



Università degli Studi di Milano Jean Monnet Centre of Excellence

"The impact of European Union Research and Innovation Policy upon Services of General Interest" With the support of the Erasmus+ Programme of the European Union

European pharmaceutical research and development **Could a public infrastructure overcome market failures?**

Presentation of the study prepared at request of the Panel for the Future of Science and Technology (STOA)

20 January 2022





Massimo Florio, Professor of Public Economics, University of Milan, Chiara Pancotti, Senior Researcher at CSIL- Centre for Industrial Studies and **David Anthony Procházka**, Chair at Centre for Evidence-based Management FBA, Prague University of **Economics and Business**

THE STUDY MESSAGE AT GLANCE

- and efficiently corrected by government subsidies to the industry
- by the industry
- innovation is needed
- agencies in terms of budget and scope
- and biology (e.g. EMBL)

 The misalignment of priorities between the public health agenda and the pharmaceutical companies' R&D is a structural issue that cannot be effectively

 The EU has large but fragmented capacities for pharmaceutical research: a critical mass is needed to deal with future threats to health in fields underinvested

A new European player with a public mission in pharmaceutical R&D and

• The EU is lagging behind others. The US has strongly reinforced their health federal

• A European Infrastructure for Medicines can become the top player in the world. The EU can take advantage of the highly successful model of large-scale research infrastructure, which has proven to be an original solution to the fragmentation of R&D in several fields, from physics (e.g. CERN) to space (e.g. ESA)









- innovations and market failures
- innovation infrastructure for medicines
- Policy options for a structural change

The business model of the pharmaceutical sector:

• The need of a large-scale European R&D and





Literature review

- 128 academic papers
- 75 reports
- 26 books
- statistical sources

Pharma **Researchers**, industry clinicians, R&D representatives managers

2. DATA & METHODS



Interviews to expert stakeholders

56 participants from 48 different organisations





Report drafting

- Evidence triangulation
- Critical reviewers
- Policy options design
- Interactions with Scientific Foresight Unit (STOA)



MARKET AND POLICY FAILURES IN A NUTSHELL

- 1. Disconnection between corporate R&D and health priorities
- **Risky areas** for industry
- High priorities for public health
- Governments subsidies to corporate R&D: not efficient and effective

- patents
- profit R&D: open science
- Pharmaceutical industry: legal and more



2. Mismatch between open science and

Universities and not-for-

monopoly for 20 years

- 3. High returns for financial investors in the pharma industry
- **Direct and indirect** subsidies to R&D of new medicines: probably 50% of cost
- **Return on capital** higher than in most industries





3. RESULTS

4. Oligopolistic market power

- Limited competition and high prices of new medicines
- Affordability problems for patients and sustainability of health care systems

- 5. Inadequate optimisation studies
- No incentive to perform post-authorisation comparative clinical trials
- Unsystematic studies by regulators

MARKET AND POLICY FAILURES IN A NUTSHELL

- 6. Information asymmetries
- Pharma companies do not share information on the **R&D**, production, distribution cost of medicines
- Few independent benefit-cost studies





ASSESSMENT OF THE PROPOSALS BY THE EC

- **Authority HERA**: progress compared to the pre-COVID-19 situation
- reinforced role of EMA and ECDC)
- implement its own pharmaceutical R&D projects
- HERA would need to mostly rely on the current pharma players
- As such, HERA will not have the **critical** mass for a structural change



• The EC proposal of European Health Emergency Preparedness and Response

• Market failures, however, are not adequately addressed by HERA (and by the

• HERA apparently will not have the responsibility, resources, and capacities to directly





European Health Emergency preparedness and Response **Authority (HERA):**

Getting ready for future health emergencies













WHY A EUROPEAN MEDICINES INFRASTRUCTURE?

Research infrastructures are facilities that provide resources and services for the research communities to conduct research and foster innovation in their fields. **Technology Infrastructures** [...] develop, test and upscale technology to advance from validation in a laboratory up to higher technology readiness levels prior to competitive market entry. They can have public, semi-public or private status (European Commission 2021)*

The **research infrastructure paradigm** points to a new avenue in the governance of knowledge-based organizations beyond science, based on collective intelligence and intrinsic motivation, with implications also for mission-oriented innovation policies (Florio 2019)*

*EC, Horizon Europe, Work Programme 2020–2021, 2021. Available at: https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/horizon/wp-call/2021-2022/wp-3-researchinfrastructures horizon-2021-2022 en.pdf *Florio, M., Investing in Science: Social Cost-Benefit Analysis of Research Infrastructures, MIT Press, 2019.

ESFRI

ROADMAP 2021







EUROPEAN MEDICINES INFRASTRUCTURE

An organisation pursuing a public health overarching mission, conducting research and innovation, and delivering pharmaceutical and related biomedical innovations through dedicated facilities, resources, and services available to the scientific community, enjoying long-term budgetary autonomy

GOAL

Fulfilling European citizens' interest by developing and offering safe, effective, innovative, affordable medicines in areas affected by market failures

3

INTELLECTUAL PROPERTY

Owning the results on the undertaken R&D projects, and managing intellectual property rights exclusively in the public interest

STRATEGY

Comprehensive, forward-looking, longterm portfolio strategy and dedicated leadership and governance supported by the consensus of scientific health communities and health authorities

PARTNERSHIPS

Open to collaborations, in partnership with third-party research centres at national or European level and with pharmaceutical companies based on transparent contractual arrangements



MISSIONS FOR A EUROPEAN MEDICINES INFRASTRUCTURE



Treatment optimisation studies

Focus on clinical areas:

- Under-invested by the industry and subject to market failures
- where there are affordability and equity concerns
- where there are shortages



To build a portfolio of innovative pharmaceutical R&D projects



Improving generics and ingredients safety and security of supplies



FOCUS ON INFECTIOUS DISEASES

OPTION 3

Large-scale, mission-oriented, European R&D infrastructure that runs projects mainly in-house within its own labs (**hub-and-spoke**)

OPTION 1

Mission-oriented, European R&D infrastructure mostly outsourcing projects (**public procurement** for innovation)

Less ambitious

capacity Scope of its internal R&D

Limited capacity

Extensive capacity



DIVERSIFIED R&D PORTFOLIO

OPTION 4

OPTION 2

HUB

More ambitious

Scope of its mission



EXPECTED OUTCOMES AND BUDGET OVER 30 YEARS

FOCUS ON INFECTIOUS DISEASES	DIV P
OPTION 3	
 New antibiotics, vaccines, other medicines 	 Wide bion
Budget: EUR 6.5 billion pe	
(size similar to ESA for 2	
OPTION 1	
 New antibiotics, vaccines, other medicines 	 Wide bion
Budget: EUR 3.5 billion pe	
(size similar to the NIH Intr	amural Re

*Given the yearly budgets, taking into account overheads and capital cost, and taking as a benchmark the R&D cost per drug of about EUR 1 billion

PORTFOLIO

OPTION 4

- er range of nedical innovations
- er year*
- 2021)

OPTION 2

- er range of nedical innovations
- er year*
- esearch Program)







- The industry is a key player for pharmaceutical R&D and innovation
- However, overwhelming evidence of a structural disconnection of **priorities** between corporate strategies and public health priorities
- Market failures: high financial returns for private investors because of public subsidies, legal and de facto monopoly power
- **Policy failures:** inefficient subsidies and regulations unable to shift the industry business model, leading to affordability and sustainability concerns



• Public research is privatized:

Patents on the last mile of R&D do not adequately protect public investments



- spoke model vs public procurement for innovation model
- **innovation** over 30 years of investment



NEWS EXPLAINER 30 November 2021



What the Moderna-NIH COVID vaccine patent fight means for research

• High consensus of interviewed experts agree on concept of a European pharmaceutical R&D infrastructure: a new approach to public-private partnership

Four policy options: focus on infectious diseases vs wider portfolio, hub-and-

• Potentially Europe can host the most important global player for pharmaceutical









THANKYOU



massimo.florio@unimi.it



pancotti@csilmilano.com







david.prochazka.km@vse.cz

16

