

WHO model list of essential in vitro diagnostics (EDL) and IVDs for C-TAP.

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What is the EDL?



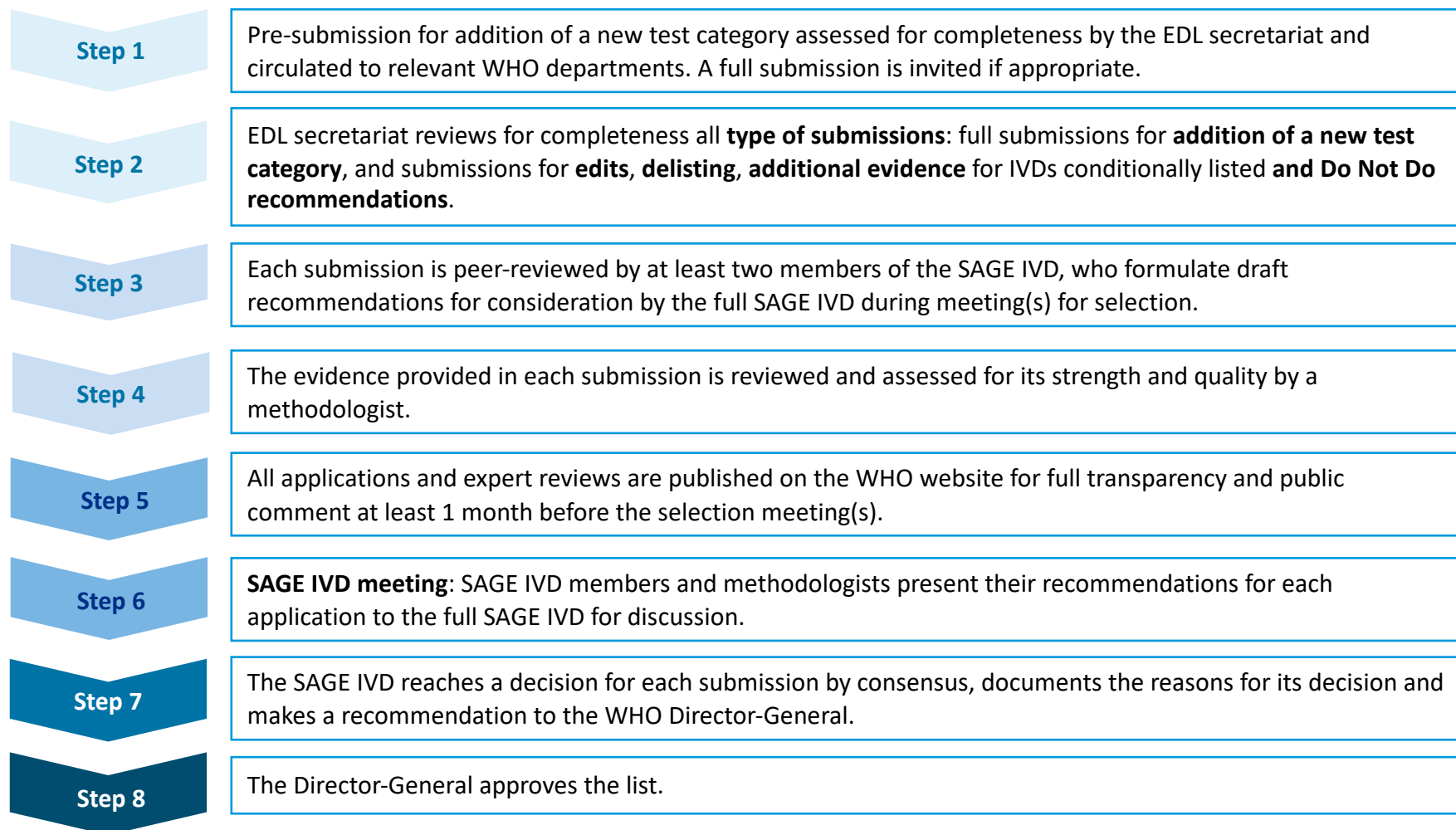
The WHO model list of essential in vitro diagnostics (EDL) is a policy document, based on scientific evidence, consisting of a register of categories of IVD tests and recommendations for those test (assay format, test purpose, specimen type, healthcare setting).

- First edition (May 2018)
- Second edition (November 2019)
- Third edition (January 2021)
- Fourth edition (early 2023)

Objectives of the EDL

- **The EDL is intended to support IVD policy development to improve people access to IVD testing and clinical laboratory services through:**
 - Provision of evidence-based guidance for countries to create or update their national EDL
 - Prioritization of IVD tests that should be available at different levels of the healthcare system
 - Provision of information to United Nations agencies and NGOs that support the selection, procurement, supply or donation of IVDs
 - Provision of guidance to the private health technology and manufacturing sectors about the IVDs priorities required to address global health issues

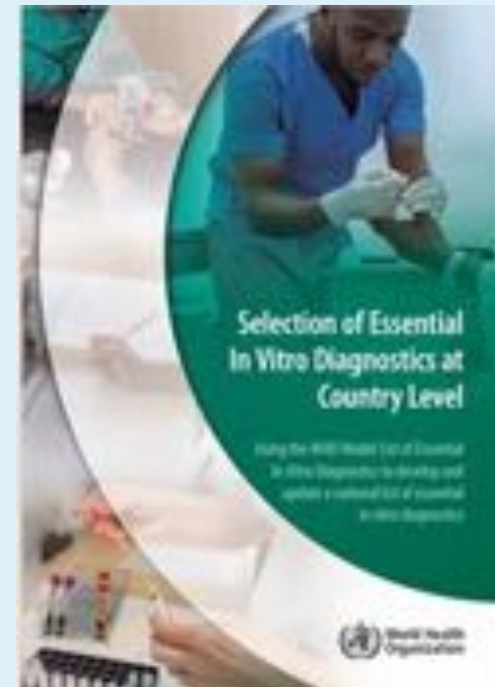
The update of the EDL is a rigorous evidence-based process



How to develop a national list of essential in vitro diagnostics

To make best use of the WHO EDL, countries may consider adapting the WHO EDL to their own national context and needs

A guidance document to help countries to adapt the WHO EDL into national EDLs has been published in 2021



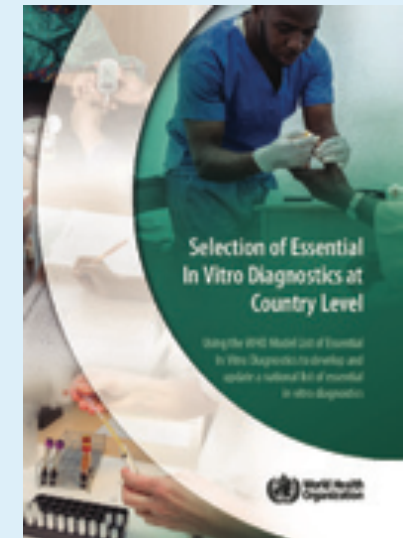
How to develop a national list of essential in vitro diagnostics

Guiding principles

- **Political commitment** of the ministry of health for promoting better access to IVDs, supported by formulation of a national IVD policy and allocation of adequate resources to ensure the availability of the tests listed in the NEDL
- **Committee-led process**
- **Standardized, rigorous evidence-based evaluation** for developing and updating the NEDL
- **Inclusion and participation** of relevant stakeholders through a public consultation phase and an open, transparent application process widely disseminated throughout the country
- **Periodic review and updating of the NEDL** according to an institutional process

Tools to support countries

1. WHO Technical Report Series: The selection and use of essential IVDs
2. Electronic EDL (eEDL)
3. Selection of essential in vitro diagnostics at country level: using the WHO Model List of Essential In Vitro Diagnostics to develop and update a national list of essential in vitro diagnostics
4. Technical specifications to support selection and procurement of IVD products (under development, tech specs will be added to the eEDL)



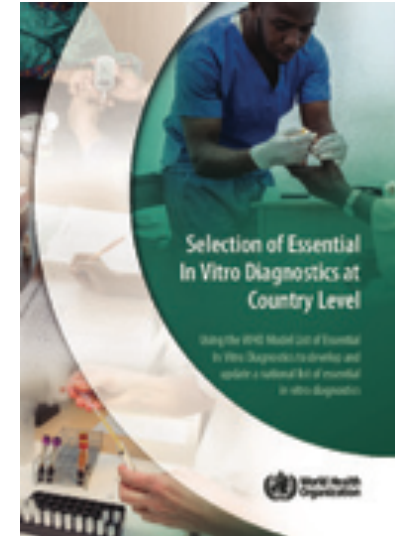
IVD - In Vitro Diagnostic Medical Device – Definition

Devices intended by the manufacturer for the examination of specimens derived from the human body solely or principally to provide information for:

- diagnosis, aid to diagnosis,
- screening, monitoring,
- predisposition, prognosis,
- prediction, determination of physiological status

Includes reagents, calibrators, control materials, specimen receptacles, software, and related instruments or apparatus or other articles

- Note: In some jurisdictions, certain IVD medical devices may be covered by separate regulation.



(GHTF/SG1/N071:2012 Definition of the Terms 'Medical Device' and 'In Vitro Diagnostic (IVD) Medical Device' Study Group 1 Final Document GHTF/SG1/N071:2012 ([http:// www.imdrf.org/docs/gh tf/final/sg1/technical-docs/gh tf-sg1-n071-2012-definition-of-terms-120516.pdf](http://www.imdrf.org/docs/gh tf/final/sg1/technical-docs/gh tf-sg1-n071-2012-definition-of-terms-120516.pdf), accessed October 2022).

Classification of IVDs



Criteria for classification used worldwide:

- the intended use / indications for use
- the expertise of the intended user (lay person or healthcare professional),
- the importance to the diagnosis (sole determinant or one of several),
- natural history of disease/symptoms
- the impact of the result (true or false) to the individual and/or to public health.



Classification is always **risk based**

By Member States:

- Either Four Categories
- Or Three Categories

For the **lowest class IVDs – Class 1**

- the impact of the incorrect result of the IVDs test could cause **minimal public or individual health risk.**

For the **highest class IVDs – Class (4/3):**

- the impact of the incorrect result of IVDs test could cause **high public health risk.**

IVD testing for COVID-19

To detect if a person has, or have had COVID-19, the tests can either detect:

- **Presence of the SARS-CoV-2 virus in the body.**
 - Usually by testing if the virus is present in the throat, nose, nasal secretions (snot) or sputum (saliva/spit)
 - Tests to detect the presence of the SARS-CoV-2 virus, used as screening/diagnostic tests are:
 - Nucleic acid test (PCR, LAMP..) – highly sensitive laboratory tests
 - Rapid antigen tests – PoC (by health professional), or self-test (at home use)
- **Presence of antibodies to the SARS-CoV-2 virus.**
 - This is usually done by taking sample to test for **presence of SARS-CoV-2 antibodies**
 - developed in response to the virus (COVID 19 disease) or
 - developed in response to the vaccine.(Immunoassays, e.g. well known ELISA, less known RIA, FIA, CLIA, CIA)

Realizing Equitable Global Access COVID-19 Technology Access Pool (C-TAP)

Making the response to COVID-19 a public common good
Solidarity Call to Action



To realize equitable global access to COVID-19 health technologies through
pooling of knowledge, intellectual property and data.

44 Member States have joined the Solidarity Call to Action so far

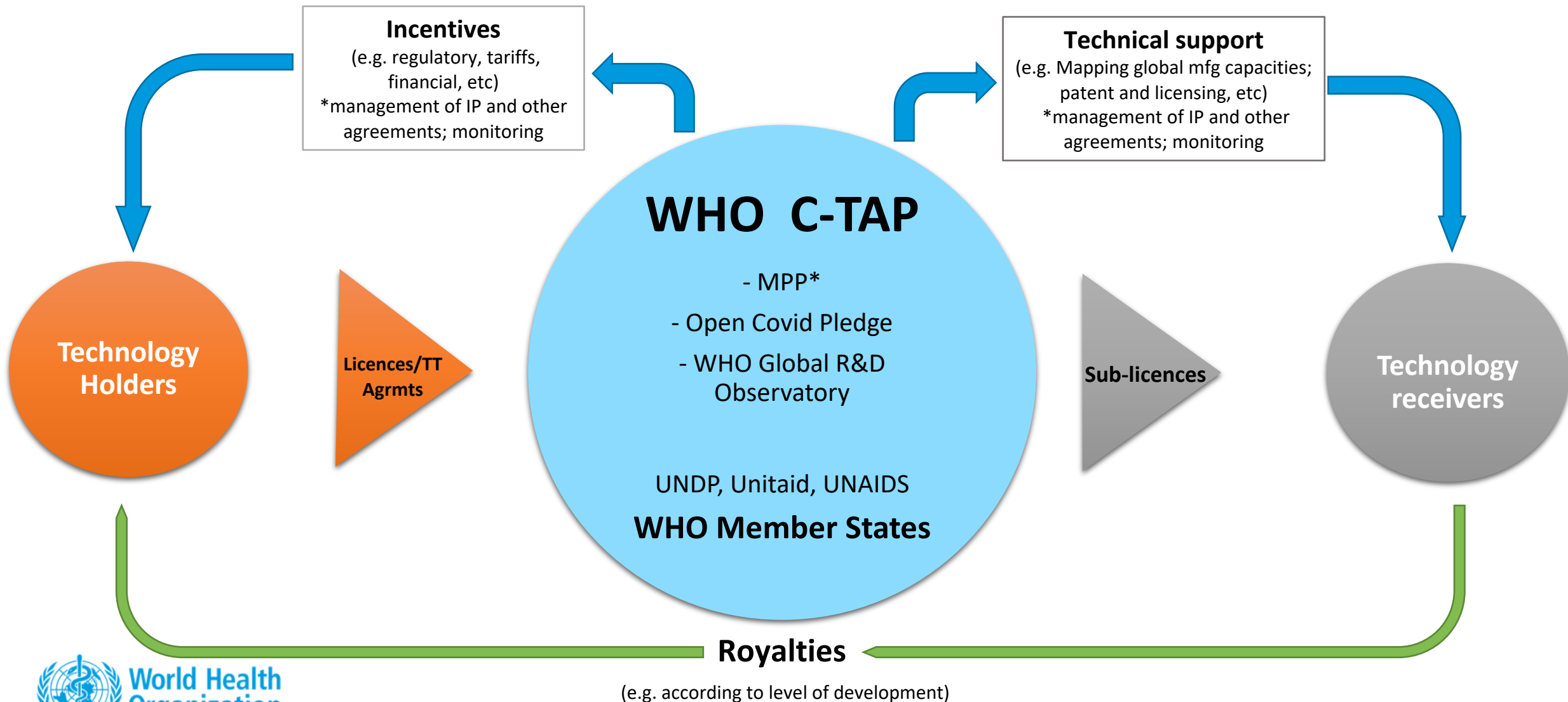
Argentina; Bangladesh; Barbados; Belgium; Belize; Bhutan; Bolivia; Brazil; Chile; Costa Rica;
Dominican Republic; Ecuador; Egypt; El Salvador; Guatemala; Honduras; Indonesia; Kenya;
Lebanon; Luxembourg; Malaysia; Maldives; Mexico; Mongolia; Mozambique; Norway; Oman;
Pakistan; Palau; Panama; Paraguay; Peru; Portugal; Saint Vincent and Grenadines; South
Africa; Spain; Sri Lanka; Sudan; The Netherlands; Timor-Leste; Tunisia; Turkmenistan;
Uruguay; Zimbabwe

C-TAP – Objectives

- To **promote open science** in order to accelerate product development by pooling intellectual property, data and know-how.
- To accelerate the **scale-up of manufacturing** and facilitate speedy and equitable access to new technologies, through transparent, non-exclusive, and public health-driven licensing and enhanced technology transfer.
- To foster active engagement of key partners including **fundors, research institutions and governments** to facilitate sharing of knowledge, data and the licensing of products, in order to maximize global access.



How C-TAP works to facilitate technology sharing and increase scale up?



C-TAP mandate for IVDs

- Why is C-TAP important in IVD space?
 - Share voluntarily relevant knowledge, IP and data to enable scaled-up production, distribution and use of Covid-19 IVDs
 - C-TAP only works through non-exclusive voluntary licensing
 - Licences are global with the aim of focusing on LMIC manufacturers
- C-TAP performs
 - in depth assessment of technologies to be transferred and
 - equally detailed assessment of TT acceptor – sublicensee
 - early assistance with TT ensuring readiness for regulatory submission -> EOs can be granted in the WHO target timeframe
 - monitoring/evaluation of TT and transferred product quality.



Key License-in activities outcomes since Nov 2021

- One IVD license for a serological antibody COVID 19 test signed with CSIC
- Multi product license signed with NIH
- Additional licenses are being negotiated for IVD, Vx and other technologies



Key recent licence-out activities

- The first IVD sublicense signed and
- Technical Transfer to a LMIC IVD manufacturer started
- Based on the assessment of information supplied under EOI, two LMIC manufacturers of IVDs were categorized as suitable, ready, and willing to manufacture for supply to LMIC.
- Ongoing responses to formal and informal enquiries and technical discussions with potential sublicensees



Way forward

- In vitro diagnostics are required in all health systems for: emergencies, universal health coverage and wellness.
- The IVDs need to be: good quality, available, affordable , accessible, safe.
- WHO will continue to develop guidance for MS
- MS to support access to target population
- C-TAP systems are in place, developed, documented and currently being utilized.
 - System for evaluation and monitoring of the effectiveness will provide a feedback loop for further system improvements.

The final goal is not the technology per se but the effective and promptly diagnosis to patients, to allow treatment accordingly.

Gracias
Thank you
Merci
Shokran
Xie xie
Spasiva



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EDL website:
http://www.who.int/medical_devices/diagnostics/Selection_in-vitro_diagnostics/en/

Additional Information

- **EDL Secretariat contact:** EDLsecretariat@who.int
- **Electronic eEDL (beta version):** <https://edl.who-healthtechnologies.org/>
- **WHO web page on the EDL:** <https://www.who.int/teams/health-product-policy-and-standards/assistive-and-medical-technology/medical-devices/selection-access-and-use-in-vitro>
- **EDL 4 Call for submissions:** [https://www.who.int/news-room/articles-detail/call-for-submission---submissions-for-the-fourth-who-model-list-of-essential-in-vitro-diagnostics-\(edl-4\)](https://www.who.int/news-room/articles-detail/call-for-submission---submissions-for-the-fourth-who-model-list-of-essential-in-vitro-diagnostics-(edl-4))
- **EDL Submission portal:** <https://submissions.who-healthtechnologies.org/>
- **WHO IVD web page:** https://www.who.int/health-topics/in-vitro-diagnostics#tab=tab_1
- **WHO Medical Devices web page:** https://www.who.int/health-topics/medical-devices#tab=tab_1