EMA Health Threat Plan

- **MAIN OBJECTIVES:**

  - Initiate and coordinate scientific & regulatory activities by involving all interested parties within the EMA and the EU Medicines Regulatory network;

  - coordinate discussions on development, authorisation and post-authorisation follow-up of relevant medicinal products;

  - Effectively communicate relevant information to healthcare professionals, patients and regulatory partners;

  - support international partners, stakeholders involved in research/ development of medicinal products and public health authorities outside of Europe.

Ad hoc expert group tasks in support of drug development

- Ad hoc expert group: EMA scientific committee and working party members with relevant expertise
- Exploratory review of current investigational products for treatment or prevention of Emergent disease including TCs with developers.
- identify the most appropriate regulatory pathway to ensure that potential treatments and/or vaccines are approved/made available as swiftly as possible.
- Rapid scientific advice on questions from manufacturers on their development plans, endorsed by CHMP (response in 3-4 weeks maximum)
- Interaction with academia or sponsors/investigators of clinical trials not funded by industry

Clinical Trials Facilitation Group (CTFG)

- working group of the Heads of Medicines Agencies (HMA), established in 2004, with representatives from clinical-trial departments of the national competent authorities (NCAs):

  - acts as a forum for discussion and promotes harmonisation of clinical-trial-assessment procedures and common principles to be applied throughout the European medicines regulatory network;
  - operates the voluntary harmonisation procedure (VHP) for assessment;
  - Liaises with the EMA and its Committees (mainly CHMP/PRAC) on specific topics where the decision on a marketing authorisation has an impact on clinical trials in Europe;
  - Supporting the implementation of the new Clinical Trials Regulation.

Clinical Trials Facilitation Group (CTFG)

- Following 2009 Pandemic lesson learnt, important to define as much as possible template of clinical trials for vaccines in the inter-pandemic period
- Use of the CTFG to facilitate dialogue across MSs and approval/supervision of clinical studies
- EMA could support discussion on scientific value of clinical study design

The increasingly active voluntary harmonisation procedure (VHP) for assessment and the implementation of the new CT Regulation will improve the environment for accelerated, harmonised multistate trial authorisations, reducing the time to availability of clinical trial data.

EMA regulatory support to WHO Joint Review

- Conducted Rapid Scientific advice procedures for main vaccines under development including discussion with FDA/HC
- This led to contribution to Joint Review of clinical trial protocols:
- Presented EMA position on protocols at WHO hosted meetings of AVAREF in person and/or by TC
  - Submitted EMA queries to Sponsor along AVAREF members and international partners
  - Participated in the discussion around most critical points with all regulators
- The joint discussion has led to rapid turn around on controversial points and facilitated the review by authorities in charge of clinical trial approval

Compassionate Use

- Article 83 of Regulation (EC) No 726/2004 introduced legal framework for Member State to ask the CHMP when **compassionate use for group of patients** is envisaged to adopt opinions on the conditions for use, conditions for distribution and the patients targeted for a medicinal product in the EU
- Article 83 of Regulation (EC) No 726/2004 further states that when a Member State makes use of the possibility for compassionate use for group of patients it shall notify the Agency
- Since the introduction of Article 83 of Regulation EC No 726/2004 in 2005, the CHMP adopted 5 scientific opinions for Compassionate Use for two conditions (hepatitis C and influenza)
- Need to make sure Compassionate Use is not impacting on the feasibility of clinical trials

Conditional Marketing Authorisation

On the basis of less comprehensive data and subject to specific obligations

Scope (at least one):

- for **seriously debilitating diseases or life-threatening diseases**;
- to be used **in emergency situations**;
- **orphan** medicinal products.

Criteria (all):

- the **risk-benefit balance is positive**;
- it is likely that the applicant **will be in a position to provide comprehensive clinical data**;
- **unmet medical needs** will be fulfilled;
- the **benefit** to public health **of the immediate availability** on the market of the medicinal product concerned **outweighs the risk** inherent in the fact that additional data are still required.

'**unmet medical needs**' means a condition for which there exists no satisfactory method of diagnosis, prevention or treatment authorised in the Community or, even if such a method exists, in relation to which the medicinal product concerned will be of major therapeutic advantage to those affected

Regulation (EC) No 507/2006

Marketing authorisation under exceptional circumstances

- *Article 14 (8) of Regulation (EC) No 726/2004:* In exceptional circumstances and following consultation with the applicant, the marketing authorisation may be granted **subject to certain conditions**, in particular relating to the safety of the medicinal product, notification to the competent authorities of any incident relating to its use, and action to be taken. The marketing authorisation may be granted only when the applicant can **show that he is unable to provide comprehensive data on the efficacy and safety of the medicinal product under normal conditions of use**, for objective, verifiable reasons and must be based on one of the grounds set out in Annex I to Directive 2001/83/EC. Continuation of the marketing authorisation shall be linked to the **annual reassessment** of these conditions.

  http://ec.europa.eu/health/files/eudralex/vol-1/reg_2004_726/reg_2004_726_en.pdf

- *CHMP Guideline EMEA/357981/2005*
  http://www.ema.europa.eu/docs/en_GB/document_library/Regulatory_and_procedural_guideline/2009/10/WC500004883.pdf

Article 58 of Regulation (EC) No. 726/2004

1. *"The Agency may give a scientific opinion, in the context of cooperation with the World Health Organization, for the evaluation of certain medicinal products for human use intended exclusively for markets outside the Community. For this purpose, an application shall be submitted to the Agency in accordance with the provisions of Article 6. The Committee for Medicinal Products for Human Use may, after consulting the World Health Organisation, draw up a scientific opinion in accordance with the provisions of Articles 6 to 9. The provisions of Article 10 shall not apply.*
2. *The said Committee shall establish specific procedural rules for the implementation of paragraph 1, as well as for the provision of scientific advice."*

Pandemic preparedness strategy

INTERPANDEMIC PERIOD

'Pandemic preparedness' vaccine' -
a MA **granted in advance** of a pandemic containing a potential pandemic strain
To save time, better prepare pandemic and avoid confusion

Zoonotic vaccine
-
intended to be used to immunise against a zoonotic strain
Use is independent of a Pandemic.

Pandemic declaration
(*actual pandemic strain identified*)

PANDEMIC PERIOD

Pandemic vaccines
(based on existing MA)
-
Waivers of some requirements as laid down in art.21

Pandemic vaccines (based on new MA)
-
'Emergency' Procedure
-
if no pandemic preparedness vaccine

Support to funded research and networks

E.g. IMI-DRIVE is a public private partnership that aims to advance European cooperation in influenza vaccine effectiveness studies.
Its partners include public health institutions, universities, small and medium-sized enterprises, vaccine manufacturers, and patient organizations.
DRIVE aims to establish a sufficiently sized network to generate robust, high quality, brand-specific effectiveness estimates for all influenza vaccines used in the EU each season. The data generated through DRIVE is expected to increase the understanding of influenza vaccine effectiveness, lead to enhanced monitoring of influenza vaccine performance by public health institutes and allow manufacturers to fulfil the requirements of the European Medicines Agency (EMA).

Concluding remarks

- Regulatory tools for rapid decision making in the context of an emergency are available in the EU and in other regions
- The status of development of the medicinal products and the availability of data for submission at the time of the emergency is a critical factor for regulatory actions
- Medical countermeasures should be advanced as much as possible in the inter-epidemic period
- A "portfolio" of clinical trial options should be ready for rapid implementation during outbreaks
- International cooperation among regulators and interaction with the scientific community are crucial for a rapid and effective contribution to public health

Thank you for your attention

Further information

Marco.cavaleri@ema.europa.eu
European Medicines Agency
30 Churchill Place • Canary Wharf • London E14 5EU • United Kingdom
Telephone +44 (0)20 3660 6000 **Facsimile** +44 (0)20 3660 5555
Send a question via our website www.ema.europa.eu/contact

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