European Medicines Agency

London, 4 March 2005
Doc. Ref. EMEA/83716/2004/Final

The European Medicines Agency Road Map to 2010: Preparing the Ground for the Future

Outcome of the Consultation with the EMEA's Partners and Stakeholders

Executive Summary

I. Introduction

The EMEA launched on 15 April 2004 a 3 months consultation exercise on its discussion paper "The European Medicines Agency Road Map to 2010: Preparing the Ground for the Future". Comments from the EMEA's partners and stakeholders were welcomed until 30 June 2004.

Taking into account the characteristics of the EU Regulatory System and in order to achieve the broadest possible consensus on the EMEA strategy, it was the EMEA's aim to have an as wide consultation as possible on its Road Map. Consequently, a 4 pillar approach was taken:

(1) The Road Map document was sent to the EMEA's partners and stakeholders, i.e. the EU Institutions (European Commission's DG ENTR and DG SANCO, and the European Parliament Committee on the Environment, Public Health and Consumer Policy), the EU National Competent Authorities and the EEA/EFTA Countries (both at the level of the Ministries and the Heads of Agency, responsible for human and veterinary medicines), the European Industry Associations, the European Health Care Professionals Associations, the European Patients Associations, and some other organisations.

(2) A total of 5 workshops were organised in the field of human medicines with European Patients Associations (1), European Health Care Professionals Associations, Academia and Learned Societies (1) and European Industry Associations (3). One EMEA Infoday was organised in the field of veterinary medicines.

(3) Discussions were organised with EU Regulatory Authorities' representatives at the level of the EMEA Management Board, Heads of Agency, and the various EMEA Scientific Committees.

(4) A Press Release was issued by the EMEA on 15 April 2004 and the EMEA Road Map was subsequently put on the EMEA webpage.

7 Westferry Circus, Canary Wharf, London, E14 4HB, UK
Tel. (44-20) 74 18 84 00 Fax (44-20) 74 18 84 20
E-mail: mail@emea.eu.int http://www.emea.eu.int

All written contributions received, as well as the comments made during the workshops and the fora involving EU Regulatory Authorities' representatives were analysed. A high-level summary of the feedback received is provided below. More detailed information on the comments made can be found in Annex 1.

II. High-level Overview of the Comments Received

There was general support for the Agency's initiative and the EMEA was congratulated for its proactive approach. Overall, the feedback was very positive as regards the key principles outlined in the 23 March 2004 Road Map document.

II.1 General Comments

- Comments were made as regards the consequences of the implementation of the Road Map, both in terms of budget and resources. The need for prioritisation was emphasised. Furthermore, clarification was requested with respect to the funding of the various initiatives listed in the EMEA Road Map.
- Several comments addressed the need for further elaboration of activities which could be undertaken by the EMEA, including important public health issues such as priority medicines (both in the human and the veterinary field), legislation under development, initiatives which impact on the pharmaceutical sector (e.g. the G10 exercise, the 6th and 7th R&D framework programme, the Work Programme on Public Health 2003 – 2008).
- A number of comments referred to the Agency's interaction with its stakeholders (patients, health care professionals, academia and learned societies) and the need to strengthen such interaction.
- The need to pay more attention in the Road Map document on veterinary medicines, orphan medicines, plasma-derived medicinal products, vaccines, generic medicines and OTC medicines was also stressed.

II.2 Specific Comments

a. *EMEA Vision*

The proposed EMEA vision was supported, but there were requests to broaden such vision to include the issues of access to medicines / availability of medicines, globalisation, so-called non-innovative (generics and OTC products) medicines, and other important public health challenges.

b. *EMEA Mission Statement*

The current EMEA Mission Statement should be brought in line with the (widened) EMEA vision.

c. *Objectives to Be Achieved*

- Overall, general support on the achievement of top quality scientific assessment, timely access to innovative medicines, continuous monitoring of medicinal products, access to information and transparency, and specific needs for veterinary medicines.
- Requests to consider a.o. the following:
  - To elaborate more on initiatives to be taken to stimulate research and innovation.
  - To be more specific on the new legislative framework.

- To continuously search for process improvements in order to complement the legislative changes.
- To actively involve all concerned stakeholders in the elaboration of the EU and the EMEA Risk Management Strategies.
- To carefully consider a minimalist versus a maximalist transparency policy, achieving the best balance between the right on access to information and the commercial confidentiality of certain data, and to adequately take into account the resource consequences of a revised transparency policy.

d. ***Prerequisites to Be Fulfilled***

- Overall, general support on the fulfilment of the following conditions: provision of high-quality scientific resources by the National Competent Authorities, availability of an adequate Quality Assurance System, availability of a high-quality IT infrastructure, and availability of a high-quality professional workforce at EMEA level.
- Requests to consider a.o. the following:
  - Although positive feedback was obtained on a future development of centres of assessment, issues to be considered should include the funding, the workload allocation, the fulfilment of national tasks versus EU tasks, the availability of limited resources, the competence development, the role of smaller Member States and the specific needs of the new Member States. Furthermore, there should be clear roles and responsibilities for all activities to be performed in the EU Regulatory System, avoiding duplication of work and unnecessary use of already limited resources.
  - Although there was general support on the establishment of an adequate Quality Assurance System, more information should be provided on the initiatives undertaken at EU and EMEA level. The aim should be that such system should be an added value and not lead to an additional bureaucratic burden.
  - Although there was general support with respect to the reinforced role of the EMEA Secretariat as per the new Community legislation, clear roles and responsibilities should be provided in order to avoid duplication of work. Several additional proposals for tasks to be performed by the EMEA Secretariat were also made (e.g. the coordination of the centres of assessment).

e. ***Attachements on EMEA Activities***

- Detailed comments were made on the attachments dealing with scientific advice, scientific assessment, post-authorisation activities, transparency and communication, provision of information to products, and GXP. These comments were in line with the specific comments already highlighted above.

III. Second Consultation Round

At the 30 September 2004 Management Board meeting the Agency presented a revised EMEA Road Map document further to comments made during the consultation exercise. At such meeting a first discussion on the revised document took place. Subsequently discussions were held at the EMEA Scientific Committees and comments were received from EMEA Management Board Members. A final discussion took place at the 16 December 2004 Management Board meeting. During this meeting the Management Board endorsed the document with some minor modifications.

European Medicines Agency

London, 4 March 2005
Doc. Ref: EMEA/H/34163/03/Final
Annex 1

The European Medicines Agency Road Map to 2010: Preparing the Ground for the Future

Outcome of the Consultation with the EMEA's Partners and Stakeholders

Detailed Information

Introduction

The European Medicines Agency Road Map was released for consultation on 15 April 2004. Comments were invited by 30 June 2004 and were received in writing from the following EMEA partners and stakeholders:

European Institutions

European Commission – Enterprise Directorate-General

European Commission – Health and Consumer Protection Directorate-General

National Competent Authorities in the EU Member States and EEA/EFTA Countries

AFSSAPS (FR)

Agencia Española de Medicamentos y Productos Sanitarios (ES)

Amt für Lebensmittelkontrolle und Veterinärwesen (LI)

BfArM – Federal Institute for Drugs and Medical Devices (DE - Agency)

Bundesministerium für Gesundheit und Soziale Sicherung (DE - Ministry)

Danish Medicines Agency (DK)

Directorate-General for Medicinal Products (BE)

Icelandic Medicines Control Agency (IS)

INFARMED (PT)

Irish Medicines Board (IE)

Institute for Veterinary Medicinal Products (HU - Veterinary)

Medical Products Agency (SE - Agency)

MHRA (UK - Human)

Ministry of Agriculture and Forestry (FI - Ministry)

7 Westferry Circus, Canary Wharf, London, E14 4HB, UK
Tel. (44-20) 74 18 84 00 Fax (44-20) 74 18 84 20
E-mail: mail@emea.eu.int http://www.emea.eu.int

Ministry of Health (PL)

Ministry of Health and Social Affairs (SE - Ministry)

Ministry of Health, Welfare and Sport (NL)

National Agency for Medicines (FI - Agency)

National Institute of Pharmacy (HU – Human)

Norwegian Medicines Agency (NO)

Veterinary Medicines Directorate (UK - Veterinary)

Industry Associations and Pharmaceutical Companies

ABPI – The Association of the British Pharmaceutical Industry

AESGP – Association of the European Self-Medication Industry

AVC – Association of Veterinary Consultants

BIA - BioIndustry Association

EBE – Emerging Biopharmaceutical Enterprises

EFPIA – European Federation of Pharmaceutical Industries and Associations

EGA – European Generic medicines Association

EPFA – European Plasma Fractionation Association

EuropaBio – European Association for Bioindustries

Europharm SMC – European Pharmaceutical SMEs Association

EVM – European Vaccine Manufacturers

Eye-Care Industries EEIG

IFAH – International Federation for Animal Health (Europe)

Intervet Pharma R&D

Merck Sharp & Dohme (Europe) Ltd

Millennium Pharmaceuticals, Inc

Pfizer, Global Research & Development

PhRMA – Pharmaceutical Research and Manufacturers of America

Serono International S.A.

Solvay Pharmaceuticals GmbH

Wyeth Research

European Healthcare Professionals Associations

FVE – Federation of Veterinarians of Europe

PGEU – Pharmaceutical Group of the European Union

European Patients Associations

EURORDIS – European Organisation for Rare Diseases

Consumer's Association - BEUC

Academia and Learned Societies

EASD – European Association for the Study of Diabetes

ESC – European Society of Cardiology

ESCP – European Society of Clinical Pharmacy

INSERM – Institut National de la Santé et de la Recherche Médicale

MRC – Medical Research Council

Other Organisations

ACRO – Association of Clinical Research Organizations

COPA COGECA – Committee of Agricultural Organisations and General Confederation of Agricultural Co-operatives in the European Union

European Academy of Sciences and Arts

EDQM – European Directorate for the Quality of Medicines

Wellcome Trust – LSE, Pharmaceutical R&D Policy Group

In addition, during this consultation exercise discussions were held with the EMEA Management Board and the EMEA Scientific Committees. Furthermore, regular discussions took place at the level of HoA/HEVRA, and workshops were organised with patients, health care professionals, academia, learned societies, and pharmaceutical industry.

Methodology

In order to facilitate the review of all comments made (those received in writing and those made during the meetings of the Management Board / Heads of Agency / EMEA Scientific Committees / workshops with interested parties), the following approach has been taken:

- Comments have been grouped per interested party
  - European Institutions (EUIns)
  - National Competent Authorities (NCAs)
  - Heads of Agency (HoA/HEVRA)
  - EMEA Management Board (MB)
  - EMEA Scientific Committees (CXMP)
  - Industry Associations (IndAs)
  - Patients Associations (PAs)
  - Health Care Professionals Associations (HCPAs)
  - Academia/Learned Societies (ALSs)
  - Others (Os)

  and, where necessary, have been rephrased in order to provide a summary of the comments made. In addition, the origin of the comments has been indicated.
- Finally, comments have been grouped per chapter/section of the Road Map document.

Executive Summary

The European Medicines Agency Road Map provides the Agency's viewpoint on how it should prepare for the challenges the European Medicines Agency will face over the next several years, by specifying the initiatives that need to be undertaken in close cooperation with the Agency's partners (i.e. the European Commission and the National Competent Authorities) and its stakeholders (patients/users of medicines, health care professionals and the pharmaceutical industry). These challenges will result from a changing regulatory environment in terms of legislative, institutional and scientific developments.

The key aspect of the Agency's vision for the coming years is to further strengthen the protection and promotion of public and animal health in the European Union (EU), whilst encouraging and facilitating innovation and research in an enlarged EU. In order to implement such vision it will be paramount to further strengthen the current Agency networking model and to reinforce the firm partnership between all EU Regulatory Authorities, resulting in the establishment of a network of excellence at EU level.

The EMEA Road Map will address

(1) the positioning of the European Medicines Agency over the coming years in a changing regulatory environment,

(2) the consequent development of the European Medicines Agency in such an environment, including the objectives to be achieved,

(3) the prerequisites that need to be fulfilled in order to allow the Agency to successfully achieve the objectives, and

(4) the finalisation of the European Medicines Agency Road Map.

In addition, particular emphasis has been paid to six areas for the implementation of the Agency's vision. Such areas relate to scientific advice, scientific assessment, post-authorisation activities, transparency and communication, provision of information to patients and Good Manufacturing Practices/Good Clinical Practices. For each area proposals for the implementation of the Agency's vision have been made.

Taking into account the characteristics of the EU Regulatory System, it is of utmost importance for the European Medicines Agency Road Map to be debated over the coming months with all partners and stakeholders in order to achieve the broadest possible consensus on how to provide for better protected and informed patients and users of medicines and to reinforce the competitiveness of EU based pharmaceutical industry.

Overview of Comments Received

No comments have been made on the Executive Summary. However, (1) a number of general comments have been made, as well as (2) comments on topics currently not addressed in the Road Map document. An overview of such comments is provided below:

1. Several comments have been made in relation to the consequences of the implementation of the Road Map, in terms of budget and resources. These comments can be presented as follows:

   a) Some of the objectives may be too ambitious, mainly taking into account the current environment of EU enlargement as well as the need to implement and to adapt to the new legal framework (PT).

   b) Once agreement has been reached on the Road Map, a costing exercise needs to be done in order to investigate if the Agency's budget is sufficient in order to implement its vision. As part of this costing exercise, particular attention needs to be put on a multi-annual planning of human resources (MB – DG Sanco).

c) Strengthening and expanding the EMEA activities will have implications for the EMEA budget. A debate on the budget should therefore be initiated with the relevant EU Institutions (NL).

d) The paper should reflect the current policies cutting down budgets. Reduced resources have an impact on future activities (LI).

e) The EMEA must be well funded and resourced in staff and facilities to ensure that the additional activities it is taking on do not distract from the EMEA core business. Consequently, the funding model needs to be reviewed on the basis of a separation between Community activities or infrastructure and MA related activities. It is recognised that increased funding for MA related activities may need to be derived from industry on the basis of an expectation of improved service and process (EFPIA).

f) Concerns are raised as regards the funding of the EMEA in order to allow implementation of the Road Map. It is questioned if biopharmaceutical industry should be bearing the costs of improvements to the EMEA's role, thereby discouraging innovation (BIA).

g) The business plan to implement the Road Map needs to take account of the resources needed for implementation. The EMEA should ensure that the resources used do not detract form its key role in ensuring that innovative medicines are available for patients (Pfizer).

h) The Road Map should be accompanied with a phasing-in strategy in order to give a full effect in due time to the envisaged measures (DG Entr).

i) The future appears to be characterised by a growth in the size of the EMEA in its responsibilities and in its functions. The costs related to this trend in parallel with the steady growth in regulatory requirements, which are burdensome for SMEs, mean that any growth in research and development of new medicines will become unsustainable (IFAH).

j) It would be more appropriate to speak about the Road Map of the European Network of Competent Medicines Authorities, taking into account the EMEA's indispensable role in coordinating, supervising, etc. expertise and services available at and provided by NCAs. Purely academic experts plus the EMEA can not perform the same regulatory task that is provided now. Therefore, the Road Map should stress the European medicines regulatory authority network – directed – by – EMEA rather than EMEA – mentioning – also – its – role – in – directing – the – network. In addition, the essence will be how the Road Map will be executed by all regulatory authorities (HU – Human).

k) It should be noted that the EMEA Road Map goes far beyond Public Health. In addition, it is also a political statement designed to position Europe vis-à-vis the USA (BE).

l) The document lacks an estimate of the costs, a cost-benefit analysis and an impact assessment (BE).

2. A few comments have been made on the drafting of the document:

a) The clarity of the document could be improved by more profoundly pinpointing the exact problems and/or changes in the environment that justify the proposals. It should be clear as which proposals are motivated by public health and which proposals serve other purposes (FI).

b) One needs to distinguish between preventative medicines (and consumers) versus curative medicines (and patients). Expectations could be different in the two situations (MB – MSs).

Overview of Comments Received

c) The daily challenge to find the right balance between public health and internal market, which sometimes leads to conflicting situations, could be further elaborated upon. The real impact of Community legislation on the EMEA activities could be further explained, as well as the organisation of the network of excellence (MB – MSs).

d) Additional annexes have been requested:

- The EMEA may consider adding an attachment on "Specific needs for Orphan Medicinal Products" in order to better address the need for a continuous effort and sustained strategy for orphan medicines (in order to enhance transparency, to better inform the patients, to ensure timely access to approved innovative medicines) (Eurordis).
- It is requested to include in the Road Map a section that is specifically dedicated to plasma-derived medicinal products (EPFA) and a section that addresses the specific issues regarding vaccines. In relation to vaccines emphasis has been put on a number of national requirements even for CAPs (e.g. the vaccination schedules) and the need for a better balance between NCAs' and EU's desiderata, despite progress made at VEG level, was emphasised (Workshop with IndAs).
- The role of the EMEA towards non-innovative medicines (generic medicines and OTC medicines) is not sufficiently addressed. In addition, such a role is missing in the current Agency's mission statement. The Road Map should elaborate on how to effectively regulate such non-innovative medicines (MB – MSs, COMP). The outcome of the EMEA/EGA WG discussions should be reflected in the document. The future role of the EMEA in the context of the DCP (i.e. the secretariat of the future Coordination Group) should be reflected in the document (EGA).
- Networking presupposes high technical support capabilities that are compatible with the current infrastructure at NCA level and that are affordable. An annex dealing with ICT-problems in the area of data, programme and development sharing between the EMEA and NCAs would be helpful (BE).

3. Comments were also made on the activities to be undertaken by the EMEA:

a) As part of the EMEA's enhanced mission the EMEA should take into account initiatives which impact on the pharmaceutical sector, including the initiative on biotechnology, the G10 exercise, the Work Programme on Public Health 2003 – 2008 and the R&D 6th framework programme (DG Entr). As regards the promotion of biotechnology, the EMEA should contribute significantly to this because of its exclusive competence in the evaluation of biotech medicines (DG Entr).

b) When setting out its vision to 2010, the EMEA should also look at legislation under development, even if one is currently unsure about the EMEA's future role in the developing activities. A specific reference is made to the Health Council Ministers' health technology assessment and the question if the EMEA has a role to play in this field or not (MB – DG Sanco).

c) Regulatory Authorities, including the EMEA, should become involved in important public health issues, such as priority medicines, since it may be considered that the normal initiatives undertaken by pharmaceutical industry will not be sufficient to adequately address these important public health issues (MB – DG Sanco). A major challenge for the EMEA will be to develop appropriate actions to stimulate development of medicinal products for unmet medical needs. The development of a public list of such unmet needs would be a start. Another initiative would be

the creation of a European research fund to stimulate research (Eurordis).

Furthermore, small countries are facing particular difficulties, such as keeping sufficient medicinal products on the market with all the regulatory requirements for pharmaceutical industry (e.g. the use of the national language). This is even more relevant for veterinary medicines, particularly in view of the threat of new epizootic and zoonotic diseases (IS).

d) The EMEA could play an important role in the field of Added Therapeutic Value (ATV). Since the EMEA has particular expertise on the methodology of therapeutic value, it is asked if the EMEA could provide practical input on the methodological aspects of this issue to DG Sanco (DG Sanco). The moment of granting the MA is the most appropriate timing for a request to pharmaceutical industry to provide data on ATV. The decision on the granting or not of a MA should, however, remain on the basis of a positive B/R ratio, since any additional criteria could have a negative impact on treatment options. In relation to cost-effectiveness the CHMP could pay more attention to pack sizes as part of the scientific evaluation process (Workshop with PAs).

e) The Road Map document should include acknowledgement of the important role the EMEA will play in Environmental Risk Assessments (EFPIA, BE).

f) The EMEA's role/interaction with other European Agencies needs to be elaborated upon (BE).

4. The following comments were made in relation to the interaction with the Agency's partners and stakeholders:

a) As regards NCAs, there is sometimes a lack of continuity in terms of scientific approach between the EMEA advice/requirements and the national rules applied by the MSs. There is a need for more dialogue between the EMEA and the MSs in order to ensure that the EMEA advices/commitments are feasible and fit with national ethical "guidelines" (EuropaBio).

b) As regards patients,

- There is a need to go further then outputting information by finding ways of involving patient groups in the regulatory process at appropriate points to ensure that patient needs are met in the way products are developed and are reflected in the criteria for the assessment (EFPIA).
- The usefulness of direct involvement has been shown at the level of the COMP and could therefore, be broadened. As regards the interaction between the CHMP and patients organisations, the consultation should develop and become as systematic as possible. An issue to be solved is to define how a patient representative could share information with patients organisations. Appropriate funding should be allocated to patients' representatives to allow them to do their work and appropriate training should be provided to patients' representatives. Support from the EMEA is necessary to ensure optimum training, whether directly or in partnership with NCAs or patients organisations (Eurordis).
- Other initiatives could relate to involvement in guidance development, involvement in the scientific review process, checking of the quality of PLs and some prerequisites that need to be fulfilled (e.g. development of a directory of patients groups) (Workshop with PAs).

c) As regards academia/learned societies,

- Initiation of discussions relating to current medical needs at EMEA level could either include experts made available by academia/learned societies, or academia/learned societies could offer to set-up committees to work on

this issue (EASD, ESCP).

- It would be desirable to create a public-private platform for clinical research in the EU, an initiative which could benefit form a coordination by the EMEA (INSERM).
- At the start of development of products at the level of academia (with no industry involvement yet), there is no network available at EU level, hence the need to interact with each non-commercial sponsor individually. Therefore, a network needs to be build up in order to facilitate communication (cfr. Initiative undertaken by DG Research) (Workshop with HCPs – ALSs).
- As regards the involvement of scientific expertise from academia/learned societies in the regulation of medicines (elaboration of standards, scientific advice, scientific evaluation), academia and learned societies stated that such expertise could be provided; for product related issues the experts would provide their own viewpoint, whereas for guidance development the viewpoint of a learned society could be obtained. An important issue to be considered are the available channels of communication, but these are available. In addition, a catalogue of individuals and their field of expertise can be established (Workshop with HCPs – ALSs).
- Other initiatives relate to
  1) the provision of high-quality specialist training by academia to Regulatory Authorities in the fields of drug discovery and development with particular emphasis on white spots such as emerging therapies, although also other areas such as pharmacovigilance and GCP could be targeted, and
  2) shared positions between Regulatory Authorities and Universities (e.g. as ENDs) (Workshop with HCPs – ALSs).
- The EMEA should give priority to the development of a strong consultative partnership with academic trials leader and the organisations that can represent the experience of public funds and sponsors with strong research governance and management systems. Discussions should start on how the EMEA partnership with the public health trials community can be facilitated and supported. The importance is stressed of trials that address crucial questions for the health of citizens that commercial trials focused on supporting new MAs do not address (MCR).

d) As regards HCPs,

- The availability of adequate independent information for HCPs was emphasised. EuroPharm should be linked to the prescribers system in the NCAs, hence leading to for instance automatic warning to HCPs when prescribing a medicine that there is a contraindication (Workshop with HCPs – ALSs).

5. Other comments made:

a) EFPIA calls for an improvement of the evaluation of invented names of human medicines by the EMEA (EFPIA).

b) There is also a need to address the scientific review, competency development, QA and predictability in the MRP and there needs to be a consistent approach across Agencies in the EU (EFPIA).

c) The EMEA should consider further the potential for reduction of animal testing in the requirements for the authorisation of both human and veterinary medicines

Overview of Comments Received
(Intervet Pharma R&D). d) Frequently matters of veterinary regulatory policy are overshadowed by human considerations and this should be addressed in the final version of the Road Map (AVC). e) More and more pharmaceutical companies and researchers are moving to the USA. Are there any concrete proposals that can be made which are within the scope of the EMEA to address this situation? (BE) f) The quality of medicines as well as its surveillance by OMCL controls has barely been addressed in the Road Map. OMCLs play an important role in the protection of public health and the regulatory function of competent authorities even beyond post-marketing surveillance of medicines. Many of the areas where OMCLs provide a valuable contribution are addressed in the Road Map without considering the impact of the OMCLs (EDQM).

Discussion Paper

The European Medicines Agency Road Map to 2010: Preparing the Ground for the Future

Table of Contents

Chapter 1
Introduction

The European Medicines Agency[1] was established in 1995.

The Agency's Mission Statement is to contribute to the protection and promotion of public and animal health by

(1) mobilising scientific resources from throughout the EU to provide high quality evaluation of medicinal products, to advise on research and development programmes and to provide useful and clear information to users and health care professionals,

(2) developing efficient and transparent procedures to allow timely access by users to innovative medicines through a single European marketing authorisation, and

(3) controlling the safety of medicines for humans and animals, in particular through a pharmacovigilance network and the establishment of safe limits for residues in food-producing animals.

The European Medicines Agency works as a network, bringing together the scientific resources of the Member States to ensure the highest level of evaluation and supervision of medicines in the EU. The Agency cooperates closely with international partners, reinforcing the EU contribution to global harmonisation.

Overview of Comments Received	
EUIns	
NCAs	1. It is requested to add a 4th bullet point on strategies for leadership and coordination to reach the goals (NO).
HoA/HEVRA	
MB	
CXMP	
IndAs	1. The importance of creating a predictable environment in which innovative products can be developed and made available to the user is highlighted at several occasions. This is clearly laid down in the EMEA Mission Statement when it talks about supporting the European pharmaceutical industry by developing efficient, effective operating procedures. The important goal reflecting EU policy to enhance interest in competitiveness should be included as a 4th point (IFAH).
PAs	1. Timely access by users to innovative medicines does not only need approval of quality medicines and provision of quality information. There is also a need (currently not addressed in new legislation) to provide information on product's availability (Eurordis).
HCPAs	1. The EMEA must strike a balance between high quality evaluation of medicines and allowing timely access to innovative medicines, but at all times, the interests of patients must be the 1st priority (PGEU).
ALSs	
Os	

[1] It should be noted that the new name for the Agency, as stated in new Community legislation, has been applied throughout the document.

Chapter 2
A Changing Regulatory Environment

2.1 The Current Regulatory Environment

The current EU Regulatory System is unique in the international regulatory environment in so far that Community legislation has provided for a network between all national regulatory bodies, coordinated by the European Medicines Agency.

The benefits of such networking model are numerous. It has allowed for the best scientific expertise available in the National Competent Authorities (NCAs) to be brought together at the level of the European Medicines Agency in order to assess innovative medicines using common standards and to subsequently provide for rapid access to such medicines for EU patients/users of medicines. It has also contributed to the harmonisation process between all Member States by further standardising the requirements for the evaluation and monitoring of medicines irrespective of the licensing route and, as a result, has led to coordinated approaches in several fields.

However, it needs to be recognised that there exist areas where the overall successful networking model could still benefit from further strengthening, particularly in the light of the challenges the EU Regulatory System is facing in the coming years. Best use of the available limited resources, hence avoiding duplication of work, and increasing the efficiency of operation of the system is to be encouraged, together with the need for further coordination to ensure a harmonised approach in fields such as scientific advice, transparency, communication and outcome measurement. All such initiatives should be undertaken in concert with the application of good regulatory practice.

Overview of Comments Received	
EUIns	
NCAs	1. A clarification needs to be provided if monitoring of medicines also comprises activities such as pharmacovigilance, inspections, laboratory control, etc. (NO).
HoA/HEVRA	
MB	
CXMP	
IndAs	
PAs	
HCPAs	
ALSs	
Os	

2.2 The New Regulatory Environment

The EU Regulatory System will be confronted over the next few years with significant changes of a legislative (impact of new Community legislation) and institutional (impact of the 2004 enlargement of the EU) nature.

In addition to these significant challenges having an immediate impact on the overall system, other developing factors which are nonetheless important will have to be taken into account. Amongst them are political factors such as the continuation of the EU enlargement after 2004 with Romania and Bulgaria joining in 2007/2008 and other countries such as Turkey also seeking membership.

In addition, one of the key issues to be addressed by the international regulatory environment will be its ability to prepare adequately for the introduction of new technologies, from a scientific, legal and regulatory perspective. Appropriate measures will have to be taken in order to ensure that pharmaceutical industry can take advantage of new pharmaceutical technologies in the manufacturing and analytical areas, and anticipate the implications of gene and cell therapies.

Other factors to be considered are the impact of an ageing population, increased demands for medicines in areas of unmet medical need, the possible unavailability of medicines both in the human and veterinary field, the ever increasing concerns about the development of antimicrobial resistance, etc.

In the veterinary sector the safety of medicines in food producing animals will be underpinned by the Agency's continued role in the establishment of Maximum Residue Limits as a reference in the Community and worldwide for trade in meat products and other food commodities.

These changes are not to be regarded as pure challenges, but rather as new opportunities, which, through adequate proactive initiatives should lead to an enhanced protection and promotion of public and animal health in an enlarged EU.

Overview of Comments Received	
EUIns	1. In the 5th paragraph it is suggested to replace the last part of the sentence as follows: "Maximum Residue Limits for substances used in food producing animal species for the purpose of setting adequate withdrawal periods and for the control of residues in foodstuffs of animal origin." (DG Entr).
NCAs	1. Although the EU enlargement has been well prepared there is a need to keep-up with the standards established by the "old" MSs and initiatives in this respect need to be taken (HU - Veterinary).
HoA/HEVRA	
MB	
CXMP	
IndAs	1. The EMEA should expand its scientific capabilities for keeping up-to-date with new technologies by working e.g. in joint discussion fora with companies to understand the latest developments (e.g. application of genomics and proteomics, Process Analytical Technology) (EFPIA). Reference is made to the US situation where these workshops offer good opportunities for regulators and industry to devise new concepts for regulatory approaches from which all stakeholders benefit. In order to take care of the continuing professional education of NCA's review staff a new group at the level of the EMEA Secretariat could be created, analogue to the FDA's Office for Science (Millennium Pharmaceuticals, EBE). 2. The EMEA should adapt the regulatory framework and processes to scientific and technological advances by e.g. instituting joint industry/agency working groups to review key areas (e.g. the use and value of biomarkers and surrogate end-points in regulatory submission). Healthcare biotechnology companies (in addition to pharmaceutical companies) and international experts should be involved in the writing of new guidelines. SMEs should also be included (EuropaBio).

Overview of Comments Received	
	3. There is a need for maximising a harmonious approach by NCAs in the regulatory process to ensure the success of mutual recognition and that in turn is underpinned by the work of the EMEA Scientific Committees. 4. There is a decline in the veterinary industry that is being compounded by a regulatory system where new demands for testing are disproportionate to the risks of safety to man and animals (IFAH).
PAs	
HCPAs	1. As regards the reference to the impact of an ageing population, one feature of it will be an increasing number of people taking medicines for long-term conditions. Information provided by the EMEA on medicines should include information, both for HCPs and patients, about the consequences of non-adherence and, where possible, on how to best deal with any of the side effects listed (PGEU).
ALSs	
Os	

Chapter 3
The European Medicines Agency in the Changing Regulatory Environment

3.1 Impact Analysis

The impact of the changing environment on the European Medicines Agency will be considerable. The Agency with its network of 42 NCAs in the European Economic Area (EEA), through which scientific resources are made available to the European Medicines Agency, will become one of the world's foremost Regulatory Authorities for medicinal products. The European Medicines Agency will have to demonstrate that, after enlargement, the networking Agency model is still able to perform competently in the different fields of medicines regulation, with no negative consequences for the quality of the work which is undertaken, in close collaboration with 42 and possibly more NCAs.

The impact of the European Medicines Agency's scientific opinions will become increasingly important, both from a public/animal health perspective and an economical viewpoint. Moreover, the influence of the European Medicines Agency in both the EU and the international regulatory environment will continue to increase due to a further strengthening of its role and responsibilities, hence leading to a higher visibility towards the outside world. In addition, its role and responsibilities will also change.

One of the major tasks of the Agency will continue to be the coordination of the scientific resources provided by the Member States and such task will be further extended, e.g. in the field of Good Manufacturing Practices (GMP), where inspections of the manufacturers of active ingredients will soon need to commence, and in pharmacovigilance. Another example of increased responsibilities for the Agency is the imminent implementation of Community legislation on herbal medicines and the establishment of a new Scientific Committee.

The European paediatric initiative will also have important consequences for the European Medicines Agency. New Community legislation would aim to increase the development of medicines for children (both new and existing medicines) and improve the availability of information on the use of medicines in children. A new Scientific Committee, the Paediatric Board, will be established at the Agency and the European Medicines Agency will be requested to coordinate a European paediatric network for performing paediatric studies.

The scientific component of the Agency's activities will also become more important. Provision of scientific opinions to the World Health Organisation (WHO) is one such an example of increased scientific input. In addition, the European Medicines Agency's tasks will become more public health orientated and its international role will be further developed.

Overview of Comments Received	
EUIns	
NCAs	1. It is asked if inspection of manufacturers of excipients should be included as a new task for the EMEA (NO). 2. It is asked to briefly comment on the tasks and relations of the Paediatric Board vis-à-vis the CHMP (NO).

Overview of Comments Received	
	3. There is a need for effective coordination of GMP/GCP inspections performed by the MSs, especially those carried out in non-EU countries. Such coordination should cover inspections in the framework of the CP and the DCP to avoid any duplication of work. It is proposed to divide the inspection workload equitably among the MSs. Adequate resources for inspections in the MSs need to be available. A robust scientific input in coordination would improve the quality, efficiency and effectiveness of inspections, especially by improving cooperation between inspectors and scientific assessors (NL). 4. A note of preoccupation is added on the issue of herbal medicines, as this will be an area of increased activity with great difficulties namely regarding QC (PT).
HoA/HEVRA	1. There is not only a need to consider the relationship between the EMEA and NCAs, but also "external" relations with EPAs (Environmental Protection Agencies) and with EFSA (IE).
MB	
CXMP	1. A task of the EMEA should be effective coordination of GCP inspections performed by the Member States, in particular in non-EU countries. Sufficient resources should be available at NCA level. Cooperation between the scientific assessors and inspectors needs to be improved (CHMP).
IndAs	1. As regards herbal medicines, any initiative that contributes to the successful and optimal functioning of the new system with regard to herbal medicines should be supported. In this respect, the monographs to be elaborated by the HMPC should serve to achieve optimal implementation of the provisions on well-established use, resulting in the right decisions taken at European and national level (AESGP). 2. The EMEA should not develop the European Paediatric Research Network, but should only coordinate. The major role in the development of such network must be played by the paediatricians through their colleges and professional associations (APBI). 3. More clarity should be provided on the increasing coordinating role of the EMEA in the fields of GMP and pharmacovigilance (EBE).
PAs	
HCPAs	
ALSs	
Os	

3.2 Challenges Ahead

The main challenge for the European Medicines Agency over the next few years will be its ability to meet the increasing expectations of its stakeholders. The European Medicines Agency will particularly focus on the needs and expectations of patients and users of medicines. Special attention will also be given to Small and Medium Sized enterprises. New legislation will provide for specific measures aiming at reducing the cost for such enterprises. Where possible, additional incentives could be provided, building on the positive experience obtained in the fields of orphan drugs and EudraVigilance. The European Medicines Agency will have to find the right balance in terms of expectations such as applying high scientific knowledge for the timely delivery of science based opinions, increased involvement in the protection and promotion of public and animal health, regulatory and scientific consistency, predictability, greater transparency, better information and earlier communication.

As the European Medicines Agency becomes more accountable for its actions, maximising the overall quality and efficiency of operation should be the key objective, resulting in a regulatory public body which provides for a modern, high standard civil service.

The continuation and adaptation of the Agency's networking model will also require that Member States are able to adequately respond to the changing regulatory environment, which will result from the legislative and institutional changes. In order for the EU Regulatory System to position itself successfully in the international environment as one of the world's foremost regulatory systems, NCAs should carefully examine how they can best contribute to the future system since this will be key for the overall success. It should be emphasised that the network between the European Medicines Agency and NCAs can only be optimised if there is a stronger cohesion between all parties concerned, looking at complementing the achievements already obtained by introducing further actions aiming at reinforcing the networking model. In order to achieve such aims a common understanding on the architecture of the future EU Regulatory System is paramount. Once such common understanding has been obtained, in a next step important issues such as roles and responsibilities (in different fields such as regulatory, scientific, organisational and technical) of all involved parties need to be addressed in order to reach complete transparency on the accountability for the different activities to be undertaken in the context of the EU Regulatory System.

Overview of Comments Received	
EUIns	1. The accessibility of SMEs to the CP should be carefully looked at. Specific measures should be put in place aiming at reducing the cost for these enterprises of the authorisation of medicines via the CP (DG Entr). 2. The EMEA should pay particular attention to 4 challenges, i.e. (1) New tasks which will be given to the EMEA (herbal medicines, setting up of criteria to develop compassionate use, parallel distribution, biological threats, antibiotic resistance), (2) New challenges the EMEA will face (in terms of the perception of the safety of medicines and the environmental impact of the use of medicines), (3) New products to be assessed (gene therapy, pharmacogenomics, proteomics, xenotransplants), (4) Bi/multilateral scientific cooperation (DG Entr).

Overview of Comments Received		
	3.	It is proposed to add in relation to SMEs what is laid down in article 79 of the Regulation, i.e. that the MB in the case of veterinary medicinal products intended for diseases with a regional distribution, shall adopt measures to provide assistance to companies at the time of submission of their applications (DG Entr).
NCAs	1.	In relation to SMEs and the possibility to reduce the administrative hurdles they face, one could look for alternatives, where applicable, to animal testing during the development of medicines (NL).
HoA/HEVRA	1.	Additional challenges will be how the new structure will address issues such as national languages and small markets which are unique EU problems (DE - Agency).
	2.	The main challenge is how to deal with pharmacovigilance so that NCAs can respond nationally in a uniform matter to public health crises (DE - Agency).
MB		
CXMP		
IndAs	1.	It is assumed that any financial incentives for SMEs will not be at the expense of other companies and that the provisions to be introduced will not further affect competition within the pharmaceutical sector (Eye-Care Industries).
	2.	The tools to be adopted and the methods of intervention to be envisaged by the EMEA in relation to SMEs should correspond to the EU policy of supporting SMEs. A structured dialogue with the companies concerned should be initiated by the EMEA (AESGP).
	3.	More emphasis should have been put on collaboration with other non-EU Regulatory Authorities in order to reach a higher level of common understanding and harmonisation. This not only relates to the further collaboration between the EMEA and the FDA (with more details to be provided on the future development of the bilateral agreement) but also other key agencies as well as WHO. In addition, the EMEA's plans in relation to ICH should be mentioned. This should allow the EMEA to take a more global profile (Pfizer, EPFA, ABPI).
	4.	The EMEA should elaborate more on the specific measures it will introduce for SMEs, in addition to the adoption of special low cost fees for SMEs (Europharm – SMC).
	5.	It is critical that agreement on the challenges ahead are also embraced by NCAs and that HoAs share the vision expressed in the Road Map and demonstrate their commitment to make it a success (PhRMA).

Overview of Comments Received	
	6. The fees payable to the EMEA represent a significant burden to SMEs and serve as a disincentive to invest in R&D for new/improved products. It is recommended (5) to establish a "pharmaceutical SME consultation group" to discuss incentives and cost reducing measures for SMEs, and (6) to undertake an analysis of the financial impact that fees have on the pharmaceutical sector of SMEs and to subsequently take the necessary actions (EPFA). 7. Specific measures aiming at reducing the costs for SMEs require an adequate definition of these enterprises and should be fair for companies that do not fall under such a definition (Solvay). 8. The following incentives for SMEs are proposed: (1) Facilitating the procedure, (2) Keeping continuous dialogue with the company, (3) Providing advice before the company embarks on trials and tests necessary for authorisation, (4) Providing advice on the preparation of the MAA dossier, (5) Fee reduction (BIA). 9. The EMEA should take the lead in order to achieve harmonisation between different national authorities, but such harmonisation should not lead to the lowest common denominator approach (ABPI). 10. Although the need for support for SMEs is recognised, a level playing field of regulatory standards for all products, irrespective of size of applicant company should be achieved, and any positive opportunities developed for SMEs should also be available to larger companies (ABPI). 11. One approach to provide incentives even for those companies who do not really comply with the definition of SMEs, might be to have a deferred payment of the fees (fee or reduced-cost at the point of delivery of the MAA), until the product is put on the market and the company begins to make returns on its investments (EBE). 12. It is proposed to adapt EMEA fees for SMEs, including a fee waiver system such as the one used for orphan medicines (EuropaBio). 13. It is difficult to define SMEs in the veterinary sector, because many of the companies, whilst affiliates of the larger pharmaceutical houses, are stand-alone companies with their own balance sheet, which in terms of turnover would qualify them as SMEs (IFAH).

Overview of Comments Received	
	14. The CVMP should monitor the output of its working parties to create an overall picture of the evolution of data requirements (as interpreted by guidelines) and should give its working groups the mandate to take every opportunity to reduce non-pivotal data requirements; otherwise the medicines availability problem will never be resolved (IFAH). 15. Some of the reflections and ideas brought forward, while very positive in their conception, bear a certain risk of endangering the future of our industry. They mainly relate to the concern that many of the actions proposed could lead to a very bureaucratic, highly administrative system resulting in a non-proportionate cost increase for Agency services. Such a system can also be very intimidating, reducing the willingness of small-to–medium sized companies to use the centralised procedure (IFAH). 16. All measures should be taken to ensure that the available tools are fully implemented and adhered to by all players before embarking on additional projects, which could severely jeopardize the attempted right balance between a highly efficient, high quality regulatory system and an environment encouraging the competitiveness of the EU-based pharmaceutical industry (IFAH). 17. The potential impact of the use of medicines in animals on consumer health dictates a balanced risk/benefit approach to the regulation of veterinary medicines. AVC feels that, at present, this is disproportionately weighted in favour of human, rather than animal welfare (AVC). 18. Products accepted under the decentralised procedure by the majority of the 15 Member States are still being refused today by some individual Member States. Therefore, AVC is heartened to hear of a renewed determination within the Review to address the issues underlying this problem. It is hoped that these objectives are achieved more rapidly than in the past and AVC sees this as a major challenge for the EMEA, especially as we are now 25 Member States (AVC).
PAs	
HCPAs	
ALSs	
Os	

Chapter 4
The Future Development of the European Medicines Agency

4.1 European Medicines Agency Vision

The European Medicines Agency should strive to maintain and further develop its position as one of the leading regulatory authorities, which is science-driven, and transparent in the way it operates. Its aim should be to provide for better protected and informed patients and users of medicines, whilst encouraging and facilitating innovation and research in an enlarged EU.

The Agency should be supported by high quality scientific resources made available by the NCAs and a high standard IT infrastructure which provides an adequate and secure network between all European Regulatory Agencies in order to meet such a target.

A further strengthening of the current networking model and a reinforcement of the firm partnership which has already been established between all European Regulatory Authorities, hence leading to a network of excellence at EU level, will be vital in order to implement this vision.

Overview of Comments Received	
EUIns	1. The basic features of the functioning of the EMEA and of the CP should be kept. Due to the challenges the EMEA will face, consolidation of these main features is of utmost importance. The EMEA should strengthen its base, looking at more integration of the 25 MSs working within the networking model and reducing administrative impediments. In addition, reliable budgetary and activities planning will need to be further developed (DG Entr). 2. The science-based approach applied by the EMEA has to be continued. However, the evolution of society will make it necessary for the EMEA to modernise certain aspects of its functioning (DG Entr).
NCAs	1. Requests are made to further elaborate on how the networking model should be reinforced. Emphasis should be put on a further strengthening of both the national pillar and the European pillar. Particular attention should be paid to the "new" Member States. Clear roles and responsibilities should be allocated. The creation of an overcapacity should be avoided, as well as unnecessary duplication of work. This should lead to an increased quality output (IE, HU - Veterinary, PT, UK, DK, SE). The role of small countries within such networking model should be addressed (LI, IS, NO). 2. An analysis in which fields the network is currently not adequately performing should be provided and proposals to remedy such situation should be made (SE). 3. The priority aims set by the Road Map are supported. It is recognised that the EMEA has a key role to play in this respect and that it must be strengthened in some areas to fully cope with the new tasks (DE – Ministry).

Overview of Comments Received		
	4.	The current model of networking should be maintained, strengthening the development of scientific competence in the NCAs achieving a balance between the EMEA and the NCAs (ES).
	5.	The weakest aspects of the current system should be identified and ways to reinforce and improve it should be found in order to allow the network to cope with the new regulatory requirements and with the expectations of all the stakeholders (FR).
HoA/HEVRA	1.	One needs to keep an eye on home responsibilities (e.g. the role of pharmacovigilance), and to balance this with the enhanced role of the EMEA (IE).
MB	1.	To achieve the network of excellence at EU level, Member States should be encouraged to contribute, e.g. through the best available expertise (even at the level of academia), in order to build a network of excellence (EP).
	2.	The EMEA's support to innovation needs to be more elaborated upon (MS).
	3.	The EU Regulatory System can be regarded as a stable system that, however, needs to be further developed, whereby one should respect the stable part (e.g. Rapp/Co-Rapp involvement), as well as the right to participate in the network. It could also be advisable to provide a better definition of the term "network" (MS).
CXMP	1.	There is a need to further strengthen the current network (this needs to be more clearly stated). Collaboration is key within such networking model. One should look at how to further increase the collaboration within the EMEA structures (CHMP).
IndAs	1.	Issues such as (1) wider availability of medicines and (2) efficient support to the industry and involvement should be among the main directions (AESGP).
	2.	A further elaboration is necessary of the EMEA's initiatives to encourage innovation and research (EFPIA, ABPI).
	3.	As to the stimulation of innovation and research the following is proposed: (1) A commitment to continuity in EMEA-company interactions as of development. (2) Greater openness from the EMEA/CXMP to innovation and flexibility in the development process (e.g. presentations from companies at CHMP meetings on innovative approaches). (3) EMEA – industry – academia joint sponsorship and attendance at scientific-focussed conferences on particular issues (Pfizer).
	4.	Joint efforts between industry and Regulatory Authorities are needed to tackle the "pipeline problem" and to help companies improve drug development. Reference is made to the FDA initiative as highlighted in their document "Innovation/Stagnation: Challenge and Opportunity on the Critical Path to New Medicinal Products"; the EMEA should take a similar approach (Pfizer, ABPI).

Overview of Comments Received	
	5. An ongoing dialogue on the development of new drugs is necessary to encourage and facilitate innovation and research; it would strengthen the competitiveness of pharmaceutical industry in the EU by introducing short timelines for establishing dialogue and reducing the bureaucratic requirements. The Road Map should also elaborate on other factors causing the current stagnation in bringing new drugs to patients and identify other changes necessary to improve the drug development process (PhRMA).
	6. Industry and Regulatory Authorities need to work closely together from the early days of clinical development. Changes in the system related to clinical trial applications may therefore be required (Solvay). 7. The advantages and disadvantages of the opposite model, a centralised one, are hardly discussed and therefore the presentation is not completely balanced (Solvay). 8. The EMEA's organisation as a network provides for potential benefits (integration of scientific and medical expertise of the NCAs), but for industry such decentralised network structure has disadvantages, because with its many and multiplying potential parties and interfaces it adds complexity, discontinuities and inefficiencies to the system. This leads to measurable and significant costs. The EMEA should do more to reduce the disadvantages and the costs of the network model, while continuing to support the technical improvement of the system (Millennium Pharmaceuticals). 9. As regards the EMEA's development as a world leading regulatory authority, more information on principles and practical implementation should be given, if necessary within a range of scenarios (Millennium Pharmaceuticals). 10. There is some concern about the terminology used "to provide for better protected patients", as this implies that patients are not adequately protected at the moment. The EU has a very good patient protection system and the goal for the future should be the facilitation of new, breakthrough treatments to patients in a timely manner. The Road Map concentrates on improving the functioning and the transparency of the EMEA and its network, but should also take into consideration the developments in the pharmaceutical world, public health challenges and the promotion of innovation and competitiveness in Europe and then to identify and act on those areas where the EMEA can make a contribution to this larger picture (EBE). 11. As the remit of the NCAs will decrease over time (because of centralisation/harmonisation of assessments) the quality and number of staff may also decrease. The EMEA and NCAs should coordinate their recruitment activities, particularly in specialist areas (EBE). 12. There is a need to facilitate the academic research and knowledge amongst academics, in view of a better support to academia in the early development of medicines (Workshop with IndAs).

Overview of Comments Received		
	13.	The EMEA vision should include objectives to try to reduce the regulatory data burden, whilst at the same time maintaining a high level of safety to the target animal and consumer, but which is proportionate to he risks involved (IFAH).
	14.	The EU is not fostering research and innovation. It is increasingly becoming an economic issue since it is more and more unattractive for the industry to invest in the EU (EFPIA).
	15.	A "European Team spirit" needs to be achieved (EuropaBio).
	16.	There is no assumption in the document on the further evolution of medicines (e.g. will biotech succeed or not; are the existing processes / procedures adapted to such evolution) (EuropaBio).
PAs	1.	A concern is expressed as to how the EMEA intends to reconcile potential conflicts of interest (promotion and protection of public health versus reinforcement of industry's competitiveness); the EMEA is urged to place public health and safety interest before those of industry (BEUC).
HCPAs	1.	In relation to the EMEA's vision it is important that medicines available without prescription should not be overlooked (PGEU).
ALSs	1.	As regards the stimulation of research and development of innovative medicines in the EU, it is stated that the reason why the EU is loosing in the field of R&D relates to the fact that there is no close relationship between the academic research (= brains) and drug development by pharmaceutical industry (= money). No list of current medical needs is available; an initiative is being undertaken by the Netherlands with involvement of WHO. It is proposed by academia / learned societies that each organisation establishes such list (preferably with the involvement of patients organisations) and bring it at a EU level, in order to investigate the funding. The 6th and 7th Framework Programme of DG Research could be used (although more focussed on basic research) as regards the funding and the EMEA could operate as a platform in order to bring the different stakeholders together (Workshop with HCPs – ALSs).
Os	1.	As to the networking model, reference is made to current lack of harmonisation, e.g. the implementation of the Clinical Trials Directive. The EMEA should ensure the smooth operation of these aspects of the Directive which are under its control (EudraCT, EudraVigilance) and by encouraging NCAs to move towards harmonisation (ACRO).

4.2 Objectives to be Achieved

In order to enable the European Medicines Agency, as a networking Agency model, to reach such aspirations before the end of the decade, a number of objectives should be achieved:

Top Quality Scientific Assessment

With more complex global development programmes and increasing Research and Development (R&D) costs for a new active substance, predictability of outcome is becoming key in development programmes. A reinforced scientific advice process as well as the introduction of Scientific Advisory Groups as stated in new Community

legislation will contribute to the resolution of pharmaceutical industry's concerns in this field, but should be underpinned by a robust Quality Assurance System, managed by the European Medicines Agency. A strengthening of the peer review system to which the Agency should actively contribute both in terms of regulatory and scientific memory, hence reinforcing the consistency of the outcome of the scientific assessment, should be key in such a Quality Assurance System.

In addition, globalisation of development programmes will drive the need for an enhanced collaboration with other non-EU Regulatory Authorities, in particular the FDA/USDA, ideally leading to parallel reviews in the key areas of the scientific assessment process. As the impact of the European Medicines Agency review will become more influential due to the consequences of enlargement and legislative changes, the public scrutiny of the review process is expected to increase. Benchmarking with other non-EU Regulatory Authorities, whilst acknowledging the different regulatory environments such authorities are operating in, will become more critical as to differential outcomes, hence leading to the need for a robust EU assessment standard.

One of the strengths of the EU system is the ability to source expertise from whatever location in the EU. One needs, however, to emphasise that the system will be confronted with particular challenges, such as in the field of new therapies, due to the scarcity of experts in these areas and their possible involvement in pharmaceutical industry. Transparent and robust conflict of interest mechanisms will need to be available to reassure the public. Whereas in some fields one might face a scarcity of scientific expertise, in other areas one might be confronted with an overcapacity of such expertise, due to a shift in workload. The introduction of the new Agencies could add to this overcapacity issue and could also lead to potential quality problems of the EU scientific review system. In order not to endanger the quality of such system, adequate measures need to be taken to ensure the existing pool of scientific experts at the highest level of expertise.

Overview of Comments Received	
EUIns	
NCAs	1. Although transparent and robust handling of conflicts of interest must be established, it is necessary to ensure that scarcity of experts is not created and that a smooth and practical applicable procedure is available (DK).
HoA/HEVRA	
MB	
CXMP	1. Although the importance of benchmarking with other non-EU Regulatory Authorities is recognised, one should also pay particular attention to the issue of consistency between EU Regulatory Authorities, e.g. in the field of mutual recognition (COMP). 2. It needs to be stressed that the quality of the scientific assessment and the reports is the responsibility of the CXMP (CHMP).
IndAs	1. Enhanced collaboration (e.g. with the FDA) is needed to respond to increasing globalisation of R&D programmes, but such collaboration must also be available at the request of the company and with the full involvement of the company (EFPIA).

Overview of Comments Received	
	2. Globalisation also means that there is a need to align IT architectural and procedural concepts with those of other regions where practical and possible, taking into account regional specificities (EFPIA). 3. Although it is recognised that one of the strengths of the EU system is its ability to source expertise from whatever location in the EU, its weakness arises from differences in medical practice between the MSs which should be addressed in the way assessments are conducted (EFPIA). 4. As regards the parallel review, the prime target should be to offer industry the possibility for a parallel review upon request, according to harmonised requirements for the dossier preparation, or tools to exchange assessment reports, leading to a better understanding of the decisions on both sides of the Atlantic and at the end hopefully also to a, really mutual, recognition system for such registrations (Solvay). 5. One should aim for true global development programmes meeting the needs of most Regulatory Authorities especially in relation to new technologies. The sharing of best practices and the option to mutually recognise other high quality scientific assessments for paediatric and orphan medicines or treatments for life-threatening conditions should be considered (MSD). 6. As regards the collaboration with the FDA, taking into account the differences in assessment styles (for example even the contents of the CTDs) such collaboration will probably be limited to the most simple development plans. The EMEA's viewpoint is requested (EBE). 7. As regards the international collaboration, the EMEA should contribute to harmonise regulations on medicines for rare diseases with the FDA. The EMEA should also work with the FDA to reduce R&D and regulatory costs (EuropaBio). 8. In relation to the ICH process one should strive for a faster implementation and should make sure that there is consistency in terms of requirements to avoid duplication of scientific developments mainly in clinical trials design (EuropaBio). 9. The EMEA's global role is recognised, but an increased global role has resource consequences. Therefore, prioritisation will be necessary, focussing on ICH, WHO, FDA, Accession Countries, MRAs, and with a limited contribution to other countries, mainly focussing on the Visiting Experts scheme (e.g. Canada, Japan) (Workshop with IndAs).
PAs	
HCPAs	
ALSs	1. Ad-hoc scientific and medical experts can be made available for the scientific assessment procedure, or in the fields of disease care and research (ESC, EASD, INSERM).
Os	

Timely Access to Innovative Medicines

The current centralised procedure has shown to be very stable with respect to timing and has demonstrated to be capable of delivering fast reviews. New Community legislation will, despite the absence of a real rolling review concept, provide several new legislative tools, which will allow a more rapid access to innovative medicines. In addition, the Agency will strive for a further gain in efficiency of the operation of the centralised procedure (e.g. in relation to the number of review cycles and the duration of clock stops) without compromising the quality of the assessment process, hence complementing the legislative initiatives.

Overview of Comments Received	
EUIns	
NCAs	
HoA/HEVRA	
MB	
CXMP	
IndAs	1. A culture of continuous improvement is necessary in relation to the operation of the CP. The EMEA needs to be innovative between now and 2010 in piloting new processes for assessment (e.g. rolling review) informally alongside the existing framework (EFPIA). 2. More emphasis needs to be put on the provision of scientific opinions for developing countries, e.g. through the rapid introduction of an effective procedure. This will enable the EMEA to be recognised as providing a global standard of assessment in non-EU countries, especially the developing world (EFPIA). 3. The EMEA should not only allow timely access by users to innovative medicines (see Chapter 1), but rather actively promote and foster access to new medicines by real fast-track procedures to expedite dossier reviews for all dossiers and meaningful improvements to overall review times. Furthermore, close collaboration between the EMEA and industry on development programmes should be a possibility for certain well defined products to ensure a speedy access to these medicines. Other possibilities to speed up evaluation procedures without compromising high quality regulatory review should be assessed (e.g. rolling reviews at FDA level in the field of oncology) (MSD). 4. More should be done to improve the speed and frequency of expedited approval of breakthrough therapies for urgent unmet medical needs, such as the creation of a staggered rolling submissions process; special facilitation by the Secretariat of the review process for urgently needed drugs; the shortening of the time for the ratification by the Commission of CXMP Opinions (< 30 days for these drugs) (Millennium Pharmaceuticals, EBE). 5. Continuous dialogue with regulators during the approval process, mainly on protocol assistance and scientific advice, including predictability of decision-making should be favoured. Appropriate internal and external expertise during the review process at EMEA/CHMP level should be ensured (EuropaBio).

Overview of Comments Received	
	6. A rolling evaluation system as recommended in the COMP 3 year report should be considered. In addition, policy continuity should be ensured; changing the rules during the process (e.g. request for active comparative trials as prerequisite to registration applicable for running MAA procedures and already initiated clinical development programmes should be avoided) (EuropaBio). 7. Conditional approval criteria should be well defined and better post-launch systems for collection of real-life data on risks and benefits should be established (EuropaBio). 8. The EMEA should contribute to a system for equitable and timely access to medicines in the MSs after EU approval. The EMEA's role could be to discuss with scientific bodies in the MSs the avoidance of double work and different standards (EuropaBio). 9. For individualised medicines / medicines for certain populations there should be a close cooperation between the EMEA and pharmaceutical industry in relation to the development process/scientific advice process (EFPIA).
PAs	1. Protocol assistance is an important tool to accelerate MAAs, especially in relation to orphan drugs (taking into account experience with delays in the clinical development of products for which orphan designation has taken place some time ago) (Eurordis). 2. Compassionate access programmes will also be an important tool and in order for such tool to meet the objective of a more rapid access to innovative medicines, a close dialogue between patients organisations and the CXMP on issues such as the presumption of clinical efficacy or the definition of the eligible population to enrol in such programmes could be useful. Particular attention should be paid to those products in the compassionate use scheme for which a negative opinion on a MAA has been given (Eurordis, PAs Workshop). 3. Conditional approvals are an important tool to achieve safe and effective medicines whilst reducing the time to market. Input by specific patients organisations (through the provision of advice) in any decision on conditional MAs should be considered and the provision of adequate information on such decision is needed (PAs Workshop).
HCPAs	
ALSs	
Os	1. A proposal is made for the EMEA to speed up access to innovative medicines and enhance its support to pharmaceutical industry. Such proposal consists of combining all new legislative tools as well as the EMEA proposals in the Road Map, to be completed with some additional initiatives into a formal package of measures (Fast Track package) to accelerate drug clinical development and regulatory approval time. Although the scope of this Fast Track package is similar to that of FDA fast track development programmes, due to some legal limitations it will be more restricted in scope compared to the FDA. The main features are to commit the sponsor and the EMEA early,

Overview of Comments Received	
	providing free, timely and continuing advice and coordinating access to procedures. Such Fast Track package for life-saving medicines can also be used as an incentive to encourage R&D for neglected diseases (transferable Fast Track) (Wellcome Trust - LSE). 2. A rolling review concept similar to the US one should be developed at EU level, although it is recognised that additional legislation is required to implement such concept (ACRO).

Continuous Monitoring of Medicinal Products

This is probably the most challenging area with the greatest potential of vulnerability for the Agency. A proactive approach in pharmacovigilance and the introduction of risk management strategies should be further strengthened. In addition, a further reinforcement of the close collaboration with Member States is of paramount importance.

Although new legislative tools will be made available in order to strengthen the conduct of pharmacovigilance, regulators will have to make sure that the overall system is equipped to deal in an efficient and timely way with crisis situations in terms of robust scientific assessment, sound regulatory action, adequate transparency, appropriate communication and monitoring of impact. In this respect, it needs to be recognised that the area of impact of regulatory action and its effectiveness in public health terms is currently a rather untouched field. Links with other relevant institutions/organisations such as the EU Centre for Disease Prevention and Control should be established.

New therapies will constitute once again a particular challenge with respect to the adequacy of the legal tools, since their exposure within a population of ~ 450 million remains an unknown factor. A strengthening of the collaboration with other non-EU Regulatory Authorities and especially the FDA/USDA will be particularly important in this innovative field.

Overview of Comments Received	
EUIns	
NCAs	1. The mechanisms of post-marketing surveillance have room for improvement as regards pharmacovigilance and the efficiency of controlling (manufacture and clinical studies). The Road Map should also address the importance of independent experimental testing by public authorities, not only practical testing, if necessary prior to licensing, but also post-marketing quality checks of medicines by means of random sampling (DE – Ministry). 2. The EMEA should play a leading role to evaluate the effect of regulatory decisions on Public Health (BE).
HoA/HEVRA	
MB	
CXMP	
IndAs	1. Post-authorisation commitments need to be fully evaluated before being accepted. Appropriate alternative provisions need to be investigated (Eye-Care Industries).

Overview of Comments Received	
	2. Pharmacovigilance is best coordinated centrally by the EMEA (EFPIA). In addition it is not appropriate for a MS to be the centre of assessment for adverse event monitoring; such centre of excellence should be developed at the level of the EMEA (ABPI). 3. EudraVigilance should be opened up further in order to allow HCPs to report ADRs directly to the EMEA via EudraVigilance (EBE).
PAs	1. Regulatory Authorities including the EMEA should put more emphasis on a stronger control of medicines in real life situations (PAs Workshop).
HCPAs	
ALSs	
Os	1. Monitoring of the impact of regulatory decisions is welcomed, but should not be interpreted as outcome research. The terminology in the document should be harmonised (ACRO). 2. The first paragraph should be completed as follows: "Furthermore, the continuous monitoring provided by the contribution of the National Official Medicines Control Laboratories (OMCLs) in post-marketing testing should be strengthened through the reinforcement of the collaboration with the OMCL network under the aegis of the European Directorate for the Quality of Medicines (EDQM) / Council of Europe" (EDQM).

Access to Information and Transparency

Several initiatives, either through legislative changes or as a follow-up to the G10 Recommendations[2] and the Resolution of the Council of Health Ministers[3] will be taken to improve access to information.

The European Medicines Agency should take advantage of this situation by increasing its profile with the outside world as an "approachable" informative and transparent organisation. Information needs to be presented in a more accessible way, i.e. disease category driven, in order to provide the public with comprehensive information on products available in a given area. Systematic feedback from health care professionals, patients and users of medicines should be obtained in order to continuously improve the information released by the European Medicines Agency and to provide customised information to the Agency's stakeholders. This should include the concept of user testing in order to allow for information that is easy to read and be understood by patients and users of medicines. Adequate electronic systems will have to be available in order to allow the European Medicines Agency to build up a unique resource of data regarding pharmaceuticals. EuroPharm and EudraVigilance will be key channels in order to provide the general public with high-quality information on medicines.

Overview of Comments Received	
EUIns	
NCAs	

[2] G10 Recommendations of the High Level Group on Innovation and the Provision of Medicines.
[3] Resolution of the Council of Health Ministers of 1 and 2 December 2003.

Overview of Comments Received	
HoA/HEVRA	
MB	1. Efforts need to be made to make the general public aware of the EMEA's added value towards public health through the provision of adequate information (MS).
CXMP	
IndAs	1. As regards the population of the EuroPharm database ex-Concertation products should receive higher priority than MR products (EGA).
	2. Involving patients / users of medicines need to respect restrictions that apply to making confidential information available to the public. Involvement of such groups in readability testing is supported, but there are doubts about the extension of consultation on a wider scale at pre-approval steps, not least because of the tight timetables (Eye-Care Industries)
	3. The resources that will be needed for the EMEA to be an effective provider of information to patients should not be under-estimated. Industry can play a positive role in the field of provision of information to patients and this should be recognised. In addition, different approaches may be needed for new and existing medicines (EFPIA).
	4. There are two different and distinct areas of transparency; open, transparent procedures for companies in the development process, and open, transparent procedures and communications with the civil society. A key factor will be the EMEA's ability to maintain a continuity of interactions between/among the EMEA, NCAs and industry during the product development process (PhRMA).
	5. The attention on complete transparency should not lead to a further reduction of the confidentiality and exclusivity of information provided by pharmaceutical industry as this may seriously endanger the competitive character of such industry and therefore be in conflict with the objective of encouraging and facilitating innovation and research (Solvay).
	6. The EMEA should take a lead with MSs in trying to differentiate between education and promotion. Once this is achieved, industry can provide important non-promotional (educational) disease-related information directly to patients (EBE).
PAs	1. Transparency is needed on the reasons for a product development cessation. A statement by the developer of an unsatisfactory B/R ratio needs to be validated by an independent scientific assessment by Regulatory Authorities (Eurordis).
	2. The prospective follow-up of post-authorisation commitments (of particular importance for conditional approvals) should be made visible to the public through the EMEA website (Eurordis).
	3. Additional information, complementary to PILs, written by patients organisations could be delivered through EuroPharm, after a validation process has ensured adequacy with SPCs (Eurordis).

Overview of Comments Received	
	4. Regulatory Authorities including the EMEA should be more transparent and provide information on medicines in real life situations. In addition, comparable information should be provided (PAs Workshop).
HCPAs	1. Achieve involvement of community pharmacists in the revision of product information (e.g. user testing) should be considered (PGEU). 2. In any information about medicines, provided by the EMEA, there should be explicit advice to discuss the information with the doctor or pharmacist (PGEU).
ALSs	
Os	1. Systematic feedback from the Agency's partners and stakeholders should also include manufacturers (ACRO).

Specific Needs for Veterinary Medicines

There are specific issues which relate to veterinary medicines and need adequate consideration. In addition, one needs to bear in mind that veterinary medicines are not only essential in protecting animal health and welfare. There is also a significant impact on public health that needs to be considered. Specific needs for veterinary medicines are discussed in detail in attachment 1.

Overview of Comments Received	
EUIns	
NCAs	1. The Road Map should also deal with the availability of veterinary medicines for minor species and minor indications (NL).
HoA/HEVRA	
MB	
CXMP	
IndAs	
PAs	
HCPAs	
ALSs	
Os	

4.3 Prerequisites to be Fulfilled

In order to allow the European Medicines Agency to successfully achieve the above objectives, the following prerequisites should be fulfilled:

Provision of high-quality scientific resources by the National Competent Authorities

The continuation and even strengthening of the provision of high-quality scientific resources by NCAs to the European Medicines Agency activities is key for the success of the EU Regulatory System. The pitfalls in relation to this prerequisite, e.g. in terms of availability of a critical mass of highly specialised experts, have already been addressed above. Important choices will have to be made also at national level on how

to best contribute to the overall regulatory system. The EU should move into a direction whereby centres of assessment are established in the EU. To achieve the highest possible quality output should be the main driver for selecting such centres of assessment. Clear and transparent procedures need to be put in place in relation to the selection process for the provision of the best scientific expertise to the European Medicines Agency, whilst recognising the Member States' responsibilities and accountability as regards the medicinal products available in their territory. Contractual arrangements should include adequate and sufficiently detailed indicators in order to measure the quality of the work undertaken by the selected providers of scientific expertise to the Agency.

Overview of Comments Received	
EUIns	
NCAs	1. The target for the specialisation of the EU through the establishment of centres of assessment should be to share the workload and to avoid overlapping of resources. The EMEA should identify those areas were the resources need to be strengthened and the scientific experts should have a documented scientific expertise in these areas and work within the control of a documented QAS (FI). 2. In order to achieve optimum performance of the EU Regulatory System national centres of assessment in a range of functions should develop over time and should be coordinated by the EMEA (UK). 3. The allocation of work to the Member States (e.g. the selection of top quality expertise) needs to be done on the basis of clear and transparent criteria. Likewise the financial compensation for the Member States needs to be done in a transparent and fair way (UK, DK). 4. Contracts should be made with such centres whereby the centres guarantee to deliver a scientific standard requested by the EMEA/CXMP. The EMEA subsequently will have to make sure that the right scientific standard is delivered (SE). 5. Centres should possibly be financed from independent funds (PL). 6. A greater use of partnership between NCAs is necessary to ensure availability of scientific expertise and to avoid unnecessary duplication (UK). 7. A strengthening of the scientific competences at Member State level is vital for the application of one scientific standard irrespective of the licensing route. This should promote opportunities for SMEs in their local and regional business (DE - Agency). 8. In relation to the establishment of centres of assessment, NCAs could also step up and widen the collaboration with academia, since new scientific exchanges with Universities will provide the necessary excellence in terms of scientific expertise (NL). 9. When MSs contribute their expertise, they currently do so below cost price. The EU network system is in fact financed from three sources (fees, EU subsidy, and contributions "in kind" provided by NCAs) (NL).

Overview of Comments Received		
	10.	In order for regulatory authorities to keep abreast of the constantly developing state of the art a further extension of scientific expertise will be essential. This will not only relate to the NCAs who will continue to handle the bulk of scientific evaluation work, but also to the EMEA in order to remain a competent partner for the pharmaceutical industry, academia and NCAs (DE – Ministry).
	11.	Europe's future as a viable location for pharmaceutical industry will depend on its success in interlinking the EMEA and NCAs. NCAs have different strengths and weaknesses that must be taken into account when planning further development. The development of centres of assessment can only succeed if the work in the expert committees is distributed according to expertise and not proportional considerations (DE – Ministry).
	12.	Strengthening the scientific competence in the NCAs is vital for the application of one scientific standard to the different licensing procedures. Training programmes and work sharing would also contribute to the quality of the system (FR).
	13.	Although the current system of (Co)-Rapporteurships remains sound, it could probably be improved and further secured by moving into the direction of centres of excellence, while avoiding pure specialisation that would jeopardize the credibility of the agencies and their ability to perform their national tasks (FR).
	14.	The success of the future networking system will also depend on its financial structure. The system should not be financed in a way that it promotes competition. Allocation of work should be independent of financial criteria and should continue to aim at ensuring a high level of scientific and medical expertise. There should, however, also be fair retribution and some measure of incentive to develop cooperation within the network (FR).
	15.	NCAs do not only provide services to the EMEA but also have to perform national duties. There are, however, also some opportunities for NCAs, such as in the field of SMEs, novel domains, GXP inspections abroad, pharmacovigilance (tendency to increasingly use cohorts rather than the entire population of Europe) (BE).
	16.	NCAs will enter into mutual competition. A balance must be achieved between the EMEA and NCAs and also among those NCAs than want to get actively involved (BE).
HoA/HEVRA	1.	In building up centres of assessment one needs to avoid a monopoly as this could be a risk to the system in the future. Staff working in the centres of assessment need to be open to challenge and competition (DK).
MB		
CXMP	1.	Consistency between the assessment of centralised, decentralised and national products should be provided (CHMP).

Overview of Comments Received	
IndAs	1. Reassurance needs to be given that (1) the centres of assessment will have the necessary resources to handle European and national applications, (2) this does not lead to competition for resources between the CP and the DCP, (3) the applications are assessed to a standard acceptable to other MSs, (4) the polarisation of excellence in assessment will not lead to unacceptable differences in standards for assessment (EGA). 2. Resources available to a number of MSs are very limited. Such MSs should rather concentrate on gaining staff levels sufficient to cope with existing workloads than to become involved in more ambitious projects without adequate resources (Eye-Care Industries). 3. The establishment of centres of assessment is supported. (EFPIA, Millennium Pharmaceuticals) Moving to this model should be a priority. Quality of scientific review should be the driver for selection of these centres. There should be clear delegation of tasks and specialisations to assessment centres, avoiding duplication. Delegation of particular processes to particular NCAs is not favoured, especially pharmacovigilance, which is best coordinated centrally by the EMEA (EFPIA). 4. The role of centres of assessment versus the role of the SAWG, SAGs and Working Parties should be made clear. In addition, it should be made clear how the EMEA intends to balance the networking with the MSs to the concept of centres of assessment. Although not all MSs will be able to by into the concept, they still should have sufficient input into the EU system and thereby meet the expectations of their citizens (Pfizer). 5. One needs to move quickly to identify centres of assessment to leverage the expertise in the NCAs while providing industry with assurance that the regulatory structure will operate in a predictable and reliable manner. Consideration should be given to consolidating centres of assessment and aligning services to ensure streamlined, efficient procedures (PhRMA). 6. The concern is that EMEA's future need for national scientific resources will have adverse effects on the available resources for national/MR licensed products. This concern should be addressed (EFPIA). 7. The concept of centres of assessment is supported. The selection of these centres should be based on quality of scientific review, but the EMEA must ensure that there is no duplication of assessment or inconsistencies in the scientific review. 8. Science-driven and transparent assessment processes are supported. Accountability and regular cycles of benchmarking for all participants in the EU Regulatory System is mandatory (MSD).

Overview of Comments Received	
	9. Centres of assessment and SAGs should complement each-other. It is of utmost importance that regulatory bureaucracy does not overgrow scientific excellence to discourage good talent from participation in the network or the SAGs. Clear guidelines are necessary outlining the different responsibilities. There is also a risk in the aim to achieve the highest possible consensus at EU level as this could lead to the lowest common denominator while applying the best science. Recruitment of people with industry and management experience should be considered for all groups. For the selection process a track record of accomplishment should be required to complement any list of scientific publications. A clear guidance on the selection of experts (compared to the US) is missing in the EU and should be developed (MSD). 10. Although the centres of assessment concept is supported, issues such as national sovereignty and accountability of national assessors need to be looked at (ABPI). 11. The centres of assessment should be virtual, perhaps with the SAG taking the lead on speciality assessments, rather than the centres becoming geographically orientated. Centres of assessment are believed to lead to a more European division of responsibility between the NCAs. This would represent a stimulating challenge to the NCAs that would foster the growth of the best technical approaches and professional practices. The EMEA should describe the concept and potential implementation of the centres in greater detail (EBE). 12. The provision of authoritative scientific expertise by the NCAs (centres of assessment, SAGs as means for such expertise) is supported. However, an efficient model workflow that describes the differentiated roles of the various participants should be described so that the value added by each group can be understood (Millennium Pharmaceuticals, EBE). 13. The future will probably lead to 3 groups of NCAs / Agencies: those playing a full role in all activities, the middle group which represents "niche" players, and a 3rd group with very limited EU tasks, and almost only national obligations. Such complex structure will be gradually built over the next years (EFPIA).
PAs	
HCPAs	
ALSs	
Os	1. It is unclear how the centres of assessment will relate to the SAGs. In order to enable consistency, there needs to be close collaboration between the CHMP, SAGs, centres of assessment, SAWG and NCAs, and the roles and responsibilities need to be well defined in terms of quality assurance, peer review, etc. (ACRO).

Availability of an adequate Quality Assurance System

The overall quality and efficiency of operation will be key for the Agency to position itself successfully in the regulatory environment and to meet its stakeholders' expectations. This necessitates an even stronger Integrated Quality Management System at the European Medicines Agency (e.g. strengthening of the audit system, introduction of more sophisticated performance indicators, further implementation of the risk management concept) in order to achieve an adequate level of scientific and regulatory consistency in the outcome of the scientific evaluation processes.

However, the requirements for good governance, good regulatory practices and integrated quality management should extend from the European Medicines Agency Secretariat towards its Scientific Committees, their Working Parties, and also to the NCAs who act in the network as scientific resource providers. The benchmarking with Accession Countries will be complemented by a similar exercise with the current Member States. This should result in a regular cycle of benchmarking in order to achieve a strengthening of the Quality Assurance Systems in place at the level of all European Regulatory Authorities.

Overview of Comments Received	
EUIns	
NCAs	1. It is stated that the Quality Assurance Systems are only a tool, and that above all there has to be an overall strategy for KPI benchmarking. Regular cycles for benchmarking should, in addition to QAS, also include other areas such as costs (NO). 2. An overall strategy for leadership is not clearly developed in the document (see also comment 1 on the EMEA's Mission Statement provided in Chapter 1) (NO). 3. Examples are given of current initiatives that should be continued or improved in order to establish firm quality systems, such as benchmarking, JAP, OMCL-MJA (HU - Veterinary). 4. Simultaneous implementation of the philosophy of quality has to be done by NCAs in order to ensure that the system works properly (PT). 5. A more thorough peer review system is necessary to improve the quality of the work undertaken both in the field of assessment and post-marketing inspection (ES).
HoA/HEVRA	
MB	
CXMP	
IndAs	1. The EMEA should set up a governance system that ensures protection of all stakeholders and that the scientific evaluation process (procedure and contents) is correctly applied. A number of indicators could be looked at in order to ensure a transparent process, such as follow-up to divergent opinions; inconsistency of the CHMP opinion at different time points in the review process; biased appeal process (EuropaBio).
PAs	
HCPAs	
ALSs	
Os	

Availability of a high-quality IT infrastructure

The quality of the overall IT infrastructure, underpinning the EU Regulatory System, will be vital for the success of such system. Taking into account the Agency's new role as the coordinator and hub in the harmonised collection, validation, evaluation and dissemination of authorative information on medicinal products, the European Medicines Agency will host, operate and support a family of European information systems to make regulatory procedures more efficient and more transparent. In order to achieve such objective the Agency should gradually replace the fragmented administrative and operational information systems by an integrated form of information repositories and electronic workflow tools. This should enable the introduction of near-real time electronic business reporting.

Overview of Comments Received	
EUIns	
NCAs	1. As regards the creation of new databases, it is important to focus on the necessity of making adequate descriptions of the databases and to involve all relevant stakeholders in the design of the systems. In such design a cost/benefit evaluation must be included (DK). 2. The availability of a high-quality IT infrastructure with web-based self-service systems for information requests is an important and excellent tool for each Member State (FI). 3. A more user friendly access to the EMEA website for the public would be helpful (IS).
HoA/HEVRA	
MB	
CXMP	
IndAs	1. Adequate funding and capability (IT knowledge and project management) are needed in order to develop robust EU-wide IT systems, to be managed by the EMEA in close collaboration with the NCAs. There should be a reduced need to develop purely national systems (EFPIA). For current IT projects at the level of NCAs one needs to make sure that they are capable of being harmonised within the EU's system (EBE). The Road Map should integrate its proposals as well as the Telematics Implementation Plan issued by the EC; the creation of an additional attachment is proposed. In addition to EudraVigilance and EudraCT, other key IT applications need to be mentioned, including more details on the new GMP database (EFPIA). 2. The EMEA should further elaborate on the main IT innovations to be expected and how they relate to the Commission's Telematics Implementation Plan (Europharm – SMC, MSD).
PAs	
HCPAs	
ALSs	
Os	

Availability of a high-quality European Medicines Agency professional workforce

The changing role of the Agency necessitating an increased scientific input has already been addressed above. The proposed role and functioning of the European Medicines Agency Secretariat is provided as attachment 2. Such a changing role should be underpinned by a higher scientific profile of its Staff Members. It will be critical to identify the areas of scientific competence where the European Medicines Agency needs to strengthen its resources. Subsequently, a full training and competence development programme should be put together and implemented.

In view of its new and extended tasks, the organisational structure of the European Medicines Agency should also be looked at and changes introduced, where relevant. Taking into account the Agency's increasing competence which go far beyond the primary evaluation role, a reappraisal of the establishment plan is necessary in order to allow the European Medicines Agency to meet its stakeholders' expectations. Considering the European Medicines Agency's increasing role in the regulation of human and veterinary medicines, the current funding model should be critically reviewed and a long-term financing plan should be developed. In relation to the financing of the Agency, particular emphasis should be put on the funding of collateral activities in the areas of orphan drugs (and similarly in the veterinary sector), paediatric initiatives, consumer information, safety monitoring, etc.

Finally, the Agency's changing role will also have important consequences in terms of logistical and administrative support. The European Medicines Agency should critically examine and, where appropriate, re-engineer existing business processes to maximise efficiency and suitability for the new environment. The Agency should also improve internal procedures by replacing paper trails with electronic workflows, by consolidating and integrating existing systems and by introducing new systems. This would include electronic management of documents, automated electronic publishing, web-based self-service systems for information requests and integrated administrative and business systems with electronic workflows.

Overview of Comments Received	
EUIns	
NCAs	1. The EMEA resources and duties in the area of technical and administrative co-ordination with regard to regulatory competence, legal competence and greater transparency should be strengthened. The EMEA should also develop as a centre for quality control (ES). 2. EMEA Staff should not be directly involved in the decision-making process, which must remain the responsibility of the Scientific Committees, but it should continue to play a supportive role. Maintenance of the regulatory memory and consistency, a strengthening of the technical and administrative coordination (regulatory competence, legal expertise, greater transparency) is essential. Important will also be its role in ensuring the consistency of assessments across applications by building the corporate memory as well as its development as a quality control centre for the whole system (whereby it is essential that all NCAs have the same approach in order to work according to a common standard) (FR).
HoA/HEVRA	
MB	
CXMP	

Overview of Comments Received	
IndAs	1. Training and competency development for EMEA Staff will be important and industry could make a contribution as an important source of expertise (EFPIA). 2. There is concern that the review of the current funding model would lead to higher fees or the introduction of new user fees for services currently provided for free (EBE).
PAs	
HCPAs	
ALSs	
Os	

Chapter 5
Finalisation of the European Medicines Agency Road Map

The Action Plan to improve the Agency's processes in relation to medicinal products for human use reflected the Agency's 2003 stocktaking of its performance in relation to the processes for human medicines. Such Action Plan addressed the findings further to three initiatives taken (i.e. the CPMP[4] audit, an internal review of the Agency's processes and feedback from pharmaceutical industry) and the proposed improvements (it should be noted that a similar initiative with the CVMP[5] will begin in the 4th quarter of 2004). Building on the proposals made in this Action Plan and in order to implement its vision, particular attention has been paid to six areas. In the areas of scientific advice, scientific assessment, post-authorisation activities, transparency and communication, provision of information to patients, and GXP[6], further initiatives that should be undertaken have been identified. Such proposals are provided in annex (attachments 3-8). It should be emphasised that the European Medicines Agency will develop additional proposals in relation to other activities that are currently undertaken or will be performed by the Agency in accordance with new Community legislation.

As was already stated before, it is the European Medicines Agency's aim to achieve the highest possible consensus at EU level in order to meet twin objectives: the promotion and protection of public and animal health and the competitiveness of EU based pharmaceutical industry. To this effect a consultation with all the Agency's partners and stakeholders needs to be undertaken with a view to finalising the European Medicines Agency Road Map in the 3rd quarter of this year. The Agency's Action Plan for the finalisation of its Road Map is provided in annex (attachment 9).

For such consultation exercise to be successful it is imperative for all consulted parties not only to comment on the European Medicines Agency's proposals on its contribution to the future EU Regulatory System, but also to complement, where relevant, these proposals by elaborating on own initiatives that will be undertaken in order to reinforce the global networking model.

Overview of Comments Received	
EUIns	
NCAs	1. Several Member States (IE, FR, PT, PL and UK) have indicated that in a certain way they are also developing their Road Map document. One Member State (SE) wishes the EMEA Road Map document to be developed to a higher level of clarity in order for it to be a road map for the Member States. Another Member State (ES) is of the opinion that the EMEA Road Map should be complemented by a Road Map of the European Network of Competent Authorities. 2. It is asked if the EMEA has a strategy for GDP (Good Distribution Practices), or if this should be considered as a national obligation (NO). 3. Since many of the proposals affect the national levels, it would be interesting to elaborate on what is expected of the Member States. In addition, the necessary plans at the level of NCAs should be worked out and the required capabilities for achieving this should be made available (BE).
HoA/HEVRA	
MB	
CXMP	1. Looking at the 6 areas to which special attention is given, the change at

[4] CPMP: Committee for Proprietary Medicinal Products.
[5] CVMP: Committee for Veterinary Medicinal Products.
[6] GXP covers both GMP and Good Clinical Practices (GCP).

Overview of Comments Received	
	the level of the EMEA from a product-authorising institution towards a product-monitoring institution is underlined (COMP).
IndAs	1. The Implementation Plan which will be developed should also address the implementation of new Community legislation (Workshop with IndAs).
PAs	
HCPAs	
ALSs	
Os	1. There is a request, because many of the roadblocks along the way to new medicines occur within the development phase, between discovery and launch, to have an additional area of focus, i.e. on clinical trials activities (ACRO).

Attachments

The European Medicines Agency Road Map to 2010: Preparing the Ground for the Future

Attachment 1

Specific Needs for Veterinary Medicines

Specific needs for veterinary medicines relate to the provision of sufficient veterinary medicines to minor species. While these species may not be significant in terms of animal numbers in comparison to major species, they represent a significant livestock sector in the Member States concerned.

Bioterrorism in the livestock animal sector is a real and present danger and has yet to be adequately addressed in the EU. In addition, the threat of newer epizootic diseases such as the Blue Tongue Fever and the West Nile Virus Fever, already prevalent in some Member States, will require urgent provisions for the control of such threats, in which the Agency will have a role to play in the authorisation of suitable vaccines in a timely and efficient manner.

Both in the veterinary and the human field, there are increasing concerns about developments such as the growth in antimicrobial resistance in man and animals and a CVMP Scientific Advisory Group on Antimicrobial Resistance will be established to address the regulatory challenges ahead in the animal sector. This is entirely in line with the recommendations made by the European Parliament during the review of pharmaceutical legislation that the CVMP should provide scientific advice on the use of antibiotics in food producing animals in order to minimise the occurrence of bacterial resistance in the Community. In addition, the adequacy of systems in place to ensure the environmental safety of human and veterinary medicines will come under sharp focus.

As regards the monitoring of veterinary medicines it needs to be recognised that the application of pharmacovigilance in the veterinary sector is somewhat heterogeneous throughout the EU. However, the European Medicines Agency will continue its commitment to optimise Good Pharmacovigilance Practice for veterinary medicines, building on the initiatives that are currently underway in partnership with the Member States.

Recognition must be given to the importance of animal health and welfare and its direct impact on public health in the Community, and such considerations of consumer safety will prove an incentive at the policy and resource level to further progress the development of much-needed new veterinary medicines within the EU.

Overview of Comments Received	
EUIns	1. In relation to the statement on minor species and the need for sufficient veterinary medicinal products for these species, there is concern that the wording implies that in some MSs the animal species alluded to may in fact represent a so-called major species and that issues of consumer safety may be at stake. This needs to be addressed (DG Entr). 2. A concern is also expressed as regards the statement on bioterrorism in the livestock sector since this activity falls outside the remit of the EMEA. This needs to be corrected (DG Entr).

Overview of Comments Received	
NCAs	1. Improvement of product safety is an important task. Direct contributions in this respect can be made by: a) OCABR (the determination of the scope of the products to be involved in the system) and b) Targeted market-surveillance studies which may deliver data for the evaluation of the safety of marketed products (HU – Veterinary). 2. The fact that availability of veterinary medicinal products is one of the most important needs in the sector of veterinary medicines needs to be further emphasised since it is a wider problem than currently described (FI). 3. The word "livestock" should be replaced by the term "food producing animals"(FI). 4. Bioterrorism is not only a veterinary problem and therefore needs to be addressed in a wider context (FI). 5. The significance of the use of antimicrobials in companion animals with regard to the growth of antimicrobial resistance should be highlighted, in particular in the light of the poorly regulated use of such medicines in companion animals (FI). 6. The establishment of a CVMP Scientific Advisory Group on Antimicrobial Resistance is supported and a request is made to have a similar group on the human side, since food supplements may give cross resistance in humans (NO). 7. It is requested to further elaborate on the EMEA's vision in relation to animal medicines (NL).
HoA/HEVRA	
MB	
CXMP	
IndAs	1. Taking into account the EMEA's central role in the EU Regulatory System, the EMEA should use its influence with the MSs to ensure a fully harmonised and consistent approach to authorisation of veterinary medicines (Interested Parties meeting). 2. Animal welfare and farming economics, being very important factors, should not be eclipsed by the human safety aspects of veterinary medicines regulation (AVC). 3. Regulatory Authorities should be cautious as to the development of new regulatory requirements since this could lead to a continuing decline in the veterinary pharmaceutical industry. A particular area of concern is the impact of EU enlargement and the possibility that this could lead to an automatic increase in the size of WPs and result in an increase in the regulatory hurdles (AVC).
PAs	
HCPAs	1. There is an urgent need to create a European veterinary medicines database to enable veterinarians to see what medicines are available in the EU for application of the cascade (FVE, Interested Parties meeting).

Overview of Comments Received	
	2. In relation to availability of medicines, coalition between all involved parties is necessary, leading to the creation of a priority list of agreed essential substances (Interested Parties meeting). 3. As regards pharmacovigilance in the veterinary sector, a simple notification system should be sufficient, since veterinary adverse reaction reporting must remain proportionate to the risk. Awareness of the veterinarians should be increased and feedback on the information provided is needed in order to keep the process going (FVE).
ALSs	
Os	

Attachment 2

Proposed Role and Functioning of the European Medicines Agency Secretariat

One of the main responsibilities of the Agency through its Scientific Committees is to deliver scientific opinions on any aspects related to medicinal products.

The role of the Agency is to coordinate within the EU Regulatory System networking model the European scientific resources made available by the NCAs, as well as any additional expertise necessary for the fulfilment of its responsibilities.

Such role will be extended in accordance with the legal provisions of new Community legislation since the Agency's Secretariat "shall provide technical, scientific and administrative support for the Committees". It should be emphasised that the enhancement of the European Medicines Agency's scientific role not only relates to the Agency's Staff Members, but also to its Committees, which are an integral part of the Agency and composed of scientific resources made available by the NCAs.

To adequately complete the task of coordinating the European scientific resources, and to further strengthen the Agency networking model, the European Medicines Agency will, as required in the new legislation, expand the scientific role of the Secretariat. The European Medicines Agency Secretariat will have a complementary role to the role of the experts from the National Agencies or academia.

Such coordination, with a greater input from the Secretariat, should lead to an overall improvement of the quality of the EU regulatory environment. This will allow adequate, high quality management of a more complex regulatory system in an enlarged EU. The current concept of product leaders throughout the lifecycle of medicinal products will be further strengthened in order to allow enhanced coordination during the assessment of such products.

Science driven and consistent regulatory opinions and actions are prime objectives.

Aspects where the Secretariat will provide complementary input relate to a contribution to different steps of the procedure from scientific advice to marketing authorisation and post-authorisation, at the levels of the different Scientific Committees. This support will concentrate on the quality assurance of the scientific components of the assessment during the various phases of the review process, especially with regards to the consistency of the assessments across applications, through the Agency scientific memory of CXMP deliveries. The Secretariat should also facilitate and complement the assessment performed by the assessors through the provision of the necessary documents regarding scientific memory information on previous procedures, and regulatory advice or guidance given.

The Secretariat will also contribute to the peer review of applications during the assessment phase. Being responsible for the finalisation of the CXMP assessment report, it will ensure that all necessary justification on the opinions or views expressed will be sufficiently substantiated and it will contribute both in terms of regulatory and scientific memory. It will also contribute to the finalisation of the product information.

Assistance to the CXMP will include aspects related to the identification of the needs for additional expertise, in particular through the secretarial role for the Scientific Advisory Groups and the specialised experts in the framework of the handling of safety concerns for centrally processed applications.

With regards to the preparation of the CXMP notes for guidance, the Secretariat should ensure an identical level of support to the Working Parties of the Committees as provided during the assessment phase. It should particularly ensure that recommendations are

scientifically substantiated and in compliance with legal requirements, that the feasibility aspect has been taken into account and that the consultation process had been as wide as possible before new standards are set up.

The Secretariat should also become involved in the area of outcome research, whereby the impact of regulatory decisions on public health should be looked at.

The internal scientific expertise will continue to contribute to the high level of information required for communication aspects to stakeholders in particular through the European Public Assessment Reports (EPARs). Understanding of disease and product specific issues, as well as stakeholders' related concerns, is key for a successful communication to patients/users of medicines and to health care professionals.

Finally, the Secretariat's role in the coordination of the activities of its different Committees is becoming increasingly important due to the establishment of new Committees in the future.

The successful involvement of the European Medicines Agency in each of these domains is directly dependent on the availability of scientifically competent staff. The ability to easily identify and exploit scientific and regulatory experience is essential for the Agency's possibilities to successfully address the new responsibilities and the increased expectations.

Overview of Comments Received	
EUIns	
NCAs	1. Either the proposed scientific role of the EMA is rejected (DE - Agency), or the terminology used is more vague (UK, SE, NO and FI). There is, however, general consensus on the reinforced role of the EMEA as a centre for quality control. Some Member States can accept a peer review function for the EMEA Secretariat but only from a regulatory/scientific memory viewpoint, with a view to increase the quality and consistency of the CXMP output. In any case, clear roles and responsibilities for both the Secretariat and the CXMP are needed. 2. A clear division of responsibilities is needed between the Secretariat, NCAs and international bodies. If NCAs are to continue to function as well as possible, they must retain a clearly-defined and responsible role in the scientific review processes. The Secretariat should provide a supportive role as regards the scientific side of the process (NL).
HoA/HEVRA	
MB	
CXMP	1. There seems to be a certain overlap between the work undertaken by the EMEA Secretariat and the CHMP; this needs to be avoided, by clearly identifying the different roles and responsibilities. There are certain expectations from the CHMP as regards the EMEA output, e.g. in the field of legal advice. When elaborating on the roles and responsibilities of the EMEA Secretariat and the CHMP, it should be emphasised that the CHMP is responsible for the scientific part of the assessment, opinions, advice and policy documents (e.g. guidelines). The role of each party in post-authorisation should be clearly defined (CHMP). 2. To enable consistency, access to the EMEA scientific memory is necessary (CHMP). 3. Communication between the CXMP and the European Commission should be strengthened to improve understanding of legal interpretations and to prevent misunderstandings (CHMP).

Overview of Comments Received	
	4. When further expertise is deemed necessary, the CXMP Members through their Agencies will identify experts to be invited by the EMEA (CHMP).
IndAs	1. Additional responsibilities of the EMEA will require "expert staff". However, there needs to be a careful balance between staff numbers (taking into account the scope of the CP) and costs passed on to the users of the CP (Eye-Care Industries). 2. The EMEA should manage the regulatory and scientific memory within the European Regulatory System in order to eliminate some of the inconsistency and unpredictability within the national procedures (Eye-Care Industries). However, this role should not be used to establish a kind of non-evolving jurisprudence, i.e. the CXMP position should be able to evolve in parallel with advancing knowledge or new data (EBE). 3. The EMEA needs to have scientifically competent staff able to address specific issues related to OTC dossiers (AESGP). 4. Although the development of effective QA and peer review procedures and competency by the EMEA is a valuable objective, a number of issues need to be taken into account: (1) Clarity of the respective roles of the EMEA QA function and the NCA assessment teams. (2) Transparency of the QA and peer review activities must be transparent and involve the company. (3) Additional QA procedures must not slow down the regulatory process. (4) Value must be added both from the NCA assessment agency and the company perspective (EFPIA). 5. There is more scope for increasing the EMEA's understanding of new technologies in close collaboration with pharmaceutical industry (EFPIA). 6. Clinical outcomes research is not part of the EMEA's remit (Pfizer). Outcome of research should only relate to regulatory decisions (EFPIA). 7. In order to avoid overlap with NCAs and CHMP, the list of tasks the Secretariat may perform when providing scientific support should be established. The Secretariat should not be involved in deciding whether a clinical result is meaningful. However, the Secretariat should also identify any gaps in expertise for a specific product so that the necessary steps can be taken (EFPIA). 8. In addition, the EMEA could take on board other support tasks, e.g. evaluation that a product qualifies for the fast-track procedure (CHMP to ratify such proposal) and should strengthen its standard support consisting of expertise in all procedural matters (EFPIA). 9. Communication principles as regards the communication between industry and Rapporteurs, and industry and the EMEA should be addressed (EFPIA). For matters of a scientific nature, there should be direct contact between the company and the assessors, for procedural queries there should be interaction with the EMEA Staff (ABPI).

Overview of Comments Received	
	10 The scientific assessment should be done by the expertise coming from the NCAs. There is an additional need to ensure the pipeline of expertise. By introducing centres of assessment and increasing the scientific competence at EMEA level (clear roles and responsibilities should be drafted, a.o. highlighting the impact on the Rapp/Co-Rapp assessment) there is a risk of depletion of expertise at national level to perform the scientific work in MS programmes to assume training for new generations of expertise (Pfizer). 11. The strengthening of the Secretariat's scientific role is supported. This will enable the EMEA to better leverage the scientific capabilities currently residing in the NCAs, avoiding duplication of effort, and expand synergies. It is suggested for the EMEA to adopt the nomenclature of "Scientific Liaison Officer" to clarify the distinct roles and responsibilities of EMEA Staff (PhRMA). 12. The EMEA should strengthen its legal function in order to be able to provide legal advice on Community procedures (in close collaboration with the legal group of the EC) on MAAs to applicants (Wyeth Research). 13. The proposal to develop the concept of Scientific Product Leaders is supported, but there is a need for the EMEA to recruit experts in the vaccine area. In addition, the EMEA should develop an in-house vaccine training programme to enhance vaccine expertise. Furthermore, clear roles and responsibilities should be drafted in order to avoid misunderstandings at industry level as regards contacts with EMEA Staff and Rapp/Co-Rapp (EVM). 14. The increased scientific knowledge should focus on enabling EMEA Staff to identify gaps in the review expertise early in procedures, and as appropriate initiate/facilitate SAG and/or CHMP working sub-groups involvement. EMEA Staff should be involved in activities that require consistency of approach access products, e.g. designation of NCEs for accelerated assessment or designation of significant clinical benefit in comparison with existing therapies to obtain an additional year of regulatory data protection (ABPI). 15. There needs to be a delineation of power when there is disagreement between the Rapp and EMEA Staff (final veto to be with the Rapp). EMEA Staff should also help to achieve a timely, rigorous, scientific review by the centres of assessment (ABPI). 16. Three important functions for the EMEA Secretariat should be described: (1) Facilitation of the creation and running of centres of assessment, (2) Systematic organisation and coordination of training opportunities for NCA Staff, (3) Integration of knowledge of new technologies of drug development, pioneered within the industrial and academic world into the European regulatory system (Millennium Pharmaceuticals, EBE). 17. The indication that the continuity provided by the PTLs will be enhanced to cover the lifecycle of the product should increase the continuity and predictability of the system and increase the memory (EBE).

Overview of Comments Received	
	18. Any indicated scientific role of the Secretariat should not only be defined carefully, but one should ensure that it supports the existing scientific bodies and that it doesn't lead to overlap/duplication of the work. Provision of support to the accelerated procedure or early description to this procedure is proposed (EBE). 19. The pharmaceutical industry should not be seen as the EMEA's partner. It remains a stakeholder, but the EMEA PTL/PM should be regarded as a "facilitator" for the pharmaceutical company concerned (Workshop with IndAs). 20. The EMEA Secretariat should broaden its scientific competences in order to successfully cope with the increased role of the Secretariat. Furthermore, initiatives should be undertaken to translate the lifecycle product management in organisational terms (Workshop with IndAs).
PAs	1. The fact that the impact of regulatory decisions on public health should be looked at, should also include measurement of post-authorisation availability of medicines through indicators such as sales volumes, prices and date of first sales (Eurordis).
HCPAs	
ALSs	
Os	

Attachment 3

Proposals for the Implementation of the European Medicines Agency Road Map

Area of Scientific Advice

Scientific advice to be provided by the Scientific Committees of the Agency facilitates access of medicinal products to patients and users of medicines in optimising R&D, reducing uncertainties in regulatory outcomes and accelerating time for approval.

The European Medicines Agency will establish the best possible environment for the provision of scientific advice on medicinal products by its Scientific Committees, in particular for new therapies.

Such provision of scientific advice will allow open discussions and proactive identification of difficulties and will lead to proposals to be made to sponsors.

All future users of the centralised procedure will be encouraged to engage, as early as possible, in an ongoing dialogue with the Agency on the development of their product. This will include regulatory advice allowing the European Medicines Agency to develop a secure landing zone for all sponsors.

In addition, specific efforts will be made to support Small & Medium Sized enterprises and to develop protocol assistance for Orphan Medicinal Products. Further developments of similar initiatives in the veterinary sector will be pursued, dependent on the outcome of the pilot project allowing free advise for medicines intended for Minor Uses/Minor Species.

All scientific advice procedures will include possibilities for face-to-face meetings between sponsors and regulators at the different stages of the development of medicinal products, as well as the involvement of specific and complementary expertise on an individual basis or through panels of experts. In addition, consultation of patient's representatives will be developed particularly for rare diseases. Opportunities for parallel advice with the FDA will be proposed on a voluntary basis, in particular for "global" development programmes.

Priorities will take into account the new and extended scope of the centralised procedure. This will lead progressively to the development of a certain degree of specialisation within the CPMP Scientific Advice Working Group, according to disease or product specificities while maintaining overall consistency.

The processes for scientific advice will develop towards differential procedures depending on the scope of the requests, the type of products and their stage of development. Early interactions with sponsors and pre-filing advice should complete the possibilities offered to sponsors for advice during development. Such opportunities as well as the possibility for pre-validation of the scientific data to be submitted in the context of a marketing authorisation application will provide a necessary continuity from the R&D phase to the licensing phase. The scope of the scientific advice procedure will also be extended to include post-authorisation, pharmacovigilance and risk management/minimisation aspects.

Although the possibility for pharmaceutical industry to obtain scientific advice at national level is recognised, there is a need for enhanced transparency as regards the provision of scientific advice at EU and national level. This could be facilitated by appropriate communication between the Agency and NCAs on the scientific advice given and the development of a best practice guide for pharmaceutical industry on how to obtain scientific advice.

Overview of Comments Received	
EUIns	
NCAs	1. The issue of parallel advice with the FDA on a voluntary basis, especially for global development programmes, needs to be further detailed (FI). 2. It needs to be emphasised that the final responsibility for the research to be conducted must rest with the sponsor of the study (NL). 3. It could be useful to establish a separate Committee in the area of scientific advice. To avoid the problem of active "shopping" of the NCAs, a central database should be established (BE). 4. Paragraph 5 should be completed as follows: "… and extension of MRL to all food producing species" (BE).
HoA/HEVRA	1. Clinical trials are a national responsibility. However, scientific advice given by the EMEA could be in conflict with NCAs' role in licensing clinical trials (UK). In this respect also the role of the ethics committees needs to be taken into account as per the new Community legislation (NO). 2. It is welcomed that scientific advice will extend to post-authorisation issues. However, it is not clear how this will integrate with the advice of the PhVWP (UK).
MB	
CXMP	
IndAs	1. The current scheme is too slow and too expensive to be used on multiple occasions during the life of a product. Consequently, advice is sought when input from more flexible systems has already largely determined the direction that the development programme for a product will take. There have been instances in the past where the nature of the output from scientific advice procedures has been unduly influenced by those preparing the advice rather than representing a true consensus of those participating. The possibility of a less formal procedure making use of EMEA Staff, Members' experience, in addition to Member States representatives experience in defined areas should be explored. The proposed pre-validation of scientific data needs to be further detailed (Eye-Care Industries). 2. The EMEA should ensure regulatory advice, involving patient's views, to companies at the different stages of development of their OTC products (AESGP). 3. A wider availability of advice is proposed. It should be available on an ongoing basis (EFPIA). 4. Post-authorisation activities should in the first instance be addressed through involvement of the Rapporteur (EFPIA). 5. The support to SMEs should be further detailed but should not lead to the establishment of a separate parallel process that could lead to delays for other companies (EFPIA). 6. As regards face-to-face meetings direct contacts between sponsors and SAWG Members / Panels of experts should be possible (EFPIA).

Overview of Comments Received	
	7. The EMEA has to ensure an adequate number of experts supporting the process, as well as the high level of competency of such experts (EFPIA). 8. As regards parallel advice with the FDA, in order to address the reconciliation of potentially conflicting advice, sponsors should be included in the discussions. Guidelines on the objectives and practical implementation should be developed (EFPIA, ABPI). 9. In order to ensure continuity from R&D to the licensing phase, an early identification of the Rapporteur should occur with such Rapporteur being sustained throughout the lifecycle of the product. This concept should be broadened as regards the involvement of centres of assessment. SAG involvement in the development phase should be possible (EFPIA, ABPI). 10. Protocol assistance should not remain restricted to orphan medicines (EFPIA). 11. In order to ensure that consistency is achieved in the advice given by regulators on different medicinal products, an internal searchable database of previous EMEA or national advice should be established (EFPIA). 12. Timelines can be further shortened by allowing a 5-7 day period for the sponsor to clarify advice with the EMEA, hence taking away pressure from the 70 day procedure. 13. Scientific advice is paramount especially to SMEs who do not benefit from information networking. This activity, which should not only relate to regulatory aspects, but also to technical aspects (e.g. the implementation of new IT applications necessary for the business) should not only be available at EMEA but also at national level (Europharm - SMC). 14. The EMEA proposals are welcomed, but in addition there is a need to involve a specialised and multidisciplinary group such as the VEG, in order to address the challenges vaccine manufacturers face (complex development and manufacturing processes). The dialogue should start at an early phase (with the involvement of a scientific product leader as a point of reference for applicants to raise issues of concern) (EVM). 15. SAGs should also be involved in the scientific advice procedure in order to achieve a broader EU commitment and to minimise changes of opinions during follow-up advice or registration (MSD). 16. In addition to a Best Practice Guide for industry, the same should be developed for Regulatory Authorities in order to provide for a consistent process irrespective of the route of advice (ABPI). 17. In relation to the publication of advice, the development of points to consider documents is favoured, since this would address concerns such as the fact that not enough experience is available. It needs to be recognised that the development of a guidance document at a premature stage, characterised by limited experience, could freeze/hinder the development of medicines. Also the usefulness of guidelines for niche products is questionable. Specific working groups such as on pharmacogenetics could be useful in these instances (Workshop with IndAs).

Overview of Comments Received	
	18. Predictability needs to be fostered through the provision of continuity from scientific advice to the MAA. This requires clear and transparent procedures with well defined responsibilities (EFPIA).
PAs	
HCPAs	
ALSs	
Os	1. A Best Practice Guide should be developed for Regulatory Authorities in order to encourage consistent processes (ACRO). 2. Sponsors should be actively involved in parallel reviews between the EMEA and the FDA (ACRO). 3. Processes should be established involving the SAWG and centres of assessment to facilitate routine communication from development to post-authorisation with a common team of reviewers (ACRO).

Attachment 4

Proposals for the Implementation of the European Medicines Agency Road Map

Area of Scientific Assessment

The European Medicines Agency has, in accordance with Community legislation, to provide science-based opinions.

The assessment process is characterised by three pillars: a scientific, a regulatory and a procedural pillar.

Scientific opinions have to be based on sound and robust scientific assessment. This should ensure that the Public Health objectives of the scientific assessment performed by the Scientific Committees are met, in particular in case of centrally processed applications and referral /arbitration procedures, or other scientific aspects for which the Committees have responsibilities.

The European Medicines Agency Secretariat will, in accordance with new Community legislation, develop a complementary function by providing scientific support to the Scientific Committees, while having full direct responsibilities for the two other pillars. Process developments will ensure that the assessment is thorough, consistent, operated in the framework of an Integrated Quality Management System, performed by required competences and expertise, whilst compliance with Good Practices (e.g. GMP, GLP[7], GCP) is ensured.

The EU system should be based on a high quality initial assessment supported by several layers of peer review, and in all situations high-level expertise should be involved. For the initial assessment, sufficient time to perform the tasks adequately is necessary in order to provide the Scientific Committees with Assessment Reports of the highest quality, prepared in compliance with established guidance. The largest possible use of additional expertise should be provided all along the process. Where necessary, additional specific expertise should be provided at the level of the Committees and the Scientific Advisory Groups.

The peer review concept should ensure a quality control on the initial assessment, without duplication of the assessment already conducted. It should both relate to the content and the format, and should provide additional and complementary critical expertise views to the initial assessment.

The peer review process should be carried out in a completely transparent manner. This would be best ensured by a systematic and sufficient involvement of a peer review team from the Committees, and the additional assurance that all Committee Members have expressed their views in a timely manner. Furthermore, all aspects concerning scientific consistency and compliance with guidance and regulatory aspects should be checked by the Secretariat of the Agency. This framework will offer optimisation of timelines and opportunities for scientific discussions between the assessors and the Secretariat, and will lead to a cost efficient system.

[7] GLP: Good Laboratory Practices.

Overview of Comments Received	
EUIns	
NCAs	1. Support is expressed as regards the proposed system of an assessment to be carried out by the Rapporteur, underpinned by a peer review system of other CXMP Members since it provides for clear responsibilities (UK, DK). In addition, the peer review system could be of benefit for those Member States who are not able to develop as a centre of assessment since it provides a way to keep their expertise (NO). However such concept should be further elaborated upon (BE). 2. Although the complementary function of the Secretariat is recognised, one must be careful with the wording: the Secretariat should only have a supportive role (NL). 3. Peer review also implies a discussion on fee review. It is also noted that the concept of peer review already exists at CVMP level (BE). 4. When Rapporteurs have finished a task according to current quality standards or under the control of a peer review system, others should not repeat that work. Solutions must increasingly be sought in work sharing (BE).
HoA/HEVRA	
MB	
CXMP	
IndAs	1. A network of high-level experts with adequate scientific knowledge in the assessment of OTC candidates should be available to ensure the provision of sound and scientifically based opinions for OTC applications (AESGP). 2. Core training requirements of assessors should be made available to industry, in addition to the set baseline requirements for designation of experts. A consistent and ongoing training programme should be put in place for all those involved in the scientific assessment process (EFPIA). 3. The current concept of peer review should be maintained and strengthened without altering the main features (EFPIA). 4. The current proposals in order to allow for timely access should be further clarified and appear not to be sufficient in order to reach the objective (EFPIA). 5. Referring to the FDA review in the field of oncology it is proposed to build in an additional step in the current process in order to facilitate the initial assessment: presentation of the key aspects of the applications at day 60 by the company in order to allow for an early exchange of concerns (EFPIA). 6. Additional thought should be given to communication between the EMEA and NCAs, particular on matters of safety, with proper involvement of the company (EFPIA). 7. There is concern that vaccine expertise in the EMEA Committees may be reduced with the EU enlargement (EVM). 8. It is suggested for the CHMP to systematically ask the advice of the VEG and the BWP when assessing a vaccine (EVM).

Overview of Comments Received	
	9. Taking into account the importance of Europe as a manufacturing location for human-use vaccines (some 90% of the total global production originates in Europe and of this 70% are exported), the EMEA pool of vaccine experts should be strengthened in order to position Europe as a centre for regulatory excellence in the field of vaccines (EVM). 10. QA and peer review activities must be transparent and fully involve the company. Furthermore, additional QA procedures should add real value and not slow down the process. Further details of the peer review system are needed (ABPI). 11. Although it is stated that the peer review would be without duplication of the assessment already done, this is potentially inefficient since each layer of peer review adds time, cost and complexity to the review process (Millennium Pharmaceuticals, EBE).
PAs	
HCPAs	
ALSs	
Os	1. Initiatives to strengthen the scientific review system (robust QA system, strengthening of the peer review system, improved use of the regulatory memory), should be introduced in such a way that they do not further delay existing timelines or add costs for companies, unless there are significant and demonstrated benefits in terms of better quality assessments and/or improved timelines (ACRO). 2. An ever-increasing number of patients can be entered into clinical studies worldwide through the global reach of CROs. As a consequence, sponsors have the possibility to investigate the new drugs on larger patient populations with more genetic diversity than ever. Hence, a better risk analysis before launch and an improved access to data by Regulatory Authorities (ACRO).

Attachment 5

Proposals for the Implementation of the European Medicines Agency Road Map

Area of Post-Authorisation Activities

Post-authorisation activities cover a wide range of areas, aiming at ensuring a continuous monitoring of the medicinal products available on the market. The area of pharmacovigilance, which is a very important aspect of post-authorisation activities, is probably one of the best examples of the EU networking model. New Community legislation will further reinforce the European Medicines Agency's coordinating role in this networking model. The Agency in close collaboration with NCAs will, therefore, have to explore how to further strengthen such concept of partnership in order to create a network of excellence at EU level.

The European Medicines Agency's vision on post-authorisation activities should be driven by a proactive conduct of pharmacovigilance, throughout the lifecycle of a medicinal product in order to further strengthen public health protection in an enlarged EU. It should lead to (1) the best knowledge of the safety profile of a medicinal product at the moment of the granting of the marketing authorisation with the scientifically most robust programme of post-authorisation studies to be performed and (2) a continuous and adequate monitoring of the safety of medicinal products, once put on the EU market.

In order to reach such objective, the European Medicines Agency will use the new legal tools such as

(1) risk management/minimisation plans, whereby the main challenge for the European Medicines Agency will be the feasibility of the implementation of such plans in all Member States, and

(2) the Agency's ability to monitor the implementation by Marketing Authorisation Holders of their pharmacovigilance obligations and to subsequently act in case of non-compliance.

In addition, the European Medicines Agency Risk Management Strategy, which underpins the Agency's proactive conduct of pharmacovigilance on the human side, will have to be further developed. A variety of activities will be undertaken, ranging from an extension of the scope of the scientific advice procedure to include post-authorisation, pharmacovigilance and risk management/minimisation aspects, to establishing a network of academic centres of excellence capable of conducting independent studies targeted on safety aspects and preferably funded from Community funds. Furthermore, particular emphasis will have to be put on ensuring that the EudraVigilance system, which is one of the key pillars of such Risk Management Strategy, is fully operational with appropriate methodologies for the effective early detection of safety signals, in order to allow successful contribution to the best evidence approach.

Finally, the European Medicines Agency Secretariat will have to further develop in order to complement its regulatory and procedural competences by scientific competences, mainly through the development of a pharmacovigilance function, in order to provide adequate support to the Rapporteurs, the CPMP and the high-level specialised expertise assisting both Rapporteurs and the CPMP. Such increased competences of the European Medicines Agency Secretariat should be developed in an enhanced Integrated Quality Management System in order to achieve an adequate level of scientific and regulatory consistency in the outcome of the scientific evaluation processes.

Overview of Comments Received	
EUIns	
NCAs	1. The funding of research in the proposed network of academic centres of excellence should be further elaborated upon (NO). 2. It needs to be ensured that risk management programmes in the Member States are compatible (FI). 3. Post-authorisation activities at Member State level should be coordinated within the EudraVigilance system. This requires clear roles and responsibilities (PL). 4. The role of the Secretariat and the Rapporteur should be clear; the interaction between CHMP and the PhVWP needs to be improved (NL). 5. In the last paragraph the CVMP should be added (BE). 6. In addition to the monitoring of MAHs' compliance to their pharmacovigilance obligations and the possibility to carrying out pharmacovigilance inspections, other legal tools should be developed to enforce compliance to legal obligations (BE).
HoA/HEVRA	
MB	
CXMP	1. The pharmacovigilance network might be one of weakest parts of the EU networking model; it needs to be reinforced. This also relates to a review of the interaction between the CHMP and the PhVWP (CHMP).
IndAs	1. Further clarification is needed on some statements, such as: (1) The monitoring by the EMEA of the implementation by MAHs of their pharmacovigilance obligations and the actions in case of non-compliance. (2) As regards independent studies, when to be conducted and upon request of whom? Possibility for MAH to review the protocols? (3) Aim of such studies (capturing very rare adverse reactions)? (EFPIA). 2. As regards risk management the following comments were made: (1) This needs to be supplemented by additional initiatives at a Community level to improve post-marketing systems. (2) As there are differences in medical practice and health service information of medicines between MSs, a flexible approach is needed as regards the implementation of risk minimisation plans, which are supposed to be the exception rather than the rule (EFPIA). (3) Further developments in this field will depend on early and effective collaboration between the EMEA, MSs and industry (ABPI).

Overview of Comments Received	
	3. It is recommended (1) to further develop the EMEA RMS into a more comprehensive strategy which would also cover the pre-authorisation phase, (2) to include harmonisation of risk assessment methodology as an essential component of the RMS, and (3) to consider developing, together with stakeholders, a "common language of risk" (EPFA). 4. Taking into account the particularities of vaccines (need for large studies to evaluate the safety and efficacy of vaccines; existence of different surveillance systems, policies and recommendations for vaccines at national level; specific case definition, ascertainment of an adverse event and data collection processes to each MS, hence making comparison of the findings across Europe challenging), it is proposed for the ECDC to assist the EMEA to develop methods and processes appropriate for the conduct of high quality post-authorisation studies (EVM). 5. The Road Map currently ignores the maintenance activities through Variation procedures. Taking into account the high workload and the need for substantial resources both from a regulators and an industry perspective, a clear vision for the future evaluation of this area is needed, in particular as regards the current bureaucratic burden (MSD). 6. Pharmaceutical industry and other stakeholders should be involved in further developing the RMS. The proposed network of academic centres of excellence should also involve industry participation in discussions regarding optimal protocol design. Furthermore, the EMEA and the FDA should work together and aim at similar risk management/minimisation plans for a product except when risk clearly arises from sources related to local / regional healthcare delivery systems (Millennium Pharmaceuticals, EBE). 7. The workload for particular post-authorisation activities such as renewals should be carefully considered by the EMEA. Appropriate consultation with pharmaceutical industry as to the implementation of new Community legislation has been requested (Workshop with IndAs). 8. Other ways of funding of such post-authorisation studies could be considered, simulating a rather general funding, by providing no direct link between the company and the study that is being undertaken. Reference is also made to the UK funding model, e.g. for Prescription Event Monitoring (Workshop with IndAs).
PAs	
HCPAs	1. The concept that pharmacovigilance must be pursued throughout the lifecycle of a medicinal product is fully supported. This should also refer to the possible use of a medicine (starting from a hospital setting, up to a non-prescription medicine) whereby at each step a larger population is exposed to the effects of the medicine and new adverse effects not seen at an earlier stage can occur. Consequently, there must be continuous and adequate monitoring post-authorisation (PGEU).

Overview of Comments Received	
	2. It is suggested for the EMEA to promote with those NCAs where Community pharmacists are not included in the system for reporting suspected adverse reactions, inclusion in the national pharmacovigilance system, since this would contribute to a strengthening of current systems (PGEU).
ALSs	1. It is unlikely that Community funds will cover entirely the expenses for independent studies. Possibilities for avoiding conflict of interest with pharmaceutical industry throughout the process could be explored through subcontracts with independent research organisations (either public or private) (INSERM). 2. As regards the funding of independent post-authorisation studies, a special way of funding needs to be found, avoiding a direct link between pharmaceutical industry and academia; the EMEA could play an important role in this field (Workshop with HCPs – ALSs).
Os	1. The value of research that goes beyond safety surveillance should be acknowledged, since it is aimed at expanding the knowledge base concerning the use of approved medicines. This research may/may not fit into the definition of a clinical study. Further clarification of the definitions “interventional” and “non-interventional” studies in the post-authorisation phase is requested (ACRO).

Attachment 6

Proposals for the Implementation of the European Medicines Agency Road Map

Area of Transparency and Communication

The European Medicines Agency began in 1995 with a small number of legal obligations to publish information about its activities, in particular the publication of EPARs. This initiative was significant in the context of the otherwise largely secretive pharmaceutical industry, particularly in Europe.

Since 1995 the Agency has continuously reviewed its Transparency Policy, leading to an increased openness, whilst having to respect some legal restraints.

The EU Review 2001 of pharmaceutical legislation will provide for even more transparency and, in addition, will strengthen the European Medicines Agency's role in the provision of information.

The new legal obligations should also be seen in the context of the new rules introduced in October 2003 on access to documents held by the European Medicines Agency. No citizen or company has yet used this new right to access documents held by the Agency, but it is a right that can be expected to be tested, taking into account the implementing rules in force from April 2004.

All this will have at least two long-term policy consequences. Firstly, the European Medicines Agency's scope and margin for self-determined manoeuvre may now be more limited. Secondly, the Agency's obligations are enforceable by citizens/companies and decisions not to release information can be more easily challenged, not just as bad administrative practice in complaints to the Ombudsman, but now also before the Courts.

The Agency will have to take strategic decisions on the level of transparency of its activities. Questions to be addressed include:

- Should the European Medicines Agency increase the level of transparency of its Management Board meetings?
  Is it possible to continue with closed-door meetings of the Management Board, when the European Food Safety Authority (EFSA) Board meetings are broadcasted life on the internet? Should the Management Board meet in public? Should its documents be publicly accessible?
- Should the European Medicines Agency increase the level of transparency of the meetings of its Scientific Committees? Should agendas and minutes be public documents? Should there be open and closed parts of the meetings?
- Should the CXMP Working Parties and the Scientific Advisory Groups meet in public? Should their meeting documents be publicly accessible?
- Should the European Medicines Agency release information on ongoing applications? For instance, by confirming that an application has been made and by providing details on the product concerned and on the status of the application?

The main challenge for the European Medicines Agency will be to determine whether the Agency wants to actively embrace its new communication mandate or take a minimalist approach.

If the strategic decision is for the European Medicines Agency to have a high level of awareness with all its stakeholders and to be on the lead in the field of provision of information on human and veterinary medicines, one has to acknowledge the resource consequences of such decision, not just in the visible areas of communication (press office, web site, publications, etc.), but also in the preparation of patient leaflets/package inserts, preparation and updating of EPARs, etc.

Finally, the European Medicines Agency should develop, in close collaboration with NCAs, a European Communication Strategy. This is particularly important in the field of communication on post-authorisation safety data which warrants a common approach at the level of all European Regulatory Authorities.

Overview of Comments Received	
EUIns	
NCAs	1. The release of some information on ongoing applications is supported. Agendas and minutes of meetings can be published. Closed and open sessions of meetings are supported. Liaison with NCAs in the field of increased transparency is necessary, as practice needs to be harmonised across the EU (NO). 2. It is not realistic to increase the level of transparency of CXMP meetings (confidentiality related issues). Reference to the EFSA is not relevant (different mandate and role) (FI). 3. There should be no open meetings of the CXMP. Certain information regarding ongoing applications can be made publicly available (NL). 4. More emphasis should be put on the transparency of the grounds for the scientific opinions. This means that the quality of the EPARs is key (FI). 5. In the field of pharmacovigilance the recommendations and opinions of the Pharmacovigilance Working Party regarding non-centrally authorised products should be made public (on a dedicated website of the EMEA (BE). 6. It might be a good idea to use the FDA and its Advisory Board as a model (BE).
HoA/HEVRA	1. Reference was made to the US system, where it is shown that while the FDA assessment process is not very transparent, the procedures and the decision making process are (FR).
MB	1. It is suggested to hold (as in the past) open days on the EMEA's performance and to broadcast such days on the internet. The same approach could apply to CXMP meetings with stakeholders (EC). 2. The first access to the EMEA website should be multilingual, with subsequently a direct link to the PLs which should also be available in all EU languages (EC). 3. The EMEA needs to comply with the obligation not to break confidentially (intellectual property rights) versus pharmaceutical industry (EP). 4. The usefulness of referring to EFSA is questioned (EP). 5. Transparency should be separated from communication. Effective communication tools for HCPs and patients need to be developed, especially in relation to new Community legislation concepts such as conditional approvals (MS).

Overview of Comments Received	
	6. The EMEA should be as transparent as possible. If the Agency is diverting from this starting point, a justification is needed (MS). 7. Since the CHMP/CVMP can in future give opinions on general scientific issues, these discussions could be opened up for the general public (MS).
CXMP	1. There are two apparently contradictory interests in the field of transparency: pharmaceutical industry needs versus patients needs; the major challenge will be to find the right balance (COMP). 2. The EMEA's communication policy needs to be improved. The role of the CHMP in this regard needs to be highlighted and defined (CHMP).
IndAs	1. The level of transparency of MB and Scientific Committees meetings should be increased (agendas, minutes, open/closed parts of meetings), but no information on ongoing applications should be released. A minimalist approach should be taken with a stepwise increased transparency (EGA). 2. Some of the EMEA meetings, e.g. MB, could be made open to the public (Eye-Care Industries, ABPI). Reference could be made on how the UK Spongiform Encephalopathy Advisory Committee combines public and closed sessions (Eye-Care Industries). 3. A further review of the restructured availability of EMEA documents in the context of the current procedure for access to EMEA documents could be useful (Eye-Care Industries). 4. Increased transparency at EMEA level (building on experiences with the Ad Hoc Inspectors Group) could be extended to QRD and NRG meetings (Eye-Care Industries). 5. Increased transparency is needed for MB meetings. For scientific meetings, confidential issues should not be put in the public domain. Information on ongoing applications is useful provided that some confidential information is not released (AESGP). 6. EMEA's proposals on increased transparency on non-product related issues are supported, including increased transparency with respect to the development and finalisation of guidance documents, involving stakeholders in the discussion process. Regarding product related issues the following comments are made: (1) All interactions between the company and the EMEA, its Committees and ad hoc working parties are confidential. (2) Information on ongoing submissions is proprietary information and needs to be handled respecting the legislation governing share-price sensitive information (EFPIA). 7. An improved understanding between regulators and industry needs to be achieved on what constitutes "confidential" or "commercially sensitive" information (EFPIA). 8. Although increased transparency and communication as such is supported, a stepwise approach is suggested. The potential impact on resources should not be underestimated. In order to help the EMEA it is proposed that industry takes the lead in the drafting and updating of EPARs (EFPIA).

Overview of Comments Received	
	9. MB meetings should have open and closed sessions. Memberships of Scientific Committees, Working Parties and SAGs should be published. Open sessions of Committees and Working Parties could be organised to discuss general procedural issues or specific therapeutic areas (EFPIA). 10. No details from ongoing submissions should be disclosed (Pfizer, ABPI). Reference is made to the situation in the US; in the so-called "Approvable letters" the FDA does not provide any information regarding therapeutic indications, required commitments or rationale for approval (Wyeth Research). The release of information about applications may be improved; however, intellectual property rights require a careful handling in order not to harm industry's interests (Solvay). 11. A clear strategy on how transparency can be increased, what to make available to the public and in a way the public can understand, should be addressed (Pfizer). 12. The EMEA should develop a strategy for discussions with all stakeholders on its level of transparency (PhRMA). 13. Transparency should be integrated in an overall Agency Communication Strategy rather than applied case-by-case. Transparency and communication to stakeholders and the general public should apply where there is a perceived need and a clear rationale. In addition, the scope and level of transparency should be revised and updated regularly in order to meet new expectations in an ever-changing environment. Closed and open parts at EMEA Board and CHMP meetings could be a way of achieving a necessary separation. Alternatively, publication of meeting summaries or (partial) meeting transcripts could be a way forward. It should be possible to apply the same or a similar level of transparency to the Agency's different fora, subject to some adaptation depending on the situation (Wyeth Research). 14. For transparency in relation to general issues, reference is made to the US situation where the FDA has open advisory meetings on general issues (e.g. endpoints in clinical trials); to have the same at the level of the EMEA would be beneficial to the industry. Concerns are expressed with the EMEA's proposals on transparency for product related issues. The implications of releasing information should be taken into account, both in terms of significance for patients on medication in practice/trial settings and commercial sensitivities (BIA). 15. Instead of a radical approach (embracing versus minimalist), the EMEA should take a middle approach by starting where industry has already been collaboratively working, with the existing transparency policies set up under the US FOIA. 16. The transparency of the MB should be increased, and open sessions should be organised for CXMP, WP, SAG meetings when related to general procedural issues or specific therapeutic areas (MSD). 17. Information on ongoing applications should not be released and the company should be invited to CXMP meetings as an observer if strategically important issues are discussed (MSD).

Overview of Comments Received	
	18. A minimalist approach would not be adequate. MB meetings should be broadcasted on the internet. Part of the Scientific Committees meetings should be open to the public. The same should apply to WPs/SAGs. Information related to product specific issues should be deleted or redacted. Limited details of ongoing applications (including Type II Variations) could be made public. Whenever meetings are open to the public, the EMEA should enable "virtual attendance by webcast (Millennium Pharmaceuticals, EBE).
PAs	1. The organisation of public meetings such as at the level of the FDA is questioned, since it is believed that this does not help the scientific assessment. The release of information on ongoing applications is supported (Eurordis).
HCPAs	1. Information on ongoing applications should be disclosed. From a general viewpoint, there should be complete openness unless there are reasons, which will withstand public scrutiny, for confidentiality (PGEU). 2. In order to increase communication with Community pharmacists and to raise the profile of the EMEA with Community pharmacists, a dissemination strategy could be developed together with the EMEA. In case of urgent issues, a fast track system could be developed (PGEU). 3. There is a need at EU level to have available for HCPs information on the place of a medical product compared to other available treatments. A tool could be developed, such as an EMEA Newsletter, which should translate such information into a less regulatory and more practical language, also providing the necessary evidence. HCPs associations, Learned Societies could be used to distribute the information (Workshop with HCPs – ALSs).
ALSs	1. Areas of mutual interest could be identified by the EMEA and Learned Societies in order to improve transparency and communication to the medical world in the field of newly approved medicines, and to receive feedback from such organisations (ESC, ESCP).
Os	1. Commercial confidentiality of proprietary information should be respected whilst increased transparency of the EMEA's Committees and WPs is encouraged. Similarly, with proprietary information redacted, information from inspections should be made available. Transparency of non-product related issues should considerably increase. All Regulatory Authorities in the EU should establish best practices in relation to transparency of regulatory matters (ACRO).

Attachment 7

Proposals for the Implementation of the European Medicines Agency Road Map

Area of Provision of Information to Patients

It needs to be emphasised that patients' approach towards the provision of information has changed significantly over the past years. The patient, having been a passive recipient of healthcare and advice, has turned into a more empowered and proactive consumer of health care. Patients are now actively looking for information on diseases and medicines since they want to be more involved in their own health care decisions. Providers of information should take due account of this trend.

An important challenge will be to provide adequate (targeted to patients), correct (preferably validated), timely and easily accessible information on medicines to patients. The European Medicines Agency vision on the provision of such information should be driven by taking the appropriate measures, resulting in better and more accessible information to patients, in order to promote the optimal use of medicines. This will require a close interaction with Member States in order to arrive at a common approach at EU level. However, optimisation and further strengthening of the current networking model through the development of the European Communication Strategy, as outlined in attachment 6, will be necessary.

In order to reach the above objective, the European Medicines Agency will develop an action plan, taking into account

(1) the outcome of the EU Review 2001 of pharmaceutical legislation,

(2) the G10 Recommendations stemming from the High Level Group on Innovation and the Provision of Medicines, and

(3) the Resolution of the Council of Health Ministers of 1 and 2 December 2003.

The Agency has already started to prepare for the implementation of these initiatives. It has created an EMEA/CPMP Working Group with Patients Organisations. Such Working Group is addressing further improvements to be achieved in the areas of transparency, dissemination of information, product information and pharmacovigilance, in order to

(1) provide information adapted to patients' needs,

(2) develop appropriate communication tools, and

(3) increase the awareness of the public in relation to the use of medicines.

The proposals for improvement from the Working Group will be the first element of the Agency's reply to the G10 Recommendations and the Resolution of the Council of Health Ministers. The recommendations from the Working Group will be subject to a consultation exercise with the Agency's partners and stakeholders. The final recommendations from the Working Group will be incorporated in an 'EMEA Strategy on Interaction with Patients'. Discussions with the European Commission and NCAs need to be started for those recommendations which require a harmonised approach at EU level. In addition, situations will arise whereby amendments to the current legal framework may need to be initiated.

Overview of Comments Received	
EUIns	1. The initiative taken by the EMEA in relation to the proposals for action on improving information to patients are welcomed. These actions complement DG Sanco's and DG Entr's proposal in establishing a public private partnership for information to patients on pharmaceuticals and other treatments (DG Sanco).
NCAs	1. In order to avoid possible conflicts of interests (e.g. funding of patients organisations by pharmaceutical industry), the EMEA needs to work with European umbrella organisations, and transparency on possible conflicts of interests is necessary (NO).
HoA/HEVRA	
MB	
CXMP	1. Information should be properly balanced, taking into account the benefits and the risks of taking the medicine. Patients or patient groups should also be more involved to optimise the way information is given to patients (CHMP).
IndAs	1. The role of the company in actively providing information that is acceptable and understandable by the patient is not covered (EFPIA, ABPI, EBE). 2. The EMEA website, in particular the search tools, needs to be further improved (EFPIA). 3. An additional, more user-friendly version of the EPAR needs to be developed under the header "European Product Information for Patients". 4. The concept of user testing should not only be applied to PLs, but also to other information released by the EMEA (e.g. EPARs) (MSD). 5. Industry, as the primary data source, should be considered as a valuable partner in the provision of information to patients (MSD). In addition, the approaches to be taken for new and existing medicines should be mentioned (ABPI).
PAs	1. The initiative to establish a EU health portal is supported since this will allow for independent information, free of any political and/or commercial bias. However, when information is made available to the public, it must include comparable medicines information between countries, highlighting controversy between countries (BEUC). 2. New communication tools, independent from industry and Regulatory Authorities, are being developed by consumers, such as Treatment Notes. Such tools can be discussed with the EMEA (BEUC).
HCPAs	
ALSs	1. Initiatives to increasingly involve patients in biomedical and public health research have been taken, e.g. through the development of a Patient Associations Policy Group, who's mission is to develop a cooperation and partnership policy in the field of clinical research (INSERM).
Os	

Attachment 8

Proposals for the Implementation of the European Medicines Agency Road Map

Area of GXP

A European quality system, for ensuring fundamental GXP provisions are consistently achieved, is a cornerstone of any robust regulatory system. In the current changing environment which combines enlargement of the EU, the implementation of the EU Directive on clinical trials, the introduction of new technologies and new approaches to the use of technology in the manufacturing and control areas, the European Medicines Agency faces particular challenges in the years ahead.

Through the work of the GCP and GMP inspection services, the European Medicines Agency will work with all 25 EU Member States to consolidate requirements and promote European wide quality systems. On the GMP side, the work of the Joint Audit Programme for EU GMP inspectorates, supported by appropriate training, will ensure that excellence can be guaranteed across an enlarged EU. On the GCP side, special attention will be paid to bioavailability studies.

The Agency will also need to be proactive in ensuring that industry can take advantage of new pharmaceutical technologies and approaches in the manufacturing and analytical areas, as well as anticipating the implications of gene and cell therapies. Part of this work will build on existing activities organised by the European Medicines Agency to facilitate knowledge and understanding between assessors and GXP inspectors, with a view towards avoiding duplication of effort and promoting a synergistic approach that makes the best use of both community and international resources.

The new roles and responsibilities for the European Medicines Agency in the GMP coordination of both finished products and starting materials will have a significant impact on the overall transparency of Europe as regards manufacturing information. The introduction of a European wide database on manufacturing authorisations and inspection information and a register for GMP certificates creates an opportunity to provide better information to regulators and to patients, while promoting the best use of Community resources and avoiding duplication. Coordination of efforts and resources will be the cornerstone of an optimally functioning European system for supervision of manufacturers.

The European Medicines Agency will further support the above initiatives through contributions to international discussions on risk management from a quality perspective and through its cooperation with WHO in relation to regulatory information provided to non-EU countries.

The entry into force of the EU Directive on clinical trials at the same time as the enlargement creates both challenges and opportunities. The Agency will help to meet the challenge of implementation through the work of the GCP inspection services group on the harmonisation of practices, procedures, development of common approaches and joint training initiatives. The European Medicines Agency's support to the clinical trial related databases will contribute to increased communication and availability of information for regulators and appropriate access to information for patients. As in the GMP and quality assessment area, efforts to create better understanding between clinical assessors and GCP inspectors will promote synergies and robustness in the assessment and monitoring areas.

In the post-authorisation area, enhancing the supervision of the quality and safety of medicinal products on the European market will be achieved by strengthening the monitoring of product quality and safety through post-authorisation testing and pharmacovigilance inspections.

Overview of Comments Received	
EUIns	
NCAs	1. It is stated that the EMEA will work with all 25 EU Member States. Are EEA-EFTA States excluded (NO)? 2. Despite their informal character, sometimes decisions are taken at HoA/HEVRA level that have effects on inspectorates. The EMEA needs to urgently provide a statement on this matter. In relation to GMP, the Joint Audit Programme for EU GMP Inspectorates is supported. As regards GCP, the certification of the CROs is favoured. Although the processing of data in the inspectorates databases goes in the right direction, a more systematic approach to quality assessment is desirable (NL).
HoA/HEVRA	
MB	
CXMP	1. As regards GCP, not only special attention should be paid to bioavailability studies, since this is only a small part of the work to be done. GCP inspection of clinical trials, especially in new fields will also be very important (CHMP).
IndAs	1. As regards the statement on GCP and the fact that special attention will be paid to bioavailability studies, this should be corrected as follows: "On the GCP side, special attention will be paid to CROs (Clinical Research Organisations) which conduct Phase I studies." (EGA). 2. GMP inspections for excipients are currently not mandatory; one needs to make sure that the manufacturers agree with this approach and that regulators are flexible enough to ensure that critical excipients remain available, hence avoiding possible strategies which could ultimately lead to the withdrawal of life saving medicines (Eye-Care Industries). This viewpoint is also shared by EFPIA which raises additional concerns (unavailability of adequate guidelines, competitive disadvantage). It is therefore proposed to apply GMP standards for excipients only in cases of potential serious risk to patients and after consultation with industry on the feasibility of imposing such a requirement for the excipient proposed (EFPIA). 3. As regards the submission of information on GMP certification to a central database, such database must be restricted to Regulatory Authorities and measures need to be taken to ensure that the database is kept updated (EFPIA).
PAs	1. The statement regarding the Eudract database should be revised since it is not open to the public (Eurordis).
HCPAs	
ALSs	
Os	1. The last paragraph should be modified as follows: "… through post-authorisation testing, performed by OMCLs under the aegis of the EDQM, and pharmacovigilance inspections." (EDQM).

Attachment 9

Action Plan for the Finalisation of the European Medicines Agency Road Map to 2010

Action	Who	When
Preparation of European Medicines Agency Road Map	EMEA	13/01/04
Discussion at HoA/HEVRA level	-	22/01/04 HoA/HEVRA meeting
Written Comments	HoA/HEVRA	10/02/04
Preparation of European Medicines Agency Road Map – Revision 1	EMEA	25/02/04
Discussion at EMEA Management Board level	-	11/03/04
Preparation of European Medicines Agency Road Map – Revision 2 and start of 3 months consultation phase[8]	EMEA	26/03/04
Consultation with EMEA Scientific Committees	-	During April-May-June 2004
Discussion at HoA/HEVRA level	-	26-27/05/04 HoA/HEVRA meeting
EMEA Workshop with European Industry Associations (human field)	-	During April-May-June 2004
EMEA Workshop with European Health Care Professionals Associations (human field)	-	During April-May-June 2004
EMEA Workshop with European Patients Associations	-	During April-May-June 2004
Discussion at EMEA Management Board level (including preliminary feedback to the Board on the comments received)	-	10/06/04
CVMP Info Day with Interested Parties	-	17/06/04
Comments in the context of the consultation exercise	EMEA's partners and stakeholders	30/06/04
Preparation of European Medicines Agency Road-Map – Revision 3 and circulation to the EMEA Management Board	EMEA	15/09/04
Finalisation at EMEA Management Board level and subsequent publication of final document (to be accompanied by an Action Plan for the implementation of the Road Map)	-	30/09/04

[8] For the list of consulted parties, see annex. In addition, a Press Release will be issued by the European Medicines Agency and the Road Map document will be put on the Agency's website.

Annex to Attachment 9

Action Plan for the Finalisation of the European Medicines Agency Road Map to 2010

List of Consulted Parties

European Institutions

- European Commission – Enterprise Directorate-General
- European Commission – Health and Consumer Protection Directorate-General
- European Parliament – Committee on the Environment, Public Health and Consumer Policy

National Competent Authorities in the EU Member States (including Accession Countries) and EEA/EFTA Countries

- Ministries, responsible for human and veterinary medicines
- Heads of Agencies, responsible for human and veterinary medicines

European Industry Associations

- AESGP –Association of the European Self-Medication Industry
- AVC – Association of Veterinary Consultants
- EFPIA – European Federation of Pharmaceutical Industries and Associations
- EFPIA/EBE – European Federation of Pharmaceutical Industries and Associations / Emerging Biopharmaceutical Enterprises
- EGA – European Generic medicines Association
- EGGVP – European Group for Generic Veterinary Products
- EPFA – European Plasma Fractionation Association
- EuropaBio –European Association for Bioindustries
- Europharm SMC – European Pharmaceutical SMEs Association
- Eye-Care Industries EEIG
- IFAH – International Federation for Animal Health (Europe)

European Healthcare Professionals Associations

- CPME – Standing Committee of European Doctors
- FVE – Federation of Veterinarians of Europe
- PGEU – Pharmaceutical Group of the European Union
- UEMO – European Union of General Practitioners

European Patients Associations

- BEUC – European Consumers' Organisation
- EATG – European AIDS Treatment Group
- ECL – European Cancer Leagues
- EFNA – European Federation of Neurological Associations
- EPF – European Patients' Forum
- EPHA – European Public Health Alliance
- EURORDIS – European Organisation for Rare Disorders
- IAPO – International Alliance of Patients' Organisations

Other Organisations

- COPA COGECA – Committee of Agricultural Organisations and General Confederation of Agricultural Co-operatives in the European Union
- European Academy of Sciences and Arts
- EAVPT – European Association for Veterinary Pharmacology & Toxicology
- GIRP – European Association of Pharmaceutical Full-line Wholesalers