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Regional production for equitable access to health products: moving from factories to ecosystems

Factories alone do not guarantee access. Regional production of health products must be driven by public health objectives. Success lies not in the number of facilities built, but in ensuring that people can access quality-assured products when they need them, at prices they and their health systems can afford.

Introduction

The Covid-19 pandemic exposed deep structural inequities in access to vaccines, medicines, diagnostics and other essential health products.[1] While scientific innovation advanced at unprecedented speed, manufacturing capacity remained concentrated in a small number of countries and regions.[2]
For many African countries, concentrated manufacturing, fragmented supply chains, limited technology transfer and unequal purchasing power meant delayed access, higher prices and avoidable loss of life.[3]

Since then, regional production of health commodities has moved to the centre of global health and industrial policy debates in many low- and middle-income countries.[4] In 2021, the member states of the World Health Organization (WHO) passed resolution 74.6, committing them to strengthen regional production in order to create equitable access.

This position paper focuses on Africa, where import dependence is high and political commitment is growing. The African continent represents around 25% of worldwide disease burden but produces only 3% of medicines and 1% of vaccines consumed on the continent,[5] importing over 90% of health commodities.[6] In an effort to reduce over-dependence on foreign manufacturers and supply chains, the African Union aims to increase manufacturing capacity to meet 60% of Africa's health product needs through local

[1] Gleeson, D., Townsend, B., Tenni, B. F., & Phillips, T. (2023). Global inequities in access to COVID-19 health products and technologies: A political economy analysis. Health & place, 83, 103051. https://doi.org/10.1016/j.healthplace.2023.103051.

[2] Bown, C. P., & Bollyky, T. J. (2022). How COVID-19 vaccine supply chains emerged in the midst of a pandemic. The World economy, 45(2), 468–522. https://doi.org/10.1111/twec.13183.

[3] World Health Organization. (2021, May 20). Supply bottleneck, financial challenges fuel delays in Africa's COVID-19 vaccine rollout. https://www.afro.who.int/news/supply-bottleneck-financial-challenges-fuel-delays-africas-covid-19-vaccine-rollout.

[4] Matthias Helble, Claudia Nannei, Martin Friede, Martin W. Nicholson, Pathways to economically viable and sustainable vaccine manufacturing in LMICs, Vaccine, Volume 76, 2026, 128273, ISSN 0264-410X, https://doi.org/10.1016/j.vaccine.2026.128273.

[5] African Union Development Agency–NEPAD. (2025). *24 priority medical products and roadmap for regional manufacturing in Africa* (p. 14). https://www.nepad.org/publication/24-priority-medical-products-and-roadmap-regional-manufacturing-africa.

[6] Africa Centres for Disease Control and Prevention. (n.d.). *Africa's Health Security and Sovereignty (AHSS) Agenda*. https://africacdc.org/africas-health-security-sovereignty-agenda/.

manufacturing by 2040,[7] including 60% of the vaccine doses required on the continent.[8] Local manufacturing is a key pillar of Africa's Health Security and Sovereignty Agenda, endorsed by African Union Heads of State and Government in February 2026.[9]

Creating regional manufacturing capacity requires large investments and political support.[10] A variety of global health institutions, intergovernmental organizations and development banks are stepping into the space. Gavi's African Vaccine Manufacturing Accelerator (AVMA) has mobilized USD 1.2 billion.[11] Team Europe plans 1.1 billion euros, of which around 980 million euros is approved, including 663.8 million euros in loans and other instruments from European development finance institutions and 316 million euros in grants, budget support and blended finance.[12] Unitaid has committed nearly USD 50 million for regional manufacturing of diagnostics and medicines,[13] and the African Development Bank Group is implementing USD 3 billion programmes for quality health infrastructure and for local pharmaceutical manufacturing.[14] Africa CDC estimates that meeting the African Union target of investing 1% of GDP in research and development (R&D, 15% of it for health) could generate USD 668 billion in additional GDP and 4.56 million jobs by 2044.[15] Moreover, the African Union, Africa CDC and national governments are also investing.

This momentum is welcome. However, increasing manufacturing capacity alone does not guarantee more affordable and equitable access to health products. As Wemos' case study of the BionTainers in Kigali, Rwanda, demonstrates, manufacturing sites need clearly defined objectives for access and affordability that respond to local health needs. This requires local ownership of facilities, alongside the development of skills and enabling policies governing technology transfer and intellectual property agreements. Furthermore, supporting regional manufacturers requires an ecosystem that provides demand security and predictability through coordinated procurement, as well as access to financing to enable expansion and investment in

[7] Africa Centres for Disease Control and Prevention. (2026, October 1). *Scaling up health products manufacturing in Africa*. https://africacdc.org/news-item/scaling-up-health-products-manufacturing-in-africa/.

[8] African Union. (2023, May 15). Signing of a new agreement to drive vaccine impact in Africa. https://au.int/en/pressreleases/20230515/signing-new-agreement-drive-vaccine-impact-africa.

[9] Africa Centres for Disease Control and Prevention. (n.d.). *Africa's Health Security and Sovereignty (AHSS) Agenda*. https://africacdc.org/africas-health-security-sovereignty-agenda/.

[10] Matthias Helble, Claudia Nannei, Martin Friede, Martin W. Nicholson, Pathways to economically viable and sustainable vaccine manufacturing in LMICs, Vaccine, Volume 76, 2026, 128273, ISSN 0264-410X, https://doi.org/10.1016/j.vaccine.2026.128273.

[11] Gavi, the Vaccine Alliance. (n.d.). *African Vaccine Manufacturing Accelerator (AVMA)*. https://www.gavi.org/our-work/market-shaping/regional-manufacturing-strategy/avma.

[12] European Commission. (n.d.). *Team Europe Initiative on manufacturing and access to vaccines, medicines and health technologies in Africa*. https://international-partnerships.ec.europa.eu/policies/team-europe-initiatives/team-europe-initiative-manufacturing-and-access-vaccines-medicines-and-health-technologies-africa_en.

[13] Unitaid. (n.d.). *Unitaid announces two new flagship investments to boost regional manufacturing of diagnostics and medicines in Africa*. https://unitaid.org/news-blog/unitaid-announces-two-new-flagship-investments-to-boost-regional-manufacturing-of-diagnostics-and-medicines-in-africa/.

[14] Africa Briefing. (n.d.). *AfDB funds $6bn African health revolution*. African Briefing. https://africabriefing.com/afdb-healthcare-pharma-6bn-africa/.

[15] Africa Centres for Disease Control and Prevention. (n.d.). *Investment in health research and development*. https://africacdc.org/investment-in-health-research-and-development/.

underserved therapeutic areas.[16] Investment should therefore focus on strengthening these broader ecosystem conditions to ensure long-term access, sustainability and innovation.

Success of regional production should be measured by whether it strengthens sustainable regional supply and improves equitable access to affordable, quality-assured health products that respond to African health needs and achieves health equity, sovereignty and self-reliance.

For Wemos, this means moving from individual facilities towards integrated public health manufacturing ecosystems. Policy and investment strategies should be aligned across R&D, intellectual property, (pooled) procurement, trade, regulatory harmonization and workforce development. Equitable access must guide these efforts, alongside a shift in ownership, decision-making and financing towards African institutions and actors.

Put public health, equity and human rights first

A public health approach embeds access in design and shifts attention from production volumes to measurable health impact. It raises four fundamental questions:

1. **Equity**: Do health products reach the people and community who need them most, including underserved and vulnerable populations?
2. **Affordability**: Are products available at prices that individuals and health systems can afford?
3. **Prioritization** and **quality**: Does production respond to regional disease burdens and health priorities while meeting internationally recognized quality standards?
4. **Sustainability** and **resilience**: Does regional manufacturing strengthen health systems, build local capacity and supply chain resilience long term, and reduce external dependencies rather than create new ones?

These public health principles are also grounded in state obligations under international human rights law. Governments have a duty to respect, protect and fulfil the right to health, including ensuring access to essential medicines and other health products[17] and to enjoy the benefits of scientific progress and technological development.[18] Supporting regional research, innovation and manufacturing is an important means through which governments can advance their human rights obligations, strengthen health sovereignty and resilience, and progressively realize the right to health for all. These obligations should guide the design of manufacturing ecosystems, from research and product development to production, regulation and supply.

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[16] The Access to Medicine Foundation. (2026, September 8). *Foundation's new report reveals opportunities for generic medicine manufacturers to bridge access gaps in Africa*. https://accesstomedicinefoundation.org/news/foundations-new-report-reveals-opportunities-for-generic-medicine-manufacturers-to-bridge-access-gaps-in-africa.

[17] United Nations. (1966). *International Covenant on Economic, Social and Cultural Rights*, art. 12. United Nations Treaty Series, 993, 3. https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights.

[18] United Nations. (1966). *International Covenant on Economic, Social and Cultural Rights*, art. 15. United Nations Treaty Series, 993, 3. https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights.

Build integrated manufacturing ecosystems around access

Access must be built into the ecosystem design

Access should be designed from the earliest stages of research, product development, financing and technology transfer. This requires clearly defined access objectives, measurable targets and binding commitments to be established upfront and embedded in the relevant agreements. An access-by-design approach integrates public health and equity considerations throughout the product development and manufacturing lifecycle, including target product profiles, licensing agreements, financing arrangements, procurement systems and technology transfer partnerships. Such an approach can draw on models and practices developed by Drugs for Neglected Diseases initiative (DNDi), the Medicines Patent Pool (MPP) and the WHO mRNA Technology Transfer Programme.

Access also means acceptability: products must respond to local health system realities and patient needs, including through suitable formulations for children and vulnerable populations, and be trusted by the communities they are intended to serve. Building this trust requires meaningful participation by civil society, patient groups, healthcare workers and community leaders. They should be active contributors on policy development and partnership design, not only be consulted.

Develop the capabilities needed for sustainable production

Factories are only one part of the ecosystem needed for sustainable production. It depends equally on research, technology transfer, regulation, procurement, financing, skilled people, supply chains and functioning regional markets. Current investments are increasingly focused on market shaping for business viability and creating an enabling environment. However, private sector development must also support affordability, access, diversification of R&D and especially tackling neglected and local disease burdens.

A sustainable regional manufacturing ecosystem is most likely to address local health needs when it brings together universities, the private sector and product development partnerships. Long-term skills development and business viability should be integrated into public health objectives from the early planning and design of partnerships through financing and monitoring. Technology transfer is most effective when embedded in functioning innovation ecosystems that connect researchers, manufacturers, regulators and training institutions.

In supporting a diverse, access-oriented ecosystem, “geographically diversified production” is an important guiding principle. This can help achieve the production volumes needed while enabling countries to develop complementary capacities across value chains. The objective is to enable countries to leverage their strengths and contribute to an integrated, resilient and competitive regional pharmaceutical manufacturing ecosystem. Reducing excessive dependence on intercontinentally imported products requires a comprehensive investment approach. This approach ideally spans across the production of Active Pharmaceutical Ingredients (APIs), formulation, fill-and-finish capabilities, quality infrastructure and the

equipment necessary to achieve and maintain Good Manufacturing Practice (GMP) compliance and certification.[19]

Moreover, strong regulatory systems, quality assurance and pharmacovigilance are essential to ensure regionally manufactured products are safe, effective and trusted, and to prevent substandard and falsified products. The WHO estimates that around 1 in 10 medical products in low- and middle-income countries is either substandard or falsified.[20]

Align industrial development with public health objectives

Pursuing an ambitious industrialization agenda across the continent offers significant opportunities, including increased rates, investments and market participation by new actors. However, to ensure that industrialization advances public health objectives, policies must be aligned across ministries and regional institutions. Public health and progress towards achieving Universal Health Coverage (UHC) should guide public investments and partnerships, utilizing industrialization. This requires long-term policy coherence across health, finance, industry, trade, science and education ministries and among development partners and investors.

Pursuing an industrialization agenda without linking it to social and commercial determinants of health and wellbeing risks leaving the most vulnerable behind and prioritizing commercial gain and business cases over health needs. The Africa's Health Security and Sovereignty (AHSS) Agenda is an important tool in shaping continental ambitions for health through institutionalized reforms on production, digitalization, financing and an inclusive global health architecture.[21]

Public investment is needed across the different layers of the ecosystem, including R&D and the infrastructure, systems and incentives that enable private manufacturers to operate sustainably. Such investment, incentives and partnerships must be justified by their demonstrable contribution to public health objectives and equitable access to health products.

Businesses receiving public support should conduct their operations responsibly and adhere to applicable standards of responsible business conduct, including environmental, social and governance (ESG) principles. Public policies and partnerships should reinforce these expectations, ensuring that commercial interests are aligned with public health priorities, social responsibility and environmental sustainability. Building and maintaining these capabilities requires long-term, predictable financing across the manufacturing lifecycle.

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[19] Sagandira, C. R. (2025, October 14). *Africa imports over 70% of its medicines. Making active ingredients locally would change this*. Gavi, the Vaccine Alliance. https://www.gavi.org/vaccineswork/africa-imports-over-70-its-medicines-making-active-ingredients-locally-would-change.

[20] World Health Organization. (2017, November 28). *1 in 10 medical products in developing countries is substandard or falsified*. https://www.who.int/news/item/28-11-2017-1-in-10-medical-products-in-developing-countries-is-substandard-or-falsified.

[21] Africa Centres for Disease Control and Prevention. (n.d.). *Africa's Health Security and Sovereignty (AHSS) Agenda*. https://africacdc.org/africas-health-security-sovereignty-agenda/.

Finance public value, not only commercial returns

Sustainable regional production requires long-term, predictable financing. Despite significant investment, funding remains fragmented. Current approaches fall short in four respects:

1. R&D funding frequently operates separately from manufacturing financing.
2. Financing instruments are not tailored to the full length and scale of the manufacturing lifecycle.
3. Market demand and commercial interest are insufficient to support R&D and manufacturing of products with high public health value but limited commercial returns.
4. Public money is used to de-risk private investment without attaching conditions to ensure access and affordability.[22]

Many local producers, particularly small and medium-sized enterprises (SMEs), face high borrowing costs and instruments ill-suited to pharmaceuticals, often facing between18% to 25% interest on loans.[23] These often require rapid return on investments, despite the long path to profitability, starting with R&D.[24]

Public and development finance must recognize the difference between financial and public health returns and provide dedicated support for essential but commercially less attractive products. Financing must also span all stages from early research to commercial production, where many promising technologies fail at transition points. Milestone-based models, which release funds on technical or regulatory achievements, can help bridge these gaps.

Research funding should also incentivize credible pathways to regional manufacturing, for example by rewarding consortia that partner with African manufacturers.[25] Financing needs differ across the manufacturing cycle. New facilities and existing manufacturers require different instruments, ranging from working capital for APIs to equipment and GMP certification.

Development finance institutions should expand tailored financing mechanisms, including concessional loans, guarantees, risk-sharing agreements and longer repayment periods. Greater coordination amongst development banks could further support risk-sharing and enable more sustainable, flexible investment that respond to manufacturers' needs across the lifecycle.[26] The Global Health EDCTP3 programme

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[22] Hunter, B. M., McCoy, D., Cordilha, A. C., Marriott, A., Roy, V., Stein, F., & Wood, B. (2025). Private finance and the threat to global health. *BMJ Global Health, 10*(6), e019726. https://doi.org/10.1136/bmjgh-2025-019726.

[23] Jerving, S. (2026, November 18). The blood, sweat, and stress of pharma manufacturing in Africa. Devex. https://www.devex.com/news/the-blood-sweat-and-stress-of-pharma-manufacturing-in-africa-113783.

[24] Ejekam, C. S., Nyarko, K., Ndembi, N., Osigbesan, A. B., Mangwanya, F. K., Han, Y., Ismail, M., Nathanson, E. M., Matiru, R. H., Kalu, A. A., & Impouma, B. (2025). Towards health sovereignty: Partnerships to strengthen local production of medical products in Africa. *The Lancet Regional Health – Africa, 4*, Article 100003. https://doi.org/10.1016/j.lanafr.2025.100003.

[25] Africa Centres for Disease Control and Prevention. (n.d.). *Investment in health research and development*. https://africacdc.org/investment-in-health-research-and-development/.

[26] Karaki, K., & Blanchard-Brunac, L. (2026, October 6). *Supporting financial institutions to scale up investments in health under the Global Gateway*. European Centre for Development Policy Management. https://ecdpm.org/work/supporting-financial-institutions-scale-investments-health-under-global-gateway.

illustrates how research financing can incorporate access obligations around affordability, availability and accessibility, monitoring products until the last mile and using measures such as tiered pricing, non-exclusive licensing, price caps and technology transfer to regional manufacturers.

Blended finance can mobilize private capital. However, in these constellations, public and philanthropic resources are often used to de-risk private investment without ensuring matching public health benefits. Sustainable financing requires public resources to be used to address genuine market failures and generate demonstrable public value, guided by transparency, access conditions and long-term sustainability.

Public financing, whether direct or provided as the public component of blended finance, should carry proportionate access conditions covering affordability, regional availability, technology transfer, transparent licensing and sustainable supply, built into funding agreements from the outset and monitored throughout implementation.

Financing conditions are necessary, but they cannot by themselves build technological capability that also depends on how knowledge, intellectual property and decision-making are shared. Financing alone cannot ensure that regional production builds lasting capabilities. The way technologies are transferred, intellectual property is managed and partnerships are governed will determine whether African institutions can progressively shape and own their innovation systems.

Strengthen African-led innovation, technology transfer and ownership

Technology transfer should be assessed not by whether production is established, but by whether it builds lasting capability to innovate, adapt and improve technologies. This requires long-term partnerships that go beyond licensing to include tacit and institutional knowledge, quality systems, regulatory expertise and workforce development. Technology transfer should be treated as a continuous learning process rather than a one-off transaction, with clear objectives, transparent outcomes and accountability where public funds are involved.

Intellectual property should be integrated into innovation strategy from the outset. African governments should ensure that national intellectual property and regulatory frameworks enable the use of TRIPS flexibilities, where appropriate, and support public health-oriented innovation. Governments and public funders in high-income countries should likewise ensure that publicly financed research and technology transfer partnerships promote access and avoid unnecessary barriers to regional production. Product Development Partnerships (PDPs), such as IAVI and DNDi, demonstrate how innovation can be organized around unmet health needs rather than commercial incentives alone, including through innovative funding and collaborative approaches to funding costly clinical trials.

Partnerships should also shift ownership and decision-making towards African actors, moving beyond models that position African manufacturers primarily as recipients of technology or implementation partners. African research institutions, manufacturers and public authorities should have meaningful

influence over research priorities, intellectual property management, financing decisions and strategic direction. Local ownership must expand beyond manufacturing capacity to include the ability to shape and govern innovation systems, reduce dependency and align innovation with regional priorities. African ownership of innovation systems is therefore essential to ensure that research priorities and technological capabilities respond to regional health needs and support sustainable access to affordable, quality-assured products. These capabilities must ultimately be directed towards products that respond to regional priorities and can be made available through functioning markets.

African ownership of innovation systems is essential to ensure that research priorities, technological development and manufacturing capabilities respond to regional health needs and contribute to sustainable access to affordable, quality-assured products.

Align products, procurement and regional markets with health needs

Identify which products are needed and ensure products reach the intended populations

Product selection should be driven by public health needs rather than commercial viability or the availability of technology transfer. Prioritization should be informed by national essential medicines lists (EMLs), AUDA-NEPAD and Africa CDC regional priorities and evidence of unmet needs, through transparent and inclusive processes that promote coherence and avoid duplication across countries. This should cover vaccines, medicines, diagnostics, APIs, neglected diseases, antimicrobial resistance and sexual and reproductive health and rights (SRHR) commodities, with meaningful involvement of women, young people, healthcare workers and civil society. Development and manufacturing should also reflect regional realities, reduce carbon emissions through regional sourcing and adapt products to local climatic, health system and cultural contexts.

Partnerships should be based on equitable collaboration and meaningful participation of African institutions, manufacturers, research organizations and civil society. Civil society brings essential expertise on the affordability, accessibility, adequacy and acceptability of health products and should be involved throughout policy development, product prioritization and partnership design, rather than consulted after key decisions have been made.

Organize predictable demand

Fragmented procurement creates uncertainty, discouraging investment and limiting scale. Pooled procurement, including through the African Pooled Procurement Mechanism (APPM), can aggregate demand, stabilize markets, improve affordability and supply security and support regional specialization. Long-term contracts and coordinated forecasting can further strengthen predictability. Exports beyond Africa can help manufacturers reach scale, but publicly supported manufacturing should primarily serve African health needs, ensuring exports do not undermine regional availability and affordability. A good example of this is the first (APPM) tender for essential medicines for reproductive, maternal, newborn and child health (RMNCH), covering 10 priority products across 10 African Union member states, with a

significant cost reduction, between 30% to 90% lower prices compared with member state benchmarks and increased supply security.[27]

Develop functioning regional markets

Strong regional institutions are equally important, especially to shift decision-making power towards African stakeholders, including greater influence over financial resources and strategic priorities. The institutional strengthening of Africa CDC, the African Medicines Agency (AMA) and continental partnerships are essential, alongside effective implementation of the African Continental Free Trade Area (AfCFTA) can strengthen regional value chains. These regional arrangements must ultimately be judged by whether they improve the availability and affordability of priority products for the people who need them.

Delivering on these objectives requires coordinated action by African governments and institutions, WHO, development partners and financing institutions. Each has a distinct responsibility in translating regional manufacturing ambitions into measurable improvements in access.

Looking ahead: policy priorities and accountability

Policy recommendations per stakeholder

Stakeholder	Policy recommendations
WHO and member states	Establish an implementation and accountability framework that measures progress in equitable access, not just production capacity.
African governments and institutions	Align health, industrial, trade and financing policies; strengthen regional institutions and coordinate demand.
High-income-country governments and financing institutions	Support African-led innovation and manufacturing through long-term financing, technology transfer and enforceable access conditions.

WHO and member states

The expected discussion on regional and local production at the 80th World Health Assembly (WHA80) should take stock of progress since the adoption of WHA resolution 74.6, assessing whether commitments to strengthen regional production have translated into tangible improvements in equitable access. Member states should move beyond reaffirming manufacturing capacity towards a clearer implementation framework covering public financing, access conditions, technology transfer, regional cooperation and accountability for health outcomes.

[27] Africa Centres for Disease Control and Prevention. (n.d.). *Africa CDC announces results of African Pooled Procurement Mechanism (APPM) tender for essential RMNCH medicines*. https://africacdc.org/news-item/africa-cdc-announces-results-of-african-pooled-procurement-mechanism-appm-tender-for-essential-rmnch-medicines/.

The Fourth World Local Production Forum (WLPF) in Indonesia in 2027 should build on Abu Dhabi outcomes by assessing whether investments strengthen ecosystems, access and institutional capacity, not only production outputs. Implementation of the WHO Pandemic Agreement should likewise embed equitable technology transfer and diversified manufacturing in durable governance arrangements.

African governments and institutions

Effective implementation of the African Medicines Agency, the African Pooled Procurement Mechanism, the Partnership for African Vaccine Manufacturing and the African Continental Free Trade Area will be critical to strengthening predictable markets, regulatory coherence and institutional capacity. National and regional legal frameworks should enable the use of TRIPS flexibilities, support public health-oriented innovation, facilitate regional trade and set clear expectations on affordability, availability, technology transfer and public benefit for publicly supported partnerships.

High-income-country governments and financing institutions

Initiatives such as the EU Global Gateway should move beyond individual manufacturing investments towards equitable partnerships that strengthen African-led innovation and manufacturing ecosystems. This requires aligning European research funding with regional manufacturing priorities, supporting technology transfer, ensuring meaningful African participation in decision-making and integrating access conditions into publicly supported investments. Partnerships should be guided by shared public health objectives rather than primarily by the commercial or strategic interests of investing countries.

Conclusion

The central question is no longer whether to build manufacturing capacity, but how to ensure it delivers public health value. Regional production should be understood as a public health strategy, with success measured by equitable access to affordable, quality-assured health products that meet regional needs. This requires integrated ecosystems rather than isolated factories, access conditions embedded from the outset, financing that rewards public value and innovation systems that strengthen local ownership.

Regional production must shift not only where products are made, but who owns, finances and governs innovation, ensuring African actors shape priorities and partnerships. Only by centring public health, equity and institutional capacity can regional production improve access and health system resilience across Africa.