

THE ROLE OF PHARMACEUTICALS IN PUBLIC HEALTH

ACCESS TO ESSENTIAL MEDICINES AS A KEY DETERMINANT TO UNIVERSAL HEALTH COVERAGE



September 15, 2016

9 a.m.–5:30 p.m.

#BUSPH40 #BUSPHSymposia



School of Public Health

FOUR DECADES FORWARD

CELEBRATING BU SPH'S 40TH ANNIVERSARY



HEALTH REFORM, UNIVERSAL HEALTH COVERAGE & ACCESS TO MEDICINES Thursday 15 Forum

Tih Pius Muffih MPH, Ph.D
Director, CBC Health Services
P O Box 1, Bamenda, NW Region
Cameroon, Africa
E-mail: Piustih@cbchealthservices.org
[Website: WWW.cbchealthservices.org](http://WWW.cbchealthservices.org)



Universal Health coverage

Each country is engaging in health reform in order to adequately cover the population with a minimum package of quality health services. The goal is to improve access, and reduce morbidity and mortality especially among women and children.

For decades, this has been a shared responsibility between the government and the private sector especially the Faith Based Organizations



Essential medicines and universal health coverage

- We can not talk of Universal Health coverage or a minimum package of services without emphasizing the central role of essential medicines which must be of high quality, safe, and readily accessible to all those who need them regardless of their income and social status.
- Our medical supply chain systems have been characterised by poor quantification, frequent stock out of life saving medicines, high prizes, and the unavailability of critical drugs especially for non-communicable diseases. The drive for cost recovery and the declining health budgets have all contributed to the severe deprivation of the poor of access to quality medicines, and by implication the exclusion from universal health coverage.
- The alternative is the dangerous road side poor quality medicines.



EFFORTS MADE BY FBOS

- FBOS provide 30 to 70% of health care in most developing countries
- Many FBOS procure and distribute essential medicines to complement government systems. Examples of such FBO networks is the EPN with headquarters in Kenya which encourages FBOS to practice group procurement and distribution of medicines in order to reduce cost.



FBO do Quality Control on medicines

- Some FBO do basic testing using the Global Pharma Health Fund Minilab to full scale analysis based on British Pharmacopoeia Monographs
- Random sampling is done on drugs and tested
- WHO is informed of failed batches
- This has led to a number of drug alerts sent from WHO





FBOs Guaranteeing Quality

- The CBCHB in Cameroon collaborates with international organizations like EPN, DIFAEM, WHO, MEDS Kenya, all MINILAB Network Partners around the world and the MoH **to fight counterfeit and substandard medicines**
- The CBCHB has organized capacity building workshops sponsored by DIFAEM to other FBOs like CDMU in India, OCASC in Yaounde





Examples of FBOs Quality Control effort

Reports from CBCHB QA lab led to the following alerts by WHO on fake medicines

- Medical Product Alert N° 4/2016, Batch # 10H05 Falsified Quinine Sulphate tabs 300mg
- Medical Product Alert No.1/2015 , two batches of antimalarials
- Drug Alert No. 130 of 6/11/2013, 4 batches of antimalarials



20, AVENUE APPIA - CH-1211 GENEVA 27 - SWITZERLAND - TEL CENTRAL +41 22 791 2111 - FAX CENTRAL +41 22 791 3111 - WWW.WHO.INT

Ref. RHT/SAV/Alert 4.2016

19 August 2016

Medical Product Alert N° 4/2016

Falsified Quinine Sulphate circulating in West and Central Africa

This Medical Product Alert relates to the recent circulation of two confirmed falsified versions of Quinine Sulphate circulating in Cameroon and the Democratic Republic of the Congo, containing zero active pharmaceutical ingredient.

Quinine Sulphate is used for the treatment of Falciparum Malaria in the region.

These products were initially discovered by a local NGO. They initially failed field screening and were submitted to a WHO pre-qualified Quality Assurance laboratory. Subsequent analysis showed that neither product contained any of the stated active pharmaceutical ingredient.

The first product was discovered in Cameroon. Details and photographs of the product are shown below.

Product Name	Quinine Sulfate 300 mg
Number of Tablets per container	1000
Batch Number	10H05
Expiry Date	09/2018
Date of manufacture	09/2014
Manufacturer	Novadina Pharmaceutical Ltd, London, United Kingdom

Source: https://www.quamed.org/media/33746/2016_alert_4_2016_falsified_quinine_sulphate_en.pdf



FBOs Guaranteeing Quality

- This collaborative work has led to WHO alerts on counterfeit & substandard medicines tests originating from our QA Lab
- As from 2011 to Aug.2016 we have tested 1,127 samples of medicines with failure rate of 5.06% for either substandard or counterfeit medicines.
- This is a major contribution to improving universal health.
- Universal Health coverage can not be successful without the FBOs contribution.
- FBOs have unfortunately been left, especially in Cameroon, without government financial support.



Appreciations and Tribute

- Boston University School of Public Health especially Prof. Richard Laing and Prof. Sandro Galea the Dean, for inviting me to be a part of this occasion,
- CDC Atlanta
- Staff and supporters of our services
- Special tribute to Prof. Bill Bicknell for inspiring me to develop interest in Public Health. So sad that he is not with us any more. We miss him dearly.

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