

Global Marketing of Lifesaving Drugs: an Analogical Model

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Abstract

The global advertising and marketing of lifesaving drugs present unique challenges and opportunities due to the critical nature of these treatments and the diverse healthcare landscapes across countries. Lifesaving drugs, essential for managing severe and life-threatening conditions, necessitate strategies that ensure timely availability, affordability, and accessibility worldwide. This research proposes an analogical model designed to optimize the international marketing strategies of pharmaceutical companies for lifesaving drugs. Drawing on successful practices from various industries, the model emphasizes scalability, adaptability, and cultural sensitivity. Core components include strategic partnerships, local market adaptation, regulatory compliance, and pricing strategies that balance profitability with social responsibility. Additionally, the model underscores the role of digital platforms in awareness campaigns, facilitating accurate information access for healthcare providers and patients. The adoption of this model enables pharmaceutical companies to align their commercial objectives with ethical imperatives, addressing global health inequities. By improving the reach and impact of lifesaving drugs, this framework fosters both corporate growth and enhanced health outcomes worldwide.

Keywords: Global Advertising and Marketing, Lifesaving Drugs, Pharmaceutical Industry, Accessibility and Affordability, Strategic Partnerships, Digital Health Platforms.

INTRODUCTION

In pharmaceutical advertising, the marketing of lifesaving tablets has recently obtained explosive and vital attention. The pricing and distribution of HIV/AIDS capsules specifically have attracted an even greater passionate media blitz and political competition. Numerous constituencies from each the evolved and the growing countries have accused the prescription drugs of rate gouging, overextended brand name patent safety, blocking off the production of cheaper prevalent tablets, and failing to save the millions of preventable deaths within the poorest nations who've died and could die from the HIV (Fisher et al., 2022).

Several conventional solutions were proposed to remedy this hassle, including unfastened market-driven pricing differential pricing, socially responsible pricing, obligatory licensing, and pricing. Using the stakeholder version as a guide for these answers is ideological, very popular, and fraught with many issues. Makins, 2022) suggests an alternative "analogical" version that is unbiased of the models above or moral

ideologies. The analogical model solves a "target hassle" by way of looking for and comparing "candidate solutions" from a "source enterprise" that bears near resemblance to the target industry. Though one could practice the analog model to gain entry to any lifesaving drug via people who want them maximum, our software on this paper is associated with the lifesaving drugs for HIV/AIDS (Lewandowski, 2017). Our thrust is to shape the right conditions so that the poorest of the poor can enter the critical medication that they deeply want at less expensive costs. We divide this paper into four components:

- 1) An outline of the "goal problem" of the HIV/AIDS pandemic;
- 2) An exploration of the "supply industries and troubles" that might offer;
- 3) A possible set of "candidate solutions" to the pandemic; and
- 4) An evaluation of the "target hassle answer."

We publish that the analogical model that seeks a bilateral case-by-case option for this pandemic is nicely within pharmaceutical manufacturers' and distributors' domain, competencies, and lengthy-term company interests. The analogical method is a bilateral, market-through-market, drug emblem by drug logo, or maybe business enterprise-through-patron (patient) approach. It's been mentioned that multilateral, preferred, and ideological models haven't treated the problem of obtaining lifesaving pills for individuals who need them with maximum charges that they could manage to pay. Even appeals to pharmaceutical corporations' ethical obligations, ethical corporate citizenship, and the software of the distributive justice standards to mandate the prevention of preventable deaths have led to a deadlock. These models no longer generate any powerful remedy to the teeming millions of lives at chance today; we want to have a look at alternative models, including the analogical version, to provide valuable and conceivable answers to the worldwide HIV/AIDS pandemic.

The Analogical model

Currently, (Dorst, 2015) has emphasized using instances or analogies in framing and enforcing commercial enterprise techniques. Analogical reasoning (A.R.) makes green use of records; however, it does not fail to keep every advertising and marketing issue of the problem handy (Kotabe & Helsen, 2022). A.R. pays attention to select statistics functions, sees their styles, and applies the patterns to the existing market challenges. For example, the grocery store, a retail layout pioneered at some point in the nineteen-thirties in the USA, has served as an analogical supply to many following strategies. Charlie Merrill relied closely on his enjoyment as a grocery store government. At the same time, he developed the monetary grocery store for Merrill Lynch Co. Later, Charles Lazarus employed the supermarket version when he conceived and designed Toys R Us in the Fifties. Then, Thomas Stemberg modeled Staples at the "mini-grocery store" Toys R Us. In every one of these three instances

A.R. changed into carried out. A.R. permits solving novel issues because the precedent is used from a similar but one-of-a-kind problem set. In brief, a previous answer can be transferred to resolve a present problem. The cost of the utility of precedent is fully diagnosed in analogical reasoning. As an instance, had Charles Lazarus analyzed all the interdependent configurations of choices in toy retailing— from advertising to operations, from human aid management to logistics— it's miles not going that he would have found a strategy as coherent and powerful as the only Toys R Us he ultimately followed. In other phrases, A.R. encourages one to suppose absolutely "out of doors of the box." The analogy of a supermarket gave Toys R Us a powerful framework, an incorporated bundle of picks that covered exhaustive selection, meager fees, rapid replenishment of inventory, deep investment in the information era, and self-service with purchasing carts (Desrochers & Brookes, 2018).

We apply A.R. as follows: Given a target problem (i.e., the speedy and effective distribution of living HIV/AIDS pills to the developing nations whose terrible populations want them the most at less high prices), A.R. appears for similarity mapping the use of source industries with their supply problem (e.g., other comparable industries that tackled similar troubles) that provide candidate solutions (product redesigning and reengineering, wider distribution, close collaboration with locals) to the goal trouble. Figure 1 outlines the analogical version.

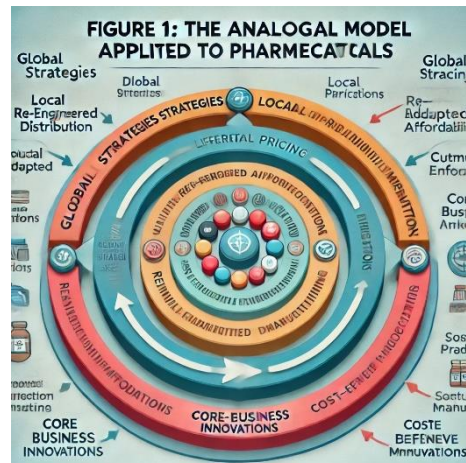


Figure 1. The analogical model applied to pharmaceuticals
Source: Tailored from Gavetti and Rivkin {2005, p 60

The target hassle: the AIDS pandemic

The HIV/AIDS disaster may be the worst pandemic because of the fourteenth century and the Black Plague. The first case of AIDS (acquired immune deficiency syndrome) was diagnosed in June 1981 by way of the United States Middle for Disorder Management (CDC) as an unprecedented illness among homosexuals (Patterson, 2017). In 1983, the retrovirus dubbed HIV (human immunodeficiency virus) was diagnosed as the reason for the deadly AIDS ailment. Although the latency duration between HIV infection and complete-blown AIDS can remain for many years, untreated HIV ultimately kills all its patients.

HIV is complicated to control or eliminate after infection has occurred. No person has advanced a treatment or vaccine for HIV. Numerous businesses have advanced pills that inhibit the capability of HIV to both reflect or input host cells. The great that can be accomplished at gift is to temporarily suppress the virus inside the HIV-affected person, thus delaying the progression of the infection. The medications that suppress HIV are known as antiretrovirals. Burroughs Wellcome brought AZT, also acknowledged as Retrovir, in 1987, the primary drug that suppresses HIV. AIDS now kills more people globally than some other infectious ailment. Already, more than 22 million men, ladies, and youngsters have died from AIDS since 1981, which includes three million deaths (Granich et al., 2015). Almost all of the 42 million presently inflamed AIDS sufferers will die from AIDS-related complications in the next many years (Zicari et al., 2019). Greater Than half of those people living with HIV/AIDS are ladies and children. A predicted five million people have been newly inflamed with HIV in 2003. More than 95 percent of all new HIV/AIDS infections are in growing nations in which medical and financial resources are very scarce. By way of 2010, until the pandemic is substantially managed, we may also register more than 100 million HIV-inflamed humans outside of Africa. Even though the pandemic is mainly in developing nations, AIDS is now every person's

enterprise (Chowdhury & Jomo, 2020). The countrywide, worldwide, and worldwide health protection dimensions of HIV are an increasing number of clean.

A robust approach to the HIV/AIDS pandemic, consequently, is in the long-term interest of all, which includes the United States and the rest of the advanced international. We endorse the analogical model as a movement-oriented, negotiating, holistic, and compassionate approach to such tragic human problems. Mainly, we Submit that the HIV/AIDS pandemic wishes a case-by-off-case approach that interprets an affected person-by-off-affected person, marketplace-by-of-marketplace, and country-by-country strategy. Decreasing it to a price that "transfers" to all or an ideological problem oversimplifies the hassle.

The supply industries and issues

As a consequence, the "goal trouble" is a way to swiftly produce and correctly distribute lifesaving HIV/AIDS treatments within the developing nations that need them most. The " source industries" are all the industries and agencies that have efficaciously and profitably resolved the trouble of manufacturing and advertising products and services critically needed with the aid of developing countries at cheap charges. In general, improving most brand-call prescription drugs takes location in developed nations (e.g., the United States of America, Canada, Western Europe, and Japan), and fitness issues are widespread in some countries. For example, no powerful drug remedy for tropical illnesses ravaging developing nations may exist. The developed international locations eat 85 percent of the pharmaceuticals even though they constitute much less than 15 percent of the arena's population. The want for prescribed drugs is notable in the developing world, even though the assets and the infrastructure vital to creating, purchasing, and supplying prescribed drugs are mainly absent. As a result, the developing world is characterized by firm scientific wishes and weak monetary capability.

The markets of the growing nations are underserved for excessive tech and great products. The traditional reasoning is that even though massive, those markets have a meager energy shopping price and, consequently, can't find the money for lifesaving services and products. Approximatelylifesavingg pills, such reasoning means that "they who cannot pay, die." New wondering has proved that this traditional reasoning is flawed.

The bad are human beings, and as far as lifesaving capsules are concerned, society owes them the get admission to lifesaving tablets with the aid of unsigned social contracts, un-reduced in size joint responsibility, and international distributive justice rather than by using patent legal guidelines. No longer all illnesses are self-inflicted, and most of the people living with HIV/AIDS are children of HIV/AIDS-inflamed mothers and fathers. Humanitarianism is coming to the aid of these victims, a reaction to the call to respect human dignity and the proper lifestyles of all of the world's humans. Serving people experiencing poverty in the world, which can be the most affected by HIV/AIDS, can be a super uncontested business opportunity (Kafarhire Murhula, 2016).

The developing global offers multinational corporations an opportunity to locate new resources of price and be profitable simultaneously. An invisible, undiscovered, overlooked, and untapped marketplace is waiting at the lowest of the monetary pyramid—a marketplace of 5 billion folks who stay on less than \$2 a day. Nevertheless, their annual marketplace exceeds \$three.6 trillion. The negative may be profitable. Selling to those adverse is a uniquely powerful way of accomplishing breakthroughs in manufacturing and marketing products and services. The markets at the lowest of the economic pyramid may be a sandbox for innovation, a powerful force to reconsider prices, scale of operations, and use of capital (Ramdorai et al., 2015). Inside the context of the HIV/AIDS pandemic, moreover, people with low incomes desperately want lifesaving tablets and may also be capable of having the funds for them so long as they are marketed to them in innovative

approaches (Cheng et al., 2020). Let us discover how the "source industries" addressed similar problems with growing international locations.

Candidate solution type

While Aravind Eye Care in India proposed to provide low-cost cataract surgery to people experiencing poverty in southern India, it knew that its customers might want to by no means find the money for the exact old manner cost of \$3,000 inside the developed international. The organization, therefore, reengineered the system and innovated a system with excessive exceptional that decreased the price from \$3,000 to \$30 in keeping with the technique. Aravind Eye Care is now the largest eye-care facility in the globe. It plays more than two hundred 000 surgeries a year. The first-rate care Aravind supplies is as desirable as any in the advanced world. Debt-unfastened and noticeably worthwhile, Aravind Eye Care facts an annual go-back on equity of more than 75%. The bad can, indeed, be worthwhile.

Casas Bahia, a Brazilian store, constructed an exceptionally profitable \$2.5-billion-a-yr chain of three hundred stores, often within the nation's shantytowns. This retailer has advanced skills to evaluate the creditworthiness of the terrible, even though their incomes are uneven and frequently unreported. The corporation offers credit scores at a low value that permits its clients to shop for, for example, their favorite kitchen appliance or television. The bad additionally hunger for credit, the right merchandise, and era.

Obsolete products and technologies cannot fulfill the lowest of the economic pyramid any more significantly than they can at its pinnacle. Within the Nineties, the Singer organization confirmed that the stitching system would be a splendid, efficient asset in terrible international locations. Understanding that the world couldn't afford its then rate of \$one hundred and greater, Singer devised a credit score device for developing nations wherein it charged customers \$five a month. The ordinary terrible ladies put the system to precise productive and income-earning use, paid off their loans within 20 months, or even applied for second Singer machines.

The Singer employer changed into a roaring achievement inside the developing nations. Similar is the story of Mohammad Yunus, the founder of the Grameen financial institution. The philosophy of Grameen became that character clients are not simply purchasers of credit scores or mere laborers but "marketers." Since 1983, and after 5 years of successful pilot packages in Bangladesh, the bank has been extending credit scores to companies of the poorest of the terrible. Grameen does not now make home loans to the bad; instead, it makes loans to their factories, where they work out their entrepreneurial abilities in handicrafts. Grameen has been replicating credit score applications in Indonesia, Africa, and Latin America, and now, at some point, in South Asia. Grameen achieves reimbursement costs of 98% and extra, much higher than what maximum banks obtain on collateralized loans within the developed world. When mainstream markets of the evolved global get saturated and competitive techniques targeted on differentiation indicate diminishing returns, marketers are best placed to penetrate full-size rising markets of developing countries (Sheth et al., 2020).

Cemex, a Mexican employer and presently the sector's 1/3 largest cement employer, used center methods and talents to sell its premium-priced cement to more and more low-income, do-it-yourself homebuilders who are part of "patrimony-constructing" (Patrimonio Hoy) golf equipment. Like other conventional cement groups, it did not merely sell cement with the aid of cubic yards; alternatively, it changed its enterprise unit to best deliveries. The company began turning in the precise amount of cement in a timely style to every one of its vast and small customers (Biernacki et al., 2017). Cemex soon began selling homes or parts to its customers during the sector. Cemex created the Patrimonio Hoy application, a Los Angeles Carte Grameen bank. This membership signs

and symptoms do-it-your-self homebuilders into a device for building houses one room at a time. Patrimonio's clients are a part of Corporation 3 and take joint obligations.

Or making weekly bills. Their payments entitle them to quality building materials for a completely new room, which is delivered in approximately the middle of the payment program. The Patrimonio Hoy also counsels clients on designing their rooms, warehousing privileges, rights to transport, and different rights with preferred local sellers.

By the summer of 2003, the Cemex Patrimonio membership had 39,000 households as members, and over 100,000 had effectively exceeded through the Hoy. This became a terrific achievement, given that the biggest sponsored Mexican authorities plan had captured the most effective 4,000 families. The entire charge after the construction was obtained was changed to 99. single-serve packs of shampoo, detergents, tea, aspirin, matches, pickles, and ketchup are commonplace in India, China, the Philippines, and other growing nations. Nearly 60% of the cost of all shampoo sold in India is in single-serve packets, offered for a penny apiece.

This marketplace became a profitable enterprise for worldwide companies, including Unilever P&G and local firms. Profiting on penny sachets of shampoo or detergents is only a beginning. The markets at the bottom of the monetary pyramid venture managers to re-engineer design, manufacturing, exceptional, advertising, and marketing. The goal solutions within the past, the logo-call prescribed drugs of the developed world, have followed several strategies to market lifesaving tablets to terrible countries, however, without giant long-run results. Some of those techniques encompass the subsequent.

Discount pricing

Bargain pricing has been a standard solution in dispensing lifesaving tablets to developing countries. As an example, on extreme and growing stress from protestors (the ACT UP coalition), which includes policymakers from the USA and Europe, Burroughs Welcome (now GlaxoSmithKline or GSK) pared the charge with the aid of 20 percent in 1987 and again via 30 percentage in 1989. Stress for discounting HIV/AIDS-related tablets was sparked in the wake of Fuzeon being delivered in early 2003 by way of Timeris and Roche at a \$23,000 rate in step with patient consistent with annum, two times the charge of any preceding AIDS therapy. With multiplied strain from international government agencies and particularly from sub-Saharan African nations, GSK, Timeris and Roche, and other leading HIV/AIDS drug producers have provided closely discounted drug fees to growing international locations. In the 12 months of 2000, producers started talking to numerous U.N. businesses about imparting AIDS remedies to African international locations at "low" prices. However, fee reductions won't be a powerful answer for the HIV/AIDS pandemic. For example, Bristol-Myers Squibb (BMS) decreased the charge of two broadly used AIDS drugs, dd and d4T, to \$500 or so in Senegal. Senegal has over 80,000 HIV/AIDS sufferers. Except for capsules, patients need drug remedy, hospitalization, rehabilitation, checking out and counseling, prevention, and palliative care, which, together with the wanted capsules, should fee well over \$2,000 in keeping with the patient.

The median profits in Senegal are around \$550, consistent with 12 months, which makes cut-price pricing ineffective. Arguably, the case is comparable in nearly all growing nations in which HIV/AIDS is an extreme hassle. Cutting edge, furthermore, may be bound by troubles of time and amount limitations and could most likely depend upon the capricious goodwill of the prescription drugs.

Donation of drugs

Since 1987, Merck has donated Mectizan (ivermectin) to all of us stricken with river blindness, so long as the drug is wanted. Maximum pills go to Africa, Latin American countries, and Yemen. In 2002, Merck donated the 250 millionth dose. Pfizer agreed to

offer fluconazole to South Africans stricken by cryptococcal meningitis. Boehringer-Ingelheim, for a restricted duration, donated. Nevirapine is a drug validated to reduce the mother-to-child transmission of HIV appreciably. The fact that those donations are voluntary and not coerced indicates an assumption of moral urgency and moral duty with the aid of organizations. However, the trouble with these handouts is that they offer ad-hoc answers, frequently fraught with dependency situations, time and amount-based total obstacles, and the contingencies of corporate goodwill. They also spell paternalism and the continuing dependence of growing countries on the generosity of pharmaceuticals for their healthcare planning. For those and other motives, this donation solution may not be sustainable or acceptable over the years, specifically while thousands and thousands of immediately preventable deaths are at stake.

Differential pricing

Drug producers interact in differential pricing or price discrimination for patented capsules. That is, they feel better charges in markets with greater willingness to pay and decrease expenses in nations with decreased shopping for power (Wieseke et al., 2014). Better expenses in advanced countries regularly subsidize lower fees (just above marginal prices) within the growing countries. The drug price differential between developed and growing international locations can be as good as tenfold. This tenfold price differential has created many problems, including parallel importing. The latter implies parallel pricing and exchange; this is, it may adequately oppose the shipment of medicine from low-rate markets to excessive-fee markets by unauthorized dealers, consequently, miserable home charges inside the United States of America and Western Europe. South Africa's 1997 Drugs Act sought to legalize parallel imports and obligatory licensing as part of a marketing campaign to fight AIDS. If markets cannot be separated (as with globalized markets), massive parallel change can undermine and shortly neutralize differential pricing and its advantages. For these and different motives, we do not help discount and differential pricing nor the donation of medication as a long-run powerful solution to the HIV/AIDS pandemic. We've got recourse to the candidate solution cautioned by analogical reasoning.

Analogical candidate answer: modern manufacturing and distribution techniques

The analogy between supply industries and the target industry and between candidate answers and the target solutions must be actual and well-taken into consideration inside a concrete framework (determine 1). Each the supply and the goal industries should: relate to earnestly wished products and services, inclusive of eye care (Aravind Eye Care), credit for rural entrepreneurship (the Grameen bank), cement for individual home production (Cemex), and HIV/AIDS pills (prescription drugs); relate to developing international locations such as India, Bangladesh, Mexico, and Brazil; and relate to the distribution, expenses, and logistics that make feel too vulnerable and deprived clients.

The fundamental differences between the above examples are that the source industries are the companies associated with lifestyles-improving services and products (e.g., eye care, credit, home constructing, rural entrepreneurship) while the target enterprise is targeted lifesaving products and services consisting of HIV/AIDS capsules and therapy. A ways from weakening, this distinction even reinforces analogical reasoning and urges its quick software for preventing hundreds of thousands of preventable deaths due to HIV/AIDS within developing countries. If the source industries substantially innovated production and distribution for life-improving products and services, the target enterprise needs to do that for lifestyle-saving situations. We now suggest numerous techniques to this effect. Reengineering the product/service package is a necessity. All the formerly stated source enterprise organizations should have reengineered and redesigned

their products to emerge as relevant and low-cost to the marketplace situations of the growing countries. In place of simply entering, penetrating, and exploiting a current marketplace, the source industry organizations need to have and assemble the markets from a bottoms-up perspective of developing credit score potential and worthiness of indigent clients using participating with nearby distribution logistics and by turning in a complete product/provider from the beginning to the stop. The goal (pharmaceutical lifesaving HIV/AIDS drug) enterprise has to, consequently, respond in its most green and robust manner. In all the above examples, the supply industry groups succeeded in increasing revenues and income. The pharmaceutical enterprise will enjoy a similar consequence if it re-engineers and remodels the drug remedy package from its beginning (prevention, testing, and detection) to its quit (remedy, control, and rehab).

This is feasible. For instance, in February 2001, the Indian pharmaceutical organization Cipla presented to make standard AIDS drugs available to the governments of growing international locations for \$six hundred in line with affected persons per year. The same year, Cipla similarly reengineered its product to decrease that charge to \$350 to the Nobel Prize-prevailing healthcare resource agency, Me'decinsMe'decins Sans Frontier Volunteer licensing modern production of medication in developing nations can be spurred with the aid of voluntary licensing, particularly, using brand call prescribed drugs of the advanced world. While patents expire, competing manufacturers are usually permitted (through the 1984 Hatch-Waxman Act) to introduce widespread versions of the medicine that quickly pressure down the charges of logo-call pills. The 1984 Hatch-Waxman Act no longer applies to "biologicals" (drugs derived from organic strategies) instead of those synthesized from accessible chemical compounds. A few HIV pills (e.g., Emtriva) are biological. Volunteer licensing should ensure pleasant, time-honored manufacturing in growing international locations with provisions to block parallel trading. In 2001, Cipla, an Indian pharmaceutical corporation, supplied 5 percent royalties to emblem-call businesses of the West in exchange for licensing agreements to promote everyday variations of their drugs in developing countries. The chance of widespread opposition brought about massive charge reductions through such logo-name innovator corporations as Bristol-Myers Squibb, GlaxoSmithKline (GSK), Merck, and Pfizer. GSK has allowed South African corporations to provide and market its AIDS capsules. GSK is the marketplace chief in the U.S., with a 40 percent market percentage of AIDS-associated tablets. It also owns 66 % of all patents for AIDS in 53 African countries. Thus, volunteer licensing can be very effective, especially when GSK is used in African countries. It can also stimulate the reengineering and redesigning of the whole lifesaving product/provider so that millions of preventable deaths may be hastily avoided.

Cooperation in prevention

Drug therapy is not keeping pace with the raging boom of the HIV/AIDS pandemic. For example, the U.N.'s intention of treating three million HIV sufferers in 2005 will not fit the 8 million new HIV infections as a way to come about using 2005. Except the average annual increment of 5 million HIV infections falls sharply, treatment packages will now not shape the variety of people in want (Klatt, 2017). Prevention, subsequently, is higher than cure, and HIV/AIDS remains a preventable situation even in terrible countries. For instance, the splendid decline of HIV contamination rates in Senegal, Botswana, and South Africa is strongly correlated with fundamental conduct changes in sexual practices. Several African international locations are working on prevention techniques. Uganda has received a hanging reduction in the prevalence of HIV from 21 percent in 1991 to 10 percent in 1998 to 6 percent in 2001 (Low-Beer & Stoneburner, 2017).

While prescribed drugs allow the universal manufacturing of living capsules, developing international locations suffering from HIV/AIDS should simultaneously and

actively engage their people in prevention modalities that manage the spread of the disease. Subsequently, to attain a lifesaving remedy, people living with HIV need to be knowledgeable and recommended to meticulously observe the whole drug therapy treatment routine for effective management of the sickness. The prescription drugs that volunteer licensing and accelerate everyday production have to exert pressure on neighborhood governments and on affected human beings and their families to do their element in preventing the ailment via suitable conduct modifications and, if suffering from the ailment, to dedicate themselves to the entire drug routine and remedy that may keep away from untimely deaths.

Managerial Implication:

Pharmaceutical corporations face massive R&D charges due to advanced era requirements, lengthy development timelines, high capital investment, and sizeable financial risks as the most effective round of 30 percent of new tablets reach the marketplace. Consequently, shielding highbrow belongings via patents is critical, as it allows organizations to get better investments and maintain the economic incentive to innovate, particularly for critical drugs.

But, preserving profitability does not want to struggle with making lifesaving medicines accessible to poorer nations. Agencies like Aravind Eye Care, Grameen Financial Institution, and Unilever have verified that it's possible to profitably serve low-profit markets by remodeling commercial enterprise fashions to fulfill particular market needs. For pharmaceutical corporations, adopting similar strategies—inclusive of fee-effective production and flexible distribution models—can enable the less costly right of entry without compromising product price or brand integrity.

Differential pricing is one practical approach, allowing businesses to offer decreased charges in lower-income markets while maintaining famous costs elsewhere. Moreover, building partnerships, leveraging nearby networks, and establishing production facilities in growing regions can beautify attain and affordability sustainably.

By adopting those techniques, pharmaceutical corporations can stabilize financial desires with social responsibility, expanding the international right of access to vital drugs while supporting public health objectives. This technique reinforces the enterprise's enterprise's position in innovation, aligns with worldwide health desires, and strengthens long-term marketplace presence across numerous monetary landscapes.

Worthwhile and generate sufficient revenues to cover their improvement fees (Fabregas et al., 2019). A few HIV capsules are hard and pricey to manufacture. At some point in the Nineties, on average, each new compound value was near \$800 million, and those fees have increased yearly by more than 7 percent. New drug patents have increased in the United States for two decades from the submission date. Long scientific trials and the FDA approval manner are eight-15 years of actual patent shelf lifestyles. Patent protection is essential to the drug enterprise. However, while shielding their patents, logo-call prescribed drugs can also interact with reengineering and remodeling lifesaving capsules. Hence, they have grown to be unexpectedly and successfully available to the increasing millions of people living with HIV/ AIDS in the growing international locations.

Commonplace drug manufacturers from developing nations have copied leading brand names, nearly defying the patent protection laws of the developed international. Obligatory licensing as an answer (Brown & Andersson, 2019) can lead to such defiance; therefore, we do not suggest it. Brazil surpassed a brand new patent safety law in 1996 that calls for emblem call groups to produce patented capsules domestically within three years from their introduction inside the advanced global or face obligatory licensing with the aid of Brazilian nation-run factories. Brazil enforced this law to leverage fee discounts. It

labored, as the prevalence of HIV has decreased by 80 percent since 1996, although this "achievement" implied an open defiance of the general patent regulation. We do not suggest such patent infringement. Suppose charge discounting, patent infringement in the growing nations, and patent threats within the developed world continue. In that case, the high-tech HIV/AIDS drug enterprise may not be able to get better R&D expenses on the one hand and allocate sources for destiny R&D on the other. This will be a loss-loss scenario. Furthermore, this may severely discourage, if not paralyze, HIV/AIDS research and new drug development within the advanced global, consequently developing a problem worse than the answer to the pandemic. That is when a case-by-case analogical approach turns into a vital and robust solution.

Analogies are context-structured. Depending on the context, students or strategists may additionally, in another way, establish the analogy among a "target trouble," the "supply enterprise," and the "candidate solution" and, for this reason, arrive at distinctive answers to the goal trouble. Proper evaluation and validation of the analogy and the candidate solution are needed before selection and implementation. Analogical wondering is independent of ideologies or ethical systems. It does not interact with them but might also derive aid from them. The analogical version can assist discussants in communicating with one another without unnecessarily getting trapped within the ideological variations and info that underlie, for example, the stakeholder and capitalist models. It's miles for these motives that we invoke the analogical model as a solution technique to the HIV/AIDS pandemic.

A.R. can be a source of fantastic insight. Business faculties typically teach an approach to case research that provides an abundance of analogies from which students can draw hassle answers. According to consultants, the first-rate method is to attract classes from one enterprise and practice them to any other. A.R., however, wishes careful causal reasoning. Risks stand up while strategists draw an analogy primarily based on superficial similarity instead of the actual causal traits among the goal and source hassle. We need breakthrough thinking in distributing lifesaving drugs, and A.R. presents a splendid opportunity.

In producing and advertising lifesavingg tablets, producers and vendors want to redefine their unit of commercial enterprise evaluation (Cervantes, 2017). It can't only be a drug regimen for HIV/AIDS priced at low-priced ranges to the growing markets. An affected person must enjoy training, medicine, therapy, hospitalization, and rehabilitation. The prescribed drugs want to. Immerse"themselves in this holistic revel in ministering to fragile patients and affected households whose lives replicate unspoken resignations. This is what Me'decins Me'decins Sans Frontieres (MSF) did, and the pharmaceuticals could take this lead. The philosophy of MSF is humanitarian medicine, one individual at a time. MSF places the man or woman at the center of its interest and deals with the entire patient in an utterly humanitarian manner (Fox, 2014).

Based on this background, this research aims to develop an analogical model as an innovative strategy in the production and distribution of life-saving medicines, particularly for HIV/AIDS, with a focus on accessibility and affordability in developing countries. The model adapts best practices from other industries to create sustainable solutions in the face of the pandemic. This research is expected to provide strategic guidance for pharmaceutical companies, support global efforts to reduce health access disparities, and assist governments and other stakeholders in providing affordable and effective medicines to people in need.

RESEARCH METHOD

This takes an observational approach, using qualitative research approach, especially an analogical case study assessment, to examine how successful companies outside pharmaceutical organizations have marketed vital goods and services in low-income areas. The aim is to perceive strategies pharmaceutical corporations must exercise to enhance global access by saving drugs.

Studies design: A qualitative case study uses an approach determined directly to allow in-intensity exploration of hit models. By reading the operations of corporations like Grameen Financial Institution, Aravind Eye Care, and Unilever, which have conquered cost boundaries in low-profit markets, the study seeks to derive relevant analogies for pharmaceutical packages.

Records series: facts modified into accrued from case studies, industry reviews, and literature opinions on businesses that have pioneered specific strategies to make their products low-cost and handy. Primary property blanketed journal articles, white papers, and company reports detailing the operations and techniques of these corporations in low-income settings.

Analysis: A comparative case analysis technique is employed to emerge as privy to habitual themes and achievement techniques that are tailored for pharmaceutical advertising and marketing. They test and examine every case to recognize critical elements like differential pricing, financing improvements, and distribution partnerships, drawing parallels to the pharmaceutical enterprise's capacity techniques for the developing accessibility of vital capsules.

RESULTS AND DISCUSSION

The findings show numerous essential techniques and insights for pharmaceutical organizations based on the analogical models studied. Diagnosed models and Key strategies: numerous regular strategies emerged from evaluating successful style. Organizations like Grameen Financial Institution and Aravind Eye Care have carried out Differential Pricing, supplying services or products at costs adapted to the buying strength of different markets (Nagle & Müller, 2017). This model can permit pharmaceutical corporations to offer crucial drug treatments at reduced costs in low-income areas while retaining higher prices in wealthier markets to stabilize profitability.

Flexible Financing and Microfinancing: Grameen Bank's microfinancing model has enabled low-income clients to raise cash for products over the years. Pharmaceutical groups need to undertake comparable methods, providing financing alternatives or partnerships with local financial establishments to lower the prices of life-saving drugs in growing international locations (Strasser, 2014).

Reengineered merchandise: some corporations changed their merchandise, especially for mass production, at decreased prices without sacrificing satisfaction. This could advise growing simplified versions of prescription drugs that maintain efficacy but lessen manufacturing prices, considering broader distribution (Uraikin, 2017).

Nearby Partnerships for Distribution: groups like Unilever leveraged nearby vendors to construct trusted networks, making their products reachable in far-flung regions without problems. Pharmaceutical corporations can consider comparable partnerships with nearby healthcare providers or NGOs to increase their acquisition.

Pharmaceutical industry Implications: These analogies propose that the pharmaceutical enterprise might also want to implement comparable strategies to improve drug accessibility without compromising income. For instance, differential pricing must help pharmaceutical agencies serve both low- and high-profit markets, while community partnerships and simplified production can reduce distribution and manufacturing costs.

Discussion

The outcomes of those findings highlight the capacity for pharmaceutical corporations to adopt flexible and modern commercial organization fashions to serve low-earnings populations extra correctly:

Pharmaceutical corporations must recognize the appropriate needs of low-income markets, which may not be addressed via traditional high-cost models. Emulating organizations like Aravind Eye Care, which tailored its business model to satisfy the needs of economically disadvantaged populations, could help in designing low-cost and accessible prescription drug solutions. Previous research by Prahalad (2004) on the "bottom of the pyramid" strategy emphasizes the potential of creating innovative business models to address the needs of underserved populations while remaining profitable.

While profitability is crucial, pharmaceutical companies have a social responsibility to contribute to public health. As organizations like Grameen Bank and Unilever have demonstrated, a balanced approach enables companies to achieve financial success while fulfilling social responsibilities (Crane et al., 2014). Differential pricing, cost-effective production, and reengineered distribution models may help pharmaceutical companies maintain profitability while ensuring lifesaving drugs remain accessible to those who need them most. (Nagle & Müller, 2017) highlight that differential pricing strategies have been successfully implemented in various industries, including healthcare, to balance market demand with financial sustainability.

Implementing these strategies poses several challenges, including navigating regulatory constraints, potential resistance to differential pricing, and concerns over brand equity. The effectiveness of these models may vary across regions, requiring pharmaceutical companies to tailor their strategies based on local infrastructure, market dynamics, and public health needs. Research by (Peng et al., 2022) highlights the importance of government and NGO collaboration in overcoming regulatory and logistical barriers.

CONCLUSION

In conclusion, this study shows that applying an analogous model to the advertising and global distribution of lifesaving medicines enables pharmaceutical organizations to achieve social and profitability outcomes. By leveraging successful business models from companies that have successfully served low-income markets, pharmaceutical organizations can design affordable and accessible drug distribution systems. This analogous model offers a viable approach for pharmaceutical groups to expand their reach into low-income regions without compromising profits. Through integrating strategies such as differential pricing, microfinance, and local partnerships, pharmaceutical

companies can bridge the affordability gap in underserved regions and improve access to essential medicines.

Future research contributions could encourage pharmaceutical companies to invest in research and development focused on cost-effective solutions for low-income markets. In addition, future research should explore the local adaptability of this model and test its practical applications. Future research could also assess the impact of specific innovations, such as mobile health delivery or local production facilities, on improving access to medicines. Pharmaceutical companies can play an essential role in improving global health by adopting innovative and socially responsible business models. Balancing economic sustainability with public health contributions will expand access to essential medicines, reinforce goodwill, and strengthen the long-term success of pharmaceutical companies in various global markets.

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