

Learning to share

Pharma's future commercial success will be built on collaboration



PricewaterhouseCoopers (PWC) recent report, *Pharma 2020: Marketing the Future* makes stark reading for pharmaceutical marketers. The established model of 'profit alone', where pharma works independently to achieve the best commercial value for its medicines, no longer holds.

The authors reveal that the future model for pharma business success will be 'profit together', through multiple stakeholder commercial collaboration (from phase II research through to launch and beyond). Great vision and great words - but not easy to achieve.

The Health Communications Council (HCC) has a remit of building a healthier Europe through better communication. Members believe that the only way of building healthier communication in Europe is to foster an environment of partnership and trust, to better enable the flow of health information to all stakeholders - be they professional, governmental or consumer - for mutual benefit. Collaboration won't happen without trust.

Let's face it, as a marketer, you are

unlikely to feel comfortable about sharing your data with a competitor, even if the objective is to build better commercial value for your product. It will not be easy for your company to trust a competitor - perhaps the one who is racing to launch first in a new class against you - even if the collaboration will build a more effective and efficient disease management system for governments, payers and patients. If we accept the findings of the PWC report, however, this will be the only way to ensure your medicines command the value they deserve. The first challenge will be to get pharma companies to work together effectively.

The European Innovative Medicines Initiative (IMI) is already facilitating discussions to help achieve this. Michel Goldman, professor of immunology at Université Libre de Bruxelles and executive director of IMI, explains: "The IMI is bringing several pharmaceutical companies together to collaborate around a common topic, such as a new class of drug, to identify key questions and issues for review at a

pre-competitive level. We are looking at areas of high need - diabetes, neurodegenerative disease and cancer."

Common approach

The aim is to ensure that a common and validated approach to diagnosis, treatment and ongoing management is developed that delivers best efficiency and effectiveness for purchasers and, as a result, maximum value for pharma for its medicines.

As this type of activity grows and business criteria are set earlier, the marketing function will need to be re-engineered to come into play sooner in the product life cycle - perhaps even at the R&D stage. This not only applies to the use and pricing of medicines, but to how patients are identified, managed and communicated with.

In some markets, guidance has already been developed, as Dr Gordon Coutts, vice-president and general manager of Schering-Plough in the UK and Ireland, explains: "Guidelines and a toolkit for joint working have been developed by the Department of Health and the

Association of the British Pharmaceutical Industry. The toolkit includes a transparent description of the benefits to patients, the health service and the pharmaceutical company. Ultimately, there is no option but for each party - prescribers, patients and the drug industry - to build trust with each other.

Joint working has the potential to create breakthroughs in how we tackle major health challenges, including cardiovascular disease and teenage pregnancies. It draws on complementary skills from the health service and the pharmaceutical industry."

Building trust

Perhaps the biggest elephant in the room here is the lack of trust in pharma from other stakeholders in European healthcare - a clear problem if partnership with them is now needed for commercial success.

Ilaria Passarani, head of the health department at BEUC, the European Consumers' Association, believes that the lack of trust has been caused by incidences where pharma companies have breached codes of conduct, where products have had to be withdrawn and where industry safety data has been questionable. "We need the pharma industry to say openly that they are now doing things differently, then perhaps we can work together. After all, the public needs to know more about medicines and how they are researched and developed."

There is a common agenda here to work on - patient information and understanding - if we can only build bridges with patient groups to gain their trust.

BEUC is a key organisation working at an EC level to improve consumer and patient legislation. Despite its interest in improving patient information and understanding, it was unable to support the Information to Patients element of the pharma package in the European Parliament. Its concerns about the consequences of expanded pharma promotional activities may have eclipsed the potential benefit of being able to support the provision of more information to patients.

The HCC believes that better and earlier communication would help. We cannot afford to ignore patient groups who, historically, have not been seen as friends, so the HCC is working in partnership with its clients to ensure that collaboration happens with all parties, even historical foes,

to ensure common agendas in patient care are more readily achieved.

We also need to look at new ways of working together to build mutual trust. Robert Madelin, EC director-general for health, says that pharma needs to go beyond funding patient groups and participate in the debate. He asks: "Perhaps they should consider a more open, corporate commitment - take a grass-root society approach, rather than a portfolio-driven approach to public health collaboration?"

"We need to look at new ways of working together to build mutual trust"

He illustrates his point with an example from the food industry where companies such as Carrefour and Nestlé collaborate in a network of community activity, involving teachers, parents, doctors and restaurateurs, on a project called 'Together Let's Stop Childhood Obesity'. The initiative started in France and is now spreading out across Europe. Madelin explains: "The starting point was not a push to position their brands in the community, but to ask, 'what are your problems, how can we help?' and then to offer the help without branding the resulting effort.

"I would be very happy to embrace pharma as a partner in public health, but I find it curious, in my experience, that the better companies from other sectors, even such as the drinks sector, appear to own responsibility for the general well-being of society more so than pharma.

"It would be good if pharma could corporately ask themselves the question 'What should we be doing to improve the health of Europe beyond producing medicines?' and perhaps benchmark themselves against our current health partners from beyond the health sector."

The HCC is also working to build a better understanding of the European health stakeholder. Trades unions, employment organisations and insurance companies have an interest in the health of Europe, but often we don't think to engage with them to improve patient care. How about pharma working with the police service effectively to improve health outcomes? This is what happened in a UK project

conducted by Schering-Plough, working collaboratively on a substance misuse project. As Schering-Plough's Coutts explains: "The aim was to find a way of more accurately reflecting the value of the Wakefield Integrated Substance Misuse Service's (WISMS) work. Currently, success is measured largely within the confines of 12-week treatment programmes. We wanted to create a range of measures to assess the real-life impacts of the organisation's work beyond this arbitrary time-period.

"Schering-Plough joined the steering committee - working alongside social services, police and other healthcare providers - and provided operational and research support. An early result is that WISMS applied for, and won, Department of Health funding over two years to further develop the model of integrated care."

Better together

Even in the sensitive world of data collection and dissemination, the Pharma 2020 model suggests we are better together. Ruxandra Draghia-Akli, director of health at the European Commission's Directorate-General for Research, says the future is personalised medicine and adapting treatment to patients rather than the disease. She says: "Active information dissemination will be important to effectively implement this sort of care - information to health professionals and information to patients. The data and information required cannot be collected by one organisation alone. You need multiple institutions to collaborate. We are already taking on a role as a facilitator here."

The sharing of information cuts both ways. We also need other key stakeholders to be open with the data they collect, not least the health services of the EU. At the HCC we believe it is our job to help broker new conversations and activities between pharma and other European health stakeholders, working to build trust among all parties. We are starting a number of initiatives which offer low-risk engagement for potentially a high-value return for all - a healthier Europe - and, in the process, contribute to achieving an effective collaboration model for pharma's future commercial success.

The Author

Gloria Gibbons is joint worldwide CEO, Ogilvy Healthworld, and a member of the Health Communications Council of the European Association of Communications Agencies