

VIEWPOINT

Breaking Barriers: Strengthening Health Equity in Sub-Saharan Africa Through Improved Local Pharmaceutical Production

STUART SSEBIBUBBU, DENIS KIBIRA, AND ADRIANO LUBANGA

Introduction

The right to health, enshrined in international human rights frameworks, remains elusive for millions in sub-Saharan Africa due to persistent barriers to accessing essential medicines. More than 70% of medicines used in the region are imported, leaving countries vulnerable to global supply chain disruptions, price volatility, and external political pressures.¹ The COVID-19 pandemic magnified these inequities because vaccine and medicine nationalism disproportionately disadvantaged African nations.²

The overreliance on external pharmaceutical markets undermines not only health security but also African states' agency in protecting their populations' well-being.³ Strengthening local pharmaceutical production is not just a development priority; it is imperative for the fulfillment of human rights.⁴

African nations lack strong pharmaceutical industries to address the continent's disease burden due to systemic underinvestment, restrictive trade agreements, and intellectual property barriers. The Agreement on Trade-Related Aspects of Intellectual Property Rights has hindered technology transfer, limiting local manufacturers' ability to produce generic life-saving drugs.⁵ These barriers sustain monopolistic control and keep medicine prices unaffordable for many communities.

The consequences have been dire. In the early 2000s, millions of Africans living with HIV were denied timely access to affordable antiretroviral therapy due to patent protections.⁶ South Africa's legal battle against pharmaceutical companies to secure generic antiretrovirals remains a landmark case in global health justice.⁷

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Africa's recent struggle to access COVID-19 vaccines further exposed persistent inequalities, as wealthier countries stockpiled doses while African nations faced delays and shortages.⁸

Emerging shifts in global health aid, such as the closure of the United States Agency for International Development (USAID) in several African countries, now threaten the continuity of essential medical supply chains and weaken local procurement systems.⁹ USAID has historically played a key role in financing HIV/AIDS treatment, malaria drugs, and other essential medicines.¹⁰

Community impact: A rights-based crisis

The right to health is inextricably linked to the right to access essential medicines. Yet shortages across Africa disproportionately impact vulnerable populations, especially women, children, and those in rural and low-income communities.¹¹ Health emergencies and outbreaks further strain fragile health care systems, as seen during the Ebola crisis, when delayed access to critical medications and vaccines increased mortality rates.¹²

Chronic illnesses such as diabetes and hypertension are becoming more prevalent, yet shortages of insulin and antihypertensive medications exacerbate preventable complications and deaths.¹³ For example, in Nigeria, inconsistent access to insulin limits treatment options for diabetic patients, increasing mortality rates. With 3.5 million Nigerians living with diabetes—a number projected to rise to 8 million by 2045—insulin remains costly, consuming 29% of a minimum-wage earner's monthly income.¹⁴ This reflects a broader issue: as Raffaella Ravinetto et al. have noted, even century-old essential medicines such as insulin remain inaccessible to many due to monopolistic pricing and weak procurement systems.¹⁵ These barriers reflect systemic failures to prioritize the right to equitable access over commercial profit.

Local production as a human rights imperative

A human rights-based approach to access to med-

icines requires investing in local pharmaceutical production. There is growing momentum in Africa to reduce dependency on foreign pharmaceutical markets. The World Health Organization's mRNA technology transfer program, launched in 2021, established a development hub in South Africa and engaged 15 partner producers across middle-income countries.¹⁶ In 2023, the African Vaccine Manufacturing Accelerator was launched with US\$1 billion in funding to scale up vaccine manufacturing on the continent.¹⁷ Such initiatives are promising steps in the right direction. Yet they are not sufficient on their own.

While these manufacturing initiatives signal international support, meaningful transformation requires deeper political and financial commitments from African governments, structural policy reforms, and alignment across regional blocs. This includes fully leveraging TRIPS flexibilities, harmonizing regulatory standards through the African Medicines Agency, and operationalizing the Pharmaceutical Manufacturing Plan for Africa, including its road map for the regional production of 24 priority medicines.¹⁸

Additional measures to ensure accountability

Ensuring accountability in medicine access demands the monitoring of shortages, of price gouging, and of policy effectiveness. Governments must shift from rhetoric to action by investing in local pharmaceutical production and creating supportive regulatory and economic environments. This includes promoting inter-regional trade and removing barriers to the free movement of medicines across African borders. Several mechanisms can help track and challenge these barriers alongside initiatives to strengthen the pharmaceutical ecosystem:

- Increased involvement of civil society organizations, similar to the collaborative efforts seen during the campaigns on access to HIV/AIDS treatment, is crucial. Organizations such as Health Action International and the Treatment

Action Campaign (South Africa) have been instrumental in holding governments and pharmaceutical companies accountable for issues such as access to essential medicines and fair pricing, achieving notable successes through litigation and public pressure.

- Strengthening agencies such as the African Medicines Agency can help monitor drug quality, affordability, and production standards, ensuring that local manufacturing meets global benchmarks. As Ravinetto et al. emphasize, strong regulatory systems are essential not just for ensuring safety but also for protecting against the harms of substandard and falsified medicines, which often disproportionately affect low-income populations.¹⁹
- Governments should support private pharmaceutical companies through public-private partnerships, access to affordable financing, tax incentives, and guaranteed offtake agreements that reduce market risks and ensure sustainable demand for locally manufactured medicines, anchored in empowering African-led enterprises to solve African health challenges.
- The strengthening of pharmaceutical and biotechnology training institutions through curricular reforms, regional learning exchanges, industry-academia partnerships, and internship programs leveraging established model institutions is essential to developing a skilled workforce capable of sustaining local medicine production in the region.
- Enhancing grassroots monitoring by integrating digital reporting tools, building community health worker capacity, and establishing feedback loops with regulators to ensure data on stockouts, treatment disruptions, and medicine affordability drives responsive policy and procurement decisions.
- International human rights law, including United Nations mechanisms and the African Court on Human and Peoples' Rights, should serve as a tool for challenging unjust trade policies and ensuring equitable access to medicines.

- Governments must commit to transparent procurement processes to avoid corruption and inefficiencies that worsen medicine shortages.

Conclusion

Reliance on imports undermines health security and deepens health injustice. Strengthening local pharmaceutical production is crucial to ensuring equitable access to life-saving medicines and upholding the right to health for all. African governments, international policy makers, and global health organizations must work collaboratively to dismantle structural barriers, support sustainable medicine production, and reaffirm their commitment to health equity. Without urgent action, millions will remain at the mercy of an unjust global health order that prioritizes profit over people.

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