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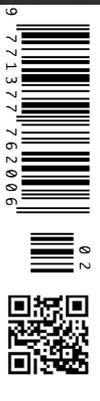
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# Think Global, Act Local in Healthcare Communications

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The pharmaceutical and medical device sectors strive to deliver global communications strategies relating to their innovative products and how they can benefit patients, their carers and health systems. However, as COVID-19 has once again demonstrated, although we are global citizens, at a country level there is still very much a nationalistic approach. Global communications need to account for this in their delivery if they are to succeed in their goals.

 Key Points

- In delivering global communications we need to 'Think Global and Act Local.'
- With the internet, there are no borders to the flow of information, but how well the communication resonates at a country level depends on how it is tailored to that healthcare system.
- Approaching diverse audiences with a 'one-size-fits-all' approach at best can restrict success but has the potential to alienate those you are trying to communicate with.
- Vehicles for communication also vary by geography and communication format may need to flex to accommodate different platforms.
- In the pandemic, health communications related to COVID-19 are impacting not just patient health but also the economy, which itself can have an even greater impact on global health.

The COVID-19 pandemic has taught us many things and, in terms of globalisation of communication, has surely reminded us that the adage 'Think Global, Act Local' still remains an insightful statement on many levels. The pandemic has seen a degree of global information sharing and unique partnerships that would perhaps have not been thought possible at the end of 2019. 'Probably the best' example must be a pharmaceutical company partnering with a drinks manufacturer to produce hand sanitiser for their home market. And yet, in implementing a global response we have seen every country manage the pandemic in their own unique ways. Borders have closed, nationalism has grown. Even within countries the response has been tailored again at a regional or local level. What we have seen during COVID-19 highlights the perennial challenge for the globalisation of communications in healthcare. Although globalised communication is a valid and achievable strategy, in the local delivery a global, 'one-size-fits-all' approach will at best restrict success and in the worst case actually damage the overall aims. Effective healthcare

communications need to resonate with the audience they target and that is impacted by everything, from diverse cultures to variations in local clinical pathways.

## Need for Message Consistency and Harmonisation

For pharmaceutical and medical device manufacturers the benefits of a global communication strategy lie within the need for consistent messaging around their brands evidence and clinical benefits, as well as the company's corporate values and commitment. The spread of this information is unrestricted by geographical or political borders, so to maintain consistency organisations need to ensure wherever in the world the brand is discussed, the facts and intent communicated are the same. That's achievable for the 'what it is', but when it comes to the 'when', 'where' and 'how' a specific medical innovation is used, local factors start to come into play. Although there is often the desire for uniformity, failing to recognise and adapt communications so they remain relevant and appropriate to the



local market can have a significant impact on how they are received by the target audiences and their ultimate success.

Global harmonisation for clinical research and drug registration remains a desirable goal for the pharmaceutical and health devices sector and regulators, with organisations like the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH) bringing together stakeholders to generate guidelines on the scientific and technical aspects of drug registration. ISO quality standards also help achieve this goal. Regions of already harmonised regulatory approval, such as has existed in Europe with the European Medicines Agency and the CE (Conformité Européenne) mark, might initially seem a haven for globalised communication and to achieve product regulatory approval that is true. However, we live in a world where the approval of a medicinal product or device is only the first step in the pathway to it ultimately reaching and benefiting patients. In most markets, access or reimbursement remains a local decision and each country tends to assess and make decisions in their own way. In Europe some of the smaller countries are starting to work together on their health technology assessments, such as the [Valletta Declaration](#), [Beneluxa Initiative](#) and [Visegrad Group](#), but local variation in healthcare pathways still exists. Communications around these processes that ignore the local reimbursement environment or health provision pathways are destined for failure and also have the potential to alienate the very audiences they are trying to communicate with.

All innovative treatments need to demonstrate the data to support their use. Global trial programmes therefore need to set out to show efficacy and safety across a wide range of patient demographics and ethnicities, so when their results are communicated, they are applicable across markets. Again, the ICH and their [guideline E5](#) help harmonise this approach. China, Japan and India are examples of markets where there are unique regulatory requirements around demonstrating that data have been collected specifically looking at the influence of ethnicity on drug pharmacokinetics. This type of data is also valuable for multicultural markets like the UK to support clinicians in treating culturally diverse populations. COVID-19 has again highlighted that different populations may see different clinical outcomes to disease as well as with treatments. Understanding and incorporating these differences in communications is not a dilution of global strategy, rather an essential tailoring of its delivery.

### Power of Local

The use of external experts again emphasises the need for local, alongside global. Technology allows us to communicate the views of clinicians, carers and patients from one country across the world. What it does not do is determine whether that person's view is valued or can be related to by the target audience, that is something that needs good local knowledge and insight. The most powerful voices to support the health benefits and use of any medical



innovation may in fact be local, not global. Another challenge for the globalisation of health communications is the same as experienced for any global brand communication; the vehicles for communication vary by market and, although English remains the common language of scientific research, local language communication is needed to truly engage with audiences. The internet and digital communication has paved the way to rapidly achieve global dissemination of messages but, even here, the platforms that are most popular in markets like the U.S. and Europe are very different from those favoured in a major market such as China. Again, a global digital communication strategy therefore needs to accommodate adaptation of content for different platforms depending on country or region. Social media users, in particular, do not respond well to communications force-fitted rather than developed specifically for the platform.

and even saw the World Health Organization temporarily halt clinical trials. These were subsequently retracted in response to concerns raised by scientists about the provenance of patient records the studies were based upon. It provided another stark reminder that no publication is better than bad science. In our fight against fake news, if we start to undermine the confidence in those sources we all hold up as beacons of robustness and repute, we are in danger of destroying the foundations of our defence. So, global health communicators need to ensure they stay present and vigilant on the same platforms that disseminate fake news in order to debunk the perpetrators and provide the real evidence using credible stakeholders.

Trust and reputation amongst healthcare commissioners, providers and users remains key for these organisations developing and delivering innovative medical advances. The pharmaceutical sector, in particular, has historically struggled to

## In the local delivery a global, ‘one-size-fits-all’ approach will at best restrict success and in the worst case actually damage the overall aims

In global healthcare communications we therefore need to consider so much more than just transcreation. Maintaining intent is certainly a key element, but understanding how to adapt our global messages so they are applicable and resonate locally is essential for them to be effective.

### Fake News, Trust and Reputation

As we have become more globally linked through digital media, we have also opened up the door to the abuse of such connectivity through fake news. In terms of global communication, this is probably one of the most dangerous challenges the healthcare sector faces. Conspiracy theories during COVID-19 have been prolific but, long before the pandemic, the anti-vaccine fake news proliferating globally had already had a measurable detrimental impact on public health. In Europe, for example, variations in measles vaccination levels have seen increasing numbers of associated hospitalisations. Ensuring healthcare professionals and patients are able to rapidly obtain and recognise credible sources of information is surely the most important goal for all global healthcare communications. However, in the globally connected world in which we live, our desire to provide universally available and rapid access to health data still needs to be balanced with the importance of ensuring robust review. In the early stages of COVID-19 the *New England Journal of Medicine* and *The Lancet*, both globally renowned medical journals, published two studies which arguably influenced clinicians’ treatment of the disease,

achieve and maintain the levels of trust across global society that they would like and undoubtedly deserve, considering the positive impact medical innovation has had on life expectancy and quality of life over the last 100 years. With COVID-19 the world has looked to this sector as potential saviours and, as a result, surveys such as the internationally recognised [Edelman Barometer](#), are showing the sector has seen an unprecedented leap in trust from the general public. However, that comes with high and possibly unrealistic expectations, so how the sector maintains its reputation will rely on a truly global communications effort alongside the genuine globally accessible delivery of whatever treatments or vaccines the sector can develop. This global communication is now impacting not just the accessibility to innovative new treatments for patients but also the global economy, which itself can have an even greater impact on global health.

As we strive to act as a global society in bringing healthcare innovation to the world’s population, we must also recognise that for our communications to be successful, they need a global strategy but also a locally cognisant delivery.

### Conflict of Interest

None. ■