

The Erice Manifesto

For Global Reform of the Safety of Medicines in Patient Care

Foreword

The science of pharmacovigilance – monitoring and evaluating drug safety issues and communicating them effectively – is a vital activity of worldwide significance in the safeguarding of patient welfare and public health. Its clinical, public health and economic importance has been demonstrated, but it needs to be better understood and appreciated by politicians, the media and the public.

Pharmacovigilance is evolving from being a largely reactive discipline, concentrating on the discovery of harm caused by marketed drugs, to a proactive study of their safety, effectiveness and associated risk factors in normal medical practice and use by patients.

The Erice Manifesto specifies the challenges which must be addressed to ensure the continuing development and usefulness of the science, in particular:

- The active involvement of patients and the public in the core debate about the risks and benefits of medicines, and in decisions about their own treatment and health
- The development of new ways of collecting, analysing and communicating information about the safety and effectiveness of medicines; open discussion about it and the decisions which arise from it
- The pursuit of learning from other disciplines about how pharmacovigilance methods can be improved, alongside wide-ranging professional, official and public collaboration
- The creation of purposeful, coordinated, worldwide support amongst politicians, officials, scientists, clinicians, patients and the general public, based on the demonstrable benefits of pharmacovigilance to public health and patient safety.

This document was drawn up at the international workshop on Future Perspectives in Pharmacovigilance, Ettore Majorana Centre for Scientific Culture, Erice, Sicily, 28 June–2 July 2006. It shares the vision and values of the Erice Declaration on Communicating Drug Safety Information of 1997, and of the Luxembourg Declaration on Patient Safety of 2005, but focuses on new and urgent contemporary issues.

Preamble: Reasons for Concern

With much progress already made, the important scientific activity of pharmacovigilance¹ has yet to fulfil its potential to deliver much greater benefits for patients, in terms of the early detection and prevention of unexpected and avoidable harm from medicines, the management of risk, and improvement in therapy.

A number of factors have inhibited and continue to limit the development of pharmacovigilance:

¹ The science and activities relating to the detection, assessment, understanding and prevention of adverse effects of drugs, biologics and other medical products, or any other possible product-related problems.

- despite significant efforts, patient safety and drug safety remain undervalued and under-resourced, resulting in avoidable economic and human cost;
- cautious bureaucratic processes, in the context of a social climate of risk-aversion, sometimes with insufficient concern for assessment of impact on clinical practice and informed patient choice, have displaced the crucial encounter between patient and physician and the decisions made between them as the main focus of attention;
- competing national and regional self-interest has undermined the possibility of productive, open collaboration among all countries for the benefit of humanity as a whole;
- insufficient attention has been paid to the varying needs of countries at different levels of development.

The reform of pharmacovigilance as a whole, and the re-assessment of the activities, attitudes and goals associated with it, are urgent and important matters for debate and action by all players.² This science should be placed centre-stage and made truly fit-for-purpose in the 21st century.

International recognition that access to quality healthcare is a key human right also requires the safety of medical treatment to be given the same high level of ethical and political importance.

We believe that the following issues represent the highest priorities on the lengthy agenda of reform.

1. Placing the welfare, safety and concerns of patients at the absolute centre of all thinking, planning and operations, and measuring the value of all activities against those non-negotiable priorities by:

◆ Actively communicating with all players to ensure that drug safety, in the eyes of the people of the world, belongs to the community as a whole and that patients are essential partners to be involved in all aspects.

◆ Providing health professionals and patients with accurate, accessible, up-to-date, targeted medicines information and decision-making tools, including emerging safety issues, at the point of need:

- to facilitate discussion between them, and particularly for comparing the potential benefits and risks of the alternative therapies available;
- to allow them to learn about the recognition and avoidance of harm, and about effective, early diagnosis and notification of harm when it occurs.

◆ Ensuring the availability of openly-assessed choices of therapy, through intelligent risk management processes and information, without over-cautious reduction of options or the erecting of economic barriers limiting access for poorly resourced countries.

◆ Encouraging integration of pharmacovigilance and clinical pharmacology in the choices made by public health programmes, into all clinical practice including primary and hospital care, and in all healthcare training.

◆ Developing active and effective education for patients and the general public, including children and young people, in the realities of medical practice, the nature and inevitability of risk, in reasonable expectations of therapy and in the rational and discriminating use of drugs.

2. Transforming medicines regulation from a centralised, sometimes distanced, bureaucratic operation by:

◆ All parties being open to audit of decisions in drug safety and their impact on public and individual health.

◆ Developing a common vision of ethical and effective regulation and rational legislation.

◆ More active collaboration between pharmacovigilance centres (close to practitioners and patients), regulatory authorities, and the pharmaceutical industry and all other players.

² Including, but not restricted to, patients and their representatives, consumers, health professionals, researchers, academia, media, pharmaceutical industry, drug regulators, governments and international organisations.

- ◆ All parties being open to sharing and transferring knowledge and experience, to mutual support and assistance, through open access to research and data and transparency of decision-making.

- ◆ Minimising the demands placed on all stakeholders for burdensome, non-critical, non-essential processes and documentation.

- ◆ Encouragement of the pharmaceutical industry to take a more active, direct, long-term responsibility for the safety of their products and customers, through reallocation of priorities and funds, as part of corporate social responsibility.

3. Adopting innovative, proactive approaches (including emergent science such as pharmacogenetics and personal informatics) and learning from other social and industrial sectors (such as aviation) where safety is a core aspect of operations, for:

- ◆ The broader conceptualisation and identification of hazard and risk to determine comparative risk and benefit.

- ◆ The earliest possible detection of harm through the vigorous development of spontaneous reporting in every country, the active involvement of professionals and patients in such systems, and the refinement of signal detection methods.

- ◆ The extension of methods for the prediction and prevention of harm (including audit and learning from errors of the past) and the investigation of patients' concerns.

- ◆ The reduction of uncertainty through greater knowledge of the variables in therapy, robust risk management and new methodologies.

- ◆ The development of in-depth pharmacovigilance knowledge (using, for example, emergent population databases):

- of adverse reactions and side effects of drugs, and drug mechanisms in normal therapeutic use;
- of the priorities, concerns and behaviour of patients;
- of the needs, priorities and behaviour of prescribers;

- of the impact of environmental and all factors related to diagnosis, prescribing and drug use.

- ◆ Broad collaboration in an integrated process to develop truly individualised, personal medicine.

- ◆ The elimination of unsafe practices and inferior or counterfeit products, with strong action against deliberate offenders.

4. Pursuing open, active, altruistic collaboration at all levels and between all parties worldwide by:

- ◆ Recognising that all core patient safety issues transcend national and other boundaries, and that the greatest progress could be achieved under collaborative global oversight and harmonised and co-operative action.

- ◆ Establishing a common base-line for medical data collection and research, and compatibility or bridging mechanisms for all technologies and terminologies for quality assured research in databases and registries.

- ◆ Building on existing knowledge and resources and avoiding duplication and waste.

- ◆ Implementing high ethical and professional standards for all drug safety activities in all countries (including clinical trials and public health programmes) based on transparent, quality assured procedures and guiding safety principles, and including ethical marketing.

- ◆ Maximising the usefulness of all current and emergent methods of drug safety research and intelligence-gathering and exploiting their complementarity.

5. Ensuring that all activities are based on all available, evaluated, transparent evidence and include powerful tools for feedback, impact assessment and review, for shared, global use.

This agenda for reform cannot be addressed by gesture politics, short-term compromise or bureaucratic concession: it demands a transformation of focus, attitudes and goals, and the profound commitment of all players to the single ambition of putting patients' safety, needs, wishes and priorities at the

very centre of the global drug safety enterprise; it requires vision, resources, investment, continuous advocacy and local and international champions. We believe such reform has the potential to save lives, prevent injury and illness, and to reduce costs, all on a huge scale, far beyond anything that has yet been achieved or imagined.

Addendum

The Erice Manifesto³ was developed by a group of 27 experts in pharmacovigilance from 12 developed and emerging countries, meeting strictly in their personal capacities, and expressing their personal views. They bring with them experience in national and international regulation and pharmacovigilance; in the pharmaceutical industry, academic research and medical education; in communications and private sector organisations concerned with drug safety.

The Manifesto was signed by:

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