ANNUAL REPORT 2025

mpp

From Innovation to Access


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Acronyms and Abbreviations

3TC	lamivudine
ABC	abacavir
AIDS	Acquired Immune Deficiency Syndrome
ALD	abacavir/lamivudine/dolutegravir
AORTIC	African Organisation for Research and Training in Cancer
ART	antiretroviral therapy
ATOM	Access to Oncology Medicines
ASCO	American Society of Clinical Oncology
BIC	bictegravir
CAB-LA	cabotegravir long-acting
CAP	Community Advisory Panel
CELT	Centre of Excellence for Long-acting Therapeutics
CHAI	Clinton Health Access Initiative
Chula VRC	Chula Vaccine Research Center
CML	chronic myeloid leukaemia
DAC	daclatasvir
DALYs	disability-adjusted life years
DTG	dolutegravir
EAG	Expert Advisory Group
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EML	WHO Model List of Essential Medicines
FTC	emtricitabine
GAP-f	Global Accelerator for Paediatric Formulations
GMP	Good Manufacturing Practices
HBV	hepatitis B virus
HCV	hepatitis C virus
HDI	Health Development Initiative
HICs	high-income countries
HIV	Human Immunodeficiency Virus
IAS	International AIDS Society
ICASA	International Conference on AIDS and Sexually Transmitted Infections in Africa
IVI	International Vaccine Institute
IP	intellectual property
JAMA	Journal of the American Medical Association
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
MedSuRe	Medicines Supply Resilience Africa
MedsPaL	Medicines, Patents and Licences database
MoU	Memorandum of Understanding
MOL	molnupiravir
NMPA	National Medical Products Administration (China)
NAFDAC	National Agency for Food and Drug Administration and Control (Nigeria)
MPP	Medicines Patent Pool
NCDs	non-communicable diseases
NTB	nilotinib
NIR	nirmatrelvir
NGO	non-governmental organisation
PABS	Pathogen Access and Benefit-Sharing
PADO	paediatric drug optimization
pALD	paediatric abacavir/lamivudine/dolutegravir
pDTG	paediatric dolutegravir
pHIV	paediatric Human Immunodeficiency Virus
PPR	pandemic preparedness and response
PrEP	pre-exposure prophylaxis
R&D	research and development
RDT	rapid diagnostic testing
RPV	rilpivirine
RTV	ritonavir
RMNCH	reproductive, maternal, newborn and child health
RSV	Respiratory Syncytial Virus
SAMRC	South African Medical Research Council
SAP	Scientific Advisory Panel
SDC	Swiss Agency for Development and Cooperation
SOF	sofosbuvir
SRA	Stringent Regulatory Authority
TAF	tenofovir/alafenamide
TAF-ED	tenofovir/alafenamide/emtricitabine/dolutegravir
TAF-LD	tenofovir/alafenamide/lamivudine/dolutegravir
TB	tuberculosis
TDF	tenofovir/disoproxil/fumarate
TLD	tenofovir/disoproxil/fumarate/lamivudine/dolutegravir
STIs	sexually transmitted infections
WHO	World Health Organization
WIPO	World Intellectual Property Organization
WHO PQ	WHO Prequalification of Medicines Programme

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Foreword by Chair of MPP Governance Board and Executive Director

This has been a challenging year for global health. The geopolitical environment, the weakening of the multilateral system and the increasingly severe cuts to funding for Official Development Assistance have forced all of us in global health to focus on our core work, and to undertake that work more efficiently.

Marie-Paule Kieny
Chair of MPP Governance Board

Charles Gore
Executive Director

MPP's core work continues to be broad, covering both licensing and technology transfer across vaccines, therapeutics and diagnostics. We do this specifically at the request of low- and middle-income countries (LMICs), which are – together of course with their populations – the constituency we were established to serve. The Pandemic Accord[1], agreed in May, together with its Annex on Pathogen Access and Benefit Sharing (PABS), currently under discussion, make clear that these countries see voluntary licensing and technology transfer as crucial ways to address the inequity from which they have long suffered.

Equally, we are already a highly efficient organisation, having now facilitated the delivery of more than 60 billion doses of affordable medicines with a staff of fewer than 50.

This year also marks the end of our 2023-2025 strategy. Thanks to our licences, we have significantly surpassed our target for the number of new affordable generic products reaching patients. In 2025 alone, we secured a new licence for ViiV's long-acting cabotegravir for treatment in combination with rilpivirine, and the original cabotegravir licence for Pre-Exposure Prophylaxis (PrEP) was expanded to 10 private markets. Our leukaemia licence for nilotonib from Novartis has resulted in the first patients accessing quality-assured generic nilotinib in Indonesia, the Philippines and El Salvador, with registrations completed in four additional countries and filings submitted in a further ten.

In the area of diagnostics, this year MPP signed a sublicence with Nigerian company Codix Bio. We are assisting them in receiving the technology for a rapid diagnostic test (RDT) originally developed for COVID-19 but now converted for use in malaria and HIV testing. These activities take place under a licence with WHO's Health Technology Access Platform (HTAP) from Korea's SD Biosensor.

In addition, under the leadership of US Pharmacopoeia and funded by Unitaid, we are now part of the MedSuRe project supporting local manufacturing of HIV, malaria and maternal products in Africa. On local production, along with WHO, we received a grant from the Government of Flanders to facilitate the introduction of health innovations from small- and medium- sized Flemish enterprises into African markets through technology transfer. We have already identified two potential targets.

For pandemic preparedness, we have all but completed phase 1.0 of the mRNA Technology Transfer programme, with the mRNA platform developed at Afrigen now transferred to the 13 manufacturing partners who required it. Four of them have already successfully demonstrated their ability to replicate the process in their own facilities. The remainder will follow soon.

Consequently, with WHO, we launched phase 2.0 of the mRNA Programme in October, focusing on the sustainability of the manufacturing partners. This means ensuring they have products to manufacture and sell now, so that they will be ready to manufacture mRNA medical countermeasures when the next pandemic occurs. This will be achieved through R&D initiatives by partners in the network as well as in-licensing products discovered by others.

The funders of phase 1.0 showed enormous enthusiasm for supporting phase 2.0 as well, with the promise that further funding would not be needed after 2030 as the companies become fully self-sustainable. We also worked with WHO to survey influenza therapeutic manufacturers to understand their current capacity and ability to scale up in the event of an influenza pandemic.

We have continued our in-kind support to WHO's Global Accelerator for Paediatric Formulations (GAP-f) and it was heartening to see sales of the improved combination of paediatric abacavir/lamivudine/dolutegravir (pALD) surpass those of stand-alone dolutegravir for the first time.

One of our many partners told us that we do not take enough credit for the databases MedsPaL and LAPaL, which we provide as public goods, so we would just like to add that MedsPaL now covers patent and licensing information on 208 health products, including all patented WHO-listed essential medicines. LAPaL now encompasses more than 100 long-acting formulations and regimens.

We continue to ensure that our work is peer-reviewed by submitting articles to key journals, with papers published this year in the Lancet, the Lancet Child and Adolescent Health, and the Journal of Clinical Oncology.

Our Board is a critical part of MPP and we were delighted to welcome two new appointees this year: Ntobeko Ntusi, a cardiologist who is President and CEO of the South African Medical Research Council (SAMRC); and Mathieu Saint-Arnaud, a Managing Director of Deutsche Bank in Geneva.

We are delighted to announce a new two-year grant from our founders Unitaid, and equally happy to have received our first grant from a philanthropic organisation, Open Philanthropy, now known as Coefficient Giving. We are profoundly grateful to all our funders who ensure we have the means to do what we do, as well as to the many partners without whom our work would not be translated into health products reaching the last mile and the people who so badly need them.

We have also been busy preparing a new five-year strategy covering 2026-2030, constructed around three pillars that reflect what LMICs are calling for. These pillars are catalysing affordable access to key health products, technology transfer to enable local and regional production, and pandemic preparedness.

With an even more targeted focus on global health, and signs of renewed enthusiasm for access from the pharmaceutical industry, we have good reasons to look to the future with optimism.

1 WHO Pandemic Agreement, 20 May 2025

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Message from Unitaid's Executive Director

> *Global health is entering a period of profound transition. The sharp contraction in international health financing is forcing difficult choices across the system, while vital programmes in prevention, treatment and care face growing uncertainty. These shifts have shaken the foundations of global health and remind us that progress cannot be taken for granted.*

At the same time, scientific innovation continues to move at extraordinary speed. Breakthrough medicines, diagnostics and prevention tools hold tremendous promise to accelerate progress against some of the world's most pressing health challenges. But innovation alone does not deliver impact. Left to market forces alone, new technologies often reach those with the greatest purchasing power first, while affordability and access in lower-income settings lag behind.

This is precisely why Unitaid created MPP in 2010. The goal was simple but transformative: to ensure that intellectual property would not become a barrier to lifesaving medicines reaching the people who need them most.

Over the past fifteen years, MPP has proven the power of this model. By working with innovators, generic manufacturers, governments, civil society and global health partners, MPP has helped accelerate the availability of affordable, quality-assured medicines for HIV, hepatitis C, tuberculosis and other diseases.

Through voluntary licensing and technology transfer, it has helped reshape how the global health community approaches access to innovation.

In today's challenging global environment, this work is more important than ever. Ensuring that new health technologies can be produced at scale and delivered affordably requires early collaboration across the entire innovation ecosystem. It requires deliberate action to shape markets, expand manufacturing capacity and ensure that access is planned from the start.

Unitaid is proud to continue working with MPP and its partners to advance this mission. Together, we are helping ensure that the next generation of health innovations does not widen existing gaps, but instead brings lifesaving tools within reach for the communities that need them most.

Dr Philippe Duneton
Executive Director, Unitaid

Unitaid
SAVE LIVES FASTER

Our Impact

2010 - 2025

Increased availability and supply of quality-assured health products

62.14 Bn doses

of treatment supplied by MPP licensees

44

products licensed through MPP agreements with **22** originator companies

40

products developed and supplied by MPP licensees

Partnerships established with **93** generic manufacturers, product developers and mRNA partners since MPP's foundation across **24** countries

All **13** mRNA Programme manufacturing partners based in LMICs have now received the Technology Platform demonstration training at Afrigen[2]

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 these products would otherwise not have been available.

167.95 Mn

patient-years treated through the use of products supplied

2.2 Mn

deaths averted through the use of MPP-licensed products

51 Mn

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

21 Mn

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

2 Darnytsia, Ukraine remains in the Programme, but because of the ongoing war is unable to proceed. Bio-Manguinhos/Fiocruz, Brazil have developed their own platform and the Programme continues to support building mRNA capacity.

Health and economic impact of MPP licensing

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

6.7 Mn

patient-years treated through MPP licensing

540,000

HIV virological failures averted through MPP licensing

1.4 Mn

DALYs averted through MPP licensing

62,000

deaths averted through MPP licensing

US$ 12 Bn

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

US$ 2.6 Bn

of actual financial savings made by the international community by accessing MPP-licensed products

14 February

Government of Flanders announces investment in health security and pandemic preparedness in Africa, with MPP and WHO as partners to help strengthen local manufacturing capacities

5 March

Dr Ntobeko Ntusi, president and CEO of the South African Medical Research Council (SAMRC), joins MPP's Governance Board

9 May

MPP and WHO announce sublicensing agreement with Nigerian health technology company Codix Bio, for rapid diagnostic test technology

31 May

MPP presents *Economic modelling to inform pricing for LMICs of immune checkpoint inhibitors in advanced PD-L1-high non-small cell lung cancer* at the American Society of Clinical Oncology (ASCO) Annual Meeting, attended by 50,000 oncology professionals from over 50 countries

14 July

ViiV Healthcare and MPP announce the extension of their voluntary licensing agreement for cabotegravir to enable access to long-acting injectable HIV treatment, on the sidelines of the IAS 2025, in Kigali, Rwanda

21 August

Unitaid announces major investment to strengthen health manufacturing in Africa, with MPP to join MedSuRe project, led by US Pharmacopeia

2025 At-a-glance

1 September

Lancet article *Expanding access to long-acting HIV therapy in low-income and middle-income countries* published, co-authored by MPP

22 September

Patients in El Salvador, Indonesia, and the Philippines are among the first to receive targeted chronic myeloid leukaemia (CML) therapy via MPP voluntary licence and the Access to Oncology Medicines (ATOM) partnership

1 October

For the fourth consecutive year, MPP is recognised as a Very High Performer in the Global Health 50/50 Report: Holding the Line, especially on gender equity in the workplace

21 October

WHO and MPP launch Phase 2.0 of the mRNA Technology Transfer Programme, empowering regional manufacturers to scale up Good Manufacturing Practices (GMP), which defines how each partner will translate technology acquisition into real-world impact in LMICs

2 November

MPP hosts all-women panel discussion at African Organisation for Research and Training in Africa (AORTIC) conference, Tunisia, the most significant gathering of cancer experts in Africa each year

3 December

MPP participates at International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA), the largest HIV/AIDS, STIs, TB, Malaria, and health systems' strengthening conference in Africa

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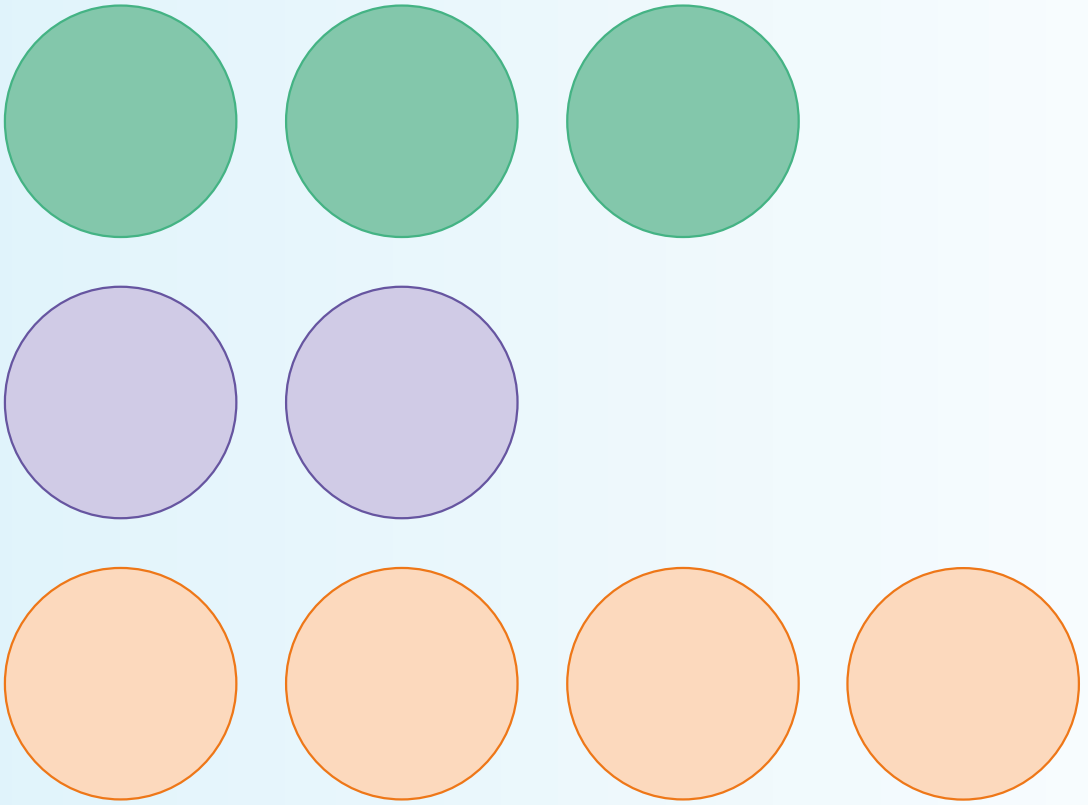
MPP Strategy

2023 - 2025

In this strategic period MPP has:

Enabled the supply of 9 new products to LMICs

scoring higher than the strategic target



2023

HEPATITIS B

TAF 25mg

COVID-19

NIR 300mg + RTV

HIV

DTG/3TC 50/300mg

2024

COVID-19

MOL 200mg

HIV PAEDIATRIC

ABC/3TC/DTG 60/30/5mg

HIV

DTG/3TC 50/300mg

2025

HIV

BIC/TAF/FTC 50/25/200mg

HIV

TAF/FTC 25/200mg

NCD

NTB 200mg

NCD

NTB 150mg

TAF: tenofovir alafenamide; **NIR**: nirmatrelvir; **RTV**: ritonavir; **DTG/3TC**: dolutegravir/lamivudine; **ABC/3TC/DTG**: abacavir/lamivudine/dolutegravir; **MOL**: molnupiravir; **NTB**: nilotinib; **BIC/TAF/FTC**: bictegravir/tenofovir/alafenamide/emtricitabine

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Concluded 6 new licence agreements

08/2023
Spanish National Research Council
Licence for vaccine candidate based on the MVA vector platform.

08/2023
University of Chile
Licence for a technology that detects the presence of neutralising antibodies against SARS-CoV-2.

01/2024
SD Biosensor
Rapid diagnostic testing technology used for detection of HIV, COVID-19, malaria, and syphilis.

08/2023
Medigen
Licence for a COVID-19 vaccine.

12/2023
Ferring
MoU
Licence for heat-stable carbetocin.

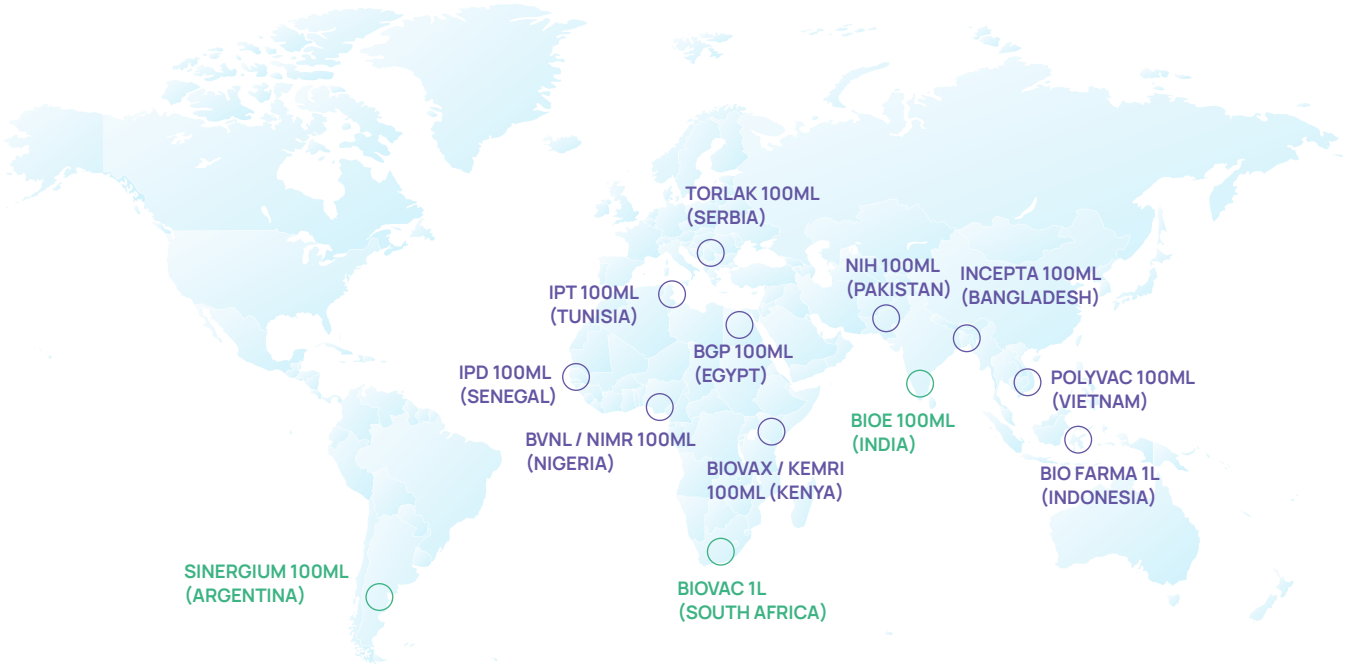
07/2025
Viiv Healthcare
Cabotegravir (CAB) + rilpivirine LA for HIV treatment.

VACCINES
DIAGNOSTICS
TREATMENTS

Note: The CAB-LA PrEP licence expanded to include private markets in 10 royalty markets, Algeria, Egypt, India, Indonesia, Kyrgyzstan, Morocco, Philippines, Tajikistan, Ukraine, Vietnam.

Enabled 13 LMIC manufacturers

to receive mRNA technology transfer training, scoring higher than the strategic target of 10, with three – Biovac, Sinergium and Bio-E – completing a successful mRNA technology transfer.[3]



Completed Successful mRNA Technology Transfer

Biovac 1L (South Africa)
Sinergium 100ml (Argentina)
BioE 100ml (India)

Received mRNA Technology Transfer Training

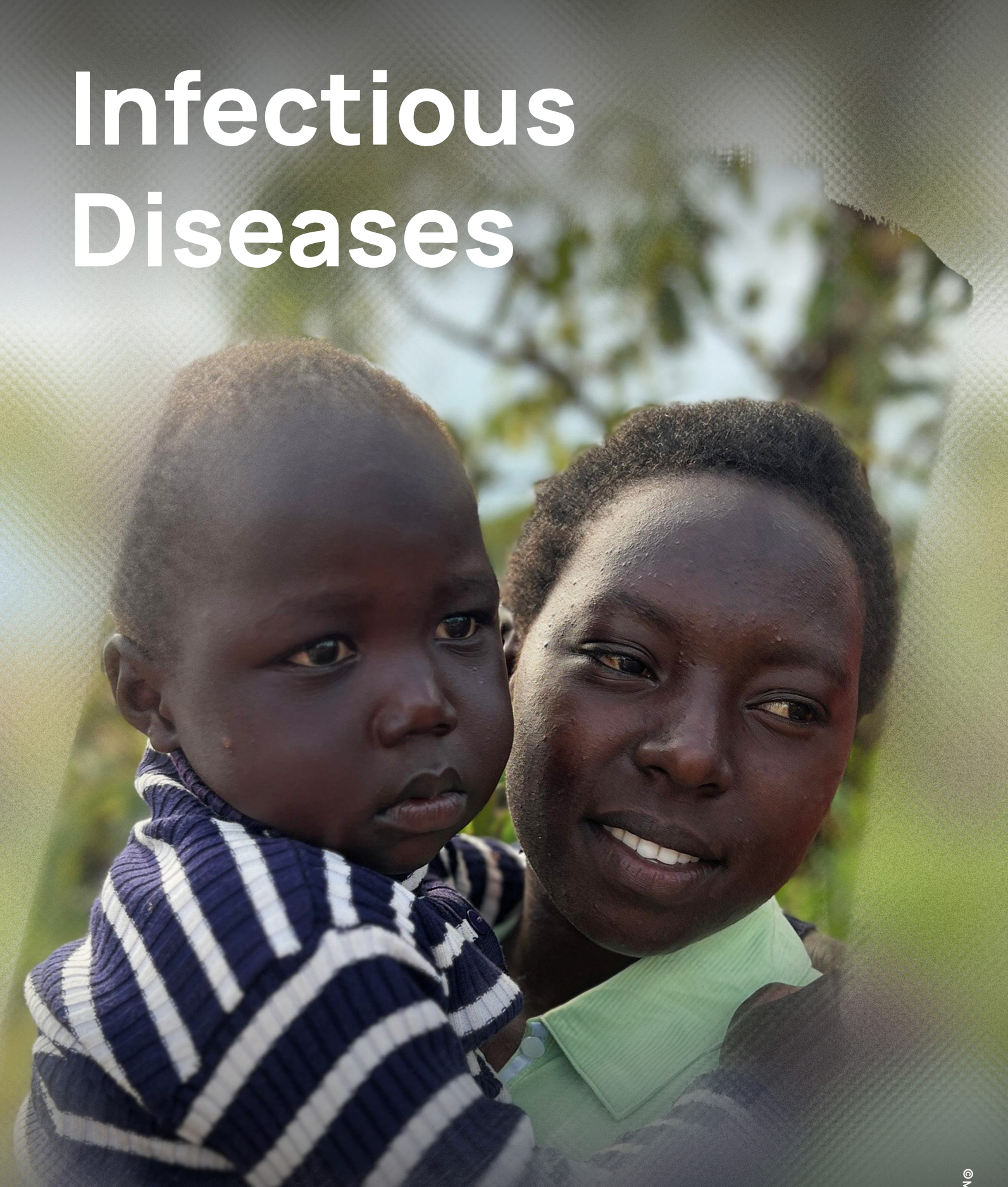
Bio Farma 1L (Indonesia)
IPD 100ml (Senegal)
IPT 100ml (Tunisia)
Incepta 100ml (Bangladesh)

Torlak 100ML (Serbia)
NIH 100ml (Pakistan)
BGP 100ml (Egypt)
BVNL / NIMR 100ml (Nigeria)
POLYVAC 100ml (Vietnam)
BIOVAX / KEMRI 100ml (Kenya)

These achievements have underpinned our ambitious new strategy for 2026-2030, which can now be found on the MPP website.

3 Darnytsia, Ukraine remains in the Programme, but because of the ongoing war is unable to proceed. Bio-Manguinhos/Fiocruz, Brazil have developed their own platform and the Programme continues to support building mRNA capacity.

Infectious Diseases



HIV

It is estimated that 40.8 million people across the world live with HIV, the majority of whom live in low- and middle-income countries. This represents an increase of around 1 million between 2023 and 2024.[4]

4 UNAIDS, Global HIV & AIDS statistics – Fact sheet, 2025.

https://www.unaids.org/en/resources/fact-sheet

New licence for long-acting HIV treatment

In July, MPP and ViiV Healthcare announced an agreement allowing generic manufacturers to develop, manufacture and supply long-acting injectable cabotegravir (CAB-LA) for HIV treatment in combination with long-acting injectable rilpivirine (RPV-LA).

The agreement, which covers 133 low- and middle-income countries, builds on the existing voluntary licence for CAB-LA for HIV pre-exposure prophylaxis (PrEP), signed in July 2022. The new agreement aligns with updated guidance from WHO recommending CAB-LA + RPV-LA as an HIV treatment option, and also includes the formal expansion of the original CAB-LA licence to private markets in 10 countries across the world.

Once approved, the combination of CAB-LA + RPV-LA could become a unique product for low- and middle-income countries. The 133 countries include all low-income, lower middle-income, and Sub-Saharan African countries, as well as countries where ViiV does not have patent rights for cabotegravir.

MPP's earlier agreement in 2014 with ViiV for dolutegravir (DTG) has already enabled the supply of generic DTG-based HIV treatments in 129 countries. Expanding access to the first approved long-acting HIV treatment and PrEP options will support the expansion of tools to serve the varying needs and contexts required for a comprehensive response to HIV in low- and middle-income countries.

PARTNER VOICES

"We commend MPP, WHO, and partners for enabling access to long-acting HIV treatment in low- and middle-income countries."

Kenly Sikwese
Executive Director,
AFROCAB Treatment Access Partnership

"Botswana welcomes inclusion of CAB + RPV in the WHO HIV treatment guidelines, and the announcement that MPP-licensed manufacturers may now develop CAB LA for treatment as well as PrEP."

Professor Oathokwa Nkomazana
Permanent Secretary, Ministry of Health, Botswana

MPP co-authors article on compelling case for prioritising long-acting ART in LMICs

The clinical advantages of long-acting regimens, such as CAB-LA + RPV-LA for controlling the HIV epidemic in low- and middle-income countries were outlined in a paper in The Lancet Global Health, co-authored by MPP experts. Expanding access to long-acting HIV therapy in low-income and middle-income countries, published in September, noted that injectable formulations, such as CAB-LA + RPV-LA, have demonstrated high efficacy, safety and preference across diverse populations and age groups.

The rationale for prioritising long-acting ART in low- and middle-income countries is compelling. Although highly effective when taken as prescribed, current first line triple therapy is entirely dependent on adherence to daily oral treatment. Long-acting ART directly addresses this challenge by reducing the frequency of dosing and making treatment less conspicuous. This offers a promising path towards sustained viral suppression, avoidance of HIV-related illness and deaths, reduced HIV transmission and an enhanced quality of life for millions of people.

Moreover, TLD, while a cornerstone of current regimens, may not be clinically optimal for all people living with HIV, including those experiencing significant weight gain and metabolic, cardiovascular and renal comorbidities.

Key HIV events in 2025

In July, the 13th International **AIDS Society (IAS) Conference on HIV Science** took place in Kigali, Rwanda. As well as announcing the new agreement with ViiV Healthcare, the MPP team was closely involved in the conference discussions, which included the impact of funding cuts and the growing toolbox of long-acting options. Conference participants reiterated the central importance of public-health voluntary licensing, technology transfer and regional manufacturing as essential elements for achieving greater access to HIV products in low- and middle-income countries.

The potential advantages of long-acting treatments – especially through the MPP-ViiV licence – were warmly welcomed at a **Health Development Initiative (HDI)** outreach centre event that took place on the sidelines of the IAS Conference. HDI serves over 70,000 high-risk young people in Rwanda each year via its hotline, and thousands more through in-person HIV testing and counselling. Many of HDI's beneficiaries are sex workers, who face the dual threat of physical violence from men and the social stigma of living with HIV.

In December, MPP was delighted to participate at the **International Conference on AIDS and STIs in Africa (ICASA),** the largest HIV, STIs, TB, malaria, and health systems' strengthening conference in Africa. Bringing together researchers, healthcare professionals, policymakers, activists and community organisations, this 23rd edition, themed Africa in Action: Catalysing Integrated Sustainable Responses to End AIDS, TB & Malaria, offered a pivotal platform to advance dialogue, share innovation and drive collective action.

MPP co-convened a session with Unitaid, Breaking New Ground: Long-Acting HIV Treatment for a New Generation, which explored the next steps and support needed for the rollout of CAB-LA alongside RPV-LA. Senior representatives from ViiV Healthcare and the three licensee companies of the CAB-LA for PrEP and treatment agreement – Aurobindo, Cipla and Viatris – along with senior representatives from Kenya's Lean on Me Foundation, WHO and Ghana's Health Service, all took part in the discussion.

Two clear messages stood out. Firstly, choice matters, because long-acting options give people an effective alternative to daily pills while maintaining dignity and privacy; and secondly, with implementation as the next stage, the challenges of service delivery need to be urgently addressed if the new options are to fulfil their promise.

HIV Treatment

MPP's key facts and stats for 2025

The DTG licence MPP signed with ViiV Healthcare in 2014 has enabled an estimated 26 million people living in 129 low- and middle-income countries to access this central building block of WHO-recommended treatment options, up from an estimated 23 million people in 2024. Since 2018, MPP licensees have also supplied increasing quantities of TDF/3TC/DTG (TLD), the most widely used HIV regimen in the world.

129

Countries reached by DTG-based treatment

26M

Estimated number of people on DTG-based HIV treatment

PRODUCT NAME	NEW COUNTRIES IN 2025
DTG 50mg	Micronesia
TLD (TDF/3TC/DTG) 300/300/50mg	Iran, Jordan, Montserrat, Syrian Arab Republic, Uruguay
TAF-LD (TAF/3TC/DTG) 25/300/50mg	Belize, El Salvador, Senegal, Turks and Caicos Islands, Yemen
TAF-ED (TAF/FTC/DTG) 25/200/50mg	Comoros, Nigeria
ALD adult (ABC/3TC/DTG) 600/300/50mg	Bangladesh, Democratic Republic of the Congo, Guinea, Jordan, Senegal, Togo, Uzbekistan, Venezuela
DTG/3TC 50/300mg	Thailand, Zimbabwe
Paediatric ABC/3TC/DTG 60/30/5mg dispersible (pALD)	Angola, Bangladesh, Belize, Benin, Burkina Faso, Burundi, Cambodia, Cameroon, Central African Republic, Comoros, Democratic Republic of the Congo, Côte d'Ivoire, Eswatini, Ethiopia, Ghana, Guinea, Guinea-Bissau, Guyana, Kenya, Lao People's Democratic Republic, Mali, Mauritania, Myanmar, Namibia, Nicaragua, Niger, Nigeria, Papua New Guinea, Peru, Senegal, Sierra Leone, Somalia, South Sudan, United Republic of Tanzania, Thailand, Togo
DTG scored dispersible 10mg (pDTG)	Bahamas, Kosovo, Peru

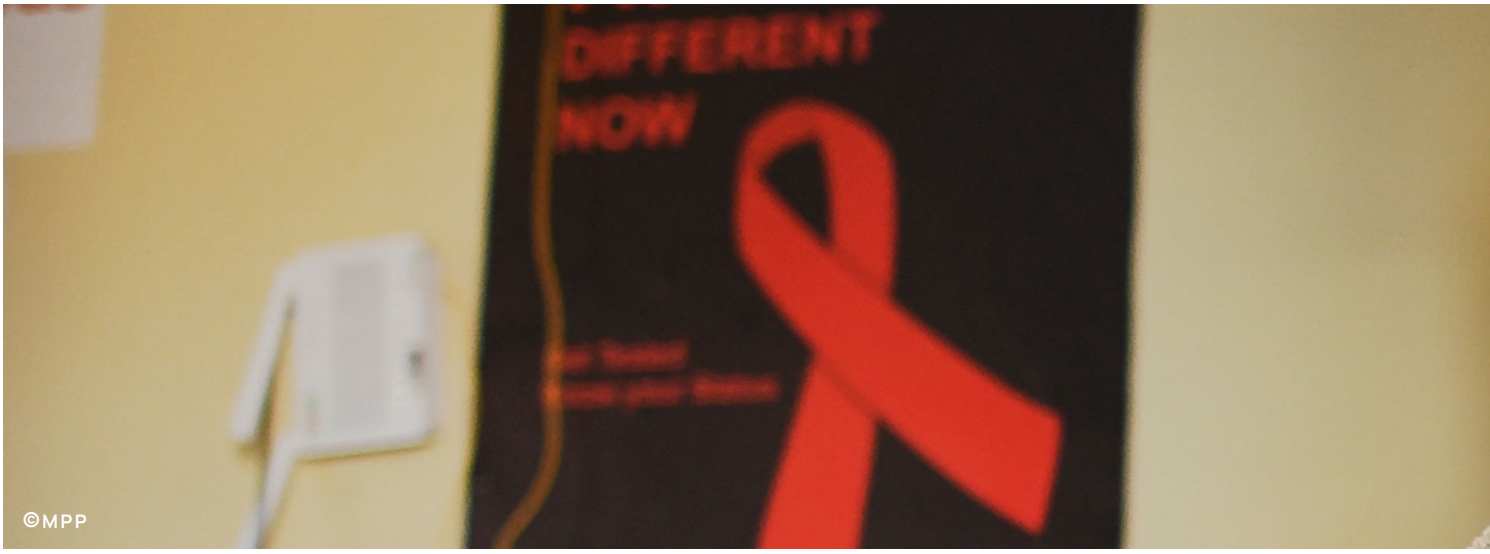
In 2025

108 countries **were supplied with** **286M** packs of 30 TLD tablets

Supply volumes of TLD in 2025

	COUNTRY	TLD, PACKS OF 30*
1	South Africa	93.7M
2	India	30.2M
3	Nigeria	21.1M
4	United Republic of Tanzania	17.3M
5	Mozambique	13.9M
6	Kenya	13.4M
7	Zimbabwe	11.4M
8	Zambia	7.2M
9	Cameroon	6.1M
10	Uganda	6.0M
11	Malawi	6.0M
12	Democratic Republic of the Congo	5.7M
13	Ethiopia	5.5M
14	Côte d'Ivoire	5.4M
15	Lesotho	4.1M
16	Eswatini	3.7M
17	Namibia	2.6M
18	Viet Nam	2.4M
19	Peru	2.1M
20	Indonesia	2.1M

*Packs of 28, 84, 90 and 180 have been standardised as packs of 30 for this analysis.



In 2025

97 countries

were supplied with

8M packs of 30 DTG 50 mg

Supply volumes of DTG 50mg in 2025

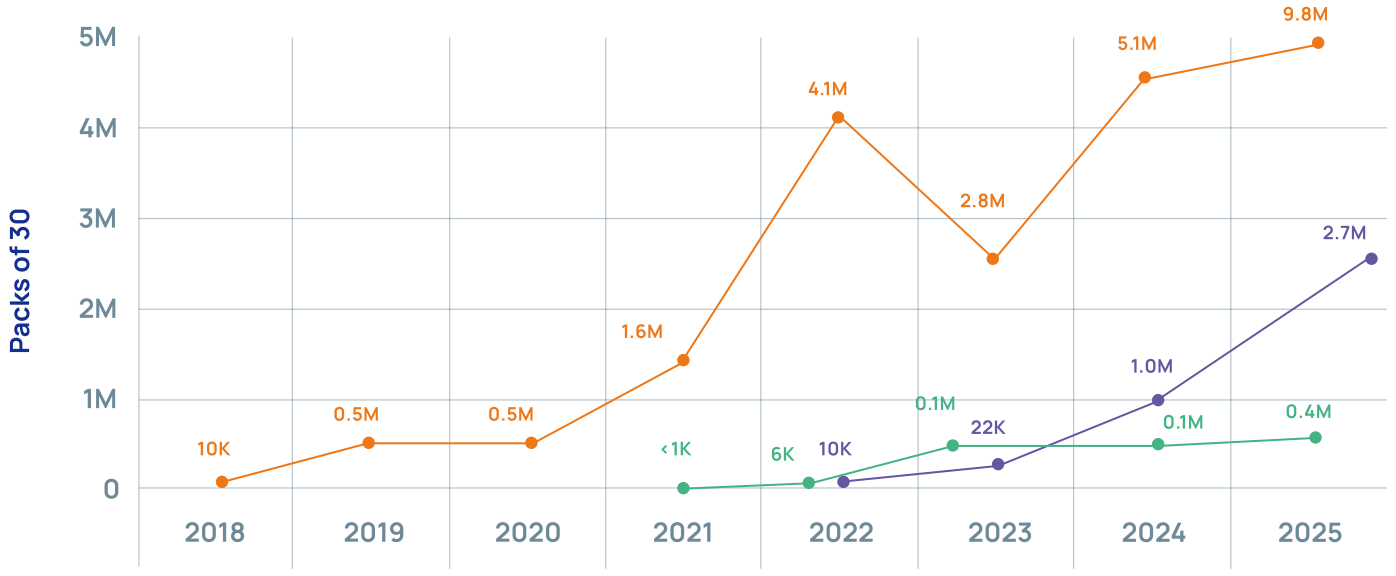
	COUNTRY	TLD, PACKS OF 30*
1	South Africa	1.7M
2	India	0.7M
3	Democratic Republic of the Congo	0.6M
4	Mozambique	0.4M
5	Zambia	0.3M
6	Kenya	0.3M
7	Uganda	0.3M
8	Zimbabwe	0.3M
9	Nigeria	0.2M
10	United Republic of Tanzania	0.2M
11	Rwanda	0.2M
12	Eswatini	0.2M
13	Myanmar	0.2M
14	Namibia	0.2M
15	Lesotho	0.1M
16	Uzbekistan	0.1M
17	Viet Nam	0.1M
18	Guinea	0.1M
19	Cambodia	0.1M
20	Côte d'Ivoire	0.1M

*Packs of 28 and 90 have been standardised as packs of 30 for this analysis

Updated WHO guidelines mean TAF-ED and TAF-LD now on equal footing with TLD

This year saw the updating of WHO guidelines that place two further MPP-enabled HIV products – TAF/3TC/DTG (TAF-LD) and TAF/FTC/DTG (TAF-ED) – alongside TLD as preferred first-line treatment options for HIV. TAF is an alternative to TDF; the choice between TDF and TAF for adults and adolescents is based on clinical and programmatic considerations. By the end of 2025, 30 countries had been supplied with TAF-ED and 14 with TAF-LD. Furthermore, for adults and adolescents living with HIV who are virally suppressed and do not have hepatitis B, another MPP-enabled product, the DTG/3TC (LD) dual combination has been shown to have comparable efficacy to standard triple therapy, and as such is conditionally recommended in WHO guidelines as a treatment simplification strategy. This has great potential for further reducing the cost of first-line HIV treatment. By the end of 2025, MPP licensees had supplied DTG/3TC in Botswana, South Africa, India, Thailand and Zimbabwe.

Supplies of TAF-ED, DTG/3TC and TAF-LD 2018-2025



TAF-ED
*PACKS OF 28 AND 90 HAVE BEEN STANDARDISED AS PACKS OF 30 FOR THIS ANALYSIS

DTG/3TC
*PACKS OF 90 HAVE BEEN STANDARDISED AS PACKS OF 30 FOR THIS ANALYSIS

TAF-LD
*PACKS OF 90 HAVE BEEN STANDARDISED AS PACKS OF 30 FOR THIS ANALYSIS

Hepatitis

Over the last 20 years, the annual mortality from HIV, TB and malaria has been falling while that from viral hepatitis has been rising. It currently stands at 1.3 million, or 3,500 lives every single day.[5]

In 2016, countries around the world set targets to eliminate hepatitis B (HBV) and hepatitis C (HCV) as a public health concern by 2030.

Since then, the funding environment in global health has dramatically changed. But viral hepatitis deaths are still preventable, as the global health community already has the tools to vaccinate, test and treat the condition. The price of treatment for both HBV and HCV are low, a result partly driven by public health voluntary licences.

Although viral hepatitis has received very little Official Development Assistance, it has nonetheless benefited, for example from HIV funding, through investment in health systems, and because tenofovir – part of the first-line HIV treatment – is very effective at suppressing HBV.

Furthermore, liver cancer has the third highest mortality of any cancer, and HBV or HCV causes three-quarters of this. Testing and treating viral hepatitis can therefore help eliminate an infectious disease, while also helping to prevent cancer.

HCV and HBV treatment: MPP's key facts & stats for 2025

By the end of 2025, MPP licensees had delivered 4 million packs of TAF 25mg (30 tablets) to 22 countries, with the Central African Republic, El Salvador, Pakistan and Turkmenistan receiving supplies for the first time in 2025.

Overall, daclatasvir (DAC) or DAC in combination with sofosbuvir (SOF) reached 49 countries, with MPP licensees supplying around 2 million treatment courses by the end of 2025. Kenya was supplied with DAC/SOF for the first time in 2025.

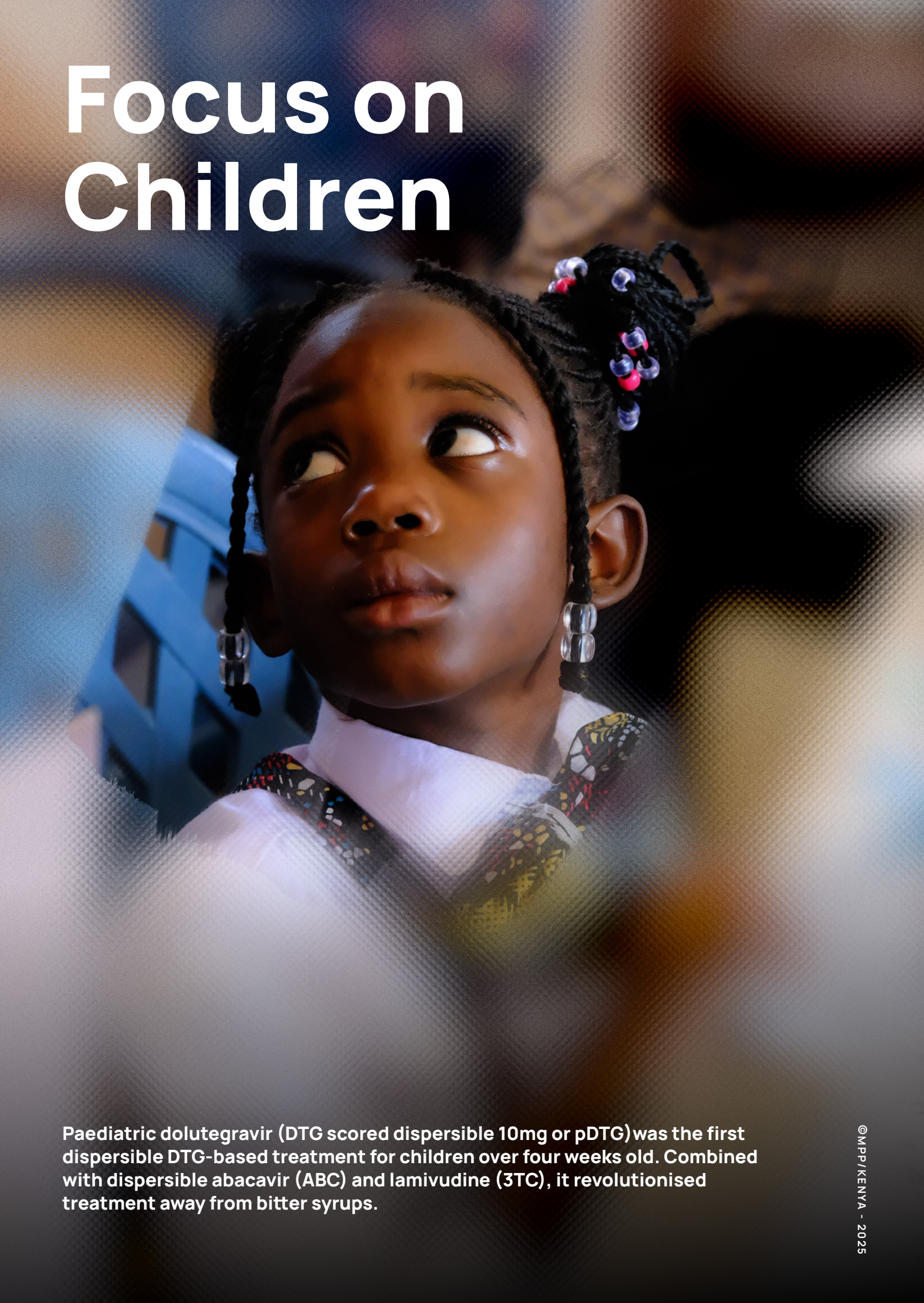
Supply volumes of DAC or DAC combinations in 2025

COUNTRY	DAC or DAC combinations, packs of 28
India	0.4M
Bangladesh	0.2M
Malaysia	36K
Belarus	21K
Turkmenistan	18K
Uzbekistan	16K
Cambodia	15K
Indonesia	14K
Sub-Saharan Africa*	11K
Myanmar	6K
Nigeria	6K
Chad	6K
Afghanistan	6K
Rwanda	5K
Ukraine	3K
Kenya	3K
Burkina Faso	3K
Azerbaijan	2K
Philippines	1K
Lao People's Democratic Republic	1K

*Sub-Saharan Africa: Supplies via global procurement bodies.

5 Global hepatitis report 2024: action for access in low- and middle - income countries, WHO, 9 April 2024.
https://www.who.int/publications/i/item/9789240091672

Focus on Children



Paediatric dolutegravir (DTG scored dispersible 10mg or pDTG) was the first dispersible DTG-based treatment for children over four weeks old. Combined with dispersible abacavir (ABC) and lamivudine (3TC), it revolutionised treatment away from bitter syrups.

In 2025, the MPP-enabled pALD (paediatric ABC/3TC/DTG 60/30/5mg dispersible tablet) – the first complete dispersible paediatric fixed-dose combination HIV treatment – surpassed pDTG in the volume of orders to MPP's generic manufacturers. It is now the most widely used paediatric HIV drug formulation in low- and middle-income countries.

As pALD provides the entire drug regimen in a fixed-dose combination, it is easier to transport and stock, with less pressure on the supply chain. Both caregivers and children find it more acceptable than other regimens, which reduces adherence challenges, a highly significant element of paediatric health care. As the full regimen consists of a single pill, it also helps obviate the risk of incomplete treatment. Furthermore, pALD is more palatable, and as it is more straightforward to administer, dosing errors are less likely to occur.

pALD was first supplied in 2024 and five MPP sublicensees Aurobindo, Cipla, Lupin, Macleods and Mylan (now Viatris) had received SRA approval by the end of 2025. In 2025, as country stocks of pDTG were being replaced by pALD, there was an impressive increase in orders for pALD. This was great news for all the children who needed this potentially life-changing medicine. MPP will continue to monitor and report on its rollout, working closely with partners on the GAP-f pHIV Task Team.

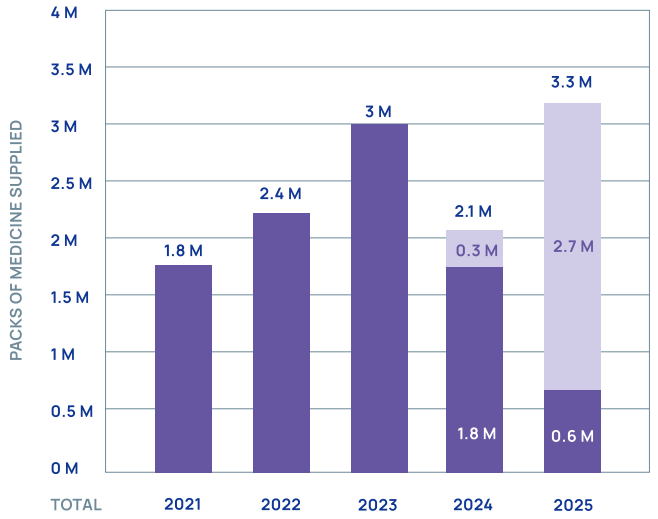
In December 2022, MPP committed at the Vatican to expanding its quarterly reported information on the progress of priority paediatric HIV drug formulations, particularly on pDTG and pALD.

This detailed country-by-country, quarter-by-quarter information on regulatory filing plans, reviews and approvals, as well as supplies of medicines, can be found by scanning the QR code.

SCAN QR CODE TO LEARN MORE

pALD had been supplied to 47 countries by the end of 2025

Supplies of pDTG and pALD 2021-2025



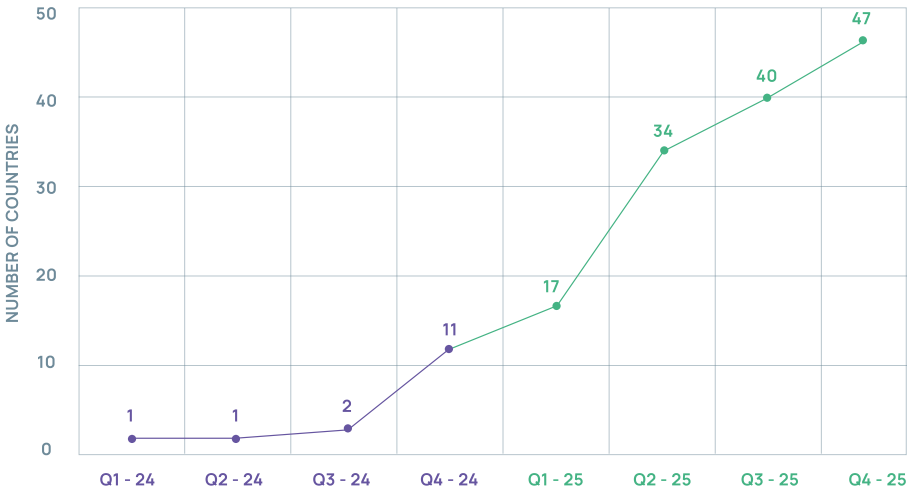
pDTG
All pDTG pack sizes are standardised as packs of 90 tablets for this analysis

pALD
All pALD pack sizes are standardized as packs of 180 tablets for this analysis

pALD was first available in 2024

Packs of pDTG formulations shown in the graph are standardised for the quantity of DTG medicine: a pack of 90 pDTG 10 mg tablets is equivalent to a pack of 180 pALD 60/30/5 mg tablets.

Number of countries supplied with pALD 2024-2025



MPP and the Global Accelerator for Paediatric Formulations (GAP-f) Network

Established by WHO with co-founding partners CHAI, EGPAF, MPP and Penta in October 2020, GAP-f network accelerates the development, approval and uptake of child-friendly formulations in low- and middle-income countries. In 2025, as a dedicated GAP-f partner, MPP took part in the development and launch of the third phase (2025-2030) of GAP-f's strategy[6] which sees GAP-f expanding into new therapeutic areas.

Lancet paper sets out GAP-f's case for paediatric medicines

MPP's commitment to children and contribution to GAP-f were underscored by a publication with GAP-f colleagues reflecting on the accomplishments of GAP-f's second strategic phase, entitled Accelerating access to paediatric medicines: lessons learned from the Global Accelerator for Paediatric Formulations in The Lancet Child & Adolescent Health.[7]

The article examined the learnings of GAP-f's work between 2022-2024, especially on the need to adapt prioritisation processes for diverse therapeutic areas and to focus on high-impact areas based on unmet needs.

Several significant points emerged:

- Through streamlining efforts to reduce inefficiencies, the partnership with 33 stakeholder organisations has resulted in several achievements across the product lifecycle spanning various disease areas.
- Clarity on target product profiles and key priorities for development requires tailored assessment of epidemiology, market dynamics and service delivery models.
- Paediatric platform trials show the potential for adaptive designs to expedite evidence generation and optimise investments. These platform trials can be refined with input from regulators and industry, supported by long-term financing.
- Initiatives such as the GAP-f Paediatric Technology Hub are needed to spearhead the identification and application of key technologies to deliver medicines to children more efficiently.
- Political commitment and active community involvement are essential to create demand and support safe and efficient medicine roll-outs. Sustainable financing mechanisms are crucial for supporting paediatric medicine development, addressing market gaps and ensuring timely access to essential medicines.
- GAP-f is now well equipped to move into its next strategic phase of implementation, providing a vital mechanism that can help ensure availability of better medicines for children.

6 Transforming the paediatric medicines ecosystem: strategic roadmap 20252030 WHO, 19 May 2025.

https://www.who.int/publications/i/item/9789240110632

7 Accelerating access to paediatric medicines: lessons learned from the Global Accelerator for Paediatric Formulations, a WHO-hosted network, The Lancet Child and Adolescent Health, May 2025.

https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(25)00040-9/abstract

WHO's paediatric drug optimization (PADO)[8] exercises are a key pillar of GAP-f's approach. Bringing together experts and stakeholders across global health to align priorities and activities, PADO processes are the vital first step for enabling a targeted approach for the research and development of paediatric medicines. As they provide consensus and clarity for priority medicines and formulations that need to be developed to support paediatric health,

MPP deploys PADO outcomes to guide its own paediatric prioritisation process in circumstances in which voluntary licensing and technology transfer may be most suited to further access goals. This alignment helps to establish a broader strategic framework for innovation, which ultimately leads to a better outcome for countless children in low- and middle-income countries.

GAP-f's new strategy targets

30 by '30

Delivering efficiency, speed and access

10

Diseases assessed: Priority formulation needs identified on areas of greatest need, impact and feasibility.

10

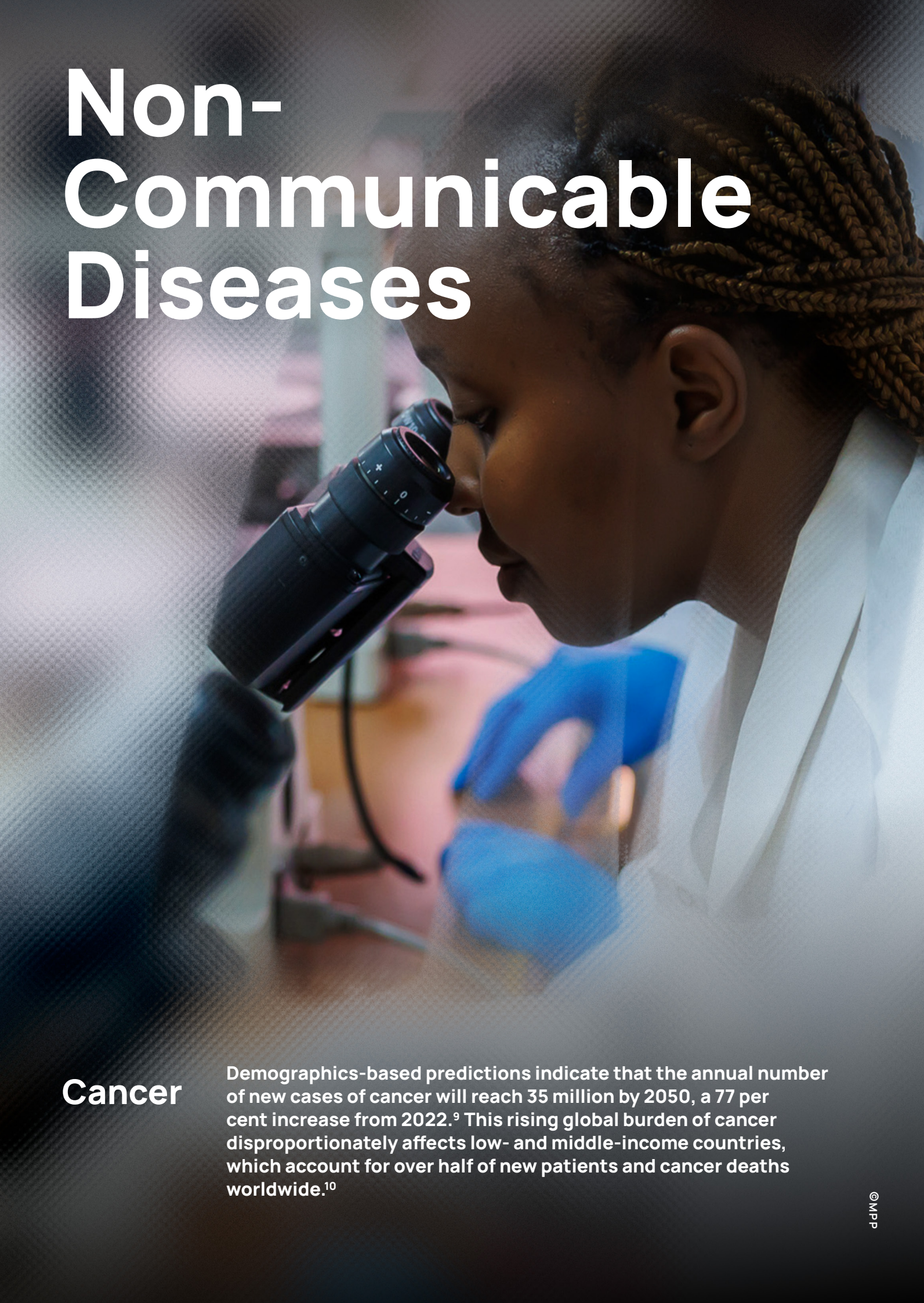
Medicines accelerated: Enabled and supported through the product lifecycle for faster, more efficient access.

10

Countries health systems strengthened: Paediatric medicine ecosystems developed to improve adoption and delivery to children.

8 Paediatric drug optimization standard procedure, WHO, 22 November 2021. https://www.who.int/publications/i/item/9789240039520?utm_source

Non-Communicable Diseases



Cancer

Demographics-based predictions indicate that the annual number of new cases of cancer will reach 35 million by 2050, a 77 per cent increase from 2022.[9] This rising global burden of cancer disproportionately affects low- and middle-income countries, which account for over half of new patients and cancer deaths worldwide.[10]

Patients in El Salvador, Indonesia, and the Philippines among the first to receive targeted CML therapy through MPP voluntary licence

MPP was proud to see the first people in El Salvador, Indonesia and the Philippines gaining access to quality-assured generic nilotinib, a treatment for chronic myeloid leukaemia (CML), in 2025. By the end of the year, 1.2 million nilotinib capsules had been supplied in three countries, equivalent to treating approximately 800 patients for a full year of CML therapy. Nilotinib had also been registered in 12 countries by the end of 2025, and filed in a further 14.

This was made possible by MPP's agreement with the originator company Novartis in 2022, which enabled generic manufacturers to produce the medicine for supply in low- and middle-income countries. It was the first time a company had licensed a patented cancer medicine through a public health-oriented voluntary licensing mechanism.

The ATOM Coalition

The milestone also confirms the value of the Access To Oncology Medicines (ATOM) Coalition – which facilitated the agreement – in tackling access barriers. Non-communicable diseases (NCDs) in general, and cancer in particular, pose enormous access challenges, especially in low- and middle-income countries. The agreement is powerful proof that strategic partnerships and the approach of the Coalition contributes to bringing together the complementary skills and expertise of partners – such as diagnostic experts, public health organisations, patients' groups, advocates, medical education experts and pharmaceutical companies – to tackle such a complicated disease.

Case study demonstrates need for significant ICI cost discounts in LMICs

In Economic modelling to inform pricing for *LMICs of immune checkpoint inhibitors in advanced PD-L1-high non-small cell lung cancer*[11], presented at the American Society of Clinical Oncology (ASCO) Annual Meeting in May and the African Organization for Research and Training in Cancer (AORTIC) conference in November, MPP and co-authors presented case studies modelled in India and South Africa (both low- and middle-income countries) to determine the maximum price at which Immune Checkpoint Inhibitors (ICIs) would be cost effective for publicly-funded health systems.

The article concluded that significant discounts from current reference prices would be needed. Similar price reductions – up to 93 per cent – have been achieved for other mAbs such as trastuzumab in India and South Africa, also driven by the availability and uptake of quality-assured biosimilars.

MPP believes that its comprehensive approach, when applied to ICIs, will help achieve cost-effectiveness, improve accessibility and ultimately improve the life chances of millions across low- and middle-income countries.

9 Global cancer statistics 2022: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries, CA: A Cancer Journal for Clinicians, 04 April 2024.
https://acsjournals.onlinelibrary.wiley.com/doi/10.3322/caac.21834

10 Cancer Care Disparities: Overcoming Barriers to Cancer Control in Low- and Middle-Income Countries, JCO Global Oncology, 22 August 2024.
https://ascopubs.org/doi/10.1200/GO.23.00439

11 Economic modelling to inform pricing for LMICs of immune check point inhibitors in advanced PD-L1-high non-small cell lung cancer, Journal of Clinical Oncology, 28 May 2025.
https://ascopubs.org/doi/10.1200/JCO.2025.43.16_suppl.1518

Diabetes

The number of people living with diabetes rose from 200 million in 1990 to 830 million in 2022 and prevalence has been increasing more rapidly in low- and middle-income countries than in high-income countries. The condition can cause cardiovascular disease, kidney failure, blindness, and lower limb amputation among several other conditions. In 2021, diabetes and kidney disease due to diabetes caused over 2 million deaths. In addition, around 11 per cent of cardiovascular deaths were caused by high blood glucose.[12]

At the same time more than 1 billion people worldwide are affected by obesity. Rates are rising especially fast in low- and middle-income countries, and the two conditions are closely linked. Evidence demonstrates that a group of medicines, glucagon-like peptide-1 (GLP-1) receptor agonists, can help people with obesity, by improving blood sugar control and weight loss. These medicines have also been proved to reduce the risk of heart and kidney complications, and the risk of early death.

GLP-1 receptor agonists on MPP's Priority List

Despite the growing demand for NCD-related health services, including medicines, access to essential NCD medicines in low- and middle-income countries remains critically limited. However, given the compelling evidence of their efficacy, and as they are so widely used in high-income countries, GLP-1s have now been added to the WHO Model List of Essential Medicines (EML), for people with diabetes who also have obesity and cardiovascular disease.

Published in December, MPP played a role in the development of WHO's first guidelines on GLP-1 therapies for the treatment of adults living with obesity. As well as access strategies, MPP provided patent and pricing information. MPP's role in the development of the guidelines was also recognised in the Journal of the American Medical Association (JAMA).[13]

MPP has itself prioritised GLP-1s to support affordable access in low- and middle-income countries. Special emphasis is being placed on oral formulations, as they can contribute to improved adherence in certain populations, are easier to stock and administer, and obviate the need for cold storage.

12 WHO Fact Sheet on Diabetes, 14 November 2024.
https://www.who.int/news-room/fact-sheets/detail/diabetes

13 World Health Organization Guideline on the Use and Indications of Glucagon-Like Peptide-1 Therapies for the Treatment of Obesity in Adults, JAMA, 01 October 2025.
https://tinyurl.com/48s439st

MPP's Giulia Segafredo (far left) with panel members of MPP's session at November's AORTIC conference.

PARTNER VOICES

"When we're trying to achieve greater availability and affordability for both insulin and GLP-1s, increased competition is a big part of it – and so is MPP's approach. MPP is looking into GLP-1 receptor agonists and that is really essential."

Alyson Bancroft,

who lives with diabetes, is a member of MPP's Community Advisory Panel (CAP)

©MPP BOOTH - AORTIC 2025

Key NCD Events in 2025

MPP's commitment to tackling NCDs was reaffirmed at several significant events throughout 2025, including:

APRIL

International Diabetes Federation Congress 2025 (#IDF2025)

MAY

World Health Assembly (#WHA78)

American Society of Clinical Oncology (ASCO) Annual Meeting

OCTOBER

United Nations High-Level Meeting on NCDs

NOVEMBER

African Organization for Research and Training in Cancer (AORTIC) conference

Pandemic Preparedness

MPP is building on the experience and lessons learnt from its work on licensing and technology transfer during the COVID-19 pandemic to enhance its contribution to pandemic preparedness and response (PPR). The goal is for timely and equitable access to affordable, quality-assured health products, and for security of supply during future emergencies.

WHO's Director-General, Dr Tedros Adhanom Ghebreyesus, at the Thirteenth meeting of the Intergovernmental Negotiating Body (INB), in Geneva, Switzerland, 17 February 2025.

In May, national governments adopted the Pandemic Agreement at the 78th World Health Assembly (WHA78). This aims to strengthen PPR, and MPP formally welcomed the Agreement at WHA78.

MPP's written statement[14] to the subsequent working group discussions on the Pathogen Access and Benefit-Sharing (PABS) Annex focused on two areas. The first made the point that some manufacturers are likely to require more support than others. The second highlighted how existing mechanisms with a track record of real-world success – such as the mRNA Technology Transfer Programme, co-led by WHO and MPP – would be ideally placed to prepare for and respond to any future pandemic.

Delegates at the Thirteenth meeting of the Intergovernmental Negotiating Body (INB), in Geneva, Switzerland, 17 February 2025.

© WHO/Christopher Black

MPP and WHO working together to combat influenza

MPP is equally committed to curbing seasonal influenza, as well as helping to reduce the possibility of a future influenza pandemic. In September 2024, WHO issued clinical practice guidelines on antivirals for managing influenza, and in 2025, MPP worked closely with WHO to establish how companies across the world are approaching their efforts to combat the condition. The results of this collaboration will be made available in 2026.

14 Written Statement by the Medicines Patent Pool on the Draft PABS Annex Text, 24 October 2025

https://apps.who.int/gb/igwg/pdf_files/IGWG3-written-statements/MPP-07-11-2025.pdf

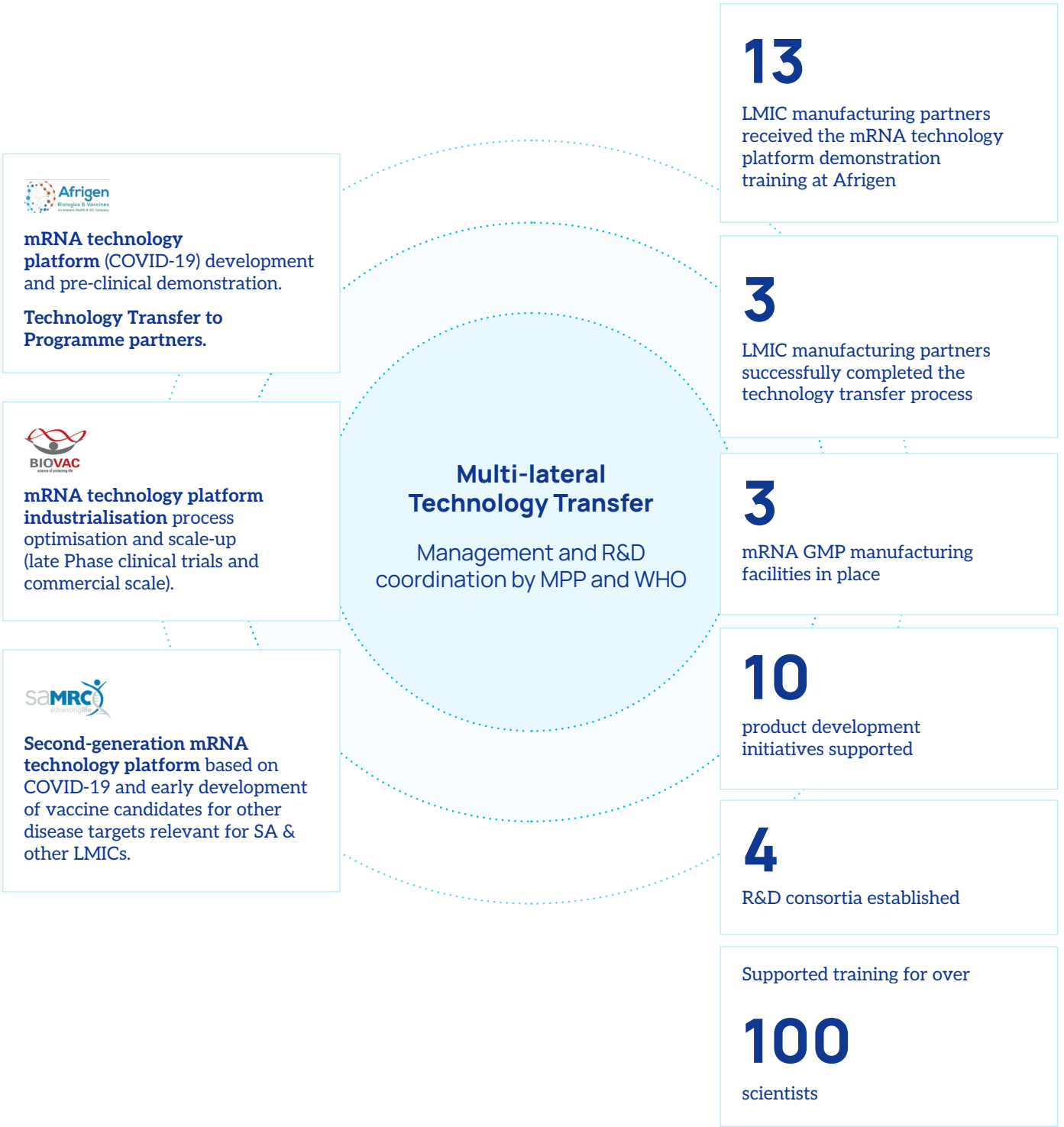
Technology Transfer

MPP and WHO established the mRNA Technology Transfer Programme in 2021 in response to the stark inequities in access to COVID-19 vaccines in low- and middle-income countries that were revealed during the pandemic.

The mRNA Technology Transfer Programme Strategy

The Programme's mission is to build sustainable research, development and manufacturing capacity for mRNA vaccines and therapeutics in low- and middle-income countries. By establishing a robust, collaborative network, the Programme is not only addressing immediate health threats but also constructing the infrastructure required for a more equitable and rapid response to future pandemics.

The model is built on fostering a global network of partners. Through this collaboration, the Programme facilitates the establishment of Good Manufacturing Practices (GMP) facilities and, crucially, advances local ownership of the R&D process, moving beyond simple manufacturing to true innovation in low- and middle-income countries.



Delivering Impact: Key Achievements 2021–2025

Since its inception, the Programme has exceeded its strategic targets, demonstrating a powerful model for technology transfer and global health equity.

Expanding the Manufacturing Base

Enabled 13 low- and middle-income country manufacturers to receive the mRNA technology platform demonstration training, surpassing our initial target of 10. This widespread distribution of knowledge is decentralising R&D and production capacity and building regional resilience.[15]

From Technology Transfer to Production

Three manufacturing partners Biovac (South Africa), Sinergium (Argentina), and BioE (India) have successfully completed the technology transfer process, marking the critical transition from knowledge recipients to fully capable manufacturers.

Building Infrastructure

Three mRNA GMP manufacturing facilities in place, with an additional three planned to be completed by the end of 2026, laying the foundation for long-term, sustainable production in regions that need it most.

Advancing Local R&D

The Programme has launched 10 product development initiatives and fostered a network of four R&D consortia, empowering local scientists to develop their own vaccine candidates tailored to regional needs.

Investing in People

At the heart of our success is the next generation of biomanufacturing leaders. To date, we have supported over 100 scientists through specialised training programmes, embedding critical expertise within local communities.

Responding to Emerging Threats

Demonstrating the platform's agility, our partner Sinergium Biotech, guided by a Technical Advisory Group set up by WHO and MPP, is leveraging the technology to develop H5N1 (avian influenza) mRNA vaccine candidates. This project, currently establishing proof-of-concept in preclinical models, showcases the Programme's ability to pivot and address evolving pandemic threats in real time.

Goals for 2030

Self-sustaining mRNA manufacturing in at least 10 countries

Pandemic capacity within the network **→1.9B doses**

Sunset of the Programme

From Foundation to Future: Entering Phase 2.0

Having established a strong foundation in its first phase, the Programme is now entering Phase 2.0, marking a shift from technology transfer to long-term sustainability.

Phase 2.0 will focus on supporting partners to move from technology recipients to independent, competitive developers and manufacturers. This includes advancing product development beyond COVID-19, strengthening end-to-end capabilities across the value chain, and enabling partners to build viable product portfolios aligned with regional health priorities.

Key priorities will be to embed manufacturing within broader regional ecosystems, strengthening collaboration through R&D consortia, supporting regulatory readiness and fostering South–South cooperation.

Central to this phase is the development of tailored sustainability pathways for each partner, ensuring that capacity built through the Programme translates into durable, locally anchored impact.

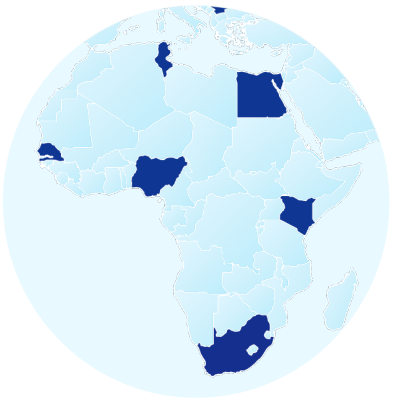
15 Darnytsia, Ukraine remains in the Programme, but because of the ongoing war is unable to proceed. Bio-Manguinhos/Fiocruz, Brazil have developed their own platform and the Programme continues to support building mRNA capacity.

A Growing Global Network: Regional R&D Consortia

The first phase of the Programme saw the establishment of a series of regional R&D consortia, creating collaborative ecosystems for innovation in southeast Asia and the Pacific, Latin America and South Africa, solidifying the Programme's truly global footprint.

These consortia bring together Programme Partners, companies, research centres and universities to collaborate on the development of vaccines and therapeutics using the mRNA platform.

Overview of Programme partners' disease targets by region



AFRICA DISEASE AREAS

Chikungunya
Crimean-Congo Haemorrhagic Fever (CCHF)
Human Immunodeficiency Virus (HIV)
Lassa Fever
Leishmaniasis
Malaria (P. falciparum)
Mpox
Rabies
Respiratory Syncytial Virus (RSV)
Rift Valley Fever (RVF)
Zika

SOUTH AMERICA DISEASE AREAS

Dengue
Influenza
Rabies
Viral Haemorrhagic Fevers (VHF)

ASIA DISEASE AREAS

Dengue
Foot-and-Mouth Disease (FMD)
Hand, Foot, and Mouth Disease (HFMD)
Human Papillomavirus (HPV)
Malaria (P. vivax)
Measles
Middle-East Respiratory Syndrome (MERS)
Nipah virus
Rabies
Rota virus
Respiratory Syncytial Virus (RSV)
Shingles

EUROPE DISEASE AREAS

Influenza
Tuberculosis (TB)
Rabies
RSV
West Nile virus

Key Technology Transfer events in 2025

As part of the 78th World Health Assembly in May, the **French Mission to Geneva and MPP co-hosted** a high-level side event that examined how local manufacturing, technology transfer and investments in human capital can shape resilient, responsive and equitable health systems in low- and middle-income countries, as well as advancing efforts in pandemic preparedness.

In October, over 100 leaders from governments, academia, industry and civil society gathered at the Egmont Palace in Brussels to launch Phase 2.0 of the Programme. **Hosted by the Government of Belgium and co-convened by MPP,** speakers stressed that this new phase would help embed an ecosystem of skills, infrastructure and innovation designed to ensure that low- and middle-income countries can develop and produce the health tools they need.

Delegates at the Phase 2.0 launch of the mRNA Technology Transfer Programme, Egmont Palace, Brussels, 21st October 2025.
©Bryan Nicola Maxwell

PARTNER VOICES

"This is no longer a question of whether low- and middle-income countries can develop and produce mRNA technologies — they are doing it. The task before us now is to ensure they can do so sustainably, competitively and in ways that address the health priorities of their regions and their people. The recently adopted pandemic agreement highlights the critical importance of building equitable manufacturing capacity as a global public good, and the mRNA Technology Transfer Programme offers a powerful example of that vision being realised."

Dr. Tedros Adhanom Ghebreyesus
Director-General, WHO

France's Global Health Ambassador, Anne-Claire Amprou at the launch of Phase 2.0 of the mRNA Technology Transfer Programme.
©Bryan Nicola Maxwell

Advancing local manufacturing capacity in Indonesia

Under a Joint Strategic Action Plan agreed with the Ministry of Health of Indonesia in 2024, MPP is supporting efforts to improve access to vaccines and medicines through collaboration on technology transfer, local manufacturing, licensing and capacity building. The partnership includes activities to assess access gaps, identify manufacturing partners, support technology transfer, strengthen quality systems and build workforce capacity.

In October 2025, MPP conducted expert site assessments of four Indonesian manufacturers to evaluate their readiness to receive technology transfer of biological products. These assessments reviewed manufacturing capabilities, quality systems and infrastructure. This helped to identify both gaps and opportunities for strengthening Indonesia's capacity for sustainable local production.

MPP's role in the Health Technology Access Programme (HTAP)

Technology Transfer for Rapid Diagnostic Technologies

In January 2024, as part of HTAP, MPP and WHO announced the signing of a licence agreement with SD Biosensor Inc. (SDB), a global in-vitro diagnostics company, enabling MPP to grant sublicences for the manufacture of SDB's rapid diagnostic test (RDT) technologies.

In May 2025, MPP and WHO announced Codix Bio, a Nigerian health technology company, as the first sublicensee under this agreement. With the first focus on malaria RDTs, MPP's support has contributed to Codix Bio's achievement of Nigeria's National Agency for Food and Drug Administration and Control (NAFDAC) Good Manufacturing Practices and ISO 13485:2016 certification manufacture for RDTs.

PARTNER VOICES

"With support from WHO and MPP, we are committed to producing high-quality, rapid diagnostic tests that can transform access to timely diagnosis, not just in Nigeria, but across the continent.'

Sammy Ogunjimi,
Group Managing Director/CEO, Codix Group

MedsPaL and LAPaL

In line with our commitment to expand and improve patent transparency, MPP has created a suite of tools and databases with information that may be important for procurement agencies, developers, manufacturers and public health stakeholders.

MedsPaL

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

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

While the database was initially intended to focus on three diseases (HIV, HCV and tuberculosis), its remit was expanded in 2018 to cover all patented medicines in the EML. MedsPaL was further expanded in 2020 to include patent information on treatments being tested for COVID-19. In 2024, MedsPaL's interface received a new design with enhanced content and tools. This new version provides additional information on vaccines for health emergencies, long-acting health technologies, and includes medicines prioritised by MPP and other public stakeholders.

In 2024

MedsPaL's interface received a **new design with enhanced content and tools.**

New vaccine data integration to **support emergency response and access planning.**

Expanded coverage of long-acting technologies featured in LAPaL and medicines prioritised by MPP and public stakeholders.

Medicines

Patented essential medicines, medicines prioritised by MPP and possible future priority medicines as identified by WHO and other public health stakeholders, in low- and middle-income countries.

Vaccines

Selected COVID-19 vaccines (previously included in VaxPaL) and vaccines used for the prevention of mpox. Content will evolve to cover other key patented vaccines for health emergencies.

Technologies

A selection of long acting technologies used for extended release of pharmaceuticals, from LAPaL, a free online resource coordinated by MPP (see below).

MedsPaL website

By the end of 2025

208
Key Health Products

32,240
National Patent Applications

203
Jurisdictions Covered

731
International Patent Applications (WIPO)

83
Licences

13
Regulatory Authorities Data Exclusivity

Medicines

185
(402 FORMULATIONS, OF WHICH 87 FOR PAEDIATRIC USE)

23,006
NATIONAL PATENT APPLICATIONS

602
INTERNATIONAL PATENT APPLICATIONS

155
JURISDICTIONS (133 LMICs/22 HICs)

Vaccines

15

8,150
NATIONAL PATENT APPLICATIONS

110
INTERNATIONAL PATENT APPLICATIONS

138
JURISDICTIONS (81 LMICs/57 HICs)

Technologies

8

1,084
NATIONAL PATENT APPLICATIONS

19
INTERNATIONAL PATENT APPLICATIONS

120
JURISDICTIONS (69 LMICs/51 HICs)

LAPaL

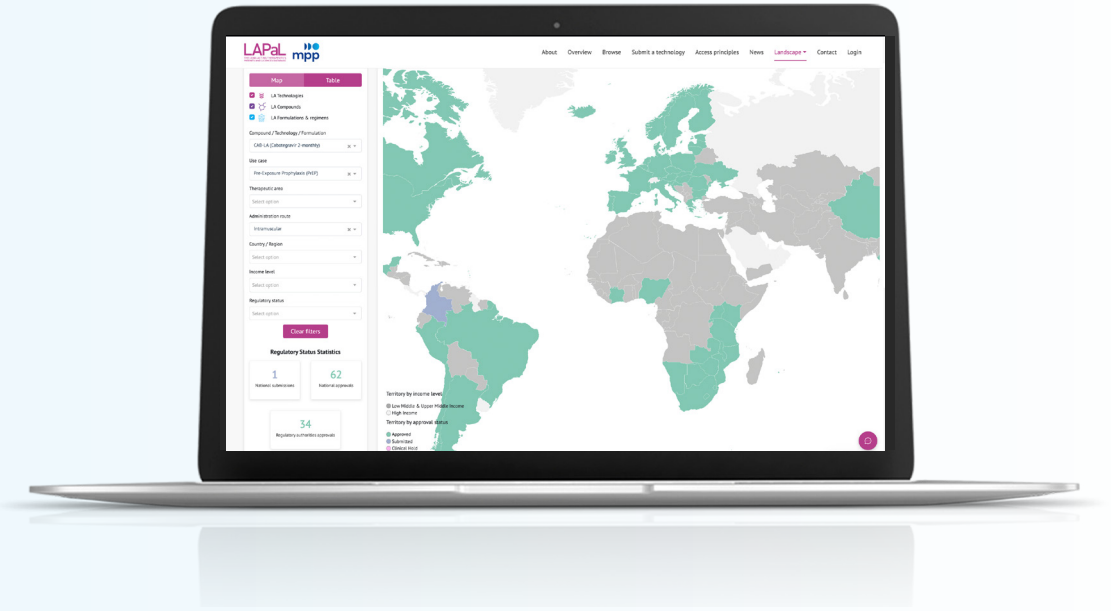
MPP's Long-Acting Therapeutics Patents and Licences (LAPaL) database serves as a one-stop shop for selected long-acting therapeutics. It is the only freely accessible database that contains patenting and licensing information on long-acting therapeutics across various health needs. LAPaL supports knowledge sharing around long-acting therapeutics, R&D and regulatory approvals.

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 now encompasses more than 100 entries. These include investigational and approved long-acting formulations, combination products and monoclonal antibodies, all covering applications in HIV prevention and treatment, oncology, malaria, type 2 diabetes, weight management, RSV, metabolic disorders, mental health, pain management and contraception.

New features developed in 2025 include global maps for countries where major clinical trials are held, global IP maps for selected LA therapeutics and interactive regulatory approval maps. Finally, 2025 saw the addition of an AI assistant, to which users can direct their questions, with a digested and tailored answer based on LAPaL content.

LAPaL remains the only free, publicly available long-acting therapeutics repository, built through a multistakeholder collaboration to support access and accelerate the development of long-acting therapeutics, with particular focus on low- and middle-income countries.



LAPaL website

MPP's Agreements 2010-2025

All MPP products for which we have secured a voluntary licence since our inception in 2010:

HIV

abbvie

- LOPINAVIR
- RITONAVIR

Boehringer Ingelheim

- NEVIRAPINE (NON-ASSERT)

Bristol Myers Squibb

- ATAZANAVIR

GILEAD

- BICTEGRAVIR
- COBICISTAT
- ELVITEGRAVIR
- EMTRICITABINE
- TENOFOVIR ALAFENAMIDE
- TENOFOVIR DISOPROXIL FUMARATE

janssen

- DARUNAVIR (PAEDIATRIC; NON-ASSERT)

MSD

- RALTEGRAVIR (PAEDIATRIC)

NIH

- DARUNAVIR RELATED

ViiV Healthcare

- ABACAVIR (PAEDIATRICS)
- CABOTEGRAVIR LONG-ACTING (FOR HIV PREP)
- CABOTEGRAVIR LONG-ACTING FOR HIV TREATMENT (IN COMBINATION WITH LONG-ACTING INJECTABLE RILPIVIRINE)
- DOLUTEGRAVIR

VIRAL HEPATITIS

abbvie

- GLECAPREVIR/ PIBRENTASVIR

Bristol Myers Squibb

- DACLATASVIR

PHARCO

- RAVIDASVIR

CANCER

NOVARTIS

- NILOTINIB

COVID

CSIC
ELISA ANTIBODY TECHNOLOGY MVA-S(3P) (VACCINE CANDIDATE)

MSD
MOLNUPIRAVIR

Pfizer
NIRMATRELVIR

MVC 高端疫苗生物製劑股份有限公司 MEDIGEN VACCINE BIOLOGICS CORP
VACCINE MVC-COV1901

NIH
EARLY STAGE VACCINE & DIAGNOSTIC TOOLS FOR COVID-19

SHIONOGI
ENSITRELVIR FUMARIC ACID

SD BIOSENSOR
RAPID DIAGNOSTIC TESTING (RDT) TECNOLOGY

UNIVERSIDAD DE CHILE
TECH FOR DETECTING BNABS AGAINST SARS-COV-2

LONG-ACTING THERAPEUTICS

medincell
LA TECH FOR MALARIA VECTOR CONTROL

UNIVERSITY OF LIVERPOOL
SOLID DRUG NANOPARTICLES TECNOLOGY (DISEASE AGNOSTIC)

Tandem Nano Ltd
LA TECH FOR HCV,TB & MALARIA

UNIVERSITY of WASHINGTON
TLD LAI (HIV)

VIRAL HEPATITIS

FERRING PHARMACEUTICALS
HEAT-STABLE CARBETOCIN

TUBERCULOSIS

JOHNS HOPKINS UNIVERSITY
Pfizer
SUTEZOLID

New Partnerships in 2025

MPP exists within an intricate ecosystem of global health organisations and other bodies. We are reliant on successful partnerships with these organisations to achieve our goal of increasing access to essential medicines and technologies in low- and middle-income countries.

Dr Mariatou Tala Jallow,
Council Chair of Vizuri Health Dynamics, signs the Memorandum of Understanding between Vizuri and MPP, May 2025.

16 https://medicinespatentpool.org/uploads/2020/05/MoU-NMPA-MPP-2018.pdf

17 Technological and industrial trends in China's pharmaceutical sector, Ju Wang et al, PubMed Central, National Library of Medicines, September 2025.
https://pmc.ncbi.nlm.nih.gov/articles/PMC12479303/

Progress with access provisions in publicly funded early-stage health technologies

This year we continued to promote the inclusion of equitable access provisions in the licensing of early-stage health technologies arising from publicly funded research. A growing number of prominent research institutions have begun piloting or incorporating these provisions into their licensing practices, including the University of California system (notably UCLA and UC Berkeley), the University of Pennsylvania, Columbia University, the University of Michigan, Amsterdam UMC, Erasmus MC and the University of Chile.

In the United States, the National Institutes of Health introduced a new access planning policy for technologies arising from its intramural research programme, drawing substantially on language developed by MPP. Spain's pharmaceutical industry strategy and Global Health Strategy 2025–2030 both now reference MPP as a partner in advancing equitable access through research and innovation policies. We also provided inputs on the design of the next EU research framework programme, FP10.

To formalise collaboration and facilitate monitoring, MPP also signed MoUs with several research institutions committed to implementing access provisions. These include the Italian National Agency for New Technologies, Energy and Sustainable Economic Development, the University of Michigan, Columbia University, the University of Chile, the Liverpool School of Tropical Medicine and the Barcelona Institute for Global Health.

Landmark investment by Unitaid sees MPP supporting MedSuRe project, led by US Pharmacopeia

In 2025, Unitaid – MPP's founder and main funder – made a landmark investment to strengthen regional manufacturing in Africa. The investment's focus is on essential diagnostics and medicines to enhance local production capacity for HIV, malaria and maternal health products.

As part of this package, MPP will support the Medicines Supply Resilience (MedSuRe) Africa project, led by US Pharmacopeia (USP). Working with African manufacturers and health institutions, MPP's knowledge and experience will help manufacturers establish a durable response that reduces reliance on distant suppliers. This will ensure Unitaid's investment reaches the communities that need it the most.

With a grant of US$1.5 million from Unitaid, MPP's role will be on licensing activities, expanding regional manufacturing capabilities for quality-assured medicines, and leading selected pandemic preparedness efforts.

Government of Flanders supports MPP's efforts to strengthen health security in Africa

In February, we were delighted to enter into a new partnership with the Government of Flanders. An allocation of €2 million is supporting MPP's efforts to enhance health security, tackle health inequities and build resilience against future pandemics across Africa.

In 2025, activities focused on mapping relevant Flemish biotech institutions, initiating strategic partnerships and evaluating potential projects, alongside assessing opportunities for engagement with African partners.

By combining Flemish technical strengths with MPP and WHO's experience in licensing and technology transfer, the initiative aims to build sustainable, locally anchored manufacturing and innovation capacity.

Forming part of the existing mRNA Technology Transfer Programme, although not explicitly focused on mRNA, the result will not only be greater access to health technologies for the people of Africa, but a drive towards economic growth across the continent. We look forward to further progress and significant developments in 2026.

New partnership to help strengthen local pharmaceutical production in Africa

In May, MPP signed an MoU with Vizuri Health Dynamics Foundation. Based in Africa, Vizuri is a non-profit organisation dedicated to strengthening local pharmaceutical production by catalysing investments and driving health market efficiencies, and as such shares many of MPP's aims.

As with the MedSuRe project and the agreement with the Government of Flanders, the aim of the partnership is to promote the uptake of quality-assured, locally produced medicines in Africa by accelerating access to essential health technologies.

PARTNER VOICES

"Manufacturers need to understand what MPP stands for and what they can gain working with MPP: we want MPP to be successful so that trust can be built with manufacturers as licensing partners."

Dr Mariatou Tala Jallow,

Council Chair, Vizuri Health Dynamics

Aiming for partnerships with China's pharmaceutical industry

MPP has had a strategic focus on China's pharmaceutical industry for some time, having signed an MoU[16] with China's pharmaceutical manufacturing regulatory authority, the National Medical Products Administration (NMPA), in 2018.

China is currently the world's second largest drug market and a major source of global innovation and R&D in pharmaceutical manufacturing. As a leading hub for drug development, its rapid growth means that it now accounts for 29.5 per cent of the global R&D pipeline.[17]

Over the last few years, the government of China has introduced a series of policies – including reforms in the drug evaluation and approval system – that have significantly shortened the time to market for innovative drugs.

It is for these reasons that MPP now seeks to partner with pharmaceutical companies in China. Through our voluntary licensing system, we hope to work with these companies for greater access to new medicines and technologies for low- and middle-income countries.

MPP held a number of introductory sessions with the China Chamber of Commerce in 2025. We outlined our unique business model, and emphasised how MPP's approach could be a win-win both for China's manufacturers and those living in countries that do not currently benefit from these manufacturers' innovations.

MPP Funders

Unitaid

founded MPP in 2010 to address the challenges in access to essential HIV 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 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 2025, 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. 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 WHO's Essential Medicines List, and those with strong potential for future inclusion. 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.

Government of Flanders

Through its investment in MPP, the Government of Flanders supports the mapping of advanced Flemish institutions and their partnerships with African counterparts to address local capacity gaps. It promotes knowledge transfer and capacity building by strengthening the skills of local researchers, manufacturers and regulatory professionals.

The Government of Belgium (Directorate-General for Development Cooperation)

channelled a grant through WHO to MPP with two main components. The first supported the mRNA Technology Transfer Programme through G20-linked side events, global and regional R&D consortia meetings, government engagement missions, and funding for R&D consortia to accelerate proof-of-concept mRNA product development. The second component supported HTAP with the transfer of Rapid Diagnostic Technologies (RDTs) to African manufacturers for technology assessments and related legal, technical and administrative assistance.

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

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Governance

MPP Governance Board in 2025

Marie-Paule Kieny

Chair of the Governance Board

Governance Board

Mojisola Christianah Adeyeye

Grégory Bonnaud

Maureen Luba

Peter Maybarduk

Govindarajan Narayanan

Ntobeko Ntusi
Joined in March 2025

Mathieu Saint-Arnaud
Joined in November 2025

Maximiliano Santa Cruz

Pushpagiri Vijayaraghavan

Non-voting participants

Philippe Duneton
Unitaid, founder and principal funder

Amy Dietterich
WIPO

Tanuja Garde
WTO

Yukiko Nakatani
WHO

MPP Community Advisory Panel (CAP) in 2025

CAP Member	Expertise	Country
Helle Aagaard	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 Klymenko	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)

EAG Member		
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
Mohamed Farag		Public Health in Developing Countries, Medicines Policy
Birgitte Giersing		R&D in Vaccines and Biologics
Katherine Gill		Communities, NGOs
Manual Gonçalves (term completed Nov 2025)		BD, Markets, Procurement
Martha Gyansa-Lutterodt (term completed July 2025)		Public Health in Developing Countries, Medicines Policy
Mariatou Tala Jallow		BD, Markets, Procurement
Jordan Jarvis (term completed July 2025)		Communities, NGOs
Deepa Joshi		R&D
Sylvia Kehlenbrink (appointed July 2025)		Communities, NGOs
Gugu Mahlangu (term completed July 2025)		Regulatory
Deus Mubangizi		Regulatory, WHO PQ
Valerie Paris (term completed Aug 2025)		BD, Markets, Procurement
Fatima Suleman		Public Health in Developing Countries, Medicines Policy
Agnès Saint-Raymond (appointed July 2025)		Regulatory
Hema Srinivasan (appointed July 2025)		BD, Markets, Procurement
Beibei Zhang (appointed July 2025)		BD, Markets, Procurement

MPP recognised for commitment to gender equality in the workplace and in global health outcomes

For the fourth year in a row, in 2025 MPP was recognised as a Very High Performer in the Global Health 50/50 Report: Holding the Line. At a time when commitments to gender equality are slipping across the global health sector, we are strengthening ours. Our continued strong performance reflects our unwavering commitment to fairness, equity and inclusion — principles rooted in the realities of the communities we serve.

In 2024, MPP adopted a new Menstrual and Menopause Policy, offering flexible work arrangements, awareness-raising and training to better support women's health needs. We are delighted to see this initiative featured in the report, recognising it as an important step forward for equity in the workplace.

Read MPP's report card and the full ***2025 Global Health 50/50 Report: Holding the Line.***

MPP Scientific Advisory Panel (SAP) in 2025

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
Shoshanna Goldin	Influenza
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
Natalie Mazur	RSV
Francesco Negro	Viral Hepatitis
Iheyani Okpala	Sickle Cell Disease
Chloe Orkin	HIV, STIs, Mpox
Anthony Oyekunle	Oncology
Rupa Patel	HIV
Pablo Perel	Cardiovascular Health
Pascal Ringwald	Malaria
Lawrence N. Shulman	Oncology
Francois Venter	HIV
Matteo Zignol	Tuberculosis

MPP mRNA Scientific Advisory Committee (mSAC) in 2025

EAG Member		Organisation
Martin Friede	Chair	Independent Consultant
Danilo Casimiro		Sanofi
Barney Graham		Formerly Vaccine Research Center, NIAID, NIH
Duccio Medini		Pitt Bio Forge
Kiat Ruxrungtham		Chula Vaccine Research Center (ChulaVRC)
Suhaib Siddiqi		Formerly Moderna
Drew Weissman		Perelman School of Medicine, University of Pennsylvania

MPP Staff 2025

BUSINESS DEVELOPMENT

Akshata Chavan	Office Assistant (Mumbai)
Aditi Das	Head of Alliance and India Office (Mumbai)
Meghmala Das	Business Development, Alliance Manager
Natacha Debanné	Business Development and Industry Engagement Manager
Judith Federhofer	Business Development Director
Bhushan Katkade	Product Development Technical Expert
Shreyas Kulkarni	Market Intelligence Manager (Mumbai)
Valentina Lee	Business Development Alliance Manager
Parag Nimbolkar	Business Development Manager, In-licensing
Kajil Patil	Regulatory Databases Specialist
Maneesha Ranaut	Business Development, Alliance Manager (Mumbai)
Ashok Valechha	Business Development, Alliance Manager (Mumbai)
Shambhavi Warerkar	Business Development, Alliance Manager (Mumbai)

COMMUNICATIONS

Shihan Liu	Communications Manager
Gelise McCullough	Communications Director
Sophie Thievenaz	Senior Communications Manager
Héloïse Therrat	Communications Officer
Olivier Uzel	Partnerships and Media Relations Manager

LEGAL

Donia Alwan	Associate Counsel
Chan Park	General Counsel
Bryce Robinson	Associate Counsel
Razan Walch	Paralegal Officer

OPERATIONS AND RESOURCES

Jane Caldwell	Chief Operating Officer
Victoria Dovgan	Office Manager
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
Deborah Woodford	Finance Manager

STRATEGY, POLICY 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
Hillary Mutungi	Access Officer, NCDs
David Ruiz Villafranca	Strategy, Policy and Market Access Advisor
Giulia Segafredo	Senior Manager, Access, NCDs
Zongyuan Tang	Patent Information Officer

SCIENTIFIC AND MEDICAL AFFAIRS

Romain Dissard	Manager, Scientific and Medical Affairs, NCDs
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	Senior Project Manager
Cristina Bruno	Project Manager
Umut Dermitas	Technology Transfer Expert
Antonio Grilo	Technology Transfer Expert
Ike James	Director of Technology Transfer
Monica Moschioni	Programme Manager
Cheleka Mpande	Technology Transfer Partnerships Specialist

MPP is further supported by a small number of independent experts:

Robert Bartram	Communications Writer	Communications
Andy Goldman	Senior Advisor, Upstream Access	Legal
Rubén Montero	Information and Technology Consultant	Operations and Resources
Capucine Pénicaud	External Engagement and Partnerships Consultant	Strategy, Policy and Market Access
Navneet Tewatia	Strategy, Policy and Governments Engagement Consultant	Strategy, Policy and Market Access
Elena Villanueva	Senior Advisor, Upstream Access	Strategy, Policy and Market Access
Martin Friede	Senior Advisor, mRNA Programme	Technology Transfer
Olga Ordeig	Diagnostics Expert Consultant	Technology Transfer
Johnny Vlaminck	Business Development and Licensing Consultant	Technology Transfer

MPP Staff 2025

Discover the experience of working at MPP through our staff testimonials.

2025 moments

1. Announcement of the extension of the voluntary licensing agreement for long-acting injectable cabotegravir for treatment (CAB LA) with ViiV Healthcare and MPP during **IAS 2025**
2. MPP and Vizuri teams after the signing of the Memorandum of Understanding - May 2025.
3. ICASA 2025 – MPP and Unitaid convened a session titled "Breaking New Grounds: Long-Acting HIV Treatment for a New Generation"
4. **WHA78** Side Event – "Building Resilience through Local and Regional Approaches to Pandemic Preparedness," with the Permanent Mission of France in Geneva and MPP, with support from WHO
5. Visit of **SCDI**, Vietnam – September 2025
6. Part of the Technology Transfer Programme Team at the **launch of Phase 2.0 of the mRNA Technology Transfer Programme**
7. Promotion of the **"Licensing Saves Lives"** campaign in Geneva by the MPP team

Financial Report 2025

Medicines Patent Pool Foundation, Geneva

Statutory Financial Statements for the year ended
31 December 2025 and Report of the Statutory Auditor

Medicines Patent Pool Foundation
Balance Sheet as of December 31st, 2025

(with December 31st, 2024 comparative figures) (Expressed in Swiss Francs)

ASSETS	NOTES	31 DECEMBER 2025	31 DECEMBER 2024
CURRENT ASSETS			
Cash and cash equivalent		21'943'700	45'578'435
Other receivable		272'024	935'478
Prepaid expenses		214'875	287'506
Deferred expenses	3	10'193'148	10'603'334
Donor receivable	4	378'737	154'084
Total current assets		**33'002'484**	**57'558'837**
NON - CURRENT ASSETS			
Tangible fixed assets	**5**	184'204	241'143
Financial assets	**6**	77'557	76'986
Total non-current assets		**261'761**	**318'129**
TOTAL ASSETS		**33'264'245**	**57'876'966**
LIABILITIES, FUNDS AND CAPITAL			
LIABILITIES			
CURRENT LIABILITIES			
Accounts payable		561'072	532'123
Accounts payable on subgrantees and partners	8	233'961	1'893'829
Other payable		86'466	85'347
Provisions	7	546'799	512'216
Deferred income	9	28'751'073	49'068'725
Total current liabilities		**30'179'371**	**52'092'240**
TOTAL LIABILITIES		**30'179'371**	**52'092'240**
RESTRICTED FUNDS			
Restricted Funds		-	2'191'013
Total restricted funds		-	**2'191'013**
CAPITAL			
Capital for Foundation		50'000	50'000
Unrestricted Funds		2'020'976	2'529'600
Unallocated Funds		1'013'898	1'014'113
Organisational capital		**3'084'874**	**3'593'713**
TOTAL LIABILITIES, FUNDS AND CAPITAL		**33'264'245**	**57'876'966**

Medicines Patent Pool Foundation
Statement of operations for the period from January 1st, to December 31st, 2025

(with December 31st, 2024 comparative figures) (Expressed in Swiss Francs)

	NOTES	2025	2024
INCOME			
Donations	10	28'352'073	28'014'455
Total Donations		**28'352'073**	**28'014'455**
Other Income		10'761	114'491
Total Operating Income		**28'362'834**	**28'128'945**
OPERATING EXPENDITURE			
PERSONNEL COSTS			
Personnel costs and social charges		7'138'878	7'418'698
Other personnel costs		56'610	68'134
Total personnel costs		**7'195'488**	**7'486'832**
ADMINISTRATIVE EXPENDITURE			
Professional fees		1'933'269	2'379'941
Rent		328'566	331'456
General and administrative costs		126'409	117'553
IT services and maintenance		535'554	622'727
Marketing and advertising		136'668	199'261
Travel and representation costs		1'102'971	959'443
Depreciation of tangible assets		68'252	74'577
Total administrative expenditure		**4'231'689**	**4'684'958**
SUBGRANT AND PARTNERS' EXPENDITURE			
Subgrantees' expenditures	11	10'438'521	14'194'280
Partners' expenditures	11	6'340'000	1'881'684
Total subgrant and partners' expenditure		**16'778'521**	**16'075'964**
Total Operating Expenditure		**28'205'697**	**28'247'754**
OPERATING SURPLUS (DEFICIT)		**157'137**	**(118'809)**
Financial result Surplus / (Deficit)		-3'781'343	2'309'822
Financial charges	12	-3'970'685	(18'081)
Financial income		189'342	2'327'903
Total Surplus / (Deficit) prior to allocations		**(3'624'206)**	**2'191'013**
(Allocation to) / use from restricted capital funds		2'191'013	(2'191'013)
(Allocation to) / use from unrestricted capital funds		1'433'193	-
Total surplus / (deficit) after allocations		**-**	**-**

Medicines Patent Pool Foundation
Statement of Cash Flow for the period from January 1st, to December 31st, 2025

(with December 31st, 2024 comparative figures) (Expressed in Swiss Francs)

	NOTES	2025	2024
CASH FLOWS FROM OPERATING ACTIVITIES			
Total Surplus/(Deficit) prior to allocations		(2'191'013)	2'191'012
Depreciation and impairment		55'516	74'577
Increase/(Decrease) in provisions		34'583	312'516
ASSETS			
Decrease/(Increase) in Other receivables		663'454	(372'946)
Decrease/(Increase) in Donors receivable		(224'653)	231'814
Decrease/(Increase) in Prepaid expenses		72'631	25'087
Decrease/(Increase) in Deferred expenses		410'186	(4'314'723)
LIABILITIES			
Increase/(Decrease) in Accounts payable		28'949	(380'042)
Increase/(Decrease) in Accounts payable on subgrantees and partners		(1'659'868)	1'893'829
Increase/(Decrease) in Other payable		1'119	85'347
Increase/(Decrease) in Accrued liabilities		34'583	(90'784)
Increase/(Decrease) in Deferred income		(20'339'499)	(15'517'240)
Increase/(Decrease) Unrestricted funds		(508'624)	1'720'757
Increase/(Decrease) Unallocated funds		(215)	365'246
Net cash provided (used) by operating activities		**(23'622'850)**	**(13'775'550)**
CASH FLOW FROM INVESTING ACTIVITIES			
Decrease/(Increase) in financial assets		(571)	(1'119)
Acquisition of tangible fixed assets		(11'313)	(22'900)
Net cash used in investing activities		**(11'884)**	**(24'019)**
NET CHANGE IN CASH		**(23'634'734)**	**(13'799'569)**
CASH AND CASH EQUIVALENTS			
At the beginning of the fiscal year		45'578'435	59'378'003
At the end of the fiscal year		21'943'700	45'578'435
NET CHANGE IN CASH		**(23'634'735)**	**(13'799'568)**

Medicines Patent Pool Foundation, Geneva
Statement of changes in Capital
For the period ending December 31st, 2025

(Expressed in Swiss Francs)

RESTRICTED FUNDS	BEGINNING OF THE PERIOD 01.01.2025	ALLOCATION OF FUNDS	USE OF FUNDS	INTEREST	OTHER ALLOCATIONS	END OF THE PERIOD 31.12.2025
UNITAID MPP3	-	-6'380'160	6'380'160	-	-	-
Swiss Agency for Development and Cooperation - SDC 4	-	-543'514	543'514	-	-	-
World Health Organization (WHO):						
German Agency for International Cooperation (GIZ)	-	-	-	-	-	-
European Commission	-	-2'137'533	2'137'533	-	-	-
Dengue	-	-	-	-	-	-
Government of Canada	-	-4'414'507	4'414'507	-	-	-
Government of France						
MPP (Support to the Tech Transfer HUB)	-	-2'828'257	2'828'257	-	-	-
Subgrants (Transfers to the Tech Transfer HUB)	-	-9'999'441	9'999'441	-	-	-
German Agency for International Cooperation (GIZ)	-	-742'441	742'441	-	-	-
Flanders	-	-223'115	223'115	-	-	-
Belgium	-	-1'083'106	1'083'106	-	-	-
Financial result	2'191'013	-	-	-	-2'191'013	-
Total Restricted funds	**2'191'013**	**(28'352'074)**	**28'352'074**	**-**	**(2'191'013)**	**-**
CAPITAL						
Capital for foundation	50'000	-	-	-	-	50'000
Unrestricted funds **	2'529'600	-	-	924'569	-1'433'193	2'020'976
Unallocated Funds	1'014'113	-	-216	-	-	1'013'897
Organisational capital	**3'593'713**	**-**	**(216)**	**924'569**	**- 1'433'193**	**3'084'873**

** This includes a net, cumulative, temporary, unrealised foreign exchange loss of 1,433,193 CHF after netting with the 2024 financial result at 31 December 2025, resulting from foreign currency fluctuations on the French and Canadian mRNA grants.

** These grants will close at the end of 2026 when the net overall foreign exchange situation will be fully adjusted including, in addition, an unrealized FX gain that has not been adjusted and remains included in the deferred revenue of 2.8m CHF.

** The deferred revenue for these grants carries an unadjusted unrealised foreign exchange gain amounting to 2.8m CHF that will be written off to the financial result at the close of the grant.

** The unrealised loss in 2025 mentioned above is temporary.

Medicines Patent Pool Foundation, Geneva
Statement of changes in Capital
For the period ending December 31st, 2024

(Expressed in Swiss Francs)

RESTRICTED FUNDS	BEGINNING OF THE PERIOD 01.01.2025 (AS RESTATED)	ALLOCATION OF FUNDS	USE OF FUNDS	INTEREST	OTHER ALLOCATIONS	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	3'686'080	-	-	-
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 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 2025 financial statements on May 13th, 2026.

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:	2025	2024
	USD	0.80043	0.90293
	INR	0.00891	0.01049
	EUR	0.93966	0.93579
	ZAR	0.04823	0.04823
	CAD	0.58461	0.61830

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

d - Revenue recognition

The revenue is recognised 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 recognising 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 recognised 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 recognised as a current period pre-payment upon disbursement and subsequently recognised 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 straightline 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.

(with December 31st, 2024 comparative figures)

NOTE 3: DEFERRED EXPENSES

	31 DECEMBER 2025	31 DECEMBER 2024
PARTNERS		
Argentina PAHO	37'620	72'234
Brazil Bio-Manguinhos	773'724	-
Bangladesh Incepta Vaccine	-	456'128
Vietnam Polyvac	351'098	963'015
Egypt BioGeneric Pharma	419'148	464'824
Indonesia Biofarma	-	891'921
Kenya Biovax	1'508'626	-
Nigeria Biovaccines Nigeria Limited	1'286'911	-
Pakistan NIH Islamabad	731'515	1'001'908
Senegal Institut Pasteur de Dakar	1'334'259	908'530
Tunisia Institut Pasteur de Tunis	729'904	1'474'561
Ukraine Darnytsia	59'615	-
Serbia Institut Torlak	110'851	232'100
	7'343'271	**6'465'221**
SUBGRANTEES		
Afrigen*	474'728	1'651'867
Biovac	1'268'345	973'383
SAMRC	614'186	617'973
WITS	492'617	894'889
	2'849'876	**4'138'113**
TOTAL	**10'193'148**	**10'603'334**

*We have split the deferred expenses on subgrantees and the other prepaid expenses in the financial statements, 2025 and 2024.

NOTE 4: DONOR RECEIVABLE

(with December 31st, 2024 comparative figures)

	31 DECEMBER 2025	31 DECEMBER 2024
DONORS RECEIVABLE		
SDC	74'553	81'030
Belgium	107'082	73'054
European Commission - WHO	197'102	-
TOTAL	**378'737**	**154'083**

NOTE 5: TANGIBLE FIXED ASSETS

	OFFICE EQUIPMENT	IT INFRASTRUCTURE	LEASEHOLD IMPROVEMENT	TOTAL
Net value as of 01.01.2025	**174'177**	**37'849**	**29'118**	**241'143**
Gross value				
Beginning of the period as of 01.01.2025	317'814	198'389	68'262	584'465
Additions	-	11'313	-	11'313
Disposals	-	(12'736)	-	(12'736)
End of the period as of 31.12.2025	317'814	196'966	68'262	583'042
Accumulated depreciation				
Beginning of the period as of 01.01.2025	(143'638)	(160'540)	(39'144)	(343'322)
Depreciation	-32'913	-23'238	-12'102	(68'253)
Disposal	-	12'736	-	12'736
End of the period as of 31.12.2025	(176'551)	(171'042)	(51'246)	(398'839)
Net value as of 31.12.2025	**141'264**	**25'924**	**17'016**	**184'203**
Net value as of 01.01.2024	**207'088**	**44'513**	**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
Disposal	-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**

NOTE 6: FINANCIAL ASSETS

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

NOTE 7: PROVISIONS

A provision is recognised on the balance sheet when the organisation 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 as of 01.01.2025	512'216	-	512'216
Additional provisions	34'583	-	34'583
Amounts used	-	-	-
Balance as of 31.12.2025	**546'799**		**546'799**
Balance at 01.01.2024	199'700	-	199'700
Additional provisions	312'516	-	312'516
Provision at risk	-	-	-
Balance at 31.12.2024	**512'216**		**512'216**

NOTE 8 : SUBGRANT AND PARTNERS PAYABLE

(with December 31st, 2024 comparative figures) (Expressed in Swiss Francs)

	31 DECEMBER 2025	31 DECEMBER 2024
Indonesia Biofarma	233'961	891'921
Pakistan NIH Islamabad	-	1 '001'908
TOTAL	**233'961**	**1'893'829**

NOTE 9 : DEFERRED INCOME

(with December 31st, 2024 comparative figures)

DEFERRED INCOME

	31 DECEMBER 2025	31 DECEMBER 2024
UNITAID	-	(2'909'197)
Government of Germany	(410'257)	(566'787)
France **	(24'224'570)	(37'487'131)
Canada	(4'113'164)	(7'790'211)
European Commission - WHO	-	(315'399)
Flanders	(3'082)	-
Current Deferred Income	**(28'751'073)**	**(49'068'725)**
TOTAL	**(28'751'073)**	**(49'068'725)**

** The deferred revenue of the French grant includes an unrealised FX gain that has not been written off in 2025 amounting to 2.8m CHF.
** This will be adjusted when the grant closes at the end of 2026 against the unrealised exchange loss in the financial result of 2025.

(with December 31st, 2024 comparative figures) (Expressed in Swiss Francs)

NOTE 10: DONATIONS

	31 DECEMBER 2025	31 DECEMBER 2024
UNITAID	6'380'160	6'028'653
SDC	543'514	477'646
Government of France	12'827'698	8'258'540
Government of Germany - WHO	-	308'047
Government of Germany	742'441	632'921
European Commission - WHO	2'137'533	1'245'498
WIPO	-	-
Government of Canada	4'414'507	10'872'703
Dengue - WHO	-	45'746
Belgium	1'083'106	144'701
Flanders	223'115	-
TOTAL	**28'352'074**	**28'014'456**

NOTE 10 : DONATIONS

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 and Unitaid has renewed this commitment for another grant for the next two years at 4,400,000 USD per year.

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.

The Swiss Federal Department of Foreign Affairs, acting through the Swiss Agency for Development and Cooperation (SDC) has committed a further 1,500,000 CHF over 3 years from 2026.

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 to the end of 2026.

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 remaining funds until 31 December 2026 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 March 2026.

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 March 2026.

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. The European Commission grant continues throughout 2026 with an annual amendment under this umbrella agreement for an amount of USD 1,124,942 USD.

Belgium DGD - Funded Programme (via WHO)

In June 2025, MPP, through WHO, signed a contract for USD 1,337,814 to support the project entitled 'Implementation of activities related to the mRNA TT Programme and HTAP diagnostic work', to be carried out in June-November 2025. Following the successful completion of this grant a new grant has been agreed for 2026 for an amount of 580,000 USD.

Flanders

MPP and the government of Flanders signed a three-year contract in January 2025 for EUR 1,442,500 to support the project 'Enhancing Regional Health Security In Africa Through Technical Partnerships With Flemish Institutions'.

Coefficient Giving

Coefficient Giving: a new grant was received in the early part of January and is going forward for three years from 2026 to 2028 at 1,700,000 CHF per year.

NOTE 11 : SUBGRANTEES AND PARTNERS EXPENDITURES

NAME	TYPE	CURRENCY	EQUIPMENT	STAFF COSTS/ TRAINING	RESEARCH & DEVELOPMENT	RAW MATERIALS & CONSUMABLES	GENERAL ADMINISTRATION	OTHER	TOTAL
Afrigen	Sub Grantee	CHF	555'965	3'450'864	77'115	2'255'200	417'502	210'389	6'967'035
Biovac	Sub Grantee	CHF	-70'207	698'952	2'148'296	-	-	-	2'777'041
SAMRC	Sub Grantee	CHF	39'867	-	307'978	-	41'230	262	389'337
WITS	Sub Grantee	CHF	-	-	-	-	305'107	-	305'107
Total subgrantees expenditures 2025			**525'626**	**4'149'816**	**2'533'388**	**2'255'200**	**763'839**	**210'651**	**10'438'521**
Argentina PAHO	Partner	CHF	-	27'643	29'319	54'449	-	-	111'411
Bangladesh Incepta	Partner	CHF	423'164	-	-	-	-	-	423'164
Brazil Fiotec	Partner	CHF	157'453	-	-	126'419	31'891	-	315'762
Egypt BioGenericPh	Partner	CHF	28'106	3'457	-	-	-	-	31'563
Indonesia Bio Farm	Partner	CHF	26'597	46'732	-	998'983	-	-	1'072'312
Pakistan National	Partner	CHF	90'758	72'224	-	964	-	-	163'946
Senegal Institut Pas	Partner	CHF	326'494	93'401	-	19'417	-	-	439'311
Serbia Institut	Partner	CHF	502'277	43'125	-	222'800	-2'025	-	766'177
Tunisia Institut	Partner	CHF	1'443'279	45'290	-	250'947	-	-	1'739'517
Ukraine Darnytsia	Partner	CHF	-	34'384	-	-	-	-	34'384
Vietnam Polyvac	Partner	CHF	1'075'657	45'885	-	-	-	54	1'121'597
National University	Partner	CHF	-	-	60'428	-	-	-	60'428
ChulalongKorn Univ	Partner	CHF	-	-	60'428	-	-	-	60'428
Total partners expenditures 2025			**4'073'786**	**412'141**	**29'319**	**1'673'979**	**29'866**	**54**	**6'340'000**
			4'599'412	**4'561'958**	**2'562'707**	**3'929'179**	**793'705**	**210'706**	**16'778'521**

NOTE 11 : SUBGRANTEES AND PARTNERS EXPENDITURES

DECEMBER 31ST, 2024 COMPARATIVE FIGURES

NAME	TYPE	CURRENCY	EQUIPMENT	STAFF COSTS/ TRAINING	RESEARCH & DEVELOPMENT	RAW MATERIALS & CONSUMABLES	GENERAL ADMINISTRATION	OTHER	TOTAL
Afrigen	Sub Grantee	CHF	3'215'073	3'846'745	200'102	2'896'069	497'174	348'333	11'003'497
Biovac	Sub Grantee	CHF	853'725	533'407	1'210'909	-	-	-	2'598'041
SAMRC	Sub Grantee	CHF	-	-	357'039	-	69'306	-	426'345
WITS	Sub Grantee	CHF	-	-	-	-	166'397	-	166'397
Total subgrantees expenditures 2024			**4'068'798**	**4'380'153**	**1'768'050**	**2'896'069**	**732'878**	**348'333**	**14'194'280**
Argentina PAHO	Partner	CHF	-	17'890	-		-	-	17'890
Bangladesh Incepta	Partner	CHF	206'518	-	-		-	-	206'518
Egypt BioGeneric	Partner	CHF	47'786	-	-		-	-	47'786
Senegal Institut	Partner	CHF	915'691	-	-		-	-	915'691
Serbia Institut	Partner	CHF	661'013	30'684	-		2'103	-	693'800
Total subgrantees expenditures 2024			**1'831'007**	**48'574**	**-**		**2'103**	**-**	**1'881'684**
			5'899'805	**4'428'727**	**1'768'050**		**734'981**	**348'333**	**16'075'964**

(with December 31st, 2024 comparative figures) (Expressed in Swiss Francs)

NOTE 12 : NET FINANCIAL RESULT

The financial income and costs are the following :

	31 DECEMBER 2025	31 DECEMBER 2024
Gains / (losses) on exchange	(3'970'685)	1'937'302
Bank interest income	189'342	372'520
Others, net	-	-
TOTAL	**(3'781'343)**	**2'309'822**

NOTE 13 : 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 14 : NUMBER OF EMPLOYEES

The Foundation has 47 employees (48 in 2024) and 7 (7 in 2024) in India.

NOTE 15 : LIABILITIES FROM LEASING CONTRACTS

	31 DECEMBER 2025	31 DECEMBER 2024
Liabilities from leasing agreements up to one year	222'749	237'485
Liabilities from leasing agreements from one year to five years	8'072	215'531

NOTE 16: PENSION FUND

As of December 31st 2025 the organisation has a liability due to the pension fund amounting to CHF 159.24 (2024: CHF 348.70)

MPP has 40 staff out of a total of 47 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 2025 the rate of return achieved for the invested benefits amounted to 2,65%. At 31 December 2025, the foundation has no additional liability towards this pension fund other than the provision made at 31 December 2025 of 159.24 CHF.

NOTE 17 : OFF BALANCE SHEET

As of 31 December 2025, the Foundation continues to hold two leases for office premises disclosed above in Note 15. No other significant off-balance sheet commitments exist.

NOTE 18 : SUBSEQUENT EVENTS

Coefficient Giving, a new donor for MPP, has confirmed a grant of CHF 1,700,000 for three years from 2026.

The Swiss Agency for Development and Cooperation (SDC) has committed CHF 1,500,000 over three years and Unitaid for CHF 4,400,000 for two years.

In 2026 MPP also benefits from the continued funding from the French, Canadian and German governments and from the European Commission, Japan and Belgium via WHO.

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Report of the statutory auditor

To the Governance Board of
Medicines Patent Pool Foundation
Geneva

Report on the Audit of the Statutory Financial Statements

Opinion

We have audited the statutory financial statements of Medicines Patent Pool Foundation (the Foundation), which comprise the balance sheet as at 31 December 2025, the statement of operations, the cash flow statement and the statement of changes in capital for the year then ended, and notes to the statutory financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying statutory financial statements give a true and fair view of the financial position as at 31 December 2025 and of its financial performance and its cash flows for the year then ended in accordance with Swiss GAAP FER and comply with Swiss law and the charter of the foundation.

Basis for Opinion

We conducted our audit in accordance with Swiss law and 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 and the requirements of the Swiss audit profession. We have also 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 Information

The Governance Board is responsible for the other information. The other information comprises the information included in the annual report but does not include the statutory financial statements and our auditor's report thereon.

Our opinion on the statutory financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the statutory financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Governance Board's Responsibilities for the Statutory Financial Statements

The Governance Board is responsible for the preparation of the statutory financial statements i accordance with the provisions of Swiss law and the charter of the foundation, and for such internal controls as the Governance Board determines are necessary to enable the preparation c the statutory financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the statutory 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.

Auditor's Responsibilities for the Audit of the Statutory Financial Statements

Our objectives are to obtain reasonable assurance about whether the statutory 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 Swiss law and 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 b expected to influence the economic decisions of users taken on the basis of these financial statements.

A more detailed description of our responsibilities for the audit of the financial statements can be found on the EXPERTsuisse website: https://expertsuisse.ch/en/association/about-our-members/audit-report-according-to-sa-ch-and-or-isa This description forms an integral part o our report.

Report on Other Legal and Regulatory Requirements

In accordance with Art. 83b para. 3 CC in conjunction with Art. 728a para. 1 item 3 CO and PS-CH 890, we confirm that an internal control system exists, which has been designed for the preparation of statutory financial statements according to the instructions of the Governance Board.

We recommend that the financial statements submitted to you be approved.

Deloitte SA

Fabien Bryois
Licensed Audit Expert
Auditor in Charge

Caroline Brouard

Geneva, 13 May 2026

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

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PUBLISHED JUNE 2026.