

Medicines List (EML), little has been done to determine the macroeconomic factors that influence ability to provide these essential medications. This study was done to explore potential macroeconomic factors related to essential cancer medication availability. The aim of this study is to explain variations in the number of essential cancer medications listed on national formularies.

**Methods:** Cancer medications on the WHO's EML were compiled and compared against official English-language national formularies made available on the WHO website. The relationships between national formulary listings and indicators of economic development were then tested. Participants were sixty low- and middle-income countries (LMICs). Exploratory analysis was conducted using regression. Both the total number of essential cancer medications and the number of newly-added essential cancer medications appearing on national formularies were tabulated and compared against a compendium of country-level national indicators of economic development from the World Bank.

**Findings:** Researchers determined the number of essential cancer medications available on national formularies for 60 LMICs. Regression analyses showed significant negative relationships between total numbers of essential cancer medications with health-related foreign aid and total health expenditures. However, a significant positive relationship existed between number of newly-added essential cancer medications and gross national income per capita.

**Interpretation:** Countries with greater income per capita provide more essential cancer medicines to its residents, but countries whose healthcare expenditures constitute a greater proportion of its total budget, or countries relying most on outside assistance, provide fewer essential cancer medicines to its residents. The main limitation of this research is that text mining was restricted to English-language documents. The main strength of this research is that it is the first study attempting to explain variations in essential cancer medication availability using measures of economic development.

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### Corporate social responsibility - The power of philanthropy in the developing world for an academic medical center

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**Program Project Purpose:** The Academic Medical Center (AMC) and its affiliated College of Medicine (COM) partner are committed to new and innovative global health platforms building on the success and developed infrastructure and human capacity of their affiliated U.S. charitable organization (Charity).

**Structure/Method/Design:** Charity operates a Network of Children's Clinical Centres of Excellence (COE) in Botswana, Lesotho, Swaziland, Malawi, Uganda, Tanzania and Romania, providing pediatric and family-centered HIV/AIDS prevention, care and treatment and support and health professional training. Each COE is managed and operated by a Charity-affiliated non-government organization (NGO). This organizational structure

ensures that the COM and AMC institutional clinical, administrative, financial, monitoring & evaluation, and operational/clinical research best practices are embraced and adhered to. It also allows for the NGOs to access Corporate Social Responsibility (CSR) programs in countries where energy, pharmaceutical, banking, and manufacturing companies operate. The goal of CSR is to embrace responsibility for a company's actions by making a positive impact on the environment, consumers, employees, communities, and stakeholders.

**Outcome & Evaluation:** Many companies prefer that their CSR programs are locally driven through public-private partnerships (P3) with Government and local NGOs. The COM and AMC have successfully engaged major pharmaceutical and energy companies and others in CSR projects in women's and child health, HIV/AIDS, malaria, malnutrition and sickle cell disease due to their experience in P3 as well as operating the affiliated NGOs. Between 2011-15, the Charity and AMC secured over \$15M for CSR projects in Africa, Colombia and Romania.

**Going Forward:** Companies that have CSR programs are encouraged to partner with United States institutions that have direct NGO affiliates on the ground in countries where they have operations. This provides opportunities for sustainable programs and services that impact local communities, build local human capacity, enhance infrastructure and build P3 alliances.

**Funding:** The COM and AMC provide in-kind support for all direct costs related to securing CSR project design, management and funding.

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### Political economy of health research for universal health coverage: An outline of a theoretical and methodological agenda

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**Background:** Within the field of global health, there is growing interest in conducting health systems research (HSR), particularly in the service of achieving universal health coverage (UHC) within low- and middle-income countries (LMICs). Political economy analysis has been put forward as a potentially productive way for researchers to examine health systems and paths toward establishing UHC policies in LMICs. However, complicating such a research agenda are the manifold approaches to conducting political economy analysis and the general confusion regarding the term in global health. To clarify future research in this area, I have outlined a novel theoretical and methodological approach to conducting political economy analysis of health systems that is based in the traditions of the political economy of health and social medicine.

**Methods:** A narrative literature review of books and articles pertaining to the political economy of health tradition and social medicine was conducted. Authors writing in the tradition of political economy of health and/or social medicine were further examined, with particular attention paid to their research on health systems.

**Findings:** Clear theoretical and methodological trends emerged from this narrative literature review that can inform a health systems research agenda that employs political economy analysis and draws on the traditions of political economy of health and social medicine.