Interview with
Prof Dora Nkem Akunyili, Director General NAFDAC

Geneva, 25 April 2008. Prof Dora N Akunyili, the feisty, courageous Director General of Nigeria's National Agency for Food and Drug Administration and Control (NAFDAC), was recently at the MMV offices. Prof Akunyili is also a member of MMV's Access and Delivery Committee. She spoke to MMV regarding the challenges facing access to antimalarials, her own experiences with malaria, and our work in Access.

MMV: Thank you for agreeing to spare some time for this interview, Prof Akunyili. Could we start with your views on the challenges facing Access, both generally as well as in terms of MMV's work?

DNA: Access challenges differ from country to country. Some countries cannot procure enough supplies of antimalarials, some countries cannot distribute the drugs they do procure. In Nigeria, however, the problem is stealing of donated drugs (Coartem, Mectizan etc.) by healthworkers. We've taken extreme measures to stop this theft – we sealed off all the outlets where donated drugs were being sold – the owners have to pay a $1000 fine on top of that and suffer a great deal of public disgrace because NAFDAC ensures that the culprits are exposed by the media.

The West Africa Drug Regulatory Authority Network (WADRAN) of which I have been the Chairman since 2005, was instituted to tackle the issue of corruption in the area of drug counterfeiting. As Nigeria came down heavily on drug counterfeiters, they relocated to other sub-Saharan countries and now these countries too have to face corruption in the health sector. WADRAN has recently discussed the problem of drugs donated to countries that are left to expire outside warehouses. We will ensure that this ugly situation is brought to the attention of West African health ministers and presidents.

Another challenge, of course, is the issue of volumes. Often, the amount of drugs procured is not enough to cover demand – Nigeria is Africa's most populous nation and a vast proportion of its citizens are poor. Although rich Nigerians also suffer from malaria, they are relatively safer and better protected with bednets and gauze on windows, and can buy high quality drugs from private pharmacies, or even when they travel outside the country. The poor however, get no respite from the disease – they live in appalling conditions, get malaria frequently, are debilitated by the disease, and cannot access or afford to buy good quality drugs.

MMV is doing a laudable work to ensure that antimalarials are available, affordable and accessible to the poor - MMV's target population. The poor are predisposed to ill health entirely due to their poverty, and cannot afford complete treatment courses of effective new drugs, so they take partial courses; or they end up buying fakes which do not contain the requisite amounts of active pharmaceutical ingredient to cure the disease. All these lead to the possibility of emergence of resistant strains of the parasite - another serious challenge. For example, Before the 1970's, malaria was regarded like flu in Nigeria because of the efficacy of chloroquine. Chloroquine was effective and saved millions of lives. By the early 90's, due to the development of resistant strains of malaria parasites partly induced by substandard antimalarials, we started shifting to second line drugs like Fansidar, Halfan, etc. By the late 90's,

resistant strains against the second line drugs emerged, and we shifted to Artemisinin derivatives. Presently, we are on Artemisinin Combination Therapy (ACT). If people do not have access to quality ACTs and resistance does occur, this will be disastrous for sub-Saharan Africa.

MMV: These are, of course, serious challenges and MMV is working to address the third challenge of resistance that you mention, by working to develop new antimalarials and its Access work. Is MMV on the right track in Access? What could hinder its success?

DNA: I am passionate about MMV's work – you are working hard for an illness that affects neither you nor your relatives. This is commendable. MMV's focus to carry out cutting-edge research of new antimalarials, develop these to the registration phase, and then facilitate their delivery, is excellent – so, yes, MMV is definitely on the right track. I see, however, two factors that might pose as obstacles to MMV's success.

The first is the lack of political commitment in Africa. Perhaps we can work on this matter by approaching the African Union (AU). The AU is a strong group and is committed to helping the poor. All presidents will listen if we can find ways to lobby them via the African Union and enlist their support in helping to ensure that the donated drugs are distributed to the poor. African health ministers can also be addressed on this issue during the World Health Assembly coming up in May in Geneva.

The second is the dire need for pharmacovigilance, which is the only way to get the true picture of the safety of the new ACTs, and enable countries to make policy decisions based on evidence. Well structured pharmacovigilance is necessary for the new ACTs. Nigeria has established a Pharmacovigilance Centre which is currently using spontaneous reporting techniques to report adverse events. Clearly, this is not enough. We need someone to support and champion our work in this field to allow us to follow millions of people taking ACTs and record any adverse events that arise. We need NGOs to get involved. The results of pharmacovigilance studies can inform other countries in Africa who are deploying or considering ACTs – Nigerian results can be extrapolated and used as a template.

MMV: How have you been affected by lack of access to antimalarials?

DNA: I cannot even remember the first time I had malaria – I had just started turning into a human being – perhaps at the age of 4 months? For the first nine years of my life I lived with my parents in the city of Makurdi and had malaria about three times a year. However when I went to live with my grandparents in the village where I had no protection like mosquito gauze at the windows or mosquito nets over the bed, I had malaria at least once a month. I remember we were given chloroquine or pyrimethamine once a week – we used to call it '*Sunday-Sunday medicine*'.

Last year I had a horrific encounter with malaria that lasted for 7 weeks. At Nigeria's Pharmacovigilance Centre, people sometimes report that the side effects or adverse drug reactions from some anti-malarials are worse than the disease itself. They say some drugs do not even cure them. Well, I have experienced all of this first-hand and know it to be true.

The trouble is that everybody is a doctor of malaria in Africa – we have lived with the disease all our lives and if we have fever, we do not even bother to go to the doctor

(if there is one close by). So last year, when malaria struck, I went to the hospital - I was lucky to have had access to medical facilities and tested +++ for malaria parasites. I went home and took an ACT without a prescription. I took the entire course of the drug and still had a fever.

Thinking that the drugs must be counterfeit, I called the company that registered this particular ACT to send some to me directly from their stock. They sent 10 packets. Over the following weeks, I tried 5 different types of antimalarials, nothing seemed to work. It was the last drug, once a day for three days that cured me.

How many of the drugs I took were real or fakes I will never know. But the entire episode brought home to me what I already knew - if anyone else who did not have all the facilities and drugs I had at my disposal, had suffered from this virulent strain of the malaria parasite the person would have died. We are talking of millions of fellow Nigerians!

MMV: Some last thoughts?

DNA: "He who gives to the poor lends to God". MMV should not relent in its effort to save the lives of millions of very poor people, especially on the African continent, who would not survive malaria without their help.

MMV's work is charity in action. And in Africa we will do our best to ensure that we support MMV's good work in helping the deprived masses.