

# Scrutinizing pharma's promise of access to meds

by [Giedre Pescekyte](#) • SEP 11 • 10 MINUTES READ

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## MORNING HEALTH CARE

By GIEDRE PESECKYTE

with CLAUDIA CHIAPPA and RORY O'NEILL

SNEAK PEEK

— **Pharmaceutical companies need to up their efforts to improve access to medicines**, according to an Access to Medicine Foundation report.

— **The EU's health crisis and disease control agencies should be merged**, a former director general of DG SANTE says.

— A European network of university hospitals **calls for EU-wide reform of health care systems**.

**Welcome to Wednesday's Morning Health Care!** "America's #1 Condom" (at least advertized as such) contains forever chemicals, a lawsuit claims. The complaint seeks at least \$5M in damages, as condoms contain per- and polyfluoroalkyl substances, or PFAS. More on [Reuters](#).

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DRIVING THE DAY

**KEEPING PHARMA ACCOUNTABLE ON ACCESS TO MEDS PROMISES:** Some drug companies are continuing to target rich countries for profits over lower-income ones where disease burden is often greater, according to the latest [research](#) from the Access to Medicine Foundation. However, there have been significant improvements in tracking the reach of their medicines in low- and middle-income countries over the past decade, the report finds.

"In the era where lots of companies are making big commitments ... we wanted to make sure that big commitments don't just sit there as promises to the world without a real approach behind it," Jayasree Iyer, CEO of the foundation told Giedre in an interview.

**The standout:** From a study of 20 companies, AbbVie was the only pharmaceutical company that did not use approaches to track the patients they reach with their essential medicines in low- and middle-income countries. For Iyer, this signals that this company "only cares about us — or European populations — and really not the rest of the world."

She hopes that this report will encourage AbbVie to step up its game. "The industry standard has gone up. Catch up," Iyer said.

**The other 19** companies are responding to the "call for attention and action on the health equity agenda," Iyer said, adding that she was "pleased" to see that.

**But, but, but:** Companies have to improve. The report identifies a lack of harmonization on how the number of patients reached is calculated. Additionally, gaps in measuring patient reach were found across the companies, leaving the number of patients reached in some areas and for some diseases unknown. For example, only six companies — Astellas, AstraZeneca, MSD, Novartis, Pfizer, and one company reporting under a non-disclosure agreement — share patient reach approaches encompassing all countries where they operate.

Most companies were found to use sales volume as a primary measure of patient reach, but this has drawbacks. "They know, 'we sold \$100 million worth of product in this country,'" Iyer said, which should equate to so many patients getting access. But "a lot of companies" do not know who actually received their medicine, so they have "a long way to go to get beyond just the sales volume as the primary measure for patient reach."

**Improving commitments:** The findings also showed significant potential for companies to refine their commitments and better their efforts to reach those in need. For example, only a few companies produce life-saving insulin, namely Eli Lilly, Novo Nordisk and Sanofi. These companies control over 90 percent of the market share and have pledged to expand access to their products in low- and middle-income countries.

Yet, their commitments collectively address only 1 percent of the diabetes prevalence within the 113 low- and middle-income countries in the scope of the report. "Their commitments need to be much, much bigger because the burden is so high," Iyer said.

**Overall:** "The industry today is still more focused on rich markets, rich populations, and still following ... that blockbuster model for getting products out there," Iyer said.

**A message for the EU:** The EU has to pay attention to the health equity gap. "Either you're supporting it with the right policies, the right legislation and the right behavior and the right investments, or you are inherently blocking it," she said.

## COMMISSION

**MERGE HERA AND ECDC, EX-TOP HEALTH OFFICIAL SAYS:** The EU's health crisis and disease control agencies should be merged, a former director-general of DG SANTE has said.

**HERA needs help:** The immediate task for the next still unnamed Health Commissioner will be to put the Health Emergency Preparedness and Response Authority (HERA) on a "sound footing," according to [Anne Bucher](#), now a fellow at think tank Bruegel.

**Tight budgets:** "[HERA] has limited resources relative to its responsibilities and there are overlaps in risk evaluation and management with the European Centre for Disease Prevention and Control (ECDC) for major threats, and with [European Medicines Agency] for medicine shortages," Bucher wrote.

**'Synergies':** In the current set-up, HERA isn't designed or well-funded enough to support investment in research and development, she continued. "The first recommendation is that at constant resources and mandate, HERA might be better off

if merged with the ECDC. This would bring the advantage of operating as an agency without creating a new one, and it could build synergy with ECDC on risk assessment and preparedness measures."

**Why it matters:** HERA's future has been under scrutiny virtually since the unit became operational in 2022. It is presently coordinating the EU's response to the mpox outbreak in Africa, and has delivered the first batch of vaccines to arrive in the Democratic Republic of Congo this year.

## HEALTH SYSTEMS

**UNIVERSITY HOSPITAL ASSOCIATION CALLS FOR CHANGE:** A European network of university hospitals has called for EU-wide reform of health care systems, urging to position university hospitals as drivers of this change.

**Systems are facing challenges:** In a [position paper](#) and [declaration](#) on "Rethinking Healthcare Systems," published on Monday, the European University Hospital Alliance (EUHA) hit the alarm over the "sustainability and resilience" of the European health care systems, which are facing a myriad of challenges — including workforce shortages and the growing need and cost of care.

**Focus on redesign:** To tackle these challenges, governments and the health sector should focus "on redesigning the healthcare system, including the type and quality of care provided, together with optimizing productivity." And "university hospitals need to be a proactive driving force advocating for change and providing innovative solutions in the healthcare transformation process focusing on redesign," the alliance said.

**A 'radical rethink':** The position paper argues for a "radical rethink of the organization of European healthcare systems," Johan Van Eldere, secretary-general of EUHA, told Giedre in an email. "This re-organization involves, among others, more emphasis on prevention, on primary and community care."

**Three asks of the EU:** The EUHA is calling on the EU to increase funding for projects and research on health system redesign implementation; to work towards less complicated EU regulatory frameworks to facilitate innovation in university hospitals; and to stimulate collaboration between health care providers with more active involvement from the EU.

"We believe that university hospitals can and should use their research and innovation power to help finding solutions, and we emphasize the importance of an increased collaboration at a European level," Van Eldere said. "We call on the commission to increase its support for implementing these changes and in particular allow university hospitals more freedom to innovate."

## EHDS

**BRIEF EHDS UPDATE:** We reached out to the European Commission to see how it is going with the European Health Data Space (EHDS) implementation. Since the agreement on EHDS was reached between the Parliament and the Council and endorsed by both institutions last spring, it has not been formally published yet.

**What's taking time?** It seems that the lawyer-linguist revision of the text is still ongoing, before it can be published in the Official Journal.

**But, but, but:** Work on implementation, according to the Commission, has already started. No surprise as the agreed deadline for adopting key implementing acts (such as setting out the technical specification for the European electronic health record

exchange format) is only two years. The Commission did not provide any timing, however, on when first implementing acts might be published.

## PARLIAMENT

**NEXT SANT MEETING:** Update your agendas as the next health committee meeting was moved to Sept. 30, instead of Sept. 26.

## VAPES

**IRELAND TO PITCH BAN ON SALE OF DISPOSABLE VAPES:** The Irish cabinet has approved a plan from its health ministry to draft a legal ban on the sale of disposable e-cigarettes — known as vapes — and restrict certain flavors and colors that appeal to children, the ministry confirmed in a press release on Tuesday.

**For context:** Vaping is the “revenge of the tobacco industry,” Ireland’s Prime Minister Simon Harris said when the proposal was presented to the cabinet, [the Irish Times reported](#). The country already banned the sale of vapes to minors last year, but now wants to prohibit the import, manufacture and sale of single-use or disposable vapes, the press release states.

**At EU level:** The European Commission is currently reviewing its rules on tobacco control, from product sales to advertising regulation. [Some](#) are calling for an EU-wide ban on the sale of disposable vapes too. “A harmonised EU-wide ban on disposable vapes is urgently necessary to prevent further damage to public health and to the environment” Irish MEP Barry Andrews from the Renew group told our colleague Marianne Gros, in an emailed statement.

## HOSPITALS

**ITALY GRAPPLES WITH HOSPITAL VIOLENCE:** [Tensions are escalating](#) in the Italian city of Foggia, in the southern Puglia region, where a series of assaults against health care personnel have left the workers fearing for their safety.

**In case you missed it:** Last week, over 20 people — relatives of a woman who died during surgery — [attacked and injured](#) several health workers at Foggia’s Policlinico hospital. The relatives reportedly blamed the doctors for the woman’s death. Since then, [more attacks](#) against personnel have taken place at the hospital, leading its director to [threaten closure](#), according to Italian media.

**Doctors call for the army:** Filippo Anelli, president of Italy’s national doctors’ association, [called](#) for the government to send the army to protect health care professionals. “Either the government and the region intervene immediately, or the hospital closes,” he said. “Doctors and nurses are there to work, to save lives: they are not moving targets, punching bags ready to be hit several times a day.”

## WHAT WE’RE READING

England has spent almost £40B less than peer countries on health assets and infrastructure since the 2010s, from [The Financial Times](#).

AstraZeneca stock fell more than 5 percent after results from the company’s lung cancer trials showed that its experimental precision drug did not significantly improve overall survival results for patients, [Reuters](#) writes.

[The New York Times](#) reports on a study that found girls’ brains aged far faster than boys did during the first year of Covid lockdowns.

