

Corporate social responsibility in global health: the Pfizer Global Health Fellows international volunteering program

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Executive Summary

Pharmaceutical companies are experiencing increasing pressures to act in ways that are socially responsible with regard to global health problems. The global AIDS pandemic has created pressure for greater contributions from corporate partners to expand access to services in developing countries. Many companies have responded by making philanthropic donations of drugs and financial resources. This article describes an approach undertaken by Pfizer Corporation, which uses international corporate volunteering to build capacity for service delivery in low-resource settings. An evaluation of the Pfizer Global Health Fellows program found that the program has had positive effects on recipient organizations, and has enhanced the personal and professional skills of participating employees. The authors discuss ways to leverage program outcomes for greater impact on corporate reputation, employee motivation and professional development, and accountability for the company's social performance.

Introduction

In recent years, we have come to see the mission of business as more complex than simply creating profits for shareholders. Companies are increasingly being judged not only on “profits delivered, but in terms of principles lived”(Jackson & Nelson, 2004). Businesses and their leaders are being called upon to exercise virtue in fulfilling obligations to employees, communities, and the environment: in other words, to become responsible citizens of the world (Martin, 2002; Wilson & Lombardi, 2001). What this means is the subject of much debate. The need to restore public trust after the corporate accounting scandals of Enron and WorldCom is great. But restoring trust requires more than mere compliance with law, or what Simon Zadek calls the “defensive stage” of organizational learning regarding corporate social responsibility (Zadek, 2004). Corporate social responsibility is also seen as requiring a commitment to aligning corporate strategic goals with pressing societal issues, and showing awareness of the unmet needs of the communities or markets in which corporations work.

The Millennium Development Goals, established by the UN Millennium Declaration of 2000, have come to embody the principles of interdependence and vision of social responsibility in the international arena (United Nations General Assembly, 2000). The MDGs focus on reducing poverty, improving quality of life, and assuring environmental sustainability necessary for peaceful human advancement at the global level. The role of private commercial partners in assuring that countries make progress in achieving the Millennium Development Goals is vital (Nelson & Prescott, 2003). Corporate social

responsibility programs designed strategically should contribute to these goals, and may require action beyond the factory walls or existing markets.

Pharmaceutical companies have experienced the ramping up of global expectations for corporate social responsibility, especially with regard to the HIV/AIDS pandemic (Leisinger, 2005). NGO activists complained early and loudly about the lack of corporate interest or involvement in expanding access to life-saving treatment for AIDS patients in poorer countries. International organizations such as Health Action International of The Netherlands, galvanized citizens, public health professionals, and governments in demanding expanded corporate contributions, including public-private partnerships and philanthropic activities to increase access to drug treatment.

Michael Porter and Mark Kramer are quick to point out that social and economic goals of industry are “not inherently conflicting but integrally connected” (Porter & Kramer, 2002). Corporate expenditures can bring benefits to industry while promoting social goals. Strategic philanthropy is suggested as a way to combine social and economic benefits within the framework of specific business markets. For the global pharmaceutical industry this has meant building bridges of understanding, communication, and relationships with NGO service delivery and advocacy organizations, local governments, citizens, and other key stakeholders living, working, and influencing health care markets in developing countries.

Past public-private partnerships for pharmaceutical programs have developed capacity for service delivery in developing countries by offering drugs and financial resources for

disease specific interventions such as Merck's Mectizan (ivermectin) donation program to fight river blindness, and Boehringer Ingelheim's Viramune (nevirapine) drug donation program to prevent mother-to-child transmission of HIV (Ahn, Herman, & Damonti, 2000; Leisinger, 2005; Peters & Phillips, 2004). These investments have achieved important objectives in terms of strengthening distribution systems for donated drugs, and improving diagnosis and treatment protocols (Reich, 2002; Sekhri, 2006). Meanwhile, human resources departments and philanthropy initiatives in many companies have expanded employee volunteering programs as a social responsibility initiative. Such programs have been successful in leveraging additional volunteer resources for local community programs, and have increased employee job satisfaction (Delaney & Gyles, 2006; Gilder, Schuyt, & Breedijk, 2005).

In 2002, Pfizer Corporation initiated a unique program of international corporate volunteering that attempted to integrate these two concepts, pairing international partnerships in capacity building with employee volunteering. (It should be noted that Pfizer's program continues the salary of personnel who are selected as Fellows and sent to work for NGO partner organizations.) From 2002 to present, Pfizer's Global Health Fellows (GHF) Program has fielded over 100 employee volunteers, each staying 3-6 months at program sites in 22 countries around the globe. Researchers at Boston University School of Public Health evaluated the GHF program in 2005-2006. This article reports on lessons learned for corporate citizenship and employee development in an increasingly global and multi-cultural business environment.

Background on Global Health Fellows Program

The Global Health Fellows Program was created as a corporate philanthropy initiative to develop the capacity of local health organizations in developing countries. Pfizer hoped to expand access to care by contributing to the growth and development of these local partners. Although not a stated goal of the program, Pfizer managers also believed that employees would gain opportunities for professional growth through the challenge of working in multi-cultural and low-resource settings.

To assist in launching the program, Pfizer reached out to partner organizations with ample experience in fielding international volunteers, including such groups as Health Volunteers Overseas (HVO) and American Jewish World Service (AJWS). These partner organizations helped identify local organizations interested hosting a fellow. Pfizer also approached some large NGOs with known interest and project activities in HIV/AIDS in Africa, including Family Health International and Médecins du Monde. The U.S. Agency for International Development (USAID) and the President's Emergency Program for AIDS Relief (PEPFAR) also facilitated some placements in PEPFAR focus countries. The program is administered through the Corporate Philanthropy Department in close collaboration with Human Resources.

Fellow selection is a demand driven, competitive process, illustrated in Exhibit 1. Partner Organizations help design the scope of work for the assignment, then review potential candidates and approve the final selection. Fellows receive training prior to their assignment through an orientation program which covers health, security, logistics, and

cross-cultural management. While on assignment, the Fellow's salary and benefits are paid from the budget of his or her work unit, and living allowance/travel are paid by the GHF program. At the time of the evaluation, about 60% of Fellowships were located in Africa, with an additional 17% in East Asia and the Pacific, and 14% in South Asia (mainly India). A small number of Fellows had been placed in Eastern Europe, Russia, and Latin America.

Place Exhibit 1 about here

Research Questions

The evaluation sought to answer the following questions:

- How do Fellowships affect the participating Pfizer employees? What do they learn or bring back from this experience?
- How do Fellowships affect the work unit from which the Fellow comes? What problems do they have in managing while the Fellows are away?
- How is Fellowship program viewed by Pfizer? Has the Fellowship program changed Pfizer's reputation or corporate activities?
- What impact do Fellowships have on the Partner Organizations?

This article presents the findings related to the impact on Pfizer employees (Fellows), their work groups, and Pfizer as a whole. Findings related to the impact on Partner Organizations are briefly summarized, as these are discussed in detail elsewhere (Vian, Richards, Connelly, McCoy, & Feeley, 2006).

Evaluation Methods

We attempted to survey all 72 Fellows and 69 Supervisors who had participated in the program as of October 2005. Our response rates were 83% (60) for Fellows and 70% (48) for Supervisors. In addition to the surveys, the evaluation team interviewed Pfizer program staff and senior executives at corporate headquarters in New York. Researchers

also interviewed personnel from Partner Organizations in Kenya, Uganda, Ghana, South Africa, and India. We interviewed the manager of the Organization where each Fellow was placed, the Fellow's immediate Supervisor, and co-workers, conducting more than 100 interviews overall. Researchers assured informants that their responses were anonymous and that identifying details would be removed from the feedback, in order to encourage honesty and reduce social desirability bias.

Findings

The findings of the study are organized into four categories of impact: participating employees, work unit, Partner Organizations, and Pfizer as a whole.

Participating employees

An important aspect of program evaluation was to assess the impact of the program on participating employees. Researchers collected data related to personal and professional goal achievement, professional development, and re-entry.

Goal achievement. Most Fellows said their professional goals were to fulfill their technical scope of work, transfer knowledge, gain new skills for themselves, and develop professionally through this unique work experience. As one Fellow stated, "I felt it would be an opportunity for exploiting my abilities in communications in an environment where I could bring to bear some of my experiences." In addition to professional goals, personal goals included a desire to help the poor, make a difference, and achieve personal growth. This Fellow's comment was indicative of the motivation of many: "I wanted a

‘stretch’ for myself. I wanted to know, can I manage this? Would I be able to cope with being away from family, in a new culture, a new organization?”

Most Fellows believed they had achieved all or most of their personal and professional goals for the Fellowship, and that they had made substantial contributions to the core mission of partner organizations. For example, 82% said that their Fellowship had made a positive contribution to the NGO’s core mission, while 5% said the contribution was “mixed.” Only 5% of Fellows thought their Fellowship had had no effect, and no Fellows reported negative effects alone. One Fellow described her accomplishments in helping to develop an HIV education program:

When I started, there was no direction or vision of how to maximize access of the target group. When I left, there was a vision and a well-researched program to achieve it. When I arrived, peer educators only had a few brochures they could use. Even these brochures were a problem: though well done with nice pictures and clear messages, the peer educators and target group members were not so familiar with using paper. I left an easy-to-carry bag with eight tools that were more enjoyable to use.

While fellows undertook a wide range of responsibilities in host organizations, Exhibit 2 illustrates that most functions involved streamlining and strengthening administrative systems, including purchasing, drug management, finance, human resources management, marketing, and research administration. Fellows wrote grant applications, developed systems for managing clinical trials, recommended improvements in pharmacy management systems to increase efficiency and reduce waiting times, and helped apply for laboratory accreditation, among other activities.

Place Exhibit 2 about here

Professional development. Although formal job responsibilities did not change much as a result of the Fellowship experience, over three-quarters of Fellows rated the effect on their professional development as positive. In the words of one Fellow, participants in the program “come back with a degree of humility (and) more confident in themselves and their abilities...” Another stated “my appreciation is more enhanced, and this has helped give me keener insight” for new program development. A third Fellow mentioned gaining maturity and leadership skills, from having been “the heart of the program which stood or fell with me...instead of just a tiny nut or bolt in a big machine (back home).”

Nearly all Supervisors (98%) rated the effect of the Fellowship on the Fellow as either very positive or positive. Exhibit 3 lists specific effects noted by Supervisors.

Place Exhibit 3 about here

It is interesting that pride in the company is seen as the most positive effect—87% of supervisors reported that the Fellowship experience increased the Fellow’s pride in or loyalty to Pfizer; however, a closely related attribute—energy for work—is the most frequently cited negative effect. This may be due to Fellows returning to jobs which were often far removed from the activities they undertook during the Fellowship.

Re-entry. Fellows were asked to evaluate their experience with or expectations about re-integrating into the work place and using GHF skills in their Pfizer jobs. More than half

(61%) rated re-integration as “easy” or only “slightly difficult.” A minority of Fellows (14%) reported great difficulties in re-integration. As one Fellow described,

It was much harder coming back. I could hardly remember how to dial a phone. I touched one only once or twice in six months. I’ve experienced the most immense upheaval; I’m a completely different person. Yet, now it is “Hi, how are you?” I was expected to summarize my experience for people in 30 seconds.

The comments relating to re-adjustment to Pfizer office culture reflected frustration with themselves, Supervisors and colleagues, and GHF Program. One Fellow said she had a “hard time getting focused, finding meaning in my work.” Another said her job at Pfizer is now less interesting to her. Another noted that she had been her own boss in the Fellowship and that it was “hard to come back as a subordinate in highly structured Pfizer governance.”

Work Unit

Supervisors reported considering a number of factors when deciding whether to approve an employee’s application to the GHF program. Important considerations included executive level support of the program (cited by 58% of Supervisors), employee professional development (54%) and ability to cover employee workload (46%). Eleven supervisors also considered factors such as the important “life experience” that the Fellowship offered for employees, the enthusiasm of the applicant for volunteer work, and the importance of the applicant’s skill set or qualification.

The majority of Supervisors (64%) evaluated the effect of the Global Health Fellows Program on their workgroup as “positive” or “very positive”. Less than one-third felt the Program had had no effect on their work team, and only 6% (three Supervisors) rated the

effect on the work team as negative. While most Supervisors (64%) saw no difference in work plan achievement, about a quarter of Supervisors noted that their team's achievement of annual work plan and objectives was "somewhat lower" due to the Fellowship while 10% of Supervisors actually thought performance was higher due to the Fellowship experience.

The Fellowship program seemed to have benefits in terms of team-building and increasing employee pride in Pfizer. Thirty-six percent of Supervisors stated that work team development was somewhat or much higher as a result of the Fellowship, while 69% said that pride in Pfizer was higher. Work team morale generally increased, with nearly 40% of Supervisors indicating that morale was somewhat or much higher due to the GHF. A Supervisor who ranked the effect as "much higher" commented that the Fellowship "puts a lot of strain on individuals...but we survived, so it was very positive. I used a special recognition reward to recognize [the team's contributions]. It helps share some of the glory."

Several supervisors also noted the rewards gained by a member of the workgroup substituting for a Fellow. As expressed by one Supervisor, "another employee stepped up to fill [Fellow]'s position while [Fellow] was away. This helped that employee's development." Some Fellows received support from enthusiastic co-workers during the Fellowship. One Fellow said that if she was missing a particular tool to do her job, "I had only to send an e-mail request and I would get what I needed right away."

Two issues mentioned as concerns for work units are workload coverage, and appreciation of work unit members. During the Fellow's absence, the work unit must cover the Fellow's responsibilities while still continuing to pay the Fellow's salary. Some Supervisors described the absence as a heavy burden for the workgroup, and mentioned the additional costs of hiring a replacement worker. Several Supervisors thought morale was lower due to a lack of appreciation shown to team members. These Supervisors felt the Fellowship was really a group achievement, but that the honor went to the individual Fellows rather than the team.

Partner Organizations

According to a typology created by the research team for ranking the impact of individual Fellowships, about 31% of Fellowships showed evidence of a sustainable impact in increasing the level of service or efficiency of the Partner Organizations. For example, one Fellow's work resulted in a tripling in the volume of CD4 tests performed by the Partner Organization, while simultaneously increasing test quality and reliability. An additional 48% of Fellowships involved training or systems development progress, which is likely to lead to sustainable expansion in the future. Thirteen percent of Fellowships were volunteer efforts that did not depend on the special skill and expertise of the Pfizer employee, and did not transfer scarce skills. Eight percent of Fellowships lacked sufficient data to classify.

Overall, 79% of Fellows reported meeting all or most of the technical assistance goals set by the Partner Organization. Partner organization staff reported that Fellows provided training to clinical and research personnel, strengthened administrative systems, and helped expand networks or create strategies for Partner Organizations. Local staff also

reported that the Program changed their strategic viewpoint or work habits, helping them see value in time management, work planning, and other core business management techniques. This quote is illustrative of the changes in attitudes:

The Fellow taught us to be responsible. We used to wait for higher authority to tell us what to do. The Fellow told us that the whole responsibility should be ours. Our talents, feelings, ideas can be brought out in our work...Now, we don't postpone things so much...when we start something, we finish it.

More information on the technical assistance achievements may be found in the final evaluation report (Feeley, Connelly, McCoy, Richards, & Vian, 2006).

Impact on Pfizer

Over 90% of Supervisors surveyed said that the Program has had a positive or very positive effect on the company as a whole. In addition to the generally positive ratings of impact on the Fellow and the work group, a few Supervisors mentioned that the Program provided Pfizer with a non-corporate or altruistic image. As noted by one Supervisor, the “pharmaceutical industry is under the spotlight all the time. Pfizer in last 2-3 years has worked to increase community programs [and] altruism. They’ve tried to make themselves different...” Still, the positive response to the GHF Program was not universal; for example, one Supervisor thought Pfizer “could do something else to help the retention of workers that is less disruptive and that could add to business objectives.”

One Fellow reported being initially suspicious of why Pfizer was doing this, musing that “Pfizer has HIV drugs coming through in the future, and I’m sure this program will build our profile with government and will be used as a negotiating tool.” But the Fellow later came to see other motivations:

There is greater demand from shareholders for global social responsibility... I think the CEO genuinely believes in philanthropy and global community responsibility. If a company wants to be around a long time, you have to give as well as take... People, knowledge, and time are the secret to helping developing countries. Anyone can throw money and drugs or 'free access' at the problem. But drugs and money alone will fail.

This, the Fellow thought, was Pfizer's motivation in offering the program.

The evaluation team also noted how the GHF program influenced other stakeholders' perceptions of Pfizer, including personnel of Partner Organizations, government officials, and other local opinion leaders. Almost universally, the respondents from Partner Organizations that received Fellows praised the GHF Program and were grateful for the assistance received. The direct counterparts usually understood that the Fellow's time is a Pfizer corporate contribution (not just a good deed by the Fellow). So did the US contacts who arranged the placement. In general, the senior managers of the NGO that received the Fellow also recognized the corporate contribution by Pfizer, although in a few situations the local personnel could not differentiate between Pfizer Fellows and other volunteers. After the passage of time, some Partner Organizations who hosted many volunteers could not remember if the Fellow had come from Pfizer.

The benefits of Global Health Fellowships were communicated better within the NGOs than to the Governments or opinion leaders of countries where the Fellow worked. When the researchers asked opinion leaders or well informed individuals outside the Partner Organization, the awareness of the program was low. Some did view the Pfizer Fellowships, when described, as too small or ascribing too high a value to what the Fellows could accomplish. These respondents viewed contributions of drugs as more

important. The sample interviewed was limited and only in the five countries visited. Since few Health Ministries have yet worked directly with Pfizer Fellows, it is not surprising that senior national health officials are more aware of programs like the Diflucan Partnership and Trachoma Initiative, since these have a more immediate country-wide effect on service delivery.

Discussions with the US contacts who arrange placements revealed that they do discuss the Pfizer Program favorably with their Board members. This suggests that the Fellowship Program is getting good word of mouth publicity with key individuals who direct these organizations.

Another aspect of how the Fellowship program influences the company as a whole is the level of company uptake of knowledge gained by the Fellow. From the Fellow's perspective, more than a third of respondents (38%) said that they had been able (or expected) to influence corporate decisions and policies as a result of the Fellowship. However, although many Fellows reported changes in attitudes and work habits, we found it hard to identify concrete ways in which the knowledge or skills developed during the Fellowship have directly affected Pfizer operations or careers. It may be too early to see the effect of Fellowships on career paths, as the first Fellows were back only two years at the time of the evaluation, and a large corporate reorganization occurred at the same time.

Discussion

The Global Health Fellows Program, though framed as a strategic philanthropy program designed to fulfill corporate social responsibility, also has had positive internal effects on employee attitudes and behavior. Almost universally, the evaluation results show that returned Fellows are satisfied with the program and the opportunities that it provides for personal and professional growth, including the chance to make a contribution to the improvement of health and health care in the developing world. The program also clearly improves Pfizer employees' opinions of the company, with both Fellows and members of their work teams often reporting increased motivation, pride in their company, and loyalty. This result is consistent with other reported employee volunteering programs such as the Dutch ABN-AMRO bank (Gilder et al., 2005).

While not a stated objective of the program, the GHF evaluation results suggest benefits for cross cultural management development. According to their Supervisors, the Fellows who participate in the program not only learn first hand about poverty and health in developing countries, but they also develop the confidence and ability to operate in conditions of uncertainty, and to achieve performance even when faced with poor logistics, inadequately defined assignments, and other constraints. Researchers have identified the management of multiple cultures as a critical demand on internationally operating companies, including the ability to manage multicultural teams and to communicate and make use of knowledge from a variety of stakeholders from different cultural communities (Soderberg & Holden, 2002). The GHF program appears to help develop these competencies.

A concerning finding of the study is the lack of evidence that the international volunteering program has had a positive effect on career paths, or that the company has taken advantage of the knowledge and experience of Fellows to foster broader organizational learning. This is a general concern of any program involving expatriate work. For example, one study interviewed returned expatriates from three large Austrian banks to determine categories of knowledge gained and the extent to which this knowledge was transferred to the company upon repatriation (Fink, Meierewert, & Rohr, 2005). The Austrian study identified soft skills, such as widened horizon, self-confidence, flexibility, and tolerance, as well as job-related management skills (communications, project management, problem solving) which are not easily transferred, but which make repatriate employees a more valuable asset to the company. Other skills, including network knowledge (contacts), and market specific knowledge (local governance systems, customs, and language, for example), were seen as more directly transferable.

Returned Fellows have already suggested ways to help Pfizer to tap into their “expatriate knowledge”; for example, by creating advisory committees of returned Fellows and including them in policy discussions. To maximize organizational learning, Pfizer should continue to build on this interest on the part of former fellows and look for ways to take advantage of the transferable knowledge and the enhanced management and leadership strengths of returned Fellows.

The evaluation findings suggest that the GHF program could be expanded, either within Pfizer or through collaboration with additional companies, to increase program impact. An expanded program would increase benefits for participating companies as well as Partner Organizations in developing countries; however, this would require further investment in identifying and qualifying particular sites where the Fellows' expertise could be well used. Program expansion would need to be gradual and accompanied by some up front corporate investment to research opportunities, provide orientation to new partners and collaborators, and assure that the initiative is fully integrated within the company's vision of social responsibility.

Conclusion

In order to achieve the Millennium Development Goals and mitigate the effects of the global AIDS pandemic, governments, NGOs, and the private sector must act together. Each has a unique set of skills and perspective to add to the global problem solving which is needed. As stated by Klaus Leisinger in his article on the corporate responsibility of the pharmaceutical industry, "collaboration and coordination among the different actors can lead to synergies and a dimension of solutions not available from any individual actor."(Leisinger, 2005) The Pfizer Global Health Fellows international volunteering Program offers instructive lessons in possible roles for corporations in strategic philanthropy and global development assistance.

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Exhibit 1: Structure of GHF Program and Selection Process

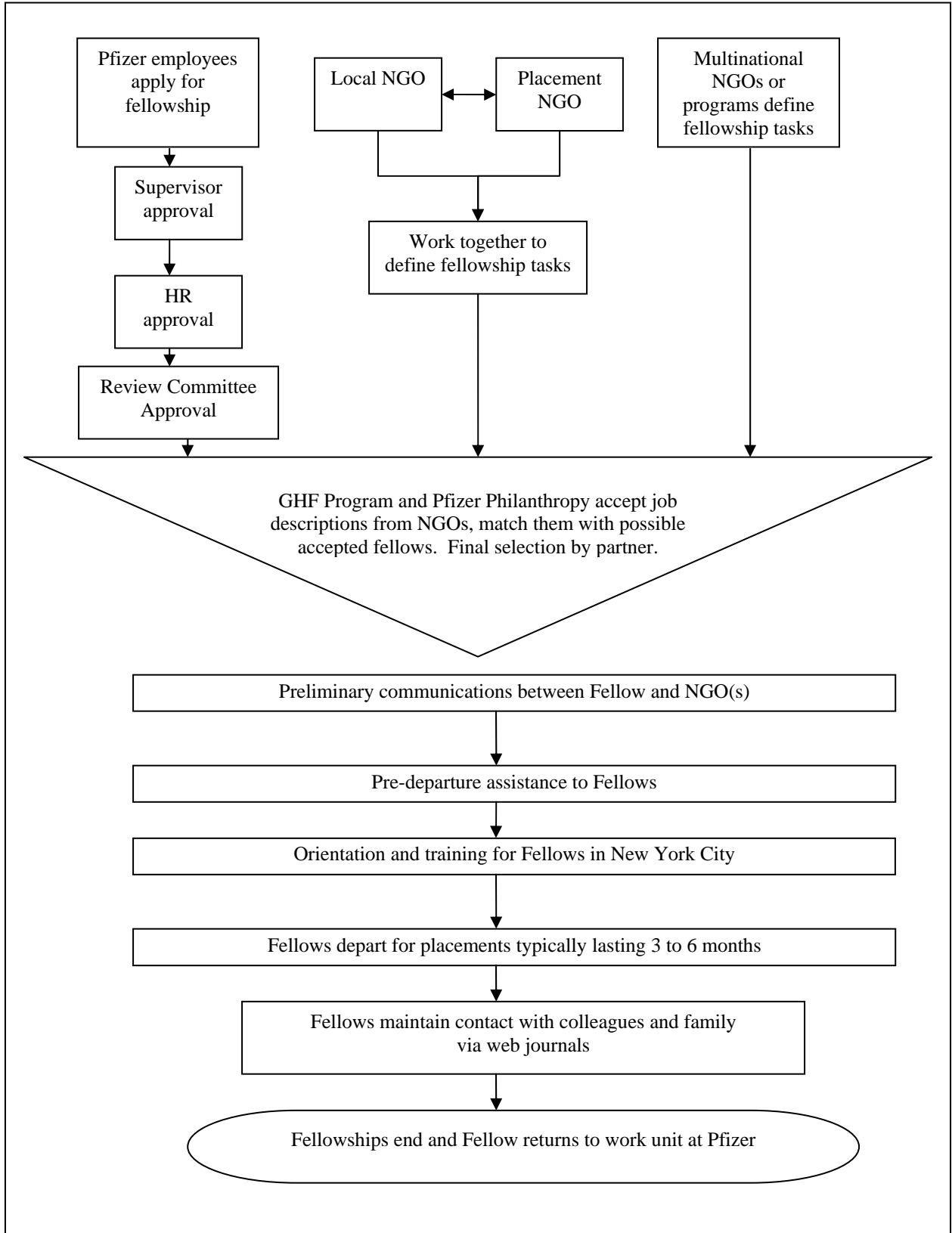
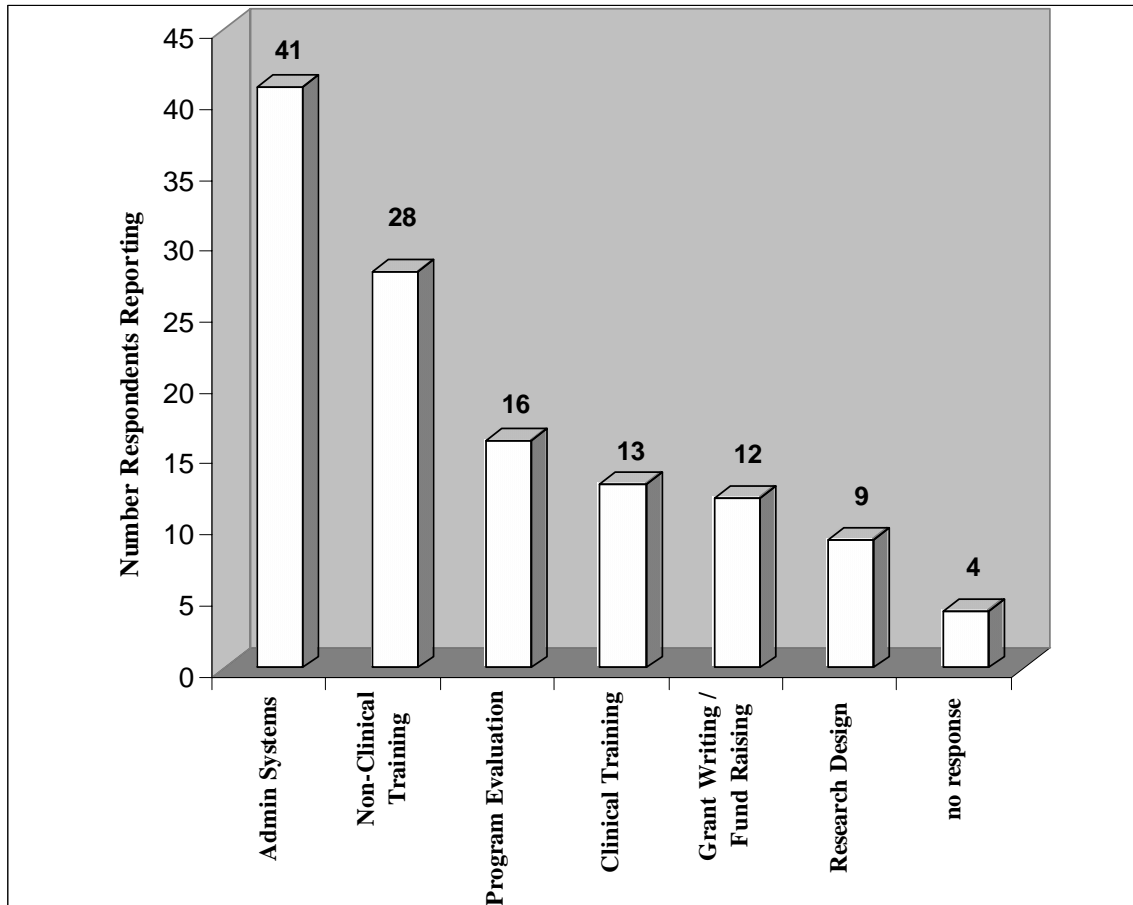


Exhibit 2: Fellowship Responsibilities



Note: Multiple responses were allowed.

Exhibit 3: Effects of Fellowship on Fellow, as reported by Supervisor

Effect	Number reporting positive effect	%	Number reporting negative effect	%
Pride in or loyalty to company	39	87%	1	2%
Awareness of developing country conditions	37	82%	2	4%
New or better professional & personal skills	36	78%	0	0%
Energy for work at Pfizer	28	62%	6	13%
Visibility in terms of annual job appraisal/career in Pfizer	22	54%	1	2%
New technical or scientific learning	15	38%	2	5%
Perception of job stability within Pfizer	6	16%	3	8%

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