

Global Health Supplies: Paradigm Shifts in Market Authorization, Procurement and Supply Chains Approaches



Joint UNICEF, UNFPA and WHO meeting with manufacturers and suppliers of
in vitro diagnostic products, vaccines & immunization devices, finished pharmaceutical products, active pharmaceutical
ingredients, contraceptive devices and vector control products
28 November - 01 December 2022, UN City, Copenhagen, Denmark



WHO Listed Authorities (WLA) and promoting reliance

Alireza Khadem Broojerdi

Team Lead, a.i.
Regulatory System Strengthening [RSS]
Regulation and Safety [REG]
Regulation and Prequalification [RPQ]
World Health Organization

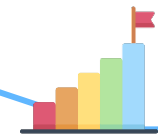
- **Resolution WHA 67.20 in 2014**

- ✓ Recognized the importance of strong regulatory systems to a well-functioning healthcare system and the attainment of health-related SDGs and UHC



Objectives of the RSS programme

- *Build capacity in Member States consistent with good regulatory practices*
- *Promote regulatory cooperation, convergence and transparency **through networking, work-sharing and reliance***



Ultimate goal

- *Promote access to quality assured medical products*



Objectives of WLA initiative

01

To provide a transparent and evidence-based pathway for RAs to be globally recognized

To promote access and the supply of safe, effective and quality medical products

02

03

To optimize use of limited resources by facilitating reliance

Policy document:

The Policy describes the purpose, definitions and high-level operating principles related to the evaluation and public listing of authorities



Link: <https://www.who.int/publications/i/item/9789240023444>

WHO Listed Authorities framework



MARCH 2022

latest publications

PEF Manual



MARCH 2022

WLA Operational Guidance



JULY 2021

WLA Policy

MAY 2019

WLA Concept note



WLA initiative launched on 31st March 2022

A Framework for evaluating and publicly designating regulatory authorities as WHO Listed Authorities (WLA)

The introduction of a framework for designating and publicly listing a regulatory authority as a WHO Listed Authority (WLA) responds to Member States requests to develop a transparent and evidence-based pathway for regulatory authorities operating at an advanced level of performance to be globally recognized, thereby replacing the procurement-oriented concept of stringent regulatory authorities.

Implementation of the WLA framework is intended to promote access and supply of safe, effective and quality medical products. The framework also provides for the optimal use of limited resources by facilitating reliance on the work products and decisions of trusted agencies in the decision-making of regulatory authorities, the WHO Prequalification Programme and procurement agencies.

The WLA initiative is also expected to foster regulatory convergence, harmonization of approaches and international cooperation, thus contributing to the improvement in good regulatory practices.

- List of NRAs operating at maturity level 3 (ML3) and maturity level 4 (ML4) >
- List of transitional WHO Listed Authorities (tWLAs) >
- List of WHO Listed Authorities (WLAs) >

INTERIM OPERATIONAL GUIDANCE
Version 1.0

**EVALUATING
AND PUBLICLY DESIGNATING REGULATORY
AUTHORITIES AS WHO LISTED AUTHORITIES**

Published on 31 March 2022

This document provides interim procedural guidance and general considerations related to the evaluation and listing of a regulatory authority as a WHO Listed Authority (WLA). WHO foresees further amendment of this guidance based on experience gained from the initial piloting of the WLA Framework in 2022.

World Health Organization

Evaluating and publicly designating a NRA/RRS as WHO Listed Authority

Interim manual for the performance evaluation of regulatory authorities seeking the designation as WHO listed authorities

link: [Interim Operational guidance for WLA](#)

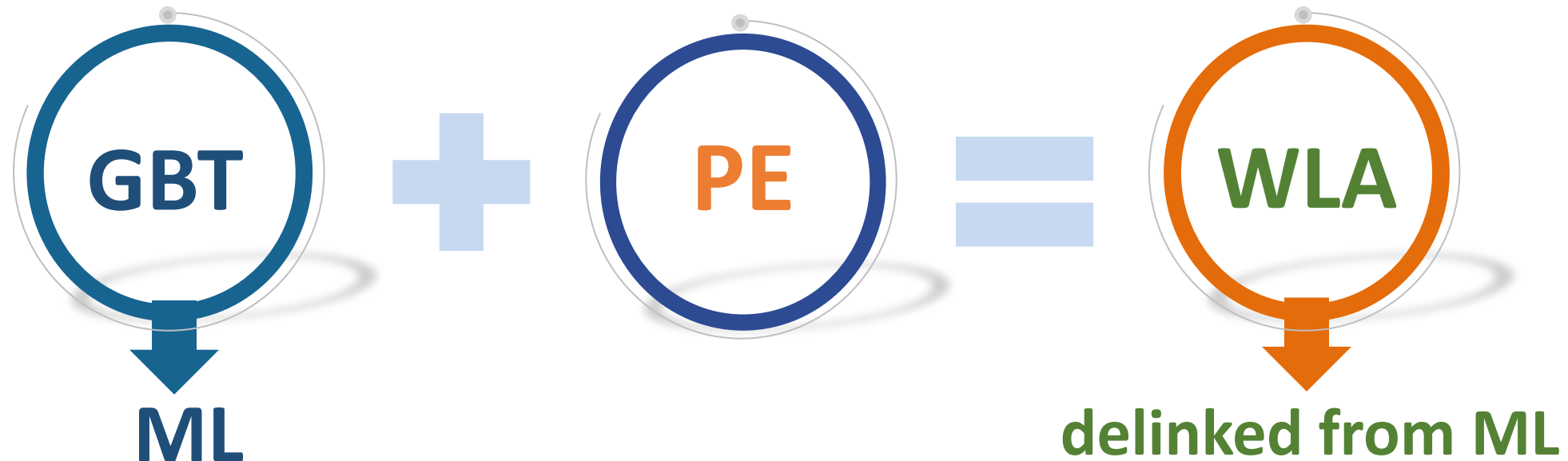
link: [Interim Manual for performance evaluation of WLA](#)

A combined approach to achieve listing

WLA builds upon GBT

A WHO Listed Authority (WLA) is a regulatory authority or a regional regulatory system which has been documented to comply with all the relevant indicators and requirements specified by WHO for the requested scope of listing based on

an **established benchmarking (GBT) AND** a **performance evaluation (PE) process**



WLA operating principles

ELIGIBILITY

01

Voluntary process initiated by a request from a member state



02

National Regulatory Authority (NRA) or Regional Regulatory System (RRS) are eligible



03

Regulatory Authorities must have attained overall Maturity Level 3 to be eligible for the PE process

3

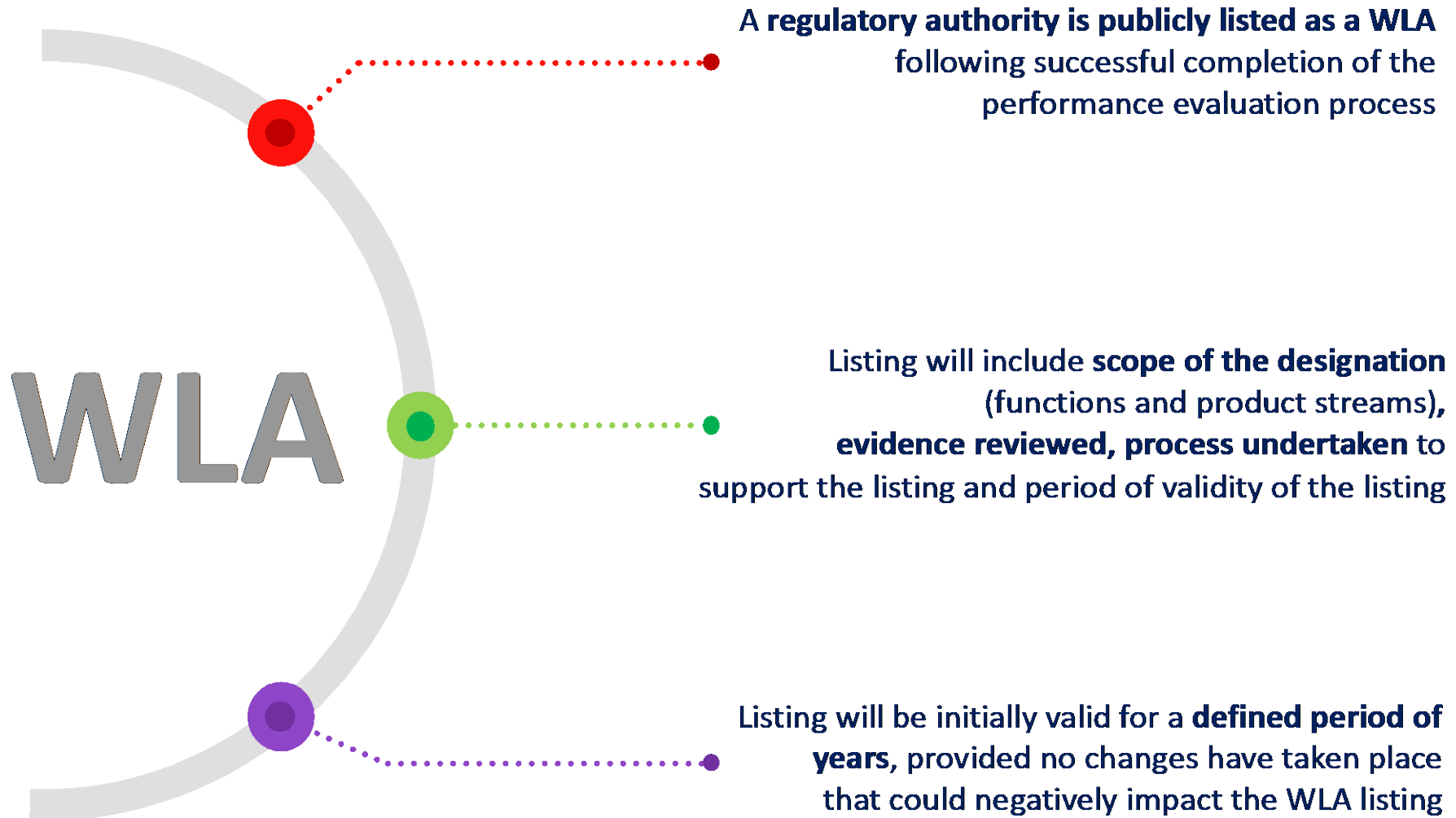
04

Transitional WLAs are all eligible for the PE process

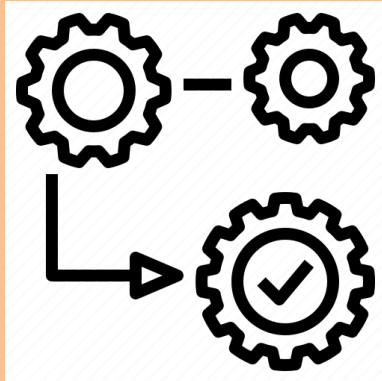


Operating principles

LISTING

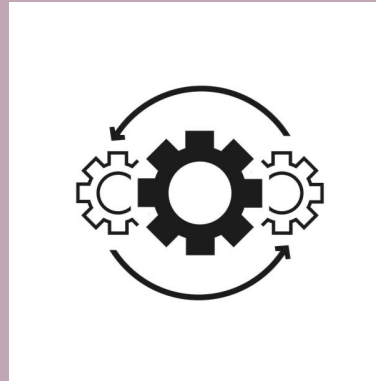


Piloting the three pathways to WLA with three RAs



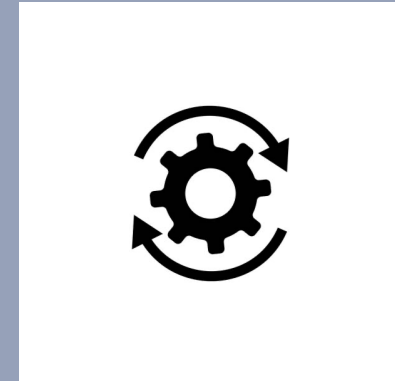
Standard

- GBT assessment conducted and ML4 attained
- PE indicators and tools under evaluation



Streamlined

- GBT and PE indicators evaluated
- PE tools ongoing



Abridged

- Abridged tool under evaluation before piloting can be conducted

Comments from assessors and assessees, currently under collection, will inform the revision of

Interim OpG and Interim Manual for PE, **by Q1 2023**

Risk-based performance evaluation pathways

Evaluation pathway		Eligibility	Evaluation methodology
Transitional arrangements (tWLAs)	Abridged	SRAs for medicines and highly performing NRAs for vaccines	<ol style="list-style-type: none"> 1. RA self-assessment against pre-selected GBT and PE indicators that primarily target GRP and QMS 2. WHO desktop review of self-assessment report
	Streamlined	ML3 and ML4 RAs (medicines and/or vaccines)	<ol style="list-style-type: none"> 1. RA self-assessment against pre-populated GBT, if needed, as well as PE indicators* 2. WHO desktop review of self-assessment report 3. WHO assessment against PEF**
		Regional reference RAs of the Americas (medicines and/or vaccines) Functional RAs (vaccines)	<ol style="list-style-type: none"> 1. RA self-assessment against pre-populated GBT as well as PE indicators 2. WHO desktop review of self-assessment; may involve an audit against selected GBT indicators to verify findings. 3. WHO assessment against PEF
Routine arrangements (All other authorities)	Standard	Overall ML3 or ML4 RAs (medicines and/or vaccines) through GBT benchmarking	<ol style="list-style-type: none"> 1. RA self-assessment against PEF indicators (GBT ML4 + PE) 2. WHO desktop review of self-assessment report 3. WHO assessment against PEF

* The need for self-assessment against pre-populated GBT is dependent on outcome and validity of the earlier benchmarking.

** PEF consists of an audit of mandatory ML4 + PE indicators + evaluation of selected regulatory functions using PE tools

WLA process steps and estimated timelines

Calendar days		Responsibilities	
		WHO	RA
1. Evaluation of Expression of Interest	30	✓	N/A
2. Agreement on scope of listing and evaluation plan	60	✓	✓
3. Performance evaluation and report	60 – 180*	✓	✓
4. Technical WLA Advisory Group (TAG-WLA) opinion	60	✓	N/A
5. Notice of Listing Decision (NOLD) and publication on WHO website	60	✓	N/A

*Depending on the performance evaluation pathway, scope of listing and available evidence.

Potential Benefits of WLA framework

Enable efficient use of regulatory resources

by providing a robust framework to promote **trust, confidence and reliance**

Encourage continuous improvement of regulatory systems and regulatory convergence

Help procurement decisions

on medical products by UN and other agencies, as well as countries (especially LMIC)

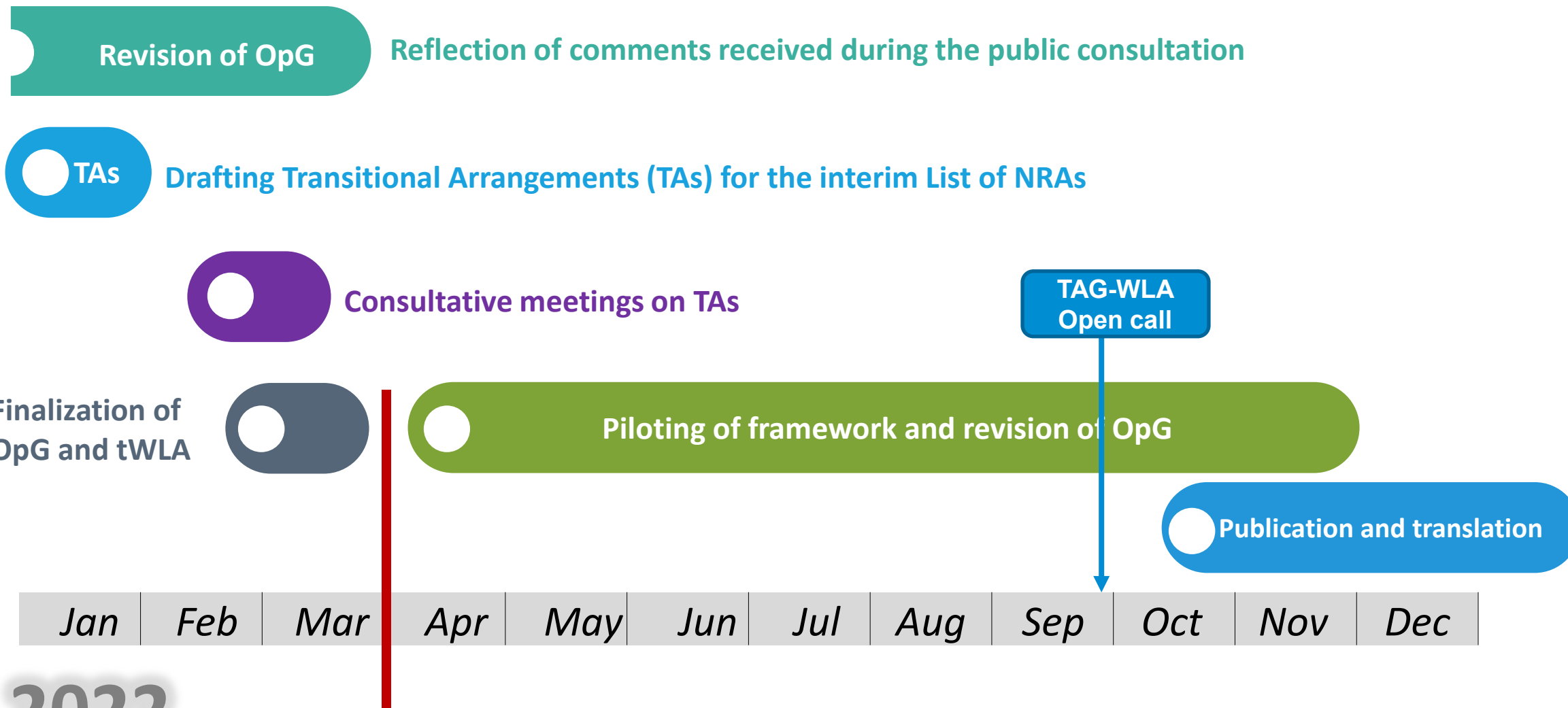
Contributes to PQ programme

by expanding the pool of trusted regulatory authorities

Fosters health equity

by enabling an environment for innovation and local production, and accelerating access to medical products

Ongoing works and next steps





THANK YOU

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