Pharmaceutical registration in Africa
Meeting new challenges

Dr Javier Guzman
Director of Research
Health Policy Division
The George Institute for International Health
DNDi Bi-Annual Meeting, Nairobi
24 June 2009

THE GEORGE INSTITUTE
for International Health

The project brief: New challenges

- African pharmaceutical registration capacity is under new strains
  - Key Western regulators (FDA, EMEA) have decreased supervision of products for export rather than domestic use
  - More products being developed specifically for African markets (e.g., ACTs; rotavirus vaccine; microbicides)

African regulators faced with "world first" review, approval or registration of products and product trials

THE GEORGE INSTITUTE
for International Health

Challenge 1: Novel neglected disease (ND) drugs and FDCs

Examples:

- Malaria vaccines
- Sleeping sickness drugs
- TB drugs
- HIV/AIDS vaccine

THE GEORGE INSTITUTE
for International Health

Challenge 2: Generic drugs in Africa

- Most common product for registration, both locally manufactured and imported from other developing country (DC) manufacturers
- Relatively simple assessment (quality, therapeutic equivalence)

BUT …..

- Lowest safety net (usually no prior approval by stringent Medicines Regulatory Authorities [MRA])
- Many African MRAs cannot effectively evaluate generic drug dossiers
  - Unable to assess bioequivalence locally
  - Unable to perform GMP inspections of non-domestic manufacturers

THE GEORGE INSTITUTE
for International Health

Challenge 3: Clinical Trials (CTs) in Africa

- Increased product CT applications in past 5 -10 years
- BUT 84% of African countries unable to satisfactorily authorise CTs in 2005

Why?

- Lack of clear legislative framework for CT conduct and regulation
- Unclear delineation b/w roles of ethical review boards and MRAs
- Lack of skills to review and approve applications
- Current initiatives:
  - AVAREF, DCVRN (Sth Africa only)
  - Joint reviews e.g. Meningococcal A vaccine; RTS,S

THE GEORGE INSTITUTE
for International Health

Multiple initiatives to supplement capacity

Some mechanisms for assessing new ND drugs, FDCs, generic drugs and vaccines

- **EMEA Article 58**
- **Parallel Western and DC approval**
- **Twinned Western and DC approval**
- **First approval by a DC regulator**
- **FDA "tentative approval" and PEPFAR**
- **WHO drug prequalification programme**
- **WHO vaccine prequalification programme**
- **Orphan drug**

THE GEORGE INSTITUTE
for International Health

Current & proposed initiatives

THE GEORGE INSTITUTE
for International Health

African capacity building and regulatory harmonisation

- **Bottom up approaches**
  - **The African Drug Registration Harmonisation consortium led by NEPAD, the Pan African Parliament (PAP), BMGF, DFID, the Clinton Foundation and WHO (Feb 2009 meeting)**
- **African policy makers set the agenda and drive its progress**
  - **Southern African Development Community (SADC)**
  - **Economic Community Of West African States (ECOWAS): WADRAN**
  - **East African Community (EAC)**
  - **WADRAN**
  - ***"While efforts are made to harmonise medicines regulation in the region, they should at the same time be geared towards assisting countries with limited resources to build their regulatory capacity as this will be the foundation for building trust among different MRAS and eventually lead to mutual recognition of regulatory decisions."***

THE GEORGE INSTITUTE
for International Health

Improving efficiency and quality of novel neglected disease drug registration

Short-term low-cost supplementary capacity

- **No Western review without formal DC input**
- **Automatic WHO prequalification of products given a positive opinion under Art. 58**
- **Improve Article 58's attractiveness to product developers**
  - **Allowing a positive Art.58 opinion to provide automatic EU Orphan approval OR**
  - **Allowing a positive Art.58 opinion to be converted to EMEA approval with a single European bridging study**

Longer-term capacity building – see case study

THE GEORGE INSTITUTE
for International Health

Improving efficiency and quality of generic registration

Short-term low-cost supplementary capacity

- **Automatic WHO prequalification of generic drugs approved by stringent MRAs**
- **'Outsource' some WHO prequalifications to stringent MRAs**

Longer-term capacity building – see case study

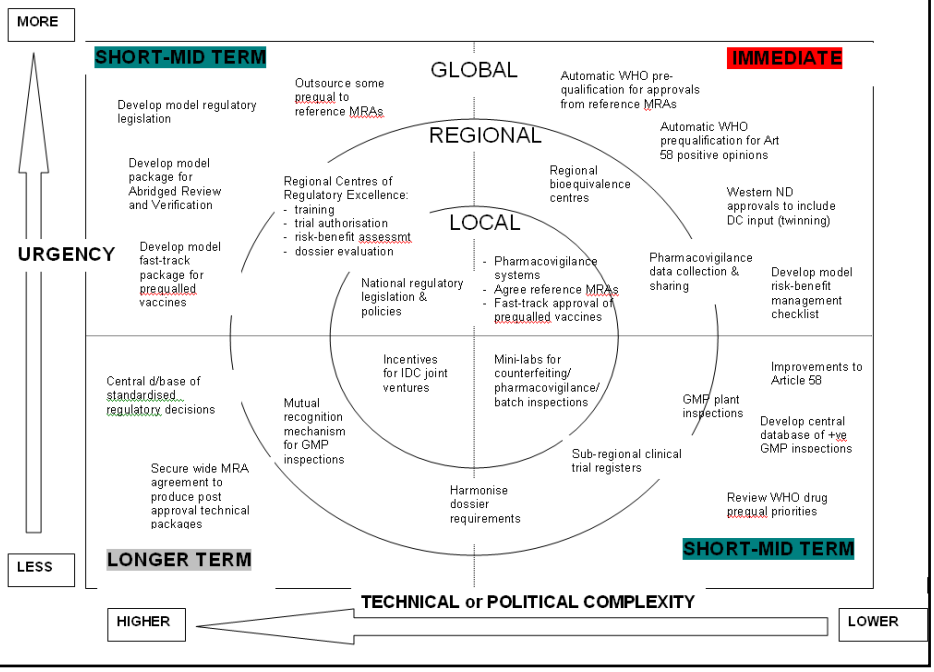
THE GEORGE INSTITUTE
for International Health

Improving efficiency and quality of clinical trial regulation

- Regional Centres of Regulatory Excellence (case study)
- Implement existing proposals for African sub-regional clinical trial registers (West Africa, Southern Africa, East etc),
  - Possibly building on existing registers e.g. the South African register
- WHO to develop boilerplate legislation to support MRA regulatory functions in African countries that do not yet have legislation in place

THE GEORGE INSTITUTE
for International Health

A capacity building map



Case study: Centres of Regulatory Excellence (1)

- One bricks-and-mortar centre in each of Africa's main sub-regions
- Built on existing regional regulatory initiatives where possible

Mission:

- To develop African capacity in the mid-to-long term to conduct all regulatory activities
- To provide a regional resource to support MRAs in the short-to-mid term to conduct challenging regulatory tasks

THE GEORGE INSTITUTE
for International Health

Centres of Regulatory Excellence (2)

- **Product registration activities**
  - **Participate in review of novel ND products by external agencies as well as joint regional review of dossiers**
  - **Conduct joint review of novel ND products in conjunction with stringent external regulatory authorities –twinning-**
  - **Improve registration of generics and simple FDCs by**
    - **conducting joint GMP plant inspections at the regional level,**
    - **supporting regulatory staff to participate in external generic assessments by WHO Prequalification and PEPFAR,**
    - **conducting regional review and approval of dossiers for generics and simple FDCs**
  - **Conduct localised risk-benefit analysis on dossiers of global products approved by external reference MRAs**
- **Clinical trial regulation and training activities**

THE GEORGE INSTITUTE
for International Health