medicines patent pool

BREAKING NEW GROUND

ANNUAL REPORT 2024

ACRONYMS AND ABBREVIATIONS

ABC	abacavir
AIDS	Acquired Immune Deficiency Syndrome
ALD	abacavir/lamivudine/dolutegravir
ART	antiretroviral therapy
BD	Business Development
CAB-LA	cabotegravir long-acting
CAP	Community Advisory Panel
CELT	Centre of Excellence for Long-acting Therapeutics
Chula VRC	Chula Vaccine Research Center
CML	chronic myeloid leukaemia
C-TAP	COVID-19 Technology Access Pool
DAC	daclatasvir
DALYs	disability-adjusted life years
DTG	dolutegravir
EAG	Expert Advisory Group
EML	Essential Medicines List
FTC	emtricitabine
GAP-f	Global Accelerator for Paediatric Formulations
GMP	General Manufacturing Practices
HCV	Hepatitis C virus
HICs	high-income countries
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
IAVI	International AIDS Vaccine Initiative
IP	intellectual property
IVI	International Vaccine Institute
LA	long-acting
LAPaL	Long-acting Therapeutics Patents and Licences Database
LEAP	Long-Acting/Extended Release Antiretroviral Research Resource Program
LMICs	low- and middle-income countries
LNPs	lipid nanoparticles
mAbs	monoclonal antibodies
MedsPaL	Medicines Patents and Licences Database
MPP	Medicines Patent Pool
NCDs	non-communicable diseases
NGO	non-governmental organisation
NIAID	US National Institute of Allergy and Infectious Diseases
NIH	US National Institutes of Health
NMPA	China National Medical Products Administration
PCB	Programme Coordinating Board (of UNAIDS)
PPH	post-partum haemorrhage
PrEP	pre-exposure prophylaxis
RDT	rapid diagnostic testing
RLDs	reference listed drugs
RMNCH	reproductive, maternal, newborn and child health
RSV	Respiratory Syncytial Virus
RVF	Rift Valley Fever
SAP	Scientific Advisory Panel
SAGE	Strategic Advisory Group of Experts on Immunization
SDC	Swiss Agency for Development Cooperation
SOF	sofosbuvir
STIs	Sexually Transmitted Infections
TAF	tenofovir alafenamide
TB	tuberculosis
TFR	treatment-free remission
The Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
TLD	tenofovir/lamivudine/dolutegravir
UCLA	University of California Los Angeles
UNAIDS	Joint United Nations Programme on HIV/AIDS
USFDA	The United States Food and Drug Administration
VaxPaL	COVID-19 Vaccines Patent Database
WHO	World Health Organization
WIPO	World Intellectual Property Organization
WHO PQ	WHO Prequalification of Medicines Programme

PHOTO CREDITS

Alexey Furman/MPP Anthony Karumba/ MPP; Rodger Bosch/MPP; Alison Humphreys/ MPP; Marc Bader; all rights reserved.

CONTENTS

FOREWORD BY CHAIR OF MPP GOVERNANCE BOARD AND EXECUTIVE DIRECTOR

2024 was a difficult year, potentially presaging more challenges in the future. Wars, geopolitical uncertainty, polarisation and development aid cutbacks all impact negatively on global health and our goal of ensuring that people in low- and middle-income countries have access to key health products at affordable prices.

Despite this, MPP had notable successes in a number of areas. In HIV, where MPP's mission started, it has now been ten years since we signed a licence with ViiV Healthcare for dolutegravir (DTG), enabling 24 million people in low- and middle-income countries to access the recommended first-line treatment. Indeed, thanks to our licence and the generic competition it creates, this treatment consisting of dolutegravir, lamivudine and tenofovir (DLT) in a single daily tablet, is now available at $US 37 per person per year or about 10 cents per tablet. This is half the price at which it launched and the lowest price ever for a first-line combination HIV medicine. In addition to the regular licence, a tailored licence for four upper-middle-income countries – Azerbaijan, Belarus, Kazakhstan and Malaysia – has made it possible for the governments of those countries to be able to afford to switch the vast majority of people living with HIV onto DTG-based treatment. Finally, DTG-based treatments for children, developed by our licensees, are coming on line and making a huge difference to children living with HIV. In all, by the end of 2024 affordable generic DTG, for adults and children, and alone or in combination, had been supplied in 129 countries.

On the subject of children more broadly, we continue to strongly support WHO's Global Accelerator for Paediatric Formulations (GAP-f) network in our role as Vice-Chair of the new Strategy Group. And it's notable that GAP-f undertook its first Paediatric Drug Optimisation (PADO) exercise for childhood cancer treatments this year.

This has been a disappointing year for in-licensing. We signed a licence through WHO's C-TAP, with SD Biosensor for their rapid diagnostic test for COVID-19, HIV, malaria and syphilis, and we announced a conditional licence from Ferring for their heat-stable carbetocin, a deal made possible thanks to Unitaid. In addition, Hetero obtained tentative approval from the US Food and Drug Administration (USFDA) for their generic version of nilotinib for chronic myeloid leukaemia (CML), licensed from us. What we have not seen is a large number of licences in non-communicable diseases (NCDs), for which there is so much need.

Marie-Paule Kieny
Chair of MPP
Governance Board

It was this challenging environment that led us to commission the Value Report, which attempts to quantify the financial benefits to originators of licensing through MPP. Many of these have gone unrecognised and although not huge, they are nonetheless significant. This report, funded by MPP, the government of Canada and the World Intellectual Property Organization (WIPO), was launched at WIPO's headquarters during the World Health Assembly (WHA). We intend to disseminate this widely within the pharmaceutical industry next year with a view to encouraging many more licences. In addition, we have been working with the government of Japan on its Impact Investment Initiative ("Triple I"), intended to bring more private sector funding into global health to replace the shrinking development aid budgets of most countries. We are exploring the idea of using investors to buy licences, thereby incentivising originators to give us more licences.

The WHO/MPP mRNA Technology Transfer Programme has been developing well. Afrigen's vaccine candidate, AfriVac 2121, has shown comparable efficacy and safety in animal models up to non-human primates. The platform has been transferred to Biovac for scale-up and is being transferred to the 14 other companies across Latin America, Africa, Eastern Europe and Asia. Thus phase 1 of the project is nearing completion and phase 2, looking at how the companies can remain sustainable so that they will always be ready for the next pandemic, is under discussion. Much of this discussion is centred on the creation of R&D consortia for diseases of particular relevance to low- and middle-income countries and for particular geographic areas of the Global South.

MPP wants its work to be validated by publication in peer-reviewed journals and so this year we led or co-authored a number of papers:

- ***Intellectual property licensing of therapeutics during the COVID-19 crisis: lessons learnt for pandemic preparedness and response*** **published in Globalization and Health online journal.**
- ***Novel approaches to enable equitable access to monoclonal antibodies in low- and middle-income countries*****, published in PLOS Global Public Health.**
- ***Novel anti-obesity drugs for people with HIV*****, published in the Lancet HIV journal stresses the case for expanding access to medicines for people living with both HIV and obesity.**
- ***The case for a global therapeutics development coalition: Building a therapeutics pipeline for pandemic and endemic diseases*****, PLOS Global Health.**
- ***Access to highly effective long-acting RSV-monoclonal antibodies for children in LMICs—reducing global inequity,*** **published in Lancet Global Health emphasises the need for strategies to prevent severe RSV in infants, as well as calling for access to these medicines to be prioritised for low- and middle-income countries.**

MPP continues to provide free patent and licensing information to the global health community through MedsPaL, which has a new user interface and contains some 30,000 patent applications for 198 key health products in 203 countries, and LaPaL, which features long-acting compounds and technologies.

As we look forward to 2025, we see challenges ahead but also opportunities. Because MPP is so small, albeit that we punch well above our weight, we have the flexibility to react fast. So long as what we do has impact in bringing affordable health products to those that need them in low- and middle-income countries, we will not be hindered by sticking rigidly to what we've done in the past. We are committed to innovation.

Charles Gore
Executive Director

MESSAGE FROM UNITAID'S EXECUTIVE DIRECTOR

Over the past year, we have made remarkable progress in expanding access to lifesaving medicines, thanks to the collective efforts of MPP, Unitaid and our partners. Unitaid's partnership with MPP has been instrumental in bringing affordable, high-quality treatments to those who need them most, particularly in areas such as HIV, childhood medicines and pandemic preparedness – all while reinforcing the foundation of a more equitable global health system.

2024 marked the 10-year anniversary of MPP's landmark agreement with ViiV Healthcare, which has enabled 24 million people in low- and middle-income countries to access innovative HIV treatment. Thanks to this model of voluntary licensing, dolutegravir-based treatments are now available for less than $37 per person per year, transforming millions of lives. Similarly, MPP's partnerships have expanded access to paediatric DTG 10mg dispersible tablets, which are now available in 102 countries – with new paediatric treatments continuing to reach more children in need.

These achievements reflect what is possible when we prioritise access to innovation, yet today, we find ourselves at a critical crossroads. The progress we have fought so hard to achieve is at risk. Shifts in global health priorities and funding threaten access to affordable medicines, putting the most vulnerable populations in danger of being left behind, reversing hard-won gains in global health over several decades.

This is a defining moment. The future of global health access must be shaped by those who know their communities best – country governments and local stakeholders. Their leadership is not just important; it is essential to building solutions that are sustainable, responsive and truly reflective of the realities on the ground.

Unitaid and MPP remain critical partners in this effort, working to drive equitable access to innovation and supporting country-led strategies. By leveraging the power of voluntary licensing, we are helping to empower governments and create sustainable pathways for affordable, high-quality medicines. Our model continues to be a proven tool, as seen in new licensing agreements for long-acting therapies, rapid diagnostics, and postpartum haemorrhage prevention – interventions with the potential to save countless lives.

Unitaid remains fully committed to working alongside our partners, donors and MPP to not only protect the gains we have made but to push further. We must continue to fight for a world where new medicines reach those who need them – quickly, affordably and equitably.

Thank you to MPP for your unwavering dedication, and to all our partners for your continued collaboration. The challenges ahead are great, but by standing together, we can ensure that access to lifesaving medicines remains a fundamental right, not a privilege.

Unitaid
SAVE LIVES FASTER

Dr Philippe Duneton
Executive Director, Unitaid

OUR IMPACT

BY THE END OF DECEMBER 2024

MPP's voluntary licences have enabled broad access to WHO-recommended, quality-assured and affordable treatments. This has saved lives – and money, as costs are significantly reduced for national governments and international donors.

INCREASED AVAILABILITY AND SUPPLY OF QUALITY-ASSURED HEALTH PRODUCTS

52.19 billion doses
of treatment supplied by MPP licensees

43 products
licensed through MPP agreements with 22 originator companies

38 products
developed and supplied by MPP licensees

Partnerships established with
56 partners
across 14 countries

Technology transfer initiated to
15 mRNA Programme Manufacturing partners based in LMICs
4 of which have already received the Technology Platform demonstration training at Afrigen

HEALTH IMPACT OF PRODUCTS SUPPLIED

This calculates the patient-reach and overall health impact of products supplied by MPP licensees, against a counterfactual that assumes that these products would otherwise not have been available.

1.9 million
deaths averted
through the use of MPP-licensed products

25 million
disability-adjusted life years (DALYs) averted through the use of MPP-licensed products

141.55 million
patient-years treated

18 million
HIV virological failures averted through the use of MPP-licensed products

HEALTH AND ECONOMIC IMPACT OF MPP LICENSING

This calculates the incremental additive impact of MPP licensing by modelling the difference between having and not having an MPP licence.

5.5 million
additional patient-years treated
through MPP licensing

430,000
additional DALYs averted through MPP licensing

US$ 2.3 billion
of actual financial savings made by the international community by **accessing MPP-licensed products**

30:1
the benefit-cost ratio for the global health community of financially supporting MPP

50,000 additional deaths averted
through MPP licensing

US$ 10 billion
saved in theoretical expenditures avoided (the value of using MPP-licensed products and their resulting health impacts)

2024 AT-A-GLANCE

JANUARY

31 January
MPP and WHO announce a licence agreement with SD Biosensor Inc., a global in-vitro diagnostic company, to provide sublicensees with the right, expertise and material to manufacture SDB's rapid diagnostic technology.

MARCH

18 March
Four pioneering south east Asia research and development consortia established to support the mRNA Technology Transfer Programme mRNA vaccine pipeline during a regional meeting in Singapore.

APRIL

11 April
MPP and Ferring Pharmaceuticals announce the signing of an MoU, paving the way for a conditional licence, for the oxytocin analogue heat-stable carbetocin, which helps prevent PPH.

18 April
MPP holds symposium at #AFRAVIH2024 in Yaoundé, Cameroon on 10 years of access to DTG, focusing on future challenges and opportunities.

MAY

7 May
MPP unveils new version of MedsPaL, a free resource that provides streamlined information on the intellectual property status of patented essential medicines, COVID-19 vaccines, long-acting platform technologies – and by December 2024 – mpox vaccines, with a particular focus on LMICs.

28 May
To mark the decade of the historic DTG licence agreement between MPP and ViiV Healthcare, The dolutegravir story: A Decade of Access is screened on the sidelines of the WHA. Interviewees are shown to be speaking frankly and in their own words about their experiences of living with HIV, and the positive impact that DTG has had on their lives.

28 May
MPP and the Ministry of Health of Indonesia announce a strategic collaboration to improve access to health products and to strengthen the local production of medicines and vaccines in Indonesia.

29 May
MPP and WIPO present their jointly commissioned study Voluntary Licensing: Right for Health, Smart for Business, which demonstrates how voluntary licensing can both advance global health and become commercially viable for biopharmaceutical companies.

MPP and WHO host a side event with France during the World Health Assembly on Accelerating Vaccine and Therapeutic Production for Health Security in Africa.

MPP co-convenes GAP-f side event at World Health Assembly on Achieving better health for children – leadership and accountability for access to #BetterMeds4Kids.

MPP delivers statements at World Health Assembly on universal health coverage and better protection from health emergencies.

JUNE

27 June
MPP announces notable progress in the expansion of access to DTG-based treatments for HIV in the upper-middle-income countries of Azerbaijan, Belarus, Kazakhstan and Malaysia.

JULY

2 July
MPP article *Intellectual property licensing of therapeutics during the COVID-19 crisis: lessons learnt for pandemic preparedness and response* published in Globalization and Health journal.

5 July
Paper co-authored by MPP, IAVI, Unitaid and Wellcome, *Novel approaches to enable equitable access to monoclonal antibodies in low- and middle-income countries*, is published in PLOS Global Public Health.

18 July
MPP co-authors article *Novel anti-obesity drugs for people with HIV* for the journal Lancet HIV, which addresses the growing toll of obesity among people with HIV in LMICs and the potential for new incretin mimetics to tackle this challenge.

22-26 July
MPP participates in AIDS 2024, the 25th International AIDS Conference in Munich, which convenes thousands of people living with, affected by and working on HIV to share knowledge, best practices and lessons learnt from the 40 years of HIV response.

29 July
MPP announces a new initiative with the Argentinian manufacturer Sinergium Biotech and WHO to advance mRNA vaccine development against the human avian influenza virus, H5N1.

30 July
Developed by a taskforce of leading experts and stakeholders, and with a key contribution from MPP, *Accelerating bnAbs for Peri- and Post-Natal HIV Prophylaxis: An Action Plan* is published and launched at AIDS 2024. The plan outlines a strategic approach for addressing the urgent need for innovative HIV-prevention interventions for infants.

31 July
MPP co-authors *Access to highly effective long-acting RSV-monoclonal antibodies for children in LMICs – reducing global inequity* in the Lancet Global Health, highlighting the significant impact of RSV on children's health, especially in low- and middle-income countries, and the potential game-changing differences that voluntary licensing and tech transfer could make for increasing access to life-saving mAbs.

AUGUST

30 August
MPP co-authors article in journal PLOS Global Public Health on *The case for a global therapeutics' development coalition: Building a therapeutics pipeline for pandemic and endemic diseases.*

NOVEMBER

19-21 November
MPP, WHO and Afrigen host an event in Cape Town, South Africa, to highlight the progress and successes of the mRNA Technology Transfer Programme since its establishment in 2021.

SEPTEMBER

23 September
MPP welcomes eight new members – four from sub-Saharan Africa, two from India and one from north Africa – to its Community Advisory Panel (CAP), with a combined experience and expertise covering HIV, PrEP, TB, type 2 diabetes, viral hepatitis and pandemic preparedness and response.

25 September
MPP and Fiocruz Bio-Manguinhos, based in Brazil, sign an MoU to collaborate on the development of new mRNA vaccines in and for LMICs.

DECEMBER

16 December
Hetero becomes the first MPP sublicensee to obtain tentative USFDA approval for its generic version of nilotinib, used to treat CML.

OCTOBER

6-10 October
MPP participates in HIVR4P 2024 international conference in Lima, Peru, sharing insights on negotiating public-health intellectual property licensing agreements to boost access to health technologies. LAPaL was also presented as a showcase for MPP's active support for innovation in HIV prevention with open access tools.

DELIVERING OUR STRATEGY 2023-2025

Our Strategy 2023-2025 lays down the direction and focus for MPP's approach.

Five dimensions guide our work, defining where and how MPP fulfils its mandate:

Diseases and indications

We will target disease areas where we have already achieved impact, and new areas where licensing could contribute to affordable access.

Health tools and technologies

We will strengthen our focus on more complex technologies that cover long-acting formulations, mRNA vaccines and biologics.

Product lifecycles

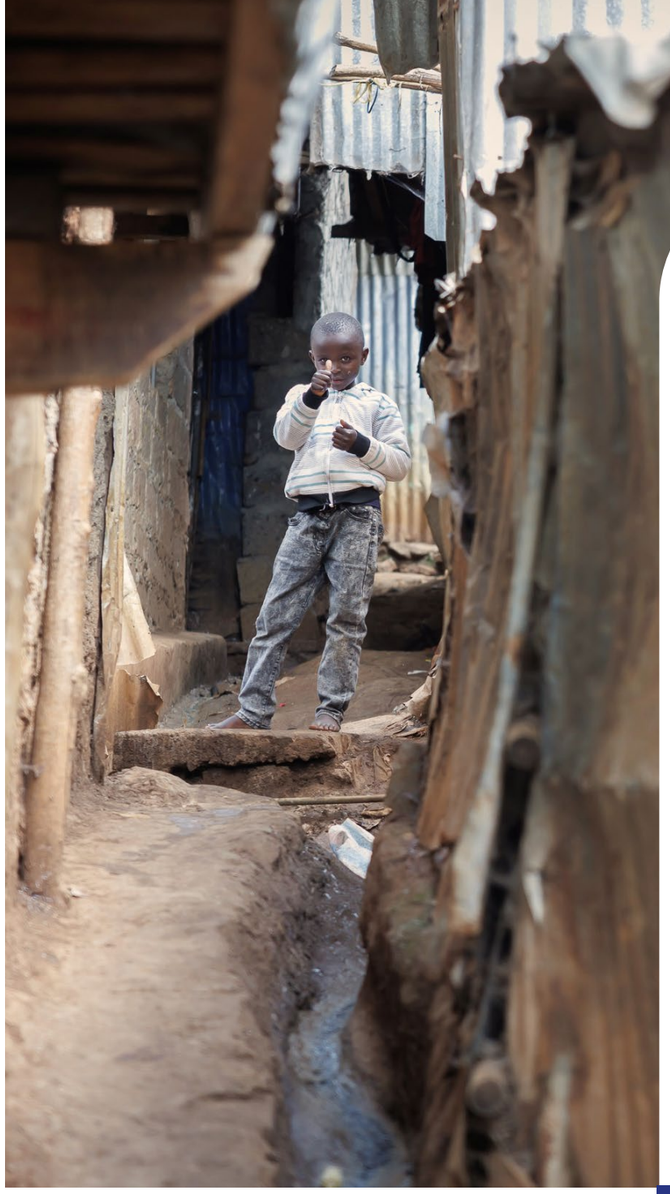
We will explore licensing upstream to further reduce the time from product approval to affordable access, and continue supporting downstream access in LMICs.

Breadth and scope of licences

MPP's licensing standards are internationally recognised as the most transparent and access-friendly in the global health sector. We will continue to explore ways to enable more people in LMICs to benefit from our licences, adapting them to other disease areas and complex technologies.

Our spectrum of activities and services

We will support an enabling environment for licensing, negotiate licences and technology transfer agreements that facilitate the development of affordable health products, map key patents and foster strategic partnerships for access.



The following five goals underpin this strategic direction:

01 EXPAND
Expanding access to innovative medicines for **infectious diseases**

02 ESTABLISH
Establish voluntary licensing as an **effective access mechanism** for other diseases and conditions

03 FACILITATE
Facilitate **development and access to novel medical technologies**

04 ACCELERATE
Accelerate **equitable access to countermeasures for pandemics** and other international health emergencies

05 SUPPORT
Support **diversified and sustainable manufacturing capacity**

The aim of these five goals is to realise the following results:

Establish 10 new licences

Develop 5 new products

Support 10 technology transfers

INFECTIOUS DISEASES 1

HIV

Across the world there are now almost 40 million people living with HIV, an increase of nearly one million from 2023. This includes approximately 120,000 newly infected children up to the age of 14. Women and girls of all ages accounted for 62 per cent of all new HIV infections in sub-Saharan Africa. Every week in 2023, globally 4,000 adolescent girls and young women aged between 15 and 24 became infected with HIV – with 3,100 of these infections occurring in sub-Saharan Africa alone.[1]

[1] UNAIDS 2024 Global Fact Sheet, *https://www.unaids.org/en/resources/fact-sheet*

Ten years of partnership tackling HIV

24 m people
in 129 LMICs
benefit from innovative HIV treatment

This year saw the ten-year anniversary of the unprecedented partnership between MPP and ViiV Healthcare, a partnership that has now enabled 24 million people in 129 low- and middle-income countries to benefit from innovative HIV treatment. The agreement in 2014 allowed for the large-scale access to DTG, and since then the partnership has evolved to include long-acting cabotegravir (CAB-LA), the first long-acting injectable medicine that prevents the acquisition of HIV.

The partnership with ViiV could not have succeeded without the crucial support of other partners. Local communities and user-groups played a vital role in securing long-term access to DTG, as did MPP's founder and main backer, Unitaid. This support was itself complemented by other donors, governments and a wide range of global health partners.

More than one billion packs of DTG have now reached these low- and middle-income countries. This has transformed HIV treatment across the world and means that by the end of 2024, over 90 per cent of those on antiretroviral treatment in these countries were on DTG-based regimens.

MPP film screening marks historic licence agreement

The Dolutegravir Story: A Decade of Access

This 45-minute documentary produced by MPP and shown during the sidelines of the WHA in May, tells the story of some of those living in low- and middle-income countries whose lives have been transformed by the historic licence agreement between MPP and ViiV Healthcare. Featuring personal accounts from Cameroon, India, Kenya, Senegal and South Africa, people living with HIV spoke frankly, and in their own words, about their challenging experiences.

Following the screening a panel discussion took place on the impact of DTG on those living with HIV. Several themes emerged, including the importance of access to the most effective WHO-recommended treatments, and that strong and trusting partnerships are crucial ingredients for success.

Professor Matthew Kavanagh, at the time senior adviser to Winnie Byanyima, the Executive Director of UNAIDS, hailed the ten-year achievement as "remarkable", stressing that the cost of less than "US$ 40 per patient per year is a number to be celebrated. Because what that shows us is that when the world says we have to choose between affordability and great medicines, that is a false dichotomy."

The communities affected by HIV are a critical part of the DTG story – and the success of the licence. As Robert Matiru, Unitaid's Director of Programme Management made clear: "No story is complete if you have missing chapters, and no story is complete if it doesn't include all the people it's supposed to be about. The voices of those people are really key."

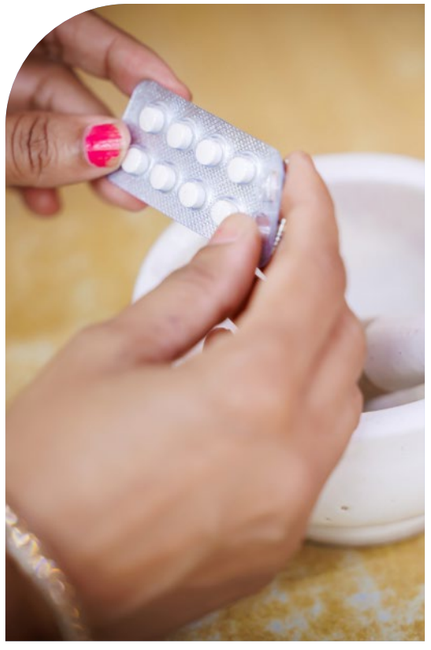
The Dolutegravir Story: A Decade of Access can be watched here:
https://medicinespatentpool.org/partners/stories/i-am-part-of-the-dtg-story

MPP licence reduces cost of DTG for four upper-middle-income countries

In addition to the many upper-middle-income countries (UMICs) that had already benefited from access to DTG-based regimens as a result of MPP's regular licence with ViiV healthcare, a tailored agreement for Azerbaijan, Belarus, Kazakhstan and Malaysia is enabling significant transitioning to DTG-based regimens. Major price reductions promise to cover a substantial percentage of individuals on antiretroviral treatment (ART).

In Belarus and Kazakhstan, the national HIV programmes successfully procured enough DTG-based regimens respectively to cover 78 per cent and 86 per cent of people on ART, with Azerbaijan on 65 per cent. This was made possible by price reductions of over 90 per cent, reflecting the extensive work of MPP and its partners: communities, civil society, governments, procurement agencies, funders and clinicians.

This 2020 MPP-ViiV licence also includes Malaysia. The Ministry of Health of Malaysia plans to accelerate the transition to TLD from 2025.



MPP stresses case for expanding access to medicines for people living with HIV and excessive weight

Obesity is a global health crisis, and people living with HIV are not exempt from this epidemic. Without urgent action, excessive weight and its complications are likely to become major causes of premature death and disability in the coming decade for millions of people living with HIV, especially for those in low- and middle-income countries.

These points were made in *Novel anti-obesity drugs for people with HIV*, a paper co-authored by MPP, and published in July 2024 in the journal Lancet HIV.[2]

[2] *https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(24)00151-6/abstract*

PARTNER VOICES

"The scale and impact of our 10-year collaboration with the Medicines Patent Pool and with Aurobindo Pharma are testament to the power of partnership in advancing global health. We look forward to our continued collaboration with MPP and generic partners as we broaden the focus to include innovative preventative HIV medicines."

Deborah Waterhouse
CEO, ViiV Healthcare

HIV treatment: MPP's key facts and stats for 2024

For the first time in 2024, MPP licensees supplied DTG 50mg, TLD (TDF/3TC/DTG), TAF-LD (TAF/3TC/DTG), TAF-ED (TAF/FTC/DTG), pALD (ABC/3TC/DTG 60/30/5mg), pDTG 10mg and ALD adult (ABC/3TC/DTG) to the following countries:

Product Name	New Countries in 2024
DTG 50mg	occupied Palestinian territory
TLD (TDF/3TC/DTG)	Anguilla, Antigua and Barbuda, British Virgin Islands, Colombia, Dominica, Grenada, Kazakhstan, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Sri Lanka
TAF-LD (TAF/3TC/DTG)	United Republic of Tanzania, Uganda
TAF-ED (TAF/FTC/DTG)	Yemen
pALD[3] (ABC/3TC/DTG 60/30/5mg)	Bhutan, Haiti, Liberia, Malawi, Mozambique, Philippines, Rwanda, Uganda, Yemen, Zambia, Zimbabwe
pDTG 10mg	Azerbaijan, Bangladesh, Chile, Fiji, Iran, Philippines, Suriname
ALD adult (ABC/3TC/DTG)	Kazakhstan, South Sudan, Uruguay, Zimbabwe

Packs supplied of DTG 50mg and TLD sold by MPP licensees

Year	DTG 50mg (Packs of 30)	TLD - TDF/3TC/DTG (Packs of 30)
2017	1.50M	*
2018	2.06M	34.47M
2019	5.48M	84.07M
2020	12.04M	196.23M
2021	7.70M	244.99M
2022	17.43M	226.31M
2023	12.57M	268.06M
2024	**9.84M**	**255.88M**
Total	**68.6M**	**1.3B**

* TLD was only supplied from 2018 onwards.

ALD adult (ABC/3TC/DTG)	Packs of 30 supplied
2019	12.99K
2020	82.79K
2021	514.40K
2022	556.05K
2023	1.32M
2024	**2.92M**
Total	**5.41M**

TAF-ED (TAF/FTC/DTG)	Packs of 30 supplied
2018	10K
2019	538.37K
2020	479.13K
2021	1.56M
2022	4.06M
2023	2.82M
2024	**5.14M**
Total	**14.62M**

pDTG 10mg	Packs of 90 supplied
2021	1.77M
2022	2.39M
2023	2.99M
2024	**1.83M**
Total	**8.97M**

[3] pALD Fixed-Dose Combination Introduction and Rollout Planning Considerations for National Programmes, June 2023
https://www.who.int/publications/m/item/paediatric-abacavir-lamivudine-dolutegravir-(pald)-fixed-dose-combination

Top 10 country recipients of DTG 50mg by MPP licensees in 2024

	Countries	People living with HIV	DTG 50mg (Packs of 30)
1	South Africa	7,700,000	3M
2	India	2,500,000	842K
3	Malawi	980,000	616K
4	Nigeria	2,000,000	600K
5	Kenya	1,400,000	582K
6	Uganda	1,500,000	570K
7	Ethiopia	610,000	378K
8	Rwanda	230,000	357K
9	United Republic of Tanzania	1,700,000	293K
10	Myanmar	280,000	239K

Top 10 country recipients of TLD (TDF/3TC/DTG) by MPP licensees in 2024

	Countries	People living with HIV	TLD (TDF/3TC/DTG) (Packs of 30)
1	South Africa	7,700,000	84M
2	Nigeria	2,000,000	19M
3	Malawi	980,000	18M
4	India	2,500,000	18M
5	Kenya	1,400,000	16M
6	Zimbabwe	1,300,000	10M
7	Mozambique	2,400,000	8M
8	Ethiopia	610,000	7M
9	Zambia	1,300,000	6M
10	Cameroon	480,000	6M

Top 10 countries supplied with pDTG 10mg for children by MPP licensees in 2024

Up to the end of 2024, pDTG 10mg scored dispersible tablets for children had been supplied in 102 countries by MPP licensees, an increase of seven countries from 2023.

	Countries	Children living with HIV	pDTG 10 mg (Packs of 90)
1	South Africa	160,000	500K
2	United Republic of Tanzania	68,000	257K
3	Malawi	50,000	151K
4	Nigeria	160,000	114K
5	Kenya	75,000	100K
6	India	61,000	99K
7	Democratic Republic of the Congo	50,000	73K
8	Zimbabwe	70,000	61K
9	Mozambique	150,000	59K
10	Ethiopia	27,000	52K

New countries supplied in 2024 with pDTG 10mg for children by MPP licensees

	Countries	Children living with HIV	pDTG 10 mg (Packs of 90)
1	Azerbaijan	200	200
2	Bangladesh	500	160
3	Chile	200	200
4	Fiji	100	412
5	Iran	1,000	384
6	Philippines	1,200	4,004
7	Suriname	200	334

New countries supplied in 2024 with pALD (ABC/3TC/DTG 60/30/5mg) for children by MPP licensees

	Countries	Children living with HIV	pALD(ABC/3TC/DTG 60/30/5mg) (Packs of 180)
1	Bhutan	*	198
2	Haiti	6,400	7K
3	Liberia	2,700	1K
4	Malawi	50,000	68K
5	Mozambique	150,000	82K
6	Philippines	1,200	7K
7	Rwanda	6,800	2K
8	Uganda	72,000	44K
9	Yemen	1,000	135
10	Zambia	58,000	41K
11	Zimbabwe	70,000	34K

* Figure unavailable

Up until the end of December 2024, DTG, both adult and paediatric, either on its own or in combination, had been supplied in 129 countries.

HEPATITIS

Disturbing global trend as hepatitis fails to be treated and diagnosed

As *WHO's Global hepatitis report 2024*[4] makes clear, between 2019 and 2022, annual mortality from hepatitis rose by 200,000 to 1.3 million. It will shortly be the world's most deadly infectious disease. The global health community is wildly off course to meet the 2030 target of fewer than 500,000 deaths per year.

between 2019 and 2022, annual mortality from hepatitis

rose by 200,000 to 1.3 million

Yet the tools already exist to combat hepatitis. There is an excellent vaccine for hepatitis B and first-class treatments for both hepatitis B and C. They are also – already – eminently affordable.

MPP is supporting access to next generation solutions to drastically change the paradigm of hepatitis C treatment. With a licence to the Unitaid-funded injectable co-formulation of glecaprevir/pibrentasvir (G/P), a test-and-cure approach with a single shot to treat hepatitis C could be made available in low- and middle-income countries.

MPP currently holds licences for three key hepatitis C drugs, daclatasvir (DAC) ravidasvir (RAV), G/P, as well as tenofovir alafenamide (TAF) for hepatitis B. DAC and DAC combinations for the treatment of hepatitis C have been supplied in 48 countries, with a total of 1.8 million treatments distributed by MPP licensees by the end of December 2024.

As the WHO report makes clear, one of the most compelling reasons for this poor treatment uptake is the lack of diagnoses. The level of hepatitis C diagnoses has improved to 36 per cent from the 20 per cent baseline of 2015 set in the first WHO 2017 report[5], but it is still far below the target of 90 per cent set for 2030. The picture is even more alarming for hepatitis B. Only 13 per cent of the 254 million people thought to be living with hepatitis B have been diagnosed. This is an almost insignificant increase from the nine per cent 2015 baseline. Without diagnosis, treatment cannot take place and the causes of this rising death toll – either cirrhosis, liver cancer or both together – cannot be prevented.

[4] WHO Global hepatitis report 2024: action for access in low- and middle-income countries, *https://www.who.int/publications/i/item/9789240091672*
[5] WHO Global hepatitis report, 2017 *https://www.who.int/publications/i/item/9789241565455*

HCV and HBV treatment: Key facts & stats for 2024

- MPP licensees Laurus and Lupin have received USFDA approval for TAF 25mg, with an additional licensee actively developing the product.
- By the end of December 2024, MPP licensees had delivered 2.6 million packs of 30 TAF 25 mg for 18 countries, including Ukraine, which received its first supply in 2024.
- Three countries – Burundi, Sudan and Suriname – were supplied with DAC or in combination with SOF, for the first time in 2024.
- Overall, this product (DAC or DAC combination) had been supplied in 48 countries by the end of 2024.

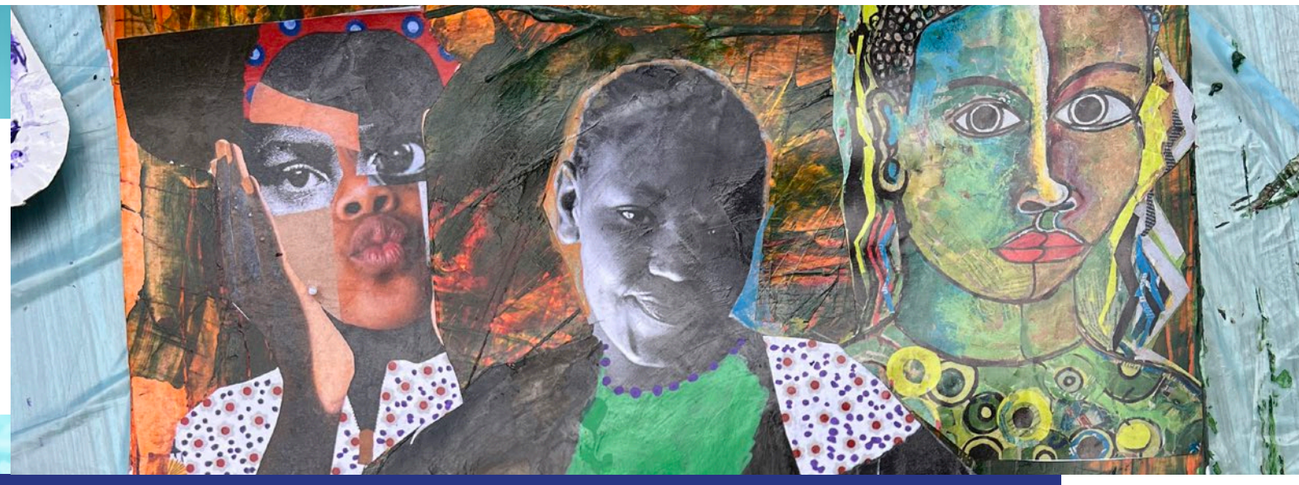
2.6 million
packs of 30 TAF for 18 countries

Top 10 countries supplied with DAC or DAC combinations by MPP licensees in 2024

	Countries	People living with HCV	DAC and DAC combinations (Packs of 28)
1	India	6,022,000	391K
2	Ethiopia	636,000	40K
3	Kazakhstan	380,000	24K
4	Belarus	278,000	18K
5	Indonesia	1,400,000	16K
6	Malaysia	374,000	16K
7	Rwanda	95,800	14K
8	Viet Nam	1,003,000	12K
9	Afghanistan	196,000	9K
10	Philippines	612,000	8K

MPP'S COMMITMENT TO CHILDREN

The development of medicines for children lags unacceptably behind that for adults, typically by around a decade. Committed to improving children's health since its inception, MPP was a founding member of the Global Accelerator for Paediatric Formulations (GAP-f), a WHO-hosted network that seeks to make much-needed adapted medicine formulations for children more readily available in low- and middle-income countries. In 2023, MPP became Vice Chair of the GAP-f Strategy and Coordination Committee.



GAP·f
Global Accelerator for Paediatric formulations
WHO Hosted Network

The formulation of paediatric medicines is highly challenging as children are not simply 'little adults'. Children can have difficulty swallowing and often find medicines unpalatable; they also require greater flexibility with dosage. That's why new formulations, such as dispersible tablets, 'mini' tablets and sprinkle dosage forms have become increasingly important. MPP has been central to the crucial priority-setting for a targeted approach to the research and development of these formulations.

Published in November, GAP-f's most recent progress report[6] covered the network's second strategic phase, from the start of 2022 until the end of 2024.

[6] GAP-f Progress Report, 2022-2024, *https://www.who.int/publications/i/item/9789240102347*

The paediatric drug optimization (PADO) process

The PADO process is a shortcut to what might otherwise be a challenging exercise in priority-setting. Working alongside a range of partners, GAP-f helped to underpin the outcomes and continued progress of PADO processes published in 2024.

First ever PADO exercise for cancer

Each year, an estimated 400,000 children and adolescents up to the age of 19 develop cancer, with more than 105,000 children dying of the condition in 2022 alone.[7] Survival rates in low- and middle-income countries are much worse than those of high-income nations.

However, many cancer medicines have a high toxicity profile, leading to a range of adverse effects that can significantly impact patients' quality of life and long-term health. In January 2024, the first PADO exercise on childhood cancer was co-led by GAP-f and WHO's childhood cancer team and identified six priority formulations for research and development. An access call was also subsequently issued for dabrafenib and trametinib, both of which are approved for the treatment of low-grade glioma and other types of solid tumours.

The results of this exercise will guide the necessary acceleration of the life cycle of prioritised products. GAP-f's role will be twofold: to facilitate scoping work for assessing the feasibility of formulating priority cancer medicines in child-friendly dosage forms; and to support the development of a clear target profile for all priority and watch list products.

GAP-f advocacy brief helps mobilise global advocacy efforts for children

As part of its commitment to help change children's lives for the better, an advocacy brief[8] was drawn up to further global efforts for safer, more effective and quality-assured medicines in optimal formulations that are suitable for children. The brief outlines some of the main challenges in accelerating the development of and access to better medicines for children, and presents possible solutions to address those challenges. This brief supports the alignment, messaging, mobilisation and advocacy of stakeholders at global, regional and national levels.

GAP-f's five areas of advocacy for more suitable medicines for children:

PRIORITISE EFFORTS

Focus on priority drugs and formulations that are in the pipeline.

COORDINATE

Strengthen coordination to accelerate access to prioritised medicines and formulations for children.

INCENTIVISE ACTION

Address regulatory challenges and facilitate market entry to incentivise R&D investments and initiatives.

ENSURE ACCESSIBILITY

Accelerate introduction of and sustain access to better and affordable medicines for children in country.

INVEST MORE AND BETTER

Mobilise resources to accelerate research and development of better formulations for children.

pDTG and pALD

MPP has continued to work with GAP-f partners to support the scale-up of pDTG and the transition to the new fixed-dose combination dispersible tablet of paediatric ABC/3TC/DTG 60/30/5 mg (pALD). As it's a complete regimen in one tablet, children are much more likely to keep to the pALD treatment regimen than they are to pDTG + pABC/3TC; having two products replaced by a single one also simplifies the supply chain.

MPP calls for voluntary licensing to help combat major cause of infant mortality

In the October edition of The Lancet Global Health, MPP's *Access to highly effective long-acting RSV-monoclonal antibodies for children in LMICs—reducing global inequity*, emphasised the need for strategies to prevent severe RSV in infants, as well as calling for access to these medicines to be prioritised for low- and middle-income countries.

RSV has a disproportionate public health impact in low- and middle-income countries, with most deaths occurring in these countries. New prevention strategies, including long-acting monoclonal antibodies (mAbs) such as nirsevimab and clesrovimab, are highly effective at preventing RSV. These mAbs may be particularly useful for infants whose mothers did not receive the RSV vaccine during pregnancy, preterm babies, or young children susceptible to severe disease.

In October 2024, the WHO Strategic Advisory Group of Experts on Immunization (SAGE) recommended that all countries introduce passive immunization, including mAbs for the prevention of severe RSV disease in young infants. However, the availability of these new prevention tools is largely restricted to high-income-countries[9], and significant access challenges remain in low- and middle-income countries. SAGE expressed concern about the "limited availability and high cost of monoclonal antibodies, which will seriously limit global access and equity."[10]

However, the cost of producing a single 50 mg dose of mAbs could range from US$ 5 to US$ 10, with higher volume production potentially lowering costs further through economies of scale. This suggests that affordable pricing could be feasible for low- and middle-income countries. An MPP intervention combining voluntary licensing and technology transfer has the potential to accelerate the adoption of these life-saving prevention tools. This could help to reduce RSV mortality, which claims over 100,000 infant lives per year.

An MPP intervention could help to reduce

RSV mortality which claims over 100,000 infant lives each year

[7] Paediatric drug optimization for cancer medicines: meeting report, January 2024 *https://www.who.int/publications/i/item/9789240101050*
[8] GAP-f Advocacy Brief, August 2024, *https://www.who.int/publications/i/item/B09110*
[9] *https://lapal.medicinespatentpool.org/compounds/nirsevimab#regulatory-statuses*
[10] *https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00258-4/fulltext*

NON-COMMUNICABLE DISEASES 2

MATERNAL HEALTH

According to figures compiled by WHO, in 2020, the most recent year for which data is available, 800 women died every day from preventable causes related to pregnancy and childbirth. That's the equivalent to a death almost every two minutes. Just under 95 per cent of these deaths took place in low- and lower middle-income countries.[11]

These statistics are unacceptable. In an effort to help reduce maternal mortality, MPP entered into an agreement this year that could ultimately prevent countless incidents of postpartum haemorrhage (PPH), which causes around 70,000 deaths per annum. Over 90 per cent of these deaths occur in low- and lower-middle income countries.

The MoU signed with Ferring Pharmaceuticals, a deal in which Unitaid played an instrumental role, is a conditional licence agreement for heat-stable carbetocin (HSC), a proprietary formulation of carbetocin, an oxytocin analogue. Most of the deaths attributed to PPH are preventable, but oxytocin needs to be stored at between 2° and 8°C to maintain its effectiveness. This is likely to be challenging in many low- and lower-middle income countries.

But unlike oxytocin, HSC – a WHO prequalified product – can be stored at up to 30°C for 48 months, making it highly suitable for many of these countries. The MoU sets out the circumstances in which Ferring will grant a non-exclusive, royalty-free licence of Ferring's patents and expertise covering HSC to MPP, and for MPP to subsequently enter into sublicence agreements for the registration, manufacture and supply of HSC to the public health systems in target countries.

[11] WHO, Maternal Mortality, Key Facts, 2024.
https://www.who.int/news-room/fact-sheets/detail/maternal-mortality

CANCER

Cancer is one of the most common causes of death in the world and encompasses a broad group of diseases, each with distinct needs for diagnostics and treatment. Many of these treatments require highly specialised care, which is often limited in low- and middle-income countries.

One of the primary challenges is the paucity of diagnostics and trained medical practitioners, as this hampers early detection and effective treatment. Additionally, weak infrastructure and limited access to surgery, radiotherapy and essential cancer medicines further contribute to the lower mortality-to-incidence ratios of many of these countries.

Breast cancer is the most common cancer found in women in both high-income and low- and middle-income countries. In 2023, approximately 2.3 million women were diagnosed with breast cancer worldwide annually, with 670,000 dying from the disease. In Africa alone there were almost 200,000 new cases and over 90,000 deaths. Affordable and high-quality treatments for breast cancer are still lacking across most of the African continent.

MPP now considers greater access to essential breast cancer medicines for low- and middle-income countries as a high priority. It's why we are working closely with 'The Global Breast Cancer Initiative', and spoke at their event during September's World Cancer Congress. Collective action on ways low- and middle-income countries on almost every continent can arrive at much better access to game-changing cancer treatments is not only welcome, but urgent.

First MPP licensee receives tentative approval from US Food and Drug Administration for generic leukaemia medicine

We were delighted that MPP sublicensee Hetero obtained tentative approval from the USFDA for its generic version of nilotinib, becoming the first of four selected manufacturers to do so. This regulatory approval of generic nilotinib, deployed for the treatment of CML marks a significant step forward in the expansion of access to cancer treatments in LMICs.

The sublicence agreements with the four manufacturers – Eugia, Hetero, Dr. Reddy's Laboratories, and BrightGene – were signed in June 2023. They followed the licence agreement between MPP and Novartis Pharma AG in October 2022, which enables the production and distribution of generic nilotinib in the territories licensed in the agreement.

COMMUNITY PARTNER VOICES

Rod is a patient advocate from the Philippines whose nine-year-old son was diagnosed with Chronic Myeloid Leukaemia (CML) in 2005.

"My son was just nine years old when he was diagnosed with CML and he was being bullied in school. It's a 100 per cent Christian Catholic school. One day I was called in to the school by the head nun who said, "The parents of your child's classmates have held a meeting because they are afraid their children might get the disease that your son has".

I told her, "I went to this school. Now I am in this position to tell the whole world it is not a communicable disease. And I'm in front of you telling you it's not." One week passed and I got a memo from the school: an honourable dismissal of my son from the school – I was just shocked."

Today, that young boy is 28. "But even now he's like a hermit," continues Rod. "So often he would not leave his room. He's still living with me, even at 28."

A long road to understanding CML

Rod's son was diagnosed with CML when his grandmother insisted that he needed medical attention. The day after seeing the family doctor, Rod's son was referred to a specialist, who diagnosed CML. Rod knew nothing about CML or cancer in general. From that moment, which has led him to help thousands of other people, he began his long journey on the road of understanding CML and its treatment, and his commitment as a patient advocate to improve access to treatment for other patients.

"I knew so little medical science. I am an engineer by profession, and I love engineering. So I started my research – what was the benchmark in the Philippines? Were there groups there that could help and inform? And there were no groups. So, I thought to myself, I have to do something. So that's when it all started. I wrote an email, the same email to eleven people. And the following morning I had many replies in my inbox. Two of them mentioned the Max Foundation in the USA and that's when things really took off.

Group formed represented by all sectors of society

"I formed a support group," he continues. "We registered it with the Securities and Exchange Commission. We had 15 board members at the time, from all sectors of society, who had CML or knew somebody who had cancer. It just snowballed and snowballed. Through the years we were able to make noise, with the government supporting access programmes with the treatments and laboratory testing."

But that progress didn't mean things became straightforward for those living with CML, not least Rod's son. "He has to take four pills every day and something happens within your body that upsets it, such as gastrointestinal problems. You turn pale, your fingernails turn black. So it's like a trauma.

'I had to bribe him with chocolate'

"It was important for him to understand adherence to treatment. He was following my instructions during the first year of treatment, but during the second year, I had to bribe him with chocolate, M&Ms, Snickers bars, everything I could lay my hands on that a child would want. And then came the Sony PSP, followed by the DSLR cameras."

Rod emphasises that scientists are still some way from finding a cure. "But during this past decade," says Rod, "some patients in controlled clinical trials in Germany, France, and Italy have been able to stop treatment while maintaining remission—what is called treatment-free remission (TFR). However, in the Philippines, there is limited access to the necessary tests to assess whether patients might be eligible. Based on my 18 years of experience working with people who have CML, I believe some of our patients could already be in that stage, but without proper testing, we simply don't know."

First-line treatment far too expensive in the Philippines

Rod is also clear about what is holding back better treatment in the Philippines. "Firstly, the guidelines say you have to have PCR testing monthly for the first three months and then every six months thereafter. One PCR test is about half a month's salary, US$ 300. That's a lot – so that cost holds us back.

"The other key hindrance is lack of education and resources in general. The Philippines is made up of 7,000 islands, only half of which are inhabited. In order to neutralize the disease some people try to use herbal concoctions, or burn money to force the bad spirits out. Usually those suspected of having leukaemia would be lucky to have a GP in their community. They don't have money to travel all the way to Manila to consult a specialist so that's a major constraint.

"Those that do get to Manila, if they have a chance to email me or message me I am able to help them, to help navigate them to the proper agencies, which gives free medicine. And sometimes they might just borrow money to go to a consultation in Manila."

Blood samples to test for mutations

Rod is also very humble about the extent of the help he can give to CML patients. "Working with the University of Adelaide and the Max Foundation, as we don't have a patient testing facility in the Philippines, we sent 30 blood samples across the seas from the Philippines from our member patients who are suspected of having had a mutation when the drug is not working any more.

"Then we did this twice more, so a total of 90 patient samples. The first time I did this, I was so sure of myself helping these patients. But then the results came back after one month and eight of the 30 had mutations. So I told them, "I'm very sorry. You have mutations." And what I did not expect, what I was not trained for, was when they asked me, "So what do we do next?" For the third batch, I did my research that there is indeed somewhere in the world with one medicine for mutations."

Rod also noted that following the licence negotiated between Novartis and MPP, the likely greater availability of nilotinib is great news for those living with CML in countries like the Philippines. "For patients with worsening disease levels taking imatinib, making generic nilotinib available is a much welcome option," he says.

Rod also welcomes MPP's activities in the field of access to NCD treatments. "MPP has a daring strategy where no-one else dares explore. MPP has to work with so many partners to convince them of the value of access to treatment for people in need. I can only say that with noble intentions such as this, I as an advocate, remember why we are here in the first place: to save as many lives as possible."

DIABETES

In 2021, the most recent year for which figures are available, the total number of adults between the ages of 20 and 79 living with diabetes in low- and middle-income countries stood at 432.7 million. Of these, 24 million were living in sub-Saharan Africa, the equivalent to one in every 22 adults. It is further estimated that 12.7 million people with diabetes in this age category remain undiagnosed, amounting to more than half of all cases. Without drastic action, by 2045 the total number of people living with diabetes in Africa alone will more than double, reaching 55 million[12].

There are several barriers to access to insulin and other medications to help manage diabetes in low- and middle-income countries. These barriers include availability, affordability, infrastructure challenges and inherent weaknesses in national health systems. The consequences not only mean severe health complications for people with diabetes, but higher mortality rates and the exacerbation of comorbidities such as hypertension and infections. Reduced quality of life and economic costs, both to the individual and wider society, should also not be discounted.

MPP has been tackling the challenge of diabetes for several years. We signed an MoU with the International Diabetes Federation in 2020 and, since its inception in 2021, have been part of the WHO Global Diabetes Compact Forum. The Forum shares ideas, information and views that help advocate for a world in which the risk of diabetes is reduced and where all people diagnosed with diabetes have access to equitable, comprehensive, affordable and high-quality treatment and care.

Additionally we are exploring interventions to improve access to GLP-1 receptor agonists, which began with an in-depth study published in The Lancet Global Health[13]. This study identified oral semaglutide as a strong candidate for licensing, highlighting its public health relevance and oral formulation. Through this assessment, it seems a voluntary licence paired with technology transfer could significantly accelerate access to quality-assured biosimilars in low- and middle-income countries.

Our focus for the future is clear: to secure licence agreements with originator and generic manufacturers, and to work with partners for improved access to priority diabetes' medicines in low- and middle-income countries across the world.

432.7m

adults between 20 and 79

living with **diabetes** in LMICs

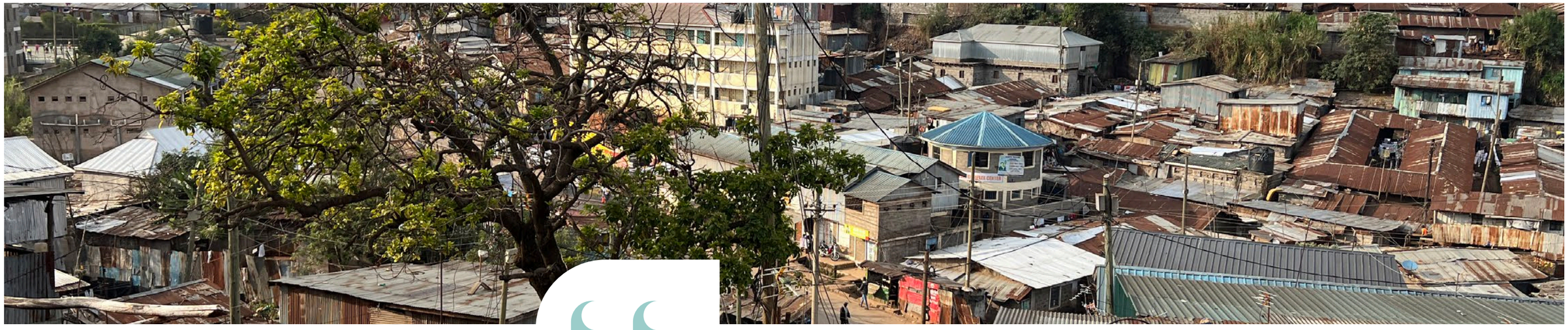
More than

50%

of cases

remain **undiagnosed**

[12] International Diabetes Federation.
https://diabetesatlas.org/resources/idf-diabetes-atlas-reports/
[13] *https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00460-0/fulltext*



COMMUNITY PARTNER VOICES

Carol Nawina is the Executive Director of CITAMplus, an advocacy organisation based in Lusaka, Zambia, and for many years has lived with, and campaigned for, better treatment for HIV and TB. More recently she developed type 2 diabetes, and as well as HIV and TB, now also advocates to all levels of government for the better treatment of diabetes. In 2024, Carol joined MPP's Community Advisory Panel (CAP) as an expert on diabetes.

"One day I was feeling a bit dizzy, and I couldn't see properly. My vision became blurred. I started getting thirsty and I had no idea why. Then my sister suggested I had symptoms of diabetes. It was really painful that I had so much knowledge about other diseases like TB and HIV, and actually even cancer, but zero idea around diabetes. And when I found out, it hit me so bad, I went into a depression."

But despite her initial shock and already living with HIV and surviving TB, Carol did anything but let her newly discovered condition destroy her.

'Everything I heard about diabetes was really bad'

"That's when I realised the true impact of mental ill-health. I used to think that mental health issues were only for certain people. It wasn't until I was diagnosed with diabetes and became so depressed that I felt suicidal, that I understood mental health issues are real. So, I thought with all my other co-infections, my other comorbidities, I'm sure I'll die soon. But then I took time to read about it, to educate myself and well, I found out I could actually manage it the same as the other comorbidities that I have."

Since then, she has complemented her advocacy work on HIV and TB with an equally strong commitment to tackling diabetes.

"I do advocacy work at the country, regional and global levels," she says, "to ensure that the Global Fund is fully replenished every three years. But at the same time, I also ensure that at country level, affected communities as well as civil society organisations are also able to access those funds. Because we don't want the funds to just go to governments and not those working directly in the field. So, I help ensure that resources are sufficiently mobilised so that civil society organisations and affected communities are also part of that process."

Differences in the field between diabetes, and HIV and TB

But Carol also makes the important point that whilst campaigning and advocacy in diabetes is no different to her campaigning roles in HIV and TB, things are different in the field. "The kind of activism that we do in HIV is a bit different, which is what I want to bring in. It's just trying to find a way to balance, because at the end of the day, all we want to do is to ensure that there's affordable and quality access to treatment for diabetes, as well as all the other communicable diseases for everybody around the world, regardless of status."

She is also keenly aware of the specific challenges around diabetes that need to be surmounted. "In my country, Zambia", she says, "The testing strips are so expensive, really, really expensive, and people cannot afford them, but they are essential for managing diabetes, especially for those on insulin therapy, as they help monitor blood glucose levels and prevent complications. So even when you go to the health facility, they'll charge you to be tested."

Information on diabetes is minimal

"But the other big challenge", she continues "Is that information is very minimal. When I talk now about HIV and the HIV cycle, some people think I'm a doctor because we were given so much information from the beginning of the HIV work in the early 2000s.

"With diabetes, it's the opposite. People call it the 'sugar disease'. So, people believe if you remove sugar from your diet, then you're fine. Others say that it's witchcraft. Many don't understand that carbohydrates are an important element too."

"So people need information. The information on diabetes is still very medicalised. So, I'm trying to see if there's a way we can find a simplified language for people, especially in the communities, to understand. Here in Africa, we have very good food, very good vegetables, very good greens, food that people can eat to manage their diabetes, but people don't know and don't fully appreciate the benefits.

Consuming junk food as a sign of wealth

"Here we feel if you're going to eat junk food, there's a suggestion that you're wealthy! So, people would rather go and eat unhealthily and take out healthy foods like pumpkins and sweet potatoes. So, my concern is to also educate people that there are carbohydrates and other foods and that you can manage when you're diabetic.

It's also vital to destigmatise diabetes. People don't want their families, neighbours and friends to know that they're diabetic. It's not a death sentence here. Because sometimes when there's minimal information out there, it tends to become misinformation. There are so many myths and misconceptions out there, and it may take a long time to make people understand that this is a manageable disease."

Making a difference with MPP

"I wanted to work with MPP because I thought I'd be doing a disservice to other people affected by diabetes if I didn't bring my voice and the voice of others, to make a difference. Like I said, my main focus is on the reduction in the cost of the diabetes medication, and especially cost of testing strips. So, I thought I could be at a table where I could influence some of this change.

I'd like to see MPP continue what they're doing, especially the accelerated way at which some of these commodities come to market. But if there's a way I can help to better accelerate access to these commodities, for me I believe it is to bring the voice from the ground because we are always at the forefront of product introduction.

In the end, it's about seeing what is happening at country level and the best way for us to ensure that the end-product actually reaches the intended user at a good price, that quality medication is accessible and affordable, and the people actually get a better quality of life after using the product."

NOVEL MEDICAL TECHNOLOGIES 3

mAbs

Monoclonal antibodies (mAbs) – lab-engineered antibodies that mimic human antibodies in defending against disease – continue to revolutionise the management of diseases in high-income countries. Conversely, however, access to mAbs remains stubbornly limited in low- and middle-income nations.

Paper co-authored by MPP describes how to expand access to game-changing mAbs in low- and middle-income countries

In October the scientific journal PLOS Global Public Health published our paper, jointly written with Unitaid, IAVI and Wellcome, on *Novel business models for accessible monoclonal antibodies for infectious diseases in low- and middle-income countries*[14]. It builds on our 2022 Lancet Global Health paper on biologics, as well as our 2024 paper on RSV mabs.

The article firstly outlines the challenges that inhibit accessibility to mAbs in low- and middle-income countries. These include prohibitive costs and ill-adapted formulations, insufficient investment in the development of mAbs that target infectious diseases, a limited production base, complex intellectual property and regulatory environments, and inadequate commercial incentives in the markets of low- and middle-income countries.

To overcome these challenges, the paper makes clear that lessons can be applied from both existing voluntary licensing strategies, and product development partnerships, that have been successful in catalysing the development and affordable supply of numerous products across a range of infectious diseases. Technology transfer will also be crucial for expanding the research and manufacturing capacity of low- and middle-income countries, as well as for enabling a sustainable and diversified supply of medicines.

Furthermore, improved market intelligence, demand aggregation mechanisms and portfolio-based manufacturing models could all be used to de-risk commercial investment with the aim of establishing a sustainable manufacturing ecosystem for affordable mAbs. New regulatory approaches and effective technology transfer processes may reduce both costs and timelines for biosimilar development and approvals.

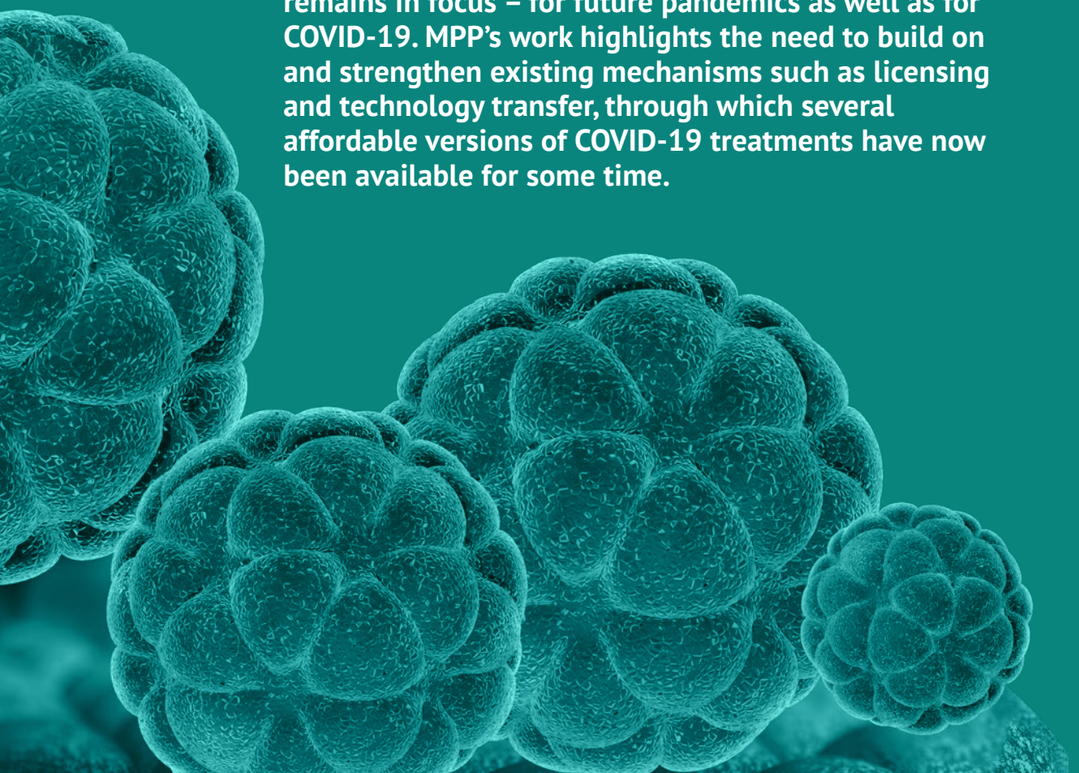
Expanding access to mAbs in low- and middle-income countries requires coordinated efforts in financing, licensing, regulatory pathways and market shaping. A pilot project focusing on trailblazer products – such as approved mAbs for infectious diseases – could serve as a proof-of-concept for sustainable access models. Given its significant burden in low- and middle-income countries and the recent approval of effective mAbs like nirsevimab, RSV presents a strong candidate as a potential trailblazer.

[14] *https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00460-0/fulltext*

4 PANDEMIC PREPAREDNESS AND COVID-19

PANDEMIC PREPAREDNESS AND RESPONSE

It is vital that equitable access to pandemic countermeasures for low- and middle-income countries remains in focus – for future pandemics as well as for COVID-19. MPP's work highlights the need to build on and strengthen existing mechanisms such as licensing and technology transfer, through which several affordable versions of COVID-19 treatments have now been available for some time.



> **"MPP's pandemic strategy [is] to be supported by the G7, G20 and a broad coalition of companies to standardise the approach to voluntary licence usage during a pandemic."**
>
> IPPS, 100 Days Mission Implementation Report, 2023, Annex A, page 9[15]

MPP helps prepare therapeutics roadmap for future pandemics

In January, the ***100 Days Implementation Report 2023***, the third of its kind, was published by the International Pandemic Preparedness Secretariat. The report assessed international progress towards the 100 Days Mission, which aims to ensure the global availability of diagnostics, therapeutics and vaccines within the first 100 days of a pandemic threat.

Working alongside several multisectoral partners, MPP's contribution was on the development of the therapeutics' roadmap, focusing on the milestones of the COVID-19 pandemic and the learnings on how to further accelerate equitable access.

[15] *https://d7npznmd5zvwd.cloudfront.net/prod/uploads/2024/01/3rd-100DM-Implementation-Report-IPPS-WEB.pdf*

MPP sets out how global health community should respond to future pandemics

Underpinning this work was a paper published in the open access online journal, Globalization and Health. *Intellectual property licensing of therapeutics during the COVID-19 crisis: lessons learnt for pandemic preparedness and response* details how the global health community should better respond to pandemics of the future.

The paper argues that the speed at which affordable versions of a new product are available in low- and middle-income countries is central to that product's potential global impact. When initiated early in the research and development cycle, during a pandemic, licensing could facilitate the speedy development of generic versions of innovative products. The pre-selection of qualified manufacturers, the sharing of expertise and the rapid provision of critical inputs such as reference listed drugs (RLDs) could also save significant amounts of time. Success will depend on establishing a healthy balance between speed and quality.

The number, capacity and geographical distribution of numerous licensed companies, and the transparency of licensing agreements, play a major role in guaranteeing affordability, and the sufficiency and security of supply. IP licensing and technology transfer can also be effective tools for expanding the diversification of manufacturing in low- and middle-income countries.

Furthermore, MPP co-authored a report with Unitaid and other partners on *The case for a global therapeutics development coalition: Building a therapeutics pipeline for pandemic and endemic diseases* in the journal PLOS Global Public Health.[16] The paper detailed how safe and effective therapeutics, together with other life-saving tools, are critical to an effective response at the outbreak of a pandemic. It further emphasised that the deployment of effective therapeutics for infectious diseases is particularly essential while vaccines are being developed, tested and rolled out, or for diseases for which vaccine development is challenging and lengthy.

GLOBAL PARTNER VOICES

MPP was recognised as a key contributor to the newly established Global Coalition for Local and Regional Production, Innovation and Equitable Access, a G20 initiative that seeks to drive voluntary collaboration in health product manufacturing and equitable access. The coalition is focused on building regional capacity to produce essential health products – diagnostics, treatments and vaccines – for low- and middle-income countries. With the fostering of partnerships, sharing knowledge and technology transfer, the coalition's work aligns closely with MPP's approach to regional manufacturing and increased access.

"We recognize the coalition is intended to promote synergies with existing and potential future initiatives, funding channels and philanthropic organizations, without interfering with or pre-empting the ongoing negotiations and processes at global and regional levels, with the relevant players willing to contribute to the coalition's projects, including, but not limited to: WHO; Coalition for Epidemic Preparedness Innovations; Gavi, the Vaccine Alliance, and its African Vaccine Manufacturing Accelerator initiative; Regionalized Vaccine Manufacturing Collaborative; the Pandemic Fund; PATH; Drugs for Neglected Diseases Initiative; Stop TB; Global Fund, Unitaid and Medicines Patent Pool."

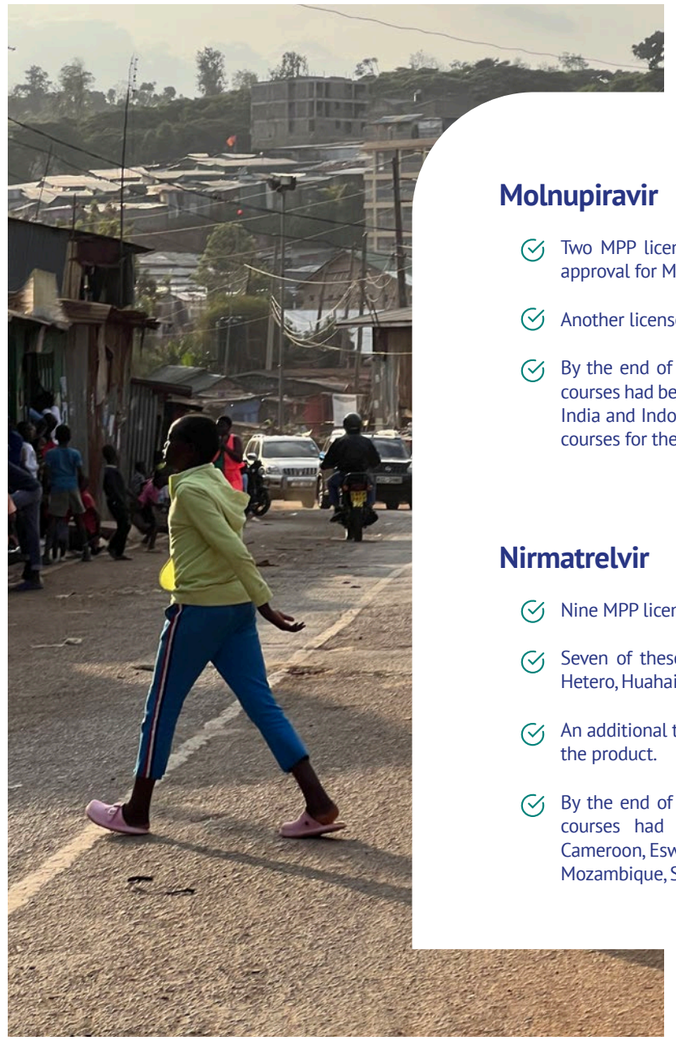
Rio de Janeiro Declaration of the G20 Health Ministers
31 October 2024.[17]

[16] *https://pmc.ncbi.nlm.nih.gov/articles/PMC11364229/pdf/pgph.0003654.pdf*
[17] *https://www.g20.utoronto.ca/2024/241031-health-declaration.html*

COVID-19

Despite a perception in some quarters that COVID-19 no longer poses a threat, MPP has continued in its efforts to ensure that people living in low- and middle-income countries are as best protected as they can be from the disease.

Covid-19: key facts and stats for 2024



Molnupiravir

- Two MPP licensees, Desano and Fosun, have received WHO approval for MOL 200mg.
- Another licensee is developing the product.
- By the end of December 2024, a total of 688,553 treatment courses had been supplied across three countries – Guatemala, India and Indonesia – with Indonesia receiving the treatment courses for the first time.

Nirmatrelvir

- Nine MPP licensees have developed NIR+RTV co-pack.
- Seven of these licensees – Apeloa, Celltrion, Desano, Fosun, Hetero, Huahai and Mylan – have received WHO approval.
- An additional three licensees are in the process of developing the product.
- By the end of December 2024, a total of 133,787 treatment courses had been supplied in 13 countries: Cambodia, Cameroon, Eswatini, Ethiopia, Ghana, Kiribati, Lesotho, Malawi, Mozambique, Senegal, Solomon Islands, Ukraine and Zambia.

TECHNOLOGY TRANSFER 5

Low- and middle-income countries cannot afford the high cost of most originator medicines and medical technologies. But if generic manufacturers can develop commercially viable products, then these high costs can be significantly reduced, and a corresponding expansion of access to life-changing products will follow. Along with our voluntary licensing mechanism, MPP's newer focus on Technology Transfer helps enable this much-needed commercial viability.

Ensuring local health security and a rapid response to future pandemics

The mRNA Technology Transfer Programme was established in 2021 by MPP and WHO after the COVID-19 pandemic revealed the poor access to COVID-19 vaccines in low- and middle-income countries. This groundbreaking initiative aims to empower local health security, and as such, marks a transformative leap in global health.

The Programme helps to scale-up global mRNA vaccine manufacturing by establishing and expanding production capacity in low- and middle-income countries. This local and regional production of mRNA vaccines will also help ensure a broader, more rapid and more equitable response to future pandemics, another key element of the Programme's purpose.

By fostering collaboration among a global network of partners, the Programme also helps to establish Good Manufacturing Practices (GMP)-certified facilities in low- and middle-income countries, and crucially, to advance R&D for products of interest for low- and middle-income countries.

mRNA Technology Transfer Programme

Global collaborative network

The global network consists of three core elements:

1. The South African Consortium

Afrigen Biologics, Biovac, and the **South African Medical Research Council (SAMRC)** collectively oversee the development of the mRNA technology platform:

- **Afrigen** leads the initial development of the platform;
- **Biovac** is responsible for industrialising and scaling up the technology platform;
- **SAMRC** coordinates research efforts to develop second-generation technology and supports disease-specific activities, such as those targeting TB and HIV.

2. Manufacturing Partners in low- and middle-income countries

Fifteen manufacturing partners based respectively in Argentina, Bangladesh, Brazil, Egypt, India, Indonesia, Kenya, Nigeria, Pakistan, Senegal, Serbia, South Africa, Tunisia, Ukraine and Viet Nam receive the technology developed by the South African Consortium. These partners will establish mRNA product manufacturing capabilities at their respective facilities.

3. R&D Consortia

These consortia consist of research organisations and manufacturing partners, each focusing on developing vaccine candidates tailored to diseases with significant regional or inter-regional epidemiological relevance in low- and middle-income countries. Disease targets for these R&D consortia include dengue, Plasmodium vivax malaria, therapeutic HPV, HFMD (hand, foot, and mouth disease), Leishmania, TB, HIV, Rift Valley Fever (RVF) and influenza.

Key highlights in 2024

1 South African Consortium

- Afrigen successfully developed the mRNA vaccine manufacturing process at 100 ml and 1L in-vitro transcription (IVT) scales, using SARS-CoV-2 as a proof-of-concept pathogen. Additionally, it has developed 14 analytical methods, of which 12 have already been qualified.
- Documentation of both manufacturing processes and analytical methods is shared on a rolling basis with manufacturing partners as soon as it becomes available.
- Concurrently, Afrigen is establishing its GMP facility, which now includes an automated 'Fill and Finish' line for vials, and is set to receive its GMP certification from the South African Health Products Regulatory Authority (SAHPRA) in 2025.
- Batches of the SARS-CoV-2 vaccine AfriVac2121, produced using the final process, have been tested in mouse, hamster and non-human primate models. These studies demonstrated AfriVac2121 immunogenicity and efficacy comparable to the Moderna and Pfizer vaccines. A toxicity study in rats confirmed the vaccine's safety.
- After receiving the technology transfer onsite training of the final process at 1L IVT scale in the first quarter of 2024 at Afrigen, Biovac has completed the procurement of all equipment and materials.
- In the final two quarters of the year, Biovac successfully conducted small-scale familiarisation experiments, implemented all analytical methods, and initiated technology transfer demonstration at the 1L IVT scale.
- The research consortium coordinated by SAMRC has synthesised close to 90 and evaluated approximately 50 new cationic lipids to replace SM-102 in the lipid nano particle (LNP) formulation in order to reduce costs, guarantee freedom to operate and improve vaccine-induced immunity. Preliminary data identified a subset of lipids for further testing in animal models to assess bio-distribution, mRNA delivery efficiency and immune response in mice.

2 Manufacturing Partners

- MPP has now conducted 13 end-to-end assessments of Manufacturing Partners' facilities.
- Half of the manufacturers have finalised their technology transfer workplans enabling the execution of the technology transfer, with the remaining plans scheduled for completion by December 2025. Partners that have completed their workplans have initiated procurement of equipment, reagents and consumables to implement the technology at their desired scale.
- With MPP's support, Afrigen has developed a comprehensive three-week schedule of technology transfer activities for Programme Partners. This covers the manufacturing process and analytical methods, enabling partners to receive and implement the technology.
- As part of the technology transfer process, four Manufacturing Partners successfully attended the three-week hands-on training of technology transfer activities at Afrigen in 2024:
  - **Biovac,** South Africa (January), 1L IVT scale
  - **Institut Torlak**, Serbia (October), 100ml IVT scale
  - **Sinergium,** Argentina (November), 100ml IVT scale
  - **Bio-E**, India (December), 100ml IVT scale

15 Manufacturing Partners of the mRNA Technology Transfer Programme

3 R&D Consortia

The decline in both the incidence and severity of COVID-19 has shifted the Programme's focus more decisively towards mRNA-product pipeline development. But securing the long-term sustainability of partners' facilities through infrastructure investment can only be justified if commercially valuable products are assured as the end goal.

MPP and WHO therefore jointly organised and hosted a series of regional conferences to examine mRNA-based vaccine candidates. These conferences brought together manufacturers, research organisations focused on mRNA vaccine R&D, and potential funders.

The discussions on the south east Asia and Pacific region and Latin America region led to the establishment of seven regional R&D consortia targeting different diseases relevant to low- and middle-income countries, with potential for expansion elsewhere. The consortia bring together research institutions leading investigational activities on mRNA-based vaccines against specific disease targets and Manufacturing Partners, who have pledged to share material, data and intellectual property non-exclusively with the Programme's partners.

The signing of the 'declaration of commitment' that underpins these consortia encapsulates the ethos of international cooperation and the unwavering resolve to advance mRNA vaccine development up to proof-of-concept and early phase clinical trials.

The R&D consortia aim to coordinate research and early clinical proof-of-concept development in the following areas:

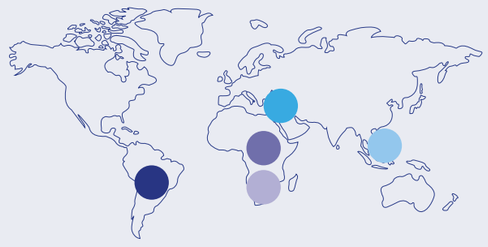
- Dengue vaccine: led by the International Vaccine Institute (IVI) in collaboration with the Chula Vaccine Research Center (VRC), part of Thailand's Chulalongkorn University, and manufacturing partners from Incepta (based in Bangladesh) and BioFarma (Indonesia).
- HFMD vaccine: led by Hilleman Labs (Singapore) in collaboration with Chula VRC, the National University of Singapore, and Polyvac (Viet Nam).
- Therapeutic human papillomavirus (HPV) vaccine: led by Chula VRC.
- Plasmodium vivax malaria vaccine: led by Mahidol University (Thailand), in collaboration with Chula VRC.
- Pandemic and seasonal influenza vaccines: led by Sinergium Biotech, MPP's manufacturing partner based in Argentina.
- Leishmaniasis vaccine: led by Bio-Manguinhos in collaboration with Fiocruz (both based in Brazil), the Institut Pasteur de Tunis, the Institut Pasteur Korea, Centro de Tecnologia Vacunas and the Universidade Federal de Minas Gerais (both based in Brazil).
- New lipids for mRNA vaccines: led by Wits University, South Africa.

In addition, SAMRC is coordinating activities in South Africa for the following vaccine candidates:

- TB vaccine: led by the University of Cape Town, with contributions from Wits University, the National Institute for Communicable Diseases of South Africa, and Afrigen.
- HIV vaccine: led by the University of Cape Town.
- RVF vaccine: led by Afrigen.

MPP and WHO have also broadened their focus beyond mRNA vaccines to identify innovative products for NCDs. If successfully commercialised, these products offer both better sustainability and higher profitability.

MPP is now conducting a comprehensive mapping of mRNA products under clinical development for infectious diseases, cancer and other NCDs. The goal is to identify promising products or technologies for in-licensing and co-development with the Programme Partners.



R&D consortia: preventive and therapeutic vaccines development

- **Latin America Region:** Influenza (pandemic and seasonal) Leishmaniasis
- **Afro Region:** Regional meeting planned in Q4 2025
- **Southern African Region:** Tuberculosis, HIV, RSV, RVF, Neisseria Gonorrhoeae
- **East Mediterranean Region:** Regional meeting planned in Q1 2025
- **South-East Asia and Pacific Regions:** Dengue, Malaria Plasmodium Vivax, Therapeutic Human Papilloma Virus, Hands Foot and Mouth Disease

Technology consortia: Interregional: New lipids

The consortia, including research organisations and manufacturers, have been created to develop vaccine candidates targeting diseases of regional relevance. Some of the consortia formed as regional are becoming inter-regional.

Enhancing mRNA vaccine production for endemic diseases

In a move that will ultimately help in the fight against endemic diseases in low- and middle-income countries, as well as establishing better preparedness for epidemics, the signing of a MoU with Brazilian mRNA Programme Partner Fiocruz Bio-Manguinhos will scale up the research and production of a new generation of mRNA vaccines.

The partnership framework includes Fiocruz creating a development pipeline of RNA-based vaccines. This means identifying new targets, improving the formulation of RNA-based vaccines, and testing new lipids synthesised as part of the mRNA Programme's New Lipids Discovery Initiative. The company will also support and facilitate the technology transfer of RNA-based vaccines and RNA platform technology from Fiocruz to Afrigen. This will further enhance the current platform as well as the work of other mRNA Programme Partners.

Exciting new initiative will see mRNA vaccines combat human avian influenza

With their widespread circulation among animals, avian influenza viruses pose a significant pandemic risk to all of us. MPP was therefore delighted this year to take part in the launch of a project that aims to accelerate the development and production of human avian influenza (H5N1) mRNA vaccine candidates in low- and middle-income countries. The Argentinian manufacturer Sinergium Biotech will lead this initiative by leveraging the mRNA Technology Transfer Programme.

Sinergium Biotech is developing H5N1 mRNA vaccine candidates and aims to establish proof-of-concept in preclinical models. Once the preclinical data package is concluded, the technology, materials and expertise will be shared with other manufacturing partners. This will bolster pandemic preparedness, with the project supplementing continuing work that falls under the Pandemic Influenza Preparedness Framework.[18]

Technology transfer licence will enable greater patient access to numerous essential diagnostics

In January 2024, MPP and WHO were delighted to announce the signing of a licence agreement with SD Biosensor Inc., a global in-vitro diagnostic company. This agreement will allow MPP and WHO to grant sublicensees the rights, expertise and material to manufacture SDB's rapid diagnostic testing (RDT) technology.

The agreement is significant because:

- The technology offered through the licence is ideal for countries with limited resources as it has high sensitivity, but is nonetheless straightforward to deploy and with no equipment requirements. Furthermore, a number of the company's RDTs are Prequalified and Emergency Use Listed by WHO.
- The broad scope of the licence – including but by no means limited to COVID-19 – not only increases its public health value but also the anticipated benefit to sublicensed manufacturers, as it will foster greater market opportunities and financial sustainability in a non-pandemic period.
- The expertise and support for sublicensed companies is designed to develop their manufacturing capacity so that they can achieve the highest quality production at competitive prices – often the difference between success and failure.
- With more prospective African-based sublicensees able to take advantage of the licence, there is a much greater chance of an increase in local and regional production of RDTs. This builds on the August 2023 announcement by the Global Fund, PEPFAR and Unitaid on accelerating the manufacturing of RDTs on the African continent, initially focusing on HIV RDTs. [19]

[18] *https://www.who.int/initiatives/pandemic-influenza-preparedness-framework*
[19] *https://www.theglobalfund.org/en/news/2023/2023-08-08-global-fund-pepfar-unitaid-collaboration-accelerate-approval-african-manufactured-hiv-rapid-tests/*

PARTNER VOICES

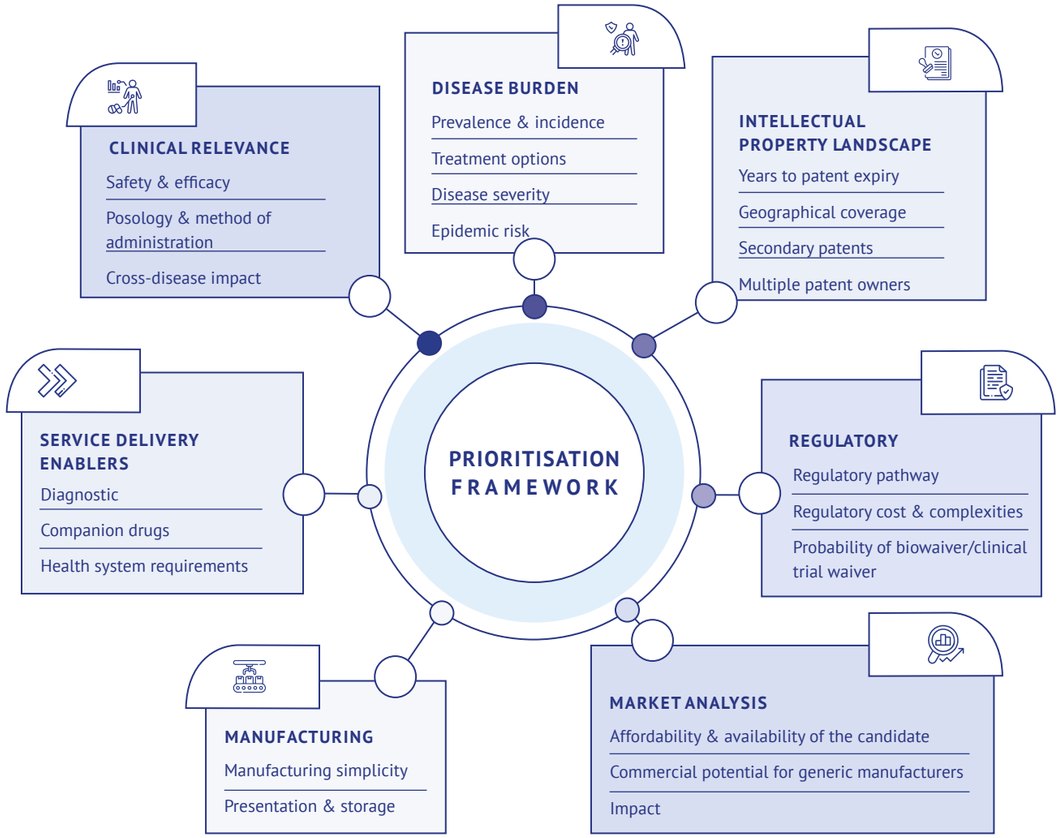
"This initiative exemplifies why WHO established the mRNA Technology Transfer Programme – to foster greater research, development and production in low- and middle-income countries, so that when the next pandemic arrives, the world will be better prepared to mount a more effective and more equitable response."

Dr Tedros Adhanom Ghebreyesus
Director-General, World Health Organization.

THE MPP PRIORITISATION FRAMEWORK

As well as a demonstration of our commitment to transparency, the prioritisation of medicines ensures that MPP focuses its efforts on interventions for which a voluntary licensing mechanism could have the greatest positive impact on public health.

Initially, MPP focused on certain specific diseases for prioritisation. Now, regardless of the health area, patented medicines for which an MPP licence could improve access or facilitate innovation are considered.



MPP's prioritisation process generates two lists – a priority list and a watchlist – of medicines and health technologies for which expanded access in low- and middle-income countries could provide significant health benefits over standards of care, and where a voluntary agreement, including licensing and/or technology transfer, through MPP could lead to substantial public health impact. These lists guide MPP's in-licensing efforts.

PRIORITY LIST

Medicines and health innovations for which voluntary licensing and/or technology transfer through MPP would lead to expanded access, significant health benefits, and substantial public health impact compared to standards of care.

WATCHLIST

Medicines and health innovations for which expanded access could provide significant health benefits but for which supporting data are lacking and/or key challenges need to be addressed for expanded access through MPP licensing to lead to public health impact.

Additionally, medicines are sometimes provisionally added to the watchlist when a potential added benefit might be obtained through an MPP licence, but where a full assessment is still ongoing.

Priority and watchlist medicines for in-licensing by MPP by the end of 2024[20]

HIV

- lenacapavir — *Gilead*
- broadly neutralising antibodies for HIV post-natal prophylaxis — *Multiple patent holders*
- cabotegravir for treatment — *ViiV*
- doravirine — *MSD*
- islatravir — *Merck*

TUBERCULOSIS

- quabodepistat — *Otsuka*
- BTZ-043 — *Univ. of Munich & DZIF*
- delpazolid — *LegoChem BioSciences*
- ganfeborole — *GSK*
- macozinone — *EPFL*
- sudapyridine — *Shanghai Jiatan Biotech*

ONCOLOGY

LUNG CANCER

- aumolertinib — *Revolution Medicines*
- osimertinib — *Astrazeneca*
- adagrasib — *Mirati*
- lazertinib — *Janssen*
- sotorasib — *Amgen*

BREAST CANCER

- abemaciclib — *Eli Lilly*
- ribociclib — *Novartis*
- trastuzumab SQ — *Roche*

HAEMATOLOGICAL MALIGNANCIES

- ibrutinib — *Janssen*
- zanubrutinib — *Beigene*

PROSTATE CANCER

- apalutamide — *Janssen*
- darolutamide — *Bayer*

MULTIPLE CANCER INDICATIONS

- Immune checkpoint inhibitors — *Multiple patent holders*
  - including pembrolizumab — *MSD*
- Oral paclitaxel / encequidar — *Athenex*

PANDEMIC & EPIDEMIC THREATS

- baloxavir marboxil — *Roche*

VIRAL HEPATITIS

- bulevirtide — *Gilead*

DIABETES, CARDIOVASCULAR & METABOLIC DISORDERS

- Incretin-based therapies *(incl. GLP-1 RA)* — *Multiple patent holders*
- semaglutide — *Novo Nordisk*
- tirzerapide — *Eli Lilly*
- cardiovascular fixed-dose combination therapies — *Multiple patent holders*

CHILDHOOD ONSET DISEASES

RESPIRATORY SYNCYTIAL VIRUS

- nirsevimab — *Astrazeneca/Sanofi*
- clesrovimab — *MSD*

SICKLE CELL DISEASE

- voxelotor — *Pfizer*

CYSTIC FIBROSIS

- elexacaftor/tezacaftor/ivacaftor — *Vertex*

PRIORITY LIST

WATCHLIST

[20] For most recent update click here: *https://medicinespatentpool.org/progress-achievements/prioritisation*

GLOBAL PARTNER VOICES

"Companies can use MPP's priority list as a guide for identifying products for which licensing would have the biggest public health impact. (...) Given the significant need for NCD treatments in LMICs, companies can focus on working towards licensing these products [from] their portfolios and should consider collaborating with MPP to facilitate this."

Access to Medicines Index 2024, pages 65-70.
https://accesstomedicinefoundation.org/medialibrary/2024-access-to-medicine-index.pdf

MPP'S LICENCES 2010 – 2024

For 14 years now, MPP has applied its voluntary licensing to secure more affordable access in low- and middle-income countries to life-saving medicines and health technologies.

The following is a list of all the products for which we have secured a voluntary licence since our inception in 2010:

CANCER

- nilotinib

VIRAL HEPATITIS

- glecaprevir/ pibrentasvir
- daclatasvir
- ravidasvir

HIV

- lopinavir ritonavir
- nevirapine *(non-assert)*
- atazanavir
- bictegravir
- cobicistat
- elvitegravir
- emtricitabine
- tenofovir alafenamide
- tenofivir disoproxil
- darunavir *(paediatric; non-assert)*
- raltegravir *(paediatric)*
- darunavir related
- abacavir *(paediatrics)*
- cabotegravir long-acting *(for HIV PrEP)*
- dolutegravir

COVID-19

- Elisa Antibody Technology
- MVA-S(3P) (Vaccine candidate)
- early stage vaccine & diagnostic tools for COVID-19
- molnupiravir
- ensitrelvir fumaric acid
- nirmatrelvir
- rapid diagnostic testing (RDT) technology
- vaccine MVC-COV1901
- tech for detecting bNabs against SARS-COV-2

LONG-ACTING THERAPEUTICS

- LA tech for malaria vector control
- solid drug nanoparticles technology *(disease agnostic)*
- LA tech for HCV, TB & malaria
- TLD LAI (HIV)

MATERNAL HEALTH

- heat-stable carbetocin

TUBERCULOSIS

- sutezolid

MedsPaL AND LAPaL

In line with our commitment to expand and improve patent transparency, MPP has created a suite of patent and licence information tools and databases.

MedsPaL

MPP's Medicines, Patents and Licences (MedsPaL) database is the world's leading tool on patent and licence information for low- and middle-income countries.

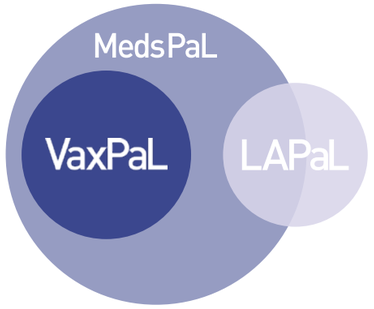
In October 2016, MPP launched MedsPaL, which has now become the world's leading tool on the patent and licensing status of essential medicines, vaccines and long-acting health technologies in low- and middle-income countries.

While the database initially focused on HIV, HCV and tuberculosis, its remit was expanded in 2018 to cover all patented medicines in the WHO Essential Medicines List (EML). MedsPaL was further expanded in 2020 to provide patent information on treatments being tested for COVID-19. In early 2024, MedsPaL's user-friendly interface received a fresh new design with enhanced content and tools. This new version incorporates the content of VaxPaL, provides information on long-acting health technologies featured in LAPaL, and includes medicines prioritised by MPP.

Among the changes, the ability to save searches and set up email notifications stands out, enabling users to stay informed about the latest developments in their areas of interest. The redesigned platform now also boasts improved mobile compatibility, ensuring that users can access the information they require on-the-go. Additionally, a new licence tab has been introduced, providing detailed insights into licensing agreements. The enhanced reporting tools, including interactive maps, donut charts and timelines, offer a dynamic way to visualise data and extract insights.

The database now covers the following health products:

- **Medicines:** Patented essential medicines and medicines prioritised by MPP.
- **Vaccines:** Selected COVID-19 vaccines that received Emergency Use Listing from WHO until 31 December 2022 (previously included in VaxPaL) and vaccines used for the prevention of mpox. Content will evolve to cover other key patented vaccines.
- **Technologies:** Long-acting technologies selected by MPP for LAPaL, a free online resource coordinated by MPP (see below).



BY THE END OF 2024, THE DATABASE CONTAINED SEARCHABLE INFORMATION ON:

198
key health products
covering a total of
203 countries

PATENT AND LICENCE INFORMATION INCLUDED A TOTAL OF

29,674
national patent applications

671
international patent applications (WIPO)

and
80
licences

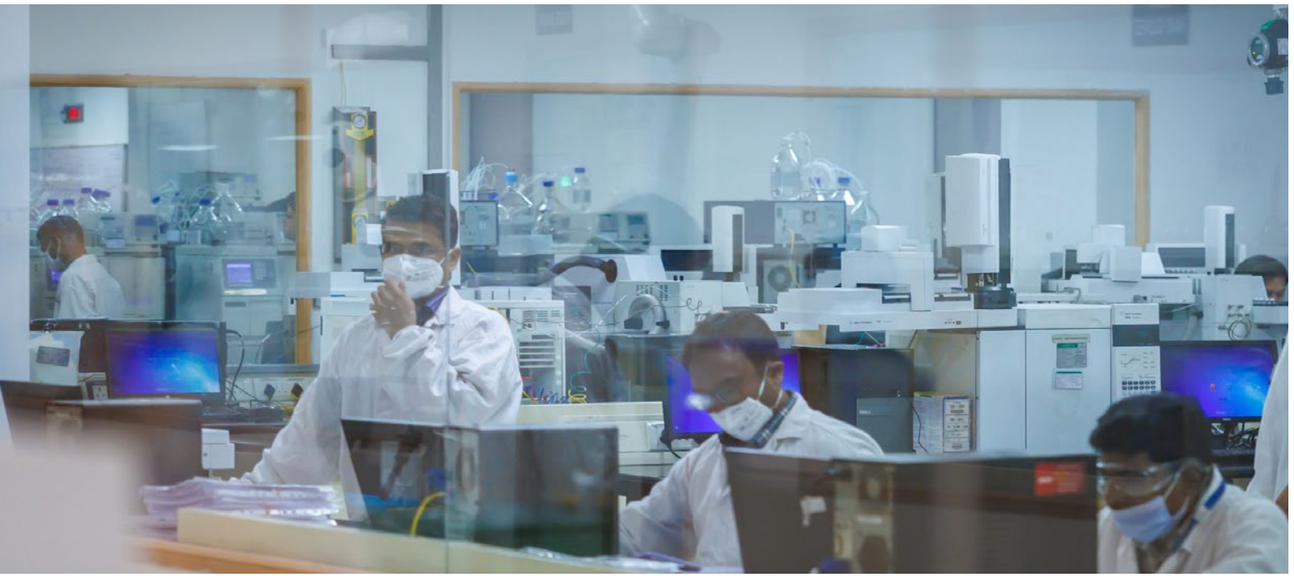
MedsPaL content by the end of 2024

Product category	Product	National patent applications	International patent applications	Jurisdictions (LMICs/HICs)	Scope
Medicines	176, (379 formulations, of which 80 for paediatric use)	20,766	543	155 (134/21)	Focused on LMICs
Vaccines	15	7,823	110	137 (81/56)	LMICS and HICs
Technologies	7	1,085	18	119 (69/50)	LMICS and HICs
Total	**198 (401 when counting formulations)**	**29,674**	**671**	**203**	

LAPaL

MPP's Long-Acting Therapeutics Patents and Licences (LAPaL) database serves as a one-stop shop for selected long-acting technologies and compounds encompassing a range of health areas.

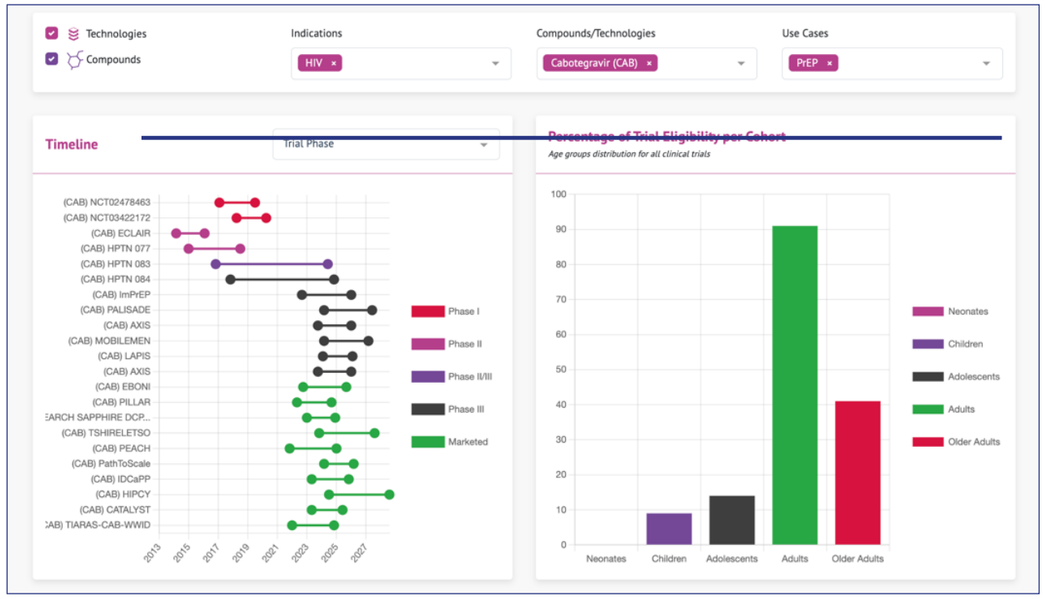
It is the only database containing patenting and licensing information relating to long-acting therapeutics, and as such helps to foster their long-term research and development.

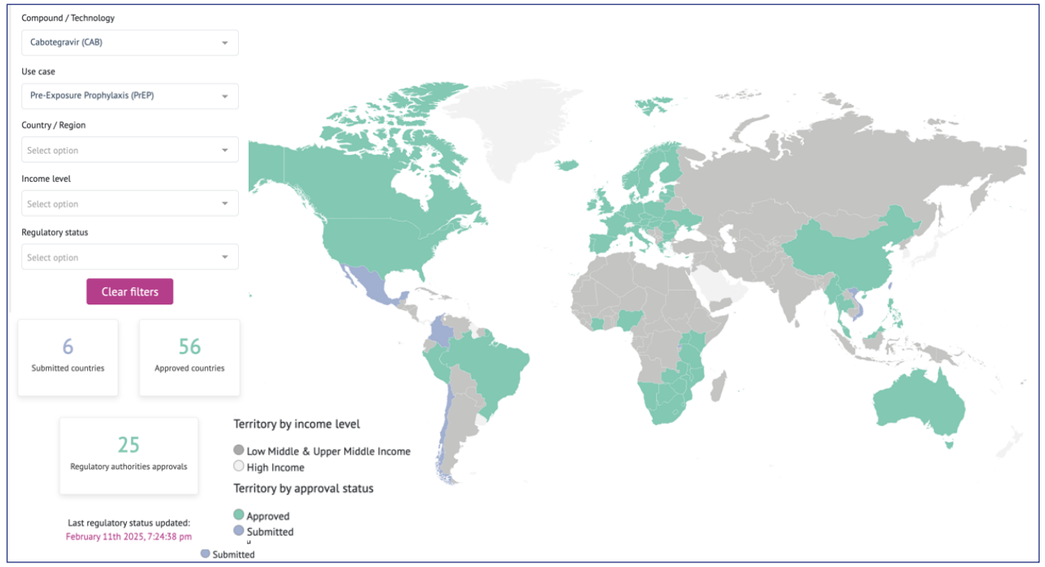


LAPaL was launched in 2020 at Unitaid's initiative, following a close collaboration with both Unitaid and the Long-Acting/Extended Release Antiretroviral Research Resource Program (LEAP). It continues to be supported by these two organisations, and its technical content is curated by the Centre of Excellence for Long-acting Therapeutics (CELT) and MPP.

LAPaL is collaborative and, like MedsPaL, open access, covering the technical elements of each therapeutic as well as its clinical development, and regulatory and intellectual property status. It holds information on technology platforms, as well as formulations that have long half-lives or compounds that could underpin long-acting products, which would mean less frequent administrations of these medicines.

Different compounds and technologies can be compared, and there is now a dashboard for clinical trial timelines, including those about which it is ordinarily more difficult to collect precise information. The functionality allows for a search of all trial timelines and provides information on regulatory approvals of selected LA therapeutics in a range of countries on specific products and age groups, marking it out as a powerful advocacy and fundraising tool. A regulatory status world map displays all technologies and compounds that have been approved in specific territories. It also contains filing data for the most advanced products.





LAPaL now encompasses profiles for 38 long-acting compounds. These include long-acting formulations, combination products and mAbs. The technical and intellectual property information for the 34 long-acting platform technologies includes applications for HIV prevention and treatment, hepatitis B treatment, malaria treatment, type 2 diabetes and metabolic disorders' management, pain management and contraception.

NEW PARTNERSHIPS IN 2024

In probably our most significant new partnership of 2024, MPP and the government of Indonesia formally agreed to work together to enhance outcomes for public health. The MoU, which was signed during May's World Health Assembly, aims to improve access to and uptake of selected, prioritised health products in Indonesia. The agreement also includes provisions for strengthening the local production of medicines and vaccines in Indonesia.

PARTNER VOICES

"We have a long-standing collaboration with MPP that has seen quality, affordable generic medicines made available in our country. We are now excited to formalise our partnership through this MoU to further improve access to essential vaccines and medicines for the people of Indonesia."

The Honorable Budi Gunadi Sadikin
Minister of Health of the Republic of Indonesia.

New members of MPP's Community Advisory Panel in 2024

We were delighted to announce the nomination of eight new members to our Community Advisory Panel (CAP) in 2024. These individuals bring a wealth of complementary experience and expertise in various fields and disease areas, and we are confident that their contributions will be invaluable to our mission.

The new CAP members are:

CAP MEMBER	Expertise	Country
Nadia Adingra	HIV	Côte D'Ivoire
Aggrey Aluso	Pandemic Preparedness and Response	Kenya
Ibrahima Ba	HIV	Senegal
Simon Beddoe	Hepatitis, HIV	India
Mohamed Dadsi	HIV	Morocco
Carol Nawina Nyirenda	TB, HIV, NCDs	Zambia
Aman Shukla	TB, HIV, PrEP, Hepatitis	India
Yashwinder Singh	HIV, PrEP, Hepatitis	India

CAP plays a crucial advisory role for MPP, offering valuable insights and guidance. CAP members provide advice on challenges and opportunities relating to access in low- and middle-income countries; specific diseases, therapeutic areas, and medical technologies; MPP's annual prioritisation work; and potential new priority areas. They may additionally support MPP's Expert Advisory Group (EAG) to ensure that community and user perspectives are fully taken into account in the EAG's role as a panel of advisers on MPP's licence negotiations to the Governance Board and the Executive Director.

MPP'S VISION, MISSION AND CORE VALUES

VISION

A world in which people in need in low- and middle-income countries have rapid access to effective and affordable medical treatments and health technologies.

MISSION

Our mission is to increase equitable access to innovative medicines and other health technologies through public health-oriented voluntary licensing and technology transfer.

MPP's Core Values

RESPECT

We celebrate diversity, equity and inclusion in all aspects of our mission. We honour our commitments. We seek and acknowledge the contribution of collaborating partners and celebrate the collective impact of partnerships.

GENEROSITY

We communicate and proactively share relevant information in a timely and appropriate manner. We provide our partners with the support they need to succeed in achieving common goals. We are generous with our time and our expertise.

COMMITMENT

We are dedicated to improving global public health over competing interests. We are accountable for our actions and set ambitious goals and clear expectations of what constitutes success. We work with integrity and diligence to achieve our goals.

COURAGE

We encourage initiative and we explore and forge innovative paths. We voice our opinions and suggest ideas openly. We listen to and acknowledge people's varied opinions in a receptive manner. We question our underlying assumptions; we have the courage to take risks and accept failure. We encourage our partners to hold us accountable to our commitments.

MPP FUNDERS

Unitaid founded the Medicines Patent Pool in 2010 to address the challenges in access to essential medicines in low- and middle-income countries.

Unitaid's mission is to expand the reach of the best health products for those who need them most. MPP is important for the implementation of Unitaid's objectives as it works with a range of organisations for the licensing of key medicines for generic manufacture. Unitaid now serves as MPP's sole funder for its HIV, hepatitis C and TB activities, including for long-acting technologies, and also co-funds MPP's work on co-morbidities, including NCDs and COVID-19. For 2024, MPP was awarded some funds by the government of Japan through its Unitaid grant.

France funds MPP's expansion into technology transfer, allowing MPP to co-lead the mRNA Technology Transfer Programme with WHO.

In particular, these funds have allowed MPP to enhance its expertise and capacity by developing an internal technology transfer team, which includes experts in biologic health products, mRNA technology transfer and vaccine production.

The Swiss Agency for Development and Cooperation (SDC) provides funding for MPP to implement its mandate expansion into patented essential medicines on the WHO's Essential Medicines List

and those with strong potential for future inclusion, including COVID-19. The SDC is engaged in the area of health in low- and middle-income countries with actions revolving around three issues: the strengthening of health systems; the fight against communicable and non-communicable diseases; and the improvement of sexual, reproductive, maternal, neonatal and child health.

The German Agency for International Cooperation (GIZ) supports MPP in its analysis of the sustainable production of vaccines

in Africa through technology mapping (primarily mRNA), cost benefit assessments and the mapping of market opportunities. This will assist MPP in its licensing and tech transfer of appropriate products to African manufacturers to ensure they have a sustainable pipeline of vaccines.

In 2023, both the government of Canada and WIPO

contributed to an independent report examining the value and impact of voluntary licensing, which was published in 2024 as *Voluntary Licensing: Right for Health, Smart for Business.*

mRNA TECHNOLOGY TRANSFER PROGRAMME FUNDERS

A full list of the mRNA Programme funders since its inception can be found here:
https://medicinespatentpool.org/what-we-do/mrna-technology-transfer-programme/mrna-funders

GOVERNANCE

MPP Governance Board in 2024

Marie-Paule Kieny
Chair of the Governance Board

GOVERNANCE BOARD	
Mojisola Christianah Adeyeye	
Grégory Bonnaud	joined on 25 April 2024
Maureen Luba	joined on 13 May 2024
Peter Maybarduk	
Govindarajan Narayanan	
Maximiliano Santa Cruz	
Pushpa Vijayaraghavan	

Mojisola Christianah Adeyeye

Grégory Bonnaud

Maureen Luba

Peter Maybarduk

Govindarajan Narayanan

Maximiliano Santa Cruz

Pushpa Vijayaraghavan

NON-VOTING PARTICIPANTS	
Philippe Duneton	Unitaid, founder and principal funder
Amy Dietterich	World Intellectual Property Organization
Johanna Hill	World Health Organization, replaced Antony Taubman in November 2024
Yukiko Nakatani	World Trade Organization

Philippe Duneton

Amy Dietterich

Johanna Hill

Yukiko Nakatani

MPP Community Advisory Panel (CAP) in 2024

CAP MEMBER	Expertise	Country
Helle Aagard	AMR	Sweden
Danjuma Kamlen Adda	Hepatitis	Nigeria
Nadia Adingra	HIV	Côte D'Ivoire
Aggrey Aluso	Pandemic Preparedness and Response	Kenya
Mercy Annapoorani	HIV, TB, RMNCH, COVID-19	India
Kwanele Asante	Cancer	South Africa/USA
Ibrahima Ba	HIV	Senegal
Aly Bancroft	Diabetes	USA
Anton Basenko	Hepatitis	Ukraine
Simon Beddoe	Hepatitis, HIV	India
Javier Luis Hourcade Bellocq	HIV, PrEP, COVID-19	Argentina
Aisuluu Bolotbayeva	Hepatitis	Kyrgyzstan
Mohamed Dadsi	HIV	Morocco
Denise Uzoma Ejoh	Cancer	Nigeria/UK
Christine Fallabel	Diabetes	USA
Cindra Feuer	HIV, PrEP	USA
Louis da Gama	Malaria	Portugal/South Africa
Maka Gogia	Hepatitis, HIV	Georgia
Apoorva Gomber	Diabetes	India
Bahati Thomas Haule	HIV, PrEP, RMNCH	Tanzania
Kenneth Kabagambe	Hepatitis	Uganda
Mridula Kapil	Diabetes	India
Olya Klimenko	Diabetes	India
Loyce Maturu	HIV	Zimbabwe
Salome Meyer	Cancer	South Africa
Nombeko Mpongo	HIV, PrEP	South Africa
Gertrude Nakigudde	Cancer	Uganda
Carol Nawina Nyirenda	TB, HIV, NCD	Zambia
Peter Ngo'la Owiti	Tuberculosis	Kenya
Yvette Raphael	HIV	South Africa
Bettina Ryll	Cancer	Sweden/Germany
Ani Herna Sari	Tuberculosis	Indonesia
Aman Shukla	TB, HIV, PrEP, Hepatitis	India
Yashwinder Singh	HIV, PrEP, Hepatitis	India
Siripong Srichau	HIV, PrEP	Thailand
Wim Vandevelde	HIV, PrEP, TB	South Africa/Belgium
Jacqueline Wambui	HIV	Kenya
Stephen Watiti	HIV, PrEP, TB, Cancer	Uganda

MPP Expert Advisory Group (EAG) in 2024

EAG MEMBER		Competency
Peter Beyer	Chair	IP Licensing, Law
Jennifer Cohn	Vice-Chair	Clinical
Luis Gil Abinader		IP Licensing, Law
Zeba Aziz		Clinical
Carlos Correa		IP Licensing, Law
Martin Friede	appointed in July 2024	R&D in Vaccines and Biologics
Katherine Gill		Communities, NGOs
Manuel Gonçalves		BD, Markets, Procurement
Martha Gyansa-Lutterodt		Public Health in Developing Countries, Medicines Policy
Mariatou Tala Jallow		BD, Markets, Procurement
Jordan Jarvis		Communities, NGOs
Deepa Joshi		R&D
Gugu Mahlangu		Regulatory
Deus Mubangizi		Regulatory, WHO PQ
Valérie Paris		BD, Markets, Procurement
Fatima Suleman		Public Health in Developing Countries, Medicines Policy

MPP Scientific Advisory Panel (SAP) in 2024

SAP MEMBER	Health Area
Marc Blockman	Cardiovascular Health
Grania Brigden	Tuberculosis
Pedro Cahn	HIV
Stephen Colagiuri	Diabetes
Brenda Eloisa Crabtree Ramirez	HIV, STIs, mpox
Nathan Ford	HIV
Gavin Giovannoni	Multiple Sclerosis
Beartriz Grinsztejn	HIV
A. Metin Gülmezoğlu	Reproductive Health
Nabil Haddad	Malaria, Vector Control
André Ilbawi	Oncology
Sylvia Kehlenbrink	Diabetes
Samson Kiware	Malaria
Nagalingeswaran Kumarasamy	HIV
Karine Lacombe	Viral Hepatitis
Gilberto de Lima Lopes	Oncology
Nicola Magrini	Antimicrobial Resistance
Francesco Negro	Viral Hepatitis
Iheyani Okpala	Sickle Cell Disease
Chloe Orkin	HIV, STIs, mpox
Anthony Oyekunle	Oncology
Rupa Patel	HIV
Pablo Perel	Cardiovascular health
Lawrence N. Shulman	Oncology
François Venter	HIV
Matteo Zignol	Tuberculosis

MPP mRNA Scientific Advisory Committee (mSAC) in 2024

mSAC MEMBER		Organisation
Martin Friede	Chair	World Health Organization
Danilo Casimiro		Sanofi
Barney Graham		Formerly Vaccine Research Center, NIAID, NIH
Amin Khan		GreenLight Biosciences
Duccio Medini		Wellcome Leap
Kiat Ruxrungtham		Chula Vaccine Research Center (ChulaVRC)
Connie Schmajohn		NIAID Integrated Research Facility
Suhaib Siddiqi		Formerly Moderna
Drew Weissman		Perelman School of Medicine, University of Pennsylvania

MPP staff in 2024

Charles Gore	Executive Director	

BUSINESS DEVELOPMENT

Aditi Das	Head of Alliance and India Office (Mumbai)	
Meghmala Das	Business Development, Alliance Manager	
Natacha Debanné	Business Development and Industry Engagement Manager	joined in October 2024
Bhushan Katkade	Product Development Technical Expert	joined in October 2024
Shreyas Kulkarni	Market Intelligence Manager (Mumbai)	
Valentina Lee	Business Development Alliance Manager	
Hannah Moak	Senior Manager, Business Development, In-licensing	until August 2024
Parag Nimbolkar	Business Development Manager, In-licensing	
Sandra Nobre	Business Development and Partnerships Director	until December 2024
Kajal Patil	Regulatory Affairs Specialist (Mumbai)	joined in December 2024
Maneesha Ranaut	Business Development, Alliance Manager (Mumbai)	
Rajesh Somankar	Business Development, Regulatory and Technical Affairs Manager	until June 2024
Priyanka Vadal	Office Assistant (Mumbai)	
Ashok Valechha	Business Development, Alliance Manager (Mumbai)	
Shambhavi Warerkar	Business Development, Alliance Manager (Mumbai)	

COMMUNICATIONS

Fiona Gauthier	Communications Officer	May-December 2024
Shania Khan	Communications Manager	
Gelise McCullough	Communications Director	
Valentina Ndibalema	Communications Officer	until February 2024
Sophie Thievenaz	Senior Communications Manager	
Olivier Uzel	Partnerships and Media Relations Manager, mRNA Technology Transfer Programme	

LEGAL

Donia Alwan	Associate Counsel	joined in July 2024
Kelvin Nguyen	Associate Counsel	until May 2024
Nataliya Omelchuk	Senior Legal Counsel	until May 2024
Chan Park	General Counsel	
Bryce Robinson	Associate Counsel	joined in August 2024
Razan Walch	Paralegal Officer	

OPERATIONS AND RESOURCES

Jane Caldwell	Chief Operating Officer	
Victoria Dovgan	Office Manager	
Robin Eede	Finance Manager	until November 2024
Gerry Fayolle	Senior Finance Officer	
Ruth Foley	Monitoring and Evaluation Manager	
Vittorio Giorgetti	Grants and Operations Manager	
Gosha Stehle	Human Resources Manager	
Agnese Tonnina	Senior Manager, Grants and Governance	
Carmen Turnbull	Senior Accounting Manager	

POLICY, STRATEGY AND MARKET ACCESS

Tiwadayo Braimoh	Policy and Advocacy Manager	
Esteban Burrone	Policy, Strategy and Market Access Director	
Amina Larbi	Head of Patent Information	
Marie Levy	Policy and Advocacy Officer	
Mila Maistat	Senior Manager, Policy, Strategy and Market Access	
Sébastien Morin	Senior Manager, Policy, Strategy and Market Access	
Dana Mozaffari	Patent Information Specialist	joined in October 2024
Hillary Mutungi	Access Officer, NCDs	joined in April 2024
Hadia Panschiri	Patent Information Officer	until July 2024
Giulia Segafredo	Senior Manager, Access, NCDs	
Zongyuan Tang	Patent Information Officer	

SCIENTIFIC AND MEDICAL AFFAIRS

Romain Dissard	Manager, Scientific and Medical Affairs
Lobna Gaayeb	Head of Scientific and Medical Affairs
Manuele Piccolis	Senior Manager, Scientific and Medical Affairs

TECHNOLOGY TRANSFER

Landry Bertaux	Biologic Health Products Expert
Julien Bon	Project Manager
Cristina Bruno	Project Manager
Antonio Grilo	Technology Transfer Expert
Ike James	Director of Technology Transfer
Monica Moschioni	Programme Manager

FINANCIAL REPORT

Medicines Patent Pool Foundation, Geneva

Balance Sheet as of December 31st, 2024

(with December 31st, 2023 comparative figures) (Expressed in Swiss Francs)

ASSETS	NOTES	31 December 2024	31 December 2023 *(as restated)*
CURRENT ASSETS			
Cash and cash equivalent		45'578'435	59'378'003
Other receivable		935'478	562'532
Prepaid expenses		287'506	312'593
Deferred expenses	3	10'603'334	6'288'611
Donor receivable	4	154'084	385'898
Total current assets		**57'558'837**	**66'927'637**
NON-CURRENT ASSETS			
Tangible fixed assets	5	241'143	292'821
Financial assets	6	76'986	75'868
Total non-current assets		**318'130**	**368'688**
TOTAL ASSETS		**57'876'966**	**67'296'325**
LIABILITIES, FUNDS AND CAPITAL			
LIABILITIES			
Current liabilities			
Accounts payable		298'532	678'574
Accounts payable on subgrantees and partners	8	1'893'829	-
Other payable		85'347	-
Accrued liabilities		233'591	324'375
Provisions	7	512'216	199'700
Deferred income	9	49'068'725	64'585'965
Total current liabilities		**52'092'240**	**65'788'614**
TOTAL LIABILITIES		**52'092'240**	**65'788'614**
RESTRICTED FUNDS			
Restricted Funds		2'191'012	-
Total restricted funds		**2'191'012**	**-**
CAPITAL			
Capital for foundation		50'000	50'000
Unrestricted Funds		2'529'601	808'844
Unallocated Funds		1'014'113	648'867
Organisational capital		**3'593'714**	**1'507'711**
TOTAL LIABILITIES, FUNDS AND CAPITAL		**57'876'966**	**67'296'325**

Medicines Patent Pool Foundation, Geneva

Statement of operations for the period of January 1st, to December 31st, 2024

(with December 31st, 2023 comparative figures)

(Expressed in Swiss Francs)

INCOME	NOTES	2024	2023
Donations	10	28'014'455	32'508'455
Total donations		**28'014'455**	**32'508'455**
Other Income		114'491	35'461
Total Operating Income		**28'128'945**	**32'543'916**
OPERATING EXPENDITURE			
Personnel costs			
Personnel costs and social charges		7'418'698	7'287'810
Other personnel costs		68'134	60'926
Total personnel costs		**7'486'832**	**7'348'736**
Administrative expenditure			
Professional fees		2'379'941	2'288'688
Rent		331'456	339'769
General and administrative costs		117'553	118'555
IT services and maintenance		622'727	482'848
Marketing and advertising		199'261	97'682
Travel and representation costs		959'443	1'271'886
Depreciation of tangible assets		74'577	80'330
Total administrative expenditure		**4'684'958**	**4'679'758**
Subgrant and partners' expenditure			
Subgrant expenditure	11	14'194'280	20'721'075
Partners' expenditures	11	1'881'684	-
Total subgrant and partners' expenditure		**16'075'964**	**20'721'075**
Total operating expenditure		**28'247'754**	**32'749'569**
Operating (Deficit)		**(118'809)**	**(205'653)**
Financial result Surplus / (Deficit)		2'309'822	(1'117'533)
Financial charges		(18'081)	
Financial income		2'327'903	
Total Surplus/(Deficit) prior to allocations		**2'191'013**	**(1'323'186)**
(Allocation to)/use from restricted capital funds		(2'191'013)	-
(Allocation to)/use from unrestricted capital funds		-	1'323'186
Total surplus/(deficit) after allocations		**-**	**-**

Medicines Patent Pool Foundation, Geneva

Statement of Cash Flow for the period from January 1st, to December 31st, 2024

(Expressed in Swiss Francs)

(with December 31st, 2023 comparative figures)

	NOTES	2024	2023*
Cash flows from operating activities			
Total Surplus/(Deficit) prior to allocations		2'191'012	(1'323'186)
Depreciation and impairment		74'577	78'751
Increase/(Decrease) in Provisions		312'516	(60'930)
Assets			
Decrease/(Increase) in Other receivables		(372'946)	(510'165)
Decrease/(Increase) in Donors receivable		231'814	2'399'536
Decrease/(Increase) in Prepaid expenses		25'087	
Decrease/(Increase) in Deferred expenses		(4'314'723)	23'262'425
Liabilities			
Increase/(Decrease) in Accounts payable		(380'042)	(512)
Increase/(Decrease) in Accounts payable on subgrantees and partners		1'893'829	(21'559'900)
Increase/(Decrease) in Other payable		85'347	
Increase/(Decrease) in Accrued liabilities		(90'784)	238'025
Increase/(Decrease) in Deferred income		(15'517'240)	(27'728'678)
Increase/(Decrease) Unrestricted funds		1'720'757	
Increase/(Decrease) Unallocated funds		365'246	
Net cash provided (used) by operating activities		**(13'775'550)**	**(25'204'634)**
Cash flow from investing activities			
Decrease/(Increase) in financial assets		(1'119)	2'129
Acquisition of tangible fixed assets		(22'900)	(14'010)
Net cash used in investing activities		**(24'019)**	**(11'881)**
NET CHANGE IN CASH		**(13'799'568)**	**25'216'515**
Cash and cash equivalents			
At the beginning of the fiscal year		59'378'003	84'594'518
At the end of the fiscal year		45'578'435	59'378'003
NET CHANGE IN CASH		**(13'799'568)**	**(25'216'515)**

* The 2023 comparative balances have not been restated in the 2024 cash flow

Medicines Patent Pool Foundation, Geneva

Statement of changes in Capital
For the period ending December 31st, 2024

(Expressed in Swiss Francs)

RESTRICTED FUNDS	NOTES	Beginning of the period 01.01.2024 *(as restated)*	Allocation of funds	Use of funds	Interest	Allocation of restricted funds	End of the period 31.12.2024
Unitaid MPP3		-	-6'028'653	6'028'653	-	-	-
Swiss Agency for Development and Cooperation - SDC 4		-	-477'646	477'646	-	-	-
World Health Organization (WHO):							
German Agency for International Cooperation (GIZ)		-	-308'047	308'047	-	-	-
European Commission		-	-1'245'497	1'245'497	-	-	-
Dengue		-	-45'746	45'746	-	-	-
Government of Canada		-	-10'872'703	10'872'703	-	-	-
Government of France							
MPP (Support to the Tech Transfer HUB)		-	-4'572'459	4'572'459	-	-	-
Subgrants (Transfers to the Tech Transfer HUB)		-	-3'686'081	3'686'081	-	-	-
German Agency for International Cooperation (GIZ)		-	-632'921	632'921	-	-	-
Belgium			-144'701	144'701	-	-	-
Financial result		-	-	-	-	-2'191'013	-2'191'013
TOTAL RESTRICTED FUNDS		**-**	**(28'014'455)**	**28'014'455**	**-**	**(2'191'013)**	**(2'191'013)**
CAPITAL							
Capital for foundation		50'000	-	-	-	-	50'000
Unrestricted funds		808'844	-	-	1'720'756	-	2'529'600
Unallocated funds		648'867	-	-	365'246		1'014'113
ORGANISATIONAL CAPITAL		**1'507'711**	**-**	**-**	**2'086'002**	**-**	**3'593'713**

Note: The change in accounting treatment has resulted in all amounts being moved to deferred revenue for restricted grants.

Medicines Patent Pool Foundation, Geneva

Statement of changes in Capital
For the period ending December 31st, 2023

(Expressed in Swiss Francs)

RESTRICTED FUNDS	NOTES	Beginning of the period 01.01.2023	Allocation of funds	Use of funds	Foreign Exchange	Other	End of the period 31.12.2023
Unitaid MPP3		3'586'969	6'404'349	(6'625'196)		-	3'366'122
Swiss Agency for Development and Cooperation - SDC 4		-	450'000	(463'384)	-	-	(13'384)
World Health Organization (WHO):							
German Agency for International Cooperation (GIZ)		-	775'539	(775'539)	-	-	-
European Commission							
Subgrants (Transfers to the Tech Transfer HUB)		-	4'480'958	(4'480'958)	-	-	-
World Intellectual Property Organization		-	150'000	(157'843)	-	-	(7'843)
Government of Canada							
Subgrants (Transfers to the Tech Transfer HUB)		581'429	11'648'589	(11'648'589)	-	-	581'429
Government of France							
MPP (Support to the Tech Transfer HUB)		4'154'982	5'29'599	(6'587'493)			3'197'088
Subgrants (Transfers to the Tech Transfer HUB)		7'404'225	2'969'420	(2'969'420)			7'404'225
Provision and unallocated expenses	7	-	-		-	(123'218)	(123'218)
TOTAL RESTRICTED FUNDS		**15'727'605**	**32'508'454**	**(33'708'422)**	**-**	**(123'218)**	**14'404'419**
CAPITAL							
Capital for foundation		50'000	-	-	-	-	50'000
Unrestricted funds		109'606	-	-	-	-	109'606
ORGANISATIONAL CAPITAL		**159'606**	**-**	**-**	**-**	**-**	**159'606**

Medicines Patent Pool Foundation, Geneva

Comparatives between 31st December 2023 and 31st December 2023 as restated

(Expressed in Swiss Francs)

For the period ending December 31st, 2024

ASSETS		31 December 2023	Adjustment	31 December 2023 *(as restated)*
CURRENT ASSETS				
Cash and cash equivalent		59'378.003	-	59'378'003
Donors receivable	A	8'689'458	-8'689'458	-
Other receivable		562'532	-	562'532
Prepaid expenses		272'229	40'364	312'593
Deferred expenses	A & B	23'773'734	-17'099'224	6'674'510
Total current assets		**92'675'956**	**-25'748'319**	**66'927'637**
NON-CURRENT ASSETS				
Donors receivable	A	7'513'049	-7'513'049	-
Tangible fixed assets		292'821	-	292'821
Financial assets		75'868	-	75'868
Prepaid expenses		40'363	-40'363	-
Deferred expenses	A & B	5'803'192	-5'803'192	-
Total non-current assets		**13'725'292**	**-13'356'604**	**368'688**
TOTAL ASSETS		**106'401'248**	**-39'104'922**	**67'296'325**
LIABILITIES, FUNDS AND CAPITAL				
LIABILITIES				
Current liabilities				
Accounts payable		678'574	-	678.574
Accounts payable on subgrantees and partners		17'485'124	-17'485'124	-
Accrued liabilities		324'375	-	324'375
Provisions		199'700	-	199'700
Deferred income	A	20'723'424	43'862'541	64'585'965
Total current liabilities		**39'411'197**	**26'377'417**	**65'788'614**
Non-Current liabilities	B			
Accounts payable on subgrantees and partners		5'803'191	-5'803'191	-
Deferred income	A	46'622'837	-46'622'837	-
Total non-current liabilities		**52'426'028**	**-52'426'028**	**-**
TOTAL LIABILITIES		**91'837'225**	**-26'048'611**	**65'788'614**
RESTRICTED FUNDS				
Restricted funds	A	14'404'418	-14'404'418	-
Total restricted funds		**14'404'418**	**-14'404'418**	**-**
CAPITAL				
Capital for foundation		50'000	-	50'000
Unrestricted funds	A	109'606	699'238	808'844
Unallocated funds	A	-	648'867	648'867
Organisational capital		**159'606**	**1'348'105**	**1'507'711**
TOTAL LIABILITIES, FUNDS AND CAPITAL		**106'401'249**	**-39'104'923**	**67'296'325**

A. Income recognition

We have changed the way we recognise revenue in line with IPSAS 23 which is allowed under Swiss GAAP FER. We now recognise the amounts actually received, as all the donor contracts are considered to be performance related conditional restricted donations. In 2023 the contracts were defined as donations.

No donor receivable is booked for grants signed as these are considered conditional upon meeting the contractual conditions.

Revenue is recognized as received and deferred if relating to future periods.

For grants received at the start of the contractual term this is recognized as spent over the period covered by the grants on the basis of opex spending.

All amounts deferred are booked entirely into deferred income and no longer in restricted funds. All amounts are considered short term.

ASSETS	31 December 2023	Adjustment	31 December 2023 *(as restated)*
SDC	590'000	-590'000	-
GIZ - WHO	104'861	-104'861	-
Unitaid	6'017'234	-6'017'234	-
European Commission	1'902'364	-1'902'364	-
WIPO	75'000	-75'000	-
Donors receivable - Short term	**8'689'459**	**-8'689'459**	**-**
SDC	550'000	-550'000	-
Unitaid	4'036'335	-4'036'335	-
European Commission	2'926'713	-2'926'713	-
Donors receivable - Long term	**7'513'048**	**-7'513'048**	**-**
TOTAL DONORS RECEIVABLE	**16'202'507**	**-16'202'507**	**-**

LIABILITIES	31 December 2023	Adjustment	31 December 2023 *(as restated)*
SDC	-500'000	500'000	-
Unitaid	-5'588'073	4'361'327	-1'226'746
GIZ - WHO	-110'239	104'861	-5'378
France	-4'567'799	-41'177'871	-45'745'670
Canada	-8'577'936	-9'030'235	-17'608'171
European Commission	-1'379'377	1'379'377	-
Deferred income - Short term	**-20'723'424**	**-43'862'541**	**-64'585'965**
France	-29'887'175	29'887'175	-
Unitaid	-3'840'172	3'840'172	-
Canada	-9'095'461	9'095'461	-
SDC	-550'000	550'000	-
European Commission	-3'250'029	3'250'029	-
Deferred income - Long term	**-46'622'837**	**46'622'837**	**-**
TOTAL DEFERRED INCOME	**-67'346'261**	**2'760'296**	**-64'585'965-**
SDC	-	-103'384	103'384
European Commission - WHO	-	-199'671	199'671
WIPO	-	-82'843	82'843
Deferred expenses	**-**	**-385'898**	**385'898**
Unitaid	3'366'122	-3'366'122	-
SDC	-13'384	13'384	
WIPO	-7'843	7'843	-
Canada	581'429	-581'429	-
France	10'601'313	-10'601'313	-
Provision and unallocated expenses	-123'218	123'218	-
Restricted funds	**14'404'419**	**-14'404'419**	**-**
Unrestricted funds	109'606	699'238	808'844
Unallocated funds	-	648'867	648'867
	109'606	**1'348'105**	**1'457'711**

B. Subgrantees recognition

We have changed the way we recognise subgrantees expenses in line with IPSAS 23, which is allowed under Swiss GAAP FER. We now recognise the amounts actually paid, as all the subgrantees contracts are considered to be performance related conditional restricted donations.

No subgrant payable is booked for grants signed as these are considered conditional upon meeting the contractual conditions.

Expenses are recognized when spent by the subgrants or partners and if unspent they are deferred to future periods.

ASSETS	31 December 2023	Adjustment	31 December 2023 *(as restated)*
Afrigen	12'961'618	-9'753'046	3'208'572
Biovac	7'604'128	-5'840'771	1'763'357
SAMRC	1'236'557	-897'658	338'899
WITS	1'971'431	-993'648	977'783
Deferred expenses - Short term	**23'773'734**	**-17'485'124**	**6'288'610**
Afrigen	2'334'994	-2'334'994	-
Biovac	3'468'197	-3'468'197	-
Deferred expenses - Long term	**5'803'192**	**-5'803'192**	**-**
TOTAL DEFERRED EXPENSES	**29'576'926**	**-23'288'316**	**6'288'610**
LIABILITIES			
Afrigen	9'753'046	-9'753'046	-
Biovac	5'840'771	-5'840'771	-
SAMRC	897'658	-897'658	-
WITS	993'648	-993'648	-
Subgrants payables - Short term	**17'485'124**	**-17'485'124**	**-**
Afrigen	2'334'994	-2'334'994	-
Biovac	3'468'197	-3'468'197	-
Subgrants payables - Long term	**5'803'191**	**-5'803'191**	**-**
TOTAL SUBGRANTS PAYABLES	**23'288'315**	**-29'091'506**	**-**

Medicines Patent Pool Foundation, Geneva

Notes to the financial statements as of December 31st, 2024

(with December 31st, 2023 comparative figures) (Expressed in Swiss Francs)

Note 1: Presentation

Medicines Patent Pool Foundation is registered in Geneva, Switzerland and is known as MPP. MPP is a Foundation under the Swiss Civil Code and has signed in February 2018 a "seat agreement" with the Swiss Confederation granting to the Foundation the status of "Other International Organisation".

The purpose of the Foundation is to improve health by providing patients in low and middle income countries with increased access to quality, safe, efficacious, more appropriate and more affordable health products, including through a voluntary patent pool mechanism.

The financial statements of the Foundation reflect 100% of the Geneva Headquarter activities as well as 100% of the activities conducted by the MPP Indian Liaison Office.

The audited financial statements are publicly available on MPP's website here: https://medicinespatentpool.org/who-we-are/annual-reports

The Foundation Governance Board has validated the 2024 financial statements on May 27th, 2025.

Numbers are rounded to the nearest Swiss Franc. As a result, rounding differences may occur in the totals.

Note 2: Significant accounting policies

a - Statements of compliance

The MPP financial statements include the statement of operations, balance sheet, statement of cash flows, statements of changes in capital and notes to the financial statements.

b - Basis of presentation for preparing the financial statements

The financial statements of the Foundation have been prepared in accordance with the statutes of the Foundation, the provisions of the Swiss Code of Obligations (Art. 957 to 963b), the Swiss Generally Accepted Accounting Principles (Swiss GAAP FER/RPC including Swiss Gaap FER/RPC 21) and IPSAS 23 concerning NGOs which is permitted under Swiss GAAP FER.

The financial statements are presented in Swiss Francs ("CHF") unless otherwise stated. All amounts are rounded to the nearest Swiss Franc with the consequence that the rounded amounts may not add to the rounded total in all cases.

The financial statements have been prepared using historical cost principles and are based on the assumptions that the going concern is possible for the foreseeable future.

c - Foreign currency translation

Open balances in currencies other than Swiss francs are converted into Swiss Francs at the year-end rate as follows:

Balance sheet accounts :

CURRENCY	2024	2023
USD	0'90293	0'83924
INR	0'01049	0'01009
EUR	0'93579	0'92792
ZAR	0'04823	0'04562
CAD	0'61830	0'63405

Statement of operations transactions are recorded in Swiss Francs at the date of transaction.

Medicines Patent Pool Foundation, Geneva

Notes to the financial statements as of December 31st, 2024

(with December 31st, 2023 comparative figures) (Expressed in Swiss Francs)

d - Revenue recognition

The revenue is recognized in the accounts upon receipt of the cash funds from the Donor. As the grants are considered to be performance related, conditional, restricted donations the approach of recognizing the funding as received and then deferring to future periods if not spent in the corresponding accounting period has been adopted as the appropriate method.

MPP is receiving two types of donations: yearly donations related to the fiscal year and mutli-years donations covering several years.

Donations are recognized when received and no donor receivable is recorded as the grants are considered conditional upon meeting the contractual conditions.

When the use of funds are not restricted to specific activities, the donation is considered to be an unrestricted fund. Unrestricted funds not used at year-end are presented in the change in capital.

Donations designated for use after the reporting date are reported as a deferred revenue in the financial statements and recognised as revenue in the year designated by the donor.

No donations fall due after 5 years.

e - Subgrants

Subgrants are governed by a written agreement and disbursements are phased over the lifetime of the project. Subgrants are recognized as a current period pre-payment upon disbursement and subsequently recognized as an expense upon the submission of a quarterly financial and an activity report which details the amount spent during the period and the future forecast. Upon receipt of this report the internal MPP team review and validate the expenses and authorise the next disbursement. The difference between the amount disbursed and the total spent is classed in deferred expenditure.

f - Fixed assets

The fixed assets are valued at historical cost of acquisition, less the accumulated depreciation. The depreciation is recognised on the straight-line method over the useful life, as follows :

CATEGORY OF FIXED ASSETS	Useful life (years)
Office equipment	8 years
IT infrastructure	3 years
Leasehold improvement	5 years

g - Accrued liabilities

Accrued liabilities represent expenses that have been incurred during the reporting period but have not yet been paid as of the balance sheet date.The accruals for liabilities are established based on estimates and information available at the reporting date.

h - Taxes

Thanks to the seat agreement signed in February 2018, MPP is not subject to any taxation in Switzerland. This exemption only relates to Swiss activities. The Indian liaison office is subject to all local taxes such as VAT.

Medicines Patent Pool Foundation, Geneva

Notes to the financial statements as of December 31st, 2024

(with December 31st, 2023 comparative figures) (Expressed in Swiss Francs)

Note 3: Deferred expenses

	31 December 2024	31 December 2023 *(as restated)*
PARTNERS		
Argentina PAHO	72'234	-
Bangladesh Incepta Vaccine	456'128	-
Vietnam Polyvac	963'015	-
Egypt BioGeneric Pharma	464'824	-
Indonesia Biofarma	891'921	-
Pakistan NIH Islamabad	1'001'908	-
Senegal Institut Pasteur de Dakar	908'530	-
Tunisia Institut Pasteur de Tunis	1'474'561	-
Serbia Institut Torlak	232'100	-
	6'465'221	**-**
SUBGRANTEES		
Afrigen*	1'651'867	3'208'572
Biovac	973'383	1'763'357
SAMRC	617'973	338'899
WITS	894'889	977'783
	4'138'113	**6'288'611**
TOTAL	**10'603'334**	**6'288'611**

*We have split the deferred expenses on subgrantees and the other prepaid expenses in the financial statement in 2024

Note 4: Donor receivable

	31 December 2024	31 December 2023 *(as restated)*
DONORS RECEIVABLE		
SDC	81'030	103'384
Belgium	73'054	-
European Commission - WHO	-	199'671
WIPO	-	82'843
TOTAL	**154'083**	**385'898**

Medicines Patent Pool Foundation, Geneva

Notes to the financial statements as of December 31st, 2024

(with December 31st, 2023 comparative figures) (Expressed in Swiss Francs)

Note 5: Tangible fixed assets

	Office Equipment	IT Infrastructure	Leasehold Improvement	Total
NET VALUE AS OF 01.01.2023	**174'177**	**37'849**	**29'118**	**241'143**
Gross value				
Beginning of the period as of 01.01.2023	369'679	307'208	68'262	745'149
Additions	-	14'010	-	14'010
Disposals	-	-	-	-
End of the period as of 31.12.2023	369'679	321'218	68'262	759'159
Accumulated depreciation				
Beginning of the period as of 01.01.2023	(129'677)	(242'969)	(14'941)	(387'586)
Depreciation	(32'913)	(32'860)	(12'101)	(77'873)
Disposal	-	(877)	-	(877)
End of the period as of 31.12.2023	(162'590)	(276'705)	(27'042)	(466'337)
NET VALUE AS OF 31.12.2023	**207'088**	**44'512**	**41'221**	**292'822**
NET VALUE AS OF 01.01.2024	**207'088**	**44'512**	**41'221**	**292'822**
Gross value				
Beginning of the period as of 01.01.2024	369'679	321'218	68'262	759'159
Additions	-	22'900	-	22'900
Disposals	(51'864)	(145'729)	-	(197'593)
End of the period as of 31.12.2024	317'814	198'389	68'262	584'465
Accumulated depreciation				
Beginning of the period as of 01.01.2024	(162'590)	(276'705)	(27'042)	(466'337)
Depreciation	(32'913)	(29'563)	(12'102)	(74'578)
Disposal	51'864	145'729	-	197'593
End of the period as of 31.12.2024	(143'638)	(160'540)	(39'144)	(343'322)
NET VALUE AS OF 31.12.2024	**174'177**	**37'849**	**29'118**	**241'143**

Medicines Patent Pool Foundation, Geneva

Notes to the financial statements as of December 31st, 2024

(with December 31st, 2023 comparative figures) (Expressed in Swiss Francs)

Note 6: Financial Assets

Financial assets consist of rental deposits for the head office and Indian office.

Note 7: Provisions

A provision is recognized on the balance sheet when the organization has a legal or constructive obligation resulting from a past event, and it is probable that a payment will be required to settle the obligation.

Provisions are measured at the MPP management's best estimates of the expenditure required to settle that obligation at the balance sheet date.

	Payroll Related	Provision for risk	Total
Balance at 01.01.2024	199'700	-	199'700
Additional provisions	312'516		312'516
Amounts used	-		-
Balance at 31.12.2024	**512'216**		**512'216**
Balance as of 01.01.2023	217'900	-	217'900
Additional provisions	(18'200)	97'365	79'165
Amounts used	-	(97'365)	(97'365)
Balance as of 31.12.2023	**199'700**	**-**	**199'700**

Note 8: Subgrant and partners payable

	31 December 2024	31 December 2023 *(as restated)*
Indonesia Biofarma	891'921	-
Pakistan NIH Islamabad	1'001'908	-
TOTAL	**1'893'829**	**-**

Medicines Patent Pool Foundation, Geneva

Notes to the financial statements as of December 31st, 2024

(with December 31st, 2023 comparative figures) (Expressed in Swiss Francs)

Note 9: Deferred Income

DEFERRED INCOME	31 December 2024	31 December 2023 *(as restated)*
Unitaid	(2'909'197)	(1'226'746)
GIZ - WHO	-	(5'378)
Government of Germany	(566'787)	-
France	(37'487'131)	(45'745'670)
Canada	(7'790'211)	(17'608'171)
European Commission - WHO	(315'399)	-
Current Deferred Income	**(49'068'725)**	**(64'585'965)**
TOTAL	**(49'068'725)**	**(64'585'965)**

Note 10: Donations

	31 December 2024	31 December 2023 *(as restated)*
Unitaid	6'028'653	6'404'350
SDC	477'646	450'000
Government of France	8'258'540	8'599'019
Government of Germany - WHO	308'047	775'539
Government of Germany	632'921	-
European Commission - WHO	1'245'498	4'480'958
WIPO	-	150'000
Government of Canada	10'872'703	11'648'589
Dengue - WHO	45'746	-
Belgium	144'701	-
TOTAL	**28'014'456**	**32'508'455**

Medicines Patent Pool Foundation, Geneva

Notes to the financial statements as of December 31st, 2024

(with December 31st, 2023 comparative figures) (Expressed in Swiss Francs)

Unitaid

The Medicines Patent Pool Foundation (MPP) was established as an independent legal entity on the 16th July 2010 with the support of Unitaid, which remains MPP's main donor.

Per MPP's statutes, the majority of MPP's third party funding (excluding royalty payments, if any) shall come from sources of a public and/or non-profit nature.

On the 16th November 2020, MPP and Unitaid signed the 3rd Memorandum of Understanding granting MPP a maximum amount of USD 34,270,571 for the period January 2021 to December 2025, subject to pre-approval of yearly budgets submitted by MPP.

The donations from Unitaid are restricted to serve the objectives of the Foundation.

Swiss Agency for Development and Cooperation

On the 16th March 2023, MPP and The Swiss Federal Department of Foreign Affairs, acting through the Swiss Agency for Development and Cooperation (SDC) signed a grant of CHF 1,500,000 for the period March 2023 to December 2025. This grant is co-funded with Unitaid (50%/50%) to finance MPP's expansion activities with co-morbidities.

Government of France

On the 5th October 2021, the French Government and MPP signed a contract of EUR 5,000,000 to directly fund the activities of MPP to support the mRNA Technology Transfer hub until December 2025. On the 22nd July 2022, a further contract was signed for EUR 15,000,000 to support these activities until 2025.

Additionally, the French Government agreed to fund the activities of the Technology Transfer hub subgrantees in South Africa. On the 5th October 2021, MPP signed a contract to secure EUR 8,500,000, on the 22nd July for a further EUR 8,500,000 and then on the 2nd December for a further EUR 30,000,000 for subgrantee activities.

A no cost extension has been agreed with the Government of France in order to be able to spend any remaining funds after the end of the initial term of the contract.

Government of Canada

In 2022 the Canadian government agreed to the funding of CAD 45,000,000 for the mRNA Technology Transfer hub for the period March 2022 to March 2024.

A no cost extension has been agreed with the Government of Canada to use the remining funds until 31st December 2025 after the end of the initial contract term.

Government of Germany / Government of Germany (WHO)

On 7th February 2022, MPP and the German Agency for International Cooperation (GIZ), through WHO, signed a contract for EUR 1,130,072 for mRNA patent landscaping during the period January 2022 to August 2023.

On 15th December 2023, MPP and GIZ signed an additional contract for EUR 1,500,000 to continue the project mRNA patent landscaping during the period January 2024 to December 2025.

European Commission (via WHO)

On 9th November 2023, MPP and the European Commission, through WHO, signed a contract for USD 10,462,000 to support the mRNA Technology Transfer hub for the period January 2023 to December 2026.

WHO (Dengue)

On 27th May 2024, MPP and WHO signed a contract for CHF 50,000 to conduct the patent analysis and product development outline for mRNA dengue vaccine.

Belgium DGD - Funded Programme (via WHO)

In October 2024, MPP, through WHO, signed a contract for USD 167,000 to support the project entitled 'Support to the successful development of a technology transfer package at the South African mRNA hub', to be carried out in October - November 2024.

Medicines Patent Pool Foundation, Geneva

Notes to the financial statements as of December 31st, 2024

(with December 31st, 2023 comparative figures) (Expressed in Swiss Francs)

Note 11: Subgrantees and Partners expenditures

NAME	Type	Currency	Equipment	Staff costs / Training	General Administration	Research & Development	Other	Total
Afrigen	Subgrantee	CHF	3'135'764	3'523'550	3'052'933	419'466	871'784	11'003'497
Biovac	Subgrantee	CHF	853'725	533'407	1'210'909	-	-	2'598'041
SAMRC	Subgrantee	CHF	-	401'361	24'984	-	-	426'345
WITS	Subgrantee	CHF	-	-	166'397	-	-	166'397
Total subgrantees expenditures 2024		**-**	**3'989'489**	**4'458'318**	**4'455'222**	**419'466**	**871'784**	**14'194'280**
Argentina PAHO	Partner	CHF	-	17'890	-	-	-	17'890
Bangladesh Incepta Vaccine	Partner	CHF	206'518	-	-	-	-	206'518
Egypt BioGenericPharma	Partner	CHF	47'786	-	-	-	-	47'786
Senegal Institut Pasteur de Dakar	Partner	CHF	915'691	-	-	-	-	915'691
Serbia Institut Torlak	Partner	CHF	661'013	30'684	2'103	-	-	693'800
Total partners expenditures 2024			**1'831'007**	**48'574**	**2'103**	**-**	**-**	**1'881'684**
TOTAL			**5'820'496**	**4'506'892**	**4'457'325**	**419'466**	**871'784**	**16'075'964**
Afrigen	Subgrantee	CHF	5'052'785	5'677'640	4'919'315	675'903	1'404'741	17'730'385
Biovac	Subgrantee	CHF	974'223	608'694	1'381'821	-	-	2'964'738
SAMRC	Subgrantee	CHF	-	-	-	-	25'952	25'952
WITS	Subgrantee	CHF	-	-	-	-	-	-
Total subgrantees expenditures 2023			**6'027'008**	**6'286'334**	**6'301'136**	**675'903**	**1'430'694**	**20'721'075**
Total partners expenditures 2023*			**-**	**-**	**-**	**-**	**-**	**-**
TOTAL			**6'027'008**	**6'286'334**	**6'301'136**	**675'903**	**1'430'694**	**20'721'075**

*The Partners started to receive disbursements in the current financial year 2024 and in 2023 no disbursements were made.

Medicines Patent Pool Foundation, Geneva

Notes to the financial statements as of December 31st, 2024

(with December 31st, 2023 comparative figures) (Expressed in Swiss Francs)

Note 12: Net financial result

The financial income and costs are the following :

	31 December 2024	31 December 2023
Unrealized gains/(loss) on exchange	1'955'383	-2'821'480
Bank interest income	372'520	1'711'703
Others, net	-	-7'755
TOTAL	**2'327'903**	**-1'117'533**

Note 13: Pro-Bono Agreements

The MPP did not receive pro bono legal services this fiscal year (0.- CHF in 2023).

Note 14: Other information

Remuneration of the Governing Bodies of the Foundation and management

The members of the Governing Bodies of the Foundation - the Governance Board and the Expert Advisory Group - do not receive any remuneration in respect of their activities within the Foundation. The management of the Foundation is handled by one person. As permitted by Swiss GAAP FER 21.45, the disclosure of the compensation has been waived.

Note 15: Number of employees

The Foundation has 48 employees including 7 in India.

Note 16: Liabilities from leasing contracts

	31 December 2024	31 December 2023
Liabilities from leasing agreement up to one year	237'485	289'594
Liabilities from leasing agreement from one year to five years	215'531	455'195

Medicines Patent Pool Foundation, Geneva

Notes to the financial statements as of December 31st, 2024

(with December 31st, 2023 comparative figures) (Expressed in Swiss Francs)

Note 17: Pension fund

As of December 31st 2024 the organisation has a liability due to the pension fund amounting to CHF 348.70 (2023: CHF 775.10)

MPP has 41 staff out of a total of 48 FTE located in Geneva, these staff are beneficiaries of the pension company Swiss Life SA, an institution which is legally independent of the MPP foundation. In 2024 the rate of return achieved for the invested benefits amounted to 2,4%. At 31 December 2024, the foundation has no additional liability towards this pension fund other than the provision made at 31 December 2024 of CHF 348.70.

Note 18: Off balance sheet

As of 31 December 2024, the Foundation continues to hold 2 leases for office premises disclosed above in Note 15. No other significant off-balance sheet commitments exist.

Note 19: Subsequent events

Unitaid and SDC grants are ongoing until year-end 2025 whereupon Unitaid has agreed further funding to the same annual level of circa CHF 6M annually for a further three years (2026-2028) and the SDC have also confirmed their next three-year commitment to grant MPP a further amount of CHF 1.5M for the next three years.

The remainder of the French and Canadian Government grants have been confirmed with a no cost extension to the end of 2026 and 2025 respectively.

Additionally, in 2025 the German government extended their existing grant by a further CHF 450,000 and a new contract was signed with the Flemish government for CHF 1.3M covering three years. MPP is currently in the final stage of negotiating CHF 900,000 with the Belgium government for 2025.

Deloitte.

Deloitte SA
Rue du Pré-de-la-Bichette 1
1202 Geneva
Switzerland

Phone: +41 (0)58 279 8000
Fax: +41 (0)58 279 8800
www.deloitte.ch

Report of the Independent Auditor

To the Governance Board of
Medicines Patent Pool Foundation, Geneva

Opinion

We have audited the financial statements of Medicines Patent Pool Foundation, which comprise the balance sheet as at 31 December 2024, the statement of operations, the cash flow statement, the statement of changes in capital for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements give a true and fair view of the financial position as at 31 December 2024 and of its financial performance and its cash flows for the year then ended in accordance with Swiss GAAP FER.

Basis for Opinion

We conducted our audit in accordance with Swiss Standards on Auditing (SA-CH). Our responsibilities under those provisions and standards are further described in the “Auditor's Responsibilities for the Audit of the Financial Statements” section of our report. We are independent of the Foundation in accordance with the provisions of Swiss law, together with the requirements of the Swiss audit profession, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other matter

The statutory financial statements for the year ended 31 December 2023 were audited by another auditor whose report, dated 24 May 2024, expressed an unqualified opinion on those statutory financial statements.

Governance Board’s Responsibilities for the Financial Statements

The Governance Board is responsible for the preparation of the financial statements, which give a true and fair view in accordance with Swiss GAAP FER, and for such internal control as the Governance Board determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Governance Board is responsible for assessing the Foundation’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern, and using the going concern basis of accounting unless the Governance Board either intends to liquidate the Foundation or to cease operations, or has no realistic alternative but to do so.

Deloitte.

Medicines Patent Pool Foundation, Geneva
Report of the Independent Auditor
for the year ended
31 December 2024

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SA-CH will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on EXPERTsuisse's website at: https://www.expertsuisse.ch/en/audit-report. This description forms an integral part of our report.

We communicate with the Governance Board regarding, among other matters, the scope and timing of the audit and significant audit findings, including any significant deficiencies in internal controls that we identify during our audit.

Deloitte SA

Fabien Bryois
Partner

Caroline Brouard
Manager

Geneva, 27 May 2025

Enclosure
- Financial statements (balance sheet, statement of operations, cash flow statement, statement of changes in capital and notes).

Unitaid
SAVE LIVES FASTER

The Medicines Patent Pool was founded by Unitaid.

Scan to access online

GENEVA:
Rue de Varembé 7, fifth floor
1202 Geneva, Switzerland
Tel. +41 (0)22 533 50 50
office@medicinespatentpool.org

MUMBAI:
Unit #1006, A wing, Kanakia Wall Street
Chakala, Andheri-Kurla Road
Andheri (east), Mumbai 40009
Maharashtra, India
india@medicinespatentpool.org

MEDICINESPATENTPOOL.ORG