PAN AMERICAN NETWORK ON DRUG REGULATORY HARMONIZATION (PANDRH)
IV STEERING COMMITTEE MEETING

Madrid, Spain
12-13 February 2004

REPORT

PARTICIPANTS

Members
Andean Area: *Julio Cesar Aldana, Colombia*
CARIBBEAN: *Princess Thomas Osbourne, MOH, Jamaica*
CICA Central America: *Maria de los Angeles Morales, MOH, Costa Rica*
MERCOSUR: *(Unable to attend)*
NAFTA: *Albero Frati, Mexico and* Justina Molzon (Alternate Members, USA)
ALIFAR: Rubén Abete
FIFARMA: Jose Manual Cousiño

Other Regulators
CAN: *Mike Ward, Health Canada*
BRA: *Davi Rumel, ANVISA*
ARG: Carlos Chiale, ANMAT
VEN: Esperanza Briceno

Observers / WG members
WG/Pharmacopoeia: USP, *Roger Williams*
WG/Classification: ILAR, *Hector Bolanos*
WG/BE: *Loreta Marquez*

Secretariat
PAHO: *Rosario D'Alessio*

MINUTES[1]

1. **Report from the Working Groups**:

a) WG/Good Manufacturing Practices: Justina Molzon, Coordinator of WG/GMP updated on the developing of the Regional Guideline for GMP Inspections (annex 1).
Comments:

- There was concerned about the letter of confidentiality and about accessing the Guideline on the web. Implementation of GMP continues to be a major concern in Latin America. Many manufacturing plants do not comply with GMP. Some countries (Brazil, Mexico) are making effort on GMP compliance.

[1] The meeting followed the approved agenda

- Standards are not well defined; more information is needed on the use of segregate plants for manufacturing.
- Members of the GMP/WG should not participate in the pilot for the Guideline. The industry should not participate during inspections.
- In Central America, 70% of the manufacturing plants comply with WHO- GMP 75. It is difficult to implement GMP 92. Drug Regulatory Authorities that still work based on GMP 75 should change this strategy. It is time for all DRA start working towards GMP92. The guideline should become a minimum requirement for GMP.
- Implementation of GMP may vary according to the country socioeconomics and political support.
- In some countries, GMP inspections are the responsibility of provinces and there should be a relationship between GMP inspection and drug registration. No drug should be registered if it was manufactured in a plant that does not comply with GMP. To help those drug companies with difficulties, it can be accepted if they are linked to other manufacturers that do comply with GMP. Nowadays drug registrations are linked to the site of manufacturing.
- It is not possible to harmonize if there is no common guideline.
- Drug substitution at pharmacy level with no interchangeable generic drugs will jeopardize the effort to improve compliance with GMP
- FIFARMA, Mexico, Venezuela and Costa Rica will make extra effort to test the Guideline and will send the comments before the end of March.
- Not all documents on which WGs are working on are available in English and in Spanish. Usually, they are available in one language only.
- There is a need for improving communication between members of the WG and all other countries of the same sub-region that are not represented in the group; and also at the institutional level.
- Agreements:

    a) Prof. J.M. Cousino and Dr. L. Marquez (FIFARMA) will find no less than two manufacturers that will implement the Guidelines as an internal exercise and will send the results, separately, to the Secretariat. At least one of the two manufacturers should have segregated section;
    b) Dr. A. Frati (SS Mexico) will have the Guideline implemented by official inspectors along with the guideline used by the SS;
    c) Dr. M. Morales (MS Costa Rica) will have the guideline implemented by official inspectors.
    d) Dr. Abete (ALIFAR) will send all the comments that ALIFAR has received about the guideline to the Secretariat; and will support the implementation of the guideline by a company with segregated manufacture section, which is being organized to take place in Venezuela.
    e) Dr, E. Briceno (MS Venezuela) will ask official inspectors to review and comment about the guideline.

- Results from these exercises should be sent to the Secretariat no LATER than 3 APRIL.

b) WG/BE: Justina Molzon, Coordinator of WG/BE updated on the document on *Proposed criteria for bioequivalence testing (in vitro and in vivo) and for waivers of in vivo testing of generic drug products*, being developed by the WG (Annex 2.)

c) The issue of training was also addressed in both GMP and BE subjects. There was a consensus that training should continue to be a key instrument to improve GMP and BE understanding and implementation. Human resources may be limited to implement as

many seminars as needed; video-conferences should be explored as a way to complement or even substitute traditional training activities.

d) Justina Molzon, Loreta Marquez, and Roger Williams updated on the developing of the *Regional Comparator*, for BE studies (Annex 3.)

- There is still some confusion on Product of Reference: if it is innovator or what the DRA decides. In Latin America, it is important to define what DRA is.
- In some countries there is a need for clarification of interchangeability. Be can distract GMP implementation.
- GMP is always a priority; then, BE linked to: a) innovator and generics and b) interchangeability
- DRA should emphasize sanitary aspects of regulatory decisions. Access and quality are health criteria. Access cannot be achieved with high prices.
- Reference centers are important

e) Roger Williams, updated on the WG/Pharmacopoeia and the External Quality Control Program that is being implemented by PAHO and USP.

- PANDRH External Quality Control Program (EQCP). It was suggested to use the EQCP as a strategy to perform quality tests on selected medicines available in Latin American markets. Those drugs should be selected from the priority list for BE; and or highly needed public health programs.
- It will be necessary to establish medium and long term plan for EQCP

2. **Report from the Secretariat**

- *Rosario D'Alessio* updated on other working groups: **GCP** and the document of the Americas on GCP; **Classification** and the Status on the regional comparative study; **Registration** and the status on the comparative legislation; **Counterfeit**: Update on Plan of Work;
- On the **WG on Medicinal Plants,** the SC suggested that objectives of the WG be reviewed by WG/Registration. It may be convenient to reduce the number of WG
- The role of WGs will change from the next Conference. The use of indicators will become necessary to continue the work already started. The value of PANDRH will be measured from the implementation of harmonized proposals approved or endorsed by the Conference. Some of those indicators may be:

    - Number of countries that adopt or implement harmonized proposals from PANDRH;
    - Number of countries that change their legislation to include PANDRH recommendations;
    - PANDRH proposals being discussed at sub-regional economic integration groups;
    - Impact of proposals on the quality, safety and efficacy of pharmaceutical market in the Region;
    - Impact of no application of PANDRH harmonized proposals.

- Review of the Working Group Membership: Representatives by country; by sub-Region; Confirmation and Coordinators (Annex 3.)

4. **ICH Letter** *(Rosario D'Alessio and Mike Ward*). The letter from the ICH (Annex 4) was reviewed; and after analyzing several options, it was agreed that a regulatory authority member of the SC should represent PANDRH at the GCG. It was noted that the selected DRA will not represent his/her country but PANDRH; and he/she should be acknowledgeable of the ongoing activities of the Network. The SC selected Carlos Chiale from ANMAT,

Argentina, as the regulatory authority to represent PANDRH at the GCG; and Davi Rummel from ANVISA, Brazil, as a substitute member.

5. **Strategies to promote PANDRH**: Several strategies for disseminating PANDRH work were discussed including:

   a) PANDRH Logo: the Logo for PANDRH was presented and approved by the SC members.
   b) Update on the PANDRH Website: The Secretariat is working on including PANDRH activities in PAHO web page. It was informed that there has been some delay and it is expected to be ready by February 2004.
   c) Brochure: A pamphlet on PANDRH is still pending;
   d) Basic Presentation on PANDRH for International & National Events. The Secretariat and members of WGs continue to be invited to national and international events to present PANDRH work. It was noted that a more active involvement of NRA is needed to disseminate the Network at country level specifically to high health authorities including the Minister of Health.

6. Planning the IV Pan American Conference on Drug Regulatory Harmonization

a) Date for the Conference was confirmed for the first week of November;
b) Site will depend on funds.
c) Financing: Main contributors are PAHO, ALIFAR and FIFARMA. These two organizations will inform the Secretariat on their contribution tor the Conference in the following months. The FDA may also contribute with additional funds. It was noted by FIFARMA that it is time that the Conference be opened to registration fees which will solve the financial limitation, reminding that to apply registration fees was approved by the II and III Conferences.
d) Organizing Committee: a draft agenda will circulate to SC members for comments. It was agreed that:

- The main topics will be the work of working groups;
- Presentations form other international (ICH, ICDRA) and all five sub-regional harmonization initiative
- Other subjects: Criteria for acceptability of products of high variability
- Parallel sessions can be considered

7. Next meeting and closure: It is possible that the SC will meet again in August as a preparatory activity for the IV Conference.