Question for written answer E-006676/2020
to the Commission
Rule 138
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Subject: Procurement contracts concluded between the Commission and Gilead for doses of remdesivir

On 15 July 2020, Gilead asked the French health authority[1] to assess remdesivir's merits for social security reimbursement. The assessment revealed the treatment to be of little medical value. Gilead therefore dropped its request that the drug be made reimbursable.

Despite this, in late July 2020, the Commission spent EUR 63 million acquiring 180 000 doses of remdesivir. On 8 October a second contract for EUR 1 billion was signed for 500 000 doses, at EUR 2 000 per dose, although the cost of production is said to be USD 0.93 per unit.

On 20 November 2020, the World Health Organization issued a recommendation, based on four clinical trials carried out since February 2020 on 7 000 COVID-19 patients, against administering this treatment, warning of its complexity, significant side-effects and cost.

Can the Commission say whether it had been made aware of the outcome of these trials before entering into a contract with Gilead? On what grounds did it decide to sign a second contact for an ineffective treatment?

Why did the Commission not deem it necessary to wait for the outcome of the clinical trials before committing EUR 1 billion to the purchase of a useless treatment?

[1] Transparency Committee of the French High Health Authority (HAS).