STATUS REPORT
2019
The United Nations Development Programme (UNDP) partners with people at all levels of society to help build nations that can withstand crisis, and to drive and sustain the kind of growth that improves the quality of life for everyone. On the ground in more than 170 countries and territories, UNDP offers a global perspective and local insight to help empower lives and build resilient nations.

World Health Organization (WHO) is the directing and coordinating authority on international health within the United Nations’ system, working with 194 Member States in a shared commitment to achieve better health for everyone, everywhere. WHO supports countries as they coordinate the efforts of governments and partners to attain health objectives, supporting national health policies and strategies.

The Special Programme for Research and Training in Tropical Diseases (TDR) is a global program of scientific collaboration that helps facilitate, support and influence efforts to combat diseases of poverty. It is hosted at the World Health Organization (WHO), and is sponsored by the United Nations Children’s Fund (UNICEF), UNDP, the World Bank and WHO.

PATH is an international non-governmental organization that drives transformative innovation to save lives and improve health, especially for women and children. PATH works to accelerate innovation across five platforms — vaccines, drugs, diagnostics, devices, and system and service innovations — that harness entrepreneurial insight, scientific and public health expertise, and passion for health equity. Working together with countries, PATH delivers measurable results that disrupt the cycle of poor health.

The collaboration between the Government of Japan and UNDP is a strategic partnership to promote R&D and to increase access to and delivery of health technologies used to address NTDs, TB and malaria.
### Acronyms and abbreviations

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<th>Acronym</th>
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<tr>
<td>ADP</td>
<td>Access and Delivery Partnership</td>
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<td>ADR</td>
<td>adverse drug reaction</td>
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<td>aDSM</td>
<td>active TB drug safety monitoring and management</td>
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<td>AMRH</td>
<td>African Medicines Regulatory Harmonization</td>
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<td>AU</td>
<td>African Union</td>
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<td>AU-NEPAD</td>
<td>African Union Development Agency</td>
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<td>BPOM</td>
<td>Badan Pengawas Obat dan Makanan (Indonesia National Agency for Drug and Food Control)</td>
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<td>CDSCO</td>
<td>Central Drugs Standard Control Organization (India)</td>
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<td>CIP</td>
<td>Coalition of Interested Partners</td>
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<td>CMST</td>
<td>Central Medical Stores Trust (Malawi)</td>
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<td>DR-TB</td>
<td>drug-resistant tuberculosis</td>
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<td>ECOWAS</td>
<td>Economic Community of West African States</td>
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<td>EDCTP</td>
<td>European and Developing Countries Clinical Trials Partnership</td>
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<td>EHP</td>
<td>essential health package</td>
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<td>eVIN</td>
<td>Electronic Vaccine Intelligence Network</td>
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<td>FDA</td>
<td>Food and Drugs Authority (Ghana, Tanzania); Food and Drug Administration (Thailand)</td>
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<td>GHIT Fund</td>
<td>Global Health Innovation and Technology Fund</td>
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<td>G7</td>
<td>Group of Seven</td>
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<td>GBT</td>
<td>Global Benchmarking Tool</td>
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<td>GDP</td>
<td>good distribution practice</td>
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<td>GMP</td>
<td>good manufacturing practice</td>
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<td>HITAP</td>
<td>Health Intervention and Technology Assessment Programme (Thailand)</td>
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<td>HTA</td>
<td>Health Technology Assessment</td>
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<td>IDP</td>
<td>institutional development plan</td>
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<td>iDSI</td>
<td>International Decision Support Initiative</td>
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<td>IR</td>
<td>implementation research</td>
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<td>IHPP</td>
<td>International Health Policy Programme (Thailand)</td>
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<td>JKN</td>
<td>Jaminan Kesehatan Nasional (Indonesia National Health Insurance Scheme)</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>JICA</td>
<td>Japan International Cooperation Agency</td>
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<td>LKPP</td>
<td>Lembaga Kebijakan Pengadaan Barang Jasa Pemerintah (Indonesian National Public Procurement Agency)</td>
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<td>LMIC</td>
<td>low- and middle-income country</td>
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<td>MDA</td>
<td>mass drug administration</td>
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<td>MHSA</td>
<td>Ministry of Health and Social Action (Senegal)</td>
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<td>MHSW</td>
<td>Ministry of Health and Social Welfare (India)</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>MOHCDGEC</td>
<td>Ministry of Health, Community Development, Gender, Elderly and Children (Tanzania)</td>
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<td>MSH</td>
<td>Management Sciences for Health</td>
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<td>NHSO</td>
<td>National Health Security Office (Thailand)</td>
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<td>NRA</td>
<td>national regulatory authority</td>
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<td>NTD</td>
<td>neglected tropical disease</td>
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<td>PMDA</td>
<td>Pharmaceutical and Medical Devices Agency (Japan)</td>
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<td>PMPB</td>
<td>Pharmacy, Medicines and Poisons Board (Malawi)</td>
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<tr>
<td>R&amp;D</td>
<td>research and development</td>
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<td>REC</td>
<td>regional economic community</td>
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<td>ROARES</td>
<td>West African Health Research Network</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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<td>SMILE</td>
<td>Sistem monitoring imunisasi dan logistic secara elektronik (Electronic immunization and logistics monitoring system, Indonesia)</td>
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<td>SOPs</td>
<td>standard operating procedures</td>
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<td>TB</td>
<td>tuberculosis</td>
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<td>TDR</td>
<td>Special Programme for Research and Training in Tropical Diseases</td>
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<td>UHC</td>
<td>universal health coverage</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Foreword

Four years ago, the United Nations General Assembly adopted the 2030 Agenda for Sustainable Development. The 2030 Agenda includes 17 Sustainable Development Goals (SDGs) focused on ending poverty and hunger, achieving gender equality and improving global health – among many other objectives aimed at enhancing the health and well-being of our planet and its people.

Acknowledging the need to redouble efforts in order to reach the health-related targets of the SDGs, the Global Action Plan for Healthy Lives and Well-Being for All, put forward by twelve global health organizations, commits to harmonized support to country-level health systems. The plan calls for three strategic approaches: aligning support to country priorities and needs; accelerating progress by leveraging new ways of working together; and accounting for the efforts to reach the 2030 goals through increased transparency and accountability.1

As one of the signatory organizations, UNDP is committed to these approaches. Since 2013, the Government of Japan and UNDP have partnered together to combine efforts. Through the Access and Delivery Partnership (ADP), we are putting into practice these approaches to support low- and middle-income countries (LMICs) to attain universal health coverage (UHC), through the acceleration of innovation, access and delivery of new health technologies for tuberculosis, malaria and neglected tropical diseases (NTDs).

As LMICs shift focus from disease-specific targets to UHC, integrating control of diseases such as tuberculosis, malaria and NTDs with the health system functions has become critically important. Progress in addressing diseases of poverty should be regarded as a ‘litmus test’ for effectiveness of efforts towards UHC in order to ensure that no one is left behind.

This 2019 Status Report outlines the impact and results ADP has achieved during the past 12 months. During this time, ADP has moved to scale-up its scope, coverage and propel impact of its approach and activities, in the following ways:

• Expanding the ADP partners, in order to deepen country–level technical assistance by partners and to help establish unique linkages between innovation and access stakeholders.
• Increasing the number of ADP focus countries, from four to seven.
• Reaching more non-focus countries, through opportunities for South–South collaboration.

Partners are actively exploring how additional technologies can be harnessed – alongside established forms of South–South and triangular cooperation – to further accelerate ADP coverage and impact. Advanced examples include: A smartphone app for reporting of side-effects of medicines, medical products and vaccines by patients and health workers in Ghana; a digital platform to monitor stock and storage temperatures across the vaccine cold chain in Indonesia; and setting up of a knowledge platform to help institutionalize health technology assessment at the national level in Thailand.

Development partners must act differently by enhancing the intersectoral nature of the emerging innovation, access and delivery ecosystem to improve health outcomes more efficiently. The current report highlights the contributions that the ADP partners are jointly making to this end. We hope that ADP’s work will continue to contribute to the attainment of UHC, as well as good health and well-being for all.

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Bureau of Policy and Programme Support, UNDP

1 Further information on the Global Action is available at: https://www.who.int/sdg/global-action-plan
Introduction
Towards universal health coverage

Many LMICs have taken significant steps in recent years to expand coverage of health services, but progress is gradual and variable. Millions of people still have limited access to quality-assured health technologies. Fragmented processes for innovation, access and delivery of health technologies strain the ability of health systems to provide full and affordable access to quality health care.

The objectives of the Government of Japan’s ongoing partnership with UNDP are aligned with the overarching approach of the 2030 Agenda for Sustainable Development. The 17 Sustainable Development Goals (SDGs) provide a systemic and integrated approach towards inclusive development, involving an explicit commitment to the interlinked targets of eliminating communicable and infectious diseases, and achieving real progress towards universal health coverage (UHC). In order to make meaningful progress towards UHC and other SDG targets, implementation gaps must be urgently addressed, and health innovations rapidly brought to scale.

Accordingly, in line with its commitment to support UN Member States towards achieving the SDGs – and in response to a request from the Government of Japan – UNDP leads the implementation of the Access and Delivery Partnership (ADP), in collaboration with the World Health Organization (WHO), the Special Programme for Research and Training in Tropical Diseases (TDR) and PATH. Since 2013, ADP has helped to strengthen capacities in selected LMICs with the aim of promoting well-functioning health systems that are essential for access to, and delivery of, health technologies. By accelerating efforts to address these challenges, ADP seeks to support and contribute to efforts in LMICs to attain UHC.

This approach reflects the global health priorities of the Government of Japan, as set out in its Basic Design for Peace and Health,2 the Group of Seven (G7) Ise-Shima Vision for Global Health of May 20163 and Japan’s on-going leadership on UHC.

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ADP’s work is also in alignment with the UNDP Strategic Plan: 2018–2021 and the UNDP HIV, Health and Development Strategy 2016–2021, both of which acknowledge the integrated nature of health and development and the role of resilient and sustainable health systems as the foundation for achieving health and development broadly.

4 UNDP Strategic Plan, 2018–2021. Available at: https://strategicplan.undp.org/
First, WHO joining the ADP initiative as a core partner has facilitated the expansion of services provided to countries. WHO supports ADP focus countries in strengthening their regulatory systems through a variety of approaches, including through an assessment of regulatory functions using the Global Benchmarking Tool (GBT) and the development of an institutional development plan (IDP). This is aimed at bringing national regulatory authorities (NRA) up to benchmarked international standards and best practices. Such technical assistance is vital in ensuring the quality, safety and efficacy of health products.

Second, ADP began working in four additional countries; namely, India, Malawi, Senegal and Thailand, bringing the total of ADP focus countries to seven. Multi-stakeholder consultations were held in each of the new focus countries and work plans were jointly developed with country stakeholders to identify key ADP interventions. In addition, ADP continues to deepen and consolidate its engagement in the three ‘first generation’ ADP focus countries (Ghana, Indonesia and the United Republic of Tanzania).

Following its initial five years of implementation, ADP has embarked on a scale up of its scope. In light of both the continuing commitment of the Government of Japan and UNDP to the ADP approach and the increased demand from LMICs, ADP has scaled up its reach and impact in the following ways.

6 The Global Benchmarking Tool (GBT) represents the primary means by which WHO objectively evaluates national regulatory systems to identify strengths and areas for improvement, prioritization of interventions, and monitor progress and achievements.
Third, ADP is scaling-up its reach and impact through an increased focus on South–South collaboration. To complement its in-country activities, ADP has facilitated South–South learning and exchanges on policy, programmatic and technical issues that represent common challenges across different health systems. Through such collaborations, ADP is extending the reach of its interventions across a larger number of countries.

Strategically, the partnership also consolidated design of its program and interventions through increased focus on joint planning and intervention among partners, and through use of web-based training platforms and tools.
Amplifying impact at the country and regional levels

Snapshot of key results achieved (April 2018–March 2019)

**Senegal**
- Initiated technical support to the national regulatory authority on the domestication of the *AU Model Law on Medical Products Regulation* to promote systematic and speedier approval of new health technologies.
- Conducted training on pharmacovigilance best practices for the National Pharmacovigilance Centre to address challenges in adverse drug reactions reporting and data entry.
- Supporting the identification and integration of health research priorities into the *Health Research Strategic Plan for Senegal (2019–2024)*, using the national multi-disciplinary platform, established by the Ministry of Health and Social Action.

**Ghana**
- Developed integrated plan for the roll-out of the RTS,S/AS01 (RTS,S) malaria vaccine across all 275 districts.
- Strengthened drug safety monitoring and identification of implementation barriers for the mass drug administration of preventive chemotherapy (azithromycin) for yaws, targeting 90 percent of the at-risk population.
- Supported roll out of ‘MedSafetyApp’, a new mobile application by Ghana Food and Drug Administration (FDA) to enable reporting from smartphones/tablets to increase the ease of reporting adverse drug reactions.

**Malawi**
- Supported the Ministry of Justice and Constitutional Affairs to develop multi-sectoral platform to recommend relevant enabling policy reforms and ensure policy coherence across innovation, access and delivery.
- Developed benchmarking to identify capacity gaps and guide regulatory system strengthening activities in 2019–2020, including support to the National Pharmacovigilance Centre for capacity strengthening on safety monitoring.
- Developing a training module for the national medicines procurement agency to improve medical equipment procurement planning and technical specification development.

**Tanzania**
- Developed integrated workplan to fast-track adoption and deployment of the paediatric formulation of praziquantel for children under the age of five, once approved.
- Continued to support Tanzania FDA, which has met the criteria for a ‘maturity level 3’ agency; the first in Africa to achieve a stable and well-functioning regulatory system for medical products.
Countries that benefited from ADP capacity-building initiatives

ADP focus countries

The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations or UNDP concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

Regional and South–South cooperation

- Supported establishment of the Global Coalition of Interested Partners, with regional chapters of regulatory authorities in Africa, South-east Asia and Western Pacific, to improve coordination of capacity strengthening support to national regulatory systems.
- Contributed to capacity strengthening of the African Medicines Quality Forum – a network of experts and leaders from quality control laboratories across 36 African countries – through technical support and training on key aspects of quality control of medicines.
- Promoted safe and efficient introduction of new oral treatments for drug-resistant TB through training of national TB programs and pharmacovigilance units from 44 African countries to conduct active TB drug safety monitoring and management, and use implementation research to maximize efficacy and safety of new TB treatment strategies.
- Established an HTA knowledge platform to strengthen HTA capacities and support efforts to institutionalize HTA at national level through South–South exchanges between policymakers and technical experts.
- Convened, in collaboration with the Government of Japan and the GHIT Fund, the Global Dialogue on “Uniting Efforts for Innovation, Access and Delivery”, which brought together over 100 global thought leaders and key stakeholders involved in R&D, funding, innovation and access of health technology. This provided a platform to enable sharing of experiences, best practices and strategies that will ensure returns on R&D investments and to promote country preparedness to maximize the opportunities for access and delivery of new health technologies.
- Continuing support to the African Union Development Agency (AUDA-NEPAD) to accelerate the domestication of the African Union (AU) Model Law on Medical Products Regulation towards achieving the AU and AUDA-NEPAD target of its adoption by 25 AU Member States by 2020.

India

- Formulated an institutional development plan for continuous improvement and strengthening of the regulatory system, including the strengthening of ‘good manufacturing practice’ risk-based inspection.
- Leveraging the policy and programmatic experience of India as a resource country to facilitate South–South technical exchange with other ADP countries, including through the collaboration with UNDP India to replicate the success of implementing ‘eVIN’ in India.
- Developing an institutional framework to enhance use of health technology assessment (HTA) in selection of new health technologies in collaboration with the Ministry of Health and Social Welfare.

Thailand

- Identified specific capacity needs through the WHO Global Benchmarking Tool, and institutional development plan, to guide regulatory system strengthening.
- Supported training of FDA personnel on best practices for clinical trials inspection to ensure data quality and safety of human subjects.
- Leveraging policy and technical expertise in Thailand as a resource to facilitate South–South exchanges with other ADP countries, including partnering with the Health Intervention Technology Assessment Program (HITAP) to provide technical support to LMICs on the use of HTA.

Indonesia

- Strengthened cohort of national HTA experts to reinforce institutionalization of HTA as a priority-setting tool for the national health insurance scheme.
- Developed and implemented the curriculum for the training of trainers on procurement of medical and laboratory equipment in partnership with the National Public Procurement Agency of Indonesia.
- Successfully piloted the Electronic Vaccine Intelligence Network (eVIN) to increase efficiency of the vaccine cold chain in two districts; reducing data errors, vaccine stock-outs and wastage by over 70 percent.
Scaling up impact in ADP focus countries

In this section, the progress of ADP in implementation is described in terms of its impact within the seven ADP focus countries.

**GHANA**

ADP supported the development of an integrated plan for the roll-out of the new RTS,S malaria vaccine across all 275 districts in the country

The Government of Ghana has taken important steps to deliver on its commitment to achieve UHC. With the establishment of the national health insurance scheme in 2004, efforts have focused on securing affordable and equitable access to quality essential health care for all and the provision of financial protection, particularly to poor and vulnerable communities. Alongside UHC, the elimination of NTDs is a key priority and goal. Ghana is one of the first three countries to pilot the introduction of the new RTS,S malaria vaccine in 2018. Ghana was also selected as one of the six countries in the first phase of a renewed WHO global campaign for yaws eradication by 2020.

The ADP focus in Ghana remains strengthening components of the health system – particularly regulatory and safety monitoring, and supply chain management – and linking these interventions with national policy goals.

**Results and impact**

ADP supported the development of an integrated plan for the roll-out of the new RTS,S malaria vaccine across all 275 districts in the country. Acknowledging the need for multi-sectoral collaboration to address implementation challenges in vaccine roll-out, ADP and the University of Health and Allied Sciences convened a working group that included, among others, the Ministry of Health, the Ghana National Drugs Programme and the Ghana FDA, to develop the roll-out plan. This working group also developed a US$2.5 million proposal aimed at funding the implementation of plan. The proposal has been shortlisted by the European and Developing Countries Clinical Trials Partnership (EDTCP) and results are expected before the end of 2019.

Ghana has also prioritized the roll-out of community-based mass drug administration (MDA) of azithromycin – in line with the WHO global yaws eradication strategy – with the target of covering over 90 percent of the at-risk population in three pilot districts. ADP partnered with the national NTD program and Ghana FDA to ensure the safety of azithromycin, its effective use and efficient delivery. This was supplemented with focused training sessions for frontline health workers on disease mapping and management, to identify and overcome key operational challenges in MDA of azithromycin. Support was also provided to the Ghana FDA to enable effective safety monitoring and enhance pharmacovigilance capacity of over 200 frontline health workers involved in the MDA campaigns across five regions (i.e. to recognize, report and address any adverse reactions).

ADP has continued to play a key role in strengthening the regulatory system in Ghana. The WHO GBT was used to assess capacity of the national regulatory system, with key capacity gaps identified, particularly related to improving the quality management system and risk-based post-marketing surveillance. An institutional development plan (IDP) was developed to guide capacity strengthening, and ADP’s technical support will continue to ensure implementation of the IDP recommendations.

Building on the previous collaboration with the National Pharmacovigilance Centre at the FDA to establish Safety Watch, a national electronic reporting system for safety monitoring, ADP supported the roll-out of a new mobile application for reporting from smartphones/tablets. The mobile application, which was launched in June 2019, will further facilitate ease of reporting of ADRs. The roll-out was supplemented with training and awareness-raising for regional officers.

Critical capacity gaps exist within the health technology supply chain in Ghana, largely as a result of a lack of documented protocols and training curricula for health workers. ADP has helped to develop the national curriculum on logistics management and standard operating procedures (SOPs) and guidelines for procurement, both of which will contribute to addressing the need for implementation and training protocols in Ghana.

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7 The Medium-Term National Development Policy Framework (2018–2021) and the Health Sector Medium Term Development Plan (2018–2021) both highlight the government’s key goal of ensuring universal health coverage.

8 World Health Assembly Resolution (WHA) 66.12 on neglected tropical diseases, targets among others, the eradication of yaws by 2020.
Indonesia has long championed the goal of achieving UHC and has made important strides in furtherance of this goal. The national health insurance scheme (JKN) of Indonesia, established in 2014, now covers nearly 80 percent of the population and has increased access to health services to over 200 million enrolled beneficiaries. Despite early successes, significant challenges persist. There remain inequities in service delivery, and the increasing demands pose a risk to the long-term sustainability of the system. Ultimately, JKN is expected to cost between US$13 billion and US$16 billion per year. At the same time, Indonesia faces the challenge of addressing one of the world’s highest TB burdens. Effectively addressing these challenges will be crucial for the impact and sustainability of UHC, and to ensure adequate access to essential services for all in Indonesia.

APD is focused on policy approaches and strengthening technical capacities that will contribute to sustainable progress towards UHC in Indonesia. APD continues to support the MOH in institutionalizing the use of HTA to enable systematic prioritization of health expenditures, as well as implementation of best-practice pricing and procurement policies for the public sector. Another key result of ADP work in Indonesia has been in strengthening pharmacovigilance capacity and active safety surveillance, in addition to promoting effective supply chain management of health technologies.

**Results and impact**

Indonesia was one of the first countries to pilot the introduction of the new TB medicine, bedaquiline. This was instrumental in the inclusion of bedaquiline in the national standard treatment guidelines for TB and its consequent roll-out in Indonesia. Building on this success, ADP is working with BPOM and the national pharmacovigilance centre to explore further strengthening of the national pharmacovigilance data management through digital linkages with the DR-TB adverse events surveillance database. This will further reinforce efforts to scale up TB treatment to more patients in Indonesia.

Another key result of ADP work in Indonesia is the use of HTA as a priority-setting tool for the selection of new health technologies. ADP has been a key partner in the provision of technical support to the HTA Committee and affiliated academic institutions to enable systematic evaluations of health technologies. Success in generating evidence and recommendations for informed decision-making has prompted the HTA Committee to further expand the base of technical capacity in the country. Through its partnership with HITAP (Thailand), ADP has expanded the cohort of national experts available to the HTA Committee and the MOH. The cohort of HTA experts will play a key role in systematic priority setting for the national health insurance scheme and contribute to long-term sustainability of UHC in Indonesia.

At the request of the MOH, ADP commissioned a price comparison study for a list of high-volume and high-cost government-procured essential medicines, with a view to inform future measures and policy approaches in ensuring affordable access to medicine. Furthermore, ADP continues its collaboration with the National Public Procurement Agency of Indonesia (LKPP) to improve access to technical information for health-related procurement and supply chain management. A training module on procurement of medical and laboratory equipment, developed by ADP, has now been integrated into the national procurement training program. ADP also conducted a training of trainers, to enable the training module to be accessible to procurement personnel in over 700 hospitals at the provincial and district levels.

APD supported UNDP Indonesia and the national immunization program to pilot the Electronic Vaccine Intelligence Network (eVIN) to enhance integrity of the vaccine cold chain. As a digital platform to monitor stock and storage temperatures, eVIN provides real-time data analytics for rapid identification of gaps in the cold chain to optimize vaccine supply and delivery. The eVIN pilot in Indonesia, called SMILE (sistem monitoring imunisasi dan logistic secara elektronik), has demonstrated very promising results, including a reduction of over 70 percent in data entry errors, vaccine stock-outs and wastage. With the success of the pilot, the MOH has indicated interest to provide co-financing for its expansion; discussions are now on-going between UNDP and the MOH on the development of a national scale up and implementation plan.

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9 Indonesia has the third highest TB burden in the world, in absolute numbers. Further information available at: https://www.who.int/news-room/fact-sheets/detail/tuberculosis

10 See: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5765643/
Tanzania became the first country in Africa to be recognized as achieving a stable and well-functioning regulatory system for medical products.

The Tanzania Development Vision 2025 aims to improve health for all through health service provision that meet the needs of the population. A significant challenge to this UHC commitment is the increasing financial burden to the national health insurance scheme, which currently covers over 18 million beneficiaries. Alongside this challenge, a major priority remains addressing the high prevalence of NTDs in Tanzania, with the most common being lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminths and trachoma.

In line with the priorities set out in the Health Sector Strategic Plan IV (2015–2020), ADP has focused on addressing the fragmented health delivery system by supporting interventions that help to link up and integrate the value chain for access and delivery. The ongoing support of ADP in establishing a health priority-setting process by the HTA review of the National Essential Medicines List (NEML), will also contribute towards cost-effectiveness and increased coverage of the national health insurance benefits package and help accelerate progress towards UHC. ADP has also helped to strengthen capacities to identify and address bottlenecks in disease prevention and control, including continued support to address inefficiencies in the supply chain for preventive chemotherapy during NTD mass treatment campaigns and the development of an integrated workplan to fast-track adoption of the paediatric formulation of praziquantel, once it is approved and available.

Results and impact

The high endemicity of schistosomiasis in Tanzania is a growing concern. Children under the age of five are a significant proportion of the 15 million Tanzanians at risk of schistosomiasis; they are not currently covered by the mass treatment campaigns with praziquantel due to the lack of a formulation that is appropriate for their age group. The availability, access and delivery of an appropriate paediatric formulation of praziquantel will be a significant contribution to the disease control and in turn, to UHC. A paediatric formulation is currently undergoing Phase III clinical trial with support from the GHIT Fund.

Hence, a focus for ADP relates to the anticipated approval and introduction of the paediatric formulation of praziquantel. The Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) and ADP co-convened a national multi-stakeholder platform of health planners, program implementers and researchers to facilitate collaboration and coordination on this issue. A key outcome was the development of an integrated workplan to guide interventions and activities to fast-track adoption and deployment of paediatric praziquantel, when it is approved and available. The integrated work plan is expected to serve as a template for MoHCDGEC to rapidly identify implementation challenges to effective introduction and scale up of other new health technologies.

ADP has contributed to the strengthening of the regulatory system in Tanzania. Subsequent to a series of assessments and formal evaluation by WHO in December 2018, Tanzania became the first country in Africa to be recognized as achieving a stable and well-functioning regulatory system for medical products. Tanzania FDA met all indicators that define a ‘maturity level 3’ agency, the second highest on the WHO scale. The strengthened capacity of Tanzania FDA to perform the regulatory functions that span the product lifecycle – from marketing authorization to pharmacovigilance – is essential for the effective and rapid introduction of new health technologies.

Building on the success in strengthening the pharmacovigilance capacity of Tanzania FDA, ADP is now focused on improving the quality assurance of health technologies across the entire value chain. ADP supported the training of Tanzania FDA drug inspectors to administer and enforce the WHO guidelines on ‘good distribution practices’ to ensure the quality and identity of health products across the distribution process, including prevention of substandard and falsified or unregistered products from entering the supply chain.

New ADP focus countries: India, Malawi, Senegal and Thailand

The new focus countries were selected based on an assessment of several factors, including: disease burden; political will and commitment; existing domestic capacity; and the potential for impact and South–South learning. However, the health systems in these countries exhibit certain capacity gaps as well as fragmentation in the access and delivery value chain, which pose challenges towards progress, efficacy and sustainability.

INDIA

The experience and insights of India will enable key South–South knowledge transfer that will be of mutual benefit to India and other ADP focus countries

Availability and affordability of medicines remains a primary concern in India, given the estimates that 50 to 80 percent of the Indian population have insufficient access to the medicines they need. In line with the goal of the National Health Policy (2017) “to achieve universal access to good quality health care services without falling into financial hardship,” India rolled out the Ayushman Bharat – India’s National Health Protection Scheme (AB-NHPS) in 2018. A significant milestone towards UHC, the AB-NHPS aims at providing free access to health care to half a billion people living in poverty. In conjunction with these steps towards UHC, a major health goal for India is the elimination of TB by 2025. India has the highest burden of TB (and DR-TB) in the world, accounting for a quarter of all TB deaths globally. The Revised National TB Control Programme (RNTCP), in its Strategic Plan (2017-2025), has highlighted the need to achieve universal drug-susceptibility testing (DST) and rapid scale up of shorter regimens for DR-TB treatment.

Results and impact

As India moves towards achieving its national TB objectives, in line with the TB-free India campaign, ADP is exploring opportunities for collaboration, including with the National Institute for TB Research on operational research to improve TB case detection and case management among children and hard-to-reach populations. As a resource country, the experience and insights of India will enable key South–South knowledge transfer that will be of mutual benefit to India and other ADP focus countries.

With the roll-out of the health insurance scheme and demand for health services increasing, financial sustainability of the national fund is a clear priority. Through its technical partner HITAP, ADP has initiated discussions with the Ministry of Health and Social Welfare (MOHSW) on the development of an institutional framework to enhance use of HTA in health priority-setting for selection of new health technologies. Complementing this work, ADP will also initiate collaboration with AB-NHPS on the use of appropriate mechanisms for decreasing care costs, as a means of increasing coverage.

ADP is actively leveraging the significant policy and programmatic experience of India in the national roll-out of eVIN – an innovative digital technology platform for strengthening the vaccine cold-chain system. In digitizing inventories and record-keeping at all storage sites and cold chain points, eVIN has addressed a number of key infrastructure and information management challenges, including significant improvements in vaccine availability and reductions in wastage.13 Building on this success, UNDP India and MOHSW are partnering to scale up eVIN across the 29 states and 7 Union Territories of the country, to support the Universal Immunization Programme by strengthening the evidence base for improved policy-making in vaccine delivery, procurement and planning.

ADP is collaborating with UNDP India to enable South–South cooperation on replicating the success of eVIN in other LMICs. One key result has been the transfer of knowledge between India and Indonesia, leading to the successful piloting of eVIN in the latter.

The Central Drugs Standard Control Organization (CDSCO) of India, the national regulatory authority, was assessed by WHO using the GBT, and was confirmed to be operating at ‘maturity level 3’. There are specific areas for further improvement, particularly at the state level. ADP has supported the continuous improvement and strengthening of the regulatory system through the implementation of an institutional development plan, which has guided ADP’s collaboration with CDSCO to address the identified capacity gaps. In this connection, ADP supported CDSCO in strengthening capacities of drug inspectors on good manufacturing practice (GMP) and good distribution practice (GDP), which are essential aspects of quality assurance that ensures pharmaceutical products are regulated across the entire value chain.

13 See: http://www.in.undp.org/content/india/en/home/operations/projects/health/evin.html
MALAWI has adopted national legislation domesticating the provisions of the AU Model Law; as a follow up, ADP has initiated discussions on technical support for the policy, legal and regulatory harmonization process.
SENEGAL

ADP collaborated with the Ministry of Health and Social Action (MHSA) to establish a multi-disciplinary coordinating platform to identify and address barriers that limit or prevent the implementation of national disease control programs.

The Government of Senegal has committed to achieve UHC by 2022 as a health sector priority. To address poverty and reduce the health system’s dependency on out-of-pocket spending, the UHC program facilitates access to affordable health services for all citizens. Despite limited resources, Senegal has made significant health strides in the past 20 years. A major achievement has been in the reduction of malaria incidence: Senegal now has one of the lowest malaria case incidence rates in West Africa, with a 30 percent reduction in cases between 2015 and 2016,14 due to the implementation of preventive measures recommended by WHO.15

In this connection, the National Malaria Control Strategy and Plan (2016–2020) has adopted a target of reaching ‘pre-elimination’, while the Master Plan for Integrated NTD Control (2016–2020) aims to eliminate lymphatic filariasis and trachoma by 2020.

Results and impact

ADP collaborated with the Ministry of Health and Social Action (MHSA) to establish a multi-disciplinary coordinating platform to identify and address barriers that limit or prevent the implementation of national disease control programs. The platform, which involved government policy-makers and technical experts from across national and sub-national agencies, prioritized support for the identification of health research priorities for integration into the new Health Research Strategic Plan for Senegal (2019–2024).

ADP has also engaged with MHSA and the national regulatory body, Direction de la Pharmacie et du Médicament, to identify the interventions and technical support required for the domestication of the AU Model Law on Medical Products Regulation in Senegal.

Another priority area identified by national stakeholders was pharmacovigilance. While the national pharmacovigilance system has been established, reporting of ADRs has been poor, with delays at the central level for causality assessment and data entry. A key challenge is the low technical capacity among health staff. Hence, ADP has provided support to the National Pharmacovigilance Centre for training key personnel on best practices, with the aim of improving management of adverse events. Building on this, ADP will support a formal benchmarking of the national regulatory system and functions to further identify capacity gaps and necessary interventions.

Lessons from the experience of Thailand can provide opportunities for South–South cooperation with other LMICs

Thailand is one of the few LMICs to have successfully implemented UHC, with every Thai citizen today assured of access to a comprehensive package of essential health care services. However, specific challenges remain, particularly in addressing the increased financial costs, partly as a result of the shifts in the country’s health profile associated with the rising burden of non-communicable diseases.

Thailand has developed and sustained institutional capacities for the various aspects of UHC implementation. As with the ADP approach in India, Thailand has been engaged primarily as a resource country, with the objective of facilitating a process of multi-disciplinary policy- and decision-making to address challenges to UHC. Through ADP collaboration with HITAP, the aim is to foster partnerships between technical institutions in other LMICs and those in Thailand, in order to leverage the health policy and technical expertise in the latter.

Results and impact

During the stakeholder consultation for Thailand, which took place in May 2018, three areas of collaboration were identified by country stakeholders, namely: priority setting and policy coherence; procurement; and access to new TB regimens. Through HITAP, the Ministry of Public Health in Thailand supports the use of HTA for multi-sectoral research that examines the cost, clinical effectiveness and other implications (e.g. sociocultural and ethical issues) to inform selection of health technologies for the National Essential Medicines List, and hence, coverage under the UHC scheme. Lessons from the experience of Thailand can provide opportunities for South–South cooperation with other LMICs. In this way, ADP has partnered with HITAP to meet requests from the government stakeholders in Bhutan, Indonesia, Kenya and Lao People’s Democratic Republic in support of the technical aspects and institutionalization of HTA in these countries.

Through the ADP Platform for South–South Exchange and Learning, representatives from the national medicines regulatory authority (FDA), national health insurance scheme (NHSO), national TB control program, the HTA agency (HITAP) and a health policy research institution (IHPP) contributed to greater understanding and learning among other LMICs on policy, programmatic and technical solutions to address major challenges across the value chain. In addition, officials from HITAP, NHSO and IHPP participated in a training workshop on strategic pricing to share the experience of Thailand in establishing benchmark pricing for new medicines and health technologies that are part of the national formulary, in conjunction with Indonesia, Malaysia and the Philippines, to share pricing information for an ADP-commissioned study on regional pharmaceutical price comparisons.

ADP also supported capacity assessment of the Thailand FDA through the use of the WHO GBT. The resulting IDP identified the specific capacity needs of the national regulatory authority. In this connection, ADP supported the training of Thailand FDA personnel on best practices for inspection of clinical trials, to ensure data quality and safety of human subjects. ADP will continue its support for the implementation of the IDP over 2019 to address the identified capacity gaps.
Sharing experience at the regional and global levels

The experience of implementing country interventions since ADP’s start in 2013 provides an invaluable source of learning and information. ADP has intensified its focus on South–South learning and exchanges to extend the impact of its work across a larger number of countries. This strategic approach facilitates technical exchanges between countries that address policy and technical challenges common across different health systems. South–South exchanges also extend the visibility and awareness of the ADP approach, tools and knowledge products among an increasing array of stakeholders.

ADP has also initiated, or contributed to, several regional and global platforms that bring together policy-makers and technical experts from LMICs to catalyse knowledge generation and learning on specific issues. The following section describes the work and impact of these platforms.
African Union
Model Law on
Medical Products
Regulation

The AU Model Law on Medical Products Regulation is a key pillar of the African Medicines Regulatory Harmonization (AMRH) initiative, which aims to create an enabling policy and regulatory environment for timely access to quality-assured health technologies throughout the region. The Model Law provides a comprehensive framework to guide AU Member States in enhancing regulatory system capacity and promoting an integrated and harmonized approach for medicines regulation.

ADP provided expert legal advice and technical support throughout the process of developing the AU Model Law, through its partnership with AUDA-NEPAD, the technical and capacity-building arm of the African Union. With the adoption of the AU Model Law by African Heads of State completed, the partnership between ADP and AUDA-NEPAD is now focused on supporting AU Member States to adopt the Model Law into national legal frameworks. While significant progress has been made on the national ‘domestication’ of the Model Law, acceleration is needed at varying stages across AU Member States. ADP supported AUDA-NEPAD to assess the status of the domestication process and to identify specific technical and capacity-building support needs. This identified an urgent need to accelerate the process of domestication at the national level through targeted technical assistance to AU Member States.

ADP and AUDA-NEPAD have developed an action plan for the period 2018–2020, comprising the preparation of guidance materials and a series of regional training workshops to reach all 55 AU Member States. ADP is also supporting AUDA-NEPAD in undertaking and finalizing a survey of AU Member States to provide the first comprehensive update on the domestication status and technical assistance needs. This will inform the approach and content of the first two regional training workshops (planned for May and October 2019).

ADP is well-placed to provide integrated support for the AU Model Law domestication process, given its complementary expertise and experience in strengthening national policy and regulatory frameworks, and benchmarking of national regulatory authorities to evaluate and strengthen regulatory systems and processes. ADP support to AUDA-NEPAD and to AU Member States will be instrumental in achieving the AU and AUDA-NEPAD target of 25 AU Member States adopting the Model Law by 2020. In turn, this will be an important contribution towards enabling speedier approval and introduction of new health technologies in the Africa region.

Building global coalitions for regulatory system strengthening

As increasing numbers of actors provide capacity strengthening support to national regulatory authorities in LMICs, ADP has supported the establishment of the Global Coalition of Interested Partners (CIP) to ensure coordination and effectiveness of various initiatives. This coalition-focused approach aims at more efficient use of resources, and harmonization of technical and capacity strengthening support.

The CIP provides a web-based information-sharing platform, which will reach out to countries and regional networks of national regulatory authorities in the Africa, South-East Asia and Western Pacific regions. These regional networks, referred to as “chapters”, will coordinate efforts of the various partners and stakeholders in addressing capacity gaps within national and regional regulatory bodies and networks. Chapters will conduct activities to strengthen technical capacities, harmonize marketing authorization pathways and promote good regulatory practices and work-sharing. ADP, through WHO, has convened multiple stakeholder
consultations to validate the principles and procedures of this new model for regulatory system strengthening and to establish regional chapters.

A pilot of the CIP was initiated in Bangladesh in March 2018, where a common strategy has been adopted between the national regulatory authority, related government technical agencies and development partners to coordinate regulatory systems strengthening initiatives. The comprehensive CIP framework will be launched and operationalized during 2019, with regional chapters developing and implementing workplans for their respective regions.

Strengthening quality assurance

Weak points in the manufacturing and distribution of health technologies provide an avenue for substandard and falsified products to enter the supply chain. To address this challenge, ADP has conducted a series of workshops, aimed at consolidating international standards and best practices on distribution into national guidelines and operations. Drug inspectors from the national regulatory authorities of Ghana, Malawi and Tanzania (including Zanzibar) were trained on GDP, which included inspection techniques and the enforcement of key principles and guidelines, including the application of ‘quality risk management’. These national regulatory authorities are now equipped to ensure the quality of pharmaceutical products during all aspects of the distribution process.

ADP also strengthened the network of experts and leaders from quality control laboratories across Africa, by supporting the African Medicines Quality Forum (AMQF) and its 36 AU Member State participants. This forum is important in facilitating a common understanding and consensus on acceptable standards of practice, coordinating various activities that impact the quality control of medicines, such as the sharing of testing services for countries with limited capacity in testing, and the promotion of risk-based post-market surveillance of medicines.

Safe and efficient introduction of new DR-TB treatment regimens

Recently updated WHO treatment guidelines for DR-TB, incorporating the shift towards oral regimens with new medicines such as bedaquiline, strongly recommend active TB drug safety monitoring and management (aDSM), and the use of IR to maximize the efficacy and safety of new TB treatment strategies.

In support of these new guidelines, ADP collaborated with the West and Central African Networks for TB Control, and other partners to support training, networking and South–South exchanges between national TB programs and pharmacovigilance units from 44 African countries. The initiative has contributed to enhanced technical capacities of national TB programs to implement aDSM best practices and the systematic use of IR to assist in the smooth roll-out of new DR-TB treatment regimens and aDSM. These technical capacities will be invaluable to ensure safe and efficient introduction of new DR-TB regimens.

Over 2019–2020, ADP will follow up with individual countries, particularly those in West Africa to explore opportunities for country-level technical support. In a specific country application of this initiative, ADP, at the request of the national TB program in Burkina Faso, collaborated with the WHO Collaborating Centre for Pharmacovigilance to conduct training of key personnel in the management of adverse events. In addition, as part of a measure to strengthen the national pharmacovigilance system, ADP also advocated for capacity strengthening of alternative health care providers; particularly in the outpatient consultations provided by the military medical system (which covers up to a third of the general population in some areas).

Health technology assessment knowledge platform

As national health systems provide ever-expanding packages of UHC benefits, they come under increasing pressure to rationalize the use of limited resources. Hence, the use of priority-setting mechanisms and procedures can help ensure sustainable health resource allocation to meet the increasing demands on the health system. ADP promotes health priority setting through a knowledge platform that facilitates country stakeholders’ access to critical resources and expertise as they establish HTA mechanisms relevant to their own country context.

In addition to the work of ADP in Indonesia to support efforts to institutionalize HTA, ADP and HITAP have jointly implemented activities to support the strengthening of HTA capacities in Bhutan, Ghana, Kenya and Lao People’s Democratic Republic, based on country requests and interest. ADP supported the training and mentoring of HTA personnel from these countries through short-term placements at HITAP, during which participants gained in-depth exposure to various technical approaches to economic evaluation as well as hands-on experience in conducting HTA on policy-relevant topics. Personnel who have participated in these exercises are expected to transfer knowledge to their respective HTA units and contribute to the systematic use of HTA in informing policy-making.

The HTA platform will foster increased South–South exchanges between policymakers and technical experts, with a view to building a network of HTA practitioners sharing country experiences and best practices as a means of enhancing and sustaining capacity development.

16 Workshop organized by TDR in collaboration with the WHO Global TB Programme, WHO Regional Office for Africa (AFRO), the West and Central African Regional Networks for Tuberculosis Control (WARN-TB and CARaN-TB), ADP and the Supra-national TB Reference Laboratory of Benin.
Strategic pricing and procurement of health technologies

As LMICs accelerate towards UHC, there is growing concern among governments over corresponding increases in health expenditure, and the resulting financial burden to the health system. A significant proportion of health expenditure is on medicines and other health technologies. Containing related costs will contribute to promoting affordable and equitable access to health technologies, and the sustainability of national health insurance systems. Recognizing the need to contain costs and safeguard the availability of health technologies, ADP has been supporting efforts to strengthen strategic approaches to pricing and procurement in the public sector.

During the reporting period, ADP and Management Sciences for Health (MSH) held a training workshop for government stakeholders from 10 countries: Bhutan, Ghana, India, Indonesia, Kenya, Malawi, the Philippines, Senegal, Tanzania and Thailand, on designing affordable, sustainable and equitable pricing strategies. Participants identified key strategic policies and methodologies that will be effective for setting and negotiating ‘ceiling prices’ suitable for the policy framework within their own countries. Through the innovative use of the LeaderNet online learning platform, ADP and MSH will follow up with participants to provide ongoing mentoring and knowledge sharing, as well as identify opportunities for further technical and capacity-building support in-country.

In response to a request from the Government of Indonesia, ADP commissioned a study of government-procured medicines across four countries: Indonesia, Malaysia, the Philippines and Thailand. This exercise strengthened the regional network of competent authorities in regular sharing of pharmaceutical price information, knowledge and policy initiatives.

To further promote best value for money and affordability, ADP also supported the introduction of policy approaches to plan effectively for and procure innovative health technologies. ADP held a workshop on health procurement policy for national procurement authorities and ministries of health from seven countries: Ghana, Indonesia, Kenya, Malawi, Papua New Guinea, Senegal and Uganda. The workshop facilitated knowledge sharing on a broad range of health procurement methods and policy approaches, and the strategies for incorporating the unique needs of the public health sector into national procurement policy frameworks. Participants identified key policy and strategic actions to effectively address respective health procurement challenges. In the coming year, ADP will provide a range of technical and capacity-building support to these countries, including on the development of national procurement policy, the implementation of strategic and sustainable procurement approaches, capacity strengthening for planning and forecasting and the introduction of e-procurement.

Implementation research to address barriers to the introduction of new health technologies

Country-specific investigation of challenges in the introduction and scale-up of new health technologies is an important way of identifying and addressing barriers to their access, delivery and correct usage. ADP supports expanded use of such IR approaches, tools and mechanisms in LMICs. Central to this strategy has been the development of a new comprehensive IR Toolkit to help LMICs strengthen IR capacity. The toolkit uses an online modular learning approach, and since its launch in 2018, there have been over 5,000 unique user sessions and almost 6,000 download requests.

Beyond the toolkit, the lessons learned and good practices of ADP support and activities in the focus countries, including those gained through the development of national IR strategies and agendas, have been well documented and provide the basis for South–South sharing and learning for other LMICs. To expand the reach and impact of the ADP IR capacity-building efforts, particularly among French-speaking countries in West Africa, ADP translated the IR Toolkit into French, which was then used to train national malaria program managers from eight Member States of the Economic Community of West African States (ECOWAS): Benin, Burkina Faso, Côte d’Ivoire, Guinea, Mali, Niger, Senegal and Togo. ADP collaborated with the West African Health Research Network (ROARES) to enhance the capacity of participants in prioritizing research questions, designing appropriate research methods and developing proposals for research funding. Furthermore, the creation of this regional learning platform and a pool of resource persons for French-speaking countries in Africa strengthens the cohort of competent IR experts in these countries by supporting ongoing capacity-building and policy action on the systematic use of IR.

ADP Platform for South–South Exchange and Learning

ADP initiated the Platform for South–South Exchange and Learning to leverage the experience and lessons learned from ADP focus countries during the previous project phase. In January 2019, ADP brought together stakeholders from the seven ADP focus countries – as well as Bhutan, Burkina Faso and Kenya – to identify transferable lessons and tools for the furtherance of technical learning and exchange, and strengthening regional partnerships and networks that sustain national level capacity development. Focusing on aspects of policy and regulatory harmonization that aim to facilitate effective introduction of
new health technologies, as well as specific technical capacities related to regulatory control, health technology procurement and supply chain management, the Platform provided a forum to share lessons and identify useful models and best practices that address key challenges for access and delivery in LMICs. Convening through the Platform has strengthened the ADP network of focus countries and stakeholders and has enabled continuing exchanges across the countries. It has also raised greater awareness of, and created demand for, the range of ADP technical expertise and service offerings.

The ADP Platform meeting also provided an opportunity to identify future scale-up plans in the focus countries. Beyond the focus countries, requests for ADP support have come from country stakeholders in Bhutan, Burkina Faso and Kenya. In these countries, initial engagement on specific activities related to HTA and pharmacovigilance has begun based on specific requests from key stakeholders, but formal stakeholder consultation for broader government buy-in and work plan adoption will be planned as scale-up continues.

Given the success of the inaugural Platform meeting, ADP will plan to hold annual meetings to further solidify the Platform’s role as a forum for exchange and learning between countries.

System. There are limited opportunities for funders, innovators and access and delivery stakeholders to discuss common challenges and needs, and to identify solutions.

Given the Government of Japan’s long-standing commitment to support the complementary efforts of the GHIT Fund and ADP, it was opportune to bring global thought leaders, policy-makers and implementers together to align approaches to innovation, access and delivery with country-level strategies for UHC. ADP collaborated with the Government of Japan and the GHIT Fund to convene the inaugural global dialogue on “Uniting Efforts for Innovation, Access and Delivery” in January 2019.

This collaboration provides a platform to highlight the GHIT Fund and ADP mandates and activities among other biomedical R&D funders, product development partnerships (PDPs) and access platforms; while creating space for collaboration and synergies in addressing bottlenecks that impede the efficient uptake of new health technologies.

By bringing together over 100 stakeholders involved in health technology R&D funding, innovation and access, the global dialogue facilitated the sharing of experiences, identification of best practices, particularly around strategies to ensure returns on R&D investments, and promoting country preparedness to maximize the opportunities for access and delivery of new health technologies.

The global dialogue also identified the need for a common approach to working effectively in a more integrated manner and deepened cooperation between the various entities in these areas. Specific areas for potential future dialogue, collaboration and partnerships have been incorporated into a draft plan of action, which takes account of the need for continued focus on issues of mutual concern for funders, innovators and access stakeholders.

This collaborative initiative with the GHIT Fund and the Government of Japan will be a major focus for ADP and will be an important opportunity to contribute to the dialogue through the lessons and experiences of the ADP implementation experience.

Unifying Efforts for Innovation, Access and Delivery

From the start of the R&D stage to when the health technology reaches affected communities and individuals, there are multiple interactions between decision-makers, actors and institutions. The entire value chain acts as a complex adaptive system, where an unexpected turn of events or an emerging challenge at one stage can have substantive impacts elsewhere in the system.
Looking ahead

Common capacity gaps that endure across the health technology value chain of many LMICs pose ongoing challenges for access and timely introduction of quality-assured essential health technologies. Hence, ADP continues to provide integrated technical support for strengthening health systems, with the aim of ensuring effective access to medicines, vaccines, diagnostics and other health technologies.

The ADP experience of working with governments at the national and local levels illustrates the need for capacity development and institutional strengthening, alongside the requirement for policy coherence. ADP leverages the expertise and experience of each of its core partner organizations, to provide targeted capacity-strengthening within national institutions and mechanisms. Once capacities are developed, there is a need to ensure coherence in the execution of various functions.

The policy functions related to the selection, prioritization and use of health technologies must be aligned. Effective procurement, supply chain management and delivery systems are also vital to ensuring that health technologies reach the people and communities that need them most, and in timely ways. A harmonized policy and regulatory environment enables these functions to work in tandem for the successful introduction, use and delivery of new health technologies within a national health system.

Over the past five years, ADP achieved significant success in bringing together the various actors across the value chain: government ministries and agencies across the essential sectors (health, social finance, technology, etc.), regulatory and procurement agencies, as well as implementing partners – so that the bottlenecks and capacity gaps were addressed in an integrated manner.

With these important lessons, ADP is extending its country coverage and impact.

In the past year, ADP has scaled-up in three key ways: first, by expanding the partnership to include WHO as a core partner and thus extend the range of ADP technical expertise; second, by increasing the number of ADP focus countries; and third, by enhancing South–South cooperation. In addition, ADP also intends to expand further the group of technical partners with which it engages, in order to meet country needs more comprehensively.

A continuing priority for ADP will be to enhance the use and reach of Japanese technical expertise through building collaboration with Japanese technical agencies, such as the Pharmaceutical and Medical Devices Agency (PMDA) and the Japan International Cooperation Agency.
(JICA). In addition, ADP will continue to take advantage of its established forums and platforms for South–South learning and knowledge exchange to scale-up reach.

As LMICs shift focus from disease-specific targets to achieving UHC, integrating control of diseases such as TB, malaria and NTDs is assuming growing importance. In setting out the targets for health outcomes under the 2030 Agenda for Sustainable Development, SDG3 explicitly links the targets of health technology access and delivery with UHC. This underscores the need for both in order to ensure that no one is left behind. Hence, success in addressing the diseases of poverty can be a ‘litmus test’ for the effectiveness of efforts towards UHC.

As ADP continues to scale up, the linkages between addressing TB, malaria and NTDs, and achieving UHC, will be further illuminated. In so doing, ADP will also amplify the significance of the GHIT Fund and the leadership of the Government of Japan towards the global commitment to achieving the SDGs.

It is crucial that promising new technologies in the innovation pipeline are successfully brought to market through continued and strategic investments, but it is now widely recognized that R&D is essential but not sufficient to drive access to new health technologies in countries and communities of need. Alongside R&D investments, health system strengthening efforts must continue apace, to ensure that once new technologies are available, they can be swiftly introduced to reach people in need. The implementation experience of the past five years enables ADP to play a key role in this specific strengthening of health systems.

Equally important, ADP aims to play a major role in bringing to bear the lessons and experiences that can be applied to minimize the fragmentation of the architecture and systems that span the broader innovation, access and delivery continuum. One such avenue for doing so is the platform on Uniting Efforts for Innovation, Access and Delivery.

Over the next year, ADP will increase its focus on building this global platform and further enhance its role in connecting the communities of actors at the two ends of the R&D–access spectrum. The aim is to achieve better understanding and enable the development of appropriate health technologies that are adapted to on-the-ground realities and challenges in LMICs, so that these can be readily accessed and delivered to those who most need them.
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