
Strengthening African borders in combating counterfeit medicines: **the need for enforcement**



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Introduction

- CIOPF: organization grouping several French speaking nations, including African and Asian countries among which falls my country: Lebanon
- The developing countries suffer from the same persistent problem: counterfeit
- To spare any embarrassment, I chose to share the Lebanese experience with you as an example of a country that had the courage and the determination to face and fight counterfeit through an awareness campaign which has been launched and will never stop before reaching its goal and hopefully, will be an example to follow



Introduction

Counterfeit medications are present all over the world, and need to be tackled in different ways especially in developing nations

where the pharmacist

must be the key upholder of ethics and can be
the only guarantee



Current status in developing countries (Africa, Middle East)

- Major conflicts exist between two cultures:
 - Culture of professionals responsible for health (Pharmacist): well-disciplined specialists who respect laws and regulations
 - Culture of traders based on greed/profit, supply/demand, promotion/consumption
- We are facing a problem of principle and definition in terms of health:
 - Who's the patient? A care seeker or a client?
 - What's a drug? A healthcare product or a consumer good?
 - Who's the pharmacist? A healthcare professional or a simple trader?



Current status in developing countries (Africa, Middle East)

- Important questions remain unanswered by those in charge who are required to face major challenges and make crucial choices.
- When it comes to health, no matter how minimal details seem, they are in fact, of great importance. The quality of healthcare depends upon the quality of medicinal drugs which relies on a chain of responsibility (manufacturing, importing, distributing and dispensing) that must be **respected and controlled.**



Chain of responsibility





Chain of responsibility



**the independent pharmacist:
the only guarantee in the developing countries**





Facilitating factors

- Unfair competition: drug pricing.
- Physicians and hospital staff resell donations.
- Medications sold in dispensaries, streets, boutiques, by non pharmacists.
- Some NGOs import donations and sell them.

Further to this unfair competition, some pharmacists will be implicated in dealing with counterfeit drugs

Why Counterfeit Pharmaceuticals

ROI - \$1000 Investment

Crime	ROI
Counterfeit Currency <small>*(Foreign Law Enforcement U.S. Secret Service)</small>	\$3,300
Counterfeit Credit Card <small>*(MC, Visa, Discover)</small>	\$6,700
Heroin <small>*(DEA)</small>	\$19,860
Counterfeit Cigarettes <small>*(2 Major Tobacco Companies)</small>	\$43,000
Counterfeit Software <small>*(Microsoft)</small>	\$40,000-\$100,000
Counterfeit Pharmaceuticals <small>*(Manufacturing Prices of obtaining bulk)</small>	\$500,000

* Sources



Counterfeit: Example/problem

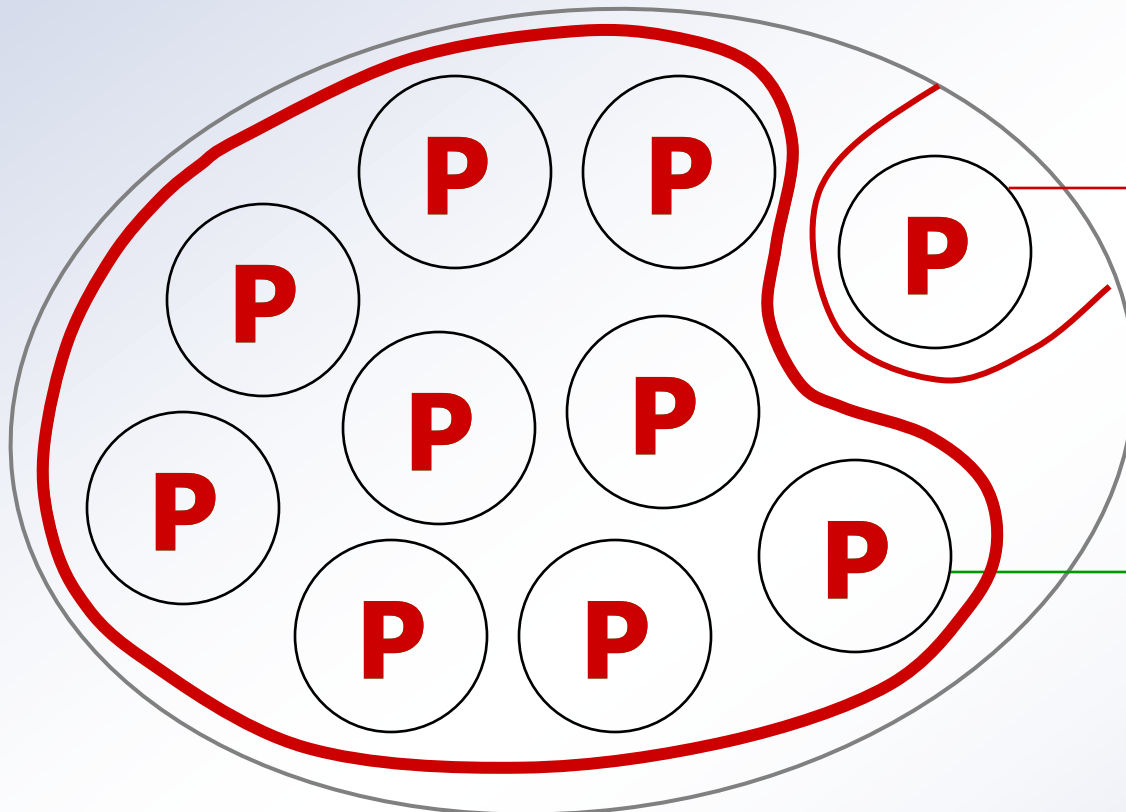
- Drug pricing is fixed by the MPH: it includes the pharmacist's fee
- Drugs in question/number:
Bromazepam, Ativan, Leponex, Augmentin, Lanzor, Xanax, Panadol Extra, Viagra, Tenormin, Tenoretic, Cialis, Seroxat, Lorazépam, Diflucan, Gynaecosid, Insulines, Lexotanil
- Compared price

	Authentic drug	Counterfeit drug
Pharmacist net price	80	15
Patient public price	100	100
Gross profit	20	85
Net profit (after expenses)	9	74
Discount 10-15%	Bankruptcy	Profit 64-59

⇒ the commercial attitude replaces the professional behavior



Counterfeit: Example



Attracts the patients by discounts of 10-15% on counterfeit drugs

2 options:

- Remains honest and goes bankrupt
- Follows the example of the offender

↓
Expansion of counterfeiting

P Honest pharmacist

P Offending pharmacist



Facts

- Family education, conscience, ethics and professional training of many pharmacists have so far prevented the massive spread of counterfeiting, despite laws and healthcare systems that effectively promote their prevalence.
- Pharmacists are at a pivotal final link in the healthcare chain and key at assuring the quality of drugs. Therefore, it is necessary to increase their awareness and to implicate them in the fight against counterfeits because their vigilance can prevent the introduction of counterfeits in the pharmaceutical chain.

Counterfeit





Points of view

- **Many parties** are involved, each having his/her own vision on counterfeit and thus act accordingly
- For some, the counterfeit drug constitutes a means of saving since it can be acquired for a lesser price than the original drug. This can be blamed on people's ignorance which is the case of certain **patients**



Points of view

- For others: the major issue that leads to the indulgence and the lax attitude to health and safety regulations towards counterfeiters and offenders is **CORRUPTION**
- Politics and popularity make some **public servants** at the concerned authorities convinced of the need to returning services in order to guarantee potential votes.
- Denying the problem in fear of being accused of unfulfilling their duties



Points of view

- Refusing to exchange information with the other concerned parties
- The ignorance about the gravity of the subject and its consequences on the public health and the national treasury
- They see nothing in these drugs but the evaded customs taxes since these drugs are introduced via illegal routes



Points of view

- For the **medical body**: it's the total rejection of counterfeit drugs they are not aware of the seriousness of the problem; they remain inactive when it comes to facing this dilemma and are misinformed or not urged to react to this problem.
- For **the media**: It's the carelessness to cover the event due to ignorance; Looking for the scoop and seeking only scandalous news.



Points of view

- As for **hospital managers**, some have the objective of maximizing profits in the shortest time possible and minimizing the expenses of the hospital.
- In the case of **dispensaries**:
Under the excuse of providing a public service, the dispensaries can be considered particularly privileged settings in promoting counterfeit drugs, and thus escaping any control authority(ies)



Counterfeit medication...

... is **NOT** a medication!

Made outside the realm of regulations that control production and sold clandestinely



Created to deceive for profit, with no regard to safety



Counterfeit medication...

...stems from serious crimes that endanger public health, that of VIPs and average people as well as honest and corrupt alike!



Counterfeit medication...

... damages the credibility of
healthcare systems, dispensing
processes and governments!



Counterfeit medication...

Is not about:

- Respecting Intellectual Property Rights (IPR)
- Ensuring adequate tax revenue for the government including custom taxes.
- A cheaper medicine.

It is a personal and public health problems that can lead to death!



Objectives

The counterfeit drug constitutes a pharmaceutical crime that threatens the life of people and undermines the credibility of the health system.

Counterfeiting is a criminal activity that violates the human rights to a good health.

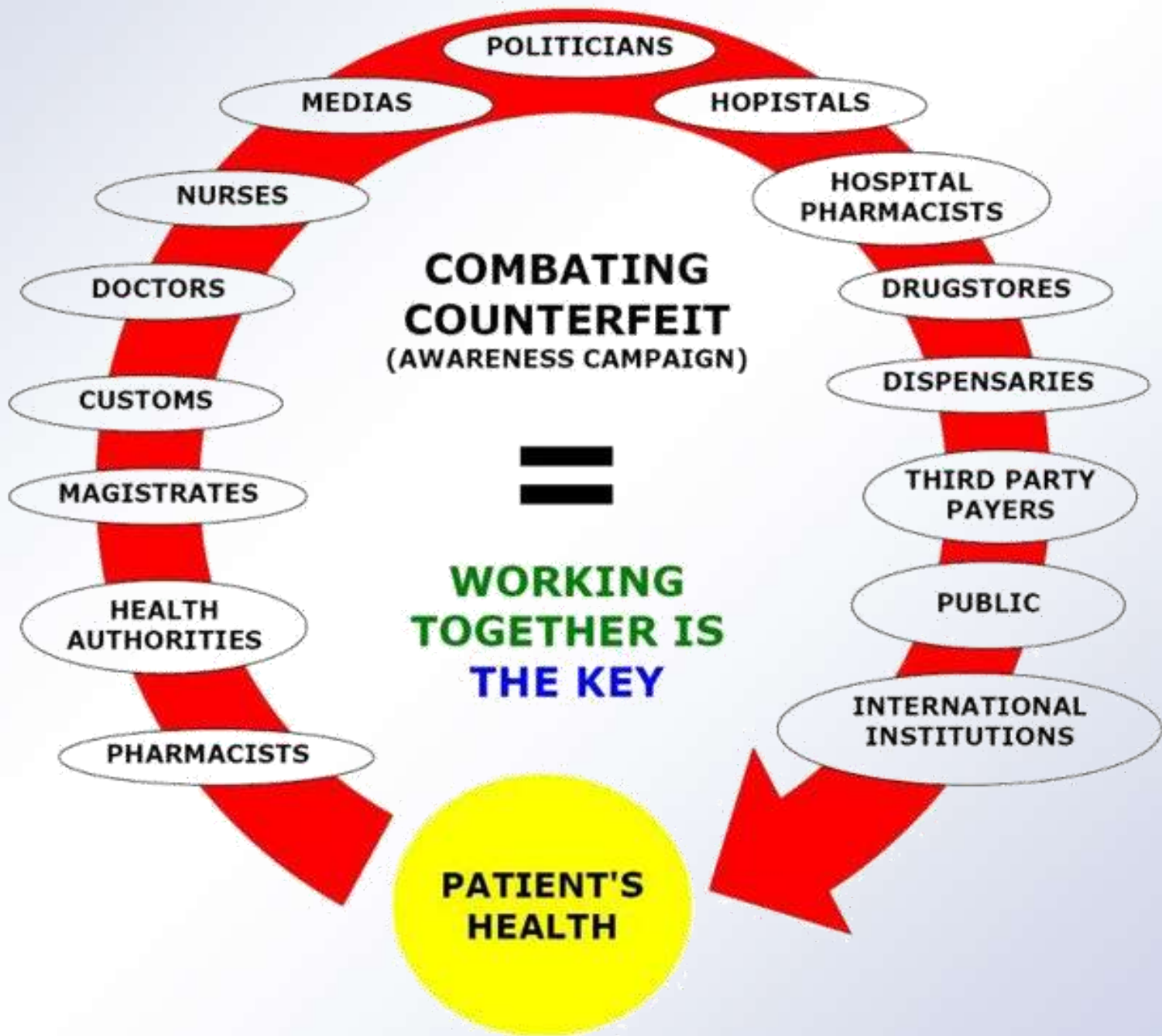
The **objective** is to homogenize the view on the problem by aligning all the players involved in a real and unique definition of counterfeiting as follows:

The counterfeit drug is a silent killer distributed by criminals



Strategy

- Corruption exists at different levels,
- Offenders are protected and untouchable
- The only means remain in informing the public through an awareness campaign where they can:
 - Share with you and
 - Judge for themselves
 - Expose the offenders
- Number of existing community pharmacies: 2000.
Average number of patients/pharmacy/day: 80
Total/month: $2000 \times 80 \times 30 = 4,800,000$ being the population of Lebanon.





Some Questions...

- Do we know the scale of the problem?

NO.

- Do we have to know the exact figures?

NO.

A SINGLE COUNTERFEIT BOX IS ENOUGH TO HARM OR KILL ONE PERSON AND THAT IS UNACCEPTABLE.

- Are we serious in facing the problem?

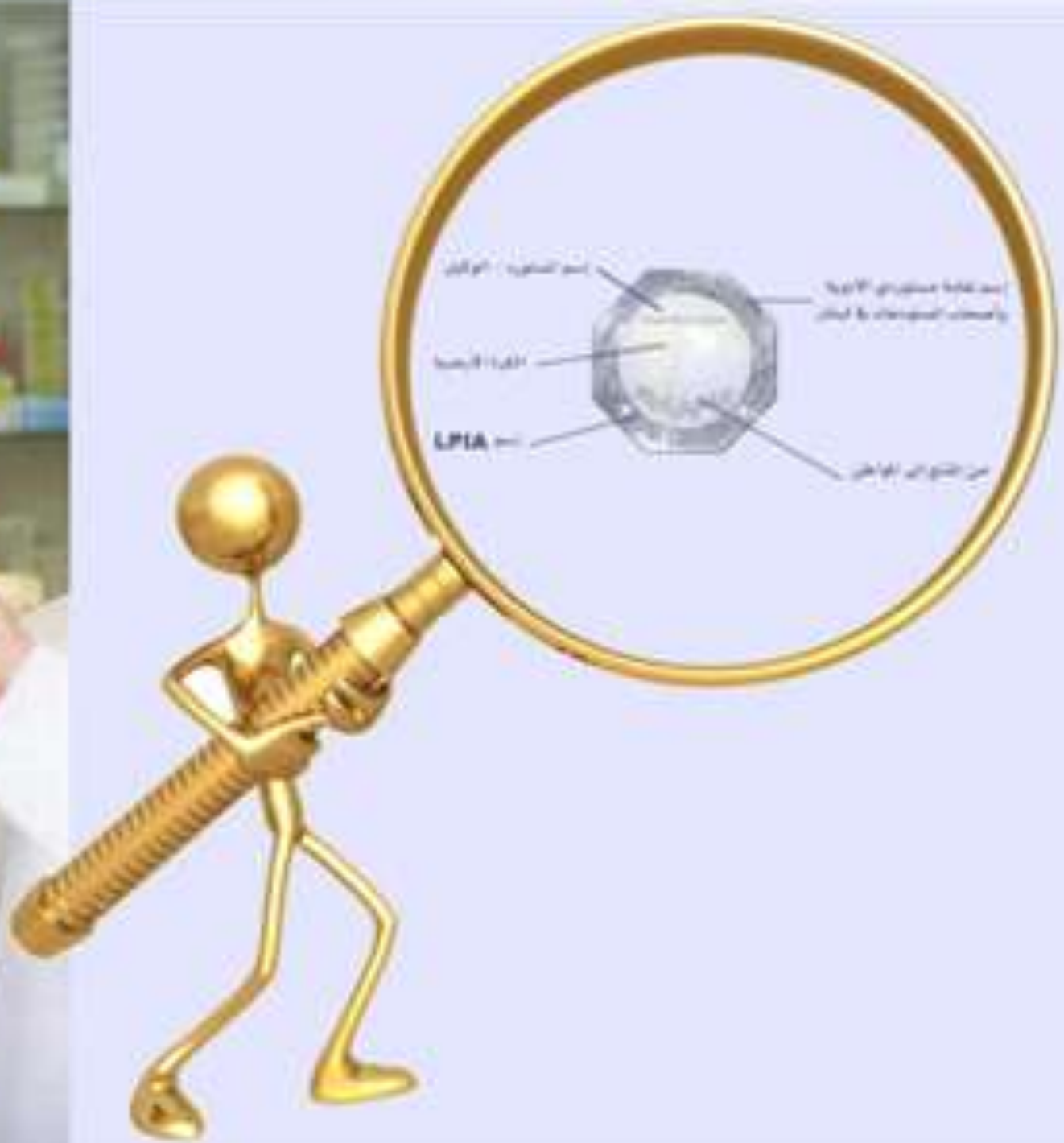
Until now NOT ENOUGH

**EXAMPLES OF
COUNTERFEIT
MEDICINES
DELETED FROM THE
ORIGINAL VERSION**



How to recognize a counterfeit product?

- Some details should draw your attention, even if the elements mentioned do not constitute an exhaustive list of counterfeits characteristics:
- A surprisingly low price;
- batch number and expiry date that do not fit with those usually used by the pharmaceutical manufacturer;
- Batch number and expiry date are different on the outside box and the inside blister .
- unknown distribution channel;
- packaging (i.e. medicine cardboard , inside notice) which is not similar to the original;
- a patient reports new side effects: this is often the first way to detect counterfeit medicines;
- a patient complains about the quality of a medicine(not having result)
- Look for features such as **hologram, colour-shifting ink** or supplier's label





Action plan

- Starting with a press conference.
- Billboards covering all the Lebanese territory
- Radio commercials, TV spots, interviews
- Seminars (educational and informational for all parties involved)
- Posters (faculties, pharmacies, hospitals)
- Guide to physicians, pharmacists, judiciary system
- Flyers for the patients distributed at all pharmacies
- Logo of the campaign printed on pharmacy bags, prescriptions forms... for the patients
- Call center (at the MOH)
- SMS and mass mails



Short-term Action

Awareness Campaign

- Pharmacists
- Media
- Dispensaries
- Doctors
- Customs
- Nurses
- Law
- Ministry of Health
- Hospitals
- Government and third party payers
- General public



Short-term Action

- Tools
 - Brochures for pharmacists and other health professionals
 - Patient brochures
 - Posters-billboards
 - Conferences
- Scope
 - Conferences: congresses, seminars, medical societies, hospitals
 - Brochures: CIOPF, ORDRES, WHO, MSP
 - Posters: CIOPF, ORDRES, WHO, MSP



Medium to Long-term Action

- Pharmacy Stands: CIOPF, ORDRES, WHO, MSP
- Protocole 1 signed among various entities working against counterfeiting: customs, CIOPF, ORDRES, WHO, MSP, CNSS and others
- Protocole 2 signed among the CIOPF, ORDRES and pharmacists at community and hospital levels
- Creating an accreditation label identifying pharmacies that have signed Protocole 2











BILLBOARD





COUNTERFEIT DRUGS **KILL!**



**counterfeit drugs are silent killers
distributed by criminals**

YOU ARE THE PATIENT. IT IS YOUR RESPONSIBILITY TO ASK

YOUR PHARMACIST... YOUR BEST GUARANTEE