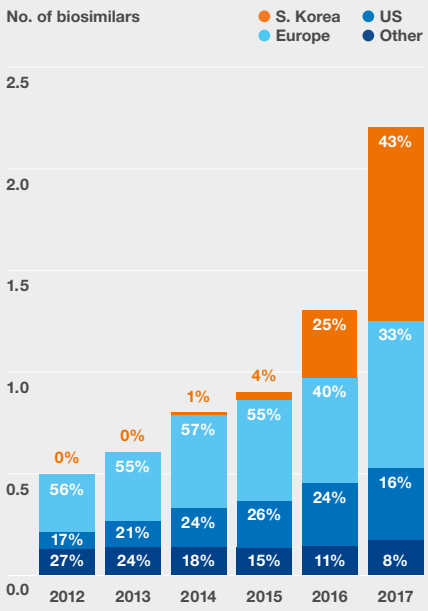
In Asia, pharmaceutical manufacturers which have traditionally focussed on generics are joining the fray, motivated by advantageous global and local regulations, an influx of investments, a culture of innovation and government support. Celltrion has become the first company from the Asia Pacific region to successfully gain regulatory approval in both Europe and the US, with infliximab, a monoclonal antibody. There are now signs of strong intent from other companies located in Asia to bring biosimilars into Western markets (US, EU, and Canada) which are potentially profitable markets with several patents expiring or close to expiry for originator biologics.

Regulatory and payer support

Several Asian countries are accelerating the development of biosimilars. Whilst these do not enjoy patent protection, there are regulations which demand a period of exclusivity in marketing to ensure a return is guaranteed:

Country	Data on exclusivety period
Japan	8 years of data exclusivity
Canada	8 years of data exclusivity
United States	4 years of data exclusivity / 8 years of market exclusivity
Europe	10 years of data exclusivity
South Korea	8 years of data exclusivity
Singapore	5 years of data exclusivity
Malaysia	5 years of data exclusivity
Australia	5 years of data exclusivity

Global biosimilars value and origin



Biosimilar developments in Asia

Country	Biosimilar companies	Brands/molecules in developed markets	Estimated revenue (US$)
China	Sunshine Guojian Pharmaceutical (Shanghai)	Yisaipu *(etanercept)*, Jiannipai *(Recombinant humanized anti-CD25 monoclonal antibody)*	$320m
	Beijing SL Pharma	Mai Ge Er *(Recombinant human interleukin 11)*, Sitandi *(naftopidil)*	$312m
India	Intas Pharmaceuticals	Pelgraz *(pegfilgrastim)*, Accofil *(filgrastim)*	$1bn
	Biocon	Fulphila *(pegfilgrastim)*, Krabeva *(bevacizumab)*, Ogivri *(trastuzumab-dkst)*	$590m
	Reliance Life Sciences	ReliPoietin *(erythropoietin)*, temozolomide, pemetrexed	$66.8m
South Korea	Celltrion	Herzuma *(trastuzumab)*, Truxima *(rituximab-abbs)*, CT-P16 *(bevacizumab)*	$835m
	Samsung Bioepsis	Imraldi *(adalimumab)*, ranibizumab, aflibercept	$175m
	Dong-A Pharma	ustekinumab	$696m
	LG Chem (previously LG Lifesciences)	Eucept *(etanercept)*	$406m
Vietnam	NanoGen Biopharmaceutical	Pegcyte *(pegfilgrastim)*, Ficocyte *(filgrastim)*	$8m

South Korea currently leads the pack, having allocated 35% of its medical research budget in 2012 to aid local pharma companies in this goal. On top of capital and generous tax breaks, the government also provides regulatory guidance to local biosimilars companies, and has set an ambitious goal of providing 22% of global biosimilars in 2020.

Efforts to balance drug access and costs through public health schemes seen in China and Vietnam have allowed biosimilars to enter the public healthcare systems, resulting in 60% and 38% market uptake respectively.

Cost advantages

Asia-based companies have also benefited from a lower cost base relative to their western counterparts, including lower biosimilar development costs, lower capital expenditure for manufacturing facilities and labour. In China, a regulatory change permitting pharmaceutical companies to outsource manufacturing to contract manufacturing organisations (CMOs) (common in other parts of the world) has brought new opportunities for biotechs to concentrate on innovative drug development without heavy infrastructure investment. This change allowed WuXi to open the world's largest biologics manufacturing facility providing contract services for both Chinese and international pharmaceutical companies.

There are a number of challenges manufacturers of biosimilars still have to face, namely:

Interchangeability and substitution - Biosimilars offer a similar clinical outcome as their reference counterparts at a lower price, but it is crucial to note that this has yet to be fully recognised in the US, which limits their uptake. Potential differences between biologics and biosimilars have led to global regulatory concerns about drug interchangeability and substitution, which has also hindered uptake in the EU.

Immunogenicity - This is a major concern for physicians familiar with biosimilars. Several peer-reviewed journals acknowledged that small changes in the structure of the biologic or a different route of administration could increase the risk of adverse events.

Awareness and perception - In Asia, brand perception is often equated with quality. Both physicians and patients show a strong preference for branded drugs, despite the lower cost and proven efficacy of unbranded generics.

Defense innovation - This includes identifying cases for preferential use of biologics in core patient segments and indications for which the biosimilar has not been tested. Collaborating with physician and patient groups (patient access programmes, strategic pricing schemes) to gain advocates also affects biosimilar adoption.

How to win

We would recommend the following strategies for Asia manufacturers looking to win with biosimilars:

Time your entry with the right portfolio

A combination of regulatory and patent trends resulting in a delay in launch dates have created scenarios where multiple players enter the market for the same drug at the same time, increasing competition for government tenders.

Consequently, ensure effective targeting when deciding choice of product portfolio in biosimilars. Think about which therapeutic areas have the highest unmet needs both regionally and locally. Consider the selection criteria set by drug and therapy committees, taking into account both clinical value and cost effectiveness in the real-world setting.

Create an agile go-to-market strategy

Consider partnering with other companies to capture opportunities and reduce risks when expanding your presence in the developed countries. This is often how biosimilars were first launched in APAC. For instance, Mylan struck up a successful partnership with Biocon, an Indian biopharmaceutical company to form an exclusive collaboration to manufacture, supply and commercialise multiple, high-value generic biologic compounds for the global marketplacee. Biocon lacks commercialisation experience and payer familiarity, but Mylan was able to provide these while leveraging Biocon's manufacturing knowledge and capabilities in a lower-cost market.

Expand the prescriber base

Invest in building awareness and in physician and patient education. This is critical to grow the number of prescribers and drive higher volumes of prescriptions. Patients rely on reassurance from their doctors on efficacy and safety of their medicines, and are also actively looking for ways to reduce out-of-pocket expenses. Providing real world data to help physicians understand the broader value biosimilars have in increasing patient access to critical treatments could also prove beneficial.

Conclusion

Whilst there are a vast number of potential gains from launching biosimilars, winning in this area is not an easy feat. It is important to know and play to your organisation's particular strengths. Whether through acquisition or partnership that gives you diversification and access to developed markets, you need to craft a strategy that addresses the specific challenges of your target markets, using the lessons learned from predecessors.

Read our article

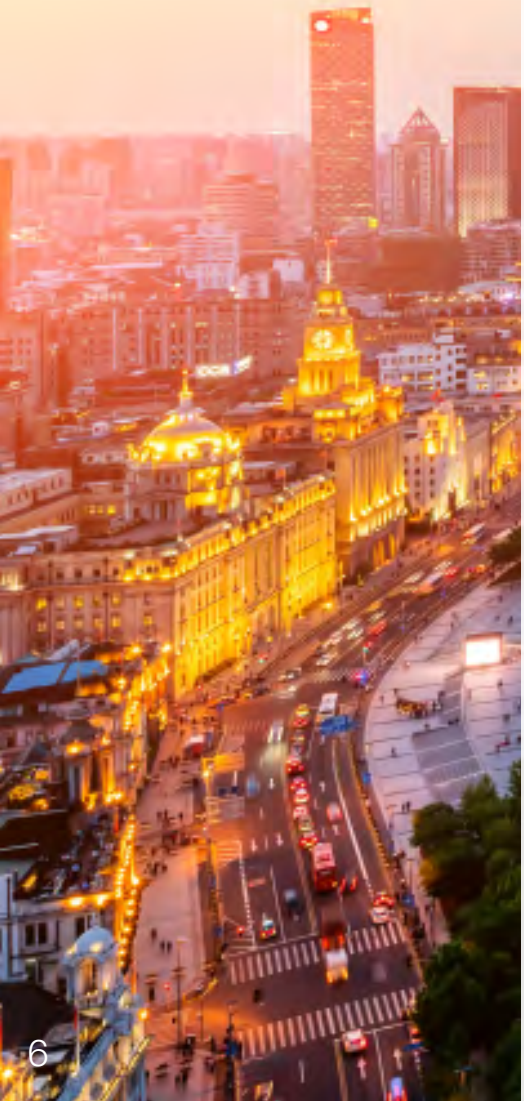
Breaking policy and perceptual barriers: Biosimilars

deep-dive.pharmaphorum.com/magazine/market-access-2020/breaking-policy-and-perceptual-barriers-biosimilars

WeChat case study

Living with HIV in China

Rachel Howard



As a company, Research Partnership has been exploring new digital market research methodologies as a way to capture deeper insights. In the last issue of New Dawn, I investigated how WhatsApp can be used as a quick, exploratory, multi-media messaging platform for market research in LATAM due to its ubiquity in the region. Subsequently, we wanted to see whether WeChat could be used in a similar way in China, given its dominance across the country.

In order to determine if this digital methodology could really deliver in-depth emotional insights, we wanted to test it with people who may be particularly sensitive to sharing information. Learning that you are HIV positive is not something many people can relate to. The disease carries a lot of stigma and many people living with HIV are sensitive about sharing their personal experiences, due to a lack of understanding and perceived judgement. We therefore wanted to understand the impact of HIV in China through the eyes of people living with the condition.

We worked with our partners Cathaya Research to conduct a digital ethnography study using WeChat. Through the app, we asked five males and five females living with HIV to share their experiences in real time over the course of a week. Here are some of the key insights we collected.

A bad day with HIV

One respondent shared an image of an animated character from an online video game. The character is obviously sad and upset. The respondent highlighted that the reason for selecting this image is that the character represents the phrase 'I thought you would never choose me'.

The image and accompanying description personifies a lonely figure, and on a bad day, the respondent would: "Lock myself up, smoke a lot of cigarettes and try to immerse myself in this bad mood."

Another respondent shared how a bad day living with HIV can affect working life, stating, "Three days after I joined my company, I received a request for a medical examination. I had to quickly pack up and escape."

Unsurprisingly, the day someone is diagnosed with HIV can have a huge impact. One of the respondents revealed, "The worst day was when I was diagnosed… this tangled mood, the helplessness of being diagnosed, and the despair that the current level of medical treatment cannot completely cure me."

Challenges living with HIV

Some common themes emerged in response to questioning around the challenges of living with HIV. One respondent stated, "I take a lot of medication each day, and I have to face them with a smile. I win if I live." Another said, "The biggest challenge I face is whether I can take my medicine on time every day. I still have to live, but I don't want others to see and know when I take the medicine." Clearly, the challenge of having to take medication at a certain time, and especially out in public, can cause an issue for those living with the condition.

A number of respondents described their biggest worry and challenge of living with HIV as having to face the opinions

of friends, family and members of the public. One respondent shared an image of a man dressed in a suit seemingly standing over and grabbing another man in a threatening way. This was used to represent the respondent believing that "The general public has a negative view of our disease, which prevents us from being able to get open, fair care and treatment."

Impact on relationships was another consistent challenge. One respondent said, "My family and friends don't know about my diagnosis and I am not prepared to let them know, due to confusion and hope of future life. As a result, I don't have a deep relationship with others." He or she also shared an image of a figure looking down, looking frustrated, wanting to say something aloud but not being able to find the words.

Participants in our study told us they felt more comfortable to open up about life with HIV via WeChat than ever before

WeChat as a methodology – our verdict

The insights collected from this pilot study, were rich, in-depth and insightful. WeChat is a very convenient platform for people living in China today; most have the app on their smartphone, tablet or computer and what was clear from our study is respondents were able to send answers when it was most suitable for them. Another benefit was the sharing of real-time responses and sharing of multi-media material with a range of images, videos and even voice notes.

Although monitored by the Chinese government at a broader level, the relative anonymity for communicating over WeChat can support the feeling of protection around respondents' privacy, especially if talking about a sensitive condition or topic where face-to-face communication may be less desirable.

Participants in our study told us they felt more comfortable to open up about life with HIV via WeChat than ever before. The set up on WeChat is also very conversational and colloquial, particularly as people are currently used to talking to family and friends via the app, therefore offering wider reach. While seniors are the smallest age group in China on the platform, there are still over 50 million monthly active users aged 65 and over, meaning its potential as a methodology isn't just limited to conditions affecting the younger generation.

As with all methodologies, there are some drawbacks to the use of WeChat in market research. Firstly, it can be time-consuming for respondents to provide lengthy answers. The functions are more limited than they would be in a specialist platform or app designed specifically for market research, and the issue of wider privacy may be a concern due to the government being able to monitor the app.

Our study undoubtedly provided rich insights into people living with HIV in China. The WeChat platform has great potential to not only complement traditional methodologies, but also to widen the use of digital platforms in market research. The use of WeChat still requires careful planning and approval and whilst it will not fully replace qualitative conversations, it certainly appeals to respondents as a convenient, familiar and easy platform to use, even when sharing information about the most sensitive of subjects.

Watch our webcast

WeChat in China
researchpartnership.com/wechat-in-china

China's healthcare reform

A considerable opportunity for pharma

Marc Yates

It's commonly known that China is the world's most populous nation. However, the country's birth rate has been falling for years. Despite the easing of the one-child policy, the number of babies born in 2019 dropped by 580,000 to 14.65 million, with a birth rate of 10.5 per 1,000, the lowest since 1949.

China's population is forecast to peak in 2029 at 1.44 billion, posing a big challenge for the world's second-biggest economy, namely a smaller workforce and an older population. One way the Government is addressing this issue is with a number of policies to reform and refocus the healthcare industry.

A novel procurement scheme

In late 2018 China adopted the novel 4 + 7 procurement scheme, aimed at dramatically cutting the amount being paid for generic drugs. The scheme will free up capital to update the drug reimbursement list. The Joint Procurement Office (JPO) listed 31 drugs for procurement in a pilot programme across all public hospitals in 11 cities (4 directly managed municipalities + 7 key cities in other provinces), which together represent around a third of the Chinese drug market. The lowest tender price was automatically chosen for drugs with more than one bidder. Big Pharma bid to supply almost all 31 drugs but succeeded in winning only 2 contracts – AZ's Iressa & BMS' Monopril. In August 2019, 148 new medicines were added to the list, followed by another 70 additions in November.

Faster approvals

The newly-formed China Drug Administration has introduced a new priority pathway. This promises to reduce the time it takes to approve a drug from 3-5 years to just 6 months.

The requirements to carry out local clinical trials before being granted access to the Chinese market have relaxed. In 2018, clear technical guidance was issued which included several guiding principles that manufacturers will need to adhere to. Essentially, it means that manufacturers need to provide accurate, traceable data submitted as a complete clinical trial package. This rapid approval process resulted in Merck's Gardasil 9 receiving conditional approval only nine days into a review.

Special channels for urgently-needed medicines

China's National Medical Products Administration (NMPA) has created special channels for the approval of new pharmaceuticals subject to "urgent" clinical needs.

The special channel will be available for pharmaceuticals that have been approved and marketed in either the United States, the European Union or Japan in the past 10 years but have not yet been approved in China, and that meet any one of the following criteria:

1. **Drugs used to treat rare diseases or conditions**
2. **Drugs used to treat or prevent serious or life-threatening diseases for which no existing preventive treatments are available**
3. **Drugs used to treat or prevent serious or life-threatening diseases that have clearly demonstrated clinical advantages over existing treatments**

Once accepted for fast-track review through the special channel, applications for treatments of rare diseases or conditions will be reviewed within three months, while other drugs used to treat or prevent serious or life-threatening illnesses will be reviewed within six months.

Innovation by pharma

The healthcare market is not only being shaped by Government reforms, the pharmaceutical industry has also developed a number of approaches aimed at improving access. Many of these initiatives are in their early stages but they are predicted to evolve and grow in the future.

Pfizer's Ibrance 'pay-for-performance' programme was China's first venture with the company and offers reimbursement of up to one third of Ibrance costs to patients. Pfizer collaborated with one of China's largest commercial insurers, The People's Insurance Company of China and MediTrust Health, a Shanghai based firm that offers healthcare financing services. It's a small, if groundbreaking, programme of 500 patients across 34 cities which gives Pfizer an opportunity to better understand Ibrance response in Chinese patients and generate real-world data.

Pharmaceutical companies need accurate, up-to-date market insights to decide where to play and how to win in a country that is now operating in the fast lane

Digital health

Another key trend is the continued evolution of digital healthcare. Healthcare professionals and patients alike are increasingly turning to technologies to assist in every aspect of health, from diagnosis and treatment to communication.

Improvements in digital tools have resulted in patients taking a more active role in decisions relating to their own treatment. For example, a recent survey showed that almost half of all patients who use digital platforms have requested a change in their current prescription and four in ten stated that they are more willing to use branded medication over generic alternatives.

The changes described here have resulted in a huge number of opportunities for pharmaceutical companies targeting the China market. Accelerated approval processes, the shifting focus on urgent clinical needs, private sector access initiatives and the growth of digital platforms all offer the chance for companies to see significant returns on their investment. There is a saying that in China anything is possible but nothing is easy. To take full advantage of these opportunities, pharmaceutical companies need accurate, up-to-date market insights to decide where to play and how to win in a country that is now operating in the fast lane.

Download our resources

Infographic

China: How to keep up and win in the world's fastest changing healthcare market
researchpartnership.com/china-how-to-win-infographic

White paper

China: How to strategise and win
researchpartnership.com/china-how-to-win

Facial analysis in emerging markets

Is there potential?

Paul Reed

One of the latest innovations in market research is facial and emotional analysis using artificial intelligence. This technology employs recognition software to detect emotional insights from facial expressions, which can enhance research by delving further into respondents' reactions to healthcare communications or other stimuli. Complementary tools can be used to elicit additional meaning from tone of voice, through to laughter and anger.

As a company, we have been successfully using this technique in both qualitative and quantitative research settings to test communications such as disease campaigns and e-details. Indeed, our company has won several awards for its use in research conducted with Janssen. As specialists in emerging markets, we wanted to see if the technique has utility in emerging markets.

Facial analysis used in conjunction with traditional methods can provide a powerful tool to understand our patients, consumers and HCPs

As a rule of thumb, it is generally accepted that facial expressions are broadly the same across countries and cultures. For example, smiling donates happiness and frowning shows sadness. Research conducted by psychologist Paul Ekman has shown both western cultures and pre-literate communities in Africa communicate using the exact same facial expressions for happiness, disgust and contentment.

There has, however, been debate over the extent to which facial expressions are innate verses cultural. New thinking has challenged the classical universality of human emotions. The theory is that facial expressions and corresponding emotions are cultural, and learnt with respect to an individual's surrounding environment. Research by scientists from the Institute of Neuroscience and Psychology at the University of Glasgow suggests that although a similar facial expression can indicate an emotion, the interpretation of facial expressions may differ between regions and cultures. Chinese participants for example appear to focus on the eyes to interpret expressions, whereas western Caucasians tend to focus on the mouth. In Brazil, smiling for longer is a sign of expressing happiness, and in Japan a smile is often a way to communicate politeness rather than happiness necessarily.

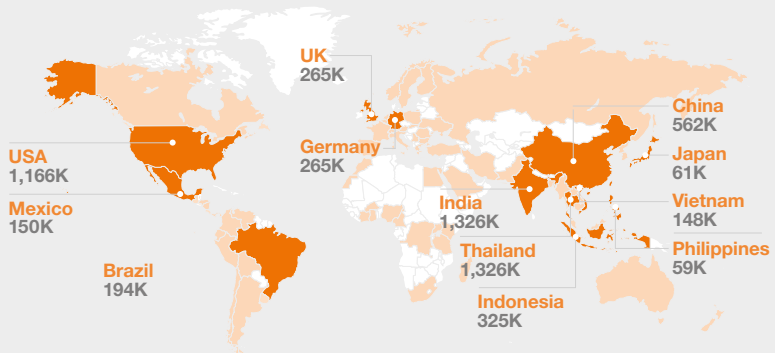
AI technology for facial analysis uses two techniques to interpret emotions. Firstly, the computer vision precisely captures facial expressions and secondly, the machine-learning algorithm analyses and interprets the emotional content picked up from the computer vision. One implication for any market research technology is that certain cues may get missed if the learnt behaviour from the algorithm that the programme is based on does not include enough faces from diverse regions.

A major criticism of some facial analysis technology is the racial bias due to a limited number of darker skinned faces included in product development. One infamous case is when the software 'Rekognition' owned by the tech giant Amazon, wrongly classified African American women as men. Other studies have shown that negative expressions are more likely to be assigned to black men verses white Caucasians. As market researchers, and users of this technology we therefore need to ask ourselves how the algorithms are built, and if there are any racial biases. It is vital that the learned behaviour of the technology is truly diverse and based on people of all skin colours and cultures (including wearers of hijabs or burkas).

Our partner Affectiva has the largest global database of facial expressions – 7.5 million faces from 87 countries, including many from Asia and South America. They tell us "the wealth of data we have in many countries provides so much training material for our deep learning algorithms that they are human level accurate and allow us to handle cultural differences. While all humans tend to emote the same way, when, why and how we emote is strongly linked to the culture we live in. Our software takes account of those cultural differences."

We believe that, working in partnership with Affectiva, facial analysis used in conjunction with traditional methods can provide a powerful tool to understand our patients, consumers and HCPs in many cultures and regions, so long as it is in markets where there is sufficient data for analysis without bias.

Any country in orange has an active cultural norm in Affectiva's system.



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4bn	7.5mm	3.0mm	87
frames	faces	unique	countries

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Spotlight on Mexico

Healthcare under AMLO – One year on

Rachel Howard

Andrés Manuel López Obrador (commonly referred to by his initials AMLO) was elected President of Mexico in a landslide victory of December 2018.

At the end of the first year of his six-year term, we caught up with local expert Dr Xavier Tello, CEO of Strategic Consulting, to make sense of the latest changes in the healthcare system and consider what they mean for pharmaceutical manufacturers wishing to enter the Mexican market.

"It has been a wild ride under AMLO," Dr Tello told us. The changes have been rapid, complicated and unpredictable, and here we attempt to deconstruct the major events of the last 12 months.

Hasta la vista, Seguro Popular – but not as planned

One of the radical changes proposed by AMLO was to create a unified, nationalized health service that is fully run by the government and free to all users, akin to the UK NHS model. The Mexican system has long been criticised for its complexity, with multiple actors and sources of financing across the multiple institutions responsible for providing healthcare. Seguro Popular, the health administration system set up in 2003 to provide access to healthcare for the uninsured population, came under particular fire for failing to ensure that all uninsured people have adequate access to healthcare services. When running for office, AMLO accused the system of being deeply corrupt.

AMLO's original plan, therefore, was to dismantle Seguro Popular and integrate it with the Federal social security institutions of IMSS, ISSSTE and PEMEX into a single national health system. However this proved to be far less straightforward to implement than expected, with challenges from unions and guilds preventing these institutions from being easily disbanded.

By way of compromise, AMLO's government founded INSABI, the Institute of Health for Welfare, to replace Seguro Popular and absorb the State-run systems, which had a poor track record of misuse of health resources.

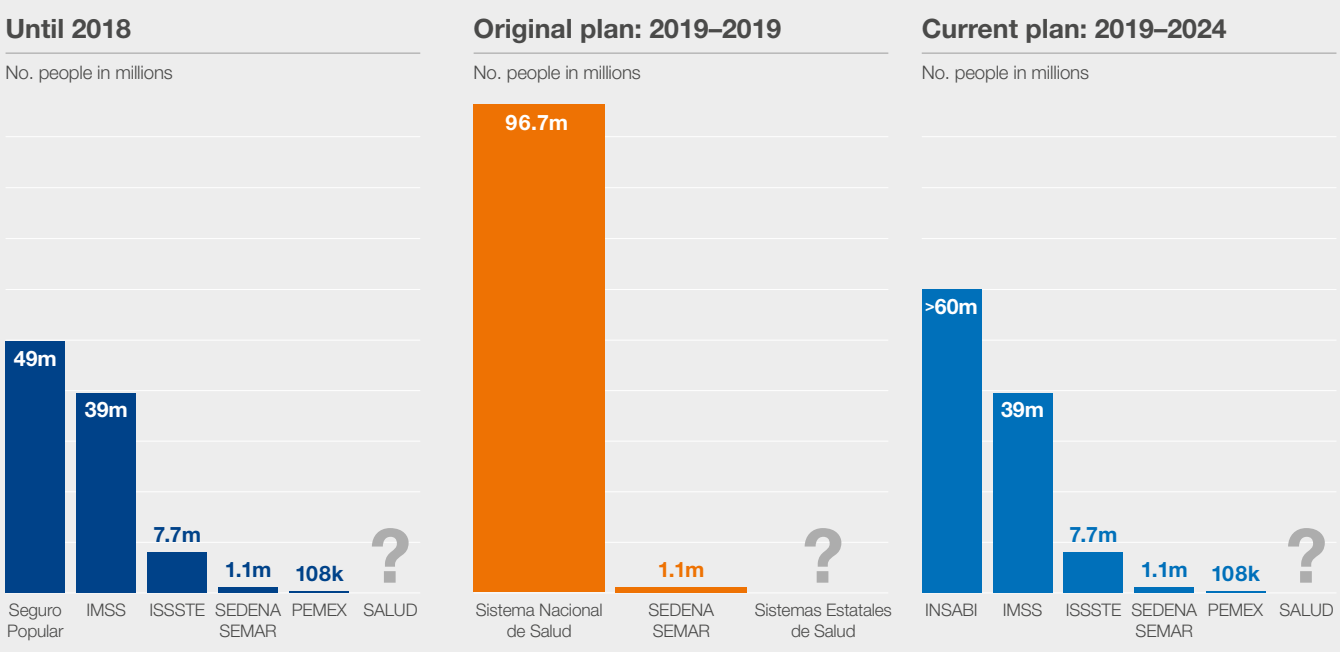
While INSABI covers over 60 million citizens, the finances to run this system are severely lacking. AMLO implied the integration of Seguro Popular and the state-run systems would double the healthcare budget. But the budget is actually no greater than the sum of the original budgets of the individual institutions that have been subsumed within it. The system is under huge pressure to contain costs, and the challenge of affordability is far from resolved.

Ministry of Finance taking control

Given the urgency of constraining healthcare expenditure, the government has empowered the "Oficialía Mayor", a special office of the Secretaría de Hacienda, the Ministry of Finance, to take responsibility for the procurement of pharmaceuticals for all of the state institutions.

Historically, once a drug was approved by COFEPRIS, the national regulatory body, and registered in Mexico, the next step was to apply for inclusion on the Cuadro Básico Interinstitucional, a formulary that allowed each institution to purchase the drug. Each institution had its own local Cuadro Básico formulary, and had some discretion about which drugs from the Cuadro Básico Interinstitucional to

Comparison of healthcare plans before and under AMLO



IMSS - Instituto Mexicano del Seguro Social. ISSSTE – Instituto de seguridad Social y Servicios para los Tarabajadores del Estado. Pemex – Petróleos Mexicanos (The national oil company). SEDENA – Army. SEMAR - Navy

include. They would then purchase the drugs via their own tenders, and more recently a consolidated tender organised by IMSS (the biggest customer) with the Secretaría de Hacienda responsible only for the funding.

Under the new plan, INSABI has considerable influence on what is included on the Cuadro Básico Interinstitucional, and the institutions' local formularies are disappearing, making it challenging for manufacturers to get included as they no longer have opportunity to communicate directly with each institution. Once included on the Cuadro Básico Interinstitucional, the Secretaría de Hacienda has taken over the tendering, consolidated into a single tender for the supply of all institutions. Tender conditions are aggressive and unfavourable to manufacturers, often allowing limited time to prepare the paperwork and deliver supply, with hefty penalties for manufacturers who fail to meet the stringent conditions.

Dr Tello describes the current COVID-19 situation as 'the perfect recipe for a disaster'

The logistical challenge for manufacturers has been exacerbated by the government's move to cut out wholesalers, in an attempt to drive down prices (and alleged corruption) by removing one layer of mark-up. The country's four largest wholesalers have been banned from operating in government deals by presidential memo, forcing manufacturers to negotiate directly with payers. However, the intention of this has backfired, as many manufacturers lack the capabilities to manage deliveries themselves, and with the unfavourable tender conditions, some have declined to participate and exited the market. In the latest tender, 62% of the purchases were declared "void", while the Secretaría de Hacienda focused on publicising the savings within the 38% that were awarded.

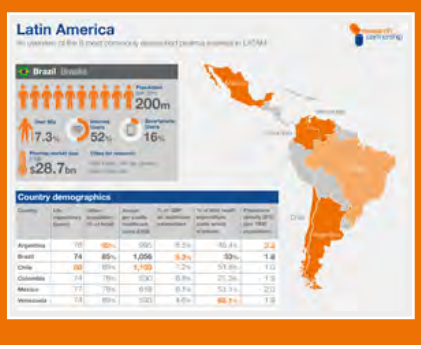
Circumventing COFEPRIS – a dark future ahead?

In a controversial move, the government has recently bypassed COFEPRIS, and international trade agreements, purchasing unregistered drugs from overseas. COFEPRIS itself is in a state of decline from a once state-of-the-art regulatory agency to a closed body facing increasing questions over the transparency of its decisions. But this latest move to undermine its authority over Mexican drug supply poses a challenge to its very existence, with some speculating the government is planning to disband the agency.

Altogether, what do these changes mean for the pathway to achieve market access in Mexico? Dr Tello is unsure: with such major changes still in progress, no one knows what will happen a few months from now. Elections are never won or lost on healthcare, and improving the functioning of the system does not seem to be a government priority, leaving potential for the entire system to be derailed.

The recent events relating to COVID-19 may have exacerbated this risk, with Dr Tello describing the current situation as 'the perfect recipe for a disaster', as the pandemic threatens to put Mexico's weak, underfunded and chaotic healthcare system under even more strain.

With that in mind, what should pharmaceutical companies wishing to enter the Mexican market consider, beyond keeping up to date with the latest developments? "One aspect is political", comments Dr Tello. "They will need to do their homework in terms of getting close to the decision makers." Of course, putting together a solid clinical story in the dossier will always be essential, but he recommends manufacturers also consider Mexico in their clinical development plan where possible as this may help to keep them on side, given the tendency to favour national interests.



Download our interactive infographic

Latin America
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Assessing demand in emerging markets

Jennifer Redfearn

We are often asked to conduct demand assessment studies in order to estimate the interest and likely uptake of a product prior to launch. The findings usually contribute to a wider market forecast.

We use a number of market research tools to conduct these effectively, including:

- **Simple product profile testing**
  The product description is presented and questions are asked around likelihood to purchase or prescribe and to evaluate what percentage of patients will be amenable.
- **Journey to the Future**
  A series of timepoints at which different fixed products would become available is presented. The likelihood to purchase and percentage of patients appropriate for each product is evaluated in each given market scenario.
- **Conjoint modelling**
  Respondents are presented with a series of potential new products from a set of pre-defined building blocks, and asked to select their preferred option. Variations on this begin by showing all of the building-blocks and asking respondents to build their own "perfect" product, or, where the product offering is modular, to select the key features from a "menu".

Carrying out demand assessments in emerging markets follows the same procedure, but before you get started, there are some critical success factors to consider.

Wild card market events

Unexpected market events can have a dramatic impact on the healthcare environment across therapy areas, as witnessed with the COVID-19 pandemic. These scenarios can be difficult to anticipate or model. Analogues from other markets (e.g the pattern of economic recovery in China) or other scenarios (such as SARS in Asia in 2003) play an important role in identifying how and when countries might recover and when markets might return to normal.

When conducting demand assessments, it is sensible to model the current market on pre-crisis data (e.g looking back over 6 or 12 months), and assess market size and likely uptake against that patient pool – taking care to acknowledge to the respondents that we are interested in what is typical, rather than specifically considering the physician's immediate caseload of patients. Once the research is complete, gaps in uptake caused by unexpected events (e.g. of aesthetic or elective procedures) can be built in as a potential drop in patient numbers, with different patterns of recovery considered.

Download our infographic

Demand assessment

researchpartnership.com/demand-assessment-infographic

Considerations for demand assessment in emerging markets

- Conduct **Internal Stakeholder interviews** to get detailed understanding of local market factors
- Understand the **market access environment** including reimbursement, private insurance and Patient Access Programs
- Measure the **degree of independence** prescribers have with innovative medications
- Consider **including patients** in self-pay/ co-pay markets
- Understand the **competitive set**, including the influence of medical tourism
- Factor in **cultural scoring** when comparing future uptake across different markets

Local market understanding

A strong understanding of local market characteristics is important, especially in the current world climate. If there is sufficient information within the company about these markets, these can be shared and incorporated before research is commissioned. If not, we recommend conducting stakeholder interviews prior to the full survey to help shape questionnaire design.

Local factors to understand include:

- **Competitive set** – In any market, there are always likely to be local competitors but in north Asia in particular, traditional medicines can be a competitor. For example, in Tier 3 hospitals in China, patients can be treated by both the oncology department and the TCM (traditional Chinese medicine) department. These are not necessarily cheap options, and some traditional remedies are more expensive than innovative western treatments. Excluding a key competitor would of course warp the final view of the market
- **Ability and willingness to pay** - In self-pay markets the patient may be the payer so affordability of the treatment may be a barrier to usage. The size and growth of the medical insurance market may also impact demand:
  - If insurance packages include screening, the pool of diagnosed patients may increase
  - If treatment is covered by insurance, more of those diagnosed would receive prescriptions
  - Some patients may receive a lump sum insurance payout with freedom on how to use that money – in such cases, some may prefer not to use the money for prescription medication
- **Patient access programmes (PAPs)** – These may help those outside insurance packages access medications – for instance offering additional help for vaccinations to those in the lowest socio-economic brackets
- **Medical tourism** - To benefit from cheaper prices or better care, do patients prefer to travel for treatment – e.g. from Indonesia or Vietnam to Singapore? The size of the market may be either underestimated or overestimated if this factor is not taken into consideration
- **Guidelines/protocols** - Some markets are highly influenced by guidelines and this would need to be built in to the materials to ensure that the range of likely uptake can be modelled, and the best case isn't underestimated

Accounting for overstatement

A challenge in conducting demand assessments is that sometimes respondents overstate their likely usage or willingness to try something new when participating in market research.

Behavioural economics helps us explain why:

- **No risk bias:** there is no risk to physicians or to consumers in agreeing to prescribe or buy a new product in a market research interview
- **Acquiescence response bias:** There is a general tendency to answer positively when in doubt or to conform to the social norm of appearing agreeable, even when answering anonymously
- **Pro-innovation and recency biases:** there is a tendency to overvalue the usefulness of something new and underestimate its limitations; or for some, to favour new evidence over prior evidence

To address this problem we use a series of questions to understand how likely each individual is to really act in the way they've described. These questions can be tailored to the specific market, but generally take the form of likelihood to use, with a simple rating scale response. When hoping to understand willingness to pay, a respondent might need to pass through a series of "gates" before we accept them as a true new user or adopter. For instance, for a vaccine:

- Likelihood to ask an HCP about the vaccine
- Likelihood to purchase the vaccine, if offered by the HCP

This could be complemented with questions on analogues e.g. did you visit a doctor to ask about a previous vaccine; did you purchase it? Or questions about general beliefs – e.g. awareness of vaccines or concern about endemic diseases and the need to vaccinate.

There can be some cultural variation in the use of scales, which also needs to be taken into account. For example, physicians in Hong Kong can be more conservative in their outlook, which can make them appear less enthusiastic about new products joining a market. On the other hand, people in the Philippines and Indonesia may be more positive and express greater interest. One potential solution to overcome this may be to swap a numeric question for a pictorial scale (for instance, clouds/sun or star ratings), and so move away from the cultural variability which may appear using verbal scale questions. This will not entirely eliminate all possible cultural differences, as, for example, variation in perception of facial emotion can influence the use of smiley-face scales (as sometimes seen in Japan) and some pictorial options may not be appropriate in a medical context (e.g. rating scales using hearts for products with potential cardiac side effects). Another solution is to standardise the answers during the analysis process, so that the relative interest in each product can be more easily measured across cultures and then applied to the final uptake results.

These questions and methodologies work together to identify physicians who would prescribe or consumers who would use or purchase. Final usage and uptake numbers are then calculated based on the total sample, but setting the usage of anyone who falls at one of the gates to 0. It is not uncommon for this to result in a discount of 25-50%.

Conference research in Asia

Measuring event effectiveness and the impact of COVID-19

Wan Ling Neo

In-person or virtual medical conferences can be very effective, but they are also significant investments. Conference research allows you to evaluate the success of your marketing and surveys are a useful way to gather feedback, but it is important the design is tailored to your objectives.

Firstly, the end objective of the conference involvement must be clearly defined. Typical objectives can be to:

- Evaluate 'in the moment' reactions to new data presented. This can include competitor's data, helping marketers refine their strategies
- Raise visibility and corporate branding to increase reputation amongst customers
- Draw attention to a therapy area and improve disease awareness

Objectives determine survey design

Each of the above objectives have distinct implications for the research design. With the end objective in mind, various aspects can include specific KPIs (Key Performance Indicators) on which to measure success, which can affect the sample and timing of the research.

Some key questions market researchers should be asking themselves are:

- Who should include in the survey?
- When should we conduct the survey? Pre and/or post conference? Short bursts during the conference? Live surveys during topic presentation?
- What should we cover in the survey?

Open-ended questioning can be a useful tool, helping marketers understand the context behind the feedback collected. However, it is essential to construct the questions with the key objective in mind, to achieve high-quality responses. In some cases, a more suitable method may be to conduct at-conference research in combination with short follow-up interviews to get deeper insights.

Challenges in Asia

Physicians attending larger scale regional and global conferences tend to be Key Opinion Leaders (KOLs) in their field. KOLs can be particularly difficult to recruit. They are an important target for research, but are not always amenable to the process. Fellow physicians, marketers and conference organisers will try to take the opportunity to grab their time and attention at conferences. It is therefore critical to design the research with their needs and pressures in mind, to ensure the process is engaging, and can therefore generate quality insights.

When considering incentives, it is important to think beyond monetary value. In the healthcare space in Asia, there is a general lack of information that is recent and/or publicly available. Information collected through primary market research is therefore a valuable resource, not just for marketers, but for healthcare professionals. Consequently, offering insights collected from fellow healthcare professionals as an incentive can be highly motivating, and should be considered.

Cultural differences should also be taken into account. Asian physicians, compared to their Western counterparts, place more emphasis on building trust and interpersonal relations even in their working relationships, and this is formed through personal interactions with the other party. In addition, especially for those who are in more senior positions, in-person interactions are typically preferred, to show 'face' as a sign of respect.

The impact of COVID-19 on conference research

The current COVID-19 pandemic has created exceptional circumstances. With face-to-face interaction largely unfeasible, many conferences have had to move to a virtual format.

In light of the current situation, I spoke to my colleague John Branston who heads up our Conference Research offering, Conference Live, to get his view regarding the medical conference virtual landscape and to see if conference research is still possible in the age of COVID-19.

It's time to reframe our go-to research approach around the 'new normal'. Given the likelihood of different modalities of dissemination being trialled, we will need to be agile in looking at how different methodologies perform to our needs

John told me that the tools and technology to take major medical conferences online in some form has been around for a long time, but suddenly we find ourselves observing a real-life testing ground of some of the key principles, which may give us early insights into the shape that conferences could take in the post-pandemic future.

One side of the equation is the conference offering; the other side is the potential behavioural shift among the audience.

With these thoughts of a changing medical conference landscape in mind, he conducted a quick poll among several hundred practising medical specialists, 75% of whom were planning to attend meetings that have been (or threaten to be) disrupted by the coronavirus.

The survey found that:

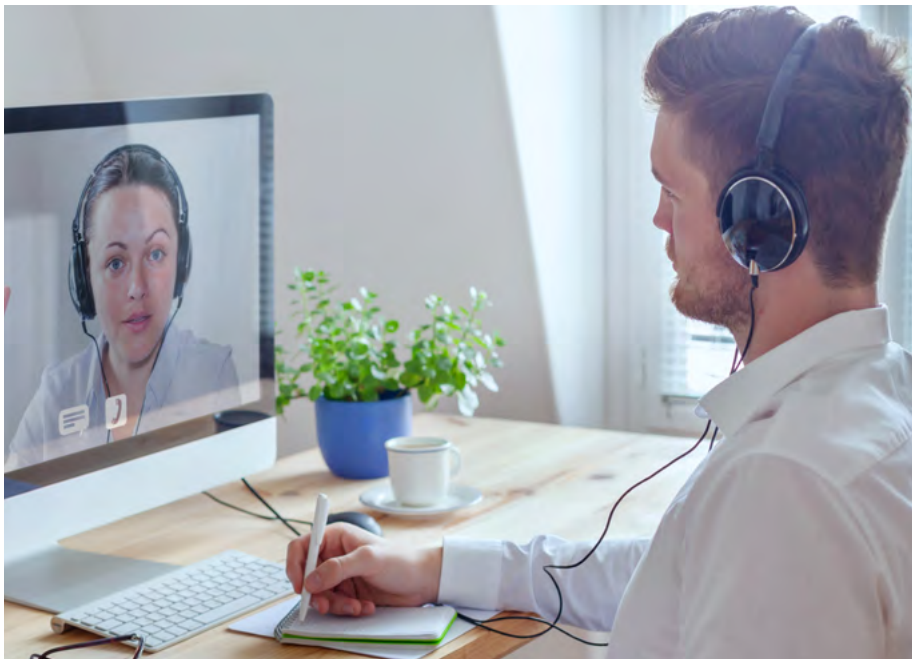
- 84% would be keen to explore the option of attending a medical congress in a 'virtual' format (as an alternative to attending in person);
- If making use of a 'remote' or 'virtual' conference format, 68% would just dip in to papers and presentations of interest; the remainder would undertake to review a broader range of presentations;
- If engaging with a 'virtual' conference, only 22% stated that they would seek to access a key presentation 'live', with 50% more likely to take it in at a later date, whenever they had time (the remaining 29% stated that 'either way is fine, it makes no difference').

And in response to the key question 'Do you think the virtual format is the future of medical conference?' 64% said 'Yes' and 36% said 'No'.

The data shows a clear willingness – even a preference – for busy physicians to engage with a virtual conference. The technical challenge of providing remote access to presentations will probably turn out to be the easy part, given that familiarity and comfort levels with video-conferencing platforms have recently risen exponentially. Conference organisers will no doubt quickly settle on a new 'business model' that continues to facilitate scientific exchange and thought leadership. Unshackled from the model of a single, intense week of activity, there is the opportunity for organisations to remain top-of-mind across the year as a franchised vehicle for more frequent, ad hoc delivery of web-based content. Sponsors can then work to their own timeline and have a greater say in when data is published to maximum effect. What the industry needs to understand is the shift in balance in the marketing and communication mix that will result from this new way of doing things.

John believes that it's time to reframe our go-to research approach around the 'new normal'. Given the likelihood of different modalities of dissemination being trialled, we will need to be agile in looking at how different methodologies perform to our needs. He believes large-sample online studies will play a significant role; these can be conducted globally in a very short time and will provide a great, cost-effective opportunity for the statistical analysis and comparison of how different cohorts of physicians react to new science, or to quickly look at the impact of announcements on projected market demand. 'Tele' follow-ups (Zoom or web-assisted telephone) will allow us to gain more qualitative feedback from tightly-screened respondents on the granular detail of the clinical implications of announced data.

One thing is certain, we will be taking the best methodological ideas with us as we adapt our thinking to the new landscape. The business of communicating new science is about to undergo a step-change. Market research is the key to understanding that change and has the advantage of relying on tried-and-tested fundamental concepts to deliver an important and accurate assessment of how communications are working in the post-pandemic environment across global markets.



thestudio

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The Studio specialises in the production of visual multi-media outputs, including illustration, graphic design, infographics, interactive outputs, 3D, film and animation. Working closely with the research teams, our designers can also conceptualise and deliver tailored, customised inputs, such as stimulus materials and props to engage respondents and elicit richer insights.

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