Inditech health solutions

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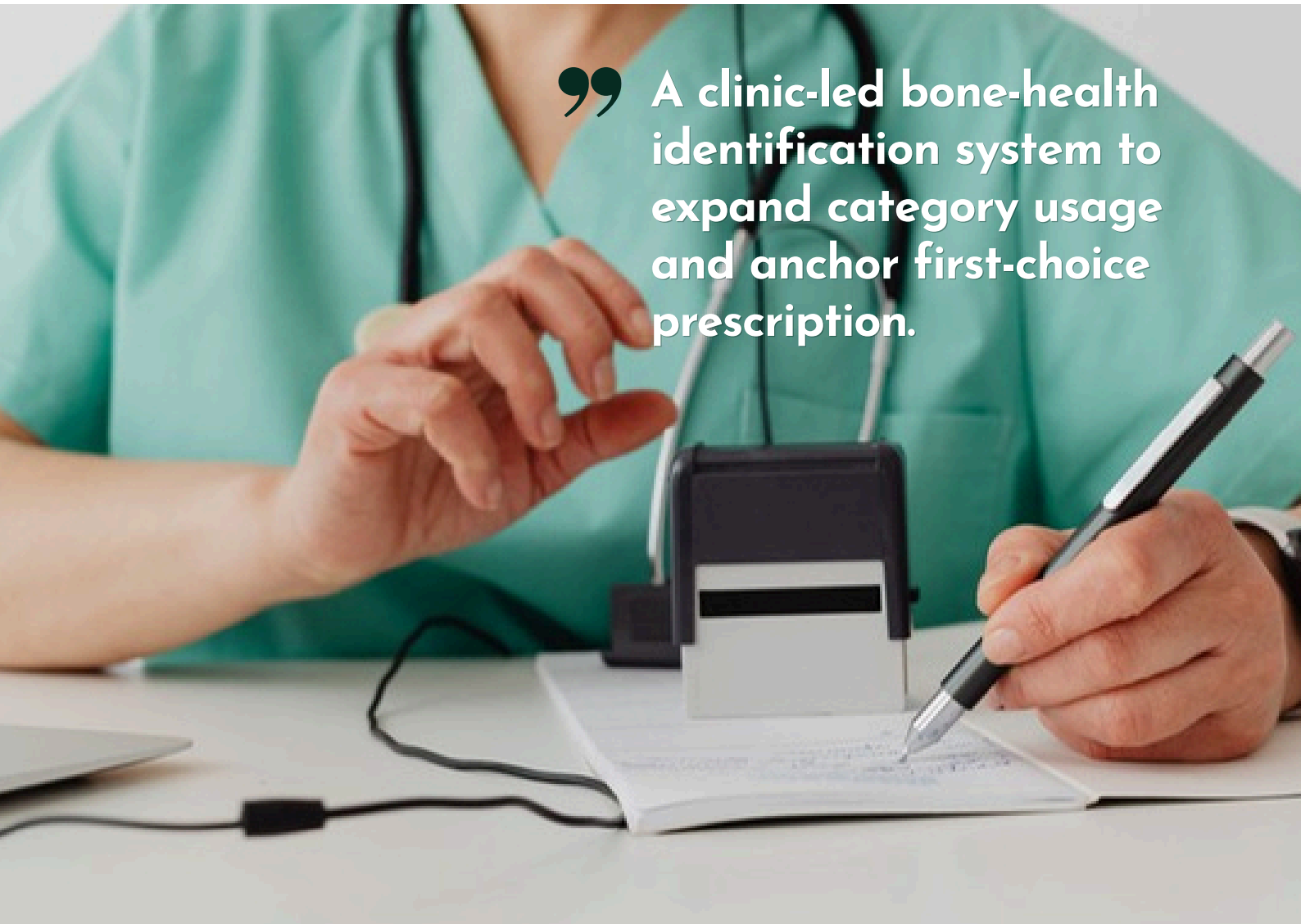
SOLVING GROWTH STAGNATION IN PEDIATRIC CALCIUM



> A clinic-led bone-health identification system to expand category usage and anchor first-choice prescription.

Playbook

December 2025

Executive Summary

Brand Umi is the leading pediatric calcium suspension in a stagnant market. While brand strength is high, the category has plateaued because calcium use is still viewed narrowly - mainly for pre-term/LBW infants, rickets, and severe deficiency, in line with IAP guidance.

In real-world OPD practice, however, pediatricians frequently see 10–15-year-olds with low dietary calcium, high soft-drink intake, indoor dominant lifestyles, chronic illnesses, or long-term medication exposure - all of which can compromise peak bone mass. Yet these children are rarely screened in a structured way, and calcium enters the discussion only after an illness episode or when an obvious deficiency is present.

This creates a predictable gap:

- Risk is present,
- Risk is not systematically detected, and
- Calcium decisions remain reactive, inconsistent, or avoided.

Company's intention is not to promote indiscriminate or parent-initiated supplementation. The aim is to help clinics identify bone-health risk earlier, keep every intervention within guideline boundaries, and ensure that when pediatricians choose supplementation, Brand Umi becomes the natural first choice.

This playbook lays out how the lack of structured bone-health screening limits category expansion — and delivers a clinic-first, guideline-aligned approach that increases meaningful calcium use in the 10–15-year segment without encouraging overuse.

Disclaimer: "Umi" refers to the pediatric calcium suspension brand, and "Kira" refers to the company responsible for marketing and developing the associated strategy. These substitute names are used solely to aid understanding.

The Market Reality

The pediatric calcium suspension market for Brand Umi isn't shrinking — it's simply stuck. And it's stuck not because doctors doubt calcium or because competitors are stronger, but because eligible children rarely come into clinical visibility during routine OPD visits.

1. Guidelines Shape the Mental Frame — Sometimes Too Tightly

IAP guidance does the right thing by prioritising calcium for pre-term babies, LBW infants, rickets, and severe deficiency. But in everyday OPD flow, this has unintentionally created a very narrow prescribing frame.

If a child doesn't fit one of these classic boxes, calcium isn't even considered.

2. The 10–15 Age Group Slips Through Unnoticed

In reality, many adolescents walk into clinics with:

- Persistently low calcium intake
- Minimal sunlight exposure or physical activity
- Long-term use of steroids or antiepileptics
- Chronic GI/renal/endocrine conditions
- Recurrent pain, poor growth, or easy fractures

These are meaningful risk signals — but because they are not systematically screened, they rarely surface in the consultation.

3. Without a Prompt, the Conversation Never Starts

Because OPD time is limited and acute issues tend to take priority, deeper concerns like bone health often remain unaddressed.

Unless something triggers a bone-health discussion:

- These risks remain invisible,
- No assessment happens, and
- Calcium does not enter the decision pathway.

The absence of a simple, neutral clinic trigger is what keeps the category stagnant.

4. The Over-Prescription Concern Freezes Action

Pediatricians are rightly cautious about appearing to "push" calcium.

But without a structured, defensible way to identify who might actually need evaluation, it's often safer to take no action at all — even when risk is genuinely present.

The outcome is not deliberate clinical restraint — it's a missed opportunity to detect and manage bone-health issues early.

What Drives This Gap

The visibility gap around calcium does not come from lack of knowledge. It comes from how OPDs run, how decisions are framed, and the absence of a simple, clinic-owned way to surface bone-health risks.

1

No Natural Window for a Bone-Health Review

OPDs move fast, and there is rarely a defined point in the consultation where a doctor pauses to consider bone health.

Without a built-in prompt, the question — "Should I look at this child's bone health today?" — simply never gets asked.

2

Risk Factors Stay Scattered Across Visits

Diet patterns, outdoor activity, screen time, long-term medications, chronic conditions, and minor fractures often appear at different visits and in different contexts.

Since they are never viewed together, the combined risk profile is almost always missed.

3

Parents Rarely Bring It Up First

Most parents are unsure when bone health matters, and many hesitate to discuss supplements unless the doctor initiates the conversation.

As a result, bone-health discussions almost never start from the parent's side.

4

Doctors Avoid Decisions That Feel Subjective

Without a simple, structured framework, deciding on calcium can feel more like judgment than clinical reasoning.

This leads to a natural hesitation — choosing to avoid action rather than risk over-prescribing.

5

Limited Access to Credible, Local-Language Information

Even when education is offered, it is often generic, English-heavy, or overly branded, reducing both engagement and trust.

All of this leads to a predictable chain:

Risk exists → Risk stays invisible → No conversation → No structured decision.

Why This Is a Pain Point for the Brand

For Brand Umi, category stagnation is not a recall problem — it is a decision-entry problem. The brand is trusted, but it enters the decision pathway too late and too inconsistently.

1

Leadership Without Growth

Brand Umi leads the suspension segment, but leadership inside a flat category naturally restricts future expansion.

2

The 10-15 Age Group Remains Under-Tapped

The age segment with the highest potential for building bone mass is also the one least represented in calcium therapy — a missed clinical and brand opportunity.

3

Losing Out on First-Choice Moments

By the time calcium is considered, decisions tend to be reactive and loosely structured, creating space for substitutions, switches, or delayed initiation.

4

No Anchor in the Bone-Health Conversation

Until clinics can identify bone-health risk proactively, the brand cannot meaningfully position itself at the start of the calcium decision pathway.

5

Strong Trust, Low Activation

Brand Umi is well known and well regarded. But trust alone does not convert into use unless the clinical opportunity is clearly revealed and easy to act on.

The Strategic Objective

The intention is not simply to drive more prescriptions. It is to strengthen the clinic environment so that:

- Children at higher risk are recognised earlier during routine visits,
- Bone-health conversations feel natural and appropriate for 10–15-year-olds,
- Doctors have a simple, structured way to decide whether reassurance, investigations, or supplementation is needed,
- And when supplementation is appropriate, Brand Umi is already a trusted, comfortable choice for both doctor and parent.

This approach shifts the focus from promotion to supporting better clinical decision-making, in a way that adds genuine value to the clinic.

THE SOLUTION FRAMEWORK

To address the calcium visibility gap, the solution needs to work at three levels:

1 DETECTION

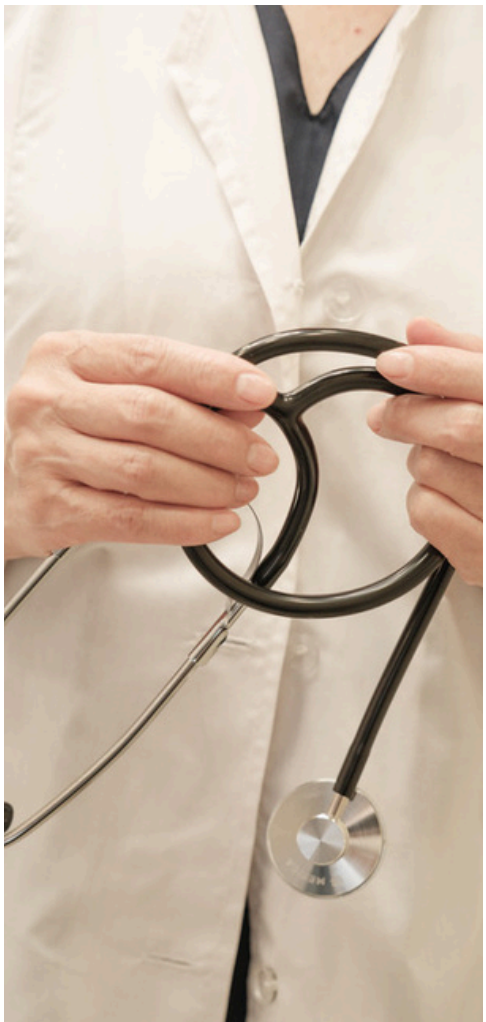
Enabling clinics to identify at-risk children more objectively.

2 EDUCATION

Updating doctors and parents in a balanced, non-promotional manner.

3 DECISION ANCHORING

Ensuring Brand Umi is naturally present when a justified prescription is made.



A Clinic-Led Bone Health & Calcium Risk Program

A simple, scalable ecosystem designed for real OPD conditions, where time is limited and decisions are rapid.

01. Patient-Side Enablement: Bone Health Risk Check (Identify)
A clinic-branded, mobile-friendly microsite where parents can complete a brief bone-health risk form while waiting or after the consultation.

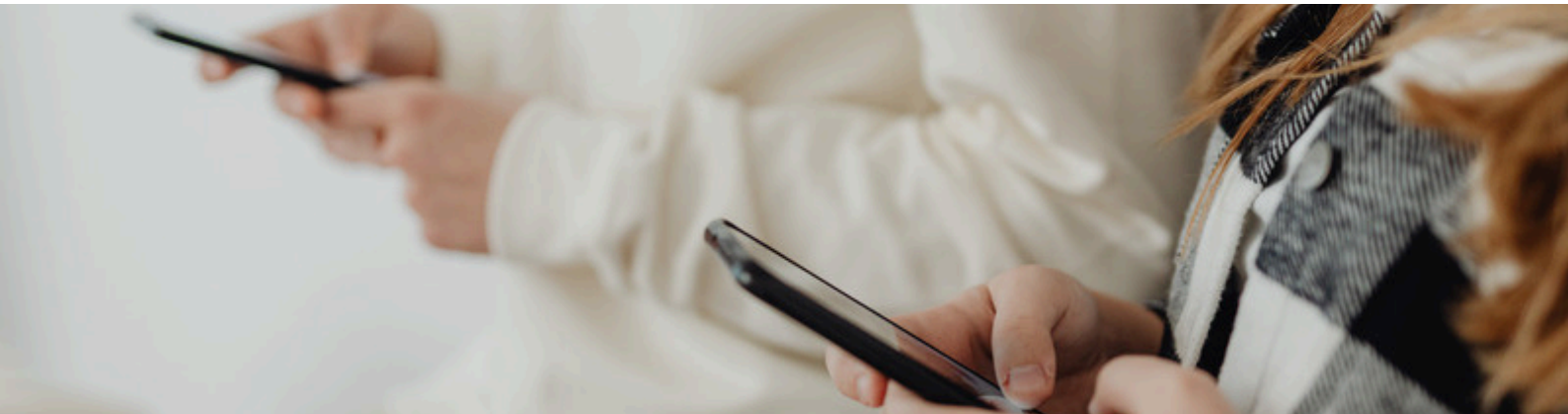
Key Features

- Clinic and doctor name visible.
- Short, practical inputs:
  - Age group
  - Diet pattern
  - Physical activity
  - Long-term illnesses or medications
  - Any history of bone pain or fractures
- The tool does not diagnose or recommend treatment, all clinical decisions remain with the Pediatrician.

Risk Output Page

- A simple, clear risk summary (low / needs discussion).
- With a standard instruction:
- "Please share this with your Pediatrician. Only your doctor can decide next steps."
- An embedded local-language explainer video covering:
  - Why ages 10–15 are critical for peak bone mass,
  - The role of food, sunlight, and activity,
  - Why supplements should always be doctor-guided.

Purpose:
Create a gentle, credible trigger for bone-health conversations—without encouraging self-medication.



02. Doctor Education: Micro-CME PDFs (Teach)
Doctors receive three academy-branded micro-CME modules (2–3 pages each) to support clearer, more structured decision-making:

1. Peak Bone Mass & the 10–15-Year Window
2. Calcium Beyond Pre-term, LBW, Rickets & Severe Deficiency
3. Practical OPD Interpretation of Bone-Health Risk Checks

Design Includes

- Evidence-first, easy-to-read format.
- Distributed via a measurement ready digital system on WhatsApp, and field teams.
- Final page: a single Brand Umi communication panel (brand strengths, formulation details, palatability).

Purpose:
Position calcium supplementation as a well-justified, selective decision supported by an OPD-friendly framework.

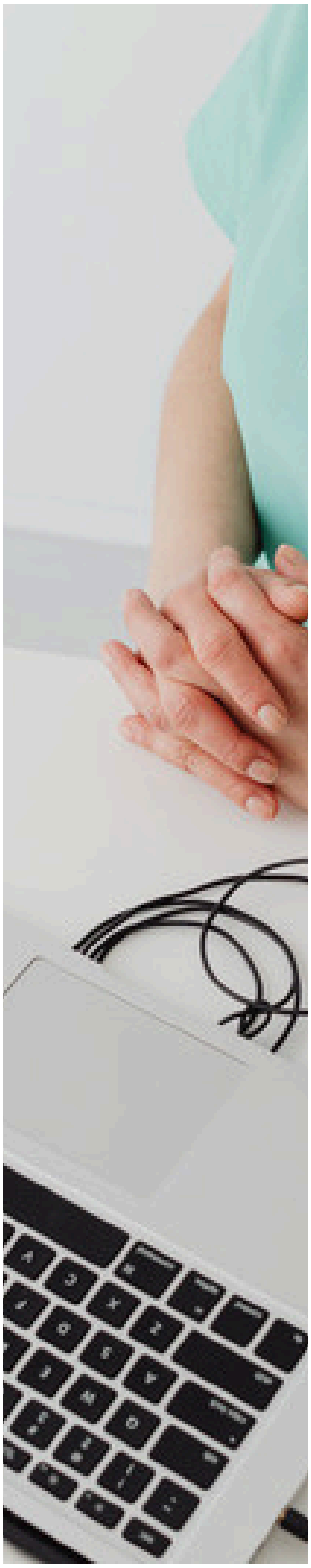
03. Knowledge Reinforcement: Webinars & Physical CMEs (Reinforce)

Central Theme
The overall message unites all educational activities under a single theme: "Calcium: Beyond Pre-term, LBW, Rickets and Severe Deficiency," highlighting the wider clinical relevance of calcium in everyday practice.

Integrated Education & Activation Rollout

- A national series of 10–20 Academy webinars, supported by
- ~25 on-ground Academy conducted CMEs across A-class and non-metro towns
- All content remains fully aligned with the micro-CME framework
- Each webinar summary closes with an approved Brand Umi brand panel

Purpose:
Strengthen a shared, risk-based understanding of calcium use without stepping outside guideline-aligned practice.



User Journeys

Parent Journey

1. The parent notices the clinic poster that asks, "Is your child's bone health at risk?"
2. They scan the QR code and complete the short bone-health risk check.
3. They receive a risk summary and watch the brief explainer video.
4. They show the result to the Pediatrician during the consultation.
5. The doctor reviews the information and decides whether counselling, investigations, or calcium supplementation are needed.

Doctor Journey

1. The doctor updates their understanding of wider bone-health risk through micro-CMEs, webinars, and physical CMEs.
2. They encourage parents to use the risk-check tool in the waiting area or at home.
3. They refer to the risk summary during OPD conversations to streamline assessment.
4. They make structured, confident decisions based on the combined clinical picture.
5. When supplementation is appropriate, Brand Umi becomes the natural and comfortable choice.

Measurement & Weekly Reporting by the Digital System

- Clinics live on the microsite.
- Risk forms completed (by clinic, city, age band).
- Video views (by language).
- Micro-CME PDFs shared and opened.
- Webinar registrations and attendance.
- Physical CME coverage and doctor counts.

Campaign Outcomes

Over time, the program is designed to achieve:

- More frequent and meaningful bone-health conversations with children aged 10–15.
- Better-structured OPD decision-making, reducing unplanned or ad-hoc calcium recommendations.
- Improved Brand Umi preference and share in clinics that adopt the program.
- Wider category engagement, as academy-led education reaches beyond current prescribers.

Brand Umi breaks out of stagnation by creating a new, academically structured calcium-consideration cohort in children—transforming calcium from episodic therapy into planned bone-health care.

The Strategic Opportunity

Calcium category growth will not come from louder promotion — it will come from better identification.

By enabling clinics to detect risk, anchor discussions in evidence, and own the decision pathway, Brand Umi can move from being the leading suspension to being the default choice when calcium is genuinely needed.

Partner With Us

If your brand aims to expand a flat category through clinic workflow solutions, evidence-aligned education, and measurable outcomes, we can co-create and implement a program that uses Academy content and delivers impact — clinic by clinic.

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