A DECADE OF MAKING MEDICINES ACCESSIBLE

18 BILLION DOSES OF TREATMENT IN 10 YEARS

ANNUAL REPORT 2020
About the cover

2020 marks 10 years of MPP. Thus, there could be no better theme for this celebratory edition of our Annual Report than "10". What is essential for MPP are "partnerships" and "connections" – the foundations of our success. It is these interconnected links, evolved from the circle derived from "10" that are depicted throughout the report.

The circle in "10" also signifies "closing the gap" in line with our mission to fill the gap in access to medicines by bringing life-saving treatments to those in need.

The photographs used throughout the annual report represent the diverse people we serve.

"Accessibility to medicines for all" is at the heart of what we do and what we strive for.

Photo credits

Anthony Karumba/Medicines Patent Pool; Alexey Furman/Medicines Patent Pool; Divya Cowasji/Medicines Patent Pool; Shutterstock; Marlon Lara/Unsplash; rights reserved.
MESSAGE FROM MPP

2020 has been an unprecedented year on so many fronts – from lockdowns and travel bans across countries, to economic slowdowns, to the loss of millions of lives and livelihoods. Amidst this year of grappling with the COVID-19 pandemic, the Medicines Patent Pool (MPP) turned 10 years old.

10 years of our operations brought life-saving impact across 148 countries and saw the distribution of more than 18.55 billion doses of generic medicines facilitated by MPP’s licences. Nearly 50 million patient-years of treatment reached people in need, with global health savings of over USD 1.96 billion¹ achieved through the procurement of affordable generic products.

Each of these enormous numbers is a testament that our model works. Each pill that reached the hands of someone in need is the result of 10 years of partnerships nurtured and strengthened. Each country supplied with generic medicines through MPP’s licences is the bottom line of a long success story. Each dollar saved through these licences means more funding available for other treatments and diseases, and further strengthening of countries’ health systems.

10 years of experience also brought precious lessons for us as an organisation: such as transforming what many believed was an ‘impossible idea’ and turning it into a trusted mechanism that the global health community can count on; how catalysing the power of partnerships can create a win-win model for all stakeholders; how keeping people at the heart of our activities can push us to harness our creativity to ensure increased innovation, equity, affordability, availability, quality, speed and transparency. Each of these lessons has brought us where we are today and has empowered us for the path ahead.

2020 alone proved to be an eventful year for MPP across disease areas.

In HIV, MPP and ViiV Healthcare signed a new licensing agreement to expand access to dolutegravir (DTG)-based regimens for people living with HIV in Azerbaijan, Belarus, Kazakhstan and Malaysia, all upper-middle-income countries, while Algeria was added to our existing DTG licence.

In hepatitis C, MPP and Viatris (through its subsidiary Mylan) signed an agreement to scale up access to the first generic version of the World Health Organization (WHO)-recommended treatment glecaprevir/pibrentasvir; and we called for other manufacturers to apply for a licence to ensure healthy market competition and increase access.

In tuberculosis, MPP sublicensed sutezolid, an investigational drug for TB treatment, to the Bill & Melinda Gates Medical Research Institute, thus paving the way for its clinical development.

Cutting across these core diseases, MPP partnered with Unitaid’s grantees, the University of Liverpool, the University of Washington and MedinCell, to increase access to long-acting therapeutics in HIV, TB, HCV and malaria as they become available.

As we push forward in the essential medicines area, MPP bolstered partnerships by formalising Memoranda of Understanding (MoUs) with the International Diabetes Foundation and the World Heart Federation.

In the disease that provided the headlines for most of the year, MPP swiftly expanded its mandate in March to cover products for COVID-19. In a pioneering move, the organisation led an open pledge bringing together 21 generic drug makers from around the globe to combine their manufacturing potential towards developing and delivering COVID-19 treatments. Directly as a result of its 10 years of experience and its recognised expertise, MPP was asked to be a part of various global multi-stakeholder initiatives to tackle COVID-19, such as the Access to COVID-19 Tools Accelerator (ACT-A) and the WHO COVID-19 Technology Access Pool (C-TAP).

While new patented medicines for COVID-19 that are both effective and suitable for deployment in low- and middle-income countries are still to appear, and MPP is still, therefore, waiting to sign a licence, MPP and its model have received a large amount of media coverage holding us up as a key mechanism in the battle against this pandemic. This belief in our model has been evidenced by the signing of a new five-year USD 14.3 million grant from Unitaid with its diverse board of countries, foundations, WHO and civil society, as well as by the continued support of the Swiss Agency for Development and Cooperation.

In this Annual Report 2020, themed “10 years of MPP”, we invite you to delve into our journey over the last 10 years including lessons from the decade and news from 2020. Today, we thank each one of you for partnering with us in every step we took. This report is dedicated to all our partners because you share with us our core understanding that health innovations are only as powerful as they are accessible.

Dr Marie-Paule Kieny
Chair of MPP’s Board

Charles Gore
Executive Director of MPP

By working closely with partners including pharmaceutical companies – originators and generic manufacturers – MPP’s voluntary licensing mechanism has led to the supply of over 18 billion doses of quality generic treatments for HIV and hepatitis C (HCV) to 148 countries. This diligent work has contributed to making quality-assured, life-saving drugs available at historically low prices, resulting in almost USD 2 billion in savings for LMICs.

The COVID-19 pandemic has shed a light on key global health challenges such as insufficient production capacity to meet the needs of affordable life-saving tools for all people in all countries. In just a decade, MPP’s model of voluntary licensing and patent pooling has proven that it can make a difference and can help overcome those issues.

Working shoulder to shoulder with MPP, we strongly believe that what has been achieved until now to facilitate access to medicines in the South can be repeated against COVID-19. Equitable access to innovative tools everywhere in the world is part of the solution to bring the pandemic to an end.

Unitaid also looks forward to strengthening its collaboration with MPP on new global health innovations such as long-acting technologies. Unitaid appreciates MPP’s achievements over the past decade and looks forward to seeing MPP grow further as a key partner, working with originators, generic manufacturers, countries, donors, health agencies and civil society to improve access to affordable, life-saving products.

MESSAGE FROM UNITAID’s EXECUTIVE DIRECTOR

When Unitaid founded MPP ten years ago, few believed the idea of a patent pool for medicines could work. The concept was ground-breaking, inspiring, and held tremendous potential to bring vital medicines to those in need. Ten years later, the impact is there for all to see.

By working closely with partners including pharmaceutical companies – originators and generic manufacturers – MPP’s voluntary licensing mechanism has led to the supply of over 18 billion doses of quality generic treatments for HIV and hepatitis C (HCV) to 148 countries. This diligent work has contributed to making quality-assured, life-saving drugs available at historically low prices, resulting in almost USD 2 billion in savings for LMICs.

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Working shoulder to shoulder with MPP, we strongly believe that what has been achieved until now to facilitate access to medicines in the South can be repeated against COVID-19. Equitable access to innovative tools everywhere in the world is part of the solution to bring the pandemic to an end.

Building on MPP’s success and recognising its potential for the future, Unitaid is proud to have renewed its confidence in this model with the recent approval of five-year financial support. Today, maybe more than ever, we need MPP’s experience to help pharmaceutical companies license their rights on a voluntary basis and continue to improve access to vital medicines for people who need them the most.

We remain strongly committed to supporting MPP’s assiduous work on HIV, HCV and tuberculosis. There is still much to do. Globally, around three in ten people living with HIV are not receiving treatment, only 21% of people with HCV infection have been diagnosed, and even fewer have been treated and cured, and TB kills 1.4 million people per year.

The COVID-19 pandemic has further hindered progress. In this context, better access to medicines against these diseases is critical to ensure people in LMICs continue to receive quality and effective care.

Unitaid also looks forward to strengthening its collaboration with MPP on new global health innovations such as long-acting technologies. We support MPP’s engagement to explore voluntary licensing opportunities for medicines on the WHO’s List of Essential Medicines. Unitaid appreciates MPP’s achievements over the past decade and looks forward to seeing MPP grow further as a key partner, working with originators, generic manufacturers, countries, donors, health agencies and civil society to improve access to affordable, life-saving products.

MESSAGE FROM UNITAID

EXECUTIVE DIRECTOR

Dr Philippe Duneton
Executive Director, Unitaid
OUR FOOTPRINT – MPP’s OVERALL IMPACT IN 10 YEARS OF OPERATIONS

18.55 billion doses of treatments supplied through MPP’s licences

10 patent holders signed agreements with MPP

18 products licensed to MPP

23 generic manufacturers and product developers sublicensed from MPP

155 active product development projects

MPP licences have generated USD 1.96 billion in global health savings through the procurement of more affordable quality-assured medicines from MPP generic partners through an average price reduction of 81% relative to the originator price.

Generic products facilitated by MPP have been distributed in 148 countries providing 49.71 million patient-years of treatment from January 2012 to December 2020.

MPP’s impact is calculated and verified by KPMG.
2020 AT-A-GLANCE

**JANUARY**
- The University of Liverpool and the University of Washington secure Unitaid grants for long-acting products; MPP proudly partners with both to increase access to these revolutionary technologies.

**FEBRUARY**
- MPP co-sponsors a conference on long-acting injectables and implantables with MedinCell.
- MPP and Viatris (through its subsidiary Mylan) sign an agreement to scale up access to the first generic version of hepatitis C treatment glecaprevir/pibrentasvir.
- At WHO’s request, MPP begins to collect patent data on treatments being tested for COVID-19 and adds these to MediPaL.

**MARCH**
- Affordable versions of hepatitis C medicine daclatasvir from Bristol-Myers Squibb become available in additional countries.
- MPP’s Board temporarily expands MPP’s mandate to include any health technology that could contribute to the global response to COVID-19.

**APRIL**
- MedinCell secures Unitaid grant for long-acting solution for malaria; MPP will partner on accelerating access.

**MAY**
- MPP strongly supports multilateral COVID-19 global response and stands ready to contribute to the Access to COVID-19 Tools Accelerator (ACT-A).
- MPP’s statement at the 73rd World Health Assembly welcomes Resolution WHA73.1 that calls to work collaboratively through “existing mechanisms for voluntary pooling and licensing of patents”.

**JUNE**
- Marking its 10th anniversary, MPP launches its new website.
- Leading up to AIDS 2020 (virtual) conference, MPP organises an online roundtable on scaling up access to antiretroviral therapy.

**JULY**
- MPP is a co-publisher, along with WHO and seven other leading organisations, of the policy brief ‘Considerations for introducing new antiretroviral drug formulations for children’.
- MPP co-organises a satellite symposium at AIDS 2020 (virtual) together with Unitaid and WHO. The panel discusses access to long-acting technologies for HIV in LMICs.

**AUGUST**
- MPP and the International Diabetes Federation join forces to improve access to diabetes medicines.

**SEPTEMBER**
- Dr. Jinliang Li joins MPP’s Governance Board.
- On World Heart Day, MPP and the World Heart Federation sign MoU to improve access to affordable cardiovascular disease medicines.

**OCTOBER**
- MPP co-organises a panel at the World Health Summit 2020 (virtual) with Unitaid and WHO; discussion focuses on access to essential medicines in LMICs – a prerequisite to achieving Universal Health Coverage.
- Algeria gains inclusion to ViiV Healthcare/MPP adult licence enabling greater access to dolutegravir-based HIV treatments.
- MPP showcases the progress and good initiatives taken in Kenya for greater access to medicines through a series of videos and written pieces.

**NOVEMBER**
- MPP leads an open pledge bringing together generic manufacturers to combine forces for developing and delivering affordable COVID-19 interventions.
- MPP participates in the Vatican meeting; keeps “access to child-friendly medicines” high on the agenda.
- MPP secures a new USD 34.3 million grant from Unitaid for five years (2021-2025).
- ViiV Healthcare and MPP expand access to dolutegravir-based regimens for people living with HIV in Azerbaijan, Belarus, Kazakhstan and Malaysia with an innovative new licensing agreement.

**DECEMBER**
- Prof. Mojisola Christianah Adeyeye and Prof. John-Arne Røttingen join MPP’s Governance Board.
- MPP sublicenses sutezolid, an investigational drug for TB treatment, to the Gates Medical Research Institute, paving the way for clinical development.
- WIPO joins MPP’s Governance Board as a non-voting member.
10 YEARS, 10 LESSONS

Since 2010, and the foundation of MPP, much has happened – dozens of negotiations on public health licences, hundreds of partnerships across sectors, billions of doses of treatment supplied through MPP’s licences, and much more. And behind all these successes are hard-earned lessons that we have gathered, one lesson at a time. Each of these 10 precious lessons, as reflected in our partners’ voices, has made our foundation stronger than ever.

TURNING IMPOSSIBLE INTO POSSIBLE

Ten years on, the model has proved its worth. Since its creation in 2010, MPP’s ‘pooled’ intellectual property has led to the supply of nearly 19 billion doses of medicines across 148 countries and saved USD 1.96 billion in public health spending. The value of MPPs work is recognised by the global health community and corporations alike.

– ELLEN ‘t HOEN, Director, Medicines Law & Policy; founder and MPPs first Executive Director

SPEED – WHEN LIVES ARE AT STAKE, SPEED IS CRITICAL

Mylan first signed a MPP sublicense for a direct-acting antiviral called daclatasvir in October 2016, following approval of the BMS version of the product by the US Food and Drug Administration (USFDA) in 2015. In May 2019, Mylan received WHO Prequalification (PQ) for the product. Mylan’s PQ represents one of the fastest speeds by which any treatment, for any disease, has gone from initial branded approval to the first quality-assured generic – in less than four years.

– ANIL SONI, former Head of Global Infectious Diseases, Viatris (through its subsidiary Mylan)

AFFORDABILITY – EVERY CENT COUNTS

In South Africa, we have had very high prices, particularly in antiretroviral medicines. In 2010, the annual cost of first-line treatment was USD 250, while second-line treatments cost as much as USD 850. In June 2020, thanks to tremendous efforts from partners including MPP, the fixed-dose combination with dolutegravir is just USD 4.33 a month.

– PRECIOUS MATSOSO, Former Director-General, National Department of Health, South Africa

ACCESSIBILITY – COMBATTING EPIDEMICS BY INCREASING ACCESS TO MEDICINES

Broad access to WHO-prioritised medicines is critical to ending HIV/AIDS, so enabling the wide availability of dolutegravir to people living with HIV – regardless of their income or where they live – has been central to Viiv Healthcare’s access to medicines strategy and our work with MPP since 2014.

– DEBORAH WATERHOUSE, Chief Executive Officer, Viiv Healthcare

AVAILABILITY – THE CRITICAL NEED FOR PARTNERSHIPS

WHO Global TB Programme commends the achievements of MPP in the last decade and looks forward to seeing further expansion of the MPP model to include more medicines with high public health value in TB, leading to increased access, global availability and affordable pricing in places where they are needed the most – in low- and middle-income countries.

– The Global TB Programme, WORLD HEALTH ORGANIZATION (WHO)

INCLUSIVITY – A SLOW AND STEADY UPWARD BATTLE THAT CONTINUES

My wish for the future is to see better-designed clinical trials (for TB) and greater civil society participation in the design. I hope that the next 10 years will bring us head-to-head comparisons between treatments so that we can see clearly how effective each component of the regimen is, and all vulnerable populations, including children, pregnant women and people living with HIV, can get the best combinations they deserve.

– WIM VANDEVELDE, GNP+, Global TB Community Advisory Board

EQUITY – TOWARDS A FAIRER SOCIETY

There is no reason why people living in the North have a different treatment to those living in the South. It is because of the work of organisations like MPP and Unitaid that DTG is widely available in Kenya today. MPP accelerates the availability of generic versions and makes treatments affordable for countries like mine and for them to be scaled up to even the most remote villages.

– NELSON OTWOMA, Chief Executive Officer, NEPHAK

SUSTAINABILITY – PERFECTING A MECHANISM THAT LASTS

The voluntary licensing mechanism and the partnership is a highly symbiotic one – with MPP achieving a sustainable supply of affordable, high-quality medicines for those in need and generic companies getting access to products and markets that would otherwise be impossible without licences. It is a win-win model, and it is a fundamentally sustainable model. So licensing is here to stay.

– UMESH K, Senior Vice President, Global Antivirals, Aurobindo

TRANSPARENCY – SETTING A GOLD STANDARD

Since 2012, MPP has become the main driving force behind voluntary licensing in the pharmaceutical industry. MPP prioritises transparent and access-friendly terms in licences that support rapid access to key products in large numbers of countries where the biggest disease burden lies.

– JAYASREE K. IYER, Executive Director, Access to Medicine Foundation

INNOVATION – PUSHING LIMITS IN PAEDIATRIC MEDICINES

EGPAF is proud of its collaboration with MPP; an organisation that will continue working until every child and young person has the quality medicines they need to live a happy, healthy life. MPP understands that innovation is vital to achieving this goal. Improved (paediatric) formulations bring hope to families who thought they might never find the solutions they need not just to survive, but thrive.

– CHIP LYONS, CEO and President, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)
VISION AND MISSION

IN 10 YEARS

18.5 BILLION

DOSES OF TREATMENT SUPPLIED

VISION

Our vision is a world in which people in need in low-and middle-income countries (LMICs) have rapid access to effective and affordable medical treatments and health technologies.

MISSION

Our mission is to increase access to, and facilitate the development of, life-saving medicines for LMICs through an innovative approach to voluntary licensing and patent pooling. We work with a range of partners — civil society, international organisations, industry, patient groups and governments — to prioritise and license novel and existing medicines and health technologies for people in these countries.
KEY FEATURES OF MPP LICENCES

The public health terms and conditions in MPP licences seek to improve treatment options for the broadest number of people living in low- and middle-income countries (LMICs).

- **Wide geographical scope**: over 140 countries benefitting from MPP’s licences
- **Quality assured products**: strict quality assurance policies
- **Non-exclusive**: to encourage generic competition
- **Flexibility**: to adapt to circumstances and achieve public health goals
- **Complementarity**: to other mechanisms and tools to facilitate access to treatments
- **Waivers**: for data exclusivity
- **Transparency**: MPP’s licences are published on our website
- **Licence management**: to monitor compliance and prevent market leakage
**HOW WE WORK**

**MPP LICENCES**

**(2010 - 2020)**

**GENERIC MANUFACTURING / PRODUCT DEVELOPMENT PARTNERS**

- AbbVie
- Bristol-Myers Squibb
- Boehringer Ingelheim
- F. Hoffmann-La Roche
- Gilead Sciences
- Janssen
- Johns Hopkins University
- Merck Sharp & Dohme
- Pfizer
- Pharco
- ViV Healthcare
- University of Liverpool
- United States National Institutes of Health

**GENERIC MANUFACTURERS**

- Adcock Ingram
- Anhui Biochem
- Arene
- Aurobindo
- Beximco
- Bill & Melinda Gates Medical Research Institute
- Celtrion
- Cipla
- Desano
- Emcure
- Hetero
- Langhua Pharma
- Laurus Labs
- Lupin
- Macleods
- Mangalam
- Micro Labs
- Natco
- Strides Shasun
- Sun Pharma
- TB Alliance
- Vitaris (through its subsidiary Mylan)
- Zydus Cadila

**PATENT HOLDERS / ORIGINATOR PARTNERS**

- AbbVie
- Bristol-Myers Squibb
- Boehringer Ingelheim
- F. Hoffmann-La Roche
- Gilead Sciences
- Janssen
- Johns Hopkins University
- Merck Sharp & Dohme
- Pfizer
- Pharco
- ViV Healthcare
- University of Liverpool
- United States National Institutes of Health

**PEOPLE LIVING IN LOW- AND MIDDLE-INCOME COUNTRIES**

**HOW WE WORK**

1. **Patents-related to abacavir (ABC) paediatric** – part of the WHO-preferred treatment for children from three months to 10 years of age.
2. **Patents-related to atazanavir (ATV)** – part of the WHO-preferred second-line treatment for adults and children.
3. **Patents-related to bictegravir (BIC)** – an HIV integrase inhibitor approved by the U.S. FDA in 2018 as part of a single tablet regimen.
4. **Patents-related to cobicistat (COBI)** – an enhancer to boost a number of antiretrovirals (ARVs) and potentially other drugs.
5. **Patents-related to daclatasvir (DAC)** – part of the WHO-recommended pan-genotypic regimen – SOF + DAC – for the treatment of chronic hepatitis C.
6. **Patents-related to dolutegravir (DTG) adult** – WHO-recommended as part of a preferred first-line regimen for adults.
7. **Patents-related to dolutegravir (DTG) paediatric** – WHO-recommended as part of a preferred first-line regimen for infants and children of at least four weeks of age and weighing at least three kilograms.
8. **Patents-related to elvitegravir (EVG)** – approved for use in children and adults as part of fixed-dose combinations.
9. **Patents-related to emtricitabine (FTC)** – an important component of nucleoside reverse transcriptase inhibitors backbones, included in many of the WHO-recommended first- and second-line treatments for children and adults.
10. **Patents-related to glecaprevir/pibrentasvir (G/P)** – WHO-recommended pan-genotypic treatment for chronic hepatitis C.
11. **Patents-related to lopinavir/ritonavir (LPV/r)** – WHO-recommended as one of the preferred second-line options for adults.
13. **Patents-related to ravidasvir (RAV)** – an investigational drug for chronic hepatitis C.
14. **Solid drug nanoparticle technology** – a technology that reformulates poorly soluble and insoluble drugs into water-dispersible formulations to improve delivery into the body, thereby reducing its oral dosage.
15. **Sutezolid** – an investigational drug for tuberculosis.
16. **Tenofovir alafenamide (TAF)** – WHO-recommended as an alternative first-line HIV treatment option in children and in special circumstances in adults; also approved for HIV PEP and for the treatment of chronic hepatitis B in adults.
17. **Tenofovir disoproxil fumarate (TDF)** – WHO-recommended as part of a preferred first-line HIV treatment for adults and children, as an option for second-line treatment, for HIV PEP and for the treatment of chronic hepatitis B infection.
18. **Valganciclovir** – oral medicine to treat or prevent cytomegalovirus disease, a common HIV co-infection.

**Royalties (where applicable)**

**PATENT HOLDERS**

- AbbVie
- Bristol-Myers Squibb
- Boehringer Ingelheim
- F. Hoffmann-La Roche
- Gilead Sciences
- Janssen
- Johns Hopkins University
- Merck Sharp & Dohme
- Pfizer
- Pharco
- ViV Healthcare
- University of Liverpool
- United States National Institutes of Health

**Addition of non-enforcement policy**

**Price agreement**

**GENERIC MANUFACTURERS**

- Adcock Ingram
- Anhui Biochem
- Arene
- Aurobindo
- Beximco
- Bill & Melinda Gates Medical Research Institute
- Celtrion
- Cipla
- Desano
- Emcure
- Hetero
- Langhua Pharma
- Laurus Labs
- Lupin
- Macleods
- Mangalam
- Micro Labs
- Natco
- Strides Shasun
- Sun Pharma
- TB Alliance
- Vitaris (through its subsidiary Mylan)
- Zydus Cadila

**PEOPLE LIVING IN LOW- AND MIDDLE-INCOME COUNTRIES**

**MPP LICENCES**

**(2010 - 2020)**

- **abacavir (ABC) paediatric** – part of the WHO-preferred treatment for children from three months to 10 years of age.
- **atazanavir (ATV)** – part of the WHO-preferred second-line treatment for adults and children.
- **bictegravir (BIC)** – an HIV integrase inhibitor approved by the U.S. FDA in 2018 as part of a single tablet regimen.
- **cobicistat (COBI)** – an enhancer to boost a number of antiretrovirals (ARVs) and potentially other drugs.
- **daclatasvir (DAC)** – part of the WHO-recommended pan-genotypic regimen – SOF + DAC – for the treatment of chronic hepatitis C.
- **dolutegravir (DTG) adult** – WHO-recommended as part of a preferred first-line regimen for adults.
- **dolutegravir (DTG) paediatric** – WHO-recommended as part of a preferred first-line regimen for infants and children of at least four weeks of age and weighing at least three kilograms.
- **elvitegravir (EVG)** – approved for use in children and adults as part of fixed-dose combinations.
- **emtricitabine (FTC)** – an important component of nucleoside reverse transcriptase inhibitors backbones, included in many of the WHO-recommended first- and second-line treatments for children and adults.
- **glecaprevir/pibrentasvir (G/P)** – WHO-recommended pan-genotypic treatment for chronic hepatitis C.
- **lopinavir, ritonavir (LPV/r)** – WHO-recommended as one of the preferred second-line options for adults.
- **lopinavir, ritonavir (LPV/r) paediatric** – WHO-recommended component of the preferred first- and second-line option for children.
- **ravidasvir (RAV)** – an investigational drug for chronic hepatitis C.
- **solid drug nanoparticle technology** – a technology that reformulates poorly soluble and insoluble drugs into water-dispersible formulations to improve delivery into the body, thereby reducing its oral dosage.
- **sutezolid** – an investigational drug for tuberculosis.
- **tenofovir alafenamide (TAF)** – WHO-recommended as an alternative first-line HIV treatment option in children and in special circumstances in adults; also approved for HIV PEP and for the treatment of chronic hepatitis B in adults.
- **tenofovir disoproxil fumarate (TDF)** – WHO-recommended as part of a preferred first-line HIV treatment for adults and children, as an option for second-line treatment, for HIV PEP and for the treatment of chronic hepatitis B infection.
- **valganciclovir** – oral medicine to treat or prevent cytomegalovirus disease, a common HIV co-infection.

**HIV**

**Hepatitis C**

**Tuberculosis**

*Price agreement*
in 2020

37.6 million people globally were living with HIV, including 1.7 million children

HIV

34.7 million people have died from AIDS-related illnesses since the start of the epidemic

27.4 million people were accessing antiretroviral therapy in 2020, an increase of 2 m since 2019

26% of adults living with HIV still miss out on HIV treatment, of whom the vast majority lives in low- and middle-income countries²

47% of children

² UNAIDS 2020 fast sheet (last accessed on 14 June 2021)
Note that supplies of MPP-licensed products may occur outside of the licence(s) covered territory but where no patents are infringed, and/or in countries in the absence of registration via procurement channels, registration waivers and/or exemptions.

**Dolutegravir (DTG) adult 50 mg**

- **Covered Territory**: 99 countries
- **Filed**: 18 countries
- **Approved**: 44 countries
- **Supplied**: 109 countries

**Tenofovir Disoproxil Fumarate/Lamivudine/Dolutegravir (TDF/3TC/DTG – also known as TLD) 300/300/50 mg**

- **Covered Territory**: 99 countries
- **Filed**: 18 countries
- **Approved**: 47 countries
- **Supplied**: 90 countries

**Tenofovir Alafenamide/Emtricitabine/Dolutegravir (TAF/FTC/DTG) 25/200/50 mg**

- **Covered Territory**: 91 countries
- **Filed**: 23 countries
- **Approved**: 10 countries
- **Supplied**: 6 countries

**Atazanavir/Ritonavir (ATV/r) 300/100 mg**

- **Covered Territory**: 54 countries
- **Filed**: 25 countries
- **Approved**: 30 countries
- **Supplied**: 87 countries
In March 2020, AbbVie issued a worldwide commitment not to enforce patents on lopinavir and ritonavir product, thus enabling supplies from MPP’s sublicensees outside of the MPP licence territory.

Data as of 31 December 2020, provided by MPP’s sublicensees

**lopinavir/ritonavir (LPV/r) 100/25 mg & 200/50 mg**

- **Covered Territory:** 54 countries
- **Filed:** 16 countries
- **Approved:** 43 countries
- **Supplied:** 111 countries

**lopinavir/ritonavir (LPV/r) paediatric 40/10 mg**

- **Covered Territory:** 102 countries
- **Filed:** 2 countries*
- **Approved:** 11 countries
- **Supplied:** 46 countries

Data as of 31 December 2020, provided by MPP’s sublicensees

In March 2020, AbbVie issued a worldwide commitment not to enforce patents on lopinavir and ritonavir product, thus enabling supplies from MPP’s sublicensees outside of the MPP licence territory.

*For confidentiality purposes, countries will be disclosed when approval from a stringent regulatory authority (SRA) for this product has been granted to more than one sublicensee.
Dolutegravir either on its own or in combination (TLD) has been supplied in 113 countries

> 27.3 million patient-years of treatments have been supplied between 2017-2020

34% & 12% decline in average price of DTG and TLD respectively between 2017-2020

### Top 10 Countries Supplied in 2020 with DTG and/or TLD Combinations through our Licensees

<table>
<thead>
<tr>
<th>Country</th>
<th>DTG 50mg</th>
<th>TLD</th>
<th>Estimated number of people living with HIV (Source UNAIDS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>21,120</td>
<td>5,530,492</td>
<td>380,000</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>1,015,544</td>
<td>4,906,285</td>
<td>670,000</td>
</tr>
<tr>
<td>Kenya</td>
<td>1,952,176</td>
<td>11,110,778</td>
<td>1,500,000</td>
</tr>
<tr>
<td>Malawi</td>
<td>605,693</td>
<td>13,593,452</td>
<td>1,100,000</td>
</tr>
<tr>
<td>Mozambique</td>
<td>451,208</td>
<td>11,099,985</td>
<td>2,200,000</td>
</tr>
<tr>
<td>Nigeria</td>
<td>877,683</td>
<td>9,041,824</td>
<td>1,800,000</td>
</tr>
<tr>
<td>South Africa</td>
<td>1,462,582</td>
<td>28,075,902</td>
<td>7,500,000</td>
</tr>
<tr>
<td>Tanzania</td>
<td>537,545</td>
<td>15,884,050</td>
<td>1,700,000</td>
</tr>
<tr>
<td>Uganda</td>
<td>457,665</td>
<td>12,024,169</td>
<td>1,500,000</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>0</td>
<td>7,481,418</td>
<td>1,400,000</td>
</tr>
</tbody>
</table>

### New Countries Supplied in 2020

<table>
<thead>
<tr>
<th>Country</th>
<th>DTG 50mg</th>
<th>TLD</th>
<th>Estimated number of people living with HIV (Source UNAIDS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>51,288</td>
<td>558,213</td>
<td>340,000</td>
</tr>
<tr>
<td>Chad</td>
<td>-</td>
<td>66,216</td>
<td>120,000</td>
</tr>
<tr>
<td>Ecuador</td>
<td>11,459</td>
<td>6,096</td>
<td>47,000</td>
</tr>
<tr>
<td>Eritrea</td>
<td>252</td>
<td>119,800</td>
<td>14,000</td>
</tr>
<tr>
<td>Gambia (the)</td>
<td>9,066</td>
<td>94,316</td>
<td>28,000</td>
</tr>
<tr>
<td>Indonesia</td>
<td>150,000</td>
<td>419,824</td>
<td>640,000</td>
</tr>
<tr>
<td>Niger</td>
<td>14,121</td>
<td>62,952</td>
<td>33,000</td>
</tr>
<tr>
<td>Panama</td>
<td>10,130</td>
<td>99,583</td>
<td>26,000</td>
</tr>
<tr>
<td>Philippines</td>
<td>5,250</td>
<td>197,260</td>
<td>97,000</td>
</tr>
<tr>
<td>Thailand</td>
<td>102,261</td>
<td>61,580</td>
<td>470,000</td>
</tr>
</tbody>
</table>
globally, an estimated
58 million people
have chronic hepatitis C infection with an important proportion developing cirrhosis or liver cancer.

direct-acting antiviral medicines (DAAs) can cure
>95% of patients

But still, access to diagnosis and treatment is low, especially in low- and middle-income countries, where the vast majority of people with the virus live.

Hepatitis C

Access to hepatitis C treatment is improving but remains too limited.

In 2019, 21% of those living with the HCV infection knew their diagnosis.

Of those diagnosed with chronic HCV infection, 9.4 million people (62%) had been treated with DAAs by the end of 2019.

Much more needs to be done to achieve 80% HCV treatment target by 2030.5

5. World Health Organization, Global report on HCV viral hepatitis and sexually transmitted infections, 2021
MPP’s WORK IN HEPATITIS C

Note that supplies of MPP-licensed products may occur outside of the licence(s) covered territory but where no patents are infringed, and/or in countries in the absence of registration via procurement channels, registration waivers and/or exemptions.

1. daclatasvir (DAC) 30 mg and 60 mg

- **Covered Territory**: 112 countries
- **Filed**: 18 countries
- **Approved**: 34 countries
- **Supplied**: 34 countries

Data as of 31 December 2020, provided by MPP’s sublicensees

2. daclatasvir + sofosbuvir (DAC + SOF) 60/400 mg

- **Covered Territory**: 97 countries
- **Filed**: 9 countries
- **Approved**: 10 countries
- **Supplied**: 9 countries

Data as of 31 December 2020, provided by MPP’s sublicensees
MPP’s WORK IN HEPATITIS C

Daclatasvir has been commercialised in 34 countries by MPP licensees.

more than 1 million treatments* have been made available till Dec 2020.

~85% decline in average price per treatment (DAC 60mg) between 2016 to 2020.

VOLUMES VS PRICE OF GENERIC DACLATASVIR SALES

<table>
<thead>
<tr>
<th>Year</th>
<th>Treatments</th>
<th>Price/Treatment (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>300K</td>
<td>$300K</td>
</tr>
<tr>
<td>2017</td>
<td>250K</td>
<td>$250K</td>
</tr>
<tr>
<td>2018</td>
<td>150K</td>
<td>$150K</td>
</tr>
<tr>
<td>2019</td>
<td>100K</td>
<td>$100K</td>
</tr>
<tr>
<td>2020</td>
<td>50K</td>
<td>$50K</td>
</tr>
</tbody>
</table>

* 1 HCV treatment = 12 weeks therapy (3 packs)

Data as of December 2020

TOP 10 COUNTRIES SUPPLIED IN 2020 WITH DAC AND/OR DAC COMBINATIONS

<table>
<thead>
<tr>
<th>Country</th>
<th>Treatments</th>
<th>Estimated HCV Disease Burden (Source Polaris*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>865,452</td>
<td>6,076,000</td>
</tr>
<tr>
<td>Indonesia</td>
<td>15,284</td>
<td>1,360,000</td>
</tr>
<tr>
<td>Kazakhstan</td>
<td>36,777</td>
<td>374,000</td>
</tr>
<tr>
<td>Malaysia</td>
<td>10,703</td>
<td>386,000</td>
</tr>
<tr>
<td>Myanmar</td>
<td>25,431</td>
<td>376,000</td>
</tr>
<tr>
<td>Pakistan</td>
<td>78,565</td>
<td>6,840,000</td>
</tr>
<tr>
<td>Rwanda</td>
<td>43,999</td>
<td>97,400</td>
</tr>
<tr>
<td>Ukraine</td>
<td>22,605</td>
<td>1,352,000</td>
</tr>
<tr>
<td>Uzbekistan</td>
<td>12,633</td>
<td>1,005,000</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>26,669</td>
<td>1,009,000</td>
</tr>
</tbody>
</table>

NEW COUNTRIES SUPPLIED IN 2020

<table>
<thead>
<tr>
<th>Country</th>
<th>Treatments</th>
<th>Estimated HCV Disease Burden (Source Polaris*)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
<td>504</td>
<td>317,000</td>
</tr>
<tr>
<td>Armenia</td>
<td>959</td>
<td>64,200</td>
</tr>
<tr>
<td>Cuba</td>
<td>1,224</td>
<td>55,500</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>Under 500</td>
<td>641,000</td>
</tr>
<tr>
<td>Moldova</td>
<td>106</td>
<td>119,000</td>
</tr>
<tr>
<td>Philippines</td>
<td>Under 500</td>
<td>626,000</td>
</tr>
<tr>
<td>Tajikistan</td>
<td>100</td>
<td>252,000</td>
</tr>
<tr>
<td>Tanzania</td>
<td>886</td>
<td>467,000</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>Under 500</td>
<td>-</td>
</tr>
<tr>
<td>Turkmenistan</td>
<td>3,750</td>
<td>159,000</td>
</tr>
</tbody>
</table>

(Data as of December 2020)

* https://cdafound.org/polaris/
TB is one of the top 10 killers globally & the leading cause of death for people living with HIV in 2019.

10 million people fell ill with TB, including 1.2 million children.

1.4 million died from the disease, including 208,000 people with HIV.

Tuberculosis

Multidrug-resistant TB (MDR-TB) remains a public health crisis and a health security threat. A global total of 206,030 people with multidrug- or rifampicin-resistant TB (MDR/RR-TB) were officially diagnosed and notified in 2019, a 10% increase from 2018. Ending the TB epidemic by 2030 is among the health targets of the Sustainable Development Goals (SDGs). To meet this target, faster-acting and better therapies to treat TB are urgently needed, particularly for MDR-TB.5

5 World Health Organization, Fact Sheet, Tuberculosis, October 2020 (website accessed on 14 June 2021)
COVID-19, the disease that dominated the world’s attention throughout 2020, was declared a pandemic by WHO on 11 March 2020. Shortly after, MPP swiftly realised that equitable access to medicines and technologies for COVID-19, as they become available, will be a key factor in determining how effectively we deal with this pandemic. In consequence, MPP’s Board expanded the organisation’s mandate to COVID-19 on 31 March 2020.

The following days and months saw MPP charting the possible roles it could play in defeating the new coronavirus. By applying its tested voluntary licensing and patent pooling model, MPP could:

01 Help fulfil the need for huge volumes of treatments through its generic manufacturing partners.

02 Leverage its broad partnerships towards increasing the geographical reach of effective technologies, especially in low- and middle-income countries.

03 Aid in bringing down the prices of medicines by introducing multiple generic players and driving healthy competition among them.

04 Ensure quality of generic versions of licensed health products.

05 Complement direct efforts of originators and public health organisations towards leaving no one behind.

06 Provide a sustainable model that does not rely on a philanthropic approach to access – one-off charities, philanthropic donations etc.
OVER THE FOLLOWING MONTHS OF 2020, MPP OFFERED ITS EXPERIENCE TO FIGHT COVID-19:

**MARCH 2020**
MPP’s mandate is expanded to include COVID-19 treatments and technologies.

**MAY 2020**
WHO calls MPP to join its COVID-19 Technology Access Pool (CTAP).

**SEPTMBER 2020**
MPP becomes part of the Access to COVID-19 Tools Accelerator (ACT-A) therapeutic pillar led by Unitaid and WHO.

**DECEMBER 2020**
UN General Assembly annual resolution on “Global health and foreign policy: strengthening health system resilience through affordable health care for all” (document A/75/L.41) encourages the use of existing mechanisms, such as the Medicines Patent Pool, to promote equitable, affordable and timely access to medical products and health technologies in health emergencies.

**NOVEMBER 2020**
MPP leads an open pledge with 21 generic manufacturing companies, who commit to working with MPP to fulfil the manufacturing demand for COVID-19 treatments, especially in LMICs.

**OCTOBER 2020**
Manifesto for EU (European Union) COVID-19 research mentions voluntary pooling and licensing of intellectual property related to COVID-19 therapeutics and vaccines as a key facet.

**THROUGHOUT 2020**

MPP explored with originators possible strategies to make potential COVID-19 treatments available in LMICs.

MPP’s team executed scientific research, market monitoring, and evaluated generic manufacturing capacity for potential COVID-19 treatments.

Products being tested for COVID-19 were included in MedsPaL, MPP’s free patents and licences online database (see MedsPaL section).

MPP worked with licensees to ensure there would be adequate supplies of licensed treatments that had shown early promise for COVID-19, such as HIV medicine lopinavir/ritonavir (LPV/r) and hepatitis C medicine daclatasvir (DAC).

6 MPP has been working with the innovator, AbbVie, and manufacturers of generic LPV/r since 2015, to enable affordable access in 106 developing countries. LPV/r, an HIV treatment, was included in several clinical trials, including the WHO Solidarity trial, as a promising candidate for treating hospitalised patients for COVID-19.

7 MPP has been working with Bristol-Myers Squibb and manufacturers of generic DAC to enable affordable access in LMICs through a licensing agreement since 2015. In July 2020, preliminary data suggested that DAC in combination with sofosbuvir (SOF) could be effective against COVID-19. While further and larger clinical trials are ongoing, MPP and its manufacturing partners remain committed to enabling access to this product for hepatitis C patients, as well as COVID-19 patients, if its effectiveness were to be confirmed in clinical trials.
MPP AND ACCESS TO ESSENTIAL MEDICINES

For too many, life-saving health products such as essential medicines are inaccessible, unaffordable or unavailable. 100 million people each year worldwide are driven into poverty because healthcare costs are too high.

In 2018, MPP conducted a feasibility study funded by the Swiss Agency for Development and Cooperation (SDC) to explore the public health need for, and potential feasibility and impact of, expanding the work of MPP into patented essential medicines in other therapeutic areas, like cancer, diabetes and cardiovascular diseases. The study highlighted the expected public health value of providing generic access to patented products on WHO’s Model List of Essential Medicines (WHO EML) and those with a strong potential for future inclusion.

MPP’s remit now covers patented medicines in these disease areas. In 2019, MPP published a prioritisation framework that outlines a methodology for assessing candidate medicines.

In 2020, building upon the organisation’s work in essential medicines, MPP:

- **Engaged with Pharmaceutical Companies**
  - Initiating exploratory talks with patent holders of essential medicines for non-communicable diseases (NCDs), including cardiometabolic diseases and cancer, to gather industry perspectives and positions on the MPP model and explore potential willingness to partner with MPP to facilitate access to innovative products.

- **Signed a MoU with the International Diabetes Federation (IDF)**
  - To improve access to affordable and high-quality diabetes medicines in LMICs.
  - “Regular and affordable access to essential diabetes medicines remains a major problem in many parts of the world. Nearly 100 years after its first use to treat a person with diabetes, insulin remains beyond the reach of many who need it to survive. But it is not only an issue of access to insulin; many other patented medicines that help prevent and treat diabetes and its complications are not getting into the hands of those who need them,” said IDF President Professor Andrew Boulton. “MPP’s work holds great promise in overcoming some of the barriers to treatment. Our partnership has the potential to bring hope to millions of people with diabetes.”

- **Co-authored policy recommendations**
  - With the World Heart Federation to improve access to NOACs (non-vitamin K antagonist oral anticoagulants) to make these life-saving innovations affordable and available in low-resource settings. The recommendations were published in the peer-reviewed journal Global Heart.

- **Initiated an assessment on a possible role for MPP in relation to biotherapeutics**
  - With the inclusion of several biotherapeutics in the WHO EML over the past three revisions, the WHO Expert Committee requested MPP to consider the application of its model to biotherapeutics. In that context, MPP started an assessment that will be concluded in 2021.

- **Completed the inclusion in MedSpal of medicines on the WHO EML**
  - This meant, in particular, the addition of biotherapeutics for NCDs that were added to the WHO EML in 2019.

- **Joined forces with the World Heart Federation (WHF) on World Heart Day**
  - To work closely in furthering the shared goal of promoting wide availability of quality, safe, effective and affordable essential medicines for better cardiovascular health.
  - “WHF’s roadmap identifies access to medicines for circulatory health as one of the key tools towards prevention and treatment of cardiovascular diseases (CVDs),” said Jean-Luc Eiselé, Chief Executive Officer, World Heart Federation. “And joining forces with MPP will help us achieve just that.”

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8 World Health Organization, Fact Sheet, Universal Health Coverage
9 These include adalimumab and alternatives certolizumab pegol, etanercept, golimumab and infliximab; nivolumab and alternative pembrolizumab
MPP’s WORK IN LONG-ACTING THERAPEUTICS

Long-acting regimens for the treatment or prevention of chronic illnesses, such as weekly oral pills or monthly patches, injectables and implants, are emerging as game-changers in healthcare. These pioneering innovations offer people a simpler yet effective way of administering medicines that frees them from daily pills, helps them stay on treatment and reduces the burden on health systems.

With continued support from Unitaid and collaboration with other key stakeholders in the long-acting space, MPP is leveraging its expertise in public health-oriented licensing to facilitate the development of, and increase access to, long-acting technologies and formulations of importance for LMICs.

2020 started as an exploratory phase in the long-acting space for MPP, and by year-end, it became an integral part of MPP’s ongoing work.

HERE ARE SNAPSHOTS

ADDRESSING ACCESS BARRIERS EARLY IN DEVELOPMENTAL CYCLE:
MPP partnered with all three of Unitaid-funded long-acting projects – MedinCell, the University of Liverpool and the University of Washington – to step up the fight against malaria, HIV, hepatitis C and TB. MPP will leverage its expertise and model to provide a pathway, right from the start, for LMICs to obtain these innovations promptly.

“INNOVATION AND GLOBAL HEALTH” DISCUSSION:
During the third Long-Acting Injectable and Implanted Resources Conference in La Jolla, California (6-7 February 2020): MPP co-organised the side event with MedinCell to raise awareness about access to health technologies in LMICs and discuss mechanisms to address access barriers in the long-acting development pipeline.

SATELLITE SESSION ON ACCESS TO LONG-ACTING TECHNOLOGIES AT THE AIDS2020 VIRTUAL CONFERENCE:
MPP co-organised with Unitaid and WHO a satellite session titled “Harnessing access to long-acting technologies in low- and middle-income countries: are we on track to resolving the conundrum?” The panel discussion, which included high-level representatives and renowned speakers from communities, academia and industry, was attended by more than 700 viewers.

MPP JOINED THE LONG-ACTING/EXTENDED-RELEASE ANTIRETROVIRAL RESOURCE PROGRAM (LEAP) TB AND VIRAL HEPATITIS WORKING GROUPS:
Bringing its expertise to shaping the long-acting agenda in these areas, for which availability of extended-release drugs and formulations could profoundly affect treatment.

MPP ENGAGED WITH COMMUNITY REPRESENTATIVES, TREATMENT ADVOCATES, CIVIL SOCIETY MEMBERS, THE RESEARCH AND DEVELOPMENT COMMUNITY AND THE INDUSTRY THROUGHOUT THE YEAR to seek their perspectives on the needs and wants related to long-acting technologies and formulations, as well as potential bottlenecks that MPP could help address.

Each of these engagements and activities brought MPP closer – one step at a time – to accelerating access to affordable quality revolutionary long-acting treatments in the countries where they are needed.

What happened at MPP in the long-acting space in 2020:
MedsPaL – MPP’s MEDICINES PATENTS AND LICENCES DATABASE

MedsPaL is a free resource that provides information on the intellectual property status of selected patented essential medicines in LMICs.

MedsPaL was launched in October 2016, focusing on medicines for three diseases: HIV, hepatitis C and tuberculosis. In December 2017, it was expanded to cover all patented medicines on the WHO EML. After the new WHO EML was released in July 2019, MedsPaL was updated to include patent information on the 18 newly-listed medicines.

**Here’s what was new and notable in MedsPaL in 2020**

- **Inclusion of COVID-19 products at WHO’s request:** MPP began to add drugs in clinical trials for COVID-19. By the end of the year, it had added 11 candidates, including small molecules and biologics. Other medicines being tested for COVID-19 already included in the database were also flagged as COVID-19 candidates.

- **Addition of HIV and TB drugs and formulations:** Added to the database are newly approved drugs, several paediatric formulations for the treatment of HIV, as well as new candidates in development for TB and HIV.

- **Incorporation of biologics:** Added to the WHO EML in 2019.

- **New MoU signed:** With Costa Rica’s National Register (Registro Nacional Costa Rica), bringing the total number of patent offices with whom MPP has collaboration agreements to 14.

- **Structural update of the database:** "Patent families" have been restructured to improve the accuracy of the information being displayed. The user interface was further enhanced with the addition of a new search box allowing filtering of the content by "Disease Areas".

In 2020, with the inclusion of COVID-19 products, the use of MedsPaL increased by 54%.
From October 2018 until December 2019, the SDC co-funded MPP to implement the initial phase of its mandate expansion into patented essential medicines on the WHO EML – and those with strong potential for future inclusion. In December 2019, based on MPP’s initial achievements, the SDC signed a new three-year grant to co-fund MPP’s activities outside its initial mandate of HIV, TB and hepatitis C.

Unitaid is an international organisation that invests in innovations to prevent, diagnose and treat HIV, tuberculosis and malaria more quickly, affordably and effectively. They also work to improve access to diagnostics and treatments for HIV co-infections such as hepatitis C. MPP is an important implementer of Unitaid’s objectives through its voluntary licensing model as it increases the speed and scale of access to the most innovative medicines by making them more affordable.

Since 2010, Unitaid’s investments in MPP have yielded 44.7 times the value of its funding from the expansion of generic access in countries and subsequent price reductions of licensed products. Savings are projected to reach USD 4.3 billion by 2028 for HIV medicines alone, with an 83% average price reduction between originator product and MPP licensed generics.10

The SDC’s engagement in health revolves 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 SDC is active in low- and middle-income countries.

Unitaid founded the Medicines Patent Pool in 2010 and serves as its sole funder for its HIV, hepatitis C and tuberculosis activities.

Unitaid is an international organisation that invests in innovations to prevent, diagnose and treat HIV, tuberculosis and malaria more quickly, affordably and effectively. They also work to improve access to diagnostics and treatments for HIV co-infections such as hepatitis C. MPP is an important implementer of Unitaid’s objectives through its voluntary licensing model as it increases the speed and scale of access to the most innovative medicines by making them more affordable.

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The Swiss Government – Swiss Agency for Development and Cooperation (SDC)

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10 Medicines Patent Pool’s Economic Justification paper
In 2020, MPP celebrated its 10-year anniversary. The milestone was the right time to reaffirm MPP’s internal culture. Over the year, the organisation expanded, welcoming new staff from diverse cultural backgrounds. At the same time, the team continued to adapt to new ways of working amidst the COVID-19 crisis.

Considering the need to improve and develop our ways of working in the middle of the pandemic, a deeper understanding of MPP’s values helped us work towards the same goal and the power of teamwork, albeit remotely, was proven over this unprecedented year.

Marching ahead, we remain committed to our values, continually striving for excellence in our work and fostering a positive organisational culture between our staff based in Geneva and Mumbai. Technology has helped in achieving this, bringing us together more frequently, albeit virtually. We hold ourselves accountable to the highest standards, ensuring our licences reach far and wide and deliver for those in need. We offer support to our partners as we share our learnings with the aim of accelerating access to treatment. In all that we do, we do our best to stretch our own ability and capacity.
GOVERNANCE BOARD

The Governance Board is the supreme governing body of MPP that possesses the highest and most extensive authority concerning decision making and administration of the Foundation. The Board’s key duties include setting policies and strategies, overseeing workplans, financial and business planning, and monitoring and evaluating performance.

Marie-Paule Kieny (CHAIR)
Mojisola Christianah Adeyeye
Manica Balasegaram
Patrizia Carlevaro
Claudia Chamas

HIGHLIGHTS 2020

New Board members
Jinliang Li (since September 2020); Mojisola Christianah Adeyeye (since December 2020); John-Arne Røttingen (since December 2020); Amy Dietterich, WIPO – non-voting participant (since December 2020)

Outgoing Board members
Charles Clift (Vice-Chair, until June 2020); Mo Barry (until October 2020); Anban Pillay (until December 2020)

MPP Governance Board meetings
The 26th and 27th MPP Governance Board meetings were held on 27-28 April and 13-14 October 2020 respectively

Renewed membership
In October 2020, the Board voted unanimously to renew the membership of Manica Balasegaram
EXPERT ADVISORY GROUP (EAG) & SCIENTIFIC ADVISORY PANEL (SAP)

The EAG advises the Governance Board and the Executive Director on licence negotiations and assesses whether the terms and conditions of the proposed licence agreements meet the key requirements as set out by MPP’s Statutes. Individual members of the EAG are also consulted by the Executive Director in their particular area of expertise that is relevant to the work of MPP. MPP’s EAG convened its annual meeting in November 2020.

The Scientific Advisory Panel (SAP) is composed of a pool of subject-matter experts who provide guidance and critical insights to the EAG and the Executive Director.

EAG members

CHAIR
Peter Beyer – World Health Organization, Switzerland (since November 2020)

EX CHAIR
Maximiliano Santa Cruz – Santa Cruz IP, Chile (until November, 2020)

MEMBERS
Zeiba Aziz – Hameed Latif Hospital, Pakistan
Alexandra Calmy – Hôpitaux Universitaires de Genève, Switzerland
Emer Cook – World Health Organization, Switzerland (until November, 2020)
Mauricio Gonçalves – Co-Chair of Advisory Board of Institute of Hygiene and Tropical Medicine, Portugal
Martha Gyansa-Lutterodt – Ministry of Health, Ghana
Jordan Jarvis – London School of Hygiene and Tropical Medicine, United Kingdom
Giten Khwairakpam – AmfAR’s TREAT Asia Programme, Thailand
Valérie Paris – Haute Autorité de Santé (HAS), France
Fatima Suleman – University of KwaZulu-Natal, South Africa
Ellen ‘t Hoen – Global Health Law Unit of the University Medical Centre Groningen, The Netherlands

SAP members

MEMBERS
Helle Aagaard – ReAct – Action on Antibiotic Resistance
Labeeb Abboud – International AIDS Vaccine Initiative
Isabelle Andrieux-Meyer – Drugs for Neglected Diseases Initiatives (DNDi)
David Beran – Hôpitaux Universitaires de Genève
Mark Blockman – Stellenbosch University
Grania Brigden – TB Union
Jennifer Cohn – Resolve to Save Lives
Prabhaikaran Doraiz – Director Centre for Control of Chronic Conditions, PHFI
Philippa Easterbrook – World Health Organization
James Elliot – Trustee + International
Nathan Ford – World Health Organization
Gavin Giovannoni – Blizard Institute of Cell and Molecular Medicine
Sergey Golovin – Treatment Preparedness Coalition in Eastern Europe and Central Asia (until December, 2020)
Rajeev Gupta – Eternal Hospital Jaipur
Juzar Hooker – Aga Khan University Hospital
André Ilbawi – World Health Organization
Kees van der Veer – Pharmaceutical Policy Consultant
Sylvia Kehlenbrink – Brigham and Women’s Hospital
M. Kumarasamy – Chennai Antiviral Research and Treatment (CART) Clinical Research Unit
Karine Lacoste – Saint-Antoine Hospital (AP-HP)
Joanna Laurson-Doube – Multiple Sclerosis International Federation
Gilberto Lopes – Sylvester Comprehensive Cancer Center
Nicola Magrini – World Health Organization
Yehuda Martes – UPENN Oncology Perelman School of Medicine
Iheanyi Okpala – University of Nigeria
Nelson Juma Otwoma – National Empowerment Network of People Living with HIV/AIDS (NEPHAK)
Anthony Oyekunle – University of Botswana
Pablo Perel – London School of Hygiene and Tropical Medicine
Roberto Reis – Center for Technological Development in Health at Oswaldo Cruz Foundation
Gojka Roglic – World Health Organization
Gracia Violeta Ross Quiroga – Bolivian Network of Positive People
Francesco Negro – Hôpitaux Universitaires de Genève (since December, 2020)
Ikeji Omeje – University of Nigeria
Lawrence Shulman – UPENN Abramson Cancer Centre
Ursula Theuretzbacher – Center for Anti-Impact Agents
Wim Vandevyvere – European AIDS Treatment Group
François Venter – University of the Witwatersrand
Matteo Zignol – World Health Organization

THE MEDICINES PATENT POOL (MPP) | ANNUAL REPORT 2020
MPP’s STAFF IN 2020

Staff members

2020

Karine Belondrada – Head of Strategy, Operations and Resource Mobilisation
Esteban Burrone – Head of Policy and Advocacy
Vincent Chaum – CFO and Head of Human Resources
Priyamvada Chugh – Communications Manager (since April 2020)
Meghmal Das – Business Development Manager*
Lobna Gaayeb – Long-Acting Technologies Project Manager
Andrew Goldman – Associate Counsel
Charles Gore – Executive Director
Muriel Lacombe – Finance and Administration Manager
Nicola Loffredi – Business Development Manager
Amina Maillard – Patent Information Manager
Mila Maisat – Policy and Advocacy Manager
Gelise McCullough – Head of Communications
Hannah Moak – Business Development Manager
Sébastien Morin – Policy and Advocacy Manager
Rajesh Murthy – Business Development Manager & Head of India Operations*
Sophie Naeye – Office Manager
Sandra Nobre – Head of Business Development
Vivian Ntinganyi – Grants and Operations Manager (until December 2020)
Nataliya Omelchuk – Associate Counsel (since September 2020)
Chan Park – General Counsel
Hadia Paschiri – Patent Information Officer (since October 2020)
Manuele Piccolis – Scientific Manager: Infectious Diseases (since March 2020)
Maneesha Ranaut – Executive Assistant Liaison Office*
Giulia Segafredo – Scientific Manager: Non-Communicable Diseases (NCDs) (since July 2020)
Sophie Thievenez – Communications Manager
Agnese Tomina – Grants and Operations Manager (since November 2020)
Maica Trabanco – Associate Counsel (until March 2020)
Bétina Zago – Communications Officer

* MPP’s liaison office in Mumbai, India.
FINANCIAL REPORT

Deloitte SA
Rue du Pré-de-la-Bichette 1
CH – 1202 Genève

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Fax: +41 (0)58 279 88 00
www.deloitte.ch

Report of the Statutory Auditor

To the Board of the Foundation of Medicines Patent Pool Foundation, Geneva

Report of the Statutory Auditor on the Financial Statements

As statutory auditor, we have audited the accompanying financial statements of Medicines Patent Pool Foundation, which comprise the balance sheet as at December 31, 2020, the statement of operations, the statement of cash flows, the statement of changes in capital and notes for the year then ended.

BOARD OF THE FOUNDATION’S RESPONSIBILITY

The Board of the Foundation is responsible for the preparation of these financial statements in accordance with the requirements of Swiss GAAP FER (core FER), Swiss law and the Foundation’s statutes. This responsibility includes designing, implementing and maintaining an internal control system relevant to the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Board of the Foundation is further responsible for selecting and applying appropriate accounting policies and making accounting estimates that are reasonable in the circumstances.

AUDITOR’S RESPONSIBILITY

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Swiss law and Swiss Auditing Standards. Those standards require that we plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers the internal control system relevant to the entity’s preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control system. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made, as well as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

OPINION

In our opinion, the financial statements for the year ended December 31, 2020 give a true and fair view of the financial position and the results of operations in accordance with Swiss GAAP FER (core FER) and comply with Swiss law and the Foundation’s statutes.

Lisa Watson
Licensed Audit Expert
Auditor in Charge

Geneva, April 14, 2021

Enclosures
- Financial statements (balance sheet, statement of operations, statement of cash flows, statement of changes in capital and notes)
## BALANCE SHEET as of December 31st, 2020
(with December 31st, 2019 comparative figures)
(Expressed in Swiss francs)

### CURRENT ASSETS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and bank</td>
<td>2,642,040</td>
<td>3,135,290</td>
</tr>
<tr>
<td>Other receivables</td>
<td>35,476</td>
<td>20,815</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>167,842</td>
<td>135,747</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td><strong>2,845,358</strong></td>
<td><strong>3,291,852</strong></td>
</tr>
</tbody>
</table>

### NON-CURRENT ASSETS

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Long term receivables</td>
<td>79,767</td>
<td>86,888</td>
</tr>
<tr>
<td>Tangible fixed assets (net)</td>
<td>74,118</td>
<td>75,406</td>
</tr>
<tr>
<td><strong>Total non-current assets</strong></td>
<td><strong>153,884</strong></td>
<td><strong>162,294</strong></td>
</tr>
<tr>
<td><strong>Total ASSETS</strong></td>
<td><strong>2,999,242</strong></td>
<td><strong>3,454,146</strong></td>
</tr>
</tbody>
</table>

### LIABILITIES, FUNDS AND CAPITAL

### CAPITAL

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid-in capital</td>
<td>50,000</td>
<td>50,000</td>
</tr>
<tr>
<td>Unrestricted funds</td>
<td>28,221</td>
<td>28,221</td>
</tr>
<tr>
<td><strong>Total capital of the organisation</strong></td>
<td><strong>78,221</strong></td>
<td><strong>78,221</strong></td>
</tr>
<tr>
<td><strong>Total LIABILITIES, FUNDS AND CAPITAL</strong></td>
<td><strong>2,999,242</strong></td>
<td><strong>3,454,146</strong></td>
</tr>
</tbody>
</table>

## STATEMENT OF OPERATIONS
for the period from January 1st, to December 31st, 2020
(with December 31st, 2019 comparative figures)
(Expressed in Swiss francs)

### INCOME

<table>
<thead>
<tr>
<th>NOTES</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations</td>
<td>5,479,341</td>
<td>5,556,841</td>
</tr>
<tr>
<td><strong>Total Donations</strong></td>
<td><strong>5,479,341</strong></td>
<td><strong>5,556,841</strong></td>
</tr>
<tr>
<td>Other income</td>
<td>8,462</td>
<td>15,690</td>
</tr>
<tr>
<td>Extraordinary income</td>
<td>24,142</td>
<td>1,828.00</td>
</tr>
<tr>
<td><strong>Total Other Income</strong></td>
<td><strong>32,604</strong></td>
<td><strong>17,518</strong></td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td><strong>5,511,945</strong></td>
<td><strong>5,574,359</strong></td>
</tr>
</tbody>
</table>

### EXPENSES

### PERSONNEL COSTS

<table>
<thead>
<tr>
<th>NOTES</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel costs and social charges</td>
<td>4,186,711</td>
<td>3,663,489</td>
</tr>
<tr>
<td>Other personnel costs</td>
<td>34,435</td>
<td>73,076</td>
</tr>
<tr>
<td><strong>Total personnel costs</strong></td>
<td><strong>4,221,146</strong></td>
<td><strong>3,736,566</strong></td>
</tr>
</tbody>
</table>

### ADMINISTRATIVE EXPENDITURE

<table>
<thead>
<tr>
<th>NOTES</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional fees</td>
<td>907,612</td>
<td>627,729</td>
</tr>
<tr>
<td>Rent</td>
<td>330,015</td>
<td>307,505</td>
</tr>
<tr>
<td>General and administrative expenses</td>
<td>57,138</td>
<td>147,249</td>
</tr>
<tr>
<td>IT services and maintenance</td>
<td>283,377</td>
<td>241,022</td>
</tr>
<tr>
<td>Marketing and Advertising</td>
<td>15,675</td>
<td>7,483</td>
</tr>
<tr>
<td>Travel and representation costs</td>
<td>111,863</td>
<td>460,123</td>
</tr>
<tr>
<td>Depreciation of tangible assets</td>
<td>30,586</td>
<td>32,728</td>
</tr>
<tr>
<td><strong>Total administrative expenditure</strong></td>
<td><strong>1,736,262</strong></td>
<td><strong>1,823,839</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NOTES</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating (deficit) / surplus</td>
<td>(445,463)</td>
<td>13,954</td>
</tr>
<tr>
<td><strong>Net financial result</strong></td>
<td><strong>(244,751)</strong></td>
<td><strong>(127,455)</strong></td>
</tr>
</tbody>
</table>

### NET SURPLUS/(DEFICIT) FOR THE YEAR AFTER ALLOCATIONS

<table>
<thead>
<tr>
<th>NOTES</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Allocation to)/use from restricted capital funds</td>
<td>690,214</td>
<td>126,100</td>
</tr>
<tr>
<td>Allocation to unrestricted funds</td>
<td>-</td>
<td>(12,599)</td>
</tr>
<tr>
<td><strong>Total (allocation)/use restricted capital funds</strong></td>
<td><strong>690,214</strong></td>
<td><strong>113,501</strong></td>
</tr>
<tr>
<td><strong>Net surplus/(deficit) for the year after allocations</strong></td>
<td><strong>-</strong></td>
<td><strong>-</strong></td>
</tr>
<tr>
<td>MEDICINES PATENT POOL FOUNDATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATEMENT OF OPERATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>for the period from January 1st, to December 31st, 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(with December 31st, 2019 comparative figures)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Expressed in Swiss francs)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CASH FLOWS FROM OPERATING ACTIVITIES</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net surplus / (deficit)</td>
<td>(690,214)</td>
<td>(115,502)</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>30,586</td>
<td>32,750</td>
</tr>
<tr>
<td>Decrease (increase) of other account receivable</td>
<td>(14,661)</td>
<td>9,053</td>
</tr>
<tr>
<td>Decrease (increase) of prepaid expenses</td>
<td>(32,095)</td>
<td>6,507</td>
</tr>
<tr>
<td>Increase (decrease) of account payable from purchase of goods and services</td>
<td>284,208</td>
<td>65,868</td>
</tr>
<tr>
<td>Decrease of other accounts payable</td>
<td>(7,044)</td>
<td>63,195</td>
</tr>
<tr>
<td>(Decrease) increase of accrued expenses</td>
<td>(41,854)</td>
<td>8,275</td>
</tr>
<tr>
<td>Net cash provided by operating activities</td>
<td>(471,074)</td>
<td>72,126</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CASH FLOW FROM INVESTING ACTIVITIES</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease (increase) of long term receivable</td>
<td>7,121</td>
<td>(26,704)</td>
</tr>
<tr>
<td>Acquisition of tangible fixed assets</td>
<td>(29,297)</td>
<td>(38,234)</td>
</tr>
<tr>
<td>Net cash used in investing activities</td>
<td>(22,176)</td>
<td>(64,938)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CASH FLOW FROM FINANCING ACTIVITIES</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Translation adjustment</td>
<td>-</td>
<td>26,898</td>
</tr>
<tr>
<td>Net cash flow from financing activities</td>
<td>-</td>
<td>26,898</td>
</tr>
<tr>
<td>NET CHANGE IN CASH</td>
<td>(493,250)</td>
<td>34,086</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CASH AND CASH EQUIVALENTS</th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>At the beginning of the fiscal year</td>
<td>3,135,290</td>
<td>3,101,204</td>
</tr>
<tr>
<td>At the end of the fiscal year</td>
<td>2,642,040</td>
<td>3,135,290</td>
</tr>
<tr>
<td>NET CHANGE IN CASH</td>
<td>(493,250)</td>
<td>34,086</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>MEDICINES PATENT POOL FOUNDATION, GENEVA</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATEMENT OF CHANGES IN CAPITAL</td>
</tr>
<tr>
<td>for the period ending December 31st, 2020</td>
</tr>
<tr>
<td>(Expressed in Swiss francs)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BEGINNING OF THE PERIOD</th>
<th>ALLOCATION OF THE FUNDS</th>
<th>USE OF THE FUNDS</th>
<th>ADJUST.</th>
<th>END OF THE PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>01.01.2020</td>
<td></td>
<td></td>
<td></td>
<td>31.12.2020</td>
</tr>
</tbody>
</table>

| Restricted funds UNITAID | 2,498,897 | 5,511,945 | (5,831,411) | - | 2,179,430 |
| Sub-total UNITAID        |           |          |            |     | 2,179,430 |

| Restricted funds Swiss Agency for Cooperation and Development - SDC 3 | 464,000 | (370,749) | 93,251 |
| Sub-total SDC 3          |          |          | 93,251    |
| Sub-total Restricted funds | 2,962,897 | 5,511,945 | (6,202,160) | 2,272,682 |

---

<table>
<thead>
<tr>
<th>INTERNALLY GENERATED FUNDS</th>
<th>BEGINNING OF THE PERIOD</th>
<th>EXTERNAL WITHDRAW</th>
<th>INTERNAL FUND TRANSFERS</th>
<th>ALLOC TO CAPITAL</th>
<th>END OF THE PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01.01.2020</td>
<td></td>
<td></td>
<td></td>
<td>31.12.2020</td>
</tr>
</tbody>
</table>

| Paid-in capital | 50,000 | - | - | - | 50,000 |
| Internally generated unrestricted capital | - | - | - | - | - |
| Surplus/(deficit) for the year | - | - | - | - | - |
| Capital of the organisation | 50,000 | - | - | - | 50,000 |
| Total restricted funds and internally generated funds | 3,012,897 | 5,511,945 | (6,202,160) | - | 2,322,682 |

| Total unrestricted funds and internally generated funds | 28,221 | - | - | - | 28,221 |

---
MEDICINES PATENT POOL FOUNDATION, GENEVA

STATEMENT OF CHANGES IN CAPITAL
for the period ending December 31st, 2019

(Expressed in Swiss francs)

<table>
<thead>
<tr>
<th></th>
<th>BEGINNING OF THE PERIOD</th>
<th>ALLOCATION OF THE FUNDS</th>
<th>USE OF THE FUNDS</th>
<th>ADJUDST.</th>
<th>END OF THE PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01.01.2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internally generated funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid-in capital</td>
<td>50,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>50,000</td>
</tr>
<tr>
<td>Internally generated unfrricted capital</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Surplus/(deficit) for the year</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Capital of the organisation</td>
<td>50,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>50,000</td>
</tr>
<tr>
<td>Total restricted funds and internally generated funds</td>
<td>3,112,100</td>
<td>5,601,257 (5,700,460)</td>
<td>-</td>
<td>-</td>
<td>3,012,897</td>
</tr>
<tr>
<td>Total unrestricted funds and internally generated funds</td>
<td>15,622</td>
<td>12,599</td>
<td>-</td>
<td>-</td>
<td>28,221</td>
</tr>
</tbody>
</table>

NOTES TO THE FINANCIAL STATEMENTS
as of December 31st, 2020
(with December 31st, 2019 comparative figures)

(Expressed in Swiss francs)

1. PRESENTATION
The organisation’s full name is “Medicines Patent Pool Foundation”. It 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 include 100% of the Indian liaison office activities.

The financial statements have been audited in 2020 for the Indian fiscal year April 2019 – March 2020.

2. PRESENTATION OF THE FINANCIAL STATEMENTS
a) Statements of compliance - The MPP financial statements include:
   - The balance sheet
   - The statement of operations
   - The cash flow statement
   - The statement of changes in capital 2020, with comparatives figures

The financial statements present all activities of the Foundation.

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
Accounting basis – the financial statements of the Foundation have been prepared in accordance with the provisions of the Swiss Code of Obligations and in accordance with Swiss GAAP FER (core FER), in particular Swiss GAAP FER 21 “Accounting for charitable non-profit organisations”.

The recommendations have been established for entities seeking to present their financial statements to reflect a true and fair view of the financial situation.

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.

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.

a) Translation of operations in foreign currency
Transactions in currencies other than Swiss francs are converted as follows:
   - Balance sheet accounts: Closing rate: 0.88284 USD vs CHF source: Oanda
   - Closing rate: 0.0120475 INR vs CHF source: Oanda
3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

b) Revenue recognition

Revenue is recognised in the financial statements as it is earned. For multi-year contracts the revenue is allocated over the contract period based on the donor-approved budgets.

c) Restricted funds – UNITAID

The Medicines Patent Pool Foundation ("MPP") was established as an independent legal entity on 16 July 2010 with the support of UNITAID, which remains MPP's main donor. UNITAID and MPP have maintained a close working relationship since MPP was established as an independent entity.

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

On 1 March 2016, MPP and UNITAID signed a Memorandum Of Understanding granting MPP a maximal amount of USD 29'215'571 for the period January 2016 to December 2020, subject to pre-approval of yearly budgets submitted by MPP. Therefore, the fiscal year 2020 is the final one and closes this second grant agreement.

On 16 November 2020, MPP and UNITAID signed a new Memorandum Of Understanding granting MPP a maximal amount of USD 34'270'691 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.

d) Restricted fund – Swiss Agency for Cooperation and Development

In December 2019, MPP and the FDFA/SDC signed a new grant of CHF 1'743'038 for the period 2020-2022. This new grant is a co-funding along with Unitad (50%/50%) to finance MPP’s expansion activities with co-morbidities.

e) Fixed assets

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

<table>
<thead>
<tr>
<th>Category of fixed assets</th>
<th>Useful life (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office equipment</td>
<td>8 years</td>
</tr>
<tr>
<td>IT infrastructure</td>
<td>3 years</td>
</tr>
<tr>
<td>Leasehold improvement</td>
<td>5 years</td>
</tr>
</tbody>
</table>

f) Accrued liabilities

This position includes the charges related to the current exercise that will be paid the following exercise.

g) Pension Fund

As of December 31, 2020, the organisation has a liability due to the pension fund amounting of CHF 108’236- (2019 : CHF 85’448).

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.

4. FIXED ASSETS

<table>
<thead>
<tr>
<th>OFFICE EQUIPMENT</th>
<th>IT INFRA.</th>
<th>LEASEHOLD IMPROV.</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning of the period 01.01.2020</td>
<td>155,362</td>
<td>198,218</td>
<td>7,754</td>
</tr>
<tr>
<td>Additions</td>
<td>11,953</td>
<td>17,345</td>
<td>-</td>
</tr>
<tr>
<td>End of the period 31.12.2020</td>
<td>167,315</td>
<td>215,563</td>
<td>7,754</td>
</tr>
</tbody>
</table>

Accumulated depreciation

Beginning of the period 01.01.2020 | (114,012) | (167,263) | (4,653) | (285,928) |
Systematic depreciation | (10,151) | (18,884) | (1,551) | (30,586) |
End of the period 31.12.2020 | (124,163) | (186,148) | (6,204) | (316,514) |

Net carrying amounts 31.12.2020 | 43,152 | 29,415 | 1,551 | 74,118 |
### 5. Net Financial Result

The financial income and costs are the following:

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exchange gain/(loss), net</td>
<td>(240,068)</td>
<td>(122,971)</td>
</tr>
<tr>
<td>Bank interest income</td>
<td>307</td>
<td>-</td>
</tr>
<tr>
<td>Others, net</td>
<td>(4,990)</td>
<td>(4,483)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>(244,751)</strong></td>
<td><strong>(127,455)</strong></td>
</tr>
</tbody>
</table>

### 6. Pro-Bono Agreements

The MPP did not receive pro bono legal services this fiscal year (0.- CHF in 2019).

### 7. Other Disclosures

**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.

**Date of approval of the Foundation’s accounts**

The Foundation council has validated the financial statements 2020 on April 13th, 2021.

### 8. Number of Employees

The Foundation had an average of 24.6 employees (FTE) in 2020 (21.83 employees - 2019) including 3 employees in India.

### 9. Liabilities from Leasing Contracts

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liabilities from leasing agreement up to one year</td>
<td>272,091</td>
<td>300,854</td>
</tr>
<tr>
<td>Liabilities from leasing agreement from one year to five years</td>
<td>189,355</td>
<td>490,455</td>
</tr>
</tbody>
</table>

### 10. Subsequent Events during the Year and Impact of COVID-19

The Board of the Medicines Patent Pool Foundation has decided to temporarily expand its mandate to include any health technology that could contribute to the global response to COVID-19 and where licensing could facilitate innovation and access. With the support of Unitaid and the Japanese Government in 2021, this will allow MPP to offer its IP and licensing expertise to assist the global effort in any way it can.

On an operational point of view, MPP has deployed all required resources to avoid major interferences in the implementation of its activities.
The Medicines Patent Pool was founded by Unitaid, and is funded by Unitaid and the Swiss Agency for Development and Cooperation (SDC).

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