Necessity of political governance - control over pharmaceutical exchange
The accession of the ten new EU-countries is a keen challenge for the European Community.
What are the starting-points for an innovative health-care-system? In order to integrate patients’ concerns, medical-staff, pharmaceutical industry and research, an equitable political framework has to be established.
Conversation, information, cooperation are the assumptions for a perfect balance in the conflict of interests of profit, innovation and benefit.
Professor Reinhard Busse, department chief for health-management at the TU Berlin has analyzed the European health-care-systems and the EU-health-policy: He pleads: “In the course of inner European changes, all EU-countries should learn from each other.”

EU-policy is on the ball for an innovative health-care-system in an enlarged Europe.
Kees de Joncheere from the WHO appeals to a close and innovative cooperation within the European Community.
A limitation of the medicine-drug-spectra would have an impact on the consumers’ requirements of consumers and lead to a reduction in quality.
Shifting the costs to the patients is a step backwards in social equality.
Concerning policy, Joncheere also demands national strategies for the sale of generics: “The EU-countries’ expenditures on health-care-exchange are much higher than in the candidate countries, but drugs are not cheaper there.”

Innovation and Transparency versus profit
Dr. Dominique Limet of GlaxoSmithKline, demands an improvement of pharmaceutical industry’s competitive capacity in Europe.
Investments in research and development are necessary to be competitive.
Europe’s research-expenditures decreased from 73 to 59 per cent between 1990 and 1999, whereas USA expenditures increased during the same period.”, stated Limet.
The basic requirement for international competitiveness is not only capital investment on Science but also well skilled specialists.

The pharmaceutical sector is number five industry in Europe with 600,000 employees. According to James Copping, European Commission, the US has overtaken Europe in developing new chemicals and biological products. Since 1996 the US shares in the world market increased to 40.2 per cent, while the proportion of Europe is 26.7 per cent. The US amount of investment for Research & Development is twice as high as the EU's.

Copping expects a lack of competition-policy and development on new technologies on the European market. Fundamental solutions are the support of innovation and competition of generic drugs on the one hand and market access as well as patients’ access on the other hand.

“The information-offer for patients has to be improved and a better basis for research to be provided, especially in the field of biotechnology,” demands Copping. The assistance of the new EU-countries is another item that has to be worked on. He demands better cooperation of the EU-countries and mentions benchmarking as a possible solution – the orientation on the competitors’ record performances. Another challenge for the EU Commission is a revision of pricing policy and licence-control.

**Equal market access for the EU-25**

Dr. Jeffrey L. Sturchio of the Pharmaceutical-company Merck said: “The inequality of market access of the 25 EU-countries, signifies 30 years- regress. It can take up to ten years until a new drug is approved in all countries. The delay of permission can require 10 years. To guarantee an equality of all EU-countries, the politics has to draw the consequences. An equitable legislation has to be developed. Equilibration between quality assurance and free market economy is necessary.

Professor Werner Clement, chairman of the Institute for Pharmaceutical-Economical-Research: „Policy has to enact fiscal frameworks, so that companies do not migrate. Macro-economics and Health-economy are not enemies,” underlines Clement. Tansin Rose of the European Health Alliance said, “instead of investments for drugs, the health care should be laboured. Apart from that, ten per cent of the patients in hospitals suffer from diseases caused by side-effects.

**Therapeutically benefits of new pharmaceuticals?**

According to Prof. Silvio Garattini, the European Agency for the Evaluation of Medical Products (EMEA) overestimates the benefit of new drugs. An innovative pharmaceutical-industry focuses on the benefit of new drugs, the therapeutic capability and not on the chemical innovation.

He claims official evidence proof for the alleged higher effectiveness of new drugs: “How can there be public access, if the secret itself is the rule? Clinical studies have to be more transparent!” claims Garattini.

Numerous surveys have shown that less than 15 per cent of pharmaceutical-innovations result in therapeutic benefit.
“It seems there was a therapeutic vacuum, but there is no eligibility to demonstrate any further therapeutic benefit”, said Garattini. The EU-permission-department cause these grievances. They focus on quality, effectiveness and safety, but they do not check whether a similar product is already available. The economic-interest, not the patients’ are relevant. Comparisons are only made to gain a new target group. The pharmaceutical-industry has no interest in the development of new drugs that combat children’s- or tropical diseases.

No more economic interest means no more research. Kees P. de Joncheere claims more money for investigations fighting incurable diseases like AIDS.