

Research article

# NAFDAC AND HEALTH CARE IN NIGERIA: A PHILOSOPHICAL PROBE

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## ABSTRACT

NAFDAC and Health care in Nigeria: a philosophical probe. Is a critical investigation on the role and significance of NAFDAC as drug and fake products related crimes shooter in safeguarding the health of the nation(Nigeria).The health of every nation is cardinal and should be seen as indispensable. Little wonder the sayings “a healthy nation is a wealthy nation”. Also, the vibrancy of any economy subsists on the quality of her products for exports and equally what she allows or *imports into her* country. It could be observed that, drug faking and manufacturing of substandard goods have constituted global public health challenge, reasons being that, the effects can be very extensive covering both the manufacturing to consuming or recipient regions. This work revealed that though, Nigeria as a nation had done enormously well in her effort to combating the menace of fake and substandard drugs through NFADAC, but her effort had not yielded sufficient result because of the advanced sophistications of those who manufacture and sell them. Ignorance and poverty level of the people, encouraged those who are in this unhealthy practice. The problem thrives till date in some people who still prefer to go on self medication when they are ill, and most times the drugs are bought from unlicensed drugs vendors whose drugs quality is difficult to ascertain. In the past two decades in Nigeria, the problem of fake drugs had been a very big and challenging issue with the attendant high death rates. For instance in 1989, over 150 children died as a result of a formulation error in a drug. Such problems led to the establishment of NAFDAC to help create a fake-drug free environment. The effort of NAFDAC in this direction is commendable, but the researchers wondered why still many questions remained unanswered: why does Nigeria still have in existence open drug markets? Why do Nigerians in Drug business breach the stipulated drug laws and get away with it, and continue with their business, committing mass murder and

smiling to their banks? How long are we to fight the battle of fake drug even with the threats on the lives of those who fight to preserve the health of the nation? This work is by no means going to provide the solution to the drug problems in Nigeria. However, it prepares us on the challenges to be faced at home in the search for next alternative solution to the problem, and insight to the nation in fighting the menace of fake drugs sold in the streets and open markets resulting in adverse effects to the consuming public. It attempted a critical review of the role of NAFDAC, Achievements, Problems and Prospect.

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## **INTRODUCTION**

The consistent raid by NAFDAC on fake drug dealers who contravene the applicable laws and regulations, have helped in clamping down on the illegal drug traders. But when things seem to get better, these illegal drug sellers begin to emerge from their hideouts. One may begin to ponder why? Could it be that the agency is not doing enough to eradicate the evil activities, or could it be that they are some staff of the agency that are benefiting from the fake drug deals thereby sabotaging the laudable effort of the agency? It is increasingly amazing that, despite the effort of the government and the agency, the problems of fake drug have refused to depart or leave the shores of Nigeria. Again, is there anything to do that we have not done? Hence, we will intensify actions and possibly suggest the way forward for a lasting solution.

## **DEFINITION OF TERMS**

### **PHILOSOPHY**

Everything from the structure of democratic governments to due process of law, from a physician's Hippocratic oath to computer software, has its root in philosophy. Unfortunately, philosophy as a course of study is disappearing from our nation colleges, yet its focus on analytical thinking and problem solving is more vitally important today than ever.

Meaning: Philosophy is an academic discipline that exercises reason and logic in an attempt to understanding reality and answer fundamental questions about knowledge, life, morality, human nature and his entire well being (Asira and Ogar 26).

The goal of philosophy include to address the "big question" which do not fall into other disciplines such as, how we should act (ethics), what exists (metaphysics), how we should reason (Logic). Originating from Greek, the word philosophy means "love of wisdom". That is the capacity from profound knowledge, experience, providence and good judgment (Asira and Ogar, 29).

### **NAFDAC: National Agency for Food and Drug Administration and Control.**

NAFDAC is a Nigeria government agency responsible for regulating and controlling the manufacture, importation, exportation, advertisement, distribution, sale and use of food, drugs, cosmetics, medical devices, chemicals and prepackaged water. Its creation was inspired by 1988 World Health Assembly Resolution requesting countries' assistance in combating the global health threats posed by counterfeit pharmaceuticals, and other growing concerns about problem of fake and poorly regulated drugs in Nigeria. NAFDAC establishment to replace Federal Ministry of Health body was backed by legislation approved as Legislative Decree No. 15 of 1993, and in January 1<sup>st</sup> 1994, NAFDAC was officially established as a parastatal of the Federal Ministry of Health. NAFDAC was introduced to replace the Directorate of Food and Drug Administration and Control, which was deemed to be ineffective, largely due to lack of laws concerning fake drugs and political issues (NAFDAC 2005:68).

### **FAKE/COUNTERFEIT DRUG**

World Health Organization defines a "counterfeit" as "A medicine, which is deliberately and fraudulently mislabeled with respect to identity and/or source. Counterfeiting can apply to both branded and generic products

and counterfeit products may include products with the correct or wrong ingredients, without active ingredients, with insufficient active ingredients or with fake packaging” (WHO, 2006)

### **Nigerian would have counterfeit and fake drug defined as:**

- i. Any drug product which is purported to be; or any drug or drug product which is coloured, coated, powdered or polished that the damage is concealed or which is made to appear to be better or of greater therapeutic value than it really is. And is not labeled in the prescribed manner or which label or container or anything accompanying the drug bears any statement, design or device which makes a false claim for the drug or which is false or misleading; or any drug or drug product whose container is so made, formed or filled as to be misleading; or any drug product whose label does not bear adequate directions for use; or any drug product which is not registered by the Agency in accordance with the provisions of the Food, Drugs and Related Products (Registration etc) Decree 1993, as amended, (WHO 2008).

### **Health Care**

Nigeria runs a decentralized system with three levels of government. The federal, handles university teaching hospitals, the state handles general hospitals and local governments are mostly dispensaries. All the three levels of government are responsible for provision of health care services. Although the country has tremendous potentials for growth and development, the health system still lacks basic amenities due to problems of inadequate funding, lack of political commitment and poor implementation plans. The total expenditure on health as percentage of GDP is 4.6% and from government expenditure, it is about 1.5% (FRD, 2006). The Nigerian health system has been under reorganization. It promoted community-based methods of increasing accessibility of drugs and health care services to the population partly by implementing user fees. The idea was to increase access through community-based healthcare reform, but it was not working (Uzochukwu et al, 2002:306). The introduction of the National Health Insurance Scheme (NHIS) became a major concern to government due to the suffering from medical negligence of Nigerians especially the poor who cannot afford basic health need. The majority of people still pay out of pocket for their medicine purchase as the NHIS is still in its pilot stage (Iyioha, 2007:164). Major illnesses are childhood diseases, malaria and HIV/AIDS with infant mortality estimated as 100 per 1,000 live births (NDHS, 2003:48)

A study carried out by Erhun 2001, showed 6 out of 7 respondents who believed that the presence of non-professionals in drug business is a major contributing factor to the availability of fake drugs in Nigeria. Under the Nigeria drug law, pharmacists have the authority to manufacture, sell, distribute, import, export, dispense and compound drugs. Community or retail pharmacists can acquire premises for sale and drug dispensing such premises are usually registered.

However, we also have the non- pharmacists such as the licensed medicine vendors that are holders of “patent and proprietary medicine vendors’ right” which is granted to them by government, they are non-professionals who might be less capable of identifying genuine from fake drugs. The minimum academic requirement for them to obtain a license is the first school-leaving certificate (Erhun, 2001).

These vendors are only allowed to sell over the counter (OTC) drugs but rather they sell different categories of drugs both prescription and over the counter drugs as long as they will make profit from it, such drugs can include antibiotics, narcotics, toxoids and antihypertensive for profit purposes with no adequate monitoring systems in place to check them (Erhun, 2001). Sometimes, they are seen prescribing drugs to their customers or even treating them and giving injections (personal observation).

These vendors are supposed to be monitored by the state ministry of health (MOH) pharmacy division. However, they are not monitored adequately because the officials can be corrupt and overlook many issues or may be incapable to do the work (Okeke, 2006).

### **Chaotic drug distribution network:**

Drug distribution network in Nigeria consists of chaotic open markets that acts as major source for purchase to medicine stores, pharmacy outlets, private and public hospitals, wholesalers/retailers and pharmaceutical manufacturers, the result of these chaotic drug distribution makes drug monitoring very difficult. In addition, gives room to drug hawking in buses, kiosks, motor parks by illiterate vendors whose aim is profit oriented. The medicines are often time left under the sun in such conditions that could facilitate the deterioration of the active ingredients (Erhun, 2001). Medicines are sold just like any other commodity of trade. Poor drug regulation which has eaten deep into the system over the year, helped in the evolvement of drug markets which are not registered premises and is well established all over the country. Most of the drug wholesalers and importers, supply drugs to these open drug markets because they make more profit from them. Drug sellers, health professionals have easy access to patronize the drug markets; it also gives services to the street drug hawkers and commercial drug sellers in buses (Akunyili, 2004). Efforts from NAFDAC, such as various raids and seizures or forced to close the existing chaotic drug market and create an orderly Drug Distribution System suffered a set back due to its unacceptability from some pharmacists and politicians that are key stakeholders in drug matters who benefits from such open markets, supports the existence (Akunyili, 2004).

In the United States of America, the drug distribution channel involves registered drug facilities that are monitored by the United States Food and Drug Agency (USFDA) as manufacturers; from there the drugs are shipped to their official pharmaceutical wholesalers and to the pharmacies for upward dispensing to individual patients (Spies, 2003).

According to Brains (2004), drug distribution chain consists of different actors in legitimate supply chain and the illegitimate supply chain. The legitimate supply chain consists of originality of products from the designers down to consumers; it is regulated and monitored at all levels. The original designers of the brand contracts to manufacturer who produces with the aid of the trusted suppliers. The products are then bought by wholesalers for distribution, from there the authorized retailers buys and dispenses to the consumers. Moreover, in case the product did not match expected specifications; the process of recall takes place.

In Nigeria, the problem with the legitimate supply chain, where good manufacturers have their products registered with good intentions is in the area of monitoring each chain network to ensure that fakers do not come in between the line to supply or sell their products portraying it as original product. Drug registration licensing in NAFDAC stops with the manufacturers, who/how, the products are distributed and sold to the wholesalers, retailers etc is supposed to be checked as stipulated in the drug laws, but such functions are not carried out, maybe due to lack of finances and workforce (personal view.)

The illegal supply chain is made up of drug faker who can copy other products and present them as original. The product design is faked with the aid of fake manufacturer in criminal organization who distributes the drugs in the market and through internets. The products in getting to an unauthorized retailer who buys it for profit purposes even when he knows the source, dispenses the fake product to an unwilling victim of counterfeit.

### **Implementation of existing drug laws/inadequate legislation:**

The weakest point in Nigeria's drug regulation is probably in the area of implementation and enforcement. The harsh socio-political interplays of the country for over' thirty years caused some constraint and contributed to the weakening of drug regulation that is still suffered presently. Weak regulation contributed to faking and dumping of fake products and the chaotic drug distribution network (NAFDAC, 2005).

Nigeria also has drug laws that have become overlapping and sometimes conflicting each other, these results to a legal framework that will fail to deter drug offenders or moves very slowly when allegation of wrongdoing is identified, making it difficult to try the offenders. Legislation and regulation forms the basis for drug regulation and where these two do not exist, criminal activities associated with drug cannot be treated. And by implication, crime and drug counterfeiters will be encouraged to continue because there will be no fear of being apprehended. Penalties of drug offences are not commensurate with the severity of the crime. Example, the maximum punishment for contravening the decree on fake drugs is less than N500, 000 (US \$ 3,600) or a prison

sentence up to 5 years, with such fines, the offender pays easily and goes back to his drug business (NAFDAC, 2005). Stiffer penalties can help sharpen the attitudes of fake drug dealers (Ratanawijitrasin, 2002). Chinese government had put stiffer penalties in their drug laws for fake drug manufacturers and sellers, such as withdrawal of company's license, prohibition from drug production up to ten years. In addition death sentence as was the case of their former director general of their State Food and Drug Administration (SFDA) who took a bribe from a company and approved some fake drugs that killed some people (CSFDA, 2006)

### **High level of ignorance**

Ignorance as a factor contributing to availability of fake drugs can be blamed on the low literacy level of the Nigeria populace. This made it difficult for such people to distinguish between genuine drug products from fake and being that, they want cheap and easy access to medicines, they patronize drug vendors. Others patronize because it is cheap and affordable for them and do not bother if it is genuine or not (Personal view).

### **Conflicting interest:**

Lack of cooperation between the regulatory authorities, and other stakeholders such as the judiciary that oftentimes delays or averts judgments, police and customs services due to conflict of interest, bribery and corrupt practices makes the control of drug markets and enforcement of drug legislation very difficult. Such inefficiencies can create avenues for a drug faking with impunity (without detention, arrest and penal sanctions) and the problem remains on the increase (NAFDAC Consumer safety bulletin, 2007). For example when NAFDAC inspectors were told to vacate from the ports of entry by the customs who feels they were being prevented from making extra money for themselves, it was difficult for NAFDAC to stand alone in the fight against fake drug proliferation.

### **Illegal importation:**

This is a major constraint at the ports. Some drug importers, in order to evade inspection and detection, can make false declarations about the nature/contents of the products in their containers. They employ unimaginable concealment methods for their nefarious activities. In 2003, a large consignment of a controlled narcotic analgesic was concealed in T-shirts and imported from India via Lagos airport. In 2004, 32 containers of various pharmaceuticals were imported and manifested as motor vehicle spare parts. They were moved to various locations within the ports to avoid detection, NAFDAC inspectors have also found drugs concealed in the inner part of containers containing textiles, candles, shoes, etc. (Akunyili, 2004)

### **Corruption and greed:**

Corruption and greed can be seen from the drug regulating authorities as well as the drug manufacturers/importers. Corruption and conflict of interests are the driving forces behind poor regulation, which, in turn encourages drug counterfeiting (WHO, 2007). The result is poor enforcement of law because the corrupt official has already collected huge sum from the drug counterfeiter, hence averting arrest and prosecution/conviction.

### **High cost of quality drugs:**

There are higher chances for fake drug proliferation when medicine prices are high: counterfeiters take the advantage to supply cheap fake drug products to consumers especially those who cannot afford the high priced good quality version in the legal sector. A survey conducted by World Health Organization (WHO) and Health Action International (HAI) in Nigeria 2004 to determine the prices people pay for their medicines showed a high rise in the prices for example people pay between 2 to 64 times international reference prices for medicines in various health facilities. In addition, that (90.2%) majority of Nigerians cannot afford good medicines as they live below income level of US\$ 2 a day (HAI-Africa, 2008). The baseline survey also showed a low availability of essential medicines in the health facilities, only 46% of key medicines were found in the health facilities. (HAI-Africa, 2008).

In Philippines, for example, there senate recently approved a bill called affordable medicine'; Act that will help lower the prices of drug so that it can be affordable and their domestic pharmaceutical companies to have a larger stake in their drug market. In addition, it will help reduce the incidence of imported fake drug into the country (Global insight. 2007)

### **Demand exceeding supply:**

When the demand for a particular type of medicine exceeds the supply, criminal minded people will take advantage of that to produce and distribute fake as a substitute for the genuine type. Consumers in the other hand can purchase such product with hope that they are buying the genuine one, and most of the time these drugs are distributed through unauthorized channels (Erhun, 2001).

There is always demand for cheap drugs maybe due to easy access, it is more affordable or there is always stock out from the health facility. Hence, the illegal traders will want to quickly fill the gap of supply, and there are at all time market for them. Putting such illegal traders to jail or seizing/sealing their shops might not give a lasting solution to the problems.

The Tanzanian Food and Drug Authority (TFDA) started the accreditation and certification of drug dispensing outlet (ADD0) by legalizing such illegal sector through the network program and allowing them sell only medicines listed in their essential drug list. Such way, the illegal drug dealers comes out from their hidings and TFDA now has easy assess to them in monitoring what they do (Ndomondo-Sigonda, 2003).

## **PUBLIC ENLIGHTENMENT PROGRAMME AS A CHECK TO DRUG FAKING**

NAFDAC is empowered under its enabling law section 14 to use the resources it has in publicizing and promoting its activities, this includes public enlightenment campaign which is an effective strategy that can be used in consumer awareness and combating faking of regulated products. (NAFDAC consumer safety, 2007). The use of public enlightenment campaign as a strategy involves dialoguing, educating as well as persuasion through different means such as jingles on television, prints and electronic medias, alert notices for consumers, use of billboards, publications of the lists of all identified fake regulated products in the media, use of workshops, seminars and advocacy to stakeholders include:

- Extension of enlightenment campaign on fake drug awareness to Nigerian high schools in order to catch up with younger generation, this is done through organized annual competitions to know what their understanding is on the ill effects caused by fake drug products in the society.
- Establishment of NAFDAC consumer clubs in high school, because youths arc believed to pass information to their peers and others, to educate young ones on the dangers of fake drugs.
- Collaboration with other relevant stakeholders such as NDLEA, Nigerian Bar association (NBA), Standard Organization of Nigeria (SON), police, customs port authorities etc as contained in the enabling decree to liaise with relevant stakeholders both outside and within the country that can help in the goal of fighting fake drugs.
- Establishment of National Pharmacovigilance Centre (NPC) that is responsible for promoting rational and safe use of medicines.
- Regular publications of list of identified fake/substandard product in NAFDAC quarterly bulletin and in the newspapers for public awareness
- Advocacy visits done by the Agency to International regulatory authorities in China and India to help in the issue concerning importation of fake drug products.
- Publication of a blue print that covers the year 2005-2013 as a guide for the campaign on fake drugs.

- Launching of the “NAFDAC green page” a directory of all registered products for the enlightenment of the public to be aware of the authenticity of the regulated products that are in circulation.
- Publishing alert notices of products in circulation that has problems for public awareness.
- Organized seminars and workshops for small, medium and high enterprises, to explain NAFDAC guidelines and what is expected from them.

### **NAFDAC ACTIVITIES AND INTERVENTIONS IN CONTROL OF FAKE DRUGS WITHIN THE ILLEGAL MARKET:**

The illegal drug markets are made up of unlicensed, unregulated premises where drugs should not be manufactured, sold or dispensed. According to Nigerian drug laws, it is an offence to sell drugs in open markets without proper permission from the authority in charge of drug regulations.

Drug market in Nigerian consists of unlicensed, unregulated and chaotic open markets situated at Onitsha, Aba and Kano. These markets sell all sorts of drugs both prescription and OTC. Traders themselves who are difficult to identify could manufacture some of the drugs and drug importers of registered and unregistered products supply some. They are also the source of drug purchase to most hospitals, kiosks that are not licensed, pharmacies etc. The essence is profit oriented.

#### **.DRUG PROFESSIONALS (THE PHARMACISTS)**

The main professional organization of pharmacist in Nigeria is the Pharmaceutical society of Nigeria (PSN). The organization was established in 1927, with membership over 7000 pharmacists (Erhun, 2001). Its main functions are to determine the skill and knowledge that is required of anyone who seeks to be registered as a member of the pharmacy profession, preparation and review of the code of conduct, regulate and control the practice of the pharmacy profession. PSN also has a panel that investigates and disciplines erring pharmacists. According to the PSN president, the main sources of fake drugs in Nigeria are India, China, Pakistan, Egypt and Indonesia (Erhun, 2001). The influx of fake drugs is quite worrisome to the health experts. It is difficult to get reliable data on mortality or morbidity caused due to the consumption of fake drug in Nigeria. The effect from fake drug consumption usually goes unnoticed, except in cases where it results to mass death. These problems made the PSN as a body to pressure Nigerian government in taking definite step towards the control of fake drug. Hence, the promulgation of the counterfeit and fake drug decree No. 21 of 1988 that prohibits the sale and distribution of fake drugs in open markets and created, penalties for anyone who breaches the law. (Raufu, 2002). In 1987, an increased number of fake drugs were noticed in some market places, even in some pharmacy outlets chemical test showed that it contains small amount of active ingredient, some pharmaceutical companies felt it was due to laxity of inspection that contributes to the successful faking. Or 31 October 1987, the pharmaceutical society of Nigeria (PSN) discussed the implication of fake drug manufacturing, marketing as well as possible remedies: they identified some major drugs that are often faked, antibiotics, antifungal agents, antihypertensive, malaria medicines, bronchodilators and hormonal preparations. They related the problem of drug faking to exchange control situation that causes scarcity and high price for drugs and that government can help reduce the problems through provision of essential drugs at reasonable price to the people which will in turn make fake drugs low priced and less attractive. (Anonymous, 1989).

In United States of America, pharmacists are allowed to work with foreign governments, International regulatory bodies as well as law enforcement agencies, this collaboration enables them to detect and combat counterfeiting (Spies, 2003). In Cuba, almost all pharmaceuticals operations are owned and managed by their government who determines how drugs are regulated and the members of their drug professional groups can get involved in drug regulation by joining the advisory committee (Ratanawijitrasin, 2002).

#### **THE CONTROLLER (NAFDAC ENFORCEMENT)**

The objective of any drug regulatory agency is the protection and promotion of public health. The enforcement directorate arm of NAFDAC established under the provisions of the counterfeit and fake drugs (miscellaneous

provision) act is charged with the responsibility of enforcing the provisions of the counterfeit and fake drug decree, which includes:

- \* Conducting surveillance on companies and persons suspected to be violating NAFDAC regulations and carrying out investigations on such persons and companies.
- \* Paying unscheduled visits to all ports of entry and border posts and interrogation of suspects
- \* Sampling of NAFDAC regulated products to the laboratory and compilation of case files
- \* Raiding of drug hawkers and destruction of fake and spurious regulated products
- \* Coordination of activities of state task force.

The establishment of the task force in Nigeria was seen as a welcomed development for the fight against fake drugs.

## **PHILOSOPHICAL CONSIDERATION OF NAFDAC IN NIGERIA**

Although not denying the facts that NAFDAC right from the days of Prof. Dorothy Akunyili to date has given Nigeria a healthier and better image even in the comity of nations. This chapter is however, to give a very sincere picture of NAFDAC all in a bid to ensuring that more positive result is achieved in this direction. The effort of NAFDAC brought about quality and reliable products; reduced cases of fake drug dealers; better quality assurance for consumers; strong disciplinary action on staff; have product lists of all registered products in the “greenbook”, high public enlightenment; new idea innovations ongoing for future; management commitment and confident and international recognition constitute some of the achievements of NAFDAC.

NAFDAC also under review created opportunities for collaboration with relevant stake holders; increase awareness for companies to register their products; better profit margins due to higher tariff charged; enhance consumers, companies and staff response to new ideas; youth involvement in information dissemination to keep pace with time and still on this, it utilizes the opportunity to create good image of the management and nation at large. However, a critical analysis also reveals that NAFDAC is also saddled with a lot of challenges to include: failure to close all open drug markets, limited routine GMP abroad, insufficient workforce, limited budget, does not have a detailed plan yet for conducive office-space in most of the states of the Federation, inadequate training and equipment to assist staff in the field, job monotony and poor salary scale among other setbacks.

Finally, it was discovered in the process that, there are very many threats to this image redeeming agency, such that if nothing is done and urgently, NAFDAC will suffer the same oblivion. Most of such threats may include: legislation could influence negatively by averting sanctions to violators, prevalence of environmental risk without compensation, existing open drug distribution network, threats to officers by drug dealers, key staff voluntary resignation, negative publicity, vulnerability to attacks by drugs companies, stakeholders, and legislative arm, lack of prompt staff promotion (Lever, 2006:56).

### **Evaluation:**

It is trite that the problems of fake drug is global and it can affect public health by causing illness, death, disability and as well, reduce the image of the health system. Different countries through their government and DRA (Drug Agencies), are in the same fight. The strategies used by them in finding solution are a possible revelation for a way forward. Some factors such as poor implementation of existing drug laws, inefficient cooperation between stakeholders, illegal drug importation, corruption and greed, high cost of good quality drugs and demands exceeding supply are some of the factors that aid the proliferation of fake drugs in Nigeria. Also, people patronize drug outlets as their first line of treatment because the prices are often cheap, close proximity, no consultation fees, flexible payment method, perception of confidentiality, feelings of care and adequate security. Though NAFDAC has worked hard to address the problems of fake drug in circulation in Nigeria, by accessing every possible avenue in their capacity such as strategic public enlightenment even

through dialogue and persuasion to eradicate fake drugs distribution, seizing and destruction of fake drugs etc. Distribution of fake pharmaceuticals in Nigeria evolved as part of a market system controlled by traders in open markets. These traders are not trained but because pharmaceuticals companies and fake drugs rely on them because of their effective and fast distribution network which helps in making more profits even at the expense of the nation's health, is working vehemently against the success of NAFDAC (Akunyili, 2007). The idea of creating a good drug distribution network "model mart" for an ordered, conducive drug environment that can be monitored for sale and distribution of pharmaceutical products under the supervision of licensed pharmacist is proposed for the nation not minding its attendant political influences.

## CONCLUSION

One could with utmost fairness observe that though the fight against fake drug proliferation in Nigeria by NAFDAC has in recent times been very steady and progressive but less successful even with the good efforts put forward by the agency. And it does seem to us that, without a full and continuous support of the national government, it will be a very difficult situation for any agency NAFDAC inclusive to be successful in fully implementing its stipulated guidelines and laws. The government should therefore have a clear, firm and equitable legislation that addresses all important issues with appropriate sanctions for drug violators, provide financial support to the Agency. Stand in defense of situation concerning public health. Also give full support when legislated sanctions are given to drug offenders (WHO, 1999). One sure way of truly safeguarding the health of the nation in the fight against fake drug demands a clarion call on all authorities in charge of drug control, the federal government, international committee, drug manufacturers and pharmacists, all sectors, the health system down to the consuming public irrespective of one's status should be united in the fight. Report individuals with questionable character in drug business to the appropriate authorities. The time to do this, is now.

## WAY FORWARD

According to World Health Organization (2007), the issue of corruption needs to be prevented, coordinated applications of two basic strategies:

- \* "Discipline-based approach" (top-down): In this strategy the attempt to prevent corruption by policy makers and through stipulated legislations by giving adequate punitive measures for violator of drug laws, when the drug manufacturers and sellers understand the consequences of faking they will be afraid to face the punishment, hence corrupt practices are prevented.
- \* "Value-based approach" (bottom-up): This strategy promotes institutional integrity through the promotion of moral values and ethical practice, for example motivating ethical conduct of public servants.

This approach by WHO for combating corruption should be adapted by both NAFDAC and the legislative arm of government.

### *For NAFDAC*

- \* Creating a good drug distribution chain that is licensed for easy monitoring. (From manufacturer to wholesaler to pharmacy to patients). This we can do with adequate government support and creating another unit called Good Distribution Practice (GDP) that monitors drug distribution as is done by UK MHRA.

- \* Training programme especially for the enforcement officers be sustained.

WHO guidelines for combating fake drugs should be followed.

- \* The tariff placed on drug importation should be reviewed, because it creates high cost in the market as importers want to make back what they lost during registration

Ensure that all drugs sold in any registered premises are registered by NAFDAC.

Collaborate with other countries, pharmacy council to buy new ideas on fake drug detection

### ***For Consumers/buyers***

- \* To purchase drugs only from sources that are registered by PSN and only product registered by NAFDAC, these should be done through continuous public awareness
- \* Be alert at all time in double checking what they buy, and being alert to detect differences in quality of packaging, label and ensure the drug has leaflets and NAFDAC registration number before consumption.
- \* Consumers should report immediately of any drug whose quality is in question or adverse reaction felt for any drug product.

## **GENERAL RECOMMENDATION:**

### **GOOD GOVERNANCE**

For the success of this fight, it is recommended that all stakeholders follow eight characteristics that form good governance as recommended by (UNESCAP, 2008) below. All stakeholders in drug business as well as the rules of law should participate, be consensus oriented, accountable, transparent and responsive at all levels, should be effective and efficient at all time, equitable and inclusive and follows the rule of law.

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