

ESSENTIAL DRUGS ONLY

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Along with other UK-based development agencies and health professionals, OXFAM is launching a Rational health campaign calling on manufacturers and the British Government to adopt specific policies listed in a Rational Health Declaration to help the Third World cope with problems of pharmaceutical exploitation. Already this declaration has been signed by leading British pharmacologists, professors and doctors. People seen to be made actively involved in the campaign are forming local health action groups to support rational drug policies and better marketing practices. The following article, looks at the efforts of British groups to help combat the threat of Third World drug abuse.

Thousands of pages of enlightened analysis of Third World drug problems have been written and filed away in cubic metres of reports. Similarly, countless UN resolutions setting out what needs to be done by governments to resolve the problems have been un-animously adopted by the international community. Meanwhile almost nothing has changed for the Third World poor. Millions are dying of diseases which are preventable or treatable with modern drugs and vaccines. We have had drugs to treat TB since the 1940s. Today, in India alone, an estimated half a million people die each year of TB. How complacent can we afford to be living in a society that has the means to reduce so much suffering, but fails to use it?

Momentum

The momentum for radical change in drug supply and marketing in the ECONOMIC REVIEW DEC. '83

Third World is growing rapidly. The international debate has intensified over the past two years since the information of Health Action International (HAI) in May 1981. HAI offers a unique framework for groups and individuals in developed countries to work in partnership with groups in developing countries for the adoption of rational drug policies. Within the last 12 months a succession of books have provided carefully documented and compelling evidence that a drug market system which virtually ignores the existence of over half the world's population cannot be working. It makes neither ethical sense, nor economic sense in any terms except a very short-sighted drive for profit.

Worldwide pressure on public funds, the escalating costs of running health services and the growing strength of the consumer movements are fuelling the pressures of new drug policies. A growing body of professional and consumer opinion would like to see human needs, rather than market opportunity, become the key determinant both of research and development into new drugs and of existing drug production; if no better convergence between human need and profit is found, it is the Third World poor who will continue to pay the heaviest price.

What are the prospects for change? Structurally, the obstacles are significant. Individual manufacturers are caught in the dynamics of a market system which targets only the wealthy minorities in developing countries and ignores the needs of the mass of the people because they lack purchasing power. Leading manufacturers show little enthusiasm to move into the large volume, low-profit margin generics market.

Insight

An insight into their thinking can be gleaned from the confidential

Minutes of the October 1982 half-yearly Meeting of the ABPI (Association of British Pharmaceutical Industries) which describes the new policy trend in Third World countries as being "in a direction inimical to our interests."

Why is an attempt to increase the number of drug consumers worldwide (by concentrating limited resources on drugs that are essential) in a potentially vast new market looked at in purely negative terms? Why is there so little discussion on long-term opportunities in the light of opening up 'new markets'?

Opposition from industry is one barrier. Even more critical is lack of political will by some governments. Their lack of commitment to pursuing rational drugs policies is reinforced by the apathy of governments of major drug exporting nations who are concerned about their positive balance of trade in pharmaceuticals to the exclusion of whether the world's poor get access to basic drugs.

What of the dynamics for change? The role of the World Health Organisation (WHO) has been described as that of a catalyst for change in the drugs field, since Dr. Mahler, its Director General, took a pioneering role in decrying the evils of "drugs colonialism." There are encouraging new developments, such as the Wellcome Foundation's joint research venture with WHO on onchocerciasis. But, however, valuable the potential of new research into tomorrow's drug for Third World diseases, the fact is that the poor still are not benefiting from yesterday's drugs. The immediate priority has to be a more equitable distribution of these essential drugs at fair prices.

This was the objective underlying the WHO Drugs Action Programme.

Five years into this programme and despite protracted negotiations between the International Federation of Pharmaceutical Manufacturers Association (IFPMA) on behalf of the leading manufacturers and WHO -on behalf of the least developed countries - there are no tangible results. The current situation is one of stalemate. The developing countries recently rejected the strings attached to the industry's offer of a "preparedness to negotiate on non-commercial prices" for drugs for the public sector only.

It is questionable whether these time-consuming negotiations offer the best way forward. WHO's technical expertise could be better employed in assisting individual countries to strengthen their buying mechanisms - to buy on their own terms.

The policies pursued by the Sri Lankan State Pharmaceutical Corporation in the early 1970s are just one example of what can be achieved with the political will to break dependence on monopoly suppliers and shop around on the world market. Faced with the opening up of competition, leading manufacturers dropping their prices substantially from one year to another. Beecham, for example, dropped the prices of cloxacillin and ampicillin dramatically to 22 and 17 percent respectively of their previous prices.

A further major limitation of the WHO Drug Action Programme is that any negotiations on special prices are limited to the public sector, ignoring the private sector which in many developing countries dwarfs public sector distribution. In Bangladesh, for example, the private sector accounts for 90 percent (by value) of drug distribution. Thus if the needs of the majority of the population are to be served, efforts must be made to increase the availability of low cost generics for private sale. This process may be

jeopardized if drugs for the public sector are obtained cheaply with the quid pro quo of leaving a mass of wasteful, inessential products on the private market and pressures against generic prescribing.

No Substitute

If people in the Third World are to get the drugs they need, there is no substitute for political will on the part of Third World governments. Thus the most significant recent event in the drugs field is without doubt the new drugs policy introduced in Bangladesh in June 1982. The Government decreed the phased withdrawal of 1,700 inessential, wasteful and unnecessarily harmful drugs from a total of about 4,000 on the local market.

This was the crucial first step towards eliminating wastage to give priority to production of 150 essential drugs. As WHO's Director General pointed out, the policy is very much in line with WHO recommendations. Nonetheless, the policy came under intense fire particularly from foreign manufacturers concerned both at the disruption to their short-term profitability and at the international implications of a move to get rid of inessential but profitable items like cough syrups and multi-vitamin tonics.

The US and the British governments both echoed their manufacturers' misgivings about the wisdom of the policy and its possible negative impact on future foreign investment in Bangladesh, a country heavily dependent on foreign aid and investment.

The new Bangladesh Drugs Policy was decisive in demonstrating that non-governmental organisations have an important role to play in rallying support for rational drugs policies. Member groups of Health Action International, including OXFAM, War on Want, the Voluntary Health Association of India and the International Organisation of Consumer Unions, all rallied to defend the policy. Con-

gratulatory messages arriving in Bangladesh from all over the world helped strengthen the resolve of the Bangladesh Government when it found its policy attacked by powerful opponents.

Support

Particular weight was given to the messages of support received from British pharmacologists and doctors underlining the positive role that British health professionals can play in achieving positive change to benefit the world's poor. Members of Health Action International have been greatly encouraged by what Bangladesh has achieved to date and are resolved to continue to seek international support for the policy and to help with the important public educational work that needs to be done within Bangladesh to publicize the objectives of the policy to doctors, health workers and the general public.

One new development is clear and encouraging: manufacturers are taking the Third World drugs issue a great deal more seriously than they did a few years ago. The IFPMA has drawn up its own international code on marketing practice. This should be seen as a first step towards a much tougher WHO-sponsored Code. Increasingly, national pharmaceutical manufacturers associations are setting up bilateral projects to improve drug supply in some of the world's poorest countries, including Burundi, Gambia and Rwanda to date.

These visible projects are designed for public relations advantage. However, as long as they put essential drugs in the hands of those most in need it would be unfair to dismiss them as mere PR exercises. Realistically, manufacturers are not going to leap to answer the needs of the world's poor unless they are pushed along that road, by the trade-union movement (which is making very positive noises) by governments of developing and developed countries: and finally and critically by public opinion.

(Courtesy: Development Forum)