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Background

Substandard and Falsified Medicines (SFMs) are a growing threat to the public health of nations, with an estimated 1:10 medicines in low/middle-income countries (LMICs) to be substandard or a fake. In addition, different studies have shown that SFMs are potential drivers and have a role in the development of antimicrobial resistance. SFMs data across African countries is limited, although WHO alerts are increasingly suggesting that these medicines are available across the region. Increased awareness at all health care levels, including health care workers' (HCWs) ability to identify SFMs, is therefore crucial to optimize access to quality and effective medicines.

Aim

This study focussed on exploring HCWs' knowledge of SFMs in eight African countries, to identify the gaps and build capacity amongst HCWs through educational interventions.

Method

A pre-piloted cross-sectional survey was sent out to gather baseline information from HCWs across 24 Health Partnerships under the Commonwealth Partnerships for Antimicrobial Stewardship programme (CwPAMS) in eight African countries: Kenya, Uganda, Tanzania, Malawi, Nigeria, Sierra Leone, Ghana and Zambia.

The survey was structured into three sections:

- Socio-demographics.
- Knowledge and awareness of SFMs (including a short knowledge quiz).
- Educational needs to upskill in SFMs.

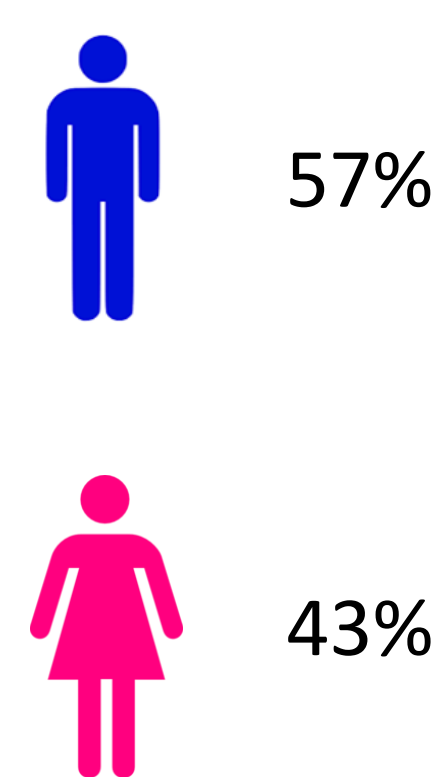
All the data was entered into Excel and analysed using descriptive statistics. As a service evaluation, no ethical approval was required.

Results

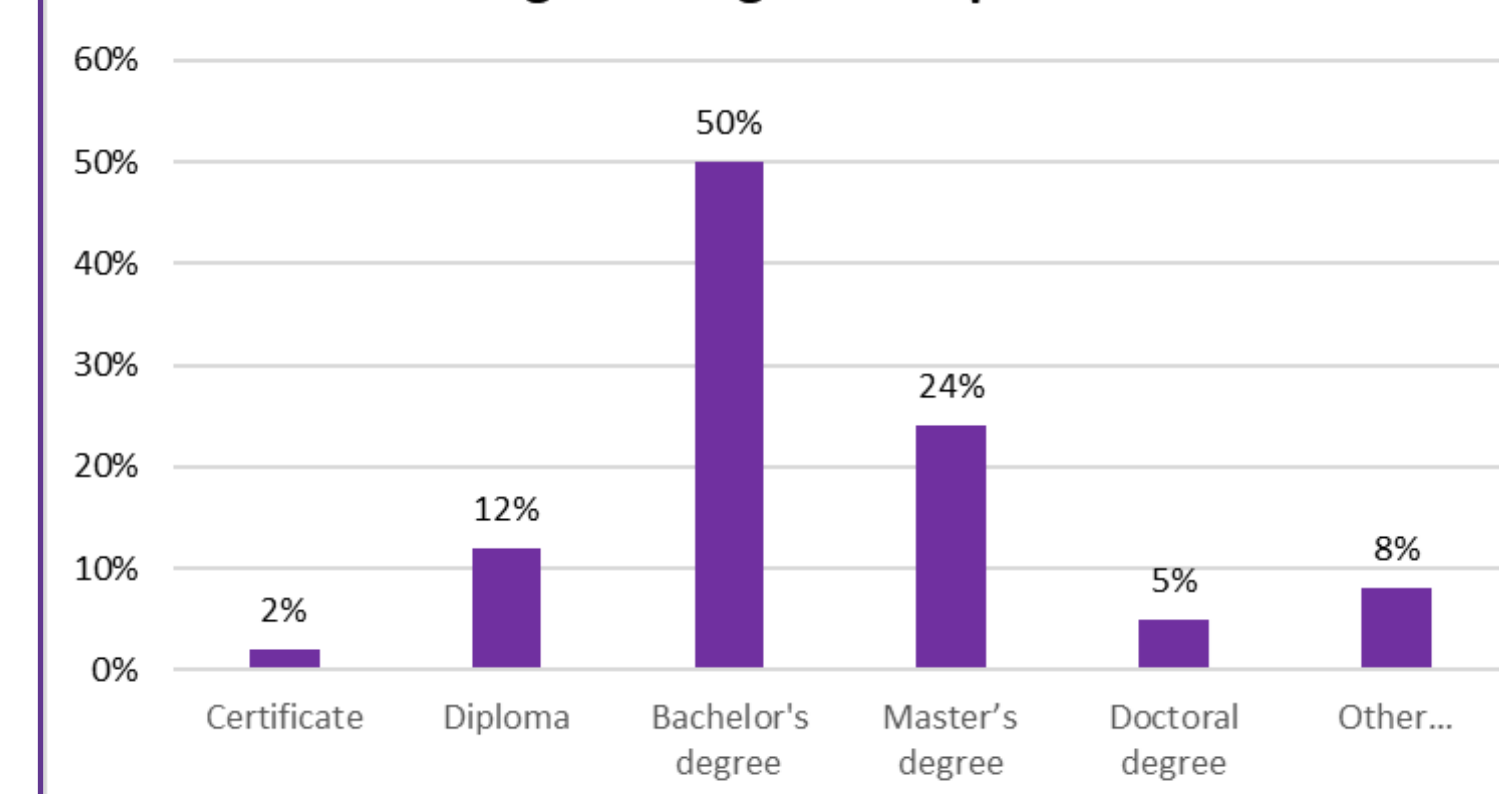
Demographics

- ❖ 113 HCWs responded to the survey (Fig. 1)
- ❖ 87% worked in the public sector
- ❖ 24 health partnerships and 8 African countries represented

Gender



Highest Degree Completed



Professional Background

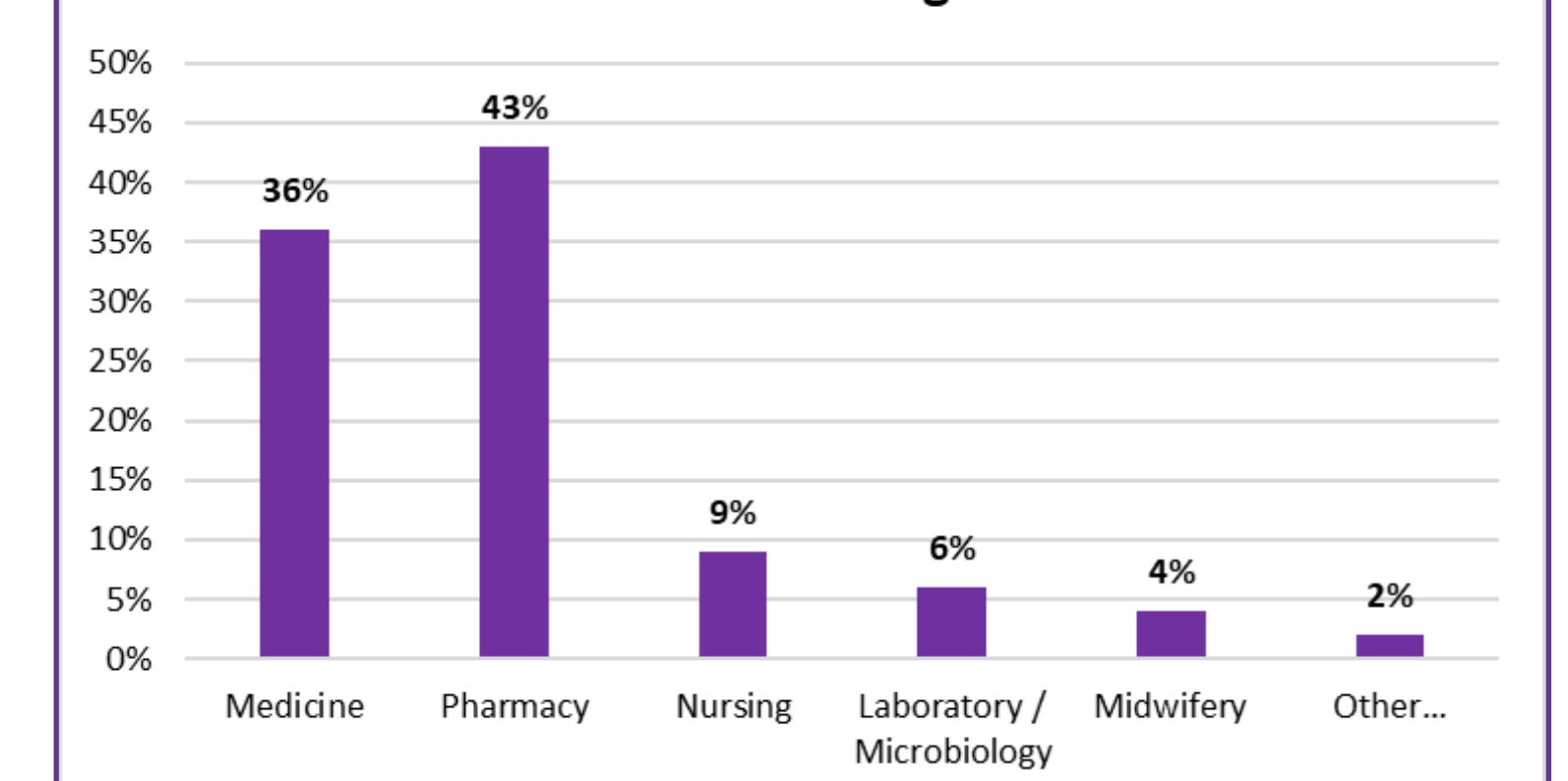


Figure 1: Survey participant demographics

Assessment of SFMs Knowledge and Awareness

<p>41% scored 100% in the knowledge quiz by correctly identifying SFMs.</p>	<p>How best would you describe Substandard or Falsified Medicines? (Select all that apply)</p> <ul style="list-style-type: none"> • Authorised pharmaceutical products that fail to meet quality standards or specifications (or both) • Authorised pharmaceutical products that originate from poor manufacturing practices, supply chain gaps or inappropriate storage that lead to degradation of the active ingredients • Produced pharmaceutical products that result from deliberate/fraudulent misrepresentation of the identity, composition, or source
<p>13% were able to differentiate between substandard and falsified medicines</p>	
<p>Which of the following would be considered a substandard medicine? (Select all that apply)</p>	
<p>Substandard</p> <ul style="list-style-type: none"> • Medicine with the wrong amount of the right active ingredient • Medicine containing impurities/contaminants • Medicine that compromises patient safety 	<p>Falsified</p> <ul style="list-style-type: none"> • Medicine deliberately produced without the active ingredient • Medicine deliberately produced using the wrong active ingredient • Medicine deliberately containing ingredients of bad/toxic quality • Medicine deliberately and fraudulently mislabelled

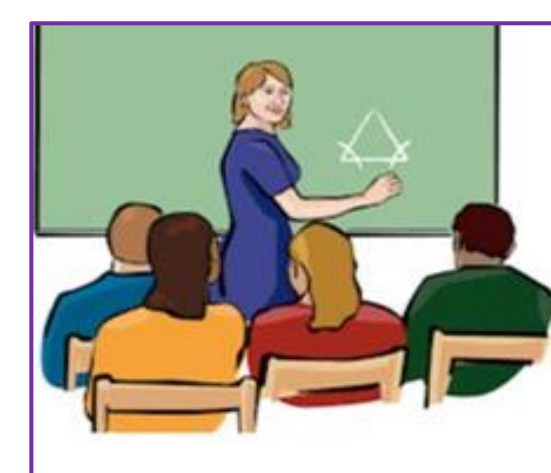
Educational Support - Delivery

Delivery format: HCWs preferred the following training delivery formats:

Content

HCWs highlighted the need to be able to:

- ❖ Detect SFMs (99%)
- ❖ Report SFMs (76%)
- ❖ Manage patients who have taken SFMs (73%).



Face-to-face training
86%



Webinars
66%



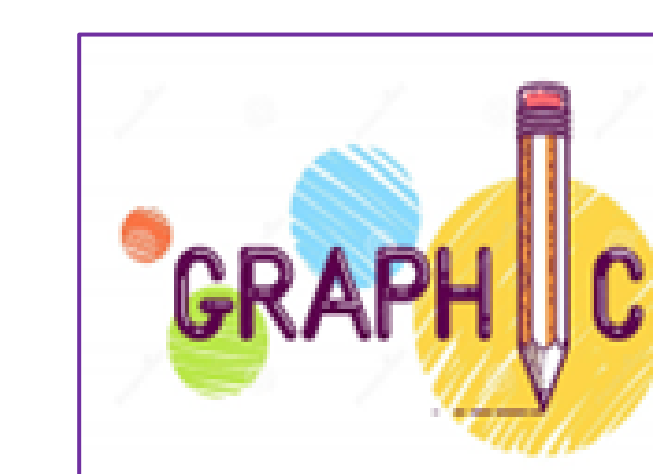
Online self-directed learning
63%



Case studies
56%



Articles
53%



Video graphics
52%

Conclusion

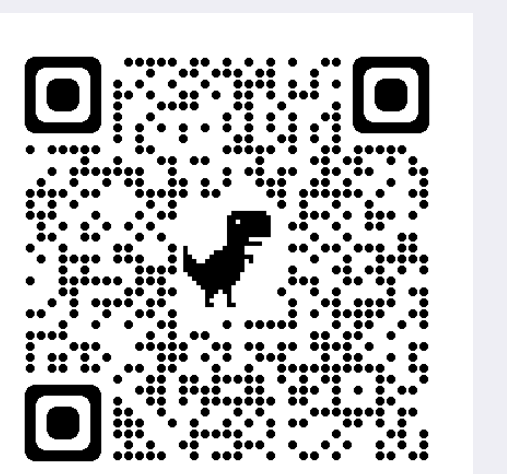
This study suggests that HCWs in Africa have limited knowledge of SFMs and identifying this gap has been key in understanding educational needs to further develop effective interventions. These include a webinar series and the development of an online self-directed Continuous Professional Development course, which is currently being developed and anticipated to be delivered and evaluated in late 2024.

Acknowledgements

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