High prices, poor access:
What is Big Pharma fighting for in Brussels?

Chapter 2. EFPIA and Big Pharma's web of lobbying in Brussels

The firepower of EFPIA

Corporate Europe Observatory’s 2015 report ‘Policy prescriptions: the firepower of the EU pharmaceutical lobby and implications for public health’, and ALTER-EU's 2018 book 'Corporate Capture in Europe' shone a spotlight on the immense influencing power of the pharmaceutical industry. This works through various channels, from Big Pharma's enormous lobby budgets and huge numbers of meetings (suggesting privileged access to Brussels’ halls of power), to a revolving door that spins both ways, to its entrenched provision of ‘expertise’, and political debate framed by the industry to conflate its interests with that of the public’s.¹

At the heart of Big Pharma’s web of lobbying in Brussels is the European Federation of Pharmaceutical Industries and Associations (EFPIA). EFPIA has an annual lobby spend of €5.5 million; together with its two specialised sub-groups European Biopharmaceutical Enterprises (EBE) and VaccinesEurope, this rises to well over €6 million.² EFPIA and its two sub-groups have held a total of 42 meetings with commissioners, their cabinets or director-generals in the Juncker Commission, and have a total of 10 access passes to the European Parliament. EFPIA's standing as a trusted partner of the Commission is also evident in the fact that it currently sits on eight of the Commission’s advisory groups, which provide expertise to legislators on policy-related issues, and so can be a channel for private interests to wield influence in the guise of expertise.³ EFPIA's chair Stefan Oschmann, the Chief Executive of Merck, recently spoke alongside a cluster of Commissioners, including President Juncker, at a High Level Commission conference.⁴

Top 10 Big Pharma firms lobby spend increase

Many of EFPIA's member companies also engage in their own lobbying efforts, both directly and via lobby consultancies.⁵ And Big Pharma's budget for lobbying appears to be going up. In September 2015 we reported that the then-top ten biggest spending pharmaceutical companies were splashing out between €12.5 million and €14.9 million. In April 2019, the now-top ten biggest spending Big Pharma firms – all members of EFPIA – have increased their budget by up to €2 million, spending between €14.6 million and €16.3 million.⁶ Together they have had 112 top-level meetings with the Juncker Commission, and hold 60 access passes to the European Parliament. Johnson & Johnson
(the seventh biggest spender, with six consultancies on its payroll,) has the second highest number (18) of Parliamentary passes out of all companies in the register. And this is only an illustration of the industry's firepower. There are many other companies and pharma trade associations (including national members of EFPIA) in the lobby register, whilst many more meetings take place at the lower levels of the Commission.

**Invoking emotions with strategic PR**

In response to their long-established model coming under threat, Big Pharma has branched out from traditional lobbying. According to EFPIA's chairman, though the industry usually “talks about problematic issues or some legislative proposals... we thought it would be really useful to talk about the value we bring to society”. EFPIA's Director General Nathalie Moll points out that “to be effective in Brussels you need to have the outreach nationally and that includes media”, adding that to unite politicians it is useful to find “a human element” to the industry. EFPIA duly rolled out an evocative and emotionally-charged PR campaign called #WeWontRest. With tag-lines like “Disease never takes a break, so neither do we”, it responds to mounting criticisms of high-priced medicines by attempting to give Big Pharma a human face: a compassionate industry, dedicated to easing your family's suffering. By plugging into the emotions, it distracts from the profits-for-shareholders model that actually keeps prohibitively expensive medicines out of so many patients hands. EFPIA's website features a Pledge Wall full of photos of faces from EFPIA's member companies, together with motivational statements about why they do what they do (#WeWontRest until… “families are no longer torn apart by illness” or “cancer is no longer a scary word”). The message: medical breakthroughs are only thanks to “the passion, commitment and dedication” of people in our companies. This is mirrored on EFPIA's corporate members’ websites, and plastered all over social media, for example, with a video informing viewers that “We were born to end patient suffering”. Tweets under #ForTheChance show photos of patients with quotes like “For the chance to live without fear”, to highlight “how many patients have grasped another chance at life because of treatments developed by the industry”.

**Attempt to close down debate**

What is so perverse about this campaign is the way it attempts to close down the debate, insofar as it implies that when you criticise Big Pharma you’re criticising the dedicated scientists researching medicines that improve and save people's lives. Implicitly if you, as policy-makers, change the rules for the industry, you’re taking away patients' chances at a better quality of life. EFPIA's PR campaign has reportedly been translated into over 20 languages, and reached more than 50 million people around the world with the message that Big Pharma is their tireless saviour. Implicitly, its critics then become the enemy of the sick and the suffering. This was the kind of message which EFPIA peddled at its December 2018 "premiere" of its #WeWontRest film at the Press Club in Brussels, which compiles interviews with the “people and companies" behind medical breakthroughs.
What is missing from this picture is that one- to two-thirds of pharmaceutical R&D is in fact publicly funded. There is a growing discussion about the need for public return on public investment, responding to the pattern of part-publicly funded new medicines given exorbitant, prohibitive prices by Big Pharma (see Box 1). In light of this, EFPIA's #WeWontRest campaign resembles an attempt to co-opt the motivations and dedication of scientists (whose work is of course vital and laudable), and the hopes of patients to access better medicines (which are of course legitimate). This is particularly galling because the pharma lobby is doing so as part of its attempts to shape laws in the interests of the shareholders of multi-billion euro companies, often at the expense of improving patients’ access (which requires affordability) to better medicines (that are meaningful therapeutic advances, not just ‘new’ drugs that offer little to no improvement on existing treatments).

**A parliamentary and media charm offensive**

In May 2018 EFPIA held a four day exhibition in the Parliament, ‘Unlocking tomorrow’s cures’, sponsored by three MEPs. Promising to show how the industry transforms patients’ lives, it featured “escape room games”, “fireside chats” and workshops with companies like Novartis and Pfizer on topics such as how to ensure the pharma industry “has the regulatory framework it needs”. EFPIA followed this up with a manifesto for the 2019 European elections. This sets out ‘What Europe can do’ to become a world leader in medical R&D, including: “Maintain and develop” its patent system, by “promoting strong IP protection, incentives and reward mechanisms” and creating “new incentives” for unmet medical needs. Again, the message is that industry wants even more incentives and protection, which would mean longer periods of monopoly pricing (ie unaccountable and unjustified high prices), and, potentially more ‘new’ drugs designed to reap the maximum profit from regulatory incentives rather than meet public health and patients’ needs.

EFPIA also pays Brussels-bubble news outlet Euractiv for content that will be read by policy-makers and politicians. For example in October 2017 EFPIA sponsored a ‘Special report’ on Pharma innovation. It included interviews with Health Commissioner Andriukaitis (“Supporting drug innovation is ‘the only way’”), an official from the Estonian Presidency, a patient organisation (rare diseases group Eurordis – which receives significant industry funding (see below) – warning against any review of orphan drugs incentives), and a pharma boss (EFPIA’s Nathalie Moll, who is quoted in three out of four of the other articles, warning that “Without incentives, innovations stop”). This report is clearly designed to give the impression of diverse support with the same message coming from many different mouthpieces – protect Big Pharma or else!

**Industry allies and corporate cross-over**

EFPIA is not the only channel that Big Pharma lobbies through, and there are many interconnections between groups. The industry amplifies its voice through ‘message multipliers’, often pharma-linked organisations (that appear to represent different constituencies), which repeat messages aligned with Big Pharma’s narrative, whilst omitting issues the industry does not want to talk about. Thus the industry orchestrates or convenes coalitions with a view to shaping the agenda.
For example in November 2018, EFPIA co-organised an ‘EU Health Summit’ to together with a long list of groups with a “shared vision”, including biotech lobby EuropaBio, medical technology association MedTechEurope, ‘medium-sized’ pharma lobby the European Confederation of Pharmaceutical Entrepreneurs (EUCOPE), and numerous patients representative groups (see Box 2). The event’s first speaker was Robert Madelin, Chair of pharma-consultancy Fipra, who came through the revolving door from the Commission’s health directorate (see Chapter 5). Many of these groups pop up repeatedly in interplaying lobbying efforts (as Chapters 4 and 5 show), and have links with EFPIA or its member companies, as funders, members or clients. EUCOPE, for example, shares around seven large corporate members with EFPIA, whilst EuropaBio shares around 12, including AbbVie, Lilly, and Pfizer. The Big Pharma company with the fifth biggest EU lobby budget, Amgen, is a member of all three. EFPIA’s Director General used to head EuropaBio, and it is evident that the two groups work closely together. What’s more, not all pharma companies lobby through EFPIA; Gilead, for example, whose price for Sovaldi sparked outrage (see Chapter 1), is not a member of EFPIA, but it is of EuropaBio, EUCOPE, and US business lobby AmCham EU. It also recently set up its own EU affairs office in Brussels, joining the many other Big Pharma companies already present.

Box 2: The importance of independence

The voice of patients is vital in policy debates around access to medicines. Yet there is also growing recognition of the importance of safeguarding the independence of patients’ representative organisations, including their funding, to ensure they are in no way co-opted (knowingly or not) by Big Pharma to promote its interests. In some cases, patients organisations might face cuts in public funding and accept a greater proportions of industry funding as a result; and they may have strong enough firewalls to prevent undue influence from the industry. But in certain cases, there are warning signs that the interests of a particular group of patients are not the only interests being represented. For example EuropaColon has been gaining influence in Brussels under the direction of Executive Director Stefan Gijssels, and has recently ‘expanded’ into Digestive Cancers Europe (which Gijssels also leads). Gijssels, one of the speakers at the European Health Summit, is a professional lobbyist who was previously public affairs Vice President for Johnson & Johnson’s pharma company Janssen. He also used to chair an EFPIA committee, has been a consultant at lobby firms Burson-Marsteller and Weber-Shandwick, and led European industry coalitions in the pharmaceutical and tobacco industries. Gijssels also runs his own Brussels-based consultancy, Seboio, which offers clients expertise in “gaining control over their external environment... resulting in measurable business outcomes”. Seboio, which is not in the lobby register, lists GSK and Janssen as references, and has been commissioned by EFPIA to write a policy paper (focusing on the importance of “strong IP protection”). EuropaColon’s ‘Funding Partners’ include numerous pharma firms such as Pfizer, Lilly, and Merck, whilst EFPIA is a ‘Collaboration Partner’. Several Big Pharma arguments feature in a 2018 presentation by Gijssels: that high-prices are justified to encourage research, and that pricing of a drug should be determined by its value not its costs. This contrasts with the findings of the WHO’s recent study on cancer drug pricing; that we have been paying too much for too little meaningful innovation.
For 2017, EFPIA declares €5,503,206, for 2018 EBE declares €429,000 and VaccinesEurope € 200,000 - € 299,999. Together, they spend between €613,220 and €623,220. Transparency Register entries of each group as of 10/04/19.

EFPIA, The originator pharmaceutical industry turns today's research into tomorrow's cures, 07/12/17, https://www.facebook.com/IPHA4/videos/309343056557238/

Another EFPIA supported article said the SPC manufacturing waiver undermines “the very fabric” of IP. EFPIA, Celgene boss: Chronic diseases will bankrupt Europe if incentives are dropped, 07/12/17, https://www.europa.eu/section/health-consumers/interview/celgene-boss-chronic-diseases-will-bankrupt-europe-if-incentives-are-dropped/


EFPIA, Pharma Innovation special report, supported by EFPIA, October 2017, https://www.europacolon.com/

EFPIA corporate members, https://www.europacolon.com/


EFPIA, The originator pharmaceutical industry turns today's research into tomorrow's cures, https://cancerworld.net/news/europacolon-expands-into-digestive-cancers-europe/

EFPIA, WeWon’tRest, https://www.efpia.eu/news-events/events/efpia-event/building-a-healthier-future-for-europe/

EFPIA, WeWon’tRest, The benefits of giving pharma a face, 05/11/18, https://pharmaphorum.com/patients/wewontrest-the-benefits-of-giving-pharma-a-face/


EHP brings together “young European professionals and students” to gather “fresh ideas” on future healthcare solutions, and to deliver “high-level policy-oriented recommendations” to EU officials and MEPs. However, of EHP’s 55 attende, around 20 (incl.7 from J&J) are from big pharma/medtech or lobby consultancies/PR firms, including Fipra, Merck, Novartis, Boehringer Ingelheim, Pfizer, FleishmanHillard, FTI, MedTechEurope, and Eli Lilly (http://www.healthparliament.eu/attendees-list/, accessed Nov 2018). With star-studded events and high-profile supporters (see eg https://www.healthparliament.eu/efp-policy-recommendations-endorsed-by-european-parliament-presidency-target/), it’s unclear whether EHP operates as a lobby channel for industry, or if its funders merely see it as an opportunity for good PR.

Euractiv, EFPIA President: Next EU Commission should prioritise competitiveness in pharma innovation, 03/07/18, https://www.euractiv.com/section/health-consumers/interviews/efpia-president-next-eu-commission-should-prioritize-competitiveness-in-pharma-innovation/