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POLITICS

Could treating drug companies like restaurants improve global health?

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A Manhattan restaurante owner with a Health Department 'A' grade on March 2, 2012 in New York City.
Credit: Mario Tama

BOSTON — If prominently displayed grades in restaurant windows in New York City and Los Angeles can lead to healthier kitchen practices, could similar ratings on products — say, a special label on a box of Advil — do the same for global health?

Variations of that question lay at the center of a conference on how to determine and evaluate companies' global health "footprints" — how companies impact the health of people around the world — held at Harvard Medical School on Monday.

In select panel sessions that had the feel of a group brainstorm with the audience, participants raised more questions than answers, drawing on labeling and disclosure lessons learned outside of health, from restaurants to carbon emissions to political lobbying. Many, too, put forth their own proposed rating systems for global health, although they did not all agree on what those should look like.

Some conference participants believed a label should reflect how accessible a pharmaceutical product is and how it tackles diseases that most affect the poor; others thought that a label shouldn't include a metric for equity at all. Still others expressed concerns that a global health label could create a "health halo" effect where consumers believe a product is more beneficial than it actually is.

The open-ended conversation reflected the fact that identifying what such a rating in global health should measure is itself a fundamental challenge.

Measurement of global health "footprints" is certainly not as clear-cut as the letter grading system in the restaurant industry, where businesses are rated based on their hygiene and safety practices.

The reason the restaurant grading system worked so well in LA, said Anthen Fung, a professor at the Harvard Kennedy School who has studied transparency as a policy, is that the system satisfied individual consumers. An "A" restaurant appeals to diners because it has, by definition, better sanitation and health outcomes and is thus less likely to cause a food-borne illness.

This is not quite the case with global health, where any product ranking would have to "overcome a collective action problem," Fung said. Transparency around global health, he explained, is more about a greater good, and less about individual consumer values.

Maybe a global health rating wouldn't matter to an individual consumer shopping at the store, but it could have a big impact on the company's actions because it cares about its reputation, said Nuelle Itoh, a professor at Georgetown University. She presented on the effects of disclosure and pointed out that while restaurant calorie labeling, for example, may not change individual eating habits, it does entice the restaurants to provide healthier, lower calorie options.

What's more, conference attendees debated, who is to say that such a rating, or a company's disclosure of its global health impact, would even have a positive effect?

Lawrence Lessig, director of Harvard's Safra Center for Ethics, which co-hosted the event along with a number of other organizations within the university, noted that transparency around political lobbying designed to inform voters has had an ambivalent down side: economists have conducted analyses of lobbying's returns on investments, which have further fueled campaigns.

In global health, Lessig wondered, could such mandatory disclosure have a similarly unintended negative consequence?

As the doctors, ethicists, public health researchers, lawyers, and students in attendance grappled with what transparency and measurement around companies' global health impact might look like, several experimental models were discussed that could inform more widespread global health standards.

Global Health Impact, Academics Stand Against Poverty
Binghamton University philosopher Nicole Hassoun, who presented at the conference, created an index called "Global Health Impact" to measure pharmaceutical companies' impact on three diseases that overwhelmingly affect poor countries: malaria, tuberculosis and HIV/AIDS. The index measures how companies spend their R&D budgets and how much of their drugs would incentivize them to work on diseases with treatments that are not necessarily lucrative in and of themselves — and even to display a "Global Health Impact" label on their product. (Hassoun used Advil as an example.)

Health Impact Fund, Incentives for Global Health
Aidan Hollis, an economist at the University of Calgary who also presented at the conference, contributed to developing this system that rewards companies that offer their drugs at a lower cost. Such financial rewards, funded by national governments and other donors, would be tied to the "incremental benefit" of a product. The problem with the existing system, said Hollis, who also presented at the conference, is that "companies are not rewarded for increasing health, but for increasing the health of people who can pay."

University Global Health Impact Report Card, Universities Allied for Essential Medicines
This report card evaluates US and Canadian universities and their contributions to global health. It measures one-quarter and one-half of the universities' research and teaching, respectively, on how they implement the UAEM's recommendations on its website — and yet many academic institutions have poor records when it comes to helping those need in mind. Harvard University earned a "B-." MIT scored a D+, and Columbia University received a D-.

As for that box of Advil — or pet charities or mouthwash, as Hassoun proposed — it seems that a label with its global health "footprint" is still a ways away. But it was clear from the discussion that its promise is appealing.

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