medicines patent pool

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.

WHY LICENSING MATTERS

Licences on patented medicines facilitate the sale of affordable, quality-assured generic medicines and the development of novel formulations.

HOW THE MEDICINES PATENT POOL HELPS

The Medicines Patent Pool (MPP) negotiates with patent holders for licences on life-saving medicines. These licences permit low-cost manufacturers to distribute patented medicines in developing countries. Licences also provide the freedom to develop new treatments needed in resource-limited settings, such as paediatric formulations and fixed-dose combinations. Competition amongst multiple manufacturers brings prices down, supporting treatment scale-up.

MESSAGE

from MPP's Chair of the Governance Board and Executive Director

Marie-Paule Kieny
Chair

Charles Gore
Executive Director

We are pleased to present the 2018 Annual Report for the MPP, which has as its theme, "expanding access to public health. " This is fundamental to the mission of the MPP.
We strongly believe that a situation where people cannot afford or access the medicines they need is incompatible with the public health goal of universal health coverage and the ideal of promoting well-being for all, central to the United Nations' Sustainable Development Goals.

In 2018, we saw some fundamental developments for the MPP, which represent an exciting transition and new opportunities for the foundation as we move towards our 10-year anniversary in 2020.

During the World Health Assembly in May, the MPP launched its five-year strategy, outlining targets for improving access to essential medicines for people living with HIV, hepatitis C and tuberculosis. The strategy also announced the expansion of the MPP's current remit into other therapeutic areas determined as having urgent public health need, such as cancer and diabetes. These are strong steps towards the fulfilment of The Lancet Commission on Essential Medicines' recommendation that "there is great potential for expanding access to other new essential medicines through the licensing of patents through patent pooling." Plans are now underway to develop a prioritisation framework to support this expansion, which will be a major area of work for us in the years ahead.

In November, we announced a joint agreement with AbbVie to expand – and accelerate – access to an important hepatitis C treatment, glecaprevir/pibrentasvir. This collaboration will ensure safe, affordable and effective hepatitis C treatment options in 99 low- and middle-income countries and territories. It demonstrates exactly what public health-oriented licensing can do to facilitate treatment scale-up that, ultimately, can enable people to reach their potential and enjoy rich, fulfilling lives. The announcement was welcomed by our partners, such as the Government of Pakistan, a country with its own hepatitis C burden affecting over eight million people, who said, "This will considerably aid our efforts and, ultimately, accelerate the permanent elimination of the hepatitis C virus."

If treatment access is to become a reality for all, we have to prioritise the promotion of patent-sharing to our partners in country, in industry and across the global health space. There is no time to lose. Access strategies should be central to every new treatment launch because then we can – finally – challenge the situation where, too often, life-saving drugs are introduced first in high-income countries and only many years later in resourced-challenged regions. This time lag is both unwarranted and unjust.

We are grateful to our partners, particularly our founder and funder, Unitaid, for their continuing support which enables us to explore the new opportunities that can change the frontier of treatment access and positively impact many millions of lives. We hope you welcome this update on our progress and we look forward to working in partnership in the year ahead.

Marie-Paule Kieny
Chair

Charles Gore
Executive Director

Lelio Marmora
Executive Director

MESSAGE

from Unitaid's Executive Director

Unitaid
Innovation in Global Health

In 2010, Unitaid created and invested in the MPP, the world's first patent pooling initiative in public health, to address a need identified by the World Health Organization (WHO) for a mechanism that could "examine the feasibility of voluntary patent pools for promoting the innovation of and access to health products and medical devices." At that time, patent pools in public health did not exist, and new, safe and effective patented therapies were mostly out of reach of people in low- and middle-income countries.

In its relatively short life, the MPP has played a key role in supporting international efforts to broaden access to priority, quality-assured and affordable medicines. Just as critically, the timescale for accessing these treatments has been dramatically reduced. In the case of HIV therapies such as dolutegravir, the timetable has more than halved, with generic manufacturers gaining approval for a fixed-dose combination featuring the new drug (tenofovir lamivudine dolutegravir –TLD) in just four years.

The extraordinary scale-up of antiretroviral treatment has been driven in part by the price reductions facilitated by the MPP. TLD is the WHO-recommended first-line treatment for HIV and was developed by MPP licensees, thanks to licences from patent holder ViiV Healthcare. It is now available for just USD 75 per patient per year in over 100 countries.[1] For hepatitis C, Global Fund Principal Recipients[2] can now procure a course of daclatasvir for just USD 42, thanks to MPP-enabled licences from originator Bristol Myers-Squibb, and a full treatment regimen for USD 102.

These are significant milestones with critical impact on quality of life for people in resource-limited countries who live with the chronic conditions of HIV or hepatitis C but could not, until relatively recently, access essential, affordable treatments at the same speed as in higher-income countries, if at all.

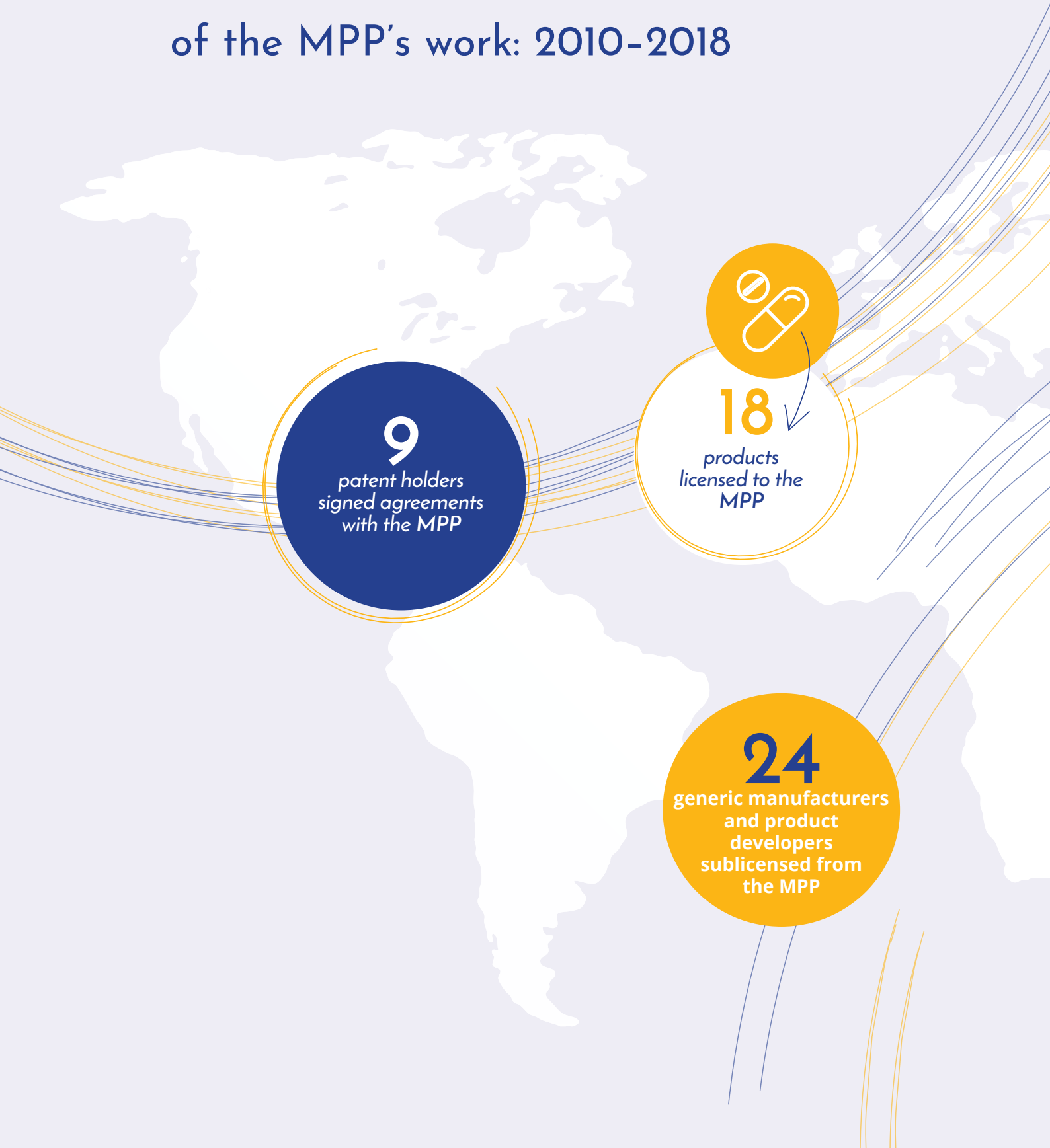
We congratulate the MPP on its achievements and for demonstrating that public health licensing can be successfully leveraged to deliver public health solutions. Just under 10 years ago, the MPP's model was a novel and untested concept. Now we firmly believe that the MPP, with its commitment to innovation and expertise, can apply its unique model to many other urgent health issues. At Unitaid, it has always been our aim to support public health goals by enabling equitable access to better health. In this vein, we look forward to continuing to support the MPP in broadening treatment options for millions of people worldwide.

Lelio Marmora
Executive Director

[1] World Health Organization
[2] Global Fund Principal Recipients

IMPACT

of the MPP's work: 2010–2018



140
active and on-going product development projects have led to

56
regulatory filings for HIV products

and

14
filings for hepatitis C medicines with stringent regulatory authorities

MPP licences have generated
USD 1.06 billion
in global health savings through the procurement of more affordable quality-assured medicines from MPP generic partners

through an average price reduction of
73%
relative to originator price

Generic products facilitated by the MPP have been distributed in **136 countries,** providing treatment to more than

22 million
patient-years from January 2012 to December 2018

2018 *HIGHLIGHTS*

LAUNCHED MPP 2018–2022 ***STRATEGY***

In May, during the World Health Assembly, the MPP launched **its new strategic direction for 2018–2022,** setting targets for improving access to essential medicines for people living with HIV, HCV and tuberculosis (TB). This new strategy also supports the expansion of the MPP's mandate to other patented essential medicines with high medical value.

PREPARED FOR MANDATE ***EXPANSION***

In May, the MPP released a **feasibility study** conducted to assess the public health need for and the feasibility and potential public health impact of, expanding its mandate from HIV, HCV and TB to patented essential medicines in other therapeutic areas. The study includes case studies in the fields of cancer, diabetes, cardiovascular diseases, and new antibiotics to combat antimicrobial resistance, and highlights the expected public health value of facilitating early access to patented essential medicines in LMICs.

In light of this study and at the request of the international community, the MPP decided to expand its focus beyond HIV, HCV and TB to other life-saving medicines where the MPP model could significantly contribute to improving public health in LMICs.

In December, the MPP confirmed **funding awards from two major agencies, the Wellcome Trust and the Swiss Agency for Development and Cooperation,** that will support its mandate expansion into patented essential medicines on the WHO Model List of Essential Medicines (EML) – and those with strong potential for future inclusion.

CHANGED ***LEADERSHIP***

In April, **the MPP Governance Board appointed Charles Gore,** founder and former President of the World Hepatitis Alliance, as the new MPP Executive Director. Mr Gore brings to the MPP two decades of work as an advocate for hepatitis patients and better treatment alternatives.

NEGOTIATED AND SIGNED PUBLIC ***HEALTH-ORIENTED LICENCES***

In November, the MPP signed a new, royalty-free licence agreement with AbbVie for **glecaprevir/pibrentasvir (G/P)** – a WHO recommended treatment for people living with HCV. The licence allows quality-assured manufacturers to develop and sell generic medicines containing G/P in 99 LMICs and territories at affordable prices, enabling access to, and treatment scale-up of, a key pan-genotypic regimen.

In July, the MPP and ViiV Healthcare signed an extension of their licensing agreement, to further increase access to key antiretroviral **dolutegravir (DTG)** for adults living with HIV in **Mongolia and Tunisia**. This amendment allows generic manufacturers to supply low-cost quality-assured DTG and the fixed-dose combination of tenofovir disoproxil/lamivudine/dolutegravir (TLD) combinations in the two countries. TLD is the WHO-recommended first line treatment for HIV.

BROUGHT ***DOWN PRICES***

The MPP and F. Hoffman-La Roche **renewed their agreement to increase access to valganciclovir,** an important, easy-to-take oral medicine to treat cytomegalovirus, a viral infection that can cause blindness in people living with HIV. This drug is now available at a reduced price of USD 200 per pack in 138 countries.

FACILITATED DEVELOPMENT AND SUPPLY OF KEY ANTIRETROVIRAL REGIMEN

As of December 2018, six MPP licensees received approval from stringent regulatory authorities for the manufacture of TLD, a once-daily, single-tablet regimen that was recommended by WHO in 2018 as the preferred first-line treatment for adults and adolescents living with HIV. Thanks to the work of MPP licensees and other partners, generic TLD was already being sold in 27 countries at the end of 2018 (including countries in which national regulatory approval has been waived).

SIGNED SUBLICENSING AGREEMENTS WITH *GENERIC MANUFACTURERS AND PRODUCT DEVELOPERS*

The MPP signed sublicences with five new generic manufacturing partners:

- **Adcock Ingram** from South Africa for the production and sale of HIV treatments lopinavir/ritonavir (LPV/r), bictegravir (BIC), tenofovir alafenamide (TAF), tenofovir disoproxil fumarate (TDF), emtricitabine (FTC), cobicistat (COBI), and elvitegravir (EVG), DTG adult and DTG paediatric.
- **Arene Lifesciences** from India for the production and sale of HIV treatments LPV/r, BIC, TAF, TDF, FTC, COBI, EVG and DTG adult.
- **Celltrion** from South Korea for the production and sale of DTG adult and DTG paediatric.
- **Langhua Pharma** from China for the production and sale of DTG adult and TAF.
- **Mangalam** from India for the production and sale of DTG adult.

STRENGTHENED *PARTNERSHIPS*

The Medicines Patent Pool signed multiple **Memoranda of Understanding:**

- with the **United States Agency for International Development (USAID)** to accelerate the introduction of affordable new medicines for diseases that disproportionately affect developing countries;
- with generic partner **Aurobindo** to exchange information on the development, regulatory status and uptake of antiretroviral DTG;
- with the **Elizabeth Glaser Pediatric AIDS Foundation** to improve access to optimised, better-adapted paediatric formulations for HIV and multi-drug-resistant tuberculosis treatments;
- with **Medicines For All Institute** in order to accelerate access to global health medicines in LMICs, by reducing the cost of active pharmaceutical ingredients – a major cost driver of drug formulation;
- with the **Chinese National Medical Products Administration** to permit MPP licensees based in China to export to other LMICs.

In order to share data for inclusion in the MPP's **patents and licences database** MedsPaL, and to support our efforts to keep data updated, the MPP signed collaborative agreements with the **African Regional Intellectual Property Organization (ARIPO) and Uruguay's National Directorate of Industrial Property (DNPI)**

MPP RECOGNISED AS KEY DRIVER OF ACCESS-ORIENTED LICENSING OF PHARMACEUTICALS

In November, **the Access to Medicine Index issued its biennial report** and gave high-ranking scores in its Patents and Licensing section to companies that have negotiated licences for antiretrovirals and HCV medicines through the MPP. The report acknowledges the role of the MPP as "the central independent driver of access-oriented licensing – and that licences agreed via the MPP include the majority of the access-oriented terms and conditions looked for by the Index."

HOW WE WORK

Hepatitis C medical camp set up at village Malerkotla, Punjab, to test and treat people from disadvantaged communities

PATENT HOLDERS/ ORIGINATOR PARTNERS:

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

** Extension of non-enforcement policy*
*** Price agreement*

PATENT HOLDERS

Royalties

medicines patent pool

The MPP licenses drugs to generic companies. Licensing terms encourage the sale of low-cost generic versions in hundreds of developing countries

GENERIC MANUFACTURERS

PEOPLE LIVING *in low- and middle-income countries*

PRODUCT DEVELOPMENT AND GENERIC MANUFACTURING PARTNERS

Adcock Ingram
Anhui Biochem
Arene
Aurobindo
Beximco
Celltrion
Cipla
Desano
Dr.Reddy's
Emcure
Hetero
Langhua Pharma
Laurus Labs
Lupin
Macleods
Mangalam
Micro Labs
Mylan
Natco
Sandoz
Strides Shasun
Sun Pharma
TB Alliance
Zydus Cadila

KEY *FEATURES*

of MPP licences

Wide
GEOGRAPHICAL SCOPE:
up to 131 countries covered in MPP's licences

QUALITY-ASSURED
products

FLEXIBILITY
(NON-EXCLUSIVE, UNRESTRICTED)
to encourage generic competition

DISCLOSURE
of company patent information

WAIVERS
for data exclusivity

COMPATIBILITY
with the use of Trade-Related Aspects of Intellectual Property Rights Agreement flexibilities

Unprecedented in
TRANSPARENCY:
the full text of all licences is published on our website

The public health terms and conditions in MPP licences seek to improve treatment options for the broadest number of people living in developing countries.

PRODUCTS

licensed to the MPP (2010–2018)

- ***abacavir (ABC) paediatrics*** – part of the WHO - preferred treatment for children from three months to 10 years of age
- ***atazanavir (ATV)*** – part of WHO-preferred second-line treatment for adults and children.
- ***bictegravir (BIC)*** – a new HIV integrase inhibitor approved by the US Food and Drug Administration in 2018 as part of a single tablet regimen (STR).
- ***cobicistat (COBI)*** – an enhancer to boost a number of 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 adult (DTG)*** – is WHO-recommended as part of a preferred first-line regimen for adults
- ***dolutegravir paediatrics (DTG)*** – is WHO-recommended as part of a preferred first-line regimen for infants and children for whom there is approved dosing
- ***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, including 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) paediatrics*** – WHO-recommended component of preferred first- and second-line option for children
- ***patents-related to darunavir (DRV)*** – the MPP's first licence signed with the US National Institutes of Health; darunavir/r is recommended by WHO as part of alternative second-line option, as well as third-line regimen
- ***raltegravir (RAL) paediatrics*** – recommended by WHO as preferred first-line treatment for newborns, and alternative first-line options for infants and children for whom approved DTG dosing is not yet available
- ***ravidasvir (RDV)*** – 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)*** – a pro-drug of tenofovir that has been identified by the WHO Conferences on Antiretroviral Drug Optimization as well as other stakeholder forums as a potential future priority
- ***tenofovir disoproxil fumarate (TDF)*** – WHO-recommended as preferred first-line treatment for adults and children, also an important backbone to constructing second-line treatment
- ***valganciclovir**** – easy-to-take, oral medicine to treat or prevent cytomegalovirus disease

(*Price agreement)

"We strongly endorse the new strategy to further improve treatment options for HIV, hepatitis C and tuberculosis patients. Since its creation, the MPP has played a valuable role in supporting international efforts to increase access to priority medicines in resource-limited countries."

Lelio Marmora

Executive Director of Unitaid

MPP'S STRATEGY

In May, the MPP launched its new strategic direction for 2018–2022, setting targets for improving access to medicines for people living with HIV, HCV and TB. Based on the findings of a feasibility study, the plan also recommends the expansion of the MPP model to patented medicines with high medical value, starting with small molecules on the WHO EML. (see page 12 for more information on mandate expansion).

THE TIMELINE

2010
The innovative financing mechanism Unitaid founds the MPP to improve the HIV response.

2015
The MPP expands its mandate to hepatitis C and tuberculosis medicines.

2017
Nine patent holders and 20 product developers are working with the MPP.

2018
The MPP announces new strategic direction.

2018–2022 STRATEGY

Over the next five years, we will build on our core strengths in voluntary licensing and patent pooling specifically in HIV, hepatitis C and TB. At the request of the international community, we will expand our focus beyond treatment for these diseases to other life-saving medicines where our model could significantly contribute to improving public health in LMICs.

The MPP will initially start with patented small molecules that are listed on the WHO EML as well as treatments with strong potential for future inclusion. The expansion will also consider novel antibiotics.

In addition, we will continue to improve transparency in public health by updating and improving our medicines patent and licences database, MedsPaL. We will also provide expert advice and support to the international community as a centre of excellence for public health voluntary licensing and patent pooling.

We will measure our success based on achieving the following five targets by 2022:

More than 20 million people living with HIV in LMICs are treated with MPP-licensed antiretrovirals.

Curative, pan-genotypic hepatitis C treatments are available for ⩽ USD 50 per person from quality-assured suppliers in licensed countries.

Shortened all-oral regimen with the potential for use in drug-resistant and drug-susceptible tuberculosis is licensed to the MPP.

The MPP has licensed patented medicines that are on the WHO EML or are likely to be added in the future.

The MedsPaL database incorporates up-to-date reliable intellectual property status information on all patented essential medicines for all LMICs.

HOW THE MPP'S STRATEGIC PLAN CONTRIBUTES TO INTERNATIONAL GOALS

International HIV Targets

Expand treatment to reach 30 million people living with HIV by 2025.[3] End AIDS by 2030.[4]

Our contribution

License and accelerate introduction of new and approved antiretrovirals, including paediatric formulations and delivery systems such as long-acting injectables. Explore voluntary licensing of novel products for pre-exposure prophylaxis (PrEP) and emerging technologies for an HIV cure.

International Hepatitis C Targets

Eliminate viral hepatitis as a major public health threat by 2030. Reduce hepatitis C infections by 80% and deaths by 65%.[5]

Our contribution

Facilitate affordable access to direct-acting antivirals with the potential of working across all strains of the virus.

International Tuberculosis Targets

Reduce TB deaths by 95% between 2015 and 2035.[6]
End tuberculosis by 2030.[7]

Our contribution

License new drugs, drug candidates and regimens that can be used to improve the standard of care for both drug-resistant and drug-susceptible TB.

International Targets for Universal Health Coverage and Essential Medicines

Achieve Universal Health Coverage, including [...] access to safe, effective, quality and affordable essential medicines and vaccines for all.[8]

Our contribution

Expand our mandate beyond HIV, hepatitis C and TB, initially into patented small molecules that are listed on the WHO EML. License medicines with strong potential for future inclusion in the EML in view of their clinical benefits and potential for public health impact, including new antimicrobials.

DELIVERING RESULTS

As public health priorities shift, so too must we adapt to deliver results and fulfil our overall mission of ensuring equitable access to medical treatment and health technologies. The following cross-cutting initiatives will support the organisation's long-term viability and ensure the successful implementation of our strategy:

Build strategic partnerships with countries to bolster treatment programmes and with regional and national stakeholders to speed uptake of MPP-licensed products

Diversify funding sources to support the roll-out of affordable health commodities over the long term

Forge new collaborations with intellectual property holders, including industry and universities, and expand generic manufacturing network

Support international efforts to improve paediatric care

[3] UNAIDS | [4] UN Sustainable Development Goals | [5] WHO Global Health Sector Strategy on Viral Hepatitis, 2016-2021 | [6] WHO Post-2015 Global TB Strategy
[7] UN Sustainable Development Goals | [8] UN Sustainable Development Goals

HOW MPP LICENSING APPROACHES WILL EVOLVE ***OVER THE NEXT FIVE YEARS***

Potential new features of future licences:

- New incentives to encourage the inclusion of additional middle-income countries
- Cooperation with governments and research and development funders to develop new products
- Adaptation to evolving international quality assurance standards
- Differentiated royalties and, where appropriate, market segmentation
- Affordability clauses for small markets with limited number of producers
- Agreements on upstream technologies
- Terms to enable technology transfer and local production for local supply
- Provisions to balance access with good stewardship in the antimicrobial field

EXPANDING

towards essential medicines

MPP FEASIBILITY STUDY RELEASED

The MPP conducted a feasibility study to assess the public health need for – and the feasibility and potential public health impact of – expanding its mandate from HIV, tuberculosis and hepatitis C to patented essential medicines in other therapeutic areas. The study included a series of illustrative case studies on essential medicines in the fields of cancer, diabetes and cardiovascular diseases. It highlighted the expected public health value of providing generic access to patented products on the WHO EML, as well as products that the WHO EML Committee recognised as having clinical benefits and potential for future inclusion on the List. Finally, the analysis supported the MPP's involvement in promoting access to, and good stewardship of, novel antibiotics to counter antimicrobial resistance.

Background

In 2016, WHO and the Lancet Commission on Essential Medicines Policies recommended the expansion of the MPP's mandate to include all patented essential medicines. These recommendations were made against the backdrop of new medicines for cancer being added to the WHO EML and concerns being raised about access in low- and middle-income countries. That same year, pharmaceutical company GlaxoSmithKline announced an intention to license essential medicines for lower-middle-income countries and to explore licensing of its pipeline cancer medicines to the MPP. Finally, several high-level reports proposing ways to better address antimicrobial resistance indicated that the MPP could play an important role in this area. The MPP, therefore, decided to undertake an evidence-based assessment exploring the public health need for, and potential feasibility and impact of, expanding the work of the MPP into patented essential medicines in other therapeutic areas.

The Swiss Agency for Development and Cooperation funded the assessment.

The expansion of the MPP's mandate was an integral part of recommendations on access to medicines and intellectual property discussed at the 71st World Health Assembly.

"WHO welcomes the announcement that the Medicines Patent Pool is expanding its mandate to include patented medicines on WHO's Model List of Essential Medicines in its patent pooling and voluntary licensing initiatives. It is a welcome and significant step forward towards improving access to affordable medicines, and this is why we strongly advocated for the expansion of the MPP's mandate."

Mariângela Simão

WHO Assistant Director-General.

Prioritisation framework

Following the results of the feasibility study and expansion of the MPP's mandate, the MPP started to work on a comprehensive framework in order to identify and prioritise key molecules in other disease areas that the MPP should prioritise in order to accelerate access in developing countries.

"Over the past eight years, the MPP has made significant inroads in supporting the scale-up of new antiretrovirals, as well as curative hepatitis C antivirals. Although our work in HIV, hepatitis C and tuberculosis is far from completed, we are encouraged by the evidence that suggests the MPP model could be adapted to support millions of people in need of essential treatments for other diseases."

Marie-Paule Kieny

Chair of the MPP Governance Board

FUNDERS

Unitaid

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 treatment for HIV co-infections such as hepatitis C. The 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 the MPP have yielded 27.8 times the value of its funding from expansion of generic access in countries and subsequent price reductions of licenced products. Savings are projected to reach $2.3 billion by 2028 for HIV medicines alone.

Unitaid
Innovation in Global Health

FUNDERS

Swiss government – Swiss Agency for Development and Cooperation (SDC)

In 2018, the Swiss Agency for Development and Cooperation (SDC) funded the MPP's feasibility study exploring the expansion of its mandate to include other patented priority essential medicines beyond HIV, hepatitis C and tuberculosis.

The SDC also co-funds the 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.

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Agency for Development and Cooperation SDC

"The MPP model fits the Swiss approach to improving access because it promotes voluntary, collaborative solutions with the pharmaceutical industry for reducing prices of essential patented products, while ensuring the quality of those medicines, and protection of intellectual property rights. This is why we support the MPP in the realisation of its expansion programme."

Alex Schulze
Co-Head of SDC's Global Programme Health

The Wellcome Trust

The Wellcome Trust co-funds the MPP to establish the foundations for its expansion in the context of its new five-year strategy and to lay the groundwork for implementation of its strategic objective of facilitating access to affordable and quality-assured essential medicines in LMICs.

wellcome

"Two billion people worldwide lack access to life-changing treatments – including medicines, vaccines and diagnostic tools. Wellcome spends around £1 billion each year to support research and drive reform to improve health for people around the world. The full benefits of innovations to improve health can only be realised if they reach the people who need them, especially those living in low- and middle-income countries. Practices such as voluntary licensing, patent pooling and equitable pricing are fundamental to increasing access to prevention, treatment and care. We are pleased to support the MPP in its efforts to speed access in low- and middle-income countries."

Alex Harris
Head of Global Policy at Wellcome

GOVERNANCE

FROM LEFT TO RIGHT: Charles Clift (vice-chair), Mo Barry (member as of 1 December 2018), Claudia Chamas (member), Brian Tempest (member), Patrizia Carlevaro (member), Marie-Paule Kieny (chair), Manica Balasegaram (member), Jayashree Watal (member)

NOT IN THE PICTURE: Anban Pillay (member), Anna Zakowicz (member until 1 December 2018)

Governance Board

The Governance Board is the MPP's governing body and its highest authority for making decisions. Amongst its key duties are to set the MPP's policies and strategies, oversee its work plan and financial matters, and monitor and evaluate its performance.

Highlight

The MPP Governance Board appointed Mo Barry as new member for community interests in December 2018. Mr Barry is a global health champion and advocate from The Gambia. He brings to this position experience of a wide range of governance roles in the field of infectious diseases. He is a United Nations Young Ambassador for the Sustainable Development Goals; Chairperson of the HIV Young Leaders Fund; Co-Chair of UNAIDS PACT, a global youth consortium on HIV; and a One Young World Ambassador. Mr Barry replaces Anna Zakowicz, who completed a six-year tenure (from 2012) on the MPP Governance Board.

"For the MPP to partner effectively with stakeholders and their multiple interests across industry and communities, it is imperative that the make-up of its Governance Board represents as many skills and experiences as possible. We are delighted to welcome Mo Barry, who has significant experience working as a passionate advocate on behalf of civil society. I am looking forward to his contribution and I strongly believe the MPP will be a richer organisation as a result of his expertise."

Marie-Paule Kieny

Chair of the MPP Governance Board

EXPERT ADVISORY GROUP

The Expert Advisory Group, composed of 23 experts, operates in three subgroups – HIV, hepatitis C and tuberculosis – to evaluate licensing agreements and provide suggestions for improvements, to ensure greater access to priority medicines in developing countries.

MAXIMILIANO SANTA CRUZ

CHAIR

KEES DE JONCHEERE

VICE-CHAIR

TB SUBGROUP

Jennifer Cohn, Jan Gheuens, Sergei Golovin (from April 2018) Mayowa Joel, Christian Lienhardt, Eun-Joo Min (until March 2018) Roberto Reis (from April 2018) Wim Vandevelde

HEPATITIS C SUBGROUP

Isabelle Andrieux-Meyer, Labeeb Abboud, Philippa Easterbrook, Ellen't Hoen, Giten Khwairakpam, Karine Lacombe, Raquel Peck

HIV SUBGROUP

Carlos Correa, Jonathan Berger, Alexandra Calmy, Nathan Ford, Nelson Juma Otwoma, Achal Prabhala, Gracia Violeta Ross

TEAM

Highlight

In April 2018, the MPP Governance Board appointed Charles Gore as the new MPP Executive Director, with his appointment being effective in July 2018. Founder and former President of the World Hepatitis Alliance, Charles Gore brings two decades of experience in public health, patient advocacy and coalition-building to the MPP.

"We look forward to a strong partnership between Unitaid and the MPP under Charles Gore's leadership. Charles' courage, determination and vision will bring new energy to the MPP as it steps up its efforts to ensure access to new medicines."

Lelio Marmora
Executive Director of Unitaid

"We are pleased to welcome Charles to the MPP. With his strong leadership and management skills, Charles was a perfect choice to lead the MPP at this point in its history. With his support, we are confident that the MPP will succeed in its overall mission of improving access to medicines for millions of people in low- and middle-income nations."

Marie-Paule Kieny
Chair of the MPP Governance Board

Aastha Gupta
Senior Business Development Manager

Alnaaze Nathoo
Head of Strategy and Operations (until April 2018)

Amina Maillard
Patent Information Manager (from September 2018)

Andrew Goldman
Associate Counsel (from September 2018)

Asma Rehan
Grants & Operations Manager

Chan Park
General Counsel

Charles Gore
Executive Director (from July 2018)

Elena Villanueva
Policy and Advocacy Manager (from July 2018)

Erika Dueñas
Policy and Advocacy Manager (until October 2018)

Esperanza Suarez
Finance and Administration Manager (until June 2018)

Esteban Burrone
Head of Policy

Gauri Gopal
*Business Development Manager**

Hannah Moak
Business Development Manager

Jo Waters
Head of Communications (from September 2018)

Karine Belondrade
Head of Strategy, Operations and Resource Mobilisation (from October 2018)

Katherine Moore
Head of Communications (until June 2018)

Liudmyla Maistat
Policy and Advocacy Manager

Maica Trabanco
Associate Counsel

Meghmala Das
*Business Analyst**

Muriel Lacombe
Finance and Administration Manager (from September 2018)

Rajesh Murthy
*Business Development Manager & Head of India Operations**

Sandeep Juneja
Head of Business Development (until April 2018)

Sandra Nobre
Head of Business Development (from September 2018)

Sophie Naeye
Office Manager

Sophie Thievenaz
Communications Manager

Vincent Chauvin
Head of Finance and Resources

Yao Cheng
Scientific Manager

*The MPP has a liaison office in Gurgaon, India, to work closely with generic manufacturing partners in accelerating the development of MPP-licensed medicines. Meghmala Das, Gauri Gopal, and Rajesh Murthy are based in this location.