

REGULATION

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Thank you very much for the kind invitation to participate this afternoon in this meeting. Let me start by extending the appreciation of AESGP for the good collaboration with ESCOP over the last years. ESCOP has significantly increased the understanding of the value of herbal medicinal products by enlarging the scientific basis and communicating it to a wide audience. Through this work, your efforts very much complement the work of AESGP which is focused on the legal/regulatory and political environment for herbal medicinal products, and I think there has been mutual benefit since ESCOP came into existence ten years ago.

The title of this session offers the opportunity to summarise where we currently stand with herbal medicinal products and to look at the future perspectives from a regulatory viewpoint. It is evident that many of the achievements in the field of herbal medicinal products would not have been possible without strong political support. This has become particularly evident through different resolutions and statements in 1995 and 1996, which paved the way for much more concrete work on the European level than ever before.

One of the starting points in this political process was the Council Resolution adopted during the Spanish presidency, in December 1995, which requested particular attention to, and action in the field of herbal medicinal products. The European Parliament made a particularly clear statement on herbal medicinal products in the context of its Resolution on an Industrial Policy for the Pharmaceutical Sector. The following paragraphs illustrate this in particular:

The European Parliament:

“points out to the Commission that citizens’

attitudes towards health have changed and demand has consequently shifted because there is greater awareness of ‘gentle’ forms of healing (e.g. physiotherapy) and ‘alternative’ medicines (herbal and homeopathic) among doctors and patients, and even today alternative treatments provide significant employment opportunities in small and medium-sized enterprises;”

“calls on the Commission to prepare additional proposals on how also to facilitate the European marketing of herbal and homeopathic medicines ...

“requests the Commission to adjust the authorisation procedure to allow such medicines to be generally available throughout the Community and in pursuit of such, calls for the setting up of a Traditional Medicines Evaluation Agency, comprising experts in this field, to assess the worth of phytomedicines”.

More carefully worded, but without losing the general direction, the Council of Ministers adopted its Resolution on an Industrial Policy for the Pharmaceutical Sector shortly after the European Parliament, on 23 April 1996. In this resolution:

[The Council of Ministers]...

“asks the Commission to look with the Member States at the situation of producers of medicinal products sold without prescription and preparations obtained from medicinal plants”

This positive attitude towards herbal medicinal prod-

ucts was shared by the European Commission, and in particular the Commissioner responsible for the area of pharmaceutical regulation, Dr Martin Bangemann. At the 32nd AESGP Annual Meeting in May 1996 in Istanbul, Dr Bangemann stated that:

“In particular, the list of experts assisting the European Medicines Evaluation Agency (EMA) should be completed to include experts in the field of self-medication, traditional medicines and herbal medicines. We have also suggested the establishment of a working party of the CPMP, to pool the scientific expertise in this area and allow appropriate assessments to circulate in the European Union.”

At the same meeting, a comprehensive workshop on regulatory matters in the area of herbal medicinal products allowed a debate on future perspectives. This was regarded as most useful in defining a coherent request to the authorities to embark on a European process allowing these products to benefit from existing European systems.

The concrete result of all this work was the establishment of an Ad Hoc Working Party of the European Medicines Evaluation Agency (EMA) on herbal medicinal products. This group met three times in 1997 and twice in 1998, and produced within a short period an impressive range of results which are widely appreciated by all parties concerned.

There has been general regret that, owing to budgetary problems within the EMA, the third meeting of the Ad Hoc Working Group scheduled to take place in 1998 has been postponed until next year. In this context, it is important to note that during the debate on the EU's 1999 budget, the European Parliament's Committee on the Environment, Public Health and Consumer Protection supported an increase in the EMA 1999 subsidy from 12 to 14 million ECU, i.e. 2 million ECU more than in the Commission's original proposal. Most important in this context is the justification given by this Com-

mittee which stated that:

“The Committee on the Environment, Public Health and Consumer Protection has to insist on an increase of the subsidy of at least 2 million ECU to make sure that the European Agency for the Evaluation of Medicines is in a position to meet its obligations, in particular with regard to the work on herbal medicinal products as requested by the European Parliament”

In light of this strong support for a commitment by the EMA to the area of herbal medicinal products, it seems appropriate to consider what the long-term development may look like. Certainly, the most important instrument to allow herbal medicinal products to circulate in the European Union is the mutual recognition system. After a relatively difficult start, this system has improved, and further efforts are underway to improve its functioning e.g. through better transparency. Some, although few, herbal medicinal products have successfully passed through the mutual recognition system and the (limited) experience is certainly not negative. This allows a positive look upon future developments which could be linked to a strengthening of the Ad Hoc Working Party. The concrete requests are:

- The establishment of a permanent working group within the EMA with sufficient resources (including a sufficient number of meetings and appropriate staff support). This was suggested by Commissioner Dr Martin Bangemann in his speech at the 34th AESGP Annual Meeting on 21 May 1998 in Athens.
- The opening up of the centralised procedure to other medicinal products, including herbal medicinal products, when the current system is reviewed.
- Finally, consideration of how the current Ad Hoc Working Party can develop into a full committee with expertise in the field of herbal medicinal products operating in parallel to the existing CPMP.

This would allow long-term development ensuring proper coverage of the products under consideration as well as the protection of public health.

All this work is accompanied and supported by important initiatives by the World Health Organisation and its Traditional Medicines Programme. Table 1 gives an overview of the major objectives of this programme, which has strong support from the World Health Assembly. A considerable number of documents have been developed, some of which are listed in Table 2. Of particular relevance are Model Monographs of widely used medicinal plants, of which the first series was drafted in 1996 and endorsed by the International Conference of Drug Regulatory Authorities (ICDRA) in the autumn of that year. Final publication is expected shortly. Table 3 gives an overview of these plants.

The positive reaction to this first series of WHO Monographs has led to the drafting of a second series to be finalised in early 1999, prior to the next ICDRA meeting scheduled for April 1999 (see Table 4). All this work should help to facilitate EU-wide scientific assessment of such plants and even-

tually provide access to all EU markets for medicinal products containing plants covered by monographs.

Since its foundation in 1964, it has been AESGP's policy to further the role of herbal medicinal products in Europe and throughout the world. This includes proper coverage by a regulatory framework taking into account the particularities of herbal medicinal products. In light of some differences in the scientific basis for herbal medicinal products, AESGP has proposed a two-stage model (Table 5) which requests EU-wide access at least for products which can prove their efficacy by clinical studies and/or bibliographic references and/or recognised monographs. Some progress in the realisation of this approach can be noticed, although much remains to be done. Without question, the work of ESCOP in the scientific evaluation of herbal medicinal products will also be important for further recognition of such medicines in the regulatory environment, and I am therefore confident that the successful co-operation between ESCOP and AESGP will also be of relevance in the future.

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TABLE 1

WHO TRADITIONAL MEDICINE PROGRAMME

Major objectives are to :

facilitate the integration of traditional medicine into the national healthcare system

promote the rational use of traditional medicine through development of technical guidelines and international standards in the field of herbal medicines and acupuncture

act as a clearing house for the dissemination of information on various forms of traditional medicine

TABLE 2

WHO DOCUMENTS ON MEDICINAL PLANTS

Research Guidelines for Evaluating the Safety and Efficacy of Herbal Medicines - Regional Office for the Western Pacific (1993)

Guidelines on the Conservation of Medicinal Plants (1993)

Quality Control Methods for Medicinal Plant Materials (1994)

Selection of Essential Medicinal Plants - Regional Office for the Eastern Mediterranean (1995)

Examples of Monographs on selected Medicinal Plants (in preparation)

TABLE 3

WHO Monographs on Selected Medicinal Plants
(Volume I, 1996)

Allii Cepae, Bulbus

Allii Sativi, Bulbus

Aloe

Aloe Vera Gel

Astragali, Radix

Bruceae, Fructus

Bupleuri, Radix

Centellae, Herba

Chamomillae, Flos

Cinnamomi, Cortex

Coptidis, Rhizoma

Curcumae Longae, Rhizoma

Echinaceae, Radix

Echinaceae Purpureae, Herba

Ephedrae, Herba

Gingko, Folium

Ginseng, Radix

Glycyrrhizae, Radix

Paeoniae, Radix

Plantaginis, Semen

Platycodi, Radix

Rauwolfiae, Radix

Rhei, Rhizoma

Sennae, Folium

Sennae, Fructus

Thymi, Herba

Valerianae, Radix

Zingiberis, Rhizoma

TABLE 4

WHO Monographs on Selected Medicinal Plants (Volume II, 1997)	
Aesculus hippocastanum	Melissa officinalis
Althaea officinalis	Mentha piperita
Angelica sinensis	Ocimum sanctum
Arcostaphylos uva ursi	Oenothera biennis
Calendula officinalis	Piper methysticum
Capsicum annuum	Polygala senega
Chrysanthemum parthenium	Prunus (Pygeum) africana
Cimicifuga racemosa	Rhamnus purshiana
Crataegus monogyna C. laevigata	Rhamnus frangula
Eleutherococcus senticosus	Salvia miltiorrhiza
Eucalyptus globulus	Sambucus nigra
Hamamelis virginiana	Serenoa repens
Harpagophytum procumbens	Silybum marianum
Ondrographis paniculata	Syzygium aromaticum
Hypericum perforatum	Urtica dioica, U. urens
Melaleuca alternifolia	

TABLE 5

ASSESSMENT OF HERBAL MEDICINAL PRODUCTS clarifying the position under the scope of the Community legislation in the pharmaceutical sector		
Definition	Herbal medicinal products based upon national experience or tradition	Herbal medicinal products recognised by scientific standards
Application procedure	National	National and/or Mutual Recognition
Requirements for marketing authorisation	<ul style="list-style-type: none"> • <i>Quality</i> • Meet requirements on <i>Safety</i> and <i>Efficacy</i> set by national authorities e.g. positive list of plants and positive list of indications 	<ul style="list-style-type: none"> • <i>Quality</i> • Meet requirements on <i>Safety</i> and <i>Efficacy</i> by reference to: <ul style="list-style-type: none"> – specific bibliographical references and/or – monographs/SPCs and/or – clinical trials according to an appropriate model
Use	Statement with the indication referring to national experience or tradition	Any domain of indication supported by specific bibliographic references and/or monographs/SPCs and/or supported by clinical trials