CHALLENGES AFRICA FACES IN TERMS OF DRUG MANUFACTURING

QUALITY CHEMICAL INDUSTRIES EXPERIENCE

GENERAL

- Global partners are putting a lot of emphasis on quality and yet supply should also be given prominence.

- Global demand for malaria, HIV/AIDS and other neglected diseases is on the increase.

- Restrictions imposed by the WTO – TRIPS agreement may lead to:-
  - Increase in cost of drugs
  - Lower availability of these drugs
  - Increase in counterfeits

- Africa has about 2 WHO pre-qualified plants.

- Global drug manufacturers believe that drugs for neglected diseases are not profitable ventures.

- Africa produces 95% of the global disease burden yet it produces only 1% of the required drugs.

CHALLENGES

- High cost of borrowing from commercial banks with very high interest rates and short grace periods for projects of a social nature.

- Economies of scale. Big pharma derive part of their profits from large scale manufacturing for the whole world yet for African pharma the market is still very limited thus the increase in price.

George W. Baguma, Quality Chemicals Ltd.
• Subsidies through corporate social responsibility and export rebates from Asia which make such drugs imported to be artificially cheap.

• The need for multiple registrations in African states and yet the processes are the same.

• Human resource. Not all the required competencies are locally available thus the need for Government and International Donors to help in funding such training costs. The training we offer will soon have a multiplier effect as the pharmaceutical industry grows.

• WHO prequalification takes quite long and the investment required is too high. In many instances the old plants have to be broken down and built anew.

• Partnerships with multinationals. Most multinationals do not consider Africa to be a viable market. Request them to consider African manufacturers to manufacture on contract their products to save Africans.

• Need for Africa to start manufacturing its own APIs is cardinal.

• Africa’s manufacturing sector is not yet developed to fully conduct its own research thus the need to partner with leading institutions of higher learning, international pharma and NGOs.

CONCLUSION

We wish to thank DNDi for:

• Assistance given to local manufacturers to increase access of drugs through local manufacturing in Africa.
• Working with local manufacturers to improve their quality and capacity.
• Working to help local manufacturers to comply with the WHO – GMP.