

Final report, February 2016

Independent evaluation of the Access to Medicine Index

Final report to the Access to Medicine Foundation



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Executive Summary

It is estimated that over 2 billion people have no access to medicines (ATM). Whilst the causes of this problem are many, pharmaceutical companies play an important role in addressing it.

In 2005, Wim Leereveld founded the Access to Medicine Foundation with the objective of incentivising the pharmaceutical industry to take more responsibility for ATM. Since 2008, the Foundation has published the Access to Medicine Index, a bi-annual publication ranking 20 of the world's largest research-based pharmaceutical companies according to their efforts in improving ATM in low- and middle-income countries.

In 2015, an independent Reference Group (convened by the Access to Medicine Foundation) selected Technopolis Group to conduct a third-party evaluation of the Access to Medicine Index. The objective of the evaluation was to provide insights into how, and to what extent, the Index has contributed to changes in the behaviour and performance of research-based pharmaceutical companies with respect to ATM.

The evaluation was primarily based on interviews with representatives from indexed companies, non-indexed companies and external stakeholders. Technopolis conducted in-depth case studies for five indexed companies. To provide a theoretical underpinning for the evaluation, Technopolis developed a Theory of Change for the Access to Medicine Index. The Theory of Change includes several pathways of influence, covering pressures from both within and outside the companies. The evaluation first assessed whether the Index fulfils several boundary conditions which are necessary to activate its potential pathways of influence. The study then evaluated the absolute and relative effectiveness of each of these pathways.

The evaluation finds that, since its creation in 2008, the Access to Medicine Index has made commendable contributions towards advancing the engagement of the pharmaceutical industry with the issue of ATM. The Foundation itself has become a well-regarded authority on ATM and has succeeded to a remarkable degree in building consensus between stakeholders in a highly politicised field around the ATM expectations for the industry. Despite certain perceived limitations, the Index has evolved into the primary industry benchmark of performance in this space. Indexed companies are actively contributing data and regularly interact with the Foundation. Many companies also refer to the Index in some form in their public communications.

The clearest way in which the Index appears to have affected corporate ATM policies and practices has been by providing the industry with a tool for learning and discussion. The Index has given companies a greater understanding of their own scope of activities, and enabled them to draw inspiration from each other. In particular, the articulation of a framework that provides clear, yet wide-ranging, definitions of ATM has helped companies to broaden their perspective on the issue, in some cases even directly contributing to the formulation of more holistic corporate ATM strategies. Learning processes triggered by Index-related initiatives (such as issue-specific thematic studies and direct interactions between the Foundation and companies) also show significant potential, as companies are beginning to appreciate the value of these activities. In most companies, awareness of ATM issues in general, and of the Index in particular, still tends to be limited to relatively small part of the organisation. However, this is becoming more widespread, creating new possibilities for use of the Index as an internal accountability tool.

The competitive aspect of the Access to Medicine Index has long been considered potentially one of its most powerful pathways of influence. Indeed, many companies acknowledge that a good ranking is valued. In several companies there are indications of a desire within senior management to improve their rankings (or, in the case of an already high ranking, maintain it) and that unexpectedly low rankings have acted as somewhat of a 'wake-up call'. However, companies emphasise that their ATM activities are motivated by a desire to do better in absolute rather than relative terms. They also

frequently feel that their position in the ranking is something over which they have only limited control.

Externally, social pressure appears to be the most viable pathway of influence. The positive recognition that the Access to Medicine Index offers for good practices is felt as a welcome encouragement and a source of pride, whilst negative attention is felt as something to be avoided. Validation of good performance from the Index has also been credited for enabling stronger relationships between companies and non-governmental organisations. Financial and regulatory pressures at present are not very strong change drivers, though particularly the first may still represent a viable mechanism of influence if further strengthened.

Although establishing a direct causal link between the Access to Medicine Index and the ATM performance of pharmaceutical companies remains problematic, this evaluation shows clear signs that the Index can be viewed as a *catalyst* for accelerating ongoing ATM activities and as an *inspiration* for development of new activities. Companies' willingness to concede that the Index is used internally as a tool for learning and strategy formulation, whilst even welcoming greater use of the Index by external stakeholders, speaks to the importance that many companies attribute to the Index. The Access to Medicine Index should therefore be seen as a valuable contributor to change in a complex environment fraught with competing influences.

In moving forward, the Access to Medicine Foundation is confronted with a number of opportunities and challenges that could either enhance or threaten its effectiveness as a change agent in the long term. The Foundation may want to consider the following recommendations: (1) consolidate its achievements (by, for example, keeping the Index methodology in line with global health and development targets), (2) increase the impacts from existing activities (such as strengthening engagement with external stakeholders working at regional and local levels), and (3) expand the portfolio of activities (for instance, benchmarking the performance of generics companies too).