

## “No electricity, no sanitation and no running water”

A report from the Rolling Clinic Calcutta

**The GPHF has been supporting the so-called “Rolling Clinic Calcutta” since the end of last year. The clinic is run by the relief organisation Ärzte für die Dritte Welt (Physicians for the Third World), based in Frankfurt am Main, and it is one of the two projects which the GPHF decided to support last year to mark its 20th anniversary.**

The Ärzte für die Dritte Welt are mostly German medical practitioners who spend part of their annual leave without pay at the aid projects in Calcutta. They provide basic health services for people who are not covered by any private healthcare service or by the Indian state healthcare system.

Dr Heiner Laube, a German national who is an internist, a diabetes expert, and who has for many years been a professor at the Giessen University hospital Centre for Internal Medicine, has worked as one of these aid doctors for the past three years. He recently spent several weeks as a so-called “medical worker” in the Rolling Clinic on the outskirts of Calcutta, a city with a population of 15 million. Dr Laube recalled in graphic detail his experiences in India, a country he had first visited 42 years previously, in an article which appeared on 27 May 2006 in Giessen’s local newspaper (Allgemeine Zeitung).

According to Dr Laube, India, with its population of over one billion, is undergoing dramatic changes, particularly in the major cities. The healthcare system is a unique paradox; on the one hand there is the state sector, which offers free treatment in principle but is in fact completely overburdened; on the other hand, there is the private sector, which employs eight out of ten doctors, but which the majority of the population simply cannot afford. Thus there are over 20,000 unemployed Indian medical practitioners in the major cities, while in the rural areas

and on the outskirts of the major cities there is no medical care, or at least none which is affordable.

85% of the population has no access to sanitation and more than 380 million people in India live below the poverty line. Given this background and compared with our standards, the treatment options at the Rolling Clinic are limited although they are a blessing for the 120 to 150 patients who visit the clinic every day. Around 40 drugs are available for basic treatment purposes. It is not possible to have recourse to modern medical



**The Ärzte für die Dritte Welt are doing an excellent job in the Indian metropolis of Calcutta.**

techniques using sophisticated equipment. Hospitals may only be called upon in emergencies and only when an aid organisation bears the costs of the treatment.

Amongst the diseases faced by doctors and patients in Calcutta are dengue fever, leprosy, malaria and meningitis. Measles is very common too according to Dr Laube, and these cases are also more serious than in Germany, due to a serious lack of vitamin A. However, the main problem is tuberculosis: it is rife,

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and the doctors have to diagnose new cases every day. The increasing number of HIV/Aids infections is also a growing problem. And if this were not enough, Dr Laube says that tetanus, rabies, diphtheria and rickets are endemic. Rabies alone causes the deaths of up to 30,000 people per year in India.

Asthma and chronic bronchitis are also serious health problems for many Indians and are often aggravated by atmospheric pollution. In addition, Dr Laube gives shocking information about children and infant health: more than half of the children are malnourished or undernourished, and infant mortality is five times as high as in Germany.

Finally, in his own specialist area of diabetes, Dr Laube sees a grim future, since India has the fastest increase of this disease in the world. He points out that today around 35 million people in India suffer from diabetes and that in the next 25 years, this

number is expected to rise to around 80 million. Diabetes is increasingly affecting the poor who simply cannot afford a lifetime's insulin treatment.

It is amazing that despite all this, the "Arzt für die Dritte Welt" does not lose his optimism. At the end of the article the newspaper quotes him as saying: "The work in the enormous city of Calcutta is a challenge, but it is also a period of enrichment, full of new experiences from both a human and a medical perspective. ... The personal experiences which you take back home are so much more than anything you have been able to contribute."

The GPHF supports the Rolling Clinic Calcutta and the deployment of the Ärzte für die Dritte Welt in India in a variety of ways, such as providing money to purchase drugs, to cover the costs of laboratory tests and hospital stays, and to pay the wages of local project workers.

**GPHF anniversary project in Ethiopia:**

# Assistance is launched for 500,000 people

**At the end of last year, the GPHF decided to mark its 20th anniversary by committing support for the Attat hospital in Ethiopia. Since then, an agreement has been signed with the project partner "Bild hilft e.V. Ein Herz für Kinder", and GPHF has made the aid funds available for the year 2006. Project representative on the ground is the "Bischöfliche Hilfswerk Misereor".**

The Attat hospital is located at a distance of 150 kilometres south of the Ethiopian capital Addis Ababa in the Gurage region. It was founded in 1969 by the "Missionsärztliche Schwestern" (German Catholic Medical Missionary Nuns) to provide affordable or free medical care for the people in this densely populated region of Ethiopia. Treatment in a state hospital in Addis Ababa is unaffordable for most inhabitants of this region.

The hospital has around one hundred beds and its own maternity ward, and it is responsible for the healthcare of around half a million people. To fulfil its mandate it organises a special programme in basic health for the region, including measures to improve the water supply.

In the next two years, the GPHF will pay all the wages of the staff working on this basic health programme; it will finance training and further education programmes for the hospital staff, plus the cost of several vehicles, and pumps for water supply.

At the signing of the project agreement in Berlin, Cornelia Yzer, director general of the Verband Forschender Arzneimittelhersteller e.V., VFA (Association of Research-Based Pharmaceutical Companies), said: "We are delighted to have found two experienced and respected partners in "Ein Herz für Kinder" and



Cornelia Yzer of the Verband Forschender Arzneimittelhersteller e.V. (2nd from right) presents the cheque on behalf of the GPHF to Martina Krüger, director general of "Ein Herz für Kinder" (2nd from left). On the right is Professor Josef Sayer, director general of Misereor, and on the far left is Worku Erge, envoy of the Ethiopian ambassador in Berlin.

"Misereor" to support the Attat hospital. We hope very much that our joint assistance in the coming two years will make a major contribution to the continued improvement in the

healthcare provision for this region of Ethiopia.“ The other signatories to the project agreement in Berlin were Martina Krüger, director general of “Bild hilft e.V Ein Herz für Kinder”, Professor Josef Sayer, director general of the “Bischöfliche Hilfswerk Misereor”, Siegfried Knecht, chairman of the GPHF, and Worku Erge, envoy of the Ethiopian ambassador in Berlin.



The GPHF-Minilab® is now being used to analyse drug quality in over 200 different locations worldwide.

## GPHF develops a test for Tamiflu®

Together with the United States Pharmacopoeia (USP), the GPHF has now developed Minilab test methods for Oseltamivir (Tamiflu®) which is the only oral drug against bird flu currently available. The background to this development is the high demand for the drug worldwide. This has led to a multitude of counterfeit versions of the original compound which are now being offered over the Internet. The test methods will be available this year and can then be incorporated into the GPHF-Minilab® which can already check the quality of more than 40 drug agents.

## Handbook for Indian pharmacists

The GPHF has drafted the chapter “Protection against counterfeit antiretrovirals” in the International Pharmaceutical Federation (FIP) handbook “Guiding principles for pharmacists on HIV/AIDS in India“. The handbook is due to be ready for the 66th International Congress of the FIP in Brazil in August, after which it is to be distributed to around half a million pharmacists in India.

## Celesio, Physicians for the Third World and the GPHF-Minilab®

Celesio AG, one of the leading European drugs wholesalers based in Stuttgart, has been a partner to the relief organisation Ärzte für die Dritte Welt since the end of 2004. Celesio not only donates money but it also supports the Ärzte für die Dritte Welt in other ways such as providing logistics and staff.

The GPHF-Minilab® is also involved in this partnership as it is being deployed in three health projects run by the Ärzte für die Dritte Welt in Calcutta, Nairobi and on Mindanao in the Philippines. The GPHF trains Celesio staff in Germany in the use of the test methods and these staff then use the Minilabs to oversee drug quality in the projects of the Ärzte für die Dritte Welt.

## Eight more Minilabs sent to Africa

The worldwide demand for the GPHF-Minilab® remains unabated. Eight more of these compact laboratories have been recently sent to Kenya, Tanzania, Djibouti, Somalia and Senegal. They are to be used to check drug quality in such places as church-run hospitals and in the WHO's health projects. In total there are now 210 Minilabs being used, particularly in Africa and Southeast Asia.

Amongst the many people interested in the Minilab is a private oil company in Papua New Guinea. It plans to use the compact laboratory as part of its own healthcare projects in that country to diagnose and treat malaria which is very widespread there.

## Minilab training in the Philippines

In August, the GPHF will carry out a further training course on the use of Minilabs, this time in the Philippines. The Asian Collaborative Training Network for Malaria, which is a coalition of eleven Asian countries working together to combat this disease, has plans to use four Minilabs in the Philippines and Indonesia. To begin with there will be a centrally based course for staff lasting several days, and it will be led personally by GPHF project manager Dr Richard Jähnke.

## **GPHF supports the BKK manual**

Both through its membership of the advisory committee and by drafting material for the publication, the GPHF is providing support for the planned handbook entitled "Notfall- und Katastrophenpharmazie" ("Pharmacy for emergencies and disasters") from the Bundesamt für Bevölkerungsschutz und Katastrophenhilfe (BKK) (Federal German office for civilian protection and disaster relief). The GPHF is compiling articles on drug counterfeiting and the GPHF-Minilab®, plus short summaries on infectious tropical diseases for the chapter "Pharmazie in der humanitären und internationalen Katastrophenhilfe" ("Pharmacy for humanitarian and international disaster relief").

## **Siegfried Knecht is the new GPHF chairman**

Siegfried Knecht, who is head of the International Relations and Country Co-ordination division at the Verband Forschender Arzneimittelhersteller e.V., has been elected as the new chairman of the GPHF. This makes him the sixth GPHF chairperson. He takes over from Dr Gabriele Küsters (sanofi aventis) who led the association since 1999.

In addition to Siegfried Knecht, the following persons are members of the GPHF board: Dr Jürgen Knackmuß (Merck KGaA) as executive board member, Dr Thomas Weber (sanofi aventis) as treasurer, and Sven Schmidt (Schering AG).

## **The WHO recommends the GPHF-Minilab®**

The GPHF-Minilab® has been singled out for particular praise by the World Health Organisation. In their fact sheet no. 275 Counterfeit Medicines ([www.who.int/mediacentre/factsheets/fs275/en/](http://www.who.int/mediacentre/factsheets/fs275/en/)), the Geneva-based health experts strongly recommend the tests developed by the GPHF for detecting counterfeit drugs. Under the heading "New and innovative solutions" they say: "New solutions being developed involve technology. Some of these are low tech, such as simple colorimetric (colour) assays developed for artemisinins used successfully to identify fake artesunate antimalarials. The German Pharma Health Fund has developed the 'Minilab' for analysing the authenticity of a wide range of essential drugs relatively simply and inexpensively."

At a WHO conference organised in February in Rome, the GPHF project manager Dr Richard Jähne presented the Minilab once more to international health experts from over 60 countries and it generated a great deal of interest.

## **GPHF thanks its donors**

**The GPHF would like to thank the following donors for their generous support of its project work this year:**

- **ALTANA Pharma AG**
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- **Procter & Gamble Pharmaceutical Germany GmbH**
- **Schering AG**
- **Verband Forschender Arzneimittelhersteller e.V.**
- **Wyeth Pharma GmbH**

## **Wyeth Pharma becomes a GPHF member**

Wyeth Pharma GmbH based in Münster has become a new member of the GPHF. This brings GPHF membership to a total of 15 pharmaceutical companies plus the Verband Forschender Arzneimittelhersteller e.V.

Wyeth Pharma GmbH is the German subsidiary of Wyeth, which is one of the ten largest research-based pharmaceutical companies in the world. The company concentrates on prescription drugs, consumer health products, and animal health products.

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