ACCESS TO MEDICINE FOUNDATION

Africa's evolving healthcare landscape: How generic medicine manufacturers are expanding medicine supply and availability

SEPTEMBER 2026

Africa's healthcare needs are evolving rapidly alongside a shifting disease burden, reshaping demand for healthcare products and services across the continent. At the same time, efforts to strengthen pharmaceutical manufacturing and regional integration are creating new opportunities for generic and biosimilar medicine manufacturers. Drawing on examples from key therapeutic areas that reflect both emerging and longstanding healthcare challenges, this report explores how manufacturers across the ecosystem are responding to changing needs, strengthening medicine supply and expanding access across Africa.

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The Access to Medicine Foundation is an independent non-profit organisation that seeks to transform the healthcare ecosystem by motivating and mobilising companies to expand access to their essential healthcare products in low- and middle-income countries.

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About this report

This report is part of the Access to Medicine Foundation's Generic & Biosimilar Medicines (G&BM) Programme, which aims to mobilise generic manufacturers to improve access to medicines in low- and middle-income countries.

It explores activities carried out between 2023 and 2026 by eight select global and regional African generic manufacturers, highlighting their distinct capabilities and roles in sustainably improving the availability and supply of quality-assured medicines across Africa. As the primary suppliers of many essential medicines across the continent, generic manufacturers are uniquely positioned to expand access at scale. The companies featured in this report (Aspen Pharmacare, Cipla Ltd, Emzor Pharmaceutical Industries, EVA Pharma, Hikma Pharmaceuticals plc, Sothema, Universal Corporation Ltd, Viatris Inc.) were selected based on a combination of factors, including their presence in African markets, the breadth of their product portfolios, their ability to manufacture quality-assured products and their capacity to supply at scale. Rather than providing a comparative assessment of company performance, the report presents illustrative examples of the diverse approaches manufacturers are taking to strengthen access to medicines across Africa. It also identifies opportunities for further action to improve access to medicines in the years ahead.

SCOPE OF THE REPORT

This report focuses on actions and developments across the 51 African countries within the scope of the 2026 *Access to Medicine Index*. The countries in scope of this report are listed in the Appendix on p.32.

The report's therapeutic scope covers diabetes, cardiovascular diseases and maternal health conditions, reflecting both the growing burden of non-communicable diseases across Africa and persistent challenges related to maternal health.

The product scope (see Appendix on p.33) includes generic medicines, biosimilars and selected branded products supplied through licensing, distribution or contract manufacturing arrangements. Product selection was informed by the 2025 World Health Organization's Essential Medicines List, with a focus on first- and second-line treatments, as well as stakeholder consultations. Vaccines and diagnostics are outside the scope of this report.

While the report centres on the therapeutic areas and products defined above, select examples beyond this scope – such as those for infectious diseases – are included where they provide relevant insights into pharmaceutical manufacturing, portfolio development, supply strategies or access initiatives in Africa.

HOW THIS REPORT WAS DEVELOPED

The findings presented in this report draw on publicly available data, peer-reviewed literature and global health and policy reports. They have been further informed by data collected from the companies in scope, consultations with experts in the field and insights gathered from a company roundtable event hosted by the Foundation in March 2026. The event brought together leaders from across the pharmaceutical sector to discuss approaches to building reliable and sustainable medicine supply chains in Africa.

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Executive summary

Ensuring equitable access to essential medical products remains a major challenge across Africa. Countries are facing growing unmet health needs, driven by the rising burden of non-communicable diseases (NCDs) alongside longstanding health priorities. At the same time, an enduring reliance on imported medical products has left many countries vulnerable to supply disruptions and geopolitical shocks – and in some markets, changes to the commercial presence of major industry players have created additional uncertainty around medicine availability. Even so, momentum is building towards a more resilient and supportive environment for pharmaceutical production and supply continent-wide.

THE SHIFTING DISEASE BURDEN IS DRIVING GREATER DEMAND FOR HEALTHCARE PRODUCTS...

- **Infectious diseases pose longstanding and persistent challenges:** While progress has been made, 60% of people living with HIV globally live in sub-Saharan Africa and estimated malaria cases increased by 9 million between 2023 and 2024.
- **The NCD burden is rising:** NCDs are expected to become the leading cause of death in sub-Saharan Africa by 2030: cardiovascular disease is the leading cause of NCD death in the World Health Organization (WHO) African Region, while an estimated 1.92 million people are living with type 1 diabetes across the continent.
- **Maternal health conditions persist as a priority therapeutic area:** Women in sub-Saharan Africa face a 1 in 55 risk of preventable maternal death.

...WHILST IMPROVING MARKET CONDITIONS HELP SHAPE A MORE ENABLING ENVIRONMENT FOR MANUFACTURERS

- **Momentum towards regulatory harmonisation, trade integration and coordinated procurement is building.**
- **Investment and financing are increasing.**
- **Expertise and capability support for local manufacturing are growing.**
- **Health coverage and insurance capacity are expanding.**

Generic and biosimilar medicine manufacturers ("generic manufacturers") have long played a critical role in scaling access to medicine. Producing as much as 80% of medicines by volume worldwide, they underpin access to many lower-cost treatments across African markets and have helped bring innovative therapies to scale. As healthcare needs evolve, these manufacturers will play an increasingly important role in bridging key gaps left as pressures mount.

Although the operating environment for pharmaceutical production and supply is improving across Africa, markets remain fragmented. Regulatory systems, procurement structures, manufacturing capacity and purchasing power vary widely across countries. While some are emerging as regional manufacturing hubs, others remain dependent on imports, with markets differing considerably in both unmet need and commercial potential. This requires companies to take a tailored approach.

Against this backdrop, this report explores how a cross-section of eight multinational, regional and emerging African generic manufacturers are responding to evolving healthcare needs. While their capabilities and geographic reach differ, each company draws on its own strengths and strategies to navigate challenges, capture opportunities and ultimately expand access.

8 COMPANIES, EACH WITH DIFFERENT STARTING POINTS AND APPROACHES

- Aspen Pharmacare
- Cipla Ltd
- Emzor Pharmaceutical Industries
- EVA Pharma
- Hikma Pharmaceuticals plc
- Sothema
- Universal Corporation Ltd
- Viatris Inc.

Learn more about the eight companies in focus from the fact sheets on p.9.

What does this report find?

COMPANIES ARE RESPONDING TO AFRICA'S EVOLVING AND UNMET HEALTHCARE NEEDS IN THREE KEY WAYS.

Implementing strategies to increase availability, bolster local capacity and build resilient supply chains

- **Strengthening regional API production** to reduce dependence on imported inputs
- **Diversifying sourcing and maintaining buffer stocks of essential APIs** to reduce supply risks
- **Securing long-term supply arrangements** to build more reliable markets

>> Read more on p.18.

Expanding into new treatment areas to meet evolving healthcare needs

Manufacturers are broadening their portfolios to address unmet needs in priority therapeutic areas while adopting different strategies to overcome the technical, commercial and market barriers shaping access to treatment.

- **Diabetes:** Insulin access remains uneven due to complex manufacturing requirements, lack of affordability and cold chain limitations. Manufacturers are pursuing different routes to overcome these hurdles, ranging from technology transfer partnerships for insulins to the production of affordable generic treatments like metformin.
- **Cardiovascular disease:** Structurally fragmented markets restrict access to essential cardiovascular disease treatments. To combat this, manufacturers are circumventing single sales pathways, instead combining sales across public procurement systems, private retail pharmacies and NGO or donor-linked programmes to reach different patient groups.
- **Maternal health:** Lower volumes and less predictable demand can make maternal health products commercially challenging to supply. Some manufacturers are pursuing avenues to improve demand visibility, unlock access to donor-funded procurement channels and secure longer-term purchasing commitments – through WHO prequalification, for example.

>> Read more on p.22.

Leveraging diverse partnerships to drive capability development and market access

Manufacturers are adopting different types of partnerships as they build capabilities, expand market access and increase manufacturing independence.

- **Market access and distribution partnerships:** Enable entry into new markets and more efficient patient reach
- **Capacity-building and localisation partnerships:** Build technical know-how, localise manufacturing and support regulatory readiness
- **Partnerships building the foundation for manufacturer-led growth:** Shift strategic control to manufacturers and unlock expansion into new products and markets

>> Read more on p.26.

The strategies highlighted in this report demonstrate that generic manufacturers are already responding to Africa's shifting healthcare landscape. Unlocking their full potential, however, will depend on coordinated action to create more predictable, resilient and equitable pharmaceutical markets. The report outlines **eight opportunities for stakeholders to accelerate progress and strengthen medicine availability across Africa** *>> read more on p.29.*

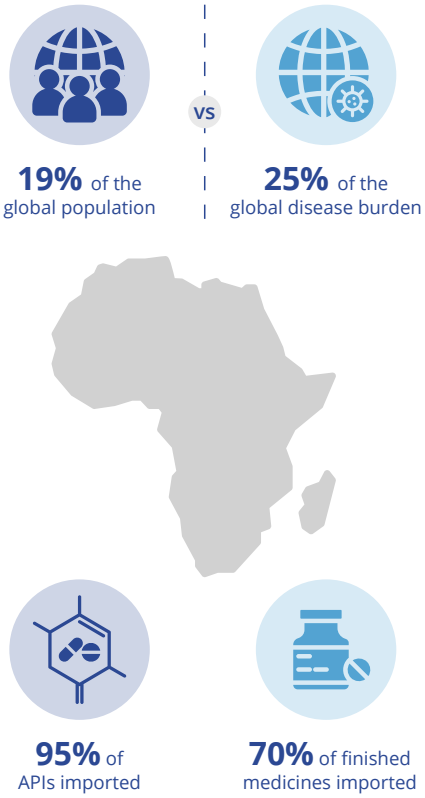
Medicine access in Africa: Challenges, opportunities and the evolving role of generic manufacturers

Ensuring that all people can access the medicines they need – regardless of their income or location – remains a central challenge for global health systems. In Africa, this challenge is compounded by an expanding population, a growing and increasingly complex disease burden and a continued reliance on imported health products. While this dependence reflects longstanding global production patterns – with pharmaceutical manufacturing historically concentrated in a small number of countries – it also introduces vulnerabilities. Supply chain disruptions such as export restrictions, shipping delays and price spikes can leave countries exposed to severe medicine shortages.

However, supply security is only one dimension of the access challenge. Across Africa's many diverse markets, medicines must pass through numerous regulatory, procurement, financing and distribution systems spanning different countries and jurisdictions before reaching patients. This creates potential bottlenecks at every stage. Fragmented regulatory systems can slow the introduction of medicines; gaps in procurement and demand forecasting can lead to stockouts or inconsistent availability; and even when medicines do reach health facilities, they may remain inaccessible to patients in remote areas or unaffordable for those who need them.

For millions of people, this can mean delayed or interrupted treatment and even avoidable death. Africa has made significant progress in reducing mortality from many major infectious diseases over recent decades, made possible by expanded access to medicines and healthcare services. Yet major health challenges remain. Each year, an estimated 1.5 million people still die from HIV, tuberculosis and malaria across the continent, for example, while approximately 178,000 mothers die annually from conditions such as haemorrhage, hypertensive disorders and infections.[3, 4, 5] Many of these deaths could be prevented through reliable access to medicines and healthcare services.

Key pressures influencing medicine access in Africa



[SOURCES: GAVI, 2026;[1] Unitaid, 2025[2]]
NOTE: APIs refers to active pharmaceutical ingredients.

Africa's health needs are shaped by a mix of longstanding and emerging challenges

Against this already challenging backdrop, Africa's healthcare needs are also evolving. For decades, the continent's healthcare landscape has been shaped by the persistent burden of infectious diseases and high maternal mortality rates – challenges that remain far from resolved. At the same time, non-communicable diseases (NCDs) – including cardiovascular diseases, diabetes and cancer – are rising rapidly alongside these existing health burdens, reshaping demand for healthcare products and services. Unlike many acute infectious diseases, NCDs often require long-term treatment, steady access to medicines over months or years, and greater diagnostic capacity. However, they attract significantly less donor financing, leaving already underserviced health systems exposed to a growing burden.

Generic manufacturers can help meet evolving healthcare needs while unlocking growth opportunities

Generic and biosimilar medicine manufacturers (hereinafter "generic manufacturers") have long played a critical role in the global supply of medicines. Producing an estimated 80% of medicines by volume worldwide, they are central to the availability of lower-cost treatments globally, including across African markets. As healthcare needs evolve, these manufacturers will remain central to expanding access,

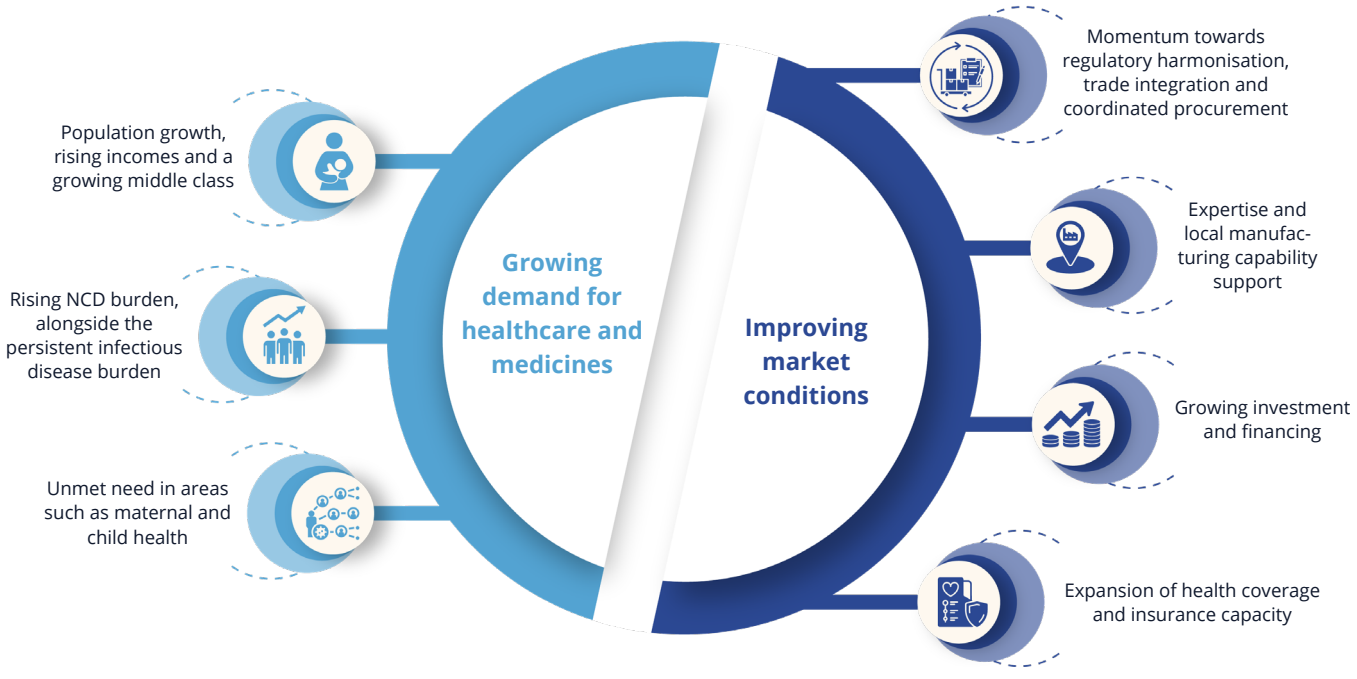
given their ability to produce and distribute more affordable, quality-assured medicines at scale.

Opportunities for these manufacturers are also emerging as the landscape shifts, with several factors supporting pharmaceutical market growth across the continent (see figure below). At the same time, Africa's pharmaceutical landscape remains highly diverse. National markets differ significantly in their regulatory systems, procurement structures, manufacturing capacity and purchasing power, meaning that progress and market potential vary across countries and regions. Even so, momentum is building towards a more resilient and supportive environment for pharmaceutical production and supply across the continent.

Manufacturers that respond effectively to this changing landscape can strengthen their position in African markets while contributing to broader health system goals. This includes strengthening supply resilience, reducing dependence on imports – by forming partnerships around technology transfers, for example – and expanding access to a broader range of medicines across the continent. Given their central role in Africa's pharmaceutical ecosystem, the choices made by multinational, regional and emerging manufacturers will continue to shape access for the millions of people who depend on these medicines.

Against this backdrop, this report examines how a selection of generic manufacturers with varying capabilities, product portfolios and geographic reach are responding to evolving healthcare needs and persistent access challenges. It highlights recent activities and emerging trends, and identifies opportunities for future action to support broader, more reliable access to medicines across Africa.

Key developments shaping a more enabling environment for generic manufacturers in Africa



FACT SHEETS

Guide to reading the company fact sheets

The following section presents eight fact sheets profiling each of the selected companies, ranging from regional African manufacturers to multinational companies. Each fact sheet is divided into five sections, outlined below, to reflect and summarise differences in company size, strategic focus and operational capabilities.

1. **Product portfolio:** Provides an overview of the company's product portfolio, including the therapeutic areas targeted and the dosage forms manufactured.

2. **Company history in Africa:** Outlines how the company established and developed its presence in Africa, highlighting key milestones such as local investment, acquisitions, mergers, licensing agreements and manufacturing expansion.

3. **Company presence in Africa:** The map illustrates the location of the company's manufacturing and active pharmaceutical ingredient (API) manufacturing facilities, as well as its commercial presence across Africa. Additional manufacturing and API activities outside Africa are summarised by the accompanying text.

   Sales presence data is unavailable for Libya, Mauritius, Seychelles and Western Sahara, which fall outside the scope of this report. To learn more about the 51 African countries in scope, refer to the Appendix on p.32. Country and territory classifications and boundaries shown in this report follow United Nations and World Bank conventions, applied consistently across all maps.

4. **Financial information:** Presents company revenue for the 2024 and 2025 fiscal years. Information is drawn from annual reports, financial statements, company websites, press releases and other publicly available sources. As reporting practices vary between public and privately held companies, the level of detail available may differ across fact sheets. Revenue is reported in the company's local currency.

5. **Key activities related to the supply of medicines in Africa:** Highlights selected developments between 2023 and 2026 relevant to manufacturing capacity, as well as supply, availability and access to medicines in Africa. These may include licensing agreements, technology transfers, manufacturing expansions, procurement agreements, regulatory milestones and partnerships. The section may also cover broader company initiatives, including activities related to products or therapeutic areas beyond the scope of this report.

Aspen Pharmacare*

HQ: Durban, South Africa | Ticker: APN | Stock exchange: JSE
Number of employees: 9,500 | Established: 1997

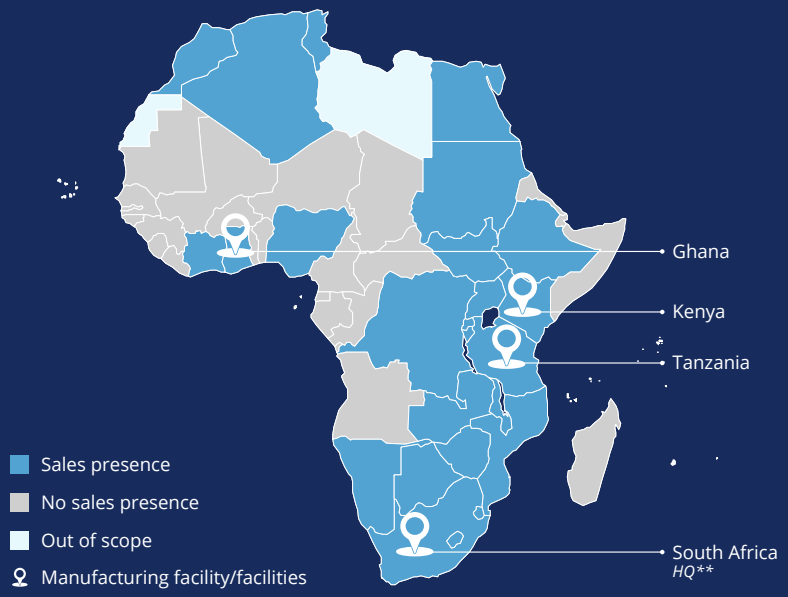
PRODUCT PORTFOLIO

Main therapeutic areas: Analgesics, anaesthetics, anti-infectives, anti-inflammatories, antithrombotics, endocrinology and metabolism, gastroenterology, immunology and oncology

Dosage form product category: Active pharmaceutical ingredients, biologicals, liquids, oral solid dose, semi-solids and sterile injectables

Company history in Africa: Aspen established its African manufacturing presence in South Africa, with early growth in the 2000s driven by the local development and manufacturing of the continent's first generic antiretroviral medicines. Building on this foundation, Aspen expanded across Africa and internationally through acquisitions, as well as licensing and commercialisation agreements with global pharmaceutical companies across a range of therapeutic areas.

Company presence in Africa



Manufacturing facilities

Aspen operates 17 finished dose form facilities globally, with nine located in Africa. Outside of those indicated on the map, it operates facilities in:

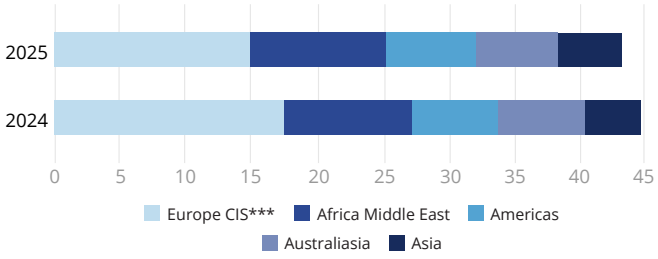
- Australia
- Brazil
- France
- Germany
- India

API manufacturing facilities

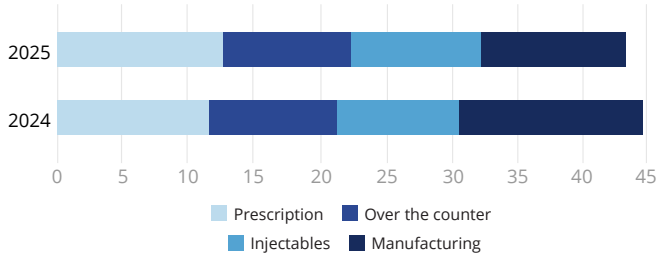
The company operates seven active pharmaceutical ingredient (API) manufacturing facilities globally, including one in South Africa. Additional facilities are located in:

- France
- The Netherlands
- United States

Revenue by region - ZAR millions



Revenue by business segment - ZAR millions



Key activities related to the supply of medicines in Africa:

- In May 2026, regulatory approval was obtained for Aspen to commence the release of the first commercial batches of human insulin from its Gqeberha facility under its contract manufacturing agreement.
- In May 2026, Aspen and the Africa Centres for Disease Control and Prevention agreed to explore procurement and financing mechanisms, including the African Pooled Procurement Mechanism, to strengthen demand predictability for sustainable vaccine manufacturing in Africa.
- Aspen launched tirzepatide for type 2 diabetes in South Africa in December 2024, following the distribution and promotion agreement it signed with Lilly in August 2023 covering Lilly's portfolio of innovative medicines in sub-Saharan Africa.

* The information on this page is accurate as of 30 June 2025 and does not reflect the subsequent divestiture of Aspen's Asia Pacific business, which took effect on 29 May 2026. The divestiture included Australia, New Zealand and other Asia Pacific markets (excluding China), including the company's manufacturing site in Australia. Note that this impacts locations, financial figures and employee numbers.

** Aspen's headquarters are located in Durban, South Africa, in addition to a number of South African manufacturing facilities.

*** The Commonwealth of Independent States, comprising Russia and the former Soviet Republics.

Cipla Ltd

HQ: Mumbai, India | Ticker: CIPLA | Stock exchange: NSE
Number of employees: 26,000 | Established: 1935

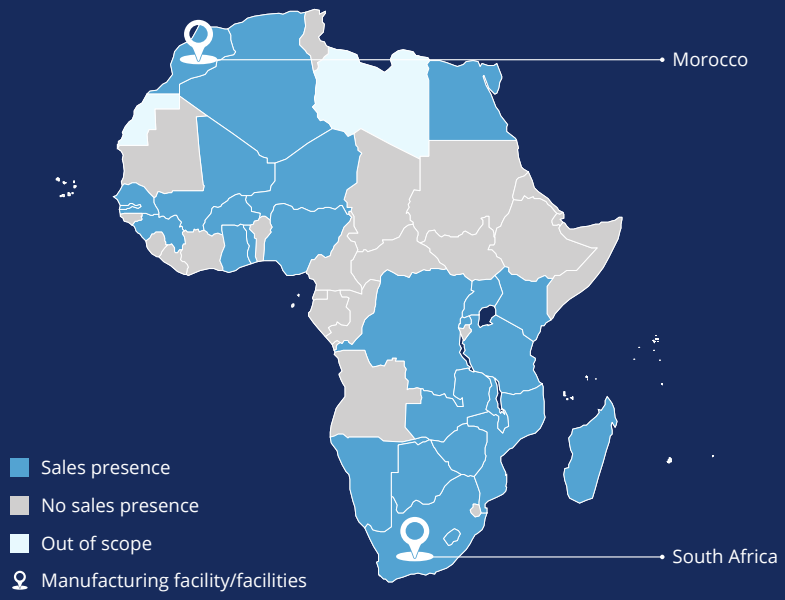
PRODUCT PORTFOLIO

Main therapeutic areas: Anti-infectives, cardiovascular, central nervous system, dermatology, gastrointestinal, metabolic disorders, oncology, ophthalmology, orthopedics, respiratory diseases, urology and women's health

Dosage form product category: Tablets, capsules, film-coated tablets, solutions, syrups, powders, creams, suspensions, injections, aerosols, mouthwashes, nasal sprays, spray granules, vaginal creams, infusions, gels, vials and eye drops

Company history in Africa: Cipla began supplying African markets through exports in the early 1990s and became a key provider of antiretroviral medicines, notably offering a triple-therapy antiretroviral regimen for under USD 1 per day in 2001. In 2013, the acquisition of Cipla Medpro established Cipla's manufacturing and commercial base in South Africa. Since then, the company has expanded its footprint across Africa through acquisitions, investments and partnerships.

Company presence in Africa



Manufacturing facilities

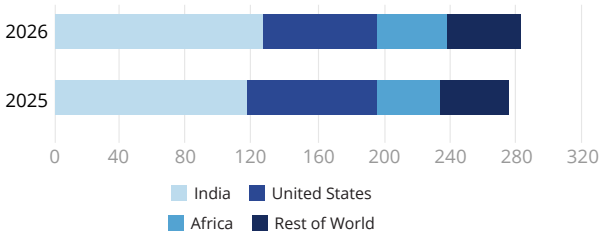
Cipla operates 46 manufacturing facilities globally, with three located in Africa. Outside of those indicated on the map, it operates facilities in:

- China
- India
- United States

API manufacturing facilities

The company operates four active pharmaceutical ingredient (API) manufacturing facilities in India.

Revenue by region - INR millions*



Revenue by business segment

The company does not separately report revenue by business segment

Key activities related to the supply of medicines in Africa:

- In July 2025, the sublicense agreement between the Medicines Patent Pool, ViiV Healthcare and Mylan (a subsidiary of Viatris) – originally signed in March 2023 to develop, manufacture and supply long-acting cabotegravir for HIV pre-exposure prophylaxis – was expanded to include use of the medicine for HIV treatment.
- In February 2025, Cipla announced that it will invest approximately ZAR 900 million in its wholly owned subsidiary, Cipla Medpro South Africa Proprietary Limited.
- In March 2024, Cipla announced the expansion of its presence in Ghana as part of its "Africa for Africa" strategy. The initial portfolio introduced on the Ghanaian market includes medicines across respiratory, gastrointestinal, cardiovascular and diabetes management, as well as pain, cold and flu, and anti-infective therapeutic areas.

* In India, companies follow a financial year spanning 1 April to 31 March, so their revenue figures (shown for 2026 and 2025) may not align with those of other companies that report on a calendar-year basis (January to December), for which 2024 and 2025 figures are shown.

Emzor Pharmaceutical Industries

HQ: Lagos, Nigeria | Ticker: N/A, privately held company
Stock exchange: N/A
Number of employees: 2,000+ | Established: 1984

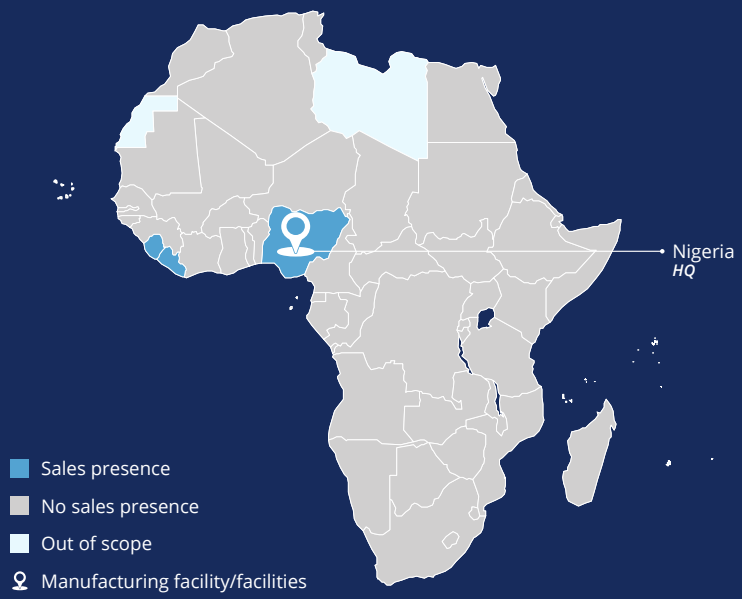
PRODUCT PORTFOLIO

Main therapeutic areas: Analgesics, anti-helminthics, antimalarials, antibiotics and antifungals, maternal and child health, uterotonics, and vitamins and haematinics

Dosage form product category: Soft gel capsules, tablets, suspensions and gels

Company history in Africa: Founded as a retail pharmacy in Nigeria, Emzor expanded into pharmaceutical importation and wholesale before exploring local manufacturing in 1985, with paracetamol among its first products. The company later grew into a leading West African manufacturer, expanding its production capacity and portfolio to supply medicines across the region and becoming the only local producer of misoprostol in Nigeria and West Africa.

Company presence in Africa



Manufacturing facilities

Emzor operates four manufacturing facilities across Nigeria.

API manufacturing facilities

The company is currently developing its first active pharmaceutical ingredient (API) manufacturing facility in Nigeria, supported through a financial agreement with the European Investment Bank.

Revenue by region

Data not publicly available.

Revenue by business segment

Data not publicly available.

Key activities related to the supply of medicines in Africa:

- Emzor is expected to become the second Nigerian manufacturer – following Swipha – to achieve World Health Organization prequalification (WHO-PQ) for a child-friendly dispersible formulation of sulfadoxine-pyrimethamine (SP) to protect women, children and infants from malaria. This comes via technical assistance from Medicines for Malaria Venture and funding from Unitaid.
- In October 2023, Emzor signed a EUR 14 million financing deal with the European Investment Bank to support the production of its antimalarial API site in Nigeria – the first in West Africa. The project is supported by a technology transfer agreement with Managalam Organics of India, a manufacturer of antimalarial and antiretroviral APIs with WHO-PQ.

EVA Pharma

HQ: Cairo, Egypt | Ticker: N/A, privately held company | Stock exchange: N/A
Number of employees: 5,000+ | Established: 1997

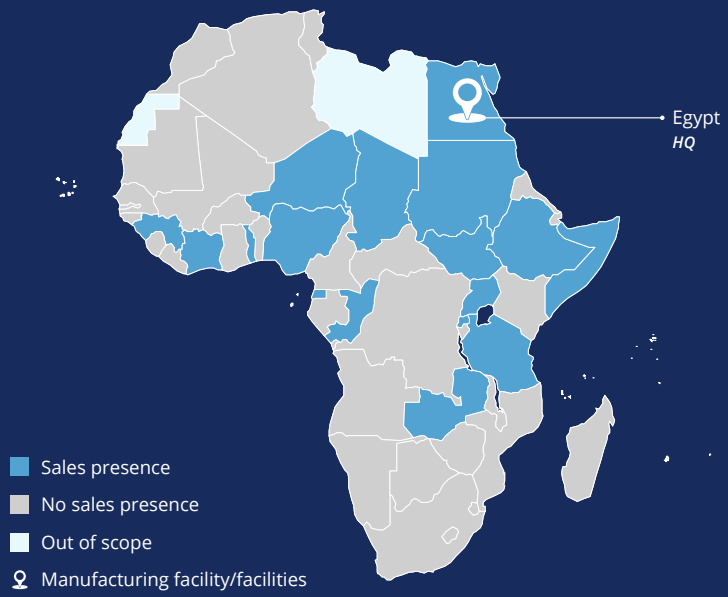
PRODUCT PORTFOLIO

Main therapeutic areas: Anti-infectives, bone, family medicine, gastrointestinal tract, gynecology, metabolic health, neuroscience, oncology, ophthalmology, paediatrics, respiratory, and urology and andrology

Dosage form product category: Sterile injectables, inhaled and nebuliser dosage forms, tablets, capsules, transdermal and hydrogel patches, orodispersible films and sachet powders

Company history in Africa: Building on a strong pharmaceutical legacy in Egypt, EVA Pharma has expanded since its inception from branded generics into broader manufacturing across therapeutic areas. In the past decade, the company has increased its capabilities through the addition of a biologics sterile facility and two major research & development centres in Egypt, as well as partnerships with global pharmaceutical companies to support access across African and global markets.

Company presence in Africa



Manufacturing facilities
EVA Pharma operates four manufacturing facilities in Africa. Outside of those indicated on the map, the company also operates an industrial complex in Saudi Arabia.

API manufacturing facilities
The company operates one active pharmaceutical ingredient (API) manufacturing facility in Egypt.*

Revenue by region

Data not publicly available.

Revenue by business segment

Data not publicly available.

Key activities related to the supply of medicines in Africa:

- In February 2025, EVA Pharma announced a PATH supported initiative to boost messenger ribonucleic acid (mRNA) vaccine innovation and development in Africa, and signed a memorandum of understanding with DNA Script and Quantoom Biosciences to develop the first ever digital-to-biologics, end-to-end mRNA production platform.
- In December 2024, Lilly and EVA Pharma announced regulatory approval for the release of locally manufactured insulin in Egypt. The collaboration, launched in December 2022, aims to deliver a sustainable supply of high-quality, affordable human and analogue insulin to at least one million people annually with type 1 and type 2 diabetes in low- and middle-income countries (LMICs), many of which are in Africa.
- In October 2024, EVA Pharma entered a non-exclusive voluntary licensing agreement with Gilead to manufacture and supply generic lenacapavir – both as an API and finished product – for HIV treatment and prevention across 120 countries.
- In September 2024, EVA Pharma and Lilly announced an agreement to expand access to baricitinib for the treatment of rheumatoid arthritis, alopecia areata, atopic dermatitis and COVID-19 in 49 African LMICs by 2030.

* At this facility the company has produced several APIs including remdesivir, thioctic acid, molnupiravir, lenacapavir and baricitinib.

Hikma Pharmaceuticals plc

HQ: London, UK | Ticker: HIK | Stock exchange: LSE
Number of employees: 9,400 | Established: 1978

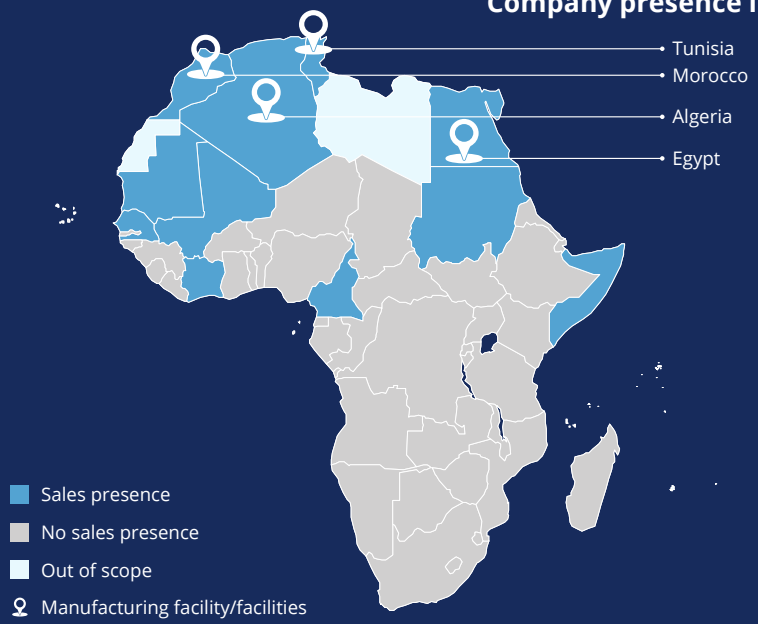
PRODUCT PORTFOLIO

Main therapeutic areas: Anti-infectives, cardiovascular, central nervous system, dermatology, diabetes, gastrointestinal, oncology, respiratory and others

Dosage form product category: Inhalations, nasal preparations, oral, rectal, sterile injectables and topical formulations

Company history in Africa: Founded in Jordan, Hikma began as a regional manufacturer of branded generics serving the Middle East and North Africa (MENA). Between the 1990s and 2010s, it expanded across North Africa through a series of acquisitions, strengthening its presence in Algeria, Egypt, Morocco and Tunisia, while also growing its injectables business. The company has since continued to expand its medicine portfolio through research and development and strategic partnerships.

Company presence in Africa



Manufacturing facilities

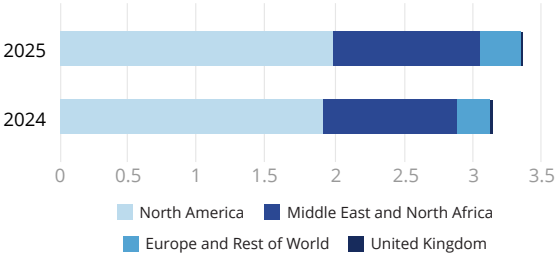
Hikma operates 29 manufacturing plants globally, with 12 located in Africa. Outside of those indicated on the map, it operates facilities in:

- Germany
- Italy
- Jordan
- Portugal
- Saudi Arabia
- United States

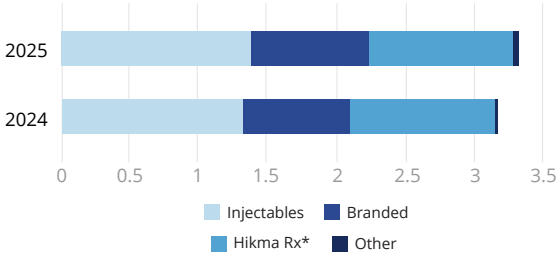
API manufacturing facilities

The company operates one active pharmaceutical ingredient (API) manufacturing facility in Jordan, with a focus on oncology products.

Revenue by region - USD millions



Revenue by business segment - USD millions



Key activities related to the supply of medicines in Africa:

- In 2025, Hikma inaugurated an injectable medicines manufacturing plant in Algeria in June and a general formulations facility in Tunisia in November, bringing its total footprint to four plants in Algeria and three in Tunisia.
- In October 2025, Hikma signed an exclusive licensing agreement with Celltrion Inc. to commercialise six biosimilars across MENA in allergic diseases, opthamology, skeletal-related disorders, immune diseases and oncology.
- In July 2025, Hikma and the International Finance Corporation signed a USD 250 million, six-year financing agreement to strengthen local production across MENA.
- In December 2024, Hikma announced an agreement to acquire rights to 17 Takeda brands in MENA across cardiovascular, diabetes, gastroenterology and pain management, with plans to shift manufacturing in-house.

* The business segment formerly known as Generics was renamed Hikma Rx in 2025.

Sothema*

HQ: Casablanca, Morocco | Ticker: SOT | Stock exchange: XCAS
Number of employees: 1,600 | Established: 1976

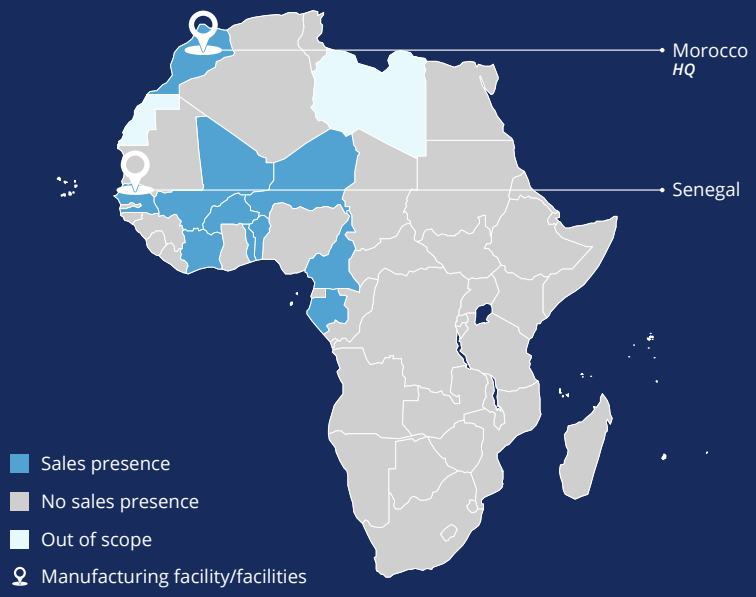
PRODUCT PORTFOLIO

Main therapeutic areas: Antibiotics, autoimmune diseases, cardiology, diabetes, gastroenterology, neuropsychiatry, oncology, ophthalmology, pain management and urology

Dosage form product category: Tablets, capsules, pouches, syrups, suspensions, powders, collyriums, suppositories, creams, injectable solutions and self-injectable syringes

Company history in Africa: Founded to support Morocco's domestic pharmaceutical industry, Sothema established its first manufacturing site in 1981 and expanded into injectables and insulin production. Between the 1990s and 2000s, it broadened its portfolio to penicillins and cephalosporins, and grew regionally via its subsidiary in Senegal. It later developed biotech capabilities, including the 2017 launch of one of Africa's first biosimilar manufacturing facilities, alongside partnerships and acquisitions supporting growth across West Africa and the Middle East. Today, Sothema operates through six subsidiaries and works with 50 international research and development partners.

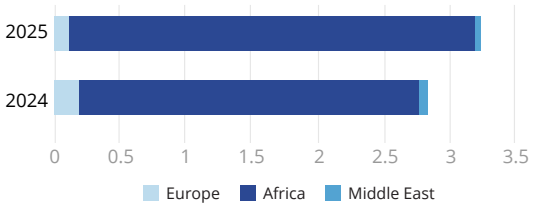
Company presence in Africa



Manufacturing facilities
Sothema operates ten manufacturing facilities across Morocco and Senegal. Outside of Africa, the company has a representation office in Saudi Arabia.

API manufacturing facilities
There is no publicly available evidence to suggest that the company manufactures active pharmaceutical ingredients (APIs) in-house.

Revenue by region - MAD millions



Revenue by business segment

Data not publicly available.

Key activities related to the supply of medicines in Africa:

- In October 2025, Sothema launched Morocco's first generic treatment for multiple sclerosis based on glatiramer acetate, introducing a locally manufactured option with no prior branded or generic alternatives on the market.
- In July 2025, Sothema announced that it will acquire 99.99% of Soludia Maghreb, a local manufacturer of dialysis products used for the treatment of kidney failure. This comes as part of Sothema's strategy to expand its local manufacturing footprint and strengthen the supply of essential healthcare products across Africa.

* Sothema declined to disclose data for the 2026 Generic & Biosimilar Medicine Manufacturers Report; company information is therefore based solely on publicly available sources.

Universal Corporation Ltd

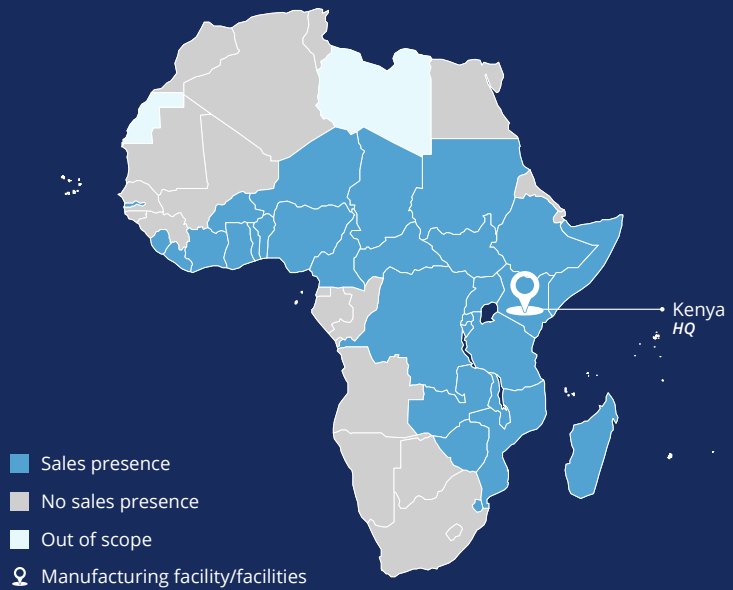
HQ: Kikuyu, Kenya | Ticker: N/A, privately held company*
Stock exchange: N/A
Number of employees: 500+ | Established: 1996

PRODUCT PORTFOLIO

Main therapeutic areas: Antifungals, antimalarials, antiretrovirals, cardiology, cough and cold relief, dermatology, diabetes, gastrointestinal health, neuropsychiatry, nutraceuticals, pain management and urology
Dosage form product category: Tablets, capsules, syrups, creams and specialised gels

Company history in Africa: Kenya-based Universal Corporation Ltd (UCL) began manufacturing at its Kikuyu facility in 2004. In 2011, it became the first African manufacturer to achieve World Health Organization prequalification (WHO-PQ) for the antiretroviral lamozid. A strategic partnership with Strides in 2016 helped expand its portfolio and regional reach, strengthening its position as a leading African producer of medicines for HIV/AIDS, malaria and other priority health needs. Since then, the company has secured additional WHO-PQ certifications and expanded access to locally manufactured medicines through partnerships with global health organisations and procurement agencies.

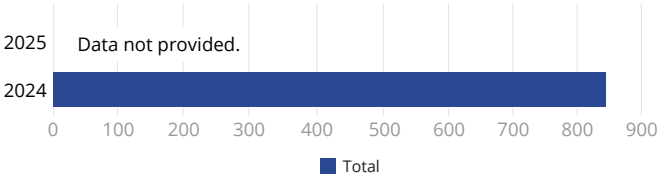
Company presence in Africa



Manufacturing facilities
UCL operates a manufacturing facility in Kenya.

API manufacturing facilities
The company does not manufacture active pharmaceutical ingredients (APIs) in-house.

Revenue (total) - KES millions**



Revenue disclosure

The company does not separately report revenue by region or business segment.

Key activities related to the supply of medicines in Africa:

- In August 2025, the Global Fund procured UCL's TLD for use in Mozambique, marking the first procurement of an Africa-manufactured first-line HIV treatment and covering over 72,000 patients annually.
- In March 2025, the Global Fund procured 7 million doses of sulfadoxine-pyrimethamine + amodiaquine (SPAQ) from UCL for use in Mali – enough to reach approximately 1.8 million children. This followed the receipt of WHO-PQ for the treatment in 2023, facilitated by support from Medicines for Malaria Venture.

* Universal Corporation Ltd operates as a subsidiary of Strides Pharma Science Limited.

** UCL follows a financial year spanning 1 April to 31 March, so its annal turnover and revenue figures may not align with other companies that report on a calendar-year basis (January to December).

Viatris Inc.

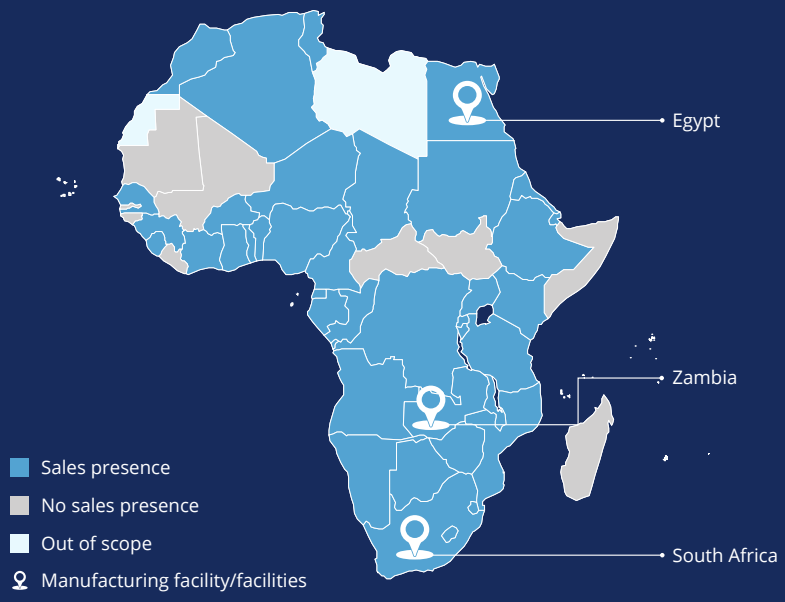
HQ: Canonsburg, Pennsylvania, USA | Ticker: VTRS | Stock exchange: NASDAQ
Number of employees: 30,000 +| Established: 2020

PRODUCT PORTFOLIO

Main therapeutic areas: Anaesthetics, anti-infectives, cardiovascular, central nervous system, dermatology, diabetes and metabolism, eyecare, gastroenterology, immunology, oncology, respiratory diseases and allergies, and women's health
Dosage form product category: Oral solid doses, injectables and complex dosage forms

Company history in Africa: Viatris was formed in November 2020 through the merger of Mylan and Upjohn, Pfizer's off-patent branded and generic medicines division. In Africa, this brought together Mylan's manufacturing operations in South Africa and Zambia – supporting access to antiretroviral and other essential medicines, including antimalarials – with Upjohn's manufacturing site in Egypt, focused on non-communicable diseases. Together, these formed a single regional portfolio spanning multiple disease areas.

Company presence in Africa



Manufacturing facilities

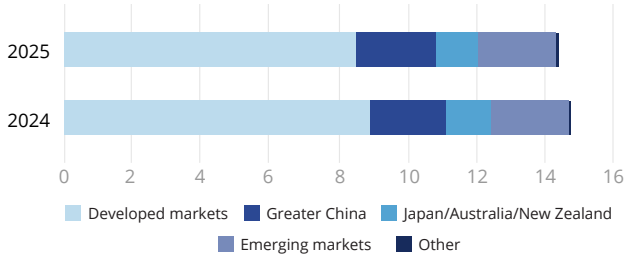
Viatris operates 27 manufacturing, packaging and distribution sites globally, with three located in Africa. Outside of those indicated on the map, it operates facilities in:

- Australia
- France
- Germany
- Greater China
- Hungary
- India
- Ireland
- Turkey
- United States

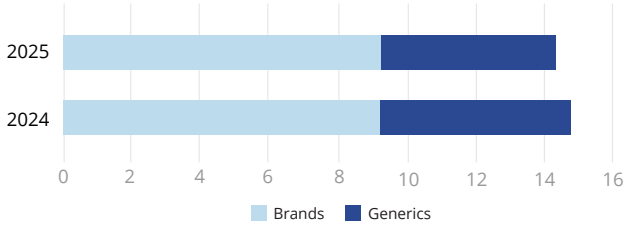
API manufacturing facilities

The company does not operate any active pharmaceutical ingredient (API) manufacturing facilities, following the divestment of its API business in India to Matrix Pharma Private Limited in June 2024.

Revenue by region - USD millions



Net sales by business segment - USD millions



Key activities related to the supply of medicines in Africa:

- In July 2025, the sublicense agreement between the Medicines Patent Pool, ViiV Healthcare and Mylan (a subsidiary of Viatris) – originally signed in March 2023 to develop, manufacture and supply long-acting cabotegravir for HIV pre-exposure prophylaxis – was expanded to include use of the medicine for HIV treatment.
- In October 2024, Mylan entered a non-exclusive voluntary licensing agreement with Gilead to manufacture and supply generic lenacapavir – both as an API and finished product – for HIV treatment and prevention across 120 countries.
- In 2024, Viatris signed a volume agreement with the Gates Foundation and MedAccess for the daily-dose treatment artesunate–pyronaridine (ASPY), which is indicated for all forms of malaria, including multidrug-resistant Plasmodium falciparum malaria.

Trend analysis: How generic manufacturers are responding to Africa's evolving healthcare landscape

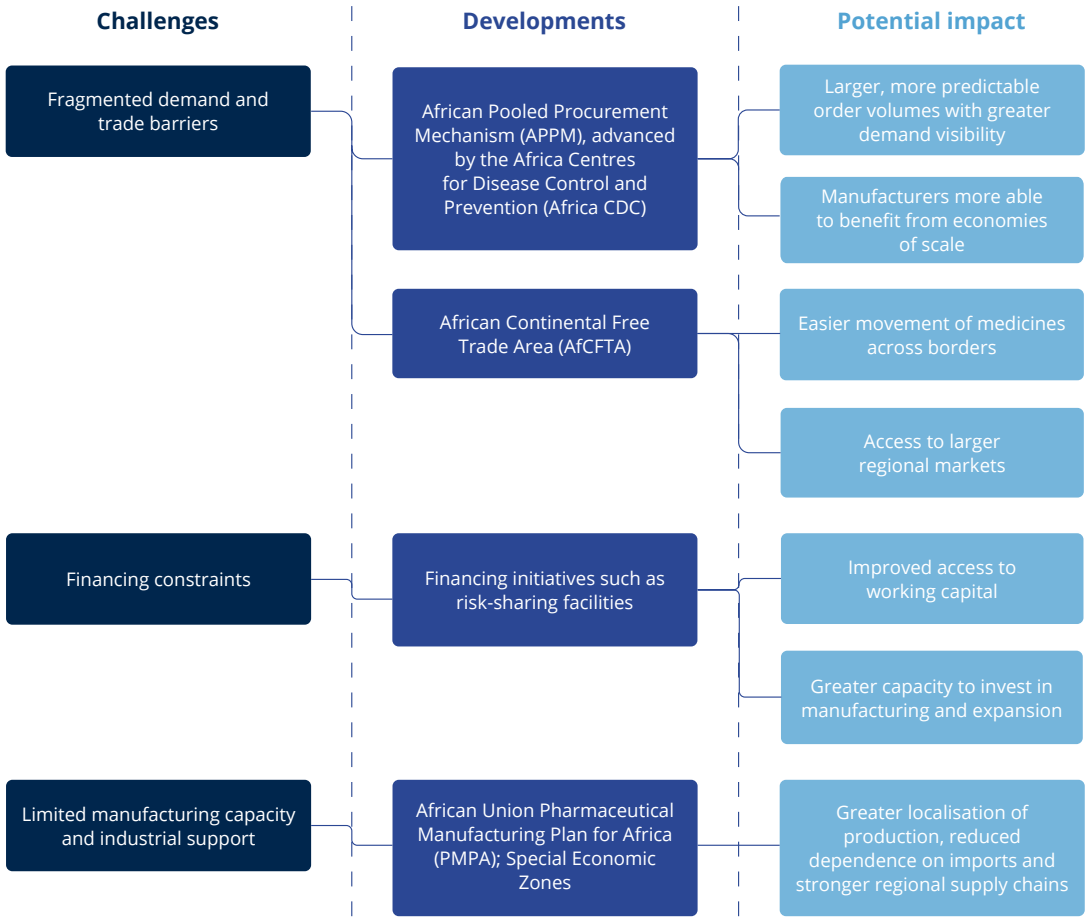
1 Implementing strategies to increase availability, bolster local capacity and build resilient supply chains

Historically, demand for medicines in Africa has been fragmented and unpredictable, making it difficult for manufacturers to achieve the scale needed to operate efficiently. Access to financing remains another significant constraint, especially for local manufacturers. However, these challenges are gradually being addressed, reshaping the market environment.

Governments and regional organisations are taking steps to address demand and trade conditions, alongside an uptick in financing initiatives (see Figure 1). As market conditions evolve, both regional and multinational manufacturers are adopting different strategies to strengthen supply resilience and improve access to medicines. Three approaches are explored below: localising active pharmaceutical ingredient (API) production, diversifying sourcing arrangements and securing longer-term supply agreements.

FIGURE 1 **Developments supporting pharmaceutical manufacturing and medicine availability in Africa**

The developments shown are illustrative and not exhaustive. See Appendix III for a more extensive overview of developments supporting generic manufacturers to enter markets, build resilience and scale production.



[SOURCES: Africa CDC, 2026;[6] AfCFTA, 2018;[7] International Finance Corporation, 2026[8]]

Strengthening regional API production is emerging as a means for more resilient supply

Currently, more than 95% of the continent's APIs are sourced from outside Africa, leaving countries vulnerable to supply chain disruptions, delays and potential price increases.[2] While expanding local API production could strengthen supply security and resilience, feasibility differs widely depending on company size, strategy and access to finance.

- For example, **EVA Pharma's** 2025 memorandum of understanding with Chinese company CHICO Pharmaceutical to transfer technology and localise the production of ten oncology APIs could position Egypt as an oncology hub for the Middle East and Africa, while also contributing to efforts to narrow the region's oncology treatment gap and reduce reliance on imported inputs.[9] This builds on the company's broader efforts to establish local API production capabilities across multiple therapeutic areas. These include a 2024 agreement with Lilly to transfer technology for the production of generic baricitinib, used to treat immunological diseases, and a 2024 royalty-free non-exclusive voluntary licensing agreement with Gilead to manufacture generic lenacapavir for HIV treatment.[10, 11] Both agreements include API production. Importantly, production for the medicines is already either underway or planned within EVA Pharma's EU Good Manufacturing Practice (EU-GMP) certified facility, supporting confidence in product quality and potential acceptance in regulated markets.[12]

Aligning capacity-building with internationally recognised quality certifications such as World Health Organization prequalification (WHO-PQ) and EU-GMP standards can help ensure that expanded domestic capacity meets internationally recognised quality requirements – a critical component of sustainable API manufacturing in Africa that can unlock procurement from wider markets.

For many emerging players, in-house API manufacturing is not always feasible or strategically appropriate due to high costs, technical complexity and the scale needed to compete effectively. Some regionally-focused manufacturers – such as **UCL** – do not have API manufacturing capabilities. Even among companies seeking to develop local API capabilities, financing constraints can remain a major barrier.

- Nigerian company **Emzor**, for example, sought to grow local API production through a blended financing model, fed by private investment and support from the European Investment Bank. The company aimed to supply quality-assured antimalarial APIs for the Nigerian and wider West African market through a technology transfer with WHO-PQ manufacturer Mangalam Drugs & Organics Limited. Although the project faced delays and was non-operational for a period due to funding constraints,[13] these hurdles have since been resolved through fundraising efforts and the project is now fully underway.

These challenges are not isolated setbacks but represent some of the financial and regulatory barriers that can slow pharmaceutical capacity-building efforts across Africa.

Larger multinational companies take different approaches depending on their business priorities.

- **Viatris** has exited large-scale API manufacturing through divestment, as part of a broader effort to simplify its portfolio.[14, 15]

- **Cipla**, however, leverages its established manufacturing infrastructure in India for API production, while investing in facilities across Africa to produce finished pharmaceutical products for local markets.[16] It does not manufacture APIs in Africa.

- **Hikma** also maintains significant in-house API manufacturing capacity. Its Jordan-based facility acts as a key production hub supplying North Africa and other international markets. This vertically integrated approach, whereby the company controls multiple stages of production from raw materials to finished products, can help improve quality oversight, strengthen supply reliability and reduce exposure to external supply disruptions. It also supports Hikma's focus on more complex, higher-value medicines, including oncology and respiratory treatments, where greater control over production can facilitate quality assurance, regulatory compliance and continuity of supply.[17]

Taken together, these examples show that while in-house API production can strengthen supply security and circumvent reliance on imports, companies' decisions are ultimately shaped by a balance of factors including cost efficiency, scale and broader commercial strategy.

Reducing supply risks through diversified sourcing and safety stocks

Given that many generic manufacturers remain largely dependent on imported APIs, sourcing strategies play a critical role in ensuring continuous supply.

- **Emzor** illustrates this vulnerability: as the sole sub-Saharan African manufacturer of the maternal health drug misoprostol, it had historically depended on API imports from a single supplier in China. The company has since engaged a second, WHO-prequalified supplier in Europe – a deliberate diversification that is precisely the response the risk demands.

It is worth noting that single-sourcing cannot always be characterised as an oversight. For manufacturers of low-margin, commoditised generics, concentrating volume with a single supplier is often the only way to negotiate competitive API prices and maintain profitability. Even so, manufacturers can strengthen supply resilience by sourcing from multiple upstream suppliers while maintaining so-called "safety stocks."

- **UCL**, for example, sources APIs for antiretrovirals and antimalarials from multiple suppliers and maintains safety stocks to reduce risks in the case of supply disruptions.

Whether this is feasible depends on companies having access to the working capital needed to hold months of inventory, as well as product characteristics such as shelf life, storage requirements and demand predictability. These factors vary considerably across therapeutic areas, influencing manufacturers' ability to maintain safety stocks (see Table 1).

Economic considerations can also affect the viability of this approach. For example, oncology APIs are often more expensive per unit and patient volumes in many African markets remain relatively low, limiting the financial viability of maintaining large inventories. Insulin, in contrast, benefits from higher volumes and greater demand predictability, though its cold chain requirements introduce infrastructure challenges of their own.

TABLE 1 **How NCD product characteristics influence the feasibility of safety stock strategies**

Safety stock feasibility varies across NCD therapeutic areas depending on factors such as shelf life, storage requirements and supplier availability.

Product type	Therapeutic area	Shelf life	Storage requirements	Supplier availability	Feasibility of safety stocks
Metformin and amlodipine	Diabetes and hypertension	Long	No cold-chain requirements	Multiple established API suppliers	High
Insulin	Diabetes	Moderate	Cold-chain storage and distribution	Limited global suppliers	Low/Moderate
Oncology products	Cancer	Variable	Product dependent	More specialised and fewer suppliers	Low

Companies with greater purchasing power are generally better positioned to secure contracts with multiple suppliers and negotiate more favourable terms.

- For example, **Aspen's** scale as a large regional manufacturer with production sites across Ghana, Kenya, South Africa and Tanzania has enabled a more integrated sourcing approach. This includes a combination of in-house API production in South Africa, long-term supplier agreements and safety stocks for externally sourced APIs, which combined reduce vulnerability to supply disruptions.

While complete independence from external API sources is unlikely for any manufacturer, larger companies are generally better positioned to manage and absorb supply risk through diversified sourcing strategies, integrated production models and greater leverage in negotiations with suppliers. Emerging manufacturers often lack the financial resources, infrastructure and supplier network needed to absorb similar levels of risk, making external support – including financial and technical assistance – an important enabler of their participation in the market. This underscores a broader reality: no single strategy or actor is sufficient to ensure a cost-effective, sustained supply of APIs across Africa.

Beyond APIs: Long-term supply agreements for finished products are helping to create more reliable medicine markets

Securing long-term supply agreements for finished pharmaceutical products has also become an important way for generic manufacturers to increase medicine availability in Africa. While uncertainty around demand is a system-wide challenge, larger multinational companies are often better positioned to secure long-term agreements due to their scale, established procurement relationships and ability to absorb commercial risk. These companies' greater financial reserves act as a cushion, allowing them to purchase and hold larger volumes of inventory without putting the business under pressure.

- For example, **Viatris'** 2024 volume agreement with the Gates Foundation for a new malaria treatment helped guarantee demand ahead of a large-scale rollout, reducing market uncertainty for the product.[14]

Many emerging players on the African market, however, operate in more fragmented procurement environments. Demand is often split across public, donor-funded and private channels, making it difficult to plan production over the long term. In response, some manufacturers are actively working to consolidate purchasing across these channels.

- **Emzor**, for example, participates in both Nigeria's public-sector pooled procurement mechanism, Medipool, and private-sector platforms like Axmed. Using multiple procurement routes can aggregate demand and improve purchasing power, ultimately making products more affordable for patients. Spreading participation across multiple channels also makes sense from a business perspective: selling to more customers helps sustain production volumes, lowers cost-per-unit, and creates more predictable cash flow as payments are received from different sources at different times.

Procurement decisions are not only shaped by predictable demand, but also by buyers' confidence in product quality. Some African manufacturers continue to face perceptions that locally manufactured generic medicines are of lower quality than imported branded alternatives.[18] International quality certifications such as WHO-PQ and EU-GMP can therefore be important in strengthening buyer confidence and unlocking access to larger procurement contracts.

- For example, **UCL's** WHO-PQ approval helped secure a Global Fund order of paediatric antimalarials, reaching 1.8 million children in Mali.[19]

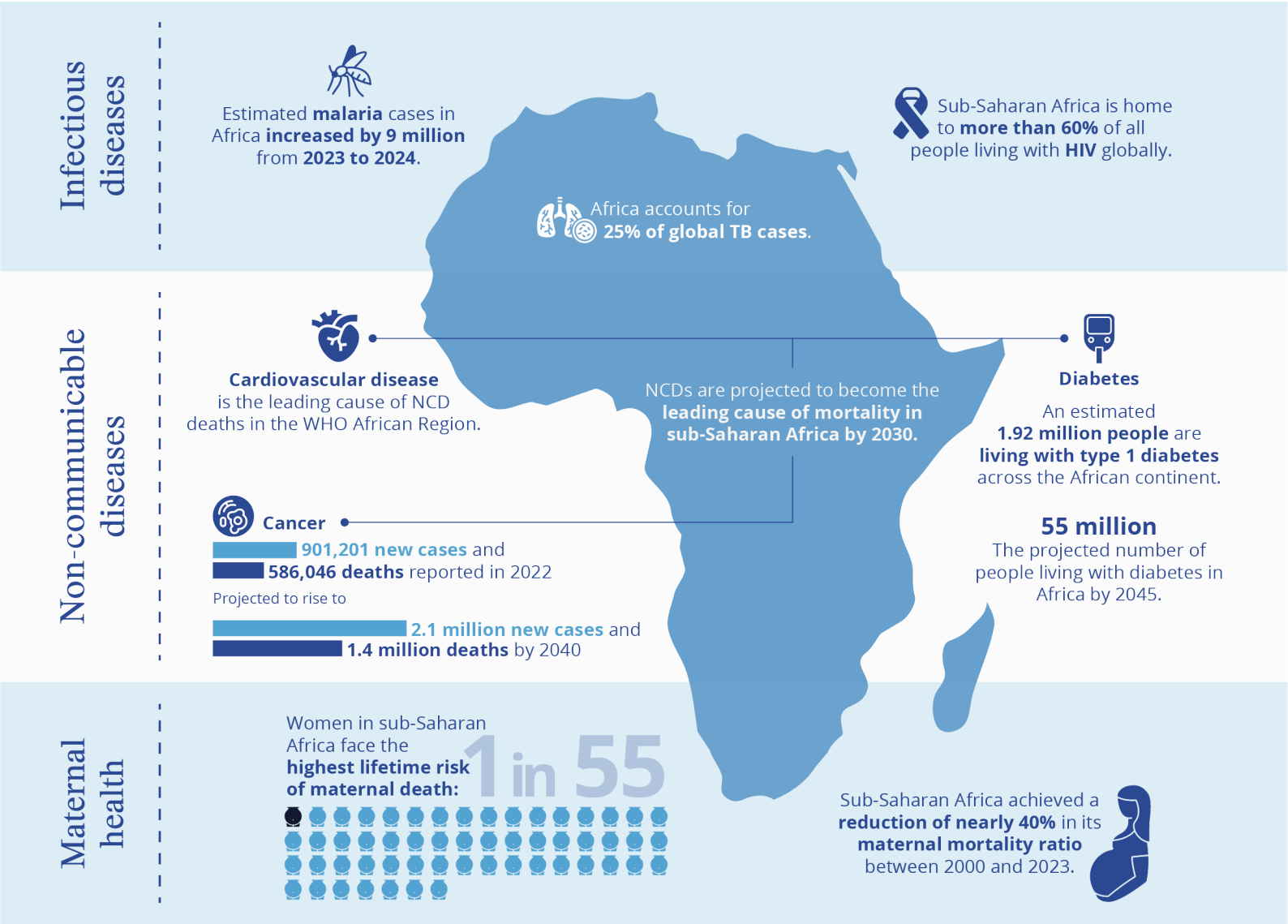
Collectively, these examples highlight several common enabling factors for improving access to medicine, rather than a single pathway or universal model for manufacturers. These include stronger demand coordination through partnerships – between NGOs and large pharmaceutical companies, and collaboration between governmental, private and donor-funded agencies – and internationally-recognised quality standards that help build confidence in supply. No single mechanism is sufficient on its own, particularly in fragmented procurement environments.

THE WAY FORWARD

Manufacturers across the continent are adopting a range of strategies to strengthen supply chain resilience, including investing in local API production, diversifying suppliers and securing long-term supply agreements. Which approaches are feasible or best suited depends on each company's scale, capabilities and access to capital. Predictable demand for finished products is equally important: stable demand makes investment in local API production and sourcing commercially viable. While larger manufacturers are often better placed to make long-term investments and absorb risk, regional players may face greater constraints around financing and demand predictability. Efforts by governments and development partners to expand procurement opportunities and improve access to financing are beginning to create a more supportive environment, but bolstering the sector's resilience will depend on whether these opportunities can support manufacturers with different needs and capacities.

2 Expanding into new treatment areas to meet evolving healthcare needs

Africa's healthcare needs are evolving, creating both new opportunities and pressures for generic manufacturers. While infectious diseases remain among the leading causes of death in sub-Saharan Africa, alongside persistently high levels of maternal mortality, non-communicable diseases (NCDs) are accounting for a growing share of mortality and healthcare demand (see figure below).[20]



[SOURCES: WHO, 2023;[21] UNAIDS, 2025;[22] WHO, 2025;[23] WHO, 2025;[24] WHO AFRO, 2024;[26] WHO, UNICEF, UNFPA, World Bank Group & UNDESA, 2025[20]]

Access remains particularly limited for maternal health conditions and NCDs, reflecting historical funding disparities and weaknesses in procurement and supply systems. These gaps create both a public health challenge and an opportunity for manufacturers to expand access in underserved therapeutic areas.

In response, manufacturers are adapting their strategies to better serve changing healthcare needs across African markets. Some are expanding into new therapeutic areas, including NCDs, while others are investing in manufacturing capabilities for newer formulations or leveraging partnerships to distribute or manufacture products locally.

Approaches differ between regional and multinational manufacturers. Larger companies typically draw on broader product portfolios and greater manufacturing capacity, while emerging African manufacturers often expand more gradually from established positions in high-volume essential medicines.

The following sections examine how manufacturers are responding to opportunities and access challenges in three critical areas: diabetes care, cardiovascular disease and maternal health.

Improving access to diabetes care remains a challenge, with manufacturers pursuing various routes

Diabetes is becoming an increasingly important health concern across Africa. Rising rates of type 2 diabetes, driven by factors such as urbanisation, changing diets and increasing obesity, are driving demand for long-term disease management. At the same time, access to insulin remains a major challenge for people living with type 1 diabetes; across the African continent, only one in two people with type 1 diabetes has access to insulin treatment.[26] As a result, significant unmet need exists across the diabetes care continuum. Among the companies profiled, manufacturers are pursuing different approaches to address these gaps, ranging from technology transfer partnerships for insulin and other complex diabetes medicines to the production of affordable generic treatments such as metformin.

Partnerships between **EVA Pharma** and Lilly, as well as **Aspen** and Novo Nordisk, are showing early promise at bolstering access to insulin.

▶ In Egypt, **EVA Pharma**'s locally-manufactured insulin glargine was approved in December 2024. The company has since begun also marketing human insulin, supported by Lilly's provision of its active pharmaceutical ingredient (API) at a reduced cost as well as pro-bono technology transfer.[27, 28] Via the collaboration, they aim to reach 1 million people living with type 1 and 2 diabetes annually in low- and middle-income countries by 2030.

▶ Similarly, **Aspen** received approval to release its first commercial batches of human insulin in South Africa in May 2026 under a contract manufacturing agreement with Novo Nordisk.[29, 30] Production is limited to vials; pen-based delivery, which has faced supply shortages in South Africa in recent years, falls outside the scope of the agreement.

While both of these partnerships reflect meaningful progress, whether they translate to increased access to medicine at scale will depend on a number of additional factors. These include product affordability, the ability of health systems to effectively handle and use incoming products, and the ability of distribution systems to reliably deliver these products to patients.

Metformin presents a different set of challenges. Despite being a first-line treatment for type 2 diabetes, it is generally unavailable in one in five countries in the World Health Organization (WHO) African Region[31] – and even where it is available, high out-of-pocket costs and price mark-ups limit access. Production is concentrated in just a few African countries – Egypt, Nigeria and South Africa. Manufacturers are responding in different ways.

▶ **Aspen**, for example, aligns production with national demand forecasts, maintains buffer stocks to reduce the risk of shortages and works through established wholesaler and distributor networks to reach patients, particularly in peri-urban and rural areas. The company currently supplies metformin in Tanzania and is exploring expansion across the East African Community and Southern African Development Community, where regional trade frameworks could support faster market entry.

▶ **Emzor**, Nigeria's first manufacturer of extended-release metformin, combines domestic production with efforts to support appropriate use of the medicine through engagement with prescribers and community pharmacies. It also relies on a nationwide distribution network to help ensure broader patient access.

Emerging area: GLP-1 therapies

Beyond insulin and metformin, newer diabetes therapies – including GLP-1s – remain almost entirely absent from Africa's public health systems, with those who can access them doing so privately or through insurance.[32] However, early manufacturing and licensing partnerships – such as **Aspen**'s planned entry into GLP-1 production – suggest possible future routes to access.[33]

The company is currently commercially distributing Lilly's tirzepatide (Mounjaro®) in South Africa and seeking approval for a generic semaglutide in Canada, with plans to expand into emerging markets as patents expire.[33] Both activities are primarily focused on private-market access. Similarly, **Cipla** has recently entered this space, launching a liraglutide injection – indicated for type 2 diabetes – in South Africa.[34]

However, in the longer term, increased competition from generics could help bring prices down to levels that make inclusion of GLP-1 therapies in public procurement and essential medicines lists more feasible, supporting broader access. Realising this potential will depend on stronger public procurement mechanisms, more coordinated pricing strategies across governments and investment in primary care systems – including the diagnostic and clinical capacity needed to effectively identify and manage type 2 diabetes.

Manufacturers are adapting to fragmented markets, but patients still face uneven access to essential cardiovascular medicines

Cardiovascular disease (CVD) is the leading cause of NCD-related death in sub-Saharan Africa, accounting for 38% of all NCD mortality.[35] Most essential CVD medicines – such as statins, beta-blockers and ACE inhibitors – are long off-patent and relatively simple to produce, making them a realistic entry point for many manufacturers, including emerging Africa-based companies.

Nonetheless, structurally fragmented markets lead to restricted access across much of sub-Saharan Africa. CVD medicines are procured and financed through a patchwork of uncoordinated channels, including public tenders, private pharmacies, NGO programmes and out-of-pocket purchases, often marred by weak insurance coverage and limited reimbursement across much of the region.[36] For manufacturers, navigating this fragmentation racks up significant costs, as they must manage multiple registration processes, pricing structures and distribution arrangements across markets. As a result, there is no consistent demand signal that manufacturers can rely on, affecting both where manufacturers concentrate efforts and which patients ultimately get reached.

In response, manufacturers tend to not rely on single sales pathways, instead combining multiple routes to reach different parts of the market. For low-cost, widely used generics such as statins and antihypertensives, where margins are thin and competition is high, companies typically combine sales across public procurement systems, private retail pharmacies, and NGO or donor-linked programmes to sustain production and reach different patient groups.

- In Kenya, **UCL** manufactures atorvastatin locally and supplies it to patients via public procurement, distributors, pharmacies and NGO partnerships, with volumes increasing steadily since 2023.

- Other companies, such as **Viatris**, place greater emphasis on distribution networks, combining pharmacy chains, e-commerce platforms, public procurement partnerships and engagement with private sector institutions to expand access to widely used medicines such as amlodipine and atorvastatin. In tandem, they use integrated regional demand planning systems to consolidate forecasted demand across these channels in markets across sub-Saharan Africa.

- **Cipla**, by contrast, works through institutional channels, securing long-term supply agreements via tenders. Its amlodipine, for example, is manufactured in South Africa via an internal technology transfer from Cipla India, and is supplied within the country on a national tender. Where government purchasing is the main driver of demand, companies often focus on securing and fulfilling public tenders.

- In South Africa, for example, **Aspen** supplies hydrochlorothiazide through government procurement. At the same time, some companies also offer branded versions of the same medicines in private markets to generate higher margins and reduce reliance on public contracts: Aspen also sells hydrochlorothiazide under the Ridaq brand in private pharmacies and exports to neighbouring countries such as Eswatini, Lesotho and Namibia.

These examples illustrate that manufacturers can (and do) adapt to fragmented markets – but operating within a fragmented market is not the same as serving it equitably. In the highly commoditised, generic-dominated space of CVD medicine, for example, manufacturers tend to follow reliable purchasing signals. These signals often tend to be weaker where the need is greatest, such as among low-income patients, in countries with limited procurement infrastructure, and in public health systems that lack the financing to generate consistent, predictable demand.

Addressing these gaps will require action on the demand side. As the Africa Centres of Disease Control and Prevention's (Africa CDC's) Pooled Procurement Mechanism expands to include NCD medicines such as those for CVD, it could help consolidate demand and strengthen purchasing power. But for these benefits to reach patients further from the market, national procurement systems will also need to do their part. This includes prioritising CVD medicines in essential medicine lists and public tenders, while aligning financing and reimbursement policies to ensure consistent, affordable access to treatment.

Structural barriers limit local manufacturers' participation in donor-driven maternal health markets

A significant 70% of global maternal deaths take place in sub-Saharan Africa.[20] Many of the essential medicines required to treat the leading causes of maternal deaths – including oxytocin and misoprostol for postpartum haemorrhage, magnesium sulphate for pre-eclampsia and eclampsia and injectable antibiotics for sepsis – are off-patent, affordable to manufacture, and well within the capabilities of regional generic producers. Nonetheless, availability in public facilities remains critically inadequate, particularly in rural settings.

Unlike CVD, maternal health products offer a less attractive market opportunity for manufacturers: despite substantial public health need, these products are only used during pregnancy and childbirth and therefore tend to generate lower and less predictable revenue. What is more, in many countries in sub-Saharan Africa, market dynamics are heavily shaped by donor-funded procurement.

In the case of misoprostol, large volumes are supplied at heavily subsidised prices via international procurement programmes. While this has helped expand access, it can make it difficult for regional manufacturers to compete on price and secure sufficient orders to fully utilise their production capacity.

- This challenge is illustrated by **Emzor**: although it is currently the only manufacturer of misoprostol in sub-Saharan Africa, the company operates below capacity because a large share of regional demand is met through donor-funded imports, with access to this channel typically requiring World Health Organization prequalification (WHO-PQ) or Stringent Regulatory Authority approval.[37]

- **Cipla** has achieved WHO-PQ for both misoprostol and levonorgestrel, enabling registration in eight and nine African countries, respectively. Most approvals were accelerated through the WHO Collaborative Registration Procedure (WHO CRP). This illustrates how WHO-PQ can unlock access to donor-funded channels that are often inaccessible to regional manufacturers without prequalification. However, for most African manufacturers, pursuing WHO-PQ remains a high-risk undertaking, requiring substantial upfront investment. External support can make this pathway more viable.

For manufacturers, clearer visibility on future demand is critical: more predictable procurement can support production planning, justify investment and help regional suppliers scale over time. The African Pooled Procurement Mechanism's September 2025 tender for essential reproductive, maternal and newborn health medicines – which concluded in May 2026 with 13 bids and African manufacturers competing in five of ten product categories – signals that momentum is building.[38]

But aggregating demand is only part of the solution: manufacturers also need longer-term purchasing commitments and targeted support to meet quality and regulatory standards. MedSuRe Africa, a USD 35.5 million programme launched in August 2025 and led by the United States Pharmacopeia with funding from Unitaid, is one example of this type of support in practice. It works with selected African manufacturers to strengthen production capacity, improve cost competitiveness, and support the more reliable supply of essential medicines, including treatments for postpartum haemorrhage.[37]

THE WAY FORWARD

Manufacturer portfolios are shifting in response to Africa's evolving healthcare needs, though not yet at the pace or scale required to meet growing demand across NCDs and persistent gaps in maternal healthcare. Bridging such gaps will require coordinated action across governments, regional institutions, donors and the private sector.

At a systems level, stronger regional coordination, regulatory harmonisation and pooled procurement together could create a more predictable and integrated market for manufacturers. Improving demand visibility is equally important to guide investment and tackle the fragmentation undermining regional manufacturing. This means shining a light on which medicines are most needed and where, uncovering supply gaps and pinpointing which products are most viable for local production.

Looking ahead, manufacturers face a complex balancing act: expanding into underserved therapeutic areas like NCDs and maternal health while maintaining a consistent supply of the essential medicines already relied upon across the continent. Crucially, manufacturers cannot operate in a vacuum: more direct engagement between companies and governments can help ensure that product development and supply better reflect public health priorities.

However, this will also require clearer procurement frameworks, stronger financing mechanisms, and greater public and private investment in underserved therapeutic areas and reimbursement systems. Without these conditions in place, manufacturers are likely to continue prioritising markets where demand is more predictable and commercial returns are stronger – risking continued inequities in access to essential maternal health and NCD medicines, even as NCD burdens continue to rise and gaps in maternal healthcare access persist across the continent.

3 Leveraging diverse partnerships to drive capability development and market access

Partnerships between pharmaceutical companies, local manufacturers, governments and global health organisations are increasingly critical to overcoming the infrastructural, regulatory and financing barriers limiting medicine availability across Africa. While early-stage collaborations focused on market entry and expanding product reach still dominate the landscape, a newer generation of partnerships is starting to emerge. These evolving models aim to embed long-term capabilities within African manufacturers by building the infrastructure, regulatory standing and technical know-how needed to produce medicines locally. As healthcare needs across the continent continue to evolve, these deeper, capacity-building models are becoming increasingly central to how African manufacturers level up to bring medicine manufacturing closer to patients.

> "These evolving models aim to embed long-term capabilities within African manufacturers by building the infrastructure, regulatory standing and technical know-how needed to produce medicines locally."

Market access and distribution partnerships

These partnerships are strategic commercial agreements designed to help companies enter new markets and reach patients with products more efficiently. Larger companies frequently use them as pilot cases to test the waters in different geographies and to gauge which products in their existing portfolios are best suited to those markets. Emerging local manufacturers, on the other hand, use them to build credibility, test operational capacity and establish trust with international partners. Examples of this type of model are well represented among companies in scope (see Figure 2 on p.28).

Typically, these arrangements involve a clear division of roles: one party owns the asset or technology, while the other manufactures, packages or distributes it. However, they generally involve limited transfer of knowledge or infrastructure. As a result, local manufacturers therefore act primarily as enablers for access. These entry-level partnerships allow both sides to assess regulatory, operational and distribution readiness before progressing to deeper collaborations involving broader portfolios or technology transfer arrangements.

Capacity-building and localisation partnerships

As efforts to strengthen domestic pharmaceutical capabilities across Africa have increased, partnerships have increasingly focused not only on reaching patients but also on building the infrastructure and capabilities needed to supply markets locally. Rather than serving solely as distributors or market-entry partners, local manufacturers increasingly participate as producers and recipients of technology transfer. Compared with collaborations used for market expansion, these partnerships can leave behind lasting capabilities in the form of infrastructure, regulatory standing and technical know-how.

Some partnerships focus on moving manufacturers up the value chain, for example, from packaging or formulating finished doses using imported APIs to producing the APIs themselves. Others focus on enhancing emerging companies' regulatory capabilities, helping them gain access to supranational procurement mechanisms and build credibility in quality-assured production (see Figure 2 on p.28).

In the NCD space, one partnership can lay foundations for the next, especially once foundational manufacturing and quality capabilities are in place.

- This is illustrated by **EVA Pharma's** trajectory: under its licensing agreement with Lilly, EVA Pharma fills and finishes insulin vials and cartridges using Lilly-supplied APIs at its EU-GMP-certified biologics facility.[27, 12] EVA Pharma and Lilly are also pursuing WHO prequalification (WHO-PQ) for their locally manufactured human insulin, further validating its alignment with international quality standards.[39] With GMP certification in place, EVA Pharma is no longer a recipient of another company's product but a credible partner for subsequent, more complex agreements. These include a memorandum of understanding (MoU) with CHICO Pharmaceutical for the local synthesis of ten oncology APIs and an MoU with Porton Advanced Solutions, a gene and cell therapy contract development and manufacturing organisation, for the local manufacturing of CAR-T cell therapies for blood cancers.[9, 40]

Expanding access to innovative medicines can often require different approaches depending on product complexity, market conditions and the capabilities available.

- **Cipla**, for example, is using a partnership-based approach to expand access to advanced therapies. Through its partnership with ImmunoACT, Cipla will commercialise ImmunoACT-manufactured talicabtagene autoleucel CAR-T cell therapy in Algeria, Morocco and South Africa, while ImmunoACT will retain responsibility for production.[41]

External investment underpins many of the transitions from commercial market entry to capacity building. Whether provided by development finance institutions, donors or global health organisations, such funding can help de-risk investments for emerging manufacturers, while also supporting larger established companies as they enter new markets.

- **Aspen's** evolution in the insulin space captures this well. Having built credibility in sterile injectables by manufacturing a COVID-19 vaccine, it went on to secure a technology transfer and manufacturing agreement with Novo Nordisk for the production and distribution of human insulin,[30] backed by financing aimed at localising insulin production in Africa.[42]

- Similarly, **UCL** received support from Medicines for Malaria Venture to be able to achieve WHO-PQ, which later enabled supranational procurement.

For larger multinational companies, external investment can act more as a growth enabler than as a mechanism for supporting the transition from market entry to capacity building.

- **Hikma**, for instance, was able to support its strategic expansion into new markets across North Africa through long-term investment from the International Finance Corporation (IFC).[43]

Partnerships building the foundation for manufacturer-led growth

For African-based manufacturers that have accumulated infrastructure, regulatory credibility and commercial relationships through earlier partnerships, a new kind of agency can begin to emerge where strategic decisions about which products to manufacture, which markets to enter and which therapeutic gaps to address are driven by the manufacturer itself.

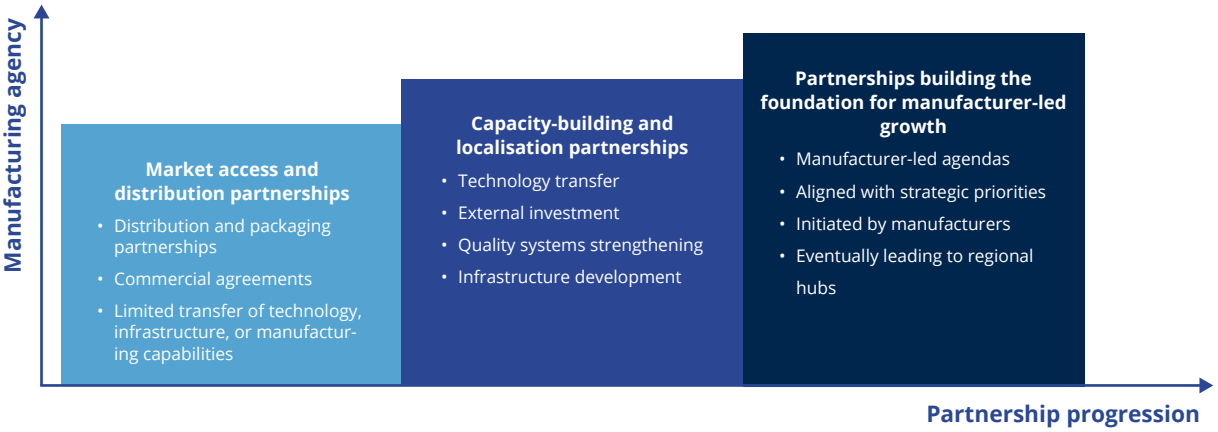
- **Sothema,** for example, is now looking for partnerships to establish a new oncology and diabetes medicine plant in East Africa after building out its portfolio capabilities through early technology transfer partnerships.[44] In this way, the company has progressed towards initiating partnerships for strategic growth, instead of participating in partnerships shaped by the priorities of innovator companies or donors.

Similarly, **Hikma's** geographic expansion into new markets, **EVA Pharma's** aspirational oncology hub model and **Aspen's** shift into complex diabetes and metabolism therapies all illustrate this increase in agency. These companies are now in a position to pursue such commercial strategies due to the foundations built by earlier investments and partnerships. **Hikma** can coordinate supply across multiple markets in North Africa, while **Aspen**, **EVA Pharma** and **Sothema** are increasingly able to pursue opportunities in more complex therapeutic areas, including NCDs.

Taken together, these examples and others discussed throughout the chapter illustrate how partnerships are helping to strengthen local manufacturing capabilities and improve access to medicines across Africa.

FIGURE 2 **Spectrum of pharmaceutical partnerships in Africa**

Partnership models progress from market access and distribution, to capacity-building and localisation, and ultimately to achieving greater manufacturing autonomy and ownership. Although companies often engage across multiple phases simultaneously, each phase builds towards greater local capability and strategic agency for African manufacturers.



Strategic role

Facilitates rapid market entry and product access.	Builds the capabilities needed for local production.	Enables manufacturers to pursue company-led growth and expansion, including entry into new therapeutic areas.

Examples

Viatris: Developed a dedicated packaging facility in Zambia to build local skills and improve quality-assured production [Viatris, 2024[45]].

Aspen: Secured distribution agreements with Boehringer Ingelheim, Amgen and Lilly in sub-Saharan Africa [Aspen, 2025;[46] Aspen, 2024;[47] West, 2023[48]].

Emzor: Is transitioning from finished-dose antimalarial production to in-house API manufacturing, supported by financing from the European Investment Bank and technology transfer from Mangalam organics [Ojalumbo, 2023[49]].

UCL: Achieved WHO-PQ for the antimalarial drug sulfadoxine-pyrimethamine + amodiaquine (SPAQ) through support from Medicines for Malaria Venture, making the product eligible for Global Fund procurement [Medicines for Malaria Venture, 2025[19]].

EVA Pharma: Manufactures insulin at its EU-GMP-certified facility through a technology transfer and licensing agreement with Lilly, which supplies the necessary API at a reduced price [EVA Pharma, 2024[39]]. Establishing itself as a trusted insulin manufacturer in Africa has paved the way for complex future agreements [Kankar, 2025;[9] Porton Advanced Solutions, 2025[40]].

Aspen: Demonstrated its advanced sterile injectable manufacturing capabilities through a technology transfer and manufacturing agreement with Novo Nordisk for the local production of human insulin in Africa [Novo Nordisk, 2023[30]].

THE WAY FORWARD

The diversity of partnership models emerging across the continent is encouraging. However, the ability to progress from entry-stage collaboration to genuine manufacturing autonomy remains out of reach for most African manufacturers, held back, in large part, by the scarcity of capital needed to make that transition. With every dollar invested needing to stretch as far as possible, broad integration becomes critical: aggregating demand, pooling procurement, and establishing predictable return structures are what make NCD markets viable at scale. Continued investment from development finance institutions, alongside supportive governance frameworks and regulatory coordination from governments and global organisations, will be essential to sustaining and broadening what these partnerships have started to build.

Next steps for building a resilient African healthcare ecosystem

For millions of people across Africa, access to quality-assured health products remains inconsistent and unreliable – a situation compounded by the continent's evolving disease burden. While many manufacturers are taking steps to address these gaps, as explored in the previous section, future success will hinge on coordinated action by manufacturers, regulators, governments and the rest of the global health community. This section outlines key opportunities to improve access and availability.

1.

WHAT

Map capabilities and align portfolios with continental health needs to strengthen supply and manufacturing.

WHO

Continental bodies | Manufacturers | Private investors

HOW

Manufacturers are already adapting their portfolios to emerging priorities, including the growing burden of non-communicable diseases (NCDs). Grounding decisions in a clear, shared view of unmet needs, existing capabilities and fragmentation risks can provide manufacturers with a strong base from which to continue. Efforts to anticipate future needs – supported by better coordination and stakeholder consensus on priority products, supply gaps and areas where capabilities can be leveraged – can help align manufacturing portfolios with continental priorities. In turn, this can provide manufacturers, investors and development partners with a more credible and actionable springboard for future progress.

2.

WHAT

Coordinate procurement and intra-African trade to build viable markets for healthcare products.

WHO

Governments | Procurement agencies | Continental bodies

HOW

Greater participation in the African Pooled Procurement Mechanism (APPM) and wider use of African Continental Free Trade Area (AfCFTA) frameworks that facilitate pharmaceutical trade could help aggregate demand, improve market visibility and support more affordable and predictable medicine supply. The recent conclusion of the APPM's first tender – covering ten reproductive, maternal and newborn health products across ten African Union (AU) Member States – demonstrates that coordinated procurement is achievable in practice. By aggregating demand across participating countries and completing a joint procurement process, the initiative provided a proof of concept for regional procurement, even in the case of limited participation from African manufacturers. Expanding this model to new therapeutic areas, including NCDs, will rely on a number of enabling factors: guaranteed financing, but also greater visibility of manufacturers' product portfolios and production capabilities, early engagement between procurers and suppliers, and readiness to meet the quality, regulatory and supply requirements of regional procurement mechanisms. This, in turn, depends on mutual transparency: countries need a clear understanding of local manufacturing capabilities, while manufacturers must openly communicate their existing gaps, bottlenecks and constraints.

3.

WHAT

Harmonise regulation and accelerate market authorisation to reduce red tape and bring products to patients more quickly.

WHO

Regulatory authorities | Governments | Continental bodies

HOW

National regulatory authorities, supported by regional regulatory networks, can help strengthen regulatory harmonisation and expand mutual recognition across African markets. Building on initiatives already underway, countries can make greater use of regional regulatory reliance mechanisms – including joint assessments and work-sharing arrangements – to reduce duplication and improve regulatory efficiency. What's more, full operationalisation of the African Medicines Agency (AMA) across AU Member States would further simplify medicine registration by reducing the need for manufacturers to navigate separate regulatory reviews in multiple countries. This could lower costs, shorten registration timelines and help bring quality-assured medicines to patients across the continent more quickly.

4.

WHAT

Mobilise domestic financing to create more stable market conditions.

WHO

Governments | Global health organisations

HOW

Recent reductions in health-related foreign aid underscore the need for governments to place greater emphasis on domestic resource mobilisation and sustainable financing mechanisms. Long-term purchasing commitments, volume guarantees and expanded health insurance and reimbursement schemes can help make demand more predictable and give manufacturers greater confidence to invest, particularly in high-burden areas such as cardiovascular disease and diabetes. Additional opportunities may exist to generate resources through health taxes on products such as tobacco and alcohol, with revenues channelled into healthcare investment, as demonstrated by recent revenue gains from tobacco and sugary beverage taxes in Ghana and South Africa. Ensuring the efficiency of existing health expenditure will also be crucial: for example, public-private partnerships to digitalise supply chain systems can reduce waste, strengthen accountability and minimise fund leakage. Together, these domestic financing levers can reduce dependence on external aid and create a more stable enabling environment for pharmaceutical investment and supply.

5.

WHAT

Coordinate investment and adapt financing models to match the realities of local manufacturers and unlock capital.

WHO

Governments | Development finance institutions | Global health organisations

HOW

Development finance institutions (DFIs) have committed significant financing to support local medicine production in Africa, but much of it remains undisbursed – and what does flow is often fragmented or duplicative. A key reason is the mismatch between standard DFI financing requirements and the realities facing many local manufacturers, which often lack the collateral, credit history or reporting infrastructure needed to access funding. Greater coordination among funders could reduce duplication and ensure financing is better aligned across initiatives, allowing them to make meaningful progress. Adapting existing financing approaches to better reflect manufacturers' needs – including improved access to working capital, appropriate risk sharing mechanisms and more flexible investment terms – would help turn existing commitments into investment that can support sustainable local production.

6.

WHAT

Strengthen demand visibility and forecasting and while boosting infrastructure capacity to improve supply chain resilience.

WHO

Governments | Manufacturers | Global health organisations

HOW

Greater demand visibility and improved forecasting at the country and continental levels can help manufacturers make more informed decisions about production, capacity expansion and supply planning. Manufacturers can also strengthen supply resilience by improving inventory planning, diversifying suppliers and strengthening risk management in line with their scale and capabilities. Broader investment in quality assurance systems and physical infrastructure – including cold-chain capacity, warehousing, storage and last-mile distribution – can help ensure that improvements in supply security translate into more reliable availability and affordable access, particularly for out-of-pocket payers.

7.

WHAT

Strengthen care pathways to improve medicine access and patient reach.

WHO

Governments

HOW

More effective care pathways within primary and district-level health systems can improve access to essential medicines by ensuring patients receive timely diagnosis, treatment and follow-up care. Care that begins at the first point of contact and is supported by clear treatment guidelines and trained health workers, particularly for NCDs, can reduce delays in treatment, improve continuity of care for long-term conditions and reduce the number of patients lost to follow-up. Ensuring that guidelines reflect the latest available treatments is particularly important, as outdated protocols can limit the uptake of newer, more effective medicines even where they are available. At the same time, ensuring that medicines are prescribed and dispensed at the appropriate level of care remains critical: in many African health systems, gaps between supply and delivery remain a significant barrier to access.

8.

WHAT

Structure public–private partnerships, technology transfers and collaborations to build long-term capabilities.

WHO

Manufacturers | Global health organisations

HOW

Well-designed partnerships can support both procurement and the development of local production capacity. Technology transfer agreements, for example, can be structured to extend beyond product transfer to include production processes, quality systems, regulatory compliance and manufacturing know-how, building the capabilities needed for long-term local production. Phased approaches that progressively transfer more complex manufacturing activities can further strengthen local expertise and support increased agency over time. In turn, manufacturers can maximise these partnership opportunities by continuing to strengthen their technical capabilities, quality systems and regulatory readiness.

Appendices

APPENDIX I

GEOGRAPHIC SCOPE

This report adopts the geographic scope of the 2026 *Access to Medicine Index*. Our selection process for country inclusion draws from the World Bank income group classification (2026), the United Nations Development Programme (UNDP) *Human Development Report* (2025) and the UN's inequality-adjusted Human Development Index.

This report's scope covers 51 African countries.

COUNTRY	WORLD BANK CLASSIFICATION (FY2026)	COUNTRY	WORLD BANK CLASSIFICATION (FY2026)
Algeria	UMIC	Mali	LIC
Angola	LMIC	Mauritania	LMIC
Benin	LMIC	Morocco	LMIC
Botswana	UMIC	Mozambique	LIC
Burkina Faso	LIC	Namibia	LMIC
Burundi	LIC	Niger	LIC
Cabo Verde	UMIC	Nigeria	LMIC
Cameroon	LMIC	Republic of the Congo	LMIC
Central African Republic	LIC	Rwanda	LIC
Chad	LIC	Sao Tome and Principe	LMIC
Comoros	LMIC	Senegal	LMIC
Côte d'Ivoire	LMIC	Sierra Leone	LIC
Democratic Republic of the Congo	LIC	Somalia	LIC
Djibouti	LMIC	South Africa	UMIC
Egypt	LMIC	South Sudan	LIC
Equatorial Guinea	UMIC	Sudan	LIC
Eritrea	LIC	Tanzania	LMIC
Eswatini	LMIC	Togo	LIC
Ethiopia	LIC	Tunisia	LMIC
Gabon	UMIC	Uganda	LIC
Gambia	LIC	Zambia	LMIC
Ghana	LMIC	Zimbabwe	LMIC
Guinea	LMIC		
Guinea-Bissau	LIC		
Kenya	LMIC		
Lesotho	LMIC		
Liberia	LIC		
Madagascar	LIC		
Malawi	LIC		

LIC Low-income country
LMIC Lower-middle-income country
UMIC Upper-middle-income country*
World Bank Group income classifications (FY2026)

*All UMICs in a low or medium UNDP Human Development Index group or with a low inequality-adjusted Human Development Index were included.

APPENDIX II

PRODUCT SCOPE

This report's product scope covers the essential medicines for non-communicable diseases and maternal health conditions listed below. These products may include independently developed generic medicines or biosimilars, as well as branded products supplied under licensing or contract manufacturing agreements. Product selection was informed by screening the World Health Organization's Essential Medicine List (2025) for first- and second-line therapies as well as consultations with relevant stakeholders.

Selected products from this list are profiled in examples throughout the report.

INTERNATIONAL NONPROPRIETARY NAME (INN)	DISEASE CATEGORY
amlodipine	Cardiovascular disease
amlodipine/lisinopril	Cardiovascular disease
amlodipine/valsartan/hydrochlorothiazide	Cardiovascular disease
atorvastatin	Cardiovascular disease
bisoprolol	Cardiovascular disease
enalapril	Cardiovascular disease
hydrochlorothiazide	Cardiovascular disease
lisinopril	Cardiovascular disease
lisinopril/hydrochlorothiazide	Cardiovascular disease
metoprolol	Cardiovascular disease
telmisartan	Cardiovascular disease
telmisartan/amlodipine	Cardiovascular disease
telmisartan/hydrochlorothiazide	Cardiovascular disease
valsartan	Cardiovascular disease
warfarin	Cardiovascular disease
gliclazide	Diabetes mellitus
insulin (analogue, long- or rapid-acting)	Diabetes mellitus
insulin (human, intermediate- or short-acting)	Diabetes mellitus
metformin	Diabetes mellitus
calcium gluconate	Maternal health
dexamethasone	Maternal health
hydralazine	Maternal health
magnesium sulphate	Maternal health
methyldopa	Maternal health
misoprostol	Maternal health
oxytocin	Maternal health
tranexamic acid	Maternal health
ethinylestradiol/levonorgestrel	Contraception
etonogestrel (implant)	Contraception
levonorgestrel	Contraception
Other contraceptives	Contraception

APPENDIX III

KEY INITIATIVES SUPPORTING AFRICAN PHARMACEUTICAL CAPACITY AND MEDICINE SUPPLY

This appendix lists regional and international initiatives designed to increase local manufacturing capacity and strengthen the supply of medicines in Africa. While not an exhaustive list, these examples highlight the key regulatory, financial and trade mechanisms currently driving efforts to improve the supply of essential medicines on the continent.

Regulatory harmonisation

- The operationalisation of the **African Medicines Agency (AMA)** is aimed at strengthening regulatory coordination and harmonising medicine approvals *(treaty adopted in February 2019, in force as of November 2021)*.

Trade and market integration

- The implementation of the **African Continental Free Trade Area (AfCFTA)** for health products strengthens regional market integration and trade facilitation *(in force as of May 2019; trading commenced January 2021)*.
- Regional Economic Communities and regional health bodies are advancing pharmaceutical trade and market integration through initiatives that harmonise regulatory frameworks, coordinate procurement and facilitate the movement of medical products across borders. These include efforts led by the **East African Community (EAC)**, the **Economic Community of West African States (ECOWAS)**, the **Southern African Development Community (SADC)**, the **Common Market for Eastern and Southern Africa (COMESA)** and the **Association of Central African Medicine Stores (ACAME).** Progress varies across regions and initiatives.

Regional manufacturing capacity and intelligence

- The **African Union Development Agency – New Partnerships for Africa's Development (AUDA-NEPAD)** established a list of 24 priority medical products and an accompanying roadmap for regional manufacturing *(launched in February 2024 at the AU Summit)*.
- The **African Manufacturing Market Intelligence and Network Analysis (AMMINA)** platform maps Africa's health product manufacturers to drive targeted investment, boost regional manufacturing and reduce reliance on imported medical supplies *(initially launched in October 2025)*.
- The Africa Centres for Disease Control and Prevention's (Africa CDC) **Platform for Harmonised African Health Products Manufacturing (PHAHM)** is a strategic framework that supports the manufacturing of vaccines, medicines, diagnostics and medical devices in Africa. The PHAHM was upgraded from the **Partnership for African Vaccine Manufacturing (PAVM)** *(expanded by Heads of State in 2024)*.
- The **African Pharmaceutical Technology Foundation (APTF)** is an independent agency that facilitates technology transfer, licensing and strategic partnerships that strengthen pharmaceutical manufacturing capabilities across Africa. The APTF was established by the **African Development Bank**.

Financing and investment

- The African Development Bank's **Pharmaceutical Action Plan** commits to investing USD 3 billion up to 2030 to support pharmaceutical and vaccine manufacturing in Africa and increase industry maturity through the development of local production capacity.
- The Afreximbank and Africa CDC's USD 2 billion **Health Security Investment Plan** uses blended finance mechanisms to de-risk pharmaceutical manufacturing and scale production capacity *(announced in June 2024)*.

- The African Development Bank and other development finance institutions (including International Finance Corporation (IFC), European Investment Bank (EIB), FMO - Dutch Entrepreneurial Development Bank and Deutsche Investitions- und Entwicklungsgesellschaft (DEG)) use **guarantees, concessional debt and equity financing** to de-risk private investment and accelerate the expansion of manufacturing capacity across Africa *(in 2023 the EIB deployed EUR 100 million alongside Afreximbank to expand production of medicines across sub-Saharan Africa)*.
- Afreximbank's **Fund for Export Development in Africa (FEDA)** supports the development of industrial zones, logistics infrastructure, and manufacturing platforms through targeted financing *(established November 2020)*.
- The European Union's **Global Gateway** health manufacturing packages support the development of pharmaceutical manufacturing capacity by combining grants, loans and guarantees *(introduced in December 2021)*.
- Gavi's **African Vaccine Manufacturing Accelerator (AVMA)** is a financing mechanism that provides up to USD 1.2 billion over ten years via a pull financing mechanism to accelerate commercially viable vaccine manufacturing in Africa *(launched in June 2024)*.
- **MAV+** is a comprehensive framework that supports African partners to strengthening local pharmaceutical systems and scale manufacturing capacity. It aims to create predictable demand, strengthen regional regulation and facilitate technology transfer *(launched in 2021)*.
- **MedSuRe** is a United States Pharmacopeia (USP) led project that seeks to improve the availability of quality-assured medicines, support manufacturers in developing sustainable business cases to attract additional investment and shape an enabling environment in Africa *(launched in 2025)*.

Procurement

- The **African Pooled Procurement Mechanism (APPM)** strengthens the collective purchasing of health products across African countries *(endorsed by the African Union in February 2024 and launched in October 2025)*.

Workforce development

- The Africa CDC's **Regional Capability and Capacity Networks (RCCNs)** aim to strengthen technical education and workforce training to address critical shortages in skilled personnel required to operate local manufacturing sites *(RCCN Secretariats launched in February 2025)*.
- The **African Initiative for Medical Access and Manufacturing (AIM30)** aims to strengthen medical industries through technical upskilling and expanded regional production while securing domestic supply chains *(launched in May 2026*).

APPENDIX IV

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