ISI Requirements at Risk on Google Browsers; What Pharma Marketers Need to do Now July 2015



Executive Summary

A change to the new version of Google Chrome will keep Flash banner ads from auto-playing, a critical issue for pharmaceutical brands, especially those with banner ads created in Flash that require scrolling ISI. The new version of Chrome will launch in September, so it is important for affected brands to work with their creative agencies to rebuild their banner ads using HTML5 technology.

Background and Implications

Google is testing a plug-in through a beta version on Chrome that will prevent Flash content from auto-playing if it's not "central to the webpage." Since Flash animated banner ads or pre-roll units are not typically central to webpages, Chrome will overlay a grey box with a play icon over top of all Flash ads and require users to click a play button before any animation is loaded. The rationale behind this change is that Flash animations consume a large amount of CPU power, which drains battery life rapidly. Chrome has been criticized for quickly draining battery life, causing some users to use alternative browsers such as Firefox and Safari. Google has taken this update one step further and announced that the Flash-blocking feature will be turned on by default once Chrome's update is released in September. Note: this affects only desktop versions, as mobile Chrome already doesn't support Flash in Apple iOS devices and current Android devices. CMI is exploring this and will be issuing guidance to clients as needed.

Google Chrome usage has been steadily rising since its release in 2008, with an estimated 48% of desktop users using Chrome in February 2015 (<u>StatCounter</u>). Within CMI, Chrome has accounted for about 50% of all ads served from January-May 2015, making it the most used browser, with the second being Internet Explorer. Since Chrome has such a large market share, this update will affect the entire digital media industry. In September, all Flash animated ads in Chrome will be rendered far less effective, and will lead to less awareness building of the brand and messaging if all frames are not shown. It is expected that secondary actions resulting in site visits will also decline due to the extra step that users must take before engaging with a Flash ad. However, this update has much more



significant consequences for pharma marketers. Since there is no way to direct the ad server to prioritize a static ad specifically on Chrome, the Flash ad will continue to serve first. As a result, Chrome's update will cause the paused and greyed-out Flash-animated ads to be in violation of FDA regulations that require scrolling ISI to be present in any frame with branding or efficacy claims.



Another concern is the speed in which Google is making their update. With an initial rollout date of September, creative agencies will have to either create new HTML5 banners to replace their Flash banners in two months, or provide a static banner to serve in place of their Flash banner. In either scenario, new creative will need to be trafficked across all brands running Flash-animated creative, requiring additional time from both the creative agency and CMI's internal teams.

Questions have also been raised regarding viewability, and if Google's update will affect how viewability data of the paused ads units is compiled. CMI sets strict viewability standards and we are continuing to further investigate with ComScore.



Recommendations

All marketers should consult with their creative agencies on this issue and direct them to start building ads in Mixed Mode (a creative type that packages HTML5 & Flash together) which offers several benefits:

- The most appropriate format will be served according to browser: HTML5 will circumvent the Flash block on Chrome while Flash will serve on older Internet Explorer versions that do not support HTML5. Having Flash available as part of the creative package is wise despite the high penetration of Chrome as physicians tend to use older versions of IE more than the general population and medical marketers must consider both types of users.
- A handful of critical HCP/professional partners do not accept HTML5.

Brand teams will need to determine if their legal / review process is going to require re-approval of ads with the overlay of the grey play button in cases where HTML will not be provided and a static is not prioritized over Flash.

For marketers promoting black box drugs, CMI will proactively communicate the end date when Flash ads will need to be taken out of rotation.

CMI does have the capability to exclude banner ads from being served on Chrome, however suppliers will need to mirror this type of exclusion in their ad server and given that some are not as advanced as DoubleClick. It is a last resort if no other solutions are feasible.

As a best practice moving forward, all creative sizes should be developed as HTML5 with both a Flash counterpart and Gif/JPEG back up to complete the creative "package." This will essentially satisfy all server, publisher and regulatory requirements as the most appropriate creative unit will serve based on what the users browser and/or device can support.

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