

Brussels, 16 March 2026

Open letter: The Critical Medicines Act must deliver equitable, affordable access to medicines for all

Dear Members of the European Parliament, Council representatives and Commission officials involved in the trilogue negotiations,

Ahead of the second interinstitutional meeting to negotiate the Critical Medicines Act (CMA), we, the undersigned civil society organisations, call on you to ensure that public interest and equity remain at the centre of your deliberations.

The ongoing trilogue must prioritise measures that ensure every public investment delivers a public benefit and that no one is left behind. To this end, we would like to highlight the following two issues that must be addressed:

Articles 15 and 16 – Financial support by Member States and from the Union

When financial incentives support strategic projects, binding access obligations are necessary to ensure a public return on public investment.¹

The CMA should make public financial support conditional on clear requirements, including equitable and affordable access to end-products and comprehensive transparency.

The amendments proposed by the European Parliament, linking financial support to binding obligations on transparency, availability and affordability, as well as dissuasive penalties, should be supported and kept as a necessary safeguard to ensure public value for investments under the CMA framework.

Please find further details in [Annex 1](#).

Articles 22 and 23 – Commission procurement on behalf of or in the name of Member States and the Joint Procurement

The mechanisms allowing EU countries to pool demand would increase their negotiating power and help secure timely, uninterrupted access to medicines. The proposed new mechanism could further expand Member States' options.

While pooled procurement at the EU level is primarily used to ensure equitable availability of products in the Union, countries should make greater use of it to address unaffordable prices. The recent experience with Bedaquiline illustrates why this is needed.

DG HERA recently attempted to launch a joint procurement of Bedaquiline, an essential component of WHO-recommended regimens for drug-resistant tuberculosis (TB).

¹ This principle is already well established in EU legislation, for example, in Articles 114 and 125 of [Council Regulation \(EU\) 2021/2085 of 19 November 2021 establishing the Joint Undertakings under Horizon Europe](#). These articles require recipients of EU research funding to ensure that the results of their activities are affordable, available and accessible to the public under fair and reasonable conditions.

However, its patent -holder, Johnson & Johnson, declined to participate, arguing that there is no availability issue in the EU.

Yet while the medicine is available nationally, some countries cannot afford it. Priced in the EU at around €20,000–€25,000, it is roughly 400 times more expensive than through the Global Drug Facility (GDF) outside the Union, despite having benefited from public funding for its development.

The amendment to Articles 22(2) and 23(3) proposed by the European Parliament to explicitly include affordability as a basis for pool procurement should therefore be supported and kept, enabling Member States to collectively secure fairer prices.

Please find further details in [Annex 2](#).

Signed,

Salud por Derecho

Médecins Sans Frontières (MSF)

Health Action International (HAI)

Global Health Advocates

Wemos

AIDS Action Europe

Pharmaceutical Accountability Foundation

Médecins du Monde France

