



EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH

# The European Medicines Agency

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**Working to protect public health in the European Union**





*"Regulators need to take  
a **new role** at the **crossroads**  
between **science and national**  
**healthcare systems**:*

*in order to promote public health in the  
current environment, they can no  
longer be just a gateway between those  
two worlds; they need to become a  
catalyst, an enabler for science to be  
translated into patient-centred  
healthcare and fit in the reality of  
healthcare systems."*

Guido Rasi,  
ICMRA Symposium 27 Oct 2017



# What we do

## Protect human and animal health



Facilitate development and access to medicines



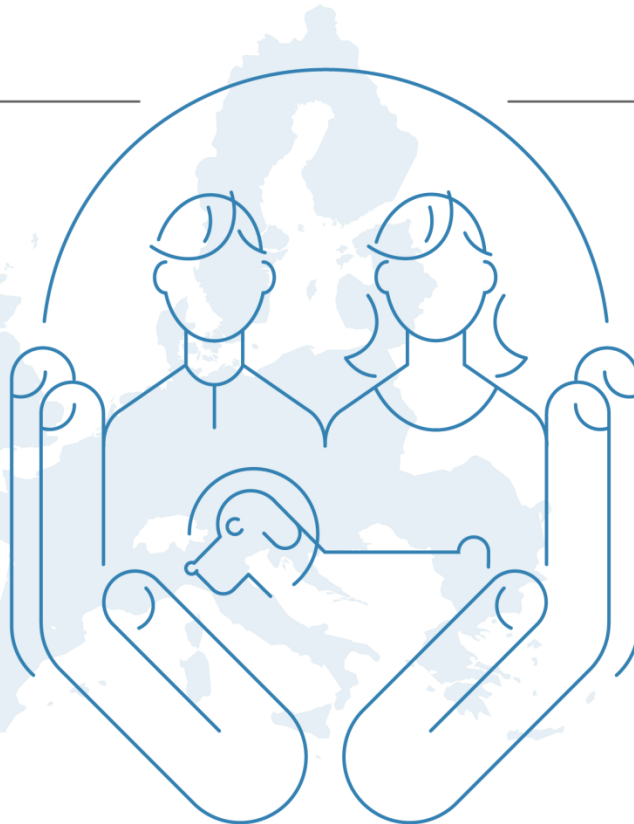
Evaluate applications for marketing authorisation



Monitor the safety of medicines across their life cycle



Provide reliable information on human and veterinary medicines to patients and healthcare professionals





## Who we are

**~4000** scientific experts  
from across Europe



**7** Scientific  
Committees

CHMP  
CVMP  
COMP  
HMPC  
PDCO  
CAT  
PRAC

**1** Management  
Board

**28** Member States' representatives

**4** Civil society representatives

**2** European Commission representatives

**2** European Parliament representatives



**1995** EMA established

**28** working  
parties

**~900** staff  
members



# The European medicines regulatory network



~50 national regulatory authorities




European Medicines Agency



European Commission



# European experts



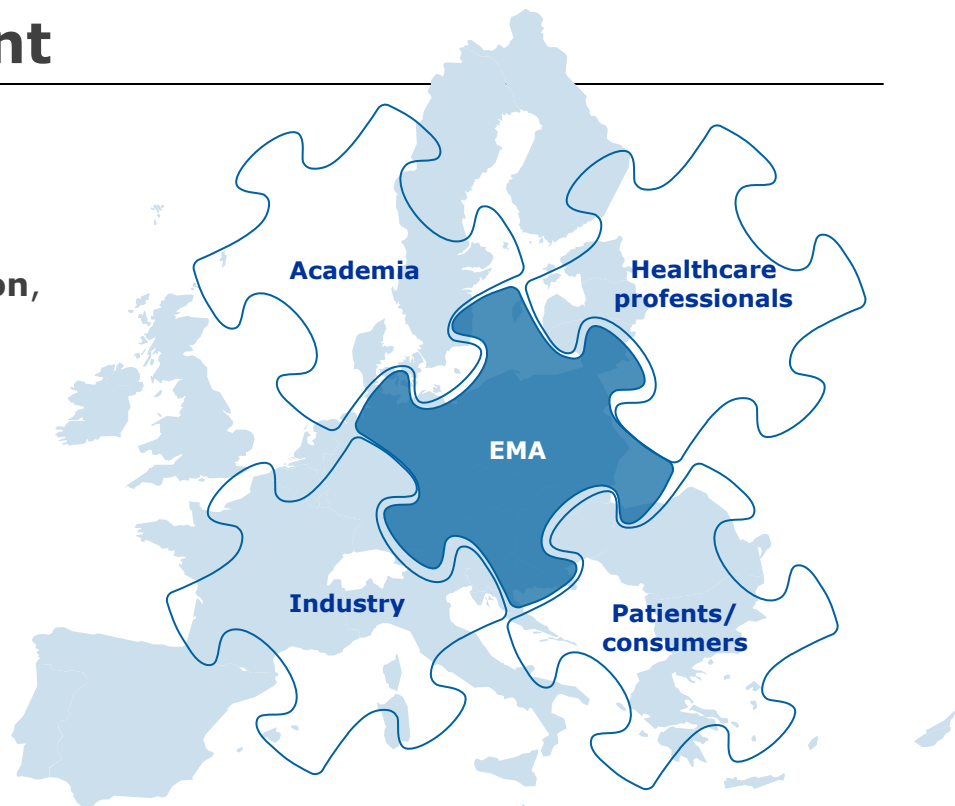
Bring **diversity**,  
exchange of  
**knowledge** and **best  
practice** from across  
EEA striving for the  
highest scientific  
standards

**Pool expertise**,  
especially in areas  
of rare or limited  
scientific  
knowledge

Mainly from **national  
regulators**, but also  
**academia**, **patient  
representatives** and  
**healthcare  
professionals**

# EMA Stakeholder engagement

- Promote appropriate **engagement and dialogue**
- **Provide efficient, targeted and timely information**, in a proactive manner
- **Enhance stakeholders' understanding of the EU medicines Regulatory network** and enrich EMA's understanding of issues that are pertinent from the stakeholders' perspective
- **Increase transparency** on how EMA engages with stakeholders
- Structure stakeholder relations and **better support EMA's strategic priorities**



**Promoting  
multi-stakeholder discussions**



# EMA Stakeholder engagement

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## Patients and healthcare professionals

### Why?

- Experience of living with a disease and its treatment
- Reality of clinical practice

### Who?

- European organisations, established representative groups
- Individual patients and healthcare professionals
- EC nominated members in scientific committees and management board

### When? How?

- All along the medicines regulatory lifecycle (committees, medicines evaluation..)
- Platforms for dialogue (PCWP and HCPWP)
- Workshops and public consultations on policies and guidelines

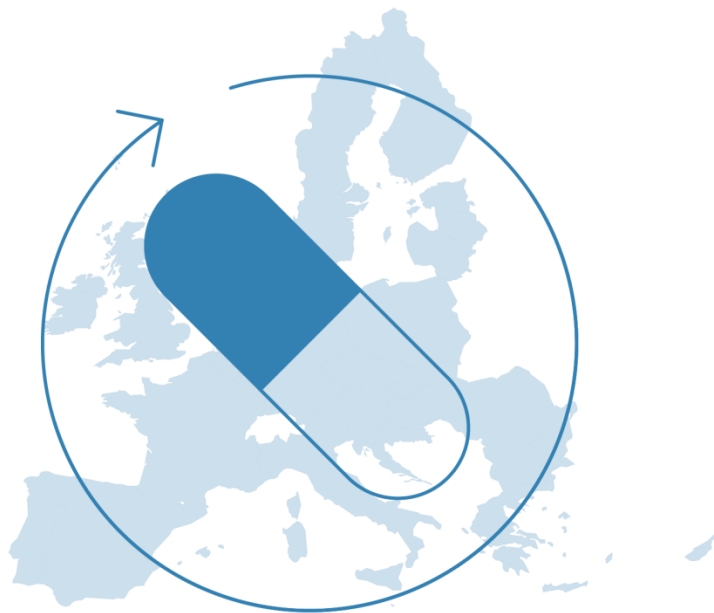




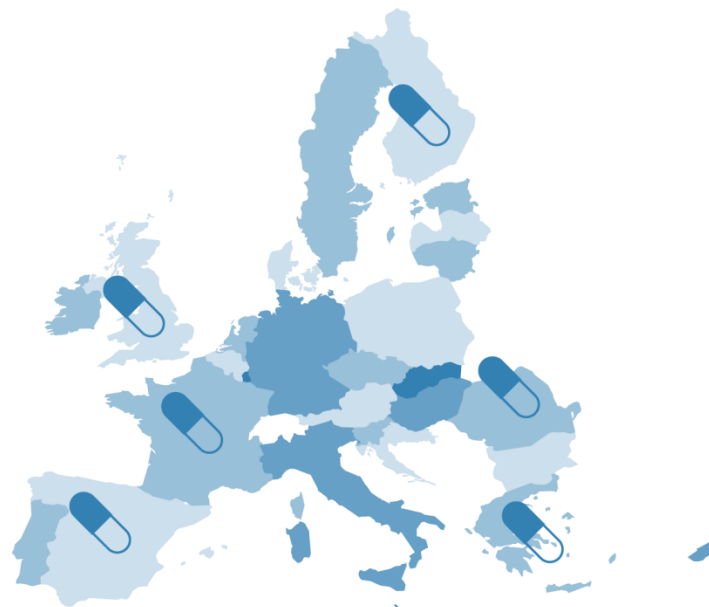
# How are medicines approved?

Different authorisation routes: one set of common rules

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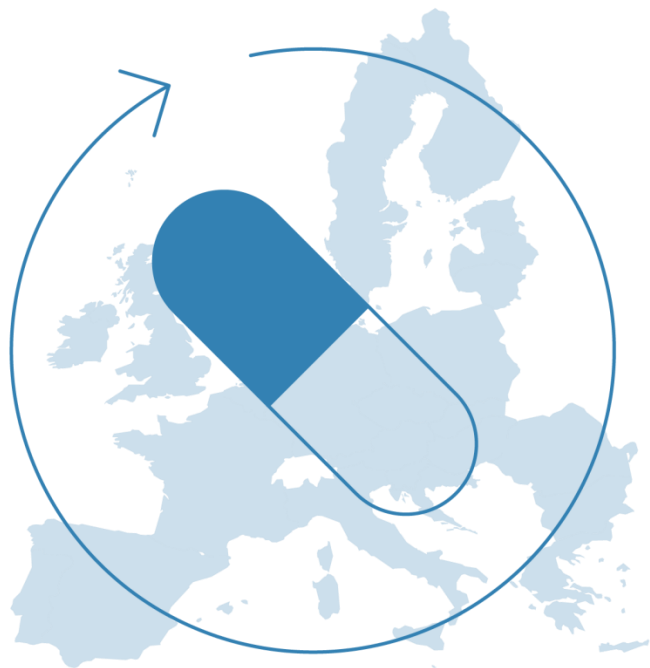


Centralised procedure (via EMA)



National procedures (via NCAs)

# Which medicines are approved through the centralised procedure?



- Human medicines for the treatment of HIV/AIDS, cancer, diabetes, neurodegenerative diseases, auto-immune, and other immune dysfunctions, and viral diseases
- Medicines derived from biotechnology processes, such as genetic engineering
- Advanced-therapy medicines, such as gene-therapy, somatic cell-therapy or tissue-engineered medicines
- Officially designated 'orphan medicines' (medicines used for rare human diseases)
- Veterinary medicines for use as growth or yield enhancers



# What is the benefit of the centralised procedure for EU citizens?



Medicines are authorised in all EU countries at the same time



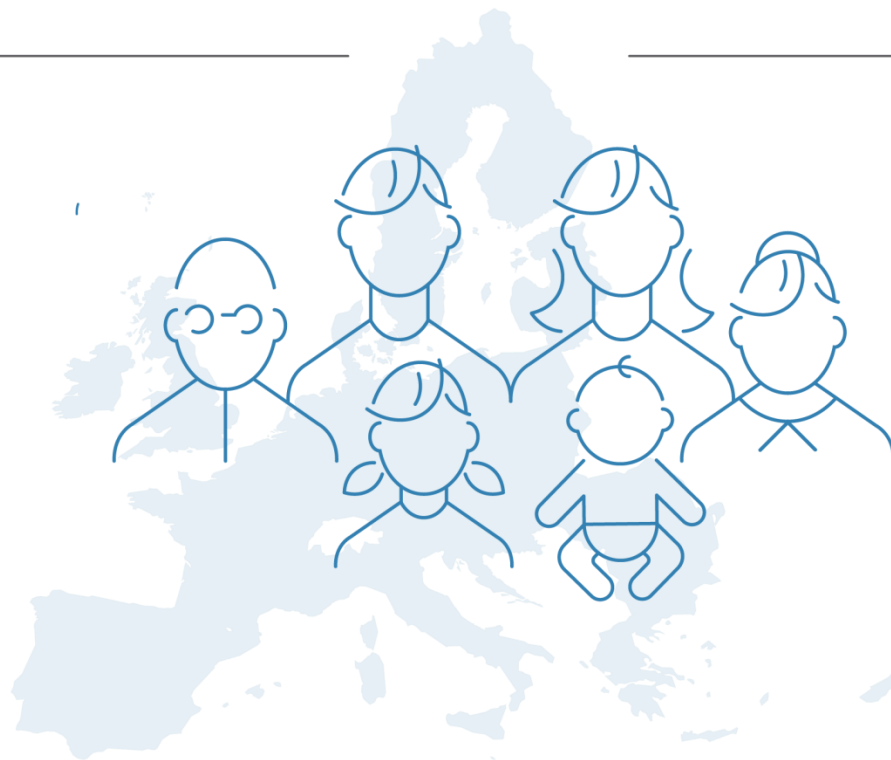
Centralised safety monitoring



Product information available in all EU languages at the same time



Access to the largest network of experts in medicines regulation



# ERNs navigating the regulatory system

## As users of the EU medicines regulatory system

- Users of published clinical data for secondary use in research
- Users of the Innovation Task Force
- Applicants for qualification of novel methodologies
- Applicants for orphan designation
- Applicants for ATMP classification
- Applicants for Scientific Advice/ Protocol Assistance
- Applicants for PRIME



Required or supporting components to a future marketing authorisation application

# Bringing expertise into the EU medicines regulatory system

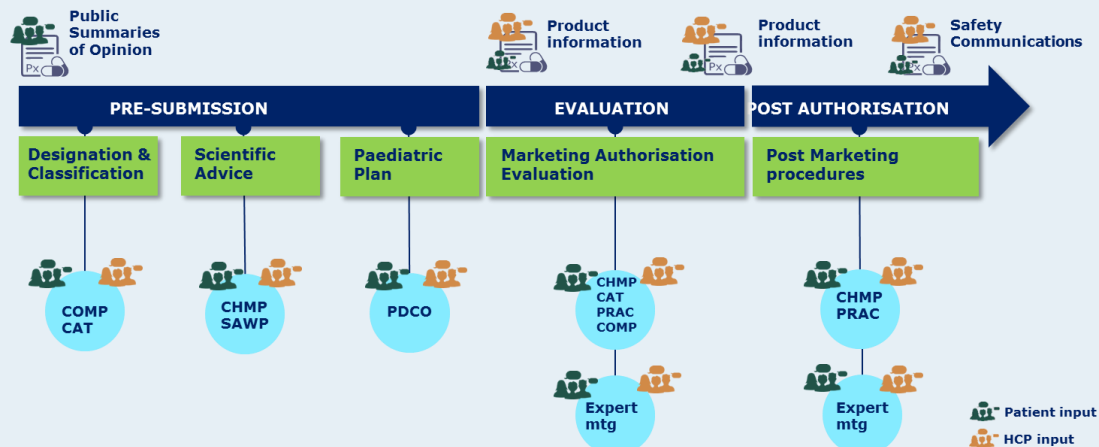
Assessor / Expert

Member of the Scientific Advice Working Party (SAWP)

Member of a Scientific Committee (e.g. CHMP, COMP, CAT)

Expert in a scientific advisory group (SAG) or ad hoc expert group

## *Involvement along the medicine lifecycle at EMA*





# Generating data

Clinical trial  
data (non-  
commercial  
sponsors)

Clinical  
databases  
(prescriptions,  
EHRs and  
registries)

Imaging  
data

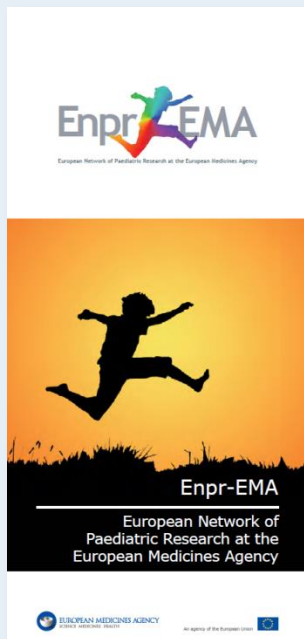
'Omic data  
(genetic,  
proteomic,  
metabolomic)

Regulatory  
data (ADRs,  
PASS, PAES)

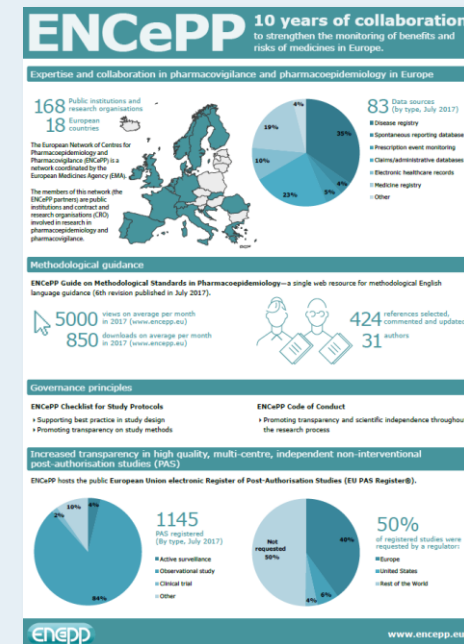


# Participating in EMA-supported research networks

European  
Network of  
Paediatric  
Research at  
the European  
Medicines Agency  
(Enpr-EMA)



European Network  
of Centres for  
Pharmacoepidemiology  
and Pharmacovigilance  
(ENCePP)

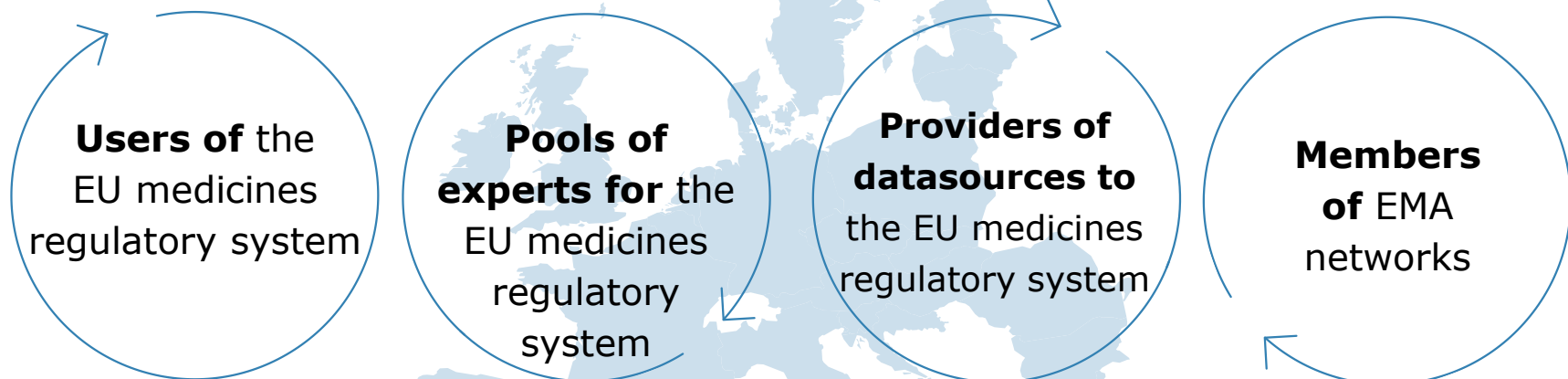






## In conclusion...

**ERNs add value as**



**For better outcomes for patients**



# Thank you for your attention

## Further information

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