

WHO launches campaign against counterfeit medicines

WHO launched an action plan at a meeting in Hanoi, Viet Nam, this month to crack down on substandard and counterfeit medicines circulating in six countries from the Greater Mekong sub-region.

The campaign, following on from similar initiatives in Africa, will target counterfeit and substandard antibiotics and AIDS, malaria and tuberculosis drugs in Cambodia, China, the Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam.

"Combating low quality or illegal medicines is now more important than ever. Expanding access to safe, effective treatment for AIDS and other illnesses is no longer an option, it is an imperative," said WHO's Director-General, Dr LEE Jong-wook.

During the meeting on 11–13 November, WHO and the six countries embarked on joint activities to combat counterfeiting of medicines in the region, to promote advocacy activities directed at key decision-makers, health professionals and the general public and to strengthen inspection and post marketing surveillance.

WHO estimates that Cambodia has about 2800 illegal medicine sellers and about 1000 unregistered medicines on the market. In 2001, China had roughly 500 illegal medicine manufacturers, and the Lao People's Democratic Republic had about 2100 illegal medicine sellers.

Substandard medicines are believed to account for 8.5% of medicines on the market in Thailand. In Viet Nam eight per cent of randomly collected samples and 16% in Myanmar failed laboratory testing for quality assessment. From these batches, Rifampicin (used to treat tuberculosis) showed the highest failure rate at 26%, followed by Cotrimoxazole (an antibiotic used mostly for children) at 24%.

Malaria represents a potential growth market for substandard and counterfeit medicines in malaria-endemic countries due to the recommendation of more complex combination medicines to treat drug-resistant malaria. A recent WHO survey of the quality of antimalarials in seven African countries (Gabon, Ghana, Kenya, Mali, Mozambique, Sudan and Zimbabwe) revealed that between 20% and 90% of the products failed quality testing. Pervasive poverty seems to be a

root cause for the large numbers of substandard antimalarials found in the survey.

WHO has since initiated a series of training workshops in African countries to help manufacturers improve their standards and to encourage authorities to test and screen local and imported drugs more rigorously.

“Many tools exist to improve medicines’ quality control and supply systems,” explained Dr Vldadimir Lepakhin, Assistant Director-General and Director of Health Technology and Pharmaceuticals at WHO. “The problem is one of resources. Most of the countries with the lowest quality pharmaceuticals are also the ones with the highest disease burden and the poorest economies.” ■