

Expression of Interest:

Call for **Membership** in the **Regional Manufacturing for Equitable Access Community of Informed Partners**

1. Background and Introduction

Africa carries approximately one-quarter of the global disease burden and is home to nearly 1.5 billion people, yet continues to depend heavily on external suppliers. More than 95% of active pharmaceutical ingredients and 70% of medicines used on the continent are sourced from abroad. This dependency exposes countries to supply disruptions, delays, and increased costs, particularly during global crises.

To strengthen regional manufacturing of diagnostics and medicines in Africa, in July 2025, Unitaid launched a foundational investment of nearly US\$50 million. These investments aim to support African countries to increase their capacity to produce essential medical tests and treatments locally, reducing reliance on imported health products.

Unitaid's investment strives to address these vulnerabilities by strengthening regional manufacturing capacity across initial priority health areas including HIV, malaria, and maternal health. The initiative supports production across the value chain from key input materials including active pharmaceutical ingredients to finished medicines and diagnostic tests, with the objective of strengthening equitable access to quality-assured health products and enhancing long-term health system resilience.

The investment consists of two flagship programmes:

- **Manufacturing to Accelerate Diagnostic Excellence (MADE) in Africa**, led by PATH, which supports African manufacturers to develop and scale high-quality diagnostic tests, improve access to key input materials, and strengthen their participation in regional and global markets.
- **Medicines Supply Resilience (MedSuRe) Africa**, led by the United States Pharmacopeia (USP), which supports African manufacturers to produce essential medicines and active pharmaceutical ingredients, strengthen quality and regulatory systems, and expand regional bioequivalence testing capacity. Complementary activities are supported through the Medicines Patent Pool.

Both programmes are implemented in partnership with governments, Regional Economic Communities, alongside collaboration with continental and global health institutions including Africa CDC, the African Medicines Agency (AMA), AUDA-NEPAD, WHO, development finance institutions, and civil society organisations.

These investments are structured to deliver:

- Development, quality assurance and market entry of at least 15 quality-assured products across malaria, HIV and maternal health.
- Strengthened manufacturing practices across key product platforms, including active pharmaceutical ingredients (APIs) and injectables.
- Improved strategic sourcing of inputs and raw materials to enhance quality and cost-competitiveness.
- Blended financing solutions in partnership with development finance institutions to crowd in additional capital.
- Expanded regional capacity to undertake bioequivalence and bioavailability testing.
- Strengthened preparedness and manufacturer commitment to respond to future health emergencies.
- Climate-smart regional manufacturing through lower-carbon and more resilient production systems.

Together, these investments contribute to a broader vision of strengthening regional manufacturing ecosystems, enhancing pandemic preparedness, promoting climate-conscious production, and ensuring that access to essential health technologies is faster, fairer, and closer to home.

2. Purpose of this Expression of Interest

Unitaid is inviting Expressions of Interest from stakeholders to join the Regional Manufacturing for Equitable Access (RMEA) Community of Informed Partners (CIP).

The CIP is an engagement and coordination platform established under the RMEA portfolio to foster inclusive, transparent, and informed stakeholder dialogue. It supports information sharing, coordination, and structured feedback among a broad ecosystem of stakeholders engaged in regional manufacturing and equitable access to health products.

The CIP does not have decision-making authority over funding or grant management matters, which remain the responsibility of Unitaid and grant recipients.

The detailed mandate, composition, functions, meeting modalities, and participation expectations of the CIP are set out in the attached Terms of Reference, which should be reviewed prior to submitting an application under this EOI.

The first meeting of the CIP is expected to take place in June 2026. Members are expected to participate in approximately two virtual meetings per year. Engagement is anticipated to continue for the duration of the current project periods, running until June 2029. Participation in the CIP is voluntary and non-remunerated.

3. Eligibility Criteria

Participation in the CIP is open and inclusive. Membership will aim to reflect diversity across gender, geography, institutional affiliation, and stakeholder perspectives, including meaningful representation from LMIC institutions, civil society organisations (CSOs), community-based organisations, regional entities, and actors engaged in regional manufacturing and equitable access.

Applicants must meet the following criteria:

a. Affiliation and Engagement

- Be engaged in or affiliated with activities related to health, access to medicines or diagnostics which align with Unitaid's programmatic priorities, regional manufacturing, or health systems strengthening.
- Represent or be affiliated with a relevant stakeholder group, organisation, network, or coalition, including but not limited to affected communities, civil society, government representatives, regulatory authorities, regional institutions, academia, private sector, donor agencies, or technical partners.

b. Commitment and Participation

- Demonstrate willingness to engage constructively in dialogue and information exchange.
- Be available to participate in biannual virtual meetings and occasional consultations.
- Agree to respect confidentiality where applicable, including adherence to Chatham House Rules for sessions designated as confidential.

4. Application and Selection Process

4.1. Application

Individuals or organisations whose expertise and engagement align with the scope outlined in the attached Terms of Reference are invited to complete the online application form, which includes initial screening questions and requests a short description of organisational affiliation and areas of expertise.

The application form can be accessed here:

[Expression of Interest: RMEA Community of Informed Partners \(CIP\) – Fill out form](#)

The deadline for submission of expressions of interest is 6 April 2026.
Late submissions will not be considered.

4.2. Selection

Applications will be reviewed by representatives from Unitaid and implementing partners to ensure alignment with the scope, diversity, and stakeholder representation objectives outlined in the CIP Terms of Reference.

Selected participants will be notified by 27 April 2026.

5. Timeline

- **Launch of EOI:** 16 March 2026
- **Deadline for submission:** 6 April 2026
- **Review period:** 7 – 24 April 2026
- **Notification of outcomes:** 27 April 2026
- **First CIP forum:** June 2026 (TBC)

Additional calls for participation may be issued over time to allow new stakeholders to join the CIP as the RMEA portfolio evolves.

Terms of Reference (TOR):

Regional Manufacturing for Equitable Access (RMEA) Community of Informed Partners (CIP)

1. Purpose of the RMEA Community of Informed Partners

The RMEA Portfolio aims to strengthen regional manufacturing capacity and ecosystems in low- and middle-income countries (LMICs), with a focus on equitable access to quality-assured health products. In July 2025, Unitaid launched the first wave of investments. As part of this effort, the Community of Informed Partners (CIP) is being established as an engagement and coordination platform to foster inclusive, transparent, and informed stakeholder dialogue. The CIP is designed to facilitate two-way dialogue between Unitaid, implementing partners, and a broader ecosystem of stakeholders committed to strengthening the Unitaid-funded RMEA investments.

The RMEA CIP does not have decision-making authority over funding, grant management, or contractual matters, which remain the responsibility of Unitaid.

The scope of the RMEA CIP will initially be limited to grants in Unitaid's first wave of RMEA investments, being Medical Supply Resilience Africa (MedSuRe) implemented by USP and Manufacturing to Accelerate Diagnostic Excellence (MADE) implemented by PATH. The scope and composition of the RMEA CIP may be reviewed, expanded or adjusted as the RMEA portfolio evolves.

2. Functions

The CIP will function as an engagement and coordination platform during the RMEA portfolio duration, which currently runs until June 2029, focusing on:

- **Information Sharing:** Disseminate updates on RMEA portfolio implementation, achievements, challenges, and strategic direction. Furthermore, inform other regional manufacturing interventions.
- **Stakeholder Feedback:** Gather non-binding feedback, perspectives, and insights from diverse stakeholders, including communities, civil society, and technical networks.
- **Transparency and Accountability:** Strengthen trust and alignment through consistent communication and open dialogue.
- **Equity and Inclusion:** Ensure the voices of affected communities, LMIC institutions, and marginalised actors are reflected in RMEA-related discourse.

The CIP will engage in the following activities:

- Participate in biannual virtual fora convened by Unitaid and partners.
- Contribute to pre-meeting consultations or post-meeting debriefs.
- Respond to periodic surveys or requests for input on specific themes, innovations, or policy directions.
- Share lessons, tools, and best practices across the partner ecosystem.

3. Membership

CIP participation is open and inclusive, with emphasis on diversity, regional representation, and stakeholder relevance. Potential participants may include:

- Civil society organisations and affected communities
- Ministries of Health and regulatory authorities in Africa
- Regional and continental institutions (e.g., Africa CDC, AUDA-NEPAD, AfCFTA, AMA, EAC, SADC, WAHO)
- Academia and technical networks
- Donor agencies and philanthropic institutions
- Private sector actors engaged in health manufacturing
- Implementing partners and grantees working on manufacturing initiatives.

3.1. Member Selection Process

The CIP will follow a structured yet inclusive approach to ensure broad and equitable representation from stakeholders across sectors, regions, and perspectives. The selection process is designed to uphold CIP's core principles of transparency, inclusiveness, and equity.

- **Open Call for Expression of Interest (EOI)**
 - Participation in the CIP will begin with an open and widely disseminated call for Expressions of Interest (EOI).
 - The call will be shared through Unitaid and implementing partners' websites, mailing lists, regional platforms, and community networks.
 - The EOI will include eligibility criteria and participation expectations.
- **Eligibility Criteria**, interested individuals or organisations must:
 - Be engaged in or affiliated with activities related to health product access, regional manufacturing, or health systems strengthening.
 - Represent a relevant stakeholder group (e.g., civil society, affected communities, regulatory authorities, private sector, academia, regional institutions, technical partners).
 - Demonstrate a commitment to constructive engagement and mutual accountability.

4. Meetings and Operations

Bi-annual meetings:

- The CIP will meet twice annually in virtual fora, with one forum focused on therapeutics and one focused on diagnostics.
- Ad hoc thematic webinars or regional briefings may be organised on emerging issues.
- Meeting summaries will be circulated following each session and archived in a shared digital repository.

4.1. Reporting & Communications

- USP and PATH, in coordination with Unitaid, will facilitate CIP meetings and propose agenda topics.
- The CIP will maintain an email listserv, shared knowledge repository, and event calendar.
- Key RMEA outputs and reports (e.g., progress briefs) may be shared with the CIP for transparency.
- Input from CIP participants may be synthesised, as appropriate, by implementing partners and presented at other strategic fora.

4.2. Confidentiality

While most CIP discussions are public or semi-public in nature, certain sessions may involve sensitive information. In such cases, participants will be asked to respect confidentiality and work under Chatham House Rules.

5. Resources

Unitaid, USP, and PATH will provide facilitation and coordination support for the CIP. Where feasible, support may be offered to enable meaningful participation from community-based or resource-constrained stakeholders.

6. Review and Evolution

The Terms of Reference for the CIP will be reviewed annually in consultation with participants and updated as needed to reflect evolving priorities, participation needs, and feedback from stakeholders.