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Issue: Strengthening Africa's healthcare systems through promoting locally produced medicine and medical technologies

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Committee: Pan African Parliament of the African Union

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I. Introduction

Today, Africa's life expectancy is relatively low compared to other regions in the world. The global average life expectancy has increased to 73 years, while in Africa it is at 63.8 years. This is the lowest recorded life expectancy among the regions, the closest being Asia at 74.6, with more than 10 years in between. Vaccination coverage data is no different. In fact, the universal health coverage index, healthcare access and quality, and government expenditure on health are all areas in which Africa ranks last. The relative global health data maps of different categories clearly indicate that African countries are, in general, lacking in terms of their healthcare systems due to many reasons.

One of the many reasons is Africa's dependency on importing medicines, vaccines, and healthcare systems/instruments from abroad. European countries, the People's Republic of China, and the United States of America (USA) have created healthcare monopolies over Africa and have historically discouraged locally produced medicine and medical technologies in the region. In the pharmaceutical industry, such companies from More Economically Developed Countries (MEDCs) thrive in Africa, while blocking local production through their patents. Such pharmaceutical monopolies are a general trend in all countries, but Africa's lower total healthcare spending as a share of GDP, as well as the region's low GDP, makes it harder to afford foreign healthcare solutions such as medicines and medical technologies, making them inaccessible to the public. Not only are these medical products expensive, but it is also dangerous to

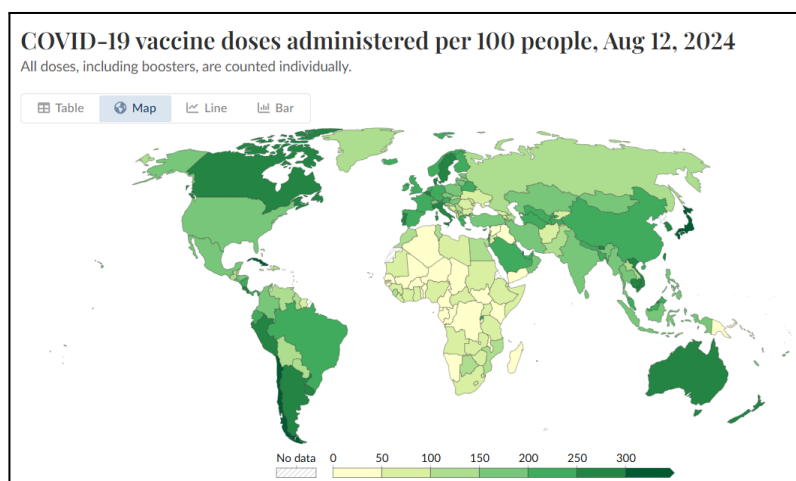


Image 1: A map of Covid-19 doses administered per 100 people

depend on them in urgent situations. For example, during COVID, Africa was reported to have received vaccines last, and some African countries never even got enough. So, Africa's healthcare weakness is not only caused by a lack of resources, but also by former colonial medical structures, pharmaceutical monopolies, patent and intellectual property issues, corruption/mismanagement, brain drain



due to doctors and scientists leaving the continent, weak regulatory standards, and postcolonial economic struggles/relationships.

Although at first, local production of medicine and medical technologies in Africa may be seen as one of the only solutions to strengthen Africa's healthcare systems, it is not an easy task to achieve. Previously mentioned reasons, especially intellectual property problems caused by locally producing medical products, medical companies' interests in the region, and a lack of resources, all stop attempts at local production. In terms of local production, it is necessary for African countries to unite under the topic of healthcare to overcome these difficulties, strengthening their healthcare systems overall. Overall, this creates a policy dilemma that requires cooperation among all African countries, whilst keeping in mind all the problems that may arise during the process.

II. Key Vocabulary

Pharmaceutical Sovereignty: Pharmaceutical sovereignty is the ability to impose the will of the government on all aspects of healthcare and pharmaceuticals, such that the government is not subservient to the pressures of any other nation (ET Government, 2025). In this case, the term refers to the need for local production of medical supplies in Africa, as such efforts aim to ensure pharmaceutical sovereignty in the region and strengthen its healthcare systems. Therefore, achieving pharmaceutical sovereignty is crucial in strengthening healthcare systems in Africa

Brain Drain: Brain drain is the situation in which large numbers of educated and very skilled people leave their own country to live and work in another one where pay and conditions are better (Cambridge Dictionary). According to recent data, Africa loses approximately US\$2 billion per annum due to professionals migrating to countries such as Australia, Canada, the UK, and the United States (African Leadership Magazine). This has negative consequences for the entire region, leading to underdevelopment in the medical field and making it harder to strengthen healthcare infrastructure.

Health Infrastructure: Health infrastructure refers to all the physical structures, non-medical/medical equipment, transport systems, and technology necessary for the effective delivery of healthcare services (ScienceDirect). The term covers the entire topic of strengthening Africa's healthcare systems, and "depends heavily on other critical infrastructures" (United Nations University), relating it to difficulties of local production of medical goods in Africa.

Postcolonialism: Postcolonialism is the historical period or state of affairs representing the aftermath of Western colonialism; the term can also be used to describe the concurrent project to reclaim and rethink the history and agency of people subordinated under various forms of imperialism (Encyclopedia Britannica,



2025). Africa's reliance on imported goods like medicines and medical equipment roots from postcolonial economic structures where pharmaceutical production and medical technology development remained in former colonial powers. This state of medical dependence has left Africa in need of locally producing such goods to achieve medical sovereignty and strengthen healthcare systems. The term and the postcolonial theory have shaped today's healthcare systems in Africa considerably.

Universal Health Coverage (UHC): The Universal

Health Coverage (UHC) Service Coverage Index is measured on a scale from 0 to 100 based on the average coverage of essential services, including reproductive, maternal, newborn, and child health, infectious diseases, non-communicable diseases, and service capacity and access (Our World in Data). This index is one of the most comprehensive ways to understand a region's healthcare system quality/accessibility. The term relates to the agenda, as the index map (Image 2) shows that Africa needs its healthcare systems to be strengthened through local production.

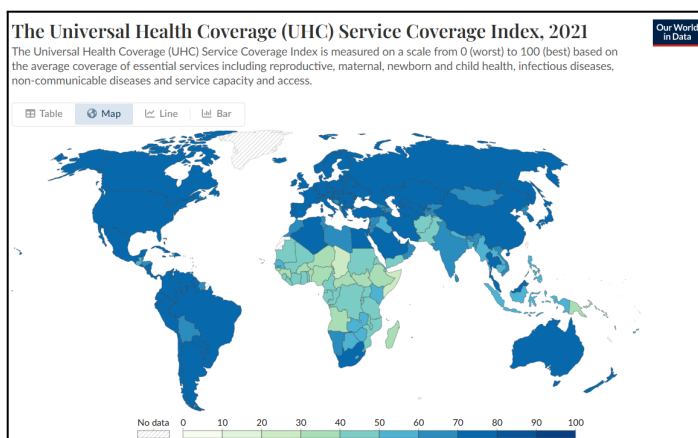


Image 2: A map of UHC Service Coverage Index

Technology Transfer: Technology transfer (TT) refers to the process of conveying results stemming from scientific and technological research to the marketplace and to wider society, along with associated skills and procedures, and is, as such, an intrinsic part of the technological innovation process (European Commission). In this agenda's context, technology transfer is usually used for MEDCs to share their patent rights and intellectual property with LEDCs or African countries.

Postcolonialism: Postcolonialism is the historical period or state of affairs representing the aftermath of Western colonialism; the term can also be used to describe the concurrent project to reclaim and rethink the history and agency of people subordinated under various forms of imperialism (Encyclopedia Britannica). The term and the postcolonial theory shaped today's healthcare systems in Africa.

III. Involved Countries and Organizations

African Union (AU)

The African Union plays a central, unifying, and leading role in the means of local production of medical supplies across the continent. According to the Union's Pharmaceutical Manufacturing Plan for Africa (PMPA), the AU's objective is to support the development of a sustainable local pharmaceutical



industry, ensuring that affordable medicines are available to every African citizen. The AU does not manufacture medical supplies as an organization, but creates policies and directs politics for its Member States to coordinate among them to start production on a national basis. The AU also partners with organizations such as the United Nations Industrial Development Organization (UNIDO), the World Health Organization (WHO), and other international and regional communities/institutions to receive funding and support for developing the necessary technological tools for local production. The AU emphasizes the need to strengthen local production as well as its importance for healthcare reliability and quality throughout the continent. The Union's most recent efforts to enhance the African healthcare systems are: signing a cooperation agreement with the Global Fund to boost local manufacturing, proposing the specialised African Medicines Agency (similar to European Medicines Agency), starting initiatives to balance brain drain to keep scientists in Africa, renewal of a strategic partnership with the WHO to advance health security, universal health coverage, and sustainable health development, and advancement of local manufacturing of vaccines and other health technologies (mentioned in the 37th Assembly of the AU in 2024). Even during the renewal of the partnership with the WHO, H.E. Ambassador Ms. Twum-Amoah, AU Commissioner for Health, stated: "We need to move from budgeting for survival to planning for health sovereignty.", once again highlighting AU's stance in pharmaceutical sovereignty. Ultimately, the African Union holds an important role in the transition from a dependent health system to a sovereign one, all across Africa.

[Africa Centres for Disease Control and Prevention \(Africa CDC\)](#)

Alongside the AU and its sub-agencies/institutions, the Africa CDC is also an official specialized public health agency of the AU, established to support the public health initiatives of the AU's Member States and strengthen the capacity of their healthcare systems to address diseases. Africa CDC plays a crucial role in the production of medical technologies in Africa by promoting what it terms the "New Public Health Order". At a recent session of the Pan African Parliament (PAP) of the African Union (AU) in September 2024, the Director-General emphasized that "existing global mechanisms ... have consistently failed in addressing Africa's health-security priorities" and that Africa "must take control of its health security through strong local leadership, innovation, and investment in public-health infrastructure and systems.". Additionally, the organization's Director-General also discussed countries' budget allocations for their healthcare systems, highlighting various points such as the importance of reducing foreign dependency on medical goods and the benefits of producing medicines locally. Africa CDC has also taken major actions to strengthen Africa's healthcare systems, such as but not limited to signing an agreement with the European Commission to support access to health products and boost local manufacturing (with an investment from Team Europe of €134 million in six African countries), targeting a 60% local manufacturing rate of vaccines by 2040 in Africa (which is around 1% as of 2025), attending to diplomatic and political grounds such as PAP of the AU to support pharmaceutical sovereignty of African states, and mobilising finance with



Afreximbank/pledging a USD 2 billion facility to help African health and local manufacturing. Therefore, just like the AU and its sub-organizations, the Africa CDC takes very similar actions to preserve the health of African civilians and strengthen healthcare systems through local production.

Republic of South Africa

South Africa, in addition to the aforementioned, more general organizations based in Africa, is currently one of the leading African states in developing local pharmaceutical and medical technology production. The country hosts the continent's strongest manufacturing industries, factories, and advanced research institutions. Companies in South Africa, like Aspen Pharmacare, have been involved in vaccine production and drug formulation for nationwide diseases, including HIV/AIDS, tuberculosis, and COVID-19. Although South African advancements in the healthcare sector appear promising for the continent's future in terms of medical sovereignty and quality healthcare systems, the nation's steps towards the shared goal of strengthening Africa's healthcare systems involve international patent holders and the importation of active pharmaceutical ingredients from MEDCs. South Africa's experience, therefore, shows both the potential and the limitations of local medical production in Africa. The country's limitations regarding manufacturing highlight the problems that require attention, and the current local production achievements indicate that other African countries can also engage in regional production. Today, South Africa publicly states its commitment to building local manufacturing capabilities for vaccines, therapeutics, and diagnostics, while urging the country's public procurement budget to allocate 30% of its healthcare public procurement to manufacture medical goods locally. This statement is supported by Blade Nzimande, South Africa's Minister of Science, Technology & Innovation: "Our country's Decadal Plan specifically identifies Health Innovation as a core STI priority ... explicitly targets the development of domestic capabilities across the entire health value chain — from discovery to local manufacturing of vaccines, active pharmaceutical ingredients, and diagnostics."

Arab Republic of Egypt

The Arab Republic of Egypt, commonly referred to as Egypt, is the leading pharmaceutical producer in Africa. Based on recent market estimates, Egypt accounts for approximately 23-24% of Africa's pharmaceutical market in value. On top of this, according to Egypt's Drug Authority, the country produces about 91% of the finished medicines consumed domestically, which is the exact opposite in the rest of Africa, where 70-90% of domestically used medicines are imported. In addition to the statement from Egypt's Drug Authority, Ali El-Ghamrawy, Chairman of the Egyptian Drug Authority, supports this message and urges localization of local pharmaceutical production even more: "We aim to localise the manufacture of vital pharmaceutical products to reduce the import bill... the private sector plays a pivotal role in the pharmaceutical industry." Although Egypt leads the medical industry in Africa, the country is still reported to



be importing most of the raw materials required to manufacture medical supplies locally. These statistics demonstrate the continent's growing potential to develop its own medical production capacity. While initially imported raw materials may still be necessary to boost local manufacturing, just like in Egypt's case, in the future, all African Member States may transition to a fully independent production system. Egypt, as well as South Africa, views the pharmaceutical sector as a matter of national security and economic sovereignty. Under the Egypt Vision 2030 strategy, the government also introduced policies to localize medicine production, reduce import dependence, and encourage research and development.

Federal Democratic Republic of Ethiopia

Hosting the African Union's headquarters, Ethiopia stands as one of Africa's most promising countries in terms of future local pharmaceutical production. Even though the country is not yet partially self-sufficient, like South Africa or Egypt, it is usually considered to be ahead of many other African countries due to its new medical production policies and plans for regional cooperation. While the country still imports around 70-90% of its finished medicines/medical technologies, it has become a model for how medical industry policies may be aligned with public health.

Ethiopia's current UHC Service Coverage Index score is 35.1, similar to its neighboring countries and Africa in general. The distinguishing factor, however, is the National Strategy and Plan of Action for Pharmaceutical Manufacturing Development, similar to the African Union's PMPA. This alignment with the AU's PMPA also supports Ethiopia's plan by providing aid from UNIDO, WHO, and the African Development Bank. Ethiopia's 10-year pharmaceutical plan was designed to increase local production to cover 50% of national pharmaceutical demand by 2025, a goal unmatched by any other African country in its current state. The plan also aimed to promote local investment in the country's 20 licensed pharmaceutical manufacturers, substitute importers with other regional options to encourage cooperation, and improve its manufacturing technologies through industrial parks, fiscal incentives, and public-private partnerships. As 2025 came around, to compare the plan's goals and the reality, Ethiopia partially achieved its 50% local production rate goal, with 36% of drugs and medical supplies being domestically produced, improved its manufacturing of some of the raw materials required to produce medical goods locally, and received investment in 20 of its licensed pharmaceutical manufacturers. Comparing the reality and goals of the 10-year plan, Ethiopia was relatively successful compared to other African countries. In addition, the plan from 2015 to 2025 centered on the Kilinto Industrial Park in Ethiopia's capital, which is the continent's first dedicated pharmaceutical and biotechnology area. This is another factor that sets Ethiopia apart from African countries in a similar state. Despite a strong commitment to the concept of pharmaceutical sovereignty, Ethiopia still faces challenges and limitations in local production, including shortages of skilled labour, insufficient access to financial resources (despite the aid from international organizations), a limited



research base, and continued dependence on imported raw materials, which resulted in a partial success in the nation's goals rather than surpassing them.

Overall, Ethiopia's healthcare policies are often regarded as a blueprint for the entire continent, marking a transition from medical dependency towards a sovereign healthcare system. As the former Minister of Health of Ethiopia, MD Lia Tadesse says, "The pharmaceutical industry is a cornerstone of Ethiopia's industrial development plan and a key path toward self-reliance in health".

Central African Republic (CAR)

In its current state, the Central African Republic (CAR) represents one of the weakest healthcare systems in Africa and globally. The country's UHC Service Coverage Index stands at 32.3, among the lowest globally, indicating minimal access to essential health services. Almost all medicines, vaccines, and medical devices are imported from foreign countries, primarily through donor-supported programs, which are typically managed by international organizations such as the United Nations Children's Fund (UNICEF), the Global Fund, and Médecins Sans Frontières (MSF). Local production capacity for pharmaceuticals is nonexistent, with no registered domestic manufacturers in the country and minimal regulation of the medical systems. Foreign aid and humanitarian organizations cover approximately 60-70% of the national health budget, indicating a strong medical dependency on external sources. As Minister of Health, Dr. Jean-Chrysostome Gody remarked, "The Central African Republic's health system remains almost entirely dependent on international aid, and rebuilding resilience will require a shift toward regional and local solutions." Although the Ministry of Health and Population, with the support of WHO, emphasized rebuilding primary healthcare facilities and basic vaccination programs, no action was taken due to political instability, the country's ongoing civil war, and insufficient funding for healthcare. Due to the current state of the region, CAR's dependence on external suppliers creates vulnerabilities for its healthcare systems, as disruptions in international aid, transportation, or political relations can instantly cause medical shortages all across the country. Moreover, the absence of quality-control laboratories exposes the population to risks of counterfeit or substandard medicines. The lack of local production also means that even basic medical supplies like gloves, syringes, or diagnostic kits must be imported, once again risking shortage. Therefore, the Central African Republic is an example of the importance of strengthening local medicine and technology production across the continent. The country's healthcare system's current status illustrates how health insecurity is directly tied to medical dependence. Lastly, the CAR's situation directly highlights the need for regional cooperation through organizations such as the African Union and Africa CDC to help the most vulnerable African states transition their healthcare systems.

World Health Organization (WHO)



The World Health Organization (WHO), via its Regional Office for Africa (WHO-AFRO), assists in developing Africa's healthcare systems and promotes local manufacturing of medical supplies. In 2023, WHO-AFRO introduced the "Framework for Strengthening Local Production of Medicines, Vaccines, and Other Health Technologies in the WHO African Region", which created a 7-year plan, alongside the African Union's plans, to reduce medical dependency and allow all African countries to achieve greater health sovereignty through local production. The plan, as mentioned, covers the years from 2023 to 2030 and encourages regional cooperation, training, and improvements in production, all to support manufacturing. WHO-AFRO also collaborates with regional and international actors, including the AU, Africa CDC, UNIDO, and the Global Fund, to support its goals in Africa. The WHO states that local production is the key to achieving UHC and long-term health security in Africa. WHO's Regional Director for Africa states: "Africa's health security depends on its ability to produce essential medicines and vaccines within the continent", supporting pharmaceutical sovereignty.

European Union (EU)

European Union (EU), as of 2025, remains the largest global pharmaceutical exporter, supplying 50% of the world's demand, along with 35-40% of Africa's. Countries like Germany, Belgium, the Netherlands, and France, being Africa's largest medical suppliers, the EU single-handedly has the most important role in Africa's medical dependency. Dominant multinational pharmaceutical companies like Roche, Novartis, Sanofi, GSK, and Bayer enforce strict patent protection measures, which limit the research and development capacity of the African countries, creating a challenge in local production. Moreover, such companies also have higher medicine prices, resulting in limited African access to medical goods, causing poor healthcare systems on the continent. Through these strict measures and policies, pharma companies and EU countries hold economic leverage over African health markets, which, for example, slowed COVID-19 vaccination in Africa. Although the EU promotes "fair partnerships" in the medical production field, companies often fail to do so, instead holding control in supply chains and creating monopolies. However, due to recent policy changes and promising updates in Africa's Member States, the EU pharmaceutical monopoly is finally starting to fade away. Nowadays, the EU is following a rather balanced policy towards pharmaceutical sovereignty of Africa, supported by the statements of the President of the European Commission: "We want Africa to be able to produce its own vaccines and medicines, but this must happen within fair and sustainable partnerships."

IV. Focused Overview of the Issue

Africa faces a deep imbalance between its healthcare needs and supply capacity in the majority of its countries. Although the continent is home to 19% of the world's population (Worldometer), the combined pharmaceutical production of all African countries accounts for less than 3% of global medical production.



The United Nations Conference on Trade and Development's (UNCTAD) April 2025 data shows that more than 70% of Africa's medicines/99% of vaccines are imported, and half of the African countries have no pharmaceutical production. Dependency in the pharmaceutical sector leaves the continent vulnerable in critical situations like epidemics, pandemics, or wars.

Ultimately, Africa's limited pharmaceutical production capacity contrasts with its share of the global population, leaving the continent heavily reliant on imports for essential medicines, vaccines, and medical technologies. Strengthening local production is therefore critical to improving health security across the region.

1. Historical and Structural Roots of Africa's Healthcare Dependency

Africa, out of all 7 continents, is the one with the most brutal colonial past. Starting during the 15th century, intensifying during the 19th century, Africa was subject to the colonial interests of Western countries. To many historians, Africa went through three waves of imperialism, executed mainly by European countries, across different periods of time. All of the waves shared the feat of treating African territories as not one of their own, demonstrating signs of inequality towards Africans, using the continent's lands solely for the sake of gathering raw materials, and separating their original European lands from the colonial African lands.

The very acts of colonialism caused serious consequences for the citizens of Africa. One by one, the African countries that gained independence after European rule started experiencing unrest in every field of development. Historians then related this to the postcolonial theory. It suggests that colonial systems of power, economics, and knowledge continue to shape formerly colonized societies even after independence, creating structural dependencies (Encyclopedia Britannica). One of these structural dependencies of Western countries was the medical system.

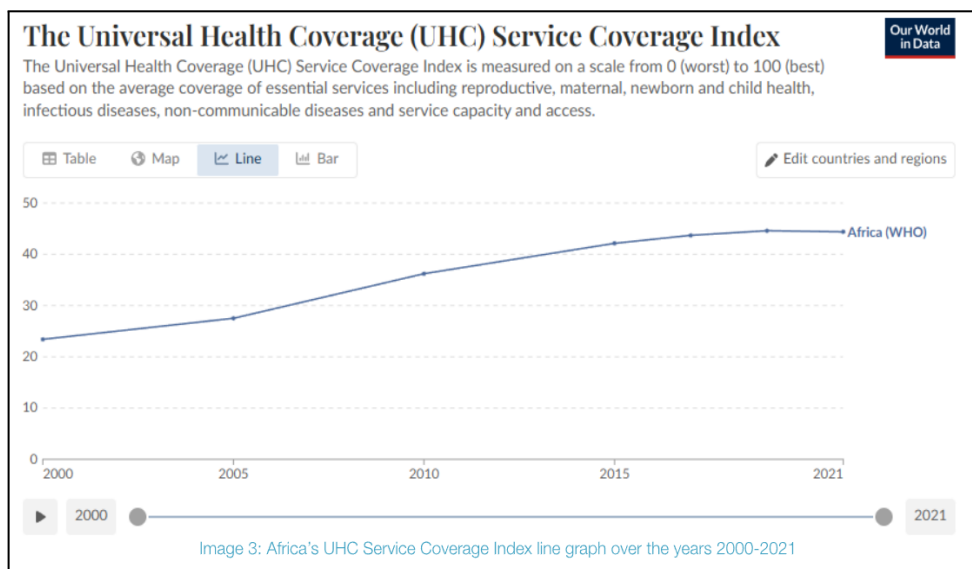
Africa struggled even after the end of imperial rule regarding its pharmaceutical sovereignty, due to the effects of postcolonialism. During the colonial years of African countries, the medical systems were designed just to get civilians better enough to continue using their workforce for the exploitation of natural resources. As a result, the current healthcare system was naturally affected, with the world's lowest UHC Service Coverage Index scores being in Africa.

In addition, colonial authorities, in the early stages of African countries gaining independence, discouraged local industrialization of medical supplies on the continent, effectively undermining the health sector all across the continent, once again intensifying the postcolonialism. In the grand scheme of things, Africa remained, for a substantial amount of time, the raw material hub for Western countries, creating a vicious circle of exporting raw materials to be processed into finished goods in Western countries and



becoming dependent on Western countries importing the finished goods. Moreover, the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) also made it harder for African states to produce their own medicines due to intellectual property rights being imposed on independent research facilities.

However, there are promising advancements in some of the African countries mentioned in section III, such as South Africa, Egypt, and Ethiopia. All countries continue to move towards a pharmaceutically sovereign healthcare system, inspiring other countries in the region as well.



2. Economic and Industrial Barriers to Local Production

On the surface, the African economy and the pharmaceutical sector face several barriers, including patent rights, inadequate infrastructure, lingering colonial healthcare systems, and civil unrest. However, these reasons and barriers are also caused by other factors. For example, pharmaceutical markets all across Africa are fragmented into 55 small national markets, preventing economies from scaling. High production costs are also a struggle due to unreliable electricity grids, frequent power cuts, and, to prevent them, generator costs are expensive. Western countries also refuse to transfer their advanced technologies most of the time, resulting in limited access to specialized machinery imports, decreasing the chances for local manufacturing.

Financially, pharmaceutical manufacturing requires long investment cycles for around 10-15 years, which is not feasible, especially for more than half of African countries, due to the required amount of financial resources. African banks, for that matter, are also reluctant to finance the pharmaceutical sector due to high risk classification, except for a few programs, such as the PMPA of the AU. This reluctance results in higher interest rates from the African banks, often 2 to 4 times higher than the global average, which limits local production.

The supply chain is severely under capacity as well. Africa produces almost no Active Pharmaceutical Ingredients (APIs), so local manufacturers must almost always import from India or China, which have long shipping times, often 8-14 weeks, delaying production cycles and creating unreliability

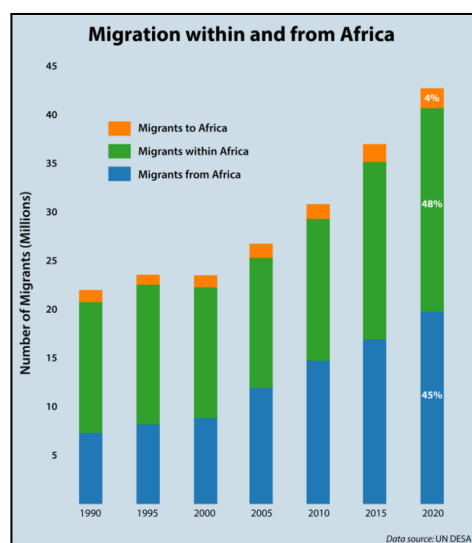


towards local production. Additionally, regulatory standards require African countries to have regulatory authorities capable of enforcement in the medical sector, due to the sector's need for attention. Only 7 African countries have said enforcement power over the medical sector, making it a necessity for other African countries to have it, for local production. Even if the country has established regulatory standards, there are weak quality-control laboratories, posing a high risk of counterfeit medicines being put in front of civilians.

All these reasons make it harder for African pharmaceutical companies to compete with the multinational dominant pharma companies, but not impossible. Recent efforts have shown that although raw materials can not be produced in Africa yet, the finished products are constantly being produced in a few. In recent years, it is evident that Africa has been able to overcome these difficulties partially, leading to a fully sovereign and strong healthcare system.

3. Political and Security Instabilities' Effects on Local Production and Brain Drain

According to the WHO, backed by other international organizations, armed conflict, civil unrest/war, and the destruction of physical infrastructure, such as roads, bridges, energy grids, and water systems, all negatively impact a country's industrial development, including local production of any product in the region. Ultimately, this results in the pharmaceutical sector's independence being set aside, prioritizing other important matters such as stabilizing the country's politics, ensuring national security throughout the states, and addressing other vulnerabilities before moving on with the development of different sectors. The constant instability within a country also makes it harder for banks to approve loans for future growth, and foreign investors are likely to withdraw their investments, as corrupt governments are usually in power in those countries. Corruption and civilian concerns about the future, due to the reasons mentioned previously, are also key factors sabotaging local production, effectively weakening the country's healthcare system.



Alongside the destruction of basic infrastructure, the primary problem stemming from political instability and security vulnerabilities is migration and brain drain. According to the London School of Economics, the number of migrants from Africa to other countries outside the continent is at an all-time high, with around 20 million people leaving Africa to reside in another continent, and an additional 20 million people migrating within the continent. The WHO believes the sub-Saharan Africa healthcare crisis will intensify and the region will be short 5.3 million health workers by 2030 (LSE) if necessary action is not taken. Africa's population is expected to reach 2.5 billion by 2050, up from the current 1.3 billion. As the continent loses its

Image 4: A graph of migration within and from Africa



brainpower and its population increases, countries in unrest will inevitably struggle to improve their healthcare and boost local pharma production.

To illustrate, the Central African Republic, South Sudan, and Somalia all demonstrate how conflict inversely correlates with pharmaceutical development and the quality of their healthcare systems. These states lack regulatory authorities, have little to no domestic manufacturing, and rely entirely on international organization aid for essential medicines, vaccines, and medical technologies.

4. Role of Regional Trade Blocs

Regional trade blocs exist across Africa, formed among African states to promote trade among them, reduce tariffs, strengthen regional economies, and act collectively towards the international markets. These goals aim to achieve collective market power and political influence to enhance their purchasing power. This reduces the prices of raw materials, equipment, and required instruments to build strong local production infrastructures.

Through coalition, African countries therefore appear more reliable to international investors, organizations, and banks, thereby facilitating funding for development and innovation. For instance, the Southern African Development Community (SADC) developed the SADC Pharmaceutical Business Plan to expand regional self-sufficiency in the medical sector. The plan succeeded as regulations regarding the healthcare sector were improved, regional essential medicines lists were developed, and served as a blueprint for future plans, such as the AMA or PMPA, and increased capacity in quality control labs. With the inclusion of South Africa, Africa's largest pharmaceutical manufacturer, regional cooperation grew even stronger with an increase in industrial development among the community's Member States. Therefore, states like Malawi, Eswatini, and Zambia had the opportunity to produce basic medical technologies and medicines, including paracetamol, aspirin, ibuprofen, and more. The actions of regional blocs like SADC continue to inspire other Member States to collaborate with one another to advance in the medical sector.

5. Previous Successful Plans

As the continent went through drastic changes, either negative or positive, there have been regional and country-wise plans for advancing the local medicine and medical technology production. Even though there were numerous unsuccessful attempts, there is also a substantial amount of successful plans on the continent.

The African Medicines Agency (AMA) was a plan under the continental treaty proposed in the African Union (AU). It was ratified by more than 30 Member States and aimed to strengthen local production



through a single continental regulation system and constant backing by strong entities. This resulted in easier approval for major medical products in certain countries and lower costs compared to previously manufactured goods. The agency succeeded and still is in operation because of its strong AU political backing, support from the WHO, and its importance being recognized due to COVID-19's devastating consequences in Africa.

Another successful plan was the Pharmaceutical Manufacturing Plan for Africa (PMPA). It was a strategic plan executed by the AU once again. It aimed for and succeeded in creating a shared set of rules for medicines, letting the East African Community (EAC) use the same approval system of the AMA, thereby making approval times 40-60% faster, and encouraging new investments in medicine production in Kenya, Tanzania, and Ethiopia.

Following the late delivery of COVID-19 vaccines to Africa, which resulted in low vaccination coverage and high mortality rates, authorities took relative action in 2023, establishing the African Vaccine Manufacturing Accelerator (AVMA). It was an AU and Gavi initiative with a €1 billion financing mechanism to support African vaccine manufacturers. The AVMA works in a complex manner with vaccine manufacturers who prove themselves eligible through initial production of "priority vaccines" such as oral cholera or malaria vaccines, to gain funding from the program. This not only boosts additional funding for medical production but also encourages production without funding from international organizations, aiming to stem vaccine production not only in countries like South Africa but everywhere in the continent with the infrastructure. The program succeeded because it was based on real market funding and was backed by Gavi, the Africa CDC, and the AU.

All plans and programs aimed at achieving the shared goal of strengthening Africa's healthcare systems through promoting locally produced medicine and medical technologies share certain things, such as setting a common standard for all pharmaceutical manufacturers on the continent and trying to provide a substantial amount of aid to local production. Since the beginning of the 21st century, Africa's medical sector, particularly production, has struggled with several key issues: substandard and counterfeit medical products, which lead to misconduct and a lack of funding for local manufacturers, resulting in local production that is only sustainable for a short amount of time before the company goes bankrupt. These key points, along with the issues mentioned previously, are essential to keep in mind whilst developing long-term plans to address the current issue.



V. Important Events & Chronology

Date (Day/Month/Year)	Event
10/12/1948	The Universal Declaration of Human Rights is adopted in the UNGA.
01/01/1995	The TRIPS Agreement enters into force, executing compulsory patent rights for the medical sector.
14/11/2001	The Doha Declaration on TRIPS & Public Health was made, which outlined the rules for intellectual property and established public health recommendations.
27/06/2007	The SADC Pharmaceutical Business Plan was adopted, showing that regional cooperation helps clear the way for strengthening healthcare systems and improving local production.
12/11/2012	The Pharmaceutical Manufacturing Plan for Africa (PMPA) is endorsed by the AU, which has become one of the most backed and comprehensive pharmaceutical plans in Africa.
11/02/2019	The Treaty for the Establishment of the African Medicines Agency (AMA) enters into force, which outlines the standard for specialized sub-agencies under the AU.
05/02/2021	Africa CDC launches the “New Public Health Order”.
04/07/2023	African Vaccine Manufacturing Accelerator (AVMA) was launched after the negative consequences of COVID-19 to boost local vaccine production.
27/07/2023	WHO-AFRO adopts the Local Production Framework (2023–2030) as one of the international organization frameworks for the medical sector in Africa.
24/05/2025	AU & WHO renew strategic partnership, keeping Africa and international organizations tied together for help to be delivered to the continent.



VI. Past Resolutions and Treaties

- [A/RES/78/4](#)
 - This resolution highlights the importance of increasing Member States' pharmaceutical manufacturing capacity via local production of medical supplies. While the resolution represented the recognition of the importance of local production of medical goods, the resolution remained non-binding in its nature as it was a United Nations General Assembly (UNGA) resolution. Therefore, no notable action was taken by MEDCs in terms of technology transfer or easing patent restrictions for LEDCs to boost their local production. Nevertheless, the resolution successfully recognised local production as a key national priority and called MEDCs to action. The resolution was ratified in the UNGA.
- [A/RES/78/280](#)
 - This UNGA resolution is a politically important as it is one of the first ones urging all Member States to locally produce medical supplies to improve their pharmaceutical production capacity. Although the resolution marked a milestone, it was non-binding for Member States, and none of the MEDCs were recorded as engaging in technology transfer to LEDCs or being more loose about their patent rights. The resolution's successes, on the other hand, were making local production a global agenda, strengthening WHO/UNIDO cooperation with the AU. The resolution was ratified in the UNGA.
- [A/HRC/RES/59/7](#)
 - Not really sufficient, this United Nations Human Rights Council (UNHRC) resolution holds a significant symbolic value. It aimed to reaffirm that access to safe, effective, and affordable healthcare and medicines is a part of the right to health, and urged transparency in medicine pricing, costs, and supply chains. The resolution also mentions local production as a necessary step for better healthcare. Although the resolution puts pressure on MEDCs to share medical information and put fair prices on medical supplies, there is no binding element in the resolution. The resolution was ratified in the UNHRC.
- [A/RES/217\(III\)](#)
 - This resolution is one of the most essential and core resolutions formed by the United Nations. The Universal Declaration of Human Rights was a milestone in recognizing human needs and requirements, and the declaration also recognized "the right to a standard of living adequate for the health and well-being" of all humans. This resolution was almost always cited in other humanitarian resolutions as the foundation for all human rights, making it a major success. Although the resolution did not solve all humanitarian issues in a night, it laid the groundwork for human rights. The resolution was ratified in the UNGA.



- [Treaty for the Establishment of the African Medicines Agency](#)
 - This treaty was effective in establishing one of the medical sub-units of the African Union, the African Medicines Agency (AMA). This ongoing agency may be considered to be sufficient as it promised to aim towards self-sufficient healthcare mechanisms across the continent. Its aim, relevant to the local production, was partially successful as many countries in the AU actually improved their healthcare systems via manufacturing their own medical goods, but also some states were slow to ratify the treaty and did not implement the changes recommended by it. All Member States of the AU ratified the treaty.

VII. Failed Solution Attempts

Over the past decades, many actions have been taken to strengthen Africa's healthcare systems and promote local production of medicines and medical technologies. However, many of these plans have failed due to structural, financial, and political barriers.

Except for some, many of the international aid initiatives by the WHO, UNICEF, the Global Fund, and various humanitarian NGOs aimed to stabilize healthcare supplies across Africa. While these programs effectively increased access to essential medicines across the continent, they were usually short-lived due to the plans' structure. The plans prioritized providing medical products, which is still a beneficial thing to do for Africa's healthcare, but they rarely mentioned building local manufacturing capacities for Africa to achieve pharmaceutical sovereignty. This resulted in most African states remaining dependent on donor-driven (organizations like the WHO) supply chains. Almost always, when the external funding ended, medicine shortages emerged, showcasing Africa's medical dependency on international aid, which did not help build an infrastructure from scratch.

The TRIPS agreement of the World Trade Organization (WTO) has created a barrier against local pharmaceutical production in Africa. The agreement stipulated rights regarding intellectual property and patents, undermining the developments made in Africa due to the similarities between their European equivalent. In an attempt to relax intellectual property restrictions, LEDCs have pushed for enabling the production of generic medicine in Africa without breaching the rights established by the WTO. However, these attempts did not hold up to their value as well, with no structural reform being made. Despite the Doha declaration of affirming health-related patent flexibilities for the TRIPS agreement in 2001, African countries lacked the industrial capacity to make individual African counterparts for European medicines. Additionally, MEDCs also resisted technology transfer, which left Africa unable to go beyond importing patent-protected medical supplies.



Many of the African states' attempts to revolutionize their healthcare systems through local production were fragmented, meaning individual African countries tried to build their national pharmaceutical industries independently, with little to no regional cooperation. Isolation strategies of such countries inevitably failed due to small domestic markets, lack of funding, and weak regulations imposed by the government. Without regional collaboration on manufacturing medical supplies in Africa, national initiatives were unable to compete with large pharmaceutical corporations, within or outside Africa.

Before the AU intervened in the medical field with specialized agencies like the AMA, attempts by regional blocs, such as the Economic Community of West African States (ECOWAS), to regulate medical production across the continent often failed. Regulation inconsistency made it harder and slower for pharmaceutical production to occur. This resulted in investors avoiding funding African pharmaceutical companies for a long time, until actual regulatory measures were taken by larger regional organizations, such as the AU.

Although corrupt and conflicted in nature, countries such as the Central African Republic, South Sudan, and Somalia have also attempted to rebuild their healthcare systems through national, independent plans. However, civil unrest, corruption, displacement, and the destruction of infrastructure prevented these countries from implementing their pharmaceutical projects. Moreover, due to the situation in these countries, international aid regarding a structural change in healthcare seldom reached these states. Even when aid arrived, it was primarily focused on emergencies as the said countries were usually in short supply of medicine.

Overall, most failed solution attempts share common points like the nonexistence of regional cooperation between national and continental plans, a lack of funding and political stability, restrictive patent rights/intellectual property, and inadequate infrastructure. These failures underscore the need for stronger collaboration between African states, reliable financing mechanisms, and legally supported technology transfer from MEDCs to LEDCs to achieve true pharmaceutical sovereignty.

VIII. Possible Solutions

Before formulating any solutions for the issue, it is important to recognise the barriers already faced in attempts to strengthen Africa's healthcare systems and build local production infrastructures, and that same mistakes must not be made to ensure feasible and problem-solving solutions are created. To ensure this, delegates may review failed solution attempts to avoid repeating failed plans and previous parts, learning in detail why the mentioned solution attempts have failed in the first place.



African states can create shared regional manufacturing locations that specialize in the production of essential medicines, vaccines, and APIs. These manufacturing hubs would effectively reduce production costs, the amount of resources spent on building separate infrastructures, and support smaller economies that lack sufficient resources to manufacture independently. This solution is both short-term and long-term, as these hubs may become sustainable for producing essential medical supplies in the years to come and also facilitate smaller countries' new manufacturing hubs.

The ratification and implementation of the AMA treaty by all AU Member States can be ensured to set a standard for regulatory rules, speed up medicine approvals, and thereby improve product quality. A unified, continental regulation system may also be effective in attracting international investors. As AMA is already a successful sub-organization in the AU specializing in African medical production and quality, delegates may find it promising to utilize an already well-established agency to build upon existing efforts.

Countries in Africa, through regional collaboration, may consider producing separate raw materials/APIs to reduce dependency on international actors for importing raw materials. This way, African countries would not be crushed under the heavy burden of trying to produce raw materials for local medical production, and also would not be reliant on foreign countries to export their materials. Although close to impossible with no cooperation, this would become fairly possible if API production were divided between African countries and traded among them in regional trade blocs.

Investment in quality-control laboratories, electricity access, water systems, and digital/in-person regulatory systems is essential to support quality medical production. Without reliable infrastructure and strong regulations, locally produced medicines would not meet the international safety standards, which would undermine aid coming from global investors and public confidence.

Regional organizations such as ECOWAS and SADC may coordinate to reduce tariffs between them and negotiate prices for raw materials and equipment. This would ensure an in-continent collaboration in achieving a local production goal without being dependent on foreign sources for raw materials or active pharmaceutical ingredients.

Combating corruption is also necessary for such states to advance in the healthcare field. Public oversight mechanisms, standardized regulation implementations, and transparent supply chains/imports would be able to block corruption from undermining medical production capacities and ultimately attract more foreign investors to the country. Transparent governance over local medical production strengthens governments' accountability and ensures more efficient use of resources.

To implement all the solutions above, Africa requires professionals, skilled workers, and highly intellectual researchers to stay on the continent. This, however, today is not very much doable due to the



persisting problem of brain drain from Africa to other continents. To address this core issue, programs may be developed to offer competitive salaries, professional training, research opportunities, and incentives for the said profiles to stay within the continent. Strengthening medical education systems and research institutions will also reduce reliance on foreign expertise, provided the brain drain problem is solved.

In conclusion, strengthening Africa's healthcare systems through the local production of medicine and medical technologies requires constant coordination and cooperation in the region, reliable infrastructure, and a strong regulatory set of rules/oversight mechanisms. Past attempts have failed due to fragmentation, instability, and dependence on foreign aid, showcasing the ineffectiveness of independent efforts. By investing in manufacturing capacity, improving regulations, and promoting cooperation across the continent, African states can move towards long-term pharmaceutical sovereignty and stronger healthcare systems.

IX. Useful Links

- [Our World in Data](#)
- [African Union](#)
- [Africa Centers for Disease Control and Prevention](#)
- [African Medicines Agency](#)
- [World Health Organization](#)
- [PMPA Business Plan](#)
- [Pharmaceutical Industry in Sub-Saharan Africa](#)
- [United Nations Industrial Development Organization](#)
- [World Bank - Data Bank](#)
- [Encyclopedia Britannica](#)

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