



Authority in Action: Strengthening Medical Device Oversight Across the African Continent.

Strengthening Regulations Through Shared Progress

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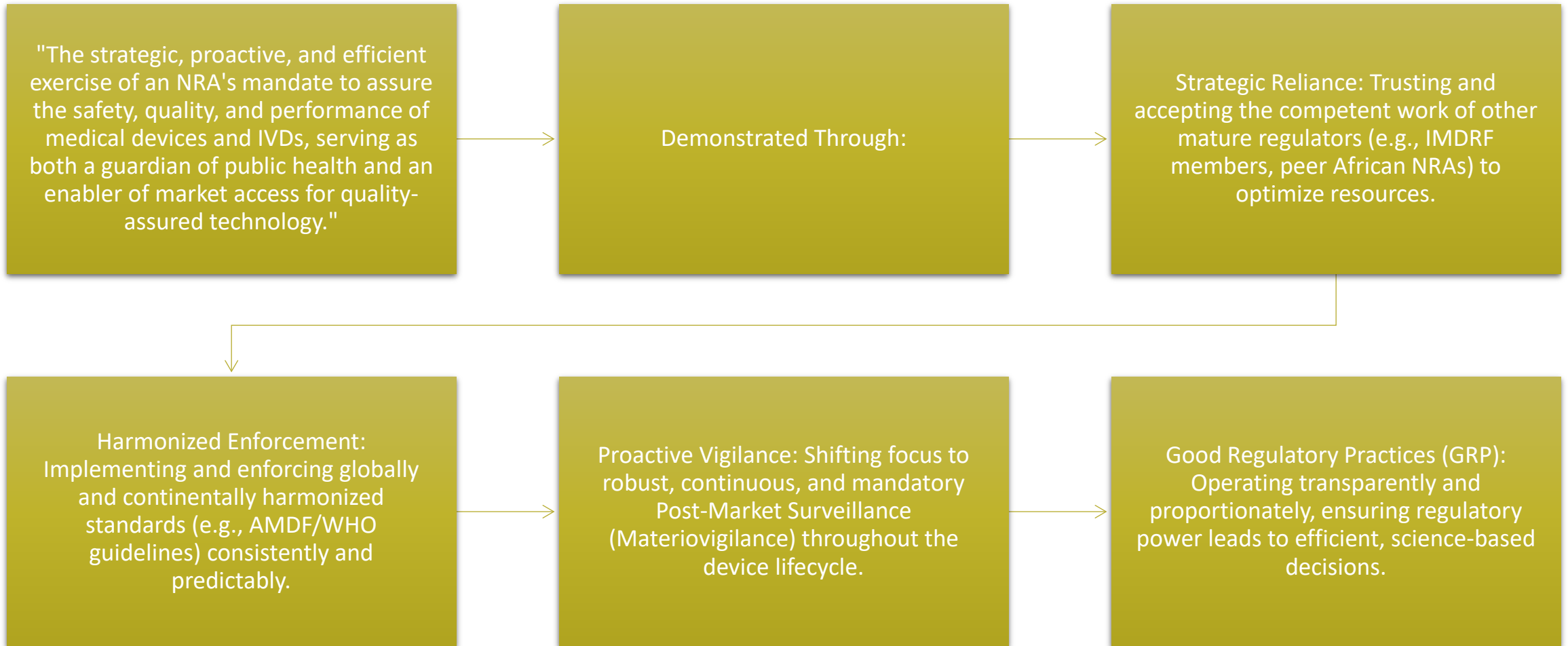
Roche Diagnostics, Africa

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- Defining “Authority in Action”
- Core challenges and imperatives
- The strategic solution
 - Regulatory harmonization & reliance
- Pillars of authority in action
- Future-proofing oversight
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- Call to action



Defining “Authority in Action”



Why we must ACT NOW

The African Regulatory reality - challenges

The reality is that inconsistent regulation creates a "**Medical Device Lag**", hindering both public health and market efficiency.

Fragmented Foundations: Many countries lack dedicated, specific legal frameworks for Medical Devices and IVDs, often relying on outdated drug laws.

• *Example:* Oversight is sometimes reactive or limited only to basic products, exposing patients to substandard and falsified devices.

The Capacity Gap: We face critical shortages in **specialized regulatory personnel** (biomedical engineers, IVD experts) and technical resources for sophisticated reviews and QMS audits.

Market Unpredictability (Industry View): For manufacturers, non-harmonized, unique national requirements mean redundant efforts, long approval timelines (often years), and unpredictable costs—detering investment in high-quality medical technology.



The Shared Goal: We need systems that are predictable, efficient, and science-based to ensure **Safety, Quality, and Performance (SQP)**

The blueprint for shared progress: Harmonization and Reliance

Harmonization and Global Convergence

Our strategic solution is to move from 55 distinct regulatory systems toward a unified, reliance-based framework.

Continental Leadership (AMDF)

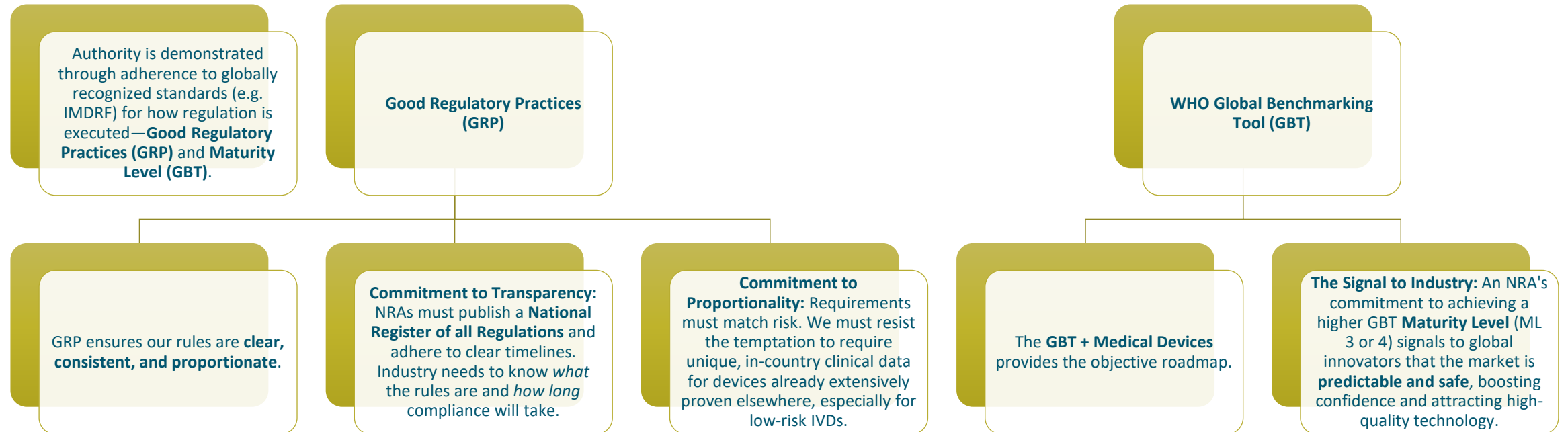
- The Africa Medical Devices Forum (AMDF), under the AMRH initiative, provides the non-negotiable blueprint.
- **Core Action:** Adopting IMDRF & AMDF guidelines—based on the WHO Global Model Regulatory Framework—for common classification, registration, and QMS inspection.
- *Industry Benefit:* Manufacturers can submit one **harmonized dossier**, drastically simplifying market entry across multiple countries.

The Smart Regulator: Reliance

- **Good Reliance Practices (GRiP)** are the hallmark of a modern, efficient regulator. We must stop doing work that others have competently done.
- **Authority in Action:** Formally and strategically **recognize** the marketing authorization and/or QMS audit reports (like MDSAP) from IMDRF member agencies and peer African regulators.
- *Impact:* An NRA with limited staff can accept the quality assessment of another trusted authority, shifting its scarce resources to critical, value-added national functions like **Post-Market Surveillance**.

Authority in Action: Implementing advanced regulatory practices

The Pillars of Authority: GRP and GBT



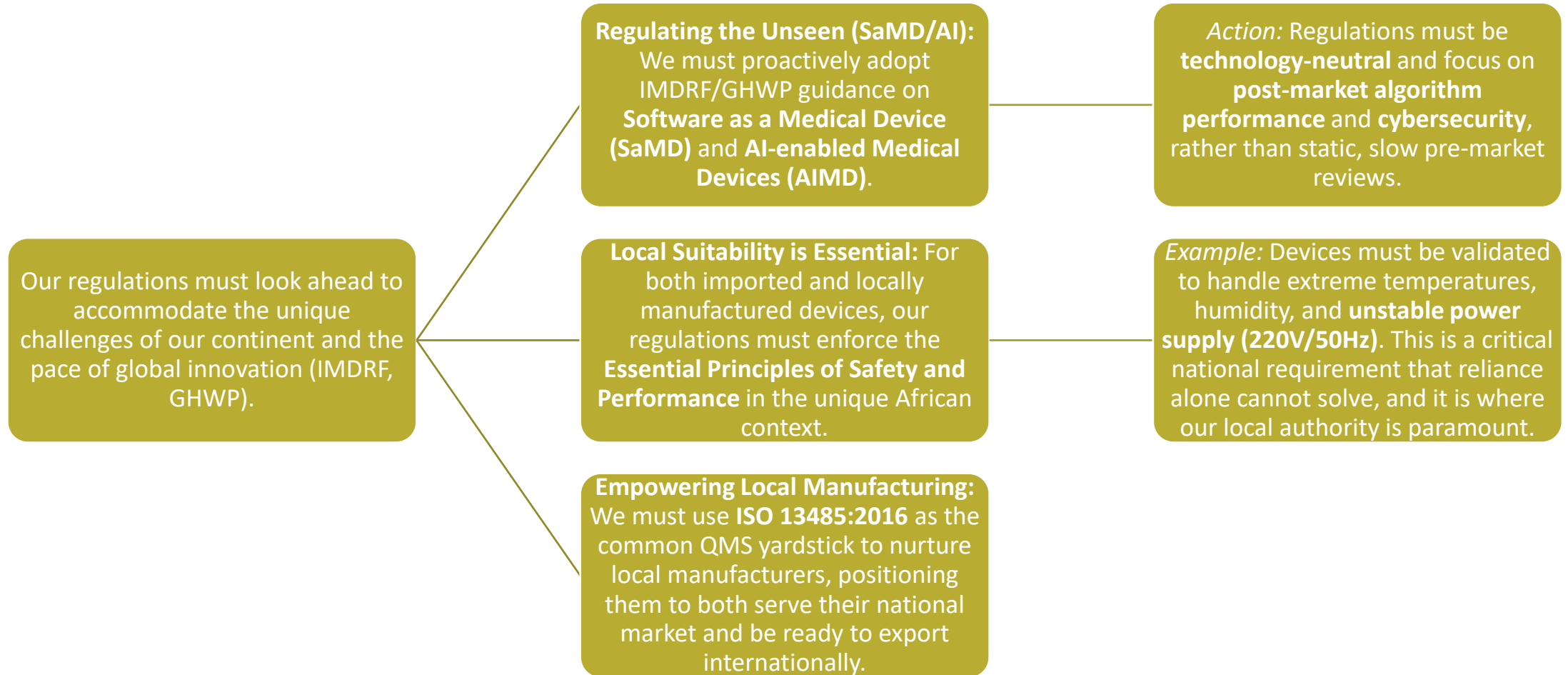
Core elements of Good Regulatory Practices (GRP)

Application in the regulation of medical devices and diagnostics

- **Transparency and public engagement;**
 - All regulations, guidelines (like those from AMDF), fees, and processes must be **publicly accessible** and involve stakeholder consultation before finalization, ensuring clarity and predictability.
- **Risk-based proportionality;**
 - Regulatory requirements (e.g., dossier review depth, clinical data requirements) must be **commensurate with the device's risk classification** (Class A to D), preventing undue burden on low-risk devices.
- **Strategic Reliance (GReIP);**
 - NRAs must formally adopt a policy to **leverage and accept the scientific assessment work** performed by recognized, trusted regulatory bodies (peer African NRAs, IMDRF members) to accelerate local approvals and conserve national resources.
- **Scientific consistency;**
 - All decisions must be based on **sound science and adherence to globally recognized technical standards** (e.g., ISO, IEC), ensuring regulatory outcomes are objective, reproducible, and not arbitrary.
- **Defined performance metrics;**
 - The regulatory system must commit to and publish **clear service standards and timelines** for reviews, licensing, and inspections, demonstrating administrative efficiency.

Future focus: Technology and the local context

Emerging technologies & local suitability



Conclusion

Unified vision

Our success depends on moving forward, not as 55 individual bodies, but as a **cohesive African regulatory space**.

For Regulators: Adopt the IMDRF & AMDF frameworks and GRIP immediately. Commit to GBT.

For Industry: Commit to high-quality, harmonized submissions and robust, locally-aware post-market vigilance systems.

Let the **Authority in Action** of our NRAs be the force that creates the efficiency, quality, and predictability necessary for **Shared Progress** in healthcare access across the continent.

Let's build a unified African regulatory space together.



If you want to go fast, go alone. If you want to go far, go together.



In medical device regulation, we must go together, to ensure we go further for our patients.



THANK YOU