Strengthening the checks and balances in the EU pharmaceutical system

Outcome of the Dutch EU Presidency 2016

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Priorities Dutch EU Presidency

Key theme: Strengthening checks-and-balances in the pharmaceutical system

- Improve <u>voluntary</u> cooperation and exchange of information on pricing and reimbursement between Member States
- Support timely access to new, essential medicines by clarifying conditions and exit options
- Initiate debate on unintended effects of current incentives in EU pharmalegislation and their impact on innovation and costs
- Strategic debate on cooperation on future challenges and directions for pharmaceutical policy in the EU

Related key priorities: Medical Devices and in-vitro diagnostics and AMR

Meetings during NL Presidency Political level: Informal meeting of Council of Health Ministers and formal EPSCO Council Policy and technical level: Meetings of Directors responsible for pharmaceutical policy in Member States Conference on timely access to innovative and affordable medicines Competent Authorities for Pricing and Reimbursement (CAPR) Meeting of the European Network for Health Technology Assessment (EUnetHTA) **Industry**: Round Table on pharmaceuticals between EU ministers and CEO's industry

Why was this a priority?

The positives

- EU pharmaceutical system (public & private) is innovative; provides safe and effective medicines for the majority of its citizens
- 'Special' legislation for rare diseases and paediatrics have generated a variety of new pharmaceuticals that improve and save lives
- EU Member States can decide themselves what pharmaceuticals they wish to pay for,
 adjusted to national needs
- EU has an important and relatively innovative pharmaceutical industry
- Public investments into R&D stimulates innovative and viable pharmaceutical products

Is pharmaceutical system out-of-balance?

The concerns

- Increasing mismatch between marketing authorisation topped up by incentives supporting innovation versus affordability of and access to final product
- Increasing focus of industry on development of (new) pharmaceuticals for smaller patient groups with high earning potential, not necessarily for unmet medical needs
- Essential medicines not available to increasing number of EU patients due to unaffordable high prices, withdrawals due to low revenues or (too) small markets
- · Governments act individually, while counterparts act globally; information asymmetry
- Examples of socially undesirable or irresponsible behaviour
- Public investment R&D often does not benefit public interest (tax payer pays twice)

Pharma system strongly interconnected **EU Regulatory Framework** Market Authorisation Concerns Concerns •Weak link MA Supply driven market and HTA Perverse incentives, •Lack of data •Undesirable market availability behavior (e.g. pay Significant delay) benefit Medicine shortages **Pharma** •Lack of competition/ system influx of generics delicate balance HTA (valuation), Market: pricing & structure, businessreimbursement models & competition Concerns • High prices, gauging •information intransparency globalising industry • negotiation imbalance/ parallelexport • 'value-based pricing' paradigm Mazucato

Informal Meeting of Health Ministers

- Several Member States agreed with analysis that imbalances exist in the pharmaceutical system and that action is needed
- Support for voluntary cooperation on pricing and reimbursement, e.g. between economically similar countries
- Support for assessment of the (un)intended effects of intellectual protection and additional incentives in the pharmasystem

But:

- Voluntary cooperation should have clear added value; decisions on pricing & reimbursement remain MS prerogative
- Tackling of unintended effects incentives should not discourage innovation
- There should be a dialogue with industry



Main aims council conclusions

- Political statement recognition that imbalances exist in pharmaceutical system
- Address pharmaceutical system as a whole, with interlinkages and cross-silo/ pillar (spill over) effects
- Aiming at 'rebalancing' the system to make it work as intended legislation, innovation, incentives and national policies
- Initiate longer-term strategic cooperation to ensure consistency and continuity, ownership by all Member States

Actions for Member States

- Invest in <u>voluntary and Member State driven cooperation</u> on pricing and reimbursement
- This through joint activities, information sharing, joint negotiations with selected countries and cooperation on HTA, including through EUnetHTA
- Strategic policy reflection and exchange between Member States
- Development list of shared challenges and actions for 2017-2020,
 targeting the pharma system as a whole and its interrelations
- Collaboration accross the system to ensure follow up actions

Actions for Member States & Commission

- Cooperate together and set clear and enforceable (pre-)conditions regarding the use of early access tools
- Further develop cooperation on Health Technology Assessment at EU level
- Improve and strengthen dialogue and cooperation in existing fora in the field of pharmaceuticals, while also assessing their relevance, functioning and added value
- Invest in essential R&D to address unmet medical needs and registries
- Also promote open access to data and ensure fair return on investment of successful publicly funded research

Actions for the Commission

- Streamline implementation orphan regulation; ascertain proper application rules, incentives and rewards; revise if necessary
- Create overview of EU pharma legislation in relation to IP related incentives and their intended purpose
- Analyse effects of these incentives on innovation, accessibility, availability and affordability of medicines, as well as price strategies of industry
- Analyse functioning of the EU pharma market in terms of transparency,
 market behaviour and competition and strengthen market oversight
- Recommend possible remedies in context of agenda 2017-2020

Thank you!

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