

# LEEM / IFIS meeting with AFSSAPS

29 June 2009

The short-, medium- and  
long-term role of a national  
agency

*Agence française  
de sécurité sanitaire  
des produits de santé*



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**The Agency's formula at national level:  
a still recent model that is spreading  
over various forms**



- A recent model to structure the regulation of public health (emerged in Europe mainly during the 1990s);
- A formula now widespread across Europe and around the world, and which continues to win acceptance (projects in Africa, South America and the Middle East);
- A designation that embraces a reality which differs greatly in terms of resources, expertise, effective independence, etc.

# The Agency's formula: a contribution to regulating medicines



- Greater expertise with a more professional and collegial basis, combining in-house and outside expertise;
- Progress towards functional independence;
- Greater flexibility and efficiency compared to a conventional administrative organisation.

# Medicines agencies at the heart of the Nation - Europe dialogue from the outset



- A strong and long-standing European dimension to public-health regulation of medicines: European legislation for the past 40 years (1945) originally inspired mostly by the goal of free movement, and subsequently including more public-health requirements, a European agency since 1995 (but a “Europe of Medicines” that remains embryonic in relation to assessment with a view to reimbursement of medicines, also for price-regulation purposes);
- Continuing national roots of public health, despite the emergence of a community-wide sphere of competence: crucial field of national policy, diversity in organising care and patient-coverage systems, etc.

## A pragmatic solution to resolve this issue: the European network



- A European agency with a remit in those domains where centralised decision-making will bring added value;
- National agencies that provide input on centralised matters through their contributions, particularly with regard to assessment;
- National agencies that liaise more frequently over non-centralised matters in the context of the Heads of Agencies network (HMA).

## A system that has proven itself



- It has made it possible to manage risk / benefit assessments in a reasonably consistent way;
- It has succeeded in both receiving innovation and managing the move towards generics, at paces and according to procedures that vary from one country to another;
- It has managed to cope with crises (Cerivastatine, Vioxx, etc.) and in drawing some lessons with regard to its operation (improved post-AMM surveillance – progress via-à-vis transparency, etc)
- It has remained fundamentally 'win-win': more of Europe with due account of national responsibilities, progressive strengthening of the EMEA without scientific impoverishment/weakening of national agencies.

# A system that now faces challenges and choices



- Incremental expansion from 15 to 27 (indeed 30 when EEA states are included) has profoundly altered the original conditions of the model developed at the outset into a format for 15, with a driving force of 4-5 countries;
- A much greater challenge to achieve homogeneity within the network;
- Recent or imminent accumulation of legislative changes to be taken on board: authorisation of clinical trials, changes to European authorisation regimes and risk management plans, new regimes for paediatrics, herbal medicinal products, advanced therapies, soon changes with regard to pharmacovigilance, counterfeits, etc;
- By contrast, inconsistent evolution of resources: very sustained at the centre (doubling of volume in 5 years in the case of EMEA), very unequal at national level, depending on the intensity of constraints on public management; some new tasks have not been matched by adequate or even any resources (paediatrics, plants, etc.)

# The system has begun to respond in recent years in order to adjust and adapt



- Emergence of additional strategic visions from EMEA (Road Map) and Agency Heads (Strategy paper), national strategic plans such as the “Projet d’Etablissement” of AFSSAPS,
- Start of a review of resources, which resulted in a platform on guidance for the co-ordinated mobilisation of resources within the network under the French Presidency;
- Increased operational co-ordination in the non-centralised areas: role of the coordination committee (CMD) since 2005 for mutual and decentralised recognition procedures, new mandate of the clinical trials facilitation group and implementation of VHP for multiple-site clinical trials;
- Speeding up procedures relating to information systems that are likely to facilitate the operation of the network: adapting Eudravigilance and Eudra CT, progress, as yet incomplete, towards electronic submission, etc;
- Improved co-ordination for laboratory testing in connection with other skills, on a risk-based basis, aiming at best use of resources.

# For the future, underlying issues on the conception of changes to the European network



- The natural slope is that of continuously-increasing centralisation;
- We need to pay attention to dosage and the modes of this change if we wish to preserve the network and prevent short-to-medium term shakings;
- In any case, centralisation will bump up against natural limits in this field, Europe being the way it is.

# Powerful forces favour the shift towards centralisation



- Pervasive industrial stance originating with the most highly-internationalised groups;
- Institutional logic derived from the growth of the EMEA and the Commission's natural sympathies,
- Impact of the diversification of European scientific committees that require some co-ordination through the EMEA structure.

**Need to pay close attention to the pace of that evolution and to procedures in order to preserve the network's viability (1)**



- **Avoid divesting national agencies from everything that is science-related; the national agencies that contribute to centralised tasks have been able to do so precisely because they have remained in touch with science and innovation through particular duties that they have retained (clinical trials, advance access such as “ATU” in France, scientific advice in addition and complementarity to EMEA);**
- **Continue to view European assessment as essentially the outcome of organised, collegial contributions from national agencies (national expertise vested in a European committee, backed up by the collective skills of its agency), and not primarily as the sum of individual expertise that is selected from the centre and apart from the agencies (which is at stake in particular through the debate in progress on the composition of the future European pharmacovigilance committee).**

**Need to pay close attention to the pace of that evolution and to procedures in order to preserve the network's viability (2)**



- **Avoid short-circuiting national agencies for access to crucial information (see the debate on single reporting of undesirable effects in Eudravigilance in the absence of convenient real-time access for the national agencies concerned);**
- **When making centralised decisions, take due account of national diversity that can legally and legitimately exist in the field of public-health organisation (for example, conditions for prescribing and administering certain vaccines);**
- **Safeguarding room for manœuvre in operations that determine the credibility and ability of national agencies to take precautionary decisions when faced with situations for which they are held accountable (suspend a product that does not fall within the remit of a centralised procedure, suspend a clinical trial, etc.).**

# To stray away from this route would entail serious risks



- **Poorer performance of national agencies in the fields that remain within their competence: loss of appeal, impact on the quality of regulatory work, etc;**
- **Gap between the ability to decide and communicate and actual responsibility at national level (administrative as well as political and in relation to society);**
- **Reduced ability of national agencies to play their role as interface with the outside world (healthcare professionals, public at large, media, public authorities) to explain the logic of the risk / benefit ratio, case unwarranted tensions, handle crises;**
- **...possibly with disappointments in prospect in relation to the expected savings in terms of time and transaction costs: beyond a certain threshold of centralisation, those savings may diminish and the relation with the central decision-maker may become less user-friendly and cost-saving compared with locally-based management!**

No matter the path of change, some functions will simply fail to lend themselves to total centralisation in the medium-term



- Keeping outside stakeholders informed, in particular healthcare professionals and the public;
- Coordination of vigilance networks;
- Permanent dialogue with players in the healthcare chain;
- Relations with national public authorities;
- Handling national marketing authorizations flows and the subsequent variations – which remain numerous in some countries, and which cumulatively represent a very large volume.

In any case, AFSSAPS needs to keep its first-time position on the European stage in order to carry weight in assessments (1/2)



- The European commitment is explicitly enshrined in AFSSAPS's strategic «road-maps»: performance contract between agency and state covering 2007-2010, the second "Projet d'Etablissement" ('Ambition 2010');
- A sustained commitment, developed in 2008, notwithstanding the constraint deriving from the stability of the workforce, particularly in the field of marketing authorizations, where volumes are increasing substantially;
- To meet this conflicting needs, the agency needs to continue making progress on several fronts at once: continuously training assessors and expanding the pool of European assessors, seeking statutory procedures that will enable some outside experts to be involved in assessment and to get some professional reward in so doing; continuing the implementation of schemes to upgrade information systems; simplifying some regulatory procedures that have no added public-health value; developing selective risk-based approaches;

In any case, AFSSAPS needs to keep its first-time position on the European stage in order to carry weight in assessments (2/2)



- ... yet it is nonetheless possible that all these in-house efforts will prove inadequate to ensure the the strategic objective of European commitment and influence is fully achieved in the medium term against a background in which some equivalent agencies are not themselves subject to the same resource constraints.

Beyond the national roots and the European commitment, a national agency cannot nowadays ignore the global dimension to the regulation of medicines



- **Globalisation of the medicines product-development chain results in a substantial proportion of work being moved to remote sites outside Europe (clinical trials, manufacture of starting materials or finished products, sometimes also research);**
- **The operation of the European network has started to adapt to these new realities, in particular in the field of inspection;**
- **Yet there is a need for a «gear shift» in developing operational co-operation with other regulators within a bilateral and multilateral framework (see annual worldwide summit meetings of Agency Heads since 2006).**

# Conclusion



- National agencies will continue to be part of the scene for a long time, barring an unlikely large-scale transfer of competence from national to European level in the field of public health;
- The move towards Europeanisation of some areas of the agencies' work will continue, but we need to pay special attention to keeping control over the pace and the procedures, to avoid pushing the network in a zone of fragility and turbulence;
- AFSSAPS has to stick to its course of adaptation in order to be able to influence the trajectory of this evolution on the basis of professionalism, efficiency and transparency.