The EC/ACP/WHO Partnership 2012-2017

Key facts

15 countries: Burundi, Cameroon, Congo, Democratic Republic of Congo, Ethiopia, Ghana, Guinea-Conakry, Kenya, Mali, Mozambique, Senegal, Tanzania, Togo, Zambia, and Zimbabwe

3 partners: the African, Caribbean and Pacific Group of States (ACP), the European Union (EU), and the World Health Organization (WHO)

10 million Euros to strengthen pharmaceutical systems and improve access to quality medicines

5 years of progress to save and improve more lives

5 priorities:

- Improved availability and supply of selected essential medicines in national, regional and community health facilities through national supply systems
- Reduced medicines prices and improved mechanisms for financing and for coverage of essential medicines in social protection schemes
- Improved quality of medicines and reduced occurrence of substandard and counterfeit medicines
- Improved medicines selection, prescribing, dispensing and use
- Improved access to reliable country pharmaceutical sector information; evidence-based national medicines policies and plans developed and monitored; enhanced transparency and good governance of the pharmaceutical sector
Highlights of results

✓ The partnership project trained a total of 3,600 health workers across the 15 countries in five years, including pharmacists, prescribers, regulators and supply chain technicians.

✓ All of the 15 countries updated their national essential medicines lists according to the most recent evidence on tackling the double burden of communicable and non-communicable diseases.

✓ Child-friendly medicines for HIV, TB and malaria became more available in most of the 15 countries.

✓ Six National Regulatory Authorities (NRAs) – of DRC, Ghana, Kenya, Mozambique, Senegal and Zambia – worked to improve the registration of medicines, inspections, quality control, authorization of pharmaceutical establishments and pharmacovigilance.

✓ Pricing surveys conducted in Burundi and Mali led to new legislation fixing prices in the private sector to limit expenditure for patients.

✓ The WHO African Regional Office established an electronic system to record procurement prices of medicines on a regional level, supporting all 15 countries to ensure fair and affordable prices.

✓ In Ethiopia, the Government has defined the list of priority medicines to be covered by the national insurance scheme, marking a first step towards universal health coverage.

✓ Improved detection techniques have led to the increased capacity of Ethiopia and Mozambique to screen for substandard and counterfeit products at ports of entry, thus offering better protection for patients in their communities.

✓ In Togo, TV and radio campaigns were organized to raise awareness of substandard and counterfeit medicinal products.

✓ 12 of the 15 Partnership are conducting surveys on the consumption of antibiotics as an important first step to combatting antimicrobial resistance.

✓ 111 public hospitals’ drug and therapeutics committees in Ethiopia were assessed and strengthened, resulting in a dramatic improvement in their performance, thereby ensuring efficient spending and rational use of medicines.

✓ The number of spontaneous notifications of adverse drug reactions in Mozambique rose from 118 in 2012 to 936 in 2014 as a result of pharmacovigilance training hosted by the Partnership.

✓ In Senegal, the Partnership provided support to the National Regulatory Authority to develop a database of all products registered in the country, shortening registration time and helping procurers adhere to national regulations.