

**A SURVEY ON THE RESPONSIVENESS OF
DOCTORS TO THE DIFFERENT ELEMENTS OF
THE PROMOTIONAL MIX USED WITHIN THE
KENYA PHARMACEUTICAL INDUSTRY**

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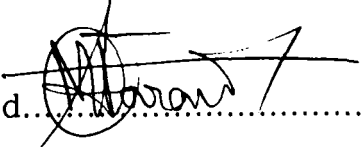
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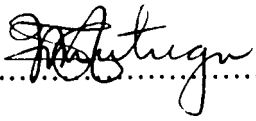
SEPTEMBER 2003

DECLARATION

This project is my original work and has not been submitted for a degree in any other university.

Signed.......... Date..17-11-03.....

This project has been submitted for examination with my approval as the University Supervisor.

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DEDICATION

I dedicate this project to my loving parents,

Joyce and Julius Nyawara,

Whose love, patience and encouragement has seen me through to this day.

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ABSTRACT

The focus of this study was on which of the promotional elements evoked the most positive response on the prescription habits of doctors. Despite various studies having been done on the need to promote products and the promotional tools in use in the local pharmaceutical industry, the author could not find any local study to date that had shown which of these tools evoked the most positive response from the doctors, consequently, the justification for this study.

The study sought to achieve the following objectives;

- (i) To determine the responsiveness each promotional element evoked from the doctors.
- (ii) To compare the responsiveness of each promotional element used in the local pharmaceutical industry.

The study found out that the Kenyan pharmaceutical industry used, to varying degrees, the various promotional techniques, as stipulated in marketing literature. These included advertising, personal selling, sales promotion, direct marketing, and publicity and public relations. It was revealed that a majority of the doctors (75.8%) experienced daily promotion of prescription products. The most frequently experienced promotional technique was personal selling (mean=1.61), followed by

sales promotions (mean=2.34), whereby firms offered discounts, and CMEs to try to induce the doctors to prescribe their products to patients. It emerged from the study that sales promotions, (with 49.1 per cent, mean=1.96, of respondents preferring this type of promotion over others), played a key role in influencing positive response from the doctors. The doctors seemed to prefer some forms of inducements (e.g. free samples, CMEs, etc) in order to prescribe products. However, it was also revealed that the giveaways were mostly misused, as they were given to the wrong, unqualified people, hence, defeating their purpose. Personal selling (by the medical representatives) also played an influencing role on doctors' prescription habits of products, even though the respondents felt that the medical representatives needed to undergo thorough training on product and sales presentations.

There was overwhelming agreement that generally, promotions evoked a positive response on the doctors' prescription habits of products, with 88.7 per cent of respondents agreeing to this, hence, there was need to enhance the standards of promotion. About 37.1 per cent of the respondents felt that there should be a change the current legislation governing promotions, in order to conform to the changing global trends where industry also promotes its products/brands to the general public. In conclusion respondents suggested to improve the promotional activities

firms should have better trained medical representatives, (16.2 per cent), inputs from doctors on promotional activities, (19.3 per cent), and frequent contact with senior managers, (17.8 per cent).

INTRODUCTION

The pharmaceutical industry in Kenya has undergone tremendous growth in the last ten years. Most developing countries including Kenya and other African states are generally characterized by low standards of living, low level of productivity, high rates of population growth, high levels of unemployment and significant dependence on agricultural products and primary food production exports (World Development Report, 1994).

The growing demand for better healthcare, the increasing need for better disease management, the ever increasing population and the scourge of the 20th and 21st centuries HIV/Aids, have all played a significant role in the greater demand for better and more affordable pharmaceutical products. The provision of free healthcare, which was possible in the early days of post-independent Kenya, is hardly attainable now.

This ever-increasing demand placed on this industry has led to an increase in the number of products and firms in the local industry. The growth was also partly due to the liberalization in 1991 by an Act of Parliament, which contributed to the tremendous industry growth in Kenya, (The Pharmacy and Poisons Board-MOH). Indeed, in the latter half of the 20th century, and more

precisely in the last three decades, the growth in this industry, world wide, was affected by certain trends and events in the environment. They were increased competition, population shifts, aging society (especially the Western hemisphere), information technology, computer revolution, success of free market economies, fall of Soviet Block, formation of global as well as regional trading blocks e.g. COMESA, and the increasing voices of developing countries through various United Nations organs (Majumder, 1996).

The entry of new firms in the local pharmaceutical sector has led to increase in the availability of drugs and consequently increased competition amongst the firms. These new firms have come in as direct investments by parent companies e.g. GlaxoSmithKline, Bayer East Africa, Novartis Pharma, Roche, and Boeringher Ingelheim, etc. Some of these firms have also come in as distributors or franchise holders who do the marketing, importation and distribution of the products e.g. Surgipharm, Philips Pharmaceuticals, etc. There are also the local manufacturers of pharmaceutical products, e.g. Regal, Cosmos, Ellys, etc. These firms produce medicines that are marketed locally and exported to the East African region (The Druggist, 2001). There are presently 452 pharmaceutical firms in Kenya (The Druggist, 2001).

The marketing and sales in the local pharmaceutical industry is controlled by the regulations spelt out by the National Drug Policy 1994 Section 6.7, which states that

Drug advertising and promotion to health professionals must be ethical, factual, educational and balanced; it imparts non-exaggerated information to prescribe. Any breach of this law will result in stiff penalties of fines and/or imprisonment as provided for under Cap 244 (Pharmacy and Poisons Board Act, 1989).

The Kenya Government drafted a drug policy, termed the National Drug Policy (NDP 1994), which also issued guidelines on legislative reforms, staff development and the management and improvement of pharmaceutical services. The local industry is facing a ravaged Kenyan economy, contraband, pressure to reduce prices on drugs, the ever increasing competition amongst the firms, entry of Health Management Organizations who dictate the drugs to be prescribed by doctors (as opposed to letting market forces do so), and of course, reduced Government expenditure on direct purchases (Majumder, 1996).

These challenges have indeed played a big role in how marketing firms market their products to their clients. Indeed the role of a marketing manager in this industry is well cut out for him or her. A major question faced by them in budget setting is how funds are to be allocated to each of the general elements of the promotional mix (Lehmann, 1989). The entrance of generics has further increased intra-molecular competition. The intensified competition in the industry is not only inter molecule but also intra molecule (Johnson, 1996).

Indeed about 67% of the pharmaceutical firms locally realize the importance of marketing and hence have separate departments for marketing and sales in order to achieve the set objectives (Rakesh, 2001). He further observes that about 95% of these firms have separate marketing departments and almost all firms are actively involved in promotion. The use of various promotional mix elements to market brands is popular with firms and the most widely used element is personal selling, a task performed by medical representatives or fondly referred to as med reps in the industry language. In the United States of America, personal selling in the pharmaceutical industry costs the firms more than its scientists! (Cravens and Piercy, 2001). Presently there are over 600 registered medical representatives in Kenya (Pharmacy and Poisons Board).

An investigation on the application of the different components of the promotional mix notes that 94.4 per cent of the local multinationals ranked personal selling as the most important tool in their promotion strategy (Naikuni, 2001). Also popular with the multinationals was sales promotion, which was second to the personal selling. Other components used in the promotional mix include publicity and public relations, advertising, telemarketing, continuous medical education, and sales meetings (Naikuni, 2001).

Despite the knowledge on the various promotional mix components in the local pharmaceutical market, no study has actually shown which evokes the most

response from doctors. In his paper, Rakesh (2001) concludes that firms should aggressively promote their products and give more importance to other means of marketing other than sales promotion to avoid over-reliance on it.

Promotional strategy is a controlled integrated program of communication methods and materials designed to present an organization and its products to prospective customers, and communicate need-satisfying attributes of products to facilitate and thus contribute to sales performance and profit performance (Engel, 1991).

Promotion thus is a communication function of marketing and it is multifaceted and complex. Indeed the link between the stimulus provided by a promotional mix element and the achievement of a sale is extremely complex (Simon, 1988). Thus, the tendency is to look at variables that look as if they are closely related to the element's ability to achieve the desired response and to assess the value of the element in terms of how high a score it achieves on these surrogates (Simon, 1988).

Though locally the firms still grapple with regulation, in the United States of America, the world's largest pharmaceutical market, drug firms have taken to television and print media advertising, which plays dual roles of improving their image among consumers by describing their research and development efforts and their community involvement and informing doctors of new

products (Schiffman and Kanuk 2002). The local industry is as yet to take up on any of these forms of promotional strategies.

1.2 Classification of Pharmaceutical Products.

Most firms in Kenya's pharmaceutical industry market ethical and non-ethical medicines. Pharmaceutical products fall under three categories, which include ethical products, the over-the-counter medicines, and prescribed medicines (Obado, 1991). He further recognizes three categories as POM-prescription only medicines; P-only medicines, i.e. pharmacy only medicines, and thirdly the OTC, over the counter medicines. This study will confine itself to prescription only medicines (POMs).

The definitions of the medicines are as follows;

POM - these are prescription only medicines, including vaccines, which are only dispensed in pharmacies and only on the prescription of a registered medical practitioner. These are classified as poisons and thus must only be dispensed on the prescription of a doctor and by a qualified pharmacist. Here the marketers target doctors, pharmacists, and other qualified and registered medical practitioners. Examples of these include Ciproxin®, Augmentin®, Zestril® and Viagra®.

P - Medicines - these are products found in pharmacies only. Though they are ethical products and can be dispensed on the prescription of a doctor, they can also be dispensed over the counter. Marketers here focus on pharmacists since

they end up recommending the product to be dispensed and other medical practitioners. Here a whole class of drugs exists, which include Bayer Aspirin®, Canesten®, Baycuten®, Cadistin ®.

OTC - these are medicinal products, which are sold over the counter. They are ethical and are dispensed without a doctor's prescription. These products are not subjected to the regulations of the pharmacy and poison's board and are found in supermarkets, kiosks and pharmacies. They manage symptomatic relief and rarely cure diseases. Examples are several, and include Hedex®, Panadol®, Vicks Kingo®, etc.

1.3 Statement of the problem

The focus of this study is on which of the promotional elements achieve the attitude change or a positive response for a doctor to prescribe a particular brand over similar ones. It's felt that attitude change should be a primary goal of any promotional strategy and the better the level of attitude or response, the more the users of the brand and the more the attraction of non-users to the brand (Engel, 1978).

Management is increasingly demanding evidence that advertising and sales promotion impact buying behavior (Engel, 1991), hence, the need to have information on the most responsive elements of promotion. The term 'responsive' focuses on how an element achieves the communication objective

and changes a doctor's attitude producing the desired response towards the brand. In this case the desired response is to have the doctor prescribe the marketed brand. The marketer has to identify which elements of the promotional mix will achieve the desired communication objectives and at what cost to the firm. Thus, the question of which element produces the most positive response from doctors.

Despite studies on the need to promote products and the various promotional elements in use in the local industry, no study known to the author has shown which of these elements evokes the most positive response from doctors'. This study will thus fill an important information gap with knowledge of the element that evokes the most positive response from doctors. This can in turn be used to determine the best element to use to promote brands and at what cost to the firm. It should help the industry pick on the best alternatives to promote their brands.

1.4 Objectives of the study

The objectives of the study were;

- (i) To determine the responsiveness each element evokes from the doctors.
- (ii) To compare the responsiveness of each promotional component used in the local pharmaceutical industry.

1.5 Importance of the study

This study hoped to determine which of the components in the promotional strategy/mix evoked the most response in achieving the communications objective, which in this case was to have the target person use or prescribe the drug being marketed or promoted.

It's indeed been a case of using the most tried and tested technique when it comes to marketing in the local pharmaceutical industry. Indeed personal selling is the most commonly used promotional element in this industry.

The findings will act as a source of information to the industry as to the best components to be used effectively in the industry to attain the communication objectives. Marketers in the industry will be able to draw up promotional plans with fore thought knowing which components to use and to what extent to employ these components of the promotional mix. The findings of the study should make it easier for marketing managers to draw up better marketing budgets, as one would know how much to spend on each tool with respect to its ability to achieve the desired outcome.

The study can also be a launch for further research on cost of each promotional component vis-à-vis its effectiveness in the industry. The industry players may institute research on other areas like to what extent the regulatory bodies affect the effectiveness of the different elements of the promotional mix.

There could be studies on how other bodies like hospital administration, health management organizations, insurance companies and the general public affect the effectiveness of these marketing tools.

Further research on whether there's a significant difference on the effectiveness of a promotional component when one is marketing a brand as opposed to a generic version of a drug could also be carried out.

1.6 Definitions of Terms

1.6.1 Generic medicine

This is a legal imitation of a branded drug when the brand's patent has expired and usually retails for less than the brand (Merck manual 2001). They have become a major source of problems in our industry since their quality is always in doubt. They are only allowed to retail when the patent period of the brand has expired. In Kenya the patency period is ten to twenty years (Pharmacy and Poisons Board) depending on the categorization. Generic medicines however have made once very expensive drugs affordable to Kenyans. This is the most significant contribution these drugs have made to our local industry. These generics are sourced from the Indian subcontinent, Eastern and Western Europe, and North America.

1.6.2 Formulary

A formulary is the list of drugs stocked in any hospital and from which the medical personnel can prescribe. This formulary guides the doctors and other

staff on which drugs are stocked and which ones aren't present within the hospital. A hospital can have an open formulary whereby the introduction of a new drug is fast and easy. A hospital can also have a closed formulary where the introduction of a new drug is usually prohibited and is only done so after some fixed periods of time e.g. one or two years.

1.6.3 Branded medicines

These are drugs, which are also called "originals" to differentiate them from generics. These drugs are produced after years of research and thus are usually costly. These are mainly manufactured in the Western world, i.e. North American and European Union based pharmaceutical firms, and are marketed locally by their local subsidiaries. Brands are trusted more by patients and doctors because of their perceived high quality and country of origin e.g. Germany, United States or United Kingdom. Examples include Viagra®, Augmentin®, Bayer Aspirin®. They are usually protected by patents.

1.6.4 Healthcare professionals

These include doctors, nurses, clinical officers, pharmacists and others who have been trained in the management of provision of good healthcare. Their respective bodies register these persons in order to allow them to practice in Kenya. They are a core consumer group for the pharmaceutical industry and may be called secondary consumers as opposed to patients who are primary consumers and do actually consume the products marketed by these firms.

1.6.5 Pharmacy and Poisons Board - Ministry of Health

The body empowered by the Government to regulate the pharmaceutical industry and enforce all the regulations. This body also registers drugs and monitors the importation and manufacture of drugs locally. This body is constituted under Cap 244 of the laws of Kenya.

1.6.6 Continuous Medical Education CME.

A CME is a medical meeting or symposium sponsored by pharmaceutical firms to promote a new brand or re launch a brand to doctors. These meetings are usually used by firms to give doctors a forum to discuss their brands and its benefits and drawbacks. They can be in the form of cocktails or dinners or lunch.

1.6.7 Efficacy.

This is term used to define the drug's ability to manage whatever it is claimed to manage. A high efficacy means it manages the disease or condition very well and vice versa.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This literature review will look at the definitions of promotional mix and the elements involved therein. Thereafter it will focus on the elements in use in the Kenyan industry and to what extent local firms use them in their marketing activities. It will look at the importance and need for effective communications and the benefits of having the same. The focus will be also on any other studies previous done on other industries based on the promotional mix elements. The local pharmaceutical industry is faced with the ever-changing business environment as other industries: viz inflation, low purchasing power, and competition, (Bii, 1992).

The literature review will also focus on the demographics of the Kenyan pharmaceutical industry. The size and operations of the industry plus Government regulations will be reviewed with the sole purpose of showing how they have impacted on the promotional activities of the local industry. A highlight on the problems faced by marketers in this industry will also be reviewed. Thereafter there will be a review on response as a behavior exhibited by consumers, in this case doctors, and how this response can be measured.

2.2 The marketing concept and the marketing of ethical products

A good drug or medicine meets the needs of the doctor and patient as well. Customers' demands for superior value from the products they purchase are unprecedented, as they get more knowledgeable about products and services (Cravens and Piercy, 2001). The underlying logic of a market driven strategy is that the market and customers form the market and should be the starting point in business strategy formulation (Cravens and Piercy, 2001).

A marketer in the local industry will ensure that above all else the product marketed meets the needs of the doctors and his/her patients. Thus the customer (here the doctor) must understand the benefits of the product (the drug) (Stanton, 1996). The term product - market indicates that markets exist when there are buyers with needs who have the ability to purchase products and products are available to satisfy their needs (Cravens and Piercy, 2001). The benefits here include effectiveness of the drug to manage whatever ailment it purports to manage, cost of drug, side effects profile, and mode of action of the drug.

A market is defined as people or organizations or a person with needs to satisfy, money to spend, and willingness to spend it (Stanton, 1994). Marketing communication thus acts as the conduit for information between the doctor and the firm. Informing, reminding and advocating are the purposes of the promotional elements in the marketing mix. Marketing is the process of

focusing the resources and objectives of an organization on environmental opportunities and needs (Keegan, 1995).

The marketing concept is based on three fundamental beliefs namely; all planning operations should be customer oriented, all marketing activities in an organization should be coordinated and customer oriented, coordinated marketing is essential to achieve the organizations performance objective (Stanton, 1994). The main target in the pharmaceutical industry is the doctor and though end user is the patient, marketers do not target them by law (Cap 244). Since a market is out to meet its customers needs, the local industry is seen to engage in market research to identify the ever-changing needs of the local market, e.g. it's been observed that the increasing resistance to antibiotics is of major concern to the Kenyan pharmaceutical market, hence, the increased influx of newer and more powerful antibiotics into the local market. The marketers in the pharmaceutical industry are well trained and very skilled since they face highly trained professionals (doctors and pharmacists).

The marketing mix is defined as a set of marketing tools that the firm uses to preserve its marketing objectives in the target market (Kotler, 2000). The four marketing components are promotion, place, price and product (Kibera, 1988). All these are interchangeably used in the local pharmaceutical industry. These 4Ps are strategic weapons in the firm's market struggle against its rivals and competitors (Magrath, 1986). Keegan (1995) adds a fifth "P" (probe), that is extensively used in the local pharmaceutical industry. The probe reveals the

doctor 's opinion about the brand and could give a marketer a clear indication on what objectives to set up for his/her clients.

The marketing mix variables include the following;

a) **Product.** This is the drug being marketed to the doctor and could be a tablet or injection. The Pharmacy and Poisons Board register all the products used in the Kenya pharmaceutical industry (Cap 244). Products are brands as in the case of Ciproxin® or Adalat® or could be generic versions of the brands e.g. Cifran® or Nifelat®. There are line extensions like Adalat Retard®. The success of brands like in other industries is dictated by good marketing strategies and quality of the product (Cravens and Piercy, 2001). Indeed products like Ciproxin® have continued to dominate the market despite being in the market for over ten years (author).

b) **Price.** This the other P extensively used in the local industry. The use of price is seen as a strategy employed in these depressing economic times since generics use price as their marketing tool (Rakesh, 2001). Brands are seen as highly priced and expensive. Indeed the price factor is highly sensitive and if poorly handled can cause product failure (Furnisk and Naddler, 1976). Many firms are using price as a strategy to maintain and grow market share (Naikuni, 2001). The pressure placed by Health

management organizations and insurance companies have forced many firms to pursue various pricing strategies (Rakesh, 2001).

c) **Place.** The next P is that of place and focuses on where the product is found and distributed. Stanton (1994) comments that marketers use place to select and manage the trade channels through which products will reach the right market at the right time. The distribution channels used in the local industry are narrow and few. The products are found in hospitals and clinics and their dispensing or distribution is guided by Government regulation (Cap 244). The law (Cap 244) also requires that only qualified and registered pharmacists handle these ethical products. This is because these ethical products are classified as poisons (Cap 244). Consequently the ethical products are found only in hospitals and retail pharmacies from where patients can access them.

d) **Promotion.** This P (promotion) is the basis of this paper and will be looked at in greater detail than the previous Ps. This should not give the impression that the others are of less importance. It is the author's deliberate focus on promotion in the industry. Bii (1992) comments that promotion helps to create widespread awareness and to enhance the image of the institution. Promotion is the need to inform and persuade the market about a firm's product (Stanton, 1994).

e) Probe. This is the “new” P, which is used to find out what the consumer’s feeling or attitude is towards the product (Keegan, 1995). This is one P commonly used in the local pharmaceutical industry and is key to knowing what the attitude of doctors is towards the drug or ethical product (Naikuni 2001). The knowledge about the user’s attitude towards a drug is used to develop new marketing objectives and improving on present one. The probe also enables marketers know which areas of the product require improvement.

2.2.1 The medical representative

This is a marketer who pays visits to doctors’ surgeries and hospitals and marketing their products to the latter. They also visit pharmacists and other medical personnel marketing their products to these individuals. These medical representatives must be registered and issued with an annual Kshs. 5000 permit by the Pharmacy and Poisons Board as required by rule 13A (1) (b) of the Pharmacy and Poison’s Rules (Cap 244). This permit allows the medical representative to carry free samples and distribute them to medical personnel. Please refer to the appendix 3 to see the permit issued by the Pharmacy and Poisons Board to medical representatives in Kenya.

2.3 Promotion and the promotional mix

A promotion is any activity taken to promote a product in order to achieve a desired behavior, which is that of encouraging a consumer to use the product. Promotion is indeed one of the Ps in the marketing mix. The promotional mix

used in the pharmaceutical industry is based loosely on the consumer marketing (Siage, 1999). Indeed this marketing is ethical since the products are very specialized and targeted to a group of highly trained individuals i.e. medical personnel. The promotional mix is seen to consist of advertising, sales promotion, public relations and publicity, personal selling and direct marketing (Kotler, 2000). An important marketing responsibility is planning and coordinating the integrated promotion strategy and selecting specific strategies for promotion components (Cravens and Piercy 2001).

Kotler (2000) sees a promotional mix as consisting of five major modes of communication viz: advertising, sales promotion, public relations and publicity, personal selling and direct marketing. Promotion strategy consists of planning, implementing, and controlling an organization's communications to its customers (Cravens and Piercy, 2001).

A marketer's consumer communications need not to only raise brand awareness or create or change brand preference and image or to get sales trial or repurchase, but to do all of the above at the same time (Batra et al, 1996). The promotional mix elements are used to communicate with the intent of influencing the buying process by achieving cognitive, effective or behavioral outcomes in the target market. Kotler (2000) further states that it's not only relevant to develop a good product and price it attractively, one also has to communicate effectively with present and potential stakeholders. Keegan

(1995) further defines marketing mix/promotional mix to all forms of communications that organizations use to establish meaning and influence buying behavior among existing and potential customers. As marketing is concerned with the aspect of satisfying the needs of consumers, marketing communication is fast becoming the most important element of the marketing mix (Wilson and Gilligan, 1998).

According to Wilson and Gilligan, (1998), a marketer can thus further determine the appropriate promotional mix using the following techniques;

- (i) The short term and long term objectives
- (ii) The communication channels that will carry the message
- (iii) The nature of the target audience(s) (carrying out an STP i.e. segmentation, targeting and positioning) e.g. a brand for physicians based in Nairobi used to manage Type 1 diabetes.
- (iv) The ways in which the elements of the promotion mix are to be integrated and how, in turn the promotional mix is to be integrated with the marketing mix.

Stanton (1994) states that to determine the promotional mix, four factors are to be taken into account, and they include;

- (i) The target market,
- (ii) The nature of the product
- (iii) The products' life cycle stage

(iv) The amount of money set aside for promotion.

These methods to determine promotional budget can also be used by the local pharmaceutical industry (Kotler, 2000). One could budget by percentage of sales to all available funds; competition; task or by objective. Naikuni (2001) stated that 58.8 percent of the local firms used percentage of sales to budget for promotional activities. He further observed that budgeting by task or objective was done by 35.3 percent of the local firms. Only 5.9 percent of these firms used competition as a method of budgeting. The method commonly used (as experienced by the author) by firms is to take percentage of sales as an allocation for promotional activities.

2.3.1 The promotional mix elements used in the local pharmaceutical industry

The elements of promotion are advertising, sales promotion, public relations, personal selling and direct marketing (Kotler, 2000). Indeed in this computer age, the Internet has become a new promotional tool alongside the others in the marketing mix (Cravens and Piercy, 2001). Indeed in the West, many firms use the Internet for several marketing activities. This has yet to catch up here in Kenya's pharmaceutical industry due to legal implications (Cap 244 section 37) of this type of promotion.

2.3.1.1 Advertising

Advertising consists of any form of non-personal communications concerning an organization, product, or idea that is paid for by a specific sponsor (Cravens and Piercy, 2001). Advertising exists to inform, persuade and remind a buying public of a particular product or service and it does so at a lower cost per head to the company than personal selling or exhibitions.

Kotler (2001) defines advertising as any paid form of non-personal promotion and presentation of ideas, goods or services by an identified sponsor. Advertising acts as a contributor to sales, a communication tool, establishment of customer preferences, reminder and reinforcer of loyalty and increasing market share against competitors. Kotler (2000) classifies the objectives of advertising according to their aim, as to inform, persuade or remind. Advertising takes place using various media, which include radio, television (constituting the electronic media), and newspapers, posters, magazines (constituting the print media), billboards, audio-visuals, etc.

Indeed if there's one tool that is seldom used in our local pharmaceutical industry its advertising. This is because of the regulations governing the use of advertising in the local industry (Cap 244 sec 37, 38 and 39). The same Act provides for penalties for any one or firm that contravenes this regulation. Indeed this regulation has stifled the use of this particular tool for promotional purposes in the industry.

Naikuni (2001) found that the electronic and print media tools were frequently used for advertising purposes in the local pharmaceutical industry. From his findings, it's evident that this tool is not extensively used in our local pharmaceutical industry.

2.3.1.2 Sales promotion

Sales promotions are also another commonly used marketing mix element. Sales promotions are thus defined as a variety of short-term incentives to encourage trial or purchase of a product or service (Kotler, 2000). Sales promotions consists of various promotional activities, including trade shows, contests, samples, point-of purchase displays, trade incentives, and coupons (Cravens and Piercy, 2001). Local firms, in order to increase brand awareness and market share, frequently use sales promotions. The firms will thus use samples, credit terms, bonuses, sponsorships, exhibitions, dealer incentives, and other promotional items.

Sales promotions can be designed to create trial purchases, to stimulate short-term sales, to enhance purchase volume, or brand loyalty, or to affect brand image (Batra et al, 1996). The benefits of sales promotions can be seen in terms of the way it helps create and maintain a high level of awareness of the brand with the supplier (Wilson and Gilligan, 1998).

Local firms sponsor doctors for conferences hoping that they will support their brands. Firms also spend a lot on samples of ethical products, which are also under regulation as they are classified as poisons (Cap 244), and must be accounted for at all times. Samples are given to doctors to stimulate use and also act as brand reminders. Naikuni (2001) stated that 52.9 percent of firms indicated that sales promotion was the second most important promotional tool they used. He further stated that the most commonly used promotional tools were giveaways (diaries, calendars, medical products etc), exhibitions, continuous medical education, special discounts, and sponsorships. Bonus was the least used of the tools.

2.3.1.3 Personal selling

Personal selling consists of verbal communications between a salesperson and one or more prospective buyers with the objective of making or influencing a sale (Cravens and Piercy, 2001). This element is indeed very popular in the industry. Personal selling is defined as the face-to-face interaction with one or more prospective purchasers for the purpose of making presentations, answering questions, and procuring orders (Kotler, 2000).

Annual expenditures on personal selling are much larger than those for advertising, perhaps twice as high (Cravens and Piercy, 2001). Thus personal selling is frequently used in the pharmaceutical industry because of the nature of the products and the target market. The products are regarded as poisons (Cap 244), and thus the Government (Cap 244) closely regulates their

marketing. The target market is comprised of highly skilled individuals (doctors) and other medical personnel.

Personal selling has several unique strengths. For example, sales people can interact with buyers to answer questions and overcome objections, can target buyers, and have the capacity to accumulate market knowledge and provide feedback (Cravens and Piercy, 2001).

In the local industry the marketers who carry out the personal selling task are called medical representatives and are registered under Cap 244 and do work only under license from the Government. Medical representatives thus call on doctors to market new medical products and provide them with biomedical data of their new products. They then persuade the doctor, after presenting the product's benefits, to prescribe the new drug in order to generate sales of the new product. The representative will thus have to keep on calling on the doctor to retain and increase market share as other representatives will also be calling on the same doctor with similar products. The increasing number of medical representatives (about 600 registered as of 1999 according to the Pharmacy and Poisons Board) has caused the increasing competition in the market place. Naikuni (2001) ranks personal selling as the most favored element by firms in the industry.

2.3.1.4 Public relations and publicity

Kotler (2000) defines public relations as a variety of programs designed to promote and protect a company's image or its individual products. Public relations thus concentrate on giving information to ensure that the organization's motive and actions are popularly understood. Other firms use public relations as a way to reach harder to reach customers and to convey messages that are more credible to the customers (Batra et al, 1996).

This tool is not frequently employed in the local industry despite its popularity in the West. Naikuni (2001) reveals in his study that this element is least used of all the promotional elements in Kenya with only 37.5 percent of local firms using it. When used, however, the most commonly used tools include press releases and seminars.

Firms do frequently use press releases as in the case of stolen goods as is required by the law (Cap 244), since the permission for press release must be sought from the Ministry of Health (Cap 244). Incases of bad publicity as seen by .drugs causing fatal adverse effects in patients or a drug's subsequent withdrawal from the market, press releases are also used under the guidelines of Cap 244.

2.3.1.5 Direct marketing

The direct marketing element has been an added one to the market, which is tightly regulated. This element comprises the use of mailings, fax, email and

other non-personal contacts which communicate directly with customers to solicit business (Cravens and Piercy, 2001). The use of this element is confined to few firms, which have comprehensive databases of doctors' addresses. The distinguishing feature of direct marketing is the opportunity for the marketer to gain direct access to the buyer (Cravens and Piercy, 2001). The response of doctors to this new element will be gauged by this study and effectiveness known. Kotler (2000) says that this element can be seen to play a role in building long-term relationships with a customer. The underlying logic of using direct marketing is making direct contact with end user customers through alternative media e.g. telephone, mail, and kiosk (Cravens and Piercy, 2001). They further observe that the expanding popularity of direct marketing methods is driven by a combination of factors such as socio economic trends, low access costs, databases, and buyers' demands for value.

The methods used in direct marketing include catalogs and direct mail, telemarketing, direct response media, electronic shopping, and kiosk shopping (Cravens and Piercy, 2001).

Catalogs and direct mail involve the contact of potential buyers by mail to generate orders by phone or mail. The buyers may also be encouraged to visit retail outlets.

Telemarketing involves the use of the telephone. Telemarketing offers two distinct advantages low contact cost and quick access by both buyer and seller

Direct response media is the use of television, radio, magazines, and newspapers to obtain sales from buyers. These offer a wide range of advertising opportunities to firms that have goods to sell. The intent of the direct response communications is to persuade the person reading or hearing the advert to order the product.

Electronic shopping is a product of the computer age and is used by suppliers to order their goods and for consumers to re-purchase. Computer ordering helps sellers establish close link with consumers and keep an eye on stock levels.

Kiosk shopping is a concept of vending machines, which offers buyers opportunity to buy from a facility located in a public area or retail complex. The advantage here is exposure to many clients, and buyers can also benefit from convenience.

Firms have been known to send festive season greetings to doctors with branded gifts or cards or the most current information on a drug by mailings. Naikuni (2001) found that only 29.4 percent of the local firms used telemarketing as a tool of this element. Another 17.6 percent use mailings.

Direct marketing should be more frequently employed in the industry to enhance the marketing mix activities.

2.3.2 Interactive/Internet marketing

This is a new component of promotion not widely used in the Kenyan market. It comprises the Internet, CD-ROMs, and interactive television (Cravens and Piercy, 2001). They further note that the Internet provides a direct sales channel, identify sales leads, conduct Web- based surveys, provide product information, and display advertisements.

The fact that the computer is a tool still out of the reach of several Kenyans stifles the use of the Internet. The use of CD-ROMs is confined to very few Nairobi based doctors who have access to computer facilities (author).

2.4 Responsiveness of the mix elements and problems faced by marketers in the local industry.

It is indeed a difficult task for a firm to measure the responsiveness of a promotional element. Most firms use indirect methods of finding out the responsiveness of these elements used. Effectiveness of an element is defined as the ability of the element to achieve the communication objective of the firm (Kotler, 2000). This could be to have a doctor prescribe a new product or indeed continue prescribing the product.

2.4.1 Responsiveness and its measure

How individuals or in this case doctors react to a drive or cue –how they behave – constitutes their response (Schiffman and Kanuk 2002). The pharmaceutical firm provides consistent cues to a doctor but may not always succeed in stimulating a prescription even if the doctor is motivated to prescribe. Indeed many firms are often left wondering why a heavily promoted product is not prescribed at all. However if the firm succeeds in forming a favorable image of a particular brand in the doctor 's mind then the doctor is ready to buy and he or she will likely consider the brand. A response is not tied to a need in a one-to-one fashion, indeed a need or motive may evoke a whole variety of responses (Schiffman and Kanuk 2002). There are several ways in which a doctor can respond to the need to manage his/her diabetic patients better than just prescribing insulin injections for them. He/she may feel that better patient knowledge of the disease and dietary management may fulfill his/her needs better than insulin injections. Thus the firm marketing better disease management may meet his/her needs more than the one emphasizing on new insulin products. Cues provide some direction, but there are usually several competing for the same doctor. Indeed whichever response a doctor makes depends heavily on previous learning; which may in turn depend on which responses are reinforced in the past. Reinforcement thus increases the likelihood that a specific response will occur in the future as the result of particular cues or stimuli.

In the local pharmaceutical industry the measure for response is basically the doctor's prescription of the promoted brand. Firms do carry out prescription surveys to determine who is prescribing their brand and who is prescribing competition. Many local firms thus use response differences to come up with positioning strategies. The different responses by doctors to different brands will be identified by their prescription patterns of the varying brands. If a doctor prescribes a promoted brand then the firm takes this as a positive response and if not then a negative response to the cues or stimuli.

Firms locally use various techniques to track and analyze the responsiveness of doctors to their promotional activities. These include pharmacy surveys on prescription patterns, message, retail/ market surveys, sales analysis, audit and distribution, and prescription audits (Naikuni, 2001).

Despite the problems faced by the local industry, firms know both when to communicate and also the content of their messages. Naikuni, (2001) observes that only 64.7 percent of the firms know how to estimate the cost of their communication.

The main problem facing promotional activities in this country involves the regulatory act Cap 244, which has hampered the development of new promotional techniques and resulted in an over-reliance on some others like personal selling.

This law may need to be revised to conform to global changes in the global pharmaceutical industry.

The medical doctor is the target of most of the promotional activities and (s) he prescribes a product. Any marketing material to influence behavior could be missing altogether. Indeed one of the most difficult things for a marketer in this industry is to influence and understand behavior of their customer - the doctor. In fast moving consumer goods sector marketers are able to predict buyer behavior.

The patent issued by the Ministry of Health (Cap 244) to protect a new brand gives the firm exclusive rights to the market segment targeted and is also makes the industry unique. The firm enjoying such exclusivity may not need to engage in serious marketing promotion since it enjoys a monopoly. However, the enactment of the Industrial Property Rights Bill (2001) played a big role in reducing the protection of the patents. Patented products do not provide marketers with the challenge they need.

Brand loyalty is rare in this industry since doctors believe they only prescribe what is useful for their patients. At times what is useful to their patients may differ with the marketer's objective of retaining and increasing market share.

2.5. Local pharmaceutical Industry demographics

There are currently one hundred and thirty seven (137) pharmaceutical firms in the country (Kenya Medical Directory, 2000). The size and volume of the local

market has been well studied and whatever figures available are based on estimates. The total expenditure on drugs by national health account data was Kshs. 31 billion as per 1994 estimates (Pharmaceutical Journal of Kenya, Dec 2000). The expenditure of individuals on drugs was Kshs. 20.3 billion, while the Ministry of Health (MoH) spent Kshs. 7.4 billion (Pharmaceutical Journal of Kenya, Dec 2000).

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Target Population

This study focused on registered medical doctor practitioners, to whom local pharmaceutical firms promoted their brands. These were doctors both in the private and public sectors. There are currently 4,600 registered medical practitioners (Medical Practitioners and Dentists Board of Kenya) in Kenya.

3.2 Sample frame and size

The target population was spread throughout the country, but for purposes of the study only those doctors based in the Nairobi, Kisumu, and Mombasa were targeted. This study used probability-sampling technique of simple random sampling from the database (Medical Directory-2003) available of doctors registered in Kenya at the researchers' place of employment. The doctors' names were arranged in an alphabetical order. They were selected at random from the available database.

The available database is updated monthly based on new registering doctors and movements of doctors from one city to the next. Nairobi City, by virtue of having a larger volume of doctors, had a sample of one hundred (100) medical practitioners. The other two cities (i.e. Kisumu and Mombasa, and) had a sample size of twenty five- (25) medical practitioners each. A total number of

one hundred and fifty (150) medical practitioners were selected for the study sample.

3.3 Sampling plan

The research involved doctors of varying specialization, e.g. surgeons, physicians, pediatricians, general practitioners, since all pharmaceutical companies target them. The doctors were employed in either the public or private sector. The research was confined to doctors, since they were the only ones allowed by law (Cap 244) to prescribe POMs (Prescription only medicines), the focus of the study.

Given that the medical doctors were spread all over the country, it was not easy to reach all of them for the purposes of the study. In order to optimize accessibility of the respondents, the study used simple random sampling technique from the database of doctors as per their city of location i.e. Nairobi, Kisumu, and Mombasa. The study of doctors from different areas apart from Nairobi was to establish whether there was a significant difference in the responses from these practitioners.

3.4 Data collection

The study used the self-administered personal survey method to conduct the research. The data collection instrument was a self-administered questionnaire. The questionnaire contained both open and close-ended questions and used

both structured and un-structured responses. The study used the drop and pick method to distribute the questionnaires.

3.5 Data Processing and analysis

The data collected was analyzed using descriptive statistics. The use of the SPSS was employed to generate means, standard deviations, and frequency distributions. Content analysis was also carried out on the data.

CHAPTER 4

DATA ANALYSIS AND FINDINGS

4.1 Introduction

This section presents the analysis of data collected, using descriptive statistics (mean, frequencies, percentages, and standard deviation). The analysis is divided into two parts. Section 1 deals with general information, and section 2 delves into the subject matter of the study, which is the responsiveness of the doctors to the marketing promotional techniques.

In terms of location, it was found out that a majority of the doctors (58.1 per cent) who participated in the study were located in Nairobi. It is important to note that samples were drawn from Nairobi, Kisumu and Mombasa. 30.6 per cent of the doctors were from Kisumu, while 11.3 per cent of the doctors were from Mombasa. The location of the doctors was an important variable, which could influence their responsiveness to the various marketing promotional tools.

With regard to specialty, the study revealed that a majority of the doctors were general practitioners (30.6 per cent), and physicians (27.4 per cent). Next were medical officers (24.2 per cent), and obstetricians/gynecologists (9.7 per cent). Pediatricians (6.5 per cent) and surgeons (9.6 per cent) also took part in the study.

The study also found out that a majority of the doctors (50.0 per cent) worked in hospitals, either government or privately owned and run. A reasonable number had their own private practice (45.2 per cent) while a small percentage was involved in other categories of practice (4.8 per cent).

4.1.1 Number of years of Clinical Practice

Table 1. Number of Years of Practice.

Years	Frequency	Percentage
1-5	14	22.6
6-10	16	25.8
11-15	11	17.7
16-20	8	12.9
21-25	4	6.5
26-30	5	8.1
31-35	1	1.6
Non - Response	3	4.8
Total	62	100.0

N = 62

From the table above, it is evident that a majority of the doctors had been practicing their trade for less than 10 years (48.4 per cent). By and large, these doctors had been in operation for many years, hence, had wide experience with the dynamics of the pharmaceutical industry, and had considerable experience with the varied products and/or services offered by the many players in the industry. Hence, their views on the promotional elements used by these players were deemed to hold substance.

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4.2.1; Frequency of promotion of prescription products to doctors.

Table 2: Frequency of Promotion of prescription products

	Frequency	Percentage
Daily	47	75.8
Weekly	9	14.5
Fortnightly	1	1.6
Monthly	4	6.5
Non-Response	1	1.6
Total	62	100.0

N=62

From the table above, one may conclude that quite a majority of the doctors (75.8 per cent) experienced daily promotion of prescription products. In other words, the players in the pharmaceutical industry made considerable efforts to visit the doctors with their promotions daily, either through their medical representatives, or other media of marketing promotion. Some respondents experienced weekly or monthly promotion of the products. The table reveals that by and large, the players in the pharmaceutical industry in Kenya made aggressive efforts to promote their products to the doctors and position themselves favorably in the market.

4.2.2: Ranking of promotional activities frequently experienced by doctors

Table 3; Ranking of promotional activities frequently experienced by doctors.

Promotional activities	Most frequent (1) (%)	Very frequent (2) (%)	Frequent (3) (%)	Somewhat frequent (4) (%)	Least frequent (5) (%)	Mean	Std Deviation
Advertising (e.g. Journals, newspapers)	4.8	16.1	41.9	24.2	12.9	3.24	1.04
Sales promotion (e.g. Discounts, (CMEs)	61.3	62.9	24.2	3.2	3.2	2.34	0.79
Publicity and public relations (Dinner, trips)	12.9	11.3	21.0	27.4	27.4	3.45	1.35
Personal selling (e.g. Medical representatives)	80.6	0	3.2	4.8	9.7	1.61	1.35
Direct marketing (e.g. Mailing)	6.5	12.9	12.9	9.7	3.2	3.98	1.3

N=62

The table above shows the ranking of the promotional activities frequently experienced by the doctors. It is evident that the most frequently experienced promotional technique by the doctors was personal selling (mean = 1.6). The pharmaceutical firms had teams of medical representatives, who made frequent visits to the doctors to push for the prescription of their drugs. As earlier found out, these medical representatives made daily contacts with the doctors to promote their products. The other frequently experienced promotional activity was sales promotion (mean=2.34). Here, the firms offered discounts and CMEs to try to induce the doctors to prescribe their drugs to the patients. Use of direct marketing (e.g. mailing and telemarketing) was limited with a mean of 3.98. The same applied to advertising (in medical journals and newspapers), and publicity and public relations (dinners and trips). These findings point out

the importance attached to the medical representatives and personal selling by the firms.

4.2.3 Effects of Promotional Elements on the Doctors’ Prescription Habits of Products

This section attempts to establish the effects of the various promotional elements used by the pharmaceutical firms on the doctors’ prescription habits of drugs or products. The findings are presented in the following tables.

Table 4(i): Effect of Advertising on a Doctor’s Prescription Habits of Products

Elements	Most Responsive (5) (%)	Somewhat Responsive (4) (%)	Indifferent (3) (%)	Least Responsive (2) (%)	Not Responsive (1) (%)	Mean	Std Deviation
Audio tapes	10.2	20.3	30.5	10.2	28.8	2.73	1.35
Videos	28.8	20.3	32.2	10.2	8.5	3.51	1.25
Medical Journals	72.1	11.5	9.8	4.9	1.6	4.48	0.98
Leaflets	25.8	38.7	19.4	9.7	6.5	3.68	1.16
Posters	16.1	22.6	32.3	16.1	12.9	3.13	1.25
Catalogues	16.1	29.0	21.0	21.0	12.9	3.15	1.29
Brochures & Bulletins	38.7	22.6	17.7	12.9	8.1	3.71	1.32

N=62

The table above shows clearly that the doctors preferred promotions of products in medical journals with most responsive at 72.1 per cent, (mean=4.48). In other words, advertisements carried in reputable medical journals had a positive influence on their prescription of products. The findings for the other forms of advertising outlined in the table varied, from least responsive to somewhat responsive, as is evident in the mean and standard deviation columns. This indicates that there were mixed reaction, suggesting

lack of clarity on the effects of the forms of advertising on prescription habits of products. However, well laid out and presentable brochures and bulletins, with all the relevant information, also seemed to carry some weight as far as having a positive impact on the prescription of products was concerned with 38.7 per cent, (mean=3.71), indicating most responsive to them. Audiotapes were least responsive tool according to doctors with a score of 28.8 per cent, (mean=2.73).

This is due to the limited use of this tool locally.

Table 4(ii): Effect of Sales Promotions on a Doctor's Prescription Habits of Products

Elements	Most Responsive (5) (%)	Somewhat Responsive (4) (%)	Indifferent (3) (%)	Least Responsive (2) (%)	Not Responsive (1) (%)	Mean	Std Deviation
Giveaways (Calendars, Diaries)	33.9	32.3	25.8	4.8	3.2	3.89	1.04
Exhibitions	33.9	37.1	16.1	9.7	3.2	3.89	1.09
Continuous Medical Education	61.3	12.9	12.9	9.7	3.2	4.39	1.19
Discounts	35.5	24.2	19.4	6.5	14.5	3.60	1.41
Sponsorships	60.0	21.8	10.9	3.6	3.6	4.31	1.05
Samples	47.2	28.3	13.2	7.5	3.8	4.08	1.12
Others	51.7	17.2	10.3	10.3	10.3	3.90	1.42

N=62

In terms of sales promotions, the doctors preferred sponsorships to various events impacting on their profession (e.g. Continuous Medical Education seminars/conferences), with 61.3 per cent, (mean=4.39), indicating this as most responsive, which gave them the opportunity to learn the latest developments in the industry. To some extent, giveaways (calendars, Diaries etc) free samples, and discounts offered, also induced them to prescribe certain products to their patients. Also very popular were sponsorships, which came closely behind CMEs with 60.0 per cent, (mean=4.31), indicating most responsive. The

least responsive tool (14.5 per cent, mean=3.60) here was discounts where doctors indicated that other factors other than price dictated their behavior towards a brand. Indeed it looked like doctors were indifferent to discounts.

Table 4(iii): Effect of Public Relations and Publicity on a Doctor’s Prescription habits of Products

Elements	Most Responsive (5) (%)	Somewhat Responsive (4) (%)	Indifferent (3) (%)	Least Responsive (2) (%)	Not Responsive (1) (%)	Mean	Std Deviation
Seminars	53.6	16.1	16.1	7.1	7.1	4.02	1.29
Event Sponsorships (e.g. Dettol® Heart Run)	42.6	24.6	13.1	9.8	9.8	3.80	1.35
Publications	27.9	37.7	23.0	1.6	9.8	3.72	1.19
Donations/Charities	32.8	32.8	14.8	6.6	13.1	3.66	1.35
Community Relations	16.7	33.3	23.3	6.7	20.0	3.20	1.36
Brand Launches	21.3	26.2	19.7	8.2	24.6	3.11	1.48

N=62

In this era of intense and unprecedented competition, many organizations attempt to be socially responsible through the initiation and support of causes aimed at enhancing their images as good corporate citizens. To some extent, the level of the firms’ participation in socially responsible causes influenced the doctors’ attitude towards the competing products, as the table shows. Seminars, event sponsorships donations to charity and community relations were all factors that most doctors took into account when deciding on whether to prescribe certain products. However, there were some variations in responses in this section, which points to the existence of mixed reactions. One may conclude that the effect of publicity and public relations on prescription of

products was not clearly defined, though it was applied to some extent by the organizations. Indeed the preference of doctors for seminars 53.6 per cent, mean=4.02, clearly indicates this lack of a clear definition between a seminar and a CME as seen from the preceding section.

Table 4(iv): Effect of Personal Selling on a Doctor's Prescription of Drugs

Elements	Most Responsive (5) (%)	Somewhat Responsive (4) (%)	Indifferent (3) (%)	Least Responsive (2) (%)	Not Responsive (1) (%)	Mean	Std Deviation
Medical Representatives	45.9	26.2	21.3	4.9	1.6	4.10	1.01
Contact by other firm staff (e.g. Managers, Supervisors)	67.8	16.9	5.1	6.8	3.4	4.39	1.08
Others						3.51	1.26

N=62

The table above clearly shows that personal selling played an important role in influencing the doctors' prescription of products. The level of contact they got from other firm staff, for example, Managers and Supervisors (mean=4.39), influenced the doctors. This gave a feeling of warmth, appreciation and importance, which positively influenced their prescription of the particular firm's products. The doctors were also influenced, either positively or negatively, by the approach of the medical representatives. Individual responses from the other sections of the questionnaire indicated a feeling of lack of adequate knowledge about the drugs and selling and poor approach on the part of the medical representatives - factors that tended to impact negatively on a doctor's prescription of a particular firm's products.

Table 4(v): Effect of Direct Marketing on a Doctor's Prescription of Products

Elements	Most Responsive (5) (%)	Somewhat Responsive (4) (%)	Indifferent (3) (%)	Least Responsive (2) (%)	Not Responsive (1) (%)	Mean	Std Deviation
Mailings (for products)	20.8	18.9	15.1	11.3	34.0	2.81	1.58
E-mails (on Product info)	18.0	27.9	14.8	4.9	34.4	2.90	1.57
Mailing cards (e.g. birthday, Easter, etc)	18.3	21.7	16.7	15.0	28.3	2.87	1.50
Others	17.8	11.1	20.0	11.1	40.0	2.56	1.55

N=62

There were mixed reactions with regard to direct marketing elements. The responses on the above element varied between least responsive to somewhat responsive, which suggests lack of clear-cut agreement by the respondent. However, one may conclude from the findings above that to some extent the forms of direct marketing stipulated above have played a less than significant role where the highest mean score is 2.90. Indeed one response was that doctors had little or no time to read mail. Indeed mailings were the least responsive tool here with mean=2.89 indicating they are not popular with the doctors.

4.2.4 Promotional Tools with the Most Positive Impact on Prescription of Products

The following table presents a summary of the promotional tool(s) that evoked the most positive response on the doctors' prescription patterns towards products.

Table 5: Promotion Technique(s) with the Most Positive Impact on Prescription of Products.

Tools	Most Response (1) (%)	Somehow most Response (2) (%)	Some response (3) (%)	Somehow Least Response (4) (%)	Least Response (5) (%)	Mean	Std Deviation
Advertising (in Journals)	11.1	24.4	28.9	24.4	11.1	3.00	1.19
Personal Selling (e.g. medical representatives)	36.2	12.1	17.2	19.0	15.5	2.66	1.52
Sales promotions (CMEs, Samples)	49.1	21.1	19.3	5.3	5.3	1.96	1.18
Direct Marketing (e.g. Mailings)	19.0	19.0	10.3	17.2	34.5	3.29	1.57
Publicity and public relations (e.g. Trips, dinners)	22.4	10.3	25.9	24.1	17.2	3.03	1.40

N=62

There were mixed reactions on the issue of determining promotional technique that evoked the most positive response on the doctors' prescription patterns towards products. However, from the table it emerges that sales promotion, 49.1 percent, mean=1.96, played a key role in influencing positive response from the doctors. The doctors seemed to prefer some forms of inducements like free samples, continuous education, etc in order to prescribe particular drugs/products. Personal selling, 36.2 per cent, mean=2.66, by the medical representatives and publicity and public relations, 22.4 per cent, mean=3.03 to some extent played a role in influencing positive response on the doctors prescription patterns. The same applies to advertising and direct marketing.

The least responsive tool as per the findings was direct marketing with a mean score of 3.29, indicating almost indifference by the respondents to this tool.

4.2.5 Reason(s) why the promotional tools selected above evoked the Most Response.

This section attempts to determine why the promotional tools selected in the preceding section evoked the most response. Various reasons were given by the respondents, which were grouped and summarized in the following table: -

Table 6: Reasons why the Preferred Promotional Tools evoked the Most Response.

Reasons	Frequency	Percentage
Consistency.	4	6.5
Accurate explanation and supporting evidence.	6	9.7
CME evokes the most positive response.	11	17.7
Professionalism.	2	3.2
Personalizing the product.	12	19.4
Interactive.	14	22.6
Non-Response	13	21.0
Total	62	100.0

N=62

The table above summarizes the various reasons as to why the promotional tools selected evoked the most positive responses. The respondents considered their preferred promotional tools as being interactive (22.6 per cent), personalizing the products, and offering accurate explanation and supporting evidence.

4.2.6 Reasons why the selected promotional tools evoked the least response.

Table 7: Reasons why Promotional Tools evoked the Least Response

Reasons	Frequency	Percentage
It is a bother (personal selling)	1	1.6
Some medical representatives do not know their products well (personal selling)	4	6.5
Publicity and public relations not good	2	3.2
Professionalism has been overlooked (advertising)	9	12.9
Not very popular/ rare (direct marketing)	1	14.5
It happens to slow moving products only (direct marketing)	19	1.6
Time wasting e.g. Mail (direct marketing)	5	30.6
Impersonal (advertising)	2	8.1
Non-response	13	21.0
Total	62	100.0

N=62

The table above presents the various reasons why the promotional tools evoked the least response. As is evident in the table, direct marketing, 30.6 per cent, (e.g. mailing) was considered to be time wasting and the doctors did not prefer the tool. It was also considered to be unpopular and worked only with slow moving products. Advertising was taken to be impersonal because it lacked feedback and interaction. Some doctors felt that professionalism had been overlooked by advertising 12.9 per cent and the medical representatives personal selling 6.5 per cent were a bother, with some of the medical representatives not adequately trained on their products well. Publicity and public relations, 3.2 per cent, was unpopular with some of the doctors.

4.2.7 Extent to which Promotion in general evoked a Positive Response on the Doctors’ Prescription of Products.

This section attempts to determine the extent to which promotion in general evoked a positive response on the doctors’ prescription of products. The table below presents the findings.

Table 8: Extent to which Promotion evoked a Positive Response on the Prescription of Products

Extent of effectiveness	Frequency	Percentage
Extremely effective	29	46.8
Moderately effective	26	41.9
Indifferent	0	0
Moderately ineffective	0	0
Not effective	1	1.6
Non-response	6	9.7
Total	62	100.0

N=62

The table above shows that there was an overwhelming agreement among the respondents that promotion in general evoked a positive response on the prescription of drugs. 88.7 per cent of the respondents affirmed that promotion evoked a positive response on their prescription of products. This emphasizes the important role played by promotion in influencing the prescription of products. This calls for a well designed and thought out promotion strategy by the players in the pharmaceutical industry. The strategy should incorporate the needs, wants, and preferences of the target market.

4.2.8 Drawbacks of the Promotional Elements

This section attempts to identify the various drawbacks of the promotional elements identified. The tables below present the findings for each of the elements.

Table 9(i): Drawbacks of advertising

Drawbacks	Frequency	Percentage
No time to read journals	13	21.0
Limited to those who read journals only	12	19.4
Lack of personal touch	7	11.3
Non-Response	30	48.4
Total	62	100.0

N = 62

The various drawbacks of advertising are clearly spelt out in the table above, as outlined by the respondents. The doctors did not have time to read the journals that carried the advertisements, while some felt that the advertisements were limited to those who read the journals only. Some of the respondents observed that advertising lacked personal touch, because it was not interactive. It also lacked feedback.

Table 9(ii): Drawbacks of Sales Promotion

Drawbacks	Frequency	Percentage
Giveaways are misused	3	4.8
Giveaways/ drug samples given to the “wrong”, or unqualified people	16	25.8
Short expiry of samples	4	6.5
Time wasting	2	3.2
Non-response	37	59.7
Total	62	100.0

N = 62

The respondents, 25.8 per cent, observed that the giveaways (e.g. cards, diaries, etc) for inducing prescription were misused, as they were given to the wrong, unqualified people e.g. doctors’ secretaries, other medical representatives etc. Hence, they lost meaning and did not achieve the intended objective(s). Some respondents, 6.5 percent, also indicated that the free samples offered had short expiry periods and seldom lasted the entire period of treatment forcing patients to purchase the remainder. Some respondents, 3.2 percent, felt that sales promotion activities were merely a waste of time.

Table 9(iii): Drawbacks of Publicity and Public Relations

Drawbacks	Frequency	Percentage
Seminars do not have interesting topics.	12	19.4
Not interactive.	8	12.9
Publications lack substance.	2	3.2
Non-response	40	64.5
Total	62	100.0

N = 62

From the table above, one may conclude that the main drawbacks of publicity and public relations were the seminars/conferences lacking interesting topics, and the lack of interactive ness. Respondents, 19.4 per cent, felt that it was more of one sided, especially the publications, which again lacked substance, as highlighted in the table above.

Table 9(iv): Drawbacks of Personal Selling

Drawbacks	Frequency	Percentage
Lack of correct information.	12	19.4
Waste of time by the medical representative.	16	25.8
Tactical pushing/pressure to make a sale.	9	14.5
Non-response	25	40.3
Total	62	100.0

N = 62

The major drawbacks of personal selling are outlined in the table above. The findings indicate that the doctors, 25.8 per cent, felt that the medical representatives wasted a lot of their time by visiting them frequently (daily as earlier observed), trying to push for sales through aggressive tactical selling. The doctors, 19.4 per cent, also had the opinion that some of the medical representatives lacked adequate knowledge of their products, hence, their frequent visits ended up in not adding any meaningful value to the doctors, and instead wasted a lot of valuable time. The doctors also felt that some of the medical representatives lacked simple courtesy, and made visits even when the doctors were busy attending to patients.

Table 9(v): Drawbacks of Direct Marketing

Drawbacks	Frequency	Percentage
Out of sight out of mind.	7	11.3
Impersonal/irrelevant.	16	25.8
Lack of courtesy/poor approach.	4	6.5
Non-response	35	56.5
Total	62	100.0

N = 62

A majority of the respondents (25.8 per cent) felt that direct marketing was impersonal and irrelevant, while others felt that some of the communication they received lacked in simple courtesy and approach was poor (6.5 per cent). Others subscribed to the old adage “out of sight, out of mind” (11.3 per cent).

4.2.9 Other non-promotional factors that evoked a positive response.

Table 10: Other Non-promotional Factors that evoked a Positive Response

Factors	Frequency	Percentage
Cost of product	19	30.7
Efficacy	28	45.2
Availability	13	20.9
Non-Response	2	3.2
Total	62	100.0

N = 62

It is evident from the table above that other factors that evoked a positive response from the doctors included cost of the product (30.7 per cent), efficacy of the product (45.2per cent), and its availability (20.9 per cent). Indeed this confirms that aggressive promotion alone does not get the desired effect of product prescription. Efficacy, 45.2 per cent, is indeed the single most important non-promotional factor considered by doctors.

4.2.10 Views on Current Legislation on Promotion in Kenya.

As observed in the literature, the current legislation in Kenya is a big impediment to effective promotion of the products in the pharmaceutical industry. Hence, the study sought the respondents’ views on change in legislation to conform to the changing global trends in the industry. The findings are presented in the table below.

Table 11: Views on change in Legislation

Reactions/ views	Frequency	Percentage
Yes	23	37.1
No	11	17.7
Don't know	14	22.6
Non-respondent	14	22.6
Total	62	100.0

N = 62

From the table, it can be observed that a majority of the doctors (37.1 per cent) felt that there was need to change the current legislation on the promotion of pharmaceutical products to conform to the change in global trends on the same. 17.1 per cent felt otherwise, while 22.6 per cent were non-committal. The same figure never attempted the question. From the findings, one may conclude that there is need to change the laws on promoting these products.

4.2.11 Suggestions on how to improve on promotional activities.

Table 12: Suggestions on how to improve on Promotional Activities

Suggestions	Frequency	Percentage
Train medical representatives better.	10	16.2
Check on quality of drugs.	3	4.8
Research on doctors' needs/input.	12	19.3
Managers should leave their offices and meet clients/ doctors.	11	17.8
More CME seminars.	8	12.9
Non-response	18	29.0
Total	62	100.0

N = 62

The doctors offered various suggestions on how to improve the effectiveness of the promotional activities in the industry. 19.3 per cent of the respondents felt that there was need for research on the doctors' needs as far as promotion was concerned so as to come up with a strategy that would be relevant to their needs, wants and preferences. The current study sought to do exactly that.

Others, 17.8 per cent observed that there was need for the pharmaceutical managers to occasionally leave their offices and meet with the doctors in their locations of practice and get to discuss with them on issues touching on the performance of the medical representatives, for example. Quite a number (16.2 per cent) of the respondents indicated that medical representatives needed to be trained adequately. Other observations included the need for more CMEs and seminars (12.9 per cent), and other respondents felt that there should be a check on quality of drugs (4.8 per cent).

CHAPTER 5

DISCUSSION, CONCLUSION, AND RECOMMENDATIONS

5.1 SUMMARY.

Having presented the findings from the study, this section will deal with a discussion of these findings, mainly concentrating on the findings viz a viz the stated objectives of the study. It will also summarize the key findings, before offering various recommendations.

The study focused on the need to have information on the most responsive elements of the promotional mix. It sought to achieve this through the following objectives:

- i. To determine the responsiveness each element of the promotional mix evokes from the doctor.
- ii. To compare the responsiveness of each promotional component used in the local pharmaceutical industry.

The findings indicated that the pharmaceutical industry in Kenya employed the use of the various promotional technique observed in literature, which comprised use of advertising, personal selling, sales promotions, publicity and public relations, and direct marketing (Kotler, 2000).

5.2 CONCLUSIONS.

The study found out that doctors experienced these elements more frequently with 75.8 per cent of the respondents indicating they were promoted to daily. It

found out that the most frequently used promotional tool experienced by the doctors was personal selling (e.g. medical representatives) with 80.6 per cent indicating this. This indeed tallies with what was mentioned in the literature that this is the most popular promotional tool in the Kenya industry. The pharmaceutical industry players had teams of medical representatives who paid frequent visits to doctors and hospitals to market their products (Cravens and Piercy, 2001; Kotler, 2000). It was observed in the literature that this was a very popular medium of promotion, because of the nature of the products and the target market. The swelling number of medical representatives has caused the increasing competition in the marketplace each competing fiercely for a shrinking Kenyan market.

The other frequently experienced promotional tool was sales promotion (61.5 per cent) where the firms offered discounts and Continuous Medical Education (CMEs). It was observed in the literature review that local firms sponsored doctors for conferences/seminars, hoping that they would support their brands. Naikuni (2001) observed that sales promotions were the second most commonly used promotional tool in the pharmaceutical industry, hence, its frequent experience by the doctors. The least experienced tool by doctors was advertising in journals with only 4.8 per cent experiencing this mode of promotion. These findings clearly indicate the industry has over relied on personal selling and ignored the other tools like advertising, which if clearly conceptualized and utilized can be a great tool as in the consumer industry.

The study found out that the promotional mix elements evoked varying degrees of responsiveness from the doctors. In terms of advertising, it was revealed that doctors 72.1 per cent, (mean=4.48) preferred promotions of products in medical journals. Promotions carried out in reputable medical journals had a positive impact on their prescription habits of products since they perceived the brand as of high quality. Also, well designed brochures and bulletins, leaflets, videos, and catalogues (38.7 per cent, mean=3.71), had a positive impact on prescription habits, to some extent. Naikuni (2001) found out that the above advertising media tools were commonly used in the local pharmaceutical industry.

With regard to sales promotion activities, it was revealed that the doctors preferred sponsorships (60.0 percent, mean=4.31) to seminars impacting on their profession, for example, Continuous Medical Education (61.3 per cent, mean=4.39). These gave them the opportunity to learn the latest developments in the industry in terms of products. To some extent, giveaways (calendars, diaries, etc), free samples, and discounts also had positive effects on a doctor's prescription habits of products. However this tool was shunned as it was abused by the marketers and most giveaways ended up with the "wrong" people. Most doctors also felt this was the one of the least under utilized promotional tool by the industry.

To some extent, the doctors' attitude towards prescription of products/brands was influenced by the level of an organization's participation in publicity and public relations exercises (e.g. donations/charities, mean= 3.66). However, there were mixed reactions to the use of this tool, which tended to support the observations in literature that this tool was not widely used in the local pharmaceutical industry despite its popularity in the Western world. Naikuni (2001) observed that it was the least used promotional element. Indeed most doctors' felt that the industry should further exploit this tool since the lack of good public relations was a major weakness exhibited by the industry. Many felt the industry was exploitative as it put back very little in the immediate community it served as with regards to this tool.

Personal selling was the most commonly used tool. It played an important role in influencing a doctor's prescription of products (45.9 per cent, mean=4.10). This element was very popular – a fact supported by literature reviewed. The level of contact they got from other firm staff, e.g. the managers and supervisors, influenced (67.8 per cent, mean=4.39) the doctors. The medical representatives also influenced the doctors' prescription habits, either positively or negatively, depending on the approach of the medical representatives. The greater need for senior managers to contact doctors indicates the latter's need for appreciation and importance. Indeed the doctors responded to this tool better than even to medical representatives. Firms in the industry should exploit this to improve their image before the doctors.

Direct marketing tools had the least influence (mean score of below 3.0) on the doctors' prescription habits of products. It was observed in the literature review that the use of this element was confined to a few firms having comprehensive databases of the doctors' addresses. One major problem that came out of the study was that most doctors felt they had little or no time to read mail electronic or otherwise.

The study found out that there was mixed reactions with regard to the promotional tool (s) that evoked the most positive response on the doctors' prescription habits. However, it emerged that sales promotions at 49.1 per cent, (e.g. CMEs, samples, etc), and personal selling at 36.2 per cent (e.g. medical representatives), still evoked the most positive response from the doctors. Of crucial importance on the part of the players in the industry is the development of adequate, comprehensive, and relevant sales promotion and personal selling strategies that would evoke the most positive response on the prescription habits of doctors. Advertising (11.1 per cent), publicity and public relations (22.4 per cent), and direct marketing (19.0 per cent) evoked the least responses. However most doctors want these tools used more by local firms.

Generally, the study found out that the promotional techniques used were very effective in evoking a positive response on prescription habits of the products (88.7 per cent). The doctors emphasized the important role played by promotion in not only helping to create widespread awareness and enhancing

the image of the organizations (Bii, 1992), but also in evoking a positive influence on their prescription habits of products/brands. Most doctors felt that without the active use of the various promotional techniques they wouldn't know what the market has to offer.

The study also delved into determining some of the drawbacks of each of the promotional mix elements. The doctors, 21.0 per cent, indicated that advertisements (e.g. in journals), were not effective as rarely did they read the journals, and that advertising lacked the much needed personal touch (Cravens and Piercy, 2001)

With regard to sales promotions, some respondents, 25.8 per cent, felt that the giveaways (calendars, diaries, etc) were not only misused, but also given to the wrong people. The drawbacks of publicity and public relations included lack of substance in the publications, and boring topics in the seminars, with 19.4 per cent of the respondents indicating this.

The main drawback of personal selling reflected on the unsatisfactory performance, waste of time, (25.8 per cent) and lack of correct information (19.4 per cent) by the medical representatives. One major complaint by doctors was that the market had far too many medical representatives, which resulted in them becoming a "menace", literally, in hospitals and clinics alike. This will eventually reduce the effectiveness of this popular mode of promotion. Indeed it's about time firms came up with better strategies to exploit other promotional tools.

Finally, the drawbacks of direct marketing touched on its impersonal nature (25.8 per cent), and the lack of courtesy and poor approach (6.5 per cent) by some of the organizations. One fact emerged from this study in that most doctors (11.3 per cent) felt that this method embodied the adage "Out of sight, out of mind". Indeed marketers in the industry should carefully weigh the use of direct marketing techniques carefully.

Other non-promotional factors that evoked a positive response included the cost of the products (30.7 per cent), efficacy, and its availability. Indeed 45.2 per cent of the respondents felt that a product's efficacy is the most important non-promotional factor.

In terms of legislation, a majority of the doctors observed that the current legislation needed to be changed to reflect the changing trends in the global market place. In the United States the pharmaceutical firms promote both to general public and doctors. This has created a lot of awareness by patients on the latest products the industry has to offer. However some respondents (17.7 per cent) felt Kenya was not ready for this as there was poor application of the existing law consequently the fear of self-medication would become a real problem to the prescribers.

Among the suggestions for improvements cited by the doctors included adequate training of the medical representatives (16.2 per cent), check on the quality of the drugs (4.8 per cent), research on the doctors' needs/inputs (19.3 per cent), and more CMEs. Most doctors (17.8 per cent) also felt that managers

should meet them often. The one suggestion that was popular (19.3 per cent) was that firms should liaise with doctors to get their input and meet their needs as they prepared marketing strategies.

5.3 RECOMMENDATIONS

Arising from the study are the following recommendations;

- i. There is need to adequately address the weaknesses of personal selling identified in the study. It was observed that the performance of some of the medical representatives was below par; hence, steps need to be taken to correct the situation holding, through training on product and sales presentations in order to build confidence.
- ii. The full potential of direct marketing is yet to be realized. It is the least used tool of promotion in the pharmaceutical industry in Kenya. As observed in the literature, direct marketing should be more frequently employed in this industry to enhance the marketing mix activities.
- iii. As revealed in the study, there is over-reliance on medical representatives, who have various weaknesses. It is a high time the industry came up with strategies to tap into the potential offered by the other forms of promotion, by creating awareness in the market.
- iv. There is need for research on the doctors' needs, wants, and preferences, as far as promotion is concerned, before coming up with an overall promotional strategy in order to achieve maximum impact.

- v. There is need for the senior management teams of these firms to reach out to the customers (doctors) and share with them their various experiences.
- vi. Topics for discussion in the seminars should be practical and more relevant to the doctors' needs. Indeed firms should consult doctors on what they feel need to be discussed in seminars and CMEs.

5.4 LIMITATIONS OF THE STUDY.

The following factors constrained this study:

1. The loss of several questionnaires left with respondents. This was especially so in Mombasa city where the response rate was lowest for the study. Some doctors completely misplaced the questionnaires. The drop and pick method was employed in this study.
2. The general suspicion by Kenyans towards research, where some doctors felt they were being used as "guinea pigs" by the study. This led to some refusing to complete the questionnaire.
3. The lack of time was a negative factor in the selection of a small sample. Indeed out of 4600 registered doctors only 150 were sampled for this study.

5.5 AREAS FOR FURTHER STUDY

- i. A study should be undertaken to determine the relationship between the responsiveness of the doctors to the promotional mix elements and its

impact on buying behavior. To what extent does responsiveness lead to change in the buying behavior of the products?

- ii. A study should be conducted to determine the relationship between the use of the best promotional element and its cost to a firm.
- iii. A study to determine which are the best promotional tools to use when launching a new brand and to sustain an established brand.
- iv. Lastly a study should be done to determine if there's any significant difference on the response of doctors to the different promotional tools when marketing a brand versus a generic.

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APPENDIX 1

QUESTIONNAIRE

Please do answer the following questions to the very best of your knowledge. Your responses will be treated in the strictest confidence and be used for research purposes only. Thank you for your time.

PART I

1. Doctor's location: Nairobi- { }, Kisumu- { }, Mombasa- { } .
2. Doctor's specialty; General Practitioners- { }, Physician- { }, Obs/Gyn- { }, Paed- { }, Surgeon- { }, Medical Officer- { }.
3. Doctor's practice: Private { }, Hospital { }, Other { }-specify.....
4. Number of years of clinical practice. { } Years.

PART II

5. How often do you have prescription products promoted to you?

Daily { } Weekly { } Fortnightly { } Monthly { }.

6. Of the following promotional activities carried out by pharmaceutical firms which one do you experience the most frequently and which one the least. Please rank-using 1-5 where 1 being the most frequently to five being the least common.

✓ Advertising (e.g. journals, newspapers) { }

✓ Sales promotion (e.g. discounts, CMEs) { }

✓ Publicity and public relations

(Dinners, trips) { }

✓ Personal selling

(e.g. medical representatives) { }

✓ Direct marketing (e.g. mailing) {}

7. On a scale of 1-5, please rank the following promotional tools used under the five elements above, in promotion, that have a positive effect on your prescription habit of a product. A score of 5 indicates most responsive and 1 not responsive.

Key; 1- not responsive, 2-least responsive, 3- indifferent, 4- somewhat responsive, 5- most responsive

(1) Advertising

(i) Electronic media:	1	2	3	4	5
Audiotapes	{}	{}	{}	{}	{}
Videos	{}	{}	{}	{}	{}
(ii) Print media:					
Medical journals	{}	{}	{}	{}	{}
Leaflets	{}	{}	{}	{}	{}
Posters	{}	{}	{}	{}	{}
Catalogues	{}	{}	{}	{}	{}
Brochures and bulletins	{}	{}	{}	{}	{}

(2) Sales promotions

(i) Giveaways (calendars, diaries)	{}	{}	{}	{}	{}
(ii) Exhibitions	{}	{}	{}	{}	{}
(iii) Continuous medical education	{}	{}	{}	{}	{}
(iv) Discounts	{}	{}	{}	{}	{}

(v) Sponsorship	☐	☐	☐	☐	☐
(vi) Samples	☐	☐	☐	☐	☐
(vii) Others (specify).....	☐	☐	☐	☐	☐
(3) Public relations and publicity	1	2	3	4	5
(i) Seminars	☐	☐	☐	☐	☐
(ii) Events sponsorship (e.g. Dettol® Heart run)	☐	☐	☐	☐	☐
(iii) Publications	☐	☐	☐	☐	☐
(iv) Donations/charities	☐	☐	☐	☐	☐
(v) Community relations	☐	☐	☐	☐	☐
(vi) Brand launches	☐	☐	☐	☐	☐
(4) Personal selling					
(i) Medical representatives	☐	☐	☐	☐	☐
(ii) Contact by other firm staff, e.g. manager, supervisor	☐	☐	☐	☐	☐
(iii) Others (specify).....	☐	☐	☐	☐	☐
(5) Direct marketing.					
(i) Mailings (for products)	☐	☐	☐	☐	☐
(ii) Email (on product info)	☐	☐	☐	☐	☐
(iii) Mailing cards (e.g. Easter, Birthday)	☐	☐	☐	☐	☐
(iv) Others (specify).....	☐	☐	☐	☐	☐

8. Of these five promotional tools, which one do you consider to be the one evokes the most positive response on your prescription patterns towards a

product? Please rank from 1-5 where one- (1) evokes the most response in positive influence and five- (5) evokes the least response.

- ✓ Advertising (e.g. in journals) {}
- ✓ Personal selling (e.g. medical representatives) {}
- ✓ Sales promotion (CMEs, samples) {}
- ✓ Direct marketing (e.g. mailings) {}
- ✓ Publicity and public relations {}
(E.g. trips, dinners)

PART III

9. Please give reason(s) why this particular promotional tool you have given is evokes the most response.

.....

.....

.....,

.....

10. Please give reason(s) why the promotional element you have given evokes the least response.

.....

.....

.....

.....

11. Is there any other promotional tool used by pharmaceutical a firm that is not mentioned above that evokes a positive response on your prescription habit for a product promoted to you?

.....

.....

.....

12. To what extent does promotion in general evoke a positive response on your prescribing a product? Please tick appropriately

- ✓ Extremely effective {}
- ✓ Moderately effective {}
- ✓ Indifferent {}
- ✓ Moderately ineffective {}
- ✓ Not effective {}

13. What other non-promotional factor(s) evoke a positive response on your prescription pattern towards a product? Please list them below.

(1).....

(2).....

(3).....

14. Please state the drawbacks (if any) of each of the promotional elements listed below

- ✓ Advertising (e.g. medical journals):
.....

.....

.....

- ✓ Sales promotion (e.g. samples, giveaways, CMEs):

.....

.....

- ✓ Publicity and Public relations (e.g. seminars donations).

.....

.....

- ✓ Personal selling (e.g. medical representatives):

.....

.....

.....

- ✓ Direct marketing (e.g. mailings of cards for Easter etc):

.....

.....

15. Legislation in Kenya has played a big role in determining how firms promote their products in Kenya. Do you think it is time this legislation was changed to be inline with the changing global trends in pharmaceutical promotion?

Yes {} No {} don't know {}.

16. Do you have any suggestions on how local pharmaceutical firms could improve their promotional activities to the medical fraternity?

.....

.....

.....

THANK YOU FOR YOUR COOPERATION

APPENDIX 2

The Pharmacy and Poisons Act

36 (*Repealed by 8 of 1965, s. 41*)

36 (1) Subject to the provisions of this Act, no person shall advertise any drug or poison except with the written permission of the Board

(2) Applications for the advertisement of any drug or poison shall be made to the Board in the prescribed form and shall be accompanied by the prescribed fee.

37. (1) Subject to this Act. no person shall take part in the publication of an advertisement referring to a drug, appliance or article of any description in terms which are calculated to imply that the drug, appliance or article may be effective for any of the purposes specified in the schedule.

(2) In proceedings for the contravention of subsection (1), it shall be a defence for the person charged to prove that the advertisement to which the proceedings relate \was published only so far as was reasonably necessary to bring it to the notice of one or more persons of the following classes-

(a) members of the National Assembly:

(b) members of the governing body of a voluntary hospital:

(c) duly qualified medical practitioners, dentists and veterinary surgeons:

(d) registered pharmacists, authorized sellers of poisons and licensed wholesale dealers:

(e) persons carrying on business which includes the sale or supply of surgical appliances,
or that the advertisements was so published in connection with an application for a patent submitted to the appropriate authority so far only as was requisite for the purpose of the application.

(3) The Minister may from time to time, by notice in the Gazette, amend or vary the schedule.

38. Subject to this Act. no person shall take part in the publication of in advertisement referring to a drug, appliance or article of any description, in terms which are calculated to lead to the use of the drug, appliance or article for procuring the miscarriage of women

39. Subject to this Act. no person shall take part in the publication of an advertisement referring to a drug, medicine, medical appliance or similar article in terms which in the opinion of the Board are considered to be extravagant and to bear little or no relation to the pharmacological properties and action of the ingredients or components thereof.

40. (1) A person who contravenes any of the provisions of section 37, 38 and 39 shall, subject to this Act, be liable -

- (a) in the case of first conviction. to a fine not exceeding
twenty thousand shillings, or to imprisonment for a term not exceeding one year, or both;
- (b) in the case of subsequent conviction, to, a fine not

exceeding thirty thousand shillings or to imprisonment for a term not exceeding two years or to both.

(2) Where, in proceedings for contravention of any of the provisions of sections 37 and 38. it is proved-

(a) that an advertisement was published referring to a drug, appliance or article of any description, in terms calculated to lead to the use of the drug, appliance or article -

(i) in the case of contravention of section 37, for the treatment of any of the human ailments referred to in subsection (1) of that section: or

(ii) in the case of a contravention of section 38, for procuring the miscarriage of women: and

(b) that the advertisement also referred to the drug, appliance or article in terms calculated to indicate that it was manufactured, produced, imported, sold or offered for sale by the person charged.

then, unless the contrary is proved, it shall be presumed for the purpose of those proceedings that that person took part in the publication of the advertisement, but without prejudice to the liability of any other person.

(3) In proceedings for contravention of any of the provisions of section 37. 38 and 39, it shall be a defence for the person charged to prove -

(a) that the advertisements to which the proceedings relate were published in such circumstances that he did not know and had no reason to believe that he was taking part in the publication thereof: or

(h) that the advertisement was published only in a publication

of a technical character intended for circulation only amongst persons of the following classes, or of one or some of them -

(i) duly qualified medical practitioners, dentists and veterinary surgeons:

(ii) registered pharmacists and authorized sellers of poisons;

(III) PERSONS undergoing training with a view to becoming duly qualified medical practitioners, dentist or veterinary surgeon or registered pharmacists.

(iv) persons carrying on business which includes the sale or supply or surgical appliances.

(4) No prosecution for contravention of any of the provisions of sections 37. 3K and V) shall be instituted without the consent of" the Attorney General.

APPENDIX 3

The Pharmacy and Poisons Act: A Medical Representative's Permit

FORM 19

PHARMACEUTICAL/REPRESENTATIVE'S PERMIT

Mr. as representative of is hereby permitted to possess and supply free samples of pharmaceutical goods containing Part 1 Poisons, as scheduled below, to persons who are authorised to use them in their trade, business or profession as laid down in the Pharmacy and Poisons Act, subject to maintenance of records as required by rule 13A (1) (a) of the Pharmacy and Poisons Rules.

SCHEDULE

Date

*The Pharmacy and Poisons Board, P.O. Box 30016,
Nairobi.*

Note. – This permit expires on 31st December, 19...., or upon the person named
ceasing to be employed as a pharmaceutical representative of the firm
stated above.

FEE: Sh. 5000.

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