

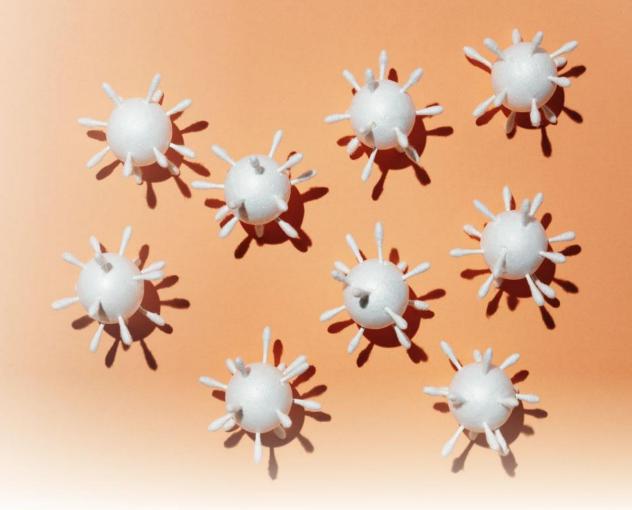
# Workshop on Vaccination and Alternatives to Antimicrobials for English Speaking Africa

28 - 30 October 2025, Entebbe, Uganda















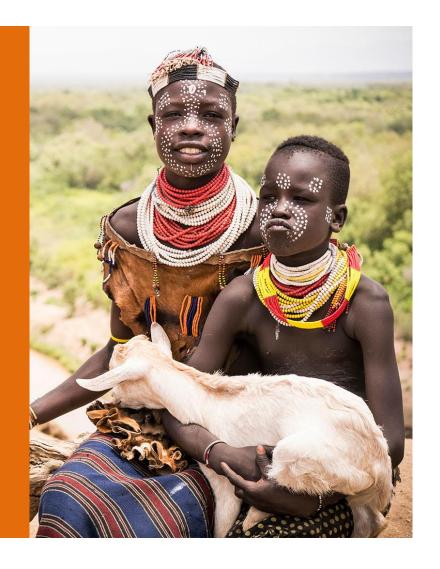












## **RELIANCE & MUTUAL RECOGNITION AGREEMENTS TO INCREASE ACCESS TO VETERINARY VACCINES IN AFRICA**



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#### **Outline**

- Background: vaccine access and regulatory bottlenecks in Africa
- Definitions: reliance, recognition, MRAs and their variants
- Benefits and risks of reliance/MRAs for veterinary vaccines
- Global & regional precedents (brief)
- East Africa (EAC) context and readiness
- Recommended governance model and legal safeguards
- Capacity building, financing and monitoring















#### **BACKGROUND: WHY THIS MATTERS**

- Limited access to quality veterinary vaccines affects animal health, livelihoods and public health.
- Long, duplicative regulatory reviews delay market entry across countries.
- Fragmented regulatory capacity across African countries increases costs for manufacturers.
- Regional harmonization can reduce duplication and improve affordability and availability.















#### **KEY CONCEPTS: RELIANCE VS MUTUAL RECOGNITION**

- **Reliance**: one authority uses/evaluates another authority's regulatory decision as input to its own decision.
- Mutual Recognition Agreement (MRA): two or more authorities agree to accept each other's regulatory outcomes.
- Continuum: from information sharing → abridged review → automatic recognition.
- Quality & risk-based approaches underpin successful reliance/MRAs.















#### **POTENTIAL BENEFITS**

- Faster access to vaccines across multiple countries.
- Reduced regulatory burden and resource savings for NRAs.
- Incentive for manufacturers to register regionally.
- Improved consistency of quality and safety decisions.
- Supports pooled procurement and market predictability.

















#### **RISKS AND NECESSARY SAFEGUARDS**

- Risk of varying standards or lowered oversight if not harmonized.
- Need for legal frameworks to allow recognition/reliance.
- Supply chain and lot release alignment required.
- Robust pharmacovigilance and post-marketing surveillance are essential.
- Transparency and data-sharing protocols must be clear.













#### **GLOBAL & REGIONAL PRECEDENTS**

- VICH
- EU Mutual Recognition and Decentralised Procedures (human & veterinary)
- ASEAN reliance initiatives and work-sharing pilots
- PAHO/PAHO-CDC reliance arrangements for vaccines & medicines (human health)
- West African Economic and Monetary Union(WAEMU) regulatory procedure
- African Medicines Agency (AMA) potential platform for broader reliance
- Existing EAC initiatives: shared guidelines, joint inspections
- ZaZiBona initiative(SADC)













### **EAST AFRICA (EAC) CONTEXT**

- EAC member states: differing NRA capacities and legal frameworks.
- **Existing collaboration**: joint GMP inspections, harmonized templates (progress exists).
- **Gaps**: legal mandates for recognition, IT systems for dossier exchange, limited regional lab networks.
- · Political will and regional bodies (EAC Secretariat) can support coordination.











#### PROPOSED GOVERNANCE MODEL (OVERVIEW)

- GALVmed landscape study in 2025 found appetite for a pan African governance model.
- Central principles: subsidiarity, transparency, risk-based reliance.
- Tiered model: Information sharing → Abridged review → Full mutual recognition (pilot-based).
- AU supports such a network of regulators with a coordinating secretariat (AU IBAR+ AU PANCAC) + MRAs + supported by GALVmed.
- Technical Working Groups: quality, safety, inspections, lab testing, PV.















#### **LEGAL AND REGULATORY FOUNDATIONS**

- Review and amend national laws to permit reliance/MRA decisions.
- Draft model MRA text and Memoranda of Understanding (MoUs).
- **Define scope**: vaccine types, dossiers, GMP, batch release and lab testing arrangements.
- Data protection, confidentiality, and IP considerations.
- Dispute resolution and withdrawal/recall procedures.















#### **CAPACITY BUILDING & FINANCING**

- Train reviewers on reliance-based assessment and abridged dossiers.
- Harmonize dossier templates (CTD-like) and electronic submission channels.
- Invest in regional reference labs and shared lot-release testing capacity.
- Funding models: donor grants, EAC pooled funding, cost-recovery from industry.
- Engage GALVmed and development partners for technical assistance.















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