



March 4, 2015

ECUMENICAL PHARMACEUTICAL NETWORK'S STATEMENT ON CHINA'S PROPOSAL ON KETAMINE CONTROL PLAN

1. Statement

Access to essential medicines is one cornerstone to achieving health goals. Without essential medicines being available when patients need them, bad outcomes occur. The Ecumenical Pharmaceutical Network (EPN) has members who provide health services including surgical services in over 30 countries. Our members use considerable amounts of Ketamine saving lives through surgery often under difficult circumstances. The resolution to schedule Ketamine as a category 1 product that China proposes will lead to insufficient supply of this much needed drug through unwarranted controls and create bottlenecks to order and stock Ketamine. If current national regulations are weak, they can be strengthened without compromising access to this much needed essential medicines.

The Ecumenical Pharmaceutical Network and its members vehemently oppose the resolution by China that will result in limiting access to Ketamine, a life saving drug. EPN aims to improve the quality of pharmaceutical services provided by its member institutions and guarantee equal access to all without discrimination. It is an international NGO working with Faith Based Organizations who provide from 20 to 50% of health care services in most African countries by promoting access to essential medicines and promoting rational use of these medicines.

All EPN member facilities in over 30 countries, in Africa, India and Moldova use Ketamine for their surgical procedures and cannot do without it. In Zambia for example the Churches Health Association of Zambia's annual need is 7,000 10ml vials of Ketamine 50mg/ml which equates to 35,000 anaesthetics. Our member in Germany action medeor, distributes about 16,500 vials (10 ml) of Ketamine (50 mg/ml) per year, mainly to small and middle-sized health facilities in Africa. The Zambian EPN member has stated "Control procedures will make product availability and access difficulty resulting in many patients going without necessary surgeries". Other comments from members are that "restricting Ketamine will constitute a death blow on many surgeries in Cameroon and elsewhere".

While we appreciate regulations, they should never compromise access to life saving drugs and vital drugs of which Ketamine is one. Already hospital facilities in India are feeling the negative effect of not having and being able to access Ketamine for their patients. Regulations should promote access to vital, essential medicines. Ketamine is one of the safest narcotic drugs that have saved many lives. We thus implore and urge your respected body to reject this resolution and find ways through consultations that will promote and not limit access to vital drugs like Ketamine.

2. Member Voices

1. **Marlon Banda, Churches Health Association of Zambia** – *"Ketamine is indeed a very useful and vital medicine, quite widely used in our health facilities. Control procedures will make product availability and access difficulty and result in many patients going without necessary surgeries"*.

2. **Sr. Zita, St Luke Foundation, Tanzania** – *“This is not good for Africa. Ketamine is very much used in the Health Institutions. Please send our African voice to UN commission on Narcotics control, that Africa needs KETAMINE and Faith based health facilities use this medicine Rationally and Appropriately to save millions of lives”.*
3. **Dr. Gisela Schneider, Difam Tubingen Germany** – *“This is the safest narcotic we have and has saved thousands of lives in developing countries”.*
4. **Daisy Isa, CHAN-MEDIPHARM Nigeria** – *“This should never be allowed to happen. We oppose vehemently any anti-access initiative. We have stock of Ketamine totally **over 7000 vials** used by our members in different parts of the country to save lives”*
5. **Wycliffe Nandama – Mission for Essential Drugs and Supplies (MEDS), Kenya** – *“**Our annual need for Ketamine 50mg/ml 10ml is about 9,000 vials.** We wish to support the appeal against restricting access to this medicine”*
6. **Denise Tusiime, Joint Medical Stores, Uganda** – *“**Our annual need for KETAMINE 50MG/ML 10ML VIAL is always between 16,000 – 18,000 vials.** It will definitely be a disaster for patients” For the period between February 2014 – February 2015 what went out to our facilities was **16,362vials.** It will definitely be a disaster for the patients.*
7. **Dr. Simon Nchifor, Presbyterian Church in Cameroon** – *“Ketamine is a very important medicine used as an Anaesthetic agent in almost all health institutions in Cameroon. Restricting it will constitute a dead blow on many surgeries in Cameroon and elsewhere, we believe. We join our voices to Cry ALOUD and say NO NO NO to such a global act”*
8. **Peter Ndiga, Tanzania** – *“I have worked with a district hospital and Ketamine was among the items you cannot afford to miss in your store, in fact, we (Therapeutic Committee) would use any source of funds available to procure it from any source (Medical Stores Department or from Private suppliers)”*
9. **Dr. Godwin Ndamugoba, Christian Social Service Commission, Tanzania** – *“Christian Social Services Commission supports 102 Hospitals in Tanzania and **more than 80%** of these hospitals are situated in the rural areas, all these hospitals use Ketamine when performing surgeries, I can't imagine that if this drug is withdrawn from the system then what!! Let me join in hands to disagree on the idea of restricting access of Ketamine by our hospitals”.*
10. **Fritz Steinhausen action medeor, Tanzania** – *“action medeor International Healthcare TZ would like to join the many colleagues who strongly raise their voice against this irrational proposal. Indeed it would have disastrous consequences in many healthcare systems, if it would come through action medeor has distributed the following quantities of Ketamine injection to various health facilities:*
11. **Emmanuel Higenyi, JMS Uganda-** *‘I have reviewed the case arguments from different countries. What I see coming through are two things: (1) there is need to state the issues comparatively in terms of benefits (clinical/surgical indications) and the abuse effects (criminal use and addiction)-the arguments appear to lack in-depth assessment (2) Ketamine certainly has well-recognized*

clinical indications in modern medicine and so even if it is to be controlled Schedule I would not be appropriate”

12. **Shadreck Mapulenga, CHAZ Zambia-** *‘Africa and indeed other continents or world segments need this very important product. If one country feels they have abused it, they then need to devise systems to avoid it being abused as opposed to what is being suggested. As everyone has indicated, we need this drug and oppose what one country has suggested. I register myself to fight this move they suggest, which we oppose on Ketamine.’*
13. **Dr. Sam Orachi, JMS Uganda-** *‘This is a dangerous and selfish proposal China is coming up with. Please add my name to the signature of this joint statement. Our consumption (UCMB facilities) is part of what JMS has mentioned below. If it is necessary still to break that down then we can do it with JMS. Thanks to the EPN Secretariat’*
14. **Elias Bongmba, Rice University USA-** *‘Dear Colleagues, I write to register my support for a strongly worded state from EPN that will oppose that plan. Were there enough time, I would suggest we should all sign the statement.’*
15. **Edward Ngaah, CBC Central Pharmacy Cameroon-** *‘Lets react to this by giving our one year consumption urgently to stop this move. We use at the level of BBH about **100 vials monthly**, that is **1000 vials/year**. We say **NO** to that move.’*
16. **Dr. Fidelis Nyaah, PCC Cameroon-** *‘as a follow up to PCC stands as already presented by Dr Simon Nchifor I wish to let you know that the PCC health Services alone consume **about 1500 vials of ketamine inj 50mg/ml 10ml annually**. Its used in every case of Caesarian section and it’s a vital component in the newly deliver kit for pregnant women’.*
17. **Santosh Mathew, EHA India-** *‘In India, this change has already begun, and many of our institutions are finding it tough to procure Ketamine’*
18. **Pastory Sekule, CSSC Tanzania-** *‘As in the Africa context still our people particular in rural areas depend much on ketamine. Let’s join our hands to fight for this proposal for the survival of our people’*
19. **Nfonba Alfred, CBC Cameroon-** *‘Ketamine is a vital life saving drug in resource limited settings like ours. I strongly oppose that plan; to risk the life of our mothers and wife’s in attempt to counter abuse.’*
20. **Dr. Tilahun Darfuso, EECMY Ethiopia-** *‘Thank you for your email regarding Ketamine. It is very important medicine and used for surgeries in our hospital. Therefore, I inform you that we stand on your side’*
21. **Mike Mugweru, ACHAP Kenya-** *‘Kindly add me onto it as an opposer’*
22. **Kidze Christopher BAFFOUSAM Cameroon-** *‘This hard to us Africans as it will have serious cost implication and patient recovery time extension and likely complications. I wish to send by support through this media that you should go ahead and make our worries known as this is highly needed in Cameroon’*
23. **Christoph Bosmann, action medeor Germany-** *‘we strongly support the approach and if there is the need we would be happy if you included action medeor in the response. It is a fact that narcotic regulation do form a strong barrier to the adequate access of medicines with the consequence that Ketamine wouldn’t be available to the extend it is required. Particularly remote locations and health facilities which aren’t sufficiently staffed will suffer most and subsequently patient care will be reduced for the most vulnerable population’*
24. **Gerald F Tabeteh, CBC Cameroon-** *‘Such a restriction on access to Ketamine would be tragic to our service provision and we truly should do all within our powers to hinder it. The CBC Health Services has an consumes averagely some **3500 vials of 10ml vials of 50mg/ml Ketamine**. The*

WHO has Ketamine in its list of Vital medications, not Essential and definitely not just under the Necessary drugs. And so it is an open secret that the substance should be available, as much as possible accessible to all in need of it at all times. Putting it on the list of controlled drugs would definitely not address a problem that is far from global. Legislation and proper implementation in the affected countries is the way to go, in my opinion. It would be a nightmare going through the procedure and hurdles some of us know so well to get an import license(having to apply for a license, furnishing consumption information, justifying the quantity required, having to send documents back and forth which would all be costly and time consuming, at times going personally to confront the authorities in charge, and you may end up not getting it), and thus greatly reducing access of a vital medication to those in need. I would agree it is better we act now before it is too late

25. **Christine Häfele-Abah, action medeor Germany-** *‘I would like to let you know that action medeor Germany distributes about 16,500 vials (10 ml) of Ketamine (50 mg/ml) per year, mainly to small and middle-sized health facilities in Africa. The product is also included in our emergency health kit and is quickly made available in emergency situations. It would cause a huge problem for us and our customers if access to this important anesthetic drug would be restricted. We would appreciate if you could include action medeor Germany in your response’.*

26. **Francis Wango, CBCH Cameroon-** *‘Thank you for raising your voices against this outrageous proposal. I think the response is good. But when I read through the attached China and UK/Ireland proposal I realize that Africa (which will be much affected by this decision) has been strangely and embarrassingly silent. Only the governments of Algeria and Morocco responded and both countries seem to support the China proposal. Europe generally seems to oppose the proposal even though their main concern is the animals. I gather from this report that a lot of findings were done by some governments in response to the proposals. I am afraid our reaction is rather shallow and superficial. Africa really needs to wake up and stay alert. Send the response anyway!!!!!!United we stand!!’*

1. Member Information

Name	Designation	Organization	Country	Email
Christoph Bosmann	Member of the Board	action medeor	Germany	christoph.Bosmann@medeor.de
Christine Häfele-Abah	Head of Pharmacy Department	action medeor	Germany	christine.Haefele@medeor.de
Daisy Isa	Head Of Marketing, Strategy & Corporate Planning	CHAN MEDIPHARM	Nigeria	daisy.isa@chanmedi-pharm.org
Denise Tusiime’	Head Of Procurement	Joint Medical Stores	Uganda	deniset@jms.co.ug
Dr.Med.Gisela Schneider	Director	Difaem	Germany	schneider@difaem.de

Dr Nchifor Simon	Health Service Secretary (Director)	Presbyterian Church In Cameroon	Cameroon	sanchifor@yahoo.com
Dr. Edward Ngaah	Pharmacist	CBC Central Pharmacy	Cameroon	ngdze@yahoo.com
Dr. Nyaah Fidelis Bah Ngoh	Pharmaceutical Procurement & Supply Chain Management Consultant	Presbyterian Church In Cameroon Health Services	Cameroon	nyaahfidelis@yahoo.com
Dr. Sam Orochi Orachi	Executive Secretary	Uganda Catholic Medical Bureau	Uganda	sorach@ucmb.co.ug
Dr. Tilahun Dafurso	Health And HIV/AIDS Program Director	EECMY-DASSC	Ethiopia	tilahundafurso@yahoo.com
Elias Bongmba	Professor Of Religious Studies	Rice University	USA	bongmba@rice.edu
Emmanuel Higenyi	Head Capacity Building	Joint Medical Store	Uganda	emmanuelh@jms.co.ug
Gerald Tabeteh	Pharmacist & General Manager	Cameroon Baptist Convention Health Services	Cameroon	tabeteh@cbchealthservices.org
Francis Wango	-	Cameroon Baptist Convention Health Services	Cameroon	wangof2000@yahoo.com
Fritz Steinhausen	Director	Action Medeor International Healthcare Tanzania	Tanzania	medeortz@medeortz.co.tz
Dr.Godwin Ndamugoba		CSSC	Tanzania	
Kidze Christopher K	Pharmacy Technician	Bafoussam	Cameroon	kidzensochris@gmail.com
Marlon Banda	Director, Pharmaceutical Services	CHAZ	Zambia	marlon.banda@chaz.org.zm
Mike Mugweru	Communications Officer	Africa Cha Platform	Kenya	chas@chak.or.ke
Nfonba Alfred N	Pharmacy Technician	CBC Central Pharmacy	Cameroon	nfoalfred@yahoo.com
Pastory Sekule	-	CSSC	Tanzania	psekule@cssc.or.tz
Peter Ndaiga	-	CSSC	Tanzania	peterndaiga@gmail.com
Santosh Mathew	Director	EHA	India	santoshmathew@eha-health.org

Shadrack Mapulenga	-	CHAZ	Zambia	shadreck.malupenga@chaz.org.zm
Sr. Zita Ekeocha	Head, Department Of Industrial Pharmacy Training Unit	St. Luke Foundation	Tanzania	zekeocha@gmail.com
Wycliffe Nandama	Senior Manager-Operations	Mission For Essential Drugs And Supplies	Kenya	wnandama@meds.or.ke

Mirfin M Mpundu
Executive Director
Ecumenical Pharmaceutical Network
P. O. Box 749 - 00606 Sarit Centre, Nairobi, Kenya
Tel: +254 724 301755 | 572 522702
W : www.epnetwork.org

Albert Petersen
Board Chairman
Ecumenical Pharmaceutical Network
P. O. Box 749 - 00606 Sarit Centre, Nairobi, Kenya
Tel: +254 724 301755 | 572 522702
W : www.epnetwork.org