8 June 2018
EMA/MB/395034/2018 Adopted
Management Board

Minutes of the 100th meeting of the Management Board

Held in London on 6-7 June 2018

The chair opened the meeting by welcoming all participants and thanking the Executive Director for the invitation to the members of the Management Board, the former chairs and the former Executive Directors to a celebratory event to mark the 100th meeting of the board to be held in the evening.

1. Draft agenda for 6-7 June 2018 meeting

[EMA/MB/802/2018] The agenda was adopted with no amendments.

2. Declaration of competing interest related to current agenda

The Secretariat informed members of the Management Board that it had reviewed members' declared interests in accordance with the Board's policy on the handling of competing interests. The Secretariat identified no items regarding the agenda that would cause any members to refrain from decision-making, and/or topic-coordinator type of activity, as relevant.

Members were asked to declare any specific interests that could not be drawn from their current declaration of interests that could be considered to be prejudicial to their independence with respect to the items on the agenda. No conflicts of interest were declared.

3. Minutes from the 99th meeting, held on 15 March 2018 adopted via written procedure

[EMA/MB/167407/2018] The Management Board noted the final minutes, adopted by written procedure on 26 April 2018.

4. EMA Preparedness on Brexit

4.1 Update on EMA Brexit preparedness

The board heard an update on the status of EMA of preparedness and endorsed principles and methodology for the next phase of the EMA Brexit Preparedness Business Continuity Plan.

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4.1.1 Progress report on operational aspects

The redistribution of the UK product portfolio was finalised on 4 April 2018 and the new (Co)-Rapporteurships were communicated to the MAHs on 30 April 2018. Knowledge transfer will take place in a stepwise approach which will include a knowledge transfer package to be made available by EMA in September 2018, as well as in a next step the option to liaise with the MAH and with the former UK (Co)-Rapporteurs. Full responsibility and accountability for the re-allocated products, as well as a pro rata portion of the annual fee for 2019, will be taken on by the new (Co)-Rapporteur only on 30 March 2019 when the UK withdraws from the EU. However, the new (Co)-Rapporteurs may be required to handle, from Q4 2018 onwards, post-authorisation procedures that are likely to be finalised after 29 March 2019. An Executive Decision describing the above approach will be submitted for endorsement to the Management Board via written procedure over the summer period.

At the 13 April meeting of the EMA Working Groups on operational preparedness the potential significant impact on EMA, NCAs and the PRAC of the new legal requirement for involvement of MAHs in EudraVigilance monitoring was discussed. A one year pilot to February 2019, with transitional arrangements limiting the focus on a restricted number of active substances while continuous training is provided to MAHs, has been agreed with the Commission. EMA has requested an extension for an additional year until February 2020 and formal feedback from the Commission is awaited.

EMA has undertaken an analysis of the potential supply issues for CAPs due to Brexit based on a survey of MAHs. The responses received have been analysed and assessed by means of a criticality matrix, which takes into account the different elements required to be changed via a regulatory procedure before 30 March 2019, and the timing for the submission of the changes required. EMA will liaise directly with MAHs of the CAPs with the highest criticality, and monitor the submission of changes to the marketing authorisation for the rest. Further reflection will be needed on how to best address identified temporary supply problems. Concerning workload, the analysis of the survey shows a 10-fold increase of MAH transfer submissions compared to EMA yearly submissions, and a surge in Type IA and Type II variations in Q4 2018 and Q1 2019. For veterinary procedures the trend is similar, with unknown submission dates for a high proportion of MAH transfer applications.

A 2nd survey on capacity and training needs in the network was completed on 27 April 2018, and data are being analysed by the HMA Brexit Task Force with the support of EMA. Training needs are primarily in the areas of quality and inspections, and seem directed at all levels of qualification of experts. After completion of a report by the HMA Brexit Task Force and EMA, a consultation with the EMA scientific committees and relevant working parties will take place, before informing the EU NTC in view of drafting an implementation plan.

There was some concern expressed by members on the possibility that some products may become unavailable on the market after 30 March 2019 due to delays in submitting transfers or variations, or due to restructuring by companies to optimise product portfolios due to Brexit.

4.1.2 EMA Brexit Preparedness Business Continuity Plan - Next phases (principles and methodology)

[EMA/MB/379084/2018; EMA/MB/377647/2018] The Management Board noted and endorsed the principles and methodology for the next phases of the EMA Brexit Preparedness Business Continuity Plan (BCP). Phase 1 of the BCP was launched at the Management Board meeting of 14 June 2017, and Phase 2 at the meeting of 5 October 2017 with implementation starting 1 January 2018. As Brexit preparedness is gradually shifting to implementation, it is expected that the number of FTEs needed for it will stabilise towards end of 2018 and only decrease as of Q4 2019. In the meantime staff loss is worsening dramatically, through the certain effects of the loss of the current pool of 131 short-term

contract staff, which will no longer be available at the end of February 2019 due to the labour laws in the Netherlands. Difficult to predict factors concern the number of staff intending to relocate, showing in February a likely loss of 44%, the amount of parental or unpaid leave that may be requested, as well as the decrease in efficiency as a result of new recruitments and consecutive teleworking. EMA has asked the EU Budgetary Authorities for additional 40 CA temporary FTE resources to cope with the Brexit consequences for 2018 and 2019, as well as 11 TAs for 2019 for increased workload, but it appears that only 4 additional CAs may be granted for increased workload. EMA will address its mid-term objective to ensure continuity of operations by speeding up recruitment of new staff while continuing discussions with the Budgetary Authorities. A more precise forecast of the numbers of TAs and CAs not relocating will be achieved by means of a new staff survey in mid-June and by assessing its impact on the Agency's activities. For EMA's longer term objective, as per its mission statement, EMA will prioritise its resources to meet legal obligations in compliance with the legal deadlines and the expected quality of the output. For its strategic and other core activities, the Agency may have to temporarily reconsider its involvement, scaling down its role. The 3rd phase of the BCP will be based on a best-case scenario (loss of all short-term contract staff and staff loss of 19% as per September 2017 staff survey), while a worst-case scenario were EMA staff loss in addition to short-term contract staff might be of up to some 44%, as for the February 2018 survey, is being seriously considered and will be addressed within a plan for Phase 4 of the BCP. Phase 3 will be launched on 1 October 2018, and will be constantly monitored and adjusted, reaching full implementation by January 2019. The activities to be temporarily suspended/reduced will be in category 2B (according to classification endorsed in June 2017) and consume a high level of FTEs (estimated 70). It the situation worsens in terms of staff loss as per the outcome of the mid-June survey, additional category 2B, and category 2A and 1B will be subsequently affected. EMA will continue to monitor the staff retention situation and will provide the board with a monthly report. At the July HMA meeting under the Austrian Presidency, in which the Multiannual Work Plan mid-term review will take place, EMA will discuss with the network the possibility to provide support for certain activities.

Members of the board expressed concern on the situation and enquired on ways to support the Agency and its staff. There was a warning that implementing the new veterinary legislation will be very challenging, and reprioritisation will need to be considered very carefully. A representative of Patients' organisations questioned the position of the Commission by only agreeing to 4 additional temporary FTE to support the Agency, and warned from putting budgetary considerations ahead of long-term consequences. The Executive Director clarified that the 40 additional temporary FTE would be budget and headcount neutral, as they would be compensated by staff loss. Their function would be to transfer knowledge to the staff which would join the Agency in the Netherlands at a future time. The Deputy Executive Director further elaborated that a lot of thought has gone into setting priorities which are to be decided from a public health point of view. Support activities at the Agency cannot be completely suppressed, but have been scaled back to a minimum. The representative of DG SANTE confirmed that DG BUDG is looking into EMA's request for contract staff, but that it cannot be expected that it will agree to increases that come close to it. The Executive Director underlined that there would not be an increase in overall EMA staff, but only a temporary 2-year increment payed for by the EMA budget. DG SANTE will convey the discussion at the board to DG BUDG. EMA will continue to monitor the staff retention and will present a fine-tuned BCP at the October meeting. Should the situation require it, the need for an extraordinary meeting might have to be considered.

4.1.3 Staff Retention Support Measures – Progress report

Staff retention measures, whether available under the Staff Regulations or as additional provisions put in place for a transitional period or provided as services by the Dutch Authorities, have the purpose to support staff retention by facilitating the relocation of staff to Amsterdam. As the situation presents itself now as more severe than previously thought, the EMA is putting in place extraordinary measures

which will be referred to as 'temporary social measures'. They will apply for a limited period from 1 September 2018 to end of December 2020 to EMA TA and CA staff. Each temporary social measure rests on a legal basis and its budget impact is taken into account. Where feasible, staff will be asked to make a contribution to the overall costs. In order to balance equal treatment of all staff with budget availability, measures subject to financial constraints will be applied first to EMA staff with the lowest grades, moving up to the highest grades if the budget allows it. Consideration will have to be given to which measures shall apply also to staff joining the Agency after the end of March 2019, and to whether any of the temporary social measures should be extended beyond December 2020.

4.2 Update on EMA-NL collaboration for relocation to Amsterdam

Collaboration with the Dutch authorities is taking place at many levels and in four workstreams, for each of which a representative of EMA has a Dutch counterpart. Most information on the progress with the preparation for the relocation is published on the EMA website in a tracking tool. At the current time work in the various work-streams is progressing as planned.

4.2.1 Progress report on the EMA-NL collaboration

For the permanent building, the European Parliament Budget Committee has taken a positive decision in the context of the building approval procedure on 22 March. The building permit has been granted and Dura Vermeer, the main building contractor has started work. On 28 May a foundation stone was laid. Work on the preparation of the temporary building that will house EMA until mid November 2019 is progressing as planned. A second round of information sessions for staff has started, and a first session on university education, as well as a housing information fair were held. The Steering Committee met on 22 March and took good note of areas where support to staff could be improved, stepping up the involvement of the Amsterdam authorities. On 1 June the chair of the Management Board and the Executive Director signed the seat agreement between the Dutch government and the EMA based on the mandate provided by the board. Given the increasing sense of uncertainty for EMA staff, it was felt that the Agency could no longer wait for the outcome of the legislative co-decision procedure. It was therefore decided to go ahead with the signature of the agreement to which a resolution clause to address any possible outcome of the legislative procedure had been added. The representative of DG SANTE stated that EMA and the board are doing an exceptional job, and agreed that the Agency has to exercise judgement concerning the anxieties and the needs of its staff, while respecting the political process at the institutions.

4.2.2 Physical relocation to Amsterdam

An EMA relocation BCP is currently being prepared to ensure continuity of operations when the Agency physically moves from Churchill Place in London to the Spark building in Amsterdam Sloterdijk, and from there to the new permanent building in Amsterdam Zuidas. The EMA relocation BCP will include a physical relocation plan, a list of activities to be temporarily suspended or scaled down for a short period, and provisions on how to deal with possible emergency situations. Based on the assumption that the Spark building will be made available to EMA as of 1 January 2019 and will be fully operational as of that date, and after having considered various scenarios, it was decided that the whole Agency will move out of the Churchill Place building on 1 March 2019. A week of EMA operation with reduced virtual presence will follow, after which a staggered move into the Spark building will take place over two weeks starting on 11 March and ending on 22 March 2019. Meetings will still take place in London in the month of February, with the exception of the CAT and the BWP which will be the first to convene in Amsterdam during a pilot phase. The Management Board meeting of 21 March 2019 will take place in the Spark building. A detailed plan will be prepared for the move into the Spark building, and will take into consideration the need for support to the physical move by staff in A- an I- divisions, or in

the context of the pilot phase for meetings. During the week of reduced virtual presence, no physical premises will be available in the Netherlands or the UK, and teleworking will be strongly recommended for most staff not engaged in committee meetings or in a *permanence* to ensure operation of core activities.

4.2.3 EMA in the Spark building

The floor plans for the Spark building in Sloterdijk were signed off and the technical requirements have been agreed with the Dutch counterparts. Fit out and construction of the infrastructure has started and is on schedule. Technical aspects will be finalised in Q4 2018 with EMA ICT and Facilities staff to further test and prepare facilities and services, to ensure that the building is ready from 1st of January 2019, some support staff, beyond ICT and Facilities to move in, in preparation to host the first two meetings in February, and for all remaining staff to gradually move in during March. The total office space at the Spark building is of ca. 12,800 m^2 over 11 floors. Facilities will include 8 conference rooms, 21 internal meeting rooms, a restaurant with 180 seats, small industry and delegates lounges, and will offer disabled-friendly access. The Spark building is very well connected to Schipol airport and to the city centre via the Sloterdijk train, metro and bus stations.

A. Points for automatic adoption / endorsement

A.1 Management Board meeting dates 2019-2021

[EMA/MB/173925/2018] The Management Board adopted the meeting dates for 2019:

- Thursday 21 March
- Wednesday 12 June and Thursday 13 June
- Thursday 3 October
- Wednesday 18 December and Thursday 19 December

and noted the meeting dates for 2020:

- Thursday 19 March
- Wednesday 10 June and Thursday 11 June
- Thursday 1 October
- Wednesday 16 December and Thursday 17 December

and for 2021:

- Thursday 18 March
- Wednesday 16 June and Thursday 17 June
- Thursday 7 October
- Wednesday 15 December and Thursday 16 December

A.2 Management Board decision – New mission rules

[EMA/MB/270800/2018; C(2017) 5323; EMA/MB/811544/2017] The Management Board adopted by analogy Commission Decision C(2017) 5323 final of 27 September 2017 on the general provisions for implementing Articles 11, 12 and 13 of Annex VII to the Regulations of Officials (mission expenses) and on authorised travel. In the interest of clarity, the mission team at the EMA Staff Matters Service will prepare an updated guidance highlighting all changes.

A.3 Management Board decision – Revised Guidelines on whistleblowing

[EMA/MB/270945/2018; EMA/MB/232598/2018] The Management Board adopted the decision laying down guidelines on whistleblowing. The Agency adopted own whistleblowing guidelines on 11 December 2014 which were inspired by previous Commission guidelines of 2012. On 27 February 2018 the Commission adopted an ex-ante agreement on the model decision regarding whistleblowing. The existing EMA guidelines were revised in full alignment with the model decision to further improve their content.

A.4 Management Board decision – Model rules on middle management

[EMA/MB/303342/2018; EMA/MB/299672/2018] The board adopted the decision on middle management staff based on model rules received from the European Commission. The Agency had derogated from the Commission rules in anticipation of receiving the model rules on this topic.

A.5 Management Board decision – Model rules on function of adviser

[EMA/MB/303679/2018; EMA/MB/296715/2018] The Management Board adopted the Decision concerning the function of Adviser (or equivalent post title used in the Agency) based on model rules received from the Commission. The Agency had previously derogated from Commission rules in anticipation of receiving the model rules on this topic.

B. Points for discussion

B.1 Highlights of the Executive Director

EU activities

Discharge for the Agency's 2016 accounts was granted by the European parliament on 18 April 2018. The European Parliament also called on the Commission to give EMA extra resources in light of the relocation. A delegation from DG SANTE visited EMA on 26 April in order to present its proposal for a Regulation on HTA and its impact assessment to EMA experts.

International activities

Two workshops with involvement of network experts were organised as a continuation of the CHMP meeting with African regulators organised under the Maltese Presidency in March 2017. They took place in Zambia on 11 to 13 June and in Senegal 25 to 29 June. EMA participated with the European Commission in the DIA in China, with a full delegation for the last time in a while. A reduced number of EMA participants attended the ICH meeting in Japan 2 to 7 June, while the next awareness session for academics and non-EU regulators scheduled to take place in September 2018 was cancelled due to the new BCP phase.

Veterinary medicines highlights

An EMA veterinary medicines innovation day took place on 19 April to raise awareness for industry, including SMEs, veterinary healthcare providers and academia, and to promote the support and

measures that the Agency offers. The Agency held a meeting with veterinary companies on 21 April to address specific questions on Brexit regulatory preparedness for centrally authorised products.

Public hearing on 13 June 2018

EMA has opened registration for a public hearing on quinolone and fluoroquinolone antibiotics which will give a voice to patients, healthcare providers, researchers and citizen. The hearing will be broadcast live.

Ebola and Nipah virus outbreaks

An outbreak of Ebola is currently occurring in the Democratic Republic of Congo with a total of 50 confirmed cases and 25 deaths reported. At the present time, it is difficult to assess the magnitude and geographical extent of the outbreak, but risk is considered low at a global level. An outbreak of Nipah virus has been reported in Kerala, India, with 17 deaths and 18 confirmed cases. EMA and its scientific committees are ready to support Member States and WHO. The Agency will share any information emerging from the Democratic Republic of Congo, India and WHO.

GDPR Implementation

The new EU data protection legislation (GDPR) has become applicable as of 25 May but with specific rules applicable to EU institutions and Agencies will enter into force at the end of the year. EMA has sent a letter to Commissioner Andriukaitis requesting assistance in the implementation of the new rules on data protection, in particular with regard to IT-systems sharing and information between the EU regulatory networks. An impact analysis of the regulation on the Agency has not been carried out and it is difficult to understand the consequences for activities directly relevant to the evaluation and supervision of medicinal products, and on the expertise and systems that the Agency will need.

Clinical Data Publication

In October 2016 EMA was the first regulatory authority worldwide to provide open access to clinical data submitted by companies in support of their marketing authorisation applications. By October 2017 54 clinical dossiers corresponding to 3,280 documents had been published. As the board is informed of the publication of the 100th clinical dossier on 29 May 2018 however, it is also made aware that this activity will be suspended as part of the BCP.

B.2 Report from the European Commission

HTA

The European Commission is engaged in promoting action where EU added value can be achieved through existing synergies. Competence for Pricing and Reimbursement is at the national level, but there is scope to implement EU-wide HTA cooperation while respecting Member States' competencies. The Commission is organising a workshop on HTA cooperation in Brussels on 9 July 2018 to collect stakeholder views. The EPSCO meeting on 22 June will include a debate on the proposed regulation on health technology assessment, and will hopefully create the conditions for constructive discussion.

GDPR

Discussion on data protection in the health sector needs to focus on finding a good model that guarantees citizens' rights, while allowing technology and infrastructure to support the full potential for benefits of eHealth.

Study on incentives for pharmaceuticals

The study has the objective of responding to the invitation from Council to conduct an analysis on the functioning of the pharmaceutical incentives, and of providing evidence based recommendations on the possible revision of the SPC legal framework. Findings of the study show among other that the effective protection periods has declined from 15 to 13 year, while the average development time has increased from 10 to 15 year. The EU's pharma incentives regime is most attractive in comparison to other jurisdictions. A positive relationship exists between the effective protection period and the level of research and development, as pharmaceutical companies increase their innovation efforts. The analysis of product launches has shown that availability varies greatly across ATC codes, and that the introduction of generics leads to decrease in price of ca 50%. The outcomes of the study will be used as an external input in the ongoing discussion about incentives.

Study on the Orphan Regulation

The study is part of the overarching project of a combined evaluation of the orphan and paediatric regulation. Although the report was finalised in April 2018, it will not be published separately, but presented together with the full result of the evaluation.

Study on marketing authorisation procedures

There is a legal obligation for the Commission to publish at least every 10 years a general report on the experience with the operation of the centralised, decentralised and mutual recognition procedures. The last report was published by the Commission in 2010. An external study has been commissioned and should be delivered within June 2019. A Commission report based on the study, will be adopted, published and submitted to the European Parliament and Council in the first half of 2020.

Evaluation of the fee system

After completion of the Final Study Report by the contractor, DG SANTE will work on a Staff Working Document of the evaluation. If it is decided that a follow-up should be envisaged, an Impact assessment will be prepared during 2019 in order to present a legislative proposal at the earliest in 2020.

Vaccination

The Commission has issued a Communication calling for 20 concrete actions by the Commission, Member States and for some actions by EMA. It focuses on three main pillars: tackling vaccine hesitancy and improving vaccination coverage; sustainable vaccination policies in the EU; EU coordination and contribution to global health. A Proposal for Council Recommendation to be adopted in 2018 complements the Communication.

Falsified medicines

With only eight months left to implement the safety features foreseen in the Falsified Medicines Directive, setting up of National Medicines Verification Organisations (NMVO) is progressing, however signing of the outstanding IT contracts and technical implementation of the repositories, as well as hospital preparedness, need to be monitored and encouraged.

Multi-stakeholder meeting on Biosimilar medicinal products

The meeting is an annual update on biosimilar competition in Europe and exchange of best practices; it will be held in Brussels on 14 September 2018.

Network of Competent Authorities responsible for Pricing and Reimbursement (NCAPR)

A meeting for the exchange of knowledge and information between policy makers will be organised by the Austrian Presidency on 26 September 2018 in Vienna with the support of the European Commission.

Supplementary Protection Certificate (SPC) for medicinal products

The Commission adopted a new proposal on supplementary protection certificates (SPC), amending Regulation (EC) No 469/2009; the proposal introduces a manufacturing waiver for SPCs for export purposes in third countries. The waiver will benefit EU based manufacturers of generics and biosimilars for exports outside EU.

In the discussion, interest was expressed in the interaction between regulatory action and health technology assessment in the recent legislative proposal. The Executive Director considered that the EMA EUnetHTA collaboration has shown that data for comparative assessment can be obtained early in the evaluation process to generate evidence. The representative of the European Commission pointed out that experience with joint assessments has shown that duplication of work can be avoided by building on synergies and while complementing national specificities.

B.3 Assessment of the Executive Director's Annual Activity Report (AAR) 2017

[EMA/MB/303373/2018; EMA/26967/2018; EMA/269259/2018] The Management Board noted the Annual Activity Report (AAR) and adopted the Assessment of the Executive Director's AAR 2016 which had been prepared by the topic coordinators Audun Hågå, Belén Crespo Sánchez-Eznarriaga and Nancy De Briyne. The topic coordinators welcomed the results presented in the AAR 2017 while noting that some of the activities had to be delayed or postponed due to Brexit. EMA has been handling structural and predicted relocation-induced shortages of staff by setting up a Competency Framework, an internal mobility policy as well as an IT tool to support recruitment procedures. However an Emphasis of Matter in the AAR must be noted, as the Executive Director draws attention to the imposed reduction by 10% of the Agency's establishment plan between 2014 and 2018 while in the same period fee-related workload increased by over 50% (as reflected in the increased fee income). The issue of lack of resources and addition of new tasks was noted by the European Court of Auditors who concluded that significant new tasks were assigned to the Agency without any increase in staff, leading to a critical dependence on external expertise. Insufficient resources, augmented by large reallocation of staff to Brexit-related tasks and predicted staff attrition, unsustainable reliance on external expertise and short term contract staff, will require the agency to introduce significant cuts in its activities as outlined earlier in the meeting.

Going forward, such shortage of establishment plan posts will result in risks to delivering on the future public health and legislative responsibilities of the Agency. This underlying risk is significantly increased as a consequence of the relocation, as drawing upon short-term contracts to compensate for long-term stable establishment plan posts will no longer be sustainable due to different labour market conditions.

The assessment of the AAR further took note that certain audits had to be cancelled due to the BCP, and acknowledged that the assessment on the compliance and effectiveness of internal control standards concluded that the system in place is generally compliant with the standards, and welcomed the declaration of assurance of the Executive Director. The assessment of the Agency's core business recognised the high value of PRIME initiative (which supports availability of promising medicines), the uptake of the accelerated assessment and conditional marketing authorisation encouraging the Agency to continue to ensure the robustness of its evaluations, and applauded the Agency's collaboration with HTA bodies. The report noted the positive impact of the Paediatric Regulation in its first 10 years of implementation, encouraged the Agency to continue to develop and support MUMS and availability of

medicines initiatives, and to continue to contribute in the fight against AMR. Satisfaction was expressed over the courses offered in the EU Network Training Centre, the support given to the Data Gathering Initiative since 2014, and over the successful delivery of the improved EudraVigilance system. The topic coordinators supported the decision to use cloud strategy and stressed the need to continue to build a strong digital backbone. They highlighted that several projects had to be postponed due to Brexit, while regretting that others, f. ex. the clinical trials programme, were over time or budget, and suggested to keep close attention to the feasibility, delivery and budgeting of future Telematics programmes.

B.4 Internal Audit Capability of EMA:

a) 2017 External Quality Assessment of the Internal Audit Capability of EMA (AF-Audit) and the improvement action plan

[EMA/MB/128702/2018; EXT/240011/2018; EMA/5026/2018] The board noted the outcome of the external quality assessment of activities of the Audit Advisory Function of EMA (AF-Audit). The assessment is due at least once every five years to assess the Internal Audit Capability of the Agency's conformance to the relevant standard, evaluate its effectiveness in carrying out its mission and identify opportunities to enhance its management and work processes. The external assessor conducted an assessment in December 2017 and concluded that the work and tasks undertaken by the AF-Audit are in full conformance with the standards. A plan for the implementation of improvement actions to address recommendations issued in the final report were agreed by the Executive Director.

b) Annual report of internal audit and advisory activities at the European Medicines Agency 2017

[EMA/MB/150028/2018; EMA/263956/2018] The board noted the Annual report of internal audit and advisory activities 2017 which the Head of Audit is required to provide to the Management Board as set out in the Financial Regulation, and the 2017 confirmation of independence of the Internal Audit Capability of EMA (AF-Audit) to the Management Board of the Agency. The 2017 report provided information on the 6 audits completed at the Agency in 2017. 6 further audits had to be postponed or cancelled due to the Brexit BCP. The Head of Audit confirmed that based on the results of past and ongoing audits, follow-ups, consultancy activities and analysis, the internal control systems put in place by the Agency provide reasonable assurance regarding the achievement of the business objectives. The status of implementation of improvement actions showed that no critical recommendations from previous years were open, and 15 very important recommendations were under implementation within the agreed timelines. The Head of Audit confirmed compliance with Standards 1100 on Independence and objectivity for 2017.

B.5 Internal Audit Service – EC (IAS)

a) IAS audit report on implementation of the new pharmacovigilance fees regulation in EMA

[EMA/MB/241166/2018; Ares(2018)395370] The Management Board noted the audit report which had the objective to assess the adequacy and the effective functioning of the management and internal control systems in place at the Agency for its tasks and responsibilities related to fee collection under the European pharmacovigilance legislation. The IAS was of the opinion that although the design of the management and the internal control system put in place by EMA for the implementation of the

Fees Regulation is adequate, there is a significant weakness regarding EMA's management of the continuous deficit between the pharmacovigilance fees income and the related costs.

b) IAS Organisational Independence of the Auditor

[EMA/MB/127459/2018; Ares(2018)540491] The board noted the 2017 confirmation of independence of the IAS to the Management Board of the Agency.

c) Update of the Mutual Expectations Paper (MEP) of the Internal Audit Service of the EC (IAS)

[EMA/MB/130742/2018; Ares(2018)2199778; Ares(2018)230286] The board noted the update to the MEP of the IAS, which aims to describe the relationship between auditor and auditee to clarify responsibilities and align mutual expectations, so that audits are smooth, efficient and effective. The MEP was first introduced in 2010, and since then a number of changes have occurred, driven by several legislative sources. The latest update concerns the IAS follow-up strategy, to bring it in line with evolution which took place over time, as well as existing practices on the methodology for the rating of IAS recommendations.

B.6 a) Report to the Management Board on the implementation of EU IT systems required by the Clinical Trial Regulation

[EMA/MB/287259/2018; EMA/259890/2018] The board noted the report on the implementation of EU IT systems required by the Clinical Trial Regulation. Following a request by the Management Board, the EU CTR Coordination Group made an interim revision of the governance structure. This resulted in a structure with three decision making groups: the Clinical Trials Information System Expert Group (CTIS Expert Group) which can appeal to the EU CTR Coordination Group which in turn reports to the Management Board. The report included information on the status of testing and bug-fixing of release 0.7. An update was provided, detailing future planned releases. The preparation for the development of Safety Reporting (in release 0.9) has started, and EMA has shared all analysis and design specifications with the developer. The CTIS Expert Group nominated 5 members as UAT champions, who will contribute to develop the end-to-end scenarios for mono-national and multinational trials that will be tested during UAT 7. The draft external review report on Phase 1 was circulated to the EU CTR Coordination Group and the Management Board. Main emerging points in the report address streamlining of the governance structure and its membership, agreeing on what success 'looks like' for UAT and audit, and enabling stakeholders to better visualise the system. Workshops on prioritisation with Member State experts and sponsors are ongoing. A 'sandbox' version of 0.6 will be supplied for visualisation and clarification during the month of June, and a 0.7 'sandbox' version will remain permanently available after UAT 7. Impacts of the Agency's relocation activities on the project were identified. The UAT of release 0.7 will now take place 5-30 November 2018, after the relocation of the data centres has been completed. This might have repercussions on the timing of the audit, which moreover comes close to the time period when the physical relocation of the Agency and the closure of the London office premises will take place. It may be necessary to hold an extraordinary Management Board to finalise its decision on the audit outcome in July 2019. The impact of the Agency's relocation is reflected in an updated risk assessment.

b) Report of step 1 of the external review of the project

[EMA/MB/276100/2018; EMA/281388/2018; EMA/364559/2018] The Management Board noted and discussed the findings and recommendations by an independent contractor for the first of three

phases of an external review of the CTIS project. The main goal of the review is to provide independent project assurance to the implementation of the project. The first report covers six domains of interest: accountability, feasibility, purpose and specifications, users' and stakeholders' engagement and change management, expectation management and risk management.

The comments on the report by the Topic Coordinators (Xavier De Cuyper, Thomas Senderovitz, Karl Broich, Rui Santos Ivo, Ian Hudson) were presented on behalf of the EU CTR Coordination Group. The report was found to have been delivered on time and the Coordination Group analysed the information and recommendations with a particular focus on governance, resources, feasibility and purpose and specifications. The Topic Coordinators considered that there is no added value to modify the new governance endorsed at the March meeting, but the mandates of the different governing bodies need to be clarified. The impact of each recommendation on the resources involved in the project needs to be well estimated and prioritised. The project has suffered from an initial underestimation of its complexity, and it is recommended to further review feasibility during Phase 2 of the external review, together with the impact of the EMA relocation on the project. To address the sometimes unclear scope of the project, it was proposed to draft a new release plan to be approved by the Steering Committee and the EU CTR Coordination Group, and endorsed by the EMA Management Board. All functionality which is not strictly required to go live should be scheduled for later releases. The board was invited to note the main conclusions and recommendations of the report on Phase 1 of the review, and to request the independent contractor to quantify the capacity gap and assess the quality management during phase 2 of the review. The EU CTR Coordination Group will send further analysis of the recommendations to the CTIS Expert group with a view to draft a clear action plan.

In the discussion that followed, members supported the recommendations and proposals of the EU CTR Coordination Group. Some concern was expressed on the impact, of the relocation of EMA, on resources. The Executive Director concurred on the uncertainty over staff losses, possibly in key positions, which will be further discussed in the upcoming months. In the meantime, it would be helpful to understand the availability in the network of resources that could step in for EMA specific activities. A National Competent Authority in the recent past provided support to the project, and the chair of EU TMB offered to write to all other authorities to enquire about available resources. EMA estimates that the report on Phase 2 and 3 could be available in time for the October meeting. The representative of DG SANTE agreed with the analysis and recommendations of the EU CTR Coordination Group and recommended careful monitoring of the impact of the Agency's relocation on the timing of the project. He assured EMA and the Member States of the Commission's continuous support to in the Coordination Group meetings and in the technical domain.

B.7 Impact of the new veterinary medicines legislation

The current proposal for the new veterinary medicines regulation foresees the creation of three Union databases for Products, Pharmacovigilance and Manufacturing/wholesale distribution and inspections, as well as IT tools and business processes for new requirements for the monitoring of antimicrobial resistance. Further requirements for the provision of multilingual information to the public are also possible. The timeline for the go-live of the system foresees three years for development and implementation from the entry into force of the Regulation. An analysis of the requirements has highlighted that the financial cost and staff resources for the IT system will be appreciably higher than originally anticipated in the impact assessment that accompanied the legislative proposal for the Regulation. Building the Union product database and the data transfer according to the new veterinary Regulation will require significant resources from EMA and the NCAs. Furthermore, adaptation of Pharmacovigilance and Inspections databases to the new requirement will be necessary. The timelines are not favourable as, in addition to inadequate resources, the implementation of the system is likely to coincide with the relocation of the Agency, which will further draw resources away from existing

activities. Should the IT solutions not be implemented in time, there is a risk of an increased workload, limited visibility of available medicines and suppliers/retailer, and a risk of a gap in the delivery of scientific quality/safety oversight, as there will be no longer an obligation for the MAHs to provide PSURs, and pharmacovigilance will only rely on a sound IT signal management system.

Concerned members supported the creation of a cross functional group to start a reflection on the future system, possibly as a HMA Task Force, working with EMA and the Commission. The Executive Director pointed out that EMA can currently not fully engage without additional resources for the Agency; the resources foreseen in the Commission proposal are not sufficient to implement the finally agreed legislation as it now stands. Some members addressed the Commission concerning such additional resources, in consideration of the issue that it will not possible to ensure pharmacovigilance of veterinary medicines if the product database and the pharmacovigilance database are not operational when the regulation will enter in application (in 2022).

B.8 Public Hearings: lessons learnt

[EMA/MB/280649/2018; EMA/751919/2017] The Management Board noted the lessons learnt after a first EMA public hearing on Valproate was held on 26 September 2017. The outcome of the public hearing was instrumental in identifying new important themes and information, which led to new measures, as noted in the Assessment Report. In the lessons learnt exercise, feedback on organisational aspects were captured by means of a survey to those involved, including speakers, observers and PRAC members. There was high satisfaction for the guidance and background information provided by the Agency and for the overall conduct the hearing. Recommendations to outreach to wider representation will be implemented, although this will always be depending on the level of interest and availability of individuals and organisations. The overall conclusions are that the hearings add value, improve quality of the assessment and foster trust in the system.

B.9 European Medicines Agency and Member States joint report to the European Commission on the experience with the list of products subject to additional monitoring

[EMA/MB/153820/2018; EMA/153015/2018] The board noted the joint report, of EMA and Member States, to the European Commission, to be submitted for endorsement by the HMA at the meeting of June 2018 before sending it to the European Commission. The Commission will prepare a report to the European Parliament and the Council on the use of the list of products subject to additional monitoring, as required under Article 23(4a) of regulation (EC) No 726/2004. The report to the Commission is based on a survey of NCAs' experience regarding the use of the additional monitoring list, results of an online survey to estimate patients and Healthcare providers' awareness of the black triangle and the additional monitoring concept, as well as on an analysis of the proportion of adverse reaction reports generated for products on the list. The main report conclusions, as adopted by PRAC, highlighted the need for more time and communication to raise awareness of additional monitoring, as the EudraVigilance analysis investigating the effect of the additional monitoring status on reporting of ADRs was not conclusive. The inclusion of imposed PASS as a mandatory trigger for additional monitoring leads to the inclusion of a large number of established products in the list, and is of limited value. PRAC therefore would support removing them from the scope of additional monitoring.

B.10 Management Board liaison on PRAC composition 2018

[EMA/MB/268963/2018; EMA/MB/43845/2015; EMA/411582/2015; EMA/269031/2018] The Management Board reviewed and discussed the current list of PRAC members and alternates and their

expertise, and recommended the composition of the PRAC. Legislative requirements foresee that Member States shall liaise with the Management Board and the Commission in order to ensure that the final composition of the Committee covers the scientific areas relevant to its task. Members and alternates of the PRAC are appointed for a term of 3 years, which may be prolonged once and renewed thereafter. The board was last consulted in 2015 when it discussed and noted the 'Briefing note on competence and expertise of CHMP and PRAC members and alternates' and recommended the PRAC composition and 'Expertise of PRAC members'. The criteria for experience and expertise for PRAC members and alternates have been provided to the nominating authorities for consideration each time the Agency invites a nomination. Core expertise is foreseen in the legislation, and is complemented by expertise identified by PRAC. Member States were invited to take into consideration four key areas identified by the Agency which would be beneficial to the activities to the PRAC: vaccines, biologicals, epidemiology and statistics, which were endorsed by the board.

List of written procedures finalised during the period from 22 February 2018 to 21 May 2018

- Consultation no 04/2018 on the appointment of Rajko Kenda as CHMP member, proposed by Slovenia ended on 5 March 2018. The mandate of the nominee commenced on 6 March 2018.
- Written procedure for adoption of the 98th Management Board meeting minutes, ended on 22 February 2018. The minutes were adopted.
- Written procedure for adoption of the 99th Management Board meeting minutes, ended on 26 April 2018. The minutes were adopted.
- Consultation on the adoption of the EMA Annual Report ended on 30 March 2018. The procedure was adopted.

Documents for information

- [EMA/MB/367349/2018;EMA/274245/2018] Report on EU Telematics
- [EXT/373022/2018] Feedback from the Heads of Medicines Agencies
- [EMA/MB/296208/2018] Outcome of written procedures finalised during the period from 22 February 2018 to 21 May 2018
- [EMA/MB/225499/2018] Summary of the transfers of appropriation 2018
- [EMA/MB/271765/2018; EMA/676772/2017] Stakeholder Engagement report: engaging with patients, consumers, healthcare professionals and academia
- [EMA/MB/291747/2018;EMA/80771/2018] Annual Report on EMA's interaction with industry stakeholders (2017)
- [EMA/MB/263403/2018] Preparation for written procedure on opinion on the Agency annual accounts for the financial year 2017

List of participants at the 100th meeting of the Management Board, held in London, 6-7 June 2018

Chair: Christa Wirthumer-Hoche

	Participants
Belgium	Xavier De Cuyper *(member)*
Bulgaria	Assena Stoimenova *(member)* Bogdan Kirilov *(alternate)*
Czech Republic	Jiří Bureš *(alternate)* Irena Storová *(observer)*
Croatia	Siniša Tomić *(alternate)*
Denmark	Thomas Senderovitz *(member)* Tina Engraff *(observer)*
Germany	Karl Broich *(member)* Wiebke Loebker *(observer)*
Estonia	Kristin Raudsepp *(member)*
Ireland	Lorraine Nolan *(member)* Rita Purcell *(alternate)*
Greece	*Apology received from Aikaterina Antoniou*
Spain	Belén Crespo Sánchez-Eznarriaga *(member)* César Hernández *(alternate*)
France	Dominique Martin *(member)* Jean-Pierre Orand *(alternate)* Miguel Bley *(observer)*
Italy	*Apology received from Mario Melazzini (member)* Gabriella Conti (observer)
Cyprus	Loizos Panayi *(member)*
Latvia	Svens Henkuzens *(member)*
Lithuania	Gintautas Barcys *(member)*
Luxembourg	Laurent Mertz *(member)*
Hungary	Csilla Pozsgay (member) Beatrix Horvath *(alternate)*
Malta	Gavril Flores *(alternate)*
Netherlands	*Apology received from Hugo Hurts (member)* Birte van Elk *(observer)*
Austria	Thomas Reichhart *(alternate)*
Poland	Grzegorz Cessak *(member)* Marcin Kolakowski *(alternate)* Magdalena Pajewska *(observer)*
Portugal	Rui Santos Ivo *(member)* Maria João Morais (*observer*)
Romania	Alexandru Velicu *(member)* Ada Georgescu *(observer)*
Slovakia	Zuzana Baťová *(member)*
Slovenia	Stanislav Primožič *(alternate)*
Finland	Esa Heinonen *(alternate)*

	Participants
Sweden	Catarina Andersson Forsman *(member)* Åsa Kumlin Howell *(observer)*
United Kingdom	Ian Hudson *(member)* Jonathan Mogford *(alternate)*
European Parliament	*Apology received from Björn Lemmer* *Apology received from Tonio Borg*
European Commission	Xavier Prats-Monné (DG SANTE) Carlo Pettinelli (DG GROW) Jerome Boehm (DG SANTE) *(observer)* Chloe Spathari (DG GROW) *(observer)*
Representatives of patients' organisations	Yann le Cam
Representative of doctors' organisations	Wolf Dieter Ludwig
Representative of veterinarians' organisations	*Apology received from Nancy de Briyne*
Observers	Runa Hauksdottir Hvannberg (Iceland) Brigitte Batliner (Liechtenstein) Audun Hågå (Norway)

European Medicines Agency	Guido Rasi Noël Wathion Agnes Saint-Raymond Alexis Nolte Anthony Humphreys Enrica Alteri Fergus Sweeney Ivo Claassen Melanie Carr Nerimantas Steikūnas Stefano Marino Zaide Frias Edit Weidlich Christine Bugge Anabela Marcal Juan Garcia Petri Paakkonen Tiago Freitas Monica Dias Marie-Agnes Heine Hilde Boone Silvia Fabiani Sophia Albuquerque