Facilitating the Path for Regulation Harmonization

African Society for Laboratory Medicine (ASLM) 2nd International Conference

Cape Town, December 3rd , 2014

Paul Tanui
Senior Programme Officer-AMRH Programme
AU-NEPAD Agency

NEPAD Agency Background

- **New Partnership for Africa's Development (NEPAD) Agency is a technical body of the African Union (AU)**
- The mandate of the NEPAD Agency is to:
  - Facilitate and coordinate the implementation of continental and regional priority programmes and projects
  - Mobilize resources and partners in support of the implementation of Africa's priority programmes and projects
  - Conduct and coordinate research and knowledge management
  - Monitor and evaluate the implementation of programmes and projects; and,
  - Advocate on the AU and NEPAD vision, mission and core principles/values.
- NEPAD on-going projects in different sectors of the economy including in Health and in particular coordinating the African Medicines Regulatory Harmonization (AMRH) Programme and the PAHWP for Medical Devices and Diagnostics

NEPAD vision of a harmonized future

Today

- ~ 54 regulatory regimes governing medical device regulation across Africa, at different levels of development and efficiency
- Regulators capacity highly variable, some with almost no capacity at all
- Different requirements and formats, lack of clear guidelines
- Minimal transparency, No clear timelines
- Global regulatory efforts underleveraged

Streamlined (harmonized) future

- Between 5-7 regional economic communities (RECs) covering the entire African continent
- Stronger, institutionalized regulatory capacity building programmes
- Clear guidelines, harmonized requirements, procedures and standards
- Transparent regulatory processes with clear timelines
- Resource pooling and information sharing/mutual recognition of regulatory decisions

Earlier approval of medical devices and diagnostics

Long-term contribution of harmonization to public health and socio-economic development goals

	Diagnosis, prevention and treatment of diseases	Enhanced access to new health technologies	Broad economic development in the region
Short term	✓ Increased access and uptake of HIV diagnostics and other essential medical products		
Intermediate term	✓ Broader, more rapid access to more diagnostics	✓ More efficient Launches and access for diagnostics	✓ • Foundation for Diagnostics industry development • Benefit to RECs Trade Treaties
Long term	✓ Extension to all regulatory functions based on the stepwise approach	✓ Greater impact of new life-saving technologies	✓ Healthier, more productive population

Rationale for harmonization

Why harmonization?

- **Duplication** in facility inspections and clinical trials results in increased costs, making products less affordable
- **Approval processes in some countries are lengthy and not transparent,** leads to costly delay in patient access
- **Costly and lengthy regulatory approval are significant disincentive to innovation**

Why now?

- **Substantial investment** in point-of-care diagnostics due to the recognition that inequity of access to diagnostics is a barrier to public health
- **Rapid technological advances** such as nanotechnology, microarrays is driving innovation
- Recognition that **regulatory barriers can stifle innovation**
- **Favourable environment** for harmonization, e.g. harmonization for registration of medicines in EAC, Asia Harmonization Working Party (AHWP), ALADDIV etc

About Pan African Harmonization Working Party (PAHWP) on Medical Devices & Diagnostics

- PAHWP is a voluntary body that aims to improve access to safe and affordable medical devices and diagnostics in Africa though harmonized regulation
- Current priority is *in vitro diagnostic* devices
- PAHWP started through a series of consultative meetings with relevant stakeholders that began in Nairobi in July 2012; experiences and lessons learnt from other regions in the world was shared

PAHWP..

- The PAHWP was conceived in 2012 following stakeholder meetings in East Africa, with an interim secretariat within the East African Community
- A base line survey of regulation of medical devices and medical diagnostics in EAC Partner States was undertaken in October 2012
- The formation of PAHWP was announced in a satellite symposium at the African Society for Laboratory Medicine Conference on 3rd December 2012 in Cape Town
- The EAC Regional Task Force on Regulation of Medical Devices and Diagnostics meeting held in April 2013 in Dar-es-Salaam approved the proposed structure which was presented at the 1st African Regulatory Forum on Medical Diagnostics in July 2013.

PAHWP Vision, Mission & Goal

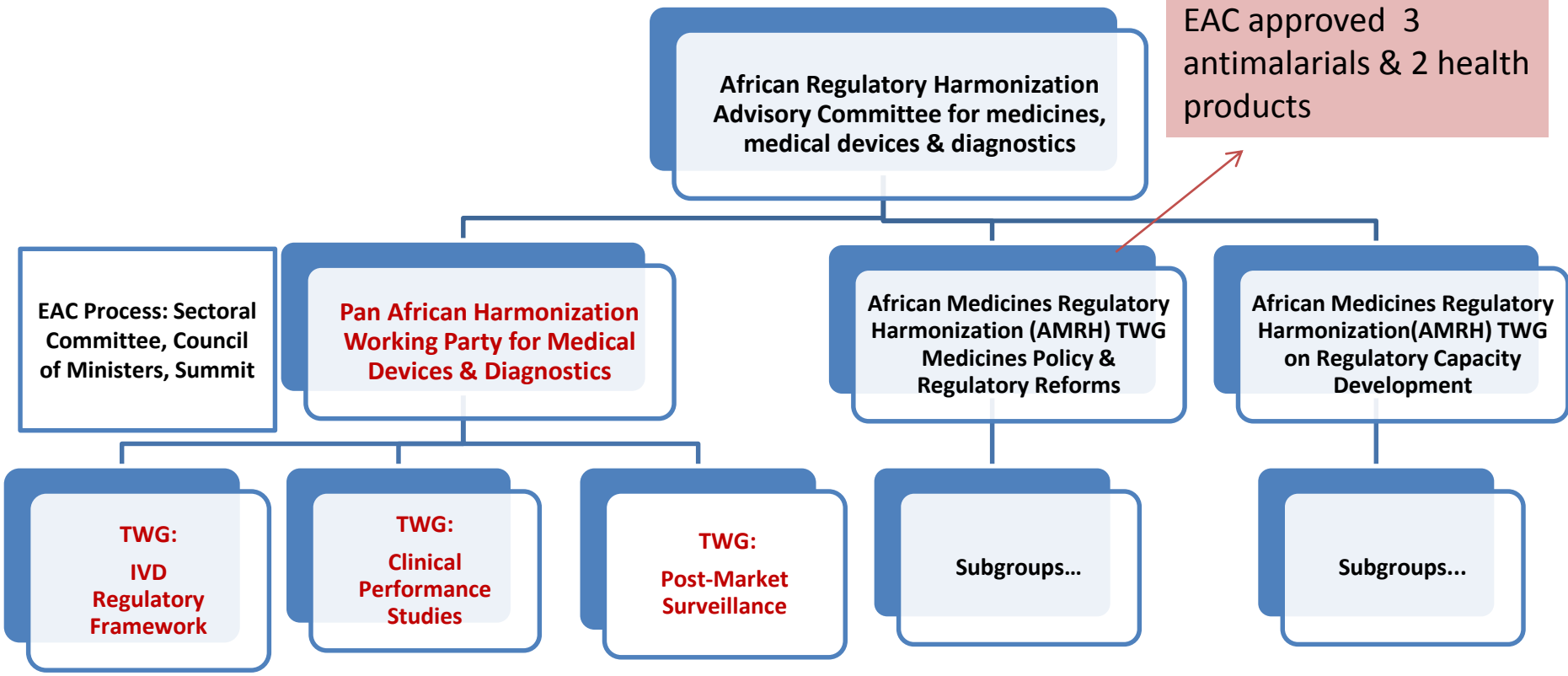
- The vision of PAHWP is that valuable, quality assured, safe medical devices and diagnostics are made available where needed
- The mission of the PAHWP is to protect public health
- Goal of PAHWP is to study and recommend ways to harmonize medical devices and diagnostics regulation in Africa

Expanding the reach of PAHWP

- At the beginning participants included East African Community Health Secretariat (EAC) and the EAC partner States (Burundi, Rwanda, Kenya, Uganda, United Republic of Tanzania), Ethiopia, Nigeria and South Africa and the London School of Hygiene & Tropical Medicine. Partners include German International Co-operation (EAC-GIZ), the African Society for Laboratory Medicine (ASLM) and the World Health Organisation (WHO-AFRO, WHO-HQ). PAHWP has been anchored within the AU-NEPAD Agency regulatory harmonization programme
- Efforts underway to engage RECs e.g. SADC, ECOWAS/WAHO, member states (Ghana, Zimbabwe, Sierra Leone have recently participated) and industry associations

PAHWP is hosted within the African Union-NEPAD Planning and Coordinating Agency

May 13 2014:
EAC approved 3 antimalarials & 2 health products



NEPAD TRANSFORMING AFRICA
LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE
ASLM AFRICAN SOCIETY FOR LABORATORY MEDICINE
giz

Five Priority Focus Areas for Regulatory Harmonization for PAHWP and their Impact

Regulation	Harmonization Priorities	Results	Impact
Risk Classification	A common risk classification system – adoption of the GHTF system	• More streamlined regulatory process • Duplication in clinical performance studies and audits reduced • Companies save time and money	• More affordable IVDs • Faster access to quality-assured diagnostics • Better patient outcomes • Supports innovation
Registration File	A common dossier template -Adoption of the WHO PQ dossier		
Clinical Performance Studies	Joint review of data from clinical performance studies		
Quality System Audits	Convergence of standards and 3rd party recognition of audits (MDSAP)		
Post-Marketing Surveillance	Regional laboratory networks to monitor test quality	• Assurance of diagnostic quality	• More public confidence in diagnosis

Regulatory Harmonization Activities

2012:

Mar: East African Community (EAC) Medicines Harmonization meeting

Apr: Latin American Alliance for IVDs workshop

May: African Society for Laboratory Medicine POC Diagnostics Meeting

July: EAC meeting to set up PAHWP

Oct: EAC-GIZ regulatory survey validation

Nov: Latin American Association for IVDs workshop

Dec: AHWP 17th Annual meeting & **PAHWP launch at ASLM Conference**

2013:

May: AHWP IVD Working Group Workshop

Apr: EAC Regional Task Force meeting

July: 1st African Regulatory Forum for Medical Diagnostics

Sep: Inter-regional workshop convened by AHWP

Oct: Latin American Association for IVDs

Nov: ISO TC 212: ISO standard for IVD clinical performance studies

Dec: AHWP 18th Annual meeting

2014:

Jan: 2nd African Regulatory Forum for Medical Diagnostics

Oct; Workshop with African manufacturers

Nov: AHWP 19th Annual Meeting

Nov: ALADDIV and PAHWP regulatory forum

Regulatory Harmonization Guidance for IVDs

GHTF	AHWP WG01a	(AHWP-PAHWP-ALADDIV)
IVD Regulatory Framework	AHWG-GRM N1 F001 2013	IVD Regulatory Framework
GHTF MD/IVD Definitions GHTF G1/N71	adopted (2014)	Additions not required
Classification GHTF SG1/N45		Additions not required
Registration of manufacturers /listing of devices GHTF SG1/N65		Additions not required
Essential Principles GHTF SG1/N68, ISO 14971	AHWP F002 2013	Additional guidance **(2015)**
Common Registration File GHTF SG1/N63	STED/CSDT **(2014)**	Dossier –amalgamation of WHO PQ, and STED/CSDT and ASEAN
Clinical evidence GHTF SG5/N6,N7,N8	Joint review of data **(2015-6)**	Additional guidance: for: manufacturers **(2015);** For regulators **(2015**); ISO TC 212 Good Study Practice
Conformity Assessment GHTF SG1/N46	**(2015)**	Additional guidance **(2016)**
IVD Labelling GHTF SG1/N70	**(2016)**	Additional guidance **(2016)**
Quality Management System Audits		ISO 13485 and Medical Device Single Audit Program (MDSAP)
Post-marketing surveillance GHTF SG2/N8, N38		Additional guidance

Key PAHWP Meetings held

With funding from a grant from Grand Challenges Canada to the LSHTM the following meeting were held:

- 1st African Regulatory Forum on Medical Diagnostics held July 2013 (Nairobi)
- Joint workshop with Asian Harmonization Working Party sub group on *in vitro* diagnostics held September 2013 (Taiwan)
- 2nd African Regulatory Forum on Medical Diagnostics held January 2014 (Cape Town)
- Workshop: policy framework and strategic plan for local production of in vitro diagnostics in developing countries – October 2014
- 3rd African Regulatory Forum on Medical Diagnostics -November 2014 (Cape Town)
- Other training workshops; online learning materials; exercises

Recommendations of the 3rd African Regulatory Forum on Medical Diagnostics- ASLM Satellite: November 2014

- PAHWP confirmed its commitment to continue working within the framework of AU-NEPAD agency which has experience in African Medicines Harmonization program.

- PAHWP propose formation of a steering committee from heads of national regulatory authorities and national Laboratories to forge ahead PAHWP agenda and guide on the future of PAHWP. PAHWP therefore requests AU NEPAD to convene a meeting of Heads of Regulatory Authorities to effect the formation of steering committee.

- PAHWP recommends countries adopt a stepwise approach to harmonized regulation of medical devices and In Vitro Diagnostics and urge countries to identify 1-3 key priority areas for implementation in 2015.

3rd Regulatory Forum Recommendations..

- PAHWP requests AU-NEPAD to take up the role of monitoring implementation of PAHWP activities at the continental level.
- The PAHWP, coordinated by the AU NEPAD agency, welcomes the Diagnostic Access Initiative and will work in partner states, WHO, LSHTM, ASLM and any other partners to support harmonized regulatory guidance to ensure the quality of diagnostics.
- PAHWP under the coordination of AU NEPAD will establish a resource and learning centre to promote pooling and sharing of resources and capacity through e learning from a virtual campus.

Training materials

http://www.pahwp.org/5.html

Towards good review practice for clinical performance studies on *in vitro* diagnostics

---

Slide set 1: **Workshop 1 on good practice in review of clinical performance data**

Introduction to workshop

Slide set 2: **Advanced workshop**

Case study

Test your knowledge with a quiz

On-line learning exercise

Joint Review of Clinical Performance Studies

- **Training Workshops on Joint Review of Data from Clinical Performance Studies**
  - Basic workshop, Arusha, Tanzania, July 2014
  - Advanced workshop, Dar es Salaam, Tanzania, October 2014
- Workshops will be held every 2-3 months in 2015

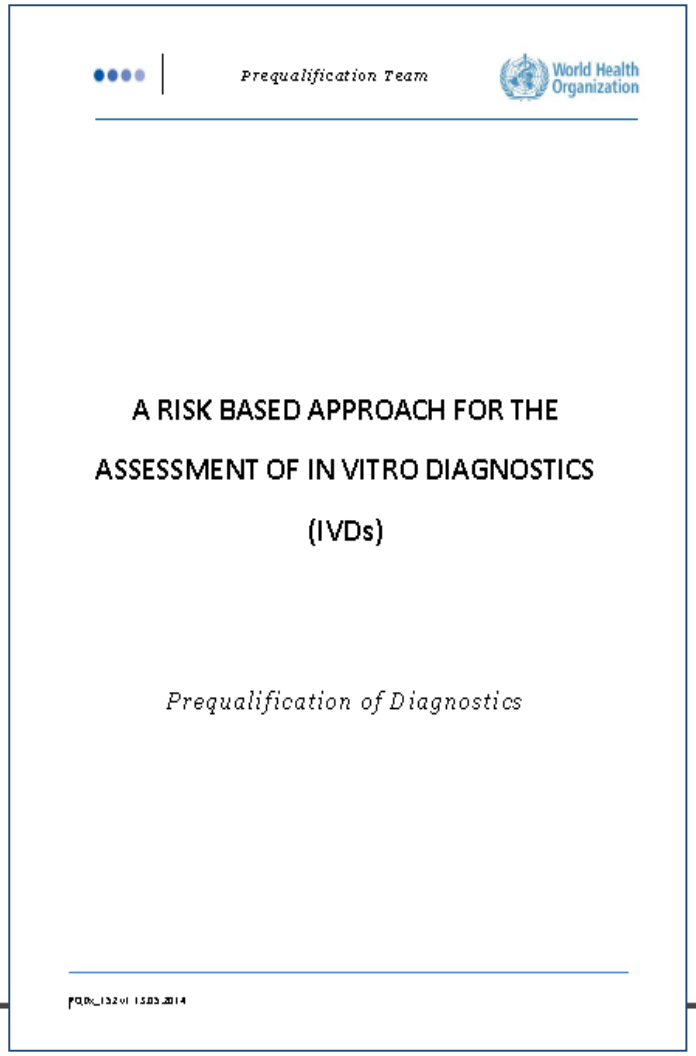
- E-learning materials available on PAHWP website

2015: rolling program of training in good review practice for clinical performance data

Funded by UNITAID

PAHWP - EAC - LSHTM TRAINING WORKSHOP ON ASSESSMENT OF CLINICAL PEFORMANCE OF IVDS
3rd - 4th JULY 2014 AT KIBO PALACE HOTEL
ARUSHA - TANZANIA

Risk Classification of IVDs: WHO 2014


Prequalification Team

World Health Organization

A RISK BASED APPROACH FOR THE ASSESSMENT OF IN VITRO DIAGNOSTICS (IVDs)

Prequalification of Diagnostics

Table of Contents:

Risk-based Approach to Regulation of IVDs

An essential feature of a model authority includes "the construction of a regulatory system that is risk-based, i.e. a system that stratifies and applies premarket assessment controls based on the risk (or hazard) potential of a product, as well as the potential for misuse and the breadth of commercial distribution, known or projected."

CLASS	RISK LEVEL	EXAMPLES
A	Low Individual Risk and Low Public Health Risk	Stains, culture reagents
B	Moderate Individual Risk and/or Low Public Health Risk	Home use pregancy tests, Urine test strips
C	High Individual Risk and/or Moderate Public Health Risk	Rapid tests for rubella, malaria
D	High Individual Risk and High Public Health Risk	Blood screening tests: HIV, HBV, HCV, HTLV

[1] A Model Regulatory Program For Medical Devices: An International Guide. WHO, 2001.

[1] GHTF/*SG1*/*N45*:*2008* Principles of In Vitro Diagnostic Medical Devices *Classification*

Common Registration File: Adopt WHO's Dossier for Pre-qualification

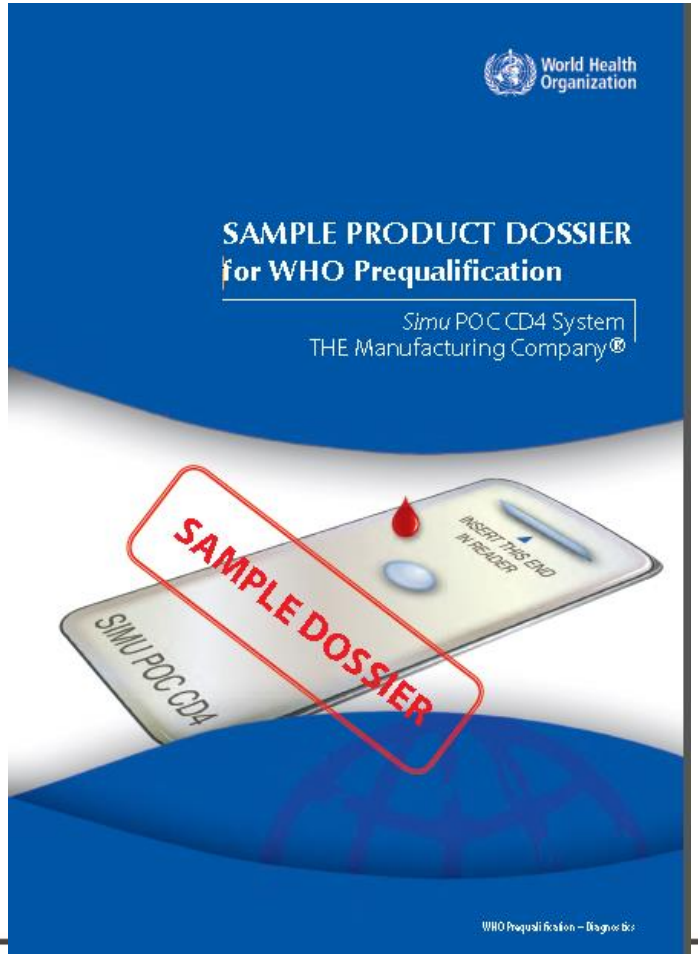


Table of Contents:

- Introduction
- Product dossier elements
- The product dossier checklist
- The product
- Design and manufacturing information
- Product performance specifications and associated validation and verification studies
- Labelling
- Commercial history
- Regulatory history
- Quality Management System

Post market surveillance

Sub-standard and IVD of unknown quality are sold in Africa

Challenges

- Lack of post market surveillance or batch testing of products
- Lack of platform for sharing information
- Lack of corrective and recall mechanisms

Response

- We shall establish an African communication portal and work towards a common information management system
- Pilot project on feasibility of active surveillance for rapid tests for HIV

Conclusion

- PAHWP is evolving and need to tap into global efforts underway e.g. AHWP, ALADDIV, GHTF-IMDRF, WHO-PQ
- Realities of capacity limitations: lack of human technical capital and weak or absence of regulatory and legal frameworks for medical devices and diagnostics need to be addressed

Conclusion..

- Several lessons have been learnt in Africa in the harmonization effort: process is slow, requires consultation; harmonization models exist; regulation based on science is key for harmonization; importance of effective legal and regulatory framework cannot be overemphasized; regulation to take into account issues of globalisation, cross-border trade, cross-border manufacturing should be considered in the harmonization agenda

Acknowledgement

- PAHWP Executive & Technical Working Groups
- AU-NEPAD Agency
- London School of Hygiene & Tropical Medicine: Prof. Rosanna Peeling & Dr. Ruth McNerney
- EAC & EAC Partner States
- Participating Member States
- WHO (HQ & AFRO)
- ASLM
- EAC-GIZ
- Grand Challenges Canada
- AWHP, ALADDIV

THANK YOU

MERCI

GRACIAS

شكرا

OBRIGADO