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Research Article

Evolution and Convergence of Vaccine Regulatory Systems: A Tri-Country Analysis of India, Australia, and Japan

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ABSTRACT
Vaccine regulation is significantly different among Asia-Pacific countries, with each country taking on a unique approach based on its capabilities and needs.
This study explores the regulatory frameworks for vaccine development and approval in India, Australia, and Japan, focusing on their methodologies and potential for international harmonization. Four key aspects will be analyzed: approval processes, clinical trial requirements, quality control standards, and post-marketing surveillance systems, especially GMP standards and pharmacovigilance requirements under the impact of the COVID-19 pandemic. The results present clear, distinguishing characteristics of the different countries under study: India developed a pragmatic system focused on global manufacturing capabilities, while Australia maintained robust processes with high international harmonization. In Japan, although there exists a strict approval pathway, international cooperation increased over time. Regulatory changes were catalyzed by the COVID-19 pandemic, especially in expedited review processes and international collaboration. Country-specific adjustments to convergence in standards continue to be called for. Major cited challenges include unevenness in terms of resource distribution, differences in technological capabilities and issues concerning coordination among nations. Vaccine regulation may well find its shape in reaction to innovation with digital technology, advanced analytics, and stronger international cooperation and is likely to demand careful attention to local conditions. This gives valuable insights into the regulation of vaccines by the authorities, pharmaceutical firms, and policymakers, thus working in harmony to strengthen health security. In essence, these give scope for both opportunities presented by digital transformation and international cooperation, with emphasis on local contextualization for implementation.

Keywords: Vaccine Regulation, Regulatory Frameworks, Clinical Trials, International Harmonization, Pharmacovigilance, Quality Control Standards, Regulatory Convergence

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INTRODUCTION

Vac. Vaccines are the greatest public health success stories in medical history because they have prevented millions of deaths and disabilities through immunization against infectious diseases [1]. In this regard, strict regulatory oversight is required in the development, manufacture, and distribution of vaccines to ensure their safety, efficacy, and quality [2].

This regulation framework is essentially the core foundation of public health protection-creating standard processes for evaluating, approving, and monitoring vaccines after their sale [3]. The COVID-19 pandemic that has recently swept the world highlights the importance of regulatory systems, including the need for high demanding standards while remaining adaptive in public health emergencies [4].

A comparison of the various regulatory frameworks in India, Australia, and Japan can allow appreciation of the different approaches to vaccine regulation in the Asia-Pacific region [5]. Every country has a stage of economic development, with a distinct variation in health systems, and maturity levels of different regulatory agencies [6].

Taking one of the most important vaccine manufacturing companies, based on this planet - being situated in India means their regulatory system would have taken ages to get what best satisfies its requirements to international norms [7]. Australia, the case being very highly sophisticated, happens to fall well within a typical regulatory system followed by the West; whereas, Japan becomes technologically innovative while in a depth regulation conservative scenario.

The two countries reflect the importance of knowing how to understand each other's different regulatory structures to face common challenges under distinct characteristics rooted in local healthcare needs, culture, and history [8].

This is to give a rather detailed analysis of regulatory pathways for vaccine development in the three countries on best practices, challenges, and opportunities for convergence [9]. Comparators and differences in approach between the three countries and across the three countries form part of the overall Asia-Pacific regulatory convergence dialogue [5]. The objectives of the study are as follows: measuring the effectiveness and efficiency of the regulatory processes in place in each country; analyzing their adaptability to new emerging technologies and public health emergencies and identifying points for improvement and international cooperation [10].

Understanding these regulatory frameworks will be important to all those involved in developing vaccines-whether pharmaceutical, regulatory, health service providers, and policymakers, all working toward a higher ideal of greater global health security [11].

How Vaccines Work

Vaccines are engineered to condition a human immune system to learn the germs, viruses, or bacteria, that are dangerous to its health, and how it can fight back such diseases. They generally make use of weakened, inactivated, or other parts of germs, like proteins. It elicits an immune response from the body by producing antibodies and activating the immune cells to prepare the body for a swift defence if it were exposed to a real pathogen in the future, thus preventing or reducing its severity [12, 2]. clinical testing is in the laboratory and animal models for safety and immune responses [14].

Those candidates that move on from this phase undertake clinical trials, which are approached in three stages:
Phase 1: Safety and dose testing in a few healthy volunteers.

Phase 2: Hundreds of participants are involved to test for safety and immune response.

Phase 3: Thousands of participants are involved to establish the effectiveness and rare side effects.

If successful, it undergoes regulatory review and approval, including postapproval monitoring on long-term safety and efficacy. In recent years, technologies such as mRNA and viral vectors have catapulted vaccine development into lightning speed, best epitomized by the swiftness of response of the vaccines on COVID-19 [15,16].

Vaccine Development

Developing vaccines remains a very rigorous multi-phased process that guarantees safe, effective, and qualitative outcomes [13]. The first approach involves identifying the target pathogen and researching its nature and behavior. Pre-

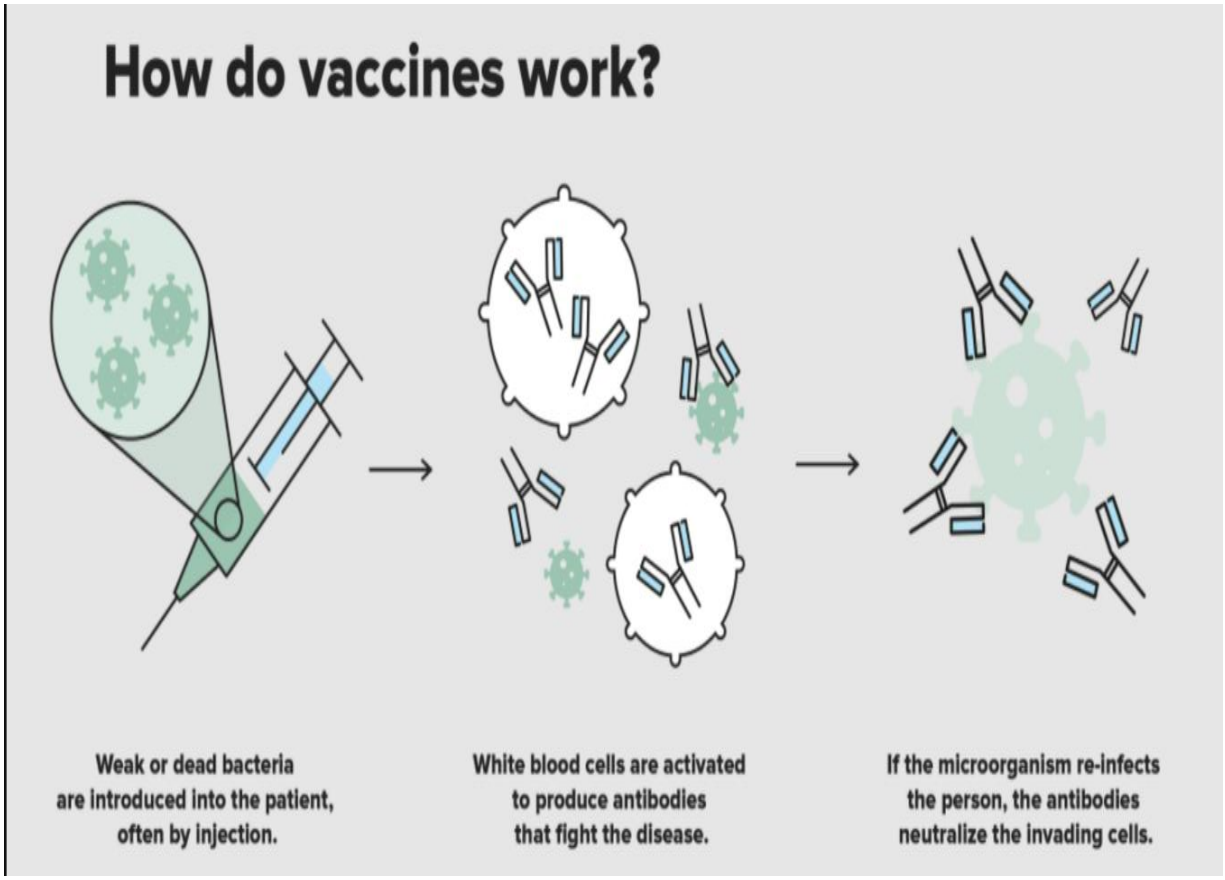


Figure 1 How vaccines work (https://www.clinicbarcelona.org/en/assistance/be-healthy/vaccine-1/how-do-vaccines-work)

VACCINE DEVELOPMENT PROCESS

This stage starts with the Preclinical phase, which is the foundational period of 2-4 years. Here, scientists identify and select suitable antigens that might trigger the desired immune response. This phase is very intense in laboratory testing, involving cell culture studies and comprehensive animal trials to assess safety parameters and immune responses. Meanwhile, the researchers have started developing and optimizing manufacturing processes for eventual scalability [14].

After successful preclinical testing, the process progresses into Phase I clinical trials. These are usually short and last between 6 and 12 months. During this first human test stage, a small number of 20-100 healthy adult volunteers are used. At this stage, the main aim is to determine the safety profile in humans and assess the vaccine's ability to induce immunity. Safety data are collected based on adverse reactions or side effects in participants [17].

Phase II is relatively bigger, normally taking between 1 to 2 years to be completed. Here, hundreds of people are put on trial so that one may determine the dosage of maximum efficacy but safety is also ensured. The researcher will attempt to confirm the presence of desired immune responses by testing it on more people. This phase shall also describe and analyze how many side effects come up more frequently because more people take part [13].

The most comprehensive testing on humans is in Phase III trials. It usually takes 2 to 4 years to achieve this and involves thousands of people in different demographics and different geographic locations. The first main goals are to establish without doubt the vaccine's effectiveness in preventing the disease in question and to look for those rare adverse effects that would not appear in smaller-scale earlier tests. This is when the maximum amount of data regarding vaccine efficacy and safety profile are available [16].

The final stage is the regulatory approval and scaling of production. At this stage, regulatory bodies carry out thorough reviews of all data that has been gathered during the previous stages. Upon receiving the approval, manufacturing activities are scaled up with quality control measures. This stage encompasses the design of distribution plans and the establishment of a post-launch surveillance system that is productive to monitor the performance as well as the safety record of the vaccine in reality. This surveillance continues unabated during the entire tenure of the vaccine's being in active use among the population with an open eye to discern any long-term effects, which may arise rarely [18].

Figure 2 vaccine development process

INDIVIDUAL COUNTRY ANALYSIS SECTION:

India: The path of vaccine regulation in India goes back to the Drugs and Cosmetics Act of 1940 which laid down the framework for regulation of pharmaceuticals. It was a sea change, however, with the advent of India as a global player in vaccine manufacturing in the late 20th century. The establishment of CDSCO marked another important landmark in the enhancement of the regulatory framework. Under the leadership of the Drug Controller General of India, or DCGI, the CDSCO acts as the nodal regulatory authority to authorize new vaccines, regulate clinical trials, and monitor their quality. The organization coordinates state-level

authorities to implement regulatory policies efficiently [7,19].

The clinical trials undertaken in India follow a four-stage structure that is identical to the international standards. In this, Phase I would contain 20-100 volunteer healthy subjects for an initial safety test, Phase II would possibly contain 100-300 subjects, and Phase III may contain more significant populations, such as 1000-3000 patients to be confirmed effective. Moreover, Phase IV includes post-marketing surveillance. These have further made the requirements more streamlined in the New Drugs and Clinical Trials Rules, 2019. Timelines for regulatory decisions and the protection of participants involved in trials have also been made stringent. Schedule M of the Drugs and Cosmetics Rules has made adherence to the GMP mandatory for all manufacturing facilities as set up specifically for the Indian context but in consonance with the WHO GMP guidelines [20,21]. India has followed up with a sound Pharmacovigilance Program well-coordinated by the Indian Pharmacopoeia Commission; in addition, it established and follows a system called the AEFI monitoring network and maintains a network of surveillance centres for surveillance all over the nation. As a result of the existing COVID-19 pandemic, an expedited emergency use authorization protocol was developed, whereby vaccine candidates could be reviewed even more quickly than before, but safety and efficacy would not be sacrificed at any cost [22,23].

Figure 3 Registration process for India

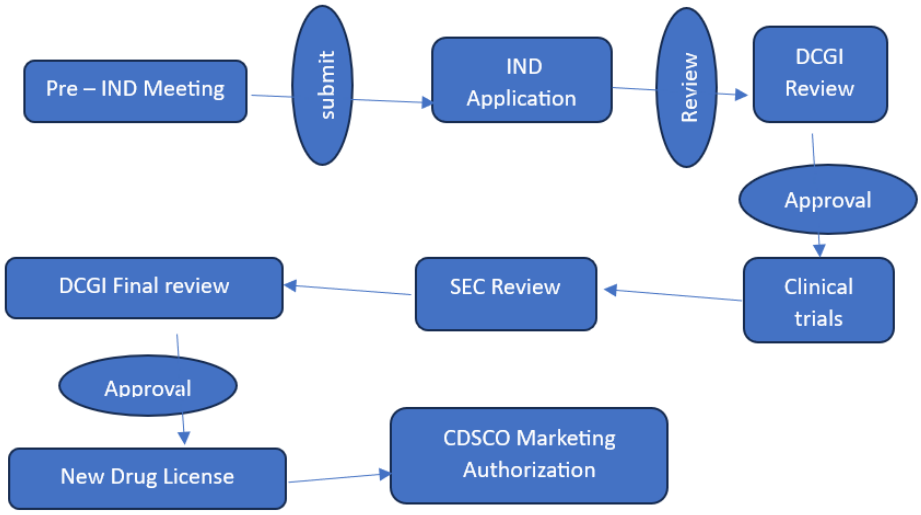


Figure 4 The regulatory approval process for India

Australia: Therapeutic Goods Act 1989 forms the foundation of the regulatory framework of Australia for vaccines, building a broad-based system of control over therapeutic products. The TGA is one of the world's most renowned regulatory agencies with high scientific scrutiny processes and risk-based approaches. The scope includes pre-market evaluation as well as post-market surveillance and is part of a framework that puts forth the need for scientific soundness and public safety together [24].

Clinical trials in Australia are streamlined through the Clinical Trial Notification (CTN) or Clinical Trial Exemption (CTX) schemes. These approaches allow for quicker initiation of trials while still maintaining robust oversight. Under the CTN scheme, ethics committee approval is followed by TGA notification to begin the trial, whereas, under the CTX scheme, a detailed review by TGA is required before the trial can begin. The GMP requirements of Australia are almost similar to those requirements of international standards, including PIC/S, so the manufacturing facilities have to meet tough quality requirements [25].

The TGA also maintains a comprehensive post-market surveillance system, which monitors adverse events through the DAEN. Specific protocols have been established for provisional approval pathways, such that in an emergency, temporary registration of vaccines is allowed based on preliminary clinical data, with the need for continued submission of complete efficacy and safety data [26].

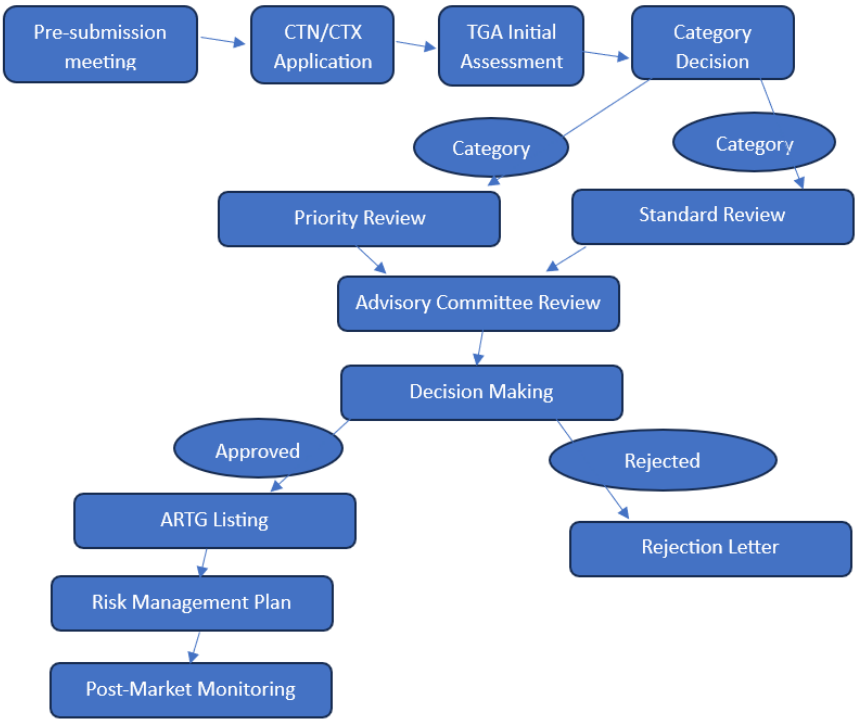


Figure 5 Registration process of Australia

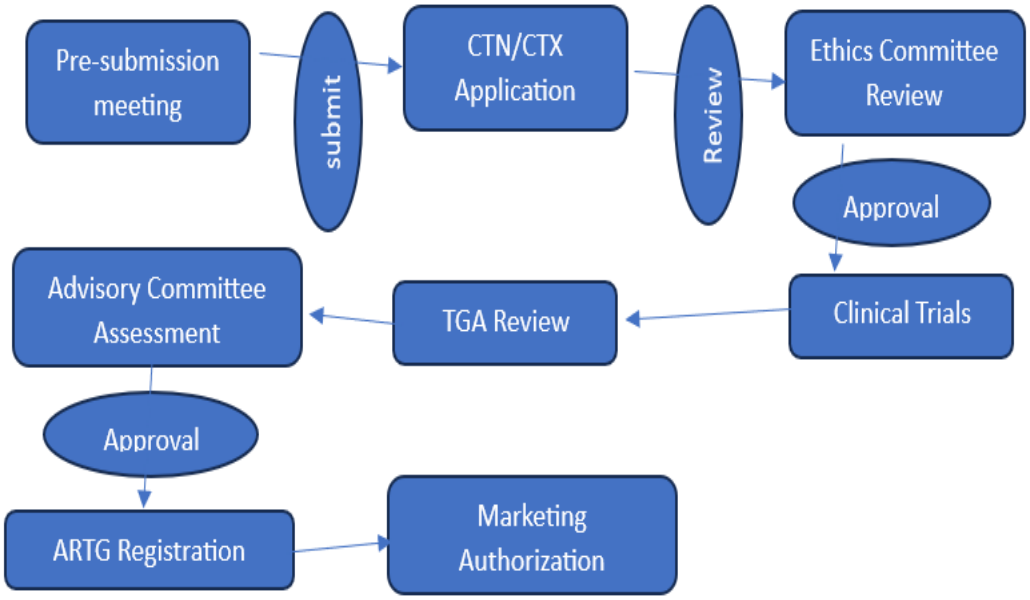


Figure 6 Regulatory approval process for Australia

Japan: Events such as the vaccine-related disasters of the 1970s have moulded the regulatory system for vaccines in Japan into one of the strictest in the world. The Pharmaceuticals and Medical Devices Agency (PMDA), established in 2004, is a subordinate agency to the Ministry of Health, Labour and Welfare (MHLW) and exercises overall regulatory oversight. An extensive pre-consultation process and detailed technical requirements are hallmarks of the Japanese regulatory culture [27].

Clinical trials in Japan have to adhere to certain guidelines as stipulated by the Pharmaceutical and Medical Device Act. This is usually a procedure of considerable consultation with the PMDA before commencing a trial, which usually proceeds on a phased schedule that is similar to standards set in other countries, but includes some requirements applicable locally. Japanese GMPs, although harmonized with international guidelines, present additional quality control and documentation requirements. The country has a specific requirement for domestic clinical data, though the acceptance of foreign clinical trial data has recently increased due to reforms [28].

Japan has a pretty good post-marketing surveillance system. Manufacturers have to carry out particular post-marketing safety studies, called GPSP, or Good Post-marketing Study Practice, and also file periodic safety updates. There is also mandatory reporting of adverse events through the Japanese Adverse Drug Event Report database, JADER. Japan, to deal with the COVID-19 pandemic, came up with emergency approval pathways under Article 14-3 of the Pharmaceutical Affairs Act, where vaccines could be reviewed expediently, keeping core safety requirements intact [8]

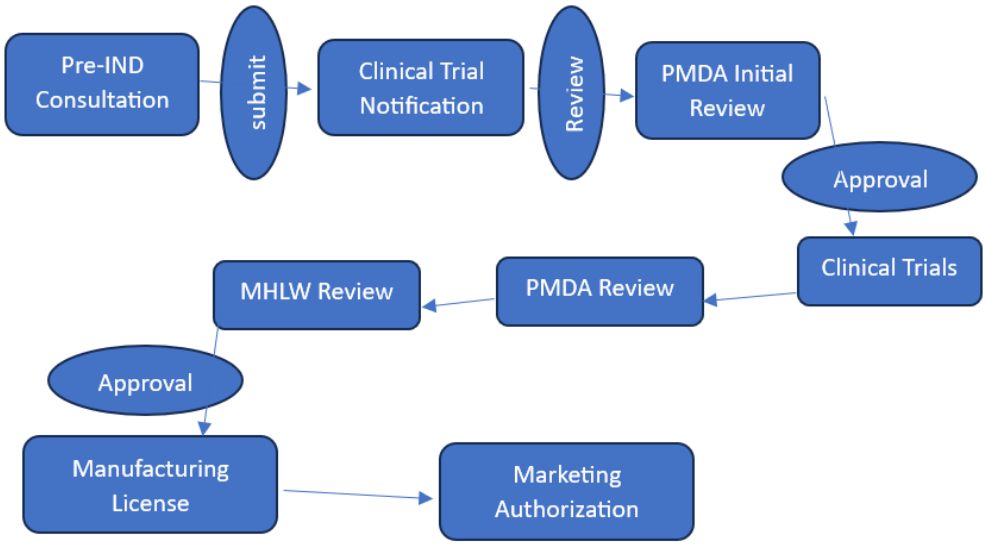
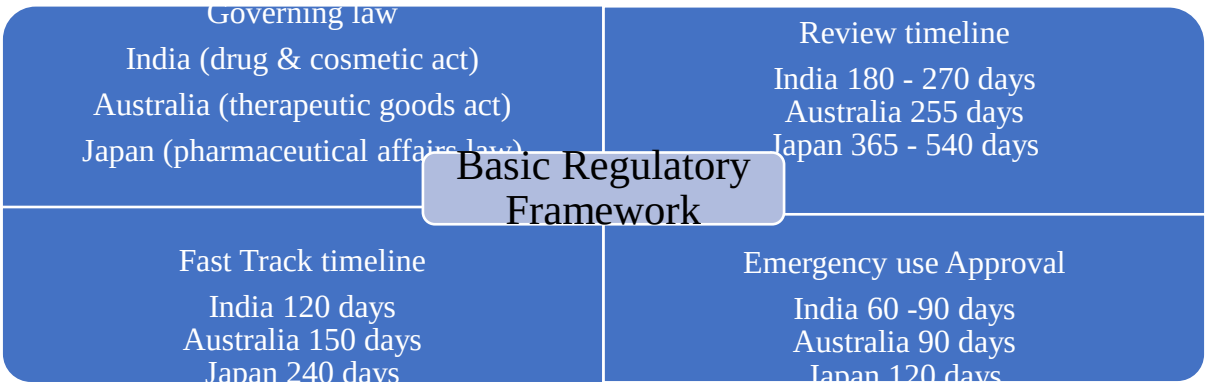


Figure 7 The regulatory approval process for Japan

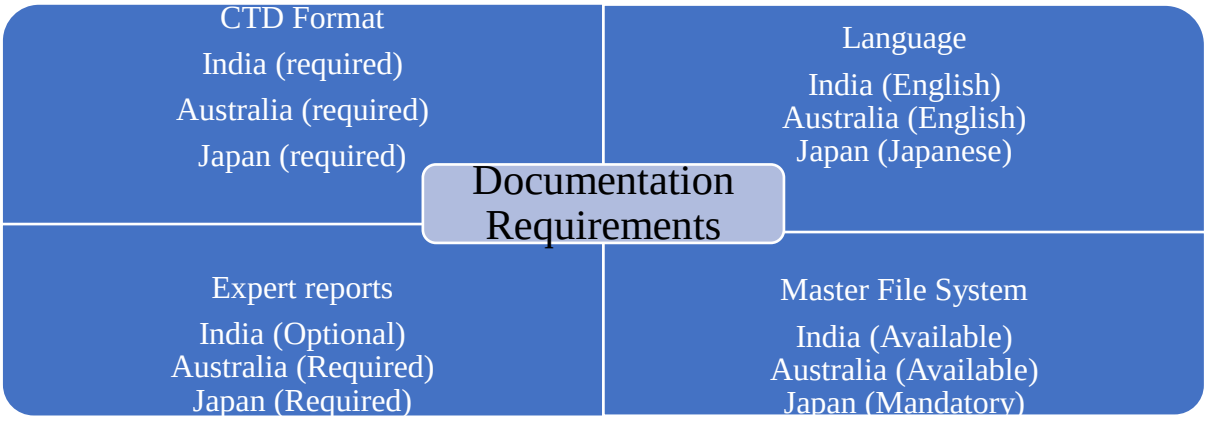
Figure 8 Registration process in Japan

COMPARATIVE ANALYSIS OF THE REGULATORY FRAMEWORKS ACROSS INDIA, AUSTRALIA, AND JAPAN:

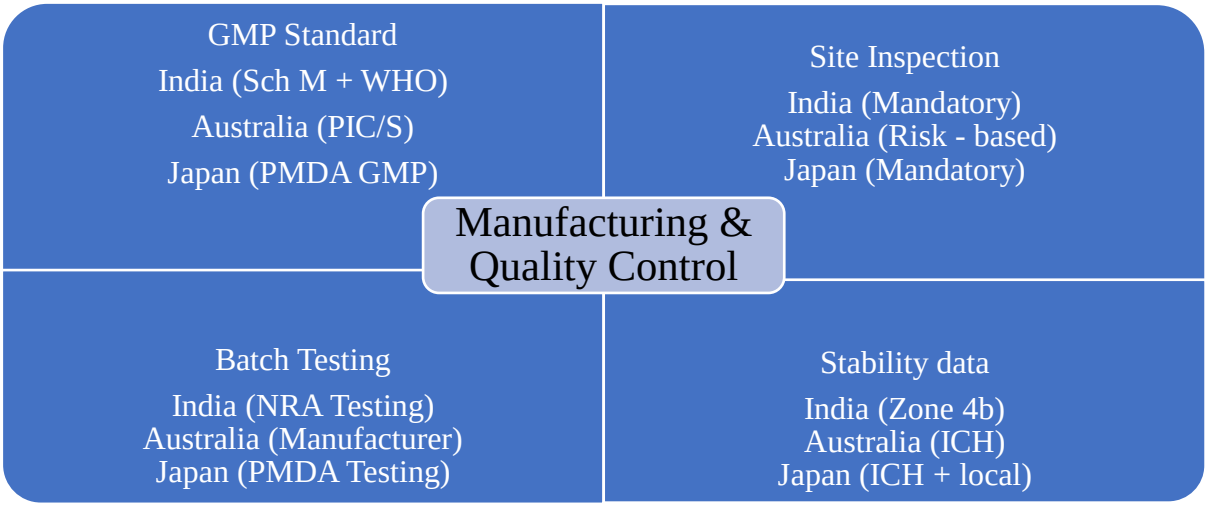
Regulatory Pathway Timelines: The three countries vary significantly in their review timelines. India typically completes standard vaccine reviews within 180-270 days, but accelerated reviews are possible within 120 days. The TGA in Australia operates under a 255 working-day timeline for standard reviews, and priority review pathways can complete the review within 150 days. The longest review period, on average, belongs to Japan's PMDA, which, in addition to its broad pre-consultation requirements and elaborate technical reviews, usually requires up to 12-18 months. Yet, expedited pathways have been created by all three countries for the use of vaccines that treat pressing public health needs. Emergency protocols allow for reviews within 60-90 days [17,29].



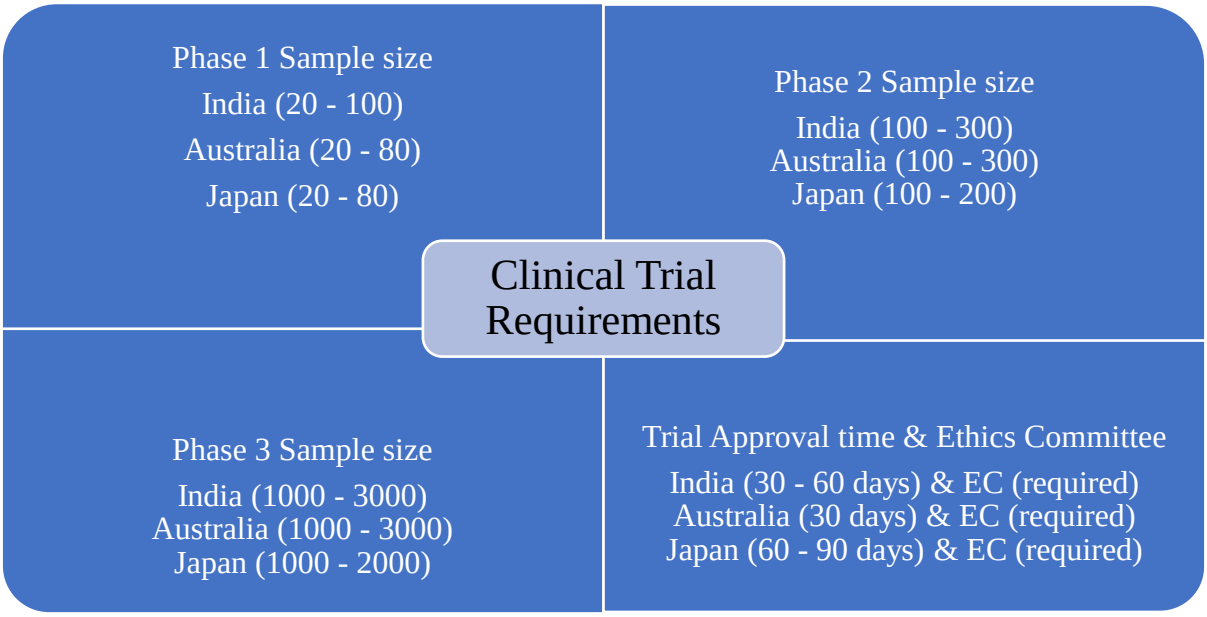
Documentation Requirements: A comparative evaluation shows different jurisdictions placing a different level of emphasis on documentation. India's CDSCO mandates extensive Chemistry, Manufacturing, and Controls (CMC) information along with local clinical trial information, though the requirement for bridging studies may be exempted in cases where earlier approvals have been received in regulated countries. Australia's TGA accepts common technical documents (CTD) format and, in general, accepts data from other ICH member countries and has fewer country-specific requirements for documentation. Japan maintains the most stringent documentation requirements, often demanding Japan-specific CMC data and local clinical studies, though recent reforms have increased flexibility in accepting foreign data [30].



Quality Control Standards: Quality control standards reveal significant convergence, reflecting efforts toward international harmonization. All three countries follow the WHO GMP guidelines, but with local adaptations, however. India's Schedule M requirements include additional specifications concerning tropical climate conditions and local manufacturing practices. Australian standards are very close to the EU GMP requirement due to PIC/S membership. Japan's standards surpass international requirements in several respects, especially in sterility assurance and environmental monitoring. The most significant difference is in the stability testing requirements. India requires specific studies under Zone IVb conditions, whereas Australia and Japan follow ICH stability guidelines [31,32].



Clinical Trial Requirements: The clinical trial landscape reveals that there are differences in study design and data acceptance. India demands phase-wise clinical trials, though it is possible to exempt some phases from the vaccines approved in well-regulated countries. India demands certain ethnic representation in the trial as well as post-marketing studies. Australia's CTN/CTX scheme has the flexibility of initiating a trial while being under scrutiny. Japan traditionally required full domestic clinical trials but is now appearing to be much more welcoming of foreign data through the efforts of international regulatory convergence. Sample size requirements also differ: India generally will accept less extensive safety databases for licensure than do Australia and Japan, where robust plans for post-marketing surveillance are in place [33,34].



Post-marketing Surveillance: The post-marketing surveillance systems have varying emphasis on active versus passive surveillance:

India:

• Nationwide AEFI surveillance network
• Mandatory periodic safety update reports (PSURs) every six months for two years
• Active surveillance through sentinel sites
• Risk management plans for new vaccines [21]

Australia:

• Aus Vax Safety active surveillance system
• Real-time monitoring through SMS-based feedback
• Integration with international databases
• Risk management plans according to EU [35]

Japan:

• Most intense post-marketing requirements
• Mandatory early post-marketing phase vigilance (EPPV) for six months
• Patient registry requirements for new vaccines
• Regular safety periodic reports with unique Japanese formatting [36,8]

CHALLENGES AND OPPORTUNITIES IN VACCINE REGULATORY FRAMEWORKS:

Resources, there are resource allocation variations around the three countries: While resources are somewhat constrained across a large pharmaceutical sector to fill adequate staffing for regulating processes in India, it seems in other ways to also promote innovative solutions such as 'digital transformation' or partnership between public and private stakeholders. Australia's TGA functions with more efficient resource management but is less able to retain expertise in all therapeutic areas due to its smaller population base. Japan's PMDA is well-resourced, but bureaucratic processes are so complex that they create inefficiencies, although this ensures that the review process can be quite thorough [6].

Technical capabilities: The technical landscape has a good and weak strength and weakness profile. India emerged as the global vaccine manufacturing hub, possessing relatively good technical capabilities in the production area but still lagging in advanced analytical techniques and specialized testing facilities. Programs have been initiated in the country to upgrade testing laboratories and technical expertise. Australia is showing leading capabilities in assessing novel vaccine technologies but has weaknesses in domestic manufacturing capability. Japan has a strong technological capacity with high-quality control but, on occasion, it has shown lags in embracing new technologies through conservative approaches in its regulation [1].

Technical Issues:

There are regions with little capability in advanced analytical testing.

Experts in the field are needed for novel vaccine platforms like mRNA and viral vectors

Testing facilities with older infrastructures

•Specialized storage and cold chain validation requirements

•Growing demand for real-time release testing capabilities [37]

International Coordination: Global vaccine development has brought both opportunities and challenges in international coordination. India has been able to advance towards international standards without sacrificing sovereignty in regulatory decisions. The country is an active participant in WHO initiatives and maintains bilateral agreements with many other regulatory authorities. Australia has successfully integrated into the international regulatory networks, especially through membership to PIC/S and ICH, providing mutual recognition agreements. Japan has

enhanced international cooperation by attending regulatory meetings with PMDA with maintaining very high standards that cater to local needs. Coordination Efforts [10]

• Harmonization of GMP inspection procedures
• Information sharing on safety signals
• Joint review programs for pandemic vaccines
• Regulatory exchanges to build capacity
• Development of common guidelines on new technologies [5]

Emergency Response Preparedness: COVID-19 exposed both strengths and weaknesses of emergency response:
India:
• Rapid adaptation to protocols, massive manufacturing capacities
• Challenges: Need for stronger data management systems, standardization of emergency procedures
• Opportunities: Development of dedicated emergency review pathways, enhancement of digital infrastructure [19]

Australia:
• Strengths: Strong framework of emergency use authorization, strong pharmacovigilance
• Challenges: Limited domestic manufacturing capacity for emergency response
• Opportunities: Enhancement of regional cooperation, strengthening of local production capabilities [35,25]
Japan:
• Strengths: Systematic approach to emergency approvals, strong quality control
• Challenges: Time-consuming decision-making processes even in emergencies
• Opportunities: Streamlining of emergency procedures, increased flexibility in data requirements [38,39]

The future of vaccine regulation is at the crossroads of significant transformation through technological advancement and increased international cooperation. Technologically, application screening will be revolutionized by artificial intelligence and supply chain management will become transparent and traceable using blockchain technology. Real-time surveillance systems and comprehensive digital platforms for regulatory submissions will streamline the whole regulatory process, thereby making it more efficient and transparent [40,41].
Capacity building would take place through innovative approaches in the areas of knowledge sharing and expertise development that reinforce stronger regulatory frameworks. It will involve creating joint training programs as well as shared assessment tools for the standardization of all regional regulatory practices. Programs of expert exchange, along with regional centers of excellence, would develop to facilitate transferring knowledge and building up of the capability of regulatory actions which will be a huge bonanza for emerging markets and developing regulatory systems [26,42].
Regulatory innovation is an important feature of future development that includes the introduction of adaptive licensing pathways able to respond more flexibly than before to emerging public health needs. It introduces rolling reviews to facilitate the acceleration of evaluation in a manner that does not compromise safety standards; employs risk-based approaches to maximize resource use; and adopts emergency protocols harmonized toward a single response to global health threats. These innovations will make the regulatory systems more efficient and responsive while keeping the standards for safety and efficacy high [43,44].
Global cooperation will thus be the decisive factor of the future regulatory regime, through the establishment of strong networks of information sharing and joint programs of inspection. Mutual recognition agreements will remove the redundancy of regulations, hence speeding up vaccine access across markets. In addition, collaborative research initiatives are sources of innovation and strengthen the scientific basis of regulatory decision-making. This will lead to better-coordinated and more efficient regulatory processes across the globe, thereby enhancing access to safe and effective vaccines globally [45,46].
All these together point toward a more integrated, efficient, and technologically advanced regulatory environment that can better serve global public health needs while keeping the highest standards of vaccine safety and quality. Their success will depend on continued commitment to international cooperation and sustained investment in regulatory science and infrastructure [47].

Table 1 Indian Regulatory Updates During the COVID-19 Pandemic

Regulatory Update	Description	Key Points	Impact on Vaccine Development
Rapid-track Approvals Process	Regulatory streams for COVID-19 vaccine development and approval	Quicken the clinical trials by relaxing the timeline for data submission. Emergency use authorizations (EUA) are issued.	Reduced the market timeline for vaccines, and quicker response to the pandemic. [22]
Deregulation of Regulatory Rules	Temporary removal of certain regulatory rules that ease vaccine development and manufacturing.	Relaxation in the protocols of clinical trial, data submission, and manufacturing process	Less paperwork and shorter turnaround time in vaccine development and production. [19]

More Cooperation	Greater cooperation between the regulatory agencies, researchers, and the industry.	Scientific work groups were done in conjunction with other information-sharing and coordinated regulatory decisions.	Better communications and coordination therefore improve the faster and more effective vaccine development process. [5]
Prioritization of COVID-19 vaccine development	Resource allocation and attention towards the COVID-19 vaccine development.	Funding allocation, technical support, and research as well as approval of vaccine applications.	Fast-developing vaccines. [48]
Public-Private Partnerships	Collaboration between Government, Academia as well as Industry to advance the development and also the production of vaccines.	Coordinated research activities, financial provision as well as technologies.	Relying on collective experience as well as resources, built it much sooner as well as manufacturing capacities were boosted. [49]

FUTURE DIRECTIONS IN VACCINE REGULATORY FRAMEWORKS:

Trends arising in regulatory science: Technological advancement and global health needs dictate the fast-changing nature of regulatory science. Artificial Intelligence and Machine Learning are more and more being introduced into regulatory decision-making processes in pharmacovigilance and safety signal detection. The real-world evidence is increasing, and regulatory authorities that initiate developing frameworks are allowing RWE integration at both pre- and post-approval stages. Advanced therapy medicinal products and personalized vaccines create regulatory boundaries and call for more flexible and agile approaches. Already digital health technologies, and new clinical trial designs, such as decentralized trials, are re-writing the classic paradigms of the traditional regulatory one [50].

Emerging Trends

1. Implementation of AI/ML in the regulatory process
2. Integration of real-world evidence
3. Sophisticated analytics for advanced safety monitoring
4. Novel designs for clinical trials
5. Platform technologies for rapid development of vaccines [6]

Improvement Areas: Each country has different areas that need to be improved upon in the system. India should upgrade its IT structure about regulation and also require improvement in coordination between the centre and states. Australia would improve its domestic manufacturing ability and acquire specialized knowledge of the newly evolved technologies. The review processes need to be simplified and accept global data, Japan needs to improve its regulatory system. All the countries are similar in the following aspects [31]

1. Improving Regulatory Process

Streamlining application procedure

•Cut review timelines

•More transparency in the decision

• Risk-based approach [51]

2. Technical Capability Building:

•Building expertise in the new technology

•Strengthening of laboratory facilities

•Up gradation of data analysis capability

• Building up the pharmacovigilance system [18]

The future of vaccine regulation will be based on global harmonization but still have country-specific requirements. This will include standardization of electronic submissions, manufacturing practices, safety reporting, and quality control across the nations. Increased cooperation is evident through joint reviews and unified emergency procedures, while standardized frameworks are being established for clinical trials, stability testing, and pharmacovigilance.[45].

The COVID-19 pandemic has catalyzed transformative changes in the approach to regulation that would provide immediate and lasting impacts. This short-term impact is quickening the review processes, encouraging international cooperation, introducing regulation flexibility, and strengthening the surveillance systems. In the long term, the heritage includes permanent emergency response protocols, enhanced cross-border coordination, streamlined data-sharing mechanisms, and more robust supply chain management systems [31].

This has led the field to progress on multiple fronts: real-time monitoring and automated screening are made possible by digital systems, and data sharing and coordinating efforts globally through networks are possible. Scientific innovations in this regard include advanced modelling and standardized protocols. In terms of risk management, sophisticated benefit-risk assessments have evolved into proactive safety monitoring [15].

In the future, reliance on real-time data analytics will change the nature of the regulatory environment from a reactive approach to a proactive one. Regulatory frameworks will be more flexible and responsive, with stronger coordination mechanisms at the global level and better preparedness in emergencies. This change represents a further understanding that regulation of vaccines will necessitate local and international

expertise with a healthy balance in favour of the need to provide swift responses in public health crises [40].

This implies that all stakeholders the regulatory authority to the manufacturer and the public health organisation to come together with a sustained commitment. The outcome will be seen through the balance between pressure for standardization and the capacity to respond to local priorities and emerging issues. Fundamentally, this is not about technical change but a change in the way vaccine regulation thinks and does things worldwide [45].

Conclusion

The regulatory frameworks of vaccines in India, Australia, and Japan are different since divergence has been shaped by differences in healthcare needs, cultural contexts, and historical experiences. While India has pragmatic flexibility, Australia stands as one example with robust international harmonization, and Japan shows rigid approval pathways with gradual collaboration around the world.

Although there is convergence on GMP standards, clinical requirements and post-marketing surveillance, review timelines, documentation requirements, and local clinical data needs diverge. The COVID-19 pandemic accelerates regulatory evolutions that come with reviews on expediting timelines and more significant international cooperation that is bound to find the need for regulatory agility and more global collaborations at a call of time.

The future of regulation is going to be characterized by the three dimensions of digital innovation, advanced analytics, and strengthened global cooperation. Standard harmonization, simplified approvals, better surveillance systems, and adaptive frameworks for health threats are to be developed in the identified priority areas. The search for a balance between global coordination and local needs would result in success, facilitated by investments in regulatory science and capacity building.

Conflict of Interest: No

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