

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

Part II

The European Medicines Agency Road Map Implementation Plan

Chapter 1

Introduction

Reference is made to Part I, "The European Medicines Agency Strategy". In Part I the EMEA vision to 2010 is described, as well as the objectives to be achieved and the prerequisites to be fulfilled in order to allow the Agency to implement such vision.

The aim of Part II is to further elaborate on some key topics already mentioned in Part I and to specify the concrete actions the EMEA will undertake to reach its target. These actions will always strive, where relevant, for a further strengthening of the EU networking model. The Agency's actions will include

- (1) defining the conditions that need to be met with particular emphasis on the measures to be taken to allow the EU Regulatory System to acquire high-quality scientific resources, to permit the EMEA Secretariat to prepare itself for its extended role and responsibilities, and to agree the requirements from an IT perspective that need to be put in place,
- (2) establishing the changes to be introduced in the EMEA processes in order to allow rapid access to medicines, without compromising the safety of patients and users of medicines, and to stimulate research and innovation,
- (3) agreeing the additional measures to be taken for certain types of medicines, such as new technologies, veterinary medicines, generic and non-prescription medicines, and herbal medicines,
- (4) clarifying and putting in place the incentives to be provided for SMEs, strengthening the Agency's interaction with its stakeholders, and further developing the EMEA's international collaboration, and
- (5) applying the specific initiatives to be undertaken in the fields of scientific advice, scientific assessment, monitoring of medicinal products, transparency and communication, provision of information on human medicines to patients, and GXP (see Part II, Attachments 1-6).

Where relevant, an action plan is provided, consisting of an outline of the initiatives that will be undertaken to reach the objective(s), as well as estimated timeframes for finalisation of these activities.

Adequate follow-up will be provided through a yearly review of the agreed initiatives and, where appropriate, additional/amended actions will be introduced. In addition, before the end of 2006 detailed actions for the timeframe 2007-2010 will be proposed to the EMEA Management Board. Regular feedback on the status of the various initiatives will be provided to the EMEA Management Board and the European Commission.

Chapter 2

Implementation of the European Medicines Agency Vision in Terms of Organisation of the EU Regulatory System

2.1 The European Medicines Agency Networking Model

The Current Situation

The current EU Regulatory System for human and veterinary medicines is a unique concept. It provides for a network between all EU Regulatory Authorities, coordinated by the EMEA. One of the major inputs from the NCAs in this networking model is the provision of scientific resources at the level of the EMEA.

The EU Regulatory System covers 3 main activities in relation to medicines regulation, i.e. scientific assessment, monitoring of authorised medicines and harmonisation of the technical requirements for the evaluation and supervision of medicines. However, the system still allows for different licensing routes for human and veterinary medicines although optionality has further decreased due to the recently extended scope of the centralised procedure.

It should be emphasised that there are other fields of close cooperation between all EU Regulatory Authorities, such as in the field of IT because of the need to develop EU wide databases (e.g. EuroPharm, EudraVigilance, EudraCT).

The Establishment of a Network of Excellence

In order to implement the EMEA's vision a further strengthening of the partnership between all EU Regulatory Authorities is necessary, leading to the establishment of a network of excellence at EU level. The development of such network of excellence will provide the best guarantees for the EU Regulatory System to successfully cope with the political, institutional, legislative and scientific challenges such system will face in the next few years.

The architecture of the EU Regulatory System is characterised by 2 pillars:

- (1) A national component in terms of activities undertaken by NCAs in order to allow MSs to fulfil their national obligations (e.g. in the field of scientific assessment of national applications and the monitoring of all products on MSs' market, both in terms of pharmacovigilance activities and inspections).
- (2) An European component in terms of contributions made by NCAs through the provision of (scientific) expertise to pan-EU activities (e.g. the centralised licensing route and the decentralised procedure both for pre- and post-authorisation activities, arbitration and referral procedures, and harmonisation activities in terms of, for instance, guidance development).

It needs to be emphasised that the strength as well as the level of efficiency of the networking model will be determined by the weakest link. Efforts to reinforce the networking model at EU level will, therefore, concentrate on eliminating the weaknesses and reinforcing the strengths. In addition, such efforts will have to focus on both the national and the European pillars.

A further strengthening of the network will, however, require that a framework is developed which allows on one side MSs to have enough input to the EU Regulatory System to meet the public health accountability requirements for their citizens, and on the other hand the flexibility for MSs to participate on the different levels of such system according to their ambitions and/or possibilities. In any case, what is of utmost importance in further developing the network is to have available the right level of expertise and to use the scarce resources in the most effective way, hence avoiding unnecessary duplication of work.

In order to achieve a network of excellence at EU level a two-phase approach is envisaged. In a first phase the focus will be on a further strengthening of the overall quality of the system, hence benefiting all EU Regulatory Authorities, whereas the second phase will see the further evolution of the system into a gradual development of centres of assessment/specialised centres.

Phase 1: An enhancement of the overall quality of the EU Regulatory System

Any further development of the networking model should have as a major focus point a mutual increase of the quality of the regulatory activities throughout the EU. This will enable all EU Regulatory Authorities to maintain/further strengthen their system, both in terms of their national activities and their contribution to the European activities.

Prerequisites to be fulfilled are:

- The availability at EU level of top quality scientific expertise.

As has already been stated in Part I, "The European Medicines Agency Strategy", one of the strengths of the EU Regulatory System, i.e. to source expertise from whatever location in the EU, could also turn into a weakness, e.g. in terms of a scarcity of experts in some fields such as new therapies, and overcapacity in other fields due to a shift in workload and the EU enlargement.

A strengthening of the scientific competences at EU level is vital for the application of one scientific standard for the different licensing routes and enables the EU Regulatory Authorities to keep abreast of the constant developing state of the art.

In order to allow for the necessary top quality scientific resources at EU level, the following is needed:

- The establishment of an EU-wide up-to-date inventory of the available scientific expertise both for human and veterinary activities, and covering all aspects of medicines regulation.

The establishment of such inventory will require the NCAs to carefully review their lists of nominated experts already made available to the EMEA, and currently included in the Agency's experts database. It is important for NCAs to widen their pool of expertise and to consider all expertise available at their national level, including experts coming from academia and learned societies.

This will require, where needed, better cooperation and collaboration between Regulatory Authorities and academia/learned societies.

The establishment of an EU-wide inventory will allow the EMEA experts database to contain up-to date information on the best scientific expertise available at EU level. Such inventory will not only be a reliable source of information to the EMEA, but to all EU Regulatory Authorities, hence benefiting the overall EU Regulatory System. In order to facilitate the identification of the most appropriate expertise for any activity, the EMEA will take the necessary measures to further refine the EMEA experts database.

- Identification of missing/insufficient expertise at EU level.

Once such inventory has been established, an analysis will be undertaken of what fields lack adequate expertise and remedial actions will be taken.

This could include use of expertise coming from non-EU countries, e.g. the FDA/USDA (within the context of the Confidentiality Arrangements project) or from specific health organisations such as WHO.

- Adequate workload and resources planning at EU level.

Effective planning of workload and adequate (re-) allocation of resources is paramount to already successfully address difficulties currently encountered in the system, e.g. in relation to the scientific review, in the context of referral procedures, of classes of products further to emerging safety concerns; as regards the operation of the national pharmacovigilance systems (as became apparent in the “Questionnaire Survey of Pharmacovigilance Recourses”, a project initiated at Heads of Medicines Agencies level); in relation to the conduct of Good Clinical Practice (GCP) inspections in the framework of the centralised procedure (whereby a policy of routine inspections in the context of marketing authorisation applications can currently not be implemented). Facets to be considered in this respect relate to the fact that there will be areas that will be characterised by a scarcity of expertise and that a (re-) allocation of resources between the different activities (European versus national) should not lead to situations whereby some areas of medicines regulation would be deprived from necessary scientific resources.

Furthermore, although duplication of work and unnecessary use of resources should as much as possible be avoided, this needs to be balanced with an adequate use of resources in order to allow a further increase of the quality assurance in the field of medicines approval. Initiatives already undertaken at Heads of Medicines Agencies level to achieve this objective such as worksharing should, therefore, be further encouraged.

Therefore, in order to adequately tackle this complex situation, an EU-wide coordinated approach towards workload and resources planning is needed. This requires adequate follow-up at Heads of Medicines Agencies level through a yearly planning process of workload and resources once the EMEA's Management Board has agreed the Agency's draft Work Programme for the next year, in order to enable the EMEA to fulfil its tasks, supported by adequate resources provided by the NCAs.

- Strengthening of the competence development at EU level.

Of major importance for ensuring that the quality of expertise is maintained and further developed, is the provision of high quality training to the experts involved in the different aspects of human and veterinary medicines regulation.

Initiatives in this respect have already been undertaken at Heads of Medicines Agencies level. This resulted in the establishment in November 2001 of a project team whose mandate is to combine all available training programs for new and more experienced assessors on a cost effective basis in order to improve the harmonisation of the scientific assessment and to assist in an adequate knowledge acquisition. Building on this initiative there is a need to further integrate the training programmes of the EMEA and the NCAs and to strengthen the partnership amongst all EU Regulatory Authorities in the field of competence development. In this respect one needs to start discussions with academia and learned societies in order to allow such organisations to provide high-quality specialist training 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. The strengthening of the competence development at EU level requires the establishment of an EU Competence Development Strategy in order to optimise the EU training activities. Such EU Competence Development Strategy will need to be linked to two initiatives

mentioned above, i.e. the establishment of an EU-wide inventory of available scientific expertise and the adequate workload and resources planning at EU level. Such strategy will also need to consider the introduction of new efficient, time- and cost-saving training methods, such as distant teaching methods (e-learning).

- The availability at EU level of an adequate Quality Assurance System.

The need for a robust Quality Assurance System has already been advocated in Part I, "The European Medicines Agency Strategy". In Part I it is also emphasised that the requirements for good governance, good regulatory practices and integrated quality management will extend from the EMEA (i.e. the Secretariat, the Scientific Committees and their Working Parties) to the NCAs who provide scientific resources to the EMEA networking model.

In order to arrive at EU level at a coordinated approach to continuous quality improvement, the following is needed:

- The development of an EU Benchmarking System.

Initiatives have already started at Heads of Medicines Agencies level to establish such EU Benchmarking System. The proposals made at Heads of Medicines Agencies level foresee that the EU benchmarking system should consist of high-level indicators, supported by specific performance indicators to achieve the best practice standards. These proposals, which build on the methodology used for the Pan European Regulatory Forum (PERF) benchmarking exercise but incorporate refinements in the fields of greater consistency and clarity in decision making during the self-assessment and peer review stages of the exercise, will ultimately result in a regular cycle of benchmarking between all EU Regulatory Authorities. This will be complemented by the work of the Joint Audit Programme for GMP inspectorates (please also refer to Part II, Attachment 6).

- The strengthening of existing peer review systems.

As with all Quality Assurance systems it is important that a reinforcement of quality assurance in the field of medicines approval will add to the overall quality of the scientific assessment. Peer review systems are already in place at EU level for any scientific assessment carried out by a limited number of parties (e.g. Rapporteur/Co-Rapporteur for the centralised licensing process, Reference Member State (RMS) for the decentralised procedure, activities undertaken by the Supervisory MS in the context of inspections). However, the system could benefit from a further strengthening in this respect. As regards the centralised procedure this will be undertaken by revising the current peer review system. This should lead to a higher quality output and an increased scientific and regulatory consistency of the EMEA Scientific Committees' conclusions of the scientific review processes. For further details in relation to the scientific assessment undertaken at the level of the CHMP (Committee for Medicinal Products for Human Use) and the CVMP (Committee for Medicinal Products for Veterinary Use), please refer to Part II, Attachment 2. Similar approaches have to be implemented at the level of the HMPC.

- Continuing organisational improvements.

New Community legislation will provide for a series of changes in the field of medicines regulation with the particular aim of making effective and safe medicines faster available to patients and users of medicines. The EMEA's organisation as a network is also strengthened with a reinforced coordinating role for the Agency. There could, however, be a pitfall to such decentralised structure, mainly related to the complexity of the system. In

order to avoid the establishment of an insufficient system, clear roles and responsibilities need to be defined for all aspects of medicines regulation related to the EU Regulatory System. A particular challenge in this respect will be a common approach at EU level towards transparency and communication (please also refer to Part II, Attachment 4). In addition, a culture of continual process improvement needs to develop, leading to efficient procedures and avoiding duplication, hence ensuring the best use of the available resources. Furthermore, particular attention should be paid to the technical improvement of the system (see Part II, Chapter 2.3 “The European Union IT Strategy”, for further details).

Phase 2: The future organisation of the EU Regulatory System

Whilst the need to maintain and further improve the quality of the EU Regulatory System is acknowledged, one also needs to take into account the consequences stemming from the political, institutional, legislative and scientific developments as described in Part I “The European Medicines Agency Strategy”. A shift in workload for the licensing of innovative human and veterinary medicines towards the EMEA, no expected important growth in the number of applications for such innovative medicines over the next few years, the introduction of new technologies, and a sharp increase in the field of potential resource providers due to the recent EU enlargement, are four major factors that need to be taken into account. This has to be matched with the stronger demand for top quality scientific resources, arriving at robust decision-making at EU level.

The design of the future organisation of the EU Regulatory System, as a consequence of the most appropriate balance between the trends for the next years and the need for high-quality scientific expertise and output of the regulatory processes, requires a thorough reflection on the most efficient use of expertise available to the EU for the next decade. Two important questions need to be addressed in this respect:

- (1) How to best achieve the most efficient resource planning, after careful identification of the necessary resources?
- (2) How to best share the workload between the NCAs whilst avoiding unnecessary duplication of work, and what mechanisms should be put in place?

An initiative has already been undertaken by the EMEA through the “Questionnaire on fields of competences/interests at EU level”, circulated at Heads of Medicines Agencies level. The aim of such questionnaire is to explore at the level of the NCAs their preparedness to be involved in EMEA activities (such activities being scientific advice/protocol assistance, Rapporteur/Co-Rapporteur involvement pre- and post-authorisation, involvement in Working Parties, post-authorisation surveillance, inspections and OMCL analytical capabilities). The outcome of the survey has provided a better picture of MSs’ current approach to active contribution to all or certain angles of the EU Regulatory System and has shown a somewhat heterogeneous situation. Although in some areas an interest in active participation in EU activities has been expressed by NCAs (scientific advice/protocol assistance, referrals, inspections, OMCL capabilities), the workload that can be handled by these Regulatory Authorities differs significantly. Other areas (e.g. scientific evaluation work in the pre-authorisation phase) indicate a trend towards more specialisation.

It is expected that through a further strengthening of the quality of the EU Regulatory System, as described in Phase 1, which will benefit all EU Regulatory Authorities, one will see a natural evolution of the system and a gradual development over the next years in centres of assessment/specialised centres. The EMEA’s role in the shaping of such novel concept will only be to support its development, not to develop such structure as such since each NCA will have to decide what is the most adequate structure/organisation at national level to face the future challenges. Further discussions between all EU Regulatory Authorities are needed as regards the optimal

organisation of the future EU Regulatory System. The following considerations could be taken into account during these discussions:

- (1) There are different possibilities to implement the concept of centres of assessment. One possibility could be the establishment of 3 types of centres of assessment (full service providers, centres of assessment supporting a limited amount of European activities, hence acting as specialised centres, and NCAs only supporting national activities). A second possibility could be the establishment of centres of assessment, which would consist of at least 2 NCAs sharing a specialism. Such system would have as a benefit that it provides the possibility to continue the centralised review procedure in its current form. Another benefit would be that it empowers the network to operate by encouraging partnerships between EU Regulatory Authorities and make better use of the best scientific expertise available to such Authorities. A third possibility could be the so-called "Airbus-model" whereby NCAs specialise in parts of the scientific assessment.
- (2) Of particular importance will be how to select such centres of assessment. This warrants in-depth discussions involving all EU Regulatory Authorities in order to arrive at an agreement at EU level on the most appropriate selection process. To achieve the highest possible quality output should be the main driver for selection. The development of these centres can only succeed if the work is distributed according to expertise. Clear and transparent procedures need to be put in place for the provision of the best scientific expertise to the EMEA. Contractual arrangements should include adequate and sufficiently detailed indicators to measure the quality of the work undertaken by the selected providers of scientific expertise to the Agency.
- (3) The long-term consequences of partitioning the work through polarisation also have to be considered. The polarisation of excellence in assessment should not lead to differences in standards of assessment since this could lead to difficulties in recognition of the work performed by centres of assessment/specialised centres. Furthermore, it should not result in a monopolisation of scientific knowledge, as this could be a risk to the future EU Regulatory System, since the system would be deprived of challenge and competition. In addition, one needs to keep mechanisms for ensuring participation of NCAs at any moment in the system.
- (4) Another issue that needs to be considered relates to the question if it is possible for NCAs not to perform certain activities, not only from a purely legal perspective (i.e. compliance with legislation), but also from a scientific perspective (i.e. risk for NCAs to lose gradually the know-how in medicines).
- (5) The financing of the future system will be of utmost importance. Allocation of work should be independent of financial criteria and should continue to aim at ensuring a high level of scientific expertise. Furthermore, there should be fair compensation and the possibility to provide incentives to strengthen cooperation within the network should be investigated.
- (6) All aspects in relation to maintaining and further improving the quality of the system, as described under Phase 1, remain valid for the concept of centres of assessment/specialised centres. In addition, irrespective of the development of centres of assessment, there is also a need to explore how better to make use of all available expertise at EU level, since using scientific expertise across borders would create a more integrated network. This would provide smaller national Agencies with a better opportunity to contribute to the work to be performed at EU level.

Action Plan

In summary, in order to implement the EMEA's vision in terms of the establishment of a network of excellence at EU level, the following will be undertaken:

Action	Timeframe for Completion
<i>To enhance the overall quality of the EU Regulatory System</i>	
<ul style="list-style-type: none"> ▪ To ensure the availability at EU level of top quality scientific expertise by: <ul style="list-style-type: none"> - Establishing an EU-wide up-to-date inventory of the available scientific expertise for all aspects of human and veterinary medicines regulation. - Identifying missing/insufficient expertise at EU level. - Complementing missing/insufficient expertise with expertise from non-EU countries or specific health organisations. - Further refining the EMEA experts database. - Adequate workload and resource planning at EU level through follow-up discussions at Heads of Medicines Agencies level. - Strengthening the competence development at EU level by developing an EU Competence Development Strategy. 	<p>1st Quarter 2006.</p> <p>2nd Quarter 2006.</p> <p>4th Quarter 2006.</p> <p>3rd Quarter 2005.</p> <p>2nd and 4th Quarter of Each Calendar Year.</p> <p>2nd Quarter 2006.</p>
<ul style="list-style-type: none"> ▪ To ensure the availability at EU level of an adequate Quality Assurance System by: <ul style="list-style-type: none"> - Introducing an EU Benchmarking System: <ol style="list-style-type: none"> i) Developing such system. ii) Implementing such system. iii) Performing the 1st benchmarking cycle. iv) Evaluating the 1st benchmarking cycle. v) Subsequently performing regular cycles of benchmarking. - Strengthening the existing peer review systems. - Introducing additional organisational improvements, including defining clear roles and responsibilities for all aspects of medicines regulation in the EU Regulatory System. 	<p>1st Quarter 2005.</p> <p>1st Quarter 2005.</p> <p>2nd Quarter 2006.</p> <p>2nd Quarter 2006.</p> <p>Not Applicable.</p> <p>4th Quarter 2005.</p> <p>1st Quarter 2006.</p>
<i>To address the future organisation of the EU Regulatory System</i>	
<ul style="list-style-type: none"> ▪ To initiate discussions amongst all EU Regulatory Authorities on the preferred evolution of the EU Regulatory System on the basis of the replies to "The Questionnaire in fields of competences/interests at EU level". 	<p>1st Quarter 2005.</p>

2.2 The European Medicines Agency Secretariat

Key Principles

One of the main responsibilities of the EMEA through its Scientific Committees is to deliver science driven and consistent regulatory opinions on any aspects related to human and veterinary medicinal products.

In order to achieve this the EMEA provides technical and administrative support to its Scientific Committees and coordinates within the EU Regulatory System networking model the European scientific resources made available by the NCAs to the Agency, 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 EMEA Secretariat "shall provide technical, scientific and administrative support for the Committees". It should be emphasised that the enhancement of the Agency's scientific role not only relates to its 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. A major challenge resulting from new Community legislation will be the coordination to be undertaken by the EMEA with respect to the EMEA's Scientific Committees and other EU Institutions.

To adequately complete its tasks the EMEA will, as required in the new legislation, expand the scientific role of the Secretariat. The EMEA Secretariat will have a complementary role to the role of the experts from the NCAs, hence avoiding any duplication of work and overlap between the activities performed by the Secretariat and the work undertaken by the Scientific Committees' members and experts. The EMEA Secretariat, in close collaboration with its Scientific Committees, will focus on safeguarding the scientific and regulatory quality and consistency of the opinions and recommendations of such Committees. Consequently, the EMEA will further develop as a centre of quality control. Well-defined roles and responsibilities will be established with full respect of the new legislative provisions. This will also include clear guidance to the pharmaceutical industry as regards the Secretariat/pharmaceutical companies and Scientific Committees members and experts/pharmaceutical companies interactions. It should be noted that this has also been an outcome of the audit of the former Committee for Proprietary Medicinal Products (CPMP), conducted in July 2003.

Such increased input from the Secretariat in the work undertaken by the EMEA Scientific Committees 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. In the Units dealing with human medicines evaluation the current concept of Product Team Leaders throughout the lifecycle of medicinal products will be further strengthened to allow enhanced coordination during the assessment of such products. An analysis will be undertaken to determine what further organisational changes should be introduced at the level of the EMEA and, where relevant, a reorganisation will be implemented on the basis of the outcome of such analysis. The EMEA Scientific Administrator in charge of a particular medicinal product should be regarded as a facilitator for all parties involved in the regulatory process and should provide complementary input in the different steps of the procedure from scientific advice to marketing authorisation and post-authorisation, at the levels of the different Scientific Committees. In particular this will consist of the following non-exhaustive list of tasks to be undertaken within the new legislative framework, in addition to the current tasks performed by the EMEA Scientific Administrator:

- (1) Contributing to the quality assurance of the scientific review processes and ensuring the regulatory and scientific consistency of the outcome of such processes across applications through the EMEA's scientific memory of the deliveries of the Scientific Committees.

In particular the EMEA Scientific Administrator will facilitate the assessment performed by the Scientific Committees members and experts through the provision of the necessary data regarding scientific memory information on previous procedures, and regulatory advice or guidance given. Moreover, the EMEA Scientific Administrator, being responsible for the finalisation of the Scientific Committee assessment report, will ensure that all necessary justifications on the outcome of the scientific assessment is sufficiently substantiated in the final assessment report and accurately reflected in the product information. Consequently, the EMEA Secretariat will provide an important input to the peer review system, in terms of quality assurance and guardian of the regulatory and scientific consistency.

- (2) Assisting the Scientific Committees by identifying the needs for additional expertise and making proposals for such expertise to the Scientific Committees in order for the Committees to decide upon.

This will be of particular importance in relation to the EMEA's secretarial role for the Scientific Advisory Groups and the management of the procedure for the handling of safety concerns for centrally processed applications.

- (3) Assisting the Scientific Committees in decisions on the eligibility for accelerated review and conditional approval on the basis of criteria established by the Scientific Committees.

In particular, the EMEA Scientific Administrator will be responsible for making a reasoned recommendation to the Scientific Committee in order for the Committee to decide on the eligibility.

- (4) Further improving the information required for communication aspects to the EMEA's stakeholders as per the requirements of new Community legislation.
- (5) Investigating the impact of regulatory decisions and subsequently reporting the outcome of such monitoring to the Scientific Committees for adequate follow-up.
- (6) Increasing the support to the Scientific Committees in the development of guidance documents, whereby a similar level of support should be provided to the Scientific Committees and the Working Parties as during the assessment phase.

Particular attention will be paid to the fact that recommendations are scientifically substantiated and in compliance with legal requirements, that the feasibility aspect has been taken into account and that the consultation has been as wide as possible before new standards are set up.

As regards the EMEA Secretariat's extended tasks, reference is made to other activities to be undertaken as per new Community legislation. In accordance with such legislation the EMEA will play a particular role in ensuring early identification and resolution of potential sources of conflict between its scientific opinions and those of other bodies established under Community law, carrying out a similar task in relation to issues of common concern. Cooperation will also be extended to Environmental Protection Agencies (EPAs) in order to allow the EMEA to carry out its extended tasks in the field of evaluation of potential environmental risks for medicinal products containing or consisting of genetically modified organisms. The development of adequate guidance in the area of the risks to the environment will provide an important contribution to finding, understanding and eventually controlling possible environmental risks related to the use of human and veterinary medicines.

In addition, the following could be undertaken by the EMEA in order to strengthen the networking model:

- (1) The systematic organisation and coordination of training opportunities for NCAs' staff members (see Part II, Chapter 2.1 "The European Medicines Agency Networking Model").
- (2) The integration of knowledge of new technologies of drug development that may be pioneered within the academic and industrial sector into the EU Regulatory System in order to discuss the impact of new technologies (see Part II, Chapter 3.2 "Specific Needs for New Technologies").

The successful involvement of the EMEA 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. Hence the need for an adequate EMEA Recruitment and Competence Development Programme.

Action Plan

In summary, in order to implement the EMEA's vision in terms of the extended role of the EMEA Secretariat, the following will be undertaken:

Action	Timeframes for Completion
<ul style="list-style-type: none"> ▪ To establish clear roles and responsibilities for the EMEA Secretariat and the Scientific Committees members and experts, including the interaction with the pharmaceutical industry, taking into account the new Community legislation and the outcome of audits of the Scientific Committees. 	4 th Quarter 2005.
<ul style="list-style-type: none"> ▪ To analyse what further organisational changes should be introduced at the level of the EMEA in order to allow the Agency to successfully address the different challenges it will face. 	3 rd Quarter 2005.
<ul style="list-style-type: none"> ▪ To implement, where relevant, a reorganisation of the EMEA, taking into account the outcome of such analysis. 	1 st Quarter 2007.
<ul style="list-style-type: none"> ▪ To adapt the EMEA's recruitment and competence development programme to the new needs stemming from the implementation of new Community legislation and the EMEA Road Map project. 	3 rd Quarter 2005.

2.3 The European Union IT Strategy

Key Principles

Part I, "The European Medicines Agency Strategy", makes several references to the important role of modern IT systems as essential enabling tools to achieve some of the objectives described. The EU Regulatory System requires a particular family of information systems, the EU telematics systems. These are EU wide systems controlled jointly by the European Commission, the NCAs and the EMEA.

As set out in the document "Telematics in the Pharmaceutical Sector – Strategy Paper", these systems should

- (1) Facilitate the operation of the procedures as established in Community legislation. These procedures are mainly related to the authorisation and surveillance of medicinal products within the EU.
- (2) Make all NCAs work as part of a network, in order to achieve the objective of ensuring public and animal health.
- (3) Bring a real benefit for public and animal health.
- (4) Create and then enhance the transparency of the whole scheme and provide effective tools to disseminate information.
- (5) Create confidence and predictability for all parties and users involved.
- (6) Increase business efficiency.

Furthermore, one should concentrate on a few systems with a high European added value, with a clear legal basis and obligation at Community level.

The critical success factors are the early involvement of all stakeholders in the process of gathering and consolidating requirements and defining the system specifications, a partnership approach to the construction of the systems, awareness of the cost and resource implications for all parties involved, and careful consideration of interoperability issues between the EU telematics systems and systems operated at national level. It is also essential that the data exchange standards employed comply with those internationally agreed, e.g. by CEN, at ICH level and by WHO. Particular emphasis should be put to the identification of deficiencies and common difficulties and the subsequent adequate resolution of these issues.

The EU telematics systems correspond to the following key phases in the regulatory lifecycle of medicinal products:

- (1) EudraCT is a database containing information on all ongoing and completed clinical trials in the EU.
- (2) E-Submission is a system permitting the electronic submission, validation and evaluation of applications for marketing authorisation, eventually including full electronic workflow and tracking.
- (3) The communication and tracking system, CTS, is a system supporting the mutual recognition or decentralised procedure (it should be noted that the development of CTS is under the auspices of the Heads of Medicines Agencies).
- (4) EudraVigilance is a family of systems for electronic reporting, validation, processing and dissemination of information related to adverse drug reactions both during clinical trials and authorised use.
- (5) EuroPharm is a database containing authoritative information on all medicinal products authorised in the EU.
- (6) GMP database is a system for electronic reporting, storage and dissemination of information on the outcome of GMP inspections, authorised manufacturing sites and certificates of compliance with GMP.
- (7) EudraNet is a family of services to exchange and share information between the EU regulators securely, efficiently and reliably.

These systems are either already in operation (EudraNet, EudraVigilance, EudraCT) or under construction. Responsibility for the management of the development and operation of most of these systems was conferred on the EMEA by the European Commission and the NCAs in 2001. The EMEA's responsibility for several of these systems is also defined in the pharmaceutical legislation.

The EU telematics systems play a crucial role in attaining some of the EMEA's strategic goals between now and 2010. These are more efficient evaluation and authorisation procedures, early and reliable detection of significant safety signals, the role of the EMEA as an European hub in the collection and dissemination of information on medicinal products, transparency in procedures and outcomes, and the objective to provide patients with authoritative information on medicinal products in a language they can easily understand which would allow them to compare different products ("the informed patient").

The increasing use of electronic patient records, electronic prescription systems and the introduction of smart cards for patients will require the EU telematics systems to interact through defined interfaces with other systems in e-health.

The design, construction and implementation of the EU telematics systems is an ambitious task. It can only succeed if all stakeholders agree common goals and work closely together to achieve them.

Action Plan

In summary, in order to implement the EMEA's vision in relation to the EU IT Strategy, the following will be undertaken:

Action	Timeframe for Completion
<ul style="list-style-type: none"> ▪ To finalise the implementation of all currently identified EU telematics systems in close collaboration with the Agency's partners and stakeholders (in accordance with the EU Telematics Implementation Plan). 	4 th Quarter 2008.

2.4 The Funding of the European Medicines Agency Networking Model

Key Principles

Of major importance for a successful operation of the EMEA networking model will be an adequate funding of such model.

This should not necessarily translate in a continuing increase of the costs of the networking model. Through an improved efficiency of the EU Regulatory System it should be possible to arrive at substantial savings.

The current funding of the EMEA networking model foresees in a Community subsidy and fees paid by the pharmaceutical industry for services provided. This funding model will continue in the future, but it needs to be emphasised that new Community legislation has made an explicit reference to adequate public funding in the fields of activities relating to pharmacovigilance, to the operation of communication networks and to market surveillance.

Any discussion with the EU Institutions on the future funding of the Agency will have to take into account this legal provision on collateral funding. In the meantime, discussions with MSs on the EMEA networking model are continuing and focus on:

- (1) Determining the actual cost of evaluation.

This work, which is undertaken at the level of the costing group constituted by the Agency's Management Board, will further progress over the next months.

(2) Reflecting on the long-term financing of the system.

This work is undertaken by a reflection group also constituted by the Management Board. Its scope is to look, within the context of MSs' contribution to EMEA activities, at issues related to compensation with emphasis on which activities carried out by MSs should be compensated and which not, in the light of new Community legislation.

Once the discussions in both fora are finalised it will ultimately allow to address the question if a different compensation for NCAs should be foreseen.

Action Plan

In summary, in order to implement the EMEA's vision in terms of the funding of the EMEA networking model, the following will be undertaken:

Action	Timeframe for Completion
▪ To finalise the discussions at the level of the costing group and the reflection group on the long-term financing.	3 rd Quarter 2005.
▪ When considered appropriate, to establish a revised compensation scheme for NCAs for discussion at the level of the EMEA Management Board.	1 st Quarter 2006.
▪ To subsequently implement a revised compensation scheme for NCAs.	1 st Quarter 2007.

Chapter 3

Implementation of the European Medicines Agency Vision in Terms of the EMEA Processes

3.1 Innovative Medicines

Key Principles

In order to make much-needed safe and effective innovative medicines quicker available to patients and users of medicines, the EMEA will use a two-pillar approach. A first pillar addresses improvements to the current regulatory licensing framework. In this respect the Agency will implement new tools provided by revised Community legislation. This mainly relates to a revised scientific advice procedure, the possibility for accelerated evaluation and the granting of conditional approvals. These concepts resulting in a more rapid access to innovative medicines will be complemented by the Agency with a continuous search for additional process improvements, contributing to an increased efficiency of the operation of the centralised licensing process.

The second pillar relates to research and innovation. The EMEA aims, as stated in its vision (please refer to Part I, "The European Medicines Agency Vision"), within the context of a continuing globalisation, to encourage and facilitate innovation and research in an enlarged EU. Such vision is in line with the G10 Recommendations of the High Level Group on Innovation and the Provision of Medicines, and takes into account both the Competitiveness Council Conclusions of 22 September 2003 and the Health Council Resolution of 1 and 2 December 2003. Furthermore, any initiatives taken should also take due account of the Lisbon strategy for economic, social and environmental renewal and the European Commission's vision on life sciences and biotechnology resulting from the 23 and 24 March 2000 Lisbon European Council Conclusions. The Lisbon strategy is of relevance for the EMEA taking into account its interaction with the pharmaceutical industry and the Agency's important role in enabling the pharmaceutical industry to achieve the objective of industrial competitiveness.

There are several G10 Recommendations for which the active involvement of the Agency will be required. This mainly refers to the implementation of new Community legislation in the field of access to innovative medicines (e.g. the accelerated evaluation procedure, the extended scope of the mandatory centralised procedure, the new data exclusivity scheme) and in the field of incentives for research (e.g. the setting-up of the EudraCT database). There are, however, other G10 Recommendations where the EMEA can provide a valuable input and can assist the European Commission in addressing such recommendations.

First pillar: Introduction of improvements to the current regulatory licensing process

New legislative tools aiming for an expedited approval of innovative medicines mainly refer to:

- A further improvement of the scientific advice procedure.

New Community legislation requests the EMEA Executive Director, in close consultation with the EMEA Scientific Committees, to set-up the necessary administrative structures and procedures allowing the development of advice for the pharmaceutical industry, especially as regards the development of new therapies.

A revision of the scientific advice procedure will be undertaken and additional features will be included to allow for a strengthening of the provision of scientific advice (please refer to Part II, Attachment 1).

To overcome delays in the clinical development of medicinal products for which orphan drug designation has already taken place, particular emphasis will be put on a further improvement of the protocol assistance process.

- The introduction of an accelerated assessment procedure, hence shortening the scientific review to 150 days.

Building on the experience obtained with the current informal accelerated review process, the EMEA will define clear eligibility criteria for an accelerated assessment. Subsequently, as per the reinforced scientific role of the EMEA Secretariat (please refer to Part II, Chapter 2.2 “The European Medicines Agency Secretariat”), the EMEA Scientific Administrator will assess the eligibility for accelerated review for a particular marketing authorisation application and provide a reasoned recommendation to the EMEA Scientific Committee for decision-making.

- The introduction of the conditional approval concept.

Further to the introduction of a new marketing authorisation concept and the availability of implementing legislation drafted by the European Commission, the EMEA will develop guidelines on the procedural steps necessary to implement Community legislation.

The Agency will pay particular attention to the availability of adequate post-authorisation systems for the collection of real-life data on the benefits and risks associated with the use of the medicinal product. The EMEA will also carefully consider the involvement of patients associations in the recommendations for granting or renewing conditional approvals, as well as converting conditional approvals into “normal” approvals or taking any negative action on such conditional approvals. Finally, the Agency will take the necessary measures in order to provide adequate information to the general public on any action taken in relation to conditional approvals.

- The involvement of specialised expertise.

New Community legislation provides for the establishment of Scientific Advisory Groups which will be involved in the scientific evaluation process. The EMEA will create Scientific Advisory Groups for each of the therapeutic domains for which the centralised licensing route will become mandatory. In addition, the Agency will investigate, taking into account the experience gathered with the establishment of the Therapeutic Advisory Groups under the previous legislative framework, what process improvements compared to the previous situation should be introduced. The EMEA will also review the involvement of other specialised expertise in the scientific evaluation process, e.g. in the context of the handling of safety concerns for centrally processed applications, to introduce further process improvements.

- The management of the compassionate use procedure.

New Community legislation provides the opportunity for the EMEA to be involved in the compassionate use concept further to the notification by a MS in situations whereby a medicinal product, eligible for evaluation under the centralised procedure and fulfilling certain criteria, is made available by a MS for compassionate use.

The Agency will establish a procedure for the adoption of opinions by its Scientific Committee, the CHMP, on the conditions for use and distribution and the patients targeted. Furthermore, the necessary measures will be taken as regards the pharmacovigilance aspects and the public availability on the EMEA website of an up-to-date list of all opinions adopted. Particular attention will also be paid, through the provision of adequate information to patients and health care professionals, to those medicinal products in the compassionate use scheme for

which a negative opinion on a marketing authorisation application has been given or for which the application has been withdrawn by the pharmaceutical company concerned.

The introduction of the new legislative provisions, as outlined above, will be complemented with a process of continuous improvement of the centralised procedure, hence resulting in an increasingly efficient licensing route. In order to achieve this objective the EMEA will undertake the following actions:

- The EMEA will launch, as a pilot process, a rolling review concept for certain applications, which will consist of the submission by the pharmaceutical industry of well defined packages of responses (e.g. quality package, pre-clinical package, clinical package) as a reply to the list of questions adopted by the Scientific Committee. Although it is acknowledged that the overall time reducing effect will be rather minimal, this concept could increase the quality of the information submitted. Furthermore, if the experience obtained during the pilot project is positive, it could be extended to all applications for marketing authorisation processed centrally and it could also be an incentive for any future legislative proposals to introduce a real rolling review concept in the centralised procedure.
- The EMEA will look into other process improvements, of a scientific/regulatory nature such as the handling of invented names of human medicines, up to the provision of adequate product information (e.g. the handling of translations).
- The Agency will also investigate if specific measures need to be envisaged for certain classes of products such as vaccines (by striving to find a better balance between national and EU desiderata, building on the achievements obtained at the level of the Vaccine Experts Group), and orphan drugs (through continuous and sustained efforts in terms of increased transparency, better information to patients, etc.).

Second pillar: Stimulation of research and innovation

Several initiatives in order to stimulate research and innovation have already been taken by the European Commission's responsible services, further to the G10 Recommendations, and both the Competitiveness Council Conclusions and the Health Council Resolution, hence facilitating the availability of medicines to treat incurable diseases or diseases that can not be treated effectively.

Of particular importance in this respect is the promotion of the scientific and technological research on medicines for such diseases by developing adequate policies to facilitate the co-operation of public and private organisations with academia and other research institutions and to better bridge basic and applied research. Actions are being undertaken in the context of the 6th Framework Programme. This also relates to the establishment of European Virtual Institutes of Health in the context of the 7th Framework Programme in order to coordinate research and to provide for a greater coherence between public health needs and research activities.

The EMEA is committed to provide adequate support to the European Commission with respect to the actions to be undertaken in the context of the above initiatives. The Agency can take the following actions to provide adequate information to the European Commission in its execution of initiatives to further encourage and facilitate innovation and research:

- The identification of areas where further research is needed.
The EMEA can operate as a platform, bringing all stakeholders together, including academia and patients organisations, initiating discussions on what areas require further applied research.

- The initiation of joint discussions between the EMEA Scientific Committees, academia and pharmaceutical industry, on innovative approaches for the development of medicinal products.

The EMEA, acting as a platform for all stakeholders, can provide reinforced support to the pharmaceutical industry as regards the requirements to be met for drug development. This will be of particular importance in relation to the experimental work to be undertaken in the field of new therapies. These discussions could also explore if the regulatory requirements could be adapted without compromising the safety of patients. As a consequence an ongoing dialogue on the development of new medicines would be started, resulting in a closer relationship between the academic research and the drug development by the pharmaceutical industry.

All the above initiatives to be undertaken by the EMEA, which mainly concentrate on an acceleration of the drug clinical development and the regulatory approval time, without compromising the safety of patients, will be incorporated in a formal package of measures. This will constitute the EMEA Strategy on Fast Track with the ultimate aim to allow for expedited approval of safe and effective breakthrough therapies for unmet medical needs, hence speeding-up the availability of such innovative medicines.

In the veterinary sector the situation will be monitored during the following years with a view of phasing in certain initiatives, as outlined above, as the need arises.

Action Plan

In summary, in order to implement the EMEA's vision in relation to innovative medicines, the following will be undertaken:

Action	Timeframe for Completion
<i>To develop an EMEA Strategy on Fast Track</i>	
<ul style="list-style-type: none"> ▪ To introduce improvements to the current regulatory licensing process by: <ul style="list-style-type: none"> - Implementing the new legislative tools provided by revised Community legislation in relation to the introduction of an accelerated assessment procedure, the introduction of the conditional approval concept, the involvement of specialised expertise, and the management of the compassionate use procedure. - Complementing such legislative provisions with additional process improvements, e.g. the introduction of a rolling review concept for the submission of well defined packages of pharmaceutical companies' responses to the lists of questions. - Exploring other process improvements related to the centralised procedure, e.g. in the fields of the evaluation of invented names of human medicines, the handling of translations of product information, etc. - Investigating if specific measures need to be undertaken for certain classes of products (vaccines, orphan drugs). 	<p>4th Quarter 2005.</p> <p>1st Quarter 2007.</p> <p>4th Quarter 2005.</p> <p>2nd Quarter 2007.</p>

Action	Timeframe for Completion
<ul style="list-style-type: none"> ▪ To stimulate research and innovation by: <ul style="list-style-type: none"> - Assisting the European Commission's responsible services in the follow-up to the G10 Recommendations, both the Competitiveness Council Conclusions and the Health Council Resolution and the 7th Framework Programme by providing adequate information to the European Commission through the: <ul style="list-style-type: none"> i) Initiation of discussions on what areas require further applied research. ii) Initiation of joint discussions between all stakeholders on innovative approaches for the development of medicinal products. 	<p>2nd Quarter 2005.</p> <p>4th Quarter 2005.</p>

3.2 Specific Needs For New Technologies

Key Principles

New technologies or therapies include cell and gene therapy, xenotransplantation, nanotechnologies, anti-sense molecules, tissue engineering, pharmacogenomics, etc. New approaches to manufacturing and control methods also need to be addressed. The particular challenges which relate to the introduction on the market of these new technologies have already been highlighted in Part I, "The European Medicines Agency Strategy". These challenges are of a legal, regulatory and scientific nature.

Initiatives have already been undertaken by the EMEA, resulting in the establishment of several CHMP Ad hoc groups, such as the EMEA/CHMP Ad hoc Gene Therapy Expert Group, the CHMP Ad hoc Expert Group on Pharmacogenetics and the EMEA Process Analytical Technology (PAT) team. The establishment of other groups (e.g. a CHMP Cell Therapy Working Party) is currently under discussion. In addition, other activities have started such as a discussion on preclinical and clinical issues in relation to the comparability of biotechnology products.

The EMEA has also prepared itself internally to face the challenges surrounding new technologies, and has created an EMEA Innovation Task Force. Such Task Force is focussing on those innovative medicinal products for which there is not an established EMEA experience as regards technical requirements and assessment, and for which technical and legal aspects need to be clarified. A classification procedure, involving the CHMP for those innovative products with borderline features has been established in order to assess their status and the applicability of pharmaceutical Community legislation. Furthermore, a forum for early dialogue through briefing sessions will be provided to sponsors, including SMEs. Dedicated and up-to-date information on EMEA activities in relation to emerging therapies and technologies will be made available on the EMEA website to provide easy access to published EMEA documents on advanced medicinal products and to provide interested parties links to EMEA procedures relevant to this field.

Building on these achievements, the EMEA will further strengthen its network with academia and learned societies. In order to be able to successfully address all challenges stemming from these new technologies, the Agency will further expand its scientific capabilities for keeping up-to-date with new technologies by developing, in close cooperation with its Scientific Committees, a "Strategic Plan for New Technologies". In order to establish such a plan the EMEA will facilitate the exchange

of scientific expertise between the Agency and academia / learned societies and will bring together the best expertise available at EU level (coming from NCAs, academia, learned societies and the pharmaceutical industry) to discuss the challenges related to new technologies. This should ultimately result in the development of new/amended guidance documents and facilitate the development of such new therapies. Furthermore, as already indicated in Part II, Chapter 2.1 “The European Medicines Agency Networking Model”, particular attention should be paid to adequate competence development in this field and the Agency will look for active contributions from academia and learned societies in the provision of training to staff from EU Regulatory Authorities.

As regards the situation in the veterinary sector the situation will be monitored over the next years. This could lead to phasing in some initiatives, as described above, as the need arises.

Action Plan

In summary, in order to implement the EMEA's vision in relation to the specific needs for new therapies, the following will be undertaken:

Action	Timeframe for Completion
<ul style="list-style-type: none"> ▪ To provide dedicated information on emerging therapies and technologies on the EMEA website. 	3 rd Quarter 2005.
<ul style="list-style-type: none"> ▪ To implement the classification procedure for borderline products. 	1 st Quarter 2005.
<ul style="list-style-type: none"> ▪ In close cooperation with the EMEA Scientific Committees, to initiate discussions with top quality expertise coming from NCAs, academia, learned societies and pharmaceutical industry, on all challenges related to new technologies. 	1 st Quarter 2006.
<ul style="list-style-type: none"> ▪ To subsequently establish a “Strategic Plan for New Technologies”. 	2 nd Quarter 2007.
<ul style="list-style-type: none"> ▪ To further organise adequate competence development in the field of new technologies for staff from EU Regulatory Authorities through involvement of academia and learned societies. 	4 th Quarter 2006.

3.3 Specific Needs for Veterinary Medicines

Key Principles

In addressing the specific needs of the veterinary sector over and above ensuring the authorisation of veterinary medicines to the highest standards of quality, safety and efficacy, attention must be focussed on the availability of medicines. This is recognised as a major issue in that there are significant therapeutic gaps in the supply of medicinal products for minor species and to a lesser extent for minor use in major species.

The EMEA will continue to advance the principles set out in the CVMP Paper on Availability of Medicines for Minor Uses and Minor Species to consider the practical implementation of the recommendations. These will include possibilities for adapting data requirements to facilitate authorisation, provisional authorisation and collaboration with MSs to ensure a harmonised approach to the authorisation of such medicines. In particular there will be continued cooperation with the MSs and other Interested Parties, as well as an ongoing dialogue with the European Commission to establish a

priority list of essential products which can become the focus of future initiatives to facilitate greater availability.

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 MSs, 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 issues such as the potential developments in antimicrobial resistance in man and animals, with speculation about the significance of the use of antimicrobials in companion animals. In order to address these concerns a CVMP Scientific Advisory Group on Antimicrobial Resistance has been established. 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 medicines will come under sharp focus, particularly in the case of veterinary medicines where a risk assessment for each authorised medicinal product is now required under the new Community legislation.

Provision of adequate information to both health care professionals, especially veterinarians, and users of medicines is of utmost importance. The establishment of the EuroPharm database which will also contain information on all veterinary medicines authorised in the EU will enable veterinarians to see what medicines are available in the EU for application of the cascade, which will also facilitate actions to address the problem of availability of veterinary medicines.

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 EMEA will continue its commitment to optimise Good Pharmacovigilance Practice for veterinary medicines, building on the initiatives that are currently underway in partnership with the MSs. The further development of the veterinary pharmacovigilance system in the EU will require continuing discussions and cooperation with all stakeholders. Such close collaboration with the MSs should lead to the implementation of the European Surveillance Strategy, which is currently being developed at Heads of Agency level. There is a need to increase the awareness of the veterinarians to the importance of reporting adverse drug reactions and discussions will continue with the Veterinary Profession as to how to achieve this. However, one should bear in mind that veterinary adverse drug reaction reporting must remain proportionate to the risk. In addition, incentives for reporting should be given to health care professionals such as feedback on the information provided.

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.

Action Plan

In summary, in order to implement the EMEA's vision in relation to the specific needs for veterinary medicines, the following will be undertaken:

Action	Timeframe for Completion
<ul style="list-style-type: none">▪ To finalise discussions with all involved parties on the establishment of a priority list of agreed essential veterinary medicines for minor uses/minor species, and further initiatives on the availability issue.	4 th Quarter 2005.
<ul style="list-style-type: none">▪ To arrive at recommendations at the level of the CVMP Scientific Advisory Group on Antimicrobial Resistance, in such meeting the regulatory challenges ahead in the animal sector on the potential growth in antimicrobial resistance, and to provide further guidelines on testing.	4 th Quarter 2005.
<ul style="list-style-type: none">▪ To evolve the European Surveillance Strategy in close collaboration with NCAs by further identifying additional measures to maximise risk management for veterinary medicines.	1 st Quarter 2006.

3.4 Generic and Non-Prescription Medicines

Key Principles

The EMEA's involvement in the field of generic and non-prescription medicines has until now been limited and restricted to the evaluation of medicines referred to the Scientific Committees in order to review emerging quality, safety, and/or efficacy concerns for authorised products or classes of products, or to harmonise the product information of such medicines.

The expiry of the 10 year protection period for centrally authorised products, the extended scope of the centralised procedure as a consequence of the implementation of new Community legislation, as well as the possibility of switching the legal status for certain centrally licensed products, marks the start of a new era for the Agency.

Discussions have already started with the pharmaceutical industry (in the field of both generic and non-prescription medicines) on the particular challenges the EMEA will face in this respect. The Agency will look to benefit from the experience obtained by the NCAs in these fields. In particular, the EMEA will have to prepare for issues in relation to bioequivalence for generic medicines containing chemical entities, specific issues surrounding biosimilar generics (e.g. comparability), tradename concerns, etc., resulting in possible legal challenges. Consequently, the EMEA will closely follow all legal aspects in relation to the submission of generics and will ensure that appropriate guidance from its Scientific Committees is available as to biosimilar medicinal products. As regards non-prescription medicines, the need to revise existing criteria with respect to the switching of the legal status for centrally authorised products needs to be investigated in close collaboration with the European Commission.

Action Plan

In summary, in order to implement the EMEA's vision in relation to generic and non-prescription medicines, the following will be undertaken:

Action	Timeframe for Completion
<ul style="list-style-type: none">To start to set-up the necessary framework for the handling of generic applications containing chemical entities.	1 st Quarter 2005 (veterinary medicines). 4 th Quarter 2005 (human medicines).
<ul style="list-style-type: none">To implement process improvements for generic medicines where necessary.	4 th Quarter 2006.
<ul style="list-style-type: none">To investigate in close collaboration with the European Commission the need to revise the existing criteria for switching the legal status for centrally authorised products.	2 nd Quarter 2006.
<ul style="list-style-type: none">Where relevant, to subsequently implement such revised criteria.	2 nd Quarter 2007.

3.5 Herbal Medicines

Key Principles

New Community legislation on herbal medicinal products has significantly increased the EMEA's role in this field. The most visible consequence has been the establishment of the new Scientific Committee, the HMPC. The Agency will provide adequate support to the HMPC to enable it to fully implement the new legal provisions and to support initiatives that contribute to the successful and optimal functioning of the Committee.

Important tasks are allocated to the HMPC; the implementation of the new legislation requires the establishment of Community standards for herbal medicines. The list of traditional herbal substances drafted by the HMPC and subsequently published by the European Commission will form the basis for national decisions on the registration of traditional herbal medicines. Community herbal monographs published by the EMEA may be the basis of national registrations or marketing authorisations for herbal medicines.

Another task for the HMPC will be the continuing development and revision of guidelines aiming to harmonise requirements related to the quality, safety and efficacy of herbal medicines. In addition, in relation to the development of guidance for herbal medicines, a strengthening of the interaction with the WHO traditional medicines programme needs to be undertaken.

The new Community herbal monographs as well as the list of traditional herbal substances will not only greatly facilitate decision-taking both at EU and national level. In addition, they provide a new area of shared responsibilities between the EMEA and NCAs that act as (Co)-Rapporteurs. Whereas such (Co)-Rapporteurships will request increased specific expertise in this area, it will also save scientific resources at EU level.

Action Plan

In summary, in order to implement the EMEA's vision in relation to herbal medicines, the following will be undertaken:

Action	Timeframe for Completion
▪ To set-up the framework for the operation of the HMPC to take account of the full implementation of new Community legislation.	4 th Quarter 2005.
▪ To strengthen the interaction with the WHO traditional medicines programme.	4 th Quarter 2006.

Chapter 4

Implementation of the European Medicines Agency Vision in Terms of the Provision of Incentives for Small and Medium-sized Enterprises

Key Principles

New Community legislation provides for incentives to be given to SMEs through the payment of reduced fees or deferred fees, and the receipt of administrative assistance. Implementing legislation drafted by the European Commission further specifies under what circumstances such companies may benefit from these incentives. Furthermore, the preamble to Regulation (EC) No 726/2004 of the European Parliament and of the Council states that provisions should be adopted to allow for taking over the responsibility for translations of product information. Incentives to be given to SMEs in the pharmaceutical sector will correspond to the general EU policy of supporting SMEs (please refer to Commission Recommendation 2003/361/EC of 6 May 2003).

As regards the support provided by the EMEA to SMEs, it should be emphasised that the Agency has already taken initiatives, mainly relating to the fields of orphan drugs and EudraVigilance (i.e. development of EVWEB, the user friendly electronic reporting tool for adverse drug reactions). The EMEA will complement such initiatives by an adequate implementation of new Community legislation on incentives for SMEs.

Therefore, the EMEA's initiatives will relate to

- (1) The payment of reduced or deferred fees by SMEs.
- (2) The provision of administrative assistance which shall concentrate on
 - The organisation by the EMEA of the translation of the product information, provided by the company in the English language, into all other EU languages.
 - The proactive provision by the EMEA of regulatory, legal and scientific advice on the preparation of the marketing authorisation application dossier.
 - The publication of practical guidance on the different issues of relevance to SMEs.
- (3) The establishment of a dedicated structure at the EMEA, to adequately manage all aspects in relation to SMEs.

In addition, the EMEA will explore, in accordance with Community legislation, which incentives can be provided to companies in the veterinary sector, in the case of veterinary medicines which have limited markets or which are intended for diseases with a regional distribution.

Action Plan

In summary, in order to implement the EMEA's vision in terms of provision of incentives for SMEs, the following will be undertaken:

Action	Timeframe for Completion
<ul style="list-style-type: none"> ▪ To implement the new legislative provisions in relation to financial incentives for SMEs. 	4 th Quarter 2005.
<ul style="list-style-type: none"> ▪ To start the establishment at EMEA level of a dedicated structure to adequately manage all aspects in relation to SMEs. 	4 th Quarter 2005.
<ul style="list-style-type: none"> ▪ To initiate the publication of practical guidance for SMEs. 	1 st Quarter 2006.

Action	Timeframe for Completion
<ul style="list-style-type: none">▪ To explore which incentives can be given to certain enterprises in the veterinary sector in order to provide assistance to these companies requesting authorisation of products for limited markets or intended for diseases with a regional distribution.	4 th Quarter 2005.

Chapter 5

Implementation of the European Medicines Agency Vision in Terms of Interaction with the Agency's Stakeholders

Key Principles

The interaction between the EMEA and its stakeholders relates to patients and users of medicines, health care professionals, academia, learned societies and the pharmaceutical industry. The interaction with the pharmaceutical industry has been well developed since the establishment of the EMEA in 1995, especially the interaction with the innovative medicines pharmaceutical industry. As regards the interaction with the other stakeholders, this has until now been somewhat heterogeneous, with well-developed interactions in the veterinary sector and the orphan drugs field. As regards the interaction with patients, an important achievement was made in 2003 further to the establishment of an EMEA/CHMP Working Group with Patients' Organisations.

Over the next years the EMEA will reinforce its interaction with all its stakeholders in order to meet, as much as possible, the stakeholders' expectations. Therefore, the following will be undertaken:

In relation to the interaction with the pharmaceutical industry

The Agency's interaction with the pharmaceutical industry has, since the establishment of the EMEA, been very well developed through regular workshops and infodays with the innovative pharmaceutical industry, covering all aspects of human and veterinary medicines legislation. This resulted in the establishment of a system of performance indicators whereby at a yearly interval the EMEA's performance, both in terms of the EMEA Secretariat and its Scientific Committees, was measured.

Following the extended scope of the centralised procedure, the EMEA will further progress its interaction in the field of human medicines with the innovative medicines pharmaceutical industry and build up a similar interaction with the generic and non-prescription medicines pharmaceutical industry.

As already highlighted in Part II, Chapter 2.2 "The European Medicines Agency Secretariat", there is a need to clearly describe the interaction between the EMEA Secretariat and the pharmaceutical industry and between the EMEA Scientific Committees members and experts and the pharmaceutical industry. In order to prevent any unacceptable pressure a Best Practice Guide will be developed.

In relation to the interaction with patients and users of medicines

The issue of how the EMEA should further progress its interaction with patients has been addressed at several fora, primarily at the level of the Committee on Orphan Medicinal Products (COMP) and the EMEA/CHMP Working Group with Patients' Organisations. The discussions at the level of the EMEA/CHMP Working Group resulted in a wide range of recommendations which have been subject to a consultation exercise with the Agency's partners and stakeholders. The comments made during the consultation on the patients' recommendations are currently being discussed. In any case, it can be stated that the usefulness of patients' involvement has been demonstrated in the field of orphan drugs. Such involvement will be further developed, both in the context of the licensing of medicines and guidance development. As regards guidance development, patients associations will be included in the consultation exercise. In the field of licensing of medicines, patients associations will be invited to participate in the checking of the quality of product information in the context of the EMEA's expanded role as per new Community legislation. The issue of direct involvement in the scientific review process will be further discussed at the level of the Working Group. Such Working Group, who should become a permanent Working Party of the CHMP, will have to consider a number of complex issues, such as which patients associations should be involved at the level of the Working Party (the need for the establishment of a directory of patients groups has been identified), if and how patient

representatives involved in EMEA activities can share confidential information with their associations, what kind of training should be provided to patient representatives, etc.

In relation to health care professionals

Efforts to increase the collaboration with human and veterinary health care professionals will further concentrate on the availability of up-to-date targeted information on medicines evaluated by the EMEA and how to best communicate such information. This will be reflected in the EMEA Transparency and Communication Strategy (please refer to Part II, Attachment 4). Provision of adequate information to health care professionals will require close collaboration with Health Care Professionals Associations and NCAs. Furthermore, in view of the establishment of the EuroPharm database and its importance as an information provider to health care professionals, appropriate consultation with health care professionals on the design of EuroPharm will be initiated. Another important area of interaction with health care professionals will be pharmacovigilance and how to more actively involve health care professionals in the monitoring of medicinal products, hence stimulating the reporting of adverse drug reactions. This will require active involvement of health care professionals in the further development of the EudraVigilance project in terms of electronic reporting tools for health care professionals and access to the database.

In relation to academia and learned societies

There is a significant potential for all EU Regulatory Authorities to strengthen their interaction with academia and learned societies, resulting in a stronger EU regulatory network, involving all top quality scientific expertise available at the level of the EU. The EMEA will focus on the following areas of collaboration:

- (1) Incorporation of expertise coming from academia and learned societies in the pool of expertise available at EU level (please refer to Part II, Chapter 2.1 “The European Medicines Agency Networking Model”). This will result in the establishment of an EU-wide up-to-date inventory which can be used in the context of the scientific review processes (ranging from scientific advice to post-authorisation).
- (2) Strengthening the systematic involvement of academia and learned societies in the development of guidance documents. This requires the availability of adequate communication channels between the EMEA and the various academia and learned societies.
- (3) Provision by academia and learned societies of high-quality specialist training to the EMEA and the other EU Regulatory Authorities. This should include the different stages of drug development and should particularly concentrate on white spots such as emerging therapies. Please also refer to Part II, Chapter 2.1 “The European Medicines Agency Networking Model”.
- (4) Initiation of discussions with academia/learned societies on the areas which require further research. This will enable the identification of areas where further applied research is needed. Please also refer to Part II, Chapter 3.1. “Innovative Medicines”.
- (5) Participation in joint discussions between the EMEA Scientific Committees and the pharmaceutical industry on innovative approaches in order to provide reinforced support to the pharmaceutical industry as regards drug development (see also Part II, Chapter 3.1. “Innovative Medicines”).
- (6) Broadening the concept of experts on secondment by strengthening the secondment from experts coming from academia and learned societies to the EMEA and introducing secondment from EMEA Scientific Administrators to such organisations.

Action Plan

In summary, in order to implement the EMEA's vision in terms of interaction with its stakeholders, the following will be undertaken:

Action	Timeframe for Completion
<ul style="list-style-type: none"> ▪ To strengthen the interaction with the pharmaceutical industry in the field of human medicines by: <ul style="list-style-type: none"> - Further progressing the interaction with the innovative medicines pharmaceutical industry by discussing the implementation of new Community legislation and the continuing improvements to all EMEA processes. - Initiating/strengthening discussions with non-prescription and generic medicines pharmaceutical industry. 	<p>3rd Quarter 2005.</p> <p>2nd Quarter 2005.</p>
<ul style="list-style-type: none"> ▪ To complete the reinforcement of interaction with pharmaceutical industry (and other stakeholders) in the field of veterinary medicines. 	<p>3rd Quarter 2005.</p>
<ul style="list-style-type: none"> ▪ To clearly describe the interaction between the EMEA Secretariat and the pharmaceutical industry and between the EMEA Scientific Committees and the pharmaceutical industry by developing a Best Practice Guide. 	<p>2nd Quarter 2006.</p>
<ul style="list-style-type: none"> ▪ To strengthen the interaction with patients by: <ul style="list-style-type: none"> - Finalising the recommendations made by the EMEA/CHMP Working Group with Patients' Organisations. - Implementing the recommendations impacting on the EMEA (including those recommendations which will be addressed as part of the implementation of new Community legislation). - Initiating discussions with the European Commission (DG Entr and DG Sanco) and Heads of Medicines Agencies on the other recommendations which require an EU-wide approach, at the level of the public-private partnership project under the auspices of the European Commission. 	<p>1st Quarter 2005.</p> <p>2nd Quarter 2006.</p> <p>To Be Determined.</p>
<ul style="list-style-type: none"> ▪ To strengthen the interaction with health care professionals by: <ul style="list-style-type: none"> - Organising a dedicated workshop in the field of human medicines in order to discuss the provision of adequate information to health care professionals (as part of the consequences of new Community legislation) and to strengthen health care professionals' participation in the pharmacovigilance network (particularly in the context of the EudraVigilance project). - Implementing new Community legislation in relation to the provision of information taking into account the outcome of the workshop. 	<p>3rd Quarter 2005.</p> <p>2nd Quarter 2006.</p>

Action	Timeframe for Completion
<ul style="list-style-type: none"> ▪ To strengthen the interaction with academia and learned societies by: <ul style="list-style-type: none"> - Establishing an EU-wide up-to-date inventory of top quality scientific expertise, including expertise coming from academia and learned societies. - Strengthening the systematic involvement of academia and learned societies in guidance development, once adequate communication channels have been set up. - Involving academia and learned societies in the provision of high-quality specialist training to the EMEA and the other EU Regulatory Authorities. - Involving academia and learned societies in discussions on innovative approaches in order to facilitate drug development. - Facilitating the exchange of Staff between the EMEA and academia/learned societies. 	<p>1st Quarter 2006.</p> <p>3rd Quarter 2006.</p> <p>4th Quarter 2006.</p> <p>4th Quarter 2005.</p> <p>1st Quarter 2006.</p>

Chapter 6

Implementation of the European Medicines Agency Vision in Terms of International Collaboration

Key Principles

In December 2003 the EMEA's Management Board endorsed a strategy for the Agency's international activities, resulting in:

- (1) The continuation of the EMEA's contribution to the (V-) ICH initiatives.
- (2) The further progressing of the collaboration with WHO and the World Organisation for Animal Health.
- (3) A strengthening of the interaction with the FDA and the USDA following the signature of the Confidentiality Arrangements in September 2003.
- (4) A continuation of the EMEA's interaction with other non-EU countries through the EMEA Visiting Experts programme.
- (5) The continuation of the Agency's participation in activities of the Codex Alimentarius, the Food and Agriculture Organisation and the Office International des Epizooties.

As a result of the changing environment the demands towards the EMEA for international cooperation will steadily increase. The Agency has already been approached by non-EU countries who have shown interest in the networking model and want to know more about the benefits and disadvantages of such concept. Because of the demand for increased international cooperation, which has to be matched with the ever growing workload and the available resources, the EMEA will be obliged to introduce a further prioritisation in its international cooperation. Priority will be given to

- (1) Preparing for the accession of Bulgaria and Romania in 2007 and for any other countries for which the EU will decide on future membership.
- (2) Refocusing the contribution to the (V-) ICH project, with priority for implementation and maintenance of existing ICH guidelines.
- (3) Strengthening the interaction with WHO in accordance with the new legal provisions (i.e. the scientific evaluation of medicinal products for human use intended exclusively for markets outside the EU).
- (4) Building on cooperation with operational Mutual Recognition Agreement partners with respect to GMP inspections in the context of an enlarged EU.
- (5) Reviewing the interaction with the FDA/USDA and exploring what further cooperation could be achieved in the framework of the Confidentiality Arrangements, including interaction with the US Department of Agriculture, responsible for the licensing of veterinary biological medicinal products.
- (6) Exploring what further progress can be made in the EMEA's interaction with other non-EU Regulatory Authorities, such as the Canadian and Japanese Health Authorities.

Action Plan

In summary, in order to implement the EMEA's vision in terms of international collaboration, the following will be undertaken:

Action	Timeframe for Completion
▪ To set-up the necessary arrangements for facilitating the accession of Bulgaria and Romania.	3 rd Quarter 2005.
▪ To prepare for the accession of any other countries.	To Be Determined.
▪ To implement new Community legislation in relation to the scientific evaluation of human medicines for non-EU countries.	4 th Quarter 2005.
▪ To explore the establishment of Confidentiality Arrangements with the US Department of Agriculture.	1 st Quarter 2005.
▪ To review the current interaction between the EMEA and the FDA/USDA in the context of the Confidentiality Arrangements.	3 rd Quarter 2005.
▪ To implement any changes to such Confidentiality Arrangements.	1 st Quarter 2006.
▪ To explore an extension of the international cooperation (beyond the Visiting Experts programme and MRA collaboration) with other non-EU countries.	2 nd Quarter 2007.