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Review

Review and Approval Procedures for Promotional Materials

K. Anusha*, Dr. MD. Jaffer, Dr. D. Varun

Department of Pharmaceutical A Regulatory Affairs, Sri Indu Institute of Pharmacy, Sheriguda (V), Ibrahimpatnam, Telangana, 501510

*Author for Correspondence: K. Anusha
Email: anushakomera07@gmail.com

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Abstract

A survey study was conducted in Addis Ababa, Ethiopia, to examine current drug promotional practices and assess how promotional material gifts influence prescribing behavior. A total of 200 health professionals participated, including 100 drug promoters and 100 drug prescribers from both public and private institutions. Data were collected through structured questionnaires and supported by secondary sources. Findings revealed that most respondents preferred prescribing by generic name rather than brand name. Almost all promoters (99%) had contacted prescribers, and 97% of both groups believed promotional materials provided full and relevant drug information. While most participants agreed that promotion and material gifts are necessary, they felt the monetary value of such gifts should remain small. The study concluded that promotional activities accompanied by material gifts significantly influence prescribing behavior, particularly in private institutions. These findings highlight the need for stricter regulation and ethical oversight of drug promotion in Ethiopia to prevent biased prescribing and rising medication costs.

Keywords: Drug Promotion; Prescribing Behavior; Pharmaceutical Marketing; Promotional Gifts; Regulatory Framework; Ethiopia.

INTRODUCTION

This chapter summarizes key background information of the study under various sections. These include: background of the study; problem statement and research questions; study objectives and significance; scope and limitations of the study; and definition of important terms used in the paper. Organization of the paper is also briefly presented.

1.1. Background of the Study

In Ethiopia, drug promotion is practiced only by pharmacists who are certified for their competence and authorized by Food, Medicine and Health Care Administrations and Control Authority (FMHACA), which is an accredited governmental body responsible for the issuance of certificate for drug promotion. Only medical professionals who are guaranteed a certificate of competence from the authority are entitled to promote drugs to health professionals.

In face of the huge demand for pharmaceutical products, which in turn is related to the high human population, domestic production is way behind satisfying the demand. Currently, there are only 5 drug manufacturing companies in Ethiopia, three of them are owned by the government, while the remaining two being privately owned. Though Ethiopia exports small quantities of drugs to one African country namely south Sudan, the country considered as is a net importer of pharmaceutical products. This is because, medicines produced by the five manufacturing companies satisfy only 15% of the total national requirement of medicines with the remaining 90% of the requirement being addressed by imports from several countries. Drugs are imported mainly from several countries of Europe, India, China, USA, Turkey, and United Arab Emirates (UAE) (EFMHCACA, 2008).

In developing countries, the systems and resources required to effectively monitor and regulate the marketing of medicines are not necessarily in place. As indicated by Norris et al. (2005), in 2004, the World Health Organization reported that less than one-sixth of all the countries around the world had a well-developed system of drug regulation, and one-third had little to no regulatory capacity. Therefore, frameworks to enforce unethical, irresponsible or even illegal promotion to consumers are a major problem in the context of developing and emerging economy countries.

Focusing on the influence of material gifts related to drug promotion, this research report would enable all the concerned and interested to understand the promotional strategies followed by drug promoters, attitudes and responses of drug prescribers towards these promotional activities and the influence of offering material gifts to drug prescribers as promotional strategy on their prescribing behavior.

The findings of the study could therefore create and/or strengthen awareness among pharmacists; medical educators and students; drug manufacturers, importers, wholesalers and prescribers; patients as well as all other concerned individuals and institutions. The report should also be of help to policy makers and regulators in addressing some of the problems related to the violation of professional and legal responsibilities by pharmacists and other health practitioners. Moreover, the findings of this study should provide baseline information on the topic, which might be of help for further research and development intervention efforts.

1.2. Statement of the Problem

Though drug promotional activities are considered important, it should be done within a well regulated legal framework. It can widely be observed that drug promotional material gifts are offered to drug prescribers. However, it is not clear or unknown whether such drug promotional activities conform to a legal framework if it exists or against. In most cases, drug prescribers tend to prescribe drugs promoted that are accompanied by drug promotional material gifts. In most developing countries such as Ethiopia, legal drug promotional activities, level of awareness about drug promotion among drug prescribers such as pharmacists as well as related drug prescription behaviors are not yet well regulated but mostly practiced haphazardly. This approach, unlike in many developed countries, appears to be illegal as far as drug promotion is concerned. The assumption is that such illegal drug promotional activities being practiced in Ethiopia can represent the following restraints:

- Drug promotional material gifts may not have any relation to prescribed drugs
- Drug promotional material gifts can influence drug prescribers on prescription decision making
- Sample brand drug samples offered to drug prescribers as drug promotional material gifts can be sold
- It can also be observed that some private and public hospitals and other health centers are also violating the promoter's professional responsibilities for the sake of personal interest

The purpose of this research report was, therefore, to support with evidence the aforementioned assumed and observed illegal drug promotion related activities and there influences on drug prescription.

AIM

To analyze the regulatory review and approval procedures for pharmaceutical promotional materials, ensuring that they comply with ethical standards, legal requirements, and industry guidelines to promote safe and responsible communication with healthcare professionals and consumers.

OBJECTIVES

1. **To identify** the types of promotional materials used in the pharmaceutical industry (e.g., brochures, advertisements, digital content).
2. **To examine** the regulatory frameworks and guidelines (e.g., FDA, EMA, CDSCO, WHO) governing promotional content approval.

3. **To outline** the internal review and approval workflow within pharmaceutical companies for promotional materials.
4. **To evaluate** the roles and responsibilities of Medical, Legal, and Regulatory (MLR) review teams in the approval process.
5. **To assess** the challenges and compliance risks associated with promotional activities.
6. **To recommend** best practices for ensuring timely, accurate, and compliant promotional communication.

DISCUSSIONS

Pharmaceutical promotional materials play a significant role in shaping perceptions of healthcare products among healthcare professionals (HCPs), patients, and other stakeholders. These materials may include printed brochures, advertisements, digital campaigns, social media content, emailers, and continuing medical education (CME) material. However, due to the sensitive nature of healthcare communication, promotional content is highly regulated to ensure that it is truthful, balanced, and not misleading.

To uphold public health interests and maintain ethical marketing practices, strict review and approval procedures are mandated by regulatory authorities such as the U.S. FDA, EMA (European Medicines Agency), MHRA (UK), and CDSCO (India). These processes are reinforced by self-regulatory codes such as those from the Pharmaceutical Research and Manufacturers of America (PhRMA), International Federation of Pharmaceutical Manufacturers & Associations (IFPMA), and OPPI (India).

Regulatory Frameworks and Global Guidelines

Different regions have established distinct yet overlapping regulatory mechanisms:

- United States: The FDA's Office of Prescription Drug Promotion (OPDP) oversees promotional materials for prescription drugs under CFR Title 21. Companies must ensure claims are substantiated and present risk information fairly.
- European Union: The EU Directive 2001/83/EC and EMA guidelines emphasize that promotional materials must be consistent with the Summary of Product Characteristics (SmPC).
- India: While CDSCO regulates drug approval, advertising is governed under the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954. The Uniform Code of Pharmaceutical Marketing Practices (UCPMP) provides voluntary guidelines.
- Other Markets: Countries like Canada, Australia, and Japan have their respective agencies and ethical guidelines for reviewing promotional content.

In all jurisdictions, the fundamental requirements include:

- Accuracy and balance in presenting benefits and risks.
- No promotion of unapproved (off-label) indications.
- Proper referencing of scientific claims.
- No deceptive or exaggerated information.

Internal Review and Approval Workflow

Pharmaceutical companies typically implement a Medical-Legal-Regulatory (MLR) or Promotional Review Committee (PRC) model for internal review of promotional content. The review team comprises:

- Medical/Scientific Affairs: Ensures clinical accuracy, scientific validity, and compliance with labeling.
- Regulatory Affairs: Verifies content aligns with regulatory approvals and restrictions.
- Legal/Compliance: Reviews for risk, legal liabilities, intellectual property rights, and ethical concerns.
- Marketing: Ensures brand consistency and commercial appeal.

Key Steps in the Review Process:

1. Material Preparation: Draft content is created by the marketing team in collaboration with medical writing or creative agencies.
2. Initial Submission: Materials are submitted into a digital review platform or document management system.
3. Cross-Functional Review: MLR reviewers examine the content thoroughly, marking required changes or raising concerns.
4. Revision and Resubmission: The marketing team makes suggested changes and resubmits for final approval.
5. Approval and Certification: Once all departments agree, the material is certified as approved and can be disseminated.
6. Archiving and Tracking: Final approved versions and review records are archived for audit readiness.

Types of Promotional Materials Under Review

- Printed Materials: Product brochures, leave-behinds, sales aids.
- Digital Media: Websites, email campaigns, webinars, mobile apps.
- Broadcast Media: TV/radio advertisements (mostly for OTC in many regions).
- Social Media Content: Tweets, posts, influencer promotions, videos.
- Slide Decks and CME: Scientific presentations at congresses or medical education forums.

Each type poses unique risks and regulatory scrutiny levels, particularly social media, where content may quickly go viral and be interpreted out of context.

Risk Areas and Common Non-Compliance Issues

Despite well-structured processes, non-compliance still occurs. Common issues flagged by regulators include:

- Omission of Risk Information: Failing to include contraindications or adverse effects.
- Overstatement of Efficacy: Using superlatives like “best” or “most effective” without comparative data.
- Off-label Promotion: Indirect reference to unapproved indications or dosing regimens.
- Inadequate Disclaimers: Absence of mandatory safety information or footnotes.
- Misleading Graphics: Visuals that imply unwarranted outcomes or benefits.

The result of this study shows that antibiotics are the most commonly promoted drugs (27.2%). This might be due to three reasons. The first one is infectious diseases are the primary cause of death in Ethiopia according to WHO’s report from 2012; lower respiratory infections were reported as the leading cause of death. The second reason is that antibiotics are prescription only drugs. The third justification goes to the culture of inappropriate use of antibiotics which has been reported in different parts of the country including the largest tertiary teaching hospital of the country. Inappropriate useof drugs could prevent or delay patients from getting desired therapeutic outcomes. In particular with antibiotics, their misuse and overuse are associated with the emergence of resistance and increased health costs.

In this study, the brand name was written in all of the DPMs. Majority of them also displayed information aboutthe generic name (94.8%) and indications (92.5%) of the promoted drugs which are similar to a study from India. However, the safety information like side effects, precautions, and drug interactions were found to be overlooked despite the fact that side effects and drug interactions have been described as drug-related problems in different parts of the country.Such neglects have also been reported in other studies. Fonts used to write the safety information were small in size and usually at the bottom of the page. Only 6.4% (n=47) of the side effects and none of the other safety information were written in similar fonts with the indication of the drugs. This makes the information to be unnoticed and at worst cases, it might create the perception that those information are not crucial. This combined with the type of claims made by the pharmaceutical companies might say a lot about their motives. Of all the claims made, efficacy was the dominant one, 62.3%. Only 8.5% of the claims were about the better safety profile of the products. This shows the primary purpose of the manufacturers and/or distributors is to sell their products not to convey information. The DPMs has displayed a total of 146 pictures. Almost half of the pictures, 47.3%, were the cover of the product being promoted. However, this space could have been used to inscribe the much-needed safety information of the drugs.

Pharmaceutical companies are expected to provide references as an evidence to their claims. Hence, health care providers could cross check that. However, only 48.6% of the DPMs has done that. This is similar to studies from other parts of the world. Majority of the references used were review articles, 27.7%. Of these review articles, only 15.9% were a meta-analysis. The rest (84.1%) were narrative reviews which describe the science of a given drug or condition rather than delivering a conclusive answer about a specific medical question.

We conclude that the design and content of studied DPMs are most effective as sales materials rather than thorough informational vehicles. By limiting or de-emphasizing content related to safety, adverse drug effects and other concerns, these materials seem to be primarily advertisements. The WHO and FMHACA recommendations are rarely met. We believe the potential risk to patient health by reliance on these incomplete materials is a significant public health concern. Physicians and pharmacists should be provided with additional training and information about drug selection and use. Audit of promotional materials for both essential and nonessential drugs should be considered.

In this chapter survey results on prescribers and promoters level of preference on use of either brand or generic drug prescription as well as their attitude towards drug promotion and promotional material gifts (from promoters) are summarized under various sub-titles.

Respondent Demographic Characteristics

Of the total 200 respondent human health professionals (drug prescribers and promoters), 61 (30.5%) were women. The majority (36%) of all respondent human health professionals were in 41 to 50 years age group followed by age group 21 to 30 years (29.5%) and 31 to 40 years (23%). Those respondents that were younger than 20 years of age, during the time of the survey, were the fewest accounting to only 4.5%; while those sample

respondent drug prescribers and promoters reported to be older than 50 years accounted for 7% of the total number of interviewees.

Preference of drug prescribers and promoters on the use of drug brand versus generic names

Generally, the use of drug generic names was the most preferred prescription ways by most of both drug prescribers and promoters compared with the use of drug brand names (Figures 4 and 5). As presented in Figure 4-A, the majority (72%) of the respondent prescribers reported to either very strongly or strongly prefer prescribing using generic names; while only 9% of the interviewed prescribers reported to not prefer at all generic name prescription. As it was the case with prescribers, drug generic name was very strongly preferred by most (59%) of the respondent sample promoters with 22% having responded to prefer strongly and only 3% of them reportedly do not prefer generic name at all (Figure 4-B). As it can be observed from Figure 5, the majority of sample respondents, 74% of drug prescribers and 69% of drug promoters, responded either to prefer weakly or not to prefer at all the use of drug brand names. Two of the reasons mentioned most for generic name preference being habit of use and better link of generic name to the corresponding drug.

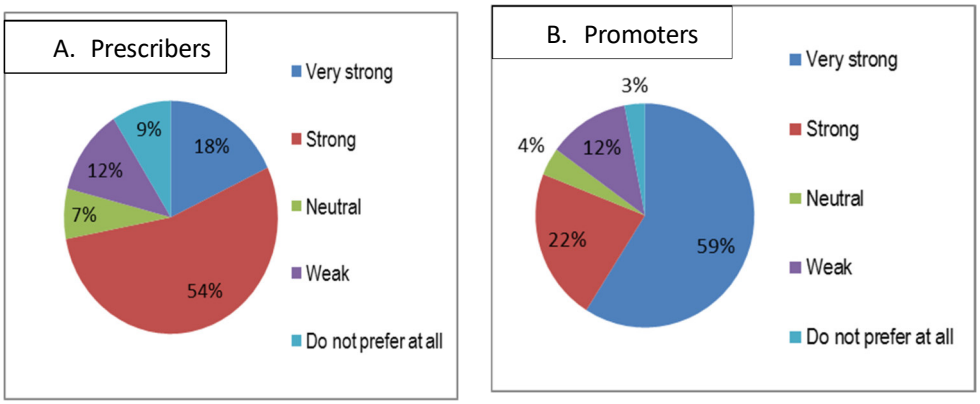

Fig 1: Prescribers' and promoters' level of preference to the use of generic name

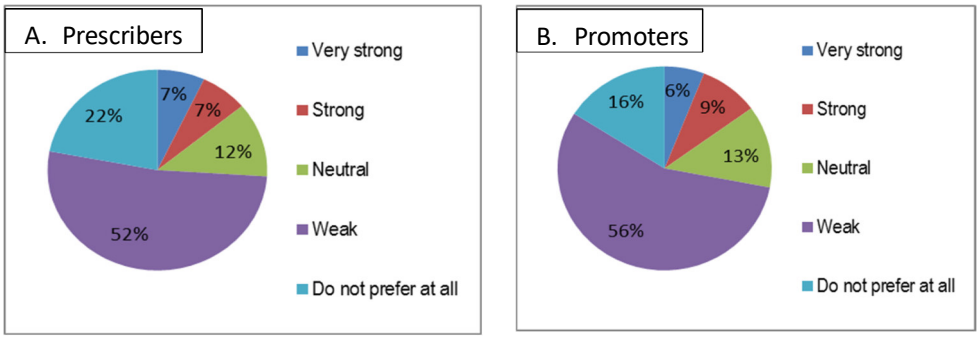

Fig 5: Prescribers' and promoters' level of preference to Brand Name

Respondent drug prescribers' attitude towards drug promotion

The majority of the sample respondent prescribers reportedly attended drug promotional forum and were exposed to various branded drugs within the period of their professional career. Eighty-nine of the hundred respondent sample drug prescribers reported that they were contacted by drug promoters regularly with all the remaining respondent drug prescribers also responded to have been contacted by drug promoters less frequently though. Only three of the hundred sample drug prescribers reportedly didn't receive drug promotional material gifts. Sixty seven of the 97 respondent drug prescribers, who reported to have received drug promotional material gifts, revealed that they receive the gifts regularly with 69 of them having reported that the promotional material gifts contain full and detailed information about the drug (Table 2). They further expressed that the information provided with the gifts offered to them not only adds value to their pharmaceutical knowledge but also help them get an update on new drug development.

Table 2: Prescribers' attitude towards drug promotion and drug promotional material gifts by promoters

Variable	Respondent prescribers' level of response, frequency					Total
	Regularly	Often	Sometimes	Seldom	Not at all	
Contacted by promoters	89	8	1	2	-	100
Promotional materials received	67	21	7	2	3	100
Full drug information provided in promotional material gifts	69	19	7	2	3	100

Respondent drug promoters' attitude towards drug promotion

According to the assessment made with sample respondent drug promoters, 87 and 84 of the 100 respondents respectively reported to have regularly contacted and offered drug promotional material gifts to drug prescribers. Twelve and 13 of them, on the other hand, respectively reported to have contacted and offered drug promotional material gifts to drug prescribers less frequently though. However, only one promoter responded not to have contacted prescribers and three of them not to have offered gifts. Most of the respondent drug promoters 69 and 74 of the total 100, also mentioned that promotional material gifts offered to prescribers regularly contain full drug information and are related with the drug, respectively (Table 3).

Table 3: Promoters' attitude towards their drug promotion strategy and drug promotional material gifts

Variable	Respondent promoters' level of response, frequency					Total
	Regularly	Often	Sometimes	Seldom	Not at all	
Contacted prescribers	87	7	2	3	1	100
Drug promotional materials gifted	84	9	3	1	3	100
Full drug information provided in promotional material gifts	69	19	7	2	3	100
Relationship between drug and drug promotional material gifts	74	12	7	4	3	100

Attitude of drug prescribers and promoters towards drug promotion and promotional material gifts

Although, the majority of both respondent drug promoters and prescribers reported that promotion and promotional material gifts are needed for drugs, they were of the opinion that the monetary value of the gifts should be small. Over 90% of both promoters and prescribers were also convinced that the information contained in drug promotion adds value to the pharmaceutical knowledge of the prescribers (Table 4).

In the current study, it was understood that drug promotion coupled with promotional material gifts by drug companies/promoters influence the prescription behavior of drug prescribers. Though such practice is proved to be beneficial to drug promoting companies, it may not necessarily be cost-effective and to the benefit of the patients. As it is stated earlier, this is because, the majority of respondents were contacted by promoters and received materials as a gift that, as stated by most of the respondent promoters and prescribers, seemed to have influenced the prescription behavior of prescribers (Table 4). This should call for further targeted study and attention on the issue in Ethiopia, so that patients will not be subjected to high medication costs in face of the rising tendency of price of pharmaceutical products.

Table 4: Prescribers and promoters attitude towards drug promotion and drug promotional material gifts

Variable	Sample respondent prescribers' and promoters' level of response, frequency										
	Strongly agree		Agree		Neutral		Disagree		Strongly disagree		Total
	Presc	Prom	Presc	Prom	Presc	Prom	Presc	Prom	Presc	Prom	
No promotion for drugs	7	4	7	12	9	7	12	9	65	68	200
No material gift for drug promotion	27	29	58	49	9	11	6	7	0	3	200
Promotion needed for drugs	65	65	23	23	6	6	3	3	3	3	200
No or very small monetary value for drug promotional material gift	73	73	17	17	7	7	3	3	0	0	200
Drug promotional material gifts influence drug prescription	61	61	29	29	8	8	2	2	0	0	200
Drug promotional material gifts do not influence drug prescription	7	76	12	9	9	6	64	7	8	2	200
Drug promotion adds value to prescribers' knowledge	88	86	7	5	4	7	1	1	0	1	200

Presc = Prescribers; Prom = Promoters

Level of drug prescribers' and promoters' satisfaction of drug promotion

Considering the influence of all drug promotion related parameters taken into account on drug prescription behavior of the prescribers that include drug information contained and promotional material gifts, it can be observed that most of the respondent drug promoters and prescribers reported to be either very strongly or strongly satisfied with their overall experience related to drug promotion with number being slightly high among promoters though (Figures 6 and 7).

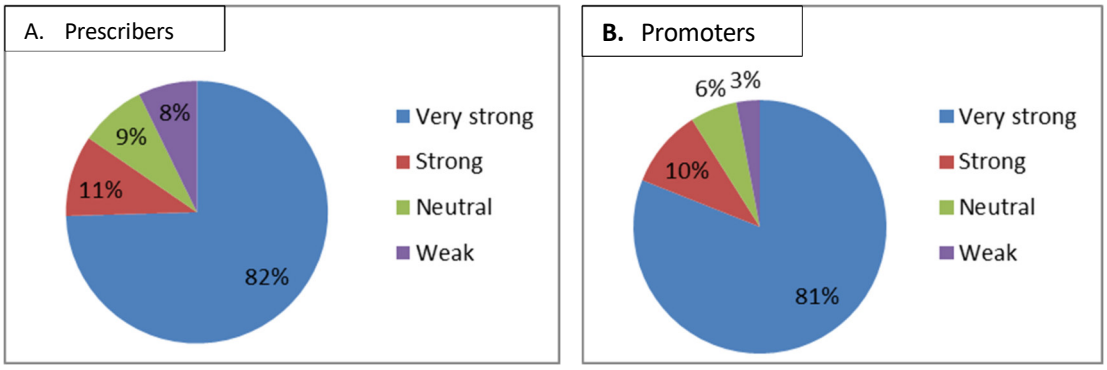

Fig 6: Sample respondent prescribers' and promoters' level of satisfaction on their overall experience in drug promotion

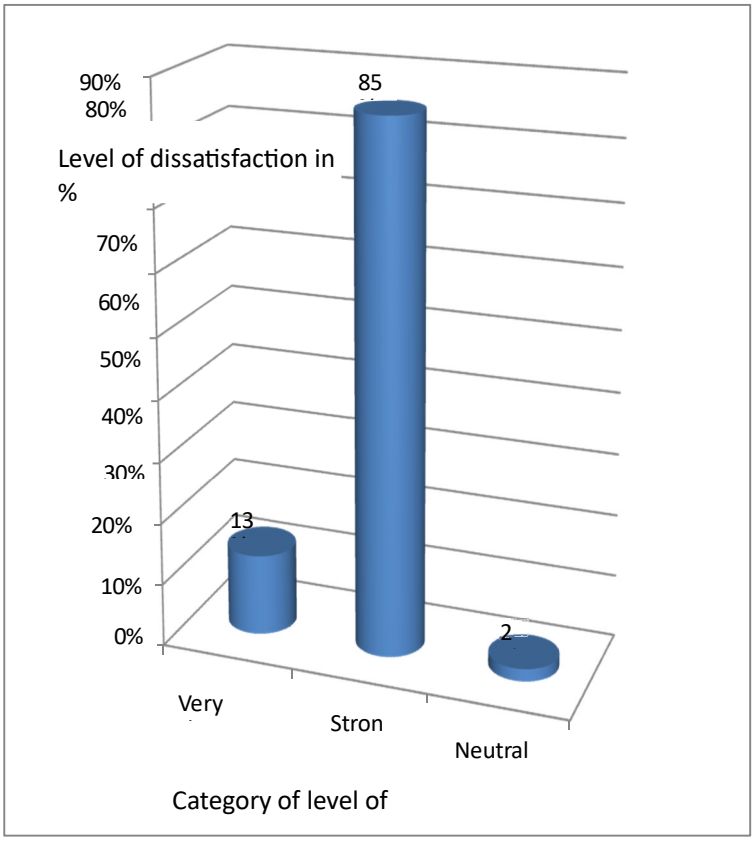

Fig 7: Sample respondent prescribers' and promoters' level of dissatisfaction on their overall experience in drug promotion

3.1.Research Design

For this study, descriptive and exploratory research designs were employed and for the data collection, quantitative and qualitative cross-sectional survey tools were used. With the intention of collecting comprehensive information, the survey has taken into account representatives of various sample groups, which include sector, institution, professional title, professional group, sex and age within target health institutions and professionals in Addis Ababa.

3.2.Data Source

As stated above and with the help of a pre-tested semi-structured questionnaire, the required information were sourced from health professionals mainly nurses holding first degree, physicians and health officers working in Governmental and Private Health Institutions in Addis Ababa.

3.3.Population and Sample Size

According to the Guidelines for the Regulation of Promotion and Advertisement of Drugs in Ethiopia, in 2007, the total number of prescribers in Addis Ababa was estimated at 32,300 working in Government Hospitals; while those working in Private Health Institutions were estimate at 14, 500. There were also a total of 2,300 licensed drug promoters in the city (EFMHACA, 2008).

In this study, a total of 200, of which 100 drug promoters and 100 drug prescribers, sample respondents participated in responding to survey questions. As indicated in the Central Statistical Agency (CSA, 2015), the sample size considered for this study represents the sample population. Details of the sampling layout are summarized in Table 1.

Table 1: Sampling layout of respondents by category

Category	Number	Proportion (%)	Category	Number	Proportion (%)
Sector			**Profession group**		
Government	100	50	Prescribers	153	76.5
Private	100	50	Promoters	47	23.5
Total	**200**	**100**	**Total**	**200**	**100**
Institution			**Sex**		
Hospitals	14	7	Female	61	**30.5**
Health Centers	54	27	Male	139	69.5
Others	132	66	**Total**	**200**	**100**
Total	**200**	**100**	**Age**		
Professional title			<20 years	9	4.5
Physicians	49	24.5	21 – 30 years	59	29.5
Health Officers	34	17	31 – 40 years	46	23
Nurses/1st Degree	103	51.5	41 – 50 years	72	36
Others	14	7	>50 years	14	7
Total	**200**	**100**	**Total**	**200**	**100**

Sampling Technique

`With the intention of collecting representative and comprehensive information, purposive sampling technique was use within the sample population in order to ensure representation of the various health institutions, professions as well as age and sex groups of professionals. Within the aforementioned groups, however, convenient sampling technique was employed till the sample size within each group was achieved.

Data Collection Tool

A pre-tested structured questionnaire (Annex) was used to collect the required information that helped to understand the effect of drug promotional material gifts on drug prescription. A total of six well experienced enumerators were involved in the data collection. The enumerators were first briefed on the contents of the questionnaire. In addition to supervising and technically backing up the enumerators, the principal investigator was also involved in data collection. The data generated through the survey are also supplemented by relevant and available literature review.

Validity and reliability

The reliability of the collected data was validated through presenting and discussing the summary of results with a representative sample (sub-set) of the total sample respondents.

Data Analysis Methods

The various categories, for which data were collected, were numerically coded. The codded data for the different categories were then expressed in frequencies and percentages using Statistical Package for Social Science (SPSS) software (SPSS version 13).

Ethical Consideration

During the data collection, all respondents are told that their credentials will not be disclosed by any means to any third party and the information gathered will be used exclusively for this particular research purpose.

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Questionnaire used for Prescribers

Dear respondent,

Good day! This prescriber's opinion on promotional materials is a survey which is conducted for the partial fulfillment of MBA and aimed to know the influence of promotional materials on drug prescriptions. In this brief survey, your answers will be helpful in enhancing our services and meeting the prescription needs. Your response will only be used for survey purposes.in case you have any questions regarding the survey, please call at +251911514595.

Thank you very much again for your time and suggestions Demographic Data

Notes: This section is optional. The questions asking for demographic data should be relevant to the survey goal and must point to the characteristics of the target population.
Name (optional):_____ Age: ____
Gender: _____
Qualification: _____ Working at Government_____ Private_

Years of experience as a prescriber/promoter
□ 1-2
□ 3-5
□ 6-10
□ More than
10 Questions

Please indicate your level of agreement or disagreement with each of these statements regarding the influence of promotional materials on drug prescriptions. Place "x" mark in the box of your answer
1= Strongly agree (SA); 2= Agree (A); 3=Neutral (N) ; 4=Disagree (DA); 5=Strongly Disagree(SD)

Q.1 Prescription trends of prescriber based on the generic and brand preference

	1	2	3	4	5
Prescription has to be written in the drugs generic name					
Prescription has to written in the drugs brand name					

Q.2 How do you rate the way promoters act on drug promotion and the materials they offer you?

	1	2	3	4	5
Promoters contacted you					
Promotional material received					
Promotional materials you're received have full information's about the drug?					
Promotional materials received have direct relation to the drug?					

Q3. How would you rate your overall experience in drug promotion?

	1	2	3	4	5
satisfactory					
Unsatisfactory					

Q4. What could we do to make promotion based on the products information? The promotional material and their influence on prescriber

	1	2	3	4	5
Promotion do not require on drugs					
Promotion has to be done without any gift					
Promotions are required on drugs					
Promotional gifts has to be value less or having very small value in terms of money					
promotional materials received from promoter are influential on prescription of drug to patients					
Promotional materials received from promoter do not influence on prescription of drug to the patients					
Drug promotion do have significant importance to the knowledge of the prescriber					
Before and after promotion of specific drug there is a significant change in prescribing of that drug					

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Questionnaire used for Drug Promoters
Dear respondent,

Good day! This Promoter's opinion on promotional materials is a survey which is conducted for the partial fulfillment of MBA and aimed to know the influence of promotional materials on drug prescriptions. In this brief survey, your answers will be helpful in enhancing our services and meeting the prescription needs. Your response will only be used for survey purposes.in case you have any questions regarding the survey, please call at +251911514595 Thank you very much again for your time and suggestions

Demographic Data

Notes: This section is optional. The questions asking for demographic data should be relevant to the survey goal and must point to the characteristics of the target population.

Name (optional):_____ Age: ____
Gender: _____
Qualification: _____ Working at Government_____ Private_
Years of experience as a prescriber/promoter
□ 1-2
□ 3-5
□ 6-10
□ More than 10

Questions

Please indicate your level of agreement or disagreement with each of these statements regarding the influence of promotional materials on drug prescriptions. Place "x" mark in the box of your answer

1= Strongly agree (SA); 2= Agree (A); 3=Neutral (N) ; 4=Disagree (DA); 5=Strongly Disagree(SD)

Q.1 Prescription trend based on the generic and brand preference

	1	2	3	4	5
Prescription has to be written in the drugs generic name					
Prescription has to written in the drugs brand name?					

How do you rate the way you promote and the materials you offer to prescribers?

	1	2	3	4	5
You contact a prescriber frequently?					
Promotional material given					
Promotional materials you're given have full information's about the drug?					
Promotional materials given have direct relation to the drug?					

Q3. How would you rate your overall experience in drug promotion?

	1	2	3	4	5
satisfactory					
Unsatisfactory					

Q4. What could we do to make promotion based on the products information? The promotional material and their influence on prescriber

	1	2	3	4	5
Promotion do not require on drugs					
Promotion has to be done without any gift					

Promotions are required on drugs					
Promotional gifts has to be value less or having very small value in terms of money					
promotional materials and gifts given by promoters are influential on prescription of drug to patients					
Promotional materials and gifts given by promoters do not influence on prescription of drug to the patients					
Drug promotion do have significant importance to the knowledge of the prescriber					
Before and after promotion of specific drug there is a significant change in prescription flow of that drug					

CONCLUSION

In Ethiopia, though a legal framework is in place, drug promotion is practiced haphazardly and commonly accompanied by offering drug promotional material gifts to drug prescribers. These gifts range from small items such as pens and notebooks 37 to expensive holiday travel gifts, televisions, air conditioners and even jewelry. However, as observed during the current study, drug promotion particularly when accompanied with promotional material gifts offered to drug prescribers reportedly influence the prescription behavior of drug prescribers to the advantage of pharmaceutical companies whose drug promotion is accompanied by offering promotional material gifts to prescribers.

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