Approximately 83 percent of new medicines are discovered by pharmaceutical companies. Often, new medicines no longer are ordinary pills. There are nearly one thousand innovative gene and cell therapies in development. More than half of them are aimed at cancer.

The Netherlands spends around the same amount on care as other first-world countries, an average of 4,194 euro per capita. This is mainly spent to fund the high costs of inbound patient care and long-term care.

Compared to other first-world countries, the Netherlands spends less on medicines, an average of 376 euro per capita.

Although the Dutch are using more medicines than before, the pharmaceutical companies’ sales in the Netherlands have been fairly stable for years: around five billion euro.

Total national expenditure on medicines in 2017 was around 5 billion euro. This was due to the costs of pharmacists, wholesalers and VAT.

Compared to other European countries, Dutch patients have relatively fast access to new medicines. In the Netherlands this takes an average of 228 days after registration.

If the government is negotiating the price of a new medicine and enters into a financial arrangement, it takes an average of 506 days before the drug becomes available to patients.

The five-year survival rate for cancer continues to rise and is currently at 64 percent.

The Netherlands is the country where the least amount of antibiotics are dispensed worldwide.
A single picture with numbers is sometimes worth more than a thousand words. That certainly applies to the graphs and tables in this Medicines Monitor. For instance, what immediately struck me when I was reviewing this edition was how well the Netherlands is doing compared to other European countries!

For example, we spend far less per capita on medicines than the average European. And thanks to the Euro Health Consumer Index, we know that when it comes to quality of care, our country has been number one in Europe for years. In the medicines category of that index, the Netherlands scored 89 out of 100 points last year, giving us a shared first place with Germany.

New medicines are usually quickly available to patients in the Netherlands. After registration, it takes an average of 228 days before a medicine is reimbursed through health insurance and available for patients. This period is considerably longer in most European countries, as illustrated in the overview on page 38. Incidentally, in many neighbouring countries only half of all registered medicines are reimbursed, compared to 71 percent in the Netherlands. That, too, is favourable for the patient.

There are more reasons to be proud, even if we look exclusively at the Netherlands. For example, the five-year survival rate for cancer has increased from 52 to 64 percent in the last twenty years. And fewer people die of diabetes compared to fifteen years ago. Medicines contribute greatly to all these improvements.

But there is still a lot of work to be done. Which is why we won’t rest until we have effective medicines to treat serious diseases like Alzheimer’s or cancer. We also remain committed to the safety of medicines. For example, increasing numbers of falsified medicines are being offered, especially online. And, of course, the sustainable affordability of all the wonderful innovations remains an important point of attention.

Finally, together with the government, we will look for ways to accelerate drug development in a safe and responsible way. This is of great - sometimes even vital - importance to many patients. Because behind every statistic there are human beings, with a good or less than optimal quality of life. Of that we are very much aware.

Gerard Schouw  
Director general Association Innovative Medicines
Many parties are involved in the development of new medicines. Approximately 83 percent of medicines are discovered by pharmaceutical companies, 17 percent being discovered in collaboration with universities and academic centres. Pharmaceutical companies then market new medicines for patients to use them. Compared to other sectors, the pharmaceutical industry is the business sector that reinvests the largest portion of its sales in research.

As soon as a possible active substance for a new drug is discovered, the researcher applies for a patent. During the 20-year patent period, the invention is protected. The potential new drug is extensively tested for efficacy and safety for about 12 years. After this costly development phase, the pharmaceutical company has approximately eight years to recoup its substantial investments. After expiration of this period, other companies are permitted to manufacture the product and the price often drops due to increased competition. Calculations show that the expiration of patents in the period 2016-2021 will cause the costs for existing medicines to decrease by around 500 million euro.

During the development process, a lot of money and time can be saved by reducing regulatory pressure. Lower regulatory pressure would enable companies to save approximately one million euro per medicine, and medicines would be available for patients around one year earlier.

In 2017, 24,000 clinical medicine trials were being conducted worldwide. Pharmaceutical companies work hard to find solutions for rare diseases, there are many new biologics and medicines based on the latest technologies such as immunotherapy and gene therapy. In recent years an increasing number of hope-inspiring, new medicines were authorised; in 2017 there were 92.
WHO DISCOVERS INNOVATIVE MEDICINES?
PHARMACEUTICAL COMPANIES DISCOVER THE MAJORITY OF NEW MEDICINES. IN DOING SO, THEY WORK WITH BOTH OTHER COMPANIES AND WITH PUBLIC ORGANISATIONS

The public and private sectors are joining forces to develop new medicines. It all starts with discovering molecules that could ultimately become a medicine. This research takes place at universities and university medical centres (UMCs) and is financed by the government, funds or pharmaceutical companies.

The business sector also conducts a lot of research into new medicines. The majority (83 percent) of new medicines are discovered by pharmaceutical companies.

PHARMACEUTICAL COMPANIES MARKET THE MEDICINES
87% OF THE MEDICINES APPROVED BY THE EMA BETWEEN 2010 AND 2012 WERE MARKETED BY LARGE AND MEDIUM-SIZED COMPANIES AND 13% BY SMEs

Only the best medicines reach the patient. Before a discovery becomes a safe drug, it has been extensively researched and tested. That makes the development of medicines a long-term, risky and therefore costly proposition that requires substantial investments. Public organisations often lack the ability to make such risky investments.

The pharmaceutical companies are the ones that ultimately deliver the medicines to the patient.
Patents are at the heart of the innovative pharmaceutical industry. Patents boost innovation in two ways: they protect the substantial investments that are required for the intensive research process involved in developing a new drug. And thanks to that protection, the company can share its knowledge, which in turn can inspire other researchers. Once a potential new drug has been discovered, a patent application is submitted. From that moment, the patent is valid for twenty years. Once the patent has expired, other companies can replicate the medicine and its price often falls significantly. During the entire patent period, companies can, of course, develop another medicine for the same condition as well. This means that in reality, the 'actual' patent period often only lasts a few years.

Sales in the pharmaceutical industry have remained virtually stable over the past ten years. This is due, among other things, to the expiry of patents. After the patent period of a medicine has ended, other companies are allowed to replicate it. These companies then compete with one another, which means the price drops considerably and the costs related to the medicines are also much lower.

This calculation illustrates the effect of competition following patent expiry: due to the expiration of patents in the period 2016–2021, the costs of existing medicines will decrease by nearly 500 million euro. The savings achieved due to patent expiry can be used to pay the costs of new medicines.
FEWER RULES: LOWER COSTS AND FASTER ACCESS TO NEW MEDICINES

The faster admission of medicines to the system of reimbursement means savings of up to 1,000,000 euro per medicine.

Clinical research | Registration | Post-registration
--- | --- | ---
Development | Intramural | Extramural
Coordination with Health Care Institute and Ministry | → | → | 2 - 6 weeks
Unnecessary registration | → | → | € 400,000 - 800,000
Unnecessary assessment of files | → | → | € 70,000 - 200,000
Assessment by health insurers | → | → | 4 months
Admission to medicine reimbursement system | → | → | 2 weeks
Application for conditional admission | → | → | 6 months

The total lead time of a registration and clinical trial can be accelerated by 12-13 months. This has a substantial effect on lowering the development costs and thus on the price of new medicines.

Sources: Actal/KPMG, ‘Study of regulatory burden on medicines’ & ‘Follow-up study on regulatory burden on system of reimbursement’ 2015

TOP 5 INVESTMENTS OF OWN SALES IN R&D, WORLDWIDE

1. Healthcare industry (pharmaceutical companies and biotechnology) - 13.5%
2. IT hardware - 11.2%
3. Software - 11.0%
4. Automotive industry - 5.0%
5. Air traffic and defence - 4.5%

Source: The 2017 EU Industrial R&D Investment Scoreboard, European Commission

By reducing the unnecessary regulatory burden in the registration and reimbursement of a new medicine, new medicines can enter the market one year earlier. This can save one million euro per medicine.

Pharmaceutical companies are continuously investing in research into new medicines. Compared to other sectors, the pharmaceutical industry is the sector that reinvests the largest proportion of its sales in research and development (R&D).
Researchers are continuously searching for medicines to fight diseases we are currently losing the battle from. It is a global quest: in 2017, a total of more than 24,000 new drug trials were being conducted. Of these, nearly 15,000 projects are still in the preclinical phase, but 10,000 projects are already in the clinical phase or are awaiting registration and reimbursement. During development, many potential medicines are discarded so that only those with the best efficacy and safety enter the market. Three-quarters of the medicines that were in development in 2017 have a completely new and unique mechanism (first-in-class).

A disease is considered rare if less than 1 in 2,000 people have the condition. In the Netherlands, there are often only a few hundred to a thousand patients per rare disease. There are approximately 6,000 known rare diseases. This means that if you add all these patients together, rare diseases are not at all rare. About one million Dutch people, 6 percent of the population, have a rare disease.
An orphan drug is a medicine for a disease that is rare. To date, more than a hundred orphan drugs have been developed. Of these, most were for oncological (44) and immunological disorders (18). While this is good news for patients with these conditions, there are still many rare diseases for which a solution has not been found yet. There are over six thousand rare diseases. The pharmaceutical industry is therefore tirelessly developing orphan drugs.

There are currently hundreds of molecules against rare diseases being studied. This sounds easy, but it is not easy: research into rare diseases is often difficult to perform. Orphan drugs are developed for small groups of patients, making it more difficult to set up a representative study. The number of patients eligible for a potential medicine is small and the investments are substantial. Nevertheless, this research is highly necessary, which is why governments around the world encourage the development of new orphan drugs.
Increasing numbers of Biological Drugs in Development

We know more and more about the human body and about diseases. Technologies are also becoming more advanced. Thanks to these developments, we can make medicines that we could not imagine a century ago, such as biologics. Biologics are medicines whose active substance comes from a living organism, such as bacteria, or animal or human cells. Biotechnology has led to a revolution in medicine. And we are still in the middle of that revolution today. In 2017, nearly 3,000 biological medicines were under development.

<table>
<thead>
<tr>
<th>Disease Area</th>
<th>Number of Biological Drugs in Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>836</td>
</tr>
<tr>
<td>Rare diseases</td>
<td>566</td>
</tr>
<tr>
<td>Neurological conditions</td>
<td>420</td>
</tr>
<tr>
<td>Autoimmune diseases</td>
<td>311</td>
</tr>
<tr>
<td>Cardiovascular diseases</td>
<td>190</td>
</tr>
<tr>
<td>Diabetes-related conditions</td>
<td>171</td>
</tr>
<tr>
<td>Mental disorders</td>
<td>135</td>
</tr>
<tr>
<td>Alzheimer's disease</td>
<td>77</td>
</tr>
</tbody>
</table>

Source: PhRMA, 2017
New medicines have long since ceased to be ordinary pills and are complex and targeted treatments tailored to patients’ needs. Worldwide there are all kinds of new types of therapy in development that give a new definition to drugs. For example, in 2017, a total of 946 gene and cell therapies were under development, mainly for cancer. The new generation of medicines also more often involve therapies with monoclonal antibodies, or a DNA or RNA therapy. These new types of therapies are different from ‘regular’ medicines in many ways. Thanks to these ‘repairing’ medicines such as gene therapy, a patient no longer needs any other treatment for his illness for years – maybe even decades. That is great news, but also raises numerous questions about the registration and reimbursement of these new treatments. By discussing such issues now, these innovative therapies can really help patients as soon as they are available.

Over the past twenty years, the number of medicines approved for the European market has increased. In 2017, 92 medicines were approved by the European Medicines Agency (EMA). The EMA assesses new medicines for efficacy and safety so that only the best medicines are marketed.

In 2017, it was announced that the EMA is moving from London to Amsterdam. The arrival of the EMA is great news for the companies that develop medicines in the Netherlands, and makes it attractive for other companies to do the same. In this way, the EMA can act as a magnet for innovation in the Netherlands.
More and more is possible in healthcare. New technologies and better treatments mean we are living longer while the quality of our lives is improving. This high-quality care comes at a price. We spend a relatively large amount on healthcare in the Netherlands; almost 4,200 euro annually per capita. That is about the same amount as in other first-world countries and this figure continues to grow, but not because we spend more and more money on medicines. In fact, we spend relatively little on medicines per Dutch citizen. For years, spending on drugs has been quite stable compared to total healthcare costs, which are increasing by billions each year. For example, we spent over 73 billion euro on healthcare in 2017 and that figure is expected to increase to 78 billion in 2018. The cost of medicines has been around 5 billion over the past ten years, which is only 7 percent of the healthcare budget.

Within the total budget for hospitals, the share of medicines is also limited. In hospitals, we are seeing an increase in costs, while the costs are decreasing in pharmacies. The increase in costs is mainly due to growth in the amount of medicines that are prescribed. This means that the average price of medicines has hardly changed. This is particularly clear in the case of generic medicines: the sales of generic medicines are decreasing, while the volume is increasing. Meanwhile, alongside the costs there are also economic returns.

Patients in the Netherlands have relatively quick access to new medicines and most medicines registered in Europe are available in the Netherlands. However, it takes twice as long for patients to have access to new medicines covered by financial arrangements and new medicines are prescribed less often.
The Netherlands ensures patients receive good care. We spend about the same amount on healthcare in the Netherlands as other wealthy countries, namely 4,194 euro per capita each year. That is about 10.5 percent of the gross national product. That is slightly lower than the average of first-world countries, which spend an average of 4,369 euro per inhabitant on healthcare, or 11.5% of their gross domestic product.

In the Netherlands, we spend relatively little on medicines compared to other wealthy countries. Total spending per year, per capita amounts to approximately 376 euro in the Netherlands. That is well below the average of 604 euro per inhabitant per year in wealthy countries.
Over the past ten years, the gross healthcare budget framework (BKZ) rose from 50.1 billion to 73.5 billion euro in 2017. Compared to the total healthcare costs, sales in the pharmaceutical sector have risen relatively little: in 2017 gross sales in the sector were 5.3 billion euro. In 2010, this was 4.9 billion euro (excluding pharmacy costs and VAT). Prescription drugs therefore represent a steadily decreasing share of the total healthcare costs.

Source: State Budget 2018; Farminform 2018
Thanks to new technologies, the opportunities in healthcare are expanding. This complex care is increasingly provided in hospitals. Moreover, this improved care means we are living longer and longer. The costs of specialist medical care are therefore increasing as well. In 2007, hospital costs totalled 15.7 billion euro. In 2017, these costs increased to 24 billion euro. The costs of medicines in hospitals also increased during that period, from 0.9 billion to 2.4 billion euro. This is because new medicines are increasingly being administered in hospitals. In addition, since 2012 many ‘expensive’ medicines have been transferred from community pharmacies to the hospital budget. That transfer explains 0.9 billion euro (39 percent) of the total growth of 1.5 billion. Ultimately, 10 percent of a hospital’s costs go to medicines, and 90 percent to other things such as new technologies.
Total market sales of prescription medicines have risen slightly in the past ten years. The changes mainly involve shifts. The sales of medicines provided in the hospital (intramural) increased to 2.4 billion euro in 2017, while sales of medicines provided by community pharmacies (extramural) fell to 2.9 billion euro in 2017. This is because in the period 2011-2013 expensive medicines were transferred from the community pharmacy to the hospital budget. In addition, new medicines, which are sometimes relatively expensive at introduction, are also increasingly being administered in hospitals.

The quantity of medicines that are prescribed has increased over the past ten years. In 2017, a total of 9.2 billion standard daily doses were administered. That is a measure to determine the average number of doses a patient needs per day. Most are provided by the community pharmacy, and only a small share in the hospital. New medicines are increasingly being administered in the hospital, but for ever smaller numbers of patients. The volume of intramural medicines has therefore remained almost the same.
For years, sales of prescription medicines have been around 5.3 billion euro. The majority of the sales are from branded medicines and biosimilars: about 4.5 billion euro in 2017. Sales of generic medicines totalled approximately 900 million euro in 2017. Biosimilars are classified under branded medicines because they are not exactly the same as the biological medicines they replace.

The amount of medicines being sold has increased continuously over the past ten years. The total number of doses rose to 9.2 billion in 2017. Of these, the largest share was generic drugs, which increased to 6.8 billion standard daily doses. Sales of branded medicines and biosimilars fell to 2.4 billion standard daily doses in 2017.
WHAT IS THE BREAKDOWN OF NATIONAL EXPENDITURES ON MEDICINES?

In its calculations, the Association Innovative Medicines uses the list prices of medicines. The list prices are public and consist of the sales of the pharmaceutical companies and the sales of the wholesalers. In 2017, these amounted to 5.3 billion euro, 7 percent of total healthcare expenditures. Expenditure on pharmaceuticals including pharmacy margins and VAT was 7 billion euro (10 percent). In reality, the costs of drug companies are lower. This is because insurers, hospitals, pharmacies and sometimes the government itself negotiate with the manufacturer about the price of a medicine. This promotes competition and lowers the costs of medicines.

Source: Farminform 2018; Stichting Farmaceutische Kengetallen, 2017
BUCKING THE TREND: MEDICINE PRICES ARE STABLE

Price index for consumer spending compared with the price index for prescription medicines (1996=100)

In the Netherlands, sales in the pharmaceutical sector have shown little growth compared to the volume. This means that the average price of medicines has changed little, if at all. In the last twenty years, the average price has therefore remained nearly constant. Strengthening market forces, such as the preference policy, have led to a sharp drop in medicine prices as soon as competition enters the market. As a result, new medicines, which are sometimes relatively expensive when they appear on the market, can be paid using the savings.

PHARMACEUTICAL INDUSTRY IS GOOD FOR THE DUTCH ECONOMY

The Netherlands is one of the few places in the world with so much activity in drug development, in such a small area. Within a radius of 120 kilometres, there are 2,500 pharmaceutical companies, 420 of which focus on research and development into medicines. A total of 65,000 people in the Netherlands work in the pharmaceutical industry. Of these, 18,000 people are directly involved in researching, developing and producing medicines. In the development of new medicines, not only larger companies are involved, but also smaller start-ups and university medical centres.
A manufacturer cannot sell a new medicine until it is registered. This can be done at European level via the European Medicines Agency (EMA) or nationally via the Medicines Evaluation Board (MEB). They assess the new medicine for efficacy and safety. When the medicine is registered, it is not automatically reimbursed by health insurers. This requires an additional assessment by the National Health Care Institute. In the Netherlands, it takes an average of 228 days before a medicine is reimbursed and available to the patient. This puts us in fourth place in Europe. Some countries, such as France and Germany, already make the medicine available to the patient during the reimbursement procedure.

The Netherlands reimburses 71 percent of the medicines registered with the European Medicines Agency (EMA). This puts us in sixth place in Europe. There are no countries where all medicines are reimbursed by health insurance. For example, some medicines are so cheap that patients have to pay for them themselves. A manufacturer can also choose not to sell the medicine in the Netherlands, for instance because there are already enough alternatives on the market.
Since 2012, the Minister of Health sometimes negotiates the price for which a new medicine is permitted in the Netherlands. A ‘financial arrangement’ is concluded for these medicines. This assessment and the subsequent negotiations with the Minister lead to delays in the authorisation procedure. The shortest time between registration and reimbursement under a financial arrangement is 62 days, and the longest is 1,384 days (almost four years). On average, the reimbursement procedure now takes 506 days.

This is around twice as long as for medicines without a financial arrangement. In the meantime, patients do not generally have access to the new medicine.

When a new medicine is registered and reimbursed, it is available to the patient. In reality, only a small proportion of patients are given innovative medicines: in 2017, 0.6 percent of the prescribed medicines had been on the market for less than five years. This number has declined sharply in the past twenty years.

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**Table: Reimbursement Process Twice as Long in the Case of Financial Arrangements**

<table>
<thead>
<tr>
<th>Medicines without financial arrangement</th>
<th>Medicines with financial arrangement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Days</strong></td>
<td><strong>Reimbursement Process</strong></td>
</tr>
<tr>
<td>37</td>
<td>230</td>
</tr>
<tr>
<td>62</td>
<td>506</td>
</tr>
</tbody>
</table>

*Calculations exclude products with access during reimbursement procedure (e.g., for other indications).*

**Diagram: Newest Medicines are Prescribed Less Often**

- **Prescribed doses (DOT) in billions**
- **5 years or less on the market**
- **More than 5 years on the market**

Source: EMA, 2018; Z-index, 2018

Source: Farminform, 2018
For many people, medicines are an indispensable part of daily functioning. By using drugs effectively, people live longer, healthier and with a better quality of life.

Innovative medicines in the field of cancer have led to an increased chance of survival for many types of the disease. Not only for adults, but children as well. Cancer, like HIV and diabetes, is increasingly becoming a chronic rather than a deadly disease.

Not only is the chance of survival often improved by innovative medicines, but the quality of life also increases. For example, medicines that treat psoriasis contribute to the fact that more than 400,000 patients in the Netherlands are less hindered by their skin condition in their daily lives. And the vast majority of patients with hepatitis C are completely cured by new medicines.

The effective use of safe medicines remains an important point of attention. Many medicines sold online are falsified. These falsified medicines can be a threat to health because they do not work or contain dangerous substances. The pharmaceutical sector is therefore working on a new system to quickly distinguish real medicines from falsified. The sector also continues to strive for the responsible use of antibiotics. The Netherlands has the lowest use of antibiotics in the world.
OVER 100 MEDICINES TO TREAT ALZHEIMER’S IN DEVELOPMENT

Medicines in pipeline and number of study participants per research phase

<table>
<thead>
<tr>
<th>PHASE 1</th>
<th>PHASE 2</th>
<th>PHASE 3</th>
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<tbody>
<tr>
<td>2,153</td>
<td>52</td>
<td>28</td>
</tr>
<tr>
<td>study participants</td>
<td>medicines</td>
<td>study participants</td>
</tr>
</tbody>
</table>

MEDICINES TOTAL: 105

One in five people will be diagnosed with dementia. Alzheimer’s is the most common form of dementia, with 70 percent of dementia patients suffering from this disease. There is still no cure for Alzheimer’s: existing therapies only treat the symptoms of the disease. Drug developers worldwide are working hard on a breakthrough to treat this disease. There are currently more than 100 medicines for Alzheimer’s disease in various research phases. In total, more than 50,000 study participants are taking part in these studies and new results from these clinical trials are expected in 2018.

SURVIVAL RATE FOR CANCER PATIENTS HAS INCREASED

INCREASE IN FIVE-YEAR SURVIVAL RATE OF PATIENTS WITH DIFFERENT TYPES OF CANCER

<table>
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<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td>52%</td>
<td>60%</td>
<td>64%</td>
</tr>
<tr>
<td>Skin cancer</td>
<td>88%</td>
<td>92%</td>
<td>93%</td>
</tr>
<tr>
<td>Prostate cancer</td>
<td>79%</td>
<td>87%</td>
<td>89%</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>82%</td>
<td>86%</td>
<td>88%</td>
</tr>
<tr>
<td>Thyroid cancer</td>
<td>74%</td>
<td>83%</td>
<td>85%</td>
</tr>
<tr>
<td>Colon cancer</td>
<td>56%</td>
<td>62%</td>
<td>65%</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>12%</td>
<td>16%</td>
<td>19%</td>
</tr>
<tr>
<td>Liver cancer</td>
<td>8%</td>
<td>14%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Source: www.cijfersoverkanker.nl, 2018

The five-year survival rate for many types of cancer continues to rise. Thanks to innovative medicines, skin, prostate, breast and thyroid cancers have become chronic diseases in recent years. Indeed, the five-year survival rate for skin cancer is 93 percent. That is good news for patients. Meanwhile, many innovative medicines are being developed for cancers that are less easy to treat.
In 2016, more than 14,500 Dutch people were diagnosed with breast cancer, making it the most common form of cancer in women. The number of new cases of breast cancer is still increasing. Thanks to earlier diagnosis and treatment with increasingly improved medicines, more and more women survive breast cancer. The five-year survival has increased by six percent since 1996 to 88 percent.
There are many different types of cancer diagnosed among children. The most common form of cancer in children is blood cancer, also called leukaemia. Over the past 30 years, the five-year survival rate for this cancer has increased by 20 percent. Among other things, this increase is due to greater knowledge, the fact that stem cell transplantation is on the rise and the availability of innovative medicines.

In the Netherlands, fewer and fewer people die of AIDS. HIV went from a death sentence 20 years ago to a chronic disease. Thanks to better medication, patients become ill less quickly and continue to live longer. The medicines have now improved so much that they only need to be taken once a day.

Patients with a diagnosis of HIV can now also give birth to a healthy baby with the proper use of medication during pregnancy and the administration of HIV inhibitors after birth.
Hepatitis is an inflammation of the liver, which is often caused by a virus. There are different types of hepatitis. In the Netherlands, there are 400,000 acute hepatitis B patients and 35,000 hepatitis C patients annually. Although hepatitis B is increasing in numbers, only 10 percent develop a chronic variant, and 90 to 95 percent of the patients make a full recovery. The hepatitis C variant is less common, but more often develops into a chronic variant. Thanks to new medicines, the treatment has become much more effective and existing intensive therapies have become redundant. In addition, more patients can be treated and the vast majority with hepatitis are cured.
Psoriasis is a common chronic skin disease. In the Netherlands, 425,000 people are living with this condition. In Europe, this number is up to fifteen million. Eighty-four percent of people with moderate to severe psoriasis feel discriminated against because of their skin disease. Drug companies are developing various new medicines to treat skin diseases. There are a number of biological medicines available to patients for the treatment of psoriasis.

Source: psoriasis.nl, July 2017
A LONGER LIFE WITH DIABETES

Diabetes is one of the most common chronic conditions: 1.2 million Dutch people have a type of diabetes and every week, some 1,200 new patients are added to the total. Many people do not know they have the disease. In 2016, there were around 3,000 deaths directly related to diabetes. In order to treat diabetes effectively, alongside good medicines, exercise and healthy eating are important as well.

Source: FaMe-net and Statistics Netherlands 2018
IN 2016, GUATEMALA WAS THE FOURTH COUNTRY IN THE WORLD WHERE RIVER BLINDNESS WAS ERADICATED

By providing unlimited free medicines to millions of people in more than thirty countries where the parasitic infection ‘river blindness’ exists, hundreds of thousands of cases of blindness have been prevented. Indeed, river blindness has now been completely eradicated in four countries. Many pharmaceutical companies are making increasing progress in making life-saving medicines accessible.

NUMBER OF FALSIFIED MEDICINES ON THE RISE

Many medicines sold online are falsified. In recent years, the number of falsified medicines has increased tenfold. In 2017, 25 million potentially dangerous medicines were seized. The value of these falsified medicines has also increased considerably. Falsified medicines can be life-threatening or even fatal, because the quality and composition are not guaranteed. In order to combat the emergence of falsified medicines, the pharmaceutical sector is working on a new system to quickly distinguish real medicines from falsified. In the coming years, every box of genuine and safe medicines will receive a unique QR code.
To reduce the amount of packaging materials in the pharmaceutical industry in the coming years, the ‘sector sustainability plan Pharmacy and self-care medicines’ has been drawn up. The materials used must also be improved to reduce the environmental impact of packaging.

The pharmaceutical industry is committed, among other things, to using more bulk packaging instead of blister packaging. In addition, repackaging in separate boxes is limited as much as possible and the boxes will increasingly be made of recycled or certified cardboard.