devex
Do Good. Do It Well.

"Together, we can demonstrate that the health challenges facing families during pregnancy and childbirth are solvable in our lifetimes."
– Kalahn Taylor-Clark, Vice president of social impact and sustainability, MSD
MSD for Mothers devex Maternity Matters



NEWS | REPORTED

After 20 years, how much has Big Pharma changed on access?

After almost two decades of ranking 20 leading companies' approach to access, the Access to Medicine Index finds more are embedding access into their corporate strategy and introducing CEO targets and board-level accountability.

*By **Andrew Green** // 10 November 2026*

Make us preferred on Google



The Access to Medicine Foundation index ranks pharmaceutical companies based on their efforts to improve access in low- and middle-income countries. Photo by: Towfiqu barbhuiya via Pexels

It has been more than 20 years since the Access to Medicine Foundation conceived its flagship index, which ranks just how committed 20 of the world's largest pharmaceutical companies are to improving access in low- and middle-income countries.

The first edition of the Access to Medicine Index was published in 2008. The latest, released today, reveals that over those two decades "there has been some quite transformative changes," Jayasree Iyer, the foundation's CEO, told Devex.

Among the most significant, she identified an increasing number of companies embedding access into their corporate strategy and introducing CEO targets and board-level accountability for improved access.

And planning is starting earlier, Iyer said, often at the outset of the research and development process. As a result, nearly 70% of medicines or other products that are in the late stage of development now have an access plan. That is more than triple the rate in 2018.

"We didn't imagine that 20 years ago for this industry," she said.

The Swiss pharmaceutical company Novartis ranked first in this year's index after also being named the top company in the last edition in 2024. GSK ranked second this year.

The companies were measured on three technical areas: how they integrated access strategies into their strategies, whether they are developing products in line with the needs of people in LMICs, and whether they have taken the steps that are necessary to ensure the people who need these products can actually access them.

Starting 20 years ago, Iyer said the foundation recognized the value of using the index to rank the companies against each other and spur them to improve access.

"The main idea was that access to innovative products or some of the older legacy products is not a given," she said. "You have huge inequities and you have chronic issues of inequities all around the world. We decided we could use the competitive nature of the pharmaceutical industry towards a stronger social good."

Among the steps companies have taken since the launch, this year's index flags efforts to make a range of products available in LMICs at different, lower costs than in higher-income countries.

The first of these multicountry inclusive business models was created in 2019 by Novartis. Now, five more companies have introduced a model, covering 113 LMICs altogether, including all 44 of the world's low-income countries.

The index also acknowledges that the companies can be doing more. The total score a company can receive in the index is 5, but none exceeded 4. And five scored 2 or lower.

"There is an opportunity for every company, regardless of where you stand in that ranking, whether you're No. 1 or you're No. 20, to do better on access," Iyer said.

The index identified some common shortcomings, including access plans for noncommunicable diseases that are much more limited than the ones for communicable diseases. This is despite the fact that nearly three-quarters of all deaths related to NCDs occur in low- and middle-income countries.

The index highlights concerns around diabetes interventions, as an example. The industry is focused on researching GLP-1 medicines, but they are not yet readily available in the global south. In fact, even regular access to insulin is not guaranteed.

There are access plans for 10 of the 19 late-stage diabetes-related research and development projects the researchers identified,

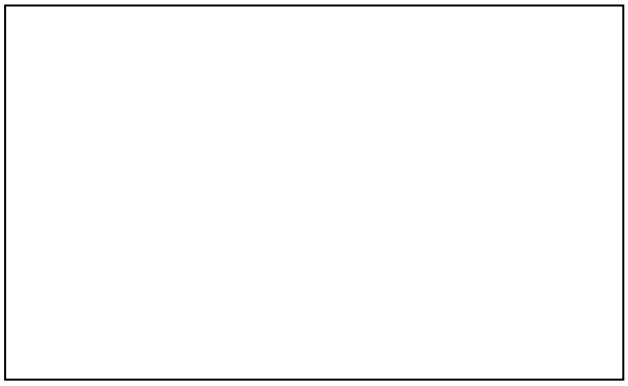
but most are focused predominantly on emerging markets with rising incomes, while overlooking underserved communities.

Iyer pointed to some other challenges, including the lack of research and development to address antimicrobial development that could render existing medicines ineffective. And she also highlighted the withdrawal of multinational companies from Africa over the past several years.

“Access is still very, very fragile in these countries, especially when the large companies are not present in these countries,” she said.

And while she is eager to celebrate the gains in access that the index has charted over the past 20 years, she hopes to continue to see “big jumps in the scale of access” over the next two decades.

“At the end of it, if you’re not solving global equity, the big divide between the haves and the have-nots, it is unacceptable,” she said.



Watch the full interview via YouTube.

Global Health | Social/Inclusive Development | Institutional Development | Access to Medicine Foundation

About the author



Andrew Green @_andrew_green

Andrew Green, a 2025 Alicia Patterson Fellow, works as a contributing reporter for Devex from Berlin.