

LEGISLATIVE FINANCIAL STATEMENT

Policy area(s): Internal market

Activities: The activities of the European Medicines Agency are included in the following policies:

- Support for the development of paediatric medicines ;
- Improvement in the protection of public health and for consumers across the Community
- Maintaining a reliable and independent source of scientific advice and information, and
- Support and achievement of the internal market for the pharmaceutical sector.

TITLE OF ACTION: CONTRIBUTION FOR PAEDIATRIC MEDICINAL PRODUCTS FOR PAEDIATRIC USE (EUROPEAN MEDICINES AGENCY)

1. BUDGET LINE(S) + HEADING(S)

02.040201 – European Agency for the Evaluation of Medicinal Products — Subsidy under Titles 1 and 2

02.040202 – European Agency for the Evaluation of Medicinal Products — Subsidy under Title 3

2. OVERALL FIGURES

2.1. Total allocation for action (Part B): €million for commitment

€21,282 millions

2.2. Period of application:

2007 to 2012

2.3. Overall multiannual estimate of expenditure:

(a) Schedule of commitment appropriations/payment appropriations (financial intervention) (*see point 6.1.1*)

€million (*to three decimal places*)

	Year 2007	2008	2009	2010	2011	2012 and subs. Years	Total
Commitments	1,000	3,039	3,377	3,598	5,053	5,215	21,282
Payments	1,000	3,039	3,377	3,598	5,053	5,215	21,282

(b) Technical and administrative assistance and support expenditure(see point 6.1.2)

Commitments							
Payments							

Subtotal a+b							
Commitments	1,000	3,039	3,377	3,598	5,053	5,215	21,282
Payments	1,000	3,039	3,377	3,598	5,053	5,215	21,282

(c) Overall financial impact of human resources and other administrative expenditure (see points 7.2 and 7.3)

Commitments/ payments							
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TOTAL a+b+c							
Commitments	1,000	3,039	3,377	3,598	5,053	5,215	21,282
Payments	1,000	3,039	3,377	3,598	5,053	5,215	21,282

2.4. Compatibility with financial programming and financial perspective

Proposal will entail reprogramming of the relevant heading in the financial perspective. The proposal is compatible with the new financial framework (2007-2013) proposed by the Commission (Communication from the Commission to the Council and the European Parliament COM (2004) 101).

2.5. Financial impact on revenue:¹

Proposal has no financial implications (involves technical aspects regarding implementation of a measure)

3. BUDGET CHARACTERISTICS

Type of expenditure	Budget line	New	EFTA contribution	Contributions from applicant countries	Heading in financial perspective	
Non-comp	Non-diff	02.040201	NO	YES	NO	1 a
Non-comp	Non-diff	02.040202	NO	YES	NO	1 a

4. LEGAL BASIS

- Treaty establishing the European Community and notably article 235.
- Draft regulation of the European Parliament and of the Council on medicinal products for paediatric use (to support the Agency's work required for the operation of the draft

¹ For further information, see separate explanatory note.

regulation including all work of the Paediatric Committee, scientific advice and any fee waivers provided for by virtue of the draft Regulation).

- Regulation (EC) 726/04 of the European parliament and of the Council of 30 May 2004, establishing the community procedures for the authorisation and follow up of medicines for human and veterinary use, and establishing the European Agency for the Evaluation of Medicinal Products (OJ n° L 136 of 30.4.2004, p.1).
- Council Regulation n° 297/95 of 10 February 1995 modified by Council Regulation n° 2743/98 of 14 December 1998 concerning fees payable to the European Agency for the Evaluation of Medicinal Products (OJ No L 345 of 19.12.1998, p.3).

5. DESCRIPTION AND GROUNDS

5.1. Need for Community intervention

5.1.1. Objectives pursued

It is estimated that between 50 and 90% of medicinal products used in the paediatric population have never been specifically studied or authorised (licensed) for use in that age group. This leaves no alternative to the prescriber than to use products “off-label” (i.e. use of product authorised for adults - products that have not been tested or authorised for paediatric use) or use of completely unauthorised products with the associated risks of inefficacy and/or adverse reactions (side effects).

The overall policy objective is to improve the health of the children of Europe by increasing the research, development and authorisation of medicines for use in children.

General objectives are to:

- increase the development of medicines for use in children,
- ensure that medicines used to treat children are subject to high quality research,
- ensure that medicines used to treat children are appropriately authorised for use in children,
- improve the information available on the use of medicines in children.
- achieve these objectives without subjecting children to unnecessary clinical trials and in full compliance with the EU Clinical Trials Directive.

5.1.2. Measures taken in connection with ex ante evaluation

The draft regulation of the European Parliament and of the Council on medicinal products for paediatric use was the subject of a Commission Extended Impact Assessment (EIA). The EIA accompanies this Financial Statement. The Commission’s EIA is based on an independent, externally contracted study, specifically designed to estimate the economic, social and environmental impacts of the proposal. The EIA also draws on experience with the existing EU pharmaceutical market and regulatory framework, experience with legislation on paediatric medicines in the US, experience with orphan medicines in the EU, extensive consultation with stakeholders, and the published literature.

5.1.3. Measures taken following ex post evaluation

The draft regulation of the European Parliament and of the Council on medicinal products for paediatric use is a new legislative proposal and no interim or ex post evaluation has been conducted.

5.2. Action envisaged and budget intervention arrangements

The key measures included in the draft paediatric regulation are:

- the establishment of an expert committee, the Paediatric Committee within the EMEA;
- a requirement at the time of marketing authorisation applications for new medicines and line-extensions for existing patent-protected medicines for data on the use of the medicine in children resulting from an agreed paediatric investigation plan;
- a system of waivers from the requirement for medicines unlikely to benefit children;
- a system of deferrals of the requirement to ensure medicines are tested in children only when it is safe to do so and to prevent the requirements delaying the authorisation of medicines for adults;
- excluding orphan medicines, a mixed reward and incentive for compliance with the requirement in the form of six-months extension to the supplementary protection certificate (in effect, six-month patent extension on the active moiety);
- for orphan medicines, a mixed reward and incentive for compliance with the requirement in the form of an additional two-years of market exclusivity added to the existing ten-years awarded under the EU orphan regulation;
- a new type of marketing authorisation, the PUMA, which allows ten-years of data protection for innovation (new studies) on off-patent products;
- amended data requirements for PUMA applications to attract SMEs including generics companies;
- a reference in the explanatory memorandum to the establishment, via separate legislation of an EU paediatric study program to fund research leading to the development and authorisation of off-patent medicine for children;
- access to an optional centralised procedure via the community referral procedure for existing nationally authorised medicines to gain an EU-wide Commission Decision on use in children;
- measures to increase the robustness of pharmacovigilance for medicines for children;
- a requirement for industry to submit to the authorities study reports they already hold on use of their medicine in children, to maximise the utility of existing data and knowledge;
- an EU inventory of the therapeutic needs of children to focus research, development and authorisation of medicines;
- an EU network of investigators and trial centres to conduct the research and development required;
- a system of free scientific advice for the industry, provided by the EMEA;
- a database of paediatric studies (based on the existing database set up by the EU Directive on clinical trials (OJ L 121, 1.5.2001, p34);

Populations affected by the activity:

- More than 100 million children in the newly enlarged EU stand to benefit from better medicines for children. Children will also be enrolled into clinical trials;
- Healthcare professionals will benefit through the supply of medicines specifically developed for children and may take part in clinical research on medicines for children;
- All pharmaceutical companies seeking to access the EU market will be affected by the draft regulation;
- The EMEA and all National competent authorities will have to change their working practices as a result of the draft regulation;

Expense type

Article 47 of the draft regulation on medicinal products for paediatric use foresees a contribution from the Community to cover the work resulting from the draft regulation on medicinal products for paediatric use, incorporated into the contribution provided for in Article 67 of Regulation (EC) N° 726/2004 and in Article 7 of Regulation (EC) 141/2000 to be allocated to the European Medicines Agency. This contribution should cover all aspects of the work of the European Medicines Agency to implement and operate the draft regulation, in particular: the operation of the Paediatric Committee including assessment of paediatric investigation plans, requests for waivers and deferrals, assessment of compliance with paediatric investigation plans and assessment of the safety, quality and efficacy of medicinal products for paediatric use; an EU inventory of the therapeutic needs of children; an EU network of investigators and trial centres to conduct the research; free scientific advice for the industry; a database of paediatric studies.

The explanatory memorandum of the draft paediatric regulation makes a reference to the possible creation of a paediatric study program: Medicines Investigation for the Children of Europe (MICE)². The creation of the funding and its operation would be included in a separate Commission initiative. A detailed assessment of the impacts of the program will accompany that separate initiative. However, given the interface between legislation on a paediatric study program and the draft paediatric regulation assessed here, some consideration is required. An EU paediatric study program, focussed on funding or part funding studies on off-patent medicines will be important if research and authorisation for children of off-patent products are to occur for the majority of products needed by children. It is envisaged that the paediatric study program may be funded, at least in part, from the Community budget. The paediatric study program would also need to take account of other relevant Community funding, including the 6th and 7th framework programs operated by the Commission Directorate General Research. Community funding for studies into off-patent medicines for children (which may lead to the authorisation of an off-patent medicine for children) may only be partial e.g. 50% funding: the remainder of the funding may need to come industry, Member State governments or medical charities.

An EU paediatric study program has the potential to stimulate research and development of off-patent medicines for children and could have a major beneficial impact on EU pharmaceutical companies, including SMEs, and a major impact on clinical trials conducted in the EU including strengthening pharmaceutical R&D in Europe.

² The impact of the referenced paediatric study program will critically depend on its funding, size and awarding rules. A fund, set up under the United States Best Pharmaceuticals for Children Act 2002, is of \$200,000,000 for fiscal year 2000 and such sums as are necessary for each of the succeeding five years for the study of the use in the paediatric population of medicinal products for which there is no patent protection or market exclusivity. The CHMP Paediatric Expert Group has produced a preliminary list of sixty-five off-patent active substances considered to be priorities for research and development for children in the EU.

Estimated resources and costs of the paediatric Regulation, based on the draft proposal released for consultation by the European Commission on 8 March 2004.

The increased contribution will cover: increased administration costs of the European Medicines Agency relating to all tasks of the Paediatric Committee; the costs of free scientific advice and fee reductions for paediatric use marketing authorisations.

Justifications of the resources implications based on its coming into force in 2007

As of 2006, the EMEA would have to set up a task force to prepare for the work of the Paediatric Committee and the procedures as laid out in the Regulation. It is estimated that the task force would require 1 A grade full time and 1 C grade half time. This will be covered by an internal redeployment.

In 2007

Activities planned for the first year. All activities are based on the EMEA's experience of Committee activities, and in particular the experience gained in the last 3 years of activities on orphan medicinal products and the Committee for orphan medicinal products. Activities will start in full as soon as the Regulation is implemented due to the legal obligations created by it.

A. Paediatric Committee

Functioning of the Paediatric Committee

- Meeting costs

A monthly meeting of 2-3 days is necessary. Eleven meetings a year with 31 members are envisaged, representing 682-1023 expert days. In addition, it is anticipated that additional experts will be needed on an ad-hoc basis by the Paediatric Committee.

- Meeting Management and Conference services

Eleven meetings a year of 31 members plus additional experts will have heavy implications on the Meeting Management & Conferences Sector of the EMEA which will have to organise travel and accommodation and meetings, as well as on the meeting room occupation.

- Secretariat costs

The secretariat of the Paediatric Committee represents a full time position all year round, therefore taking into consideration the need for a back-up, this represents 1.5 A grade and 1.5 C grade positions.

- Experts costs

Estimated at 5-10 experts per Paediatric Committee meeting, in addition to members of the Paediatric Committee (i.e. 55-110 experts per year).

Activities of the Paediatric Committee

- Paediatric Investigation Plans
- Deferrals
- Waiver of Paediatric Investigation Plans
- Paediatric needs
- Paediatric priorities
- Compliance
- Expert work

In the draft paediatric regulation, there is an obligation to submit the results of studies performed according to an agreed Paediatric Investigation Plan for applications for marketing

authorisations of new products (Marketing Authorisation Applications) and variations for patented products. The best estimate of the number of Paediatric Investigation Plans to be submitted per year to the Agency in the first years is about 235-285.

The activities related to the submission of Paediatric Investigation Plans are rather similar to the work done for orphan drug designation. However the level of scientific involvement to judge the submitted plan is considered higher, more complex, and the number of procedures is 2.5 times more than the current number of orphan applications.

- Agreed Paediatric Investigation Plans revisions
 - Procedures

It is not expected that applications for the revision of Paediatric Investigation Plans would occur in the first year. Only procedures would have to be established.

B. Other activities created by the Regulation

- **Paediatric Scientific Advice**

There will be an increase in scientific advice for paediatric development. It is expected that up to 60% of companies may seek advice (the current situation is about 30% for products submitted for Marketing Authorisation). This represents about three times the current number of Scientific Advice requests (currently 100 per year). See section 6.2 for details of the financial implications of fee waivers for paediatric scientific advice.

- **Information publication and management**

This has implications on the current development of the databases at the EMEA and on other forms of EMEA communication.

- **Survey of paediatric use and inventory of research priorities**

These activities will be performed by the staff in charge of other paediatric activities but will represent a significant part of the workload.

- **Establishment of a paediatric research network**

This is a new type of activity for the EMEA, which will require at least a full time position for an A and a C grade.

C. Impact on the Agency

In addition to involving specific staff all activities have direct implications on other sectors such as Meeting Management and Conference, IT and administration.

The activities will generate the need for regular training, workshops and will involve missions outside the Agency (for example for the establishment of a network of paediatric clinical research).

D. Need for Experts in Secondment

To strengthen the collaboration between EMEA and Member States in particular in relation to paediatric activities on national products, authorisations and pharmacovigilance, the EMEA will invite Experts in Secondment to join the Agency to facilitate the work. This will be done also at the stage of the preparatory work.

A typical stabilised year

It has been considered that year 2009 would represent a typical year, when the number of applications per year would be stable, and all activities provided for by the Regulation would be developed.

A. Paediatric Committee

Functioning of the Paediatric Committee

- Meeting costs

No major changes in activities are anticipated.

- Meeting Management and Conference services

No major changes in activities are anticipated.

- Secretariat costs

No major changes in activities are anticipated.

- Experts costs

Changes in activities may be needed. Estimates are however given for the same numbers.

Activities of the Paediatric Committee

Figures for new products (on patent) should remain stable. Variations capturing products that never included a Paediatric Investigation Plan should slightly decrease, as some products would have been captured at the stage of marketing authorisation applications. This would however not be the case of variation applications in a new indication (new therapeutic area) for which a new Paediatric Investigation Plan may have to be submitted.

There should not be any more products undergoing purely national procedures in respect of the obligation to submit a Paediatric Investigation Plan.

The 'stable' number of Paediatric Use Marketing Authorisation procedures cannot be estimated. It is judged that the initial figure of 15 per year should be kept.

Overall the level of activities should remain around 235-285 procedures per year.

The additional (fully developed) tasks will include in particular the Annual Reports on deferrals, and the revision of agreed Paediatric Investigation Plans. Once a Paediatric Investigation Plan is agreed, the draft regulation offers the possibility to amend it as often as needed on request from the sponsor. It is estimated that 30% of the Paediatric Investigation Plans may need revision at some point in time. This may represent a minimum of 80 additional applications a year.

B. Activities created by the Regulation

- **Scientific Advice**

Paediatric Scientific Advice and follow up procedures would increase progressively over time.

- **Pharmacovigilance and risk management**

This activity will be fully developed.

- **Information publication and management**

Modifications or developments of the current structures will take place over several years.

- **Inventory of research priorities**

Regular updates are forecasted for in the Regulation.

- **Establishment of a paediatric research network**

The implementation and running of the network should be in place.

C. Impact on the Agency

In addition to involving specific staff all activities and their related increases have direct implications on other sectors.

5.3. Methods of implementation

The draft regulation will be implemented and operated primarily by the existing European Medicines Agency. Certain aspects will also be operated by the National Competent Authorities. The Commission will be responsible for an implementing regulation and a number of supporting guidelines.

6. FINANCIAL IMPACT

6.1. Total financial impact on Part B - (over the entire programming period)

(The method of calculating the total amounts set out in the table below must be explained by the breakdown in Table 6.2.)

6.1.1. *Financial intervention*

Commitments (in €million to three decimal places)

Breakdown	2007	2008	2009	2010	2011	2012 and subs. Years	Total
02.040201 – European Agency for the Evaluation of Medicinal Products — Subsidy under Titles 1 and 2	0,800	2,397	2,688	2,881	4,280	4,409	17,455
02.040202 – European Agency for the Evaluation of Medicinal Products — Subsidy under Title 3	0,200	0,642	0,689	0,717	0,773	0,806	3,827
Action 2							
etc.							
TOTAL	1,000	3,039	3,377	3,598	5,053	5,215	21,282

6.1.2. *Technical and administrative assistance, support expenditure and IT expenditure (commitment appropriations)*

	2007	2008	2009	2010	2011	2012 and subs. Years	Total
1) Technical and administrative assistance	N.A.						
a) Technical assistance offices							
b) Other technical and administrative assistance: - intra muros: - extra muros: <i>of which for construction and maintenance of computerised management systems</i>							
Subtotal 1							
2) Support expenditure							
a) Studies							
b) Meetings of experts							
c) Information and publications							
Subtotal 2							
TOTAL							

6.2. Calculation of costs by measure envisaged in Part B (over the entire programming period)³

(Where there is more than one action, give sufficient detail of the specific measures to be taken for each one to allow the volume and costs of the outputs to be estimated.)

³

For further information, see separate explanatory note.

Commitments (in €million to three decimal places)

Breakdown	Type of outputs (projects, files)	Number of outputs (total for years 2007-2012)	Average unit cost	Total cost (total for years 2007-2012)
	1	2	3	4=(2X3)
<u>Paediatric medicines management</u> - Measure 1	Paediatric activities costs for the EMEA general subsidy			
	Staff			17,455
	Expenditure other.			3,827
TOTAL COST				21,282

These costs are mainly due to: 1. the supplementary staff needed to perform the tasks induced by the new regulation on medicinal products for paediatric use, 2. scientific advice being given without a fee, and, 3. fee reductions for marketing authorisation applications.

Staff will be required to: provide the secretariat of the new expert committee the Paediatric Committee, administer requests for opinions from the Paediatric Committee, create and maintain an inventory of the therapeutic needs of the children of Europe, create and maintain an EU network of clinical trial centres to conduct tests of medicines for children, and, collation and publication of information about medicines for children. Projections for 2011 foresee that 24 people (14,5 A and 9,5 C) will be necessary to support the EMEA work related to the paediatric regulation. Support staff will bring the overall figure to 26.

Regarding scientific advice, currently, requests for such advice command a fee from the EMEA. This fee is used mainly to pay experts from the National agencies who conduct the scientific evaluation of the requests (with their accompanying dossiers). The draft paediatric regulation will lead to such scientific advice being given without the payment of fees. Therefore the EMEA will have to pay money to the National agencies and this will have to be covered. Furthermore, the total number of requests for scientific advice is predicted to increase dramatically as a result of the paediatric regulation. The current average fee for scientific advice is about 40.000 € and it is predicted that, For the period of six years starting in 2007, about 330 free pieces of scientific advice will be given.

Regarding fee reductions for marketing authorisation applications, the current fee is approximately 200.000 € This pays mainly for the scientific evaluation conducted by experts from the National agencies. The fee reduction foreseen in the paediatric regulation is 50% and this will apply to a small proportion of all paediatric marketing authorisations (the so called Paediatric Use Marketing Authorisations – PUMAs). For the period of six-years starting in 2007 it is estimated that about 30 paediatric use marketing authorisation applications will be made that will attract the 50% fee reduction. Hence the EMEA will have to pay the National agencies but this will not be covered by adequate fees.

Staff requirement	2007	2008	2009	2010	2011	2012 and subs. Years

Secretariat Paediatric Committee Paediatric	1	3	3	3	3	3
Investigation Plan applications	1	10	10	10	14	14
Paediatric Research Network		1	1	1	3	3
Funding of studies	1	2	2	2	2	2
Support staff					4	4
TOTAL	3	16	17	18	26	26

Expenditure costs will mostly cover the reimbursement of the experts in relation with the new committee 'Paediatric Committee', as well as other missions and trainings. Some IT developments will also be necessary in order to include this new category of medicinal products in the several existing databases.

Expenditure Other	2007	2008	2009	2010	2011	2012 and subs. Years
Meetings Paediatric Committee 31 members and 5 experts 11 x 2-day meetings	0,050	0,413	0,452	0,474	0,498	0,523
Workshops, trainings and missions	0,100	0,119	0,127	0,133	0,165	0,173
IT development and web publication	0,050	0,110	0,110	0,110	0,110	0,110
TOTAL	0,200	0,642	0,689	0,717	0,773	0,806

7 IMPACT ON STAFF AND ADMINISTRATIVE EXPENDITURE

7.1. Impact on human resources

Types of post	Staff to be assigned to management of the action using existing resources		Total	Description of tasks deriving from the action
	Number of permanent posts	Number of temporary posts		
Officials or temporary staff	A B C	N.A.		<i>If necessary, a fuller description of the tasks may be annexed.</i>
Other human resources				
Total				

7.2. Overall financial impact of human resources

Type of human resources	Amount (€)	Method of calculation *
Officials Temporary staff	N.A.	

Other human resources (specify budget line)		
Total		

The amounts are total expenditure for twelve months.

7.3. Other administrative expenditure deriving from the action

Budget line (number and heading)	Amount €	Method of calculation
Overall allocation (Title A7) ex A0701 – Missions ex A07030 – Meetings ex A07031 – Compulsory committees ¹ Paediatric Committee A07032 – Non-compulsory committees ¹ A07040 – Conferences ex A0705 – Studies and consultations Other expenditure (specify) Training	N.A.	
Information systems (A-5001/A-4300)		
Other expenditure - Part A (specify) IT developments		
Total		

The amounts are total expenditure for twelve months.

¹ Specify the type of committee and the group to which it belongs.

I.	Annual total (7.2 + 7.3) in 2011
II.	Duration of action
III.	Total cost of action (2007 to 2012)

The needs for human and administrative resources shall be covered within the allocation granted to the managing DG in the framework of the annual allocation procedure

8. FOLLOW-UP AND EVALUATION

8.1. Follow-up arrangements

Many of the effects of the draft paediatric legislation lend themselves to measurement. Others, including the overall objective of improved child health will be more difficult to measure due to a lack of robust EU-wide data. Collection of the following data is possible:

- The dates on which the Paediatric Committee and EU network of clinical trialists are established and guidelines and first inventory of therapeutic needs are adopted.
- The date on which the database of paediatric studies becomes operational.
- The number of clinical trials in children initiated and completed (broken down by country and type of trial).
- The number of children enrolled into clinical trials.
- The number of draft paediatric investigation plans submitted for assessment and the number of paediatric investigation plans agreed by the Paediatric Committee.
- The number of requests for waivers and the number of waivers granted by the Paediatric Committee
- The number of requests for deferrals and the number of deferrals granted by the Paediatric Committee

- The number of requests for scientific advice
- The numbers of marketing authorisation applications made and granted for adults and children.
- The number of PUMA applications made and PUMAs (with their associated data protection) granted.
- The number of requests for post-marketing studies, pharmacovigilance plans and risk management systems and the delivery against those plans.
- The number of existing studies in children submitted and the number of marketing authorisations updated as a result.
- The number of times marketing authorisations record that a paediatric investigation plan has been complied with. This provides a measure of the number of supplementary protection certificates that can be extended.
- Impact on the budget of the EMEA.

These data would provide a robust measure of the impact of the draft paediatric regulation in terms of stimulating research, development and authorisation of medicines for children and any collateral effect on the authorisation of medicines for other populations. They would also provide a measure of the financial impacts on the EMEA.

Prospective measurement of the costs to industry and on the price of medicines is not proposed as such measurement lends itself better to a post-hoc study.

Section 4 of the extended impact assessment points out that the impact, both financial and social, of improved health of the children of Europe is very difficult to measure. Unless there is major investment in the central collection of indices of EU child-health, this difficulty will remain when attempting to measure, in the future, the impact of the draft paediatric regulation.

8.2. Arrangements and schedule for the planned evaluation

The draft paediatric regulation includes proposals for: a database of paediatric studies; annual reports from the Member States to the Commission on problems encountered with the implementation of the draft paediatric regulation; annual publication of lists of companies that have benefits from the rewards / incentives or companies that have failed to comply with the obligations, and; within six years of entry into force, a general report on experienced acquired as a result of the application of the draft paediatric regulation, including in particular a detailed inventory of all medicinal products authorised for paediatric use since it came into force.

Through these measures, specifically proposed in the draft paediatric regulation, ex-post evaluation is already planned. The general report will likely be based on the indices listed in section 8.1. Furthermore, the need for a designated independent study to support the general report should be considered. Such an independent study could include within its scope the financial and social impacts for which prospective data collection is problematic.

9. ANTI-FRAUD MEASURES

The European Medicines Agency has specific budgetary control mechanisms and procedures. The Management Board, which comprises representatives of the Member States, the Commission and the European Parliament, adopts the draft budget (article 57.5) as well as the final budget (article 57.6). The European Court of Auditors examines the execution of the budget each year (article 57.9) and the Management Board gives a discharge to the Director

regarding the budget (article 57.10). In addition the Agency adopted on 1 June 1999 a decision concerning co-operation with the European Anti Fraud Office (EMEA/D/15007/99). The Quality Management System applied by the Agency supports a continuous review with the intention of ensuring that the correct procedures are followed and that these procedures and policies are pertinent and efficient. Several internal audits are undertaken each year as part of this process.