

Webinar Report - November 6, 2024

Is Access to Medicines Improving in Francophone Africa? What Central Medical Stores Know That No One Asks

1. Introduction

On November 6, 2024, the Institute of Tropical Medicine (ITM) in Antwerp, in partnership with the Association of African Central Medical Stores for Essential Medicines (ACAME), organized a webinar to discuss the following question: Is access to medicines improving in Francophone Africa? This webinar is part of the ITM's actions with the Be-cause Health Platform, which has been organizing an annual webinar in French since 2021 on various aspects of access to and quality of medicines, particularly in Francophone African countries. These webinars aim to create a space for technical and scientific dialogue between institutions and experts, while promoting collaboration among Francophone countries.

2. Objective

The objective of this webinar was to explore the question regarding the available information on the availability and price of medicines in several Francophone African countries. Indeed, data concerning access to medicines remain extremely limited, even though accessibility and the price of medicines are essential components for achieving the Sustainable Development Goals and Universal Health Coverage. This webinar aimed to share existing knowledge and focus on the available data, rather than on the gaps in reporting systems or the difficulty in accessing supply-chain data.

In many Francophone African countries, central medical stores play a fundamental role in the procurement and distribution of medicines in the public sector. These stores have modernized their logistical and financial information systems in recent years, allowing for better operational management of their activities. This webinar sought to provide a space for exchange among several central medical stores and other professionals working in their countries to ensure the availability of medicines in the public sector. Although the information they possess may be incomplete, it nonetheless constitutes a valuable starting point for understanding progress towards access to medicines in these countries.

3. Participants

The presenters of this webinar were composed of recognized experts and professionals engaged in the field of access to medicines. We were pleased to welcome:

- Mme Mieja Vola RAKOTONARIVO, General Director of the SALAMA Central Medical Store in Madagascar.
- Dr. Louis Dèhoumon KOUKPEMEDJI, General Director of the SoBAPS Central Medical Store in Benin.
- Dr. Serge YAPO, Advisor to the General Director of the NPSP Central Medical Store in Côte d'Ivoire.
- Dr. Rachel DUNCAN, Director of the Pharmaceutical Activity Directorate (DAP) at the Ministry of Health in Côte d'Ivoire.
- Dr. Landry Stéphane BAKI, Pharmacist in charge of the CAMEG Central Medical Store in Burkina Faso.
- Dr. Christophe RERAT, Senior Technical Advisor at the Health Products Division of the WHO in Geneva.
- Aser MINOUNGOU, Executive Director of ACAME in Burkina Faso.

The webinar was facilitated by:

- Belén Tarrafeta, Researcher and Pharmaceutical Policy Advisor at ITM in Antwerp.
- Sophie Pilon, Consultant Pharmacist and Expert in Access to Medicines.

4. Key Messages from the Presentations

4.1 Madagascar: SALAMA - Mme. Mieja Vola RAKOTONARIVO

The data from SALAMA indicates an increase in the number of units sold since 2020, with over 327 million units in 2023 (excluding vertical programs funded by donors). However, there is still a very low coverage of the population's needs for essential generic medicines, with the coverage rate of the national list of essential medicines at approximately 25 to 28%. Despite an increase in the number of references distributed by SALAMA, from about 1,100 references in 2021 to 1,300 in 2024, the situation remains concerning. The price of medicines is uniform throughout the territory, with a markup rate of 35% up to the patients and around 30% to hospitals. The average selling price of medicines per patient is on the rise, but this increase does not align with the inflation rate, creating opportunities for action aimed at reducing healthcare costs for patients.

Distribution is organized according to a cyclical schedule, taking place quarterly for accessible zones and biannually for isolated ones. Approximately 50 to 60% of distribution is carried out by SALAMA's fleet, with the remainder supplemented by private providers to transport supplies as well. The inputs from donor-funded programs help to improve accessibility by reducing costs and lessening the impact of logistical expenses related to distribution. Given the complexity of these logistics, there is a need for greater reliance on the private sector to enhance efficiency.

The primary objective of SALAMA is to ensure that supply meets demand. Currently, there is limited visibility regarding the actual needs at both hospital and basic health center levels. The significant dependence on Technical and Financial Partners (PTF) for financing the health system—only 5 to 8% of expenditures are covered by the government—compounds these issues. Moreover, challenges in monitoring and supervising health facilities, the sustainability of certain projects, difficulties in collecting payments from the state (which may necessitate loans from local banks), and the lack of address for last-mile distribution (currently stopping at the district level) are all factors that hinder availability and accessibility.

The geographic isolation of certain areas complicates procurement efforts. This results in reliance on foreign producers and distributors, which affects both availability and accessibility. Issues such as stockouts, price fluctuations, and frequent purchase withdrawals (estimated at 10 to 15% per year) arise, despite the existence of long-term agreements intended to stabilize prices over time and build trust.

To improve access to medicines, several development strategies have been identified, including digitization through online ordering to facilitate information sharing on stock levels, implementing Universal Health Coverage (CSU) across the entire territory, and decentralizing services to bring them closer to the population and public sectors. This approach aims to enhance access to medicines for patients while ensuring that best practices are clearly delineated and feasible.

4.2 Benin: SoBAPS - Dr Louis Dèhoumon KOUKPEMEDJI

For the majority of medicines, Benin is heavily dependent on pharmaceutical imports. However, the country does have a local pharmaceutical factory that produces 12 essential medicines, for which almost no imports are necessary.

The availability of essential medicines at the central level has improved between 2016 and 2023, following a healthcare reform organized by the government in 2016. The number of essential medicines consistently available at the central level increased from 267 in 2016 to 311 by the end of 2023, with a target of 358 by 2026. For tracer medicines, the count was 63 in 2016 and 84 by the end of 2023, with a goal of 88 by 2026. The central medical store aims to achieve permanent availability of 100% for tracer medicines and 95% for essential medicines at both central and regional levels. However, the situation at the peripheral level is different, with availability rates estimated at around 40 to 50%.

External events, such as the COVID-19 pandemic, geopolitical conflicts (including the Russo-Ukrainian conflict, the Israeli-Palestinian situation, and sub-regional issues in the Sahel affecting port activities), as well as challenges related to the trade policies of certain manufacturers (particularly cash payment demands that extend processing times requiring loans) disrupt the availability of medicines. Implementing pool purchases, especially for orphan drugs and anticancer medications, could improve medicine availability.

Rising medicine prices pose a significant barrier to financial accessibility in Benin. Purchase costs for medicines have risen sharply between 2016 and 2023, ranging from 20% to 100% depending on the health products. For instance, the price of paracetamol 500 mg tablets was 2.6 FCFA in 2016, increasing to 5.04 FCFA in 2023, representing a 98.55% increase; the price of amoxicillin 500 mg tablets rose by 35.48% during the same period. To promote quality medicines, the Beninese government has chosen to limit the number of supply sources by increasing the level of prequalification data requirements, which has led some manufacturers to monopolistic positions. The price of medicines continues to be a major barrier to access, particularly for non-communicable diseases, for which subsidies are not available.

The establishment of compulsory health insurance and the current price control policy could help reduce access inequalities. Geographical accessibility has significantly improved in recent years by bringing medicine dispensing structures closer to populations. In 2016, there were 243 private pharmacies, and this number has reached 388 by the end of October 2024, with a goal of 428 by 2026 following the reform. The number of pharmaceutical warehouses has not grown as much due to licensing regularization issues, standing at 172 in 2016 and 199 by the end of October 2024. However, access to the last mile remains a significant challenge.

Access to medicines also depends on the robustness, reliability, and resilience of the supply system. Since 2018, Benin has undertaken numerous reforms, including the adoption of laws to protect the health of populations, the establishment of the Beninese Medicine Agency, and the National Agency for Health Product Control—a dedicated intelligence service to combat substandard and falsified health products. The fight against substandard and falsified medical products (SFMP) has been strengthened in Benin since 2016, with a target of zero SFMP by 2026. By the end of October 2024, 103.65 tons of SFMP had been seized by customs and police services and destroyed. Additionally, the Beninese Medicine Agency ensures the rational use of medicines through the updating of the national list of essential medicines and raising awareness among practitioners and the public.

Looking ahead, the focus will be on establishing compulsory health insurance, promoting the pharmaceutical industry, implementing the e-pharmacy project (a national platform for tracking medicines to secure supply and improve information on availability), establishing grouped purchases at the regional level, and continuing efforts for good governance of the central medical store.

4.3 Côte d'Ivoire: NPSP - Dr Serge YAPO

The number of national references has increased in recent years, rising from 438 references in 2020 to 647 in 2024, with an expected 819 in 2025. The availability of medicines is measured by the stock availability rate of essential medicines, based on a national reference list that is reassessed annually to meet healthcare needs. From 2020 to 2024, the availability rate decreased from 77% to 51%. This decline is attributed to various factors, including supply disruptions linked to budgetary constraints, as well as changes in medical practices or treatment protocols from one specialist to another. Additionally, the low level of digitization in peripheral areas leads to orders that do not match actual demand, resulting in unreliable quantification data.

Geographical accessibility can be assessed based on the distribution of healthcare centers. The situation in Côte d'Ivoire has improved in recent years, with 80% of the population living within 5 kilometers of a healthcare center by 2024. The distribution network is evolving, currently comprising two existing agencies, three agencies that are already funded and in progress, and two additional agencies that are in the funding process, along with three functional pharmaceutical warehouses. The goal is to bring distribution centers closer to the population to reduce delivery times, enable greater autonomy for health hubs, promote more localized and responsive stock management, and facilitate tailored responses to the specific needs of different regions.

Regarding financial accessibility, the prices of medicines in the public sector are more competitive than those in the private sector, allowing populations to access medicines at prices 20% to 80% lower than in the private sector. In the public sector, the selling prices set by inter-ministerial decree since 2019 have become misaligned with purchase prices, which have increased significantly, particularly following the COVID-19 pandemic. It is estimated that there is a monthly margin loss of approximately 1 billion FCFA in 2023. Implementing a pricing multiplier indexed to purchase prices and creating a state balance fund would be relevant to mitigate the impact of these price increases on households. The ongoing establishment of Universal Health Coverage (UHC) presents a real sustainable opportunity. Currently, 56% of the healthcare network is contracted under the UHC, which translates to about 2,000 healthcare facilities out of a total of 3,000. However, despite these contracts, only 10% of users utilize the CSU, indicating a need for educational efforts to promote its use.

4.4 Côte d'Ivoire : Pharmaceutical Activity Directorate (DAP) - Dr Rachel DUNCAN

The Pharmaceutical Activity Directorate (DAP) has several key functions, including managing the supply chain, quantifying medicine needs, conducting monthly and quarterly stock monitoring of health products at both central and peripheral levels, following up on procurement plans, and supporting the strengthening of the health products supply chain.

In terms of financial accessibility, a national transparency commission is being established to regulate the setting of medicine prices, with monitoring tools to ensure compliance. A mapping of funding and support in the pharmaceutical sector from 2019 to 2022 reveals that approximately 85% of donor support goes toward the purchase of health products, which undermines price sustainability. This fragility in the system necessitates a viability plan.

One indicator of availability is the stock availability rate of tracer products at both the central and peripheral levels. From 2020 to September 2024, availability generally increased at the central level (from 75% to 88%) as well as at the peripheral level (from 76% to 86%). Across the entire territory in 2021, overall availability was relatively uniform, ranging from 71% to 86% across all regions (a total of 33 regions). By 2024, regional availability varied between 77% and 92%, with six regions exceeding 90%.

Another key indicator to anticipate stockouts and minimize the risk of expiration is the distribution of stock statuses at the central level. The stockout rate increased from 2020 to 2022 (from 13% to 18%), but it decreased to 12% in 2024. Conversely, understocking rose to 45% in 2024, knowing that the normal stock level should be maintained between 3 to 8 months. At the peripheral level, stockouts were reduced by 10% from 2020 to 2024 (from 24% in 2020 to 14% in 2024). The adequate stock level also increased by 10% during this period (from 16% in 2020 to 25% in 2024). Conversely, overstocking of products at sites increased from 23% in 2020 to 31% in

2024. Based on the distribution of regions experiencing stockouts, a plan for redeployment between districts has been proposed.

For example, by the end of September 2024, the SP (25/500) was overstocked in 18 districts but was out of stock in 35 districts. A national redeployment plan between districts has been implemented to redistribute the stocks accordingly.

4.5 Burkina Faso : CAMEG - Dr Stéphane Landry BAKI

CAMEG supplies all public establishments in Burkina Faso as well as private pharmacies. The majority of purchases (80% to 90%) are made from external suppliers.

The availability of tracer products is evaluated weekly in collaboration with the Ministry of Health. This assessment focuses on the availability of tracer products, with a stock level of one month (71 products) at both the central and peripheral levels to manage patients with common diseases, as well as products with three months of stock. From 2016 to 2023, the availability rate has improved, increasing from 67% to 75%, meaning that on average, seven out of ten medicines are maintained at a minimum stock level of one month. This improvement in availability is supported by local production, as part of a national initiative to have local manufacturers producing sufficient quantities of quality health products. CAMEG also collaborates with manufacturers from the sub-region to ensure good availability of these tracer products. The logistical resources have also been diversified to address challenges within the supply chain.

Challenges currently faced in the supply chain are varied. They include rising global raw material costs, shortages of raw materials, and dramatic price increases for certain products. Health crises (such as COVID-19) and the geopolitical context surrounding the Russo-Ukrainian conflict have exacerbated freight issues. Logistical costs have become significant, driven by high and lengthy maritime transit times from countries like India and China, as well as the country's geographic isolation. Storage capacity remains a weakness, particularly in a security-sensitive context. Even if the desired stock volume is available, adequate storage capacity must also be in place. An additional challenge is distributing to areas with security concerns, which sometimes necessitates the development of air transport that must remain cost-competitive with other transport methods because medicine prices are set by ministerial decree across the country.

Donations from certain NGOs that supply peripheral structures without routing those acquisitions through the central medical store can lead to stockouts or expirations due to the lack of visibility regarding the level of stocks at the central level.

The insufficiency of local suppliers creates a dependency on international suppliers. Due to financial constraints, products are sometimes not received on time, leading to extended delivery delays attributed to cash flow issues. The central medical store works with distribution data rather than consumption data; thus, quantification is often approximate. Stock levels are reassessed quarterly to determine average distribution data to ensure coverage for various situations. To make prices accessible to the entire population, price reductions for health products are being considered. Over the last three years, a reduction of more than 4 billion FCFA on all products has been implemented. CAMEG also subsidizes certain products, purchasing them internationally and then reselling them at lower prices, such as antivenom serum.

4.6 WHO: Medical Products Division - Dr Christophe RERAT

The healthcare model and treatment options are becoming increasingly costly due to new therapies, especially as the number of individuals seeking access to care, diagnosis, and sometimes chronic treatment continues to rise. Additionally, the number of vulnerable individuals struggling to access care is also increasing. The consequences include expenses that patients must cover themselves, due to the underdeveloped health insurance mechanisms in many low-income countries, leading to a risk of impoverishing populations seeking basic healthcare. Universal Health Coverage (UHC) remains a distant goal, or at least one that needs to be preserved for those who have achieved it.

On the other hand, manufacturers are eager to obtain more accurate and consolidated data to better forecast and organize their production, particularly for newer medicines. It is essential to better understand demand in order to optimize production and to continue encouraging manufacturers to produce essential or vital products that may not be economically profitable. Additionally, organizing the importation of raw materials more effectively is crucial to avoid shortages. The relocation of production is a significant political, strategic, and economic issue.

In recent years, many changes have taken place, including political commitment to drive progress for low- and middle-income countries; substantial funding from Technical and Financial Partners (PTF) and the international community; regulations to govern pharmaceutical regulatory aspects (though access is not similarly prioritized); the development of reference technical documents to enhance selection, quantification, control, and pricing policy; digitization for data collection at the peripheral level; and numerous regional initiatives to promote South-South cooperation.

The main constraints and barriers to improving access to health products include political and environmental instability coupled with regional development inequalities; a lack of investment in health that forces patients to cover their own healthcare costs; insufficient management of qualified human resources; a silo approach implemented by the international community through priority programs; sometimes poorly informed choices that prioritize innovation over essential products; and a lack of market knowledge, trust, and collaboration among different stakeholders. The regulatory framework (Marketing Authorization) is inefficient and limits access to health products due to its slow processes and lack of attractiveness. The distribution logistics remain highly fragmented, raising the question of whether to outsource these distribution services to logistics and transport professionals. Performance measurement is hampered by the collection of information using regional and global indicators.

Operational performance declines throughout the supply chain, from the central level to the periphery and its health facilities, affecting the quality of services, resources, and investments.

The WHO's technical cooperation provides various tools, including numerous documents in English and some in French, that inform on pricing policies.

The information exists, but how can it be better collected, reported, centralized, and transmitted?

4.7 Burkina Faso: ACAME – Mr. Aser MINOUNGOU

ACAME, a network of central medical stores that brings together 22 countries, raises questions regarding the quality and collection of data available from these stores concerning the accessibility of health products, in order to share them effectively.

Central medical stores face exogenous factors that hinder and limit the progress of health systems aimed at enhancing the availability and accessibility of health products. These factors include the cost of medicines, procurement, and distribution, as well as political and geopolitical contexts such as health and security crises.

Vertical programs, which contribute to improving access to care, should work in conjunction with national systems and central medical stores to avoid disrupting the supply chain.

The collection and sharing of available data, particularly quantitative consumption data, is essential for the supply chain and can be supported by recent technological advancements, including digitalization.

5. Discussion

Q1 - What are the relationships between central medical stores and the Ministry of Health, as seen in the Ivorian model? Would the Ivorian model be interesting for other countries?

Dr. Baki (Burkina Faso): The central medical store has been working in collaboration with the Ministry of Health since its inception, but this collaboration strengthened in April 2024, when the central medical store was transformed into a state-owned company. As a result, it has become a key element of the Ministry of Health. This collaboration is particularly close with the General Directorate of Access to Health Products, which is responsible for coordinating procurement at the national level, monitoring the availability of products in health facilities, and ensuring data on tracer products are reported to the central medical store, district distribution centers, and peripheral health facilities (CSPS). These data are then analyzed monthly by the Directorate of Health Program Access for quantification purposes. Thus, consumption data is accessible through this Directorate for real-time information.

Dr. Koukpededji (Benin): The situation in Benin is similar. A quantification service is located at the National Directorate of Public Health. Collaborative work with the central medical store is organized through periodic meetings. The list of tracer medicines is compiled by this Directorate.

Mme. Rakotonarivo (Madagascar): There is a Pharmacy Directorate, separate from the regulatory agency, that works closely with the central medical store. This Directorate has visibility over the availability of tracer products in peripheral areas, but there are doubts regarding its comprehensiveness, especially in real-time. Currently, there is no integrated information system providing visibility over the entire supply chain.

Q2 - To the DAP: How long did it take to establish this system?

Dr. Duncan (DAP): Since 2015, a national coordination commission for procurement has been created, working with various programs, including logistical monitoring of stock status, quantification, procurement planning, risk anticipation, alert management, and resource mobilization for the distribution of health products. Since 2019, tools have been refined to visualize data for quicker decision-making.

Q3 - For the various countries present at this webinar, considerable efforts have been made to reduce prices. Do health facilities purchase in bulk and pay on time? Are there issues with receivables? What impact does this have on quantification and stock levels? What factors hinder the development of local production?

Mme. Rakotonarivo (Madagascar): The problem of receivables is recurring and poses a challenge for central medical stores. Daily cash flow tension is a concern with large amounts involved, and there is a continuous search to maintain trust with suppliers and partners. Health facilities are expected to pay, but this is not an issue in Madagascar; the concern lies more with the State. When the State makes direct purchases, it involves large volumes that create collection issues, impacting the cash flow of the central medical stores, compliance with commitments, and financial accessibility. When a supplier with quality products, good relationships, and favorable prices is lost, the next supplier will certainly be more expensive. The operation resembles that of a commercial enterprise, even though SALAMA is a nonprofit organization serving the public and is obligated to work with banks: all of this incurs costs that do not necessarily align with financial accessibility. These costs must be absorbed by the central medical store.

Dr. Yapo (Côte d'Ivoire): The problem is similar to that of SALAMA. Products are provided on credit to health facilities with a 30-day payment term. The recovery rate for these products is around 80% to 85%. There are also concerns regarding government-subsidized products, which involve large volumes and the requirement to be made available while maintaining credibility with suppliers. The major issue remains financial accessibility, as the quality of products incurs costs. If we want to combat substandard and falsified medicines (MQIF), we must prioritize quality.

Dr. Duncan (DAP): It is essential to cross-reference consumption data between central medical stores and the DAP. Regarding local production, there have been advances.

6. Conclusion

The participation in the webinar and the interest it generated reflect a significant concern regarding access to medicines. Despite time limitations and the inherent challenges of remote meetings, the presenters provided valuable insights, highlighting their deep understanding of the barriers to accessing medicines in their countries

and internationally. More importantly, the data held by central medical stores enables quantitative analysis of the evolution of certain indicators related to the availability and prices of medicines. Although these indicators are not completely harmonized, the approaches are not divergent either, and the availability of data could be leveraged for both research and to inform national or regional policies.

The case of Côte d'Ivoire presents a very interesting model of governance within the public pharmaceutical system, facilitating a well-established and complementary collaboration between the central medical store and the Ministry of Health. Other countries also have collaborative frameworks between their Ministries of Health and central medical stores, focusing on more specific functions such as the quantification of inputs for vertical programs.

Addressing the fundamental question of the webinar: ***"Is access to medicines improving in Francophone Africa?"***

Access to medicines is improving in Francophone Africa, but significant challenges remain. Several countries report notable progress in the availability and distribution of essential medicines, with more ambitious performance targets and an increase in the range of products distributed in the public sector.

However, obstacles still need to be overcome. In addition to the financial and logistical barriers specific to Francophone African countries, the dependence on imports has been exacerbated by the international context since the pandemic. Armed conflicts in Ukraine and Gaza continue to impact the importation and pricing of medicines, making the work of central medical stores particularly challenging. Moreover, security issues in certain countries and the increase in epidemics and natural disasters further complicate the situation.

In summary, while progress is being made in improving access to medicines, efforts must go beyond the role of central medical stores and their capacity to absorb financial risks. Funding for Universal Health Coverage (UHC), in close collaboration with central medical stores, remains an essential strategy to ensure equitable and sustainable access to medicines for all populations.