ACP-EU JOINT PARLIAMENTARY ASSEMBLY

ACP-EU/102.371/17/fin

RESOLUTION⁠¹

on improving access to basic health-care systems, notably to medicines against infectious diseases

The ACP-EU Joint Parliamentary Assembly,
– meeting at Port-au-Prince (Haiti) from 18 to 20 December 2017,
– having regard to the Partnership Agreement between the members of the African, Caribbean and Pacific Group of States, of the one part, and the European Community and its Member States, of the other part, signed in Cotonou on 23 June 2000 (the Cotonou Agreement), and to subsequent revisions to the agreement adopted in 2005 and 2010²,
– having regard to its reports of 9 December 2015 on how to improve economic and social conditions in developing countries, including the contribution of family businesses, in order to prevent health disasters³, of 22 November 2007 on access to health care and medicines, with a particular focus on neglected diseases⁴, and of 19 February 2004 on poverty diseases and reproductive health in ACP countries, in the context of the ninth European Development Fund (EDF)⁵,
– having regard to the European Parliament resolution of 2 March 2017 on EU options for improving access to medicines⁶,
– having regard to the Commission communication of 31 March 2010 entitled ‘The EU Role in Global Health’⁷,
– having regard to the Brussels Conclusions and Recommendations on Health in the context of the post-2015 Development Agenda in ACP States of 9 March 2015, resulting from the second meeting of ACP Ministers of Health, held from 25 to 26 February 2015 in Brussels, (Belgium)⁸,
– having regard to the European Parliament resolution of 16 September 2015 on the

¹ Adopted by the ACP-EU Joint Parliamentary Assembly on 20 December 2017 in Port au Prince (Haiti).
² OJ L 287, 4.11.2010, p. 3.
³ OJ C 179, 18.5.2016, p.34.
⁴ OJ C 58, 1.3.2008, p. 29.
⁵ OJ C 120, 30.4.2004, p. 29.
⁶ P8_TA(2017)0061.
⁷ (COM(2010)0128)
Commission Work Programme 2016⁹,

– having regard to the European Parliament legislative resolution of 6 February 2013 on the proposal for a directive of the European Parliament and of the Council relating to the transparency of measures regulating the prices of medicinal products for human use and their inclusion in the scope of public health insurance systems¹⁰,


– having regard to Article 168 of the Treaty on the Functioning of the European Union (TFEU), which stipulates that a high level of human health protection should be ensured in the definition and implementation of all Union policies and activities,

– having regard to the obligations set out in Article 81 of Directive 2001/83/EC for the maintenance of an appropriate and continued supply of medicinal products,

– having regard to the European Commission’s Communication entitled ‘EU Strategy for Action on the Crisis in Human Resources for Health in Developing Countries’¹³,

– having regard to the Council’s conclusions on innovation for the benefit of patients of 1 December 2014¹⁴,

– having regard to the conclusions of the Employment, Social Policy, Health and Consumer Affairs Council’s informal meeting on health of 18 April 2016,

– having regard to the Commission’s sixth Report on the Monitoring of Patent Settlements in the pharmaceutical sector,

– having regard to the Commission’s communication entitled ‘Secure, Innovative and Accessible Medicines: a Renovated View for the Pharmaceutical Sector’¹⁵,

– having regard to Decision No 1082/2013/EU of the European Parliament and of the Council of 22 October 2013 on serious cross-border threats to health and repealing Decision No 2119/98/EC¹⁶,

– having regard to the report of the United Nations Secretary-General’s High Level Panel

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on access to medicines – ‘Promoting Innovation and Access to Health Technologies’, published on 14 September 2016,

– having regard to the EC/ACP/WHO Partnership on Pharmaceutical Policies (PPP), and incorporating the 2012 Pharmaceutical Manufacturing Plan for Africa (PMPA), and the 2011 Caribbean Pharmaceutical Policy (CPP) for the promotion of access to health technologies in the ACP regions,

– having regard to the Council of the European Union’s conclusions of 10 May 2006 on common values and principles in EU health systems, and the conclusions of the Employment, Social Policy, Health and Consumer Affairs Council of 6 April 2011 and of 10 December 2013 on the reflection process on modern, responsive and sustainable health systems,

– having regard to the Commission’s communication entitled Effective, Available and Robust Health Systems17,


– having regard to the Doha Declaration on the Agreement on Trade-Related Aspects of Intellectual Property Rights and Public Health (WT/MIN(01/DEC/2) and to the implementation of paragraph 6 of the Doha Declaration of 1 September 2003 (WT/L/540), and paying particular recognition to the first legal amendment to Article 31a of the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement of 23 January 2017, related to compulsory licenses for the export of pharmaceutical products (WT/MIN(15/APR/94)),

– having regard to Regulation (EC) No 816/2006 of the European Parliament and of the Council of 17 May 2006 on compulsory licensing of patents relating to the manufacture of pharmaceutical products for export to countries with public health problems18,

– having regard to the Conference of Experts on the rational use of drugs, held in Nairobi (Kenya) from 25 to 29 November 1985,

– having regard to Article 18(1) of its Rules of Procedure,

– having regard to the ACP/EU/WHO Renewed Partnership to strengthen pharmaceutical systems and improve access to quality medicines in 15 African ACP countries (2012 - 2016),


having regard to the restrictive and disruptive global policies (e.g. structural adjustment programmes and unfair terms of trade), conditionality and actions that have an adverse impact on Africa’s health systems, as specified in the Africa Health Strategy: 2007-2015,

having regard to the Caribbean Cooperation in Health, which provides guidelines for the regional health agenda for the Caribbean Community (CARICOM) states,

having regard to the resolution of the African Commission on Human and Peoples’ Rights, meeting at its 44th Ordinary Session, on access to health and essential medicines in Africa,

having regard to the Lusaka Decision on the African Union Decade for African Traditional Medicine and its plan of action,

having regard to the Gaborone Declaration on a Roadmap towards Universal Access to Prevention, Treatment and Care adopted at the second Ordinary Session of the Conference of African Ministers of Health,

having regard to the UN Population Fund (UNFPA) report on the State of World Population 2017, Worlds Apart, Reproductive Health and Rights in an age of Inequality,

having regard to the WHO Medicines and Health Products Programme Strategic Framework 2016-2030,

having regard to WHO resolution WPR/RC59.R4 for the Pacific Region on the Strategic Plan for Strengthening Health Systems and Primary Health Care in the Western Pacific Region,


having regard to the report of the Committee on Social Affairs and the Environment (ACP-EU/102.371/fin),

having regard to the adoption of the UN Human Rights Council Resolution on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health in the implementation of the 2030 Agenda for Sustainable Development\footnote{A/HRC/35/L.18/Rev.1}; in particular, calling for States to explore the numerous tools based on mechanisms de-linking the cost of biomedical R&D from the prices of medicines, vaccines and diagnostics,
A. whereas Article 25 of the Universal Declaration of Human Rights recognises the right of all people to a standard of living adequate for the health and well-being of themselves and their family; whereas universal access to health care and medicines is necessary for the effective exercise of this right;

B. whereas good health is integrally linked to having sufficient, safe and healthy food as well as access to unpolluted water;

C. whereas ensuring access to essential medicines is one of the core objectives of the EU, the WHO, and of SDG 3, under which target 3b is to support R&D of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries;

D. whereas access to affordable, safe and effective health care constitutes a basic human right; whereas less than 2% of medicines used in Africa are produced on the continent; whereas 90% of people living in poor countries have no health insurance, whether public or private; whereas these people are obliged to pay for medicines themselves and must at times, therefore, spend some 80% of their household budget on health care, thus causing their financial ruin; whereas basic and urgent health care should be based on solidarity and financed from the state budget;

E. whereas over one-third of the world’s population, with over 50% in Africa, does not have access to medicines;

F. whereas the failure to provide people with the health care they need is often the result of a combination of many factors, such as poverty, low levels of health awareness in the population, missing infrastructure (such as access to drinking water, electricity, roads, etc.), a sparse network of health-care facilities, a shortage of medical personnel (doctors, nurses, midwives), and the availability and affordability of medicines and medical equipment; whereas these shortcomings are further exacerbated by the regulatory environment, the unavailability of health insurance, social exclusion, stigma and discrimination;

G. whereas traditional medicine has a useful and important role to play in primary health care in many countries but traditional medicines are marginalised in the national health systems of ACP countries;

H. whereas the efficient performance of a health-care system strongly depends on the quality, composition, distribution and retention of qualified health-care workers, particularly for populations living in rural and remote areas and isolated communities; whereas the higher-income countries have an average doctor-patient ratio of 300 per 100 000 people and the lower-income countries have an average doctor-patient ratio of 17 per 100 000 – the major cause of this discrepancy being the brain drain – which undermines efforts to reach the Sustainable Development Goals by 2030;

I. whereas high prices of diagnostics and medicines pose a serious threat to the
sustainability of national health-care systems, in both ACP and EU countries;

J. whereas additional barriers to access to medicines in developing countries include inequalities such as lower education levels, lower incomes and limited access to information, shortages of diagnostic tools and medicines, lack of TRIPS-compliant national legislation, limited infrastructure and limited reachability of points of access in rural areas, limited manufacturing capacity, poor quality or counterfeit pharmaceuticals, the lack of accurate diagnostics, poorly managed distribution and supply chains, a shortage of health-care workers and pharmaco-vigilance, weak public health-care systems and limited access, especially for women and children, to the right to health and social protection; whereas low doctor-patient ratios in low-income countries, caused inter-alia by the brain drain, undermine efforts to reach the SDGs by 2030;

K. whereas the circulation of counterfeit or falsified medicines poses a major danger to public health and is a particularly serious and amoral crime that endangers the lives of millions of people and can undermine people’s confidence in health-care systems;

L. whereas access to suitable and safe diagnostic tools and vaccines is as critical as access to safe, effective and affordable medicines;

M. whereas the system for protecting intellectual property is all too often used to generate economic benefits for pharmaceutical companies beyond lawful profit margins instead of according to the needs of patients, resulting in an irreconcilable conflict with the fundamental right to health, and whereas the entry of generic medicines onto the market is an important mechanism for reducing prices and ensuring the sustainability of health-care systems;

N. whereas only around 3% of EU health budgets goes towards measures to prevent and promote public health, and sometimes even less in the ACP countries;

O. whereas each year an estimated 100 million people fall into poverty because of health costs which are disproportionate to their incomes;

P. whereas neglected diseases represent a major challenge for health-care systems in developing countries, even though most of them are easily curable;

Q. whereas patents hinder innovation regarding medicines for diseases where there is no profitable market;

R. whereas the transfer of health-related technologies through licence agreements, transparent patent licensing information and partnership in R&D can enable recipient countries to produce the products locally;

S. whereas the R&D costs of new medicines are partially covered through public and government financing;

T. whereas notably the R&D of poverty-related and neglected diseases suffers from the lack of investment from pharmaceutical companies;
U. whereas the least developed countries are the most affected by poverty-related communicable and non-communicable diseases including, among others, HIV/AIDS, malaria and tuberculosis;

V. whereas tuberculosis has become the world’s leading infectious killer and the most dangerous forms of the disease are the drug-resistant strains, which are also gaining and increasing resistance to antimicrobials;

W. whereas in ACP countries, 37 million people need anti-HIV treatment, with 3.3 million children living with HIV and only 32% receiving antiretroviral therapy;

X. whereas in certain ACP countries people are neither sufficiently empowered to improve their health nor adequately involved in efforts to do so, while cultural factors play a role in behaviour aimed at improving health;

Y. whereas women rely more than men on affordable access to health care and medicines and on their availability, especially with regard to their sexual and reproductive health and rights;

Z. whereas the childbirth-related mortality rate among women in ACP countries remains high; whereas gender and age inequalities in biomedical research and the underrepresentation of women in clinical trials further undermine patient care;

1. Reiterates that the right to health is a human right recognised in both the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights;

2. Recalls that in line with SDG 3, governments have a duty to develop universal health coverage and to ensure that all people have equitable and affordable access to medicine and health technologies for the effective exercise of the right to health; calls on the ACP and EU countries to promote public systems for free, universal access to health care and medicines, in particular to guard against infectious diseases;

3. Stresses the important role of the WHO in the fight against infectious diseases; commends its efforts in building emergency capacities, and leading and coordinating the health response in beneficiary countries; encourages countries to cooperate closely with the WHO in identifying risks and priorities and in setting strategies, as well as in building and strengthening their national core capacities to prevent, prepare for, respond to, and recover from health emergencies;

4. Recalls that emergency response systems are necessary to effectively prevent and/or respond to a possible outbreak; welcomes the launch of the Africa Centre for Disease Control and Prevention (Africa CDC) in January 2016 as a result of cooperation among the Member States of the African Union (AU); stresses the Africa CDC’s importance as a reliable source of information about emergencies and outbreaks of infectious diseases; urges medical bodies especially in the pharmaceutical industry to share crucial medical information in order to tackle the spread of infectious diseases;
5. Recognises the contribution of the EU as the most important international donor to the health sector in developing countries through programmes like ‘Agenda for Change’ and ‘Horizon 2020; takes note as well of its consistent contributions to public private partnerships such as the Innovative Medicines Initiative to give effect to the EU/ACP/WHO Partnership on Pharmaceutical Policies;

6. Stresses the need for consistency and development coherence between all EU-ACP policies, including global public health, development and research, and trade;

7. Notes with concern that, according to the WHO, most low- and middle-income countries lack a robust institutional framework to mitigate high prices of patented pharmaceutical products; urges the EU to step up efforts to support developing countries in strengthening their capacities and help them design working public-health systems that aim at improving universal access to health services and medicines;

8. Invites the EU and the ACP to propose country-binding mechanisms such as scholarships and student exchange programmes to prevent the brain drain and stabilise the doctor-patient ratio in developing countries at levels recommended by the WHO, without infringing the rights of medical personnel;

9. Recalls that tiered pricing does not necessarily lead to affordability; points out that, on the contrary, experience shows that robust generic competition and technology transfers result in lower prices; stresses that the ongoing revision of the EU Tiered Pricing Regulation for medicines should aim at further promoting lower prices in developing countries, and calls on the EU to open a broader and transparent discussion on pricing regulation and strategies that ensure access to quality and affordable diagnostic tools and medicines;

10. Calls for international cooperation to stimulate pharmaceutical R&D, technology transfer and other conditions needed to facilitate and strengthen the manufacturing of medicines in ACP countries; underlines the importance of scientific cooperation between the EU and ACP countries for capacity building in the field of research, better synergy and sharing expertise between countries, as the transfer of health-related technologies to developing countries can enable them to produce pharmaceuticals locally; emphasises the importance of the availability of benefits and products of successful medical research to populations in developing countries, especially in cases when these populations carry the disproportionate burden of research trials;

11. Urges the EU, G20, G8 and emerging economies such as the BRICS nations, to step up their financial support towards global programmes and initiatives promoting access to medicines in developing countries, such as the GAVI Alliance, UNTAID, PEPFAR and the Global Fund to Fight AIDS, tuberculosis, and malaria, as these programmes have been instrumental in advancing health goals and enhanced access to diagnostics, medicines and vaccines;

12. Stresses that the human right to health, which includes access to medicine and health technologies, supersedes Intellectual Property Rights (IPRs); calls on the EU Council and the European Commission to fully safeguard the practicability of biomedical innovation
models working collaboratively with other bodies to eliminate intellectual property (IP) regimes, and to foster approaches, which explore the possibility of de-linking the cost of biomedical R&D from the prices of medicines, vaccines and diagnostics, e.g. through the use of patent pools, open-source research, grants, subsidies, etc.;

13. Welcomes the decision of 6 November 2015 of the WTO TRIPS Council to extend the drug patent exemption for the least developed countries until January 2033;

14. Requests that medicines, particularly those declared to be essential by the WHO, be excluded from the scope of international agreements governing intellectual and commercial property, like the WTO Agreement on TRIPS;

15. Emphasises that the IPR regime for pharmaceutical products must be consistent with international human rights law and public health requirements; urges, accordingly, that free trade agreements not be used with low- and middle-income countries to introduce TRIPS-plus intellectual property (IP) rules that extend monopoly protection, and that new IP enforcement rules or investment protection arrangements not be introduced to the detriment of access to medicines; insists, more broadly, that measures should be negotiated at WTO level to ensure that international trade and investment agreements do not include provisions that interfere with a government’s obligation to fulfil the right to health or that undermine the right of governments to use the flexibilities inherent in the WTO TRIPS framework; deems it equally essential not to include provisions in investment agreements that allow investor-state dispute settlement, i.e. with respect to IP or other investment claims based on health products;

16. Stresses that women in the Global South often lack access to affordable health care and medicines, a situation which can be exacerbated by strong IPR protection in trade agreements, as IPR provisions related to patents often impede the production of generic medicines;

17. Recalls that a fair balance must be struck between innovation and patients' access to affordable medicines; recognises the importance of voluntary licensing of generic medicines, and supports competition in this sector, which can contribute to broader access to medicines in low- and middle-income countries and encourage cost savings in the health sector; calls on the ACP countries and EU Member States to activate legal mechanisms such as compulsory licensing with a view to enabling effective access to affordable health care and medicines; invites the governments to follow the WHO Guideline on Country Pharmaceutical Pricing Policies;

18. Notes with concern that the unavailability of medicines gives rise to counterfeiting; warns that while counterfeit medicines are ineffective in the fight against diseases, they deprive the poorest of financial resources; stresses the need for truly dissuasive criminal penalties for the circulation and the sale of counterfeit or falsified medicines; calls on local authorities to exercise increased vigilance with regard to this major public health problem; asks for stronger regulatory and quality-control capacities concerning medical products and equipment to ensure safe, high quality medicines.

19. Highlights the critical need to develop local capacities in developing countries, in terms
of pharmaceutical research, including traditional medicine, through product-
development, public-private partnerships and the creation of open centres of research and
production; in particular, encourages countries in Africa to invest, as a priority, in district
and community health systems to contribute towards universal health coverage; likewise,
calls on developed countries to fully take into account the WHO Global Code of Practice
on the International Recruitment of Health Personnel so as to avoid the brain drain of
Africa’s health workers, especially from countries that face critical shortages; reiterates
the need for better oversight and regulation on health-related infrastructure projects;

20. Recalls that TRIPS allows compulsory licensing which enables developing countries to
produce generic medicines without consent of the originator, particularly in the event of
a national emergency or other circumstances of extreme urgency; welcomes the first legal
amendment to Article 31a related to compulsory licenses for the export of pharmaceutical
products;

21. Calls on the Commission, ACP and the EU Member States to make use of the flexibilities
inherent in the TRIPS agreement and support coordination of their domestic
implementation;

22. Observes that the EU’s current biomedical R&D system based on the protection of
intellectual property rights has sometimes limited the delivery of safe, accessible and
affordable lifesaving medicines in the developing world and has not offered sufficient
incentives for encouraging innovation and knowledge transfer; calls for the EU, against
this backdrop, to engage in meaningful technology transfer with LDCs with the aim of
attaining the SDG 3 objective on health; calls, likewise, for the EU to further contribute
to the achievement of universal health coverage in developing countries through
technical assistance and development aid;

23. Asks the ACP countries and EU Member States to guarantee access to food security for
all so as to ensure the right to health;

24. Underlines the key role played by public investments in R&D and notes that, regarding
medicines for diseases where there is no profitable market, such as poverty-related and
rare diseases, innovation is driven by public investment and non-profit initiatives;
stresses that medical research should focus on the medical needs of all people, including
those suffering from neglected diseases in developing countries;

25. Asks the ACP countries and EU Member States to strengthen women’s access to health
care and medicines, including sexual and reproductive health;

26. Calls for the transparency in the use of publicly financed R&D in order to strike a balance
between the profit made for innovation and the ‘access incentive’; stresses that the high
level of public funds used for R&D should be reflected in pricing, guaranteeing a fair
public return on public investment;

27. Underlines the need to increase the number of women involved in the development of
health-care policies, programme planning and the provision of health-care services;
28. Highlights the importance of increasing the availability of antiretroviral therapy in the ACP countries, through the free patenting of generic anti-HIV cocktail of medicines; warns, however, that the prices of second and third line retroviral medicines are still out of reach for the developing countries; encourages these countries to make full use of the tools and flexibilities of the TRIPS agreement;

29. Calls on the EU Member States and ACP countries to invest more in health-care systems – especially for capacity building and the subsequent rapid deployment of local frontline health-care workers for public health emergencies, such as antimicrobial resistance, Ebola strains, cholera, malaria, Hepatitis B and other communicable diseases; underlines, in this regard, the importance of involving local communities’ primary health care programmes;

30. Stresses that in many cases, only a timely and proper treatment of illness can prevent permanent damage of patient’s health; highlights the importance of developing early screening (including for hepatitis and HIV), investing in prevention and making preventative HIV treatment easily available in ACP countries; notes that a large amount of HIV antiretroviral medication is left unused and destroyed in some EU Member States; urges the EU Member States and institutions to make this medication accessible in ACP countries;

31. Underlines that the rate of success in curing infectious diseases depends on respecting the rules of hygiene, access to clean water, and sufficient nutrition; points out the relationship between unregulated urbanisation and rapid spread of infectious diseases; asks the ACP countries and EU Member States to promote water purification projects and guarantee access to drinking water for all in order to prevent the spread of infectious diseases;

32. Highlights the importance of the patient care provided by medical personnel such as nurses and midwives, especially in less accessible and remote regions; encourages governments to invest in basic medical education and training of nurses as a way of addressing the shortage of doctors and of effectively preventing the spread of infectious diseases;

33. Recognises the contribution of traditional medicine to health care under conditions of safety, cost-efficiency and effectiveness; invites the governments to develop proactive policies as recommended by the WHO Traditional Medicine Strategy: 2014-2023; underlines that for many ACP populations, traditional medicine is popular because it is generally available, affordable; recalls that the Progress Report on the Decade of African Traditional Medicine in the African Region (WHO-AFRO, 2011) indicates that during the decade countries popularised traditional medicine, established and strengthened their institutional capacity and developed national policies and regulatory frameworks for the practice of traditional medicine; recalls that by 2010, 22 ACP countries were conducting research on traditional medicines for malaria, HIV/AIDS, sickle-cell anaemia, diabetes and hypertension using WHO guidelines; calls for the implementation of the African Traditional Medicine Plan of Action, as elaborated in the African Health Strategy; warns, however, that traditional medicine can only complement, not substitute, conventional biomedicine, especially in relation to infectious diseases;
34. Recognises the importance of efforts to re-invigorate the comprehensive prevention agenda, which have been overtaken by treatment-focused outcomes within the field of global public health, in order to meet SDG 3 by 2030;

35. Urgently recognises and underlines the importance of tackling the emerging antimicrobial resistance crisis, including through the funding of R&D for new tools for vaccines, diagnostics and treatment, while ensuring sustainable and affordable access to new tools;

36. Recognises that poverty reduction strategies should be at the core of social protection to meaningfully improve of the health status of the ACP population; calls on the EU and ACP to improve tools for monitoring and ex-post evaluation of development programmes and financial instruments in order to achieve the desired outcomes, transparency and accountability;

37. Stresses that any intervention or clinical trial in the field of biology and medicine cannot be performed without the free and informed consent of the person concerned; recalls, moreover, that in order to increase transparency in the area of clinical trials, data from a clinical trial should only be submitted in support of a clinical trial application if that clinical trial has been recorded in a publicly accessible and free of charge database which is a primary or partner registry of, or a data provider to, the international clinical trials registry platform of the WHO ICTRP, and that data providers to the WHO ICTRP create and manage clinical trial records in a manner that is consistent with the WHO registry criteria;

38. Calls on the ACP countries to review their health policies regularly to ensure that they are an up to date reflection of government’s vision and priorities, reflect best practice and take into account the realities and socio-cultural circumstances of the country; calls for improved access to reliable information on the pharmaceutical sector and the policy of countries in this field;

39. Urges that the availability and supply of essential medicines in national, regional and community health facilities in ACP countries be improved;

40. Calls on the ACP countries to address the push factors by putting in place mechanisms that value, respect, motivate, adequately compensate, allow for the professional development of and equip the health workforce;

41. Calls for the UN, EU, ACP and WHO to look for sustainable solutions by bringing together the global community, including researchers, pharmaceutical companies, policymakers and health professionals to mitigate the effects of the brain drain in developing countries and to encourage health professionals to return to their countries of origin by offering economic and social incentives;

42. Instructs its Co-Presidents to forward this resolution to the ACP Council of Ministers, the European Parliament, the European Commission, the European Council, the African Union, the Pan-African Parliament, the regional and national parliaments of the ACP countries and of the EU Member States, and the regional organisations of ACP countries.