



World Health Professions Alliance WHPA

“Be Aware, Take Action” Counterfeit Medical Products Campaign 2010

REGIONAL WORKSHOP ON SAFE MEDICINES

Abuja, Nigeria, 22-23 November 2010
Final Summary Report





WORLD HEALTH PROFESSIONS ALLIANCE REGIONAL WORKSHOP ON COUNTERFEIT MEDICAL PRODUCTS

Abuja, Nigeria 22-23 November 2010

Final Report

1. Introduction and objectives of the workshop

The regional workshop aimed to bring together representatives of national health professions organisations and relevant authorities to:

- Share information and examples of initiatives and best practices on the counterfeit medical products situation throughout the region
- Hold a discussion among health professions and relevant authorities about how to spur action to reduce the infiltration of counterfeit medical products in the region
- Discuss action plans for health professionals in each country participating in the workshop so that the momentum to combat counterfeits continues throughout the next 12 months
- Collectively commit to prioritizing the issue of counterfeit medical products through a regional “Call to Action”

2. Programme

Day 1 22 November 2010

1000 – 1200

Opening Ceremony

Moderator: *Prof. O.O Kunle, PSN*

Opening Remarks:

Senator Eme Ufot Ekaette, Akwa Ibom State of Nigeria

Mr Ben Botwe from WAHO

Dr. Baamong Nicholas, representing President of Nigeria Medical Association

Pharm. Azubike Okwor, President of Pharmaceutical Society of Nigeria

Prof Kofo Savage, FDI Nigeria WHPA

Keynote presentation

Mr Hashim Yusuf, Chairman of the Africa regional task force on the prevention and control of substandard / spurious / falsely-labelled / falsified / counterfeit medical products, and Chairman of Nigeria Federal taskforce on counterfeit medicines

Q and A

1200 – 1330

Lunch

1330 - 1400

Perspectives from the industry

Paula DeCola and Steve Allen, Pfizer

Topic: Counterfeit Medicine: Considerations and Innovative Practices in Addressing the Pandemic

1400 – 1500

Break out Group Discussion by topics

Introduction and explanation of break out groups – Xuanhao Chan (FIP)
Break-out groups to be facilitated by good representation of 5 health professionals

The public's perception on counterfeiting is only reinforced by the government's inaction. Promoting awareness gives consumers the power to be proactive in identifying and reporting drugs that may seem suspicious. Better education as to the dangers of counterfeit drugs will foster more disclosure which in turn will lead to improved information on the counterfeiting problem. Currently, there is no mandatory requirement for health professionals or companies to report incidents of counterfeit pharmaceuticals. There is also no system to determine when and how to alert the appropriate authorities, stakeholder or the public. Basically, there is no systematic accumulation of data relating to the counterfeit problem.

Participants will break out in 8 groups to consider the following questions and propose strategies to tackle those issues.

1500 - 1515 **Coffee break**

1515 – 1615 **Presentation of conclusions and outcomes by group rapporteurs (5 min per group)**

Analysis and comment of group conclusions

Dr Baamlong Nicholas, Nigeria Medical Association

Dr Didier Mouliom Ngambe, African Pharmaceutical Forum Francophone Liaison Officer

Janet Obumi, Uganda Nurses and Midwives Union

Prof. Kofo Savage, World Dental Federation and Nigeria Dental Association

1615 – 1800 **Special Event**

Evening Reception at the Residence of Senator Eme Ufot Ekaette, a senator of the Federal Republic of Nigeria and a former President of the Pharmaceutical Society of Nigeria (PSN).

Day 2 23 November 2010

0900 – 0930 **Re-cap of the discussions on Day 1**

Moderator: *Pharm. Anthony Akhimien, FPSN, FPCPharm*

Comments from participants

0930 – 1100 **Open Discussion**

To share country experiences and discuss national strategies for interprofessional collaboration to address the counterfeit medical products problem or threat, and establish long-term aims for continuous cooperation.

1100 – 1200 **Discussion on the “Abuja Call to Action”**

Dr Baamlong Nicholas, Nigeria Medical Association

Dr Didier Mouliom Ngambe, African Pharmaceutical Forum Francophone Liaison Officer

Janet Obumi, Uganda Nurses and Midwives Union

Prof. Kofo Savage, World Dental Federation and Nigeria Dental Association

Jean Damascene Gasherebuka, Rwanda Physiotherapy Association

Mrs Kamoga Mariam Regina, Community Health and Information Network

Consensus on the “Abuja Call to Action”

1215 – 1330 **Summary remarks and closure**

Prof. Dora Akunyili, Minister of Information/Communication

1330 – 1400 **Lunch**

- 3. Participants:** National health professions' organisations or dentists, pharmacists, physicians, physical therapist and nurses from Cote d'Ivoire, Gambia, Ghana, Liberia, Nigeria, Cameroon, Ethiopia, Kenya, Rwanda, DR Congo, Tanzania and Uganda. *(see attached a full list of participants In Annex 1)*

4. Report

4.1 Break out Group Discussion by topics

Participants were divided into eight working groups, one of which was in French, to consider the following questions. Proposed strategies from the discussions are included.

- 1. Should health professionals be held accountable (or even legally responsible) for reporting counterfeits to drug regulatory authorities? Is voluntary or mandatory reporting feasible?*

Unanimously YES but with exceptions when security and privacy may be compromised, as counterfeiters are often organised criminals. HCPs require protection from regulatory agencies or authorities such as NAFDAC. The question was raised as to who is holding HCPs accountable for not reporting? Participants agreed that combating counterfeiting is not just a matter of reporting but rather about taking actions. There is still a need however, to encourage, support and train HCPs how to report counterfeits securely.

- 2. Could the collaboration between health professionals be more effective in combating counterfeit medical products than the individual efforts of each profession?*

Unanimously YES. All participants agreed that synergy among HCPs helps. There is a perceived expectation of regulatory authorities to educate HCP about counterfeits, especially about how to actually recognize counterfeits from genuine medical products. There is a strong interest requesting WHPA to mentor and provide guidance on improving the inter-professional collaborations at country levels. "National WHPA" should be established, modelling after the global WHPA mechanisms. It was also clear that multi-disciplinary collaborations among HCPs need to be extended to other stakeholders such as governments, police, army, society, consumers, patient groups and the media.

- 3. Are health professionals knowledgeable and prepared enough to identify and combat counterfeit medical products? What could be done and what can they do increase improve that situation?*

Participants felt the most HCPs are not very knowledgeable and prepared enough to identify counterfeits. These aspects are often not included in regular health education and training, both pre-service or post-service. A suggestion was made to request regulatory and health authorities to maintain an updated website with accurate information on how to do a visual inspection of registered medicines available on the market. Continuing Professional Development (CPD or CE) needs to include this form of training. There is definitely room for re-training as well of HCPs to start building capacity. Suggestions include mandatory CPD in collaboration with HCP councils or registration boards.

- 4. How can health professionals help increase the awareness and empower patients and the public about the dangers of counterfeit medical products?*

By providing information to patients and empowering them with the knowledge to be aware and be wary. Make better use of the media, radio and TV especially. Draw attention to patients about quality of medicines. Need for key messages to sensitise patients through advocacy, educational public programmes, patient counselling, and other structured patient education techniques. A suggestion was made to organise workshops for patients and community leaders. Eventually, patients need to move from awareness to empowerment.

5. *How can health professionals work with drug regulatory authorities to create public awareness?*

Information sharing is key. Participants agree that there is a need to provide incentives for HCP to work with drug regulatory authorities. In some countries, this works through providing a promotion, work place recognition and public honouring of exemplary individuals. Discussions also point towards the need for a more “friendly” format of reporting forms or systems to report counterfeits. The issue of security was highlighted again. Suggestion was made that educational and training materials for HCPs should be endorsed by regulatory authorities. Also information materials to be provided for patients.

There is a problem of the rampant availability of misinformation about health and medicines on the media and public domains. HCPs can work with regulatory authorities to filter the right from wrong information. Health literacy and poverty are the real underlying drivers for patient risk behaviours.

More innovative communication need to be devised in order to actually change mindsets and consumer behaviours. It should not be assumed that everyone has access to the Internet or TV. In some rural areas of the country, the only way to influence the population at large is through the religious leaders or community health workers/volunteers.

Finally, HCPs should be sharing information to patients and consumers about new legislations relating to counterfeits, such as penalties for counterfeiter or human rights to health and medicines. To take this step further, HCPs should work with regulatory authorities to better implement existing laws.

6. *What elements should be part of a national system for combating counterfeit medical products? Who should implement this system?*

Appropriate funding needs to be in place to ensure that legislations can be effectively enforced. In most African countries, there are inadequate laws in place that can deter counterfeiters. Much heavier penalties may be effective. For example in Nigeria, because of the pro-active NADFAC and the introduction of more severe penalties, counterfeiters are exiting their operations in the country and moving to neighbouring countries whose environments are more “favourable”. This is also recognized as a “side-effect” in the region.

There is a need to invest in quality control labs so that detection and confirmation of counterfeits can be actually made. Currently, there is a very low capacity in Africa to do this. Encourage regional cooperation in this aspect.

Another element is to encourage local production of medicines. This reduces dependence on imports and illegal distribution within and between countries. Borders are porous and subject to infiltration. There is a need to monitor and secure distribution chains among legitimate manufacturers and other operators.

Participants agree unanimously that a real political will is the most important if anything concrete is to be achieved. For any strategy or legislation/regulation to be enforced, governments need to take the lead. Politicians need to carry this as their flagship project.

Some interest was raised regarding recent application of technology, e.g. SMS from mobile phones, to assist the detection or deterrence of counterfeit medical products.

7. *What can be done at regional level to combat counterfeit medical products?*

Networking, networking and networking! Sharing of information is the first step. No single HCP can combat this alone. Neither can regulators work on their own. With regards to regulation, harmonising at a regional or sub-regional level can be effective, as seen from the initial successes and experiences of WAHO in West Africa. The challenge of cross-border trafficking is not easy to control. Regional

workshops such as this could increase greater collaboration between regulators and other stakeholders. This platform should be used to harmonised ideas as well. There is a need to strengthen existing structures.

8. *What role can health professionals play to combat the distribution of counterfeit medical products through informal or uncontrolled channels (street vendors, internet, shops, etc)?*

The question first raised was “Are we doing the right thing now?” Why are HCPs still buying from the open markets? This should be addressed at a moral and ethical level. HCP associations need to send a strong message to their own constituents about their actions that are harming patients they see and treat or dispense medicines to. There is a need to conduct a self-assessment exercise among HCPs. The importance of empowering rural people and the need to educate them about rural pharmacies as sources of reliable medicines, rather than buying from vendors or street markets. HCPs should work with regulators to close down sources of counterfeit medicines.

4.2 Approval of Call to Action

(Please see Annex 2 for the complete **WHPA Abuja Call to Action**)

5. Next steps

WHPA and the health care professionals who participated in this workshop are keen to ensure that the energy and momentum that has been generated is not lost. To this end all HCPs who participated in the workshop are encouraged to:

1. Disseminate the Abuja Call to Action and workshop materials to your own members.
2. Share with your Ministry of Health and the media about the Abuja Call to Action and WHPA toolkit.
3. See if there is a national committee or association of multi-disciplinary professional associations? If yes, is combating counterfeit medical products on their agenda? Could they organize a national workshop with HCP and other stakeholders? If no, could a meeting be organized to talk about setting such a group in the country?
4. All participants are requested to please complete the evaluation form and to return it to africapharmforum@yahoo.co.uk and whpa.campaign@wma.net by 03 February 2011.

Annex 2

THE WHPA ABUJA “CALL TO ACTION” ON COUNTERFEIT MEDICAL PRODUCTS

The attached version of the “WHPA Abuja Call to Action on Counterfeit Medical Products” was approved unanimously.

1. We, national member organizations¹ of the International Council of Nurses (ICN), the International Pharmaceutical Federation (FIP), the World Confederation for Physical Therapy (WCPT), the World Dental Federation (FDI) and the World Medical Association (WMA) are meeting in Abuja, Nigeria, on the 22–23 November 2010, to address the alarming threat of falsified and counterfeit medical products in Africa. In attendance, are patient support and consumer groups² too.
2. We **note with grave concern** that the problem of poor quality medicines, particularly falsification and counterfeiting of medical products is on the increase and that about a half of medical products in some regions of Africa may be counterfeit.
3. We **recognize** that significant steps have been taken to fight medicines counterfeiting by some African governments and their regulatory bodies, health professional organisations and international organisations such as the World Health Organisation (WHO). However, there remains a need to ensure a zero tolerance to medicines counterfeiting as curbing this heinous crime is primary to any significant improvements that may be made in the Millennium Development Goals (MDGs). Health professionals are uniquely positioned in this fight and must rise up to the challenge to increase the awareness of this problem and implement definitive strategies towards curbing it.
4. We therefore **commit** ourselves, as leaders representing nurses, pharmacists, physical therapists, dentists and physicians, to accelerate our response to this problem by:
 - a. empowering patients and the consumers with the knowledge needed to avoid falsified and counterfeit medicines.
 - b. supporting our national drug regulatory authorities and relevant government agencies to aid pharmaceutical guideline enforcement and by assisting in developing national reporting systems that enable health professionals to report and to get feedback about adverse events, medicine-related problems, medication errors, misuse or medicine abuse, defects in product quality or detection of falsified and counterfeit medical products.
 - c. working with medicines manufacturers, national quality control laboratories, hospitals and universities to learn about quality products and ways of detecting counterfeits as well as provide continuing education programmes to health professionals on the detection and reporting of counterfeits.
 - d. establish inter professional collaboration so that health professionals and patient support groups can begin to tap from each other’s core competencies in fighting this public health threat.
5. We strongly **urge** governments in our countries to:
 - a. Adopt the WHO definition of falsified and counterfeit medical products so that access to legitimate, safe, effective and affordable generic medicines will not be hindered by inappropriate intellectual property rights enforcement.
 - b. To implement and enforce relevant legislations and regulations that will prevent, control and reduce the incidence of counterfeit medicines.
 - c. To strengthen the integrity of the medicines supply, procurement and distribution systems.

¹ Cameroon, Cape Verde, Cote d’Ivoire, Democratic Republic of Congo, Ethiopia, Gambia, Ghana, Kenya, Liberia, Nigeria, Rwanda, Tanzania, and Uganda.

² Liberian United Youth for Community Safety and Development, Association of Women Living with HIV/AIDS in Nigeria, Women and Children Alive, and Community Health and Information Network.

Annex 3 WHPA Media Release on HCP workshop



MEDIA RELEASE

About WHPA www.whpa.org

The World Health Professionals Alliance WHPA is a unique alliance of The International Council of Nurses (ICN) www.icn.ch, the International Pharmaceutical Federation (FIP) www.fip.org, the World Confederation for Physical Therapy (WCPT) www.wcpt.org, the FDI World Dental Federation (FDI) www.fdiworldental.org and the World Medical Association (WMA) www.wma.net. WHPA addresses global health issues striving to help deliver cost effective, quality health care worldwide. Together, the partners of the WHPA include more than 600 national member organizations, making WHPA the key point of global access to health care professionals within the five disciplines.

The International Council of Nurses (ICN) is a federation of national nurses associations, representing the more than 13 million nurses working worldwide. www.icn.ch

The International Pharmaceutical Federation (FIP) is the global federation of national organisations of pharmacists and pharmaceutical scientists representing more than two million pharmacists around the world. www.fip.org

The World Confederation for Physical Therapy (WCPT), the global voice for physical therapists / physiotherapists, has 101 national member organisations representing over 350,000 members of the profession. www.wcpt.org

The FDI World Dental Federation (FDI) is a federation of approximately 200 national dental associations and specialist groups representing more than one million dentists worldwide. www.fdiworldental.org

The World Medical Association (WMA) is the global federation of national medical associations from around the world, directly and indirectly representing the views of more than nine million physicians. www.wma.net

For more information about Be Aware, Take Action, please see www.whpa.org/counterfeit_campaign.htm or send an email to whpa.campaign@wma.net

GOOD Health WEEKLY

PHARMACEUTICALS AND MEDICAL PRODUCTS

Worried about lead in the workplace

By **David Iles**

I HAVE been working in a lead refining plant for the last six months. My blood lead figure is generally creeping up. I keep very clean at work and wear all the proper clothing.

Could it be that there is something I can do to help with the lead out of my system? At the moment, I am using extra milk and plenty of water.

Tracy Kemp

Answer:

LEAD poisoning in the course of work should be rare as there are very strict regulations that govern employment of this sort. It is a particular disease and I am concerned to hear that your blood lead figure is 'gradually creeping up'.

There is a clearly defined blood level that must not be exceeded. It is very important to discuss this rising blood level to your doctor.

Advanced lead poisoning (acute lead encephalopathy) is rare. Other tissues can be affected especially the brain and kidneys. The symptoms are loss of appetite and nausea. Lead first accumulates in the brain, abdominal organs and joints, then in the peripheral nerve system, erythrocytes and reticuloendothelium.

While it is very important to make sure the protective systems are working, several formal tests may be used. Serum calcium, serum lead, haemoglobin and serum protein are measured. You should have a regular blood lead to monitor your exposure.

Lead is a cumulative poison. It is not removed from the body. It is stored in the bone. It is also stored in the soft tissues. Lead poisoning is a chronic disease. It is not cured by any treatment. It is a long-term disease. It is a chronic disease. It is a long-term disease. It is a chronic disease.



The Nigerian African multi-professional workshop on counterfeit medical products in Abuja, organised by the WHO, held in Abuja last week. From left to Dr. Awoniyi, Chairman, Nigeria Medical Association, Abuja Branch with Prof. Dora Akinyemi, Minister for Information and Communications and President, Pharmaceutical Society of Nigeria, Pharm. Anshiko Olowu, during the event.

Health professionals declare war on counterfeit medicines

...As Nigeria, 11 others sign 'Abuja Call to Action'

By **Sibani Gundire**

NIGERIAN medical health professionals and their counterparts from 11 other African countries have called on their governments to immediately implement and enforce relevant regulations with regulations that will prevent, control and remove the presence of counterfeit medicines.

The professionals who met in Abuja during the multi-professional workshop on counterfeit medical products in Africa, said they were disappointed to learn that many of the countries present in the workshop do not have laws that prohibit the sale of counterfeit medical products while encouraging them to take action to fight the problem.

The call which came through the endorsement of the World Health Organisation (WHO), declaration signed 'Abuja Call to Action on Counterfeit Medical Products declaration' was endorsed by 11 African health professionals representing chemistry, medicine,

dentistry, pharmacy and allied health professions and by four national organisations. The organisations that committed medical products are those of a joint health professionals and a health professionals society with joint cooperation in terms of preventing counterfeit products and by four national organisations.

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By **Victoria Ojumu**

Nigeria's National Agency for Food and Drug Administration and Control (NAFDAC) including the Director General, Dr. Paul Olorun, will address an event during the year-end report of resistance to

check the increasing incidence of counterfeit drugs and other regulated products into the country during the festive season.

The Director General, who was officially inaugurated as National Agency for Food and Drug Administration and Control (NAFDAC) last year, will be at

of counterfeit drugs, medicine and tools for health professionals. The participants agreed that "patients have the power to check the quality of their medicines by using medical professionals they are sure they can trust to help them with their health and the well-being of their patients."

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Dear Doctor
www.nafdac.gov.ng

My employers want to see my medical records

I HAVE been working in a bank for the last six months. My doctor has prescribed me with some medicine. My employer wants to see my medical records. Is this legal?

My employer wants to see my medical records. Is this legal? My employer wants to see my medical records. Is this legal? My employer wants to see my medical records. Is this legal?

Answer:

YOUR EMPLOYER has a right to see your medical records if you are on sick leave. It is a legal requirement for your employer to see your medical records if you are on sick leave. It is a legal requirement for your employer to see your medical records if you are on sick leave.

The National Health Insurance Commission (NHIC) has a right to see your medical records if you are on sick leave. It is a legal requirement for your employer to see your medical records if you are on sick leave. It is a legal requirement for your employer to see your medical records if you are on sick leave.

My employer wants to see my medical records. Is this legal? My employer wants to see my medical records. Is this legal? My employer wants to see my medical records. Is this legal?

My employer wants to see my medical records. Is this legal? My employer wants to see my medical records. Is this legal? My employer wants to see my medical records. Is this legal?

What can be done to reduce the menace of fake medicines in Nigeria?

Vanguard: "Health professionals declare war on counterfeit medicines"

ties with Nigeria

From **Oghogho Obayuwana, Abuja**
WITH trade volume standing at \$700 million, efforts are underway to significantly boost relations between Canada and Nigeria, according to the new Canadian High Commissioner to Nigeria, Christopher Cooter.

The high commissioner, who briefed heads of foreign desks in Abuja at the weekend on his station charter for Nigeria, spoke just as his country's Minister for Foreign Affairs Lawrence Cannon, issued a statement in Ottawa expressing Canada's support for the publication by the Independent National Electoral Commission (INEC) of the timetable for Nigeria's 2011 general elections.

The Canadian government, however, urged "all stakeholders to work toward the quick resolution of legal disputes over amendments to the Constitution and the Electoral Act." It maintained that "prolonged confusion over the legal framework underpinning the elections could have a negative imp

Health professionals move to fight fake medical products

By **Ben Ukwoma**

REPRESENTATIVES of the health professions (dentistry, medicine, nursing, pharmacy, and physical therapy) and patient organisations from 14 African countries have come together in a 'Call to Action, to combat the threat to public health and patient safety posed by counterfeit medical products.

Thirty national health professional and patient organisations, which met at the weekend under the banner of World Health Professions Association (WHPA), urged government in the region to implement and enforce relevant legislations and enforce regulations that will prevent, control and reduce the incidence of counterfeit medicines.

They also called for the strengthening of the integrity of the medicines supply, procurement and distribution systems.

They believe that the adoption of the World Health Organisation (WHO) definition of falsified and counterfeit medical products will enhance access to legitimate, safe, effective and affordable generic medicines, which have been hindered by inappropriate intellectual property rights enforcement.

They said: "We recognise that significant steps have been taken to fight medicines counterfeiting by some African governments and their regulatory bodies, health professional organisations and international organisations such as the

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"We therefore commit ourselves, as leaders representing nurses, pharmacists, physical therapists, dentists and physicians, to accelerate our response to this problem by empowering patients and the consumers with the knowledge needed to avoid falsified and counterfeit medicines."

The first-ever multi-professional meeting in Abuja recognised that counterfeit medical products are, above all, a public health problem and a threat to patient safety with grave consequences in

terms of increased disease burden, mortality and costs for healthcare systems.

Furthermore, the meeting noted that patients have the power to decide where to buy and how to use medical products, but they are also the most fragile link in the chain and the main victims of counterfeit medical products.

"It is therefore crucial to inform and raise the awareness of patients about the risks of counterfeit medical products and encourage them to take action to fight this problem," they stated.

The meeting co-hosted by the Pharmaceutical Society of Nigeria and the FIP African Pharmaceutical Forum, brought together participants from Cameroun, Cape Verde, Cote d'Ivoire, Democratic Republic of Congo, Ethiopia, Gambia, Ghana, Kenya, Liberia, Nigeria, Rwanda, Tanzania, and Uganda.

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Editor: **DEBO ADESINA**

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FIP in the Media

November 2010

WHPA mobilises action against counterfeit medical products

PRIOR to its meeting in Abuja which opened Monday in Abuja, the World Health Professions Alliance, WHPA, has been urging further action against counterfeiting of medical products that puts human lives at risk and undermines the credibility of health systems.

The conference holding at the International Conference Center, is the platform through which the body is expressing its concern about the infiltration and sale of counterfeit medical products in the legitimate supply chain in Nigeria and around the world.

Read the full story [here](#)

April 2010

FIP Interview Featured in the Center for Global Development Newsletter

FIP CEO Mr Ton Hoek and Manager for External Partnerships Mr Xuanhao Chan were featured in an interview conducted by the Center for Global Development on drug resistance support for the DRWG's recommendation to strengthen developing country drug prescribing and dispensing practice. Read the full interview [here](#).

February 2010

FIP and Pharmaceutical Sciences 2020 Commended in Nature Reviews|Drug Discovery

FIP is extremely pleased to announce that the article published by the FIP Board of Pharmaceutical Sciences, under the authorship of Daan Crommelin, Pieter Stolk, Luc Besançon, Vinod Shah, Kamal Midha and Hubert Leufkens entitled Pharmaceutical Sciences in 2020 has been featured in Nature Reviews|Drug Discovery. Click [here](#) to download the full article. Congratulations!

January 21 2010

FIP and the Tripartite action for Global Pharmacy Education

The site allAfrica.com mentioned FIP and its partners in Global Pharmacy Education in the article "Pharmacists Urge Creation of Food, Drugs Unit in Health Ministry", which reported that pharmacists under the [FIP Member Organisation] the Pharmaceutical Society of Nigeria "have called for the creation of Foods and Drugs Services Department (FDSD) at the Ministry of Health, charged with the responsibility of developing pharmaceutical care in teaching and specialist hospitals and Federal Medical Centres across the country". Read the full article [here](#).

January 15 2010

FIP named in the Fight Against Counterfeit Medicines

The Indian Pharmacy Portal PHARMABIZ.com mentioned the FIP-WHO project to evaluate counterfeit medicines in India. Read the full article [here](#).

November 13 2009

MEPS Pictograms story in the Pharmaceutical Journal

An extensive article on the FIP Military and Emergency Pharmacy Section's Pictogram Project has appeared online in the Pharmaceutical Journal – click [here](#) for the story!

October 27 2009

Pharmacy Education Taskforce – articles published

developing world, as reported by FIP/AAPS during the meeting and further released by [PharmaLive](#). The same technology is on the rise as a non-invasive treatment for lung cancer, with this particular topic reported by numerous online magazines such as [Red Orbit](#) and [Drugs.com](#).

FIP and AAPS also honoured many award recipients, all of whom have displayed exemplary work in their fields of research; the awardees have also been showcased in many online magazines such as [FirstScience.com](#).

25 November 2010

[Abuja Call to Action: Fight the dangers of counterfeit medicine](#)

JOINT INITIATIVE BY THE HEALTH PROFESSIONS FROM AFRICA

Abuja, Nigeria / Geneva, Switzerland, 23 November 2010

In a first for the African continent, thirty national health professions organisations (dentistry, medicine, nursing, pharmacy, and physical therapy) and four patient organisations have discussed and endorsed the WHPA Abuja Call to Action on Counterfeit Medical Products when they met at the first-ever multi-professional workshop on counterfeit medical products in Africa, held 22-23 November, in Abuja, Nigeria.



Under the banner of the "Be Aware, Take Action" campaign against counterfeit medical products, this World Health Professions Association WHPA workshop aimed to tackle the serious challenge of counterfeit medical products worldwide. Co-hosted with WHPA by the Pharmaceutical Society of Nigeria and the FIP African Pharmaceutical Forum, the workshop brought together 92 participants from Cameroon, Cape Verde, Cote d'Ivoire, Democratic Republic of Congo, Ethiopia, Gambia, Ghana, Kenya, Nigeria, Rwanda, Tanzania, and Uganda. In attendance were also patient advocates from the Liberian United Youth for Community Safety and Development, Association of Women Living with HIV/AIDS in Nigeria, Women and Children Alive, Community Health and Information Network.

The workshop targeted joint strategies amongst the five health professions to identify, report and purge counterfeit medical products from the supply chain, and to empower patients to make the best decisions when it comes to acquiring, carefully checking and using medical products.

Keynote speaker, Mr Hashim Yusufu, Director of the Nigeria Federal Taskforce for combating counterfeit medicines and Chairman of the Africa regional task force on the prevention and control of counterfeit medical products, was adamant that the fight against counterfeit medicines can only be won with close collaboration among health professionals, civil society, regulators, police, customs and manufacturers. He also gave an update of the recent anti-counterfeiting initiatives taken in Africa and globally. In Nigeria, NAFDAC is pushing for more deterrent legislations to be enforced against counterfeiters.

The workshop recognised that counterfeit medical products are, above all, a public health problem and a threat to patient safety with grave consequences in terms of increased disease burden, mortality and costs for healthcare systems. Furthermore, it noted that patients have the power to decide where to buy and how to use medical products, but they are also the most fragile link in the chain and the main victim of counterfeit medical products. It is therefore crucial to inform and raise the awareness of patients about the risks of counterfeit medical products and encourage them to take action to fight this problem. This important event also sent a strong message urging all governments to implement and enforce relevant legislations and regulations that will prevent, control and reduce the incidence of counterfeit medicines.

Prof. Kofo Savage, speaking on behalf of the World Health Professions Alliance, stressed the importance of vigilance when it comes to falsified and counterfeit medical products. "As concerned physicians, nurses, pharmacists, dentists, physical therapists and patient representatives, we are speaking out – because we are very worried about the dangers that counterfeit and falsified medical products pose to patient safety. Now is the time to act."

Other presenters included the Mr Ben Botwe from the West African Health Organization; ECOWAS; Senator Eme Ufot Ekaette, Akwa Ibom State of Nigeria; Dr. Baamong Nicholas, President of Nigeria Medical Association; Pharm. Azubike Okwor, President of Pharmaceutical Society of Nigeria; and Mr Xuanhao Chan, International Pharmaceutical Federation, also representing WHPA.

They provided a clear picture of the severity and complexity of the problem, as well as the efforts being made by their organisations to fight it and the legal framework available in the region to define, combat and penalise the production and distribution of counterfeit medical products.

There was agreement on the need to raise awareness about this issue amongst healthcare professionals and the public in general, through campaigns and training initiatives. Likewise, participants agreed on the need for strong and clear laws and institutions that prevent, pursue and punish such crimes – laws that are written in collaboration with healthcare professionals' organisations and are based on their technical input.

In closing, Her Honourable Minister, Prof Dora Akunyili, emphasized that, "As leaders representing nurses, pharmacists, physical therapists, dentists and physicians, we must commit to accelerate our response to this problem by establishing inter professional collaboration so that health professionals and patient support groups can begin to tap from each other's core competencies in fighting this public health threat, among other key actions. This will be a long fight and I am with you all the way."

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Fake Drugs Taking More Lives – NMA

WEDNESDAY, 24 NOVEMBER 2010 02:21 JOSHUA UMA, ABUJA



...Calls for stiffer penalty for offenders

The Nigerian Medical Association (NMA) has disclosed that the death rate of both infants and adults in the country as a result of fake drugs is increasing at an alarming rate.

The body thereby called on government to introduce stiffer penalties for offenders, both the manufacturers, importers and marketers.

NMA President, Dr Baamlong Nicholas, made this known at the ongoing conference of the World Health Professionals Alliance (WHPA) with the theme, 'Be Aware, Take Action; Fight Counterfeits, Keep Patients Safer,' in Abuja, yesterday. He observed that culprits over the years have remained unrelenting because of the light punishments meted out, which also had failed to serve as deterrent to potential offenders.

He pointed out that if offenders, who he described as murderers, were adequately and publicly prosecuted, many innocent lives will be saved. He also recalled the death of about 100 children in Nigeria following the ingestion of a cough mixture which was diluted with a poisonous solvent, diethyl glycol (DEG) - same solvent implicated in the recent 'My Pikin' saga - a teething baby mixture last year," he said.

Additionally, he faulted the process by which about 50 percent of medical doctors source their drugs from the open markets due to the short supply, forcing them to battle with the problem of poor quality drugs.

"Nigeria is said to be the second largest producers of counterfeit medicines after India. This accounts for about 50 percent of the total sales of fake drugs in Africa," he disclosed.

Addressing participants at the conference, the minister of Information and Communication, Professor Dora Akunyili, said, "During my tenure as Director-General of Nigeria's National Agency for Food and Drug Administration (NAFDAC), I led a strong war against fake drugs which almost cost me my life.

She noted the considerable success of the campaign in Nigeria and West Africa, stressing that the campaign must go on.



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VANGUARD

Nigeria: WHPA Mobilises Action Against Counterfeit Medical Products

Solaogundipe

23 November 2010



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PRIOR to its meeting in Abuja which opened Monday in Abuja, the World Health Professions Alliance, WHPA, has been urging further action against counterfeiting of medical products that puts human lives at risk and undermines the credibility of health systems.

The conference holding at the International Conference Center, is the platform through which the body is expressing its concern about the infiltration and sale of counterfeit medical products in the legitimate supply chain in Nigeria and around the world.

In the view of President of the Pharmaceutical Society of Nigeria, Mr Azubuike Okwo, WHPA's argument is that the only reason to combat counterfeit medicines is the protection of public health - disputes in trademark infringement and other intellectual property related crimes should never ever be the basis on which to define if a medical product is counterfeit or not.

His words: "Falsely labelled, fake, spurious or counterfeited medical products which misrepresent an otherwise legitimate medical product pose a very serious public health threat which demands sustained and co-ordinated international action to control."

Failure to act against this criminal activity would be a fundamental breach of the trust placed in public health structures by patients," said Mr Ton Hoek, General Secretary and CEO, International Pharmaceutical Federation (FIP)

The main channels for fake medical products supply include street markets in developing countries and the Internet. The harm caused by counterfeit medicines is greatest in those communities least able to afford effective regulatory systems and quality health care.

Said Ton Hoek, "Public health and patient safety are being put at risk and now is the time to act.

Increased vigilance by health care professionals and patients can help make public and individual health safer. Health professionals need to increasingly consider counterfeit medicines as a reason for non-response or unexpected response in pharmacotherapy in the patients they care for."

WHPA recognises also that for health professionals to be able to effectively play their role, national authorities must set up effective systems for the collection of information and increase national drug and medical device regulatory capacity to support the enforcement of pharmaceutical guidelines.



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IAPO Members participate in the World Health Professional Alliance's (WHPA) regional workshops on counterfeit medicines

by [IAPO](#) at 3:16PM Tuesday 07 December 2010 ([News](#))



IAPO Members from African and Latin American countries were invited to attend two World Health Professional Alliance's (WHPA) regional workshops earlier this year. The meetings held on 19 October 2010 in San José, Costa Rica and 23 November 2010 in Abuja, Nigeria focused on the dangers of medical counterfeits. The participants IAPO enabled to attend travelled from El Salvador, Guatemala, Liberia, Mexico, Nigeria and Uganda and worked with representatives of the health professions such as dentistry, medicine, nursing, pharmacy, and physical therapy.

Both workshops were held under the banner of the "**Be Aware, Take Action**" campaign against counterfeit medical products and one of the results of these meetings was the united 'Call to Action: Fight the dangers of counterfeit medicines.'

You can find the press releases and the full call to action in English, French and Spanish at the bottom of the page.

IAPO facilitated attendance – Costa Rica

Gladis Margarita Gutiérrez de Fuentes, Salvadoran Association for Cancer Prevention, El Salvador

Alma Arentina Robles Avila, Heroes of Hope Association, Guatemala

Azucena Galindo de Calderon, PROCRECE; Pro Kids Growth Association, Guatemala

Prof. Luis Adrián Quiroz Castillo, Institute of People Living with HIV/AIDS, Mexico

IAPO facilitated attendance - Nigeria

Fred C. Johnson and David Das Cheneken, Liberian United Youth for Community Safety and Development LUYCD

Victoria Balogun, Women and Children Alive, Nigeria

Risikat Motunrayo Onawola, Association of Women Living With HIV/AIDS in Nigeria (ASWHAN)

Obatunde Oladapo, Positive Life Association of Nigeria (PLAN)

Regina Namata Kamoga, Community Health and Information Network (CHAIN), Uganda

- [Read Regina's report from the meeting](#)

[WHPA counterfeit medical products campaign](#)

These workshops were held as part of WHPA's counterfeit medical products campaign. Like many healthcare stakeholders, WHPA is extremely concerned about the infiltration and sale of counterfeit medical products of the legitimate supply chain in causing life threatening, adverse effects in patients. With WHPA "Be Aware, Take Action" they provide dentists, nurses, pharmacists, physicians and physical therapists with tools and strategies to advocate for appropriate investments in the education and capacity building of health professionals to detect counterfeits and to safely inform colleagues and patients.







[WHPA](#) is a unique alliance of the [International Council of Nurses \(ICN\)](#), [the International Pharmaceutical Federation \(FIP\)](#), [the World Confederation for Physical Therapy \(WCPT\)](#), [the World Dental Federation \(FDI\)](#) and [the World Medical Association \(WMA\)](#). WHPA addresses global health issues striving to help deliver cost effective, quality health care worldwide. Together, the partners of the WHPA include more than 600 national member organizations, making WHPA the key point of global access to health care professionals within the five disciplines. IAPO work closely with the WHPA to address our common goals and to ensure that patients are involved at all levels in the decision making processes.

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Attachments...



[San José Call to Action Fight the dangers of medical counterfeit.pdf](#)

-  [San José Llamado a la Acción Lucha contra los peligros de los productos médicos falsificados.pdf](#)
-  [Abuja Call to Action Fight the dangers of counterfeit medicines.pdf](#)
-  [Abuja Appel à l'Action d'Abuja Lutter contre les dangers des médicaments contrefaits.pdf](#)
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