

12-15 SEPTEMBER

VIRTUAL CONFERENCE

# TOGETHER FOR PATIENTS

Transforming the Regulatory ecosystem in Africa

DAY 3 | How can Africa pioneer regulatory system innovation and digitalization?



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# THANK YOU FOR JOINING!

## Participant guide

- The 5<sup>th</sup> AfRC conference is held in English.
- All participants are muted. We encourage you to use the Q&A box to raise questions to the speakers. If a question you would like to ask has already been raised, you can also “like” that question.
- For some sessions, participants will have the opportunity to also engage with speakers through Mentimeter polls. To take part, a QR code will be displayed on screen and a link will be shared in the chat box.
- We encourage you to join all conference days.
- The 5<sup>th</sup> AfRC conference is recorded. All speaker presentations and videos will be made available on the [africaregulatoryconference.ifpma.org](https://africaregulatoryconference.ifpma.org) website after the conference.



Présentations en anglais. Veuillez appuyer sur le globe pour avoir l'interprétation en français.

Apresentações em inglês. Clique no globo para interpretação em português.

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# AfRC Track 05

## Regulatory Digitalisation – New trends for a modern Agency

Session Moderator:

**Teresa Eastwood-Kiefer**

*Chapter Leader, Regulatory Data and Content F.  
Hoffmann-La Roche*



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# Welcome!

We have the opportunity for Africa to leapfrog other regions and become **one of the most efficient and modern regulatory systems in the world**. This opportunity can rapidly transform into reality, by using the experience gained from a decade of harmonization activities in the continent, learnings gained during the pandemic and the swift implementation of modern and innovative solutions

## What will it take?



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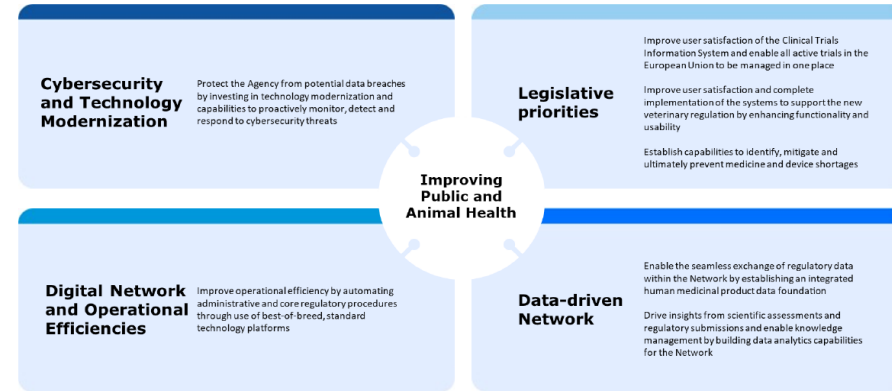
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# Digital and data transformation initiatives

## Priority Recommendations of the HMA-EMA joint Big Data Task Force

- i **•Deliver a sustainable platform to access and analyse healthcare data from across the EU (Data Analysis and Real World Interrogation Network - DARWIN).** Build the business case with stakeholders and secure funding to establish and maintain a secure EU data platform that supports better decision-making on medicines by informing those decisions with robust evidence from healthcare.
- ii **•Establish an EU framework for data quality and representativeness.** Develop guidelines, a strengthened process for data qualification through Scientific Advice, and promote across Member States the uptake of electronic health records, registries, genomics data, and secure data availability.
- iii **•Enable data discoverability.** Identify key meta-data for regulatory decision-making on the choice of data source, strengthen the current ENCePP resources database to signpost to the most appropriate data, and promote the use of the FAIR principles (Findable, Accessible, Interoperable and Reusable).
- iv **•Develop EU Network skills in Big Data.** Develop a Big Data training curriculum and strategy based on a skills analysis across the Network, collaborate with external experts including academia, and target recruitment of data scientists, omics specialists, biostatisticians, epidemiologists, and experts in advanced analytics and AI.
- v **•Strengthen EU Network processes for Big Data submissions.** Launch a 'Big Data learnings initiative' where submissions that include Big Data are tracked and outcomes reviewed, with learnings fed into reflection papers and guidelines. Enhance the existing EU PAS register to increase transparency on study methods.
- vi **•Build EU Network capability to analyse Big Data.** Build computing capacity to receive, store, manage and analyse large data sets including patient level data (PLD), establish a network of analytics centres linked to regulatory agencies, and strengthen the Network ability to validate AI algorithms.
- vii **•Modernise the delivery of expert advice.** Build on the existing working party structure to establish a Methodologies Working Party that encompasses biostatistics, modelling and simulation, extrapolation, pharmacokinetics, real world data, epidemiology and advanced analytics, and establish an Omics Working Party that builds on and reinforces the existing pharmacogenomics group.
- viii **•Ensure data are managed and analysed within a secure and ethical governance framework.** Engage with initiatives on the implementation of EU data protection regulations to deliver data protection by design, engage with patients and healthcare professionals on data governance, and establish an Ethics Advisory Committee.
- ix **•Collaborate with international initiatives on Big Data.** Support the development of guidelines at international multilateral fora, a data standardisation strategy delivered through standards bodies, and bilateral collaboration and sharing of best practice with international partners.
- x **•Create an EU Big Data 'stakeholder implementation forum'.** Dialogue actively with key EU stakeholders, including patients, healthcare professionals, industry, HTA bodies, payers, device regulators and technology companies. Establish key communication points in each agency and build a resource of key messages and communication materials on regulation and Big Data.

## Strategic Themes → Portfolio Objectives 2023 - 2026



7

Classified as public by the European Medicines Agency

## European Health Data Space



## New data types require new systems and tools

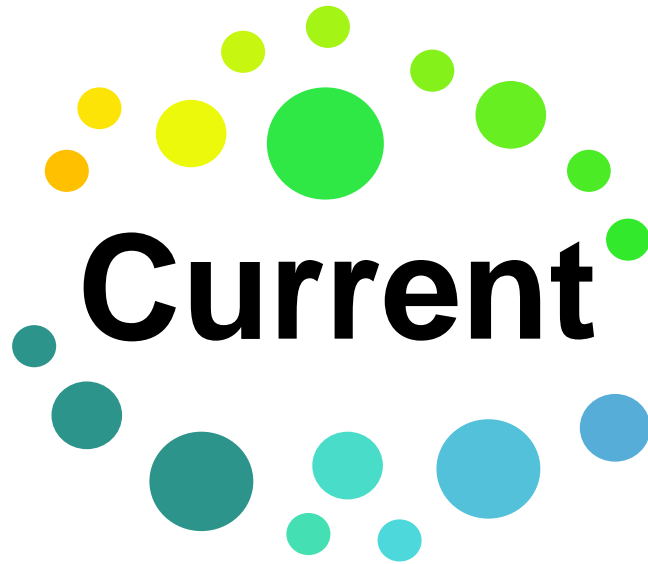
Report Name	Date Published
<a href="#">ODT Strategic Plan, 2023 - 2025</a>	December 2022
<a href="#">ODT Annual Report 2022</a>	December 2022
<a href="#">FDA Leadership Modernization Action Plan</a>	December 2022
<a href="#">Cybersecurity Modernization Action Plan</a>	November 2022
<a href="#">ODT Diversity, Equity, Inclusion, and Accessibility Action Plan 2023</a>	November 2022
<a href="#">Enterprise Modernization Action Plan</a>	May 2022
<a href="#">Modernization in Action 2022</a>	March 2022
<a href="#">Data Modernization Action Plan</a>	March 2021
<a href="#">FDA's Technology Modernization Action Plan</a>	September 2019

Source: <https://www.fda.gov/about-fda/office-digital-transformation/odt-reports>

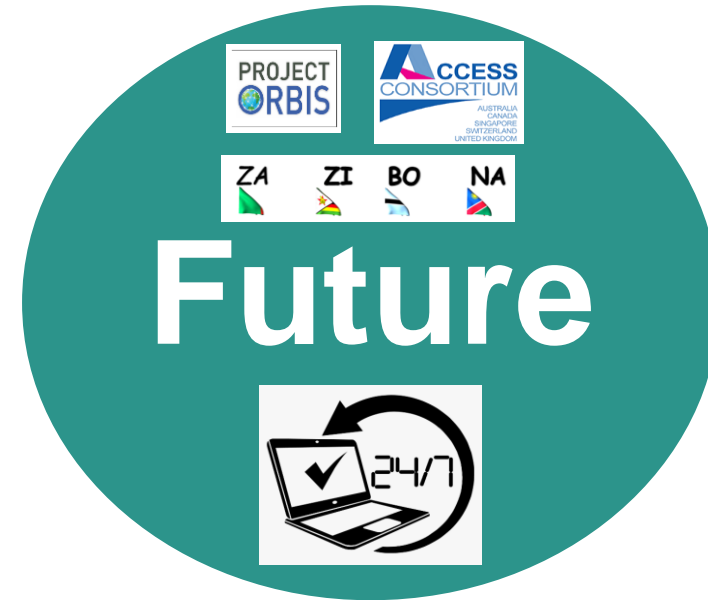


# Shifting the paradigm: Data-Driven Regulatory

*Transforming Sponsor/Regulator collaboration with structured data submissions in the cloud*



- e-paper (PDF)
- Static data shared at pre-defined stages
- Disparate data repositories
- Country by country submissions



- Harmonized structured data standards with global accessibilities
- Increased reliance approach and worksharing initiatives
- Rolling cloud-based data-submissions with dynamic regulatory assessments

# Stepwise approach to Digital Transformation

Dynamic  
Regulatory  
Assessment /  
Cloud  
Submissions



Data Submissions/  
KASA/Unicom



IDMP-SPOR  
+ PQ-CMC



CTD/eCTD



e-certificates  
e-signatures

transformational

foundational

## Transform for greater value and experience to patients:

- Dynamic Regulatory Assessment
- Cloud Submissions/Access/Accumulus Synergy
- AI-assisted data analytics to support decision making

## Streamline processes

- Data submissions, Data Analytics Support, KASA, UNICOM
- Cloud-based storage
- Leveraging digital technologies, automation, to improve processes
- Connect and centralize siloed information

## Structure information

- IDMP + SPOR + PQ-CMC
- Structured Product Quality Submissions
- Structured content management

## Organize information

- Harmonize submission formats and standards to ICH
- CTD, eCTD

**Digitize information:** digitally enable e.g., e-certificates, e-signatures, e-consent forms, portals for exchange



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**Presentation by:**  
**Emmanuel Owusu Adasi**  
ICT Officer  
**FDA Ghana**



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## THE IMS TC

The IMS Technical Committee's purpose is to advise the AMRH Steering Committee on regulatory information management systems to be implemented at the National, regional and continental levels.

- To provide support and monitoring of the implementation of IMS activities.
- Advise on continual reviewing and updating of existing systems.



# KRA 1: AMRH WEBSITE ENHANCEMENT

Key Result Areas	Activity	Expected output	Indicator	Target	Jan	Feb	Mar	Timelines 2023									
								Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
Key Result Area 1:	AMRH Website Enhancement																
Activity 1.0	Content development and AMRH online platform management	Updated content on the website developed	Availability of timely content on the website	1	x			x			x				x		
Activity 1.1	Incude additional Technical Committees	Updated Website							x								
Activity 1.2	Include the Link to the FR Path									x							
Activity 1.3	Include a link to the RISP Portal														x		
Activity 1.4	Include Partnership reports from meeting and Partners Logos									x		x			x		
Activity 1.5	Core information to be published										x			x			x
Activity 1.6	M&E Dashboard to be developed											x					
Activity 1.7	Add Secretariate Contacts								x			x					
Sub-total KRA 1					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	





# KRA 3: MODEL RIMS SOLUTION

[illegible]

## KRA 4: DEPLOYMENT OF ECTD / E-SUBMISSION FOR CONTINENTAL DOSSIER MANAGEMENT

[illegible]

# ROADMAP / WORKPLAN

(SUMMARY)

- AMRH Website Enhancement - Achieved in Dec 2022 and upgrade is ongoing.
- Development of Regulatory Information Sharing Platform (RISP) - The Project is ongoing, and a consultant will be engaged before the end of September 2023.
- Development of Model Regulatory Information Management System (RIMS) – A consultant is about to be appointed. September 2023
- Provision of Continental eCTD Solution – Awareness creation ongoing in all meetings

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Presentation by:

**Kristiina Puussaari**  
eSubmission Programme Coordinator  
EMA



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# Disclaimer

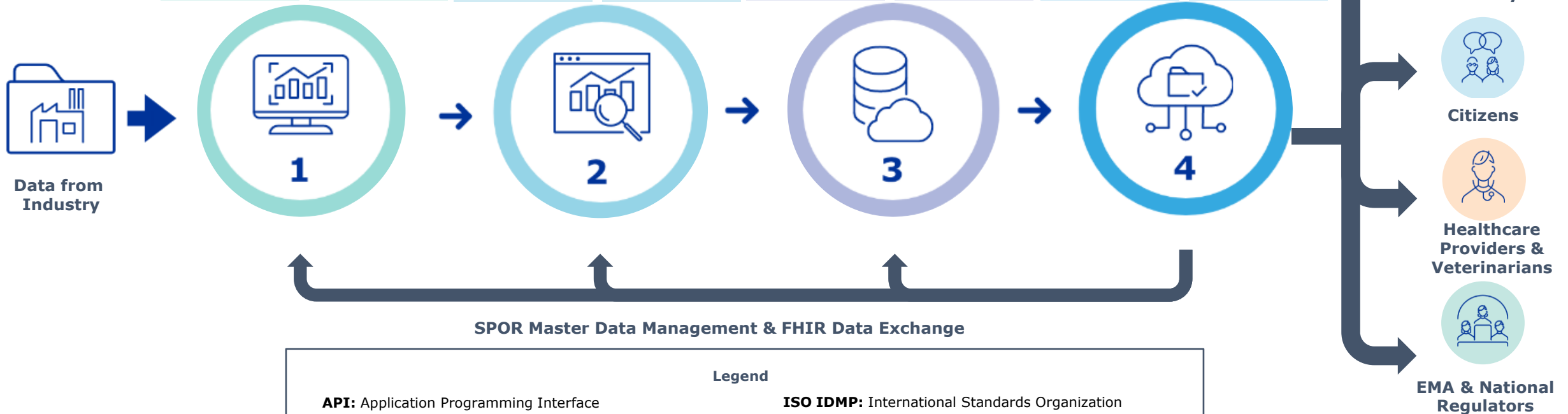


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# Product Lifecycle Management

A smoother and more coherent user journey

1. Capture data for regulatory processes		2. Validate, assess and analyse data		3. Store data using agreed standards		4. Share data & information across the lifecycle for customer value	
eAF Web Forms	ePI Authoring Portal	Regulatory Procedure Mgmt (IRIS)	Expert Panels for Medical Devices	PMS (SPOR)	eCTD v4.0	European Medicines Web Portal	UPD
Product Data Management UI	UPD	Electronic Submission and Review Tools	Common Repository	ISO IDMP	ePI	APIs / FHIR (SPOR/ePI)	ePI



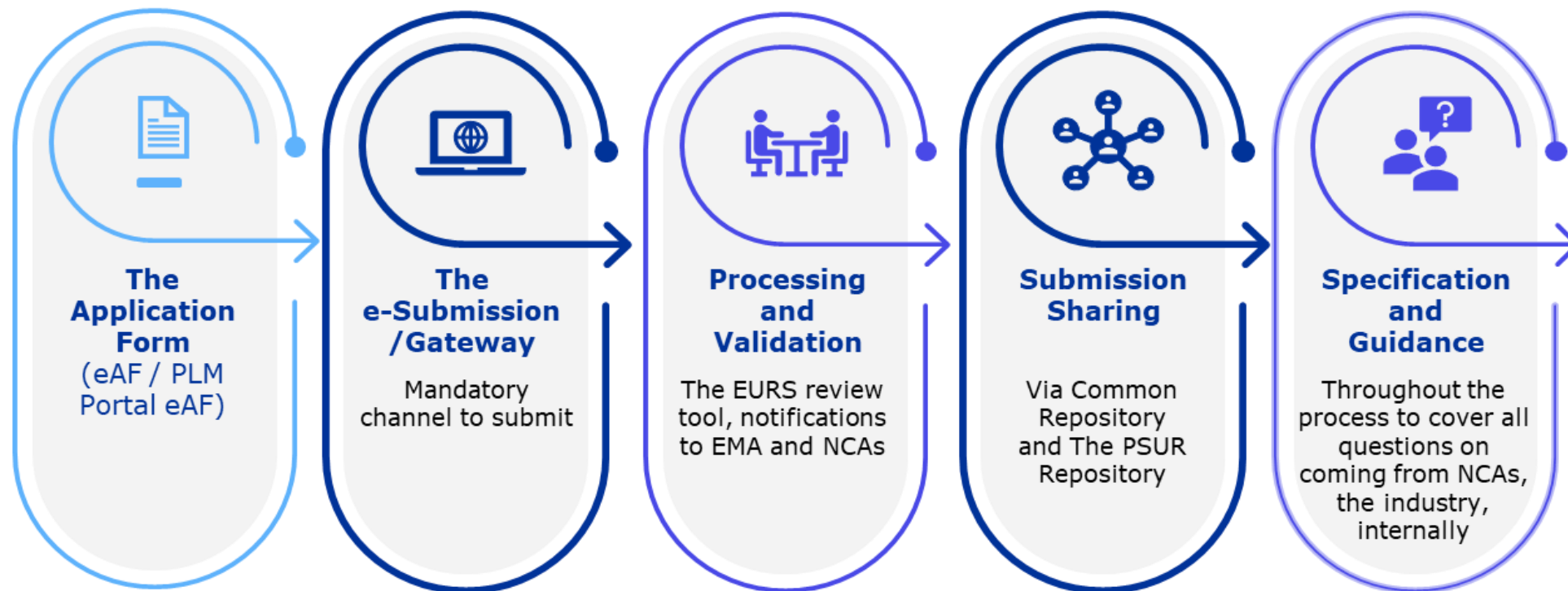
## Legend

**API:** Application Programming Interface  
**eAF:** Electronic Application Form  
**eCTD:** Common Technical Document in electronic format  
**ePI:** Electronic Product Information  
**FHIR:** Fast Healthcare Interoperability Resources

**ISO IDMP:** International Standards Organization Identification of Medicinal Products  
**PMS:** Product Management Service  
**SPOR:** Substance, Product, Organisation and Referential  
**UPD:** Union Product Database

# Electronic submissions (eSubmissions)

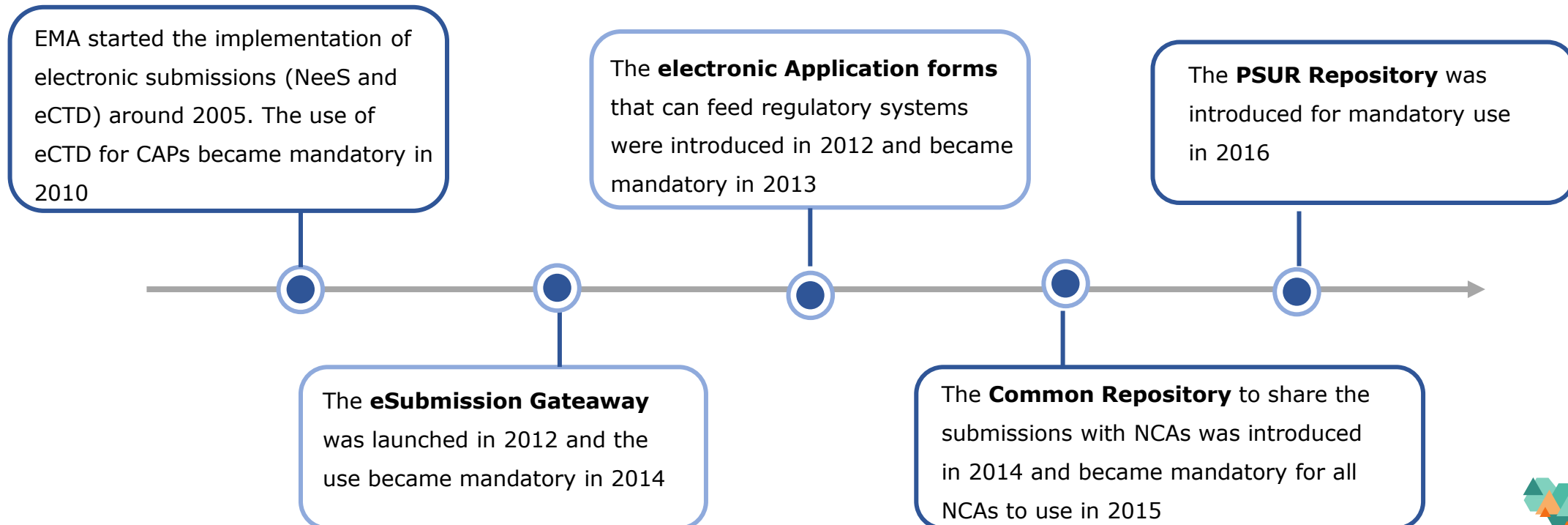
- With **eSubmissions** we create, enable, maintain and improve the submission tools and processes.
- eSubmissions support the EMAs core business and the whole EU network.





# Electronic submissions (eSubmissions)

eSubmissions at the EMA have **organically grown** over nearly 2 decades, initially starting from non eCTD (NeeS and even non NeeS format) electronic submissions on CD/DVD replacing the huge pallets of files and folders that were sent to EMA and to each NCA



## How did we do it successfully?

- The importance of **highlighting** the **benefits** to all stakeholders
- Importance of:
  - **Harmonised requirements** where possible to benefit from synergies
  - clear **regional specification**
  - **practical implementation** guides
  - Change Management and communication strategies in place ensuring timely communication to all stakeholders including channels for stakeholder communication to EMA (user groups, webinars, publications etc)
- Validation rules (for technical validation – automated rejection)
- Very clear **baseline requirements** (moving to eCTD from non-electronic/NeeS formats)
- Training for the **reviewers** – ensure readiness with **change management**

# Next steps on the path of continuous improvement

- EMA has adopted **Agile methodology** and has moved the portfolio of projects to this new model. The main advantages is that EMA is now able to **bring value to stakeholders** faster and build that incrementally.
- Stepwise implementation of the **SPOR** (Substance, Product, Organisation, Referentials) **Programme** has enabled and facilitated the move to electronic Submissions
- EMA is constantly improving and expanding the **IRIS industry and network portals**, bringing move value and smoother and more streamlined user journey to stakeholders (following the new progressive release model).
- EMA has recently released the first version of the ePI with limited features that can be used by early adopters for Centrally Authorised Products and Nationally Authorised Products. This Minimum Viable Product is a ready-to-use product to be used in the business process, enabling creation of an ePI and update after positive opinion
- Ensuring interoperability by using common standards, for example HL7 FHIR (Fast Healthcare Interoperability Resources) standard

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**Presentation by:**

**Christelna Reynecke**  
Chief Operations Officer  
**SAHPRA**



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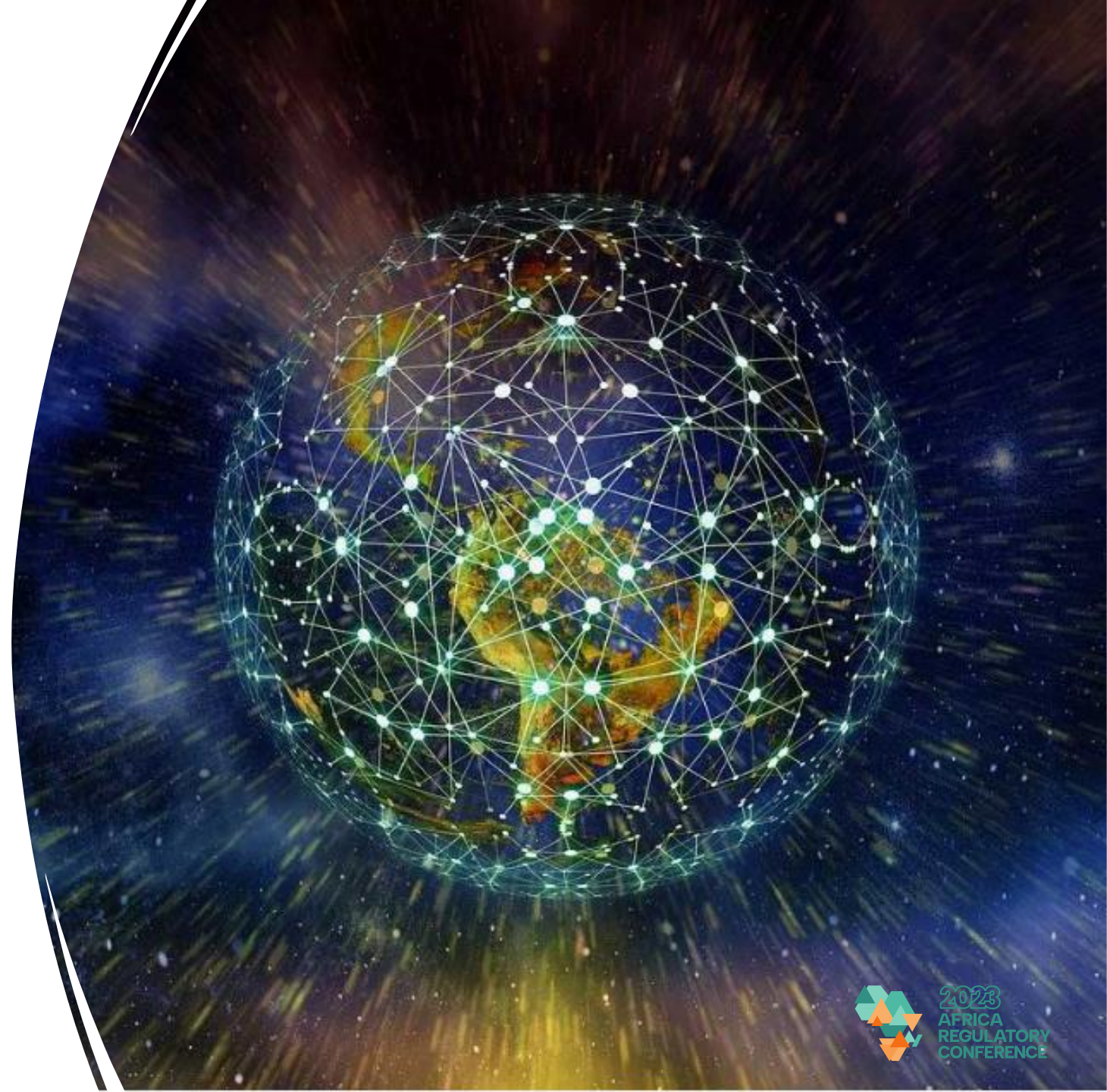




# SAHPRA Digital Transformation

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- SAHPRA's digital transformation is a priority for the organisation as our focus is on building the required capabilities, work processes and digital systems that will allow the institution to be more agile, innovative, streamlined, and efficient in the delivery of its mandate.
- At the centre of this digitisation will be an intuitive Single Sign On (SSO) self-service customer portal for the end-user, as well as intelligent internal management, automated workflows integrated with a review systems to streamline the entire regulatory process. Underpinned by a data analytics tool the enables real-time reporting and insights.d



# Transformation Challenges



Digital Execution Maturity of the organization



Adequate funding support for Digital Tools and Change Management process



Competing Priorities



Deploying Integrated and Interoperable systems that will support seamless operational processing

# 4 Strategic Goals



ESTABLISH IT  
SERVICES AND  
INFRASTRUCTURE



CREATE AND  
IMPLEMENT ICT  
INFORMATION  
SECURITY  
FRAMEWORK



DIGITAL  
TRANSFORMATION  
OF THE  
ORGANISATION  
AND ITS BUSINESS  
PROCESSES



VALUE DELIVERY



An abstract digital cityscape rendered in shades of blue. The scene features several 3D cubes and rectangular blocks of varying sizes, some of which are hollow or have glowing interiors. The surfaces of these blocks are covered in a dense pattern of binary code (0s and 1s). Bright blue, green, and red light beams and points of light are scattered throughout the scene, creating a sense of depth and digital activity. The overall atmosphere is futuristic and technological.

# Digital Transformation

- Where do we start?
- Business architecture
- Data architecture
- Application architecture
- Technology architecture
- Security architecture

# ROADMAP

1

2019

1. ICT network infrastructure and connectivity, voice communication, collaboration and conferencing
2. First digital application portal deployed (DVP)
3. eCTD applications received via USB submission

2020

1. eCTD applications received via sFTP submission

2

3

2021

1. ICT Strategic Roadmap approved,
2. URS for RIMS developed and approved
3. Application portal for S21 applications

2022

1. Procurement of Customer Query management tool,
2. eQMS tool Phase I
3. Lot Release applications digitised
4. AEFI reporting analytics platform
5. MedSafety Application launched
6. Website navigation revamp
7. Website document library launch

4

5

2023

1. Import/Export Management portal
2. Health Product Renewal applications digitised
3. eQMS Phase II
4. Pilot New Health Product application digitisation tool
5. RIMS implementation PHASE I commences
6. URS for Pharmacovigilance developed
7. Clinical Trials MIS implemented

2024

1. RIMS PHASE II and full cut-over
2. Pharmacovigilance analytics tool
3. Self-Service applications portal with Payment gateway
4. Business Analytics framework and Tool
5. Organisational ERP solution - URS and Procurement

6

7

2025

1. Digital Tools integration completed
2. Business Analytics data interfaced with Key Stakeholders
3. Key performance metrics published to website

# R-IMS Ecosystem

- **Stakeholder Engagement portal**

- Self Service
- Single Sign-on
- Entry point for contact with the organization
  - Receive and manage customer queries
  - Receive and manage Health Product application submission
  - Receive and manage Establishment Licensing applications
  - Receive and manage recall notifications communications from applicants
  - Receive and manage annual reports – as required by conditions of registration
  - Receive and manage S21 and S36 applications

- **Health Product IMS**

- Receive and process all manner of health product applications (eCTD format, PFD format, IMDRF prescribed application format for Med Devices)
- Document Management – for managing submitted dossiers in the relevant formats, validation the file structures and reporting on submission errors
- Case Management – review reports, queries etc.
- Lifecycle management of product (amendments)
- Evaluator review tool
- Resource management and planning tool

# R-IMS Ecosystem

- **Clinical Trials Management tool**

- Applications
- GCP Inspections
- Assessment feedback
- Reporting requirements management
- Safety Information management

- **Import/Export Permit management**

- Management of sites
- Management of country estimates and annual INCB reporting
- Online application for import/export permits
- Evaluation and evaluation results
- E-Permit
- Customs official online access to real-time information



# R-IMS Ecosystem

- **Pharmacovigilance Ecosystem**

- Reporting component – self reporting and healthcare practitioner reporting (AU 3S MedSafety)
- Case Management component
- Signal detection component
- Analytics and reporting component

- **Datawarehouse, Business Analytics and Stakeholder data management tool**

- Data repository – interfaced with various software tools
- Central data analytics center and dashboard reporting – management reports as well as select performance reports published to website for stakeholder review

- **Financial System upgrade**

- ERP module to manage transactions, debtors, fees, payments, statements and financial reporting
- Interfaced with Datawarehouse for key transactional prompts

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# PANEL DISCUSSION



**Emmanuel Owusu Adasi**  
ICT Officer  
Ghana FDA



**Christelna Reynecke**  
Chief Operations  
Officer  
SAHPRA



**Tim Powell**  
Director, Submission  
Sciences - **Biogen**  
Chair of the EFPIA  
eCTD Sub-Group



**Kristiina Puussaari**  
eSubmission  
Programme  
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**Teresa Eastwood-Kiefer**  
Chapter Leader, Regulatory  
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**Karim Kacimi**  
Regulatory Affairs Manager  
**Merck group**  
ALPI

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# QUESTIONS AND ANSWERS

We encourage you to use the Q&A box to raise questions to the speakers.

If a question you would like to ask has already been raised, you can also “like” that question. "



# KEY TAKEAWAYS – AfRC Track 05

-  **Great progress on digitalisation**  
Digitalisation is well underway in Africa thanks to the NRAs and RECs' advancements in digital innovations and eCTD deployments
-  **No reinventing the wheel**  
Broaden the best practices across the continent by actively supporting the AMRH's endeavours for a centralized regulatory information management system and eCTD through the AMA.
-  **Avoid putting the 'digital cart' before the 'digital horse'**  
A step-wise approach to the digitalisation journey is key to sustainable solutions. Foundational steps are critical for the AMA to participate in the future of regulatory digital transformation
-  **Opportunity for AMA to leapfrog**  
AMA can leapfrog to the most modern solutions, avoiding pitfalls, outdated and siloed technologies others previously experienced.
-  **Collaboration on the roadmap priorities**  
Industry is committed to partner on the digitalisation roadmap for the continent. We call on agencies and stakeholders to work together towards this goal through forums and pilots.
-  **No 2-step Africa**  
AMA can connect all stakeholders in the continent and regulatory ecosystem layers. A strong, interoperable digital health infrastructure has the potential to help close disparities in access to care and help countries achieve their universal health coverage goals.



# Virtual coffee/tea break

*We will be back at* **14h35 CEST**



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Transforming the Regulatory ecosystem in Africa

DAY 3 | How can Africa pioneer regulatory system innovation and digitalization?



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# AfRC Track 06

## Ability of regulatory systems to incorporate innovation and change

Session Moderator: **Ginny Beakes-Read**



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# Regulatory Agilities Experienced by Industry in Africa, During the COVID-19 Pandemic

Presented by: **Jacqueline Acquah (JnJ)**

14 September 2023





# IFPMA Research Project...



How should the industry and regulators prepare for future pandemics



Which of the regulatory agilities emerged with the COVID-19 pandemic could/should be integrated into the standard normative processes

...resulting in the following publication.

*Therapeutic Innovation & Regulatory Science*  
<https://doi.org/10.1007/s43441-023-00536-y>

DIA

REVIEW



**Medicinal Product Development and Regulatory Agilities Implemented During the Early Phases of the COVID-19 Pandemic: Experiences and Implications for the Future—An Industry View**

Gaia Geraci<sup>1</sup> · Janis Bernat<sup>2</sup> · Céline Rodier<sup>1,3</sup> · Virginia Acha<sup>4</sup> · Jaqueline Acquah<sup>5</sup> · Ginny Beakes-Read<sup>6</sup>

Received: 20 October 2022 / Accepted: 28 April 2023  
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## Regulatory Processes

Use of Reliance

Use of Digital and e-tools

Prioritization of renewals and PACs to ensure supply of already approved products .

Use of waivers for some regulatory processes



## Clinical Trials

Not much documentation on agilities on clinical trials in Africa



## Quality

Risk-based GMP Certification

Use of e-documents like e-CPP, and reduced product-release requirements in some cases

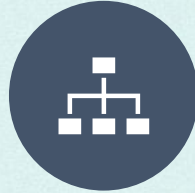
Virtual/Hybrid Inspections

# Regional Overview of Africa ~ Trends

# Regional Overview of Africa ~ Challenges



**Fragmented** regulatory systems.



**No framework** for the use of reliance or where a framework is present, reliance not utilized effectively.



**Limited resources**, including human resource and capacity and testing equipment.



**Non-existent or limited digital infrastructure** in most cases, resulting in Use of hard copy, physical submissions , rather than e-submissions in some cases.



**Virtual meetings** not always possible.



**Requirement for legalized** documents, samples for initial registrations and post approval changes in some cases



**Unpredictable timelines** as seen with general delays in new product registrations, GMP renewal and import permit validation and issuance.



# How can Africa prepare for the future?

## STANDARD NORMATIVE PROCESS

### Overall

- Achieve **common standards** for all medicines in the continent.
- **Increase digitalization and use of electronic tools:** email communication; virtual meetings; e-platforms; electronic documents (e.g. CPP).
- **Leverage digitalization** to avoid losing documents and enable reliance and use of work from different jurisdictions.
- Integrate **reliance practices** into the operations of the NRAs and decision-making process.
- **Increase reliance and transparency.**
- Develop an **ecosystem facilitating sustainable business and local production.**

### Quality

- **Institutionalize use of eCPPs**, soft copies of other administrative documents (e.g. GMP / Manufacturing license) as new way of working when possible.

### Regulatory

- **Institutionalize expedited regulatory pathways** at country, regional and continental level: including priority review, fast tracked reviews for selected types of products, temporary authorizations of products for emergency use.
- **Adopt or increase work-sharing, joint assessments and reliance** as part of the decision-making process, consider this in light of the set up of AMA.
- Introduce **flexibilities** for high unmet need and “high profile” products as a priority, and all products if possible.

### Clinical trials

- Ensure **rigorous review and processes.**

# Conclusion

The regulatory dialogue should be iterative, responsive, holistic and voluntary in the future.

Strong political will facilitates changes to regulatory frameworks for the benefit of patients.

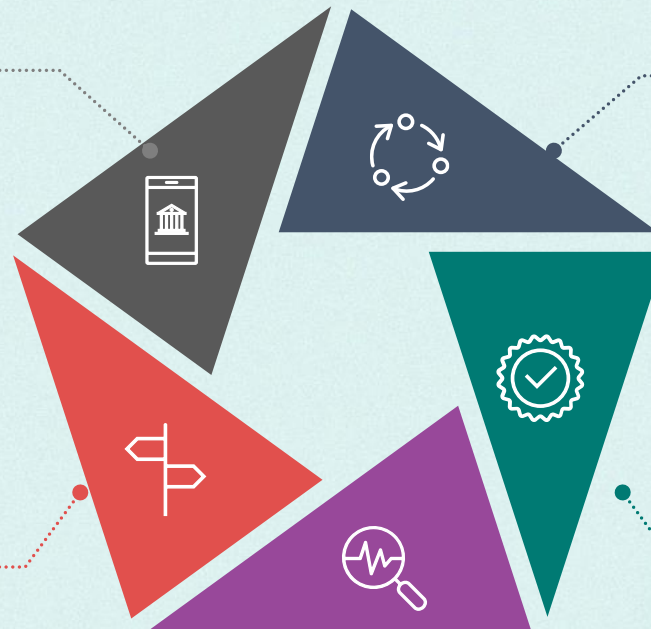
Consider regional differences and leverage local trade & patient organizations for advocacy purposes, as needed

**DIGITALIZATION**  
Institutionalize virtualization of ways of working, use of digital formats

**RISK-BASED APPROACHES**  
To be adopted in decision-making

**PACs MANAGEMENT**  
Prioritize Post-approval changes management to allow fast manufacturing and supply

**RELIANCE, WORK-SHARING AND ALIGNMENT**  
Increase collaboration for efficiency gain





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## Transforming the Regulatory ecosystem in Africa

Presented by: **Edwin Nkansah**, Director, Vaccine,  
Vigilance and Clinical Trials Directorate, FDA Ghana



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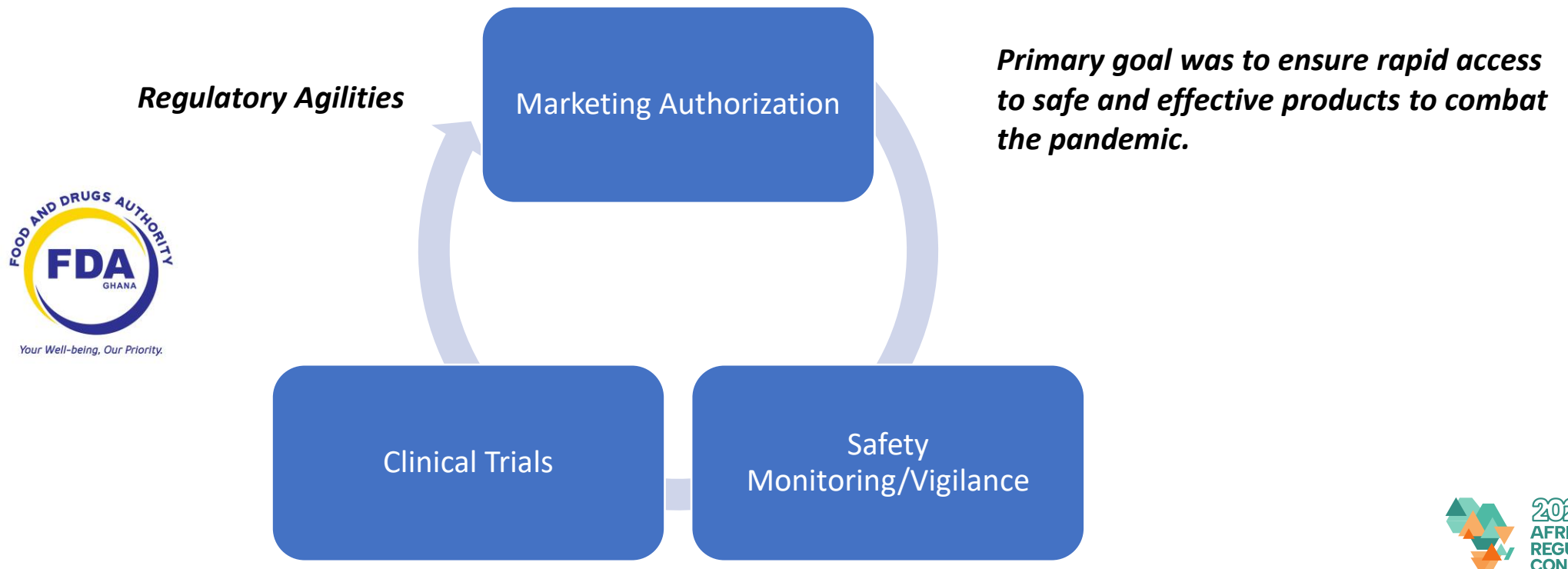


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# NRA PERSPECTIVES ON USE OF REGULATORY AGILITIES AND IMPLICATIONS FOR THE FUTURE

**Food and Drugs Authority:** Is the National Regulatory Authority responsible for the regulation of Health Products and Technologies, post-authorization safety monitoring of regulated products and clinical trials oversight.





# AGILITIES APPLIED TO THE CLINICAL TRIALS FUNCTION

## CLINICAL TRIAL OVERSIGHT:

- **Expedited CTA processing:** Revised CTA processing timelines to 21 working days -original timelines of 60 days – to expedite processing CTA submitted towards decision making in during the pandemic or public health emergency.
  - Other CTA application which may be deemed critical towards urgent decision making may be subjected to this expedited pathway
- **Reliance:** Leveraging reliance to process CTAs – rely wholly or partly on the decision made by a well-resourced NRAs
  - Decisions made on the Protocol/IMPD/IB, etc
- **Virtual training:** Revised the GCP training format from in-person face-to-face to virtual to promote the ease of participation.
  - Improved participation in terms of numbers (well of 350 participants enrolled for the second 2023 training programme)
- **Concurrent submission:** Concurrent submission of CTA and ECA to promote parallel processing of applications
  - Shortened the timelines for regulatory decision making...
- **CTA for Herbal Medicine:** Receipt, evaluation and approval of a CT for of a locally manufactured herbal product for the treatment of COVID-19 disease. Current requirements amended to receive and process such applications
  - Study outcome: Reasonable sample size not attained –
- **Adoption of new CT designs:** Adoptive trials received and approved



# AGILITIES APPLIED TO THE MARKETING AUTHORITY FUNCTION

## MARKETING AUTHORIZATION:

- **Application of Reliance:** policy allowed application to be processed via an alternative processing pathway which allowed expeditious evaluation of submitted application towards decision making – leveraging decisions made by a well-resourced NRA, WHO, regional bodies such as WAHO, etc.
  - Applied the reliance policy of FDA
- **Classification of evaluation queries:** Queries are classified into **Critical** (*requirements shall be satisfactorily addressed before authorization shall be granted*) and **Major** (*requirements shall be satisfactorily addressed during period of the authorization*) to unnecessarily hinder market entry of a life-saving drugs;
- **Rolling submission:** allowed continuous submission and subsequent review of data on on-going studies towards regulatory decision making ;
  - allowed companies to submit data subsequently to complement already submitted applications to support decision making.
- **Dedicated review team:** dedicated teams of experts to review applications deemed to be of public health concerns;
  - Team – Joint review team – convened as and when necessary to expeditiously review and make recommendations on application. Decision making within 15 working days.

# AGILITIES APPLIED TO THE MARKETING AUTHORITY FUNCTION

- ***Virtual dossier evaluation meeting:*** In-person face-to-face committee meetings to partly or wholly virtual meetings to evaluate product development dossiers towards MA.
- ***Conditional Authorizations:*** application of conditional authorizations – limited validity (1 year instead of the standard 3 years) – extended upon satisfactory evaluation outcome of submitted condition(s) – mostly bothering on product safety and efficacy (post-approval requirements).

*It's important to note that while these interventions were crucial in addressing the urgent need for life-saving medical products, the FDA maintained a commitment to **safety** and **efficacy** standards.*

- Authorizations comes with rigorous monitoring, post-market surveillance, and directive/commitment to submit data collection studies (*if necessary*)

# AGILITIES APPLIED TO THE VIGILANCE FUNCTION

- Rapid deployment of expert committees leveraging existing expert committees (*i.e.*, medicines, and vaccine and biological products, medical devices, food and nutrition)
  - *e.g.*, establishment of the 11-member Joint COVID-19 Vaccine Safety Review Committee during the pandemic..
- Conversion of in-person face-to-face meeting/activities to virtual meetings/activities
  - Virtual PV sensitizing trainings
  - Virtual meetings of expert committees to assess ADR/AEFI/SAEs
- Active follow-up study (cohort event monitoring) to identify safety issues.
  - Applicable whenever we grant authorization to a product of interest with limited safety information...

# THANK YOU!



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# Associations' Perspectives



**Ginny Beakes-Read**  
Vice President,  
Global Regulatory Policy & Intelligence  
Janssen Inc.



**Nicholas Cappuccino**  
Chair, Science Committee  
IGBA



**Wilberforce Wanyanga**  
Board Member,  
FAPMA



# PANEL DISCUSSION



**Ginny Beakes-Read**

Vice President,  
Global Regulatory Policy & Intelligence  
Janssen Inc.



**Jacqueline Acquah**

Associate Director,  
Global Public Health  
Vaccines Regulatory  
Affairs (EMA),  
Janssen



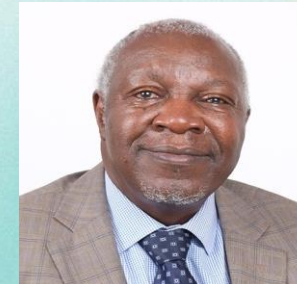
**Edwin Nkhansah**

Director,  
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**Nicholas Cappuccino**

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Committee  
IGBA



**Wilberforce Wanyanga**

Board Member,  
FAPMA

# QUESTIONS AND ANSWERS

We encourage you to use the Q&A box to raise questions to the speakers.

If a question you would like to ask has already been raised, you can also “like” that question. "





# KEY TAKEAWAYS — AfRC Track 06

- Initially, the **primary goal of regulatory agilities** was to ensure rapid access to safe and effective products to **combat the pandemic**. Now there is an opportunity to review and incorporate regulatory agilities within normal regulatory processes to **promote innovation & advancement in regulatory systems**.
- Use of **reliance, digitalization, e-tools/e-documentation and collaborative hybrid virtual inspections** stand out as areas for implementation and growth.
- Regulatory agilities have the possibility to accelerate processes, yet commitments to **quality, safety and efficacy** must be maintained for the benefit of patients.

# THANK YOU!



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## Join tomorrow for AfRC Day 4

How do patients benefit from  
stronger regulatory systems?

13:00 -16:00 CET

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