PROPOSAL FOR UPDATING THE DEFINITION OF “STRINGENT REGULATORY AUTHORITY”
(August 2017)

REVISED DRAFT FOR COMMENT

Should you have any comments on the attached revision, please send these to Dr S. Kopp, Group Lead, Medicines Quality Assurance, Technologies Standards and Norms (kopps@who.int) with a copy to Ms Xenia Finnerty (finnertyk@who.int) by 8 October 2017.

Our working documents will be sent out electronically only and will also be placed on the Medicines website for comment under “Current projects”. If you do not already receive our draft working documents please let us have your email address (to bonnyw@who.int) and we will add it to our electronic mailing list.

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“STRINGENT REGULATORY AUTHORITY”

1. INTRODUCTION AND BACKGROUND

The International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH) has been undergoing structural changes and its membership has changed. For details please see the following website:
http://www.ich.org/about/organisational-changes.html

In view of these changes a need was identified for the definition for a “stringent regulatory authority” (SRA) to be reviewed since it is directly linked to ICH membership.

The definition used in World Health Organization (WHO) guidance texts prior to the organization changes in ICH reads as follows:

“A regulatory authority which is:
  a. a member of the International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH) (as specified on www.ich.org); or
  b. an ICH observer, being the European Free Trade Association (EFTA), as represented by Swissmedic and Health Canada (as may be updated from time to time); or
  c. a regulatory authority associated with an ICH member through a legally-binding, mutual recognition agreement including Australia, Iceland, Liechtenstein and Norway (as may be updated from time to time).”


The term (and definition) for SRA is currently used in the following guidelines in the context of the WHO Expert Committee on Specifications for Pharmaceutical Preparations (ECSPP):

- Procedure for prequalification of pharmaceutical products.
  (Annex 10, 45th ECSPP report, TRS 941, 2011)

- Guidelines on submission of documentation for a multisource (generic) finished pharmaceutical product for the WHO Prequalification of Medicines Programme: quality part
  (Annex 4, 46th ECSPP report, TRS 970, 2012)

- Pharmaceutical development of multisource (generic) finished pharmaceutical products - points to consider (Annex 3, 46th ECSPP report, TRS 970, 2012)

- WHO guidelines on variations to a prequalified product
  (Annex 3, 47th ECSPP report, TRS 981, 2013)

- Model quality assurance system for procurement agencies
  (Annex 3, 48th ECSPP report, TRS 986, 2014)
Guidelines on submission of documentation for prequalification of finished pharmaceutical products approved by stringent regulatory authorities
(Annex 5, 48th ECSPP report, TRS 986, 2014)

Guidelines on submission of documentation for a multisource (generic) finished pharmaceutical product: quality part
(Annex 6, 48th ECSPP report, TRS 986, 2014)

Guidance on the selection of comparator pharmaceutical products for equivalence assessment of interchangeable multisource (generic) products
(Annex 8, 49th ECSPP report, TRS 992, 2015)

List of International Comparator Pharmaceutical Products and related Notes
(Update 2016)

(References:
1) Quality Assurance of Medicines Terminology Database - List of Terms and related guidelines (2016) (link: http://www.who.int/medicines/services/expertcommittees/pharmprep/20160302_QAS terminologyDB.pdf?ua=1);

2) WHO ECSPP guidelines and guidance, website (link: http://www.who.int/medicines/areas/quality_safety/quality_assurance/guidelines/en/.)

2. INTERIM DEFINITION

Based on the latest definition published at the time of the meeting, the members of the 51st ECSPP discussed the need for revision and the resulting deliberations in their report read as follows (TRS 1003):

“Definition of stringent regulatory authority

The WHO prequalification procedure and several other WHO guidance documents provide for mechanisms to rely on SRAs, defining an SRA as a regulatory authority which is a member or an observer of ICH, or is associated with an ICH member through a legally-binding mutual recognition agreement. The definition originated from the Global Fund and it is reflected in the quality assurance policies of most major international organizations involved in procuring medicines.

ICH has undergone structural changes and has expanded its reach to include organizations and associations at the global level. In view of these developments the WHO Secretariat proposed an interim definition of an SRA. The interim definition of an SRA will include the same elements as the current definition, each qualified by the wording “as before 23 October 2015”, as follows:

“A regulatory authority which is:

a. a member of the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH), being the European Commission, the US Food and Drug Administration and the Ministry of Health,
Labour and Welfare of Japan also represented by the Pharmaceuticals and Medical Devices Agency (as before 23 October 2015); or

b. an ICH observer, being the European Free Trade Association, as represented by Swissmedic, and Health Canada (as before 23 October 2015); or

c. a regulatory authority associated with an ICH member through a legally-binding, mutual recognition agreement, including Australia, Iceland, Liechtenstein and Norway (as before 23 October 2015).

The Expert Committee adopted the interim definition and noted the work being done towards developing a new approach to the assessment of national regulatory authorities, based on the various existing systems currently in place such as that used by the Pan American Health Organization and that applied by WHO with respect to vaccines. The Committee requested that an update on this work be provided at its fifty-second meeting.”

As a follow-up action, internal discussions have taken place within the WHO Regulation of Medicines and other Health Technologies unit towards the development of a new proposal in reply to the ECSPP recommendations. Please find herewith the elements for a new concept that have come out of these discussions.

One governing principle discussed was that the definition and criteria should be acceptable to Member States, agencies that use this definition, such as international procurement agencies, and WHO.

Moreover, the criteria/principles to be used for establishing effective performance, confidence/trust (and the process to build these) are part of the WHO Global Benchmarking Tool (GBT) maturity level (ML) 4 assessments of national regulatory authorities (NRAs). The GBT, including ML 4 requirements and assessment process are being discussed for endorsement by Member States. The GBT will be used to assess medicines, vaccines, blood and blood products and medical devices, including in vitro diagnostics.

Based on the above, it is proposed that the definition for stringent regulatory authority (SRA) could be replaced by the following concept for NRAs to be “on the list”, i.e. qualify as “XXX”, including:

1. grandfathering NRAs identified as “SRAs” in accordance with the current interim definition;
2. need for transparent process for expansion to additional NRAs: the results and basis should be publicly available to be utilizable;
3. use of the GBT ML 4 assessment and risk-based re-assessment as criteria for adding and maintaining NRAs “on the list”;
4. modular approach to enable NRAs to be “on the list” for a specific function and/or product group.

A new term and abbreviation for “SRAs”, “XXX”, will need to be determined. Therefore, we seek your input on proposals for the new term to replace the current “stringent regulatory authority” term and the abbreviation “SRA”, and proposed definition for the new term taking into account the main principles and concepts noted in the previous paragraphs in this document.