4 October 2019
EMA/MB/542228/2019 Adopted
Management Board

Minutes of the 105th meeting of the Management Board

Held in Amsterdam on 3 October 2019

The chair opened the meeting by welcoming the recently appointed civil society representatives to the board, in particular the new representatives of patients' organisations Ioannis Natsis and Marco Greco. Nancy de Briyne, representative of veterinarians' organisations, and Wolf Dieter Ludwig, representative of doctors' organisations had been confirmed for a second 3-year mandate.

1. Draft agenda for 3 October 2019 meeting

[EMA/MB/414950/2019] The board adopted the agenda without amendments.

2. Declaration of competing interests related to current agenda

The Secretariat informed members of the Management Board that it had reviewed members' declared interests in accordance with the Board's policy on the handling of competing interests. Some potential competing interests relating to the day's agenda were identified concerning topics *B.4 Report to the Management Board on the implementation of EU IT systems required by the Clinical Trial Regulation b) The Report of the EU Clinical Trial Regulation Coordination group* and *B.6 Implementation of the new veterinary medicines legislation - Proposed governance for the implementation of Regulation 2019/6 ('NVR')*. The Secretariat informed the board that all concerned members had been informed before the meeting. Should the need for a vote on the above topics arise, the chair would take up the matter again.

Members were asked to declare any specific interests that could not be drawn from their current declaration of interests that could be considered to be prejudicial to their independence with respect to the items on the agenda. No conflicts of interests were declared.

3. Election of the Vice-Chair of the Management Board (*in camera*)

[EMA/MB/474899/2019; EMA/MB/417113/2019] The election of the Vice-Chair was held *in camera* and was attended only by members or their alternates, the observers from EEA countries and a limited number of EMA staff.

Temporary visiting address Spark building • Orlyplein 24 • 1043 DP Amsterdam • The Netherlands
For deliveries refer to www.ema.europa.eu/how-to-find-us
Send us a question via www.ema.europa.eu/contacts **Telephone** +31(0)88 781 6000 An agency of the European Union

In accordance with the election procedure the Chair announced votes by proxy:

- Ioannis Malemis (Greece), proxy to Loizos Panayi (Cyprus)
- Kristin Raudsepp (Estonia), proxy to Svens Henkuzens (Latvia)
- Jonathan Mogford (United Kingdom), proxy to Lorraine Nolan (Ireland)
- Momir Radulović (Slovenia), proxy to Luca Li Bassi (Italy)

The Board appointed Runa Hauksdottir Hvannberg and Audun Hågå, observers from Iceland and Norway, to act as tellers. The vote took place by secret ballot.

[redacted]

The Management Board elected Lorraine Nolan, representing Ireland, as the Vice-Chair for the next three years. The Chair thanked Grzegorz Cessak for his engagement and support during his tenure as Vice-Chair of the board.

4. Minutes from the 104th meeting, held on 12-13 June 2019 adopted via written procedure

[EMA/MB/335139/2019] The Management Board noted the final minutes, adopted by written procedure on 30 August 2019 and agreed to the publication with redactions of section *5. Update on 30 Churchill Place* to comply with contractual confidentiality obligations.

5. EMA Preparedness on Brexit

5.1 Update on EMA Brexit preparedness

EMA has continued to monitor and track submissions of Brexit-related changes for all affected Centrally Authorised Products (CAPs) under the assumption that the UK would become a third country as of 31 October 2019. The vast majority of companies have now carried out the required changes to ensure that their CAPs continue to comply with EU legislation after the UK's withdrawal from the Union. Taking account of the criticality assessment of medicines considered "at risk of supply" and marketed in at least one Member State of the EU-27, as well as the requests for exemption for batch testing in the UK beyond 31 December 2019, the current status is the following: for veterinary medicines 3 CAPs are considered at risk of supply and 2 as critical. For human medicines one product is currently at risk of supply due to the rejection of a request for the extension of QC testing in the UK until June 2020, and is being subjected to criticality assessment. EMA continues to monitor and track a number of CAPs for which changes to manufacturing sites are still pending and are only required to be implemented by the date of the UK's withdrawal from the Union. The Agency continues to work with MAHs to address any outstanding issues, and should their plans change indicating that they are no longer in a position to implement the necessary changes before the withdrawal date of 1 November 2019, will subject the relevant CAPs to a criticality assessment. An EU Executive Brexit Steering Group on availability of medicines has been set up and will operate in a no-deal scenario providing urgent and coordinated action within the network in case of a crisis situation that increases the risk of supply shortage. The Steering Group is composed of European Commission, Member States and EMA representatives in the

human and veterinary medicines field and reports to the Pharmaceutical Committee, the EMA Management Board and HMA. The first virtual meeting took place on 1 October 2019 to agree on its Term of Reference, on membership and governance matters. A further meeting is scheduled to take place before 31 October. EMA Brexit preparedness is continuing also in other areas in accordance with the latest 'preparedness communication' from the Commission's Article 50 Task Force.

The most recent staff retention figures continue to confirm previous trends and their reliability since 2017. However, there is further need for confirming the actual available workforce in Q3/Q4 2019 as a considerable number of staff has not yet decided if they will relocate, and the impact of the end of the consecutive teleworking scheme as of September 2019 is uncertain. Based on information on actual available workforce in October 2019, compared to June 2019, a shortfall of 48 is noted, which is due to a higher number of resignations and to an increase in long term leave. Currently, the number of staff required to perform the minimum core activities is 745, expected to decrease as it includes Brexit related activities which will diminish once the move to the new building is completed. Under a worse case scenario, staff numbers in January 2020 will not exceed 719, of which 35 will be new starters, while in a best case scenario assuming full recovery of workforce formerly teleworking, as well as an increased on-boarding of new staff would bring the total number to 757, only slightly above the minimum workforce needed. Due to the reduced number of staff available after the transitional teleworking arrangements to a large degree came to an end, a number of activities, such as certificates, parallel distribution procedures and handling of access to documents requests have experienced delays, and not all activities planned to be relaunched in Q3-Q4 have been restarted. Although new staff will join EMA in Q4, there will be limited resources for engaging in additional activities beyond Brexit BCP phase 4 activities before the end of the year. In addition, the Agency is facing emerging public health related activities requiring resources, linked to the handling of nitrosamine impurities. For the 2020 Work Programme it is foreseen that as recruitment continues, there will be a slight increase in the available workforce by beginning of 2020. If no further extension of the Brexit date takes place, EMA involvement in Brexit related activities will substantially reduce and free up resources. Recruitment will be stopped during the move to the new premises and will resume in the first half of 2020, but there may also be further resignations and long-term leave requests. An updated forecast on staff retention and the anticipated impact on the 2020 EMA Work Programme will be presented at the December meeting of the board.

The Executive Director and Deputy Executive Director answered several questions on the subject of the EMA staffing issues. The proportion of staff resigning of total staff leaving has increased by ca 80 %. Selection procedures of new staff are now processed within ca. 3 months, as efficiency gains have been introduced. Although the Agency has built up impressive reserve lists, these are mostly generic, and single specialised profiles might need to be filled through dedicated selection procedures. This has happened for example in the area of IT, where staff losses are seen with specialised profiles. The option of replacing staff with National Experts on Secondment (END) selected in National Competent Authorities is interesting and could be explored. The Agency should consider future needs and challenges under a likely continuing scenario of reduced headcount, and should try not to rush replacements, but to strike a balance between filling gaps and having the possibility to expand capabilities in the future. Regarding core tasks of the Agency in Cat 1, these are further classified in Cat 1 a and b, as activities that relate to public health take priority over activities for which there is a legal obligation but no immediate public health consequences. This will be further elaborated in December, once the multi-annual Work Programme will be revised in the light of updated staffing figures. Concerning Brexit preparedness, the Agency continues to monitor closely the implementation of plans by companies in line with the upcoming deadline to avoid possible shortages. A Technical meeting with the network will be organised by the European Commission on 25 October to discuss specific topics in detail.

5.2 Update on EMA-NL Authorities collaboration for relocation to Amsterdam

Construction of the permanent EMA building is progressing with more than 500 persons working 24/7 on site at peak moments. Prerequisites for the handover from CGREA to EMA on 15 November 2019 are completion of the building on time without defects preventing a safe and secure occupancy in particular with an agreed prioritisation approach towards any defects that may adversely affect EMA's business continuity, which should be resolved before EMA takes responsibility for the building as of 6 January 2020. Another important prerequisite relates to a timely finalisation and sign-off of a number of legal documents: Lease Agreement and annexes including Service Level Agreement and annexes and Delivery Report Part I with annexes. Several levels of quality assurance are in place at the building consortium BC-EMA, CGREA and EMA. In addition, the Municipality of Amsterdam will control whether the new premises are built in accordance with the building permit they issued and with NL legislation and regulation, and the Municipality Fire Inspector will control the fire safety and approve the notification of occupancy. EMA will conduct a quality assessment with the involvement of an external consultant to determine whether the building complies with the agreed contractual baseline and whether its quality and safety are sufficiently verified and validated. In addition, the Executive Director has asked for an external audit on the compliance of the lease aspects in the lease arrangements with the previously agreed technical and financial framework. The Executive Director will take the findings of the external audit into account before signing-off the legal documents. Should difficulties be encountered which do not allow the handover of the EMA building to take place on 15 November, a back-up scenario needs to be foreseen to safeguard EMA's continuity of operations. It was therefore proposed to establish a small group consisting of the Chair of the Management Board, the Topic Coordinators for the EMA building (Grzegorz Cessak, Karl Broich and Audun Hågå), the EMA Executive Director and staff to review the situation and decide on the best way forward. The board would be invited to agree, preferably through a written procedure, as a discussion cannot wait until the December meeting. The Management Board agreed to the proposal to set up the working group.

5.3. Preparation for written procedure of the Amending budget/transfer of titles

The Management Board noted the possible need for a written procedure to take place before the December meeting to adopt a transfer between titles or an amending 2019 budget in order to pay for an instalment of inducements to the subtenant of the building in 30 Churchill Place.

A. Points for automatic adoption/endorsement

A.1 Management Board decision – Model rules on Type of posts and post titles

[EMA/MB/39245/2019; EXT/55349/2014; EMA/MB/907298/2019] The Management Board adopted the Decision of the European Medicines Agency on types of post and post titles. The decision is based on an ex-ante agreement by the European Commission on the model decision concerning types of post and posts titles, which was officially notified to the Agency together with the annex (model decision) on 12 December 2018. The model decision introduces a substantial level of flexibility for agencies allowing them to adopt their own post titles.

A.2 Management Board decision – model rules on the engagement of Contract Agents

[EMA/MB/422605/2019; EXT/5948/2018; EMA/MB/263274/2019] The Management Board adopted the Decision of the European Medicines Agency on the general provisions for implementing Article 79(2) of the Conditions of Employment of Other Servants of the European Union, governing the conditions of employment of contract staff employed under the terms of Article 3a thereof. The decision is based on an ex-ante agreement which was received on 2 May 2019.

A.3 Revised charters of (financial) tasks and responsibilities of the Executive Director and the accounting officer as of 1 July 2019

[EMA/MB/414768/2019; EMA/MB/414689/2019; EMA/MB/414778/2019] The Management Board adopted the revised *Charter of tasks and responsibilities of the Executive Director as authorising officer* and the revised *Charter of tasks and responsibilities of the accounting* which identify the tasks, rights and duties and responsibilities these actors assume in the exercise of their functions. The charters are updated following the revision of the Agency's Financial Regulation as of 1 July 2019.

B. Points for discussion

B.1 Highlights of the Executive Director

International and European activities

The ICMRA meeting took place at the Annual DIA meeting in June and EMA was awarded the Chair starting on 1 October 2019. The next meeting will be hosted by AIFA in Rome 28-30 October 2019. EMA went to Rwanda with CHMP rapporteur and co-rapporteur teams to support the Ebola vaccine joint assessment in collaboration with WHO in the framework of Article 58 for a vaccine currently used in ring vaccination. In early September Health Canada shared with EMA their approach for proactive publication of Clinical Data. Anne-Sophie Henry-Eude received an award for pioneering the EMA initiative. EMA is preparing for interactions with the new European Parliament. On 7 November, the new ENVI committee will hold a dedicated session where EMA's Executive Director together with the Directors of the 4 other ENVI agencies (ECDC, EFSA, ECHA, EEA) will introduce their work.

Resourcing of NVR implementation – ENVI committee action

The European Parliament's ENVI committee adopted two EMA/NVR-related budgetary amendments i.e. to increase EMA's budget for 2020 by 5.9 million EUR and to increase EMA's establishment plan by 8 FTEs (TAs). These amendments were also adopted by the BUDGET committee in the EP, and once confirmed by the plenary EP will go to the conciliation stage with Council and EC at the end of October. This is further to the board discussion held in June and EMA is grateful for the support of Management Board.

Future-proofing EMA

The Agency needs to adapt its organisation in view of a permanently reduced headcount, changes in science and technology and a challenging regulatory environment. After the relocation staff headcount has gone down from 901 to 728, and it will not be possible to replace sufficiently 106 short term contract staff following relocation. Just as activities need to be restarted after the BCP, the Agency is facing additional challenges, such as: the handling of the nitrosamine case, the challenge still posed by

Brexit and the risk of shortages, the implementation of the New Veterinary Regulation and a backlog in the certificates and parallel distribution areas, where staff shortages are particularly high. 'Future-proofing' will implement a framework for continuous improvement to address the challenges of new science, new technology and new legislation. The new future structure will rely on 9 entities, of which Human medicines and Veterinary medicines are at the heart of the Agency and are supported by the infrastructures provided by Administration and resource management, IT development and delivery, Stakeholder engagement and communication. 4 Task Forces will deliver mission-critical functions in the areas of Digital business transformation, Data analytics and methods, Regulatory science and innovation and Clinical Studies and manufacturing strategy. The new organisational structure will be further elaborated internally in October. The new organigram and more detailed information will be shared with the network at the HMA meeting in November and the final outcome will be presented to the board at the December meeting. Implementation will start next year after the Agency has relocated to the new building.

Update on Nitrosamines and Ranitidine

Following the Article 31 referral procedure on the contamination of sartans with nitrosamines in January 2019, EMA and the EU network established a lessons learned process. Since the finalisation of the sartans referral, nitrosamines have also been detected in pioglitazione and in ranitidine. At the request of the Executive Director an Article 5(3) was launched, and CHMP adopted at its September meeting as a matter of precaution a Notice requesting all MAHs for human medicines containing chemically synthesised active pharmaceutical ingredients to review their medicines for the possible presence of nitrosamines and test all products at risk. An Article 31 review for ranitidine was also initiated at the September CHMP on request of the Commission. International collaboration on these issues has been high, and the Agency would like to thank the European network for the close cooperation in shouldering additional workload.

Update on 30 Churchill Place

EMA has sublet its premises at 30 Churchill Place up until the expiry of EMA's lease in June 2039. The sub-lease was legally put in place as of 1 July 2019, and the financial terms are fully in line with the parameters agreed with the Management Board and EU budgetary authority. Simultaneously EMA agreed with Canary Wharf Group to withdraw its appeal against the decision of the High Court. The major part of the costs will need to be covered from EMA's 2020 budget, but these exceptional 2020 costs will only be partially covered by the EU budget contribution.

Outcome of the European Ombudsman (EO) enquiry into pre-submission activities

Following a 2-year inquiry and public consultation launched by the EO, in July the EO issued her decision regarding how EMA engages with medicine developers in the pre-submission phase through scientific advice (SA). The EO recognises the value and need for SA and her suggestions for improvement are in line with EMA's ongoing initiatives to further increase transparency, for example the inclusion of information on SA in the EPARs as of January 2019. In her final Decision the EO identified some further suggestions for improvement, and EMA is now preparing actions in order to address these suggestions.

Appeal case on access to documents

EMA is currently recognised to be at the forefront of transparency and the General Court has in the past completely endorsed the Agency's approach to the publication of various regulatory documents. Advocate-General Hogan has recently issued a firm non-binding position concerning two cases that are pending before the Court of Justice. He has proposed that the two pending cases be sent back to the General Court for a legal reassessment of the complex issues of fact and law at stake. If the Court of Justice were to completely endorse the recommendations of the Advocate-General in these two cases,

its rulings would entail a major change in the Agency's transparency policies and would be likely to jeopardise the future publication of clinical study reports by EMA under EMA Policy 0070. It is worth noting that during the first 2 years of operating, this transparency activity has published more than 3 million pages of Clinical data. A judgment is expected in Q1 2020. The Management Board will be consulted, should changes to the EMA policies be needed as a consequence.

In the subsequent discussion several members complimented the Agency on the innovative approach to its 'future proofing'. Interest was expressed in knowing more about its quick development and about how the four Task Forces will link in with similar work carried out in the network. The Executive Director explained that the decision to make changes to the organisation of the Agency was taken after it became apparent over the summer that the emerging issues could not be solved in the longer term without some organisational adjustment. A strategic decision was taken to streamline the organisation without creating new positions in high management, relying instead on the agility of the Task Force approach. The mandate of the Task Forces will include an interface to the network. More detailed information will be presented to the board in December. [redacted]

B.2 Report from the European Commission

Commission 2019-2024

The future strategy for the new Commission for SANTE will address technological developments, scientific breakthroughs and environmental risks. Among the first identified priorities by the new Commissioner-designate for SANTE, Stella Kyriakides, will be supply of affordable medicines, leadership in pharma innovation, One Health Action Plan against AMR, communication on vaccination, a plan on beating cancer and the new responsibility on the regulatory aspects of medical devices.

Review of EMA fee system

After the publication of the Staff Working Document (SWD) of the evaluation with the external study report, and of the Inception Impact Assessment (IIA), a one-month public consultation with deadline 16 October is taking place. EMA and NCAs are invited to contribute. The impact assessment project is expected to start at the end of the year.

Study on marketing authorisation procedures

DG SANTE continues to work with the contractor with a view to invite them to the Pharmaceutical Committee on 7 November to present the outcome of the study. Member States will be able to provide feedback to the study that will be taken into account by the Commission in preparation of the Commission Report (SWD) which will be submitted to Council and Parliament in 2020.

ATMPs

Hospital exemption was discussed at the Pharmaceutical Committee meetings in April and July. The aim is to address shortcomings and find common voluntary approaches across the EU. At a meeting on 1 October between national authorities responsible for medicines and for GMO, initiatives were discussed to address applications of GMO framework to gene therapy medicinal products.

N-Nitrosamines

Follow-up on this important issue will be needed to provide guidance on avoiding nitrosamines in human medicines and also in the food area.

MRA EU-US

The 28th EU Member State has been recognised by the US FDA on 11 July and batch testing waiving has started to apply while the assessment of veterinary authorities has started with the US CVM JAP audit on 10-14 June.

ICH – Quality of active ingredients

China, a regulatory member of ICH, is expected to implement ICH guidelines and seems receptive to strengthen its regulatory oversight on pharmaceuticals. The action plan on the quality of active ingredients aims at strengthening the implementation of EU legislation, in particular the 'written confirmation'. Collaboration with China and India needs to be improved to strengthen the regulatory framework applicable to APIs and implement GMP equivalent to EU standards.

Multistakeholder meeting on Biosimilar Medicinal Products

The yearly meeting will take place on 30 October 2019 and this year's topic will be 'Public Health Systems & Industry' perspective for biosimilar sustainability.

B.3 EMA Mid-year report 2019 from the Executive Director (January – June 2019)

[EMA/MB/485721/2019; EMA/443839/2019] The board noted the mid-year report 2019 from the Executive Director. The report begins with a section on Brexit related activities including the sublease of the EMA London premises in 30 Churchill Place, which will have consequences for the 2020 budget, the relocation of staff members to Amsterdam, the operations carried out to ensure that MAHs prepare for Brexit and submit Brexit-related changes for centralised products (CAPs) in time. Brexit has had an important impact on the work programme 2019, as 79 out of 147 activities included were suspended, 18 were reduced in volume and pace, and only 50 activities have been maintained in their full scope as they relate to core activities under so called category 1 activities. As of June 2019 EMA has started to reinstate some activities with a focus on activities and projects that aim to increase the efficiency of the Agency's operations. Key developments included support to the Commission in drafting implementing and delegated acts required by the new veterinary regulation, dealing with public health emergencies like the Ebola outbreak in the Democratic Republic of Congo and the sartans case. At an international level the exchange of information for inspections in Switzerland with EU Member States and Swiss medic was achieved, and the Executive Director was elected to become chair of the International coalition of medicines regulatory authorities (ICMRA). On the operational side the performance for human procedures related to innovation appears stable. A decrease in requests for PRIME seems to have been offset by subsequent developments in September. Trends for post-authorisation procedures show the impact of Brexit in the high workload for Type I variations, in what is otherwise a consistent workload. For monitoring and compliance activities GMP inspections figures rose after a downwards trend following the MRA with the FDA. GCP inspections continue to rise, and

are further complemented with exchanges of information. For veterinary products overall activity and workload are high, with particular regard to MUMS/limited market and Brexit related variations. Some projects are experiencing delays or cancelations due to staff shortages. Substances and products management services in the data integration programme are delayed. A SIAMED project is at risk due to resource issues, and the Online and e-submission programmes remain suspended in 2019. E-recruitment and optimisation of learning management system will be delivered in Q3. The data centre relocation took place on time and under budget in Q1. The vacancy rate for Temporary Agents (TA) is theoretically at only 1.2%, but the impact of parental, sick and other leave is significant. The vacancy rate for Contract Agents (CA) is higher, due to higher turnover and less interest from candidates in CA positions. Percentage of resignations has sharply increased for both TA and CA as a consequence of the relocation, however with a turnover of CA more than double that of TA, which shows the need for a long term strategy that converts CA positions into TA. External selection procedures had to be suspended during the relocation, but thanks to efficiency gains by HR and commitment of all staff involved, selection procedure time from publication of notice to establishment of reserve lists is now under the target of 3 months.

B.4 Report to the Management Board on the implementation of EU IT systems required by the Clinical Trial Regulation

The Management Board noted the *Update on the Clinical Trials Information System (CTIS) Project for implementation of the Clinical Trial Regulation*, endorsed the Conclusions of the *EU Clinical Trial Regulation Coordination Group (EU CTR CG) on the monitoring of the CTIS project* and decided to continue the project with the current supplier (Everis) on the basis of 6 months of monitoring and recommendations from the EU CTR Coordination Group.

a) Report on CTIS development

[EMA/MB/477430/2019; EMA/486126/2019] EMA reported that following the signing of the contract with the developer on 28.02.2019, the six-month period of monitoring the supplier performance was completed in September. The period encompassed two phases: phase 1 concentrated on the safety reporting module, fixing a set of 52 bugs from release 7 and regression testing of the code merge of releases 7 and 9. Phase 2 introduced a new way of working in an agile and iterative way and delivered 4 sprints as part of a first release (release 10) in this delivery model. A significant change in the way the project is run and engages with users was noted, however output of the development team and performance of regression testing need improvement - corrective actions have been put in place, but their benefits will only be measurable in the next release. According to the decision tree agreed in June on whether to continue to work with the developer, limited problems with predictability and quality support the option to continue with the developer while monitoring performance that takes into account an agreed improvement plan.

b) The Report of the EU Clinical Trial Regulation Coordination group

[EXT/524158/2019] The chair of the EU CTR Coordination Group presented the group's conclusions. Monitoring results have fulfilled expectations only partially, although predictability was good. Quality of output needs to further improve, but an improved way of working and increased expertise at the level of the developer is noted, along with good interaction with the Product Owners (PO). Given the complexity of the system, there is no indication that a new provider would perform better. The proposed action plan sets two areas for further development. On the one hand, the IT supplier must

improve substantially the number of net items delivered per release and the performance of the system-wide regression testing. On the other hand, the work to prioritise items to be developed should be further rationalised by the POs of the sponsors and Member States. Critical items, to be implemented, should be selected on the basis of functionality rather than item-by-item, with the use of the CTIS sandbox to simulate real-life scenarios. Sprint planning should be structured to take up critical items only prior to audit.

The Topic Coordinator for the board in the Coordination Group concluded recommending to the Management Board to agree with the conclusions of the EU CTR Coordination Group, give mandate to the Coordination Group to continue the collaboration with the developer, develop improvement of supplier performance and rationalisation of the work further, and prolong the monitoring period by at least 3 releases. The updated project plan should be reviewed in December 2019, with a priority setting that would deliver the audit start by the end of 2020. Heads of Agencies were recommended to support this approach and to continue to provide resources to enable effective delivery of CTIS, as well as continue to prepare in their Member State for an active participation in CTR in collaboration with the CTFG/EU Network Training Center.

Answering a question on possible risks for the quality of the final product, it was pointed out that the recommended actions aim at assuring a good quality, which is ascertained by means of Factory Acceptance Testing (FAT) and Site acceptance Testing (SAT) and business validation. The extension of the sprint periods will allow the developer to implement corrections within the cycle of the sprint itself. Concerning contractual arrangements, the delivery under the current framework contract can be extended by a maximum 12 months beyond its July 2019 duration, by a single specific contract issued prior to July 2019. The board decided to endorse the proposal by the Coordination Group.

B.5 Update on the pilot on signal detection in EudraVigilance by marketing authorisation holders

[EMA/MB/488796/2019] The Management Board noted the update on the pilot of signal detection in EudraVigilance by marketing authorisation holders. At the October 2018 meeting the board had noted an extension beyond February 2019 of the pilot agreed with the European Commission in 2017 as a transitional arrangement to prevent overload of the EU network when introducing the requirement for Marketing Authorisation Holders to continuously monitor EudraVigilance and inform EMA/NCAs of validated signals. Main findings of the pilot were that a relatively low number of signals were notified and only one was considered worthy of PRAC evaluation. These notifications generate however a significant amount of work for the Agency and concerned Member States, potentially diverting resources away from other activities with a higher public health impact. Duplication of efforts could be mitigated through amendments to the Implementing Regulation. The Agency, in collaboration with PRAC members, has now analysed the experience gained through the pilot for the period February 2018 to June 2019, which is outlined in a report submitted to the Commission on 2 October 2019. The next phase will be a discussion with Commission colleagues on the possibility to amend the EC implementing regulation and to extend the pilot phase i.e. not to roll-out EudraVigilance signal detection across all MAHs in the EEA. A formal decision on the next steps is expected by November and will ideally be communicated to all stakeholders by December 2019.

The representative of DG SANTE confirmed that after the best course of action will have been decided, any proposal for a legislative change will need to be put in the legislative agenda of the new Commission. He stressed that no commitment for possible legislative amendments can be made at this stage.

B.6 Implementation of the new veterinary medicines legislation - Proposed governance for the implementation of Regulation 2019/6 ('NVR')

[EMA/MB/488796/2019; EMA/521954/2019] The Management Board endorsed the proposed governance for the implementation of the NVR.

The representative of DG SANTE updated the board on the status of the implementation. After the EMA had sent its advice on the mandates included in the first package, the documents have now been published on the Commission website. Meetings of the Standing Committee on Veterinary Medicinal products (SCVMP) and Veterinary Pharmaceutical Committee Expert Group were held on 30 September and a targeted consultation was launched. On 1 July a second round of mandates was sent to EMA. Preparation is ongoing for the Article 156 feasibility study. Overall, ongoing and forthcoming implementation activities are on schedule. Looking ahead, the drafting of the acts from the first batch is due to commence and the drafts will be discussed by the Standing Committee and the Expert Group at meetings scheduled for early December. The mandate on the implementing act on the list of antimicrobials not to be used off label will be drafted and sent to EMA. Deliverables from the expert working groups under the second round of mandates are expected in 2020.

EMA reminded the board of its role in the preparation of the implementation of the NVR, which consists in providing the Commission with Scientific Advice and recommendations regarding certain implementing and delegates acts; implementation of IT requirements arising from the NVR, and also review and change of business processes to address legislative changes and/or changed IT systems to serve the legislation which not only applies to the Agency, but to the NCAs as well. The budget and resource estimates have been revised and are still to be considered conservative estimates, as the involvement of staff allocated to the preparation of recommendations is often more in reality, and estimates do not include expenses for meetings, missions and translation costs. Starting in 2022 the NVR will require resources also for its operations. The impact estimates are being updated, but will need further updates in 2020/2021. The European Parliament has adopted two NVR related budgetary amendments increasing the EMA's budget for 2020 by 5.9 million EUR and the EMA establishment plan by 8 FTEs (TAs). The amendments were endorsed by the BUDG committee and will go to a final EP plenary meeting on 23 October. The Task Force set up by the Management Board in June held a preparatory meeting on 30 August to discuss approaches for Member States to support EMA in obtaining sufficient resources. It was considered that formal Terms of Reference or a mandate will not be needed. EMA has delivered the first 4 recommendations to the Commission on time and is working on the other mandates. The resource situation is however still unsustainable, as core business tasks are going to suffer in 2020 despite the veterinary Division operating under the Brexit BCP. In order to deliver on the NVR, adequate provisions for the 2020/2021 budgets have to be made, as well as allocation of suitable resources. The governance for the UPD IT projects needs to be established to allow for the selection of systems, prioritisation of functionalities and initiation of the project in order to begin development in 2020. The proposed governance is based on the one successfully implemented for CTIS and was presented to NCAs at the HMA meeting in Finland in September. Differences between the Clinical Trials and the NVR needed to be considered. The governance would comprise the NVR Coordination Group chaired by the Commission, with 5 board representatives, 1 representative from the EU TMB and the 2 HMA TF CIVR co-chairs to monitor implementation and coordinate activities of the various working groups contributing; the NVR Stakeholders' Group as advisory group; Project Groups for UPD and EVVet3 to provide expert input into definition and development of the UPD; Key user groups to agree and sign off detailed requirements for the releases under development, active participation in UAT, tests and verifications. Written comments had been received from the European Commission and incorporated in the new version tabled for the board.

The governance was endorsed by the board after a brief discussion in which it was underlined that the MB representatives in the NVR Coordination Group should be directly involved in veterinary matters in their NCAs and can therefore be representatives of members of the board, rather than board members. The representative of DG GROW stated the importance of clear roles and decision mechanisms in the governance. The representative of DG SANTE recommended making valuable use of experience from the CTIS, for instance by better clarifying ways of communication between the parts involved in the project.

B.7 Review of activities of the Working Parties of the EMA

The board endorsed the creation and the mandate of a group to review the activities of the Working Parties of the EMA. A first review of the Working Parties in 2015 had examined ca. half of the over 60 groups, when it was suspended due to the Brexit business continuity arrangements to be put in place. A summary of findings for 2015 showed 643 experts involved in 253 meeting days giving rise to 1,960 reimbursements for over 1.7 million EUR. The Management Board Data Gathering initiative yielded data on total accumulated average hours declared by members of Working Parties/Working Groups (WP/WG) and EMA secretariats over a 1-month period. The results showed very high variability both in terms of hours of activity, and of relative involvement between members form the NCAs and the EMA secretariats. During the Brexit BCP period, a number of WP/WG were suspended or their activity reduced. When considering their activation a critical look is now needed to determine whether they continue to be fit-for–purpose also longer term. A mandate was proposed to the board for a group to conduct a strategic review of the functioning and outputs of the Agency's WP and Scientific Advisory Groups (SAG) and make recommendations regarding their rationalisation. The group would deliver optimisation/rationalisation proposals and KPIs for WP/SAG that are aligned with the network's strategic needs as well as a signed-off priority list of optimisation/rationalisation options and stakeholder engagement plan. The scope of the 2019 review would address the domains of quality, non-clinical safety, methodology, and clinical, as well as support to Commission and NCAs, such as the IWGs, for both the human and veterinary areas. The group would be looking at architecture design and governance; operations, composition, number of experts and duration of mandates; work planning cycle; guidelines lifecycle process; rules for engagement with Interested Parties; European and international collaboration. The review group will include the three Management Board Topic Coordinators nominated in June as well as key committee chairs. After the endorsement of the mandate at the board, preliminary proposals will be presented at the HMA meeting in November, and further refined proposals at the December meeting of the board. The implementation phase is foreseen in Q1 2020.

The board endorsed the proposal, and nominated María Jesús Lamas Diaz as a fourth Topic Coordinator.

B.8 EMA Regulatory Science Strategy (RSS) to 2025

Following two stakeholder workshops, one Human and one Veterinary, held respectively on 24 October and 6 December 2018, a public consultation was launched with deadline 30 June 2019. A preliminary overview of the participation from about 200 responders shows a good distribution among a variety of stakeholders. Overall views and recommendations were analysed in clusters. The top 3 core recommendations in the human area were fostering innovation in clinical trials; promoting use of high-quality real-world data (RWD) in decision making; reinforcing patient relevance in evidence generation. In the veterinary area priority was assigned to transforming the regulatory framework for innovative veterinary medicines; developing new approaches to improve the benefit-risk assessment of veterinary medicinal products; collaborating with stakeholders to modernise veterinary pharmacoepidemiology

and pharmacovigilance. This preliminary report will lead to the analysis of the remaining questions before the workshops of 18-19 November (human) and 5-6 December (veterinary). The consultation results, along with the outputs from the workshops, will be published in due course. A further update will be provided to the board in December before finalisation of the RSS to 2025 in January 2020. The RSS will feed as input into the European Medicines Agencies Network Strategy to 2025 and into the Multiannual Work Programmes, CXMP and Working Parties Work Plans.

B.9 Report from the Director of the Internal Audit Service EC (IAS) and Director of the European Court of Auditors (ECA)

The chair welcomed Reinder van der Zee, Director of IAS A, and Joanna Metaxopoulou, Director of Chamber IV of ECA, thanking them for having agreed to present to the board their activities in connection to the audits performed at EMA. The visit had been requested by a member, who wished to meet IAS and ECA representatives to better understand the context of the letters and reports that the board receives from both organisations. The Director of IAS informed that as the European Commission's internal audit function it is responsible for 90 different auditees among which are 40 EU agencies. Internal control and audit is carried out in agencies by different types of auditors: the EMA's internal audit capability and IAS report to the Management Board and Executive Director and act as internal auditors, while ECA is the external auditor. IAS reports to the European Commission insofar as the Commission is part of the EMA's Management Board. The IAS carries out compliance and performance audits via a 3-year audit plan based on a risk assessment, and also executes consulting tasks, performance audits and horizontal audits encompassing more than one agency. At the moment IAS is carrying out a risk assessment at EMA to identify high risk areas by means of a desk review, on-site interviews with the Executive Director and key agency staff, validation and reporting, including consultation of the board through its chair. The exercise will result in identifying audit topics and reserve audit topics to be included in the audit plan 2020-2022. After the audits, recommendations are issued to the Agency, discussed with management and included in the Action Plan which is regularly reviewed. In recent years recommendations have been limited in number, and as the Agency is very diligent in carrying out its follow-up actions, there was never a need to provide further information to the board. ECA is constituted by 28 members in 5 chambers, each responsible for a different policy area. ECA's role is to audit yearly the accounts of all agencies, comprising financial statements, reports on the implementation of the budget for each financial year and the legality and regularity of the underlying transactions. Based on the results of the audits, it provides the European Parliament and the Council with the statement of assurance in the framework of the discharge procedure. It also conducts performance audits and horizontal audits. The mandate of the Court has significantly grown as the number of agencies for which it is responsible increased, and relies on external audit firms for the audit of non-executive agencies such as EMA. Within the audits on the legality and regularity of transactions, ECA performs assessments of the management and control systems, carries out substantive testing of transactions and procedures for major revenue lines, audits budget implementation and pays attention to performance and sound financial management aspects. ECA produces a large report detailing the work and statement of assurance for each agency. A Preliminary Annual Report on EU Agencies is adopted in May of year n+1 and is followed by an adversarial procedure where this is necessary. The Management Board receives a copy of the report. In September of the year n+1 the final report is adopted and published in October.

B.10 Update of the Annual Audit Plan 2019

[EMA/MB/505995/2019; EMA/505946/2019] The Management Board adopted the *Updated Audit strategy 2019-2021 and annual audit plan for 2019* to reflect the steps taken during the relocation of the Agency and the proceeding months. For the 2nd half of 2019 an internal audit was amended to reflect the need to identify any issues before the lease agreement for the new premises is signed. As

documentation will be available only in Dutch and will require Dutch legal expertise, the audit will be conducted by an external audit service provider. Another audit will be postponed to 2020 and a consultancy engagement will be cancelled. The remaining internal audits and consultancy engagements will take place as planned. In addition, the IAS, ECA and legally required audits will be performed.

List of written procedures finalised during the period from 17 May 2019 to 16 September 2019

- Consultation no 8/2019 on the appointment of Margareta Bego as CHMP member proposed by Croatia ended on 10 June 2019. The mandate of the nominee commenced on 11 June 2019.
- Consultation no 9/2019 on the appointment Martine Trauffler as CHMP member, proposed by Luxembourg ended on 11 June 2019. The mandate of the nominee commenced on 12 June 2019.
- Consultation no 10/2019 on the appointment of Tomas Radimersky as CHMP alternate, proposed by Czech Republic ended on 10 July 2019. The mandate of the nominee commenced on 1 September 2019.
- Consultation no 11/2019 on the appointment of Marie-Christine CHMP alternate as proposed by the United Kingdom ended on 15 July 2019. The mandate of the nominee commenced on 28 August 2019.
- Consultation no 12/2019 on the appointment of Guiseppa Pistritto as CHMP alternate as proposed by Italy ended on 19 August 2019. The mandate of the nominee commenced on 20 August 2019.
- Consultation no 13/2019 on the appointment of Dariya Dimitrova CHMP alternate as proposed by Bulgaria ended on 19 August 2019. The mandate of the nominee commenced on 20 August 2019.
- Consultation no 14/2019 on the appointment of Jean-Michel Race as CHMP alternate as proposed by France ended on 30 August 2019. The mandate of the nominee commenced on 1 September 2019.
- Consultation procedure for adoption of the Agency's final accounts 2018 ended on 19 June 2019. The procedure was adopted.
- Consultation procedure for endorsement of the of the 2nd EC report on the performance of pharmacovigilance tasks by the EU Member States and the EMA (2015-2018) ended on 28 June 2019. The procedure was adopted.
- Consultation procedure for adoption of the Management Board decision on Amending Budget 2-2019 ended on 18 July 2019. The procedure was adopted.
- Consultation procedure for endorsement of the reports and recommendations of data analytics subgroup of the HMA/EMA Joint Data Big Data Task Force ended on 26 July 2019. The procedure was endorsed.
- Consultation procedure of the draft minutes of the 104th Management Board meeting ended on 30 August 2019. The procedure was adopted.

Documents for information

- [EMA/MB/485665/2019; EMA/484836/2019] Report on EU Telematics
- Feedback from the Heads of Medicines Agencies

- [EMA/MB/498499/2019] Outcome of written procedures finalised during the period from 17 May 2019 to 16 September 2019
- [EMA/MB/447289/2019] Summary of transfers of appropriations in budget 2019
- [EMA/MB/397874/2019; EMA/397875/2019] Eighth six-monthly report on ex ante and ex post evaluation of projects for the period 1 January to 30 June 2019

List of participants at the 105th meeting of the Management Board, held in Amsterdam, 3 October 2019

Chair: Christa Wirthumer-Hoche

	Participants
Belgium	Xavier De Cuyper *(member)*
Bulgaria	Bogdan Kirilov (member) [1]
Czech Republic	Irena Storová *(member)*
Croatia	Siniša Tomić *(alternate)*
Denmark	Mette Aaboe Hansen *(alternate)* Tina Engraff *(observer)*
Germany	Karl Broich *(member)* Wiebke Loebker *(observer)*
Estonia	*Apology received from Kristin Raudsepp (member)*
Ireland	Lorraine Nolan *(member)* Rita Purcell *(alternate)*
Greece	*Apology received from Ioannis Malemis*
Spain	María Jesús Lamas Diaz *(member)* César Hernández *(alternate)* María Jesús Alcaraz Tomas *(observer)*
France	Jean-Pierre Orand *(alternate)* Miguel Bley *(observer)*
Italy	Luca Li Bassi (member) Anna Laura Salvati (observer)
Cyprus	Loizos Panayi *(member)*
Latvia	Svens Henkuzens *(member)*
Lithuania	Gytis Andrulionis *(member)*
Luxembourg	Laurent Mertz *(member)*
Hungary	Mátyás Szentiványi *(member)* [1]
Malta	John-Joseph Borg *(member)*
Netherlands	Hugo Hurts *(member)* Michiel Hendrix *(observer)*
Austria	Thomas Reichhart (alternate)
Poland	Grzegorz Cessak *(member)* Marcin Kolakowski *(alternate)*
Portugal	Rui Santos Ivo *(member)*
Romania	Roxana Stroe (alternate)
Slovakia	Zuzana Baťová *(member)*
Slovenia	*Apology received from Momir Radulović (member)*
Finland	Eija Pelkonen (member)
Sweden	Catarina Andersson Forsman *(member)* Asa Kumlin Howell *(observer)*

[1] *Competing interest declared resulting in no participation in decision with respect to agenda point B.4.b and B6.*

United Kingdom	*Apology received from Jonathan Mogford (alternate)*
European Parliament	Matthias Groote Tonio Borg
European Commission	Andrzej Rys (DG SANTE) Carlo Pettinelli (DG GROW) Aude L'hirondel DG SANTE (*observer*) Laura Fabrizi DG GROW (*observer*)
Representatives of patients' organisations	Ioannis Natsis Marco Greco
Representative of doctors' organisations	Wolf Dieter Ludwig
Representative of veterinarians' organisations	Nancy de Briyne
Observers	Runa Hauksdottir Hvannberg (Iceland) *Apology received from Marc Bürzle (Liechtenstein)* Audun Hågå (Norway)
Delegation present during point B.9 *Report from the Director of the Internal Audit Service EC (IAS) and Director of the European Court of Auditors (ECA)*	Reinder van der Zee (IAS) Ioanna Metaxopoulou (ECA) Andrea Ferraris (ECA)

European Medicines Agency	Guido Rasi Noël Wathion Nerimantas Steikūnas Fergus Sweeney Ivo Claassen Alexis Nolte Enrica Alteri Melanie Carr Zaide Frias Anthony Humphreys Edit Weidlich Agnes Saint-Raymond Stefano Marino Marie-Agnes Heine Christine Bugge Monica Dias Hilde Boone Maria Alves Silvia Fabiani Apolline Lambert Sophia Albuquerque