### Drug Labeling in Developing Countries

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### Foreword

harmaceuticals developed in the latter part of this century have caused dramatic improvements in the quality of life for people around the globe. U.S. pharmaceutical companies can take credit for the largest number of new products and collectively maintain a share of the market larger than that of any other country. With this prominence comes the responsibility of informing the prescribers and consumers of pharmaceuticals of all the medically important information known about each one. In developing countries, where government resources to analyze and monitor drug labeling are severely constrained, companies operate with little oversight.

Prompted by the ethical imperative that U.S. pharmaceutical companies provide accurate and complete information with their products, and evidence from the past that they did not always do so, Congressman John Dingell, Chairman of the House Committee on Energy and Commerce; Congressman Henry Waxman, Chairman of its Subcommittee on Health and the Environment; and Senator Edward M. Kennedy, then Ranking Minority Member and now Chairman of the Senate Committee on Labor and Human Resources, asked OTA to examine the status of drug labeling by U.S.-based multinational pharmaceutical companies in developing countries.

OTA developed a method for analyzing drug labeling, using a sample of several hundred labels from four developing countries-Brazil, Kenya, Panama, and Thailand. Unfortunately, serious problems were found. The policy options identified by OTA present Congress with possible ways to improve the situation.

The success of this project depended on a great deal of assistance to OTA. An Expert Working Group, which spent many days working with OTA staff, was key to the analytic process. The advisory panel, chaired by Dr. Bernard Mirkin, Professor of Pediatrics at Northwestern University Medical School, helped to guide the project. The cooperation and interaction with OTA of the 18 companies whose product labeling was evaluated was essential. Numerous individuals and organizations also provided information and assistance, including meeting with project staff in Kenya and Thailand and reviewing drafts of the report.

OTA is grateful for the contribution of each of these individuals and groups. As with all OTA reports, the final responsibility for the content of the assessment rests with OTA.

Roger Herdman, Acting Director

# Advisory Panel

#### Bernard Mirkin, Chair

Northwestern University Medical School Chicago, IL

#### Stewart A. Baker Steptoe and Johnson

Washington, DC

#### Paul A. Belford

Association Executive Resources Group Arlington, VA

#### Joseph Cook

Program for Tropical Disease Research Edna McConnell Clark Foundation New York, NY

#### **Enrique Fefer**

Essential Drugs Program
Pan American Health Organization
Washington, DC

#### Paula Fujiwara

New York City Dept. of Public Health New York, NY

#### Harris Gleckman

Centre on Translational Corps. United Nations New York, NY

#### **Keith Johnson**

United States Pharmacopoeia Rockville, MD

#### Barry MacTaggart<sup>1</sup>

Pfizer International, Inc. New York, NY

#### William S. Merkin Strategic Policy, Inc.

Washington, DC

#### Mary Ellen Mortensen

Columbus Children's Hospital The Ohio State University Columbus, OH

#### Robert Neimeth

Pfizer International, Inc. New York, NY

#### Mark Novitch

The Upjohn Co. Kalamazoo, MI

#### Johanna F. Perlmutter

Beth Israel Hospital Brookline, MA

#### Michael Reich

Harvard School of Public Health Boston, MA

#### Regina Rowan

Interfaith Center on Corporate Responsibility Medical Mission Sisters Hyde Park, MA

#### Albert Wertheimer

Philadelphia College of Pharmacy Philadelphia, PA

#### Sidney Wolfe

Public Citizen Health Research Group Washington, DC

**NOTE:** OTA appreciates and is grateful for the valuable assistance and thoughtful critiques provided by the advisory panel members. The panel does not, however, necessarily approve, disapprove, or endorse this report. OTA assumes full responsibility for the report and the accuracy of its contents.

<sup>&</sup>lt;sup>1</sup>Until July 1991.

## Preject Staff

Hellen Gelband Project Co-Director

Jacqueline C. Corrigan

Senior Analyst

Pamela Simerly Analyst<sup>1</sup>

Roger C. Herdman Assistant Director, OTA, Health

and Life Sciences Division

Clyde J. Behney Health Program Manager Robert S. McDonough Project Co-Director

**David Alberts** Research Analyst<sup>2</sup>

Michelle M. Odom Research Assistant<sup>3</sup>

ADMINISTRATIVE STAFF Beckie Erickson

Office Administrator

Carolyn Martin

Word Processing Specialist

**Eileen Murphy** P.C. Specialist

**CONTRACTORS** 

Philip M. Budashewitz

Washington, DC

Health Information Designs, Inc. Arlington, VA

Janet M. Malcolm McLean, VA

**Alzinete O. Platts** Unionville, CT

Lynn Dee Silver

Oswaldo Cruz Foundation

Brazil

<sup>&</sup>lt;sup>1</sup>September 1987 to August 1989. <sup>2</sup>September 1987 to July 1988.

<sup>&</sup>lt;sup>3</sup>From November 1990.

# Expert Review Group

#### Jay Bautz

George Washington University Medical Center Washington, DC

#### Madeline Feinberg

School of Pharmacy University of Maryland Baltimore, MD

#### Susan Garabedian-Ruffalo

DataMed Scientific Communications University of Southern California School of Pharmacy

#### **Larry Koran**

Stanford University Medical Center Stanford, CA

#### Peter Lamy

School of Pharmacy University of Maryland Baltimore, MD

#### Mary Ellen Mortensen

Columbus Children's Hospital The Ohio State University Columbus, OH

#### **Philip Peirce**

Georgetown University Hospital Washington, DC

### Johanna F. Perlmutter

Beth Israel Hospital Boston, MA

#### Lynn Dee Silver

National School of Public Health Oswaldo Cruz Foundation Rio de Janeiro, Brazil

#### Albert Wertheimer

Philadelphia College of Pharmacy Philadelphia, PA

#### Sidney Wolfe

Public Citizen Health Research Group Washington, DC