

DR . ROLANDE R. HODEL

“I was very pleased to have the opportunity to see the Maria Rosa Nsisim Foundation Hospital construction move forward so fast”

Founder, President AIDSfreeAFRICA visiting Camerounian Prime Minister Yang Philemon.

By our reporter Blaz J.E. Essomba

GESTION&PERSPECTIVES:
Doctor Hodel, it is a pleasure to meet you and make this interview. First can you tell us more about your NGO and your interest of Cameroon?

DR ROLANDE R. HODEL:
Thank you for your kind attention. I founded AIDSfreeAFRICA in 2004 and visited Kenya and Cameroon in 2005 to conduct needs assessments and feasibility studies. It was Cameroon that we have focused on since then. As our mission states we are interested in providing what is necessary for Cameroonians to produce affordable medicine. Imagine India 30 years ago, there was no drug production, today Cipla and others provide the bulk of drugs consumed in Sub-Saharan Africa. It is time for Africa to build its own pharmaceutical production capacity.

Since 2005 I have spend a total of 10 month in Cameroon. Dr. Carole McArthur, a Professor at the University of Missouri had introduced to Dr. Paul Achu, proprietor of the Mezam Polyclinic and approved HIV/AIDS treatment facility in Bamenda, North West Region. Since then I have met with many people and learned a lot about the country. Our main collaborations besides the Mezam Polyclinic in Bamenda have been the Cameroonian Baptist Convention (CBC) in Bamenda with their production site in Mutengene, Diamond Pharmaceuticals at mile 14 in Buea, Meditech and Genemark in Douala.

In 2008 Swiss company Hoffman-La Roche offered us technology transfer and the possibility to produce an AIDS drug in Cameroon. However, the project has not progressed because Roche expects a fully functioning production factory to be put in place without their financial help. With Roche we have studied the production site in Mutengene but the Cameroonian Baptist Convention has the disadvantage that their products are only made available within the Baptist Mission Hospitals. Anyone starting drug production in Cameroon will want to produce for the central African market. Meditech is another start-up, however, there are already serious disagreements between the partners, and thus we took a step back. Very promising is Dr. Gisele Etam's family owned factory Genemark. She produces sirups - paracetamol, cough siroup, and malaria siroup. Lastly there is Kakwa Biopharm, which is an Iso9001 approved formulations and packaging out fit in Limbe.

What was the goal of the company when you have started the project?

The goal of the company was to



produce Malaria drugs such as Malatine, however, production was stopped when the partners sued each other in court over financial mismanagement. We hope the site can be reviewed and produce generic drugs needed by Cameroonians.

Do you think that you have succeeded?

AIDSfreeAFRICA has been studying these start-ups. We are determined to avoid any such problems through planning and choosing our collaborators carefully.

As of today we have succeeded to

receive a 14 year license from the Ministry of Public Health, Department of Pharmacy, to import and sell Miconazole. This drug comes from Belgium and the company called Tibotec authorized us to distribute it. A two year program to train doctors and to make the drugs available concluded successfully and we are now selling the drug on a non-profit program. The drug treats oral thrush a painful opportunistic infection that affects 20% of AIDS patients.

In addition to a few small micro-loan programs, we have installed a revolving drug fund in a small

hospital in Limbe. With this program we bought drugs, laboratory reagents, test kits, diagnostics and medical supplies for the hospital to do its job. The initial investment has to be repaid from sales of the drugs and hospital services; however, if the money is repaid successfully the money will be used by us to buy more drugs and reagents, thus ensuring the continuing success of this hospital.

Lastly, we are working with the CBC to produce a diagnostic reagent for analyze full blood count. This reagent is 99% pure water and a few salts and chemicals. Shipping water to Africa makes this reagent very expensive and the patients suffer if they can not afford the laboratory test.

However, our main focus is still the establishment of drug production factory. Our initial experiences were not successful, thus we shifted our focus from purely charitable approach to looking for investors and partners that are interested in drug production but may not want to be involved in the day to day operation of the factory. For this job we can get experts from abroad and also train Cameroonians. Having received the interest of the Prime Minister just a few days ago will certainly help.

In Cameroon hospital care and drug production goes hand in hand much more so than in the USA. In the US doctors know drugs are available, they prescribe whatever they feel the patient needs without even thinking of the possibility that the drug may

not be in the Pharmacy. Here in Cameroon, the first thing doctors told me was: Doctor brings us drugs but make sure they are continuously available. Being plagued by stock outs drug availability is always on doctor's minds.

You have visited Maria Rosa Nsisim Foundation. What are your impressions?

Infrastructural weak Cameroon, however, needs more than drugs, doctors, nurses, experts are in short supply. Any initiative in Cameroon to build a well managed hospital is welcome and deserves our support. I was very pleased to have the opportunity to see the Maria Rosa Nsisim Foundation Hospital construction move forward so fast. I was really impressed! half of the facility has been built already. Maternity wards and treatment space will be ready in a few month time. The project has been designed and planned so well the Hospital has the Presidents wives support. Thus we are more than pleased to introduce the project to doctors and NGO's in the US with the goal to attract a few good doctors to come to Cameroon to help open and run the hospital.

Anything else?

Other ideas are to see if President Obama's plans to modernize the US health care system by putting all the information available electronically can help doctors in Cameroon. Accessing treatment information, patient information and expert opinions via computer/internet hookup can help in more places than just the US.

AIDSfreeAFRICA wants to teach how to fish, not just give fish. Self sustainability and sound business decisions must guide our work. When I visited Kenya I was introduced to a project that sends six MD Doctors to the slums in Nairobi every 8 weeks. The doctors came, treated patients and went back home adding little to the training and development of the Kenian medical staff. Sending doctors to the US for training is not practical either since the US likes to keep the people in their own hospitals depleting Cameroon from urgently needed medical experts.

We are very pleased that we have been received so enthusiastically by the Prime Minister of Cameroon Yang Philemon. We hope the government will support our efforts with speedy responses to needs for licenses and inspections and generous tax agreements. Mr Blaz let me tell you, this is interesting day visiting the Prime Minister Yang Philemon twice and spending some time with you in the course of it. Thank you much.



Asa'a T. Nkohkwo (Quality control), Armstrong Mbafong (COO Both of Meditech Newly established), Rolande Hodel (AidsfreeAfrica), Dr. Gisele Etame (Owner of Genemark that produces sirups), Dr. Gerald Frundjang (Pharmacist), Cletus Tambocle (Lab Technician)