



Image: Nana Kofi Acquah/The Global Fund

IMPACT STORY MEDICINES PATENT POOL:

Voluntary licences can make medicines more accessible

The problem

Patents foster innovation but can slow or restrict access to medicines.

The patent system incentivizes innovation, and has spurred the development of significant new medicines and diagnostics over the last few decades.

Patents can encourage research and development of new health products but they also limit competition. New, innovative medicines often take a long time to reach low- and lower-middle income countries (LMICs). They are typically unaffordable in LMICs until patents expire and generic competition can start.

As a result, many people living in LMICs cannot access treatment for life-threatening illnesses.

The solution

What is Unitaid doing?

Unitaid created the Medicines Patent Pool (MPP) in 2010. The MPP works closely with different actors in the pharmaceutical industry to increase access to medicines. Unitaid remains the sole funder of the organization. By 2020, Unitaid will have invested around \$60 million into the MPP.

How does the Medicines Patent Pool work?

MPP negotiates with pharmaceutical companies who hold the original patents for licences on HIV, hepatitis C and tuberculosis medicines to issue voluntary licences for generic production. When licences are secured, this permits generic manufacturers to produce their own version of patented medicines, for distribution in LMICs at lower cost. MPP licences also offer the flexibility for manufacturers to develop new treatment formulations, such as paediatric formulations for children, which are specifically needed in LMICs. Competition among many manufacturers speeds up access and helps drive lower prices.

What progress has MPP made so far?

Since 2010, licensing agreements have been signed with nine patent holders

for 13 antiretroviral drugs, two hepatitis C antivirals, one tuberculosis treatment and a HIV technology platform. This includes a voluntary license for tenofovir disoproxil fumarate (TDF), a key component of first-line HIV treatment, and dolutegravir (DTG)¹ for children and adults; the latter license being secured just eight months after US regulatory approval. Sublicensing agreements have been signed with 20 generic suppliers and product developers. In 2016, **3.6 million patient years** of ARV treatment was made available through MPP licensees.

What is the projected impact of MPP?

The MPP is helping make the global response to HIV/AIDS, hepatitis C and tuberculosis more affordable and efficient. By the end of 2016, the MPP estimated that more than US \$270 million in savings have been generated for the global response to HIV, which means more people living with HIV can access treatment. Over time, MPP's work is expected to drive increased public health impact and financial efficiencies for LMICs, as a result of increased and faster access to better medicines.

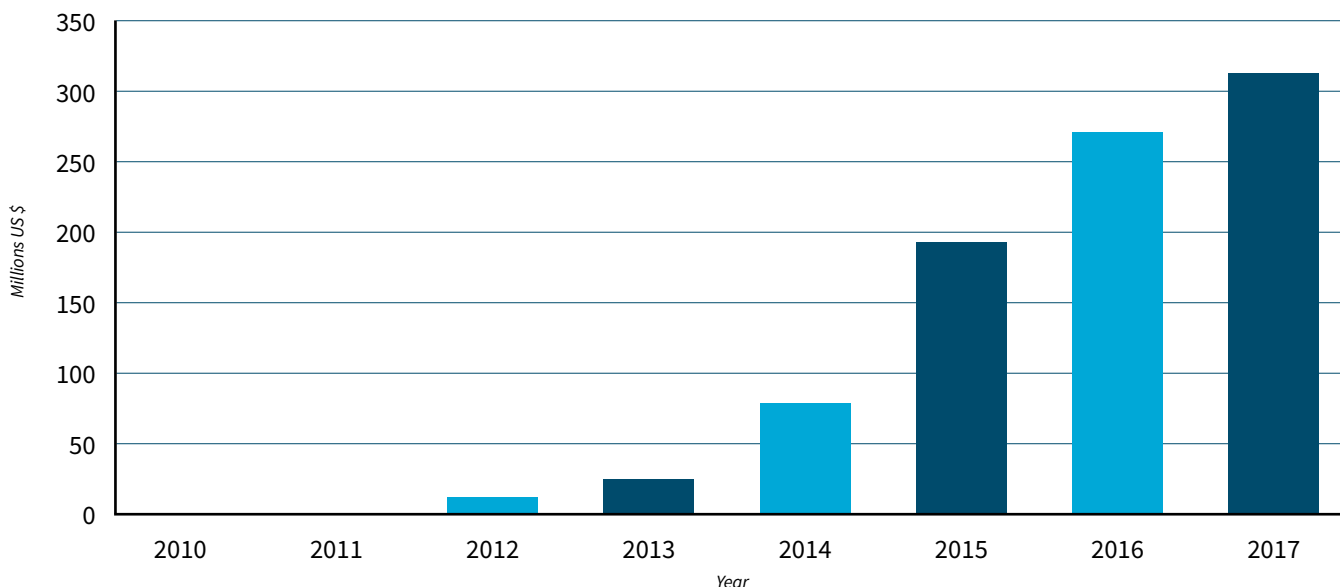
¹ Obtained from ViiV Healthcare.

The main contributors to Unitaid are: France, United Kingdom, Brazil, Norway, Chile, South Korea, Mauritius, Madagascar, Spain and Bill & Melinda Gates Foundation.

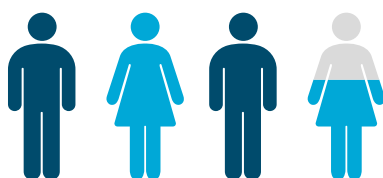
IMPACT STORY: MEDICINES PATENT POOL

Since its creation, Medicines Patent Pool has helped to deliver more than US\$ 270 million in financial savings for the global response to HIV

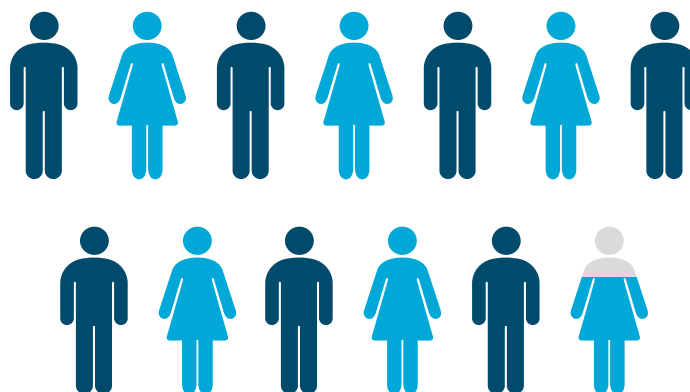
Cumulative savings (in million US \$) from MPP voluntary licenses of HIV medicines



Licences secured by the Medicines Patent Pool have secured treatment access for millions of people living with HIV



3.6 million patient years of antiretroviral therapy were supplied in 2016 through an MPP licensee



In total, MPP licensees have supplied 12.7m patient years of antiretroviral therapy since 2010

* Based on estimates made by MPP