**Intervention Medicines Patent Pool (MPP)**

The Medicines Patent Pool is honored to address this committee and expresses its gratitude for the collaboration that has been built over the years. Building on the report we submitted that describes the accomplishments made in response to previous expert committees’ requests to MPP and that provides an overview of the patent landscape for the medicines that have been submitted for evaluation and still have patents granted or filed in LMICs, I would like to share three thoughts, to reflect on how we can continue working towards our objective of improving health equity.

The first is to remind us of what can be achieved when licences are issued on important new medicines. Last December, 13 months after our licence with Pfizer on nirmatrelvir/ritonavir, the WHO Pre-qualification program approved the first quality-assured generic version of the product manufactured by one of our licensees.

What does this mean? That a generic version of this drug is now available for procurement in 95 LMICs. Nirmatrelvir/ritonavir is among the candidates submitted for inclusion in the WHO EML and will be discussed in the next few days. If included, countries could already rely on generic and affordable versions of this essential medicine. The same is true for molnupiravir.

Can we apply this approach to other disease areas? MPP, in collaboration with its partners in industry, government and civil society, has been applying this model to various infectious diseases over the past 13 years. And to date, over 30 billion doses of essential medicines have been supplied in LMICs through our licences. But we all know that, especially for non-communicable diseases, patients in LMICs often need to wait several years to be able to access important new treatments and that, in many cases have to rely on less effective or less tolerated treatments because those are the only options available or affordable to them.

Can we do anything about this? Yes, we can.

Cost is not static and does not need to be a barrier to accessing effective medicines for patients who need them. Voluntary licensing can help support more equitable access to innovative medicines in LMICs through more affordable generics and biosimilars.

The second thought is that we need to start working as early as possible to identify the medicines we want to have available in 3 to 5 years time. It can take several years for quality-assured generics to be developed and registered, even once a voluntary licence is in place. In its last meeting, in 2021, the Expert Committee suggested a list of cancer medicines with the potential for future inclusion into the WHO EML. We are pleased to inform the Committee that last October we managed to sign our first licence with Novartis for a cancer medicine on the WHO EML, and we are actively working on the candidates that were flagged to us. We ask the Expert Committee to keep looking ahead, identifying candidates that you think may be necessary in the future also in other disease areas, even if they are not cost-effective today, as licensing through MPP could contribute to improving their cost-effectiveness and affordability.
The third thought is that it would be important that when identifying medicines for which licensing efforts should be explored, the Committee and/or the Secretariat also identify relevant quality assurance pathways so that, if licences are obtained, quality-assured generics or biosimilars can rapidly be developed and made available in LMICs.

So, if you would like to see more affordable generics or biosimilars of newer medicines being developed for use in LMICs, you can help to make this happen. We can work together to address the barrier that cost may represent and work with a wide range of partners to seek to address the many other barriers that often exist that limit access to medicines in LMICs. We, at MPP, are ready to play our part, in supporting future access to promising new medicines working with industry through our licensing model, as we did for the almost 20 essential medicines for which affordable access has been possible, partly due to MPP licences.