

11th International Pharmaceutical Compliance and Medical Device Congress  
May 15 - 17, 2017 Lisbon, Portugal

# Welcome by INFARMED

## The Portuguese National Authority of Medicines and Health Products

Rui Santos Ivo

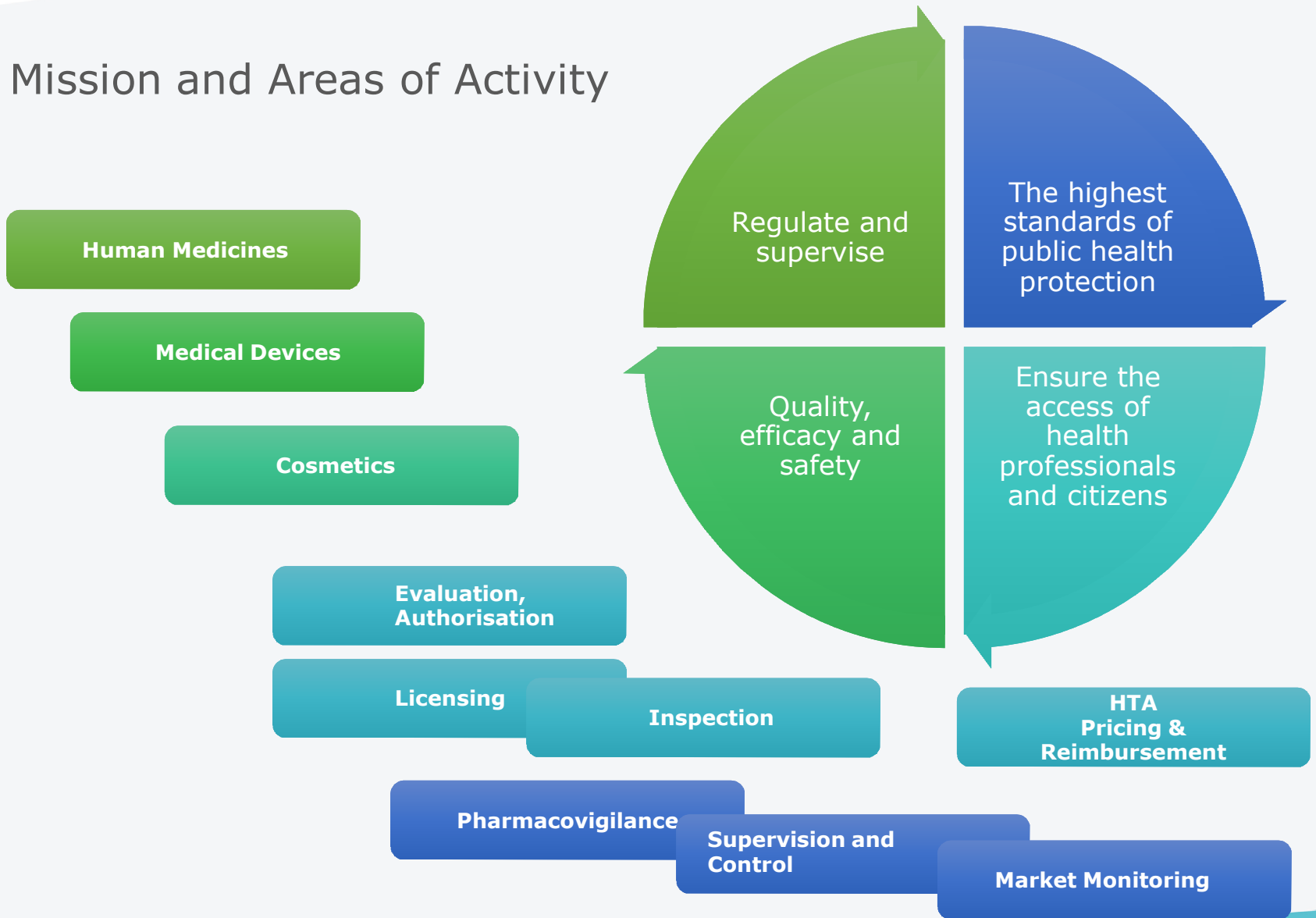
Vice-President, Executive Board

National Authority of Medicines and Health Products (INFARMED)

Member of the Executive Board of EUnetHTA

# About Infarmed

## Mission and Areas of Activity



# About Infarmed

## Vision



To be a model of excellence in the provision of a quality public service...



... and a reference agency in the European Union...



...valuing its employees.

# About Infarmed

## Strategic Objectives



Sustainability of the Healthcare System



Market Surveillance and Risk Management



Development of Pharmaceutical and Health Products Sectors



Communication Strengthening



Continuous Improvement and Internal Efficiency



Strengthen the Positioning in the International Context

# Congress topics

»» anti-corruption/anti-bribery compliance programmes

»» data privacy

»» new marketplace

»» transparency

»»next generation of ethics and compliance programmes

*... focus on:*

- *company compliance professionals*
- *regulators*
- *Lawyers*
- *consultants working in this interesting and expanding field*

# National and EU trends

- ❑ PT: Transparency Platform since 2013, reviewed in 2017
- ❑ Specific rules applying to Portuguese National Health Service
  - ❑ Involving all parties, particularly *Ordens Profissionais*
- ❑ Key issues on health systems sustainability under discussion at EU level
- ❑ Transparency objectives at EU level
  - ❑ Council Conclusions – June 2016
  - ❑ Round Tables in The Hague, Lisbon and La Valletta: ongoing discussions between Ministers of Health and Pharmaceutical Industry
  - ❑ Multilateral initiatives at EU level
    - ❑ E.g. Declaration of La Valletta – 10 countries cooperating

# The EUNetHTA project: the added value of collaboration on HTA in Europe

EUnetHTA JA3 one year later

**Rui Santos Ivo**

Vice-President of the Executive Board of INFARMED

Member, Executive Board of EUnetHTA

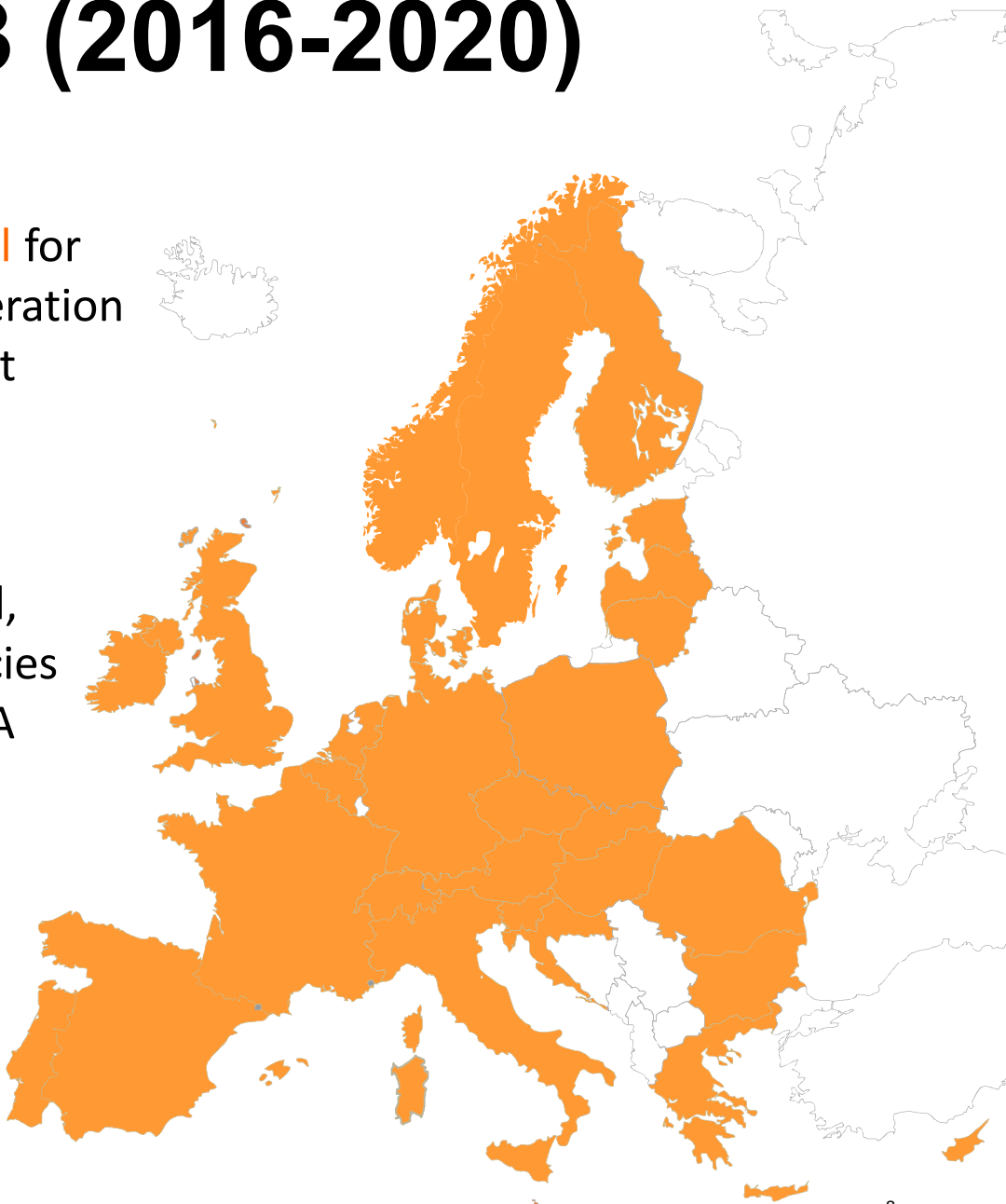
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# EUnetHTA JA3 (2016-2020)

Aims to build a sustainable model for the scientific and technical cooperation on Health Technology Assessment (HTA) in Europe

**80** partners consisting of national, regional and non-for-profit agencies that produce or contribute to HTA














**Project Coordinator:**  
Dutch National Health Care  
Institute (ZIN)





# Organisational and Governance Structure

EUnETHA Assembly

DG SANTE and CHAFEA 						
<b>Executive Board</b>	WP1 Network Coordination - Dutch Health Care Institute 					
	WP2 Dissemination	WP3 Evaluation	WP4 Joint Production	WP5 Evidence Generation	WP6 Quality Management	WP7 Implementation
	Lead: AETS-ISCIH 	Lead: TLV 	Lead: NIPHNO  Co-lead: LBI  ZIN 	Lead: HAS  Co-lead: GBA 	Lead: IQWiG  Co-lead: KCE 	Lead: NICE  Co-lead: Agenas 
Spain	Sweden	Norway	Austria	Netherlands	Germany	
United Kingdom	Belgium	Croatia	Cyprus	Czech Republic	Denmark	
Finland	France	Greece	Hungary	Ireland	Latvia	
Malta	Poland	Portugal	Romania	Slovakia	Slovenia	
Italy	Estonia	Lithuania	Bulgaria	Switzerland		

# Specific Objectives

- To increase production of high quality HTA joint work
- To increase uptake and implementation of joint HTA work at the national, regional and local level
- To support evidence-based, sustainable and equitable choices in healthcare and health technologies

# EU cooperation on HTA



## HTA Network

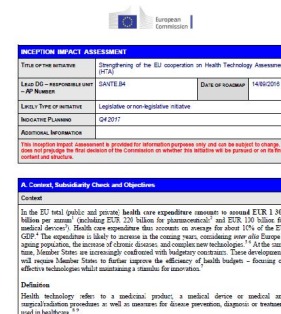
- Policy and strategic cooperation
- Art 15 Directive 2011/24
- Set up October 2013
- Multiannual work programme
- **Permanent**

Synergy and complementarity



## EUNETHTA Joint Action

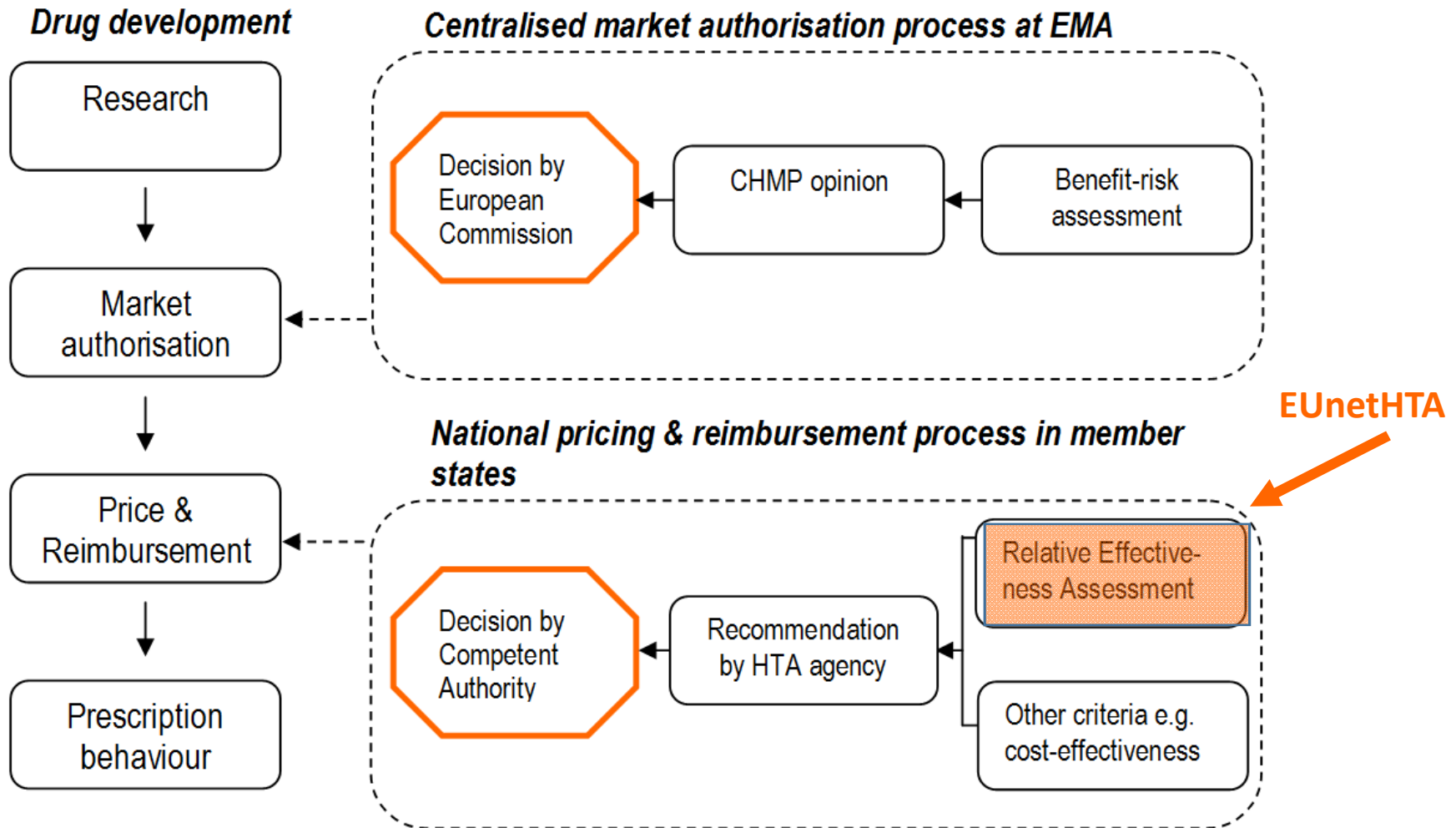
- Scientific and technical cooperation
- Started in the 1990's, later EUNETHTA
- Now Joint Action 3 – **2016 – 2020**



## New HTA Initiative

- Cooperation beyond 2020
- Inception Impact Assessment
- Description of the status quo
- Options for the future

# Market Access to Medicines in Europe



# Key Benefits of Collaboration on REA

- **Efficiency**
  - Efficient collaboration and reduce duplications
- **Quality**
  - Guidelines and core model
- **Consistency**
  - Reliable and predicable outcomes
- **Timeliness**
  - Earlier access if added value (and value for money) is proven

# Summary of select activities in JA3

## WP4 Joint Production

- To produce **43** rapid REA on other technologies and **37** on pharmaceuticals
- To provide a system for topic selection and prioritization

## WP5 Evidence Generation – life cycle approach

- To conduct Early Dialogues (joint HTA or parallel/joint with regulators)
- To link additional data collection to on-going activities

## WP6 Quality Management, scientific guidance and tools

- To provide quality management for EUnetHTA joint products
- To further develop methodologies and tools for joint work if necessary

## WP7 National implementation and impact

- To facilitate the uptake of joint products at the national/local level
- To measure the impact of joint work in collaboration with other work packages

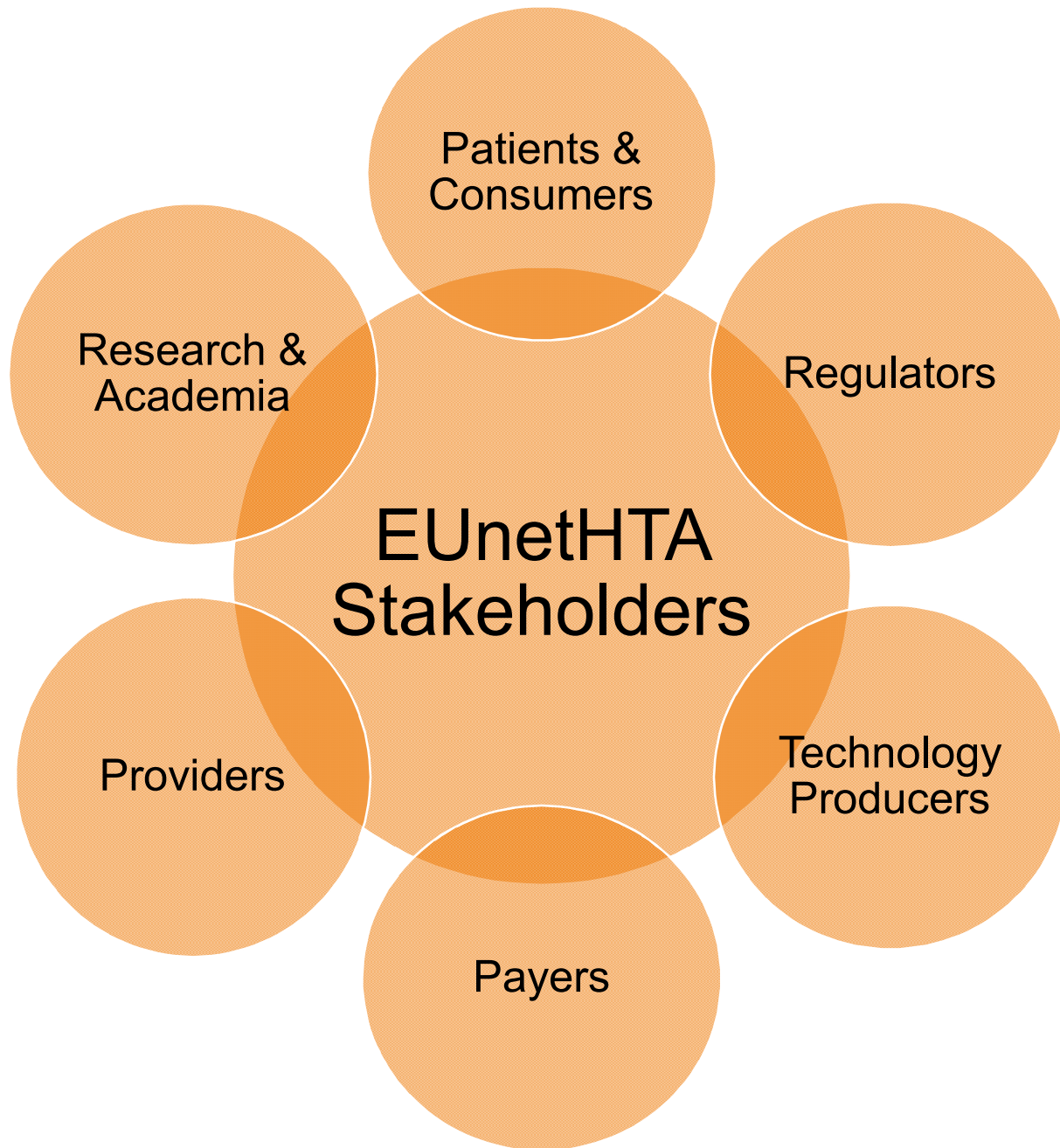
# Achievements EunetHTA

- Tools
  - –HTA Core model (full model and rapid REA)
  - –EUnetHTA Planned and Ongoing Projects (POP) database
  - –EVIDENT database
  - –Evidence submission templates
- •Methodology
  - –Guidelines for REA
  - –Handbook for full HTA

# Achievements EunetHTA

- Products
  - –Early dialogues (EUnetHTA and SEED, medical devices and pharmaceuticals)
  - –Rapid REAs (pharmaceuticals, medical devices, surgical procedures)
  - –Full core HTA's (different types of interventions)





# Stakeholder involvement in JA3

- Political and strategical involvement is moved to HTA Network
- Scientific and operational involvement will receive more attention in JA3
  1. Participation in the EC/EUnetHTA Forum
    - October 21<sup>st</sup> (yearly interactions)
  2. Participation in Work Packages
    - Facilitation of the provision of specific subject-matter information/knowledge on specific technical questions
    - Public consultations on deliverables
    - Interaction on the level of specific activities like the Early dialogues (WP5) and Joint Assessments (WP4)
    - Interaction on the level of methodologies, guidelines and procedures (WP6)

# Practical examples of involvement

- Technology producers
  - Meeting with EFPIA on Joint Assessments (June 2016), EFPIA HTA WG, national associations
  - Meetings with individual pharma companies on pilots
  - Participation in meetings with medtech industry
- Patients organisations
  - See next slides
- Regulators
  - Half yearly meetings EMA-EUnetHTA
  - Development working plan for collaboration
- Health care providers
  - Meeting with ECCO, February 2017
- Relevant research activities
  - Meeting with IMI on involvement in IMI projects

# Patient Involvement in JA3

- Meeting on March 8<sup>th</sup>
- WP4 (LP and Co-LPs); WP5 (LP); WP6 (Co-LP)
  
- Patient & Consumer Organisations
  - BEUC
  - EURORDIS
  - European Multiple Sclerosis Platform
  - European Patients' Forum
  - European Cancer Patient Coalition
  - IAPO (invited, did not attend)
  
- EUnetHTA Directorate
- DG SANTE

# Views from WPs on Involving Patients

- WP4
  - Examples from on-going assessments were shared
  - Working group to be established & there will be consultation with patient & consumer orgs
  
- WP5
  - Build on experience with SEED (Shaping European Early Dialogues for health technologies)
  - Work with patient & consumer orgs to define possible approaches
  - Explore feasibility of leveraging tools available at EMA
  
- WP6
  - Build on experience from JA2

# First joint REA of Pharmaceuticals 2017

1. midostaurin for acute myeloid leukemia (Novartis), authors are FIMEA (Finland) and NOMA (Norway). Started 2016 Q4
2. regofarenib for hepatocellular carcinoma (Bayer), authors are HAS (France) and IMFARMED (Portugal). Started 2017 Q1

But also:

- Collaborative assessments (decentralized assessments)
- Using the EUnetHTA REA core format to generate regional and national REA reports

# Trends

- EUnetHTA JA3 is progressing
  - Final signature agreement late; end of September 2016
  - Resource issues at the level of coordinator and some LPs
  - Complex because high number of (new) partners
  
- Link of EUnetHTA JA3 to Commission activities on post-2020 scenarios is crucial
  - Involvement of ExBoard EUnetHTA in the discussion on the post-2020 scenarios
  - Members of the ExBoard EUnetHTA JA3 involved as experts in the different studies by the Commission for the post2020 scenarios
  - First results from EUnetHTA JA3 are input for the Commission activities

## Major Achievements (EUnetHTA JA1 and JA2)

- **Trust** between HTA bodies and **capacity building**
- Development of **joint tools** (e.g. EUnetHTA Core Model, POP EVIDENT databases)
- Piloting **joint work** (e.g. early dialogues, joint assessments)





## Shortcomings of current EU cooperation on HTA

- **Low uptake of joint work** ⇒ duplication of work by HTA bodies and industry
- Differences in the **procedural framework** and administrative capacities of Member States
- Differences in national **methodologies**
- **No sustainability** of current cooperation model

Recommendation oncology drugs (MA 2011-2013) per country

Abbreviated indication	Brand name (generic)	HTA recommendation					
		GEMANY	THE NETHERLANDS	FRANCE	ENGLAND/WALES	SCOTLAND	POLAND
Bone metastases from solid tumours	1. Denosumab	Not assessed	Equal benefit	Added benefit	Positive	Not assessed	Negative
Breast cancer	2. Eribulin	Equal benefit	Added benefit	Added benefit	Negative	Negative	Negative
	3. Pertuzumab	Added benefit	Not assessed	Added benefit	Not assessed	Negative	Positive
Colorectal cancer	4. Afibercept	Added benefit	Not assessed	Equal benefit	Negative	Negative	Positive
Gastric cancer	5. Tegafur / gimeracil / oteracil	Not assessed	Lesser benefit	Lesser benefit	Not assessed	Positive	Negative
Melanoma	6. Ipilimumab	Added benefit	Added benefit	Added benefit	Positive	Negative	Positive
	7. Vemurafenib	Added benefit	Added benefit	Added benefit	Positive	Negative	Positive
	8. Dabrafenib	Equal benefit	Not assessed	Equal benefit	Positive	Positive	Positive
Non-small-cell lung cancer	9. Afatinib	Added benefit	Not assessed	Equal benefit	Positive	Positive	Positive
		Added benefit					
		Lesser benefit					
Prostate cancer	10. Crizotinib	Equal benefit	Not assessed	Added benefit	Negative	Negative	Negative
	11. Cabazitaxel	Added benefit	Added benefit	Added benefit	Negative	Negative	Negative
	12. Enzalutamide	Added benefit	Not assessed	Added benefit	Positive	Positive	Positive
Renal-cell carcinoma	13. Abiraterone	Added benefit	Equal benefit	Added benefit	Positive	Negative	Positive
	14. Axitinib	Added benefit	Not assessed	Added benefit	Positive	Negative	Positive

Relative effectiveness assessments of oncology medicines for pricing and reimbursement decisions in European countries. Kleijnen S, Lipska I, Leonardo Alves T, Meijboom K, Eisada A, Vervölgyi V, D'Andon A, Timoney A, Leufkens HG, de Boer A, Goettsch WG. Ann Oncol (2016) 27 (9): 1768-1775.



## Initiative on Strengthening EU cooperation on HTA

Inception Impact Assessment published on 15 September 2016

### WHY?

- Support MS to ensure sustainability of healthcare
- Contribute to patient access to innovation
- Support innovation in EU

**+ Addressing shortcomings**



### WHY NOW?

- Growing support to continue cooperation on HTA
  - Council Conclusions 2015, 2016*
  - EP own initiative report 2016*
  - HTA Network Strategy 2014*
- No EU-funding mechanism foreseen beyond 2020

**+ Responding to Member States needs**

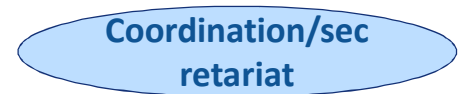
**SUSTAINABLE COOPERATION BEYOND 2020 BASED ON THE SUCCESS OF THE CURRENT COOPERATION**

# Policy options

## Inception impact assessment

Option 1	Option 2	Option 3	Option 4	Option 5
Status quo – <b>voluntary cooperation</b>	<b>Long-term voluntary cooperation</b> (beyond 2020)	Cooperation through the <b>collection, sharing and use of common tools and data</b>	Cooperation on <b>production of joint REA (relative effectiveness assessments) reports</b>	Cooperation on production of <b>joint Full HTA reports (REA+ Non-clinical: economic, ethical, legal, etc.)</b>
<b>Non-legislative / voluntary</b>		<b>Legislative / voluntary + mandatory</b>		

+ Issues to be addressed



# Public consultation

- Launched: 21/10/2016
- Deadline: 13/01/2017 – extended end January

## **Total number of replies = 249**

- **Questionnaire for citizens:** 63 (from 21 MS)
  - *Profile: Tertiary education; with background/working in HTA sector, healthcare sector or industry*
- **Questionnaire for administrations, organisations, associations:** 150
- **Questionnaire for SMEs (DG GROW – SME Network):** 36 replies



Open  
Consultations



- - **Publication of the public consultation report – 2<sup>nd</sup> quarter 2017**
  - Full report on the public consultation published on EC website on Monday 15 May
- - **Conclusion of studies supporting the impact assessment – 2<sup>nd</sup> quarter 2017**
- - **Consultation meetings** (Member States authorities, HTA Network, EUnetHTA, stakeholders) – on a continuous basis
- - **Impact assessment**
- - **Proposal**

# European cooperation

The timeline of reaching a sustainable and permanent HTA network in Europe



# THANK YOU

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Please see also

[\*\*www.eunetha.eu\*\*](http://www.eunetha.eu)

[www.infarmed.pt](http://www.infarmed.pt)

<http://m.infarmed.pt>



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