

Accelerating access to medical products in the Eastern Mediterranean Region

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Availability, accessibility and affordability of safe, effective and quality essential medicines and medical products are central to the provision of reliable and sustainable health care services (1). Equitable access to medicines and vaccines can save up to 10 million lives annually, which is critical for achieving Universal Health Coverage and the health-related Sustainable Development Goals (2,3).

Inadequate access to essential medicines is a challenge globally, particularly in the low- and middle-income countries (4,5). The WHO Eastern Mediterranean Region (EMR) is uniquely affected because of the conflicts and crises in more than half of its countries, which still experience inadequate access to medical products.

The major barriers to accessing essential medicines in the EMR are high prices, weak regulation, existence of substandard or falsified products, inefficient supply and procurement systems, limited intercountry collaborations, inadequate infrastructure and heavy reliance on imports (4). Local manufacturing, especially of vaccines, biosimilars and other biological products, remains limited and related research is underfunded.

Heavy reliance on imports causes disruptions and delays in medical supply chains, as was the case during the COVID-19 pandemic. It increases medicine prices and eventually out-of-pocket expenditure for health. It benefits mostly the exporting economies. Studies have shown that several essential medicines are prohibitively expensive in most EMR countries (5).

Substandard and falsified medicines pose a significant threat to public health (6). They increase health care costs and fatalities, due to poor treatment outcomes or treatment failures. At least 1 in 10 medicines in low- and middle-income countries are substandard or falsified, with countries spending an estimated US\$ 30.5 billion per year on substandard and falsified medical products (6). A WHO report estimates that approximately 10.5% of medicines in low- and middle-income countries failed the quality test, while a systematic review and meta-analysis reported 13.6% (7). The economic impact is estimated at US\$ 10–200 billion (7,8).

Access to medical products has received priority attention in the EMR in recent years. In 2020, EMR developed a regional strategy to improve access to medicines and vaccines, which aims to strengthen

partnerships and collaborations at the regional level for timely access to quality, safe, effective and affordable, medicines and vaccines (4).

When I became Regional Director in 2024, I proposed 3 flagship initiatives, of which access to medical products is one. Through this initiative, we aim to enhance access to essential medical products by strengthening local production capacity through, for instance, capacity-building of industry workforce, improving research and development, and facilitating technology transfer; enhance national regulatory systems to ensure availability of safe, effective and quality medical products; modernize supply chains with digital tools and systems to ensure efficient procurement, storage and delivery; and establish a regional pooled procurement mechanism to improve bargaining power and equitable access to critical supplies (1).

In December 2024, the WHO Regional Office for the Eastern Mediterranean signed an agreement with the Pan-American Health Organization (PAHO) to facilitate implementation of the medicines pooled procurement system in the EMR, thus benefiting from PAHO's decades-long experience (10).

WHO's support to strengthening medical products regulatory systems in the EMR is yielding tangible results. For example, the Egyptian Drug Authority reached maturity level 3 and Saudi Food and Drug Authority achieved maturity level 4 for medicines and vaccines regulation (11,12). Achieving maturity level 3 and above is a pre-requisite for WHO vaccine pre-qualification, which will contribute to the sustainability of local vaccine production (13). At maturity level 4, the Saudi Food and Drug Authority is now recognized among the world's most advanced national regulatory authorities for medicines and vaccines. Jordan has conducted a comprehensive assessment of the national medical supply systems and implemented recommendations from the assessment.

The regional pharmaceutical market is progressing (14). For example, Egypt, the largest pharmaceutical producer in the Arab world, continues to invest in domestic medicine and vaccine manufacturing. Jordan exports to over 60 countries, including the United States of America and European Union (15). Localization of pharmaceutical manufacturing has reduced reliance on imports from 80% in 2019 to 70% in 2023 (16) in Saudi

Arabia, and the United Arab Emirates is investing in biotech and AI-driven drug development (17). Egypt, Pakistan and Tunisia are participating in the WHO mRNA technology transfer programme, and Morocco has initiated vaccine manufacturing through a public-private partnership, indicating strong commitment to increasing local vaccine production capacity in Africa and the EMR.

Islamic Republic of Iran, which has a long history in biopharmaceuticals, has made significant progress in enhancing access to medical products through advancements in infrastructure, institutional development and in technology acquisition and transfer (18).

Overall, EMR Member States have shown strong willingness to work together in increasing equitable and timely access to safe and affordable medical products. To realize this aspiration, policy options that promote generic medicines and alternative financing mechanisms are needed. There is a need to further build end-to-end capacities and capabilities in research and development, regulation, local manufacturing, and supply chains management. More research will provide reliable and up-to-date evidence and increase understanding of the context-specific gaps at country level. Achieving these will require increased and sustained public and private investments through multisectoral partnerships involving governments, manufacturers, philanthropies, civil society, and development partners.

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