

Discussion of “From Free Rider to Innovator”

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It's the same guy and now
the slide background is
even more appropriate!

What this paper does

- Documents a **structural break** in global pharmaceutical innovation:
 - ▶ China overtook the U.S. in clinical trial volume in 2020.
 - ▶ Growth concentrated in **high-novelty** and **non-generic** trials
- Provides a **clean policy-based explanation**:
 - ▶ 2016 National Reimbursement Drug List (NRDL) reform
 - ▶ Centralized price negotiation *plus* massive quantity expansion
- Core message:

Strategic public purchasing can pull frontier innovation.

But before we even go into the details,
let's be serious about how interesting this
paper is.

It obviously passes the market test.

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I will discuss this remarkable paper:

China pulled off something economists long thought impossible. It went from pharma free rider to innovation leader.

A single policy change (NRDL) massively expanded market size, cut prices, and increased frontier drug R&D.

**From Free Rider to Innovator:
The Rise of China's Drug Development**

Panle Jia Barwick Hongyuan Xia Tianli Xia*

December 29, 2025

10:27 AM · Jan 2, 2026 · 261.2K Views

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Why this paper is particularly interesting

- Challenges the classic **free-rider view** of innovation:
 - ▶ Developing countries need not specialize only in imitation or generics.
 - ▶ Market design can endogenously change innovative capacity.
- Shifts focus from **supply-side** to **demand-side** innovation policy:
 - ▶ No R&D subsidies, tax credits, or direct grants.
 - ▶ Instead: insurance expansion with price-for-volume bargaining.
- Speaks directly to debates on:
 - ▶ Market size and innovation
 - ▶ Industrial policy
 - ▶ Global convergence in frontier R&D
- We have **thousands** of papers on drug trials in the U.S. and Europe but **hardly any** on trials in China.

NRDL Mechanism

- NRDL reform generates a sharp **effective market size shock**:
 - ▶ Prices fall by roughly 50–60%.
 - ▶ Quantities rise by 300–900%.
- Net effect:
 - ▶ Revenue and producer surplus **increase sharply** (because marginal costs are low).
 - ▶ Particularly strong in oncology.
- Disease-level exposure predicts:
 - ▶ More trials
 - ▶ More novel trials
 - ▶ Stronger response by domestic firms

Quantity expansion dominates price compression.

Other Factors?

- Not (primarily) driven by:
 - ▶ Talent inflows or return migration
 - ▶ Upstream scientific publications
 - ▶ Investigational new drug backlog clearance
 - ▶ Broad industrial subsidies
- Those factors matter:
 - ▶ They explain meaningful variation ...
 - ▶ ... but they lack the sharp timing of NRDL.

NRDL explains about 40% of oncology trial growth.

Interpretation and Scope

- Conceptually:
 - ▶ This is a **demand-pull** innovation story.
 - ▶ Closely related to market size and procurement design.
- External validity questions:
 - ▶ Would this work without monopsony power?
 - ▶ Would it work with fragmented insurers?
 - ▶ Would it work anywhere else but China?
 - ▶ Is pharma special due to low marginal costs?
- Important boundary:
 - ▶ Innovation responds to **expected global revenues**.
 - ▶ China matters because it is large enough to move the needle.

Welfare and policy

- Static gains:
 - ▶ Large consumer surplus from expanded access.
- Dynamic gains:
 - ▶ Back-of-the-envelope suggests induced innovation
 - ▶ Comparable in magnitude to short-run access gains.

- Key policy takeaway:

Access and innovation need not be a zero-sum trade-off.

- Especially relevant for:
 - ▶ Middle-income countries
 - ▶ Large public buyers
 - ▶ Global health policy

Some (boring) suggestions

- **Identification and interpretation**

- ▶ NRDL timing coincides with other reforms and geopolitical shifts
- ▶ Add sharper falsification/heterogeneity tests: predicted eligibility cohorts, diseases with similar pre-trends or IND-backlog changes but different NRDL exposure.

- **Measurement of innovation and novelty**

- ▶ Novelty relies on incomplete MOA data and an LLM classifier.
- ▶ Report out-of-sample accuracy and robustness (structured-only measures, high-confidence subsets) and perhaps molecular (Tanimoto) similarity metrics ([Krieger et al., 2022](#)).

- **Decomposition and welfare**

- ▶ Decomposition exercise comes with several (strong) assumptions (e.g., additivity). It would be good to be more explicit about them and to discuss them.
- ▶ Add uncertainty bands, clarify residual vs identified components, and present welfare sensitivity to conversion rates and demand elasticities.

Conclusion

- This is a **big, careful, and important paper.**
- Main contribution:
 - ▶ Shows how market design can reshape a country's **position on the global innovation frontier.**
- Broader impact:
 - ▶ Reframes debates on industrial policy.
 - ▶ Offers a blueprint for demand-side innovation incentives.
- I learned a lot from this paper and highly recommend it.



Thank You!

References I

Krieger, Joshua, Danielle Li, and Dimitris Papanikolaou, “Missing novelty in drug development,” *Review of Financial Studies*, 2022, 35 (2), 636–679.