

# Counterfeiting medication set alarm bells ringing: Comparative analysis of drug policies

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## Abstract

The strategy of value easing and privatisation had been enforced in Sudan over the last decade, and has had a positive result on government deficit. The investment law approved recently has smart statements and rules on the on top of strategy specially to pharmacy rules. below the pressure of the new privatisation policy, the govt. introduced radical changes within the pharmacy rules. to enhance the effectiveness of the general public pharmacy, resources ought to be switched towards areas of want, reducing inequalities and promoting higher health conditions. Medicines ar supported either through value sharing or full personal. The role of the personal services is critical. A review of reform of finance medicines in Sudan is given during this article. Also, it highlights the present drug provide system within the public sector, that is presently responsibility of the Central Medical provides Public Corporation (CMS). In Sudan, the researchers didn't determine any rigorous evaluations or quantitative studies regarding the impact of drug rules on the standard of medicines and the way to safeguard public health against counterfeit or caliber medicines, though it's much attainable. However, the rules should be frequently evaluated to confirm the general public health is protected against by promoting top quality medicines instead of industrial interests, and also the drug corporations ar control in command of their conducts.

The CMS reform is stronger nowadays than it had been within the early Nineties once the reforms were started. There ar several extremely committed and in a position people throughout the general public sector within the absence of the resolved pursuit of business success. Also, within the semipermanent interest of employment growth and also the public at massive, narrower considerations have prevailed. Managements and boards ar less in a position and fewer willing to impose answerability for results on themselves and their staff. Stock-out of life saving things is common, and sanctions for non-performance ar typically absent altogether. to beat those common symptoms of all public in hand enterprise, and deliver the goods the strategic objectives of the FMOH by increasing the access of population to the essential medicines. The privatisation of the CMS's possession is that the best answer of alternative. By resurrecting competition, that may well be achieved primarily through privatisation of the CMS possession, several of the mentioned pitfalls may be avoided. The new business ought to be accountable (of course with none reasonably monopoly) for drug provide and distribution to the general public health facilities on competition basis. The initial capital of the drug stocks for the various health facilities ought to be by this new business by linguistic communication a transparent agreement with interested states' ministries of health.

## Keywords

Sudan, Healthcare, Medicines, regulative authorities, Pharmacy Management.

## INTRODUCTION

The World Health Organisation has outlined drug regulation as a method, that encompasses numerous activities, geared toward

promoting and protective public health by guaranteeing the security, potency and quality of medicine, and appropriateness accuracy of data. Medicines regulation could be a key instrument used by several governments to switch the behaviour of drug systems. The regulation of prescribed drugs relates to regulate of producing standards, the standard, the effectivity and safety of medicine, labelling and knowledge necessities, distribution procedures and client costs. To assure quality of medicines, in most countries registration is needed before the introduction of a drug preparation into the market. The producing, registration and sale of medicine are the topic of restricts rules and body procedures worldwide for many years. no one would seriously argue medication ought to be tested to be 100 percent safe. No set of rules may deliver the goods that goal argue, as a result of it's not possible and every one medication carry some risk.

rigorous drug regulation was introduced across several countries within the Sixties following the sedative-hypnotic disaster, and had since been embraced by the trade as a billboard essential seal of safety and quality. In spite of the measures, several countries, particularly developing one face a broader vary of issues (Appendix 2). In many developing countries drug quality could be a supply of concern. there's a general feeling of high incidence of drug preparations that aren't of acceptable quality. as an example, regarding seventieth of counterfeit medicines were rumored by developing countries. Reports from Asia, Africa, and South America indicate 100 percent to five hundredth of think about employing pharmaceuticals in sure countries could also be counterfeit. for example, in African country pretend medicines could also be over sixty - seventieth of the medication in circulation, and 109 youngsters died in 1990 when being administered pretend Paracetamol. In The Gambia the drug registration and system resulted within the elimination of 'drug peddlers' and sure 'obsolete and harmful' medication, still as an outsized decrease within the share of brand name and combination medication. the proportion of medicine failing internal control testing was found to be zero in South American nation, however ninety two within the personal sector of Chad. Hence, it's terribly problem to get correct information. The proportion of counterfeit medication within the USA marketplace is believed to be little - but one %. In rumored 2 cases of counterfeit druggs that found their method into legitimate medicine provide chain within the UK in 2004.

## RESULTS AND DISCUSSION

The drug distribution network in Sudan consists of open market, drug vendors (known as home drug store), community (private) pharmacies, people's pharmacies, personal and public hospitals, doctors' personal clinics, NGOs clinics, personal medicines importers (wholesalers), public wholesalers (i.e., Central Medical provides and Khartoum State Revolving Drug Fund) and native pharmaceutical makers. The states' departments of pharmacy statutorily authorised community and Peoples' pharmacies. A superintending chemist, WHO is for good registered with the Sudan Medical Council and authorised, oversees the pharmacy any time it's opened for business.

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