| To: | 5.1 | 1.2e |) 5.1.2e | @minvws.nl]; | | 5.1.2e |]. | 5.1.2e | @minvws.nl] |
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| From: | | | 5.1.2e | |) | | | | |
| Sent: | Mon 11 | /23/2020 | 8:34:10 | PM | | | | | |
| Subject: | Pharma | strategy | post tra | ack changes | | | | | |
| Received: | | Mon | 11/23/20 | 20 8:34:11 P | M | | | | |
| Pharma st | rategy p | ost track | change | s.docx | | | | | |

Dear 5.1.2e

Here is my quick overview of major differences:

- The language on dependencies in manufacturing has been tweaked and increased in the new document and it shows up already in the first page, setting the tone.
 - " The COVID-19 pandemic has, and continues to have, a very serious impact on Europe. Though Europe's response has demonstrated strengths, existing vulnerabilities have been thrown into sharp focus, including those related to data availability, the <u>supply of medicines or the availability of manufacturing capacities to adapt and support the</u> <u>production of medicines</u>. The conclusion of advance purchase agreements for vaccines is nevertheless an example <u>of effective co-operation between public and regulatory authorities, industry and civil society organisations</u>. The anticipated widespread availability of safe and effective vaccines in record time raises hope for an exit from the crisis and provides inspiration for a renewed, patient-centred and world-leading pharmaceutical sector that is both innovative and equitable."
- Digital transformation is more also more prominent, together with the need to build/integrate health data infrastructure.
- Public procurement is presented as a solution. "This would allow to address through the use of public purchasing
 instruments some important key policy objectives. National authorities will be able to share their experience and
 develop common approaches based on best practices."
- All the flagships related to legislative review no longer mention *basic* pharmaceutical legislation, but just pharmaceutical legislation, which might signal an even greater ambition from the Commission to run a major overhaul of the framework.
- They zero in on unmet needs, actually mentioning as examples e.g. neurodegenerative and rare diseases and paediatric cancers
- Other adjustments relate to more accurate wording on pharmacy terminology.
- The priority of some flagships has been altered, so what was earlier another action, has now become flagship or vice-versa.
- The section on HERA has been moved around.
- Section mentioning that COMM would look into pharma merges in relation to decrease in innovation or higher prices has been removed.

For specific details, see attached document which shows the tracked changes from the original document we had access to. I hope this helps!

