

Research study on impact and benefits of cross border collaboration in WHO European Region

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On behalf of

WHO Regional Office for Europe,


WHO Collaborating Centre for Pharmaceutical Policy and Regulation,

WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies



Background

- In recent times, cross-country collaborations of governments in the area of access to medicines have been established in Europe
- Partially, critical reporting on these cross-collaborations
- Lack of a systematic overview & assessment of country collaborations, their results, opportunities and challenges



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Ireland joins Beneluxa agreement paving the way for cheaper and newer medicines

Face O'Hall
June 23 2016, 10:00am
The Times


Health Politics
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By Sarantis Michalopoulos | EURACTIV.com

10. Mai 2017



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POLITICO

By Gerty

Belgium, Netherlands team up to take on pharma over prices

Until now pricing was almost exclusively negotiated between one country and company.

By PETER O'DONNELL | 4/2/15, 1:58 PM CET | Updated 4/23/15, 12:54 PM CET

The study

- Study commissioned by WHO Regional Office for Europe
- Performed by:
 - WHO Collaborating Centre for Pharmaceutical Policy and Regulation, Utrecht
 - WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies, Vienna
 - Study protocol development in collaboration with WHO Collaborating Centre for Pharmaceutical Policy, Boston
- Methods
 - Literature & document review
 - Semi-structured interviews
- Timeline: March 2018 - March 2019

Study protocol

Country collaborations on access to medicines: identifying opportunities to improve performance

WHO Regional Office for Europe, Health Technologies and Pharmaceuticals, Division of Health Systems and Public Health in collaboration with the below partners:

WHO Collaborating Centre (NET 92) for Pharmaceutical Policy and Regulation (Faculty of Sciences, Utrecht Centre for Pharmacoepidemiology and Pharmaceutical Policy Analysis (UIPS), Division of Pharmacoepidemiology and Pharmacotherapy, Department of Pharmaceutical Sciences)

WHO Collaborating Centre (USA 304) for Pharmaceutical Policy (Boston University School of Public Health)

WHO Collaborating Centre (AUT 14) for Pharmaceutical Pricing and Reimbursement Policies (Gesundheit Österreich GmbH (GÖG) (Austrian Public Health Institute)

Date: May 14 2018


Study objectives

- To identify and assess the country collaboration initiatives to improve access to medicines
 - To identify and describe **existing country collaborations** including their motivations and objectives
 - To assess the **performance** of country collaborations
 - To identify **facilitating and challenging factors** for country collaborations
 - To identify gaps where country collaborations could provide an **important opportunity** to promote equitable access to affordable innovative medicines

Studied cross-country collaborations

 Baltic Procurement Initiative

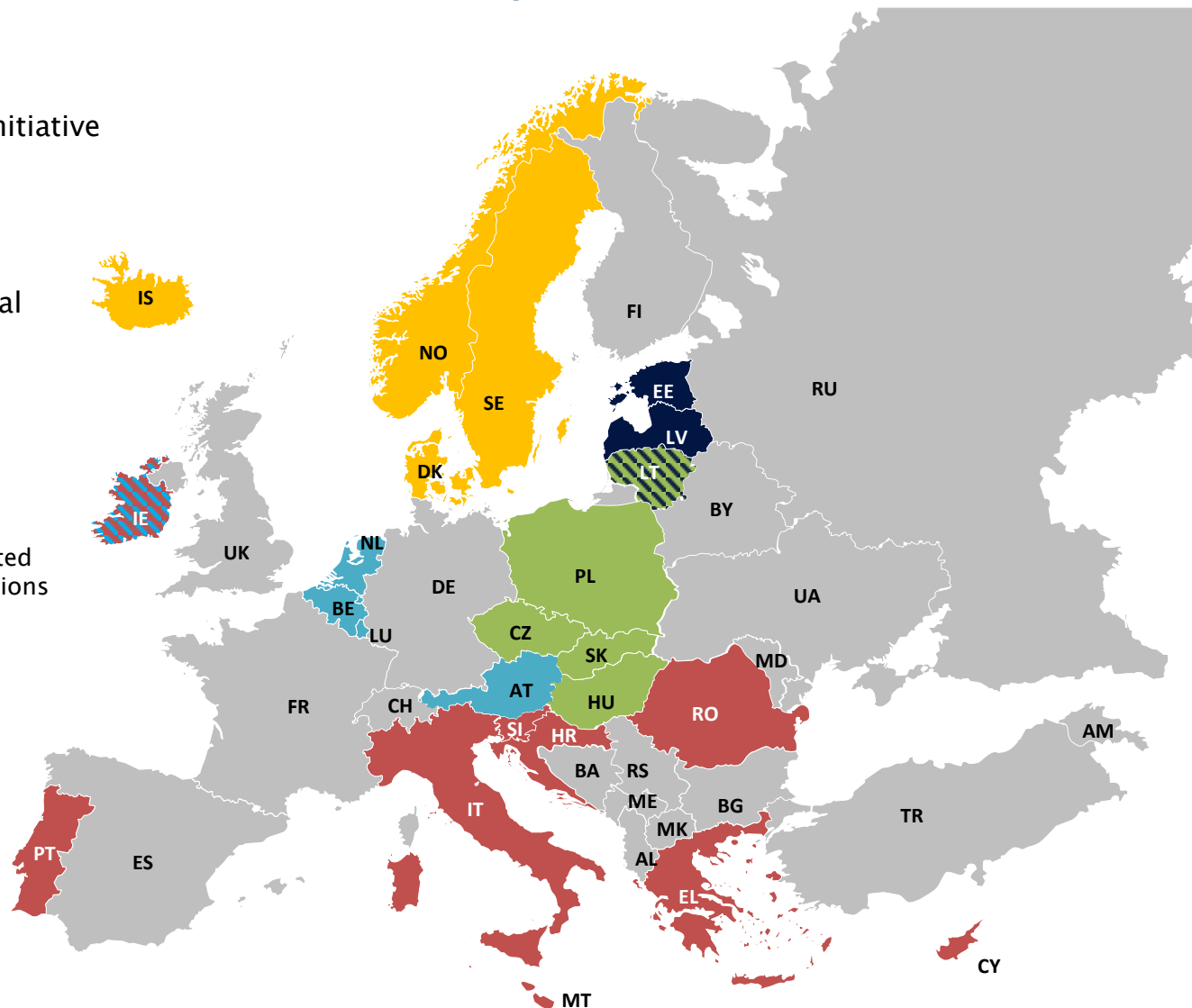
 Beneluxa Initiative

 Nordic Pharmaceutical Forum

 Valetta Declaration

 Visegrad

 No participation in selected cross-country collaborations



Comments:

Ireland is part of two collaborations, the Beneluxa initiative and the Valetta Declaration

Lithuania is part of two collaborations, the Baltic Procurement initiative and Visegrad

Source: Data collection of the WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies, Vienna, and the WHO Collaborating Centre for Pharmaceutical Policy and Regulation, Utrecht.

Studied cross-country collaborations

no. of interviews /
no. of interviewees

Collaboration	Objectives / Key activities	Start	Inter-views
Baltic Procurement Initiative	Procurement of medicines Lending of medicines	2010 (Task Force), 2012 (partnership agreement)	3 / 3
Beneluxa initiative	Horizon scanning, HTA, Information sharing, P+R (negotiations)	2015 (BEL, NLD, LUX), 2016 (AUT), 2018 (IRL)	5 / 9
Nordic Pharmaceutical Forum	Horizon scanning, joint procurement	2013	5 / 7
Valletta Declaration	Horizon scanning, exchange of information, joint assessment, negotiations	2017	5 / 6
Visegrad	HTA, joint negotiations	2017	1 / 1

NPF ≠ FINOSE

Initiation

- In most instances, there was one country that led the initiative to form a collaboration
 - Political initiative (in most cases)
 - Driven bottom-up by technical experts (NPF)
- Usually official documents
 - E.g. partnership agreement, MoU
- Collaboration start dates range from 2010 - 2017
 - Before, there was some informal networks/ technical collaboration occurring within these countries
- Further collaborations / networks continue to exist
- Some countries are in more than one collaboration

Objectives

- To improve affordable and sustainable access to medicines
 - To ensure the **rationalization** of procurements and reduce the time and administrative resources required
 - To establish **initiatives** for cross-border collaboration aiming at better access to effective and affordable medicines in a sustainable manner
 - To benefit more from **each other's knowledge and experience** through increased coordination and continuity in cooperation

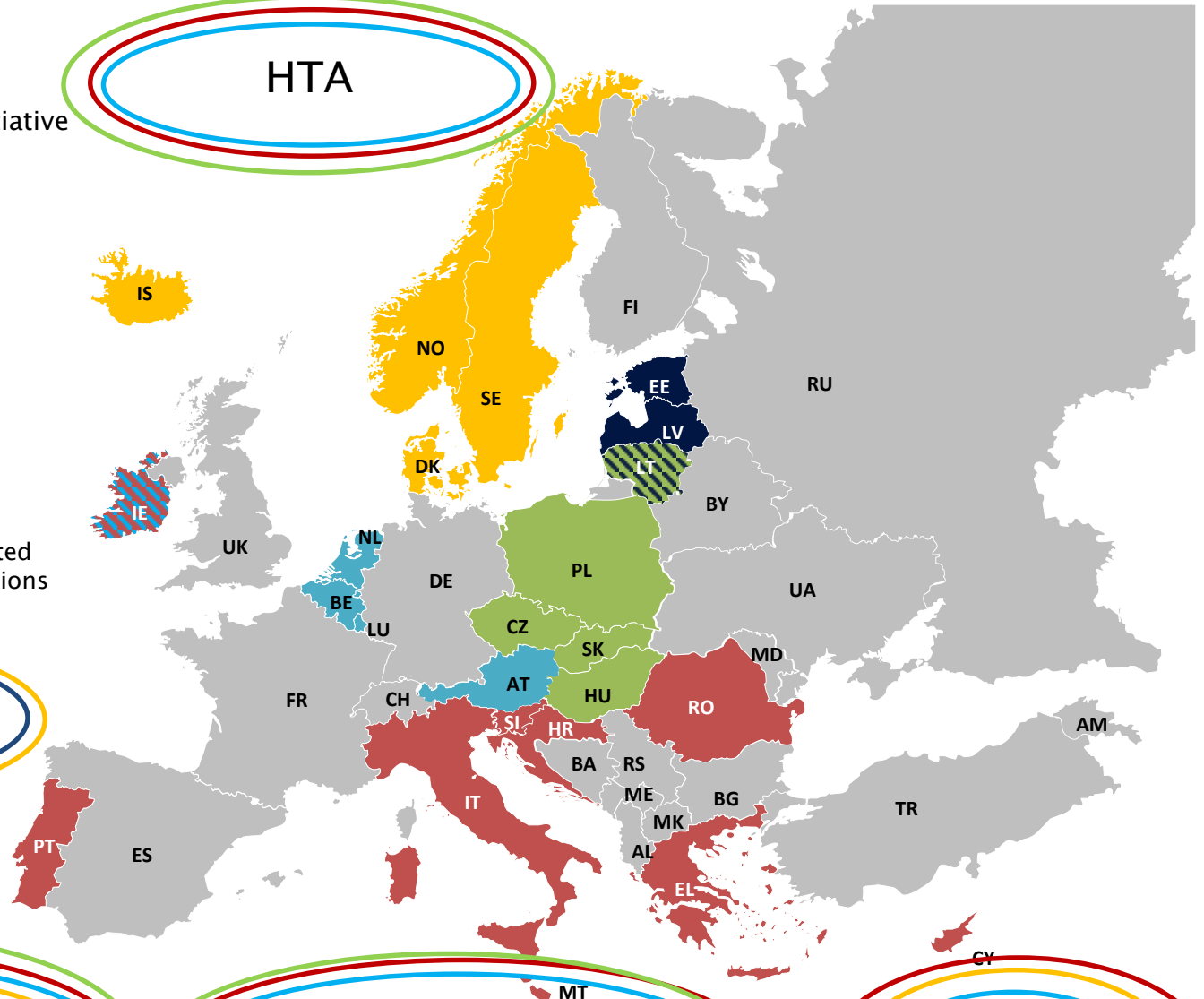
Scope

- Improve access to medicines
 - In one: procurement activities are limited to vaccines
 - In others: mainly new medicines
 - In one: new and old medicines



Activities (performed / planned)

-  Baltic Procurement Initiative
-  Beneluxa Initiative
-  Nordic Pharmaceutical Forum
-  Valetta Declaration
-  Visegrad
-  No participation in selected cross-country collaborations



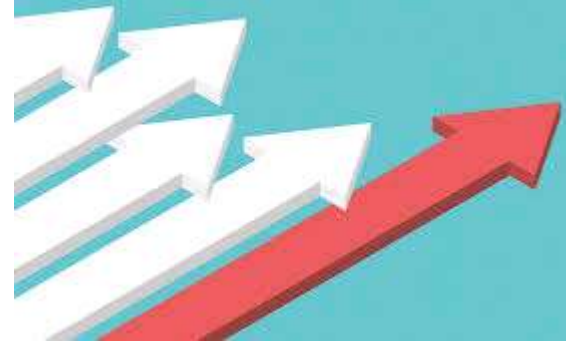
Joint procurement

Information sharing

Price / reimbursement negotiations

Horizon scanning

Expectations



- Overall, high expectations
- Impact of a decision bigger by the extra weight of the participating countries
- Strengthen capacity to negotiate / larger bargaining power
- Increased access and affordability of medicines, particularly through negotiations
 - Expected that effects were noticeable in 3-4 months in the form of lower prices of high priced innovator medicines coming to market
 - Not only focus on joint procurement
 - Win-win-situation for all

Decision-Making

- Consensus
 - “but it should be ensured that the consensus does not kill the price”
- Activities performed in accordance with the national laws and regulations
- Governing principles are followed: accountability, confidentiality, conflict of interests
- Level of engagement varies across collaboration with some having strong Ministerial and Heads of State participation, and others relying more on technical expertise and engagement

Resources

- Major difficulty to assess the resources
- At least 2-4 people per country part time involved in collaboration activities
- No allocated budget (as it is not a formal collaboration based on an international treaty)





Internal communication



- Electronic form of communication or telephonic
- Most have set regular meeting schedules
- These may vary from every 3 months to every 6 months

Monitoring & Evaluation

- Process indicators
 - Are considered in some collaborations (table of actions)
- “Tangible successes”
 - E.g. number of successful procurements or joint negotiations, development of a joint horizon scanning instrument
 - Important for politicians / to justify collaboration
- Mixed positions on indicators
 - Dangerous to have hard indicators?
 - One group: No need seen to identify hard indicators (time-intensive, would take resources required for technical work)

Reactions - mixed

- Industry / companies
 - Negative
 - Reluctant to enter into joint negotiations
- Patients
 - Reactions not known
 - Strong expectations of access to medicines within a short timeframe
 - Patients might not be aware of it
- Domestic media interest
 - Supportive
 - Media is not aware

External Communication

- **Varies**
 - Some have no external communication though view it to be important
 - National press activities (based on joint PR)
 - Collaborations frequently invited to meetings
 - One: Collaboration website and social media like Twitter
- Communication of the work to the outside world is perceived as challenge

Successful?

- All unanimous that the collaborations are successful:
 - Difficult to measure the results of collaboration so far, but worth the effort
 - A move in the right direction → too early to have “tangible successes”
 - Early benefits of the collaboration, particularly from information exchange and initiation of some assessments

Facilitating Factors

- Trust
- Enthusiasm and commitment
- Highly qualified technical experts
- Based on long-term collaboration
- **Political commitment**
- Structure within which to work
- Information technology
- One: Language

Challenges



- Language
- Different P+R systems
(standardization of procedures, rules)
- Legal barriers
- Reluctance of industry to negotiate
- Identifying right people to work in the collaboration
- Communication to the public
- Resources (particularly time resources)
- Fragmentation of system (hospital sector)
- Lack of concrete results
- To identify products and lead partner (in procurement)

Lessons learned

- **Political will and commitment** are key to collaboration and success
- **Funding** is essential as is getting **cooperation** and **time of experts**, and to push the process forward
- **Communication** process is a big challenge
 - Different actors with a different level of knowledge → can sometimes lead to misunderstandings
 - Language for official documents can be a barrier too

Messages to others

Just do it

After difficulties in the beginning, it (= joint procurement) gets increasingly easier.

Keep it simple!

Keep it narrow / focussed!

Think upfront about how you would operationalize the collaboration, make a playbook and compare the systems with each other and see where they are not in line and make changes!

Do not expect too much in short time!

Conclusion

- Importance of political commitment
- High expectations within collaboration and pressure from “outside”
- Need to produce “tangible results”
- At the same time, information sharing is (considered) key
- Processes take time

Thank you

Obrigado

Credits go to:

- Hanne Bak Pedersen, Tifenn Humbert (WHO, Regional Office for Europe)
- Rianne van den Ham (WHO Collaborating Centre for Pharmaceutical Policy and Regulation, Utrecht)
- Manuel Alexander Haasis (WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies, Vienna)
- Veronika Wirtz (WHO Collaborating Centre for Pharmaceutical Policy, Boston)
- The interviewees of the five cross-country collaborations