



## MEDICINES REGULATORY AUTHORITY

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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?

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We have the ingredients

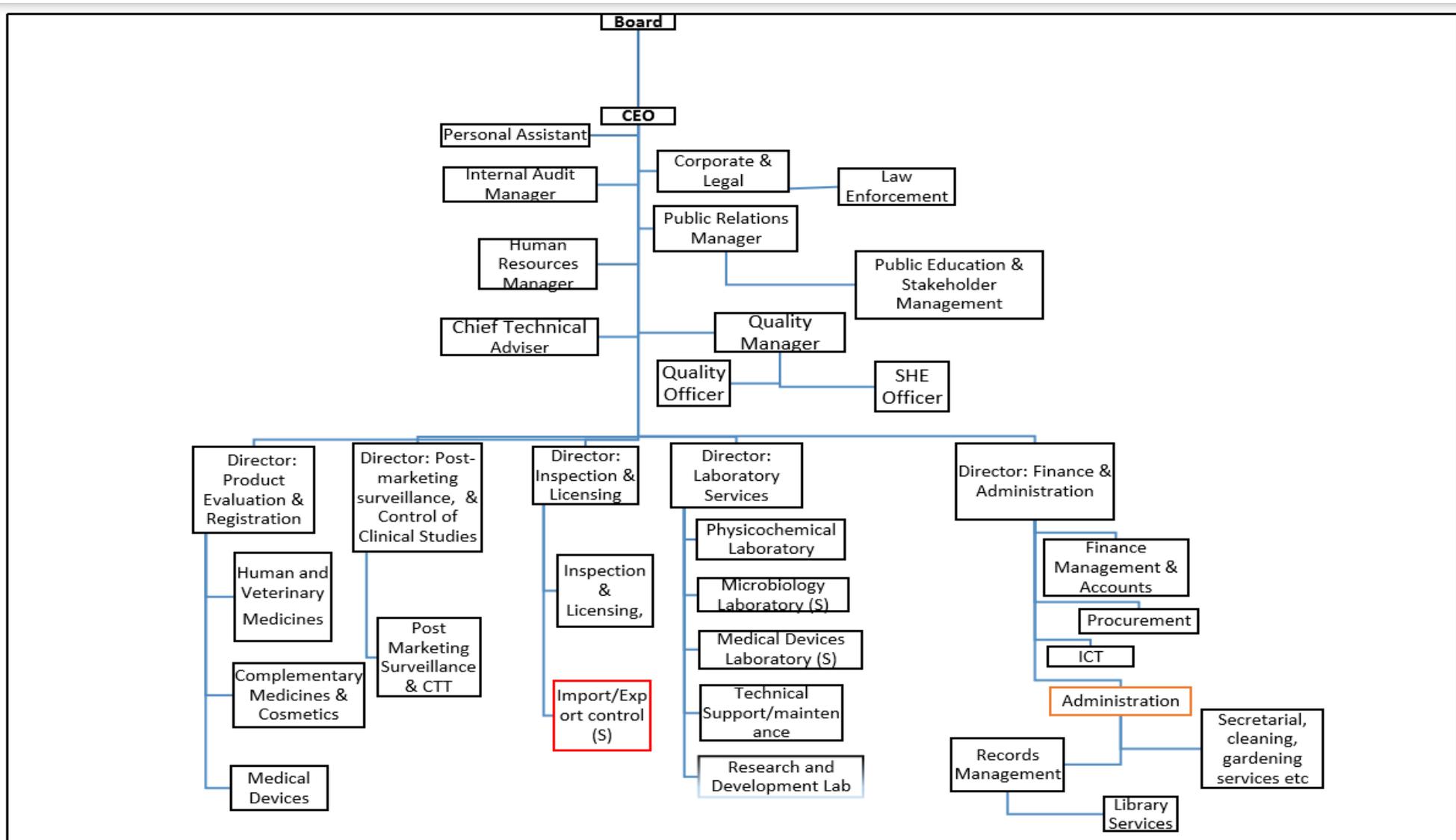
- Presence of the Act – implementation is Key
- Medicines control administration
  - organization and function
- Control and promote availability and marketing
  - registration, essential meds, PV, fees, special products etc
- Control of Supply
  - import/export
- Powers of Enforcement
  - appeals
 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

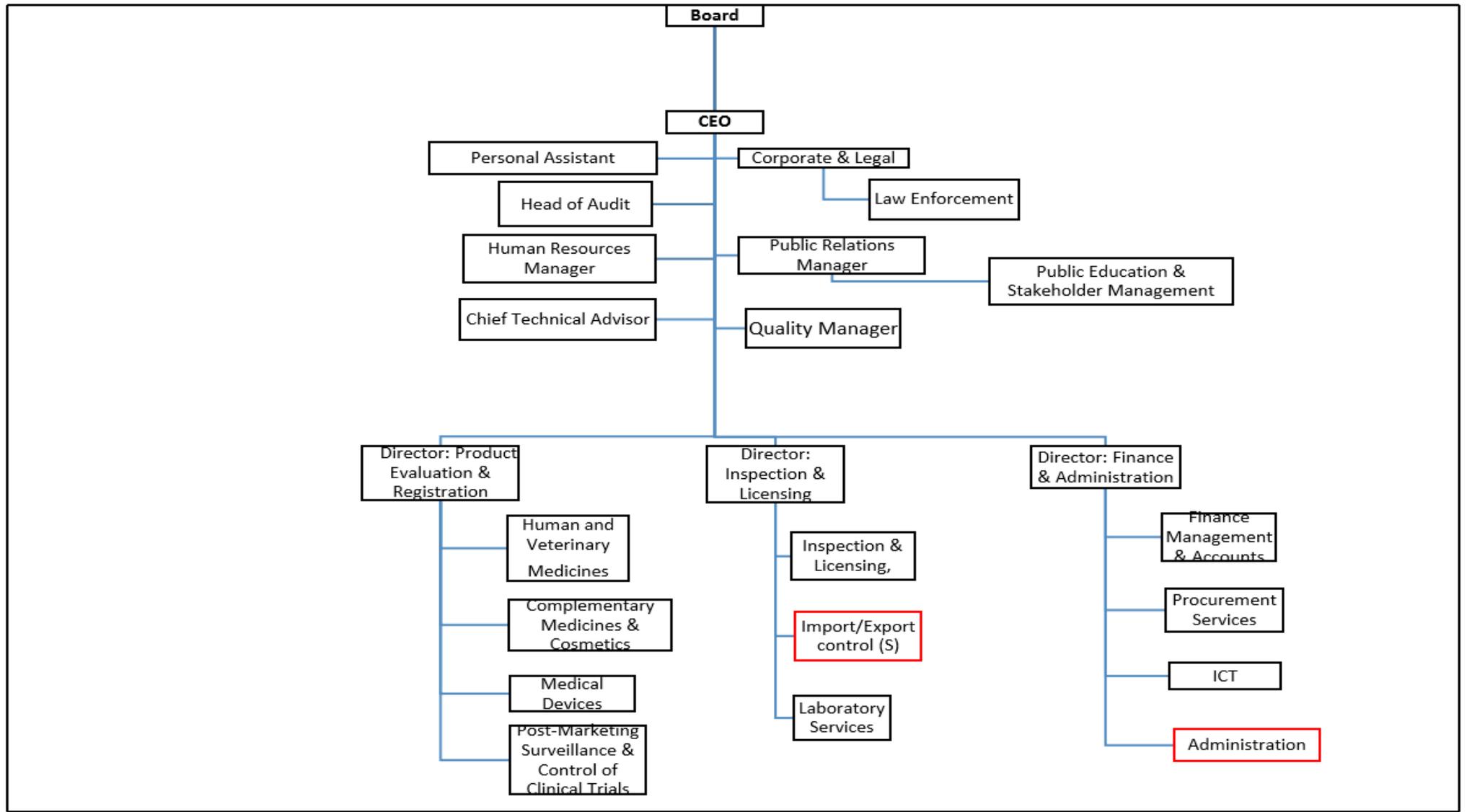


## THE AUTHORITY'S LOFTY GOALS

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- 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

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- **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

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- 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

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- 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

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- 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

- 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

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- 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