

# partner for prosperity

First Coordination Meeting for the Pharmaceutical Industry in the GCC and Yemen Doha, Qatar, 11 April 2011

# Towards a multi-client study on the pharmaceutical industry in GCC and Yemen

Brainstorming & feedback session

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# GOIC multi-client study on the pharmaceutical industry in GCC and Yemen

## Outline

- 1. Why this session?
- Context: supporting local pharmaceutical production (LPP) in developing countries
- 3. Accelerating pharmaceutical industry growth and upgrading in GCC: key issues
- 4. What should the multi-client study look into?

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### **WHY THIS SESSION?**

- 1. GOIC invited UNIDO inputs for study concept note
- 2. 2011 study objectives (GOIC proposal)
  - Provide GCC pharmaceuticals industry with intelligence for strategic planning purposes
  - Identification of investment opportunities; investment promotion (FDI & domestic)
  - Increased efficiency and regional/GCC harmonization of drug regulation
- 3. Joint UNIDO & IMS 'coaching' along exercise to establish interest and precise information, analytical and/or advisory needs that different stakeholders (you!) would wish to see addressed in study
  - IMS: Markets, investment, healthcare infrastructure
  - UNIDO: Sector development strategies and policies
- 4. UNIDO's re-engagement with pharmaceutical industry development

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## <u>CONTEXT: SUPPORTING LOCAL PHARMACEUTICAL PRODUCTION (LPP)</u>

- 1. Access to affordable high quality drugs remains vastly inadequate globally
  - Regarding both three **big pandemics** (HIV/Aids, malaria, tuberculosis) ...
  - ... AND many other communicable & non-communicable diseases
  - Human tragedy on its own
  - Compromises productive capabilities
  - Most profound in LDCs/sub-Saharan Africa
- 2. Challenges hindering access on both demand and supply side well documented
  - Wide range of public health <u>and</u> economic development issues
  - Drug procurement, storage, distribution, pricing, rational use, regulatory issues
  - Low purchasing power, funding constraints, stock-outs, penetration of substandard & counterfeit products
  - Limited human resources for health
- 3. Vast majority of essential medicines is being imported into Africa
- **4. SSA 2008:** Only 28% from African manufacturers
  - Of which 70% from South Africa and a further 20% combined from GHA, KEN & NIG



## **CONTEXT: SUPPORTING LPP**

(cont'd)

- Over last decade, much more importance attached to pharmaceutical sector development on international "access to drugs" agenda
  - WTO TRIPS Agreement & Doha Declaration on TRIPS and Public Health
    - Interface between IPRs and public health: impact of IPRs on innovation and access to medicines
    - LDC waiver (= exemption until 31 Dec 2005)
    - □ TRIPS flexibilities: Exceptions, parallel imports, **compulsory licenses** (CL), etc.
    - WTO Members can issue CLs for local production and imports ("Para 6 system")
    - "TRIPS Plus" in bilateral trade agreements
  - DCs/LDCs increasingly attest <u>strategic importance</u> to sector
    - Security/continuity of medicines supply
    - Conduit to combat substandard and counterfeit medicines
    - Knowledge-intensive industry
  - DC/LDC pharma industry keen to get access to internationally funded drug procurement markets (tenders), e.g. GFATM, PEPFAR, ...

## **CONTEXT: SUPPORTING LPP**

(cont'd)

#### 6. LPP initiatives *include*

- WHA 2008: Global strategy and plan of action on public health, innovation and intellectual property
  - Element 4: Transfer of technology and production of health products, including for health-related R&D, through investment, capacity building and partnerships
- **AU:** Pharmaceutical Manufacturing Plan for Africa (**PMPA 2007**)
  - CAMI 19 (27-31 March 2011): Pharmaceutical sector prioritized in AIDA implementation plan (= Accelerated Industrial Development in Africa)
- SADC Pharmaceutical Business Plan (2007-13)
- EAC Regional Pharmaceutical Manufacturing Plan of Action (2010-16)
- NEPAD initiatives on the Strengthening of Pharmaceutical Innovation & on Drug Regulatory Harmonization in Africa
- Country level: pharmaceutical industry assigned priority status

## PHARMACEUTICAL PRODUCTION IN DCs/LDCs – CHALLENGES RELATED TO:

- Human resources as to industrial pharmacy
- Access to technical know-how on plant upgrading
- Access to affordable capital & impact of high interest rates on debt
- Fragmented nature of regional markets and small market size, adversely effecting efficiency prospects
- Import of raw materials (APIs), largely from Asia, and related lead time and working capital requirements
- Reliability & costs of utilities
- Capacity of medicines regulatory authorities to prevent lower standard and counterfeit products
- Intra-government coordination (health, tax, science and industrial policies)
- Sector representation by effective business membership organizations (pharmaceutical manufacturer associations)



## KEY CHALLENGE: "TENSION" BETWEEN PUBLIC HEALTH AND INDUSTRIAL POLICY

	Public health (PH)	Industrial policy (IP)
Objective	Low-cost supplies of high- quality drugs (quality, safety, efficacy)	Pharmaceutical industry growth (income, jobs, tax revenue, exports)
Views on LP	Drug production venue of no / little importance	Insufficient interest of large- scale global manufacturers in small DC/LDC markets
		Knowledge, education, training
Varied synergies of IP measures on PH objective	<ul> <li>Direct subsidies, loans or tax breaks</li> <li>Import restrictions or duties for competitor products</li> <li>Export subsidies</li> <li>Preferential treatment (public drug procurement, regulatory approvals, pricing decisions)</li> <li></li> </ul>	



## **GRADUAL MAINSTREAMING OF LPP SUPPORT**

- Contentious debate about feasibility of LPP in DCs/LDCs has given way to ...
- ... gradual acceptance of pharmaceutical industry development as valuable contribution to easing access to drugs challenge
- Fostering production of essential medicines in DCs/LDCs is a complex undertaking (nature of products & production processes, governance, multiplicity of stakeholders)
- "Natural" tension between industrial development and public health perspectives can be overcome by
  - Showing commercially viable route to quality production
  - Denying any 'need' to reduce or accept reduction of quality standards
- Need for holistic approach towards sector development ...
- ... requires to overcome disconnects
  - Within governments/public policy stakeholders (health, industry/trade, science/technology)
  - Between public and private sector

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#### **POLICY FRAMEWORK**

- Political will needed to boost pharmaceutical industry by changing institutional and business environment
- Multitude of stakeholders requires acceptance of need for coordination/cooperation at varied levels
  - Intra-government (at least, Ministries of Industry & Health)
  - Medicines regulatory body
  - Industry
- Industry incentives (tax, capital, ...) must be evidence based
- Promote manpower/human resource development
- No prescribed, one-size-fits-all strategy
- Interactive/iterative process with core stakeholders

(cont'd)

### REGULATION

- Key role of (national) medicines regulatory authority (MRA) for establishment of, and ensuring adherence to, quality standards (QA/QC)
- Is MRA strong enough to enforce compliance (incl. political backing)?
- Communication lines with manufacturers on GMP (e.g. GMP roadmap with milestones and timelines)?
- Efficiency of granting marketing authorization
- Post marketing surveillance (PMS) ensure uniform quality standards and their transparent application (level playing field for imports and locally produced drugs)

(cont'd)

#### REGULATORY HARMONIZATION

- Disparate regulatory systems hamper trade in pharmaceuticals
- Need for medicines legislative framework at national and (sub)regional levels beyond GMP, e.g. GDP, GLP, GCP, other
- Harmonization of medicines registration
- Regulatory harmonization initiatives underway in sub-Saharan Africa (EAC, COMESA, SADC, ...) – slow progress



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#### TRIPS AGREEMENT

 How have TRIPS provisions been translated into national IPR/ patent legislation in GCC countries? Is there a need for GCC countries to make use of TRIPS flexibilities?



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## **BUSINESS MEMBERSHIP ORGANIZATIONS (BMOs)**

- Pharmaceutical (or, specifically, generics) manufacturers association
- National and/or sub-regional (GCC)
- Recent initiatives at sub-regional level SSA
  - Southern African Generics Medicines Association (SAGMA)
  - Federation of East African Pharmaceutical Manufacturers (FEAPM)
  - Western African Pharmaceutical Manufacturers Association (WAPMA)
- Early talks about pan-African body
- Functions: advocacy, service provision



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Breaking Barriers to Medicine Access





#### 14th Annual International Generic Pharmaceutical Conference

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## **PARAMETERS OF GCC MULTI-CLIENT STUDY**

Starting point	<ul> <li>GCC healthcare needs to rise sharply (growing &amp; ageing population, rising non-communicable 'lifestyle' diseases)</li> <li>Vast majority of drugs imported</li> <li>Is the intention to advocate for a larger part of GCC medicines needs to be met from locally produced ones (relative share/absolute numbers?</li> </ul>
Information needs to be satisfied	What are the main stakeholders' key information/sector intelligence needs that the study should address?  • Policy-makers (industry, trade, health, science & technology)  • Manufacturers  • MRAs  • Other?
Intended use(s), purpose(s)	<ul> <li>Guidance for decisions at company level (strategic planning, investment decisions,) and at policy level (industrial policy measures, MRA strengthening, regulatory harmonization)?</li> <li>Key analytical input for development of regional (GCC) pharmaceuticals sector development strategy?</li> </ul>
Target audience	Policy-makers, manufacturers, regulators,?

## **PARAMETERS OF GCC MULTI-CLIENT STUDY**

Which of these questions would you like to see addressed?

- What is the market outlook for major groups of pharmaceuticals in GCC?
- Competitiveness of locally-manufactured medicines viz. other regions? What strategies needed to counter foreign competition?
- Current challenges for intra-regional trade in pharmaceuticals?
- Challenges and opportunities brought about by WTO membership?
- MNC Global strategies of MNCs: recent trends and likely future developments
- Regulatory hurdles faced by pharma industry in GCC?
- Role of CROs in pharma industry and their use by GCC companies
- How can GCC companies enhance R&D capabilities?
- Trends in global partnerships and licensing deals? Involvement of GCC? Licensing and partnership opportunities with global players?
- Likely future investment direction for pharmaceutical industry in GCC and Middle East?

**ANY OTHER?** 



## Thank you!

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## ANNEX

## **UNIDO GLOBAL PROJECT**

Advice & capacity-building	Strengthening the local production of essential <b>generic</b> drugs in developing countries through the promotion of SMEs, business partnerships, investment promotion and South-South cooperation	
Duration	Start: 01/2006 Phase III: 01/2011 – 12/2012	
Budget	EUR 4.7 m - Co-funded by Germany (EUR 3.68 m) & UNIDO (EUR 1.02 m)	
Objective	Increased capacity for the competitive local manufacturing of essential generic drugs in target (L)DCs	
Focus	<ul> <li>Initially, medicines against three pandemics</li> <li>Meanwhile, essential medicines at large</li> </ul>	
Levels of intervention	<ul><li>Policy</li><li>Institutions</li><li>Sector/plant</li></ul>	
Guiding criteria	<ul> <li>Commercial viability</li> <li>Int'l quality standards (GMP, WHO PQ)</li> <li>⇒ But : pragmatic approach recognizing realities on the ground</li> </ul>	

## **UNIDO PROJECT - MILESTONES**



#### **Policy**

 Multi-stakeholder pharmaceutical sector roundtable processes & formulation of sector development strategies underway:
 GHANA, KENYA



#### **Institutions**

- Coaching towards formal inauguration of Southern African Generic Medicines Association (SAGMA), Dec 2009
- Support to pharmaceutical manufacturers associations (strategy building, LP advocacy): West Africa, Botswana
- Sponsoring int'l training course on "Advanced Industrial Pharmacy"; host: Kilimanjaro School of Pharmacy, Moshi/URT



#### Sector/plants

- Overall: escorting upgrading process towards int'l c-GMP and/or WHO Prequalification (PQ).
- **GHANA:** Coaching/advisory support for two companies (business plan, investor search, mock inspection)
- CAMEROON: Inauguration of new plant (Apr 2010)
- BOTSWANA: Conceptual study on Greenfield investment

## **UNIDO PROJECT - MILESTONES**



#### **Significant network of contacts:**

ALMA, COHRED, NEPAD, SADC, UNAIDS, UNCTAD, UNDP, UNITAID, UNDP, WHO

- Interagency Pharmaceutical Coordination Group (IPC),
   Chair: WHO
- SADC Pharmaceutical Task Force
- Roll Back Malaria Procurement and Supply Chain Management Working Group (RBM/PSM)
- African Leaders Malaria Alliance (ALMA)



## INIDO'S NICHE: INTERFACE PUBLIC HEALTH / INDU

- Access-to-drugs challenge addressed by large number of stakeholders
  - UN agencies, DFIs, scientific bodies, CSRrelated initiatives, bilateral donor agencies
  - Procurement, distribution, treatment and use; research, discovery, development & testing, regulatory issues

#### BUT

Interventions to improve operational environment of pharmaceutical manufacturers or to upgrade towards international quality standards remain few and far between





















## **ENHANCED UNIDO PROGRAMME: PLANNED MODULES**

#### Pharma sector development strategies, policies & programmes

- Value chain approach
- Sector roundtables, multistakeholder consultations

Investment facilitation, including matchmaking platform

#### **Technology transfer** promotion

- North-South, South-South
- Brokering partnerships (business, public/private, CSR-related)

#### **Research function**

- Economics of production
- Scarcity of market data

#### **Expert pool for plant**level guidance

- Technical & business

#### **Human resource** development

...[other]

In cooperation with/complementary to others