

Reliance and WHO Collaborative Registration Procedure

Strategy Development Consultation on Facilitating WHO Prequalification Process for African Vaccine Manufacturers

Cape Town, South Africa (virtual participation)
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Reliance is not a new concept...

Long history of improving efficiency through reliance
e.g. Certificate of Pharmaceutical Products Scheme



“Regulate through reliance” as the hallmark of a modern and efficient regulatory authority.

Increasing role of reliance

Promoting “informed” reliance

WLA a new transparent and evidence-based system



COVID-19 response as a strong accelerator for the use of reliance

Flexibility/new ways of working

Objectives of the WHO regulatory system strengthening programme

Why reliance?

ML

1

With some elements of regulatory system

2

Evolving national regulatory system

3

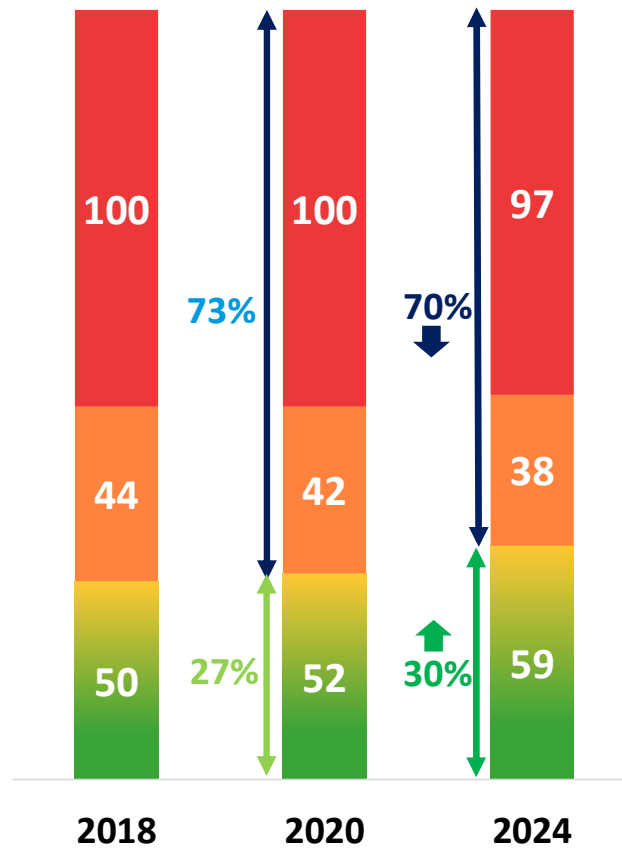
Stable, well functioning and integrated

4

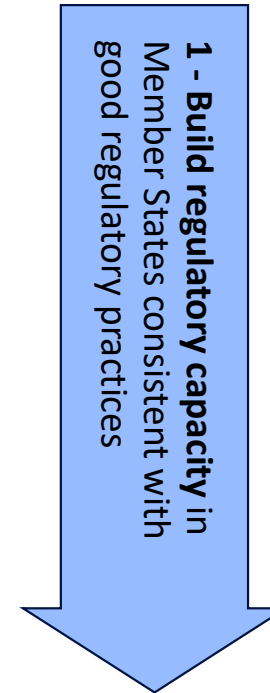
Advanced level of performance and continuous improvement

ML: (regulatory system) maturity level

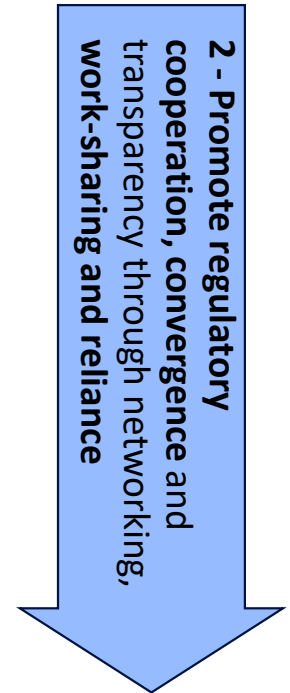
Total Number of countries = 194



WHO RSS data as of September 2024



Good regulatory practices, 2021



Good reliance practices, 2021

Reliance at the core of a more efficient use of global resources

70% of countries have weak national regulatory systems

Need to facilitate access to quality-assured medical products and to build capacity

Apply a risk-based approach, avoid duplication where possible, full range of reliance options (work sharing, abridged pathways, etc.)

Reliance to promote better use of limited resources and to strengthen global regulatory oversight

Implementation

Voluntary participation, change mindset, start small, learning by doing, harmonization facilitator but not pre-requisite

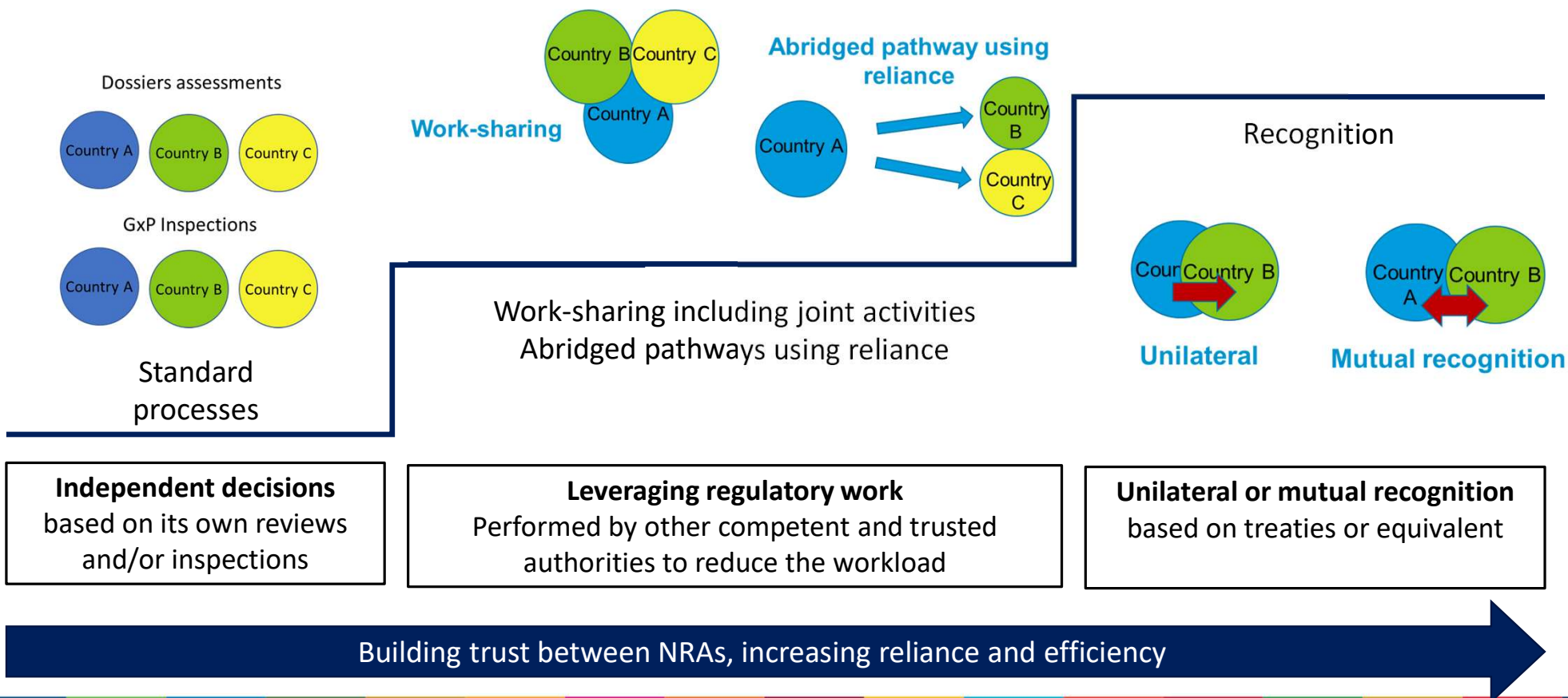
Evolving science and regulatory challenges

Globalization of markets and clinical trial programmes, complexity of supply chains, rapid evolution of science, transparency and growing public expectations etc.

WHO Listed Authorities

Transparent, evidence-based system to define trusted authorities

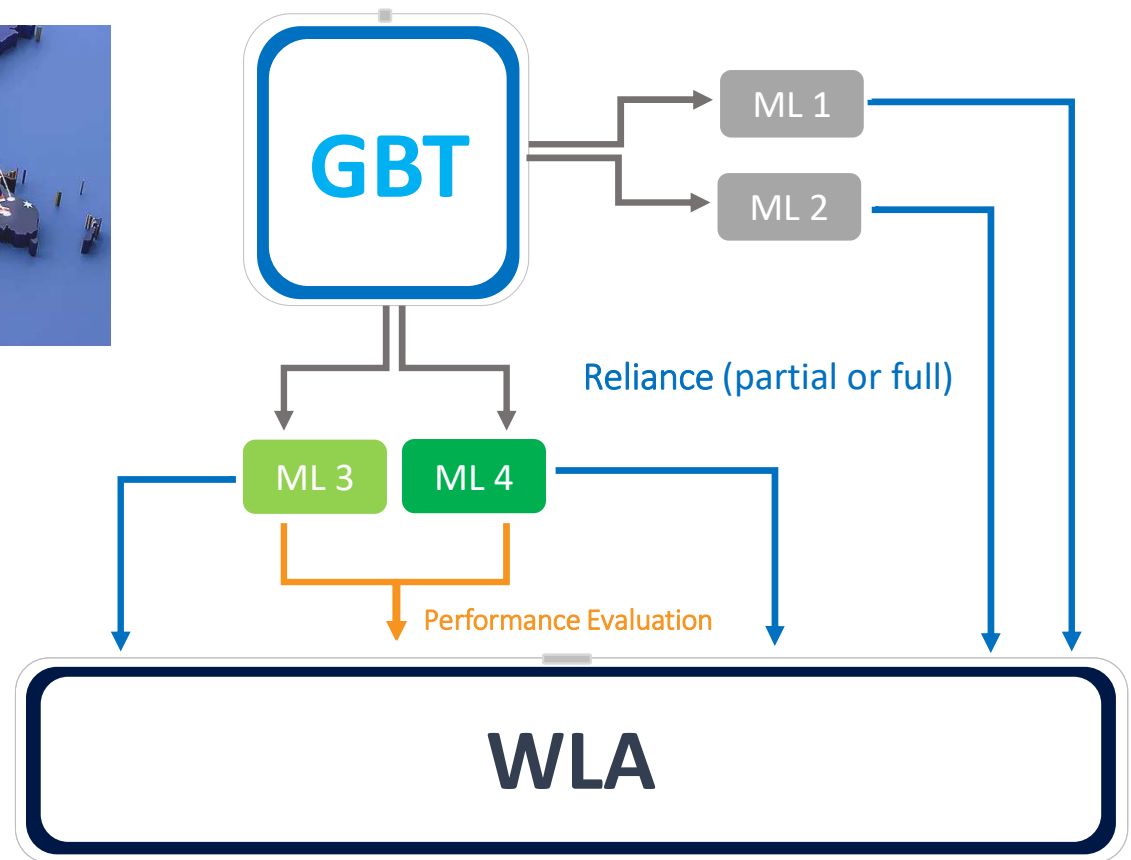
Key concepts of reliance



Fostering reliance through the WLA initiative



- Only ML3 and ML4 RAs are eligible for Performance Evaluation
- Reliance can be applied by all



WHO Facilitated registration procedures



WHO Collaborative Registration Procedure



Global Health Product Procedures
EU-M4all & Swissmedic MAGHP



Regional Joint assessments in African
Regional Economic Community & ASEAN

Access to quality-assured products

Collaboration & capacity building

Abridged pathway

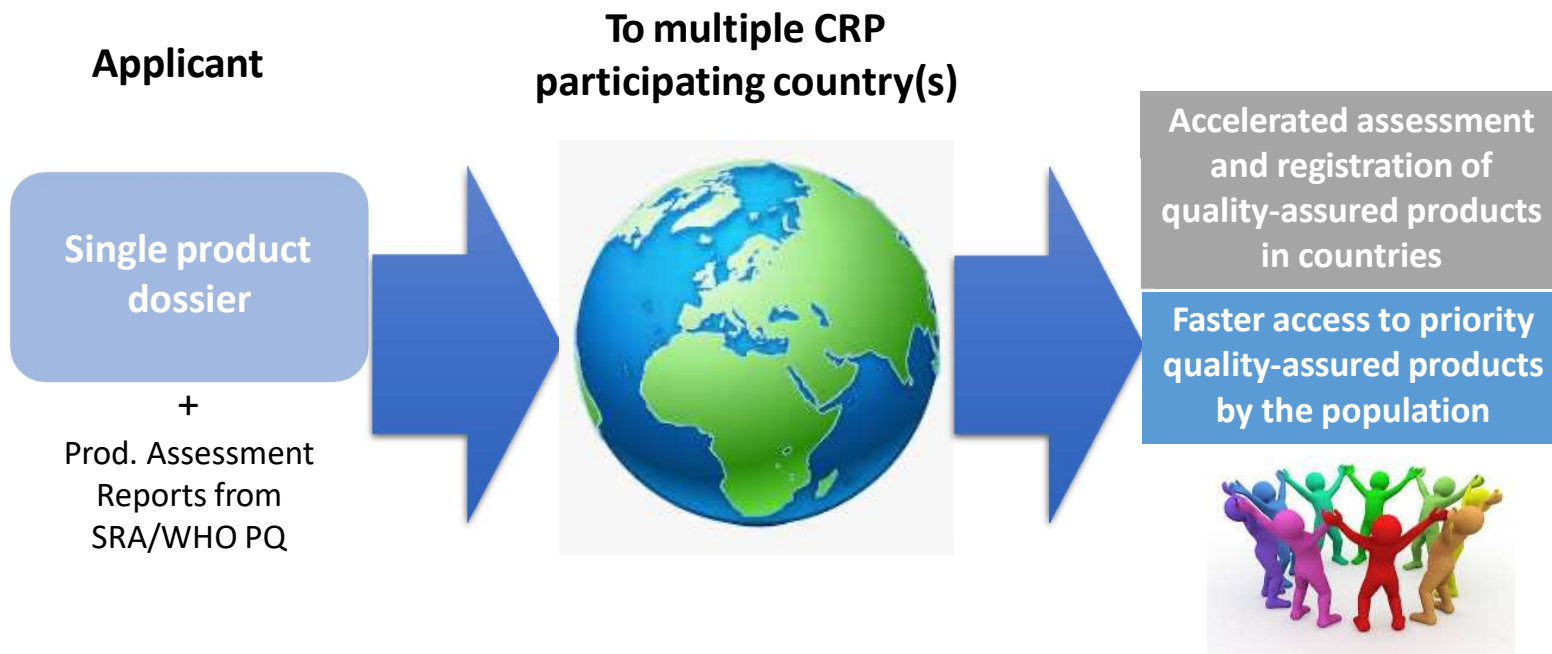
Participation in the
SRA Assessment

Work-sharing

Collaborative Registration Procedure (CRP)

CRP facilitates exchange of information to accelerate national registrations in countries through the provision to NRAs of detailed assessment and inspection reports generated by reference NRAs/WHO PQ

WHAT it is and HOW does it work?



CRP mechanisms and product scope

PQ CRP - products prequalified by WHO via full assessment:

- Medicines
- Vaccines
- Biotherapeutics
- IVDs
- **Vector Control Products**
- Applies to therapeutic areas in the scope of PQ

PQ CRP (Mx and Vx):

<https://extranet.who.int/prequal/medicines/accelerated-registration-prequalified-fpps>

PQ CRP (IVDs):

<https://extranet.who.int/prequal/vitro-diagnostics/collaborative-procedure-accelerated-registration>

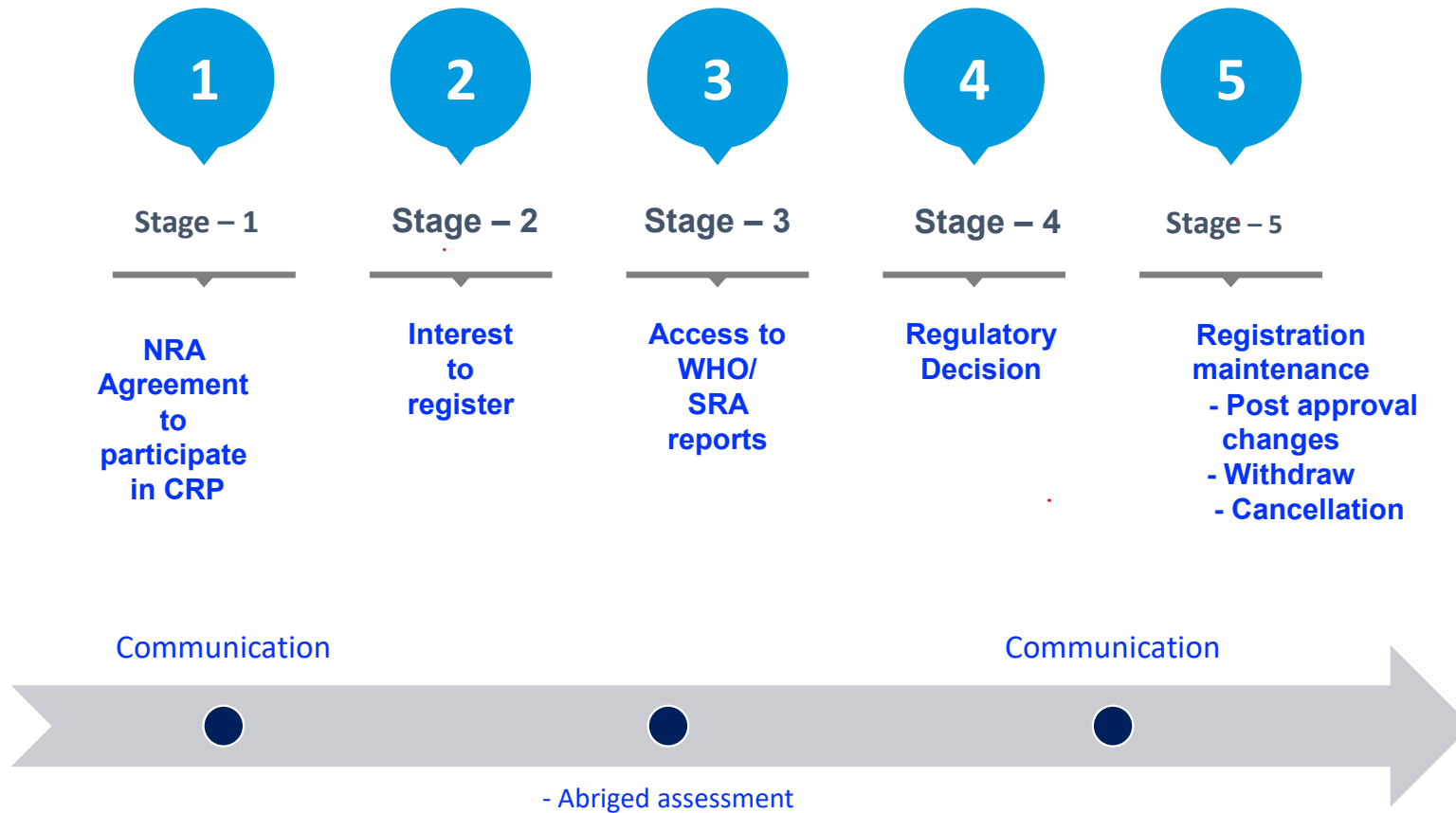
SRA CRP:

<https://extranet.who.int/prequal/medicines/accelerated-registration-fpps-approved-sras>

SRA CRP - any product assessed or approved by an SRA:

- Innovative and generic products (chemicals or biologicals): Medicines/Pharmaceuticals, multisource/generics, vaccines, biosimilars, biotherapeutics, etc.
- Products Prequalified by WHO via Abridged review (SRA approved)
- Products approved by special routes or provided with positive scientific opinion: EU M4-all and Swissmedic Marketing for Global Health Products.

CRP Steps – PQ CRP/SRA CRP



Participatin : 67 NRAs + 1 REC (CARICOM)

- 
- Angola
 - Armenia
 - Azerbaijan
 - Bangladesh
 - Belarus
 - Benin
 - Bhutan
 - Botswana
 - Burkina Faso
 - Burundi
 - Cabo Verde
 - Cameroon
 - Caribbean Community (CARICOM)
 - Central African Republic
 - Chad
 - Comores
 - Côte d'Ivoire
 - Democratic Republic of the Congo
 - Eritrea
 - Ethiopia
 - Gabon
 - Gambia
 - Georgia
 - Ghana
 - Guinea (Republic of)
 - Jordan
 - Kazakhstan
 - Kenya
 - Kyrgyzstan
 - Lao People's Democratic Republic
 - Lesotho
 - Liberia
 - Madagascar
 - Malawi
 - Malaysia
 - Maldives
 - Mali
 - Mauritania
 - Mozambique
 - Namibia
 - Nepal
 - Niger
 - Nigeria
 - Pakistan
 - Papua New Guinea
 - Philippines
 - Republic of Congo
 - Republic of Moldova
 - Rwanda
 - Sao Tome and Principe
 - Senegal
 - Sierra Leone
 - South Africa
 - Sri Lanka
 - Sudan
 - Tanzania (Mainland)
 - Tanzania (Zanzibar)
 - Timor-Leste
 - Thailand
 - Togo
 - Türkiye
 - Uganda
 - Ukraine
 - Uzbekistan
 - Yemen (Sana'a)
 - Yemen (Aden)
 - Zambia
 - Zimbabwe

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

List of SRAs as per WHO Guidelines

TRS 1003 - 51st report of the WHO Expert Committee on Specifications for Pharmaceutical Preparations

WHO Technical Report Series 1003

14 June 2017 | Technical document



Overview

The WHO Technical Report Series makes available the findings of various international groups of experts that provide WHO with the latest scientific and technical advice on a broad range of medical and public health subjects. Members of such expert groups serve without remuneration in their personal capacities rather than as representatives of governments or other bodies; their views do not necessarily reflect the decisions or the stated policy of WHO.

- ✓ EMA
- ✓ FIMEA (Finland)
- ✓ MEB (The Netherlands)
- ✓ MHRA (UK)
- ✓ MPA (Sweden)
- ✓ Swissmedic (Switzerland)
- ✓ TGA (Australia)

Based on the above interim definition, the following is the list of the countries whose NRAs are designated as SRAs.

Australia	Germany	Netherlands
Austria	Greece	Poland
Belgium	Hungary	Portugal
Bulgaria	Iceland	Romania
Canada	Ireland	Slovakia
Croatia	Italy	Slovenia
Cyprus	Japan	Spain
Czech Republic	Latvia	Sweden
Denmark	Liechtenstein	Switzerland
Estonia	Lithuania	United Kingdom
Finland	Luxembourg	United States of America
France	Malta	Norway

+ EMA

WHO PQ CRP : Mechanism

1. Source of Information to rely upon:

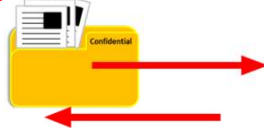
2. Documentation to be shared:

3. Actions for different stakeholders

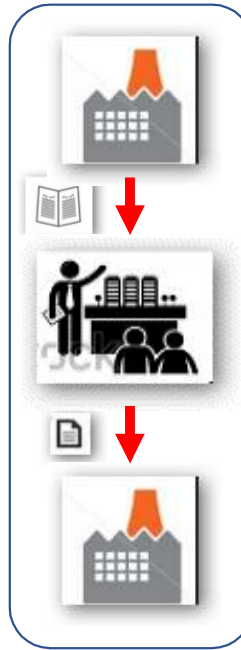
WHO FPI



Applicant and WHO



- a) Full Product Dossier (CTD format) : updated
- b) Module 1 : Country specific
- c) WHO QIS/SRA QIS
- d) Detailed Assessment Reports: QOS PD (Initial, add. data) and Variations
- d) GMP Inspection Reports (API + FPP)
- e) GCP Inspections : CROs



Lifecycle management

Applicant

Submission

NRA

NRA Review: Recognition or Reliance - 90 working days (regulatory time)

Regulatory Decision



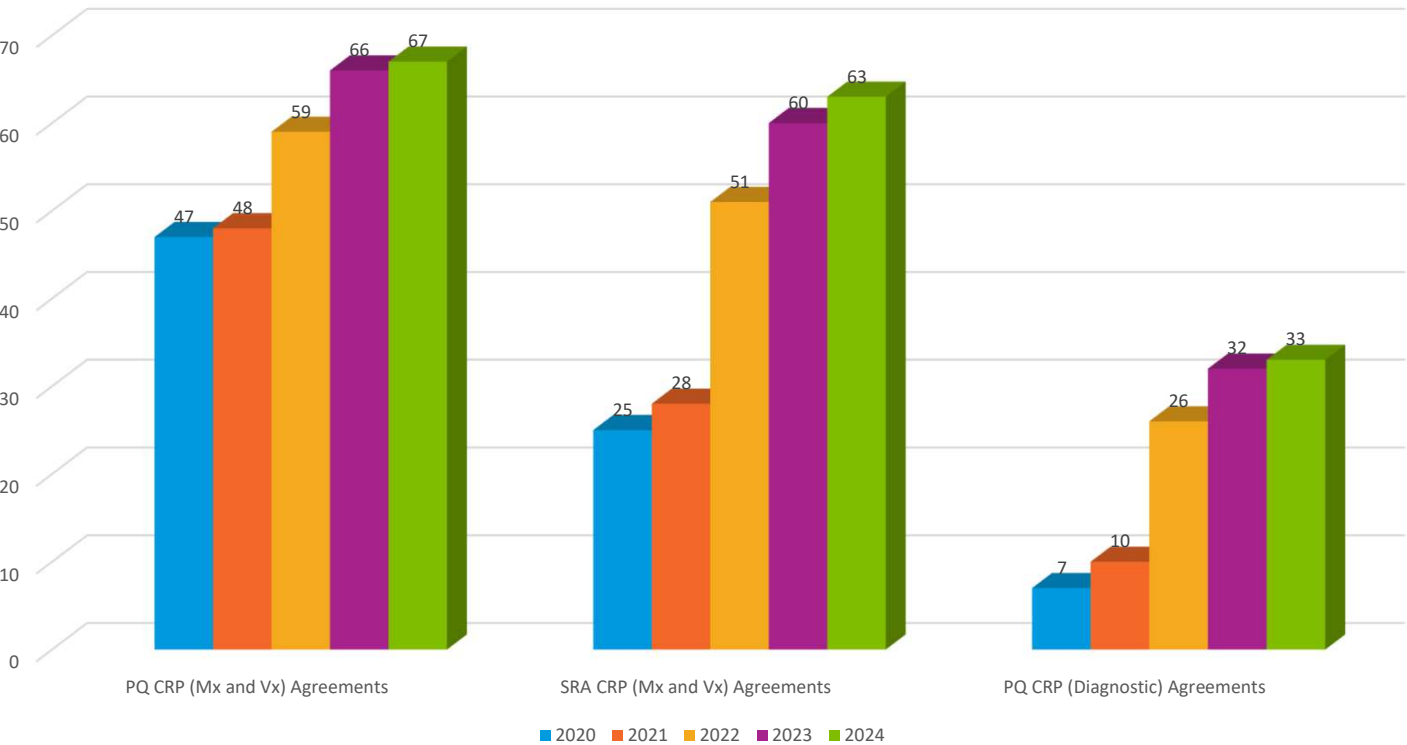
Variations

NRA Review: Recognition or Reliance - 30 working days (regulatory time)

WHO PQT/SRA

CRP Progress on Countries Participation

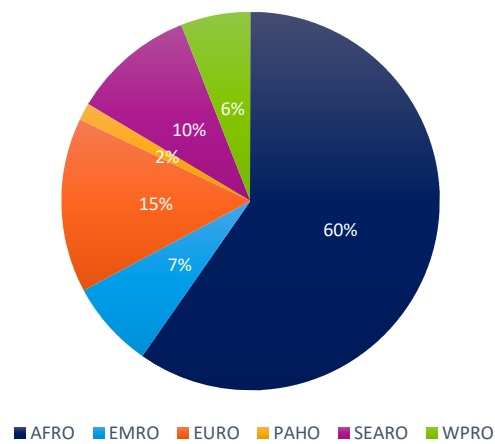
Total of CRP Agreements per Year (cumulative)



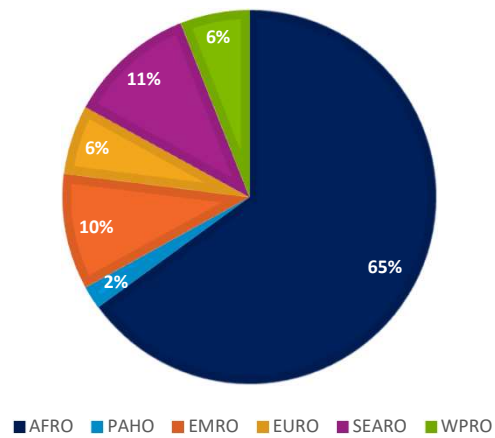
- 1. PQ CRP (Mx and Vx) – 67 NRAs (incl. 1 REC)
- 2. SRA CRP – 63 NRAs (incl. 1 REC)
- 3. PQ CRP (IVDs) – 33 NRAs
- 4. PQ CRP (VCP) – 6 NRAs (pilot)

CRP Progress on Countries Participation

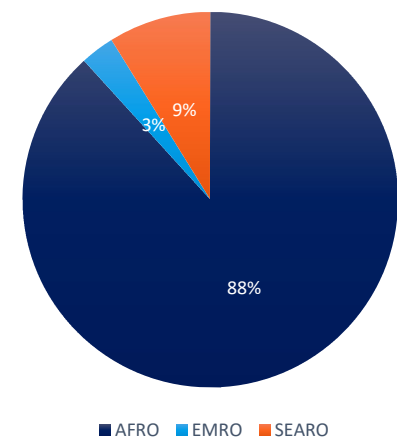
PQ CRP Agreements (Mx and Vx)



SRA CRP (MX & VX) AGREEMENTS BY REGION



IVDs CRP Agreements



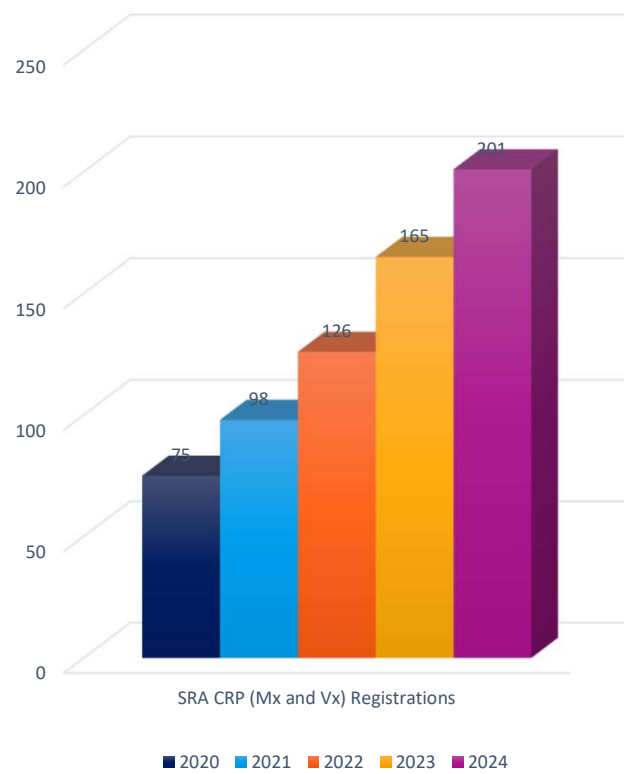
CRP data, progress and achievements 2024 (August)

PQ CRP (Mx and Vx)



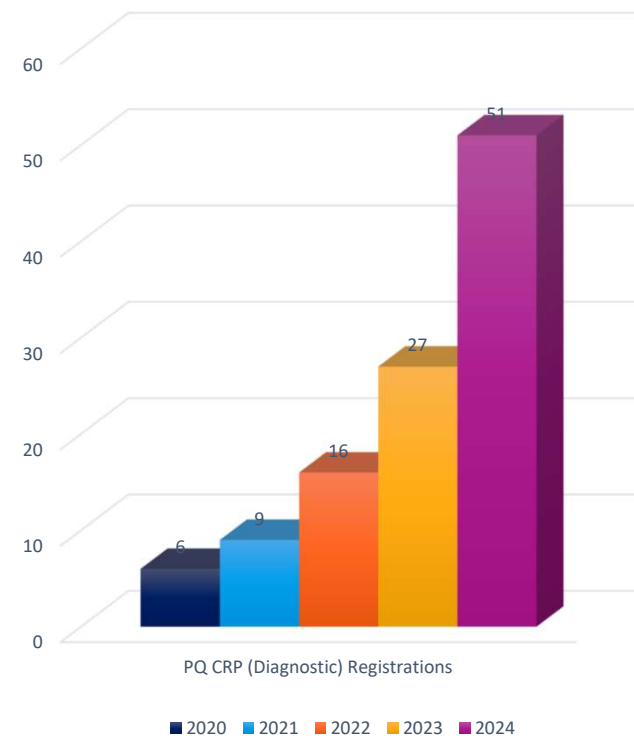
Number of prod. submissions: 1620

SRA CRP (Mx and Vx)



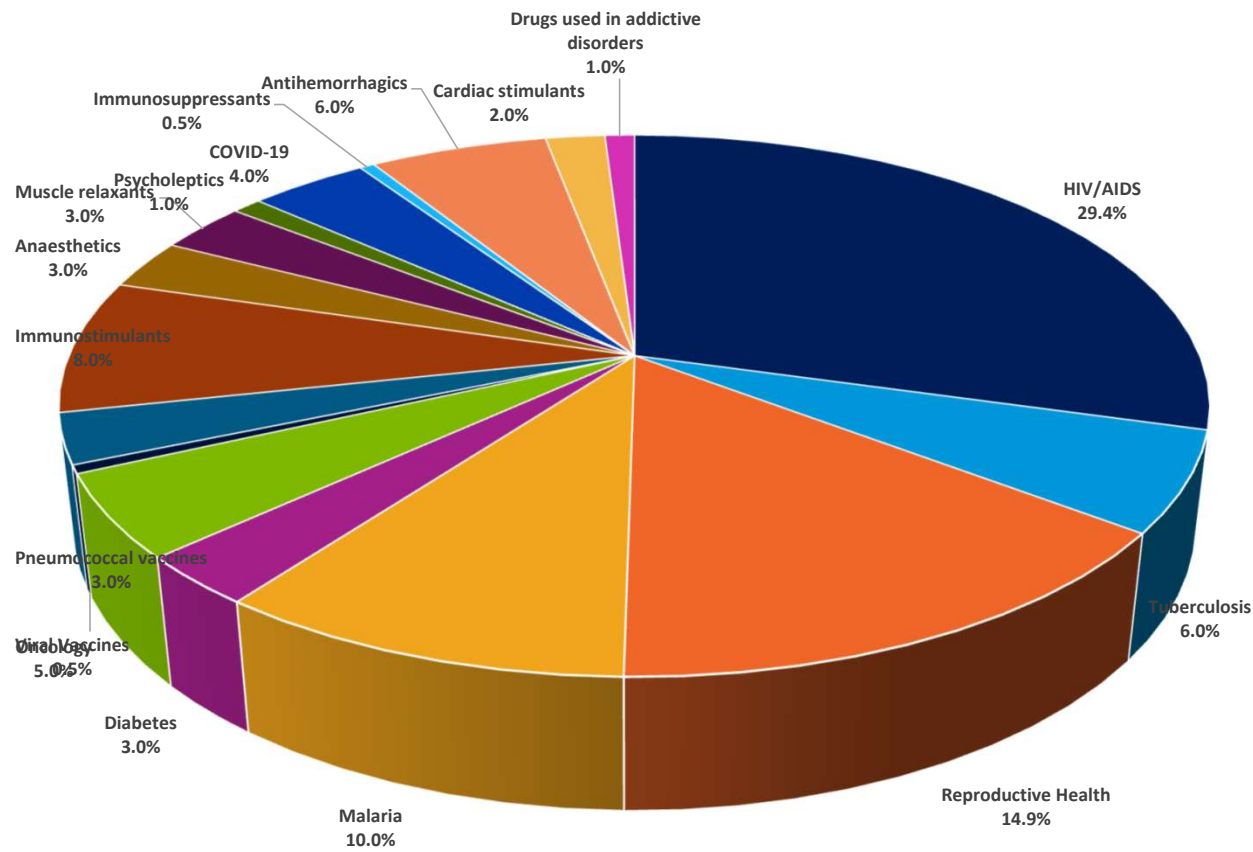
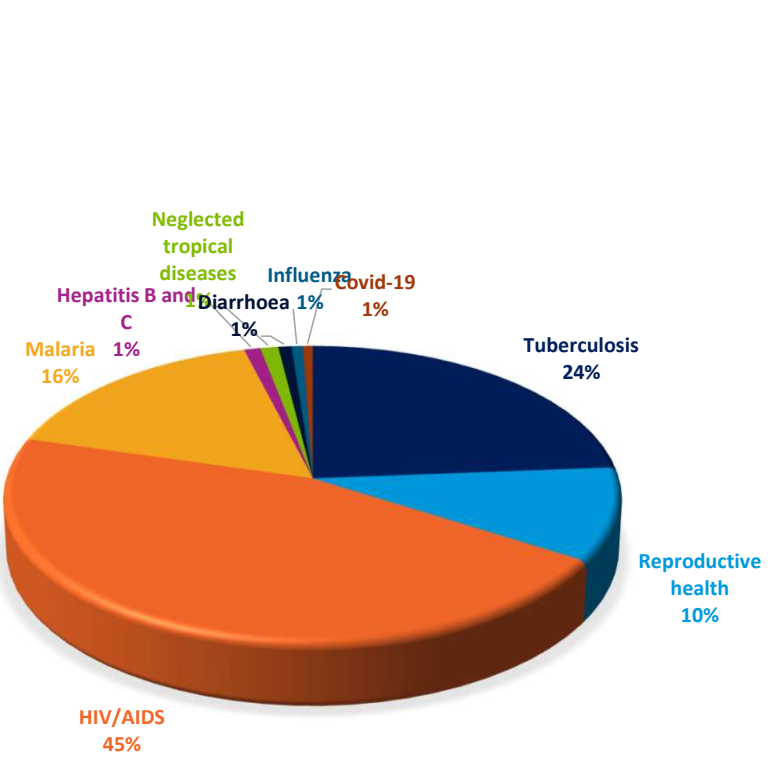
Number of prod. Submissions : 299

PQ CRP (IVDs)



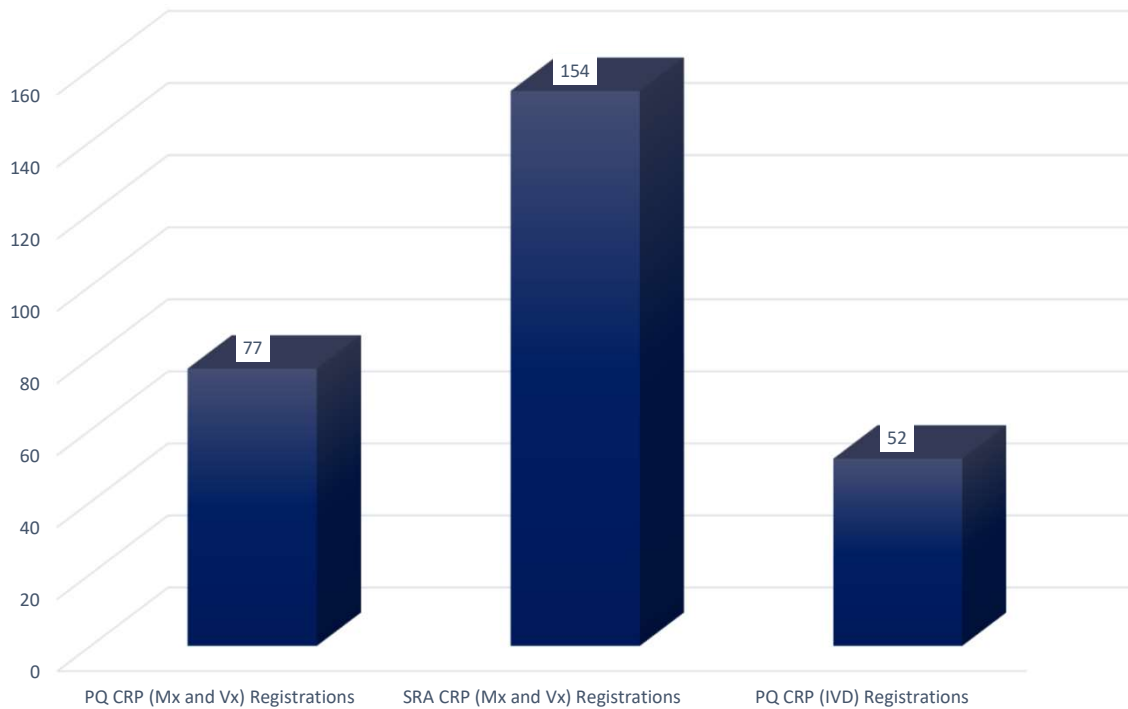
Number of prod. Submissions : 74

CRP data, progress and achievements



CRP data, progress and achievements 2024

Median time for CRP Registrations (Working Days)



- ✓ **Conformity to CRP registration timelines : within 90 working days**
- ✓ **Registration within 6 months: all CRP streams**
- ✓ **Singificantly less than NRA timelines**
- ✓ **Gross registration time (including applicants time)**

Challenges and Interventions



Relatively Low uptake and utilization vs Opportunity



Lack/low responsiveness from NRAs



Information sharing and exchange



National regulatory requirements



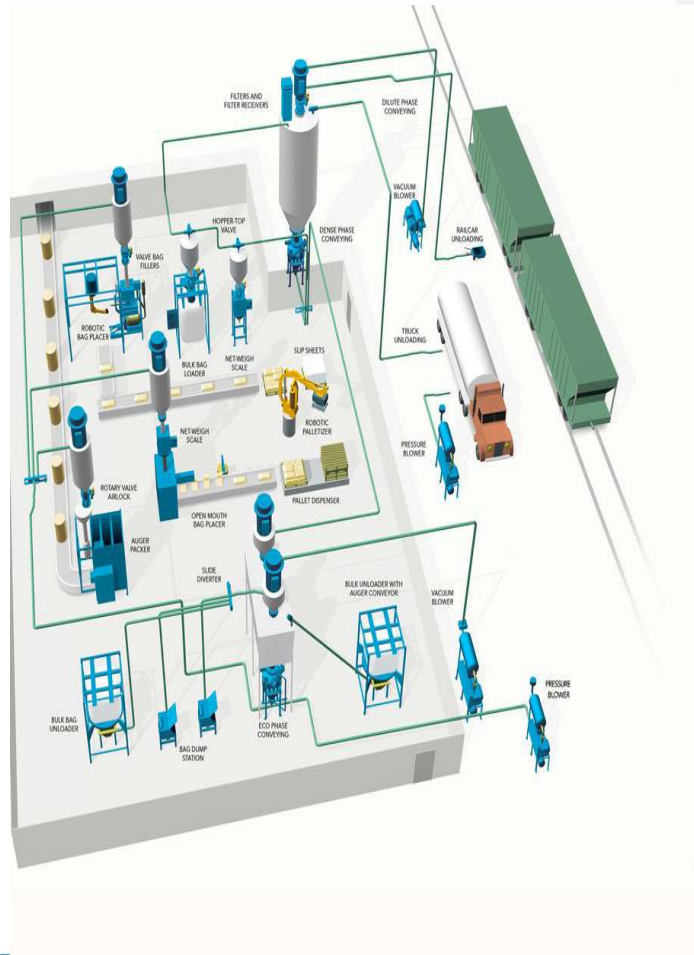
Post Approval Changes management



National policies

- **Manufacturers/applicants: webinars, CRP Annual meetings, 1-on 1 meetings on regulatory pathways and specific NRA requirements**
- **NRAs : Regional workshops, CRP annual meeting, individual NRA trainings on reliance practices**
- **Information sharing and communication: Re-design of FPI website, Centralized information sharing and exchange under dedicated platform (ePQS). NRA and manufacturers Pilot in Q4**
- **Strengthen Registration systems: Review of national requirements (guidelines and procedures) to enhance more reliance and minimize specific national requirements, communications with manufacturers, training and capacity building**
- **Product lifecycle : Reliance on PACs, support to specific PAC management initiatives, considerations to better define PAC in the context of CRP**
- **Procedure optimization : Review of Good Practices Guidelines to NRAs to align with current best practices**

Take Away messages



Evidence over 10 years demonstrating reliance in assessment and MA in action : 1000+ MA facilitated



CRP works effectively in all product streams : stakeholders to utilize this validated reliance mechanism



Short timelines vs standard national process : access to patients, quick product introduction



Supports harmonization and streamlining the submissions, predicted assessment styles and cycles



Can facilitate reliance in PAC management : reduce manufacturers regulatory burden



Continued growth : stakeholders commitment, expansion to wider scope of product stream

Relevant Tools and Resources

PQ CRP



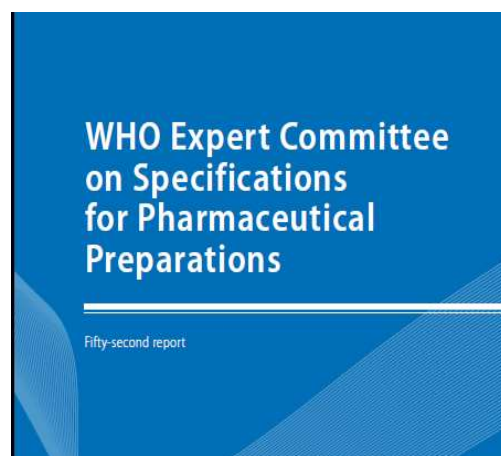
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Collaborative procedure between the World Health Organization (WHO) Prequalification Team and national regulatory authorities in the assessment and accelerated national registration of WHO-prequalified pharmaceutical products and vaccines

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<https://iris.who.int/bitstream/handle/10665/255338/9789241209960eng.pdf?isAllowed=y&sequence=1#page=277&zoom=auto,-344,680>

SRA CRP



Annex 11

Collaborative procedure in the assessment and accelerated national registration of pharmaceutical products and vaccines approved by stringent regulatory authorities

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<https://iris.who.int/bitstream/handle/10665/272452/9789241210195eng.pdf?isAllowed=y&sequence=1#page=367&zoom=auto,-284,680>

Revision of the Good practices of national regulatory authorities in implementing the collaborative registration procedures for medical products [second-review_qas24_956_grp_focusing_on_crp.pdf \(who.int\)](https://iris.who.int/bitstream/handle/10665/272452/9789241210195eng.pdf?isAllowed=y&sequence=1#page=367&zoom=auto,-284,680)

WHO Facilitated registration procedures - Conclusions

Strategy of the manufacturer

Some of these tools can be combined

Considering also other initiatives e.g. ACCESS, OPEN, Orbis, Pharmaceutical Quality Knowledge Management System, AMA pilot etc.



WHO FPI Role

To clarify role/characteristics of the different pathways in collaboration with other stakeholders

Technical support
Advocacy and relevant trainings

Many regulatory tools in the box!



www.who.int/medicines

Thank you for your attention!

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