



Challenges of Obtaining Quality and Safe medicines : Patient Perspective

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When we receive healthcare, we expect it to be safe. However this is not always the case.....!



Introduction

- The quality and safety of Medicines is increasingly becoming a public health challenge worldwide.
- Patients continue to be harmed or lose lives due to poor quality, unsafe medications and unsafe use of medications
- More so, with increased access to newly introduced essential medicines, there is a greater need to monitor and promote their safety and effectiveness.

Efforts

- Acknowledge the role of different players to improve the quality and safety of medicines in Uganda including; Ministry of health, WHO, National Drug Authority, patient organisations/Civil society organisation, academia, pharmaceutical industry and development partners e.g. USAID, PEPFAR, EU, DFID, MSH etc

what is the problem?

Supply Chain mgt challenges;

- No control of procurement /sale of drugs
- sale of drugs in market places and buses
- medicine dispensed without prescription
- Undefined/mixed roles of providers; clinics operating as drug stores, pharmacies prescribing and treating
- Stock out of medicines in public health centers

Unregulated Promotion and marketing of medicine

Traditional medicine- Uncontrolled advertising



Herbalists

WONDERS AT BAANA BA KINTU'S CLINIC

These expert doctors have gone an extra mile in discovering purely natural herbs to solve especially men's problems; they are also experts in treatment of:

- Syphilis with symptoms like back pain
- Premature ejaculation (4 hrs)
- Manhood enlargement, impotence, barrenness, hernia
- Diabetes, Pressure, Candida, Ulcers, Fibroids
- Women tightening and dryness
- Returns lost lovers (3 days)
- Charms for luck
- Business Attraction and court cases

DELIVERIES ARE MADE AT ANY PLACE

Location: at Nakulunge Kabwe

Human Resource Capacity

- Inadequate personnel to handle and control quality and safety of medicines
- ill trained personnel
- non qualified personnel operating clinics, drug outlets without any knowledge on handling and storage of medicines
- Poor diagnostic and communication skills of healthcare professionals-resulting into misdiagnosis and wrong treatment

Substandard & counterfeit medicines

- Threat is real although there is inadequate data to determine the extent of the problem in most African countries.
- Fake medicines for malaria, HIV/AIDS, and tuberculosis are prevalent throughout Uganda just as in much of Sub-Saharan Africa, with some estimates placing the incidence of fake products at around 30% of the total pharmaceutical supply.

Substandard & counterfeit medicines cont'd

- The situation is made worse by the low levels of awareness on dangers of counterfeit medicine and inefficient existing legal system to crack down and prosecute counterfeiters
 - corruption, porous borders ,inadequate HR and financial capacity of regulatory authority to fight substandard and counterfeit medicines.
- There is need for innovative tools and mechanisms such as the use of MINILABS to ensure quality.

Patient level challenges

- **Nature of patients: Mostly Vulnerable**
- This vulnerability is evidenced in;
 - higher comparative mortality rates
 - lower life expectancy
 - reduced access to care
 - diminished quality of life
 - illiteracy
 - suffer double burden of communicable and non communicable diseases
 - poverty

Poverty.....



Suffer double burden....



Access to quality care



Affordability of Medicines

- Many households(64%) believe that medicines are not affordable; suggesting that the price households pay for medicines is an obstacle to accessing quality and safe medicines
- Private health Insurance in Uganda is very low (1%) and is limited to households with higher SES.
- (A report on Access to and Use of medicines by households in Uganda,2008)

Low health literacy

This has resulted into consumption of poor quality and unsafe use of medicines, self medication, poor adherence to medication, poor health seeking behavior, late diagnosis and referrals, seeking alternative healthcare from unregulated traditional medicine practitioners leading to preventable deaths

What have we done ?

- Advocate for development of patient safety guidelines including health literacy with Ministries of Health
- Lobby for Ministries of Health and National Drug Authority to improve research and data collection related to quality and safe medicines
 - Active monitoring of ADRs, feedback mechanisms
- Advocate for meaningful involvement of patients/ organisations in healthcare decision making process

What have we done cont'd...

- Created an active & empowered network of patient organisations to promote patient centered healthcare & patient safety
- Increase awareness of the need for improved health literacy to empower patients to make informed choices
- Increase patient engagement in decision making in policy affecting quality & safe medicines and related areas
- Increase access to patient information on quality and safe medicines using innovative approaches



Awareness through music dance and drama

Awareness raising on safe medicines through community outreaches and public hearings/events





EDDAGALA
ETINGIRIRE
LITTA

COUNTERFEIT
MEDICINE
KILLS

ONLY SAFE DRUGS
IN RIGHT DOSAGE
SAVE LIVES

HealthAid
Establishing long-term relationships
and partnerships in the health sector
www.healthaid.org

UGANDA YOUNG POSITIVES
LIFE SAVING



Safe use of medicine is integrated into patient organisations projects e.g. the CHAIN orphans project



Awareness through sports



CHAIN Football team giving out information on the dangers of self medication

Work in collaboration with key stakeholders such as National Drug Authority (NDA), to raise public awareness on quality and safety of medicines



Vicky Nambasa from National Drug Authority speaking about the quality & safety of medicines

Engaging with healthcare professionals

Leaders of Patient groups met with the Research and ethics committee and bio ethics working group of Mulago hospital to discuss patient centered healthcare and patient safety.

Regina giving an overview of the dialogue



Engaging with healthcare professionals

Cont'd

Dr Christine Nabiryo - Executive Director TASO addressing health workers during a dialogue on health literacy organized by CHAIN

Ben Mwesige MPS - Head Pharmacy Uganda Cancer Institute talking about substandard and counterfeit medicines during a dialogue organized by CHAIN



Engaging the public through media campaign



A child who was disabled by a quinine injection administered wrongly

Engaging with WHO country office

Dr. Joachim Saweka , the former WHO Country representative in Uganda gave a key note speech at the workshop on substandard and counterfeit medicines organised by CHAIN.



Dr. Kaggwa –Mugagga ,WHO officiated at the health literacy public dialogue organised by CHAIN



Training Community safe medicines advocates



Regular trainings on quality and safety of medicines for People Living With HIV (PLWHIV)

- CHAIN has trained over 900 PLWHIV in 2011 to date on quality and safety of medicines.
- Training on Adverse Drug Reactions(ADRs)- what, when, how and where to report
- PHAs share testimonies of Adverse Drug Reactions (ADR).

Adverse Drug Reactions(ADRs)

- ***Studies conducted in developed countries have consistently shown that approximately 5% of hospitalised patients are admitted into hospital as a result of an ADRs and 6-10% of in-patients will experience a serious ADR during hospitalisation.***
- ***The Safety of Medicines in Sub-Saharan Africa: Assessment of Pharmacovigilance systems and their performance, 2011 report reveals that several studies documented how ADRs contribute to patient morbidity and hospitalization in Africa-4.5-8.4 % of all hospital admissions were related to ADRs, 1.5-6.3 percent of patients were admitted as a direct result of ADRs and 6.3-49.5% of all hospitalized patients developed ADRs.***



Adverse Drug Reaction due to an HIV drug



Patient with septrin toxicity

Partnerships

- Ministry of Health
- WHO
- Regulators e.g. National Drug Authority (NDA)
- Healthcare professionals /Associations
- Pharmaceutical industry
- Research institutions
- Schools and universities
- Health centers

**Patients should be empowered
because when things go wrong ,
they are the ones who suffer the
harm.....!**

Lets all work together to promote
patient safety





Community Health and Information Network (CHAIN)

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