



## ***Vaccine regulatory issues in African countries :***

## **Building & sustaining national capacity**

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# Outline of the presentation

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1. Issues and challenges met by vaccine regulatory systems in Africa
2. WHO framework to strengthen vaccine regulatory systems
3. Progress, achievements and constraints
4. WHO priorities 2007-2010

# Issues & challenges for regulatory systems in Africa

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## Regulatory issues

- No/weak regulations or not consistent with international standards
- Overlap/conflict of roles/duties among institutions (NRA & Ethics)
- Limited knowledge of foreign sponsored regulations
- Absence of provision for expedite reviews
- National regulation/Guidelines in place require updating (as per article 58, WHO Experts Committees (ECBS) & guidelines)
- No/limited regulatory framework for oversight of clinical trials
- Limited/no Pharmacovigilance & laboratory capacity

## Managerial issues




- Limited human resources and expertise in new areas
- Lack of funding to build capacity
- No or limited access to local manufacturing capacity
- Limited exchange/sharing regulatory information to guide decision making
- Sponsors & manufacturers interfere and influence NRAs



# INVENTORY OF VACCINE REGULATORY SYSTEMS: 86 NRAs assessed, Oct.1998 - June 2007



Country status : NRA assessment conducted & planned

-  NRA assessment conducted
-  Not yet conducted
-  To be completed in 2007

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World Health Organization, HTP/IVB/ATT. LBelgharbi

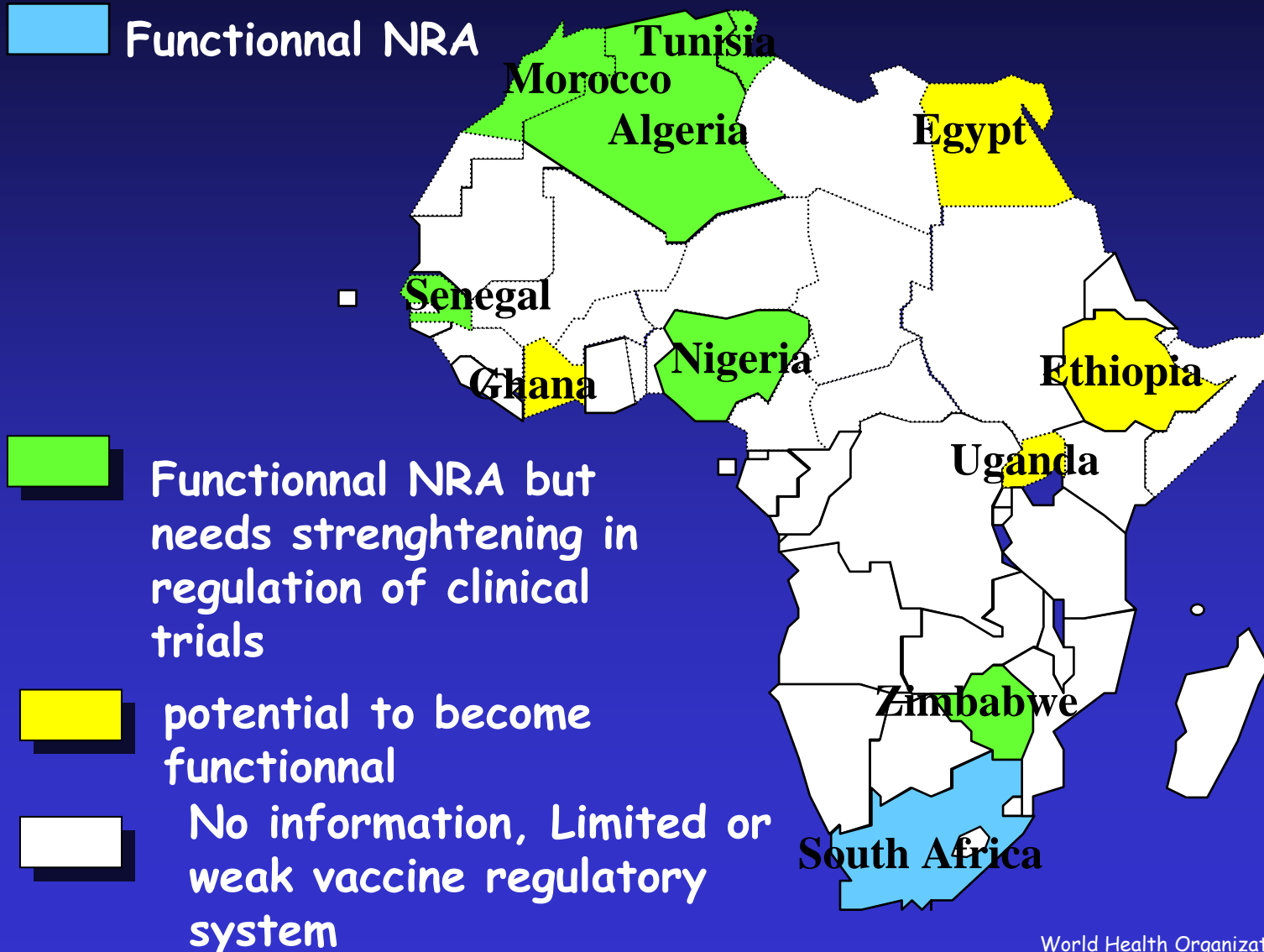


# National Regulatory Functions recommended to regulate vaccines

Regulatory functions

Regulatory functions	Source of vaccines		
	UN agency	Procure	Produce
Regulatory system	26 countries	19 countries	Senegal
Marketing Authorization & Licensing activities			
Postmarketing: AEFI	Functions undertaken in producing Countries with functional NRA	in countries that conduct clinical trials	in countries that conduct clinical trials
Lot release			
Laboratory access			
Regulatory inspections	in countries that conduct clinical trials	in countries that conduct clinical trials	in countries that conduct clinical trials
Authorization & monitoring of CTs			

# FUNCTIONAL NRA THAT HAVE CAPACITY TO REGULATE VACCINES , AFRICA, July 2006



# By end of 2010 : 37 out of 46 COUNTRIES WILL HAVE DEVELOPED APPROPRIATE CRITICAL REGULATORY FUNCTIONS

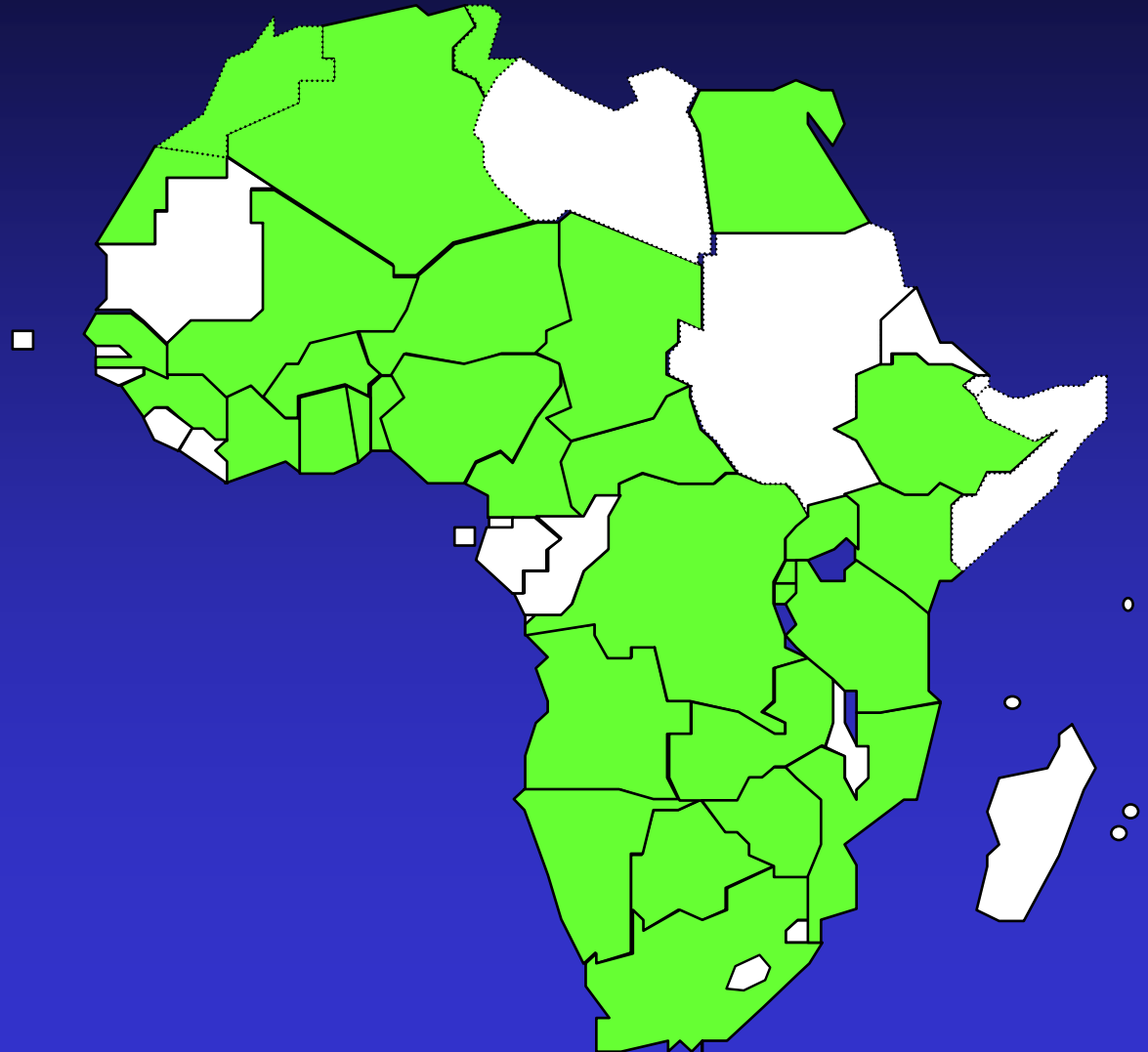
2006: 6 countries

2007: 6 countries

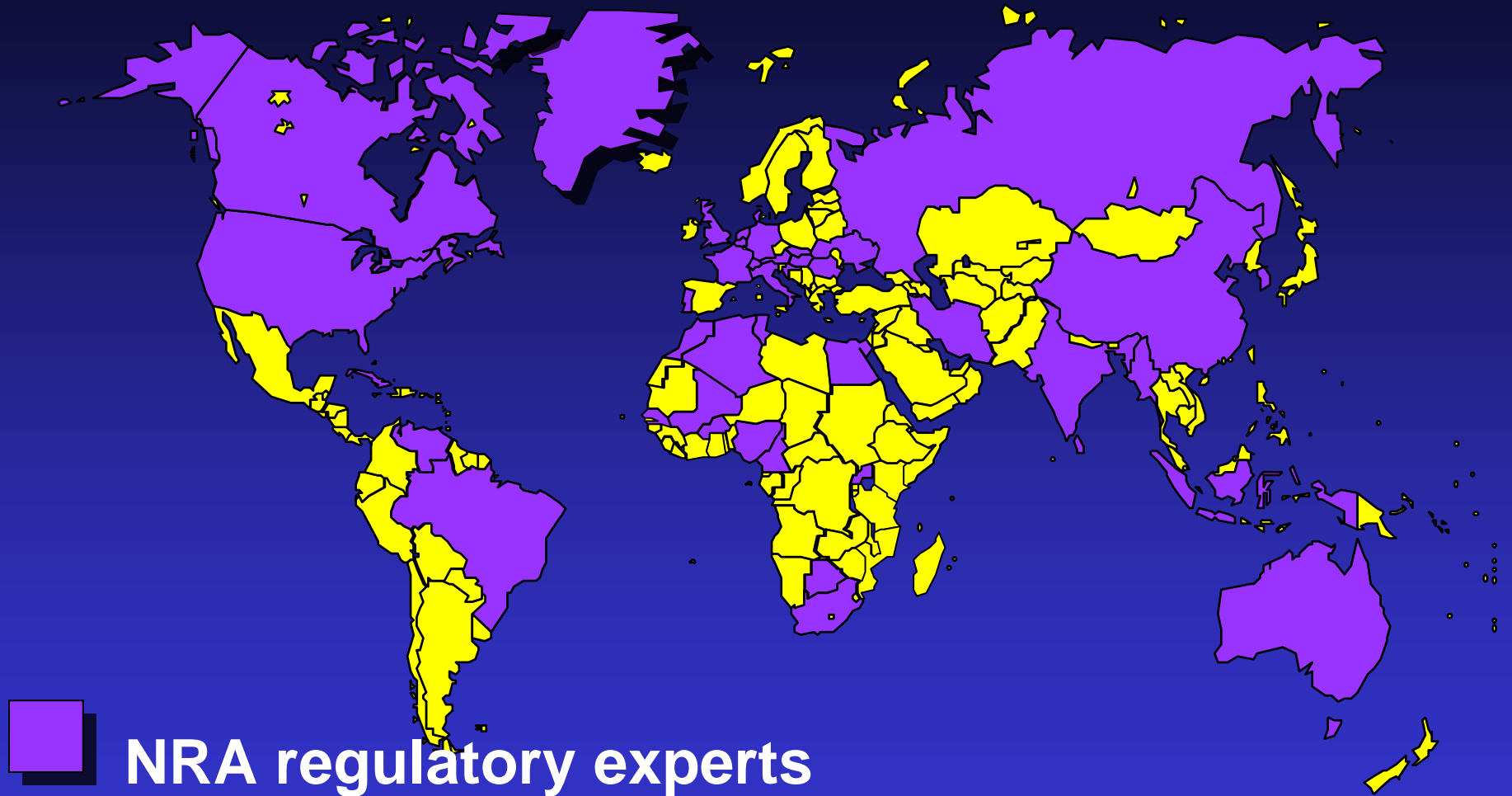
2008: 8 countries

2009: 8 countries

2010: 9 countries



# 350 regulatory specialists available in the WHO global roster to assist countries to develop regulatory capacity (Oct.1998 – June 2007)



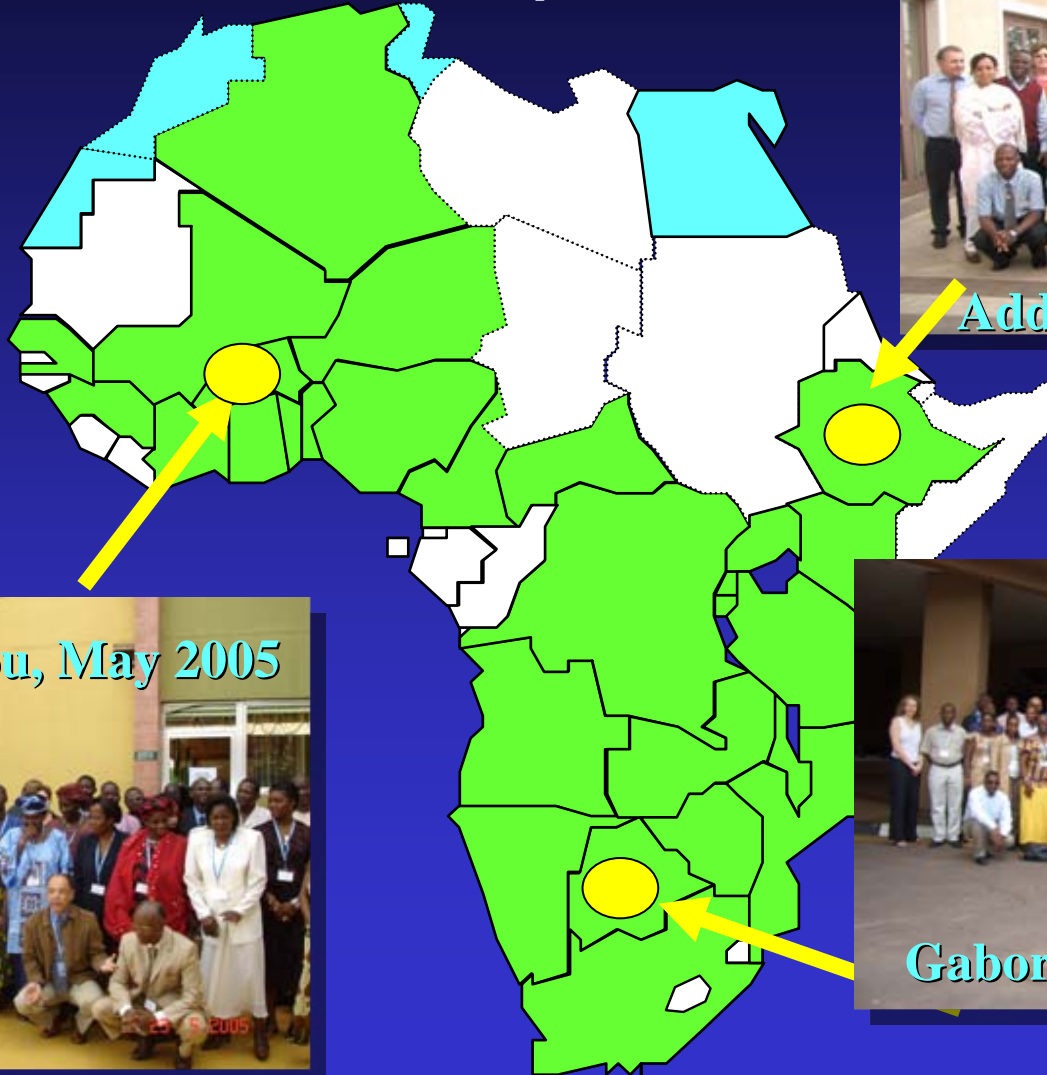
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# 3 INTERCOUNTRY WORKSOPS CONDUCTED IN 2005 TO DEVELOP DEVELOP INSTIUTIONAL DEVELOPMENT PLAN (IDP) FOR 28 COUNTRIES

1. *Funded by : WHO & AAVP*
2. *EDCTP participated in theGaborone's workshop*



Addis Abeba, Jan.2005

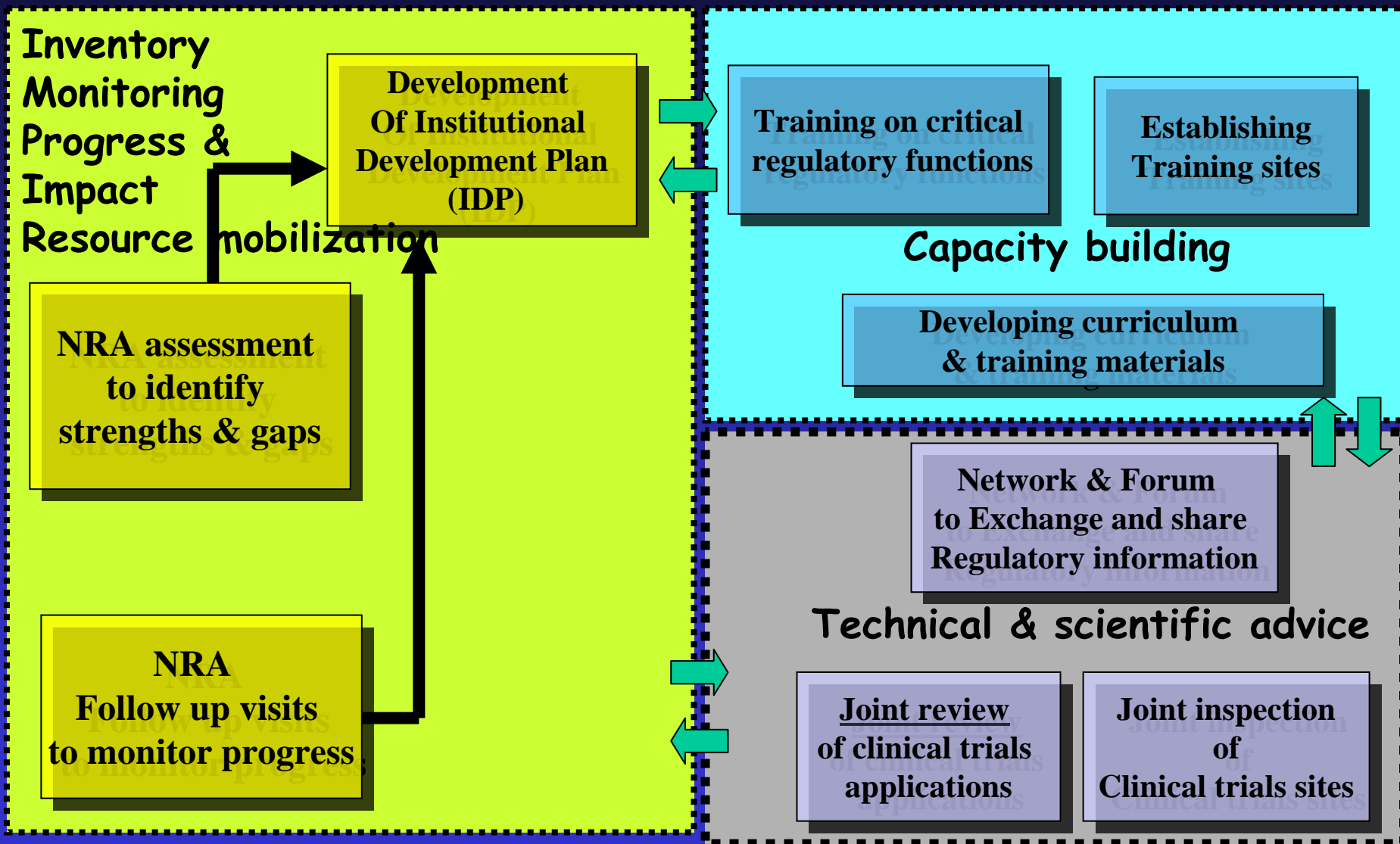


Ouagadougou, May 2005

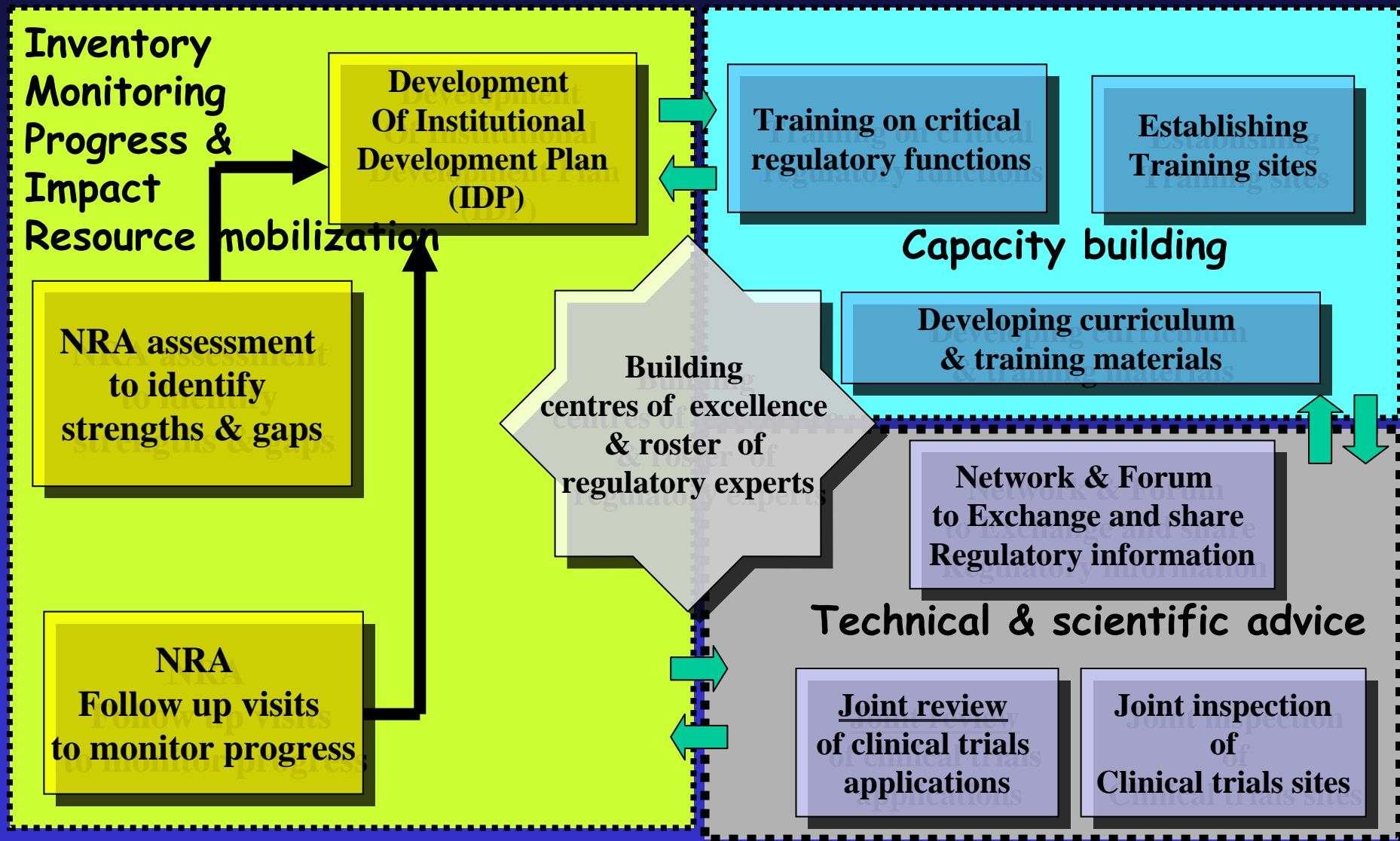


Gaborone, Dec.2005

# Framework to strengthen vaccine regulatory systems in Africa : Building and sustaining national capacity



# Framework to strengthen vaccine regulatory systems in Africa : Building and sustaining national capacity



# ACTIVITIES TO STRENGTHEN VACCINE REGULATORY SYSTEMS IN AFRICA

Planning to address gaps

Regulatory pathway

Surveillance AEI

GTN Training

Capacity

Funding

A

A

A

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Funded through various Sources: MVP/PATH, WHO, EDCTP, GAVI, CIDA, etc..)

\* Institutional Development Plan (IDP)

Activities conducted	Status
1. Ressource mobilization activities: EDCTP, CIDA, Bill Melinda Gates, AFDB, IDB)	Completed with EDCTP, CIDA and B&M.
2. Three <u>NRA</u> planning workshops countries with IDP* for 28 countries	Completed
3. Network <u>meetings</u> : Developing Countries vaccines regulatory network (DCVRN) & AVAREF (African Vaccine Regulatory forum, Accra, Ghana)	Completed
4. <u>Joint review</u> of CTs applications for MeningoA + Workshop on regulatory procedures for clinical evaluation of vaccines+forum for the evaluation of clinical data of rotavirus vaccines for registration purposes	Completed
5. <u>Sensitization/advocacy</u> workshop for all country stakeholders (Uganda & Senegal)	2 out 3 completed
6. GTN training provided to AFR countries on vaccine regulation: CTs (3 training) , AEFI/PMS (1 training), Vaccine regulation (1 training) & Lot release (1 training), Monitoring of CTs (1 training)	18 out of 28 countries completed

# ACTIVITIES TO STRENGTHEN VACCINE REGULATORY SYSTEMS IN AFRICA

Planning to address gaps

Regulatory pathway

Surveillance AE

GTN Traini

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Some activities  
Funded  
By EDCTP

Activities conducted	Status
3. <u>Network meetings</u> : Developing Countries vaccines regulatory network (DCVRN) & <u>AVAREF (African Vaccine Regulatory forum, Accra, Ghana)</u>	Completed
4. <u>Joint review of CTs and joint inspections</u> for MeningoA + Workshop on regulatory procedures for clinical evaluation of vaccines+forum for the evaluation of clinical data of rotavirus vaccines for registration purposes.	Completed
6. <u>GTN training provided to AFR countries</u> on vaccine regulation: CTs (3 training) , AEFI/PMS (1 training), Vaccine regulation (1 training) & Lot release (1 training). Inspection of CTs (1 training)	18 out of 28 countries completed

\* Institutional Development Plan (IDP)

# 1<sup>st</sup> AVAREF meeting, Sept.2006

## African Vaccine Regulators Forum

1. Participants: 19 Countries, NRA and Ethics committee + EDCTP.
2. Experienced NRAs: EMEA & US FDA .
3. Product sponsors: GSK, MVPPATH, WRAIR, US NIH.
4. Themes : selected disease of importance : HIV, malaria, Meningo A & Rotavirus, regulators.
5. Funded by: WHO, EDCTP; MVP/PATH , RVP/PATH and AAVP.
6. Issues: Low funding for NRAs, conflict of interest, limited resources, lack of understanding of roles of NRA/Ethics committess, separate institutions, access epidemiological data, laboratory capacity, ADR investigation, information sharing network

### Recommendations:

- Need to expand and sustain capacity building in vaccine trials oversight
- Joint review of clinical trial application should be expanded
- Strong interest in conducting joint inspection of clinical trials sites
- Increase training opportunities to develop regulatory capacity
- Develop guidance for clarification roles of NRA & ethics committees
- Pharmacovigilance provision re article 58 should be flexible for implementation
- Develop clinical trials case definition of efficacy for malaria vaccines
- Secretariat 's forum is hosted in WHO/AFRO

# CHANGES DOCUMENTED BETWEEN TO IMPROVE REGULATORY OVERSIGHT OF VACCINES

Burkina Faso

Ethiopia

Senegal

Cameroon



The Gambia  
(ongoing)



Mali  
(ongoing)

Ghana  
(ongoing)

Nigeria  
(ongoing)

South Africa  
(expert's input)

1. Plan developed and implemented for all countries involved
2. Training planned and conducted for all countries involved
3. Template procedures to evaluate CTs applications
4. Amended regulation to Involve NRA in evaluation of CTs
5. Clarification of roles/responsibilities to authorize CTs
6. Focal point & training requested for staff
7. Guidelines discussed , amended for endorsement by MoH
8. Coordination among NRA/Ethics Committee to authorise CTs
9. 1<sup>st</sup> African Vaccine regulators forum (Ghana, Accra, Sept.2006)
10. Inventory of CTs and plan for registration to WHO registry

# Priorities 2007-2010

## Aim: Build and sustain national capacity

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1. AVAREF \*meeting to be continued yearly: it provides a forum for networking, exchange of information, and discussion of questions related to the specific issues involved in regulating trials for vaccines.
2. Development of Centres of Excellence to support, between the meetings, the needs identified by AVAREF.
3. GTN training activities to be sustained and expanded for African regulatory staff, ethics committee representatives and relevant African scientists involved in vaccine clinical trials.
4. GTN additional training curriculum needs to be developed to address the third step of clinical evaluation, which is the evaluation of clinical data for licensing purposes
5. Regional coordination: the need to expand the project and to cover a wider range of activities suggests that appropriate staff resources needs to be allocated for regional coordination of the project.

\* AVAREF: African Vaccine Regulatory forum



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Friday 23 May

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## National Regulatory Authorities

### AIDE-MEMOIRE

#### Strengthening National Regulatory Authorities

The overall objective of a National Regulatory Authority (NRA) for medical products is to ensure that all medicines (drugs, vaccines, blood products and other biologicals) and medical devices are of **optimal quality, safety and efficacy** and are accompanied by **appropriate information** to promote their rational use.

NRAs need to be transparent, independent, with strong political backing and have the authority to enforce established regulations. They also need to attract strong, well-trained professionals, maintain and use existing regulations governing health care services and professionals.

All countries require an NRA. In countries with production facilities the NRA must exercise a **total control function**. These are:

- Licensing (of products, manufacturers and distributors);
- Laboratory testing and lot release (where required);
- Inspections of manufacturing sites and distribution facilities;
- Control of clinical trials;
- Control of advertising and promotion;
- Post-marketing surveillance of quality and safety.

Regulators guard their national regulatory systems worldwide because the many countries face challenges in fully implementing effective regulation. Therefore NRAs may need to be able to guarantee the minimum quality, safety and efficacy of medicines produced and the availability of appropriate information for use.

To achieve effective regulation, national authorities need to identify areas of weakness, define priorities, plan and implement concrete measures. Special attention must be given to addressing appropriate regulatory activities, providing needs-based training, and obtaining world-relevant advice. This is the best third party, successful implementation of this approach has been most reported on the quality, safety, efficacy and rational use of regulated products in many countries.

#### Words of advice

- Secure strong political will and commitment, both **national and regional**, for NRA functions.
- Assess existing NRA functions regularly.
- Develop a **systematic plan** to address identified weaknesses.
- Implement, monitor and evaluate.

#### Checklist

Secure Commitment for:

- **Political will to support it**
- **Adequate funding and resources**
- **Independent technical meeting**

#### Establish solid foundation

- **Legislative legislation and regulations**
- **Appropriate structure and organizational structure**
- **Sufficient number of well-trained staff**
- **Operational quality systems**
- **Adequate and sustained financing**
- **Accountability and transparency**

#### Identify weaknesses in:

- **Licensing of products, manufacturers and distributors**
- **Post-marketing surveillance quality and safety**
- **Inspection and compliance track and management**
- **Regular inspection of manufacturing and distribution sites**
- **Control of clinical trials**
- **Laboratory testing and/or release for products with regulated status**

#### Take corrective measures

- **Identify priorities**
- **Assess training needs**
- **Develop action plans**
- **Set time frame**
- **Secure human and financial resources**
- **Implement, monitor and evaluate**

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### Key elements

#### Government Commitment

Government must be fully committed to sustaining strong NRAs. To be effective NRAs need laws that ensure sufficient legal powers, an appropriate organizational structure and facilities, an adequate number of qualified, experienced and motivated staff, adequate and sustainable financial resources, and appropriate track record in medicine, procedure and facilities. Government should ensure:

- **Clear, comprehensive and explicit legislation**, including appropriate incentives for institutions;
- **Clear commitment to implement legislation**;
- **Availability of resources** (financial and other resources) for sustaining NRA functions;
- **Support for decisions and policies** that protect public health against any commercial interests.

Government should ensure political commitment NRAs to public health progress and provide resources to:

- **Develop health systems** for regulating medical products;
- **Improve communication** of quality, information and compliance products;
- **Be able to implement national policies** that give priority to the public health rather than economic value of medicines.

#### Organizational structure

In general, effective regulation, governance are:

- **Clear separation of NRAs** and no overlap of functions to allow an increase in visibility and its role;
- **Assign the NRA effective legal powers**, independence in decision making and authority to recruit and dismiss staff;
- **Ensure that clear, integrated action procedures** are developed for all regulatory functions.

If distribution of responsibilities follows different systems to those in the Government are:

- **Ensure that responsibilities of different systems** to build on existing legislation;
- **Ensure that responsibilities of relevant legislation**, clearly delineating and their content, and multi-body coordination.

#### Human Resources

Staffing of appropriate qualified and skilled professionals is a priority for most NRAs.

Government and NRAs can respond by developing a strategic human resources development plan.

Government can:

- **Ensure competitive and attractive salaries** for NRAs staff;
- **Ensure continued staff education and recruitment policies** that attract and retain staff;
- **Ensure career structure and incentives** are attractive enough to attract high performing staff;
- **Improve the knowledge and skills of NRAs staff** through training and research training programmes.

NRAs can:

- **Complete regulatory processes** (staff, skills, equipment) collaborative with support from academia, health care and research institutions, professional associations, university research centres, regulatory bodies and society;
- **Develop and update** an action plan;
- **Invest in staff training**;
- **Take advantage of existing resources** such as other reliable NRAs in similar situations;
- **Regularly update and exchange information** with other NRAs.

#### Sustainable Financing

Government can review their legislative and financial framework or other funding mechanisms that reflect the real costs of all NRA activities.

Provisions for the salaries or contracts should favor stability of the salary and growth mechanism. NRAs should establish and be clearly identified open law and financial support should be available from government sources.

Revenue collected should be automatically used to implement and support regulatory activities. This should not negatively influence the work of NRAs and the government's priority.

An increasing financing model is characterized by a combination: three government budget, a set of fees for the different types of applications and services, and an appeal for financing product in complete finance markets.

### National Regulatory Authorities

Protecting public health regulate educate [www.who.int](http://www.who.int)

National authorities on strengthening National Regulatory Authorities are listed on the "Single State List" at [www.who.int/medicines/nra](http://www.who.int/medicines/nra) and regulatory bodies [www.who.int/medicines/nra/regulatory\\_bodies](http://www.who.int/medicines/nra/regulatory_bodies)

Health Technology and Pharmaceutical, Technical Support Unit

## Information sources for regulators

[www.who.int](http://www.who.int)

[www.sharepoint.who.int/ATT](http://www.sharepoint.who.int/ATT) (access upon request, used as space to share information with all country participants and partners (eg. EDCTP, UNICEF, NRAs, NCLs, Ethics, etc))