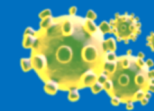


Presentation outline

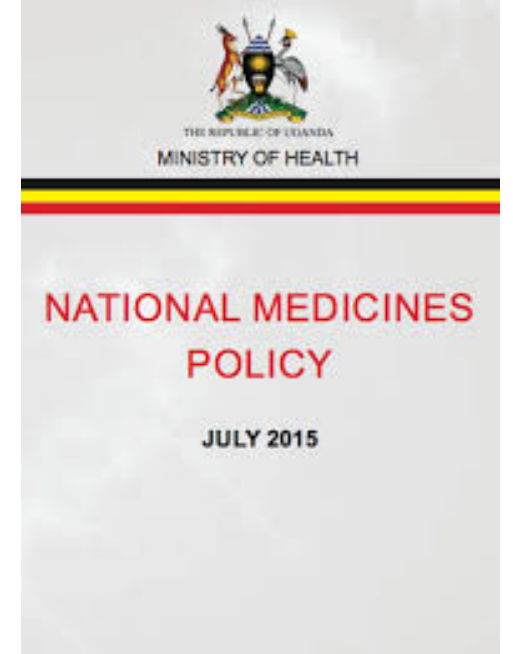


1. Policy package
2. Status of access
3. Regulatory capacity
4. Pooled procurement
5. Challenges
6. Way forward



Commitment is high to improve access to essential medicines and health products

- 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



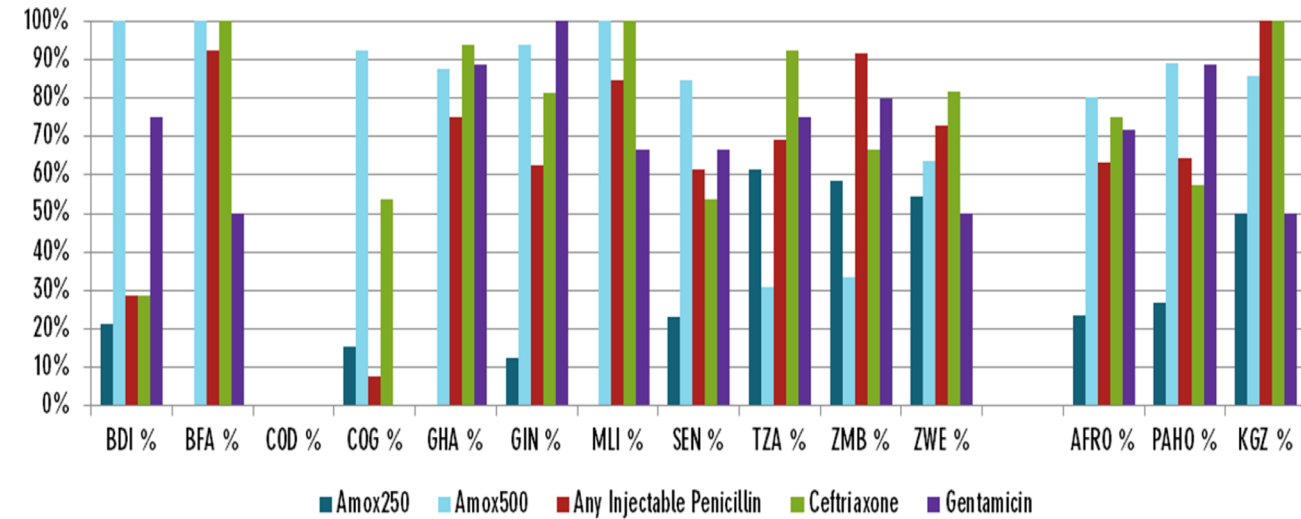
Huge disparity of availability and affordability



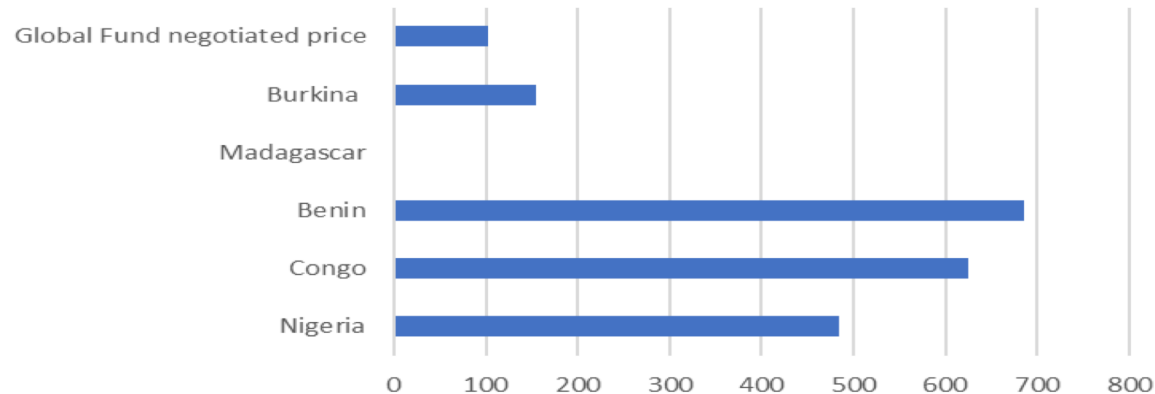
Rapid assessment in five African countries:

- **Availability of direct acting antiviral drugs (DAAs) is lower than 30% in some countries (e.g. Madagascar).**
- **High DAA prices: US\$ 459 to US\$ 2346 for a course of treatment**

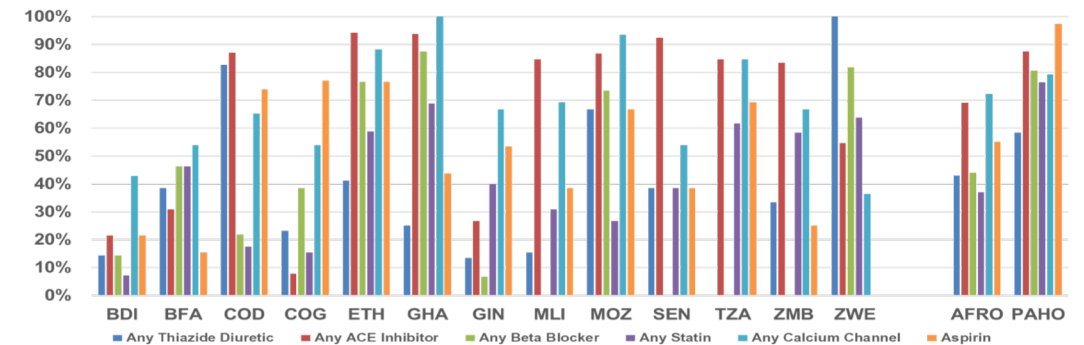
High availability of anti-infectives



Price of Sofosbuvir 400mg/Velpatasvir 100mg in 5 countries

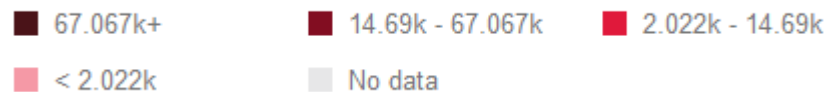
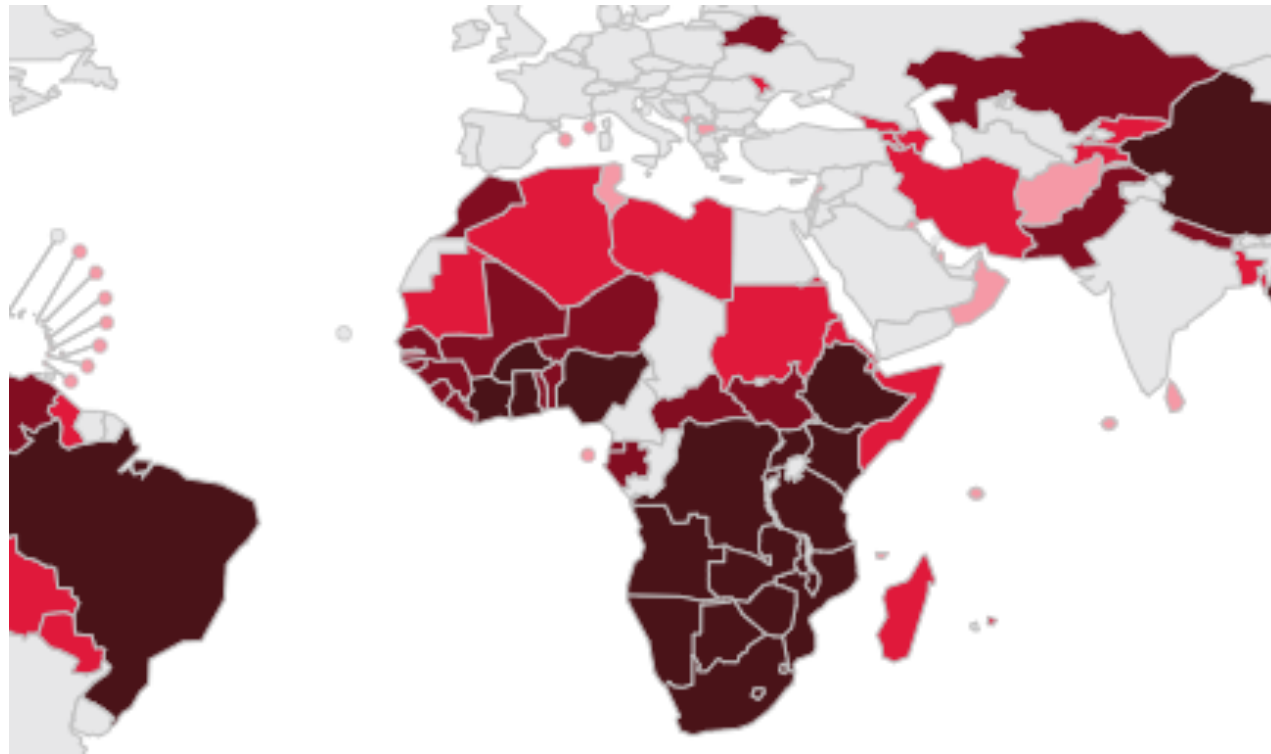


Availability of cardiovascular medicines in capital cities of the AFRO region is up to 42% lower than availability in capital cities of the PAHO region



Improved access to ART, but effort needed for TB medicines

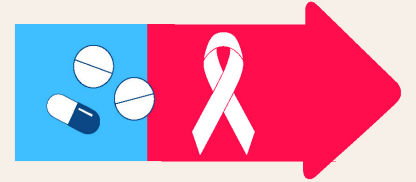
People living with HIV receiving ART as of 30 June 2019



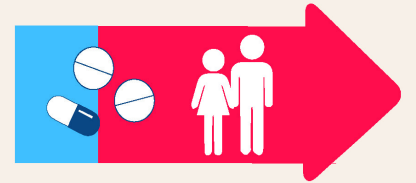
EXPANDING ACCESS TO TB PREVENTIVE TREATMENT



ONLY **36%**
OF PEOPLE NEWLY ENROLLED IN
HIV CARE WERE STARTED ON **TB**
PREVENTIVE TREATMENT



ONLY **23%**
OF **CHILDREN** UNDER 5 YEARS,
ESTIMATED TO BE ELIGIBLE FOR **TB**
PREVENTIVE TREATMENT WERE
STARTED ON IT.



WHO recommends preventive treatment for people living with HIV and all contacts living in households with TB (including children under 5 years)

COVID-19 increases risk of expiry of NTDs medicines in countries



3.8 billion tablets 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 life saving 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**)



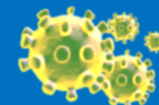
41.6 million tablets are in countries for use in 2020 – **risk of expiry due to COVID-19** restrictions, **most campaigns have been postponed** in line with WHO guidance



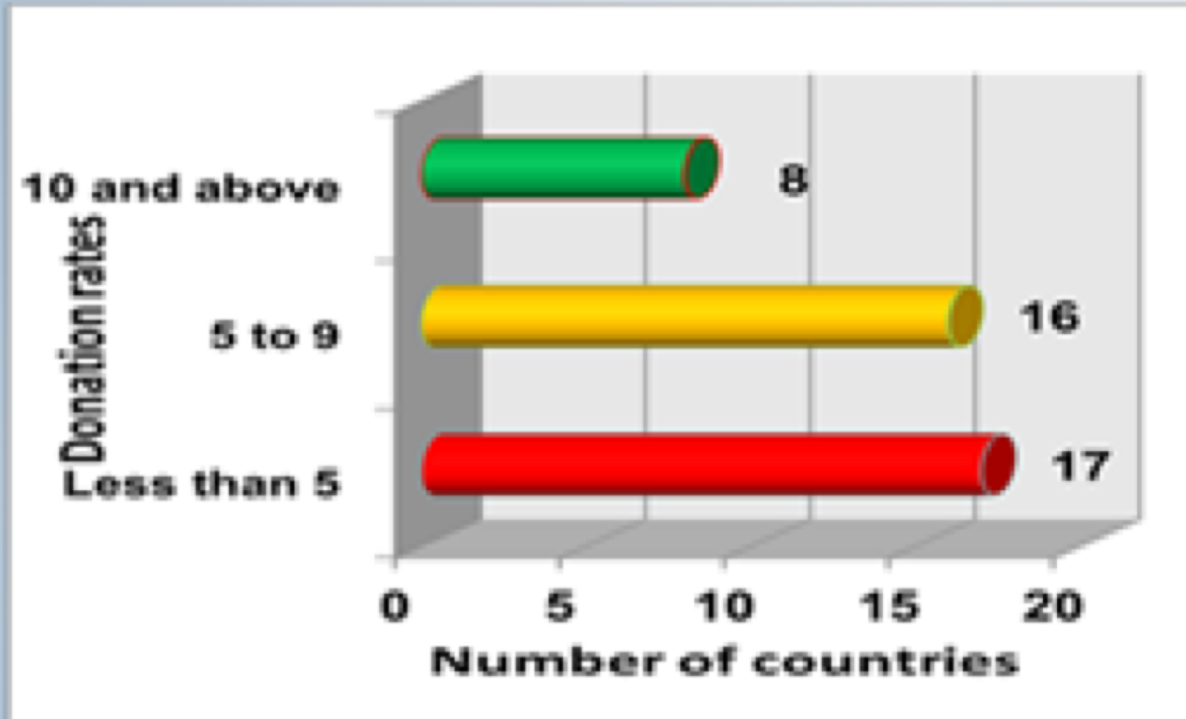
Countries are still receiving medicines for 2020 MDA campaigns – need to rapidly and safely scale-up once restrictions ease



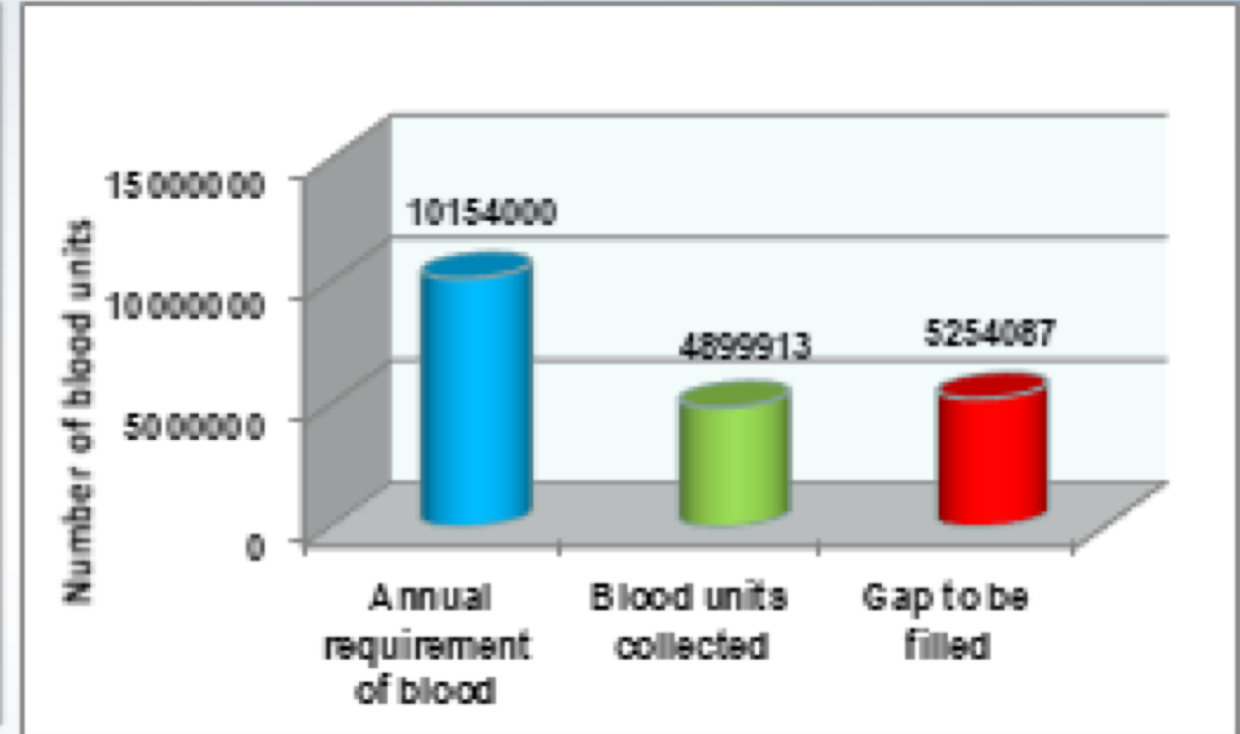
Through ESPEN, WHO is working with countries and partners (pharmaceutical, NTD supply chain and implementing partners) to ensure an uninterrupted supply of medicines for MDA in 2020



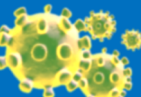
More than 50% of the blood supply is still needed



The average rate of blood donation is
4.9 per 1000 people

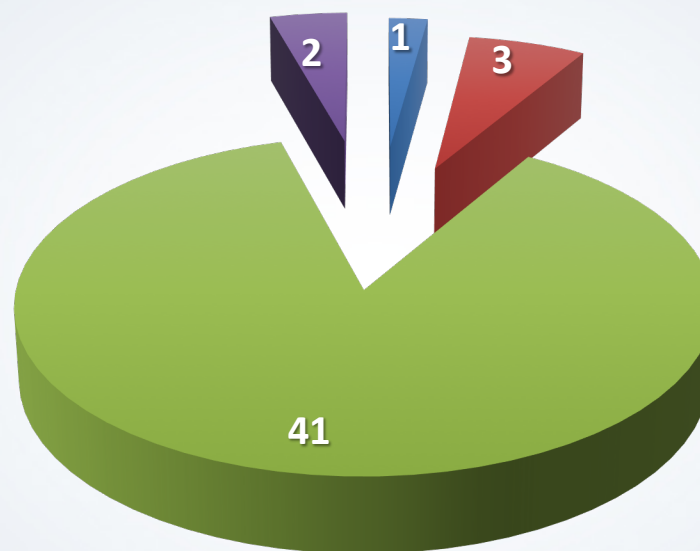


Every year African countries need
10,000,000 blood donations



Regulatory Capacity in Countries Substantially Improved over Past 3 Years

NRA Maturity in Africa
(as of April 2020)



■ ML3 ■ ML2 ■ ML1 ■ Not assessed

10 Prequalified Quality Control Laboratories

2 collaborating centres for medicines quality control

1 under designation

Network of focal points for substandard & falsified product surveillance

AFRO programme:

- Regulatory systems strengthening
- Product vigilance & safety
- Counteracting substandard & falsified medical products

Regional Strategy for Medical Product Regulation, 2016-2025



Pooled procurement in Africa is a priority

Lower prices

To get lower prices and save money: reduction of 40% of the price of medicines

Harmonization

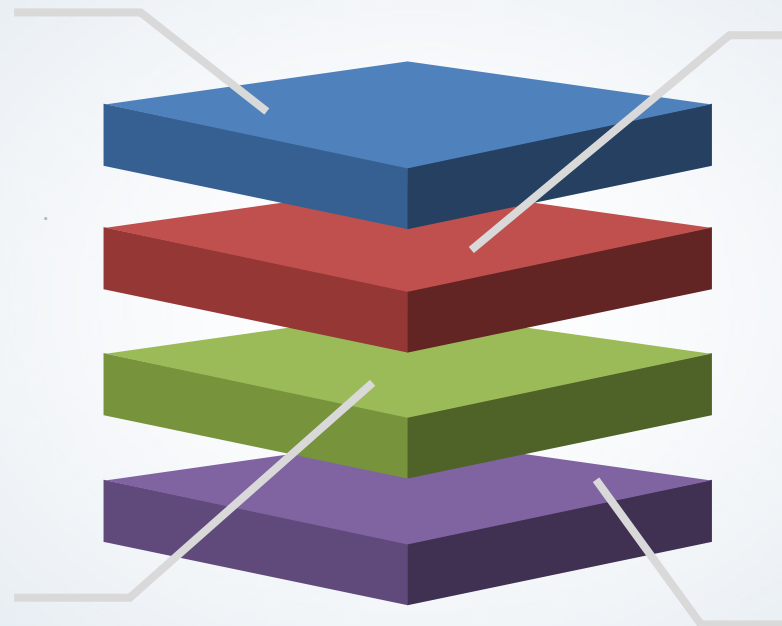
Use of the same medicines by all member states in terms of the manufacturing company and quality

Supply

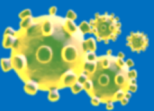
Ensure continuous supply of medicines and vaccines

Efficiency

To be efficient single tender and Exchange information among the SIDS States

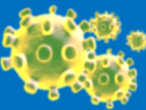


SIDS, SADC



Challenges

- **Coordination:** highly fragmented supplies and distribution systems with weak negotiation capacity
- **Policies:** under-use of generics, differential pricing policies
- **Regulation:** quality issues, sub-standard and falsified, times for registration
- **Workforce:** inadequate number and skills, paper based, motivation, brain drain
- **Selection:** Lack of rational selection and right quantification
- **Price:** high manufacturer and wholesaler selling prices, taxes, tariffs, high mark-ups
- **Use:** inappropriate and ineffective use, dispensing without prescription
- **Reimbursement:** OOP, medicines are not covered or reimbursed by the insurance scheme
- **Monitoring:** Complex demand, lack of surveillance and transparency on access
- **PSM:** Fragile logistics and storage capacity, and high transport and distribution cost



Way forward and call to action



Strengthen the regulation on medicines pricing and affordability



Scale-up of innovative mechanisms such as pooled procurement



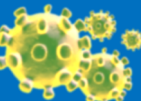
Bridge the gap in availability of information and monitoring system



Increase internal resources and domestic resources



Leverage human and financial investments on research and capabilities development





Thank you