

A healthier Africa will further boost economic growth on the continent



A report launched at the Special Summit of the African Union on HIV/AIDS, Tuberculosis and Malaria highlights increased, targeted health spending as an essential foundation to greater economic growth and develop-

ment in Africa. The report, *Abuja +12: Shaping the future of health in Africa*, published by the African Union (AU) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), reviews progress made since the AU's 2001 Abuja Declaration – in which leaders pledged to mobilise domestic and international resources for health and remove barriers to the AIDS response – highlights remaining gaps, and prioritises next steps.

'Africa's health and our prosperity are inextricably linked. 2001 was a turning point for Africa as African countries committed to take greater responsibility for the health and wellbeing of their citizens,' said Dr Mustapha Sidiki Kaloko, AU Commissioner for Social Affairs. 'We urge all AU member states to commemorate Abuja+12 with a renewed commitment to prioritise health and achieve their commitments and targets by 2015.'

The new report highlights five main recommendations for a healthier Africa: unifying leadership, generating innovative financing, making smarter investments in health, strengthening human resources and ensuring no one is left behind. Together, these recommendations aim to leverage health as a force for economic growth and social progress across Africa.

The report also highlights recent successes in the HIV, TB, and malaria

responses in Africa, including substantial reductions in the number of new HIV and TB infections and deaths from malaria. There is now much broader access to antiretroviral and TB medications and use of malaria control strategies.

'Twelve years ago, African leaders pledged to unite in addressing the health crises which were devastating the continent – and succeeded in making historic progress,' said Michel Sidibé, Executive Director of UNAIDS. 'A renewed and bold commitment here in Abuja is essential as drawing from experiences in the AIDS response, we know that smart investments will save lives, create jobs, reinvigorate communities, and further boost economic growth in Africa.'

The report cites a number of approaches pioneered as part of the AIDS response that can help improve returns on health investments. These include using investment frameworks to prioritise spending on the most cost-effective interventions; focusing efforts on people most in need; and reducing front-line healthcare costs by shifting tasks, where appropriate, from physicians to nurses, community health workers, or other health practitioners. On strengthening health governance in Africa, the report notes that the principles that have been fundamental to the success of the AIDS response can be leveraged for the post-2015 agenda to advance coordination, innovation and commitment.

A central element of the 2001 Abuja Declaration was the commitment to allocate at least 15% of public expenditures to health by 2015. Over the last 5 years, health spending in Africa has risen by about 10% annually. However, spending is still nowhere near where it needs to be and an additional US\$31 billion is required to close the funding gap.

C difficile test to predict patients most at risk

A test to predict which patients are most at risk from the *Clostridium difficile* infection has been developed.

The 'accurate and simple' test could benefit patients, hospitals and health services around the world, scientists and doctors in the UK have said.

In a paper published by *BMC Infectious Diseases* it said growing concern about the number of *C difficile* strains resistant to drug therapies meant the findings were exciting.

The test's 'comparative simplicity' means it could be used by non-specialists within 48 hours of diagnosis, allowing earlier treatment.

Uganda: new 24/7 health call centre

The Medical Concierge Group Limited (TMCG) has launched the first ever 24/7 health call centre in Uganda. By calling a local number, anyone can access a trained and licensed doctor, pharmacist or other health professional at any time.

TMCG Managing Director, Dr Davis Musinguzi said, 'Healthcare services are accessible and affordable by phone call, SMS, video chat and social media. Our business-to-business arm will be in partnership with hospitals, insurance companies, corporates, NGOs, and any institution seeking to innovatively expand their services to a wider section of the public.'

WHO urges greater efforts to fight viral hepatitis

Only one-third of the world's countries have national strategies for viral hepatitis, according to the World Health Organization.

'Many of the measures needed to prevent the spread of viral hepatitis disease can be put in place right now, and doing so will offset the heavy economic costs of treating and hospitalising patients in future,' said Dr Sylvie Briand, Director of Pandemic and Epidemic Diseases at WHO.

In addition, WHO has been working on developing networks and is exploring with international funding agencies avenues that could allow hepatitis to be included in their current programme of activities, the UN agency said in its statement.

In June 2013, WHO launched the Global Hepatitis Network, and one of its aims is to support countries with planning and implementation of viral hepatitis plans and programmes.

WHO is currently developing new hepatitis C screening, care, and treatment guidelines, which will provide recommendations on seven key areas such as testing approaches; behavioural interventions (alcohol reduction); non-invasive assessment of liver fibrosis; and the selection of hepatitis C drug combinations.

'To cure and reduce the spread of these viruses, medicines must become more accessible,' said Dr Stefan Wiktor, team lead in WHO's Global Hepatitis Programme.

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Early step in sleeping sickness cure

Scientists have taken a tentative step towards creating a cure for the most common form of sleeping sickness.

The gambiense strain of the trypanosoma parasite is resistant to proteins the immune system produces to fight the infection.

Belgian researchers have developed a mutant version of the protein, which early tests show can kill a wide range of trypanosomes including gambiense. The study was published in the journal *Nature*.

The gambiense strain causes more than 97% of sleeping sickness cases in western and central Africa. According to the World Health Organization, there were 7197 cases in 2012.

The immune system produces apoL1 to try to attack the parasite. In the study, researchers from the Universite Libre de Bruxelles outlined how gambiense evolved a three-part defence mechanism against the protein apoL1. ApoL1 is normally taken up by the trypanosoma parasites, as it tricks the parasite into believing that it is beneficial. The protein then embeds itself into the walls of the gut membrane, where it kills the parasite.

The first step in gambiense defence is

they 'create a protein that stiffens the membranes against the apoL1 protein,' said Prof Etienne Pays, lead author of the research. 'This acts as a barrier.' The second stage is to make it more difficult for the parasite to absorb the protein. Finally, if the protein was to get through the other barriers, gambiense is able to digest apoL1 quicker than other forms of the parasite, so that it cannot be absorbed by membranes.

Prof Pays said, 'The crucial thing here is that apoL1 is still there. It has not been absorbed. It can still be used to kill the parasite.' This led Prof Pays and his team to develop a mutant strain of apoL1. This not only kills gambiense, but 'it kills all African trypanosomes, pathogenic for humans or for cattle.'

But Prof Pays said the research was still in the early stages. 'Needless to say, this is a promising discovery,' he added. 'However, it remains to be seen if this apoL1 variant could be used to treat sleeping sickness. In the blood, this protein could be either unstable or toxic in itself, so more work is needed to appreciate the potential of this finding.'



Researchers identify bladder cancer trigger

Researchers at Plymouth University in the UK say they have identified a trigger process which causes bladder cancer to spread.

The team has been working on identifying how a particular protein creates a signal which causes benign polyps to develop into something that invasively spreads. Scientists said identifying the mechanism could lead to new therapies in the future.

Bladder cancer becomes invasive when the illness grows through the muscle layer of the bladder. When this occurs, there is a higher risk the cancer would spread to other areas and becomes more difficult to treat, researchers say.

The newly-published research by the university in the *American Journal of Physiology: Renal Physiology* looks at a protein, pancreatic secretory trypsin inhibitor (PSTI), which is present in most bladder cancers.

Researchers said they had identified the role PSTI played in the signalling process that allowed the cancer's spread. Developing ways to interrupt the process could lead to new treatments.

Report finds gradual fall in FGM in Africa

A comprehensive new assessment of the practice of female genital mutilation (FGM) has found a gradual but significant decline in many countries.

A United Nations report found that among the 29 nations where the practice is concentrated, the steepest declines have been in Kenya.

Over all, Unicef estimates that more than 125 million girls and women have undergone the practice and that 30 million girls are at risk of it over the coming decade. The report, is the first in which Unicef assessed the practice among all age groups based on household survey data from all of the 29 countries. The report depicts progress against FGM as halting and uneven. It also offers a portrait of nations where its prevalence is still stunningly high. In addition to Egypt, where 91% of women 15 to 49 have undergone FGM, countries with the highest percentages include Somalia (98%); Guinea (96%); Djibouti (93%); Eritrea and Mali (89%); and Sierra Leone and Sudan (88%).

The double threat: childhood obesity and undernutrition

Many low- and middle-income countries are neglecting overweight and obesity as major health threats, with policies in place to tackle undernutrition, but few policies to halt the growing burden of diseases due to the rise of overweight and obesity, according to new information released by WHO.

More than 75% of overweight children live in developing countries with the prevalence in Africa almost doubling in the last 20 years. Obese children are more likely to be obese as adults, with an increased risk of diabetes and other diseases.

To help countries close these policy gaps, WHO has issued a consolidated package of 24 Essential Nutrition Actions, which outline the most effective ways countries can improve their peoples' nutritional status by preventing both undernutrition and overweight. There are many factors during pregnancy and in-

fancy that can affect an older child's and an adult's weight.

Interventions include:

- improving nutrition of pregnant and breastfeeding women;
- encouraging early initiation of breastfeeding, exclusive breastfeeding for the first 6 months, then continued breastfeeding up to 2 years;
- promoting appropriate solid foods for young children;
- providing micronutrient supplements and fortified foods, when needed.

'Increasingly, we find overweight children living in countries where undernutrition is also still an issue,' says Dr Francesco Branca, Director of WHO's Department of Nutrition for Health and Development. 'While it is vital to maintain efforts to reduce undernutrition, the world needs to do much more to prevent and care for the growing numbers of people that are overweight or obese and living in low- and middle-income countries.'

A malaria vaccine that works – with limits

A new type of malaria vaccine gave 100% protection against infection to a small number of volunteers in recent tests — but under conditions that would be nearly impossible to reproduce in the countries where most malaria victims live.

The vaccine, made by Sanaria, a US company, protected six volunteers who each got five doses over 20 weeks, according to a study published in the journal *Science*. But the vaccine is expensive to make and difficult to administer, and it is not yet clear how long the protection lasts.

'This is a scientific advance rather than a practical one,' said Dr William Schaffner, the head of preventive medicine at Vanderbilt University's medical school in the US. 'But any vaccine that provides even a glimmer of hope opens a door, so we have to pursue it.'

Sanaria's vaccine is made by irradiating mosquitoes that have fed on malaria-infected blood and removing

their salivary glands by hand. The radiation-weakened parasites in the saliva are then purified.

In earlier trials, the vaccine failed when injected into the skin, so this time researchers gave it by IV drip. Six volunteers who got five intravenous doses did not get malaria when bitten by infected mosquitoes. Six of nine volunteers who got four doses were protected.

Because the vaccine is made in small batches by hand, it is impractical for poor countries, where malaria sickens more than 200 million people a year and kills about 660 000, most of them infants and pregnant women.

Giving multiple IV doses of any vaccine is also impractical because it requires sterile conditions, trained medical personnel, and follow-up. IV drips are particularly hard to administer to children.

The initial target markets for the vaccine are the military and wealthy travelers.

Development of CMV treatment agreed

The Medicines Patent Pool and Roche recently announced an agreement to increase access in developing countries to valganciclovir, a key easy-to-take oral medicine to treat cytomegalovirus (CMV), a viral infection that can cause blindness in people living with HIV.

The agreement will significantly improve access to Roche's valganciclovir for people living with HIV in 138 developing countries by making it up to 90% cheaper than current prices. As a second step, the Medicines Patent Pool and

Roche will also enter into licensing and technology transfer negotiations to encourage the development of internationally approved quality generic versions of valganciclovir.

The most widely used treatment for CMV in developing countries requires injections directly to the eye, which can be painful and also difficult to administer on a large scale.

'The agreement... will make a more affordable oral treatment for CMV available immediately and also catalyse the creation of a sustainable generic market,' said Greg Perry, Executive Director of the Medicines Patent Pool.

Niger and Global Fund sign €13.5 million malaria grant

The Global Fund to Fight AIDS, Tuberculosis and Malaria has signed a €13.5 million euro grant agreement that will intensify efforts to provide families with mosquito nets and improve the diagnosis and treatment of malaria in Niger.

This new and additional funding, the first to be signed since early 2011, will finance the procurement of: 1.65 million insecticide-treated mosquito nets;

4.69 million rapid diagnostic kits for malaria; and 1.49 million doses of artemisinin-based combination therapies. This grant will be implemented by Catholic Relief Services as Principal Recipient, in close collaboration with the National Malaria Control Program.

The signing of this funding follows the restructuring of the grant portfolio after financial irregularities were discovered, leading to an investigation by the Office of the Inspector General.

Piot calls for investment in higher education in Africa



Professor Peter Piot, Director of the London School of Hygiene & Tropical Medicine, was awarded the Hideyo Noguchi Africa Prize for Medical Research, by the Prime Minister of Japan, Shinzo Abe, at the 5th Tokyo International Conference on African Development.

The Prize honours outstanding achievements in the fields of medical research and medical services to combat infectious and other diseases in Africa. Considered the most important award for medical research in Africa, laureates of the Hideyo Noguchi Africa Prize receive a medal and an honorarium of 100 million yen. The Hideyo Noguchi Africa Prize for Medical Services was awarded to Dr Alex Coutinho, Executive Director of the Infectious Diseases Institute at Makerere University in Uganda.

Professor Piot co-discovered the Ebola virus and was a pioneer in understanding the AIDS epidemic in Africa. Speaking at the ceremony, he said, 'Now is the time to seriously invest in higher education, research, and innovation in Africa. With growing economies and plenty of natural resources, the unprecedented spread of communication technology, and above all a growing and massive young work force, the continent needs far more highly skilled people, original solutions to its challenges, and a firm place in the global knowledge economy.'

Mers: deadly coronavirus found in tomb bat

The deadly Mers coronavirus has been isolated in a bat in Saudi Arabia, scientists report. The virus was detected in a faecal sample taken from an Egyptian tomb bat, collected close to the home of the first known Mers victim. The research is published in the journal *Emerging Infectious Diseases*.

But while scientists found a genetic match, they think it is unlikely that bats are responsible for passing the virus to humans. Instead they think the virus is spreading from the winged mammals to other animals before it is reaching people.

China–Africa health cooperation in a new era

African health ministers and Chinese health officials have met in Beijing to map out new efforts to support Africa's long-term health progress and shape the future of China–Africa health cooperation.

The first-ever meeting at the Ministerial Forum on China–Africa Health Development meeting of health ministers in August was under the Forum on China–Africa Cooperation (FOCAC), which since its establishment in 2000, has been hosted by the National Health and Family Planning Commission of China.

The health ministers at the meeting demonstrated the highest level of political commitment to tackle Africa's most pressing health challenges together.

The Global Health Strategies said the health ministers addressed key health challenges across Africa, including malaria, schistosomiasis, HIV/AIDS, reproductive health, immunisation, and vaccine-preventable diseases.

Under the Declaration, China and African countries would also embark on new efforts to achieve sustainable, long-term health solutions, such as increasing partnerships on joint research and addressing the shortage of healthcare workers.

China and African countries would engage further with private enterprise to encourage technology transfer and increase access to low-cost health technologies that meet high quality standards. The Declaration emphasised that such health cooperation efforts would

align with African countries' priorities as well as national and regional development plans.

This year marks the 50th anniversary of China sending medical teams to African countries, with the first team sent to Algeria in 1963. Since then, thousands of medical personnel have served in 43 African countries.

China has also worked with African partners and international organisations to build hospitals and malaria centres, trained health workers, and increased access to antimalarial treatments and other health technologies. Academic institutions and private companies have also supported these efforts.

China and African will now be exploring opportunities to build on this progress and contribute new resources, innovation and leadership to drive health progress across Africa.

Dr Margaret Chan, Director-General of WHO said, 'The decades of collaboration between China and Africa has long been characterised by friendship and goodwill. China is now a significant force in Africa's development, with substantially increased commitments and engagements. This is a south-to-south model of development cooperation based on mutual interests and respect.'

Representatives from the World Health Organization (WHO), UNAIDS, UNFPA, UNICEF, African Union, World Bank, GAVI Alliance, and the Global Fund to Fight AIDS, Tuberculosis and Malaria participated in the Forum.

PEPFAR boosts circumcision in western Kenya

The US President's Emergency Plan for AIDS Relief (PEPFAR) has moved to boost efforts for voluntary medical male circumcision initiative in Western region of Kenya to help save the lives of people living with HIV/AIDS in the region

This historic commitment is the largest by any nation to combat a single disease internationally, and PEPFAR investments will also help alleviate suffering from other diseases across the global health spectrum. PEPFAR is driven by a shared responsibility among donor and partner nations and others to make smart

investments to save lives.

The initiative, which is dubbed 'free male circumcision', targets 10 000 males in Bunyala sub-county of Busia County in the next year as a counter strategy to spread of HIV/AIDS in the area; 2000 males have already been circumcised in last 3 months.

Circumcision has been voted as one of the counter strategies in the fight against sexually transmitted infections including HIV/AIDS globally. Besides lowering the risk of HIV infection by 60%, research in the United States has also shown that circumcision lowers by 15% the risk of prostate cancer and chance of urinary tract infections.

Ducks were bird flu 'melting pot'

Ducks were the melting pot of viruses that led to the new bird flu emerging in China early this year, according to Chinese scientists tracking the evolution of the virus.

The study, published in the journal *Nature*, showed humans were probably then infected with H7N9 due to contact with chickens at live poultry markets.

There have been 133 human cases of the bird flu and 43 deaths.

Copper linked to Alzheimer's disease

A lifetime of too much copper in our diets may be contributing to Alzheimer's disease, US scientists say. However, research is divided, with other studies suggesting copper may actually protect the brain.

The latest study in *Proceedings of the National Academy of Sciences* showed high levels of copper left the brain struggling to get rid of a protein thought to cause the dementia.

Copper is a vital part of our diet and necessary for a healthy body. Tap water coming through copper pipes, red meat and shellfish as well as fruit and vegetables are all sources of dietary copper.

Ovarian cancer screening 'has potential'

A new way of screening for ovarian cancer is showing 'potential', according to researchers in the US.

Tumours in the ovaries are hard to detect in the earliest stages meaning it can be too late to treat them effectively by the time they are found.

A trial of 4051 women, reported in the journal *Cancer*, showed the method could identify those needing treatment. But a huge study taking place in the UK will give a final verdict on the test when it is completed in 2015.

There is a survival rate of up to 90% when ovarian cancer is caught early, compared with less than 30% if it is discovered in the later stages.

Unlike other cancers, the symptoms, such as pelvic and abdominal pain or persistent bloating, are often put down to other common ailments and the tumour can be missed.

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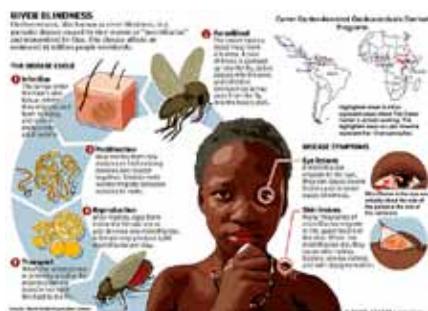
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Carter Center declares goal: river blindness elimination

The US Carter Center has announced that it will no longer only control river blindness, but instead will work with ministries of health to eliminate it in all 10 countries in Africa and Latin America in the areas where the Center fights the neglected disease.

'River blindness can and should be eliminated, not just controlled, even in the most afflicted areas of Africa,' said former U S President Jimmy Carter. 'The Carter Center is taking on the challenge of eliminating river blindness in Africa and Latin America because we know immense suffering can be prevented if we

apply both science and political will to this goal.'

The decision builds on the Center's strong partnerships with the ministries of health and historic successes against the parasite in the Americas, Uganda, and Sudan. With assistance from The Carter Center, last year Sudan and Uganda announced they had interrupted river blindness transmission in key endemic areas.

Together with the national programmes, the Center's comprehensive river blindness elimination strategy now includes Africa's most populous and highly endemic countries, Nigeria and Ethiopia. The Center has supported river blindness control in the two countries since 1996 and 2000, respectively.

Until recently, the widely held belief in scientific communities has been that river blindness could not be eliminated with drugs and health education alone in Africa, in part, due to its high prevalence and the challenges to delivering health services. The majority of river blindness occurs on the continent where more than 120 million people are at risk and hundreds of thousands have been blinded by the condition.

AfDB eHealth competition

The African Development Bank (AfDB) has announced ten winners of its eHealth competition after receiving more than 100 proposals from innovators across Africa.

The first AfDB eHealth award recognises the current work being done in e- and m-health in Africa. It aims to encourage the production and sharing of knowledge on eHealth solutions and provide added value through the sharing of lessons learnt in e- and m-health. One hundred and sixteen high-quality proposals were received and reviewed by an expert panel. A total of 40 short-listed projects were asked to submit a full proposal.

Winners will be invited to present their innovation during an event organised by the AfDB on September 23–24, 2013 in Hammamet, Tunisia (www.africapharmasummit.com). An award ceremony will be organised to recognise the contribution of winning projects to development in Africa and opportunities will be given to innovators to share their experiences.

Buruli ulcer in rural Ghana: a case for active case-searching?

Dear Editor

Buruli ulcer, a chronic necrotising skin infection caused by *Mycobacterium ulcerans*, is the third most common mycobacterial infection worldwide, after tuberculosis and leprosy. The disease is endemic in low-resource countries in sub-Saharan Africa and is classified among the neglected tropical diseases. Between 5000 to 6000 cases are reported annually. The possible eradication of Buruli ulcer is undermined by the continued lack of an appropriate screening test, clarity about the natural reservoir of infection, and the mode of transmission. One characteristic of the disease however is its association with riverine areas of the tropics and sub-tropics.

The Ghana national programme has the elimination of Buruli ulcer as its target and towards this end, active case-finding is being undertaken.

However, due largely to resource constraints, the active search for cases is limited to districts where the disease has been reported and transmission is considered to be active.

Following the chance finding of suspicious nodule in a 6-year-old child, which was subsequently confirmed to be a Buruli ulcer, a 12-month preliminary active case search was carried out at the wound care units of the District Hospital of the Tain district in the Brong Ahafo Region from January to December 2012. Wound swabs were taken and sent for analysis. Three (30%) patients (two female and one male) were positive for *M. ulcerans*. All the lesions were on the lower limbs. Patients were farmers residing in the rural communities of the district and did not have any recent history of travel to Buruli ulcer-endemic districts in the country. All three patients had had the ulcers for at least 3 months and had observed only minimal improvement. A treatment course was

started, and the patients recovered within 3 months of confirmation.

While, in the face of limited resources, a strategy of active search for cases of Buruli ulcer in districts traditionally recognised to be endemic is a prudent measure, the findings made in this district suggest that such as approach is unlikely to lead to elimination of the disease in the country. A better-resourced, much more aggressive approach is needed, and an active case search for Buruli ulcer among chronic ulcers reporting to rural health facilities could be a cost-effective approach to identifying cases for treatment and determining the true extent of endemicity of the disease in the country.

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