

Initiatives to promote global regulatory convergence.... ...how to build trust...

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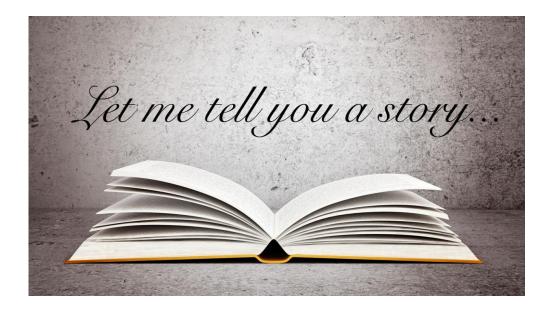
Trust

Webster: Reliance on the <u>character</u>, <u>ability</u>, <u>strength</u>, or <u>truth</u> of someone or something

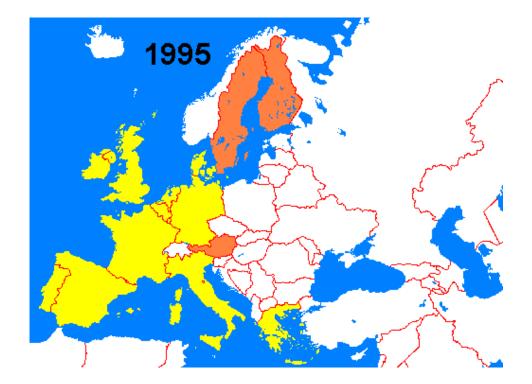
Collins:If you trust someone, you believe that they are honestandsinceresincereand will not deliberately do anything to harm you.

My starting points:

- Regulators cannot and should not work in isolation
 - Working together is the way to obtain maximum public health impact at a national level
- Trust and leadership are the key to the success of any reliance models....
- Several ways to collaborate:
 - ADR reporting
 - Regulatory and scientific standards; eg ICH
 - Inspections
 - Reliance/recognition of assessments
- The EU model is a specific example of reliance and recognition

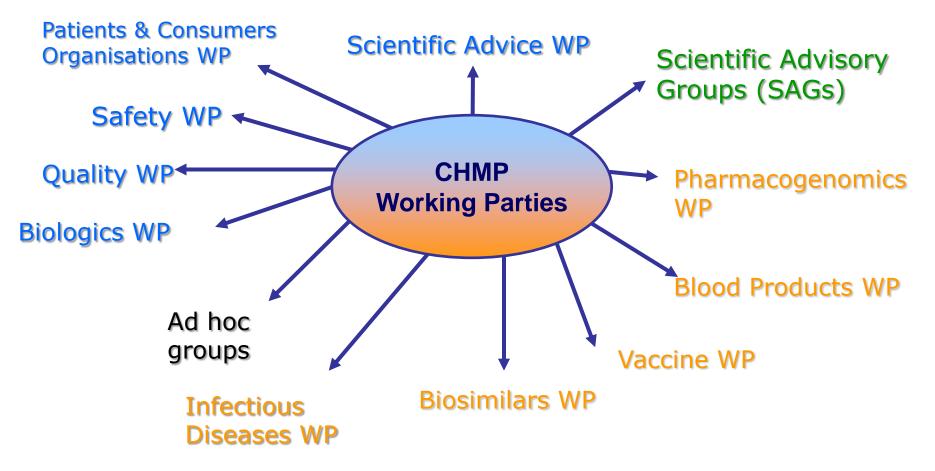


Once upon a time, in a specific area of the world ...





CHMP Working Parties and Expert Groups



Overview of the EMA activities and collaboration with FDA - SH January 2013

All involved have responsibility for building trust

- The regulatory agency delivering the assessment report
- The applicant
- The regulatory agency relying on the AR

So how can involved stakeholder build trust



The Agency initially reviewing the application:

- Legislation and procedures. Public health role and responsibilities.
- General scientific standards
 - ➤ (ICH) guidelines
 - > CHMP Working Parties
 - Earlier decision
 - Scientific Advice
- ✤ Assessment teams and quality assurance. EU: two assessment teams.
- Decision making process.

The Agency initially reviewing (continue):

✤ B/R structure, policies e.g. wording of the indication

Transparency:

- Comprehensive assessment report
- Subjective judgments
- > Webinar? Possibilities to ask questions for clarification
- Possibilities to follow an individual application

How can a non-EU regulator gain trust in the EU system (examples....)

- Followed an review cycle, including the Scientific Advisory Group meeting
- > Followed the CHMP meetings including the Oral Explanation
- ≻ etc

Applicant

- Support the collaboration between regulators by using the system and support adequate funding
- Allow a "prospective" approach (eg follow initial review of a selected application)
- The entire final assessment report plus earlier versions made available; including Scientific Advice, Paediatric development plans, orphan status, Conditional Marketing Authorisation justifications etc
- Updates made to the application

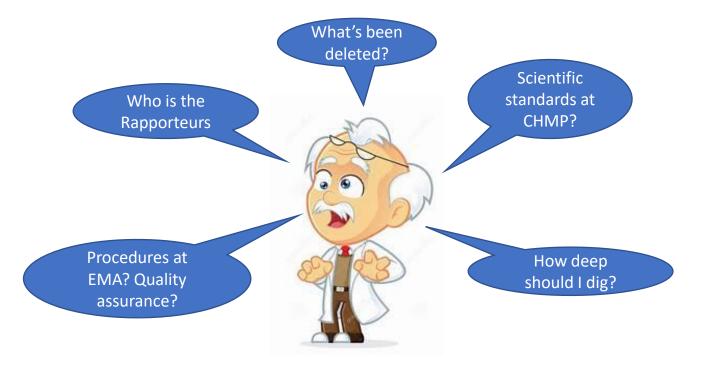
Receiving agency

✤ Invest in the reliance model – expect internal resistance. Leadership!

Training, including why we rely on the work of other agencies?

- Scientific support to the assessors
- Frequent use of the reliance model
- Maintenance of trust

The reasons why he is uncertain how to conduct the review may include....



GLOBAL COLLABORATION

- Global collaboration global public health perspective.
- EU is a good example of how national agencies by working together better can serve the public health.
- But it requires the guts to give up some independence.....
- Support from WHO Good regulatory reliance models (and Bill & Melinda Gates Foundation etc)
- "Bilateral" collaborations eg HSA Swiss Medic Health Canada TGA
- Regional Harmonization initiatives; eg the Eurasian Union...

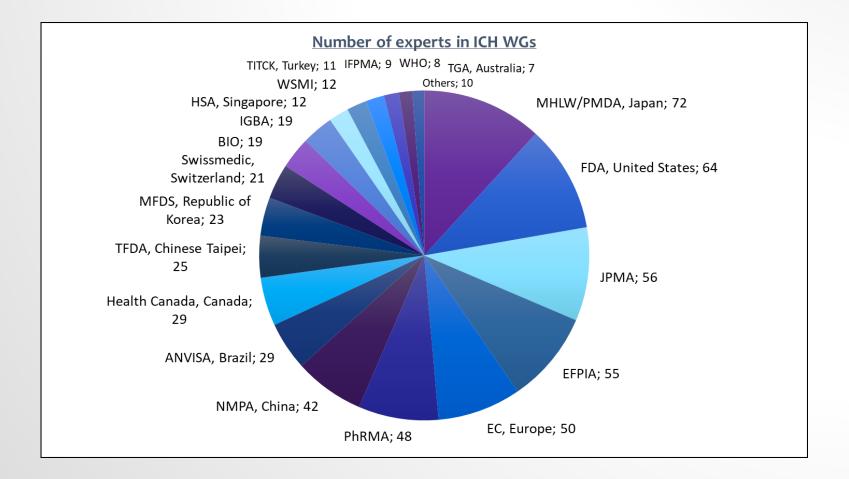


Overview of ICH

ICH SUCCESSES INCLUDE:

- CTD / eCTD
- GCP
- MedDRA
- Over 60 Guidelines on technical requirements on:
 - Safety-14 Guidelines
 - Quality-23 Guidelines
 - Efficacy-21 Guidelines
 - Multidisciplinary-6 Guidelines
- But it is not a reliance model...

COMPOSITION OF ICH WGS -646 EXPERTS IN 26 WGS



In conclusion.....

Trust is essential for a reliance model to work

Recognise the challenges

- Complex scientific assessments
- Subjective conclusions
- Expect resistance

All stakeholders have responsibilities in creating trust

When trust is established it must be maintained

✤ A common legislation is very helpful....

Questions?

<u>.</u>