



The WHPA guidance on national initiatives combating counterfeit medical products

A guide for healthcare professionals

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Scope

- Learning from economic modeling of anti-counterfeiting strategies
- A review of multi-stakeholder initiatives against medicines counterfeiting: role of inter-professional and inter-sectorial collaboration

**LEARNING FROM ECONOMIC
MODELING OF ANTI-COUNTERFEITING
STRATEGIES**

Main issues for consideration for anti-counterfeiting strategies

- Conflict of interests between stakeholders
- Definitions of “counterfeit” medicines
- Availability of legal instruments
- Availability of resources
- Defined outcomes

Learning from economic modeling of anti-counterfeiting strategies

- An economic model which was developed by Currais et al. (2008) to determine the effectiveness of anti-counterfeiting initiatives revealed that the efficacy of policies and strategies adopted in the fight against this illicit crime is highly dependent on the level of impact on both differential perception of quality as well as cost differential

Consumer demand for either fake or real medicines depends on the relationship between quality and cost differentials.



*Weighted by quality preferences

Effects of government intervention

- Two different policies are considered here, namely the “enforcement of property rights laws” and the consequent prosecution of counterfeiters, and an “information policy” aimed at providing individuals with the means for distinguishing between fake and authentic drugs
- The choice of between these two alternative policies crucially depends on the level of the production cost differential, the perceived quality differential and the efficacy in affecting the cost structure or the consumers’ perception of quality.

What works best?

- In particular, when the differential of perceived quality between fake and genuine drugs is low, information policy will result in reducing consumers' interest to buy counterfeit medicines
- However, except for campaigns that help consumers to distinguish between fake and genuine pharmaceuticals which may be beneficial, strategies or campaigns that simply raise awareness of consumers of dangers of counterfeiting may result in fall in the sale of medicines as well as increase in counterfeiting which consequently leads to lack of access to good quality medicines (Lybecker, 2007).

**A REVIEW OF MULTI-STAKEHOLDER
INITIATIVES AGAINST MEDICINES
COUNTERFEITING: ROLE OF INTER-
PROFESSIONAL AND INTER-
SECTORIAL COLLABORATION**

Background for review of national initiatives

- Different levels of collaboration involving health professionals have been identified. These include collaborations at the international, regional and national levels.
- Information relating to collaborative practice involving health professionals were be obtained from 24 countries spread across the six WHO regions

Definitions

- Inter-professional collaboration refers to effective working together of health professionals to curb medicines counterfeiting in order to improve patient outcomes.
- Inter-sectorial collaboration refers to effective working together of health professionals and members of other sectors such as the Customs, Patient organisations, Non-governmental organisations, Health authorities, Police, Industry and Drug regulatory authorities to fight medicines counterfeiting with the aim of protecting public health through fighting medicines counterfeiting.

At a glance, across 24 countries

No collaboration between HCP associations and other stakeholders. No activities concerning counterfeit medicines documented

3 countries

Limited collaboration among HCP and stakeholders. Groups may organise one-off activities such as public campaigns

15 countries

Existence of a national stakeholder group with defined structures and scope of work combating counterfeit medicines

Costa Rica,
Nigeria, UK,
Taiwan, US
Indonesia

6 countries

Key observations

- The actual roles played by health professionals in these countries seem to be very much unclear in the majority of the countries.
- Most of the documented initiatives against medicines counterfeiting are mainly by government bodies and their agencies.
- Health professionals form a team of formal custodians of medicines' quality and safety, at least through supporting patients and therefore must remain at the forefront of the battle against medicines counterfeiting.

Key observations

- The drivers to collaborations involving health professionals against counterfeiting include among others; existence of national associations of health professions, support from national governments and their authorities and availability of trained health professionals.
- Long-term drivers may include incorporating patient and safety issues in the undergraduate and postgraduate curricular of persons studying to become health professionals.

Key observations

- National committees made up of scientists, public health workers/health professionals, police and government officials should be set up in each country to strategize on the most appropriate actions to be taken in order to root out medicines counterfeiting based on country specific needs.
- They can draw upon examples from the country case studies presented in this report.

Recommendations

- A step wise approach should be taken by health professional associations in developing strong collaboration with themselves and with other stakeholders.
- Healthcare professionals need to be first educated and informed about their roles.
- Educational and training materials for health professionals should be endorsed by national drug regulatory authorities

Recommendations

- By establishing dialogue with government bodies and agencies, inter-professional networks will create an opportunity for knowledge and resources to be shared and for cost-effective solutions to be initiated.
- These efforts will also give other relevant stakeholders an increased political will to tackle the problem through inter-sectorial collaboration.

Recommendations

- It is important to understand consumer demand through survey of market on quality differentials and cost differentials between counterfeit and real medicines – increase support in law enforcement “or/and” public education interventions
- Public campaigns need to consider empowering healthcare professions and consumers in visual inspections or other aids to distinguish fake and real medicines

Recommendations

- The 2011 WHO/FIP guidelines on Good Pharmacy Practice – Standards on quality of pharmacy services can provide a robust policy and practice framework to strengthen the pharmaceutical supply and distribution chain
- http://whqlibdoc.who.int/trs/WHO_TRS_961_eng.pdf (see Annex 8)