

Role of Pharmaceutical Companies in Commodity Security

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Basic Needs

- **Food**
- **Clothes**
- **Accommodation**
- **Medicine**
- **Education**

Accommodation, clothes and education can however be compromised with as far as the quality is concerned but quality of food and medicine can not be compromised.

**Quality requirement
of food is similar to
medicines as it
ensures health quality
maintenance.**

RHCS is defined as ensuring a secure supply and choice of quality contraceptives and other reproductive health commodities to meet every person's needs at the right time and in the right place.



**Highlights on some vital
data of Bangladesh**

Bangladesh Demographic Profile

<i>Population</i>	<i>127 m</i>
<i>Population Density (Per Sq. Km)</i>	867presons
<i>Population growth per annum</i>	1.5%
<i>Urban population</i>	21%
<i>Per Capita Income</i>	< \$ 400
<i>Literacy (5 + yearss)</i>	56%

Source: According to GOB Data Sheet-1999

Vital Statistics of Health & Family Planning Sector

<i>Population per doctor</i>	4581
<i>Per capita government expenditure on health and family planning</i>	\$ 4.00
<i>Life expectancy at birth</i>	61 yr.
<i>Fertility Rate(per 1000 live births)</i>	3.3
<i>Crude birth rate(per 1000 live births)</i>	19.9
<i>Crude death rate(per 1000 live births)</i>	4.8
<i>Infant mortality (both sexes) per 1000 live births</i>	57
<i>Maternal Mortality Rate (per 1000 live births)</i>	3
<i>No. of Women in Reproductive age group</i> _(15-49 years)	31.80 million

Source: Bangladesh Data Sheet 1999.

**Prevalence of Morbidity
among Population of all
ages from the selected
Diseases per 1000
population during mid
April 1997 to mid July
1997**

Most common Diseases	Both Sex	Male	Female
Total			
Fever/FUO			
Common cold/ARI			
Influenza			
Dyspepsia/Gastritis/Peptic ulcer			
Diarrhoea			
Dysentery			
Acute cough/Bronchitis			
Malaria			
Asthma			
High blood pressure			
Malnutrition/Anaemia			
Gout			
Waist pain			
Typhoid			
Scabies			

Source: Statistical pocketbook of Bangladesh 1999

Reproductive morbidity (15-49)***Female**

	Total
Normal delivery	
Pregnancy with acute problems	
Abortion	
Delivery with problems	
Bleeding after delivery	
Bleeding at delivery	
Suteka	
Malnutrition/Anaemia	

Source: Statistical pocketbook of Bangladesh 1999

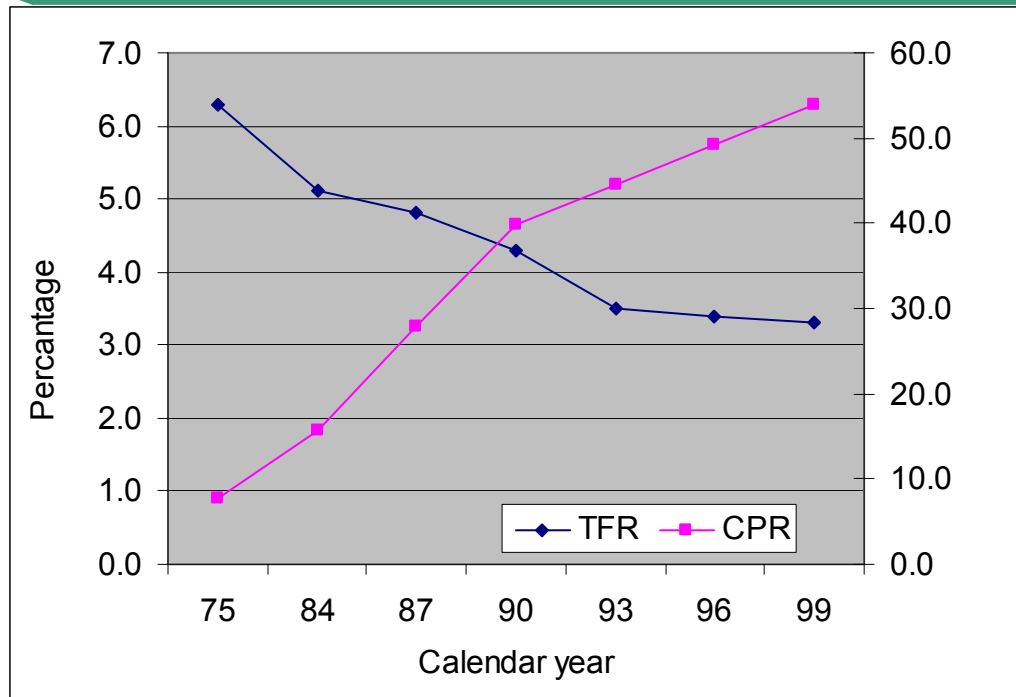
Immunizable Diseases	Both Sex	Male	Female
Total			
Measles			
Poliomyelitis			
Tetanus			
Whooping cough			
Tuberculosis			
Diphtheria			
Other disease			

*** Includes females aged <15 and 50+, FUO = Fever of unknown origin, ARI = Acute respiratory infection.**

Total market size of Pharmaceutical Products in Bangladesh in 2000 above 18,633 millions

<i>Alimentary t.& Metabolism</i>	<i>(million)</i>
	5,338
<i>Blood+b.forming organs</i>	269
<i>Cardiovascular system</i>	832
<i>Dermatologicals</i>	605
<i>G.u. System & sex hormones</i>	405
<i>Systemic hormones</i>	231
<i>Systemic anti-infectives</i>	5,855
<i>Hospital solutions</i>	459
<i>Antineoplast+immunomodul</i>	18.00
<i>Musculo-skeletal system</i>	1025
<i>Central nervous system</i>	1391
<i>Parasitology</i>	539
<i>Respiratory system</i>	1296
<i>Sensory organs</i>	322
<i>Diagnostic agents</i>	0.5
<i>Various</i>	47
<i>Total</i>	18,633

Achievements of the family planning program in Bangladesh



Knowledge and use of family planning methods

Percentage of ever-married and currently married women who know a family planning method, who have ever used a method, and who are currently using a method, by specific method, Bangladesh 1990-2000

Contraceptive method	Percent who know a family <u>planning</u> method		Percent who ever used a family <u>planning</u> method		Percent currently using a family <u>planning</u> method
	EMW	CMW	EMW	CMW	CMW
Any method	99.9	99.9	74.6	77.8	53.8
Any modern method	99.9	99.9	67.9	71.2	43.4
Pill	99.7	99.8	55.4	58.2	23.0
IUD	89.0	89.6	6.9	7.2	1.2
Injectables	97.8	98.1	20.1	21.3	7.2
Implant/Norplant	55.5	56.3	0.6	0.7	0.5
Condom	89.0	89.8	18.6	19.7	4.3
Female sterilization	97.4	97.5	6.6	6.7	6.7
Male Sterilization	76.6	77.0	0.6	0.6	0.5
Any traditional method	78.3	79.3	28.7	29.8	10.3
Periodic abstinence	66.1	66.9	18.9	19.5	5.4
Withdrawal	55.7	56.8	14.0	14.7	4.0
Lactational amenorrhea method (LAM)	16.0	16.2	0.7	0.7	0.0
Other methods	7.6	7.8	2.4	2.5	0.9
Number of women	10,544	9,720	10,544	9,720	9,720

EMW = ever-married women

CMW = Currently married women

3 Year Rolling Service Delivery

Type of Contraceptive	Unit	Quantity for GOB,NGO and SMC	Cost (Taka in Thousand)
Condom	Piece	625,000,000	1,031,250
Low dose Oral Pill	Cycle	145,000,000	1,172,083
Combined DDS Kits	Box	178,000	1,223,750
MPA-injectable Contraceptive	dose	31,000,000	1,364,000
Implantable Contraceptive (Norplant) and tracer with Cannulae	Set	253,000	305,745
MR kit	Kit	37,000	71,225
Gt dose Oral Pill	cycle	614,625	6,161
Copper T 200B (UD)	Set	425,000	9,350
Total Taka in Thousand ≈			5,183 million
5,183 million in 3 years			
1700 million in 1year ≈ \$ 31 million			

Scope of Pharmaceutical Industries to Produce RHC in Bangladesh

1. Strength

- ☺ Population : 129 millions
- ☺ Government procurement system
- ☺ Cheap labor and distribution
- ☺ Latex production
- ☺ All Companies follow WHO recommended CGMP & some of them are ISO standard.

Scope of Pharmaceutical Industries to Produce RHC in Bangladesh

2. Limitation

- ☺ Developed Countries Protectionism
- ☺ Trips Agreement
- ☺ Tariff and non-tariff barriers

Scope of Pharmaceutical Industries to Produce RHC in Bangladesh

3. Opportunity

☺ No Pharmaceutical Company is producing RHC except one

☺ No competition at all.

☺ Awareness: Knowledge of at least one family planning method is universal among Bangladesh women

Scope of Pharmaceutical Industries to Produce RHC in Bangladesh

4. Threat

☺ WTO & Trips Agreement

☺ Donor Agencies withdrawal

Recommendation

- ☺ **Technology sharing and Technology Transfer**
- ☺ **Joint Venture Production Plant**
- ☺ **Limited International Bidding System within partner countries**
- ☺ **Partner should have reserved fund for Social Awareness through Seminar, mass media & advertisement about Family Planning & RHC.**

Recommendation

😊 **Government & Other agencies should give support to RHC producing industries**

😊 **Tariff and non-tariff barriers should be minimize as much as possible.**

😊 **Sharing of market segmentation studies by different pharma**

😊 **In Each partner countries, a special team should be formed comprising of overnment; private entrepreneur, and Partner secretariat**

Recommendation

☺ This team will promote (by means of cafeteria approach) on issues of RHCs to private entrepreneur thereby encouraging the private entrepreneur to manufacture RHC. They will also act as a coordinator between government and private entrepreneur to do what ever is necessary to meet the procedural barriers.

Last But Not the Least



Individual
excellence
isn't
enough.

Competitive advantage goes to the company that works best with its partners — suppliers, distributors, customers, third party service providers, and marketplaces.

Source: Taken From: Harvard Business Review Magazine

Thank you All