How can governments steer pharmaceutical industry behaviour toward equitable access in the context of the UN High-Level Meeting?

Efforts to improve global Pandemic Prevention, Preparedness and Response (PPPR) will fall short if essential health products do not reach the people that need them the most, when and where they require them. The 2023 United Nations (UN) High-Level Meeting (HLM) on PPPR resulted in a political declaration that now needs to be built upon through measurable commitments to ensure access. The 2026 UN HLM is an important opportunity, not only to reaffirm PPPR principles, but also to embed them in the policy infrastructure that shapes how the pharmaceutical industry meaningfully contributes to global health security. Governments can uniquely leverage their influential position, both as contributors to research and development (R&D) funding and as procurers of health commodities, to promote greater health equity on a global scale by engaging industry and ensuring that policy tools translate into better access.

UN HLM implementation roadmap: What domestic policy levers can governments use?

Drawing on the Access to Medicine Foundation's evidence and experience influencing pharmaceutical industry practices, this brief recommends that the UN HLM declaration encourages member states to use their unique influence to steer industry behaviour for infectious diseases through:

1) Public R&D funding to require (A) early access planning while projects are still in the pipeline, (B) access strategies for products once approved and on the market, and (C) improved transparency from the pharmaceutical industry; and
2) Procurement principles to ensure equitable and global access, before, during and after outbreaks occur.

1 Public R&D funding: resulting in access planning, access strategies and transparency from the industry

A. Make access planning a precondition of public R&D funding

Access planning gives member states investing in R&D for pandemic-related health products a unique window of leverage during clinical development to help to ensure products are rapidly developed, distributed, and delivered at scale, especially to low- and middle-income countries (LMICs). Such governments can require pharmaceutical companies to develop access plans during clinical development, as a condition of public funding, starting from Phase II clinical trials. Access plans should set out, in clear and enforceable terms, how a company will support global availability, affordability, and sustainable supply in LMICs. The UN HLM declaration can define and promote a minimum set of access standards for LMICs, such as identifying availability, pricing and supply considerations.

The 2026 Access to Medicine Index Methodology provides an evidence-base that governments can use to define expectations for access and assess company performance. Overall, integrating access planning into public R&D funding frameworks is a key lever to shape industry behaviour and support equitable access during pandemics, and the UN HLM Political Declaration is the moment to operationalise it.

B. Transform R&D public funding into product access

By the time a pandemic-related health product reaches approval, access plans should have evolved into operational strategies to improve affordability and availability, setting out concretely how new innovations will reach the people who need them most. One critical component of such operational strategies is strengthening local and regional manufacturing capacity.

The Access to Medicine Foundation's work, including its Generics and Biosimilar Medicine Manufacturers programme, demonstrates that engaging manufacturers in LMICs can strengthen supply resilience, improve affordability, and reduce reliance on fragile global supply chains. Therefore, governments can promote local and regional manufacturing capacity as part of their public investments in PPPR through the stipulation of access plans and their implementation once products are approved. These types of strategies can include:

a. Expanding local manufacturing (e.g. through technology transfers);
b. The use of non-exclusive voluntary licensing to enable faster scale-up and wider access; and
c. Pursuing broad and timely regulatory approvals in underserved markets, including through WHO Emergency Use Listing (EUL) and prequalification mechanisms.

In summary, governments have an opportunity to hold pharmaceutical companies accountable for the realisation of their co-created access plans and encourage companies to enable local production and availability through specific policy levers and commitments. However, this is a *shared responsibility*; governments must also actively contribute to access planning by creating the enabling conditions that allow companies to deliver, including supportive regulatory environments and clear reimbursement frameworks. Ensuring sustainable access to pandemic-related health products depends on robust, diversified supply ecosystems and strong partnerships between countries and the industry – expectations that should be reinforced in the UN HLM declaration on PPPR.

DEFINITION BOX

Access plan: A plan developed in-house or with partners during R&D (from Phase II) that sets out how a company will ensure a health product is available, affordable, and reliably supplied in LMICs (e.g., timely registration, equitable pricing, adequate supply commitments, and WHO prequalification).

C. Industry accountability tied to public R&D funding: Transparency on and monitoring of company behaviour

The UN HLM declaration should emphasise that transparency and continuous monitoring are essential to ensure pharmaceutical companies deliver on access and supply commitments during pandemics. In a pandemic setting, access commitments must evolve quickly; the declaration should recognise that access plans require continuous updates throughout development, becoming more detailed in late-stage trials and transitioning into operational access strategies by the time of approval.

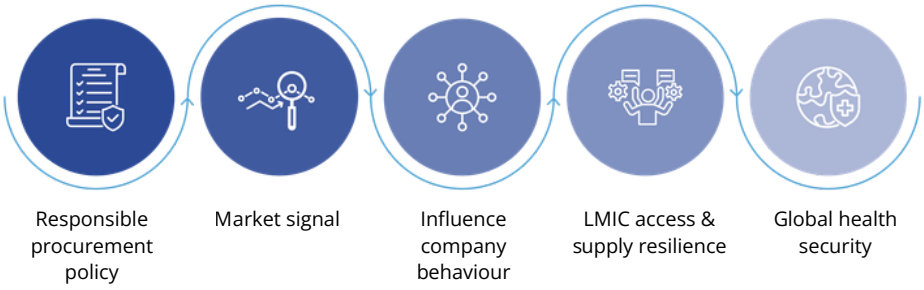
Hence, governments should invest in monitoring mechanisms to track whether companies are delivering on their commitments when receiving public R&D funding. Independent tools, such as Access to Medicine Foundation reports, can support industry assessment, including methodology frameworks from the Access to Medicine Index, AMR Benchmark, and Generics & Biosimilars programme.

2 Responsible procurement from high-income countries to ensure global access

Responsible procurement ensuring rapid and widespread access to vaccines and medicines with pandemic potential across all regions, including LMICs, is critical for effective global containment and preventing outbreaks from escalating into pandemics that threaten global health security. Yet, procurement policies, particularly in high-income countries (HICs), are a powerful but underused policy tool to secure equitable access to pandemic-related health medicines, diagnostics, vaccines and medical oxygen in LMICs.

Member states should explicitly recognise procurement as a key policy lever for shaping pharmaceutical company behaviour and incentivising global solidarity during pandemics. By embedding responsible and equitable procurement principles into their political commitments, HIC governments can use their purchasing power to support a more resilient and equitable supply of essential medicines in LMICs.

This includes prioritising procurement from industry suppliers that demonstrate willingness to provide access to their products in LMICs, by linking their purchasing contracts (e.g. tenders, advance purchase mechanisms or subscription models) to health equity principles. For example, governments can design tenders for relevant vaccines, treatments, diagnostics or medical oxygen that incorporate equity criteria such as requiring companies to submit plans and strategies which promote equitable access, including availability, affordability and supply considerations.



Aligning procurement policies with pandemic preparedness and global health security objectives can ensure that public spending not only helps prevent future outbreaks but also fosters both innovation and equitable access during health emergencies.

DEFINITION BOX

Advance purchase agreement: is a contract where a government commits to buying a health product before it is fully developed or available. By paying upfront or guaranteeing a future purchase, the government helps speed up development and manufacturing in exchange for priority access once the product is ready.

Subscription model: is a contract where a government pays a fixed, regular fee (often annually) to secure access to a product or service, regardless of how much is used. This approach gives companies stable revenue while ensuring the government has reliable and predictable access when needed (e.g. The "Netflix model" used by the NHS for antibiotics in United Kingdom).

In summary

Governments should use public R&D funding and procurement as policy tools to require access planning, access strategies, and improved transparency. The UN HLM declaration has the opportunity to send a strong signal to the industry, demonstrating that member states and their respective policy levers can be instrumental in promoting equitable access to health commodities.