

## **THE ECUMENICAL PHARMACEUTICAL NETWORK (EPN)**

It is official! We are a Network - well at least in principle. PAG members who met in Geneva in September agreed to the proposal to change the Pharmaceutical Programme into a Network. Subject to finalization of the constitution, the network will be registered both in Geneva and in Nairobi. Thanks to all who gave their time and talent to get us this far.

In its next three years, EPN will focus on national activities designed to support health care providers at all levels, in their efforts to improve patient care through proper drug management and use. At international level it will work in collaboration with other strategic partners to advocate for equity in access to essential medicines and health care for all.

For more information on how to join or participate in its activities please contact the Co-ordinator at the address given below.

### **The Network at work!**

Recently we had a chance to observe the richness and usefulness of a Network! Following a request for information on sources of anti-snake serum from The World Health Organization (WHO), we had excellent responses from EPN members within 24 hours! We share in summary the information.

- i) Best information and resources can be from snake experts working in zoos (e.g. Artis Zoo, Amsterdam) or veterinary hospitals where research is done. ([C.de.Vries@sowkerken.nl](mailto:C.de.Vries@sowkerken.nl))
- ii) We have sourced a polyvalent serum from P.Merieux in France. A US company Therapeutic Antibodies has monovalent serum but higher unit price ([bfunda@echohealth.org.uk](mailto:bfunda@echohealth.org.uk))
- iii) We have discovered Serum Institute of India Ltd is producing anti-snake serum (as well as Cisplatinum, Doxorubicin, and Vincristin) of good quality and attractive price. Address: 212/2 Hadapsar, Pune 411028, India ([pharmacy.jms@imul.com](mailto:pharmacy.jms@imul.com))
- iii) We have developed a relationship with a vaccine manufacturer in South Africa and negotiated special export prices for mission hospitals. This serum is polyvalent and covers black and green mambas, cobras, vipers and adders and costs US\$ 38.50 per vial ([AMFA@hollard.co.za](mailto:AMFA@hollard.co.za))

For more information please contact the email addresses given in brackets.

To all who responded so promptly we say THANK YOU.

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## **THE ETHICS IN HUMAN EXPERIMENTATION-WHAT IS THE REALITY?**

There is an interesting (and disturbing) discussion going on, on the E-Drug, on clinical trials in developing countries. This follows a proposal in USA to eliminate the requirement that USA independent ethics review committee approves such trials/research. Those concerned point out that even with the present oversight of

the US independent ethics review committee, trials that endanger the poor have been going on. There are some examples:

### **South Africa**

Columbia Laboratories, Inc carried out a human trial on 990 HIV negative prostitutes in Africa and Thailand which failed to show the spermicide Monoxydol 9 reduces incidence of HIV infection. In fact it showed the contrary, the infection rate was higher for the users of the spermicide. The company's stock prices fell. But what of the 100 or so women who will surely die and the hundreds of children who will be orphaned?

(source: [www.columbialabs.com](http://www.columbialabs.com); Wall street journal)

### **Nigeria**

The Nigerian government has ordered an inquiry of clinical trials conducted by Pfizer for testing an unapproved meningitis drug "trovafloxacin". This decision was made after medical records for over 300 children disappeared from Amino Kano Teaching Hospital where the trials took place in 1996 after a meningitis outbreak. The case was exposed by the Washington post last month. A spokeswoman for Pfizer agreed that 5 children died from trovafloxacin treatment. The Nigerian minister said that Pfizer would pay compensation if found guilty. (source: Kirsten Mhyr - E-drug information network)

How much more will this occur without the committee?

And what about informed consent?

Below is a reaction from Scott Hillstrom, founder of Cry for the World Foundation and a strong advocate of human rights.

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The issue of informed consent is more often than not misunderstood or misused. It is patently wrong to base human experimentation on the informed consent of illiterate deprived people in the society. Can a person ever consent to be harmed? And if so, when can an illiterate person who cannot read, has never used a phone, has no electricity or water and who cannot get enough to eat, give "informed consent"? Such cannot be held to have consented to permit harm to themselves even if they were persuaded in to doing so, their consent cannot be informed if they do not understand all relevant issues surrounding this ethical controversy.

Assuming that the consent cannot exist, by what right can experiments be carried out where such experiment harm participants? Who is entitled to harm Who? "We" (the developed world) need new drugs, someone must take risks as "we" are not willing to take them, the poor and illiterate are available. The poor Africans who struggle to stay alive and have no clue of the issues "we" discuss are available to serve as experimental subjects, they have no interest groups to protect them and their governments are not concerned with subjects like ethics. "We" go to Africa to do what we would not do in the developed countries and experiment on the poor, not because we have a right but because we can.

In the US for instance, regulatory agencies have cozy relationships with the companies they regulate. e.g. the FDA is affected by the US pharmaceutical industry. Putting aside the scientific questions, it should be noted that the FDA's interest is limited to the interests in the US, its people and industries and when these conflict with those of other countries there is no way they will put the interests of other

before those of the US. Thus the FDA should not be viewed as a disinterested scientist seeking the answer to an ethical dilemma but rather as an agent of US interests. So what is the question? Should we do to others what we would not have done to us?

Though the answer to the question is well known, morality becomes inconvenient as we mix issues by debating them and thus can do what we know is wrong. Debating issues creates the impression that what we do may not be so wrong as we thought because there are other points of view. In the end it is wrong for "we" rich people in the developing world to use the poor people in developing world to develop new drugs that will benefit us (does anyone think these drugs will be available to poor Africans after they have FDA approval?) If it is wrong we should not do it and if the need is so compelling to experiment on Africans, then it is compelling enough to experiment on Americans or Europeans. To say otherwise is an open admission that we are willing to do to Africans what we would not do to ourselves. The logic always disguises itself in lofty ideals and justifications. This is the logic of the conquest: "the progress of our people requires the oppression of other people". In this case, the 'ideal' is to serve the health needs of the world (in truth, only the developed world can afford the drugs being developed).

The 'justification' is that it is alright to do less to protect others than we would do to protect ourselves so long as we observe the local standard of care.

Who should decide whose life should be risked and how many lives is too many? Presently, vested interests decide.

We would be glad to forward some of the papers for more information to those interested. Please let us have your reactions too, we can also share in the discussion.

## **NEWS FROM THE WORLD**

### **Ghana**

Glaxo SmithKline has been reported to be blocking easy access of generic AZT+3TC, an AIDS drug from a generic drug company in India called Cipla, Inc. The Smithkline version of the drug costs \$ 10 a pill while the Indian one costs 90 cents per pill! Smithkline threatened Cipla with a law suit thus they have withdrawn from distributing the drug in Ghana. Activists are asking Glaxo to keep their hands off Ghana! (source: Mark Schoof, Wall street journal on the E-drug information network)

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## **Important Announcements**

### **1. Equipment Donation Guidelines**

The Equipment donation guidelines produced by Pharmaceutical Programme are now available in Indonesian. Other languages available are Russian, French and English.

### **2. Publications in Spanish**

We have publications in Spanish which we would be glad to give to medical personnel or institutions that can use them.

3. **CONTACT**

The "Contact" issue of July - September 2001 is expected to be on Traditional Medicines. We invite our readers to send articles or proposals on this topic to us or to the Editors of "Contact" at [cd.cmai@vsnl.com](mailto:cd.cmai@vsnl.com)

4. **Problem Drugs**

Health Action International and **ReMED** have published the much publicized book problem drugs in French by Andrew Chetley.

Problem Drugs is a powerful tool for rational drug action and is useful in changing prescription and drug consumption practices. The book covers a wide range of Drugs and pays special attention to the impact on children, women and the elderly by highlighting examples of unethical marketing and the failure of many medicines to meet the real health needs. It also provides examples of the positive steps being taken and offers clear recommendation for action.

For more information on how to obtain the book email [ReMeD75013@aol.com](mailto:ReMeD75013@aol.com)

5. **AND ON HIV/AIDS:**

**a) Global AIDS Link** is a publication extensively covering AIDS related issues and is published by the Global Health Council. It reports on people and programs, governments and businesses, NGOs and new research.

For more information, visit their website at [www.globalhealth.org](http://www.globalhealth.org) or email: [AIDS@globalhealth.org](mailto:AIDS@globalhealth.org)

**b) Yellow Card: teenage reproductive health and sexuality in African Society**

Yellow Card is a 90-minute feature film in English exploring the issues of sex, soccer and life's little secrets in Africa today. Soon to be available in French, Swahili, Portuguese and other African languages, it touches on important health reproductive issues in family planning and HIV/AIDS prevention domains.

The main purpose of Yellow Card is to activate young audiences to explore their attitudes on teenage sexuality with the objective of changing risk behaviour.

For more information on Yellow Card visit their website: [www.yellow-card.com](http://www.yellow-card.com) or [www.yellow-card.org](http://www.yellow-card.org) Email: [mfdvrc@pci.co.zw](mailto:mfdvrc@pci.co.zw)

6. **Publication from our members**

Both Mission for Essential Drugs and Supplies (MEDS, Kenya) and Joint Medical Stores (JMS, Uganda) produce excellent drug information bulletins covering current drugs and related issues. They also publish questions from the field which often illustrate problems which may be common. Network members interested in establishing their own bulletin and wish to get an example should contact: [storejms@imul.com](mailto:storejms@imul.com) or [sahibu@africaonline.or.ke](mailto:sahibu@africaonline.or.ke)

7. **Membrane Based Filtration Unit**

A basic filtration unit with varying capacities, which does not need continuous power supply and uses ordinary water, is available from Netherlands. The company is offering to cover delivery of the unit to health institutions. For information contact: [gertron@worldonline.nl](mailto:gertron@worldonline.nl)

**Coming soon:** The EPN drug donation video "Partners in healing" in French

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## CALENDAR OF EVENTS

*Event name:* **Pharmacoeconomics: evidence, money and drug selection course**

*Date:* **20th - 30th May, 2001**

*Location:* **Ibis hotel, Volga, Budapest- Hungary**

The International short course on the use of pharmacoeconomics in drug selection, developed under the auspices of WHO/EDM aims to provide an understanding of the principles and techniques of pharmaeconomics, and how these tools can be used in making decisions about selecting and purchasing pharmaceuticals for use in the healthcare systems. The course has been developed by an international consortium including departments of clinical pharmacology and public health at the Universities of Newcastle in Sydney, Australia and Dundee, UK, and the National Institute of pharmacy, Hungary.

For more information on the course contact: Suzanne Hill or Ruth Lupert, WHO Collaborating Centre for Training in Pharmacotherapy and Rational Drug Use Discipline of Clinical Pharmacology, University of Newcastle, Australia, 2298. Tel: 61 2 4921 1294, Fax: 61 2 4960 2088, Email: [hillsu@mail.newcastle.edu.au](mailto:hillsu@mail.newcastle.edu.au) or [rlupert@mail.newcastle.edu.au](mailto:rlupert@mail.newcastle.edu.au).

For application forms contact: Kerry Mannix, Discipline of Clinical Pharmacology, 5th floor, clinical sciences building, Newcastle, NSW 2298, AUSTRALIA. Email: [mannix@mail.newcastle.edu.au](mailto:mannix@mail.newcastle.edu.au) , Fax: 61 2 4960 2088

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*Event name:* **Ghana conference on traditional medicines**

*Date:* **20th - 21st July 2001**

*Location:* **Ghana**

This conference is open to doctors, professors, paramedics, nurses and students in the practice and study of both conventional and alternative medicine in continuation to the process of dialogue and education which begun at the July 2000 International conference on traditional medicine in Ghana. Practitioners, nurses and students wishing to present papers should do so before May 15th and should be in A4 format, double spacing, font 12 and not more than 30 minutes long. For more information and registration contact: J William Danqua, Chief Executive Officer, Africa LLC, 517 Asbury street, 11 St Paul Minnesota 55104 USA. Tel: (651) 646 4721, Fax: (651) 644 3235, Email: [africafirst@yahoo.com](mailto:africafirst@yahoo.com)

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*Event name:* **International Conference on medicinal plants**

*Date:* **13th -15th , August 2001**

*Location:* **Cali, Colombia- Mexico**

The deadline for application for this conference is 30th April. For more information or

application form contact: Sandra Patricia Gazman, Palmira, Colombia. Tel: 092-2714502 Fax: 092-6663049,  
Email: [sandraaromatic@mixmail.com](mailto:sandraaromatic@mixmail.com) or [hierbasorganicas@aol.com.mx](mailto:hierbasorganicas@aol.com.mx)

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**Event name: Conference on global strategies for prevention of HIV transmission from mothers to infants**

**Date: 9th - 13th September, 2001**

**Location: Kampala, Uganda**

This International conference is sponsored by the International AIDS society and the American foundation for AIDS research in collaboration with the office of AIDS research at the National Institute of health and the call for action of the Elizabeth Glaser Pediatric AIDS foundation as well as the Harvard AIDS Institute. A limited number of scholarships is available for people from developing countries.

For more information visit the conference website [www.globalstrategies.org/uganda](http://www.globalstrategies.org/uganda) or write to email [globals@total.net](mailto:globals@total.net)

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**Event name: Pharmaceutical Advisory Group (Members' Assembly)**

**Date: 3rd - 4th, October, 2001 at the Ecumenical Centre, Geneva**

The theme of this years PAG is "Massive effort in diseases of poverty". More details will follow in the next issue of "Pharmalink"

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**Event name: Ecumenical Pharmaceutical Network - Board meeting**

**Date: 26th - 27th January, 2001.; 7th - 8th June 2001; 1st October 2001;**

The Board (elected during Members' Assembly in September 2000) among other things, discusses and approves activities for the each year. Members are asked to send their activity/action plans for consideration during the next Board meeting in June in Zambia.

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**Event name: PRDU Training Course.**

**Date: August 26th - 8th September**

**Location: Victoria falls, Zimbabwe**

The two week course is organized by INRUD, MSH, WHO/EDM. Applications and fees due not later than 20th July.

For more information email: [inrudzim@healthnet.zw](mailto:inrudzim@healthnet.zw)