

## Collaborative Registration Procedure for WHO PQ-ed medicines and its impact on accelerated registration and timely access to quality-assured medicines in LMICs



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## Access to medical products – global challenge

- Good health is impossible without access to medical products
- Reasons for limited/insufficient access are numerous
  - ✓ insufficient/inadequate regulatory capacity
  - ✓ lack of collaboration and work sharing between countries in regulation of medical products

# Addressing regulatory capacity gaps in countries

- Strong regulatory capacity is an essential component of a well-functioning healthcare system (Resolution WHA 67.20, 2014)
- Globally, >70% of countries have weak national regulatory systems
  - ✓ Only 56 countries (29%) have regulatory systems at GBT maturity level 3/4
    - See: <https://www.who.int/initiatives/who-listed-authority-reg-authorities>
- WHO regulatory systems strengthening programme responds to addressing this challenge
  - ✓ Benchmarking to document strengths and identify gaps
  - ✓ Capacity building, including training based on Global Competency Framework and Regulatory Curriculum
  - ✓ **Promoting smart regulation – good regulatory and reliance practices**

# Promoting Good Regulatory and Reliance Practices



## Good regulatory practices

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



Addressing responses to **common gaps in regulatory practices** identified during benchmarking of national regulatory systems



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

[Annex 11: Good regulatory practices in the regulation of medical products](#) (March 2021)



## Good reliance practices

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



Importance of **international cooperation** to ensure the safety, quality and efficacy or 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

[Annex 10: Good reliance practices in the regulation of medical products](#) (March 2021)

# How to “transfer/translate” the regulatory information from trusted sources to facilitate in-country approval of medical products?

The Sixty-seventh World Health Assembly Resolution 67.20 recognized that inefficient regulatory systems themselves can be a barrier to access to safe, effective and quality medical products

- WHO Prequalification and approval by “SRAs” provide good basis for informed national decision making;
- How do we get the prequalified and “SRA”- approved products to the patients faster, and more efficiently?
- How do we ensure continued supply of quality-assured products post-registration?



# CRP is a good example of reliance in facilitating in-country regulatory approval of medical products

- WHO Prequalification and approval by “SRAs” provide a good basis for informed national decision making
  - ✓ Accelerating access by patients faster, and more efficiently
  - ✓ Ensuring continued supply of quality-assured products post-registration
- As of August 2022, significant increase of countries implementing CRP
  - ✓ 57 in PQ CRP medicines and vaccines
  - ✓ 45 in SRA CRP medicines and vaccines
  - ✓ 22 in PQ CRP IVDs

# Regulatory information and knowledge could be transferred through facilitated pathways

WHO PQ  
collaborative  
registration  
procedure

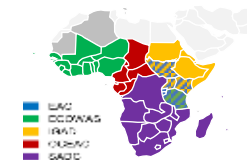
- Vaccines: 2004
- Medicines: Started in 2012
- FDA-WHO joint pilot to accelerate access to HIV medicines (CRP-lite)
- Vector control: Pilot 2020
- Diagnostics: Pilot 2019

“SRA”  
collaborative  
registration  
procedure

- Initiated in 2015
- European Medicines Agency (EMA)
- UK Medicines and Healthcare Products Regulatory Agency (MHRA)
- 32 African NRAs

Regional  
regulatory  
harmonization  
initiatives and  
networks

African Medicines  
Regulatory  
Harmonization  
Initiative (AMRH)



ASEAN SIAHR Project



## Facilitated Registration Pathways – key principles

- Voluntary;
- Product and registration dossier in countries are “the same” as **prequalified by WHO or approved by “SRAs”**;
- Shared confidential information to support NRA decision making in **exchange for accelerated registration process**;
- “Harmonized product status” is monitored and maintained.





# Win-win outcomes for all concerned stakeholders - patients in the focus

## **NRA**s

- Having data well organized in line with PQ requirements;
- Availability of unredacted WHO assessment, inspection and performance evaluation outcomes to support national decisions and save internal capacities;
- Having assurance about registration of “the same” product as is prequalified;

## **WHO**

- Prequalified products are faster available to patients;
- Feed-back on WHO prequalification outcomes;

## **Manufacturers**

- Harmonized data for PQ and national registration;
- Facilitated interaction with NRAs in assessment, inspections, performance evaluations;
- Accelerated and more predictable registration;
- Easier post-registration maintenance;

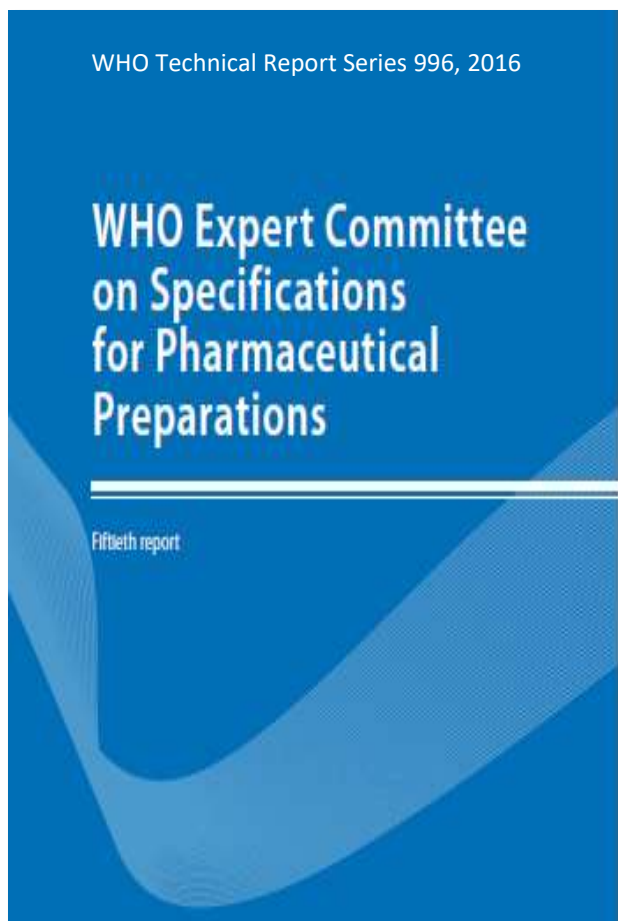
## **Procurers**

- Time, assurance, availability.



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# Applicable guidelines for CRP



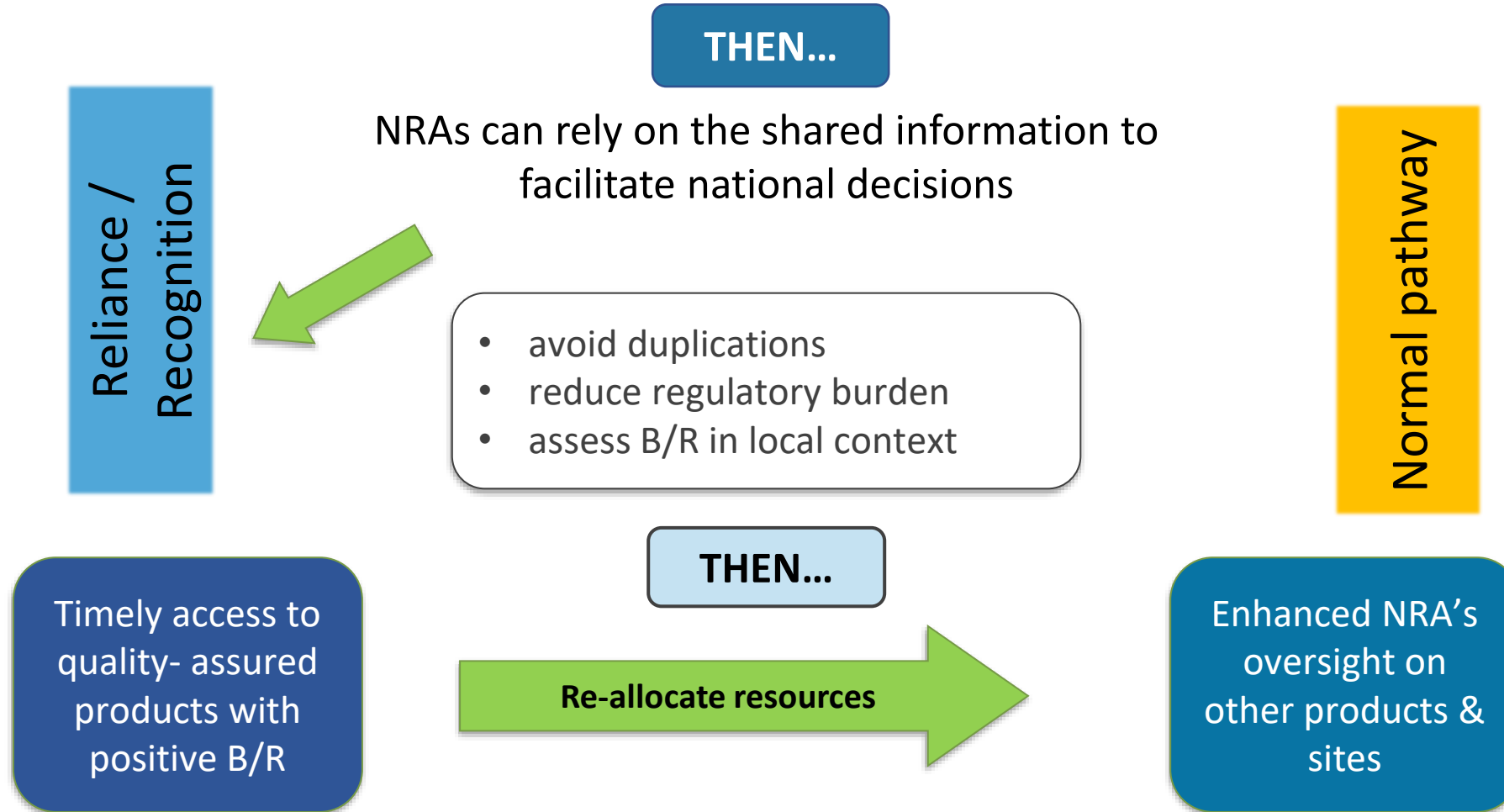
<http://apps.who.int/iris/bitstream/handle/10665/255338/9789241209960-eng.pdf?sequence=1>

## Annex 8

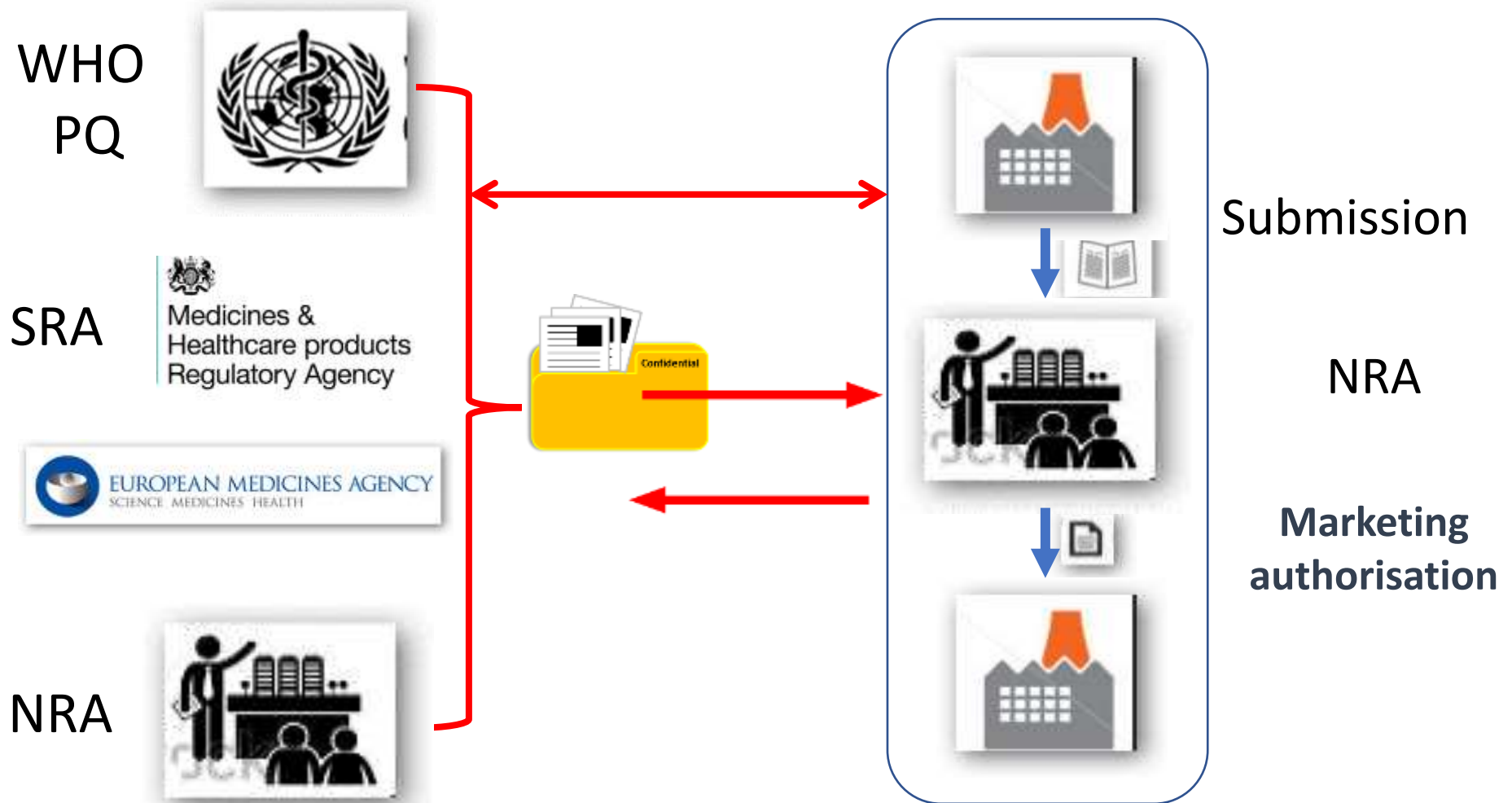
### Collaborative procedure between the World Health Organization (WHO) Prequalification Team and national regulatory authorities in the assessment and accelerated national registration of WHO-prequalified pharmaceutical products and vaccines

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# If we share information (assessments, inspections, testing) for WHO PQ-ed or “SRA”-approved products



# How does the collaborative procedures work?



# PQ CRP: 56 Participating NRAs, plus 1 Regional Economic Community

As of August 2022

Angola  
Armenia  
Azerbaijan  
Bangladesh  
Belarus  
Botswana  
Burkina Faso  
Bhutan  
Burundi  
Cameroon  
Cape Verde  
\*Caribbean Community  
(CARICOM)  
Comoros  
Cote d'Ivoire  
Dem. Rep. Congo  
Eritrea  
Ethiopia

Gabon  
Georgia  
Ghana  
Kazakhstan  
Kenya  
Kyrgyzstan  
Lao PDR  
Madagascar  
Malaysia  
Maldives  
Malawi  
Mali  
Mauritania  
Moldova  
Mozambique  
Namibia  
Nepal  
Nigeria

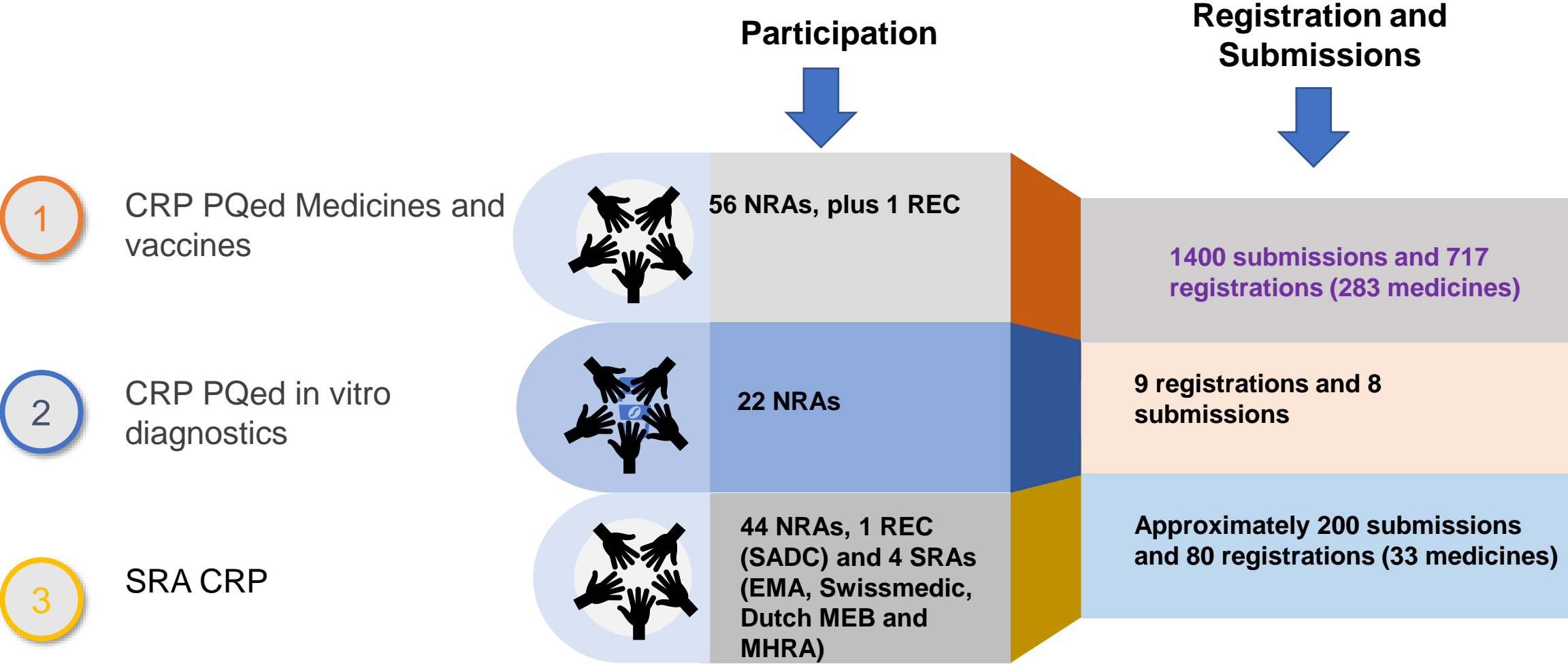
Pakistan  
Philippines  
Republic of Congo  
Rwanda  
Sao Tome and  
Principe  
Senegal  
Sierra Leone  
South Africa  
Sri Lanka  
Sudan  
Tanzania  
Thailand  
The Gambia  
Timor-Leste  
Togo  
Uganda  
Ukraine  
Uzbekistan  
Yemen  
Zambia  
Zanzibar  
Zimbabwe

\* CARICOM

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

Associate Member States: Anguilla, Bermuda, British Virgin Islands, Cayman Islands and Turks and Caicos Islands

# CRP in facilitating in-country regulatory approval of medical products

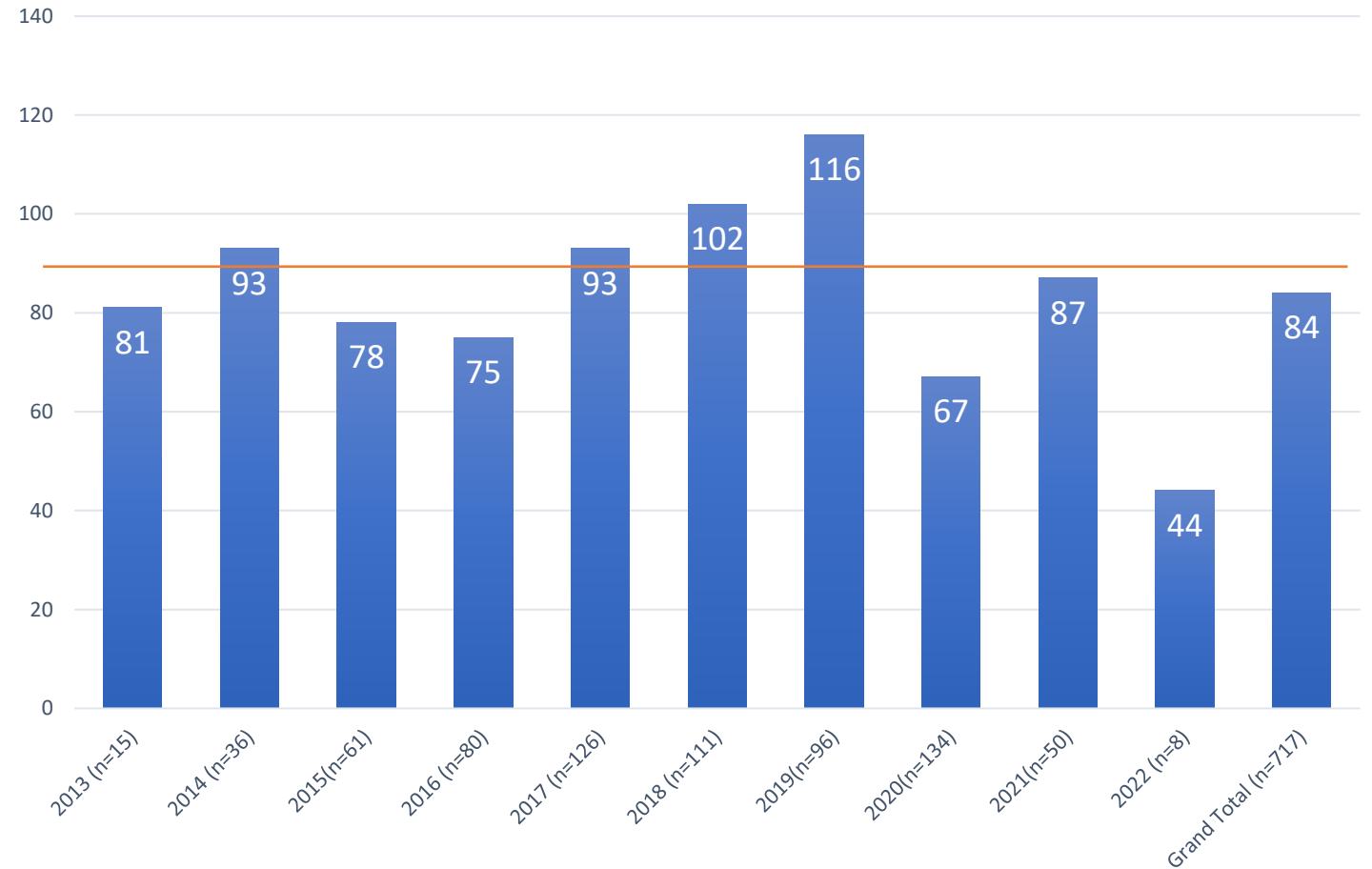


# Collaborative Registration Procedure: 52 Participating NRAs, plus 1 Regional Economic Community in 4 continents

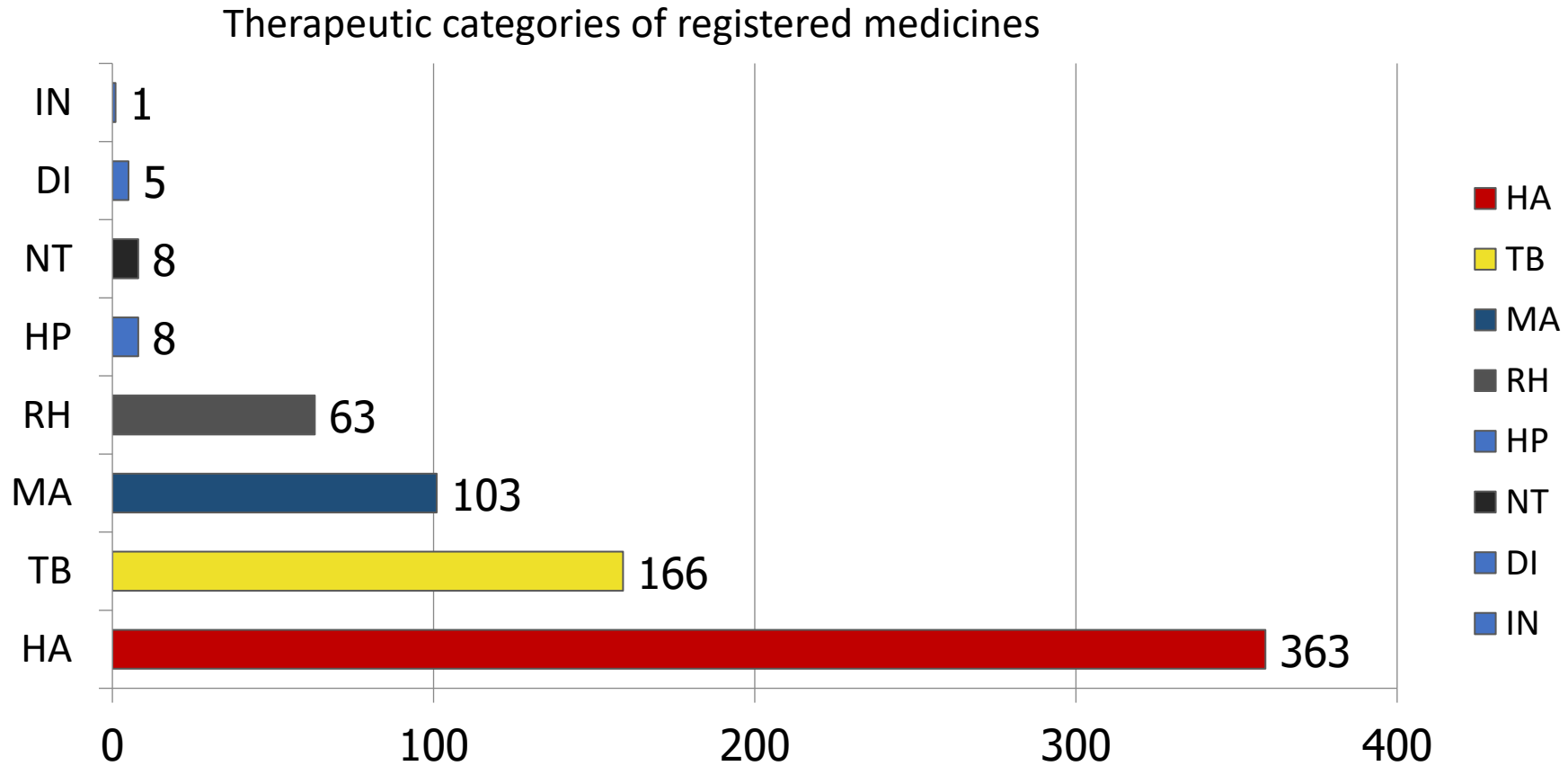
\*Including regulatory time and applicant time

Total registrations: **717**  
As of August 2022

90 days  
TARGET



# PQ CRP: Registrations by therapeutic categories





## Concluding remarks

- Access to medical products is a never-ending challenge and shared responsibility among governments, NRAs, SRAs and industry
- Not a single regulator anymore can fulfil all regulatory work alone and independently
- The future of medical products regulation is on convergence, harmonization, collaboration and networking based on **reliance and trust**
- CRP has proved to be one of the solid examples of enhancing access

Thank you for your attention



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