PERFORMANCE

Abbott performs well overall in its evaluated Research Areas compared to the other generic medicine manufacturers in scope.

**Responsible Manufacturing**: Performs well. Reports comprehensive environmental risk-management strategy for own sites and suppliers; quantifies discharge levels at all own sites.

**Appropriate Access**: Middle-performing. Files some of its off-patent/generic medicines for registration in access countries. Reports some strategies to expand access and ensure continuous supply of its relevant product.

**Stewardship**: Performs well. It ran a pilot where it fully decoupled incentives for sales agents from sales volumes for an anti-infective, however it does not decouple such incentives for its other products. It reports broad conflict of interest mitigation for its educational programmes. It adapts packaging for patients.

OCCUPORTUNITIES FOR ABBOTT

**Request and review discharge levels of all suppliers and increase public disclosure on environmental risk management.** Abbott can expand its environmental risk management requirements to all suppliers by fully implementing its supplier contract template which outlines specific provisions for AMR. Abbott currently requests and reviews discharge levels for only a subset of its suppliers. Abbott can also publicly disclose more information on how it manages environmental risk related to antibacterial manufacturing. It can publish information on its progress in implementing the strategy, the limits it sets, and the results of the audits of own and suppliers' sites including antibacterial discharge levels.

**Expand registration and ensure availability of antibacterial and antifungal medicines.** Abbott can expand registration of its antibiotics and antifungals listed on the 2021 WHO EML, such as gentamicin, itraconazole and tigecycline, to more countries, including low-income countries, with a high burden of disease. Further, it can expand equitable access in countries where medicines have been registered.

**Fully decouple incentives for sales agents from sales volumes.** Abbott ran a pilot in India where it fully decoupled incentives for sales agents from sales volumes of an anti-infective for three months. It can expand this practice to more countries where it markets antibacterial and/or antifungal medicines and to more relevant products.

**Comprehensively mitigate COI for educational programmes.** Abbott organises medical education programmes for healthcare professionals on responsible use of antimicrobial medicines. It can ensure that branded materials are not used in any educational programmes, as is now the case for some.

CHANGES SINCE 2020

- In 2021, Abbott introduced a new contract template for suppliers of APIs and drug products with clauses that specifically require implementation of AMR standards.
- In response to an opportunity from the 2020 AMR Benchmark, Abbott ran a new pilot in which it fully decoupled incentives for sales agents from sales volumes of an anti-infective in India for three months.
- Abbott is funder and member of the consortium VALUE-Dx. VALUE-Dx is the first Innovative Medicines Initiative project initiated by six in vitro diagnostic companies who work with 20 non-industry partners to combat AMR and improve patient outcomes.
- Since 2020, Abbott has adapted packaging of eight of its antibacterial medicines, including amoxicillin and azithromycin, to take account of adherence to treatment, literacy and paediatric use to facilitate the appropriate use of such medicines by patients.
SALES AND OPERATIONS

Therapeutic areas: Cardiovascular, Diabetes care, Gastrointestinal/immunity health, Infectious disease (Diagnostic, Covid-19), Metabolic disorders, Pain/central nervous system, Respiratory, Women’s health.

Business segments: Established pharmaceutical products, Nutritional products, Diagnostic products, Medical devices

Product categories: Diagnostics, Generic medicines, Medical devices, Vaccines

M&A since 2020: None in the antibacterial and/or antifungal sectors

PORTFOLIO for pathogens in scope

Comparatively large portfolio: At least 85 products: 75 antibacterial medicines; 3 antibacterial vaccines; 7 antifungal medicines

Off-patent/generic medicines: 10 of 85 were selected for analysis* (amoxicillin/clavulanic acid [A], amphotericin b [F], cefixime [W], clarithromycin [W], clofazimine [T], colistin [R], gentamicin [A], itraconazole [F], linezolid [T], tigecycline [R])

AWaRe medicines**: 16 Access group; 20 Watch group; 3 Reserve group

Anti-TB medicines**: 10

PERFORMANCE BY RESEARCH AREA

A RESEARCH & DEVELOPMENT

As a generic medicine manufacturer, Abbott is not evaluated in this Research Area.

B RESPONSIBLE MANUFACTURING

B.1 Comprehensive environmental risk-management for own sites and suppliers; tracks compliance with limits at own sites

Abbott reports a comprehensive strategy to minimise the environmental impact of wastewaters and solid waste from antibacterial manufacturing at its sites, including audits every three years. It reports setting discharge limits in the receiving environment for all antibacterials manufactured at its sites, based on PNECs to limit AMR, as recommended the AMR Industry Alliance. Discharge levels are quantified using a mass balance approach, verified by chemical analysis if applicable. It reports tracking compliance with discharge limits at own sites.

Abbott requires third-party suppliers of antibacterials to follow the same standards, including limits based on PNECs. It reports conducting on-site audits every 3-5 years. It requests and reviews the discharge levels of its suppliers. A subset of its suppliers’ sites report to have quantified discharge levels.

Abbott expects external private waste-treatment plants to comply with its general environmental standards. It audits these plants at least every five years (based on risk) which includes checking the suitability of technologies used for processing waste and protocols for preventing contamination. It also employs conservative measures for effluents sent to external private and public wastewater treatment plants.

B.2 Limited publicly available information on environmental risk management

Abbott publishes some components of its environmental risk-management strategy, without specific references to AMR. It does publish having a programme in place to assess and minimise the impact of discharges, from own and suppliers’ sites manufacturing APIs, on the environment. Abbott does not publish: (1) the results of environmental audits, conducted at its own sites, the sites of suppliers and/or external private and public waste-treatment plants; (2) a list of these suppliers and plants; or (3) the limits and levels of antibacterial discharge from its own or suppliers’ sites.

B.3 System in place to maintain production quality for own and suppliers’ sites; no requests for official corrective action

Abbott reports own sites and suppliers have a system to maintain high-quality antibacterial production consistent with international GMP standards. This includes periodic risk-based audits and tracking of corrective and preventive actions. Abbott also requires its suppliers to audit their own suppliers. The Benchmark found no requests for official corrective action from the FDA or EMA related to non-conformities with cGMP at Abbott’s own sites or any subsidiaries that manufacture antibacterials.

* See Appendix VII for information about eligibility criteria for products.
** Listed on the 2019 WHO EML.
C.2.2 Limited information on strategies to expand access to off-patent/generic medicines
Abbott has an average performance as it reports limited information on how it expands access to its ten relevant off-patent/generic medicines.

C.3 Several strategies to ensure continuous supply
Abbott has an average performance, with strategies reported in all four areas assessed. It ensures accurate demand planning and data sharing by having a monthly rolling forecast with a 24-months horizon. Abbott mitigates against shortage risks by keeping a buffer stock for critical APIs and finished products. It has a dual-sourcing strategy for its strategic APIs. Abbott reports one technology transfer initiative of its drug product unit operations to a third-party drug manufacturer. To mitigate against substandard and falsified products, Abbott uses packaging features, conducts employee’s trainings, and tests potential falsified products in a dedicated laboratory.

C.4 Broad COI mitigation strategies in place for its educational programmes
Abbott performs well in conflict of interest (COI) mitigation for the five AMR-related educational programmes for HCPs assessed by the Benchmark. To mitigate COI for three programmes, it provides financial resources to independent third parties (APUA, Medscape, BSAC and the University of Dundee) to develop the programme. One programme has all three COI mitigation strategies looked for by the Benchmark: (1) content is developed independently from its marketing department; (2) a pledge not to provide financial or material incentives to participants; and (3) it does not use branded materials. The remaining programme has two of three COI mitigation strategies looked for by the Benchmark: it is unclear whether branded materials are being used.

C.5 Engages in sales and marketing practices to address appropriate use
Abbott performs above average in sales practices. It ran a pilot in 2021 where it fully decoupled incentives for sales agents from sales volumes of an anti-infective in India for three months. However, outside of this pilot Abbott does not report whether it decouples incentives for sales agents from sales volumes to help prevent the inappropriate use of its antibacterial and/or antifungal medicines.

Abbott engages in marketing practices that aim to address the appropriate use of its antibacterial and/or antifungal medicines. Its marketing materials reflect emerging resistance trends and/or include treatment guidelines for healthcare professionals: for clarithromycin.

C.6 Makes three types of brochure and/or packaging adaptations to facilitate appropriate use by patients
Abbott adapts packaging to facilitate the appropriate use of its antibacterial medicines by patients. Abbott performs strongly in this measure, taking account of adherence to treatment, literacy and paediatric use. It adapts the package size of clarithromycin in eight countries to a full treatment course of either a 7-, 10-, or 14-day treatment. Moreover, Abbott has dose marking on the packaging of ceftaxime in India to improve patient adherence to treatment. Further, it includes a QR code on the packaging of eight antibiotic paediatric suspensions that directs to a video explaining how to use them appropriately.

C.7 AMR Surveillance
As a generic medicine manufacturer, Abbott is not assessed in this indicator but its activities in AMR surveillance are reported. The Benchmark notes that Abbott is active in two AMR surveillance programmes. It runs the national ARISE programme, which is focused on regional sensitivity indices at a state level on hospital- and community-acquired infections in India since January 2019. Abbott only shares the data collected in this programme through a data platform in a restricted manner. Moreover, the CANWARD programme is a national programme managed by the Canadian Antimicrobial Resistance Alliance with support from Abbott, among others. Only the aggregated results are shared through an open-access data platform, as well as through peer-reviewed journal articles.

Abbott reports two simplified treatment regimens examples in Bolivia, India, and Peru. It estimates its simplified treatment regimen containing clarithromycin to reach 5,000 cumulative patients per year in Peru and Bolivia.

Abbott is not eligible for indicators: C.1, C.3, C.2.1 and C.2.3. For more information, see Appendix VII.