TERMS OF REFERENCE

FOR HIRING A SPECIALIST

PROJECT

"REGIONAL CAPACITY ON INTRA-TRADE OF PHARMACEUTICALS (RCIP)"

ECO SECRETARIAT

(HRSD)

Contents

Glossary

ECO– Economic Cooperation Organization

RPC – Regional Planning Council

CPR – Council of Permanent Representatives

WHO-World Health Organization

PoA – Plan of Action

TRIPS – The Agreement on Trade-Related Aspects of Intellectual Property Rights

EU – European Union

EMA – European Medicine Agency

FDA –Food and Drug Administration

SCF – Small Holder Contract Farming

R&D – Research and development

HRSD – Human Resources and Sustainable Development

CCHF – Crimean-Congo hemorrhagic fever

HIV– Human Immunodeficiency Virus

AIDS –Acquired Immunodeficiency Syndrome

HLDA- High Level Drug Authorities

COVID19 – Coronavirus Disease 19

SDGs – Sustainable Development Goals

ECO RISCAM – ECO Regional Institute for Standardization, Conformity Assessment, Accreditation and Metrology

ToR - Terms of Reference

Executive Summary

The present Terms of Reference (ToR) are for hiring a Specialist who would prepare a study on the feasibility of the project. Thus, the present ToR has been designed in conformity with ECO's typical framework of a small-sized project (SSP). The document will guide the Specialist in preparing the subject study. It reflects the key highlights, approaches, activities of a future study and specifies the workload to be fulfilled by Specialist. By procedure, the ToR follows the rules prescribed in the "Guidelines of ECO projects" (available at www.local.int.eco).

Background

COVID-19 has drawn in a new reality. In the new millennium, human health challenges are such new realities. To that end, any of world's regional organizations must have a clear road map and a special network, to prevent spillovers of the global crisis like COVID-19.

Examples of special networks do exist in global practices. Thus, the European Union (EU) has its European Medicines Agency (EMA) (www.ema.europa) whereas world's individual countries like the United States (US) have their Food and Drug Administration (FDA), for this matter. These networks ensure reliable safeguards to protect human health from adverse effects of global crises, including COVID-19. By contrast, ECO has no similar network established, so far.

Yet, ECO holds to its commitment before its Member States to attain ECO-supported UN Sustainable Development Goals (SDGs), particularly on health and disaster-related diseases. In specific terms, under the present ToR, the focusing the study may be put on SDG-3: "Ensure healthy lives and promote well-being for all at all ages" with direct pertinence to COVID-19 effects. Specifically, 'Part B' of SDG-3 deals with the support to R&D of vaccines and medicines for communicable and non-communicable diseases. In practical terms, 'Part B' enables an access for ECO countries to affordable essential medicines and vaccines, in accordance with *Doha Declaration* on the TRIPS Agreement and Public Health.

In the past, ECO mainly concentrated on SDGs 4, 5 and 6. As with COVID-19 inflicted urgency to address human health safeguards, an uplift of standards of living for people of ECO Member States requires a clearer road-mapping.

In ECO's recent events on Human Resources and Sustainable Development (HRSD), a variety of ECO's health issues has been given close consideration. Moreover, the needs-based assessment identifying the levels of health risk exposure in Member States has been performed.

As with the above prerequisites, the momentum is now right for ECO to shape up a new program and a roadmap to advance the new millennium Human Health.

Aims and Objectives

The specific aim of the project is to explore and analyze the opportunities and potentials to enhance the intra-trade of pharmaceuticals, which is deemed to promote/safeguard human health in the ECO region.

To attain this aim, the project, along with exploring the feasibility on the ECO Medicines Agency in the region, will focus on the ECO region-specific objectives. These objectives are targeted at:

I. Regulation of quality and safeguards of drugs and medicines for intra-regional exports.

II. Licensing of pharmaceutical supplies and market authorization for intra-regional trade.

III. Ensuring single point ECO Market of drugs, medicines, and pharmaceuticals.

History in the ECO

In the ECO's history, there were the incidences of epidemics but not pandemics like COVID-19. Human health during epidemics was mainly addressed under auspices of the WHO. However, under ECO's framework for handling communicable diseases, a major expertise was driven from TB, Malaria, HIV/AIDS, CCHF, Poli and MERS Disease.

On the human health policy side, the ECO had been guided by the "*Plan of Action on Health Cooperation in ECO Region*" (PoA) of which the outline was adopted by the 2nd ECO Health Ministerial Meeting on 19 May 2015 in Geneva. That PoA had lasted until 2016. A new PoA for the period of 2020-2021 has been drafted and is currently receiving views/suggestions of Member States, prior to its incorporation into the agenda of the 4th Meeting of Health Ministers of ECO Member States.

Of essential help on policy work are staff assessments especially on health-related goals. Thus, "*ECO Millennium Development Goals: An Overview"*(ECO, 2016) underlined Goals 4, 5 and 6.Historical background of staff assessment paper evolution is available at: www.eco.int/research studies.

Despite previous extensive research, a need to look closer at human health safeguards (given the realities of COVID-19) remains unattended for a simple reason that such incidence as COVID-19 never occurred in the past. Given the importance of human health safeguards via provision of medicines, and especially persistency of rapidly spreading COVID-19, the proposed project "*Regional Capacity on Intra-trade of Pharmaceuticals*" acquires its critical importance not only in the ECO region but across the world.

Concept

The objectives and aims of the study under the ToR are being supported by the overarching long-term perspectives of the project. Thus, the project concept is based on the vision that the

promotion of regional health coupled with pharmaceutical cooperation is one of ECO's key far-reaching goals. However, pharmaceutical cooperation cannot be sustainable unless certain prerequisites are in place. One of such prerequisites may be the ECO Medicine Agency, itself. Building on such concept, the following three main pillars have evolved from the draft PoA. In terms of putting the project into practice, those are viewed as conceptual backbone pillars of the project (as below):

I. Promotion of regional health and pharmaceutical cooperation through the ECO Medicines Agency.

II. Alignment of ECO's medicine regulatory framework.

III. Facilitation of intra-regional trade in pharmaceutical products through a single point ECO market of pharmaceuticals.

Informative Report

This section captures the updates in Member States in regard of the developments that occurred since the day of the Council of Ministers Meeting of ECO (8-9 November 2019, Ankara). Since that time, there have been a series of virtual meetings organized by ECO Secretariat with the main theme being centered around on the impact of COVID-19 (incl. Health Care). Views/recommendations of ECO Member States for that subject matter have been analyzed and a report on the economic impact of COVID-19 has been prepared. The latter has first been discussed in the Secretariat where it was agreed that the final report be disseminated among ECO Member States, for feedback. The presently proposed project offers one of the solutions to address the COVID-19 adverse impacts.

Project Rationale and Motivation

General Observation

By procedure, the establishment of a special Network was discussed during the 1st ECO High Level Drug Authorities (HLDA) Meeting on "Drug Regulatory Networking" at the ECO Secretariat, Tehran, on 13-15 November 2007. Further, during the 2nd ECO Health Ministerial Meeting in Baku (5 February 2010), ECO Member States' Health Ministers approved the establishment of the "ECO Drug Regulatory Authority Network". Draft modality of the "ECO Drug Regulatory Authority Network for Drug Regulatory Harmonization" was prepared by the Islamic Republic of Iran.

Building on such previous arrangements, a regulatory groundwork, suitable for establishing a special Network, has been approved by ECO policy makers. Given such turnout, the presently proposed project `*Regional Capacity on Intra-trade of Pharmaceuticals*, in its capacity of ECO's Special Network (as above), will exclusively deal with issues of marketing through regulation of drugs and medicines /pharmaceutics and their related quality assessment/quality control/market authorization/licensing to be ensured, prior to activating intra-regional trade in pharmaceuticals in ECO.

Economic Justification

The need for the project has strong economic reasoning.

1. The ECO region has sound pharmaceutical production. Thus, ECO counties, during 2018, exported US $1.03 billion worth of drugs and medicines to markets outside ECO (acc. to ICT Trade Map). Such export volumes accounted to 0.03 percent of the global market for pharmaceuticals, in overall. At individual economies' level, the ECO countries such as Turkey, Pakistan and Iran have recorded the top three largest exporters of pharmaceutical products, including drugs.

2. In foreign trade with the rest of the world, the ECO countries' pharmaceuticals account to exports mainly in raw natural drug materials with the lowest added value. That is a subject of a particular concern for the ECO region.

3. Demand in ECO economies for pharmaceuticals, including drugs, is intensively increasing of late. Thus, in 2017, imports of aforementioned items by ECO countries registered US $6 billion, which exceeded the 5 percent share on regional market, for that particular year.

4. Global market for pharmaceuticals, including drugs during the most recent three-year period grew from US $930 billion in 2017 to US $975 billion in 2018and thus reached US $1,033 billion in 2019. This revealed the annual growth rates of 4.8 percent and 6 percent, accordingly.

At the back of essential production in pharmaceuticals in ECO, the streamlining of the net among producers/suppliers/traders is required to reduce intermediary excess costs. That will decrease the outlet price levels on pharmaceutical products. And that could only be done through central licensing using its variations and market authorization via a single market point in ECO.

Social Justification

1. Social benefits for ECO countries from the proposed project will be felt in the form of increasing medicinal supplies to ECO's medication importing countries. While at global level, the total volume of imported pharmaceuticals, including drugs, staged US $370.7 billion in 2017 (ITC), such imports rose by 2.4 percent for all importer countries since year 2013 when purchases of pharmaceuticals, including drugs, valued at US $362.1 billion (acc. to ICT Trade Map).

2. International purchases of aforementioned items appreciated by 1.4 percent in year 2017 vs. year 2016. If to look at social benefits from the point of view of increasing scales of supplies to the populations of the ECO countries of this important commodity, the countries imported US$6 billion of medicinal items in 2017. In this context, social benefits to populations of the ECO countries have realized in the form of the increased consumption thereby expanded national GDPs (by consumption). Social benefits also

come through the increased volumes of supplies of medicines that were direly needed by public-at-large.

3. The future prospects of social benefits from the increase in supplies of medicines that will be ensured by ECO regional market, is encouraging. Moreover, consumption of pharmaceuticals through the global market is projected to grow from US $1 trillion in 2015 to estimated US $1.3 trillion by 2020 at the 4.9 percent annual growth rate. Rapidly aging population and a new spike of COVID-19 in the coming fall is expected to be followed by greater government expenditure on medicines' purchases. That, in turn, will trigger the rise in social benefits of regional citizenry.

In sum, the expected benefits of enhancing intra-trade activities for social milieu of the ECO region are tremendous. Those would come in the form of the increased supplies of medicines in the ECO regional market while, at the same time, pushing the national GDPs upward. Purchases of medicines at regional market will most likely be supported by governments in the aftermath of COVID-19.

Regional Rationale

A single regional market point for pharmaceuticals is a long-aspired need of the ECO Member States.

The project will seek the feasibility study of enhancing the intra-trade of pharmaceuticals in the region along with the feasibility of instituting the "ECO Medicine Agency". The latter will have strong links to ECO Regional Institute for Standardization, Conformity Assessment, Accreditation and Metrology (RISCAM). At the onset, "ECO Medicine Agency" may fully be steered by regulations/norms/standards set by RISCAM on mutually traded commodities. In the past, a statute of RISCAM was approved by the 18th Council of Ministers (March 2009, Tehran). Owing to RISCAM's current performance, its initiatives for pharmaceuticals targeting intra-regional trade among ECO member economies are in urgent need. To eliminate technical barriers to trade, RISCAM could allow mutual recognition of ECO countries' pharmaceutical products' standards and regulations. In the meantime:

1. Exclusive of health-specific regulations, "ECO Medicine Agency" may enjoy common regulatory framework of the "ECO Drug Regulatory Network" until ECO Medicine Agency develops its inherent market-based quality assessment and quality control norms/regulations for specific purposes of ECO's intra-trade in pharmaceuticals.

2. The integrational impact of "ECO Medicine Agency" may be embedded in its central role across ECO. Such integrational role will stem from ECO Medicine Agency's capability to act as:

    - Scientific base assuming responsibilities for scientific evaluation of innovative and high-technology medicines developed by pharmaceutical companies for use in the ECO market;

    - Executive affiliated body with legal status recognized by all Member States, and

- Central point of one application, one assessment, one market authorization for the ECO region.

3. "ECO Medicine Agency" can be so structured as to avail of the services of experts involved in it. Experts may be the members of ECO Medicine Agency's scientific committees, working parties, scientific advisory groups, and ad hoc advisory groups. Alternatively, they may also be the members of national assessment teams evaluating medicines. Such experts should be selected on merit, owing to their academic expertise.

4. "ECO Medicine Agency", if found feasible and approved, may, at later stage, create its own "*Regional Regulatory System for Medicines*" to consist of high-caliber experts representing diverse domains of health-related expertise.

   "ECO Medicine Agency" is expected to be a single point for the ECO on market authorization. Such function shall be commensurate to the following three main procedures:

   - Centralized procedure allows the marketing of any given medicine based on a single ECO-wide assessment and marketing authorization which will be valid across the ECO region.
   - Decentralized procedure, where companies can apply for the simultaneous authorization of any such given medicine in more than one ECO Member State if it has not yet been authorized elsewhere in ECO countries before, and therefore does not fall under the mandate of the centralized procedure.
   - Mutual-recognition procedure where companies that avail of a medicine authorized in one of the ECO Member States are entitled to apply for such authorization to be equally recognized in other ECO countries. This process allows the Member States to rely on each other's scientific assessments.

5. "ECO Medicine Agency" is expected to be solely responsible for licensing manufacturers, importers and distributors of medicines in the ECO market whereas the regulatory authorities of each of the ECO Member States will grant licenses on health within their respective territories. All manufacturing and importing licenses will be entered into a consented Database to be operated by "ECO Medicine Agency".

6. "ECO Medicine Agency "is expected to see to the easing of trade tariffs on pharmaceuticals in order to reduce costly markups that have otherwise to be passed over on to end consumers therefore cutting down the strength of the consumer purchasing power. While ECOTA foresees all trade related issues, the practical arrangements via "ECO Medicine Agency" should lead to the reduction of pharmaceuticals' costs for patients and ensure non-barrier trade across ECO.

In sum, the interrogational value of "ECO Medicine Agency" to enhance the intra-trade of pharmaceuticals in ECO region seems positive. If adequately explored and developed, "ECO Medicine Agency" may promise sensible benefits to ECO's regional integration under a single point Market on pharmaceuticals and drugs.

Terms of Reference for Specialist to provide the consultancy service

Brief project profile

<table>
<tr><td colspan="2">1. Basic data</td><td colspan="2">Project Code: HRSD/Health/Project-2020</td></tr>
<tr><td>Project title</td><td>“Regional Capacity on Intra-trade of Pharmaceuticals”</td><td>Directorate</td><td>Human Resources and Sustainable Development</td></tr>
<tr><td>Short title</td><td colspan="2">“RCIP”</td><td>HRSD/H/P-2020</td></tr>
<tr><td>Project Activity</td><td>“Exploring and analyzing all opportunities and potentials to enhance intra-trade of pharmaceuticals”</td><td></td><td></td></tr>
<tr><td>Modality</td><td>“Functional Methodology of ECO”</td><td></td><td></td></tr>
<tr><td colspan="2">Focus Countries</td><td>All members</td><td>Project Participants</td><td>ECO Member States</td></tr>
<tr><td colspan="2">2. Sector</td><td>Subsector</td><td colspan="2">ECO Financing</td></tr>
<tr><td colspan="2">Health</td><td>Pharmaceuticals</td><td colspan="2">General Reserve Fund (GRF)</td></tr>
<tr><td colspan="5">3. Operational Targets:
(1) Consolidated feasibility study on the ECO Medicines Agency.
(2) Alignment of regulatory norms/standards on pharmaceuticals and drugs.
(3) Single market model of ECO pharmaceutical market under ECO Medicine Agency.</td></tr>
<tr><td colspan="3">Alignment with the UN Sustainable Development Goals</td><td colspan="2">In close consultation with HRSD Directorate</td></tr>
<tr><td colspan="3">SDG 3: “Ensure healthy lives and promote well-being for all at all ages”.</td><td colspan="2">With relevance to the project.</td></tr>
<tr><td>4. Risk Categorization</td><td>Low</td><td colspan="3">ECO does not have project risk-related policy.</td></tr>
<tr><td>5. Safeguard Policies</td><td colspan="4">ECO Contingency Policy in the form of selected provisions does not apply.</td></tr>
<tr><td colspan="3">6. Financing</td><td colspan="2"></td></tr>
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Sources	
ECO Secretariat	(1) GRF to support Consultancy Service (US$8,500).
Project Coordinator Organization	ECO Secretariat
Project participating countries	All Member States
Counterparts	1) Accreditation and Metrology (RISCAM) 2) World Health Organization (WHO).
Total:	Consultancy Service (US$8,500).

Impact and Outcome

Consultancy Service will target to seek the opportunities and potentials of enhancing intra-trade of pharmaceuticals along with the necessity and feasibility of the ECO Medicines Agency.

Consultancy Service will deliver the following Outcomes:

(1) the ECO Medicine Agency instituted.
(2) Regional medicine regulatory framework aligned.
(3) Intra-trade in pharmaceuticals in the ECO region facilitated through single point ECO Market on pharmaceuticals.

Outputs and Activities

Consultancy Service will adhere to ECO's approach encouraging its Member States to consent on setting up of Expert Task Force (ETF) to develop a special initiative and evaluate the feasibility on the new regulatory mechanisms for enhancing the ECO Market to the benefit of ECO pharmaceutical producers. In using the above-specified approach, Consultancy Service will deliver the outputs as reflected in Table 1.

Table 1: Outputs expected from Consultancy Service

No.	Outputs	Description
	Output 1.	**Consolidated feasibility study on theIntra-trade of pharmaceuticals.**
1		Output 1.1. Analysis of status of ECO Member States' pharmaceuticals markets.
2		Output 1.2. Identification of non-trade challenges and barriers (regulatory,

No.	Outputs	Description
		marketing, policies, and practices) for ECO pharmaceuticals market expansion.
3		Output 1.3. Identification of trade challenges and obstacles (pricing, localization, tariffs).
4		Output 1.4. Assessment of existing agreements and recommendations on improvements to facilitate pharmaceuticals trade.
	Output 2.	**Alignment of regulatory norms/standards on pharmaceuticals of ECO countries.**
5		Output 2.1. Analyzing regulations on licensing of pharmaceutical economic actors (producers/suppliers/distributors/importer/exporters) and developing a harmonized set of licensing regulation for ECO.
6		Output 2.2. Analyzing regulations on market authorization based on a three optional approach (centralized, decentralized, multiple) and developing an ECO-valid market authorization for entry into ECO Market.
7		Output 2.3. Analyzing norms/standards on quality and safeguards of drugs and medicines for intra-regional exports; quality of medicines production focusing on low cost intra-regional exports.
	Output 3.	**Single market model of ECO pharmaceutical market.**
8		Output 3.1. Modeling under ECO specifications of a single point ECO Market of pharmaceuticals (one application, one assessment, one authorization).

**Column 1 in the contents of Table 1 indicates the number of activities/assignments.*

Consultancy Service will be paid US $8,500 in the form of installment payments in line with ECO Consultancy payment practices. The ToR is for direct contracting following the recommendations of the 24th Council of Ministers Meeting (8-9 November 2019, Antalya). The key points are listed hereafter.

Progress/Implementation Arrangements

The Director of Human Resources and Sustainable Development (HRSD) will oversee the project developments and the relations and issues related to the consultancy service. Specialist will regularly interact with Director HRSD. The National Focal Points of ECO Member States assigned by their respective executing authorities in healthcare may interact (upon clearance by Director HRSD) with Specialist on matters relating to health and safeguards. Specialist will set online interactive linkages with ECO RISCAM using, among others, social media platforms (WhatsApp) as convenient for contacts in the framework of execution of the present

ToR and deactivate those online linkages within 3 months after the present ToR will have been fulfilled. The progress arrangements have been summarized in Table 2.

Table 2: Consultancy Service Progress Arrangements

1.	Indicative implementation	Consultancy Service Work Plan	December 2020-February 2021
2.	Project Progress Monitoring	ECO Secretariat	
3.	Project Participating Countries	ECO Member States	
4.	Specialist	Name of Specialist: Dr. Hossein Naderi-Manesh (Ph.D.) Address: Faculty of Biological Sciences, TarbiatModares University, Tehran, Iran Tel: +9821 8288 4410 Email: naderman@modares.ac.ir	3 person-months
5.	Selection	Selection of Specialist follows the procedures stipulated by *Functional Methodology of ECO* for this subject matter. Delivery of outputs to be under present ToR (latter complies with Typical Sample Framework of Small-Sized Project (SSP)).	0
6.	Consultancy Service Fees	Total consulting services cost is US$ 8,500.00 payable in installments as scheduled below	

Monitoring Framework and Performance Indicators of Consultancy Service

The Activities of Consultancy Service will be 8 in total to be fulfilled as specified in Table 1 of the present ToR. At completion of the study, Consultancy Service will present 3 key milestone outputs.

ECO Secretariat will monitor progress of implementation of Consultancy Service based on 8 key performance indicators (KPIs) and 5 reporting items as specified in Table 3 of the present Terms of Reference.

Table 3: Performance Indicators and Monitoring Framework

Outputs	Performance Indicators	Data sources* and reporting
Output 1. Consolidated feasibility study on the ECO Medicines Agency.	1) Analyzing current status of ECO Member States' pharmaceuticals markets and conducting comparative analyses of 10 member countries. 2) Identifying non-trade barriers/constraints (regulatory, marketing, policies and practices) for ECO pharmaceuticals market expansion. 3) Identifying trade barriers/constraints (pricing, localization, tariffs). 4) Assessing existing agreements and recommendations on improvements to facilitate pharmaceuticals trade.	1) Consolidated feasibility study (1).
Output 2. Alignment of regulatory norms/standards on pharmaceuticals of ECO countries.	5) Analyzing regulations on licensing of pharmaceutical producers/suppliers/distributors/importer/exporters and developing a harmonized set of licensing regulation for ECO.	2) License for ECO (1).
	6) Analyzing regulations on market authorization based on a three optional approach (centralized, decentralized, multiple) and developing an ECO-valid market authorization for entry into ECO Market and registration of a new medicinal product in a third party market.	3) Market authorization certificate for ECO (1).
	7) Analyzing norms/standards on quality and safeguards of drugs and medicines for intra-regional exports; quality of medicines production focusing on low cost intra-regional exports.	4) Quality assessment and quality control standard for ECO (1).
Output 3. Single market model of ECO pharmaceutical market under ECO Medicine Agency.	8) Modeling under ECO specifications of a single point ECO Market of pharmaceuticals and drugs (one application, one assessment, one authorization).	5) ECO market model for pharmaceuticals and drugs (1).

**Reporting items could be in the form of an on-paper document with supportive software files.*

Individual Work Schedule

Specialist is expected to commence the specified assignments under the present Terms of Reference, immediate to singing of contract, for the duration of three months.

Payments are to be affected once successful completion is obtained as well as upon review/quality assurance of Consultancy Service's outputs and deliverables as specified above by the Directorate of HRSD. Deliverables must be submitted by Specialist to Directorate of HRSD (ECO Secretariat) and certified by the latter as being of adequate quality and satisfying specified terms under the ToR. The payments take effect by the request of relevant directorate and authorization thereto by the Secretary General.

Payment Schedule

Invoices for payments may be submitted as and when completed but indicative delivery dates are advised as below. Completion of all deliverables is expected to last 3 months. The below payment schedule and its workload breakdown follows ECO practices as customized for similar studies fulfilled by consultancy services of other Directorates of the ECO Secretariat.

Table 4: Payment schedule for Specialist

No	Payments of consultancy fees	Targeted (Indicative) Deliverables Date	Outputs and Deliverables Outputs as per Table 1:
1.	20 percent of total contract value	Within one week	
2.	20 percent of total contract value	Within 1 month	• Inception report.
3.	30 percent of total contract value	After 1 month	• Consolidated feasibility study • Comparative Analysis Report. • License for ECO. • Market authorization certificate for ECO. • Quality assessment and quality control standard for ECO.

4.	30 percent of total contract value	Upon completion of the Report	• ECO market model for pharmaceuticals and drugs.

**In submitting invoices for deliverables other than ones mentioned in the Terms of References, such other tasks should be presented to Director HRSD.*

In confirming an expression of interest for herewith specified Consultancy Service, Specialist is required to prepare a budget proposal covering: A-Consultancy Fees. Note: proposal may be submitted for restructuring/adjustment, if any, prior to an act of singing the contract.

Conclusion

ECO Member States availed of the US $6.5 billion potential in 2017. It signals of an economically strong form of the market on pharmaceuticals. The present ToR has described key highlights necessitating the utilization of aforementioned potentials via a single point entry market in ECO.

Specialist may structure the study along those major highlights but Expert Opinion, as lead methodology in research, will be given due consideration upon study's completion, at receiving end.

Core pillars of ECO's vision on health should not be missed out, especially on facilitation of intra-trade on pharmaceuticals; regulation and instituting single point ECO market for pharmaceuticals. In this, a central integration-driving role of ECO Medicine Agency is crucial.

ECO Medicine Agency may play a role to reduce the existing costly and time-consuming procedures in marketing of medicines and drugs that present barriers for regional manufacturers and producers of medicines and drugs in the ECO region. Likewise, registration of a new medicinal product in third-party market, which diminishes competitiveness of producers in the ECO region, will also be addressed. Likewise, licensing of producer products for one point of entry in ECO market will also be addressed under the study. If all above-noted challenges be adequately explored under the study, ECO will avail of a vital market for pharmaceuticals and drugs. That, in turn, will benefit the 480 million ECO regional community.