

# ACCESS TO MEDICINES

## KEYSTAKEHOLDER PERSPECTIVES

The Dutch and Danish Cancer Society, Chair and Co-chair of the ECL Task Force on Access, organise three side-meetings on 26 September 2017 in Copenhagen, which will be followed by the ECL Annual Conference. The goal of these sessions is to provide information on recent developments in the field, and to give input and inspiration to the Access Task Force working groups. International experts will come to Copenhagen to inspire our initiatives.

**Eveline Scheres**

Chair ECL Access to Medicine Task Force

&

**Jes Søgaard**

Co-Chair ECL Access to Medicine Task Force

26 September 2017

10:30 Opening

10:35 **BLOCK I**  
**LEGAL PERSPECTIVE**

12:00 Lunch

13:00 **BLOCK II**  
**INTERNATIONAL PERSPECTIVES**

14:00 Coffee

14:30 **BLOCK III**  
**SYSTEMIC APPROACH (part 1)**

15:45 Coffee

16:10 **BLOCK III & QA**  
**SYSTEMIC APPROACH (part 2)**

17:00 Closing



Danish Cancer Society



## BLOCK

# I

## LEGAL PERSPECTIVE

*'Patient as a right holder'*

10:35-12:00

### Summary:

Access to medicines is not just about ensuring adequate standards of medical care, it is also an inalienable right of all patients. However, what does it mean to speak of 'access' as a human rights issue? This session will try to uncover the scope and implications of a human rights approach to access to medicines, and touch upon the identification of 'access' as a human rights issue. We will discuss the consequences of framing patients as rights-holders in the broader field of drug development. This will consequently lead to questions such as:

*What are the rights of patients and hence the responsibilities and obligations of governments?*

*What would that mean for pharma companies?*

*How could human rights help in priority setting and the allocation of resources?  
Which new cancer medicines should be covered by the right to health?*

*What are the implications of a right to access medicines at the domestic level?  
Are there any specific procedural requirements in your country?*

The introduction of this session will be done by the Norwegian Cancer Society. They will elaborate on what they daily encounter in their work connected to this approach.

## PANELLISTS



**Ms. Camilla Fosse**

Leader of the Norwegian Cancer Society's legal aid service



**Dr. Katrina Perehudoff**



**Dr. Marie Elske Gispen**  
Postdoctoral Researcher

## BLOCK



## INTERNATIONAL PERSPECTIVES

*An 'MEP's and WHO perspective on incentives for medicines and IPRs.'*

13:00-14:00

### Summary:

Access to medicines is no longer a problem of developed countries only. It is also a European issue, which was underlined by the ENVI Committee Report on EU options for improving access to medicines', initiated by MEP Cabezón Ruiz. Among others, MEP Ruiz raised challenges concerning: fair prices, double-payments for medicines and fast track approvals.

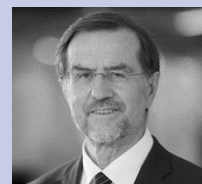
Similar challenges were highlighted at the WHO Forum on Fair Pricing in Amsterdam in May 2017. Forum participants expressed the need for transparency, and their reservations about the value-based pricing introduced by the industry. In this block, the following questions will be at the core of the discussion:

*What role can the EU and/or the WHO play?*

*What do they see as the main global challenges concerning access for all cancer patients to medicines?*

*Where do policy-makers see opportunities for improving access to medicines and how do they perceive the added value of the ECL Task Force and its potential role in 'access' dialogue?*

## PANELLISTS



**Mr. Alojz Peterle**  
Member of the EPP Group at the European Parliament, President of MEPs Against Cancer interest group.



**Mr. Guillaume Dedet**  
Technical officer, Health Technologies and Pharmaceuticals, World Health Organisation

## BLOCK



## SYSTEMIC APPROACH

*'The future of sustainable health care'; 'incentives for medicines and intellectual property rights.'*

### Summary:

Cancer medicines with distinctive therapeutic added value should reach patients in a timely manner, in the safest way possible and at affordable prices. However, why does it sometimes take so long before innovative medicines reach patients who have no time to spare? Even so, when these medicines do finally hit the market, they don't always make their way to the patients, and cumulatively burden national health budgets. Conversely, when prices are too low, there exists no incentive for the industry to develop efficient innovative medicines. In this block, we will research the fine line between getting innovative medicines on the market and maintaining sustainable health care systems, while answering questions like:

*What is the role of IPs in the current business model and how will this change in the future? Can IPs ensure innovation as well as sustainable future?*

*Should we move from a shareholder-base system to a procedure that is driven by other forces?*

*How can we accelerate market entry? What are the pros and cons of harmonising HTAs, or should there even be an EU HTA?*

*Why do some medicines reach the market while others don't?*

## PANELLISTS



**Wim van Harten**  
Research Group leader, Netherlands Cancer Institute, CEO Rijnstate Hospital



**Martijn de Jager**  
Developer New Business models, Dutch Cancer Society



**Jes Søgaard**  
Director of Documentation and Quality, Danish Cancer Society