



# KEARNEY

22 June 2020

## **Preparing for a potential second COVID-19 wave** Joint statement by Medicines for Europe and EFPIA with Kearney

Pharmaceutical manufacturers encourage a direct collaboration with national governments to jointly plan for a potential second COVID-19 wave

The COVID-19 crisis has placed a tremendous burden on the healthcare system of nearly every country in the world. This has especially increased the demand for intensive care medicines that are required for patients requiring mechanical ventilation. These medicines include four key molecule classes: sedatives, analgesics, vasopressors and neuromuscular blockers. The surge in demand for these medicines led to global concerns about potential shortages and a challenge to ensure sufficient supply during the first wave of the outbreak.

European pharmaceutical manufacturers have taken steps under the mandate of the European Commission to address potential medicines shortages by rapidly increasing supply – in some cases almost ten times relative to 2019. Thanks to the cooperation of the European Commission, the European Medicines Agency and industry, the most acute medicines shortages across Europe were fortunately avoided. This has helped to save many lives and was crucial in allowing countries to emerge from lockdown.

However, with the first COVID-19 wave almost behind us, our analysis, based on industry data, is that there remains a supply risk, particularly for neuromuscular blockers. As lockdown restrictions are slowly lifted, no vaccine yet available and limited herd immunity, a second COVID-19 wave is a risk that countries should prepare for. Additional factors, such as the demand for medicines from global COVID-19 hotspots outside of Europe, depleted safety stocks that were absorbed during the first wave, or the restart of elective surgery, place further strain on the industry.

To facilitate second wave planning, Medicines for Europe, EFPIA and Kearney have developed three illustrative scenarios of how demand for critical intensive care medicines may develop during autumn – the timeframe where a second COVID-19 wave currently appears to be most likely based on industry clinical experts' consensus. To identify where medicine shortage risks are likely, a further analysis conducted by Kearney compared the data with the supply/manufacturing plans of key European pharmaceutical companies. The study also suggests that there is currently no data that highlights insufficient levels of key ingredients to manufacture the medicines.

The conclusions provide clear evidence of the need for more detailed planning across Europe. Considering the industry analysis, based on the experts' hypotheses, shortages across Europe during the summer months are less likely. However, in the event of a second wave in autumn, there are supply risks for Europe, most poignantly in neuromuscular blockers.

Therefore, the results from the combined industry (Medicines for Europe and EFPIA) analysis, technically supported by Kearney, should galvanise countries to take action now to plan for the risk of a second wave in time. As we have highlighted to the EU and national governments, governments should use the summer months to: (1) restock on critical ICU medicines and (2) develop a sustainable strategy for future crisis preparedness.

The industry is committed to doing everything within its power to provide the required supply for a second wave, and encourages direct collaboration with governments, to provide rapidly a clear joint plan for resupply. This includes the necessity for transparent exchange of information regarding data on patients' needs between industry and governments in the spirit of joint crisis preparation, for example in a working group of government and key industry representatives.

To access a summary of the Kearney analysis referenced in this document, please click [here](#).