PAN AMERICAN NETWORK FOR DRUG REGULATORY HARMONIZATION (PANDRH)
III STEERING COMMITTEE MEETING

Mexico City, Mexico
7-8 May 2003

REPORT

PARTICIPANTS

Members
Elizabeth Recinas, MSPAS, Guatemala
Princess Thomas-Osbourne, Ministry of Health, Jamaica
Caludio Maierovitch, ANVISA, Brazil
Alberto Frati, Ministry of Health, Mexico
Loreta Marquez, FIFARMA
Ruben Abete, ALIFAR

Alternates
Justina Molzon, FDA, USA
Victoria de Urioste, Ministry of Health, Bolivia

Others
Mike Ward, Health Canada
Roger Williams, USP
Davi Rumel, ANVISA

Secretariat
Rosario D'Alessio, PAHO/WHO

AGENDA

1. **PANDRH Overview:** *J. Molzon* (Annex 1)
   - Members of the Steering Committee (SC) reviewed the goals, objectives, functions and responsibilities of the Conference and the Steering Committee.

   Comments:
   - The goal of the drug regulatory harmonization is the improvement of the health of the population and the wellbeing of patients. Resources from government and industry should be dedicated to the public health
   - Drug regulatory harmonization has also advantages for the pharmaceutical economy and market
   - Drug efficacy and safety should be the underline objective of PANDRH and of all its Working Groups (WGs).

2. **Update/Reports of the Working Groups**

   A. **Rules & Norms:** *R. D'Alessio* (Annex 2)

B. **Pharmacopoeia Working Group:** *R. Williams* (Annex 3)

C. **Bioequivalence Working Group:** *J. Molzon* (Annex 4)

Comments:
- Statistical aspects of BE should be discussed and strengthened
- Clinical trials should not be repeated, but there is need of balance
- The most important objective of BE is to assure drug interchangeability and efficacy
- Drug Regulatory officials need to be trained to interpret BE studies and requirements. The industry also needs training in the development of BE studies.
- Interchangeability is not the only issue. Clinical consideration at the individual level needs to be considered for drug substitution. Clinical aspects are fundamental to compare pharmaceutical products.
- Many countries have limitations for implementing drug substitutions at the dispensing level (pharmacy). Drug substitutions by non pharmacists should be avoided.
- The generic industry should look at the BE of the products carefully. It should be as monitored as branded drugs.
- Sources for API should be considered: Generic drugs may change source for API; but it is also necessary to evaluate the current situation on BE of innovators. API may have changed since the product came into market; thus BE studies at the very beginning may need to be repeated. .
- In the BE studies of innovators, it is necessary to consider that the same drug manufactured in different countries may not be bioequivalent
- Much progress has been made since 1999 (BE Meeting organized by PAHO/WHO). PANDRH has the priority to identify issues and to agree regionally on the solution to some of them.
- America should have a single product as comparator even though a single reference is a complex topic.

BE Comparator: Letter to the industry

- WHO past experience on sending a letter to the industry was a good idea, but it did not respond very well.
- PANDRH should have a more pro-active roll. PAHO, USP and FIFARMA will discuss about the work to be done on a regional process. FIFARMA and ALIFAR support this proposal, which is based on a WG/BE group decision.
- The use of a single comparator will help drug generic policies

D. **Good Manufacturing Practices** (Annex 5)
Justina Molzon presented an update on the group to the WG/GMP Members

Decisions:
- GMP Guidelines for Inspections
- A pilot will take place during August-September.
- Different categories of manufacturing sites should be considered: size (small vs. large); national vs. international; manufacturing of different lines of production with and without segregation areas.

- Selection of countries/pharmaceutical industries for pilot phase
- FIFARMA and ALIFAR will send the name and address of at least eight (8) companies that will volunteer to be the site for the pilot. Selection among those will be made.

- Participating Inspectors (member of the team)

- The Team will be composed by two inspectors from NRA and one selected by PAHO who will lead the team
- National DRA should facilitate availability of inspectors for the pilot
- Inspectors will be selected based upon their experience (5 years minimum) and/or the number of inspections performed
- Members of the Working Group suggested to participate as observers

▪ Proposal to implement Quality Assurance System
- NRA should implement a Quality Management System
- E. Castejón (Venezuela) will incorporate the requirements from Canada in the proposal
- The final proposal will be presented and submitted for approval at the Conference

▪ Continuing GMP Courses
- May: FDA documents and WHO Reports #32, 34 & 37 (includes water, air) will be sent to members by R. Rodriguez and PAHO
- June-July: Members will send comments to S. Machado (Brazil and PAHO)
- August: Comments will be consolidated by S. Machado (Brazil)
- September: A teleconference with all members will be programmed to discuss details of training activities such as financing, site, instructors, etc.

3. WEB PAGE for PANDRH

- PAHO will include information about PANDRH in its web page
- Canada (Mike Ward) proposed to include a PANDRH intranet to be accessible only to members
- A logo will be developed for PANDRH. A model was suggested.

4. PANDRH Working Groups

a) Plan of Work

- The SC reviewed and supported the attached Plan of Work of the WGs. It is understood that the Plan was prepared based on the decisions of the WG and the recommendations of the Conference.
- It was identified the need to develop procedures of communication:
  - among members of the groups
  - among working groups
  - between the SC and group coordinators
- Members of the SC should be informed well in advance about upcoming WG meetings.

b) Financing

- A preliminary budget proposal was presented and discussed during the meeting (Annex 6)[1].
- FIFARMA suggested establishing a minimum budget of US$300.000 for the operation of the WGs.
- Possibilities to seek funds in other interested institutions such as the WB/ IDB, Spain cooperation, and the European Community should be explored.
- Concerns about the Pharmaceutical Clearinghouse were expressed (as presented at the Conference)
- Registration fees to participate at the Conference arise again as a way to finance the Network/Conference.

[1] A complete budget proposal was prepared after the meeting based upon the decisions taken by the SC (Annex 7).

c) Review of Members of the WGs

- Membership of all WGs was updated. The new list will be sent to the Ministries of Health for their approval/confirmation (Annex 8 & 9)[2].

d) Suggested subjects to be discussed by the new WGs

- *Drug Registration* should focus as its first objective the development of a comparative study on drug legislation that can start with drug registration requirements and labeling. This will help identify aspects that need to be harmonized in the Region.
- The establishment of a sub-group for new-entities may be useful.

- *Transparency & Conflict of interest* should be addressed by all WGs.

- *Pharmacovigilance:* The most important subjects to be analyzed by the group are:
- Information system for therapeutic failure
- There is no need for a network for Drug Adverse Reactions reporting system. Efforts to strengthen the WHO Network implemented by the Drug Collaborating Center in Upsala should be made
- There is a need to promote the "culture" of doctors to participate actively in the reporting system
- Means to communicate risks to people should be also addressed by the WG.

- *Classification:*
- The group should focus on criteria to classify OTC and prescription drugs since these are priorities in most subregional groups.
- The Group should develop a position paper. Drug promotion also should be included.
- The SC recognized that classification of drug-food; drug-cosmetics demand different expertise that may not be available in many NRA. It is recommended to gather information on these issues.

- *Medicinal Plants:* Concerns regarding the composition and designation of the members of the WG were expressed. The Group and its members were established and approved by the III Conference. The members were not selected by the SC, which did not comply with rules and regulations, but to exceptions made by the Conference.

5. Pan American Conference on DRH

- It was decided that the Pan American Conference on DRH will be held on its original date (month of November) and that efforts will be made to maintain this date.
- The next Conference will be held during the first week of November 2004 at PAHO premises in Washington D.C.
- The preparatory activities for the next Conference should be ready at least two months in advance

6. International Conference of Drug Regulatory Authorities

- The next ICDRA (organized by WHO) will take place in February 2004 in Madrid, Spain.
- PANDRH will make an effort to promote a high participation of regulators from the Region of the Americas.
- The next SC meeting may be organized as a pre-ICDRA meeting. FDA offers possible financing.

[2] The list was sent right after the meeting. The Secretariat gave a two-month period for responses.

7. Other Decisions

- Due to the lack of sufficient funds, special studies recommended by the Conference should be postponed.
- Analysis of the Use of Placebo (as recommended by the Conference) will be suggested to the ICDRA organizers to include the study of use of placebo in Clinical Trials in the agenda.
- The SC suggested sending a letter (from the SC) to all regulatory authorities to promote their involvement (technical and financial) in PANDRH and the implementation of its recommendations.