Localisation of promotional materials for pharma

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Abstract

Unwarranted changes by the client, lengthy approvals, and multiple rounds of revision – localisation of promotional materials for pharmaceutical companies can become a nightmare if the localisation specialist is unaware of heavy regulations in the industry. The goal of localisation is not only to convey the meaning in the target language, but also to adapt the content for another country or region. When localising promotional materials for the pharmaceutical market, the secret to success lies in placing them in a wider context and accounting for additional factors such as content creation workflow and the intended use of the materials.

This article outlines the key features of pharmaceutical marketing content, addresses the content creation steps and where localisation fits in that process, highlights the benefits of working with an individual who is both a medical writer and translator, and offers insights into reducing the number of revisions and improving the localisation outcome.

Types of documents

Promotional materials for pharmaceutical companies are content localised to promote drug products in various markets. This article refers to all forms of promotional materials, including:

- Slide sets, including eDetailers
- Brochures and leaflets for doctors (to give out at conferences or calls) and patients (point of sale materials) and other advertisements
- Emails
- Promotional posters
- Website content (including interactive or gamified content)
- Promotional and educational videos and animations
- Press releases

As seen above, there is quite a range. What is the main common feature of all these materials that might play a crucial role in localisation? The answer is… regulatory compliance. All communication between pharmaceutical companies and healthcare professionals or patients is strictly regulated, and the regulations are market-specific, not language-specific. These regulations include laws of advertising and codes of practice developed by associations for the pharmaceutical industry. The most widely used and adapted code of practice is maintained by the Association of the British Pharmaceutical Industry.[1] Below is a list of the key requirements from this code:

- If the communication promotes a specific medicine, it should include the product's name, as well as information about its uses, risks, and benefits.
- The communication should not contain any inducements or incentives that could be seen as promoting the prescription or use of a particular medicine.
- The communication should be accurate, balanced, and not misleading.
- The communication should be up-to-date and reflect current evidence-based medicine.
- All statements and numbers should be referenced with trusted quality sources.
- The communication should not include any statements or claims that are likely to encourage inappropriate prescribing or use of medicines.
- The communication's tone should be respectful and professional, and the communication should not use language or images that could be perceived as disrespectful or offensive.
- The communication should be clearly identifiable as originating from a pharmaceutical company and should not be presented in a way that suggests it is independent or unbiased.
- The communication should be appropriate to the recipient's role, expertise, and level of responsibility.

Compliance is ensured from the very beginning of the marketing campaign. Some of the above points are more relevant to content creation, while others apply directly to the localisation phase. Since the requirements are market-specific, the global team cannot possibly know of all the nuances and create a global copy (usually in English) that can be simply translated without adjustments. The latter may include adding the locally approved doses, dosage forms, national clinical guidelines; updating the prescribing and dispensing procedures; and amending the patient

portrait or the speciality of the prescribing physician. Therefore, global content creators focus on the target audience, key messages (their meaning, not the wording), and the evidence. It is the responsibility of the local team to adapt the materials to local requirements.

Consider, as an example, the following statement: "The communication must not contain any inducements or incentives that could be seen as promoting the prescription or use of a particular medicine." Global text for localisation may read, "This study has shown that the drug is effective." While a direct translation may be used in some markets, the localised version for a highly regulated market would be revised as, "This study has shown that the drug has an acceptable efficacy profile." Note that even the verb form has been changed to make it clear that the material is simply citing past findings and not making claims about possible outcomes. Some regulators even prohibit the phrase "efficacy profile", which would be revised to something like, "Administration of the drug has been associated with favourable outcomes."

Creation and localisation process

Before we look at more text examples from real-world projects, let's take a look at the main steps of the content creation process and the roles involved, as shown in Figure 1.

Can you spot the weak link? Localisation is either outsourced or takes place at the local office rather than at headquarters where global content are created. As a result, the localisation team is not aware of all the discussions and approvals that took place in the previous three phases. They should also be aware of the potential pitfalls in the upcoming local approval step (you will find examples in the next section). Local approval is more important

Planning	Content creation	Approval by global team	Localisation	Approval by local team
• Marketer • Product manager • Designer • Content creator	• Content creator • Designer	• Product manager • Marketer • Medical science liaison • Lawyer	• Localisation team	• Product manager • Marketer • Medical science liaison • Lawyer

Figure 1. Localisation process

because local requirements may differ from global ones and cultural differences may play a major role.

The benefits of training as both a medical writer and translator

I learned the shortcomings of the localisation process the hard way. My first marketing content localisation went like this: I received the global copy along with a brand book for designers that contained little information relevant to the content. I translated it accurately and fluently. However, the project manager forwarded me a set of comments from the client that seemed highly preferential. Below are some examples to illustrate this. The examples include the English source text and the back translation of the approved localised text (instead of the localised text itself) to account for the multilingual audience.

Example 1

Source: Treatment A provides visual and anatomic advantages over treatment B and treatment C at 1 year.

Back translation of the localised copy: Treatment A demonstrates more significant results in improvement of vision and anatomical indicators compared to treatment B and treatment C in the 1st year of therapy.

Example 2

Source: Anti-VEGFs are more effective than laser treatment.

Back translation of the localised copy: Anti-VEGF therapy has demonstrated higher efficiency rates compared to laser treatment.

Example 3

Source: Compared with treatment B and treatment C, treatment A increased the chances of gaining 3 lines by about 30% (16 studies, 4028 eyes).

Back translation of the localised copy: When using treatment A, the likelihood of improving visual acuity by 3 or more lines was approximately 30% higher compared to treatment B and treatment C (16 studies, 4028 eyes).

After reading about the regulations and compliance, you may have noticed why some of these changes were warranted. At the time, I felt a bit lost as a medical translator because I was not taught this. Fortunately, the agency I was working with was very professional. We compiled some kind of a style guide by comparing the updated versions with the original translations and gradually reduced the number of revisions.

> Which changes should and can be accounted for during localisation?

Years later, I became a medical writer, received basic training at a medical communications agency, and remembered those pitfalls. Today, when I localise promotional materials for the pharmaceutical industry, I adapt my translations to local requirements and bring added value to the client.

Another potential obstacle is that the client may outsource translation without receiving an adequate brief on the target audience, the purpose of the content, and the desired outcomes of the marketing campaign. Sometimes the client is simply unaware that the translator can customise the content along with translation into the local language. Sometimes the client has already had an unpleasant experience with localisation and is prepared to take on extra work because some adaptation of the global copy is needed anyway due to country-specific clinical practice nuances or cultural differences. As a medical writer, I am also now used to the client sometimes changing 20% to 30% of the text and consider this part of the process, rather than due to my bad writing.

The difficulties for localisation specialists may arise when the client sends the next translation request and presents the legacy materials that were significantly revised after the initial translation. Which changes should and can be accounted for during localisation? If a writer or a translator participates in all briefings with the client and learns about the stylistic requirements directly, not via the project manager, the number of revisions may decrease significantly and the long-term cooperation would be smoother on both sides.

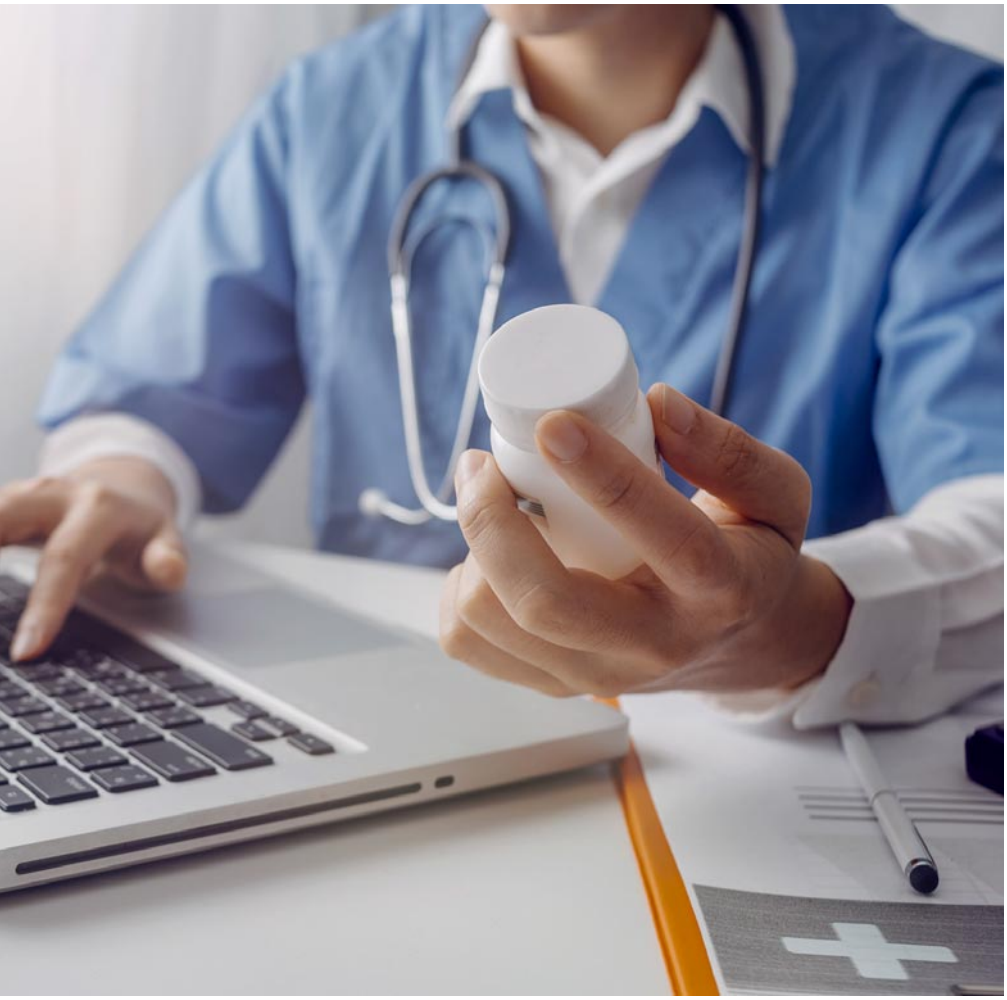
Here is an example of an adaptation that has nothing to do with compliance.

Source title: "World experts on efficacy"

Back translation of the final version of the localised title: "Expert opinion: corticosteroid sparing effect of the treatment and potential decrease in the number of atopic dermatitis exacerbations"

(Again, the translation was omitted from the example to account for multilingual audience. The changes implemented by the client become clear when comparing the source text and back translation.)

Obviously, the client wanted a more formal text than the source. This was not reflected in the original requirements and the references were not provided. In this particular case, the lack of an initial briefing resulted in half of the text being modified by the client after translation. The translator received a cautionary email from the translation agency asking them to clarify whether the client's changes were justified or not. The truth is that this extra work on the client's side and the subsequent communication via the translation agency could have been avoided if the translator had received a proper briefing.



How to cut the review rounds

Here are some pointers for a localisation specialist.

- Request a briefing. Pharmaceutical companies usually allocate time for approval after localisation. This approval can take weeks and even months! Suggest cutting a slice from this time to provide you with a detailed briefing in advance.
- If a briefing is not possible, ask about the intended market, target audience, goal of the campaign, etc.
- Study local regulations to adapt the text accordingly. If the changes required are too drastic for a translation project, consult the client or leave a comment upon delivery.
- Watch out for information that has been updated since the writing stage. For example, data that were presented as new in the global copy might be about a year old when the document reaches you. When you are asked to localise the "old" global copy, this can be problematic. Leave comments for the client to show your expertise.

Conclusion

Translating marketing materials in the world of pharma can be challenging, but being well informed is the cornerstone to success as a localisation specialist. By requesting a brief and aligning translations with regulatory requirements, one can greatly increase their value in the localisation process. Clients may not have worked with an experienced localisation specialist before and may be used to extensive revisions. Localisation specialists can take a load off their shoulders and become part of the team instead of just being an outsourced vendor.

I hope this article helps you and your clients enjoy this creative process. In the reference section, you will find links to pharmaceutical advertising regulations in the UK,[2] EU[3,4], and the US.[5]

Disclosures and conflicts of interest

The author declares no conflicts of interest. The localised materials examples were taken from projects that the author was involved in as a freelancer.

References

1. The ABPI Code of Practice for the Pharmaceutical Industry. 2021 [cited 2023 Oct 31]. Available from: https://www.pmcpa.org.uk/the-code/
2. MHRA BlueGuide, November 2020. Advertising and promotion of medicines in the UK. Third Edition third revision [cited 2023 Oct 31]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/956846/BG_2020_Brexit_Final_version.pdf
3. Directive 2001/83/EC of the European Parliament and of the Council of 6 November 2001 on the community code relating to medicinal products for human use [cited 2023 Oct 31]. Available from: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A02001L0083-20190726
4. Pharmalex. Pharmaceutical advertising regulations in Europe [cited 2023 Oct 31]. Available from: https://blue-reg.com/news/pharmaceutical-advertising-regulations-in-europe-responsible-persons/
5. ICLG. Pharmaceutical Advertising Laws and Regulations USA 2023–2024 [cited 2023 Oct 31]. Available from: https://iclg.com/practice-areas/pharmaceutical-advertising-laws-and-regulations/usa

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