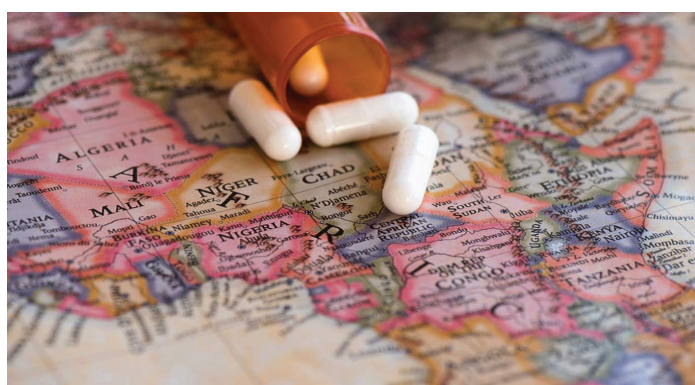


AUDA-NEPAD COVID-19 RESPONSE WEBINAR SERIES

ACCESS TO MEDICINES – A NATIONAL AND CONTINENTAL SECURITY
ISSUE



HOSTED BY:



DFSAfrica

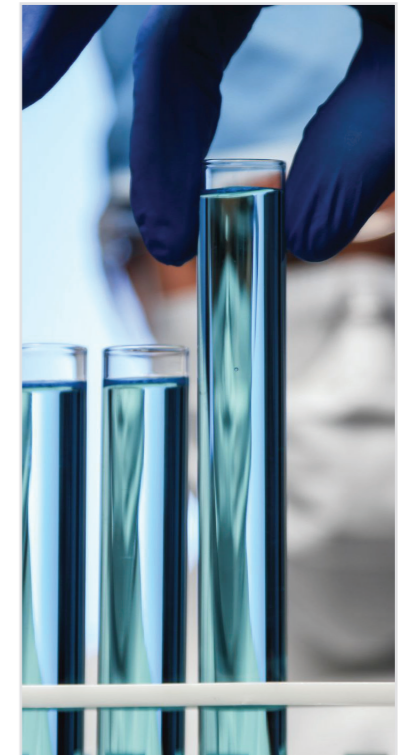
POST WEBINAR REPORT 12TH MAY 2020

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EXECUTIVE SUMMARY

The AUDA-NEPAD COVID-19 response webinars are designed to facilitate conversations on galvanising African manufacturers to supply pharmaceutical and medical products required to combat the COVID-19 pandemic. The webinar presentations focused on why access to essential medicines should be a national and continental security issue.

The opening address by Dr. Janet Byaruhanga, the Senior Programme Officer, Public Health at AUDA-NEPAD stated that African nations must be able to deploy policies and programmes to promote the health of its citizens, which is our continent's prime resources. She equally posited that it is a priority that African nations must provide health care services for its citizens when required.

Furthermore, a secured supply of essential medicines is critical to guarantee the required health status and outcomes. Where nations do not have local production capacity, they will (especially in times of crisis) depend on the 'goodwill' of foreign entities to guarantee access (as we are beginning to experience with the COVID-19 pandemic). Without the capacity to locally manufacture needed medicines, national (and continental) negotiating power and thus security is in effect compromised.

The keynote speaker Dr. Jayasree K. Iyer, the Executive Director, Access to Medicine Foundation stated that the future of access to medicines in Africa is tied to strong investments in the pharmaceutical sector and building partnerships with local research institutions to build research capacity that can enable local researchers to address relevant health needs and priorities.

She reiterated the importance of fostering business to business linkages and collaboration between global manufacturers and African manufacturers if Africa is to achieve universal access to medicines, improve manufacturing capacity and improve local supply.

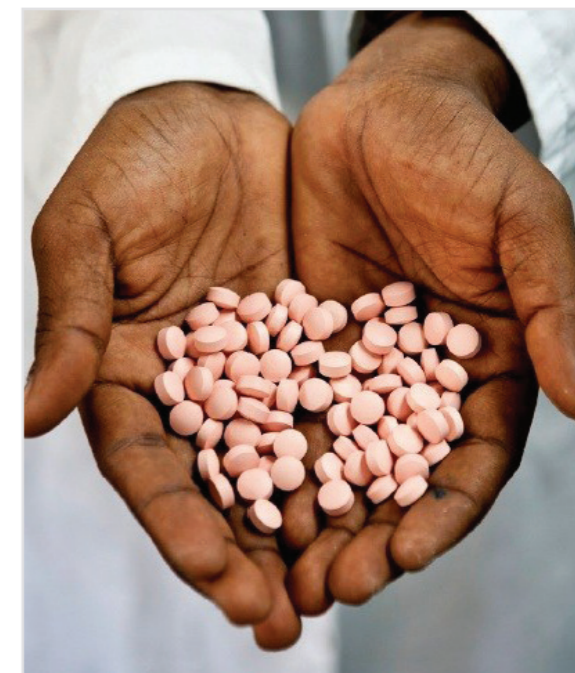
With the right collaboration with pharmaceutical companies from China, Brazil and India, companies in Africa can engage in building capacity for local manufacturing. This will lead to technology transfer, transfer of expertise, reduced costs and improved supply, but quality must be guaranteed. Partnerships would create incentives for more manufacturers to ensure they meet GMP in order to get more business, thus improving quality of medicines produced locally.

Dr Tumusiime Prosper speaking on behalf of the WHO Regional Director for Africa stated that the World Health Organization is committed to improving access to essential medicines and health products across Africa. He also reported that all 47 African countries of the WHO Afro region have adopted, National Medicine Policies in. 44 countries have elaborated National Essential Medicines Lists, while 15 countries have UHC roadmaps and 65% of countries in Africa have tax exemptions and waivers for pharmaceuticals.



He further stated that COVID-19 increases risk of expiry of Neglected Tropical Diseases (NTDs) medicines in African countries. And to achieve an Africa free of NTDs, 3.8 billion tablets out of 10.9 billion tablets in WHO's Global Donation programme must be consumed in Africa. WHO is also ensuring there is mass drug administration (MDA) in 26 countries targeting 61 million people with lifesaving medicines in 778 districts in 2019, this allowed 97.5% of medicines to reach their intended purpose.

Through technical assistance, supply chain analysis and JAP review, 236 million tablets were saved by the Expanded Special Project for Elimination of NTDs (ESPEN) (estimated worth US\$ 18 million). He reiterated that 41.6 million tablets are in countries for use in 2020 and there is a risk of expiry due to COVID-19 restrictions, most campaigns have been postponed in line with WHO guidance. Countries are still receiving medicines for 2020 MDA campaigns need to rapidly and safely scale-up once restrictions ease Through ESPEN, WHO is working with countries and partners (pharmaceutical, NTD supply chain and implementing partners) to ensure an uninterrupted supply of medicines for MDA in 2020.



Dr. Ahmed E. Ogwel OUMA the deputy director of the African Centres for Disease Control and Prevention (ACDC) stated that within the AU, Africa CDC has been mandated by the Bureau of the Heads of State Assembly to coordinate the continent's COVID-19 response and has therefore been working closely with Member States and AU organs such as the AUDA-NEPAD. For instance, efforts are underway to establish a digital platform where demand, supply and logistics required to address the medical supplies and PPE insufficiency. With the support of AUDA-NEPAD harmonised guidelines speeding up regulatory approvals for medical devices have been developed and adopted by national medicines regulatory authorities of countries. Africa CDC is also working with Transport ministers to open up air corridors for both human resources and the critical supplies needed.

Mr. Nazzem Mohammed the vice chairperson of FAPMA stated that local manufacturers in Africa produce about 25 to 30% of pharmaceuticals and less than 10% of medical supplies that are on the African market. Practically, this is not enough to meet the growing demand of medical supplies in the wake of this outbreak.

In order for African pharmaceutical manufacturers to service the entire continent, they will need to scale-up rapidly. This will only happen with the right financial support. Consequently, there are multiple African companies with the capacity to manufacture SARS and Cov-19 essentials and this is an opportunity to support these companies to scale their production. This pandemic also presents us the opportunity for immediate Tech Transfer to various African producers following validation of product from a pedigreed International Supplier.

These series of webinars are designed to be a combination of presentations addressing Africa's urgent need to combat COVID-19. The success of these webinars will be predicated on using a multisectoral approach coupled with the leadership and coordinated approach from AUDA-NEPAD.

BACKGROUND AND OVERVIEW



The continent is experiencing shortages in supply of medical products used in the response to COVID-19. These includes Personal Protective Equipment (PPE) that is, gloves, gowns, surgical and respirator masks among others. There is also a critical shortage of the diagnostic capability, both Point of Care serology tests for screening and real-time RT-PCR for diagnosis. Africa also has a limited supply of mechanical ventilators and many essential medicines needed to deal with the pandemic and its complications.

COVID-19 has led to the shutdown of the global supply chain; hence India, has banned the exportation of all these priority medicines to Africa. Likewise, many European countries and Russia, have formally prohibited the exportation of many medical technologies and priority medicines in order to cater to nationalistic concerns.

To this end, Africa needs local solutions otherwise COVID-19 will overwhelm Africa's health systems. The shutdown of the global supply chain should look inward and embrace local manufacture of pharmaceutical products in order to make sure African have access to essential medicines and in turn make the African pharmaceutical sector sustainable.

The 7-point recommendations from the inaugural webinar as stated below, serve as the framework for subsequent webinars organised under specific themes:



WEBINAR 7-POINT RECOMMENDATIONS

1 WHO to identify the priority essential medical products needed to address the demand;

2 AUDA-NEPAD in collaboration with member states and RECs as well as relevant partners to drive a continental / regional mechanism for procurement of essential medical products and identify credible local manufacturers from whom to procure;

3 AUDA-NEPAD in collaboration with relevant stakeholders to define the appropriate supply management mechanism that would increase the viability of local pharmaceutical production;

4 Africa CDC in collaboration with the African Society of Laboratory Sciences to develop a continental strategy for strengthening laboratory capacity to respond to COVID-19 in the immediate, and long term be able to meet the continent's need;

5 AMRH Secretariat to fast-track the adoption and implementation of harmonised guidelines for the clinical development, manufacture, marketing and distribution of needed essential medical products and supplies;

6 AfDB and Afrexim in collaboration with relevant stakeholders to urgently define and accelerate its strategy for access to affordable financing, detailing how to access it, and how it supports the development and growth of the African pharmaceutical industry;

7 AUDA-NEPAD with the support of the Federation of African Pharmaceutical Manufacturers and other relevant partners assess current status and develop a strategy to boost the current capacity of the local pharmaceutical industry to supply the much-needed essential medical products. This might involve generally increasing the industrial capacity or re-purposing existing production lines to meet the demand for priority products.

WELCOME ADDRESS



Dr. Janet Byaruhanga, Senior Programme Officer, Public Health at AUDA-NEPAD

The Senior Programme Officer, Public Health at AUDA-NEPAD, Dr. Janet Byaruhanga, delivered the welcome address at the webinar. Here is a transcript of her opening remarks:

Distinguished speakers and all participants. A critical factor in the attainment of national and continental development aspirations is that which relates to the quality of human resources at the disposal of such nation or continent. The protection of guarantees that these strategic resources can be optimally developed and deployed is a prime national (and continental) interest.

An entity, national or continental is secure to the extent that it can provide such guarantees that allows it to effectively depend upon its own human resources while it leveraging additional external resources to bridge perceived gaps.

There are several factors that underpin the quality of human resources, key amongst which is health status.

Nations must be able to deploy policies and programmes to promote the health of its citizens, its prime resources and respond to provide health care services when required.

A secured supply of (essential) medicines is critical to guarantee the required health status and outcomes. Where nations do not have local production capacity, they will (especially in times of crisis) depend on the 'goodwill' of foreign entities to guarantee access (as we are beginning to experience with the COVID-19 pandemic). Without the capacity to locally manufacture needed medicines, national (and continental) negotiating power and thus security is in effect compromised.



Welcome again to the 3rd series of AUDA-NEPAD COVID-19 Response webinars on galvanising African industrial capacity to supply pharmaceutical and medical products titled 'access to medicines: a national and continental security issue'

I wish you fruitful discussions.

Thank you!

KEYNOTE ADDRESS

ENSURING ACCESS TO MEDICINE IS A NATIONAL AND CONTINENTAL SECURITY ISSUE

Speaker – Dr. Jayasree K. Iyer - CEO Access to Medicine Foundation



Dr. Jayasree K. Iyer - CEO Access to Medicine Foundation

Problem Statement

Dr Jayasree K. Iyer is the Chief Executive of Access to Medicine Foundation, a foundation that guides and incentivises pharmaceutical companies to improve access to medicine by:

- conducting research on what companies do
- comparing their performance one against the other, and
- identifying best practices and areas for improvements

To frame the problem, she noted that 83% of all people alive today live in low- and middle-income countries and while even most innovative drugs reach 10% (or fewer) of patients five years after launch, in emerging markets, they reach less than 1% five years after launch emphasizing how a global problem is even more acute for Africa.

Solution

In proffering solutions to the problem, Dr Jayasree, noting the unchanged coverage of access plans for late-stage R&D projects, posited that health products can benefit more people if there is an increased innovative approach to health products. Innovative approaches would consider factors like:

- New more appropriate health products
- Appropriate treatment regimens (e.g. consideration for child size drugs)
- Temperature sensitivity
- Adherence to treatment
- Sustainable supply of raw materials, and
- Price

She also added that the ability to register product across Africa and beyond countries would help in making products to help more people.

Building resilient health systems is the other key point noted. This would involve:

1. Increasing R&D capacity building by:

- a.** Building partnerships between international and local research institutions to build research capacity that can enable research to address relevant health needs and priorities. Presently, most of the R&D capacity in sub-Saharan Africa is focused on four countries: Kenya, South Africa, Tanzania and Uganda

2. Increasing Manufacturing capacity by

- a.** Multinational companies engaging in appropriate technology transfers to a contracted local manufacturer
- b.** They must also:
 - i.** Maintain sufficient local supply
 - ii.** Ensure buffer stocks, and
 - iii.** Be agile in response to specific needs

3. Increasing Supply chain as Global supply chains are highly fragmented, consisting of many players at some stages of the chain, and very few at other vital stages. Capacity Building would involve:

- a.** Trainings on good distribution practices
- b.** Proper warehousing, forecasting and cold chain requirements, to projects that use technology to track stock and prevent stock outs
- c.** Action from the industry is possible, with clear examples of how to strengthen supply chains

What, then, can pharma companies and partners do now? She noted the following:

- 1.** Address local needs, priorities and/or skills gaps
- 2.** Work in partnership with appropriate stakeholders
- 3.** Have clear, measurable goals and objectives
- 4.** Aim to achieve long term improvements and sustainability
- 5.** Measure progress, outcomes and/or impact
- 6.** Have governance structures in place between partners



She concluded with key reforms necessary to ensure better Access to Medicine in the next decade (2020-2030).

1. Reform 1: OVERHAULING THE WAY PHARMA DOES BUSINESS

- a.** Innovators must incorporate access plans in during R&D
- b.** R&D and access priorities for the most vulnerable should be harmonized
- c.** Donors and (impact) investors must require access-friendly corporate behaviour

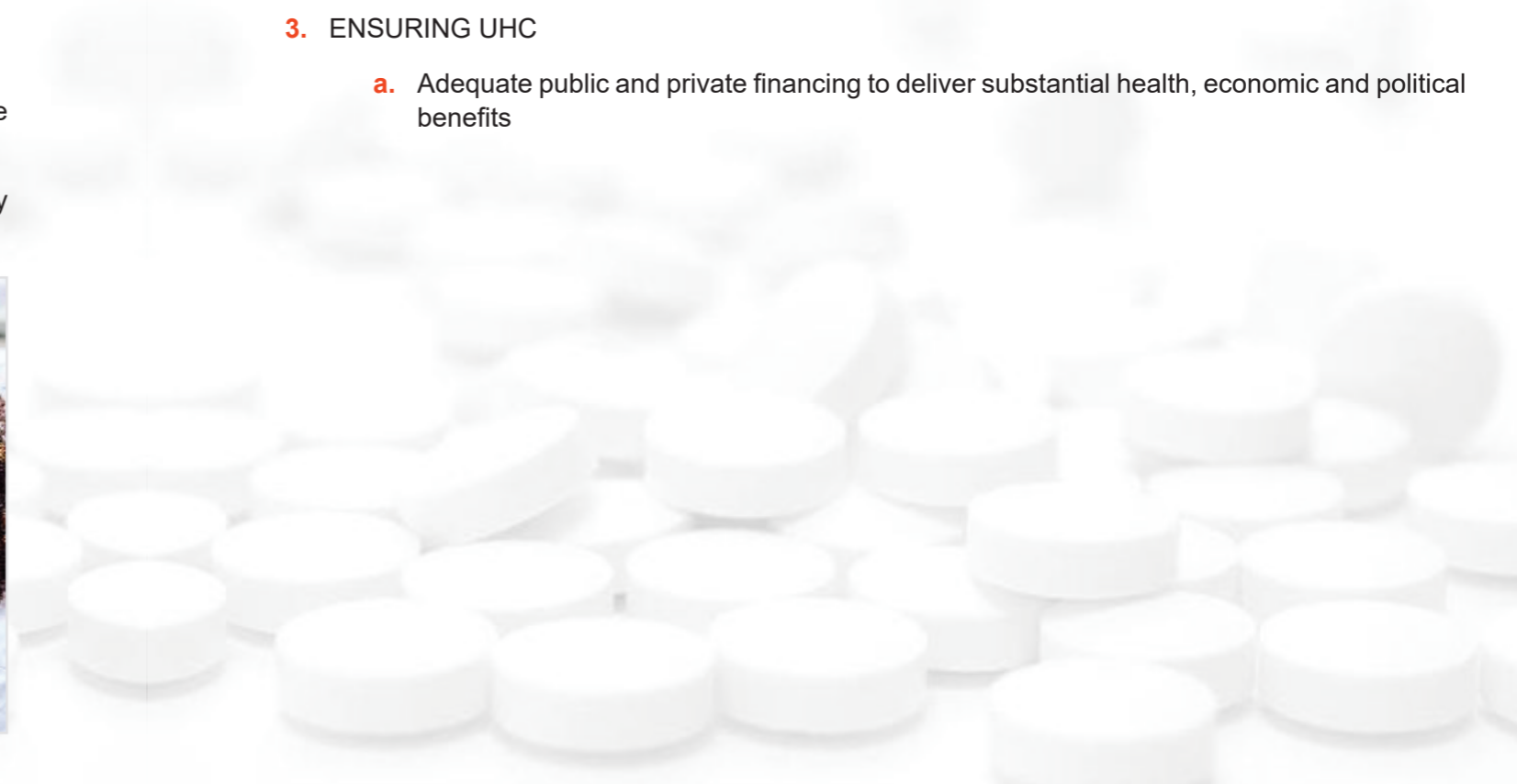


2. Reform 2: REDUCING DEPENDENCY ON FEW PRODUCERS LEVERAGING INFLUENCE

- a.** Regulatory incentives and procurement systems should encourage a wider range of suppliers of quality affordable medicines
- b.** Greater supply chain transparency, the promotion of PPPs and the creation of task forces to maintain supply of at-risk products.
- c.** Involve investors, procurers, donors, civil society, government and patients
- d.** International cooperation across stakeholders is needed to ban any company or country from exclusive deals that disadvantage others

3. ENSURING UHC

- a.** Adequate public and private financing to deliver substantial health, economic and political benefits



CONTRIBUTIONS FROM PANELISTS

Speaker - Dr Tumusiime Prosper - Acting Director for Health Systems and Services Cluster at the WHO Regional Office for Africa

Problem Statement

Dr Prosper noted that commitment is high to improve access to essential medicines and health products on the continent as evidenced by the fact that:

- 47 countries have National Medicine Policies
- 44 countries have National Essential Medicines Lists
- 15 countries with UHC roadmaps
- 65% of countries tax exemptions and waivers for pharmaceuticals
- Better capacities for selection of essential medicines, antibiotics and innovative products

But

1. There is still a huge disparity between availability and affordability
2. Despite an Improved access to ART, effort still needed for TB medicines
3. With the average rate of blood donation of 4.9 per 1000 people, every year African countries still need 10,000,000 blood donations, yet more than 50% of the blood supplied is still needed

COVID-19 has further exacerbated these problems with the increased risk of expiry of NTDs medicines in most countries. He supported these with these facts:

- 3.8 billion tablets come to Africa out of 10.9 billion tablets in WHO's Global Donation Programme
- Mass drug administration (MDA) in 26 countries targeting 61 million people with lifesaving medicines in 778 districts in 2019 – 97.5% of medicines reached their intended purpose
- Through technical assistance, supply chain analysis and JAP review, 236 million tablets were saved by the Expanded Special Project for Elimination of NTDs (ESPEN) (estimated worth US\$ 18 million)
- 41.6 million tablets are in countries for use in 2020 – risk of expiry due to COVID-19 restrictions, most campaigns have been postponed in line with WHO guidance
- Countries are still receiving medicines for 2020 MDA campaigns – need to rapidly and safely scale-up once restrictions ease



Dr Tumusiime Prosper - Acting Director for Health Systems and Services Cluster at the WHO Regional Office for Africa

- Through ESPEN, WHO is working with countries and partners (pharmaceutical, NTD supply chain and implementing partners) to ensure an uninterrupted supply of medicines for MDA in 2020

Solution

He reiterated other speakers take that Pooled procurement in Africa is a priority as this would encourage

1. Lower prices
 - To get lower prices and save money: reduction of 40% of the price of medicines
2. Harmonization
 - Use of the same medicines by all member states in terms of the manufacturing company and quality
3. Efficiency
 - To be efficient single tender and Exchange information among Regional Blocs
4. Supply
 - Ensure continuous supply of medicines and vaccines

He concluded that the way forward involves:

- Strengthening the regulation on medicines pricing and affordability
- Scaling-up of innovative mechanisms such as pooled procurement
- Bridging the gap in availability of information and monitoring system
- Increasing internal resources and domestic resources
- Leveraging human and financial investments on research and capabilities development



Speaker - Dr. Ahmed E. Ogwel OUMA - Deputy Director, Africa CDC

Dr. Dr. Ahmed E. Ogwel OUMA started his response by highlighting 3 key points that stood out from the keynote delivered by Dr. Jayasree K. Iyer:

1. Linking Access to Medicine to the goal of Universal Health Care (UHC) is an opportunity to address access issues through local production. UHC serves as good base to make a case for more local production.
2. Focusing on what is needed locally is an idea that will address the issue of access to medicine
3. Expanding local producers introduces competition which is good for cost and when costs are down, then the majority of Africans benefits.



Dr. Ahmed E. Ogwel OUMA - Deputy Director, Africa CDC

One message to go away with is to never waste an outbreak. While COVID-19 is disruptive and unpleasant, Dr. Ogwel OUMA noted that we are faced with a situation where even when resources are available, most African countries cannot purchase the priority products needed to combat COVID-19 i.e. PPE, Medicines, Equipment etc due to supply chain disruption. Where products are available, the prices have skyrocketed. This outbreak must not be wasted and must be used as an opportunity to encourage more local production and innovation encouraged and funded.

Furthermore, there's a need to urgently map the resource gaps so we can invest better in areas we know we can engage in quickly and get results.

Policies and regulations also need to be in place and support provided by the Regional Economic Communities (RECs) in providing direction and offering local platforms for local production to happen and enabling local resources to be easily shared.

Dr. Ogwel OUMA concluded by highlighting 2 key areas in which Africa CDC has been helping to address the issue of health security and access to medicines:

1. Developing a platform that will bring together consumers, governments and manufacturers in and out of Africa but specifically targeted at local manufacturers. This platform makes it easier for governments to find what they need and for manufacturers to be able to identify where the needs are. The platform will also ensure pricing is competitive for end users. This platform should be up and running from next week.
2. Local manufacturing discussion with AUDA-NEPAD and Development Finance Institutions to ensure Africa can increase local production of essential medicines and health products. This ensures that the health security of the 1.3 billion people in Africa will not be in the hands of other players.

The Africa CDC stands ready at this critical time to ensure that Africa is doing things by itself, for itself and that Africa is mobilising locally to be able to address its own problems.



Speaker - Mr. Nazeem Mohammed - Vice Chair of FAPMA

Mr Nazeem Mohammed started his response by making some key observations gleaned from the presentation by Dr. Jayasree K. Iyer

1. While not enough of new medicines are getting to Sub-Saharan African countries, the key issue is that what Africa needs medicines to tackle the major disease burdens i.e. the growing Non-Communicable Diseases (NCD) such as Diabetes, High blood pressure, Cancers etc and Infectious diseases. The only way to cope is through partnerships and technology transfer done in a successful manner.
2. While there are few registration filings in Sub-Saharan Africa, Mr. Mohammed opined that what is most important is that those products are made available in all countries and once regional harmonisation has matured, it makes it easy for new filings such as progress now recorded in East Africa where with one file submission, you can get six approvals which is similar to the approach in Europe.
3. There is a need to improve the capacity for Research & Development. There is a need for industry to work with universities to improve curriculum and make more relevant to industry experience. A proposal been looked at across East Africa is the possibility of students to have six months work experience in a pharmaceutical company instead of the standard 3 weeks as most recently graduated pharmacists have little product experience.
4. Strategic partnerships are the way to grow the Africa Pharma industry. It should be noted that regulations are going up dramatically, technology is changing at a fast pace and disease profiles are also changing. We don't have all the skills so we need a win-win partnership between both multinationals and local manufacturers. Some are already happening however the industry need more government support in attracting more multinationals. This is a good time to engage multinationals who are now looking at Africa more seriously as margins are diminishing in their home countries and regions.



Mr. Nazeem Mohammed - Vice Chair of FAPMA

Mr. Nazeem Mohammed concluded his contribution by correcting a notion that Africa lacks the capacity to manufacture the essential medicines that it needs. This is not true for most of what is required especially tablets, liquids, formula etc. While technology support will be required to produce vaccines, most of the other medicines and products can be made locally. He further cited research conducted by FAPMA and provided to the African Union which shows there's lots of capacity within most local manufacturers and in fact capacity utilisation for most ranges between 50-60%. Capacity is not an issue. The real issues however are raw materials and technology. An example is a raw material needed to manufacture hydroxychloroquine, which was ordered in November 2019 at \$31/kilo, however the same foreign supplier is now asking for \$600/kilo due to COVID-19. We need to look at how this can be mitigated in the future.



Lastly, he noted that access to affordable finance is a big issue for most local manufacturers and FAPMA has been having discussions with AUDA-NEPAD and the African Development Bank on the need for a Pharmaceutical Fund accessible to local companies who want to upgrade or expand. This Fund allows them to access funding at reasonable interest rates and terms that is obtainable with commercial banks.

Finally, COVID-19 is an opportunity to transform the way we work. It's an opportunity for more collaboration between governments, international organisations, WHO, and DFIs.



CLOSING REMARKS

Presenting the closing remarks, Mr. Bankole Eniola Executive Director DFS Africa said: On behalf of all our partners, we are happy to deliver the 3rd webinar in the AUDA-NEPAD COVID-19 response.

COVID-19 is the challenge of our generation and as a generation of Africans we are determined to meet the challenges of our time on our own terms. Through our deliberate actions, we will defeat the pandemic.

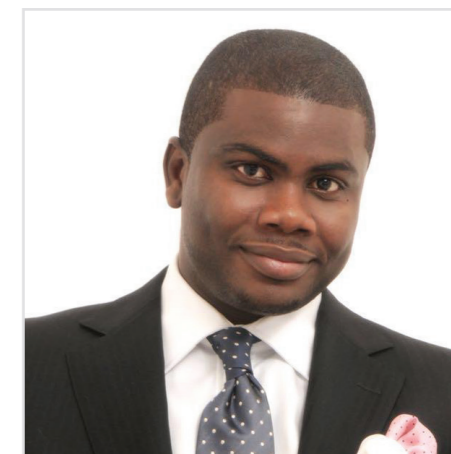
We hope our audience has been adequately informed on what needs to be done to access the required finances needed to galvanise the capacity of Africa's manufacturing base to produce the critical pharmaceutical and medical supplies needed to effectively respond COVID-19 and future pandemics.

Please permit me to thank all our distinguished speakers for the wonderful presentations. And to the participants from across the continent and beyond, it has been a pleasure having you. The questions you raised and contributions as well as recommendations are much appreciated.

Now that we have come to the end of the 3rd webinar, we hope that we all have deepened our understanding of what needs to be done in order to access to essential medicines across Africa.

We will be sharing with you all the report of the proceedings and outcome of this webinar and look forward to having you on our 4th series on 26th May 2020.

Thank you again and goodbye!



Mr. Bankole Eniola - Executive Director, DFS Africa

WEBINAR IN NUMBERS

OVERALL



727

Registered Delegates



4

Speakers

COUNTRY PARTICIPANTS



36

African Countries



14

Other Countries



4

Continents Represented

DELEGATE ROLES



325

Local Pharma & Medical Supplies



171

Members of the Public



74

Multilaterals & Development Agencies



38

Academics & Researchers



35

Government officials



28

NGOs and Civil Societies



16

Investors & DFIs



12

Media & Press

PARTNER APPRECIATION



Thank You!

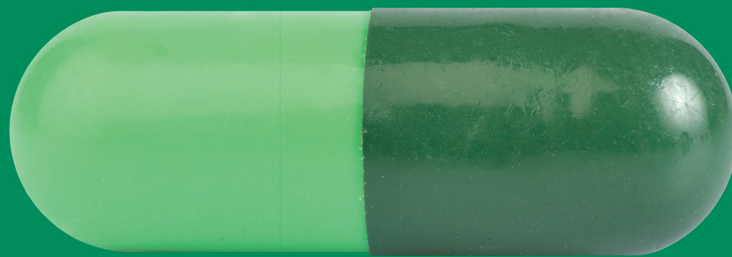


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creating synergy



‘The task of ensuring reliable and sustainable manufacturing of medicines and other health technologies is a complex undertaking that requires highly accountable and strategic partnerships. [...] The AUC’s PMPA Business Plan, as well as its Roadmap on Shared Responsibility and Solidarity, provide excellent platforms around which international partners [...] can contribute’¹

¹Commodities for better health in Africa - time to invest locally, Michel Sidibé, Li Yong and Margaret Chan. Bulletin of the World Health Organization 2014;92:387-387A - doi: <http://dx.doi.org/10.2471/BLT.14.140566>