

2. Basic Indicators and Pharmaceutical Data

2.1 The response of the countries to the questionnaire was prompt and encouraging. Forty out of 49 member countries and two associated countries returned the questionnaire completed with as much information as was available. For the purpose of this study, the basic indicators and pharmaceutical data have been put in order of the income levels of the countries as follows:

- (a) Low Income, GNP per head, less than US\$500
- (b) Lower Middle Income, GNP per head, between US\$500 and US\$1000
- (c) Upper Middle Income, GNP per head, over US\$1000
- (d) Industrialised (developed countries)

In order to assess the true pattern, on a national and regional basis, it was considered essential to estimate the drug requirements as well as the financial capability of the countries. In addition, therefore, to studying the population and health indicators, the total national budget (expenditure), health budget, the gross national product (GNP) etc. were also needed. The ratios between these parameters and their inter-relation were also considered important for drawing conclusions for regional co-operation in drug supply and/or the necessity of local pharmaceutical production.

2.2 A table giving basic health and pharmaceutical indicators is given in Annex 1. Three letters are shown in parentheses, '(A)' refers to data confirmed by 17 countries, '(B)' relates to information prepared from replies sent by 23 countries and '(C)' gives 9 countries from whom no information was received through the governments concerned and the data was collected from sources indicated in the references (Annex 6). In order to find out the year of a specific data, reference should be made to individual country profiles presented in Annex 4.

3. Inventory of Pharmaceutical Manufacturers

3.1 The replies to Part B of the questionnaire came from 30 developing countries which gave production data from 125 manufacturers. The names and addresses of these manufacturers together with the range of products e.g. antibiotics, vitamins, etc. and the dosage form e.g. tablets, injections etc. are presented in Annex 3. It appears that almost all the units are engaged in formulating finished dosage forms except a few units in the Bahamas, Bangladesh, Jamaica and Singapore which have primary production. The majority of the units are subsidiaries or joint enterprises with transnational companies. Sixty per cent of the manufacturing companies report a turnover of over US\$1 million each. The rest are mostly in the US\$100,000 turnover group. A few units produce injectable products, and antibiotics products are made by about 30 per cent of the

companies. The total number of employees are reported to be around 14,500 in 114 companies, who provided this information.

- 3.2 The above inventory does not take into consideration the pharmaceutical manufacturers in Australia, Britain, Canada, New Zealand and India. India alone is reported to have 5,200 licensed manufacturers, which is the highest number in the Commonwealth including the industrialised developed countries. The preparation of a long list was not considered feasible for the above five countries. The details of manufacturers can be obtained from the trade associations of pharmaceutical manufacturers in these countries whose addresses are as follows:

INDIA

Indian Drug Manufacturers' Association (IDMA)
102B Poonam Chambers
Dr. Annie Besant Road, Worli
Bombay - 400 018

The Pharmaceutical & Allied Manufacturers
and Distributors Association Ltd (PAMDAL)
c/o Bombay Chamber of Commerce and Industry
P.O. Box 473
Bombay 1, BR

Organisation of Pharmaceutical Producers of India (OPPI)
Cooks Building
Dr. Dadabhoy Naoroji Road
Bombay 400 001

Indian Pharmaceutical Guide
Pamposh Publications
506 Ashok Bhavan
93 Nehru Place
New Delhi 110019

AUSTRALIA

Australian Pharmaceutical Manufacturers'
Association (APMA)
77 Berry Street
North Sydney NSW 2060

BRITAIN

The Association of the British
Pharmaceutical Industry (ABPI)
12 Whitehall
London SW1A 2DY

CANADA

Pharmaceutical Manufacturers Association
of Canada (PMAC)
500-111 Prince of Wales Drive
Ottawa
Ontario K2C 3T2

NEW ZEALAND

Pharmaceutical Manufacturers' Association
8 Floor, Cumberland House
237-241 Willis Street
Wellington 1

- 3.3 In the light of the material collected through the questionnaire and additional information, Commonwealth countries are grouped in Annex 4 in terms of their status in pharmaceutical production as classified by UNIDO⁽¹¹⁾.
- 3.4 In response to Part B, 23 production units from 13 countries have expressed the need for assistance from the Commonwealth Secretariat and other international organisations in the following fields:
- (a) technical aid in production (formulation of tablets and capsules), quality control (laboratories and methods), factory maintenance and good manufacturing practices;
 - (b) provision of technical personnel and training;
 - (c) new product development and techniques e.g. film coating of tablets and production of injectables;
 - (d) financial aid in expansion of existing units and setting up of new units;
 - (e) import of raw materials and equipment;
 - (f) export promotion techniques; and
 - (g) collaboration with multinational companies.

4. Analysis of Economic and Health-Related Indicators

- 4.1 The total population of all the Commonwealth countries was estimated to be about 1,136 million, of which the 12 low income countries accounted for about 900 million with an average GNP of about US\$252 per head. The four industrialised countries with a population of about 100 million had an average GNP of about US\$10,625 per head, almost 40 times that of the low income countries.
- 4.2 Health expenditure per head by Central Governments of the low income group is about US\$1.10, as against the similar