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

Founder, President AIDSfreeAFRICA visiting Camerounian Prime Minister Yang Philemon.

By our reporter Blaz J.E. Essomba

Gestions & Perspectives

Business

DR. ROLAND 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 needed for Cameroonsians to produce affordable medications. In India 30 years ago, there was no drug production. Today, Indians 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 spent a total of 15 months in Cameroon, Dr. Carole Mckinley, a Professor at the University of Missouri had introduced to Dr. Paul Arora, proprietor of the Mezam Polyclinic and approved JBF/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 collaboration besides the Mezam Polyclinic has been the Cameroon Baptist Convention (CBC) in Bamenda with their production site in Matengene, and Diamond Pharmaceuticals at Mbaa Buea, Meditech and Canemart in Douala.

In 2008 Swiss company Hoffmann-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 Matengene but the Cameroon 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. Gaselo Hama’s family owned factory Genemart. She produces nevirapine, stavudine, lamivudine and zidovudine. In addition, there is Kakwa Biopharm, which is a JBF/AIDS approved formulation, packaging and testing facility in Libreville.

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

The goal of the company was to produce Malaita 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 Cameroonsians.

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 chooing 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 Micronaire. This drug comes from Belgium and the company called Tiblex authorized us to distribute it. A two year program to train doctors and to make the drugs available concludes successfully and we are now selling the drug on a non-profit basis. The drug treats oral thrush a painful opportunistic infection that affects 50% of AIDS patients.

In addition to a few small microloan programs, we have installed a receiving drug fund in a small hospital in Limbe. With this program, we bought drugs, laboratory reagents, test kits, diagnostics and medical supplies for the hospitals to do its work. The initial investment has been repaid from sales of the drugs and hospital services; however, if the money is not sufficiently 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 acute hemoglobin. This reagent is 99% pure water and a few salts and chemicals. Shipping water to Africa makes this reagent very expensive; and the patience suffered 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 Cameroonsians. 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 US. The best doctors know that 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 Nsimi Foundation. What are your impressions?

Infrastructural weak Cameroon, however, needs more than drugs, doctors, nurses, expensive 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 Nsimi Foundation Hospital construction move forward so fast. I was really impressed half the of the facility has been built already. Maternity wards and treatment space will be ready in a few months time. The project has been designed and planned so well the Hospital has the Presidents whole support. Thus we are more than pleased to introduce the project to doctors and NGO’s is the US with the goal to attract a few good doctors to come to Cameroon to help open and run the hospital.

Anything else?

Will there be a site visit to see President Obama’s plans to modernize the US health care system by putting computerized health records on doctors access electronically can help doctors in Cameroon. Accessing treatment information patient information and expert opinions via computer/ internet successful can help in more places than just the US.

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

We are very pleased that we have been recognized so enthusiastically by the Prime Minister of Cameroon Yang Philemon. We hope the government will support our efforts with speedy access to all necessary facilities, for licenses and inspections and generous tax allowances.

Mr Blaz let me tell you: this is an interesting day visiting the Honorable Minister Yang Philemon twice and spending some time with you in the course of it. Thank you much.