# Product Variety in the Anti-Malarial Supply Chain

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#### Antimalarial Treatment Strategies: Getting the Most from Malaria Drugs



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### Introduction

- The use of multiple first-line therapies (MFT) delays the emergence of drug resistance
- Under MFT several therapies are available (in the public or private market) and prescribers and/or end-patients determine which therapy to use
- What are the incentives of the supply chain to choose multiple variants of the same product ?
- How do these vary in the public and private sector?



### **Public sector**

### Levers exist to influence policy towards MFT



# Anti-malarial variety in the public sector supply chain

- Very few countries with multiple first line treatments
- High cost of maintaining more than one first line treatment
  - Buffer/safety stock required to maintain the same level of service goes up by a factor of  $\sqrt{n}$
  - Full substitutability between first line therapies can eliminate this need for additional safety stock
  - Substitution leads to confusing treatment guidelines
  - Pricing and bargaining power disadvantage with suppliers
  - Higher cost of training program staff for MFT
  - Managing synchronized procurement cycles for n > 1 products is a planning nightmare for already weak procurement systems





### MFT and supply chain safety stock requirements

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## **Realities and solutions**

- Higher quantity purchased does not lead to lower procurement price for AIDS, TB and Malaria drugs
  - Evidence in Yadav and Lai 2007, *What Explains Prices of Pharmaceuticals Purchased by Developing Countries?*
  - Similar evidence in Waning et al. 2007 & 2008
- Voluntary pooled procurement will further reduce any price differentials
- The crux of the safety stock problem is poor consumption data and demand forecasting.
  - If that is resolved, the base quantity in the square root relationship itself is small
- Procurement systems need to be strengthened to handle synchronized multiple product procurement



### **Private sector**

### Driven by patient choice and assortment stocking incentives



## Variety in the private sector

- Patients and prescribers are heterogeneous in "taste"
- Anti-malarials with attributes closer to their desired attributes are purchased more
- Therefore, the private market has an incentive to offer a broad variety of anti-malarials to better cover the possible range of "tastes"
- There are direct and indirect costs of variety for the supply chain, higher costs of stockouts and overstocking impose an implicit cost on variety
- Trade-off: "breadth vs. depth" of assortment



### **Positive consumption externalities in purchase behavior**

- Before purchasing any particular anti-malarial, the patient/prescriber has a prior valuation of its (expected) performance based on advertising, word-of-mouth, reference price, or general experience.
- Upon taking the drug, the patient/prescriber forms a judgment (perception) of the drug's efficacy, and changes her valuation of the drug based on it.
- It is this posterior valuation that determines the subsequent anti-malarial choice: We term this as valuation carryover
- Over time patients/prescribers increasingly trust their own experiences with the drug which makes it more difficult to influence choice at a later point in time.





#### Variety in the supply chain: A tale of four anti-ulcer products

Consumption Externalities and Diffusion in Pharmaceutical Markets: Anti-Ulcer Drugs Ernst R. Berndt, Robert S. Pindyck and Pierre Azoulay, MIT Sloan School Working Paper 2000

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## **Modeling choice and assortment**

- Anti-malarial products are perceived as bundles of characteristics and individual preferences are defined on these characteristics rather than on the products themselves
- Demand is generated by an individual-level locational consumer choice model based on Hotelling (1929)
- The products in the category are horizontally differentiated, i.e., they differ by characteristics that do not affect quality or price
- Preference spectrum : the space of all possible combinations of levels of attributes, where each point corresponds to a potential product location in the category
- Each patient is characterized by the specification of her most preferred anti-malarial in the preference spectrum, defined as the good that represents the optimal transfer of characteristics to her



## **Choice model details**

- A patient *i* with most preferred good x<sub>i</sub> associates a utility U<sub>ij</sub> to a product *j* in the assortment
- $U_{ij} = Z p g(|x_i b_j|)$
- Z is a positive constant representing the surplus associated with taking an antimalarial. p is the price of product
- Patients choose the variant with the highest utility among the set  $\{U_j : j \in S \cup \{0\}\}$
- A no-purchase option, denoted j = 0 occurs if the patient does not derive positive utility from any option
- Denote by k the number of patients who choose not to purchase any antimalarial from the assortment



### **Assortment optimization problem**

The supply chain solves the following optimal assortment selection problem Let  $A_i = \{1, 2, ..., i\}$  for  $1 \le i \le n$ .

Then, there exists an  $S^* \in \{A_1, \dots, A_n\}$  that maximizes supply chain profits  $\Pi_{SC}$ Define  $S_{SO}^*$  to be the long run socially optimal level of variety

<u>Theorem 1</u>: k is decreasing in the cardinality of  $S^*$ 

Higher variety in the anti-malarial space improves the fraction of those who seek treatment for malaria

<u>Theorem 2</u>:  $S^* \neq A_n$ 

The supply chain may choose not to cover the entire market in its optimal assortment, i.e., it may leave some segments of the attribute space uncovered by any anti-malarial



## Will AMFm naturally lead to more variety?

- The size of the optimal assortment is not monotonic in the input cost of the product c
- A decrease in c expands the region of profitable products for the supply chain
- A decrease in c increases the supply chain's expected profit of the more popular products proportionately more than other products.
- A decrease in c increases the service levels of products, and thus, decreases the expected gain from substitution between products
- While the first effect is a drive towards more variety, the other two lead to less variety
- As a result, the size of the optimal assortment can increase or decrease in c

