Commentary

Commitment to Impact: Strengthening Measurement of Industry-Led Access-to-Medicines Programs

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Abstract—The pharmaceutical industry has confirmed its commitment to partnering with other actors to achieve the Sustainable Development Goals. There is a unique opportunity for the industry, academia, and other global health stakeholders to come together and strengthen institutions for measuring industry-led access-to-medicines (IL-AtM) programs. We propose five critical elements of the institutional context for measurement of IL-AtM programs that should be strengthened: (1) standards for measurement; (2) platforms for learning; (3) systems for transparency; (4) mechanisms for accountability; and (5) investments for sustainability. Evidence about what works would help direct future investments toward more effective programs, to the benefit of industry and society.

INTRODUCTION

For-profit sector engagement is critical to improving access to medicines in low- and middle-income countries (LMICs).¹ The Sustainable Development Goals (SDGs) state explicitly that industry has a role and responsibility in addressing key social challenges, including increasing access to essential medicines globally.² Key members of the pharmaceutical industry have responded and confirmed their commitment to partnering with other actors to achieve the SDGs,³ building on their increasing engagement during the tenure of the Millennium Development Goals.⁴,⁵ In 2016, several leading pharmaceutical companies, in partnership with the World Bank and the Union for International Cancer Control, formalized their commitment to expand access programs for noncommunicable diseases with the establishment of the Access Accelerated initiative.⁶

A key pillar of Access Accelerated is an investment in robust program measurement and transparent reporting. The aims of this investment are twofold: to develop a body of...
knowledge on effective access strategies and best practices and to demonstrate progress toward program goals and fulfillment of commitments made. There is now a unique opportunity for the pharmaceutical industry, academia, and other global health stakeholders to come together and strengthen institutions for measuring industry-led access-to-medicines (IL-AtM) programs.

Though many public and nonprofit organizations regularly measure and report on their global health programs, for-profit organizations tend to be less engaged in measuring social programs, though there is increasing interest and activity in this area. In strengthening institutions for measuring IL-AtM programs, there are opportunities to leverage learnings from public and other nonprofit sectors, but unique features of these programs make it necessary to adapt existing structures and to create new ones. The potential returns on investments in measurement are large: effort and time spent measuring impact and developing evidence about what works can help direct future investments toward more effective programs, to the benefit of industry and society.

We propose five critical elements of the institutional context for measurement of IL-AtM programs that should be strengthened: (1) standards for measurement; (2) platforms for learning; (3) systems for transparency; (4) mechanisms for accountability; and (5) investments for sustainability. The first two elements contribute primarily to developing a body of knowledge, whereas the second two elements contribute to demonstrating progress toward program goals and the fulfillment of commitments made. The fifth element, additional investments, is required for the sustainability of the system.

Building and maintaining the needed institutions will require contributions from multiple stakeholders, including the companies themselves, multilateral agencies, funders, governments, civil society, and academia. For industry and stakeholders to work together successfully, it will be important to recognize and manage tensions that arise. Tensions may at times be rooted in philosophical or value differences, but often they result from communication challenges that arise from different institutional cultures and training paradigms. Strengthening institutions entails forging a shared language that improves communication and mitigates tensions, creating a solid foundation for partnership.

INDUSTRY-LEAD ACCESS-TO-MEDICINES PROGRAMS

The Access to Medicine Index has documented a diversity of pharmaceutical industry investments and engagements that aim to expand access to medicines in LMICs, a field that has evolved significantly over the past 15 years. IL-AtM programs are a subset of the full portfolio of access-related industry investments. Industry-led programs are distinguished from other access-to-medicines programs by the fact that they are designed and co-financed by companies and companies take responsibility and credit for them. IL-AtM programs are often implemented in partnership with other organizations from the public, nonprofit, or for-profit sectors. Examples of IL-AtM programs include the Mectizan Donation Program established by Merck (MSD) in 1987 to support the control and elimination of onchocerciasis and the Novartis Access initiative, launched in 2015, through which Novartis offers a package of noncommunicable disease medicines at a reduced price. The President’s Emergency Plan For AIDS Relief and product development partnerships like the Medicines for Malaria Venture are not IL-AtM programs according to our definition. Though companies have made critical investments in these efforts and have an interest in their success, they do not bear ultimate responsibility.

IL-AtM programs have an explicit social aim that distinguishes them from pure commercial activities that may contribute to social welfare but principally aim to generate profits. Many IL-AtM programs are philanthropic in nature and pursue only social aims. However, recent industry programs are increasingly adopting a “hybrid” or “shared value” approach that uses markets to pursue profits and social aims in parallel. Our primary concern is measurement and reporting of social impacts, consistent with the industry’s commitment to contributing to the SDGs. Standards for reporting on commercial activities are often well established and subject to public regulation, complicating efforts to publicly report details of hybrid programs. For example, companies may face barriers to sharing certain types of commercial information due to anti-trust laws. Measurement of hybrid IL-AtM programs must account for this complexity and identify the relevant types of information appropriate for public reporting. Social impact can include any unintended negative consequences borne by the public, which companies have a responsibility to minimize and, in some instances, provide compensation for.

Measurement of profitability is not our focus, though empirically it may have implications for program sustainability. Important normative questions around the
appropriate for-profit business models in the area of corporate social responsibility, and profit models for pure commercial programs in low- and middle-income countries are considered elsewhere. Profits may become relevant if the mission of the IL-AtM program shifts over time such that profitability becomes the dominant program goal at the expense of the purported social aims. For such programs, it may no longer be appropriate to refer to them as access-to-medicines programs if they are primarily serving for-profit goals. Assessing this empirically as an outside observer may be difficult. Public funders may also take profitability (or the potential therefor) into account when deciding whether to co-fund a program.

BUILDING A BODY OF KNOWLEDGE

Standards for Measurement

A key early step in building a body of knowledge on IL-AtM programs is to develop a broad consensus on measurement standards. Measurement standards create a common language that can form the basis for a shared understanding of program activities and achievements and allow for comparison and synthesis across programs. Standards should include clearly defined methods and indicators. They should differentiate input and output indicators (often called “monitoring” indicators) that define a program’s scope from outcome and impact indicators (often called “evaluation” indicators) that provide information on program effectiveness. Meaningful interpretation of evaluation indicators requires a determination of causal attribution; that is, that the program is the cause of observed changes in outcome or impact indicators. As part of Access Accelerated, Rockers and colleagues developed a framework with a set of measurement standards for IL-AtM programs, with input from industry representatives. The framework includes a taxonomy of program strategies and activities (e.g., medicine donations, price schemes, health care provider trainings, community awareness campaigns) and a set of indicators for monitoring and evaluating programs. Seventeen companies participating in Access Accelerated have applied the framework to measure and report on 2017 activities for 63 IL-AtM programs. The framework may serve as a starting point for discussions, but additional input is needed from a diversity of stakeholders, including global health institutions and leaders in the field of program measurement.

Platforms for Learning

A standardized approach to measurement creates opportunities for learning about effective strategies and best practices in designing and implementing programs. Platforms are needed for analyzing and interpreting program information in a manner that maximizes learning opportunities and for facilitating learning exchanges between experts, practitioners, and policy makers. The Joint Learning Network is one example of a platform focused on improving learning around universal health coverage globally. Rather than fostering competition between companies through performance rankings, a learning platform for IL-AtM programs would allow companies to learn from each other. Furthermore, the broader global health community could learn about industry innovations such a learning platform would constitute a public good. Standardization would allow for comparison between and synthesis across programs, generating lessons that no single program could provide. Learning platforms have the added potential to allow for coordinated ex ante approaches to learning from IL-AtM programs. For example, several companies could agree on priority questions and test common hypotheses across programs. This would be similar to the Thematic Window approach taken by International Initiative for Impact Evaluation. The 3ie approach begins with a systematic review of existing evidence on a topic, in order to identify gaps in what is known. The findings from the review then feed into the development of priority questions and an open call for proposals that aim to address those questions.

A key early step in developing learning platforms for IL-AtM programs will be to identify target audiences and a set of approaches tailored to each. For example, platforms targeting company learning may focus on best practices for balancing profit and social aims. Alternatively, platforms targeting global health practitioners may focus on effective health system strengthening strategies. Another key early step will be to promote trust between potential participants to enable effective interaction.

DEMONSTRATING PROGRESS TOWARD PROGRAM GOALS AND FULFILLMENT OF COMMITMENTS MADE

Systems for Transparency

Transparency is relational in the sense that information is shared with specific groups; for example, among colleagues within a company, between companies and governments or civil society organizations, or between companies and the public. Measurement standards can facilitate improved
transparency by broadening the use of a commonly understood language and thereby enhancing the usefulness of the shared information. Depending on how program measurement information is shared and with whom, transparency may facilitate mechanisms for accountability and platforms for learning. Building on the measurement framework described above, Rockers and colleagues developed the Access Observatory, which provides a system for transparent sharing of information on IL-AtM programs between companies and the public. In contrast to the Access to Medicine Index, the Access Observatory does not accept confidential data. As with measurement standards, input is needed from a broad set of stakeholders, including civil society organizations, governments, and multilateral agencies, to determine the appropriate level and form of transparency; that is, the types of information that should be made available and to whom and the ultimate purpose of transparency systems.

**Mechanisms for Accountability**

Accountability mechanisms serve at a minimum two main purposes: to ensure accountability—that is, to provide justifications for decisions made—and to provide rewards or sanctions for performance relative to goals and commitments. As with transparency, accountability is relational, to whom companies are answerable for their programs remains an open question. According to the Paris Declaration on Aid Effectiveness, companies and other funders are answerable to the countries, communities, and beneficiaries that participate in their programs. By confirming commitments to achieving the SDGs, some would argue that the pharmaceutical industry has made itself accountable for improving access to medicines globally. Clearer mechanisms are needed to determine how this accountability can work in practice. The United Nations and partners have developed an accountability framework for public, nonprofit, and for-profit sector contributions in the area of sustainable energy, and a similar approach is needed in the area of access to medicines. Formulating program goals and commitments using the shared language of standardized indicators could help in establishing clear expectations, strengthening the acceptability of accountability mechanisms. The approach to accountability that we suggest places strong emphasis on the fulfillment of commitments. Processes around the development of commitments should be transparent and allow input from stakeholders. It may be most appropriate to formulate commitments in terms of social welfare indicators (e.g., population health) rather than program output indicators (e.g., medicine volumes).

**INVESTMENTS FOR SUSTAINABILITY**

Industry must take a primary leadership role in efforts to build the institutional capacity for measurement of IL-AtM programs. Other stakeholders, including multilateral institutions, funders, governments, civil society, and academia, are also critical; each brings unique resources and expertise that are needed to design and implement many of the elements described above. Academics and measurement experts have a particularly important role to play in developing measurement standards and learning platforms. Multilateral institutions, governments, and civil society can work with industry to develop appropriate systems for transparency and accountability. Long-term investments from these actors are needed to ensure the sustainability of these efforts.

Pharmaceutical companies can benefit by making investments in measurement systems for their IL-AtM programs. A company’s social aims and commercial aims can be mutually supportive. Companies can learn from their socially responsible activities in ways that help them understand and navigate markets more effectively. Integrating social indicators into commercial management dashboards may help identify synergies between social and commercial activities. Internal systems can be designed to incorporate learnings from social programs to help improve management practices. In addition, companies can develop processes for using learnings generated by their industry peers to improve their programs or to design new programs. Internal company uses of program information are important to consider alongside potential external uses when designing measurement systems.

Outside the industry, changing social norms and pressures from other institutions can encourage companies to measure their IL-AtM programs. For example, institutional investors, including public pension funds, may play an important role in influencing the executive boards of companies and creating financial incentives to invest in measurement and reporting. BlackRock, a very large and influential institutional investor, recently took a strong stance stating that companies must demonstrate social impact or risk losing their support. Companies within the pharmaceutical industry each have their own corporate cultures and norms that influence their relative commitments to measurement. Some already have rather well-developed internal systems for measurement and reporting, whereas others would need to make
new investments to start the process of building those systems.

Program measurement requires resources, often substantial, and funding investments will be vital to sustainability. Though companies can benefit privately from measuring their programs, the learnings generated by these activities are public goods that extend beyond any one company and even the industry as a whole. There is potential for governments, nonprofits, as well as the public to learn from these programs. As a result, public investments are justified for setting up the learning platforms and potentially for funding measurement activities that contribute to those platforms. Instruments that combine industry sources of funding with external sources of funding are worth exploring. The Joint Learning Network and 3ie are examples that may guide the development of new learning platforms, but the unique nature of industry-led programs would require adaptations and innovations in how such platforms are structured.

CONCLUSIONS

There is growing recognition among the global health community that the for-profit sector has an essential role to play in advancing progress toward the SDGs. Pharmaceutical companies are increasing their investments in access programs in LMICs. With Access Accelerated, the industry has taken the important step of committing to robust measurement and transparent reporting. The global health community should seize this opportunity and work with industry to strengthen institutions for measurement of IL-AtM programs. We have outlined a set of principles to guide efforts in this area. We do not offer a specific list of stakeholders who must be involved or outcomes that must be achieved; those details should be worked out through a deliberative and fair process. The United Nations Global Compact is one possible host for facilitating such a process. To be successful, all parties must recognize and accommodate for and leverage their differences to focus on a common goal: tangibly improving the lives of millions and reaching the SDG targets by 2030.

DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

PCR: None related to the submitted work. Outside the submitted work: Peter C. Rockers is co-investigator of the evaluation of Novartis Access, a program that seeks to increase access to treatment for noncommunicable diseases in low- and middle-income countries. His institution is receiving a grant to study the effects of this program. However, the publications of the results are not subject to control by the funding organization, Sandoz International GmbH (see also agreement http://sites.bu.edu/novartisaccessevaluation/agreements/).

Peter C. Rockers is co-investigator of the evaluation of Access Accelerated, an initiative that seeks to increase access to treatment for noncommunicable diseases in low- and middle-income countries. His institution is receiving a grant to study the effects of this initiative. However, the publications of the results are not subject to control by the funding organization, International Federation of Pharmaceutical Manufacturer Associations (see also agreement http://www.accessobservatory.org/funding).

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Veronika J. Wirtz is co-investigator of the evaluation of Access Accelerated, an initiative that seeks to increase access to treatment of noncommunicable diseases in low- and middle-income countries. Her institution is receiving a grant to study the effects of this initiative. However, the publications of the results are not subject to control by the funding organization, International Federation of Pharmaceutical Manufacturer Associations (see also agreement http://sites.bu.edu/evaluatingaccess-accessaccelerated/agreements/)

AUTHORS’ CONTRIBUTIONS

Peter Rockers and Veronika Wirtz developed the outline of the commentary. Peter Rockers wrote the first draft, which was revised by all other authors. All approved the final version of the article.

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