



# Survey amongst Belgian stakeholders Quality of Medicines in LMICs 2008 Charter & 2017 Commitment



Kashi Barbara Carasso

partner – pharma & public health member of QUAMED, Be-Cause Health WG

## Background

- 22% of Belgian ODA for health sector to purchase medicines & medical products
- Medicines on the markets in LMIC often substandard & falsified
  - ... and Belgian implementers are confronted with this
- Moral responsibility to assure quality of medicines procured
- → 2008 Charter & 2017 Commitment



#### 2008 Charter

- Organizations/ individuals commit to contribute to install or strengthen QA systems for medicines & medical products;
- Adopt essential quality criteria for purchase meds
- Signed by 21 organizations
  - BTC/ENABEL
  - NGOs
  - Academia

#### Survey 2010

- Only one NGO has a quality system fully in line with the Charter
- Three have done significant efforts to adapt their procurement policies
- → High standards compared to capacity NGOs
- → Need stepwise approach
- → Need collaboration
- → Not embedded in culture



#### 2017 Commitment

- Ensure quality of essential medicines and medical products in Belgian-funded programs
- → justified budget, M&E
- → implement QA policy, M&E
- quality criteria source, procurement, S&D
- strengthen local capacity
- Signed by 19 organizations
- 12 same as 2008 Charter:
  - BTC/ENABEL, Action Damien, ITM, MDM-B, Memisa, Meds sans Vacances, BAC, ULB & UCL (via ARES), Ughent/UA/ICRC (via VLIR)





#### Challenges in quality medicines -past 10 years

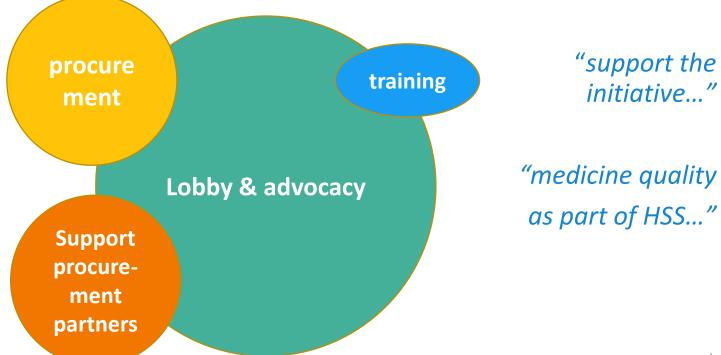




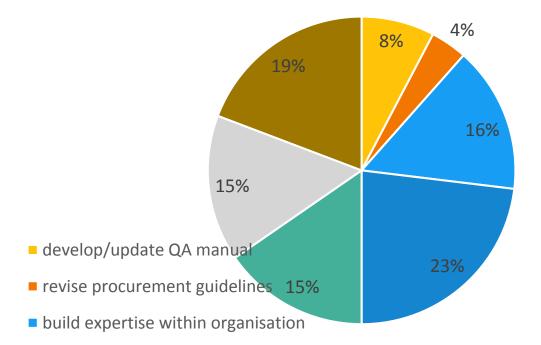


#### Survey respondents

- 14 /21 responses from 2008 Charter signatories
- 11 /19 responses from 2017 Commitment signatories
- 5/13 responses from new signatories



### Activities after signing Charter



- build expertise amongst partners
- budget for QA
- prioritize procurement via nat'l system
- I don't know

"Even if there was a great commitment to the Charter's principles from a few individuals, including the Director, I cannot say that this has become an institutional commitment. Most people remained unaware of the Charter. "

#### Money spent on activities:

- No separate budget
- No idea
- €25k
- €20k in 2015, €10k/year after
- BTC/ENABEL: support DRC; **QUAMED**

"As my organization ...only provides technical assistance, we are limited to this budget... there is often very little space..."



#### Memberships

#### **QUAMED**

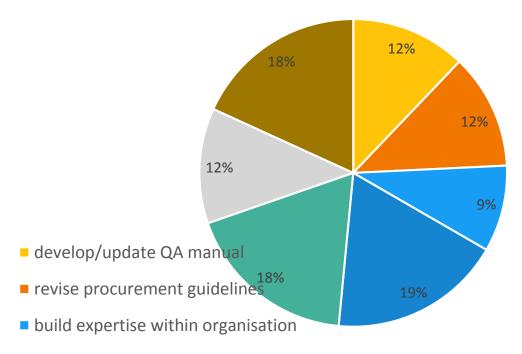
- All but one 2008 Charter signatories that procure or support procurement of medicines are members
- None of the new signatories to 2017 Commitment
- None of organizations only involved in lobby/advocacy
- Most activities focused on
  - co-financing audits
  - build capacity local partners
  - build capacity in-house

#### **Be-Cause Health WG**

- All Charter & Commitment signatories that procure or support procurement of medicines are members
- None of organizations only involved in lobby/advocacy
- Most activities focused on:
  - build capacity local partners
  - TA & advocacy on QA



#### Planned after signing Commitment



- build expertise amongst partners
- budget for QA
- prioritize procurement via nat'l system
- I don't know

- Focus on building local capacity, incl. dedicated budget
- Most lobby/ advocacy organizations unclear how to implement, or answered N/A
- → TA from QUAMED needed!

"More funders and policy makers should adhere to the principles of the Charter and Commitment'.

The Public Health Community should understand that the problem of poor quality medicines is real and that it really affects the performance of health systems..." 10



#### Successes in quality medicines -past 10 years





- Many organizations are confronted with poor quality medicine: emphasizes the need for Charter/Commitment
- Raised awareness of QA over past 10 years through Charter, QUAMED, Be-Cause Health WG & now Commitment
- Focus activities on building capacity local partners & within organization
- Esp. lobby/advocacy organizations and those that newly signed need guidance & technical capacity on how to implement
- Insufficiently institutionalized low awareness within general management, incl. dedicated budget
- Opportunity for more networking between Belgian organizations – and for stewards (i.e. QUAMED) to support