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POLICY BRIEF

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Corporate accountability: A case study of the Access to Medicine Index

Does it help or hinder global health?

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The Access to Medicine Index (AtMI) is an instrument that ranks the 20 biggest pharmaceutical TNCs according to how well they perform in terms of improving access to medicines and other pharmaceutical products in low- and middle-income countries (L&MICs). It is viewed as an instrument that incentivises companies and their investors to adopt more socially responsible policies and practices that would benefit populations in poorer countries. As part of its work on corporate power and accountability, UNU-IIGH conducted a detailed study of the 2022 and 2024 AtMI. This policy brief presents a summary of these studies and their conclusions. It discusses AtMI's methodology, its theory of change, and its limitations. It then explains how the ATMI may do more to serve the interests of pharmaceutical TNCs than it does the L&MICs populations it seeks to benefit. Finally, it explains other reasons why AtMI may cause more harm than good when it comes to advancing global health more broadly.

Background

Despite many pharmaceutical scientific and technological advances, generated by both significant public and private investments in research and development (R&D), equitable access to medicines and other health technologies remains an unfulfilled aspiration.[1] [2] For millions of people, especially in low- and middle-income countries (L&MICs) but also high-income countries (HICs), many important medicines and other pharmaceutical products are unavailable, unaffordable or, unsuitable.[3] [4]

In recent decades, the development and supply of novel health technologies has become a prime area of economic growth and wealth generation, with the expansion and strengthening of private intellectual property (IP) rights over knowledge and technologies providing the big pharmaceutical companies excessive monopolistic control over the development and production of medicines. While much innovation happens in academic departments, small biotech companies, and university-derived start-ups, these innovations are mostly translated into finished and marketable products by a small number of powerful transnational corporations (TNCs).[5]

Ultimately, a drug's expected financial return is what determines whether it is developed to market.[6]

The pharmaceutical sector is thus primarily geared towards maximising financial returns for corporate shareholders, not improving the health of people. This results in a neglect of diseases of poverty and bacterial infections (despite growing antimicrobial resistance with existing antibiotics) and in many products being priced out of the reach of poor countries and households. For instance, lenacapavir, a new long-acting HIV drug that has shown 100% efficacy in preventing HIV-infection in a study in several African countries, is currently priced at over $40,000 per year, even though it costs only $40 to manufacture.[7] Similarly, trastuzumab (known under its brand name Herceptin), a biological drug that has revolutionized breast cancer treatment since 1998, has remained prohibitively expensive in many L&MICs.[8] At the same time, many newly marketed medicines lack added therapeutic value compared to existing products.[9]

Underlying these misalignments in the development, supply, and accessibility of medicines is an imbalance between the power and interests of a transnational pharmaceutical industry and governments, tax-payers, and patients. This imbalance was starkly illustrated by COVID-19 and the maldistribution of vaccines which left poor countries and millions of people unprotected while pharmaceutical companies and their shareholders generated extraordinary and excessive levels of profit. [10] This occurred despite many of these vaccines having been developed in partnership with public institutions and supported by unprecedented levels of public funding.

This power imbalance is part of a broader historical trend associated with globalisation, and the adoption of neoliberal economic policies that have deregulated financial and economic systems and strengthened private property rights. There has also been an associated institutionalisation of multi-stakeholder forums and public-private partnerships as new forms of global governance that give TNCs and private financial institutions greater opportunities to influence public policy.[11]

In response, there have been various efforts made to constrain the power of big pharmaceutical TNCs and uphold public interests. These include reforming the intellectual property (IP) rights regime to strike a better balance between rewarding private investment and protecting the right to health and the public purse[12]; using competition law to stop artificially inflated prices[13]; demanding greater transparency of the costs and prices of patented medicines[14]; strengthening regulation to prevent unethical corporate lobbying and marketing[15]; and expanding public investment in public research and development (R&D) and manufacturing.[16]

Another approach has been to use scorecards or league tables to measure and rank the performance of pharmaceutical companies in expanding equitable access to medicines. This is what the Access to Medicine Foundation (AtMF), a Netherlands-based non-profit organisation, has been doing: it created an Access to Medicine Index (AtMI) that measures and ranks the performance of the biggest pharmaceutical TNCs according to their policies and practices to expand access to medicines in L&MICs every two years.[17] This approach assumes that companies will work to improve their ranking because they would gain reputational capital relative to other companies, giving them a competitive market advantage. In addition, it is also stated that 'responsible investors' will use AtMI to push companies to improve their behaviour.[18]

The Access to Medicine Index

AtMI ranks the 20 largest pharmaceutical TNCs (generic manufacturers are excluded) according to how well they contribute to improving access to medicines in L&MICs.

Although it is called an Index for medicines, the AtMI also covers topical microbicides to prevent HIV; vaccines; diagnostics; vector control products; contraceptives; and 'platform technologies'.

Since it began in 2008, the Index has expanded in scope and now covers access to a selection of medicines and products for 81 diseases, pathogens, or conditions in 113 L&MICs. Pharmaceutical companies are assessed according to three 'technical areas': governance of access, research and development (R&D), and product delivery.

These technical areas are broken down into 15 priority topics and 32 indicators. Companies are given a score of between 0 and 5 for each indicator depending on how well they perform. Scores are then weighted according to the perceived importance of each indicator and combined to produce an overall composite score between 0 and 5. See Table 1.

Table 1: The components of the 2024 AtMI

Technical area	Priority topic	Indicator	%
Governance of Access 15%	Governance & Strategy	Governance structures & incentives (GA1)	1.8
		Access-to-medicine strategy and outcomes (GA2)	3
	Responsible Business Practices	Responsible businesses practices (GA4)	1.8
		Ethics, risks and compliance (GA5)	1.8
		Incidence of breaches (GA6)	1.8
		Trade policy: IP and access to medicine (GA7)	1.8
	Measuring and reporting patient reach	Measuring and reporting patient reach	3
Research & Development (R&D) 30%	Product Development	R&D pipeline: Prioritised diseases (RD1a)	5.75
		R&D Pipeline: Other diseases (RD1b)	4.5
	Access Planning	Planning for access: framework (RD2)	2.25
		Planning for access: Project-specific plans for prioritised diseases (RD3a)	6
		Planning for access: Project-specific plans for other diseases (RD3b)	6
	Product development	Disclosure of resources dedicated to R&D (RD4)	3
	Building R&D Capacity	Capacity building in R&D (RD6)	2.5

Product Delivery 55%	Registration	Registration performance (PR1)	5.00
	Product Donations	Access strategies: Ad hoc donations (PP2a)	1
		Access strategies: Long-term donation programmes (PP2b)	3
	Equitable Access Strategies and outcomes	Access Strategies: Supranational products (PP3)	6.5
		Access Strategy quality: Healthcare practitioner-administered products (PP4a)	3.25
		Access Strategy outcomes: Healthcare practitioner-administered products (PP4b)	3.25
		Access Strategy quality: Self-administered products (PP5a)	3.25
		Access Strategy outcomes: Self-administered products (PP5b)	3.25
	Intellectual Property (IP) Strategy	Patent filing & enforcement (PPL1)	1.5
		Patent status disclosure (PPL2)	1.5
		IP sharing (PPL3)	1.5
	Licensing Quality	Quality and geographic coverage of access-oriented licensing (PPL4)	4.5
	Quality and Supply	Ensuring continuous supply (PQ1)	4
		Reporting substandard and falsified medicines (PQ2)	2
		Capacity building in supply chain management (PCB2)	2.5
	Local Manufacturing	Capacity building in manufacturing (PCB1)	2.5
	Health System Strengthening	Health systems strengthening (PCB3)	2.5
	Inclusive Business Models	Inclusive business models (PBM1)	4

The methodology for generating a score for each indicator is detailed and complex but not entirely clear. While some information is provided about how each indicator translates to a score between 0 and 5, it is often insufficient for an independent researcher to be able to replicate the scoring. For some indicators it is also not clear what is done when companies fail to or only partially disclose the required data. Table 2 lists the 20 companies ranked in 2024. Generally speaking, the top companies have remained unchanged since the Index began in 2008. In fact, GlaxoSmithKline has been top in all previous rankings while Johnson & Johnson, Novartis AG, and Sanofi/Sanofi-Aventis have frequently been ranked in the top five.

Table 2: 2024 AtMI rankings

Company Name	Country	Rank & Score 2024	Revenue, 2022 (bn USD)*	Market cap 2023# (bn USD)*
Novartis AG	CHE	1 (3.78)	50.545 (4)	218,218 (3)
GlaxoSmithKline plc	GBR	2 (3.72)	36.724 (6)	73,763 (12)
Sanofi	FRA	3 (3.52)	47,263 (8)	134,604 (11)
Pfizer Inc	USA	4 (3.5)	100,330 (10)	221,317 (5)
Johnson & Johnson	USA	5 (3.43)	94.943 (1)	510,406 (1)
AstraZeneca plc	GBR	5 (3.43)	44.351 (12)	239,227 (10)
Merck KGaA	DEU	7 (3.27)	24.438 (16)	77,040 (14)
Boehringer Ingelheim	DEU	8 (3.2)	30,133 (15)	n/a
Takeda Pharmaceutical Co	JPN	9 (3.16)	26,040 (11)	52,147 (17)
Bayer AG	DEU	10 (3.13)	55,773 (3)	62,073 (15)
Roche Holding AG	CHE	11 (3.07)	70,723 (2)	255,783 (2)
Novo Nordisk A/S	DNK	12 (2.88)	26,095 (17)	332,395 (8)
Bristol Myers Squibb Co	USA	13 (2.63)	46,159 (9)	143,698 (9)
Eisai Co, Ltd	JPN	14 (2.62)	5,518 (20)	16,665 (19)
Astellas Pharma Inc	JPN	15 (2.23)	9,457 (18)	27,449 (18)
Gilead Sciences Inc	USA	16 (2.21)	27,281 (13)	101,612 (13)
Merck & Co, Inc	USA	16 (2.21)	59,283 (5)	295,235 (6)
Daiichi Sankyo Co, Ltd	JPN	18 (1.94)	7,624 (19)	64,893 (16)
Eli Lilly & Co	USA	19 (1.84)	28,541 (14)	385,224 (4)
AbbVie Inc	USA	20 (1.61)	58,054 (7)	271,166 (7)

* Exchange rates on 2 May 2023, from oanda.com # Market cap on 2 May 2023 from finance.yahoo.com

The positive contribution of AtMI

Over the course of its lifetime, the AtMI has been able to track several improvements in pharmaceutical company policies and also some limited progress in actual practices associated with increasing access to medicines. For example, in 2024 all assessed companies had goals, targets and long-term strategies for improving access to medicines in L&MICs compared to just eight companies in 2010. The AtMF also reported a doubling in the number of R&D projects in their pipelines for priority diseases and conditions by 2018, and 19 companies now publish 'some level of disclosure' about the patents they hold.

However, a closer examination reveals several limitations of the AtMI. First, there are questions about the quality of the data used by the Index which is largely reliant on data voluntarily submitted by companies, much of which cannot be independently and fully verified. Furthermore, the final dataset used to calculate each company's score is not publicly available, making any independent replication of AtMI's rankings and scoring virtually impossible.

Second, although the 2024 Index has been strengthened compared to previous editions, the standards against which companies are assessed are generally weak and provide a low bar for companies to score well on. For example, while IP-related practices to improve access to medicines is one of the areas assessed by the AtMI, the indicators do not cover important aspects of IP-related behaviour such as the artificial 'ever-greening' of patents or the use of 'patent thickets' of dozens or even hundreds of patents on the same drug to create legal and administrative barriers for any potential competitor to enter the market when a patent expires.[19] Elsewhere, the standards set for some indicators are vague and unclear as to be of questionable value. [20]

Third, most of the AtMI indicators are proxy indicators of improved access. In other words, they assess the existence of policies, plans, and practices that should improve access to medicines – but they do not directly measure actual improved access or equity of access. While the 2024 Index includes a stronger focus on how companies measure and report on improving 'patient reach', the extent of progress on improving patient reach is not assessed, and the Index still does not assess and score companies' improvements on the affordability of their medicines which is critical for improving equitable access.

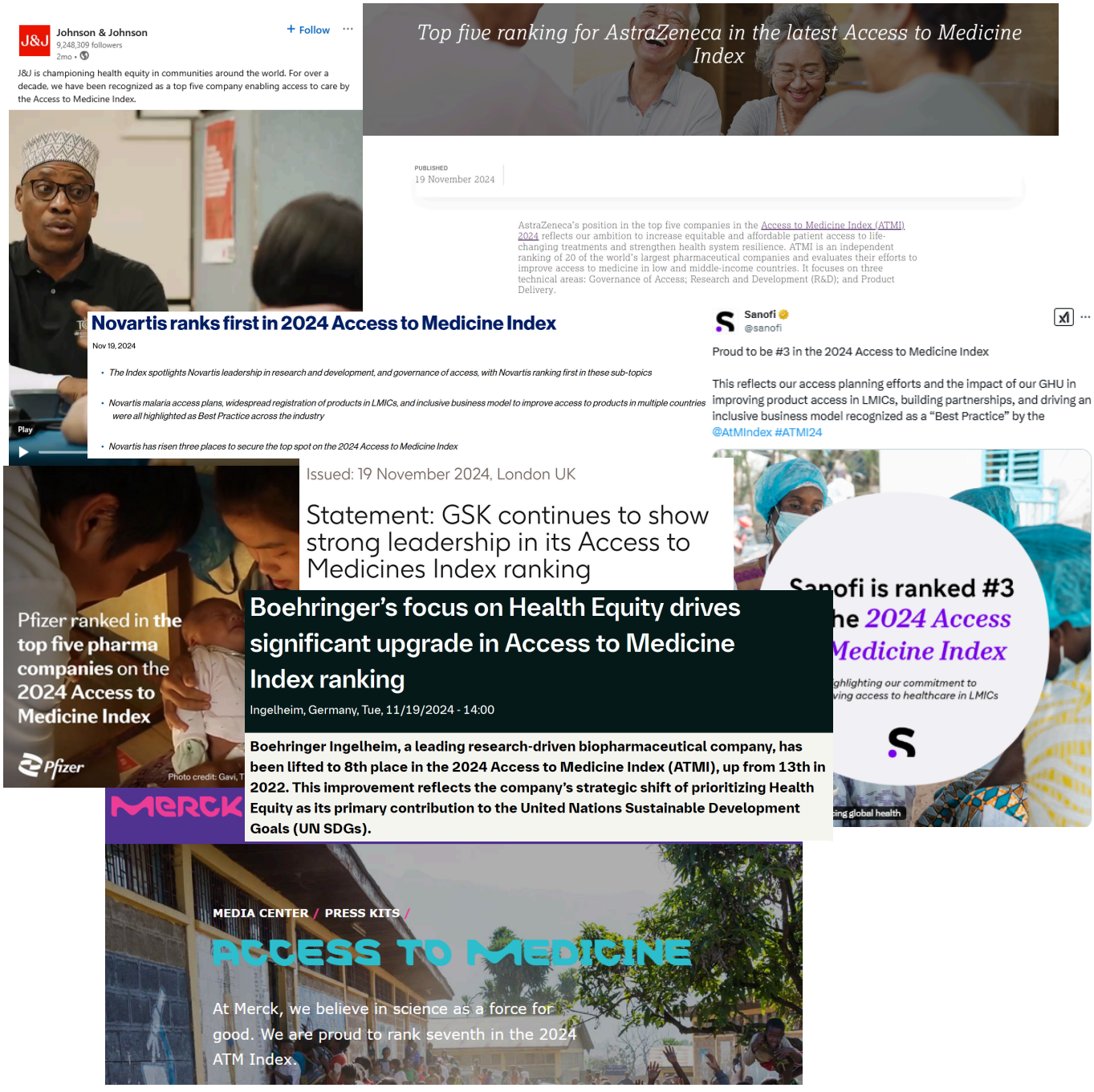
Finally, even if there are documented improvements in access to the products covered by the Index, it is not possible to attribute these improvements to the effects of the AtMI. Advocacy campaigns and threats of government regulation are factors that may have done more than AtMI itself to push companies to improve access in L&MICs. If so, the AtMI may effectively allow companies to present changes in policy and practice as though they have been voluntarily induced when in fact they were more the result of public pressure and/or the threat of mandatory regulation

These may be considered harsh or unfair criticisms of the AtMI. It may also be argued that even if the criticisms are valid, the Index will still be doing some good. But there are in fact several ways in which the AtMI may be doing more harm than good.

How the AtMI may inadvertently harm progress towards equitable access to medicines

First, by using a set of indicators and standards that are soft or corporate-friendly, AtMI can give companies a more positive reputation than is deserved. Indeed, many high-ranking companies use the AtMI results in public relations (PR) campaign where they portray themselves as socially responsible companies that are actively solving problems for the world's poor (see Figure 1 below).

Figure 1: Use of AtMI rankings in pharmaceutical PR



Such PR can help companies counter negative publicity associated with unethical marketing practices and excessive prices and help them lobby against proposals to reform or regulate the pharmaceutical sector in the public interest.

This includes, for example, proposals to end the abuse of the current IP regime by companies to extend monopoly rights or to stop the use of bogus commercial confidentiality claims to prevent transparency in public procurement contracts.[21]

Second, AtMI ignores many corporate behaviours and practices that impact negatively on health. These include financial and accounting practices that underline corporate tax abuse. One analysis across 16 countries estimated that Merck & Co, Pfizer, Johnson & Johnson, and Abbott (the first three of which are assessed in the AtMI) had avoided paying around $3.8 billion in tax per year.[22] AtMI also does not assess whether companies (and their trade associations) engage in inappropriate or harmful forms of political lobbying that undermines good governance;[23] or that involve unscrupulous influence over research, clinical practice, and medical education.[24] The quality of a company's employment practices and its environmental impact is also not covered by the Index. Neglecting these aspects of pharmaceutical company behaviour essentially legitimises such behaviour and further facilitates use of the AtMI by companies to portray themselves as socially responsible actors when in fact they engage in a range of anti-social behaviours.

In parallel, this appearance of TNCs being responsible and ethical actors means that the hand of politicians, public servants, and civil society actors seeking to strengthen corporate regulation or diminish the power of TNCs is weakened.

Third, by only focusing on the twenty biggest pharmaceutical TNCs, the AtMI projects a view that these companies have a special and unique responsibility and capability to improve access to medicines in LMICs, rather than in fact being at the root of the access challenge. It distracts attention away from the problem of oligopolistic concentration in the pharmaceutical sector and the crucial importance of pro-actively developing a more diverse ecosystem with R&D and manufacturing capacity embedded within companies including small and medium sized private enterprises as well as state-owned enterprises or non-profit organisations based in LMICs.

Conclusions and recommendations

While the AtMI may catalyse small and gradual mprovements in corporate policies and practices that may lead to some improvements in access to medicines, it also currently appears to benefit the biggest pharmaceutical TNCs and their shareholders more than it benefits people in L&MICs. It is telling that while companies make use of the AtMI in their PR campaigns, it is hardly used at all by 'access to medicines' campaigning groups. Anecdotally, several civil society organisations have even complained that the AtMI makes their job harder by convincing policy makers that corporate self-regulation is sufficient. But even if the AtMI does nudge companies to improve some of their policies and practices, progress is vastly insufficient to address the unmet need for medicines in L&MICs. Further, by failing to monitor corporate tax abuse, unethical lobbying, research manipulation and other forms of anti-social behaviour, any positive impacts of the AtMI may be outweighed by much larger indirect harms.

Going forward, if the AtMI is to avoid causing more harm than good, it should at the very least adopt a methodology that assesses pharmaceutical company behaviour more comprehensively and holistically and avoid the risk of negating other efforts to improve access to medicines. Until this is done, global health organisations should refrain from endorsing the AtMI.

Ultimately a more robust system of corporate monitoring supported by data transparency regulations is needed to help governments and civil society to hold pharmaceutical TNCs accountable. This should also be accompanied by more legally binding frameworks that define a corporation's duties and obligations to society[1] as well as effective pathways and means by which communities may bring grievances to court systems that can enforce sanctions and remedies in cases of significant breaches.

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