THE ROLE OF PHARMACEUTICALS IN PUBLIC HEALTH
ACCESS TO ESSENTIAL MEDICINES AS A KEY DETERMINANT TO UNIVERSAL HEALTH COVERAGE

September 15, 2016
9 a.m.–5:30 p.m.

#BUSPH40 #BUSPHSymposia
HEALTH REFORM, UNIVERSAL HEALTH COVERAGE & ACCESS TO MEDICINES
Thursday 15 Forum

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Universal Health coverage

Each country is engaging in health reform in order to adequately cover the population with a minimum package of quality health services. The goal is to improve access, and reduce morbidity and mortality especially among women and children.

For decades, this has been a shared responsibility between the government and the private sector especially the Faith Based Organizations.

CBCHS Vision: Quality healthcare to all

www.cbchealthservices.org
Essential medicines and universal health coverage

• We can not talk of Universal Health coverage or a minimum package of services without emphasizing the central role of essential medicines which must be of high quality, safe, and readily accessible to all those who need them regardless of their income and social status.

• Our medical supply chain systems have been characterised by poor quantification, frequent stock out of life saving medicines, high prizes, and the unavailability of critical drugs especially for non-communicable diseases. The drive for cost recovery and the declining health budgets have all contributed to the severe deprivation of the poor of access to quality medicines, and by implication the exclusion form universal health coverage.

• The alternative is the dangerous road side poor quality medicines.
EFFORTS MADE BY FBOS

• FBOs provide 30 to 70% of health care in most developing countries

• Many FBOs procure and distribute essential medicines to complement government systems. Examples of such FBO networks is the EPN with headquarters in Kenya which encourages FBOs to practice group procurement and distribution of medicines in order to reduce cost.
FBO do Quality Control on medicines

- Some FBO do basic testing using the Global Pharma Health Fund Minilab to full scale analysis based on British Pharmacopoeia Monographs
- Random sampling is done on drugs and tested
- WHO is informed of failed batches
- This has led to a number of drug alerts sent from WHO
The CBCHB in Cameroon collaborates with international organizations like EPN, DIFAEM, WHO, MEDS Kenya, all MINILAB Network Partners around the world and the MoH to fight counterfeit and substandard medicines.

The CBCHB has organized capacity building workshops sponsored by DIFAEM to other FBOs like CDMU in India, OCASC in Yaounde.
Examples of FBOs Quality Control effort

Reports from CBCHB QA lab led to the following alerts by WHO on fake medicines

• Medical Product Alert N° 4/2016, Batch # 10HO5 Falsified Quinine Sulphate tabs 300mg
• Medical Product Alert No.1/2015, two batches of antimalarials
• Drug Alert No. 130 of 6/11/2013, 4 batches of antimalarials

FBOs Guaranteeing Quality

• This collaborative work has led to WHO alerts on counterfeit & substandard medicines tests originating from our QA Lab

• As from 2011 to Aug.2016 we have tested 1,127 samples of medicines with failure rate of 5.06% for either substandard or counterfeit medicines.

• This is a major contribution to improving universal health.

• Universal Health coverage can not be successful without the FBOs contribution.

• FBOs have unfortunately been left, especially in Cameroon, without government financial support.
Appreciations and Tribute

- Boston University School of Public Health especially Prof. Richard Laing and Prof. Sandro Galea the Dean, for inviting me to be a part of this occasion,
- CDC Atlanta
- Staff and supporters of our services
- Special tribute to Prof. Bill Bicknell for inspiring me to develop interest in Public Health. So sad that he is not with us any more. We miss him dearly.
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