WHO Good Regulatory Practices

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X Meeting of Regulatory Authorities for the Strengthening of the Regulatory Capacity of Medical Devices in the Americas – Wednesday 1 June 2022
Outline

1. Global overview, status of regulatory systems and major challenges
2. WHO Regulatory Systems Strengthening Program and Global Benchmarking Tools
3. WHO Good Regulatory Practices
4. Principles of Good Regulatory Practices
5. Enablers for Good Regulatory Practices
6. WHO Good Reliance Practices
Need for strong regulatory systems, international collaboration and reliance

Most NRAs have not reached a stable maturity level (ML3) as per WHO GBT*

Regulators across the globe are facing increasing challenges and workload

Globalization of markets and complex supply chains

Limited global resources (financial, technical and human)

*GBT Global Benchmarking Tool

Objectives of the WHO regulatory system strengthening programme

Build regulatory capacity in Member States consistent with Good Regulatory Practices

Promote regulatory cooperation, convergence and transparency through networking, work-sharing and reliance

Global medical products market
Objectives of the WHO regulatory system strengthening programme

1. build regulatory capacity in Member States consistent with good regulatory practices

2. promote regulatory cooperation, convergence and transparency through networking, work-sharing and reliance

- WHA Resolution 67.20 in 2014
  - recognized the importance of strong regulatory systems to a well-functioning healthcare system and the attainment of health-related SDGs and UHC.
WHO Benchmarking of National Regulatory Authorities (NRAs)

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Countries</th>
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<tbody>
<tr>
<td>1</td>
<td>No formal approach</td>
<td>98</td>
</tr>
<tr>
<td>2</td>
<td>Reactive approach</td>
<td>40</td>
</tr>
<tr>
<td>3</td>
<td>Stable formal system approach</td>
<td>56</td>
</tr>
<tr>
<td>4</td>
<td>Continual improvement emphasized</td>
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- Level 1: Some elements of regulatory system exist. Can ensure the quality of products if rely on ML 3/ ML 4 regulatory systems.
- Level 2: Evolving national regulatory system that partially performs essential regulatory functions.
- Level 3: Stable, well-functioning and integrated regulatory system. Target of WHA Resolution 67.20.
- Level 4: Regulatory system operating at advanced level of performance and continuous improvement. Advanced and well resourced regulatory systems.
Overall regulatory systems’ maturity level of WHO Member States and major challenges

- ML 1: 98 countries (51%)
- ML 2: 40 countries (20%)
- ML 3, 4: 56 countries (29%)

Main challenges:
- Lack of national policy and long-term strategy
- Unclear vision and mission (what should be done and what should not)
- Insufficient commitment and engagement from political level (access and price vs. quality)
- Inadequate resources to establish and sustain regulatory oversight
- **Bad Regulatory Practices**

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Countries Institutional Development Plans
Access to Safe, Effective, Quality and Affordable Medical Products

Legal framework mandate and enforcement power
Norms and standards
Leadership, coordination & Strategic Planning
Quality Management /Risk Management System
Resources HR, FR, IMS, Infrastructure

Inspection and Audit
Vigilance and Surveillance
Quality control/testing
Scientific evaluation and oversight

Assuring quality of products

Good Regulatory Practices (GRP)
WHO Good Regulatory Practices

Response to requests for **guidance in addressing common gaps in regulatory practices** identified during benchmarking exercises

**Set of principles and practices applied to the development, implementation and review of regulatory instruments** in order to achieve a public health policy objectives in the most efficient way

**Relevant to all regulators**, irrespective of resources, maturity or regulatory models (national, supranational and multiple institutions)
WHO Good Regulatory Practices

**Purpose**
- Present the **high-level principles** of Good Regulatory Practices.
- Principles to serve as **benchmarks**.
- Guide Member States in **prioritizing** their regulatory activities according to; resources, national goals, public health policies, medical products policies and the medical product environment.

**Scope**
- **Relevant to all regulators**, irrespective of resources, maturity or regulatory models; equally applicable to supranational (e.g. regional), national and subnational regulatory systems.
- **Related audience**: institutions and policy-makers, regulatory networks, regulated parties.


Link: [https://www.who.int/publications/i/item/55th-report-of-the-who-expert-committee-on-specifications-for-pharmaceutical-preparations](https://www.who.int/publications/i/item/55th-report-of-the-who-expert-committee-on-specifications-for-pharmaceutical-preparations)
WHO Good Regulatory Practices

Objectives:
- Ensure sound and effective regulation of medical products.
- Higher-quality regulation, better regulatory decision-making and compliance.
- More efficient regulatory systems and better public health outcomes.
- Up to date regulatory systems.
- Promote trust among regulatory authorities and other stakeholders.
- Facilitate international cooperation.

Complemented by:
- Good Governance Practices
- Good Reliance Practices
- Good Review Practices
- QMS for Regulatory Authorities
Nine high-level GRP principles

- Legality
- Consistency
- Independence
- Impartiality
- Proportionality
- Flexibility
- Clarity
- Efficiency
- Transparency

The ultimate aim of GRP is to serve and protect public health and patients’ interests, with respect for all applicable ethical principles.
1. Legality

Regulatory systems and the decisions that flow from them must have a sound legal basis

Key elements:
- Authority, scope and flexibility to safeguard and promote health
- Delegation of power and responsibilities
- Support and empower international cooperation
- Possibility to review regulatory decisions and sanctions
- Scope and lines of authority of involved institutions
- Accountable

GBT:

MA01.01: There are legal provisions that require the receipt of a registration or marketing authorization (MA) before placing the product on the market.

MA02.01: There is a defined structure with clear responsibilities to conduct registration or MA activities

RS09.01: The NRA participates in regional and/or global networks to promote convergence and harmonization efforts and expand its collaboration in the regulatory field.

RS01.09: A guideline on complaints and appeals against regulatory decisions is available to the public.
GRP main principles

2. Consistency

Regulatory oversight of medical products should be consistent with existing government policies and legislation and be applied in a consistent and predictable manner.

Key elements:
- Fit coherently into the national legal and policy framework
- Complementary and not conflicting
- Consistent implementation and enforcement

GBT:

MA04.04: The same criteria apply for assessing applications regardless of the origin of or destination for the medical products (e.g., domestic, foreign, public sector, or private sector).

RS01.04: All regulatory entities (central and decentralized ones) follow non-contradictory regulations, standards, guidelines and procedures.

MA01.10: There are guidelines on the format and content for submission of MA applications that are consistent with the WHO or other internationally accepted standards.
3. Independence

Institutions responsible for regulation of medical products should be independent

Key elements:

- Operate in an independent and authoritative manner
- Discharging its duties independently from politicians, government and regulated entities
- Improper and undue influence of stakeholders on Regulatory activities and decisions
- Appropriate and clear funding
- The independence of the leadership

RS02.04: Independence of NRA from researchers, manufacturers, distributors and wholesalers, as well as from the procurement system

RS07.04: The NRA has authority to manage the funds allocated and/or generated internally.
4. Impartiality

**GRP main principles**

All regulated parties should be treated equitably, fairly and free from bias

**Key elements:**

- No conflicts of interest or unfounded bias
- Impartial operations
- No engagement in the activities that must be regulated
- Science and evidence based decision-making

**GBT:**

MA04.04: The same criteria apply for assessing applications regardless of the origin of or destination for the medical products (e.g., domestic, foreign, public sector, or private sector)

MA04.05: An advisory or scientific committee, including external experts is involved in the review of MA applications (as needed)

RS09.07: A code of conduct, which includes management of conflicts of interest, is published and enforced for internal and external staff, including members of the advisory committees.
5. Proportionality

A law with modest aims and objectives that is properly enforced is preferable to a more comprehensive one that cannot be implemented.

Key elements:
- Adequate to achieve the objectives without being excessive
- Proportionate to the risk
- Do not exceed the national capacity to implement and enforce
- Benefit–risk evaluation and continuous monitoring

GBT:
MA01.12: There are established guidelines that cover circumstances under which the routine MA procedures may not be followed (e.g., for public-health interest)
RS04.05: Written criteria to cover circumstances in which the routine regulatory processes may not have to be followed in relation to crises and emergencies linked to a risk management plan.
6. Flexibility

**GRP main principles**

Regulatory oversight should be flexible in order to respond to a changing environment and unforeseen circumstances.

**Key elements:**

- Sufficient flexibility to reflect or respond to changes
- Timely responses to urgent situations
- Performance based
- Alternative approaches
- Flexibility for applying good judgement

**GBT:**

- **MA01.06:** There are legal provisions to cover circumstances under which the routine MA procedures may not be followed (e.g., for public health interest)

- **MA04.07:** There are documented mechanisms to handle non-routine registration or MA requirements in special situations (e.g., public-health interest)

- **RS07.03:** There are provisions relating to reduction or exemption of dues, taxes, tariffs or fees in defined situations for public health interest.
7. Clarity

GRP main principles

Regulatory requirements should be accessible to and understood by users

Key elements:

- Understandable language
- Terminology consistent with international norms
- Consultation, education and training
- Proper interpretation of regulations
- Clear process and basis for taking regulatory decisions and enforcement

GBT:

MA01.09: Specific guidelines on the quality, nonclinical and clinical aspects are established and implemented

MA01.11: There are guidelines for MA holders that define the types and scope of variations, the format and content to be used for documenting the variations, and the identification of those variations that require prior approval or notification.
8. Efficiency

Regulatory systems should achieve the intended results within the required time and at reasonable effort and cost.

Key elements:
- Achieve the public health goals
- Effective use of resources and information from other authorities
- Most efficient and least burdensome means of achieving regulatory purposes
- Evaluation of the total burden and resources
- Explore ways of improving efficiency
- Alignment of regulatory requirements
- Contribution of regulated entities
- Performance-based indicators

GBT:
- MA04.06: Timelines for the assessment of the applications are defined and an internal tracking system has been established to monitor adherence to the targeted time frames.
- MA01.08: Legal provisions or regulations allow the NRA to recognize and/or rely on MA-relevant decisions, reports or information from other NRAs or regional and international bodies.
- MA06.02: Performance indicators for registration and MA activities are established and implemented.

International collaboration
9. Transparency

Regulatory systems should be transparent; requirements and decisions should be made known, and input should be sought on regulatory proposals.

Key elements:

- Investment and a culture of openness, supported by government policy, commitment and action
- Stakeholders should be consulted
- Access to regulations and decisions
- Disclosure should be consistent with national laws on access to information.

GBT:

RS01.06: Legal provisions and regulations define requirements of transparency and dissemination of information to the public and relevant stakeholders.

RS09.04: Information on marketed medical products, authorized companies and licensed facilities is publicly available.

MA05.02: Updated list of all medical products granted MA is regularly published and publicly available.

RS09.04: Information on marketed medical products, authorized companies and licensed facilities is publicly available.
1. Political and government-wide support: Sustained support at the highest political and government levels, including policy makers, is essential for the proper implementation of the concept and principles of GRP.

2. Effective organization and good governance supported with leadership: Leadership is critical for setting and carrying out the organizational vision, mission, policies and strategies which in turn significantly contribute to organizational efficiency.

3. Inter-and-intra-organizational communication, collaboration and coordination: Adequate and effective communication plays a fundamental role for exchanging information within and outside the institutions forming the regulatory system. When regularly communicating both internally and externally, regulatory authorities remain more transparent and accountable.

4. A robust and well-functioning quality management system: which includes the application of quality risk management (QRM) principles, is a valuable tool that helps regulatory authorities to achieve greater credibility for their decisions, and greater stability and consistency in their operations.
| 5. **Sufficient and sustainable financial resources**: Investment in regulatory systems is critical to a well-functioning health care system. Securing financial resources to effectively carry out the regulatory mandate and to continuously improve the performance of regulatory activities is an essential enabler for regulatory system independence, impartiality, consistency and efficiency.

6. **Competent human resources**: An array of technical and scientific knowledge and the skills of regulatory staff contribute to the development, implementation and maintenance of a regulatory system for medical products. Personal and career development policies and measures are critical for regulatory authorities to attract and recruit competent staff and, in addition, to retain competent staff in the service.

7. **Pre-set organizational ethics and values**: Regulatory personnel should abide by ethical principles, organizational values, and professionalism (e.g. Code of conduct).

8. **Science- and data-driven decision-making process**: Regulatory decisions, along with their making process, should be based on scientific foundations and accurate data rather than intuitions or arbitrariness. Adherence to international standards and guidelines represent key enablers to science-based regulatory decision-making.
Principles and enablers of GRP and components of a regulatory system
Evolving Science and Regulatory Challenges

Importance of international cooperation to ensure the safety, quality and efficacy/performance of locally used medical products

Make best use of available resources and expertise, avoid duplication and concentrate regulatory efforts and resources where most needed
Principles of Reliance

International cooperation essential to ensure the safety, quality and efficacy/performance of locally used medical products. No regulatory authorities even the best resourced one can do it alone.

Make best use of available resources and expertise, avoid duplication and concentrate regulatory efforts and resources where most needed. Promote a more efficient approach to regulatory oversight, thereby improving access to quality-assured, effective and safe medical products over the entire life-cycle.

The act whereby the regulatory authority in one jurisdiction takes into account and give significant weight to assessments performed by another regulatory authority or trusted institution, or to any other authoritative information in reaching its own decision. Various forms of reliance approaches.

The relying authority remains independent, responsible and accountable regarding the decisions taken, even when it relies on the decisions, assessments and information of others.
Key concepts of reliance

- **Building trust between NRAs, increasing reliance and efficiency**

- **Independent decisions** based on its own reviews and/or inspections

- **Leveraging regulatory work** Performed by other competent and trusted authorities to reduce the workload

- **Unilateral or mutual recognition** based on treaties or equivalent

- **Recognition**
  - **Unilateral**
  - **Mutual recognition**

- **Work-sharing** including joint activities
  - **Abridged pathways using reliance**

- **Dossier assessments**

- **Dossier inspections**

- **Standard processes**
WHO Good Reliance Practices – Principles

Universality
Applies to all NRAs irrespective of their levels of maturity or resources

Sovereignty of decision-making
NRAs maintain independence, sovereignty and accountability

Transparency
Key enabler to adopting new, more efficient ways of conducting regulatory operations. NRAs to be transparent about their reliance approaches

Respect of national/regional legal basis
Coherent with national/regional frameworks and policies

Consistency
Established for specific and well-defined categories of products and processes

Competency
Build and maintain appropriate competencies and scientific expertise
Risk-based approach: an essential building block of a regulatory system

“Regulatory systems with fewer resources can be as effective as those with more resources if they use a risk-based approach, take advantage of the work and decisions of other regulatory authorities and focus their resources on essential, value-added activities that can be provided only by the regulatory Authority"
Risk-based approach: NRA strategy

Each NRA should define its own strategy for an appropriate risk-based approach to reliance
Many examples of Reliance in the Medical Device field – Few examples (1/2)

Abridged Regulatory Pathways

- WHO-Collaborative Registration Procedure for in-vitro diagnostics.
  

- Abridged pathways for the approval of medical devices with approval from other regulatory authorities.
  

- Reliance pilots happening in different regions for sharing of assessment reports.

Reliance system for a group of countries

Medical Device Single Audit Program (MDSAP), developed under the International Medical Device Regulators Forum (IMDRF): regulatory authorities of Australia, Brazil, Canada, Japan and the USA have pooled their resources into a robust system of oversight by third party auditing organizations, which, in turn, audit the quality management systems of medical device manufacturers.

https://www.fda.gov/medical-devices/cdrh-international-programs/medical-device-single-audit-program-mdsap
Many examples of Reliance in the Medical Device field – Few examples (2/2)

**Work-sharing**
The Australia–Canada–Singapore–Switzerland United Kingdom ACCESS Consortium was formed in 2007 by “like-minded” medium-sized regulatory authorities to promote work sharing for greater regulatory collaboration and alignment of regulatory requirements.

Medical devices are under the ACCESS scope of activities.


**Mutual Recognition**
Manufacturers of medical devices in the European Union (EU) are free to choose a Notified Body that has been designated by a country within the EU to conduct conformity assessment of a medical device product. Once the product is certified, it can be legally placed on any market within the EU.

Good Regulatory and Reliance Practices summary

- Crucial for **regulatory systems strengthening activities**.
- Very important **role of all stakeholders**, including industry, in implementing good regulatory and reliance practices.
- Reliance as an **essential tool for efficiency of the global regulatory oversight** of medical products.
Thank you

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