International Regulatory Cooperation for Herbal Medicines (IRCH)

Presentation to ICDRA Members
30 November 2010

YEE Shen Kuan
Senior Advisor, Health Products Regulation Group
Health Sciences Authority,
Singapore
Overview

- Background
- Achievements
- The Way Forward
Background (1)

- IRCH was officially established with terms of reference adopted in 2006, Beijing.
- Secretariat: Canada (2005-2010), Indonesia (fr June 2010).
- Current participants include 21 countries plus 4 sub-regional bodies:
  
  Armenia, Australia, Brazil, Canada, China and Hong Kong SAR, Germany, Ghana, Hungary, India, Indonesia, Japan, Malaysia, Mexico, Oman, Pakistan, Saudi Arabia, Republic of Korea, Singapore, United Arab Emirates, United Kingdom, USA

- Forum on Harmonization of Herbal Medicines (FHH)
- European Herbal Medicines Committee
- ASEAN Product Working Group on Traditional Medicines and Health Supplements
- Latin American Parliament (PARLATINO)
Membership is open to any national regulatory authority responsible for the regulation of herbal medicines

Members must:

- Give active support to, and participate in, IRCH objectives.
- Take responsibility and make contributions.
- Designate an Information Focal Point.
- Conduct themselves in an ethical manner and display integrity, honesty and concern for the best interests of all.
Mission of IRCH

To protect and promote public health and safety through improved regulation for herbal medicines.
Objectives of IRCH

- Promote and facilitate the safe use of herbal medicines globally, including regional initiatives, through sharing information and fostering dialogue.
- Facilitate and strengthen cooperation among national drug regulatory authorities by sharing experience and information related to the regulation, safety and quality of herbal medicines.
- Further discuss existing requirements and standards to promote the regulation, safety and quality of herbal medicines.
- Further share the research and knowledge of herbal medicines to reduce duplication of work.
- Recommend future activities related to the safe use of herbal medicines to WHO.
- Recommend important issues related to the safe use of herbal medicines for further discussions at ICDRA.
Four IRCH meetings so far:

- 1st IRCH meeting was held in Beijing, China, Oct 2006 (Hosted by China government).
- 2nd IRCH meeting was held in Kuala Lumpur, Malaysia, Jul 2007 (Hosted by Malaysia government).
- 3rd IRCH meeting was held in Montreal, Canada in Feb 2009 (Hosted by Canada government).
- 4th IRCH meeting was held in Dubai, United Arab Emirates in Jun 2010 (Hosted by UAE government).
Achievements – Information Sharing (1)

- Developed linkages among national drug regulatory authorities and contact points for herbal medicines.

- Provided platforms for information sharing/exchange, regulatory collaborations e.g. sharing models of regulatory decision making, best practices, work sharing etc.
Achievements – Information Sharing (2)

- Establishment of on-line information exchange network (MedNet).

- Benefits of MedNet:
  - IRCH members could share regulatory information and response to requests and queries speedily.
  - Non-members could receive responses to requests and queries by WHO through IRCH.
  - WHO could receive quick responses from IRCH members e.g. reviewing questionnaires of 2nd WHO global survey.
Since January 2007 when it started, MedNet usage statistics are as follows:

- Announcements and requests of administrative nature - 68
- Exchange of information on the safety of herbal medicines - 26
- Exchange of information on the research of herbal medicines - 9
- Exchange of information on the regulatory status of herbal medicines - 35
Achievements – Working Groups (1)

- At the 3rd annual meeting of IRCH in 2009, members discussed issues relating to quality, safety and efficacy of herbal medicines.
- Meeting subsequently identified 7 priority areas for future IRCH activities.
- Leading and participating countries were also identified and each working group is responsible for performing the task, develop the plan of action.
- Leaders are also responsible for planning and coordinating with participating countries to ensure proper progress and report at IRCH meetings.
## Achievements – Working Groups (2)

<table>
<thead>
<tr>
<th>Title of Working Group</th>
<th>Leaders</th>
<th>Participating Members</th>
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<tbody>
<tr>
<td><strong>Identification of adulteration of products – information sharing including laboratory testing</strong></td>
<td>Malaysia, Singapore</td>
<td>Armenia, Australia, Canada, Ghana, Indonesia, UK, USA</td>
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<tr>
<td><strong>Quality of herbal materials and products (including reference standards)</strong></td>
<td>China</td>
<td>Brazil, China-Hong Kong SAR, Indonesia, Mexico</td>
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<tr>
<td><strong>Evidence</strong></td>
<td>Australia, Canada</td>
<td>Brazil, China-Hong Kong SAR, Hungary, Malaysia, Oman, Republic of Korea, UAE, USA</td>
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<td><strong>Vigilance of herbal medicines</strong></td>
<td>Canada</td>
<td>Australia, China, Ghana, Malaysia, Singapore, USA, UK</td>
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<td><strong>Linkage to, and promotion of, research</strong></td>
<td>Hungary</td>
<td>China, India</td>
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<tr>
<td><strong>Consumer/practitioner awareness and education</strong></td>
<td>Malaysia, UAE</td>
<td>Malaysia, UAE</td>
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<tr>
<td><strong>Information sharing/communication</strong></td>
<td>WHO</td>
<td>All IRCH Information Focal Points</td>
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The Way Forward

- Other member states are encouraged to join in order to strengthen relations among herbal medicine regulatory bodies worldwide.

- Prioritise issues and focus available resources of IRCH, WHO and member states to deliver the necessary outcomes.

- Enhance collaboration to address common scientific issues.

- Improve knowledge on herbal medicines and share best practices.
Thank You!