Availability and access to safe, quality and efficacious medical devices is vital for functioning health systems and fundamental for achieving universal health coverage. Africa is a late comer, therefore more work needs to be done to improve human resource capacity and build health systems resilience. In Central Africa, illicit trade in drugs accounts for 25% of the pharmaceutical market size in countries where it is poorly developed and up to 55% in countries where it is well developed. In addition, over 70% of medical products and technologies consumed in Africa are imported outside the continent. This means that Africa not only lacks adequate capacity for quality control and quality assurance to prevent and control Sub-Standard and Falsified (SF) medical products, but the pharmaceutical industry is also foreign dominated. Therefore, what can Africa do to (i) roll back the high prevalence of SF medical products (ii) and promote local growth of the pharmaceutical sector?

No need to re-invent the wheel

Institutions with specific regulatory science expertise i.e. designated Regional Centres of Regulatory Excellence (RCOREs) are critical in building Africa’s core regulatory capacity, and these have been spearheaded under the AMRH Initiative. The African Union (AU) Model Law is explicit on how to address issues of SF medical products and is compliant with WHO international accepted standards. There is also need to implement the Pharmaceutical Manufacturing Plan for Africa (PMPA) to promote local growth of the pharmaceutical industry in Africa. Financing and sustaining the PMPA is guided by the Fund for Africa’s Pharmaceutical Development (FAP-D). Overall, the question is how will Africa deal with issues of quality control and quality assurance in the next decade?

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