ENHANCING GOOD HEALTH CAKE FOR ALL THROUGH THE EFFECTIVE MANAGEMENT OF THE DISTRIBUTION SYSTEM OF PHARMACEUTICAL PRODUCTS IN NIGERIA - A COMPARATIVE ASSESSMENT IN THE PUBLIC AND PRIVATE PHARMACEUTICAL COMPANIES

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OCTOBER, 1999.

DECLARATION PAGE

I hereby declare that this project is the result of my initiative and the project of my research findings. It has to the best of my knowledge not been previously presented nor accepted as any submission for a higher degree.

All data used and works consulted have been duly acknowledged in the foot notes and references as the case may be.

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CERTIFICATION

This project titled "Enhancing Good Health-Care for all through the effective management of distribution of Pharmaceutical products in Nigeria - a comparative assessment in the public and Private pharmaceutical companies by SHITTU RAFIU DEBO meets the regulation governing the award of Degree of Masters of Business Administration (MBA) of Ahmadu Bello University, Zaria and is approved for its contribution to knowledge and literary presentation.

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DEDICATION

This project is dedicated to my late wife "NIKE"

ACKNOWLEDGMENT

Foremost, I thank God who made it possible for me to witness this day and go through this beneficial study.

Many people contributed to the success of this project work and I remain profoundly grateful to them thus; My sincere appreciation goes to my project supervisor Mrs. M.S. AKANET whom despite her health condition took time to make corrections and remained committed to the success of this work. May Almighty God Bless her with long life and enhanced good health for more supervisory roles now and in future Amen.

I am particularly grateful to our most senior brother Pharmacist (Alhaji) MUFTAU AYODELE SHITTU who has constantly been assisting me morally and financially in all my academic pursuits. May God continue to enrich his wisdom. I wish him long life and prosperity.

My sincere thanks to my Uncle, Prince, S. Adegboye and a senior colleagues Mrs. Vann for their encouragement.

I thank our children, 'DAYO, 'SHOLA, 'TOYIN, 'BARAKAT and 'MONSURAT for their patience, love and understanding.

Finally, I thank my niece, Mrs Tawakkaltu Ahmed (Mama Abdul Malik) for a very good work and print.

ABSTRACT

Health is important to any living creature Drugs is one of the key resources used in health care. Without drugs healthcare becomes incredible without drugs. The distribution system of drugs in Nigeria is therefore of critical importance in determining the availability of drugs to the consumers, taking cognizance of the appropriate form and dose. Drugs are special products that could be adversely affected by changes in temperature, humidity, light and a host of other factors. It is therefore important consequence on quality and efficacy of medicines.

The drug distribution system in Nigeria is most unreliable, chaotic and yearning for overhaul. Whereas the objective of this study is viewed against the background that this factor impact directly on health and care.

In a bid to sanitize the distributive system, both private and public pharmaceutical companies have applied various management and marketing techniques in the distributive chains. It is in the light of this that this study tries to assess the drug distribution system in both the private and public pharmaceuticals companies.

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CHAPTER ONE

1.0 BACKGROUND OF THE STUDY

INTRODUCTION

Health has become a key component of development. Health for all which s defined as access for all basic health facilities, was therefore considered attainable.

Promotion of health-care and improving the health status of Nigeria appears to have ben the concern of the government in Nigeria. This concern has gained impetus with the global adoption of the Alma-At a declaration in 1978. Nigeria was signatory to the Declaration n. The policy " Education concerning revealing health problems an the method of preventing and controlling them. Promotion of food supply and proper nutrition, adequate supply of safe water and basic sanitation, material and child health care including family planning..Immunization against major infectious diseases, prevention and control of locally endemic diseases, appropriate treatment of common diseases and injuries and the provision of essential drugs" as instruments for each achieving the policy objective which is to establish a comprehensive health-care in Nigeria.

Nigeria adopted this policy in 1986 with the optimistic projection that before the next millennium our Country like other Countries would have achieved the objective of "health for all". This noble ideal which has not been lacking in her PROGRAMMES but the Country has not achieved the transformation of lives of men, women and children. Nigerians are still reeling under the burden of preventable and curable diseases.

Reducing morbidity, increasing longevity and improving the quality of care for the whole population are the declared aims of Federal Ministry of Health. Inspite of increase allocation of fund to the health sector by various governments the gross fall in the value of the Naira has resulted in the

health sector progressively having less purchasing power than the previous years. This led to chaos in the health sector and the abandonment of "Free Health Services". The chaos was further exacerbated by the under utilization of available resources. Realizing the Governments budgetary allocation alone can no longer be relied upon to meet its needs, the health sector introduced "user charges" as a method of funding its services. The Drug Revolving Fund (DRF) was introduced as a cost recovery measure for monies allocated for drugs.

Over the years these funds have greatly depleted due to unexplained losses and inflation to the point where they now required annual argumentation.

As one of the measures aimed at ensuring the efficient and diligent utilization of fund the Government established the Petroleum (Special) Fund (PTF). The fund is an intensive intervention domestic and agency, mandated to intervene in the Health Sectors amongst other projects.

It is a pity that despite strenuous efforts in the past, the cost of health care is today still unbearably burden-some, unaffordable to ordinary citizens and expensive even for the elite and privileged. The latest in the effort to meet the challenges of rising health care is the introduction of the National Health Insurance Scheme. The system to be adopted a contributor capitation scheme providing a package of health care services.

The pharmaceutical industry has the sole responsibility of effective management and marketing of drugs and drug products. It is continually being faced with global activities and development in health care delivery. No doubt these challenges come from response to science and technological growth through education, information technologies, people perception of good health, demand for better quality of life and consideration for the future.

1.1 STATEMENT ON PHARMACEUTICAL CARE

The delivery of health care is dependent upon successful multi-disciplinary co-operation very significant in terms of overall patients outcomes. Traditionally, this role has required the pharmacists to provide medication for patients on an individual basis and to patient, over the past 15 years the advisory role of pharmacist has developed in the community and in the hospital. There is wide spread recognition of this development not only within the health service but also by professional bodies.

The "Pharmaceutical care" enables pharmacists to describe their further evolution into patient-focused (customer-focus) health care provider.

"Pharmaceutical care" is therefore defined as the responsible provision of drug therapy for the purpose of achieving definite outcomes that improves a patients quality of life". Pharmaceutical Care and Quality Management:

The emphasis on quality of heath care focuses increasing attention on the management processes required to provide services to patients pharmaceutical care results from the application of the principles of quality management to the use of medicines. Quality management can be summarized as requiring:-

* Dialogue with consumers of care
* Team work among providers of care
* Process definition and assignment of responsibility
* Measurement and recording of data to prompt continuous improvement of care.

1.2 STATEMENT OF GENERAL PROBLEM

Pharmaceutical products remain one of the most important resources of the health care delivery system. Modern pharmaceuticals are introduced on the basis of sound scientific experimental and clinical data but actual use of most drugs does not bear resemblance to the original scientific mode.

Drug supply management, procurement, storage distribution and rational use of drugs, management of resources, quality assurance are issues affecting developing Countries including Nigeria. It is in the light of addressing theses problems that the World Health Organization's Action Programs on Essential Drug was established in 1981 to provide operational support for Countries in the development of national drug policies. The programme seeks to ensure that all people, wherever they may be, are able to obtain their drugs need at the lowest possible price, that these drugs are safe and effective and that they are prescribed and used rationally.

Despite this, quite a large number of Nigerians that have fallen below the poverty line continue to increase by the year. And therefore, many Nigerians cannot afford prescribed drugs even when available. The matter is concerned by our health care management systems up till today, most patients have to carry fully the weight of their health care costs. Companies are also finding it difficult to bear health care costs and this privilege is now being withdrawn or curtailed in a number of Companies.

Assurance of quality, safety and efficacy of pharmaceutical products is a continuing concern of World Health Organization (WHO). Despite efforts made by Governments to ensure supply of high quality and efficacious drugs, inadequate enforcement of pharmaceutical regulations sub-standard counterfeit products still compromise health care delivery system in Nigeria. Drug demand

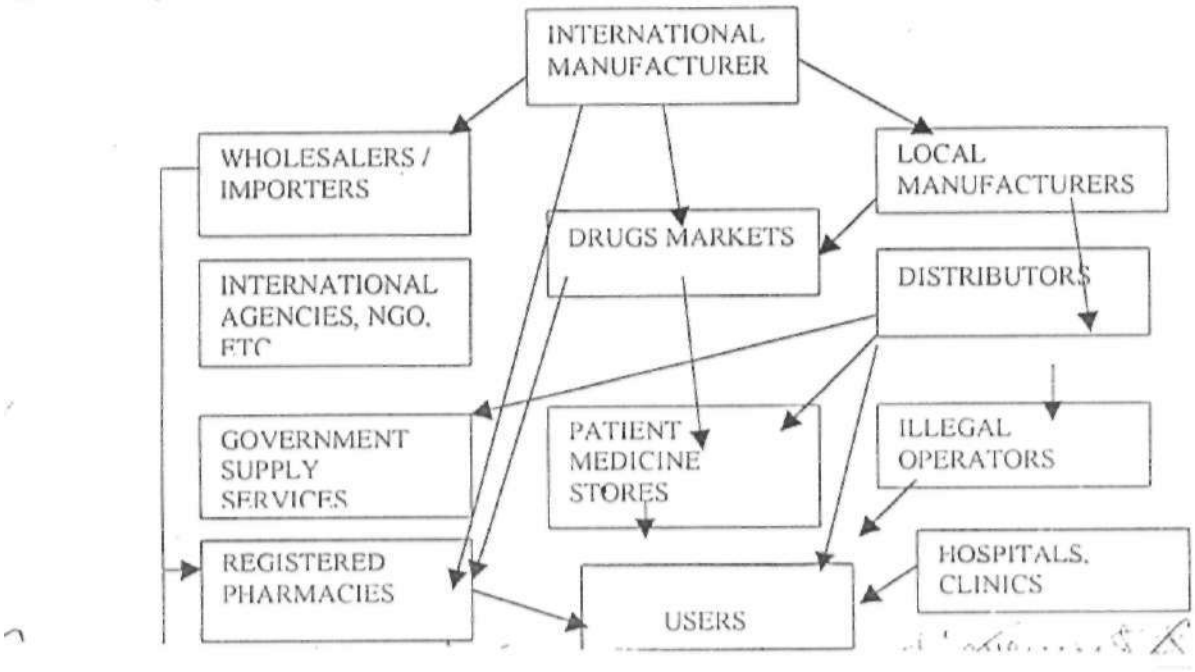
is usually generated by both the prescribed habit and the collaborative self care of the consumers. Distribution of drugs is a component of marketing activities in pharmaceutical industry. However, this element is in a chaotic situation as a result of the followings:-

1. Presence of large number of operators at all levels in the distribution chain.
2. Lack of concern by Drug Manufacturers and wholesalers about whom they sell drugs to.
3. Illicit and open market drug sales.
4. Illicit importation and drug piracy.
5. Manufacturers direct involvement in wholesale and retail distribution of drugs.
6. Indiscipline among all participants in the pharmaceutical industry.
7. Ineffectiveness of superintendent Pharmacist.
8. Non co-operation/co-ordination among principal actors in the pharmaceutical industry, including the regulatory bodies.
9. Lack of co-operation amongst the health care providers.

The average Nigerian can obtain his drugs needs from several places including intercity bus, bus stops, motor parks, "maiguard", kiosks, legal and illegal patient medicine shops etc.

The case of availability is one of the main factors naturally motivating irresponsible self-medication and self-prescription.

THE PRESENT DISTRIBUTION SYSTEM IN NIGERIA



1.3 OBJECTIVES OF THE STUDY

This research intends to find ways of controlling and managing the marketing of pharmaceutical products in Nigeria. The study includes the activity of pharmaceutical industries vis-a-vis marketing, management, control of pharmaceutical products and the general handling of such products from the manufacturers to the end user.

The study shall identify the problems of inadequacies or otherwise in the management and marketing of pharmaceutical products. This will draw attention of managers in public and private to the problems with a view of solving it. Also health care professionals should be trained to develop a team approach to health care delivery so as to meet the health needs of Nigerians and the communities they serve. The contribution of total quality care by nursing, medical and pharmaceutical care in the interest of patients should be recognised.

1.4 SCOPE OF THE STUDY

The term pharmaceutical products include all drug products manufactured and distributed by pharmaceutical Company.

Consideration of environmental health services is not an objective of this study. Personal health services is the primary focus which involves the formal and informal deployment of resources directed primarily at health care for individual rather than modification of the environment with the objective of maintaining, protecting and restoring health and minimizing the effect of illness and injury.

Health maintenance is broader objective than the provision of health services, and planning for health care. It is essential therefore that the broader societal objective is recognized.

However, because of the need to assess the recognizable components of heath care services system that are common to each study area, the study primarily examines the use of formal health services and looks at only some aspects of these personal health services. More emphasis is placed therefore, upon the services provided by medicine, dentistry, pharmacy that are based upon long tradition of rational and scientific experience than upon informal systems.

1.5 *LIMITATIONS OF THE STUDY*

Whereas the health care services continue to rely on the supply of drugs and in view of the fact that substandard drugs have unfiltered the national drug distribution system in Nigeria.

This study limits searchlight on Drug channel Distribution system only, and does not go into details of the marketing mix.

This is contained in the oath taking by Pharmacists, Doctors and Nurses that they shall refrain from

self advertisement. This does not however apply to the drug products by the manufacturers.

The quality of service offered is tied to the quality of the drug products through the efficacy.

1.6 SIGNIFICANCE OF THE STUDY

The study should provide reasons why pharmaceutical companies had to spend more on research and development.

The patients/consumers satisfaction should always be uppermost in the design of any product policy and marketing strategies. People in the pharmaceutical marketing fields ought to understand some of the decision process that the consumer undergoes in the selection of a particular brand and services

Importantly, this project may come out with some policy guideline and advice the government on the growing concern on the chaotic drug distribution channel and the quality of marketed medicines.

It's a common knowledge that there is a proliferation of counterfeit and sub-standard pharmaceutical product in the market. The perpetrators of this evil must therefore be prevented from inflicting further damages to the health of the citizenry.

DEFINITION OF TERMS

HEALTH:- Is defined as a state of complete physical, mental and social well being and not merely absence of disease or infirmity.

DRUGS: World Health Organization (World Health Organization (WHO)) defined drugs as any substance or product that is used or intended to be used to modify or explore physiological systems or pathological states for the

benefits of recipient (Culled form World Health Organization (WHO) technical services in 1996)

PRODUCTS: *Product anything that is capable of satisfying basic needs or wants - that* renders services. It is a complex of tangible and intangible attribute (like including) packaging, color, price, manufacture's prestige, retailers prestige, manufacturers and retailers services which the buyer may accept as offerings.

MANAGEMENT: Is defined by Derek as process, activity or study of carrying out the task of ensuring that a number of diverse activities are performed in such a way that a definite objective is achieved.

MARKETING: According to Staton and Futwell (1987) "is a total system of business activities designed to plan, price, promote and ideas to target markets in order to achieve organizational objective

CHAPTER TWO

LITERATURE REVIEW

2.1 MARKETING CONCEPTS

The marketing concept may seem like an obviously sensible approach to running a business; but infact, business have not always believed that the best way to make sales, and profits, is to satisfy customers. This philosophy emerged in the third major era in the history of V.S. business. It was preceded by the production era and sales era.

MAKING THE MARKETING CONCEPT WORK

Since the marketing concept affects all types of business activities, not only marketing activities, the top management of an organization must adopt it wholeheartedly;

1. Management established an information system that enables it to discover customers' real needs and to use that information internally to create satisfying products.
2. Management's second major task may well be restructuring the organization. We have already pointed out that if a firm is to satisfy customers' objectives as well as its own, it must co-ordinate all activities. To achieve this co-ordination, the internal operations and the overall objectives of one or more department may need restructuring. If the head of the marketing unit is not to member of the organization's top-level management, the situation of implementing the marketing concept demands the support not only of top management but also of Managers and Staff at all levels in the organization.

Problem of Implementing the Market Concept

Even when the basic conditions of establishing an information system and re-organizing the firm are satisfied, it is not certain that the firm's new marketing approach will function perfectly.

1. There is a limit on a firm's ability to satisfy customer's needs for a particular product. Each person has an idea of what a specific product should be. In a mass production economy, however most business organizations can tailor products to fit the exact needs of each customer.
2. A firm may try to learn what customers want, needs of each customers' needs, the firm's personnel often have a hard time actually developing a product to satisfy those needs.
3. By satisfying one segment of society, a firm contributes to the do satisfaction of other segment. Government and non-business organizations also experience this problem.
4. May have trouble maintain employee during any restructuring that may be required to co-ordinate the activities of various depth. Changes can be highly upsetting to employees and can affect their productivity. Management must clearly enunciate the reasons for the changes and communicate its own enthusiasm for the marketing concept.

Adoption of the Marketing Concept

Research generally indicates that the marketing concept especially its customer orientation-has been implemented by a number of business organizations. Longer businesses have seemed more willing to adopt the marketing concept than smaller ones. However, as business people become more aware of their social responsibilities and as an increasing number of individuals and groups pressure business to be more responsive to societal needs, we can expect more organization to adopt the marketing concept.

The Marketing Mix Concept

Source:- Managing Financial Services Marketing by John Marsh Pitman Publishing 1988 pp62-68.

The Marketing mix is often described as the blending or combining of the four key elements of all market activity, namely the services, the price, the promotion and finally the distribution systems in such a way that the combination is likely to prove attractive to chosen customer market segments. If the mix is right, people will decide to buy and there is no need for further personalism and the use of hard-sell techniques.

In practice, however, decisions concerning the ways in which each individual element used is closely linked or inter-related with the others and cannot be isolated. The precise mix of the four is what requires marketing skill and judgement, and the success or otherwise of the 'blend' should be constantly examined and when necessary adjusted to improve sales results.

Arguably, the most important element of the four which make up the marketing mix is the features and benefits.

2.2 CHANNEL CONCEPT

Distribution can be said to be one of the most important marketing activities that a manufacturing company or health cannot afford to avoid if she wants to survive and as such must be carefully planned. No matter how well other marketing activities are designed, the producer cannot succeed except the distribution is effectively and efficiently carried out. It is the area that should be carefully examined in the light of the various strategies that the producer wishes to adopt because of its importance to the survival of any manufacturing company.

A lot of very good products and services have failed not as a result of wrong quality, price or exposure but due to wrong planning and wrong use of distribution strategies. It is imperative for the manufacturer therefore to carefully choose the right method of distribution most appropriate to move his products to the ultimate users. Organizations are only known through their products and/or services. The effective planning cannot be over emphasized.

There are reasons for and against the use of intermediaries generally in distribution of goods and the reasons for the use of intermediaries include the followings:-

i. Lack of financial resources to move the goods from the manufacturer to the ultimate user.

ii. The need to conserve capital that would have been used for distribution to invest in more product.

iii. Lack of technical know-how in effecting final distribution to the end users e.g. Pharmaceutical care is the exclusive role of a Pharmacist in both the Hospital and Community setting. Pharmacist are health professionals World Health Organization (WHO) help people to maintain good health, to avoid ill health and, where appropriate to acquire and make the best use of their medicines. Marketing intermediaries, through specialization, experience and scale of operation offer the firm more than it can usually achieve on its own.

iv. The existence of channels which are designed specifically to deal in assortments and to break bulk e.g. retail stores.

v. A market structure with large number of potential buyers geographically scattered demand for the use of intermediaries to be able to reach the users effectively.

vi. Some of the reasons against the use of intermediaries are cleared by Giles.

vii. The need to demonstrate a technical product, to supervise taste, to undertake complicated and perhaps lengthy negotiations or to provide specialized after sales services.

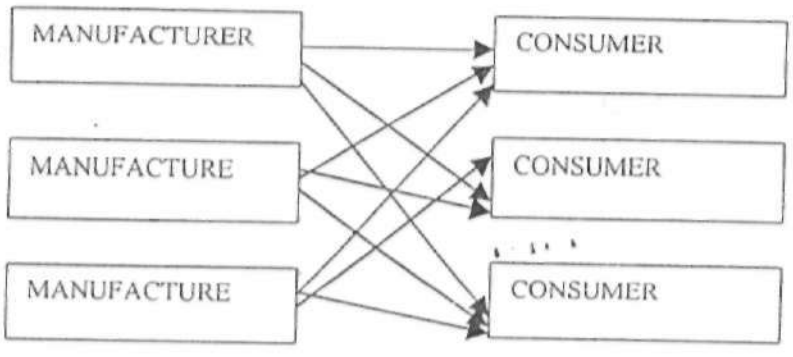
viii. The lack of active selling by intermediaries and inability to persuade existing channels to carry or merchandise stock.

ix. Unduly high intermediary profit margins which might give rise to cost and price advantages under a direct marketing system.

x. Inability of intermediaries to effect physical transport and industrial market structures with comparatively few potential buyers often geographically concentrated.

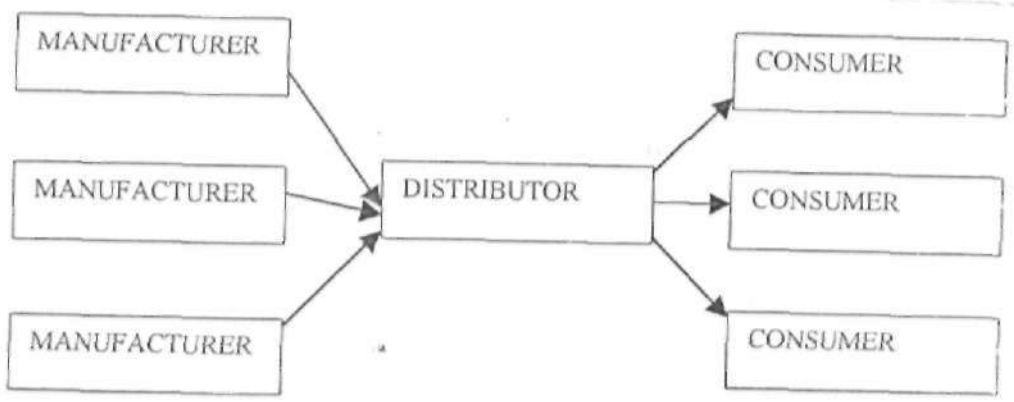
The above reasons for and against the use of intermediaries clearly shows the manufacturer as having the decision whether or not to use intermediaries in the distribution of his products and to what extent. In fact the use of intermediaries by products of consumer good and popular drugs (non ethical) adds to conserve capital for other purpose.

The following figure illustrates further how the use of intermediaries can effect an economy of effort.



Source Kotler, P. Principles of Marketing

The above illustration shows three products using direct marketing to reach of three customers. This system requires nine different contacts i.e. 3 manufacturers times three consumers (3x3 = 9). This is an expensive means of distribution. That the following illustration (figure 2-3) shows the three products working through one distributor World Health Organization (WHO) in turn contacts the three customers. This system requires only six contacts. In this way, the use of middlemen reduces the amount of work that must be done.



TYPES OF CHANNEL LEVEL/MEMBERS

Every organisation faces a series of alternative decisions which relates to how it is going to make its good and services available to consumers. The type of channel that the company choose for the movement of the product depends on a lot of factors which are:-

a. The distribution objective

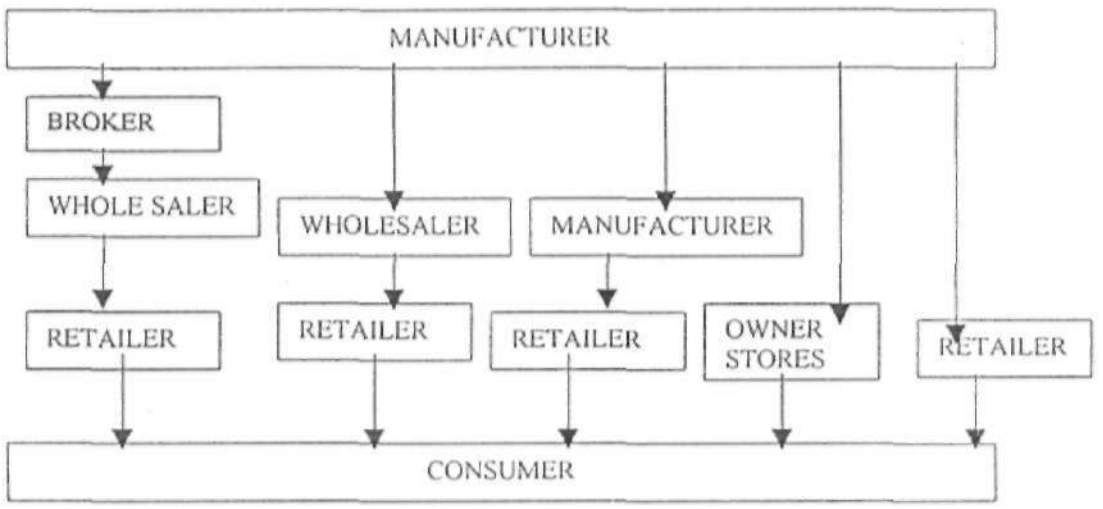
b. The type of channel present and available in the market

c. The financial capacities of the company

d. The nature of products and the market as well as the economic situation prevalent in the environment of business.

Because of the presence of these factors, many companies are simultaneously using a number of different channels arrangement. For some, the strategy to use one or more channels reflects a specific managerial policy to engage in segmented marketing or dual distribution while for others involvement are more accidental than strategic. Nevertheless, the number of channels that a company utilize must be reviewed periodically so as to drop or add as at when necessary.

The following figure illustrates the available channels opened to the producer:-



Source P. Buckling Theory of Distribution.
Kotler, went further to explain the members of channel as follows:

A zero-level channel (also called direct marketing channel) consists of the manufacturer selling directly to consumer. Example of this is manufacturer heavy factory equipment's selling directly to users.

A one-level channel contains one selling intermediary. In consumer markets this intermediary is typically a retailer. In industrial markets it is often a Sales Agent or a Broker.

A two-level channel contains two intermediaries. In consumer market they are typically a wholesaler and a retailer while in industrial markets they may be a Sale Agent and wholesaler.

A three-level channel contains three intermediaries. For example in the meat-packing industry a jobber usually intervenes between the wholesalers and the retailers.

From the products point of view the problem of control increases with the number of levels, even through the manufacturer typically, deals only with the adjacent level.

2.2 CHANNEL CONCEPT

DISTRIBUTION

Distribution is an organized system of planning, managing and control of physical flow of goods through selected channels to ultimate user. Norman, defined distribution network as "type and extent of the consuming market through appropriate market".

Distribution can be said to be one of the most important marketing activities that a manufacturing company cannot afford to avoid if she wants to survive and as such must be carefully planned. No matter how well other marketing activities are designed, the producer cannot succeed except the distribution is effectively and efficiently carried out. It is the area that should be carefully examined in the light of the various strategies that the producer wishes to adopt because of its importance to the survival of any manufacturing company.

A lot of very good products have failed not as a result of wrong quality, price or exposure but due to wrong planning and wrong use of distribution strategies. It is imperative for the manufacturer therefore to carefully choose the right method of distribution most appropriate to move his products to the ultimate users. Organizations are only known through their products and/or services. The effective planning cannot be over emphasized.

The need to use intermediaries by the manufacturers depends mostly on the objective and nature of the products to be distributed by the use of intermediaries, some functions such as provide medical advice and appropriate services and granting of credit facilities and the provision of spare parts or medical assessories that might be needed with the product, effecting an adequate flow of goods and sales, and providing these goods as the nearest point to the user.

2.3 CHANNEL CONCEPT AND PHARMACEUTICAL SERVICE

At the Phamaceutical Manufacturing Industry we are concerned about the quality of the product. At the level of providing pharmaceutical service the main thrust is how the quality product shall translate to achieve good medical care service. "In Medicine, the quality of medical care provided is being discussed and assessed with a view to improving the quality care a patient receives. Other health care prviders are also being required to assess the quality of care they provide" (Blumenthal, 1996a, Brook and Mc Glynn 1996, Chassin, 1996). "The need for quality assessment is predicated on reducing the cost of health care without reducing its quality" (Blumenthal, 1996b).

In Nigeria, discussing pharmacy in health care note has to be taken of national health and drug policies, the objectives of health and drug policies, factors that have direct impact on health and care and the outcomes of the health and drug policies. These factors include political will, system of governance equity and health distribution pattern, enforcement of Regulatory control of pharmacy, legislation socio-economic factors e.g. poverty life-style, culture, education, and environment.

In Nigeria, lack of proper management of the channel of distribution has led to the chaos in the health care delivery systems. Whereas the government is the major key player in the distribution of health care services.

2.4 NATURE AND USES OF MEDICINES

Pharmaceutical companies produce two basic categories of products, they are:- Proprietary non-ethical madicines which can be advertised to the public, distributed to appropriate selected channels, and they are available without Doctors' prescription.

Proprietary ethical medicines which are advertised only to the medical profession and are made available only on doctor's prescription.

The use of medicines shows wide variations among study areas, with greater differences observed for non-prescription.

Pharmaceutical products are the most common health care resources in contemporary industrial societies. Prescriptions for these products are a frequent outcome of physicians contacts, and there is a wide spread use of substances that are injected orally or nasally, injected or deposited, rubbed on or applied, few cross-national studies have systematically analysed the use of medicines, although much attention then to the extent of their consumption has been prompted by concern for costs and their effects on the consumer. Pharmaceutical substances and appliances constitute 15 percent of annual expenditure of health care in the United States (Social Security Administration 1970) prescribed medicines account for 11 percent of annual budget of the National Health Services in great Britain (Task Force on prescription Drugs 1968) and for 8 percent of annual health costs in Canada. Expenditures for anon-prescribed medicines also aggregate to a considerable sum despite smaller average unit costs, for example, this amount to 40 per cent of total annual expenditure on medicines in U.S. (Social Security Administration 1972).

2.5 RESEARCH FINDINGS OF THE WRONG MARKETING OF DRUGS

Drugs do have a role to play in better health - the right drugs, at the right time, at the right place, to the right people. The International Federation of Pharmaceutical Manufacturers Association (IFPMA) claims that its member companies which control some 80% of the World market - have undertaken to provide only drugs" which have "Full regard to the needs of Public Health" The evidence of such a contribution to Public Health is hard to find. A study by the U.K. Department of Health concluded that research was being "direct towards commercial returns rather than therapeutic needs".

In Nigeria, the resource and budgetary allocation to health is inadequate. It is usually less than 4% of the Annual budget. Thus the medical needs of the citizenry is not met. The dwindling resource allocation to health care services has led to the chaos in this sector. Drugs can be obtained without prescription in pharmacies, open markets, patent medicine stores. Drugs are hawked in buses, streets, motor parts. Antimicrobial Agents are taken prophylactically in subtherapentic doses to prevent diseases.

Jean-Rene Fourton, Chairman of Rhone-Poulenc, made it clear that the industry looks primarily for healthy growth rather than growing health.

A report published by the World Health Organization (World Health Organization (WHO)) points out that "There is an inherent conflict of interest between the legitimate business goals of manufacturers and the social, medical and economic needs of providers and the public to select and use drugs in the most rational way.

The Pharmaceutical Industry's first and very necessary priority is to make a profit. Harry Schwartz, a leading apologists for the U.S. Pharmaceutical industry, explains that:-

"What the industry wants so badly these days to be values for its contributions to society" is not what the game is normally about. The pharmaceutical business - like every other business in the U.S. - is about making money, and it is towards the goal of making the most possible money that industry executives normally devote their energies day in day out".

The result of this emphasis is a global market place that out of control. According to Dr. Enrique Fefer of the Pan American Health Organization (PAHO), in a latin American and the Caribbean, weak regulatory agencies allow ineffective products to be marketed or promoted for non-approved uses, local facilities do not always comply with accepted quality control standards health professionals have limited access to objective information, and untrained pharmacy staff advice consumer on what drugs to use.

In Iran, misuse of pharmaceuticals means that about - $100 million in a year is wasted. Other studies demonstrated the international nature of this problem. Massive misuse of drugs is the inevitable result of market littered with products which are ineffective, inappropriate, irrational, useless and needlessly expensive. The pack highlights some of the worst problems as follows:-

There are dangerous products freely available - products which have been severely restricted or withdrawn completed in Countries with strong regulatory authorities. There are barbiturate preparations on the market - sometimes in combination - despite the understanding dating from 1950 that barbiturates are drugs of addiction. Antidiarrhoeans still contain clioquinol or other hydroxyquinolines - drugs which were first connected with severe nerve damage in 1970. The estrogen preparation, diethylstilbestrol (DES), used to prevent miscarriage, is still available, despite being found in 1971 to cause cervical and vaginal cancer in daughters of women World Health Organization (WHO) used it during pregnancy, Analgesics still contain dipyrone - a drug that can

cause life - threatening shock and potentially fatal blood disorders - despite being termed "obsolete" by American Medical Association in 1977.

There are **ineffective** products - preparations which contain ingredients that do not do what they claim. Sadly, DES falls into this category too, not only is dangerous, but it does not prevent miscarriage. Similarly, antidiarrhoea mixtures diet". Various vasodilaltors and other chemicals are heavily promoted as "brain tonics" to improve memory and concentration, despite little or no evidence to back up the claims.

There are ***irrational combinations*** *such as cough and cold preparation which contains an* ingredients to encourage to suppress cough. Over 80% of cough and cold remedies on the market are irrational, most with ineffective and some with potentially dangerous ingredients. Similarly, some anti-diarrhoeas containing are potentially dangerous.

There are **needlessly expensive** products. One justification for widespread competition is that consumers will benefit from lower prices. However, mismanagement of drugs means consumers are forced to buy more expensive antibiotics in an attempt to find drugs to which bacteria are not resistant. Similarly, the rush for an anti-arthritic onto the market means paying 2 to 14 times more for drugs with little increase in therapeutic benefit or decrease in side effects.

There are inappropriate products - drugs which are unnecessary or not useful. A particular example concerns the marketing of appetite stimulants by the pharmaceutical industry's biggest company, Marck Sharp and Dohme (MSD). In February, 1992, MSD was presented with Fortune magazine's "most admitted corporation" award for the sixth year running. The attributes that were assessed to make up the award included: Total quality management (TQM) financial soundness; quality of products ability to attract; develop and keep talented people; use of corporate assets; value

as a long term investment - innovativeness and community and environmental responsibility. However, there was little to admire when, throughout 1991 in the midst of famine in Africa, MSD continued to sell Peniactin (B) (cyropheptadine) as an appetite stimulant. This is an antihistamine for which weight gain is a side effect. Not only is food, not drugs, the appropriate treatment for malnutrition, but twenty years earlier the US Food and drugs Administration (FDA) said there was no evidence of this products effectiveness as an appetite stimulants. That behaviour is some distance from IFPMA "Full regard to the needs of Public Health".

Drug Promotions Excessive promotion of many of these less - effective products compound the problem. David Jones, a former executive at both Abbott and Ciba-Geigy (now Norvatis), provides a clear description of industry promotion: "prescription drugs are marketed as if they were cosmetics of candy. Claims are made beyond what the product will do. Demand is inflated beyond the medical need. Users are promoted that are neither healthy nor wise".

US FDA official Arthor Yellin says that "the vast majority of promotional materials submitted for consideration by the Agency is "false and/or misleading". Another FDA official David Banks, says that drug promotion in the USA reflects a "disregard for the well being of the Public" he says that this problem is not confined only to a few "bad applause" in the industry. Nor is it a problem that is confined to the USA promotional material that are misleading or contains claims that cannot be substantiated, inappropriate behaviour by sales representatives or inappropriate offer of hospitality, prize competitors to encourage sales, and market research studies that are little more than thinly disguised advertising are common practices the World over.

Health workers around the World are virtually wholly dependent on the Pharmaceutical industry for information about the medicines they use. Although Physicians uniformly deny that their understanding of drugs is influenced by the activities of the Pharmeceutical industry, the American College of Physicians point out that "There is considerable evidence to support the efficacy of the personal encounter with a professional sales person in shaping physicians' attitudes towards drugs".

What Doctors and consumers need most is unbiased comparative information and over-the-counter medicines but "This is not provided by the pharmaceutical industry". Instead there is an emphasis on the possessive aspects of products and on attributes that are perceived to give the product a marketing edge rather than on providing objective data required for comparative analysis. In the process, newer and more expensive drugs are the most heavily promoted. These are the products about which less is known, including whether some group of people should avoid the drug or whether rare or long term adverse effect exists. This is one of the most evident examples of the constant conflict between therapeutic and commercial objectives. The better known, older, the less expensive drugs are less promoted; non-drug solutions are rarely if ever promoted.

The American College of Physicians said in 1990 that the "ethically unsound relationships occurring between individual physicians and the pharmaceutical industry" were likely to "impair public confidence in the integrity of and judgement of the profession and may compromise physician clinical judgement".

Information about the risks of medicines is not always as clear as it could be. For example, the NSAID, Ospen (R), was prescribed to patient with liver and kidney damage which made it difficult to rid the body of the drugs. The manufacturer, Eli and Lilly, says that it warned Doctors

against such use. But the Doctors argue that "the warnings were buried in a mass of other information and are anyway common to most NSAIDS.

Marketing often determines the direction of the research, John Zabriske, Head of US Division of MSD Pharmaceutical Company says that in his Company "Marketing people go into development and actually become members of the research team. And is very important because marketing then has fundamental understanding, early on, exactly where the development is and at that point we can influence the critical studies that are going to be done, and we can ask for over and above the claims that are originally going to be developed.

A favourite marketing strategy is to try to widen the indications for a product. A French government committee said in 1990 that promotional materials which aim to broaden the use of products beyond approved indications were "still common place" In the USA in 1990, the FDA warned companies laboratories about repeated attempts to encourage unapproved uses of drugs. 1st described this continual practice of the companies as "Very serious violations" and said it would crack down on all such" false/or misleading promotion.

Not only do companies sell their particular branded drug but indirectly they sell the concept that there is "a pill for every ill". In the USA two out of every three patient visits to a doctor result in the Doctor prescribing one or more drugs. As most drugs are administered after an illness has set in, they also reinforce a focus on curative rather than preventive medicine and lead to prevalence of what has been called "symptom swatting" rather than careful identification of causes of illness.

The major consequences of uncontrolled drug promotion is the irrational use of drugs which has its own consequences on Public Health. One reason for this is simple; there are too many drugs

on the market which are broadly similar. The competition to get a particular drug prescribed or used is fierce.

2.6 IMITATIVE RESEARCH - ACTIVITIES IN PHARMACEUTICAL INDUSTRIES

In a competitive industry, the Company with the best marketing strategy often succeed - even if its products offer no real advantage. The pharmaceutical industry spends much more on marketing than on research. Promotion and marketing expenditures average at least 20% of sales, approximately, double the average expenditure on Research and Development (R&D). Fortune Magazine suggests that marketing expenditure may be as high as 30% of sales turnover.

Hans-Peter Hauser, who was Head of International Marketing at Ciba Geigy in 1983, is clear on this point, "it used to be that R&D came up with products and said "you well them" Now as competition gets fiercer and the industry approaches maturity, the marketing end becomes more important.

Nonetheless, the industry tries to focus more attention on research and divert attention away from marketing and promotion. Peter Cunliffe then Chairman of ICI's Pharmaceutical Division as a spokeless man for IFPMA said in 1985 that the main function of the research based industry is of course to invent useful hollowness of claim.

Of the 348 new drugs from the 25 largest US Drugs Companies between 1981 and 1988, the USGDA said that at the time of introduction, 3% (12 drugs) made an important potential contribution to existing therapies. 13% made "modest potential contribution and 84% made "little or no potential contribution.

A French study of 508 new chemical entities (NCEs) marketed in the World between 1975 and 1984 found 70% offered no therapeutic improvement over existing products. Out of an assessment of the 53 NCEs introduced worldwide in 1988 found only four (7.5%) which were "break through products".

According to Dr. Phillip Brown, publisher of Script "Pharmaceutical R & D has to come up with significantly superior products, not just expensive variants of currently available medicines.

Too many similar drugs compete for the market, essential drug policies and national formualaries, which limit the number of drugs on the market to those for which there is clear medical need, are the first step towards a more rational use of drugs.

As World Health Organization (WHO) has pointed out - "National Drug policies and Essential Drug Programmes are now, and in the foreseeable future, the best means we have available to pursue and eventually attaining the dual objectives of rational management of drug resources and better health for all".

A. In Nigeria, Public Health Institutions stock many drugs which are broadly similar in the past. However in recent time, the Essential Drug Programme (EDP) adoption has reduced the incidence of waste and expired drugs. The basic components of the EDP:-

1. Selection of Drug List
2. Quantification (the Need)
3. Procurement
4. Distribution

5. Rational Use including prescribing dispensing and patient compliance.

6. Quality control and related legislature maters of drug registration and information.

7. Drug use education

8. Staffing and Training

9. Needed physical and fiscal resources

10. Overall drug or pharmaceutical policy to embrace and guide package.

In 1987, the Federal Government of Nigeria (FGN) obtained a World Bank loan to finance the high priority programme of the Essential Drug Project (EDP) in order to combat the crisis situation in our health care services.

Setting up of Drug Revolving Funds (DRFs) is the major focus for ensuring the sustainability of the EDP.

Objective of the DRF:- The objective of the DRF is to guarantee the continued provision of drugs by collecting sufficient funds through charges to patients for drugs consumed to cover the full replacement costs of new drugs as well as losses through deterioration or pilferage.

All persons involved with this project when rendering service must adhere to the polices of cost recovery through pricing, procurement and financial management systems.

Detailed control measures to safeguard assets of the DRFs were established to sustain the sustain ability and operational efficiency. These controls include:-

* Full documentation of movement of drugs from procurement to eventual use by patients comprehensive records and accounts to be maintained for each point in the *distribution chain.*

* Regular reconciliation between records of drug stock, sales, cash etc. which will be maintained independently.
* Regular confirmation by independent checks that the records agree with physical stocks.
* Continuous supervision of each facility's operation.
* An annual external comprehensive audit of the operation of each DRF and;
* Strict application of the principle of cash and carry.

2.7 SOME SOCIOLOGICAL DETERMINANTS OF PATIENTS BEHAVIOUR IN SEARCH FOR HEALTH-CARE

Human action is characterised by its integration and goal-directedness. Human action is integrated in that the individual wants, emotions, recognitions etc, operate in concert to influence his actions. Each individual has his or her own concept to health, illness, and drugs when in a "patient" state the individual is faced with a choice of "whether" and "where to seek medical care. The patient has the ultimate choice of whether to seek medical care and where to seek such care. A problem-solving" behavioural approach involving elaborate decision-making may be used by the patient needing drugs (either prescribed or suggested), he again has to decide whether to purchase them and "where" and "where" are central to the pharmacist-patient relationship. An pharmacist to relate better to the patient.

Either consciously or subconsciously, the patient is cautions in his search health care; and rightly so. The stakes are rather high - his health and possibly his life. Smith (1977) suggested for " basic

variables" that control the actions of a patient. These are needs, motives, perceptions and attitudes, to these, we shall add beliefs and experience, and such environmental factors as social and family influence economic situation, cultural influence and religion. Figure I shows the various sociological determinants of the patient's behaviour in his search for medicare. The interaction of all these sociological determinants result in a unique behavioural pattern or strategy which the patient subconsciously implements in his search for medicare. Following implementation of whatever decision the patient makes is a review of the outcome satisfactory or unsatisfactory. The result of this evaluation would either reinforce or modify the strategy for searching for pharmaceutical services by the patient. A negative behaviour by the patient may thus result from either some interplay of sociological determinants of behaviour of interaction with drugs and pharmacists or both One negative behaviour which is of serious concern to the pharmacist and the physician is the problem of non-compliance. At least two of every three prescriptions being dispensed in Nigeria are being taken incorrectly by patients. This figure may even by high when one considers the prevalence of illiteracy in the country and the minimal drug information being made available to the average patient. Illiterates constitute a handicapped patient group. This class of patients is even more exposed to the dangers of drug abuse and misuse.

No drug is effective unless it is properly prescribed, dispensed and administered. This demands knowledge and commitment on the part of the physician, the pharmacist and the patient. The patients; situation may be likened to that of the Ethiopian eunuch (Holy Bible Acts 8.30-31) who in answer to the question "Do you understand what you are reading?" said "How can I, except some may guide me?" Does our patient understand why and how he should take his drugs? Does he know who should "guide" him? And who in fact should guide him?

A related sociological concept which may help the pharmacist in his professional duties is the concept of behavioural roles. A role may be defined as the behaviour generally expected of an individual in a given social position. By this definition, a role contains a normative (ought, should) component. Thus two parties may not fully agree on definitions of their respective roles, nor their behaviour conform to each other's exception. Because of the normative quality of roles, one consequence of nonconformity to the other's or dissatisfaction. Many found that patients' complaints about a physician may or not be related to competence, but they always reflect a serious failure to fulfil expectations in some important way. One may therefore expect that a patient's behaviour with respect to pharmacy and pharmaceutical services may result from the success/failure of the pharmacist to live up to some expectation, if any. It is thus useful for the pharmacist to ask and answer the questions. What does the patient want or expect? How does the patient's role expectation differ from my role self concept? What actions should I take to better "manage" my client-professional relationship? The views of the public, forged by actual experience, are important.

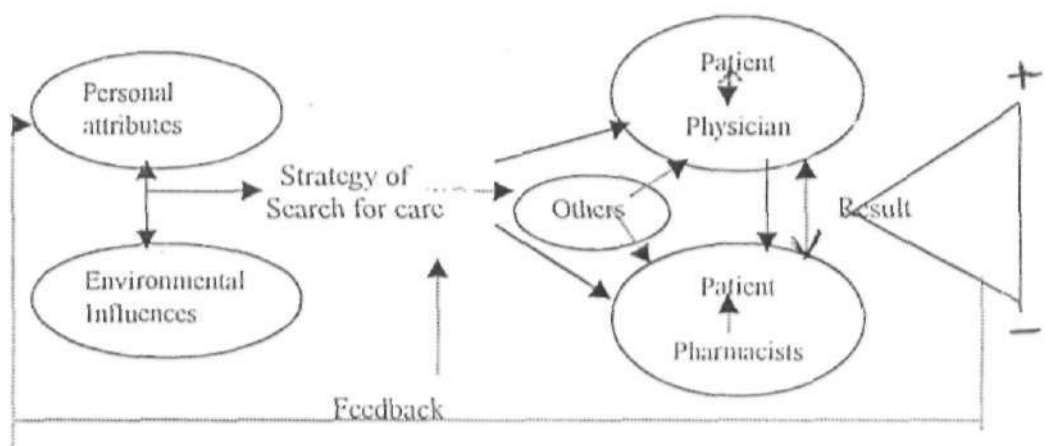
THE MODEL

A useful way of studying the multiple sources of behaviour is through the building of conceptual models. A conceptual model is a mental view of how some specified events creates an observed result. A good conceptual model may provide a powerful tool for predicting and explaining some behavioural pattern.

Kurt Lewin (1951) in his "field theory in social science" stated that behaviour is a function of the person and the environment. Rensis Likert (q954) in a study of consumer motivation stated that the

Fig 1

A flow diagram of our model of patient bahaviour is shown below.



A: Needs, Motives, Perception, Attitudes, etc.
B: Social, family, Economic, Religious, etc
+: Satisfaction
-: Dissatisfaction

A Mode of patients' search for medicare.

factors which may influence the way a consumer (in our case, patient) behaves would include cognitive factors such as information and misinformation people have perceptive factors such as the way they see a situation and personal factors such as attitudes, expectation, habits, intention, etc. More formally, Kurt Lewins formula for behaviour may be expressed as:

B = f(P,E) where B = Behaviour

P = Personal attributes

E = Environmental factors

Mathematically, this is of the form

Y = f(X) where Y is a dependent variable and

X are independent variable which determine Y

The variable that constitute X include such personal attributes as the needs, motives, perceptions, beliefs of the patients as they relates and drug use; and such environmental factors as social norms, economic considerations, cultural influences, family influences and religion. The mode of interaction of these variables may be additive, multiplicative or even contradictory but may be determined experimentally.

CHAPTER THREE

3.0 HISTORICAL BACKGROUND OF WORLD HEALTH ORGANIZATION (W.H.O)

3.1 INTRODUCTION

The World Health Organization (W.H.O) is a specialized agency of the United Nations with the primary responsibility for international health matter and public health. It is designed to further international cooperation for improved health care.

World health Organization (W.H.O) was established in 1948, is a specialized agency of the United Nations designed for further international co-operation for improved for improved Health Care W.H.O inherited the Health Organization of former league of Nations set up in 1923, and from the international office of public health at Paris established in 1909, various international duties related to epidemic control, guarantee measures and the standardization of drugs. Under its constitution, however, World Health Organization (W.H.O) is given a much broader man-date - to promote the attainment of the highest possible level of health of peoples.

3.2 HISTORICAL BEGINNING OF WORLD HEALTH ORGANIZATION(W.H.O)

With its administrative headquarters in Administration in Geneva, Switzerland, W.H.O. operates through three principal instrumentality the World Health Assembly meeting annually as the general policy - making body; a small Executive Board of Health specialist elected for three years terms by the assembly, and holding two sessions each year, and a secretariat, which had in the 1960s a staff of about 2,600 persons representing many different nationalities. The secretariat is headed by a Director General appointed for a five - year term by the assembly on nomination by the Executive Board.

Regional Offices were established in Alexandria, United Arab Emirate (U.A.E.). Republic of Congo, Copenhagen, New Delhi, Manila and Washington DC . Each regional office is supervised by a committee of representatives of members state in the region concerned.

The organization is finance primarily from annual contributions made by member government on the basis of relative capacity to pay function. The work of World Health Organization (W.H.O) embraces three fairly distinct categories of activities.

3.3 WORLD HEALTH ORGANIZATION (W.H.O) IN NIGERIA

Although notable Nigeria health professional the likes of Professor Adeoye Lambo who served as Deputy Director-General have been making their impact felt at the World Health Organization (W.H.O), Nigeria did not make a headway in her drug action programe until 1989. This saw the development of an Essential Drug policy based on Primary health care. The policy inspired the publication of Nigerian National Drug formulary.

The concept for Essential Drug List EDL is designed for developing countries including Nigeria. there was also the BAMAKO Initiative which is a joint World Health Organization (W.H.O) -UNICEF concept aimed at catalyzing the three-phase health development framework for accelerating Health of Africans by the year 2000. Bamako Initiative aims to build confidence and managerial capacity through training and enlightenment using essential Drugs as a basic resources., Bamako Imitative was bought by the Nigerian Government because of its demonstratable potential to improve management and stimulate community confidence.

Research, more than any intervention strategy, holds a long-term key to unlocking the drug puzzle. In this respect, the World Health Organization (W.H.O) is collaborating with research and training

institution in Medicine involving distinguished Nigerian Pharmacists, pharmacologists, and pharmacognosticians, World Health Organization (W.H.O) are mandated to search and source for raw material and new drugs from our very rich tropical and natural herbaria.

Opportunities therefore, exist for major indigenous pharmaceuticals industries to produce cheaper raw materials and drugs and this discourage indiscriminate importation at very high costs.

3.4 THE OBJECTIVES OF W.H.O.

By means of direct technical cooperation with is member states, and by stimulating such cooperation among them, W.H.O. promotes the development of comprehensive health services, the prevention and control of diseases, the improvement of environmental conditions, the development of manpower, the coordination and its development of biomedical and health services, research, and the planning and implementations of its programmes

3.5 THE CONTRIBUTION OF WORLD HEALTH ORGANIZATION (W.H.O) TO PHARMACEUTICAL INDUSTRIES IN NIGERIA.

Besides the W.H.O initiative of Essential Drug Programme EDP which was adopted in Nigeria, Basic Test for pharmaceutical substances published in 1986 became a complementary instruments to international pharmacopeia worldwide.

The publication contain tests for 150 pharmaceutical dosage forms most of which are included in (W.H.O) model list of Essential drugs. Each test described has been verified in at least four laboratories in different countries. These basic tests merely confirm identify of drugs and this cannot replace tests for assurance of quality as contained in International Pharmacopeia or other monographs.

The objectives of World Health Organization (W.H.O) basic tests are:-

a. To provide sample and readily applicable method of verifying identity of any drug substance, using limited range of easily available reagents when the physical attributes give rise to doubts.

b. To provide practicable means of confirming the identity of drugs when a fully equip laboratory is not available

c. To indicate if gross degradation has occurred in certain substances that are known to decompose readily under adverse conditions.

3.6 THE DEVELOPMENT OF PHARMACEUTICAL INDUSTRY IN NIGERIA

Before Pharmacy began in Nigeria there existed and still exists those classes of people of persons called "the native doctors" or the herbalist. These herbalist gather herbs, roots, leaves and barks of trees and these are compounded and used in curing various ailments. Cow urine mixed with spices and vegetable oils was used in treating convulsion. Human urine macerated with leaves from certain herbs was used for treating fresh wounds. Roasted or burnt charcoal from roasted plantain was used for treatment of stomach ailment. Some solaneous leaves marcerated with spices was used for fever. Up till today, the tapping of blood from the head is still practiced to reduce headache. Blood tapped from muscle to alleviate Muscular pains.

During the slave in west Africa the early Whiteman who came to trade on slaves came in with some tablets of Quinine and Antebrin Aspirin tablets to treat themselves when they are sick, while some were given to their slaves in order to have a good market on them. At the same time, the Nigerian

Trading Company also brought in some few drugs such as Quinine, Aspirin and some mixtures for diarrhoea and muscular pains.

The years 1887 saw the first pharmacy Ordinance set out to control medicines. The practice os pharmacy in Nigeria actually started with Mr. (Dr.) Zacheaus Baily - Who was first granted licence to open a pharmacy in Lagos at Balogun Street. This was followed by West African Drugs Company, Nigeria and Waterloc Medicine Stores.

Nigerian-owned Pharmacies commenced in full swing with Commercial Medicines Stores, Broadway Chemists, and West African Chemists- all situated in Victoria street (Now Nnmadi Azikwe Street, Lagos).

Before the introduction of European Pharmacy to Nigeria in 1887, (we call it European Pharmacy for obvious reasons) the healing of the sick was carried out by herbalist who prepared concoctions from leaves, barks and roots of plants. The practice of herbalist is, of course, quite distinct from the practice of modern day pharmacy.

The early medicines used in Hospitals were concoted mixtures, decoctions importation from overseas and were numbered serially according to therapeutic effects. The early Dispensers studied pharmaceutics and they were then known as Druggists in that they must know the compositions of most of the mixtures, extracts, decoctions, pills and tablets.

Unlike today's dispensing, they compounded mixtures. Pharmaceutical training commenced in Nigeria in 1987 when School of Pharmacy was established at YABA Lagos. Before the establishment of Yaba school Dispensers trained were known as Druggist under Poisons and Pharmacy Act cap 50.

Other legislation's were in place to control the practice and a definite syllabus of instruction was provided (the Poison and Pharmacy ordinance 1927).

Other pharmacy ordinance and Acts in Nigeria:

a. Poisoning Pharmacy ordinance 1958
b. Pharmacy ordinance Cap 152, 1960
c. Decrees under Military Rules
d. Dangerous Drug Law Cap 48
e. The food Drugs, Cosmetics and Devices Decree No. 35 of 1974.

Counterfeit and Fake Drugs Degree (Miscellaneous Provisions) cap 63 of 1990:

d. The Dangerous Drugs acts Cap 91 of 1990 Food and Drug Formulary and Essential Drugs list Act Cap 252 of 1990 National Drug Law Enforcement Agency Act Cap 253 of 1990. Pharmacists Council of Nigeria Decree, 1992 Drugs and Related Products (Registration etc) Decree 1993 and National Agency for Food and Drug Administration and Control decree 1993

The above drug laws provide for:

e. The registration of drugs that are imported, manufactured exported distributed and sold in the country
f. The registration of person qualified to practice pharmacy
g. The inspection of premises where drugs are manufactured , to distribute supplied sold and dispense, and records relating the manufacture, sale, dispensing and supply of

drugs. The registration of premises in which community pharmacies practice the renewal of licences for premises every year Record keeping of prescription drugs including controlled drugs and poisons and the registration of drugs that are not suitably labeled. A pharmacist certain constraints in their practices. As an example pharmacists is not required to purchase, sell, or supply and drug which he has doubts as to its safety and quality. A pharmacists is required to satisfy himself on the source and quality of the drugs he purchase so that "the safety and health of the patient is assured.

3.7 THE IMPACT OF PHARMACEUTICAL INDUSTRY IN NIGERIA

It is the incontestable that the drug industry has tremendous impact in the national affairs of many countries. By breakthroughs in research and developments, the industry has firmly checked dreaded diseases like yellow fever, yaws, small pox, tuberculosis, any myriad bacteria infections in most countries. In developing countries like Nigeria, where the achievements are far from being conclusive, the industry nonetheless has major impacts on the quality, economy and content of health care services. The international drug industry in Nigeria has had economic impact (in terms of sales, investment, labour and productivity) equivalent to about US$200million, most which is in factory and stock investment. The industry weilds influences in the nation's chamber of commerce and the Manufactures Association of Nigeria, through the Diplomatic corps and, of course, through the pharmacy and medical professions.

The Food, Drug and Cosmetics Decree No. 35 01 1974 anticipated developments in the drug industry and made laws to regulate manufacturing practices, quality control, advertising and selling

of drugs to protect consumers from fraudulent and misleading product. The decree came up the nation's food and Drug Administration (FDA) Department of the Health Ministry, with wide powers for industrial inspection and controls. Rapid Development took place in the industry between 1976 and 1984.

Studies carried out 1971 shows:-

1. There were ten local manufacturers, only six of which could be said to have well-established operations. Virtually all drug requirements were still being imported, with local manufacture making only an insignificant contribution.
2. Activities of the few well-established manufactures were limited to simple tableting and mixing operations, plus bulk breaking of imported finished product
3. Infrastructure for existing industry and development of new ones was poor, as the supply of power, water and communications facilities were inconsistent and weak.

The 1976 study which was conducted as part of the work Federal Government Drug panel, summarized some of its finding as follows:

1. Only about 5% of Nigeria's total drug requirements were produced locally
2. There were a total of 15 companies, including very few indigenous firms, manufacturing drugs, locally, out of nearly 100 firms importing and marketing drugs.
3. About half of the manufactures conducted modern operations with substantial production capacities. But production was still limited to tableting and liquid mixing operations.
4. Nigerian pharmaceutical industry experienced well established manufacturing firms grew from six in 1971 to fifteen in 1976, to twenty in 1984, with empirical estimates that local

production as percentage of total consumption, insignificant in 1971, had grown from 5% in 1976 to 290% y 1983.

5. This remarkable achievement was distorted by the introduction of import licence in the early 1980's. The import licence era witnessed the emergence of politically connected individuals who got issued licences to import drugs only to sell them to persons who ordinarily are not qualified to import drugs into the system. One of the outcomes of such distortions is the existence of Drug Market in virtually al parts of Nigeria. These markets which are not recognized and registered, are manned by itinerant traders and have grown so powerful that they import, stock distribute and sometimes manufacture and package all sorts of drugs which are then distributed within a well established but illegal network to unsuspecting consumers.

In such circumstances, these drugs of doubtful quality and efficacy supplied to the public through the channel of distribution pose a potential danger to Nigerians because the drug product could have compromised the normal standard for such products.

Nigeria has a very poor record of drug control and regulation. Market men and women street traders and hawkers generally have access and sell potent drugs and poisons openly. This practice has opened the floodgates for fake and adulterated counterfeit and expired drugs finding their ways into the drug supply system This is a major problem with highly devastating effects on the citenzenry. Counterfeiting has encouraged the development of resistance to even many firsts line antimalarial and antibiotic drugs. This has led to the prescription of ore expensive drugs, thus substantially increasing the total cost of drugs for quality health care to the patient.

In a situation where patients cannot meet the cost, they resort to patronizing quacks and charlatans

who have little or know knowledge of their ailments with potentially fatal consequences.

This has also resulted in a big set back for indigenous manufacturers who not only miss opportunities to expand their businesses and other national economy, but also lose substantial amount of revenue to uncontrolled imports.

CHAPTER FOUR

4.0 RESEARCH METHODOLOGY:

4.1 INTRODUCTION:

This chapter in essence provides the reader of this study with the information regarding the scientific approach used in this research work. This includes the tools or instruments used, the research population and sample size, sampling procedure employed and the statistical technique used in the analysis and presentation of data gathered in the course of this study.

4.2 RESEARCH METHODS:

Available research methods out of which selection can be made include the followings:

(i) The Past:- What has been? Historical research methods tries to answer this question.

(ii The present:- What is now occuring? Normative Survey research method, experimental research method is used to answer this question.

(iii) The Future:- What probably will be prognostic or predictive research method.

The research utilised the present situation of our Drug Markets. The past was used as a basis for the reason for embarking on the research from growth to decline in the pharmaceutical industry, within a periods of the 1970's to the present . In both sectors of the economy from 1970 - 1980 there was growth. From 1984 to date there was decline. The future is a focus on the recommendation of the outcome from this study. The research projects the facts and events of the past and present in order that it should plan for development. The research also used Explanatory Research as a means to gain insight into the objective which include identification of the problems and thus formulating hypothesis for testing it. On the other hand the Applied method of research

applies to propounded theories by others to solve problem. This research does not make use of *theory but real situations.*

4.3 JUSTIFICATION FOR THE APPROACHES USED:

Explanatory or Descriptive research is often used in a field where nobody has ever explored. Nobody has done any research on this subject in the past. This is contained in declaration on this project.

The Explanatory research method inmost cases has the purpose of formulating problem for a *more precise investigation and the development of hypothesis thereof. Thus, since this research* study is aimed at carrying out a field investigation with respected the case under study. Drug distribution channel assessments in public and private pharmaceutical companies as it affects the Health Care delivery system in Nigeria with regards to accepting or

rejecting hypothesis. It's in the light of this that this method is appropriate.

4.4 RESEARCH INSTRUMENT/TOOLS USED:

The research utilized two major instrument in this study. These are:

(i) Questionnaire

(ii) Personal Interview

4.4.1 Questionnaire:

Questionnaire is a formed list of questions designed together with responses from the respondents. This is a means of communication between the interviewer and the interviewee which are meant to gather specific date about some identified problems with a view to appreciating the

problem in a better way after the data have been collected and analyzed. In this research both close-ended and open-ended questions were administered.

Questionnaires for the purpose of this study, were administered to some key health players in the pharmaceutical industry on one hand and the patients on the other. The key health players include Pharmacists, Doctors, Nurses, Pharmaceutical/Medical Sales Representatives of reputable pharmaceutical companies in both private and public health institutions. The consumers (patients) of this services and or product were also given questionnaires in order to know their level of satisfaction with regards to pharmaceutical services which is the outcome of the quality of the drug product, which they consumed.

4.4.2 **Personal Interview:-**

In order to validate the information got from the questionnaire administered and to obtain more facts the researcher used personal interviews with some of the respondents.

4.5 RESEARCH POPULATION AND SAMPLE SIZE:

The research population consists of Managers in the private and public health institutions who are involved directly or indirectly in the provision of health through drug distribution. This include sales representatives who are pharmacists in reputable Drug Manufacturing companies. In the private and public health companies, the respondents include Pharmacists, Pharmacy Assistants, Nurse, Doctors.

The sum total of 400 questionnaires were administered thus:

(i) A total of 100 questionnaires were administered to the public health institution staffers.

(ii) Similarly another total of 100 questionnaires were administered to the private health centers, pharmacies and other drug distribution channel or stake holders in the drug distributor system. These include Sales Representatives of Multi-national and local manufacturers, private clinics, community pharmacies, proprietary medicine vendors and others. Here also questionnaire distribution follow the same pattern as was used in the public sector.

(iii) 200 questionnaires were given to patients (customers) of both private and public drug distribution outlets to measure their level of satisfaction. 100 was given tod the public patrons and 100 tod the private patrons.

4.5.1 SAMPLING PROCEDURES:

Random technique was used. Taking cognisance of the fact that the sample selected each possible sample combination has equal probability of occurrence and each item in the population has equal chance of being selected in the sample.

Ahmadu Bello Teaching Hospital Kaduna located in Kaduna North and Army Reference Hospital located in Kaduna South were chosen. These two hospitals offered primary, secondary and tertiary health care services. Also two big private hospitals that offer services at all levels of health care delivery system were chosen. Alba Clinic in Kaduna North and Amina Clinic in Kaduna South. Two community Pharmacy Ishara Pharmacy and Na-albarka Pharmacy were also chosen each from North and South of Kaduna respectively. The same method of sampling was used for 2 unregistered shops of two businessmen who are engaged in pharmaceutical distribution.

4.6 METHODS OF ANALYZING DATA:

The percentages method of analysing the statistical data obtained was used for the proportion of the respondents under each situation in the questionnaire. This method of analysis is simple and straight forward in the analysis of situations of this nature.

CHAPTER FIVE

5.0 DATA PRESENTATION, ANALYSIS AND THE FINDINGS:

5.1 INTRODUCTION:

The purpose of this chapter is to present, analyze and process the data obtained from the sampled population through responses contained in the questionnaires and as obtained through personal interviews during the periods of1994 - 998 only.

As mentioned in chapter 4, a sum total of four hundred (400) questionnaires were administered. The questionnaires were distributed thus:

(i) Two hundred (200) questionnaires were given to health care providers both in public and private sector. One hundred (100) questionnaires to both A.B.U. Teaching hospital and Army Reference Hospital staffers in Kaduna.
The remaining one hundred (100) questionnaires were administered to two private hospitals, two community practice pharmacies, pharmaceutical manufacturing companies.

(ii) Two hundred (200) questionnaires were also administered to customers in the public who either buy their drugs from government hospitals or in the private pharmacies or both.

TABLE 5.1

DETERMINATION OF TOTAL PERCENTAGE RESPONSE:

	Public/Govt. .Staff	Percentage	Community or private staff	Percentage	Customers	Percentage
Tot. Copies Administered	100	100	100	100	200	100
To. Copies Returned	50	50	80	80	200	100
Tot. Copies Unreturned	50	50	20	20	0	0

Interpretation:- Out of 400 questionnaires administered, a total of 330 respondent was obtained which represents 82.5%. It is expected that any data having such high percentage of response who can be said to give sufficient information for decision making. Not withstanding 50% low level response of the government staff with this response the study is in a position to draw reliable

conclusions and recommendation.

5.2.1 VERIFICATION OF SOURCES OF DRUG PROCUREMENT

Q. What is the source of your drug procurement and supply to your hospital/pharmacy/company

ALTERNATIVE ANSWERS

S.no	Drug Outlets Sampling	No. of Resp.	A	B	C	D	E
1	Govt. Hospital	50	40	5	5	-	-
2	Private Hosp./Clinics/ Pharmacies	40	5	5	5	25	-
3	Community pharmacist	30	5	5	10	10	
4	patent medicine vendor/hawker and business men	10	-	-	-	6	4

NOTE

A = DIRECT PURCHASE FROM PHARMACEUTICAL MANUFACTURER

B = PURCHASE FROM PRODUCERS'S SALESMAN

C = PURCHASE FROM REGISTERED PHARMACIST DISTRIBUTOR

D = PURCHASE FROM OPEN MARKET

E = PURCHASE FROM BUSINESS MEN, HAWKERS AND PATENT MEDICINE STORES

Q. Why do you prefer suppliers from your choice above to others ?

			ALTERNATIVE ANSWERS				
S.no	Drug Outlets Sampling	No. of Resp.	A	B	C	D	E
1	Govt. Hosp./Pharmacies	50	40	40	20	-	-
2	Private Hosp./Clinics Pharmacy	40	20	25	25	-	-
3	Community pharmacies	30	30	30	30	-	
4	Patent medicine vendor/hawker and businessmen	10	-	10	10	-	-

A = Quality

B = Price

C = Availability

D = Proximity

E = Others... specify

Interpretation:- 80% of respondents staffers of government hospitals or pharmacies, buy direct from pharmaceuticals/manufacturers though not exclusively. The main reason given to such action is tied mainly to quality of the drug products. 50% of respondents staffers of private clinics and community pharmacies buy from open market and about 14% buy direct from manufacturer. The reason is tied mainly to price and availability; although it also includes desire fro quality. 100% of respondents patent medicine vendors, hawkers and businessmen buy mainly from open market and their businessmen partners. The reasons for their action is tied to both price and availability.

5.3 VERIFICATION OF UNDERSTANDING OF MARKETING CONCEPT

Q. Do you have marketing department in your organization ?

A Yes

B No

Do you understand the term marketing concept ?

A Yes

B No

S.NO	CATEGORY	NO. OF RESP.	YES	NO	(%)YES	(%)NO
1	SUPPLIER COMPANY	50	45	2	96	4
2	PUBLIC SECTOR BUYER	40	20	20	50	50
3	PRIVATE SECTOR BUYER	50	25	25	50	50

Interpretation:- 96% of the suppliers companies show highest level of understanding of marketing concept. In both the private and public sector only 50% of respondent buyers understand marketing concept. Other do not know, but they do apply marketing concept inadvertently in their various organizations.

Other findings from oral interview showed also that the public sector health provider pharmacies are non-profit organizations. Even though 50% do not know what marketing concept is, the fact that the Need of patients (customer satisfaction) and that they stock to satisfy their patients confirms that they apply marketing concept.

5.4 DETERMINING PATIENTS (CUSTOMERS) LEVEL OF SATISFACTION

How will you describe the level of confidence and satisfaction you get from the place you fill your drug prescription or where you buy your drugs ?

TABLE 5.4

S.no	SAMPLING	No. of Resp.	A	B	C	D	E	A	B	C	D	E
1	Public/Govt. Hosp. Pharmacies	25	20	10	-	-	-	80	20	-	-	-
2	Private Hosp/Clini Pharmacies	25	3	2	5	10	5	12	8	20	40	20
3	Community pharmacies	25	5	10	5	3	2	20	40	20	12	8
4	patent medicine hawkers/ business-man/drug outlet	25	-	-	5	10	10	-	-	20	40	40

NOTE:

A = EXCELLENT

B = GOOD

C = AVERAGE

D = NOT SATISFACTORY

E = POOR

Interpretation:

Out of 25 respondents in each case 80% customers rated hospital drug outlet as excellent while 20% as good. In other words, 100% of the respondents who buy drugs from government hospitals/pharmacies talked good about their drug products and hence services.

Out of the 50 respondents in private hospital and community pharmacies 60% rated as either average or above average while 40% rated them as below average. 80% of the patent medicine vendors/hawkers/businessmen were rated as either not satisfactory or poor. The remaining 20% rated them average satisfaction which may also mean average dissatisfaction. This has a negative effect on the satisfaction.

5.5 SUMMARY OF THE FINDINGS

The findings in the Distribution method used in Public and Private Health Institutions drug outlets to enhance good healthcare services revealed this:-

i Distribution method is very essential in the pharmaceutical industry. It as increased drug availability and hence patients confidant in our Public and Private health care institutions. On the other hand, the chaotic drug distribution method in the private sector has public eroded the confidence in the provision of health care services in that sector.

ii. In view of the chaotic nature of the drug distribution network in the private sector, some

pharmaceutical manufacturers strive to supply directly to the user departments.

iii. Channel distribution is one of the marketing strategies some reputable companies used in achieving the set goals and objectives of the company.

iv. The good will of any organization also depends on the quality of product and services offered through effective distribution channel

Where there are no readily available tools for testing the quality of a drug, direct supply from reputable manufacturer becomes a viable alternative

CHAPTER SIX

6.0 SUMMARY, CONCLUSION, RECOMMENDATIONS

6.1 SUMMARY

The FINDINGS FROM THE SURVEY carried out revealed teat the importance of a \good drug distribution system cannot be overemphasized, if the health needs of our teaming population must be met. This involved the marketing, management and control of pharmaceutical product from the manufacturers to the en user.

The searchlight of this study focuses on the activities of the pharmaceutical industries in both the private and the public sector of the economy. This is with a view of identifying the problems and to making recommendations in order to enhance the quality of the health care services.

The study also embraces a social history of professional profile on the pharmaceutical industry and the problems encountered in the evolution of the practice. It discusses the ongoing drug distribution system. Going by the fact that we can use the knowledge of the past to improve the future the researched uses this platform in postulating a formal process of planning drug distribution system in the 21st century.

6.2 CONCLUSIONS

Many drugs are potentially dangerous chemicals that can cause serious sometimes fatal poisoning if used incorrectly. This is why the management procurement and distribution aspect of drugs product is very important in health care delivery. To avoid waster of life and resources procurement and distribution of drugs and pharmaceutical should be the exclusive preserve of the pharmacists in the industry. By virtue of his/her training, the pharmacists is the best to deal with drug matters. From assessment, attempt is made in the public sector to abide by this rule, but this is not so in the private

sector.

The study reveals that in the private sector charlatans, businessmen are involved in the distribution of drugs and drugs products. The state of the pharmacy practice is characterized by the presence of chaotic, complex, unorganized and unsatisfactory drug distribution. The situation is unacceptable, it has become an embarrassment to the nation also.

In its effort to deal decisively with this unacceptable situation, the researcher proffers solution to the problem through a list of recommendations. This will go a long way to sanitize the chaotic and unsatisfactory distribution system.

6.3 RECOMMENDATION

The two principal regulatory agencies concerned with the monitoring and control of pharmacy practice and drug distribution are the Pharmacists Council of Nigeria (PCN) and the National Agency for Food and Drug Administration and Control (NAFDAC). The former's statutory role of "regulating the practice of the pharmacy profession in all its ramifications" empowers it to ensure that all duly licenced pharmaceutical premises and pharmacists practice according to the laws and ethics of the profession. The PCN, in performing this role is also expected to sanction those businessman and persons practicing pharmacy illegally. NAFDAC, on the other hand is expected to tackle the problems of production, distribution and sales of fake and adulterated drug product.

The law enforcement agencies also have their statutory role even though limited, to play in the areas mentioned.

It is obvious that these regulatory and law enforcement agencies are overwhelmed by the large scale of illegality that we presently have in this country. Government has not helped matters much with

the pittance vote it allocate to health sector and these agencies. There should be increased budgetary allocation to health sector.

6.3.2 REGULATED DRUG DISTRIBUTION CHANNEL

The sanitization of the drug distribution system in the private sector should be:-

The joints responsibility of the principal actors in the private and public sectors of the pharmaceutical industry. The actors who k\have key roles to play includes; regulatory agencies, pharmaceutical manufacturers, wholesalers and retailers.

The understanding that the chaotic distribution currently in place is of no benefit to any genuine participant - not the public nor the manufacturers, wholesalers and retailers. The only beneficiary is the quack whose only concern is the financial gain

The agreement that there can only be effective control when the distribution system is organized and regulated.

Drug market should not be equated to ordinary markets of impulse commodities like sweet and candies. Control and proper channel distribution is a necessity due to its dual nature of being beneficial and at the same time harmful

The open market in Kaduna particularly inside the market and its periphery should be closed down immediately

The management of every level of distribution chain must be under the superintendency of a registered pharmacist

More pharmacists managers should be trained in the aspect of management, marketing and finance.

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APPENDICES

LETTER OF INTRODUCTION

Department of Business Administration,
Ahmadu Bello University, Zaria.
P. M.B. 1013,
Kongo Campus ,
Zaria.
June 1999.

Dear Respondent,

LETTER OF INTRODUCTION

I am a Post Graduate student at the A.B.U., Zaria. This questionnaire is part of research study designed to obtain information from you on the topic "Enhancing Good Health Care for all through Effective Management and Marketing of pharmaceutical Products in Nigeria". I hope to obtain useful information from key players in the provision f health care system in Nigeria. These includes, Doctors, Nurses, Pharmacists and also the end-users (the parents). The information gathered will be used as part of the requirements for the award of Masters in Business Administration.

In this regard, I am seeking your cooperation to give honest answers to the questions. Please not that this study is strictly for academic purpose. It will be grateful appreciated if you could respond accurately and adequately as possible. Any information therefore shall be treated confidentially and used for the purpose of this research only.

Thanking you for your anticipated cooperation.

Yours faithfully,

SHITTU RAFIU DEBO

MBA Student, ABU, Zaria.

QUESTIONNAIRE A

Please tick ( ) where applicable and tick more than one alternative where necessary. State appropriately where the question is open.

Sex: male ( ) Female ( )Age: (a) 15 - 30yrs ( )

(b) 31 - 45 yrs ( ) Age: (c) 46 - 60yrs ( ) (D) Above 60 yrs ( )

Occupation.....

3. Are you a regular patient in this Hospital A Yes ( ) B. No ( )

If yes, how long have you been attending this hospital ?

(A) 6 months - 1 yr ( ) (b) 1 -2 yrs ( )

(C) 2-3 yrs ( ) (D) above 3 yrs ( )

Do you always buy your drugs from the hospital pharmacy shops ?

A Yes ( ) B. No ( )

If Yes, what makes you buy your drugs in Hospital pharmacy shops ?

(a) Price ( ) (b) Quality ( ) (c) availability ( ) (d) Proximity ( )

(E) others please specify .....

Do you always get the drugs prescribed for you in the Hospital Pharmacy shop ?

A Yes ( ) B. No ( )

QUESTIONNAIRE B

QUESTIONNAIRE FOR DOCTORS/NURSES/OTHERS

Please tick ( ) where applicable and tick more than one alternative where necessary. State appropriately where the question is open.

Profession of Respondent a. Medical Doctor ( )

b. Nursing ( )

c. Others please specify ( )

Sex

A Male ( ) B. Female ( )

Do you have Pharmacy Department ?

A. Yes B No

Who dispenses Drugs in your hospital ?

a. Pharmacist

b. Non Pharmacist

c. others, pls specify

Do you always procure your drugs from the hospital pharmacy shops ?

A Yes ( ) B. No ( )

If Yes, what makes you buy your drugs in Hospital pharmacy shops ?

(a) Price ( ) (b) Quality ( ) (c) availability ( ) (d) Proximity ( )

(E) others please specify .....

Have you experienced Fake Drug before ?

A. Yes

b. No

c. How do you know pls specify

How would you describe the Drug Distribution System in comparison with outside your hospital ?

a. Favourable ( )

b. Unfavoruable ( )

c. The same ( )

QUESTIONNAIRE C

QUESTIONNAIRES FOR PHARMACIST/PHARMACY TECHNICIANS/ASSISTANCE

Please tick ( ) where applicable and tick more than one alternative where necessary. State appropriately where the question is open.

The profession of respondents

a. Pharmacist

b. Pharmacy technicians

c. Pharmacy attendant

d. Others, specify

Sex

A Male ( ) B. Female ( )

Status

a. Top management

b. Senior officer

c. Intermidiate

d. Junior officer

What is the source of your drugs procurement and supply to the hospital pharmacy shop a.

Pharmaceutical manufacturer

b. Pharmaceutical manufacturer

c. Donor agencies

d. Open market

e. Others, specify

Why do you prefer your choice above to others ?

A. Quality

b. Price

c. Availability

d. Proximity

e. Others, specify

What procurement method do you use

a. Open tender

b. Restricted tender

c. Negotiated procurement

d. Direct procurement

e. Contract purchase

How often do you procure drugs form your suppliers ?

A. Monthly

b. Quarterly

c. Annually

d. Others, specify

Who is responsible for the drug purchase ?

A. Top management committee

b. Individual purchasing officer

c. Central pharmacy shop purchasing committee

d. Central stores purchasing committee

e. Others specify

Has there been any reported cases of fake or sub-standard drugs from your suppliers ?

A. yes

b. No

What is the main objective of the hospital pharmacy shop ?

A. Profit maximization

b. To meet patients needs

c. Others specify

Are your patients satisfy with the products and services you offer ?

A. yes

b. No

What suggestions would you give about drug distribution system in Nigeria

Do you understand marketing concept ?

What suggestion have you for pharmacy shops in respect of the drug distribution system

QUESTIONNAIRE D

QUESTIONNAIRES FOR PATIENTS

Please tick where applicable and tick more than one alternative where necessary. State appropriately where the question is open.

Sex

a. male ( )

b. Female ( )

Age

a. 15 - 30 yrs ( ) b. 31 - 45 yrs ( ) c. 46 - 60yrs ( ) d. Above 60 ( )

Occupation.....

Which hospital do you attend when you are ill ?

How long have you been attending this hospital ?

a.6months-1 yr ( ) b. 1 - 2 yrs ( ) c. 2 - 3yrs ( ) d. Above 3yrs ( )

Do you buy your drugs from Public Hospital Pharmacy ?

A. Yes

b. No

g

Why do you buy your drugs from above ?

A. Price

b. Quality

c. Availability

d. Proximity

e. Others, specify

Where Do you get higher level of confidence and satisfaction ?

A. Public Hospital Pharmacy

b. Private Drug outlet/Pharmaceutical company

Which place is better in drug distribution system ?

A. Public Hospital Pharmacy

b. Private Drug outlet/Pharmaceutical company

How would you describe the quality drugs distributed or sold in public hospital to those outside the public hospital

A. Superior

b. Inferior

c. Up to standard

What suggestion would you give in respect of the drugs distribution system in Nigeria.

QUESTIONNAIRE E

QUESTIONNAIRE FOR PHARMACEUTICAL MANUFACTURER/SALES REPRESENTATIVES

Profession .....

Sex

a. male ( )

b. Female ( )

Name of Company.....

How do you distribute your drugs to public hospitals

a. Manufacturer - user

b. Manufacturer - Retailer-user

c. Manufacturer - Distributer- Retailer -user

d. Manufacturer - Owner store-user

e. Manufacturer - pharmacists- user

f. Manufacturer - Hospital staff -user

Through what methods above

a. Government tender ?

b. Direct order from hospital

c. Direct personal contact /salesman

d. Through agents

How do you distribute your products to private hospitals/clinics/community pharmacies

a. Manufacturer - user

b. Manufacturer - Retailer-user

c. Manufacturer - Distributer- Retailer -user

d. Manufacturer - Owner store-user

e. Manufacturer - pharmacists- user

f. Manufacturer - Hospital staff -user

Through what method (6b) and(7b)

a. Tender ?

B. Direct order from hospital

c. Direct personal contact /salesman

d. Through agents

If you sell direct to consumers how do you do that ?

a. Through owners store

b. Through company salesman

c. Only during sales promotion

d. All of the above

e. others specify

What is the objective of your company ?

a. Profit maximization

b. To meet patients needs

c. Others specify

Do you have marketing Department

a. Yes

b. No

Do you understand what is marketing concept ?

a. Yes

b. No

Who patronizes you better ?

a. Public hospital

b. Private hospital/Community pharmacies/other drug outlets

13. Are stocks always available from your order received from your customer ?

a Yes

b. No

c. Not always

14. How satisfied are your customers with your present method of distribution

a. Highly satisfactory

b. Satisfactory

c. Fairly satisfactory

d. Not satisfactory

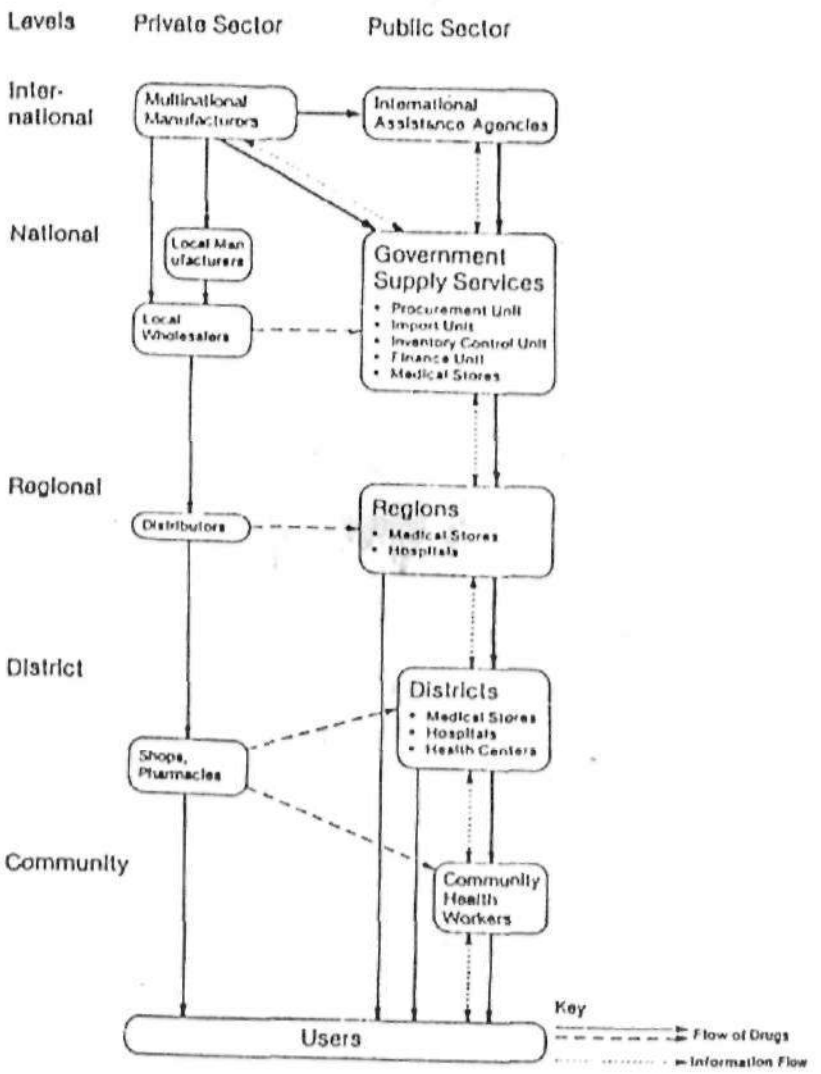
Do you feel a sense of fulfilment with your job

b. Yes

a. No

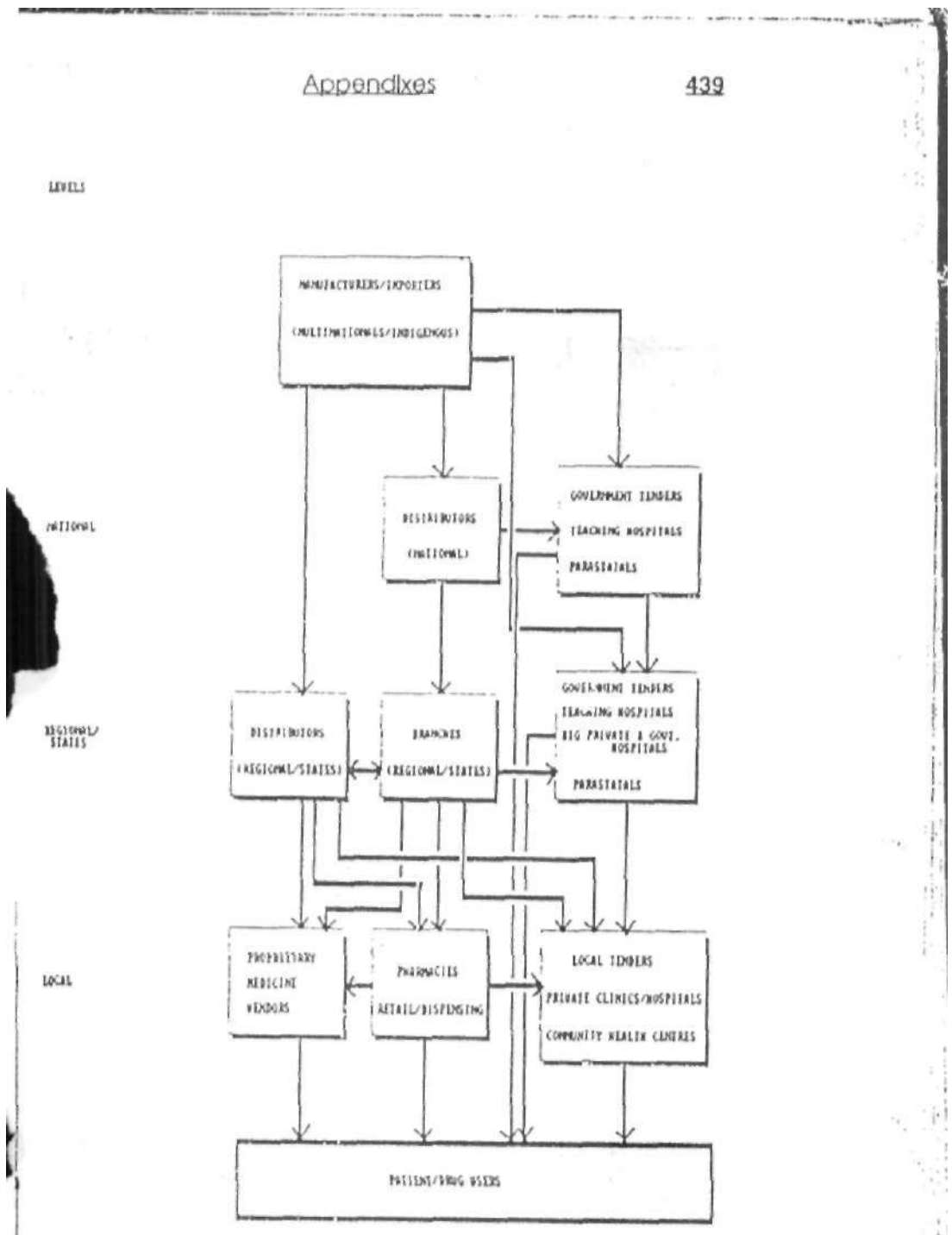
Comment on your drug distribution system in Nigeria.....

.....



Schematic A-10-1: Typical Public Drug Distribition System

APPENDIX I



Schematic A-10-2: Proposed Distribution Chain

APPENDIX II