

## **ECL and EFPN recommendations for the finalisation of the European Parliament's SANT Committee report on the Critical Medicines Act**

**4 December 2025**

In Europe, someone's life is transformed by a cancer diagnosis every 9 seconds. Cancer is the second cause of death in the European Union (EU), and it is projected to become the leading cause by 2035 [1]. Both medical and technological developments have led to the increased provision of cancer medicines on the market, making it possible for cancer patients to live longer with a better quality of life. However, access to oncology medicines varies significantly across Europe, and shortages of cancer medicines pose a special challenge because many of them have a narrow therapeutic window, meaning that these products cannot be easily substituted. Cancer medicines are one of the classes of medicines most affected by shortages and this can have great impact on the treatment of cancer patients [2, 3, 4].

**The [Association of European Cancer Leagues \(ECL\)](#), a non-profit umbrella organisation uniting 35 national and regional cancer leagues, together with the [European Fair Pricing Network \(EFPN\)](#), welcomes the proposed [Critical Medicines Act](#). This initiative has the potential to significantly improve the availability of critical medicines and enhance access to medicines of common interest, improving lives of cancer patients across Europe. We appreciate efforts of Members of the European Parliament to improve the legislative proposal ensuring that each patient has access to the life-saving medicines they need.**

We provide our recommendations for finalisation of the European Parliament's SANT Committee report on the Critical Medicines Act below.

### **Objectives of the Critical Medicines Act (Article 1)**

We support amendments **429, 435, 439** and **441** that include equitable access to affordable critical medicines and medicines of common interest among the objectives of this Regulation.

In addition, harmonisation of principles governing contingency stocks and coordinated national stockpiling of critical medicines and medicines of common interest should also be part of the objectives of the Critical Medicines Act, as per amendments **38, 455, 456** and **468**.

### **Financial support for strategic projects (Articles 15 and 16)**

We strongly support amendments **93, 728, 739, 742, 747, 750, 757, 770, 804, 810, 817, 819, 821** and **825** introducing binding obligations on beneficiaries of public funding to ensure EU wide availability and affordability of critical medicines as well as transparency in the use of public funds, including through disclosing actual costs of research and development of respective medicinal products.

In addition, we welcome amendments **94, 779, 782 and 786** expanding EU funding for strategic projects beyond current budget to ensure adequate support and limiting a risk that reshored manufacturing capacity will be concentrated in those member states that are able to subsidise new production sites, or those that already have strong pharmaceutical industry.

### **Procurement requirements (Articles 18 and 19)**

Patients face unacceptable delays and inequities in access when vital medicines are withheld by opaque procurement practices or fragmented national responses. We fully endorse amendments **854, 862, 867, 903, 916 and 935** introducing price transparency as procurement requirement for tenderers by contracting authorities.

### **Contingency stocks and stockpiling (Article 20)**

The obligations imposed by some countries on companies to hold contingency stocks have created knock-on effects in other member states, especially smaller ones, by distorting supply flows. Therefore, we support amendments **113, 984 and 1017** aiming at harmonising conditions applicable to member states' contingency stock requirements. To ensure fairness and stability across all EU countries, companies should guarantee the supply for a certain harmonised minimum period.

In addition, we welcome amendments **114 – 120, 1005, 1011, 1019, 1020 and 1026** creating an EU level mechanism to coordinate stockpiling and to redistribute medicines equitably in case of a shortage or supply disruption.

### **Collaborative procurements (Articles 21 – 24)**

We welcome amendments strengthening provisions for collaborative procurements as buying medicines jointly could help achieve lower prices and make small markets attractive for suppliers, offsetting current inequalities among the EU member states and tackling shortages. It can also guarantee equitable access to new medicines with proven added value in all European countries.

#### **Commission facilitated Member States' cross-border procurement (Article 21)**

We particularly support amendments **1028 and 1029** obliging the European Commission to act as facilitator of collaborative procurement upon the request of members states. In addition, we welcome amendments **1039 and 1040** providing a possibility for the Commission to remain involved as long as member states see added value of this.

#### **Commission procurement on behalf of or in the name of Member States (Article 22)**

Furthermore, we endorse amendments **1045 and 1046** that lower the threshold for member states to request the Commission to procure medicines on their behalf from nine to three and oblige the Commission to initiate procurement procedure. We also support amendments **1056**

and **1057** highlighting that the outcome of procurement procedure should be improved affordability.

### **Joint Procurement (Article 23)**

Similarly to the above-mentioned collaborative procurement options, we support amendments **1070 – 1072** that lower the threshold for member states to participate in joint procurement from nine to three and amendments **1078** and **1079** that oblige the Commission to organise joint procurement upon request of member states. Amendment **1089** adding improvement of affordability and equitable access as conditions for joint procurement is also very welcome.

### **Critical Medicines Coordination Group (Articles 25 and 26)**

We support amendment **1133** that strengthens the governance and inclusiveness of the Critical Medicines Coordination Group by including representatives of patients and healthcare professionals. Their practical knowledge will ensure that decisions of the group reflect real clinical needs.

In addition, we support amendments **1141 – 1143** reinforcing transparency and independence of the group by requiring public conflict of interest declarations.

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### **References:**

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The **Association of European Cancer Leagues (ECL)** is a non-profit umbrella organisation bringing together 35 national and regional cancer leagues advocating for improved cancer control and care across Europe. Our vision is a Europe free of cancer.

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EU Transparency Register Number: 19265592757-25



The **European Fair Pricing Network (EFPN)** aims to achieve fair prices for cancer medicines and, more broadly, work towards a pharmaceutical market which produces accessible and truly innovative medicines for patients.

The network represents the Association of European Cancer Leagues (ECL), the Cyprus Association of Cancer Patients and Friends, the Dutch Cancer Society, the Netherlands Cancer Institute, the Nordic Cancer Union, the Norwegian Cancer Society, the Organisation of European Cancer Institutes (OEI), Stand Up To Cancer Flanders, and the Swiss Cancer League.

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