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THE FRAME WORK
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This chapter describes the three stages in which data has been collected for understanding pharmaceutical brand success evaluation. The data obtained from one stage becomes the input for the subsequent stage. The information obtained at each stage refines the idea of pharmaceutical brand success. In the final stage, an attempt has been made to identify the single most important reason responsible for success or failure of a pharmaceutical brand. This was converted into a hypothesis and tested. This chapter also defines the categories of respondents who qualify as “Experts” for obtaining information.

The first choice for data collection would be the customer (Patient). However, the customer is not bothered about the success or failure of brand. Patient only gives an opinion whether that particular brand has given him desired relief or not. The patient does not have any idea about the various brand names, their uses, whether a particular brand is a success or failure.

The second choice for data collection would be the “DOCTOR”. A doctor is the right choice for data collection, as he is the one who prescribes a brand to the patient, who in turn purchases the brand from nearby chemist shop. Out of 20,000 pharmaceutical companies in the country, with each company trying to get the attention of the doctors mind share/ prescription share for their respective brands, it is the doctor who makes a pharmaceutical brand success or failure.
The Third choice is for data collection is the “Chemist”. Chemist plays a key role in pharmaceutical brand success or failure. At times chemist will also influence the patients, by substituting brand prescribed by the Doctor. That way, chemist plays a vital role in brand success or failure. This also helps him to stock more of the fast moving brands, so that his profitability goes up.

The fourth choice for data collection is the stockist and is important because he makes the product available to the patients at the right time, right place. The ability of the stockist making the availability of a brand is key for success. He is concerned about which company brand is moving in what area, what is the brand share, what will be the profitability these factors will definitely makes him to think about those companies and getting ties ups with the respective companies to act as stockist for them.

Another choice for data collection is asking the manufacturer representative (Medical Representative/TSO/FSO) as to what is Pharmaceutical brand success. The only problem with this approach will be if that particular brand satisfies the organizational objectives set by the top management, and then it is successful. However, how is one to know whether the target set was realistic or not? Several thousands of organizations set unrealistic targets for themselves. Some companies may fix targets at a very low (say one unit) as they are not doing well in that category in a given territory. The problem gets complicated with defining success. Even though company might have written off the one of their pharmaceutical brand, still they will not admit it as a failure. In other words, the sources of organization can be unreliable
guide for defining pharmaceutical brand success. More so, the process gets prejudiced when the source of information is manager or field sales executive or Medical representative. Mary Curren and colleagues (1992) contended that the managers quite often tend to find reasons for pharmaceutical brand success in themselves and reasons for failure is the environment. Therefore, a Field Sales Executive or Medical Representative cannot be the sole source of information for defining the pharmaceutical brand success or failure. The Field Sales Executive or medical representative can be the starting point of inquiry about success or failure of a pharmaceutical brand.

4.1 Definition of an Expert

It was hence decided to get different viewpoints on what success means. This is done by contacting "EXPERTS". An expert is anybody who can offer informed opinion about a pharmaceutical brand's performance. The following qualify for the definition.

4.1.1 The Doctor because he/she prescribes the pharmaceutical brand to the patient for consumption.

4.1.2 The Chemist because he stocks various brands to honour the prescriptions of the doctor.

4.1.3 The Stockist because he bridges the gap between the company and chemist.

4.1.4 The Field executive/Medical Representative (can be from the same company or from different company who fights in market place for
their prescription share) who promotes the brand to the channel members including the Doctor.

When the information about a pharmaceutical brand is cross checked from several sources as pointed above there is a high probability of arriving at a common definition for a pharmaceutical brand success. It is also possible, after examining several therapeutic categories to form a theory of pharmaceutical brand success for that therapeutic category.

However, an expert in each of the above category has his or her self-serving bias. A chemist tends to exaggerate the success of a particular company brand where he gets maximum contribution (sales). Similarly, a stockist tends to exaggerate the success of a particular company brand where he gets maximum business or highlighting the companies that he deals with. Doctors take more unbiased view because they do not represent either the company that makes the product or the competitor that fights it.

In other words, the researcher had to exercise due care that it should be possible to form an idea of what brand success means in a particular therapeutic category. Having decided that expert opinion shall be the route adopted to obtain an understanding of pharmaceutical brand success, the next step was to develop the framework for obtaining the data. This was done in three stages.
4.2 DESCRIPTION – Stage I

Stage I: “What brands come to your mind the moment I say Pharmaceutical brand Success?”

In this stage, questionnaires (Enclosed in Appendix 1) were distributed to experts to understand what success means in a general sense. The questionnaires brought some interesting insights into the meaning of pharmaceutical brand success. Select therapeutic groups (i.e. Antibiotic, Quinolones, Cough preparations, Haematinics, Pain relievers, Ayurvedic Products) were chosen and brand success in these categories was explored. At this stage a questionnaire was designed to define the parameters in these seven therapeutic groups collectively and open-ended questions were framed on the reasons for success and failure of a specific brand in each therapeutic category.

4.3 DESCRIPTION – Stage II

The responses for the questions in Stage I were converted into alternatives for explaining pharmaceutical brand success in Stage II. For example, the reasons for the success of ‘ALTHROCIN’ (launched in March, 1972) broadly fall under the following headings:

ALTHROCIN IS A SUCCESS BECAUSE:

1) There was no brand available during 1970’s which is bacteriostatic and alternative brand for penicillin allergic groups
2) Effective in treatment Upper Respiratory Tract Infections
3) Sustainable competitive advantage

The idea here was to see if a particular reason among the above was more responsible than others for the success of the brand. In this case, experts were of the opinion that the success stemmed from the organization Alembic Pharmaceuticals being a late entrant in to the market (Erythrocin, 1971 by Abott Labs.) but gained the market share and sustained its leadership position even after 25 years of its launch because of its positioning strategy. Further, the support given to the brand was never erratic (in terms of promotional inputs to field force and other channel members). In other words, this led to a coherent hypothesis about the reason for the success of a brand: “Positioning”. This was used to form a singular hypothesis about “ALTHROCIN” in stage III. A similar process was repeated in the case of other brands in this therapeutic group. (Questionnaires in appendix 2)

4.4 DESCRIPTION – Stage III

Stage III had one-line hypotheses about each of the brands chosen from the seven therapeutic categories. For instance in case of ‘ALTHROCIN’ the hypothesis was, “Althrocin was successful because of its positioning URTI. A similar approach was repeated for other antibiotics and other therapeutic groups. Thus, each brand chosen for the study ultimately had one hypothesis in the third stage accounting for its success.
Hence, third stage had

1. A few questions addressing pharmaceutical brand success in a therapeutic category (Antibiotic, Quinolones, Cough preparations, Haematinics, Cold Rubs, Pain relievers, Ayurvedic Products) in general.

2. Specific one-line hypotheses about each of the brands (Questionnaires in Appendix 3)

This chapter thus summarizes the overall methodological framework for the research. The following chapter deals with the data required for the study. The nature of data (qualitative or quantitative), the sources of the data (primary data or secondary data), the data collection mechanism, sampling (method, sample size, sample frame) are described.