Evolution of ICH - how the implementation of ICH guidelines in the EAEU region can be supported

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Outline

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Introduction

Introduction

International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH)

- Unique harmonisation initiative for regulators and pharmaceutical industry
- Originally founded in 1990
- Established as a non-profit legal entity under Swiss Law on 23 October 2015

ICH Vision

The vision of ICH is to promote public health through international harmonisation of technical requirements that contributes to the

- timely introduction of new medicines and continued availability of the approved medicines to patients,
- prevention of unnecessary duplication of clinical trials in humans,
- development, manufacturing and registration of safe, effective and high quality medicines, and
- minimisation of the use of animal testing without compromising safety and effectiveness.

Introduction

Over 60 guidelines on technical requirements

Quality: 23 **S**afety: 14 **E**fficacy: 20
Multidisciplinary: 5

Quality Guidelines

Harmonisation achievements in the Quality area include pivotal milestones such as the conduct of stability studies, defining relevant thresholds for impurities testing and a more flexible approach to pharmaceutical quality based on Good Manufacturing Practice (GMP) risk management.

Safety Guidelines

ICH has produced a comprehensive set of safety Guidelines to uncover potential risks like carcinogenicity, genotoxicity and reprotoxicity. A recent breakthrough has been a non-clinical testing strategy for assessing the QT interval prolongation liability: the single most important cause of drug withdrawals in recent years.

Efficacy Guidelines

The work carried out by ICH under the Efficacy heading is concerned with the design, conduct, safety and reporting of clinical trials. It also covers novel types of medicines derived from biotechnological processes and the use of pharmacogenetics/genomics techniques to produce better targeted medicines.

Multidisciplinary Guidelines

Those are the cross-cutting topics which do not fit uniquely into one of the Quality, Safety and Efficacy categories. It includes the ICH medical terminology (MedDRA), the Common Technical Document (CTD) and the development of Electronic Standards for the Transfer of Regulatory Information (ESTRI).

https://www.ich.org/products/guidelines.html

Introduction

Steps in the ICH process

Evolution of ICH

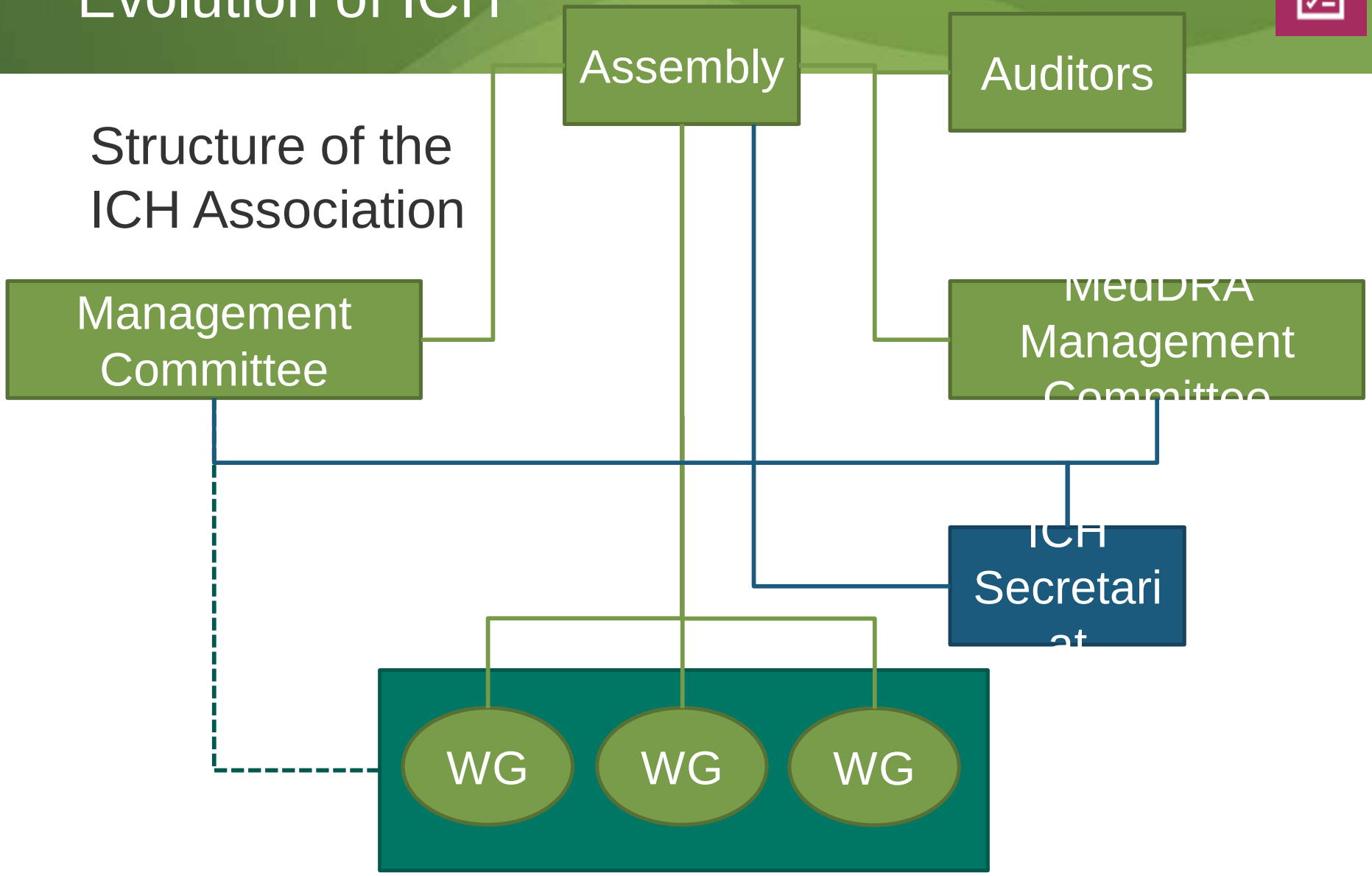
Evolution of ICH

ICH Reform

- **Governance:** Focus the role of regulators in ICH and further distinguish decision-making role of regulators vs. regulated industry
- **Transparency:** Improve transparency and openness of ICH and its processes
- **International outreach:** Increase the involvement of other regulators as well as global industry sectors affected by ICH guidelines
- **Legal entity:** Set up ICH as a legal entity as continuing activities in the current informal setting will be difficult in the changed environment
- **Funding:** Identify an alternative funding model that would make ICH less dependent of industry funding

Evolution of ICH

Structure of the ICH Association



Evolution of ICH

Remit of Assembly and Management Committee

- The **Assembly** is the overarching body of the Association, composed of all Members that takes decisions, regarding Articles of Association, Rules of Procedures, admission of new Members, adoption of ICH Guidelines, etc.
- The **Management Committee** is the body that oversees operational aspects of the Association on behalf of all members, including administrative and financial matters and oversight of the WGs.

Evolution of ICH

Assembly Members and Observers

16 members

32 observers

- **Members:**
  - Founding Regulatory: EC/EMA, MHLW/P
  - Founding Industry: EFPIA, JPMA, PhR
  - Standing Regulatory: Health Canada, Swissmedic
  - Regulatory: ANVISA (Brazil), NMPA (China), TFDA (Chinese Taipei), HSA (Singapore) MFDS (South Korea)
  - Industry: BIO, IGBA, Global Self-Care Federation
- **Standing Observers:** WHO, IFPMA
- **Observers:** Regulatory authorities, RHIs, international pharmaceutical industry organisations and international organisations with an interest in pharmaceuticals

Evolution of ICH

Assembly Members and Observers

- **Regulatory authorities:** SCDMTE, Armenia; TGA, Australia; INVIMA, Colom-bia; CECMED, Cuba; CDSCO, India; NRA, Iran; National Center, Kazakhstan; NPRA, Malaysia; COFEPRIS, Mexico; MMDA, Moldova; Roszdravnadzor, Russia; SAHPRA, South Africa; TİTCK, Turkey; **NEW as of June 2019:** ANMAT, Argentina; CPED, Israel; JFDA, Jordan; SFDA, Saudi Arabia
- **Regional Harmonisation Initiatives (RHIs):** APEC, ASEAN, EAC, GHC, PANDRH, SADC
- **International organisations with an interest in pharmaceuticals:** BMGF, CIOMS, EDQM, IPEC, PDA, WHO

Evolution of ICH

Enlarged membership of the Management Committee

Members:

- Founding Regulatory: EC/EMA, MHLW/PMDA, US-FDA
- Founding Industry: EFPIA, JPMA, PhRMA
- Standing Regulatory: Health Canada, Swissmedic
- Regulatory: NMPA (China), HSA

th Korea)

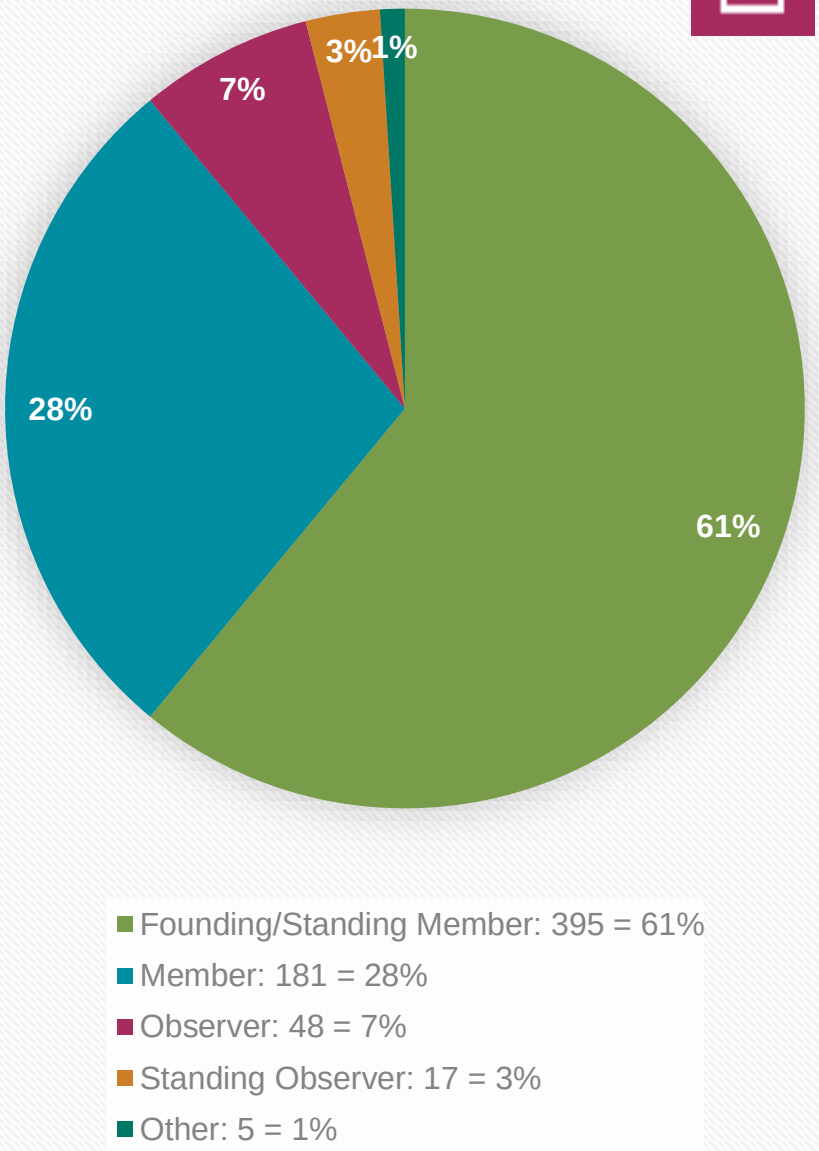
- Industry:

Standing Observers: WHO, IFPMA

Evolution of ICH

Experts in ICH Working G

As of May 2019, 39 % of the 646 experts in ICH Working Groups came from members, observers and standing observers (March 2017: 24 %, November 2018: 34 %).



Evolution of ICH

Current focus

The ICH Management Committee is working to:

- Manage the size of the Expert Working Groups due to the increasing membership in ICH.
- Ensure adequate implementation of ICH guidelines in a harmonised manner by all Regulatory Members considering that the notion of implementation is not always understood in the same way.
- Increase the resources on training activities. There are multiple work streams ongoing with a focus on engaging with training organisations and institutions to assist ICH in this activity.

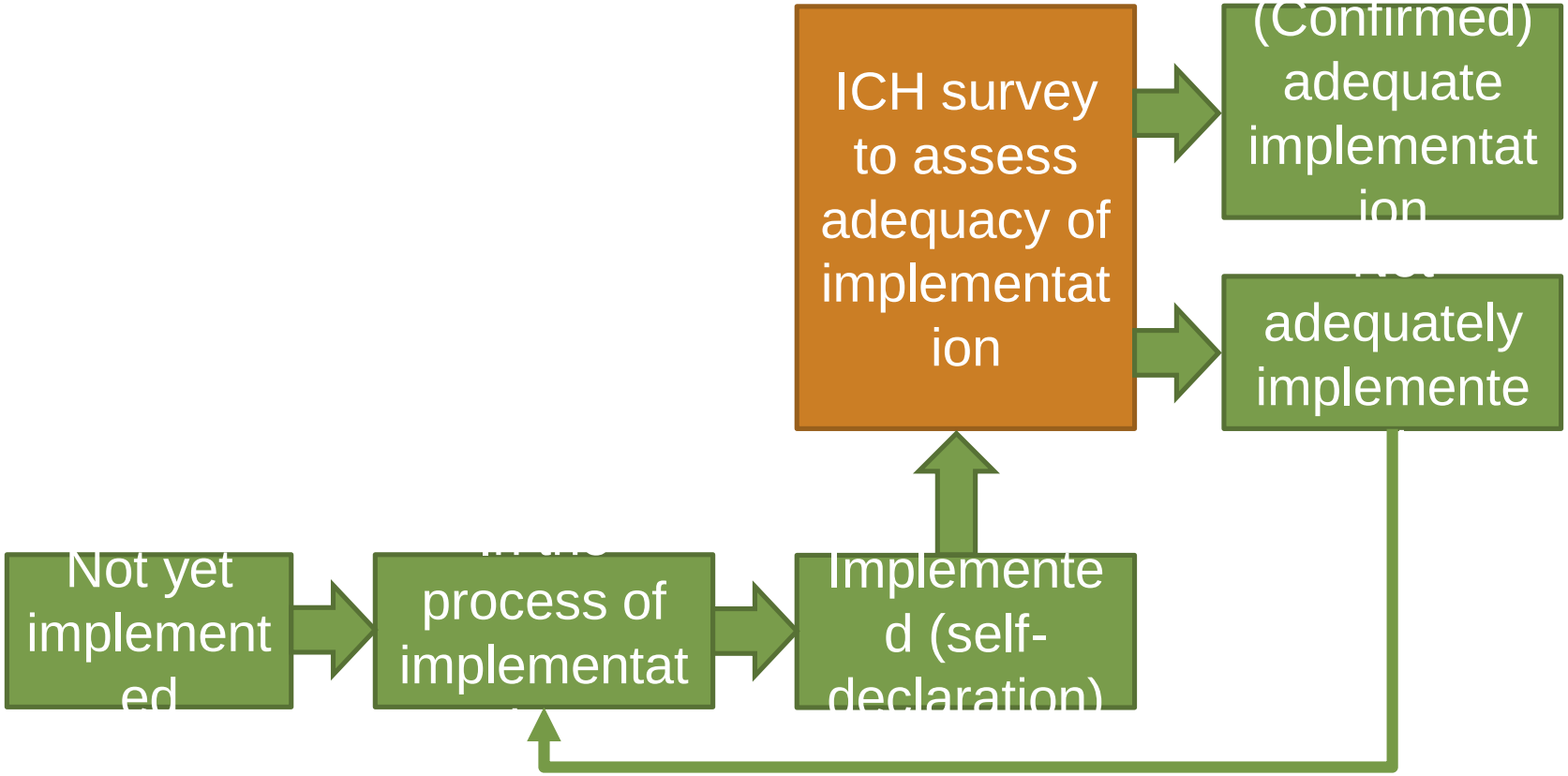
ICH Guideline Implementation

Implementation of ICH Guidelines

- ICH Implementation Subcommittee established in Nov. 2017
- Mandate: Build an implementation survey to provide transparency and identify training opportunities
- Long-term objective: establish a sustainable ICH-driven mechanism to assess implementation of the ICH Guidelines over time.

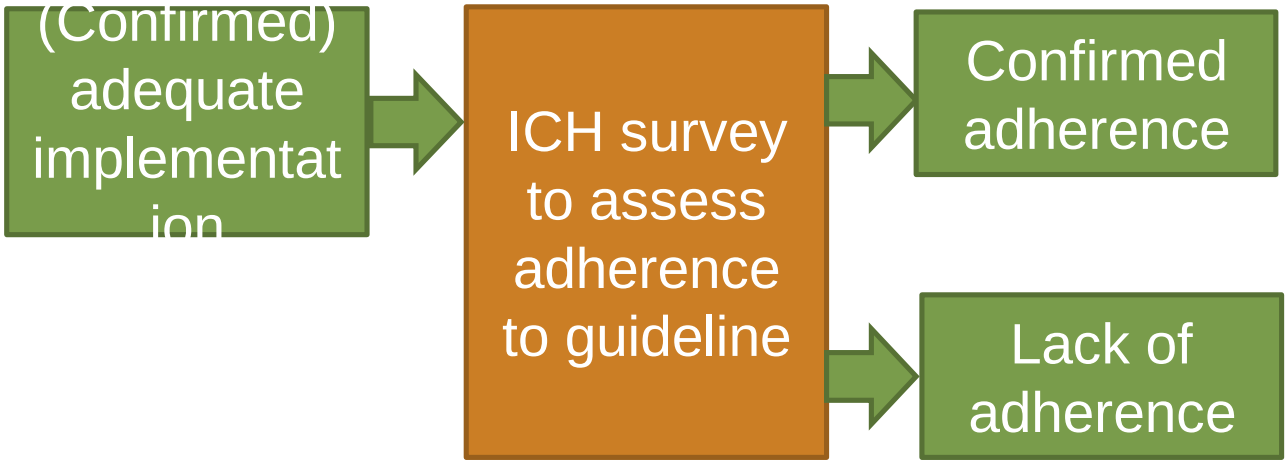
Implementation of ICH Guidelines

Definitions: (Initial) **Implementation** of ICH Guidelines



Implementation of ICH Guidelines

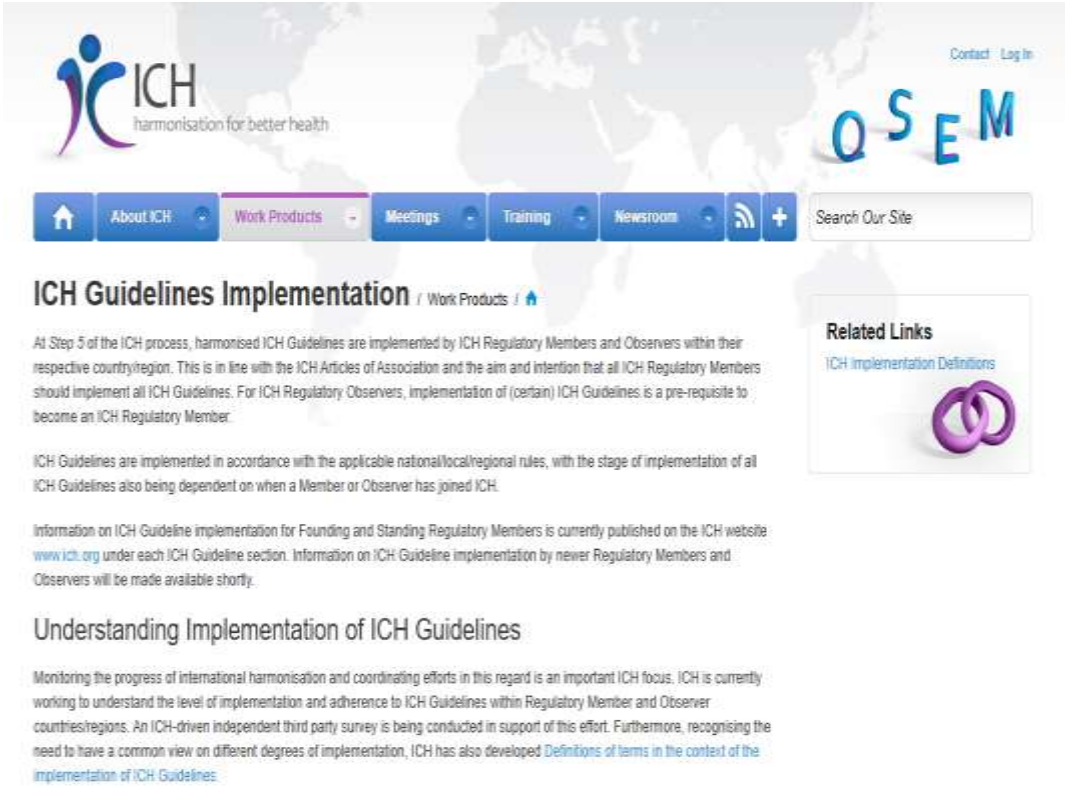
Definitions: **Adherence** to ICH Guidelines (in practice)



Implementation of ICH Guidelines

Definitions of terms around “implementation”

- https://www.ich.org/products/ich-guidelines-implementation.html



Implementation of ICH Guidelines

Survey on adequacy of implementation and adherence

- Survey with one questionnaire addressing both adequacy of implementation and adherence was conducted in 1st half of 2019.
- Results have been presented to the ICH Assembly in June 2019.
- A summary report will be made public before the end of 2019.
- The implementation subcommittee has completed its mandate and has been disbanded.

Implementation of ICH Guidelines

Who are the „New members“?

- “Old” regulatory members: EC/EMA (EU), US-FDA, PMDA/MHLW, Health Canada, Swissmedic
- “New(er)” regulatory members:
  - DRAs and DOHs involved in the Global Cooperation Group since 1999 (e.g. TFDA, Chinese Taipei; MFDS, Korea; HSA, Singapore; …)
  - Other RAs: NMPA, China; ANVISA, Brazil; …
- Regulatory Observers (are also required to implement certain ICH guidelines if they want

Implementation of ICH Guidelines

Challenges for new members and observers

- Not having participated in guideline development may result in higher risk of misinterpretation
- (Local) industry not yet familiar/adjusted to international guidelines
- In order to make ICH guidelines more binding on industry, they are incorporated in regulations – which makes initial implementation and adaptations in case of revisions more time-consuming/laborious
- Language/translation

Implementation of ICH Guidelines

Challenges for new members and observers

- High training needs
- Need to decide which guidelines are most relevant; cannot implement all guidelines at the same time. “Old” members have implemented over time (almost 30 years!).
- “Electronic guidelines”: additional challenges due to need for developing and implementing IT-systems (complexity, cost); question of “implementability”: is industry ready?

Summary & Conclusions

Summary & Conclusions

- ICH has substantially grown its geographic outreach following the recent reform.
- Participation of new members and observers in guideline development is increasing.
- By addressing issues relating to the implementation of ICH guidelines, training activities can be better targeted with a view to achieving a harmonised implementation amongst all ICH Regulatory Members (and Observers).
- In line with its mission, ICH continues to achieve international harmonisation through technical guidelines which now have broader outreach due to the increased member- and oberservership.

Thank you for your attention!
Questions?

List of abbreviations (in alphabetical order)

ANMAT	National Administration for Drugs, Food and Medical Devices
ANVISA	Brazilian Health Surveillance Agency
APEC	Asia-Pacific Economic Cooperation
APIC	Active Pharmaceutical Ingredients Committee
ASEAN	Association of Southeast Asian Nations
BIO	Biotechnology Innovation Organization
BMGF	Bill & Melinda Gates Foundation
CDSCO	Central Drugs Standard Control Organization, India
CECMED	Regulatory Authority for Medicines and Medical Devices, Cuba
CIOMS	Council for International Organizations of Medical Sciences
COFEPRIS	Federal Commission for the Protection against Sanitary Risk, Mexico
CPED	Center for Pharmaceuticals and Enforcement Divisions, Israel
EAC	East African Community
EC	European Commission
EDQM	European Directorate for the Quality of Medicines and Healthcare
EFPIA	European Federation of Pharmaceutical Industries and Associations
EMA	European Medicines Agency
FPP	Finished Pharmaceutical Product
GBT	Global Benchmarking Tool, WHO
GHC	Gulf Health Council
ICH	International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use
IFPMA	International Federation of Pharmaceutical Manufacturers & Associations
IGBA	International Generic and Biosimilar Medicines Association
INVIMA	National Institute of Food and Drug Monitoring, Columbia
JFDA	Jordan Food and Drug Administration
JPMA	Japan Pharmaceutical Manufacturers Association
MedDRA	Medical dictionary for adverse event reporting and coding of clinical trial data
MFDS	Ministry of Food and Drug Safety, Korea
MHLW	Ministry of Health, Labour and Welfare, Japan
MMDA	Medicines and Medical Devices Agency, Moldova
NMPA	National Medical Products Administration, China
NPRA	National Pharmaceutical Regulatory Agency, Malaysia
NRA	National Regulatory Authority
PANDRH	Pan-American Network for Regulatory Harmonisation

List of abbreviations (in alphabetical order)

PhRMA	Pharmaceutical Research and Manufacturers of America
PIC/S	Pharmaceutical Inspections Cooperation Scheme
PMDA	Pharmaceuticals and Medical Devices Agency, Japan
RHI	Regional Harmonisation Initiative
Roszdravnadzor	Federal Service on Surveillance in Healthcare, Russia
SADC	Southern African Development Community
SAHPRA	South African Health Products Regulatory Authority
SCDMTE	Scientific Center of Drug and Medical Technologies Expertise, Armenia
SFDA	Saud Food and Drug Authority, Saudi Arabia
TFDA	Taiwan Food and Drug Administration
TGA	Therapeutic Goods Administration, Australia
TİTCK	Turkish Medicines and Medical Devices Agency
US-FDA	United States Food and Drug Administration
USP	United States Pharmacopeia
WG	Working Group
WHO	World Health Organisation