EU/ACP/WHO Renewed Partnership
Strengthening pharmaceutical systems
and improving access to quality medicines
in 15 African countries

ACP Senior Health Officials meeting
Brussels, 23rd February 2015
The Renewed Partnership

- **Overall objective**
  - To contribute to the achievement of health-related MDGs (4, 5, 6 and 8)
  - To contribute to Universal Health Coverage (UHC)

- **Purpose**
  - To improve availability, affordability and use of safe, effective and quality assured medicines in 15 African countries

- **Timelines and Budget:**
  - 1st Oct 2012 – 30 Sept 2016, 10 Million Euros

- **Second phase of the EU/ACP/WHO Partnership for Pharmaceutical Policies (PPP), 2004-2010**
WHO and EU mandates and strategies to improve access to medicines

- UN General Assembly resolution A/67/L36 on Global health and Foreign Policy – global support for universal health coverage

- WHA resolution on UHC + MDG’s + NCD’s

- WHO 12th Global Programme of Work 2014-2019, more particularly outcome 4.3 (Improved access to and rational use of safe, efficacious and quality medicines and health technologies)

- Access to essential, quality-assured, affordable medical products - 1 of 6 WHO leadership priorities

- World Assembly Resolutions: Pricing (WHA 54.11/2001); Availability (WHA 57.14/2004); Rational Use (WHA60.16/2007); Essential Medicines for Children (WHA 60.20/2007); Access to Essential Medicines (WHA 67.22/2014); Regulatory System Strengthening for Medical Products (WHA 67.20/2014); Combating Antimicrobial Resistance, including antibiotic resistance (WHA 67.25/2014)

- Essential Medicines and Health Products - consolidate in Plan of Action 2014-2019 (in process)

Challenges in Pharmaceutical Systems in Africa

- National Policies and Implementation Plans are available but often not effectively implemented
- Ministry of Health leadership and coordination of actors is insufficient
- High level of fragmentation of procurement and supply systems
  - Insufficient resources and capacity
  - Risk of shortages or over-stocks
  - Insufficient coordination of partners’ interventions
  - Fragile national procurement systems and not enough investment to strengthen/reform them
- Government funding is limited. Out of pocket payment is the major source of financing: transition needed to support coverage of essential medicines by NHIS and ensure purchase of quality-assured and affordable medicines
- Insufficient resources and capacity in NRAs and NQCL: Circulation of substandard(counterfeit) products on markets:
- Development of STGs and NEML not always based on scientific evidence and irrational use of medicines which could harm patients, increase resistance and waste resources
Systèmes d'approvisionnement des produits pharmaceutiques en RDC 2009

**Sources de Financement**

- **Etat**
- **Bailleurs bilatéraux**
- **Bailleurs multilatéraux**
- **ONG/Privé**

**Structure d'approvisionnement**

- **BCAF**
- **CDR**
- **HGR**
- **ASRAMES**
- **FONDS MONDIAL**
- **OMS**
- **BM**
- **UNICEF**
- **CF**
- **CTB**
- **USAID**
- **FNUAP**
- **CDR (ctb)**
- **CDR (ue)**
- **ASRAMES**
- **AGETRAF**
- **OMS**
- **Depôt PNT**
- **PNTS**
- **UNICEF**
- **CLINTON**
- **BDOM**
- **PSA**
- **MDM**
- **ASF**
- **UNC**
- **IMA**
- **FNUAP**
- **FEG**
- **MSF**
- **GP**

**1er point de stockage**

- **CDR (15)**
- **CDR (ctb)**
- **CDR (ue)**
- **OMS**
- **Depôt PNT**
- **PNTS**
- **UNICEF**
- **CLINTON**
- **BDOM**
- **PSA**
- **MDM**
- **PNT**
- **ASF**
- **UNC**
- **ECC**
- **FNUAP**
- **MSF**
- **GP**

**2ème point de stockage**

- **BCZS**
- **CDR (ctb)**
- **CDR (ue)**
- **PNT**
- **PNTS**
- **Unicef**
- **BDOM**
- **PSA**
- **MDM**
- **PNT**
- **ASF**
- **UNC**
- **ECC**
- **FNUAP**
- **MSF**
- **GP**

**3ème point de stockage**

- **BCZS**
- **CDR (ctb)**
- **CDR (ue)**
- **PNT**
- **PNTS**
- **Unicef**
- **BDOM**
- **PSA**
- **MDM**
- **PNT**
- **ASF**
- **UNC**
- **ECC**
- **FNUAP**
- **MSF**
- **GP**

**Structure dispensatrice**

- **FOSA**
- **BCZS**
- **HGR**
- **CSDT**
- **CC Mobi.**
- **CHU**
- **CHS**
- **OP**

**PATIENT**

**Dispositifs Médicaux**

- **Euc**
- **BCAF**
- **CDR (15)**
- **CDR**
- **HGR**
- **ASRAMES**
- **FONDS MONDIAL**
- **OMS**
- **BM**
- **UNICEF**
- **CF**
- **CTB**
- **USAID**
- **FNUAP**
- **ASRAMES**
- **AGETRAF**
- **OMS**
- **Depôt PNT**
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- **GP**

**République de RDC**

**Ministère de la santé**

**X**

**Systèmes d'approvisionnement des produits pharmaceutiques en RDC 2009**

**EU/ACP/WHO Renewed Partnership | February 27, 2015**
Principles for the RP implementation

- Focus on implementation and enforcement of policies/best practices
- Build on work done, ensure sustainability and country ownership
- Document and promote innovative policy models, strategies and monitoring methodologies
- Promote intercountry collaboration (intra-ACP) and sharing of information and expertise
- EC support to WHO intensify collaboration with countries and enhance policy dialogue and implementation of national pharmaceutical policies and plans
- Increase profile of the pharmaceutical sector as an integral part of health system strengthening
WHO Contribution to the Renewed Partnership (global/regional/country)

- Development of norms, standards, guidelines e.g. Expert Committees (WHO Model EML, Pharmaceutical Specifications)
- Access to information and expertise in the pharmaceutical sector e.g. WHO staff, collaborating centres, pool of experts
- Expertise and operational capacity at country level
- Convening power for effective collaboration, coordination and sharing of experiences and good practices among national and international stakeholders
- Monitoring and evaluation of policies: development of harmonized and standard methodologies and tools
ACP Member States participating in the RP

In each RP country, a WHO Medicine Adviser advises and supports MoH for:

- Assessing national medicines needs and priorities
- Planning, implementing and monitoring of national medicine policies.
- Facilitating coordination of partners
- Documenting good practices and contributing to regional work on medicines
Support RECs and Regional Initiatives

- The RP support medicines policy work at regional level
  - Regional Economic Communities (WAHO, OCEAC, SADC, EAC) and Regional Institutions e.g. ACAME
  - 3rd African Medicines Regulatory Conference, NEPAD (Model law on regulation of medicines)
  - A document on "Strengthening regulation for medical products in the African region" was adopted in Sept 2013 by the 63rd Regional Committee

- For enhancing alignment of policies (Common Pharmaceutical Policy in Central Africa), to support Harmonization Projects, intra-ACP countries collaboration, sharing of experiences and more efficiency

- The RP support regional centres of excellence to foster inter-country collaboration within the Africa Region
Promote coordination and synergies for better results in countries

- Support establishment of national coordination mechanisms on pharmaceutical work e.g. DRC, Ethiopia, Burundi
- Synergies with other UN programmes on MDGs 4, 5 and 6 e.g. Muskoka initiative; RMNCH Trust Fund
- With other initiatives for improving access to medicines e.g. Medicines Transparency Alliance (MeTA) and Southern Africa Regional Programme on Access to Medicines (SARPAM)
- Synergies with other programmes for strengthening health systems e.g. MSH/SIAPS (USAID); EU/WHO on Policy Dialogue and UHC
- With other key partners programmes e.g. EU pharmaceutical programmes in countries; The Global Fund, UNFPA...
<table>
<thead>
<tr>
<th>Result areas</th>
<th>Nb countries</th>
<th>List of countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- Improved availability and supply of selected medicines</td>
<td>12</td>
<td>Burundi, Cameroon, Congo, DRC, Ethiopia, Guinea, Kenya, Senegal, Tanzania, Togo, Zambia, Zimbabwe</td>
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<tr>
<td>2- Reduced medicines prices and improved mechanism for financing and coverage of essential medicines</td>
<td>8</td>
<td>Burundi, Congo, Ethiopia, Ghana, Mali, Senegal, Tanzania, Togo</td>
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<tr>
<td>3- Improved quality of medicines and reduced occurrence of substandard medicines</td>
<td>14</td>
<td>Burundi, Cameroon, Congo, DRC, Ethiopia, Ghana, Guinea, Kenya, Mali, Mozambique, Senegal, Tanzania, Togo, Zambia</td>
</tr>
<tr>
<td>4- Improved medicines selection, prescribing, dispensing and use</td>
<td>14</td>
<td>Burundi, Cameroon, Congo, DRC, Ethiopia, Ghana, Guinea, Kenya, Mali, Mozambique, Tanzania, Togo, Zambia, Zimbabwe</td>
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<tr>
<td>5- Improved access to reliable country information, NMP and plans, transparency and good governance</td>
<td>12</td>
<td>Burundi, Cameroon, Congo, Ethiopia, Ghana, Guinea, Kenya, Mozambique, Senegal, Tanzania, Zambia, Zimbabwe</td>
</tr>
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Milestones achieved by the end of 2014

**Result Area 1: Availability and Supply**

- Support to the development of national supply systems in 12 countries (national procurement plans, mapping of supply systems, training on drug management)
- Support implementation of the WHO Model Quality Assurance System (MQAS) for Procurement Agencies through the ACAME FEI 5% in 10 National Procurement Centres
- Support given to Guinea during the Ebola crisis to strengthen the logistic unit under the Ebola National Coordination and to identify key interventions to be considered in the Health System Recovery Plan
Milestones achieved by the end of 2014

Result Area 2: Prices and Financing

- Monitoring of availability, prices of medicines for priority diseases in 6 countries (WHO/HAI methodology)
- Support for the development of pricing policies and the development of reimbursement lists in 2 countries (Ethiopia, Burundi)
- Establishment of a web application for monitoring procurement prices of essential medicines
Milestones achieved by the end of 2014

**Result Area 3: Quality of medicines and blood products and improved regulation**

- National Regulatory Assessment done in 5 countries using WHO tool (DRC, Ghana, Kenya, Senegal and Zambia)
- Training and guidance on medicines registration, pharmacovigilance and quality control to comply with WHO/international standards in 14 countries and one regional economic community
- 1st regional workshop done in Africa on the establishment of regulations for blood products
- A regional work plan developed to combat SSFFC products and national focal points trained on WHO SSFFC Surveillance and Alert System
Milestones achieved by the end of 2014

- **Result Area 4: Selection and Rational Use**
  - 14 countries updated national standard treatment guidelines and essential medicines lists based on scientific evidence provided by the WHO Expert Committee
  - 10 countries monitored, trained and developed policy for appropriate prescription and use of medicines
Milestones achieved by the end of 2014

● Result Area 5: Improved access to quality information, NMP, Transparency and Good Governance
  – 5 countries revised national pharmaceutical policies and implementation plans
  – 2 countries have undertaken preparatory work for pharmaceutical sector transparency assessment (Burundi and Zimbabwe)
  – Technical Briefing seminars organized on pharmaceutical policies for Francophone and Anglophone experts
Lessons learned from Years 1 and 2

- Huge pressure on national counterparts with multiplicity of partners with their own agenda: delays on completion of RP activities, need for a national comprehensive work plan including all interventions from partners.

- MoH leadership and coordination of partners' interventions through national coordination platforms is very important to increase efficiency and avoid duplication of efforts.

- RP has a comprehensive approach to support national pharmaceutical systems in countries.
The way forward

- Continue our support to countries and support innovative interventions in line with global health agenda (UHC, NCD…)

- Increase visibility of the project as a major contribution to health system strengthening and UHC (WHA side event in May 2015)

- Mid Term Review in process conducted by two external consultants to assess the performance of the project so far and make recommendations on any required changes to project scope and future work

- Reinforce work with RECs and regional initiatives and further support exchanges between countries (intra-ACP)

- Promote synergies and collaboration with partners and networks working in the area of medicines in the African Region
Union de Lancement et de Planification du Partenariat Renouvelé UE/ACP/OMS pour renforcer les Systèmes Pharmaceutiques et Améliorer l’accès aux Médicaments de Qualité dans 15 Pays d’Afrique
Hôtel des Almadies, Dakar, 28-30 Avril 2013