NAVIGATING FACILITATED REGULATORY PATHWAYS DURING A DISEASE X PANDEMIC

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Virtual Presentation
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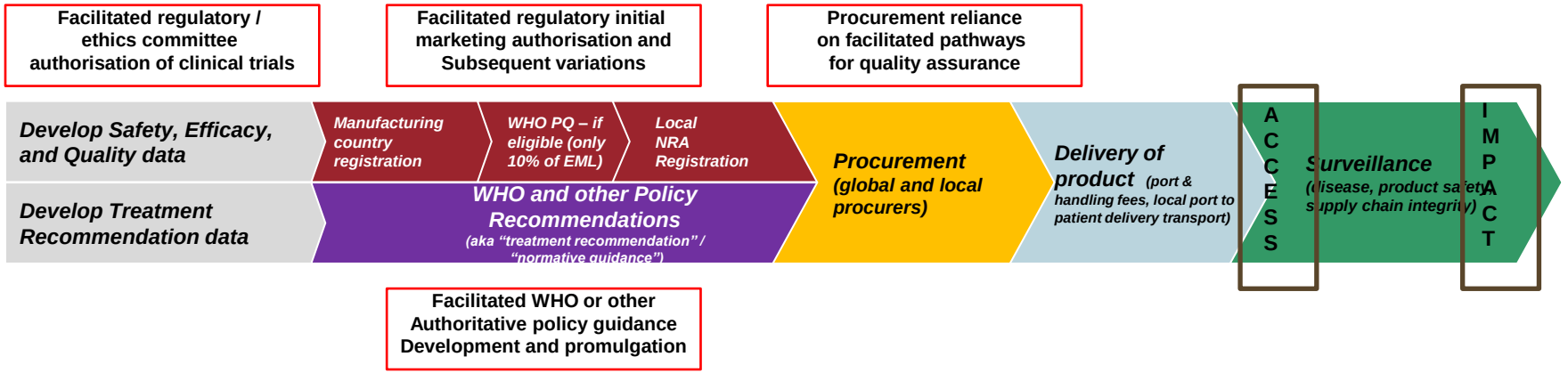
LIFE CYCLE OF MEDICAL PRODUCTS TARGETED TO LMICs



Regulatory authorisation is a necessary step, but not sufficient alone to enable access & impact. Obtaining a WHO policy recommendation and meeting procurers' requirements are integral components of country uptake of new interventions

FACILITATED REGULATORY AND ETHICS COMMITTEE AUTHORISATION OF CLINICAL TRIALS

- **WHO AFRO/EMRO and HQ – AVAREF Programme**
  - Multi-national clinical trials application joint assessment (regulatory and ethics committees)
  - From all African nations where trial to be conducted
  - Pivoted to virtual platform – actually expedited procedures and made more inclusive and robust
  - Pan-African webinars to keep regulators and ethics committees informed and get on-going input
  - Able to bring trial sponsors, outside experts, regulators, ethics committees
  - 14 countries, 5 languages → 90% of participating countries authorised protocol within 31 days of joint assessment and positive opinion

- Ethics Committees remain a challenge as much less history of harmonisation or joint assessment
- WHO could help further remedy this before next pandemic or develop was for ethics committees to rely on the joint assessments more than was the experience this time
- Overall model other WHO regions might wish to initiate

90% of authorities who participated in the DNDi joint-review were able to deliver decisions within 31 days or less

Participation	Countries	Working days to decision
Full participation by both NRA and NEC	Burkina Faso	24 days
	Guinea Conakry	16 days
	Ivory Coast	23 days
	Kenya	27 days
	Niger	16 days
	Uganda	tbc
Partial Participation from country,either NRA or NEC	Cameroon	12 days
	DRC	13 days
	Ghana	31 days
	Mozambique	33 days
Did not participate in the entire joint review process	Mali	29 days
	Ethiopia	tbc
	Sudan	tbc
	Equatorial Guinea	tbc

4 Countries able to deliver decisions in 16 days or fewer

5 Countries able to deliver decisions in between 17-31 days

1 Country was able to deliver a decision between 32-62 days

FACILITATED REGULATORY AND ETHICS COMMITTEE AUTHORISATION OF CLINICAL TRIALS

- **WHO Coordinated Scientific Advice (CSA) Procedure**
  - Advice process whereby product developers may approach WHO and obtain joint advice form WHO Prequalification and the WHO Technical Department(s) in areas of unmet public health needs
  - Improve understanding of WHO requirements / data needs for both PQ and Policy Guidelines
  - Pilot phase during pandemic
  - Can cover non-clinical, clinical, and manufacturing quality issues
  - Standardized process with single entry point / timelines for responses (both WHO and developer)
  - Increase predictability and minimise misunderstanding and delays

  - Initial reports have been favourable
  - Would like to see it become “business as usual” for products for unmet needs (pandemic and non-pandemic)

FACILITATED PATHWAYS TO MARKETING AUTHORISATION (INITIAL AND SUBSEQUENT VARIATIONS)

- **EUL, EUA, and Conditional Authorisation**
  - Vaccine EULs subsequent to joint assessments with EMA and also full for products not going through EMA
  - Prequalification teams not staffed for the numbers of products coming to them during pandemic
  - Did extraordinary job, given their resources – worked with and relied on EMA and other reference agencies when they could; did full assessments when they could not
  - Impact in not only the work of the PQ Teams, but also the Regulatory Teams in RPQ and the WHO regional and country offices who developed procedures for facilitating national authorisations through regulatory reliance-based pathways
    - In 2020 and 2021, PQT shared 470 EUL dossiers and reports with around 100 national regulatory authorities and the RPQ teams (both PQ and REG) worked with 150 LMIC NRAs to support ~3,300 regulatory authorisations (both initial and subsequent variations) of the 10 EULed COVID vaccines at that time
    - Through these facilitated pathways and reliance-based regulatory pathways, product authorisation at the national levels as not a rate-limiting step to product access

COVID-19 vaccine authorisation status in Africa

World Health Organization Africa

AVA

Vaccine authorisation key

Scenario 1: WHO EUL
- AZ/European Union - AZD1222
- AZ/SII - Covishield
- AZ/SKBio - Vaxzevria
- Janssen - AD26.COV2.S
- Moderna - mRNA1273

Scenario 1: Pending WHO EUL
- Bharat - Covaxin
- FBRI: EpiVacCorona
- Gamaleya - Sputnik V
- Sinopharm (Wuhan): Inactivated (..

Scenario 2: SRA authorisation

Scenario 3: African authorisation
- Gamaleya - Sputnik Light
- Zydus - Cadila

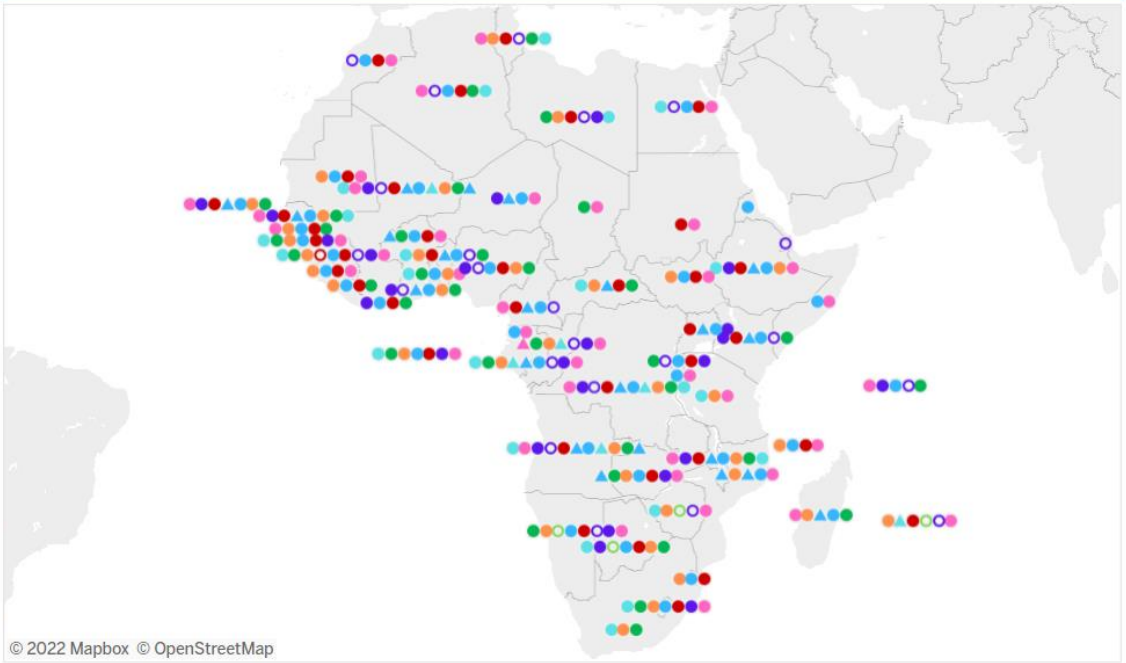
Filter Country

(All)

Filter Vaccine

(All)

Authorisations across Africa



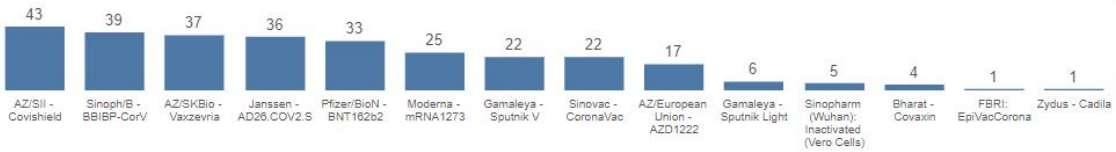
Country authorisations

Algeria	6
Angola	11
Benin	7
Botswana	7
Burkina Faso	5
Burundi	2
Cabo Verde	7
Cameroon	5
Central African Republic	5
Chad	2
Comoros	4
Congo (Brazzaville)	7
Congo (DRC)	10
Côte d'Ivoire / Ivory Coast	4
Djibouti	1
Egypt	5
Equatorial Guinea	2
Eritrea	1
Eswatini	3
Ethiopia	7
Gabon	9
Gambia	5
Ghana	6
Guinea	9
Guinea-Bissau	7
Kenya	6
Lesotho	7
Liberia	4
Libya	6
Madagascar	5
Malawi	8
Mali	11
Mauritania	4
Mauritius	6
Morocco	4
Mozambique	5
Namibia	8
Niger	4
Nigeria	6
Rwanda	5
Sao Tome and Principe	7
Senegal	8
Seychelles	5
Sierra Leone	4
Somalia	2
South Africa	3
South Sudan	4
Sudan	2
Tanzania	3
Togo	5
Tunisia	6
Uganda	4
Zambia	7
Zimbabwe	5

Authorisation Progress

Countries >1 Authorisation	Countries >2 Authorisations
54	52

Number of authorisations per vaccine



Updated: 10/6/2021

Note: 1. Authorised or authorisation not required as only import permit required Source: AVAREF data collection, BCG research, BCG analysis

FACILITATED PATHWAYS TO MARKETING AUTHORISATION (INITIAL AND SUBSEQUENT VARIATIONS)

- **Challenges**
  - **Not able to surge assessment and inspection teams quickly to meet demand**
    - Historically depended on member state national agencies to help supply needed consultants to add to capacity when needed
    - National agencies also with very stretched bandwidth – so not able to provide assessment resources as in the past
    - Need to consider ways to surge capacity quickly in a pandemic situation, especially when national agencies will also be stretched
      - Ready cadre of consultants not in national agencies
      - On going training / preparation / usage of consultants

- **Timing of generic versions of innovative products (when innovator not marketing to LICs and/or not pursuing prequalification)**
  - Access to final product for bioequivalence trials
  - Interaction with program divisions on policy guidances – especially data availability

CONCLUSION

- Facilitated regulatory pathways and those colleagues implementing them played a pivotal role in expediting the development, assessment, and authorisation of quality products to address the COVID pandemic
- Many good learnings from the COVID experience which we would want to maintain and further enhance
- Some challenges that also need to be examined and mitigation strategies implemented so that these are not challenges for the next pandemic


thank you
danke
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Баярлалаа
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