

Access to medicines and healthcare

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By Deborah Brody

The paradox in healthcare access around the world is that a shortage of capital is often accompanied by increased medical needs. Ethiopia, where a lack of capital and equipment means that people with heart disease have to be sent to other countries to get certain cardiac procedures, is a prime example.

While medical care and health are improving in developed countries, they are worsening in the developing world (especially in the bottom third countries). An increasing number of countries do not have a proper health infrastructure, or access to medicine. According to Anthony Dunnett, president of International Health Partners, part of the solution may lie in stemming the "brain drain" and encouraging private sector collaboration.

Many other healthcare issues exist, for instance the safety and workability

of the medical supply chain. Although there are systems in place to guarantee the distribution of medicines, there is a lack of biomedical technicians. If an aid organization wants to help, it should first make a country visit and assessment. It is not effective to donate medical equipment to a place that cannot supply proper maintenance. Another problem is vertical funding for something that needs a more holistic approach, e.g. funding AIDS drugs but not HIV prevention education.

Many of the hardest hit countries in terms of healthcare are in Africa. In Gambia, International Health Partners has launched the Gambia Health Alliance, which aims to work with the Gambian government and the NGO community to build sustainable health improvements.

Finances, although a large component, are not the only constraint to healthcare access. People must have the knowledge to seek treatment.



Speakers



Moderator:
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There must be capacity to deliver care – trained personnel, adequate equipment and proper facilities. Finally, the supply chain is still ineffective in allocating the proper resources to the right place.

AmeriCares, which delivers gift-in-kind medicines around the world, develops partnerships with healthcare institutions to assess their needs. By delivering donated medicines, AmeriCares helps to defray expenses for health institutions, fill supply gaps on commonly used medicines and extend formulary to enable healthcare workers to deliver additional treatments such as chemotherapy.

There are risks in donated medicines. Sometimes these medicines are inappropriate to local conditions (labeled for another country or are a part of a combination) and can't be used safely. Organizations need to be aware of the import regulations of each country, as some do not allow the import of drugs not on the national formulary registry.

To make sure that donated medicines are safe and useable, they should only be delivered to qualified medical institutions, and only in response to demand. Ideally, medicines should be produced and packaged locally, which is the most economically sensible approach.

Another approach to distributing medications at lesser cost is using generics. Generics are intended to be interchangeable with branded products, and are bio-equivalent (used equally in the body). The IDA Foundation, whose mission is to improve access to medicine at the lowest possible price to low- and middle-income countries, often relies on generics.

Of utmost importance is quality, says Kate Janis, area manager for the IDA Foundation. Poor quality drugs produce therapeutic failure, drug resistance, toxic and adverse reactions in patients and wasted financial resources. Drug quality is determined by product design (active and inactive ingredients), the manufacturing and production process, distribution and monitoring. Certain standards must be followed to ensure quality.



Drugs are usually government-regulated to ensure quality. Although every country has a medicine regulating authority (MRA), 90% of these authorities in Africa lack the capacity to regulate medicines, and guarantee their safety and efficacy. Quality assurance is needed at every level, yet there are gaps worldwide.

The United States Federal Drug Agency (USFDA) only approves drugs in the USA. The World Health Organization (WHO) monitors quality for a limited range of drugs, like anti-malarials. There are international standards for drugs and different regulatory bodies, such as the WHO, USFDA. However, there are still gaps in regulation. 1) each actor uses different criteria, 2) WHO Prequalification does not cover the entire essential medicines list, and 3) stringent regulatory authorities such as the USFDA are focused on approving drugs for their own in-country needs.

Counterfeit drugs – deliberately and fraudulently mislabeled or substandard drugs, which do not meet quality standards to the regulatory authority – are a dangerous and growing global issue.

Faith-based organizations (FBOs), such as Catholic Relief Services, have a long history of providing healthcare in the developing world. FBOs provide from 30 to 70 percent of healthcare in developing countries, and in some cases, are the only source of healthcare. These organizations have extensive reach, leadership and

capacity in delivering healthcare. On the other hand, FBOs have constraints in delivering certain medical services such as abortion because of religious principles.

An often overlooked area in healthcare is nutrition, specifically the impact of vitamin and mineral deficiencies. Significant micronutrient deficiencies in iron lead to anemia, while a lack of Vitamin A leads to blindness. Other common deficiencies include iodine (mental development problems, hypothyroidism), niacin (pellagra), thiamin (beriberi) and Vitamin C (scurvy). Clearly, long-term vitamin and mineral deficiencies can lead to poor health and development and can threaten a population's ability to be productive.

Although there are several ways to address micronutrient deficiencies, from fortifying food to promoting vegetable and fruit production, the simplest and most reliable way may be the distribution of supplements. According to Vladimir Kuna, Magno Humphries Laboratories is working with partners to distribute supplements based on Unicef/WHO/WFP recommendations.

Global healthcare improvement will depend on empowerment and sustainability. Health relief organizations will only succeed if they specialize, and form partnerships when needed. Doug Jackson of PROJECT C.U.R.E. says that the ideal project would be so successful that international aid would no longer be needed.