



European Parliament  
Working Group

on innovation, access to medicines  
and poverty-related diseases

## SUPPORTING BETTER INNOVATION, ACCESS TO MEDICINES & HEALTHCARE

## TO COMBAT POVERTY-RELATED & NEGLECTED DISEASES

*"It cannot be right that thousands of people die every week from treatable illnesses because they can't afford the medicine they need. In the 21st century, access to healthcare shouldn't be down to where you are born and we should never accept a situation that sees more than 5 million children die a year from diseases that could be treated with drugs that are widely available in the developed world. We need coordinated action at EU level so that our policies on research, trade and development all help to ensure that the right to healthcare is a reality for everyone."*

Glenis Willmott MEP  
Chair





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## WHY DOES HEALTH MATTER?

Health is universally recognised as a basic human right and a key precondition for inclusive and equitable growth and development. That millions of people die every year from perfectly preventable or treatable diseases in the 21st century is unacceptable. We believe the EU can do more to address this challenge and ensure that its policies coherently support the advancement of global public health.

## WHY THIS WORKING GROUP?

The Working Group seeks to create a meaningful policy dialogue between Members of the European Parliament, the European Commission, southern partners and civil society to ensure that European policies deliver a coherent, comprehensive and proactive response to address the need for innovation, access to medicines and quality health care for those who need it most in developing countries.

Members of the Working Group are Members of the European Parliament. In addition a group of approximately 250 individuals from the European Commission and EU Member States Permanent Representations, officials from third country EU missions, African, Caribbean and Pacific (ACP) Members of Parliament, global health academics and representatives from civil society organisations follow and engage with the work and activities of the working group.

EUROPEAN PARLIAMENT WORKING GROUP





## HOW DOES IT WORK?

The Working Group operates as a Bureau of MEPs, with a Chair and Co-Chairs from different political groups. During the 2014-2019 legislature, the Working Group is chaired by MEP Glenis Willmott (S&D) and co-chaired by Judith Sargentini (Greens/EFA), Kateřina Konečná (GUE) and Beatriz Becerra Basterrechea (ALDE). The bureau's work is supported by a Secretariat formed by Médecins Sans Frontières' Access Campaign and Global Health Advocates France.

## OBJECTIVES OF THE WORKING GROUP

- o **Create a cross-political coalition of MEPs** interested in overcoming the global health challenges that disproportionately affect developing countries amongst others through organising roundtables, debates, field visits and trainings for MEPs and assistants.
- o **Provide a policy forum** where MEPs can draw on civil society's field experience and policy expertise on issues such as research and innovation, access to medicines and global health challenges related to the fight against poverty related and neglected diseases.

## EXPERTISE OF THE WORKING GROUP

- o **Access to medicines and trade:** The European Union has a major impact on access to medicines in developing countries through its intellectual property (IP) policies and its trade agreements. Access to affordable and effective medicines in developing countries must not be undermined by excessive IP protection and enforcement provisions in the EU's bilateral free trade agreements.
- o **Needs driven medical innovation:** The EU has a major role to play in determining priorities for medical research and development, financing neglected research areas and promoting alternative incentive mechanisms to stimulate R&D that is driven by global medical health needs. This means that the cost of R&D is separated from the incentive of high prices, which allows for medical tools that are affordable, accessible and suitable for all, including patients in developing countries.
- o **Health care for all:** Lack of access to free health care is a key factor contributing to poverty in developing countries. Achieving Universal Health Coverage – where all people are able to access quality health services without discrimination whenever they need them and without fear of falling into poverty – requires the EU to take leadership in mobilising all actors engaged in financing and delivery of health services to work towards this goal.



## POLICY PRIORITIES 2014-2019 LEGISLATURE

**A clear EU strategy on Global Health:** An EU policy framework on global health was adopted in 2010, but follow up with a ‘Programme for Action’ with dedicated financial resources to ensure its effective implementation is still urgently needed.

**Tackling infectious diseases in the European region:** The EU should develop an EU-Eastern Partnership Action Plan on HIV, TB and Hepatitis C in order to address the cross-border health threats posed by these diseases. The European region bears the highest burdens of drug-resistant TB and fastest rising HIV rates in the world as well as considerable barriers to affordable medical tools.

**Ensuring improved access to medicines in developing countries:** The EU urgently needs an overarching policy on access to medicines that is coherent across policy areas such as public health, development, research and development and trade.

**Explore new models for medical innovation in EU Research programmes:** new models of innovation and economic incentives, especially those that delink the cost of R&D from the end price of products, need to be further explored and implemented in the context of Horizon 2020 for diseases or types of medicines such as new antibiotics, which do not offer a profitable market and therefore are largely ignored by the pharmaceutical industry.

**Increased transparency:** we need far more transparency in the cost of medical research, pricing of medicines and vaccines and for clinical trial data and results.