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

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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.
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 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

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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, confidentially, 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

Credits go to:
- Hanne Bak Pedersen, Tifenn Humbert (WHO, Regional Office for Europe)
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- Veronika Wirtz (WHO Collaborating Centre for Pharmaceutical Policy, Boston)
- The interviewees of the five cross-country collaborations