Quality Pharmaceutical Machinery Produced in Bangladesh

THE trend of industrial development and production performance in Bangladesh is in a very dismal state. The contribution of the industrial sector to GNP is static at 8 to 9 per cent in spite of the decade-long well-pronounced efforts to build up a strong base for the sector, particularly on the private side. But despite various debacles there are some entrepreneurs who have been successful in their efforts with industrial units. **Bashir Ahmed**, Managing Director of Mark Industries (Pvt) Ltd., Manufacturer of pharmaceutical, cosmetic, food processing, agricultural and allied machinery and accessories, is one of them. He manufactures almost all the required machinery in pharmaceutical industry and is a pioneer in this field. He has enough potential not only for fulfilling the domestic demands but also for export of the products. Owner of this small conglomerate, Bashir Ahmed has neither a higher education of any sort, not to speak of technical, nor has come of a well-to-do family. But he has climbed this level, not surprisingly, through his innovative techniques, hard work and above all personal commitment. **Lutfor Rahman Belayet**, sub-editor, The Daily Star, has interviewed him to bring into focus what has went into making him what he is today. We print the interview below.

Daily Star (DS) : What is your Mark Industries (Pvt) Ltd manufacturing? What did you start manufacturing first?

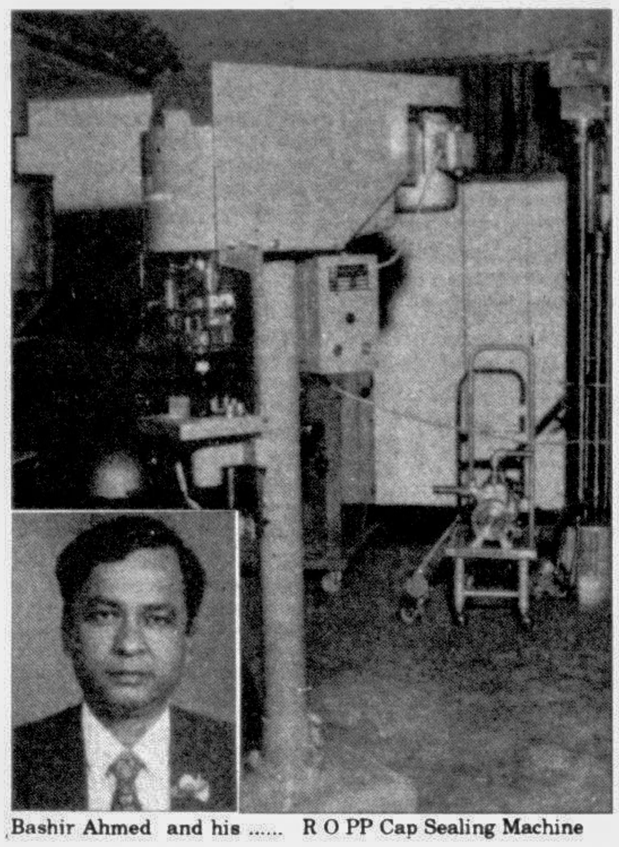
Bashir Ahmed (BA) : We produce about 55 types of machinery for pharmaceutical industry, food processing and fruit-juice industry, cosmetic and chemical industry, insecticides and pesticides industry and agricultural industry. But pharmaceutical industry is our main concern. Our machinery includes — S S Limited Filling Machine, Emulsifying Stirrer, R O PP Cap Sealing Machine, Liquid Filter Machine, S S Conveyor Table, S S Mass Mixer, S S Granulator, Strip Packing Machine (2 to 6 truck), Multi Mill, Ointment/ Cream Filling Machine, Tube Closing Machine, Jacketed Vessel With Stirrer and Paste Filling Machine etc. These are relatively complicated semi-automatic and automatic machines. We started, first, producing accessories like — Scoup, Spoon, Hand Stirrer, Scyper, Stainless Steel Containers and Trays which are necessary in pharmaceutical industry.

DS : When was this industry established?

BA : We went into production in 1980.

DS : How did you get the idea of manufacturing machinery for pharmaceutical industry?

BA : It was one of my uncles who, working in a pharmaceutical company, made me interested in this particular field. There was no machinery manufacturer in our country then. Each and every piece of machinery and accessories were used to be imported. When my uncle encouraged me that there was scope in the area of pharmaceutical field, I enquired about it and got to know about the dismal situation. I asked myself why can't we produce at least relatively simple and easily copiable equipment?



Bashir Ahmed and his ..... R O PP Cap Sealing Machine

DS : How did you proceed on?

BA : To tell you frankly I am not a man having technical education. I was then working in a chemical company. I did not have either enough money or required technical knowledge. But that did not deter me. I took cooperation from BUET (Bangladesh University of Engineering and Technology) and BITAC (Bangladesh Industrial Training Assistance Centre). I sold some land property in village and had managed some loans from my friends. I rented a tiny house to use as a workshop and started my journey. My industry developed centring round this workshop.

DS : Did you seek any government help?

BA : Yes, but I did not get.

DS : Given the socio-economic background of our country, what impact do you think you are making at the national level?

BA : I have already mentioned when we started this industry, there was no other of this kind; we are the pioneer in this field. We started very small once but today we have attained a considerably large size and also gained in experience, diversified product range and earned good will. Most of the pharmaceutical plants in our country patronize us today. We provide them with quality machines, training and service. People trained by us are now working in the maintenance departments of many factories. The use of our machines is saving a considerable amount of hard-earned foreign currency. This industry is providing employment to as many people as it can. Our satisfaction lies in the fact that we can provide any machinery required for pharmaceutical industry.

DS : Compared to the foreign made machinery, do you think the ones turned out by your factory are as good?

BA : Ours are definitely better than those of India and as good as Taiwan, China and Thailand. Our patrons are very happy with our quality.

DS : What about price?

BA : Our machinery costs only 50 per cent of that of India and 70 per cent of those of Taiwan, Thailand and China.

DS : What problems or bottle-necks, you think, are standing in the way of your industry's development?

BA : We have a problem alright. The factory is in a rented house. We can't expand the confines though we need and intend to. We applied for an industrial plot at Tejgaon industrial area five years ago. The Investment Board accepted and requested the Ministry of Works to allot us a plot. But we have not got one till now. Even industries taking machinery from us have got plots but being the mother industry, I mean producing machines for other industries, we are still neglected.

DS : Why do you want plot specially in Tejgaon area?

BA : You see we have a post-sale service system to our valued customers. Now if we go out of Dhaka city we need separate engineering section in the city. It requires additional expenditure that we can't afford now.

DS : I am sure you are well aware that government is pledging assistance and inviting interested entrepreneurs to set up industry. What is your comment on this government pledge?

BA : Yes the top brass of the government seems to be sincere. But the officials in charge of this are not so cooperative. A section of them are highly corrupted and they do not work without high amount of bribe. They raise various unnecessary issues to linger and complicate the procedures. As a result many entrepreneurs get discouraged.

DS : Have you considered the possibility of exporting the machinery you manufacture?

BA : O yes we have. But to do so we need financial assistance. The import duty on raw materials has to be lowered. Otherwise, it is difficult for us to compete in the international market. We have to make our machinery available with a very competitive price tag. An industrial plot for our factory would have been of tremendous help in this regard.

DS : How many employees are now working in your establishment?

BA : 150, 125 in Mark Industries and 25 in the Service Section.

DS : How do you motivate them?

BA : I don't have to undertake a conscious effort to motivate them. They are really self-motivated. The relationship between the management and employees is very cordial. Each understands others. The employees have enough opportunity to put their skill into practical application here. Everyone has freedom to express personal opinions and as self-respecting individuals they are aware of the responsibilities they discharge.

DS : Please tell our readers about the struggle you have had to come to this position?

BA : What can I say? I am not as prominent a figure as to put any comment for the readers of a quality paper like The Daily Star. I am a common man. I did not have the opportunity of getting education in any higher educational institution but I have learnt my lessons from the great school that you call life. I have learnt that men are judged by not their intentions but their actions. Immediately after liberation I came to Dhaka with only Taka 10 in my pocket with no relatives to lean on, no place of hope to turn to. I had good intentions and commitment and I have translated them into reality through relentless efforts. I myself worked round the clock with my employees.

DS : Thank you very much for giving me your valuable time.

BA : Thank you.

New Indian Scam Involves Selling Hansenites' Organs

by Prakash Chandra

THE organs bazar has been flourishing in India at medical colleges and hospitals in the metro cities.

But now a new dimension has been added to it. The Leprosy Institute in Agra, affiliated to the Indian Council for Medical Research (ICMR), is allegedly selling leprosy patients' organs to the rich who need such organs for transplant.

As many as 20 patients have been identified who had either a kidney or an eye removed.

A writ petition has been filed in the Supreme Court, asking the country's highest judicial body to stop this practice and compensate the victims.

Mr Chava Rama Krishna Rao, a member of the Legislative Assembly in Andhra Pradesh, has alleged that leprosy patients from Andhra and Maharashtra states are lured to the Central Jalma Institute for Leprosy with promises of free treatment, food and other facilities and money for travel.

According to a communication sent to the Prime Minister and opposition leaders, once the patients arrive in Agra they are admitted to the Institute, given some treatment and then an attempt is made to convince them that it is necessary to remove some of their organs in order to prevent the further spread of leprosy.

The "Times of India" newspaper has charged, in a front page story, that private doctors are called from outside the Institute to remove the organs which are then sold to rich patients.

Some money is also offered to the donors as compensation from the government for future treatment in their homes. The victims are told that the organs will go to kidney banks, eye banks and government research organisations.

The petition filed before the Supreme Court says: "We are all aware of the trade in organs that goes on but it is worse than shameful that poor leprosy patients should be cheated under false pretexts and without their free volition."

Majority of the leprosy patients are low-caste Hindus or tribals. Many of them have been driven to beggary because they are shunned as leprosy patients. They have been rejected by their families and their villages.

The Central Government is planning to ban the trade in kidneys in the face of an organs bazar in Bombay and Madras, apart from Delhi. In Madras, for example, jobless young people are still selling their kidneys.

According to press reports, live organ transplants are being done in Madras and Bombay. And the so-called donor gets as much as 25,000 rupees (US$ 877) per kidney.

In the suburb of Villivakkam, scores of poor unemployed youth are selling their kidneys and buying liquor with the money. They sign a bond that they are close relatives of the prospective recipient and thus the medical authorities cannot stop the transplant.

A 21-year-old slum dweller says: "Why shouldn't I sell a kidney? can the government provide me with a job?" This man has crossed the line from hard liquor to hard drugs.

According to the newspaper Independent of Bombay,

As many as 100 kidney transplants are done at major hospitals in Bombay. These are kidneys bought from live donors who sell them through agents for substantial amounts of money

none of the young men who sold their kidneys has invested the money earned wisely. On the contrary, the upshot of this booming business is a rise in the consumption of alcohol, gambling and crime. Many poor people are also selling their kidneys to get a dowry for their daughters.

According to one estimate, as many as 100 kidney transplants are done at major hospitals in Bombay. These are kidneys bought from live donors who sell then through agents for substantial amounts of money.

Top medical doctors in Bombay have condemned the kidney trade. They say it amounts to murder if a kidney transplantation bought from a so-called donor causes death.

But a senior surgeon, Dr MS Venkataraman, challenges such criticism and points out that the sale of kidneys will continue as long as society needs such organs to save human lives.

He says: "A tout for kidneys does not desire loss of life. He may be after money but if touting is abolished, it is bound to reappear in some other way. If such transactions are made legal and above board, one may get along with it till alternatives are found."

The sale of kidneys through unscrupulous touts has reached alarming proportions in places such as Madras and Bombay, according to Dr A P Pandey, Head of the Department of Urology in the Christian Medical College (CMC) Hospital, Vellore, South India. The hospital has done 1,000 kidney transplants.

Dr Pandey, a recipient of the Dr BC Roy national award for 1987-88 for his pioneering role in kidney transplants in India, came down heavily on the illegal practice which benefit only the touts. Often, these transactions went in the name of "voluntary" donations, while in practice there is no volunteer except in the case of the donor who is related to the recipient.

Dr Pandey said touts took advantage of the shortage of donor kidneys and the readiness of many people to sell them to defray expenses in the family.

"Every day 10 kidneys are sold in Madras," he said. "The price of a kidney ranged between 10,000 rupees and 50,000 rupees (US$ 350-US$ 1,755) in Madras and anywhere between 100,000 rupees and 150,000 rupees (US$ 3,510-US$ 5,265) in Bombay. The most unfortunate feature of this trade was that many doctors colluded with the touts in Madras," Dr Pandey alleged.

Dr Pandey receives almost a letter a week from "volunteers" offering their kidneys to needy patients. But the "voluntariness" dissipates when the donor gives the reason — he has to meet the expenses for the marriage of a sister or for constructing a house. Instances are many when young women were forced by their husbands to sell their kidneys.

The Christian Medical College Hospital once refused to release the result of a tissue matching test when it learnt that the donor was a young girl who had been forced by her husband to sell one of her kidneys to a Malaysian woman.

Touts also exploited the poverty of people. While the recipients paid a heavy sum, the actual donor was given only a fraction of this, the middleman cornering the major portion. Some poor people were so ignorant and gullible that they came forward to donate even their second kidney after having donated one earlier. Dr Pandey said that except for a brief period between 1984 and 1986, the Christian Medical College Hospital never accepted unrelated donor kidneys. After 1987, the hospital was very strict in accepting kidneys. Even requests for cross-matching of blood for transplants elsewhere were not accepted when it was known that the organ was to be sold.

On the cost of kidney transplant which was anywhere between 100,000 rupees and 125,000 rupees, Dr Pandey said it could be reduced to 25,000 rupees if a patient was prepared for transplant as soon as his or her kidney was declared to be on the verge of failure.

Very often, such patients try other medical treatments. By the time they decided to go in for a transplant, they are so sick that they require dialysis which is expensive.

— Depthnews Asia

Multinational Cigarette Companies Step Up Sales Efforts in Third World

by Willian Onyango

SIAYA, Kenya: In developed countries such as the United States of America, people are smoking less — and probably enjoying better health — but elsewhere more and more people are smoking. Among them are Kenyans who, like many other Africans, are taking up rather than kicking the habit.

Last year cigarette smoking in this East African country of 25 million people rose an estimated 8%. In the US during the same time cigarette sales fell about 3%.

Over the past 10 years US cigarette exports have more than doubled to over US $3 billion a year, owing mainly to rising sales in Third World markets.

It is certainly easier to sell smoking here than in the US or Europe. Like many other African countries, Kenya's government permits television and radio cigarette advertising, including images and words linking smoking to sport, often to soccer, the most popular game.

Few African countries require health warnings on cigarette packs and in ads. Non-smoking zones in offices, buses and eating places are rare, although some movie houses in Kenya ban smoking to cut cleaning and safety costs.

There are a variety of reasons why few African governments have followed the anti-smoking campaigns of Western governments and of the United Nations, which promotes an annual international 'No-to-bacco Day'.

The economic reasons include tax revenue, jobs and local tobacco growing. The political reasons include a low credibility level for official statements about anything and an inability to make rules and regulations stick.

Another reason in the influential lobbying of powerful multinational cigarette companies that have increased sales efforts in the Third World as markets elsewhere have shrunk or slowed.

Among them is British-American Tobacco, Inc. (BAT), the largest international tobacco group. It makes or sells billions of dollars' worth of cigarettes each year in 78 Third World countries under many brand names. One well known to Americans is Lucky Strike. Many other labels have only local or regional identity.

Few exports by BAT, or cigarettes sold by other Western companies with Third World factories, have the low-tar content and powerful filters claimed for many brands popular in the US and Europe. American smokers who try a cigarette sold or made in Kenya gasp at the strong taste — and usually ask for a filtered import.

One of the reasons why smoking is rising in the Third World is the influential lobbying of powerful multinational cigarette companies that have increased sales efforts in developing countries as markets in the developed countries have shrunk or slowed.

Such features as filters and claims of low-tar content were Western commercial responses to smokers' concerns. These can be traced back 25 years to the first US government warnings of the health hazards of smoking.

But in Africa and elsewhere in developing regions cigarette makers avoid even such indirect references to health aspects.

Dr John Okelo, chairman of the Kenyan Consumers Organisation, says it is 'unethical' for cigarette companies here not to warn customers of the dangers of smoking and to associate cigarettes with sports in advertising. Dr Okelo, an economist at the University of Nairobi, is particularly critical of ads made and shown here which depict African soccer players smoking cigarettes.

There are few statistics available on Kenyan smokers or on their health. So anti-smoking campaigners here usually point to figures and trends elsewhere. The World Health Organisation estimates that smoking is increasing in Africa, Asia and Latin America.

Here in Kenya the 'eyeball' evidence is that more young people and more women are smoking than a few years ago.

Since even the poorest Nairobi labourer or student can afford to buy a few cigarettes a day, street vendors and corner stores will sell a single cigarette at a time. So for a cent or two the customer can briefly enjoy the illusion that he, or she, is part of the smiling world of TV and magazine smokers, including smoking sportsmen.

It is very simple pitch — a pitch that used to be allowed and used to work in the US, and which is still allowed and seems to work here.

Third World Network Features.

Amidst Plenty Hunger Still Stalks Asia's Millions

by Linda Bolido

Some 350 million women in the region suffer from nutritional anemia; 20 million severely malnourished children are condemned to premature death; and a quarter of a million are blinded each year due to nutritional deficiency

DISEASES related to malnutrition continue to exact their heavy toll in Asia and the Pacific.

Nutrition problems long recognised by health authorities are still around — vitamin A deficiency, iodine deficiency disorders and iron deficiency anemia.

Problems which were though to have been solved — thiamin (vitamin B1) deficiency, riboflavin (vitamin B2) deficiency and rickets (vitamin D) deficiency — have reemerged in the Western Pacific region which stretches from China to the Pacific islands.

In south Asia (the Indian subcontinent), nutritional problems are similar but even bigger in magnitude. "Malnutrition is a problem of such enormous magnitude and widespread extent in South Asia that there are far more people suffering from any of its forms than in any other region of the world," said Dr J M Gurney, World Health Organisation (WHO) regional adviser on nutrition for Southeast Asia.

Dr Gurney was one of the speakers during the Regional Meeting for the Preparation of the International Conference on Nutrition convened here by the WHO and the UN Food and agriculture Organisation (FAO).

The International Conference on Nutrition — slated for December in Rome — will lay the foundation for giving nutrition a little more visibility in the international agenda.

John Lupien, director of FAO's Food Policy and Nutrition Division, said there has never been a real discussion at the international level about nutrition. The closest perhaps to such an international dialogue was the World Food Conference organised by FAO a few years back.

But very little seems to have been accomplished since. "Although the World Food Conference emphasised the need for national policies and programmes to improve nutrition, progress has not been very encouraging," said Dr Hiroshi Nakajima, WHO Director General. "In Asia, governments have not been very enthusiastic.

"Some argued that the rapid socio-economic development of which there have been a number of impressive examples in the region, would mean that nutrition would take care of itself. History has proved the fallacy of such an argument and the poverty and nutrition situation, already bad in many cases, has stagnated or deteriorated."

"Asia and the Pacific today constitutes, by traditional economic criteria, the fastest growing region in the world. This is our pride," noted A Z M Obaidullah Khan, FAO regional representative for Asia and the Pacific.

"At the same time, ours is the hungriest region in the world. Half a billion people are extremely poor; 350 million women suffer from nutritional anemia 20 million severely malnourished children are condemned to premature death; and a quarter of a million are blinded every year due to nutritional deficiency. This is our shame."

For the most part, the nutritional problem in Asia and the Pacific, which is still primarily a developing region, remains a matter of insufficiency and deficiency. Hunger still stalks millions of people in the region despite significant increases in food production.

Dr Rahmat U. Qureshi, FAO regional food policy and nutrition officer, reports that many countries of the region have a common problem — "the shortage of food for human consumption." This is particularly true for all countries in South Asia and some in Southeast Asia and the Pacific.

And as people do not always have access to the food that is available, Dr Qureshi pointed out, "The actual nutritional status in the developing countries of the region is probably worse than that judge from the point of view of food availability alone."

Dr Gurney said that the prevalence of malnutrition "soars amongst the most vulnerable sections of society, particularly the poor, with infants, young children and women mostly affected.

Protein-energy malnutrition, for instance, robs a child of a good foundation for healthy adulthood. It leads to low birth weight among the newborn and causes "wasting" and "stunting" among older children.

Iodine deficiency disorders can result in cretinism and other mental and physical handicap. Vitamin A deficiency not only leads to nutritional blindness but also makes a child more vulnerable to infections.

At least five million children in Asia develop some degree of xerophthalmia, an eye problem related to vitamin A deficiency which can lead to blindness. Some 250,000 of these children go blind every year and about half to three-quarters of them will die within weeks of the blinding episode.

Anaemia, a problem for more than 700 million people in the world today, affects reproductive and work performance to still unknown degree. It is believed to have an impact on psychological and physical development, behaviour and work performance.

With growing populations and limited resources, it is quite apparent that Asia-Pacific countries have their hands full, coping with these severe nutritional problems. But now, for a growing number of them, their worries are compounded further as disease patterns gradually change in the region.

Higher life expectancies, the steady ageing of populations, and increasing affluence — particularly when associated with increased consumption of fats and alcohol — increase the incidence of obesity and smoking, making so-called chronic degenerative or non-communicable diseases as major determinants of health in the region.

In some countries, even the poor particularly in urban areas, have higher rates of chronic diseases as they pursue the same unhealthy dietary habits and life-styles of the more affluent.

During the last few decades, life expectancy has increased and nutritional status has improved for the world's population as a whole.

However, extensive poverty and inequality — both among and within nations — remain, and hunger and severe undernutrition persist as serious problems in many countries. In addition, in many countries diet-related non-communicable diseases are also emerging as serious nutrition problems.

The International Conference on Nutrition will develop and adopt strategies to reach goals in nutrition and diet. It will identify the causes and impact of malnutrition on developing countries and mobilise additional financial resources.

Discussions will revolve around eight broad themes. These are improving household food security, preventing and managing infectious diseases, caring for the socio-economically deprived and nutritionally vulnerable, promoting healthful diets and lifestyles, protecting the consumer through improved food quality and safety, preventing specific micronutrient deficiencies, incorporating nutrition objectives into development policies, and assessing, analysing and monitoring nutrition situations.

Hunger—the perennial enemy of mankind continue to leave its brutal marks on the civilisation.
Photo : Shehzad Noorani