Advancing the clinical research ecosystem in Africa: inclusive, innovative and impact-driven approaches

AFRICA REGULATORY CONFERENCE 2025

4-PART SERIES

UNDER-REPRESENTED POPULATIONS IN CLINICAL TRIALS

02 October 2025

13H00 – 16H00 CET & SAST

SESSION 1:

WHY ARE RESEARCH ETHICS IMPORTANT?

PANEL DISCUSSION

Jacqueline Kitulu,
Incoming President,
World Medical
Association

Mercury Shitindo
Chair & Executive
Director, Africa
Bioethics Network

AFRICA
REGULATORY
CONFERENCE
2025

SESSION 2:

PROJECT INITIATIVE PRESENTATIONS

PANEL DISCUSSION

Martina Penazzato
GAP-f lead,
WHO

Mariana Widmer
Scientist, Maternal and Perinatal Health,
WHO

Myriam El Gaaloul
Head of Clinical & Regulatory Sciences, MMV

Theresa Wang
Clinical Quality and Compliance Management Director,
AstraZeneca

AFRICA REGULATORY CONFERENCE 2025

Ensuring better inclusion of underrepresented populations in clinical trials

Martina Penazzato MD, MSc, PhD

GAP-f lead

Science for Health Department - WHO's Chief Scientist Office

2 October 2025

World Health Organization

WHA75.8 called for actions to strengthening clinical trials: several key milestones achieved to date

GCTF
Global clinical trials forum
WHO Managed Network

World Health Organization

SEVENTY-FIFTH WORLD HEALTH ASSEMBLY
Agenda item 16.2

WHA75.8
27 May 2022

Strengthening clinical trials[1] to provide high-quality evidence on health interventions and to improve research quality and coordination

2022

WHA resolution 75.8

2023

Global clinical trial forum (GCTF)

Proposed a new vision for clinical trials

2024

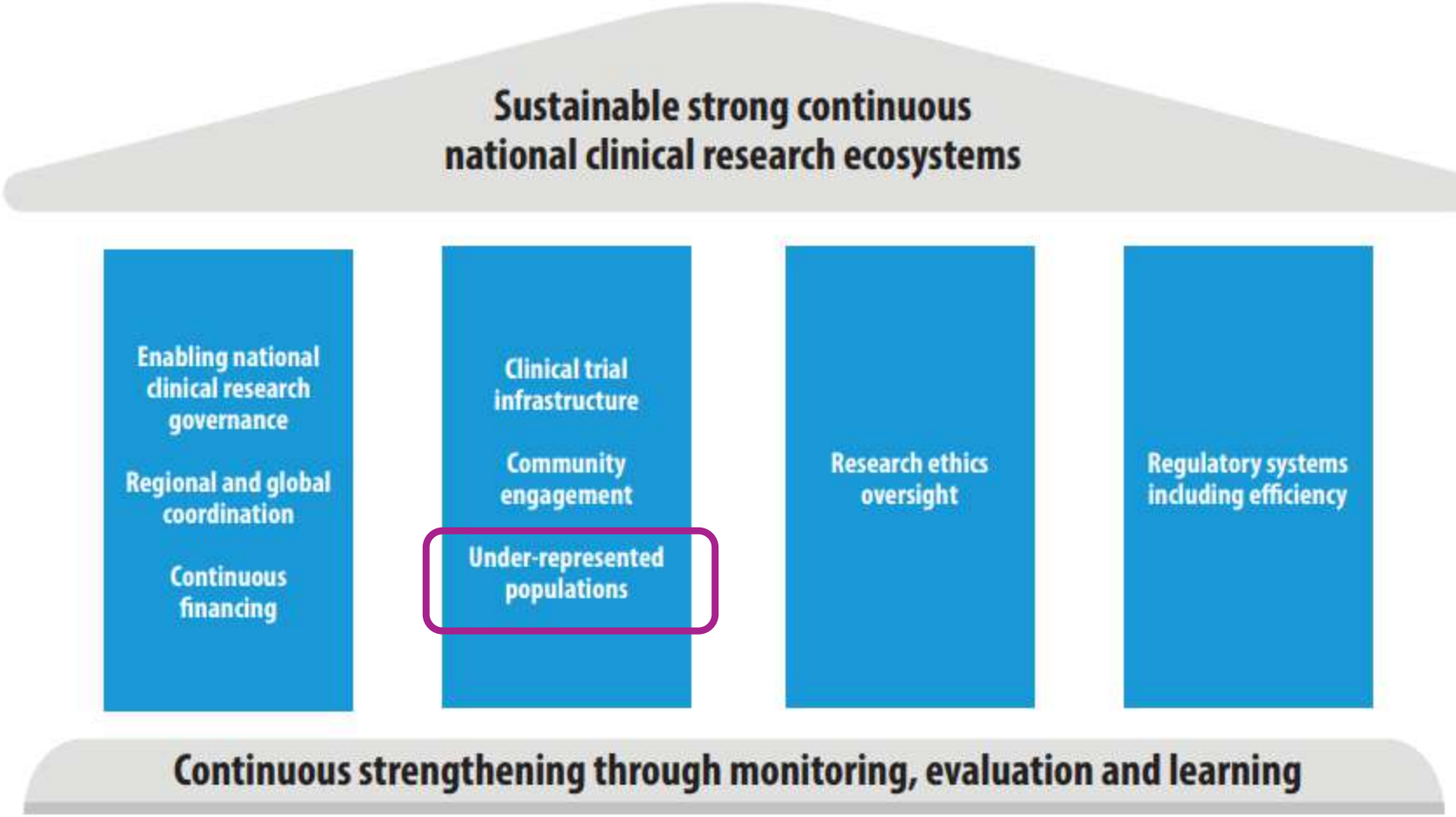
Launch of WHO Guidance

Researchers, industry, regulators ethics authorities, funders, patient groups, health authorities

2025

Launch of global action plan for strengthening clinical trials (GAP-CTS)

World Health Organization



Source: Moorthy V, Abubakar I, Qadri F, Ogutu B, Zhang W, Reeder J, et al. The future of the global clinical trial ecosystem: a vision from the first WHO Global Clinical Trials Forum. The Lancet. 2024 Jan 13;403(10422):124–6 (https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)02798-8/fulltext).

World Health Organization

Document link:

Policy Guidance for Better Inclusion of Underrepresented Populations in Clinical Trials and Research

Scoping review & Root Cause Analysis to (i) identify underrepresented populations across intervention types (vaccines, therapeutics, diagnostics) and (ii) analyze systemic, structural, and operational barriers, including regulatory, ethical, and logistical constraints.

Policy Mapping & Gap Analysis of existing national and international policies, guidance documents, and toolkits, to identify gaps and inconsistencies and develop principles and criteria for equitable access.

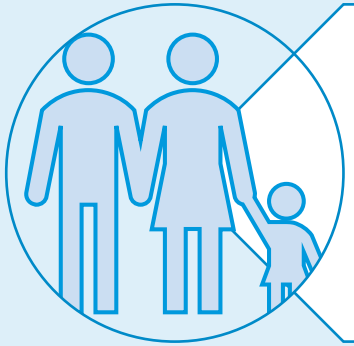
Drafting of policy guidance & implementation tools

Objective: identify barriers, assess policy frameworks, and deliver actionable tools to promote equity in research participation

World Health Organization

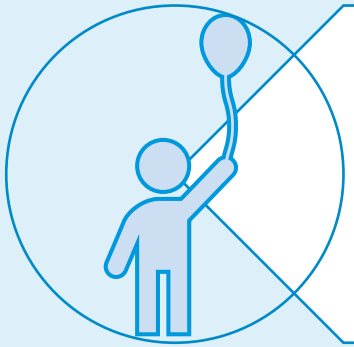
Key barriers to inclusion of children in clinical research

Failure of the global research community to efficiently coordinate and align, including processes between national governments, communities, researchers, regulators, industry and funders to address the most pressing evidence gaps for infants and children



Common to all areas of research

- DATA & BIOSPECIMEN GOVERNANCE
- RESEARCH LEADERSHIP AND CAPACITY
- INFASTRUCTURE & LOGISTICS
- TRIAL METHODOLOGY
- NATIONAL LEADERSHIP AND STEWARDSHIP



Disproportionately affecting paediatric research

- ETHICS and REGULATORY
- FUNDING
- RESEARCH CAPACITY

World Health Organization

Solution framework towards impactful evidence for children

A coordinated, transparent process with an accountability mechanism to complete high quality research that provide policy makers and programme managers with definitive evidence to inform interventions that reduce infant and child mortality and improve health and development

- Over the next 5 years we aim for research collaborations to address agreed research priorities in countries
  - High quality evidence to inform policy
  - Builds sustainable research infrastructure
  - Supported by enabling ethical and regulatory environment
  - With accountability mechanism

Unless there is a step change in how critical clinical trials for infant and child survival, health and development are approached, there is no reason to believe that things will change

Series

Clinical Trials in Global Health 2

Strengthening the paediatric clinical trial ecosystem to better inform policy and programmes

oa

The first WHO Global Clinical Trials Forum was convened in November, 2023 to develop a shared vision of an effective global clinical trial infrastructure. The Paediatric Clinical Trials Working Group was formed to provide perspectives, identify challenges, and propose solutions to strengthen the paediatric clinical trials ecosystem. Participants represented paediatric disciplines, including infectious diseases, nutrition, neonatology, pharmacology, oncology, neurodevelopment, public health, and policy. Childhood diseases have profound lifelong effects on health, livelihoods, and societies. Investment in early childhood results in highly cost-effective changes to lifelong health, productivity, and human capital returns. Yet, there remain substantial gaps in knowledge on the efficacy and safety of many paediatric interventions, which represents a failure to establish shared priorities and alignment across governments, researchers, communities, and funders. Children are frequently marginalised from clinical trials, which is an issue of equity. Challenges include mismatched priorities and funding, risk adversity, poor design, power imbalances, and inadequate infrastructure. Solutions include aligning on and tracking local and global child health priorities against funding and supporting regional consortia to pool resources for larger, more consequential trials. We propose actions and responsibilities for global, regional, and national institutions for prioritisation, coordination, enabling paediatric trials consortia, funding, and tracking progress.

Introduction

Global child survival has improved considerably over the past four decades. However, progress is not evenly distributed, and declining mortality rates for those younger than 5 years have levelled off since 2015 despite increased access to evidence-based interventions (figure 1). Neonatal mortality has declined more slowly and now makes up half of all mortality for those younger than 5 years. Global financing for child health interventions, such as vaccinations, nutritional support, and universal health coverage has shrunk in the wake of the COVID-19 pandemic, the global cost of living crisis, and competing priorities of multiple ongoing humanitarian emergencies. As such, the UN Secretary-General António Guterres suggested that the world is "woefully off-track" to achieve the Sustainable Development Goals by the 2030 deadline.

Neonates, infants, children, and adolescents differ from each other and from adults with different physiologies manifested in the pace and trajectories of immune, brain, and other organ growth and development. Hence, the causes, burden, and course of disease differ between these age groups. The consequences of disease, impaired growth, malnutrition, and adverse development during childhood have profound lifelong effects on future health, livelihoods, and societies, further exacerbating inequities.

James Heckman, Nobel prize winner for economics, showed decades ago that investments to give children the best start in life to reach their full developmental potential are greatly outweighed by the productivity and human capital returns across the life course, and of greatest relevance to the world's lowest-income nations. Although this return on investment is clear, there is a cognitive dissonance between the acknowledged importance of children for our shared future and the actual attention, investment, and priority given to children, including in research. Since the start of the Millennium Development Goals, the importance of evidence-informed strategies has been highlighted, for example, in the Bellagio Child Survival Lancet series paper in 2003. However, the full potential of these approaches has not yet been achieved.

High-quality controlled clinical trials, defined as prospectively assigning individuals to one or more interventions to evaluate health outcomes, are key tools to generate robust evidence to drive policy, guidelines, investment, and practice. Of all trials registered on the International Clinical Trials Registry Platform between 2000 and 2023, only 10% included children. Among those that were uniquely paediatric trials, only 9% were conducted in low-income and middle-income countries (LMICs), 1% in low-income countries (figures 2, 3), and few focused on the highest mortality period at birth and in infancy. These simple statistics show a stark mismatch between disease burden and research activity. Consequently, for the next 5–10 years, as clinical trials are reviewed to inform updated guidelines, we will continue to face substantial gaps in knowledge on the efficacy and safety of commonly used interventions, including antibiotics, fluids, nutritional products, oxygen, and vaccines. Malnutrition is a major contribution to up to half of childhood mortality, but there is a dearth of evidence on the pathophysiological mechanisms and

www.thelancet.com/lancetgh Vol 13 April 2025 e732

Source: J. A. Berkley at al. Lancet Glob Health 2025; 13: e732–39

Priorities for collaborative multicountry clinical trials are now identified

Technical report to be launched by the end of October

Key steps in the process

Ensuring key enablers are put in place to support design and conduct of priority clinical trials

Coordinated and targeted funding

- **Pooled funding** from multiple stakeholders (public and private sector) to support prioritised research;
- ensuring community engagement and **capacity building within budgets**;
- supporting staff **career development** and staff retention
- **Government** involvement and funding of research;

Enabling Regulatory and Ethical Frameworks

- Published regional and national action plans for **paediatric ethics training** and accreditation;
- Paediatric-specific Good Clinical Practice **(GCP)** and research ethics training;
- **Alignment of ethical and regulatory principles** in support of rapid implementation of research
- Annual publication of the number and proportion of trials being undertaken in children at national, regional and global levels.

Knowledge translation

- Efficient **dissemination of study findings and translation** into practice and policy change at global and national level;
- **Learning health systems approaches** in knowledge translation;
- **Establish capacity incrementally** for future research

World Health Organization

GAP-f continues to deliver & evolve

"GAP-f has built a network that amplifies our collective ability to deliver essential medicines to the most vulnerable. We need to continue to leverage our shared expertise and meet our commitments, so that every child has access to the life-saving medicines they need."

Helga Fogstad
Director, Health Program
United Nations Children's Fund (UNICEF)

GAP·f Global Accelerator for Paediatric formulations WHO Hosted Network

Our goal by 2030:

30 by '30

is GAP-f's bold, focused commitment to ensuring that children everywhere have access to paediatric medicines- because no child should miss out on lifesaving care:

10 Diseases assessed

Priority formulation needs identified focusing the global community on areas of greatest need, impact and feasibility

10 Medicines accelerated

Enabled and supported through the product lifecycle for faster, more efficient market access

10 Countries strengthened

Paediatric medicine ecosystems developed to improve adoption and delivery to children

GAP·f Global Accelerator for Paediatric formulations WHO Hosted Network

This is the ambition that will drive our collective action...

We will get there with agility and purposeful collaboration

Clinical research

1 Align and coordinate

- **Tracking study completion** to identify delays, detect bottlenecks and trigger actions for rapid implementation and timely translation into policies, regulatory approval, and product introduction.
- Contributing to **technical advocacy for clinical research** by developing joint messaging for stakeholders, forging new partnerships and mobilizing resources and attention.
- Promoting **civil society and community engagement in research** to actively incorporate end-user perspectives in the design, implementation and dissemination of clinical research.

2 Enable and collaborate

- Facilitating **joint regulatory and industry engagement** to optimize study design and evidence generation, particularly where public health needs and clinical development misalign.
- Supporting partners in initiating clinical studies where gaps are identified, leveraging the expertise of the GAP-f network, fostering cross-disease learning and knowledge exchange to **enhance clinical trial design and execution**.
- Exploring and applying innovative trial methodologies, including novel statistical approaches, to **design well-powered clinical trials while minimizing enrolment requirements** and enable meaningful data interpretation from small trials.
- Contributing to strengthen the **clinical research ecosystem** for investigating novel medicines and formulations in children by enhancing capacity, enabling policies, and developing implementation tools. This is to ensure alignment with global initiatives under the 2022 World Health Assembly resolution *(16)* to create a more equitable environment for conducting studies in affected communities and underserved populations.
- Advancing a **paediatric data hub** to enable the monitoring of safety and effectiveness of newly introduced paediatric medicines, especially where clinical trial data is limited.

Axis 1: Aligning and coordinating:

This axis ensures global efforts are unified around shared priorities and supported by streamlined coordination across the product lifecycle. It provides alignment, structure and coordination

Axis 2: Enabling and collaborating:

This axis focuses on translating aligned priorities into impact through active partnerships, catalyzing innovation and supporting access. It facilitates collaboration and delivery.

GAP·f Global Accelerator for Paediatric formulations WHO Hosted Network

We will continue to work through an ecosystem approach

Regulators

- Foster regulatory efficiencies though optimal study design and execution.
- Advocate to better incentivize development of paediatric medicines and promote harmonized pathways and reliance mechanisms.
- Leverage approaches such as the WHO collaborative procedure for accelerated registration and Paediatric Regulatory Network *(11)*.

Funders

- Link investments to priority products and lifecycle stages.
- Improve visibility and filling of funding gaps and co-financing opportunities.
- Support coordinated, strategic investment across the ecosystem.

Civil society and communities

- Integrate end-user perspectives in product and policy design.
- Support demand generation and uptake.
- Strengthen community-led advocacy.

Countries

- Integrate paediatric medicines into national policies and guidelines.
- Improve procurement planning and delivery.
- Build regulatory and implementation capacity.

Private sector

- Co-develop paediatric formulations aligned with shared priorities.
- Address technical and regulatory challenges early in the development process.
- Establish a consistent, accountable engagement model.

Health care professionals

- Inform prioritization across therapeutic areas with unmet paediatric needs, based on real-world clinical experience.
- Provide input into formulation development to ensure product suitability in routine care settings.
- Promote use of optimal paediatric formulations and monitor treatment acceptability and effectiveness.

GAP·f
Global Accelerator for Paediatric formulations
WHO Hosted Network

Together stronger for kids

https://www.who.int/initiatives/gap-f

@GAP_f_Network

GAP-f@who.int

GAP·f
Global Accelerator for Paediatric formulations
WHO Hosted Network

World Health Organization

Access our strategy for 2025-2030 here

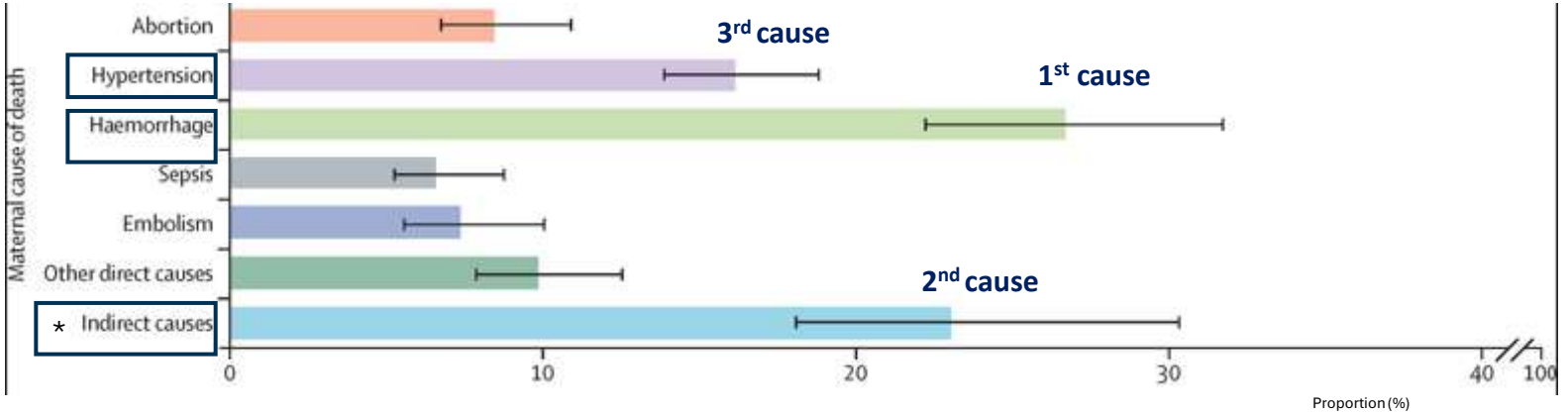
The need for inclusive research to address Maternal Health

Mariana Widmer, Scientist, WHO/HRP

World Health Organization

human reproduction programme hrp
research for impact
UNDP · UNFPA · UNICEF · WHO · WORLD BANK

Women continue to die during childbirth



* NCDs and chronic conditions

To reduce maternal mortality, we must address pregnancy-related conditions as well as other health issues that affect women throughout their lives, including during pregnancy.

World Health Organization

human reproduction programme hrp
research for impact
UNDP·UNFPA·UNICEF·WHO·WORLD BANK

Pregnancy introduces significant physiological changes

that can impact the absorption, distribution, metabolism and elimination of certain medicines.

Maternal blood volume increases approx. 40% during pregnancy

Exposure to a drug during pregnancy may differ from exposure to the same drug in a non-pregnant woman.

- Medicines should be tested in pregnant women to understand how physiological changes affect their efficacy and safety.
- Without evidence-based data, health providers cannot accurately assess the risks or benefits of prescribing medications during pregnancy.
- Therefore, clinical trials must include pregnant women to generate reliable safety and efficacy data in this population.

World Health Organization

human reproduction programme hrp
research for impact
UNDP·UNFPA·UNICEF·WHO·WORLD BANK

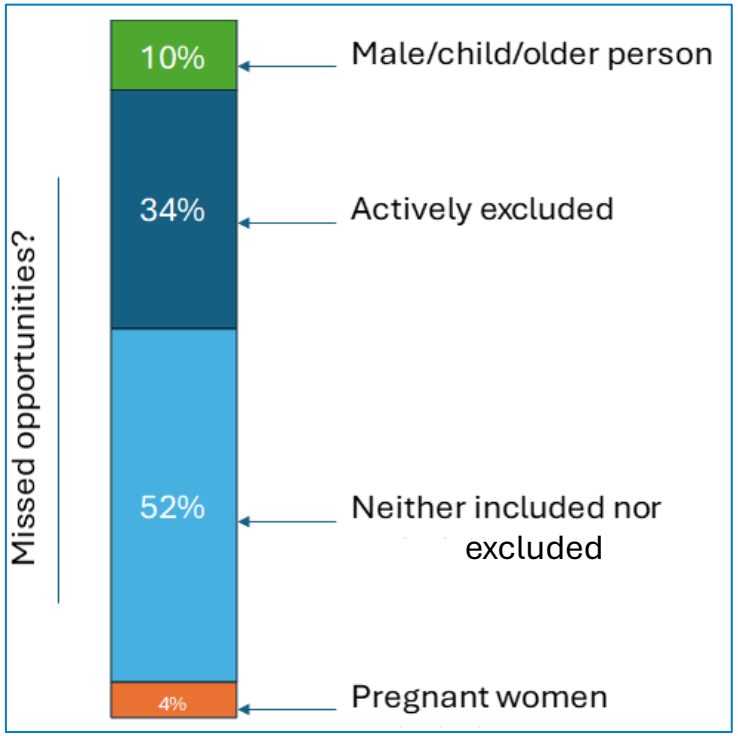
However, pregnant women have long been excluded from clinical trials

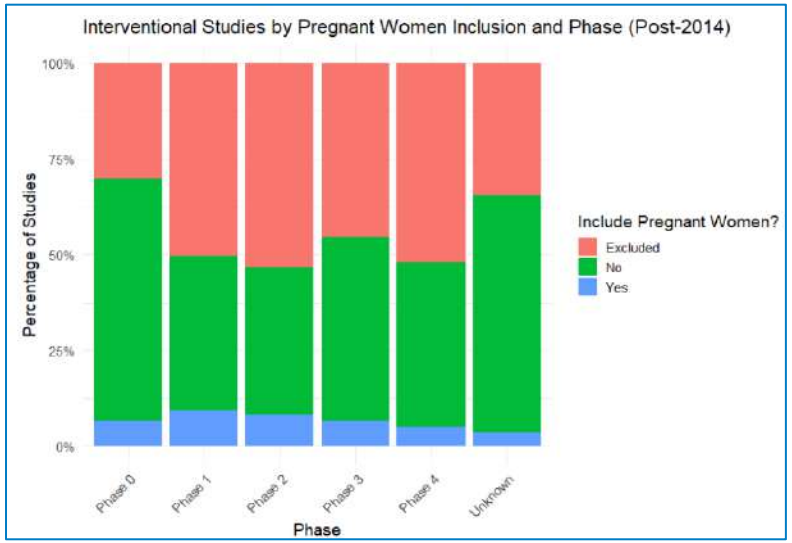
- Despite around 70% of pregnant women taking prescription medicines, most are used off-label.
- The lack of data in pregnancy, shifts treatment decisions to the mother and healthcare provider, without adequate guidance.
- Excluding pregnant women from clinical trials may pose greater risks than including them.

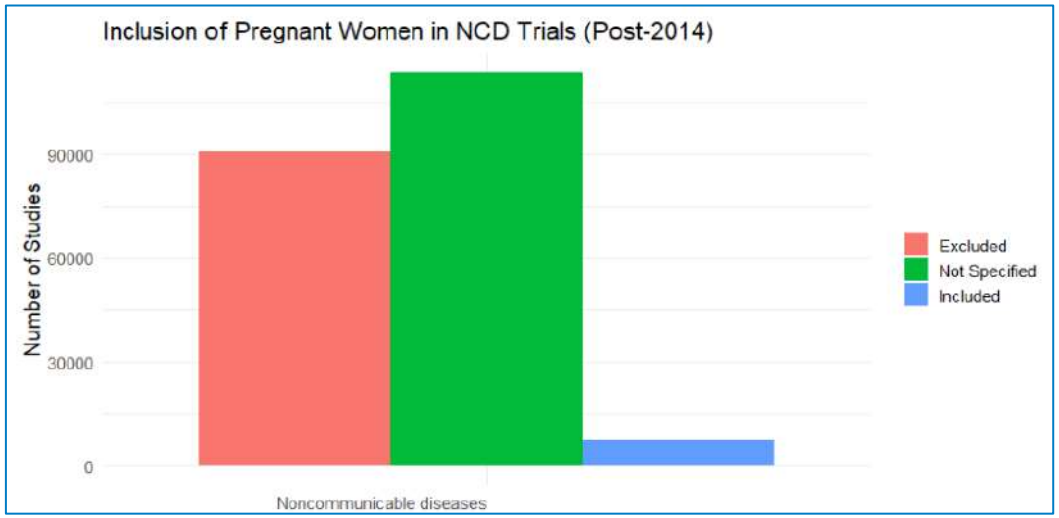
World Health Organization

human reproduction programme hrp
research for impact
UNDP·UNFPA·UNICEF·WHO·WORLD BANK

Inclusion of pregnant women in ICTRP trials post 2014







World Health Organization

human reproduction programme hrp
research for impact
UNDP·UNFPA·UNICEF·WHO·WORLD BANK

https://www.who.int/observatories/global-observatory-on-health-research-and-development/monitoring/number-of-trial-registrations-by-year-location-disease-and-phase-of-development

Although there was a surge in COVID-19 clinical trials, pregnant women remained underrepresented

Evidence indicated that pregnant women had higher risks of morbidities related to COVID-19 infection

World Health Organization

Inclusion of pregnant women in COVID-19 treatment trials: a review and global call to action

Melanie M Taylor, Loulou Kobeissi, Caron Kim, Avni Amin, Anna E Thorson, Nita B Bellare, Vanessa Brizuela, Mercedes Bonet, Edna Kara,

	Number of COVID-19 treatment studies (April 7–10, 2020)	Number of treatment studies excluding pregnant women (April 7–10, 2020)	Cumulative COVID-19 treatment studies* (July 10–15, 2020)	Cumulative number of treatment studies excluding pregnant women (July 10–15, 2020)
UK ISRCTN registry	4	3 (75%)	6	3 (50%)
Brazilian Clinical Trials Registry (ReBec)	2	2 (100%)	2	2 (100%)
US ClinicalTrials.gov	84	64 (76%)	429	328 (77%)
Clinical Trials Registry - India (CTRI)	2	1 (50%)	5	5 (100%)
Australia and New Zealand Clinical Trial Registry (ANZCTR)	3	3 (100%)	6	3 (50%)
Chinese Clinical Trial Registry (ChiCTR)	33	30 (91%)	92	68 (74%)
EU Clinical Trials Register (EU-CTR)	19	18 (95%)	34	28 (82%)
Iranian Registry of Clinical Trials (IRCT)	5	3 (60%)	143	101 (71%)
The Netherlands Trial Register	1	0	1	0
Swiss FOPH Human Research Projects	2	0	2	1 (50%)
Total	155	124 (80%)	722	538 (75%)

Studies are included irrespective of design. *Cumulative search in July, 2020, is inclusive of the studies originally identified during April, 2020.

Table 1: Registered COVID-19 treatment studies that exclude pregnant women

75% of treatment studies excluded pregnant women.

human reproduction programme hrp
research for impact
UNDP·UNFPA·UNICEF·WHO·WORLD BANK

Barriers to including pregnant women in clinical research result in

- Unethical practices
- Delays in effective interventions
- Wasted resources
- Loss of public trust in research.

World Health Organization

Pregnant women are underrepresented in clinical trials for several reasons:

- **Perceived low profitability**

  Pregnant women are often seen as a **less profitable market**, leading pharmaceutical companies to invest less in drug development and testing for this population.

- **Research capacity challenges**

  IRBs, ethical review boards, and/or scientists often lack expertise on maternal health – limited understanding of the unique biological variations in pregnancy.

- **Limited autonomy**

  Pregnant women have limited decision-making power, and they are not viewed as patients.

human reproduction programme hrp
research for impact
UNDP·UNFPA·UNICEF·WHO·WORLD BANK

The paradigm for including pregnant women in clinical research must change

Pregnant women must be protected

✓ through ethical research,

X not from research.

World Health Organization

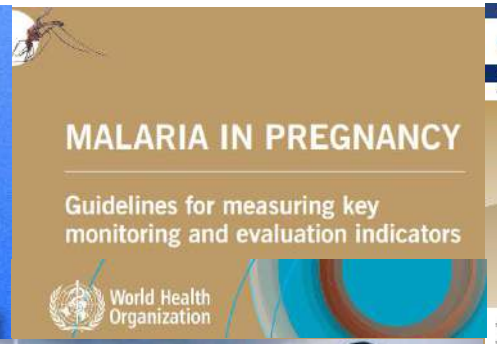
There is a need for a global shift towards inclusive research

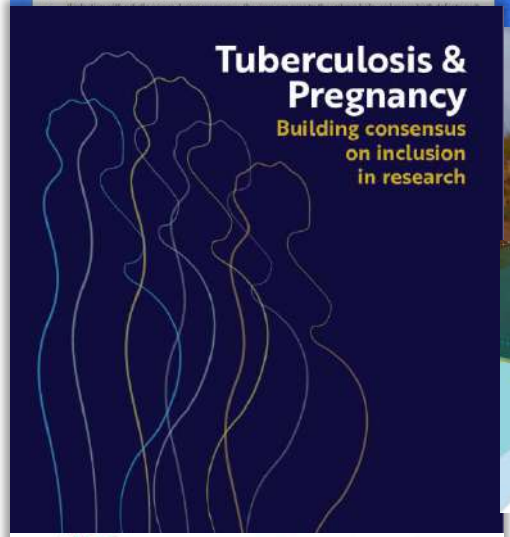
- **COUNT** — EVIDENCE-BASED DATA
- **STUDY** — QUALITY RESEARCH
- **INCLUDE** — EQUITY
- **CARE** — CLINICAL GUIDANCE
- **INVEST** — ACCELERATE PROGRESS

human reproduction programme hrp
research for impact
UNDP·UNFPA·UNICEF·WHO·WORLD BANK

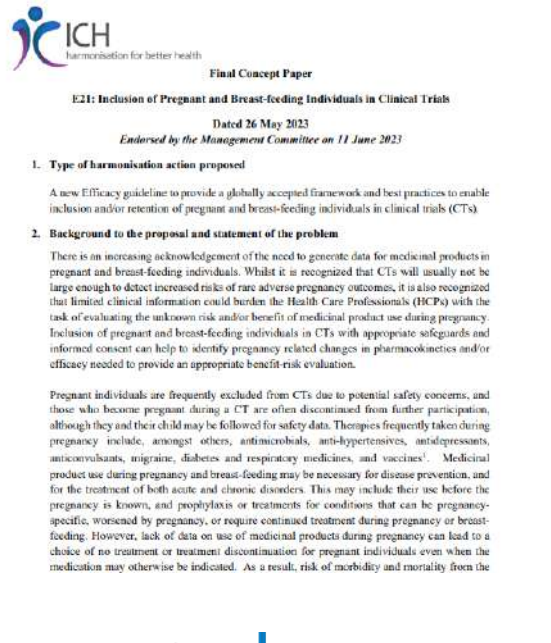
Driving this global shift demands coordinated action from multiple stakeholders

World Health Organization





DNDi

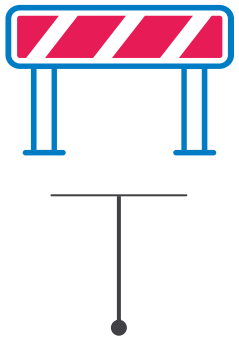


human reproduction programme hrp
research for impact
UNDP·UNFPA·UNICEF·WHO·WORLD BANK

Rationale for a coordinated action approach on pregnant and lactating women (PLW)

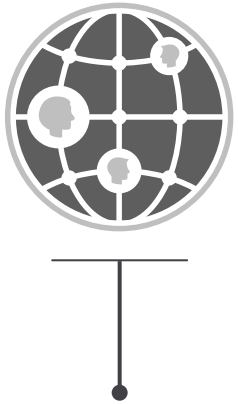
Public health needs

Pregnant and lactating women continue to have limited access to health interventions due to historical exclusion from clinical trials driven by conservative approaches focused on minimizing safety risks for mothers and babies



Barriers

Initiatives to promote inclusion of PLWG exist but are often fragmented and disconnected



Momentum

WHO Clinical Trials forum is an opportunity to address access gaps for PLWG.

Two WHA Resolutions advocating for commodities for PLWG and for inclusion of under-represented populations in clinical trials.

There is increasing motion among external stakeholders for a proactive and integrated approach to PLW health needs (e.g. ICH, etc)

Opportunity

WHO's convening power can be leveraged to heighten awareness and foster coordination and collaboration to improve health interventions for PLWG.

World Health Organization

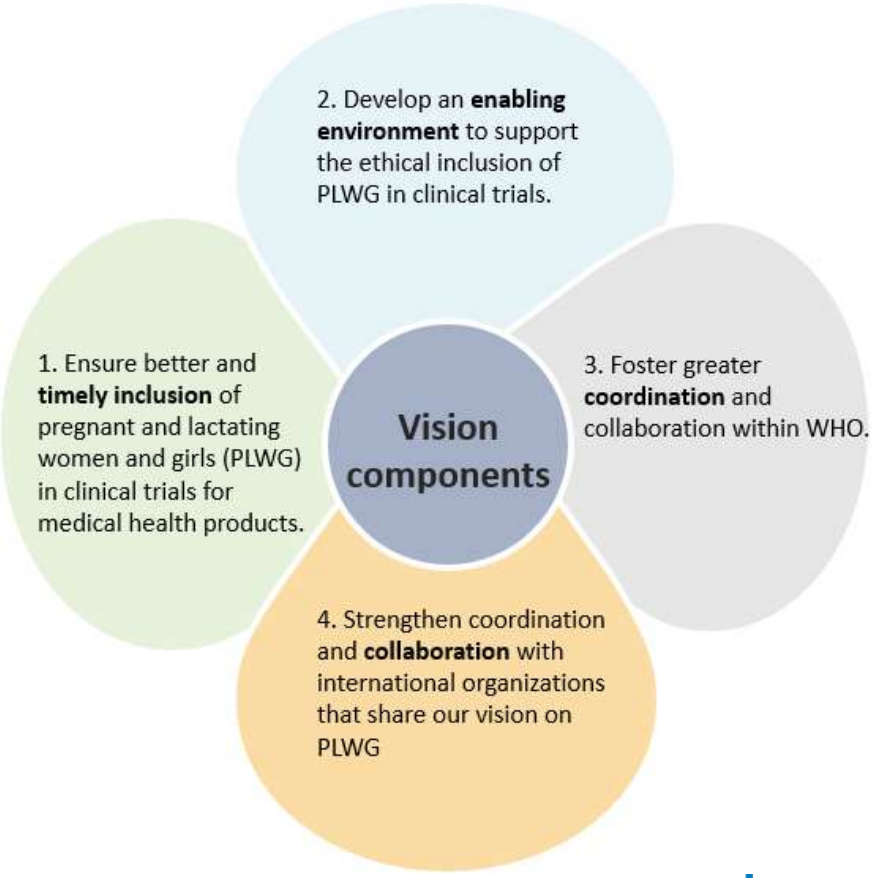
human reproduction programme hrp research for impact

UNDP·UNFPA·UNICEF·WHO·WORLD BANK

WHO Task Force for the Timely Inclusion of Pregnant and Lactating Women in Clinical Trials

- a collaborative platform to align approaches and foster cooperation across WHO departments in delivering functions related to the WHA resolution 75.8.

PLW Task Force Vision: To achieve by 2030 timely and ethical inclusion of pregnant and lactating women and girls in clinical trials for medical health products, by creating an enabling environment and fostering collaboration with partners.



World Health Organization

human reproduction programme hrp
research for impact
UNDP·UNFPA·UNICEF·WHO·WORLD BANK

Ensure better and timely inclusion of PLW in clinical trials for medicines

a. Enhanced understanding of current evidence gaps that limit the use of medical health products in PLW

b. Guidance and implementation tools for the inclusion of PLW in clinical trials

c. Monitoring the inclusion of PLW in clinical trials at a global level

World Health Organization

human reproduction programme hrp
research for impact
UNDP·UNFPA·UNICEF·WHO·WORLD BANK

Develop an enabling environment to support the ethical inclusion of PLW in clinical trials

- **Engagement** with regulators, researchers, product developers, policymakers, and communities to foster collaboration and align priorities.

World Health Organization

human reproduction programme hrp
research for impact
UNDP·UNFPA·UNICEF·WHO·WORLD BANK

Foster greater coordination and collaboration within WHO

- **Map** ongoing product optimization efforts to identify unique needs
- Establish a **prioritization framework** to guide disease focus
- Facilitate regular **information sharing** to enhance collaboration
- Promote **end-to-end** approach for key products
- Develop a **unified voice** on key principles for external engagement
- Ensure **multi-level communication** and coordination on this topic

World Health Organization

human reproduction programme hrp
research for impact
UNDP·UNFPA·UNICEF·WHO·WORLD BANK

Strengthen coordination and collaboration with external partners who share our vision for the inclusion of PLW

World Health Organization

- Ensure timely **sharing of information** on respective work involving PLW
- Promote **collaboration** through synergies and complementarity of action
- Foster creation of **network of networks** that can share knowledge and join forces
- Enable **product development partnerships** (PDPs) through support from WHO
- **Advocate collectively** for the needs and concerns of PLW

human reproduction programme hrp
research for impact
UNDP·UNFPA·UNICEF·WHO·WORLD BANK

Conclusion

We have a window of opportunity

Many seeds have already been planted

Now is the time to join forces and move from theory to action

World Health Organization

human reproduction programme hrp research for impact
UNDP·UNFPA·UNICEF·WHO·WORLD BANK

“Science and everyday life cannot and should not be separated.” — Rosalind Franklin

Maternal health outcomes can be improved through a collaborative, life-course approach.

World Health Organization

human reproduction programme hrp
research for impact
UNDP·UNFPA·UNICEF·WHO·WORLD BANK

Thank you

World Health Organization

human reproduction programme hrp
research for impact
UNDP·UNFPA·UNICEF·WHO·WORLD BANK

Ending malaria, rewriting the future

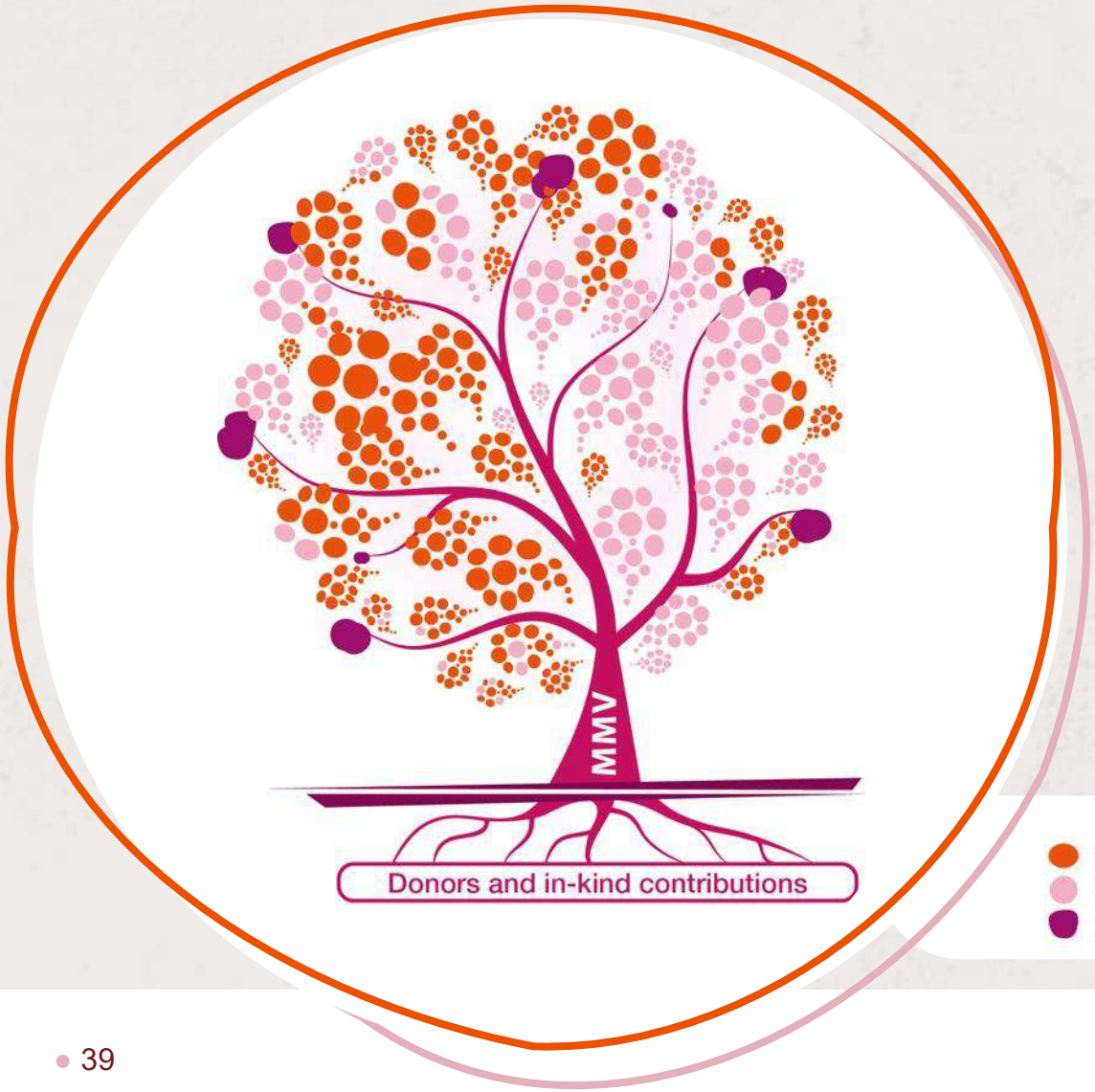
MMV Medicines for Malaria Venture

25 YEARS

The Malaria in Mother and Babies (MiMBa) Initiative

Myriam El Gaaloul, PharmD
Head of Clinical and Regulatory Sciences
Medicines for Malaria Venture

Medicines for Malaria Venture (MMV) - Who We Are



- A **Product Development Partnership**, Swiss foundation of over 100 people working towards one mission:
- To reduce the burden of malaria by **discovering, developing and facilitating the delivery** of new, effective and affordable antimalarial drugs

MMV Medicines for Malaria Venture 25 YEARS

Pregnant women: an important group at risk of malaria

- Annually **~120M** pregnancies in endemic countries[1]
- In 2023, **12M** (36%) were infected with malaria in SSA[2]
- Malaria in pregnancy increases the risk of **maternal mortality, severe anaemia, pregnancy loss, neonatal and infant deaths, low birth weight**[3]

mimba
MALARIA IN MOTHERS AND BABIES

[1] Reddy et al, 2023
[2] WHO World Malaria Report 2024
[3] Guyatt 2001, Menendez 2008, Desai 2013, Moore 2017, Guyatt 2004

MMV Medicines for Malaria Venture
25 YEARS

Significant gaps remain to serve the needs of pregnant and breastfeeding women

mimBa
MALARIA IN MOTHERS AND BABIES

MMV Medicines for Malaria Venture
25 YEARS

Malaria in Mothers & Babies (MiMBa) strategy

The film tells the story of Dianah Otiend, a Kenyan mother who contracted malaria while pregnant with her third child, Elizabeth, and the work done by MMV and our partners to treat malaria in pregnancy

https://www.youtube.com/watch?v=xpX-Hab172I

mimBa
MALARIA IN MOTHERS AND BABIES

MMV Medicines for Malaria Venture
25 YEARS

Five Years of MiMBa: Innovation and Impact!

50,000 women consented to the MiMBa registry

SAFIRE: World-first adaptive platform trial in first trimester pregnancy

Re-orienting anti-malarial drug development

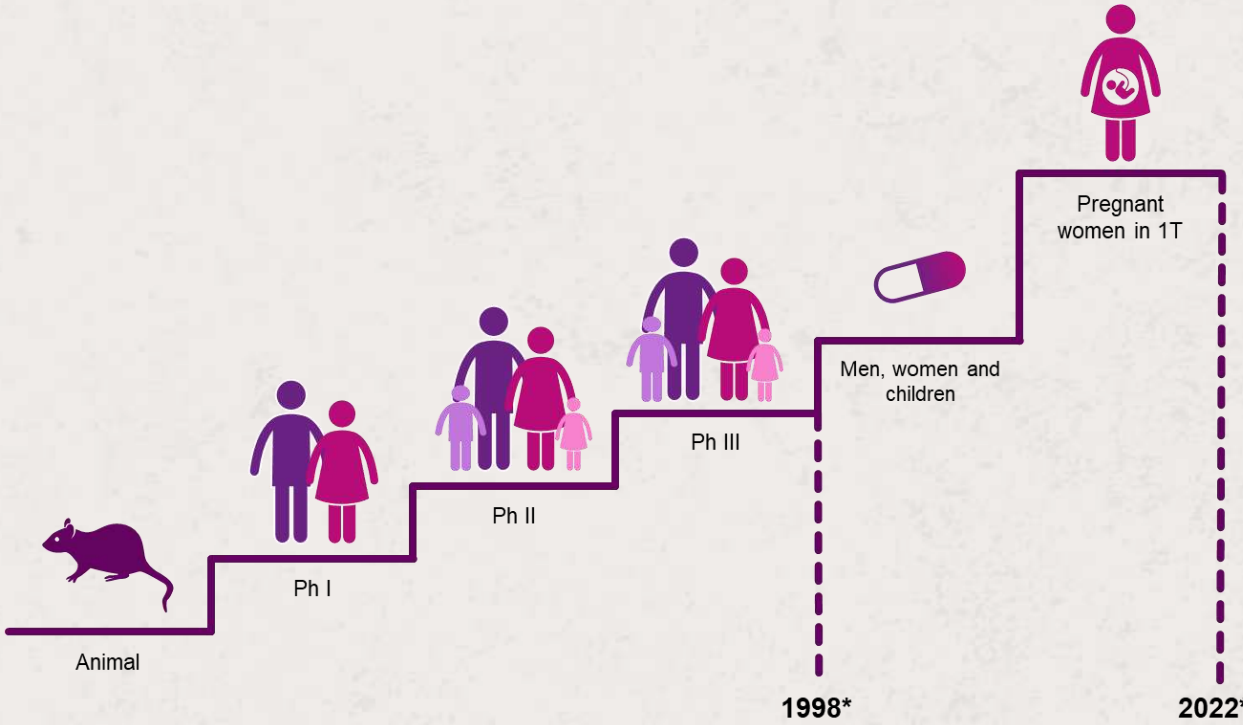
Symposium with African Regulators

mimBa
MALARIA IN MOTHERS AND BABIES

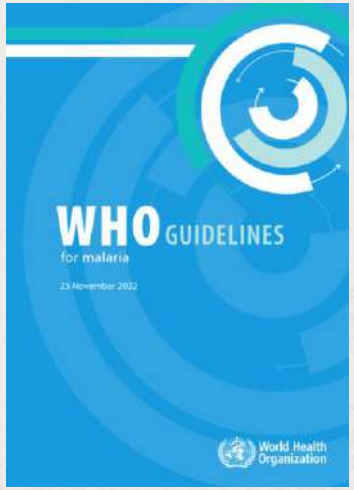
MMV Medicines for Malaria Venture
25 YEARS

Closing the medicines gap in First Trimester*

Alternatives to artemether–lumefantrine are needed



*Coartem's first national approval in Gabon 1998; Swissmedic approval in 1999
**AL added to WHO Treatment guidelines in 1T



WHO supports the use of AL, but no data are available for pyronaridine-artesunate

*And women of unknown pregnancy status

MiMBa pregnancy registry

A unique project on the African continent

- **Prospective "ACTIVE" pregnancy registry**: cohort of women of childbearing potential in Kenya & Burkina Faso
- **Primary objective:** miscarriage, stillbirth and major congenital anomalies
- Support the update of **WHO treatment guidelines** and **drug labels** in the first trimester

Women consented	**50,889**
Pregnancies in consented women	**16,097**
Women with antimalarial exposure in first trimester	**713**

mimBa MALARIA IN MOTHERS AND BABIES

MMV Medicines for Malaria Venture · LSTM Liverpool School of Tropical Medicine · WWARN · IRSS

Safety of Antimalarials in the FIRst TrimEster (SAFIRE)

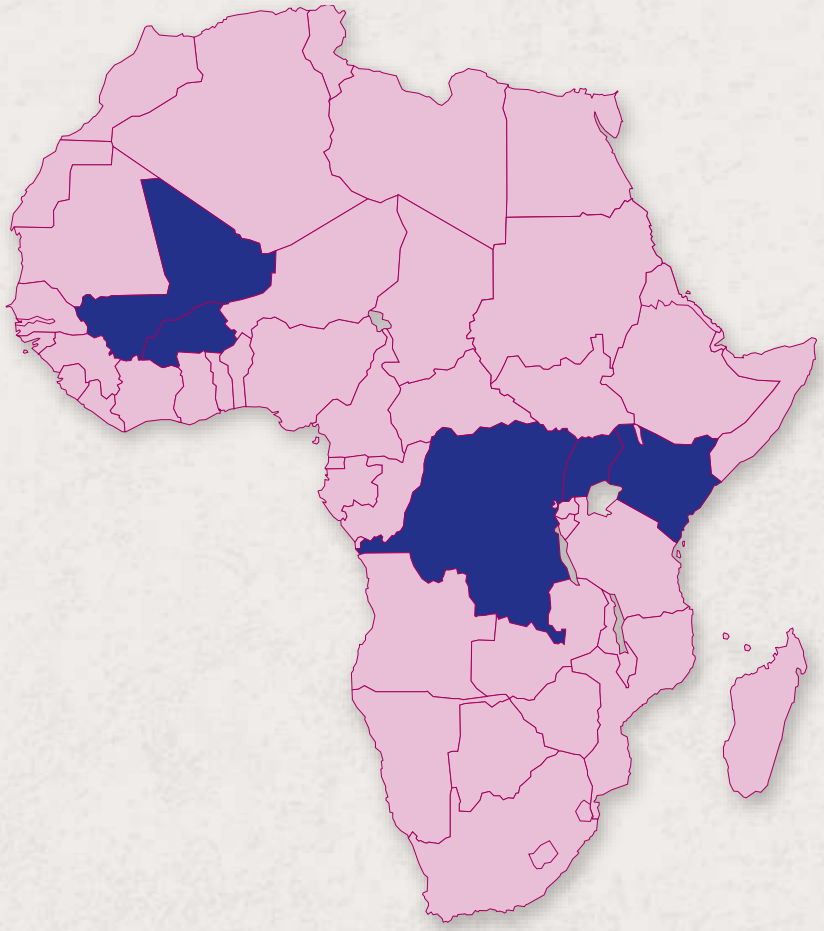
A Co-creative Approach

In Feb 2023, global research experts discussed the **ethical, statistical** and **clinical** considerations for the **FIRST interventional adaptive platform** study in the first trimester

Safety of Antimalarials in the FIRst TrimEster (SAFIRE)

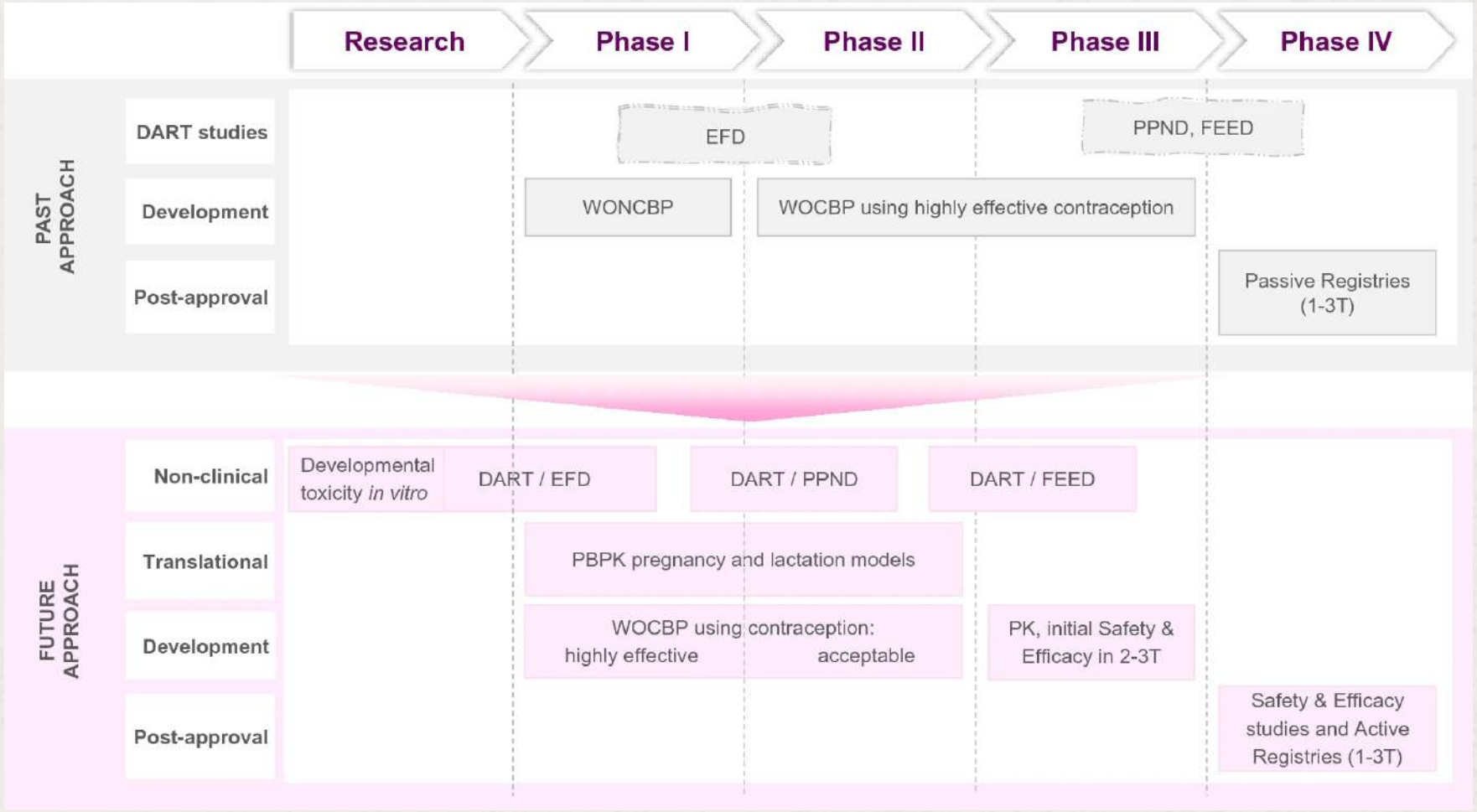
World-first adaptive platform trial in first trimester pregnancy

- **Multicentre, open-label, randomized, Phase 3** assessing efficacy and safety of antimalarials in **first trimester of pregnancy**
- Start with **3 arms**: pyronaridine-artesunate, dihydroartemisinin-piperaquine vs AL
  - Note: DRC and Uganda when more arms/funding
- Leverage **clinical** and **social research**
- EC clearances in all 3 countries, with HA approvals in Mali and Burkina Faso; **FPFV imminent!**



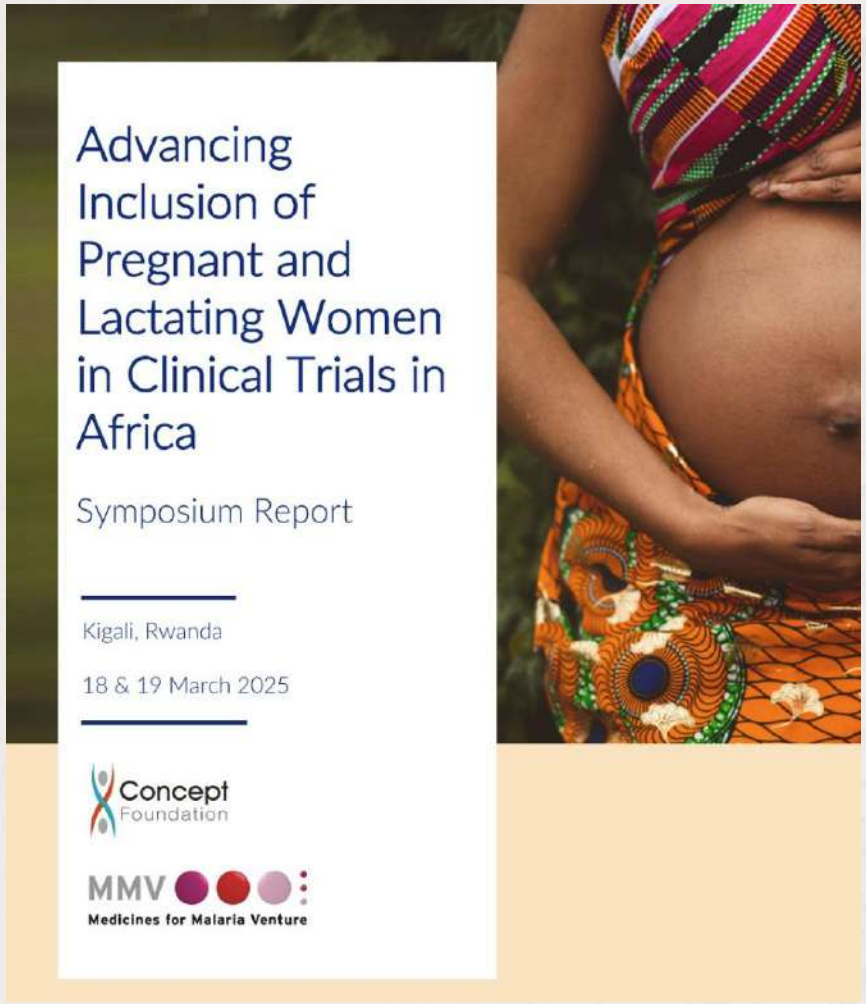
https://safire-consortium.org/

Re-orienting anti-malarial drug development to better serve pregnant women



El Gaaloul et al. Malaria Journal (2022) 21:121. https://doi.org/10.1186/s12936-022-04137-2

Evolving Regulatory Landscape



mimba
MALARIA IN MOTHERS AND BABIES

Download the report: https://bit.ly/3FAVNAK

Concept Foundation

MMV
Medicines for Malaria Venture

25 YEARS

Thank you

Photographer: Natalia Szczygielska

ICH E21 EWG: Inclusion of Pregnant and Breastfeeding Individuals in Clinical Trials

Step 2 document
Released for public consultation from May 2025

Presenter: Theresa Wang, IFPMA ICH E21 EWG Expert

Legal Notice

Background

- This document has been signed off as a *Step 2* document (14 May 2025) and issued by the ICH Regulatory Members for public consultation
- This document was developed based on a Concept Paper (11 June 2023)
- Anticipating finalization as a *Step 4* document to be implemented in the local regional regulatory system: Q1 2028

Guideline Objectives

- The objective of this guideline is to provide recommendations for the appropriate inclusion and/or retention of pregnant and/or breastfeeding individuals in clinical trials and facilitate the generation of robust clinical data that allow for evidence-based decision making on the safe and effective use of medicinal products by these individuals and their healthcare providers (HCPs).

Guideline Scope

- The scope of this guideline includes pre- and postmarketing clinical trials of investigational products (see ICH E6(R3)) for indications in the general population and indications specific to pregnant or breastfeeding individuals.

Key Principles (1/3)

- In principle, inclusion of pregnant and breastfeeding individuals in clinical trials should be considered for all products where individuals of childbearing potential are among the anticipated user population. It is especially important for conditions where there is high unmet medical need for treatment in pregnancy or while breastfeeding; however, the scope of this guideline is not limited to these scenarios.
- Proactive planning for obtaining data and data collection related to use in pregnancy and/or breastfeeding through nonclinical and clinical studies (or the rationale for not obtaining data) should be done from the early stages of formulating the development strategy for the investigational product.

Key Principles (2/3)

- Recommend to consult with regulatory authorities as early as possible and as needed throughout the investigational product development process.
- Recommend early engagement with appropriate stakeholders, including patients.
- Every effort should be made to reduce the burden of study procedures on pregnant and breastfeeding study participants.
- Essential to avoid any undue influence or coercion when pregnant or breastfeeding individuals are included in clinical trials.
- Assessing the safety in pregnant and breastfeeding individuals is complex as there are potential impacts on the fetus and breastfed child to consider.

Key Principles (3/3)

- Ongoing safety monitoring of product use in these populations in the postmarketing period contributes to the identification of safety signals, especially for rare or delayed outcomes, that are unlikely to be thoroughly addressed in pre-authorization clinical trials.
- Available data and assessment of investigational product benefits and risks during pregnancy and breastfeeding are expected to be included and updated as necessary in labeling documents.

Table of Contents

Considerations

- In alignment with the principles of ICH E8(R1), the approach to collecting data from pregnant individuals in clinical trials involves a systematic expansion of data collection across relevant sources and patient populations, guided by data-driven decisions to safeguard study participants.
- General principles for clinical trial conduct and informed consent of ICH E6(R3) apply to pregnant and breastfeeding individuals
- Standard general recommendations on safety evaluation such as classification, assessment, and reporting of AEs (i.e., ICH E2A, ICH E2F, ICH E6(R3), ICH E8(R1)) apply to studies including pregnant and/or breastfeeding participants.

Conclusions

- A new Efficacy guideline to provide a globally accepted framework and best practices to enable inclusion and/or retention of pregnant and breastfeeding individuals in clinical trials.
- To ensure the appropriate inclusion and/or retention of pregnant and breastfeeding individuals in clinical trials conducted to study product safety, efficacy, and dose/dosing regimens in these populations, this global harmonized guideline will address scientific and high-level regulatory principles.

THANK YOU

ICH_E21EWG_Step2_Draft_Guideline_2025_0514.docx

ICH E21 Step 2 Presentation

IFPMA

SESSION 3:

PERSPECTIVES AND PROGRESS FOR THE INCLUSION OF UNDER-REPRESENTED POPULATIONS IN CLINICAL TRIALS

PANEL DISCUSSION

Prof. Mojisola Adeyeye
Director General,
NAFDAC

Jean Marie Vianney Habarugira
Senior Scientific Officer, EDCTP3

Richa Chandra
Clinical Development Head, Global Health, Novartis

Runcie Chidebe
Founder, Project PINK BLUE

AFRICA REGULATORY CONFERENCE 2025

KEY TAKEAWAYS

WEBINAR #3: INNOVATIVE CLINICAL TRIAL DESIGNS AND DIGITAL TECHNOLOGIES

Scan to register

Tuesday, 21 October 2025
13H00 – 16H00 CET & SAST

www.africaregulatoryconference.ifpma.org

THANK YOU

AFRICA REGULATORY CONFERENCE 2025