

As the civil society organizations who signed this manifesto, we join forces to defend and promote universal access to medicines as an essential aspect of the right to health. Our goal is **to make the government, political parties and other institutions commit to changing the medical innovation model.**

In Europe, as in the rest of the world, the price of new drugs is growing annually. This phenomenon threatens the sustainability of healthcare systems and prevents the most vulnerable populations from accessing medicines to treat certain diseases, such as cancer and hepatitis C. At the same time, the current incentives system is dysfunctional. Consequently, we still lack adequate, effective medical responses to diseases like Chagas and malaria, which mainly affect impoverished countries, and to growing global threats like multi-resistant bacteria.

All of this is the result of an inefficient and costly research and development system that, at times, is more concerned with protecting intellectual property rights than ensuring a form of medical innovation that serves public interests and promotes access to medicines. This situation is unsustainable. A reform of the system is urgently needed **to ensure the right to health and access to safe, effective and affordable medicines**, while recognizing the legitimate right of pharmaceutical companies to a reasonable profit for their business activities.

WHAT DO WE WANT?

1. TRANSPARENCY, GOOD GOVERNANCE AND ACCOUNTABILITY



Transparency across the entire system is integral to fostering an informed public debate. To that end, it is necessary that we know:

- The **actual transaction prices** of medicines purchased by the public health system, and the justification for the discrepancy between those and the approved prices.
- The **criteria, price dossiers**, including information concerning the manufacturing and R&D costs, and **the approval and financing agreements for medicines** included in the National Health System's List of Basic Services.

It is necessary, moreover, to move toward an adequate system of accountability that enables detailed tracking of:

- **Pharmaceutical expenditure**, separated by various spending figures, such as by hospital, medicine and number of treatments.
- **Investments in R&D financed by public funds and tax incentives** given to projects that result in the development of medicines, procedures, or commercialized health products.
- All information regarding **clinical trials** performed in Spain, formatted in an accessible manner, including, at least, data regarding population, intervention, comparator, time of follow-up, and the results, whether positive or negative.

At the same time, it is necessary that **assessments of new medicines** are performed transparently and are based on objective criteria, to ensure that public funds only finance those that offer significant therapeutic advantages as compared to the existing alternatives.

Finally, in terms of pharmaceutical policy decision-making, potential conflicts of interest concerning all relevant players should always be publicly acknowledged.

2. PUBLIC INTEREST CRITERIA



- **Public interest safeguard criteria must be introduced for all State-sponsored investments in health-related R&D.** These criteria should ensure that the product that reaches the market is safe, effective, affordable, and high quality.
- To promote, through concrete means, an **open scientific dialogue, with access to data and shared knowledge.**
- To define the priorities of the biomedical R&D agenda such that they **respond to the global population's health needs**, put people at the center, and are not guided by only economic benefit and business interests.

3. NEW MODELS OF INNOVATION



To explore alternative models of innovation that ensure universal health coverage and access to safe, affordable, high quality medicines. Therefore, it is essential to promote R&D initiatives based on new approaches—ones **not entirely dependent on patents and exclusive property** as an incentive to research and as a business model.

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