



# **A Public Health Perspective on Access to Medicines**

EGA Annual Conference 2015

Session 4: Health Equality and Sustainable Access to Medicines

10 June 2015, Berlin

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# OVERVIEW

## Presentation outline

- › Background info re: EPHA & health inequalities
- › Challenges and opportunities for narrowing health inequalities in Europe
  - Changing healthcare environments
  - Economic crisis & austerity
  - Health literacy & patient empowerment
  - Sex and gender in medications
- › Investing in tackling health inequalities
- › How can the generic and biosimilar medicines industry work towards an improvement in health equality?



# WHO ARE WE?

## The European Public Health Alliance (EPHA)

- Is a Brussels-based network representing the public health community throughout Europe
- Comprises of about 100 member organisations based in EU-28 and EFTA, EU applicant and candidate countries & beyond
- Represents the interests of disease-specific communities (e.g. cancer, diabetes, cardiovascular, respiratory, mental health), health professionals (e.g. nurses, doctors, pharmacists), vulnerable groups (e.g. migrants, Roma, homeless), older people, women, regional interests, etc.
- Advocates for more citizen involvement and transparency in political decision-making processes on health policy at EU level



# WHO ARE WE?

## EPHA

- Mission: to bring together the public health community to provide thought leadership and facilitate change; to build public health capacity to deliver equitable solutions to European public health challenges; to improve health and to **reduce health inequalities**
- Vision: a Europe with universal good health and well-being, where **all have access** to a sustainable and high quality health system; a Europe whose policies and practices contribute to health, within & beyond its borders
- Values: **equity, sustainability, diversity, solidarity, universality, good governance**



# Healthcare: A dynamic sector

Challenges / Opportunities

- Ageing societies, increase of chronic diseases & multimorbidity, polypharmacy
- Cross-border health threats, e.g. Antimicrobial Resistance (AMR)
- Technological & scientific progress, e.g. e/mHealth, personalised medicine, Big Data
- Changing relationships between health professionals & patients
- Increased consumerism in health (apps, OTC products, CAM, health tourism, etc.)
- Paradigm shift from treatment to prevention (?)
- New care models (integrated care, home/community care)
- Health professional shortages & increased mobility within Europe
- Economic crisis & austerity measures



# Health Inequalities

EPHA activities

## 's **European Charter for Health Equity** (2010)

- Impact of austerity measures on access to healthcare, equity & solidarity in Europe
- Medicines & medical devices
  - Access to medicines & vaccination
  - Clinical trials
  - Transparency in medicines pricing
  - New innovation models
  - Medicines shortages (e.g. EMA-PCWP Common Position)
- Health workforce
  - Achieving self-sustainable health systems with ethical recruitment & retention practices, tackling 'brain drain'
- Sexual health & reproductive rights, children's & women's health, mental health (...)



# Health Inequalities

**GROWING HEALTH INEQUALITIES** within & between EU-MS

**EPHA Briefing on Access to Medicines in Europe in Times of Austerity (May 2013)**

**Access**

**Affordability**

**Availability**

**Innovation**



# Economic crisis

## Exacerbating health system problems

- Austerity measures → significant health budgets cuts across many EU-MS
- Deteriorating conditions for health workers & patients
- Harder to access medicines & healthcare, such as:
  - Excessive prices of medicines
  - Co-payments/user fees/out-of-pocket payments
  - Institutional closures
  - Health insurance/reimbursement tied to employment & residence status
- Exposing existing health system injustices & unsustainable practices
  - Mismanagement & inefficient planning
  - Irrational use of medicines, antibiotics, etc.
  - Unnecessary procedures
  - Training & health literacy gaps of health workers
  - Red tape/lack of technology for enabling routine tasks
  - Corruption
- Shortages experienced in a growing number of countries & medicines across EU



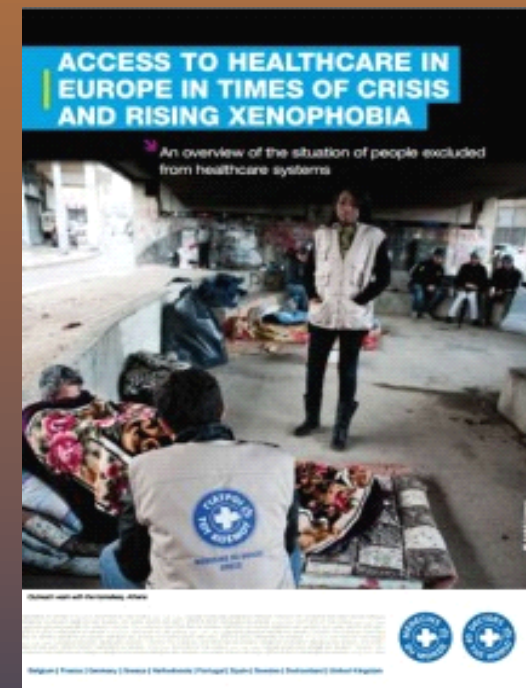
# Economic crisis



Médecins du Monde

Report, 'Access to Healthcare in Europe in Times of Crisis & Rising Xenophobia' (Apr 2013)

- Observations on social health determinants & health status of people facing multiple vulnerability factors helped by MdM
- Comparative data from 14 cities in 7 EU countries (BE, DE, FR, EL, ES, NL, UK) in 2012
- **Report shows cruel effects of economic crisis & austerity measures (esp. Greece & Spain):**
  - Out-of-pocket expenditures & user fees lead to delayed/abandoned treatments & medication
  - Reduction in health providers, lack of supplies & equipment
  - New restrictions limit vulnerable groups' access to healthcare
  - Increased administrative hurdles & lack of information
  - Children do not receive vaccinations due to high cost
  - Scapegoating of migrants & increase of violent acts
- **Changing profiles of MdM service users**
  - From most vulnerable (undocumented migrants, homeless, drug users, etc.) to 'regular' people





# Health literacy and patient empowerment

## Example: Roma health

- EPHA Position on Roma health in Europe (2012)
- Roma health fellowship programme
- Access to healthcare for sedentary & migrant Roma



## Example: e/mHealth

‘For many people in Europe, mHealth constitutes the concrete manifestation of eHealth; smartphones are bringing the digital world closer into the realm of ordinary people’

(EPHA response to mHealth Green Paper consultation)



How to improve **health literacy** of society's most vulnerable?  
What differences in reaching out to women, men and children?



# Health literacy and patient empowerment: Non-adherence

## **(Some) reasons for non-adherence to medicines**

- . Lack of ability to navigate health system & develop 'agency' (depends on socioeconomic background, culture, education, gender, age, etc.)
- . Lack of knowledge about the uses & effectiveness of a specific medicine
- . Patient leaflets/patient information too complicated, not clear & concise enough
- . Fear of overusing medicines
- . Worry about adverse drug reactions
- . Unawareness/underestimation of the consequences of not using medicines
- . Confusion: unable to distinguish fact from fiction, e.g. online info, media reports
- . Incoherent messages received from different HCPs, other patients, carers
- . Different prescriptions issued by different HCPs
- . No personal approach by HCPs based on individuals' competences & background
- . Concerns over evidence base, biological differences based on gender, etc.



# Sex and gender in medications

## Why consider sex and gender with regard to medications?

- Including sex and gender in biomedical research is good science and an important quality and safety issue
- In a just society, biomedical research must provide optimal treatment for both women and men
- Medicines are safer and more effective for everyone when clinical research includes diverse population groups of all ages
- Women are underrepresented in many clinical trials and if included, robust analysis is often lacking
- Treatment guidelines are largely based on data gathered from men
- Sex differences of tissues and cells



# CVD in Women

- CVD is leading cause of death among EU women
- The onset of CVD is 10 years later than in men
- Diabetes is strongest risk factor for heart disease
- Women experience heart disease differently—this may delay diagnosis and impact treatment effectiveness
- More than 1/3 of women aged 55-64 and more than 1/2 over age 75 with heart disease are disabled
- Smoking carries a higher cardiovascular risk for women than men, increasing the heart attack risk by over 50%
- Women are underrepresented in CVD clinical trials



# Sex and gender in medications



European Heart Journal (2010) **31**, 1677–1685  
doi:10.1093/eurheartj/ehq094

**CURRENT OPINION**

## **Women and research on cardiovascular diseases in Europe: a report from the European Heart Health Strategy (EuroHeart) project**

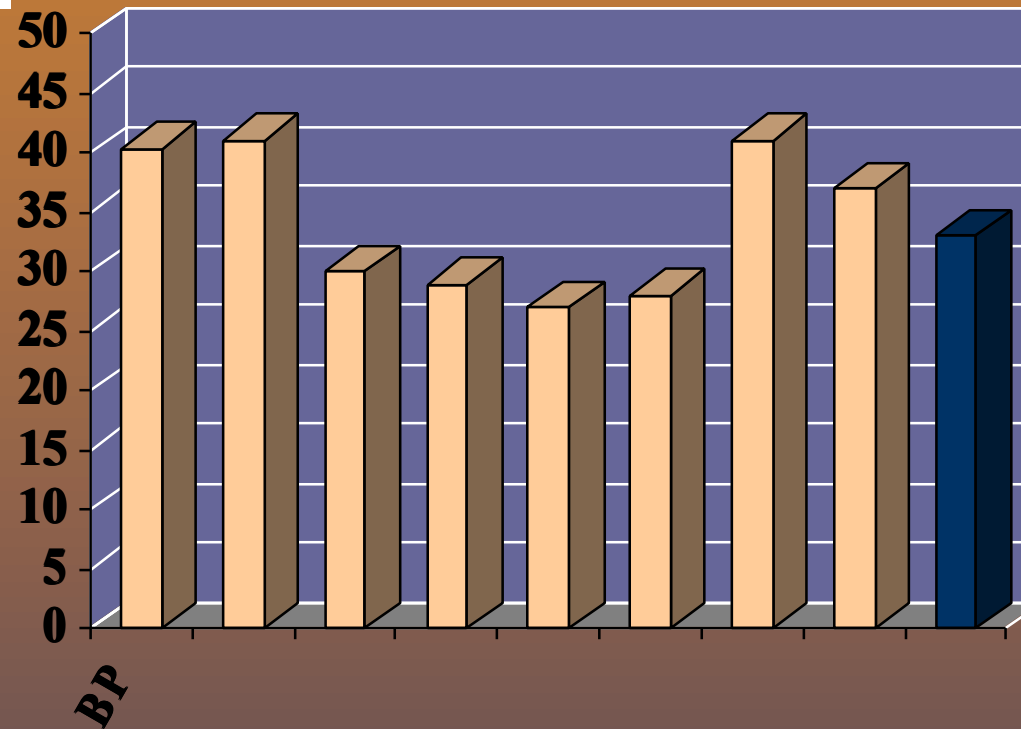
**Marco Stramba-Badiale\***

Department of Rehabilitation Medicine, IRCCS Istituto Auxologico Italiano, Via Mosè Bianchi, 90, 20149 Milan, Italy

- 62 randomised clinical trials
- 380 891 participants
- 127 716 women



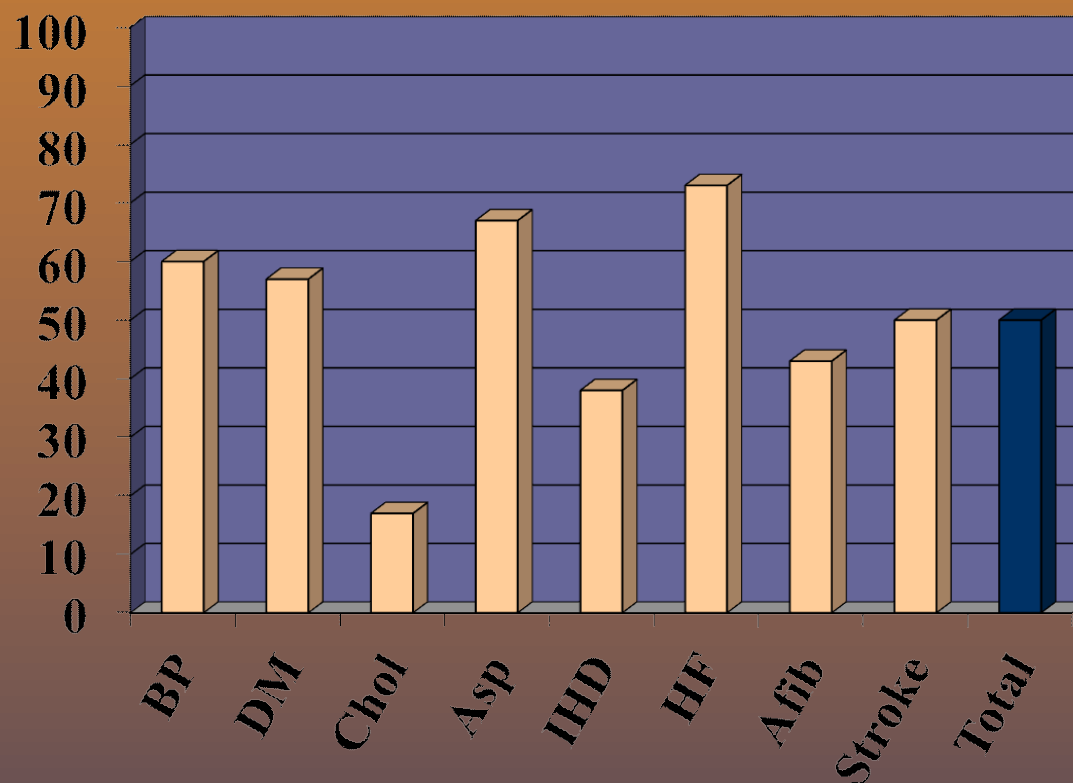
# Sex and gender in medications



Percentage of women in clinical trials  
Eur Heart J 2010; 31:1677-1685



# Sex and gender in medications



Cardiovascular disease: clinical trials with analysis by gender  
Eur Heart J 2010; 31:1677-1685





# EUGenMed Project

- EUGenMed will develop a roadmap for implementing sex and gender aspects into biomedical and health research
- It will build on existing activities to develop an interdisciplinary, inclusive and transparent European Gender Health Network.
- Major activities:
  - Kick-off conference; workshops; roadmap conference
  - Generating material for different target audiences
  - Identification of future priorities and recommendations



# Investing in tackling health inequalities

## Health = wealth!

- Economic & social policies must go hand in hand: Health in all Policies
- Maintaining/increasing health investments for future sustainability
- Health impact assessments of policies (Europe & globally)
- Ensuring adequate role for health in European Semester
- **EU Joint Procurement**: from vaccines to other medicines
- **Health Technology Assessment** to enable evidence-based decisions on pricing & coverage
- Horizon 2020/European Research Area to stimulate needs-driven innovation
- New innovation models (de-linking R&D costs from price of medicines)
  - E.g. socially responsible licensing, open source research, innovation prizes
  - Patent pooling
  - Product development partnerships
- Ensuring transparency for added therapeutic value
- Examining development, production & distribution chains
- Stepping up investments in diagnostics





# Investing in tackling health inequalities

## Health = wealth!

- Promotion of generic competition
  - Review of patenting rules
  - Anti-monopoly legislation
  - External reference pricing
  - Compulsory licensing
- Promotion of Health Literacy
- Ensuring access to / transparency of Clinical Trials results
- Children's vaccination





# Role of generics / biosimilars industry?

## Contributing to medicines sustainability & universal access

- Major role in addressing health challenges: quality medicines at affordable prices
- Allowing access to medicines for vulnerable population groups, thereby contributing to the betterment of public health
- Improve health professionals' knowledge base of products (quality, safety, efficacy, etc.)
- Help ensure prudent use of life-saving medicines, e.g. antibiotics access in countries in need of medications
- Advocate Good Manufacturing Practices, especially regarding global supply chains (India, China), and protection of environment
- Sharing best practices (national & regional)

