



# Improving Access to Medical Products through Strengthening Regulatory Systems

IX PANDRH Conference

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Regulation of Medicines and  
other Health Technologies



# “Together for a healthier world”

Dr Tedros Adhanom Ghebreyesus



## Key Themes of WHO's 13<sup>th</sup> General Programme of Work 2019-2023

### Mission

Promote Health - Keep the World Safe - Serve the Vulnerable

### Strategic Priorities

**Health Coverage:** 1 billion more people with health coverage  
**Health Emergencies:** 1 billion more people made safer  
**Health Priorities:** 1 billion lives improved

NEW Cluster

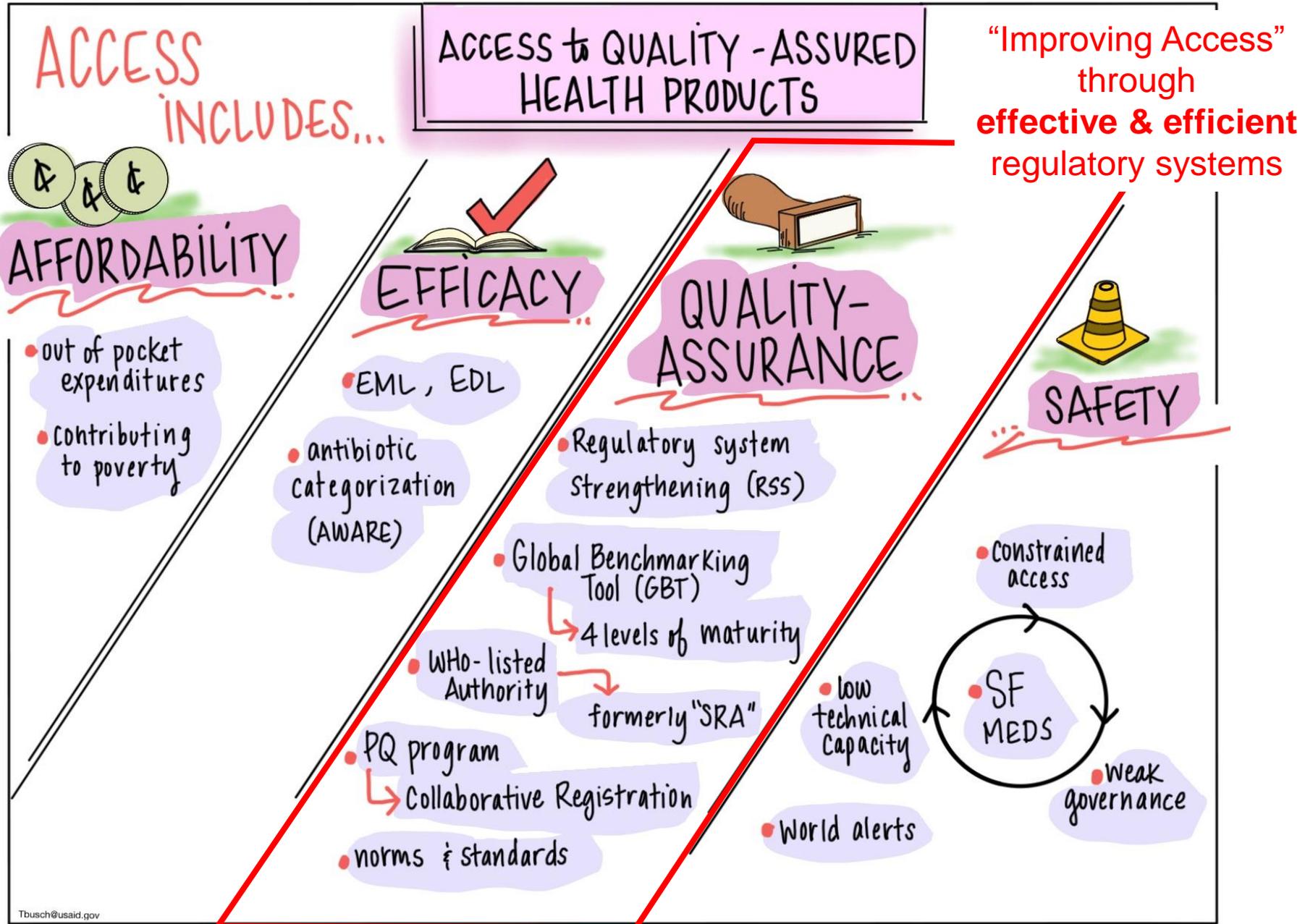
Access to Medicines, Vaccines and Pharmaceuticals (MVP)  
Dr. Mariângela SIMÃO, Assistant Director General

at EB 2019

Roadmap on access to medicines- to be presented

[http://www.who.int/medicines/access\\_use/road-map-medicines-vaccines/en/](http://www.who.int/medicines/access_use/road-map-medicines-vaccines/en/)

# FOCUSING ON UHC – How do we improve Access?



# WHO Regulatory Systems Strengthening and Capacity Building

**PROBLEM:**

- only 26% of countries meet minimum standards for regulatory capacity

**BUILDING REGULATORY CAPACITY**  
 Alireza Khadem Broojerdi  
 • OCT 4 • WHO TBS •

- SDG 3
- GPW 13
- RESOLUTION 67.20



**67.20 target: LEVEL 3 of 4**

**GLOBAL BENCHMARKING TOOL**

on whom can I rely?

**RELIANCE!**

**WHO LISTED AUTHORITY**

countries reaching maturity level 3-4

8 core functions of system

measures maturity of regulatory system

**COALITION of INTERESTED PARTNERS**

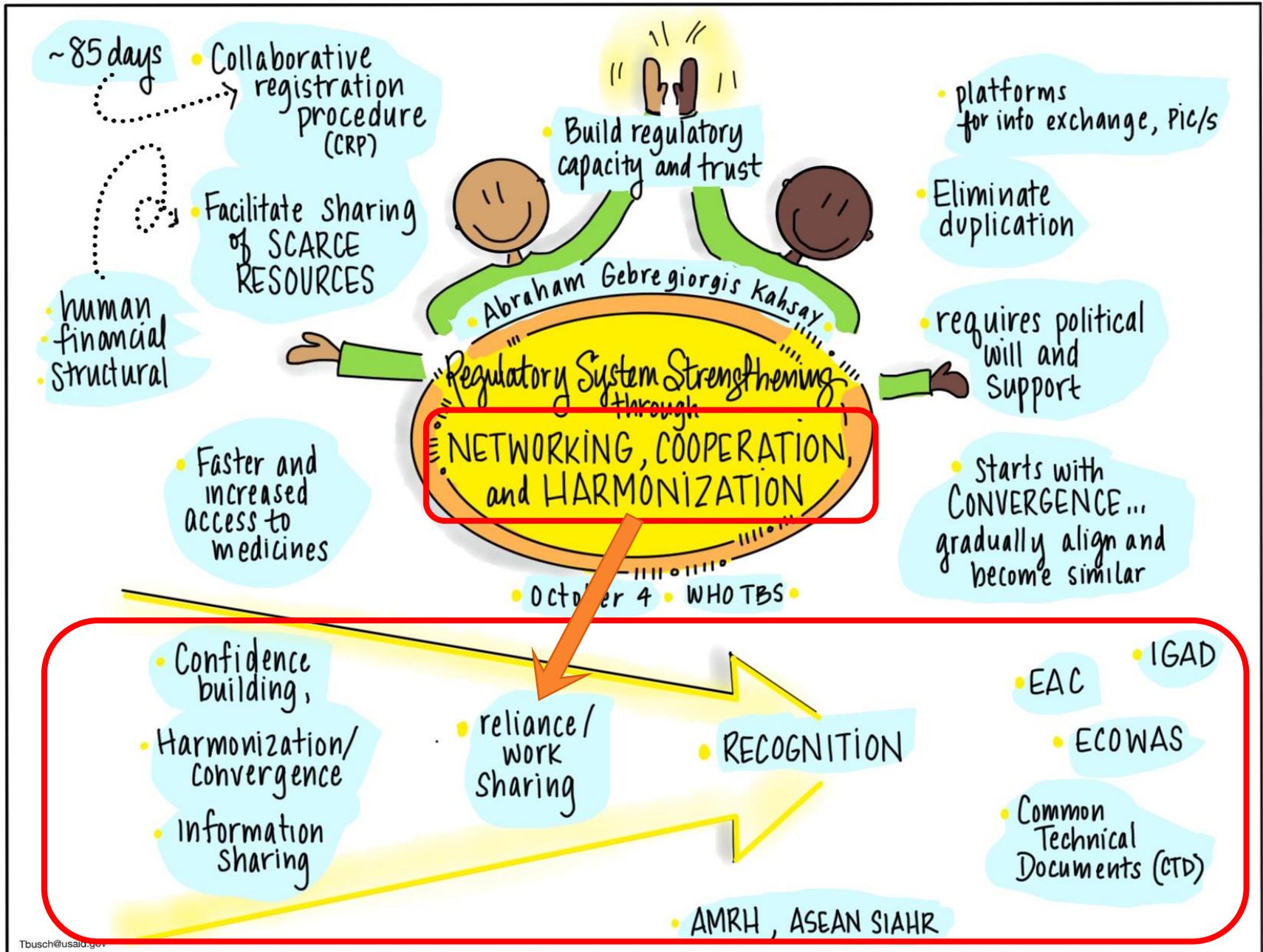
## **‘Stringent Regulatory Authority’ (SRA):**

- originally based on ICH membership
- developed to promote reliance and guide procurement decisions
- widely used and recognized

## **Growing recognition that change was needed:**

- Term SRA be replaced by ***WHO-Listed Authority (WLA)***
- Currently identified “SRAs” to be regarded as WLAs
- Additional NRAs to be designated based on **WHO Global Benchmarking Tool (GBT)** plus completion of **confidence-building process**
- Procedure for listing to be developed through a broader consultation process
- Targeting early 2019 for adoption, together with an introduction of WHO GBT (version VI)
- Voluntary process – undertaken at request of country with the understanding that outcome (but not details) to be made public

# Collaboration, Reliance, Harmonization, Information Sharing



How do we get the needed quality products to these patients faster, and more efficiently?



# Accelerated registration through Collaborative Registration Procedure (CRP)

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## Objectives:

- to facilitate the assessment and accelerate national registration of Prequalified products
- to accelerate registration of health products that have already received approval from a “stringent regulatory authority”

## Principles:

- Voluntary
- Sovereignty
- Identicality
- Co-operation
- Reliance
- Monitoring and maintenance

# CRP Participating NRAs – PQ medicines



As at 30 June 2018

Armenia	Georgia	Philippines
Botswana	Ghana	Senegal
Burkina Faso	Kenya	Sierra Leone
Burundi	Kyrgyzstan	South Africa
Cameroon	Lao PDR	Sri Lanka
*Caribbean Community (CARICOM)	Madagascar	Tanzania
Cote d'Ivoire	Malawi	Thailand
Dem. Rep. Congo	Mali	Uganda
Eritrea	Mozambique	Ukraine
Ethiopia	Namibia	Zambia
	Nigeria	Zanzibar
	Pakistan	Zimbabwe

\* CARICOM

Member States:

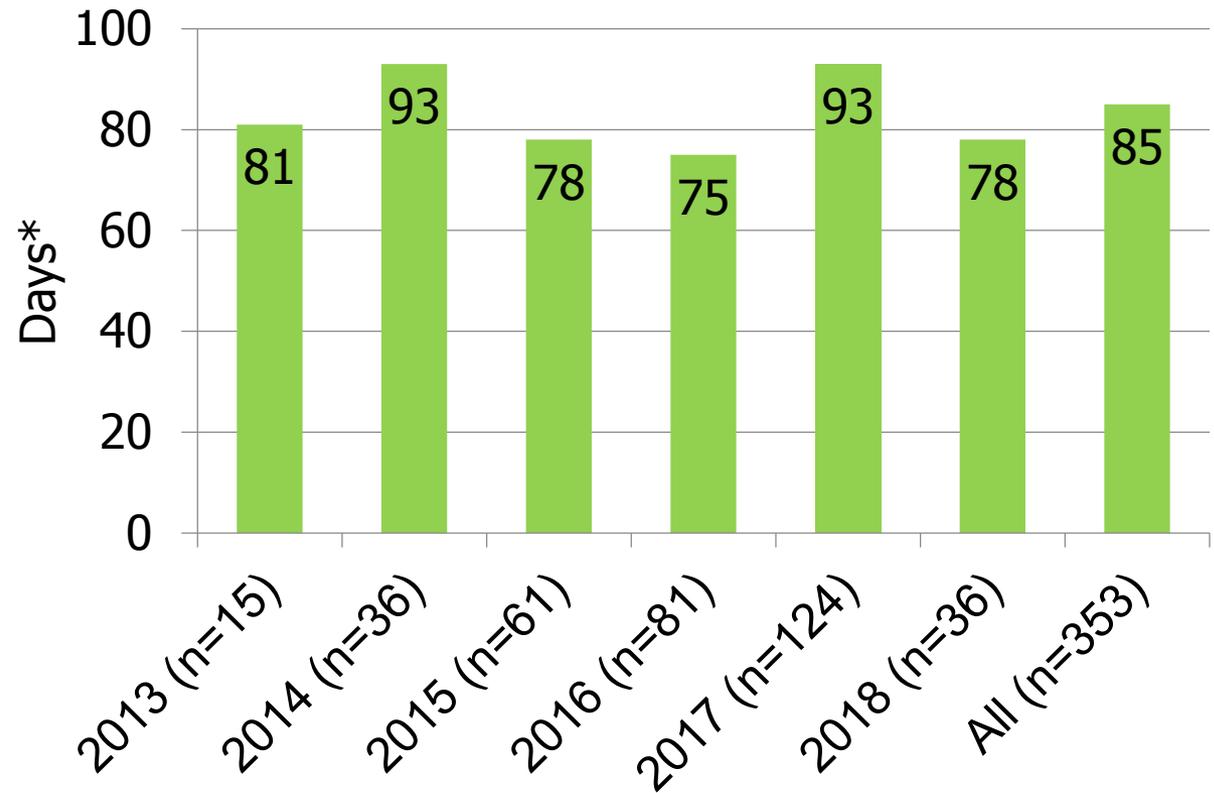
Antigua and Barbuda, Bahamas, Belize, Dominica, Grenada, Haiti, Jamaica, Montserrat, Saint Lucia, St. Kitts and Nevis, St Vincent and the Grenadines, Suriname and Trinidad and Tobago

Associate Member States: Anguilla, Bermuda, British Virgin Islands, Cayman Islands and Turks and Caicos Islands

# CRP: Median time to registration



\*Including regulatory time and applicant time



## Without CRP:

Approximately 5 years to get global approval in 100+ countries for a single variation for a vaccine with 75+ repetitive reviews & questions

Source: Paul Dearden, Head, International, Regulatory Policy and Intelligence, AbbVie, UK. CIRS Workshop, Pretoria, South Africa.

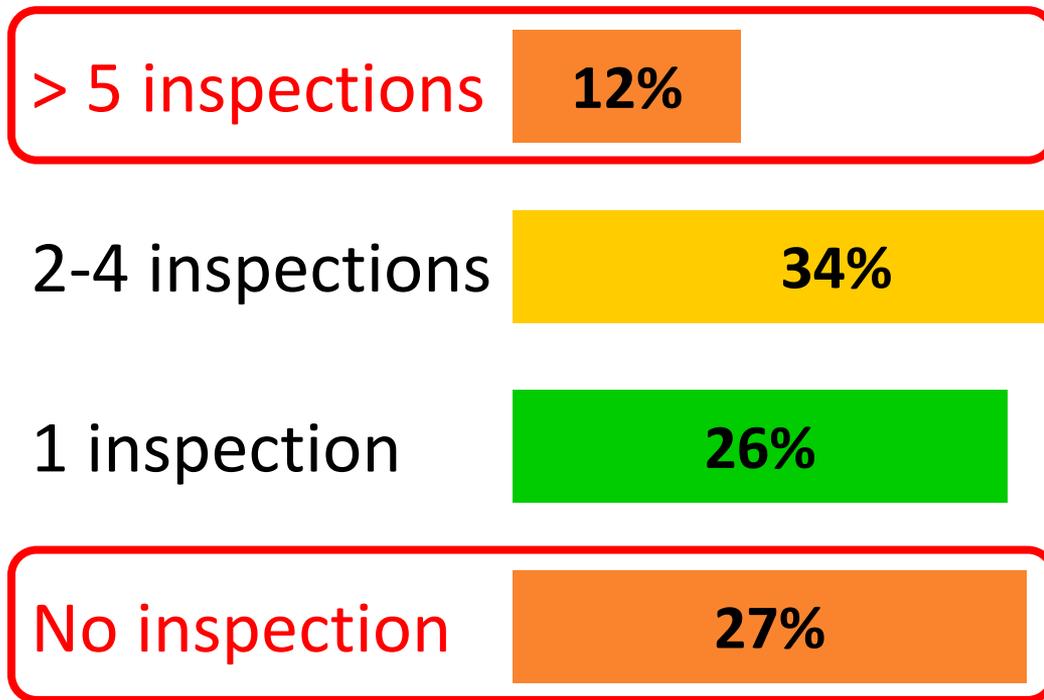
# GMP Inspection Workload

Manufacturing sites



## Pre-ICDRA Workshop 4

Impact of work sharing and utilization of risk-based inspections on access to medicines



### Industry and NRA's agree:

- Confirming compliances without undertaking an on-site inspection avoids duplication of work, reduces regulatory burden and allows more efficient use of inspection resources
- Informed decision on compliances can be made based on the work of another NRA

Source: Dr.-Ing. Stephan Rönninger, Amgen Europe GmbH on behalf of EFPIA, , 18th Pre-ICDRA Conference, Dublin Ireland

- Strong and efficient Regulatory systems use concepts such as reliance, work-sharing and international collaboration
- Rich portfolio of concepts, tools, networks and enablers now exist
  - Good Regulatory Practices
  - Collaborative Registration Procedures
  - Medical Device Single Audit Program (MDSAP)
- More work needed to translate into practical realities –  
key role of PANDRH
- Also opportunities to streamline in other areas e.g. post approval changes/variations
- Collaboration not Competition –  
the new reality to enable patient access



A world where every child, man and woman has access to the quality essential medicines, vaccines and other health products they need to lead a healthy and productive life.

**muchas gracias**

**thank you for your attention**

Emer Cooke

Director, Regulation of Medicines and other Health Technologies