



Fakes and sub-standard medicines in the fight against malaria

AEI, June 10 2009

Richard Tren

Africa Fighting Malaria

www.fightingmalaria.org

Malaria Treatment

- 1960s Chloroquine provides cheap effective treatment but resistance emerges LatAm & SE Asia in 60s, emerges in 1970s in East Africa.
- Sulphadoxine-pyrimethamine (SP) replaces CQ but resistance soon follows;
- South Africa changes 1st line treatment to ACT – Coartem – in 2000, followed by Zambia. Most African countries move to ACTs by 2008.

Malaria Treatment

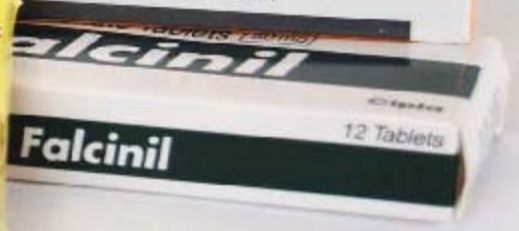
- In most malarial African countries, between 50% and 70% of people access treatment through private pharmacies, shops, clinics;
- Stockouts frequent at public clinics (if it exists) and obtaining treatment can take all day;
- According to WHO, between 30% and 70% of malaria cases are over-diagnosed, depending on season.
- CQ, SP still widely available on sale.
- WHO estimates 200,000 deaths attributable to substandard malaria treatment.

ACT policies

- Jan. '06 WHO changes treatment policy, recommends ACTs, calls for halt in sale, use of oral art. monotherapy tablets.
- 2007 WHA resolution calls for halt in oral artemisinin monotherapy use, production.
- As of 2009, WHO approached 72 artemisinin producers, 21 stopped production, 14 indicate they will stop, 37 have not responded to WHO.
- Global Fund policies have included medicines (Ci, Cii) not tested by any SRA or WHO prequalification;
- Growing pressure for local production – raises quality concerns, economically unjustifiable.

AFM drug quality study

- PLoS One study, published May 2008;
- 6 Countries – Nigeria, Ghana, Uganda, Kenya, Rwanda, Tanzania;
- 74 different brands of medicines bought from private shops, pharmacies, around 10 oral artemisinin monotherapies on sale;
- 35% sub-standard or fake. Failures: 31% artesunate, 27% artemether, 55% DHA, 19% ArtLum FDC.
- Monotherapies, blisterpacks widely available, public sector treatment packs routinely sold in private pharmacies and even exported to different countries.

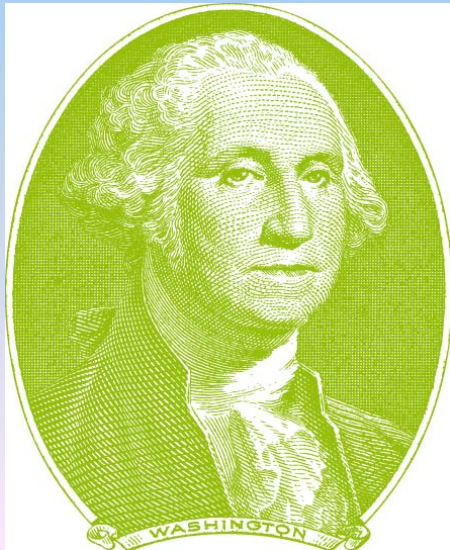


Access to ACTs

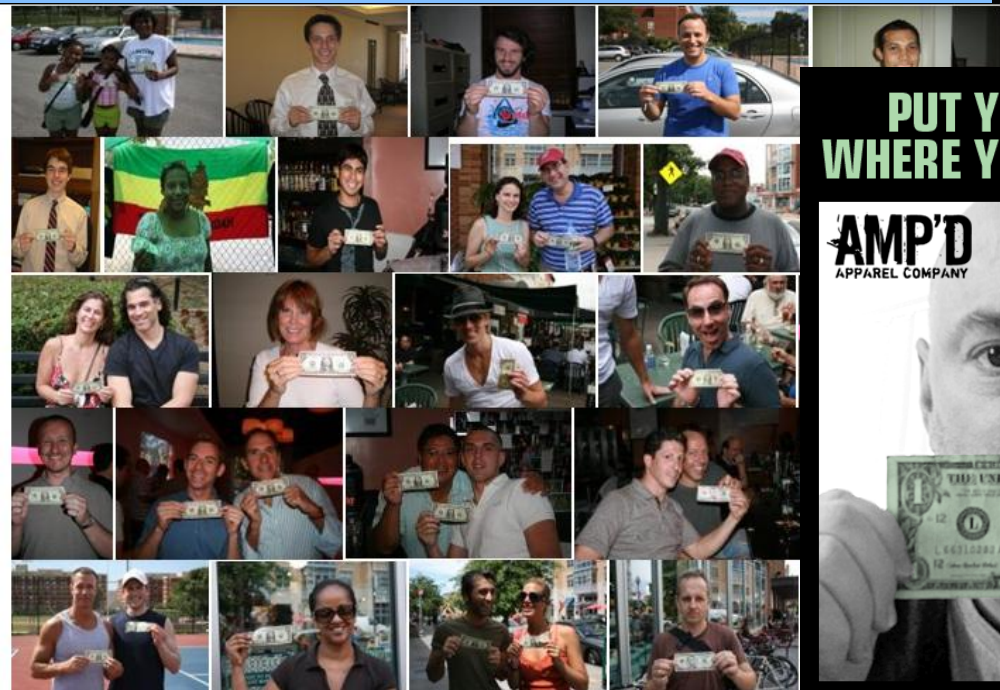
- Many reasons for lack of access to safe, effective medicines – poor health infrastructure, lack of forecasting, failure to place orders in time, poor logistics, ‘irregularities’ with use of donor funds etc.
- Lack of access in public sector pushes people to private sector – with poor regulation of products.

AFM's March of Washingtons

- AFM responds with March of Washingtons – George Washington had malaria, Washington is on \$1bill, for \$1 we can buy safe, effective malaria treatment. Continue drug collection and testing to ensure more good drugs, fewer bad.



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March of Washingtons Donation

- Stockout in Uganda, only 12 treatments at Govt. clinic near Jinja, MoW donates \$30K to Soft Power Health, Jinja.



Consulting Room



Laboratory





MoW is 1st & only popular, grassroots fund to provide effective malaria treatment, needs your support.

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