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The Global Drug Industry's Stranglehold on People's Health

Penicillin has been touted as one of the most important discovery of all times, saving millions of people from the clutches of death. Since its discovery, the pharmaceutical industry has made significant contributions in the battle against ill-health. Innovations and discoveries in the field have provided the medical community with weapons against killer diseases.

However, with the advent of globalization and unhampered capitalism, these contributions are being negated with the way the pharmaceutical industry now operates. Today, discovering new drugs to save human lives is no longer the dictum; pharmaceutical firms now operate on the basis of earning profits.

The article "Big Pharma: profitting on ill-health" profiles the drug industry. With profits as the primary consideration, drug companies are willfully violating ethical and moral considerations to further boost their sales. These include suppression of clinical data that may affect a product. The article also touches on the industry's thrust in research and development. Instead of developing newer and better medicines for communicable diseases, the industry instead spends its resources on the development of the so-called lifestyles medicines which generate bigger revenues.

"Tripping over TRIPS," meanwhile, examines the possible ramifications of the Trade-Related Intellectual Property Rights on India's generic drug industry. There are valid concerns that TRIPS might adversely affect India, cutting off a vital pipeline of cheaper generic medicines.

Agressive marketing is an important part of Big Pharma's operations. This is demonstrated in the way infant milk formulas and baby food supplements are being sold ("Milking for profit"). Short of claiming that cow's milk is infinitely more superior than breastmilk, companies bombard parents with promises that their products would make babies healthier and brighter. However, the article also points out that breastfeeding advocates are slowly regaining lost ground. There is now a growing awareness that nothing beats the nutritive value of breastmilk.

The succeeding articles,meanwhile, show the different responses of concerned organizations and individuals to the problem. Professor Idris' article gives pointers on how to draft an essentail drugs list, which would make essential medicines more accessible and affordable. The article on Sri Lanka's experience in handling its TB issue shows how the availability of medicines, coupled with a holistic program, could control the spread of the disease.

On page 8, the Health Action International - Asia Pacific highlights its successes, as well as the challenges it face in advocating for global access to essential medicines. Medherbal Pharmacy, meanwhile, seeks to address the problem of expensive medicines by selling and promoting generic medicines. The last article, "RDU 101," aims to educate the public on the proper intake of three common over-the-counter medicines.

In this issue

Big Pharma: profiting on ill-health

Leading drug companies are collectively called Big Pharma, although “big” does not quite capture the immense financial and political pressures exerted by the industry in the global community.

In 2001, the top ten drug companies surpassed the performance of other leading industries. In the 2001 Fortune 500, the industry posted an 18.5 cent profit for every one dollar. In the 2002 edition, the top ten companies’ combined earnings amounted to $35.9 billion; accounting for more than half of the total revenues earned by the rest of Fortune 500 companies.

According to Fortune, the industry slid down to fifth most profitable industry in 2006. However, companies still pocketed 15.7 percent of revenues for profit.

Ethical considerations

Big Pharma are not above reproach when it comes to protecting their vested interests. They are the biggest lobby group in the USA, with some former representatives as their lobbyists. Meanwhile, “USA Today” reported that more than half of the staff of the US Food and Drug Administration are affiliated with drug companies.

Aside from greasing the palms of politicians, the industry also corrupts the academe and other research institutions. Aside from the question of ethics, this also raises serious questions on the safety and efficacy of medicines in the market. By entering into financial arrangements with academics and researchers, companies vastly influence the outcome of critical studies. In extreme cases, findings that would severely affect the companies are totally withheld from the public. If the researcher would push through with the publication of the study, he/she could face litigation from the funding company.

Sourcewatch.org reprinted an article from PR Watch detailing the legal battle faced by a Canadian doctor, Nancy Olivieri, who conducted a research on the drug deferiphone. Initially, the drug was touted to reduce iron loading which would have benefited patients who have to have regular blood transfusion. Apotex, a Canadian pharmaceutical firm, funded the project along with other donors. One of the stipulations in a contract she signed was that the company would have the right to hold the data for a year after the trial was finished.

After five years, the trial showed a disturbing finding: over the years, the drug would lose its effectiveness. In 1996, 12 of their 21 patients registered higher iron contents in their blood. Another risk was the possibility of developing liver fibrosis; a finding backed by British experts.

When she pushed through with her campaign to inform her patients and her colleagues of the risks involved, her travails started. Apotex has sought to discredit her credibility, saying that her study was not scientific. She filed a libel suit in 2000 against the company, but Apotex responded with a $10-million counter lawsuit. The matter was amicably settled in 2002.

The too-cozy arrangement between the academe and drug companies are becoming more and more evident. For example, the New England Journal of Medicine relaxed its regulation on authors of medical study reviews. Initially, the journal did not accept contributions from authors who had financial ties with companies whose products they were evaluating. But with almost all experts receiving financial grants from the

companies, the journal now accepts contributions from these experts as long as they do not receive more than $10,000.

Health professionals are also being dragged in the mess. The “wining and dining” of doctors is a common practice to woo them into prescribing certain brands of medicine. Other treats lavished on doctors range from simple prescription pads and small items to lavish sponsorship of family vacations abroad and free membership in exclusive clubs.

Moral questions

It is disturbing to note that while Big Pharma are raking in profits, thousands of people are dying worldwide because they could not buy their needed medicines. According to the World Health Organization, one third of the global population still has no access to essential medicines. Of those without access, 80 percent live in poor countries.

High cost

The high cost of medicines is the chief barrier. Through various mechanisms, pharmaceutical companies are able to jack up the prices of medicines. Patents have been the companies’ chief weapon. With patents, companies would have a virtual monopoly over a specific product. Apologists for Big Pharma claim that this monopoly is needed to allow the companies to recover the cost of research and development (R&D). However, actual spending on R&D is just about $1 for every $5 of sales.

Another myth about patent is that it spurs innovations. By the US FDA’s own admission, 76 percent of the drugs approved in the 1990s were “me-too” (similar) versions of existing medicines. Much of the innovations in the field of bio-medical were done by public-funded institutions or small biotechnology companies.

“From 1975 to 1999, only 1% of new medicines and drugs introduced in the market were for tropical diseases…”

Other practices employed by pharmaceutical firms are transfer pricing and price differentiation, which is based on the idea of “what the market can bear,” regardless of whether the medicine is badly needed or not.

Essential medicine versus lifestyle medicine

Perhaps the only serious R&D undertakings of pharmaceutical firms are geared towards the development of the so-called lifestyle medicines. There are now drugs for impotence, baldness, dieting, and obesity. While these drugs may have psychological benefits, as well as actual health benefit, especially for obese consumers, it does not dispel the fact that precious resources are being diverted away from the R&D of essential medicines. From 1975 to 1999, only one percent of new medicines and drugs introduced in the market were for tropical diseases; the rest were lifestyle and me-too medicines.

While there are available medicines for the treatment of infectious diseases such as tuberculosis and malaria, current treatments are no longer adequate to combat the disease, especially with the rise of resistant viral and bacterial strains. Available treatments are also more cumbersome to administer. For example, the treatment for tuberculosis requires a six-month to one year regimen of anti-TB cocktails.

Need for profits

The pharmaceutical industry is not wanting in irony. Big Pharma claims to serve the sick and the needy; yet, like modern-day Shylocks, it extracts maximum profits from the suffering population. It manufactures medicines that could prolong and improve human lives; yet some of these medicines have been the very cause of death and suffering.

References: www.newstandardnews.net, sourcewatch.org

Tripping over TRIPS

India, China, and other developing nations have made headway in producing generic versions of much-needed medicines, but the Trade-Related Intellectual Property Rights (TRIPS) is challenging this increasingly booming sub-industry. The effort to curb the further development of the generic drug industry stems from the fact that generic medicines, which is far more cheaper than branded ones – are eating into the profits of Big Pharma.

Big Pharma's reaction was typical: all World Trade Organization (WTO) member-countries are required to fastrack the full implementation of the TRIPS agreement.

As the world's leading manufacturer and exporter of generic medicines, India's handling of the TRIPS issue had been a rallying point for health institutions and activists worldwide because of its possible ramifications in the global generic drug industry. No less than the World Health Organization and the UNAIDS urged India to take full advantage of the TRIPS flexibilities when it amended the act. India was forced to amend its Patents Act of 1970 in compliance with the TRIPS agreement.

The first sign that India might be caving in to pressures was a December 2004 ordinance it passed that would grant patents to products and not just to the process. The ordinance, which did not go through the Parliament, was passed because India had to beat the January 1, 2005 deadline set by the WTO. The revision would have an impact on the generic industry because Indian manufacturers utilized the original act's differentiation between "process patents" and "product patents." With the 1970 Act focusing on process patents, manufacturers were able to produce generic versions of branded medicines through reverse engineering.

The current ordinance has effectively watered down the 1970 Act, but health activists were able to score some points with the inclusion of several amendments, two of which address the most crucial issues. With regards to generic exports, the amendment would still allow foreign countries to export generic medicines from India without having to obtain a compulsary license from the patent holder. Another amendment guarantees existing Indian companies the right to market generic medicines (even those that are still under patent), as long as a royalty fee is paid.

The Indian chapter of the People's Health Movement (PHM-I), however, cautions that the ambiguous wordings of the revised ordinance might be subjected to abuse. For example, manufacturers may still produce generic versions of new drugs, as long as the producer makes a "significant investment" and paid a "reasonable royalty" to the patent holder. The crucial questions are how significant the "significant investment" and reasonable the "reasonable royalty" are?

In its critique of the new bill, PHM-I admitted that the new ordinance is far from ideal and that certain provisions may have a negative impact on public health. The group pointed out the need for all stakeholders to continue monitoring the bill's implementation. "This is possible only if both the political and the committed peoples movements mutually appreciate the positive roles being played by them without trying to take up self righteous positions," it said.

Sources: www.phm-india.org ; www.ictsd.org

TRIPS and HIV/AIDS

The battle between profits and saving human lives is a central issue in the global campaign against HIV infection and AIDS. Millions of people living with HIV/AIDS still have no access to anti-retroviral drugs (ARV), but pharmaceutical companies still look at ARVs as one of their cash cows.

The only silver lining in the debate is the fact that more and more governments are taking advantage of the TRIPS' provision on compulsary licensing. Malaysia, facing a growing case of HIV/AIDS, became the first Asian nation to utilize this small window of opportunity in 2002. The move has significantly dropped the prices of ARV in the market. The monthly cost of branded ARVs per patient (d4T, ddI and nevirapine) dropped from $261 in 2001 to $197 in 2004. The imported generic ARV, on the other hand, costs $45. For generic combivir and efavirenz, the cost of the generic drug is $115, compared to branded drugs that cost $136. Currently, Malaysia is studying the possibility of granting a compulsary license to a local producer to manufacture generic three-in-one combination ARV.

Patient support groups and other health advocates are also speaking louder against any effort to block the production of generic ARVs. In India, a litmus test to its revised Patents Act is the pending application for tenofovir filed by the US company Gilead Sciences. The Delhi Network of Positive People and the Indian Network for People Living with HIV/AIDS filed its opposition against the application. They are supported by other organizations such as the Medecins Sans Frontiers. Cipla, a leading Indian generic company, is also set to formally file its opposition.

Tenofovir costs $5,718 per patient per year. Cipla, on the other hand, manufactures and sells the generic tenvir for $700.

References: international herald tribune, twnside.org

Milking for Profit

by ***Ross Mayor***

According to RNCOS' 2006 "Baby Food Industry" report, the infant formula and baby food supplement industry saw an explosive growth in just two years' time. In 2003, the global worth of the industry was $9.5 billion; this ballooned to $21 billion in 2005. Nestle remains to be the market leader, but other milk companies are eager to enlarge their shares of the pie with the development of new formulas. Infant formulas now have additives such as DHA, prebiotics, and probiotics that seek to replicate the nutrients found in mother's milk.

The market is also growing for organic milk and supplements. The sale of organic baby milk posted a 271 percent increase in 2005, while organic food improved by 18 percent.

The industry fuels the demand by bombarding the public with a slew of advertisements. Despite the advent of the International Milk Code, industry players still aggressively promote their products. In a hospital in the Philippines, for example, a Nativity tableau was set up using cartons of a particular brand of infant milk. Another common form of advertisements that blatantly disregard the Milk Code is the distribution of free samples in hospitals, clinics and even homes of health workers. By failing to stop this practice, health practitioners are becoming witting accomplices of milk companies.

The practice of breastfeeding has undeniably taken a severe beating with the onslaught of advertisements for infant milk formulas and baby food supplements. In its "Progress for Children" report, Unicef noted that "current breastfeeding patterns are still far from the recommended levels." This is particularly true in developing nations where only one-third of all infants are breast-fed. While there have been some improvements in the global data for exclusive breastfeeding, the progress is slow in developing countries. Between 1990 and 2004, South Asia increased its exclusive breasfeeding rate from 43 percent to 47 percent. Meanwhile, the Middle East and North Africa posted an 8% increase. For exclusive breastfeeding for the first six months, East Asia and the Pacific posted the highest rate at 43 percent.

Through the years, however, more and more breastfeeding advocates and health activists are taking up the cause. In November 2006, the South Asia Breastfeeding Partners Forum 3 was held in Afghanistan. The forum resulted in the drafting of the Kabul Declaration on Infant and Young Children Feeding, which reaffirmed the region's commitment to promote breastfeeding. The declaration also recognized that it is important for women to have a "gender-sensitive support and enabling environments at the time of birth to begin breastfeeding."

Acknowleding the importance of involving men, especially fathers, in the promotion of breastfeeding, the World Alliance for Breastfeeding Action established the Men's Initiative in 2006. The initiative also takes on a holistic approach: men are not only enjoined to support breastfeeding; they are also encouraged to be more involved in parenting and to be more aware of women's and children's rights, reproductive health issues, and safe sex.

Even governments are taking on a much active role in at least tightening the implementation of the Milk Code. Admittedly, this is a trickier arena since milk companies are known to exert pressure on governments. The Philippines knows this all too well, having received a scathing letter from the US Chamber of Commerce when it revised its own Milk Code. The revised code seeks to regulate the advertising and promotion of infant formulas. In a thinly veiled threat, the chamber warned that the revision may drive foreign investors away. The interference has drawn criticisms from advocates worldwide who rallied around the Philippines. Other countries that are also being monitored are Laos, Thailand, and Malaysia which are set to revise their own milk codes.

References: www.unicef.org, www.newswiretoday.com, www.inq7.net, www.ibfan.org, www.waba.org.my

Rational drug use - a clear policy needed

by ***S.M. Mohamed Idris***

To control rising drug costs, drug wastage, inefficient handling and inappropriate drug usage, a clear-cut national policy, such as an Essential Drugs List, must be in place. An Essential Drug List satisfies the needs of the majority of the population and it allows for the efficient use of available resources. The countries that pioneered the essential list concept made substantial savings through better stock management and competitive procurement. For the concept to succeed, the system must be fully integrated into the healthcare system.

An Essential Drug List is based on this simple foundation: that a restricted number of safe and effective drugs, of high quality and reasonable cost, can meet the major health requirements of a large proportion of the population.

This could then serve as the foundation for pharmaceutical procurement, doctors' prescribing habits, and training and information for health professionals in drug use. There has to be very precise regulatory mechanisms to ensure not only its implementation, but also its success.

Health ministries should also make it compulsory for medical practitioners to follow standard treatment guidelines for most of the medical conditions. It will discourage the use, or abuse, of expensive and powerful drugs in cases where cheaper and equally effective drugs would suffice.

There should also be a major move to promote and increase the usage of generic (non-patent) drugs. Health ministries need to inform and educate medical practitioners and consumers on the availability and acceptability of generics.

For this purpose, generic substitution should be permitted even if medical practitioners prescribe the patent brands. All public healthcare facilities should dispense generics to the public where they are available. There should also be a policy in place to give preference to the lowest-priced registered generic of each drug.

Points to consider in drafting an essential drugs list

Although individual countries would have to devise their own list according to local requirements, the following guidelines or criteria are central for such a list:

- Designating drugs or medicines with the International Non-Proprietary Names (INN) or using an internationally accepted drug name and not a brand name. In other words, a common language will apply to these medicines, which can be easily identified and is not associated with any product manufactured by a particular drug company.
- Designating drugs to their respective therapeutic classes. This means that medicines are grouped in classes according to specific treatment purposes.
- The list should only include medicines for which adequate and reliable evidence of safety and efficacy is available.
- Each selected medicine must be available in a dosage form of which adequate quality can be assured.
- Where two or more drugs appear to be similar in the above respects, the choice between them should be made on the basis of a careful evaluation of their relative efficacy, safety, price and availability.

Incentives should also be put in place to ensure the quick entry of generics into the market when the patent of the original drug is about to expire. This could be achieved by a fast-track system to approve generic drug applications for registration.

The creation and enforcement of policies aimed at controlling drug usage patterns and costs may be tedious and may meet with resistance from various quarters. In the long run, however, the benefits will be obvious, as there will be an organized and efficient system in place.

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Stemming TB:
The Sri Lankan Experience

*by **Jayawardana Pushpa, Sarukkali Chandra, and Wickremasinghe AR***

Sri Lanka has made significant stride in controlling the spread of tuberculosis (TB) through an effective anti-TB program managed by the National Program for Tuberculosis Control and Chest Diseases (NPTCCD) and tubercular patients' increased access to vital medicines. It has reached the global targets set by WHO in 2005 by achieving a case detection rate of 86 percent and the treatment success of 85 percent.

Sri Lanka has adopted the global strategy of TB control – DOTS through which 97.61 percent of population coverage has been reached by 2005. Activities carried out under DOTS include passive case finding by sputum smear microscopy of symptomatic patients, treatment of all diagnosed cases with short course chemotherapy, direct observation of treatment by trained personnel (DOT), monitoring the outcome of treatment of each patient registered through a standardized recording and reporting system and quarterly cohort analysis.

Epidemiology

Between 8,500 to 9,000 new cases are detected annually and a marginal increase in the number of new cases detected since 1996 has been observed. This is attributed to the improved case detection especially in districts where TB control activities have not been adequate in the past and to regularization of referrals and improved notification.

During the year under review (2005) 8,983 new cases, 266 relapses and 55 treatment failures were registered. The notification rate was 47.9 per 100,000 population. Out of new cases, 80 percent were pulmonary TB.

Treatment and follow up

All diagnosed cases are commenced with the short course therapy which extends over six months for all cases. DOT is invariably done during the intensive phase of treatment. Owing to the difficulties encountered by patients in attending DOT centers daily, during the continuation phase (the latter 4 months of the course) they are allowed to continue treatment at home, where the anti-TB drugs are issued weekly/ bi-weekly from the chest clinic, depending on the distance to the clinic. A household member is entrusted with observing daily intake of drugs by the patients during this phase.

Sri Lanka follows the drug regimen which consists of Isoniazid, Rifampicin, Pyrazinamide and Ethambutol given daily for two months followed by Isoniazid and Rifampicin daily for the next four months. Fixed Dose Combinations of the above mentioned drugs were introduced to Sri Lanka in 2005.

Monitoring of treatment is carried out by sputum smear examinations at prescribed intervals during treatment, observing the drug intake during the intensive phase and drug collection during the continuation phase by reviewing treatment cards, and counting the pills left over on his next clinic visit.

Patients with extra pulmonary TB are also registered, notified, treated, and followed up in the chest clinics. Drugs are issued monthly to these patients.

Drug procurement and distribution

Currently, Sri Lanka is getting its supply of TB drugs through a grant from Global Drug Facility (GDF). This will last up to 2008. After that, the country will procure drugs from GDF through their Direct Procurement Process.

Drugs are cleared by the Medical Supplies Division to the Central Drug Stores. From there, these are distributed to the District Chest Clinics (DCC) on a quarterly basis. The DCC would then dispense the medicines to the DOT center on patient basis.

All registered patients are given free TB drugs. They can also receive treatment in the private sector as long as they are registered.

Aside from the medicines, the government also provides free BCG vaccination to all newborns with the objective of protecting young children against the development of complications of primary infection, such as TB meningitis and miliary TB. It is administered within 24 hours of birth and has a coverage of 99.5 percent.

Refereference

1. Annual Report – 2004, Central Bank of Sri Lanka.
2. General Manual for Tuberculosis Control. The Respiratory Disease Control Programme. Ministry of Health, Sri Lanka 1997.

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HAIAP:

Asia-Pacific's pharmaceutical watchdog

by ***Passanna Gunasekera***

Health indicators of the majority of the member states in the Asia Pacific region continue to be satisfactory in the new millennium. However, this alone does not depict a success story. Several important health and development challenges still await urgent addressing.

One of the problematic issues in health and development concerns the pharmaceutical sector. In the Asia-Pacific region, one organization has taken an active role in advocating for a number of pharmaceutical issues.

The Health Action International Asia-Pacific (HAIAP), the regional arm of the international non-governmental organization, Health Action International (HAI), is involved in health and pharmaceutical issues. Its mission is to carry its messages to a wider audience across the continent and convince them of the validity of their messages.

HAI-AP, originally established in 1986, was known as the Action for Rational Drugs in Asia (ARDA) and was also the healthh and pharmaceuticals arm of the Internatonal Organization of Consumers Unions (IOCU) in the Regional Office for Asia-Pacific (ROAP).

Following organizational changes in the consumers groups, HAI-AP was formally inagurated in 2002. SInce then, HAIAP has established its reputation as one of the region's leading authority in health and pharmaceutical issues. It has convened consultations, workshops, seminars and brainstorming; educate stakeholders and the public at large; provided advisory services and expertise on a number of topical issues; facilitated and presented several briefing papers at national, regional and international levels; and maintained a steady flow of information especially in the print media. Such advocacy tools have resulted in a number of positive outcomes although HAIAP's role is considered to be more "prophetic."

Participants to one of HAIAP's trainings performed the traditional Sri Lankan oil lighting ceremony.
- photo courtesy of HAIAP.

Among the outcomes of HAIAP's successful advocacy works are the following:

- Through its papers and publications on various issues on health and pharmaceutical concerns, Malaysia included a provision for provisions for Compulsory Licensing and Parallel Imports in its National Patent Law in 2002.
- The 2003 ruling of the Sri Lankan Supreme Court on how patents violate the fundamental rights of the people. HAIAP then organized a seminar together with key government agencies. The seminar produced several recommendations that were handed over to the Director of the National Intellectual Property Office. On that same year, the Parliament passed an amended bill incorporating their recommendations.
- A coordinated action by HAIAP members pressured the Indian government to revise its Patent Acts. The 2005 Patent Act passed by India did not contain the full TRIPS flexibilities, which would affect the nation's generic drug industry. Through campaigns, mobilizations and protest rallies by HAIAP members, India revised the act to include the flexibilities, as well to address some of the issues raised by activists.

With regards to its Rational Drug Use (RDU) advocacy, HAIAP admitted that it faces challenges from a section of the medical profession linked to the pharmaceutical industry. To counter this challenge, HAIAP has forged partnerships with medical and pharmaceutical educators from more than 30 schools in about 20 countries in the Asian region. It provides Undergraduate Medical and Pharmacy Education, which aims to train young persons and equip them with the necessary knowledge and skills to respond to the health needs of the people they serve with

care and compassion and to assist these people and the state to achieve their health objectives. As in today's continually changing healthcare environment, there is serious concern that medical and pharmacy students are not being adequately prepared to provide optimal healthcare in the system where they will eventually practice.

Countering challenges

Owing to HAIAP's successes in promoting RDU and other key health and pharmaceutical issues, it has encountered direct or indirect confrontations in the press and even in seminars. HAIAP counters these by supporting their statements with valid data and facts.

Convincing the consumers in the midst of unethical promotion of medicines to prescibers still continue to be a challenge. During the past five years, HAIAP has conducted advocacy drive via the print media to ensure that there is a steady flow of information in the local press to educate the general public on issues that could be threats to RDU. Further, it has collaborated with other organizations in conducting seminars, consultations and workshops on the above issue and related issues.

References:

Successful Advocacy Campaigns: Health Action International Asia Pacific, Dr K Balasubramaniam

Annual Report 2005 – Health Action International Asia Pacific

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Tips for effective advocacy campaigns

- Substantiate any statement with facts and empirical data.
- Form and strengthen coalitions with similar organizations to reinforce the campaign. New issues with increasing complexity, such as the Intellectual Property Rights, are cropping up. To better respond to these issues, there is a need for diverse expertise which would come with a strong coalition.
- Involve experts from different fields whose expertise could be utilized in better framing the campaign. This would also ensure that the final message will be delivered to the target audience effectively.

Medherbal Pharmacy in drug retail and development work

By : ***Philip Paraan***

There is politics and economics in every pill. In the Philippines, branded medicines cost almost twice as generics. Media hype often dictates the drug consumption, no matter how unfounded some of the claims and portrayals in commercial ads. Still with the exorbitant prices of drugs, it has become impossible for most patients to properly complete their medication.

Medherbal Pharmacy (MHP) is trying to change that.

MHP is a community-oriented pharmacy promoting quality and affordable generic and herbal medicine. It also gives training on herbal medicine preparation.

The pharmacy was initially a project of the Council for Health and Development (CHD) with the mandate of providing generic medicines for the use of community-based health programs (CBHP). It also provided affordable but effective medicines to members of organized communities.

When it started to achieve sustainability, the CHD Board of Trustees has decided to transform the project into an enterprise so it could reach more clients. Now it is slowly gaining ground into a wider market with its expansion around Metro Manila. In line with its mission to provide affordable medicines to the poor, its three branches are located near urban poor communities.

A different business philosophy

MHP may be a business entity, but its approach is different from commercial pharmacies.

Unlike other pharmacies that place as much as 30 percent profit of margin per item, MHP's profit of margin is low; just enough to cover the operational expenses and post a small profit.

The pharmacy also carries generic medicines and herbal medicines. The herbal medicines are sourced from CBHPs to help them support community projects as well as their own programs. MHP buys its herbal soaps from CBHP-Isabela, herbal teas from San Benito SIPAG-KO in Bicol, and ampalaya (bitter gourd) capsules from the Tuazon Community Center Foundation. To ensure the products' qualities, MHP regularly conducts trainings on syrup making and sterilization.

MHP also assists in the setting up of community-based pharmacies by conducting trainings on herbal medicine and pharmacy management. Organizations who have finished the trainings are then provided with initial stocks of medicines. So far, six community pharmacies have already been established: three in Paranaque, south of Manila; one in Tala; and two in the province of Nueva Ecija. MHP is planning to set up five more community pharmacies before the year ends.

Another thing that differentiates MHP from other pharmacies is its advocacy on Rational Drug Use. Since most of their customers have virtually zero knowledge on RDU, staff actually takes the time to educate them.

Advocacy at work

MHP often encounters some people who still think of amoxicilin as vitamins.

"People need to know the right medicines to take, the right dosage, at the right time" says Socoro Torres, Medherbal's chief executive officer.

Drug consumption remains a big challenge because of the lack of knowledge about rational drug use as well as proper appreciation of generic drugs. Often people buy medicines inappropriate to their sickness. A majority of the Filipinos still buy drugs based on hearsay from what family members or neighbors say. Most of the time, they tend to buy drugs from what they hear or see on television or simply buy prescriptions given to them some years ago. Often, lacking proper diagnosis from physicians, their illnesses take a turn for the worse.

MHP and CHD also provide trainings on herbal medicine preparation and community pharmacy management. -photos courtesy of CHD and MHP

Torres explains that cultural factors remain an issue, relating to how multinational drug companies have controlled or overwhelmed popular media with ads. Such example is that of the world boxing champion, Manny Pacquiao. In his endorsement of ibuprofen, he says that he has been using it for 11 years. However, a scientific finding concluded that prolonged use of ibrufropen can likely makes a person's bones brittle, entirely belying the high profile ad.

Here still lies most of the challenges for MHP, but here is where it has also made significant gains. From an offshoot of CHD's drug procurement unit then only serving orgnized communities, now it is reaching out to larger crowd that is mostly unfamiliar to the concepts of RDU. The MHP staff are proud to say that they have been somehow successful in slowly influencing some people to follow prescriptions, take a full course of medication or go for herbal or generic versions rather than known brands.

Torres admits that economic issues hinder the promotion of RDU. She says other patients could not afford to buy full dosage of medicines. "There are those who buy one or two tablets of amoxicillin. We tell them the minimum dosage for antibiotics is 15 tablets. We try to lower prices so they could buy the full dosage." It is unfortunate however, that even if people know about the proper intake of medicines, they have not enough money to buy them.

Even with the enactment of the Generics Act of 1988, she underscores the failure of the government to support local drug manufacturers as well as its failure to regulate the production of medicines.

Due to monopoly pricing, the cost of drugs in the Philippines is one of the highest in the world, second in Asia next to Japan. Branded medicines still dominate the market, accounting for 97 percent of sales.

The Philippines now heavily imports drugs from India through the government's parallel importation program. If indeed the government really wants to end monopoly and significantly reduce prices, Torres insists that it should instead promote local pharmaceutical companies by increasing subsidy and lowering taxes.

To demonstrate the ill-effects of such problematic trade, experts believe that the rise in number of cases of multi-drug resistant TB is a result of the failure to comply with prescribed medication.

The irony remains starkingly real. Great advances have been made regarding treatment and cure of many ailments, but who can afford them? All these gives MHP more reasons to continue its work.

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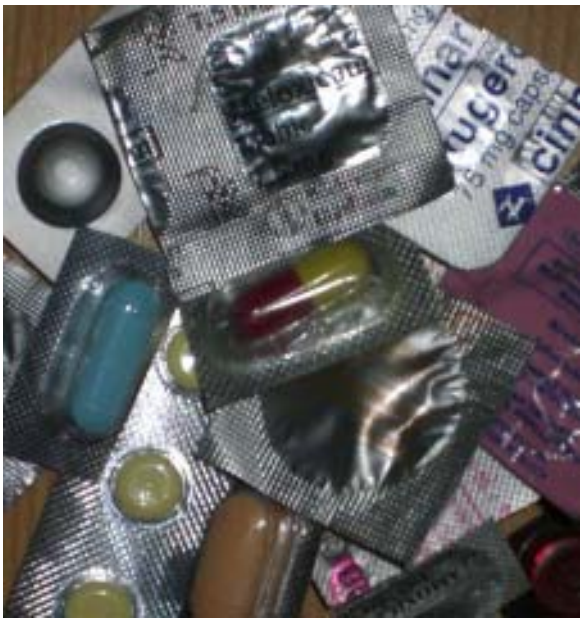
Rational Drug Use 101

The responsibility for promoting rational drug use does not only lie on health professionals. Consumers also have to take charge and be more responsible in taking medicines.

Patients often self-medicate for common illnesses such as cough, fever, and colds because the medicines for these can easily be bought over the counter. Without proper knowledge, improper use of over-the-counter (OTC) medicines can become more harmful. For example, improper use of cough and cold preparations - which are actually inessential ; and in most cases, unnecessary - can lead to hypertension. There are also some OTC medicines that can pose danger to children, pregnant women, and patients suffering from other diseases.

Listed below are some medicines often bought over the counter and some reminders on how to take these properly:



Improper use of over-the-counter medicines may cause further harm.

Painkillers.

There are two categories of painkillers: those that decrease inflammation, and those that do not decrease inflammation. For muscle pains and other swelling, aspirin, ibuprofen or naproxen sodium should be taken to decrease inflammation. For other body aches, mefenamic acid or acetaminophen should be taken.

Painkillers should be taken with moderation and caution. For patients suffering from other medical conditions such as asthma, high blood pressure, or diabetes, it is best to consult with physicians first.

Aspirin is not safe for children. According to *mayoclinic.org*, children suffering from viral illnesses like fever or chickenpox should not be given aspirin because it may lead to Reye's syndrome, which is life threatening.

Antidiarrheal

Loperamide, a leading antidiarrheal, tends to hide the symptoms of dehydration. The diarrhea may stop but the toxin causing the diarrhea persists in the intestine. When a patient has diarrhea, ensure that the lost fluids are being replaced.

Do not give loperamide to a child below 6 years old without a doctor's prescription.

Antibiotics.

Strictly speaking, antibiotics are not OTC drugs. But due to lack of proper implementation of the law, antibiotics are often bought over the counter.

Do not self-medicate using antibiotics as improper use of these medicines may cause resistance. One of the most common mistakes people do is to take antibiotics when they have fever or flu. Antibiotics treat infections caused by bacteria, not by viruses, which cause the above-mentioned illnesses.

Different preparations have different time-release mechanisms. Some patients take out the powder in antibiotic capsules or pulverize the tablet for easy swallowing. These practices affect the time-release mechanisms of the different formulations, resulting in lesser efficacy.

In the Philippines, another common practice is to put powdered erythromycin or ampicillin directly on infected wounds. This is not advised because of possible allergic reactions.

Take the full course. The treatment regimen for antibiotics usually lasts for one week. But for many people, particularly in developing countries where medicines are expensive, people often stop taking the medicine once they feel better. This practice could easily lead to antibiotic resistance.

Reference: www.mayoclinic.org

Untangling The Web Of Price Reduction: A Pricing Guide For The Purchase Of ARVs For Developing Countries, 8th ed., 2005. Provides information on prices and suppliers to guide purchasers make informed decisions when buying ARVs. Published by Médecins Sans Frontières, available from HAIN or www.accessmed-msf.org.

Problem Drugs, 1996 by Andrew Chetley. This book provides information on the appropriate use of medicines and at the same time discusses their ill effects to consumers, particularly children and women. It assesses all types of medicines that are unsafe, inessential, and commonly misused. It aims to guide and serves as a call to doctors, policy makers, and consumers to achieve rational drug use. Available from Health Action International (HAI), J. van Lennepkade 334-T, 1053 NJ Amsterdam, The Netherlands.

Global Health Watch 2005-2006. A call to readers to broaden and strengthen the global community of health advocates who are taking action on global ill-health and inequalities, and their underlying political and economic determinants. It looks at some of the most important problems, suggests solutions, and monitors the efforts of institutions and governments concerned with promoting health worldwide. It has a section on medicines which discusses essential medicines, international agreements, and ethical issues that affect people's access to medicines. Download from www.ghwatch.org or write to Global Health Watch, Cape Town, Riverside Center, 1st Flr., cr. Belmont & Main Rds., Rondebosch 7700, South Africa.

The Interagency List of Essential Medicines for Reproductive Health, 2006. Presents the current international consensus on rational selection of essential reproductive health medicines. The list is intended to support decisions regarding the production, quality assurance, national procurement, and reimbursement schemes of these medicines. Available from World Health Organization, 20 Ave. Appia, 1211 Geneva 27, Switzerland or email bookorders@who.int.

Medicine Prices: A New Approach to Measurement, 2003. A manual on how to monitor prices of medicines in low- and middle-income countries including information on price composition, such as taxes, mark-ups and fees. The manual is accompanied by a Workbook and a database designed for data analysis using Microsoft Excel. Published by WHO and HAI, please see address above.

National Policy on Traditional Medicine and Regulation of Herbal Medicines: Report of WHO Global Survey, 2005. The report describes the status of national policies and regulations on traditional and herbal medicines in141 WHO member countries . The report recognizes the importance of traditional medicine practices in different cultures and regions and at the same time realizes the need to develop international standards and appropriate methods for evaluating traditional medicine. Available from WHO, please see address above.

Newsletters

HAI News – reports on developments in national and international campaigns on health for all. Produced by Health Action International Asia Pacific, 5 Frankfurt Place, Colombo 4, Sri Lanka. www.haiap.org hai@haiap.org

Third World Resurgence – published monthly by Third World Network (TWN), an international network of groups and individuals involved in efforts to bring about a greater articulation of the needs and rights of peoples in the Third World. Contact TWN, 131 Jalan Macalister, 10400 Penang, Malaysia. twnet@po.jaring.my.

Essential Drugs Monitor – contains news of development in national drug policies, therapeutic guidelines, current pharmaceutical issues, educational strategies, and operation research. Published by WHO, please see address above. Email edmdoccentre@who.int.

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