

Principles for Regulatory Reliance

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PAHO/WHO



PAHO



Outline

- Context for reliance
- PANDRH recommendations
- Principles
- Examples of reliance
- Impact and responsibilities of actors



Regulatory convergence, harmonization and reliance

Strengthening regulatory systems for medicines and other health technologies remains a critical priority for well-functioning health systems that want to achieve **Universal Health**.

The globalization of health technologies markets has pushed regulatory systems to act internationally to ensure the **safety, quality and effectiveness of the products** that are consumed locally.

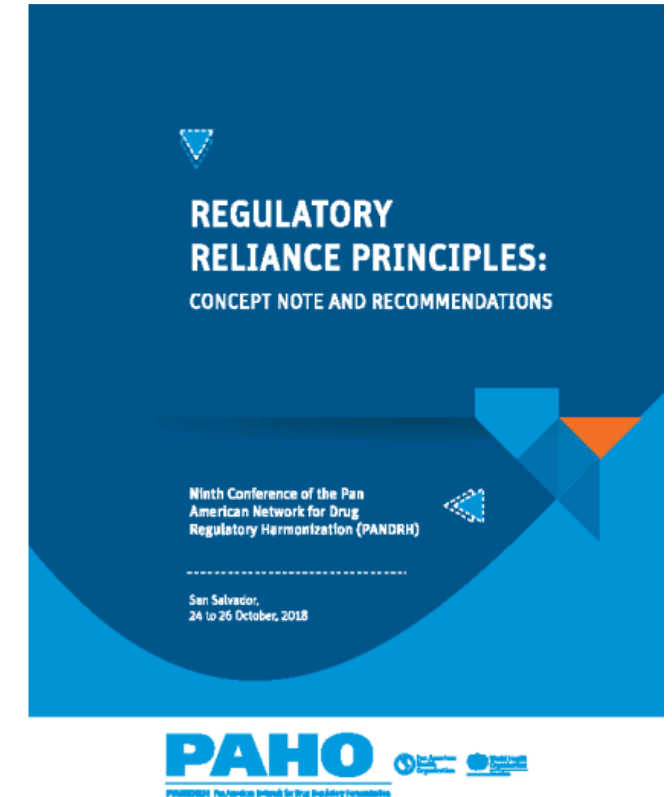
Countries need to consider the merits of strategies to strengthen regulatory systems and that may help gain **efficiencies and effectiveness**.



Goal

To improve understanding of **how reliance practices can help regulatory systems strengthening** and establish the principles to ensure effective use.

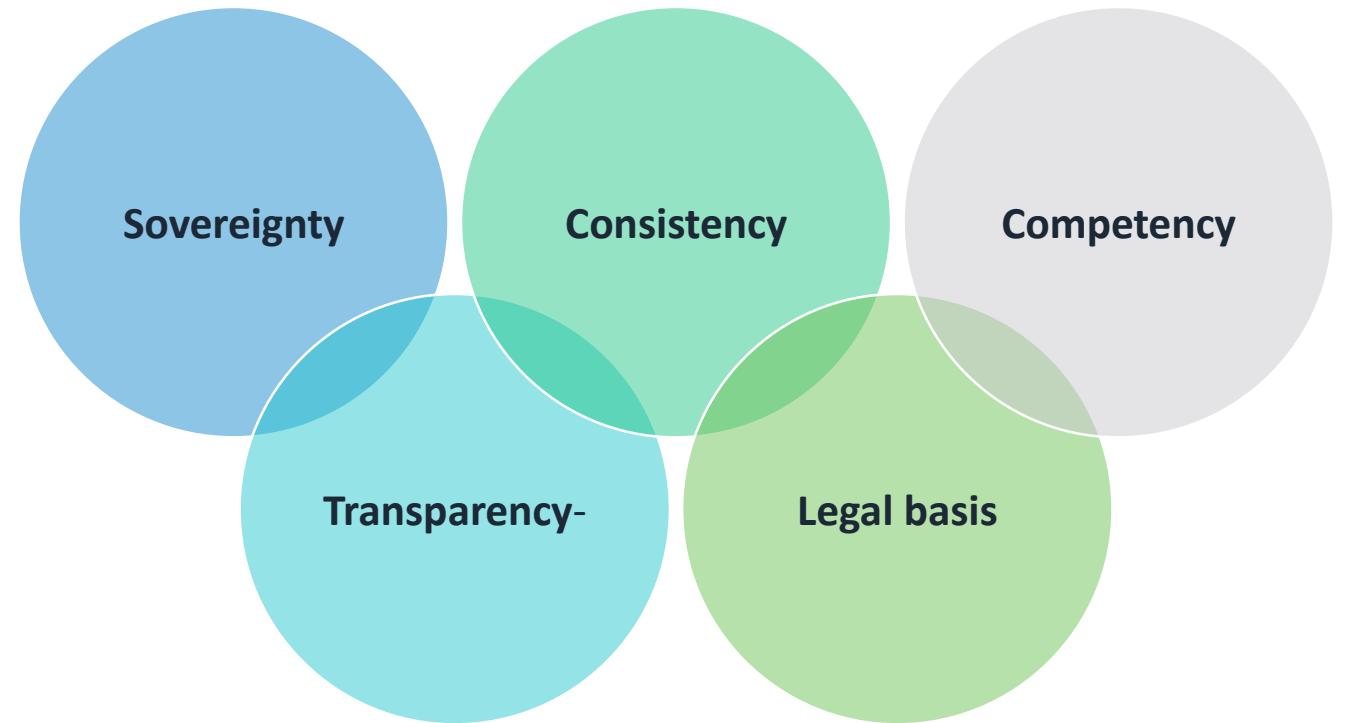
Outlines **key examples and principles** for implementing reliance practices



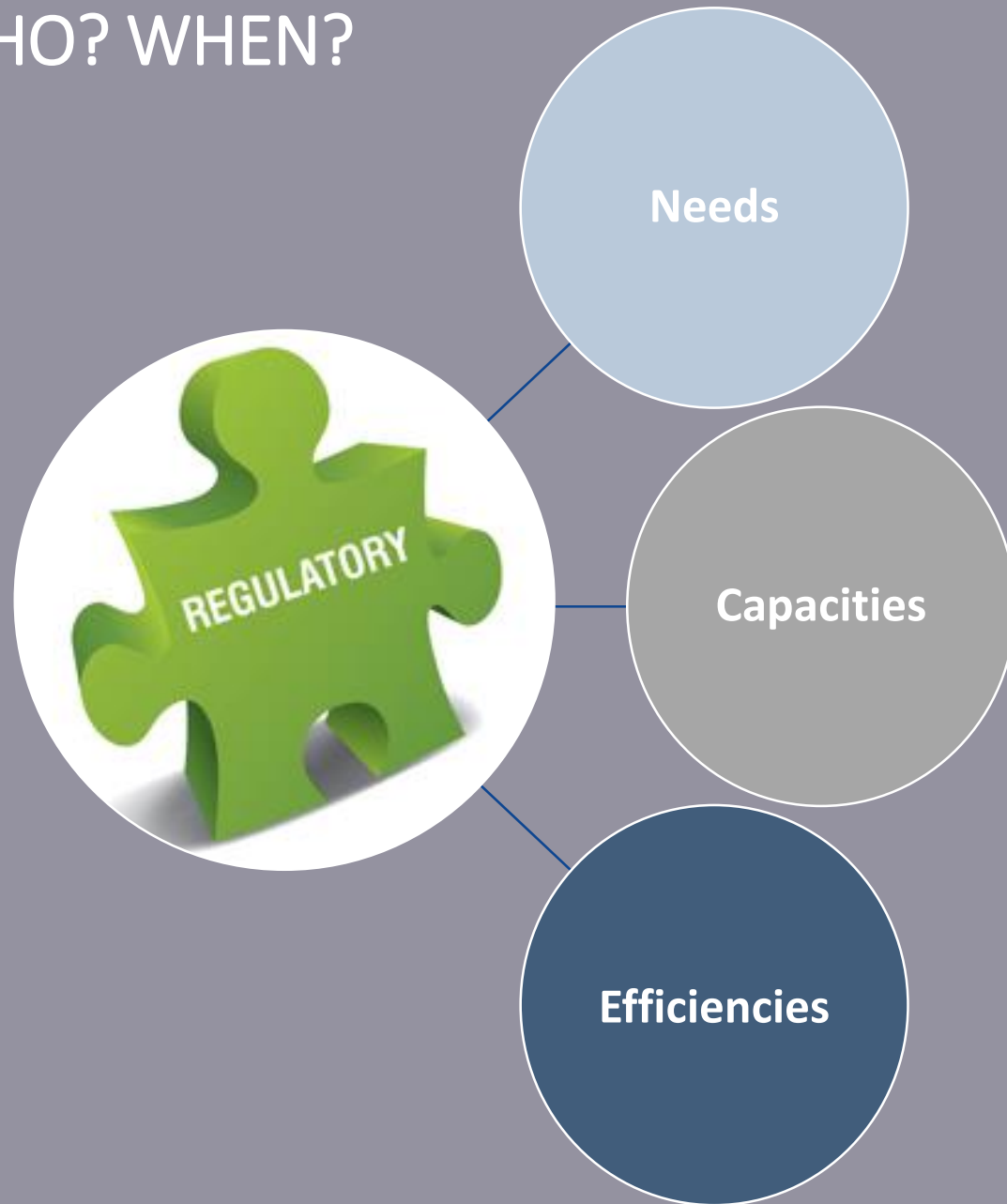
PANDRH RECOMMENDATIONS

- (a) to adopt the phrase “use of regulatory decisions of other jurisdictions” to describe reliance;
- (b) to share the concept note on regulatory reliance principles with Member States to ensure that it helps decision making to improve their regulatory efficiencies;
- (c) to consider following the principles proposed in this document when applying and adopting regulatory reliance strategies for processes, products and/or practices;
- (d) to recommend the inclusion of reliance-related provisions and language in legal documents, where appropriate, for registry, inspection, laboratory testing, etc.;
- (e) to encourage Member States to use reliance to increase efficiencies and in particular, states with limited resources which are seeking fast improvements in regulatory capacities; and
- (f) to request that PAHO and its Member States monitor and evaluate the impact of regulatory reliance across the Region.

RELIANCE PROPOSED PRINCIPLES

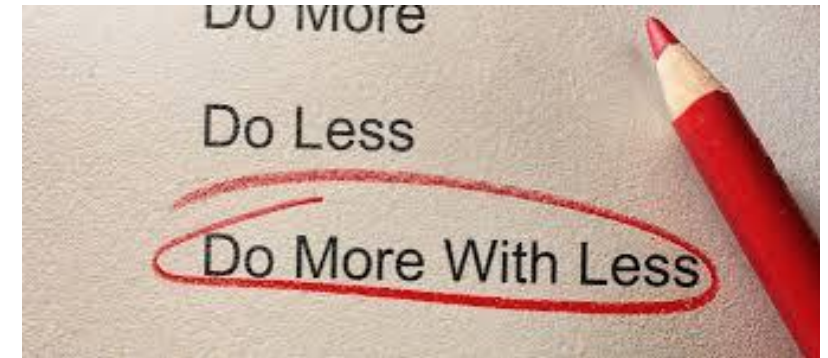


WHO? WHEN?



Reliance is a strategy that **seeks a better use of resources, thus**, it should not be limited to low capacity systems but should be considered as a good strategy to improve capacities in all a wide range of regulatory settings.

While reliance may offer more clear advantages to developing regulatory systems, **it is a strategy that should be considered for any regulatory body in search of efficiencies.**



Reliance should translate into...

...

and lead to...



Trustful, transparent, adaptative and efficient regulation

- Informed regulatory decision-making
- Improved oversight of regulated industry (inspections, data integrity)
- Strengthened regulatory processes NOT the mere outsourcing of regulatory processes!

EMA/FDA Activities - 2018 Overview

January	February	March	April	May	June	July	August	September	October	November	December
	1st GCP	1st Blood	1st PhV Strategic call	2nd Rare diseases	6th PhV	3rd Cardio	1st Rare diseases	3rd Shortages		3rd RWE	3rd RWE
	6th Pharm Tox		4th PhV	7th PhV	6th Rare diseases		8th B/PRIME	15th Neu/Psych	4/5th Biostats	6th NcWG	4th NcWG
9th API	6th Non-clinic Oncology	8th Biostats	4th Oncology	6th Q Biom Q2	8th Biosim		9th NcWG	13th NcWG	6th Paediatrics	7th Oncology	4th Neu/Psych
9th B/PRIME		13th Neu/Psych	10th API	8th Oncology	7th Vacc	10th API		11th API	8th NcWG	7th Q Biom Q4	11th API
		13th NcWG	12th GCP		11th Neu/Psych	10th Orphan		12th Oncology	8th Paediatrics	8th Q Biom (monthly)	11th Q Biom (monthly)
	13th API	13th API	16th Shortages		12th API			12th COA	8th PharmGenomics	8th ATMP	11th Orphan
	14th Oncology	14th Oncology	16th MRA		13th VETS			13th BE	9th API	13th API	13th VETS
16th NcWG	15th Paediatrics	15th Paediatrics	17th Neu/Psych		14th Blood		14th API	13th ATMP	11th Oncology	13th Q Biom (monthly)	
17th Oncology	15th NcWG	15th ATMP	17th NcWG	17th Paediatrics	14th BE	17th NcWG		13th Paediatrics		11th Strategic call	
18th ATMP	15th DAVP/EMA	15th BE	17th Cardio	17th Neu/Psych	18th, 19th EU/FDA Bilateral	18th Oncology		17th MRA	16th Q Biom (monthly)	14th VETS PhV	
18th Paediatrics			19th Paediatrics	17th VETS PhV	19th NcWG				18th B/PRIME	5th B/PRIME	19th Oncology
	20th Q Biom (monthly)	20th Q Biom (monthly)	19, 20th PharmGenomics	24th NcWG	20th PhV Strategic call	19th B/PRIME		18th RWE	18th B/PRIME	15th BE	
23rd Q Biom (monthly)	22nd Pharmaco-metrics	20th Orphan	18th B/PRIME		20th Pharmaco-metrics	19th Paediatrics		18th Orphan	19th VETS	19th PhV	
29th Biosim	22nd VETS Novel Therapies	21st Q Biom Q2		24th ATMP	21st PE	20th PhV	21st Q Biom (monthly)	19th VETS	23rd VETS Novel Therapies	19th Shortages	
	22nd VETS PhV	21st VETS	24th Q Biom (monthly)	24th DAVP/EMA	21st MRA	24th Q Biom (monthly)		20th PhV Strategic call	24th Biosim	20th Rare diseases	
30th MRA	27th PE	26th Vacc	26th Pharmaco-metrics		21st Paediatrics		27th VETS Novel Therapies		24th PhV	20th Vacc	
21st PhV	28th PhV	26th Biosim			23rd Oncology		29th Q Biom Q3	28th Rare diseases	24th Rare diseases	26th MRA	
31st Rare diseases	28th Rare diseases	28th Rare diseases		29th Q Biom (monthly)	26th Q Biom (monthly)	31st Rare diseases	29th PhV		29th Neu/Psych	26th Antivirals (ARV)	

PAHO/WHO

...

Reliance is a daily activity!

Reference: <https://ascpt.onlinelibrary.wiley.com/doi/epdf/10.1002/cpt.1617>

Enablers

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TRUST



HARMONIZATION



**INFORMATION
SHARING**



**ECONOMIC
INTEGRATION**

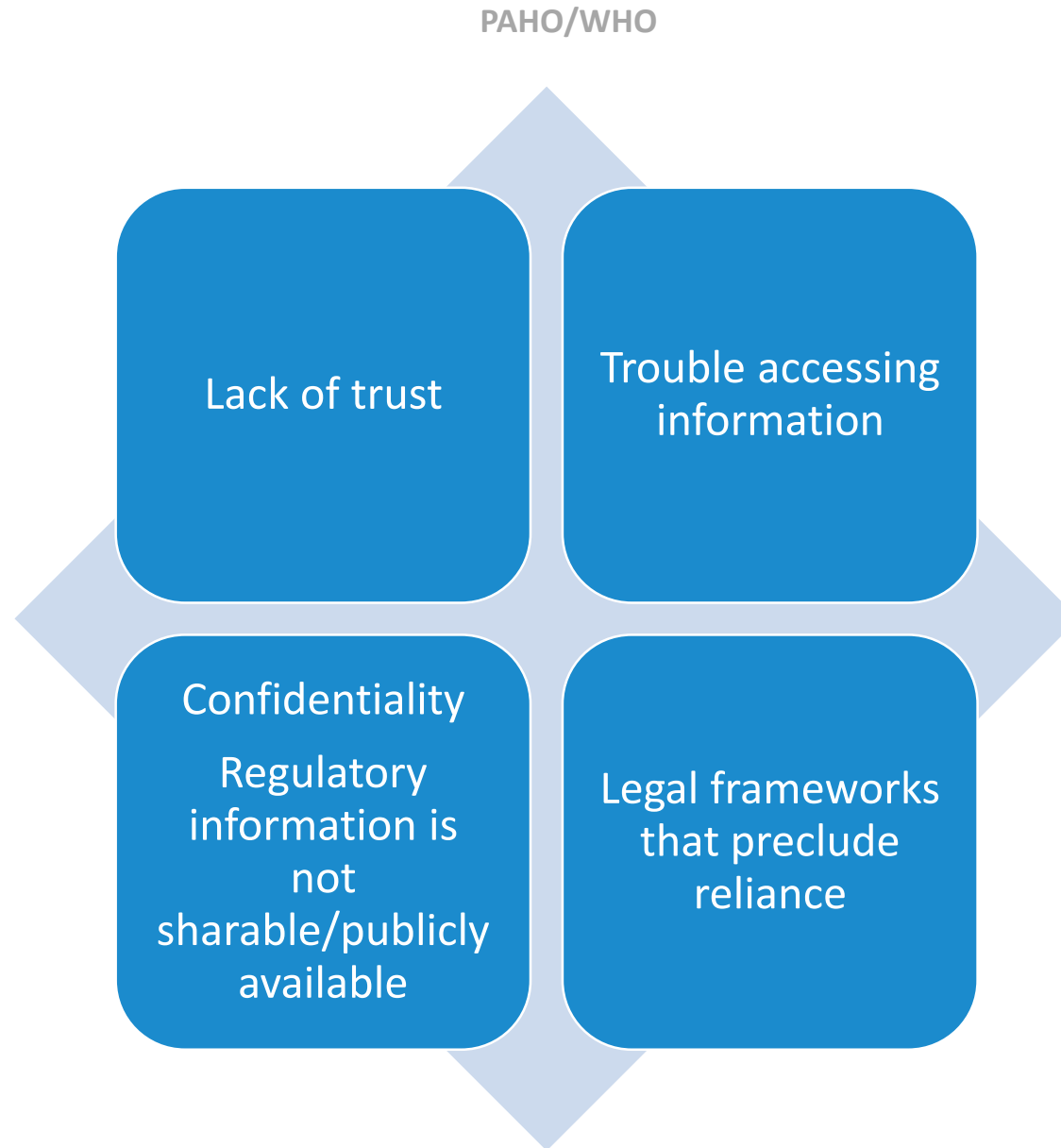


LEGAL



**SHARED
RESPONSIBILITY
AND
ACCOUNTABILITY**

Barriers





Outline

Examples of reliance mechanisms in PAHO and the Region of the Americas

- PAHO Revolving Funds (access)
- Caribbean Regulatory System (pre-market entry)
- Pharmacovigilance network (post market entry)

PAHO Revolving Fund uses reliance for vaccine procurement for 41 countries and territories

WHO Prequalification

NRAs of reference

ANMAT (Argentina), ANVISA (Brazil),
BGTD (Canada), CECMED (Cuba),
COFEPRIS (Mexico), EMA (Europe),
FDA (USA), KFDA (Korea) or TGA
(Australia)

Freeze-dried BCG vaccine
Inactivated oral cholera vaccine
DT
DTaP
DTwP-Hib
dT
Tdap
DPwT-Hep B-Hib (Pentavalent)
DTaP-IPV-Hep B – Hib (Hexavalent)
Hepatitis A
Hepatitis B (recombinant DNA)
Hib
HPV

Influenza (seasonal)
IPV
Meningo ACYW-135
MR
MMR
OPV
PCV
Rabies
Rotavirus
Typhoid (conjugate) and
(polysaccharide Ty2 strain)
Varicella
Yellow Fever

Tdap – IPV
DTaP-IPV-Hib
Pneumococcal conjugate vaccine (23 valent)
Varicella
Canine Rabies
Immunoglobulins Human and Equine origin
Tuberculin Purified Protein Derivative (PPD)



Sharing Product Information

QUALITY

EFFICACY

SAFETY

RESPONSIBLE NRA FOR LOT RELEASE OF FINISHED PRODUCT AND PLASMA POOL RELEASE (if applicable) MANUFACTURING SITES GMP CERTIFICATES FOR ALL SITES CURRENT FINISHED PRODUCT SPECIFICATIONS CERTIFICATE OF ANALYSIS SUMMARY PROTOCOL OF MANUFACTURING AND CONTROL STABILITY STUDIES (LONG-TERM AND ACCELERATED) PRODUCT INSERT AND PACKAGING	THERAPEUTIC EQUIVALENCE (BIOEQUIVALENCE/ BIOAVAILABILITY STUDIES) OR BIOWAIVER	PERIODIC SAFETY UPDATED REPORT (PSUR) or PBRER
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- **WHO PQ LETTER**
- **PROOF OF REGISTRATION AND MARKETING AUTHORIZATION IN ELIGIBLE NRA (CPP, REGISTRATION CERTIFICATE, MA)**

Caribbean Regulatory System: a regional reliance mechanism and registration of cholera vaccine in Haiti

- CRS is a fast-track, regional reliance mechanism for CARICOM
- WHO PQ or NRA of reference approved products
- Sameness
- MOU CRS - NRA of Haiti maintaining sovereignty, responsibility and accountability
- Cholera vaccine dossier assessment, share of information (report) and capacity building for trust
- NRA access to WHO PQ regulatory documents through the WHO collaborative procedure
- Euvichol and Euvichol-plus registered in Haiti
- PMS and PV activities channeled through CRS (Vigicarib)



<http://new.carpha.org/What-We-Do/Programmes-and-Projects/CRS/Caribbean-Regulatory-System>

Reliance and “SAMENESS”

- Regulatory reliance supports and promotes sameness and access to same quality products
- Reliance mechanisms to address existing weaknesses such as limited regulatory capacity in small markets (CARICOM market)
- Ensure same standards and procedures are applied (GMP)
- Ensure molecule, dose, presentation destined to highly regulated markets are the same as the ones destined to markets with lower regulatory capacity thus ensuring access with same quality, efficacy, safety product specifications
- A matter of equitable access and transparency



Trastuzumab

Bevacizumab

Sofosbuvir



PV Regional network: Evaluation of PSUR / RMP joint Project (2017-2022)
Executive Summary of the Periodic Safety Updated Report (PSUR) shared between focal points of specific NRAs on regulatory platform PRAIS

Isotretinoin

Rituximab

Dengue Vaccine



Health
Canada

Santé
Canada



Health
Canada

Santé
Canada



Health
Canada

Santé
Canada

PV Regional network: Evaluation of PSUR / RMP joint Project (2017-2022) Executive Summary of the Periodic Safety Updated Report (PSUR) - Ongoing

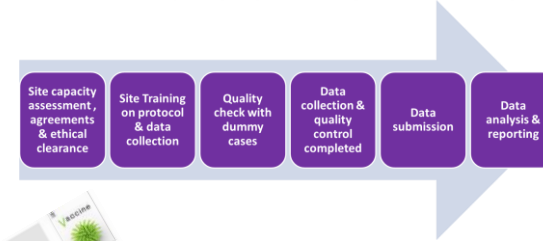
Pembrolizumab

Ocrelizumab

PV Regional network: Evaluation of PSUR
/ RMP joint Project (2017-2022)

Executive Report of the Risk Management
Plan (RMP) shared between focal points of
specific NRAs

Global Vaccine Safety and Multi Country Collaboration Network- AEFIs Surveillance



Conducted in 25 sites, 16 countries

Enhancing global vaccine pharmacovigilance: Proof-of-concept study on aseptic meningitis and immune thrombocytopenic purpura following measles-mumps containing vaccination

Silvia Perez-Vilar^{1,2,*}, Daniel Weibel^{1,3}, Miriam Sturkenboom^{1,3}, Steven Black^{3,4}, Christine Maure⁵, Jose Luis Castro⁶, Pamela Bravo-Alcántara⁷, Caitlin N. Dodd¹, Silvana A. Romio^{1,8}, Maria de Ridder¹, Swabra Nakato¹, Helvert Felipe Molina-León⁹, Varalakshmi Elango¹⁰, Patrick L.F. Zuber⁵, and the WHO Global Vaccine Safety-Multi Country Collaboration¹¹

Objective: Assess the Network capacity to evaluate the association of rare AEFIs such as aseptic meningitis (AM) and idiopathic thrombocytopenic purpura (ITP) with measles mumps rubella (MMR) vaccine

Inclusion

Children 9 - 23 months of age hospitalized with AM or ITP during study period

Results and conclusions ...

Network integration in routine monitoring of vaccine adverse events in the Region.

Unique vaccine integrated active surveillance system could be applicable to other vaccines and diseases, save technical and financial resources and share final PV conclusions for other countries with similar or less regulatory capacity.



Region of the Américas

Argentina (6 sites)
Chile (4 sites)
Peru
Uruguay
Costa Rica
Honduras
Colombia

Other sites out of the Region

Albania
Australia (2 sites)
China
India
Iran (2 sites)
Singapore
South Africa
Spain

REFERENCES

PAHO

- Regulatory reliance principles: concept note and recommendations: <http://iris.paho.org/xmlui/handle/123456789/51549>
- Standard quality related components for pharmaceuticals and biologicals ITBs and RFQs for the PAHO Revolving Funds (internal document PAHO)

Caribbean Regulatory System:

<http://new.carpha.org/What-We-Do/Programmes-and-Projects/CRS/Caribbean-Regulatory-System>

Publications:

- *Building capacity for active surveillance of vaccine adverse events in the Americas: A hospital-based multi-country network.* available at: <https://doi.org/10.1016/j.vaccine.2017.04.069>
- *Enhancing global vaccine pharmacovigilance: proof-of-concept study on aseptic meningitis and immune thrombocytopenic purpura following measles mumps containing vaccination..* available at: <https://doi.org/10.1016/j.vaccine.2017.05.012>
- *Are the European Medicines Agency, US Food and Drug Administration, and Other International Regulators Talking to Each Other?* available at: <https://ascpt.onlinelibrary.wiley.com/doi/epdf/10.1002/cpt.1617>
- Images: google images

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