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Leveraging the AfCFTA to complement localized production and pooled procurement of healthcare products for reducing healthcare costs and poverty eradication

I. Introduction

The launch and operationalization of the African Continental Free Trade Area Agreement (AfCFTA) constitutes a turning point for the future of health and economic resilience in Africa by creating a single continental market with a GDP of $US 3.4 trillion and 1.3 billion people through its seven protocols on Trade in Goods and Services, Investment, Intellectual Property Rights, Competition Policy, Digital Trade and Women and Youth in Trade. By offering opportunities for economies of scale, facilitation of trade and investment flows, the AfCFTA establishes a new framework for increased intra-African trade and for attracting investment towards industrialization, diversification, and inclusive development in Africa. Developing an intra-African health care industry, facilitated by the AfCFTA and African Medicines Agency (AMA), will not only contribute to economic development and job creation, but more importantly, it will help improve the availability of essential access to health care goods and services and address the continent's heavy reliance on imported goods and services within the health sector.

Africa continues to bear a disproportionate burden of diseases at the global level. As an example, 57 per cent of the world's cases of HIV/AIDS are within Africa, and 92 per cent of death caused by malaria are within Africa. Other diseases such as tuberculosis (TB) and other infectious diseases that cause substantial morbidity are within Africa[1]. The combination of the high dependence on imported medicine exacerbated by the high demand in Africa means that expenditures on medicine in the continent consume between 54 and 60 per cent of each African nation's health care budget. Ensuring access to safe, effective, quality, and affordable medicines, vaccines and diagnostics tools is thus still a key challenge on the continent, where the public sector across Africa report their availability of essential medicines to be less than 60 percent by the WHO[2]. Moreover, ensuring equitable access to health care services in Africa is challenged by the low availability of health care workers, lack of hard and soft infrastructure and a fragmented regulatory continental market exacerbated by an increasing population in Africa.

Inequitable access to health services from the disparities in income, education, location, employment, and gender (demand-related factors); and limited government spending and high user fees represents a major problem to the poor population, especially those live in rural and slum areas in Africa. Many of these people slip through the net because they are left with no choice yet to forgo treatment because they cannot afford it. Some other people who can barely afford the service are hurt by ruinous cost and substandard quality of service. Further, out-of-pocket expenditure on health remains the single largest source to fund healthcare, which complicates the situation for the poor by exacerbating inequalities and keeping them trapped in vicious circle of poverty (African Development Bank, 2013; Peters et al., 2008).

This report sets out to assess the state of play of Africa's health markets, highlighting Africa's overreliance on imported pharmaceutical goods and the low access to quality health services. Second, the paper demonstrates how leveraging the African Continental Free Trade Area and African Medicines Agency (AMA) to complement localized production and pooled procurement of healthcare products can reduce healthcare costs and poverty eradication. Finally, the paper concludes with key recommendations for how the identified challenges can be addressed with the implementation of the AfCFTA and AMA as well as what can be done to harness the benefits the AfCFTA presents to promote health and economic resilience in Africa.

II. The state of play of Africa's health markets

The disruptions to African economies and their growth caused by the COVID-19 pandemic have demonstrated that the health sector plays a critical role in economic development on the continent. The importance of the health sector to African economies, however, extends beyond the impacts of COVID-19. The health sector is an important source of employment on the continent and increasing the capacity of the health sector in Africa not only to provide essential services but also to meet the demand for high-quality and specialized services can be a significant source of revenue for African economies. Investment in the growth of the public and private health sectors in Africa is, therefore, an important strategy for enhancing African economies, and health is a source of growth, not only a consequence of it.

Presently, Africa bears 24% of the world's disease burden[1]. With rapid urbanization and lifestyles changes, Africa will face a double disease burden of communicable and non-communicable diseases. In 2019, communicable diseases were responsible for 52% of deaths in the continent, whereas non-communicable diseases were responsible for 37% of the deaths. Further, each year in Africa, 30 million women become pregnant, of which 250,000 of them die from pregnancy-related causes. One third of nearly one million stillbirths occur during labor, and approximately 280,000 babies die of birth asphyxia soon after birth[2]. The major tragedy with the above landscape is that most related deaths could be prevented with timely access to appropriate and affordable medicines. Despite the high disease burden, African manufacturers meet less than 2% of the continent's demand for medicines. All African countries are net importers of pharmaceutical products, with approximately 97% of imports coming from outside the continent at an annual cost of USD14.5billion[3]

This data evinces that Africa's healthcare sector was already under stress before the COVID-19 pandemic as shown by the already existing high dependency on imported health commodities, low public spending on healthcare, unpredictable donor funding, and an estimated financing gap of US$ 66 billion per year[3]. COVID-19 further exposed the pronounced vulnerabilities of African supply chains and the need for building the resilience of national health systems to protect countries and their populations against future shocks. Furthermore, the pandemic reinforced the link between a healthy population and economic growth with the widespread disruption of economic activity due to lockdowns and restriction of social interactions aimed at curbing the spread of the virus led to a -2.1 percent real growth rate in 2020 compared to 2.5 percent in 2019[4]. Beyond illness and death, the

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[1] https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/ghe-leading-causes-of-death

[2] UNECA: Review of Policies and Strategies for the Pharmaceutical Production Sector in Africa: Policy coherence, best practices and future prospective, 2018

[3] Ibid

pandemic reversed decades of progress on poverty and healthcare, pushing the Sustainable Development Goals (SDGs) of the 2030 Agenda for Sustainable Development and the aspiration of Agenda 2063: The Africa We Want further out of reach of African countries. In this context, pronounced efforts will be required to expand healthcare coverage in view of rapid demographic, urban and epidemiological transition that can lead to a double disease burden. Additionally, improvements in the financing and affordability of healthcare under scarce public resources is essential and private sector investments can contribute to health system resilience efforts in Africa.

Africa's rapid demographic, urban and epidemiological transition

Between 2022 and 2050, the population of Africa is expected to double, reaching over 2 billion people[5]. The region's high fertility rate – close to 3 births per woman – will make Africa responsible for more than half of the world population growth between 2022 and 2050[6]. Furthermore, by 2050, 50 percent of the African population will be comprised of children (0 to 14 years) and youth (15 to 24 years), 44 percent of the working-age (25 to 65 years) population and 6 percent of the elderly group (65+ years). Although Africa remains mostly rural with just over 40 percent of its population living in urban areas in 2018[7], the continent is urbanizing more rapidly than any other world region and is expected to have over 50 percent of its population living in urban areas by 2035[8]. Urbanization is usually accompanied by dietary changes, sedentarism and lower life quality, which can be related to poor nutrition, respiratory diseases, poor sanitation, and housing conditions. Moreover, without proper urban planning, most of the rural population that is migrating to urban centers will end up in slums, which are characterized by inadequate provision of services and infrastructure, thus further exposing residents to communicable diseases. These transitions could lead Africa to a double disease burden in which communicable diseases will still affect the population while non-communicable diseases will become increasingly prominent across the continent.

Expanding healthcare coverage

Health is a fundamental human right and as such every individual should have access to the health services they need, when and where they need them, without suffering financial hardship[9]. Even though most African countries have integrated Universal Health Coverage (UHC) as a goal in their national health strategies, and, in 2001, member states of the African Union committed to allocating at least 15 percent of their annual budgets to healthcare, which came to be referred to as the Abuja target[10], they have not been able to translate this commitment into effective, equitable and quality health services[11]. In 2017, a study by McIntyre, Meheus and Røttingen made a strong case that domestic public funding of 5 percent of GDP is an appropriate target to make progress toward both financial risk protection and health service coverage. This finding is aligned with the conclusion of the 2010 World Health Report that stated that achieving universal health coverage would require at least 4–5 percent of GDP. In Africa, all but two countries, Algeria, and Namibia, fail to meet the threshold of spending 5% of their GPD on health[12].

Moreover, the African WHO Region has the lowest Universal Health Coverage among all other regions[13] which means that out-of-pocket expenditure accounts for a significant share of health financing, thus increasing vulnerability to poverty. Out-of-pocket health spending can have catastrophic impacts on households, often pushing families into poverty. On average, out-of-pocket payments account for 36 percent of the total health spending in Africa, with significant differences between countries, which range from 2.5 in Seychelles to over 70 percent in Cameroon, Comoros, Equatorial Guinea, and Nigeria[14]. In 2018, only eight African countries (Botswana, Eswatini, Malawi, Mozambique, Namibia, Rwanda, and South Africa) were meeting the WHO recommended target of having out-of-pocket payments as less than 20% of the total health spending.

Another critical aspect of expanding healthcare on the continent is making the supply chain better prepared for disruptions and demand shocks. In the context of the COVID-19 pandemic, some important continental institutions and projects with this objective were created or gained traction. The Africa Medical Supplies Platform (AMSP) and African Union's African Vaccine Acquisition Trust (AVAT) initiative were immediate, integrated, and practical responses to the pandemic. Moreover, the challenges posed by the pandemic validated continental initiatives to increasing the health resilience of African countries, such as the AfCFTA-anchored Pharmaceutical Initiative, led by the ECA, which proposes to develop pooled procurement of medicines, facilitate local production of pharmaceuticals, and promote quality medicines by strengthening national regulatory agencies and harmonizing regulations across the continent.

Improving healthcare financing

Health financing already was a key policy challenge in most African countries pre-COVID. Government expenditure on health in all but two countries is less than 5 per cent of GDP considered necessary for ensuring adequate health coverage for at least 90 per cent of the population. Low levels of public financing on health are highly correlated to high out-of-pocket health spending and high dependence on external funding. Donor funding has played an important role in saving millions of African lives throughout the years; however, in order to transition to more equitable and sustainable healthcare systems, African governments must become the main financiers of healthcare, which could be achieved through improved domestic revenue mobilization.

In this context, increasing tax revenue collection and improving taxes administration could bring important resources to governments. Africa's tax-to-GPD ratio is among the lowest in the world, varying widely across the continent in 2020, ranging from 5.5 percent in Nigeria to 32.5 percent in Tunisia[15]. If African countries increased their tax-to-GDP ratio to the recommended 20 percent of GDP, significant resources could be allocated to health expenditures. Moreover, 'sin taxes' – a tax levied on a specific activity or good that is deemed harmful to individuals or society – could be used to both limit the consumption of tobacco, alcohol, drugs and sugary foods and drinks as well as raise revenue for improving healthcare. However, while some African countries have been more prone to adopting sin taxes, such as Botswana which imposed a 30% alcohol levy to reduce alcohol abuse and South Africa which introduced the Sugar Beverages Levy to reduce obesity rates, others like Kenya are still resistant to introducing such taxes even with the highest rate of diabetes in Africa. Innovative financing mechanisms, such as debt-to-health swaps, which are special arrangements that provide developing countries the opportunity to redirect debt repayments to domestic investments in health, have also been undertaken by some African countries. In 2010, under the Debt2Health agreement brokered by the Global Fund, Germany canceled the debts from Côte d'Ivoire under the condition that Côte d'Ivoire would invest half of the relinquished amount (€9.5 million) in national programs to combat HIV.

III. The private sector's contribution to health system resilience in Africa

Good health is indispensable to the quality of life and a foundation for improving labor productivity, inclusive growth, and many other development goals. Yet supply of medicines to Africans still does not meet demand. The COVID-19 pandemic laid bare this challenge by further exposing Africa's underfunded and weak health systems and the urgency and strong economic business case for the private sector, including industry, to play a significant role in shaping Africa's healthcare markets and in building a resilient system for sustainable development and the improvement of healthcare for all in Africa.

The private sector plays an important role in most health systems, providing different products and services, such as the direct provision of health services, medicines, medical devices, financial services, and training of health personnel. In Africa, the private sector can be a game changer to help bridge the health financing gap of US$ 66 billion per year. By 2030, business opportunities in the healthcare and wellness sector in Africa are estimated to be worth $259 billion, with the potential to create 16 million jobs[4]. There are numerous opportunities for the private sector to invest in laboratory and diagnostics, pharmaceuticals, skills development, research, and capacity-building, and digital health innovations.

a. Pharmaceutical manufacturing

African manufacturers meet less than 2 percent of the continent's demand for medicines[5]. All African countries are net importers of pharmaceutical products and, in 2018, 95.5 percent of imports came from outside the continent[6]. Local manufacturing of medicines can significantly contribute to Africa's response to current health challenges as well as to future crises. Moreover, the pharmaceutical sector is highly influenced by demographic change and urbanization, which lead to lifestyle transformations[7]. Africa's demographic changes and rapid urbanization will present an expanding market for the private sector, especially for the pharmaceutical industry, making it the only pharmaceutical market in the world where high growth is still achievable. In 2016, the African pharmaceutical market was valued at USD 19 billion, and it is expected to reach USD 62 billion by 2024[8]. In 2020, there were approximately 600 small- to mid-sized pharmaceutical manufacturers in Africa, with 80 percent of them concentrated in eight countries. Out of these eight countries, 50 percent of all manufacturers are in South Africa, Nigeria, Egypt, and Algeria. However, most of these manufacturers procure Active Pharmaceutical Ingredients (APIs) from other manufacturers to produce pharmaceuticals, and many of them are basically engaged in repackaging the pharmaceutical products.

This number of pharmaceutical manufacturers is quite low when compared to China and India, which have similar population (1.3 billion people), but have respectively 5,000 and 10,500 drug manufacturers. The production of off-patent drugs, also known as generics, presents an opportunity for Africa to develop this essential industry. Taking from the example of Brazil and India, which started producing generics and now have sound pharmaceutical industries, Africa could start by further developing its generic industry to gain manufacturing experience and to train the workforce before engaging in more complex pharmaceutical products[9].

Land giveaways and tax exemptions are important measures to de-risk the large investments required to establish pharmaceutical plants. However, alone, they are not able to make these investments attractive. Supply and distribution mechanisms still present challenges to most African countries. Hence, the improvement of the logistics infrastructure will also be key to promoting the distribution of goods within the countries, intra-African trade, and exports to other regions[10]. The fragmentation of African markets is also a challenge that could be addressed by trade liberalization under the AfCFTA, creating a large and unified market. The ratification of the African Medicines Agency (AMA) is also an important step to work towards the harmonization of the regulatory environment, fighting against informal markets, and tackling the challenge of low-quality drugs through a coordinated monitoring

[4] UNECA (2019)
[5] UNECA (2019)
[6] McKinsey (2015)
[7] UNECA (2021)
[8] Goldstein Market Intelligence (2019)
[9] UNECA (2021)
[10] McKinsey (2015)

mechanism of drug manufacturing[11]. However, as of February 2023, 25 African countries still have not signed the AMA treaty.

IV. Leveraging the AfCFTA and AMA frameworks to promote regional integration, pool procurement and local production in the health sector for poverty reduction

The launch of the African Continental Free Trade Area (AfCFTA) in July 2019 at the 21st Extraordinary Summit of the African Union Heads of State and Government was a milestone towards creating a single continental market as set out in the African Union's Agenda 2063: The Africa We Want. The AfCFTA constitutes the largest free trade area in the world with a GDP of US$ 3.4 trillion, covering a market of 1.3 billion people projected to reach 2.5 billion by 2050, and by then constituting 26 per cent of the world's working age population[16]. Through its seven protocols on Trade in Goods and Services, Investment, Intellectual Property Rights, Competition Policy, Digital Trade and Women and Youth in Trade, the AfCFTA constitutes a new framework for attracting investment towards promoting industrialization, diversification, and inclusive development in Africa. This is achieved through increased market efficiency and reduced cost of doing business by offering opportunities for economies of scale, facilitation of trade and investment flows and by shifting the composition and direction of foreign direct investment flows into Africa.

On the other hand, the African Medicines Agency (AMA) plays a critical role in guaranteeing the protection of the integrated African market from substandard, and counterfeit products and services by providing a collaborating framework of common regulatory and quality standards to ensure that pharmaceutical drugs and products are effective, affordable and safe.

The AfCFTA agreement is a key instrument for building RVCs in the pharmaceutical sector in Africa through reducing tariff- as well as non-tariff barriers and create a more conducive regulatory environment for African business to access Africa as one market. The AfCFTA can offer economies of scale for pharmaceutical manufacturers to engage in local production and thereby address key obstacles of small fragmented markets, supply chain systems and policy incoherencies at the regional level. Moreover, the AfCFTA also provides an opportunity through a sectoral approach for the enhancement of capacities in the area on pharmaceuticals by improving collaboration and reducing barriers to movement services and people. This will support the development of competitive and resilient regional value chains of the pharmaceutical sector and increase domestic and regional industrialization.

Recommendations

Leverage the AfCFTA to boost health and economic resilience in Africa: In line with the priority of self-reliance and self-sufficiency in pharmaceuticals and vaccines, the AfCFTA creates greater access to a larger market base for health services and goods providers. It could reduce production costs and increase economies of scale for local producers and exporters in the health industry. In particular, rules of origin in regional trade agreements will propel regional value chain development in pharmaceutical goods. Also, by opening up the markets and strengthening regional integration can increase the regionalization of health firms in Africa. Implementing the AfCFTA in the pharmaceutical sector can thus help addressing the shortage of quality, affordable and accessible pharmaceutical

[11] UNECA (2021)

goods in Africa. With the identified market opportunities to supply medicine for the unmet demand for medicines, there is scope for Africa's governments to incentivise the upscaling of the existing pharmaceutical production on the continent.

Leverage the regional framework to boost local production and regional value chains of pharmaceutical goods: With the strong efforts towards strengthening the regional economic integration on the continent, in particular, in the pharmaceutical industry, with the AfCFTA, AMA, AVATT and the ambitions of the continent to manufacture 60 percent of Africa's routine immunisation needs by 2040, Africa's governments are creating a more conducive environment for African businesses to develop competitive and regional value chains in this sector. Along with intra-African trade opportunities that are created through the AfCFTA, these harmonized regulations and standards will further address the challenges of small and fragmented markets which can enable Africa's pharmaceutical manufacturers to build resilient regional value chains and produce medicines with competitive prices. Moreover, a stable regulatory environment can attract long-term financial support as harmonized regulatory standards are key to attracting investors. To leverage this framework governments and the private sector must take steps to implement the AfCFTA in the pharmaceutical sector to strengthen regional value chains in pharmaceutical goods to enhance the continent's health resilience and protect against external shocks while strengthening economic resilience from the benefits of a well-functioning health system.

Establish pooled procurement mechanisms that earmarks locally manufactured goods to incentivise manufacturers and investors to invest and upscale manufacturing capacity: Pooled procurement initiatives can lower prices, supply chain costs and administrative burdens while improving access to good-quality, safe and affordable medicines for the African population. Regulatory harmonization initiatives eliminate duplication of efforts, strengthen the quality of products, and accelerate access to medicines. Moreover, local production of pharmaceuticals and other health commodities can improve access to medicines while generating technical skills for building stronger health systems. Thus, in order to incentivise local manufacturers' compliance with continental or international qualification standards as well as to enhance their competitiveness against extra-continental manufacturers, a common system for pooled procurement will play a key role accelerating this progress. As some local pharmaceutical manufacturers already have the capacity required to enable local production, a common pooled procurement mechanism can target uptake of locally produced medicines and thereby ensure guaranteed markets of the local manufacturers. This will first enable existing manufacturers up fully utilise the existing plant capacity, additionally enabling them to produce at more competitive prices, and secondly incentivise manufacturers to further invest in the pre-qualification processes to supply beyond Africa's markets.

While these initiatives and policies can promote reliance on domestic and regional resources, the regional production should be part of a global strategy of geographical diversification of resources to avoid replicating the same supply disruption risks that arose from the concentration of production of API amongst others in China and India. Moreover, it is important that such policies and initiatives are supported by the private sector, including global, regional, and local companies to be consulted and involved in the creation of a blueprint for the African pharmaceutical manufacturing sector. Key international suppliers of medical products such as GAVI, UNICEF and the Global Fund to support upfront purchase orders at least 25%[17] of African vaccine demand from African vaccine manufacturers.

Prioritise Healthcare and Education in Phase I of AfCFTA Negotiations: African countries would benefit from agreeing on the prioritisation of healthcare and education services in next phase of AfCFTA negotiations on liberalisation of services priority sectors of services negotiations within the AfCFTA, particularly as the continent attempts to recover from the aftermath of Covid-19. The AfCFTA is going to be a powerful tool for strengthening the health ecosystem in Africa, and the omission of these essential services sectors from the list of priority sectors leaves a significant gap in the implementation and potential of the AfCFTA to boost health and economic resilience in Africa.

Governments should work with the private sector through different modalities, including public-private partnerships, to bring investment aligned to achieve the health-related Sustainable Development Goals of Agenda 2030 and the aspirations of Agenda 2063. Together with the private sector, Governments should facilitate investment frameworks in the health sector, especially in under-invested sectors, such as the pharmaceutical industry, skills development, and digital technology, leveraging on the AfCFTA to enjoy access to a single market of 1.3 billion people and an estimated GDP of US$ 3.4 trillion.

Investment policies in Africa, should target technology transfer, as enhanced application of technology in the manufacturing process of medicine will further enable the local industries producing off-patent drugs and develop the essential industries capabilities while reducing risks. Technical requirements and production unit economics are lower for generics than for drugs under patents and is thus an investment area with lower associated risks and can serve as a platform to develop manufacturing capacity for increasingly more complex products over time. To further boost local manufacturing capacity and cost effectiveness, Africa must level the playing and improve access to cost-effective APIs by using its bulk-buying power. As the continent’s pharmaceutical industry is not yet equipped for the highly complex production process to produce APIs, the governments should use its bulk-buying power to source API into their supply chains.

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