

## Fighting the scourge of counterfeit medicines in Africa

Jiru Baku on the importance of vigilance to ensure quality in the pharmaceutical purchase and supply chain process. Any non-compliance must be reported, he urges



It is a tragedy that Africa, a continent that needs all the help that quality medicinal products can offer, is the most challenged by the proliferation of substandard and counterfeit products. Counterfeit medicines are big business in Africa and with huge profits to be made they remain a massive and rising challenge. Back in 2003, the World Health Organization (WHO) estimated that annual earnings from counterfeit drugs amounted to over US\$32 billion. Today, the World Customs Organisation puts the annual figure at an incredible US\$200 billion.

With a population of about 170 million and an area of nearly 924 000 sq m, Nigeria is the most populous nation in Africa and the seventh most populous in the world. It also has about 250 ethnic groups with diverse cultures and is, arguably, representative of much of the rest of Africa.

Some 100 million Nigerians live below the poverty line and children from the poorest households are two to three times more likely to die before the age of 5 than children from more affluent households. These factors make Nigeria a strong target for counterfeit drugs where the poor lack the education, knowledge, and finances to procure genuine medical supplies.

The *African Journal of Pharmacy and Pharmacology* recently reported that 13 brands of the ACT artesunate plus amodiaquine, sampled by the Department of Pharmaceutical Chemistry and Faculty of Pharmacy at the University of Lagos, contained only 15.4% of these ingredients. A similar study, facilitated by the Department for International Development and undertaken by WHO, found that 16% of sampled medicines were not fit for purpose and 19% were unregistered.

The health consequences for people using fake and counterfeit commodities are varied but foremost they will not treat the ailments for which they were prescribed and may worsen a condition or even prove fatal. Other consequences include developing resistance to drugs if they are presented in sub-optimal dosages and the exacerbation of side-effects.

Counterfeit drugs come from multiple sources across

the world making it difficult to track offenders but much is being done to curb this menace in Nigeria. In 2010, the National Agency for Food and Drug Administration and Control (NAFDAC) launched an SMS-based platform which enables buyers to forward a pin number on the back of medication using a code, after which they receive a response affirming the propriety of the medication.

NAFDAC is driving awareness campaigns discouraging consumers from buying products without NAFDAC registration numbers displayed on the packaging. The agency also prosecutes offenders and involves local manufacturers in trying to ensure quality by employing qualified staff and checking the distribution routes of drugs. Some Nigerian manufacturers have even started to engage with WHO's medicines pre-qualification programme to see how their manufacturing plants and products qualify – a bold step that allows them to be evaluated against the best worldwide.

Crown Agents follows a stringent quality assurance policy when investigating sources of medicines and products to be included in a supplier database. All medicines procured must be registered by NAFDAC, the Pharmacists' Council of Nigeria, and managed by a qualified pharmacist. Products that are not procured directly from a supplier require a letter of authorisation from the manufacturer. Our Nigeria office has a resident pharmacist and quality inspector to undertake tests on all commodities before delivery. We have also been involved in random sampling and testing of commodities using WHO-prequalified laboratories and share all non-compliant results with NAFDAC.

It is easy to attribute quality assurance challenges to the scarcity of resources, but the lack of a truly motivated workforce is equally problematic. Every year, professionals graduating from universities and colleges in Nigeria and the rest of Africa leave to work in other developed markets and go on to excel in other fields. The issue of quality assurance in health is serious and it is not just the government's responsibility. We need professionals and informed citizens to task the authorities to ensure only high-quality commodities are available in public and private outlets. There should be strong peer collaboration between the various regulatory agencies to share challenges and successes so that we can move forward in the fight to ensure reliable medicines and healthcare are available for all.

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