ACCESS TO MEDICINE FOUNDATION

Patient centricity: How is the pharma industry addressing patient reach?

SEPTEMBER 2024

For global health equity to become a reality, it is vital that pharmaceutical companies expand access to medicine regardless of where patients live or their socioeconomic status. By critically monitoring the number of patients they reach, companies can identify persistent gaps, allocate resources to meet unmet needs and amplify successful strategies more effectively. This report assesses current approaches adopted by some of the largest pharmaceutical companies to measure and report patient reach, mapping the existing landscape and highlighting interventions that are critical to ensure more patients benefit from increased access to medicine.

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ACCESS TO MEDICINE FOUNDATION
The Access to Medicine Foundation is an independent non-profit organisation that seeks to transform the healthcare ecosystem by motivating and mobilising companies to expand access to their essential healthcare products in low- and middle-income countries.

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Executive summary

Pharmaceutical companies play a pivotal role in ensuring that their products reach patients worldwide. However, despite comprising 80 percent of the global population, people in low- and middle-income countries (LMICs) still face significant challenges in accessing essential healthcare products. Reaching patients in these underserved regions is a central component of advancing overall healthcare equity.

Several essential health products are produced by only a few companies or even single suppliers, and in certain markets, there is little to no availability of quality products. As demand for these essential products increases in LMICs, there is now a pressing need for pharmaceutical companies to optimise their efforts to expand access to their products and focus specifically on how many people are benefitting from them. By determining how many patients are being reached through their access efforts, companies face a unique opportunity: they can address critical health needs while also unlocking significant growth potential in these emerging markets.

This report from the Access to Medicine Foundation assesses how companies are approaching patient reach across their businesses. By outlining how the 20 pharmaceutical companies within the scope of the upcoming 2024 Access to Medicine Index are tracking patient reach, this first-of-its-kind analysis provides a comprehensive overview of current industry practices to establish a baseline for measuring progress. In identifying examples, as well as areas that require more action, the report outlines opportunities for companies to learn from existing approaches and scale up their expansion efforts.

What does this report find?

Companies are utilising a variety of approaches to monitor and track patient reach. Among these approaches, several are new while others are applied to long-standing programmes. **Five key findings** illustrate the industry's current practices regarding patient reach, highlighting areas for improvement and opportunities for scaling successful strategies.

5 KEY FINDINGS

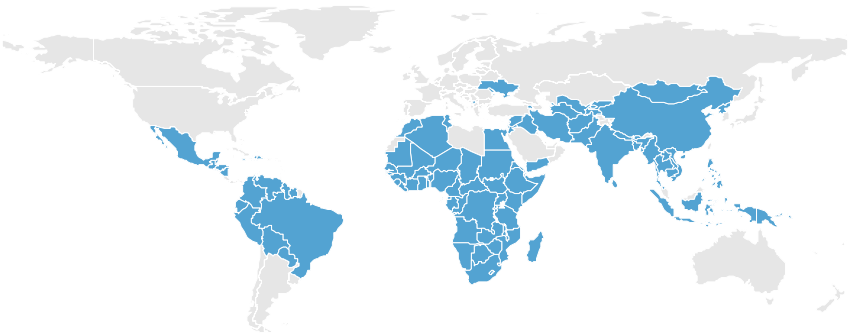
1. 19 out of 20 companies have established approaches, though only a handful are comprehensive so far
2. Sales volume is the primary measure of patient reach for product-focused activities
3. Patient reach approaches vary widely in product and country coverage
4. Patient reach numbers are regularly published
5. Many commitments by the industry, but only a few companies set ambitious goals to address high-burden diseases

Read more on p.24 - 25 of the report.

20 COMPANIES' PATIENT REACH APPROACHES

- AbbVie Inc
- Astellas Pharma Inc
- AstraZeneca plc
- Bayer AG
- Boehringer Ingelheim GmbH
- Bristol Meyers Squibb Co
- Daiichi Sankyo Co, Ltd
- Eisai Co, Ltd
- Eli Lilly & Co
- Gilead Sciences Inc
- GSK plc
- Johnson & Johnson
- Merck & Co, Inc (MSD)
- Merck KGaA (Merck)
- Novartis AG
- Novo Nordisk A/S
- Pfizer Inc
- Roche Holding AG
- Sanofi
- Takeda Pharmaceutical Co, Ltd

EFFORTS EXAMINED ACROSS 113 LMICs



SOME OF THE GLOBAL HEALTH CONCERNS AND DISEASES COVERED IN THE REPORT

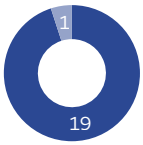
- **Multidrug-resistant tuberculosis**, which has an estimated prevalence of **624,840 cases in LMICs** in scope.[6]
- **Malaria, tuberculosis, antimicrobial resistance (AMR)** and **HIV/AIDS**, which have a combined prevalence of **1.8 billion people** across LMICs in scope.[6]
- **Sexual and reproductive health and rights**: 164 million women globally wish to delay or prevent pregnancy but are not using any form of contraception. **Sub-Saharan Africa** exemplifies this gap, with the usage of modern contraceptives being the lowest in the world at **56%**.[8]
- The global prevalence of **diabetes** is expected to increase to **783 million by 2045**, with a high proportion in LMICs.[25]
- **Non-communicable diseases** affect approximately **7.2 billion people** globally, including **5.7 billion in LMICs** in scope.

7 RECOMMENDATIONS FOR THE PHARMA INDUSTRY

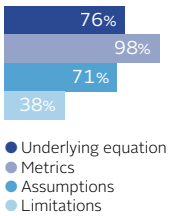
Read more on p.26-27 of the report.

KEY FACTORS CONSIDERED BY COMPANIES WITHIN THEIR PATIENT REACH APPROACHES

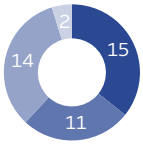
- Volume of medicines sold or donated
- Number of patients enrolled in patient assistance programmes
- Number of attendees at education sessions
- Number of screenings undertaken
- Average dosage, for instance, based on weight
- Average treatment duration, based on the treatment type and condition
- Adherence and compliance treatment rates, tailored to specific populations (e.g., adults vs. paediatric patients) or geographic regions
- Real-world data on usage from insurance claims and electronic health records
- Data sourced externally from partners, including actual number of patients receiving the company's products or the volumes of products supplied



19/20 companies report measuring patient reach
Read more on p.10



42 patient reach approaches identified across 20 companies
Read more on p.12



15/42 approaches cover all LMICs in scope
Read more on p.17

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About this report

This report is part of the Access to Medicine Foundation's Access to Medicine Index Programme, which aims to drive pharmaceutical companies to improve access to their products in low- and middle-income countries (LMICs). Ahead of the 2024 Access to Medicine Index's release in November, this report serves as a preliminary analysis of the approaches to measuring and reporting patient reach that are being employed by the 20 large research-based pharmaceutical companies in scope of the 2024 Index. While this report provides broader insights into pharmaceutical companies' practices, the forthcoming Index report will further evaluate product-specific examples of patient reach and score companies as part of the overall Index analysis.

HOW THIS REPORT WAS DEVELOPED

The analysis, findings and recommendations in this report have been drawn from companies' data submissions for the GA8 indicator 'Measuring and reporting patient reach', which is included in the Governance of Access Technical Area in the upcoming 2024 Access to Medicine Index. The report contains information uniquely provided to the Access to Medicine Index Programme, exclusively for the Access to Medicine Foundation. Some of this data is not publicly available. While the Index relies on proprietary data shared by companies, it also incorporates relevant public data sources to complement and validate its analysis.

The report is also informed by inputs from two roundtables the Foundation held with companies on patient reach in 2023. These roundtables formed part of wider stakeholder consultations for the 2024 Access to Medicine Index Methodology. In addition, the report evaluates companies' public commitments related to patient reach, alongside data from the Institute for Health Metrics and Evaluation (IHME)'s Global Burden of Disease (GBD). The Foundation has made every effort to accurately represent the data we obtained. The information was correct to the best of our knowledge at the time of publication. However, there may have been subsequent developments by the time the Access to Medicine Index is published in November 2024.

SCOPE OF THE RESEARCH

Companies

The analysis in this report covers the efforts of 20 research-based pharmaceutical companies to more transparently define, measure and report on their impact in reaching patients living in LMICs. These companies will be assessed in the 2024 Access to Medicine Index and are selected based on their market capitalisation and revenue, and the relevance of their product portfolios and pipelines for the diseases and countries in scope of the Index.

Products

The approaches employed by companies to measure patient reach are examined across the eight product types set out in the 2024 Access to Medicine Index Methodology. The upcoming 2024 Access to Medicine Index will additionally evaluate product-specific examples of patient reach within the framework of access strategies within the Product Delivery Technical Area.

Countries

Company actions are measured in 113 LMICs where better access to medicine is most urgently needed, as set out in the geographic scope of the 2024 Access to Medicine Index Methodology.

INTRODUCTION

Making sure patients most in need are benefitting from innovative pharmaceutical companies' access efforts

For global health equity to become a reality, all populations – including vulnerable groups such as children, pregnant women and minorities living in low-and middle-income countries (LMICs) – must be able to access medicines and treatments when they need them, no matter where they live. While achieving this requires coordinated, targeted action across the global health ecosystem, pharmaceutical companies – as the innovators, developers and distributors of essential healthcare products – play a key role in ensuring that their products reach people all over the globe.

Since the first Access to Medicine Index was published in 2008, pharmaceutical companies have made significant strides in widening the scale and scope of their efforts to expand access to their essential products in LMICs. However, the impact of this progress remains uneven, and billions of people living in LMICs still do not have access to lifesaving healthcare products, including medicines, vaccines and diagnostics.

Against this backdrop, it is now critical to analyse whether companies' healthcare products are effectively reaching patients. With companies' various access efforts maturing, and some already well established, it's important to obtain more robust insights on how they determine the number of people benefitting from their products. In other words: establishing how many patients they are reaching through their access efforts. Although this isn't a new concept for companies, they also need to start critically assessing whether the measurements of patient reach they now use are accurate and detailed enough to successfully identify and address unmet global health needs. By transparently defining, measuring and reporting on the numbers of patients reached by their products, companies can assess successful strategies and take further targeted action in addressing disparities and allocating resources to improve health equity and the lives of underserved populations.

Publicly disclosing this information will also be vital since global health stakeholders – including governments, procurers and investors – have expressed an increasing interest in better understanding the outcomes of companies' efforts in reaching people in LMICs. With clearer and more accurate measurements of patient reach, stakeholders can make informed decisions about partnerships, policies and investments aimed at expanding access and enhancing global health outcomes.

How has the pharmaceutical industry evolved in measuring patient reach?
Previous research by the Access to Medicine Foundation – as part of the Access to Medicine Index – has found that some companies have made targeted efforts to monitor, quantify and share the number of patients being reached with their products. However, approaches employed by companies have been varied and fragmented, with the scope of reporting on patient reach itself remaining somewhat limited. Companies have tended to focus on specific products covered by access strategies, such as pricing strategies, donations and patient assistant programmes.

Companies have also demonstrated more consistent tracking and reporting on patient reach for select initiatives aimed at improving access to their products in LMICs. These initiatives, which often have specifically-named identities, help companies in terms of visibility and partnerships. Often featured on companies' websites, they normally have clearly defined goals, strategies and public commitments,

including reporting on patient reach. Additionally, these endeavours encompass a range of elements, including equitable pricing strategies, capacity building and health system strengthening.

Some of these initiatives are not purely philanthropic in nature, striving for longevity through the development of LMIC-specific business models and sustainable sources of revenue. Simultaneously, they are designed to be long-term, systematic approaches to expanding access in LMICs. Across the industry, new commercial programmes and both year-long and long-term initiatives are emerging, all focused on enhancing patient reach.

Examples include Novo Nordisk's recently launched iCARE, a business-integrated model targeting improved access to diabetes treatment in 49 sub-Saharan African countries.[1] Similarly, Sanofi's Global Health Unit aims to widen access to 30 medicines across 40 LMICs, while also working towards self-sustainability and bolstering health systems in these countries.[2] Pfizer's Accord for a Healthier World strives to provide equitable healthcare to up to 1.2 billion people by offering patent-protected medicines and vaccines to 45 LMICs on a not-for-profit basis.[3] Additionally, Bristol Myers Squibb recently launched its ASPIRE (Accessibility, Sustainability, Patient-centric, Impact, Responsibility and Equity) strategy, which aims to advance access to innovative treatments in LMICs.[4] Meanwhile, Bayer established a Global Health Unit aimed at improving access to medicines in LMICs.[5]

Conversely, other endeavours prioritise non-commercial efforts aligned with corporate social responsibility and philanthropic programmes. These include AstraZeneca's Phakamisa programme in South Africa, aimed at enhancing the diagnosis, treatment and management of breast and prostate cancers within the public healthcare system.[6] Additionally, Boehringer Ingelheim's Making More Health social entrepreneurship programme and MSD's Mectizan® donation programme for the elimination of onchocerciasis and lymphatic filariasis, exemplify such non-commercial endeavours.

Even for initiatives and programmes where patient reach data is more available, reporting by companies across their portfolios remains unclear or insufficient. The 2022 Access to Medicine Index highlighted this issue, revealing that, for instance, while some companies are measuring patient reach and associated health outcomes in commercially-named initiatives, this practice is not widespread across all companies. The 2022 Index also identified that fewer than half of the evaluated companies were tracking donations until they actually reached patients. The 2024 Access to Medicine Index, due for publication in November 2024, will further explore companies' progress in these areas.

Why patient reach matters in today's industry

By setting clear and ambitious goals for expanding access to lifesaving treatments in LMICs, and regularly tracking and reporting progress, pharmaceutical companies can unlock various benefits. This strategy will not only help deliver essential medicines to some of the world's most impoverished populations but will also pave the way for long-term business sustainability and growth. Representing about 80 percent of the world's population, LMICs have large, underserved patient populations, offering companies the opportunity to access new markets.

Prioritising patient reach can also drive companies to innovate, widening product availability in LMICs, exploring alternative business models and crafting access strategies tailored to these markets. This not only advances health equity but does so sustainably. Access to medicine is also a key component of environmental, social and governance (ESG) considerations for investors, with patient reach becoming an increasingly important topic for them as they work to help guide sustainable practices across pharmaceutical companies. Moreover, setting patient reach as a measurable goal and aligning it with disease burden and treatment eligibility as a business goal can unify the entire organisation – from the CEO and senior managers to employees – toward the common objective of improving more patients' lives. This alignment can also enhance employee retention and attraction, as employees are more likely to stay with and join companies that demonstrate a clear and impactful mission.

STATE OF PLAY

Why now and how did we get here?

Pharmaceutical companies are facing mounting external pressure to demonstrate how they are reaching more patients globally, especially in LMICs, and they have made numerous public commitments to this goal. The Foundation's work to date also reveals a gradual and noticeable shift in prioritising the measurement and tracking of patient reach. However, these efforts have been somewhat uneven, indicating a need for a more consistent and comprehensive approach. Moving forward, it's imperative to clearly establish how companies are making commitments, delivering on them and reporting their outcomes. That's why, for the first time, the Foundation is critically examining this aspect to gain deeper insights into the current patient reach landscape and ongoing company efforts.

To facilitate this shift, the Foundation held two workshops in May 2023, engaging all 20 companies within the scope of the Index to delve into their prevailing definitions and measurement methods for patient reach. These workshops were part of broader methodological consultations involving over 100 global stakeholders aimed at enhancing the Access to Medicine Index's indicators. The Foundation also used these sessions to explore ways to collect and present patient reach data in a manner beneficial to companies, their partners, governments and global health organisations.

Among other insights, the workshops revealed that many companies have distinct definitions of what constitutes patients reached. Additionally, they consider different factors, such as product usage and healthcare outcomes, when measuring it. This lack of uniformity creates a patchwork landscape, making it challenging to assess overall progress in improving access to medicines across the industry and hindering the identification of best practices and areas for improvement.

Based on these insights and the recommendations from the Access to Medicine Index Expert Review Committee, a refined definition of patient reach (see definitions on p.28) was developed for assessing companies' patient reach methodologies in the 2024 Access to Medicine Index. In addition to patient reach remaining part of the Index's Product Delivery assessment, a new indicator has been introduced in the Governance of Access assessment, which aligns with the Foundation's refined definition of patient reach (see box below).

Enhanced focus on patient reach for the 2024 Index

Although patient reach has always formed part of the Product Delivery assessment within the Access to Medicine Index, the Foundation's increased focus on patient reach is reflected in many of the enhancements and updates to the 2024 Index Methodology that will be used to assess and compare companies in the upcoming Index. Notably, a new priority topic on measuring and reporting patient reach has been introduced in the Governance of Access Technical Area, which will look at the success of companies' strategies in ensuring their essential healthcare products reach patients living in LMICs. This includes a standalone patient reach indicator, "GA8: Measuring and reporting patient reach", which will evaluate how companies define, measure, and report on patient reach. Specifically, whether the company has a process in place for measuring patient reach that:

a) Is publicly available in terms of underlying methodology (equation/ metrics/ assumptions/ limitations);
b) extends across the company's portfolio, for diseases within scope of the Index;
c) covers all countries within scope of the Index, where the company's products are sold;
d) regularly reports resulting patient reach numbers publicly;
e) incorporates clear goals and objectives to measure and improve* patient reach and associated health outcomes over time and can demonstrate such improvements.

*Improvement in patient reach does not necessarily mean an increase in patients receiving a product (for example, where the goal of a product is elimination or eradication of a disease).

INDUSTRY ANALYSIS: OVERVIEW

Trends and developments

Most of the companies assessed in this report aspire to reach more people in low- and middle-income countries (LMICs) with their products, as evidenced by the high-level engagement the Foundation had on this report. Factors such as tailored approaches to measuring the number of patients reached with products, defined goals to reach more patients and the reporting of related data drive these aspirations. In conjunction, these factors support companies' patient reach efforts and translate ambitions into actionable strategies. The following analysis of 20 companies highlights trends and developments made in these various areas as identified by the Foundation.

Almost all companies have a process in place for measuring patient reach

Nineteen of the 20 companies assessed report having an approach to measuring patient reach in place (see Figure 1). This indicates a widespread effort within the industry to understand and quantify impact on patient access, which is a step in the right direction. Currently there is no consensus on how the industry should calculate the numbers of patients being reached, with a variety of methods being employed.

Among these 19 companies, 42 unique approaches to measuring patient reach were identified. The highest number of unique measurement frameworks shared by a single company was four.

To help foster industry-wide learning and identify gaps and areas of improvement, companies can publicly share information about how they develop and apply these approaches to measuring patient reach. Overall, companies' submissions varied in clarity and transparency. Some companies provided all details about how they measure patient reach publicly, some provided details both publicly and directly to the Foundation, while others submitted under a non-disclosure agreement (NDA). Notably, 11 companies – Astellas, Bristol Myers Squibb, Boehringer Ingelheim, Daiichi Sankyo, Eisai, Gilead, GSK, Johnson & Johnson, Merck KGaA, Pfizer and Roche – provide insights into their processes for measuring patient reach partially or entirely under an NDA.

FIGURE 1 **How many companies have processes for measuring patient reach in place?**

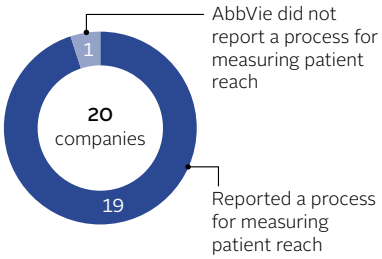
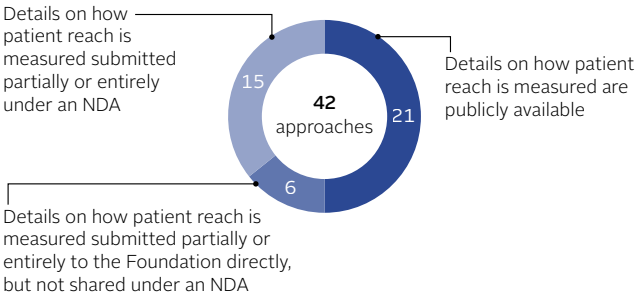


FIGURE 2 **Out of 42 approaches for measuring patient reach, 15 were submitted under a non-disclosure agreement (NDA)**



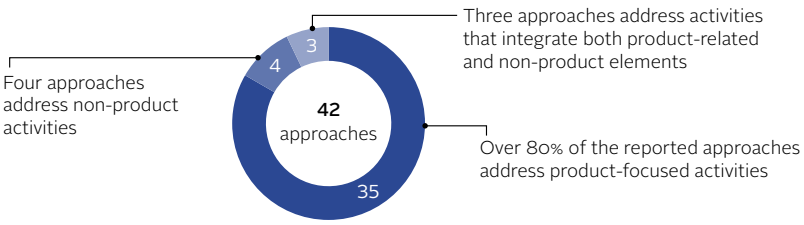
Companies have approaches for measuring patient reach across three types of access activities

Companies engage in various activities to expand access to medicine, as outlined below. The analysis shows that each of these three types of activities is supported by approaches to measure their impact on reaching patients. These activities include:

- Product-focused activities that involve the direct sale or donation of products within a company's portfolio.
- Non-product activities focused on capacity building and health systems strengthening. For instance, disease awareness campaigns and health education.
- Activities that involve both product-related and non-product-related initiatives.

Eighteen out of the 19 companies that reported a patient reach measurement process detail an approach for product-focused activities. AstraZeneca, Sanofi and a company that provided data to the Foundation under an NDA reported approaches for non-product activities. Eli Lilly, Novo Nordisk and a company that submitted data under an NDA reported using an approach for activities that combine product-related and non-product-related initiatives.

FIGURE 3 **Which approach is most used by companies to measure patient reach?**



Companies mostly provide metrics but few share full calculation processes for measuring patient reach

The level of detail provided by companies on how they developed their patient reach approaches varies greatly.

Among the 42 approaches reported by companies, the vast majority (41) detail the included metrics. However, 10 do not provide the underlying equation. It is encouraging that companies are publishing their metrics, but it is also important that they disclose the equation those metrics fit into. This transparency allows understanding of the actual calculations and how patient reach is being measured.

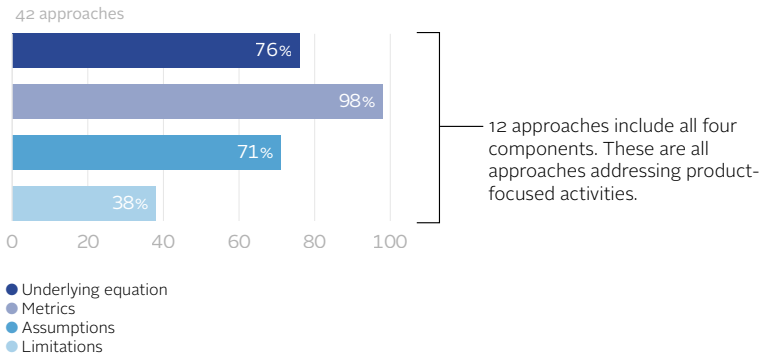
Regarding the other two elements, only 30 out of 42 approaches include assumptions and only 16 include limitations.

TABLE 1 **The 4 elements of a full patient reach approach**

Components	Description
Metric	A measure used to track and assess the status and performance of a specific process, activity or objective. For example, the number of vaccines administered, or number of products sold.
Underlying equation	The formula or method used to combine the individual metrics to derive the final patient reach number. For example, dividing the total sales volume of the product by therapy days and dose.
Assumption	A condition accepted as true, which can serve as a starting point for analysis. For example, a presumption about global average dosing or treatment duration.
Limitation	A factor that might restrict the accuracy or reliability of the patient reach calculations. For example, patients are counted multiple times if they use a product more than once.

Nine companies, including Johnson & Johnson, Takeda, AstraZeneca, Novo Nordisk, Roche, Novartis, MSD and two that shared information under an NDA, provided at least one approach that demonstrates the full underlying process (see Table 1 on p.11), covering the equation, metrics, assumptions and limitations. This level of detail allows understanding of the calculation behind the patient reach figures and reveals how companies consider potential drawbacks and assumptions in their methods.

FIGURE 4 **Percentage of approaches that include the underlying equation, metrics, assumptions and limitations**



Patient reach mostly measured by volumes of products sold or donated

About half of the approaches reported quantify patient reach by using a volume-to-doses formula, which involves dividing sales and/or donations volume data by dosing estimates and treatment duration assumptions. While this is a good gauge of the potential number of patients reached, it is a caveated method; just because a product is delivered, does not mean it successfully reaches the patient.

$$\frac{\text{Number of doses of a product sold/donated}}{\text{Average daily dose x Average duration of treatment}}$$

Seven companies, including AstraZeneca, Novartis, Roche and four others that submitted under an NDA, have taken steps to improve the accuracy of their sales volume calculations by integrating assumptions about treatment adherence. For example, one company reports that for specific treatments, it uses real-world data from insurance claims and information from electronic health records to obtain a more complete picture of treatment adherence. This shows that some companies are enhancing their volume-based approaches to produce more precise patient reach numbers. Furthermore, while most companies base their assumptions on World Health Organization (WHO) guidelines and recommendations for average daily dose and treatment duration, Novartis takes additional steps to refine the accuracy of its assumptions. Novartis stated that although it generally utilises WHO global assumptions in its patient reach approaches, it makes adjustments based on country or product-specific data as necessary.

INDUSTRY ANALYSIS: MEASUREMENT FRAMEWORKS

A closer look at the approaches companies use to track patient reach

As discussed earlier in this industry analysis, the Foundation has categorised the access activities of companies into three categories: product-focused, non-product and those that involve both product-related and non-product-related efforts. The following section delves into the application of the approaches companies use to measure the reach of these different types of activities.

1 **Companies offered diverse levels of detail for approaches addressing product-focused initiatives: interesting examples identified**
Most companies offered approaches to measure the number of patients reached by the products within their portfolios, providing varying levels of detail. These approaches range from high-level overviews to more granular analyses of individual products. It is common for these approaches to focus on wider groupings of products, sometimes based on factors such as therapeutic area. By aggregating products into these categories, companies can gain a high-level view of their overall impact and reach. A few companies have also implemented approaches to gauge the reach of individual medicines.

- **Bayer's approach for contraceptives and Novo Nordisk's methods for diabetes products**
Bayer provided a detailed approach focused on its contraceptive products, sharing how it reaches people living in LMICs. The company explained its two-step process: first, extracting and cleaning the relevant sales data, and then calculating the number of women reached. Bayer also demonstrated that it is able to calculate patient reach for both short-acting (such as oral contraceptives and injections) and long-acting (such as intrauterine devices and implants) contraceptive methods to produce more precise patient reach numbers. Novo Nordisk's comprehensive approach includes three measurement frameworks centred around its diabetes care products. All of these frameworks provide the four elements the Foundation seeks for calculating patient reach (see Table 1 on p.11). This includes Novo Nordisk's process for quantifying the overall number of patients reached with its diabetes care products, the approach underpinning the Access to Insulin commitment – through which the company pledges to provide human insulin at or below a USD 3 ceiling price to 77 countries[7] – and the approach for iCARE.

- **Novartis and Sanofi provided more details on their approaches for product access activities as part of sustainability-linked bond frameworks**
Sustainability-linked bonds (SLBs) provide financing to companies committed to improving specific sustainability outcomes, which may be defined as environmental, social and/or governance-related (see definition on p.28). These facilitate ongoing monitoring and assessment of progress, thereby enabling companies to demonstrate their performance to investors. Sometimes the frameworks can also act as an incentive for companies to establish clearer, more robust approaches to measuring and enhancing patient reach.

  Within their respective SLBs, Novartis and Sanofi have set patient access targets, with both companies sharing comprehensive information on the underlying equations, metrics and assumptions that underpin their approaches for measuring the reach of their product-focused activities aligned with these targets.

Varied commitment to measuring patient reach within large access programmes and inclusive business models

When companies establish large access programmes or inclusive business models with large patient reach objectives aimed at enhancing access to a broad portfolio of their products in LMICs, they are expected to develop clear, robust approaches for measuring patient reach. Additionally, due to the public-facing nature of these commitments and their potential impact, there is an incentive for companies to publicly share details about their measurement approaches.

Sanofi's Global Health Unit is an example of a dedicated model for improving access. The company's approach for measuring patient reach was based on the work of this unit, aiming to address access in 40 LMICs for 30 of its non-communicable disease (NCD) products.[2] For this approach, Sanofi publicly provided the details of the underlying equation, metrics and assumptions. Another large access programme is Pfizer's An Accord for a Healthier World, launched in 2022, which aims to provide all its patented medicines and vaccines at not-for-profit prices to 45 lower-income countries.[3] However, notably, the company did not publicly report any details of the approach it is using to measure patient reach of the Accord.

How are companies measuring the reach of their product donation programmes?

There are different ways in which pharmaceutical companies engage in partnerships to expand access to medicines in LMICs. These methods include collaborating with NGOs and local implementing organisations through access programmes or providing free or discounted medicines to eligible individuals and organisations through patient assistance programmes (PAPs). One partner in such efforts is the Max Foundation, a global health non-profit organisation. Through its collaborations with companies, the Max Foundation receives donated cancer treatments and distributes them at no cost to underserved patient populations in LMICs. Organisations like this already individually track patients, monitor where medications are delivered and, in some cases, verify that the intended recipients are successfully accessing the treatments.

The approaches reported by companies show that in more controlled settings, collaborating with NGOs or local implementing organisations on targeted initiatives, such as PAPs, results in simpler yet more precise methods. For instance, patient enrolment in a PAP is typically equivalent to patient reach. Collaborating and embedding patient reach in partnerships is an important step, helping companies obtain more accurate, on-the-ground data. This should be a shared responsibility among all partners. Such collaborations can be instrumental in understanding the impact of the programmes, allowing companies and their partners to adapt as needed and continuously refine measurement approaches. A small number of companies evidenced that their implementing partners report actual numbers of patients reached, rather than relying on estimates calculated using broad assumptions on patient use. Interestingly, this seems to apply primarily to smaller-scale partner programmes.

Several companies also make larger-scale product donations of their medicines to global health organisations for distribution in LMICs or for humanitarian aid and disaster relief. Many companies in scope have long-running donation programmes targeting the elimination of specific diseases, in partnership with organisations such as WHO, with goals shared and publicised on their websites. For instance, Gilead and WHO have continued their collaboration, which includes the donation of AmBisome® for the treatment of visceral leishmaniasis.[8] As part of its schistosomiasis elimination programme, Merck KGaA (Merck), has donated 1.5 billion tablets of praziquantel to WHO.[9]

In contrast to the smaller-scale partnerships, larger donation programmes often rely more on assumptions around patient use to calculate the number of patients reached. Unlike smaller-scale programmes where companies receive direct patient reach numbers from partners, these larger programmes seem to involve companies calculating patient reach based on the total number of doses donated divided by assumed doses per patient.

Among the examples available, Eisai provides evidence of the equation, metrics and assumptions used for its long-term donation of diethylcarbamazine tablets to combat lymphatic filariasis in partnership with WHO. To estimate the number of patients reached, Eisai considers the average dosage based on WHO's recommended number of tablets per person and the total quantity of donated drugs. Johnson & Johnson shares information regarding the calculation under-pinning its chewable mebendazole (Vermox®) donation programme for intestinal worms, for which it has committed to provide up to 200 million doses per year through 2030.[10] The specific details on how patient reach numbers are calculated were shared under an NDA.

2 Some approaches track the reach of capacity building and health system strengthening efforts

In addition to approaches that measure the reach of product-focused activities, three companies reported measurement frameworks focused on assessing the reach of initiatives aimed at strengthening healthcare systems and building local capacity for product administration in LMICs. These initiatives, whether integrated into broader access programmes or implemented to support more localised patient reach objectives, encompass various activities such as healthcare worker training, educational campaigns and screening and diagnostic programmes.

Examples include AstraZeneca's Healthy Heart Africa (HHA), Young Health Programme (YHP) and Healthy Lung programmes. These initiatives aim to improve access to care for various diseases in LMICs through actions such as partnerships, capacity-building initiatives, screenings, patient education and healthcare provider training.[11]

AstraZeneca reported an approach for assessing the number of patients reached through these programmes, detailing the underlying equation and metrics of this approach. This demonstrates that actual patient interactions are measured, enabling the company to potentially gain insights into various aspects such as patient needs, how products are being used and factors that influence treatment adherence.

Overall, the four approaches reported under this category involve collaborative efforts with partners, such as governments and NGOs. These partnerships can play a crucial role in refining measurement approaches and facilitating more accurate data collection by directly measuring patient interactions.

3 Findings on approaches that measure the reach of initiatives that combine product access and health systems strengthening

Three companies report patient reach through approaches measuring the reach of activities that integrate both product-focused and non-product elements. Some of these approaches are quite straightforward, with the resulting patient reach numbers originating from a single programme of work. For example, Novo Nordisk reported on its Changing Diabetes® in Children (CDiC) programme, which provides both patient education and medical supplies.[7] Novo Nordisk detailed the underlying equation and metrics for this approach, reporting that patient reach is measured by the number of patients enrolled in the programme.

Other approaches reported under this category are more complex, combining the reach of multiple programmes of work into a single patient reach figure. Eli Lilly disclosed the metrics, underlying equation and assumptions for the measurement process of its Lilly 30x30 initiative, a company-wide programme for increasing access to its medicines in resource-limited settings, including both LMICs and high-income countries.[12] Eli Lilly reported how it tracks patient reach numbers through a combination of sales data, product donations and individuals reached through partnership programmes, such as the Life for a Child programme, which provides treatment, supplies and diabetes education. However, the way in which patient reach is measured and calculated for these individual programmes, contributing to the overall total, is less clear. Disclosing more granular information on the calculations used at the programme level can enhance how patient reach is understood, allowing assessment of whether target populations are effectively being reached.

Thus, while approaches that measure the reach of activities integrating both product-focused and non-product elements can help track patient reach across wider programmes, in some cases, greater disaggregation is needed.

INDUSTRY ANALYSIS: COVERAGE

Country and product coverage vary significantly across the approaches

Across the 38 approaches out of 42 that address access efforts involving products (including activities that are purely product-focused and those integrating both product-related and non-product elements), companies vary in their scope (see Figure 5). Some include all products within the Index's scope, others focus on subsets of companies' portfolios, and a few target just one product. For instance, Eisai provided two approaches, each measuring the reach of a single product, while Roche reported two approaches that each measure the reach of more than half of its products in the Index's scope. This variation highlights the diverse strategies companies employ to measure patient reach, with some opting for focused approaches and others measuring the reach of multiple or all products.

Similarly, the geographic coverage of the 42 approaches varies (see Figure 6). Some companies measure reach in all countries they operate in, including all those in the Index's scope, while others include only a smaller proportion of countries. For two approaches, the specific countries included could not be established.

Among the 19 companies reporting approaches, Astellas, AstraZeneca, MSD, Novartis, Pfizer and another company that reported information under an NDA exhibit patient reach approaches covering all countries in which the companies operate (i.e. including countries outside of the scope of the Index as well as those in scope). These approaches also cover all products in scope of the Index, along with products not in scope.

FIGURE 5 **Fifty-three percent of approaches that include products cover all or a majority of the company's products**

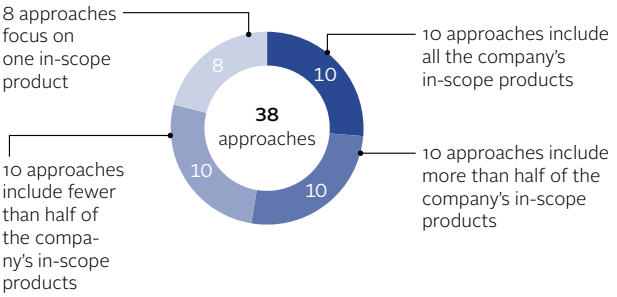
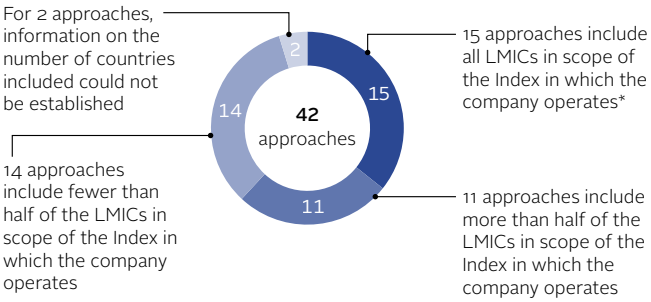


FIGURE 6 **Sixty-two percent of approaches cover all or a majority of the countries in scope of the Index in which the company operates**



*The analysis of the country coverage of each approach considered the prevalence of the disease(s). This means that for approaches targeting diseases only prevalent in a subset of the in-scope countries, only those countries where the disease is prevalent were assessed. For example, if an approach was reported to include all 30 countries in which a disease is prevalent, that approach was assessed as covering all LMICs in the scope of the Index.

INDUSTRY ANALYSIS: GOALS

Are companies' approaches backed by clear, measurable goals?

When companies have goal-driven approaches, they gain a clear direction and purpose in their patient reach efforts. Without these objectives, they risk operating without a defined path, making it hard to measure success and identify areas for improvement. However, merely having targets is not enough; the quality of these goals also matters. High-impact goals are not just clear and well-defined; they are also measurable, specifying the exact number of patients they aim to reach and the timeline for achieving this, enabling precise tracking of progress and performance. This combination ensures companies stay on course and continuously enhance their impact.

The following section includes an overview of the assessed companies' goals that are tied to patient reach approaches. Goals that are not connected to patient reach approaches are, therefore, not considered within the analysis. However, it is important to note that goals alone do not ensure patients are reached; the affordability and availability of products significantly aid in achieving these objectives.

FIGURE 7 **How many approaches are supported by a patient reach goal?**
Of the 42 patient reach approaches identified in this report, 31% do not have a patient reach goal.

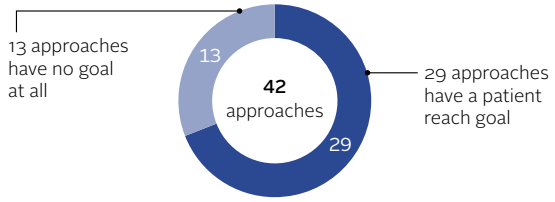
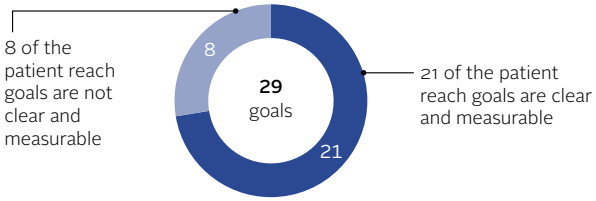


FIGURE 8 **The majority of goals set by companies are clear and measurable**
Of the 29 patient reach goals identified, more than 70% are clear and measurable.



Which diseases are included in companies' goals?

Another impactful aspect of patient reach goals is the specific diseases they target, as this can directly address major health challenges in underserved populations. Further analysis of companies' goals shows a focus on a range of diseases, many of which pose a high burden for patients, especially those in LMICs. For instance, Eisai, Johnson & Johnson and Merck each target different neglected tropical diseases (NTDs): lymphatic filariasis, intestinal worms (or soil-transmitted helminths) and schistosomiasis, respectively. These parasitic infections disproportionately affect people in LMICs, particularly those living in impoverished areas. If left untreated, they can lead to severe health consequences, including disability, the progression to chronic conditions or even death.[13]

While all 20 companies have products for non-communicable diseases (NCDs) within their portfolios, companies such as AstraZeneca, Bristol Myers Squibb, Eli Lilly, Merck, MSD, Novartis, Novo Nordisk and Sanofi shared approaches with goals specifically associated with NCDs like diabetes, cancer and cardiovascular disease. Companies such as GSK and Johnson & Johnson have stated commitments to tackling communicable diseases like tuberculosis, malaria and HIV. However, aside from Bayer's goal regarding contraception, which reflects its major product

portfolio focus on women's health, there are limited commitments to reproductive, maternal and newborn health conditions among the companies in scope.

Certain companies commit to ambitious and well-planned targets for diseases with high global burdens

Addressing disease burden and unmet health needs in LMICs is a collective responsibility involving various stakeholders, including pharmaceutical companies, governments, national and local health authorities and global health organisations. Aspirational, specific, measurable and achievable patient reach commitments from companies can help drive progress. To set effective patient reach goals, companies must consider the following factors:

- **Understanding the treatment-eligible patient group:** It is crucial to identify the treatment-eligible patient group for products, both globally and within LMICs, so patient reach can be accurately measured.
- **Assessing disease prevalence:** Understanding disease prevalence is essential for measuring patient reach. Disease prevalence quantifies the number of individuals living with a disease at a specific point in time, providing an indication of the affected population. This report uses data from the Institute for Health Metrics and Evaluation (IHME)'s Global Burden of Disease (GBD) 2021 to highlight significant opportunities for companies.
- **Prioritising products in concentrated markets:** When the manufacture and supply of products are concentrated among a few or sole companies, these companies bear a greater responsibility for ensuring that products are available, and patients are reached.

Bayer, GSK and Johnson & Johnson have set goals that align with some of these input parameters, showing promise for improving patient reach and demonstrating meaningful progress if achieved.

Johnson & Johnson's MDR-TB commitment

Johnson & Johnson has established detailed and measurable patient reach objectives as part of its Health for Humanity 2025 Goals. For example, by 2025, the company states it aims to enable access to bedaquiline for 700,000 cumulative patients globally, reporting that it could potentially avert 6,000,000 new cases of new cases of multidrug-resistant tuberculosis (MDR-TB). Johnson & Johnson reported that in 2022, the drug had been made available in 158 countries, including all 30 countries with the highest burden.[14]

Bedaquiline is a core component of the treatment regimen recommended by WHO for MDR-TB, which refers to TB strains that do not respond to at least the two most potent anti-TB medications, isoniazid and rifampicin.[15] Accessing treatment for MDR-TB in LMICs is challenging. Lack of access to the appropriate MDR-TB treatment can potentially lead to worsening of the disease for patients in these regions.[15,16]

The estimated global disease prevalence of MDR-TB is 653,669 cases, with 624,840 patients affected in LMICs in scope alone, according to IHME's GBD data from 2021.[17] Against this backdrop, Johnson & Johnson's goal of providing bedaquiline to 700,000 patients could have a significant impact in tackling this pressing global health issue. To help achieve this, the company has entered into an agreement with the Stop TB Partnership's Global Drug Facility to enable the tendering, procurement and supply of generic versions of bedaquiline to LMICs.

Given that Johnson & Johnson is a major global supplier of bedaquiline and has an extensive operational reach in countries with a high burden of TB, the scope of the company's initiative is achievable. By developing this commitment with underlying metrics to measure progress, the company demonstrates that its 2025 goal is also backed by an approach that will track whether patients are being reached. Johnson & Johnson reports that 210,536 patients received access to the bedaquiline molecule (branded and generic) via its initiative in 2023.[18]

Bayer's contraceptive access initiative

There is a significant unmet need for family planning globally, with 164 million women of reproductive age who wish to delay or prevent pregnancy but are not using any form of contraception. Sub-Saharan Africa exemplifies this gap, with the usage of modern contraceptives being the lowest in the world at 56 percent.[19]

The gap in contraceptive care remains a significant challenge. However, if more companies actively engage in this sector and set ambitious goals, including Bayer, there is potential to meet this critical need. Bayer's reported commitment to meet the contraceptive needs of 100 million women in LMICs by 2030 exemplifies the impact that collective efforts can achieve. This commitment includes the use of modern contraceptive methods, both short-acting and long-acting.[20]

Bayer's targeted effort to increase access can help address this unmet gap, significantly improving reproductive health outcomes for millions of women in LMICs. As mentioned earlier in this section, this realistic yet high-reaching goal also has a comprehensive approach to track its progress. As of 2023, Bayer reports having already reached 46 million women in LMICs via its access efforts.[20]

GSK's global health access goal

GSK has also established a clear and focused goal, stating it aims to provide medicines and vaccines to 1.3 billion people in lower-income countries by 2030. This initiative targets diseases including malaria, TB, antimicrobial resistance (AMR) and HIV/AIDS (through ViiV Healthcare).[21] According to IHME's GBD data from 2021, the combined prevalence of malaria, TB and HIV/AIDS in LMICs in scope totals approximately 1.8 billion people, emphasising the urgent need for effective interventions.[17] Furthermore, AMR poses a significant global health threat, contributing to around 1.27 million deaths annually, with a particularly high prevalence in low-resource settings. Projections suggest that if left unaddressed, AMR could result in up to 10 million deaths per year by 2050.[22] In 2023, GSK reported having reached 89 million people* with vaccines and antiretrovirals and made 989 million doses of products available in lower income countries via its initiative.[23]

Examples of goal setting with potential for further refinement

Other companies in scope have also set goals targeting a variety of diseases through diverse efforts. However, upon analysis, the Foundation has identified that some of these goals could be further refined. It is encouraging to see patient reach being prioritised by companies overall, but to maximise impact, some goals could benefit from being more ambitious or more specific.

Companies' commitments towards addressing NCDs

NCDs are chronic diseases that are rising rapidly worldwide and are the leading cause of death globally. The most prevalent NCDs include cardiovascular diseases, diabetes, cancers and chronic respiratory diseases.[24] According to IHME's GBD data from 2021, NCDs affect approximately 7.2 billion people globally, including 5.7 billion in LMICs in scope.[17] Several companies have established goals for addressing NCDs, either through direct commitments or by integrating NCDs into broader patient reach objectives.

- **Merck** states its aim to provide access to more than 80 million patients per year in LMICs across Africa, Asia, Latin America and the Middle East, focusing on NCDs such as head and neck, colorectal and bladder cancers, as well as thyroid disorders. As part of this, Merck's Systemic Health Access and Patient Enablement Program (SHAPE) aims to expand patient access to both existing and upcoming products by implementing health system strengthening initiatives, developing equitable pricing strategies and streamlining regulatory processes. In 2023, the company reports reaching 57 million patients in LMICs with its healthcare portfolio.[25]

*This does not include people reached through the albendazole donation programme.

- **Novartis** has stated its commitment to increasing patient reach with its innovative therapies in LMICs by at least 200 percent by 2025, targeting to reach 1.6 million patients compared to 0.5 million in 2019. This commitment encompasses access to various treatments, including Entresto® (sacubitril/valsartan) for heart failure, supplied through the company's emerging market brands (EMB) programme, which aims to make medicines more affordable in resource-limited settings. According to company reports, Novartis reached its goal of 1.6 million patients in 2023.[26,27]

- As part of **MSD's** reported commitment to enabling 350 million more people to access its innovative portfolio by 2025, the company is focusing on building healthcare capacity, strengthening channels for care delivery and fostering sustainable financing through dedicated access strategies, solutions and partnerships. This includes optimising patients' cancer journeys from early diagnosis to treatment, preventing HPV-related cancers through expanded access to its HPV vaccines in countries supported by Gavi, the Vaccine Alliance, and implementing access strategies for communicable diseases such as COVID-19. According to company reports, MSD has reached 189 million people as of 2022 via its access efforts.[28]

- Meanwhile, **Bristol Myers Squibb** states that its Accessibility, Sustainability, Patient-centric, Impact, Responsibility and Equity (ASPIRE) strategy aims to enhance the accessibility and affordability of its innovative treatments in LMICs, including to cancer treatments. This strategy aligns with the company's reported goal to provide innovative treatments to over 200,000 patients in LMICs by 2033.[4] As of 2023, Bristol Myers Squibb reported having reached 104,000 patients worldwide through its endeavours.[29]

- **AstraZeneca** has set out a goal to reach 50 million people (cumulative) through initiatives such as Healthy Heart Africa (HHA), the Young Health Programme (YHP) and the Healthy Lung Programme by 2025, as described on p.15. Notably, AstraZeneca has already surpassed its goal, reaching over 66.4 million people cumulatively through these initiatives as of 2023.[30]

Despite such a high prevalence of NCDs across LMICs in scope, these examples show that companies' commitments to reach patients affected vary widely in their reach and ambition. While some companies are actively working to combat NCDs on a large scale, others may not be as far-reaching in their initiatives. This variation underscores the scale of the challenge and highlights the need for comprehensive and targeted approaches. Alternatively, even if numerical targets are ambitious, there is a noticeable lack of specificity or sub-goals in targeting individual NCDs, hindering the effective and efficient use of resources to make a meaningful impact.

To further illustrate this analysis, goals related to one specific NCD – diabetes – are explored in the accompanying box-out on p.22.

Dominating the diabetes market: Eli Lilly, Novo Nordisk and Sanofi's commitments

The global insulin market is dominated by three major players: Eli Lilly, Novo Nordisk and Sanofi, who control over 90 percent of the market share.[31] These companies have publicly committed to expanding access to their products in LMICs, with many of these goals tied to processes to measure and track patient reach. However, the scale of these efforts seems limited compared to the growing burden of diabetes in these countries.

- Through its 30x30 initiative, **Eli Lilly** has indicated that it aims to enhance healthcare access for 30 million people in resource-limited settings by 2030, including at least 1 million people with diabetes in LMICs. The company has partnered with Egypt-based EVA Pharma to supply affordable human and analogue insulin to at least 1 million people with type 1 and type 2 diabetes in lower-middle-income countries, primarily in Africa. Additionally, through its partnership with Life for a Child, Eli Lilly states aiming to expand access to diabetes care and medicines to approximately 150,000 children and young people with type 1 diabetes by 2030. Regarding its 30 million goal, the company reports having reached 18 million people by 2023.[12]
- **Novo Nordisk** asserts that its Changing Diabetes® in Children (CDiC) programme seeks to support 100,000 vulnerable children and young people with type 1 diabetes across 29 countries by 2030. As of 2023, the company reports having reached 52,249 children and young people. Novo Nordisk states that its iCARE model aims to reach over 2 million vulnerable people with diabetes in sub-Saharan Africa by 2030. For the iCARE model, the company reports having reached 433,000 people with diabetes by 2023.[7]
- **Sanofi**, through its Global Health Unit, states aiming to provide care for two million people with NCDs, including diabetes, in 40 lower-income countries by 2030. The GHU focuses on strengthening healthcare systems through initiatives like screening, diagnosis, disease management and training. Sanofi reports having reached 261,977 patients living with NCDs in 2023.[32]

Despite these efforts, these commitments collectively address only about one percent of the diabetes (both type 1 and type 2) prevalence within the 113 LMICs in scope of the Index, which currently stands at over 350 million cases out of the global 525 million cases, as per IHME's GBD data from 2021.[17] The global prevalence of diabetes is expected to increase to 783 million by 2045, with a high proportion in LMICs.[33]

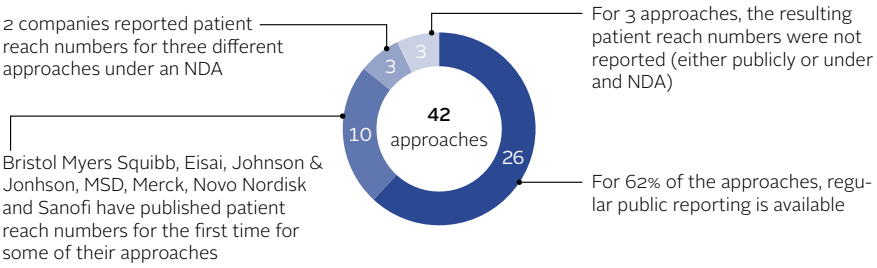
Therefore, while the leading insulin manufacturers have set out specific goals to expand access, the scale of these commitments falls short in adequately meeting the need. As the main providers of insulin, these companies are the only entities capable of ensuring access. Expanding access through equitable pricing strategies, manufacturing partnerships and technology transfers can be effective ways to better address the growing demand.

INDUSTRY ANALYSIS: REPORTING

Most approaches include publicly available patient reach numbers

Overall, most of the 42 patient reach approaches have publicly available patient reach numbers that are published either annually or on a more regular basis. Some companies demonstrated that they were publishing these numbers for the first time. Among the 10 approaches where this is the case, some are new, which explains the first-time publication. However, for others that have been established for longer, the reason for the first-time publication is unclear.

FIGURE 9 **How many approaches feature public reporting of patient reach numbers?**



Many of the companies publish their patient reach numbers in their annual reports or ESG reports (also referred to as sustainability or impact reports). Others, such as Roche and Eli Lilly, publish their patient reach numbers directly on their websites. Several companies, including Bayer, Eli Lilly, Novartis, Novo Nordisk and Sanofi, feature not only the most recent patient reach numbers in their reporting but also the numbers from previous years. This is very helpful for comparison over time and demonstrates a willingness to be transparent about how patient reach numbers have changed.

Vast majority of companies reporting patient reach numbers show improvements

Measuring progress in patient reach allows companies to track their advancements over time. This continuous assessment ensures they can identify successes and areas for improvement, ultimately enhancing their impact on patient access. It is worth noting that the nature of progress can vary based on the product or programme of work. For products aimed at neglected tropical diseases (NTDs) and other infectious diseases with elimination or eradication commitments, simply tracking increases in the number of patients reached may not be the most suitable method.

In the data they provided, companies were free to demonstrate improvements based on the specific goals and objectives of their respective approaches for measuring patient reach. This meant that, depending on the aims and targets set forth by each company, an improvement could be either an increase or a decrease.

Of the 26 approaches with regularly and publicly reported patient reach numbers, 24 show a clear improvement compared to the previous year. For Novartis's measurement framework for patients reached through its access approaches, a decrease from 2022 to 2023 is observed, which Novartis explained was due to fewer patients being reached through its global health programmes. Another of Novartis's approaches demonstrates that although the year-on-year numbers did not increase, improvements were still being made against the identified goal with a target end date of 2025.

The fact that many companies are able to demonstrate an improvement in their patient reach numbers is encouraging and indicates that the industry as a whole is working to enhance patient access.

KEY FINDINGS

Companies are prioritising patient reach, yet goals and approaches vary in ambition and scope

The Foundation's assessment of the 20 companies shows that, overall, they are engaging in efforts to measure patient reach. While some of these approaches are newly developed, others have evolved from the groundwork laid by companies through access programmes and initiatives implemented in LMICs over the years.

Five findings from this assessment highlight positive developments in the industry, as well as areas needing improvement going forward.

1 **19 out of 20 companies have established approaches, though only a handful are comprehensive so far**

Encouragingly, a majority of the companies have established an approach to measure and track the patients they reach with their essential medicines in LMICs. This highlights that companies and their leadership recognise the importance of understanding patient reach across their operations. However, only 12 out of 42 approaches reported are comprehensive, providing detailed insights into the equations, metrics, assumptions and limitations behind the calculations. By having a well-defined measurement framework, companies can accurately collect data on patient reach, measure the effectiveness of their strategies, drive improvements and allocate resources effectively.

2 **Sales volume is the primary measure of patient reach for product-focused activities**

Given their core role in the development, manufacturing and distribution of pharmaceutical products, companies predominantly use approaches that quantify and assess the reach of their product-related activities in LMICs. Of the 42 approaches reported, 35 measure the reach of product access efforts. Sales volume divided by dosing assumptions is the main metric used in these calculations. However, some companies have started to include additional assumptions, such as patient adherence, indicating a shift towards more nuanced measurement frameworks that go beyond just tracking sales.

3 **Patient reach approaches vary widely in product and country coverage**

Some companies focus their patient reach approaches on individual products, while others assess reach across their entire product portfolios. Geographic scope also varies, with some companies measuring reach in all countries where they operate, including those within the Index's scope, while others cover only a subset of countries. Notably, six companies – Astellas, AstraZeneca, MSD, Novartis, Pfizer and another company reporting under an NDA – share patient reach approaches that encompass all countries where they operate (including those within and beyond the Index's scope), as well as all products in scope and some that are out of scope. Overall, the data demonstrates that across the 19 companies which reported, there are both product and geographic gaps in the approaches used to measure patient reach. This means that in some places, and for some diseases, the number of patients being reached is simply unknown.

4 Patient reach numbers are regularly published

Patient reach numbers are regularly published for most approaches. However, 10 approaches did this for the first time. This is understandable when the goal is new. But in other instances, it is less clear why public reporting has not taken place previously. Nearly all companies that publicly disclose their patient reach numbers also demonstrate year-on-year improvements in those numbers. This reporting allows for assessing whether a company is effectively expanding access to medicines for more patients. It also fosters greater accountability, ensuring that companies remain committed to their objectives and goals of expanding patient reach and steadily improving health outcomes.

5 Many commitments by the industry, but only a few companies set ambitious goals to address high-burden diseases

Most companies have commitments addressing various diseases, with initiatives ranging from improving product delivery and eradicating diseases to enhancing access to care for specific populations, such as women and insulin-dependent individuals in LMICs. Among the identified goals associated with patient reach approaches, a few commitments, including those set by Johnson & Johnson, Bayer and GSK, are clear, measurable and ambitious, with targets aligned with high global burdens. However, the potential for addressing high-burden diseases means goals could be more ambitious, with ample opportunities to set higher targets. Additionally, some goals could not be adequately measured against disease prevalence due to a lack of specificity or undefined timelines, indicating a need for further refinement in their definition.

NEXT STEPS

How can companies expand efforts to measure and track patient reach?

As outlined in this report, most companies have already set goals to expand the reach of their essential health products to more people in low- and middle-income countries (LMICs) and have established approaches to track and measure their progress. Building upon these efforts, companies now have an opportunity to further strengthen and expand their current approaches to measure patient reach, as well as to collaborate and learn from one another. Increasing transparency and integrating patient reach goals and metrics into collaborations will help companies and their partners ensure that more people can benefit from the essential health products. Complemented with actions such as product registration, implementing pricing strategies aimed at affordability and ensuring sustainable supply, companies can effectively reach underserved patients who are often left out.

1 **Transparently and frequently report methods and results to drive accountability, unlock new partnerships and drive impact**
Companies should take additional steps to publicly disclose their patient reach approaches overall. This includes being transparent about the underlying equation, metrics, assumptions and limitations of their measurement frameworks. In addition, companies must continue to consistently and regularly report on the number of patients being reached with their products and access initiatives over time. Some companies have demonstrated full public transparency of their patient reach calculations and numbers, paving the way for others to follow their lead. By being fully transparent, companies can better measure impact, pinpoint gaps and identify areas of improvement in broadening access to lifesaving treatments.

2 **Ensure comprehensive assessment of patient reach across all products and countries**
Most companies analysed have approaches to measure and track the number of patients reached by their products. However, there is a need for more consistent application of these measurement frameworks. As a first step, companies should ensure that every product in their portfolio included within the Index's scope, as well as all in-scope countries where these products are sold or donated, are covered by an approach for measuring patient reach. To further build on this work, companies should consider disaggregating and publicly reporting the number of patients reached per product and country. This will allow for more accurate gaps in access to medicine to be established at a country and product level.

3 **Refine methods to fit different contexts and scenarios**
Not all companies are expected to track and report patient reach figures in identical ways; nuance is essential to yield the most helpful and accurate outputs. Companies should strive to identify metrics, equations and assumptions tailored to specific scenarios, customising methods to suit different product types, patient demographics, treatment modalities and healthcare environments. For example, measuring the number of patients reached with products and initiatives across primary and secondary care settings, or estimating reach in underserved markets, will require tailored approaches that go beyond simply tracking volumes of products sold or delivered. By considering different scenarios and tailoring

metrics accordingly, companies can establish the most effective denominators, assumptions and principles over time, ultimately enhancing the precision and relevance of their approaches to achieve more accurate patient reach numbers. This approach could also help move towards more standardised approaches across the industry, aligned with specific scenarios.

4 **Work with partners to collate and track more granular, on-the-ground data for monitoring patient reach so efforts can be expanded**
A few companies analysed are working with partners to gather on-the-ground information regarding their patient reach. This helps companies understand which populations are being reached with each product and facilitates broader integration of these practices throughout the supply chain. From the outset, companies and their partners should establish specific activities to measure, report and improve patient reach. For example, by incorporating processes to collect and report patient reach data within partnership contracts and agreements, companies can better track patient reach beyond the point of delivery and demonstrate their impact on underserved and harder-to-reach patient populations.

5 **When establishing patient reach goals and approaches, consider prevalence, disease burden and the number of treatment-eligible patients**
When setting patient reach goals, companies should integrate factors such as disease burden in LMICs, the number of treatment-eligible patients and the competitive landscape. These considerations are crucial for establishing clear, measurable objectives that are both ambitious and achievable. By incorporating these factors, companies can set goals that provide direction and facilitate effective monitoring. Establishing defined timelines allows for objective progress tracking, while breaking down objectives into specific, manageable sub-goals helps develop targeted interventions. This structured approach ensures that the goals are not only well-defined but also actionable and impactful, leading to meaningful improvements in expanding access to essential treatments in underserved regions.

6 **Drive progress by collaborating and sharing knowledge with industry peers**
To drive progress in patient reach measurement, companies can collaborate and harmonise the types of assumptions, equations and metrics that have proven effective in tracking and measuring the reach of particular products across various settings. This will not only facilitate greater consistency in patient reach measurement frameworks across the industry, but also standardise reporting to appeal to investors and other stakeholders. While certain elements may need tailoring to specific contexts and products, companies can contribute case studies that highlight the challenges faced, lessons learned and the impact of their refined patient reach measurement strategies on informing decisions around their access in LMICs.

7 **Take action towards improving patient reach approaches while prioritising affordability and access**
Companies should prioritise measuring and tracking patient reach through robust approaches, but they also need to ensure they are focusing on the access and affordability of products. This way, while they have effective methods to measure patient reach, they are simultaneously expanding it for true impact. To overcome barriers that restrict products from reaching patients, companies should implement strategies such as equitable pricing and initiatives to strengthen local healthcare capacity and supply chains, all while collaborating with partners.

DEFINITIONS

Access strategies
The range of mechanisms a company can implement to provide access to its product for a specific group of patients within a country. An access strategy can be composed of different elements, including pricing strategies and additional initiatives to improve the affordability and availability of the product. Access strategies with the biggest potential impact in terms of equitable access are those that aim to promote affordable access to medicine for all income groups of the population by considering the ability to pay of the payer, and by taking healthcare systems' needs and characteristics into account.

Equitable pricing strategy
A targeted pricing strategy which aims to improve access to medicine for those in need by considering the relevant payer's ability to pay, and by taking healthcare systems' needs and characteristics into account.

Patient assistance programmes
Programmes initiated by pharmaceutical companies which provide financial assistance or free-of-charge medicines for a defined patient population with limited ability to pay.

Patient reach
The number of people benefitting from access to a company's product(s), which can be demonstrated through, for example, annual sales volume divided by volume per patient, or the estimated number of patients reached by a particular access strategy, initiative, or partnership. The Index evaluates a company's overall process for defining, measuring, and reporting on patient reach, as well product-specific examples of patient reach in the context of access strategies.

Prevalence (expressed as a proportion)
The total number of cases of a given cause in a specified population at a designated time. All results in GBD refer to point prevalence.[34]

Sustainability-linked bond
Sustainability-linked bonds (SLBs) provide financing to issuers who commit to specific improvements in sustainability outcomes. These outcomes may be defined as environmental, social and/or governance related.[35]

Vulnerable populations
People at greater risk of facing barriers to accessing medicines due to social, economic and/or health considerations.

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