CIOMS activities during 2020

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of CIOMS

Content

- Introduction
- What has happened during 2020?
- CIOMS Working Groups in 2020 and 2021
- Discussion and conclusions

Introduction

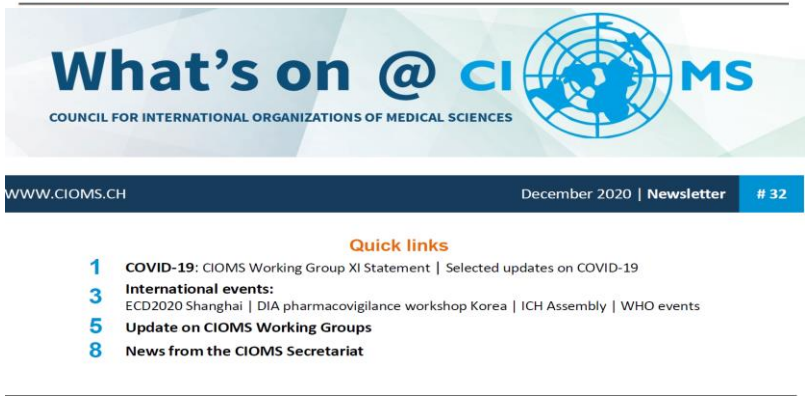
Introduction

- The COVID-19 pandemic has huge global impact
  - We all need to adapt to new realities and keep going
- We have introduced new ways of working and in 2020 only virtual meetings took place - 13 virtual full WG meetings (the number of sub-group meetings is much higher)
- In this report we try to give some snapshots about what has happened in 2020, also beyond WGs
- COVID-19 has affected our work in 2020 and also affects it in 2021 and beyond
- When can we return to the situation before COVID-19? In any case, likely not before 2022. But can we ever get back all what we had before? Likely not

Some highlights from 2020

CIOMS Newsletters

In 2020 four quarterly regular editions were produced + one specialized issue dedicated to the WHO programme fighting substandard and falsified medical products



Special Newsletter of 20 February 2020

What's on @ CIOMS

COUNCIL FOR INTERNATIONAL ORGANIZATIONS OF MEDICAL SCIENCES

WWW.CIOMS.CH **Special Newsletter** | 20 February 2020

World Health Organization (WHO)

Combating substandard and falsified medical products

This is the third of a series of special newsletters that describe the context of CIOMS activities and the work of its member organizations and partners. It explains what the World Health Organization (WHO) is doing to ensure that all medicines, vaccines and other medical products circulating on the markets of WHO Member States meet the norms and standards that have been agreed as part of their marketing authorization.

CIOMS thanks the WHO Incidents and Substandard/Falsified Medical Products Team for their support and review of this newsletter. For more information please contact the WHO Team at: rapidalert@who.int.

Quick links

The problem

"Every person has the right to expect that when they use a medical product, whether

Definitions endorsed by the Seventieth World Health Assembly [2]

Substandard medical products

The problem

"Every person has the right to expect that when they use a medical product, whether medicine, vaccine or diagnostic kit, it works. But too often, that is not the case."

From: The Oxford Statement [1]

All approved medical products have been scientifically proven to treat, prevent or diagnose disease. But this does not mean that all products on the market conform to approved quality standards. Substandard and falsified products are produced, distributed and sold all over the world. The problem is growing as the products themselves and their distribution chains are becoming more complex.

Definitions endorsed by the Seventieth World Health Assembly [2]

Substandard medical products

Also called "out of specification", these are authorized medical products that fail to meet either their quality standards or their specifications, or both.

Unregistered/unlicensed medical products

Medical products that have not undergone evaluation and/or approval by the national or regional regulatory authority for the market in which they are marketed/ distributed or used, subject to permitted conditions under national or regional regulation and legislation.

Falsified medical products

Medical products that deliberately/fraudulently misrepresent their identity, composition or source.

The term "counterfeit" is not used in this context. This term is usually associated with the protection of intellectual property rights, an area which is expressly excluded from the mandate of the WHO Member State Mechanism on substandard and falsified medical products.[2]

Substandard

Left: Manufacturing defect – a partially formed tablet in a blister pack.
Right: Storage – burst tablets kept unpacked at 40°C/75% relative humidity for 5 days.
(From: WHO Prequalification experience, presentation at ICDRA 2010 [3])

Unregistered

"... the above-mentioned product has not gone through the FDA Philippines registration and testing process. ... Thus, the Agency cannot guarantee its quality and safety."
(From: FDA Philippines Advisory No. 2019-468)

Falsified

A confirmed falsified pack of a product, of which falsified versions were traded globally. The tablets were found to contain paracetamol, instead of the leukaemia medicine ponatinib as stated on the label.
(From: WHO Medical Product Alert No. 2/2019)

Special Newsletter of 20 February 2020 (3)

The bottom line

The Oxford statement, of which CIOMS is a signatory, calls for making access to quality medical products an immediate global priority [1]. Effective global coordination mechanisms, including the WHO Member State Mechanism, are working on many fronts to safeguard medicines quality standards. Governments and other decision-makers should sustain these efforts and resource them appropriately in the interest of public health.

- *The issue of substandard and falsified medicines is very actual during the current pandemic – an increase of incidence has been reported from many parts of the World*

References:

1. Newton PN, Bond KC. Global access to quality-assured medical products: the Oxford Statement and call to action. Lancet Global Health. 2019 Dec;7(12):e1609-e1611
2. Newton PN, Bond KC on behalf of 53 signatories from 20 countries. **COVID-19 and risks to the supply and quality of tests, drugs, and vaccines**. Lancet Glob Health, Published OnlineApril 9, 2020 https://doi.org/10.1016/S2214-109X(20)30136-4

CIOMS and COVID-19 Solidarity Fund

https://www.who.int/emergencies/diseases/novel-coronavirus-2019/donate

- Based on CIOMS Executive Committee (23.03.2020) decision 10 000 US $ was donated to this fund

Support to WHO

Extract from the e-mail to us:

Dear Donors,

*Swiss Philanthropy Foundation is grateful for your support for the COVID-19 Solidarity Response Fund for the World Health Organization (WHO). Because of your generosity, we have been able to raise more than **$205M million** to support WHO and their partners in countries around the globe.*

2020 CIOMS award for best student paper

PLOS ONE

RESEARCH ARTICLE

Tolerability of oral itraconazole and voriconazole for the treatment of chronic pulmonary aspergillosis: A systematic review and meta-analysis

Ronald Olum[1], Joseph Baruch Baluku[2,3], Andrew Kazibwe[4,5], Laura Russell[6], Felix Bongomin[5,7]*

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Chronic Pulmonary Aspergillosis (CPA) is a fungal disease of the lungs that commonly affects patients with structural lung diseases like tuberculosis. Globally, about 3 million individuals have CPA, of whom 1.2 million have previously had tuberculosis.

Oral voriconazole and itraconazole are used as

Ronald Olum is a 23-year-old final year undergraduate student undertaking a Bachelor of Medicine and Bachelor of Surgery (MBChB) degree at Makerere University, Uganda.

Ronald has research interests in the areas of infectious diseases, particularly tuberculosis, COVID-19, HIV and fungal diseases, as well as non-communicable diseases, mental health and medical education. He has recently completed a virtual exchange programme in global

CIOMS Working Groups

COVID-19: In person meetings cancelled in 2020

- **Clinical Research in Resource-Limited Settings**

6th Working Group meeting , 22-23 April 2020, Geneva, Switzerland

- **Real-World Data and Real-World Evidence in Regulatory Decision-Making**, Geneva, 30-31 March 2020

- **Patient Involvement in the Development and Safe Use of Medicines**

5th Working Group meeting, 1-2 April 2020, Utrecht, the Netherlands

- **Benefit-Risk Balance for Medicinal Products**

2nd Working Group meeting, 29-30 April 2020, Peapack NJ, United States

- **MedDRA Labelling Groupings**

3rd Working Group meeting, 13-14 May 2020, Tallinn, Estonia

Working Groups in 2020 – virtual meetings

1. Clinical Research in Resource-Limited Settings – had **3** virtual meetings of the whole WG

2. Patient Involvement in the Development and Safe Use of Medicines – had **4** virtual WG meetings

3. Real-World Data and Real-World Evidence in Regulatory Decision-Making – had **5** virtual WG meetings

4. Benefit-Risk Balance for Medicinal Products – had **2** virtual WG meetings

5. MedDRA Labelling Groupings (MLGs) – had **1** virtual meeting

Virtual meetings: main tool for making progress in WGs

Some WG reflections in international meetings in 2020

- DIA Pharmacovigilance and Risk Management Strategies Conference, Washington DC, United States, 27 - 29 January 2020 – DILI WG – Prof Hervé Le Louet and other WG members

- European Medicines Agency (EMA) Patient and Consumer Working Party, Amsterdam, the Netherlands, 3 - 4 March 2020 _ WG XI – Patient – Dr Lembit Rägo and some other WG members

- The International Conference on Pharmaco-vigilance and Protection for Research Participants (ECD 2020) was organized by the Shanghai Clinical Research Center (SCRC) / Shanghai Ethics Committee for Clinical Research (SECCR) and CIOMS, 20 November 2020, Shanghai

CIOMS WG statements related to COVID-19

COUNCIL FOR INTERNATIONAL ORGANIZATIONS OF MEDICAL SCIENCES

ESTABLISHED UNDER THE AUSPICES OF THE WORLD HEALTH ORGANIZATION AND UNESCO

CIOMS

CONSEIL DES ORGANISATIONS INTERNATIONALES DES SCIENCES MEDICALES

FONDE SOUS LES AUSPICES DE L'ORGANISATION MONDIALE DE LA SANTE ET DE L'UNESCO

3 June 2020

Medicines assessment during public health emergencies needs good science, best practices and proper communication

Statement[1] of Council for International Organizations of Medical Sciences (CIOMS) International Expert Working Group[2]

Following the essential principles of evidence-based medicine and regulatory decision-making remain key also in times of public health emergencies. As has been the case with the COVID-19 pandemic, such emergencies can develop rapidly, and much-needed, robust, scientific data may not be immediately available to close the knowledge gaps. Pressures to make decisions without proper evidence have the potential to overcome sound scientific judgement and lead to unjustifiable conclusions, as well as the use of unproven therapies that may be ineffective or harmful, and have a further negative impact on public health.

One of the most complex, scientific activities during public health emergencies is to determine whether a candidate medicine intended to prevent or treat the disease is effective, and establish whether its expected benefits outweigh its potential risks to patients. This assessment is based on all available evidence about the medication and the surrounding situation including: the severity of the disease; how well patients' medical needs are addressed by alternative, available therapies; the uncertainty around how data from clinical trials or testing environments extrapolate to real-life situations; and whether specific risk management measures need to be applied to mitigate known and/or potential risks. In the case of a public health emergency, such information is often not readily available in sufficient quantity or quality to adequately support evidence-based decision-making, and the urgency of the decision context magnifies the potential consequences of action or inaction.

When decision-making in the face of high uncertainty cannot be avoided, increased focus on monitoring the safety and effectiveness of such new therapies once they are approved for use in the public domain is critical. Considerations for this expanded surveillance role should include appropriate, evidence-generating or adverse reaction monitoring strategies such as: phase IV clinical trial studies; observational studies; manufacturer-run patient registries and/or patient support programmes; patient focus groups and implementing proactive adverse reaction monitoring strategies. The monitoring of "repurposed" medicines will also be necessary under the different uses made in the pandemic, since their efficacy/effectiveness remain to be confirmed and their safety profile may well be different in a different indication. In addition, the acceptability of potential harms may be different than in other indications.

The contemporary pharmaceutical development systems benefit from the collaborative efforts of multiple stakeholders including regulators, industry, academia, patients, health-care providers and health insurers, all of whom contribute to increasing knowledge about benefit/risk relationships and the consideration of the uncertainties. When facing a public health crisis, we urge all concerned parties to maintain solid, scientific, and evidence-based principles and best practices for conducting the proper benefit/risk assessment of potential new prevention or therapy options. Among others, potential confounders and possible bias should be considered when assessing available data. All parties should uphold full transparency of the decision-making process, with a high degree of focus on the relevance of the therapy decision for the patients being treated during the emergency.

In the midst of an emergent health crisis, stakeholders should follow best practices for communication and provide information that is timely, accurate, credible, understandable, actionable, consistent, and empathetic. Poor communication, such as a lack of information; unexplained changes in key messages; or failure to communicate uncertainties can undermine credibility and disrupt risk mitigation efforts.

Members of the various CIOMS Working Groups are working to define and advance measures and approaches to improve the development and benefit/risk assessment of new therapies and enhance public health. We wish to applaud the efforts of the health-care and scientific communities, including practitioners, regulators and patients, who have come together to fight COVID-19 and hope that the CIOMS Working Groups' outcomes can also be helpful in addressing the product-related challenges and future decision-making during public health emergencies.

[1] Disclaimer. The views and opinions expressed in the statement above are consolidated views of the participants of the CIOMS Working Group and should not be attributed to any individual expert in those or any organization with which these individuals are employed or affiliated.

[2] CIOMS Working Group WG XII: Benefit-Risk Balance for Medicinal Products – Update of CIOMS IV. More about the Working Group and the List of its members.

COUNCIL FOR INTERNATIONAL ORGANIZATIONS OF MEDICAL SCIENCES

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CONSEIL DES ORGANISATIONS INTERNATIONALES DES SCIENCES MEDICALES

FONDE SOUS LES AUSPICES DE L'ORGANISATION MONDIALE DE LA SANTE ET DE L'UNESCO

7 December 2020

Statement[1] of Council for International Organizations of Medical Sciences (CIOMS) International Expert Working Group XI:

Patient contribution to the development and safe use of medicines during the Covid-19 pandemic[2]

The threat of another infectious disease pandemic has loomed over the world since the 1918 influenza pandemic caused by the H1N1 influenza A virus ("Spanish flu")[i]. The brief and limited outbreaks related to coronaviruses[ii], SARS and MERS, were preludes to the future, which has now arrived with a novel coronavirus that has impacted every country in the world.

This new pandemic coronavirus, designated as SARS-CoV-2 ("COVID-19"), has catapulted the issue of the patient voice in healthcare and healthcare policy to the front of the global agenda. In this context, we are all patients or potential patients, which includes all members of the public, healthcare professionals, patients with pre-existing conditions and so forth, and we will use the term "Patient" to designate this. The world population has been affected with varying government-required risk mitigation measures including social distancing, national, regional and local "lockdown" quarantines[iii], and the wearing of masks along with diligent handwashing. Clearly, not all of these measures are possible in every country due to a lack of resources and healthcare infrastructure, and it will surely be Patients who will suffer the most as a result. This issue must be dealt with responsibly on the local level by all countries and Patients cooperating with and supporting overwhelmed healthcare systems and aiding the planned implementation of mitigation measures. **If not, pockets of SARS-CoV-2 will remain in these regions with continuous suffering of their populations[iv]. This is critical as we still do not fully understand the clinical, pathological and epidemiological attributes of SARS-CoV-2; the longer it stays embedded and circulating, the possibility of mutation into a deadlier virus remains along with further waves of epidemics.[v]**

Unanswered questions surrounding prevention and treatment for SARS-CoV-2, including the urgency of vaccines, hygiene, clinical trials, "emergency use authorizations", compassionate use, testing and convalescent plasma, have arisen and the world has moved beyond general issues to another crucial one: the role of the Patient voice in partnering with scientists and governments. The Patient voice can help answer the crucial questions resulting from the evolving clinical and epidemiological behaviour of a potentially devastating virus through informed and active participation in the scientific and medical quest for solutions. This is not "a nice to have" but rather a requirement in view of this pandemic.

Communication that is jointly developed with Patient partners, and which is timely, reliable and factual, must be disseminated in plain language. Patients are already organizing in such a way as to exchange experiences regarding signs and symptoms of SARS-CoV-2, and on the consequences to their health due to the lockdown and the interruption of planned care,[vi] and as such, a clearer clinical picture of the infection is potentially developing. This is an opportunity for researchers (who are also Patients!) to apply methodologies to the exchange of information.

Our armamentarium of medical weapons to fight SARS-CoV-2 (swifter and more accurate testing, re-purposed existing therapeutics and experimental medicines, expedited vaccine development) have received the most attention. But within the context of a pandemic, the active participation of the general global population is needed to help "flatten the curve."[vii] The pandemic has resulted in an evolution of healthcare rhetoric. In general, from a healthcare policy perspective, some have been discussing "the patient voice" in a passive manner. An important lesson from this ongoing pandemic is that we must now shift to a more comprehensive understanding of "Patient actions" and how these can be incorporated into the search for solutions in defeating this virus. Patients wish to participate in research on the physio-pathology of the disease

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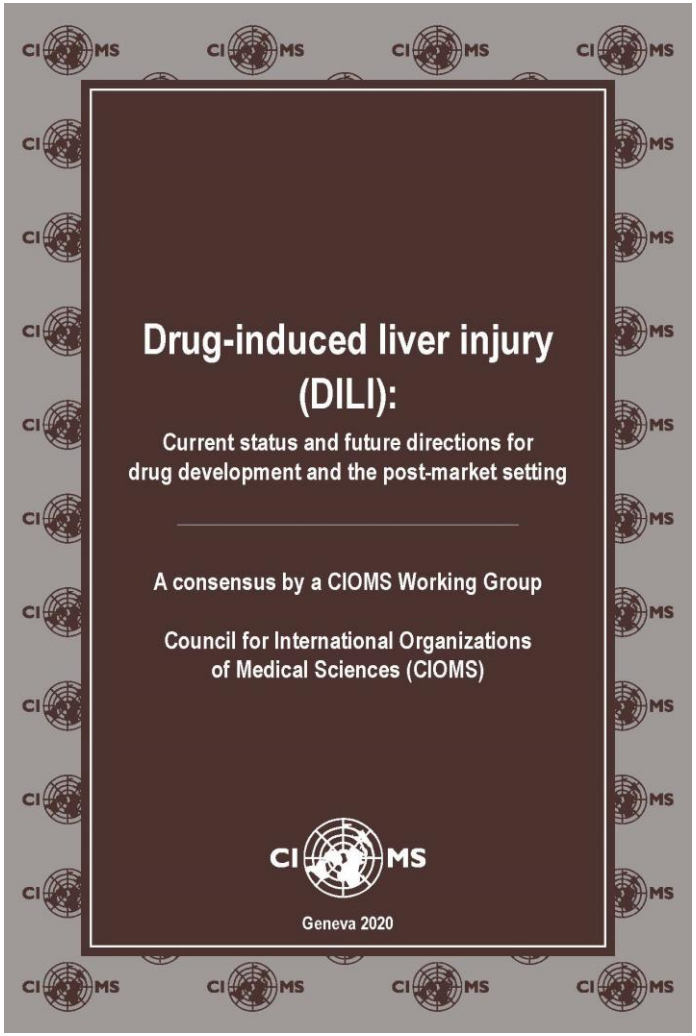
[2] CIOMS Working Group WG XI: Patient involvement in the development and safe use of medicines. For more information about the Working Group and its members, please visit: https://cioms.ch/working-groups/working-group-xi-patient-involvement/

New Working Group reports in 2020



New Working Groups started in 2020

- Real-World Data and Real-World Evidence in Regulatory Decision-Making - started in the end of March 2020

New Working Groups started in 2021

Feb 2021

Severe cutaneous adverse reactions (SCARs)

2nd Meeting held 13 April 2021
3rd Meeting held 29 June 2021

Apr 2021

Educational standards

Recommended standards of education and training for health professionals participating in medicines development

1st Meeting held 26-27 April 2021

Starting soon

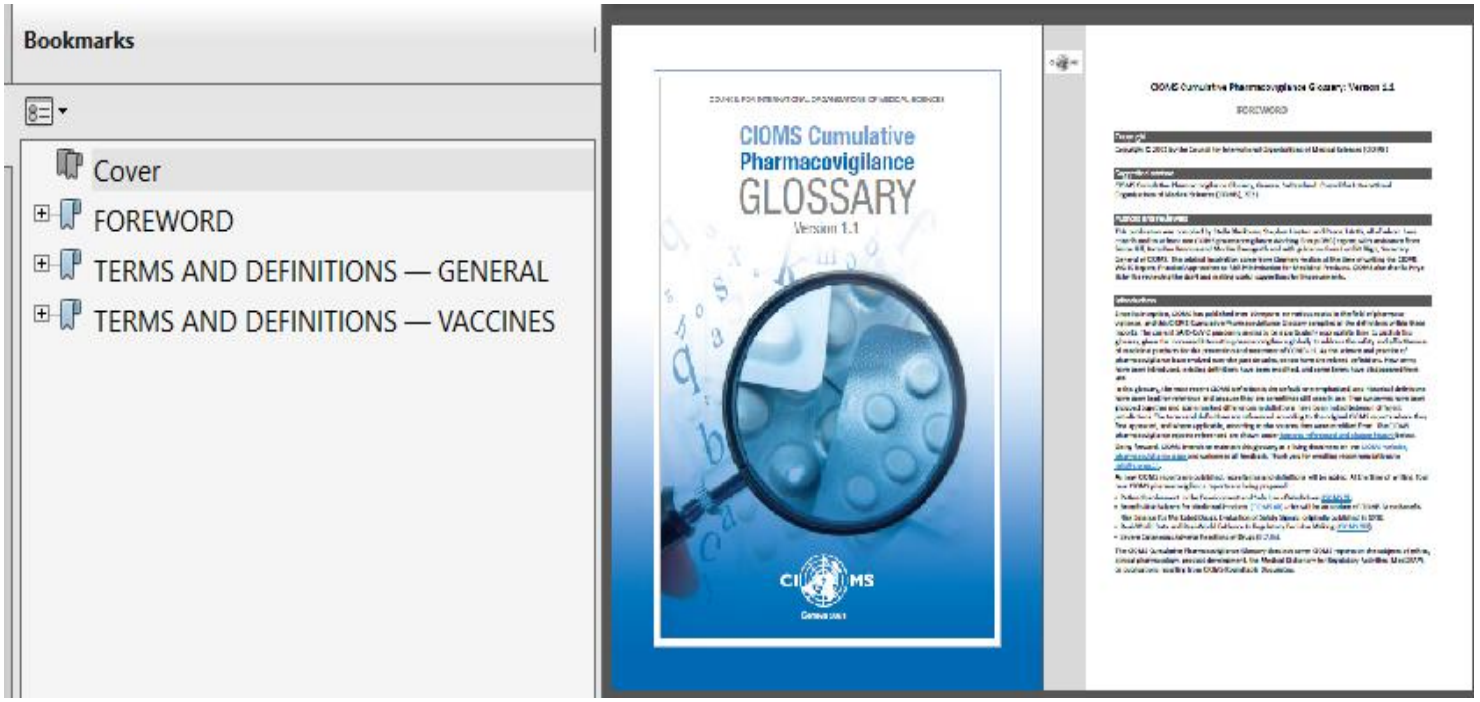
July 2021

Good governance for research institutions

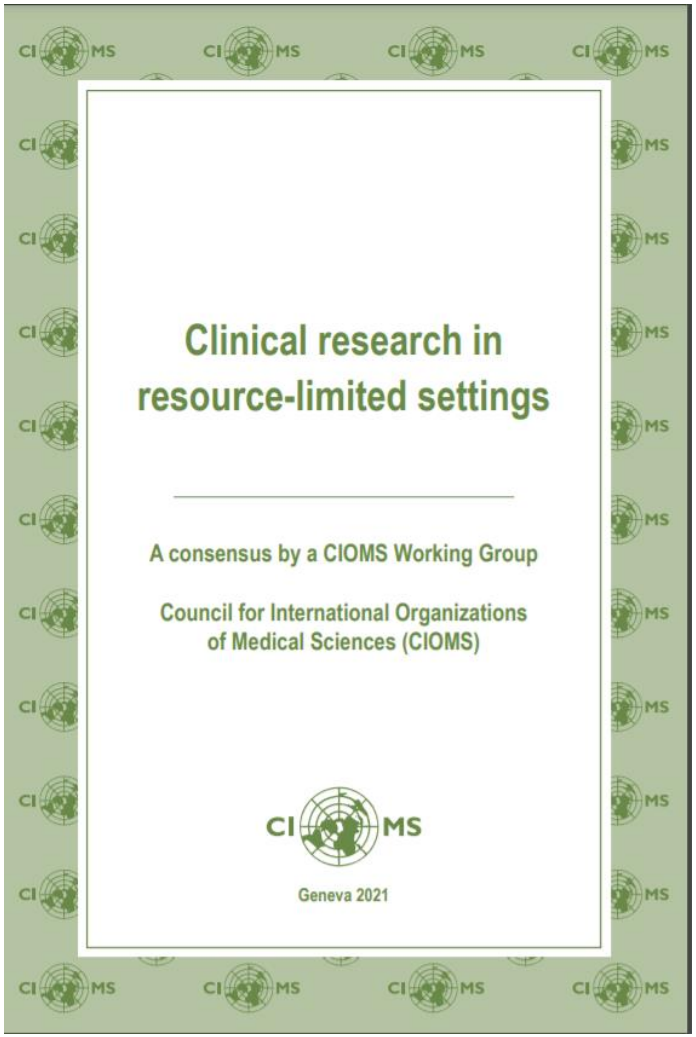
1st Meeting to be held in July 2021

New publications in 2021

CIOMS Cumulative Pharmacovigilance Glossary, Versions 1.0 and 1.1



New Working Group reports in 2021



Discussion and Conclusions