Webhelp
medica

Choosing the best location strategy for multichannel programs towards patients and HCP

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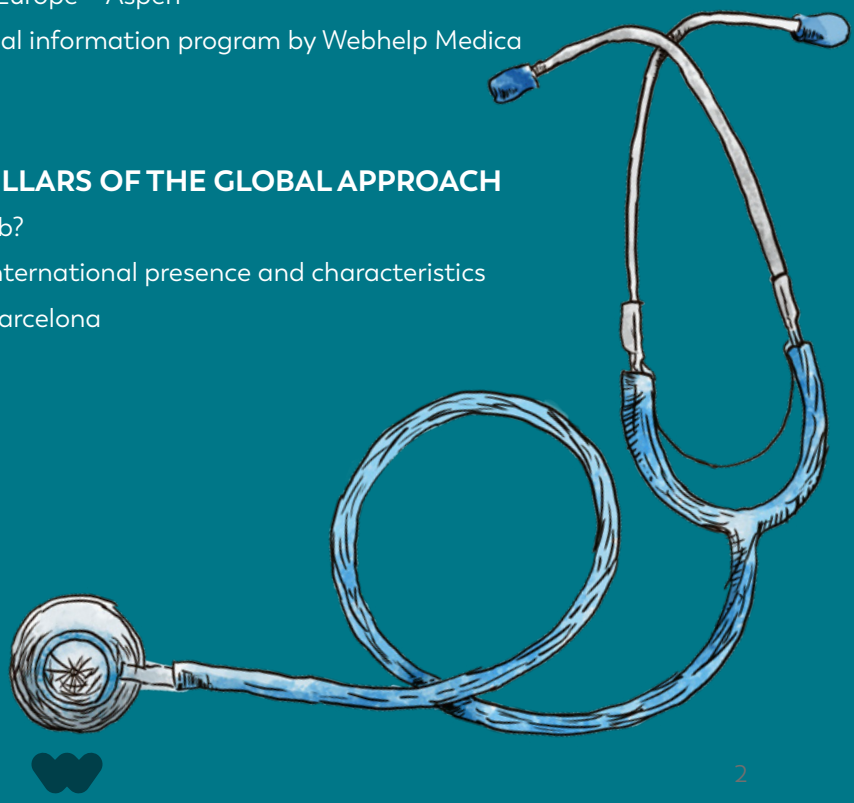

INTRO

In recent years, Webhelp Medica has accelerated its international expansion with the implementation of numerous multilingual programs. This is the result of a growing demand from our clients who wish to export the innovations implemented in France.
Webhelp Medica relies on a network of more than 140 centers in 35 countries, nine multilingual hubs around the world including seven in Europe. Whatever the challenges faced by pharmaceutical companies (patient support programs, medical information, promotional approaches, etc.), the question of deployment methods are systematically raised as well as the question of the appropriate localization of operations.
This Whitepaper has been created using Webhelp Medica's accumulated expertise to help pharmaceutical companies implement efficient deployment strategies across Europe.

Great reading to all!

Through this Whitepaper, Webhelp Medica reveals its best practices based on more than 20 years of expertise.

With a combination of feedback, testimonials and regulatory analyses, here are the keys to a winning strategy

II FROM LOCAL TO GLOBAL: ADOPTING A COMPREHENSIVE STRATEGY

1. KEY FACTORS FOR THE SUCCESS OF INTERNATIONAL DEPLOYMENT

ADOPTING A GLOBAL STRATEGY FOR PRESCRIBERS AND PATIENTS

Faced with constant growth in the development costs of new drugs, companies must seek to optimize the channels for disseminating information. In Europe, most marketing authorizations are obtained at local level, and compliance rules are global, for example: on pharmacovigilance, promotion or real-life data collection. Furthermore, patient support needs tend to become similar from one country to another.

Designing a global program means ensuring that the discourse and practices are consistently in line with the deployment strategy and adapted to local regulatory specificities. This allows you to maintain control over the market conquest process and the appropriation of treatments by professionals and patients, regardless of the country concerned.

LOCAL SPECIFICITIES: ELEMENTS TO CONSIDER

Of course, these programs require an agile organization, capable of adaption to local contexts. Indeed, certain human and organizational factors must be considered. The professional practices of medical sales representatives may vary from one country to another, and the rules of supervision are often specific. The appetite of health professionals for promotional discourse must be carefully assessed, with targeted specialties, and the products concerned. Global programs must therefore be adapted with specially trained teams capable of respecting the guidelines established globally, while knowing how to customise them locally.

TECHNOLOGY FOR GREATER EFFICIENCY!

Positively, it offers increased possibilities for carefully managing these programs, deploying a measurable and traceable multi-channel approach, and increasing the efficiency of exchanges with professionals.
Again, one of the challenges is to adapt them to local culture. The use of digital technology is not uniform from one country to another. As an example, here are the tools developed by Webhelp Medica to optimize its operations:

Towards patients:
- Patient Reported Outcome (PRO) via a web application,
- Health Risk Assessment (HRA), risk assessment algorithm,
- Mobile App in patient support programs,
- Patient Relationship Management (PRM) tool for patient follow-up.

Towards healthcare professionals:
- Multi-channel tools (e-learning, e-detailing, webinar, e-mail),
- Social media monitoring and engagement
- Data science & databases,
- Artificial intelligence and voice-bots.

A GLOBAL APPROACH VIA MULTILINGUAL HUBS

On a single site, these tools bring together all the resources needed to develop a global program in several countries at the same time.
At Webhelp Medica, we only recruit experienced professionals such as scientific operators, nurses, pharmacists, etc, native from the targeted countries. They are trained in using multi-channel technologies, as well as in handling promotional strategies designed by our client. This organization guarantees the excellence of our practices based on regular quality controls, continuous training policies and efficient managerial practices.

2. PROGRESSIVE HARMONIZATION AT A GLOBAL LEVEL. INSIGHTS FROM ROLAND BERGER.

PATRICK BIECHELER
Senior Partner, Managing Partner Spain
Roland Berger

For years this desire for globalization has come up against the local specificities of the markets where small to large pharmacies operate: registration, pricing and reimbursement conditions, promotional rules (limited or no access to healthcare professionals) and communication rules governed by domestic authorities, and conditions for practicing medicine. A key example of this is the UK: 400 dermatologists have left the field of medical dermatology to become general practitioners , unlike Germany or France which have highly developed specialty medicine.

In recent years, several factors have favoured the harmonization of practices both on the front line with drug promotion, support for health professionals and patients and in the back office with regular validation and declarations by health professionals:

- **"Regional harmonization"** (Europe, America, Asia) of regulations, in particular for market access, is the systematic practice of centralised registration in Europe (EMA), but also of promotion rules (American Sunshine Act, relayed by the rules promoted in Europe by EFPIA)

- **"Ultra specialization" of new drug portfolios** requiring globalization to achieve critical mass of patients in clinical trials and development of medical marketing campaigns for promotion

- **Pooling of practices with global service providers:** wholesaler-distributors and logistic service providers such as Alliance or OCP-Mc Kesson. CROs, CSOs, regulatory advisors such as Pharmalex or Product Life; in order to benefit from the effects of experience and scale in multiple geographies

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- **Increased demand for "real-life data"** to facilitate the consolidation of information between subsidiaries and the development of monitoring services. Beyond this, there is also an increase in requirements for traceability or proof of compliance with the rules of good practice - involving the collection of information from healthcare professionals and possibly from patients

"Beyond the pill" services (combining data, drug, and device) with the development of service platforms that are sometimes end-to-end, support the diagnosis to manage the treatment side effects.

In response to these trends, we have observed a globalization or centralization of the Marketing Medical functions, and the need for laboratories to be able to rely on trusted third parties, enabling efficient laboratory-patient-healthcare professional triangulation: without the risk of "outlaw" exploitation of health data collected in real life, and providing service and assistance throughout the chain of care.

In this context, the expectations of pharmaceutical companies can be summarized around five points:

1. Understanding of the laboratories challenges on a product arrangement throughout the value chain: "from care to cure" - clients expect their service providers to ‘speak the same language’ and to be able to understand the pathology being treated throughout the whole cycle on all its components for all stakeholders.

2. “Glocal" mastery: understanding the market specificities of each country served while highlighting the opportunities for ‘global pooling’ in content or collection of information, enriching the customer relationship.

3. Ability to deploy solutions and their operational execution over multiple territories, starting with the EU-5 in order to pool the costs of service development and operation, and the collection of experience on a broad-case basis.

4. Proximity of the service provider teams with the regional or global decision-making centers of the laboratories.

5. Agility and knowledge of best practices to ensure efficient operations, and offer speciality in the digital field.

3. ACTING ON THE OPERATIONAL COMPLEXITY OF A PROJECT

When launching an activity or thinking about its outsourcing, the question of its location arises: Should it be operated on a national scale or with a more global implementation?
To answer this question, pharmaceutical companies need to analyse the constraints and opportunities of both approaches in order to determine whether the synergies associated with pooling, outweigh the weight of local constraints.
To do this, two evaluative criteria's must be considered: the complexity of the activity, and its size.

CRITERIA ONE: PROCESSES THAT ARE COMPLEX TO IMPLEMENT

If the processes are complex but harmonized in the different countries (same regulations in several countries or common processes within the Group), then the programs must be dealt with globally. This will make it possible to both build a highly qualified center of expertise that is simpler to manage than a multitude of local operations, and to benefit from economies of scale linked to the uniqueness of processes (recruitment, supervision, reporting) and tools. This is the case for the reporting and monitoring of pharmacovigilance cases, which can be carried out on a European scale.

Although the processes are complex and not harmonized in different countries (it is subject to legislation that varies quite widely from one country to another), local operations will make it possible to take better account of the specific features of each market. For example, patient programs that require very strong coordination, and proximity of operators to healthcare centers spread over a territory, are operated on a national scale with a multinational level, simply ensuring the overall consistency of programs between countries.

CRITERIA TWO: LESS COMPLEX ACTIVITIES AND THE BENEFIT OF POOLING WILL DEPEND ON ITS ABILITY TO GENERATE ECONOMIES OF SCALE

If volumes are low, it is preferable to pool volumes in order to maintain efficient monitoring of the project by the service provider. Thus, some laboratories have been able to optimize the cost of managing triage and the first level of their medical information by pooling the service according to geographical groupings: Spain + Portugal, France + Belgium + Netherlands, Germany + Austria + Switzerland etc. This is a great benefit to smaller countries whom volumes are absorbed by the larger ones at extremely low marginal costs.

If volumes are high, the decision to operate globally or locally must be made on a case-by-case basis depending on the current situation: Is the activity already outsourced? If so, in which countries? Are there additional gains of scale that could be achieved?

Generally speaking, operating in a multinational logic is often the right solution for streamlining activities: Unless the complexity per country is too high, or in the case of activities that have already reached the critical size to optimize processes and costs on a national scale.

III REGULATORY ISSUES:

1. KNOW HOW TO PLAY BY THE RULES

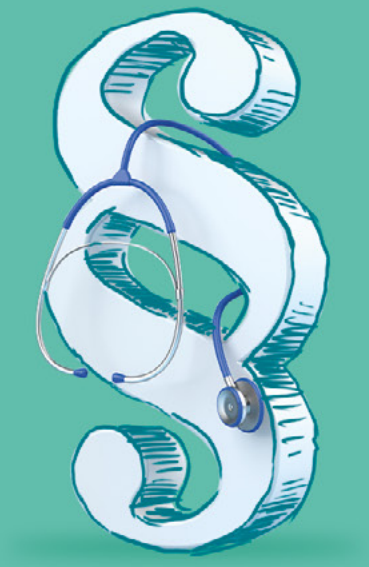
NATHALIE BESLAY
Founding Partner
Cabinet Beslay + Avocats

BESLAY+AVOCATS B+A

Are European regulations a brake or a lever for the development of global programs?

It all depends, of course, on the nature of the rules in question and their degree of harmonization at community level. If we look at the rules governing the safe design and supply of health products, the European framework is fairly strict. Similarly, the obligations in terms of transparency of information and the framework for promotion to professionals are now tending to become homogeneous between European countries.

On the other hand, in the face of innovative practices, such as the rise of multi-channel or the advent of increasingly sophisticated patient programs, the rules are much more disparate. In some countries, such as France for example, it is strictly forbidden for manufacturers to address patients directly, whereas the framework is more flexible in other countries. Similarly, legislation varies on the use of digital and web platforms. Another example in France is that a health application must offer content validated by a National Professional Council (including the learned society of the specialty) and a patient support association. That being said, these legal and regulatory differences in no way prevent the deployment of global programs. Simply, great care must be taken to adapt a certain number of parameters to local contexts.



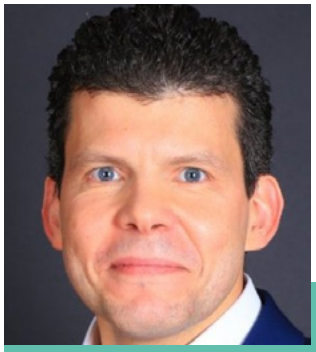
Is this legal variability an obstacle to the outsourcing of global program projects?

On the contrary, it is a major argument for turning to operators specialized in the design and management of these projects. It is necessary to make tailor-made solutions, from a legal point of view, to anticipate risks according to the nature of the programs and the targeted countries.
With Patientys by Webhelp, we carry out a real regulatory design work, with an approach in the form of an audit that influences the very design of the program, the use of the various tools available, and the expected return on investment. Some 'wild' operators make promises that they are unable to keep, with the risk that the program may not apply in some countries - in other words, the costs can be significant. In my view, outsourcing this type of project to a credible partner guarantees a premium for quality, and it is essential to anticipate the detailed regulatory context of these global programs at a very early stage of development.

Do the GDPR, as well as EU legislation on online sales, have an impact on these new promotional approaches?

The GDPR is a great opportunity for the development of this type of program. It provides a uniform ethical framework, while at the same time ensuring that data protection rules do not hamper their free movement. It is important for pharmaceutical companies to check that the operators with which they are involved have all the necessary expertise and resources to properly integrate the requirements of the DPMR. Moreover, online sales practices vary greatly from one country to another. This is a fact to be taken into account, of course, when designing local variations of global programs.

2. HEALTH DATA HOSTING: WHAT INTERNATIONAL STRATEGY?



PEDRO LUCAS
Founder and President of EURIS Group

Following questions answered by Pedro Lucas, Founder and President of Euris Group: a connected healthcare services operator, and a specialist in hosting Personal Health Data (PHD) at international level.

1. What are the needs and strategies of pharmaceutical companies with respect to PHD?

Pharmaceutical companies want to take advantage of the immense opportunities related to connected health and the new health services that can result from it. And they do so without being penalized by the many specificities of the countries and markets they target. Whatever the project, it requires a solid and scalable foundation for hosting PHD.

In this context, three key elements are essential for an effective strategy:

- International regulatory compliance,
- A technical infrastructure enabling the international deployment of connected health platforms,
- A marketplace allowing users to choose from interoperable, off-the-shelf technology building blocks and services to build their e-health platform.

What are the differences and constraints for Europe, China and North America related to the management and hosting of PHD?

There are 3 main regulations at the global level - in Europe, North America, and China - which vary from country to country. Fortunately, these legislations are quite similar because they are strongly inspired by the French model - which is classified as "best in class" at the European level.
In general, PHD are available only to health care professionals and patients. However, patients may give their consent for their data to be passed on to third parties, in particular laboratories, subject to anonymization. Euris is authorized to manage this type of operation (risk assessment), including for clinical studies.

- For countries of the **European Union** and the European Economic Area, it is possible to operate health platforms from France, within the framework of GDPR and ISO 27001 hosting of PHD. The technological partner must be able, in this scheme, to meet the platform's

strong reactivity constraints at the level of each country thus served (Content Delivery Network health technologies).

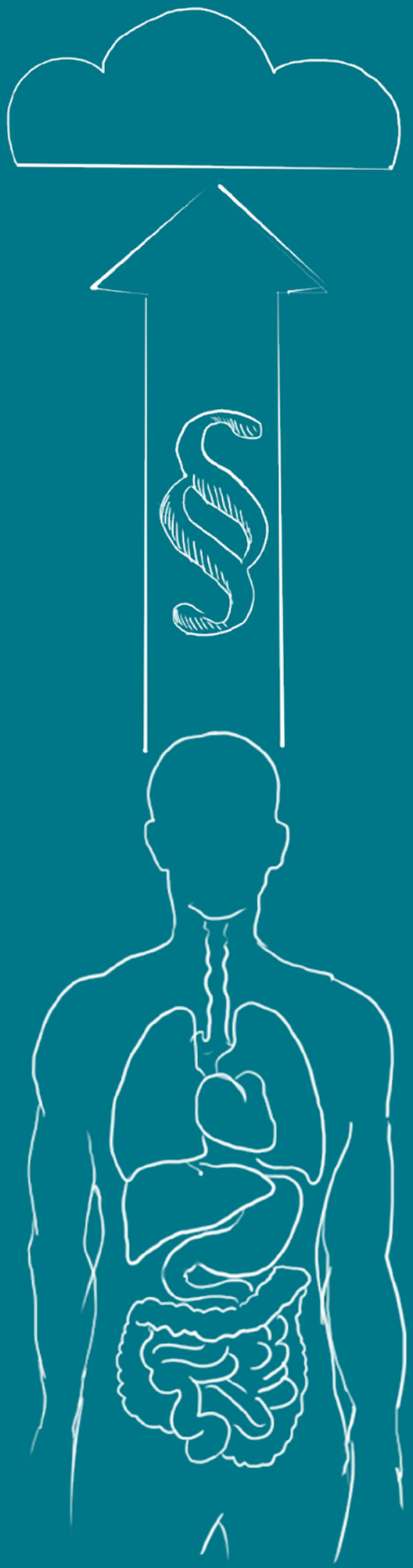
- As for **China**, it is today the most heavily constrained territory, both technically and legally. To sum up, its regulatory framework resembles a mix between the GDPR and the Patriot Act.

- In **North America**, the HIPAA (Health Insurance Portability and Accountability Act) rules are in force: they apply to American citizens wherever they are in the world.

3. Can you clarify the regulatory framework governing PHD at the international level? What are the mistakes to avoid ?

The general framework is based on the French model, summarized by four pillars: Availability, Integrity, Confidentiality, Auditability.

The role of the provider hosting the health data, is to take in charge these four technical and regulatory constraints in order to provide its customers a global governance. In regards to the errors that need to be avoided, we note that some labs prefer a 'bottom-up', i.e. designed for one country, then adapted to the next etc. On the contrary, it is preferable to first establish global governance before deploying it country by country. In addition, some countries also require the storage of data on their territory: this is the case for Russia, China, and to a certain extent Brazil and Singapore.



4. What are your recommendations for hosting health data?

A key point when it comes to hosting health data is to rely on specialist service providers, capable of deploying these solutions with a proven track record at international level. However, the health sector is so attractive, that generalist players are trying to establish themselves without mastering its complexity. The choice of partner and the verification of its business competence on an international level are some key issues for consideration.

Secondly, it is essential to choose a provider capable of integrating into, or being part of an ecosystem of competencies wide enough. Indeed, in order to innovate, detect opportunities, be sufficiently reactive and control costs, a multiplicity of players and expertise must be mobilized and, above all, harmonized! For laboratories, large or small, the subject of connected health and PHD is very promising but generates anxiety. In this context, the partner must therefore have a real facilitator role: it is regrettable that laboratories miss some opportunities because of apprehension or fear of 'not being ready'. Our role is precisely to help remove these barriers to innovation and change, and to enable laboratories to focus on their own expertise.

IV FEEDBACKS AND LEARNINGS

1. AMGEN'S MEDICAL INFORMATION IN SPAIN AND PORTUGAL

Two years ago, AMGEN called upon Webhelp Medica to design and implement a tailor-made medical information service for Spain and Portugal from Braga, Portugal. In the following interview, AMGEN provided feedback on its partnership with Webhelp Medica.

What was your strategic approach to medical information in Southern Europe?

Two years ago, the laboratory focused on strengthening its presence in Spain and Portugal. It became clear that if we wanted to mutualize and strengthen our medical information operations in a coherent way, we had to outsource the service. Collaborating with an external provider was not just a matter of cost - we needed to be more professional, gain in flexibility and find talented resources.

When you decided to outsource the medical information activity, what were your main objectives?

We had three major objectives:

1. To ensure that we provide state-of-the-art service to our customers. Prior to working with Webhelp Medica, we experienced high turnover in the team due to the fact we were processing an increasing number of products. This led to a lack of resources, and it was extremely difficult to recruit new operators as the position required very specific qualifications. However, outsourcing this activity solved the problem; it meant we could easily increase the size of the team by selecting qualified people, and we could manage the team according to the workload.

2. To improve consistency and globalize our approaches and processes from one country to another

3. To improve and structure our training courses Webhelp Medica has helped us considerably in setting up an effective training program for our current and future employees.

What were the main factors you considered when choosing your external partner?

First of all, we had to provide our services in Spanish, Portuguese and English. We therefore had to find a multinational company, capable of responding to this issue. Another

important criterion was the choice of partner, whose core business was focused on healthcare and pharmaceutical activities with in-depth medical expertise. In addition, the provision of an on-call service was very important to us and could only be done with a specialized organization. The cost of the service was obviously considered, but it was not the determining factor. Our main objective was to choose a qualified partner to offer the best service to healthcare professionals and consumers.

The mission started two years ago: with this experience, what are, in your opinion, the key steps to launch a global program?

First of all, I believe that it is mandatory to hire interlocutors who will have to express themselves in their native language in order to manage the project in an extremely qualitative way. It is also important to choose the right location: a site with multilingual activities or several sites in different countries. If the choice is to implement the program in a multilingual center, the proximity to the management team and agents at the center must be exactly the same as if the service were provided locally. One of the key success factors has been the Braga team that has been very proactive, transparent, and always available, which has simplified communication with AMGEN.

The outsourcing of our medical information activity with Webhelp Medica has proven to be a very effective way to improve the quality of medical information and has brought many benefits:

1. Better support and training for our colleagues.

2. Valuable insights and contributions : in terms of processes, customer experience, levels of service and communication.

3. First class, highly motivated and stable over time: Webhelp Medica is in charge of recruitment but AMGEN meets the selected candidates to ensure that they meet our standards and expectations.

4. The ability to deal with complex issues. Although the range of products we cover is quite broad, the environment is also delicate and requires comprehensive knowledge of the pharmaceutical industry.

5. Process alignment and better performance for our customers. Simplified communication between the different teams (Portuguese and Spanish) and AMGEN's headquarters has allowed us to work on improving service to our customers. Our communication was facilitated by a single point of contact at Webhelp Medica who was able to handle all of our requests and follow up on the various ongoing requests.

2. THE MEDICAL CHECK-UP IN EUROPE – ASPEN

FABRICE JOVER
Global External Affairs and Alliances Head
ASPEN

Under what conditions can hybrid promotion, in your opinion, be part of the global promotion strategy of a drug across several countries?

I recently had the opportunity to conduct a study on 'the perception of the role of the medical representative in various developed countries.

The findings show that the methods of recruitment, training and professional assignments are quite different from one geographical area to another. In Sweden, for example, it is mainly nurses who are concerned by the medical visit, whereas it is reserved for doctors in countries such as France. In Anglo-Saxon countries, and particularly in Great Britain, medical representatives are real Key Account Managers, conversely, this is forbidden in France. Drug promotion is closely dependent on the organizational and cultural characteristics of health systems. Certain factors play a strong role, such as the place of private practices, the number of hospitals and their budgetary autonomy, but also the integration of the pharmaceutical industry into the health ecosystem. That being said, this great variability does not, in my opinion, prevent the development of comprehensive programs. We simply need to be able to make the right trade-offs between what can be decided globally and what should be left to a local initiative.

In the context of increasing difficulties for drug promotion, what are the advantages of new tools such as the hybrid promotion?

Indeed, it is becoming increasingly difficult to obtain a satisfactory return on investment on the traditional Rep model. Everywhere, tensions are increasing in terms of demand for care, professionals are less available, and the authorities are tightening compliance rules. The principle of the hybrid promotion is therefore well adapted to this new context, as it allows the effectiveness of remote contact to be combined with the proximity of the link created with the professional. Here again, these tools are in line with global programs: provided that their local application does not prevent the development of a lasting and sustained relationship with the professional that is capable of guaranteeing the patient's answers, questions and solutions to their problems.

You mention the Key Account Manager role of the medical reps in certain countries, is this a model to follow?

I believe so, and it's a development that we're applying at Aspen in some countries. It's a way to better involve the reps in the collective performance of the products they promote. It is entirely possible to assign this task to a Rep without any compliance risk. Today, the pharma industry has changed - it

is no longer about selling as many pills as possible, but of ensuring that the health service offered to patients is in line with their needs, delivered safely and following clinical practice guidelines.

Is it worthwhile for a laboratory to outsource its global programs to specialized operators?

Certainly - today it is necessary to have in-depth expertise to design these programs according to local specificities, to know how to prevent and anticipate possible risks, to invest in the long-term training of the agents in charge of contact with professionals, and to ensure in the end that these programs are efficient in relation to the budgets committed. However, outsourcing does not mean delegating without monitoring tools. It is therefore necessary to implement balanced partnerships, including the monitoring of reliable indicators, capable of showing the real impact of the messages delivered to professionals and patients alike.

PRACTICES FROM ONE COUNTRY TO ANOTHER

In Europe, the medical promotional activity is managed differently from one country to another. However, there are similarities between some countries which can be classified as follows:

NORTHERN COUNTRIES

The Scandinavian countries operate in the same way regarding promotional activity. In Sweden, Finland, Denmark and Norway, medical sales representatives first visit pharmacies before targeting doctors. There is one person for each type of activity, for example: there is one person specifically dedicated to doctors, and another (whose role is more that of a Key Account Manager) dedicated to hospitals. Visits are mainly face-to-face interactions, and last between 20 and 60 minutes in Sweden and Finland, and between 10 and 20 minutes in Denmark and Norway. They take place two to four times a year, depending on the age of the product. The profiles recruited to work in this profession often have a nursing or business background.

WESTERN EUROPEAN COUNTRIES

In Spain, Italy and Germany, the same medical representative is often in charge of the different sectors, be it pharmacies, hospitals or doctors. Scientific training is required to practice, and the professional visits are much shorter than in the Nordic countries (5 minutes in Germany and 15 minutes in Spain and Italy) which are more frequent (between 4 and 6 times a year) depending on the regional limitations. Remote approaches are developing rapidly in Spain with appointments by e-mail and telephone. Italy and Germany mostly use specialized companies for remote visits. Despite the growth of a hybrid model, face-to-face interactions remain very important in Italy and Spain. Finally, the role of the medical representative in Germany differs slightly, being closer to that of a project manager.

OUTLIERS

In England, medical representatives are more specialized by type of activity. Visits last about 5 minutes and are limited to three per year, although the doctor may ask for more. Medical or biological training is required to practice the profession, and the development of digital channels is increasingly pushing for the adoption of a hybrid approach.

In Ukraine, medical sales representatives are also specialized by type of activity. The average length of a visit is 5 to 20 minutes. Meetings are held twice a month. The hybrid model is slowly emerging, but there have been no major initiatives yet.

3. FEEDBACK ON A MULTILINGUAL INFORMATION PROGRAM BY WEBHELP MEDICA

JOACHIM VALLEE
Director
Webhelp Medica

A major pharmaceutical company wanted to deploy a multi-channel contact program for healthcare professionals in several European countries (Spain, Germany, Italy, and Russia). It drew on the expertise and resources of Webhelp Medica, as explained by Joachim Vallée, Director of the International Business Unit.

What are the objectives of this international program?

Our client was looking to set up a Europe-wide system to increase awareness among healthcare professionals of certain auto-inflammatory diseases in order to speed up their detection and therefore the treatment of patients. The first step was to contact healthcare professionals to ask them about their knowledge of the diseases (number of patients monitored, treatment methods used, etc.) and to obtain their agreement ('opt-in' within the framework set by the RGPD, and then the desired interaction methods) to continue discussing this issue in the future. The leads identified can thus be exploited by field reps or via digital campaigns.

What solution did you put in place?

The complexity of the project lies in the fact that each European country requires a different approach, both in terms of the targeted pathology and the medical specialty being addressed. The difficulties in successfully exchanging with a German GP or a Russian nephrologist are obviously not the same!
In total, the program has so far covered five specialties in four countries. This required a lot of upstream design work by a Webhelp Medica health consultant and coordination with different departments of the laboratory in each country.
Firstly, with the legal department to validate the methods for collecting consent ('opt-in'), following on with the marketing team to define the healthcare professionals concerned by the campaign and the information program they could benefit from: with compliance to obtain validation of the program, and finally with the medical department to build the training program for our teams. With regard to carrying out contact campaigns, we have chosen to centralize them in our multilingual hub in Barcelona, with agents native to the country concerned and with a scientific background.

How was operating the service in a multilingual hub decisive for the success of the project?

By centralizing the operation in a single location, the multilingual hub is a source of efficiency. All the tasks required for the service: recruitment, management, technical implementation, management of infrastructures, and operational steering are standardized and rationalized for each of the

national campaigns carried out. Each target country will therefore benefit from the same framework as those that preceded it, but also from the experience gained from previous campaigns.

Overall for the laboratory, this generates a lot of time saving in monitoring thanks to a single point of contact and unified reporting; and better performance as there was higher volume of leads generated and lower cost of service. In addition, beyond the advantages of working on a hub and its local expertise in pharmaceutical activities, our Barcelona site offers two major advantages: the diversity of profiles (with 30 languages handled on the site, in which campaigns can be launched anywhere in the world) and the cost of the service, which can be particularly interesting, especially when addressing countries with high labour costs e.g. Nordic countries.. Each of the multilingual hubs in Europe of Webhelp Medica - Spain, Portugal, Romania, Czech Republic, and Greece, has its own specificities that can be developed within the framework of a given program.

What would be your recommendations for laboratories wishing to launch such programs?

Going through a multilingual hub seems indispensable to me, it's a real catalyst for performance! However, care must be taken not to neglect the provider's input in the upstream design phase, as this will ensure the success of the program. Getting all the necessary services like legal, marketing, compliance, and medical on board, takes time and a lot of expertise. In addition, the choice of the hub has the following deciding factors:

- **Does it have the capacity to recruit native scientific profiles in the languages of the countries it serves?**
- Does it manage all the campaigns per country in a unified way and not as a sum of different activities?

This criteria should be essential when choosing a partner.

V MULTILINGUAL HUBS, PILLARS OF THE GLOBAL APPROACH

1. WHAT IS A MULTILINGUAL HUB?

A multilingual hub is a contact center that masters the art of managing customer relations in several languages – both orally and in writing, using synchronous (telephone and chat) and asynchronous (mail, email, and social media) modes of communication.

The location of these hubs is chosen with great care to draw on a local employment pool of people with strong language skills and a strong appetite for customer relations.

KEY FIGURES OF OUR MULTILINGUAL HUBS

7,000
multilingual advisors

30+
languages covered

7
multilingual hubs in Europe

Consolidated and flexible
multi-skilled
workforce management

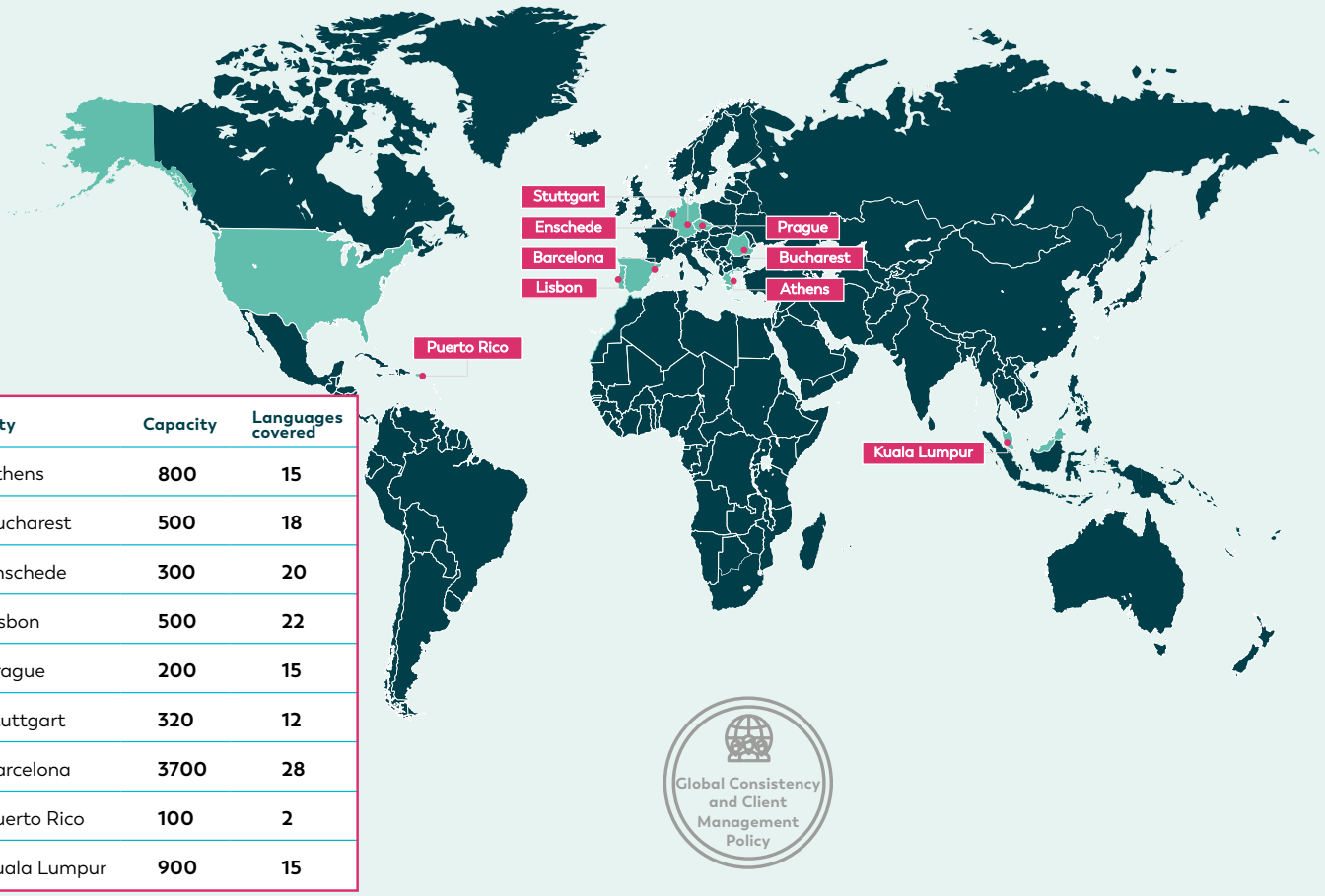
WHAT IS A BEST SHORING STRATEGY?

Best-shoring is the strategy aimed at optimizing the ROI of a business by playing on a diversified mix of locations.

Where the offshoring approach aims to locate services in countries with a cost advantage, best-shoring is distinguished by the consideration of other parameters: additional revenue generated, impact on brand image, complexity of implementation, etc.

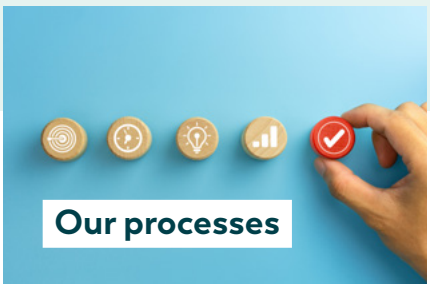
Therefore, a well-designed best-shoring strategy can combine multilingual hubs with sites dedicated to handling a single language chosen according to the level of complexity of the task. This distribution can evolve over time as operations management matures.

2. WEBHELP MEDICA HUBS: INTERNATIONAL PRESENCE AND CHARACTERISTICS



City	Capacity	Languages covered
Athens	**800**	**15**
Bucharest	**500**	**18**
Enschede	**300**	**20**
Lisbon	**500**	**22**
Prague	**200**	**15**
Stuttgart	**320**	**12**
Barcelona	**3700**	**28**
Puerto Rico	**100**	**2**
Kuala Lumpur	**900**	**15**

- 7,000+ Multilingual Advisors, covering 50+ languages
- Diverse industry and technical expertise covering B2B and B2C Cares, Sales and Back-office
- Highly experienced senior operations management, sharing best practices globally through dedicated communities



- processes, including: International mobilities, and specific multicultural training
- Shared Quality teams across sites ensures consistent delivery
- Consolidated & flexible multi-skilled workforce management

- High quality locations and working environments
- Global data security & communications infrastructure
- Main channels: Voice, E-mail, Videoconference, SMS, Social Media, Chat, Back office

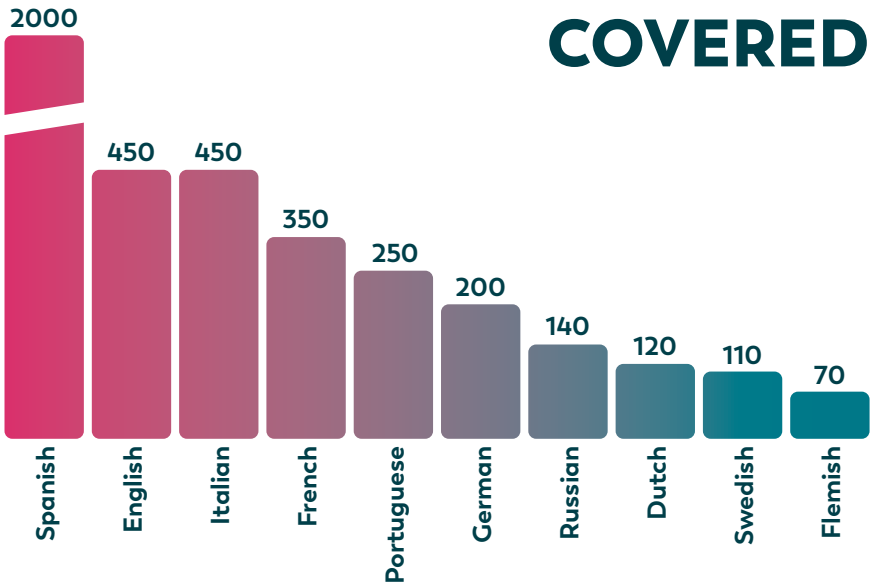
3. OUR MULTILINGUAL HUB IN BARCELONA

Our Hub in Barcelona is hosting global programs with different areas of expertise:

1. Direct sales to pharmacies and inbound call management
2. Customer service for medical devices
3. Remote promotion programs for specialists and generalists
4. Patient Support Programs
5. Back-office/helpdesk activities

The site currently has 3,700 employees, making it our largest multilingual platform in Europe. Programs can be managed in 28 different languages by native speakers. The management team specializes in sourcing, managing and monitoring the quality of multilingual teams.

TOP 10 LANGUAGES COVERED



Other languages include:

- Turkish (70)
- Danish (50)
- Polish (45)
- Finish (31)
- Hungarian (30)
- Norwegian (30)
- Romanian (25)
- Arabic (20)
- Greek (15)
- Japanese (15)
- Czech (11)
- Bulgarian (10)
- Lithuanian (10)
- Slovaquian (10)
- Chinese (5)
- Croatian (5)
- Korean (5)
- Urdu (1)

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