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Review Article

## An Overview of Regulatory Authorities in Pharmaceutical's

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### ABSTRACT

Regulatory authorities have an obligation to protect the public's health by ensuring that drug products are safe, effective, and of good quality. These agencies are responsible for drug development, clinical trials, manufacturing practices, product approvals, and monitoring after marketing. Leading worldwide regulatory bodies, including the United States Food and Drug Administration (FDA), European Medicines Agency (EMA), Central Drugs Standard Control Organization (CDSCO) in India, Pharmaceuticals and Medical Devices Agency (PMDA) in Japan, and National Medical Products Administration of China (NMPA), have developed different frameworks or guidelines for drug regulation. Although they serve the same purpose, differences in what needs to be approved, time, and regulatory requirements make gaining global access to drugs more difficult. International harmonization, as pursued by the International Council for Harmonization (ICH) and World Health Organization (WHO), aims to overcome these gaps and ensure a high degree of regional comparability. This review provides insights into the organization, functions, and comparative features of the major regulatory bodies, as well as current challenges and prospects, such as digital health, artificial intelligence (AI), and patient-centred approaches. Enhanced global regulatory coordination is essential for accelerating innovation and enabling the highest levels of patient safety.

**KEYWORDS:** Regulatory Authorities, Drug Approval, Clinical Trials, Pharmacovigilance, FDA, EMA, CDSCO, ICH, WHO, Global Harmonization.

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### INTRODUCTION

Regulatory bodies play a critical role in ensuring drug safety, efficacy, and quality. The United States Food and Drug Administration and the European Medicines Agency are major stakeholders in this process. They are in charge of reviewing new drugs to determine whether they should be licensed based on a risk-benefit analysis, in which the benefits must outweigh the risks [1]. The Food and Drug Administration (FDA), for example, oversees drugs and medical equipment to assure their safety and efficacy through a rigorous review process. It allows for a flexible approach, granting licences sometimes based on less clear facts, necessitating extensive post-marketing surveillance to establish long-term benefits and ensure continuous compliance with safety guidelines [2]. Post-marketing studies, mandated in both the United States and Europe, are critical for monitoring drug safety and efficacy, particularly in the case of orphan pharmaceuticals created for uncommon disorders [3].

Unlike the EMA, the FDA uses regulatory tools such as Conditional Approvals and Approvals under Exceptional Circumstances to balance the need for rapid drug innovation with patient safety. While these paths are based on little evidence, they are not connected with higher safety risks, highlighting the application of vigilance even under accelerated timescales [4]. Further more, regulatory organisations must balance commercial considerations and the need for quick drug approvals. While the initial intention of these organisations was to remain independent of business interests, over time, there has been pressure to match their operations more closely with corporate demands for faster approvals, often at the expense of extensive testing and public health interests [5]. Overall, regulatory bodies play an important role in ensuring drug safety, efficacy, and quality by combining innovation with strict public health safeguards. They must constantly adapt to technological advancements and societal needs while ensuring that the approved pharmaceuticals are safe and valuable to the public [6, 7].

## Role and Function of Regulatory Authorities

Regulatory authorities play an important role in complex drug approval, licencing, GMP inspection, clinical trial monitoring, and pharmacovigilance procedures.

- 1. Drug Approval and Licencing:** The Food and Drug Administration (FDA) in the United States and the EMA in Europe are examples of regulatory bodies that grant approval and licences to new drugs and medical devices. Before making new pharmaceuticals available to the public, these organisations ensure that they meet the appropriate safety and efficacy requirements. The approval procedure normally includes a thorough examination of data from RCTs to determine the efficacy and safety of the medications. This procedure can be more challenging when dealing with orphan medications for uncommon diseases, emphasising the necessity for customised regulatory frameworks to handle these challenges [3,8].
- 2. GMP Inspection:** Pharmaceutical firms' manufacturing procedures must adhere to GMP standards for safe and high-quality products. Regulatory organisations undertake inspections and audits to ensure that facilities meet the production and quality assurance criteria. This entails monitoring the entire manufacturing process, from raw materials to the final pharmaceutical product, ensures that pharmaceuticals are consistently manufactured and fulfil the essential quality requirements [9].
- 3. Clinical Trial Monitoring:** Regulatory agencies monitor clinical trials to ensure that they are conducted ethically and in accordance with established standards. This involves ensuring the safety of the participants and the integrity of the data obtained. As the pharmaceutical industry transitions from passive to active surveillance, regulatory agencies are focusing on establishing comprehensive safety monitoring methodologies, combining innovative statistical tools to analyse safety data throughout a drug's lifecycle [10].
- 4. Pharmacovigilance:** Another critical function of regulatory authorities is postmarketing surveillance. Pharmacovigilance operations include monitoring adverse medication reactions and adopting risk management approaches to ensure drug safety following approval. For example, the FDA and EMA mandate post marketing studies to continue studying the safety and efficacy of drugs, adopting differing approaches to postmarketing requirements (PMRs) for ongoing surveillance and control of potential risks [3].

## Major Global Authorities

The FDA (United States), EMA (Europe), CDSCO (India), PMDA (Japan), NMPA (China), and the World Health Organisation (WHO) play critical roles in pharmaceutical regulation, ensuring safety, efficacy, and quality standards in medicinal product development and commerce.

- 1. FDA (United States):** In the United States, the FDA is responsible for ensuring that pharmaceuticals and medical equipment are safe, effective, and secure. The Food and Drug Administration (FDA) has many expedited programmes, including orphan, fasttrack, accelerated

approval, priority review, and break through therapy, that aim to speed up the approval process for drugs that satisfy unmet medical needs [9,13].

- 2. EMA (Europe):** The European Medicines Agency (EMA) ensures that medications in the European Union are safe and scientifically valid. A centralised drug approval procedure is used to create a unified pharmaceutical market across Europe. The EMA focuses on postmarketing safety and efficacy evaluations through its postmarketing requirements (PMR) [12, 3].
- 3. CDSCO (India):** The Directorate General of Health Services is in charge of the Central Drugs Standard Control Organisation, India's main regulatory body. It ensures the approval of new pharmaceuticals and clinical research as well as adherence to established guidelines. However, it has yet to completely embrace digital health advancements, such as mental health apps [14].
- 4. PMDA (Japan):** The Pharmaceuticals and Medical Devices Agency ensure the safety, efficacy, and quality of pharmaceuticals and medical devices. PMDA enhances the clinical use of novel therapeutics in Japan by incorporating real-world data and supporting regulatory science programmes, including regenerative medicine [15, 16].
- 5. NMPA (China):** China's National Medical Products Administration optimises regulatory efficiency by supporting medicine approvals with real-world evidence and promoting international standards. The NMPA also plays a vital role in the development of pharmaceutical legislation, particularly for traditional Chinese medicines [18, 17].
- 6. WHO:** The WHO provides international principles and standards for pharmaceutical regulation, assisting countries in developing effective regulatory regimes. WHO programmes focus on the standardisation of methods, such as those for biosimilars, which helps to standardise worldwide pharmaceutical regulations [19].

Each regulatory body tailors its approach to meet regional demands; nevertheless, worldwide collaborations such as the International Council for Harmonisation (ICH) promote the harmonisation of regulatory principles across areas, leading to an integrated pharmaceutical regulatory environment [12].

## A Comparative View of Global Regulatory Authorities

A comparison of approval processes, deadlines, and regulatory criteria across various regulatory authorities worldwide indicates substantial differences in approach and efficiency.

### A. Approval Processes:

- 1. FDA (United States):** The FDA is known for its expedited pathways, such as fast track, priority review, and accelerated approval, which shorten the review process for medications, particularly those that address unmet medical needs. This technique frequently results in faster drug market access compared

with other regions [20].

2. **EMA (Europe):** The EMA's method is often more conservative, focusing on detailed assessment and postapproval surveillance. It provides avenues such as the PRIME scheme for priority medications, which complies with worldwide standards but may take longer due to additional stages of examination within the EU system [21].
3. **PMDA (Japan):** Japan's PMDA prefers first evidence from early-phase clinical studies and additional standards for ethnic sensitivity, which might prolong development schedules [20].

## B. Timelines:

1. **FDA versus EMA:** The FDA generally approves drugs faster than the EMA because of its wide spread use of expedited review procedures. The study found considerable disparities in the TTA for cancer medications, with the FDA leading in speed over both the EMA and Health Canada [20].
2. **Global Reliance and Harmonisation Efforts:** Efforts such as the WHO's collaborative registration approach seek to streamline and harmonise approval processes by leveraging assessments from stricter regulatory agencies (SRA) for faster approvals in resource-constrained nations. This strategy helps decrease regulatory redundancy and speeds up the access to medications [21].

## C. Co regulatory Requirements:

1. **Regulatory Complexity:** The complexity and heterogeneity of criteria between jurisdictions make constructing a unified world wide regulatory framework difficult, which affects drug and medical device approval delays. The reliance strategy aims to address this by increasing the acceptance of SRA evaluations [21].
2. **Standardisation and Best Practices:** Research investigating the harmonisation and integration of HTA with regulatory reviews shows a need for synchronous, adaptive methods for speedier patient access to innovative therapeutics, acknowledging the variance in evidentiary criteria between HTA committees and regulatory authorities [22].

## International Harmonisation Efforts

Harmonisation efforts by organisations such as the International Council for Harmonisation (ICH), Pharmaceutical Inspection Co-operation Scheme (PIC/S) and World Health Organisation (WHO) are critical in aligning global regulatory standards, allowing for a more efficient and unified approach to drug regulation.

### A) International Council for Harmonisation (ICH):

- **Objective and Scope:** The ICH harmonises the technical requirements for medicines across regions, with an emphasis on quality, safety and efficacy. It provides recommendations that standardise submission criteria, including stability testing methodologies, thus eliminating unnecessary

testing and evaluations across jurisdictions [23, 24].

- **Key Achievements:** ICH guidelines, such as the "Q" series, have greatly contributed to the global unification of regulatory processes globally, particularly in medication quality testing and safety [25].
- **Advancements and Challenges:** While furthering harmonisation, the language around "technical" harmonisation has raised arguments about potential compromises in safety standards, particularly in toxicology, which some fear could endanger public health despite promises of innovation and increased access [26].

### B) Pharmaceutical Inspection Co-operation Scheme (PIC/S):

**Role in GMP Compliance:** Although not explicitly stated in the received data, PIC/S aims to harmonise Good Manufacturing Practice (GMP) requirements among its member countries. This alignment encourages mutual inspection and recognition and helps nations establish regulatory capacity.

### C. WHO:

- **Global Alignment Initiative:** WHO strives towards global harmonisation through programmes such as the Collaborative Registration Procedure, which uses reviews from demanding regulatory authorities to speed approvals in countries with limited regulatory resources [21].
- **Efficacy in Pharmacovigilance:** The WHO also encourages collaboration among national regulatory authorities to strengthen their post marketing surveillance systems, including harmonising ICSRs to increase global pharmacovigilance efforts [27].

### D) Collective Efforts and Outlook:

- The convergence of regulatory standards across areas attempts to provide faster access to safe and effective drugs while reducing duplicative efforts. This is especially useful for resource-limited settings that may rely on the WHO's guidelines and the ICH's technically harmonised frameworks for medication registration and monitoring [28,29].
- Despite progress, efforts to resolve regulatory gaps between are still under way. The focus remains on increased clarity and uniformity, particularly in speciality areas like postmarketing safety for pregnancy and breast feeding [24].

## Challenges in the Regulation

Regulatory agencies encounter numerous problems that can have an impact on their ability to monitor compliance and promote industry standards. Some of the problems include delays, guidelines variances, and resource constraints.

- a) **Regulatory Delays:** One challenge that regulatory organisations face is time lag in processing and decision-making, which can cause delays in the approval and implementation of new projects or goods. For example, in

the context of rare illness clinical trials, regulatory processes might be delayed because typical clinical trial designs may not fit well with the specialised frameworks necessary for orphan medications, resulting to lengthy development time frames [30].

- b) *Variations in guidelines:* Variability and discrepancies in regulatory guidelines between locations can create major impediments. This is especially true in the field of biosimilars, where discrepancies in criteria can cause inconsistencies in product review and approval, affecting the acceptability of biosimilars world wide and the environment for companies that operate broad [31].
- c) *Resource Limitations:* Resource limits can severely limit the ability of a regulatory authority to enforce compliance and undertake extensive evaluations. The US FDA, for example, has been prevented from using certain techniques based on available resources, of then substituting less resource-intensive enforcement actions, such as recalls, for more thorough inspections owing to budget cuts [32]. Similarly, resource constraints in state environmental agencies may require the prioritisation of certain regulatory activities over others, reducing quality in policy implementation [33].

Addressing these issues typically necessitates novel solutions. Collaborative solutions, such as exchanging resources and information across borders and agencies, can expedite procedures and establish more unified regulatory frameworks. Information interchange among regulatory bodies is a potential approach to reduce unnecessary processes and improving biosimilar evaluations [31]. Another option is the use of campaign-style enforcement, which can effectively mobilise resources to promote compliance when they are otherwise constrained, as shown in China's environmental regulation efforts [34].

## FUTURE PERSPECTIVES

The future of regulatory authority is inextricably linked to various progressive trends affecting digital health, AI integration, biologics, biosimilars, and personalised medicine.

1. **Digital Health and AI in Regulation:** Artificial intelligence (AI) is increasingly being employed as a revolutionary tool for improving regulatory processes and ensuring compliance across multiple industries. In healthcare, AI is used in postmarket surveillance of medical devices to improve signal detection, risk assessment, and regulatory compliance. Machine learning algorithms and big data analytics have demonstrated proficiency in real-time pattern recognition and anomaly detection [35]. Further more, a global AI regulatory framework, inspired by nuclear safety norms, underlines the importance of international collaboration in standardising AI safety rules across jurisdictions, assuring technical stability and social acceptability [36].
2. **Biologics and Biosimilars:** The global biosimilars industry, which represents follow-on biologics that are comparable to original biological therapies, relies heavily on tight regulatory routes to ensure safety, quality, and efficacy. The European Medicines Agency (EMA) and the World Health Organisation (WHO) have laid the ground

work for biosimilar regulation, encouraging countries such as Canada, Japan, and Korea to develop similar recommendations [37]. These efforts aim to harmonise biosimilar evaluation and approval criteria around the world. Despite these developments, regulatory systems vary significantly across countries. As patents for complex biologics expire, more biosimilar versions are expected, underlining the crucial significance of strong regulatory regimes [38].

3. **Personalised Medicine:** The integration of customised medicine into regulatory frameworks is also essential. Personalised medicine employs genomics and pharmacogenomics to tailor medicines to individual genetic profiles, enhancing therapeutic efficacy and safety [39]. Regulatory organisations, such as the US Food and Drug Administration (FDA), are responding to these improvements by developing guidelines to ensure the ethical and efficient use of customised medications. The International Consortium for Personalised Medicine focuses on a roadmap for bringing personalised medicine into everyday clinical practice, addressing hurdles such as stakeholder participation, regulatory compliance and data administration [40].

Overall, these emerging trends reflect a significant shift in regulatory approaches, emphasising the need for adaptable, dynamic, and harmonised frameworks capable of effectively overseeing digital health, fostering AI regulation, and ensuring the safe integration and use of biologics, biosimilars, and personalised medicine.

## CONCLUSION:

Regulatory bodies play a critical role in ensuring that medicines are safe, effective, and of high-quality. The FDA, EMA, CDSCO, PMDA, NMPA, and WHO cooperate to uphold global health standards through drug approval, GMP inspection, clinical trial oversight, and pharmacovigilance. Despite shared goals, differences in norms, schedules, and resources make it difficult to achieve regulatory harmony. Efforts by international bodies, such as ICH, PIC/S, and WHO, continue to promote harmonisation and strengthen worldwide regulatory cooperation. Future developments in digital health, AI, biosimilars, and personalised medicine require more adaptable and collaborative regulatory frameworks. Strengthening coordination and embracing innovation will speed up access to safe and effective therapies while maintaining public trust in the healthcare system.

## REFERENCES

1. Eichler HG, Abadie E, König F, Barnett D, Bloechl-Daum B, Pearson S. Relative efficacy of drugs: an emerging issue between regulatory agencies and third-party payers. *Nat Rev Drug Discov.* 2010;9(4):277–291.
2. Fernandez Lynch H, Sachs RE, Lee S, Herder M, Ross JS, Ramachandran R. Extending the US Food and Drug Administration's postmarket authorities. *JAMA Health Forum.* 2023;4(6):e231313.
3. Yu JH, Lee S, Kim YJ, Kim WY, Lee MJ, Kim Y. Assessing post-marketing requirements for orphan drugs: a cross-sectional analysis of FDA and EMA oversight. *Clin Pharmacol Ther.* 2024;116(6):1560–1571.
4. Boon WPC, Meijer A, Moors EHM, Schellekens H. Conditional approval and approval under exceptional circumstances as regulatory

- instruments for stimulating responsible drug innovation in Europe. *Clin Pharmacol Ther.* 2010;88(6):848–853.
5. Abraham J. Education and debate. *BMJ.* 2002;325(7373):1164–1169.
  6. Busis NA, Marilia D, Montgomery R, Balcer LJ, Galetta SL, Grossman SN. Navigating the U.S. regulatory landscape for neurologic digital health technologies. *NPJ Digit Med.* 2024;7(1).
  7. Parekh A, Fadiman EO, Uhl K, Throckmorton DC. Adverse effects in women: implications for drug development and regulatory policies. *Expert Rev Clin Pharmacol.* 2011;4(4):453–466.
  8. O'Connor AB. Building comparative efficacy and tolerability into the FDA approval process. *JAMA.* 2010;303(10):979.
  9. Furber CD. The FDA and drug safety. *Arch Intern Med.* 2006;166(18):1938.
  10. Yao B, Zhu L, Jiang Q, Xia HA. Safety monitoring in clinical trials. *Pharmaceutics.* 2013;5(1):94–106.
  11. Singh Sethi MI, Kumar RC, Manjunatha N, Naveen Kumar C, Math SB. Mental health apps in India: regulatory landscape and future directions. *Psychiatr Int.* 2024;22(1):2–5.
  12. Vogel D. The globalization of pharmaceutical regulation. *Governance.* 1998;11(1):1–22.
  13. Michaeli DT, Michaeli T, Albers S, Boch T, Michaeli JC. Special FDA designations for drug development: orphan, fast track, accelerated approval, priority review, and breakthrough therapy. *Eur J Health Econ.* 2023;25(6):979–997.
  14. Singh P, Vaishnav Y, Verma S. Development of pharmacovigilance system in India and paradigm of pharmacovigilance research: an overview. *Curr Drug Saf.* 2023;18(4):448–464.
  15. Sato M, Ochiai Y, Kijima S, Nagai N, Ando Y, Shimano M, et al. Quantitative modeling and simulation in PMDA: a Japanese regulatory perspective. *CPT Pharmacometrics Syst Pharmacol.* 2017;6(7):413–415.
  16. Azuma K. Regulatory landscape of regenerative medicine in Japan. *Curr Stem Cell Rep.* 2015;1(2):118–128.
  17. Liang Z, Lai Y, Li M, Shi J, Lei CI, Hu H, et al. Applying regulatory science in traditional Chinese medicines for improving public safety and facilitating innovation in China: a scoping review and regulatory implications. *Chin Med.* 2021;16(1).
  18. Wang J, Chen J, Zhao J, Wu Y, Xin X, Chen P. Establishment of RWS guidance reflecting contributions of China to regulatory science. *J Biopharm Stat.* 2024;34(6):864–872.
  19. Strand MW, Watanabe JH. Examining the impact of WHO 2022 guidelines on evaluation of biosimilars for non-local comparators in MENA member states. *Pharmacy (Basel).* 2024;12(3):94.
  20. Samuel N, Verma S. Cross-comparison of cancer drug approvals at three international regulatory agencies. *Curr Oncol.* 2016;23(5):454–460.
  21. Vaz A, Roldão Santos M, Gaza L, Mezquita González E, Majewska Lewandowska M, Azatyan S, et al. WHO collaborative registration procedure using stringent regulatory authorities' medicine evaluation: reliance in action? *Expert Rev Clin Pharmacol.* 2022;15(1):11–17.
  22. Ofori-Asenso R, De Bruin ML, Hallgreen CE. Improving interactions between health technology assessment bodies and regulatory agencies: a systematic review and cross-sectional survey. *Front Med (Lausanne).* 2020;7:582634.
  23. Molzon JA, Lindstrom L, Hunt L, Tominaga T, Ward M, Giaquinto A, et al. The value and benefits of the International Conference on Harmonization to drug regulatory authorities. *Clin Pharmacol Ther.* 2011;89(4):503–512.
  24. González-González O, Ramirez IO, Ramirez BI, O'Connell P, Ballesteros MP, Torrado JJ, et al. Drug stability: ICH versus accelerated predictive stability studies. *Pharmaceutics.* 2022;14(11):2324.
  25. Khagga B, Moglia S, Damu R, Keitha MV. ICH guidelines “Q” series (quality guidelines): a review. *GSC Biol Pharm Sci.* 2019;6(3):089–106.
  26. Abraham J, Reed T. Progress, innovation and regulatory science in drug development. *Soc Stud Sci.* 2002;32(3):337–369.
  27. Lomeli-Silva A, Rodríguez-Herrera LY, Barajas-Virgen MY, Romero-Lopez MS, Contreras-Salinas H. Harmonization of individual case safety reports transmission requirements among PAHO reference authorities. *Ther Adv Drug Saf.* 2024;15.
  28. Abraham J. International Conference on Harmonization of Technical Requirements for Registration of Pharmaceuticals for Human Use. Brill Nijhoff; 2010. p. 1041–1053.
  29. Alexe A, Fernandes MFS, Abramova N, Balram Singh-Harry L, Lewis D, Garg A, et al. Harmonization of pharmacovigilance regulations for post-marketing pregnancy and breastfeeding safety studies. *Br J Clin Pharmacol.* 2023;90(3):715–721.
  30. Mishra S, Venkatesh M. Rare disease clinical trials in the European Union: navigating regulatory and clinical challenges. *Orphanet J Rare Dis.* 2024;19(1).
  31. Kang H, Chua HM, Knezevic I, Perez Rodriguez V, Wadhwa M, Dalili D, et al. Regulatory challenges with biosimilars: an update from 20 countries. *Ann N Y Acad Sci.* 2020;1491(1):42–59.
  32. Olson M. Substitution in regulatory agencies: FDA enforcement alternatives. *J Law Econ Organ.* 1996;12(2):376–407.
  33. Park S, Liang J. The effectiveness-equity tradeoff when resources decline: evidence from environmental policy implementation in the U.S. states. *Public Adm Rev.* 2024;84(5):888–903.
  34. Liu NN, Lo CW, Zhan X, Wang W. Campaign-style enforcement and regulatory compliance. *Public Adm Rev.* 2014;75(1):85–95.
  35. Khinvasara T, Shankar A, Tselios N. Post-market surveillance of medical devices using AI. *J Complement Altern Med Res.* 2024;25(7):108–122.
  36. Cha S. Towards an international regulatory framework for AI safety: lessons from IAEA's nuclear safety regulations. *Humanit Soc Sci Commun.* 2024;11(1).
  37. Wang J, Chow SC. On the regulatory approval pathway of biosimilar products. *Pharmaceutics.* 2012;5(4):353–368.
  38. Cohen HP, McCabe D, Woollett GR, Turner M. Future evolution of biosimilar development by application of current science and available evidence. *BioDrugs.* 2023;37(5):583–593.
  39. D S, K R. A review of the regulatory challenges of personalized medicine. *Cureus.* 2024;16(8).
  40. Cinti C, Ayoub H, Trivelle MG, Frenzel M, Joulie M. The roadmap toward personalized medicine: challenges and opportunities. *J Pers Med.* 2024;14(6):546.