



MEDICINES REGULATORY AUTHORITY

The Medicines Regulatory Authority (MRA) is an autonomous body which was established by the Medicines and Related Substances Act (2013) to regulate

- Human and Veterinary Medicines
- Medical Devices
- Cosmetics

through the regulation and control of their production, importation, distribution and use.



WHAT WILL CHANGE?

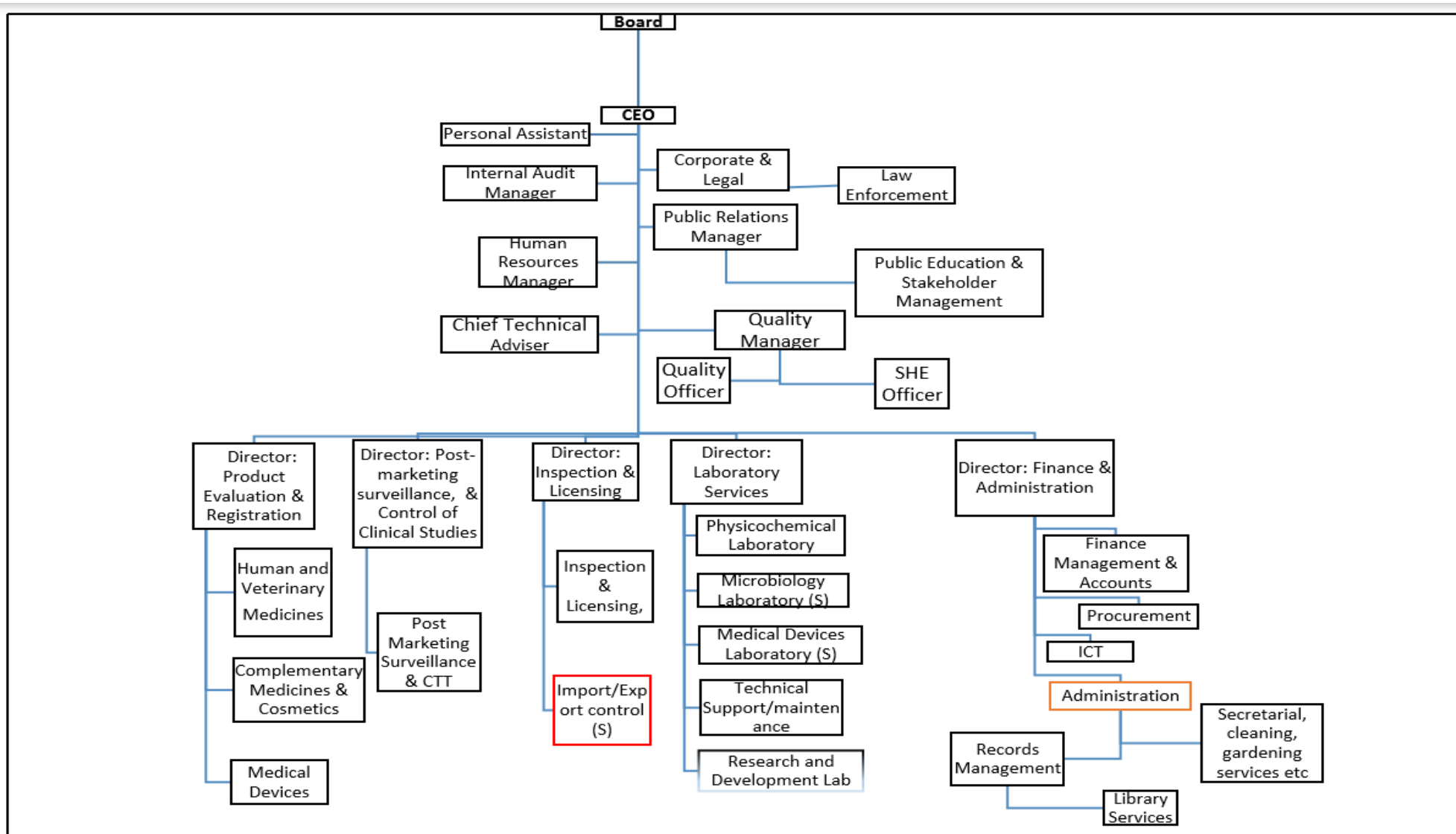
We have the ingredients

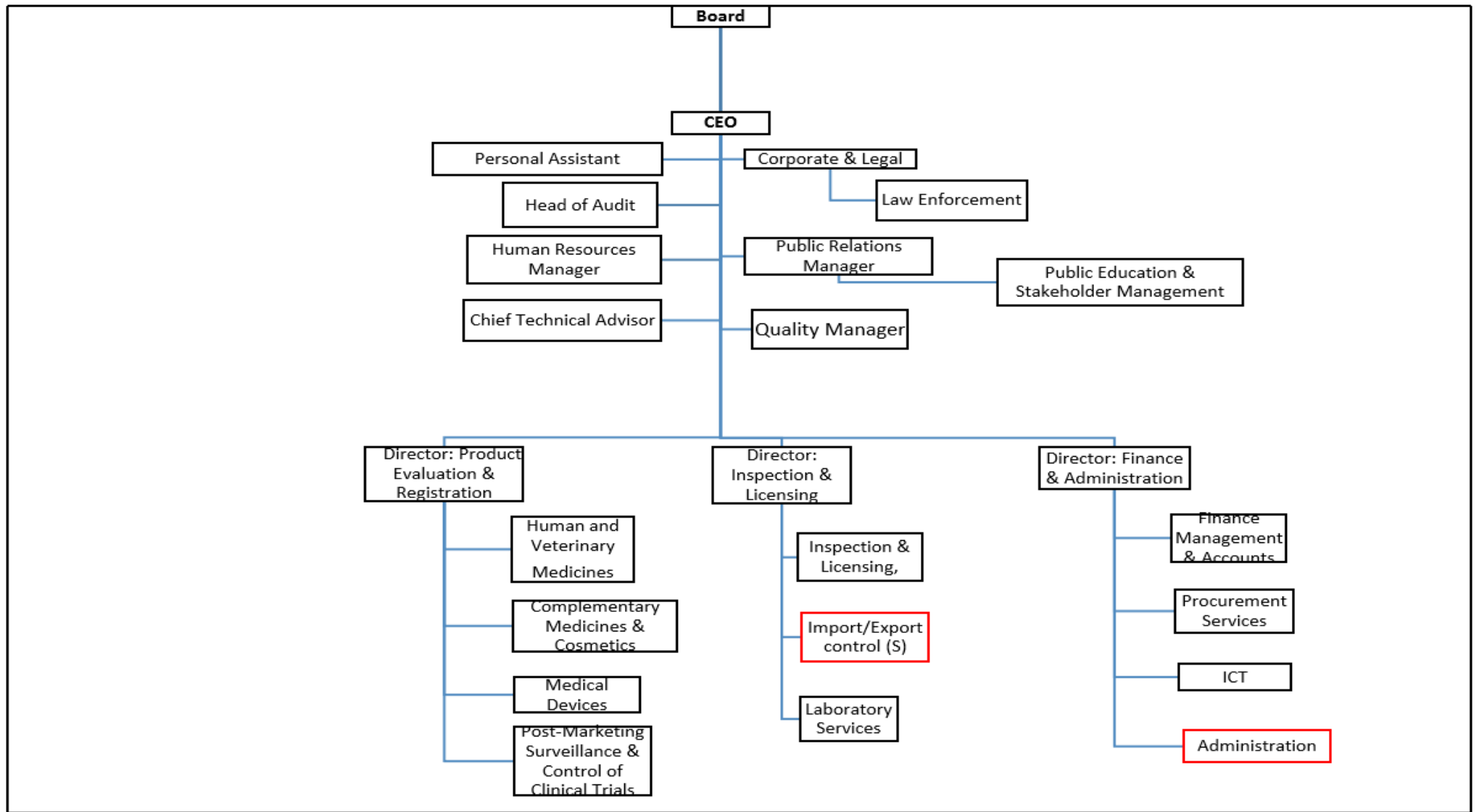
- Presence of the Act – implementation is Key
- Medicines control administration
 - organization and function
- Control and promote availability and marketing
 - registration, essential meds, PV, fees, special products etc
- Control of Supply
 - import/export
- Powers of Enforcement
 - appeals
 - legal procedures



THE AUTHORITY'S LOFTY GOALS

- Effective and facilitative regulation
- Improved capacity to improve community and consumer health and safety
- Household education and awareness
- Stakeholder coordination towards common goal
- Improved environment for pharmaceutical/medical industry growth (2 manu; 24 wholesalers; more than 110 pharmacies)
- Improve contribution to market access for meat exports







LEADERSHIP PRIORITIES

- **Strategy**
 - Planning process to target data and information collection, and also direct and indirect community and industry stakeholders engagement
 - Aiming for sector-wide strategic inclusion.
 - Rollout to be integral to the MRA launch approximated before end of October 2018
- **Competitive Expertise**
 - Development of skills matrix: technical, managerial and leadership expertise
 - Leverage on collaborative partnerships
 - Targeted training at reputable organizations and authorities
 - Specialized knowledge and skills to increase laboratory capacity
 - Pharmacovigilance as a new and interesting area for capacity development
 - Medical devices regulation and veterinary products registration-technical capacity needs



ISSUES FOR BOMRA

- Dossier backlog
- Border controls and Import/Export Controls
- Alignment with other bodies such as Botswana Unified Revenue Service (BURS), Public Procurement and Asset Disposal Board (PPADB)
- Falsified medicines
- Counterfeit medicines (and other goods in general)
- Substance abuse
- Partnerships with other law enforcement agencies
- Local and cross-border partnerships for data & information sharing, including of PV importance
- Public education
- Introduction of Fees and Levies



Questions from Industry

- The questions are grouped according to subject matter and we have the following categories:
 - Suspension of receipt of applications
 - Dossier submission
 - Variations
 - Regulation of medical devices and complementary medicines
 - Labeling and promotions
 - Changes to guidelines and fees
 - Status of market authorisation, B listed products and exemptions
 - Harmonisation
 - General



Questions from Industry

- Suspension of receipt of applications
 - The transition from DRU to MRA is almost complete
 - Registration process was on-going during the suspension, addressing the backlog of applications
 - Changes will be communicated, the format is yet to be determined
 - The timelines will be re-visited and determined together with fees
 - It is expected that submission of applications will be resumed in the next few months

- Dossier submission
 - All along there was no delay in screening. The delay occurred beginning of 2017 leading to suspension of new applications. We do not anticipate delay of more than 2 months in future. CPP should be valid at the time of receiving an application.
 - Executed batch records are critical documents required as part of an application.
 - Application Form asks for Site Master File **Number** which might be useful for inspectors but submission of SMF is not necessary for assessment.
 - QOS is critical for generation of an assessment report. But section 3.2.R.2 Analytical Procedures & Validation Information Summaries is not critical for a full assessment. It is useful for abbreviated assessment.
 - At the time of suspension of applications we were receiving applications on CD-ROM only except for the application form. BoMRA is planning to have e-CTD but not yet

- Variations
 - There are different types of variations according to our guideline.
 - Major and minor variations need approval before implementation
 - Notifications may be implemented without prior approval

 - The review of variations is on-going

- Medical devices, complementary medicines & cosmetics
 - The Act provides for the regulation of all these in addition to medicines for humans and animals
 - Complementary medicines include herbal, homeopathic products, supplements and some vitamins in low doses
 - There are guidelines for registration of complementary medicines. There is a database of all complementary medicines allowed in Botswana. Guidelines for the other products are still to be developed. These will be communicated.

- Changes to guidelines and fees
 - Registration guidelines are not expected to change much, there may be updates from time to time
 - New guidelines will be developed for
 - Cosmetics
 - Medical devices
 - Veterinary medicines and medical products
 - Fees structure is under development and will cover a wide range of services provided. These will be published once approved and effective dates will be communicated
- Labeling and promotions
 - Multi market labels have been approved in the past provided they have English as one of the languages and covers all the areas specified in the law, regulations and guidelines.
 - ATC classification is not a deal breaker
 - Harmonisation of labeling is been discussed at SADC. It is expected that the working group will finalize the guidance document in the near future
 - All promotional and advertising materials must be approved by the MRA. Advertising to the public applies only to GSL medicines only, others may only be advertised to professional

- Status of market authorisation, B listed products and exemptions
 - The law states that MA is valid for five years.
 - DRU was not processing renewals; MA remained valid
 - Renewals will be required in future and a plan of action will be implemented to avoid being overwhelmed---this will be communicated in due course.
 - B listed products are those that were on the market before regulation, BOT products are those that have undergone registration process. They are both allowed to be marketed in the country
 - Since there was no application for the products, variations to these were not accepted, instead an application was required to be submitted with the variation. A different guideline was developed for these with fewer requirements
 - Exemptions are allowed for products required by patients in Botswana and are initiated by practitioners in BW



Questions from Industry

- Harmonisation
 - Botswana is part of the broader SADC harmonization agenda
 - At present the working initiative is the work sharing zazibona initiative. This includes joint inspections for application submitted through the initiative. There are no mutual agreements
 - SADC has a harmonization program that is part of the African Union agenda that is being planned, awaiting funding. This is aimed at building regulatory capacity within the region.

- Post market activities
 - Pharmacovigilance communication can be done via email.
 - Reports including PBRER may be submitted by email, however they may be too large in some instances and fail to be submitted.
 - BoMRA is setting up IT systems that will facilitate improved communications, including electronic submissions.



Questions from Industry

- General
 - Registration certificates will be issued in the near future.
 - Currently the list of registered products is not on the website, it can be obtained at a cost of P50.00
 - Direct face to face meeting have always been possible, one needs to make an appointment indicating the agenda for discussion

 - A question of discrepancies in approval letters was noted.

 - Sampling and bonusing are not provided for in our law so there is no guidance about those
 - Donations are provided for and there is guidance on donating.
 - There should be need for the product and unavailability of the product
 - For public sector the donation goes through Central Medical Stores
 - For private entities the importation is pre-authorized by MRA



- General

- Biosimilar evaluations have not yet been conducted as there was no capacity at DRU but going forward the WHO guideline would be used by BOMRA.
- Zazibona would be an excellent route to submit a biosimilar.
- Previously no registrations for veterinary medicines but going forward BOMRA will have to implement a way forward for a smooth transition in order not to hamper access. Guidelines will be similar to human meds in terms of quality
- Clinical Trials- Must be approved by Health research and development committee (HRDC) for science & ethics and MRA regulatory for product. HRDC gives authorisation.
- Amendments approved by HRDC, except if it is about the product
- ADR'S must be reported.
- Safety updates for newer products must be submitted