

OXFAM AMERICA
Evaluation Report

Access to Medicines Evaluation 2001 - 2011

Executive Summary

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OXFAM
America

As part of our commitment to accountability and learning, Oxfam will share conclusions and recommendations from evaluations. Internally we will share with relevant stakeholders, ensuring that they have an opportunity to participate in discussion of those results in meaningful ways. We will also publish the evaluation reports on our website in accessible language.

As a rights-based organization, accountability, particularly to the communities we seek to serve, is of the highest importance to us. For Oxfam, accountability requires Oxfam to regularly and honestly assess the quality of its work, share and learn from its findings with primary stakeholders, and apply that learning in future work.

This is an executive summary of an evaluation of Oxfam's Access to Medicines Campaign, engaging multiple private sector, government and multilateral organizations and operating in multiple countries including the United States, Great Britain, Brazil, South Africa, the Philippines, Thailand, India beginning in 2001. This evaluation covers the work undertaken between 2001 and 2011. The major evaluation activities took place between June and November of 2011.

The evaluation was carried out by Jim Coe, Beverley Duckworth, Jeremy Smith, and Steve Tibbett contracted through a competitive process and reflects the findings as reported by them and as validated with stakeholders. The evaluation was managed by Gabrielle Watson, Manager Policy Advocacy Evaluation from Oxfam America and commissioned by Stephanie Burgos, Access to Medicines Policy Team Manager, Policy and Campaigns Division.

EVALUATION PURPOSE AND METHODOLOGY

The purpose of this evaluation is to gauge the effectiveness and the impact of Oxfam's global work on access to medicines [A2M] over the course of the campaign, and to derive from this analysis lessons of relevance to thinking on campaign models within Oxfam.

Information has been collected through documentation review, a staff survey, and semi-structured interviews with a total of 52 stakeholders, including 15 Oxfam staff, 12 representatives of other NGOs, 7 government, 8 Inter-Governmental Organizations and 10 representatives of the private sector.

Through the review we looked at the campaign overall and also in more detail at a set of case studies, which enabled us to look at the dynamics around and implications of specific campaign outcomes, and to contextualize these within wider influencing efforts towards key targets.

Regular exchange with Oxfam during the course of the review helped oriente and sharpen our understanding of the campaign and created space for critical reflection, as findings and conclusions in relation to key emerging themes were discussed and developed along the way.

CAMPAIGN OVERVIEW

Key campaign moments and battlefronts can be summarized as follows:

2001: SWIFT PROGRESS

Oxfam launches the Cut the Cost campaign in early 2001, building on past work on the issue of access to medicines by NGOs including Health Action International and Médecins sans Frontières [MSF]. An initial period of intense campaigning contributes to quick and significant successes – including resolution of the South Africa court case and a US-Brazil dispute over patent law.

Oxfam's campaigning is hard hitting in this early phase. Pharmaceutical companies, caught off-guard, offer price cuts in anti-retrovirals [ARVs], and show some ad hoc acceptance of tiered pricing. Progress culminates in the Doha Declaration in November 2001, which affirms the primacy of public health over Intellectual Property [IP] Rights and is seen as a victory for developing countries (supported by NGOs including Oxfam).

DEC 2001 – AUG 2003: RETRENCHMENT

Oxfam's messages become more nuanced. Campaigning resources are diminished; the campaign is taken forward through ongoing advocacy efforts. Whilst still emphasizing the importance of price and IP, Oxfam develops a broader analysis of pharmaceutical company practice, with A2M situated within wider trade issues.

Access to treatment continues to improve as prices continue to fall and new mechanisms of delivery are introduced (such the Global Fund). In August 2003, the World Trade Organization [WTO] reaches a

decision to lift Trade-Related Aspects of Intellectual Property Rights [TRIPS] restrictions on compulsory licensing for enabling export of generic medicines to least developed countries. But this is contested by companies and proves difficult to apply in practice.

2003-7: BILATERAL BATTLEFIELDS

With multilateral negotiations stalled, the focus switches to a set of geographically-specific skirmishes: around bilateral and regional Trade Agreements, and specific drugs and companies and their operation in some key Southern countries.

The United States government is especially focused on pushing for stricter levels of IP protection, with a number of Free Trade Agreements [FTAs] agreed by the US government incorporating TRIPS-plus provisions that are tougher or more restrictive than required by the TRIPS Agreement. But this stance is halted by the May 10th agreement (in 2007), which Oxfam plays a key role in achieving, and which rolls back some important restrictions.

The Global Fund board decides not to accept in-kind donations of ARVs, in line with a position that Oxfam had been advocating over several years.

Oxfam supports national civil society in encouraging the Philippines government to introduce TRIPS safeguards and flexibilities (with a new law enacted in 2008), and resist a restrictive lawsuit launched by Pfizer. In Thailand, the government issues a number of compulsory licenses in 2006-7, leading to price reductions on key medicines. Oxfam provides support to national civil society as well as acting to reduce international criticism of and pressure on the Thai government. Following Thailand, Brazil also issues a compulsory license for the medicine efavirenz in 2007. In India, Oxfam is involved in a campaign against the decision by Novartis to pursue a lawsuit against the government that would have overridden key IP flexibility law and threatened India's ability to produce cheap, generic medicines. Novartis drops the lawsuit.

In 2007, A2M is moved from the Trade campaign into the Essential Services campaign.

2007-2011: MULTIPLE ISSUES, MULTIPLE FRONTS

New themes and battlefronts emerge as A2M becomes increasingly a "smorgasbord" of issues, reflecting the fact that IP can no longer politically be considered on its own. As well as fighting a rearguard action against the Anti-Counterfeiting Trade Agreement, securing concessions along the way, Oxfam is proactive in advocating that UNITAID adopt the use of a Patent Pool, to increase access and reduce prices. In August 2008, UNITAID agrees to this and officially launches the Patent Pool in July 2010, with the first company signing a licensing agreement in July 2011.

Engagement with the Global Alliance for Vaccines and Immunisation [GAVI] - a public-private global health partnership committed to increasing access to immunization - by Oxfam and MSF focuses on procurement strategies and transparency in pricing, helping to lead to movement on both, as well as on issues of governance. Oxfam also becomes more active at European Union [EU] level in response to, and helping to mitigate, more aggressive positions and policies being promoted by the Commission.

Oxfam reengages with the pharmaceutical industry around companies' approaches to access to medicines and the operating model underpinning them. There is some movement within the industry, including price reductions in Least Developed Countries announced by GlaxoSmithKline [GSK] in 2009 and the establishment of ViiV, a specialist HIV treatment company, offering generic companies royalty-free voluntary licenses for all current and future products. But overall, corporates continue to cling to their longstanding operating model, including through pushing for stricter levels of IP protection across the developing world.

OUTCOMES AND IMPACT

Given the complexity, multi-faceted nature and timescale of the campaign, it has been beyond the scope of this evaluation to comment authoritatively on all of the different outcomes accruing. Instead, we employed a case study approach in order to explore a range of interventions in more depth, to supplement a contextual review of the wider campaign.

Drawing on the case study findings we can assert that there have been a number of tangible outcomes from the campaign, with evidence in some cases linking these outcomes to subsequent positive change in people's lives – although in other cases evidence is not conclusive, or it is too soon to tell.

In Thailand for example, there is strong evidence that actions taken by the government, supported by Oxfam and others, have delivered reduced prices, greater access and budgetary savings, with consequent improvement in health outcomes. The May 10th Agreement – strongly attributable to Oxfam's interventions (see below) – is now playing out directly in terms of reduced costs and increased access, as well as having wider indirect ramifications.

A summary of case study outcomes and their significance is outlined in the table below:

case study	campaign outcome	significance/impact
Doha Declaration	Doha affirmed the primacy of public health over IP rights and extended the deadline for compliance with the TRIPS agreement	Doha has been invoked by a number of developing country governments and has formed the backdrop to campaigns in the years that followed
Thailand	Having established a generic manufacturing unit, the Thai government subsequently issued compulsory licenses to import drugs to treat AIDS, heart disease and cancer in the face of significant international opposition.	As a result of government action, key ARV and heart drug prices fell significantly, with the number of people with access to free ARVs rising dramatically. Significant savings to the health budget expanded access to medicines for other diseases. Arguably, the willingness of other states to replicate the approach was lessened by the extent of the external pressure brought to bear on the Thai government, however.
May 10 Agreement	Overtuning the long-term trend in US policy towards incorporating restrictive IP provisions in bilateral agreements, the May 10th Agreement established new	Evidence from Peru, a country directly affected by the Agreement, suggests that access to (and costs of) drugs is likely to be improved by the changes introduced. More widely, the Agreement

	compromise positions on a set of technical issues that each had the effect of reducing barriers to the availability of generic medicines.	helped establish new international norms that were less prescriptive than those that had pertained previously.
GAVI	In relation to the positions that Oxfam has been advancing at GAVI: (a) the need for price transparency is broadly accepted and is being implemented; (b) the need to adopt a stronger market-shaping strategy and to get value-for-money in procurement is firmly on the table; and (c) a debate has been raised about governance and corporate conflicts of interest, but with no movement so far	The premise that if GAVI is able to reduce the price of vaccines through changes to its procurement strategy, then this is likely to lead to lives saved, is sound. In practice, it is too early to credibly evidence this assessment at present.
EU	Recent shifts include the European Commission distancing itself from the idea that seizing generic medicines in-transit is justifiable as an anti-counterfeiting procedure, and shifting its negotiating stance away from insisting on restrictive provisions during negotiation of the EU-India FTA.	There are examples of halting, or at least diminishing, the introduction of new obstacles to access, but overall the Commission has been adept at finding new routes to strengthening IP protection
The Pharmaceutical Industry	In the early phase of the campaign, pharmaceutical companies dropped the price of some high-profile drugs and introduced some philanthropic measures. The industry has generally maintained ongoing resistance to structural or systematic change, though in recent years there have been some moves by some companies toward more systematic tiered pricing, shifts on Research & Development, and some action on IP. There is some evidence of companies showing signs of embracing new thinking around industry business models.	There have been large and sustained reductions in ARV prices and corresponding increases in access and reductions in morbidity. Access to second and third-line therapies and to pediatric formulations is more problematic: still patented, these drugs are much more costly; although prices for these newer ARV medicines are also starting to fall. Access to ARVs has increased to the extent that by 2010, there was 37% ARV therapy coverage in sub-Saharan Africa, exponentially different to the situation in 2001 - although with a wide range of factors beyond the campaign itself contributing to this change.

OXFAM'S CONTRIBUTION

In terms of the role played by Oxfam in securing these outcomes, there are examples where Oxfam played a key - and sometimes leading – role, as well as cases where Oxfam contributed and added value to the campaign. Across the case studies, Oxfam's contribution could be broadly categorized as follows:

key and leading role	important contributory role	more limited contribution
May 10 Agreement private sector	Doha Declaration Thailand	GAVI EU

A summary supporting analysis is outlined below:

Campaign Case Study Analysis: Assessment of Oxfam's Role and Contribution

Oxfam's role was key and vital

MAY 10 AGREEMENT

Taking advantage of political opportunity, Oxfam played a major role in influencing the agenda and in the detailed negotiations leading to the positions reached in the Agreement. In this, it drew upon a reputation as a credible player, with technical expertise, forged over several years of advocacy. Key outputs - notably an analysis of the US-Jordan FTA, which directly addressed the industry's key arguments - were cited as particularly influential.

PRIVATE SECTOR

Hard hitting campaigning in 2001 helped expose industry bad practice and force companies into making early concessions on pricing. Utilizing the investor community as an influence route was an innovative and astute early strategy, and throughout Oxfam has shown itself to be a credible and influential interlocutor with companies. Oxfam was ahead of the curve promoting new thinking around viable business models – moving thinking and industry responses beyond the notion of 'philanthropy'. Signs of recent movement by some companies reflect a response to market pressures, but Oxfam has played a key role in helping companies recognize, and be responsive to, wider market realities that they had not yet fully considered.

THAILAND

Domestic political will - with the Thai government prepared to take and hold to a stand to protect health over IP protections despite strong opposition - was key. Thai civil society, backed by Oxfam, helped to shape the government's policy and bolster it. Oxfam's international reputation and technical expertise brought particular added value, along with the capacity to operate internationally, and so act to moderate pressure from the US and EU in particular. Oxfam's support to Thai civil society was valued for the flexibility of its funding and the sensitive approach of its staff, although there is disappointment amongst partners that Oxfam has now withdrawn from the fray, despite IP issues still being very much live.

DOHA

Oxfam played a key role coordinating with civil society to encourage and mobilize developing country governments to take a stand on the issue. Progress was helped by Northern governments exhibiting double standards in overriding IP protections in their own national contexts, as well as by trade-offs in wider negotiations. Different dynamics were at play at the time of the subsequent WTO agreement in August 2003, with developing country and NGO unity less evident, and industry and Northern governments having effectively regrouped.

GAVI

In conjunction with MSF, Oxfam's positioning and approach has been somewhat out of line with that of other NGOs (who tend to be polarized between offering visible political backing to GAVI and being openly skeptical about its value). Oxfam's critical approach entailed certain risks but appears to have helped push GAVI towards policy change on transparency and (partially) on procurement.

EU

Oxfam has tended to play a supportive role to other NGOs. There were also periods of absence from key debates. Oxfam was relatively prominent on anti-counterfeiting issues, but without being able to claim a decisive role. It had little role in engaging Members of the European Parliament, who were an important thorn in the Commission's side, for example. Oxfam has been a useful, but not a leading, player in advocacy on FTAs.

Oxfam played a contributory role along with many others

Oxfam played a minor role in support of others

CAMPAIGN STRATEGIES

High quality advocacy - underpinned by sound research, technical expertise, tactical astuteness and persistence – has been the bedrock of the campaign. Oxfam is a widely respected player, and engagement with companies seems to have hit the right note: not comfortable, but constructive. There may be further work to increase consistency of positioning towards corporates across the Oxfam family. Consistency does not equate to a single position towards all companies, however: Oxfam needs to keep up with the divergence in companies' approaches and assure itself that it is sufficiently nuanced and differentiated in its response.

In alliances at international level, Oxfam has brought expertise, credibility and additional leverage whilst also benefiting from, and relying on, the work of others. Nationally, Oxfam has sensitively supported movement building (in Thailand for example), but ties to Southern constituencies in the campaign overall have been somewhat episodic.

A headline assessment of the most salient features of Oxfam’s advocacy across the different case studies could be summarized as follows:

	MAY 10	PRIVATE SECTOR	DOHA	THAILAND	GAVI	EU
persuasive evidence	✓✓	✓✓	✓	✓✓	✓	✓
credible critique	✓✓	✓✓	✓✓	✓	✓✓	✓
strong lobbying	✓✓	✓✓	✓	✓	✓	
campaigning pressure			✓✓		✓	
strategic alliance with international partners		✓✓	✓✓	✓✓	✓✓	✓✓
work with, mobilization of and support to national/global civil society partners	✓		✓✓	✓✓		
capacity to exert international leverage		✓	✓✓	✓✓		
long term commitment to the issue and target	✓✓	✓✓		✓		✓
ability to take advantage of conducive political context	✓✓		✓✓	✓✓		

CAMPAIGN MANAGEMENT AND RESOURCING

Key strengths of the campaign include in particular the capacity to advance credible and evidenced arguments, effective engagement of decision-makers, and generally strong links to partners – all underpinned by persistence and commitment. Notably, influence has been exerted, and results have been achieved, through very minimal investment (after the early campaigning phase) indicating that Oxfam has enjoyed disproportionate political influence for the investments made.

Low intensity advocacy may be well suited to the nature of the issue – given its complexity and its targets – but it is also true that the campaign has suffered from the limited buy-in of different Oxfam offices and affiliates, and from functions such as media and public campaigning. The A2M campaign has almost always occupied a place in the margins of Oxfam’s campaign priorities. A2M has generally been a poor fit within a broader health campaigning focus but with signs that coherence across Oxfam's campaigns is improving, with increasing overlap in work on GAVI for example.

The quality and commitment of individuals has to some extent allowed the campaign to mitigate the effects of minimal and uneven resourcing, but it has not been possible fully to overcome the disadvantages.

The fact that the campaign has been under-resourced and poorly embedded institutionally has meant that Oxfam has had to be more reactive than proactive, has not always been able to cover its bases, and has been unable on occasion to follow-up opportunities as they arose. It can be problematic too that allies and targets notice the ebb and flow of Oxfam's engagement. Oxfam brings reputation and clout, which typically creates a high baseline of respect and influence, but can also imply disproportionate risk if Oxfam withdraws active support.

Oxfam has operated primarily at a global-technical level – which has been an effective strategy, as well as a pragmatic way to navigate the fact of the campaign’s low resourcing and fragile links to and influence on wider organizational decision making (and also reflecting limited health programming amongst Oxfam affiliates). But one consequence of A2M remaining a policy experts' niche has been the patchiness of strong connections to the south. The challenges the campaign has faced in ensuring and maximizing local-national-global synergies raise questions about its fit with Oxfam’s global model of making change happen – given the identified need for national and grassroots activism as a key component in securing meaningful and sustainable change.

At a macro level, the campaign logic – asserting the links from price to access to impact - is sound, but a lack of a coherent architecture within the campaign that ensures Southern voices are heard makes it difficult to have a more detailed view of likely and actual impacts, including with respect to differentiated outcomes (by gender, for example).

RECOMMENDATIONS

The A2M approach of long-term, low-intensity advocacy runs contrary to prevailing notions within Oxfam of campaigns as time-limited, concentrated bursts of activity.

The experience of this campaign is that tenacity is a key factor behind its successes. In different arenas and with different targets, there is evidence of benefit accruing as expertise and credibility is developed, and increasingly recognized, expanding access to decision making fora. Shifting the terms of debate is also best seen as a long-term undertaking, with results emerging several years down the line, as shown by the moves made by the pharmaceutical industry in recent years for example.

The impact which Oxfam has contributed to is testament not only to the quality of individuals involved, but also to the value of persistence and long-term engagement to an issue, or set of inter-related issues. But this has not been without cost to the overall integrity of the campaign, as well as landing too much on the shoulders of the core team. The campaign has experienced difficulties in exploiting opportunity and reinforcing interventions more strategically, as well as potential reputational risk from dipping in and out of the subject.

The evaluation underlines the validity and effectiveness of the overall approach and also the need for it to feature more visibly as a strategic component within Oxfam's overall campaigning portfolio.

R1. Oxfam should manage its overall campaigning portfolio in a way that more explicitly takes into account the full range of advocacy being undertaken, considering as part of the mix the long-term/low-level advocacy approach that the A2M campaign exemplifies.

For the campaign itself, the issue is not a radical scaling up of investment in the campaign. Instead, priority should be given to exploring ways to connect the campaign better to the wider organization, backed by a corresponding incremental increase in resourcing.

R2. Oxfam should:

- **expand policy capacity dedicated to the campaign, and its policy reach;**
- **secure clearer links to program, involving Southern constituencies more systematically in the architecture of campaign decision making;**
- **create facility for greater reactive potential, including media;**
- **build facility for popular campaigning , when opportunities present themselves;**
- **increase the capacity for senior staff to provide support to the campaign when appropriate.**