AFRICA PHARMA CONFERENCE 2019

THEME: "CATALYSING LOCAL PRODUCTION FOR IMPROVED ACCESS TO PHARMACEUTICALS AND HEALTH COMMODITIES"

JOHANNESBURG, SOUTH AFRICA | **4TH - 5TH JUNE 2019**

NEPAD
TRANSFORMING AFRICA
AFRICAN UNION DEVELOPMENT AGENCY - NEPAD

DFSAfrica

POST CONFERENCE REPORT

ACRONYMS

AESA	Accelerating Excellence in Science in Africa
AIDA	Action Plan for Accelerated Industrial Development in Africa
AAS	African Academy of Sciences
AfCFTA	African Continental Free Trade Area
AMA	African Medicines Agency
AMRH	African Medicines Regulatory Harmonization
API	Active Pharmaceutical Ingredient
ARV	Antiretroviral Drug
AU	African Union
AUC	African Union Commission
AUDA	African Union Development Agency
AUDA-NEPAD	African Union Development Agency- New Partnership for Africa's Development
DFS Africa	Development Finance Summit, Africa
ECOWAS	Economic Community of West African States
EML	Essential Medicines List
FAP-D	Fund for African Pharmaceutical Development
FAPMA	Federation of African Pharmaceutical Manufacturers Associations
FBPIDI	Ethiopian Food, Beverage and Development Institute
GBT	Global Benchmarking Tool
GMP	Good Manufacturing Practice
IDDA3	UN Resolution on the Third Decade of Industrial Development for Africa
IPAT	Industrial Pharmacy Advanced Training
LDCs	Least Developed Countries
LPP	Local Pharmaceutical Production
MPP	Medicines Patent Pool
NEPAD	New Partnership for Africa's Development
NMMU	Nelson Mandela Metropolitan University
NMRA	National Medicines Regulatory Authority
PMPA	Pharmaceutical Manufacturing Plan for Africa
PQ	Prequalification
R&D	Research and Development
RCOREs	Regional Centres of Regulatory Excellence
REC	Regional Economic Community
TIBA	Tackling Infections to Benefit Africa
TRIPS	Agreement on Trade-Related Aspects of Intellectual Property Rights
USP	United States Pharmacopeia
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCTAD	United Nations Conference on Trade and Development
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organisation
WAHO	West African Health Organisation
WHO	World Health Organisation
WHO PQ	World Health Organisation Prequalification
WTO	World Trade Organisation

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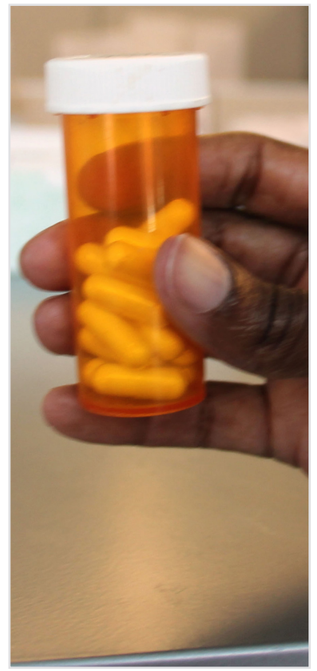


EXECUTIVE SUMMARY

The First Africa Pharma Conference brought together a broad range of individuals with expertise and interest in Africa's pharmaceutical sector. During conference presentations and discussions, participants identified challenges facing Africa's pharmaceutical industry that must be overcome in order to realise the industry's potential and achieve Africa's goals of self-reliance in ensuring a sustainable supply of quality, affordable medicines to meet the continent's health needs.

Challenges identified and discussed by conference participants included inadequate political will and commitment, policy inertia and incoherence, human resource shortages and scarcity of funding. Participants further highlighted that weak regulatory systems combined with poor compliance with international quality standards by some companies impedes trust in the entire sector - which inhibits market access for domestically produced pharmaceuticals.

While participants recognised extensive challenges facing Africa's pharmaceutical sector, they also identified important opportunities and success stories demonstrating that Africa's goals of expanding local pharmaceutical production to serve domestic health needs can be achieved, if challenges facing the industry are overcome.

Participants agreed that Africa's pharmaceutical sector is maturing and that its capacity to serve domestic needs can be progressively built. Pharmaceutical manufacturing efforts on the continent are increasingly moving beyond packaging and labelling of pre-formulated pharmaceutical products into pharmaceutical product formulation. Participants further highlighted that complex pharmaceutical production - including production of active pharmaceutical ingredients and vaccines - can be done on the continent and highlighted examples where this is already underway.

Participants stressed that while weak regulatory oversight and quality standards are critical challenges facing the continent, there are significant efforts underway to address them. Participants noted that the African Medical Regulatory Harmonisation (AMRH) initiative has achieved important successes in harmonising and strengthening regulatory systems across the continent and that successes achieved to date will be built on and strengthened as AMRH transitions into the African Medicines Agency (with ratification of the AMA Treaty). Participants further observed that several companies on the continent have already received prequalification of their products by the World Health Organisation - indicating that high quality standards and compliance is achievable on the continent.

While participants agreed that Africa's pharmaceutical sector faces significant challenges, they also highlighted critical emerging opportunities for sector growth. These opportunities include recent commitments for the creation of an African Continental Free Trade Area, as well as recommendations by the AU Specialized Technical Committee on Health, Population and Drug Control for the establishment of a Fund for African Pharmaceutical Development to mobilise and channel financial resources for sector development.

At the close of the conference, participants adopted a series of recommendations to overcome challenges facing Africa's pharmaceutical sector and catalyse local production for improved access to pharmaceuticals and health commodities on the continent. These recommendations, which are outlined in section box 1, will be put forward to the African Union organs and member states for consideration.

This report distils and summarises key messages emerging from conference presentations and discussions. This report is divided into two sections:

1. **The Conference**
2. **The Africa Pharma Deal Room**

THE CONFERENCE

BACKGROUND AND OVERVIEW

Dr Ibrahim Assane Mayaki, CEO of AUDA-NEPAD, in his opening speech stressed that LPP is a moral issue that needs to be tackled to ensure equitable access to medicines

The 1st Africa Pharma Conference took place in Johannesburg, South Africa from 4 to 5 June 2019. The overall aim of the conference was to identify and facilitate concrete actions to catalyse local pharmaceutical production (LPP) in Africa to ensure sustainable access to quality, affordable essential medicines. During the conference, participants reflected on progress made, and ongoing challenges faced, under the ambitious Pharmaceutical Manufacturing Plan for Africa (PMPA) and identified actions to strengthen and grow LPP in Africa.

The conference was organised by the African Union Development Agency (AUDA)-NEPAD and DFS Africa and attended by 195 participants from across Africa, Asia, Europe and America. Conference participants included high level representatives and technical experts from AU Organs and Technical Institutions, Regional Economic Communities, UN Agencies, Intergovernmental Organisations and development partners, as well as representatives from the private sector, government, academia, civil society and media.

The conference was opened by Dr Ibrahim Assane Mayaki, CEO of AUDA-NEPAD, who stressed that the issue of LPP in Africa is a moral issue that needs to be tackled to ensure equitable access to affordable, quality medicines on the continent. The conference included seventeen sessions that explored critical challenges related to local pharmaceutical production and made recommendations to overcome challenges, scale successful initiatives and catalyse growth of the local industry. Key discussions and outcomes from the conference sessions are summarised and distilled in this report.

Following conference discussions and deliberations, participants adopted ten recommendations to advance LPP in Africa to be put forward to African Union organs and member states for consideration. The adopted recommendations are provided in the following section.

THE CONFERENCE 10-POINT RECOMMENDATIONS

Recommendations endorsed by Participants at the First Africa Pharma Conference 2019 to advance LPP in Africa in line with the PMPA.

1. The African Union Commission (AUC), AUDA-NEPAD Agency and WHO, with the support of relevant stakeholders, to support interested countries to develop and facilitate implementation of national sector specific strategies for LPP;

2. AUC & AUDA-NEPAD to use subsequent Africa Pharma Conferences to convene stakeholders around specific themes and review progress of the implementation of the PMPA business plan, identify opportunities that can be harnessed and agree on concrete steps to accelerate progress;

3. AUC & AUDA-NEPAD to mobilise member states to support the commercial scale-up of proven Continuous Flow and Green API technologies that offer Africa the ability to “leap-frog” current incumbents;

4. AUC & AUDA-NEPAD to accelerate the implementation of the AU Specialized Technical Committee on Health, Population and Drug Control recommendation to establish a Fund for African Pharmaceutical Development (FAP-D);

5. AUC & AUDA-NEPAD to increase market access through the introduction of incentives to African Pharma companies at national, regional and continental levels that include, but are not limited to: local & regional procurement preferences; import restrictions; registration preferences etc. Implementation at member states, REC and AUC level;

6. AUC, NEPAD, RECs and FAPMA to implement concrete strategies and policies that will ensure that African Pharma companies supply at least 50% of the essential medicines requirements within a decade;

7. AUC, AUDA-NEPAD Agency and RECs to facilitate multi-sectorial efforts for improving local production that will address gaps in financing, human resource capacity, regulation, policy coherence, market fragmentation in order to provide a conducive investment environment;

8. The AMRH GMP expert working group should support REC and country efforts to strengthen capacity on GMP for both NMRAs (assessment) and manufacturers (compliance) in order to facilitate quality local production that will meet international standards;

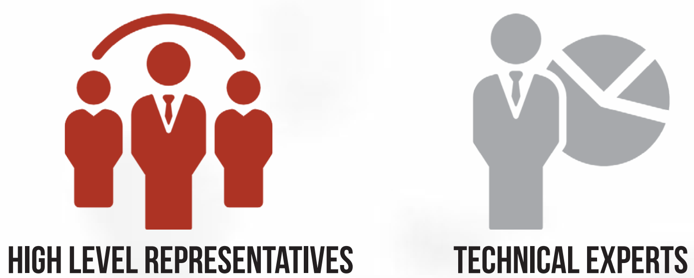
9. AMRH capacity building should go beyond NMRAs to also build capacities and capabilities for manufacturers in order to improve the quality of applications that will expedite the evaluation process;

10. AUDA-NEPAD to create an appropriately-skilled Technical Task team to advise on key programs and track implementation.

Dr Janet Byaruhanga Senior Programme Officer at AUDA-NEPAD, outlined 10 recommendations emerging from the conference that will be put forward to AU organs and members states for consideration

AFRICA PHARMA 2019 IN NUMBERS

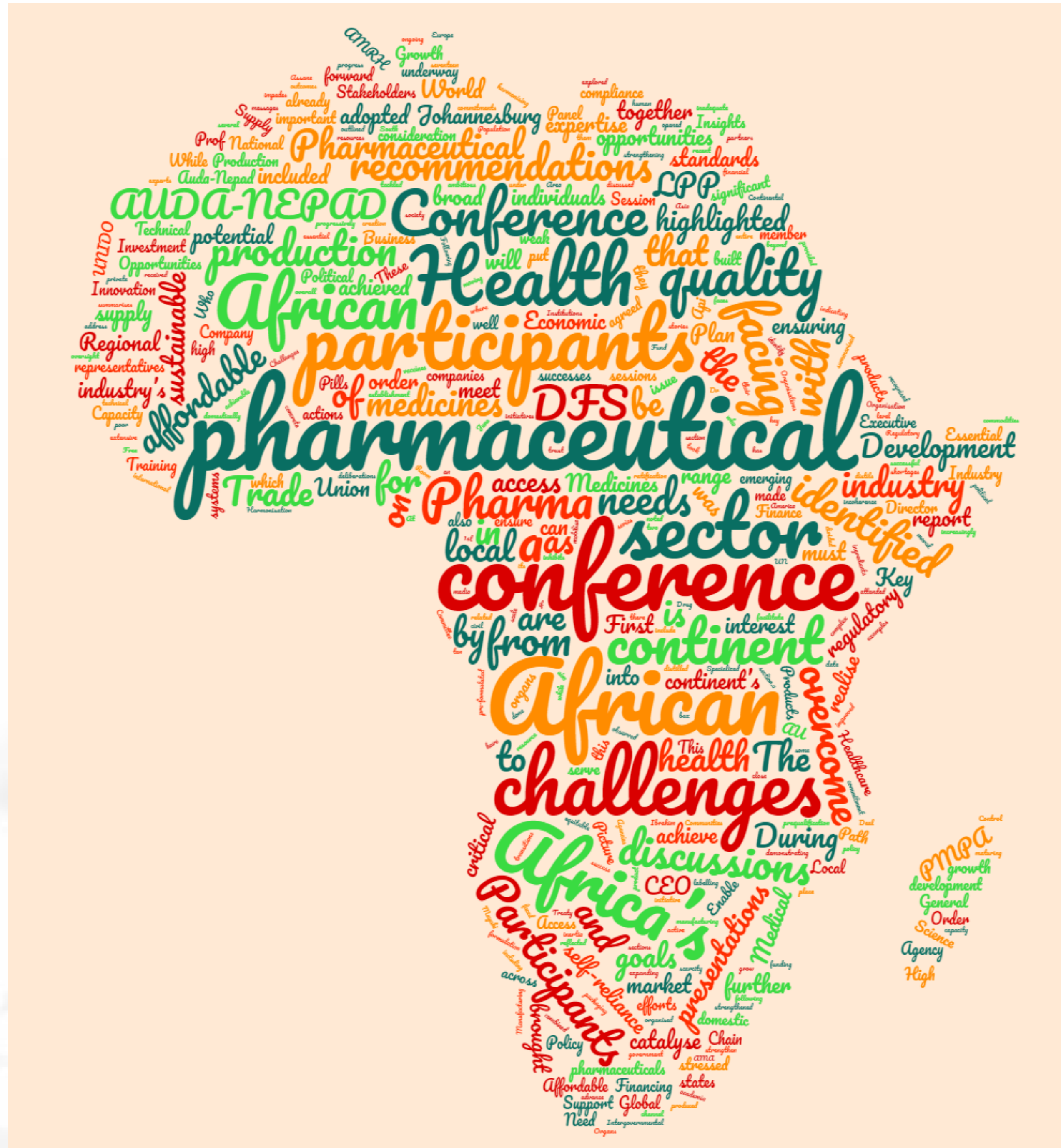
PARTICIPANTS



AU Organs and Technical Institutions, Regional Economic Communities, UN Agencies, Intergovernmental Organisations and development partners

WHAT WE TALKED ABOUT

The word cloud below highlights the words mostly emphasised by speakers and participants during the Conference.



THE SESSIONS - DAY 1

HIGH LEVEL STATEMENTS - SESSION 1

Following the Welcome Address by Dr. Mayaki, it was time for opening high level statements from principal stakeholders in Africa's quest to improve universal access to quality assured affordable essential medicines and catalyzing of local production in Africa.

Speakers from the opening ceremony welcomed conference participants and highlighted key issues that required thought and deliberation by participants during the First Africa Pharma conference

The statements were made by:

1. **Mr Emmanuel Mujuru** – Chair, Federation of African Pharmaceutical Manufacturers Associations (FAPMA)
2. **Dr. Catherine SOZI** - Director UNAIDS Regional Team, East and South Africa
3. **Dr. Mariângela Simao** – Assistant Director General, WHO - Access to Medicines, Vaccines and Pharmaceuticals Cluster
4. **Dr. Manuel Nso Obiang** ADA - CEO, OCEAC
5. **Mr. Li Yong** – DG, UNIDO (Video Message introduced by **Dr. Khaled El Mekwad** - UNIDO Representative, Head of Regional Office)
6. **H.E Mrs. Amira Mohamed El- Fadil** – Commissioner, AUC Department of Social Affairs (delivering statement on behalf of the Commissioner - Dr. Benjamin Djodalbaye – Head of Policy & Health diplomacy Africa CDC)
7. Official Opening – **Mr. Lionel October** – DG of Department of Trade and Industry of South Africa (represented by **Ambassador Sadick Jaffer**, Chief Director, Investment Promotion at DTI)

Dr Catherine Sozi, UNAIDS Regional Team Director, East and South Africa, stressed that UNAIDS is committed to supporting LPP in Africa

All speakers stressed that strong political will is a prerequisite for successful implementation of the LPP agenda. Political will is also identified as a key foundation necessary to enable the growth of the local pharmaceutical industry in the PMPA and its Business Plan.

FAPMA's Mr Emmanuel Mujuru informed participants that Africa only manufacturers 20% of its medicines and 10% of its medical devices and called for expanded LPP to meet

50% of our domestic needs and reduce our international dependence.

UNAIDS' Dr Catherine Sozi noted that countries have eleven more years to achieve the Sustainable Development Goals, and that unmet need for medicines and health care on the continent remains massive. She highlighted that UNAIDS is committed to supporting LPP in Africa to improve medicine and health care access.

Speakers from the opening ceremony welcomed conference participants and highlighted key issues that required thought and deliberation by participants during the First Africa Pharma conference

WHO's Dr Mariângela Simao stressed that the recent adoption of an interagency statement on LPP by the WHO, UNCTAD, UNIDO, UNICEF, UNAIDS and the Global Fund recognises local production as a key enabler of medicine access, and that the WHO's recently adopted Four-Year Road Map on Access to Medicines and Vaccines that includes incentives for local production. Dr Simao made an appeal that nobody should die if there are health technologies available in the world to prevent them from dying.

OCEAC's Dr Manual Nso Obiang Ada expressed his gratitude for the work done to date in relation to tackling poor quality medicines in Africa, strengthening regulatory oversight and promoting regulatory harmonization. He expressed his commitment to ensuring that recommendations from the conference are taken back to his region.

UNIDO's Dr Li Yong expressed his regret for missing the ground-breaking event in a video message to delegates. He stressed that the conference is an important milestone in ongoing work to reduce Africa's reliance on imported health technologies and to improve access.

Dr Mariângela Batista Galvão Simão, Assistant Director General for Access to Medicines, Vaccines and Pharmaceuticals Cluster at the WHO, informed participants that jobs and opportunities created by LPP can assist in retaining skilled workers on the continent

Africa CDC's Dr Benjamin Djoudalbaye emphasised that partnerships and collaboration will be key to the success of the PMPA, including between industry, government and philanthropic players. He also thanked AUDA-NEPAD and DFS Africa for organizing the conference and bringing together delegates.

Ambassador Sadick Jaffer from South Africa's Department of Trade and Industry highlighted that the African Continental Free Trade Area (AfCFTA) agreement will bring together AU member states with a combined GDP of over $3 trillion in the largest trading block established since the creating of the World Trade Organisation. He highlighted that AfCFTA offers important potential to grow Africa's pharmaceutical industry and intra-Africa trade. Ambassador Jaffer informed delegates that outcomes of this conference will be presented to AU organs for consideration. He highlighted that AfCFTA offers important potential to grow Africa's pharmaceutical industry and intra-Africa trade. Ambassador Jaffer informed delegates that outcomes of this conference will be presented to AU organs for consideration.

Finally, multiple conference participants welcomed the recent adoption of an interagency statement by the WHO, UNIDO,

UNCTAD, UNAIDS, UNICEF and Global Fund on LPP as an indicator of strong political will and support at international levels. The interagency statement recognises local pharmaceutical production as a key enabler of medicine access and highlights the desire of several international agencies to procure quality-assured medicines closer to the point-of-care.

OPENING PLENARY - SESSION 2

The High-Level statements were followed by **High Level Panel Discussion** Chaired by **Dr. Skhumbuzo Ngozwana, President & Chief Executive Officer of Kiara Health** with distinguished and experienced senior stakeholders namely:

- **Mariângela Simao** - Assistant Director General, WHO, Access to Medicines, Vaccines and Pharmaceuticals Cluster
- **Mr. Ibrahim Sagna** - Director & Global Head, Advisory & Capital Markets AFREXIMBANK
- **Mr. Tenu Avafia** - UNDP
- **Dr. Khaled El Mekwad** - UNIDO Representative, Head of Regional Office)
- **Alexander K.K. Abban** - Deputy Minister of Health Ghana
- **Dr. Victor Moyo** - Executive Vice President L.E.A.F Pharmaceuticals

This high-level session was aimed at discussing the overall continental leadership vision for local production; articulate the issues of political will, national vision and strategies. It examined the issue of policy coherence and coordination within and between national governments for seamless execution.

Several key messages arose from the high-level panel discussion:

- Political will and government engagement are needed to foster collaboration between competing pharmaceutical companies and ensure a balance between the profit-driven motives of industry and public interest.
- Given asymmetries of power between government ministries, collaborative, inter-Ministerial and Executive leadership is needed to drive forward the LPP agenda.

- Most countries and regions in Africa do not yet have national strategies and road maps to support LPP and there is inadequate financing for implementation in countries and regions where strategies do exist.
- Political will, strategic public investment, and trade and policy protections can be applied to strengthen the local industry.

STRATEGIC CONTINENTAL INITIATIVES - SESSION 3

The Strategic Continental Initiatives session provided an overview of relevant continental initiatives of the African Union and its agencies, which can be explored for critical synergies to advance the agenda of access to medicines, especially as it relates to local production.

The panel, chaired by the Director UNAIDS regional Team, East and South Africa Dr. Catherine SOZI comprised of presentation from high-level speakers including:

- Africa Medicines Regulatory Harmonization (AMRH) - **Mrs. Margareth Ndomondo-Sigonda** - Head of Health Programs, AUDA-NEPAD (represented by **Mr. Paul Keith Tanui** - Senior Programme Officer, AMRH)
- Accelerating Industry Development for Africa (AIDA) **Frank Dixon Mugyenyi** - Senior Industry Advisor Office of the Commissioner (Department of Trade and Industry AUC
- Accelerating Excellence in Science in Africa (AESA) - **Prof. Nelson Torto** - Executive Director, African Academy of Sciences (AAS)
- Tackling Infections to Benefit Africa (TIBA) - **Prof Francisca Mutapi** –Deputy Director TIBA

Following the presentation, Dr Sozi chaired a discussion among delegates and presenters. Several key messages arose from the session's presentations and discussions:

- There are multiple initiatives in place and/or underway regionally to support LPP and strengthen supporting industries in Africa, these initiatives include industrial policy frameworks, regulatory harmonization and strengthening initiatives led by AMRH, and initiatives to support the development of human resources needed for local pharmaceutical innovation and production.
- In many countries, there are significant weaknesses faced both in industry, and in supporting

industries needed to foster LPP to deliver sustainable supply of quality and affordable medicines. The PMPA identifies key supporting industries that require strengthening on the continent, and several related partnerships and initiatives underway to strengthen these industries.

- Government has an important role to play in optimising the success and impact of overlapping initiatives through promoting coherency and collaboration.

The session provided a spotlight on the relevant continental initiatives of the African Union and its agencies, which can be explored for critical synergies to advance the agenda of access to medicines, especially as it relates to local production.

CREATING THE RIGHT FINANCIAL INSTRUMENTS FOR LPP, FINANCING INITIATIVES: ORIGINATION, STRUCTURING AND EXECUTION; INCLUDING BOOSTING INTRA-AFRICAN TRADE - SESSION 4

The aim of the session was to contextualize the realities that confront local production of the pharmaceuticals in Africa and further provide strategic insights in to the opportunities of local production. It further unpacked the right financial instrumentals for LPP, Financing initiatives.

The session was chaired by **Mr. Olukayode Afolabi** - Co-Founder/Executive Director, DFS Africa with presentations and follow up Q&A from

- **Tania Holt** (Partner at Mckinsey), who presented a paper on 'The Opportunity for local pharmaceutical manufacturing in sub-Saharan Africa'
- **Bechir N'daw**, Senior Adviser for Political Partnership - UNAIDS Regional Support Team for Eastern & Southern Africa – 'An Introduction to Local Pharmaceutical Production Opportunities in Africa: 21 country profile'

- **Ibrahim Sagna** - Director & Global Head, Advisory & Capital Markets AFREXIMBANK - 'Structured Finance in Support of Services Exports: The Case of Afreximbank's Construction and Medical Tourism Relay (CONMED) Facility in Financing Hospital Projects in Africa"

Several key messages arose from the presentations and panel discussions:

a. Not all countries have the ambition or capacity (current or emerging) to undertake LPP. However, the PMPA framework includes recommendations to improve access to affordable, quality medicines in countries that do not have LPP ambitions, including through regulatory strengthening. Further, regional hubs of excellence can be established to localise manufacturing near countries that are unable or uninterested in producing medicines domestically and boost intra-Africa trade. Given the complexity and variation of contexts across the continent, there is no one-size-fits-all solution for all countries.

b. Africa remains reliant on imported APIs and does not have an emerging chemical industry to take on this role. Getting access to raw materials on the continent, is far slower than in other regions.

c. Countries and regions should seek to strategically identify areas where they can expand LPP, taking account of their domestic manufacturing capacities and strengths. For some health technologies, importation will remain necessary to serve health needs. Currently Africa produces around 300 types medicines, versus approximately 5,000 in China and 10,000 in India.

d. In some countries, including Nigeria, the local pharmaceutical industry is highly fractured. Industry consolidation could make the country's industry more efficient and competitive.

e. There is significant underinvestment in regulatory agencies across the continent. As a result, regulatory authorisation is often extremely slow which can delay market entry of locally produced products.

f. Inadequate data related to the needs and demand for health technologies, product procurement and supply chains creates challenges for investors investigating the feasibility and bankability of LPP investments in Africa. Better market data and market intelligence is needed to incentivise investment.

g. In assessing the affordability of LLP, it is important to look at the full value chain and downstream costs, including what it costs to get products to patients, and what patients ultimately pay.

h. Industry strengthening will require public and private sector collaboration and sustained investment over time.

i. There is huge untapped potential to grow Africa's pharmaceutical industry and markets, but stronger political will and more coherent planning is necessary to move the LPP agenda forward.

j. The African Continental Free Trade Area (AfCFTA) agreement creates significant opportunity to boost intra-Africa trade of pharmaceuticals, particularly if combined with country and regional trade protections and incentives for domestic producers.

THE NEXT FRONTIER FOR PUBLIC HEALTH MEDICINES MARKET – RETHINKING PRIORITIES FOR IMPROVED ACCESS TO QUALITY-ASSURED MEDICINES FOR UNIVERSAL ACCESS - SESSION 5

This session explored key challenges and enablers of LPP in Africa and sought to identify key priorities for achieving universal health care access and advancing LPP. The session was chaired by **Mr Olakunle Olaniyi-Edwards**, Executive Director of DFS Africa. The session included presentations by **Mr Kwasi Boateng**, Director at United States Pharmacopoeia-Ghana and **Dr Stavros Nicolaou**, Senior Executive at Aspen Pharmacare. The presentations were followed by a panel discussion with **Dr Jayasree K. Iver**, CEO of the Access to Medicine Foundation; **Mr Emmanuel Mujuru**, FAPMA Board Chair and **Mr Nazeem Mohammed**, Head of Pharmaceutical Sector Industrial Promotion Services at FAPMA, together with **Mr Kwasi Boateng** and **Dr Stavros Nicolaou**.

USP-Ghana's **Mr Kwasi Boateng** emphasized that changing demographics and health needs on the continent will lead to increasing medicine costs, while donor support for local procurement is declining. He highlighted increasing momentum in support of LPP at international and regional levels and recommended interventions that countries and regions can undertake to support LPP, including creating enabling political environments, strengthening regulatory systems and stimulating local markets. Finally, he highlighted how regulation was used to transform Bangladesh's domestic pharmaceutical industry, which grew from serving 20% of the domestic market in 1970 to serving 80% of the market in 2002.

Aspen Pharmacare's **Dr Stavros Nicolaou** presented on the economic benefits of LPP. He stressed that importing medicines contributes to country-level trade deficits and weak economic growth, which can lead to credit rating downgrades that make borrowing credit and servicing debt more expensive. **Dr Nicolaou** drew attention to research conducted by Pan-African Investment and Research Services demonstrating that investment in local manufacturing has a multiplier effect, increasing fiscal revenue by 35%, and implored for greater use of industrial levers by governments to support local manufacturing. **Dr Nicolaou** also highlighted Aspen Pharmacare's experience of growing into a globally competitive manufacturer able to produce and export complex pharmaceutical products, through leveraging growth achieved producing generic commodity products.

Several key messages arose from the session's presentations and panel discussion:

a. Africa must reduce its dependency on imported medicines to meet the continent's large and shifting health needs.

b. Collaborations and alliances with international companies can foster technology transfer to support the growth of local industry, as seen with Cipla Quality Chemical Industries Limited in Uganda and Biovac in South Africa.

c. While medicine affordability is a key enabler of access, buyers should not procure products solely from companies providing the lowest prices when this threatens supply security. UNICEF now seeks to procure products from more than one supplier in order to allow multiple companies to invest in building manufacturing capacity and reduce supply security risks.

d. Investment is needed to grow and scale Africa's pharmaceutical industry and make it more competitive.

e. Investing in local manufacturing has a multiplier effect. For every $1 invested in local manufacturing, an additional 35cents is generated back into the economy. This multiplier effect may provide economic justification for procurement of locally produced medicines at slightly higher price margins than imported medicines. Local procurement is necessary to enable growth of the industry.

HEALTH AND PHARMACEUTICAL FINANCING; BLENDED FINANCE, SCALE READINESS FOR HEALTHCARE COMPANIES, PUBLIC PRIVATE PARTNERSHIPS AND TRANSACTION STRUCTURING - SESSION 6

This session explored the need for new and innovative financing models to support LPP in Africa, including structured finance, blended finance and others. The session further sought to identify funding models that are scalable and can be leveraged to support LPP and medicine and healthcare access across the continent. The session included a panel discussion chaired by **Mr Bankole Eniola**, Executive Director of DFS Africa. Session panellists included **Mr Sinhue Noronha**, CEO of Africure Pharmaceutical; **Mr Ade Adebajo**, Head of Sub-Saharan Africa at UBS; Dr Amit Thacker, CEO of Africa Health Business and **Dr Leonardo Europe Inocencio**, Angolan Secretary of State for the Hospital Area.

Several key messages arose from the panel discussions:

a. Lack of access to affordable, long-term financing is a significant barrier facing pharmaceutical companies in Africa seeking to strengthen and grow their operations.

b. High interest rates in Africa make accessing credit on the continent extremely expensive. This challenge is exacerbated by currency fluctuations against dollar denominated debt that can drive up the costs of debt servicing.

c. The establishment of a Fund for African Pharmaceutical Development (FAP-D) has been recommended by the AU Specialized Technical Committee on Health, Population and Drug Control. This recommended fund offers significant potential to mobilise funds to address financing gaps and challenges facing the industry.

DEVELOPING LPP – WHAT IS THE EVIDENCE FROM AROUND THE WORLD SUCCESSFUL IN PROMOTING SUSTAINABLE LOCAL PRODUCTION - SESSION 7

This session sought to highlight successful efforts to promote LPP in the developing world and tease out lessons that can be adapted to African contexts, with a focus on the role of voluntary licensing in enabling manufacturing and access. The session was chaired by **Dr Mothobi Godfrey Keele**, Director of Corporate Affairs and Strategic Alliances at Kiara Health. During the session presentations were made by **Mr Messay Wolde-Mariam**, Deputy Director General of the Ethiopian Food, Beverage and Development Institute (FBPIDI); **Ms Sandra Nobre**, Head of Business Development at the Medicines Patent Pool (MPP); **Dr Stavros Nicoloau**, Senior Executive at Aspen Pharmacare; and Alistair West, PMPA Business Plan Coordinator at UNIDO. The presentations were followed by a panel discussion among presenters.

FBIDI's **Mr Messay Wolde-Mariam** presented on the pharmaceutical sector in Ethiopia, the country's ambitious national strategy and plan of action to transform the industry and the use of policy incentives to drive growth. He highlighted how political will and policy coherence has contributed to the development and implementation of Ethiopia's national strategy. MPP's **Ms Sandra Nobre** presented on the MPP's work in accelerating medicine access in low-and middle-income countries through negotiating voluntary licenses for the manufacture and sale of generic medicines. While the majority of MPP negotiated licenses are held by developing country manufactures, only one company in Africa has received licenses for generic manufacturing through the MPP. She clarified that while the MPP does not have geographical restrictions regarding its licensees' locations, licensees must meet WHO Good Manufacturing Practice (GMP) standards.

Aspen Pharmacare's **Stavros Nicoloau** presented on how voluntary licenses were accessed and leveraged to enable access to generic antiretroviral treatment in South Africa, which led to significant price decreases and expanded access.

UNIDO's **Alistair West** presented on the need for technology transfer to African based manufacturers and highlighted avenues to negotiate technology transfer, including through the inclusion of technology transfer

requirements in voluntary licenses, dossier purchasing agreements and joint ventures.

Several key messages arose from the panel discussions:

a. Compulsory licensing is an important legal instrument available to governments in their negotiations for licenses and expanded access, however voluntary licensing (when feasible) can be a more effective route to securing technology transfer commitments.

b. Technology transfer is needed at both North-South and South-South levels. Several Indian generic companies have already contributed to technology transfer on the continent.

c. Only one company in Africa is licensed to manufacture generic medicines through the MPP, versus 18 companies in India. There is significant scope to expand the use of this voluntary licensing tool to enable local manufacturing by companies meeting GMP standards.

d. Civil society can play an important role in enabling LPP through advocating for licensing agreements that enable local generic manufacture, as seen in South Africa for HIV.

THE SESSIONS - DAY 2

Day 2 at the Africa Pharma Conference began at 8:30am with 2 parallel sessions:

API – ENHANCING THE FULL LIFECYCLE: REGULATION, LOCAL PRODUCTION, DISTRIBUTION AND FINANCING - SESSION 8

This session explored opportunities and challenges related to local production of active pharmaceutical ingredients (API) on the continent. The session was chaired by **Dr Tadesse T Mekonen**, Executive Director of Health Care, Education and R&D at Avacare Global, who introduced the session with a presentation on 'The State of Health in Africa'. Following his presentation, **Dr Mekonen** chaired a panel discussion among **Mr Sinhue Noronha**, CEO of Africure Pharmaceuticals; **Mr Ade Adebajo**, Head of Sub-Saharan Africa at UBS Bank; **Dr Perrer N Tosso**, Global Innovation Manager at the Medicines for All Institute; **Dr Mojo Mogari**, Interim Board Chairman at Avacare Global; and **Prof Paul Watts**, Research Chair at Nelson Mandela Metropolitan University.

Avacare Global's **Dr Tadesse T Mekonen** outlined the major causes of disease in Africa and stressed that all leading diseases are preventable or treatable. He highlighted that access to appropriate health technologies on the continent is severely limited and that people are dying due to lack of access to medicines for treatable conditions. **Dr Mekonen** stressed that only 52% of people living with HIV in Africa have access to antiretroviral treatment and that available treatment options for cancer and other non-communicable diseases remain limited.

Several key messages arose for the session's panel discussion:

a. The continent remains reliant on importation to access APIs and other input supplies used in pharmaceutical manufacturing. Only three companies in Africa produce APIs. There is an

urgent need for expanded API production on the continent to reduce foreign dependency and improve supply security.

b. APIs account for approximately 70-75% of total drug costs, providing low profitability margins for local manufactures formulating drugs with imported APIs. Manufacturers should explore opportunities for collective API procurement and importation to reduce costs.

c. Local pharmaceutical manufacturers in Africa are maturing from predominately packaging finished products, to formulating finished drugs with imported APIs.

d. The continent has a shortage of required skills for API production and LPP more broadly. Academia has an important role to play in supporting the development of needed skills. Opportunities to retain skilled workers trained on the continent and engage skilled workers from the African diaspora must also be explored and developed.

e. APIs are predominately produced in India and China. There is a need for South-South technology transfer and partnerships to enable API manufacturing in Africa. The rising costs of labour in India and China, provides an opportunity for competitive API manufacturing in Africa.

f. Africa must invest in green manufacturing of APIs to prevent environmental damage and enable sustainable manufacturing.

g. Africa should invest in continuous manufacturing processes which can reduce API manufacturing costs by 30% when compared to batch manufacturing processes entrenched in other regions..

RESEARCH AND DEVELOPMENT; HARNESSING THE DIASPORA CAPACITY - SESSION 9

This session explored opportunities to leverage capacity and skills in the African diaspora to support local R&D and pharmaceutical manufacturing efforts, in the context of skills shortages on the continent. The session was chaired by **Mr Olukayode Afolabi**, Executive Director of DFS Africa. Presentations were made by **Dr Victor Moyo**, Executive Director of L.E.A.F Pharmaceuticals; **Prof Francisca Mutapi**, Deputy Director of TIBA; **Prof David R Katerere**, Professor of Pharmacy at Tshwane University of Technology

(TUT); The presentations were followed by a panel discussion among presenters.

L.E.A.F. Pharmaceuticals' **Dr Victor Moyo** presented on the contribution of blockbuster drugs to industry revenue, and opportunities for the development of a blockbuster product on the continent. He highlighted the need to support skills development on the continent in R&D, commercial manufacturing and regulatory commercialisation to enable the development of a blockbuster medicine in Africa. Hehighlighted how L.E.A.F. Pharmaceuticals, a company stared by Africans in the diaspora with extensive drug development experience, is supporting skills development on the continent.

TIBA's **Prof Francisca Mutapi** presented on TIBA's efforts to build human capital and health systems in Africa to support the achievement of the continent's health goals and the Sustainable Development Goals.

TUT's Prof **David R Katerere** presented on opportunities to support skills development and capacity building across borders and stressed the need for partnerships between government, universities and industry to grow needed skills on the continent.

Several key messages arose for the session's panel discussion:

a. Africa needs to establish a culture of intolerance towards corruption and poor business practices in order to foster trust in its industry.

b. Africa's pharmaceutical sector faces severe skills shortages and there is urgent need to skill more professionals in biomedical R&D, commercial manufacturing and regulatory commercialization to deliver on the LPP agenda.

c. Global collaborations, including with universities, industry and regulatory authorities have a critical role to play in building needed skills.

d. The high attrition and brain drain rates of skilled workers undermines efforts to build Africa's human resource capacity for LPP. African industries and governments need to create opportunities to engage and retain skilled workers, including through creating opportunities to encourage individuals in the African diaspora to return to the continent and fostering cross-continental collaboration.

AN ENABLING BUSINESS ENVIRONMENT FOR SUSTAINABLE QUALITY LOCAL PRODUCTION TO IMPROVE ACCESS - SESSION 10

This session explored the role of business environments in enabling quality manufacture of medicines and considered how governments and industry can utilise WHO prequalification (PQ) and good manufacturing practices (GMP) to strengthen and grow LPP. The session was chaired by **Dr Jicui Dong**, Programme Manager of Local Production and Access to Health Commodities at the WHO, and included presentations by **Dr Jicui Dong**; **Mr Deus Mubangizi**, PQT Coordinator at the WHO; and **Ms Lisa Hedman**, Technical Officer at the WHO. The presentations were followed by a panel discussion among presenters.

WHO's **Dr Jicui Dong** highlighted key elements necessary to enable LPP, including an overarching and holistic government strategy and plan, an enabling business environment and robust regulatory systems to ensure medicine quality, safety and efficacy.

WHO's **Mr Deus Mubangizi** presented on opportunities to strengthen regulatory oversight and enable market access for products through WHO PQ processes. He also highlighted that governments and national regulatory authorities can employ WHO maturity levels to assess their own strengths and weaknesses and identify areas for improvement.

WHO's **Lisa Hedman** presented on supply chain challenges in LMICs which impede medicine access and implored countries to invest in supply chains that are responsive to their contextual needs and the needs of people living in remote areas.

Several key messages arose from the session's presentations and panel discussion:

a. WHO has developed several tools to assist regulatory authorities and industry in strengthening regulatory oversight and ensuring that medicines meet high quality, efficacy and safety standards. These tools include: a risk based assessment tool for countries to use in identifying potential essential medicines that can be produced locally; prequalification processes to enable WHO evaluation of the safety, quality and efficacy of priority drugs produced by local manufactures; as well as WHO GMP practises and maturity level assessments that enable assessment of company and country-level quality standards. The WHO has also developed guidance for companies to design bioequivalence studies and product dossiers to meet and demonstrate quality standards.

b. Strong supply chains are needed to enable medicine access. Better market data and dedicated training on supply chain management are needed to strengthen supply chains.

c. The interagency statement recently adopted by the WHO, UNCTAD, UNIDO, UNICEF, UNAIDS and the Global Fund recognises local production as a key enabler of medicine access and is a significant milestone to enabling and bolstering LPP in Africa in line with the PMPA.

API PRODUCTION IN AFRICA – FROM DREAM TO REALITY - SESSION 11

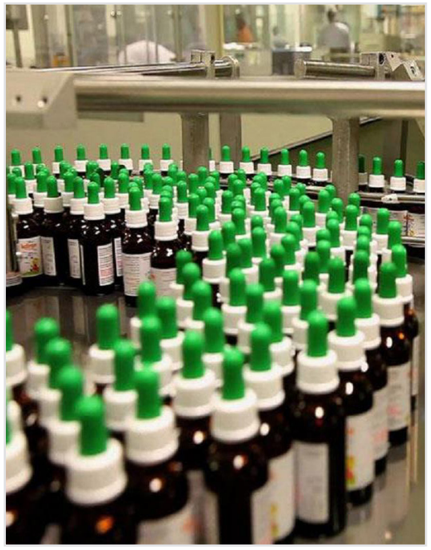
This session discussed the need for expanded production of APIs and complex pharmaceutical products in Africa, considered concrete experiences of API and complex pharmaceutical production on the continent and opportunities to scale up and sustain such initiatives.

The session was chaired by **Dr Skhumbuzo Ngozwana**, President and CEO of Kiara Health. Presentations were made by **Dr Perrer N Tosso**, Global Innovation Manager of the Medicines for All Institute; **Prof Paul Watts**, Professor at the Nelson Mandela Metropolitan University (NMMU); and **Prof Joe Fortunak**, Professor of Chemistry and Pharmaceutical Sciences at Howard University. After the presentations, **Dr Ngozwana** chaired a panel discussion of the presenters, together with **Dr Morena Makhoana**, CEO of BIOVAC and **Mr Mwai Ngibuini**, Head of Sub-Saharan Africa for Life Sciences Division at Merck.

Medicines for All's **Dr Perrer N Tosso** presented on the primary, secondary and tertiary stages of drug manufacturing and opportunities to move manufacturing in Africa from largely tertiary (focused on packaging of pre-formulated products) to primary (focused on production of APIs, intermediates and excipients) stages.

NMMU's **Prof Paul Watts** presented on the potential of new technologies, and continuous manufacturing, to enable competitive API manufacturing in Africa. He highlighted that API production through continuous manufacturing will strengthen the economy and create new business opportunities, noting that South

Africa alone spent $10 billion on the importation of APIs from India in the last decade.



Howard University's **Prof Joe Fortunak** presented on Howard University's initiatives to strengthen R&D, manufacturing and regulatory capacity on the continent. He highlighted initiatives in Egypt to produce oncology medicines in the country, as well as the potential for local manufacturing of medicinal cannabis in Africa.

Several key messages arose from the session's presentations and panel discussion:

a. Africa remains dependent on importation of APIs from other regions – mainly from India and China. Only three companies on the continent are producing APIs.

b. Accessing APIs and other needed inputs for LPP is far slower in Africa than in other regions. In the UK, it takes approximately three days to receive APIs, versus six weeks in Africa. This can lead to long delays in manufacturing and interruptions of medicine supply.

c. New technologies and continuous manufacturing can enable African manufacturers to 'leap-frog' slower and more costly batch-manufacturing processes entrenched in other regions.

d. The continent has very limited capacity to locally produce vaccines, which creates significant risks in relation to the ability of country and regional health bodies to timeously respond to pandemics.

e. The BIOVAC example demonstrates that vaccine development is feasible for Africa and that new vaccine developers can progressively build their capacity to develop vaccines. BIOVAC started with vaccine packaging and labelling before moving into formulation.

BIOVAC is currently working with the Gates Foundation to develop a novel vaccine against Group B Streptococcus. In addition to BIOVAC, Institut Pasteur Foundation has established a vaccine manufacturing production unit in Senegal, whose vaccine against yellow fever has received WHO prequalification.

f. The continent faces a shortage of skilled workers, including industrial chemists, necessary for local manufacture of complex pharmaceutical products.

g. International collaboration and technology transfer are necessary to build regional capacity to manufacture complex products..

PRIORITIZED ESSENTIAL MEDICINES AND SERVICES: BUILDING RESILIENT SYSTEMS THAT LEAVES NO ONE BEHIND - SESSION 12

This session focused on the role of essential medicine prioritisation in building resilient systems that leave no one behind. During the session, **Mr Sibusiso Hlatjwako**, Advocacy and Partnerships Manager at PATH, chaired a panel discussion among; **Dr Emily Kaine**, Senior Vice President at United States Pharmacopeia; and **Prof David R Katerere**, Professor of Pharmacy at Tshwane University of Technology.

Several key messages arose from the panel discussion:

a. There is substantial variation between countries' essential medicines lists, as well as misalignment between national essential medicines lists and the WHO EML. The lack of alignment creates significant challenges to achieving Africa's goals of medicine self-sustainability in relation to essential medicines. It also creates challenges for companies seeking to prioritize products for local development, achieve economies of scale and strengthen competitiveness.

b. While there may be need for some variation between national essential medicines lists to serve differing health needs at country and regional levels, greater work is needed to harmonise the lists to facilitate competitive local production and improve essential medicine supply, affordability and access.

REPLICATING AND SCALE UP OF GOOD PRACTICES, SUCCESSFUL APPROACHES, METHODOLOGIES AND INTERVENTIONS FOR UNIVERSAL ACCESS/LOCAL PRODUCTION - SESSION 13

This session sought to identify successful initiatives and good practises undertaken in relation to LPP in Africa, in order to identify practical steps, practices and initiatives that can be replicated or scaled in relevant AU members states. The session was chaired by **Dr Paul Lartey**, CEO of LaGray Chemical Company in Ghana and introduced with a presentation by **Mr Alistair West** of UNIDO. Following the presentation, **Dr Lartey** chaired a panel discussion among **Mr Alistair West** and **Mr Paul Tanui**, Senior Programme Officer at AMRH AUDA-NEPAD.

UNIDO's **Alistair West** presented on UNIDO's GMP Roadmap Approach which can be applied by countries and regions to assess their levels of compliance with internationally recognised GMP standards and identify steps to upgrade quality standards.

Several key messages arose from the presentation and panel discussion:

a. Adequate monitoring of GMP compliance of overseas companies is a global challenge faced by all regulatory agencies.

b. Evidence indicates that the quality standards of many African pharmaceutical companies are below international recognised GMP standards and there is substantial scope for improvement.

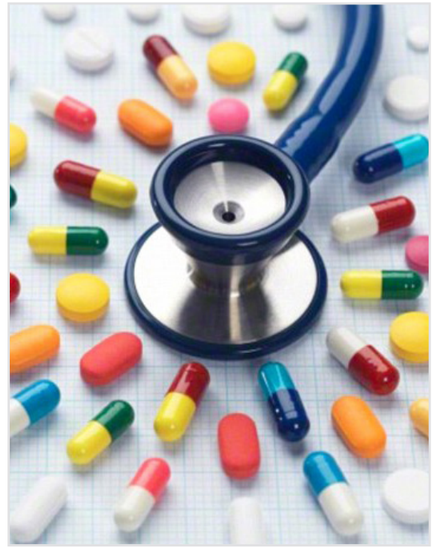
c. UNIDO has supported the development of GMP Roadmaps in Kenya, Ghana and Zimbabwe to support the countries in strengthening their quality standards to meet international GMP standards. UNIDO and WAHO have a long-term relationship agreement in place to develop a regional GMP Roadmap Framework and implement initiatives to upgrade the pharmaceutical industry in the ECOWAS region.

d. While existing companies can be supported to progressively upgrade GMP standards, new companies should be required to meet GMP compliance standards at their establishment.

e. International funders including the Global Fund have indicated increased willingness to buy health technologies from Africa if they meet international quality standards.

f. AMRH has developed regional centres of regulatory excellence that provide academic and technical training on regulation and quality standards to regulators and industry.

g. Studies from Tanzania have demonstrated that local manufacturers have better market penetrations than international manufacturers – particularly in rural areas – indicating that expanded local manufacturing can significantly improve medicine access.



ACCESS TO QUALITY CONDOMS (MALE AND FEMALE) AND OTHER RH MEDICINES IN AFRICA - SESSION 14

Chair – Alexander K.K. Abban Deputy Minister of Health Ghana

Panellists:

- **Mr. Deusdedit Mubangizi**, Coordinator, WHO-HQ
- **Mr. Sibusizo Hlatjwako** - Advocacy and Partnerships Manager, PATH
- **Mr. Kingsley Tloubatla** - CEO Nulatex Condoms South Africa

Bearing the in mind the importance to increased access to safe and effective reproductive health medicines and contraceptives especially male and female condoms which provides triple protection against unwanted pregnancies, HIV and STIs the session was off to a great start.

Presenting on the panel was Sibusiso Hlatjwako, Advocacy and partnerships manager at who provided insight on what the vision of the company is. He revealed that PATH supports advocacy for new reproductive health products and it is clear that manufactures are not able to achieve what the aim to achieve.

PATH looks to build advocacy on letting civil society know that reproductive health is widely available.

Hlatjwako offered some stats on the state of teenage pregnancy in South Africa. He said that there are 70 000 pregnancies in girls aged 16 and below and there are girls as young as 10 who fall pregnancy.

The session highlighted policy and programme action needed to improve universal access to quality RH commodities including condoms to the last mile and catalyse local production in Africa by harnessing high-level political commitment to implementation of various laws, strategies and frameworks of the African Union Commission.

Under discussion was a broad range of related issues including those of harmonization of regulatory protocols, production, quality control, distribution, testing and diagnosis and health care capacity development as well as incentives that can boost local production on the African continent.

POLICY COHERENCE AND ACCESS TO ESSENTIAL MEDICINES/LOCAL PRODUCTION - SESSION 15

This session explored the role of policy coherence in driving forward the medicine access and LPP agendas in Africa, as well as opportunities and barriers to coherent policy making. The session was chaired by Ghana's Deputy Health Minister, **Mr. Alexander K.K Abban**, Presentations were delivered during the session by **Dr Tenu Avafia**, UNDP; **Dr Mothobi Godfrey Keele**, Kiara Health; and **Mr Akthem Fourati**, Medicines and Nutrition Centre Chief, UNICEF Supply Division.

UNDP's **Dr Tenu Avafia** presented on the role of policy makers in enabling LPP in Africa. He highlighted statements by the United Nations High-Level Panel on Access to Medicines explaining that asymmetries of power across national ministries can result in policy incoherence and noted that inter-sectoral coordination and executive leadership can play a critical role in translating policy into coherent legislation and catalysing implementation.

Kiara Health's **Dr Mothobi Godfrey Keele** presented on policy incentives available to governments to catalyse LPP, including customs duty exemptions, tax exemptions, local procurement preferences and expedited registrations.

UNICEF's **Mr Akthem Fourati** presented on procurement and market shaping practises used by UNICEF to enable LPP and improve product sustainability, including procuring products from multiple suppliers to allow multiple companies to invest in building their manufacturing capacities.

Several key messages arose from the presentations and panel discussion:

a. International donor funding to support treatment programs has plateaued and, in some areas, is declining.

b. Many countries in Africa undergoing economic development are no longer eligible for international funding to support their national treatment programs. These countries must increasingly cover the cost of treatment programs with domestic budgets and may no longer be able to access pooled procurement prices.

c. Government incentives, as well as full use of flexibilities provided in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), can support industry growth.

d. There is asymmetrical power between government ministries, which can lead to policy incoherence. To address this challenge, countries should establish inter-Ministerial committees with Executive input to oversee policy development and implementation.

e. Policy inertia at a domestic level is a barrier to the implementation on the PMPA, as few countries have developed national strategies and plans of action for LPP to date.

f. In addition to expanding local manufacturing to address local needs, African manufacturers should be incentivised to expand health technology exports. Revenue from exports can support further growth of the local industry. Economic development buoyed by exports can enable greater social spending, including on national treatment programmes.

g. Local procurement of health technologies reduces supply chain related costs (including freight costs), and related negative environmental impacts.

h. Economic benefits of local procurement can off-set the costs of marginal price increases. These benefits include tax revenue collected from local manufacturers, the multiplier effect and trade deficit reductions.

THE DEAL ROOM

THE AFRICA PHARMA DEAL ROOM

The Africa Pharma Conference also hosted the Africa Pharma Deal Room, an initiative of DFS Africa. DFS Africa is a boutique investment firm who offers, amongst other services, Deal Origination and Transaction Advisory services. DFS Africa is a sector agnostic platform that originates tailored investment opportunities for Africa-focused investors, whilst helping African companies get matched to the right type of funding for their capital raise.

The 'Africa Pharma Deal Room' at the Africa Pharma Conference 2019 sought to connect African pharmaceutical manufacturing, packaging companies and those in the pharma value chain to a global pool of financing organizations that include; Impact Investors, Private Equity Funds, Investment companies and Development Finance Institutions (DFIs). The model of the Deal Room is to match vetted, relevant and development-focused high growth Pharma businesses in Africa to the right partnerships that can help them to scale; thereby providing the right financing, technological and capacity development support.

The 'Africa Pharma Deal Room' at the Africa Pharma Conference focused on transactions with the following characteristics:

- Post-revenue. Minimum run rate EBITDA of at least $1 million
- Have minimum operating history of at least 3 years. If a new project, then it must be from promoters who have a track record of successfully executing similar projects
- Local and committed management team with skin in the game
- Have a robust business model with potential for scale
- The average ticket size being sought was about $5m.

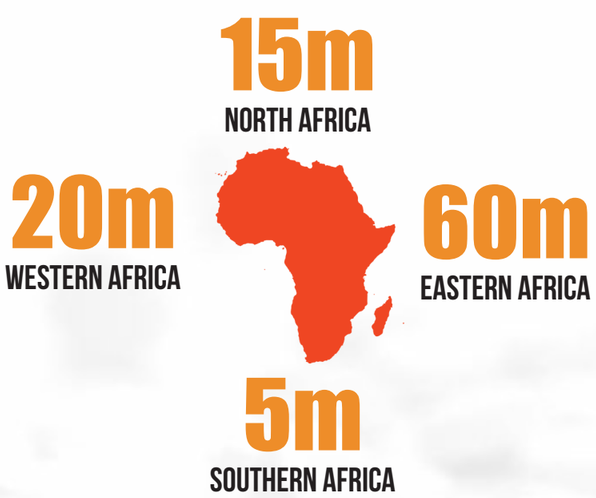
The Deal Room, hosted as part of all conferences organised by DFS Africa is free to attend however registration and pre-qualification is required.

DEAL ROOM SUMMARY & ANALYTICS

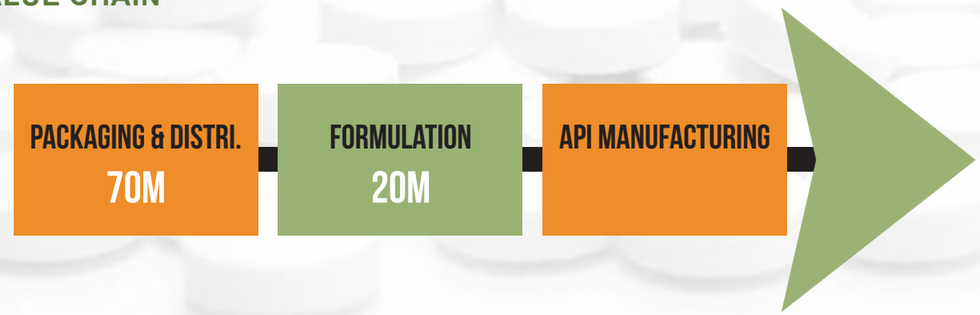
- 15 companies across the continent participated with a total of 100m being requested by the participating companies.
- We had mandates of 15 investors across the Private Equity and Impact funds space from bases as far as Europe, America and also locally in Africa.

GEOGRAPHIC REPRESENTATION

DEAL SIZES



VALUE CHAIN



CLOSING CEREMONY

Dr. Janet Byaruhanga Senior Programme Officer, AUDA-NEPAD presented the 10 action recommendation to the audience. This was followed by closing statements from

- **Prof. Aggrey Ambali** - Head, Industrialisation, Science, Technology & Innovation, African Union Development Agency-NEPAD and
- **Frank Dixon Mugyenyi** - Senior Industry Advisor Office of the Commissioner (Department of Trade and Industry AUC).

Prof Aggrey Ambali, Head of Industrialisation, Science, Technology & Innovation at AUDA-NEPAD noted that the question of whether Africa can produce its own pharmaceuticals must be put to bed given numerous examples where this is already happening

The conference was closed by Prof Aggrey Ambali, Head of Industrialisation, Science, Technology & Innovation at AUDA-NEPAD, and Mr Frank Dixon Mugyenyi, Senior Industry Advisor to the AUC Department of Trade and Industry. In his closing, Mr Frank Dixon Mugyenyi stressed that recently adopted African Continental Free Trade Area (AfCFTA) represents a critical opportunity to foster growth of the local pharmaceutical industry and intra-Africa trade of pharmaceuticals. Prof Ambali added that questions as to whether Africa can locally produce its medicines and compete with other regions should put to bed - given strong examples where this is already happening.

REMARKS BY PROFESSOR AGGREY AMBALI - CLOSING OF THE AFRICA PHARMA CONFERENCE 2019

Protocols observed!

I would like to take this opportunity to thank you ladies and gentlemen for accepting our invitation and taking two days off your busy schedules to join us in discussions we believe will go all long way in positioning Africa's domestic pharmaceutical manufacturing sector to contribute to sustainable supply of the much-needed medical products, devices and technologies. Thank you indeed for this remarkable milestone and for your commitment to this cause as individuals and as organizations.

I am honored to add my voice to what has been said by those that have spoken before me during the past two days of this conference whose theme was *'Catalyzing Local production for improved Access to Pharmaceuticals and Health Commodities'*

Excellencies, Ladies and Gentlemen

When our Heads of State and Governments first adopted the decision to embark on this trajectory a decade ago, many were skeptical counselling that Africa should rather focus on strengthening her capacity to negotiate bulk procurement of finished products from existing pharmaceutical companies that meet international standards, by exploring her economies of scale through regional cooperation to enhance her competitiveness in the face of the current liberalized markets.

Such skeptics focused only on the challenges since Africa would be starting from low competitive base due to the gaps in the requisite knowledge, sub-optimal technological infrastructure, human resource and poor access to technology affordable capital amongst several other issues, which are compounded by weak regulatory systems.

Nevertheless the continent has remained resolute in the belief that with the necessary political will, solutions to problems that confront Africans, sometimes disproportionately can be led from within the borders of our continent. This remains for us a critical mantra.

We at AUDA-NEPAD continue to regard access to quality essential medicine as a fundamental right and critical ingredient for improving the health status of the human capital we require to drive our development agenda. Our long-term vision for Africa as articulated in Agenda 2063 recognizes people as our most precious resource. Therefore, we will continue to encourage national governments to facilitate the creation of an enabling environment for the growth of its local pharma manufacturing industry.

The Pharmaceutical Manufacturing Plan for Africa (PMPA) business plan proposes a package of solutions to address some of these major challenges. We will continue to reach out to you all who have been involved in the last two days discussions to champion and facilitate implementation of the recommendations that have just been adopted and to support interested member states in the adaptation and implementation of tailor made solutions.

Excellencies, ladies and gentlemen,

We reasonably are aware that to deliver on the development objectives that we seek in the Pharmaceutical sector will require deliberate effort, strong commitment and sometimes making tough decisions both on the part of our public and private sector actors, academia and civil society in order to navigate the hurdles that hamper progress in the sector which, if fully harnessed, will not only reduce human suffering but can create jobs and improve social economic status of our continent through optimization of global value chains.

The AU Agenda 2063 has set out to strengthen our institutions and these will include those that will generate the required skills and facilitate the technological development we so desperately need across all sectors. We will further promote through our regional economic communities, the establishment of the continental free trade area to deepen intra African trade, while advancing the necessary regional harmonization schemes. These we believe will benefit growth in the real sector including in Pharmaceutical manufacturing.

Excellencies, ladies and gentlemen,

Let me again thank you and wish you safe trip to your respective destinations.

We came to catalyze local production through the discussions over the two days, have we been able to do this adequately? May be not but what am in no doubt of is the fact that we have begun a journey. The set of recommendations that have just been read out by my colleague may be addressed to specific stakeholders are for all of us - our work has just begun and together we will achieve the set goals!

Thank you

Frank Dixon Mugyenyi - Senior Industry Advisor Office of the Commissioner (Department of Trade and Industry AUC) wrapped up the two-day conference by emphasizing the importance of industrialisation and advance made in Africa for the Continental Free Trade Area (CFTA) to be successful and meaningful. He declared that we must work to boost intra African trade in goods and services produced in the continent. He also stressed the importance of moving away from just local production to domestic production with great potential to export beyond our borders. He closed the conference by saying '' *"Africa should be the Africa that we Africans want"*

Mr Frank Dixon Mugyenyi, Senior Industry Advisor to the AUC Department of Trade and Industry, noted that the African Continental Free Trade Area provides significant opportunities for growth of LPP and intra-Africa trade

APC 2019 PHOTO GALLERY


















APC 2019 PHOTO GALLERY
















From Left to Right: CNBC Africa's Wole Famurewa and Executive Directors at DFS Africa, Mr. Bankole Eniola, Mr. Olukayode Afolabi and Mr. Olakunle Olaniyi-Edwards

PARTNER APPRECIATION

Thank You!

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Our principals have a combined 50+ years experience of adversing National Govenments and Global Multinational Corporations in delivering Socio-economic and sustainable benefits across sectors such as Energy, Infrastructure, Technology and Agriculture.

WE ARE

DFS Africa provides expert support to individuals and organizations. We support our clients to implement growth strategy, unlock value from their operations and assets, as well as realize benefits from complex projects.

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- Advisory Services to Private Equity Management Firms
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AFRICA PHARMA CONFERENCE 2020

ENABLING REGIONAL HUBS FOR INCREASED ACCESS TO PHARMA AND HEALTH COMMODITIES

DATE: JUNE 2ND - 3RD, 2020 | VENUE: NAIROBI

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