

Importance of 'brand loyalty, brand awareness and perceived quality parameters' in building brand equity in the Indian pharmaceutical industry

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Abstract

The Indian Pharmaceutical sector is highly fragmented with more than 20,000 registered units. It has expanded drastically in the last two decades. At least as many as 250 pharmaceutical companies share lead of this market and are constantly challenged by severe price competition and government price control. In order to sustain competitive advantage, pharmaceutical companies have to develop and build brands that meet real needs and are differentiated in the minds of our customers. Brand equity is a set of brand asset and liabilities linked to a brand that includes brand loyalty, brand awareness, perceived quality and associations. The brand loyalty of the customer base is often the core of brand's equity. Building awareness is much easier over a longer time period because learning works better with repetition and reinforcement. Perceived quality is the customer's perception of the overall quality or superiority of a product service with respect to its intended purpose, relative to alternatives. Much research has been done on whether or not branding plays a role in consumer purchases. In case of pharmaceutical industry in India, creating good enough brand awareness, loyalty and communicating compelling quality for good perceptions amongst numerous generic environments is a key challenge to increase brand equity. The above original article focuses on three brand equity parameters (loyalty, awareness and quality) attribute of brand equity model of David Aaker. Primary research is conducted in India by the author in order to supplement information learned through secondary research, in order to answer specific questions to gain a perspective on consumers. Perceptions of branded versus generic drugs on the aspect of three parameters are studied here. Results are discussed, followed by recommendations about how to effectively increase brand parameters to impact brand equity of pharmaceutical products.

Keywords

Branding, brand equity, brand loyalty, cardiovascular, generic

Introduction

As opposed to the fast moving consumer good (FMCG) industry, the pharmaceutical industry has not been as efficient in leveraging the power of their brands. This is primarily because drugs have always competed against each other based on functional attributes (clinical and product related features). However with patent expiry, this has become a difficult situation as generics create competition in the market.

Several challenges face pharmaceutical brands today. R&D expenses have risen significantly and the success rate of products is not high. Hence it is difficult to constantly rely on new product development to achieve competitive advantage. Also, as patents

expire, me too products (generics) are available in the market. Lower priced generic product sales have an advantage, as they are supported by public authorities who are trying to control health spending all over the world. This leads to erosion of sales for branded products, which are generally more expensive. Also

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with pharmaceutical products switching increasingly from 'prescription-only' status to 'over-the-counter' (OTC) status, these OTC drugs are adorning an image comparable to FMCGs.

Pharmaceutical branding currently remains at a nascent stage in its approach to techniques adopted by its FMCG counterpart. In the FMCG industry, the role of brands as a source of competitive advantage has been well developed as organizations integrate brand thinking early in the product development process and all departments work in sync toward developing the brand.¹ Coca Cola, Pepsi, Budweiser and Nescafe, which are leading FMCG brands, have created a distinct identity for themselves through a consistent branding exercise. The power of branding in some instances has been so rewarding that the Nescafe brand for example, is often used as a generic term when associated with coffee.

What pharmaceutical marketing and branding is and does?

The fundamental role of pharmaceutical marketing is technology transfer. A medication has value only if it is available when and where it is needed. The essence of pharmaceutical R&D is assembling information about how chemical compounds work in the body. The essence of pharmaceutical marketing is communicating this information to providers and consumers. Transmitting information to end users through marketing is a crucial element of pharmaceutical innovation. Unless physicians are informed about treatment opportunities of new medicines, there is effectively no innovation.²

Within the pharmaceutical world of brands, the R&D cycle is long, risky and extremely expensive. Product and patent creation can take at least a decade and this is then followed by a 1- or 2-year pre-marketing window before the product brand is launched. What traditionally then follows is massive investment in sales force coverage and frequency of target physicians and approximately 10–15 years of sales. As patent expiry approaches, some attempts to manage the lifecycle of the product brand occur through galenical development but as soon as the expiry date is reached, the product is cast out and treated as a cash cow for the next molecule coming through the pipeline.³

The Indian Pharmaceutical sector in India is highly fragmented with more than 20,000 registered units. It has expanded drastically in the last two decades. At least as many as 250 pharmaceutical companies share lead of this market and are constantly challenged by severe price competition and government price control.

Given the high-clutter scenario, companies sense an apparent need to concentrate on branding to improve the brand's mind space and bond emotionally with customers to distinguish the brand, lend competitive edge and enable prescription. However, in the process, one needs to bear in mind that there are salient features to the pharmaceutical sector in India that turn conventional branding strategy on its head.

Pharmaceutical branding strategies provide a unique window into the perspectives and experiences of those leaders at the forefront of shaping that future.

There are a number of reasons why pharmaceutical brands have become more important. First of all one has got to create more value from the molecule above and beyond the obvious benefit. Second, one would want to create an entity that is differentiable from the competitors. In addition to that one has the potential to create a sustainable entity through which it has to leverage the value of your brand.

Pharmaceutical companies need to clearly define the value that their brands have in the marketplace above-and-beyond that of the competition. Only by clearly defining and managing that value can they begin to build and leverage brand equity moving forward.

Branding strategy is very important because it is through a clear branding strategy alone, that a marketer can communicate the 'extra plus' of his products. Thus, branding is mainly a means of product identification, helping the consumer to know the differentiated, augmented product from a 'me-too' maze of innumerable products.

Brand equity and its parameters

Brand equity is a set of brand assets and liabilities linked to a brand, its name and symbol that add to or subtract from the value provided by a product or service to a firm and/or to that firm's customers. For assets or liabilities to underlie brand equity, they must be linked to the name and/or symbol of the brand.⁵

Brand equity is a set of brand asset and liabilities linked to a brand that includes brand loyalty (BL), brand awareness (BA), perceived quality (PQ) and associations. The BL of the customer base is often the core of brand's equity. Building awareness is much easier over a longer time period because learning works better with repetition and reinforcement. PQ is the customer's perception of the overall quality or superiority of a product service with respect to its intended purpose, relative to alternatives.¹

The loyalty of the customer base reduces the vulnerability to competitive action. Competitors may be discouraged from spending resources to attract satisfied customers. Further, higher loyalty means greater

trade leverage, since customers expect the brand to be always available.

Brand equity parameters (loyalty, awareness and PQ) in branded versus branded generics products

To know the role of branding in Indian pharmaceutical industry, we need to look closely at how consumers perceive branded drugs and what role generic drugs play in the market in order to fully understand the impact of branding.

Differentiating a brand in terms of functional benefits is attractive because such benefits are relatively concrete and, thus, can be communicated to consumers and trade partners simply and clearly. However, functional benefits are typically linked to more abstract benefits that provide a basis for making an emotional connection.⁶

Even the most effective strategies implemented by a company could fail if consumers are very price conscious toward pharmaceutical products. If consumers purchase products based solely on price, then all the branding strategies may not necessarily be conducive to influence consumer purchase decisions. Therefore, it is important to discuss the presence of generic drugs on the market and the effect they have on consumers' decisions. In particular, with much cheaper generic drugs in the competition, it is extremely important for pharmaceutical companies to understand the difference in consumers' perceptions and purchase intentions between branded and generic drugs, as this understanding can help the pharmaceutical companies to better estimate the financial impact of launching a branded drug when making investment decisions in the branding process. For example, the more consumers perceive branded drugs to be better than generic drugs, the more important branding will be to a pharmaceutical company. The greater the likelihood of consumers purchasing a branded drug, the more confident a pharmaceutical company will be in making an investment in the branding process.

Brand loyalty

If companies fail to differentiate themselves at a level beyond functional benefits (product based), they will be unable to sustain BL. Consumers will opt for the lower priced generic drugs, which contain the same active ingredients unless they feel that a brand offers them some enhanced value. Drug manufacturers have to realize that pharmaceutical brands have the potential to connect with consumers at an emotional

level and this aspect has to be conveyed in the advertising.

Although some of the previous research was done to understand branding in pharma industry but not much has been done to understand the role of branding and its impact on branded versus generic products focusing on brand equity parameters:

- Do consumers perceive a difference between generic and branded drugs in terms of emotional benefits?
- What is the impact of BL on the brand equity quotient?
- Does loyalty in pharmaceutical branding means that prescriber really identify with doctors who recommend this brand?
- Does loyalty means prescribers is proud to have others know he prescribe this brand?
- Does loyalty means being comfortable because of prescriber's experience with it and faith on it over time
- Will loyalty mean that the prescribers will let others know that customer is a forward thinker in this therapy area?
- Will loyalty mean that prescriber will feel more comfortable than when prescribing generic products?
- Can loyalty help claim that the prescriber will be recognized as a good physician?
- If the brand is widely distributed and is easily available, does it improve awareness?
- Does loyalty translates into saying 'I like/admire this brand very much and I really like to talk about this brand?'

Brand awareness

People will often buy a familiar brand because they are comfortable with the familiar. Or there may be assumption that a brand that is familiar is probably reliable, in business to stay, and of a reasonable quality. A recognized brand will thus often be selected over an unknown brand. The awareness factor is particularly important in contexts in which the brand must first enter the consideration set-it must be one of the brands that are evaluated. An unknown brand usually has a little chance.

Similar like BL, we also studied the brand equity drivers with respect to awareness in both branded and branded generics:

- Do consumers perceive a difference between generic and branded drugs in terms of efficacy?
- What is the impact of BA on the brand equity quotient?

- Does the high number of exposures and adequate visits for a brand increase awareness?
- What is the impact of brand name is easy to remember and recall?
- If the brand is widely distributed and is easily available, does it improve awareness?
- How companies presence in business for long time and is trustworthy, reliable and ethical?
- How does companies updates to doctors through well run continuous medical education (CME) courses, involvement in new Clinical trials and high level of scientific approach in promotion helps in further building

Perceived quality

PQ cannot be necessarily be objectively determined, in part because it is a perception and also because judgments about what is important to customers are involved. PQ is defined relative to an intended purpose and a set of alternatives. In this research, we understood the PQ difference for a branded versus branded generics products in India (Indian) pharmaceutical industry.

- Do consumers perceive a difference between generic and branded drugs when it comes to prescribing a branded versus generics and giving best treatment available?
- Is the physician reassured by predictability of action of the drug when compared between branded versus branded generics?
- How does the physician perceive the two types of products and differentiate in terms of support with wealth of original scientific data to back superiority of the brands?
- Is price the key differentiator and how is the quality perceived with respect to price for two types of brands and does it skew brand equity results for any of the one types?
- Is the physician ready to pay more for the drug if it finds cost effective in terms of benefits it gives to the patient

The current article gives BL, awareness and perceived quality questions.

Survey methodology

The survey (Table 1) was conducted across India in major metros on non-metros including smaller towns over a period of 6 months in 2009–2010 and had a number of doctors with different types of specialties and practice base.

BA, BL and PQ

The sample consisted of 152 doctors from 4 zones of India with a split as 37 in north (37%), 63 in west (41%), 45 in south (45%) and 7 in east (5%). Specialty split was 81 MD – physicians (53%), 71 cardiologists (47%). Data were collected for cardiovascular prescription drugs for both branded and generic, all of the respondents were treating heart or heart-related diseases.

The first question was asked (Table 2) for the respondents to choose the most preferred antihypertensive (blood pressure lowering) medicine they prescribe and then rate each brand on different questions for the reason of choice. The other questions were asked to validate the hypothesis whether there is a role of branding in pharma industry and if yes how does it impact brand equity for a branded and branded generics.

The statistical program SPSS for Windows was used for statistical analysis and data management followed by structural equation modeling (SEM) analysis with analysis of moment structures (AMOS).

Structural equation modeling

SEM⁷ is a statistical methodology that takes a confirmatory (i.e. hypothesis testing) approach to the analysis of a structural theory bearing on some phenomenon. Typically, this theory represents 'causal' processes that generate observations on multiple variables.⁸

The term SEM conveys two important aspects of the procedure: (a) that the causal processes under study are represented by a series of structural (i.e. regression) equations and (b) that these structural relations can be modeled pictorially to enable a clearer conceptualization of the theory under study. The hypothesized model can then be tested statistically in a simultaneous analysis of the entire system of variables to determine the extent to which it is consistent with the data. If goodness-of-fit is adequate, the model argues for the plausibility of postulated relations among variables; if it is inadequate, the tenability of such relations is rejected.

Results

The results as per canonical discriminant analysis revealed that, there was a clear overall difference found between branded versus branded generic medicine when comparison was made on the subset attributes of the three brand equity parameters (loyalty, awareness and PQ).

Table 1. Survey questions

	I have high awareness and I prescribe/prefer this brand because
BA1	The company gives me high number of exposures and adequate visits for this brand
BA2	The brand name is easy to remember and recall
BA3	The brand is widely distributed and is easily available
BA4	The company has been in business for a long time and is trustworthy, reliable, and ethical
BA5	The company keeps me up-to-date through well run CME courses
BA6	The company involves me in new Clinical trials
BA7	The company has a high level of scientific approach in promotion
BA8	This brand is the reference in class and is the choice of thought leaders
	I prescribe/prefer this brand because I feel
PQ1	I am giving best quality product to my patients
PQ2	I am giving my patients best treatment available for their conditions
PQ3	I help reduce risk of my patients from future events and side effects
PQ4	I am reassured by predictability of action of this drug
PQ5	The brand is supported with wealth of original scientific data to back its superiority
PQ6	Is priced which is cost effective for my patient's and is worth paying more for
PQ7	Is priced lower than that of generics
	I consider myself loyal to this brand because
BL1	I really identify with Drs who recommend this brand and is prescribed by Drs like me
BL2	I am proud to have others know I prescribe this brand
BL3	I am comfortable because of my experience with it and faith on it over time
BL4	I let others know that I am a forward thinker in this therapy area by prescribing it
BL5	I feel more comfortable than when prescribing a generic products
BL6	I will be recognized as a good physician
BL7	I like/admire this brand very much and I really like to talk about this brand

Table 2. Question 1

Question 1: Which brands do you think of the most when you prescribe an antihypertensive?
 (You can think of one kind of hypertensive patients you see the most, e.g., diabetic, essential, CAD etc.)
 Please choose Brand X _____ as #1 prescribed & Brand Y _____ as #2 prescribed for the chosen hypertensive patient
 (Cardace, Ramistar, Hopace, Seloken XL, Met XL, Prolomet XL, Aten, losar, Stamlo, Envas, Amlopres AT, Amlodac, any other)
 Kindly rate (by ticking (✓) in the appropriate box), Brand X & Brand Y from 1 to 5 where
 1 – Strongly Agree, 2 – Agree, 3 – Neither Agree nor Disagree, 4 – Disagree, 5 – Strongly Disagree

BL findings

The attributes ranked in term of importance based on the variable of branded versus branded generics as per the choice made by doctors shown in Table 3 (Figure 1).

The most important attribute that was bringing increase loyalty for branded versus generic was; 'I am comfortable because of my experience with it & faith on it.' Further, this showed that branding plays an important role in increasing brand equity which was our hypothesis to be tested.

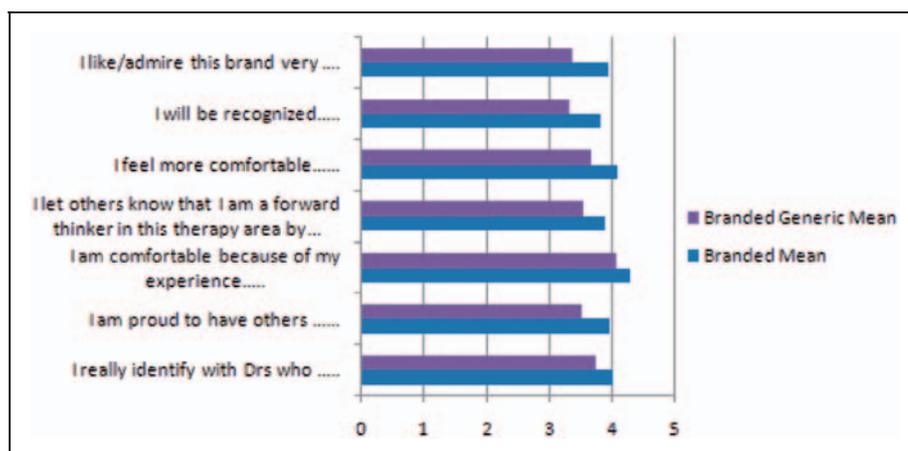
The increase in BL based on the distance in mean score in the Canonical Discriminant Function Coefficients analysis was in the attribute 'I like/

admire this brand very much & I really like to talk about this brand' and 'I will be recognized as a good physician' (0.56 and 0.50 score, respectively). The next most important was 'I am proud to have others know I prescribe this brand over time.' This was followed by 'I like/admire this brand very much & I really like to talk about this brand.'

The results from SEM analysis also suggested BL attributes scored to be higher for branded products versus generics. There was a clear overall difference found between branded versus branded generic medicine when comparison was made on the subset attributes of the BL.

Table 3. SEM analysis for brand loyalty

I consider myself loyal to this brand because	Q No.	Brand X – Branded	Brand Y – Generic
I really identify with Drs who recommend this brand and is prescribed by Drs like me	BL1	3.93	3.72
I am proud to have others know I prescribe this brand	BL2	3.72	3.63
I am comfortable because of my experience with it and faith on it over time	BL3	4.21	4.07
I let others know that I am a forward thinker in this therapy area by prescribing it	BL4	3.72	3.59
I feel more comfortable than when prescribing a generic products	BL5	3.89	3.73
I will be recognized as a good physician	BL6	3.54	3.45
I like/admire this brand very much and I really like to talk about this brand	BL7	3.66	3.47

**Figure 1.** Canonical discriminant analysis for brand loyalty.

The attributes ranked in term of importance based on the variable of branded versus branded generics as per the choice made by doctors (Figure 2).

Overall, BL increases brand equity and it was seen in case of MNC branded products it was higher with a good significance for most of the attributes

BA findings

The results revealed that as per canonical discriminant analysis, and stated importance, BA was the most important attribute. There was a clear overall difference found between branded versus branded generic medicine when comparison was made on the subset attributes of the BA. The attributes ranked in terms

of importance were based on the variable of branded versus branded generics as per the choice made by doctors.

The most important attribute that was bringing discrimination between was that the brand was the reference in the class and is the choice of thought leaders. This was followed by the trust of the company, reliability and ethical behavior (Figure 3).

Further, this showed that branding plays an important role in increasing brand equity, which was our hypothesis to be tested. The increase in BA based on the distance in mean score in the Canonical Discriminant Function Coefficients Analysis was in the attribute where company can show a high level of scientific approach in promotion and companies who

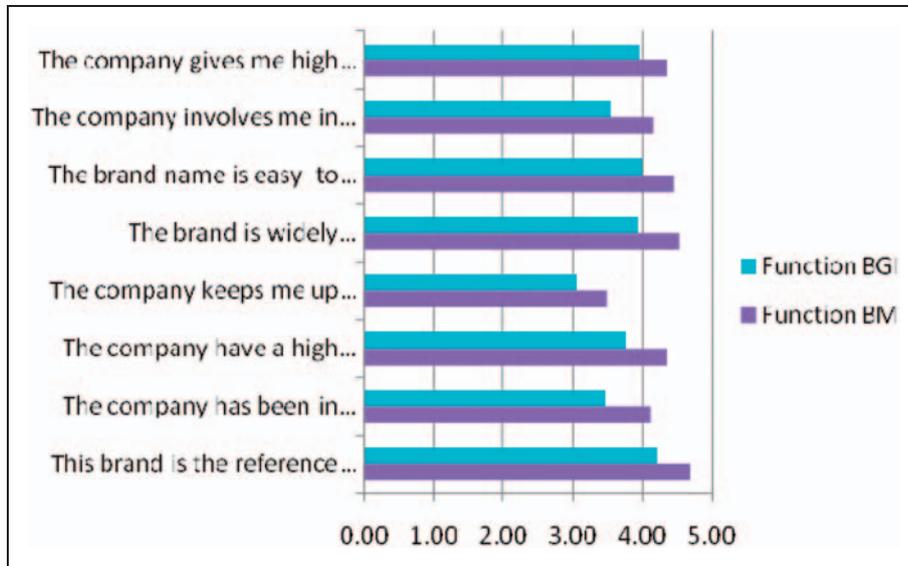


Figure 2. Canonical discriminant analysis for brand awareness.

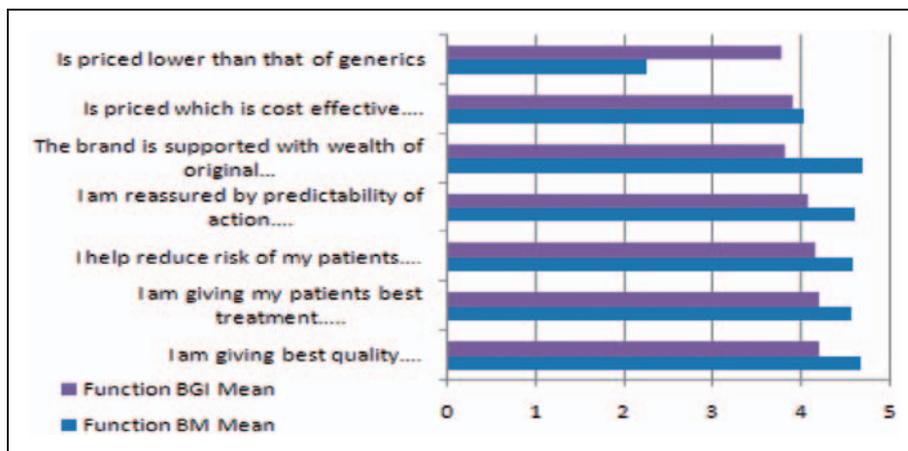


Figure 3. Canonical discriminant analysis for perceived quality.

keep doctors updated with well-run CMEs (0.64 score for each). The next most important was on the behavior of the company based on the trustworthiness and ethical approach they take.

Overall, BA increase brand equity and it was seen in case of MNC branded products it was higher with a good significance for most of the attributes.

When the same BA attributes were measured by SEM with AMOS programs, the results (as shown in Table 4) clearly showed that BA helps build brand equity for innovator brand versus generics in India.

PQ findings

The results revealed that as per canonical discriminant analysis, and stated importance, BA was the most

important attribute. There was a clear overall difference found between branded versus branded generic medicine when comparison was made on the subset attributes of the BA. The attributes ranked in terms of importance based on the variable of branded versus branded generics as per the choice made by doctors.

When the same PQ attributes were measured by SEM with AMOS programs, the results (as shown in Table 5) clearly showed that BA helps build brand equity for innovator brand versus generics in India.

Overall, on PQ, branded medicines clearly scored over generics on all attributes except when asked on whether lower price makes a difference and this was mostly expected result. However, physicians intend to prescribe the drug even at higher price for branded or generics if it is found cost-effective and if it is worth

Table 4. SEM analysis for brand awareness

Brand attributes	Q No.	Brand X – Branded	Brand Y – Generic
The company gives me high number of exposures and adequate visits for this brand	BA1	3.99	3.88
The brand name is easy to remember and recall	BA2	4.20	3.99
The brand is widely distributed and is easily available	BA3	4.26	4.03
The company has been in business for a long time and is trustworthy, reliable, and ethical	BA4	4.28	4.01
The company keeps me up-to-date through well run CME courses	BA5	3.73	3.63
The company involves me in new Clinical trials	BA6	3.20	3.18
The company has a high level of scientific approach in promotion	BA7	3.82	3.68
This brand is the reference in class and is the choice of thought leaders	BA8	4.05	3.87

BA: brand awareness; SEM: structural equation modeling.

paying more for patients benefit. Hence this seems to become an important point when it comes specifically to price. Moreover, physicians do realize the right and emphasized PQ communications does help in increasing perception for branded products.

Discussion

According to Schuiling and Moss,⁴ branding theory and practice in pharmaceuticals is still 10 years behind the FMCG area. The authors expect that pressure toward globalization will continue, and this will affect changes in the pharmaceutical industry in time. Through the results obtained from both the author's secondary and primary research, three major conclusions focusing on case for branding and in which segment, followed by recommendations to the pharmaceutical companies on how to go about branding in this industry where there are generic pressures.

Case for branding in Indian pharma

Many researchers are confident that in order to return to significant growth, branding could represent a new competitive edge that the industry should leverage. It will enable firms to differentiate their products from those of their competitors using both tangible and intangible benefits. Branding can also help protect the brand against generics by building BL prior to patent expiry and influencing the behavior and attitudes of patients and doctors.

We clearly saw in the research that branding if really focused can help build brand equity. What was seen in the research was that branding has helped brands to get a greater mindshare and top of the mind recall. This was evident because in hypertension market there are more than 1000 choices for a physician, customer was able to recall the brand either in case of innovator (MNC) or branded generic. In most cases,

products of domestic companies do match up those of MNCs in terms of quality and benefits, but when it comes to image and branding, the latter are in a league of their own. The researches also showed that Indian generic that have done serious branding have been to slot themselves to compete with MNC.

What is further compelling that when in a chronic disease area where the prescription is written for a long time and to make a brand shift during follow-up is really difficult; companies have to really fight to get that real Rx share opportunity. This is only achievable if branding is stronger for a brand versus another. MNC have learnt it at global level and have been able to maximize that in Indian context and that is why in the research the findings have shown higher brand equity for MNCs. This was primarily driven by the BA attribute and Credibility and Communication adopted by these companies but also more importantly on the PQ. It was also very pronounced to see that price which could have made a difference to me-too products have really not made a big difference to brand equity parameters. Overall, this specific research is giving a lot of confidence that there is a role and a clear case of branding and can help competitive advantage to lead both mind and market share. In which segments to focus and how to go about is discussed further.

Which segments to focus?

The research study was done across India and focused on metro towns where all four major metros of India were covered and three additional were added to this list. Further, four smaller towns were also added, which are parts of smaller cities or non-metro areas.

The research also had a hypothesis that the brand equity has no difference in metro and non-metros. The alternate hypothesis was accepted, concluding that the brand equity for innovator brand is higher in metro

Table 5. SEM analysis for perceived quality

I prescribe/prefer this brand because I feel	Q No.	Brand X – Branded	Brand Y – Generic
I am giving best quality product to my patients	PQ1	4.50	4.25
I am giving my patients best treatment available for their conditions	PQ2	4.42	4.25
I help reduce risk of my patients from future events and side effects	PQ3	4.38	4.25
I am reassured by predictability of action of this drug	PQ4	4.34	4.18
The brand is supported with wealth of original scientific data to back its superiority	PQ5	4.21	4.03
Is priced which is cost effective for my patient's and is worth paying more for	PQ6	4.03	3.88
Is priced lower than that of generics	PQ7	2.95	3.55

PQ: perceived quality; SEM: structural equation modeling.

and non-metros. The individual elements of BA, PQ and BL were significantly higher in metro. On all parameters of brand equity, estimates of branded are significantly higher than generics. *P* value is 0.000 that is, confidence level on the estimate is 100%. This is considered significant as it is higher than accepted norm of 90%–95% confidence.

In non-metros, although all parameters of brand equity were significantly higher but did not reach statistical significance. Credibility and Communication (CC), however, gained statistical significance. On CC, *P* value of the estimate is .04 that is, confidence level on the estimate is 96%. This is considered significant as it is higher than accepted norm of 95% confidence.

The study suggested that all parameters for branding can be extensively used in urban metro towns, whereas for smaller towns a strong credibility and communication can itself be a stronger driver of brand equity. The evidence to this also came from the fact finding from the research that MNC were able to make a big difference versus generics. In practical world this becomes important because the non-metro towns look up to metro towns molecules and brands to get understanding from specialists in these areas on the usage of the drugs. Non-metro towns can hence get confidence to prescribe and apply learning in their areas.

Answering key questions at the start of the research

Brand loyalty. The impact of BL was very high on the brand equity parameter. The most important attribute that was bringing increase loyalty for branded versus generic was 'I am comfortable because of my experience with it & faith on it.' Further, this showed that branding plays an important role increasing brand l which was our hypothesis to be tested.

The increase in BL based on the distance in mean score in the Canonical Discriminant Function Coefficients analysis was in the attribute 'I like/admire this brand very much & I really like to talk about this brand' and 'I will be recognized as a good physician'. The next most important was 'I am proud to have others know I prescribe this.'

The results from SEM analysis also suggested that BL attributes scored to be higher for branded products versus generics. There was a clear overall difference found between branded versus branded generic medicine when comparison was made on the subset attributes of the BL.

However, when evaluated with SEM analysis, the BL attribute did not reach statistical significance, which means that due to high clutter there can be parity and differentiation on this attribute will be little difficult.

Perceived quality. PQ is clearly high for branded drugs and that emerges from a good communication about the quality and its benefit to patients. This can be achieved also with highlight the wealth of original data which product has. This was evident in highest difference in means as per *canonical discriminant analysis* when compared between branded and branded generics.

Overall, on PQ, branded medicines clearly scored over generics on all attributes except when asked on whether lower price makes a difference and this was mostly expected result. However, physicians intend to prescribe the drug even at higher price for branded or generics if it is found cost-effective and is it is worth paying more for patients benefit. Hence this seems to become an important point when it comes specifically to price. Moreover, physicians do realize the right and emphasized PQ communications does help in increasing perception for branded products.

Physicians perceive the two types of products and differentiate in terms of support with wealth of original scientific data to back superiority of the brands. This was evident in the research, when the key parameters under PQ, which were came out. The two attributes that were of significance were 'I am giving best quality to my patients' and 'the brand is supported with wealth of original scientific data.'

Price does not skew the data and does not impact the overall brand equity either for branded or branded generics. When it comes to benefit of the patient, physicians are ready to prescribe a more expensive drug, provided the benefit of paying more has been effectively communicated. Hence, to conclude and important to note is that price is not impacting overall draw for either branded or branded generic molecules.

Brand awareness. The research overall showed that BA was the most important attribute. There was a clear overall difference found between branded versus branded generic medicine when comparison was made on the subset attributes of the BA.

The most important attribute that was bringing discrimination between was that the brand was the reference in the class and is the choice of thought leaders. This was followed by the trust of the company, reliability and ethical behavior. Brand name that was easy to remember and high had wide distribution came out to be an important differentiator.

Company can show a 'high level of scientific approach in promotion' and 'companies who keep doctors updated with well run CMEs.' The next most important was on the behavior of the company based on the 'trustworthiness and ethical approach.' If worked on these attributes of BA, company can bring strong branding versus Generics.

Recommendations

According to Aaker to more clearly understand BL and its management, it is useful to consider approaches to its measurement. One approach is to consider actual behavior with additional approaches being based upon the loyalty constructs of satisfaction, liking and commitment.

Through the results obtained from both the author's secondary and primary research, seven major conclusions can firmly be made, followed by recommendations to the pharmaceutical companies.

First, it is evident that branding does play a significant role in the success of pharmaceutical companies and branding is a necessary tool in the pharmaceutical industry. The examples cited in the paper, clearly shows that to build brand equity, BL, awareness and

PQ are the key component. This was especially significant for the branded products versus generics. This means that the hypothesis that branding plays a role in Indian pharma industry is true. Companies should focus on how to build loyalty and which attributes will help measure them. Companies can build in these attributes and focus on key sub attributes discussed earlier to bring a differentiation versus branded generics.

Second, the increase in BL is seen when there are increased repeat purchases leading to liking and admiration. In addition this leads to satisfaction in terms of really liking to talk about this brand. This is one of the measures stated by Aaker as mentioned earlier. BL is not easy to achieve and hence a strong work on BA and its key attributes and also PQ focusing on building trust with predictability of action supported by wealth of data can help build the loyalty.

Third, the more powerful branding when done can result into extremely high brand equity in turn into something the customers would like to talk about with others. Clearly in the above primary research it came out that most loyal customers will be one who feel that they will not only be recognized as a good physician but also proud to let have others know that they prescribe this brand. This also stood out for the branded medicine versus generics as the overall experience on functional and emotional attributes were rated higher for the branded drugs.

Fourth, the scientific approach and ethical behavior in promotion is important to increase BA and contribute to increasing brand equity is important and should take precedence. Again even we saw in this case that there was a significant difference in the mean score for MNC (branded) versus generic brands.

Fifth, from the results of the survey, it is clear that for prescription medication, patients trust physicians. As a result, the company should build loyalty with these physicians by supporting CME, sponsorships and clinical studies to back up their products.

The company should be careful, though, not to cross that fine line between what may seem unethical in building relationships with these physicians – physicians should choose to prescribe these products in the best interest of their patients and not for any other reason that may benefit themselves or the pharmaceutical company. For prescription medicine it was clear that both branded and generic brands are doing almost a good job of creating good brand names.

Sixth, PQ is clearly high for branded drugs and that emerges from a good communication about the quality and its benefit to patients. This can also be achieved by highlight or the wealth of original data which product has. This was evident by the highest difference in

means as per canonical discriminant analysis (0.88) when compared between branded and branded generics.

Finally, price does not skew the data and does not impact the overall brand equity either for branded or branded generics. When it comes to benefit of the patient, physicians are ready to prescribe a more expensive drug, provided the benefit of paying more has been effectively communicated.

How to go about branding versus generic brands?

The research has clearly shown at first that there is a case of branding in India pharma and that it can clearly help build brand equity as a measure. Further when tested the hypothesis if there is a role of branding can it be differentiated versus generics, the answer was yes. It is always seen and heard that low-price generics can create an advantage just with price and that did not come as true as believed. Price did not skew the overall brand equity parameters for generics. Overall, in generic market focusing on BA and communicating strongly on PQ can make a lot of competitive difference that can help build brand equity. All these three parameters with a deeper focus on its key attributes studied in this research and discussed above can help build strong BL and help branding differentiate.

Companies should particularly focus on above three parameters and below attributes as a sub set:

- Reassuring predictability of action of the product.
- Lot of scientific data with CMEs rather than focus on price alone.
- Drive quality as key parameter of the brand to build PQ attribute.
- Focus on brand name easy to be recall and remember (since there will be many me-too).
- Wide availability helps improve service and in turn add to brand value.
- Reference in the class and make choice of thought leaders.
- Build this further to bring the trust of the company, reliability and ethical behavior. Ethical behavior can bring overall BL very strongly in a generic market.

Conclusion

The research shows that there is a clear role of branding to play in India pharmaceutical industry. Although the branding is not as evolved due to high clutter, but if there is significant effort made on key attributes of

branding like FMCG it could result giving companies a competitive advantage. Branded drugs to some extent have been able to secure a much better position and further, even better structured efforts made to capture both rational and emotional efforts can significantly go a long way in building a long-term differentiated brand. Also to reinforce the point that price might not always play an important attribute to brand building.

Building brand equity with keeping loyalty as a long-term view will help build this asset. The research also gives direction on which parameters a pharma company can measure the loyalty of the brand. A relatively large satisfied customer base provides an image of the brand as accepted and successful product leading to higher brand equity.

Companies should focus on BA attribute with higher focus on being scientific approach to the promotion of the brand and reputation, ethical and high standard in promotion

Much work has been done into brand equity to identify the prominent components such as customer loyalty, but this area of marketing management still requires more research into its existence and development within pharmaceutical brands. It is clear, however, that brand equity and its components do exist within the medical arena, to what extent is beyond the scope of this paper, but it is my opinion as a researcher that we must continue to brand and consider the words of Tom Blackett wisely 'In the 21st century, branding ultimately will be the only unique differentiator between companies. Brand equity is now a key asset.'⁹

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Conflict of interest

The authors declare there are no conflicts of interest.

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