Pharmaceutical Sector of Afghanistan

Government of Afghanistan

Ajmal Ahmady

July 2015

Follow Up Items: The president of IRA chaired a meeting with Pharmaceutical industry leaders on July 7, 2015 at the presidential palace. He ordered the following responsible bodies to solve the pharma problems listed below

Responsible	Summary of Issue	Deadline	Status Update
MoPH *(Ferozudin Feroz)*	▪ Devise implementation plan for creation of National Medicines Regulatory Authority (NMRA) ▪ Licensing ▪ MOPH Pharma Tasadee corporation Plan ▪ Provide 3 pharmaceutical quality control laboratories (within 4 months) ▪ Eliminate the $1,000 charged by GDPA for permission letter submitted to AISA ▪ Retail Regulation	-	▪ NMRA draft submitted to Cabinet ▪ Parliamentary approval to charge pricing. Initial trial needed ▪ Developing plan for Pharma Tasedee and large Hospitals for PPP ▪ Fund necessary to pay for NMRA ▪ MOPH examining the issue
MoF Customs *(Najib Wardak)*	▪ Develop a tariff system that raises tariffs on pharmaceutical imports and decreases tariff on input goods	-	▪ Agreed with industrialist to block 10 Pharma products, but revising the plan
Procurement *(Yama Yari)*	▪ Increase bidding time for pharmaceutical bids ▪ Send pharmaceutical tenders to all domestic pharmaceutical firms (DPF)	-	Completed ▪ NPA already provides 15% preference to DPF ▪ MoPH increased EOI and RFP bid times > 21 days
ARAZI *(Jawad Peikar)*	▪ Analyze options for government land: Parke Sabz (210 jireebs) and Butkhaq Charayee (600 jireebs). Industry wants reduced prices (<$10,000 jireeb) for Parke Sabz land	-	▪ MoPH created a focal point to solve the land issue
Financing *(Ajmal Ahmady)*	▪ Discuss options for state banks to provide lower interest rates ▪ Explore JV opportunities with Indian pharmaceutical companies	-	▪ BMA to provide Pharma revolving facility

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To compile this report, we interviewed the representatives of the following organizations

	Company Name	# Production Items	Quality	Name	Meeting Date	Employees
1	Khaled Ershad Production Company	44	GMP	Dr. Humayoon	May 27, 2015	45
2	Amir Afghan Production Company	38	SOP	Mr. Farid Ahmad Stanekzai	May 31, 2015	123
3	GDPA	--		Mr. Hafiz Qureshi	June 1, 2015	--
4	Bakhtar Pharmacy Production Company	28	ISO & GMP	Ahmad Saeed Shams	June 2, 2015	60
5	Sun Pharma	15	ISO & GMP	Mr. Abdul Khaliq	June 6, 2015	30
6	Standard Pharma	32		Said Noor Pacha	June 8, 2015	50
7	Kemia Gar	128	SOP	Haji Zabi	June 12, 2015	44
8	Afghan Pharma *(importer)*	Various		Engr Baryalai Atefi	June 12, 2015	700

Executive Summary

Afghanistan used to produce herbal and chemical medicines for export decades ago. During the Dr. Najeeb regime, Hoechst pharma used to be the main producer of pharmaceutical products in Afghanistan, but has since stopped operations. Unfortunately, the war era affected the production and today more than 90% of medicines are imported from other countries.

The domestic pharmaceutical industry is valued $550 – $650m per year, of which only 5% is produced locally. Afghanistan's pharmaceutical industry has 19 operational manufacturing companies, four of which operate in industrial zones, and two of which are ISO and GMP certified. The manufacturers produce a variety of goods, including syrups, tablets, capsules, creams, gels and ointments of good quality with comparable prices versus imported products. The market also contains more then 2,000 importers.

The local manufacturers have manufacturing capabilities required to fulfill ~60% of domestic demand. However, the procurement processes of the Afghan Government and NGO's, as well as illicit practices among importers act as major barriers towards the growth of the private sector. The government's pharmaceutical tasadee has the capability to produce various products. However, due to corruption, lack of land, and delays the pharmacy enterprise is not able to take initiative and the machinery is locked in containers at GDPA.

Based on these facts, as well as consultations with Pharmaceutical Industry stakeholders, we have refined the GoA's mission for the pharmaceutical industry to (1) develop a strong manufacturing base, (2) ensure the high quality of imports, (3) improve the industry regulatory environment.

The GoA's mission for the pharmaceutical industry is to (1) develop a strong manufacturing base, (2) ensure the high quality of imports, (3) improve the regulatory environment

Goals

A Strong Manufacturing Base

- **We must level the playing field with international imports**. As one example, Afghanistan currently has only a 2.5% import tariff on pharmaceutical imports, the lowest in the region
- **We will therefore provide a package of incentives** to the pharmaceutical industry to promote a strong manufacturing base
- **The package will include four key components**: (1) tariff adjustments on key pharmaceutical products, (2) changes in procurement rules to promote domestic manufacturing, (3) preferential loans (4) reduced rental rates in industry parks / government land at reduced prices, and (5) reduced license and regulatory fees

High Quality of Imports*

- **Afghanistan currently imports ~90% of its pharmaceutical products** - most of which are of poor quality
- **To ensure the quality of imports, we will license 25-30 importers who will adhere to high levels of quality**
- **The licenses will be provided on an open tender basis**, with selection based on bid amount and firm quality
- **As part of the license bid**, firms will also be required to invest in the pharmaceutical wholesale and retail distribution channels
- **Import licenses will last for a period of five years**, during which the firms will be encouraged to build domestic manufacturing facilities
- Licenses should be phased in over time

Improved Regulation

- **Currently there are four regulatory agencies** charged with oversight of the pharmaceutical industry. We will:
- **Merge the four regulatory agencies** into the National Medicines Regulatory Authority (NMRA)
- **Reduce the time taken to review product samples** (from one month to one week)
- **Provide more quality control facilities** for medicines at custom points
- **Increase the number of pharmaceutical inspectors** to ensure the high quality of pharmaceuticals
- **Provide licenses to doctors** who wish to prescribe at government-licensed retail shops

**Risks of licensing program include higher probability of price and quantity controls*

To build a strong domestic pharmaceutical manufacturing base, we recommend a package of incentives for the industry in the following four areas: (1) tariff/payments, (2) regulation, (3) factor inputs, and (4) markets

Tariff/Payment Recommendations

- Increase tariff rates for chosen pharmaceutical imports to 20% (from 2.5%). Decrease tariff rates for input goods to 0% (from 7.5%)* Will require new tariff codes
- Have AISA lower rental rates for pharmaceutical companies located in industrial zones
- Eliminate the $1,000 charged by GDPA for permission letter submitted to AISA

** Exact pharma products are provided on the next page*

Regulatory Recommendations

- Merge five regulatory agencies into National Medicines Regulatory Authority (NMRA)
- Reduce the time taken to review product samples (from one month to one week)
- Provide quality control facilities for medicines at custom points

Factor Input Recommendations

- There are two options for government land: Parke Sabz (210 jireebs) and Butkhaq Charayee (600 jireebs). Industry wants reduced prices (<$10,000 jireeb) for Parke Sabz land. Electricity is close, but currently unavailable at both locations
- Provide preferential interest rates (5% instead of ~13%) for getting bank loans from state banks

Market/Procurement Recommendations

- Reduce the time it takes to complete regulatory paperwork (government contract procurement typically takes 20 days versus 25 days to complete regulatory paperwork, making it impossible to bid for contracts)
- Provide procurement preference for domestic producers, with higher values for firms that meet higher international quality standards

The domestic pharmaceutical industry believes that they have a competitive advantage and excess capacity in the following 10 products (left table)

The industry recommends that the government raises import tariffs (from 2.5% to ~20-25%) on final products (left table), and to reduce tariffs (from 7.5% to 0%) on the import goods (right table) used to manufacture these final products

Pharma products where the domestic industry claims that they have a competitive advantage
Syrup Multi Vitamin
Syrup Multi Vitamin + calcium
Syrup Vitamin B complex
Suspension Antacid
Suspension Magnesium Hydroxide
Syrup Dephin hydramine – HCL
Solution Povidon Iodine
Pomade Betametson
Pomade Clobetasole
Pomade Zinc Oxide

Source: Interview with pharmaceutical industry representatives
** Domestic production capacity: (1) Tubes : factories = 8, capacity = 14-16m tubes, (2) Syrup: factories = 7, capacity = 7.6m, (3) Tablets: factories = 2, capacity = 16m tablets and 21 capsules*

Import products where the industry would like to see drop to 0% (from 7.5%)
Powder Diphen Hydramine - HCL
Powder Aluminuium Hydroxide
Powder Mag. Hydroxide
Glucouse Liquid
Semithican Liquid
Betamethazone N Powder
Povedon Iodine Powder
Propyl Glycol
Surbitol 70%
Vasiline
Powder Clobetazole
Powder Zinc Oxide

** Need to obtain current import quantities of these goods to estimate the negative revenue impact*

Below are initial suggestions for the key components of an import licensing program

Summary

Structure

- 25-30 licenses to import pharmaceutical products into Afghanistan. All other pharmaceutical imports will be banned
- Licensees will be required to invest in domestic wholesale distribution facilities and retail pharmacies
- Licensees will be incentivized to invest in the domestic manufacturing industry
- The GoA will provide connections to international manufacturers that want to supply the Afghan market

Process

- The license will be offered via an open tender process
- The bids should include (1) a bid for the import license, (2) guaranteed investments, by year, into wholesale distribution and retail pharmacy facilities, and (3) planned investment into the domestic pharmaceutical industry
- The bid process will be in two rounds:
  - The first will be a price/quality tender
  - The second will be a resubmission of bids for all qualified bidders, with the last bidder in this round the firm who provided the highest qualified bid during the first round

Criteria

- Licensees will be judged on both their bid amounts and on the quality of the importing firm
- Only minimum bids > $1 million will be accepted
- Higher scores will be given to those who (1) provide higher bids, (2) provide higher investments into wholesale and retail distribution outlets, and (3) provide a strategy for investing in domestic manufacturing facilities
- Licenses will automatically renew for the five firms that invest the greatest amount in domestic manufacturing facilities over five years license period. All other licensees will have to resubmit bids during the next open tender process

To ensure the high quality of imports, the Government of Afghanistan will license 25-30 importers who will adhere to high levels of quality pharmaceutical imports

Benefits for Afghanistan

- **Lives saved**: There are numerous deaths in Afghanistan due to fake, expired, or poor quality pharmaceutical products being used. Licensing and regulation will decrease the number of such deaths
- **Improved quality of pharmaceutical products**: The GoA will be able to increase the frequency and amount of spot checks to improve pharmaceutical products
- **Easier regulation**: It will be easier for the government to regulate 25-30 importers versus the thousand of small importers currently in the market
- **Addition of premium segment**: part of the licensing requirements is that importers invest in pharmaceutical retail outlets where only licensed doctors can prescribe medicine

Benefits for License Holders

- **Profits**: The authority to import pharmaceutical products with fewer competition that would otherwise be the case
- **Stability**: the license will be provided for a period of five years. During this period, the GoA welcomes the license holder to invest in domestic manufacturing facilities
- **Ease of regulation**: with fewer importing companies, regulatory checks on pharmaceutical imports will be clear and transparent
- **International connections**: the GoA will support the license holders develop connections with large, advanced manufacturers abroad to facilitate improvements in the quality of imported pharmaceutical goods

To improve regulation, the GoA will merge the four regulatory agencies into National Medicines Regulatory Authority (NMRA)

GDPA

- GDPA is the MoPH directorage charged with managing pharmaceutical activities
- GDPA has 7 departments (Avicenna, Pharma establishment, Narcotics, etc), and a staff of 175 persons
- 54% of staff are pharmacists

MoPH Health Legislation Enforcement Department

- This office is responsible for spot monitoring of wholesale and retail shops throughout the country
- Office employs ~70 people, mainly located in Kabul

Quality Control of Pharmaceuticals

- This department analyzes medicines, food, and water in laboratories
- Office employs ~45 people, 36 of which are technical people. All employees are located in Kabul

MoPH M&E Department

- This department conducts monitoring and evaluation of all public health facilities
- They also do some evaluation of retail and manufacturing facilities, although this is not their scope of work
- Office employs ~30 people

Note: GDPA staff expressed two major needs—a clear understanding of their job and increasing the staff's capacity to undertake that function (GDPA review 2012)

National Medicines Regulatory Authority (NMRA) – *currently under proposal*

- **Will be responsible for all regulatory responsibilities in Afghanistan**. This is the most common structure in many countries: Food & Drug Authority (USA), Pharmaceutical And Medical Device Agency (Japan), Drug Regulatory Authority (Pakistan)
- **I suggest that excess profits should be used to invest in two funds**: (1) scholarships for pharmaceutical students, and (2) funding for university R&D projects
- **Will consolidate the 7 departments in GDPA into a more simplified organizational structure** that will include just (1) licensing office - responsible for issuing the license and collecting fees, (2) wholesale monitoring - responsible for monitoring the license holders at the wholesale level, and (3) retail monitoring - responsible for monitoring of retail pharmaceutical outlets

Note: There is currently a NMRA concept note, and there is a working group which is reviewing the proposal

GDPA's organizational structure (as of 2012) seems to be too complex to manage effectively

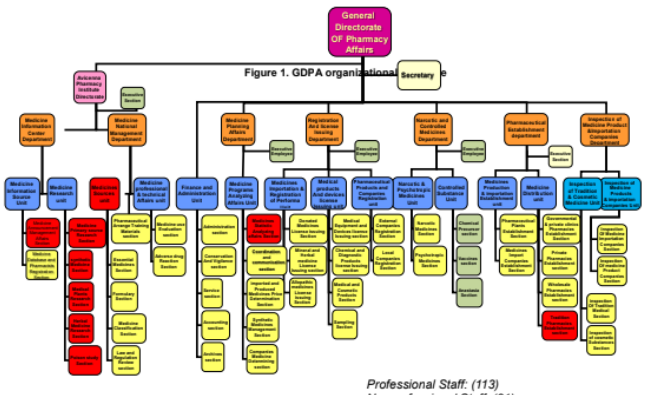

Figure 1. GDPA organizational structure

Professional Staff: (113)
Nonprofessional Staff: (21)
Labour Staff: (41)

The next steps to implement this plan are provided below

MoPH / MoF / GDPA

- **MoPH: Finalize structure and provide implementation plan for creating the National Medicines Regulatory Authority (NMRA)** – including a 5-year budget and an implementation timeline. Solve land issue at Kharoti. *Deadline: 1 month*
- **GDPA: Create a plan to improve capabilities to monitor the pharmaceutical supply chain**: importers, manufacturers, wholesalers, and retailers. Eliminate $1,000 referral letter fee. *Deadline*: 1 month
- **MoF: Create customs codes for the 10 listed pharmaceutical final products, as well as the listed input products**. Then create an implementation timeline to increase the final product tariffs to 25% and decrease the input product tariffs to 0%. *Deadline: 1m*

Pharmaceutical Industry

- **Verify the industry has the capacity to meet domestic needs for the 10 products listed**: we need to ensure that if the GoA raises tariff rates, that the
- **Provide Office of President with manufacturing capabilities** – in terms of capacity and output, for each manufacturing facility, by month
- **Provide Office of President with estimates of bank funding needs** for each year during the next five years

AOP / Procurement

- **Procurement**: finalize the structure of the tendering process (*2 weeks*), and begin the tendering process (*2 months*)
- **Procurement**: ensure that procurement practices are in place to provide domestic preference, especially for companies that meet higher quality production standards. *Deadline: 1 month*
- **Office of President**: continue to provide monthly update reports to President on domestic manufacturing capabilities, including capacity and output for largest pharmaceutical products (*monthly*)
- **Office of President**: Work with banks to analyze loan requests for pharmaceutical industry

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There are a total of 19 pharmaceutical manufacturing companies in Afghanistan. The table below provides an estimate of the production capabilities of the six largest firms

	Company Name	Tablet	Capsules	Syrup (Bottles)	Cream, Gels & Ointments (Tubes)
1	Khaled Ershad Production Company			4.0m	
2	Amir Afghan Production Company	15.0m	20.0m	0.1m	
3	Bakhtar Pharmacy Production Company				4.5m
4	Sun Pharma	1.0m	1.0m	1.0m	1.0m
5	Standard Pharma			10.0m	
6	Kemia Gar			2.5m	3.0m
	TOTAL	**16.0m**	**21.0m**	**7.6m**	**18.5m**

Currently all the companies utilize approximately 30% of their resources
Source: Interview the owners of the companies

The following is a summary of the major challenges the industry is facing

	Challenges	Example
1	The regulatory framework	Multiple agencies with overlapping responsibilities
2	Lack of quality control standard	Lack of quality control at customs facilities
3	Tariff rates charges	2.5% for finished products versus 7.5% for raw materials
4	Government procurement practices	Generally do not procure from local manufacturers
5	Electricity charges	High costs from inconsistent power supply
6	Availability of land in industrial zones	MOPH promised land that was not delivered / high land costs
7	Large number of competitors in market/ import dumping	Lack of regulatory structure and licensing requirements
8	Proper loan system for industries	Lack of expansion capital

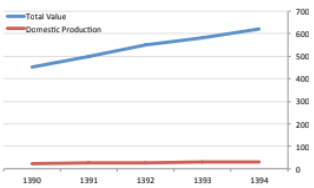
The pharmaceutical value chain is fragmented, with 2,000 importers and 22 domestic manufacturers

- The largest source of raw materials for pharmacy products are:
  - India (47%)
  - China (32%)
  - Germany (7%)
  - France (4%)
  - Turkey (3%)
  - Pakistan (3%)
  - Iran (3%)
  - Others (2)
- Domestic manufacturing sales are ~$30 million
- The largest manufacturers include:
  - Khaled Ershad Prod: 4.0m in syrups
  - Kimia Gar: 3.5m in syrups
  - Amir Afghan: 20.0m capsules and 15.0m tablets
  - Bakhtar Pharma: 4.5m creams, gels & ointments
- The largest storage facilities are located in Kabul and Herat
- These storage facilities can fulfill the demand of Kabul and 10 provinces of the country
- Private traders distri~60%
- USAID, Swedish Committee and others distribute ~30%
- Importers directly distribute ~10%

Source: Union of Pharmacies and manufacturers

The domestic production has been increasing by only 5-10% from a very low base

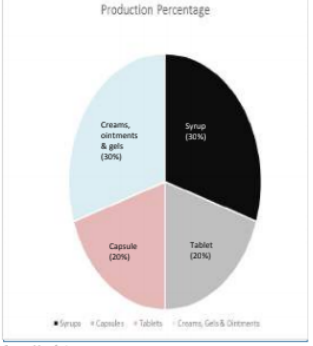
The value of the pharmaceutical industry has been increasing by ~$40 million per year



- Pharma sales have increased from $450 million to $620 million over the past four years
- However, over the same period, domestic production has increased by only $8 million (from $23 million to $31 million)
- Domestic production represents 5% of total sales for most products, but up to 30% of a few specific products

Source: GDPA, manufacturers & Importers

Most manufacturers produce a combination of syrups, creams, gels and ointments



Source: Manufacturers

The 19 manufacturers are located primarily in the capital: 17 in Kabul, 1 in Herat, and 1 in Jalalabad. In addition, there are two additional facilities being constructed in Herat and one facility in Kandahar

Manufacturing centers are focused on the major cities of Kabul with some minor manufacturing facilities in Herat, Jalalabad, and Kandahar

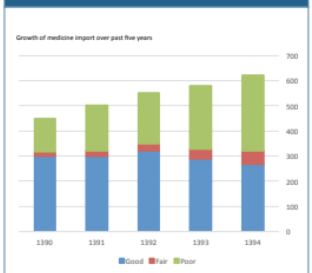
Note: The two ISO9001 facilities are located in Kabul. Facilities under construction include 2 in Heart and 1 in Kandahar

Only a few manufacturing facilities meet international production standards

- Manufacturing facilities are located in Kabul, Herat and some in Jalalabad
- Production would need to improve in most of the manufacturers to be able to provide pharmaceuticals to the major NGOs and donors
- Of the major production facilities, only Bakhtar Pharma & Sun Pharma are certified by ISO9001, 14001, & Good Manufacturing Practices (GMP)

Imports constitutes 90% - 95% of sales

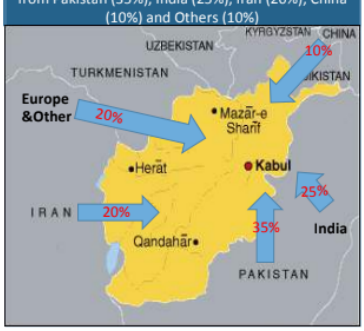
Imports of medicines have been growing over the past five years



Types (good, fair, poor) refer to quality of medicine being imported

Source: GDPA and Importer

The largest legal imports of medicines are received from Pakistan (35%), India (25%), Iran (20%), China (10%) and Others (10%)



Source: GDPA and Manufacturers
Note: Europe importers typically manufacture in Pakistan, Iran and India

The inventory is initially brought to 3 main capital cities and distributed further

Imports are initially brought to Kabul, Herat, Qandahar and some through Insecure borders

Source: Interview with customs of Kabul and Airport Staff

Note: Info from Customs is in process

Inventory storage is predominantly located at airports and customs facilities

- Imports from Pakistan are used by people living in villages and most of it are smuggled through insecure borders
- Pakistan, India & China imports are distributed for NGOs from Jalalabad
- International donors typically use international companies that fly in their products into Kabul Airport, and are distributed from warehouses to Herat, Mazaare Shareef and some other capital cities

Largest buyers are MoPH, USAID, EU, World Bank and private market

Annual demand of pharma products by the type of distributor

Source: MoPH and international NGOs
Note : More information required to complete chart

International buyers procure their goods from international suppliers

- Largest programs are Basic Package of Health Services and Essential Package of Hospital Services.
- BPHS is for clinics and EPHS is for the main hospital of the capital city of provinces
- Most of the manufacturers focus on mass market because getting contracts from corporate market have almost become impossible for them

There are multiple government agencies for regulating Afghan pharmaceutical industry

	Responsibilities	Recommendations
AISA	▪ Charge $350 to renew license for the manufacturer and provide land in Industrial zones.	▪ The agency should provide reduced rental rates for pharmaceutical companies located in industrial zones
MoPH	▪ Controls the Monitor & evaluation, quality control, law enforcement departments	▪ MoPH should change tariff rates for ~10 medicines initially to spur domestic production ▪ Improve the number of inspection of pharmacies from once a month
GDPA	▪ Regulates the codes of conduct and quality control ▪ Monitors and evaluates medicines ▪ Approves the samples for production of each product ▪ Charges $1,000 for a permission letter that must be submitted to AISA	▪ Clarify the law if pharmaceutical companies have to pay $1,000 to GDPA for the permission letter ▪ Reduce corruption

Based on discussions with representatives from the pharmaceutical industry, we recommend a package of incentives for the industry in the following four areas: (1) tariff/payments, (2) regulation, (3) factor inputs, and (4) markets

Tariff/Payment Recommendations

- Increase tariff rates for chosen pharmaceutical imports to 20% (from 2.5%). Decrease tariff rates for input goods to 0% (from 7.5%)* Will require new tariff codes
- Have AISA lower rental rates for pharmaceutical companies located in industrial zones
- Eliminate the $1,000 charged by GDPA for permission letter submitted to AISA

** Exact pharma products are provided on the next page*

Regulatory Recommendations

- Merge five regulatory agencies into National Medicines Regulatory Authority (NMRA)
- Reduce the time taken to review product samples (from one month to one week)
- Provide quality control facilities for medicines at custom points

Factor Input Recommendations

- Provide land that MoPH promised industry. Last year, MoPH donated 1,450 hectares of land for the pharma sector (in Kharoti), but have since taken back the land
- Provide preferential interest rates (5% instead of ~13%) for getting bank loans from state banks
- Have DABS provide electricity at break-even rates to an industry that requires constant electricity

Market Recommendations

- Reduce the time it takes to complete regulatory paperwork (government contract procurement typically takes 20 days versus 25 days to complete regulatory paperwork)
- Reduce unfair taxes and delays during custom clearance
- Provide more spot checks to reduce the low quality of medicines available in market

Payment issues center around tax rates and additional government charges

Payment Issues

Tax Rates

Current Situation

Tax	Product
2.5%	Finished products
7– 15 %	Raw materials
2%	VAT

Recommendations

- Customs rates should be increased from 15 – 25% on finished products where Afghanistan has excess production capabilities (this will require adding a new customs code for these goods)
- Customs rates on raw materials used in the manufacture of some pharma products should be reduced to 0%

Government Charges

Payments	Charges
AFN 50,000	MoPH (every 3 years)
$350	AISA for license (per year)
AFN 850-2,500	Test samples by MoPH

- Charges are on samples, licensing and MoPH should be reduced and the procedures should be less time consuming

Source: Interview Union of Pharmacy & 6 Industrialists

GDPA and the pharmaceutical departments of MoPH should be merged to form the National Medicine Regulatory Authroity (NMRA)

Regulatory Agencies

MoPH

Current Situation

- Delays in samples analysis from 1 – 2 months in Quality control department
- Marketing of domestic products are banned according to the law
- No inspection of price and quality control of imported products.

Recommendations

- Restructuring should be done and 5 departments should work under one governing body named National Medicine Regulatory Authority (NMRA)
- A separate department should control the quality of medicines in the market (i.e. not the food control department)
- Increase the number of inspection per month on imported and domestic products

GDPA

- Pharmacy Enterprise demands for 13% share of purchase of local medicines
- Each department of GDPA are bribed
- Doctors are sent to Dubai and Thailand for tours by import mafia in exchange of prescribing their low quality imported medicines but GDPA is quiet on the issue.
- Demand for share in passing the sample of domestic production
- Smuggled and low quality medicines are not collected from market by GDPA because they are bribed by importers
- Banned medicines, poor quality medicines of black listed companies are available in the market but GDPA is being blind on it

- Transparency in the system regulations to avoid bribery
- Regular inspection to deteriorate low quality medicines
- Strictly Implement of law to protect the market from medicines of black listed companies

The issues in growth of domestic manufacturing is unavailability of land, no proper system for getting loan and high charges of electricity

Factor inputs

Land

Current Situation

- 1,450 acres of land available in Kharoti were allocated for Industrial sector, but are not being allotted due to political involvement and the interference of a few mafia commanders
- AISA have allotted land to some of the industries biasedly with involvement of politicians

Recommendations

- A separate industrial zone for pharmaceuticals
- 1.5 – 2.0 acres land should be issued for each pharma company

Loan

- Interest rate on loan is 15% for most industries, including the pharma industry
- Loan is provided with the condition to mortgage a property with double value of loan
- Two other companies should take guarantee of your loan

- State Banks could provide lower interest rate to the sector

Electricity Charges

- Electricity is provided for AFN6/kw for industries while for households the charge ranges from AFN1.5 to AFN8.0
- Shortage of electricity should be reduced for industries

- DABS charges breakeven rate for pharma companies
- Provide stable and regular electricity to the companies

The issues in less sales of domestic products are increase cost of products due to unfair taxes, favoritism in Govt procurements and less control of market

Market issues	Current Situation	Recommendations
Trade	➢ Customs delays in imports ➢ Demand of unfair taxes in custom clearance ➢ Low quality medicines are imported mentioned specifically "ONLY FOR AFGHANISTAN" ➢ Demand of money by various government agencies ➢ No proper storage system in customs (which wastes raw materials while at border crossing points)	➢ Provide quality assessment centers at border crossings ➢ Provide cold storage facilities near borders
Procurement	➢ MOD, MOI and Intelligence departments procure millions of dollars medicines from international manufacturers where the procurements boards are heavily bribed by importers or company's agents. ➢ Domestic medicines should be purchased for Govt hospitals, NGO's and agencies although they are ISO and GMP certified ➢ Procurements boards of agencies work specially for import mafia and introduce rules each year which are not applicable for domestic manufacturers	➢ Reduce the time to process regulatory paperwork to less time so domestic producers can participate in tenders ➢ Provide local preference for government procurement contracts
Market	➢ 3,000 competitors in the market ➢ 50% low quality medicines are smuggled through insecure borders and sold in the market ➢ Products of 900 companies of Pakistan are available in which only 256 are registered and Embassy of Afghanistan in Islamabad have also written a report to ban the import of medicines from Pakistan but no action taken *(Document of Embassy available)* ➢ Iran, Pakistan and India manufacture medicines with tags of made in USA, Germany, France, Japan, Korea, Italy and Middle East ➢ Local products are not allowed for marketing while international products can do marketing and promotion	➢ Reduce regulatory complexity and the time it takes to complete the procurement paperwork ➢ Reduce unfair taxes and delays during custom clearance ➢ Increase tariffs and provide more import spot checks to reduce the low quality of medicines available in market

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Industry Overview

	Company Name	Kimia Gar	Amir Afghan	Bakhtar Pharma	Sun Pharma	Standard Pharma	Khaled Ershad
1	Production	$1.2m		$1.7m			
2	Revenue						
3	Capacity						
4	Location						
5	Number of Employees						
6	International Standard	SOP	SOP	ISO and GMP certified until 2017	IOS and GMP certified until 2017	----	ISO certified in 2008 currently expired

Note: Table is incomplete. Still need to obtain data

Pharmacy Company is a government tasadee that only manufactures basic anti-septics and sells imported medicines to 60 depots located in different provinces of the country

Areas of operation

- The pharmacy company is a state owned enterprise which used to produce a line of pharma products by the name of Pharma production.
- Currently, the tasadee only produces limited anti-septic like Pyodine (~10% of its business)
- The company purchase medicines from the market and sells them to 60 depots in different provinces with 10% profit (~90% of its profit)

Product and services

- The tasadee has 60-70 acres of land in Qargha. However, the land is being used by the government, where a partially built hospital is located
- $2.5m is needed to make the land feasible for production. MoF is not issuing the fund although ex-president had instructed them to do so
- In addition, the tasadee has the machinery required and manufacturing capability to fulfill the demand of drips and sterile in Afghanistan (if the necessary land were provided). In such a scenario, the tasadee could potentially increase their production of drips product

Company performance

- The company procures medicines from importers and sells it on 10% profit
- Its performance can be better if the machinery donated by China in 2008 (discussed above) is utilized

Bakhtar Pharmaceutical Industry is ISO and GMP certified company producing creams, ointments and gels with 4.5m tubes capacity per year of each product. It operates in the Kabul Jumma Muhammadi industrial zone.

Areas of operation

- The company manufactures following BP and IP standard and distributes its products in Kabul, Qandahar, Farah, Urozgan, Pull Khumri, Faryab, Herat, Sare Pull, Parwan, Nagarhar, Kunduz, Khost, Mazaar Shareef and Gardez and from these capital cities the products are further distributed by agents to remote areas. It also have some small contracts with MoI, and expected to sign a contract with Save The Children organization
- The company operates in the Industrial Zone of Jumma Muhammadi Industrial Park
- The company is ISO 9001, 14001 and GMP Certified

Product and services

- The company produces Creams, Gels and Ointments

Company performance

- The company produces good quality of products but its sales have been decreasing due to corrupt system, inappropriate pricing policy and lack of Govt contracts

Manufacturing plant of Bakhtar pharmaceutical industry which is ISO and GMP certified manufacturer

The first step of production in which sampling and testing takes place

The next stage of production in which heating and mixing of raw material takes place

The last stage of production in which production, filling, coding and packaging takes place

Sun Pharma is ISO and GMP certified and was awarded the best production pharma company by the MoCI. The company produces dry Syrups, sachets, tablets and capsules with 300,000 capacity of each product. It operates in the Kabul Jumma Muhammadi Industrial zone

Areas of operation

- The company manufactures following USP and BP standard and distributes the pharma products in Capital, Qanadahar, Khost, Urozgan, Pull Khumri, Paktika, Herat, Sare Pull, Ghazni, Nagarhar, Kunduz, Kunar and Badakhshan.
- It also have some small contracts with Fahim and Ibn e Sina importers and expected to sign a contract with Swedish Committee.
- The company operates in the Industrial Zone of Jumma Muhammadi Industrial Park
- The company is ISO 19001,14001 and GMP Certified

Product and services

- The company produces Dry Syrups, Sachets, Tablets and Capsules
- Production of Liquid Syrup is under construction

Company performance

- The company produces good quality of products but its sales have been decreasing due to lack of support by Govt, Corrupt system and inapplicable laws for participating in Govt contracts

Kimia Gar is a company following standard operation procedures located in a residential area of Kabul in Karte 3. It produces dry Syrups, sachets, tablets and capsules (its capacity is 2m for each product)

Areas of operation

- The company manufactures following BP standard and distributes the pharma products in Capital, Ghazni, Qandahar, Herat, Jalalabad, Kunar, Khost, Paktia and some other provinces
- The company operates in a residential area following Standard Operation Procedure
- The company is not ISO and GMP Certified

Product and services

- The company produces Syrups, Lotions, Creams, Balms and Vaseline
- Production of Capsules are under construction

Company performance

- The company produces good quality of products but its sales have been decreasing due to instability, large number of competitors and lack of marketing

Khaled Ershad Production Company is currently operating in a commercial plaza of Kabul and will be shifted within a month to its own factory located in Pulle-Charkhi industrial zone. It produces syrups and chlorine & ORS for USAID only and has a capacity of 2m bottles per year

Areas of operation

- The company manufactures following USP, BP and IP standard and distributes the pharma products in Capital, Qanadahar, Nagarhar, Kunduz, Mazaar and Ghazni as the products are further distributed by agents to remote areas.
- The company also supply Chlorine and ORS to USAID only
- The company used to operate in a residential area but now operating in Industrial Zone of Pulle Charkhi
- The company was ISO and GMP Certified in 2008 but currently its not certified

Product and services

- The company produces Syrups, Powder, Capsules and Tablets

Company performance

- The company produces good quality of products but its sales have been decreasing due to insecurity, low priced poor quality medicines and lack of support from Govt

Amir Afghan Pharmaceutical Industry is a company started in the name of Afghan American United Pharmaceuticals with a huge investment and currently operating as AAPI located in Pulle-Charkhi industrial zone. It produces syrups, tablet, and capsules with capacity of 35.1m per year

Areas of operation

- The company manufactures following USP and BP standard and distributes the pharma products in Capital, Balkh, Kunduz, Badakhshan, Helmand and distributed to some other provinces from the capital cities. The company operates in Industrial area of Pulle Charkhi following Standard Operation Procedure
- The company is not ISO and GMP Certified

Product and services

- The company produces Syrups, Tablets and Capsules
- Another project in the name of ELAAJ is under construction which will produce animals, herbal and human medicines

Company performance

- The company produces good quality of products but its sales have been decreasing due Corrupt system, lack of investment and high tax rates of raw material

Standard Pharma is currently operating in a residential area of Sare Kotal Khair Khana. It produces syrups only with capacity of 10m bottles per year

Areas of operation

- The company manufactures following BP and IP standard and distributes the pharma products in Capital, Ghazni, Qanadahar, Khost, Kunduz, Helmand, Baghlan, Jozjan, Mazaare Shareef and Uruzgan. The company operates in a residential area of Sare Kotal of Khair Khana.
- The company is not ISO and GMP Certified

Product and services

- The company produces Syrups only
- Production of Capsules and Dry Syrups are under construction

Company performance

- The company produces fair quality of products but its sales have been decreasing due to lack of investment, corrupt system and inapplicable rules for participating in Govt contracts

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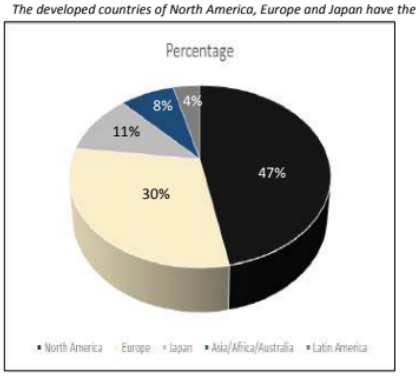
The global pharmaceutical industry

The developed countries of North America, Europe and Japan have the largest share of the global pharmaceutical market.



Source: IMS

Market share and Compound Annual Growth Rate (CAGR)in Global Pharmaceutical Markets from 2013-2017.

Total Global Market : $ 1.135 – 1.235 Trillion
Global CAGR : 3 – 6 %

COUNTRIES	MARKET SHARE	CAGR (2013 – 17)	CAGR (2008 – 12)
US	31%	1 – 4%	
EU 5	13%	(-1%) – 2%	Germany, Finance, Italy, Spain, UK
JAPAN	9%		
★CHINA	15%	13 – 18%	22%
BRIC	8%	10 – 13%	16%
TIER 3	10%	6 – 9%	

★ Including traditional Chinese Medicines. Source: IMS

Cross-country comparison of pharmaceutical industries: Afghanistan versus Pakistan and India

Companies	Metric	Afghanistan	Pakistan	India
Domestic manufacturing capabilities	*Companies*	19	>700	25,000
Value	*USD millions*	550 - 650	23,000	16,000
Growth rate of sales	*% over decade*	10%*	66%	300%
Multi-national companies	*#*	--	25	16
Domestic production	*%*	5	70 - 80	90 - 95
Raw material Imports	*%*	100	95	--
Imports	*%*	90 - 95	20 - 30	5 to 10
Exports	*USD millions*	--	500	10,000
International ranking value	---	N.A.	45	15
Tax Rates on raw material	*%*	7.5	10.0	5.0
Tax Rates on imported finished goods	*%*	2.0	10.0	8.0
VAT or other taxes	*%*	0%	0%	0%
Registered products	*#*	--	50,000	--
Registered molecules	*#*	--	1,100	--
Regulatory inspectors	*Employees*	--	305	--
Global pharmaceutical market	*%*	--	0.33%	1-2%

** Figure for Afghanistan is over the past 5 years*

The lowest import tariff rate in the region

Pakistan Pharmaceutical Industry Overview

At the time of independence in 1947, there was hardly any pharma industry in the country. Today Pakistan is 45th international ranked country, with 0.33% of global market in pharmaceuticals. The country has about 700 pharmaceutical manufacturing units including 25 multinational companies. Most of the manufacturers are ISO certified following goods manufacturing practices (GMP) in accordance with the domestic and international guidance.

The manufacturers adhere British and US pharmacopeia which provide specific guidelines. In 2007, Pakistan pharmaceutical industry was valued at $23,000m with an export of $500m. The industry meets ~70 % of the country demand and imports ~30% of finished medicines. Raw materials are imported up to ~95% from China, India, Japan, UK, Germany and Netherlands. However, a few firms are now producing some of the raw materials locally.

The industry is facing key problems, including (1) Strong competitors in neighboring countries (2) lack of quality control (3) Scarce knowledge of management in marketing (4) Less research and development for innovations

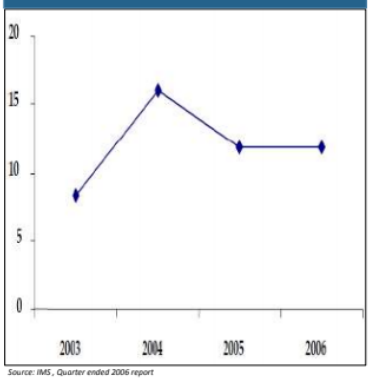
Growth in pharmaceutical sector in Pakistan is ~13% in terms of value and 35% in terms of growth rate

Overview of Pakistan pharmaceutical industry

Indicator	Year	Metric	Statistic
Total market size	2006	*$million*	15,000
Growth rate	2006	*%*	12 – 13
Total number of companies	2006	*#*	430
Domestic companies	2006	*#*	406
Multinational Companies	2006	*#*	24
Average growth rate of domestic companies	2004 – 2006	*%*	27
Average growth rate of multinational companies	2004 – 2006	*%*	6.5
Pharmaceutical export revenues	2005 – 2006	*$million*	80
Export growth rate	2006	*%*	35

Source: PPMA/Pharma bureau

Growth in Pharmaceutical sector of Pakistan,2005-2006(%)



Source: IMS, Quarter ended 2006 report

SWOT analysis of Pakistan pharmaceutical industry

Strengths

- Pakistan produce 1,500 pharmacists and 3,500 chemists every year
- About 600 pharmaceutical units are operating in the country including 25 multinational companies.
- The growth rate of industry is ~10% in terms of value and volume
- The industry has reached to $63m - $23,000m from 2005. it is due to the inclining of industry towards exports with well supported government policies
- There is a 50% subsidy on the registration of pharmaceutical products in export countries.
- Freight subsidy for exports to some countries
- Enriched knowledge in the field of Unani Tibb which can be helpful in major supplier of Herbal raw material, products and nutraceuticals.

Source: PPMA report

Weaknesses

- Perception of low quality by customers and consumers
- Not much innovation takes place in processing and developing products therefore 100% dependent on copying of innovative drugs
- Hardly any pharmaceutical plant has a license or approval of international regulatory authority
- Scarce know-how of management, especially in international marketing
- No world class reference labs are available for drug evaluation and testing
- Domestic companies although being large in number have ~47% market share due to low capacity development
- ~30% of pharmaceutical products are imported to Pakistan
- The prices of pharmaceutical products are fixed which restricts the competition
- R&D efforts and expenditure are very low
- Pakistan's population is 2.5% of the world while market share is only 0.33% in global market

The Pakistan pharmaceutical industry has the following key opportunities and threats

Opportunities

- A well developed regulatory framework compliant with WHO standard that regulates the entire pharmaceutical industry
- An independent drug regulatory authority is being developed under the federal cabinet
- Being low cost producers, Pakistani companies can become a global outsourcing hub for pharmaceutical products
- The increasing penetration of media and the growing rate of literacy have increased health awareness

Source: PPMA report

Threats

- Poor access to finance
- Trade barriers, especially regulatory difficulties
- The existence of very strong pharmaceutical manufacturing and marketing in neighboring countries
- The increasing attention of international regulations and Hi-tech demands of the regulators have increased the cost of quality compliance
- Globalization, new entrants in the local and export markets
- Rise in the cost of entry into the new export markets.

The largest markets for Pakistani pharmaceuticals exports are Nigeria & Sri Lanka

Pakistan Imports

Exporters	Imported Value 2004 ($million)	Share in Pakistan import (%)
Switzerland	24.4	14.0
Germany	22.2	13.0
United Kingdom	20.1	12.0
China	13.7	8.0
France	9.5	6.0
Belgium	8.9	5.0
USA	8.7	5.0
Netherland	8	5.0
italy	7.7	4.0
Japan	6.3	4.0

Source : ITC trade statistics

Pakistan Exports

Importers	Exported Value 2004 ($million)	Shares in Pakistan
Nigeria	10.6	18.0
Sri Lanka	5.4	9.0
Afghanistan	4.3	8.0
Singapore	4.0	7.0
Philippines	2.7	5.0
Sudan	2.7	5.0
UAE	2.3	4.0
United kingdom	1.9	3.0
USA	1.2	2.0
Italy	1.1	2.0

Source : Trade statistics TDA, Pakistan

The 25 national corporations and 10 multi national companies although having foreign share holding operating in Pakistan are as follow

	Company		
1	Getz pharma Pakistan (Pvt) ltd	14	Macter international (Pvt) ltd
2	Sami pharmaceutical (Pvt) ltd	15	Brookes pharmaceuticals labs (Pvt)ltd
3	Ali gohar pharmaceuticals (Pvt) ltd	16	Himonts pharmaceuticals (Pvt) ltd
4	Werrick pharmaceuticals	17	Ferozsons laboratories ltd
5	Hilton pharma (Pvt) ltd	18	Indus pharma (Pvt) ltd
6	Barrett and Hodgson Pakistan (Pvt)ltd	19	Tabros pharma
7	Wilsons pharmaceuticals	20	Schazoo laboratories (Pvt) ltd
8	Bosch pharmaceuticals (Pvt) ltd	21	Highnoon laboratories ltd
9	Zafa laboratories (Pvt) ltd	22	Atco laboratories (Pvt) ltd
10	Global Pharmaceuticals	23	Remingtom industries (Pvt) ltd
11	Platinium pharmaceuticals	24	PharmEvo (Pvt) ltd
12	CCL pharmaceutical (Pvt) ltd	25	Amson vaccines and pharma (Pvt) ltd
13	Nabiqasim industries (Pvt) ltd		

	Companies
1	GSK
2	Sanofi Aventis
3	Abbott laboratories (Pakistan) ltd
4	Merck marker (Pvt) ltd
5	Roche pharmaceuticals
6	Novartis pharma (Pakistan) ltd
7	Bristol-Meyers squibb
8	Pharmacia and Upjhon (Pvt) ltd
9	Parke-Davis
10	Wyeth (Pakistan) ltd

Source: IMS, reports

Indian pharmaceutical industry overview

In 1901, Bengal chemical & pharmaceutical company started its operation in Calcutta which is the first Indian pharmaceutical industry came into existence. The industry is then entered the evolution which was divided into four stages (1) Before 1970 (2) 1970-1990, (3) 1990-2010 (4) 2010 and beyond. The government began encouraging the growth of drug manufacturing by Indian companies in the early 1960s, and with the Patents Act in 1970 which says that multinational companies can not have the hold of Indian market more then 30%.

Today, the Indian pharmaceutical industry is 3rd in terms of volume and 10th in terms of value. The demand for Indian products is increasing rapidly due to capability to produce cost-effective drugs with world class manufacturing facilities. The largest 250 companies control nearly 70% of the domestic market with the top 10 controlling approximately 40%. India's leading import suppliers included Switzerland (8%), Germany (6%), the United States (7%), and France (3%). Although India's pharmaceutical market is relatively small, at least 45 MNC pharmaceutical companies are serving the market through subsidiaries.

Following is the SWOT analysis of Indian pharmaceutical industry

Strengths

- Higher GDP growth leading to increased disposable income in the hands of general public and their positive attitude towards spending on healthcare
- Low-cost, highly skilled set of English speaking labor force and proven track record in design of high technology manufacturing devices
- Growing treatment naive patient population
- Low cost of innovation, manufacturing and operations

Weaknesses

- Inflexible pricing regulations affecting the profitability of pharma companies
- Presence of more unorganized players versus the organized ones, resulting in an increasingly competitive environment, characterized by stiff price competition
- Poor health insurance coverage

Opportunities

- Rapid OTC and generic market growth
- Large demand for quality diagnostic services
- Significant investment from MNCs
- Public-Private Partnerships for strengthening Infrastructure
- Opening of the health insurance sector and increase in per capita income
- India, a potentially preferred global outsourcing hub for pharmaceutical products due to low cost of skilled labor

Threats

- Wages inflation increasing day by day
- Other low-cost countries such as China and Israel affecting outsourcing demand for Indian pharmaceutical products
- Entry of foreign players (well equipped technology-based products) into the Indian market

Source: Indian research journals report

An overview of Indian pharmaceutical industry along with its percentage change of exports

India's Pharmaceutical Industry (2005)	
Share of global sales:	Value 1%, Volume 8%
Global ranking:	4th in volume, 13th in value
Domestic market:	$5.3 billion
Exports:	$3.7 billion
Imports:	$985 million
Bulk drug production:	$2.1 billion
Employment:	5 million direct, 24 million indirect.
Capital investment:	$1.2 billion
Production costs:	Among the lowest in the world, estimated to be 70% less than the West.

Source: OPPI.

India's pharmaceutical exports ($million)

Year	Value	Percentage Change
1999	1913.0	--
2000	2053.2	7
2001	2311.2	13
2002	2860.9	28
2003	3514.8	23
2004	4188.7	19
2005	5150.1	23

Source: World Trade Atlas

The imports and exports of Indian pharmaceutical product in some of the years

India's pharmaceutical exports to top 15 countries, by value ($million)

Country	2003	2004	2005
United States	421	497	575
Russia	129	157	219
Germany	165	172	211
United Kingdom	81	104	165
China	73	80	139
Brazil	70	173	121
Nigeria	71	94	110
Canada	60	84	100
Italy	45	54	81
South Africa	26	41	80
Netherlands	52	55	80
UAE	43	52	68
Turkey	28	40	67
Ireland	12	52	57
Total	1,276	1,655	2,073

Source: World Trade Atlas

India's pharmaceutical imports from top 7 countries, by value ($ million)

Country	2002	2003	2004	2005	Jan - June 2005	Jan - June 2006
Switzerland	92.6	95.7	82.8	109.2	63.3	115.0
Germany	57.6	52.6	61.9	85.3	58.1	51.3
United States	62.6	76.0	77.2	97.2	48.3	53.5
France	33.6	30.2	23.1	36.8	22.5	25.5
Denmark	31.4	33.3	24.3	42.7	17.7	13.9
Belgium	9.6	15.7	10.0	21.9	13.6	22.0
Untied Kingdom	24.9	25.6	40.6	34.9	22.9	24.5
Total	312.3	329.1	319.9	728.0	246.4	305.2

The Indian pharmaceutical industry is expected to increase revenue by $44b with increasing exports

Indian pharmaceutical industry is expected be four times larger by 2020

Export data of Indian Pharmaceutical industry

Source: ibef.com

The are about 16 international manufacturers having ~30% and almost 25,000 domestic manufacturers that hold ~70% share of the Indian market

The key domestic players in Indian pharmaceutical industry are provided below

Company	Net Sales (30th July 2013 $Bn)	Employees
Cipla	1.39	20,000
Dr Reddy's Laboratories	1.14	16,300
Ranbaxy Labs	1.07	14,600
Aurobindo Pharma	0.92	8,635
Lupin Ltd	0.91	11,355
Sun Pharma	0.68	11,200
Novartis India	0.14	4,500 (115,000 Worldwide)

The key international players in Indian pharmaceutical industry are provided below

Company	Net Sales (2012 $ Bn)	Employees
Johnson & Johnson (USA)	67.2	117,000
Pfizer (USA)	58.9	91,000
Novartis (Switzerland)	56.7	115,000
Roche (Switzerland)	47.8	80,000
Merck (USA)	47.3	86,000
Sanofi (French)	46.4	113,000
GlaxoSmithKline (UK)	39.9	97,000

Source : Fiercepharma.com/special reports (ppt)

There are minor differences in registration requirements of pharmaceutical products in Asia

No	Required information	Bangladesh	Cambodia	India	Indonesia	Laos	Malaysia	Nepal	Pakistan	Philippines	Sri Lanka	Thailand
1	A certificate from the health authorities in the country showing that: (a) The product is produced and marketed under the same commercial name. (b) Date and number of registration. (c) In case of different commercial name for the same product this should be explained by the health authorities.	X	X X X	X (1)	X	X	X	X	X	X	X X X	X X X
2	Name and concentrations of active ingredients.	X	X	X	X	X	X	X	X	X	X	X
3	Names and concentrations of inactive ingredients.	X	X	X	X	X	X	X	X	X	X	X
4	Names and origin of ingredients from animal origin.			X			X			X	X	
5	Quantity of alcohol concentration.	X		X	X		X	X		X	X	
6	Product certificate of analysis.	X	X	X	X	X	X	X	X	X	X	X
7	Method followed in the product analysis.	X	X	X	X	X	X	X	X	X	X	X
8	Description of the finished product.	X	X	X	X	X	X	X	X	X	X	X
9	Method of production for the same batch to be registered.	X	X	X	X	X	X			X	X	X
10	Stability study expiry date and storage conditions.	X	X	X	X	X	X	X	X	X	X	X
11	Bio-equivalence studies	X		X	X (3)					X (7)	X	X (8)
12	Bio-availability studies	X		X	X (3)		X (4)			X (7)	X	X (8)
13	A brief on the clinical pharmacological and toxicological studies.	X	X	X	X	X	X	X (6)	X	X	X	X (9)
14	Samples of the finished product with the leaflet and final package	X	X	X	X	X	X	X	X	X	X	X
15	Samples from the active ingredients to be used as standards			X	X		X (5)			X	X	X
16	Scientific references used in analyzing the product	X	X	X	X	X	X	X	X	X	X	
17	Public price certificate in the country of origin	X		X				X		X		
18	C & F price from the mother company	X		X						X		
19	Export prices of the product in neighbouring Asian countries	X		X						X		
20	List of other countries where the products have been registered and marketed	X	X	X	X	X	X		X	X	X	

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The following domestic manufacturing companies have not been interviewed

	Company Name	# Products	Owner
1	Qais Tawfeeq Production Company	35	Mr. Jalil Ahmad
2	Kabul Aria	35	Sayed Muhammad Shah
3	Hewad Khesraw	33	Mr. Noor Agha
4	Trajmeer	25	Mr. Ahmad Khalid
5	Ariana Production Company	19	---
6	Avicen Pharma (Herat)	17	Mr. Abdul Karim SHerzad
7	Abwar (Jalalabad)	14	Mr. Aziz Hanifi
8	Mumtaz	8	Mr. Sayed Muhammad
9	Red Lion	8	Muhammad Afzal
10	Pamir	7	Mr. Abdul Wahab
11	Pure Herbal	3	Mr. Khalid Musafirzada
12	Afghan Sehat	2	Mr. Gul Bacha
13	Asia Pharma	Medical Equipment	Dr. Masood Haidary

The following are the key medicines that are used in Afghanistan

Tetracycline eye oint (5 gr tube)	Fluoxetine tablet/Cap 20 mg	Omeprazole tablet/cap 20 mg
Glibenclamide tablet/cap (5 mg)	Gentamicin injection 40 mg/ml (2ml inj)	Oxytocin injection 5iu/10iu inj
Insulin regular (neutral soluble 100IU/ml inj)	Amoxicillin capsule/tablet 500 mg	A;;;ZMagnesium sulphate 50% in 10 ml injection
Amlodipine tablet/cap (5 mg)	Ceftriaxone injection 1 gr/vial	Ciprofloxacine tablet 500 mg
ACEI (Captopril 25 mg, Enalapril 5 mg…Cap/Tab)	Ampicillin/amoxicillin injection 500 mg inj	Chloroquine (150 mg base) tablet
Statin (Simvastatin/Atrovastatin 20 mg Cap/tab)	Oral rehydration salts WHO form	Corticosteroids (Hydrocartisone 500 mg, Dexamethasone 2 ml inj)
Aspirin tablet (any strength)	Zinc sulphate dispersible tablet 20 mg	Mebendazole (100 mg Tab)
Ferrous Sulphate+Folic Acid 200 mg tab	Doxycycline 100 mg Cap/Tab	Paracetamole 500 mg Tab
Vit A (150,000 IU) cap	Paracetamole 100 mg tab/ or Syp	Metronidazole 200/400 mg Tab
Erythromycine 250 or 500 mg Tab	Salbutamol inhaler (0.1mg/dose)	Beta-blocker (Propranolol 10 mg, atenolol 50 mg…)
Amoxicillin susp (prefer dispersible tab)		

Source: PDPA pharmaceutical survey (2014)