**OC 8712** MAXIMISING RESEARCH IMPACT TO STRENGTHEN PUBLIC HEALTHCARE

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**Results**

Based on our findings, we believe overcoming the barriers presents the opportunity to maximise research impact in public healthcare. This could be achieved through sustained public and practitioners’ sensitisation to remove stigma to increase demand and utilisation of services; early interaction of researchers and policymakers to increase sense of ownership and acceptability of research innovations; early communication between developers and end-users to align the tools with the needs and existing infrastructure capacity; and increased affordability of innovations through socioeconomic empowerment programmes.

Many countries in Africa lack robust and comprehensive regulatory systems supporting the research and registration of health products, hampering the translation of health research and innovation into public health impacts. The AMA could substantially improve the access to quality-assured, safe and effective health solutions and technologies in Africa and around the world. As the main trade partner and donor to Africa, the European Union (EU) has a key role to play in supporting this effort.

**Method**

Desk research and case-study analyses of key initiatives to strengthen medicines regulation in Africa were conducted. Specifically, the EDCTP, the African Vaccine Regulatory Forum (AVAREF), the African Medicines Regulatory Harmonisation Programme (AMRH) and the Zazibona Process; to assess the gaps, needs and opportunities for EU collaboration using actual and reconfigured EU-Africa funding and policy cooperation mechanisms.

**Results and conclusions**

This presentation will explore initiatives aimed at regulatory strengthening and harmonisation in Africa and propose policy recommendations on how to improve EU efforts in order to support these initiatives in a more systematic and synergetic manner. The recommendations fall into four categories: EU-Africa priority-setting, coordination, funding and capacity-building actions. Recommendations explore, for instance, advancing the national implementation of the African Union Model Law on Medical Products Regulation by all African countries, enlarging the scope of EDCTP regulatory strengthening actions to include Africa’s Regional Centres of Regulatory Excellence (RCOREs) or improving the attractiveness and incentive system of the EMA’s article 58 procedure for African governments, researchers and manufacturers.

**OC 8713** GOING FURTHER TOGETHER: THE ROLE OF THE EU IN SUPPORTING REGULATORY HARMONISATION OF HEALTH TOOLS IN AFRICA

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**Background**


**Results**

1199 respondents representing from Uganda, Kenya and Tanzania participated in the study. 19% were district/county health officers, 12% healthcare audits, 38% one-on-one interviews and FGDs with healthcare practitioners, community leaders, TB patients and survivors, and care givers, and 11% policymaker workshops. Barriers: government poverty, family/individual poverty, incompatibility of technologies to existing infrastructure, low awareness and socio-cultural beliefs in the community were found. Stigma at community and healthcare levels was rife. Consequently, TB diagnostics were underimplemented and underutilised. Xpert MTB/RIF test was fully utilised in ~10% of healthcare facilities (conducted 8 tests per day) whilst Line probe assay was implemented in less than 1% of the facilities.

**Conclusion**

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