



Department of Social Affairs

DSA

# Newsletter



**Health, Nutrition and Population - In Focus**

**June – August 2020 Edition**



# THE FUTURE OF AFRICAN MEDICINES AGENCY (AMA) AND VACCINES

From Top Left to Right; Dr. Margaret Agama-Anyetei, Head of Division for Health, Nutrition and Population, Dr. Githinji Gitahi, AMREF Health Africa, Prof. William Ampolo, Noguchi Memorial Institute for Medical Research - NMIMR and Dr. Chikwe Ihekweazu, Nigeria Centre for Disease Control - NCDC

COVID-19 is spreading rapidly in Africa, magnifying the existing health challenges and creating devastating social, economic, and security impacts. The only glimmer of hope in the fight against this pandemic lies with the potential availability of a vaccine alongside social-control measures and medications.

On June 25 to 26, 2020 the Conference on Africa's Leadership on COVID-19 Vaccine Development and Access organized by Africa Centres for Disease Control and Prevention (Africa CDC) and partners sought to find solutions in identifying and scaling-up an effective and widely accessible COVID-19 vaccine to slow the spread of the disease.

During the session on COVID-19 Vaccines: Regulatory, Ethical and Community Engagement, an update on the status of establishment of the African Medicines Agency (AMA) was provided. The AMA is being established to regulate the access to safe, effective, good quality and affordable essential medicines and health technologies including the

coordination of joint reviews of applications for clinical trials of vaccines. The agency will do this through the centralized coordination and partnership with national and regional regulatory bodies.

AMA shall be the second specialized health institution of the African Union (AU) and will be overseen by a governing board. The Treaty to establish the AMA, Assembly/AU/DEC.413(XVIII) was endorsed at the 32nd session in February 2019 by the Heads of States and Governments.

AMA will provide regulatory leadership, to ensure that there are harmonized and strengthened regulatory systems, which govern the regulation of medicines, medical products and technologies on the African continent. This regulatory body will come into force once ratified by fifteen (15) AU member states. To date sixteen (16) member states have signed the AMA treaty documents and three (3) have ratified; they include Burkina Faso, Mali, Rwanda.

The host country of the AMA shall be decided by the Assembly of Heads of States and Government following the assessment of the bids of member states who offer to host the agency. AMA builds on the work of the African Medicines Regulatory Harmonization (AMRH) initiative working through AU recognized regional economic communities, EAC, ECCAS, ECOWAS, IGAD and SADC covering over 85% of the continent. This is based on AU Executive council decision in January 2015 EX.CL/Dec.857(XXVI) which recognized the need to strengthen capacity of medical products regulation in Africa and the harmonization of regulatory systems. All as a foundation for establishment of a single medicines regulatory agency in Africa, within the context of the AMRH Initiative, and as part of the Pharmaceutical Manufacturing Plan for Africa (PMPA).

Under the AMRH Governance Framework, the African Vaccines Regulatory Forum (AVAREF) serves as a technical committee to provide regulatory and ethics oversight. AMRH governance structure is run by a secretariat comprising of the AUDA-NEPAD and WHO that together with AVAREF will contribute to the structure that will form the foundation for the African Medicines Agency. Through AVAREF, guidance for emergency preparedness have been developed to assist African Union member states to review applications for clinical trials for COVID-19 virus disease. Through this approach, AVAREF will make available an online platform (Sharepoint) for joint reviews of clinical trial applications for preventive, diagnostic and therapeutic interventions related to the COVID-19 pandemic.

The adoption of the Treaty for the establishment of AMA will contribute to the improvement of public health, health care delivery and health security across the continent and better health care outcomes of African citizens as envisioned in Agenda 2063. Therefore, it is imperative that member states of the Africa Union respond to the call to ratify the AMA legal instrument with some urgency, in order for it to come into force, as soon as possible.



## RE-STRENGTHENING CARMMA 2021 – 2030

The Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) marked its 10-year anniversary in 2019 which culminated in the evaluation of the campaign from the period May 2009 to December 2018. The African Union, campaign (Assembly/AU/Decl.1(XI)) was launched in 2009 under the theme: “Africa Cares: No Woman Should Die while Giving Life.” The CARMMA Campaign serves as a platform advocating for improvement in Maternal, Newborn and Child Health (MNCH). It seeks to promote and advocate for renewed and intensified implementation of the Maputo Plan of Action (MPoA) to reduce maternal, newborn and child mortality by improving health outcomes for women and children in Africa. Since the inception, 51 African Union Member States have launched the Campaign.

The decade long campaign evaluation was commissioned by the African Union Commission (AUC), Department of Social Affairs to determine the relevance, effectiveness, impact and sustainability of the campaign. Additionally, the evaluation aimed to make recommendations that would allow the campaign to further contribute to the reduction of maternal, newborn and child deaths and the achievement of the AU’s ‘Transformational Agenda 2063’, the global sustainable Agenda 2030 and other global commitments.

### Key recommendations from the CARMMA evaluation include:

- i. Stronger political-will at the level of AU recognized Regional Economic Communities (RECs) to adopt the CARMMA Campaign
- ii. Involvement of the Private Sector in the CARMMA Campaign
- iii. Development of a robust continental Accountability Framework that takes into account systems for improved data collection and knowledge management
- iv. Review of the frequency and number of MNCH reports and meetings
- v. Establishment of the CARMMA Secretariat with adequate human resources
- vi. Mobilization of adequate resources to support the campaign activities
- vii. Revision of the CARMMA campaign strategy in line with the post-2015 commitments on MNCH and adolescent health

Following the in-depth evaluation, the Commission organized two separate virtual consultations with partners and key stakeholders on the collective strategies to advance maternal and child health goals on the African continent. Further, a consultative meeting was held with AU recognized Regional Economic Communities (RECs) on the 10-year evaluation report of the CARMMA campaign (2009-2019) to determine what the next phase of the CARMMA campaign will entail and the role of the RECs and the Commission in accelerating the reduction of preventable maternal deaths by 2030.

Speaking virtually at the RECs consultative meeting Dr. Margaret Agama-Anyetei, Head of Division for Health, Nutrition and Population presented key considerations in implementing the campaign. “The Commission is in the process of developing a proposal to re-strengthen CARMMA (2021-2030) and its Accountability Partnership Framework and we look forward to involving and engaging the RECs individually and collectively with clear objectives moving forward as we implement the re-strengthening of CARMMA.”

Dr. Margaret further presented the endorsed CARMMA activities that have been heavily dependent on partners and some member states funding. Similarly, recommendations from the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) related activities were presented.

The re-strengthening of CARMMA campaign will need to look at a new concept on how to structure it based on the findings of the evaluation report and the recommendations from the consultations. The Commission will proceed to have the draft proposal to re-strengthen CARMMA (2021-2030) and its draft Accountability Partnership Framework tabled at the fourth Specialized Technical Committee on Health, Population and Drug Control (STC-HPDC) in 2021 for endorsement by the Policy Organs of the Union.

For more information kindly visit CARMMA Website on: <http://www.carmma.org/>

# SYNERGIES BETWEEN MIGRATION AND HEALTH

The interplay between migration and health is a significant part of the global health security agenda and mainly impacts on sustainable development. The health needs of refugees and migrants at local, national and continental level are a critical component of actualizing universal health coverage and highlights the importance of developing and strengthening migration programmes and policies.

Furthermore, the African Union Agenda 2063 and Global Compact for Migration and Refugees and other related frameworks provide inspiration to migration and health policy plans and strategies. In this regard, the department of Social Affairs of the African Union Commission (AUC) recently launched a comprehensive Migration and Health thematic policy area spearheaded by the division of Labour, Employment and Migration in collaboration with like-minded partners.

The new policy initiative aims to instigate and expand AU migration and health priorities and conduct a scoping exercise to map out the existing work streams and gaps. Through this initiative, key priorities for promotion of migration health in AU member states will be identified and the guiding principles to advance the health of migrants and refugees will be explicated.

Speaking during the launch, the Director Social Affairs Madame Cisse Mariama Mohamed stressed on the need to strive for equitable access to health which is a human right for all. "We need the development architecture tailor made to withstand the challenge of 21st century such as the COVID-19 pandemic through a new social contract," she said.

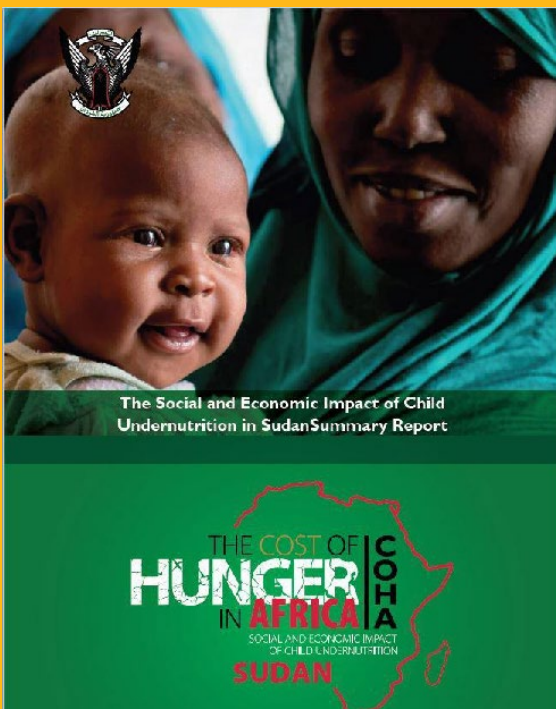
Migration has adverse impact on health given that forced migrants and refugee populations are more vulnerable to health risks that

come with their deprived standard of living and mobile nature. These communities face challenges in accessing appropriate services in health thus amplifying the gap in health inequalities and these existing challenges have further been exacerbated by the ongoing COVID-19 pandemic. Thus, it is imperative to ensure that access to essential health services for vulnerable and marginalized populations are not interrupted.

The Migration Policy Framework for Africa (MPFA) 2018–2030 and its Plan of Action provides comprehensive policy guidelines to AU member states and Regional Economic Communities (RECs). The MPFA outlines comprehensive procedures and principles to assist them in the formulation and implementation of migration policies in accordance with their priorities and resources. The linkage between migration and health is highlighted in the framework as a strong cross-cutting pillar within the context of the spread of communicable diseases which have caused public health emergencies like avian flu, HIV and AIDS, tuberculosis, Ebola and now the COVID-19 pandemic that migrants are especially susceptible to both during and after periods of mobility.

To spur progress towards full implementation of this health and migration initiative and delivery system on the continent, calls for accelerated advocacy for Regional Economic Communities and member states to adopt and expand the AU policy frameworks in their respective regions and countries. The new policy initiative will strengthen collaboration between the division of Labour, Employment and Migration and that of Health, Nutrition and Population and will harmonize migration and health policies for better outcomes towards the realization of an integrated, prosperous and peaceful Africa.

## SUDAN LAUNCHES COST OF HUNGER IN AFRICA NATIONAL REPORT



The Republic of Sudan has today launched ***The Cost of Hunger in Africa (COHA)-Sudan report***. The report was launched through the National Council for Child Welfare, which is the implementing body and coordinating partner for the COHA in Sudan. The COHA study was undertaken in Sudan from October 2018 to December 2019 and the launch of the report was graced by Hon. Minister of Labor and Social Development Mad. Lena Elsheikh.

"This COHA programme is a priority for us in the government and the outcomes and indicators in this report are very important as we seek to review the policies relating to children. We need to start this programme this year and it is our commitment in the ministry to achieve the agenda of sustainable development and have a quick response to fix this situation in order to contribute to social and economic development," emphasised Hon. Lena Elsheikh.

The Sudan COHA results will be instrumental in positioning nutrition as a multi-sectoral development issue, helping stimulate national discourse on nutrition, inform concrete policy actions, and affirm national political commitment to increase multi-sectoral investments in nutrition. The study also shows the possible economic returns that can be gained if appropriate investments in nutrition are undertaken. Sudan is among the twenty-one member states that have so far completed the study.

The Cost of Hunger in Africa studies aim to generate evidence to inform key decision-makers and the general public about the cost African societies incur for not addressing the problem of child undernutrition. The results provide compelling evidence to guide policy dialogue and increase advocacy for the prevention of child undernutrition.

The statement of H.E Amira El Fadil, Commissioner for Social Affairs, was delivered virtually by Dr. Margaret Agama-Anyetei, Head of Division for Health, Nutrition and Population. H.E Amira El Fadil, acknowledged that good nutrition contributes to good health in children and is a prerequisite for any nation's economic productivity. "The intertwined relationship between nutrition security, poverty and development, recognizes that long-term nutrition security, is a function of decisive policies and actions that cut across a broad spectrum of sectors."

In March 2012, the regional COHA study was presented to African Ministers of Finance, Planning and Economic Development at the 5th Joint African Union (AU) and Economic Commission for Africa (ECA) Conference of Ministers of Economic Planning and Finance held in Addis Ababa, Ethiopia. At the meeting, the Ministers issued a resolution affirming the importance of the Study and recommending its advancement beyond the initial stage. The study has been a useful tool for policy making, improving nutritional data analysis, and developing national analytical capacity.

#### **About COHA**

The Cost of Hunger in Africa (COHA) is a project led by the African Union Commission (AUC) and Africa Union Development Agency - The New Partnership for Africa's Development (AUDA-NEPAD) and supported by the UN Economic Commission for Africa (ECA), and the UN World Food Programme (WFP). It is a multi-country study aimed at estimating the economic and social impacts of child undernutrition in Africa and the associated economic losses in health, education and potential productivity in a single year. The study to date has been undertaken by 21 member states of the AU.



## **THE REPUBLIC OF BURKINA FASO RATIFIES THE TREATY FOR THE ESTABLISHMENT OF THE AFRICAN MEDICINES AGENCY (AMA)**

The Republic of Burkina Faso becomes the third AU member state to ratify the Treaty for the establishment of the African Medicines Agency (AMA) on 14th April 2020, in Ouagadougou, Burkina Faso and deposited the instrument of accession to the Chairperson of the Commission of the African Union on 9th July 2020 in Addis Ababa, Ethiopia.

The Commission encourages all its member states to sign and ratify the treaty for the establishment of AMA in the interest of public health, safety and security. The treaty is available for signature at the Headquarters of the Commission in Addis Ababa, Ethiopia.

The African Medicines Agency, will enter into force once ratified by fifteen (15) African Union member states. The AMA will serve as the continental regulatory body that will provide regulatory leadership, to ensure that there are harmonized and strengthened regulatory systems, which govern the regulation of medicines and medical products on the African continent.

The Agency will provide regulatory oversight through strengthened regulatory guidance and the coordination of on-going regulatory initiatives in order to improve access to safe, effective, good quality and affordable essential medicines, medical products and health technologies. AMA will partner with, and coordinate existing harmonization efforts in the AU recognized Regional Economic Communities (RECs), Regional Health Organizations (RHOs) and member states.

# ASSESSING THE STATUS OF PHARMACEUTICAL PRODUCTION IN AFRICA – OP-ED

The ongoing COVID-19 pandemic has highlighted a number of shortcomings in securing critical medical supplies in many African countries. Global competition and inaccessibility coupled with the increase in export restrictions has contributed to critical shortages of these lifesaving supplies. This notwithstanding, most African countries still face limitations of access due to inadequate funding.

Recognizing this challenge, in 2011 the African Union's Pharmaceutical Manufacturing Plan for Africa (PMPA) was established to develop the African pharmaceutical industry (Assembly/AU/Dec.55(IV), a sector with considerable potential for reducing the burden of disease in Africa. With a projected value of over US\$40 billion by the next decade, the sector will also contribute significantly to economic growth.

A business plan for implementing the plan was developed and considerable progress has been recorded including the establishment of initiatives to harmonize medicine regulation on the continent [Assembly/AU/DEC-413(XVIII)], addressing human capacity and skills shortages, and promoting cooperation and advocacy in the industry. The optimism in the sector has also galvanized countries and regions with manufacturing capacity to harness support for the development of the sector despite the funding challenges.

In this regard, in 2018, the African Union Specialized Technical Committee on Health, Population and Drug Control established the fund for African Pharmaceutical Development (FAP-D), as a specific financing facility for the sector (EX.CL/Dec.970 (XXXI)). The value of a strengthened pharmaceutical industry for and across Africa will contribute significantly, to improved access to quality assured, affordable, safe and efficacious essential medicines and new medicines for African citizens. Enhancing standards of production is central to improved access to quality assured medicines.

Implementing this agenda will make an impact through establishing a source of supply of high-quality pharmaceuticals across the



Dr. Margaret Agama-Anyetei, Head of Division for Health, Nutrition and Population

Essential Medicines List that highly resource constrained National Regulatory Authorities can effectively oversee. In addition, local manufacturing will contribute to producing critical medicines available during health emergencies thus contributing to health security and safety at all times.

The purpose of a fund for the Pharmaceutical industry would be to provide affordable financing to the industry in the form of low interest rate loans. For efficient implementation of the PMPA, long-term support for the development of indigenous African medicines as well as complementing the financing with technical advisory services is imperative.

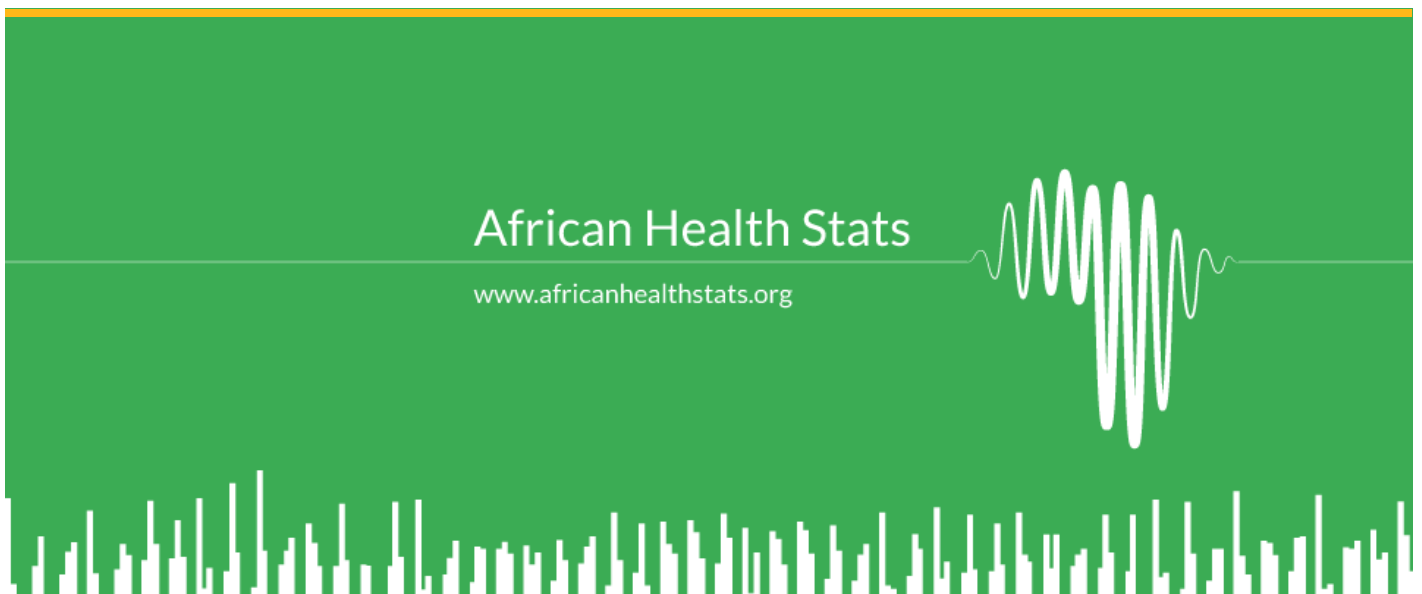
Equally important, the establishment of the FAP-D requires bilateral and multilateral support from financial institutions coupled with access to innovative financing, technology and innovation from the private sector.

There has been a number of different initiatives to support African countries and Regional Economic Communities to develop and implement strategies for the strengthening of pharmaceutical manufacturing industries. For example, the Economic Community of West African States (ECOWAS) has developed the ECOWAS Regional Pharmaceutical Plan with support from UNAIDS. WHO supported the Ethiopian Government to develop its National Strategy and Plan of Action for development of the country's pharmaceutical industry. United States Pharmacopeia Convention (USP) which has supported regulatory capacity building has also established its Centre for Pharmaceutical Advancement and Training (CePAT) in Ghana to develop the human resources required by the industry and regulators.

The challenge of inadequate and unsustainable funding mechanism places current continental initiatives and accompanying strategic plans at a risk of failing, particularly efforts to adopt international standards of Good Manufacturing Practices (GMP) and building capacity in pharmaceutical manufacturing in Africa. To improve this, relies on the type of funding mechanism, new funding sources and replenishment plans, criteria for equitable access and the contextual incentive framework that will support effective and efficient utilization of the funds.

African countries need to rapidly adopt the African Union industrial development strategies in support of the pharmaceutical production. The development of a robust pharmaceutical sector is a catalyst for accelerating economic transformation in Africa in the realisation of agenda 2063.

# DID YOU KNOW?






The African Health Stats' ([www.africanhealthstats.org](http://www.africanhealthstats.org)) a one-stop site for information on maternal, new-born and child health, HIV&AIDS, tuberculosis, malaria and health financing for all AU member states? The site shares information in a simple and user-friendly format and has become an important tool that provides data on the 55 African Union member states in a single portal.

The platform has been utilized by the Commission to assess expiring health policy documents and draft MNCH status reports. The platform is also a useful resource for media to inform the public.

For more information kindly visit Africa Health Stats Website on: <https://www.africanhealthstats.org/>

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