To: Jean-Claude Juncker, President-elect of the European Commission

CC: Paola Testori Coggi, Director General of DG Health and Consumers, Daniel Calleja Crespo, Director-General of DG Enterprise and Industry
Ministers of Health of the European Union Member States
Members of the IMCO, ITRE, and ENVI Committee

Re: Open Letter to President-elect Jean-Claude Juncker on move of medicinal products and health technologies to the portfolio of the Commissioner for internal market and industry

Dear Mr. President-elect,

We are writing to express our astonishment and concern regarding your decision to move the competence for medicinal products and health technologies from the Commissioner in charge of Health to the Commissioner in charge of internal market and industry within the new Commission.

The economic crisis, the ageing of the population, technological advances, and new health threats, including environmental pollution, are all challenging the sustainability of European health systems, and health inequalities between and within European Union (EU) Member States are increasing.

The European Commission, as the guardian of the Treaty, plays an important role in "ensur[ing] a high level of human health protection". This necessitates an unwavering vision for public health, along with consistent and coherent policymaking to support it.

People living in Europe have the right to high quality, safe, affordable and effective treatments. Pharmaceuticals and medical devices are not - and should not - be considered as any other internal market product because they safeguard people’s health.

The main driver of EU policies concerning pharmaceuticals and health technologies should be promoting and protecting health and patient safety. The Commissioner for Industry and Internal market, however, is mandated to promote the competitiveness of the industry and the European economy. This distinction is an important one to make with delicate issues, such as information to patients and medicine pricing, where the needs of patients can be in conflict with the interests of industry. The shift you are proposing sends the wrong signal to European citizens and patients – namely that economic interests come before their health. This is not the sort of signal the EU wants to send.

In 2009, responsibility for medicines and medical devices were moved into the hands of the health Commissioner to harmonize pharmaceutical governance within Member States and facilitate emergency preparedness. Returning them to the Commissioner for Enterprise and Industry is unjustified and represents a major step back.

Please reconsider this decision – we believe that medicinal products and health technology belong under the responsibility of the Commissioner for health.

We urge you to show bold leadership and to put health interests first.

Brussels, 16 September 2014
Yours Sincerely,

- **Signatories, in alphabetic order:**

AGE Platform Europe is a European network of more than 150 organisations of and for people aged 50+ representing directly over 40 million older people in Europe. AGE work focuses on a wide range of policy areas that impact on older and retired people. These include issues of anti-discrimination, employment of older workers and active ageing, social protection, pension reforms, social inclusion, health, elder abuse, intergenerational solidarity, research, accessibility of public transport and of the build environment, and new technologies (ICT). AGE Platform Europe takes also active part in several EU projects.

AIM is the umbrella organisation of health mutuals and health insurance funds in Europe and in the world. Through its 59 members from 27 countries, AIM provides health coverage to 230 million people in the world and 160 million in Europe through compulsory and/or complementary health insurance and managing health and social facilities. AIM strives to defend the access to healthcare for all through solidarity-based and non-for profit health insurance.

Consumers on the European stage. BEUC acts as the umbrella group in Brussels for its members and our main task is to represent them at European stage and defend the interests of all Europe’s consumers. BEUC investigates EU decisions and developments likely to affect consumers, with a special focus on eight areas identified as priorities by our members: Financial Services, Food, Digital Rights, Consumer Rights, Sustainability, Safety, Health and Energy. To cope with these challenges the Secretariat has a staff of around 35.

Corporate Europe Observatory (CEO) is a research and campaign group working to expose and challenge the privileged access and influence enjoyed by corporations and their lobby groups in EU policy making. This corporate capture of EU decision-making leads to policies that exacerbate social injustice and accelerate environmental destruction across the world. Rolling back corporate power and exposing greenwash are crucial in order to truly address global problems including poverty, climate change, social injustice, hunger and environmental degradation. Corporate Europe Observatory works in close alliance with public interest groups and social movements in and outside Europe to develop alternatives to the dominance of corporate power.

The Standing Committee of European Doctors (CPME) aims to promote the highest standards of medical training and medical practice in order to achieve the highest quality of health care for all patients in Europe. CPME is also concerned with the promotion of public health, the relationship between patients and doctors and the free movement of doctors within the European Union. CPME represents the National Medical Associations of 27 countries in Europe and works closely with the National Medical Associations of countries that have applied for EU membership as well as specialized European medical associations. To achieve its goals, CPME co-operates proactively with the Institutions of the European Union.
The European Association of Hospital Pharmacists is an association of 34 national organisations representing hospital pharmacists at European and international levels. EAHP represents and develops the hospital pharmacy profession within Europe in order to ensure the continuous improvement of care and outcomes for patients in the hospital setting. This is achieved through science, research, education, practice, as well as sharing best-practice and responsibility with other healthcare professionals. Its mission is: 1) To develop hospital pharmacy in order to promote the best and safest use of medicines and medical devices for the benefit of patients in Europe; 2) To create a platform for the education and training of hospital pharmacists to a level of specialisation and maintain continuing professional development (CPD); 3) To uphold the interests and advance the position of European hospital pharmacists within the healthcare systems, the EU and national authorities. http://www.eahp.eu/about-us

The European AIDS Treatment Group (EATG) is a European network of nationally-based volunteer activists comprising of more than 110 members from 40 countries in Europe. EATG members are representatives of different communities affected by HIV/AIDS in Europe.

The vision of Association of European Cancer Leagues is for a Europe Free of Cancers. The role of the Association of European Cancer Leagues is to facilitate the collaboration between cancer leagues throughout Europe and to influence EU and pan-European policies. The mission of the Association of European Cancer Leagues is to influence and improve cancer control and cancer care in Europe through collaboration between its members in their fight against cancer, and to influence EU and pan-European policies.

“The European Federation of Allergy and Airways Diseases Patients’ Associations (EFA) is a network of asthma and chronic obstructive pulmonary disease (COPD) patients’ organisations representing 30% of European citizens currently living with these diseases. Founded in 1991, EFA currently has 35 members in 23 European countries. As a European patient-led advocacy and action organisation, EFA strives to involve patients with asthma, allergy and COPD in European decisions that influence their health. Through its members, EFA advocates and tries to ensure that the right of people with asthma, allergy and COPD to best quality of care and to live uncompromised lives is guaranteed by EU decision-makers.”

Active since 1982, the European Health Management Association (EHMA) is a membership organisation open to all organisations and individuals committed to improving health and healthcare by raising standards of health management. With over 170 members in 38 countries their members represent all levels of the health system. EHMA is the only membership organisation in Europe to bring together policy makers, health managers, health professionals, researchers and educators.

The European Heart Network (EHN) is a Brussels-based alliance of heart foundations and likeminded non-governmental organisations throughout Europe, with member organisations in 24 countries. The EHN plays a leading role in the prevention and reduction of cardiovascular diseases, in particular heart disease and stroke, through advocacy, networking, capacity-building and patient support, so that they are no longer a major cause of premature death and disability throughout Europe.
ELPA emerged from a desire amongst European liver patient groups to share their experiences of the often very different approaches adopted in different countries. In June 2004, 13 patient groups from 10 European and Mediterranean Basin countries met to create the association. ELPA now has 34 members from 26 countries. ELPA’s aim is to promote the interests of people with liver disease and in particular: to highlight the size of the problem; to promote awareness and prevention; to address the low profile of liver disease as compared to other areas of medicine such as heart disease; to share experience of successful initiatives; to work with professional bodies such as EASL and with the EU to ensure that treatment and care are harmonised across Europe to the highest standards.

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EMSA, with medical faculties and individuals as members, integrates medical students in Europe through activities organized for and by medical students and representing them in Brussels towards European Institutions. Since the foundation of EMSA many medical faculties throughout Europe enrolled within its structures. It currently unites over 100 medical faculties from 27 countries across Europe. EMSA seeks to improve the health and the quality of care of the citizens of Europe by acting as a conduit for increased interaction and sharing of knowledge between European medical students in the areas of medical education, ethics, science and European integration. EMSA is an associated organisation of the CPME Standing Committee of European Doctors.

The European Patients’ Forum is an umbrella organisation that works with patients’ groups in public health and health advocacy across Europe. EPF’s 64 Members represent specific chronic disease groups at EU level or are national coalitions of patients. A vision is that all patients with chronic and/or lifelong conditions in the EU have access to high quality, patient-centred equitable health and social care. Mission of EPF is to ensure that the patients’ community drives policies and programmes that affect patients’ lives to bring changes empowering them to be equal citizens in the EU.

EPHA is a change agent – Europe’s leading NGO advocating for better health. We are a dynamic member-led organisation, made up of public health NGOs, patient groups, health professionals, and disease groups working together to improve health and strengthen the voice of public health in Europe. EPHA is a member of, among others, the Social Platform, the European Public Health and Agriculture Consortium (EPHAC), the Health and Environment Alliance (HEAL), and the EU Civil Society Contact Group. http://www.epha.org.

ESIP represents a strategic alliance of over 40 national statutory social security organisations in 16 EU Member States and Switzerland. ESIP’s mission is to preserve high profile social security for Europe, to reinforce solidarity based social insurance systems, and to maintain European social protection quality. Note: ESIP members support this position in so far as the subject matter lies within their field of competence.

Health Action International (HAI) is working towards a world where all people, especially those who are poor or marginalised, are able to exercise their human right to health. HAI supports rational and economic medicines’ policy and advocates for social justice in health care by improving access to essential medicines and promoting the rational use of medicines.
The Health and Environment Alliance (HEAL) is an organisation addressing how the environment affects health in the European Union (EU). With the support of more than 65 member organisations, HEAL brings independent expertise and evidence from the health community to different decision-making processes. Together with members, partners and experts they pool expertise and work on a wide variety of issues. These include environmental prevention of chronic diseases such as cancer, cardiovascular, respiratory disease, diabetes and obesity; hazardous chemicals including pesticides and biocides; climate change and energy; air quality; noise pollution; mercury; environmental injustice and social inequalities.

HOPE, the European Hospital and Healthcare Federation, is an international non-profit organisation, created in 1966. HOPE represents national public and private hospital associations and hospital owners, either federations of local and regional authorities or national health services. Today, HOPE is made up of 35 organisations coming from the 28 Member States of the European Union, Switzerland and the Republic of Serbia. HOPE mission is to promote improvements in the health of citizens throughout Europe, high standard of hospital care and to foster efficiency with humanity in the organisation and operation of hospital and healthcare services.

The International Diabetes Federation (IDF) is an umbrella organization of over 230 national diabetes associations in 170 countries and territories. It represents the interests of the growing number of people with diabetes and those at risk. The Federation has been leading the global diabetes community since 1950. The activities of IDF aim to influence policy, increase public awareness and encourage health improvement, promote the exchange of high-quality information about diabetes and provide education for people with diabetes and their healthcare providers. IDF’s awareness and advocacy initiatives are grounded in the experiences of its global network of national diabetes associations.

IFMSA has 117 member organizations in 110 different countries. They have reach over 1.2 million students members, with more than 10,000 clinical and research exchanges around the globe annually. The International Federation of Medical Students’ Associations (IFMSA) was founded in 1951. It is the world’s oldest and largest independent organization representing associations of medical students internationally. IFMSA unites medical students worldwide to lead initiatives that impact positively the communities we serve. IFMSA represents the opinions and ideas of future health professionals in the field of global health, and works in collaboration with external partners. IFMSA builds capacity through training, project and exchanges opportunities, while embracing cultural diversity so as to shape a sustainable and healthy future.

The International Society of Drug Bulletins, founded in 1986, is a worldwide network of bulletins and journals on drugs and therapeutics that are financially and intellectually independent of the pharmaceutical industry. Currently ISDB has about 80 members representing 41 countries around the world. More info: www.isdbweb.org. Contact: press@isdbweb.org.

The Medicines in Europe Forum (MiEF) was launched in March 2002 and reaches 12 European Member States. It includes more than 70 member organisations representing the four key players on the health field, i.e. patient groups, family and consumer bodies, social security systems, and health professionals. Such a grouping is testament to the importance of European medicines policy. Contact: pierrechirac@aol.com
The Nordic Cochrane Centre is part of the Cochrane Collaboration, an international not-for-profit international network of more than 28,000 dedicated people from over 100 countries preparing, maintaining and promoting the accessibility of systematic reviews of the effects of health care. More information: www.cochrane.org. Contact: Peter Gotzsche (pcg@cochrane.dk)

PGEU is the European organisation representing community pharmacists. Its members are the chambers and professional organisations of pharmacists in 34 European countries. Through its 46 member associations, it represents over 400,000 European Community pharmacists.

The SFP’s vision is a world free from the death and suffering caused by tobacco consumption. The Smoke Free Partnership’s mission is the effective implementation of the WHO Framework Convention on Tobacco Control (FCTC). SFP works with decision makers to ensure that tobacco control receives adequate political attention at EU level and to promote tobacco control information and policy research at EU and national level, in collaboration with other EU health organisations and tobacco control networks. It also aims to ensure FCTC implementation globally, and is working to release EU funding for tobacco control to counter poverty in developing countries.

Universities and publicly funded research institutions will be part of the solution to the access to medicines crisis by promoting medical innovation in the public interest and ensuring that all people regardless of income have access to essential medicines and other health-related technologies. As a non-profit organization rooted in a global movement of university students, UAEM aims to:

• promote access to medicines and medical innovations in low- and middle-income countries by changing norms and practices around academic patenting and licensing, supported by independent research
• ensure that university medical research meets the needs of people worldwide and
• empower students to respond to the access and innovation crisis

The European Union of Medical Specialists (Union Européenne des Médecins Spécialistes – UEMS) is a non-governmental organisation representing national associations of medical specialists in the European Union and in associated countries. UEMS is the oldest medical organisation in Europe as it celebrated its 50th anniversary in 2008. With a current membership of 34 countries, it is the representative organisation of the National Associations of Medical Specialists in the European Union and its associated countries. UEMS represents over 1.6 million medical specialists in all the different specialties. It also has strong links and relations with European Institutions (Commission and Parliament), the other independent European Medical Organisations and the European Medical / Scientific Societies. By its agreed documents, UEMS sets standards for high quality healthcare practice that are transmitted to the Authorities and Institutions of the EU and the National Medical Associations stimulating and encouraging them to implement its recommendations.