

Ministry of Health, Welfare and Sport The Netherlands

Priority medicines for the citizens of Europe

A research and development agenda

Introduction

The Netherlands is holding the presidency of the European Union from July to December 2004. The Dutch government is interested in making great advances in the development of medicines. Our precise objectives are set out below.

Priority medicines are taken to mean medicines that, from a public health point of view, should have a priority when it comes to research and development.

The project aims to:

- a. identify the gaps on the pharmacotherapy map, and to introduce a solid methodology for this purpose;
- b. give impetus to the removal of these gaps by means of a research agenda, from which all the parties concerned can benefit as well as by possible other policy measures.

The conference aims to create a shared vision that is politically and scientifically relevant, on the nature of the problems and on possible ways forward. Recommendations will be addressed to policy makers (Commission, member states), the EIB, industry and all other relevant stakeholders. Items for consideration: the selection of priority areas, population groups, delivery mechanisms, types of research, technology platform, FP7, PPP's, SME involvement.

Our objective is to provide elements for a well-founded R&D agenda¹ for the research and development of medicines, vaccines and biologicals, which meet the real health needs of European citizens. We aim to promote research, more driven by public health needs than just by market considerations. Research for this must become a priority. By striving for innovation in public health, we aim to boost the competitiveness of European industry.

The research agenda can serve as input for the 7th EU Framework Programme, in which it should be firmly embedded. At the same time, the agenda will be useful to European Investment Bank (EIB) programmes (loans, venture capital), national governments and research councils. Further policy measures can be envisaged.

The focus will be on European citizens from all EU member states, without losing sight of the rest of the world. Special emphasis will be put on identifying those research needs which are relevant for countries in economic transition (such as several of the new EU member states) and, if possible, also for developing countries, so that maximum benefit may be derived from a 'duality of interest'. This process can therefore have great relevance for the rest of the world.

What is the problem? Pharmacological gaps exist in the treatment of patients. Many pharmaceutical interventions are not available or provide marginal benefits, and many ostensibly beneficial interventions are burdened with adverse effects.

We have identified three focus areas:

1. More research is needed for the development of new medicines for diseases for which there is either insufficient or insufficiently effective treatment.
2. Pharmacotherapy needs to be improved for a number of specific patient groups which have not been paid sufficient attention, such as children, the older elderly and pregnant or breast-feeding women. Medicines are needed to prevent diseases that are specific to these groups. More research is therefore needed in this area.
3. Finally, research and development is needed on forms of dosage that are better suited to the needs of the groups in question.

¹ The terms research agenda and R&D agenda are used interchangeably.

The project encompasses medicines, vaccines and biologicals (processed body material). It meshes with the decisions of the EU ministers and the European Commission regarding the further development of the 'pharmaceutical industry for the benefit of the patient' ('G10').

Background

In Europe, developments in this field are a cause for concern. There is serious fragmentation: fragmentation between member states on the criteria for assessing reimbursement (but note that a single European reimbursement system is not on the agenda); fragmentation in research and development (R&D); and fragmentation caused by a limitation of scale. Moreover, government is at the end of the line of development: we only come into the picture once a product has been fully developed.

In response to this, we will attempt, as a government, to:

1. get behind the wheel earlier;
2. operate at European level.

We also want to be clear about the types of medicines that are needed from a public health perspective. If we want to continue spending our social insurance contributions wisely, we need to know what medicines to spend them on.

The key themes of the European Council in Brussels on 16 and 17 October 2003 were once again the recovery of the European economy and boosting of the European Union's competitiveness. Government leaders renewed their commitment to invest in research and innovation. Finding the right medicines for the health needs of European citizens will play an important role in the implementation of the G10 programme. The Council of Ministers explicitly stated this in the conclusions of 2 December 2003, regarding pharmaceuticals and public health challenges. Point 7 states that "patients must be the focus of pharmaceutical policies and that, therefore, emphasis should, in particular, be on:

- a) providing medicines needed to treat otherwise incurable diseases as well as more efficacious, safer and higher quality medicines
- b) (...)"

In the closing paragraph, attention is also drawn to the development of medicines for children.

The research cluster 'life sciences / genomics / biotechnology' is expected to make an important contribution in the next decade. Unlike agricultural applications (the GMO debate), applications in the medical sector have been very well received by European citizens, and will continue to have a high priority. Accordingly, large EU R&D budgets will be made available for them (especially after 2006).

The Netherlands' second Balkenende government attaches great importance to strengthening the knowledge economy and to innovation. In particular, the Ministry of Economic Affairs will promote life sciences and nanotechnology.

A substantial portion of the billions of euros in question will be used to develop or improve medicines, vaccines and diagnostics. Although, in the short term, the emphasis of the policy of EU health ministers will be on controlling expenditure precisely in this area, it is important that what is developed now actually proves useful to public health policy in the long term. While none of the EU health ministers will speak out against innovation in general, they must be very clear about the priorities in order to advance policy on innovation and public health.

How will we achieve the objective?

1. By means of a well-structured project that adopts an integrated approach and involves all stakeholders from the very beginning. Organisations dealing with the admission of medicines to the market or with health insurance schemes will also be involved.
2. By presenting the project outcome to all interested stakeholders, in particular the European Commission, member states, industry and research councils and research institutes. This subject must be given priority in the 7th Framework Programme (2006-2010), so that substantial financial resources can be allocated to R&D on priority medicines by universities, other research institutes, small and medium-sized enterprises and larger companies.

Such a thematic programme may have the format of a European "Technology Platform", an article 169 programme (the highest form of coordination in the EC Treaty) or could have other suitable forms. Both options mentioned would provide a solid structure.

3. We will encourage the European Investment Bank (EIB) to recognise priority medicines as a spearhead programme so that loans and venture capital become available for businesses that want to carry out research (universities, small and medium-sized enterprises and other companies).
4. We need a robust methodology to identify these gaps and prioritize them. The Netherlands commissioned a study by the World Health Organization (WHO). WHO will present their methodology at the conference. WHO will also present a list of conditions that need further research and policy measures. From basic research ('upstream') to practical and policy incentives.
5. The Dutch Medical Research Council will present preliminary results of an inventory (SSA) of corresponding national research programs in view of an ERANet.
6. The Netherlands will organise a high-level conference on the theme 'Priority medicines for the citizens of Europe' on November 18, 2004 in The Hague. The conference aims to create a shared vision that is politically and scientifically relevant, on the nature of the problems and on possible ways forward. Recommendations will be addressed to policy makers (Commission, member states), the EIB, industry and all other relevant stakeholders. Items for consideration: the selection of priority areas, population groups, delivery mechanisms, types of research, technology platform, FP7, public-private partnerships (PPP's), involvement of small and medium size enterprises (SME's).
7. By means of a well-structured project that adopts an integrated approach and involves all stakeholders from the very beginning. Organisations dealing with the admission of medicines to the market or with health insurance schemes will also be involved.
8. This subject must be given priority in the 7th Framework Programme (2006-2010), so that substantial financial resources can be allocated to R&D on priority medicines by universities, small and medium-sized enterprises and other companies.
Such a thematic programme may have the form of a European "Technology Platform" or an article 169 initiative (the highest form of coordination in the EC Treaty) as this can accommodate participation by both public and private parties. Both options would provide a very solid structure.
9. We will encourage the European Investment Bank (EIB) to recognise priority medicines as a spearhead programme so that loans and venture capital become available for businesses that want to carry out research (universities, small and medium-sized enterprises and other companies). After all, it is also in the EIB's interest to invest in developments with broad public support.
10. In order to set priorities, it is necessary to compile a list of areas that qualify for R&D. The World Health Organisation (WHO) will draw up an authoritative list of diseases and areas where progress can and must be made. A set of criteria will provide the list with a solid methodological base. It has been agreed with the WHO that the initial focus will be at least involve three key areas: communicable diseases, medicines for specific groups (such as children, the elderly, and pregnant or breast-feeding women) and ways of administering medicine. During the course of the project, other needs relating to communicable or non-communicable diseases are likely to be identified. The WHO will develop a systematic methodology for the list. WHO will be in contact with industry and important other stakeholders.
11. The Netherlands will organise a high-level conference on the theme 'Priority medicines for the citizens of Europe and the world'. The conference is needed to establish support for the above-mentioned list. It will allow this particular type of priority setting to win official, political support. The conference will be held in the historic Nieuwe Kerk, The Hague, on 18 November 2004. A panel debate with the key participants will be organised. Keynote speeches are scheduled to be given by European commissioners (for Research, Public Health and/or Enterprise), by the new WHO Assistant Director-General, Vladimir Lepakhin, and by a high-ranking official of the EIB. The panel will include the chair of the European Group on Ethics (advisory group for the European Commission), who will present his views on the subject.

The outcome of the conference will be a (possibly extended) list of priority medicines, for which commitment has been secured. This will allow the EIB and the parties involved in the 7th Framework Programme to set to work.

Other people attending this conference include the Dutch government's Minister of Health, Minister of Economic Affairs and Minister of Education, Culture & Science, as well as heads of organisations in Europe involved in this issue (see below, under 'satellite conferences'). The British Parliamentary

Undersecretary of State, the Lord Warner, will participate in the panel debate and address the conference.

12. A Specific Support Action (SSA) by national research councils led by ZonMw (the Netherlands Organisation for Health Research and Development), will develop a wider European Research Area programme (ERA-NET, a network of research institutes within the framework of the European Research Area). These institutes will have to make an inventory of national research programmes, in a number of member states, which focus on priority medicines, as defined by the WHO. They will also make an inventory of coordination activities in other countries and identify the organisations involved. Finally, they will explore possibilities for future cooperation to tackle fragmentation and at the same time to promote specialisation. The outcome of the specific support action will serve as input for the conference. The ERA-NET proposal is intended to give shape to real cooperation, which can be built on in the 7th Framework Programme. To this end, a follow-up meeting will be organised the day after the conference.
13. We will promote a number of stakeholders' satellite conferences on the eve of the conference or earlier – meetings that would generally be held anyway, but that can make a valuable contribution to the conference, since they will be held so close to it and can discuss the same theme. At present, they include the meeting of the Chief Medical Officers, that of the European Group on Ethics and a meeting by a patient organization.
14. We will prepare a conference book for the debate at the conference, which will contain the most important declarations, statements and official pronouncements, including viewpoints and recommendations regarding priority medicines, in order to gauge and possibly increase support.

The satellite conferences and the conference book are, for the present, aimed at the following groups:

- a. patient groups: the European Patients' Forum, European Platform for Patients' Organisations, Science and Industry (EPPOSI), Health Action International, the VSOP (Dutch Association of Parent and Patient Organisations) and international patient organisations of which it is a member; and possibly the International Consumers' Association; [still to be determined];
- b. Heads of Drug Regulatory Authorities in the EU member states
- c. reimbursement authorities or relevant advisory boards – in the Netherlands, the Care Insurance Board ("College voor Zorgverzekering");
- d. doctors' organisations: the World Medical Association, the Standing Committee of European Doctors, the European Forum of Medical Associations (Europe wide), and the Royal Dutch Medical Association (KNMG);
- e. Chief Medical Officers;
- f. the pharmaceutical industry: Nefarma (umbrella organisation for the research-based Dutch pharmaceutical industry), EFPIA, possibly the European Generics Association (EGA) and Bogin (umbrella organisation for the Dutch generic drugs industry), the European Platform for Bioindustries (EuropaBio) / Biofarmind (Dutch Foundation of Pharmaceutical Biotechnology) and perhaps others;
- g. pharmacist associations: the International Pharmaceutical Federation (FIP) and the Royal Dutch Society for the Advancement of Pharmacy (KNMP);
- h. European nurses;
- i. insurance companies: the International Association of Mutual Health Funds (AIM);
- j. partners from the field of ethics: the European Group of Ethics (EGE);
- k. scientists and research organisations (ZonMw, European partners);
- l. others still to be determined.

Further measures may be taken in the future. Notwithstanding decades-long regulatory incentives in the USA, and discussions within the EC on the issue, there is still a great need of adequate pharmacotherapeutic treatment for children, both in terms of active compounds as well as dosage forms. Such products certainly belong to the category of 'priority medicines'.

NB: It is quite possible that, in the long term, this activity will provide input and be useful to the European Centre for Disease Control (CDC) and that, in turn, the CDC can provide input for further development.

See the diagram at the end of this document.

For frequently asked questions, please refer to the annex.

Annex

Frequently asked questions

Q: Is the focus on Europe or the world?

A:

The focus is on Europe. The rest of the world is relevant for the following reasons:

- some diseases cross frontiers (particularly communicable diseases);
- the health pattern in the new Europe is diverse;
- we want to draw attention to disease areas that are important to Europe as well as the rest of the world.

Special emphasis will be put on identifying research needs which are also relevant for countries in transition (such as several of the new EU member states) and, if possible, also for developing countries – so that maximum benefit may be derived from a 'duality of interest'. This process can therefore have great relevance for the rest of the world.

Q. What about the long term?

A:

Thanks to the project, the prospects for the reimbursement of social health insurance look promising. Whereas most member states will have put caps on the expenditure for pharmaceutical products in their health care systems, one may assume that medicines on such a priority list will be reimbursed in most if not all member states on entering the market. A policy aimed at mobilising EIB funds to facilitate the development of these priority medicines is therefore worth considering, especially as this would imply sound investments in most cases.

Q: Are other outcomes expected?

A: Yes.

One of the anticipated outcomes of the WHO project is a methodology for defining research priorities on the basis of public health considerations. If this methodology is received favourably by the different stakeholders, it may be recommended as a procedure for priority setting on a broader scale as well, in the EU and elsewhere.

A second outcome would be a preliminary list of conditions for which public investment in drug development is recommended on the basis of dual interest, with supporting public health arguments, including, if possible, a pharmacoeconomic analysis of potential benefits.

The Dutch presidency proposes to discuss new ways of setting priorities and of channelling EIB funds and a more horizontal approach in developing EU directives. The European Union already has a directive to facilitate market introduction of orphan drugs. Similarly, a new directive for medicines for children is in preparation. Both belong to the category of 'priority medicines'. Other groups of priority medicines may include medicines for the elderly. The same holds true for vaccines. Although vaccines against communicable diseases serve an important public health goal, development of vaccines is expensive, whereas the market for vaccines (prevention) in general is smaller than that of medicines. It may be argued that one directive for all priority medicines would be the best option for the future.

The WHO itself could decide to complete, expand and apply the research that has been started.

Q: What role can medical research councils play?

A:

We would like research councils to create a Coordination Action (CA) between national research programmes in European countries, focusing on the priority medicines most needed by the citizens of Europe. In order to achieve this objective, a road map will be developed, consisting of four work packages:

- 1 an inventory will be made of existing national research programmes on priority medicines in European countries;
- 2 potential participants in a Coordination Action will be identified;
- 3 possible forms of cooperation between national research programmes within a Coordination Action will be explored;
- 4 the results of 1, 2, and 3 will be discussed at a high-level conference during the Dutch presidency.

Q: What is the relationship to the orphan drugs concept?

A:

In principle orphan drugs could fall within the terms of the project, but the project is broader. The project may include orphan drugs, or better: medicines for rare diseases. The Specific Support Action (SSA) inventory which the Dutch ZonMw (the Netherlands Organisation for Health Research and Development) is presently undertaking will include rare diseases.

Q: What is the relationship to WHO's Essential Drugs concept?

A:

This is not an essential drugs project. Essential drugs are also related to public health needs, but they are chosen from already available medicines, recognising their innovative aspects. Our project intends to influence future research to develop the next generation of innovative medicines to meet priority health needs.