

Africa Europe Faith and Justice Network (AEFJN)

AEFJN a Bridge Linking Africa and Europe

AEFJN is a faith-based International Network present in Africa and in Europe, established in 1988.

AEFJN promotes economic justice between the European Union and sub-Saharan Africa so that the people of Africa may look forward to a better future.

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AEFJN works on food sovereignty (land grabbing), exploitation of natural resources, access to quality medicines, small arms control, trade agreements, and climate change.

AEFJN and Access to Quality Medicines

- ◇ AEFJN lobbies the European Union to protect Public Health and Generics from stronger Intellectual Property Rights.
- ◇ Works for medicines of good quality at affordable price for people in Africa.
- ◇ Promotes international laws that allow African countries to have generic medicines.
- ◇ Works for a greater quality control of medicines exported from Europe.
- ◇ Encourages research and development for tropical medicines and a change in the patent system.
- ◇ Supports and publicises the Charter for the Quality Medicines, an ethical code to assure quality when buying medicines.

Our Faith Invites Us to Work for Better Access to Quality Medicines for All

As Christians we cannot be indifferent to situations where the economic interests of pharmaceutical companies and producers of fake medicines take precedence to the suffering and death of so many people. Jesus came to bring life: **"I have come that they may have life and life to the full"** (Jn10,10). As his followers we are called to protect life and facilitate its growth.

"Those who are sick in Africa are victims of injustice, because they often do not receive the same quality of treatment as in Europe."
2nd Synod of African Bishops.

WHAT YOU CAN DO

- * Find more information and pass it around to groups and parishes.
- * Gather interested people and start a Quality Medicines working group. Ask AEFJN for help and advice. Lobby your government.
- * Find the AEFJN leaflets "Which tablets to buy?" and "Fake medicines can kill" on the AEFJN website.
- * Do research into traditional medicine.

KNOW MORE

AEFJN <http://www.aefjn.org/index.php/medicines-355.html>

EPN <http://www.epnetwork.org/>

HAI <http://www.haiafrica.org/>

MSF <http://www.msfaccess.org/>



Quality Medicines for All in Africa

Today good medicines exist, but 270 million Africans have no access to them because they are either too expensive or unavailable.

Those with access to medicines face another danger: the fake or low quality medicines that are in circulation. These medicines can fail to cure or even cause death. Both problems are of concern everybody as we all need medicines at times.



Patents Make Medicines Expensive

Patents are "invisible barriers" that influence the price of medicines. Because the patent owner is the only producer, there is no competition and prices are high. Companies say they have to cover the costs of research, but the real reason is to maximise profits. High prices put the medicine out of reach of African patients and Public Health Systems.

Medicine Patents grant exclusive rights (monopoly) of production and marketing to the inventor/producer who owns the patent.

Intellectual Property Rights (IPRs) are granted to inventions. They give the creator an exclusive right for a certain period of time to the use of the invention. IPRs can be copyrights, trademarks or patents, as in the case of medicines.

Patents are a powerful tool for pharmaceutical companies to increase profits. They lobby their governments to strengthen the IPRs in Trade Agreements with other countries. This is not good for patients and public health. The stronger the IPRs, the more difficult it is for countries to access to good generic medicines.

Patients before Profits!

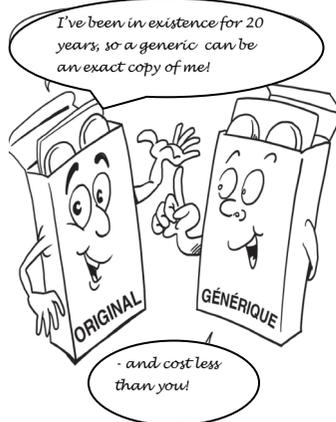
Lack of Research for Tropical Diseases

Currently there are no appropriate medicines for a number of African diseases. The available medicines are old, toxic and are losing effectiveness due to resistance.

There is little research into these sicknesses because the African market is judged “non-viable”. Companies’ research is based not on the actual needs of people in poor countries, but on profit potential.

The current system of linking research for new medicines with patents has not been good for Africa. If incentives or prizes could be awarded directly to the researcher/developer instead of the company receiving a 20-year patent to cover research costs, then the medicine could be produced as a generic as soon as it is approved. This would need public funding, but would allow new treatments to be available more quickly.

Only 1% of the drugs coming onto the market in the past 30 years were developed for tropical diseases or tuberculosis.



Generics: A Solution to Access

When the patent lapses other laboratories can produce the medicine. This is called a “generic”. Generic medicines are much cheaper partly because there are no longer any research and development costs. Also, generics create competition, which lowers the price of both brand-named and generic products.

Generic medicines are legitimate in countries where patents do not exist and everywhere once the patent period ends. The Essential Medicines List contains just generics.

Between May 2000 and August 2001, generic competition lowered the price of a year of AntiRetrovirals per AIDS patient from \$10,439 to \$931 (brand); and to \$295 (Ranbaxy) and \$350 (Cipla) for generics.

A Generic Medicine is a pharmaceutical product manufactured without a patent. It has the same active ingredients and pharmaceutical properties as the patented medicine. Generics are marketed under the name of its active ingredient (molecule) and are as effective as the brand-name medicine but much cheaper.

Doubtful Quality of Medicines in Africa

Low quality and fake medicines affect all countries, but the developing countries are much more vulnerable because control is rare. Many medicines sold and used in Africa are of low or bad quality. The use of fake medicines ranges from 43% in Sierra Leone to 3% in South Africa.

The lack of international regulation on exported medicines facilitates the circulation of low quality and fake medicines.

When rich countries export medicines to a poor country the health authorities do not control the quality because this responsibility falls on the receiving country. But African countries do not always have the means or the personnel to do these checks. The result is often “double standards” in the producing laboratories: good quality for Western countries and substandard quality for medicines for export to Africa.

50-60 % of antibiotics tested in Africa have insufficient amounts of active ingredients.

Fake Medicines May Kill

Many people buy medicines on the market and at street kiosks because they are cheaper. But their origin, quality and conditions of transport and sale are dubious. Many of them are fake medicines that can kill.

Those who produce the fake medicines are making a lot of money. This market yields about 50 billion euros or 33 000 billion CFA francs per year and represents 10% of the world medicine market.

A Fake Medicine mimics a real medicine but does not meet the medical standards. It looks like a real drug but it does not cure. The active ingredients are often under-dosed or non-existent and may contain toxic elements. The fake medicine can kill. The traffic of counterfeit drugs is criminal and must be prevented and punished severely.



For more than a year, 3 year old Salva Deng had been sick with malaria regularly. His father bought him medicine at a kiosk. One night the fever became so high that Salva was taken to hospital. The doctor injected him with quinine but the child did not react and his condition deteriorated. The doctor suspected that the previous medicines were fake and had created resistance. No anti-malaria medicine worked on him any more. Despite the efforts to save him, Salva died two days later. The fake medicines had killed him.