Regulatory Systems Strengthening (RSS) in the Americas

Committee on Stronger Food and Drug Regulatory Systems Abroad

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PAHO

RSS: Our approach

Regulatory System Strengthening in the Americas: critical milestones

PANDRH, was created in 1998, as an initiative of the RNA of the Region and PAHO to support regulatory harmonization processes in the Americas, framed by the national and subregional health contexts and policies national and taking into consideration the existing asymmetries

In 2010, PAHO's Directing Council approve CD50. R9 "Strengthening of the RNA of drugs and products biological""

In 2006, the national regulatory authorities of a number of MS proposed the development of a qualification system, to be coordinated by the Pan American Health Organization (Oaxaca, Mexico).

By **2018**, 28 national regulatory systems have been assessed. The national regulatory profiles are available in PRAIS. Seven (8) of them are considered to be NRA of regional reference (NRAr) and provide support and technical cooperation for regulatory system strengthening.

"The objective of this system is to facilitate the establishment of mechanisms for cooperation among regulatory authorities in the Region and progress toward possible inter-institutional recognition, with the consequent optimization of human and financial resources"

Oaxaca, 2006

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PANDRH - 23 Technical Documents (1999 – 2013)
Level of adoption

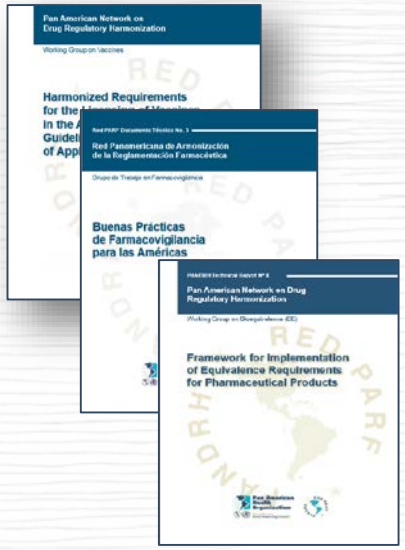
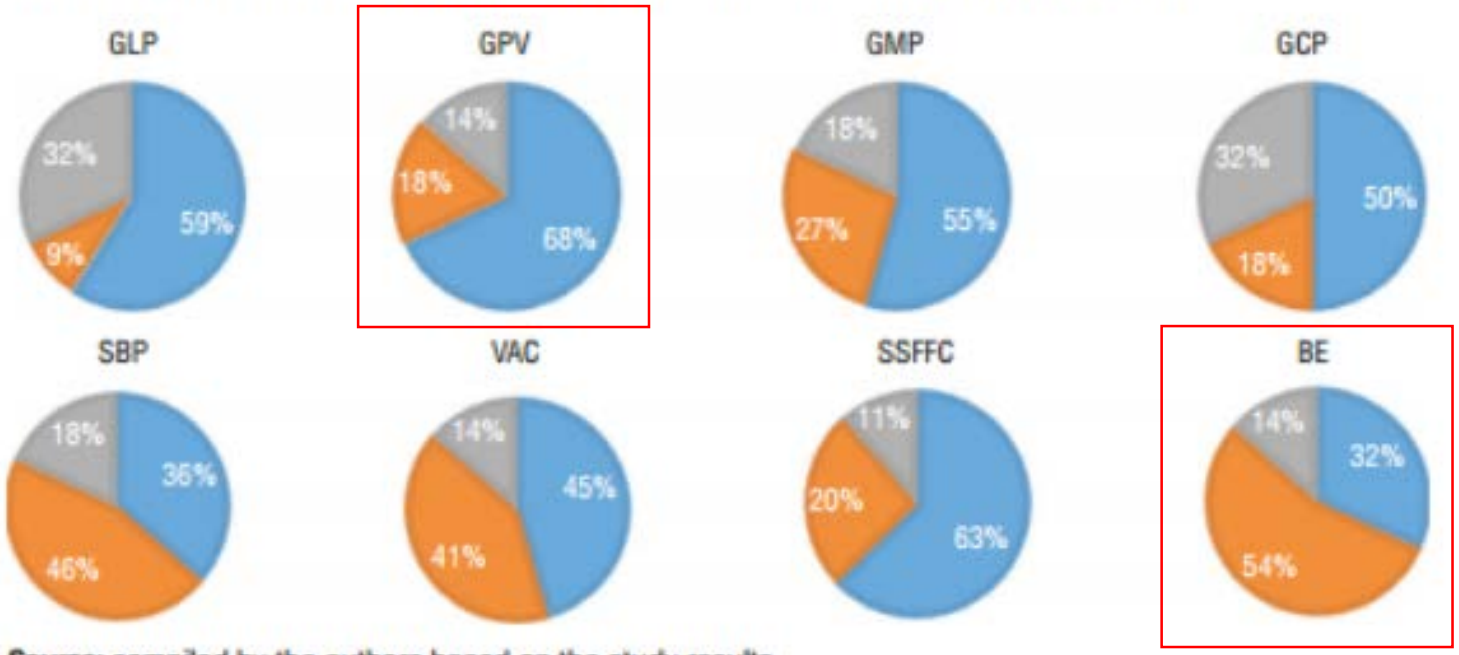


FIGURE 1. Rate of use of PANDRH TDs,[b-c] Americas Region, 1999–2013



Source: compiled by the authors based on the study results.

[a] Pan American Network for Drug Regulatory Harmonization Technical Documents.

[b] GLP: TD on self-evaluation of good laboratory practices; GPV: TD on good pharmacovigilance practices for the Americas; GMP: TD on good manufacturing practices inspection; GCP: TD on good clinical practices for the Americas; SBP: TD on evaluation of similar biotherapeutic products; VAC: TD on harmonized requirements for licensing of vaccines in the Americas and guidelines for preparation of applications; SSFFC: TD for health authorities on suspected counterfeit medical products; BE: TD on framework for implementation of equivalence requirements for pharmaceutical products.

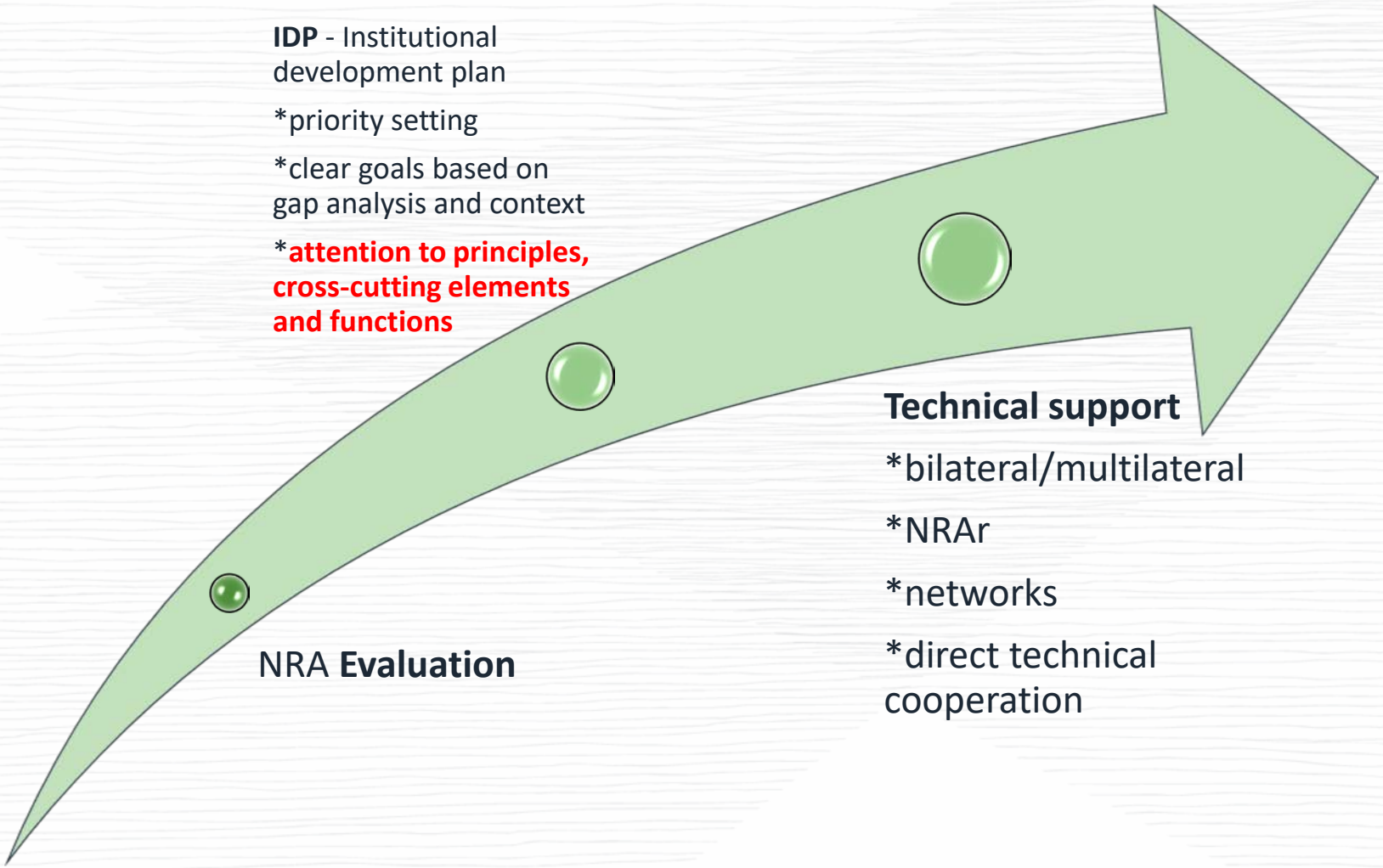
[c] Blue shading: survey participant reported country used the TD; orange shading: survey participant reported country did not use the TD; grey shading: survey participant did not respond to the question.

Pombo ML, Porrás A, Saidon PC, Cascio SM. Regulatory convergence and harmonization: barriers to effective use and adoption of common standards. Rev Panam Salud Publica. 2016;39(5):217–25.

RSS: Technical Cooperation Approach

1. Facilitating the development of **context-specific** national regulatory systems
2. Promoting regulatory **convergence** and **harmonization and, when appropriate, reliance**
3. Supporting the efficient use of resources by **leveraging the work of others**

Towards **functional** national regulatory systems



IDP - Institutional development plan

*priority setting

*clear goals based on gap analysis and context

***attention to principles, cross-cutting elements and functions**

NRA **Evaluation**

Technical support

*bilateral/multilateral

*NRAr

*networks

*direct technical cooperation

Functional Regulatory Systems

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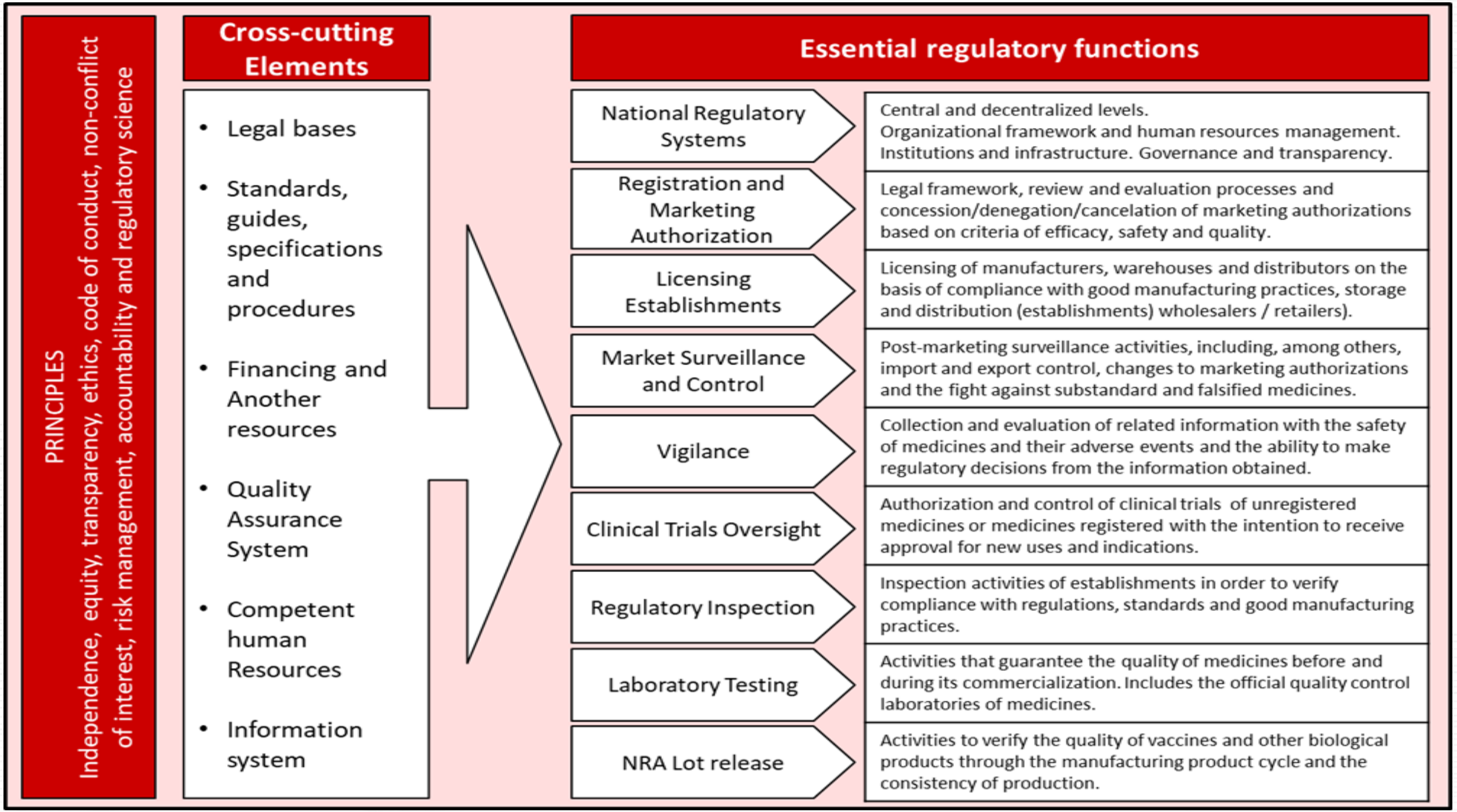
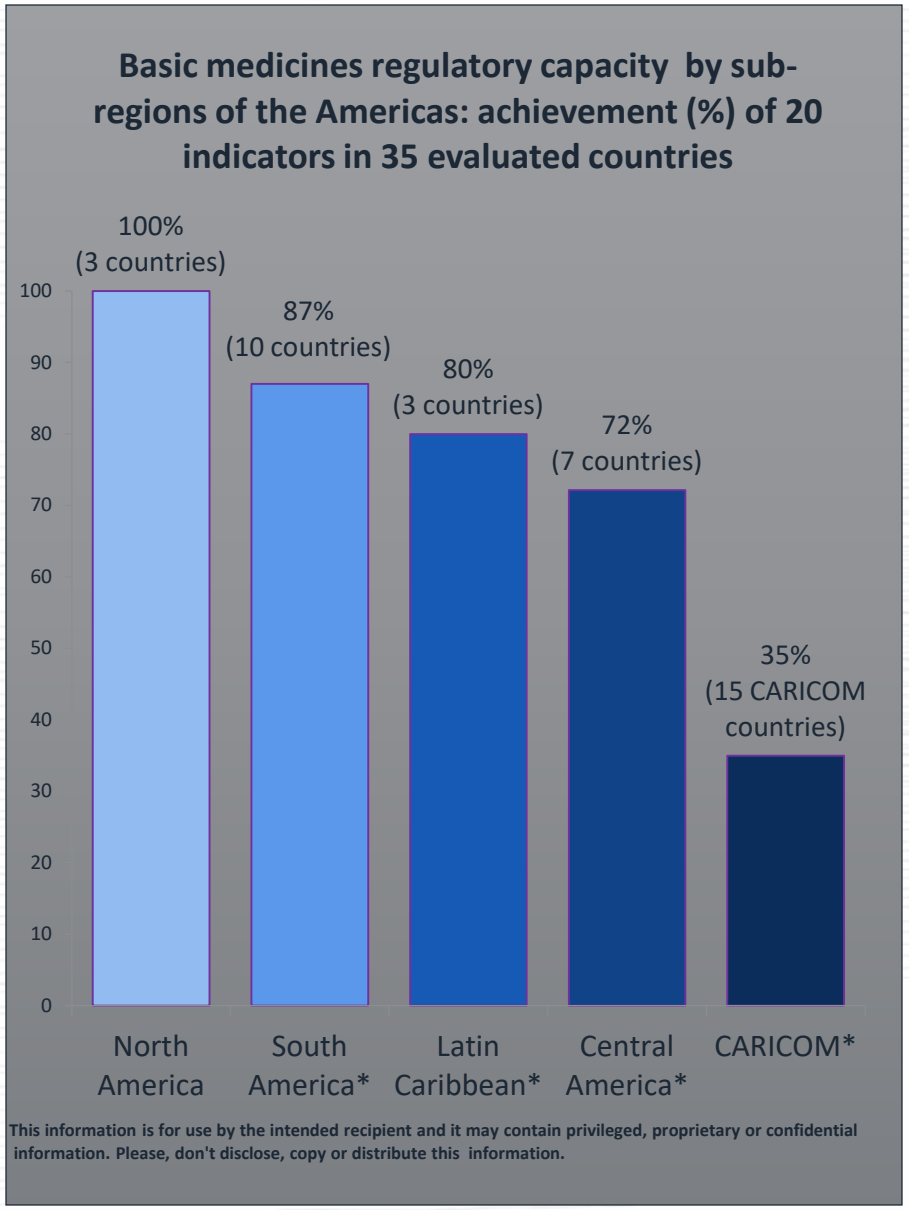

PRINCIPLES
Independence, equity, transparency, ethics, code of conduct, non-conflict of interest, risk management, accountability and regulatory science
Cross-cutting Elements
• Legal bases
• Standards, guides, specifications and procedures
• Financing and Another resources
• Quality Assurance System
• Competent human Resources
• Information system
Essential regulatory functions
National Regulatory Systems
Central and decentralized levels. Organizational framework and human resources management. Institutions and infrastructure. Governance and transparency.
Registration and Marketing Authorization
Legal framework, review and evaluation processes and concession/denegation/cancelation of marketing authorizations based on criteria of efficacy, safety and quality.
Licensing Establishments
Licensing of manufacturers, warehouses and distributors on the basis of compliance with good manufacturing practices, storage and distribution (establishments) wholesalers / retailers).
Market Surveillance and Control
Post-marketing surveillance activities, including, among others, import and export control, changes to marketing authorizations and the fight against substandard and falsified medicines.
Vigilance
Collection and evaluation of related information with the safety of medicines and their adverse events and the ability to make regulatory decisions from the information obtained.
Clinical Trials Oversight
Authorization and control of clinical trials of unregistered medicines or medicines registered with the intention to receive approval for new uses and indications.
Regulatory Inspection
Inspection activities of establishments in order to verify compliance with regulations, standards and good manufacturing practices.
Laboratory Testing
Activities that guarantee the quality of medicines before and during its commercialization. Includes the official quality control laboratories of medicines.
NRA Lot release
Activities to verify the quality of vaccines and other biological products through the manufacturing product cycle and the consistency of production.

Achievements and impact of an initiative in which all countries of the Region, regardless of their level of development participate and benefit (2015)



What are the implications?

1. Adoption of IDP,
2. Regulatory profiles are made public,
3. Identification of strengths and weaknesses, prioritization, identification and establishment of partnerships/joint work plans supported by NRAr,
4. Prioritization of harmonization and regulatory convergence activities.

Why does it work?

1. Member State driven, formal mandate, coordinated response,
2. Promotes transparency and limits bias,
3. Engaging countries (peer to peer) in regional technical cooperation initiative

Country Regulatory Capacity in the Americas (N=35) [2018]

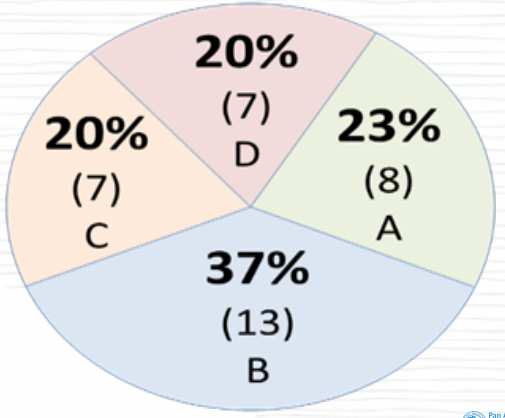
- 82% of population of Americas covered by NRAr
- ~40%, or 14/35 countries have some or no legal bases and organizational structures for regulatory systems
- Even more challenging if consider territories
- But, 2% of population have some or no legal bases and organizational structures
  - ~18 million people

A - States with National Regulatory Authority of Regional of Reference according to CD50.R9 (NRAr)

B - States that have legal bases and organizational structures for a comprehensive regulatory system

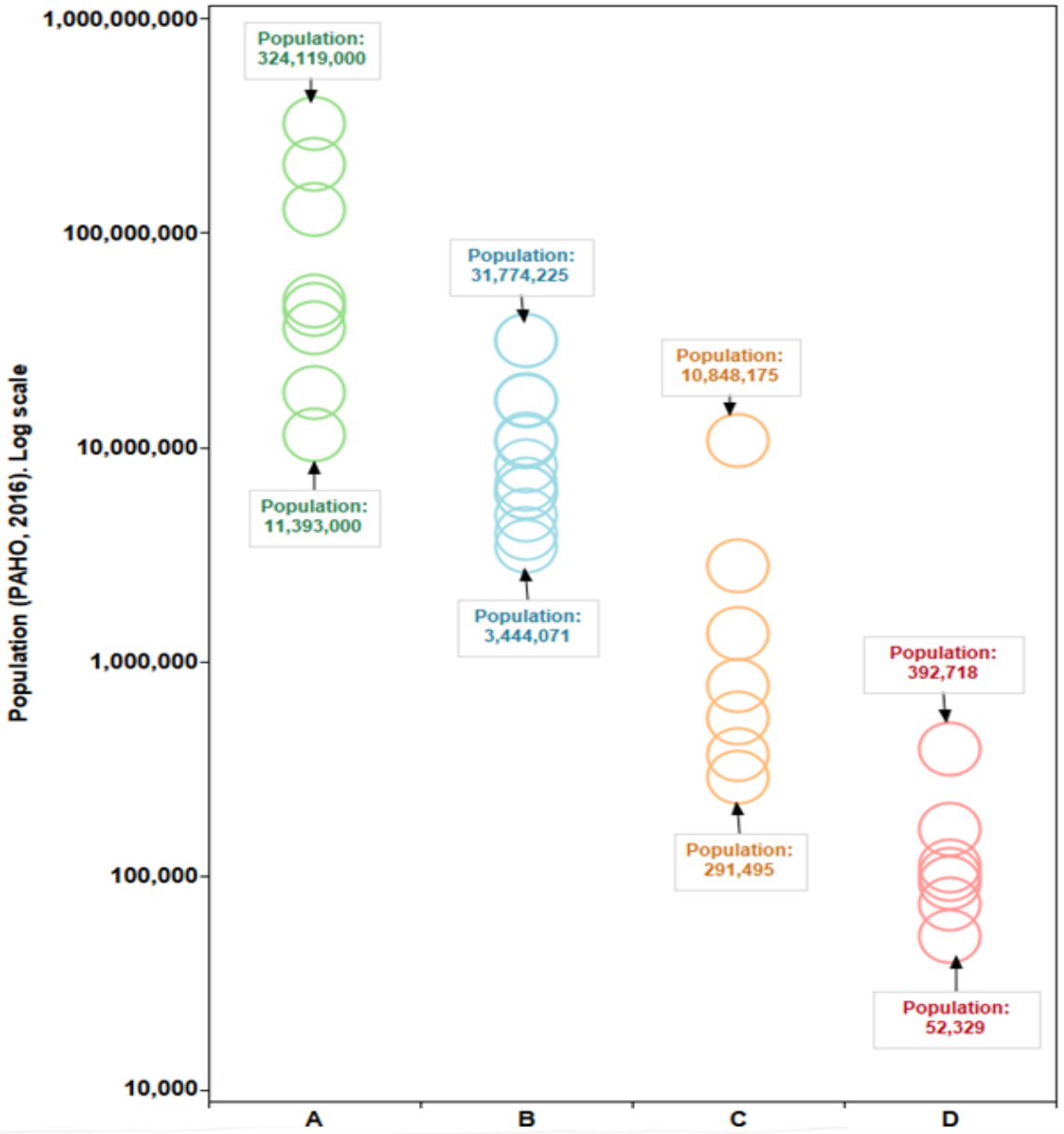
C - States that have some legal bases and organizational structures for a regulatory system

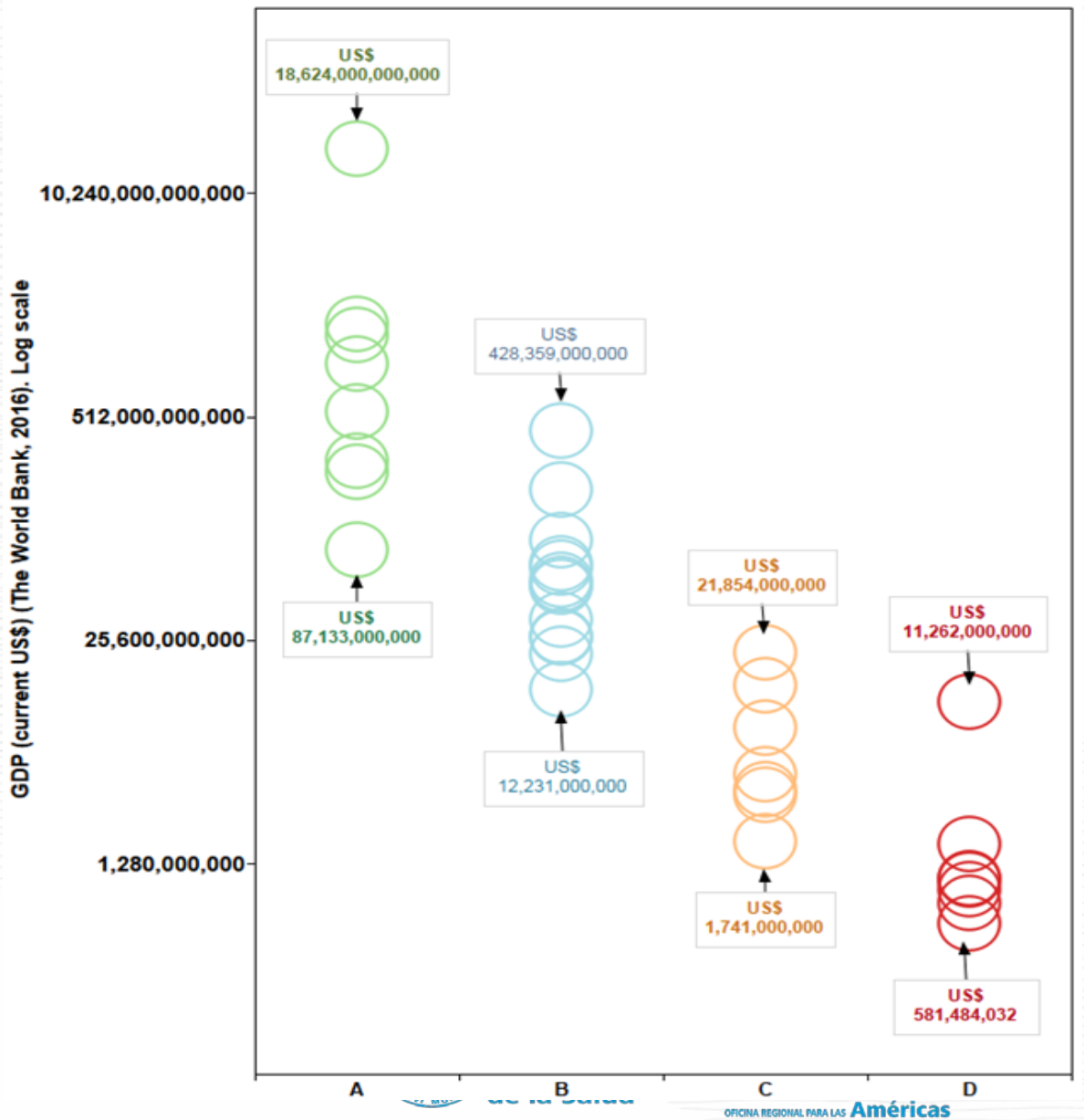
D - States that do not currently have legal bases and/or organizational structures for a regulatory system



PAHO

Regulatory System Capacity Based on Population and GDP in the Americas (N = 35)





Evaluation of current organizational structure and financing systems in LAC (cross-cutting elements)

Organizational Structure

- Technical, administrative, financial autonomy?

Financing System

- Health sector budget??
- Can the NRA use revenues from fees?
- Is a mixed system?
- Who defines fees and how often?

Tracer Fees

- Use most relevant fees to compare structure across different NRA

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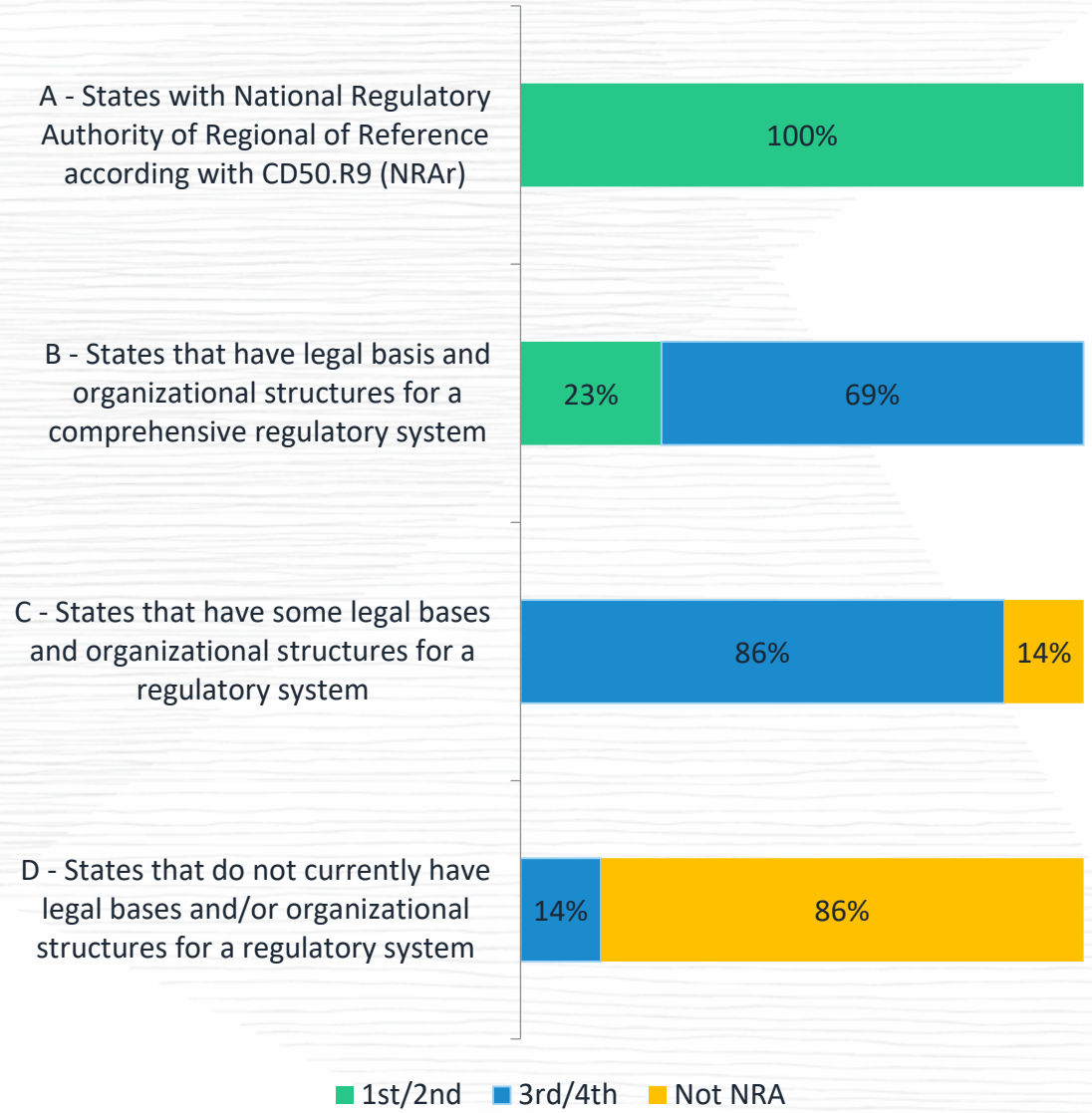
	N# Countries	Hierarchy within HS		
		1st/2nd	3rd/4th	Not NRA
A - States with National Regulatory Authority of Regional of Reference according with CD50.R9 (NRAr)	8 (23%)	8 (100%)	0	0
B - States that have legal basis and organizational structures for a comprehensive regulatory system	13 (37%)	3 (23%)	10 (69%)	0
C - States that have some legal bases and organizational structures for a regulatory system	7 (20%)	0	6 (86%)	1 (14%)
D - States that do not currently have legal bases and/or organizational structures for a regulatory system	7 (20%)	0	1 (14%)	6 (86%)



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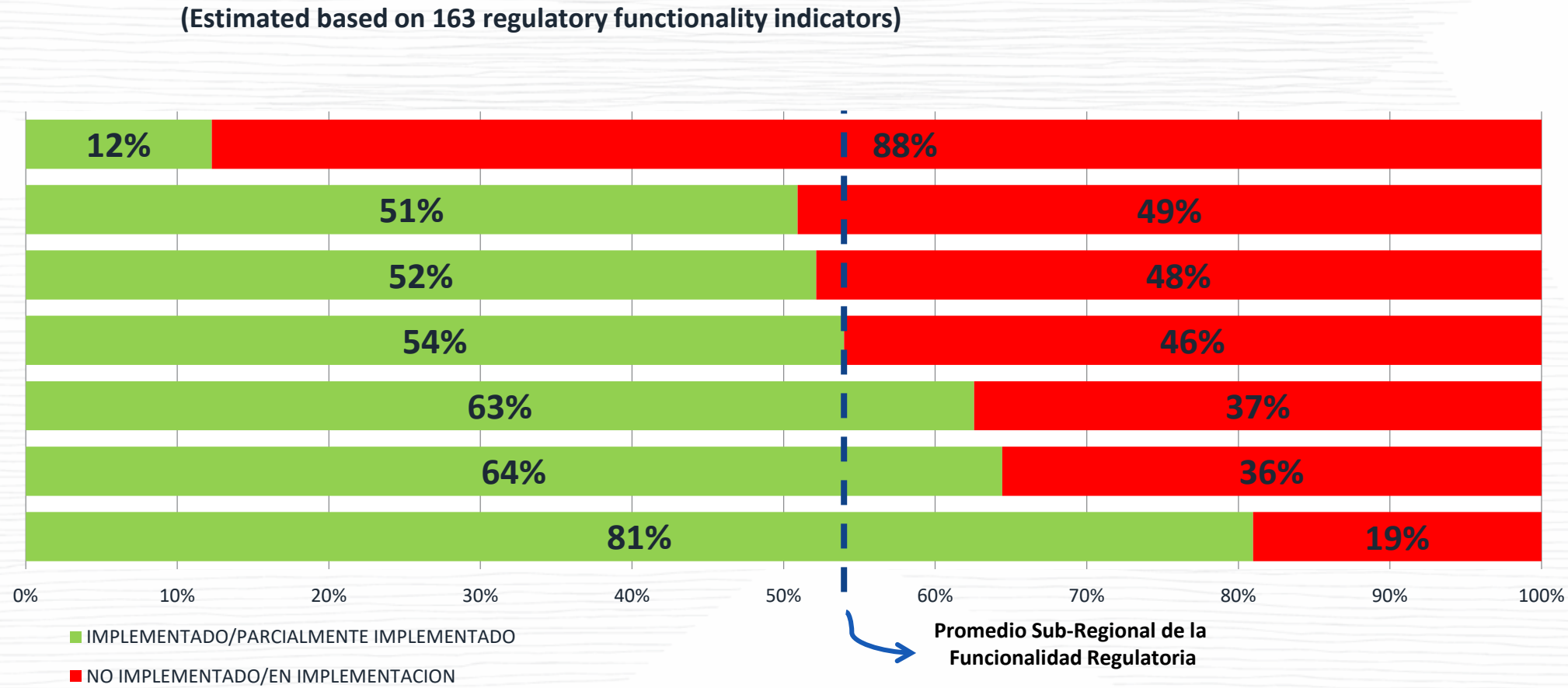
Regulatory Systems Financing

- Most NRAs in LAC are financed through the Ministry of Health's budget.
- In most cases, the revenue from services/fees goes to the national treasury.
- Countries define tariffs/fees in a diverse manner in many cases without a clear rationale.
- In some cases, local industry and registration of generic products are prioritized
- Fees in most Central American and the Caribbean countries are very low.
- PAHO is conducting a thorough assessment of fees and structures (normalized /market and population) to help MS evaluate their current approach to pricing.

Regulatory Systems Capacities Central America



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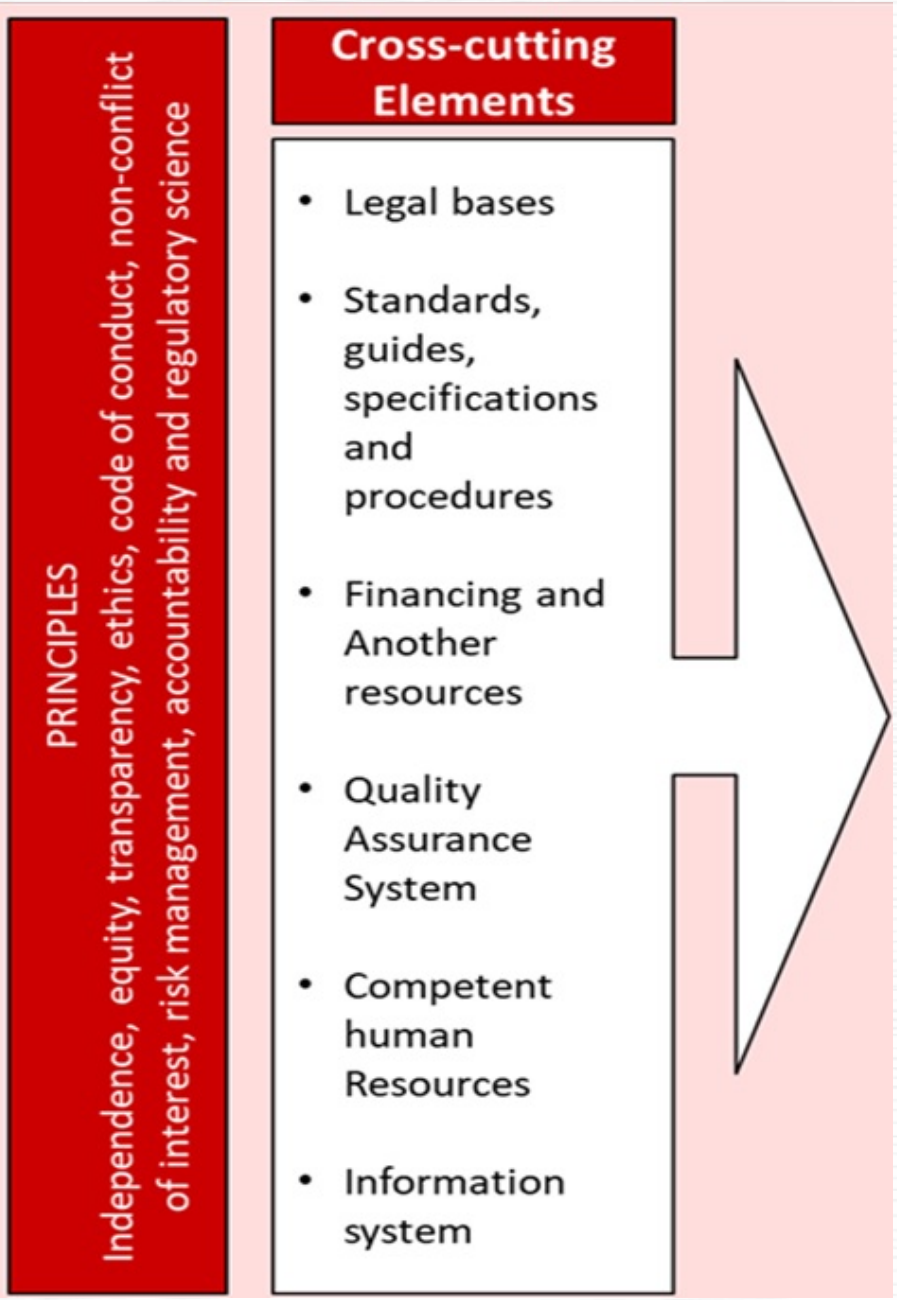
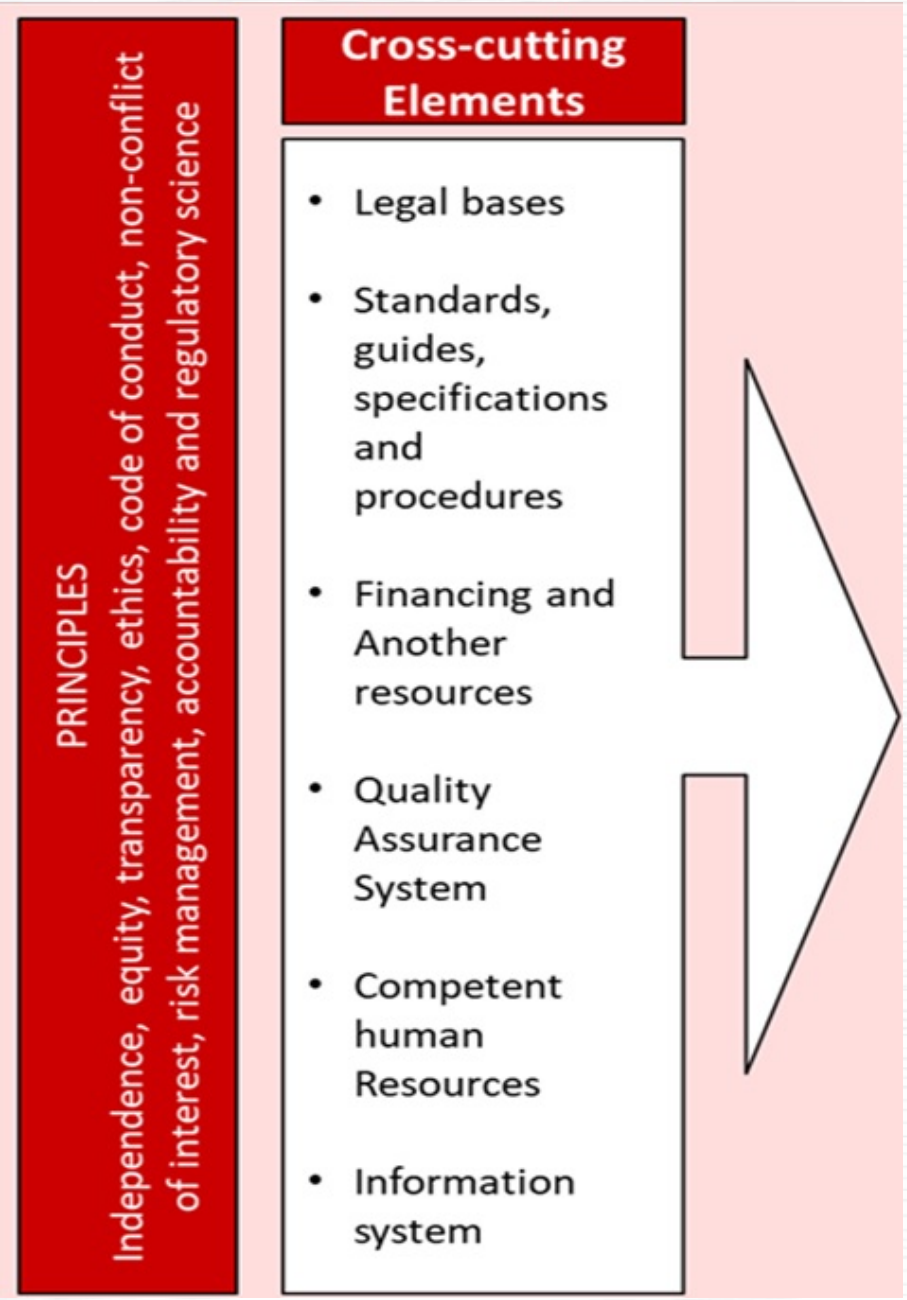
Case Study: El Salvador's DNM Institutional Transformation

- DNM was created as part of the overhaul of the country's Health System: Coherent with HS needs and objectives.
  - The administrative and institutional structure conferred the DNM with technical, financial and administrative autonomy.
  - Regulatory oversight and enforcement power
  - Risk-based approach for strategic planning
- Some data:
  - GMP 32 complying manufacturers : from 2 to 36 in 6 years
  - 70 USD invested by pharma to comply with Q standards (with a 20% increase in exports)



CSSP (before 2002)	DNM (after 2002)
Administrative Executive Decree that assigns the regulatory responsibility to the Superior Council of Public Health, formed by representatives of the professionals and pharmaceutical industry	Medicines law enacted by the legislature that created an autonomous institution under Presidential Authority, but with administrative, technical and financial autonomy
Human resources limited in number and competences, no provisions to avoid conflict of interest. No HR development plan	HR plan and hiring strategy based on competences, (diversification of professional profiles) . Exclusive contract for the NMD, no conflict of interest for the past 5 years. Each individual has a personalized development plan based on performance / assessment
Budget comes from the treasury, managed through the Ministry of Health. Regulatory fees enter the general fund and are distributed throughout the system	Monies from service fees regulatory charged by DNM and is managed directly by the Institution. Planning, budgeting and administration is carried out by the DNM



CSSP (before 2002)	DNM (after 2002)
No quality management system	QMS aiming at predictable, reproducible results and geared towards continuous improvement
All the work is carried out in 3 operating units, registration, inspections and laboratory of quality control, with a staff of 50 employees	Processes are carried out through 23 technical and administrative units staffed with 240 employees
The information is managed trough a single program that includes registration, establishments and inspections.	There is a Information Management System composed of 16 technical systems, 2 administrative systems and 10 sets online, all the software development are made by DNM

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Thank you

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