Joint EPN & PQM+ webinar: ***Rethinking assumptions about medicines costs and perceived quality: How managerial and regulatory systems help assure quality of generic medicines***

Responses to webinar questions

	QUESTIONS	RESPONSES
1	What makes branded medicines so expensive more than generic medicines? Is there any therapeutic benefit in branded medicines over generic medicines?	I guess you mean innovator/original medicines (because generics can be branded). Innovators spend a lot on research and development (R&D) and market entry. They pass these costs to patients. Generic manufacturers spend much less on development, use a shorter registration pathway, spend less on market introduction and marketing costs among other reasons. Generics and innovator medicines are pharmaceutically and therapeutically equivalent and hence can be used interchangeably. An innovator product has no bigger therapeutic benefit that a quality assured generic medicine.
2	The cost of medicines accounts for a significant proportion of the total cost of care. How can we ensure access to quality healthcare (including quality medicine) at the same time ensuring affordability and minimizing financial catastrophe? What would be the significance of price control for the pharma products? Should governments promote manufacturing, supply and prescribing of generics over innovator brands to ensure achievement of UHC while maintaining quality standards?	Healthcare provider and distributor plays a key role in ensuring the quality of medicines by implementing vendor qualification for supplier's quality assurance and working with regulators during approval and shipment of each batch of consignments. There is no doubt that generic medicines are more affordable and accessible to the patients as compared to innovators or products. Several countries imposed a law to control the price of health commodities that in turn depends on the nation's economic or market policy. While price regulation has worked well in some countries for certain product category, price control on pharmaceutical product in general plays little role for increasing access or improving quality due to globalization of pharmaceutical products. Government should encourage prescribers to refer to medicines that are authorized or in the list of approved medicines that are imported and/or distributed as per the applicable regulatory requirements. Reference to a particular generics or innovator should be discouraged to avoid bias towards branding of a particular products. The important point to note is that quality should not be compromised regardless of the price of the medicines; and all parties involved either in the approval, procurement, and manufacturing of the product must exercise their role and responsibility to ensure the quality of medicines throughout the supply chain life cycle.

3	How do National procurement agencies in African countries obtain information about which medicines have been QA'd by an SRA or through e.g. AMRH? Do procurement agencies tend to seek out/use regulatory QA information to support procurement decisions?	First of all, it is recommended that all procurement agencies need to establish technical requirements for the approval of each vendors from where they intend to source products. In this requirement information on approved list of products by major organization such as SRA or WHO can be referenced. Examples of such information sources are provided below; WHO prequalified finished pharmaceutical product: https://extranet.who.int/pqweb/medicines/prequalified-lists/finished-pharmaceutical-products WHO Prequalified vaccines: https://extranet.who.int/pqweb/vaccines/prequalified-vaccines US FDA Orange Book: https://www.accessdata.fda.gov/scripts/cder/ob/index.cfm MHRA: https://products.mhra.gov.uk/substance-index/?letter=I Another useful approach for procurement decision process is the utilization of Certificate of Pharmaceutical Product (CPP) and batch certificate for products moving in international commerce. The CPP scheme is a mechanism to ensure the quality of the product between the importing and exporting country and a means to authenticate the conformance of the product to same requirements through using standardized format. The scheme can be used to facilitate product quality assessment during supplier qualification or bidding process to understand the status of marketing authorization and GMP operation in the country of origin or exporting countries. The batch certificate is issued to an individual batch; and it is a vital instrument in drug procurement which is one of the mandatory elements in tender and procurement supporting documents. The batch certificate is intended to accompany and provide an attestation concerning the quality and expiry date of a specific batch or consignment of a product. It is suggested for procurement agency to have a training on CPP; further information is available in WHO Proposed guidelines for implementation of the WHO Certification Scheme on the Quality of pharmaceutical products moving in international Commerce, Annex 3, WHO TRS 823, 1992. In addition to referring to available regulatory information, procurement agencies should contact national or regional regulatory agencies to seek further regulatory information and guidance on quality assurance for their procurement decisions. This can be done as part of pre-shipment screening and seeking approval of purchase order prior to shipment of the product from supplier. Earlier contact and discussion with regulatory agency prior to shipment facilitates communications that reduces shipment delay and risks denial during customs clearance.

4	What advice do you give for us in Nigeria because assessing quality of generic medicine is expensive, too many generic and we don't have any official documents like other countries with a list of generic to rely on?	Please refer to the response for question #3 above'. Strengthening the regulatory capacity of all NMRAs in the region of LMICs is becoming the center of attention for several funding agencies. It is important that NMRAs should have strategic tactics (strategic documents) that prioritize activities to ensure access to quality assured priority medicines for the public. Multi-sources of generic products interchangeability should be demonstrated using equivalence study against selected comparators as discussed above under question #3.
5	How do national procurers use regulatory information that exists about products that have been quality assured through joint assessments and joint inspections and/or SRA or PQ?	National procurers can use existing regulatory information of quality assured products during bidding process. As part of requirement for bidding by applicant, the national procurer can include reference to WHO, SRA, and/or CRP (collaborative registration process) approved products as screening criteria for evaluation.
6	Considering the fact that most LIC countries do not have capacity to do bioavailability studies prior to registration of product, how can we ensure that drugs with low permeability or solubility as classified on the BCS system meet the same standard as their branded equivalent? *BCS = biopharmaceutical classification system introduced in 1995 which groups medicines into 4 class based on their permeability and solubility	The quality and equivalence of BCS class I generics against comparators, can be ensured through biowaiver study which is used in lieu of bioequivalence study. The biowaiver study is an in-vitro dissolution profile study that is performed as per established criteria of similarity factor comparison between generic (test product) and comparator (reference product. Note, during equivalence study demonstration using bioequivalence or biowaiver study, the term comparators should be used instead of innovator. These comparators must be sourced from well regulated environment such as the ICH region. Further guidance on the establishment of interchangeability through in-vivo (BE study) and in-vitro (biowaiver) study is provided in WHO guideline available at https://www.who.int/medicines/areas/quality_safety/quality_assurance/trs1003_annex6.pdf?ua=1 Further reference on comparators is available at https://www.who.int/medicines/areas/quality_safety/quality_assurance/Annex8-TRS992.pdf
7	Quality Assurance/Quality Control (QA/QC) is critical but cannot happen without strong Human Resources. How has EPN been empowering HR to support their initiatives better?	EPN's one of the strategic Programs is Training and Capacity Building aiming to empower members to meet pharmaceutical standards: Good Storage and Warehouse Practices and Good Distribution Practices, implement SOPs for Drug Supply Organizations, Good Quantification and forecasting procedures. In-person and online courses are available for members: https://training.epnetwork.org/ EPN has also a scholarship program which awards scholarship to members in most need to increase the percentage of members' facilities that have trained pharmaceutical staff A Minilab network was developed by EPN and Difaem to support members develop their quality control (QC) system using the GPHF Minilab. An information system is in place for sharing experience among members.

8	We are interested in the quality assurance of generic drugs commonly used in our country where the quality assurance regulation is ensured by the Government. How can we support us in ensuring the quality of medicines sold locally and also in promoting the local production of generic medicines?	One of the strategic areas of EPN is indeed to help its members to improve their quality assurance and quality control system. Our approach is based on the use of the GPHF Minilab to test drugs within the Member's health facilities and those circulating in their region. The GPHF Minilab increases awareness among members and healthcare professionals about the danger of substandard medicines, but also the need to improve the supply chain and quality assurance. EPN supports members who express a need in the acquisition of the GPHF Minilab, installation and advocacy with regulatory authorities for collaboration between the member and the government. For local production, we can give you advice for good planning in the short, medium and long term.
9	I would like to enquire whether we have any plans to increase quality of generic drugs received in our health facilities especially in South Sudan taking in mind of very few minilab	EPN is committed to strengthen existing Minilab network members so that they can be able to test more samples from different regions of the country. A member can request more support to have more GPHF Minilabs according to the country needs and availability of HR and infrastructures. For more comments, see response above.
10	Please I just wish to ask if MEDS is involved in testing all medicines including syrups and injections, if not how then us the quality checked to be very sure?	MEDS is conducting all tests on pharmaceutical products including syrups and injections. There is in-house capacity for the same. The scope for the laboratory is now increasing to diagnostic kits and medical devices.
11	Do you still test every product delivered to MEDS or do you sample as all other procurement agencies do?	There is a prequalification programme in place that helps to reduce the risk of poor quality products being procured. The prequalification includes assessing the manufacturer and testing at least 3 batches of a product before the supplier is allowed to supply. Thereafter, the frequency for testing is as low as once annually.
12	Am proud of the growth and quality status of MEDS. I have been associated with MEDS from inception, registration etc. when I was with ministry of Health to date. How can affordability be attained in developing countries where local manufacturing is low and the per-income earnings are below 1$ for some countries?	These can be attained through; a. Incentives for the local manufacturing sector is one way e.g. tax rebates, restricting importation of products that can be manufactured locally b. Legislation that protects local manufacturers e.g. preventing taxation of raw materials c. Capacity building e.g. training in supply chain management to prevent losses and wastage that comes from poor warehousing and inventory management practices
13	How can one strike balance between quality and affordability	Quality systems require investment e.g. conducting supplier audits, setting up laboratories etc. A number of practical suggestions based on MEDS experience come to mind: a. Pooled procurement: MEDS partnering with other faith based organizations in the continent have prequalified suppliers for essential products e.g. gloves and using economies of scale, negotiate for better prices for EPN members.

		b. Use of the minilab in resource constrained settings: The EPN members use such screening tools to check for product quality. They are cost effective, and confirmatory tests can be performed at MEDS at a subsidized cost. c. Lean strategies for supply management help to reduce cost of distribution e.g. consignment stocking, zonal distribution of products, automation of processes to reduce errors d. Use of preferred suppliers instead of conducting tenders every time. Tendering as a procurement method can be costly.
14	Following some of the challenges faced by some countries, I am wondering how international bodies like EPN can assist in influencing policy/regulation and their implementation to improve the quality and so ensure the quality of the generics coming into our LMIC countries.	The main approaches are having capacity building programs for regulatory and market players. Regulatory systems being government bodies rely mainly on government funding, but it helps to have competent managers. Non-governmental bodies offer training and technical assistance opportunities that reinforce the regulator`s work. Regulators must therefore actively pursue the opportunities. Strong regulatory systems are then able to enforce compliance across the supply chain and ensure quality of generic medicines.
15	Pharmaceutical care accounts for over 40% of the total cost especially for NCDs. However, several studies have shown exaggerated mark ups up to 600% of the initial cost from source downstream through the supply chain. How do we incorporate issue of cost?	One way is to encourage competition by encouraging sufficient number of generics in the market. The competitive downward pressure will inevitably lead to price drop.
16	Delays in registration of generics as occurs in South Africa can make market entry difficult or slow. Should priority in registration be given to products where less than three or five products are on the market?	Makes perfect sense! And the target number of generics can be determined per product category, country by country etc. The same preferential approach can be adopted for locally manufactured products—some countries actually have this unofficially.
17	Can you speak to the challenges faced in LMICs by manufacturers to conduct BE studies and for the regulators to institute BE requirements in applications for registration and also have the capacity to properly assess the BE to ensure that the generic medicines are able to treat the respective diseases.	WHO and local compendia have a system of waiving BE requirement through a clear Biowaiver Classification System (BCS).