

UNIVERSITI PUTRA MALAYSIA

IMPROVING QUALITY SYSTEMS IN LOCAL PHARMACEUTICAL MANUFACTURING: USING ANALYTICAL HIERARCHY PROCESS

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IMPROVING QUALITY SYSTEMS IN LOCAL

PHARMACEUTICAL MANUFACTURING: A CASE OF ER

PHARMACEUTICALS.

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Pengesahan Keaslian Laporan

Dengan ini, saya Robert Paul Alexandor a/l S. Joseph, Nombor Matrik 45107, pelajar program MBA mengaku bahawa kertas projek / kajian kes untuk kursus ini adalah hasil usaha asal saya sendiri.

Thee

Tanda Tangan

16.08.97

Tarikh.



DEDICATED WITH LOVE

то

MY	WIFE:	NESAMANI
MY	CHILDREN:	EDWIN, EDLEENA & EDGAR
MY	PARENTS:	MR AND MRS.S.JOSEPH
MY	BROTHER AND SISTER:	PRINCE & JOYCE

For their kind support and encouragement during the entire MBA program, without whose support it would have been impossible to see the completion and to my children, for sacrificing their vacation.

ABSTRACT

The primary objective of this research was to identify and address the factors involved in overall quality production of ER Pharmaceutical products. A second objective was to be operationlise. These factors with the system, "cetirus parebus" that enable a company to shift from one with lower level of quality skills to one that would be in line with the call of "Quality 2020". As expected the two factors come to the fore: - a) quality products b) the ability to use quality to meet the needs and satisfaction of customers.

Internal and external customers were assessed by Analytical Hierarchy Process Survey techniques to assess the needs and identify factors in this study. Questionnaires were issued and return monitored. The two objectives was to collect data as integrated factors of Product Quality and Human Resources factors involved in Human Resources related to product quality. There were thirteen product quality factors selected for this research: 1) Visual appearance, 2) Friability 3) Disintegration 4) Taste 5) packaging 6) Embossing 7) Hardness . The human Resource factors included in this paper were 1) willingness to change 2) Knowledge 3) Skill 4) Commitment 5) Attitude 6) Teamwork and 7) leadership. Analytical Hierarchy Process was undertaken to facilitate ranking procedures. The subsequent ranking for product quality was 1) Strip Packing 2) uneven color, 3) Visual appearance 4) Friability 5) Texture 6) Blister Packing 7) Disintegration 8) Taste 9) Crack 10) Packaging 11) shape 12) Embossing and 13) Hardness Th final ranking of the human resources factors was 1) Willingness to Change 2) Knowledge 3) Skill 4) Commitment 5) Attitude 6) Teamwork and 7) Leadership.

It was found that it was vital for process Engineers to consider the identified factors and accord them with fundamental importance in establishing high quality process function. Participation and input from Human resources was also gauged as important factor in determining High Quality. HR participation is the transformation of personnel as vital ingredients in successful output.



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CHAPTER ONE INTRODUCTION



CHAPTER ONE

INTRODUCTION

1.0 Introduction

A new millennium, it is very obvious that the general population has become highly aware of the whole concept of "Quality of Life " of special concern is the quality life available in the country. The reference to quality life involves general health, the work environment, food consumed, and others that are essential to developing and establishing styles. Most people are always want quality of the products they take to keep a good life style. A good indicator of this would be the introduction of numerous healthcare products into the Malaysian markets. The consumption of these product has been positively correlated with an increase in the life span from 70 years to 80 years. (Source: Department of Statistics, Malaysia)

1.1 Pharmaceutical Market

From this point of view Quality of Life is also highly linked with the economy of the country. The Malaysian economy is a stable one. It is expected to remain stable with the Barisan Nasional Government providing the necessary economic incentives for the development of self-sufficient local industries. This is in keeping with the Seventh Malaysia Plan. This is in line with the strategic objective of developing the country into a major export player, as well as in efforts to reduce imports so as to balance out the trade deficits, which the country presently faces.

The Malaysian Economy is still expected to register an 8.5% growth for the year 1997 and is forecasted to continue at 8% over the marketing plan period. This is owed to the numerous mega construction and development projects which have been initiated over 1995 and 1996.

With an growing economy we have a nationally growing market of this constitutes the pharmaceutical market at present stands at is one billion Malaysian Ringgit, 40 % of it supplied by local manufactured pharmaceuticals.

Figure 1 , showed a forecast of Malaysian local pharmaceutical market trend. It is believed that current 40 % market share would be increased up to 47 %. Various effort have been done to ensure this forecast become a reality. One of its or suggested by this project is using quality System.





Figure 1: Market Trend till Year 2003

The above figure from IMS Report 1996 which say that 60 % is imported pharmaceuticals, which means that 40 % contributes to local manufactured pharmaceuticals. This was confirmed from observations in the market, sales report and forecast of the market that is available.

The balance of 60 % of the National Pharmaceutical requirement is dominated by Multinational corporations. They have achieve this through professional and aggressive marketing strategies with the support of by their parent company.

Most of these pharmaceuticals are imported with only a handful of them being manufactured locally. Although there are some 56 registered



local manufacturers of pharmaceuticals in the country, less than five have had any significant impact on the industry, by way of reputation of quality and market shares. May be if the majority of them are small producers, producing small range of lower level products. This manufacturers have little or ineffective marketing. Realizing their weakness, many small manufacturers are now try to consolidate among them. Especially with the facilitation by Malaysia corporate giants who are keen of diversifying their business and venture to health sector.

1.2 Quality

Several individuals have strongly influenced companies in both manufacturing and services sectors to emphasize quality. Initially, their ideas found greater acceptance in Japan than in the United States.

There are three gurus or experts in quality.

- W. Edwards Deming, considered to be the father of quality control in Japan, summarized the far reaching, long lasting effects of improving quality with his five steps chain reaction:
- First, cost declines because of less rework, fever mistakes, fewer delays and better use of time and materials, which



- Result in improved productivity, which
- Increases market share because of better quality and prices, which
- Increase profitability, allowing the company to stay in business, which
- Results in more jobs.

The central concern of 'Quality' is its very definition in Table 1:1 shows some of the functional definition proposed. Joseph M. Juran (1989), stressed that quality is "fitness for use". This implies that the products on consumption, must be successfully beneficial to the user meets their needs and satisfaction. Juran explained that quality has a dual meaning; product features that meet those customers needs and a product free from deficiencies

PRODUCT FEATURES THAT MEETS CUSTOMERS NEEDS	FREEDOM FROM DEFICIENCIES	
Higher quality enables companies to :	Higher quality enables companies to:	
 Increase product saleable 	Reduce error work	
 Meet Competition 	 Reduce rework, waste 	
 Increase market share 	 Reduce customers dissatisfaction 	
 Provide sales income 	 Reduce inspection, test 	
 Secure premium price 	Increase yield, capital	

 Table 1:1 Definition of quality

Source: Joseph M. Juran, Juran on Leadership for Quality, 1989

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According to Kivenko (1984), there is five common definition of quality: a) relative excellence, b) value for money, c) conformance to drawings, d) conformance to the purchase order and e) fitness for intended function. Relative excellence means the product can give what the customers actually want (the satisfaction) so that they are interested to continue buying the product from the same companies or manufacturer. Conformance to drawings and specification are certainly one of the best way of measuring the quality of the product. If the drawings and specifications of the product are clear, it is adequate to provide all things that the users expect. The concept practice in conformance to purchase order. Fitness for intended function means that the product being what it is supposed to be and doing what it is supposed to do.

1.2.1 The Need for Quality

The need for quality in the manufacturing sector is obvious. This is more prominently seen, in the pharmaceutical-manufacturing sector, the strongest competitor will get all the business because they deliver quality product that performs to customer satisfaction. Not only this deal with human life, nevertheless failure in quality exposes the manufacturers to legal issue. Quality is also a moral issue. If the customer finds that a product doesn't conform to a certain specifications, its will ruin the business



enterprise. Companies will then not be able to survive in a growth market without a working quality system in place.

Since quality of pharmaceutical products are always affecting the human health, therefore quality should always be the deciding factor in the purchase of the product, not the price. Continuous and consistent product consumption by consumer can only be maintained if the product contains quality or as requirement by standards of that drug.. There is apparently a need for quality in the design of products. Poorly designed product never will reach sufficient level of quality to meet customer needs. No matter how hard the manufacturing organisation tries, that marketing effort or other means consumption and demand for a product will ultimately rest on its quality and design.

In pharmaceutical product quality must start from research and development design, production and with people marketing pharmaceutical, it will be able to sustain in the market place. Therefore it is not a one quality assurance department responsibility. It involves many complex areas in the life of a product. Furthermore it is important that manufacturer must take a specific steps to improve the quality of product in every stage of the production line.



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Commitment to quality in a company requires a systems approach. It requires the participation from all managers, workers and every person who are involved in the production process. This is the only approach, that secures the manufacturer of quality goals, of high quality products and assurance of meeting the customer needs and satisfaction.

As most of the manufacturing sector had some form of quality control system to assure that the market received goods of some defined standards set by the government of Malaysia. In the case of pharmaceutical, the criteria for quality were more stringent; the controlling body was **Drug Control Authority of Malaysia of the Ministry of Health**. Which follows the British Pharmacopoeia or the Russia Pharmacopoeia standards.

The Malaysian Ministry of Health was one of the important primary sources of control to all pharmaceuticals in Malaysia. This needs much documentation to be full filled before the drug is released into the market. It provides documentation in the form of several certificates, which are mandatory by the health authorities locally, and oversea market.

The export of pharmaceuticals from Malaysian manufacturers to destination abroad in 1996 amounted to less than 0.5% of the country's gross exports of manufactured goods. Nevertheless, with the government's call for Malaysian manufacturers to aggressively consider the export potential to boost the country's earnings, the local pharmaceutical industry should be encouraged to rise to this call and not be contented to limit their operations to the domestic sector alone.

The purpose of this paper is to provide some insights into how one may proceed with obtaining the relevant information prior to exporting their products overseas. This needs quality to be maintained.

Some of the primary documentation required as a precondition of consideration by parties overseas might be obtained from the Malaysian authorities, some of which are briefly mentioned in the following paragraphs:

1.2.2 Malaysian Drug Control Authority of the Ministry of Health

The Malaysian Ministry of Health is one of the important primary sources of documentation. It provides documentation in the form of several certificates, which are mandatory, required by the corresponding health authorities in the importing countries as a quality control guideline for the products.



i. Product Registration Certificate/Product License

This certificate is one, which is issued by the Drug Control Authority upon the registration of a manufactured product. Products, which fulfil the requirements of product registration under the Control of Food and Drugs Act, 1954 are granted a product, license. Implied in such granting of license is the fact that the authorities are satisfied that the products have met the quality, efficacy and safety considerations warranting approval.

Product Registration Certificates or Product licenses are a basic requirement of the authorities abroad as they serve to confirm that a particular pharmaceutical preparation has met the basic requirements as previously mentioned, for it to be on the local market. However, not all countries insist on having this certificate as compared to the Free Sales Certificate.

ii. Certificate of Free Sales in Malaysia

This certificate confirms that the product registered is freely sold in the country of manufacture. Hence, most authorities accept the Free Sales Certificate in lieu of the product license.

