



Marie-Paule Kieny
Chair



Charles Gore
Executive Director

Reflecting on the year that went by, we bring to you our 2019 Annual Report with its theme, “Supporting Universal Health Coverage through Affordable Medicines.”

Health is a fundamental human right, and we strongly believe that all people, irrespective of who they are or where they live, should be able to access health services they need, without suffering financial hardship. Access to safe, effective, quality and affordable essential medicines everywhere is critical to achieve Universal Health Coverage (UHC). Yet, nearly two billion people, a vast majority living in low- and middle-income countries (LMICs), lack access to essential health products and medicines. Today, as we face the COVID-19 pandemic, equitable access to health innovations wherever you live in the world is more relevant than ever.

The Medicines Patent Pool (MPP), through its voluntary licensing and patent pooling model, works to increase access to affordable lifesaving medicines in LMICs. Since 2010, when MPP was founded, our licences have contributed to furthering the global goals in HIV, hepatitis C and tuberculosis. More recently, we have expanded our remit to essential medicines for diseases beyond HIV, TB and hepatitis C, such as diabetes, cardiovascular disease and cancer, and worked with WHO to identify patented molecules in these new disease areas, where licensing could bring significant public health impact.

2019 HAS BEEN THE YEAR OF THREE P'S FOR THE MEDICINES PATENT POOL – PROGRESS, PARTNERSHIPS AND PROSPECTS.

PROGRESS: Between 2012 and 2019, MPP's work in HIV and hepatitis brought nearly 12 billion doses of treatment to people across 141 countries and generated savings of USD 1.44 billion. In the last six months of 2019 alone, two billion doses of treatment were delivered and USD 210 million were saved. Each dose supplied meant that a life was improved, and each dollar saved meant that more people could be put on treatment.

One of our key licences, with ViiV Healthcare, achieved the five-year milestone in 2019. Currently, through

MESSAGE

from the Chair of the Governance Board and the Executive Director

the licence 17 generic manufacturers are authorised to produce and sell low-cost single or fixed-dose combination versions of dolutegravir (DTG), WHO's preferred first-line treatment for people living with HIV (PLHIV). Through these agreements 103 countries where 89% of PLHIV reside are now procuring low-cost and high-quality versions of this safe and effective HIV treatment.

Another area where we have seen good progress is hepatitis C. Today, in most countries, the price of daclatasvir+sofosbuvir (DAC+SOF) treatment is under USD 100, and over 900,000 curative treatments of DAC alone have been supplied through MPP licences since 2016 in 28 countries. Since the end of 2018, MPP also holds the licence for glecaprevir/pibrentasvir (G/P) from AbbVie that enables quality-assured manufacturers to develop and sell G/P in 96 LMICs. This pan-genotypic regimen, which shortens the treatment duration to just eight weeks, has a unique value in people with kidney disease as well as in children under 12 years and avoids the need for costly genotyping diagnostic tests. It is currently under development by one of our generic partners, Mylan and we hope more manufacturers will enter this space soon.

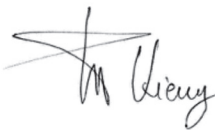
None of these successes would have been possible without our partners.

PARTNERSHIPS: Each partner we work with is a critical piece of the access puzzle, which when put together, makes lifesaving medicines accessible for those in need. From the work of an originator, who develops a drug, to us negotiating a licence, to generics developing affordable quality versions of the drug, to organisations like Unitaid that fund development of paediatric formulations for these medicines, to WHO producing guidelines and recommending the drug, to advocates pushing governments to include the drug in their national guidelines, to procurement agencies like PEPFAR and the Global Fund that buy for countries, the list goes on. It is the joint effort of these stakeholders that maximises efficiencies, reduces costs and ultimately achieves the common mission of saving millions of lives. MPP truly values the work of its partners and in this spirit deepened its collaborations further in 2019.


Through the year, we signed a key licence on sutezolid for TB with Pfizer, expanded the reach of existing licences allowing access to millions of more people, ensured sustainable supply through our generic partners, and continued to identify public health needs closely with experts, civil society and countries. By being a part of various consortia, alongside a multitude of partners, including WHO, we contributed to conversations on issues like drug forecasting and access to paediatric formulations.

PROSPECTS: Looking ahead, we developed a prioritisation framework to assess candidate medicines that could play a major role in MPP's expanded mandate into new disease areas beyond HIV, hepatitis C and TB. Areas where we have begun discussions with relevant stakeholders are diabetes, cancer and cardiovascular disease. 2019 also marked the beginning of MPP's exploratory journey into making long-acting technologies – for preventing malaria and TB and treating HIV and hepatitis C – accessible to people living in LMICs. Putting access on the agenda from the very start will go a long way in ensuring no country lags behind in obtaining these potentially game-changing technologies.

Today, as the world grapples with an unforeseen pandemic of COVID-19, the work of MPP is as important, if not more so, as it was ten years ago when the organisation was founded. Swiftly realising this, MPP's Board expanded the organisation's mandate to COVID-19-related treatments and technologies on 31 March 2020, just days after WHO declared the disease a pandemic. With all that we do, we are striving to leave no one behind. And we thank you for joining us in our efforts.



Marie-Paule Kiény
Chair



Charles Gore
Executive Director



Philippe Duneton
*Executive Director a.i.
of Unitaid*



MESSAGE

from the Executive Director a.i. of Unitaid

In 2019, South Africa announced its switch to a state-of-the-art dolutegravir (DTG)-based HIV regimen that is easier to administer and has fewer side effects. The move will allow one in five people on HIV treatment globally to switch to a simpler, more effective and affordable regimen that also minimizes the development of drug resistance. Behind this milestone is the diligent work of MPP. Its voluntary licensing mechanism complements the joint work by WHO, Unitaid, the Global Fund and PEPFAR in Africa, making it possible for low- and middle-income countries such as South Africa to procure generic versions of DTG.

When Unitaid founded MPP, many wondered whether the idea of a patent pool for medicines could work. Fast forward ten years, and MPP holds 107 sublicenses with 22 manufacturers and has generated more than USD 1.441 billion in savings across a staggering 31 million patient-years of treatment. MPP has also established itself as an authority on patent information through MedsPaL, which provides the latest insights on the licensing status of selected HIV, hepatitis C, tuberculosis and other life-saving medicines in low- and middle-income countries. The platform has become an indispensable resource for a growing number of procurement agencies.

In 2019, MPP's work was recognized by international forums such as the G7 and the G20, which highlighted its role in improving access to safe, quality medicines that are affordable. These international forums also supported the expansion of MPP's mandate to the World Health Organization's (WHO) list of essential medicines as a means of advancing Universal Health Coverage (UHC).

We share MPP's commitment to promoting UHC and confronting the emerging threat of antimicrobial resistance (AMR), while advancing global goals for major diseases and the 2030 Agenda for Sustainable

Development. We are proud to support MPP's work on HIV, tuberculosis and hepatitis C, and look forward to strengthening our collaboration in the future as new and exciting global health innovations come into being. There is still much to do.

Globally, around four in ten people living with HIV are not accessing antiretroviral treatment, while a mere 20 percent of the people with chronic hepatitis C infection have been diagnosed and only seven percent are treated. On the TB front, more than 95 percent of TB deaths occur in low- and middle-income countries, showing the need to continue developing medicines and tests that are affordable and adapted to the needs of low-resource settings.

In taking stock of the first ten years of MPP, we greet its outstanding achievements and its determination to continue tackling global health challenges – including the COVID-19 pandemic— in collaboration with originators, generic manufacturers and countries. At Unitaid, we remain committed to partnering with MPP to improve and save the lives of millions.

Philippe Duneton
Unitaid Executive Director a.i.





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.**




18
products
licensed to MPP

10
patent
holders signed
agreements
with MPP

22
generic
manufacturers
and product
developers
sublicensed
from MPP

140+
active and
ongoing product
development
projects have
led to

72
filings
for HIV products

and
16
filings for
hepatitis C
medicines
with
stringent
regulatory
authorities (SRAs)

IMPACT OF MPP'S WORK

from 2010 to 2019

Generic products facilitated by MPP have been distributed in

141 countries,

providing treatment to more than

31.4 million

patient-years from January 2012 to December 2019



MPP licences have generated

USD 1.44 billion

in global health savings through the procurement of more affordable quality-assured medicines from MPP's generic partners

through an average price reduction of

72%

relative to originator price

2019 HIGHLIGHTS

GOVERNANCE UPDATE

MPP's Governance Board announced the appointment of Dr Mariângela Batista Galvão Simão, Assistant Director-General for Drug Access, Vaccines and Pharmaceuticals at the World Health Organization (WHO), as a non-voting participant. This is a unique appointment and will play a key role in supporting the expansion of MPP's mandate into patented essential medicines on WHO's Essential Medicines List (EML) and those with strong potential for future inclusion.

MPP works closely with the Essential Medicines Department of WHO, Mariângela's extensive experience and knowledge couple with understanding from participating in Board discussions will further strengthen collaboration and focus.

MPP's PRIORITISATION FRAMEWORK

Following its mandate expansion into patented essential medicines announced in 2018, MPP published in May 2019 a prioritisation framework outlining a precise methodology for assessing candidate medicines that could play a major role in expanding into new disease areas beyond HIV, hepatitis C and tuberculosis.

MPP-VIIV FIVE-YEAR ANNIVERSARY

In July 2019, MPP celebrated the fifth anniversary of the signing of two licensing agreements with ViiV Healthcare that have allowed generic manufacturers to produce and sell single and combination versions of dolutegravir (DTG) for adults and children in countries with the highest burden of HIV.

These agreements were originally negotiated in 2014 to enable 94% of adults and 99% of children living with HIV in the developing world to access generic versions of DTG in an accelerated timeframe. By the end of 2019, nearly 6.9¹ million people living with HIV, across 96 countries in the developing world, had access to generic DTG and TLD, a newly developed fixed-dose combination, which combines the WHO-preferred treatment regimen into a single pill.

G7 AND G20 ENDORSEMENTS

In a joint declaration published in May, the Health Ministers of the G7 (Canada, France, Germany, Italy, Japan, the UK and the USA) and the European Commissioner for Health and Food Safety, highlighted the importance of improving access to safe, effective, quality, affordable and essential health products and supported MPP's expansion to essential medicines.



"We support the engagement of all relevant international organizations, such as WHO, and initiatives, including the recent expansion of the Medicines Patent Pool, in their work to improve access for all to safe, effective, quality, affordable and essential health products."

G7 Health Ministers' Declaration at the G7 Health Ministerial Session, 17 May 2019

¹ PLHIV on DTG-based treatment calculated by dividing total packs sold in 2019 by 12 (months).

In October, it was the G20 Health Ministers who drew attention to some major global health issues, including achieving Universal Health Coverage (UHC) by 2030 through “access to safe, effective, quality and affordable essential medicines and vaccines” as defined by the Sustainable Development Goals. In that context, they specifically mentioned their support of MPP’s expansion to essential medicines.



“We support the engagement of all relevant organizations, such as WHO, UNAIDS, Gavi, the Global Fund, and Unitaid and initiatives, including the recent expansion of the Medicines Patent Pool, in their work to improve access for all to safe, effective, quality, and affordable essential health products.”

G20 Health Ministers’ Declaration in Okayama, Japan, 20 October 2019

NEGOTIATED AND SIGNED PUBLIC HEALTH-ORIENTED LICENCES

In October, MPP and Pfizer signed a licence agreement to facilitate the clinical development of sutezolid, an investigational medicine for the treatment of TB. Pfizer is granting MPP a non-exclusive, worldwide and royalty-free licence allowing potential future MPP sublicensees to access Pfizer’s preclinical, phase I and phase IIa clinical study data and results with the aim to further study, develop and make available this potential important component of new TB regimens.

SIGNED SUBLICENSING AGREEMENTS WITH GENERIC MANUFACTURERS AND PRODUCT DEVELOPERS

In December, MPP announced a sublicense agreement with Indian manufacturing partner Cipla for the development, manufacture and supply of HIV treatment lopinavir and ritonavir, individually or in combination, for paediatric use.

STRENGTHENED PARTNERSHIPS

In 2019, ViiV Healthcare, MPP and Aurobindo signed a memorandum of understanding agreeing to exchange information and business leads to fast-track the development and uptake of DTG.

MedsPaL, MPP’s Medicines Patents and Licences Database, signed new collaborative agreements with three regional and national patent offices: Peru’s National Institute for the Defense of Free Competition and the Protection of Intellectual Property (INDECOPI) in January, the Eurasian Patent Office (EAPO) in March, and the Egyptian Patent Office (EGPO) in June 2019.

DOLUTEGRAVIR ROLL-OUT IN SOUTH AFRICA

The Government of South Africa announced in late November the roll-out of DTG, whose rapid access has been facilitated by MPP’s agreements signed with ViiV Healthcare in 2014. These agreements enabled access to quality-assured, affordable versions of DTG as well as its combinations, including TLD, in South Africa where 7.7 million people are living with HIV.

2019 AT A GLANCE

Dr. Mariângela Batista Galvão Simão, Assistant Director-General for Drug Access, Vaccines and Pharmaceuticals at WHO joins MPP's Governance Board as a non-voting participant.

MPP and ViiV Healthcare celebrate the five-year anniversary of their licensing agreements that have helped make dolutegravir (DTG), the recommended WHO treatment, accessible for adults and children in countries with the highest burden of HIV.

DTG, whose rapid access has been driven by MPP's agreement with ViiV Healthcare, rolls out in South Africa.

JANUARY

MAY

JULY

OCTOBER

NOVEMBER

DECEMBER

In line with its mandate expansion beyond HIV, hepatitis C and tuberculosis, MPP publishes a prioritisation framework to assess candidate medicines for new disease areas.

The Health Ministers of the G7 and the European Commissioner for Health and Food Safety endorse MPP's mandate expansion into essential medicines.

G20 Health Ministers lend their support to MPP's mandate expansion

MPP and Pfizer sign a licence agreement to facilitate the clinical development of sutezolid, an investigational drug for TB treatment.

MPP & Cipla sign a sublicense agreement to expand access to Cipla's LPV/r pellets and support future plans for LPV/r/ABC/3TC (4-in-1) for paediatric use.

ViiV Healthcare, MPP and Aurobindo signed a MoU to fast-track the development and uptake of DTG.

HOW WE WORK



PATENT HOLDERS

ROYALTIES

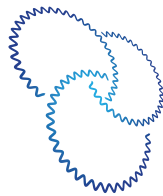
where applicable

PATENT HOLDERS/ ORIGINATOR PARTNERS

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

* Extension of non-enforcement policy

** Price agreement



**medicines
patent
pool**

MPP licenses drugs to generic companies. Licensing terms encourage the development and supply of low-cost generic versions in developing countries.



**GENERIC
MANUFACTURERS**

GENERIC MANUFACTURING /PRODUCT DEVELOPMENT PARTNERS

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



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

KEY FEATURES of MPP licences



WIDE GEOGRAPHICAL SCOPE:

Over 130 low- and middle-income countries covered in 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



WAIVERS

for data exclusivity



COMPLEMENTARITY

to other mechanisms and tools to facilitate access to treatments

Unprecedented in

TRANSPARENCY:

the full texts of all licences are published on MPP's website



LICENCE MANAGEMENT

to monitor compliance and prevent market leakage

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

MPP LICENCES 2010-2019

- **abacavir (ABC) paediatric** – 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)** – WHO-recommended as part of a preferred first-line regimen for adults
- **dolutegravir paediatric (DTG)** – 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 inhibitor 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) paediatric** – WHO-recommended component of preferred first- and second-line option for children
- **patents related to darunavir (DRV)** – MPP's first licence signed with the US National Institutes of Health; darunavir/ritonavir is recommended by WHO as part of alternative second-line option, as well as third-line regimen
- **raltegravir (RAL) paediatric** – recommended by WHO as preferred first-line treatment for newborns, and alternative first-line option 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, a common HIV co-infection

HIV

Hepatitis C

Tuberculosis

*Price agreement



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. 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 33.7 times the value of its funding from

expansion of generic access in countries and subsequent price reductions of licensed products. Savings are projected to reach \$5.5 billion by 2028 for HIV medicines alone, with an 83% average price reduction between originator product and MPP licensed generics.



CLINIC

FUNDERS

SWISS AGENCY FOR DEVELOPMENT AND COOPERATION (SDC)

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.

Based on the initial achievements, the SDC signed in December 2019 a new three-year grant to co-fund MPP's activities outside its initial mandate.



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Agency for Development
and Cooperation SDC

THE WELLCOME TRUST

From October 2018 until December 2019, the Wellcome Trust co-funded 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.





GOVERNANCE



FROM LEFT TO RIGHT

TOP ROW: Marie-Paule Kieny (*Chair*) – Charles Clift (*Vice-Chair*) – Members: Manica Balasegaram – Mo Barry.

BOTTOM ROW: Members: Patrizia Carlevaro – Claudia Chamas – Anban Pillay – Jayashree Watal

NOT IN THE PICTURE: Member: Brian Tempest (until 1 September 2019)

NON-VOTING PARTICIPANT:

Dr Mariângela Batista Galvão Simão
Assistant Director-General for Drug Access, Vaccines and Pharmaceuticals, WHO

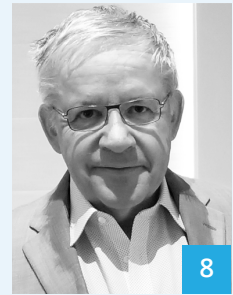
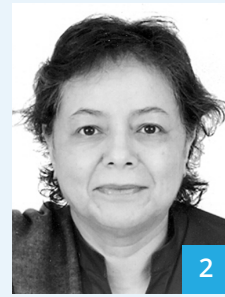


GOVERNANCE BOARD

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

2019 HIGHLIGHT

- The 24th and 25th MPP Governance Board meetings were held on 8-9 April and 14-15 October 2019 respectively.
 - The Board voted unanimously to renew the memberships of Ms. Jayashree Watal, Dr. Brian Tempest, Dr. Claudia Chamas, Dr. Marie-Paule Kieny, Dr. Patrizia Carlevaro and Dr. Thamizhanban (Anban) Pillay. The Board also renewed the chairmanship of Dr. Kieny. Dr. Brian Tempest resigned from the MPP Governance Board in September 2019.
- Dr Mariângela Batista Galvão Simão, Assistant Director-General for Drug Access, Vaccines and Pharmaceuticals at the WHO accepted MPP's invitation in March 2019 to represent WHO on MPP's Governance Board.



EXPERT ADVISORY GROUP & SCIENTIFIC ADVISORY PANEL

In July 2019, MPP initiated a reorganisation of its Expert Advisory Group (EAG) and created the 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 December 2019.

The 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

1. **MAXIMILIANO SANTA CRUZ** – Santa Cruz IP, Chile

MEMBERS

2. **ZEBA AZIZ** – Hameed Latif Hospital, Pakistan
3. **PETER BEYER** – World Health Organization, Switzerland
4. **ALEXANDRA CALMY** – Hôpitaux Universitaires de Genève, Switzerland
5. **EMER COOKE** – World Health Organization, Switzerland
6. **CARLOS CORREA** (until 31 December 2019) – South Centre, Switzerland
7. **AKTHEM FOURATI** – UNICEF, Denmark
8. **JAN GHEUENS** – Former Bill & Melinda Gates Foundation, USA
9. **MANUEL GONÇALVES** – Co-Chair of Advisory Board of Institute of Hygiene and Tropical Medicine, Portugal
10. **MARTHA GYANSA-LUTTERODT** – Ministry of Health, Ghana
11. **JORDAN JARVIS** – London School of Hygiene and Tropical Medicine, United-Kingdom
12. **GITEN KHWAIRAKPAM** – AmfAR's TREAT Asia Programme, Thailand
13. **GUGU MAHLANGU** – The Medicines Control Authority, Zimbabwe
14. **VALÉRIE PARIS** – OECD, France
15. **FATIMA SULEMAN** – University of KwaZulu-Natal, South Africa
16. **ELLEN 'T HOEN** – Global Health Law Unit of the University Medical Centre Groningen, The Netherlands
17. **SASHA VOLGINA** – GNP+, The Netherlands

SAP MEMBERS

- HELLE AAGAARD** – ReAct – Action on Antibiotic Resistance
- LABEEB ABOUD** – 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

PRABHAKARAN DORAIRAJ – Director Centre for Control of Chronic Conditions, PHFI

PHILIPPA EASTERBROOK – World Health Organization

JAMES ELLIOT – Trustee t+ 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

RAJEEV GUPTA – Eternal Hospital Jaipur

JUZAR HOOKER – Aga Khan University Hospital

ANDRÉ ILBAWI – World Health Organization

KEES DE JONCHEERE – Pharmaceutical Policy Consultant

SYLVIA KEHLENBRINK – Brigham and Women's Hospital

N. KUMARASAMY – Chennai Antiviral Research and Treatment (CART) Clinical Research Site

KARINE LACOMBE – Saint-Antoine Hospital (AP-HP)

JOANNA LAURSON-DOUBE – Multiple Sclerosis International Federation

GILBERTO LOPES – Sylvester Comprehensive Cancer Center

NICOLA MAGRINI – World Health Organization

YEHODA MARTEI – UPENN Oncology Perelman School of Medicine

SALOME MEYER – Cancer Alliance

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

PAUL RUFF – University of Witwatersrand Faculty of Health Sciences

LAWRENCE SHULMAN – UPENN Abramson Cancer Centre

URSULA THEURETZBACHER – Center for Anti-Infective Agents

WIM VANDEVELDE – European AIDS Treatment Group

FRANÇOIS VENTER – University of the Witwatersrand

MATTEO ZIGNOL – World Health Organization



TEAM MPP CULTURE AND VALUES

In 2019, MPP carried out a number of workshops and worked to collectively define the values that are important to us. We took time to learn about each other and explore better ways of working that would help us accomplish our mission.

We strive for excellence in our work and foster a positive organisational culture through transparency and open communication. We hold ourselves accountable to the highest standards, respecting individuality and encouraging innovation. We offer support to our partners as we share our learnings with the aim of accelerating access to treatment. In all what we do, we all do our best to stretch our own ability and capacity.

MPP CORE VALUES

RESPECT

We celebrate diversity, equity and inclusion in all aspects of our mission.

We honour our commitments.

We seek and acknowledge the contribution of collaborating partners and celebrate the collective impact of partnerships.

COURAGE

We encourage initiative and we explore and forge innovative paths.

We voice our opinions and suggest ideas openly, and we listen to and acknowledge people's varied opinions in a receptive manner.

We question our underlying assumptions; we have the courage to take risks and accept failure.

We encourage our partners to hold us accountable to our commitments.

COMMITMENT

We are dedicated to improving global public health over competing interests.

We are accountable for our actions and set ambitious goals and clear expectations of what constitutes success.

We work with integrity and diligence to achieve our goals.

GENEROSITY

We communicate and proactively share relevant information in a timely and appropriate manner.

We provide our partners with the support they need to succeed in achieving common goals.

We are generous with our time and our expertise.



MPP'S STAFF IN 2019

Aastha Gupta

Senior Business Development Manager
(until March 2019)

Amina Maillard

Patent Information Manager

Andrew Goldman

Associate Counsel

Anisha Alyahya

Scientific Manager (from March to
December 2019)

Asma Rehan

Grants & Operations Manager
(until February 2019)

Bétina Zago

Communications Officer (from April 2019)

Chan Park

General Counsel

Charles Gore

Executive Director

Esteban Burrone

Head of Policy and Advocacy

Gauri Gopal

Business Development Manager*
(until September 2019)

Hannah Moak

Business Development Manager

Jo Waters

Head of Communications (until June 2019)

Karine Belondrade

Head of Strategy, Operations and Resource
Mobilisation

Liudmyla Maistat

Policy and Advocacy Manager

Lobna Gaayeb

Long-Acting Technologies Project Manager
(from November 2019)

Maica Trabanco

Associate Counsel

Maneesha Ranaut

Executive Assistant liaison office*
(from February 2019)

Meghmala Das

Business Development Manager*

Muriel Lacombe

Finance and Administration Manager

Nicola Loffredi

Business Development Manager (from
September 2019)

Rajesh Murthy

Business Development Manager & Head
of India Operations*

Sandra Nobre

Head of Business Development

Sébastien Morin

Policy and Advocacy Manager
(from May 2019)

Sophie Naeye

Office Manager

Sophie Thievenaz

Communications Manager/Head of
Communications a.i (from June to
December 2019)

Vincent Chauvin

Head of Finance and Resources

Vivian Ntinyari

Grants and Operations Manager (from
March 2019)

Yao Cheng

Scientific Manager (until March 2019)

* In 2019, MPP had 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, Rajesh Murthy and Maneesha Ranaut are based in this location. The India office has since moved to the city of Mumbai.