

Europe's Beating Cancer Plan

Health Action International (HAI) recently provided feedback on the European Commission initiative '[Europe's Beating Cancer Plan](#)'. This initiative aims to contribute to the work that has already been done to reduce incidences of cancer in the European Union (EU). In our response, we welcomed the European Commission's dedication to beating cancer, a disease exacting a heavy burden on patients and a heavy price on societies across Europe and beyond. The initiative's holistic approach that focuses on prevention and treatment, with patients and caregivers at its centre, is something to be valued. It is also important to acknowledge the grave challenges we face, ranging from inequality to shortages, both of which have an impact on access to medicines for patients.

This initiative will draw from previous efforts, such as Europe Against Cancer and the [European Guide on Comprehensive Cancer Control](#), while at the same time considering and benefiting from other EU endeavours, like [Horizon Europe's Mission on Cancer](#).

The quest for cancer treatment is a case study of the obstacles that hinder access to medicines more broadly. Most notable among these are: **making innovation accessible to those in need, regardless of income or where you live; the imperative to ensure that only genuine and effective innovation is rewarded; and, above all, ensuring a public return on public investment in biomedical research, especially when it results in medicines marketed at high prices.** These are the core principles that should guide the development, implementation and evaluation of this plan.

Special attention should be paid to clinical trials involving cancer drugs. HAI has supported extensive research on the [risk of bias in clinical trials](#), be it in their design, conduct or analysis. Findings concluded that 50% of the cancer drugs (16 of 32) approved by the European Medicines Agency ([EMA](#)) between 2014 and 2016 had clinical trials that were at risk of bias.

As we have stated on many occasions, we believe that determining a medicines' price based on investments that cannot be independently verified is not the most efficient patient-centred care. Excessively high prices for oncological medicines provides an example of this pattern. Delinking the cost of production from final price is a strategy [endorsed](#) by a growing number of academics, advocates and patient representatives. A feasibility study of delinkage on the development and delivery of cancer medicines could be a major contribution to improving access. We are concerned about the 'ad hoc' nature of important components of this initiative, as well as the institutional contradictions that may arise in its implementation, which would hinder accomplishing its goals.

While many institutions, both at the EU and Member State level, have a responsibility to implement the plan, we recommended that the European Commission's [DG Health](#) take an effective and decisive lead in this effort, with the relevant committees of the European Parliament following closely and the [European Council](#) being informed periodically.

In our response, HAI recommended that the plan incorporate findings and recommendations from additional sources, such as technical documents issued by the World Health Organization (WHO). For example, '[Pricing of Cancer Medicines and its Impacts](#)' or the conclusions of the '[Report of the United Nations Secretary General High Level Panel \(HLP\) on Access to Medicines](#)'. These and other sources highlight the need for greater transparency in research and development (R&D) and the effectiveness of measures such as more stringent patentability guidelines that reward true innovation or issuing compulsory licenses to spur competition and lower prices.

We emphasised that we remain committed, as part of civil society, to continue to engage in fruitful conversations with other stakeholders in order to make sure that public interest and common good prevail as we work together against cancer.