The Community Advisory Panel of the Medicines Patent Pool (MPP)

1. Introduction
The Community Advisory Panel (CAP) serves a key advisory role in providing MPP and MPP Expert Advisory Group (EAG) with critical insights and guidance from its members’ lived experiences as they pertain to specific disease areas, as well as public health, as relating to the ongoing work of MPP.

2. Duties of the CAP
The CAP serves two primary functions:

(1) **EAG**: Upon the review of a proposed licence agreement, MPP Executive Director selects at least two members from the CAP who have expertise in the particular disease or technological area relevant to the proposed licence, ideally from different geographical regions and country-income levels. The disease-specific community experts then have the opportunity to confidentially review drafts of the proposed licence and offer comments to the EAG. This function is described in further detail within the Terms of Reference for the Expert Advisory Group.

(2) **Ad-Hoc Advice**: The members of the CAP shall, at the request of MPP Executive Director, provide:
- Analysis and guidance pertaining to the development, effectiveness, and/or need for specific medical technologies, from a community and end-user perspective
- Analysis of and feedback on MPP’s annual prioritisation exercise that seeks to identify the therapies and/or technologies that MPP will seek to license
- Analysis and guidance regarding specific disease areas
- Any other technical expertise that may be helpful to the carrying out of MPP affairs.

The primary means by which the CAP will operate shall be via email or teleconference, provided that, as necessary and appropriate, members of the CAP may be invited to attend the annual in-person EAG meeting for the discussion of disease-specific issues.

3. Appointment and Selection of the CAP

3.1. The CAP shall be comprised of individual members with lived experience in disease areas relevant to MPP’s work and a proven track record of representing the interests of affected communities (with affiliation to a community network or other similar organisation being a plus).

3.2. MPP shall endeavour to appoint members such that the CAP as a whole will have both depth and breadth of knowledge across the disease areas and/or fields of technology in which MPP seeks to work in. The CAP should have at least two individuals with expertise in each disease or technological area that MPP seeks to work in.

3.3. The appointment process should consist of an open call for nomination with short-listing and selection performed by the MPP Executive Director, upon advice from the MPP Secretariat and with the possibility of additional assistance being sought from existing members of the MPP CAP, SAP, EAG and/or Governance Board.

3.4. While members may be affiliated to and/or represent community networks of disease-affected people, they will serve solely in their personal capacity and will be required to disclose any conflict of interest, when approached by MPP for guidance.

3.5. Individuals shall serve a three-year term, for a maximum of two consecutive terms or six years.

3.6. In the event a member of the CAP is unable to complete his or her term, the Executive Director shall appoint a replacement to serve until the end of the term.
3.7. The Executive Director may revoke the membership of any CAP member for reasonable cause, including but not limited to breach of MPP policies (including around any confidentiality breach).

3.7. The Executive Director will annually share the list of CAP members with MPP Board of Directors.