**AIM**
ASSOCIATION INTERNATIONALE DE LA MUTUALITE

# AIM Response
## to the European Commission public consultation on a "Strategy to better protect Public Health by strengthening and rationalising EU pharmacovigilance"

**Brussels, 1 February 2008**

**Summary of AIM proposals**

- AIM shares the Commission analysis that pharmacovigilance is a key public health function.
- AIM agrees that the current pharmacovigilance systems include major weaknesses which should urgently be addressed and improved through the establishment of clear roles and responsibilities, strengthened requirements for the monitoring and assessment of the safety of medicines as well as effective reaction measures.
- AIM disagrees with the proposal to delete the criterion relating to '*therapeutic efficacy'* from the list of reasons for refusing to grant or for withdrawing a marketing authorisation.
- AIM strongly opposes generalising the conditional marketing authorisation procedure.
- AIM calls for the submission of active-controlled comparative clinical trials for marketing authorisation approvals.
- AIM calls for compulsory post-marketing surveillance studies.
- AIM calls for maintaining exclusive public funding for pharmacovigilance activities.
- AIM requests an empowered pharmacovigilance committee with full responsibility for decisions and coordinating pharmacovigilance activities.
- AIM calls for a mechanism to allow patient reporting to competent authorities.
- AIM calls for improved transparency and access to information on pharmacovigilance for all stakeholders.
- AIM requests that the responsibility for pharmocovigilance and pharmaceutical policy should be switched from DG ENTR to DG SANCO.

**About AIM**

The *'Association Internationale de la Mutualité'* (International Association of Mutual benefit societies) (AIM), created in 1950, brings together 45 national federations of autonomous health insurance and social protection bodies in 28 countries, all operating according to the principles of solidarity and not-for-profit orientation. They provide coverage against sickness and other social welfare risks to more than 170 million people, either by participating directly in the management of compulsory health insurance, by providing voluntary health insurance or by delivering directly health care and social services through own facilities.

AIM's goal is to defend and promote, at international and European level, the social values and basic principles shared by its members: access to health care as a fundamental right, solidarity and non-exclusion as essential means to ensure this access to quality health care for all, irrespective of health status or financial capacity to pay; finally, autonomous management and non profit orientation as guiding principles for health insurance based upon the needs of citizens.

*AIM endeavours to voice concerns and ideas raised within the sphere of non-profit health insurance institutions in the EU. AIM positions, requiring validation through its own statutory decision-making process, do not commit its individual member organisations. Therefore, AIM involvement does not detract from its member organisations taking dissentient views.*

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## Introduction

Pharmacovigilance is a scientific discipline based on observation and focusing on the interaction between the drug and the patient; its purpose is to identify and rapidly warn of any adverse effects that pose a risk to patients, with the aim of preventing these effects from being replicated.

The proposed changes to the Regulation and Directive should not reflect a desire for earlier product authorisation for the purpose of commercial interest namely a faster return on investment.

AIM shares the Commission analysis that pharmacovigilance is a key public health function. AIM further agrees that the current pharmacovigilance systems include major weaknesses which should urgently be addressed and improved through the establishment of clear roles and responsibilities, strengthened requirements for the monitoring and assessment of the safety of medicines as well as effective reaction measures. AIM views on how this could be done diverge however with the Commission proposals on important elements. AIM even fears that the Commission proposals will weaken patient's protection.

***To make sure that public health considerations and objectives are central to the legislation AIM requests that the responsibility for pharmocovigilance and pharmaceutical policy should be switched from DG ENTR to DG SANCO***.

We would also like to highlight that the Directive 2004/27/CE and Regulation (EC) 726/2004 adopted in 2004 introduced major changes to pharmaceutical policy also in relation to pharmacovigilance. The Commission consultation paper proposes changing some major aspects of the legislation introduced in 2004, in particular the fast track and conditional authorisation procedures as well as public funding of EMEA's pharmacovigilance activities. As the impact of these changes is not visible yet (some Member States did even not fully implemented them) AIM is opposed to the proposed legislative changes on these specific topics which would ultimately weaken the pharmacovilance system.

## AIM concerns and proposals

### Commission proposals affect marketing authorisation criteria : patients protection is weakened

#### *Deletion of criterion of therapeutic efficacy*

The Commission proposals have a direct impact on the marketing authorisation criteria. AIM **disagrees with the proposal to delete the criterion relating to the '*therapeutic efficacy*'** from the list of reasons for refusing to grant or for withdrawing a marketing authorisation (Articles 26 (b), 116 and 117 of Directive 2001/83/EC at p. 17 and 39 of the consultation paper). We would like to recall that this criterion of '*proven therapeutic efficacy*' was introduced after the thalidomide affair in the sixties. Only proven therapeutic efficacy can justify exposing the entire population to the risks of adverse effects when a new drug is authorised.

#### *Conditional marketing approvals become the general rule*

According to the amendment of article 22 of Directive 2001/83/EC the **conditional marketing authorisation becomes the rule rather than the exception** as laid down in the Review 2001. This **is unacceptable**. Through the generalisation of conditional marketing authorisation, the intended risk management could not avoid that products which, after further studies, might have a negative benefit-risk ratio would come on the market and cause

important harms to patients. This proposal would just further weaken the pharmacovigilance system instead of strengthening it.

Well documented dossiers for the marketing authorisation represent the first opportunity for regulatory authorities to identify and notify possible adverse effects that may pose risk to patients. That's why whenever possible **AIM strongly calls for the submission of active-controlled comparative clinical trials for marketing authorisation approvals**. **AIM demands to maintain the criterion relating to the "therapeutic efficacy"** among the reasons for refusing to grant or for withdrawing marketing authorisation or even to strengthen it.

**Need for post-marketing studies**

The requests for post marketing studies and risk management systems in the Commission proposals are limited to restrictive conditions. The Commission in particular proposes that the **risk management** systems should be proportionate to the identified and potential risks (article 8 and 101p) and that **post-authorisation safety studies** should only be conducted if there are serious concerns about the risk-benefit balance (article 101g).

- Firstly, the **prerogative to require these studies** falls to the authority responsible for granting the marketing authorisation. **AIM recommends** that the **pharmacovigilance committee** (at national and/or European level) should **have this competence** to avoid a conflict of interests.

- Secondly, we would like to highlight that considering these proposals, **unexpected adverse effects and information on abuse of medicinal products** are likely to be **excluded from the scope** of these 'risk management systems'. Furthermore, we would like to stress that the Commission in its proposals simply deleted the definition of 'unexpected adverse reaction' (article 1). It is however known from experience that unexpected adverse effects emerge and that they can only be discovered through long-term post-marketing studies.

Experience in the USA and Europe shows that post-authorisation studies are very often not completed. **AIM calls for compulsory post-marketing surveillance studies**:

- To be sponsored by the marketing authorisation holder and carried on by independent bodies.
- In large populations.
- The study design must be pre-approved by the regulatory authority.
- Application of penalties in the case of non-execution of these studies.

**Public funding and clear definition of roles and competences**

***Public financing***

A major step forward in the 2001 Review (article 67 of the Regulation) was the provision of **public funding for pharmacovigilance activities**. Conflict of interests can only be avoided through independent financing of pharmacovigilance activities. Here the **Commission proposals re-open the door for industry funding for pharmacovigilance** (article 101c) **which is not acceptable**.

***Important stakeholders***

AIM requests to add to the list of the actors involved in pharmacovigilance also the consumers, carers, families, parents and social health insurance organisations (page 2 of the consultation paper).

***Empowered pharmacovigilance committees***
In order to avoid conflict of interests, a clear definition of the roles and distinction of competences should be made for and between:

- bodies implicated in pharmacovigilance activities,
- bodies in charge of marketing authorisation approval and
- marketing authorisation holders.

AIM fully supports the establishment of a **pharmacovigilance committee** within EMEA. However, instead of what is proposed, we request that this committee **should have full responsibility for decisions on and for coordinating pharmacovigilance** and should not be limited to an advisory role as proposed by the Commission.

The Commission consultation paper proposes giving the prerogative to ask for post-authorisation safety studies and risk management plans to the authorities responsible for granting marketing authorisation (e.g. CHMP) (Articles 101g and 101p). To avoid conflict of interests, it would be more appropriate to assign this responsibility to the European and/or national pharmacovigilance committees.

We would like to underline that the pharmaceutical companies profitability depends to a great extend on safety concerns about their marketed products. Entrusting the firms with the task of gathering and analysing data, issuing warnings and informing of their products adverse effects is to put them in an untenable situation with major conflict of interest.

**Reporting system: allow direct patient reporting**

All health professionals (doctors, nurses, pharmacists), together with patients and carers, should be included in a better reporting system. **Safety reporting should be compulsory for health professionals**. A reflection should be launched on how **incentives/bonuses** could be provided to encourage health professionals to fulfil this obligation of continuous reporting.

A mechanism should be established to stimulate and to **allow patients to notify side effects directly with the support of health professionals to the competent authorities** rather than to the pharmaceutical industry as proposed by the Commission (art. 59). Patient and consumer organisations should also be allowed to play an active role in patient reporting (collective reporting).

During the first two years of market availability of a new drug, a **pre-printed patient reporting form** should be **included in the product package**. This would serve to empower patients to play an active role as regards their health.

During the first two years following market launch of newly authorised products, products should be marked with an EU symbol (e.g. triangle) drawing awareness of health professionals and patients to the newness of the product as well as the need for close surveillance of the effects of these products (adverse reactions, side effects, etc.). Belgium started such an initiative at the beginning of January 2008[1].

**Improved transparency and access to information**
AIM claims full transparency for information on pharmacoviglance (product data as well as on the decision-taking process and results). Mechanisms for easy access to safety information for health professionals and patients and all interested stakeholders should be put in place.

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[1] http://www.cbip.be/nieuws/index.cfm?welk=251