# Quality of cancer drugs in low- and middle-income countries: A need for more global and African approach

**Importance of the problem**

The number of cancer cases[1] in African low- and middle-income countries continues to rise with the relative ageing of the population. In 2018, an estimated 811,000 new cancer cases and 534,000 cancer deaths occurred in sub-Saharan Africa. Getting cancer in these countries means often catastrophic costs, especially for poor families, due to the growing inequality among the population.  Africa imports about 90% of its medicines, of which at least 10% are either substandard (i.e. they do not meet all the quality criteria without any fraudulent intent on the part of the manufacturer) or falsified (i.e. they have been intentionally manipulated as to their identity, composition or origin). Some authors even put forward figures to be between 20 to 48% of such products in circulation in Africa.

When a patient is unknowingly treated with substandard or falsified drugs, the situation for him and his family can become more aggravated. Inadequate treatment or non-treatment with these drugs worsens personal and social suffering, not to mention a worsening prognosis for life. Confidence in the health services decreases and some patients even stop their treatment out of discouragement or simply out of fear of being a burden to their families.

**A more global approach to the problem**

The first approach is preventive: active screening for breast cancer, vaccination against the vaginal herpes virus to prevent cervical cancer, vaccination against the hepatitis B and C virus to prevent liver cancer, the fight against smoking etc. should be implemented.

Once cancer has been diagnosed and drug treatment prescribed, the health authorities must provide patients with treatment centers with appropriate diagnostic facilities and quality anti-cancer drugs according to the WHO list of essential drugs. However, the budgets generally allocated to these various actions are far from sufficient to meet the growing demand. The introduction of universal health coverage and compulsory mutual health insurance covering cancer treatment is on the agenda in some African countries such as Botswana, Kenya and Rwanda, these are commendable

Secondly, regulatory authorities must detect substandard and falsified medicines before they are put on the market or withdraw them immediately from the market if they have already

entered it. Unfortunately, these authorities have insufficient resources to carry out their responsibilities properly against substandard and falsified medicines and with the help of corruption, these drugs enter these countries quite freely through legal or backdoor channels.

Another reason for finding sub-standard medicines in hospitals is the deterioration of good quality medicines due to poor storage conditions. This is especially true for drugs that are sold in mass quantities on the market. Therefore, the storage of anti-cancer drugs, especially at the level of hospitals where patients are treated, should be subject to increased vigilance.

**A need for an African approach to the problem**

In February 2019, a treaty establishing the *African Medicines Agency* (AMA) was signed under the aegis of the African Union (AU); but for it to enter into force, it must be ratified by at least 15 countries. At this stage, eight signatory countries have already ratified it.

In January 2020, six African heads of state signed the *Lomé Initiative* under the aegis of the WHO to establish a legislative and penal framework to criminalize the perpetrators of drug counterfeiting. The objectives of the future AMA and the Lomé Initiative are in part similar: to enable the populations of the 54 countries on the African continent to have safe access to quality medical products by harmonizing regulations and criminalizing the perpetrators of falsification. The WHO Secretary General, Dr Tedros Adhanom Ghebreyesus, is working to bring the two initiatives together.

Covid-19 was a stark reminder of the need for continental solidarity, as African countries feel left behind in the vaccine race and are largely dependent on the Covax system. In this sense, AMA could serve as a tool for ordering cancer drugs and vaccines.  In the long term, Africa will also need to develop its own research and pharmaceutical industry.

**International public-private partnerships**

The American Cancer Society (ACS) and the Clinton Health Access Initiative (CHAI) announced agreements in June 2020 with pharmaceutical companies Pfizer, Novartis and Mylan to expand access to 20 life-saving cancer treatments in 26 countries in sub-Saharan Africa and Asia. Patients are expected to save an average of 59% on medicines purchased under these agreements.

**The responsibility of EU Member States**

The EU has a moral duty to promote:

- Compulsory licensing of essential anti-cancer drugs and vaccines at WTO level, i.e. exceptions to TRIPS - Trade-Related Aspects of Intellectual Property Rights - for public interest reasons,

- the sharing of knowledge and technological know-how of pharmaceutical companies with African universities and research centers.

For AEFJN this is a question of ethics and equity, without forgetting that the health of European citizens also depends on the health of African citizens.

"*Everything is linked in our common Home*" would say Pope Francis!

Christian Roberti

AEFJN

[1] The most common cancers are breast, cervical and prostate.