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2012 REPORT ON THE STATE OF THE ART OF RARE DISEASE ACTIVITIES IN EUROPE OF THE EUROPEAN UNION COMMITTEE OF EXPERTS ON RARE DISEASES

STATE OF THE ART OF RARE DISEASE ACTIVITIES IN BELGIUM

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More information on the European Union Committee of Experts on Rare Diseases can be found at www.eucerd.eu.

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ACRONYMS

General

CAT - Committee for Advanced Therapies at EMA
CHMP - Committee for Medicinal Products for Human Use at EMA
COMP - Committee on Orphan Medicinal Products at EMA
DG - Directorate General
DG Enterprise - European Commission Directorate General Enterprise and Industry
DG Research - European Commission Directorate General Research
DG Sanco - European Commission Directorate General Health and Consumers
EC - European Commission
ECRD - European Conference on Rare Diseases
EEA - European Economic Area (Iceland, Switzerland, Norway)
EMA - European Medicines Agency
ERN - European reference network
EU - European Union
EUCERD - European Union Committee of Experts on Rare Diseases
EUROCAT - European surveillance of congenital anomalies
EUROPLAN - European Project for Rare Diseases National Plans Development
EURORDIS - European Organisation for Rare Diseases
FDA - US Food and Drug Administration
HLG - High Level Group for Health Services and Medical Care
HTA - Health Technology Assessment
IRDiRC – International Rare Diseases Research Consortium
JA - Joint Action
MA - Market Authorisation
MoH - Ministry of Health
MS - Member State
NBS - New born screening
NCA - National Competent Authorities
NHS - National Health System
PDCO - Paediatric Committee at EMA
RDTF - EC Rare Disease Task Force
WG - Working Group
WHO - World Health Organization

Pilot European Reference Networks

Dyscerne - European network of centres of expertise for dysmorphology
ECORN-CF - European centres of reference network for cystic fibrosis
Paediatric Hodgkin Lymphoma Network - Europe-wide organisation of quality controlled treatment
NEUROPED - European network of reference for rare paediatric neurological diseases
EUROHISTIONET - A reference network for Langerhans cell histiocytosis and associated syndrome in EU)
TAG - Together Against Genodermatoses – improving healthcare and social support for patients and families affected by severe genodermatoses
PAAIR - Patients' Association and Alpha-1 International Registry Network
EPNET - European Porphyria Network - providing better healthcare for patients and their families
EN-RBD -European Network of Rare Bleeding Disorders
CARE-NMD -Dissemination and Implementation of the Standards of Care for Duchenne Muscular Dystrophy in Europe project
ENERCA - European network for rare and congenital anaemia – Stage 3

GENERAL INTRODUCTION TO THE REPORT ON THE STATE OF THE ART OF RARE DISEASE ACTIVITIES IN EUROPE OF THE EUROPEAN UNION COMMITTEE OF EXPERTS ON RARE DISEASES

The 2012 Report on the State of the Art of Rare Disease Activities in Europe was produced by the Scientific Secretariat of the European Union Committee of Experts on Rare Diseases (EUCERD), through the EUCERD Joint Action: Working for Rare Diseases (N° 2011 22 01), which covers a three year period (March 2012 – February 2015).

The report aims to provide an informative and descriptive overview of rare disease activities at European Union (EU) and Member State (MS) level in the field of rare diseases and orphan medicinal products up to the end of 2011. A range of stakeholders in each Member State/country have been consulted during the elaboration of the report, which has been validated as an accurate representation of activities at national level, to the best of their knowledge, by the Member State/country representatives of the European Union Committee of Experts on Rare Diseases. The reader, however, should bear in mind that the information provided is not exhaustive and is not an official position of either the European Commission, its Agencies or national health authorities.

The report is split into five parts:

Part I: Overview of rare disease activities in Europe
Part II: Key developments in the field of rare diseases in 2011
Part III: European Commission activities in the field of rare diseases
Part IV: European Medicines Agency activities and other European activities in the field of rare diseases
Part V: Activities in EU Member States and other European countries in the field of rare diseases

Each part contains a description of the methodology, sources and validation process of the entire report, and concludes with a selected bibliography and list of persons having contributed to the report.

The present document contains the information from Parts II and V of the report concerning Belgium. A list of contributors to the report and selected sources are in annex of this document. For more information about the elaboration and validation procedure for the report, please refer to the general introduction of the main report[1].

[1] http://www.eucerd.eu/upload/file/Reports/2012ReportStateofArtRDActivities.pdf

RARE DISEASE ACTIVITIES IN BELGIUM

Definition of a rare disease

Stakeholders in Belgium define rare diseases as life-threatening or chronically debilitating diseases which are of such low prevalence that special combined efforts are needed to address them. As a guide, low prevalence is taken as prevalence of less than 5 per 10'000 individuals in the European Community.

National plan/strategy for rare diseases and related actions

After the implementation of the National Cancer Plan 2008-2010, the Minister of Social Affairs and Public Health has developed a National Plan for Chronic Illness with five priorities: (1) the recognition of a statute for persons with a chronic disease; (2) the creation of an observatory for chronic illness; (3) to increase the quality of life of persons with a chronic illness by simplification of the healthcare and social security administration; (4) the social inclusion of persons with a chronic illness both in the work situation as in the society in general and finally (5) to ensure the access and the financial affordability to adequate health care in the broad sense of the word for persons with a chronic illness.

During the development of this plan, the awareness of the specificities of the needs of patients with rare diseases grew and as a consequence the need to develop specific measures for Rare Diseases became apparent.

A request was made by the Fund for Rare Diseases and Orphan Drugs to the Belgian Minister of Health and Social Affairs, on 12 December 2008 for political and financial support to the Fund so as to advance the development of a proposition for a Belgian Plan for Rare Diseases. In February 2009, the Belgian House of Representatives adopted a resolution for a plan of action for rare diseases and orphan medicinal products. The Fund for Rare Diseases and Orphan Drugs, managed by the King Baudouin Foundation, has been financially supported for two years (2009-2011) within the framework of the Belgian Plan for Chronic Diseases to develop a proposition of a Belgian Plan for Rare Diseases. An additional request was made for financial support for the umbrella patient association "Rare Diseases Organisation Belgium" (RaDiOrg).

Patient representatives, physicians and other specialists, paramedical staff, insurance organisms, social service representatives, members of industry, the Orphanet Belgium team and administration participated in the working groups of the Fund for Rare Diseases and Orphan Drugs that have developed a set of recommendations grouping specific measures into different domains. The development of these recommendations was elaborated in two phases:

- Phase 1 concerns recommendations elaborated in 2010 for the following four central topics: (1) diagnostics and treatment; (2) codification and inventory; (3) information, awareness and patient empowerment; and (4) access and cost.
- Phase 2 concerns recommendations elaborated in 2011 for the following topics: non-medical costs of rare diseases; international networking, research, adherence; advanced therapy medicinal products, ethical issues, teaching and education, including therapeutic education and finally clinical trials.

The final set of proposals consisting of the updated recommendations of phase 1[2] integrated with the recommendations of phase 2 was sent to the minister of Social Affairs and Public Health at the end of the first semester of 2011. This report is available online on the website of the King Baudouin Foundation in English, French, German and Dutch languages[3]. The proposed plan consists of 42 recommendations and measures that can be grouped into five central themes: Expertise and multidisciplinarity; Collaboration and networking; Knowledge, information and awareness; Equity in access; and Governance and sustainability."

A new government is now in place which will analyse the propositions in terms of financing and the existing plans for cancer and chronic diseases.

Most of the expenditures for rare diseases are covered by the general health system budget. A Special Solidarity Fund is also in place which can be used for patients whose costs are not covered by the health care system (for example some Orphan medicinal product costs). In addition a small specific budget is allocated specially for rare diseases.

[2] http://www.kbs-frb.be/publication.aspx?id=271066&LangType=2060

[3] http://www.kbs-frb.be/publication.aspx?id=288128&LangType=1033

Concurrently, the Centres for Human Genetics (represented by the High Council for Anthropogenetics) have formulated suggestions for the development of a national health care structure for the management of patients with rare diseases.

Centres of expertise

In Belgium there are several centres specialised in one rare disease or a group of rare diseases. Some of these centres are recognised by the National Institute for Health and Disability (NIHDI) and work under a convention. These centres include: cystic fibrosis centres, and the centres for metabolic diseases and neuromuscular diseases.

An additional budget of €2 million is foreseen for the development and the strengthening of these types of multidisciplinary centres of expertise. A group of experts is currently working to set up the criteria for prioritisation and the working modalities of the centres of expertise in order to implement this action.

On the other hand, genetic counselling, carried out by a multidisciplinary team, will be financed through a new convention with the 8 Belgian genetics centres. The convention also includes guarantees for the adequate quality control and registration of clinical activities. The Belgian Centres for Human Genetics have a full service offering, i.e. they offer different types of tests and technologies, and patient and family counseling.

Pilot European Reference Networks

Belgian teams participate, or have participated, in the following European Reference Networks for rare diseases: Dyscerne, ECORN CF, EPNET, EPI, ENERCA, EUROHISTIONET, NEUROPED, PAAIR, EN-RBD and TAG.

Registries

As epidemiological data on Belgian rare disease patients is very scarce and fragmented and as this information is essential for health care planning and monitoring a specific budget was foreseen in 2011 for the preparation of a conceptual note concerning the creation of a Central Registry of Rare Diseases. The conceptual note, approved by a group of stakeholders was accepted in December 2011 and a new budget was allocated for 2012-2013 to the Scientific Institute of Public Health.

Belgian teams also contribute to the following European registries: EUROCAT, AIR, ECFS, RBDD, ESID, EIMD, ENRAH, EUNEFRON and EURECHINOREG. Belgium contributes to the EUROPLAN project.

Neonatal screening policy

Neonatal screening in Belgium is organised by the Vlaams Agentschap Zorg en Gezondheid (Flemish Community) and La Direction générale de la santé du Ministère de la Communauté française (French Community). The program in Flanders encompasses screening for following 11 metabolic diseases: phenylketonuria/hyperphenylalaninemia, congenital hypothyroidism, congenital adrenal hyperplasia, biotinidase deficiency, medium-chain acyl-CoA dehydrogenase deficiency (MCAD), multiple acyl-CoA dehydrogenase deficiency (MADD), glutaric acidemia type I, isovaleric acidemia, maple syrup urine disease (leucinosis), propionic acidemia and methylmalonic acidemia. In the French community neonatal screening is provided for 6 metabolic diseases: phenylketonuria, congenital hypothyroidism, maple syrup urine disease (leucinosis), galactosaemia, tyrosinemia and homocystinuria. In addition, a specific screening for the risk group for thalassemia is organised by the Brussels Capital Region.

Genetic testing

Genetic testing is carried out exclusively by 8 Centres for Human Genetics, whose operational standards are established by Royal Decree and reimbursed by the NIHDI.

All genetic centres have or are in the process of obtaining an accreditation of their diagnostic activities. An accreditation of the laboratories will be obligatory by January 2014. There are no officially recognised reference laboratories, however the genetic centres cooperate intensively and exchange patient samples for genetic testing based on the expertise of the different laboratories on an informal basis. National guidelines for genetic testing, genetic counseling and clinical management are available for some diseases and are being developed within the High Council for Anthropogenetics in cooperation with the scientific organisation of the geneticists, the Belgian Society for Human Genetics.

The reimbursement conditions of genetic tests are currently being revised. The new nomenclature offers a stratified reimbursement system and includes a comprehensive list of diagnoses and genes for which testing is available in Belgium.

Genetic testing abroad is possible, when referred by the Belgian genetic centres: the genetic centres send the samples to a foreign reference laboratory. The genetic tests carried out abroad will be reimbursed by

convention with the 8 Belgian genetic centres. A list of authorised tests and the foreign reference laboratories is in preparation: this initiative is part of a proposal for the creation of a convention between the NIHDI and the genetic centres that will be launched in 2012.

Diagnostic tests are registered as available in Belgium for 355 genes and an estimated 376 diseases in the Orphanet database[4].

National alliances of patient organisations and patient representation

Rare Diseases Organisation Belgium (RaDiOrg.be) is a non-profit organisation established in January 2008. RaDiOrg.be regroups around 45 patient organisations for rare diseases in Belgium and is affiliated with EURORDIS. RaDiOrg.be activities include the organisation of the Rare Disease Day, information and training for patient organisations as well as their needs towards public authorities. RaDiOrg.be is funded by the Federal Government and the Belgian pharmaceutical industry umbrella group Pharma.be.

Patients are well represented in meetings concerning the rare disease situation in Belgium: RaDiOrg.be and two other patient organisation platforms (VPP and LUSS) are recognised representatives of patients in the Fund. In addition, it was decided by law (11 February 2010) that an observatory on chronic diseases will be created including patient organisation representatives and health insurance representatives in order to advise the NIHDI on all issues concerning accessibility of care for chronically ill people, including rare disease patients. The mission of the observatory on chronic diseases is to create awareness of the existing everyday problems of people with a chronic illness and to formulate recommendations and solutions in order to address these needs. This observatory consists of two taskforces: a scientific taskforce and a consultative taskforce.

Sources of information on rare diseases and national help lines

Orphanet activities in Belgium

From 2001 onwards there was a dedicated Orphanet team in Belgium. At the beginning of 2011 the team was hosted by the Centre of Human Genetics at the Catholic University of Leuven. From April 2011 onwards, with the start of the Orphanet Joint Action, a team for Belgium has been designated at the Scientific Institute for Public Health by the Federal Public Service for Public Health, Food Chain Safety and Environment. The Federal Public Service of Public Health itself will also participate in the Orphanet project from April 2011 onwards. The team is in charge of collecting data on rare disease related services (specialised clinics, medical laboratories, ongoing research, registries, clinical trials and patient organisations) in their country for entry into the Orphanet database. The NIHDI provides further support for the Orphanet team at the institute as to carry out the Dutch translation of the Orphanet webpages in order to increase the linguistic accessibility for Belgium's population. Scientific board meetings for the Belgian Orphanet site started in 2008 to validate the date already gathered on the existing rare disease services and research activities in Belgium. Currently the validation procedure is being revised.

Official information centre for rare diseases

There is no official information centre or website on rare diseases other than Orphanet.

Help line

There is currently no rare diseases help line in Belgium.

Other sources of information

RaDiOrg.be maintains an informative website (www.radiorg.be) which publishes information on rare diseases and patient groups in Belgium. The websites www.weesziekten.be and www.maladiesrares.be provide additional information on the actions of the Fund for Rare Diseases and Orphan Drugs, in both French and Dutch.

The FAMHP (Federal Agency for Medicines and Health Products) contributes to the European database on clinical trials, which became available to the general public in 2011 in line with the transparency position with relation to clinical trials.

Good practice guidelines

Proposals for their development or implementation of existing guidelines have been formulated in the proposals for a Belgian plan.

[4] Information extracted from the Orphanet database in September 2011.

Training and education initiatives

Proposals for their development or implementation of existing guidelines have been formulated in the proposals for a Belgian plan.

National rare disease events in 2011

On 22 February 2011 a symposium was organised by the Consultative Committee on Bioethics and the Fund for Rare Diseases and Orphan Drugs in collaboration with RaDiOrg.be on the theme of health care for rare diseases and its societal and ethical dimensions.

On 26 March 2011, RaDiOrg.be held their members meeting, which concentrated on the proposals made by the Fund for Rare Diseases and Orphan Drugs for a Belgian Plan for Rare Diseases. Particular focus was given to the discussion on the role of patient organisations in the plan, especially the role patients can play in giving feedback on their experiences of centres of expertise in Belgium.

Hosted rare disease events in 2011

On 28 February 2011 EURORDIS, in collaboration with DG Health and Consumers, organised a conference entitled 'The rare disease landscape in Europe: gaps in health care and social services' to mark Rare Disease Day 2011.

Amongst the rare disease events hosted in Belgium this year and announced in *OrphaNews Europe* were: the European Perspectives in Personalised Medicine (12-13 May 2011, Brussels, Belgium), the IPOPI EU-PID Forum (15 June 2011), 11th EUROCAT Symposium on Congenital Anomalies (17 June 2011, Antwerp), 18th Paediatric Rheumatology European Society Congress (PRES2011) (14-18 September 2011, Bruges), EPPOSI Advanced Innovation programming Day (20 October 2011, Brussels). The ESH Enerca Training Course on Haemoglobin disorders: Laboratory diagnosis and Clinical Management, in association with the Thalassaemia International Federation, was held from 1-2 April 2011 in Brussels.

Research activities and E-Rare partnership

National research activities

There are no specific research programmes for rare diseases in Belgium. The FRS-FNRS (Fund for Scientific Research, French-speaking community of Belgium)[5] and its associated FRSM (Fund for Scientific Medical Research)[5] provides funding for basic research on rare diseases including rare cancers. Rare disease research also benefits from initiatives such as programmes to stimulate translational R&D. Some fundraising patient organisations also finance rare disease research.

Participation in European research projects

Belgian teams participate, or have participated, in the following a number of European research projects for rare diseases, including: ANTIMAL, CONTICANET, CHEARTED, ESDN, ENRAH, EURAMY, EUREGEN, EUROCARE-CF, EUROSCA, EVI-GENORET, FASTEST-TB, EUNEFRON, EURO-CDG, EUROGENTEST, EUROGLYCANET, EURO-SCAR, GENESKIN, GEN2PHEN, GENOMIT, HUE-MAN, KALADRUG-R, LEISHMED, IMMUNOPRION, MITOTARGET, MYASTAID, NANOTRYP, NEOTIM, NEUROPRION, PEROXISOMES, PULMOTENSION, PWS, RATSTREAM, RD PLATFORM, SIOPEN-R-NET, STEM-HD, TRANSPOSMART, TB-DRUG OLIGOCOLOR and WHIPPLE'S DISEASE.

E-Rare

The FRS-FNRS is a full, contracting member, of the E-Rare and the E-Rare 2 consortium, participating in the decision and implementation process of the network. Although none of the Belgian funding agencies participate in E-Rare's first two Joint Transnational Calls, the Research Foundation Flanders (FWO)[6] and Fund for Scientific Research (FRS-FNRS) participated in the 3rd Joint Transnational Call in 2011. Belgian teams will participate in four of the 13 funded projects.

IRDiRC

Belgian funding agencies have not yet committed national funding to the IRDiRC.

[5] www.frs-fnrs.be

[6] www.fwo.be

Orphan medicinal products[7]

Orphan medicinal product committee

The Belgian steering group on orphan diseases and orphan drugs had their first informal meeting in March 2006: this group was composed of representatives from patient organisations, industry, genetic centres, therapeutic centres, hospital pharmacies, the HTA agency, insurance groups, the federal health institution and a member of parliament. The steering group organised a national symposium[8,9] on orphan medicinal products in November 2006. The steering group has gone on to develop a strategy to increase awareness in Belgium concerning the problems rare diseases present and the reimbursement of orphan medicinal products. In December 2007, the steering committee was officially integrated into the "Fund for Rare Diseases and Orphan Drugs" in the King Baudouin Foundation of Belgium. At the end of 2008, ad hoc working parties were created by this committee to address the issues related to orphan medicinal products and rare diseases and to develop strategic solutions.

Orphan medicinal product incentives

Since 2006, at the initiative of the NIHDI, the revenues of orphan medicinal products are no longer subject to so called 'pharmaceutical taxes' (i.e. taxes, earmarked for social security), on sales of reimbursable drugs.

Orphan medicinal product market availability situation

Since 2001, orphan medicinal products obtain Marketing Authorisation (MA) through the centralised procedure at the EMA. In addition orphan status can also be attributed by AFMPS (National Procedure) ex: Flolan, Duodopa. As for the list of the reimbursed orphan medicinal products, please see the section "Orphan medicinal product reimbursement policy".

The following orphan medicinal products are available on the market in Belgium: Aldurazyme, Arzerra, Atriance, Busilvex, Carbaglu, Cystadane, Diacomit, Elaprase, Evoltra, Exjade, Firazyr, Gliolan, Increlex, Inovelon, Kuvan, Litak, Lysodren, Mozobil, Myozyme, Naglazyme, Nexavar, Nplate, Orfadin, Revatio, Revlimid, Savene, Soliris, Somavert, Sprycel, Siklos, Tasigna, Thelin, TOBI Podhaler, Torisel, Tracleer, Ventavis, Vidaza, Volibris, Wilzin, Xagrid, Yondelis, Zavesca.

Other initiatives to improve access to orphan medicinal products

The Law of 1 May 2006 provides for Compassionate Use programs (in case of a medicinal product without a MA in Belgium), or Medical Need programs (in case of a medicinal product with a MA in Belgium but for another indication)[10]. A last possibility for non-reimbursed pharmaceutical products is reimbursement by the Special Solidarity Fund (SSF), which is regulated by the Law of 14 July 1994, Articles 24 and 25. Conditions for compassionate use or reimbursement through the SSF are defined by law. In 2007, orphan medicinal products accounted for about 35% of the SSF's total budget[11].

Orphan medicinal product pricing policy

The Minister for Economic Affairs determines the maximum manufacturer selling price of reimbursed prescription medicines, taking advice from the Ministry's Medicines Pricing Commission. The agreed price is forwarded to the NIHDI for a recommendation to the Minister of Social Affairs and Public Health on reimbursement. The actual purchase price of medicines used in hospitals are based on negotiations between manufacturers and the hospitals[12].

Orphan medicinal product reimbursement policy

According to information collected for the Inventory of Community and Member States' incentive measures to aid the research, marketing, development and availability of orphan medicinal products, "in Belgium, one of the most important measures has been the adoption of the Royal Decree of 8 July 2004 on the reimbursement of orphan medicinal products. This Decree, which entered into force on 20 July 2004, created a 'Committee of Doctors for Orphan Medicinal Products' within the Healthcare service of the NIHDI, the body responsible for

[7] This section has been written with information from the section on Belgium in the *KCE reports 112B : Politiques relatives aux maladies orphelines et aux médicaments orphelins* – 2009 (pp35-45).

[8] http://www.weesziekten.be/symposiumfr.htm

[9] http://www.maladiesrares.be/symposiumfr.htm

[10] *KCE reports 112B : Politiques relatives aux maladies orphelines et aux médicaments* orphelins – 2009 (p40).

[11] *KCE reports 112B : Politiques relatives aux maladies orphelines et aux médicaments orphelins* – 2009 (pp35-45).

[12] *Orphan Drugs in Europe : Pricing, reimbursement, Funding and Market Access Issues (2011 Edition),* Donald Macarthur, (p 99).

issuing opinions on orphan medicinal products when an opinion is required, including with regard to evaluating individual rights to reimbursement. It also evaluates the existing reimbursement conditions for these products and draws up an annual activity report" [13].

Drug reimbursement decisions are taken by the Minister of Social Affairs, after advice from the Drug Reimbursement Committee (DRC) as well as the Minister of Finances and the agreement of the Minister of the Budget. Orphan medicinal products follow the same procedure as Class I pharmaceutical products, i.e. products for which the company claims a therapeutic added value. However, unlike for Class I pharmaceutical products, no pharmaco-economic evaluation has to be submitted for orphan medicinal products. A decision on the reimbursement is taken within 180 days following the submission of the reimbursement request.

At the end of December 2011, 50 orphan medicinal products were eligible for reimbursement in Belgium (including two products that do not have EMA orphan medicinal product status, but that are reimbursed for an orphan indication) for a total of 57 orphan indications[14]. Orphan medicinal products are most of the time fully reimbursed (except Tracleer in the prevention of digital ulcers in sclerodermia); although for some of them reimbursement depends on prescription by specialists belonging to a recognised centre that provides treatment.

The list of orphan medicinal products reimbursed by the NIHDI[15] includes: Afinitor, Aldurazyme, Atriance, Benefix, Busilvex, Carbaglu, Cystadane, Diacomit, Duodopa, Elaprase, Evoltra, Exjade, Fabrazyme, Firazyr, Flolan, Gliolan, Glivec, Increlex, Inovelon, Kuvan, Litak, Lysodren, Mozobil, Myozyme, Naglazyme, Nexavar, Nplate, Orfadin, Replagal, Revatio, Revlimid, Revolade, Savene, Soliris, Somavert, Sprycel, Sutent, Tasigna, Thelin, Torisel, Tracleer, Trisenox, Ventavis, Vidaza, Volibris, Xagrid, Xyrem, Yondelis, Zavesca[16].

In normal circumstances, the specialist first obtains the approval of a Medical Advisor of the patient's sickness fund to prescribe the medicine. The Medical Advisor is able, but is not obliged to, request the advice of a "College of Medical Doctors for Orphan Drugs" (CMDOD). In practice, all sickness funds have agreed to refer all requests to the CMDOD if one exists. Separate Colleges exist for separate products and the DRC decides whether or not a College is established. At the end of 2011, there were 28 colleges for 50 orphan medicinal products. Individual reimbursement decisions are made on a case by case by the Medical Advisor based on the advice of the CMDOD. They are valid for periods going from 6 to 12 months[17] and can be renewed.

A study entitled "Policies for Orphan Diseases and Orphan Drugs[18]", compiled by the Belgian Health Care Knowledge Centre, was published in June 2009. This is a comprehensive English-language report that compares the Belgian orphan medicinal product reimbursement policy with other countries, estimates the current budget impact of orphan medicinal products, forecasts the expected future budget impact, and offers recommendations for policy makers concerning orphan medicinal products.

Orphan medicinal product study

The study *Budget impact analysis of orphan drugs in Belgium: estimates from 2008 to 2013*, appeared in the May 2010 issue of the Journal of Medical Economics[19] and is the first study of its kind to measure the impact of orphan medicinal product expenditures on a country's overall medicinal product budget. Determining the total orphan medicinal product costs in Belgium in 2008, the authors then forecast the impact over the next five years. Using multiple sources, the authors calculate that orphan medicinal product expenditures (€66.2 million) comprised 5% of the country's total hospital drug budget in 2008 and that the impact "is substantial and rising, thereby putting pressure on total drug expenditure in coming years". The increase can be attributed to the growing number of orphan medicinal products receiving marketing authorisation in the EU. To estimate the future impact, the study contemplated three scenarios "reflecting different levels of growth in the number of drugs that gain marketing authorisation in the European Union, the number of drugs that gain reimbursement in Belgium, and the average annual cost per patient per drug in Belgium". The study can be instructive to other European countries trying to determine the impact of orphan medicinal products on their health budgets. The second, French language article, appearing in the "Journal de Pharmacie de Belgique" takes a look at the policies governing orphan medicinal product development and authorisation. The authors call for the creation of European-level registries in order to follow the evolution of rare diseases as well as the "efficacy of orphan

[13] *Inventory of Community and Member States' incentive measures to aid the research, marketing, development and availability of orphan medicinal products. Revision 2005* (p8).
[14] *KCE reports 112B : Politiques relatives aux maladies orphelines et aux médicaments orphelins – 2009* (p39).
[15] http://www.inami.fgov.be/inami_prd/ssp/cns2/pages/OrphanCns.asp (updated 01/04/2010)
[16] Please note that for Afinitor, Sutent and Xyrem, the orphan designation was withdrawn.
[17] *KCE reports 112B : Politiques relatives aux maladies orphelines et aux médicaments orphelins – 2009* (pp43-44).
[18] Link to the report: http://www.kce.fgov.be/index_en.aspx?SGREF=5211&CREF=13651
[19] http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=20482245

medicines, the majority of which are relatively expensive". The authors also recommend a mechanism for evaluating reimbursement requests, in order to "ensure a coherent application of reimbursement criteria". The authors compare specific practices amongst European countries – particularly Belgium, France, Sweden, the United Kingdom and Italy. Italy, for example, requires a patient to enrol in a national registry prior to dispensing a particular orphan product. Many countries (with the exception of Sweden and the UK) look to their neighbours when it comes to determining a price for a specific product. The authors assert that this practice leads sponsors to seek distribution first in those countries where obtaining the desired price is easier. For Belgium, the authors recommend establishing a "unique counter" within the social security agency that would centralise all reimbursement requests and could oversee a standardised registry system similar to that used in Italy.

Orphan devices
No specific information reported.

Specialised social services
Facilities for respite care and therapeutic recreational programmes are under investigation but do not currently exist in a structured fashion for rare diseases. A budget is foreseen in the framework of the Chronic Disease Programme for the financing of respite care structures for children with chronic diseases, including rare diseases patients. Three projects are currently being developed and have started in 2011. Governmental measures for the integration of handicapped persons already exist in Belgium by means of social and financial support.

DEVELOPMENT OF RARE DISEASE ACTIVITIES IN 2011 IN BELGIUM

National plan/strategy for rare diseases and related actions
Work advanced in 2011 on a proposal for a Belgian Plan for Rare Diseases. The final set of proposals consisting of the updated recommendations of phase 1[20] (recommendations elaborated in 2010 for diagnostics and treatment, codification and inventory, information, awareness and patient empowerment, and access and cost) integrated with the recommendations of phase 2 (recommendations elaborated in 2011 for non-medical costs of rare diseases, international networking, research and adherence, advanced therapy medicinal products, ethical issues, teaching and education, including therapeutic education, and clinical trials) was sent to the minister of Social Affairs and Public Health at the end of the first semester of 2011. This report is available online on the website of the King Baudouin Foundation in English, French, German and Dutch languages[21]. The proposed plan consists of 42 recommendations and measures that can be grouped into five central themes: Expertise and multidisciplinarity; Collaboration and networking; Knowledge, information and awareness; Equity in access; and Governance and sustainability."

A new government is now in place which will analyse the propositions in terms of financing and the existing plans for cancer and chronic diseases.

Recently, the Centres for Human Genetics (represented by the High Council for Anthropogenetics) have formulated suggestions for the development of a national health care structure for the management of patients with rare diseases.

Centres of expertise
An additional budget of €2 million is foreseen for the development and the strengthening of multidisciplinary centres of expertise recognised by the National Institute for Health and Disability (NIHDI) and work under a

[20] http://www.kbs-frb.be/publication.aspx?id=271066&LangType=2060
[21] http://www.kbs-frb.be/publication.aspx?id=288128&LangType=1033

convention. A group of experts is currently working to set up the criteria for prioritisation and the working modalities of the centres of expertise in order to implement this action.

On the other hand, genetic counselling, carried out by a multidisciplinary team, will be financed through a new convention with the 8 Belgian genetics centres. The convention also includes guarantees for the adequate quality control and registration of clinical activities. The Belgian Centres for Human Genetics have a full service offering, i.e. they offer different types of tests and technologies, and patient and family counseling.

Registries

As epidemiological data on Belgian rare disease patients is very scarce and fragmented and as this information is essential for health care planning and monitoring a specific budget was foreseen in 2011 for the preparation of a conceptual note concerning the creation of a Central Registry of Rare Diseases. The conceptual note, approved by a group of stakeholders was accepted in December 2011 and a new budget was allocated for 2012-2013 to the Scientific Institute of Public Health.

Genetic testing

All genetic centres have or are in the process of obtaining an accreditation of their diagnostic activities. An accreditation of the laboratories will be obligatory by January 2014.

The reimbursement conditions of genetic tests are currently being revised. The new nomenclature offers a stratified reimbursement system and includes a comprehensive list of diagnoses and genes for which testing is available in Belgium.

Genetic testing abroad is possible, when referred by the Belgian genetic centres: the genetic centres send the samples to a foreign reference laboratory. The genetic tests carried out abroad will be reimbursed by convention with the 8 Belgian genetic centres. A list of authorised tests and the foreign reference laboratories is in preparation: this initiative part of a proposal for the creation of a convention between the NIHDI and the genetic centres that will be launched in 2012.

National rare disease events in 2011

On 22 February 2011 a symposium was organised by the Consultative Committee on Bioethics and the Fund for Rare Diseases and Orphan Drugs in collaboration with RaDiOrg.be on the theme of health care for rare diseases and its societal and ethical dimensions.

On 26 March 2011, RaDiOrg.be held their members meeting, which concentrated on the proposals made by the Fund for Rare Diseases and Orphan Drugs for a Belgian Plan for Rare Diseases. Particular focus was given to the discussion on the role of patient organisations in the plan, especially the role patients can play in giving feedback on their experiences of centres of expertise in Belgium.

Research activities and E-Rare partnership

E-Rare

The Research Foundation Flanders (FWO)[22] and Fund for Scientific Research (FRS-FNRS) participated in the 3rd Joint Transnational Call in 2011. Belgian teams will participate in four of the 13 funded projects.

IRDiRC

Belgian funding agencies have not yet committed national funding to the IRDiRC.

Specialised social services

A budget is foreseen in the framework of the Chronic Disease Programme for the financing of respite care structures for children with chronic diseases, including rare diseases patients. Three projects are currently being developed and have started in 2011.

[22] www.fwo.be

LIST OF CONTRIBUTIONS[23]

Contributions in 2010
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Contributions in 2011
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- Orphanet Belgium national website http://www.orpha.net/international/OrphanetBE.html?lng=EN
- Website of RaDiOrg.be www.radiorg.be

[23] The contributors and validators of the report have contributed information which is accurate to the best of their knowledge. However, readers should take note that the contents of this report are illustrative and not exhaustive.
[24] All websites and documents were last accessed in May 2012. A more detailed list of sources is available in the full report: http://www.eucerd.eu/upload/file/Reports/2012ReportStateofArtRDActivities.pdf