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62

Marketing Strategy for Oral Rehydration Solution (ORS)

Objective

The objective of the Project is to improve treatment of diarrhea by all Practitioners, to influence and enhance mothers' knowledge, attitude, and practice in caring for children with diarrhea and to change from a state of low access of ORT to a wide access all over Egypt.

Strategy

- A. Assuring of production of ORS to be available all over the years for both Ministry of Health and the private sector either powder, solution, or any other formulation to help the objective of the Project according to the GMP procedures.
- B. Assure the proper channels for distribution to cover all the market needs: MOH, private sector, pharmacies, hospitals, and the private clinics.
- C. Establishment of quality control system for post-production control of the ORS quality.
- D. Coordinate closely with the other Project Coordinators; Mass Media, Training, Coordination, and Evaluation, preparing the plans for promoting the ORS to private doctors and pharmacists.
- E. Development, implementation, and evaluation of special projects to determine the feasibility of alternative or supplementary packaging, for example ready-to-use ORS.

Plan of Action

- I. Plan for '84
- II. Long-range Plan LRP (to be discussed later).

I. Plan for '84

1. Production and quality control
2. Distribution and district coverage
3. Market size and market potential estimate
4. Product promotion to the private doctors and pharmacists
5. Target areas and target groups
6. The new approach for the treatment of diarrhea
7. Education and training
8. Printed materials to be used for promotion during '84
9. Pharmacy profit
10. Clinical trials for the new forms of ORS; stability data and evaluation
11. Problems and Opportunities
12. Control measures

I.1 Production and Quality Control

To cover the market needs during '84 estimated 20 million packets of 5.5 grams. The Contract has been signed with CID Company for the production of 16 million packets, 5.5 gram according to the schedule attached.

CID^{is} producing the 27.5 gram UNICEF packets to be distributed to MOH centers. This covers the Ministry of Health needs. CID is the only company with the capacity to produce the '84 needs and by the end of '84 they can produce 50 million packets per year. In addition to that, other companies are highly interested in producing ORS, but they have no capacity for the time being. Attached also is a comparison between '83 and '84 CID production for the 5.5 gram packets. We have nearly tripled the quantity.

The aluminum foils represent a great problem for the production during '84; the delaying of shipment, the price, and the freight are the major factors. So, we start our negotiation with the local companies who have the capacity to produce the aluminum foils for '85 needs. This will save a lot of time and a lot of money.

I.1 Production and Quality Control (continued)

For the quality control to assure that the product quality across time, we will collect some samples from the pharmacists, distribution stores, and Ministry of Health to be tested periodically. So, we start our negotiations with the National Organization for Drug Control and Research (NODCAR) to follow-up and evaluate.

I.2 Distribution and District Coverage

To assure the availability of the product all over the country we try to find a private sector company for distribution which has a good coverage for all the pharmacies. We visited a company called Middle East Chemicals. It is a private sector company for distribution and they distribute for Squibb Company, Bristol Meyers Company and Johnson Wax. They have 5 branches and more than 25 vans. They have 50 salesmen covering all of Egypt, and each salesman in his area pays a visit each month, at least, to the pharmacy. A contract, nearly to be signed with this company, and I believe we can assure good coverage by this company.

Middle East Chemicals will submit monthly reports which include sales, area coverage, pharmacies visited. This will help us very much in the evaluation of our campaign.

I.3 Market Size and Market Potential

In our calculations, we assume the '84 end population to be 48 million and that our target group, the under-threes comprise 10% of the population. Twenty percent of all children may need to be seen in hospitals or clinics for serious diarrhea during the year. The 20% of 4.8 million children is 960,000. $960,000 \times 3$ will give us 2,880,000 sachets of 5x5 gram sachets. These three sachets will be given to the mother for maintenance and the UNICEF packets will be used for rehydration in the clinics.

--30% of the 4.8 million children (to be seen in the private clinic or going to the pharmacy for advice) =
1,440,000 nonserious cases under 3
 x 10 (market package)
14,400,000
+ 2,880,000

3

I.3 (continued)

A very interesting study for the market of antidiarrhea in Egypt and the antibiotics used during diarrhea, in units and value, will be submitted to the Project in the very near future.

I.4 Product promotion to the private doctors and pharmacists

As we know, the most effective message is the face-to-face message, so the Project agrees to appoint 10 professional medical representatives to visit the private doctors and the pharmacists; 5 in Cairo, 2 in Alexandria, 1 in El Mansoura, 1 in Tanta, and 1 in Assuit. Each one will make twelve visits daily (6 clinics and 6 pharmacists) for 5 days of work per week, which results in 250 visits per month during the summer season. The team will be under my control through 2 supervisors, one covering Alex and the Delta and one covering Cairo and Upper Egypt. Total visits during the 6 summer months will be $250 \times 10 \times 6 = 18,000$ effective visits.

Each PSR will give a clear message to all the doctors and pharmacists about the objective of the Project, the use of ORS, and will distribute the promotional materials to all doctors and pharmacists they visit. A daily report will be conducted to the Project for their activities, visits, including their comments, stock situation in the pharmacy, and any other comments they have collected from the field.

I.5 Target Areas and Target Groups

Target areas for the promotion will be the total country, but we will start with the high-population towns; Cairo, Alex, Mansoura, Tanta, and Assuit. The target groups will be the pediatricians, the general practitioners, and the pharmacists.

I.6 The New Approach for the Treatment of Diarrhea

The World Health Organization (WHO) and the Ministry of Health have proved that ORS, when taken by mouth, can cure dehydration, restore appetite, and prevent death. The solution is compatible with all other drugs. It should be used first because it works

4

1.6 (continued)

quickly to cure dehydration. Children should be given as much as they will take. The average amount needed is 3-5 packets per day. This message will be given to the PSR to transmit to the doctors and pharmacists. (ORS IS A LIFE-SAVING DRUG.)

1.7 Education and Training

A. Training for the PSR's: A salesmanship course and medical training for the PSR's will be started by May 1st, '84. Dr. Bert will be responsible for the medical training course.

B. A very good strategy for the education and training of all the groups will be presented by the training department.

1.8 Printed Materials to be Used for Promotion During '84

Starting May 1st, '84 we will be in need of a lot of promotional materials to be used for the medical staff by the PSR (newsletter, pamphlets, educational materials, samples, etc.) I hope that Dr. Farag can provide us with such materials at the suitable time and that we can start with '83 printed materials if we have sufficient stocks until we receive '84 promotional materials.

1.9 Pharmacy Profit

One of the most important factors in promoting ORS to the pharmacy, which represents the first line in the treatment of diarrhea through the advice to the mother and the family, is the pharmacy profit. We try to increase the pharmacist's profit in two ways: (a) distribution of cups, free of charge to the pharmacy, to be sold to the mother for 5 piastres; one cup and one spoon for each package of 10 sachets. This will increase the profit margin to 30% which is a very good margin compared with the other anti-diarrheal preparations used in the pharmacy; (b) Payment facilities for the pharmacy will be 60 days. This encourages the pharmacist to stock his needs every month or even to stock more than his monthly needs.

I.10 Clinical Trials for the New Forms of ORS; Stability Data and Evaluation

We have nearly evaluated the IV formula to be produced during '84. Dr. Bert finalized the suitable formulation with Dr. Samir Kassem and Dr. Fayaad. We will contact the El Nasr Company to start the production of the one package IV unit.

Our plans are to start the trials for the ready-to-use formula during the summer and the addition of citrates, instead of bi-carbonates, will take place and some trials. Also, the addition of starch will be in one of these trials.

I.11 Problems and Opportunities

During '84 we have a lot of problems which can be summarized as follows:

- (a) the time consumed in contract negotiations with CID
- (b) the time consumed for securing approval from AID of the CID Contract

To solve the above mentioned problems we can start early in '84 the negotiations for '85 needs to get the approvals before the end of the year.

- (c) how to mix the salts in a proper quantity of water is one of the major problems we faced in the market and many hypernatremic cases have been received in the hospitals. To solve this problem we give a very clear message to all target groups in how to mix the ORS: 5.5 grams per 200 cc. water. We focus on this point through PSR's, TV, radio, training, and our printed materials. Then we will distribute a measured cup of 200 cc in the Ministry of Health free of charge and in the pharmacy for 5 piastres.

- (d) how to change the attitude of the medical staff towards ORS in the treatment of diarrhea. This can be managed through a heavy campaign to the medical staff with a good approach.

- (e) to stop the current use of anti-diarrheal preparations. This can take place after some time, just the practitioners and pharmacists convinced with the ORS in the treatment of diarrhea.

6

I.11 (continued)

Opportunities:

We have a very good opportunity to change the attitude of all market segments and convince them to use the ORS in the treatment of dehydration because we have a very good and efficient preparation of ORS.

I.12 Control Measures

The assuring of the production, distribution, promotion, training, education, mass media, and evaluation, each area in the proper track, and the very near close follow-up of the whole team working together will make the Project successful, with the best of luck.

Dr. Hosni Mahrous
Marketing Director

CID Production 1983/1984

For

Rehydran/ORS

5.5 gm Packets

Month	1983 Production	1984 Product.	Remarks
January	312,000	-----	No Aluminium fails available during Jan.-April 1984.
February	207,500	-----	
March	---	-----	
April	26,500	-----	
May	---	1,000,000	
June	721,500	2,000,000	
July	1,251,200	2,500,000	
August	475,500	2,500,000	
September	282,800	2,500,000	
October	173,700	2,000,000	
November	947,700	2,000,000	
December	777,700	1,500,000	
Total	<u>6,176,100</u>	<u>16,000,000</u>	

28

Time Schedule For 1984 Plan

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Production & Q.C.					+	+	+	+	+	+	+	+
Distribution					+	+	+	+	+	+	+	+
Product Promotion					+	+	+	+	+	+	+	+
Traning of PSRS					+							
Printed materials availability					+							
Clinical trials for new forms						+	+	+	+			
CID contract		+	+	+								
Cup contract		+	+	+								
Distribution contract		+	+	+								
Contract for TV soli. Production					+	+						
Production contract for 1985						+	+					
Procurement of needles, IV setups					+							