



2020/2071(INI)

17.6.2020

OPINION

of the Committee on Development

for the Committee on the Environment, Public Health and Food Safety

on shortage of medicines – how to address an emerging problem
(2020/2071(INI))

Rapporteur for opinion: Beata Kempa

SUGGESTIONS

The Committee on Development calls on the Committee on the Environment, Public Health and Food Safety, as the committee responsible, to incorporate the following suggestions into its motion for a resolution:

1. Underlines the fundamental right of all persons to a standard of living adequate for the health and well-being of themselves and of their families, as enshrined in Article 25 of the Universal Declaration of Human Rights (UDHR); recalls in this regard that the EU is committed to ensuring a high level of protection of human health in all its policies and activities, in accordance with Article 208 of the Treaty on the Functioning of the European Union and the principle of Policy Coherence for Development (PCD), in full compliance with international commitments, notably Agenda 2030 for Sustainable Development and Sustainable Development Goal 3 ‘Ensure healthy lives and promote well-being for all at all ages’;
2. Recognises that the COVID-19 epidemic has exacerbated the persisting problem of the shortage of medicines and protective equipment in the EU, while stressing that access to medicines and protective equipment is a matter of global concern which also has serious consequences in developing countries where poverty-related diseases are spreading and the availability of medicines is low; stresses the need for the EU to ensure coherence in its policies, particularly in the areas of development, trade, health, research and innovation, in order to help to safeguard the continuous access to essential medicines in the poorest countries and, in particular, in the least developed countries (LDCs);
3. Stresses the importance of placing the interests and safety of patients at the centre of health policy and of closer cooperation between developing countries with the EU;
4. Notes that the lack of access to medicines has severely affected the most vulnerable and marginalised groups, including women and children, people living with HIV and other chronic diseases, migrants, refugees and internally displaced persons, the elderly and people with disabilities;
5. Considers that medicines, in particular life-saving medicines and treatments, are not just consumer goods, but global public goods, and should therefore be treated as such; deplores the fact that there are too many barriers to accessing medicines in developing countries and LDCs, including:
 - (a) limited infrastructure;
 - (b) resource constraints;
 - (c) the concentration of production of active substances in a small number of countries;
 - (d) risks of counterfeiting;
 - (e) restricted access to social protection schemes;
6. Calls on the EU to take the lead in enhanced global cooperation between multiple stakeholders, including public regulators, industry, patients, healthcare professionals, NGOs and international institutions, in order to ensure global access to safe, effective and high-quality medicines and protective equipment, particularly in residential institutions and healthcare services, giving priority to vulnerable groups, such as people with disabilities and their families, while safeguarding both the availability of resources and the quality of manufacturing processes and facilities; is therefore pleased to note

that the EU took the lead role in drafting and approving the WHO's COVID-19 resolution on 19 May 2020, which recognises the importance of timely access to quality, safe, affordable and effective diagnostics, therapies, medicines, and vaccines for the COVID-19 response;

7. Calls on the European Commission to urgently investigate the factors leading to medicine shortages and to improve information exchanges between national authorities and supply chain actors, best practice sharing and implementation support on shortage management strategies to support patient safety;
8. Invites the Commission and the Member States to strengthen their support for global programmes and initiatives to promote safe and affordable access to medicines worldwide; also urges the Commission to require that EU-funded health projects include targeted accessibility and affordability plans as part of the project deliverables;
9. Notes that people are stockpiling medicines for fear of running out of supplies; calls on governments to counter these fears through education and reassurance in order to put an end to the excessive consumption of resources;
10. Highlights that the COVID-19 epidemic demonstrates the need to shorten existing supply chains as much as possible, notably to avoid reliance on long and fragile global supply chains for critical medical equipment and pharmaceuticals; urges the EU to help the developing world build local manufacturing, production and distribution capacity through technical support, critical knowledge and information, by incentivising technology transfer and fostering consistency in regulatory guidance, monitoring systems and the training of health professionals; underlines the need to create stronger health systems and well-operated supply chains; highlights the fact that developing countries, and especially LDCs, are heavily reliant on international supply chains, which can lead to serious shortages when global demand rises and supply is limited;
11. Notes that humanitarian crises, along with poverty and growing inequalities, and increased exposure to falsified medicines contribute to the deaths of millions of people in developing countries every year from diseases that could be treated and prevented with timely access to appropriate, safe and affordable medicines and diagnostics or vaccines; urges the EU to address the problem of medicine shortages in conflict and humanitarian crisis areas, bearing in mind the needs of the most vulnerable groups and focusing on effective ways of supporting local medical services, in cooperation with relevant NGOs and local governments;
12. Points out that the COVID-19 crisis has exposed the devastating consequences of social protection gaps in many developing countries; underlines that cash transfers and other interventions provided by humanitarian actors provide emergency relief to help people reduce the negative impacts of the crisis; takes the view that these interventions should be aligned with, build on, complement and further strengthen national social protection systems in order to mitigate the socio-economic impacts of COVID-19 on vulnerable populations, leaving no one behind;
13. Stresses that the patent system for medicines, the lack of long-term financing and independent research, infrastructure, marketing, monopolisation of production, concentration of production in a number of countries (active substances in China, antibiotics in India), the halt in research into cheap and readily available alternative

medicines, such as herbal medicines, exacerbate the deficiencies in the medicines market and in the availability of medicines, especially in developing countries; encourages the ‘de-linking’ of R&D funding from the price of medicines, for example by using patent pools, open research, grants and subsidies, in order to ensure sustainable affordability, availability and access to treatment for all those who need it;

14. Recalls that investment in research and development (R&D) are crucial for the entire medicines value chain; stresses, furthermore, that the lack of R&D has a negative effect on poverty-related and neglected diseases that disproportionately affect low- and middle-income countries (LMICs); urges the Commission, therefore, to take additional measures to guarantee open access to research results and data in order to stimulate innovative practices and financing models in the pharmaceutical sector, within the framework of EU development policy and PCD;
15. Underlines that development aid should first and foremost aim to ensure a ‘horizontal’ universal health care system coverage through a holistic and rights-based approach, which entails, inter alia, taking full account of the multidimensional nature of health (with strong links to gender, food security and nutrition, water and sanitation, education and poverty); stresses that universal public health coverage must be combined with the extension of the coverage of social health protection mechanisms during and after the crisis;
16. Calls for a global collective response and welcomes the outcome of the Coronavirus Global Pledging event on 4 May 2020, where EUR 7.4 billion was pledged by donors from around the world to accelerate work on diagnostics, treatment and vaccine development; stresses that COVID-19 medical tools should be affordable, safe, effective, easy to administer and universally available to everyone everywhere and to be considered ‘global public goods’; considers, therefore, that access and affordability should be an integral part of the entire research and development (R&D) and manufacturing process; to this end, believes that strict conditions should be attached to public funding, notably in terms of collective governance, transparency, sharing of technology, technical know-how and clinical results, etc.; stresses that these conditions must be made public, as public finance cannot consist of blank cheques;
17. Recognises that the intellectual property (IP) system generally contributes to the development of new medicines and is therefore a tool for improving their availability, but that it must always be consistent with international human rights law and public international law, with full respect for the human right to health; calls on the EU to promote more effective use of the existing flexibility provisions for trade-related aspects of intellectual property rights in order to protect public health and, in particular, to provide access to medicines for all, as affirmed in the Doha Declaration on the TRIPS Agreement and Public Health; in that respect, urges the EU and its Member States to actively support local governments in third countries, in particular LDCs, in the effective implementation of these safeguard measures, such as compulsory licensing and parallel importing, in order to protect public health, to secure universal access to essential medicines in emergencies and to address abuses of IP protection that lead to unaffordable prices of patented and life-saving medicines and diagnostics; urges the EU to ensure that its bilateral trade agreements fully support this objective and to make freely available all pandemic vaccines and treatments that may be used and produced in the coming months against COVID-19 as a global public good.

18. Re-emphasises the role of widespread immunisation against COVID-19 as a global public health good in preventing, containing and stopping transmission in order to end the pandemic, once safe, quality, efficient, effective, accessible and affordable vaccines are available;
19. Stresses that the sharing of pathogen samples and sequence information is crucial for the rapid development of diagnostics, therapies and vaccines; recalls the binding international obligations of fair and equitable benefit-sharing of the Convention of Biological Diversity and the Nagoya Protocol with regard to genetic material;
20. Calls on the Commission and the Member States to implement measures such as price controls to avoid speculation on all goods, PPE and medicines needed to fight the pandemic in developing countries;
21. Stresses the need to secure binding commitments from pharmaceutical companies and manufacturers in order to meet the needs of developing countries and LCDs; recalls that the World Health Organization's Pandemic Influenza Preparedness Framework (PIP Framework) on access to influenza viruses with pandemic potential (IVPP) and the fair and equitable sharing of benefits arising from their use aims to operationalise benefit-sharing in order to enable treatment in developing countries and LCDs; calls on the EU in this context to take the lead, under the leadership of the WHO and the UN, in ensuring a fair and equitable sharing of the benefits of medical products resulting from the sharing of virus samples and digital sequence information.

INFORMATION ON ADOPTION IN COMMITTEE ASKED FOR OPINION

Date adopted	15.6.2020
Result of final vote	+: 23 -: 1 0: 2
Members present for the final vote	Anna-Michelle Asimakopoulou, Hildegard Bentele, Dominique Bilde, Udo Bullmann, Catherine Chabaud, Antoni Comín i Oliveres, Ryszard Czarnecki, Gianna Gancia, Charles Goerens, Mónica Silvana González, Pierrette Herzberger-Fofana, György Hölvényi, Rasa Juknevičienė, Beata Kempa, Erik Marquardt, Norbert Neuser, Janina Ochojska, Jan-Christoph Oetjen, Michèle Rivasi, Marc Tarabella, Tomas Tobé, Miguel Urbán Crespo, Bernhard Zimniok
Substitutes present for the final vote	Barry Andrews, Marlene Mortler, Patrizia Toia

FINAL VOTE BY ROLL CALL IN COMMITTEE ASKED FOR OPINION

23	+
EPP	Anna-Michelle Asimakopoulou, Hildegard Bentele, György Hölvényi, Rasa Juknevičienė, Janina Ochojska, Tomas Tobé, Marlene Mortler
S&D	Udo Bullmann, Mónica Silvana González, Norbert Neuser, Marc Tarabella, Patrizia Toia
RENEW	Catherine Chabaud, Charles Goerens, Jan-Christoph Oetjen, Barry Andrews
ID	Dominique Bilde
GREENS/EFA	Pierrette Herzberger-Fofana, Erik Marquardt, Michèle Rivasi
ECR	Beata Kempa
GUE/NGL	Miguel Urbán Crespo
NI	Antoni Comín i Oliveres

1	-
ID	Bernhard Zimniok

2	0
ID	Gianna Gancia
ECR	Ryszard Czarnecki

Key to symbols:

+ : in favour

- : against

0 : abstention