

Is Pharma Doing the Right Thing?

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One look at Time's September 2016 issue sums up the reputation of big pharma in the press: "Valeant Pharmaceuticals and its 300% and 700% price hikes on two crucial heart medications... Turing Pharmaceuticals and its 5,455% price increase on a lifesaving anti-parasitic medicine... Mylan and its 548% boost in the prices of EpiPens." This is the sad state of the pharmaceutical industry's reputation in the global press, which breeds mistrust in the industry and the life-saving drugs it produces.

But there is another side of the story, one that shows how pharmaceutical companies are becoming more socially responsible and developing their corporate and social responsibility (CSR), changes that are being held up to scrutiny by benchmarks imposed on the industry. As an industry with a reputation among many as being motivated by profit, the greatest challenge for pharma companies is to ensure that the life-saving drugs they produce are available to those who need them – the patients. This is not only a problem facing companies, but also governments who are often responsible for approving and reimbursing medicines and ultimately deciding how much patients have to pay for them.

A recent landmark report commissioned by the UN's High-Level Panel on Access To Medicines highlighted the challenge well: "Never in the past has our knowledge of science been so profound and the possibilities to treat all manner of diseases so great ... and yet, many people and communities in need of effective prevention methods, life-enhancing and life-saving treatments and rehabilitation do not receive them."

Efforts are being made in the right direction. The Medicines Patent Pool (MPP) is a UN-backed public health organisation that aims to reduce the cost of medicines for, and thus increase access to, HIV, viral hepatitis C and tuberculosis treatments in low- and middle-income countries. The MPP has successfully negotiated voluntary licence agreements with several of the major pharma companies for the use and manufacture of cheaper

generic medicines, which the MPP estimates could save a total of USD 1.4 billion worldwide. To date, AbbVie, Bristol-Myers Squibb, F. Hoffmann-La Roche, Gilead Sciences, MSD, the NIH, and ViiV Healthcare have all voluntarily signed agreements with MPP, covering 12 priority HIV medicines and one for hepatitis C. In addition, F. Hoffmann-La Roche volunteered up to a 90% reduction in the price of a key treatment for HIV-related



cytomegalovirus infection in 138 countries. And in November 2015, the first royalty-free licence for a hepatitis C medicine was agreed between the MPP and Bristol-Myers Squibb.

Tiered pricing strategies based on people's ability to pay are also helping to improve drug access in some of the world's poorest nations. The UK's largest pharma company, GSK, recently announced that it will not file patents for its medicines in the least developed countries such as Afghanistan, Rwanda and Cambodia, a move that will allow other companies to manufacture and supply cheaper generic versions of their medicines without the threat of legal action.

But is this enough? On the other side of the coin are stories of record-breaking settlements paid out by pharma companies, in lawsuits over claims of fraudulent advertising and off-label promotion. And despite recent efforts, the industry still receives criticism over the high price and lack of access to medicines around the world.

According to the 2014 Access to Medicines Index (the 2016 report is due to be published within the next few weeks), the efforts of pharma companies vary widely. The Index is calculated based on 83 separate metrics covering seven areas of corporate behaviour: access management, compliance, R&D, pricing, patents, capacity building and donations. In 2014, GSK topped the Index for the fourth consecutive time, with a score of 3.3 out of 5.0, compared with companies lower down with scores below 2.0. However, the aim of the Index is not to 'name and shame' companies, but rather to focus on the positive steps



the industry is taking and stimulate change by highlighting best practices – such as Sanofi-Aventis's decision not to patent the antimalarial drug ASAQ, Merck & Co.'s tiered pricing structure for HIV drugs based on the UN Human Development Index and HIV/AIDS infection rates, and the Wyeth/WHO collaboration on river blindness drugs. We look forward to seeing what advances have been made since the 2014 report, and which companies have been most active in this regard.

It is clear that pharmaceutical companies need to do more, and the world is watching every step. But are these steps being reported proportionately? The challenge for medical communications specialists is to make sure the public is aware of the risks and benefits balance of any medications, and that doctors know how to prescribe them safely and effectively. It remains a challenge for governments and big pharma to ensure medications are available to the people who need them most.

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