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WEST AFRICA FRANCOPHONE COUNTRIES (UEMOA)

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Dr. Assane COULIBALY
UNIDO Expert



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1-Introduction:

- The culture of the generic drug under common name is not very developed in the private market sector of the French-speaking countries of UEMOA. The private sector is supplied in the following proportions: :
 - 40% of ORIGINATORS and BRANDED GENERICS FROM European supply
 - 60% of BRANDED GENERICS from INDIA and CHINA
- Branded generics have been growing for about ten years compared to originators
- The public sector, which represents on average 20% of the activity in the UEMOA Member States, is supplied by generics under INN.
- Public sector supplies are made through international tenders, and products mainly come from Asia (India and China), but also from a few local producers, including Ghana and Nigeria.
- Local production is very low in French-speaking countries and does not cover more than 5% of needs. In UEMOA:
 - 95% of drugs are imported
- The political will to increase local production in the context of integration within ECOWAS has been confirmed. Economic integration regulatory harmonization have been pursued :
 - CET :Common External Tariff
 - ERPP: Ecowas Regional Pharmaceutical Plan
- Great differences exist between the Anglophone and Francophone systems and the integration of the two systems must be completed by 2020.

2-General Overview and Dynamics

- West African Economic and Monetary Union (UEMOA) member states
- 8 Member Countries*
- Population: about 80 million.
- Estimated Pharma size: \$1.5b.



- Estimated market size
 - ECOWAS= \$ 5b.
 - UEMOA = \$ 1.5b.
- Regional spread of Local Medicines' Manufacturers.
 - 2 countries do not have any factory: Burkina-Faso and Guinea-Bissau
 - 6 countries have factories

Regional spread	
Country	Local manufacturers
Benin	1
Côte d'Ivoire	5+
Mali	2
Niger	1
Senegal	5+
Togo	3



3- STATUS OF MANUFACTURING IN UEMOA

The range of products manufactured :

OSD

INFUSION

SYRUP

POWDER

OINTMENTS

SUPPOSITORIES

- Most of the companies have recently joined WAPMA
- For the needs of logistical optimization exports within UEMOA rely on traditional distribution networks that are still located in Europe since many years.



- Francophone distribution in place is based on:
 - Good Distribution Practices
 - Pharmaceutical monopoly
- Manufacturers can not become wholesaler and can not supply retailers directly.
- Manufacturing and distribution activities are controlled, the list of products and prices are set by the authorities (MoH).
- Manufacturers can not become wholesaler and can not supply retailers directly.



4- Conclusions : UEMOA region

- Unlike English-speaking countries, distribution is highly regulated and the system is not liberalized
- All French-speaking private distributors must provide the whole portfolio of products authorized for the private market.
- Given the increasing involvement of local production, central purchasing bodies will certainly be relocated within ECOWAS before 2020
- Large distribution companies will need to become involved financially in the local production of medicines.
- The lessons learned from these two systems should allow the establishment of a combined system able to meet the objectives of the entire sub-region