bitter pills

Medicines and the Third World poor

by DIANNA MELROSE

OXFAM PUBLIC AFFAIRS UNIT

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First published in 1982

Reprinted June 1983
March 1984
April 1987
August 1987

ISBN 0 85598 065 6

Printed by Tekprint Ltd., England

Published by OXFAM
274 Banbury Road
Oxford OX2 7DZ

This book converted to digital file in 2010

ACKNOWLEDGEMENTS

This book would never have materialised without the invaluable help of experts, colleagues and friends.

I am particularly grateful to my colleagues David Bull and Adrian Moyes for their unstinting advice and encouragement and for their sense of humour. Special thanks go to David Newell, Julu, Niaz, Saidur and others at OXFAM's Dacca office and to medical advisers, Dr. Tony Klouda and Dr. Tim Lusty. Many colleagues have helped, especially in the Secretarial Services Department, but one in particular has laboured for many hours producing immaculate typescript - my special thanks to Betty Hawkins. Thanks also to Alan Bell for producing the index.

I wish to thank the OXFAM trustees and members of the Field Committees who devoted time and effort to helping with improvements to the early drafts, particularly Dr. William Cutting, Dr. Chris Manning and Michael Rowntree, Chairman of the editorial panel.

For their expert advice and for the many demands made on their time, I especially wish to thank Dr. Humayun Hye, formerly Director of Drug Administration in Bangladesh, Professor Mike Rawlins, Head of the Department of Clinical Pharmacology at the University of Newcastle and Dr. John Yudkin, Consultant/Senior Lecturer in General Medicine, Whittington Hospital, London.

I am grateful to the following for their contributions to our research and to some also for their helpful comments on the early drafts:
Selim Ahmed (Voluntary Health Services Society, Bangladesh); Dr. Raj Anand (Bombay); Dr. F. S. Antezana (WHO, Geneva); Dr. K.M.S. Aziz (International Centre for Diarrhoeal Disease Research, Bangladesh); Dr. K. Balasubramanian (UNCTAD, Geneva); Sharon Banoff and Ritchie Cogan (BBC, London); Dr. Carol Barker (Nuffield Centre for Health Services Studies, Leeds); David Beynon (Pharmaceutical Supply Officer, Madang Department of Health, Papua New Guinea); Dorit Braun; Dr. Pascale Brudon (Geneva); Dr. James Burton and Bill Davies (ECHO, Ewell); Sue Cavanna (Sichili Hospital, Zambia); Dr. Zafrullah Chowdhury (Gonoshasthaya Kendra, Bangladesh); Ralph Cox (DHSS, London); Professor P. F. D'Arcy (Head, Department of Pharmacy, The Queen's University of Belfast); Bharat Dogra (Delhi); Anne Ferguson (Michigan State University, USA); Foo Gaik Sim (Head, Research and Information, International Organisation of Consumer Unions, Penang); Doris Frizel (Bo Hospital, Sierra Leone); Dr. Jaime Galvez-Tan (Philippines); Dr. L. G. Goodwin (Director of Science, Zoological Society of London); Dr. C. E. Gordon-Smith (The Dean, London School of Hygiene and Tropical Medicine); Bob Grose (British Organization for Community Development, Yemen Arab Republic); Dr. Hassani (Director, Norwegian SCF Clinic, Ibb, Yemen Arab Republic); Dr. Andrew Herxheimer (Dept. of Pharmacy, Charing Cross Hospital Medical School, London); Dr. Ann Hoskins and sister Raymi volunteers (British Organisation for Community Development, Yemen Arab Republic); Professor Nurul Islam (Director, Institute of Postgraduate Medicine and Research); Dr. Vida Jelling (ex-VSO); Dr. Juel-Jensen (Oxford University Medical Officer); Dr. Sultana Khanum (SCF Children's Nutrition Unit, Bangladesh); Dr. Sanjaya Lall (Oxford University Institute of Economics and Statistics); Dr. Jane Mackay (ex-VSO); Charles Medawar (Social Audit Ltd., London); Ross Mountain (UNNGLS, Geneva); Linda Nicholls (pharmacist); Professor Georges Peters (Institut du Pharmacologie, Universite de Lausanne); Dr. Ahmed Rhazoui (UNCTC, New York); Dr. B. Sankaran (WHO, Geneva); Dr. Satoto (Indonesia); Dr. Martin Schweiger; Dr. Mira Shiva and S. Srinivasan (VHAI, Delhi); Dr. Milton Silverman and Mia Lydecker (University of California); Dr. Pawan Sureka (Bombay); Ken Temple (ODA, London); Dr. Wanandi (WHO, Geneva); David Werner (Hesperian Foundation, California); the pharmacists at Westlake Ltd. (Banbury Road, Oxford); and Stephen de Winter and colleagues (Belbo Film Productions, Netherlands).

I would like to thank all those representatives of the pharmaceutical industry who have provided help and information, particularly David Taylor (Deputy Director, Office of Health Economics, London); representatives of the Association of British Pharmaceutical Industries and the International Federation of Pharmaceutical Manufacturers Associations; and executives of Beecham, Boots, Ciba-Geigy, Cyanamid, Fisons, Glaxo, Hoechst, ICI, May & Baker UK, E. Merck, Merck Sharp & Dohme, Organon, Pfizer, Rivopharm, Roche, Sandoz, G. D. Searle, Squibb, Upjohn and The Wellcome Foundation.

Finally, special thanks to Helen and Chris for encouragement when I needed it most.

CONTENTS

INTRODUCTION

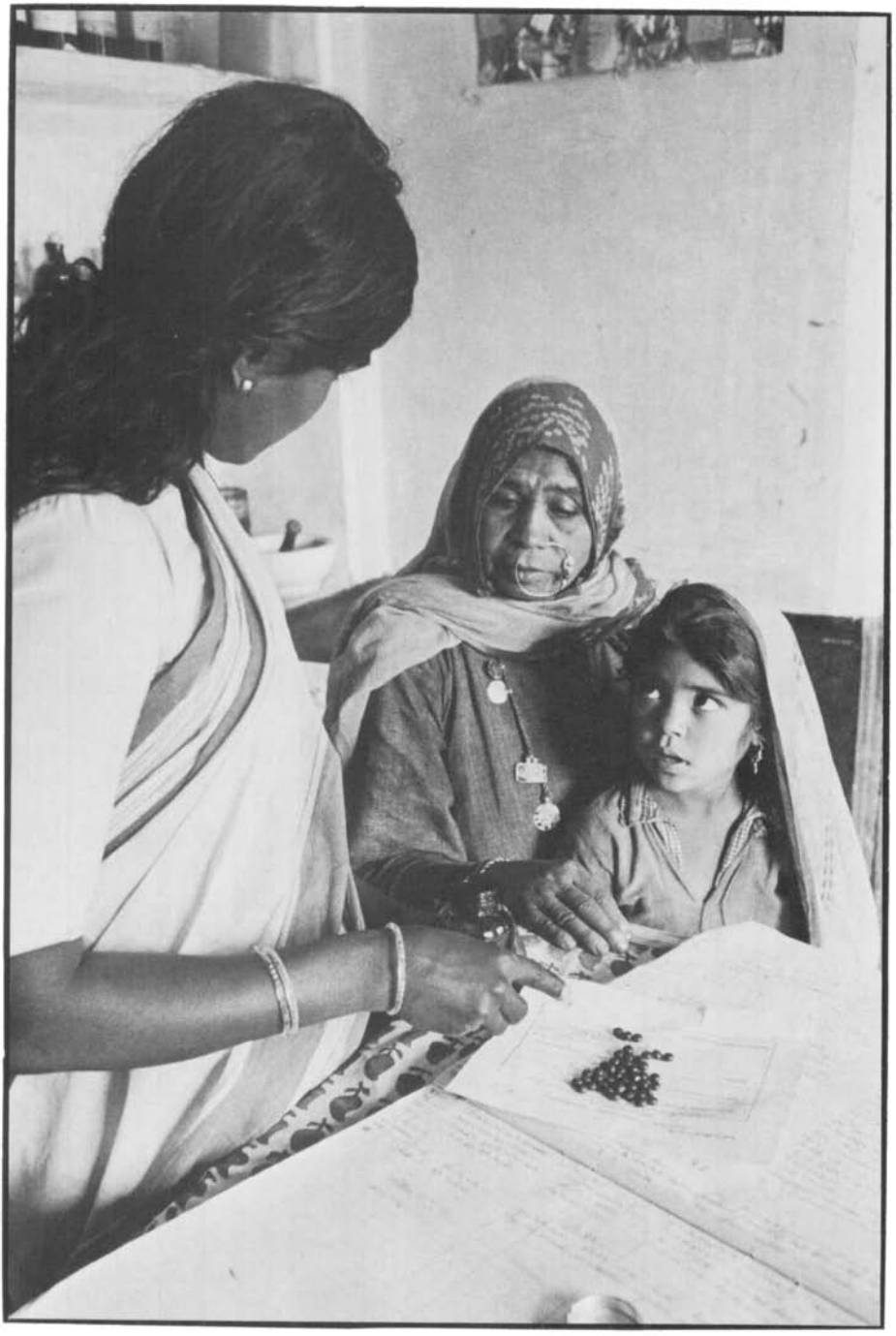
AS THE BOAT drew into the shore we heard a strange sound from the bank. A woman was crying. We found her with a dead baby in her arms and a collection of medicine bottles beside her. She had spent all her money on these expensive drugs. She could not understand why they had not saved her baby. This Bangladeshi woman had never been told what was obvious to the doctor who found her. The baby had become severely dehydrated from diarrhoea. Her death could have been prevented with a simple home-made solution of water, salt and sugar. No amount of medicine could have kept her alive.

People in remote mountain villages in North Yemen are cut off from the country's very limited health services concentrated in the towns. Drug pedlars, known locally as 'health men', have a ready market. They sell a wide range of sophisticated drugs which can have harmful side-effects. Most of these medicines can only be obtained on a doctor's prescription in Europe and North America. Some have even been taken off the market in rich countries because the possible risks outweigh their benefits. But in Yemen the drug sellers are unaware of the hazards or how the drugs should be used. Most have acquired their training working as hospital cleaners, or behind the counter in a drug store.

On open market stalls in Upper Volta red and yellow capsules of antibiotics are displayed for sale alongside equally colourful sweets. Poor people buy just one or two capsules at a time to treat themselves. They have no idea that antibiotics are not fully effective unless you take a complete course, or that tetracycline, left out in the heat and humidity, can become toxic. But the main hazard from the uncontrolled use of antibiotics is that bacteria build up resistance to drugs. A poor community can find itself with no alternatives to the drugs that no longer work.

In 1980 governments and aid agencies all over the world responded to the plight of the Kampuchean people by rushing in a mass of drugs they had well-meaningly scrambled together. But this jumble of medicines, labelled in dozens of different languages, created chaos. In the absence of a team of multilingual pharmacists to sift through them, many potentially useful and useless drugs alike had to be discarded.

Throughout Asia, Africa and Latin America millions of the poorest have no access to life-saving drugs. But drugs are wasted and misused worldwide. In poor countries those that are most needed are often the hardest to obtain, at least at prices the poor can afford. Where the need is for a limited selection of priority drugs at low prices, manufacturers and retailers come under commercial pressure to sell a mass of wasteful, often non-essential products. In some countries the



(Credit) Mike Wells.

market is flooded with an assortment of vitamin tonics, cough and cold remedies, and other expensive combination products, when single- ingredient, basic drugs like penicillin and chloroquine are in desperately short supply.

The first-hand experiences of OXFAM colleagues and friends throughout the Third World have made us forcefully aware of the problems. Very few of the poor benefit from the potential of modern medicines. Valuable drugs developed decades ago could be used to prevent unnecessary suffering and death. But through their uncontrolled sale and promotion in many poor countries, medicines often do little good and can be positively harmful.

OXFAM's commitment to the relief of suffering made it our duty to investigate the problems and publish our findings with the aim of pressing for action to benefit the poor. This report is based on the experience of OXFAM field staff, project workers and friends in many very different countries. But what emerges is a striking similarity in the problems worldwide. The report also draws on a wide range of both published and unpublished material in addition to research carried out by the writer in North Yemen, India and Bangladesh.

A doctor in Bangladesh told OXFAM that he is acutely aware of three contrasting but equally tragic situations. There are patients he cannot help who are dying of diseases for which there is no drug treatment. Secondly, the poorest, who cannot obtain treatment or drugs, die of diseases that are curable, and often preventable. Thirdly, and seemingly paradoxically, some poor families make sacrifices and even go without food to buy unnecessary drugs, when the 'medicine' they need is food.

Rich and poor could benefit from new drugs to treat incurable diseases. But only the poor are denied the life-saving drugs available to the rich. This report attempts to unravel the complexities of the medicines issue. The focus throughout is on the needs of the Third World poor.

Chapter 1 assesses the role of medicines in creating better health. Chapters 2 to 6 highlight the special problems in the distribution, production and marketing of drugs in developing countries. Chapter 7 focuses on traditional medicine which remains the major source of health care for most of the world's population. Chapters 8 and 9 describe constructive initiatives to improve health and the supply and use of essential drugs both at project level and on a wider national and international scale. These and the following chapter are concerned both with attempts to rationalise drug policies to benefit the majority and with obstacles to change. Chapter 10 also examines attitudes and policies in the major drug-producing nations and their impact on drug needs and policies in developing countries. Finally, in Chapter 11, we put forward OXFAM's suggestions on action that is urgently needed to benefit the Third World poor.