



**VICH OUTREACH FORUM**  
**4<sup>th</sup> meeting**  
**24-25 June 2014**  
**Brussels**  
**SUMMARY REPORT**

**Session 1: Reports and Group Discussion**

**1. Opening of the meeting and chairperson's introduction**

The meeting was chaired by Dr David Mackay, Head of the Veterinary Medicines Division, European Medicines Agency, in cooperation with Dr Jean-Pierre Orand, OIE.

Dr Mackay welcomed the participants to the 4<sup>th</sup> VICH Outreach Forum (VOF) meeting by encouraging all VOF members to participate actively in the discussions and raise issues which they wish to clarify.

Dr Orand recalled that one of the objectives of OIE is to support a global harmonisation of the technical requirements for the registration of Veterinary Medicinal Products through the dissemination of information related to VICH.

OIE strongly encourages the development of the VOF through the increasing involvement of VOF member countries/regions in the VICH activities.

**2. Report by the SC on issues raised by Outreach Forum members during the 3<sup>rd</sup> VICH Outreach Forum meeting in Auckland in November 2013**

The VICH Secretariat reported on the outcome ([link](#)) of the discussions that took place at the 29<sup>th</sup> VICH Steering Committee meeting in Auckland on the issues raised by the participants in the 3<sup>rd</sup> VOF meeting. The 4<sup>th</sup> VOF agenda items will therefore cover:

- The request for selected topics from VOF members (Generics, Bioequivalence, Waiving TABST vaccines)
- The link between the legal framework of Veterinary Medicinal Product (VMP) regulation and VICH Guidelines (GLs)
- The VICH Communication strategy
- Updates from VOF members

**3. Report by OIE on their activities concerning VMPs since the last VOF**

OIE presented an overview ([link](#)) of the OIE activities on VMPs since the 3<sup>rd</sup> VOF meeting. OIE provides an ongoing support to the VOF activities. For example, after each VOF meeting a letter is sent to all 178 OIE member countries, with special feedback to OIE delegates of VOF countries in order to inform them of the outcome of the meeting. In addition, OIE publishes relevant documents related to VICH on their website.

#### **4. Report by the VICH ad hoc group on training and communication strategy**

FDA recalled that global harmonisation is one of the objectives of VICH in the VICH Organisational Charter, and that the VICH Outreach initiative represents one way towards this harmonisation.

At the first VOF meeting, VOF members highlighted their need for training. Therefore, at the 28<sup>th</sup> SC meeting, VICH has therefore created the “ad hoc sub group on training” which has proposed a 2 level training strategy that was discussed at the 3<sup>rd</sup> VOF meeting in Auckland. Level 1: Some training can be provided in the margin of VOF meetings and OIE provides further high level training in the OIE National Focal Points for Veterinary Products training sessions. , but a more comprehensive technical training of assessors is also requested by VOF members.

The VICH website already contains an explanation leaflet on VICH as well as a more detailed document in 5 languages which form the basis of the key messaging of the level 1 training strategy. These will be completed in the near future with 2 general presentations about VICH and international harmonisation as well as a presentation on the VOF, which can be adapted and used in the VOF countries/regions.

More comprehensive technical training of assessors, considered as level 2, is requested by VOF members. Whilst the SC considered potential content, it still needs to discuss ways to achieve the 2<sup>nd</sup> level of training, in terms of resources that will need to be secured. Comments and input were requested from the VOF participants to further develop level 2 training contents to meet VOF countries’ needs. VICH will present a more detailed communication on training strategy at the next VOF meeting.

#### **5. Report from SC discussions on the TFs on Concept Papers**

##### **5.1 Revision of GL 3(R) on stability to address climatic zones III and IV; results of the OIE survey on mandate of VICH for this work**

IFAH-Europe reported that the Task Force (TF) is composed of experts from VICH members as well as from Argentina, CAMEVET and Thai FDA, and has the mandate to elaborate more in-depth the Concept Paper that was presented to the 29<sup>th</sup> SC meeting.

The TF is reviewing the comments that have been received and will present a revised Concept Paper to the 31<sup>st</sup> SC meeting in Washington DC.

The participants also took note that the OIE Survey indicated support for a VICH guideline on stability testing in climatic zones III and IV ([link](#)).

##### **5.2 Development of guidance on efficacy studies for combination products**

JMAFF recalled ([link](#)) that this topic had been proposed to the SC by China. This TF is composed of experts from VICH SC member countries/region as well as from Argentina, CAMEVET, China, Taiwan and UEMOA.

As a first step, the TF has developed a catalogue of main groups/classes of approved combination products in VICH and VOF countries/regions in order to ensure a proper knowledge of the existing situation and to perform an efficient needs assessment before developing a VICH guideline.

The TF initiated its work discussing how to categorize the products consisting of “fixed combinations of two or more APIs in one sales unit of single registration/approval” in each legislation.

A questionnaire was circulated on April 28, 2014 to collect data on the main/major veterinary combination in a country/region, their therapeutic category (or functional classes), active ingredients, therapeutic purpose, target animal, regulator/industry responsible and their representation in VICH activity; the TF members themselves are to answer the questionnaire. The replies received before the current meeting indicated that “antiparasitics” is the top combination-category, closely followed by “antimicrobials”.

There is already a broad consensus within the TF as well as from SC member countries/region for the development of a general GL, which should include general considerations for combination products, followed by specific GLs addressing different combinations.

The TF members are continuing to analyse relevant guidelines/guidance for combination products already in place in the different regions and a discussion document will be provided before the 5<sup>th</sup> VOF meeting and 31<sup>st</sup> VICH SC meeting.

The EU explained that it would not support the development of a specific GL for combination products consisting of antimicrobials since regulators do not wish to encourage new developments of fixed combinations of antimicrobials the latter except in certain very specific cases (such as sulphonamides and trimethoprim). A VICH guideline on such combination products could be misunderstood as encouragement to countries for their development and represent an inappropriate signal from VICH. The VOF supported the development of a general guidance on efficacy for combination of active ingredients, noting that the most important category is antiparasitics.

## **6. Link between legal framework of VMPs and VICH GLs**

### **6.1 Presentation of approach by a VICH member and a VICH observer country**

The VOF members were informed on the links between the legal framework of VMPs and VICH GLs established in Japan ([link](#)) and in Canada ([link](#)).

Canada pointed out the importance of Canada’s participation in VICH as significant resources are saved by avoiding the need to develop local GLs.

India reported that the ICH GLs for human pharmaceuticals are implemented as legal acts.

### **6.2 Implementation of VICH GLs**

The EU explained the principles and guidance made available on the VICH website regarding the implementation of VICH GLs ([link](#)), in response to the discussions and requests for guidance at the 3<sup>rd</sup> VOF meeting in Auckland.

There are different ways in which technical guidelines such as the VICH guidelines can be implemented and it is a decision of the country or region concerned that may depend on how the legislation in the country/region has been set up. Normally VICH countries and observers use them as separate technical guidelines in support of legislation without making them a part of the legislation (legally non-binding).

If a country or region considers implementing VICH guidelines, it should bear in mind that it is not necessary to implement all the guidelines as a package, but a country or region may choose to implement only selected guidelines, e.g. the most needed or suitable guidelines, or may consider a stepwise implementation process.

VICH member countries and regions have committed to implement the VICH guidelines as adopted, and it is encouraged that also other countries using VICH guidelines would use them unchanged. It is however recognised that a country or region that was not part of the VICH

process developing the guideline may need to implement a guideline with specific details adapted, e.g. to address specific local conditions.

Feedback on which guidelines have been implemented, how they were implemented and information on difficulties in implementing would be greatly appreciated.

## **7. Group discussion of individual VICH Outreach Forum questions**

3 breakout groups were organised comprising VOF members with SC members. Each team designated a rapporteur and a moderator.

These groups were composed of the following VOF members:

Group 1: Argentina, CAMEVET & Tanzania

Group 2: Korea, ASEAN-Thailand & China

Group 3: Ukraine, Russia, Morocco & India

## **8. Reporting back to the plenary on the outcome of group discussions**

### Group 1

CAMEVET, Argentina and Tanzania reported that their discussion focused on the communication strategy and on the implementation of VICH GLs. The group suggested that messages be adapted to the target audience, with the technical audience requiring training on guidelines and the policy level audience requiring higher level information on VICH and its benefits, as they are often not familiar with the licensing of veterinary products. There are still many misunderstandings on the fact that VICH GLs do not need to be included in a legal framework. The Group noted that in many countries local industries and politicians are not convinced of the importance of implementing international standards at the national level and therefore encouraged VICH to include clear recommendations on the implementation of VICH GLs in the overall VICH communication.

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### Group 2

#### *Antimicrobial Resistance*

Korea, Thailand (also on behalf of ASEAN) & China reflected on the role of VICH in the context of global reduction of Antimicrobial Resistance (AMR) and suggested that the prevention of AMR is included as a topic for future VICH Guidelines.

It was mentioned that WHO recommends that the non-therapeutic usage of antimicrobials in animals should be stopped.

In the following session the OIE pointed out that OIE and FAO are working together on the issue of AMR, and many OIE member countries are developing action plans to reduce AMR. The EU mentioned that the term "prevention" is no longer found acceptable for non-therapeutic claims, as it may be often misinterpreted, and labels of VMPs are being changed to refer to metaphylaxis (understood as whole flock treatment when in addition to treatment of clinically affected animals there is a need for administration of an antimicrobial to other animals in the same group, still clinically healthy but likely to be infected due to close contact with diseased animals). The authorities within the EU are also encouraging veterinarians to move away from flock treatment to individual treatment where feasible except for example in poultry.

FDA reported that in the US a new guidance 213 aims to replace claims of feed additives by therapeutic indications, optimising the dosages approach and requiring that supply of antibiotics is under the responsibility of a veterinarian.

### *Extrapolation of MRLs*

Group 2 suggested that the importance of the extrapolation of MRLs is discussed more in depth in a next VOF meeting.

FDA explained that Codex has developed a document on the extrapolation of MRLs which is expected to be adopted at the Codex Alimentarius Commission – CAC meeting in next July. IFAH-Europe noted that the EMA also has a guidance document on the extrapolation of MRLs.

### *GLP/GCP*

GLP and GCP requirements were also identified as important issues for VOF members and it was agreed that regulators from VICH countries would present their local approach to GCP/GLP requirements at the next VOF meeting.

### *Residues*

Korea expressed concerns about the lack of guidance in VICH for aquatic animals which are mostly considered as minor species, but are very important in Asia.

JMAFF indicated that VICH is in the process of developing a new GL on Metabolism and Residue Kinetics in fish.

### Group 3

Ukraine, Russia, Morocco and India discussed ([link](#)) the integration of GLs in existing regional and national registration systems, and made recommendations for a future global harmonisation based on VICH GLs. The participants encouraged in particular OIE to integrate the VICH GLs into the OIE Manuals.

The OIE explained that integration in an OIE Manual would be very difficult because it would require a formal adoption by all 180 OIE members during an OIE general session. The OIE's current approach of providing a strong support to VICH is more effective, although it may need further communication towards its members.

The OIE reminded the participants that many translations of VICH GLs are available on the OIE website, and called on VOF members to provide any additional translations that may be available.

It was pointed out that in some countries the veterinary products' registration is under the responsibility of the Ministry of Health where the regulators need to better understand that veterinary products require specific rules and technical guidance such as the VICH GLs.

### Group discussion conclusion

It was recognised that the SC will need to reflect further on what can be done to support VOF countries to use more the VICH GLs, especially the countries where no difference is yet established between the registration of human and of veterinary products.

It was also agreed that more time will be allocated for group discussions in forthcoming VOF meetings. The topics will be prepared advance, and shared with VOF members in order to enable VOF members to prepare questions for the discussions.

It was reiterated that VICH GLs establish technical requirements which in specific cases can be adapted to address specific local conditions.

It was acknowledged that countries may wish to develop long term processes to implement VICH GLs and identify the difficulties on the short, medium and long term, in particular because local industries may require more time to comply with internationally harmonised requirements.

It was also highlighted that the background of the establishment of VICH GLs is to encourage mutual recognition and acceptance of other regions/country's assessment, in order to avoid duplication of studies and save resources.

## **9. Updates from Outreach Forum members**

### *9.1 Russia*

Russia presented ([link](#)) an update on the implementation of the Russian Pharmacovigilance regulation, which was based on the relevant VICH GLs.

### *9.2 Morocco*

Morocco presented ([link](#)) an update on the registration of VMPs and explained that the current objective of the Ministry of Agriculture is to obtain control of the entire registration dossier for veterinary products, which is still divided between the Ministry of Agriculture and the Ministry of Health. The Ministry of Agriculture is seeking international support to implement VICH GLs in Morocco rather than ICH GLs as is currently recommended by the pharmacists responsible for the registration of products in the Ministry of Health.

### *9.3 ASEAN*

Thailand presented ([link](#)) on behalf of ASEAN an overview of the ASEAN Cooperation on Animal Health and explained that each country has nominated an ASEAN National Focal Point for Veterinary Products (ANFPVP). During the first meeting of the ANFPVP held recently the participants decided to use the VICH Guidelines as a reference and to maintain ASEAN's position as an observer in the VICH Outreach Forum. VICH GLs are considered as international standards which can be applied to ASEAN countries.

So far ASEAN has concentrated on biological GLs, but the 2015-2020 action plan includes the implementation of prudent use measures to limit AMR.

## **10. Presentation from the Tanzanian FDA**

Tanzania presented ([link](#)) the progress and the challenges of the East African Community Medicines Regulatory Harmonisation (EAC-MRH) project.

The ultimate goal of the EAC is to encourage the African Medicines Regulatory Harmonisation (AMRH) initiative in order to establish harmonised requirements on the whole African continent, composed of 5 regions comprising 55 countries, by working together and making streamlined decisions. Discussions have started with 2 of the other African regions (SADEC and EMFAS).

The initiative covers for the moment only human medicinal products but Tanzania and Kenya have decided to develop a common approach on VMPs.

## **Session 2: Issues of interest to Outreach Forum members**

### **11. Specific issues**

#### **11.1 Generics: definitions and related terms**

FDA ([link](#)), JMAFF ([link](#)) and the EU ([link](#)) each presented the definition and the requirements for the registration of a generic product in their respective countries/region.

In Japan, the re-examination period for a new VMP with a novel active ingredient requires 6 years of collection by the marketing authorisation holder (MAH) of safety and efficacy data in the field after the delivery of the marketing authorisation, and it usually takes 1 to 2 years for JMAFF to assess these data. A generic product can usually obtain the marketing authorisation

in 1 year after application if the bioequivalence to the pioneer VMP (including withdrawal period) is proven.

In the EU a generic is defined by the same qualitative and quantitative composition in active substances and the same pharmaceutical form as the reference medicinal product, the bioequivalence with reference product is demonstrated and the reference product must be on the market since more than 10 years.

If a product meets the definition of a generic, it is not required to provide the results of the safety and residue tests (exception environmental risk assessment and residue data for certain products) or of efficacy data, but rely on referring to the previous assessment of the pioneer reference product. However, quality/manufacturing data are required.

If the pioneer product has several target species, and the generic only covers part of the target species, e.g. 1 species, the EU will authorise a partial generic.

In the USA for all the major species, a generic has to demonstrate efficacy for all the major species listed on the pioneer product's label.

Argentina pointed out that the generic topic is a key issue for Latin America because all products are considered as new products and it will be difficult to change rapidly the culture currently in place.

## **11.2 Bioequivalence – technical aspects**

The chairperson of the EWG, Dr Marilyn Martinez, explained that the VICH GL 52 (*Bioequivalence: Blood Level Bioequivalence Study*) considers blood level bioequivalence and determines the study design. It does not address the human food safety issue. 2 products administered to an animal that are indistinguishable in the blood levels achieved can be considered as bioequivalent. The absorption of bioequivalent solutions must be indistinguishable.

Dr Martinez explained that the VICH GL addresses the “maximum” requirements that could be requested, i.e. no higher requirements as those agreed should be requested, but countries can use less stringent requirements.

For injectable products indicated for food producing animals, residue depletion studies will be required for the bioequivalent product when there is a withdrawal time set for the pioneer product. Moreover the product will have to comply with the MRL that has been set.

Dr Martinez confirmed that the public consultation period is just finished and the GL should be finalised by the Expert Working Group before the end of this year.

Dr Martinez reported that the US FDA CVM is trying to identify bioequivalence for more complex products which have, for example, negligible systemic absorption such as intramammary products. The CVM has considered clinical endpoint studies but these are difficult to interpret because endpoints are variable.

CVM has taken a novel approach by considering an in vitro bioequivalence approach applying a battery of in vitro release tests and using several batches of reference product to analyse their variability. If all ingredients are qualitatively and quantitatively identical, with the same size of particles, 2 products would be indistinguishable and could be considered as bioequivalent.

The participants agreed that the EU and FDA will address again the topic of bioequivalence in more detail at the next VOF meeting.

### **11.3 Waiving TABST vaccines**

JMAFF explained ([link](#)) the background of VICH GL 50 (*Harmonization of criteria to waive target animal batch safety testing (TABST) for inactivated vaccines for veterinary use*) and the procedure for waving TABST for inactivated vaccines based on this GL.

Argentina mentioned that it will accept soon pharmacovigilance reports to replace the batch safety tests.

CAMEVET will check the situation regarding TABST in other CAMEVET countries and report back to the next VOF meeting.

## **12. Participation in the VICH process**

### **12.1 How to comment on a draft VICH guideline**

ANZ explained ([link](#)) how the authorities from VICH observer countries liaise with industry and stakeholders during the public consultation period of draft VICH GLs.

ANZ mentioned that if it implements a VICH GL with a modification it does not consult the VICH SC and pointed out that it is easier to change a technical requirement at the local level than to convince all VICH members to change the original VICH GL. In some cases the coverage at the local level may be broader than the VICH GL's requirements.

It was pointed out that individual VICH SC members also develop technical explanation documents for local usage.

CAMEVET considered that this may be the easiest manner to implement VICH GLs in CAMEVET member countries.

## **Session 3: Discussions and conclusions**

### **13. Feedback on the meeting from Outreach Forum members and open discussion**

#### *Group discussions*

All participants considered the breakout discussions in small groups extremely useful and constructive. It was therefore agreed that more time will be allocated for group discussions in forthcoming VOF meetings.

#### *Training and communication*

The participants confirmed the important need of non-VICH countries for detailed information on VICH to fully understand the VICH process and how VICH GLs can be implemented in non-VICH countries.

Detailed and extended information represents the key element for the better understanding of the VICH process.

The VOF members also agreed that the level 2 of the VICH training strategy needed to be developed further.

China reported that the active development of VOF activities has drawn the attention of the national government on the VICH process which is now recognised in the country.

China and FDA-CVM have organised several seminars on VICH across the country.

Tanzania recognised the importance of VICH GLs and how they are implemented in the different countries and noted the need to improve awareness of the VICH GLs in Africa as well as at the global level.

#### *Information on generics, TABST and bioequivalence*

All participants strongly welcomed the detailed explanations provided by the VICH members on the specific topics and requested that such sessions should be repeated in future VOF meetings.

#### *Implementation of VICH GLs at the local level*

The VOF members appreciated the explanation by VICH observer members on the methodology used for the implementation of the VICH GLs.

Russia confirmed that they have started implementing the VICH GLs which will form the basis for the Russian national standards.

Some countries suggested again that OIE should adopt the VICH GLs as OIE standards, but OIE's position was already explained earlier.

### **14. Conclusions and next steps**

All VOF participants found the meeting extremely positive and the different topics that were addressed and explained in detail very useful; the progress achieved since the first VOF meeting was considered very constructive and encouraging for the future.

The chairmen presented the conclusions of the meeting ([link](#)).

#### *Topics for discussion at the 5th VOF meeting*

- Update on the TF on the revision of VICH Stability GL 3(R) and on the TF on VICH Guidance for Efficacy Studies for Combination Drug Products
- GCP/GLP
- Pharmacovigilance
- Relationship between local existing GLs and VICH GLs particularly when VICH GLs are more demanding than existing GLs
- Further discussion on how VICH GLs can be applied in different regions based on experience gained to date, including the relationship between VICH guidelines and primary legislation
- Waiving TABST
- Bioequivalence
- Translation of GLs
- Support of VICH by OIE
- Link between ICH and VICH

The SC encouraged VOF members who are working on VICH GLs and encounter specific issues that present difficulties for them to inform the VICH SC of these issues in advance of the next VOF meeting in order to enable SC members to prepare adequate responses.

### **15. Presentation of the [5th VICH public Conference](#) in Japan**

The participants took note of the details for the 5th VICH public conference that will take place in Tokyo on 28 & 29 October 2015 in conjunction with the 32nd VICH SC meeting and the 6th VOF meeting.

### **16. Confirmation date and venue of 5<sup>th</sup> VICH Outreach Forum meeting**

The 5<sup>th</sup> VICH Outreach Forum meeting will be held in Washington DC, USA on 24 & 25 February 2015.

<b>4<sup>th</sup> VICH Outreach Forum meeting Participants</b>
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**1 / Forum members**

ARGENTINA – CAPROVE	C. FRANCIA
ARGENTINA - SENASA	L. SBORDI
CAMEVET (Argentina)	E.J. ARGENTO
CHINA – Institute of Vet. Drug Control	SH. XU
INDIA – CDSCO	P.B.N. PRASAD
MOROCCO – ONSSA	A. GRINI
REPUBLIC OF KOREA – Animal and Plant Quarantine Agency	S-J. JOH
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UKRAINE – State Scientific Research Control Institute of VMPS	Y. KOSENKO

***Apologies***

BRAZIL – Ministry of Agriculture, Livestock and Food Supply	L.C. SCHAPER. <i>(no reply)</i>
BRAZIL – Sindan	R. PINTOS DOS SANTOS <i>(no reply)</i>
BRAZIL – Sindan	E. SALANI <i>(no reply)</i>
INDIA – Ministry of Agriculture	R. SING RANA <i>(no reply)</i>
MALAYSIA – DVS	Z. BINTI ABDULLAH <i>(no reply)</i>
MEXICO – SENASICA	M.L. MOLINA NAVA <i>(no reply)</i>
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## **2 / Steering Committee (C) coordinators**

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AHI (USA)	M. McGOWAN
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AHI (USA)	K. KLAUS (C)
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EU (European Medicines Agency)	D. MACKAY ( <i>Chair 30<sup>th</sup> VICH SC</i> )
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