Afro Therapeutics

INVESTOR BRIEFING · 2026

Essential medicines, made in Africa for Africa.

Quality-assured manufacturing of essential generic medicines in Uganda, built to WHO Good Manufacturing Practice, with a roadmap to serve East Africa and the continent.

Ash Lubega · Founder

THE PROBLEM

Africa depends on medicines made somewhere else

In most of sub-Saharan Africa, imports make up as much as 70–90% of drugs consumed. That raises costs and leaves health systems exposed when global supply chains break.[1]

70–90%

of drugs consumed in most of sub-Saharan Africa are imported[1]

~½

of Africa's people lack regular access to even the most essential medicines (WHO)[1]

~42%

of the world's counterfeit drug cases occur in Africa[1]

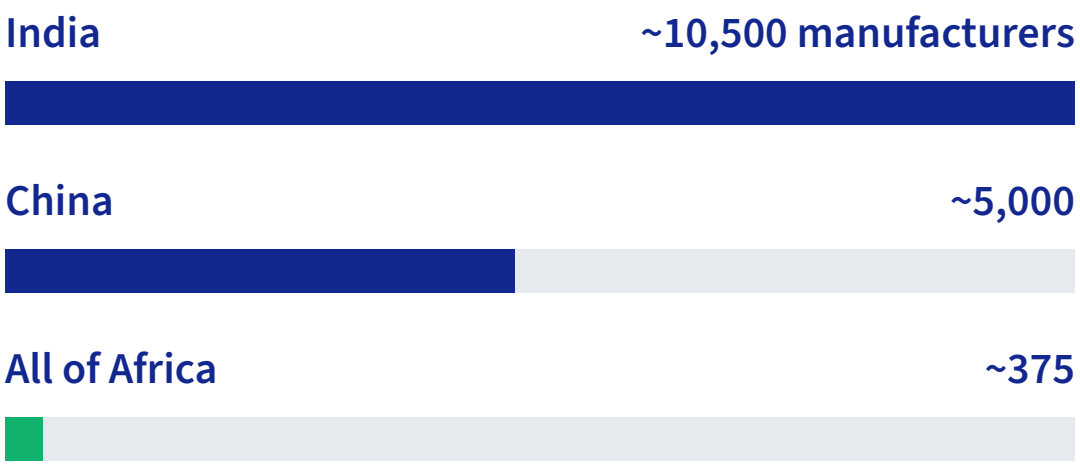
~80%

of Uganda's basic lifesaving medicines come from abroad[2]

1. IFC, "Inside Africa's Push to Make its Own Medicines," A. Buckholtz, June 2021 (citing WHO). 2. Business Times Uganda.

THE CAPACITY GAP

Too few manufacturers for 1.1 billion people



China and India each serve about 1.4 billion people. Africa's ~375 manufacturers are mostly in North Africa; in sub-Saharan Africa they cluster in 9 of 46 countries.[1]

Almost all APIs used in Africa are imported from China and India (WHO).[1]

COVID-19 exposed the risk: exporting countries curbed shipments, causing shortages of chronic-disease, HIV and other medicines across the continent.[1]

Africa has the hands to fix it: local production can take medicines "from bench to bedside."[1]

1. IFC (2021), citing a 2019 McKinsey report and the WHO.

WHERE THE GAPS ARE

Essential medicines patients cannot reliably get

Insulin & diabetes

1 in 3

people diagnosed with type 2 diabetes in the African Region can access the insulin they are prescribed. Insulin is available in only 18–45% of public facilities.[3]

Insulin · metformin · glibenclamide

Antibiotics

Stock-outs

of amoxicillin reported by countries in WHO's 2026 African Region survey; meropenem and vancomycin face major cost and supply barriers.[4]

Amoxicillin · nitrofurantoin · meropenem · vancomycin

Cancer medicines

9–54%

universal availability of the 20 cancer medicines oncologists rank most essential in low- and lower-middle-income countries, vs 68–94% in high-income countries.[5]

Methotrexate · vincristine · doxorubicin · cyclophosphamide

3. WHO AFRO, AFR/RC74/5, July 2024 (citing 2019–2023 studies). 4. WHO AFRO, Understanding antibiotic access in the WHO African Region, July 2026. 5. Fundytus et al., Lancet Oncology, 2021.

WHY NOW

The market is changing in local manufacturers' favour

Political commitment: 54 African countries co-sponsored a World Health Assembly resolution on local manufacturing.[1]

A more structured market: social security and insurance systems now pay for longer-term treatment.[1]

One market forming: the African Medicines Agency and AfCFTA are opening a common path across borders.

Investor attention: development finance institutions are backing African pharma manufacturing hubs.[1]

> "Investors are looking at Africa with new eyes."
>
> Frannie Léautier, CEO, SouthBridge Investments, quoted by IFC[1]

1. IFC, "Inside Africa's Push to Make its Own Medicines," June 2021.

OUR SOLUTION

Quality-assured essential generics, made in Uganda

Quality first

Designed to WHO Good Manufacturing Practice from day one, aiming for WHO prequalification so governments and global buyers can procure with confidence.

Essential medicines

High-volume generics from the WHO Model List of Essential Medicines, where local supply makes the greatest difference to patients.

Local talent

Technology transfer, training and local hiring build the scientists and quality specialists the industry needs.

“Investors want certainty,” and regulation, verification and certification provide it.[1] Quality standards are our core differentiator.

1. Frannie Léautier, quoted in IFC (2021).

WHY UGANDA FIRST

Build in Uganda, then serve the region

START · 2028

Uganda

First facility, first products and first regulatory approvals, built with the national health system.

EXPAND

East African Community

A market of more than 300 million people across eight partner states.

SCALE

Africa

Supply across the continent through AfCFTA as regulation converges under the African Medicines Agency.

Not every country needs to make every medicine. Regional hubs, close to the people they serve, build confidence in health systems.[1]

1. Jude Nwokike, USP PQM+, paraphrased from IFC (2021).

ROADMAP

Plan to 2028

PHASE 1 · NOW–2027 · CURRENT

Foundation

- Product portfolio selection
- Feasibility and site assessment
- Advisory board and technical partners
- Regulator and Ministry of Health engagement

PHASE 2 · 2028

Operations

- Finished-dose manufacturing of essential generics
- Technology transfer with an established manufacturer
- National registration of first products
- Workforce training programme

PHASE 3 · 2029+

Scale

- WHO prequalification
- Supply across the East African Community
- Expanded portfolio
- Path toward local API production

THE OPPORTUNITY

Investing in Afro Therapeutics

We are seeking equity, catalytic grants and blended finance for feasibility, facility build-out and quality systems.

Established demand: import dependence and recurring stock-outs

Policy support: AU, Africa CDC and national priorities

A single market forming: AMA and AfCFTA

Quality as a differentiator: WHO GMP from the start

Phase 1 use of funds

Feasibility and site assessment

Technology-transfer partnership

Quality systems to WHO GMP

Regulatory and Ministry of Health engagement

Advisory board and product portfolio

Raise size, terms and financial model available on request.

PARTNER WITH US

There is a role for every partner

Investors & funders

Equity, catalytic grants and blended finance.

Governments & regulators

Policy, registration pathways and procurement that make local supply viable.

Industry partners

Technology transfer, licensing and technical expertise.

Health systems & buyers

Procurement agencies, hospitals and NGOs committed to local supply.

Afro Therapeutics

Help build Africa’s medicine supply.

Ash Lubega, Founder

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Request a meeting

Figures are drawn from public sources cited on each slide. Standards named (WHO GMP, AMA, AfCFTA) are frameworks we design to, not endorsements or certifications. Forward-looking timelines are targets.