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Orchestrating WhatsApp and email: A Study of Multi-Channel Digital Marketing Campaigns for Distributor Engagement in an Indian Genomics Health-Tech Firm

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Abstract : *Selling a technically demanding diagnostic product through distributors is as much a communication problem as it is a scientific one. This paper looks at how HaystackAnalytics, a young Mumbai-based genomic diagnostic company, planned and ran a coordinated WhatsApp and email campaign to start conversations with medical kit distributors across India.*

The study is a single-organisation, participant-observation case built on a summer internship. A raw list of roughly 800 distributor records was cleaned down to about 500 verified contacts, who were then approached through two WhatsApp waves on Smartping and one automated email sequence on Netcore Cloud, all fitted into a fourteen-day calendar of six touchpoints. The information available from the dashboard, reply logs and the ranges set by the marketing team were compared descriptively. The rate of WhatsApp message read was 74 to 78 per cent, and the inquiry rates were 6.2 and 9.1 per cent for the two, compared with 3.4 per cent for email, while the figures for against were, respectively, 23 and 25 per cent. per cent. The subsequent wave converted significantly better than the initial wave, though there were a few more blocks produced as well. The response was highest in South India and lowest in tier-2 and tier-3 cities. Email was quieter but it did explain the detailed commercial case that serious prospects longed to hear of. The paper argues that list quality, sequencing and segment-specific content count for more than sheer volume, and it closes with practical recommendations on CRM integration, trigger-based automation and data governance.

Keywords: Orchestrating WhatsApp and email: A study of multi-channel digital marketing campaigns for distributor engagement in an Indian genomics health-tech firm

I. INTRODUCTION

Good diagnostics do not market themselves. Particularly with genomic tests, there is an expectation that the consumer will be knowledgeable about a technology which, just a decade ago, was largely that of a research interest. India has experienced development in private healthcare, critical care and molecular testing. Also, clinicians have become more at ease with sequencing technologies as a result of the pandemic. However, there is still a large divide between a proven product and a commercial transaction. Businesses operating in this space must endeavour to effectively draw attention to their scientifically robust, yet novel, product.

HaystackAnalytics is one such company. Incubated at IIT Bombay and based in Mumbai, it offers infexn®-NGS, a metagenomic sequencing test that can identify a broad range of pathogens and resistance genes from a single clinical sample. Its natural users are infectious disease specialists, intensivists, pulmonologists, nephrologists, oncologists, and clinical microbiologists. But a small team cannot cover all hospital terrains, and thus a second route to market is through distributors of diagnostic kits and laboratory consumables. Persuading a distributor to carry a new and

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technical line is no easy task. It demands the time, attention, and selling effort of the distributor on a product whose benefits are not obvious to its own customers.

The business had poor quality connections with its distributors. These were often poorly structured and there was no set process for both communication and monitoring. Although email and WhatsApp are natural communication tools for the marketing department, the company lacked an effective way of integrating these two.

Our goal was to explore what happens when an attempt is made to bridge the communications gap. In this paper we have therefore designed and implemented a WhatsApp Business API (in conjunction with Smartping) and automated email (using Netcore Cloud) campaign. We analysed the performance of these different communication methods. We then endeavoured to analyse the implications for a small health tech business seeking to develop its distributor base. Although not revolutionary, the findings are both relevant and useful. Much of existing research centres on consumer or large business use of digital and email for marketing purposes. You hardly find anything about a lean business trying to reach just a few hundred small or mid-sized distributors in an Indian niche market, and how they should plan their outreach.

This paper is divided into 8 sections. Section 2 highlights relevant literature. Section 3 describes the research. Section 4 presents the aims. Section 5 analyses and discusses the information. Section 6 summarises key results. Section 7 offers advice. Finally, section 8 describes the research' s limitations and highlights areas for further investigation.

II. LITERATURE REVIEW

2.1 Marketing to professional and evidence-driven audiences

Within the healthcare industry, writers have discussed how consumer behaviour differs to that of the general public. Healthcare professionals value both reliability and evidence (Kotler, Shalowitz and Stevens 2008). Usually marketing does not engage with healthcare professionals as they ignore it. Not only is this an issue for healthcare professionals, but those in distribution also encounter difficult decision making when supplying to hospital laboratories. Good evidence is therefore essential for them to decide whether to stock a new range. Furthermore, Holliman and Rowley (2014) found that within B2B digital marketing, marketers consider that content must be of value, reliable and pertinent for it to be effective. This has therefore informed the marketing strategy of this research to ensure all marketing was supported by valuable clinical evidence.

2.2 Integrated communication and the multi-touch journey

Pickton and Broderick (2005) describe integrated marketing communications as ensuring that all content and media are consistent. Rather than sending out conflicting information, this enables cohesion. Where a business uses more than one method of communicating with their customers, these should be integrated. Lemon and Verhoef (2016) adopt a consumer orientated approach. They consider an individual's buying process as an experience and whilst all points of interaction are important, it is how these are combined which is key. Chaffey and Ellis-Chadwick (2022) have created a RACE model for developing marketing campaigns. Reach, act, convert and engage are the four stages within this. The campaign calendar used within this study adheres to this, and commences with a stage of raising awareness, then moves on to engagement and is ultimately striving for the consumer to convert.

2.3 Messaging apps and email as B2B channels

Emails are well established within marketing. It is known that it is an easy, cost-effective and measurable medium. However, in practice, people are receiving so many emails and it is simple for them to be overlooked. Recently, there has been increased use of messaging platforms, such as WhatsApp, within business. Particularly within India, this is extremely prevalent in businesses of all sizes including small trading and distribution companies. Companies can utilise WhatsApp Business Platform to broadcast pre-approved messages to numerous people. Nonetheless, Meta has strict guidelines in place meaning that recipients must opt in to receive these messages and each message must also first be approved. This greatly affects how marketing can be conducted (Meta Platforms, 2024).

As noted by Dwivedi and colleagues (2021), digital and social media marketing continues to constantly evolve. Furthermore, there is currently not extensive evidence available regarding the efficacy of these newer mediums. Even

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more so, this is not widely available for non-consumer marketing. Undeniably, this is applicable to the current topic. Within the Indian B2B distribution industry, for the most part our knowledge on the use of WhatsApp is based on practitioner experience rather than academic research; and the latter is still uncommon.

2.4 Data quality, analytics and CRM

Irrespective of the communication medium, a company can only be as good as its database. Kumar and Reinartz (2018) recognise the significance of customer data and highlight the need for it to be both correct and comprehensive so that organisations can make well-informed decisions. Likewise, Stone and Woodcock (2014) claim that businesses gain most from their business intelligence by focussing on both the quality of and appropriate application for this data within direct and digital marketing. Further, Järvinen and Karjaluoto (2015) identified in a case study that although many companies gather considerable web analytics data, they often struggle to relate this to their business objectives. Within India there is also legislation which centres on both obtaining and restricting the purposes for which personal data can be used: the Digital Personal Data Protection Act, 2023 (Government of India, 2023). Thus, alongside being an effective marketing practice, maintaining precise databases is also a legal obligation.

2.5 Research gap

Taken together, these sources suggest that multi-touch, well-targeted, evidence-backed communication works better than single blasts, and that data quality is fundamental. But they
don't show how this works for a small Indian diagnostics company dealing with a few hundred
distributors through two specific channels. This paper adds one carefully documented case to
that small pool of evidence.

III. RESEARCH METHODOLOGY

3.1 Research design

This research is based on a single descriptive case study. Single case studies are appropriate as it is often difficult to distinguish an issue from its surrounding context and therefore observing a real organisation can provide valuable insight into how processes work (Yin, 2018; Eisenhardt, 1989). Throughout my internship I was involved in the marketing department. This included developing and managing marketing campaigns as well as gaining and analysing data on a daily basis. The second and third authors provided academic oversight and reviewed the analysis.

3.2 Study population and data preparation

The primary research focussed on medical equipment and test reagent distributors throughout India. We compiled a database containing in excess of 800 names drawn from over twenty states. Information was sourced from sites such as IndiaMART and TradeIndia, state pharmacy distributor bodies, the licensing authority for medicines, LinkedIn and hospital tender information. However, our initial database was not in an ideal format. Firstly, we combined similar entries via a comparison of firm name, city and pin code. Secondly, we assessed whether telephone numbers were associated with WhatsApp accounts. In addition, we supplemented or excluded data where necessary. Companies were also excluded if they did not operate within the medical sector. Addresses were further validated both through web-based mapping tools and by reviewing company websites. Finally, we produced approximately 500 confirmed contact details, which were attributed to particular states and types of distributors.

3.3 Data sources and analysis

Table 1 gives an overview of the data. Metrics for the campaigns came from Smartping and an overview of the data is provided in Table 1. Data was collected using both Smartping and Netcore dashboards. I analysed the data and divided respondents into ‘hot’, ‘warm’ and ‘cold’ lead categories according to their level of interest. Themes were then identified and data was categorised accordingly (Braun and Clarke, 2006). Further information regarding previous campaigns and the company’s evaluation of these was gathered via interviews with the company guide and marketing personnel. Data was then analysed against the company’s own guidelines for evaluating the success of a WhatsApp and email campaign. These are sourced from both suppliers and wider industry and so are useful but not prescriptive. Descriptive analysis was undertaken. Firstly, data was analysed to compare the performance of different campaigns and

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then against the guidelines. Data was also analysed to identify differences between regions and between types of distributors. Wherever relevant, I explain my analysis decisions so that you can evaluate my work. Inferential statistical analysis was not performed as the sample size is limited and there is no control group within the research design.

Table 1: Data sources and how they were used

Source	What it provided	Use in the study
Smartping dashboard	Delivery, read, reply and block figures for two WhatsApp waves	Channel comparison and wave comparison
Netcore Cloud dashboard	Delivery, open, click and unsubscribe figures for the email sequence	Channel comparison and benchmark check
Reply logs	Content and tone of inbound WhatsApp and email responses	Lead grading and regional patterns
Team discussions	Earlier practice, internal targets, scheduling norms	Context and interpretation
Raw and cleaned lists	Types and approximate share of data faults	Data quality analysis

Source: Compiled by the authors from internship records.

3.4 Limitations of the approach

There are several key considerations. Firstly, whilst full data analysis is not shared by the organisation, the data used in this report has been loosely sourced from both dashboards and staff reports. Where data has not been precise it is denoted by a tilde. Secondly, generalisations shouldn't be made from data relating to a single company, product and campaign. Thirdly, as I was involved in the campaign, there is a potential for personal bias. In an effort to reduce this, we have utilised defined criteria and have also been transparent regarding areas for improvement. Finally, as there were overlaps between the WhatsApp groups in wave one and wave two, results cannot simply be combined.

IV. OBJECTIVES OF THE STUDY

The research will investigate the effectiveness of an integrated WhatsApp and email strategy in order to target medical supplies distribution companies for a niche diagnostic business. The key goals are:

1. To design a 14-day, 6 touch point campaign, comprising WhatsApp Business API and email automation;
2. To analyse the effectiveness of each communication channel in relation to dispatch, engagement and response, and the quality of leads.
3. To check if a follow-up wave leads to better results than the initial wave; and
4. To pinpoint practical lessons about data quality, segmentation, and content that can help shape future campaigns.

There are three core hypotheses. Firstly, WhatsApp is likely to be engaged with and acted upon at a greater rate than email. Secondly, prompt secondary communication can increase both response and lead quality. Finally, there are regional and differing levels of distributor engagement. Larger, more niche markets tend to engage more favourably.

V. ANALYSIS AND DISCUSSION

5.1 Campaign design and execution

The campaign followed three main phases: awareness, engagement, and conversion. There were 3 core stages to this campaign - awareness, engagement and conversion. Awareness was where distributors became familiar with the business and learnt of the partnership opportunity. Engagement supported the core message with evidence of the clinical benefit. Conversion involved an explicit request for either a phone call, sample or partnership form. WhatsApp

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and email were not treated as distinct communication methods. Instead, they were both organised on one calendar to ensure that they supported each other. Table 2 shows the 14-day programme.

Table 2: Fourteen-day, six-touchpoint campaign calendar

Day	Channel	Role	Content focus
1	WhatsApp (Smartping)	Opening message	Partnership invitation using approved template
1	Email (Netcore)	Introduction	Company overview, product strengths, market opportunity
5	WhatsApp (Smartping)	Follow-up	Clinical use case and call to action
7	Email (Netcore)	Business case	Revenue potential and support offered
12	WhatsApp (Smartping)	Final nudge	Time-bound call to action with direct contact
14	Email (Netcore)	Closing	Final call to action and partnership form link

Source: Campaign plan prepared during the internship.

On the WhatsApp side, two WhatsApp message templates were written: one to introduce the Two WhatsApp communication templates were also produced. One was used to announce the partnership and the other to remind people of the partnership offering. These had been approved by Meta. A 'scrubbed' list of contacts along with state and category information was uploaded. Each WhatsApp message was personalised to include the recipient's company name and city. To maximise opportunity for business related contacts to engage with WhatsApp, messages were sent on Tuesdays, Wednesdays and Thursdays between 10am and 12noon.

The first message explained that the company was an IIT Bombay incubated business and was looking for partners to establish clinical genomics centres of excellence in hospital groups. It emphasised the low set-up costs as well as the provision of expert scientific and sales resources, together with automated reporting and distributor training. Responses were analysed daily and categorised as hot, warm or cold. As soon as there was evidence of interest, a phone call was made.

An email campaign was split by state, product type and estimated company size. Branding and call to action buttons were included within well produced HTML emails. The campaign was delivered in 5 stages with 4 and 5 days between each stage. Two different subject lines were used, one emphasising the technology and one the business benefits. There were 4 main content areas; an opening, evidence, business benefits and a conclusion. In week 4 a further set of WhatsApp messages were sent to non-responders. Social proof and a sense of urgency were included together with authentic clinical evidence for example, ICU patients with 'silent sepsis' and immunosuppressed patients suffering from infection. A 'Demonstration call' was then offered to the reader to undertake immediately this week for 20 minutes.

5.2 Message content and creative choices

Each touch point was regarded as a design decision with the text carefully crafted. Since users of WhatsApp would have to read the message within a few seconds on a telephone screen, the initial template started by making one proposition: become a partner in a quickly expanding area, while WhatsApp takes care of the specialized and scientific burden. The benefits were simply and succinctly presented and the final banner advertised the product's regulatory approval to assure readers of the offer's credibility. It is possible that email might provide more room and that it could be organised into four pillars, each with a goal, as indicated in Table 3.

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Table 3: Email content pillars and their intended outcomes

Pillar	Content focus	Intended outcome
Introduction	Who the company is, what the product does, why the market is opening up	Awareness and brand recall
Clinical proof	Published case studies, evidence of clinical usefulness, hospital feedback	Credibility and understanding of the product
Business case	Margin structure, revenue potential, marketing and training support	Commercial interest and inquiry
Call to action	Demo call booking, sample request, partnership form	Direct lead capture

Source: Email content plan prepared during the internship.

It's a very interesting design with two points to note. The first is the conscious separation of labour between channels in the form of labour division. The WhatsApp team was requested to open the conversation to encourage a fast response, while email was left to transport the evidence and the commercial detail that would be of interest to a distributor to forward to a partner or review at a desk. The second is the attention paid to scientific credibility. Each message attempted to relate the commercial offer to a clinical reason for purchase, following the directions of the healthcare marketing literature mentioned above, because the product is unfamiliar. There were also no overstated promises in the messages, another concern since statements about diagnostic products catch the regulatory eye.

5.3 Channel performance

Table 4 lists the key findings, along with the reference ranges that the team has adopted, and Figure 1 illustrates this trend graphically.

Table 4: Campaign performance compared with reference ranges

Measure	WhatsApp wave 1	WhatsApp wave 2	Email sequence	Reference range
Contacts approached	~500	~420	~500	Not applicable
Delivery rate	~91%	~88%	~82%	WhatsApp 90%+; email 80%+
Read / open rate	~78%	~74%	~23%	WhatsApp 75%+; email 18–25%
Response / inquiry rate	~6.2%	~9.1%	~3.4%	WhatsApp B2B 5–8%; email 2–5%
Unsubscribe / block rate	~1.8%	~2.1%	~0.9%	WhatsApp below 3%; email below 1%
Qualified lead rate	~2.1%	~3.8%	~1.2%	General B2B cold outreach 2–4%

Source: Smartping and Netcore dashboards and team feedback; values are approximate.

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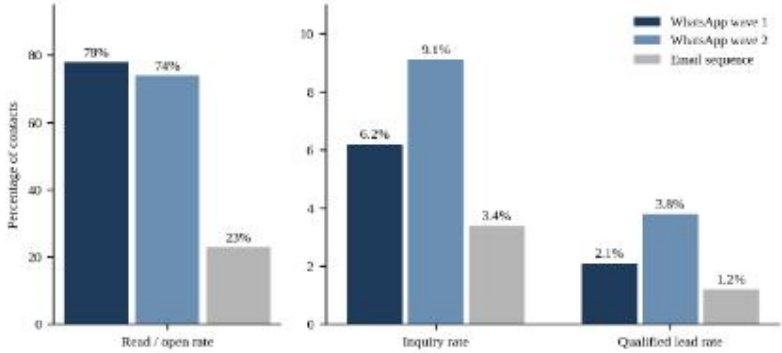


Figure 1: Read, inquiry and qualified lead rates by campaign

There is a wide gap between the channels on figure 1. Approximately 75% of WhatsApp There is a significant difference in engagement between the two mediums on figure 1. Around 75% of people viewed a WhatsApp message whereas under 25% viewed an email. There was also a comparable level of engagement with the 2 WhatsApp waves. This was almost double (or equal) that of people's engagement with emails. Therefore, this supports the idea that WhatsApp would be a preferable first point of contact. Given that WhatsApp is so user-friendly and is commonly used within India for ordering, providing price lists and answering questions by members of the distribution network, it is logical that people engage more with information that is received via this medium. Information appears to be more interactive and less sales orientated.

But email was running perfectly on all metrics, and that means it was being run well, even though the figures seem modest when compared to WhatsApp. About 82 per cent was delivered, the lowest rate of the three, but consistent with data quality issues including duplication and mis-typing of addresses (as raised in Section 5.6). It's worth pointing out that its unsubscribe rate is lower, too. The recipients of an email message appear to have been more likely to overlook it than to object to it, whereas a WhatsApp message is on a personal device and raises the likelihood that it's blocked if it feels intrusive.

5.4 Did the follow-up wave help?

The second WhatsApp wave was sent to a smaller group of approximately 420 contacts, but had better commercial results than the first. The inquiry rate increased by nearly 2.9 percentage points or relative gain of 47 per cent from about 6.2 per cent to 9.1 per cent, while the qualified lead rate increased by almost 80 per cent relative, from about 2.1 to 3.8 per cent. These rates are then applied to the approximate list sizes to come up with an indicative figure of ten to eleven qualified leads from the first wave and about sixteen from the second, although the numbers in the lists are so much smaller. These are examples of calculations only as the denominators have been overlapping and are not exact, but the direction is clear. The second proposition, as to the effect of follow-up lifts on response and the quality of leads gains support.

The improvement did not come free. The read rate, which fell from 78 per cent to 74 per cent, and delivery, which dipped from approximately 91 per cent to 88 per cent, were the other negative figures. The other negative figures were delivery, which dropped from about 91 per cent to 88 per cent, and the block rate, which climbed from 1.8 per cent to 2.1 per cent. All of these are not large moves, and the number of blocks was kept below 3 per cent, which is what the team felt was an acceptable block rate, but they collectively suggest a lack of tolerance for repeated contact. Likely the change in conversion is as a result of the altered key message. The follow-up used a clinical example and made a low effort, time bound ask; this allowed interested distributors to identify an immediate course of action. Follow ups should add extra information (for example: data, use case, action) to the learning point and not merely re-communicate the initial message.

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5.5 Regional and segment patterns

Reading the replies showed that response was far from uniform. Table 5 groups the observed patterns.

Table 5: Observed response patterns by distributor segment

Segment	Response level	Observed behaviour and likely reason
South India (Telangana, Tamil Nadu, Karnataka)	Highest	Quick replies and interest in demonstrations; many private hospitals and laboratories already create demand for advanced diagnostics
Maharashtra and Delhi NCR	Medium	Fewer replies but more detailed questions on specifications, approvals and commercial terms, indicating commercially sophisticated buyers
Tier-2 and tier-3 cities	Lowest	Limited familiarity with genomic testing; need basic explanation and case studies before a commercial discussion

Source: Reply logs and team feedback.

The pattern only applies to the third proposition partially. The clinical dense areas responded more as expected, while the metro Maharashtra and Delhi markets did not respond most in volume. They responded in a more probing manner with fewer responses. It was probably a reasonable assumption that these distributors were accustomed to having supplier approaches and are more selective, while distributors in the southern states were more receptive to a different approach. Distributors in smaller cities exhibited the most pressing need for a new approach. If a short learning curve is required before a commercial request is made, a pitch will not succeed if the person introducing the product is not familiar with how to sequence it.

5.6 Data quality as the hidden driver

The preparation work showed the extent to which the contact data had hindered the previous outreach. The raw data had approximately 18 per cent that were duplicates, approximately 22 per cent that had numbers not currently registered on WhatsApp, approximately 15 per cent were incomplete, approximately 8 per cent were business numbers not related to the health industry, and approximately 6 per cent had the incorrect city or state. These shares overlap, hence the drop from approximately 800 to approximately 500 shares and not a mere addition of the percentages. In addition to the errors that were fixed, the raw list was also unstructured with everything from almost 40 per cent with no geographic tag to nearly 60 per cent with no category tag, so targeted sending would have been impossible without manual work.

Data decay is an ongoing issue and not an one-off problem, with delivery rates remaining at about 82 to 91 per cent even after cleaning. An organisational root cause was identified. Contact details were found in a number of uncoordinated sources, there was no single source of record and no one was tasked with maintaining the list. So, a single clean-up will result in only short-term benefits. What is required is a schedule, an owner, and rules and schedule for verifying and tagging new records. This finding is consistent with the overall stance taken in the CRM literature: the need to treat customer data as an asset (Kumar and Reinartz, 2018).

5.7 Discussion

If these decisions are looked at as a whole, the results indicate that the campaign was successful due to a number of small, but well executed, decisions rather than one brilliant strategy. The list was purged, channels were identified with their assets, the timing adhered to the workings of distributors, and follow-up had substance. This is in tune with the IMC tradition in that the interplay of channels matters more than any given message in isolation, as Lemon and Verhoef (2016) suggest, and that messages must be planned as a system as channels are.

Two cautions apply. First, the numbers are rosy for a single campaign and do not prove that There are two key points to consider. Firstly, although the data appears favourable for an individual campaign, it does not necessarily show that the improved results were as a result of the sequence of content. Those in the second wave also had a reduced and pre-

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heated database, and a more focussed campaign. In addition, WhatsApp functionality largely hinges on the ability to utilise templates and a verified business account to communicate with an audience. When expanding campaigns, businesses should collate permission data and honour people's wish to not receive communications. This both preserves the company's reputation on the platform and conforms to the Digital Personal Data Protection Act, 2023. Equally crucially, where a business is promoting a healthcare related product, it is vital that the information provided is correct and supported by data. As both the relevant regulatory bodies and even disbelieving consumers will refer to communications disseminated.

The case is a good reminder to managers of where effort pays off. It's easy to feel that the

This case also highlights for managers what areas they should concentrate on. Whilst it may seem that either the platform or creativity should be enhanced, within this campaign the greatest issues occur when data cannot be accessed and there is no mechanism in place to both record and then trace responses. In addition, from a researcher perspective, this case suggests that when investigating different communication channels within a business-to-business context, consideration should also be given to both the level of and order of audience pre- and during-channel readiness.

VI. FINDINGS OF THE STUDY

The analysis results in the following results.

1. What was more effective as an opening channel was WhatsApp. The email open rate was several times higher than that of recipients, with about three-quarters reading the messages, and rates of inquiring about the messages were higher as well.
2. E-mail was still effective as a source of depth. Its numbers remained within the parameters and it had the more extended commercial and clinical content that serious prospects demanded.
3. The opening wave of smaller audiences had lower inquiry and qualified lead rates, even though they had a stronger message, but the follow-up wave had a message that was a concrete case and had a time and place-bound action.
4. There was a slight price to be paid for repeated contact. The delivery and block figures were all off slightly in the second wave, as were read figures, indicating that the same audience cannot be targeted again.
5. Depending on the region and the sophistication of the customer, responses varied. South India distributors were the most responsive. Metro (Maharashtra) followed and the Tier 2 and 3 distributors proved the least responsive and also had the most queries. These therefore needed initial education.
6. All other results were capped by data quality. About one third of the raw list was lost during the cleaning process and even after cleaning the delivery was not 100 per cent, indicating that data maintenance needs to be ongoing.
7. The The previous process for managing customer information on spreadsheets, sending mail manually and the low level of analysis was a key issue that affected the ability to re-use and scale the campaign.

VII. RECOMMENDATIONS

They should also establish a central CRM system and integrate it with their channels. Switching away from spreadsheets and onto a central CRM would then allow them to monitor for each distributor which communications had been opened and replied to. At this stage, the company's size is small enough to utilize an entry-level system that does not require a large investment, as long as it is free or inexpensive. Defined lifecycle stages, from prospect to contacted, engaged, qualified and partner, would provide the team with an at-a-glance view of the pipeline, and lead scoring would be as simple as opens, replies and clicks to determine who should get a phone call first.

Target your audience and write to each group. The same message was sent to all the distributors, but the answers tell us that there is a difference between the national distributors and the regional traders and clinicians. Four to six personas should be developed and written up with different tone, content and channel preferences. National distributors are more likely to be interested in a commercial deck after being introduced by email, and smaller regional distributors

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are more likely to be interested in a shortened deck that is delivered via WhatsApp and a phone call. A brief introductory overview of the nature and utility of genomic testing should be included before any commercial offering for tier-2 and tier-3 cities.

Automate triggers but limit to a maximum number of times. A reminder sent via WhatsApp to an individual who opened a message by email without clicking on it, within a day, or a friendly 'is this still relevant?', sent to cold leads some sixty days after having been contacted, would avoid the need for manual work and ensure follow-ups were kept on time. Since the second wave pushed the block rate higher, the system should also try to limit the number of messages that one contact can receive in a period of time, and should suppress anyone that has opted out of the system.

Data hygiene is a continuous task. The database should belong to a named person, and a duplicate-checking report should be carried out monthly, and missing tags, inactive numbers and duplicates should be checked for every quarter. All records should include the source and date and basis of consent, and this works in preparation for the company's obligations relating to data protection.

Measure beyond "beyond" opens and clicks. A single unified dashboard that aggregates WhatsApp and email data with the CRM would enable the team to know which touchpoint had resulted in a qualified lead. The subject lines, opening lines and words for the call to action should be part of a series of A/B tests and these tests would, over time, establish a local evidence base for each of these elements in each campaign.

Table 6 summarizes these actions. The first four are relatively low cost, and can begin immediately, while the dashboard and testing programme are more appropriate when the CRM is up and running, and there is sufficient clean data for learning.

Table 6: Summary of recommended actions

Action	Priority	Suggested timeline	Main expected benefit
Central CRM linked to Smartping and Netcore	High	0–3 months	Single view of each contact; less manual work; lead tracking
Persona-based content and segmentation	High	1–3 months	More relevant messages; better response in weaker segments
Trigger-based automation with frequency caps	High	1–4 months	Timely follow-up without raising block rates
Owned, scheduled data hygiene routine	High	Start immediately	Higher delivery rates; stronger consent records
Unified dashboard and A/B testing	Medium	3–6 months	Clear attribution; steady campaign improvement

Source: Authors' synthesis; timelines are suggestions and depend on company resources.

VIII. CONCLUSION

This research was seeking to understand how a small Indian genomics business engaged with medical equipment distribution networks using both WhatsApp and email. From one campaign there appears to be a good understanding of how best to utilise these media. Generally, WhatsApp is more influential in engaging with the distribution sector and email is a good medium for further information. Carefully designed additional material can further enhance conversions. Regional variations exist and where there is lesser understanding, education must happen first so that an offer can then be made. Again, high-quality contact information was fundamental in both the quantity and recipients of communications.

For practitioners, this marketing is successful where there is: good quality and categorised contact information; an integrated media timetable; relevant content; and a data gathering mechanism. Having undertaken this manually in my

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internship for the business, the next stage is to automate and further embed this within the company's CRM. Appropriate data management must also be in place.

There are some issues with this research. Firstly, it is based on one campaign, one product and one business. Secondly, the data was estimated and gained from a non-public dashboard. Further, only one person was involved in observing. Greater and more varied distribution samples could be analysed and controlled experiments could then be run to investigate the impact of both when and how often communications are sent. Finally, in the real world, these findings could be further explored within business partnership arrangements to evaluate sustained added value. They could also be developed to engage a second target group – those working in the clinical profession.

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