



Mapping partners and platforms operating in Africa

Analysis of partner and platform approaches

25 August 2025

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Abbreviations

ACAME	African Association of Central Medical Stores for Essential Medicines
ACHAP	Africa Christian Health Associations Platform
ACF	Action contre la Faim
AfCFTA	African Continental Free Trade Area
AfDB	African Development Bank
Africa CDC	Africa Centres for Disease Control and Prevention
Afia	Afia Group Limited
AIMCARE	Aimcare Health
ALIMA	The Alliance for International Medical Action
AMA	African Medicines Agency
AMRH	African Medicines Regulatory Harmonization Partnership Platform
AMSP	African Medical Supplies Platform
APPM	African Pooled Procurement Mechanism
ARC	Africa Resource Centre
AU	African Union
AUDA-NEPAD	African Union Development Agency
BMGF	Bill & Melinda Gates Foundation
CIP	Country interest parties
CHAI	Clinton Health Access Initiative
CIPS-HPA	Health Procurement Africa
CRS	Catholic Relief Services
CEPI	Coalition for Epidemic Preparedness Innovation
CIP	Country Investment Plan
DHSA	Digital Health Skills for Africa
DNDi	Drugs for Neglected Diseases Initiative
ECSA-HC	East, Central and Southern Africa Health Community
EF	Expertise France
EPN	Ecumenical Pharmaceutical Network
EU	European Union
FHI 360	Family Health International
FIP	International Pharmaceutical Federation
FPF	Fondation Pierre Fabre
GAATO	Global Alliance of Assistive Technology Organizations
GATE	Global Cooperation on Assistive Technology Initiative
Gavi	Gavi, the Vaccine Alliance
GHSC-PSM	USAID Global Health Supply Chain Program – Procurement and Supply Management

GICMED	Global Innovation and Creativity Space – Digital Pathology and Telemedicine
GIZ	German Development Cooperation
HAI	Health Action International
IAPHL	International Association of Public Health Logisticians
ICRC	International Committee of the Red Cross
IFPMA	International Federation of Pharmaceutical Manufacturers and Associations
IFRC	International Federation of Red Cross and Red Crescent Societies
IHI	IntraHealth International
IMC	International Medical Corps
IRC	International Rescue Committee
ISG	Interagency Supply Chain Group
JICA	Japan International Cooperation Agency
KOFIH	Korea Foundation for International Healthcare
KOICA	Korea International Cooperation Agency
MAA	Market Access Africa
MFF	Medicines for Africa
MMA	Make medicines affordable
MDM	Médecins du Monde
MDT	Medical Diagnostech
MEDPHARMA	Medpharma Alliance International Limited
MPP	Medicines Patent Pool
MSF	Médecins sans frontières
MSH	Management Sciences for Health
MTI	Medical Teams International
NHIS	National health information system
NGO	nongovernmental organization
Octosoft	Octosoft Technologies Limited
PAF	PharmAccess Foundation
PIH	Partners In Health
Pivot	Pivot Works
PPP	public-private partnership
PSA	PharmaSystAfrica
PSI	Population Services International
PtD	People that Deliver
PUI	Première Urgence Internationale
QUAMED	Quality Medicines for All
RC	Regional Committee
RHSC	Reproductive Health Supplies Coalition

S4D	Systems for Development
SAG	Salient Advisory Group
SASA	SASA Health Limited
SCM	Supply Chain Management
SDGs	Sustainable Development Goals
SIDS	Small Island Developing States
TB Alliance	Global Alliance for TB Drug Development
TC4A Africa	Tech Care for All Africa
Technovera	Technovera – Pelebox Smart Lockers
U3	U3 Systemswork
UHC	universal health coverage
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UNODC	United Nations Office on Drugs and Crime
URC	University Research Co.
WAHO	West Africa Health Organization
WB	World Bank Group
WASPITO	Waspito
WFP	World Food Programme
WHO	World Health Organization
World Vision	World Vision International
Yolse	Yolse, Santé Publique & Innovation

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Executive summary

Access to safe, quality-assured, and affordable medical products is a fundamental human right and a cornerstone of universal health coverage (UHC) and Sustainable Development Goal 3 (SDG3). Despite growing investments from partners – estimated at US\$ 18.7 billion between 2023 and 2026 – Africa’s health supply chain remains fragmented and inefficient, with 50% of the population lacking access to essential medicines

This report presents the first comprehensive mapping of partners and platforms operating across Africa’s health supply chain ecosystem. It analyses their geographic reach, core functions and alignment with national priorities, while proposing a strategic roadmap to improve stakeholder coordination and collaboration. The following are some key findings:

Partners

- A total of 130 partners operate across Africa
- Of these, 56 are private sector entities and 48 have headquarters in Africa
- Central Africa and fragile States are underrepresented in partner engagement
- Critical functions, such as financing sustainability, local production, market shaping and environmental sustainability are neglected.

Platforms

- Some 21 platforms operate in Africa, 52% of which are international organizations
- Strong continental ownership of platforms with the African Union (AU) hosting 60% of Africa-focused platforms
- Overreliance on donor funding
- Platforms operate primarily at the regional level with limited tangible impact on Member States.

Roadmap for addressing these gaps:

- Continental dashboard of actors and outcomes
- Joint investment plan (2025–2030), blending public and donor financing
- Policy briefs on public-private partnerships (PPPs) and partner alignment
- Country-level centralized registries to monitor partners and platforms
- African Union platform expansion of core function to cover end-to-end supply chain.

I. Background

Access to safe, quality-assured and affordable health products is a fundamental human right, as recognized by the World Health Organization. Over the past three decades, African Member States have adopted multiple World Health Assembly resolutions to strengthen health supply chains, acknowledging their central role in achieving universal health coverage (UHC) and Sustainable Development Goal 3 (SDG3).

Today, Africa's health supply chain ecosystem has expanded significantly – from a handful of donors and United Nations agencies to a diverse network of global initiatives. Between 2023 and 2026, investments in this space are projected to reach US\$ 18.7 billion across multiple programmes and partners. Yet, despite this momentum, major challenges persist:

- Half of the population lacks access to essential medicines
- Less than 30% of essential medicines are publicly financed
- Most medicines – accounting for 70–90% – are imported
- Africa accounts for 42% of global substandard and falsified health products.

These issues stem from systemic weaknesses, including inadequate funding, fragmented supply chains, weak governance, limited digital infrastructure, and poor coordination among stakeholders.

In response, WHO convened key partners and platforms in Pointe-Noire from 23 to 24 September 2024 to strengthen collaboration and coordination across the continent. Participants highlighted the burden of duplicated efforts, lack of visibility into one another's work, and the absence of a shared platform for aligning support and resources.

This report was developed to address those gaps. Its specific objectives are to:

- provide a comprehensive mapping of partners and platforms involved in health supply chain operations across Africa
- analyse the specific focus areas of each organization and partner to understand roles and functions
- identify systemic gaps, overlaps and coordination challenges that hinder efficiency and equity
- propose a strategic roadmap to build better stakeholder coordination and collaboration.

The target audience includes governments, donors, technical partners and private sector actors committed to transforming Africa's health supply chains into a more integrated, equitable and resilient system.

II. Key definitions

Health technologies encompass a broad range of tools and interventions – including medicines, vaccines, medical devices, blood products, assistive technologies, techniques, and procedures – developed to address health challenges and improve quality of life.

The health supply chain is a complex, global system involving people, processes, technologies, structures and policies working in concert to ensure uninterrupted availability of these products for safe, effective and equitable health service delivery.

Partners in health supply chains are organizations, agencies or entities – public, private or multilateral – which collaborate with or support Member States to achieve specific health supply chain goals. These actors contribute resources, technical expertise or operational support to strengthen supply chain systems.

Health supply chain platforms are mechanisms, networks or initiatives – digital or non-digital, public or private – that bring together multiple stakeholders to coordinate, harmonize or enhance supply chain performance. These platforms serve as systems or frameworks that facilitate collaboration, data sharing and joint action across the supply chain ecosystem.

Supply chain core functions include operational activities (such as procurement, warehousing and distribution) and cross-cutting enablers (such as governance, financing, digital systems, human resources and regulatory frameworks) that support the effective functioning of supply chain systems:

1. **Supply chain optimization** – forecasting and quantification, sourcing and procurement, transport and reception, stock management, distribution, logistics management information systems (LMIS), waste management, pool procurement and local production
2. **Supply chain integration** – “Streamlined and interoperable health supply chain”
3. **Private sector integration** – “Recognition that private sector involvement is an evolutionary step in supply chain maturity”
4. **Innovation and research** – “Fostering supply chain innovation across Africa”
5. **Capacity strengthening** “Building supply chain talent for Africa's health”
6. **Technology and digital transformation** – “Innovating supply chains through digital health solutions”
7. **Data and analytics** – “Harnessing data for smarter supply chain decisions”
8. **Regulation and quality assurance** – “Ensuring a focus on quality and security of products”
9. **Monitoring and evaluation** – “Tracking progress for continuous improvement”

10. **Governance and leadership** – “Unified health supply chain governance framework
11. **Emergency preparedness and response** – “Supply chain”
12. Resilience for health emergencies
13. **Environmental sustainability** – “Greening health supply chains”
14. **Community engagement and advocacy** – “Engaging communities for better health outcomes”
15. **Financing and sustainability** – “Resilient supply chain financing models”
16. **Service delivery** – rational use, antimicrobial resistance (AMR).

III. Methodology

The mapping exercise was conducted over a period of five weeks, from 20 June to 24 July 2024, following a stepwise approach, to ensure completeness and accuracy. The process included data collection, analysis, validation and acknowledgment of limitations.

1. Data collection

(a) Desk review

A broad range of sources – including official websites, technical reports, peer-reviewed articles and regional policy documents – were reviewed to identify existing partners and platforms. Inclusion and exclusion criteria were applied to ensure relevance and consistency:

- **Inclusion criteria:** Geographic coverage, domain relevance, engagement in supply chain core functions, and interaction with public health systems
- **Exclusion criteria:** Research-only entities, non-health-focused organizations, single-country actors with no regional link, purely clinical or patient management tools without operational roles, and private tools lacking public health engagement

(b) Survey

Platform interview: A semi-structured interview guide was developed for engagement with Africa Centres for Disease Control (CDC) and the African Union.

Country survey: an online survey was sent to 12 countries: Cameroon, Democratic Republic of the Congo, Ethiopia, Ghana, Madagascar, Mozambique, Nigeria, Rwanda, Senegal, South Africa, United Republic of Tanzania and Zambia to triangulate data and gather country perspectives on partner and platform integration. These countries were selected based on geographic diversity and significant investment in health supply chain activities.

- **Response rate:** Eight countries responded – Ghana, Madagascar, Mozambique, Nigeria, Rwanda, South Africa, Uganda and Zambia
- **Survey duration:** Two weeks

2. Analytical framework

(c) Data analysis

A structured matrix was developed to categorize partners and platforms.

- **Partners** were classified by organization type, geographic coverage, African headquarters presence, product focus, and core functions (from major to significant activities).
- **Platforms** were analysed based on type (digital/non-digital), geographic coverage, core functions, operational approach, product focus, financing model, and partnership structure.

Survey responses were analysed using Excel, while percentages were rounded to the nearest decimal point.

(d) Validation

Preliminary findings were shared with participating countries and contributing partners. Their feedback was incorporated to enhance the accuracy and completeness of the mapping.

3. Limitations

- **Response gaps.** Four primarily francophone countries did not respond to the survey, potentially affecting regional representation.
- **Dynamic landscape.** The report reflects a snapshot in time.
- **Limited engagement.** We were unable to meet Africa CDC and the African Union.
- **Scope.** This study is not a comparative performance review of partners or platforms, but rather a mapping and strategic overview.

IV. Overview of supply chain partners

(a) Distribution by type of organization

A total of 130 partners operating across Africa were identified. They represent a diverse ecosystem, spanning private sector innovators, international nongovernmental

organizations, donors, UN agencies, government institutions, non-profits, regional bodies and associations.

Type of organization	Number of actors	%	Examples of organizations
Private sector	58	45%	(Aimcare Health, Bena Care, Biocertica, Celsian Consulting, Chari Pharma, CheckUps Medical, Chefaa)
International NGOs	40	31%	ACF, Afia Group Limited, ARC, ALIMA, CI, CRS, CHAI, eHealth Africa, Enabel, FHI 360, HAI, Help Logistic
Donors	9	7%	(AfDB, BMGF, EU, FPF, Gavi, The Global Fund, UNITAID, Wellcome Trust, WB)
UN agencies	8	6%	AT scale, MPP, UNDP, UNFPA, UNICEF, UNODC, WHO, WFP
Government agencies	6	5%	AFD, Expertise France, GIZ, JICA, KOIFIH, KOICA)
Non-profit organizations	4	3%	AISCR, DHSA, DNDi, GS1 Africa
Regional bodies	4	3%	Africa CDC, AUDA-NEPAD, AMA, WAHO
Associations	1	1%	IFPMA

Geographic coverage

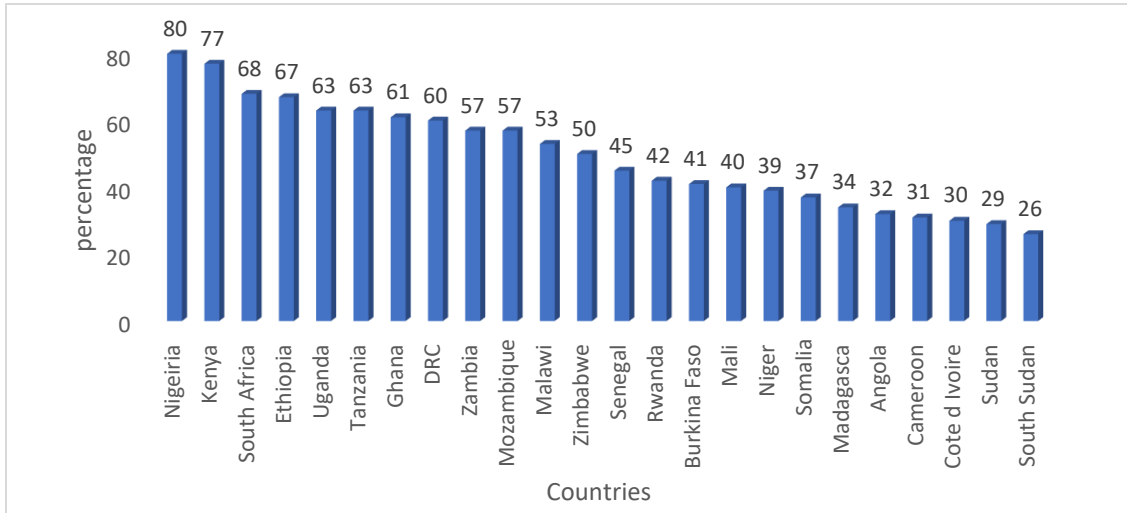
Top-tier engagement hubs

Nigeria: 102 (80%), Kenya: 99 (77%), South Africa: 87 (68%), Ethiopia: 86 (67%), Uganda: 81 (63%), United Republic of Tanzania: 81 (63%), Ghana: 78 (61%), Democratic Republic of Congo: 77 (60%), Zambia: 73 (57%).

Mid-tier engagement

Mozambique: 73 (57%), Malawi: 68 (53%), Zimbabwe: 64 (50%), Senegal: 58 (45%), Rwanda: 54 (42%), Burkina Faso: 52 (41%), Mali: 51 (40%), Niger: 50 (39%), Somalia: 47 (37%).

Underrepresented countries – Madagascar: 44 (34%), Angola: 41 (32%), Cameroon: 40 (31%), Côte d'Ivoire: 38 (30%), Sudan: 37 (29%), South Sudan: 33 (26%).



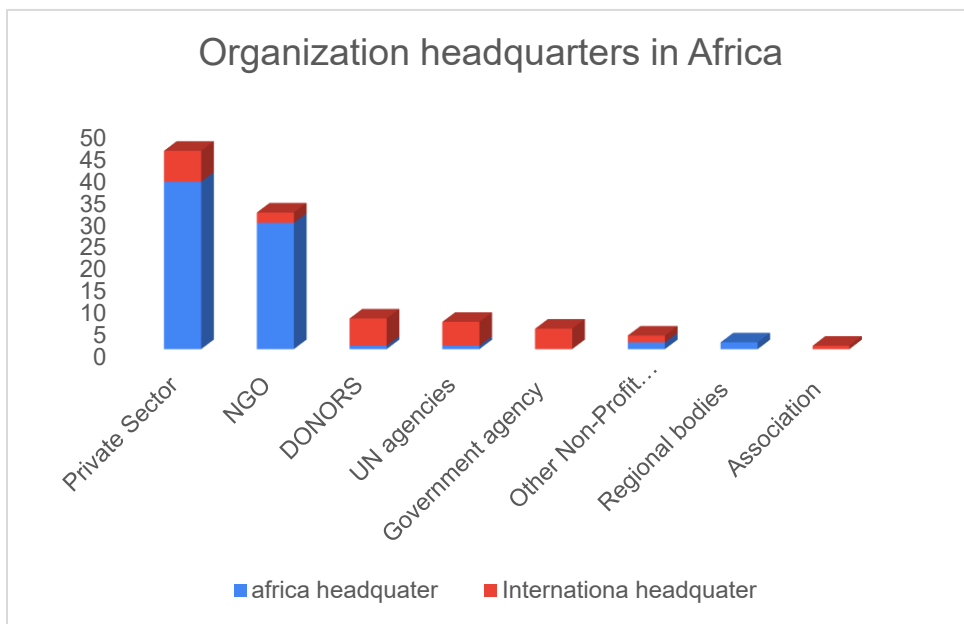
Headquarters in Africa

Seventy (56%) of the 130 organizations operating in the area of health supply chains in Africa are international organizations.

African organizations number 58 (45%)

Private sector organizations – 49 (38%) – form the largest category with African headquarters, followed by 37 (29%) African NGOs.

Donors and UN agencies are international.



Core function coverage

Data analytics

Seventy-nine (62%) of 130 organizations provide support in data analytics (ACF, Africa CDC, ARC, AfDB, AISCR, AUDA-NEPAD, BMGF, Biocertica, Celsian Consulting, CheckUps Medical, Chemonics International, CHAI, Dawa Mkononi, DHSA, DNDi, DrugStoc, Duniya Health, eHealth Africa, Enabel, EU, EF, FHI 360, FIND Diagnostics, GIZ, GHSC-PSM, Gicmed, Grinta, HAI, CIPS-HPA, Healthtracka, Hecta Consulting, Imperial, inSupply Health, IHI, JICA, Jhpiego, Lifebank, Living Goods, Macro-Eyes, Make, MSH, MAA, Meditect, Miasha Meds, Mpharma, Octosoft, PIH, PATH, PAF, Pharmarun, PSA, Pivot, PSI, Reductiona, Right ePharmacy, SAG, SAMASHA, Save the Children, Sproxil, S4D, TC4A Africa, The Global Fund, Tibu Health, U3, Systemswork, UltraTeb, UNDP, UNFPA, UNICEF, UNITAID, UNODC, URC, VillageReach, Waspito, Wellahealth, Wellcome Trust, WAHO, WHO, WFP, World Vision, Zipline).

Digital technologies

Seventy-two (56%) organizations focus on digital technologies and information systems (Africa CDC, AISCR, Aimcare Health, Bena Care, Biocertica, Chari Pharma, CheckUps Medical, Chefaa, Chemonics International, CHAI, Dawa Mkononi, DHSA, Drugstore Nigeria, DrugStoc, Duniya Health, eHealth Africa, Enabel, EF, Famasi Limited, FHI 360, GIZ, GHSC-PSM, Gicmed, Grinta, GS1 Africa, Healthtracka, Hecta Consulting, Imperial, inSupply Health, IHI, IpharmarJhpiego, John Snow, Inc, Kapsule, Lifebank, Living Goods, Macro-Eyes, MSH, MAA, MSF, Meditect, MEDPHARMA, Miasha Meds, Mpharma, Octosoft, PATH, PAF, Pharmarun, PharmaServHealth, PSA, Pivot, Reductiona, Right ePharmacy, SAMASHA, SASA, Sproxil, S4D, TC4A Africa, Technovera, Tibu Health, U3 Systemswork, UltraTeb, Welo, WHO, WFP, Zipline).

Capacity strengthening

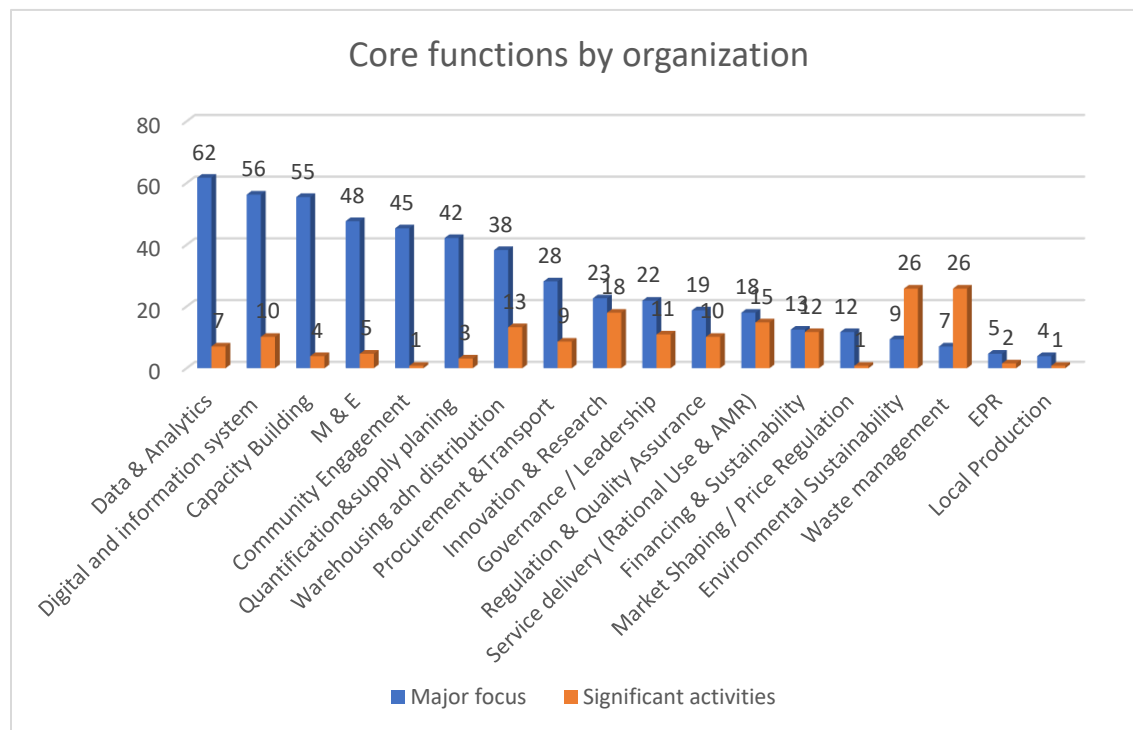
Seventy-one (55 %) organizations – ACF, Africa CDC, ARC, AISCR, AFD, ALIMA, AUDA-NEPAD, CI, CRS, Celsian Consulting, Chemonics International, CHAI, DHSA, eHealth Africa, Enabel, EU, EF, FHI 360, Field Intelligence, FIND Diagnostics, FPF, Gavi, GIZ, GHSC-PSM, HAI, CIPS-HPA, Hecta Consulting, HELP Logistics, inSupply Health, ICRC, IMC, IRC, INTERSOS, IHI, JICA, Jhpiego, John Snow, Inc, KOFIH, KOICA, Living Goods, MMA, MSH, MAA, MDM, MSF, MTI, Palladium Group, PIH, PATH, PAF, PSA, PSI, PUI, QUAMED, IFRC, SAMASHA, Save the Children, SOS Children's Villages, S4D, TC4A Africa, U3 Systemswork, UNDP, UNFPA, UNICEF, UNODC, URC, VillageReach, WAHO, WHO, WB, WFP, World Vision – focus on capacity strengthening.

Monitoring and evaluation

Sixty-one (48%) organizations – ACF, Africa CDC, AfDB, AISCR, AFD, ALIMA, AUDA-NEPAD, BMGF, CI, CRS, Celsian, Chemonics, CHAI, eHealthAfrica, Enabel, EU, EF, FHI360, Gavi, GIZ, GHSC-PSM, Hecta Consulting, HELP Logistics, inSupply Health, ICRC, IMC, IRC, INTERSOS, IHI, JICA, Jhpiego, KOFIH, KOICA, Living Goods, MSH, MAA, MDM, MSF, MTI, PIH, PATH, PAF, PSI, PUI, IFRC, SAMASHA, Save the Children, SOS Children's Villages, S4D, The Global Fund, U3 Systemswork, UNDP UNFPA UNICEF UNODC, URC, VillageReach, WAHO, WHO, WB, WFP and World Vision – focus on monitoring and evaluation.





Community engagement

Fifty-eight (45%) – ACF, Aimcare, ALIMA, Atscale, Bena Care, CI, CRS, CheckUps, Chefaa, Drugstore Nigeria and Duniya Health – focus on community engagement.



Source: Mapping of health supply chain platforms and organizations in Africa, August 2025

Summary of key findings (SWOT analysis)

 Strengths	 Weaknesses	 Opportunities	 Threats
<p>Diverse ecosystem of actors. 131 partners span the private sector, NGOs, donors, UN agencies, and regional bodies, offer a wide range of expertise and resources.</p>	<p>Few government players: Only 4.6% of partners are direct government, institutions, suggesting weak leadership integration and potential gaps in trust and buy-in.</p>	<p>Strong private sector engagement. The private sector constitutes 45% of actors, with 38% headquartered in Africa. This indicates a significant private sector role in implementing solutions.</p>	<p>Overlapping in high-density zones. High partner concentration in select countries may lead to duplication, competition for resources, and inefficiencies in implementation.</p>
<p>Pan-African presence. Many partners report coverage of 40+ countries, indicating a truly continental effort.</p>	<p>Geographic imbalance. Central African, francophone, and fragile States, such as South Sudan, Sudan and Côte d'Ivoire, demonstrate low partner engagement, raising issue of gaps and inequity in access and support.</p>	<p>Strong capacity strengthening, with 55% coverage of core functions, represents a significant resource to be leveraged in building a single platform for capacity-building</p>	<p>Overreliance on external donors. Donors, UN agencies and other international organizations play a critical role in financing; however, this dependency on external funding poses a threat to sustainability if such funding is withdrawn.</p>
	<p>Limited integration with national systems. While data analytics (62%) and digital information systems (56%) are widely used, their lack of integration with national health information systems</p>	<p>Digital transformation for supply chain resilience. The strong presence of digital tools offers a foundation for smarter, more agile supply chains, if properly integrated and scaled.</p>	<p>Partners demonstrating plurifunctionality – performing significant activities beyond core supply chain functions – may indicate adaptation to donor needs.</p>

	(NHIS) reduces their strategic impact.		
	Neglected strategic functions – financial sustainability (13%), emergency preparedness and response (EPR), market shaping (12%), local production (3.8%), and environmental sustainability (9.2%) – represent niche focuses, essential to sustaining health security strategies and the One Health approach.		

V. Overview of supply chain platforms

(a) Types of platforms

Twenty-one major platforms operating in health supply chain strengthening in Africa were identified: 48% of them, African. They were classified in three main categories: continental, regional and thematic platforms.

✓ **Continental platforms**

Platform name	Scope / Region	Type	Host	Main objective/function	Partners	Key partners/affiliates
AfCFTA	Africa	Continental trade platform	AU	Facilitate trade in health products across Africa		
AMSP	Africa	Pooled procurement platform	AU	Pooled procurement of essential medicines and health products to reduce costs	23	Africa CDC, Afreximbank, WHO, UNICEF, Microsoft, Novartis, BAYER Foundation
APPM	Africa	Procurement mechanism	AU	Joint procurement of medicines and health commodities for African countries		
PHAHM	Africa	Manufacturing / Regulatory Platform	AU	Promote local manufacturing of medicines and harmonize standards across countries		
AMRH	Africa	Regulatory harmonization	AU, WHO	Support regulatory alignment of medicines and health products in Africa	~45	WHO, AUDA-NEPAD, Africa CDC, EMA, Gavi, the Vaccine Alliance, World Bank, UNDP, BMGF
GATE	Global	Technical & advocacy platform	WHO	Improve access to assistive technologies		

✓ **Regional platform**

Platform name	Scope / Region	Type	Host	Main objective/ function	Partners	Key partners/af filiates
ECSA-HC	East, Central, Southern Africa	Regional health agency	East African Member States	Regional health cooperation, procurement and capacity-building		
SIDS	Selected islands	Procurement platform	Small Island Developing States	Facilitate pooled procurement for small island nations		
ACAME	Africa	Association/ Network	Member States	Coordinate central purchasing entities and share best practices		
SADC-ZAZIBONA	Southern Africa	Regulatory & procurement	SADC Member States, Partners	Collaborative medicine registration and procurement initiative Thematic platforms		
Platform name	Scope / Region	Type	Funders/ partners	Main objective/ function	Partners	Key partners/af filiates
ACHAP	Africa	Network / advocacy	Member Christian health associations, donors	Strengthen health service delivery and advocacy through faith-based health networks		

EPN	Africa/global	Network/technical assistance	Member organizations, donors	Improve pharmaceutical supply chain management in faith-based health facilities	35	Christian health associations
IAPHL	Global	Professional network	WHO, USAID, Members	Build capacity of public health logisticians through training and knowledge sharing		
UNAIDS	Global	UN programme	UN, Member States, donors	Coordinate global HIV/AIDS response, policy, and programme implementation	11	UNHCR, UNICEF, WFP, UNDP, UNFPA, WHO, World Bank
PtD	Global	Advocacy/workforce development	WHO, USAID, Gavi	Strengthen the global health supply chain workforce capacity	34	VillageReach, Global Fund, UNFPA, UNICEF, Gavi, CRS, ARC
CEPI	Global	Funding/R&D	Governments, philanthropies	Finance and coordinate vaccine development for epidemic preparedness	15	FDA, Africa CDC, EMA, WHO, World Bank, Gavi, MSF
RHSC	Global	Advocacy/procurement network	UNFPA, donors, NGOs	Ensure sustainable access to reproductive health supplies	584+	UNFPA, NGOs, donors, private sector

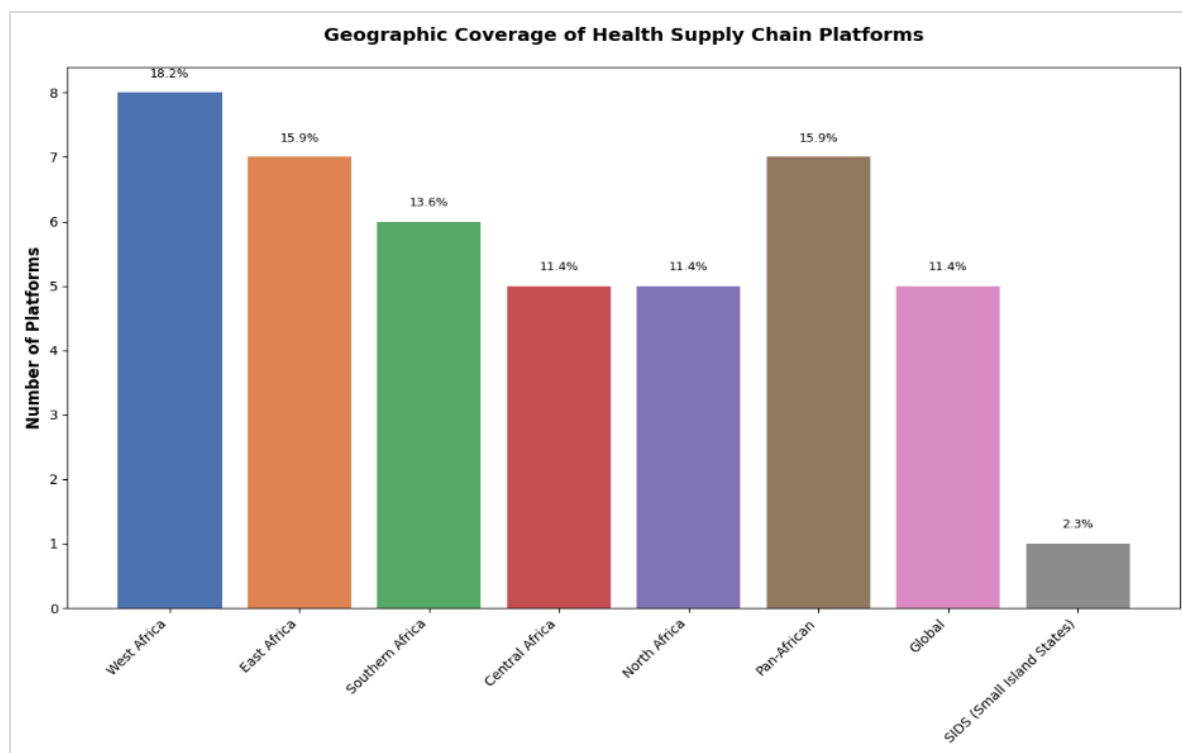
ISG	Global	Coordination platform	UN agencies, humanitarian partners	Coordinate supply chain activities during emergencies		
TB Alliance	Global	Product development/R&D	Governments, philanthropies, NGOs	Develop and deliver new treatments for tuberculosis		
GAATO	Global	Advocacy/technical	UN, NGOs, governments	Increase access to assistive technologies worldwide	15	ISPO, EASTIN, EYE alliance, GDI Hub, RAISING THE FLOOR
FIP	Global	Professional organization	Members, national pharmacy associations	Advance pharmacy, pharmaceutical education, and workforce development	18	WHO, UNESCO, UCL, Global Self Care Federation, Women in Global Health

(b) Geographic coverage

West Africa has the most coverage with 16 (18%) of the 21 platforms covering the Region (APPM, AMSP, AMRH, UNAIDS, PtD, ISG, GATE, CEPI, PHAHM, AfCFTA, ACHAP, EPN, IAPHL, RHSC, TB Alliance and FIP)

Ten (11%) of the 21 platforms cover the continent (APPM, AMSP, AMRH, UNAIDS, PtD, ISG, GATE, CEPI, PHAHM and AfCFTA,)

Ten platforms (11%) cover East Africa.



Source: Mapping of health supply chain platforms and organizations in Africa, August 2025

Core function focus of health supply chain platforms

Supply chain optimization. The most common focus area, with 11 platforms (48%) engaged in optimizing procurement, logistics and distribution systems: AMSP, APPM, GATE, ECSA-HC, SIDS, ACAME, ACHAP, EPN, IAPHL, CEPI, RHSC and ISG.

Capacity strengthening. 10 platforms (43%) – GATE, AMRH, ECSA-HC, ACAME, ACHAP, EPN, IAPHL, PtD, RHSC and FIP – prioritize workforce development, training and institutional support.

Community engagement. Seven platforms (30%) – PHAHM, GATE, ACHAP, EPN, UNAIDS, PtD and GAATO – focus on mobilizing communities and civil society actors to improve access and accountability.

Regulation and quality assurance. Supported by seven platforms (30%) – AMSP, PHAHM, AMRH, ECSA-HC, ZAZIBONA and EPN – this function ensures safety, efficacy and compliance of health products.

Digital technologies and information systems. Four platforms (17%) – AMSP, UNAIDS, RHSC and ISG – focus on digital infrastructure, data systems, and interoperability.

Innovation and research, three platforms (13%) – CEPI, TB Alliance and FIP – are dedicated to research and development, particularly in epidemic preparedness and pharmaceutical innovation:

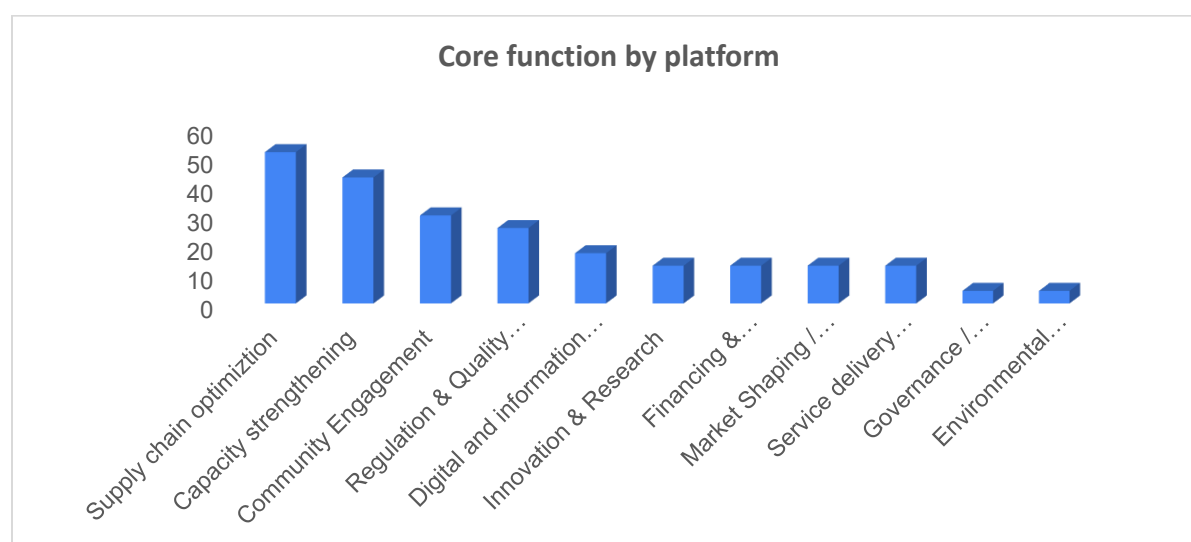
Financial sustainability. Three platforms (13%) – PHAHM, EPN and RHSC – address long-term financing models and resource mobilization.

Market shaping and price regulation. Three platforms (13%) – AfCFTA, APPM and SIDS – work to influence market dynamics and improve affordability.

Service delivery. Three platforms (13%) – GATE, UNAIDS, FIP and TB Alliance – support direct provision of health services and product access.

Governance and leadership. One platform (4%) – GATE.

Environmental sustainability. Also represented by one platform (4%), with RHSC integrating environmental considerations into supply chain planning.



Source: Mapping of health supply chain platforms and organizations in Africa, August 2025

(c) Product focus

Medicine access. Ten platforms (43%) – AMA, APPM, PHAHM, AMRH, ECSA-HC, SIDS, ZAZIBONA, ACHAP, EPN and FIP – focus on medicine access.

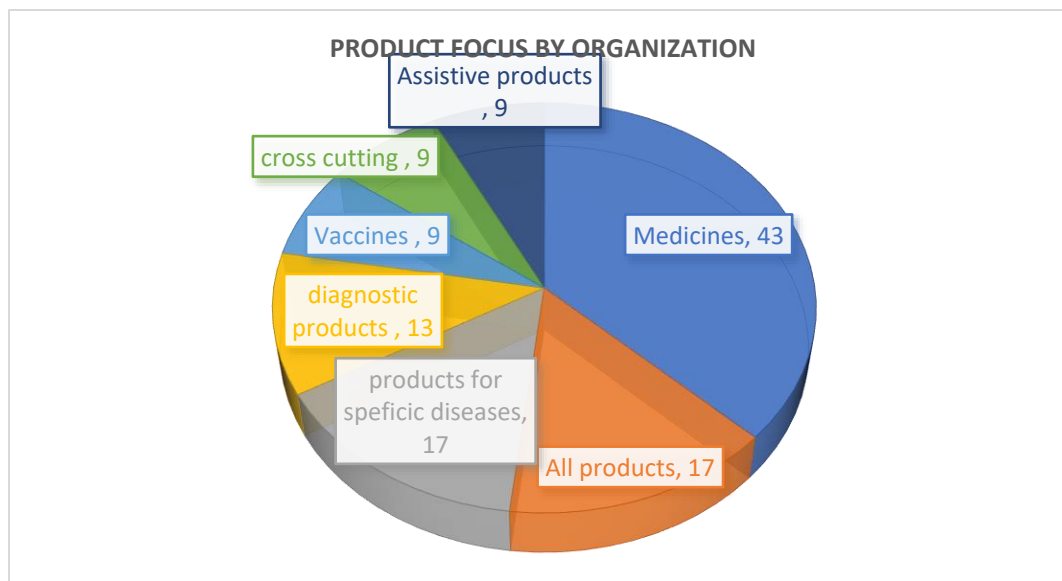
Health products. Four (17 %) platforms – AfCFTA, AMSP, WAHO and ACAME – focus on all health products. Others – UNAIDS, CEPI, RHSC and TB Alliance – target health commodities for specific diseases, including HIV, tuberculosis (TB), reproductive health and emergency preparedness and response (EPR).

Laboratory products. Three platforms (13 %) – APPM, PHAHM, ECSA-HC – focus on laboratory products.

Assistive technologies. Two platforms (9%) – GATE and GAATO.

Vaccines. Two platforms – APPM, PHAHM.

Cross-cutting focus. Two platforms – IAPHL and PtD – emphasize enablers, including health capacity strengthening and community engagement.



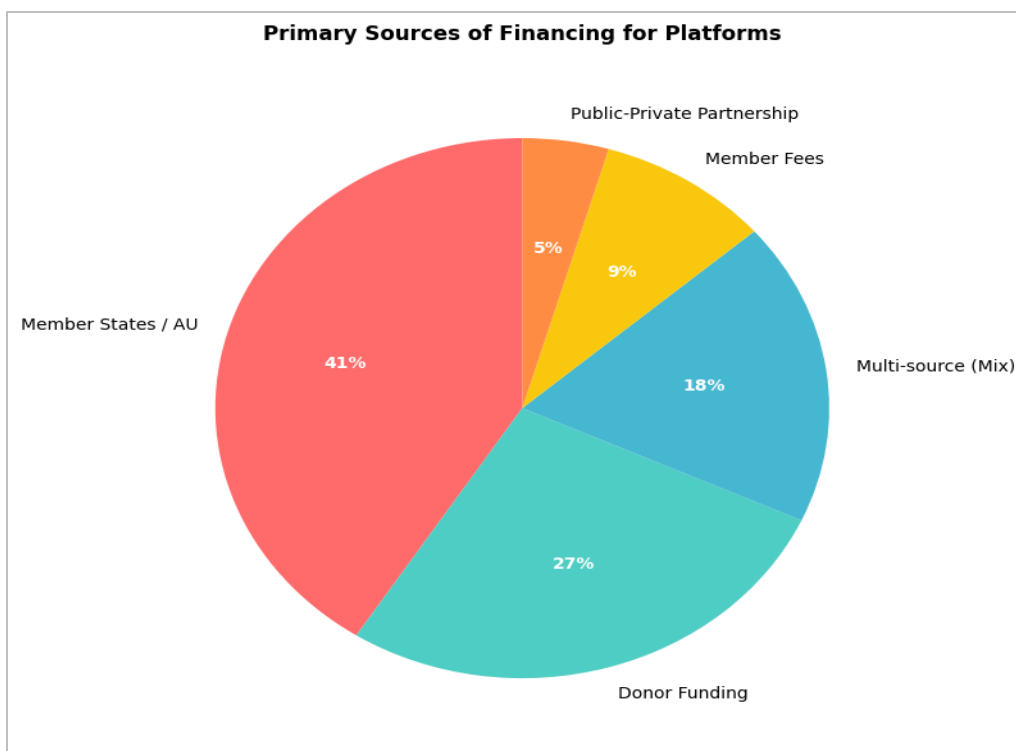
Source: Mapping of health supply chain platforms and organizations in Africa, August 2025

(e) Source of funding

All the platforms benefit from funding by the United Nations, bilateral donors and donor projects.





Continental platforms rely mainly on Member States and the African Union (AfCFTA, ECSA-HC, ZAZIBONA, APPM, SIDS, ACAME, ACHAP, GAATO and FIP), and on member fees.

Multi source (international partners, participating agencies) is the model most used by international platforms – FIP, ISG, RHSC and GAATO.



Source: Mapping of health supply chain platforms and organizations in Africa, August 2025

Summary of key findings (SWOT analysis)

 Strengths	 Weaknesses	 Opportunities	 Threats
<p>Pan African coverage with 48% of platforms based in Africa – mostly AU-hosted – demonstrates a truly continental effort.</p>	<p>Fragmentation and overlap. Overlapping pooled procurement approaches among platforms (AMSP, APPM, ACAME, SIDS), regional supply chain optimization may indicate lack of coordination and</p>	<p>Strong regional economic community (REC) involvement can be leveraged to improve policy and practise harmonization across the continent, with better collaboration.</p>	<p>Weak platform coordination. African and global platforms access donor, government and philanthropic funding, but coordination mechanisms remain weak, creating risks of duplication and inefficiency.</p>

	duplication of efforts.		
African government ownership. Most African platforms are intergovernmental (AU, RECs) indicating African ownership to scaling up access to quality-assured medical products.	Financing model. Few platforms have developed sustainable fee-for-service member-funded models.	Strong AU positioning. Five AU-hosted platforms to support public-private partnerships, procurement, regulation, local production, indicate strong capacity that can be leveraged to host a larger platform covering the entire end-to-end supply chain.	Dependence on external funding. Many platforms rely heavily on donor financing, posing risks to continuity and long-term sustainability amid donor fatigue.
Good coverage of the value chain. Continent-wide “end-to-end” supply chain support exists, from regulatory approval to pooled purchasing and local production.	Weak partnerships. African platforms show fewer partnerships compared to global platforms, indicating a lack of mechanisms to mobilize, diversify and sustain resources.	Strong international partnerships. Global platforms benefit from diversity of partners including commercial agencies, which can be leveraged in the African context.	Weak PPPs. Representing only 5% of financing sources, indicating an absence of sustainable financing mechanisms through local PPPs.
Focus on system strengthening. Capacity strengthening, community engagement, regulation and quality assurance are top platform priorities.	Product coverage. Limited coverage exists for vaccines, laboratory supplies, assistive		International platform presence. 52% of platforms operating in Africa are global, indicating overreliance on external support and a

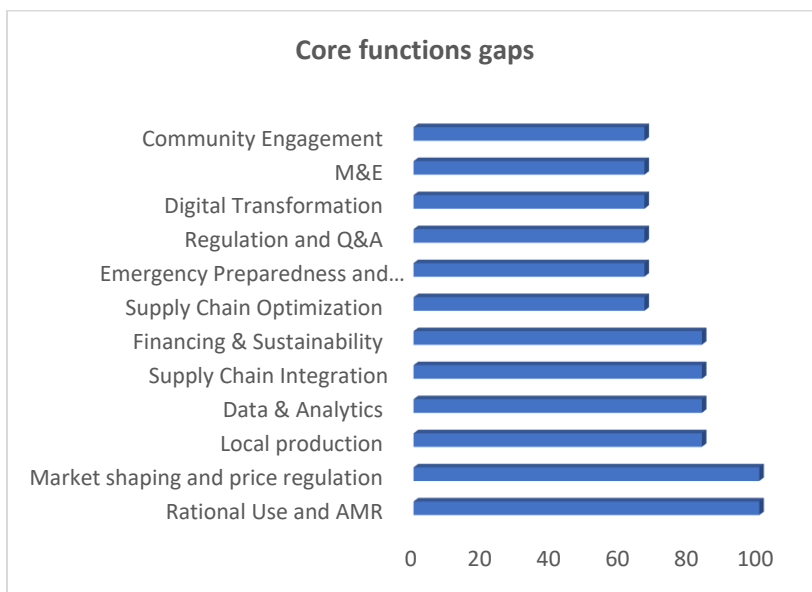
	products and medical devices.		risk of system collapse if these platforms withdraw.
Financing by Member States/ AU. This is the most common model for continental and regional governance platforms, which is crucial for sustainability and ownership.			

Countries' perception of contributions by partners and platforms

Gaps in partner support for health supply chain strengthening

According to country responses, service delivery – particularly rational use and antimicrobial resistance (AMR) – market shaping and price regulation are the most neglected area in support provided by partners.

These are followed by local production, data analytics, supply chain integration, and financing.



Country engagement with regional and global platforms

Based on the countries' responses

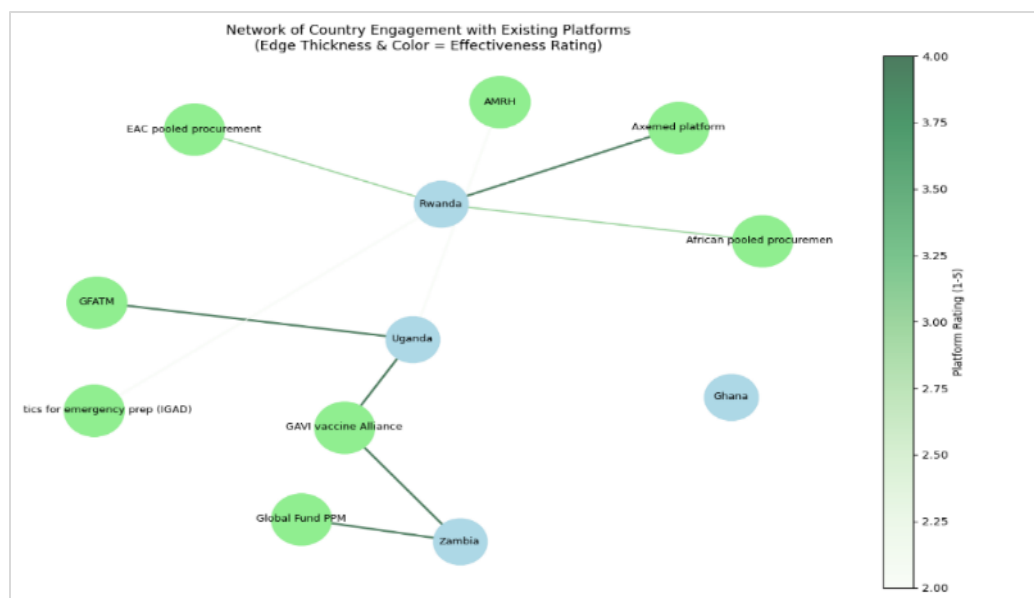
Nigeria has engaged with WAHO, AMRH

Ghana: AMRH

Madagascar: ACAME, SIDS, APPM

Uganda: AMRH, GFATM

Zambia: Global Fund PPM

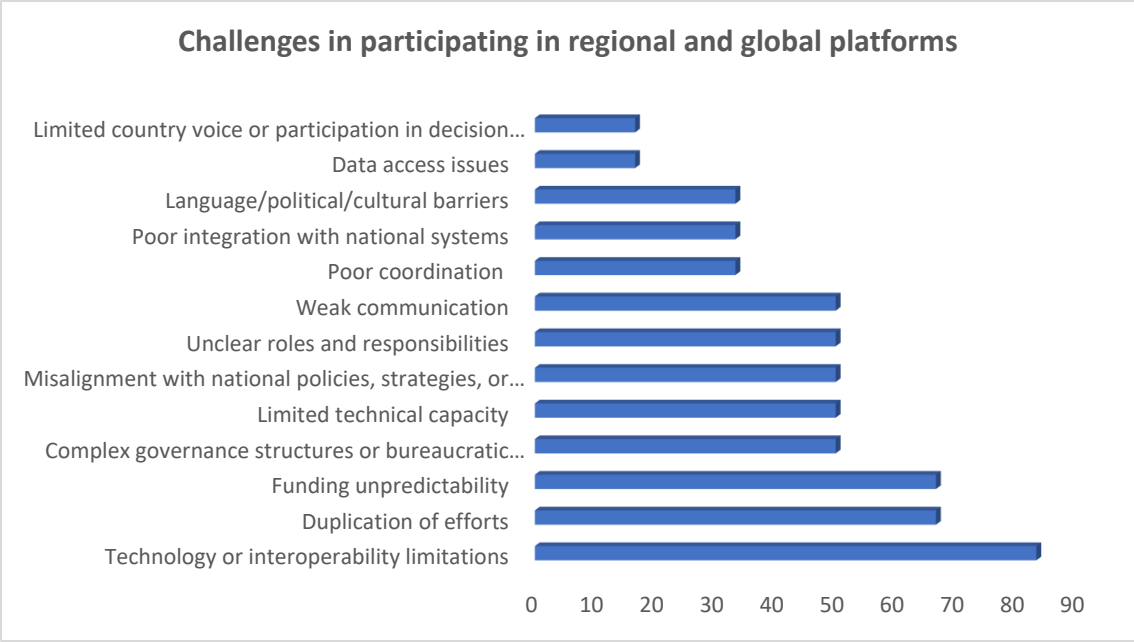


1. Key challenges in working with regional platforms

Ninety per cent of countries responding to the surveys identified technology and interoperability as the major challenge hindering collaboration with regional platforms.

Sixty-five per cent cited duplication of efforts among platforms and unpredictable national funding.

Forty-eight per cent mentioned complex governance and structures, limited technical capacity, weak communication, unclear roles and responsibilities, and misalignment with national priorities, as barriers to proper country involvement with regional platforms.







2. Benefits expected from a common platform of partners

From countries’ perspective, the most impactful benefits of a common platform should be capacity strengthening and knowledge sharing (twinning practices, joint training, technical assistance, networking); better coordination and collaboration among partners (aligning actions with country priorities, reducing duplication of efforts and increasing efficiency); improved access and availability (pool procurement, timely product availability, equitable distribution); and cost efficiency and economies of scale (market shaping and price regulation).

Secondly, countries would benefit from strengthened regional integration and diplomacy (policy harmonization, continental unity, mutual accountability); data-driven decision-making (supply chain visibility, centralized data system, evidence-based planning, interoperability, digital integration); increased regional ownership and sustainability (self-reliance, local production, strategic autonomic, research and innovation); and stronger regulatory oversight and quality assurance (harmonized standards, combating substandard and falsified products, and faster approvals via collaborative registration procedures).

Summary of key findings (SWOT analysis)

 Strengths	 Weaknesses	 Opportunities	 Threats
<p>Platforms' alignment with country priorities. Service delivery, market shaping, local production and financing receive less attention within countries, reflecting a correlation with neglected areas observed in partners' core function coverage.</p>	<p>Weak governance. Countries' difficulty in quickly identifying partners operating within their borders represents a significant governance and leadership weakness, leading to duplication of efforts, waste of resources and reduced impact.</p>	<p>Countries' willingness to adopt a common platform indicates an effort to improve coordination and collaboration</p>	<p>Low country ownership. Platforms that are not co-designed with national stakeholders may encounter resistance or limited adoption.</p>
	<p>Limited country-level integration. Many platforms operate at regional or global levels with weak linkages to national systems and ministries of health.</p>		
	<p>Lack of data integration is a major gap identified by countries, highlighting the lack of interoperability between partners' data systems and NHIS.</p>		

VI. Recommendations

Governance and policy alignment

- **Develop a policy brief on PPP models** to guide Member States in building sustainable, demand-driven collaborations with private actors.
- **Develop a policy brief on partner coordination and alignment** to ensure that partnership goals reflect national health priorities and promote ownership, accountability and sustainability.
- **Advocate for the expansion of platform coverage** in underrepresented regions, particularly Central Africa and fragile States, to address geographic inequities.

Financing and investment strategy

- **Develop a joint continental supply chain investment plan (2025–2030)** that blends Member State, donor and multilateral development bank financing to reduce dependency on external funding.
- **Advocate for increased partner engagement in under-supported core functions**, including financial sustainability, market shaping, environmental sustainability, waste management and local production.

Coordination and performance monitoring

- **Establish a continental dashboard** to track actors, platforms and outcomes, using standardized key performance indicators, enabling transparency, and reducing duplication.
- **Advocate for centralized national registries** of health supply chain actors and platforms to enhance country-level coordination and visibility.
- **Promote data interoperability from partners into national health information systems (NHIS)** to enable evidence-based decision-making and system-wide interoperability.

Knowledge generation and strategic planning

- **Establish a continental pharmaceutical atlas** by compiling country-level pharmaceutical profiles to provide a factual baseline for priority setting and subsidy allocation.
- **Launch a biennial medicine awareness week**, bringing together stakeholders across Africa around a thematic focus to promote advocacy, experience sharing, and public engagement.

Capacity-building and technical assistance

- **AU and WHO to pool resources from multiple partners** into a unified mechanism for training and technical assistance, ensuring harmonized support across Member States.
- **Advocate for AU to expand the scope of hosted platforms** to cover end-to-end supply chain functions, and to establish a continental platform for strategic coordination and oversight.

Next steps

A SMART roadmap is proposed for key short- and medium-term activities (from September 2025 to August 2026), to be presented at the next Regional Committee meeting for Member States' buy-in.

Pillar	Key activities	Lead/partners	Timeline	Milestone
Awareness and engagement	Publish and disseminate a fact sheet summarizing key findings of the report	WHO, Regional Partners	2025-2026	Report is disseminated
Governance and leadership	Organize meeting with Africa CDC/AU to present the roadmap and secure buy-in	WHO, AU, Africa CDC	Q4 2025	Africa CDC engaged for joint coordination effort
	Develop a policy brief on PPPs to guide Member States in building sustainable collaborations	WHO, private sector representatives	Q2 2026	Policy brief is adopted and adapted by Member States
Evidence-based planning	Conduct a comparative performance review of selected partners and platforms	WHO, independent experts	Q4 2025-Q1 2026	Review completed, and shared with stakeholders
	Develop pharmaceutical profiles for each country to inform regional planning	WHO, national regulatory authorities	Q4 2025-Q3 2026	Continental pharmaceutical atlas is available
Coordination and collaboration	Establish a continental technical working group organized by core	WHO, Africa CDC, regional bodies	Q1-Q2 2026	Working group established to support

	function, to identify root causes and best practices, and propose common investment strategies			continental investment strategy development
	Analyse national health supply chain strategies plan (NSP) to assess alignment with public needs and inform a regional strategy	WHO, AUDA-NEPAD, country focal points	Q4-2025	A review of NSP is published to guide support in continental investment strategy development
Monitoring and evaluation	Advocate for the establishment of a centralized national registry of health supply chain partners and platforms to improve transparency and coordination	WHO, ministries of health	2025-2026	Registry framework is endorsed by Member States

VII. References

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4. United Nations Office on Drugs and Crime (UNODC). Threat Assessment: Substandard and Falsified Medical Products in Africa. 2023. (<https://news.un.org/en/story/2023/02/1133062>)
5. World Health Organization (WHO). Substandard and falsified medical products fact sheet. 2024. (<https://www.who.int/news-room/fact-sheets/detail/substandard-and-falsified-medical-products>)
6. List of partners

VIII. Annexes

Type of organization	Organizations
Private sector	(Aimcare Health, Bena Care, Biocertica, Celsian Consulting, Chari Pharma, CheckUps Medical, Chefaa, Chemonics International, Dawa Mkononi, Drugstore Nigeria, DrugStoc, Duniya Health, Famasi Limited, Field Intelligence, GHSC-PSM, Gicmed, Grinta, CIPS-HPA, HealthtrackaHecta Consulting, Imperial, Ipharmar, John Snow, Inc, Kapsule, Lifebank, Macro-Eyes, MAA, Medaccess, MDT, MFF, Meditect, MEDPHARMA, Miasha Meds, Mpharma, Octosoft, Pharmarun, PharmaServ Health, PSA, Pivot, QUAMED, Project Nigeria Limited, Reductiona, Right ePharmacy, SAG, SASA Health Limited, Sproxil, S4D, TC4A Africa, Technovera, Tibu Health, U3 Systemswork, UltraTeb, URC, Vitalliance, Waspito, Wellahealth, Welo, Zipline)
International NGOs	ACF, Afia Group Limited, ARC, ALIMA, , CI, CRS, CHAI, eHealth Africa, Enabel, FHI 360, HAI, Help Logistic, inSupply, ICRC, IDA foundation, IMC, IRC, INTERSOS, IntraHealth International, Jhpiego, Living Goods, Make MSH, MdM, MSF, MTI, Palladium Group, Partners In Health (PIH), PATH, PharmAccess Foundation, PSI, PUI, Red Cross / Red Crescent, Save the Children, SOS Children's Villages, VillageReach, World Vision, Yolse, Santé Publique & Innovation)
Donors	(AfDB, BMGF, EU, FPF, Gavi, The Global Fund, UNITAID, Wellcome Trust, WB)
UN agencies	AT scale, MPP, UNDP, UNFPA, UNICEF, UNODC, WHO, WFP
Government agencies	AFD, Expertise France, GIZ, JICA, KOFIH, KOICA)
Non-profit organizations	AISCR, DHS, DNDi, GS1 Africa
Regional bodies	Africa CDC, AUDA-NEPAD, AMA, WAHO
Associations	IFPMA