across the EU, in order to establish a shared basis for collaboration and to help improve patients' access to care and information.

The Commission therefore proposes that Member States base themselves on common approach for addressing rare diseases, based on existing best practice, through the adoption of a Council Recommendation. The Commission's proposal for a Council Recommendation accompanying this Communication recommends that Member States put in place strategies organised around:

- putting in place inter-sectoral action national plans for rare diseases;
- adequate mechanisms for definition, codification and inventory of rare diseases and production of good practice guidelines, in order to provide a framework for recognition of rare diseases and sharing of knowledge and expertise;
- fostering research on rare diseases, including cross-border cooperation and collaboration to maximise the potential of scientific resources across the EU;
- ensuring access to high-quality healthcare, in particular through identifying national and regional centres of expertise and foster their participation in European Reference Networks;
- ensuring mechanisms to gather national expertise on rare diseases and pool it together with European counterparts;
- taking action to ensure empowerment and involvement of patients and patients' organisations;
- and ensuring that these actions include appropriate provisions to ensure their sustainability over time.

3.3. Developing European cooperation, coordination, and regulation for rare diseases

Community action will help Member States to achieve efficiency in bringing together and organise the scarce resources in the area of rare diseases, and can help patients and professionals to collaborate across Member States in order to share and coordinate expertise and information. The Community should aim at coordinating better the policies and initiatives at EU-level, and to strengthen the cooperation between EU programmes, in order to maximise further the resources available for rare diseases at Community level.

4. OPERATIONAL ACTIONS TO IMPROVE RECOGNITION AND VISIBILITY OF RARE DISEASES

4.1. Definition of rare diseases

The existing definition of rare diseases in the EU was adopted by the Community action programme on rare diseases 1999-2003 as those diseases presenting a prevalence not more than 5 per 10 000 persons in the European Union. The same definition is set out in Regulation (EC) 141/2000 and, accordingly used by the European Commission for the designation of orphan drugs. The EU will maintain the current definition. A more refined definition taking into account both prevalence and incidence will be developed using the Health Programme resources and taking into account the international dimension of the problem.

4.2. Classification and codification of rare diseases

The international reference for classification of diseases and conditions is the International Classification of Diseases (ICD), coordinated by the World Health Organisation (WHO[3]). The Commission will lead work with regard to rare diseases within the process of revising the existing ICD (International Classification of Diseases) in order to ensure a better codification and classification of rare diseases. For this purpose a working group on Classification and Codification of rare diseases[4] will be created by the Commission. This working group could be appointed as Advisory Working Group by the WHO in the current ICD revision process.

4.3. Dissemination of knowledge and information on rare diseases

One key element for improving diagnosis and care in the field of rare diseases is to provide and disseminate accurate information in a format adapted to the needs of professionals and of affected persons. The establishment of an EU dynamic inventory of rare diseases will contribute to tackle some of the main causes of neglecting the issue of rare diseases including the ignorance of which diseases are rare. The Commission will ensure that this information continues to be available at European level, building in particular on the Orphanet[5] database, supported through Community programmes.

4.4. Disease information networks

Priorities for action regarding the existing (or future) specific disease information networks are:

- to guarantee the exchange of information via existing European information networks;
- to promote better classification of particular diseases;
- to develop strategies and mechanisms for exchanging information between stakeholders;
- to develop comparable epidemiological data at EU level;
- and to support an exchange of best practices and develop measures for patient groups.

5. OPERATIONAL ACTIONS TO DEVELOP EUROPEAN COOPERATION AND IMPROVE ACCESS TO HIGH-QUALITY HEALTHCARE FOR RARE DISEASES

5.1. Improving universal access to high-quality healthcare for rare diseases, in particular through development of national/regional centres of expertise and establishing EU reference networks

Member States share a common commitment to ensuring universal access to high-quality healthcare on the basis of equity and solidarity[6]. But when diseases are rare, expertise is scarce as well. Some centres of expertise (also called centres of reference or excellence in a few Member States) have developed an expertise which is widely

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3 See http://www.who.int/classifications/icd/en/.

4 See http://www.who.int/classifications/icd/en/index.html.

5 See http://www.orpha.net/.

6 Council Conclusions on Common values and principles in European Union Health Systems, OJ 2006/C 146/01.

used by other professionals from[7] their country or even internationally, and which can help to ensure access to appropriate healthcare for patients with rare diseases. The EU rare diseases Task Force 2006 Report to the High Level Group '*Contribution to policy shaping: For a European collaboration on health services and medical care in the field of RD*'[8] recommends that Member States contribute to the identification of their expert centres and support them financially.

The High Level Group on health services and medical care has been working on the concept of European reference networks since 2004[9]. On the basis of the work of the High Level Group, Article 15 of the proposal of Directive of the European Parliament and of the Council on the application of patients' rights in cross-border healthcare (COM(2008)414) provides for the development of European reference networks (ERNs) to be facilitated by the Member States. The ERN for Rare Diseases will have a strategic role in the improvement of quality treatment for all patients throughout the European Union as called by the patients' organisations[10].

5.2. Access to specialised social services

Centres of expertise may also have an essential role in developing or facilitating specialised social services which will improve the quality of life of people living with a rare disease. Help Lines, Respite care services and Therapeutic Recreation Programmes, have been supported[11] and need to be sustainable to pursue their goals: awareness-raising, exchange of best practices and standards, pooling resources using Health Programme and the Disability Action Plans.

5.3. Access to Orphan Drugs

There are specific bottlenecks in access to orphan drugs through the decision making process for pricing and reimbursement linked to rarity. The way forward is to increase collaboration at the European level for the scientific assessment of the (added) therapeutic value of Orphan Medicinal Products.

The Commission will set up a working party to exchange knowledge between Member States and European authorities on the scientific assessment of the clinical added value of orphan medicines. These collaborations could lead to non-binding common clinical added value assessment reports with improved information that facilitate the national pricing and reimbursement decisions, without pre-empting respective roles of the authorities[12].

Furthermore, the involvement of the EMEA and existing international Health Technology Assessment networks as the Health Technology Assessment

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7 See the report of the Rare Diseases Task Force "Overview of current Centres of Reference on rare diseases in the EU (2005)" http://ec.europa.eu/health/ph_threats/non_com/rare_8_en.htm.

8 http://ec.europa.eu/health/ph_threats/non_com/rare_8_en.htm

9 See the report of the high level group on health services and medical care on European Reference networks http://ec.europa.eu/health/ph_threats/non_com/rare_8_en.htm.

10 See Report of the European Workshop on Centres of Expertise and Reference Networks for Rare Disease, Prague, July 2007; http://www.eurordis.org/IMG/pdf/EU_workshop_report_3.pdf

11 similar to those identified thanks to the EU-funded RAPSODY project http://ec.europa.eu/health/ph_projects/2005/action1/action1_2005_19_en.htm

12 This as stipulated in the document "Improving access to orphan medicines for all affected EU citizens", adopted by the High level Pharmaceutical Forum.

International (HTAi)[13], the European Network for Health Technology Assessment (EUnetHTA)[14] or the Medicines Evaluation Committee (MEDEV)[15] should be considered.

5.4. Compassionate use programmes

A better system for the provision of medicines to rare diseases patients before approval and/or reimbursement (so-called compassionate use) of new drugs is needed.

Under the existing pharmaceutical legislation, the EMEA may issue opinions on the use of the product under compassionate use to ensure a common approach across the Community.

The Commission will invite the EMEA to revise their existing guideline with a view to providing patient access to treatment.

5.5. Medical devices

The Orphan Medicinal Product regulation does not cover the field of medical devices. The limited size of the market and the limited potential return on investment is a disincentive. The Commission will assess whether there is a need for measures to overcome this situation, possibly in the context of the forthcoming revision of the Medical Devices Directives.

5.6. Incentives for Orphan Drug development

Pharmaceutical companies invest heavily over a long period of time to discover, develop and bring to market treatments for rare diseases. They need to be able to show a return on investment. However, the ideal is that they are also able to reinvest that return on investment into discovering more treatments. With more than 45 treatments authorised in the EU – and some for the same conditions – there are still many conditions with no treatment. Exploring additional incentives at national or European level to strengthen research into rare diseases and development of orphan medicinal products, and Member State awareness with these products should be encouraged in accordance with Article 9 of Regulation (EC) No 141/2000.

5.7. e-Health

eHealth can contribute in a number of different ways to this area, in particular through:

- Electronic online-services developed by Orphanet and by other EU funded projects, are a clear demonstration of how Information and Communication Technology (ICT) can contribute to putting patients in contact with other patients and developing patient communities, to sharing databases between research groups, to collecting data for clinical research, to registering patients willing to participate in clinical research, and to submitting cases to experts which improve the quality of diagnoses and treatment;
- Telemedicine, the provision of healthcare services at a distance through ICT, is another useful tool. It can, for instance, enable to bring highly specialised

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13 http://www.htai.org/

14 http://www.eunethta.net/

15 http://www.esip.org/publications/pb51.pdf

expertise on rare diseases to ordinary clinics and practices, such as a second opinion from a centre of excellence[16];

- Research funded under FP7[17] in the area of computer assisted modelling of physiological and pathological processes is a promising approach to help understanding better the underlying factors of rare diseases, predicting outcomes and possibly finding new treatment solutions.

5.8. Screening practices

Neonatal screening for Phenylketonuria and congenital hypothyroidism is current practice in Europe and proved highly efficient in preventing disabilities in affected children. As technology evolves, many tests can now be performed, including those by robots, at low cost for a wide range of rare diseases, especially metabolic disorders and genetic conditions in general. It is recommended to encourage cooperation in this area to generate evidence on which decisions should be based at Member States level. An evaluation of current population screening (including neonatal screening) strategies for rare diseases and of potential new ones, will be conducted by the Commission at EU level to provide Member States with the evidence (including ethical aspects) on which to base their political decision. The Commission will consider such support as a priority for action.

5.9. Quality management of diagnostic laboratories

Many rare diseases can now be diagnosed using a biological test which is often a genetic test. These tests are major elements of an appropriate patient's management as they allow an early diagnosis, sometimes a familial cascade screening or a prenatal test. Given the large number of tests and the need to design and validate a specific set of diagnostic assays for each, no single country can be self-sufficient in the provision of testing and in an efficient external quality assessment of the provided tests. There is a need to enable and facilitate the exchange of expertise through clearly stated, transparent, EU agreed standards and procedures.

This could be achieved through the establishment of European reference networks of expert diagnostic laboratories (e.g. EuroGenTest[18]). These laboratories will be encouraged to participate in proficiency testing with special attention to result in reporting and in the provision of pre- and post-test genetic counselling[19].

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16 Draft Communication on Telemedicine for the benefit of patients, healthcare systems and society.

17 http://ec.europa.eu/information_society/activities/health/research/fp7vph/index_en.htm

18 See http://www.eurogentest.org/.

19 Helping people faced with a diagnosis of genetic disease to understand both the factual information about the disease and the effect it will have on their lives, so that they can reach their own decisions about the future.

5.10. Primary prevention

There are very few rare diseases for which a primary prevention is possible. Still, primary preventive measures for rare diseases will be taken when possible (e.g. prevention of neural tube defects by Folic Acid supplementation). Action in this field should be the topic for a debate at EU level led by the Commission aiming to determine for which rare diseases primary preventive measures may be successful.

5.11. Registries and databases

Registries and databases constitute key instruments to increase knowledge on rare diseases and develop clinical research. They are the only way to pool data in order to achieve a sufficient sample size for epidemiological research and/or clinical research. Collaborative efforts to establish data collection and maintain them will be considered, provided that these resources are open and accessible. A key issue will also be to ensure the long-term sustainability of such systems, rather than having them funded on the basis of inherently precarious project funding. This idea was also elaborated in the document "Improving access to orphan medicines for all affected EU citizens", adopted by the High level Pharmaceutical Forum.

5.12. Research and Development

For most severe rare diseases that would potentially be treatable, there is simply no current specific treatment. The development of therapies faces three hurdles: the lack of understanding of underlying pathophysiological mechanisms, the lack of support of early phases of clinical development and the lack of opportunity/cost perception from the pharmaceutical industry. Indeed, the high cost of drug development, together with the estimated low return on investment (due to very small patient populations), has usually discouraged the pharmaceutical industry from developing drugs for rare diseases, despite the huge medical need.

A process of early dialogue regarding medicines under development should be established between these companies and authorities funding medicines[20] This will give the sponsoring company more certainty on its potential future return and will give authorities more knowledge and trust in the value of medicines it will be requested to assess and fund.

Rare diseases research projects have been supported for more than two decades through the European Community Framework Programmes for Research, Technological Development and Demonstration Activities. In the current Framework Programme, the FP7[21], the Health Theme of the "Cooperation" Specific Programme, is designed to support multinational collaborative research in different forms. The main focus of the Health theme in the rare diseases area are Europe-wide studies of natural history, pathophysiology, and the development of preventive, diagnostic and therapeutic interventions.

The EU Advisory Committee on Rare Diseases (EUACRD, see point 7) and the Committee for Orphan Medicinal Products (COMP) in the European Medicines Agency (EMEA) will address to the Commission an annual joint recommendation on

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20 This as stipulated in the document "Improving access to orphan medicines for all affected EU citizens", adopted by the High level Pharmaceutical Forum.

21 See http://cordis.europa.eu/fp7/home_en.html.

specific points for the calls for proposals in the implementation of the framework programmes.

Coordination projects aimed at an optimal use of the limited resources dedicated to research on rare diseases should be encouraged. As an example, the EU FP6-supported ERANet project (E-Rare)[22] currently coordinating the research funding policies for rare diseases of seven countries contributes to tackling the fragmentation of research efforts. Such approaches should be given due consideration.

6. INTERNATIONAL COOPERATION

The Commission policy on rare diseases should aim at fostering cooperation on rare diseases at an international level with all interested countries and in close collaboration with the World Health Organisation. International cooperation is already an integral part of the Framework Programmes for Research.

7. GOVERNANCE AND MONITORING

The Commission should be assisted by an EU Advisory Committee on Rare Diseases (EUACRD) to advise on implementation of this Communication. The Committee will be chaired by the European Commission and will be assisted by a Scientific Secretariat, supported through the Health Programme. This committee will replace the current EU Rare Diseases Task Force.

The organisation of a European Rare Diseases day (29 February, a rare day) and European conferences to raise awareness of professionals and of the general public will also be encouraged.

The Commission will produce an implementation report on this Communication - addressed to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the basis of the information provided by Member States, not later than five years after the date of adoption of this Communication. This report should be addressed at the same time as the implementation report to be produced on the Council Recommendation on rare diseases.

8. CONCLUSION

Although each rare disease only affects a relatively small number of patients and families, taken as a whole they represent a serious health burden for the EU. Moreover, the need to bring together expertise and make efficient use of the limited available resources means that rare diseases is an area where European cooperation can add particular value to the actions of the Member States. The Commission has already taken individual initiatives in the past, such as the rare diseases programme, the regulation on orphan medicinal products, and the attention to rare diseases within the Framework Programmes for research, technological development and demonstration activities. But more action is needed to ensure that these individual strands of work are sustained and brought together into a coherent overall strategy for rare diseases, both at Community level and within Member States, in order to maximise the potential for cooperation overall.

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22 See http://www.e-rare.eu/cgi-bin/index.php.

With this Communication and the accompanying proposal for a Council Recommendation, the Commission aims to put in place that overall strategy for rare diseases. This offers the potential to maximise the scope for cooperation and mutual support in this challenging area across Europe as a whole. It will support Member States in putting in place their own national and regional strategies for rare diseases. And by doing so, it will provide the patients and families affected by rare diseases with a tangible benefit from European integration in their daily lives.

2.2.6 欧州理事会行動提案

(Council Recommendation of 8 June 2009 on an action in the field of rare diseases)

COUNCIL RECOMMENDATION

of 8 June 2009

on an action in the field of rare diseases

(2009/C 151/02)

THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty establishing the European Community, and in particular the second subparagraph of Article 152(4) thereof,

Having regard to the proposal from the Commission,

Having regard to the opinion of the European Parliament [1],

Having regard to the opinion of the European Economic and Social Committee [2],

Whereas:

(1) Rare diseases are a threat to the health of EU citizens insofar as they are life-threatening or chronically debilitating diseases with a low prevalence and a high level of complexity. Despite their rarity, there are so many different types of rare diseases that millions of people are affected.

(2) The principles and overarching values of universality, access to good quality care, equity and solidarity, as endorsed in the Council conclusions on common values and principles in EU health systems of 2 June 2006, are of paramount importance for patients with rare diseases.

(3) The Community action programme on rare diseases, including genetic diseases, was adopted for the period 1 January 1999 to 31 December 2003 [3]. This programme defined the prevalence for a rare disease as affecting no more than 5 per 10 000 persons in the EU. A more refined definition based on updated scientific review, taking into account both prevalence and incidence, will be developed using the Second Community Health Programme [4] resources.

(4) Regulation (EC) No 141/2000 of the European Parliament and of the Council of 16 December 1999 on orphan medicinal products [5] provides that a medicinal product shall be designated as an 'orphan medicinal product' when intended for the diagnosis, prevention or treatment of a life-threatening or chronically debilitating condition affecting not more than 5 in 10 000 persons in the Community when the application is made.

(5) It is estimated that between 5 000 and 8 000 distinct rare diseases exist today, affecting between 6 % and 8 % of the population in the course of their lives. In other words, although rare diseases are characterised by low prevalence for each of them, the total number of people affected by rare diseases in the EU is between 27 and 36 million. Most of them suffer from less frequently occurring diseases affecting one in 100 000 people or less. These patients are particularly isolated and vulnerable.

(6) Because of their low prevalence, their specificity and the high total number of people affected, rare diseases call for a global approach based on special and combined efforts to prevent significant morbidity or avoidable premature mortality, and to improve the quality of life and socioeconomic potential of affected persons.

(7) Rare diseases were one of the priorities of the Community's sixth framework programme for research and development [6] and continue to be a priority for action in its seventh framework programme for research and development [7], as developing new diagnostics and treatments for rare disorders, as well as performing epidemiological research on those disorders, require multi-country approaches in order to increase the number of patients for each study.

(8) The Commission, in its White Paper 'Together for Health: A Strategic Approach for the EU 2008-2013' of 23 October 2007, which develops the EU Health Strategy, identified rare diseases as a priority for action.

[1] Legislative resolution of 23 April 2009 (not yet published in the Official Journal).

[2] Opinion of 25 February 2009 (not yet published in the Official Journal).

[3] Decision No 1295/1999/EC of the European Parliament and of the Council of 29 April 1999 adopting a programme of Community action on rare diseases within the framework for action in the field of public health (1999 to 2003) (OJ L 155, 22.6.1999, p. 1). Decision repealed by Decision No 1786/2002/EC (OJ L 271, 9.10.2002, p. 1).

[4] Decision No 1350/2007/EC of the European Parliament and of the Council of 23 October 2007 establishing a second programme of Community action in the field of health (2008-2013) (OJ L 301, 20.11.2007, p. 3).

[5] OJ L 18, 22.1.2000, p. 1.

[6] Decision No 1513/2002/EC of the European Parliament and of the Council of 27 June 2002 concerning the sixth framework programme of the European Community for research, technological development and demonstration activities, contributing to the creation of the European Research Area and to innovation (2002 to 2006) (OJ L 232, 29.8.2002, p. 1).

[7] Decision No 1982/2006/EC of the European Parliament and of the Council of 18 December 2006 concerning the Seventh Framework Programme of the European Community for research, technological development and demonstration activities (2007-2013) (OJ L 412, 30.12.2006, p. 1).

(9) In order to improve the coordination and coherence of national, regional and local initiatives addressing rare diseases and cooperation between research centres, relevant national actions in the field of rare diseases could be integrated into plans or strategies for rare diseases.

(10) According to the Orphanet database, of the thousands of known rare diseases for which a clinical identification is possible, only 250 of them have a code in the existing International Classification of Diseases (ICD) (10th version). An appropriate classification and codification of all rare diseases is necessary in order to give them the necessary visibility and recognition in national health systems.

(11) In 2007 the World Health Organisation (WHO) launched the process of revision of the 10th version of the ICD in order to adopt the new, 11th version of this classification at the World Health Assembly in 2014. The WHO has appointed the Chair of the EU Rare Diseases Task Force as the Chair of the Topic Advisory Group on Rare Diseases in order to contribute to this process of revision, providing proposals for codification and classification of rare diseases.

(12) The implementation of a common identification of rare diseases by all the Member States would strongly reinforce the contribution of the EU in this topic advisory group and would facilitate cooperation at Community level in the field of rare diseases.

(13) In July 2004, a Commission High-Level Group on Health Services and Medical Care was established to bring together experts from all Member States to work on practical aspects of collaboration between national health systems in the EU. One of this High-Level Group's working groups is focusing on European Reference Networks (ERNs) for rare diseases. Some criteria and principles for ERNs have been developed, including their role in tackling rare diseases. ERNs could also serve as research and knowledge centres, treating patients from other Member States and ensuring the availability of subsequent treatment facilities where necessary.

(14) The Community added value of ERNs is particularly high for rare diseases by reason of the rarity of these conditions, which implies both a limited number of patients and a scarcity of expertise within a single country. Gathering expertise at European level is therefore paramount in order to ensure equal access to accurate information, appropriate and timely diagnosis and high quality care for rare disease patients.

(15) In December 2006 an expert group of the European Union Rare Diseases Task Force issued a report 'Contribution to policy shaping: for a European collaboration on health services and medical care in the field of rare diseases' to the High-Level Group on Health Services and Medical Care. The expert group report outlines, inter alia, the importance of identifying centres of expertise and the roles that such centres should fulfil. It is also agreed that, in principle and where possible, expertise should travel rather than patients themselves. Some measures called for in the report are included in this recommendation.

(16) Cooperation and knowledge sharing between centres of expertise has proven to be a very efficient approach to dealing with rare diseases in Europe.

(17) The centres of expertise could follow a multidisciplinary approach to care, in order to address the complex and diverse conditions implied by rare diseases.

(18) The specificities of rare diseases — a limited number of patients and a scarcity of relevant knowledge and expertise — single them out as a unique domain of very high added value of action at Community level. This added value can especially be achieved through gathering national expertise on rare diseases which is scattered throughout the Member States.

(19) It is of utmost importance to ensure an active contribution of the Member States to the elaboration of some of the common instruments foreseen in the Commission communication on rare diseases: Europe's challenges of 11 November 2008, especially on diagnostics and medical care and European guidelines on population screening. This could be also the case for the assessment reports on the therapeutic added value of orphan medicinal products, which could contribute to accelerating the price negotiation at national level, thereby reducing delays for access to orphan drugs for rare diseases patients.

(20) The WHO defined empowerment of patients as a 'prerequisite for health' and encouraged a 'proactive partnership and patient self-care strategy to improve health outcomes and quality of life among the chronically ill' [1]. In this sense, the role of independent patient groups is crucial both in terms of direct support to individuals living with the disease and in terms of the collective work they carry out to improve conditions for the community of rare disease patients as a whole and for the next generations.

(21) Member States should aim to involve patients and patients' representatives in the policy process and seek to promote the activities of patient groups.

[1] http://www.euro.who.int/Document/E88086.pdf

(22) The development of research and healthcare infrastructures in the field of rare diseases requires long-lasting projects and therefore an appropriate financial effort to ensure their sustainability in the long term. This effort would notably maximise the synergy with the projects developed under the second community health programme, the seventh framework programme for research and development and the successors of these programmes,

HEREBY RECOMMENDS THAT MEMBER STATES:

I. PLANS AND STRATEGIES IN THE FIELD OF RARE DISEASES

1. Establish and implement plans or strategies for rare diseases at the appropriate level or explore appropriate measures for rare diseases in other public health strategies, in order to aim to ensure that patients with rare diseases have access to high-quality care, including diagnostics, treatments, habilitation for those living with the disease and, if possible, effective orphan drugs, and in particular:

   (a) elaborate and adopt a plan or strategy as soon as possible, preferably by the end of 2013 at the latest, aimed at guiding and structuring relevant actions in the field of rare diseases within the framework of their health and social systems;

   (b) take action to integrate current and future initiatives at local, regional and national levels into their plans or strategies for a comprehensive approach;

   (c) define a limited number of priority actions within their plans or strategies, with objectives and follow-up mechanisms;

   (d) take note of the development of guidelines and recommendations for the elaboration of national action for rare diseases by relevant authorities at national level in the framework of the ongoing european project for rare diseases national plans development (EUROPLAN) selected for funding over the period 2008-2011 in the first programme of Community action in the field of public health [1].

II. ADEQUATE DEFINITION, CODIFICATION AND INVENTORYING OF RARE DISEASES

2. Use for the purposes of Community-level policy work a common definition of rare disease as a disease affecting no more than 5 per 10 000 persons.

3. Aim to ensure that rare diseases are adequately coded and traceable in all health information systems, encouraging an adequate recognition of the disease in the national healthcare and reimbursement systems based on the ICD while respecting national procedures.

4. Contribute actively to the development of the EU easily accessible and dynamic inventory of rare diseases based on the Orphanet network and other existing networks as referred to in the Commission Communication on rare diseases.

5. Consider supporting at all appropriate levels, including the Community level, on the one hand, specific disease information networks and, on the other hand, for epidemiological purposes, registries and databases, whilst being aware of an independent governance.

III. RESEARCH ON RARE DISEASES

6. Identify ongoing research and research resources in the national and Community frameworks in order to establish the state of the art, assess the research landscape in the area of rare diseases, and improve the coordination of Community, national and regional programmes for rare diseases research.

7. Identify needs and priorities for basic, clinical, translational and social research in the field of rare diseases and modes of fostering them, and promote interdisciplinary co-operative approaches to be complementarily addressed through national and Community programmes.

8. Foster the participation of national researchers in research projects on rare diseases funded at all appropriate levels, including the Community level.

9. Include in their plans or strategies provisions aimed at fostering research in the field of rare diseases.

10. Facilitate, together with the Commission, the development of research cooperation with third countries active in research on rare diseases and more generally with regard to the exchange of information and the sharing of expertise.

IV. CENTRES OF EXPERTISE AND EUROPEAN REFERENCE NETWORKS FOR RARE DISEASES

11. Identify appropriate centres of expertise throughout their national territory by the end of 2013, and consider supporting their creation.

12. Foster the participation of centres of expertise in European reference networks respecting the national competences and rules with regard to their authorisation or recognition.

[1] Decision No 1786/2002/EC of the European Parliament and of the Council of 23 September 2002 adopting a programme of Community action in the field of public health (2003-2008) (OJ L 271, 9.10.2002, p. 1).

13. Organise healthcare pathways for patients suffering from rare diseases through the establishment of cooperation with relevant experts and exchange of professionals and expertise within the country or from abroad when necessary.

14. Support the use of information and communication technologies such as telemedicine where it is necessary to ensure distant access to the specific healthcare needed.

15. Include, in their plans or strategies, the necessary conditions for the diffusion and mobility of expertise and knowledge in order to facilitate the treatment of patients in their proximity.

16. Encourage centres of expertise to be based on a multidisciplinary approach to care when addressing rare diseases.

V. GATHERING THE EXPERTISE ON RARE DISEASES AT EUROPEAN LEVEL

17. Gather national expertise on rare diseases and support the pooling of that expertise with European counterparts in order to support:

(a) the sharing of best practices on diagnostic tools and medical care as well as education and social care in the field of rare diseases;

(b) adequate education and training for all health professionals to make them aware of the existence of these diseases and of resources available for their care;

(c) the development of medical training in fields relevant to the diagnosis and management of rare diseases, such as genetics, immunology, neurology, oncology or paediatrics;

(d) the development of European guidelines on diagnostic tests or population screening, while respecting national decisions and competences;

(e) the sharing Member States' assessment reports on the therapeutic or clinical added value of orphan drugs at Community level where the relevant knowledge and expertise is gathered, in order to minimise delays in access to orphan drugs for rare disease patients.

VI. EMPOWERMENT OF PATIENT ORGANISATIONS

18. Consult patients and patients' representatives on the policies in the field of rare diseases and facilitate patient access to updated information on rare diseases.

19. Promote the activities performed by patient organisations, such as awareness-raising, capacity-building and training, exchange of information and best practices, networking and outreach to very isolated patients.

VII. SUSTAINABILITY

20. Together with the Commission, aim to ensure, through appropriate funding and cooperation mechanisms, the long-term sustainability of infrastructures developed in the field of information, research and healthcare for rare diseases.

HEREBY INVITES THE COMMISSION:

1. To produce, by the end of 2013 and in order to allow proposals in any possible future programme of Community action in the field of health, an implementation report on this recommendation addressed to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions and based on the information provided by the Member States, which should consider the extent to which the proposed measures are working effectively and the need for further action to improve the lives of patients affected by rare diseases and those of their families.

2. To inform the Council of the follow-up to the Commission Communication on rare diseases on a regular basis.

Done at Luxembourg, 8 June 2009.

For the Council
The President
Petr ŠIMERKA

2. EU(欧州連合)

2.3. EUにおける希少疾患への取組み ②（詳細）

2.3.1 希少疾患に関する委員会報告ならびに理事会勧告

2008年11月11日、欧州委員会は、希少疾患に関する報告書と理事会勧告を採択し、希少疾患に罹患している3600万人のEU市民の診断、治療、ケアにおいて加盟国を支援するための総合的なEU戦略を定めた。

希少疾患領域におけるEU対策に関する意見公募

欧州委員会は希少疾患領域におけるEU対策に関する委員会報告を2008年11月に発表する予定である。この委員会報告は、全加盟国の専門家の意見を集めることを目的として現在行われている意見公募から始まるプロセスを集約したものとなろう。

2007年10月23日の新しい健康に対する取り組み戦略に明らかになったように、希少疾患に罹患している人々に対し、質の高い診断や治療、情報提供を行うことは、欧州委員会が優先的に取り組んでいることである。平等に医療を受ける権利は、EU 基本権憲章でも認められている。そのため、委員会では、加盟国間の協力関係を強化し、また、ヨーロッパの情報ネットワークや患者組織の活動を支援することで、希少疾患患者に有益なEU対策を構築するため2007年年次政策戦略の中で行動を開始した。

委員会では、委員会の行動は、以下の3本の柱のもとに構築しなければならないと考えている:

EUプログラム間の協力関係の強化:EU健康プログラム、研究および技術開発に関するEU枠組みプログラム、希少疾患用医薬品戦略、将来の保健サービス指令、その他、既存のあるいは将来のEUならびに国内アクション。
EU加盟国での、希少疾患患者の疾病予防、診断、治療、リハビリテーションに対する平等なアクセスと利用を担保するための国内保健政策の構築の助長。
共通政策ガイドラインを構築し、ヨーロッパの全ての地域で適用されるようにする:具体的アクション
－ 研究、専門家センター、情報へのアクセス、希少疾患用医薬品開発のインセンティブ、スクリーニ

ング、など － が、希少疾患に関する最小共通戦略の中に含まれていなければならない。

出典: EUROPA (> European Commission > DG Health and Consumer Protection > Public Health > Threats to health > Rare diseases)
http://ec.europa.eu/health/ph_threats/non_com/rare_10_en.htm

2.3.2 希少疾患の特定

ORPHANET は自由にアクセス可能な希少疾患に関するデータベースである。このデータベースには4280もの疾患に関する情報が含まれている。

Orphanetは、一般の人々にとって、希少疾患ならびに希少疾患用医薬品に関するEUで最も重要なデータベースである。その理念は、希少疾患の診断、管理、治療法を改善することにある。Orphanet には、専門家が記述し、査読がなされた希少疾患百科事典とサービス案内が含まれている。この案内には、欧州内の専門外来クリニック、診断検査施設および支援グループに関する情報が含まれている。英語、フランス語、ドイツ語、イタリア語、スペイン語、ポルトガル語の6言語で閲覧できる。

このプロジェクトの目的は、医療専門家、科学者、保健当局、患者およびその家族、メディア、そしてコミュニティー全体に対して、希少疾患ならびに希少疾患用医薬品に関する信頼性の高い最新の情報を提供することにある。既存の効果的なウェブサーバーOrphanetに基づいている。Orphanetには、疾患名、EU 内での有病率、異名(別名)、疾患の概要、症状、原因、疫学データ、予防法、標準治療法(例、希少疾患用医薬品)、臨床試験、診断検査施設、専門コンサルタント、研究プロジェクト、他のウェブリソースに関する情報が含まれている。**Orphanet Database** を介してこの情報が得られることが、広く知られている。

サービス指針は、コーディネーションチームが運営しているが、加盟国のチームで更新される。以前には、このデータベースには、オーストリア、ベルギー、フランス、ドイツ、イタリア、ポルトガル、スペイン、スイスの臨床検査施設と専門コンサルテーションに関するデータしか含まれていなかった。このプロジェクトは、これらの国での臨床試験に関するデータを含むよう拡張され、さらに、ブルガリア、キプロス、デンマーク、エストニア、アイルランド、リトアニア、フィンランド、ギリシャ、ハンガリー、オランダ、ルーマニア、英国の診断検査施設、専門クリニック、研究プロジェクト、臨床試験その他のウェブリソースも含まれるよう拡張されることになっている。

サービスは、セントラルチームが運営しているが、データ収集と妥当性検証は、加盟国レベルで行われ、それぞれの国内チームが、同じ方法と同意された品質保証規定を用いて行っている。国内チームはパ

リでトレーニングを受け、そこで内部品質評価も実施される。考えられる全ての情報源との提携関係が確立している。収集したデータは全て、国内レベルで科学諮問委員会が妥当性の検証を行い、その後ウェブサイトに公開される。科学諮問委員会は関連領域を代表する医師から構成され、理事会が任命する。彼らが、疾病の情報提供に関して全責任を持つ。

このプロジェクトは、Orphanet の加盟国全てを代表する理事会で管理され、年に一度、理事会は会合をもつ。この理事会が、データベースの発展、品質管理規定、普及プランおよびプロジェクトの財源について決定する。

Orphanet は 1997 年にフランス保健省(Direction Générale de la Santé)と INSERM (Institut National de la Santé et de la Recherche Médicale)が設立したものである。両機関は、現在でもコアプロジェクトに対して資金提供している。欧州委員会は、百科事典と、ヨーロッパ各国でのデータ収集に資金援助している(2000 年からは DG SANCO 助成、2004 年からは DG 研究助成)。

出典: EUROPA (> European Commission > DG Health and Consumer Protection > Public Health > Threats to health > Rare diseases)
http://ec.europa.eu/health/ph_threats/non_com/rare_1_en.htm

2.3.3 いくつかの希少疾患の推定有病率

Rare Diseases in numbers は EURORDIS が Orphanet と提携して行っている希少疾患の疫学に関する文献研究である。この研究は、ヨーロッパでのいくつかの希少疾患の有病率について評価し、それぞれの疾患の発症年齢、余命、遺伝様式について記録することを目的としている。359 項目の希少疾患についての予備的な結果が得られており、他の結果についてもまもなく発表される予定である。

用いた研究方法は、より一般的な疾患に重点を置いた希少疾患の大規模なセレクションに基づいている(現時点までに発表された文献と、Orphanet ウェブサイトで閲覧件数の多かったものに基づく)。Orphanet、**Geneclinics**、**OMIM**、Medline、グレイ文献(記載内容の妥当性がわかっていない文献)、専門家報告からデータを入手した。データソースが多様なため、得られた結果を解釈する際には極めて慎重である必要がある。

この研究で示された 359 件の疾病の遺伝様式は以下の通り:

- 26.5% 常染色体優性遺伝
- 28.1% 常染色体劣性遺伝

- 13.4% 多遺伝子性/多因子性
- 10.0% いくつかの遺伝様式
- 8.1% 散発性
- 7.0% X 連鎖遺伝
- 5.8% 病因不明。

出典: EUROPA (> European Commission > DG Health and Consumer Protection > Public Health > Threats to health > Rare diseases)
http://ec.europa.eu/health/ph_threats/non_com/rare_2_en.htm

2.3.4 希少疾患関連団体間の協力関係を支援する EU プロジェクト

患者団体間の協力関係を欧州レベルで強化し、関係機関の提携関係を構築し、欧州勧告および国内行動計画を構築するため、1999 年 1 月 1 日から 2003 年 12 月 31 日までの間は、希少疾患 EU 対策プログラム、2003-2008 年は EU 保健プログラムの枠組みのもとでプロジェクトが支援された。他の優先順位の高い EU アクションで、希少疾患の分野で活動している組織やネットワークの可視性と運用能力を高めることになっている。

これに関連して、EU は **EURORDIS** (European Organisation of Rare Diseases;欧州希少疾患機構)によるいくつかのプロジェクトを支援してきた。EURORDIS は、1,000 項目以上の希少疾患に罹患している数百万人の患者を代表する 16 カ国の 200 を超える希少疾患団体を終結させている。希少疾患のパブリックポリシーの規定化を支援するのに必要な情報を収集すること、希少疾患ならびに希少疾患用医薬品に関する質の高いの情報へのアクセスを改善すること、欧州ならびに国内レベルでのワークショップをオーガナイズすること、および、ガイドラインや教育文書を作成することに関する EURORDIS プロジェクトを EU は支援してきた。

保健プログラムを通じて EU が支援している EURORDIS プロジェクトは以下の通り:

- EU 希少疾患患者連帯 – RAPSODY プロジェクト、その戦略的目的は以下の通り:

    1. リソースと専門知識の集中を必要とする希少疾患の患者、患者団体、家族にエッセンシャルなサービスを提供する方法に関して欧州レベルで意見交換すること、
    2. そのような患者、患者団体、家族向けに EU 加盟国が提供しているサービスの品質を比較すること、

3. 質の高いサービス提供の主な障壁を明らかにすること、
4. 患者、患者団体、家族向けに提供されるサービスとして明らかになった最善の方法について普及促進を図ること、
5. 患者、患者団体、家族の支援に緊急に必要とされるサービスを提供すること。極めて孤発性の高い患者についての欧州データベースや、ヘルプライン(支援電話)、レスパイトケアセンター、サマーキャンプに関する情報を掲載した専用のウェブページやデータベースを備えた新たなEUネットワーク。

- EU 欧州希少疾患ポリシーアクションならびに情報提供 – PARACELSUS プロジェクト。その一般的目的は以下の通り:

1. 不公平を低減させ、希少疾患に対するEUの総合的アプローチを構築するための基盤とするため、英国・欧州での希少疾患に関する知識と情報を共有すること、および
2. ルクセンブルクEU議長国のもとで2005年に開催される欧州希少疾患コンファレンスで、希少疾患に対するEUアクションの重要性を実証し、それまでの進捗状況をレビューすること。このコンファレンスは、関連団体の関与を深め、希少疾患に関する情報の普及と関心の高まりに寄与するはずである。

- **EU PARD 3プロジェクト** –希少疾患および希少疾患用医薬品に関する情報の汎欧州ネットワーク、その目的は、希少疾患に関するパブリックポリシーを構築する支援となる情報を収集し、希少疾患ならびに希少疾患用医薬品に関する質の高い情報へのアクセスを向上させることであった。用いた方法は、定性評価段階と定量評価段階を含む調査、欧州ならびに各国レベルでのワークショップ開催、第一回欧州希少疾患啓発週間という形での啓発イベント、およびガイドラインや教育文書の発表をもとにしたものであった。このプロジェクトには、欧州19カ国の500の団体が参加し、主な情報に関して欧州内の希少疾患に関する関心を大きく高めた。従って、達成された業績は、経験を共有した結果によるものが極めて大きく、欧州全体からの意見を反映されたものである。国内の行政や司法システムの違いを考慮に入れながら、欧州の状況にツールを合わせてある。

- **EU PARD 2プロジェクト** – 欧州希少疾患コミュニティーのサービスでの新しいコミュニケーション技術(ウェブポータル)および既存の患者に対する様々な支援サービスの良好な実施法の共有(ホットライン)。その目的は、希少疾患に関心のある人々に対するインターネット上での出発点としての、希少疾患および希少疾患用医薬品に関するウェブポータルを構築すること、および、欧州での希少疾患患者の国を超えた疾病コミュニティーを構築するのを支援することであった。Eurordis の役割は、自身がデータベースを構築するのではなく、既存のリソースに人々を導き、国内レベルでの行動のためのツールを提供することと、明確に示されていた。従って、Orphanet や NEPHIRD などの既存のリソースとの協力関係が構築された。

- **EU PARD 1 プロジェクト** – 希少疾患患者に用いる希少疾患用医薬品、その主な目的は以下の通り:

  1. 既存の国内連合を強化すること(デンマーク、フランス、ドイツ、イタリア、スペイン、スエーデン、英国)、
  2. 希少疾患に関連する団体間の共同体レベルでの協力関係を高める、
  3. 希少疾患用医薬品に関係する新たな国内連合を欧州内に構築する(ベルギー、オランダ、ポルトガル)、
  4. 全ての国内連合間の協力関係を構築する、
  5. 各国での希少疾患用医薬品に関するニーズと問題点を明らかにする、
  6. 最善の実践法と知識を共有する、
  7. 国内および欧州レベルの両方で、行動計画を立案する、
  8. 評価のニーズを報告する、
  9. 国内および欧州レベルで勧告を行う、
  10. "Access to Orphan Medicinal Products for Rare Disorders in Europe欧州に於ける希少疾患用医薬品へのアクセス"文書を出す。

Centro Nazionale Malattie Rare (Istituto Superiore di Sanità - IT)がコーディネートしているもう一つの重要なネットワークである NEPHIRD には、希少疾患に関する公衆衛生機関が参加しており、いくつかのプロジェクトが EU からの支援を受けている:

- EU NEPHIRD 2 – 疫学公衆衛生欧州ネットワーク- 希少疾患に関するデータ収集(フェーズ 2)。NEPHIRD の第一フェーズの結果をもとにした、このプロジェクトの具体的目的は以下の通り:

  1. 既存の臨床／診断ネットワークとの協力関係のモデルとして選択した RD グループの疫学指標(すなわち、有病率、発症率)を推定すること、
  2. 参加国内の RD 患者のクオリティーオブライフならびに RD 管理法の品質に関して評価すること、
  3. RD のための公衆衛生指標を構築すること。

- **EU NEPHIRD** (希少疾患に関する公衆衛生機関ネットワーク)(フェーズ 1) - 2 件の質問票に基づいたサーベイ。最初の質問票では、参加国での希少疾患の問題に関する様々な側面の情報を収集し、第二の質問票で、様々な疫学的現実を代表することがわかった 8 種の RD に関して、診断センターおよび、体系的に収集した疫学データのソースに関する目録が得られた。最初の質問票の結果から、一部の欧州の国では、公衆衛生イニシアチブが最近開始されたが、そのようなイニシアチブは均質的なものではないことが明らかになった。目録からは、多数の患者の診療を行い、国内イニシアチブに基づいて疫学データを収集する機関がいくつか存在することがわかった。

この分野の最後のプロジェクトは以下のものである:

- 欧州希少疾患教育プログラムプロジェクト Mario Negri 薬学研究所の希少疾患研究センター(イタリア)のコーディネーションのもとで実施され、欧州内で希少疾患に専門的関心を持っている人々の間のコミュニケーションと協力関係を改善させることを目的として、数回の公開コンファレンスを開催し、希少疾患の領域に関係している医療専門家やその他の人々(科学者、医師、看護師、患者支援グループ)に教育とトレーニングの機会を与えた。

2007 年に選定したプロジェクト

- Patients' Consensus on Preferred Policy Scenarios for Rare Diseases (希少疾患に望ましい政策シナリオに関する患者コンセンサス:POLKA) – プロジェクトリーダー: 欧州希少疾患機構(FR)

  このプロジェクトは、欧州の諸機関努力と、MS イニシアチブならびに患者の利益と結びつけるものであるので、タイムリーで適切なものである来るべき政策では患者が主な受益者になるであろうと考えられ、患者やその代表者がその構築に参画できるようになっていることが必要である。このプロジェクトは、「RD に罹患した人々の間の情報交換に関する戦略と仕組み」を構築することを目的とし、また、「最善の治療法に関するガイドラインを策定し、RD に関する知識を共有し、合わせて、成績評価を行うことを目的として、欧州 RD 紹介ネットワークを支援する」ことである。国内、E レベルでの医療専門家の支援のもとに、EU コンファレンスを通じて RD 患者の経験や保健政策に関する意見を収集、分析、発表することで、この目的を追求する予定である。

2008 年に採択された運用助成

- 希少疾患運用助成(OPERA) – プロジェクトリーダー: 欧州希少疾患機構(FR)

  1. より多くの加盟国で、希少疾患に関する国家プランや戦略を構築する患者団体の能力構築;
  2. EU の保健政策の決定に、希少疾患患者団体のアウトリーチならびに関与を高める;
  3. 希少疾患ネットワークを拡張強化し、情報交換ならびに最善の治療法に関するツールを構築する;
  4. EMEA での医薬品規制活動への希少疾患患者の代表者のアウトリーチを高め、能力構築を行う。EU の政策策定プロセス関する患者代表者の理解を深めさせ、医薬品に関する EU 法規が提供する任務を患者代表者満たせる能力を構築する;
  5. 希少疾患に対する啓発活動、患者代表者、患者、その家族の情報アクセスの改善、ならびに新しいオンラインツールを用いて疾病に関する患者間の情報交換を改善する。