SHAMAN MASTERING CONTENT EXCELLENCE

10 Steps to Transform Life Sciences Marketing

10 expert interviews into a **10-step guide designed** to provide you with the **insights**, **strategies**, and **practical tools** needed to enhance your content approach.

Quality content is about building trust and creating meaningful connections— not just about the clicks. We hope you enjoy it.

SHAMAN

Dear Readers,

Navigating the complexities of content excellence is more critical than ever as we look to 2025.

At Shaman, we understand the challenges faced by pharma marketing teams and healthcare professionals (HCPs) in creating, managing, and optimizing content that meets rigorous standards while remaining engaging and effective.

This booklet, derived from our "**Mastering Content Excellence**" series, distills the wisdom of **10 expert interviews** into a **10-step guide** designed to provide you with the **insights**, **strategies,** and **practical tools** needed to enhance your content approach.

Our journey incorporates key market data and **hands-on recommendations**, making this resource not just theoretical but actionable.

We're confident this guide will support your journey in overcoming the challenges of 2025 and beyond.

Best regards,

Maurice Van Leeuwen
CEO, Shaman

Let's start with some data...

According to the **Veeva Pulse Report**, pre-launch field medical **education boosts treatment adoption by 50%**. By strategically connecting medical affairs HQ with field medical activities and measuring their impact during this pivotal period, biopharma companies can maximise opportunities to influence treatment uptake.

As we reflect on these insights, a clear thread connects them all: content is at the heart of every advancement. Whether it's speeding up MLR review cycles, leveraging Gen AI for efficiency, or boosting treatment adoption through strategic medical education, content is the driving force behind it all.

So, the question is: **Are you ready to step up and take your place in this rapidly evolving landscape?** The future of pharma is content-driven, and now is the time to be at the forefront.

HOT TAKE: *Our platform is purpose-built for Veeva Vault. With Shaman, your content mirrors what's in Veeva, including status and version updates, making it easy for you to sync it back and forth whenever you like.*

The global Generative AI market is forecasted to reach ***$118.6 billion by 2030****, with transformative impacts anticipated across industries, including pharma.*

Source: Grand View Research.

DID YOU KNOW THAT

52%

of pharma companies continue to face challenges with slow MLR review cycles?

30%

Modular content presents a potential solution, speeding up time-to-market by as much as 30%.

Source: PharmaTimes.

10 Steps to Transform Life Sciences Marketing

Content creation isn't just about speed—it's about creating meaningful, compliant, and impactful materials for healthcare professionals (HCPs) and patients.

This booklet, featuring insights from 10 industry leaders, provides actionable strategies to help you tackle the complexities of content production with excellence.

WHAT YOU'LL LEARN

Executive Summary

#1 **Joseph Tew**

Modular Content

Save time and money by streamlining workflows with modular content strategies.

#2 **Davide Deiana**

Generative AI

Accelerate compliance and localisation with AI-driven tools.

#3 **Ryan McDonnell**

Personalisation

Craft seamless journeys with the right data.

#4 **Daniel King**

Localisation

Adapting content for maximum impact.

#5 **Maurice Van Leeuwen**

Content Production

Redefining Content Production with Self-Service Tools.

#6 **Jakob Knutzen**

Content Reuse

Streamlining Processes for Faster and Consistent Campaigns.

#7 **Gaurav Sanganee**

Building Trust

Enhance relationships with HCPs by focusing on authenticity and value in your messaging.

#8 **Chris Halling**

Simplifying

Adapting Complex Pharma Content for Engaging and Compliant Communication.

#9 **Claude Waddington**

Omnichannel

Embracing Flexibility and Omnichannel Strategies for Effective Content.

#10 **Cari Meredith**

Global Strategy

Leveraging Collaboration and Flexibility for Efficient Content Creation.

#1

Understand the Value of Modular Content

Driving Efficiency and Scalability

Though a relative newcomer to the life sciences industry, modular content is transforming the pharma marketing landscape, and few understand its potential better than **Joseph Tew**.

Life Science Organisations (LSOs) have typically relied on agencies, digital factories, and manual workflows to take care of the whole content production process. While these options have their strengths, they're also inefficient.

MEET THE EXPERT

Joseph Tew

Expertise
Modular Content Strategy

Role
Marketing leader with a focus on content excellence

From
J&J Innovative Medicine

Known For
Helping pharma companies like Merck & Co and Bristol Myers Squibb (BMS) implement scalable, reusable modular content

ACTIONABLE STEPS FOR IMPLEMENTATION

#1. Evaluate Existing Content: Identify content that can be modularised, such as headlines, claims, and visuals.

#2. Build a Modular Library: Create a centralised repository of reusable content blocks, organised by theme, content type, and compliance requirements.

#3. Adopt User-Friendly Authoring Tools: Select a tool (e.g., Shaman) that allows for intuitive drag-and-drop functionality, and train your team to use it effectively.

#4. Start with a Pilot: Choose a specific content type (e.g., emails or brochures) to implement the modular approach and refine the process based on feedback.

#5. Scale and Optimise: As the modular process proves successful, expand it across all content types and continue refining your library for greater efficiency.

QUICK STATS

30%

- **faster time-to-market. Modular content reduced MLR review times from three months to one week at Merck**

$19M

- **saved in two years through content automation and process standardisation.**

Q&A

Tew spoke to Shaman about the benefits of modular content, typical challenges and pitfalls for pharma marketing teams looking to adopt it, and how he sees the future of modular, omnichannel content going forward.

1 *Could you tell us about your background and connection to modular content?*

I come from the nonprofit content creation and content library world. I wound up going into pharma in 2016 as part of a modular content project. Merck & Co was going to modularise and automate all of its content creation, which involved digitising a content library. Basically, the main premise was to break the core content down to its bare essence, its smallest claim possible, and have two processes: the US and ex-US process. Because there were different regulatory standards for both.

We were very successful at Merck; our process saved $19 million over two years in Medical, Legal, and Regulatory (MLR) review and agency costs.

When I moved on to BMS, they wanted to expand upon that by automating the full content lifecycle from ideation to deployment. My role was to determine what modular content was in order to create model contract libraries and educate brands and agencies of record on how to approach content from a modular perspective.

2 *Modular content is associated with various benefits, such as cost reduction, faster production and review times, standardisation, and personalisation. In the real world, which benefit is clearest to you?*

One benefit would be the removal of specialisation for content creation. You don't need to be a graphic designer or a copywriter to use the tools to create approved content. It comes down to cost saving too.

Let's say in the US it would cost $30,000 to create one home office email, including agency and production costs. This means your content steward would be making $60,000 a year creating two emails!

Normally, content creation [in pharma] is linear. You create your core content, you create your first derivative piece, and you move down the line to other tactics. Modular content allows the user to create content once. You can sit down with your toolset, home office email, rep-triggered email, third party tactics, by simply dragging and dropping content into its appropriate spaces within a template.

At Merck, [modular content] took the MLR review time down from three months to a week. We saved a lot of money and a lot of tactics which allowed for personalization to target the HCP and consumer.

"Modular content took the MLR review time down from three months to a week."

Another issue that modular content solved is that it removed deviations. With modular content, the references are always attached to the claim, which stops you having to pull back content because it's referenced incorrectly. There's no human error.

3 *What are the typical misconceptions for teams using modular content for the first time?*

Part of the problem of modular content is understanding what it is and what it can or can't do. When we first introduced modular content at BMS, we found there were five or six different interpretations of it. Everyone has an opinion. That was the first pitfall—getting everybody to agree. I found that most of the time, modular content was seen by marketing teams as variable content. I said yes, but it's still created new; it's not part of a content library. You can pick and choose content to reduce your costs.

Business analytics [teams] saw modular content as a way to determine how many prescriptions are written by interaction. I said, no, not even close yet! Because we're not deploying modules to a channel—that's the full email! They saw modules as being deployed to a channel where you can measure its efficacy among the HCPs. But this comes later. The first part is building the process, the library, and the tools. That's what people didn't want to hear. They want to be hands off as much as possible and go to their agency. But your agency is charging you three times the cost!

Modular content can work. You just need to be focused and be on the same page. Define upfront

> We're not selling something sexy, we're saving lives.
>
> **Joseph Tew**, *Content Strategist*

what modular content is, define what you want to do to find your processes and have strong institutional backing to push people along.

4 *How do you deal with friction between creative and MLR teams?*

This is a true story; it's still funny to me. One brand wanted me to build an email with a splash of yellow in the background. I told them they weren't going to get that because the tools don't allow you to create a splash of yellow unless you use inDesign or Photoshop, or something. I said I could give them a yellow box. And at first, they said no. But then I came back and did it really quickly and they went along with it. It's a trade-off: you get speed, you get personalisation, you get content, and you save money, but you're not going to get the fancy schmancy design elements.

The design is not going to overtake the message or the claim. We're not high fashion, we're not Prada, we're not Louis Vuitton. We're not selling something that's sexy and beautiful—we're selling a drug that saves people's lives.

HCPs are not going to be wowed by the look of an email. They want to see charts with clear information about what a drug does. They don't want to hear about all the stuff around it. It's not a TV commercial. It's about safety.

5 *For which use cases have you seen modular content add value? How about its limitations?*

Modular content works best in Europe because you don't need to have Important Safety Information (ISI) embedded in the content.

In Ireland, for example, this is just a box of content with a link out to the ISI. It's beautiful. Everything is embedded. Here's your claim, here are your warnings and cautions, here's your black box if you have it.

There's always the risk in the US that if you build an email and simply decide to change a header into a subheader, it can screw up the whole email and MLR will send it back. This is why, at Merck, there were people who seriously didn't want to try modular content in the US, because they weren't getting the 100% efficiency we were seeing in Europe.

However, I think content authoring tools are central to success. You want someone who can simply go in and know how to drag and drop content, right?

"Shaman and every [modular content] tool like it is important. Without one, I don't think you'll be successful."

6 *How do you define personalised content?*

I had an interesting conversation with someone at a pretty big company. They said the problem with personalisation is that you're targeting HCPs and physicians. You're in your office, and your computer is open. You don't know who's looking.

Could a patient see? Could a nurse see? Could the wrong person see it? That was one of the concerns about personalisation. I think it went too far. For me, personalisation is about channel preference. I don't want to see an email on my phone. I'd rather get a text message that can link out to the website.

7 *Will pharma ever keep pace with other industries when it comes to modular content, or is it always going to be playing catch-up because of regulations?*

Right now there are mass layoffs in the US and pharma is losing money. We need to be more efficient, lean on these new processes, and basically wipe the slate clean and reconfigure how we work.

"Pharma is behind only because of its own inability to break away from old processes."

One company, for instance, wanted to use the Netflix model with modular content. They wanted to abbreviate descriptions on your phone. But you can't do that. Once you abbreviate something, you change the claim, and that's when it gets dinged by the FDA. You need to approach it from a pharma perspective; it's not Netflix.

8 *Where do you see the future of modular content heading in pharma, considering advances in AI?*

AI is not there yet. I think it has its value, but there's so much risk. If I'm an adult and AI sends me an email for a kids toy—who cares? But if I get a [pharma] email and the brand name is spelled wrong, well...

It's hard to talk about because people are on board with AI, like it's the cure-all. Yes, it can help you. One company wants to fully automate MLR review, it's called MLR scoring, AI would scan the tactic, and say by percentage wise, will it be deployed or go to MLR. But I do that with my eyes! I know whether it's derivative. So why do I need a machine to look at it?

"We need to be realistic. You can push the envelope, but not where you put people's lives at risk".

9 *Do you see alternatives for modular content, workflows, or methods that can accomplish the same benefits but are perhaps more flexible and easier to implement?*

I saw a tool that was developed at Merck built and run by EPAM Corporation. It was called an Assembler. But the way it worked, it was almost AI.

It was a JSON package that gave an either/or option. So, let's say you had a headline piece of content tag. It would know:

"I'm an email. I must be 18 pixels. I'm an Interactive Visual Aid (IVA). I must be 24 pixels bold. I'm gonna be in a mobile app. I must be nine pixels."

That's how the code was written. So when dragged and dropped the content, it would snap into its appropriate place.

It was fake modular because there were no modules at all. Basically everything was a single piece of content packages as a "module". I liked it because you could do whatever you wanted with it. It was a desktop app that became a web app so you could go into the website and just do it from there.

It's incredible. But it probably costs a million dollars to develop it. Nobody wants to do that. People want out of the box [functionality]. But whoever can figure that out at scale and sell that, it would be something that's really valuable to Pharma—if they can show them that it's possible without having to develop it in house.

#2

How pharma companies can embrace Gen AI

Transformative Potential for Pharma

Generative AI (GenAI) is revolutionising the pharma industry by enhancing content creation, compliance, and localisation. By focusing on the pre-MLR phase, GenAI ensures higher-quality content reaches regulatory teams faster, reducing back-and-forth and accelerating time-to-market.

MEET THE EXPERT

Davide Deiana

Expertise
Generative AI in Pharma Content

Role
AI innovator and strategist

From
BASE Life Sciences

Known For
Leveraging GenAI to transform content production pipelines

ACTIONABLE STEPS FOR IMPLEMENTATION

#1. Evaluate Your Current Workflow: Identify bottlenecks in your pre-MLR and localisation processes where GenAI could add value.

#2. Select GenAI Tools: Explore AI solutions designed for pharma, like those that integrate with platforms such as Veeva Vault Promomats for a seamless content workflow.

#3. Start with Pre-MLR Reviews: Implement GenAI in the pre-MLR phase to review content for tone, grammar, compliance, and localisation before sending it to regulatory teams.

#4. Customise for Compliance Needs: Tailor the GenAI solution to your company's unique regulatory requirements to ensure it provides precise, actionable feedback.

#5. Monitor Results and Refine: Track improvements in review times, error reduction, and compliance quality, and adjust the AI model as needed to optimise outcomes.

QUICK STATS

50%

- **reduction in review times with AI-supported pre-MLR checks.**

80–90%

- **of distributed content currently contains errors that GenAI can help mitigate.**

Q&A

In this interview, Deiana reveals how Gen AI is reshaping the pharma content landscape, the unique challenges and opportunities that come with this change —particularly in terms of pre- and post-MLR review—and what companies need to successfully adopt Gen AI tools in their workflows.

1 *What do you do at BASE?*

I'm the Head of Content Excellence at BASE, and I'm leading the advisory around content excellence, particularly with the digital asset management (DAM) life cycle in the pharma industry. My team delivers consulting projects to pharma companies and helps them with system integration, especially on the Veeva Vault Promomats platform.

AI has always been the focus of our attention. We've been developing our Gen AI capabilities for a while now—they've naturally evolved over the years as we've played around with Gen AI and AI in general. We've combined our knowledge of business processes in pharma, our knowledge of the Veeva platform, and our AI knowledge to develop Gen AI solutions that can be integrated into Veeva.

2 *How are you implementing Gen AI in pharma marketing?*

We know that many other Gen AI providers are focusing on the content creation side. We don't focus on this because we're not a creative agency. Instead, we're experts in MLR review and approval. Our strength has always been around content compliance, so we're tackling the challenges of getting content through the pre MLR and MLR review processes.

Reusing content across different languages is always a challenge, so we support companies with this by leveraging Gen AI to produce in-flight translations of documents. We also support the localisation process, which is very important for companies trying to implement a global to local and local to local process.

3 *How can Gen AI help companies through the MLR process?*

We're running a lot of different pilot programs and proof of concept programs with our customers. We're trying to make sure users are supported by Gen AI to run reviews, especially in the pre MLR phase.

This is to make sure that—as a brand manager and content creator—you can send high quality content to the MLR teams for review.

"You want to avoid hitting the MLR team with all these pieces of content that aren't the right quality yet—this wastes a lot of time"

One of the pain points here is that the MLR process involves multiple stakeholders that run quality checks on content. These aren't only about linguistics or grammar, but also about adherence to claims and adherence to scientific statements. With content that can be 50 pages long, all of this is extremely demanding and time consuming.

"This is the perfect point where Gen AI can help brand managers and MLR teams work faster"

You want to avoid hitting the MLR team with all these pieces of content that aren't the right quality yet—this wastes a lot of time. Otherwise, you're involving an extremely expensive MLR team that's also scarce in resources, and going back and forth because your content is not at the right quality. This directly impacts your costs and time to market.

Companies need to produce higher volumes of content to provide the right level of personalisation for HCPs, so this is the perfect point where Gen AI can help brand managers and MLR teams to work faster.

After doing lots of analysis, we also found that a remarkable percentage of the approved content out there has spelling mistakes—somewhere between 80% and 90%.

"Between 80-90% of approved, distributed content has spelling mistakes"

This content goes through so many hands. It goes from authoring tools and agencies to quality control teams, coordinators, reviewers,

> Right now, Gen AI advancement is faster than what the industry can absorb.
>
> **Davide Deiana**, *Head of Content Excellence at BASE Life Science*

and approvers. In some countries, it's even submitted to the health authorities too.

So imagine the frustration if a document took 50 days to be approved—went to the health authorities and came back— and you can't change it anymore. If your content has spelling mistakes, and you can't change it unless you get it reapproved—this would drive a lot of people nuts!

4 *What do pharma companies struggle with when trying to adopt Gen AI?*

Like with all new technology, it's important to set your expectations at the start. Gen AI is not one-click magic. You can't just configure it once and then expect it to always work.

"Gen AI is not one-click magic"

This could be a point of frustration for brand managers and so on. They might think that Gen AI can perform a review in one click, for example. They need to understand what Gen AI can actually provide. Because, after all, there's not so much awareness out there in terms of what Gen AI's capabilities are.

I know that AI is the new buzzword, but it's more than that. In terms of technology, we're taking an incredible step forward with Gen AI. But distributing this knowledge across all teams takes a little bit more time.

"Right now, Gen AI advancement is faster than what the industry can absorb"

That is why we've taken a specific design principle for AI. We know the process and we know that when we talk about pre MLR and MLR,

"You will never create something deeply meaningful for pharma companies from a generic solution"

If your solutions aren't tailored to the customer, you'll struggle to get the refined, specific feedback from the AI models that you need. The feedback has to be precise and focused on your company's goals for it to be truly valuable.

That's why our solution is the same at its core. But the AI models, the prompting, and the business rules behind it all need to be refined and tailored for the specific use cases of each customer. Even though the MLR process and tasks are similar across the industry, they still need to be customised for that particular customer.

The MLR process doesn't really change between companies. But the way you perform the MLR review does. It changes based on the audience, the product, and the brand.

"Understanding the content and providing feedback on it—

that's the part of Gen AI that's specific to each company"

5 *Do you think AI would ever be able to take the role of an MLR reviewer?*

That's a very interesting question, because right now, no—we don't believe that AI could replace an MLR reviewer.

This is because the MLR review is a compliance process. The regulations ensure that responsibility and accountability are clearly assigned to people, not machines.

You'd need to change how the regulatory system ensures that the promotion of medicinal products is reviewed and conducted in a specific way. If the regulations don't change, the accountability remains on humans—on specific individuals assigned to these roles within the pharmaceutical company in each country. Naturally, if you have legal accountability and responsibility, you'll always want to have the final say.

If you're the information officer in Germany, or if you're the responsible pharmacist in France, you shouldn't be spending time making sure there are no spelling mistakes, that the trademarks are positioned correctly next to the name of the brand, that there are links to references, and so on. These things should not be part of the core MLR team.

This is where Gen AI can provide support.

"Gen AI can do the dishes for you so that you can focus on the creative side of things—the real subject matter"

But substituting the reviewer and the approver? That would be very difficult right now.

6 *What advice would you give to companies trying to embrace Gen AI tools for the first time?*

This is something we ask every time that a customer wants to know about Gen AI tools: Are you absolutely clear on what the business challenges are in your process?

Companies and customers have different priorities and challenges. Maybe it's in their content production process; maybe they don't have enough budget; maybe their MLR process is taking a very long time. There are so many potential challenges. And then they want us to provide tools such as content authoring tools to help them easily create and reuse content.

But here, we have to ask: What is the role of Gen AI in providing aid for that challenge? Have you really assessed the exact pain points—the data points too? It's not only about looking at how you conduct the process, but really listening to the different user groups.

This was our surprise when we started analysing all of this back in the day, in terms of where to focus with Gen AI—

MLR teams are mostly concerned by the fact that the quality of content is not high enough when it reaches them."

It wasn't that the content subjects or review processes were too complex—they have the knowledge and are perfectly fine and efficient in handling these. The burning issue was that quality is too low. So how do you improve the quality of material before it reaches the MLR approval process?

That's where we focused, developing Gen AI to improve tone of voice and language, fast translation, grammar, in doing trademarks checks and code compliance checks. If you have a set of rules that you can pre-assess your content towards, then it is there that you need to focus and that's where Gen AI should focus.

"Really assess the pain points in your process—you may be surprised"

#3

Driving Customer Engagement Through Data-Driven Personalisation

Crafting Seamless Journeys with the Right Data

Personalisation relies on high-quality data to deliver relevant and meaningful customer experiences. **Ryan McDonnell** explains how companies can leverage data to anticipate customer needs, create tailored offers, and deliver consistent messaging across channels. By using data effectively, businesses can reduce friction, improve engagement, and drive conversions.

MEET THE EXPERT

Ryan McDonnell

Expertise
Personalisation in Customer Journeys

Role
Senior Personalisation Manager

From
Virgin Media O2

Known For
Crafting data-driven, personalised experiences for highly competitive industries

ACTIONABLE STEPS FOR IMPLEMENTATION

#1. Evaluate Existing Content: Identify content that can be modularised, such as headlines, claims, and visuals.

#2. Segment Customers Strategically: Group customers based on behaviours, preferences, and interactions to create meaningful audience segments.

#3. Anticipate Customer Needs: Use predictive analytics to identify potential issues or opportunities and address them proactively.

#4. Align Messaging Across Channels: Ensure your messaging is consistent across all platforms to provide a cohesive experience.

#5. Iterate and Learn: Test different personalisation approaches, track performance metrics, and refine strategies based on what works.

#6. Centralise Your Data: Consolidate customer data into a single platform, ensuring it's accessible and consistent across teams.

QUICK STATS

- **Predictive personalisation can reduce customer service interactions by proactively addressing common issues.**

- **Centralised data systems enable consistent messaging across all customer touchpoints, boosting retention and satisfaction.**

Q&A

In this interview, McDonnell discusses how he defines success in personalisation, the lessons he's learned from crafting customer journeys in telecoms, and why being wrong is sometimes the key to getting it right.

1 *Could you tell us a little about your background?*

I started out with content creation at Three—I was there for about 12 years. Then I progressed into digital delivery because I was always interested in the technical side of things, and I went on to lead the digital development function.

During this time, Three was moving across from a legacy stack onto the Adobe suite of products. And as is always the case with every transformation, it was significantly delayed. I think the move was planned to be a year and a half long, and six years into it I realised it wasn't going to plan—it was awful.

Even though Three had been paying for the Adobe products, it wasn't using them at all. So I was asked if I could try and get some money's worth out of them. We did things like switch the tag manager over, which was fairly simple, and we were able to move elements of the CMS onto Adobe's instead, but not all of it.

At this time, we weren't doing any sort of personalisation at all, so we brought in Adobe Target. We played with it and had some success, so we decided that we should spin up a personalisation team. And so I moved out of digital delivery into personalisation and that's where I've been since! I started working for Virgin around two years ago.

2 *How confident is the telecoms industry with personalisation right now?*

There are quite a number of industries who are only at the very early stages of personalisation, and I would say the telecommunications industry is probably one of those as well.

While working at Three, I assumed that we were way behind the curve. Because we were reading about personalisation for years, but we weren't doing anything at all about it. And then I assumed, coming to Virgin Media and O2, that it'd be a much more technologically advanced organisation. Yet, I found myself in exactly the same situation again.

At the minute, we're still taking tentative baby steps with personalisation [at Virgin]. But now, things are coming together more cohesively and we're starting to see the benefits—it's like a factory line.

3 *What do you think is the business case for personalisation?*

Personalisation is only ever as good as the data you feed it with. The idea behind personalisation is to take customer data and congregate it into one manageable area, then use that data to create journeys and experiences for the customer. You want to put the right offer in front of the right customer at the right time to increase your conversion rate. But equally, you may be just trying to help a customer out.

"Personalisation is only ever as good as the data you feed it with"

If you recognize ahead of time that a customer has a fault in their area—which can be resolved in a certain timeframe—you're going to make their experience so much better if you put that information in front of them as soon as they land on the site.

It'll improve their trust in you, and it means that they won't get frustrated having to go searching for everything.

So if you're a customer, for example, who's struggling with internet latency because you've chosen a slower speed and have multiple high capacity devices attached to it at the same time, you might not be technical enough to realise this. So you call up thinking that you have an issue with your router or line.

If however, we intercept you when you land on the website to look for our contact details, recognise that you have the above issue due to the data that we hold, we can personalise a message to you in the Next Best Action model that tells you to upgrade your package to a suitable speed to solve your issue. In doing so we've just achieved three things: We've intercepted and deferred a contact centre call and increased digital retention. A call costs on average £6 per person. We've proactively given the customer a solution to their problem, increasing NPS potentially. Increasing the brand

trust/loyalty – which leads to a longer length of service and thus greater ARPU. And we've initiated an upsell, giving us more revenue and more ARPU again.

In the past, absolutely everything was done in person, and this is still probably preferable in terms of trying to solve problems. It's a two-way street because you can articulate more and you can get more information across. When you're online, however, you're trying to anticipate what someone wants and put it in front of them.

"You're trying to reach as many people as possible... you're bringing content down to a conversational level again"

Without personalisation, you're offering a very broad stroke for everyone. But everyone is an individual and their problems and needs are unique. You're trying to reach as many people as possible with personalisation—you're providing a unique, tailored experience, and bringing content down to a conversational level again.

4 *How much effort does personalisation take from your content production process?*

It all depends on the type of content you're talking about. For us at Virgin, we mostly focus on offer-based content.

We don't sell a very big range of products. Our job is to get the right products, or the right solutions, in front of the right customers at the right point in their journey.

We have a template that looks largely the same each time, just with different elements of it swapped out. Then we create lots of different versions of the template that can be matched with lots of different cohorts of people.

While it takes a little bit of extra time to create extra versions of these templates, they're versions of the same thing, so it doesn't take that much time. And with the template already built, we can just swap content in and out using our content management system (CMS) as well.

5 *What tools do you use to personalise your content?*

Our data is collected from a variety of sources and it flows into our Google Cloud Platform (GCP). This is the single repository for all Virgin Media and O2 data. From there, we lift the data that we need and we flow it into the customer data platform (CDP). The CDP can then serve up that data as audiences or segments, or however you want. It feeds into any platform from then onwards.

From there, we can use it to flow into the CMS, so you could push it into whatever you're using to create your content. We can also connect directly from there into platforms for paid search, paid media, and so on. We can even connect it from there as a feed directly into a data clean room, to sell data to other companies.

The good thing with the CDP and CMS is that you're coming from the same repository. If I build an audience inside the CDP and then I send that audience to the site, we know that it'll be the same people. Because everything is held centrally, the same audience will be sent to the social platforms, to display, to paid search, and so on. This means there's no room for human error; no room for failure. It's always going to be the same no matter what, across all of the channels.

6 *How do you segment your content?*

Every customer interaction creates data, which is stored centrally in one repository where it's processed and made available to other systems and channels.

If an agent calls at your door and you indicate that you're an interested prospect, but the agent isn't able to close the sale for any reason, that data will be mapped to your address and given an ID. If you then navigate to the website, for example, and search for coverage at your address, we can map that session to your ID and any previous data that's held. So the website now knows that you've been spoken to previously and that you were interested in a specific product or service.

So your journey can be tailored to reflect that. This means that the conversation you had in person with the agent isn't dead, it's picked up and continued virtually instead.

Let's take a fictional example—the recent iPhone 16 launch—and say that our commercial team wants to run a campaign offering preferential pricing to customers within the last 3 months of their current contract.

So we'd build an audience of active O2 customers who have IOS listed as their operating system, a contract about to expire within the next 90 days, who are not in arrears, and who have a higher propensity to upsell (0.6 and above on a scale of 0-1). This audience would then get automatically fed into our outbound communication generating system, so Customer Comms can contact the right people via SMS/Whatsapp/Email, and so on.

The same audience would also get centrally sent to the social and paid platforms. This means we can create similar advertisements that match the emails they've been sent. The onsite CRO team can also ingest the exact same audience and make sure there are banners available onsite that mirror the ads.

So now you have a scenario where a customer receives an email with a specific deal to upgrade to the latest Iphone. They may or may not open that email. However, they'll go onto social media and see the same targeted ad reminding them to upgrade, with a preferential discount. If they try to search for alternative offers via Google, they're likely to see the same ad again. And when they do finally navigate to the site—either because they want to upgrade, they want to cancel or just organically for any other reason—they'll once again be greeted with the same offer.

So, in this sense, we have a cohesive, omni-channel approach that tackles customer retention and XSUS, all managed from the central CDP. This creates multiple touchpoints across the internet for eligible customers to see and interact with, making it very difficult to miss altogether.

In an ideal world, your data science department would have a multi-touch attribution model that links all of these together and the associated weight that each point had in getting that customer to avail of the offer.

7 *Do you have an example of a personalisation campaign that surprised you?*

We do a lot of campaigns via email—for customers who are coming up to the end of their contract, customers who are out of their contract, and so on.

In an attempt to get them to recontract, we send them an offer and depending on how close they are to the end of their contract, that offer will deepen. Three months out, you'll get one deal. Two months out, it'll be a bit better, one month, and so on until you're out of contract.

These offers are sent via an email into your inbox with a link to check out straight away. This was all done solely by email previously and almost like a mop up exercise, because it was very simple to execute. We started putting banners on the website so that if you came to the site organically, for any reason, you would see the same experience that you're seeing in the email now.

What we didn't quite anticipate was the level of emails that aren't opened. The open rate for emails is through the floor—it's just not what it used to be.

"The open rate for emails is through the floor—it's just not what it used to be"

People don't often open emails, and even those who do often ignore them or aren't in the mood for the offer right there and then. So the traffic that comes from email drops right the way down.

The initial hypothesis was that only a small proportion of our emails would be clicked through and result in conversions, and that it would then be a small mop up exercise to grab those leads.

But it turned out that a huge chunk of traffic that came to the site hadn't seen the emails at all! They were coming to the site for other reasons, and still seeing the banners. In the end, the recontracting and conversion rate were huge! It shocked everybody.

> Personalisation is only ever as good as the data you feed it with.
>
> **Ryan McDonnell**, *Senior Personalisation Manager at Virgin Media O2*

8 *What do you think the lesson is from this story?*

What I like about this example is that it shows how you always go big with your hypothesis when you start out, and quite often you're wrong. But every once in a while, something small surprises you.

"There's always value in trying a hypothesis, especially when it's quick and it's easy and it doesn't require a lot of resources."

When you start out, you're always looking for big hitters. It's like dropping pebbles into a jar. You put the big hitters in first and it fills it up, but then you can put all the smaller ones in the spaces alongside it as well and along, like, you often overlook the small ones in favour of the big ones, but the small ones can surprise you.

"Every once in a while, something small surprises you"

There's always value in trying a hypothesis, especially when it's quick and it's easy and it doesn't require a lot of resources.

9 *What challenges do you face with personalisation?*

For us, it's a constant battle with the data protection officer (DPO) and Legal to deal with data because the repercussions are so heavy if we mismanage it in any way. Anything that we do has to go through the DPO. There's a whole series of hoops that have to be jumped through protection and privacy and then through legal and everything as well.

It's a lengthy process and it can really delay things. In the past, I would say the longest process was always technical constraints. Now I would say that the technical stuff runs in the background while you're trying to get through all of these legal hurdles. You do get over them eventually, but it's just because the financial implications are so huge that we won't take any risks with it at all.

"The financial implications [of non-compliance] are so huge that we won't take any risks with it at all"

10 *Have you found a way to make the legal side of things more efficient over time?*

We want to sell data, which sounds really bad to the layperson because it sounds like you've got Big Brother following you around. Whereas, in actual fact, you're going to see adverts no matter where you go on the Internet. Except with data monetisation, these are adverts you're actually interested in—if you consent to it.

But every single time we sell data as analysis or whatever else, we have to ask the DPO for consent. The first time we did it, we needed to make a new request each time. But now the method has become templated, which makes it a whole lot more straightforward. It's a quick check and it's done. It doesn't take the weeks and sometimes months that it would have taken initially.

11 *How do you measure the success of your campaigns?*

"Before any hypothesis goes to the sword, you have to agree in advance what the measure of success is"

This could be something as simple as an A/B test, or "we want to improve the conversion rate", or "we think this tagline on some content works better than this."

We show two different audience cohorts exactly the same content—except for the message—and then we measure the response. We look at things like attribution models for multi-touch across different platforms, like seeing ads on Meta and then on Google, and then maybe in other places as well. And then we look at how many of those touch points are hit before someone converts at the back end.

So it really is specific to the individual campaign, but that always comes up at the start of the process. You have to agree that in advance because

"If you don't know what success looks like, then you can't measure it."

#4

Localisation: Adapting Content for Maximum Impact

Delivering Relevant and Culturally Aligned Campaigns

Localisation is critical to creating impactful content that resonates with regional audiences. **Daniel King** emphasises the importance of understanding local cultures, languages, and regulatory requirements to deliver campaigns that connect authentically and effectively with healthcare professionals (HCPs) worldwide.

MEET THE EXPERT

Daniel King

Expertise
Localisation and Reusable Campaign Strategies

Role
Executive Director

From
Havas Health & You

Known For
Optimising localisation workflows for global pharma brands

ACTIONABLE STEPS FOR IMPLEMENTATION

#1. Focus on Cultural Context: Ensure your content reflects regional cultural and linguistic nuances, creating authentic connections.

#2. Streamline Regulatory Adaptation: Align localised content with regional compliance standards to avoid delays.

#3. Invest in Collaborative Tools: Use shared platforms to allow global and local teams to work efficiently on localisation.

#4. Train Local Teams: Equip regional teams with guidance on adapting content while maintaining brand consistency.

#5. Learn from Local Feedback: Use performance insights to refine localisation strategies and improve future campaigns.

QUICK STATS

- **Localised content builds stronger connections with HCPs, improving engagement and campaign success.**

- **Addressing cultural nuances in localisation reduces rework rates and improves time-to-market for global campaigns.**

Q&A

In this interview, we sit down with Daniel King, Executive Director at Havas Health & You, to talk about the challenges and opportunities involved with content localisation. With more than a decade of experience in digital content strategy, Daniel shares his insights on the importance of understanding local cultures and context to deliver content that makes a real impact.

1 *What is your role at Havas?*

I'm the Executive Director of the Australian Office at Havas Health. I've been working in life sciences, marketing, and medical education for about five years now. The agency that I work with currently is a grassroots Australian life sciences agency. It was founded about 10 to 12 years ago, but was acquired by the Havas Health and new global Agency Network after we'd worked with some global life sciences brands for some time.

At Havas, I work with Australian clients, Asia Pacific clients and global clients on positioning medicines, medical technology and medical devices against their competition, but largely reaching doctors and healthcare professionals and patients to better understand how to give them medicines and medical technology to improve their quality of life.

2 *How do you help your clients localise content?*

To begin, we help our clients develop annual strategic and brand plans to figure out what their market drivers are. They might say: "I'm going to promote product X in this market targeting a particular doctor or patient type", and they'll recognise the growth opportunity for that particular medicine or technology.

We then try to better understand the brand. Does the client have a global set of brand guidelines, and if so, what are they? Are these relevant to local markets, or are they disconnected? First and foremost, we've got to make sure that we've got a set of core elements. These are things that must be said and flexible elements that should be localised. Then, you need to localise the message, the language, and the tone of voice to whoever's receiving that message. The design also needs to be altered—things like the imagery, colour, and use of symbols. And then it has to be localised to meet the regulatory and compliance requirements of local markets.

"We're seeing a growing need for resources like brand guideline documents, campaign toolkits, content guidelines, and outlines"

—with the understanding that local markets will adapt them for their audiences.

To give an example, when we were in lockdown during the pandemic, I worked with a global life sciences company that said they wanted to be the first to market with a novel oral antiviral treatment for COVID 19. There was another competitor coming to market, so the brief, in principle, was to beat the competition and explain that the company was solving a particular customer need.

The client's global brand idea used a phrase along the lines of: "Helping you ride the wave of COVID 19". It featured an image of a clinician and a wave—in the shape of a face mask—all the artefacts of COVID 19, which we were really familiar with. However, we looked at the idea and wondered whether we should support it in the local market context. The image had this positive, toned, 3D, animated, happy vibe, but we thought, who's the customer? Who's the patient? They're people like me and you. What do we think and feel like? What are our attitudes and opinions? Well, we're pretty frightened right now that we're going to end up in Hospital with COVID 19 and possibly even die.

The context was around the fear that we'd end up in hospital. Elsewhere, there was imagery of patients lying on beds and not being able to touch their family. We didn't want the virus to spread. So instead of "helping people ride the wave", we changed the brand idea to: "Welcome to Treatment at Home". It still had a positive tone, but it took away the fear that if you got COVID 19, you'd end up in hospital or dying. Instead, you'd end up with a treatment that could help. The consistencies of the brand idea that we took from the global concept were the look and feel of the animation style, some of the colour palette, the font and typography—but it had a local strategy.

When we think about localising campaigns for an international audience, it's all about adapting the strategy to fit the local context. This is closely tied to our planning process—considering who we're targeting, the brand we're representing, the competition, and the unique dynamics of each market. We focus on understanding the local environment to ensure our approach resonates.

3 *How do you juggle all of your localisation requirements efficiently?*

Localisation needs communication, teamwork, and really efficient processes. It's a lot to manage in a short period of time. When I think about how we overcame the challenges we faced in the past, there wasn't any guesswork. We worked with speed; we worked out who our key stakeholders were; decided on our roles and responsibilities, and created an operational plan. Then in terms of systems and technology, we made sure that we understood the local clients' MLR process and their platforms—which for most life sciences businesses, is Veeva.

"We overcame our past challenges by working with speed; working out who our key stakeholders were; deciding on our roles and responsibilities, and creating an operational plan"

We also get more people involved early and upfront. Early consultation played a critical role in some of those moving parts and streamlining the process. So when we asked the marketing, legal, regulatory people upfront, we understood more about their expectations. It helps set us up for success if we know people, process, responsibility, technology and platforms and then we go ahead and execute in the most efficient way possible.

4 *Are there challenges with scaling local campaigns?*

The biggest challenges at the moment in terms of scalability and workflow management—and localising across Asia—is cost.

"Every client is being limited by budget. We're seeing regular restructures, budgets being pulled back, and people expecting to do more with less"

And sadly, speaking to some cloud life sciences consultants in the region, there's a hell of a lot of content that doesn't get used at all. It's a strange thing. We want to scale, we want to produce more content, and we want it to be relevant and useful—yet it isn't.

One of the other critical challenges to be addressed is distribution and engagement with content rather than just scaling its creation. There's a tension between markets saying we want to be faster to market, and we want great quality content, but great quality content often takes time.

Solutions like Shaman are really doing interesting things in the marketplace when it comes to accelerating content creation. I can see that like people produce websites now, life sciences content will probably be created through cloud based platforms like Shaman—the Canva of life sciences, if you like.

I look at the approvals process and see how people can leverage digital asset management (DAM) systems and modular content and address scalability quickly. And I think one of the things getting in our way is technology.

"I want access to more technology that will save time, costs, and improve the efficiency and consistency of content strategies"

5 *Have you found challenges with rolling out new strategies across multiple teams?*

My responsibility is to build bridges and connections between my regional colleagues and my local client. From there, I need to demonstrate capability, experience, and understanding to give them confidence, and make sure that this trust allows us to have a different kind of a conversation.

I think that it's often down to understanding each other and having that willingness to say: "I support your strategy. I want to see it through. I can see the value in it."

"More often than not, strategies and plans break down when we don't understand each other"

Yes, I could push the agenda. I could say to my clients: "You've got to do it because it's regionally mandated", but that's not going to produce a great outcome for the product or for the patient. If my agenda is purely commercial and I just want to make money, that's a pretty poor starting point. This is for the patient's benefit.

6 *How do you adapt your content to suit local differences?*

There are many fun, interesting differences when it comes to Asian cultures. For example, I work in the diabetes space for a product across Asia, and we get asked to create different content across Vietnam, Philippines, India, Taiwan, Thailand, and other Asian markets. In terms of layout and design, some languages have differences such as text expansion. When you convert English into Chinese or Japanese, for instance, the way the text is expanded can be surprising. You end up needing a designer to figure out how you can build a template that has the flex for the different markets you want to work with.

Then with translation, you have issues like complex drug names, little nuances with medical terms, hospital locations, therapy types, and all sorts of different medical terminology. If these are translated poorly, it can lead to misinformation or safety risks. As a result, we need to be really concerned about local market translation or at least working with absolute experts. We need to make sure that's tested as well.

There are other sorts of nuances about how it works with localising, where in Western culture, things like hand signals—peace signs, thumbs up, waving—can be misinterpreted. Or phrases like "fighting cancer" are difficult to translate into another language when concepts like fighting a disease might be misinterpreted.

There's also the subtlety of nonverbal language. We often react to each other by interpreting gestures or appearance quite quickly. So we need to be very careful about how we represent people in Asian cultures in photos and designs. For instance, Asian cultures sometimes suppress facial expressions. There are differences in things like the look of surprise and happiness.

"I've found out that men in Asian cultures don't always smile as much. And"We want to represent people in a way that's considered normal or authentic"

7 *When it comes to localisation campaigns, do you have any success stories?*

I worked on one American campaign, based on a cardiovascular drug, where the brand guidelines were representing a very unusual and futuristic concept around the use of robots in the local market. It seemed to lack a local understanding of the patient. If we don't lower their cholesterol levels, patients are at risk of heart attack and cardiac arrest. So it's really important that we act fast. Cardiologists were no longer the prescribers for this drug, but general practitioners (GPs). So the challenge for this client was that they had a completely new customer type, and we needed to produce content to educate GPs on a drug they'd never prescribed before.

We needed an omnichannel strategy and campaign to reach these GPs. There were 38,000 of them and we had no sales team, so it had to be a digital-first approach. We also needed an idea—a campaignable concept. Even though we had an omnichannel strategy—we knew how to distribute the story—we didn't have a brand idea.

So we looked at the American market and others promoting this medicine and developed a campaign around the concept 'The Power to Prevent,' presenting GPs as superheroes. After all, they'd never been able to prescribe this drug before, so it was a bit of a superpower for them to say to patients: "I'm going to stop you from dying if I give you this particular medicine".

The representation of this—in the local market context— was a male and female GP. And after some cultural analysis, we found that the typical Australian male GP has Asian origins and the female GP has Indian origins.

We gave the characters superhero poses, with a twist on the typical medical image—rather than the usual white lab coat and stethoscope, we showed

an Asian male doctor in a suit, jacket and white shirt, ripping his shirt open to reveal the campaign message. For the female doctor, we chose a powerful stance, inspired by Wonder Woman's iconic hands-on-hips pose, to convey confidence in a culturally appropriate way. The campaign was incredibly successful and helped GPs better understand the role they played.

"There isn't enough measurement and transfer of data and analytics performance back to the people who create campaigns"

Veeva was at the heart of this campaign, with the DAM on top. We were producing a lot of content and distributing it through different channels. I don't have analytics on it, however, which is a bit of a shortcoming. To be honest, I'd say this is another gap in the market.

8 *How do you balance global brand guidelines with localisation edits?*

Global brand guidelines are really helpful, but regional and local markets often have their own opinions on how closely they want to stick to them. Ideally, we should have both a global and a local content strategy. The global strategy would provide a toolkit—clear templates, messaging frameworks, and resources—empowering local markets to move faster and at a lower cost. Then, each local market should also have the flexibility to adjust certain content aspects to better fit their unique needs.

This approach offers clear, layered guidelines—not only at a brand level, defining what the brand stands for, its distinct identity, and visual style, but also at a content level. It enables the creation of content in the right format, for the right channels, and with the right messaging and frequency to resonate with local audiences.

There's definitely an expectation to stick with what Global says because it saves time and cuts costs. But having a local strategy is important since each market has its own KPIs.

"If you just roll out the Global approach, you'll probably miss those local targets, which can lead to underperformance"

So, it's all about balancing consistency with a local strategy.

Global plays an essential role in providing consistency, while local teams focus on operationalising this and ensuring relevance. Life sciences cloud platforms, like DAM systems, make it possible to share and distribute content efficiently. Initially, I thought this process was expensive, complicated, and time consuming. I thought, there has to be a better way. And then when I dug a little, I found players like Shaman getting ready to begin a content creation evolution.

"Life sciences content creation will be rapidly accelerated, but it still requires local strategists, creatives, and storytellers to apply that knowledge."

These experts need to work alongside life sciences businesses to accelerate content production, reduce costs, and go to market quicker.

9 *From an agency perspective, how do you see the future of content localisation?*

It'd be foolish of me to think that artificial intelligence isn't going to play a role. There's obviously a heightened sense of concern about how intellectual property is protected and ensure that generative AI (Gen AI) doesn't access things that are restricted. But at the same time, there's an expectation that Gen AI will provide operational efficiency.

"Gen AI will provide us with support, and accelerate everything from research and strategy to planning, analysis, and creation"

At the moment, I'm thinking about how we can develop Gen AI guidelines that our internal teams can all work with and then clarify how we expect that to be integrated within the workflow of us taking a brief, creating assets, having them

> We want to represent people in a way that's considered authentic.
>
> **Daniel King**, *Executive Director*

approved and being deployed and analysing the results.

"It's early days, but I'm excited about how the future of content creation will be supplemented by or improved through the use of AI tools"

Collaboration is important. I think there's an opportunity for platforms like Veeva and others like Shaman in front of Veeva to improve the way we all collaborate and create, review, and approve content.

I also think the way that we're interacting with content is going to change. I see the pushes from the "Metas" and "Apples" of the world for us to adopt more screens in front of our faces and augment reality with more data, more visualisation, more engagement.

And I think that we're going to need to think about how patients should own their own data, as well as how we provide the ability for organisations to access this data—where permitted—in order to provide value to patients. This will include how we can personalise, distribute, educate, empower patients to get access to content to make better choices for their own quality of life. It's important for agencies and consultants to lean into this and make sure they can give clients advice if they're ready to dip their toe in the water.

#5

Explore innovative tools that empower teams to create content faster and more effectively.

Why self-service content authoring is taking pharma by storm.

With the ever-growing demand for content in life sciences, producing accurate, timely, and impactful materials is more critical than ever. **Maurice van Leeuwen**, CEO of Shaman, highlights how self-service content authoring tools are revolutionising content production, enabling teams to create and adapt content efficiently while maintaining compliance.

MEET THE EXPERT

Maurice Van Leeuwen

Expertise
Content Marketing, Content Production and Self-Service Authoring Tools

Role
CEO

From
Shaman

Known For
Empowering marketing teams with tools to produce, update, and reuse content efficiently

ACTIONABLE STEPS FOR IMPLEMENTATION

#1. Adopt Self-Service Tools: Choose intuitive platforms like Shaman that simplify content creation and allow marketers to take control without requiring coding expertise.

#2. Leverage AI for Efficiency: Use AI-driven features, such as semantic search and tagging, to enhance content discoverability and reuse.

#3. Train Teams: Equip teams with the knowledge to use self-service tools effectively, focusing on reducing the learning curve.

#4. Establish Metrics and Feedback Loops: Implement dashboards and analytics to monitor content production times and engagement, using insights to refine processes.

#5. Create Reusable Frameworks: Develop modular templates and persona-based content strategies to streamline updates and maintain consistency across campaigns.

QUICK STATS

80%

- **Self-service tools can reduce content production time and costs by up to 80% within six months to a year.**

- **Faster production increases content relevance, ensuring insights reach the audience while still timely.**

Q&A

From his perspective at the helm of Shaman, Maurice explores the latest trends shaping pharma content production and explains how self-service authoring tools are empowering marketers to produce, and update, and reuse content faster than ever.

1 *What was the inspiration behind Shaman?*

We saw the difficulties that local marketers had creating content and getting it onto their Medical, Legal, and Regulatory (MLR) system. Very often, they had to hire external third parties to do this and they felt they couldn't really do their jobs adequately.

When market conditions changed, a competitor did something that marketing teams wanted to respond to, or the field sales team needed more information, it was simply taking way too much time to respond adequately and produce the necessary content.

"People were very frustrated with how long it was taking to create or change content, or create variants of it"

So at Shaman, we were thinking: Considering we live in an age where we can use tools like Mixpanel or Unbounce to create landing pages, test different versions, swap elements, and go live to see how they perform, why doesn't this exist in the pharma industry? Of course, everything in pharma still needs MLR review, but surely pharma marketers could benefit if they had similar tools and flexibility. After all, technology makes it easy to speed up content production, and many industries are already ahead with this. So that's essentially how Shaman was born.

2 *What are the key trends in content production today?*

Content production has become a very dynamic space, especially with the rise of artificial intelligence (AI). This is definitely changing the conversation—however, I think

"The most significant trend right now is self-service content authoring"

When we started with Shaman, some people already liked self-service authoring because they enjoyed taking control of their work. But there were also many people that said: "Hey, I have my agency for that" or "That's not the way we do things—this isn't where we should be spending our time".

"Now though, more and more people are convinced that self-service authoring is a good idea —it has become the new normal"

We have this very nice quote from a customer saying:

"I can create an email in the same time that I used to spend creating a brief for my agency!"

"So it's not necessarily that you spend more time, you just spend your time differently, because you get the end result immediately. It's a much more efficient process.

Another key trend I'm seeing is the revival of persona-based content. More clients are coming to us at Shaman saying they want to use personas to create tailored content. Personas are an old concept, where you divide your target healthcare professionals into segments and optimise your content for each. It's been around a long time.

Previously, though, the content production process was too complex and costly for this approach to work. With three or four personas, the content volume multiplies quickly, requiring a lot of variations.

"But with self-service tools, AI, and content templates, it's now much easier to create quick versions [of content] to suit different personas"

3 *Are metrics an important aspect of content excellence?*

Absolutely. There are two parts to metrics—establishing a solid data and analytics cycle with dashboards for the right teams, and then tagging content properly so you're working with actionable data.

It's best to focus on analytics first. Without analytics, content can't be effectively managed or optimised. However, it can be hard to access data because it's often stored in separate systems—typically in a CRM or a data lake—that not everyone

can access, or it may require cleaning before use. This creates a gap in what's meant to be a closed-loop marketing (CLM) process; it's not fully 'closed' because either analytics aren't collected properly, the data isn't fed back in a useful way, or it's missing altogether.

Once you have an analytics cycle in place, proper tagging is needed to truly understand what's happening with your content, measure its impact, and target specific HCP groups based on their engagement patterns. For instance, if a group of doctors shows interest in study-related slides, you can label them as "study-oriented" and tailor your campaigns accordingly. But you can only draw these kinds of insights if the content is tagged correctly from the start.

"Without useful tags, the data becomes meaningless"

Content tagging needs to be almost like a global initiative because you want all the markets to use the same kind of methodology.

4 *How do you think AI will impact content production in pharma?*

AI is definitely in its infancy phase, but it's already proving useful and it's moving really fast.

Over the last 12 months, there have been some key advancements that will have a big impact on content production.

For example, the multimodal model now allows AI to understand text and images at the same time. You can feed a slide into the system, ask questions about it, and get accurate answers. You can also input much more context into large language models, including specific medial context, which you couldn't before.

"The cost of AI tools has dropped by around 80% in the last year... meaning you can build more complex workflows without breaking the bank"

There's also a lot going on with AI when it comes to translation. AI-driven translation is already significantly better than previous machine translations, especially in the top 20 languages, when you add medical context.

We also use AI for semantic search, which is a game-changer for content reuse. For instance, if I have a database of 2,000 emails and need to find those that relate to a certain medical content theme, such as "survival rate", AI can index not only the text but also the images in those emails. You can then ask specific questions, and AI will analyse the database, including OCR-processed content, to provide relevant results. This is huge.

Search and discoverability are also major areas where AI is making an impact. Many of our customers have large amounts of compliant content—some have between 500,000 and 1 million approved content pieces.This means that finding the right content to reuse can be challenging. But AI can help here by suggesting relevant content. For example, when creating a new email, AI can recommend content or blocks that might fit well with the theme you're working on. Or maybe it'll suggest a block you can reuse because it suits the message.

AI is also helping with tagging. The Shaman platform, for instance, has an AI tagging feature called 'Magic Suggest' which automatically generates descriptions based on the content of images and helps categorise content by key message tags. While human approval is still needed, this speeds up the content production and reuse process considerably because you can find relevant things that are already available to you.

5 *What do you think is the key to success with content excellence?*

It's all about balancing users and behaviours, the technology, and what we call the 'content system.' I see very big differences between brands. Some have strong foundational packages—often created by agencies—that include key messages, templates, journeys, and more. With these, you can combine smaller pieces into a larger journey. When you have something like this, you've got a great starting point.

With content production, everything starts with strategy and planning. Production only comes afterward. At the strategy level, you need to identify key segments in the market—like specific types of doctors—and define the stories you want to tell each segment. Then, during planning, you need to decide how you're going to set up these campaigns. Once you have that, and you have the elements that you're going to bring to the local markets, it's a breeze.

"With content production, everything starts with strategy and planning"

It's very different from starting with a blank slate, even with content-authoring tools, and having to figure out every detail on your own. We call this branded content system.

"It's about understanding your maturity level—where are you as a company and as a brand?"

Some brands within the same company may be far more advanced than others. So, in terms of content excellence, are you at a foundational stage, or are you ready for the next step?

6 *How can companies reach the next step of their maturity level?*

I recently met with a client who was interested in Shaman's modular content capabilities. As we discussed it, I introduced our 'content production matrix'—which includes various strategies for optimising content production, with modular content as one of them.

Each approach has its benefits, but it's essential to choose what aligns with your current needs and maturity level. After our conversation, the client realised they weren't ready for modular content yet—they needed to start with something more foundational.

"Being realistic about your maturity level is crucial"

Most companies are in the early stages, so it's essential to start there, demonstrate the value, and build step by step.

"Content creation is ultimately about driving business impact"

Pharma companies aren't publishers; content is a means to an end. The key to content excellence is balancing these factors, assessing your maturity honestly, and progressing in realistic steps to demonstrate real value.

7 *Is modular content the gold standard for content excellence?*

When we talk about the content production maturity scale, modular content definitely isn't the first step, but it isn't the last step either. You need to lay a solid foundation first to really benefit later. Think of it as investing upfront to gain efficiencies down the line.

"Modular content isn't just about your maturity level; it's about whether it makes sense for each specific case"

For instance, if I create many modules but never actually use them, it doesn't make sense to create them in the first place. Take a CLM presentation—many brands have a core CLM that rarely changes. There might be minor tweaks to update or adjust the story, but the key modules remain almost the same. If those modules aren't reused frequently, it's better to just create a standard CLM with all the data in one place rather than breaking it into modules.

With email, it's different because you produce far more of it. Say you're creating one or two emails a month. If you plan to reuse graphs and claims repeatedly, over two years you might use them 10 times. Each time you run this through MLR, you save days. Over time, this adds up.

"Modular content doesn't necessarily shorten the MLR process, but it helps you keep MLR in mind from the start and work more efficiently"

Next to channel use, the lifecycle of the brand counts. If your brand is in its early stages, and you expect to reuse content over the next five years, the value of modular content increases. So modular content isn't just about your maturity

> Our customers cut costs and production times by up to 80%.
>
> Maurice van Leeuwen, *CEO*

level; it's about whether it makes sense for each specific case.

8 *Do your clients feel more empowered once they start self-authoring content?*

Yes, absolutely. For example, we recently helped a brand implement a component strategy, which we refer to as "blocks" rather than "modules" since they're not pre-approved. Pre-approval, while beneficial, can cause complications down the line.

So, for this brand, we created 32 blocks and introduced them to teams in Germany, the UK, and Spain two weeks ago. They were super excited, saying: "Why didn't we have this five years ago? This makes so much sense!"

"For many clients, self-service content authoring is a no-brainer"

Of course, when people start using a self-authoring tool, there's a learning curve. They realise they have to take on more responsibility themselves rather than relying on an agency. That's why our product is so intuitive and easy to use, and it's why we focus so much on hypercare of users. It's about realising there's a human factor involved. Adopting new technology means changing behaviours.

"The personal support we provide is key to helping clients overcome the learning curve"

Once they get comfortable with the process and see they can plan an hour of work and have content ready the next day, they're hooked. Most of them don't want to go back to the old way of doing things. Once they get past the learning curve, they're fully empowered and can continue creating content independently.

We've seen SaaS companies cut back on customer success teams. They may think the product is all that matters, but it's not. We invest in customer success and support because we know how important it is. Our customer support goes beyond simple answers; we take the time to record videos or screenshots to show users exactly how to solve problems. It's simple, but it adds a lot of value.

9 *So, why should life science companies invest in a self-service authoring tool?*

Content excellence requires a complete technology stack—think digital asset management (DAM), authoring, review, approval, and publishing. Platforms like Veeva play a key role here. Life science companies need to design this tech stack to support the end user content production journey from start to finish, including all the necessary systems, integrations, and content workflows.

For authoring specifically, we've seen interesting findings from customers who've surveyed their teams about the time and costs associated with content creation. Before, these metrics were anecdotal, but now companies are able to track actual data. Customers working with agencies or digital factories have reported massive improvements.

"Within six months to a year, our customers cut production times and costs by up to 80%"

The real impact of faster content creation isn't just time-saving though—it directly affects business outcomes. Take, for example, creating high-quality educational content from an international medical congress. If you're creating an email campaign and a landing page to share insights post-congress, traditional methods could take one to two months to produce and localise the content. By the time it's ready, the insights may no longer be relevant.

"Faster production means content is timely, making it more valuable to your audience"

Content authoring also supports the shift from local to global content initiatives. Companies are moving towards a global approach to content excellence, with central teams focusing on streamlining processes. In general, content excellence is maturing in pharma.

Self-service tools put content creation closer to the people with the local knowledge, such as marketing teams, and empowers them to take responsibility for their content.

When content teams can act more independently and produce content quickly, it improves overall responsiveness to market needs.

#6

Unlocking the Potential of Content Reuse

Streamlining Processes for Faster and Consistent Campaigns

Content reuse is reshaping how pharma marketing teams manage their workflows, offering a more agile and cost-effective approach to creating and deploying campaigns. Why produce so much content and waste all of its efforts after all? **Jakob Knutzen** highlights that effective content reuse not only reduces production costs but also ensures consistency across global and local markets while addressing growing demands for digital content.

MEET THE EXPERT

Jakob Knutzen

Expertise
Content Reuse and Optimisation Strategies

Role
Associate Manager, Customer Engagement, Commercial Content, and Digital Marketing

From
BASE Life Science

Known For
Helping pharma teams adopt digital tools for streamlined content processes

ACTIONABLE STEPS FOR IMPLEMENTATION

#1. Centralise Your Assets: Use a digital asset management (DAM) system to store and organise all design files, templates, and elements for easy access.

#2. Encourage Local Adaptation: Empower local teams to adapt global campaigns with reusable elements while adhering to design guidelines.

#3. Collaborate with MLR Teams: Work closely with MLR teams to align on modular content reviews and streamline approval processes.

#4. Focus on Organisational Buy-In: Secure leadership support and train teams on the benefits and processes of content reuse.

#5. Incorporate AI for Tagging and Automation: Use AI to streamline tasks like tagging, auto-translations, and module assembly to further speed up workflows.

QUICK STATS

42%

- **42% of marketers and business owners attribute content marketing success to updating and repurposing content, highlighting the efficiency and cost-effectiveness of content reuse*.**

  **Semrush's 2023 State of Content Marketing Report*

- **Teams using content reuse frameworks report faster approval cycles and fewer inconsistencies in localised content.**

Q&A

In this interview, Jakob discusses how content reuse has evolved in recent years, the real-world benefits he's witnessed in pharma, and how marketing teams can get started with their own content reuse strategy.

1 What does your work at BASE involve?

I've been working at BASE for about seven years now. We help pharma companies across all of the value chain, from research and development to sales and marketing. I sit on a team called content excellence, working with a small group of colleagues focused on all the trends that we see within commercial content. This typically involves the implementation of Veeva Vault Promomats, but we're also branching out to cover all the systems related to Veeva and the whole content ecosystem.

2 What drove the shift towards content reuse in pharma?

At BASE, we had a pretty steady growth rate leading up to Covid. When Covid hit, we saw how pharma companies started digitising content much more. We had to find new ways of reaching healthcare professionals (HCPs).

Typically, sales reps go to the HCP and show presentations on an iPad or something like that—it's quite a traditional way of doing marketing.

"So, ultimately, Covid was one of the first things that really challenged the way that pharma companies engaged with HCPs."

Digitalisation had already started, but suddenly there was a growing demand and interest in trying to reach customers in new ways. This meant that the volumes of content increased, which put a lot of pressure on marketing teams and medical, legal, and regulatory (MLR) reviewers. We saw that marketing teams were looking for new ways of getting more content approved faster—one of the most important factors in that was content reuse.

Global brand teams were also partnering up with agencies of record to build their content, which was quite costly. This also meant that, even though pharma companies had all the design files, elements, and so on that they needed for content reuse, their intellectual property (IP) was sitting with their agency too.

"Marketing teams were looking for new ways of getting content approved faster—one of the most important factors in that was content reuse"

At this time, we saw pharma companies trying to take this IP back, put it into a digital asset management (DAM) system, and empower brand managers to assemble content themselves in these new authoring solutions.

3 Was there any resistance along the way?

The pharma industry is a pretty slow adopter in terms of new technology and processes. And some of these processes—such as building content via an agency—are quite ingrained in the way that most pharma companies work. Most brand managers are not trained in building their own content.

"This means that Technology catches up a lot faster than processes in the pharma industry"

When you look beyond pharma, however, you see that things like content reuse, modular content, and content authoring solutions have been around quite a long time.

Just look at the fast moving consumer goods industry. Take Procter & Gamble, for instance. You can see they build new websites from the same template. Just the logos and imagery are changed for the different brands they have.

"Pharma relies on very compliance-heavy processes that we need to revamp and change"

4 *Where do you see the real value of content reuse in pharma?*

It's really on that creative side that I see most of the benefits. Even though, as I mentioned, brand managers may not be trained to build content like an agency, they're still more agile in their way of thinking.

On the creative side—with Shaman and other content authoring tools—we've seen big benefits.

"Brand managers can easily assemble their content much faster... they're saving agency costs, which was eating up a lot of the brand budget before"

However, I think it's important to know that while creativity is good, we also don't want too much of it. Imagine you're sitting in a global team and you need your local affiliates to start adopting your global campaign. They need to translate that into Spanish, German—all the different individual languages—but you still want them to adhere to the global principles and the design guidelines you've put out.

So while you want them to be creative and have flexibility within the local and regional framework, you still need them to stick to the design elements that you put forward.

"Content reuse is a very good way of controlling your local affiliates... you can control the flexibility they have while still giving them a feeling of creativity"

I'm working with a few different companies right now that are all facing a similar issue—their local affiliates have developed presentations that look and feel very different from one another. This means that when sales reps meet with HCPs, even though they're presenting materials for the same brand, the visual style and messaging are completely different. It doesn't feel like the same company. This can be confusing, of course, and you don't provide that 'top of mind' feeling needed to build trust with your HCPs.

It's something we see in multiple cases in this practice. It's something we solve by implementing a design system to really try and stick to those reusable elements. What works for one company might not work for the other—they're experiencing different pain points.

5 *Are there any challenges when working with MLR teams on reused content?*

MLR is often seen as a bottleneck, but it's the gatekeeper in pharma and a very important process for ensuring the safety of patients. It's not something we can skip, and it's something that will always be there in the pharma industry, so we need to respect their ways of working.

"I've seen the biggest success in having the MLR reviewers accept that they might not gain a lot of value in the beginning"

MLR reviewers won't see huge benefits on their side, but they're enabling creative teams, and it doesn't increase their workload. So in this sense, they can be open to working in those new ways.

"We haven't solved the issue for MLR reviewers, but we've developed a working relationship where they accept how things are being done"

One of the challenges we experience with MLR teams is around modular content. We often ask the MLR team to review a module—a standalone module—instead of a final piece. And while they can agree to approve it, they often ask to see the module in its final context. Otherwise what you say in the module's context might be true, but it could be portrayed differently in the final material.

Another challenge is that even when they see the final asset, they still need to check it.

If another MLR reviewer approved the module, the second and final asset reviewer would still feel the necessity to go back and double check the module. That's simply the way they work.

In principle, content reuse should improve the MLR team's ways of working, but it's something that needs to change in their mindset. We also need to respect that they are thorough and they need context and they need the time to go in depth.

6 *Do you have any advice for companies looking to implement a content reuse strategy?*

When we're talking about content reuse, it's a maturity scale, with modular content at the very end. So you would start by getting a DAM system where all your assets are stored. This means you can take back your intellectual property, including your images, elements, and so on. Then you can point your agencies to your DAM. This is the first level of maturity.

"Content reuse is a maturity scale, with modular content at the very end"

Most pharma companies have some sort of approval system—start by looking there and seeing what you can improve. Some pharma companies use Promomats as their dump system, so that's an easy first step. But otherwise, decide on a strategy for how you want to work towards content reuse. Do you want to use Promomats as the dump system? Do you want to use another system? Do you want a content authoring solution sometime in the future?

At the very end of the maturity scale, you would have a content authoring solution like Shaman, where all of your modular content workflows are up and running in your Promomats system. Everything would be seamlessly integrated and you could just plug and play, and drop all the elements into the design system from the DAM. Content reuse is a journey that most pharma companies are now embarking on, and they're at different levels of maturity.

"Most pharma companies have some sort of approval system—start by looking there and seeing what you can improve"

At least that's what we [at BASE] can help out with. What we typically do is we come in, we look at the maturity of the company, we look at their tech stack, we look at how they are working, what their processes are, and then we make a content reuse strategy with them.

7 *How about advice for measuring the success of content?*

There are multiple ways that you can measure KPIs, for instance, and this goes beyond systems. Have you reduced your agency costs? What's the turnaround time for building an email or an interactive visual aid? Do you go from ten days to maybe two or three days?

Ultimately, when you go into Promomats, how long does content take to review? Does your process make life easier for MLR teams? When you're reusing content, you can also look at which material was used, and how many times it was reused. You can pull all of these things out and turn them into valuable insights. There are a lot of data points. But you need to start at a brand level. After that, you can typically pull the other elements from Promomats or a content authoring tool.

8 *What are the limitations of content reuse?*

"For me, the limitation of content reuse is organisational readiness—you need top level buy-in"

This is the most important thing. There needs to be a strategic focus on streamlining and improving the way you create content. It needs to be a top line priority.

But at the same time, you need to work from the bottom up. You need to ensure that it's a way of working that your employees and teams buy into. Otherwise, if they still have the budget available and they don't buy into the process, they'll bypass it and go to the agency. We see that quite often.

There's a lot of things in your architecture that also need to be updated. For me, that's still the easier part—getting the tech ready. But of course

> For me, the limitation of content reuse is organisational readiness—you need top level buy-in.
>
> **Jakob Knutzen,**
> *Associate Manager of Customer Engagement, Commercial Content, and Digital Marketing*

you need to implement a content authoring tool. Everything needs to be integrated. Most likely your Veeva Promomats process needs to be improved too. But all of that is easy when you have the organisational buy-in!

9 *How does the future of content reuse look to you? Are there any viable alternatives?*

I think the next big thing will be AI, which will build on top of all the solutions that you already have. You need digital asset management; you need MLR approval; you need a design system, an ordering solution, and so on. But then you can start automating things.

For instance, [at BASE] we've built a few different plugins in Veeva to aid the MLR process, auto translate content, and help with auto-tagging. I know that's something Shaman also does. Incorporating AI into this tech stack will really help.

"Why should an MLR reviewer, who's already got a stack of 100 pieces they need to review, sit down and correct typos?"

I think it's important to understand the limitations of AI, though—it could never replace a normal MLR reviewer. But MLR is still a bottleneck. MLR teams have growing workloads, so why should an MLR reviewer, who's already got a stack of 100 pieces they need to review, sit down and correct typos? All of that can easily be handled by AI. I see a huge benefit in incorporating AI into current processes.

7

Earning HCPs Trust with High-Quality Content

Delivering Relevant, Insightful, and Engaging Experiences

What are healthcare professionals (HCPs) looking for today? And how can content creators earn their trust in such a competitive landscape?

As pharma marketing teams shift their focus towards delivering omnichannel content and tapping into the potential of emerging technologies like generative artificial intelligence (Gen AI), the question is no longer about quantity, but quality.

Enter **Gaurav Sanganee**, Founder and Managing Director of Closing Delta. With a deep well of experience in pharma content strategy, Sanganee has seen firsthand what makes content truly effective. In this interview, Sanganee reveals what content resonates with HCPs, the metrics that really matter, and how Gen AI tools can elevate pharma marketing—provided they're used the right way.

All views expressed are his own.

MEET THE EXPERT

Gaurav Sanganee

Expertise

Building trust with healthcare professionals, leveraging Gen AI, and creating personalized, impactful content for pharma marketing.

Role

Founder & CEO

From

Closing Delta

Known For

Helping pharma companies refine content strategies, enhance HCP engagement, and create relevant and compliant content.

ACTIONABLE STEPS FOR IMPLEMENTATION

#1. Understand HCP Needs: Conduct surveys or use engagement data to identify pain points and preferred content formats.

#2. Focus on Quality Over Quantity: Create well-thought-out content journeys, avoiding the fatigue caused by an overabundance of similar material.

#3. Leverage Emerging Formats: Use responsive designs and video content to meet HCPs where they are, on devices they prefer.

#4. Provide Non-Product Resources: Offer support beyond medical information, such as managing workload or addressing mental health challenges.

#5. Use Technology Thoughtfully: Implement GenAI tools to localise and personalise content, but ensure creativity and uniqueness to avoid becoming generic.

QUICK STATS

- **HCPs prefer content that comes directly from reliable sources, such as clinical papers from publishers, rather than simplified versions.**

- **Post-congress content and on-demand webinars are highly valued for their accessibility and relevance.**

Q&A

In a competitive and content-heavy environment, healthcare professionals (HCPs) seek value, not volume. Gaurav Sanganee explains that building trust requires understanding HCPs' needs, reducing their workload, and offering content that is responsive, insightful, and tailored to their challenges. *Trust comes from delivering quality, not just quantity.*

1 *Could you tell us about your background in content excellence?*

I started my career in the sales team at GlaxoSmithKline (GSK), helping to develop content for the field teams. Then, I joined an agency called Roundhouse Health Ad (later taken over by Adventist) that pitched for one of the drugs that GSK was promoting. I used that experience to return to the client side as the Digital Head of Oncology for Novartis, where I worked with content factories and learned about content at a much more global and regional level. I also built one of the first clinical paper applications on an iPad in Pharma there.

I was then a content manager at Boehringer Ingelheim across commercial and medical, and from there, I moved into a commercial excellence function, supporting things like digital asset management and Veeva Approved Email rollouts, as well as building websites and hub sites, working again across the go-to-market and country teams.

2 *From what you've seen, what content and channels do HCPs like the most?*

Healthcare Professionals (HCPs) prefer content that comes from the source. So, for example, they prefer clinical papers that come directly from the publishers, as opposed to an abbreviated version coming through a pharma company. It's also important that the content has a responsive design, so HCPs can access it on tablets and mobile devices, as well as on desktop.

Another area that I've seen a big growth in is post-Congress activity—things like on-demand content for people who couldn't attend certain events in public. Especially since Covid, Congress has become one of the biggest investments pharma companies make throughout the year, so it's important to get as much leverage of the content out of that—also because it's where cutting edge science is shared.

"If you understand HCPs on a human level, you realise their pain points are around overburdening"

I think video content is also growing in popularity, and it's being pushed by algorithms from TikTok and LinkedIn. You can use video to help your HCPs make better decisions, for example. If you understand HCPs on a human level, you realise their pain points are specifically around overburdening.

"There are lots of topics which aren't just product-related that pharma companies can support"

Can you create other things that help your HCPs? Content on managing workloads, perhaps, or dealing with mental stress within the healthcare system. There are lots of topics which aren't just product related that pharma companies can support.

3 *Do you have any success stories of content or strategies that particularly resonated with HCPs?*

The strategies I've seen work really well are sequential. They're not one-off pieces of content, but well thought out journeys that involve multiple touch points and tactics.

"The strategies that work really well are sequential. They're not a one-off piece of content—they're well thought out journeys"

During Covid, there was a real upsurge in webinars. The reason was pretty obvious—people couldn't get to physical locations, and they weren't allowed to mingle. But what I saw with one pharma company was that after about the 11th or 12th webinar, they started to lose their audience. They had nothing new to say.

It wasn't about the volume of webinars they did. 196 people turned up the first webinar—only four turned up to a later one. It wasn't necessarily that they didn't have the key opinion leaders, or that they were using the wrong technology. People were just reaching a level of fatigue with all of these webinars. You started getting these 'Zoom eyes' because it was just one meeting to the next for a lot of people. Why? They were just relying on one tactic.

> The challenge is not to become vanilla... in a sea of sameness.
>
> **Gaurav Sanganee**, *Founder and Managing Director*

It's about quality over quantity. It's best to keep really valuable content in a very short campaign. And to diversify this, do some work in terms of pre-event and post-event activities too. This yields the best results.

4 *How do you measure the success of your content?*

Historically, marketing teams have measured vanity metrics— things like open rates and click rates. That's simple when it's on email. Where it gets harder is measuring engagement. How long did someone spend actually consuming the information? Are you seeing the journey between pages? Are you able to then turn around and say: "Page one, seven, and eight were interacted with, but six, five and four—nothing."

"When marketing teams get more forensic on engagement data, they can start making some really clever content decisions"

There's a real discussion to be had around the right metrics and the right KPIs. But we all get hung up on the initial metrics, which are just showing you engagement. When marketing teams get more forensic on engagement data, they can start making some really clever content decisions.

For example, I used to work with brand teams and we built a detail aid on pain analgesics. We were competing with the market leader at that time. A 17-page detail aid had gone onto a third party's website, with almost zero engagement. We cut that content down to three pages and we boosted the engagement by around 90%.

"We put real thought into [our detail aid]. It was short—it went straight to the point... so we also cut down the cost of development."

Suddenly, HCPs weren't spending their time going through 17 pages on pain, which they knew most things about because huge amounts of new data hadn't been released. Our detail aid was short—it went straight to the point. But we put real thought into those three pages, whereas the other stuff in there before felt a bit like fodder. We also cut down the cost of development, because we don't have to develop the other pages.

5 *Where do you think pharma marketing teams have been going wrong when it comes to building that trust?*

I think the biggest challenge for pharma marketing teams is their internal stakeholders versus their external stakeholders. From an

internal stakeholder viewpoint, they have a brand plan where they need to hit certain targets. However, they're limited by budget. They have to then cut the pie in a way which allows them to deliver against a multitude of objectives. This usually dilutes certain efforts, because you're not always going to get what you want on a limited budget.

"Pharma companies need to change the narrative to be more about their customers than themselves"

As an industry, our communication is also still very brand centric. Pharma companies need to change the narrative to be more about their customers than themselves. Netflix, for example, cares about what you consume. They care about the genres that you like; the length of the movies that you want to watch; the characters that you like. Nobody comes around saying: "Hey, this is Netflix. Netflix is great. Did you know Netflix's rating went up? Because who cares?

"If pharma marketers focus on what the customer wants, their work will suddenly start delivering ROI"

If pharma marketers focus on what the customer wants, their work will suddenly start delivering ROI. We just fade into a big vanilla storm otherwise. Brand features don't matter as much as the benefit to the HCP—their clinical practice and their patient population.

7 *Are there any tools you find particularly useful for content creation?*

Figma is great for designing content and moving it into a development environment. A lot of rapid prototyping and UX pieces can be made with it. I also use a technology called Veed to do my videos because it can superimpose subtitles on my videos. It can also add in emojis, background tracks, slides, and so on. There are others like Opus clips too, which let you take a YouTube video, splice it up into ten different sections and drop that into the YouTube shorts format. This is all very easy for Pharma to do.

Then there are the generative artificial intelligence (Gen AI) tools coming out which are really powerful. Gen AI really helps with ideation and blue sky thinking. You have to learn the skill of prompt engineering, but then you can start really going into your imagination and building out some incredible things. There's so much going on. The human brain cannot compute how much AI is out there—it's so much more than ChatGPT. And they all do a certain job.

"People need to be able to use the technology at a decent level to get the return on it. Otherwise, they'll sit there trying to work it out instead of building content"

However, people need to be able to use the technology at a decent level to get the return on it. Otherwise, they'll sit there trying to work it out instead of building content. You have to start thinking a little bigger than the technology. It's not the tool, it's the way you're using it.

"Lots of pharma companies will get AI wrong because their data isn't in the right shape to feed the models"

Lots of pharma companies will get AI wrong because their data isn't in the right shape to feed the models. If your data isn't structured then laying over AI won't make any sense. It's like putting nitrous oxide in a car which doesn't have wheels—it's not going to go far.

If your videos aren't working, it's probably because they're rubbish. It sounds harsh, but it's probably true. They'll see AI working for another pharma company. Why? It's not the format, it's not the technology—it's the content.

AI can help you proliferate content, but is it valuable? Is it insightful? Does it do the job? By increasing the amount of content, you increase the MLR workload. There's only X amount of MLR approvals that you can get through with what resources you have in house. So you have to get smarter on things like content and image tagging.

This is what Pharma really needs to understand. What tech stack are you going to put your hat on?

What works well with your existing infrastructure and how can you use that to build better content—more efficiently—that meets the needs of your customers in a more personalised way?

"Choosing the right tech stack, not just for now, but also for the future, is important. The AI space race is on!"

Choosing the right tech stack, not just for now, but also for the future, is important. The AI space race is on!

8 *How can pharma marketing teams use Gen AI to better localise their content?*

Historically, in pharma, whenever we released images—in detail aids, for example—we had a selection of images that weren't massively representative of the population that we were trying to target. Certainly not in a hyper-personalised way. We may have had an elderly white gentleman with glasses and a lab coat as the traditional look, for instance.

But with Gen AI, there's nothing stopping you having an Afro-Caribbean or Indian woman in a white coat, and so on. Suddenly, you can get multiple iterations of what your target population is looking like. And that goes for patient material as well. We're probably sick and tired of seeing really happy people on the front of medicinal ads, running through a field or whatever it is. We can change that too with Gen AI.

You can even talk to people in their own language. Japan has a strong pharma industry. But Japanese has always needed some level of translation. Now you can get technology to help you to do that, and get it maybe get 97% of it right. I was really impressed with ChatGPT's accent feature too. It can do like 50 different accents of the same language, which is crazy!

"The challenge is not to become vanilla, in a sea of sameness. If everyone's using the same hooks, the same templates, the same format, the same keys, and so on, it becomes uniform".

I think you will see that most images and videos are AI generated in the future. The challenge is not to become vanilla, in a sea of sameness. If everyone's using the same hooks, the same templates, the same format, the same keys, and so on, it becomes uniform. Nothing stands out, and it becomes monotonous. There's the danger that pharma content becomes too vanilla too quickly with AI. We need to keep the creativity going.

8

Adapting Complex Pharma Content for Engaging and Compliant Communication

Turning Technical Details Into Compelling B2B Content

Creating pharma content that resonates with different stakeholders—whether technical teams, regulators, or business leaders—requires careful adaptation. **Chris Halling** emphasizes the importance of tailoring complex information to meet each audience's needs while maintaining content relevance and clarity.

Adapting content to speak directly to diverse audiences—whether they are regulatory bodies, pharma professionals, or purchasing teams—requires an understanding of both the technical aspects and the business case for each situation. This flexibility in content strategy ensures that all stakeholders are informed and engaged while staying within regulatory boundaries.

MEET THE EXPERT

Chris Halling

Expertise
Balancing content excellence with technical accuracy, simplifying complex information for pharma, regulators, and more.

Role
Director of Communications & Content

From
Orientation Marketing

Known For
Helping pharma companies streamline content creation processes and deliver clear, engaging content in the CDMO sector.

ACTIONABLE STEPS FOR IMPLEMENTATION

#1. Understand the Audience's Knowledge Level: Tailor content based on the expertise of your audience. What works for technical teams may need significant simplification when aimed at purchasing or non-expert stakeholders.

#2. Ensure Compliance: Always keep content aligned with regulatory standards, ensuring it does not overstate or misrepresent clinical developments.

#3. Leverage Existing Resources: Use previously created content or scientific data to avoid content fatigue. Recycle content effectively to maximize reach without exhausting resources.

#4. Focus on Clarity and Engagement: Write content that is clear and compelling, even when dealing with complex topics. Break down technical jargon and focus on business implications.

#5. Ensure Accessibility: Simplify complex information using visuals and clear, concise language to improve engagement.

QUICK STATS

- **Pharma content often starts technically but must be tailored for each audience, whether a regulator or a purchasing team. Some teams do need technical content!**
- **Reusing and recycling content, when done strategically, ensures ongoing relevance and effi-ciency in a resource-constrained environment.**
- **Short-form videos, typically under 90 seconds, boast higher engagement rates, with 50% of viewers watching them to completion*.**

Q&A

In this interview, Halling shares his approach to making complex information easy to digest for pharma companies, regulators and more, alongside some of the challenges that life science marketing teams face today.

1 *Could you tell us a little about your background?*

For the last twenty years or so, I've worked in medical devices—spanning from inhalation through to surgical implements—and I worked for an orthopaedic company some 15 years ago. But the latter part of my career has been spent all in contract development, manufacturing organisations (CDMO).

The CDMO sector—broadly speaking—is an outsourced option for some pharma companies to develop meds from discovery all the way to commercial supply. That's where my real expertise lies. I work with a lot of pharma companies but I'm one step removed from the healthcare providers.

2 *What's your connection to content excellence?*

We produce lots of content on the technical aspects of the drugs, the formulation of the drugs, and the relationship between the outsourcers and the pharma companies. Typically, the audience for my content is other pharma companies and stakeholders, such as consultants and regulators.

Much of our content starts off technical, but then we have to adapt it for the audience we're speaking to. Typically, the audience for my content is other pharma companies and stakeholders, such as consultants and regulators. We help get peer-reviewed articles published in very noteworthy journals like Nature, for example, but there's also the B2B hard marketing side of things where we're trying to engage people.

3 *What strategies do you use to adapt and personalise your content?*

A lot of our content is very technical. We're often talking about the technical aspects of project management, like when you move a drug programme from one stage of development to another, such as a preclinical to a commercial stage—where you're scaling up equipment or scaling up volumes from a few tablets a day to potentially millions of tablets in a week.

And then there's the aspect of taking something that may be very technical in terms of its formulation knowledge, or some aspect of the drug, and then converting it into what that means for a business case. So if we're speaking to purchasing teams, for example, our content is about what factors would affect those purchases.

For example, if you're manufacturing a drug that's toxic, the company you're talking to must understand that they need suppliers with certain levels of health and safety protection for those toxic drugs to protect their workers.

We adapt content depending on each client's needs, those of the market, and of the target audience. We work in a highly regulated market and that puts a burden on both agency and client to make sure communications are compliant and we don't stray, for example, into inadvertently giving health advice. There are certain elements of communications that are relatively fixed, like company descriptions and those of certain processes. Those can act as anchors and be woven into custom copy to allow a piece to flow.

4 *How do you balance the compliance side of things?*

Compliance is vital throughout everything we do. When you're one removed from the healthcare provider, it's very tempting to talk about a potentially revolutionary treatment as if it's a drug. But of course, it must be clinically approved first.

I was talking to an organisation that's producing a universal flu vaccine. This is obviously very exciting stuff, but it hasn't gone through clinical trials yet. It's very tempting when you write to talk as if it's a done deal—that this is an incredible vaccine that we're all going to benefit from. You just have to couch that excitement with a bit of realism. The regulatory process needs to come first.

5 *How do you measure the success of your content?*

We use all the recognised performance indicators that are available to us, such as CTRs and time on page, but we try to

> You have to couch excitement with realism. The regulatory process needs to come first.
>
> **Chris Halling,** *Director of Communications and Content*

gather subjective feedback too. The lead time for the services our clients offer can be measured in years, so it's important that we try to evaluate how a piece of content resonates with various stakeholders, as that impact may stay with them and ultimately bring them back to a client when they need a technology or service.

6 *Are there certain processes or tools that you find the most effective for content creation?*

For us, it's down to experience and having a basic knowledge of the processes that have to be gone through. So if a drug programme is proven in one country, you can't talk as if it's readily available in other countries, because the regulator in that country hasn't approved it. It's about knowing the vagaries of the regulatory landscape and of the stage of drug development. I wish there was a more formal way of doing that, but we don't have access to it, so it's something that we tackle through experience.

"I often tell myself that the first weak paragraph is the one that will open the reader to the temptation of reading their email instead!"

I keep example copy and important recurring information where I can get to it easily, and more recently I've used LLMs to quickly research new concepts and topics, and even suggest starter copy to use as a basis for something I write.

Above all, I try to put myself in the shoes of the reader, make important points early, and edit again and again until I think I've achieved something that adds value – and if possible, holds the attention of the reader from beginning to end. I often tell myself that the first weak paragraph is the one that will open the reader to the temptation of reading their email instead!

"I try to put myself in the shoes of the reader, make important points early, and edit again and again until I think I've achieved something that adds value."

7 *Are there any other challenges that you often come across in the CDMO sector?*

I work in a complex industry where many sciences, regulations, processes, and technologies intersect, so prioritising important information is key. We're all distracted, and more people consume content on the move, so if they need to leave a train, take a call, or read an urgent email then we need to give them at least one or two good points to think about. Then they're more likely to come back.

"We're all distracted, and people consume content on the move... so we need to give them at least one or two good points to think about."

Large multi-million-dollar, multi-year projects are commonly purchased by multi-disciplinary teams, some of whom may not all be familiar with the complexities of, say, gene therapy or protein degraders. These people matter, so it is important not to alienate them. Without patronising the reader, I make sure that acronyms are expanded and, unless I'm sure the audience will be familiar, I pause to recap what we mean when we refer to technical terms.

8 *Do you reuse content?*

Yes. We're reworking content almost all the time. Most companies are developing some kind of content channel strategy. They're embracing things like LinkedIn and Twitter—though not so much Facebook in our industry. Companies are gaining momentum on these channels all the time, they're sending out more, they're building their own databases, they're using other people's databases and sending out content. But then very quickly, they come across this brick wall where they run out of content.

"Very quickly, [pharma companies] come across this brick wall where they run out of content"

Most of our partners, clients, and so on have a large and capable team of scientific and technical staff. But most of these people are engaged in running client programmes, so getting them to produce new content all the time is tough. They say: "Well, I've got a day job as well!".

Most of our clients are not making best use of their content because they're either not thinking about recycling content, or they're not effectively recycling as well as they should. But this can be done by specialist agencies like ourselves [Orientation Marketing] because we have dedicated writers who are pharmacologists, chemists, project managers, or people with years in the industry who understand what you need to say and what you can't say.

With a long-form piece of content, for example, you can explain fully what you mean. But if you're shortening that down to a LinkedIn post—one giving medical advice, for instance—you can't fully explain that, when developed, the drug will do XYZ or the drug candidate will need XYZ.

"If you haven't got the [right] word count, you can quickly run into difficulties because brevity creates misunderstandings"

9 *Is there a certain channel that you think is most effective?*

We use a variety of channels. I guess because of the nature of the business to business space, there doesn't appear to be a single dominant channel. However, I think that LinkedIn is becoming ubiquitous. There's often a LinkedIn aspect to whatever we do—like the scientific articles we produce—which runs alongside PR.

I remember less than 12 months ago, people were getting very sniffy about podcasts, saying you'll only get this many listeners and so on. Then all of a sudden, people started listening to podcasts again. I can even go to podcast platforms now and find people speaking about the B2B pharma space. I think it's amazing. It shows that you shouldn't write off a channel just because it hasn't found its space yet. And the ability for someone like me to, you know, perhaps walk the dogs listening to a podcast about my industry and make good use of my time that way, whilst still having all your faculties available to do the stuff you're doing during the day is incredibly useful.

"You shouldn't write off a channel just because it hasn't found its space yet"

The issue for marketing teams one removed from pharma is that they're relatively small and resource-starved. I'm generalising of course, but pharma companies tend to have teams of marketers who specialise in pricing, branding, and all aspects of marketing.

#9

Embracing Flexibility and Omnichannel Strategies for Effective Content

Adapting Content to Meet Evolving HCP Needs and Preferences

As the needs and preferences of healthcare professionals (HCPs) rapidly evolve, adaptability in content strategy becomes increasingly essential. **Claude Waddington** shares his expertise on how embracing flexible, omnichannel strategies and utilizing modular content, pharma companies can create more engaging, relevant experiences for HCPs, can drive deeper relationships and improve overall content effectiveness.

A flexible, omnichannel approach—integrating email, instant messaging apps, video, and other digital tools—allows pharma companies to better meet HCPs where they are, enhancing engagement and decision-making support.

MEET THE EXPERT

Claude Waddington

Expertise
Commercial strategy, modular content, and omnichannel engagement for pharma marketing.

Role
Managing Director and Principal Consultant for Commercial Strategy

From
The Palindromic

Known For
Advocating for tailored strategies to engage healthcare professionals and helping pharma companies optimize their content strategies across multiple channels.

ACTIONABLE STEPS FOR IMPLEMENTATION

#1. Adopt Omnichannel Strategies: Shift from traditional push channels to integrated, omnichannel approaches that allow HCPs to access content at their convenience.

#2. Prioritize Modular Content: Use modular content to create personalized, adaptable content that can be reused across different formats and channels, ensuring cost efficiency and relevance.

#3. Leverage Video and Instant Messaging: Incorporate video content and IM apps to communicate directly with HCPs, catering to regional preferences for quick, engaging content.

#4. Collect and Integrate HCP Feedback: Ask doctors directly about the relevance and impact of content to gain valuable insights and improve future strategies.

#5. Unify Data for Strategic Insights: Use a centralized data model to unify content performance metrics across various channels and regions, enabling more informed content strategies.

QUICK STATS

- **Modular content plays a key role in omnichannel strategies, providing adaptability and reusability across different markets and channels.**
- **Integrating video content into pharmaceutical marketing strategies has proven to significantly enhance engagement and information retention.**
- **Branded portals engage only about 12% of doctors, emphasizing the need for more comprehensive, omnichannel strategies.**

Q&A

Whether you're exploring new channels or rethinking how you use the ones you already have, Claude believes adaptability is key to building stronger connections with HCPs.

With years of experience working alongside top pharma brands, Claude takes a closer look at the tools, trends, and tactics shaping the future of omnichannel marketing, and explains why content teams need to pay attention to HCPs' habits and preferences across different regions to guide their strategies.

1 *What does content excellence mean to you?*

Content is the cornerstone for commercial, marketing, medical and clinical success. You need quality content which fits the right model across all of these separate divisions.

Content is also a key driver in addressing emerging new go-to-market models and commercialisation strategies. As we're evolving our engagement strategies, content is becoming more important. It's about the quality of engagement—the human one-on-one connection—but equally the support that you can provide through the use of modular content.

2 *What do you think are the most exciting advances in pharma marketing now?*

There's so much happening! But it depends on where we're talking about. Some key markets—like Asia—are more innovative than others. Asia is at the forefront of embedding artificial intelligence (AI) within customer relationship management (CRM), for instance, and bringing personalisation in the form of engagement through the integration of specific channels into one ecosystem.

"We need to take a flexible approach to keep engagement strong and give physicians the support they need to make decisions"

Field reps and HCPs around the world use a variety of instant messaging (IM) channels to stay connected, with regional preferences shaping the popularity of platforms like SMS, Line, WeChat, Telegram, WhatsApp, and more.

This regional diversity means we need to take a flexible approach to keep engagement strong and give physicians the support they need to make decisions. IM apps are great for sharing quick, to-the-point content, making it easier to connect, boost engagement, and even impact prescription rates.

It's such an exciting shift! We're not replacing email—we're opening up new ways to communicate, using a variety of platforms to create a more dynamic approach to content delivery.

Beyond in-person engagement, we're also exploring recommendation engines. These tools would allow sales reps, medical affairs managers, medical science liaisons, and key account managers to engage more effectively with doctors. For instance, they could receive recommendations like, "Dr. X has interacted with us on these topics, opened this email, posted LinkedIn or X, or provided this insight in a past meeting." This could help them deliver easy to digest short-form content during or after meetings, tailored to the channel the doctors like best.

3 *How do you see email marketing evolving?*

Pharma marketing used to rely on a field rep visiting a doctor in person with a pen and paper, and driving engagement with a little brochure. Now, field teams can boost engagement by sharing product videos and other content in formats that work best for their customers. Whether it's email or another preferred channel, they can make the most of every communication opportunity.

"Omnichannel content creates a more flexible and interactive way to connect"

Email has long been seen as a traditional push channel in pharma. But as preferences evolve, more companies are exploring pull channels to keep engagement high. Blended approaches let physicians access content when it works best for them. In this sense, omnichannel content creates a more flexible and interactive way to connect. Take the Middle East and North Africa (MENA) region, for example—using video as a pull channel has boosted physician engagement by seven times compared to traditional channels.

We need to take a flexible approach to keep engagement strong and give physicians the support they need to make decisions

Claude Waddington, *Managing Director and Principal Consultant for Commercial Strategy*

4 *When is a company ready to move to an omnichannel strategy?*

A company is ready to embrace an omnichannel strategy when it has a well-defined plan to move beyond the traditional push channel, or branded portals for communication. In a basic multichannel strategy, modular content typically has a smaller role, especially when automation and AI are not fully incorporated into content production.

Shifting to an omnichannel strategy takes some careful thought. It means evaluating your current communication channels, localizing content, planning how to bring in new platforms, and making sure your content production processes are ready for modularization and automation.

"Once a company moves to an omnichannel approach, modular content becomes essential"

But once a company moves to an omnichannel approach, modular content becomes essential. Events and congresses, in particular, are a powerful opportunity for modular content—both before and after they take place—to boost quality engagement.

Modular content can boost email engagement through personalized, interactive, and dynamic elements tailored to individual preferences. It plays a key role in adapting content and channels to meet the specific needs and preferences of the customer.

"Modular content can boost email engagement through personalized, interactive, and dynamic elements"

Companies actively building or executing an omnichannel strategy are best positioned to use modular content effectively. While modular content has an upfront cost, its adaptability and reusability across formats and markets can significantly reduce costs in the long term—especially in more mature markets.

5 *What challenges do pharma marketers face today?*

The biggest challenge we see is maintaining compliance while innovating. Regulatory teams have told us that they've been sending many pilot projects to the cemetery. Collaboration with compliance teams is pivotal in driving success—they need to be involved from the offset.

"Collaboration with compliance teams is pivotal in driving success"

Pharma companies also lack the adaptability for the evolving needs of HCPs. HCPs prefer to digest

content in their own time. Through research, we're seeing that many doctors actually digest content later in the evening rather than during patient visits and in between breaks. They're human like all of us, so they often just want to go and grab a coffee rather than read about your product. In the evening, however, they can actually breathe a little bit and they catch up on some content in their own time.

"Companies should design strategies with reusability in mind rather than thinking of it as a byproduct"

Companies should design strategies with reusability in mind rather than thinking of it as a byproduct. Initially the investment is higher, but in the medium term the cost is reduced by adapting that content to various formats and markets, which can improve the time to market, MLR review time, and so on.

6 *How can pharma marketers better adapt their strategies to meet the needs of HCPs?*

It's about changing focus. Most pharma organisations prioritise individual brands and their budgets, but doctors don't see the brand—they see the company. Building trust in the company, not just the brand, is key.

Branded portals, for example, only engage about 12% of doctors. Instead, organisations need omnichannel strategies that create cohesive journeys across multiple brands and channels. Content must align with what doctors find useful, emphasising company trust over individual brands.

"Branded portals only engage about 12% of doctors"

This requires a unified approach—consistent messaging and modular content adapted to how the company communicates as a whole. Brand coherence builds trust and supports cross-selling opportunities while staying compliant.

7 *What's the best approach to measuring the success of content across multiple channels?*

IT teams are often focused on measuring content performance—tracking HCP engagement rates, conversion rates tied to prescriber uptake, or patient adherence. I'd add a critical fourth metric: HCP feedback on content relevance and utility. Too often, we miss asking doctors straightforward questions: Did you find this content useful? Did it make an impact? Would you use or share it?

"Too often, we miss asking doctors straightforward questions: Did you find this content useful? Did it make an impact? Would you use or share it?"

To get meaningful insights, companies need to unify data from multiple sources—CRMs, messenger apps, branded portals—into a single framework. Some pharma companies are already doing this successfully, while others are actively building or experimenting with solutions. Whether it's through a customer data platform or a healthcare cloud, the core idea is a unified data model. This approach allows companies to interpret data points, integrate them seamlessly, and craft journeys based on insights—not intuition.

In conversations with industry professionals, I often hear talk about metrics and key performance indicators (KPIs). What's often missing, though, is a cohesive strategy to unify these metrics for commercial impact.

The key metrics should start with HCP feedback on content relevance. From there, prescriber uptake and patient outcomes are essential metrics to track. These insights help companies understand if their content is truly making an impact—both for HCPs and the business model. Bringing these data points together into one framework is key.

"What's often missing is a cohesive strategy to unify metrics for commercial impact"

#10

Driving Global Content Strategy Success in Pharma

Leveraging Collaboration and Flexibility for Efficient Content Creation

By focusing on collaboration, flexibility, and the strategic use of modular content, pharma companies can streamline their content creation processes and better support HCPs in making informed decisions that ultimately benefit patients. With over 10 years of experience, Cari has been instrumental in helping life sciences companies rethink how content is created and delivered to healthcare professionals (HCPs) across regions.

Success in global content strategies requires collaboration, flexibility, and an emphasis on content reuse. By designing content that works across regions while being adaptable to local needs, companies can improve content efficiency and meet the evolving demands of HCPs.

MEET THE EXPERT

Cari Meredith

Expertise
Global content strategy, collaboration, content reuse, and embracing digital innovation in pharma.

Role
Content Innovation Product Owner & OCE Franchise Lead for Europe and Canada

From
Takeda

Known For
Leading content strategy at Takeda, focusing on content reuse and flexibility, and driving innovation with a collaborative, patient-focused approach.

ACTIONABLE STEPS FOR IMPLEMENTATION

#1. Foster Collaboration Across Teams: Ensure that both global and local teams work together, with key individuals identified as champions to facilitate change and share challenges and successes.

#2. Embrace Modular Content: Focus on creating content that can be easily adapted and reused across different markets, ensuring both scalability and compliance.

#3. Think Big but Be Patient: Developing a robust content strategy requires thinking long-term while being patient enough to adapt processes gradually.

#4. Transform Content Creation with Purpose: Embrace AI not just as a tool, but as a way to reshape how we create content—optimizing for efficiency and relevance, while upholding the core values of compliance and ethical integrity..

#5. Measure Content Success Through Reusability and Efficiency: Track how well content can be reused across regions, how quickly it can be updated, and how efficiently it supports HCP engagement and decision-making.

QUICK STATS

- **Content reuse is critical, helping Takeda achieve efficiency across different regions while maintaining relevancy and compliance.**
- **Embracing AI and modular content significantly enhances content creation processes, improving flexibility and scalability.**
- **Shifting mindsets within organizations to embrace change and flexibility is key to driving content strategy maturity.**

Q&A

As Takeda's Content Innovation Product Owner and OCE Franchise Lead for Europe and Canada, Cari Meredith is helping redefine how life sciences companies approach content creation and delivery.

In this expert interview, Cari shares her thoughts on how to drive successful global content strategies in pharma.

1 *What challenges have you seen with global content strategies?*

Historically, driving content top-down from global teams has been a challenge. Content created at that top [global] level often doesn't lend itself to 'reuse' and necessary approvals for every country—each has its own unique needs, whether due to compliance, regulatory requirements, or cultural differences.

At Takeda, we've found more success by focusing on country-level initiatives. We focus on creating content that can be developed locally but also shared more broadly. This is where we're seeing our greatest opportunities.

"The goal is to design content that works across markets, rather than producing something in a proverbial 'ivory tower' and expecting it to fit everywhere"

The goal is to design content that works across markets, rather than producing something in a proverbial 'ivory tower' and expecting it to fit everywhere. We're evaluating whether the challenge is with our processes or the tools we use to support content creation and distribution. Right now, we're assessing how to balance both. Ultimately, it's not just about tools; it's about rethinking processes across the organisation to ensure they support flexibility and scalability.

2 *With that in mind, what's the key to success to a global content strategy?*

I think success comes from being highly collaborative and finding new ways of working. It hasn't come from trying to do the same things over and over and expecting a different outcome. We have found success by thinking outside the box and embracing the "fail fast" mindset. At Takeda, if something isn't working, we accept it and move in another direction.

"If you're thinking about what physicians actually need, creating content is much easier"

I think we've all worked in organisations that will just keep going and not accept failure. Instead, we're trying to figure out the best way to do things, while always keeping our eye on our main goal—doing what's right for our patients.

At Takeda, this is at the centre of everything we do. I can, with my hand on my heart, say that if our content isn't going to be the right content for our physicians, then we stop what we're doing. This is really what's allowed us to move a little bit faster with the things that we're creating.

"It all comes down to one question: Does the physician truly need this for their patient?"

If you're only creating content for the purpose of a campaign and getting it out the door as quickly as possible, it's going to be hard to make decisions. But if you're thinking about what physicians actually need, it's much easier.

At the end of the day, while we're certainly driven by processes and deliverables, it all comes down to one question: Does the physician truly need this for their patient? If the answer is no, then no matter how great the campaign is, it's an easy decision to stop. It's about staying focused on what really matters and being willing to pivot when something doesn't serve its purpose.

3 *What are the biggest internal roadblocks to achieving content excellence?*

Mindset can be a huge roadblock. People need to think about the teams they work with and whether they're stuck thinking: "This is the way I've always done it", or "I don't want to look at what other countries are doing because we do it this way". Shifting this mindset is always a challenge.

But I think the biggest roadblock is finding a system that allows you to create or co-create content and share it, as well as one that integrates with your tech stack. Then, even with that, the next challenge is finding the willingness to implement and grow this system across a global organisation.

> If you're thinking about what physicians actually need, creating content is much easier.
>
> **Cari Meredith**, *Content Innovation Product Owner and OCE Franchise Lead*

"The biggest roadblock is finding a system that allows you to create or co-create content and share it"

If you figure out something that works for your region, that doesn't mean it's going to work for other regions, such as the United States or Japan, Europe, and Canada. You have to think about how it will work beyond the borders in the way in which an international organisation is set up.

4 *What can help marketing teams increase their maturity when it comes to content strategy?*

The ability to collaborate on content creation is a huge win. You have to be forward thinking in the way you want to do those things. And if you can jump on this mindset early, even the ability to want to think about change is forward thinking. Once people start thinking: "Yes, we want to change", then you're part of the way there. We're doing that now [at Takeda] and I think that's what's allowing us to have that flexibility to change.

To increase your maturity level, you have to think big, and be patient at the same time. You don't need to boil the ocean all at once. And you need to have the right people at the table. You need to think about how people are going to be trained. We often find that if people are saying "no", it can be simply attributed to their breadth of understanding. Be inclusive; be transparent, and start early on.

"You have to think big and be patient at the same time. You don't need to boil the whole ocean at once"

Every company is on their own journey when it comes to maturity. Each organisation adheres to different compliance restrictions, values, and processes. We're also bound by what's available from a technology perspective. At Takeda, we're trying to embrace content excellence from a data, digital, and technology perspective. We're looking into how we can do that in a compliant way that allows us to service our physicians and ultimately support our patients. As much as it is about content excellence, it's ultimately about serving our patients and supporting what we do.

You have to embrace the journey you're on and implement change at your own pace. Focus on identifying quick wins and recognise that some parts of your organisation may not be ready to move in a new direction just yet.

5 *How do you measure content success at Takeda?*

For us at Takeda, content reuse is key—it's the name of the game. If content can be effectively reused across countries or regions, it's a win.

We also focus on searchability and ensuring that all source files are available for others to adapt or recreate content. Efficiency is another critical metric. Content becomes outdated quickly, so we're mindful of how fast and flexibly we can produce and update it.

6 *How do you improve collaboration between global and local content teams?*

We have a network in each country that identifies key individuals who act as champions for our initiatives. Some people might call them "Change Champions". That's not the word we use, but their role is similar—they share challenges, highlight successes, and help drive adoption locally.

Having these champions in place provides the opportunity to move quickly and expand our reach, leveraging their local expertise to support broader organisational goals. If you have people within each of those countries—those small pieces—it becomes a little bit easier to move faster and widen your reach in the process.

7 *What do you think are the most exciting innovations in content excellence right now?*

The most obvious for us is the use of artificial intelligence (AI). We're evaluating where we can and cannot use it, who can use it, how it can be used, and we're setting up fully-dedicated teams to provide a data, digital, and technology perspective on AI. Though, obviously, there are legal and ethical components involved. Modular content is also very much applicable.

Wrapping Up: Achieving Content Excellence in Pharma

As you move forward in your own content journey, remember that excellence is not a destination but an ongoing commitment to improving how we engage, inform, and support those at the heart of the healthcare ecosystem.

Thank you for joining us on this journey through Shaman's Mastering CE Series. We hope these expert insights can inspire you to think creatively and push the boundaries of what's possible in your own content strategies.

Keep evolving, stay flexible, and let's continue making an impact in the pharma industry.

Shaman. Your Partner in Content Excellence.
Better Content. Better Results.

About Shaman

Shaman empowers Life Sciences Organisations to transform content production, enabling marketing teams to create the content their customers need. **Trusted by over 2,500 marketing and medical professionals**, our intuitive content authoring platform makes it easy to assemble, localize, and author content for multiple channels.

As a Certified Veeva Product Partner, Shaman offers a comprehensive brand system with design systems, reusable templates, and content blocks to ensure consistency and efficiency across the board.

With our user-friendly software and exceptional support, we make self-service content authoring a reality for our customers. We empower teams to produce compliant, personalised content that builds trust with healthcare professionals, driving better lead generation, that leads to better results.

SHAMAN

Better Content. Better Results.

Talk to us if you need to start or improve your content excellence journey!

Let's connect

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