

Identifying regulatory gaps

Paper prepared by the WHO Secretariat for the Global Coordination Mechanism on R&D for emergency preparedness.

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Introduction

A scoping roundtable on Establishing a Global Coordination Mechanism for Research and Development to Prevent and Respond to Epidemics was held at Chatham House UK on 10 November 2016. This meeting ended with a consensus that WHO should lead a Global Coordination Mechanism on R&D for emergency preparedness. It also tasked WHO to identify “regulatory gaps”.

Regulatory preparedness for public health emergencies was on the agenda of the 17th International Conference of Drug Regulatory Authorities (ICDRA), Cape Town, South Africa, from 29 November-2 December 2016. The meeting was attended by more than 360 regulators from more than 100 WHO Member States. The ICDRA is a well-established forum, meeting since 1980, for drug regulatory authorities of WHO Member States to meet and discuss ways to strengthen collaboration. ICDRA meetings have been instrumental in guiding regulatory policies and priorities for action in national and international regulation of medicines, vaccines, biomedicines and herbals.

Organised by the Government of South Africa and WHO, ICDRA 2016 focused on the need for greater international collaboration between national regulatory authorities (NRAs) to improve their efficiency and expand patient access to safe and effective diagnostics, medicines, vaccines and medical devices in all countries. Africa was a special focus of discussions and plans, including the rapid progress made in efforts to improve regulatory harmonization. For example, the Conference heard of the recent expansion of the African Vaccine Regulatory Forum (AVAREF), a platform for African NRAs to collaborate on regulating vaccine clinical trials in order to expedite and improve access to these products. AVAREF was a key actor in the fast-track approval of clinical trials of candidate Ebola vaccines during the West Africa Ebola epidemic. With a new structure, governance and strategy, AVAREF is now starting to include medicines and other health products for evaluation as well as capacity building. The initiative is developing into a powerful platform for African regulatory harmonization and improved efficiency.

Gaps in regulatory preparedness for public health emergencies identified at ICDRA

A plenary session on regulatory preparedness for public health emergencies was held at ICDRA 2016 to reflect on the lesson learned from Ebola, and the ongoing public health response to Zika. The session was chaired by the Republic of South Africa and included presentations from Ghana FDA on “Strengthening national regulatory and ethics bodies to address the challenges of public health emergencies”; from the EMA on “Anticipating

evidence needs to inform research and regulatory review for public health emergencies”; and from WHO on “Zika; regulatory responses and challenges on diagnostics, vector control, vaccines and therapeutics”. Discussants included representatives from the NRA of Sierra Leone and from the US FDA.

A number of key gaps were identified by regulators during the session.

Firstly, many NRAs remain unprepared to face a public health emergency. The point was powerfully made that any country could find itself involved in a public health emergency, and having to put emergency regulatory processes in place in the heat of the moment only adds to the difficulties of an already difficult situation. Examples were given, though, of NRAs not being involved in national preparedness planning processes, and so NRAs should be proactive to ensure they become engaged whenever a national planning process is undertaken.

A second key gap is the weakness of drug regulatory systems and lack of capacity in large parts of the developing world. NRAs do not always have the resources and support they need to do their job properly. Compounding this problem, candidate products that are developed to address public health emergencies may be at the cutting edge of science, and are a challenge for even the best-resourced NRAs to evaluate. For these reasons, strengthening regulatory collaborations and capacity are crucial.

A third key gap is that many NRAs have limited capacity and experience of communicating with stakeholders, particularly the media and public. This led, for example, to one clinical trial for an Ebola vaccine candidate being halted in one country because of adverse publicity directed against the NRA for authorizing the trial to take place.

Another key gap is the missed opportunity of stakeholders who are developing products to engage regulators early and often in the process. This is important to avoid programs going off track from an eventual successful developmental pathway due to a lack of understanding of regulatory details and nuances. Furthermore, regulators can be powerful advocates at a national level for the benefits of international collaboration in the contentious areas of data and sample sharing.

Finally, a public health emergency occurring in a poorly regulated environment opens the door to the unscrupulous to take advantage through fake products or dubious remedies. Products of uncertain quality and safety are also marketed and sold via the Internet or other uncontrolled supply channels in such situations.

ICDRA Recommendations on regulatory preparedness for public health emergencies

The discussions at ICDRA generated recommendations to both NRAs in Member States and to WHO. The recommendations, listed below, will be published in WHO Drug Information, in Q1 2017.

Recommendations to Member States

1. Preparedness for public health emergencies is key, so all NRAs should ensure they proactively participate in national preparedness planning processes.
2. Public health emergencies require rapid, extensive regulatory collaboration and cooperation so development and maintenance of appropriate platforms for this purpose is a high priority
3. Crisis communications are particularly challenging and NRAs need to proactively develop a general communication plan that would include crises, and to develop their capacity, overall, to communicate more effectively
4. Regulators should help drive product development for public health emergencies, not only for diagnostics, vaccines and therapeutics but also for relevant infection control products.
5. Timely sample and data-sharing remain barriers to product evaluation, so regulators should help drive change through advocacy for the national benefits of sample and data-sharing.
6. Member States should improve their pharmacovigilance systems to ensure that safety of investigational products is effectively monitored during public health emergencies.

Recommendations to WHO

1. Consider the formation of a special WHO led task force on medicine regulation that can be deployed during a public health crisis to provide advice to countries on issues that may arise.
2. Ensure that regulatory support is a priority area of activity as the R&D Blueprint for emerging infectious diseases is implemented.
3. Consult on the needs for further development of the Emergency Use Approval and Listing mechanisms established through the Prequalification programme.
4. Develop guidance, and appropriate forums for dialogue, for developed and developing country regulators, on regulatory pathways, platform technologies and novel clinical trial designs for products against emerging infectious disease pathogens, ensuring that the guidance includes more vulnerable populations such as pregnant women and children.
5. Report back at the 18th ICDRA on progress made on regulatory preparedness for public health emergencies and the integration of this activity into NRA systems strengthening.