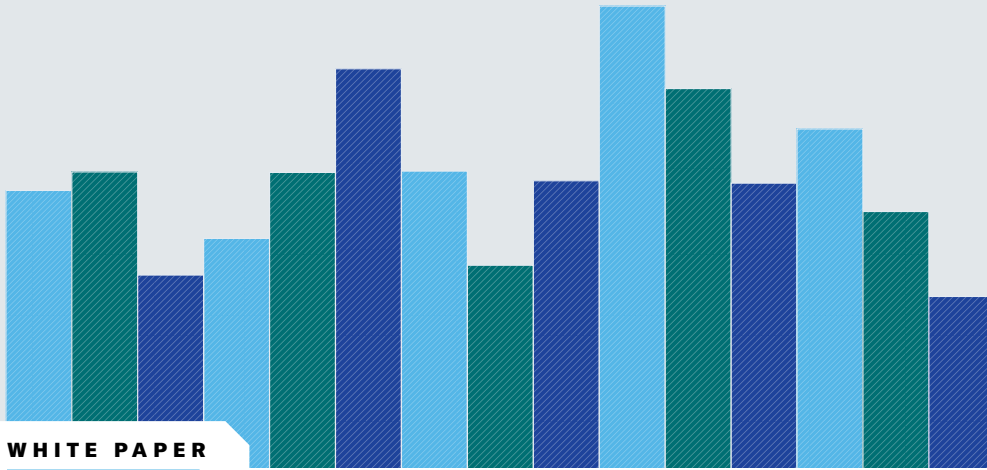




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ANALYTIC SERVICES



WHITE PAPER

Reframing Health Equity as a Strategic Pharma Imperative



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Addressing health inequities is one of the greatest challenges in global health. These inequities are rooted in societal and cultural constructs and go beyond the field of health and medicine. Each country, region, and community is facing the deep concerns of being able to provide the right environments, tools, and resources to allow its population to reach its health potential.

The Covid-19 pandemic unearthed the structural insufficiencies found in health systems, the biases that were built into processes, the unrest and lack of trust in science, and the need for resilient public health protections around the world.

And more so, it showed that the inequities affect productivity, are economic burdens, and are imperative to solve for businesses to thrive and provide for the various stakeholders. Addressing these inequities requires multi-sector collaboration. But the efforts that the health and biotech industries are making to address health inequities are encouraging.

For years, through philanthropic contributions supporting, for example, screening or patient assistance programs, the pharmaceutical industry has aided communities and underserved populations. However, this white paper shows that the industry has recognized that building health equity as part of the business strategy is not only about being a good corporate citizen but also necessary for reaching business objectives and aligning them to purpose and mission.


This white paper goes beyond admiring the problem—it provides components for any organization to consider in developing a health equity framework that aligns with company agility, growth, stakeholder, and investor objectives.

I encourage readers of this report to start thinking of addressing health equity not as a societal nicety but as a fundamental requirement for how governments, industry, and other sectors must develop, design, manage, and evaluate their programs and contributions to be relevant and thrive.



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Reframing Health Equity as a Strategic Pharma Imperative



The global pandemic pushed health equity onto a larger stage, increasing attention to inequities and inefficiencies in health care access for medically underserved patients and communities. Investors, consumers, governments, and advocacy organizations are pressuring industry toward deeper engagement with this issue, a task many organizations are taking up as part of their corporate social responsibility (CSR) initiatives, social business innovations, and environmental, social, and governance (ESG) commitments.

But a growing number of pharmaceutical organizations are finding that the exposed inequities also reveal opportunities. Investing in health equity can yield multiple benefits, including unlocking access to new patient populations, driving preference for specific products, reducing risk, and strengthening organizational reputation and trust among stakeholders—including talent. Pharma organizations are also starting to recognize that to better serve all potential patients, they need to understand them by identifying populations that need their products but can't consistently access them—and then addressing those gaps. As a result, these organizations have begun viewing sustained investments in health equity as a strategic imperative supporting social responsibility goals and business objectives—as well as pharma's ultimate mission: to improve health.


Consider what Gilead Sciences is doing. The Foster City, Calif., biopharmaceutical company focuses on human immunodeficiency virus (HIV) and oncology drugs, both areas where medically underserved communities have been disproportionately impacted. Increasing adherence to therapy for HIV means more patients are virally suppressed, therefore reducing spread

HIGHLIGHTS

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Embracing this opportunity requires pharma organizations to embed **comprehensive health equity strategies** across corporate, therapeutic, and brand priorities.



to others—a good thing for the greater community. “It has a direct benefit, as those patients have access to care and all the therapies. There’s a fiduciary relationship. There’s a connection there,” says Rashad Burgess, vice president of advancing health and Black equity at Gilead. “It not only has an ROI from a company corporate perspective but it also has a real benefit from a community perspective and from a population health perspective.”

Health equity can also be a pillar of strategy. “When [health equity] is integrated into the engine of business growth, then you’re really looking at not just sustainable impacts but continued value creation and continued ecosystem change,” says Dr. Mary-Ann Etiebet, associate vice president of health equity for Rahway, N.J.-based biopharmaceutical company Merck & Co., Inc., and lead of Merck for Mothers, the company’s \$650 million global health initiative dedicated to advancing maternal health equity worldwide. “We’re changing norms with regard to how we do business and how we interact with our stakeholders and partners around the world.”

Embracing this opportunity requires pharma organizations to embed comprehensive health equity strategies across corporate, therapeutic, and brand priorities. But some organizations struggle to identify what health equity strategy might look like, how to prioritize investments and programming, where the greatest benefits lie, and how they can operationalize their strategy. Overcoming biases and misperceptions about health equity and infusing understanding of its importance to growth into the culture can present significant challenges.

Despite the obstacles, some pharma organizations are finding that the effort to embrace health equity as a strategic imperative is more than worthwhile. “Embedding health equity across our value chain enhances our ability to develop and deliver our innovative medicines and therapies to more people in communities that need them and, most importantly, not just deliver but help with access so people can thrive,” says Dr. Charlotte Owens, formerly vice president of the Center for Health Equity at Takeda Pharmaceutical Co., an R&D-driven biopharmaceutical company based in Tokyo, Japan. “Because of these things, we believe that advancing health equity is absolutely important to our long-term success and the impact we want to make worldwide. And that’s why health equity is a part of our business strategy.”

Health Equity in Flux

The scope and depth of health inequities can be difficult to grasp. But statistics have long served as attention grabbers for those seeking to highlight the sometimes substantial disparities between health outcomes across different groups.

For example, Black women have a 40% higher death rate from breast cancer in the U.S. than white women do,



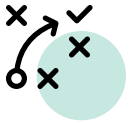
“Embedding health equity across our value chain enhances our ability to develop and deliver our innovative medicines and therapies to more people in communities that need them and, most importantly, not just deliver but help with access so people can thrive,” says Dr. Charlotte Owens, formerly vice president of the Center for Health Equity at Takeda Pharmaceutical Co.

according to a report posted online by the Breast Cancer Research Foundation. And the World Health Organization says children in sub-Saharan Africa are 14 times more likely to die before the age of five than are children in the rest of the world. Research by the National Institutes of Health found that in 2018, racial and ethnic health disparities cost the U.S. economy \$451 billion.^{1,2}

But the seminal events of 2020—the multiple incidents of extreme racial injustice and the global pandemic—finally pushed health equity disparities onto a much larger stage as the world bore witness to stark, systemic inequities in society, including in access to diagnostics, vaccines, and treatments for Covid-19. This heightened awareness has accelerated an already growing focus on health inequity and the need for greater collaboration across a broader range of stakeholders—governments, health systems, academics, insurance providers, community-based organizations, nongovernmental organizations, and, increasingly, pharmaceutical manufacturers—to solve it.

During the pandemic, “people saw that you couldn’t buy your way out of this. You couldn’t drive your way out of this. You had to sit in it. And until we were all healthy, none of us could really even go outside again and feel safe, healthy, and comfortable,” says Owens. “It allowed us to see the interdependent nature that exists between us all, despite perceived or real differences that some people don’t see and experience every day.”

Pressure on pharma companies to respond to the inequities is coming from several fronts. The Food and Drug Administration has begun requiring diversity action plans for clinical trials. In early 2023, the World Economic Forum’s Global Health Equity



“We come at the issue from an investment perspective because we want to be able to move the needle in ways that are likely to be more sustainable,” says Dr. Mary-Ann Etiebet, associate vice president of health equity at Merck & Co., Inc.

Network persuaded 39 organizations, including AstraZeneca, Pfizer, Sanofi, and Takeda, to sign the Zero Health Gaps Pledge to, among other things, “mobilize executive leadership to prioritize health equity action throughout their organizations.” And the number of shareholder proposals related to diversity, equity, and inclusion (DEI) among Russell 3000 companies rose by 75% from 2021 to 2022, while social proposals were up 27%, according to an October 2022 online post by Harvard Law School. DEI, CSR, and ESG initiatives all overlap with health equity, so their support reflects stakeholder sentiment about its importance. It should be noted, however, that none of these initiatives, alone or collectively, fully address the entirety of health inequity.

The DEI overlap is particularly acute, given how the differing experiences with medication adherence illustrate how health inequities show up in the use of pharma products. Research first published in the academic journal *PLOS One* in 2019 found that among the 357,861 patients covered by a large U.S.-based health insurer from 2011 to 2013, average adherence rates for a sampling of recommended chronic disease medicines were 10% to 12% lower for Black and Hispanic patients than for white patients. **FIGURE 1** For the high-cholesterol drug studied, for example, white patients maintained a 77% adherence rate, while adherence among Asian (73%), Black (68%), and Hispanic (68%) patients lagged that higher level. The study cites side effects, perceived ineffectiveness, distrust of physicians’ recommendations, and cost as common reasons for low adherence.

Such findings illustrate one aspect of health equity’s many complexities. The National Academy of Sciences has found that while 10% to 20% of health outcomes in the U.S. are linked to variation in formal health care, social determinants of health—such as education, income, housing status, and location—account for the remaining 80% to 90% of modifiable factors impacting these outcomes.³ Medication

prescribing and use across the broad spectrum of health care systems and components are some of the rare common denominators globally, providing unique opportunities for pharma organizations to intervene and advance health equity.

The Benefits of Health Equity Strategy

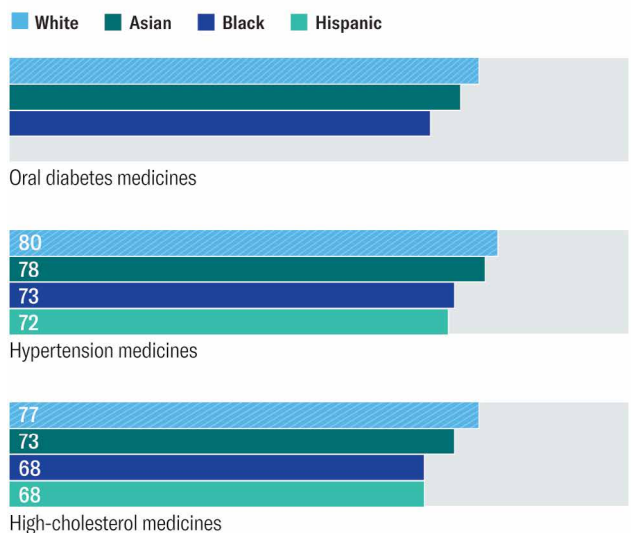
Pharmaceutical organizations have spent decades battling inequities in health care across society as part of their charitable or CSR contributions, including drug donations, tiered pricing, and voluntary licensing. However, transforming health equity into a key pillar supporting corporate strategy and learning to execute on that game plan requires reframing health equity in terms of how it serves the organization’s business objectives. Yet pharma organizations on this journey have begun seeing real impacts as they work toward full integration of health equity with strategy.

“We’ve seen the power of thinking about [health equity] not only from a philanthropic perspective but also from a health system-shaping and ecosystem-shaping perspective,” says Merck’s Etiebet. “Through different types of engagements and partnerships and collaborations with others, we come at the issue from an investment perspective because we want to be able to move the needle in ways that are likely to be more sustainable.”

FIGURE 1

Medication Adherence Differences Illustrate Health Equity Impact

Stark differences exist between Black and Hispanic insureds and white insureds



Source: PLOS ONE, February 2019



“You can’t ignore the importance—from a business perspective—of seeing people from a wide variety of backgrounds so you can better understand them in order to serve them,” says Evon Burton, associate director, health care consumer strategy lead, U.S. HIV marketing, for Merck.

Some benefits of adopting health equity as part of an organization’s strategy are obvious. For example, it’s easy to connect the dots between finding ways to identify, diagnose, and provide ongoing therapy to a medically underserved population and growing market share. More equitable clinical trials that lead to better-fit products and outcomes for patients who were not well served by previous drugs clearly can lead to gaining access to a new market. Investing directly in research or fast-tracking approval processes from governments for drugs they see as serving a public good, such as vaccines, can further multiply the payoff of addressing these underserved markets.

“When you think about the disease state [HIV], a space I’ve worked in for almost 10 years, you can’t ignore the importance—from a business perspective—of seeing people from a wide variety of backgrounds so you can better understand them in order to serve them,” says Evon Burton, associate director, health care consumer strategy lead, U.S. HIV marketing, for Merck.

And those benefits can easily cross geographic borders.

“From a global health point of view, there are opportunities such as using an equity lens in negotiating contracts with national governments,” says Dr. Jo Ivey Boufford, clinical professor of global health at the New York University School of Global Public Health and clinical professor of pediatrics at the NYU School of Medicine. “Are you selling product in a country that you haven’t been selling it in before? Sensitivity to the issue of equity is very high in global health, and company awareness can create macro market opportunities.”

And corporate health equity investments can also bring pharma companies advantages besides revenue opportunities, including improved care and reduced risk, adds Owens. Physicians and patients gain access to treatments that may be better suited to the patients, she explains, and increased awareness of how to use them appropriately can reduce the risk of poor health outcomes.

The Importance of Authenticity

Of course, those benefits won’t materialize automatically, as there are numerous challenges that the pharmaceutical industry must overcome to make health equity part of business


strategies throughout the sector. An important one involves public skepticism about pharma’s commitment in the first place. Investments in health equity to solidify reputation have long fueled charitable giving. Yet that hasn’t done much to help pharma’s public image. For example, just 24% of Swedish consumers trust pharma organizations with their data, and they’re the most trusting across 17 countries surveyed by YouGov in 2021;⁴ just 15% of U.S. respondents said the same. But when health equity is seen as a part of corporate strategy, initiatives such as knowledge sharing and licensing products to ensure production in underserved countries may be taken more seriously by opinion leaders, payers, policymakers, and others. And greater trust in a pharma company can then set the groundwork for successful investments.

However, authenticity is key to using health equity for reputation-building, cautions Alex Kalomparis, senior vice president of public affairs at Gilead.

“From physicians to patient groups to policymakers to investors that are focused on ESG, they all care about what we do with our communities, not just our medicines and how we commercialize them,” he says. “If we’re doing health equity work authentically and well, then it positions Gilead as a company that lives up to its values.”

Two communities where Gilead has had real health equity impact are Eastern Europe and Central Asia. Since 2010, there has been a 48% increase in new HIV infections there, and acquired immune deficiency syndrome (AIDS)-related deaths have increased by 32%, according to UNAIDS, a program of the United Nations. But Gilead worked with the Elton John AIDS Foundation, which brought expertise in working with stakeholders in the region, to massively increase HIV testing. Testing of nearly 38,000 people identified 15,000 living with HIV, who then started treatment. “We identified the problem, we worked with the right partner, we went in with the right interventions, and we’re now seeing results,” says Kalomparis.

Real commitment may attract another key set of stakeholders—talent, a top concern of many pharma executives. A Qualtrics survey of 1,178 U.S. employees fielded in April 2022 found 54% would be willing to take a pay cut to work at a company with better values, and 56% wouldn’t even consider a job at a company that has values they disagree with.



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Overcoming Misconceptions

Another obstacle to adopting health equity as a pillar of pharma strategy is a lack of clarity regarding the meaning and scope of the term. Misconceptions about health inequity, as well as the biases and cultural norms that perpetuate it, can dampen efforts to persuade others of its strategic importance. It can be difficult to get sustained attention to the issue when other priorities crop up.

A survey of 192 executives and senior decision makers from payers, providers, and other health care stakeholders conducted by Vantage Health Technologies, a health care software developer, in June and July 2022 found that while 95% of respondents believe that health equity is important for their organization to address, nearly half (44%) said their organization has no roadmap to address health equity across their people, processes, and technology.⁵

A thorough understanding of health equity is a key to changing minds. “One of the biggest things that we tackle every day is the conflation of terms,” says Owens. Health equity can get lumped in with DEI, CSR, ESG, and the diversity of clinical trials. “These are all important but unique areas that can contribute to successfully tackling the problem of health inequities. But they are distinctly different. If you think they’re all the same, then you’re going to miss the opportunity to truly address the root causes of inequities. You’ll also miss the chance to use the appropriate mix of approaches to confront a multifactorial problem.”

Sustaining health equity commitment can be another challenge. “Ultimately, it’s a social cultural norm,” says NYU’s Boufford. “We go through this every 10 to 15 years; everybody’s focused on [health] equity, and then they lose the focus and everything gets inequitable and you have to start over again.” Signs suggest, however, that interest may not fall off this time. The Vantage Health Technologies survey found 49% of respondents say it is extremely important for their organization to address disparities/inequities in health outcomes and quality measures, and another 25% characterize it as mission-critical.

A raft of regulations, rules, and standards being issued by accrediting bodies, federal regulatory agencies, states, trade associations, and the White House reinforces the urgency. On his first day in office, for example, President Joe Biden issued Executive Order 13985, “Advancing Racial Equity and Support for Underserved Communities Through the Federal Government,” directing the federal government to advance a government-wide equity agenda.

A lack of buy-in from company leaders can also hinder health equity investment. “Ultimately, if the CEO of the organization isn’t committed and the board isn’t committed, the company’s not going to do anything,” says Boufford.

Gaining organization-wide buy-in is essential to success, and it starts at the top.



“Society is changing all around us, and if we do not know how to effectively reach diverse communities today, we are not going to lay down that foundation of trust and engagement,” says Etiebet at Merck.

At Merck, Etiebet and her colleagues solved the misconception problem by helping senior managers appreciate the difference their work could make. “Society is changing all around us, and if we do not know how to effectively reach diverse communities today, we are not going to lay down that foundation of trust and engagement, which is so critical to being able to change behaviors and expand access to health,” she says.

What got through to managers was celebrating early wins, such as delivering a greater number of vaccinations to a specific community, Etiebet says. “Light bulbs went off in our leaders’ heads. ‘Oh, if we are intentional about wanting to reach these populations, we need to create the data capabilities and people capabilities around cultural competence and multicultural marketing.’ That was a big sea change.” Those executives became champions in supporting the acceleration of health equity activity, she says. In a notable testament to Merck’s commitment to health equity, the company recently added an ESG measure to its 2023 Company Scorecard, linking compensation for a majority of its employees—including executives—to certain ESG metrics, including access to health.

The Challenge of Data

As Merck’s experience suggests, data is critical to tackling health equity, from identifying gaps to analyzing progress and outcomes. But many organizations still have work to do to gather the disparate data they already have to inform new health equity goals and improve data collection for elements that are missing.

A survey of 505 U.S.-based health care professionals and 380 individuals in July 2021 by the Institute for Healthcare Improvement, a nonprofit that studies health care, found that inconsistent collection of equity-related patient data and lack of resources other than funding—e.g., available

staff—(38% each) lead the list of barriers to advancing health equity within organizations. **FIGURE 2** Inconsistent collection of equity-related patient data was also the top-selected barrier among C-suite leaders (e.g., CEO, chief quality officer, chief operating officer, chief marketing officer, chief nursing officer, chief of a clinical area or department) in the respondent base. Other top barriers include lack of funding (28%), inability to demonstrate impact of health equity efforts (26%), and lack of guidance or know-how on what to do next (26%).

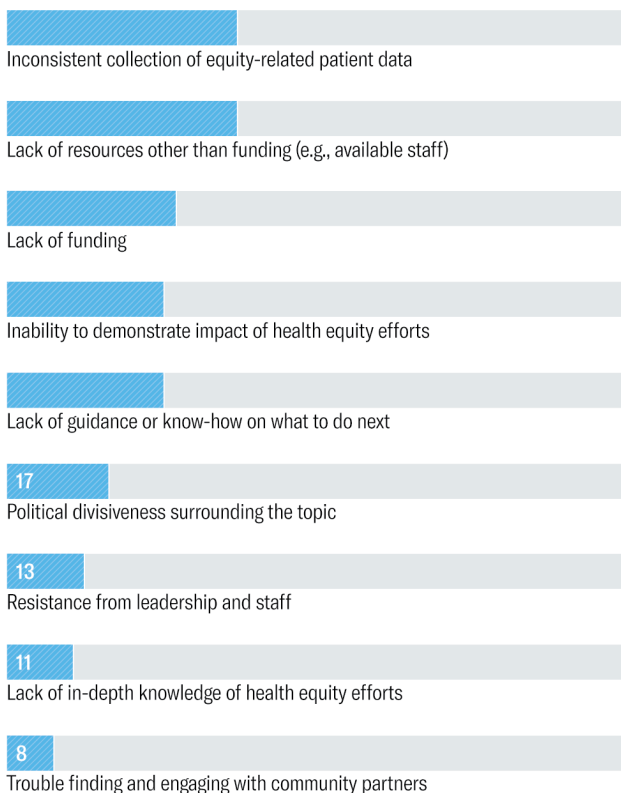
According to PhRMA, an industry organization, common data-related issues include lack of standardized or sufficiently granular data, data collection systems that are outdated and impede operability, and apprehension about data collection.⁶

“Data is always a top issue,” says Merck’s Burton. “There’s not a lot of good primary research on people living with HIV from a socioeconomic perspective, so there are always gaps. We need better-quality data.”

FIGURE 2

Inconsistent Data a Top Health Equity Challenge

A wide range of barriers impede progress



Source: Institute for Healthcare Improvement, July 2021

But simply identifying the gaps is not enough; quality is key to infusing health equity into strategy.

“You’ve got to know how to collect the data,” adds Owens, considering basic yet important matters such as a given community’s language, education level, and trusted institutions, as well as their social and cultural values. “What do they believe? What are the concerns with talking to others? Does the community want to have a response back?”

Sharing data across and outside the organization can be key to identifying what’s working and driving revenue and ROI as a result. But it’s not always forthcoming, seemingly blocked for release by internal decision makers, says Hilde Stevens, professor of health innovation and society and codirector at I3h, the Institute for Interdisciplinary Innovation in Healthcare at Université libre de Bruxelles in Brussels, Belgium. The institute collaborates with pharma manufacturers to evaluate health equity programs and use successes to create models or transfer knowledge. With access to data, says Stevens, “we can prove how many people they reach and how many lives they saved, but also the lessons learned in terms of, for example, how to roll out malaria treatments efficiently and effectively to improve the lives of so many more people.”

Good data can inform every other facet of the bench-to-bedside process, from mapping opportunities to marketing to newly understood populations. Applying a health equity lens to R&D and product development, for example, can reorient those processes with better insights in mind. For example, Burgess cites the development of a long-acting injectable HIV therapy that can make it easier for patients to continue their care, which he says is “important to Gilead’s commitment to health equity in the HIV community.”

Infusing an Organization-Wide Mindset

The most complex challenge facing pharma may be fully infusing health equity mindsets and practices across the entire company. Organization-wide change management techniques must be accompanied by function-specific process change, incentive alignment, and new key performance indicators. This work extends outside the organization as well, reshaping partnerships and alliances to ensure the collaboration that’s essential for any health equity strategy to truly make headway.

Pharma organizations often begin their health equity strategy initiatives by focusing on awareness and education and discerning what role the organization can play. Part of that work involves breaking down the overwhelming scope of the problem.

“We really try to take people from feeling overwhelmed by the true nature of how big of an issue health inequities are by showing them how they are empowered from the seat

they sit in to make a change by identifying no-tech, low-tech, and some high-tech strategies they can take,” says Owens.

Determining where health equity should “live” in the organization is a key early decision. To address this essential step, Takeda formed a center of excellence in 2020 to serve all its business units. Merck and Gilead each place health equity strategy under the purview of public or corporate affairs.

“For us, it makes sense because, in a way, public affairs is the ears and the connection with the community beyond commercial, beyond R&D, in terms of what the community really needs,” says Kalomparis. “That’s where you’re going to be authentic. And if you do the right thing by your patients and by the communities you serve, everything else will come with it, including being a successful business.”

Gilead’s approach to organizational change started with listening to understand the challenges, then developing a framework for the work, gaining buy-in from leaders, and setting up the team to bring it to life. “There’s an entire workstream that was set up around ‘How do we talk about who we are as Gilead?’ What language should we use? What are our commitments? What are our values? What do we stand for?” says Burgess. The resulting narrative provides executives with clarity about the company’s health equity vision so they can make health equity actionable.

In addition to educating and advising individual functions, health equity teams, on their own or in conjunction with a multidisciplinary task force, are often charged with breaking down silos across the bench-to-bedside process, both internally and with external partners.

Establishing the right team and the right connections is an important step in the health equity adoption process.

“One of the things that I have been really inspired by is the amount of cross-functional collaboration and innovation that this approach has generated,” says Etiebet. For example, she says, early on in research and development, determining how to develop a product that may work better in different types of markets is often linked to how the manufacturing division should approach supplying that product to different markets, which is then linked to how the commercial organization decides to best raise awareness about the product. “It really has enabled longer-term thinking and planning connectivity all across the value chain, all the way to patient outcomes.”

Beyond process and protocols, infusing health equity thinking into an organization can also mean tackling the unconscious bias that may be lurking within even the best-intentioned workers. Gilead, for example, has provided unconscious bias training to its workforce and “cultural humility in health care” training for external organizations and its internal HIV Field Force. “It really does help as a company, us moving forward and having those difficult discussions and difficult conversations,” says Burgess. “We are doing this because it is the right thing to do. We are doing



“If you do the right thing by your patients and by the communities you serve, everything else will come with it, including being a successful business,” says Gilead’s Kalomparis.

this because we care and because it impacts the communities we serve in our therapeutic areas.”

While the health equity function is typically not seated within a business unit that tracks profits and losses, the need to measure progress toward more health equity thinking and actions across the organization becomes heightened when pharma organizations rely on health equity to fuel growth. In addition to setting project-specific KPIs, organizations often seek ways to gauge progress toward infusing health equity into strategy.


But clear health equity KPIs can be challenging to identify and results difficult to obtain, which is why Gilead relies on a combination of program-specific metrics and ESG targets as one of its methods to measure health equity progress. At Merck, “we are working to be able to measure ourselves and our partners, not just from a reach perspective but from a health outcome perspective,” says Etiebet.

Takeda is working to measure the value of incorporating health equity principles and the improvements resulting from that work, says Owens. “Are our teams now able to enhance our development efforts? Do they have better insights to create better protocols or communicate with patients more effectively? Are we better or faster somehow because we were able to incorporate new insights and best practices based on what we hear in the community? What impact have we had in the community?”

The Role of Partnerships

But pharma organizations cannot succeed at health equity in isolation, according to those working to develop it.

“At Takeda, we partner internally to incorporate the lens of health equity into our work by equipping teams with the tools, knowledge, and connections they need for their roles all the way from discovery through delivery,” says Owens. “Whether it’s an internal or external partner, we aim to listen, learn, and cocreate impactful actions that are incorporated



“We are doing this because it is the right thing to do. We are doing this because we care and because it impacts the communities we serve in our therapeutic areas,” says Rashad Burgess, vice president of advancing health and Black equity at Gilead.



“From an education perspective, we work with organizations all across the country to make sure that they have the information that they need to provide the best-quality care to the people that they see every day,” says Burton at Merck.

into our business processes and provide sustainable community impact.”

It was in partnering with a community group, for example, that Gilead came to scrap a fully developed campaign to raise awareness of higher triple-negative breast cancer rates among Black women in Canada and replace it with a new campaign concept those in the group identified as much more resonant. “It’s a return on investment because whatever you put out there will resonate more if you’ve had those communities design the solution, design the strategy, whether it’s in R&D or diversity in clinical trials or a campaign,” says Kalomparis.

The range of partners pharmaceutical organizations work with tends to expand as the commitment to health equity deepens, including a more diverse array of suppliers. “Collaboration is really the only way forward,” says I3h’s Stevens. “Many of the efforts and definitely the waste can be avoided if we don’t duplicate [efforts], if we learn from each other, if we share data—and not only the positive data but also the things that didn’t work, the negative data.”

One example where partnerships can help is in diversifying clinical trials. Takeda, for instance, which has a team dedicated to enhancing diversity, equity, and inclusion in clinical research, looks to identify the right external partners as it seeks to understand what awareness and recruitment approaches will resonate, fine-tune inclusion/exclusion criteria, address diagnosis and participation burdens such as transportation, and ensure diversity among the site staff.

Finally, working to educate providers can help underpin health equity. “It’s a matter of making sure providers have the tools that they need,” says Burton. “From an education perspective, we work with organizations all across the country to make sure that they have the information that they need to provide the best-quality care to the people that they see every day.”

Pursuing new partnerships with smaller, less seasoned organizations is, in itself, a way to battle inequities, says Etiebet. “The reason why we have these structural inequities is because sometimes we’re more comfortable working with who we’ve worked with before. We need to invest in development of capacity and leadership in new and more diverse communities as well.”

Despite the challenges, recognition of the need for a collaborative approach to health equity is catching on. “The health care sector is changing, notably pharmaceutical firms in collaboration not only with academia but also amongst each other,” says Stevens. “One and one is three.”

Taking Action on Health Equity

Reorienting mindsets, processes, and performance metrics to make health equity a pillar of strategy takes commitment, intention, and adoption of proven best practices. The techniques that are working for pharma organizations successfully pursuing a health equity-informed strategy include a multifaceted array of education, process change, and advocacy efforts.

Approach health equity with authenticity. Many regard pharma with some degree of skepticism, so words must be backed with actions to persuade stakeholders that the commitment is real. “If you do right by the patients you serve, by the communities you serve, and not just from an innovation perspective but from a social change and health equity perspective, if you do that authentically and it’s in line with your values as a company, then everything else comes with it,” says Kalomparis. “It will be a growth opportunity, but it does have to be authentic.”

Improve data gathering. An effective health equity initiative requires identifying gaps in data gathering, bringing together dispersed data, and improving the breadth and quality of data collection. Learn how to collect data of value and how to share it effectively inside and outside the organization to infuse health equity thinking into the bench-to-bedside process. Gathering and sharing the right data are critical to understanding what works and what doesn’t, notes Stevens. “I really get inspired [by] how much value it has.”

Tackle misconceptions head-on. Providing clarity on what health equity really means as part of strategy; how it’s related to but not the same as DEI, CSR, and ESG; and educating staff on possible unconscious biases are vital to preventing things from getting misconstrued. Ensuring strong, sustained commitment from leaders is another critical step to ensuring health equity becomes a part of the organizational ethos. “I would imagine if you don’t have that leadership support,



“The ideal outcome would be eliminating the need for a health equity team. Health equity should be embedded into strategy and invested in from a capability-building perspective. All teams have the human resource capacity to execute these priorities, and we have the data capabilities to hold ourselves accountable,” says Etiebet.

that would be a big challenge for an organization that wants to make efforts in health equity in an authentic way and not just a tick box exercise,” says Kalomparis.

Commit to organization-wide change management. This broad mandate must be coupled with function-specific process change, incentive alignment, and new KPIs to measure progress in adopting health equity-informed processes. “Lessons can be learned from measuring and showing results and accepting that some things are worth exploring but didn’t work out as we anticipated, and others have a much broader effect than anticipated,” says Stevens. “You can only do that by measuring.”

Determine where health equity should “live” in the organization. Health equity needs to be a distinct focus in a company so that executives responsible for its assurance can work on understanding the challenges it raises, develop a framework for the processes needed, gain buy-in from leaders, and establish a team to lead the effort until their work becomes unnecessary. “It’s about creating that momentum, creating that energy, creating that framework, and people aligning themselves, really executing the work,” says Burgess. “My team of under 10 people, [who] are all incredible, could not do the work of 16,000 [employees]. So we need the 16,000 to continue to stand up and to take this on.”

Identify partners. This mandate is important because executives need to collaborate on end-to-end health equity activities, including with community and advocacy groups, health care providers, academics, payers, governments, and nonprofit groups. Don’t overlook smaller, less seasoned organizations either. “When you start the conversation around reducing health inequities and improving the health of populations that have been underserved in the past, it creates the opportunity to have a conversation about a shared goal,” says Etiebet, with each party providing insight into the unique capabilities they can contribute to achieving that goal.

Conclusion

Disparities in access to health care are not a newly revealed issue, and neither is pharmaceutical organizations’ commitment to helping level the playing field with programs and resources. What has changed is the view that investing in health equity can actually be a key part of a pharma organization’s growth strategy. Eliminating disparities in medical access, treatment, and outcomes across populations means more patients can access and benefit from pharma products. Many of the actions pharma organizations can take to expand knowledge, access, and outcomes help them more tightly align with the breadth of need, opening up new opportunities.

“If you understand the drivers of health that are so important and incorporate that into your discovery, development, and delivery processes as a health care biopharmaceutical company, then you’re creating treatments that are more suitable for the people they’re ultimately intended for,” says Owens.

Evangelizing across the organization the idea that health equity is now a core pillar of strategy is a key first step, one that requires overcoming biases and skepticism and demonstrating early wins. But fully realizing the benefits of infusing a health equity mindset into processes and daily tasks requires key strategic decisions, from where to place the health equity team within the organization to how to provide the right data, tools, and opportunities for innovation and collaboration.

The transition of health equity from a purely charitable activity to one that also plays heavily in strategy is still in its early stages. But some of those who are leading health equity initiatives in pharma organizations are optimistic that today’s work will pay off in dividends tomorrow.

“The ideal outcome would be eliminating the need for a health equity team,” says Etiebet. “Health equity should be embedded into strategy and invested in from a capability-building perspective. All teams have the human resource capacity to execute these priorities, and we have the data capabilities to hold ourselves accountable.”

Endnotes

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