

REVIEW ARTICLE

A brief insight to Pakistan's Pharmaceutical industry- A critical review study

AQSA JANNAT¹, NUSRAT SHAFIQ¹, MAHA HANIF², MARYAM RIASAT³, SADIA RAFIQUE⁴¹Synthetic and Natural Product Drug Discovery Laboratory, Department of Chemistry, Government College Women University Faisalabad-²Food Science and Technology University of Central Punjab³Department of Zoology Riphah International University Faisalabad Campus⁴Department of Pharmacy Riphah International University Faisalabad CampusCorrespondence to Dr. Nusrat Shafiq, Email: dr.nusratshafiq@gcwuf.edu.pk; gqumarin@gmail.com

ABSTRACT

Aim: This is a review article, which focused upon Pakistan's pharmaceutical industry. This industry has fallen into the trap of our country's buckwheat. Basically, it's the main concern of pharmaceutical industries of Pakistan, one of the present standing position or top most sold products.

Method: This is a comparison between industry from start to form or global level. It has been a detailed review of Pakistan's import and export products over the years. This article gives an overview on APIs, how they are synthesized and major exporters of APIs. Drugs formulations are also discussed in it. Formulation of drugs are solid, liquid and semi solid. Moreover, it also focused at the limitations and strengths of the factors that are important in determining the strength.

Results: The pharmaceutical business has a strong capacity for innovation, and governments should conduct studies and encourage discussion on how to improve this capacity without endangering public health.

Practical implication: The strength of each pharmaceutical industry based upon quality goods, providing values, services excellence. There are concerns about the current rules in Pakistan for evaluating the quality of pharmaceuticals raw materials (APIs). The pharmaceutical industry strengths could include low operating overhead, firm fiscal management, low staff turnover, high return on investment (ROI), state-of-the-art laboratory equipment and an experienced research staff.

Conclusion: The medical system in a country is crucially dependent on the pharmaceutical sector. This study's goal was to shed light on Pakistan's entire pharmaceutical sector, including startups, imports, exports, and detail of APIs. The pharmaceutical industry in Pakistan is still in its early stages, but it has managed to establish a small presence in Asia-Pacific market.

Keywords: Brands, Ointment, ROI, spurious drugs and PIDB

Graphical abstract:



Figure 1: Supply and discovery of drug



Nowadays, different challenges are faced by the pharmaceutical industries such as pointing out the new drug, achieving the acceptance from the agencies run by the government and different purifying techniques in the drug advancement. Enhancement and achievement in the pharmaceutical industries is the best way to stop and discard the different diseases all over the world. Basically the improvements in pharmaceutical industries took place in early 16 and 17th centuries⁴. The first collection of list of different drugs and chemicals with medicinal properties with proper instructions for preparing pharmaceutical chemicals were materialized in 1546, in Nurnberg, Ger. Other collections took place in Basel in 1561, in Augsburg in 1564, in London in 1618. The collection of London embellished legally for the England and thus embellished as a national collection of list of drugs⁵. The pharmaceutical industries has established themselves many times. Globally, the industry may be differing but the procedures of working may be similar at some points, every industry has its own rules and regulations. It is reported by the pharma letter that the worth of pharmaceutical industry in 2019 was to be 1.3 trillion dollar all over the world⁶.

History of Pakistan: Pakistan is a country with low expenditure, established in South Asia at the junction of Middle East and

INTRODUCTION

After world war two there is a need of high consideration to pharmaceutical industry. It needed more and more research to invent new drugs¹. Pharmaceutical industry is basically involves in the manufacturing and development of medicines and drugs by different organization controlled by private sector. The contemporary pharmaceutical industries are based on different processes such as separation as well as purifying the chemical compounds, formation of different compounds and drug design done through computer is basically started from 19th century, after thousands of experiments humans believed that plants, animals and minerals are great sources of medicines². The integration of research in different fields such as chemistry and physiology enhanced the learning and recognizing of drug based procedures³. Medicine reach to the patient after passing through the following steps as represented in figure 1.

Received on 27-08-2022

Accepted on 17-01-2023

Central Asia, having an area of 770880.0 sq. km. Pakistan is the 6th most populated country along with population of 199 million. It is anticipated that the population of Pakistan may increase 254.7 million by 2030 and 344million by 2050. The percentage of population living in urban areas is 38% and the percentage of population living in rural areas is 62%⁷. Pakistan is the emerging country with the GDP (gross domestic product) rate of 4.24% in 2014-2015. However, the GDP rate may be varied with the time. According to the resources of World Bank the GDP rate between 1961 and 2014 is considered to be 5.18% with a minimum value of 0.47% in 1971 and maximum value of 11.35% in 1970. In 2014 the rate of underemployment of country was to be 5.2%. Pakistan strictly pursued the health system established by the British between 1947 and 2011⁸. Nowadays, the healthcare system consists of three phases including primary, secondary and tertiary care. Primary care was provided by the lady health workers (LHW), the basic health units (BHUs) and rural health centers (RHCs). The tehsil headquarters hospitals (THQH) and district headquarters hospitals (DHQH) stated the secondary care. Tertiary care is usually stated by the hospitals located in the areas where the population rate is usually high. Pakistan is basically the emerging country so a lot of attempts and principles are developed to make the health system in Pakistan better⁹. A latest report released by Asian bank development said that GDP rate of Pakistan will shrink to 2.6% to 3.3%, while in 2020 expansion will be around 11.5%. Latest GDP data is represented in graph in figure 2¹⁰.

Figure 2: GDP rate of Pakistan from 2018-2021



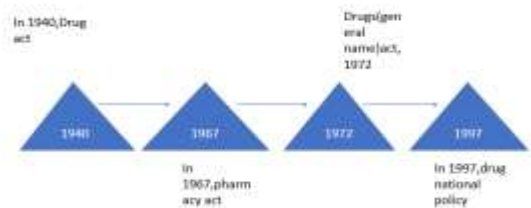
Startup of pharmaceutical industry in Pakistan: In Pakistan pharmaceutical industry established after many years. At the time of Independence, traders of Pakistan usually import medicines from different countries as there is no pharmaceutical industry in Pakistan (11)The main reasons behind that were having no knowledge about the techniques used in pharmaceutical industry, shortage of material, and deficiency of quality control. After understanding and acknowledging the importance of this industry Pakistan Government developed two units under the instructions of Pakistan Industrial Development Board (PIDB) namely Khurram Chemicals Limited near Islamabad and Antibiotics Private Limited in Mianwali¹². The pharmaceutical industry history comprised of three stages. The first stage started from 1948 to 1971. The pharmaceutical industry made a lot of progress during that time period. The second stage started from 1972 to 1991, because of restriction polices the pharmaceutical industry faced a great loss and lost its position in the market. The drugs and medicines related to genes were less effective and having low quality. Due to all these reasons the industry lost its rank in the market¹³.

Establishment of pharmaceutical industries in Pakistan: In Pakistan, pharmaceutical industries emerged in a long way. At the time of independence, there is no pharmaceutical industry and most of the medicines are imported by the traders of that time. This is because of no quality control, absence of most of raw materials and mainly the lack of technical knowledge¹⁴. Once the government recognized the importance of pharmaceutical industries, under the supervision of Pakistan Industrial Development Board two units were established:

- Khurram Chemical Limited near Islamabad.
- Antibiotic Private Limited in Mianwali.

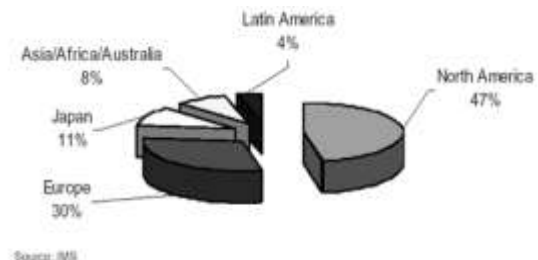
Three phases can be observed in the history of establishment of pharmaceutical industries in the Pakistan. The first phase is started from 1948-1971. It continuously grows up to 1971. Due to its capabilities industry arrived to its top at that time and had influence position in Asia¹⁵. The second phase is from 1972-1991. In 1972 drug generic act came into being. Due to this companies bear the more because of poor efficiency of generic drug. 1991 is the start of the third phase and still is present. The command of multinational companies in pharmaceutical market of Pakistan was brought out in 1996 by Mehdi and Kalani¹⁶. In 1993 rates of drug increased about 400% due to deregulation policy that is under the supervision of government. In 1990s prices were reduce by the federal government. Prices of imported material were fixed by the government under a policy. It produce a rapid development in national companies and they compete the multinational companies¹⁷. Below is the timeline of pharmaceutical industry of Pakistan.

Figure 3: Establishment of pharmaceutical industry in Pakistan



Global pharmaceutical industries: In the world, pharmaceutical industry is ruled by multi-national corporations which includes America, Canada, Japan, Europe and Latin America. Research and development in the field of pharmaceuticals is mostly done in North America¹⁸. Prior to a brief overview to pharmaceutical market in Pakistan, have a look in this field world-wide. The whole global Pharmaceutical market has a value of 650 billion US dollars (2008-09), along with growth rate of 8% annually and continue with this rate it will certainly surpass the value of 1.1 trillion US dollars by the year 2014. Globally, the market is ruled by USA, EU and Japan with a share of 48%, 28% and 12% respectively¹⁹.

Figure4: Pharmaceutical global sales (%)



Pakistan pharmaceutical market: As most of the industries in Pakistan are ruled by private sector, the pharmaceutical industry also depends on many factors. These factors may be political, social or economic level²⁰. These factors can be used as fortuneteller of the situation of the industries dominated by private sectors. Pharmaceutical industry is also one of them. This industry faces many challenges and competitions. Among 750 registered pharmaceuticals units in Pakistan, 400 produced active finished drugs which also include those 24 units run by multi-national companies²¹. In Pakistan, multi-national (MNC) and national units are working with a ratio of 2:3. GSK, a multi-national with 11.60% while among national Getz has a market share of 3.75%²². Here are the top ten pharmaceutical companies of Pakistan.

Figure 5: Top 10 pharmaceutical industries in Pakistan



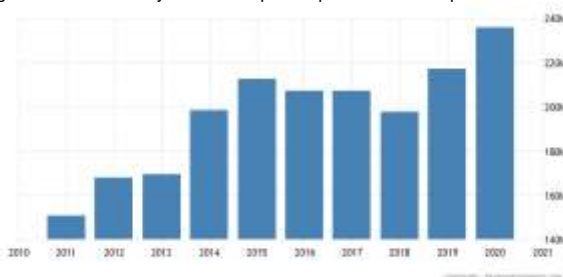
Although 80% of local market demand is fulfilled by Pakistani industries, however about 90% active ingredients used for manufacturing of medicines is imported²³. The picture has completely changed in terms of pharmaceutical industries in Pakistan in comparison to past history. In times of early nineties, MNCs are leading the Pakistan pharmaceutical industries with 30 out of 386 units are multi-national. But now the rate is 45% and 55% for MNCs and national companies. It is a point of hope for local investors²⁴. Today, total volume of the Pharmaceutical market of Pakistan is 1.64 billion US dollars, with growth of 11% annually, more than the growth of the Pharmaceutical industry globally²⁵. Pakistan's US dollar 1.64 billion pharmaceutical market is the 10th largest in Asia Pacific, behind the Philippines (US dollar 2.58 billion) and ahead of Vietnam (US dollar 1.53 billion). Per-capita spending on medicine is US dollar 10 annually, which is far less than the regional average of US dollar 14²⁶. The registration of new medicines and new manufacturing sites is controlled by The Drug Regulatory Authority of Pakistan (DRAP). It also works to determine the Maximum Retail Price (MRP) of all medicines marketed in Pakistan²⁷. The Pakistani Pharmaceutical market is mainly an out-of-pocket market means that healthcare spending mainly comes from personal savings of individuals, however the government is providing free or low cost treatment in government hospitals and clinics²⁸. Top five trading brands of medicine are representing in figure 6.

Figure 6: Top 5 using brand of medicine



Pakistan export of Pharmaceutical products: Pakistan Exports of pharmaceutical products was US\$235.75 Million during 2020, according to the United Nations COMTRADE database on international trade. Pakistan Exports of pharmaceutical products - data, historical chart and statistics - was last updated on October of 2021²⁹.

Figure 7: In Pakistan year wise export of pharmaceutical products



Pakistan's exporters:

Table 1: Pakistan's exporters of pharmaceutical products

Countries	Million US dollar
Germany	96,888.63
Switzerland	81,188.31
Ireland	52,547.34
United states	52,537.48

Pakistan imports of Pharmaceutical products: Medicinal and Pharmaceutical product was reported at 507,230.454 USD in Dec 2020. This records a decrease from the previous number of 544,918.220 USD for Dec 2019. Imports data is updated on yearly basis, averaging 279,917.508 USD from Dec 1995 to 2020 after 26 observations. This data reached an all-time high of 568,548.231 USD in 2018 and a record low of 95,863.192 USD in 2002. Medicinal and Pharmaceutical product data remains active status in CEIC and is reported by United Nations Conference on Trade and Development³⁰.

Figure 8: Year wise imports of pharmaceutical products in Pakistan



Active pharmaceutical ingredients: "Any substance that is used in final pharmaceutical product that is active biologically and it is aimed to provide activity to the drug"³¹. APIs are generated in the market by two ways.

1. Biological API
2. Chemically produced API

Biological method is the common one because most of the companies produce API by this method. Both of these processes are quite different in such a way that in chemical process reaction is started by the chemical ingredients and biological process is started by the seed cell that is picked by the cell culture³².

Figure 9: Global API market interest



case when patient is not in senses and cannot swallow the medicine.

Enemas: A liquid mixture is preparing for given through rectal. They are used for bowel motion and for topical therapy⁵².

Parental drug distribution: In this case absorption of drug takes place out of the gastrointestinal tract of the patient. Injections are used to insert the drug.

Intradermal administration: Drug is absorbed into the blood through the skin.

Subcutaneous injection: Drug is absorbed into the blood by inserting it through the subcutaneous tissue of the skin. It is used for those drugs that cannot be intake via mouth⁵³.

Intramuscular injection: Drug is absorbed in to the blood by inserting it through the muscle. In this case drugs having low molecular weight are easily distributing into the blood.

Intravenous injection: It is the faster method for the absorption of drug in which drug is directly inserted into the vein⁵⁴.

Reformulations studies are carried out to know whether the drug is solid, liquid or in semi-solid form. Reformulation studies helped us to estimate the physical and chemical characteristics of the drug as well as its stability and its relationship with other substances⁵⁵.

Limitations and strength: Each pharmaceutical industry suffers from several limitations of increased risk of competition from generic products, legal liability for addiction to opium, product, counterfeit and spurious drugs and keeping it up with modified technology and patent clips. The strength of each pharmaceutical industry based upon quality goods, providing values, services excellence. The internal industry components can include physical resources, human capital or features the industry can control. For example, the pharmaceutical industry strengths could include low operating overhead, firm fiscal management, low staff turnover, high return on investment (ROI), state-of-the-art laboratory equipment and an experienced research staff.

CONCLUSION

The medical system in a country is crucially dependent on the pharmaceutical sector. This study's goal was to shed light on Pakistan's entire pharmaceutical sector, including startups, imports, exports, and detail of APIs. The pharmaceutical industry in Pakistan is still in its early stages, but it has managed to establish a small presence in Asia-Pacific market. The study's findings show that there are concerns about the current rules in Pakistan for evaluating the quality of pharmaceuticals raw materials (APIs). These require immediate attention that patients in Pakistan have access to high-quality generics, and better your prospective export prospects. The pharmaceutical business has a strong capacity for innovation, and governments should conduct studies and encourage discussion on how to improve this capacity without endangering public health.

Conflict of interest: No conflict of interest arises throughout this work.

Acknowledgement: Authors are thankful to Pakistan Science (PSF/CRP/TH-22) foundation to facilitate the study.

REFERENCES

- Grabowski H. The evolution of the pharmaceutical industry over the past 50 years: A personal reflection. *International Journal of the Economics of Business*. 2011;18(2):161-76.
- Tannoury M, Attieh Z. The influence of emerging markets on the pharmaceutical industry. *Current therapeutic research*. 2017;86:19-22.
- Shabbir MS. The impact of human resource practices on employee perceived performance in pharmaceutical sector of Pakistan. *African Journal of Business Management*. 2014;8(15):626-32.
- Jawaid M, Ahmed SJ. Pharmaceutical digital marketing and its impact on healthcare physicians of Pakistan: a national survey. *Cureus*. 2018;10(6).
- Garavaglia C, Malerba F, Orsenigo L, Pezzoni M. A simulation model of the evolution of the pharmaceutical industry: A history-friendly model. *Journal of Artificial Societies and Social Simulation*. 2013;16(4):5.
- Dar TM, Tariq N. Comparison of Branding Strategies of Pharmaceuticals & Fast-Moving Consumer Goods: An Analysis of Modern World Need. *European Journal of Business and Management Research*. 2020;5(6).
- Jaffrelot C. *A History of Pakistan and its Origins*: Anthem press; 2004.
- Talbot I. Democratic transition and security in Pakistan: Historical perspectives. *Democratic transition and security in Pakistan*: Routledge; 2015. p. 10-23.
- Maselko J, Sikander S, Bangash O, Bhalotra S, Franz L, Ganga N, et al. Child mental health and maternal depression history in Pakistan. *Social psychiatry and psychiatric epidemiology*. 2016;51(1):49-62.
- Atif M, Ahmad M, Saleem Q, Curley L, Qamar-uz-Zaman M, Babar Z-U-D. *Pharmaceutical policy in Pakistan. Pharmaceutical Policy in Countries with Developing Healthcare Systems*: Springer; 2017. p. 25-44.
- Irfan M, Zhao Z-Y, Panjwani MK, Mangi FH, Li H, Jan A, et al. Assessing the energy dynamics of Pakistan: Prospects of biomass energy. *Energy Reports*. 2020;6:80-93.
- Ahmed R. *Pharmaceutical Industry: Key Issues in Growth in Pakistan & International Market*. Ahmed, RR (2012), *Pharmaceutical Industry: Key Issues in Growth in Pakistan & International Market*, *European Journal of Scientific Research*. 2012;93(1):234-49.
- Ahmed RR, Sattar I. *Pharmaceutical promotional mix in Pakistan*. *Middle East Journal of Scientific Research*. 2014;21(3):533-42.
- Asif M, Awan M. Pakistani pharmaceutical industry in WTO regime, Issues and prospects. *Journal of Quality and Technology Management*. 2005;1(1):21-34.
- Khan T. Challenges to pharmacy and pharmacy practice in Pakistan. *The Australasian medical journal*. 2011;4(4):230.
- Basant R. Intellectual property rights regimes: Comparison of pharma prices in India and Pakistan. *Economic and Political Weekly*. 2007;3969-77.
- Pant M, Pande D. *India-Pakistan trade: An analysis of the pharmaceutical sector*. *India-Pakistan Trade Normalisation*: Springer; 2017. p. 163-218.
- Akhtar G. Indian pharmaceutical industry: an overview. *IOSR journal of Humanities and Social Science*. 2013;13(3):51-66.
- Holland S, Bätz-Lazo B. *The global pharmaceutical industry*. *General Economics and Teaching*. 2004;405002:1-24.
- Malik OR, Kotabe M. Dynamic capabilities, government policies, and performance in firms from emerging economies: Evidence from India and Pakistan. *Journal of Management Studies*. 2009;46(3):421-50.
- Kamal R, ul Hasan SI. USE OF INFORMATION TECHNOLOGY IN PAKISTANI AND MULTINATIONAL PHARMACEUTICAL FIRMS IN KORANGI INDUSTRIAL AREA. *Market Forces*. 2006;1(4).
- Ahmad Z, Ali L, Ahmad N. Organizational climate: A study of pharmaceutical industry in Pakistan. *African Journal of Business Management*. 2012;6(49):11880-6.
- Mustafa S, Osama A, Akber R, Johari S. Promotion by Pharmaceutical Industry and Patients' Perspective in Pakistan.
- Shahzad A, Wahab M. Why are National Pharmaceutical Brands more Considered than Multinationals? A case of Pakistan's Pharmaceutical Industry. *Sarhad Journal of Management Sciences*. 2017;2(02):176-94.
- Khan KI. Effect of dividends on stock prices—A case of chemical and pharmaceutical industry of Pakistan. *Management*. 2012;2(5):141-8.
- Zubair M, Ahmad N, Ahmed R, editors. Key factors to promote knowledge sharing in Karachi pharmaceutical industry. *Information and Knowledge Management*; 2014.
- Butt ZA, Gilani AH, Nanan D, Sheikh AL, White F. Quality of pharmacies in Pakistan: a cross-sectional survey. *International Journal for Quality in Health Care*. 2005;17(4):307-13.
- Aamir M, Zaman K. Review of Pakistan pharmaceutical industry: SWOT analysis. *International Journal of Business and Information Technology*. 2011;1(1):114-7.
- Windle J. Insights for contemporary drug policy: A historical account of opium control in India and Pakistan. *Asian Journal of Criminology*. 2012;7(1):55-74.
- Rashid H. Impact of the drug regulatory authority Pakistan: an evaluation. *New Visions for Public Affairs*. 2015;7:50-61.
- Elder D, Snodin D, Teasdale A. Control and analysis of hydrazine, hydrazides and hydrazones—genotoxic impurities in active pharmaceutical ingredients (APIs) and drug products. *Journal of pharmaceutical and biomedical analysis*. 2011;54(5):900-10.
- Riley DL, Strydom I, Chikwamba R, Panayides J-L. Landscape and opportunities for active pharmaceutical ingredient manufacturing in developing African economies. *Reaction Chemistry & Engineering*. 2019;4(3):457-89.

33. Paulekuhn GS, Dressman JB, Saal C. Trends in active pharmaceutical ingredient salt selection based on analysis of the orange book database. *Journal of medicinal chemistry*. 2007;50(26):6665-72.
34. Fortunak JM, de Souza RO, Kulkarni AA, King CL, Ellison T, Miranda LS. Description and significant APIs for ART. *Antiviral Therapy*. 2014;19(3):15-29.
35. Li X-Y, Qian J, Wang X. Can china lead the development of data trading and sharing markets? *Communications of the ACM*. 2018;61(11):50-1.
36. Banerjee M, Khursheed R, Yadav AK, Singh SK, Gulati M, Pandey DK, et al. A systematic review on synthetic drugs and phytopharmaceuticals used to manage diabetes. *Current Diabetes Reviews*. 2020;16(4):340-56.
37. Frokjaer S, Otzen DE. Protein drug stability: a formulation challenge. *Nature reviews drug discovery*. 2005;4(4):298-306.
38. Seddon G, Lounnas V, McGuire R, van den Bergh T, Bywater RP, Oliveira L, et al. Drug design for ever, from hype to hope. *Journal of computer-aided molecular design*. 2012;26(1):137-50.
39. Afrin S, Gupta V. *Pharmaceutical Formulation*. StatPearls [Internet]. 2020.
40. Stewart KD, Johnston JA, Matza LS, Curtis SE, Havel HA, Sweetana SA, et al. Preference for pharmaceutical formulation and treatment process attributes. *Patient preference and adherence*. 2016;10:1385.
41. Pammolli F, Magazzini L, Riccaboni M. The productivity crisis in pharmaceutical R&D. *Nature reviews Drug discovery*. 2011;10(6):428-38.
42. Gudiksen M, Fleming E, Furstenthal L, Ma P. What drives success for specialty pharmaceuticals? *Nature Reviews Drug Discovery*. 2008;7(7):563-7.
43. Hood P, Khan E. *Understanding Pharmacology in Nursing Practice*: Springer; 2020.
44. Landin M, Rowe RC. Artificial neural networks technology to model, understand, and optimize drug formulations. *Formulation tools for pharmaceutical development*: Elsevier; 2013. p. 7-37.
45. Singh K, Nair AB, Kumar A, Kumria R. Novel approaches in formulation and drug delivery using contact lenses. *Journal of basic and clinical pharmacy*. 2011;2(2):87.
46. Scoutaris N, Alexander MR, Gellert PR, Roberts CJ. Inkjet printing as a novel medicine formulation technique. *Journal of controlled release*. 2011;156(2):179-85.
47. Dey P, Maiti S. Orodispersible tablets: A new trend in drug delivery. *Journal of natural science, biology, and medicine*. 2010;1(1):2.
48. Omar M, Makary P, Wlodarski M. A review of polymorphism and the amorphous state in the formulation strategy of medicines and marketed drugs. *Pharmaceutical and Biosciences Journal*. 2015:60-6.
49. Agatonovic-Kustrin S, Glass BD, Wisch MH, Alany RG. Prediction of a stable microemulsion formulation for the oral delivery of a combination of antitubercular drugs using ANN methodology. *Pharmaceutical research*. 2003;20(11):1760-5.
50. Colbourn E, Rowe R. *Neural computing and pharmaceutical formulation*. Marcel Dekker, New York; 2005.
51. Strickley RG. Formulation in drug discovery. *Annual Reports in Medicinal Chemistry*. 2008;43:419-51.
52. Realdon N, Zotto MD, Morpurgo M, Franceschinis E. Effects of surfactant characteristics on drug availability from suppositories. *Die Pharmazie-An International Journal of Pharmaceutical Sciences*. 2008;63(6):459-63.
53. Mathaes R, Koulou A, Joerg S, Mahler H-C. Subcutaneous injection volume of biopharmaceuticals—pushing the boundaries. *Journal of pharmaceutical sciences*. 2016;105(8):2255-9.
54. Wacker M. Nanocarriers for intravenous injection—the long hard road to the market. *International journal of pharmaceutics*. 2013;457(1):50-62.
55. Nunn T, Williams J. Formulation of medicines for children. *British journal of clinical pharmacology*. 2005;59(6):674-6.