PROCEDURE TO UPDATE THE WHO MODEL LIST OF ESSENTIAL IN VITRO DIAGNOSTICS (EDL) v.08.07.2019

I. Introduction

This procedure is to be implemented as part of the preparation for the application for inclusion of test categories in the third edition of the EDL in 2020 and in future editions.

The first edition of the list was launched in May 2018 with a limited scope covering high priority infectious diseases with more than 60 types of in vitro diagnostic tests for use at different levels of the healthcare system, including disease-specific tests as well as general laboratory tests. The second edition of the EDL was launched in July 2019 and added more than 40 new tests, a new anatomical pathology section as well as several edits to test categories in the first edition.

The EDL will be updated/expanded once a year based on yearly calls for submission of applications. The WHO Strategic Advisory Group of Experts on In Vitro Diagnostics (SAGE IVD) oversees the process. The SAGE IVD is further described in section II below.

Section III below describes the requirements for submission of applications to add IVD test categories to the EDL, and the mechanism for reviewing these applications.

It is expected that the EDL will provide guidance and serve as a reference to Member States to develop and/or update their lists of national essential in vitro diagnostics in order to improve standardization of, access to and proper utilization of these tests. The EDL is also expected to contribute to health systems strengthening and advancing universal health coverage, which are central to Goal 3 of the UN Sustainable Development Goals: To ensure healthy lives and well-being for all at all ages.

WHO recognizes that, in order to use the EDL effectively and adapt it to national needs, Member States should consider a variety of factors. These include: local demographics and pattern of diseases; treatment facilities; the training and experience of personnel to collect specimens, to perform diagnostics tests, to transport specimens, to interpret test results and to manage diagnostics laboratories; local testing gaps; supply chain; quality assurance capacity; local availability of treatments; financial resources; available infrastructure and environmental factors. For that purpose, WHO has collated and maintains an IVD-specific webpage1 linked to the EDL, with information to support selection and use of IVDs, including relevant WHO clinical guidelines, selected systematic reviews, key references, lists of prequalified IVDs and

1 https://www.who.int/in-vitro-diagnostic/en/
IVDs recommended by WHO disease control departments and resources on quality assurance, basic techniques, procurement and maintenance.

A description of the SAGE IVD and the proposed process to update the EDL is given below.

II. SAGE IVD

The WHO SAGE IVD has been established to act as an advisory body on matters of global policies and strategies related to (IVDs). The WHO Model List of Essential IVDs (EDL) was initially drawn up by the SAGE IVD in consultation with the relevant WHO clusters, the WHO Expert Committee on the Selection and Use of Essential Medicines, and other expert committee panels and technical units. In particular and as described more fully below, the EDL comprises categories of IVDs approved by the WHO EDL Secretariat as recommended by the SAGE IVD pursuant to its Terms of Reference (ToR) (seen Annex 1).

1. The SAGE IVD will convene at least once a year to discuss and approve changes to the EDL, but will meet more often as required.

2. The experts on the SAGE IVD represent a wide range of geographical and professional backgrounds, including expertise with respect to in-vitro diagnostics (IVDs), clinical laboratory testing and management, international public health, epidemiology, guideline development methodology, systematic literature search methods, national policy making on diagnostics, risk-assessment and cost-effectiveness analysis, among others. IVD users in low- and middle-income countries (LMICs) are well represented. SAGE IVD experts should be regional and gender balanced and each has completed a declaration of interest and confidentiality agreement for the process. They are to act in their own capacity and not in representation of an institution or country.

3. Meetings of the SAGE IVD are conducted in closed sessions. Observers may be invited in accordance with the WHO rules for Expert Advisory Panels and Committees to attend all or parts of the meetings of the SAGE IVD. Stakeholders, including non-governmental organizations, Member States, Missions and representatives of the IVD industry, are invited to participate in the open sessions organized during SAGE IVD meetings and to comment on the applications and draft recommendations, as discussed below. They might be consulted throughout the year for particular questions or needs of the SAGE IVD.

III. Application for inclusion of an IVD test category to the EDL

1. Applications for inclusion of a new test category:
Applications for inclusion of diagnostic test categories in the EDL can be submitted by, or through, relevant department(s) within WHO to the Secretariat of the EDL. Applications can also be submitted directly to the EDL Secretariat by WHO regional or country offices and other stakeholders, such as academia, NGOs or member states, companies in the IVD industry and IVD industry associations. The application is a two-step process. The first step is a Pre-Submission form which includes basic information allowing the EDL Secretariat in collaboration with WHO disease programmes to determine whether or not the test category being considered has sufficient supporting information to be considered for the EDL. Successful applicants will be invited to submit a Full Submission with more detailed information, including all evidence necessary to support inclusion of the new test category.

The Pre-Submission form must be received at least six months before the next meeting of the SAGE IVD, which will take place in March every year. The Full Submission should be received at least 4 months before the meeting.

All Pre-Submission forms and Full submissions will be posted on the WHO website.

2. Applications for changes to existing EDL entries, removal of test categories and negative listings

Applications for changes to existing listings in the EDL, removal of test categories or addition of a negative listing (a recommendation NOT to use a particular test category) may also be submitted using a Pre-Submission form.

3. Review of applications and draft recommendations

A step-wise approach that will be used to review applications and draft recommendations is summarized in Box 3.

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<th>Review of applications for inclusion in the EDL</th>
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<td><strong>Activity</strong></td>
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<tr>
<td>1. Any applications received will be screened by the EDL Secretariat for completeness.</td>
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<td>2. Screening applications will be forwarded to the relevant WHO department(s) for evaluation to verify their alignment with WHO policies and guidelines. If approved, WHO will invite the submitter to send a full submission.</td>
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<td>3. Each application will be reviewed by appropriate members of SAGE IVD and/or external experts where specialized expertise is required. These external experts are also subject to a Declaration of Interest and confidentiality agreements.</td>
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<td>4. The full applications, reviews from SAGE IVD members and responses from applicants will be posted on the WHO website as they are received and for at least 30 days for public review and comments. Reviewers’ comments will also be published as they are received.</td>
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<td>5. The applications, reviews and public comments will be presented and discussed during the SAGE IVD annual meeting.</td>
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A recommendation for inclusion or exclusion and proposed text for the EDL entry will be formulated by the SAGE IVD.

SAGE IVD recommendations will be presented to the WHO Director-General for his consideration and final approval.

The EDL and the report of the SAGE IVD meeting will be published on the WHO website.

4. Criteria for selection of essential diagnostics for the EDL

The selection process for essential diagnostics for the EDL will include consideration of a number of factors, including:

- The public health and clinical need for the category of tests as determined for example, by disease burden and whether the proposed IVD test category can help bridge an existing gap in access to diagnostics in primary healthcare facilities.
- Availability of validated commercial diagnostic tests as indicated by sound and adequate data on quality, safety, performance, and regulatory status.
- Clinical effectiveness based on published peer reviewed data and safety.
- Appropriateness of the IVD test category for use at specified levels of the laboratory or health care system.
- Infrastructure requirements, intended user(s), specimen type and volume, specimen handling, time to results, storage conditions, operating conditions, training and skill requirements, associated equipment, throughput, need for maintenance, disposal and connectivity are also considered, as appropriate.

5. Presentation of recommendations, report of the SAGE IVD

The SAGE IVD will prepare a report summarising the reasons for each recommendation with reference to the underlying evidence. The SAGE IVD may qualify its recommendations depending on the nature of the underlying evidence. When insufficient evidence is available, the SAGE IVD will specify that its recommendations are based on expert opinion and experience. The SAGE IVD’s report will also refer to existing standard clinical guidelines. The SAGE IVD may specifically indicate in the EDL those IVDs for which specialized healthcare facilities may be needed or which meet all the selection criteria and which are cost-effective, but which are not necessarily affordable for all health systems.

Immediately after the meeting and subject to final approval by the Director-General, the recommended changes to the EDL, the summary of the SAGE IVD’s considerations and other relevant information will be posted on the WHO website as part of the full report of the meeting.
Annex 1. The Strategic advisory group of experts on in vitro diagnostics (SAGE IVD)

Terms of Reference

Serve as a principal advisory group to the WHO Director-General on all aspects of IVDs. For priority, essential and neglected IVDs, where no established advisory mechanism exists, the SAGE IVD will:

1. provide technical advice on global policies and strategies, ranging from development, assessment, use of IVDs and their linkages with other health interventions;
2. advise on the adequacy of progress towards the achievement of IVDs-related goals set in the World Health Assembly resolutions;
3. recommend policies for long-term and integrated diagnostic capabilities as indispensable element for Universal Health Coverage and Global Public Health Security;
4. suggest guiding principles for how, when and where to use particular IVDs in national, regional and global settings;
5. review the pipeline of existing and innovative IVDs for non-communicable diseases, rare diseases and infectious diseases, including for emerging pathogens and existing public health conditions of international concern, and identify major gaps;
6. provide high level advice on development and maintenance of appropriate standards for IVDs, including methodologies for evidence review;
7. provide advice to WHO Secretariat for the development of the WHO Model List of Essential In Vitro Diagnostics (EDL) and in line with the work of the Expert Committee on Selection and Use of Essential Medicines.
8. provide advice on WHO activities in the area of IVDs, including engagement of WHO in partnerships in the development, access and use of needed IVDs.

Except where policy and technical recommendations on IVD are provided through WHO established advisory mechanisms, such as for HIV, tuberculosis and malaria. For these, SAGE IVD would accept such recommendations without further review and incorporate such advice in its consideration of organization-wide policies.
Annex 3. Additional Resources

https://apps.who.int/iris/bitstream/handle/10665/311567/9789241210263-eng.pdf?ua=1


