



Policy lessons from COVID-19

Savanta ComRes research report
for Teva Pharmaceuticals





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Executive summary

COVID-19 response

The outbreak of the first wave of the COVID-19 pandemic across Europe had significant impacts on the lives of European citizens, most obviously in terms of increased death rates and hospitalisation of large numbers of patients.

Teva Pharmaceuticals wanted to understand the views of key health sector stakeholders from across the European Union (EU) of responses to the pandemic by Governments and the pharmaceutical sector, and what policies would be required in the future.


To do this, Savanta ComRes were commissioned to conduct thirty depth interviews with stakeholders representing physicians, hospitals, pharmacy, patients and wholesalers from five European countries, plus Brussels (EU), Topics including initial responses, impact on non-COVID patients, and suggestions for future policy asks were covered in the thirty minute telephone interviews.



The objectives of the research were to explore

- What went well and what was a success among Europe's response to COVID-19;
- What could have been done better and suggestions as to how countries might improve;
- What specific processes and cooperation can stakeholders identify as important in successes or focus for future improvements;
- What the future for the sector looks like and what the pharmaceutical industry should be engaging EU and national Governments on.

The response by Governments and health authorities is considered mixed by stakeholders representing key healthcare sectors.



Stakeholders cite the speed with which these organisations reacted in terms of developing laws to protect citizens and reorganisation of healthcare delivery as **successes...**

... but communication and testing and tracing systems are considered **areas for improvement.**

Access to treatment

The significant impact of the pandemic on non-COVID-19 patients cannot be underestimated. The focus on the pandemic to the exclusion of all other physical and mental health conditions is predicted to leave long lasting impacts. This is an area stakeholders think should be managed better in the future.

Manufacturing in Europe

Almost all stakeholders think it will be important to secure production of essential medicines and APIs in Europe. This is considered not in isolation, but as a diversification of sources to ensure security of supply. Some believe that it could become ever more cost effective to produce in Europe if the right policy reforms would take place.

Policy recommendations

Looking to the future, stakeholders perceive there to be several key policy areas the pharmaceutical sector can be speaking into.

01

Firstly, **security of supply of essential pharmaceuticals**, as linked to the importance of manufacturing in Europe, should be considered.

02

Communication efforts by healthcare sectors across Europe need to be coordinated. For example, encouraging patients back to healthcare services.

03

The structural change experienced in healthcare in the hastening of digital technologies is recognised as a significant shift in delivery, and one that the pharmaceutical sector can speak into.

04

The development and successful delivery of a COVID-19 vaccine is clearly a response required by the pharmaceutical industry, and stakeholders consider how the process is communicated is important in strengthening the sector's influence.





Response to COVID-19

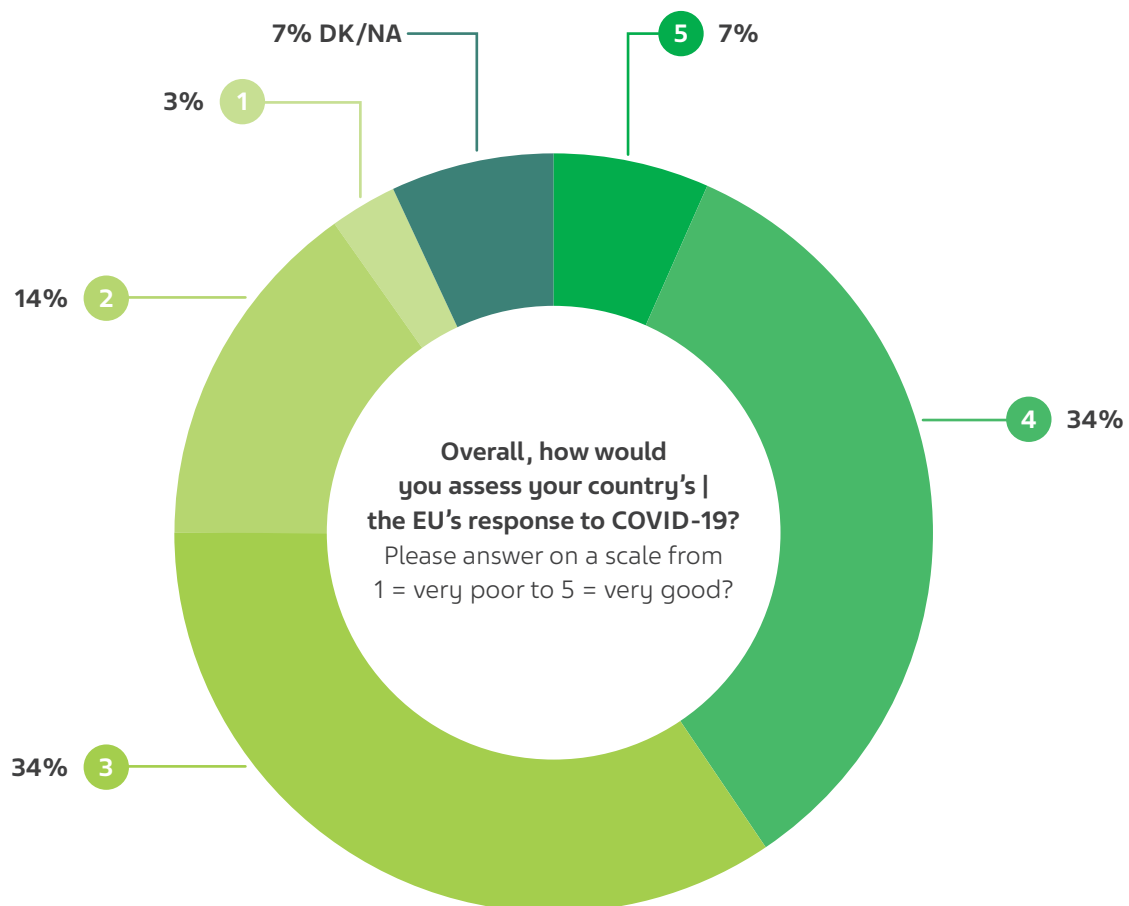
Overall response

Stakeholders provided mixed evaluations when probed on their country's or the EU's response to COVID-19 from the start of the pandemic to September/October 2020, when the interviews were conducted.

When asked to rate the response on a scale of 1-5, with 1 being 'very poor' to 5 being 'very good', answers tended to vary between 3 and 4, with a small handful of stakeholders in Germany rating it as a 5.

Most empathised with the challenges faced by Government, often expressing that they are operating in unprecedented circumstances, but multiple areas of improvement were typically identified.

Most common points for improvement were around a lack of clear communication between key partners (e.g. Government and hospitals), medicine shortages and poor procurement of personal protective equipment (PPE).



Positive actions

Stakeholders often praised the Government's ability to implement new regulation, laws and structure at speed.

Examples include at a strategic level such as the transportation of medicine and also at an operational level such as introducing social distancing and lockdowns. In particular, **the operational legislation was praised saving lives and ending the first peak of the pandemic.**

A handful also spoke highly of **the authorities' ability to introduce new models of care and release funding for alternative ways of working.** Lastly a few mentioned that EU member states collaborated well with one another and this in some cases prevented drug shortages.

” They quickly got laws and other things passed. That was probably the most important first step. That also worked well, a huge amount of measures were taken very, very quickly.

Germany

”

...has been about help in terms of regulations, to help the industry to be able to provide medicines for people...in terms of having helped the industry in reducing red-tape, I think they've done as best they can.

United Kingdom





”

Mistakes related to informing the society were made, which is why currently the number of patients reporting to the hospitals due to oncologic, cardiologic, neurologic problems has decreased by one third.

Poland

Actions that should have been taken

Participants from across all markets and sectors consistently stated that **Government and authorities did not provide clear communication and failed to engage them early enough.** Many felt that greater transparency about the Government's plans and the rationale behind its decision making was necessary. In addition, two stakeholders cited that the authorities should have been more transparent about drug shortages.

As mentioned above, PPE shortages was a frequent complaint; **stakeholders often cited that authorities should have regulated the market better to avoid prices being driven up exponentially.** A few participants that operate in the industry reported that the Government in their countries failed to respond to their emails on the topic or did not clearly specify its requirements.

More consistent testing strategy, infrastructure and greater mass testing are also identified as actions that should have been taken. Given the strain on doctors, a few stakeholders cited that pharmacists were underutilised in the crisis and should have been allowed to complete remote consultations with patients.

A few participants also said that **the decisions to cancel or restrict routine surgeries in hospitals should have been devolved to more local levels.** They cited that in some regions hospitalisation as a result of COVID-19 were low, yet procedures were put on hold due to a national policy on this.

Finally, some stakeholders observed that **the relevant authorities should have shared more information on best practice** as there was often fragmentation not just at a country level but a regional level.

” If there had been a better coordination in the whole country... there would have been a more effective coordination and there would have been a much more effective distribution of the resources than what we have had.

Spain

”

Greater clarity around communication at an earlier stage would have been very welcome. And that would have included, for example, the reaching out to us or responding to our emails earlier.

Wholesaler

Differences by country

On a scale of 1-5, with 1 being 'very poor' to 5 being 'very good', **those in Germany or Poland were most likely to rate their country's response as either a 4 or a 5** in September/October 2020 – fairly to very good. This was typically driven by their Government's decision to implement early COVID-19 restrictions to minimise the number of cases or fatalities in comparison to other parts of the European Union.

However, it is worth noting that many of these stakeholders still cited some points of improvement such as low utilisation of private hospitals or insufficient transparency and communication on decision making processes.

Stakeholders in the UK and France were more likely to have a neutral opinion and provide a rating of 3. While these respondents were generally more critical than those in the other countries, they tended not to give a low score because of their appreciation for the unique and unexpected circumstances.

” Probably, if I had to choose one word, it would probably be underwhelming.

United Kingdom



”

Proportionally, there are not too many cases in the population.

Poland

Differences by type of organisation

There was less of a pattern of consistent feedback by type of organisation, suggesting that the country interviewees are based in was more of a distinguishing factor in experiences.

Patient groups were the cohort most likely to offer more suggestions as to how their country's response to the pandemic could be improved. They consistently commented that **COVID-19 has exposed weaknesses within existing healthcare structures** e.g. health inequalities, with a large minority of the population living with multiple long-term conditions being at greatest risk from COVID-19, division between health and social care in the UK. not mitigating against major risks.

They observed that **insufficient focus on prevention meant that patients have been left exposed to the pandemic** and now have limited access to healthcare professionals and treatment. Similarly, some physicians observed that patients were negatively impacted because key warning signs were missed, and authorities could have been more prepared. Some doctors also commented that limited travel has meant they no longer have meetings with medical reps, a few cited that they miss the value these meetings brought.

While generally not too critical, **pharmacists and wholesalers most often stated that Government communication with them was unclear** and better engagement could have prevented shortages in medicines or PPE.



Access to treatment



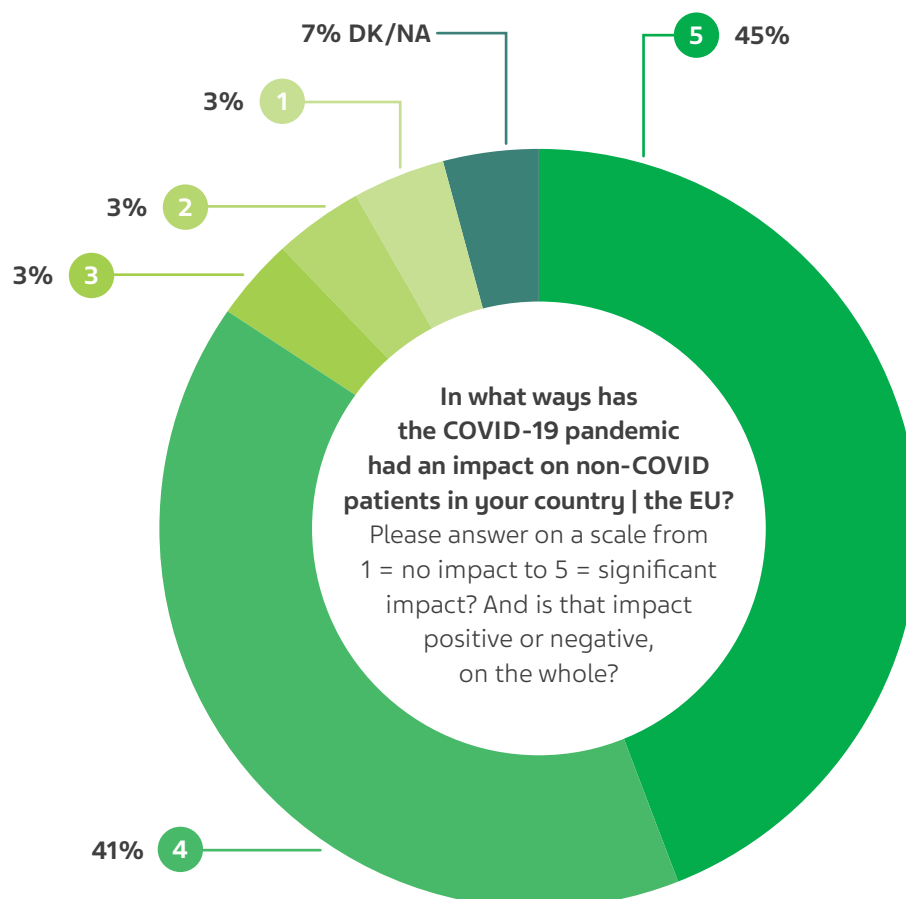
Impact of COVID-19 on non-COVID-19 patients

When asked about it on a scale of 1 to 5, with 1 being no impact and 5 being a significant impact, all apart from two stakeholders say **the pandemic has led to a significant negative impact on non-COVID-19 patients.**

The main areas of impact mentioned by stakeholders are the 'closure' of healthcare services to all non-COVID-19 patients. Stakeholders discuss reduced services on offer in both primary, community care and secondary, hospital treatment, as there was increased focus, redeployment of staff, and physical space taken over by COVID-19 treatment.

This led to **delays in treatment of non-COVID-19 conditions including routine operations, monitoring and screening.** This is supported by research from the World Health Organisation – separate to this research piece – which found in June 2020 that more than half (53%) of the countries responding to a survey had partially or completely disrupted services for hypertension treatment; 49% for treatment for diabetes and diabetes-related complications; 42% for cancer treatment, and 31% for cardiovascular emergencies¹.

Stakeholders in our depth interviews felt that these disruptions to services have taken a long time to be resolved, further exacerbating the problem.



¹ <https://www.who.int/news/item/01-06-2020-covid-19-significantly-impacts-health-services-for-noncommunicable-diseases>

The resultant impact of these that stakeholders are aware of is that across Europe **there is a backlog of treatment for cancer, mental health conditions, heart conditions, and other chronic conditions.** Some stakeholders comment that this backlog has left those more vulnerable feeling left behind, isolated and excluded from decision making. It is felt that this backlog and the de-prioritisation of treatment for long term conditions, for example, has further highlighted inequalities already present in society.

In addition to the reduction in some services, participants are aware that **patients were afraid to attend healthcare settings for fear of catching COVID-19.** Particularly those with pre-existing long-term conditions, who may be considered more vulnerable and susceptible to catching COVID-19, are reported by stakeholders as less likely to attend treatment. Stakeholders consider a significant impact of this is an **increase of premature mortality rate.** Stakeholders note there are instances of non-COVID-19 deaths occurring in private and communal, care homes, that are above average death rates for the time of year.

Structural changes to the way healthcare is delivered are also cited, with the rapid increase in use of technology e.g. e-consult and telephone services, as opposed to purely face-to-face. Stakeholders consider these changes will continue into the long term.

Another major theme is the impact of COVID-19 on mental health. Stakeholders are aware of the significant toll the pandemic has taken on patients psychologically, particularly increased worries where medical visits have been delayed or cancelled and believe there are long term implications still to be identified because of these disruptions.

In the short term, it is noted that **anxiety, stress and depression all appear more prevalent in populations than previously,** and a couple comment on the wider psychological implications of living during a pandemic (e.g. worries about the economy as well as health), which will last a long time. They want Government and healthcare authorities to talk more about this impact and imply greater resources will need to be diverted to help manage this unfortunate situation.

There were two stakeholders who did not consider the impact on non-COVID-19 patients as being significant. One cited the economic impact as having a more significant impact on people, and the other commented that the pandemic had led to greater hygiene measures among the population e.g. hand washing, which led them to conclude the impact of the pandemic was positive in this regard.

”

So, we're discovering more people dying for other diseases than for COVID because of the pandemic, so it's very concerning for us.

EU

”

So, it is now a known fact that some people died, not of COVID, but of COVID-related circumstances. Another aspect of the impact on patients would be, of course-, and it is something that it is somehow not very much talked about, but on mental health and the very general, let us say, atmosphere of the pandemic, which was very hard on people's mental health.

France

”

Many patients who have chronic diseases have had a reduction on their abilities to go see their doctors.

Spain

Differences by country and type of organisation

There are no significant differences by country, as these are themes that have cut across Europe.

Understandably, **associations representing patients are more aware of the detail of these issues** and have conducted research into the impact of these on those affected.

Associations representing hospitals and physicians consistently mention fear experienced by patients, and comment less on the impact of these for patients not attending healthcare settings.

Pharmacists talk about the impact in terms of not seeing patients attending pharmacies with their prescriptions for ongoing conditions.



Recommendations for improvement

Digitalisation of healthcare is mentioned by many stakeholders as being a key element of the response. Comments include e-consultations with primary care specialists, and e-prescriptions by pharmacists as being helpful in ensuring people can still access healthcare without exposing them to physical contact in which they could contract COVID-19.

It is recognised there are limitations. One stakeholder representing doctors mentioned the need to upskill healthcare professionals in this area. They agree digitalisation in the sector has been coming, but 2020 hastened its arrival and it has been a steep learning curve for doctors. Therefore, they recommend seriously looking at ways to increase training for all doctors.

The second area mentioned as helping to reduce the impact of the pandemic on non-COVID-19 patients in the future is getting these patients back into healthcare settings. Ideas include **separating COVID and non-COVID areas for healthcare, mentioned across patient, hospital and pharmacy representatives.**

Once the practical changes have been made, **stakeholders think communication is important.** They suggest encouraging people to attend healthcare, especially those most at risk (in terms of age and vulnerability). Patient representatives think rumours and fears towards treatments, vaccines and attending healthcare settings should be combatted with better communication and public health campaigns.

Several stakeholders from patient and pharmacist representative groups recommend expanding roles e.g. pharmacists could be trained to take blood samples. They think that this type of solidarity would reduce pressure on hospitals and primary care settings.

”

Of course, we will find here some positive aspects, so significant acceleration of digital solutions, such as e-prescriptions, e-referrals, which we already have in Poland and which we struggled to introduce for many years. In our country, e-prescription has really saved millions of patients and has limited the virus spread.

Poland



” I am a fervent advocate for the fact that health care centres, since they are the main attention centres for those patients, should open their doors again, with whatever measures that are necessary, but they should get back to having more intensive medical consultations. We could also use other fields, like pharmacies in this case.

Spain

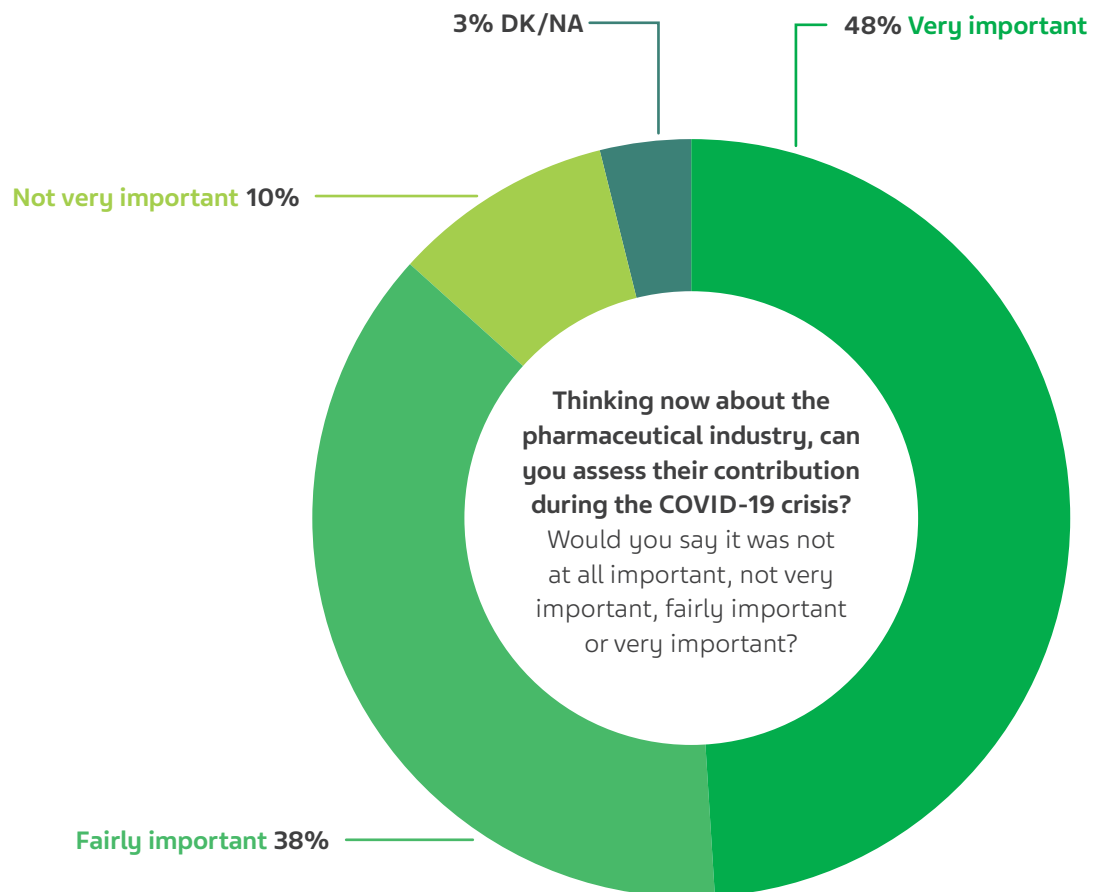


Manufacturing in Europe

Response to COVID-19 by the pharmaceutical industry

Almost all stakeholders, apart from two, rate **the pharmaceutical industry's contribution to the pandemic response as 'very' or 'fairly' important**. The main reasons for this are the response in terms of developing treatments and a vaccine for COVID-19, ensuring the supply of essential medicines across Europe, and broader contributions in terms of knowledge sharing.

The three (physician wholesaler, and hospital) who were more reserved regarding the importance of the pharmaceutical sector did so because they are waiting for the sector to develop a vaccine; which for them would represent the ultimate test of the sector's contribution.



However **in general, stakeholders consider the industry's response in terms of ensuring a supply of medicines throughout the pandemic to be a success.** Some note patients started to stockpile themselves which led to issues in some cases. Stakeholders comment the industry took responsibility for helping to solve this situation, by predicting demand and adjusting supply accordingly, and commend them for their success in this.

The speed with which the industry started on its development of a vaccine is an important point mentioned by stakeholders, and they consider this the industry's key future contribution. Stakeholders are aware the sector is under a lot of pressure to develop a vaccine, and also recognise the industry has to explain the procedures involved in following a safety-first protocol to the watching media.

Another area which stands out is the involvement of the industry in the testing of different treatments for COVID-19 through clinical trials. Having said that, most mention this in a generic way and do not name specific successes for the industry in this regard. There are two mentions of the Discovery trial and one of Recovery.

” What should definitely be emphasised is the fact that the entire pharmaceutical industry has passed the test with flying colours. We had no drastic cases of shortage of medicines related to the pandemic despite the fact that the pandemic has affected the entire world and especially places where active substances and many medicines are manufactured.

Poland

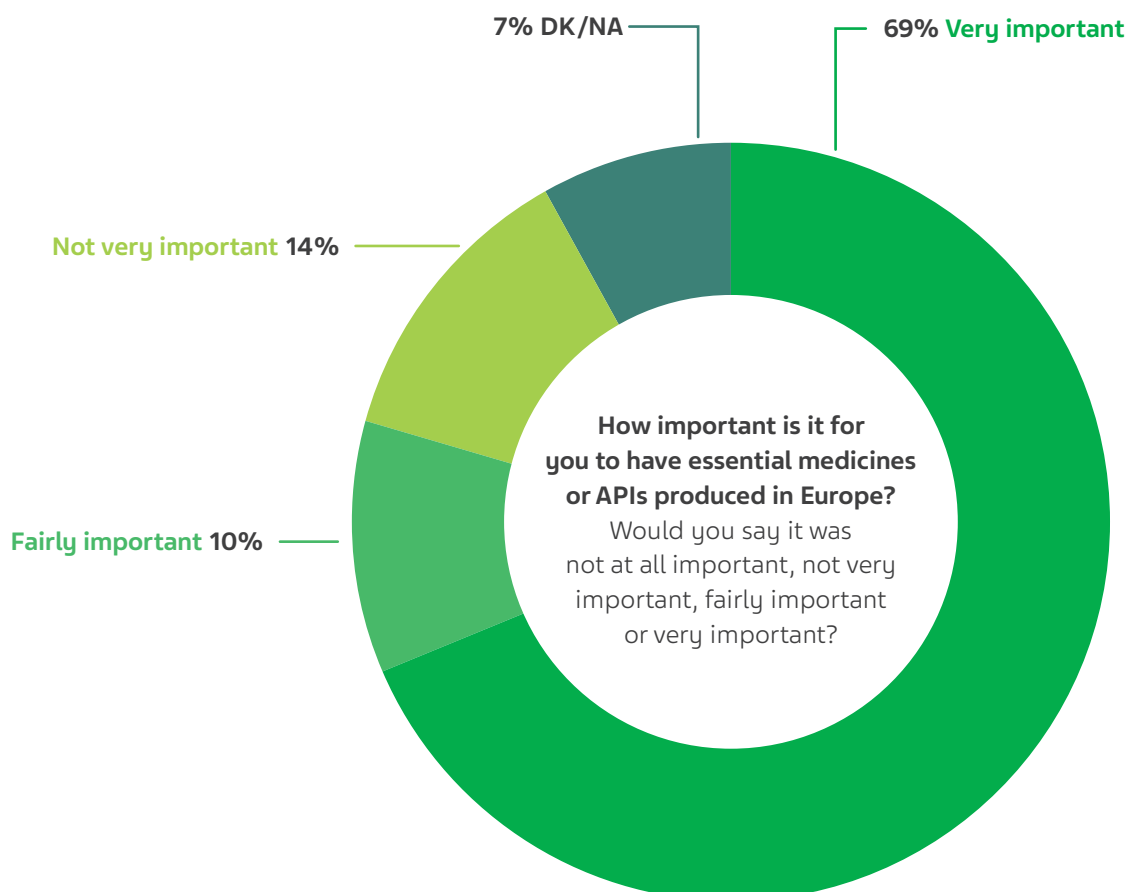
”

...the topics they should be shouting about would be around the way in which they jointly work together to create potential vaccinations and further treatment and how they would be again, maintaining supply chain.

United Kingdom



Views on European production



Almost all stakeholders think that having essential medicines or APIs produced in Europe is 'very' or 'fairly' important – very few consider it 'not very' or 'not at all' important (two pharmacists, one hospital and one patient representative).

This is because of security of supply and the desire for diversification of that supply. Stakeholders comment that security of supply is a longstanding issue that has been brought to the fore by the pandemic and is an issue that should be dealt with in the short to medium term.

By producing essential medicines and APIs in Europe, there will be a further source from which to procure these vital items for use during a pandemic and for the long term. **It is felt that Europe needs to look at availability of key essential medicines.**

One stakeholder comments on moving from a 'just in time' to a 'just in case' model; referring to the necessity to secure the supply of essential medicines to ensure the transparency of the whole supply of medicines rather than being overly reliant on complex and potential fragile supply chains.

Some stakeholders believe that the cost of essential medicines and APIs in Europe could be made more sustainable, for example via a reduction in tariffs for import. One suggestion is to increase the powers of the European Medicines Agency (EMA). Stakeholders think the EMA should have the ability to monitor the pharmaceutical supply chain in Europe to support manufacturing diversification and security of supply.

” It is a bit like an army with no weapons, which is letting its enemy produce the weapons that it needs in order to protect itself.

France



”

In order not to depend on global supply chains that, due to their complexity, are very susceptible to disruptions.

Germany

Differences by country

Notably, **stakeholders from France feel that European medicines production is 'very' important as it should be part of the vision for a united Europe.** They think that Europe should care for its citizens and should be responsible for providing the healthcare they need.

Stakeholders in Poland are also likely to consider the production of essential medicines and APIs in Europe to be 'very' important. Several mention over-reliance on China for production as a risk.

Differences by type of organisation

Associations representing hospitals, physicians and pharmacists consistently mention diversification to ensure security of supply of essential medicines, and the need for Europe to be as much as independent as it can be in this regard. A couple of patient organisations say they are less likely to know about this topic, with one citing potential ease of access.



Policy recommendations



Stakeholders were asked for policy recommendations for the pharmaceutical sector in the short, medium and long term

Short term

In the short term, the key areas are continued regulatory flexibility, suggestions around communication, and supply chain security.

› **Regulatory flexibility** – stakeholders in the wholesale and pharmacy sectors in particular feel that regulatory flexibilities **have supported the pharmaceutical sector to ensure continuous supply of critical medicines and avoid critical shortages during the pandemic** so far, and has contributed for the fight against the pandemic to be effective. There is a general belief that this flexibility needs to continue to the next phase, and considered being implemented in the long term.

› There are individual comments on **border Green Lanes** which should be maintained to ensure medicines reach the people it needs to, **the relaxing of regulation around courier services (wholesaler) to deliver medicines**, and a couple of comments around **the reduction in regulation** for example to offer virtual consultations. These do come from wholesalers mainly, with one or two pharmacist and hospital associations also commenting.

The wholesaler who commented on changes to regulation for courier services also said they were exploring whether changes could be continued into the long term, as does the wholesaler who talks about digitalisation. Having said that, there are also calls for greater regulation in the areas of health technology to ensure data security.

› To tackle further outbreaks of COVID-19, stakeholders want to see **continued co-operation between all parties**; EU, national Governments, health authorities and delivery organisations, the pharmaceutical industry and their own associations. Mutual understanding of the different roles these organisations play is important to ensure there is effective communication and engagement between them.

Stakeholders think there are different and important roles these organisations play, and all should work together to tackle COVID-19. Many think there should be policy making forums where relevant stakeholders can meet to address their areas with the Government e.g. the pharmaceutical sector, patient engagement, pharmacies.

› Stakeholders think the industry should **communicate in three areas**:

01

To gain positive traction, stakeholders think the sector should talk about **working together for the vaccine**.

02

Recognition that there is a tightrope to be walked between talking about **patient safety and access** while also being corporate entities in a competitive market. Stakeholders are aware of the need for companies to be sustainable, and appreciate this is the case, but that the sector should make sure it is talking about how it prioritises patient safety and access.

03

Stakeholders suggest the pharmaceutical sector can play a part in supporting a European-wide communication campaign to **encourage non-COVID patients to seek the treatment they require**. Interviewees add that a failure to do so is likely to result in a health crisis caused by chronic conditions. Stakeholders comment they have seen national campaigns in their own country e.g. #niebojsieszpitali or in English #fearhospitalnot, but think a European-wide campaign would also be useful.

› Authorities must also find a way to treat both COVID-19 and non-COVID 19 patients, without compromising the health of either cohort. To do so, respondents suggest that **hospitals must be redesigned** so there are designated zones for both. They add that this should be a standardised step across the EU.

› **Securing supply chain – to ensure the availability of medicines and develop a holistic supply plan for Europe**. The medium term recommendation is to improve securing of the whole supply chains.

”

The long-term goal is certainly to maintain and strengthen the quality of supply and security of supply.

Germany

Medium term

There are only a couple of suggestions of policy recommendations in the medium term, considered to be when a vaccine is delivered or when the pandemic is 'over'. Most stakeholders focus on the short and long-term policy areas.

- Following on from securing the supply chain, stakeholders representing wholesalers and pharmacists see value to have a joint dialogue together with the pharmaceutical sector focusing on **improving the reliability of the medicines supply chains**. Stakeholders mention monitoring and controls as being important to achieve this. Some do consider this to be part of a long-term goal.



Long term

The longer-term implications and therefore recommendations focus on co-operation and co-ordination of healthcare systems and national and supra-national (EU) levels.

- › Firstly, stakeholders recognise the pandemic as having brought **healthcare to the fore of policymaking**. Always an important issue, it is now top of the agenda and participants think the **pharmaceutical sector should take an active part in a conversation on ensuring patients have access to the medicines they need**.
- › One aspect of this focus mentioned by multiple participants is that there needs to be **greater co-operation across the healthcare delivery system**, including between Government, pharmaceutical companies, manufacturers, hospitals and other key players. There was a sense that the pandemic has created a new willingness and openness towards working together and this needs to continue beyond the current crisis. Stakeholders believe that cooperation and collaboration should not be limited by borders, instead more pan European strategies, should be the way forward.
- › In addition to funding, a few stakeholders promote the idea of **new procurement methods for medicines, devices and vaccines** to support security of supply as well as the affordability of medicines. This is mentioned, naturally, by associations based in the EU but also by a couple of stakeholders in Germany and one in Poland.
- › Participants comment that the surge in technology usage during the pandemic has provided some patients with quick and efficient access to healthcare professionals. **Continuing to offer digital medical services** including e-appointments and e-prescriptions is frequently cited as a priority for the future.

”

Corona is essentially providing a push for digitalization at all levels. What extent that will take is not yet possible to say. I think the long term changes will be huge.

Germany

”

In the long term, we will need to learn lessons from this, and have a hierarchical, organised healthcare system where everyone has a place and where we work in cooperation with each other.

France

Differences by country

Due to the relatively few numbers of interviews by country, the focus on responses to this question has been where more than one person has mentioned a topic. Individual comments are highlighted where they occur.



European Union

The focus among stakeholders from an EU level is on **the free movement of drugs across borders (regulatory flexibility) and digital interactions with authorities, to ensure security of supply**. They think the pharmaceutical sector should be involved in conversations at EU level to decide which changes should be continued into the future.

With an EU focus, they naturally comment on **European wide coordination in terms of funding, communication and rollout of a vaccine**. Again, they expect the pharmaceutical sector to be part of those conversations along with Government and healthcare authorities.

There are individual mentions of **ensuring essential healthcare services for non-COVID-19 patients are provided** e.g. cancer, and a communication programme to combat some of the negative perceptions about vaccines in Europe.

” I think we’ve seen how the world can work better virtually, and I think we’ve seen some possibilities to comply with regulations quite effectively but in a more virtual context.



France

Stakeholders in France have particular emphasis on ensuring resources are there for patients in terms of response to COVID-19 in the short term, particularly **ensuring security of supply of medicines, and ensuring there are enough staff in hospitals**.

It appears to be a particular concern in France around having enough staff in hospitals and paying them well so they stay in the country. There are several mentions of **caring for vulnerable patients in the long term**, and ensuring they are first in line to receive any vaccine.

Also in relation to the vaccine, there are also a few concerns among stakeholders in France around the vaccine discourse. They want **the pharmaceutical sector to be involved in promoting the importance of vaccines**, particularly in relation to COVID-19.

” More and more people are now doubting the efficacy of vaccines, so at the EU level, medical stakeholders, and the pharmaceutical industry, I think it is also time to relaunch a proper campaign and discussions on the importance of vaccination.

Germany

Financial systems and funding of healthcare needs to be looked at, with several mentions of this being required at a European level.

Production of essential medicines and securing and stabilising supply chains are mentioned a couple of times as being important for the pharmaceutical industry to be engaging in.

” Of course, it is about manufacturing drugs. Will it be possible to receive EU support in order to manufacture drugs within the EU? Can any compromises be found that ensure a location advantage? Something along those lines.

UK

The integration of health and social care is a big topic in the UK, and this relates to caring for the most vulnerable in society. They consider this to have become more pressing due to the pandemic. While not directly affecting the pharmaceutical sector, it needs to be aware of the broader conversations happening and speak into that.

Securing supply chains mentioned several times, in terms of receiving advance warning of supply constraints so that hospitals can plan to get stocks of medicines in where required. Brexit of course was mentioned but only once explicitly which was in the context of the potential impact of this on the UK economy. It was alluded to in the context of securing the supply chains:

” That piece about the wider security of our country, of the health and care system, so we think a little bit more about issues around security of supply than perhaps we have in the past.





Poland

Stakeholders in Poland were most likely to mention **digitalisation, at community and hospital level** e.g. e-prescriptions, using digital technologies to help manage COVID in hospitals. They see this as the future of healthcare provision that all agencies will need to respond to.

Utilisation of allied health professionals mentioned several times e.g. pharmacists, physiotherapists, public health professionals. Stakeholders see this as key in tackling the virus, particularly public health, and also in supporting the delivery of healthcare services to patients.

Funding for healthcare is a priority for several, who suggest the **pharmaceutical sector can lead discussions around procurement of medicines**. They want to ensure medicines are available to all who need them, irrespective of cost or location.

” The pharmaceutical industry should definitely lead a discussion, both internally and externally, on methods of ensuring the access to medicines irrespective of the country. This should be done in order to prevent a situation where in a country with lower GDP there is a shortage of medicines due to business-related and not production-related reasons..



Spain

There are several mentions of collaboration between different sectors in Spain: health, social care, pharmacy. One suggestion here is a focus on crisis councils, bringing together key agents to discuss solutions.

Also linked to this for two stakeholders are the need to bring organisations together to focus on public health and the need to ensure community care for people who need it. They think the pandemic has identified a need to look at public health ‘on the ground’, focusing on primary care and pharmacy as the means for delivering public health initiatives.

There are several mentions of **interventions for patients with multiple conditions**. Spanish stakeholders are concerned about the impact the pandemic has had on those with multiple chronic conditions, and they offer solutions including personalisation, or adaptation of care for people with specific conditions. This is mentioned in terms of different treatments for patients, and also with respect to the pharmaceutical industry in terms of developing medicines for rare diseases (one mention).

There was also **a clear focus on the development of a vaccine and treatments for COVID-19**. Spanish stakeholders see this now as the sector’s main contribution.

” I think that the pharmaceutical industry is doing things properly. They are doing research for vaccines, for new treatments and they are making the medicines available for the citizens.

Conclusions

This report has provided a detail exploration of some of the key issues brought by the pandemic, identified by stakeholders representing the healthcare sector across Europe. **These include:**

- › challenges facing the Government and health authorities as they managed the first stage of the pandemic;
- › the response by the pharmaceutical sector;
- › healthcare delivery for non-COVID-19 patients and policy recommendations for the future.

These are based on an assessment taken between the end of August and end of October 2020; and therefore, conclusions and recommendations should take account of the timing of these – namely, before the second wave we are currently experienced in Europe.





COVID-19 response

Stakeholders across Europe report mixed responses to COVID-19. Most of these are considered at national level, and reflect the judgement and balances being made between protecting populations and the economy.

Stakeholders consider the response by the pharmaceutical industry to be positive. Many note there was concern around potential medicines shortages, but commend the sector for responding to these and ensuring in the most part these fears were not realised.

Generally, they think that the **regulatory flexibilities to enable effective movement of medicines across Europe has helped maintaining supply stability** and should be considered more systematically moving forward to help mitigating shortages.

Additionally, **communication between key agents** – Government, health authorities, healthcare providers and the pharmaceutical sector – **is vital in delivering a more comprehensive response in the future.**

Access to treatment

Stakeholders consider the pandemic to have had a huge impact on access to treatment for patients. Many cite concerns about restrictions in healthcare delivery systems, and therefore delays to treatments, screenings and consultations, in several therapeutic areas such as cancer, heart and respiratory conditions, and mental health services.

They want to see the opening up of **specific non-COVID-19 pathways to access healthcare services**, and the encouragement of non-COVID-19 patients to attend healthcare settings by the Government and healthcare providers.

Stakeholders recognise **a huge shift to digital solutions** which they think was happening, but has been expedited by the pandemic. This cuts across the health and social care sector, from delivery of medicines, to primary care consultations, to management of hospitals.

Stakeholders are **concerned about the longer-term impact of living during a pandemic on mental health of the population** and want the health sector to be prepared for responding to this in the most appropriate way.



Manufacturing in Europe

There is strong agreement from stakeholders that essential medicines and APIs should be produced in Europe, offering part of the solution of over-reliance on a few markets for manufacturing.

As mentioned in the response section, there were fears during the spring wave of the pandemic that there would be major shortages of medicines, and therefore stakeholders consider that **securing the production of essential medicines and APIs in Europe** provides part of the solution to this.

Stakeholders who know most about this topic (wholesalers and pharmacists) think that by diversifying the range of options available for medicine production, the sector will be able to provide greater security of supply.

Policy recommendations

In the short term, the key areas are continued regulatory flexibility to continue to ensure security of supply of essential medicines. They want to see the securing these supply chains through a review of procurement processes to ensure access and availability and by improving the transparency of the whole supply chain to ensure supply predictability. **A multi-stakeholder public health campaign** should also be elaborated to reassure the public of the safety and importance of continuous access to healthcare settings.

The second area of recommendations are on communication; firstly, about the importance of all stakeholders to continue working together to ensure medicines availability, as well as encouraging uptake once new medicines or vaccines are approved in the most sustainable way.

The longer term implications and therefore recommendations focus therefore on **co-operation between Government, healthcare authorities and providers, and the pharmaceutical sector.** Stakeholders wish to see policy co-ordination at national and supra-national (EU) levels to ensure availability, access and affordability of treatments, medicines and care.

Methodology

Savanta ComRes conducted 29 semi-structured interviews via telephone between 28th August and 11th November 2020. Contacts chosen and provided by Teva were selected due to their professional experience and able to provide detailed comment on the topics. Additional details were sourced by Savanta ComRes.

Interviews were conducted in different markets to provide an EU wide perspective, and among associations of key stakeholder groups involved in the COVID-19 response. Due to the small numbers of interviews conducted, to protect anonymity we are not identifying the number of association types by country.

- Associations of pharmacists: 8
- Associations of hospitals: 4
- Association of physicians: 4
- Association of patients: 8
- Association of wholesalers: 2

We conducted five interviews in each of EU (Brussels), France, Poland, Germany and UK, and four in Spain.

Interviews were conducted according to the [EphMRA Code of Conduct](#). They were recorded and transcribed with consent for analysis purposes.