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Commission consultation on Better regulation for Veterinary Pharmaceuticals

CVMP analysis of the functioning of current veterinary legislation and proposals for its evolution and comments on the Commission paper

Executive summary

The Committee for Medicinal Products for Veterinary Use (CVMP) welcomes the Commission's initiative for a review of the current veterinary legislation and the consultation of stakeholders. The CVMP congratulates the Commission for the excellent analysis of highly points of the current situation requiring amendments and the openness to discuss proposals and options for a future legislation.

The CVMP responded to the Commission on-line questionnaire on Better regulation of veterinary pharmaceuticals, addressing as many points as possible, but omitting responses to questions directed more to other stakeholders. In addition the CVMP prepared an overall document that allows discussing the key points identified by the CVMP in more detail, and addressing issues that are not subject to the questionnaire.

The key areas identified by the CVMP that would benefit from consideration in the review of the veterinary legislation are:

- Procedural aspects: Simplification of marketing authorisation procedures, role and functioning of the CVMP and harmonisation and referrals;

as well as:

- Specific areas: Availability of medicines, pharmacovigilance, antimicrobial resistance, environmental risk assessment, advanced therapies, medicinal products containing biologically active substances and arising needs, in particular considerations arising from climate change and new vaccines for emerging diseases.



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1 General comments

The Committee for Medicinal Products for Veterinary Use (CVMP) welcomes the Commission's initiative for a review of the current veterinary legislation and the consultation of stakeholders. The CVMP congratulates the Commission for the excellent analysis of highly points of the current situation requiring amendments and the openness to discuss proposals and options for a future legislation.

This document is produced by the CVMP to complement its responses to the Commission on-line questionnaire on Better regulation of veterinary pharmaceuticals. The possibilities within the questionnaire to present views and make proposals are limited, in particular as the questionnaire is restricted to specific selected questions or areas and since it mostly uses multiple choice questions, without the possibility for providing further explanations. Therefore, it was considered useful to prepare a separate comment document that provides more details on some points.

This document is constructed to provide a brief problem analysis of areas linked to the work of the CVMP that in the Committee's view would benefit from revision in future legislation. The document also presents proposals for consideration by the Commission. Where possible, the text proposals have been included in comments fields in the questionnaire.

The CVMP considers that many of the questions in the questionnaire are addressed directly to industry or other stakeholders rather than to the main scientific Committee, e.g. the questions under Key issue No 1: "Data exclusivity" are mainly addressed to industry, as to their needs and expectations regarding data protection; or under Key issue No 5: "The distribution channel" which is mainly directed to industry and vets. While CVMP members have views on these issues, which may be based on discussions with the stakeholders concerned a national or EU level, the CVMP considered it inappropriate in the context of this consultation to answer to those questions directed to other stakeholders.

The CVMP hopes that the European Commission will work closely with the CVMP as dedicated partner during the review process. The CVMP will be pleased to provide further explanations to the Commission on any comments or proposals.

2 Area I. Procedures

2.1 *Simplification of procedures (MA procedures, availability of products)*

Analysis of the current situation

The authorisation procedures have developed over the years to become very complex with four different routes of application: the centralised, the decentralised (DCP), the mutual recognition (MRP) and the national procedure requiring a high level of bureaucracy both for industry and regulators without gain of increased quality, safety and efficacy. A further issue which is confusing is the existence of various legal bases for applications (full applications, bibliographic (well-established use) applications, generic applications, informed consent applications, hybrid applications). Depending on which application route is chosen by an applicant, the procedures under which the evaluation takes place differ and so too can the decision to authorise e.g. a premix containing oxytetracycline for pigs might be rejected as a well-established use application (article 13a) where insufficient information to confirm the dosage was provided, but acceptable as a generic (article 13) where bioequivalence data to an already authorised product was available. To the outside world it is difficult to understand why a product which is produced under identical conditions should be acceptable in one situation but not in another. This complex structure seems to lead to ever new aspects and possibilities in using the legislation posing increasing regulatory demands.. The current system however also supports the

continuous efforts towards harmonisation and consistency in understanding of the appropriate data requirements, the interpretation of legislation and guidelines and principles of benefit-risk assessment across EU Member States through the ongoing work of the European Medicines Agency, the CVMP and its working parties and scientific advisory groups and the network of NCAs and CMDv. This process ensures high quality, safety and efficacy of veterinary medicines in the EU, but simplification is possible.

Still, over the years the MRP and DCP procedures have led to repeated evaluations of dossiers and discussions over the acceptable level of documentation provided by the applicants and the interpretation of data. This has often led to referrals, for CMDv and CVMP to settle the disagreement.

There has continued to be a problem with availability in the smaller member states, which are not included in the DCP/MRP-procedures by the applicants, probably because the market is too small to be commercially interesting for the companies.

Many old veterinary medicinal products are on the market in the EU, which have been authorised on basis of dossiers that are not according to current data standards. Also the assessment carried out at that time was often not according to current approaches and did e.g. not include sufficient consideration on the benefit/risk balance. While this situation does not constitute per se a risk as demonstrated by long term safe use for many products, fundamental issues which may represent a risk to public or animal health have been identified:

- Data gaps for old reference products
- Concerns for accepting wider claims without data according to modern standards
- Need for consistent/updated safety warnings or risk management instructions
- Need for more harmonised withdrawal periods which ensure that residues in foodstuffs of animal origin are below the MRLs established in the EU.

These issues were - together with the inconsistency of decisions taken by member states - the reasons for referrals in the past. This situation is equally valid for many other products authorised in the EU, which have not been subject to a referral..

Possible development in the legislation

2.1.1. Future marketing authorisation procedures: *(Key Issue # 2)*

The CVMP considers that at least two procedures will be necessary to address the needs for quality assessments for all types of products ranging from new technologies to generics of old products, for ensuring consistency and continuing harmonisation throughout the EU. One procedure should be similar to the current centralised procedure with assessments by an EU committee as the current CVMP, as it is vital for continuous consistency and harmonisation that a central scientific committee has an active role in the scientific evaluation of veterinary medicines, in particular regarding new technologies, new chemical entities, and can use its expertise and experience to foster a harmonised approach throughout the EU. The scope of this procedure should be similar or preferably wider to the current centralised procedure with all innovative products falling under its scope. The scope of this procedure should however not be overburdened, e.g. generics may not necessarily fall under the scope as well.

A second procedure would be for non innovative products, i.e. in particular for the authorisation of generics. The scientific evaluation could be carried out by competent authorities through a system of enhanced co-operation with the aim of pooling the existing resources better at EU level.

Both procedures should be insofar similar that one assessment of a given application – in the first case by the scientific committee, in the other case by the network of member states – would lead to one EU wide marketing authorisation.

The approach for the evaluation of a dossier for centralised procedures with multinational contributions based on separate assessments by rapporteur and co-rapporteur with input by other CVMP members, has been proven successful for quality assurance, and should be continued. A similar approach e.g. multinational assessment teams or peer reviews, should be applied for any further procedure leading to an EU marketing authorisation.

Such a system would avoid unnecessary repeating of assessments, would avoid arbitration referrals, would lead to more efficient use of resources of national competent authorities and shorten the time to bring products on the market. The CVMP is however concerned as to the impact if national marketing authorisations would be entirely abolished, as there are many smaller companies, who are only able or interested to bring their products on a national market, and these companies have for small national markets often a pivotal role in respect to availability of medicines.

2.1.2. Update of old products: *(Key Issue # 2)*

For products already authorised in one or more EU member states the following proposals are made.

2.1.2.1. Products authorised after October 2005:

It could be possible to extend all MRP- and DCP-authorisations, which have been granted after implementation of Directive 2004/28/EC (October 2005) in a simple administrative way to all member states without any additional scientific assessment.

The following conditions could be implemented: e.g. several member states have been involved in the initial assessment and SPCs should be updated with current warnings etc.

2.1.2.2. Products authorised before October 2005:

In order to extend MRP-authorisations granted before October 2005 and national authorisations to other or to all member states a harmonised scientific assessment of dossiers - updated to current standards - should be performed. Long market use / experience could qualify to substitute proof of efficacy for old products since the scientific documentation for such old products cannot be expected to live up to modern requirements. Only those products which have been authorised as either full applications or well-established use applications would be eligible for such update procedure. The assessment could be carried out through a system of co-operation between member states with the aim of pooling the existing resources at EU level (e. g. groups of experts from different member states or groups of member state agencies that share the work). It is recognised that old products which have already undergone a review process on national level will in all likelihood be up-to-date and according to current standards, and they would require specific considerations.

Each authorisation of both these categories of old products going through the proposed exercises could be regarded as a finally "harmonised" DCP-authorisation fit for acceptance in a future authorisation system.

Such process would contribute to availability of products and harmonisation of SPCs throughout the EU. It is however recognised that despite these efforts still companies may not be interested to bring the products on smaller markets, and other incentives should be considered to improve availability on smaller markets.

2.2 Role and functioning of the CVMP

2.2.1. Expertise in CVMP (Key Issue # 2, additional comment)

Analysis of the current situation

The CVMP workload has considerably increased in the last years and new tasks have been given to the European Medicine Agency. CVMP continuously tries to adapt its working methodology to changed requirements; however these changes made still are not sufficient. Surveys of CVMP have shown that most members find the workload overwhelming. It should be outlined that there is in certain areas a very limited number of specialized CVMP members. Moreover, it is difficult for one member to cover sufficiently all the different areas (MRLs, pharmaceuticals, immunologicals, new technologies, pharmacovigilance etc) that CVMP works in.

Currently, there is only a limited possibility for CVMP to define the expertise needed. There is only the possibility to nominate 5 co-opted members with a specific expertise.

Although the member states nominate highly qualified experts to be CVMP members, their specific expertise is not coordinated with the expertise already available in CVMP.

The appointment of Co-opted members was intended to cover for the above mentioned situation, and this also works well. However, when new CVMP members are appointed, the composition of expertise in CVMP changes and the need for co-opted expertise may therefore also change. The system of 3-years appointment of Co-opted members may therefore be less flexible than desired.

Possible development of the legislation

It is necessary for the CVMP to have a composition with a broad and diverse expertise across the entire scientific field of veterinary medicine and have members that are active, dedicated and contributing.

The CVMP members should be appointed by member states based on their experience in the field, their scientific qualifications and their "Committee competence". Each open/new nomination should be coordinated with the Agency, which should communicate the "need" of the CVMP to member states during the process of nominating a new CVMP member.

The system with co-opted members is appreciated. Co-opted members could have a more flexible appointment schedule (e.g. predefined variable terms) and it could be possible to allow more than five co-opted members if needed.

The workload of CVMP members should be appreciated, and structured work sharing and assistance from their national agencies should be guaranteed as part of the nomination process.

The CVMP should regularly do a "self-assessment" of its performance as a Committee and have the possibility to make changes and draw in additional expertise as necessary.

2.2.2. Role and mandate of CVMP (Key Issue # 2, additional comment)

Analysis of the current situation

The CVMP is currently constituted as a scientific committee and members are nominated by Member States predominantly on the basis of their scientific experience and skills. In principle therefore the committee provides opinions exclusively on the basis of scientific risk assessments and leaves risk management to the Commission and/or the Standing Committee. Two factors militate against this clear division of responsibilities. First, the committee is itself responsible for proposing the conditions of use of a medicine, particularly the SPC, to the European Commission thereby combining element of both risk assessment and risk management. Second, particularly in recent years, the CVMP has been

required to take into account “other legitimate factors” than those based on pure scientific data in order to propose the best and most appropriate opinion for adoption by the European Commission. Examples include certain opinions on MRLs and authorisations under exceptional circumstances where the urgent need for a medicine has to be balanced against a lack of data up to normal standards. It has become clear both that the Commission has no legal basis to change the opinion of the CVMP other than in the most exceptional cases and that the Standing Committee is not structured with a view to engaging on a routine basis in issues of risk management. This has caused extensive discussion on the legal basis and the mandate of CVMP in reaching decisions or recommendations, which are based on other factors than the risk assessment of the presented data. It is the understanding that the Commission clearly wishes the CVMP to fulfil its tasks in this way, but the legal base is not completely clear.

Possible development of the legislation

It would be beneficial to review the relationship between the Agency, including the CVMP, and the European Commission and the Standing Committee with a view to ensuring and clarifying the role of each in risk assessment and risk management with respect to authorisation of veterinary medicinal products. The final role for the CVMP could depend on whether or not additional sub-committees are established in relevant areas of expertise. .

2.2.3. Payment of work (Key Issue # 7)

Analysis of the current situation

Some of the work in CVMP is not connected to a fee paid by an applicant or by another body of the Community. This relates in particular to referrals and means that the CVMP member, who becomes rapporteur will have to finance the work of him/herself and the assessors from his/her agency in another way. This is a major constraint for the possibility for CVMP members to take on such work.

Possible development of the legislation

While it is recognised that fees are not addressed in the basic legislation but in a supporting fee regulation, it is considered important to raise the matter at this occasion. It would be beneficial if provisions could be made for the reimbursement of costs arising for the rapporteurs in relation to the assessment of referrals, in particular the work of the assessors.

2.3 Harmonisation and referrals (Key issue #7)

Analysis of the current situation

Under the current legislation, referrals to the CVMP can be submitted under Article 33(4) of Directive 2001/82/EC for arbitration by the CVMP following failure of member states to reach agreement on applications in MRP or DCP procedures; under Art. 34 for harmonisation of SPCs or due to divergent decisions by member states; under Art. 35 on the basis that the referring party was of the view that there was a ‘Community Interest’ in CVMP considering the matter referred; and under other legal provisions or articles, e.g. Art. 40, Art. 78 Directive 2001/82/EC; Art. 6(12), Art. 6(13) of Regulation 1084/2003; Art. 45 Regulation (EC) 726/2004.

Art. 34 includes also provisions for SPC harmonization for products identified suitable by member states, for which proposals were to be submitted within 6 months after the entry into force of Directive 2001/82/EC to the CMDv to forward a list of products for harmonisation to the Commission. Following initial proposals by some member states for SPC harmonisation, eventually this one-time possibility

was not taken up by member states and CMDv. In the equivalent human legislation the possibility for SPC harmonisation is open once every year.

From the referrals received so far by the CVMP the majority were referrals for arbitration submitted under Art. 33 (20 referrals). Six referrals were submitted under Art. 34 and seven under Art. 35. Eight referrals were submitted under the other legal provisions.

However, referrals for harmonisation and 'Community Interest' are increasingly submitted to the CVMP, which often relate to numerous, sometimes several hundred, products and MAHs. These referrals are often submitted as a consequence of a MRP or DCP procedure, where one or more member states identify a concern that has a wider implication thus leading to a referral for SPC harmonisation or considering Community interest, often issues related to public or animal health including harmonisation and update of safety warnings or harmonisation of withdrawal periods.

Experience has shown that these referrals require high resources of the CVMP, the Agency secretariat and the EU network of experts supporting the CVMP work. In addition, the workload and the resource demand is not predictable, due to the link in most cases with MRP and DCP procedures. Justified concern by a member state regarding a specific application may trigger a class action referral on an issue of lower priority for network.

In addition, in particular for the Community interest referrals with many products involved, the legal deadlines for the assessment are considered too short.

Fundamental issues have been identified that were the reason for specific referrals, but which are equally valid for many other products authorised in the EU:

- Data gaps for old reference products;
- Concerns for accepting wider claims without data according to modern standards;
- Need for consistent/updated safety warnings or risk management instructions;
- Need for more harmonised withdrawal periods which ensure that residues in foodstuffs of animal origin are below the MRLs established in the EU.

It is recognised that there is a need for wider harmonisation of veterinary medicinal products in the EU. A large proportion of the veterinary medicinal products on the market have been authorised by national procedures and are not harmonised. The same product or similar products may have different indications, posology, withdrawal periods, etc. in different member states.

This causes concerns, due to difficulty to explain the differences to the public and the differences may represent a risk to public or animal health. Furthermore, the lack of harmonisation of reference products leads to difficulties for Member States in assessing generic applications.

It is worth noting that the current legislation does not prevent and might even provide incentives to approaches that increase disharmonisation, e.g. applicants for generics, hybrid or informed consent applications may choose to support only partial claims of the reference product in respect to indications, species or restricting claims to young/low weight animals to avoid the need to provide specific data in the marketing authorisation application such as the environmental risk assessment (ERA) data. The result of this is on the one hand an increase in disharmonisation of SPCs for products that should have an identical SPC, while on the other hand it can reasonably be assumed that the restrictions are often not respected in practice.

Ideally, all products that are of the same type should have the same or similar SPC. However, it is very likely not possible to achieve such harmonisation, nor is it considered necessary.

Considering the workload and resource requirements for the harmonisation of SPCs of the existing veterinary medicinal products for both, regulators and industry, as well as the impact this would have on the market, further considerations are necessary to define an appropriate and balanced strategy and policy; it is important that any harmonisation work should follow a prioritisation. Furthermore, a full SPC harmonisation may not always be necessary, as it is currently required under Art. 34 referrals.

In the view of the CVMP the prioritisation on which products and which elements of the SPC should be harmonised should take into account primarily the relevance for the protection of public and animal health, which may be direct or indirect, and the importance of that risk.

An additional point is that - due to the structure of the current authorisation system in the EU - harmonisation achieved for nationally authorised products at one point may not be valid anymore after some time due to different post-authorisation processes at national level.

In summary, the existing legal provisions are quite complex and include some rather artificial divisions between different types of referrals. Simplified, but more flexible provisions are required which will permit any scientific issue of concern to be put forward and dealt with according to the urgency of the situation.

Possible evolution of the legislation:

The CVMP considers that in the future veterinary legislation the provisions regarding marketing authorisations and those regarding referrals would require adaptation to provide more favourable conditions for achieving and maintaining harmonisation, and provide the appropriate tools with the necessary procedural flexibility regarding scope of harmonisation and timeframes to achieve harmonisation for old products, as further detailed below.

The needs for legal provisions in the future veterinary legislation regarding harmonisation and referrals will partly depend on the approach that is taken regarding the simplification of the marketing authorisation procedure. If options 3.2.1, 3.2.2 and 3.2.3 (in Table 1 of the Commission consultation document on *Better regulation of veterinary pharmaceuticals*, or combinations thereof) are followed, there would no longer be a need for referrals for arbitrations as under the current Article 33. However, a system could foresee that in case of difficult scientific questions arising within procedures handled by the member states network, these could be sent to the CVMP within the procedure for advice.

In order to overcome the above mentioned difficulties the future veterinary legislation should include:

- Minimum eligibility requirements for reference products for new generics marketing authorisations should be defined.
- Legal provisions should hinder disharmonisation both at time of the marketing authorisation, e.g. of generics, hybrid and informed consent applications, and post-marketing.
- The future legal provisions for referrals aimed to harmonise SPCs should be more flexible regarding the level of harmonisation, i.e. allowing partial harmonisation of SPCs and harmonisation of not only the same product but also similar products, e.g. products with same active substance and same administration route.
- The future legal provisions for harmonisation of SPCs (allowing partial SPC harmonisation, if appropriate) of existing products should have a more flexible time line for identifying the priority products and for carrying out the harmonisation exercise than the current Art 34 provisions.
- The work on harmonisation of SPCs of existing products should follow a process of identifying priority candidates based on their relevance for public and animal health.

- For referrals that are highly resource demanding, in particular those involving a large number of products, more flexible provisions regarding the legal timelines for completion should be allowed, which may take into account the urgency in case of Community interest referrals
- The legislation should facilitate the maintenance of harmonisation of SPCs for old products. This can be achieved for example by transferring these products to European procedures when harmonization has been achieved.

3 Area II. Specific subjects

3.1 Availability of medicines

3.1.1. Providing incentives for applications for MUMS/limited markets

Analysis of the current situation

Authorised veterinary medicines are lacking for a considerable number of diseases and species. This lack of authorised medicines is in particular obvious for many indications in minor species but also for certain indications in major species. The lack on authorised medicines can have potential public health implications in case of zoonotic diseases. Consideration should be given to improve availability of medicines for areas where such medicines are lacking, in particular MUMS/limited markets. The European Medicines Agency and CVMP have provided various incentives for MUMS/limited markets, such as free scientific advice and incentives under Article 79 of Regulation (EC) No 726/2004. However, the setting –up and implementation of these incentives have been very difficult, mainly due to the fact that there is only a very general legal basis.

Possible evolution of the legislation

It is proposed that the legal basis for providing incentives for MUMS/limited market applications is more clearly embedded in the veterinary legislation, or preferably extended by further legislative incentives, for which appropriate elements could be taken from the Orphan drugs regulation for human medicinal products.

3.1.2. Use under the cascade (1) (Key issue #6)

Analysis of the current situation

When medicines are used under the cascade in food producing animal species, specific minimum withdrawal periods have to be observed. In some cases these withdrawal periods are impractical, for example for animals with a short life span, thereby limiting the possibilities for treatment. Regulation 470/2009 provides for adjustment of the specified minimum withdrawal periods by differentiating between foodstuffs, species, administration route and annex of Regulation 2377/90 using the Comitology Procedure. Consideration by the CVMP revealed that a system using multiplication factors to calculate the minimum withdrawal periods is the most promising and practicable solution, providing both shorter withdrawal periods where possible, and safety for the consumer. However, due to the specifications for the adjustments of the cascade withdrawal periods in accordance with Regulation 470/2009 such an approach is legally not possible at present.

Possible evolution of the legislation

It would be beneficial if the legislation could include (or allow the development of) a new system for calculating minimal withdrawal periods for use under the cascade, using multiplication factors. With regards to products for which the withdrawal period specified in the SPC is zero days, a short safety

span could be applied to set the withdrawal period for use under the cascade, in order to ensure that any species differences are fully accounted for.

3.1.3. Use under the cascade (2) (Key Issue # 6)

Analysis of the current situation

The sequence of options (article 11.1 a, b, c of the Directive) for the choice of products under the cascade is considered not optimal. At present, the first option is a product in the own Member State, the second one in another Member State. This may lead to a situation where a product for companion animals has to be used (with a withdrawal period of 28 days) because this is the only product available in the Member State, whereas products for the relevant target species and perhaps even the relevant indication may be available in other Member States (with appropriate withdrawal periods).

Possible evolution of the legislation

It would be beneficial if the sequence of options in the current article 11 is reviewed.

3.2 Pharmacovigilance

3.2.1. Placing the responsibility (Key Issue # 4)

Analysis of the current situation

In the present pharmacovigilance legislation, the emphasis lies for the MAHs with the expedited reporting and the periodic reporting of the adverse events (PSURs). Competent authorities (CAs) have a major burden of the actual analysis of the data. MAHs rarely take the initiative to propose updates of product literature based on pharmacovigilance data.

Possible evolution of the legislation

It would be beneficial if the legislation could enforce that the product responsibility for safety surveillance rests with the MAH through systematically assessing the data for signals with periodic communication to CAs, or promptly if important signals emerge.

3.2.2. Possibility to enforce requirements (Key Issue # 4)

Analysis of the current situation

At present it is difficult for CAs to enforce and control the requirements for post-marketing surveillance with a lack of legal instruments and hence some products may in reality be without reliable post-authorisation surveillance if the MAH neglects his obligations.

Possible evolution of the legislation

The pharmacovigilance system of MAHs must be clearly defined and inspected at regular intervals (on-going). The legal options should be strengthened and harmonised to enforce the requirements of the system, e.g. MAs could be suspended if the PhV-system of a MAH is inadequate, or if the MAH does not fulfil his obligations, after a number of warnings/possibilities to improve.

3.2.3. PhV system master file (Key Issue # 4?)

Analysis of the current situation

At present all marketing authorisation applications (MAA) must include a description of the PhV-system for the product, to be assessed by the CA. The PhV-system for a company is often identical for all products, except for minor product related issues. This therefore leads to a situation with unnecessary additional administrative burden for both MAHs and CAs.

Possible evolution of the legislation

It would be beneficial to develop the idea of a pharmacovigilance system master file for each MAH. This master file would be maintained by the MAH on their premises, to significantly reduce the information to be included in the MAA to a minimum amount of product specific information, if any.

3.2.4. Tailored approach to surveillance (Key Issue # 4)

Analysis of the current situation

At present all veterinary medicines are bound by the same level of post-marketing surveillance, regardless of the actual risk or the previous knowledge that the MAH/CAs have of a product. This means that too much effort may be put into the well-known and safe products, which could be better used on the newer substances or those with a high risk profile.

Possible evolution of the legislation

The ideas of different levels of surveillance, and the factors that determine such surveillance, should be further explored and the legal frame could open a possibility for adapted levels of surveillance depending on the knowledge and risk of the product.

The risk-based approach may apply in relation to reporting, pharmacovigilance inspections etc.

3.2.5. Electronic reporting, management and assessment of data (Key Issue # 4)

Analysis of the current situation

At present only the products with a central marketing authorisation are fully included in the EVVet database due to the lack of an EU-wide product database. A number of adverse event reports are received by CAs and therefore entered into the EVVet by them, which is resource-demanding for the member states.

Possible evolution of the legislation

The development of a common EU-database for all products regardless of authorisation route should be a high priority. Electronic reporting into one central database for individual case reports and overall risk assessments should be performed by the MAH and comprise all types of PhV reports.

The legislation should set the basis for the frequency of reporting to enable some harmonisation, however should also give the possibility for decisions for adapting the reporting frequencies on basis of the risk profile and experience of the product during its life cycle.

3.2.6. Expedited reporting (Key Issue # 4)

Analysis of the current situation

At present all serious and unexpected reports must be individually submitted within 15 days of receipt. This is very resource demanding for the MAHs,

Possible evolution of the legislation

The expedited reporting could explicitly exclude reports from third countries, which would then be reported in e.g. PSURs. It might become appropriate in future to apply this exclusion principle also to Community reports, for which the legislation should provide an opportunity (e.g. for well-known products and if safety surveillance is otherwise assured).

3.2.7. PSURs schedule and frequency (Key Issue # 4)

Analysis of the current situation

At present the submission of Periodic Safety Reports is a cornerstone in the post-marketing surveillance of veterinary medicines. The first PSUR is often due before the product has reached the market, having scarce value for the evaluation of the safety of the product. The administrative burden of PSURs is high, while only a few percent of PSURs lead to safety findings.

Possible evolution of the legislation

PSURs should only be submitted after the product has been introduced on the market. The possibility given by current legislation for adaptations of the PSUR submission schedules should, however, clearly be expanded to apply at any time during the life cycle of a product to allow for modifications on basis of experience of the safety profile of the product or class of products. This flexibility should also allow for targeted PSURs to be requested, which is essential for scientific evaluation of pharmacovigilance issues.

When the electronic reporting and signal detection is established, this should enable a significant reduction in the need for submission of PSURs, for which the possibility should be set out in the future legislation.

3.2.8. Renewals (Key Issue # 2 / 4)

Analysis of the current situation

At present the MAH submits a renewal with a PSUR and a summary of the changes that has occurred over the first 4½ year since marketing authorisation was granted. The renewal documentation is assessed by the CA and an infinite MA is granted unless there are special concerns. Should there be a need for changes as consequence of the collected experience from the market the MAH must subsequently apply for a type-2 variation.

Possible evolution of the legislation

It would be beneficial and reduce the administration if the renewal application was accompanied by an expert report by the MAH and suggestions for updating of the SPC with adverse reactions/warnings, and which could be included immediately in the renewal procedure (no variation procedure following). The possibility for additional renewals should be maintained, if there is a real concern or if the product has been actually marketed for a limited time-period or in a very limited geographical area.

3.2.9. Signal detection (Key Issue # 4)

Analysis of the current situation

At present signal detection in pharmacovigilance relies on individual persons or detection-systems in CAs, or on PSURs where MAH or CA will assess the data included. In addition the EVVet Data Warehouse allows for exploratory analysis of the available data, at present only for centrally authorised products. The central EU database allows for analysis of active substances from different products across the EU, or other class type of analysis.

There is often reluctance from MAH to conclude that emerging signals are related causally to their product, and the signal detection has so far often come from the assessment of PSURs by CAs.

Possible evolution of the legislation

It would be resource efficient and transparent, if the legislation requires the MAHs to exercise the responsibility of surveillance at product level for example directly on the central database with harmonised analysis and reporting tools. CAs supervise the process and check the outcome. CAs exercise the responsibility of surveillance of the data across the EU on active substance level or other class type level.

The assessment of EVVet data by CAs could be performed in periodic cycles when searching for signals across a range of products regardless of authorisation procedure. This should be coordinated with the timelines for MAHs for entering data according to active substance. According to “risk-level” of product, the time-interval between checks may vary.

The signal detection could ideally be put under the responsibility of the Agency and its scientific committees but in close cooperation with the national CAs.

3.2.10. Scope of pharmacovigilance - reporting of validity of withdrawal periods (Key Issue # 4)

Analysis of the current situation

At present the veterinary pharmacovigilance has an “extended scope”, also including validity of withdrawal periods. This means that when a control unit finds a violation of an MRL in an animal product (meat, milk etc), this could stem from either that the farmer did not respect the withdrawal period or that the withdrawal period was respected but is inadequately long. It is the latter situation that is relevant here. Experience has shown that mostly such reports are only detailed on active substance level, and no connection to the actual product can be made.

Possible evolution of the legislation

While these types of reports are scarce, it is important that there is a system place enabling the collection and handling of these reports. It may be that other systems than pharmacovigilance may be better suited, however a system should be identified in legislation and cooperation with control units should be developed.

3.2.11. Scope of pharmacovigilance - reporting of environmental incidents (Key Issue # 4)

Analysis of the current situation

At present the veterinary pharmacovigilance has an “extended scope”, also including environmental reports. These types of reports are very scarce and the system may need to be adapted to either exclude these reports from the pharmacovigilance system or to expand it to a better coordinated effort with other community areas regarding the environmental protection.

Possible evolution of the legislation

As for violations of withdrawal periods, these types of reports are scarce, however it is important that there is a system place enabling the collection and handling of these reports. It may be that other systems than pharmacovigilance may be better suited, however the reporting and consideration of such reports should be part of the scope of the legislation.

3.2.12. Directive 2001/82, Art. 78: (Key Issue # 4)

Analysis of the current situation

Article 78 requires an opinion from the Agency if a Member State considers changing (varying) an MA as a consequence of PhV information. This is a “shall” provision for suspensions and withdrawals and certain types of variations of MAs, which would unnecessarily burden the system in case it was fully implemented by Member States.

Possible evolution of the legislation

The procedure governed by this provision is found very useful, provided it is consistent with the scope Article 107 of Directive 2001/83/EC and be limited to urgent new pharmacovigilance issues and to impose prompt harmonised action, therefore allowing partial harmonisation of arising issues.

3.2.13. Communication to the general public and health care professionals (Key Issue # 4)

Analysis of the current situation

Transparency on safety issues towards the public, including veterinarians, is expected to become increasingly important, as the public will become more aware and therefore will demand more information. At present, MAHs are obliged to inform CAs when they intend to publish pharmacovigilance findings.

Possible evolution of the legislation

Existing legal provisions concerning transparency on emerging and confirmed safety issues by marketing authorisation holders should be maintained. The role of competent authorities in communication of safety issues to the general public should be further clarified in the legislation, to respond to the needs of the public.

3.3 Antimicrobial resistance

3.3.1. Authorisation process: (Key issue #2)

Analysis of the current situation

Over the last years antimicrobial resistance has emerged as an even more important public health issue than was previously known. Partly, this is a concern in relation to authorisation of veterinary medicinal products as zoonotic bacteria and commensals carrying resistance determinants may transfer from animals to humans. The issue is complex and it is important to stress the need for risk analysis to be performed in each specific case. These risks are difficult to quantify prospectively and seldom possible to link to certain veterinary medicinal products retrospectively. It is therefore sometimes difficult to address the risks adequately in the current system.

If an applicant applies for a marketing authorisation for a new antimicrobial that is only used on the human side and is considered as last resort for humans to be used as veterinary medicinal product there are today difficulties to reject the application or to restrict the authorisation. Furthermore, current study design in clinical trials does not always take into account generally accepted prudent use considerations for those products concerned.

One specific concern is the risk for imprudent off label use. CVMP has produced a number of documents with recommendations particularly with regards to antimicrobials that are considered as critically important antimicrobials for humans (quinolones, cephalosporins, macrolides (under elaboration)). In addition a reflection paper on MRSA has been presented. In these recommendations, EMA/CVMP makes prudent use recommendations. In order to be consistent, indications that are not regarded as prudent according to these recommendations should not be approved. However, we have experienced the situation where it seems obvious that approval of a certain product/species/(prudent) indication would in practise result in comprehensive off label use, use for which a potentially serious risk is identified.

There is today no legal tool to consider non-prudent off-label use in the benefit/risk evaluation for a product.

Possible evolution of the legislation

It would be important to more clearly list risks to public and animal health related to antimicrobial resistance as risks to be analysed and considered in the benefit/risk evaluation. This is relevant both for approval of new medicinal products and for referrals and both for companion animals and food producing species. Public health aspects related to user and consumer's safety should at all occasions

include both risks from the compound itself and in case of antimicrobials risks from resistant bacteria (zoonotic or commensal) and the legislation should give a clear base for future guidelines in the field. In addition, there are occasions when anticipated off label use of a product needs to be considered in the benefit/risk evaluation.

There might be situations in the future when risk analysis has indicated the need to reserve certain molecules for use in human medicine only. In case such a decision is taken by the Commission, it is important that it is immediately communicated to the pharmaceutical industry to avoid that resources are invested when the benefit/risk will be negative in case of an application.

It may be beneficial to have specific provisions in the legislation to enable restrictions or exclusion of certain off-label use in the Summary of Product Characteristics.

3.3.2. Risks to public health from resistant bacteria in the environment (key issue #2)

Analysis of the current situation

For veterinary medicines, an environmental risk assessment (ERA) is required. However this ERA is focused on the impact of the molecule or its metabolites in the environment (ecotoxicity).

Dissemination of AMR bacteria is considered as relevant point to be assessed as it is linked to potential risks to public or animal health. No provision in the legislation exists to assess this specific risk and there is no requirement for applicants to provide data on this issue.

Possible evolution of the legislation

It is recommended to elaborate in the legislation the possibility to have specific requirements on the evaluation of the potential risks to public or animal health linked to the dissemination in the environment of resistant bacteria/resistance determinants following the use of antimicrobials in animals.

3.3.3 Use of products (e.g. antimicrobials) according to the cascade (key issue #6 and key issue #2)

Analysis of the current situation

Today there is no legal tool to restrict the use of the cascade in case serious risks to public or animal health has been identified with the exception of risks related to residues in food. All other risks (user safety, foodborne antimicrobial resistance, risks to animal health or to the environment etc.) are not addressed

There are three principal issues:

1. An approved veterinary medicinal product might have a restricted claim as there is an identified risk related to its use outside the approved indication. Example: An antimicrobial could be approved for treatment of individual clinical cases of a specific disease. There is no legislation in place to efficiently restrict its use (off-label) as general prophylaxis.
2. An approved veterinary medicinal product might not be approved for a certain species in relation to which a certain risk has been identified. Example: a cephalosporin is not approved for poultry and there is a public health risk (increase of ESCs in poultry meat) identified. There is no legislation in place to clearly ban such use.
3. An approved human medicinal product might be restricted for use in humans as a "last resort medicine" which is to be used only in severe cases of multiresistant infections. Example: The carbapenem group of antimicrobials. There is no legislation in place to restrict the off label use of such molecules in veterinary medicine although these could cause spread of additional resistances to humans in case of MRSA or ESCs.

Possible evolution of the legislation

There is a need for a legal tool to restrict “the cascade” but it should also be acknowledged that such restriction needs to be based on a scientific risk analysis in each case. It is proposed that a system, similar to the referral system is created. In this system member states or the Commission could notify EMA/CVMP on a certain molecule, class of molecules or a certain use for which there is a potentially serious risk to public or animal health or to the environment related to its off label use according to the cascade. CVMP should then appoint rapporteurs and deliver a report where this risk is assessed and based on this assessment report the CVMP should give an opinion (positive or negative) to support a Commission decision.

3.3.4. Implementation of CVMP recommendations: (Key issue #7)

Analysis of the current situation

Difficulties have been faced when implementing CVMP recommendations regarding prudent use advice in the SPC. The CVMP recommendations on Fluoroquinolones can be taken as an example.

At the beginning, the task of implementing the recommendations was given to Member States. After two years, the Commission decided to launch a referral in order to achieve progress. Such a referral is burdensome and resource demanding for the EMA/CVMP, for member states and the Commission, and for the companies concerned. Similar difficulties could be expected regarding recommendations for updates on other parts of the SPC. Simplified tools to implement such CVMP recommendations should be explored

Possible evolution of the legislation

A possible evolution of the legislation would consist of provisions that establish the rights of member states to implement such EMA/CVMP recommendations without a referral Commission decision.

3.3.5. Coordination of antimicrobials sales survey. (Key issue #4)

Analysis of the current situation

The Commission gave the mandate to the European Medicines Agency to coordinate the survey of sales and use of antimicrobials. The current legislation only includes general provisions supporting such a survey. It would be beneficial to have more specific legal provisions on the issue.

Possible evolution of the legislation

A legislative text enforcing the need to survey antimicrobial sales and use of veterinary antimicrobials would be needed in line with the one recently published for pesticides (Regulation (EC) N° 1185/2009 of the European Parliament and of the Council of 25 November 2009 concerning statistics on pesticides).

3.3.6. Prudent use. (Key issue # 8 and #2)

Analysis of the current situation

Prudent use is an important tool in the fight against antimicrobial resistance development. Prudent use covers a very large scope and includes important fields where actions can be efficient (responsibilities of different players, prescription, advertisement/publicity aspects). In order to be a successful tool full implementation and compliance is necessary.

EMA/CVMP has initiated actions in this area in coordination with member states and stakeholders. However, there is no real mandate for the Agency for these actions.

Possible evolution of the legislation

In order to improve the implementation of prudent use, the European Medicine Agency or another body could be given a mandate to coordinate activities on prudent use of antimicrobials. Collaboration should be made between EMA, EFSA (comprising food safety, animal health and monitoring of resistance) and other relevant bodies such as the CVO-organisation and preferably member state representatives, In addition, a more detailed legislation text on advertising would be beneficial to promote prudent use of antimicrobials.

3.4 Environmental risk assessment

Analysis of the current situation (Key issue # 1)

The current legislation requires that an environmental risk assessment (ERA) is provided for each new application, including generics. This requirement applies, even if it is logical that the ERA for the generic will reach the same conclusions and outcome as for the originator product.

The fact that, for a number of old products on the market, no ERA has been carried out according to current ERA requirements is recognized as a potential problem in particular if these products are used as originator for a new generic application. The legal provisions requiring an ERA for each new application for generics is considered not suitable to address the matter, as it leads to the duplication of the generation of ERA data and possibly inconsistencies in conclusions. A flexible approach which allows the setting of priorities in the need for an ERA and avoids redundant generation of data and assessments could be developed using a risk-based approach.

Possible evolution of the legislation

The CVMP considers that ERA data should be considered in the same way as any other safety data, and no new ERA data would need to be provided for each generics application, as the conclusion and outcome of the ERA should be the same as for the originator product. The CVMP considers that the development of ERA monographs would/could be a solution to overcome the concerns regarding old products. However, ERA monographs would not be sufficient to address the matter completely, as in the application dossier some data on the product itself would be needed. In addition, there is concern that if a comprehensive ERA monograph approach would be embarked upon in legislation, with a requirement to complete such assessments for existing products, similar as with the MRL requirements for old products under the old MRL Regulation 2377/90, many existing veterinary medicinal products may be lost, if the legal basis system would not allow for adequate incentives to provide the data, e.g. cost sharing.

In monographs information on the fate and effects of active substances in the environment would be summarised and could be used for Phase II assessments of products containing that active substance. However, no or limited data are available to prepare the monographs other than the confidential data provided by individual companies. There is insufficient data in the public domain to prepare monographs for all but a handful of active substances. Cooperation by industry is still needed.

When data are available the development of monographs could serve another purpose. At present we have no system to harmonize the predicted no effect concentration (PNEC) such as is used for harmonising MRLs and ADIs. At present this does result in different conclusions for products with the same active ingredient that have the same exposure to the environment. When all available data can be used, PNECs can be harmonised.

3.5 Advanced therapies (Key issue #8)

Analysis of the current situation

There is a growing interest of smaller and start-up companies to develop innovative products which do not fall into the classical categories of pharmaceuticals and immunologicals covered by the current veterinary medicines legislation.

Examples are cell and tissue products (stem cells obtained from bone marrow cultured using growth factors, treatment of different kinds of diseases in horses and dogs). Very recently USDA has granted the license for a 'therapeutic DNA based vaccine' to treat melanoma in dogs. This vaccine contains a gene encoding for human tyrosinase. A further field of innovation is the development of nanotechnology medicinal products also for veterinary applications.

Other innovative products are certain immunologicals developed for food-producing animals, for example the development of a vaccine to immunise cattle against certain E.coli strains, which do not cause illness in the animals, but can affect humans seriously. Preventing growth of these microbes in animals helps to limit the contamination of meat, and reduces the shedding of the microbes into the manure and the environment.

For the time being there is no legislation at all for tissues and cells in the veterinary sector.

Advanced therapy veterinary medicinal products have not been addressed when the Annex I to Directive 2001/82/EC was revised in 2009. There is a regulatory gap for these kinds of products in the veterinary medicines legislation, which leads to uncertainties on both the industry and the regulators (Issues: marketing authorisation, classification, GMP rules, manufacturing/import authorisation).

In the human sector there is since some years legislation on tissues/cells (directive 2004/23/EC). Gene therapy products and somatic cell therapy products have been defined as medicinal products (according to Annex I to directive 2001/83/EC, revised 2003). The regulatory situation changed fundamentally with the provisions of regulation (EC) No 1394/2007, where gene therapy products, somatic cell therapy products and tissue engineered products are now defined as advanced therapy medicinal products, which have to be authorised according to regulation (EC) No 726/2004.

Some features of the regulation (EC) No 1394/2007 which came into force at 30 December 2008: marketing authorisation procedure, Committee for Advanced Therapies (CAT), transitional periods, and incentives (fee reduction, scientific advice, scientific recommendation on advanced therapy classification, and others) established; exemption for preparation for an individual patient allowed; GCP and GMP rules to be developed; specific post-authorisation measures required (pharmacovigilance, traceability).

Possible evolution of the legislation

It is expected that the scientific progress in the veterinary field in combination with the experience already gained in the human sector will trigger in the first instance the development of tissue/cell products and later on of more complex advanced therapy medicinal products to treat different diseases in animals. Currently tissue/cell products but also complex tissue engineered products (in the understanding of the definition given in article 2 of regulation (EC) No 1394/2007) are under research/development and have the potential to enter the market within the next years.

Therefore it should be explored to what extend the current veterinary medicines legislation can cover these 'borderline' products and to what extend new legislation is needed. However, it is clear that the human legal framework cannot be implemented equally in the veterinary field, and in addition the

specific veterinary needs and the smaller markets should be taken into account when starting such an exercise.

3.6 Medicinal products containing active substances of biological origin (Key issue #8)

Analysis of the current situation

Current veterinary legislation is designed specifically to provide a framework for authorisation of pharmaceutical and immunological products. There is no specific legislation governing products containing active substances of biological origin other than those which are also immunologicals. Products such as growth factors, cytokines and other biologically active molecules have characteristics in terms of quality, safety and efficacy that are distinct from those of either pharmaceutical or immunological products. The requirements for neither class of products is adapted to the particular characteristics of biological substances.

Possible evolution of the legislation

There is a need for clarification on the definition of such products and whether they would fall under immunologicals or pharmaceuticals or whether the creation of a new category would be appropriate. For the latter option the legislation could be amended in a two phase approach. First the directive could be changed to include definitions and legal requirements for these types of products and then the annex to the directive and specific guidelines need to be developed to expand on the technical requirements for authorisation.

3.7 Data from studies with questionable ethics (key issue #2)

Analysis of the current situation

For veterinary medicinal products there is no legal basis to refuse studies that are conducted in third countries that do not meet animal welfare or ethical requirements under European law. This is different to the legislation for medicinal products for human use (Directive 2001/83/EC, as amended) where it is made explicit that to be taken into account for the assessment, clinical trials run in a third country must be based on good clinical practice and ethical principles equivalent to the ones in Directive 2001/20/EC and the declaration of Helsinki.

Possible evolution of the legislation

It would be beneficial if the veterinary legislation could be amended and provisions included regarding clinical trials run in a third country to be based on ethical principles, similar as the directive for human medicines.

3.8 Clinical trials

While GCP guidelines for clinical trials in animals exist and are in use, the CVMP notes that there is no specific legislation in place concerning such trials for veterinary medicines that would enable harmonised approach throughout the Community for the supervision of these. This fact can occasionally pose difficulties during assessment both pre-authorisation and in the post-authorisation period.

4 Area III. Arising needs

4.1 Medical devices (Key issue #8)

Analysis of the current situation

The medical devices sector is an important and innovative sector. Medical devices play a crucial role in the diagnosis, prevention, monitoring, and treatment of diseases. Medical devices - in contrary to medicinal products - do not achieve their principal intended action in or on the body by pharmacological, immunological or metabolic means, but might be assisted in their function by such means.

The whole legislation on medical devices in Europe focuses on the human sector. The basic directive 93/42/EEC covers the placing on the market and putting into service of medical devices. It covers a very wide range of products, from simple bandages to sophisticated life-supporting products including, for example: instruments, hip prostheses, X-ray equipment, ECG, heart valves, dental materials, in-vitro diagnostics, active medical devices, implants, technical apparatuses for injection/infusion/transfusion etc.

For the time being there exists no specific European legislation for medical devices in the veterinary sector. Some member states treat certain veterinary medical devices as (fictitious) medicinal products.

However it is awaited that in future medical devices will play an important role also in the veterinary sector. Examples of 'interest' are (hip) prostheses, in-vitro diagnostics including diagnostic kits, and implants.

Possible evolution of the legislation

Medical devices for the veterinary sector are not regulated. The classification of these products is currently unclear; sometimes they are treated as (fictitious) medicinal products. It is therefore of interest to have clarification about the status of these products and to have a harmonised, simple approach for their placing on the market.

With regard to a future legal provision, it is proposed that simplified legislative controls be introduced to underpin the safety of such products. These controls need not necessarily be as complex as those currently in existence for human medical devices but other to ensure the basic quality and safety of the devices for veterinary use.

4.2 Blood products (Key issue #8)

Analysis of the current situation

The use of blood components in veterinary transfusion therapy instead of transfusing whole blood has several advantages such as optimized use of blood donations, reduced adverse reactions, and longer stability and better storage possibilities of the blood products. Blood transfusions have become an important component of medical and surgical care in the US and some EU countries.

There is a growing commercial interest of companies to register certain blood products such as red blood cell (RBC) preparations and plasma preparations (fresh frozen plasma (FFP) and frozen plasma) for companion animals (dogs, cats, horses). On the other hand there are some private or university-based blood banks that are already placing animal blood products 'on the market'.

For the time being there exists no specific European legislation for animal blood products. A survey of the CMDv in 2007 about the legal situation in member states revealed a heterogenic picture. Some EU

countries regulate animal blood products as medicinal products requiring a marketing authorisation; other countries do not have any specific regulations. Some countries do require a MA only if blood products are processed industrially. Very recently Hungary drafted detailed legal rules for the registration of animal blood products.

Some EU countries have already established or are currently in the process of establishing guidance documents covering aspects such as donor screening, manufacture, quality control, storage, labelling, and prudent use.

Possible evolution of the legislation

It is expected that veterinary transfusion therapy is a field with potential for development within the next years. Companies have expressed commercial interest to market animal blood products. However as the markets for blood products are small, future legislation should clarify the general regulatory status of these products but leave details of the registration to the discretion of the member states.

4.3 Considerations arising from climate change and new vaccines for emerging diseases (Key issue #8)

Analysis of the current situation

Changing temperatures due to global warming are shifting and may in future more significantly shift the geographic range in which insects that can transmit vector-borne and arboviral diseases are able to live. Also the seasonal period of disease risk may shift. For example for middle Europe the danger of introduction of vectors previously considered purely "tropical" is enhanced through tourism, global commerce and the evolution of vector colonies that are more tolerant to colder climates. Vaccines are available for only a few of these diseases and the prospects for vaccine development for major vector-borne diseases are not good with only few vector-borne diseases having funding for research on vaccine development. There is a lack of prophylactic vector-control measures for animals and few epidemiological based measures to control these diseases. The recent outbreaks of Bluetongue and the spread of West Nile Disease are examples of this trend.

Art 8 of Directive 2001/82/EC currently allows member states to permit the use of unauthorised vaccines in the event of a serious disease epidemic and Art 7 allows members states to use products authorised in other member states where the health situation so allows. Both the directive and regulation (EC) No 726/2004 have provisions for authorisation under exceptional circumstances subject to an annual review of the authorisation. All of these measures exist to permit member states to respond promptly to unforeseen disease crises, particularly incursions of exotic disease.

Experience has shown that there is no consistency in the way that these measures are applied by member states and that the majority of vaccines used in emergency, whether from a Community vaccine bank or through national measures, are used as unauthorised products. This is undesirable both from the perspective that such products may not have been adequately assessed in terms of quality, safety and efficacy and that their use may prohibit vaccinated animals from entering the food chain. In particular the past use of unauthorised live vaccines against diseases such as Bluetongue with the consequent concerns of reversion to virulence has highlighted the need for continuing to be critical about the use of unauthorised vaccines. In general, food safety authorities are becoming increasingly reluctant to allow animals in the food chain to be vaccinated with unauthorised vaccines. Experience has also shown that authorisation under exceptional circumstances is only a partial solution as the need for applicants to fulfil minimum data requirements and the time required for assessment still result in a considerable delay before an authorisation can be issued. It would have considerable advantages to make such vaccines available on EU level: this would provide for consistency of

response and have the advantage of availability of products also to smaller member states. However, the current procedures for marketing authorisations under exceptional circumstances through the CVMP still require very long time until a product can be marketed.

Possible evolution of the legislation

There are several options that could be considered for the CVMP to assist with making products rapidly available in the event of an emergency:

Option 1. No change of legal provisions, no intervention from CVMP

In this option no special provisions would be made and Member States would use existing legal provisions. CVMP would have no added value in the event of disease emergency.

Option 2. Authorisation under exceptional circumstances

This would be a continuation of the current situation which has been shown to be slow and only partially effective. Also, recent experience has shown that holders of exceptional authorisation are unwilling or unable to invest in studies to bring these authorisations up to the full standards for normal authorisation unless their products are actually marketed and income generated. A lot of work can therefore be done and the benefit lost if a disease threat for which an emergency authorisation is issued is not realised and the authorisation withdrawn. Should the threat recur, the exercise would need to be repeated.

Option 3. Conditional authorisation

A conditional authorisation is issued when certain data can only readily be generated following use of the product in a larger population than is possible in the context of clinical trials. The authorisation is issued therefore subject to the commitment of the applicant to supply the results of tests and trials. It is already proposed that this possibility be introduced into the veterinary legislation and it may have application in the case of emergency situations.

Option 4. The possibility could be explored of developing a fast-track procedure whereby the CVMP could consider information on products proposed for use in emergency situations and provide an opinion on their benefit:risk balance that falls short of a positive opinion for a full marketing authorisation. Such an assessment could highlight key benefits and risks and propose risk management measures to assure safe use in emergency situations. Such a centralised CVMP opinion on emergency use should promote a more harmonised approach and provide assurance at Community level of the quality and safety of products used to control important transboundary diseases. It is also expected to lead to a more harmonised approach during manufacturing and testing of their products by industry due to the transparent and open assessment a centralised application entails and the fact that CVOs and other decision makers will have access to an EU wide benefit risk assessment of the products intended to be used. Careful consideration therefore needs to be given to the advantages and limitations of such an approach.