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Review Article

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Regulation of the Pharmaceutical Industry in Côte d'Ivoire and alignment with community development policies: realities and prospects for 2025

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Abstract

The Regional Pharmaceutical Plan of ECOWAS (PPRC) was adopted in 2014 by to address the insufficient development of local pharmaceutical industry (IP) with a desired impact to be seen by 2025. We appreciated the level of adequacy of the political and regulatory measures taken in Côte d'Ivoire, one Member State, to implement it. The Government recently identifies the PI cluster among the three priority since the five-year term 2021-2025. Various plans, but only a specific one, exist in Côte d'Ivoire in line with the desired industrialization. As for the specific legal framework, it hasn't undergone much change since 2014. Nevertheless, in terms of institutional governance, a service dedicated to its promotion has been created into the Ministry of Health by Ministerial Order in April 2025.

Conclusion: There is a certain adequation between policies, regulatory and PPRC as well as good perspectives. That must be optimized in a global industrialization plan and the adoption of texts allowing it.

Keywords: Pharmaceutical industry; Regulations; Political support; Côte d'Ivoire; West Africa; ECOWAS; Pharmaceutical Manufacturing Plan for Africa (PMPA); PPRC;

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1. Introduction

The Economic Community of West African States (ECOWAS), in alignment with the African Union's Pharmaceutical Manufacturing Plan for Africa (PMPA), (1) adopted for 2014 - 2020 the Community's Regional Pharmaceutical Plan (PPRC) to improve the capacities for local pharmaceutical manufacturing. (2)

2014 - 2020 PPRC, signed by the Health Ministers in March 2015, is a strategic plan in eight points in order to improve les results of pharmaceutical industry (PI) within the Members States. Like the PMPA, it presents government support for the pharmaceutical industry (PI) as one of the main pillars driving its real development. The State support should be reflected in national policies, including targeted strategic and operational plans. These plans, in turn, should materialize through the adoption of regulatory frameworks.

Côte d'Ivoire, a member of ECOWAS and an economic hub in West Africa, has twelve pharmaceutical manufacturing companies currently operating, compared to eight ten years ago. But, according to various reports, its coverage rate remains low between 6–10% of national needs in health products, while its real production capacity exceeds 30%. (3) This raises questions about the nature and effectiveness of the measures implemented by the Ivorian government to better leverage local capacities in an international context increasingly marked by tensions and supply disruptions. It also appears relevant to examine the normative instruments applied in Côte d'Ivoire under the PPRC.

This work is therefore of interest in studying the harmonization of regional policies and regulations in Africa, as it provides an analysis of the national legal corpus currently governing pharmaceutical activities. Indeed, if efficient strategies drawn up by the Community are not executed its Members States, this will significantly undermine the regional harmonization process. Moreover, the result would be a persistent stagnation of pharmaceutical systems despite the existence of effective policy documents and regulations. (4)

In 2025, the results of applying the guidelines of the ECOWAS Regional Pharmaceutical Plan should be noticeable within the States and throughout the sub-region. A review of existing planning and legal measures should be carried out by the deadline set (2020), to assess the adequacy of the political and legal frameworks specific to the PI in Côte d'Ivoire.

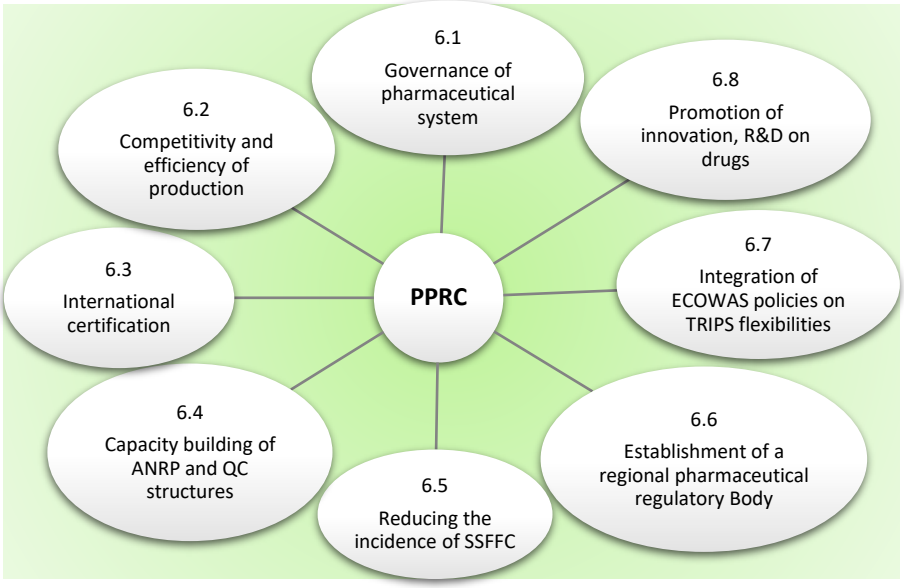
2. Describing of data sources

The policy documents, legal texts and all relevant related information are collected from these organizations: the General Directorate for the Promotion of Industry of the Ministry in charge of Industry, the Directorate of Pharmaceutical Activity of the Ministry of Health, and the National Institute of Statistics under the Ministry of Planning; and at community level, the West African Health Organization, which is the specialized health agency of ECOWAS as well as the West African Economic and Monetary Union which is the French community.

2.1 The engagements and the strategy at ECOWAS level in support of pharmaceutical industry

a) The 2014 – 2020 PPRC: the reference of the study

The PPRC document sets out the ECOWAS vision, strategic objectives and activities that are presented in figure 1.



ANRP: National pharmaceutical regulatory Authorities. QC: quality control. SSFFC: substandard, spurious, falsely labelled, falsified, counterfeit medical products. TRIPS: Trade-Related Aspects of Intellectual Property Rights.

Figure 1. Pillars of the strategic objectives of 2014 PPRC (2,5)

The activities are organized around eight pillars, each addressing one of the identified aspects with a clear deadline. To implement the quality-related elements under the strategic objective 6.3, a roadmap for good manufacturing practices was developed. One of its key activities is, through national committees, to evaluate pharmaceutical factories and help them reach international standards, especially World Health Organization's benchmarks. (6) The PPRC draws conclusions from the West African Common Industrial Policy document of 2010 (7) which identified a weakness in the capacity of existing common policies to support certain types of industries, such as the PI. So, it presents itself as a robust and comprehensive document, outlining a strategy for each of the components and weaknesses of the IP.

A related commitment was made shortly before the 2020 deadline.

b) The Abidjan Declaration for the pharmaceutical industrialization of West Africa and its action plan

During the symposium on the local PI held in Côte d'Ivoire's economic capital in February 2019, the health agency of ECOWAS encouraged the Member States, fifteen in number at that time, to commit to the Abidjan Declaration for the pharmaceutical industrialization of West Africa into centres of excellence. (8) The figure 2 presents this document.

The Abidjan Declaration, renamed the "Abidjan Call," includes four parts, including the Commitments which concern the implementation of a strategic action plan structured around five major axes. Each of these axes is broken down into a lot of activities. (8) The strategy mentioned in 3. is more specific within the overall strategy, grouping actions related to intrinsic realities of the PI, since it covers every stage of its value chain.

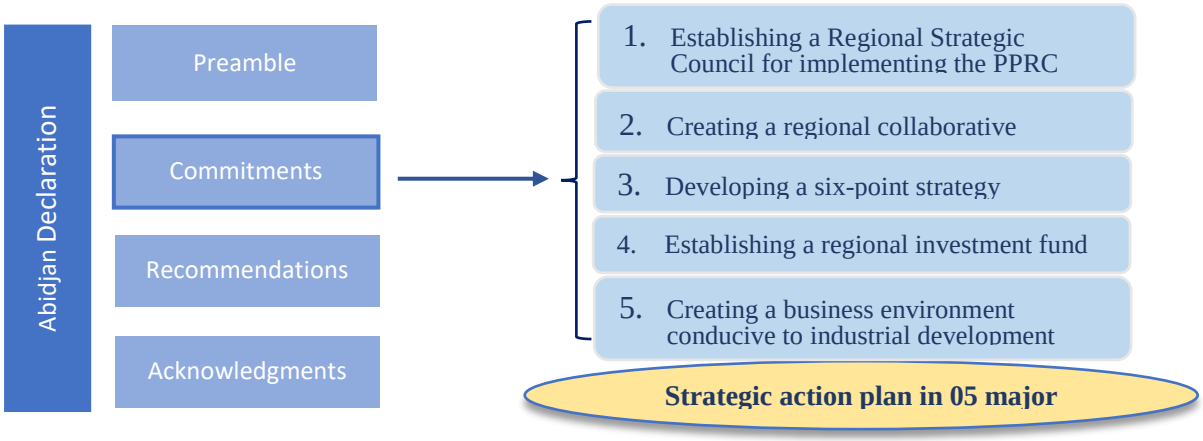


Figure 2. Parts of Abidjan Declaration

In summary, the Abidjan Declaration can be seen both as a symbol of political commitment to continue efforts for the PI, and as a document containing concrete and relevant measures for implementation by States. It aligns with the PPRC in several ways, particularly the approach of the sub-regional cooperation.

As Côte d'Ivoire is a co-signatory of the Declaration, it is expected concrete actions from this State. Chapters 2.2 and 2.3 describe the measures applied that align with the PPRC.

2.2 National policy documents related to pharmaceutical industrialization in Côte d'Ivoire

The National Strategic Plan for the Development of the Local PI (PNSD-IPL), adopted for the three-year term 2013-2015, was the only plan specifically dedicated to the PI identified in this study. It expired one year after the PPRC was drawn up and was neither renewed nor updated, even after the reaffirmation of commitments in 2019.

a) The strategic plan for the development of the pharmaceutical industry: a dedicated but lapsed plan

It was adopted in 2012 at the aftermath of the internal political crisis of 2010-2011 which led to a number of embargoes on goods, sparking renewed interest in self-sufficiency in medicines. The objective of the 2013-2015 PNSD-IPL was to triple the level of coverage of national medication needs, aiming to reach 20%. (9) Two specific objectives were set: tripling the production volume of local pharmaceutical industries by 2015, and ensuring national and sub-regional market opportunities for local pharmaceutical manufacturers. The strategy consisted of seven key points. The second to fifth points relate to the overall environment necessary for the industry's functioning such as resources of production, administrative and regulatory mechanisms. The three others focus on the quality of products and market access and shares gain.

Thus, the strategy sought to address both production and market share, without overlooking the key strategic component of administrative, fiscal, and regulatory adjustments. The Ministry of Health, author of this plan, shows sustained interest in this sector. Other ministries involved in the PI have also developed relevant policy documents.

b) Supportive but non-specific industry and pharmaceutical policies

Several national policies consider the contributions and/or perspectives of the pharmaceutical industry, even though this industry is not their primary focus.

- **The 2023 National Pharmaceutical Policy**

The recent National Pharmaceutical Policy (PPN) adopted in September 2023, aims for "an industrialized and high-performing pharmaceutical sector that ensures a high level of health protection and the well-being of populations living in Côte d'Ivoire". (4) The industrialization component is captured particularly in strategic objective 2, which focuses on developing local drug production: "Ensure the emergence of a competitive, high-quality, and resilient local pharmaceutical industry oriented toward meeting national priority needs for health products". (4) This perspective emphasizes investment in mastering the pharmaceutical value chain to build a strong local industry capable of reducing dependency on imports of essential health products, while ensuring affordability for the population. The intention is also to respond effectively to health emergencies and national and regional public health challenges.

- **The national industrial strategy**

The policy document found has been developed in 2012. It presented a phase of diagnostic analysis for the industrial sector, accompanied by proposals that would facilitate the second phase devoted to strategic choices and the definition of an effective industrial policy. The document distinguished five key domains, one of which concerns consumer products that includes "generic medicines" as a subdomain. The policy document highlighted the absence of a master plan for this struggling domain; this gap had been considered "highly detrimental to the deployment of a pragmatic public policy aimed at optimizing resources". (10) To address the issues of the pharmaceutical cluster, only three concrete actions were proposed but not a full strategy.

Although no subsequent document was found after 2012, the industrial policy vision appears in other strategic

materials. It is the case for the November 2025 Ministry of Commerce and Industry plan titled Participation Plan of Stakeholders in the Program of Diversification, Industrial Acceleration, Competitiveness, and Employment (DAICE). DAICE program aims to implement the National Development Plan by de-risking the financing of small and medium-size enterprises and supporting value chain competitiveness within priority clusters. Under a public-private partnership framework, this plan lists for each industrial domain two to three key contributions expected from stakeholders, including communities affected by industrial activities. This applies to the pharmaceutical cluster as well. The plan identifies within each segment of the PI value chain the actions that stakeholders must commit to. The actions are mainly focusing on manufacturing quality, minimizing environmental impact, and limiting adverse effects on nearby communities. (11) These largely correspond to good manufacturing practices aspects and corporate social responsibility.

PPN and DAICE are led respectively by the Ministries in charge of Health and Industry. They align with broader national policies.

- **The 2021-2025 National Development Plan**

The National Development Plan (PND) outlines the government's overall actions to achieve economic emergence, presented by the Ministry of Planning and Development. For 2021-2025, the ambitions of the Government is supported by the Côte d'Ivoire 2040 Vision: "Côte d'Ivoire, an industrial power, united in its cultural diversity, democratic and open to the world". (12) The vision for industrial governance has evolved the pharmaceutical industry is now identified as one of the three manufacturing sectors with strong growth potential. Its selection as a priority sector among medium-and high-technology industries for long-term growth is further supported by international development partners and the private sector federation. (13) One innovative strategic direction is to promote inclusive development of the PI in connection with other industries whose products or raw materials are complementary.

- **The 2021-2025 National Health Development Plan**

The 2021-2025 National Health Development Plan, aligned with the PND, reflects the Government's ambition to significantly improve health outcomes. It envisions "a high-performing, accessible, and resilient health system". (14) Obviously, the current performance and contribution of the local production of medicines is included in the analytical overview. The plan mentions a political will expressed on august 9, 2017 to strengthen PI production capacities, with a more modest ambition—compared to the 2013-2015 PNSD-IPL—to gradually increase national coverage from 6% to 12%. However, the strategic framework itself does not include measures specifically aimed at strengthening the PI. Similarly, the previous health document did not plan interventions in this area, even though it anticipated increasing local pharmaceutical production to 15% by 2020 (See 2016–2020 National Health Development Plan; Strategic axe 3, "Service Supply and Use," Effect 3, Intermediate Effect 3.3). (15)

Overall, existing plans in Côte d'Ivoire increasingly consider the great necessity and, above all, the optimism regarding the development of the PI. The following chapters present the national regulatory achievements aimed at making these strategic plans operational.

2.3 Legislative and regulatory provisions adopted in connection with pharmaceutical industrial development objectives

To date, the specific framework for the PI has barely evolved since 2015 and consists mainly of a few regulations and one law. However, the number of texts is not necessarily an indicator of regulatory effectiveness. Therefore, the content of these texts is described below to assess their significance.

a) Provisions implementing Community policies and supporting the pharmaceutical industry

- **National measures implementing the good manufacturing practices Roadmap derived from the PPRC**

Ministerial Order No. 016545/MSPH/CAB of 14 September 2017 establishes the creation, responsibilities, organization, and operations of the National Working Group on the good manufacturing practices Roadmap Initiative for pharmaceutical products. It specifies the missions, responsibilities, organizational structure, and operational procedures of this multidisciplinary technical group. (16) This Order demonstrates the commitment of the Minister of Health at the time to promptly implement the Community measure, as the procedure for producing a Ministerial Order is typically faster than that for higher-ranking legal instruments. As a text establishing an organizational structure, the Order fulfils its purpose by identifying the National Working Group's missions, composition, organization, responsibilities, as well as its terms of reference and ultimate objectives. It is not intended to function as a promotional tool for the industry. Its value lies in officially recognizing and empowering a multidisciplinary technical entity responsible for implementing an essential component of the PPRC: improving the application of good manufacturing practices standards of World Health Organisation in order to elevate the expertise and quality -safety of products manufactured by local pharmaceutical companies. The group is tasked with selecting pharmaceutical manufacturing companies and monitoring them technically, using funding managed by West African Health Organization. Ultimately, the selected companies are expected to become national champions in quality and to influence other companies regardless of their initial level of maturity.

- **Texts focused on promoting the pharmaceutical industry**

Following the institutional restructuring of the pharmaceutical Administration, an autonomous authority-both administratively and financially-was established: the Ivorian Pharmaceutical Regulatory Authority (AIRP), along with the Directorate of Pharmaceutical Activity (DAP), created through the redefinition of the mandates of the former Directorate of Pharmacy, Medicines and Laboratories. (17,18) The DAP, as a central directorate, is

responsible for implementing government pharmaceutical policy, particularly in supply chain oversight and regulation. The AIRP performs pharmaceutical regulatory functions. However, the restructuring did not clearly assign responsibility for promoting the PI to either structure. The former directorate carried this out additionally to its inspection duties, by guiding the promoters and indicating measures to improve their manufacturing process.

In 2025, a Ministerial Order No. 339/MSHPCMU/CAB of 24 April 2025 was adopted pursuant to the updated organizational structure of the Ministry of Health (2021), (19) establishing the Service for the Promotion of the Pharmaceutical Industry. Among its seven missions are: contributing to the development and implementation of policies supporting the PI; proposing, in collaboration with relevant stakeholders, strategic guidance plans including a PI promotion plan and monitoring and evaluating their implementation. The five remaining missions also contribute to supporting the industry: promoting essential locally manufactured pharmaceutical products, strengthening production-chain capacities and promoting research related to traditional pharmacopoeia. These activities emphasize collaboration with stakeholders and other involved ministries. The two last missions position the DAP as the administrative interface between industry promoters and competent bodies for establishing and operating PIs, and as an actor expected to participate in official technical working groups relating to the PI.

Before this, the **Law No. 2015-533 of 20 July 2015** on the practice of pharmacy addressed financial aspects of local PIs (See Section 3 about pharmaceutical manufacturing and wholesale establishments). (20) This is an essential component of the cluster, given the substantial resources required for industrial infrastructure and equipment. Article 42 of this Law allows entrepreneurs who are not pharmacists to hold equity in PIs, provided they meet specified conditions. However, the regulatory decree needed to operationalize this provision has yet to be issued.

b) Other specific provisions related to the pharmaceutical industry applicable in 2025

Before 2015, **Ministerial Order No. 173/MSP/DSPH of 18 April 1986** and **WAEMU Decision No. 08/2010/CM/UEMOA of October 2010** have been taken and provide guidelines respectively: on procedures for opening, modifications on exploitation and closing a pharmaceutical manufacturing establishment, and on standards for controlling production and the entire surrounding system to ensure the quality of manufactured products. (21,22) These are more administrative and technical procedural requirements than promotional measures for the PI. Nevertheless, they are crucial for the sector's development, as product quality-beyond its importance for safety and efficacy-is a key criterion for competitiveness. The 1986 Order informs operators of installation requirements, forming an essential regulatory foundation that complements targeted industrial promotion strategies. Moreover, various other texts regulate necessary components for PI development, including: access to industrial land, energy supply, tax and customs rules, foreign trade, environmental regulations. (23)

Additionally, **Decree No. 2015-602 of 02 September 2015** sets the registration fee for medicines in Côte d'Ivoire, with a 50% reduction for products manufactured within the West Africa Economic and Monetary Union space. (24) In 2024, AIRP published a list of international non-proprietary names whose presentations are temporarily no longer subject to approval for better control of the saturated market. This measure did not apply to essential locally produced products. Such administrative measures support the growth of pharmaceutical manufacturing companies.

Following this description of the policies and texts adopted and their scope, it is necessary to assess their consistency with the objectives set out in the initiative.

3. Analysis of the adequacy of the regulatory framework with planning instruments

Before assessing the adequacy targeted in this chapter, it is important to evaluate the coherence among the various policy elements, and then determine whether the adopted legal texts effectively cover the projected perspectives and strategic directions.

3.1 Mapping of strategic axes

Tables 1,2, 3 group the different strategic axes of the community and national plans containing specific actions for PI. The National Strategic Plan for the Development of the local PI (PNSD-IPL)-although obsolete-was included because it is the only national plan specifically dedicated to the PI in Côte d'Ivoire.

The cross-referencing of the axes reveals fifteen industrialization levers that can be grouped into five main IP components. Some interventions cover more than one component due to the sub-activities they include. Conversely, the action plan of the National Pharmaceutical Policy and that of the Ministry of Industry's DAICE program each cover no more than four levers. The PNSD-IPL 2013-2015 already covered all components.

The identified components and levers should be addressed by the current IP regulations to implement the plans.

3.2 Alignment between regulation, political vision, and essential components of an IPL

Table 4 establishes a relationship between the legal provisions enacted in connection with the IPL and the five (05) cross-cutting factors (F) identified in Tables 1,2, 3.

Table 1. Cross-checking strategies for strengthening IP – Sector governance*

Levers (L)		Axes of the PNSD-IPL, 2013	Strategic objectives of the PPRC, 2014	Action plan of the Abidjan Declaration, 2019*
	1. Governance			
1	Legal And institutional system	O1S3. Implementation of regulatory adjustments conducive to the development of local production. *(i) Enact regulations and legislation conducive to the development of local pharmaceutical production*	6.1 Improve and strengthen the governance of pharmaceutical systems to ensure transparency, accountability and the protection of medicines produced in the ECOWAS region by 2020	5(i) Governance 5(ii). More effective regulation of the pharmaceutical sector
			6.6 Establish a regional pharmaceutical regulatory body, in line with the African Union's programme for harmonising drug regulation, by 2020	1. Establishment of a Regional Strategic Council with an Executive Secretariat 2. Creation of a Regional Pharmaceutical Regulatory Authority
2	Regulation	O1S5. Strengthening quality assurance for locally manufacturing pharmaceutical products *(iii) Strengthening the capabilities of DPM's inspection of local PI*	6.4 Strengthen the capacities of National Pharmaceutical Regulatory Authorities and quality control structures in the ECOWAS region to enable them to obtain international certification and designation as regional centres of excellence by 2018	
3	Incentive framework	01S3. Implementation of administrative, fiscal and regulatory adjustments conducive to the development of local pharmaceutical production	6.7 Facilitate the integration of ECOWAS policies on TRIPS flexibilities into national legislation in at least ten member states in the region by 2020	5(iii). Creation of a conducive business climate

Table 2. Cross-checking strategies for strengthening IP – Organization of stakeholders and means of production*

Levers (L)		Axes of the PNSD-IPL, 2013	Strategic objectives of the PPRC, 2014	Action plan of the Abidjan Declaration, 2019*	Action Plan of PPN, 2023**	Plan of DAICE programme, 2025
2. Organisation of players						
4	Inter-state skills network	*O1S4. (ii) Involve local IPs, PNDAP, DPM and PNPMT*** in international and regional initiatives to improve pharmaceutical technology transfer*		2. Creation of a regional collaborative platform		
				3(i). Creation of centres of excellence for each component of the value chain		
5	Competitiveness framework - Boldness of		6.3 Support the pharmaceutical manufacturing sector to enable ten manufacturers to obtain international	3.(ii) Creation of champion companies in the fields of IP		

	stakeholders		certification by 2020				
			6.2 Promote and support competitive and efficient regional pharmaceutical production […]				
3. Resources and production capacity							
6	Qualified human resources	O1S2. Capacity building in qualified and experienced human resources		3(i). Creation of centres of excellence in training	(v) Human resources development in the PI	Health, safety and environment (HSE)
7	Raw materials - Equipment - Industrial engineering and logistics	O1S4. Strengthening local pharmaceutical production capacities		3(iv). Promotion of new technologies, development and imperative production of generic and essential active pharmaceutical ingredients		Optimisation of water and energy use Use of renewable energies
8	Access to finance and guarantees	O1S4. Strengthening local pharmaceutical production capacities *(i) Establish a fund to support investment in the local pharmaceutical production sector*		4. Establishment of a regional investment fund and an IP investment and development plan for non-competitive projects 3(iii). Development of private-private and public-private partnerships		
9	Quality Assurance System, Safety Management, Safe control	O1S5. Strengthening quality assurance for Local Pharmaceutical manufacturing Products *(i) Develop the quality assurance system within local Ips*	6.3 Support the pharmaceutical production sector to enable ten manufacturers to obtain international certification by 2020	3(i). Creation of centres of excellence in West Africa in the field of industrial production and distribution, in accordance with international standards of good practice		Training in health, safety and the environment Strict safety protocol Strengthen local quality production

Table 3. Cross-checking strategies for strengthening IP – Products and Markets*

Levers (L)	Axes of the PNSD-IPL, 2013	Strategic objectives of the PPRC, 2014	Action plan of the Abidjan Declaration, 2019*	Action Plan of PPN, 2023**
4. Local pharmaceutical manufacturing products				
10 Quality Control, Compliance			3(ii) Creation of regional pharmaceutical companies as quality control champions	

11	R&D and Flexibility of the TRIPS Agreement	O1S1. *(iii) Create a framework for exploiting ivorian traditional monographs*	6.8 Formulate and implement policies that promote innovation and R&D for medicines and other pharmaceutical products in the ECOWAS region and establish a competitive fund in the ECOWAS region by 2020		(ii) Development of a phytotherapeutic pharmaceutical industry based on the national pharmacopoeia of medicinal plants
			6.7 Facilitate the integration of ECOWAS policies on TRIPS flexibilities into national legislation in at least ten ECOWAS Member States by 2020		
12	Fight against substandard and falsified medicines		6.5 Reduce by 75% the incidence of unlicensed, false, mislabelled, falsified, and counterfeit medical products in the ECOWAS region		
5. Opportunities - Market Access – Sales force					
13	Communication - Promotion - Marketing	O1S1. Provision of data on the local pharmaceutical production O2S2. *(ii) Participate in sub-regional meetings on the development of the PI*	6.2 Promote and support competitive and efficient regional pharmaceutical production to ensure the supply of 30% to 60% of essential medicines produced in the region by the year 2020	3(ii) Creation of leading regional pharmaceutical distribution companies	
14	Culture, education and values			5(iv). Appropriate reforms that create a nexus between economy, culture, and ecology	
15	Agreements for market access (*regional integration, public-private partnerships, B2B*) - Pricing - Non-regulatory barriers	O2S1. Intensification of domestic trade of local pharmaceutical products		3(v). Strengthening of national purchasing centres	
		O2S2. Development of sub-regional trade in local pharmaceutical products		3(vi). Creation of a distribution hub	(iii) Development of an industrial network for selective generic pharmaceuticals targeting pathologies with market potential

**Axes that seemed the most relevant to highlight in this study (not exhaustive).*

*** Axes of specific and strategic objective 2.*

**** DPM: Directorate of Pharmacy and Medicines, later becoming the Directorate of Pharmacy, Medicines and Laboratories, then the Directorate of Pharmaceutical Activity. PNDAP: National Program for the Development of Pharmaceutical Activity, dissolved in 2020. PNPMT means the National Program for the Promotion of Traditional Medicine.*

Table 4. Summary of legal texts in the direction of the State support

Text	Subject	Requirement or provision	Pharmaceutical industry need addressed	Related impulse levers (L) and components
Ministerial Order No. 173 MSP/CAB/DPM/ of 18 April 1986	Terms and conditions for opening, closing and modifying local PI business	Operating rules and procedures	Knowledge of procedures to be followed with the pharmaceutical administration	L1. Legal system (1. Governance)
Decision No. 08/2010/CM/ UEMOA of 01 October 2010	Identification of a mandatory reference for good manufacturing practices	Rules and procedures of production	Knowledge of required technical procedures	L9. Quality assurance system (3. Resources and production capacity)
Law No. 2015-533 of 20 July 2015 (article 42)	Ownership of PI companies (practice of pharmacy in the industry)	Opening up capital to non-pharmacists	Opening up capital to non-pharmacists legal basis for opening up capital to a wider range of investors	L5. Access to financing and guarantees (3. Resources and production capacity)
Decree No. 2015-602 of 02 September 2015	Introduction of fees for marketing authorisations of medicines	Application of a reduced amount for local PI companies	Accessibility of approval rights – Possibility of competitive selling prices	L15. Market access agreements – prices (5. Opportunities - Market access - Sales force)
Ministerial Order No. 016545/MSPH/CAB of 14 September 2017	Creation of a group of experts in GMP monitoring for IPs	Organisation and terms of reference of the technical Group	Continuous strengthening of the skills	L9. Quality assurance system (3. Resources and production capacity)
Ministerial Order No. 339/MSHPCMU/ CAB of 24 April 2025	Organisation, attributions et fonctionnement de la DAP	Missions, duties of the department responsible for promoting local IP	Identification of a contact department on the promotion of PI at the Ministry of Health	L1. Institutional system (1. Governance)
			Taking into account the support needs for IP, in particular training, strengthening quality assurance skills, and improving outlets	L6. Qualified human resources (3. Resources and production capacity)
				L9. Quality assurance system (3. Resources and production capacity)
				L13. Communication - promotion (5. Opportunities - Market Access – Sales force)

The current texts on IP cover only six industrialization factors out of the fifteen considered by all policy strategies. They correspond to three of the five components: governance, resources and production capacity, and market opportunities.

4. Discussion

4.1 Convergence of different national and community strategies

The study shows that the strategic measures emphasized across the various specific or non-specific plans are highly consistent, even though their presentation varies from one plan to another: whether described as pillars, strategic and/or specific objectives, strategic actions, with presentation of expected outcomes or not, or otherwise. Regardless of the period or territorial scope, the authors of these plans converge on the guiding principles required for enhanced pharmaceutical industrialization in West Africa. The key points are governance, in particular through a monitoring structure and appropriate legal texts; training and support for stakeholders; financing of the different links in the chain; effective promotion combined with the use of regional integration advantages for market access including in the fight against competition from illicit market products, as well as research based on innovative inputs.

The study also shows that the pharmaceutical policy and the DAICE programme plan do not address all the levers that need to be acted upon. This is evident from the fact that these are plans with medium-term objectives and do not focus solely on IP. Thus, the adoption of more comprehensive plans developed at the community level to support states, such as the PPRC, is justified. (4) The only national plan that seems to reflect the PPRC is the PNSD-IPL, as it covers all components through actions deemed to be priorities, rather than exhaustive. It must therefore be concluded that an update of the 2013-2015 PNSD-IPL is necessary. If its strategic objectives or certain interventions are still considered relevant, they should be renewed while taking a bolder approach by adopting a ‘‘strategic plan for pharmaceutical industrialisation’’ that includes other effective interventions. The duration of this revised plan could be five years, accompanied by effective monitoring and evaluation.

4.2 Weak alignment of the legal system with the policy framework and limited effectiveness

The results indicate that the regulatory momentum does not keep pace with political commitments. This deduction may be limited as the study was based on pharmaceutical legislation and regulations rather than the industry's legal framework with regard to PPRC signatories. The study allows to note three main points: the absence of a legal text establishing a monitoring committee for the first PNSD-IPL, the limited number of components addressed by the current legal provisions, and the ten-year delay in issuing the regulatory text required to implement the pharmaceutical monopoly under the 2015 law. The interest of components that are covered by existing texts can nevertheless be viewed positively: access to financing, production and product quality, identification of institutions responsible for promoting the pharmaceutical industry and overseeing the good manufacturing practices Roadmap, and the procedures governing establishment and operation. However, it is necessary to refer to many other general texts on pharmacy and industry in order to fully understand the somewhat incentive-based framework available to interested investors. Also, the service responsible for promoting IP must therefore work to consolidate all texts in line as well as those that do not fall under the health sector.

Furthermore, even if this consolidation is carried out, we do not believe that the reliance of various general texts is sufficient to achieve the ambitious goals set. The persistently poor performance of the local PI and the exhaustion of existing companies speak for themselves. For such a struggling sector, which is also classified as a priority sector, there is a need for legal basis that address the subtleties that have enabled IP to take off in many countries, ideally in a single text. In this regard, more ambitious legislation to protect this domestic IP would be desirable. On the contrary, we note that a national preference measure introduced in 1991 was repealed in the same year. (25)

Yet the pharmaceutical cluster is recognized as being overproduced at 30–60%, while its products face strong competition on the domestic market with an overwhelming number of imported references, without export support. This cannot contribute to the desired growth. Conversely, in countries like France, there is a clear emphasis on maintaining sovereignty over medicines, particularly essential medicines. This approach assumes that the norm is production, support for local PI enterprises, and the preferential use of French or European Pharmaceutical Products. (26) The accent in Côte d’Ivoire could be on importation of biologics, mature medicines, some generics and medical devices, without close the import market. It can certainly be noted that local IPs benefit from a particular percentage advantage in central purchasing tender procedures. But this measure is a limited opportunity, given that their products are not always competitive in terms of price. Additional fiscal and customs measures could be enacted without placing excessive strain on State resources. Furthermore, legislative provisions deferred to regulation-such as Article 42, which concerns the opening of pharmaceutical industry capital to non-pharmacists-should be addressed to clarify rules regarding monopoly in pharmaceutical manufacturing.

In the same vein, a critical point concerns the actual implementation of existing strong regulations. An example is that of administrative, customs, and tax burdens, even though there are measures to ease economic pressures; they contribute to discouraging local or interested operators. (27) Likewise, timely payment for medicine supply contracts, rather than the lengthy procedures currently in place, would encourage greater participation of local manufacturers in the public sector. These measures would help them become more

competitive and better positioned to meet national pharmaceutical needs.

4.3 The institutional framework for monitoring the plans

The first PNSD-IPL was adopted following the post-electoral crisis and during a context of embargo on the importation of goods, including medicines. Despite the awareness raised by the circumstances surrounding its adoption, the plan did not receive the expected implementation—an implementation that was supposed to be driven by a dedicated monitoring committee. This raises a key question about who coordinates the pharmaceutical industrialization project.

The PPRC was developed under the mandate of ECOWAS's specialized health agency and was signed by the ministers responsible for health. (2) This can be explained by the nature of pharmaceutical manufacturing, as its output is a health product and the sector are not fully liberalized for that reason, distancing it from the freedom of enterprise that normally applies in the economic and commercial spheres. However, due to the logistics, engineering, and manufacturing operations involved, the PI also falls naturally within the purview of the Ministry of Industry. In the People's Democratic Republic of Algeria, a dedicated Ministry of Pharmaceutical Industry was established in March 2023. (28, 29) This clearly demonstrates that the Algerian government has recognized the specificity of the sector and the broad coordinated actions required to achieve its ambitions. Such an institutional configuration also helps to clarify the division of responsibilities between ministries involved in the sector. In Côte d'Ivoire, a service dedicated to the promotion of the PI was created in 2025 within a central directorate of the Ministry of Health. Its missions address three out of the five key components of the PI development framework -a commendable step. However, a service unit typically has limited autonomy, reduced human resources for the required interventions, and modest administrative influence. Until broader structural innovations occur, this service will need to be dynamic and capable of leveraging collaboration among public administrations and entities with relevant mandates-such as the AIRP, the National Working Group on good practices, the Traditional Medicine Program, and customs and tax authorities.

Achieving a shared and aligned understanding among customs, tax, health, trade, and industry administrations regarding the applying of incentive measures referenced in the plans is essential. Indeed, despite the provisions in force, numerous cases have been reported in which pharmaceutical manufacturers faced denial of exemptions. These inconsistencies in interpreting the regulations can be reduced through a collaborative platform that gather all relevant actors and stakeholders of the PI ecosystem, supported by systematic monitoring and evaluation of progress. Ideally, such platform should be formalized through official texts such as ministerial orders or decisions.

5. Conclusion

In response to the question of whether policies and legal texts have been adopted or whether the texts in force in 2025 allow for the implementation of the political strategies of the ECOWAS Regional Pharmaceutical Plan (PPRC) since its adoption, this review provides a nuanced affirmative answer. The vision of the State, reflected in various plans whether specific to the PI or not, shows increasingly ambitious perspectives. Although the national regulatory framework related to this cluster has not evolved significantly since 2014, it covers three of its five components. It is also appropriate to welcome the recent creation of a department dedicated to promoting PI within a central technical directorate of the Ministry of Health. Likewise, while welcoming the measures already in place, it would commendable for the Government to adopt an appropriate legal framework for a greater protection for local pharmaceutical factories, in light of international health and political constraints since the early 2020s.

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Conflict of Interest

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Reference

1. African Union. Business Plan for the Pharmaceutical Manufacturing Plan for Africa (PMPA). Addis Ababa: NEPAD; 2012.
2. Economic Community of West African States (ECOWAS). 2014–2020 ECOWAS Regional Pharmaceutical Plan (PPRC). Bobo-Dioulasso: WAHO; 2014.
3. Republic of Côte d'Ivoire. The national pharmaceutical policy of Côte d'Ivoire. Abidjan: Ministry of Health, Public Hygiene and Universal Health Coverage; 2023.
4. Alloukou-Boka PM. Sub-regional economic organisations in the development of pharmaceutical regulation: the case of West Africa [Thesis]. Strasbourg: University of Strasbourg, Faculty of Pharmacy; 2018.
5. Economic Community of West African States (ECOWAS). Harmonised TRIPS-related policy for adoption by ECOWAS Member States using TRIPS flexibilities to improve access to medicines in the region. Bobo-Dioulasso: WAHO; 2012.
6. United Nations Industrial Development Organisation - Côte d'Ivoire (UNIDO-CI). Roadmap for Good Manufacturing Practices (GMP) in the ECOWAS region [Internet]. Côte d'Ivoire: UNIDO-CI;2024 [cited 2026 Jan 22]. Available from:

https://onudi.ci/feuille-de-route-des-bonnes-pratiques-de-fabrication-bpf-pharmaceutique-dans-la-cedeao/
7. Economic Community of West African States (ECOWAS). Common Industrial Policy for West Africa (PICAO). Bobo-Dioulasso: WAHO; 2010.
8. Economic Community of West African States (ECOWAS). Abidjan Declaration for the industrialisation of the pharmaceutical sector in West Africa through centres of excellence. Bobo-Dioulasso: OOAS; 2019.
9. Republic of Côte d'Ivoire. National Strategic Plan for the Development of the Local Pharmaceutical Industry 2013-2015. Abidjan: Ministry of Health and AIDS Control; 2012.
10. Republic of Côte d'Ivoire. New industrial policy of Côte d'Ivoire - Phase I: Diagnosis of the industrial sector and institutional framework. Abidjan: Ministry of Industry; 2012.
11. Republic of Côte d'Ivoire. Stakeholder Participation Plan (P3P) – Programme for Diversification, Industrial Acceleration, Competitiveness and Employment. Abidjan: Ministry of Trade and Industry; 2025.
12. Republic of Côte d'Ivoire. National Development Plan 2021-2025. Abidjan: Ministry of Planning and Development; 2021.
13. General Confederation of Enterprises of Côte d'Ivoire (CGECI). The industrialisation of Côte d'Ivoire. White paper. Long version. Abidjan: CGECI; 2019.
14. Republic of Côte d'Ivoire. 2021-2025 National Health Development Plan. Abidjan: Ministry of Health, Public Hygiene and Universal Health Coverage; 2021.
15. Republic of Côte d'Ivoire. 2016-2020 National Health Development Plan. Abidjan: Ministry of Health and AIDS Control; 2016.
16. Republic of Côte d'Ivoire. Ministry of Health and Public Hygiene. Ministerial Order No. 016545/MSPH/MSPH /CAB of 14 September 2017 on the creation, powers, organisation and functioning of the National Working Group on the roadmap initiative for good manufacturing practices for pharmaceutical products; 2017
17. Republic of Côte d'Ivoire. Ministry of Health and AIDS Control. Ministerial Order No. 166/MSLS/CAB of 26 September 2015 establishing the powers, organization and functioning of the Directorate of Pharmacy; 2015
18. Republic of Côte d'Ivoire. Law No. 2017-541 of 3 August 2017 on the regularization of the pharmaceutical sector; 2017
19. Republic of Côte d'Ivoire. Ministry of Health, Public Hygiene and Universal Health Coverage. Ministerial Order No. 339/MSHPCMU/CAB of 24 April 2025 on the powers, organization and functioning of the Directorate of Pharmaceutical Activity; 2025
20. Republic of Côte d'Ivoire. Law No. 2015-533 of 20 July 2015 on the practice of pharmacy; 2015
21. Republic of Côte d'Ivoire. Ministry of Public Health Public. Ministerial Order No. 173/MSP/DSPH/ of 18 April 1986 on the procedures for opening pharmaceutical industry establishments; 1986
22. West African Economic and Monetary Union (UEMOA). Decision No. 08/2010/CM/UEMOA of 1 October 2010 adopting the Guide to Good Manufacturing Practices for Pharmaceutical Products for Human Use in UEMOA Member States;2010
23. Amonkou-N'guessan AC, Amari AS, Alloukou PM, Pabst JY. Descriptive study of the regulations governing the pharmaceutical industry applicable in Côte d'Ivoire. Revue Droit et Santé. 2018; No. 84: 553-564.
24. Republic of Côte d'Ivoire. Decree No. 2015-602 of 2 September 2015 establishing fees for the marketing authorisation of medicinal products;2015
25. Republic of Côte d'Ivoire. Ministry of Health and Social Welfare, Ministry of Industry and Trade, Ministry of Employment and the Civil Service. Interministerial Order No. 101/MSPAS/MIC/MEFP/ of 11 April 1994 amending Interministerial Order No. 32 of 14 February 1991 applying national preference to pharmaceutical specialities produced by CIPHARM; 1994
26. French Republic. Relocation of essential medicines. Press kit. Paris: Prime Minister's Office; 2025.
27. Pamela Herd, Donald Moynihan. The impact of administrative burden on the effectiveness of public governance is not inevitable, and ways to remedy it. Public Action. Research and practices. 2019/4; 5: 16–25.
28. People's Democratic Republic of Algeria. Executive Decree No. 25-187 of 13 July 2025 on the organisation of the central administration of the Ministry of Pharmaceutical Industry;2025
29. People's Democratic Republic of Algeria. Executive Decree No. 25-188 of 17 Moharram 1447, corresponding to 13 July 2025, on the organisation of the central administration of the Ministry of Pharmaceutical Industry;2025