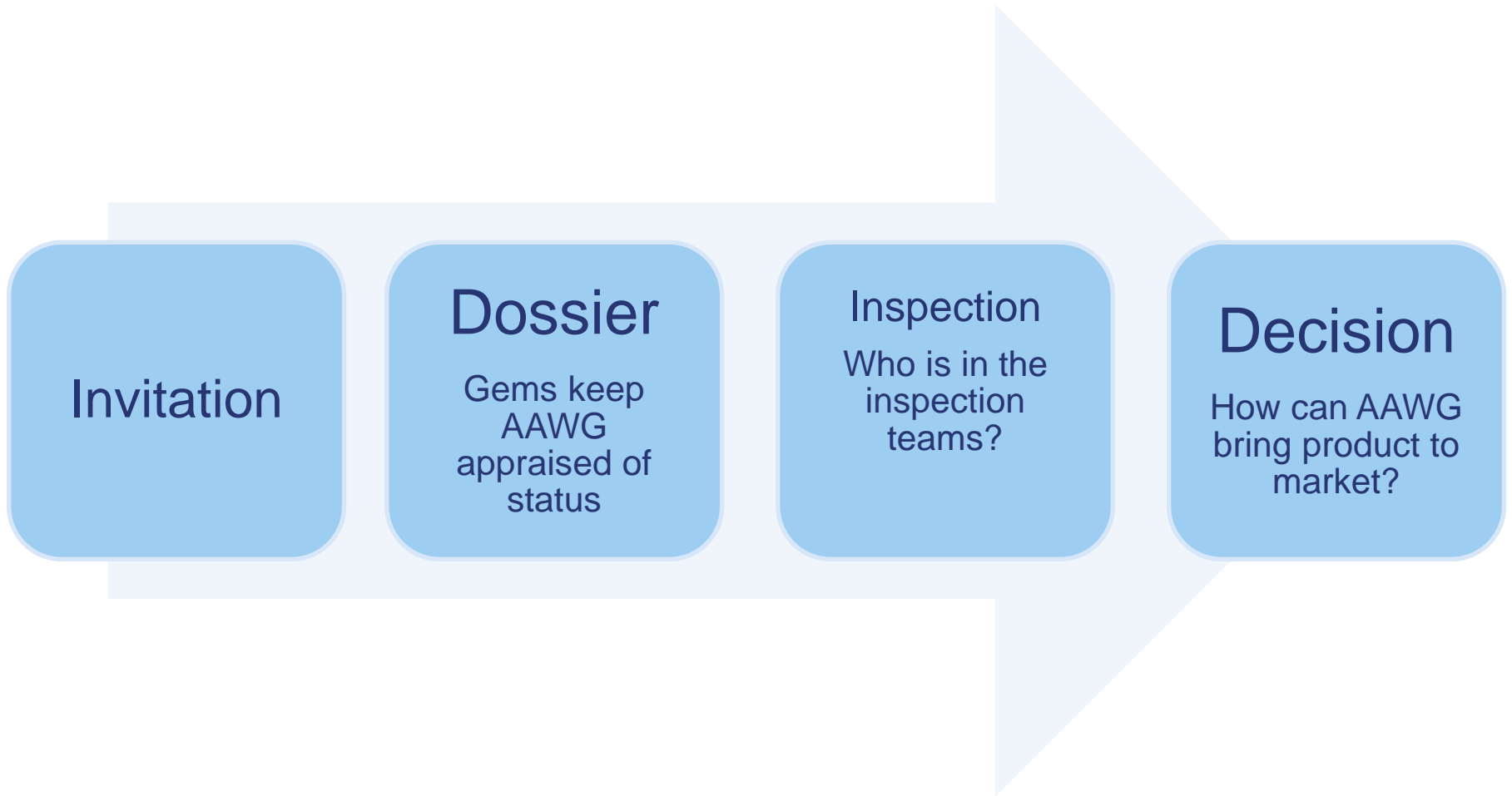

Problem statement

- Global – quality ignores market realities
 - WHO promotes quality over everything
 - WHO PQ/ERP/SRA required for UNFPA procurement
- Country – price can ignore quality
 - Governments are less interested in quality, but more interested in price*

* Low price does not assume low quality, desire to save money does not mean a disregard for quality

WHO Pre qualification programme



Challenges and advocacy targets

- Political will – ARVs versus RH commodities (includes MA products)
 - What can we learn from the HIV sector?
 - New advocacy targets – WTO, (TRIPS), private sector, huge investments to bring new products to market
 - Increased collaboration with GEMS – status of pipeline products
- Speed, several months v several years
 - Can manufacturers be given more support for the process?
- Case of Levonoplant
 - Approved for 3 years
 - Research study (methodology WHO approved) found 4 years duration
 - Approved for 3 years
 - Lack of transparency

UNFPA

- Progress - UNFPA supplies ordering in formulations!
- Pricing – variable - innovators higher than generic
Innovator price displayed – dis-incentive to procure the cheaper product
- Where does resistance lie?
- 2014-2015 increase from \$145m to \$805m, 2016 data to date indicates a potential decrease. Why?
- Costings tool to support procurement of generics

National Ministry of Health

- Who decides what products are procured?
- Transparency of process and decision-making - lack of
- Procurement guidelines – UNFPA requires ERP
- Potential advocacy platforms
 - Technical working group
 - RH CS group
 - Advocacy targets:
 - MoH, Mo Finance – value for money
 - National pharmaceuticals board

What next?

- Transparency
 - We need to learn more and more needs to be put into the public domain particularly about the WHO PRP
- Learn from the HIV movement
- We need new partners governance and transparency
- Access to medicines
- Increased collaboration and information sharing with GEMS