16. Understanding firm- and field-level change toward sustainable development: insights from the pharmaceutical industry and access to medicines, 1960–2020

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INTRODUCTION

Policy makers and the broader public have increasingly turned to companies to make progress on solving persistent and global problems that negatively affect our society. Beside the fact that companies are often complicit in amplifying problems, they are also increasingly seen as drivers in mitigating or even solving these problems through their products, wealth or expertise. Corporate research and development investments, for example, could make a difference in finding new energy-saving technology. The 'business of sustainability' is typically associated with corporate efforts to be greener, reduce emissions or create more eco-friendly products. However, demands on corporate involvement in addressing sustainable development are not limited to challenges in the natural environment. Companies also face increasing expectations to proactively address problems related to the social dimensions of the Sustainable Development Goals (SDGs).

A particularly relevant and timely challenge in that regard is access to medicines. Lack of access to medicines constitutes a pressing problem for approximately two billion people worldwide who cannot obtain medicines due to financial, logistical or other reasons (World Health Organization 2017). This not only affects the wellbeing and restricts the human rights of individuals in low- and middle-income countries (LMICs); it also impacts societies at a global scale, as witnessed in the COVID-19 pandemic. Today broad consensus exists among the global health community[1] that pharmaceutical companies have a special role to play in tackling this challenge and developing solutions. However, pharmaceutical companies still struggle internally over how to assign responsibilities and implement actions related to this new mandate. In the context of COVID-19, discussions around access to vaccines have reflected resistance and conflict all too vividly.

In this chapter, we use access to medicines as a case to understand how business can become instrumental in addressing the persistent and global problems we associate with sustainable development. In the next section, we provide more background on access to medicines as a prominent challenge for sustainable development. This is followed by a historical overview on the engagement of the pharmaceutical industry with the issue. We then propose three analytical perspectives on how we can advance research in management on access to medicines. First, we lay out a field-level perspective to understand the dynamics of this global problem in the industry over time. Second, we present a firm-level perspective to understand heterogeneity among firms and the approaches they use. Third, we offer a process-level perspective to understand the organizational dynamics that underpin firms' transformation

toward integrating access and more broadly a mandate for sustainable development into their business operations. access to medicines. These perspectives display research opportunities around sustainability and responsible management more generally. We conclude with a look at managerial challenges of interest to management scholars.

ACCESS TO MEDICINES AS A CHALLENGE FOR SUSTAINABLE DEVELOPMENT

The World Health Organization (WHO 2017) estimated that nearly two billion people lack sufficient access to medicines. This implies that a large share of people living on our planet cannot benefit from the collective medical advancements made since the mid-20th century. The United Nations' Sustainable Development Goal 3 recognizes that access to medicines is a precondition to ensure 'Healthy Lives and Wellbeing for All'. The lack of universal access to medicines and vaccines causes preventable human suffering and compromises an individual's right to health. In addition, it also negatively affects the fulfilment of other SDGs related to poverty, education and the empowerment of girls and women. Moreover, the COVID-19 pandemic has reminded us all that our common welfare depends on equal and universal access to vaccines across the globe.

The complexity inherent in the access to medicines challenge is reflected in upstream and downstream dimensions. The upstream dimension concerns the research and development of essential health products. For many so-called neglected tropical diseases, such as schistosomiasis and lymphatic filariasis, treatments are nonexistent or at most suboptimal. For other diseases, existing health products might not be appropriate for use in certain countries; many products are not suited for use in hot climates, or for specific patient groups such as small children. For instance, even though the treatment of the human immunodeficiency virus (HIV) has improved significantly, development of pediatric formulations took much longer. In 1990, an international commission famously described the 10–90 gap showing that only about 10 per cent of health research funding was spent on diseases that caused ca. 90 per cent of global mortality (Commission on Health Research for Development 1990). Scholars have identified a market failure as the leading cause for this systemic disparity (Trouiller et al. 2002; Yegros-Yegros et al. 2020): the patent-based model for medical research in most countries incentivizes research and development to focus on health products for the most profitable markets. Thus, the financial return on developing yet another cancer treatment is higher than finding a treatment for diseases that are endemic in LMICs.

The downstream dimension, in contrast, implies a different challenge: while health products exist, patients are not able to access them (Bigdeli et al. 2013). Accessibility and affordability are tightly connected. To realize full access, health products need to be affordable for the patient or the health provider. They also need to be locally available and of sufficient quality. The causes for not meeting these criteria vary and are often difficult to isolate. On the one hand, affordability depends on the price of a product. On the other hand, affordability also relates to the income level of an individual or social protection systems in a country. Likewise, products can be unavailable to patients because they have not been registered in a specific country, or because local supply chains do not function well enough and hospitals are out of stock. Accordingly, ensuring access to medicines requires a concerted effort of many actors including health providers, governments, international organizations and pharmaceutical

manufacturers. This complexity is also noticeable in the language of SDGs' access-related targets 3.8 and 3.b,[2] which refer to research and development, as well as quality and affordability issues. To discuss what companies can and should do to contribute to improving access, it is helpful to differentiate between those dimensions. Conflating them – as often occurs in research and practice – leads to misunderstandings and flawed comparisons. For example, when activists criticize companies for not doing enough on access, companies often respond by listing the research they do on neglected tropical diseases, even though the issues activists referred to were centered around pricing.

A BRIEF HISTORY OF ACCESS TO MEDICINES IN THE PHARMACEUTICAL INDUSTRY

Downstream aspects of access to medicines are particularly pertinent to understanding how pharmaceutical companies can drive progress on the SDGs. The challenges we listed above are not new; throughout recent decades they have been tackled in different forms, with varying enthusiasm and credibility. Assessing the history of how the pharmaceutical industry as a whole has faced access to medicines since the 1960s, in overlapping time periods we identify three approaches that build on each other (see Figure 16.1): (1) access as corporate philanthropy, (2) access as a subject of stakeholder conflict, and (3) access as an integrated objective. Each of these approaches implies a specific perceived mandate of pharmaceutical companies and perceived corporate responsibility toward access and the SDGs more generally.

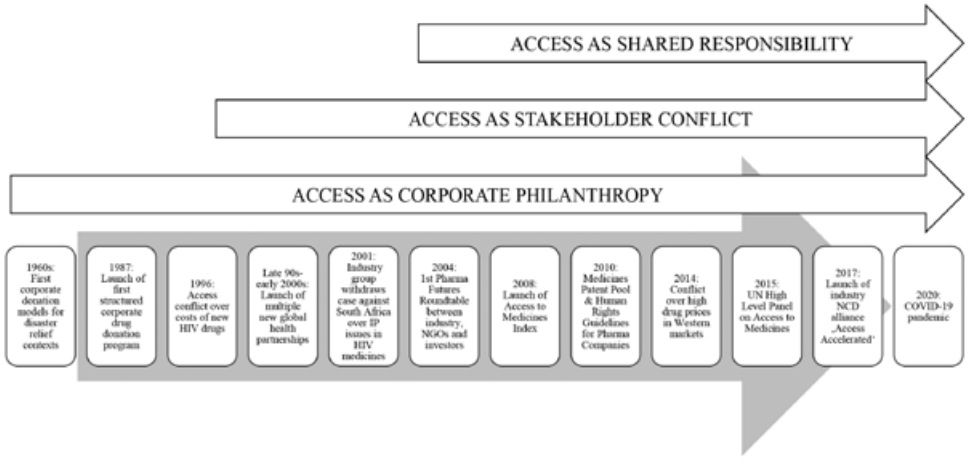


Figure 16.1 A brief history of access and the pharmaceutical industry

Access as Corporate Philanthropy (1960s–Present)

For most of the 20th century, pharmaceutical companies had few explicit touchpoints with issues discussed in global health. Interactions between international organizations or governments and pharmaceutical companies occurred mostly in the form of commercial transactions

(Buse and Walt 2000). Exceptions to this were donations of medical products and medicines for disaster relief, which began in the early 1960s and were driven by a few individual companies.[3] From the late 1970s onwards the industry began to transform with the rise of new biotechnology companies and increasing globalization (Malerba and Orsenigo 2015). As many new products reached the market, the industry became increasingly profitable, but also more exposed to unmet medical needs globally. This trend spurred discussions about the responsibilities of multinational companies in a globalizing world. As a result, several companies made neglected tropical diseases a central topic of their growing philanthropic activities. Initially, this mostly focused on research and development of vaccines and treatments that were lacking (Cone 1991). Yet, in 1987, Merck & Co developed the first downstream access program with its donation campaign for ivermectin to treat onchocerciasis, or river blindness (Collins 2004). Several comparable programs followed in subsequent years, targeting diseases including polio, leprosy, and trachoma. These initiatives had in common that they involved existing products in the companies' portfolios, for which R&D costs had already been recouped (e.g., Merck's ivermectin had been a commercially successful antiparasitic treatment for livestock), or for which no commercially relevant market existed (e.g., Coartem in Novartis's Malaria Initiative). Moreover, companies mostly used donation models to make products available to international partners or charged minimal costs to cover parts of their manufacturing and distribution costs (Chu et al. 2014). In that sense, some programs implied significant financial commitments, but these efforts remained largely decoupled from the day-to-day business of companies. In many cases, they were implemented by independent corporate foundations. Companies continue to run these initiatives to this day, but with the HIV crisis emerging at the end of the 1990s access to medicines moved beyond being solely a topic of corporate philanthropy.

Access as a Subject of Stakeholder Conflict (Mid-1990s–Present)

The year 1996 marked a turning point for how pharmaceutical companies approached access issues (Trullen and Stevenson 2006). In that year, researchers presented a new breakthrough therapy to fight HIV. However, the price of this new combination treatment offered by several multinational companies ranged between USD 12–16 000 a year. Immediately voices in civil society and international organizations began calling upon companies to lower prices in order to enable access to these therapies for patients in LMICs. Unlike previous discussions around treatments for neglected diseases, these calls affected commercially viable products with an immense market potential. Pharmaceutical companies were initially hesitant to offer new access initiatives to such drugs, fearing that donated or lower-cost versions of their products would find their way back into high-income markets, thus cutting into their profits.

Moreover, the HIV crisis further spurred developments perceived by companies as undermining the international intellectual property rights system. The passing of the World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights (WTO TRIPS) in 1995 had brought LMICs to adopt stricter patent laws, for which the industry had long lobbied in order to keep competition from international generics manufacturers at bay (Weissman 1996). Yet, facing health emergencies with millions of people dying, several countries including Brazil, Thailand and South Africa decided to disregard patents on the new combination therapies and produce medicines locally. Patent-holding companies reacted by getting the US administration to threaten Brazil and Thailand with trade sanctions, and in 1998

a group of 39 companies even sued South Africa's post-apartheid government for circumventing patent laws. Public outrage over these actions drastically mobilized the emerging access movement and directed its focus onto the patent regime as a central hurdle to access ('t Hoen 2002). As public pressure and outcry intensified, companies began to lose the support of their home country governments, which in turn led them to make concessions on medicines related to HIV. In 2001, the suing companies withdrew their South African court case and some companies began offering substantial price reductions to LMIC governments and international organizations (Dawkins 2005).

In controversies about the distribution of HIV medicines, activists started to openly contest and challenge the industry's core business model. By questioning the intellectual property rights regime, the access movement of mostly international civil society organizations, with the growing support of international organizations and governments, became a significant threat to the industry's core asset – patent protection. This motivated pharmaceutical companies to offer access initiatives with the goal of safeguarding their industry's business model and upholding its legitimacy (Trullen and Stevenson 2006). The resulting pattern of stakeholder pressure and responding product-specific access programs has continued in the years following the showdown over HIV. Novartis, for example, defended the high prices and tough patent litigation for its cancer drug Glivec with its investments in a patient assistance program (Ecks 2008). In a more recent example from 2013, Gilead tried to counter access concerns about its breakthrough – but highly expensive – hepatitis C treatment by immediately announcing cost reductions and voluntary licensing agreements for LMICs (Knox 2013). Moreover, the HIV crisis changed how access initiatives were developed and implemented. Instead of being merely an issue fitting the mandate of decoupled philanthropic efforts, access became a business issue discussed at board level. Rather than using philanthropic models, companies tried to make concessions to the access movement through their commercial teams developing new pricing structures. These experiences paved the way for the emergence within the industry of a third approach to access.

Access as an Integrated Objective (Mid-2000s–Present)

At the end of 2020, the International Federation of Pharmaceutical Manufacturers Associations (IFPMA) stated on its website: 'We are deeply engaged in the access to medicines debate to find sustainable solutions for patients worldwide. To achieve this, we facilitate dialogue and partnership between governments, civil society, and academia to find creative and viable solutions.' This framing exemplifies the paradigm of partnership and collaboration underpinning the SDGs that treats multinational companies increasingly as part of the solution rather than the opposing force in fostering sustainable development (Scheyvens et al. 2016).

IFPMA's statement signifies that after years of resisting or keeping a distance, the industry has accepted shared responsibility for access. Indeed, over the course of the second decade of the 21st century many companies have institutionalized this responsibility by enshrining access into their governance, and most have set goals and targets around access to medicines, assigning board-level responsibilities for these strategies (Kong et al. 2019). Some companies, such as GSK and Novartis, have moved beyond product-specific access programs as responses to stakeholder pressures and instead have developed more structural approaches to ensuring access to products in their portfolio such as broad-tiered pricing policies or commitments to not register patents in LMICs. Others, including Merck, Novo Nordisk, Roche and Novartis

have developed new double bottom line business models aiming to improve access while creating a sustainable profit and entering new market segments. In 2017, a broad coalition of companies launched the 'Access Accelerated' alliance to tackle non-communicable diseases, demonstrating that the industry is beginning to expand access models to products that are closer to its core business (Umeh et al. 2020). Through these efforts, access has become and will continue to be more embedded into the everyday activities of actors in the business organization. Novartis's Access Principles, for instance, are intended to make commercial teams consider access plans from the early product development stage.

As stated earlier, this transition toward integrating access as a declared and tracked objective for the industry emerged during the HIV crisis. Various stakeholders within and outside the industry used the context to start thinking more strategically about what the access debate implied for companies in the long term. For instance, in the mid-2000s, actors from the access movement paired up with institutional and social impact investors to create the Pharma Futures Working Group (Tickell 2004). This group invited pharmaceutical companies to discuss structural responses to access and other conflict-laden topics that could ensure the long-term value of the industry. NGOs and responsible business activists started to frame access as an issue for corporate strategy and its solution as a win–win opportunity for companies willing to come up with new business models (Oxfam International 2007; Peterson et al. 2012). Moreover, several institutions have been created in the aftermath of the HIV crisis to specifically support this cooperative approach. For example, the Access to Medicine Index emphasizes best practices in its biennial rankings since 2008 and attempts to create a positive competitive dynamic on access in the industry (Quak et al. 2019). The Medicines Patent Pool, founded in 2010, aims to overcome conflicts around intellectual property. It acts as a broker for voluntary licenses that allow makers of generics to produce cheaper alternatives to patented medicines for certain markets by paying a licensing fee to patent holders (Geiger and Gross 2018).

ACCESS TO MEDICINES AND THE PHARMACEUTICAL INDUSTRY IN MANAGEMENT RESEARCH

Our review of the corporate responsibility and wider management literature suggests two distinct perspectives on the role of the pharmaceutical industry in creating better access to medicines. Following one perspective, authors taking a normative stand have discussed whether or to what extent the industry bears responsibility for providing access to medicines. Following a second perspective, researchers have used access as an empirical window to understand the relationship between multinational companies and sustainable development.

The normative scholarly debate about the responsibilities of pharmaceutical companies began at the height of the HIV crisis. It originated in the field of bioethics that mostly argued in favor of assigning responsibility to companies for conducting research on neglected diseases (Resnik 2001) and creating access to their products (Brock 2001). Business ethics scholars soon entered the discussion with a more diverse set of opinions. In one of the seminal articles on the subject in the management literature, Gewertz and Amado (2004) concluded that no moral obligation exists for companies to act. This minority position was supported at a later stage by Huebner (2014). However, the majority of scholars made the case that companies have at least a shared responsibility for improving access (De George 2005; Wempe 2009), which they derive from their ownership of intellectual property (Werhane and Gorman 2005)

or from their capacity to act (Dunfee 2006; Leisinger 2005, 2009). This line of argument is partially based on parallel deliberations on the right to health and evolving human rights guidelines for pharmaceutical companies (Khosla and Hunt 2009; Lee and Hunt 2012). This normative debate slowed down in the 2010s, but regained momentum a decade later in discussions of the industry's responsibility toward creating access to vaccines and treatments for COVID-19 (Santoro and Shanklin 2020).

Beyond this normative debate, empirical management research has studied access according to three questions: (1) Why do companies engage in access initiatives? (2) How do companies organize internally to facilitate access? (3) What are the outcomes of corporate initiatives around access? First, to understand why companies address access, a small number of scholars have employed a social movement perspective on the HIV crisis. Olesen (2006) examined the process of how activists used emotional and strategic elements to make the access challenge resonate with the public and force companies to make concessions. Based on the industry responses to these stakeholder pressures, Dawkins (2005) developed a model of how 'issue pacesetters' affect internal management of stakeholder issues. Trullen and Stevenson (2006) used institutional theory to show that companies reacted to social movement pressure that threatened their societal legitimacy. Echoing this line of thought, a study of Novartis's access program for Glivec in India argued that companies use access programs to protect their business model (Ecks 2008). Another set of studies has focused on the role of government and the institutional environment in getting companies to make progress on access: for instance, by demonstrating how the TRIPS agreement has contributed to more research on neglected diseases (Vakili and McGahan 2016), how active government pressure on companies enabled better access (Flanagan and Whiteman 2007), or how institutional differences between the US and Europe resulted in different expectations toward companies' access commitments (Doh and Guay 2006). Finally, research has looked at specific tools meant to shape the institutional environment for companies and enable them to better provide access to medicines, for example by showing how benchmarking and transparency can affect corporate access performance (Lee and Kohler 2010), or studying the Access to Medicine Index as a coordination tool (Quak et al. 2019). In that same vein, Geiger and Gross (2018) analysed how the Medicines Patent Pool as a market-shaping instrument could influence companies' licensing and collaboration practices in the HIV field. What is missing with regards to antecedents and drivers are more holistic perspectives that go beyond the HIV context at the field level or take into account firm- and micro-level factors.

With regard to the second question, a few studies have examined the manner in which companies have sought to facilitate access internally. The aforementioned study by Trullen and Stevenson (2006) includes an analysis of the differences in how companies acted in the HIV crisis, showing its correlation with companies' respective exposure to stakeholder pressures. So far, the differences in corporate approaches have mostly been documented by researchers in global health (Droppert and Bennett 2015; Rocha et al. 2020). With regards to the internal dynamics and processes around access, Girschik (2020) showed how internal activists have steered the development and rollout of a pharmaceutical company's access strategy. Beyond this study, we only found descriptive accounts of corporate access initiatives used in teaching-oriented case studies (Chu et al. 2014; Porter et al. 2014; Rangan and Lee 2009; Smith and Jarisch 2019) or in global health research (Collins 2004; Ramiah and Reich 2005).

Third, we still know little about the outcome and consequences of corporate access initiatives. The only study we could identify in the field of management found that increased

corporate attention to a salient access challenge, such as a pandemic, can lead to withdrawing resources from other health issues that also have priority but are less salient (Arslan and Tarakci 2020). The gap in the literature on outcomes is not surprising, as most corporate access initiatives are lacking any form of outcome or impact assessment (Rockers et al. 2017). Only outside the business literature have a few researchers discussed the outcomes of individual access programs based on qualitative case studies (Collins 2004; Ramiah and Reich 2005) or randomized control trials (Rockers et al. 2019). Beyond the program level, global health research has studied the theoretical and empirical health effects of specific access tools, such as tiered pricing (Danzon 2018; Danzon and Towse 2003; Moon et al. 2011) or voluntary licensing (Outterson and Kesselheim 2008).

Taken together (see Table 16.1), our literature review shows that the management literature has intensely debated the normative aspects of whether the pharmaceutical industry should tackle the issue of access, and to a certain degree has examined the antecedents of corporate access efforts, particularly in the HIV context. We identify important gaps around the organizing processes and outcomes of corporate access-related efforts. Our review also shows that management research on sustainable development may benefit from looking into adjacent fields and leverage existing knowledge across disciplines.

A RESEARCH AGENDA ON ACCESS TO MEDICINES

Building on the insights from the literature review above and based on our ongoing research on access to medicines as a field-level and organizational phenomenon, we now propose a research agenda containing three distinct perspectives on the issue of access to medicines in the pharmaceutical industry. The research agenda we propose also offers analytical insights that are transferable to the study of companies and global challenges more generally.

Field Level

We suggest that promising opportunities to engage in analysis at the field level can be found in studying the relationship between the pharmaceutical industry and access to medicines as a movement. We refer to a field as a community of organizations interacting with one another in both consenting and conflicting ways over issues, ideas and material interests (Fligstein 2013; Hoffman 1999; Zietsma et al. 2017). Field-level studies are important to understanding the dynamics that led to a change in corporate practices from a decoupled to a more integrated approach to access, as discussed earlier in the chapter. Figure 16.2 shows the significant growth in corporate engagement since the HIV crisis, measured as the cumulative count of programs of corporate members in the International Federation of Pharmaceutical Manufacturers (IFPMA) and their Global Health Progress database. A field perspective helps to make sense of these changes as it allows capturing how events and actors jointly shape the ways in which firms confront a societal challenge. However, there is a dearth of the kind of field-level longitudinal analysis needed to understand how change in corporate practices toward societal challenges unfolds over longer time periods (Zietsma et al. 2017): Fligstein (2013: 41) called on researchers to examine ‘what happens to fields on a period to period basis, and…what forces bring about a transformation of a field’. In our view, the study of access to

medicines over time offers rich insights into these questions. We discuss a non-exhaustive list of opportunities and insights in this section.

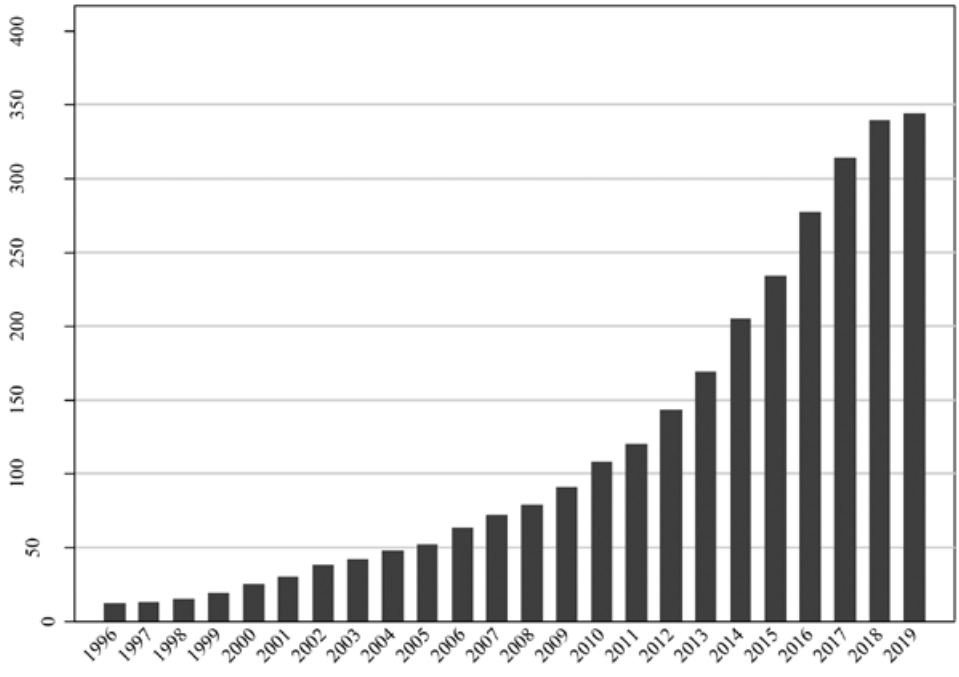
Table 16.1 Overview of management and related literature on access and the pharmaceutical industry

Key question	Access in the management literature	Notable contributions from adjacent fields
Do pharmaceutical companies have a responsibility for access?	• Very limited responsibility (Gewertz and Amado 2004; Huebner 2014) • Shared responsibility (De George 2005; Dunfee 2006; Leisinger 2005; Wempe 2009)	• Bioethics: (Brock 2001; Resnik 2001) • Human rights (Khosla and Hunt 2009; Lee and Hunt 2012; Santoro and Shanklin 2020)
What are antecedents of corporate access-related efforts?	• Normative pressures/Role of social movements (Dawkins 2005; Trullen and Stevenson 2006) • Role of government and regulation (Doh and Guay 2006; Flanagan and Whiteman 2007; Vakili and McGahan 2016) • Role of specific institutions in facilitating corporate efforts (Geiger and Gross 2018; Lee and Kohler 2010; Quak et al. 2019)	• Sociology (Ecks 2008; Olesen 2006)
How do companies organize for access efforts?	• Responses to stakeholder pressures (Trullen and Stevenson 2006) • Strategies of internal activists (Girschik 2020) • *Case-studies for teaching*	• Global health (Collins 2004; Droppert and Bennett 2015; Ramiah and Reich 2005; Rocha et al. 2020)
What are outcomes of corporate access efforts?	• Unintended outcomes (Arslan and Tarakci 2020)	• Global health (Moon et al. 2011; Outterson and Kesselheim 2008; Rockers et al. 2017, 2019) • Health economics (Danzon 2018)

First, a longitudinal analysis at the field level on access and other social challenges allows scholars to trace progress on SDGs over time. In particular, it allows us to study the non-linear nature of field change, including both exogenous and endogenous sources as well as radical and incremental types of change. The onset of increasing conflict over the role of the pharmaceutical industry in global health suggests an exogenous impetus (i.e., the HIV crisis) with real consequences for how firms interpreted their responsibility that is markedly different from earlier and also later periods. Once field reform took place, we can observe endogenous sources such as the previously mentioned Pharma Futures Working Group (Tickell 2004). These observations serve as a foundation to theorize and reconcile distinct visions of how fields can experience change both from within and without, and that change can be both disruptive and gradual (Fligstein 2013; Zietsma et al. 2017).

Second, a field perspective allows for a better understanding of the diverse means by which progress toward sustainable development involving corporate activity can be accomplished. Based on the distinct periods associated with differences in how firms faced their responsibility (i.e., from decoupled to integrated approaches), we can specify a range of strategies employed by actors, including protests and framing, the use of indices, unilateral firm actions and cross-sector collaboration. These strategies can be reactive or proactive. They also imply

different mechanisms at play to explain progress on the SDGs. Clearly, emerging conventions such as the Pharma Futures Working Group constitute a substantively different mechanism from the Access to Medicine Index that set off competitive dynamics over access-related firm practices (Leblebici et al. 1991; Sauder 2008). Resulting from this are intriguing questions: how are these distinct strategies linked to ensuing change in corporate practices and collective action? And to what extent are strategies transferable across different subdomains of the access field (e.g., neglected tropical diseases vs. HIV; see e.g., Wang and Soule 2012)?



Source: Own calculations based on IFPMA Global Health Progress database, https://globalhealthprogress.org.

Figure 16.2 Cumulative number of IFPMA members' active global health programs

Finally, a longitudinal analysis at the field level opens avenues for studying the emergence and change of field ideologies, 'the coherent system of ideas and beliefs' (Hehenberger et al. 2019: 1673) that underpins industries and issue fields. Based on our historical examination of changes in corporate practices and associated ideologies in the case of access to medicines, such belief systems are clearly in flux over time, variably supported or challenged by exogenous and endogenous events and strategies discussed above. As the decoupled approach gave way to greater integration of access objectives, underpinned by a focus of policy actors on the SDGs and a quantification of commitment through the Access to Medicine Index, the contours of a new field ideology have become apparent. Future research could examine the discursive

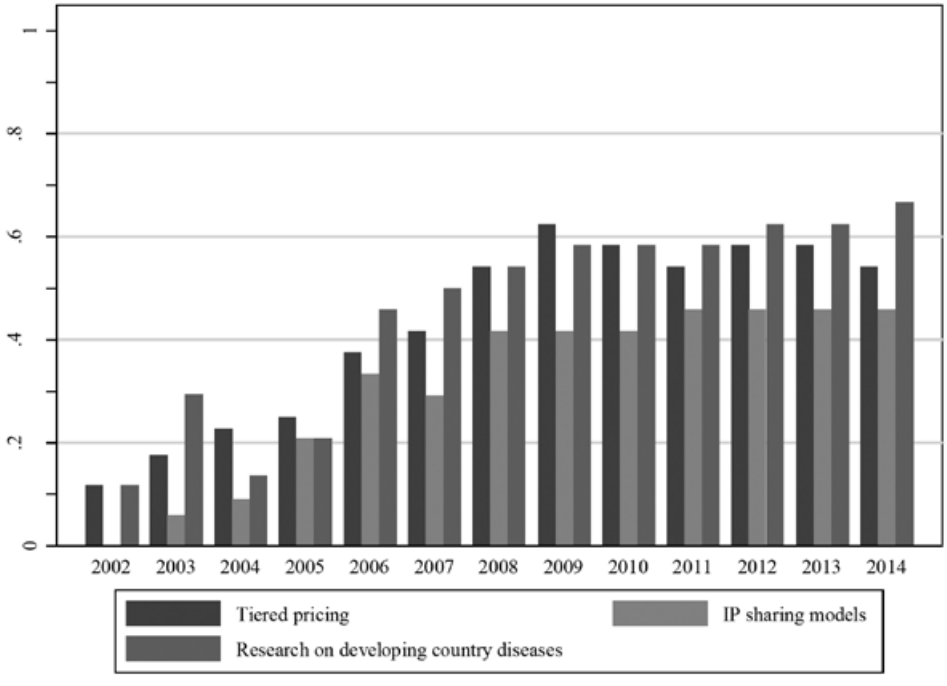
and material changes that accompany a change in field ideology, but also pay attention to which ideas become sidelined or ignored, or survive in the periphery (Hehenberger et al. 2019; Schneiberg 2007). For example, although many corporate actors have made considerable progress, remnants of previous ideologies such as conflicts over patents still exist, as we can see in the ongoing COVID-19 pandemic ('t Hoen 2020).

Firm Level

We also propose that access to medicines offers an opportunity to theorize how and to what effect companies deal with global challenges differently. Even though they operate in the same industry, we can observe a high degree of heterogeneity among pharmaceutical companies in their ambition and types of approaches to the access challenge. With regard to ambition, the biennial Access to Medicine Index shows that it is often a small group of companies that outperforms the wider industry (Access to Medicine Foundation 2018). In the research category, for example, five frontrunner companies are responsible for 63 per cent of the development projects for the most urgently needed health products. Likewise, the majority of products covered by robust equitable pricing strategies come from only three companies (Kong et al. 2019). An analysis of IFPMA member companies using the ASSET4 ESG database in Figure 16.3 shows that companies have increasingly started to commit to different access strategies, including tiered pricing, intellectual property sharing models and research on developing country diseases. As of 2014, however, clear differences remained as to how broadly companies were approaching access, and several companies were still not addressing the issue at all. As touched upon in the historical overview, the downstream aspects of access (e.g., tiered pricing, licensing or new delivery models) offer an analytical opportunity to examine different types of corporate efforts and their respective consequences and outcomes. For example, we can differentiate between the extent to which different types of initiatives integrate an access mandate into the business organization. While philanthropic approaches decoupled from business such as donating health products still exist, companies have increasingly started to couple business and access activities through self-regulation and business model innovation approaches. We understand self-regulation to include measures such as reducing prices for specific products or relaxing intellectual property enforcement. These efforts work from within the business, but do not necessarily imply changes to the everyday activities of commercial actors. Business model innovation includes efforts to develop new socially responsible or inclusive business models that aim at a double bottom line of creating access and commercial returns alike. These models set out to alter everyday business practices more directly. For example, such models may entail marketing techniques to reach customers in rural areas and imply assigning access targets and incentives to traditionally commercial actors in the organization. Future studies of these different approaches within and beyond global health could help us understand whether and how initiatives have the potential to alter core business activities (Halme and Laurila 2009; Martinuzzi and Krumay 2013).

Differences in terms of ambition and type of initiatives invite more research to understand the antecedents for corporate action on SDGs more generally. For example, the access debate could be used to further study how differences between the institutional environments of companies' home or host countries affect the selection of initiatives that have potential consequences for stakeholder welfare (Campbell et al. 2012; Rathert 2016). In the case of the pharmaceutical industry, firms display considerable variation in product portfolios, footprints

in emerging markets, or firm structure that may impact the composition of initiatives making up a firm's approach to a global challenge (Jackson and Rathert 2017; Jacqueminet 2020). The Access to Medicine Index suggests that companies with a higher number of products of the WHO's essential medicines list in portfolio also perform better in the index. As access has become a board-level issue, studying differences and variation among initiatives could be of interest to upper echelon scholarship. Different backgrounds and world views of executives are likely to shape the ambition and types of corporate social initiatives such as access (Gupta et al. 2017; Hambrick and Mason 1984). We also need more studies on the outcome of corporate efforts targeting sustainable development (Blowfield and Dolan 2014; Vestergaard et al. 2019). Here, the diverse corporate efforts around access offer an opportunity to compare the impacts of different approaches and consider what meaningful impact metrics for a broader set of corporate efforts to make progress on the SDGs could be.



Source: Own calculations based on IFPMA members in the ASSET4 database.

Figure 16.3 Share of companies with different access elements in place

Process Level

Third, we suggest that the dynamics of pharmaceutical companies moving from philanthropic approaches to a business mandate for access provide a rich and promising empirical setting

for advancing process perspectives on organizational change. The rankings in the Access to Medicine Index between 2008 and 2018 show that the performance of some companies has improved significantly over time. Equally, the ambition to outperform competitors in the index has increased. These observations trigger questions about dynamics and relevance of access inside companies. In our ongoing research we observe that access strategies of companies that have always been considered industry leaders have evolved over time, moving from more decoupled to more integrated models of providing access. Novartis, for example, started to become more active in access with a leprosy drug donation program and an at-cost provision of treatment for malaria around 2000. In the years that followed, the company slowly introduced access as a mandate within their business as well, especially by developing equitable pricing models for a growing number of products. From 2007 onwards, the company also started to develop and expand new social business models and even created an entire social business unit in 2015. These different streams evolved into a more integrated access strategy that aims to mainstream access targets and mandates throughout the company, for example by having product development teams develop access plans from the outset.

Studying internal processes around access can bring to the surface the political dynamics within companies with respect to issues of sustainable development more generally, as well as carrying important practical implications. Political dynamics over the direction and stance of the firm with regard to sustainability and responsibility are pertinent in most industries, including those in the energy sector (Raval and Hook 2020). Accounts of the internal debates within the pharmaceutical company GSK at the height of the HIV crisis suggest intensified internal conflict and disagreement about how the company should respond to the access challenge (Miller and Parker 2013). Canonical organization theories by Selznick, March and Bower that consider organizations as political spaces can provide theoretical foundations for thinking about negotiations over global challenges inside companies and across corporate layers (Bower 1970; March 1962; Selznick 1949). More recently, the open polity approach is building on this literature by considering that internal politics affect how organizations perceive external demands placed on the organization and mediate any organizational response (Weber et al. 2009; Weber and Waeger 2017; Zald 2005). Looking at the influence of the access movement on internal politics provides an empirical opportunity to refine this theoretical perspective.

In our ongoing research on organizing access in companies, we have also come across corporate change agents pushing internally for more ambitious access strategies. We see opportunities to study the tactics of middle managers and other actors driving transformation toward sustainable business that builds on and extends the growing literature on CSR intrapreneurship and issue-selling (Alt and Craig 2016; Halme et al. 2012). For example, corporate responsibility strategists at Novartis explained that changing the internal language to portray access as a business opportunity played an important role in convincing internal opposition to accept more integrated access approaches (Fuerst 2018). This points to differences in framing strategies (Kaplan 2008; Soderstrom and Weber 2020) as fruitful areas of research into the tools used in internal politics and the institutionalization of responsibility.

In Table 16.2 we summarize the research agenda on access to medicines across the three levels of analysis we introduced. These levels of analysis offer promising opportunities to study progress and barriers of corporate activities across a wide range of sustainable development issues.

Table 16.2 Summary of research agenda

Level of analysis	Conceptual focus	Empirical and analytical challenges
Field	Changes in aggregate field practices, means, ideologies affecting progress on sustainable development	Longitudinal data; identifying field emergence, actors, and boundaries
Company	Heterogeneity of corporate initiatives and practices addressing a sustainable development issue	Disaggregated data at the initiative/practice-level; deriving meaningful analytical categories
Organizational process	Political processes within organizations enabling or preventing progress on a sustainable development issue	Obtaining access to potentially sensitive process data; retrospective bias of informants around key decisions

Managerial Challenges

Understanding access to medicine as an area of study that includes multiple levels of analysis brings to the fore several management challenges that resonate with current topics of interest to research in management and sustainable development.

Management scholars interested in CSR and sustainability increasingly refer to the *Responsible Innovation* as a normative ideal and practical approach to innovation that aims at doing good and simultaneously preventing harm (Scherer and Voegtlin 2018; Stilgoe et al. 2013). Practices, business models and governance arrangements around access to medicine offer a rich setting to better understand the relationship between innovation and sustainable development. In addition, doing empirical work on access would be helpful to fill the emerging conceptual apparatus with life. More specifically, researchers could examine gaps and potential conflicts related to promise-making and promise-keeping. Such conflicts might span from issues at the individual level to the governance level and therefore be of interest to research teams including social psychologists and macro-organizational scholars.

Access to medicines also offers management scholars opportunities to more deeply engage with topics on valuation and evaluation processes (Espeland and Sauder 2007). Benchmarking and rankings are at the core of access to medicines practice and a recurrent issue for debate. Since its creation in 2008, the Access to Medicine Index has received increasing attention by all major pharmaceutical companies (Quak et al. 2019). Additional rankings around vaccines and antimicrobial research have been developed by the Access to Medicine Foundation. This setting allows us to understand how rankings help to shape institutional fields, how organizations approach them differently, and how they affect the process of integrating a social objective into the organization. Rankings and benchmarking also might cause companies to overpromise and underdeliver, with resulting effects on their reputations.

A third phenomenon that we came across in our research on access and the pharmaceutical industry, and that we consider of growing importance for managers and scholars alike, is that of social intrapreneurship (Alt and Craig 2016; Grayson et al. 2016; Kistruck and Beamish 2010). Social intrapreneurs have played an important role in launching access-related initiatives and or even developing new social business models within pharmaceutical companies. This provides an opportunity to learn more about their motivations and how higher-level managers can nurture such behaviour in their organizations.

As a final example, the setting of access to medicines and the pharmaceutical industry allows scholars and managers to learn about how companies can measure the social impact of their contributions to sustainable development (Ebrahim 2019). While scholars have criticized the lack of impact measurement in corporate development initiatives in general (Blowfield and Dolan 2014; Kolk et al. 2018) and access to medicines in particular (Rockers et al. 2017), some companies like Novartis have launched ambitious efforts to systematically measure the impact of their access programs (Nusser et al. 2018; Rockers et al. 2019). By tracing such efforts, we can gain understanding of how such measuring practices are implemented in the organization, and whether they diffuse across the industry.

CONCLUSION

In this chapter we have argued that access to medicines offers a generative setting for understanding how multinational companies can contribute to making progress on sustainable development. The COVID-19 pandemic has forcefully demonstrated that access and global health are at the heart of developments to meet the needs of present and future generations. In the pharmaceutical industry's response to the pandemic, we can again observe the different dynamics of why and how companies address the access we describe in this chapter. While companies have made access commitments early on in the process of developing a vaccine (IFPMA 2020), some have made more far-reaching promises than others. The pandemic also showed that the discussion around different pathways to access remains a contentious issue despite its recognition as a shared and integrated objective, for example regarding intellectual property rights. Both the access movement and various LMIC governments have demanded that patents on COVID-19-related vaccines and treatments should be overridden, but companies have pushed back strongly ('t Hoen 2020). We believe that the research agenda we propose in this chapter can allow researchers to make sense of these emerging issues around access to medicines and global health.

Beyond its current prominence, access also provides an opportunity to make conceptual progress on what companies need and can do around the SDGs. Creating access, for example, goes beyond the dichotomy of companies either preventing harm or actively doing good (Voegtlin and Scherer 2019). Innovating responsibly or creating socially desirable products, such as pharmaceuticals, is not enough to have impact on the SDGs if people cannot access these technologies. As such, insights from the setting of access to medicines are transferable to other development challenges such as those involving energy, agriculture or water, for which progress will depend on access to technologies and corporate innovations.

NOTES

1. Based on Koplan et al. (2009: 1995) we see global health as 'an area of study, research or practice that prioritizes improving health and health equity for all people worldwide' while involving many disciplines beyond health sciences, promoting interdisciplinary collaboration and reaching from population-based prevention to individual care.
2. SDG 3.8: 'Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.'

SDG 3.b: 'Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.'

3. Predecessor companies to what are today Merck & Co and GSK launched such programs in 1958 and 1960, respectively.

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