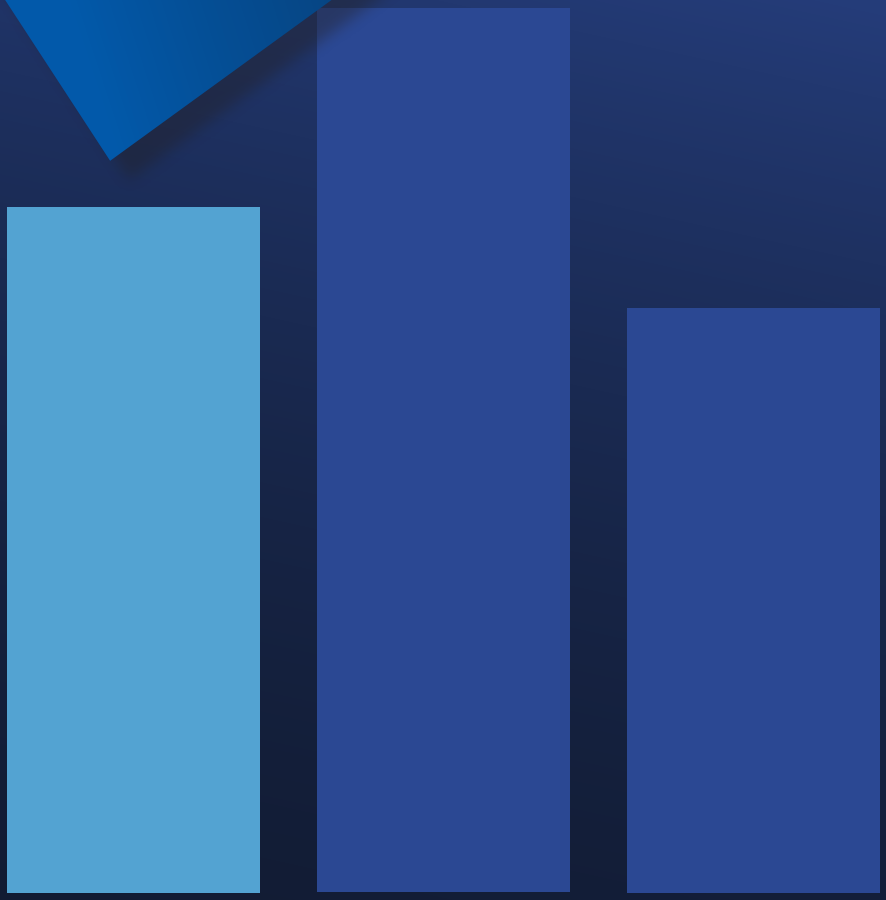
Access to Medicine Index 2026



METHODOLOGY

access to medicine FOUNDATION

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EXPERT REVIEW COMMITTEE*

Hans Hogerzeil (Chair)
Mayank Anand
Malick Anne
Richard Neci Cizungu
Regina Mariam Namata Kamoga
Caroline Mbindyo
Mareike Ostertag
Boitumelo Semete-Makokotlela
Seema Sondhi
Clinton de Souza
Fatima Suleman
Kiu Siang Tay-Teo
Susan Winks
Michael Benedict Yamoah

RESEARCH TEAM

Sara Keller
Moy Bracken
Tarryn Davey
Aishwarya Ashok
Sjors van Gijzel
Swati Jha
Meri Laitinen
Irene Pirrone

EDITORIAL TEAM

Jana Jacobs
Elise Brunsvold

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ACCESS TO MEDICINE FOUNDATION

The Access to Medicine Foundation is an independent non-profit organisation based in the Netherlands. It aims to advance access to medicine in low- and middle-income countries by stimulating and guiding the pharmaceutical industry to play a greater role in improving access.

Naritaweg 227-A
1043 CB, Amsterdam
The Netherlands

For questions about this report, please contact
Sara Keller, Research Programme Manager
skeller@accesstomedicinefoundation.org
+31 (0) 20 215 35 35
www.accesstomedicinefoundation.org

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EXECUTIVE SUMMARY

10th edition comes at critical juncture in healthcare

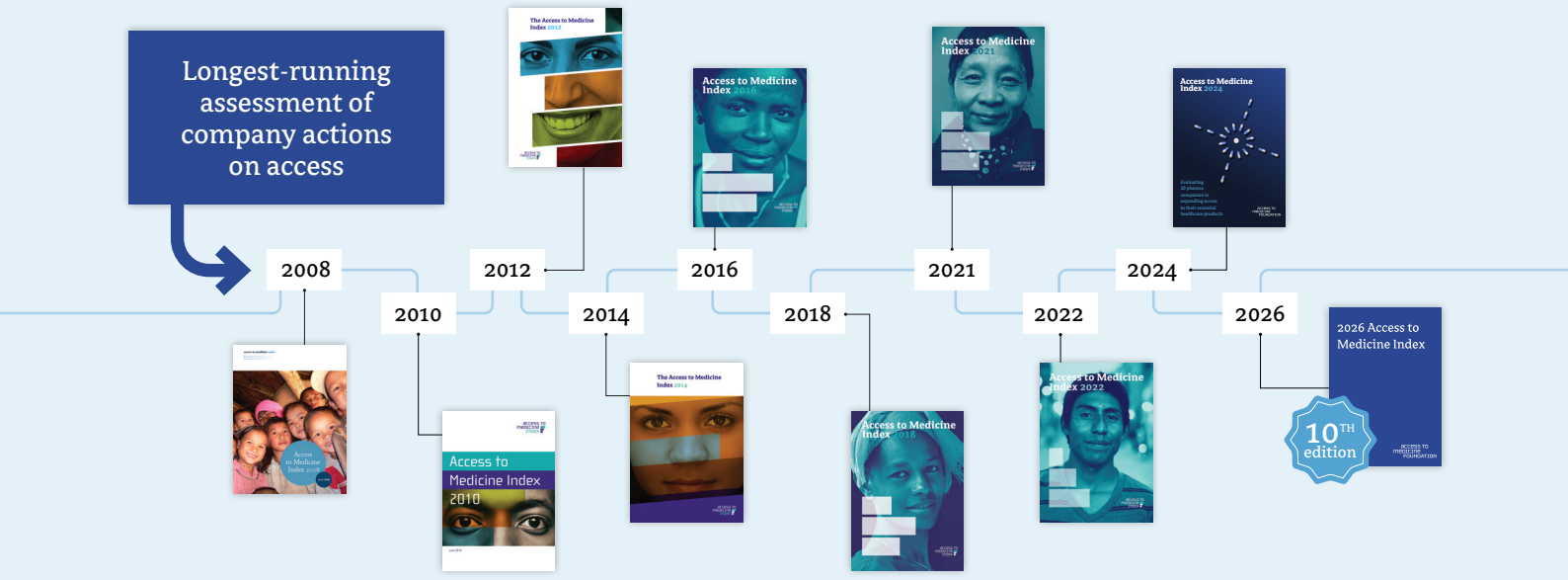
When the first Access to Medicine Index was published in 2008, it laid the groundwork for a unique changemaking mechanism within the global health ecosystem – one that guides pharmaceutical companies in making their products more affordable and available, and incentivises them to do better. As the gatekeepers of lifesaving products, companies can shape access for billions of people still excluded from even the most basic healthcare services and medicines.

The Index confronts this reality head on to drive progress: every two years, it assesses and ranks 20 of the world's largest research-based pharmaceutical companies on their performance in improving access to their products in low- and middle-income countries (LMICs). Although 80 percent of the global population resides in these nations, under-resourced health systems, reliance on out-of-pocket payments and product prices that are too often unaffordable leave many entrenched in inequity. The cost of this disparity is measured in thousands of preventable deaths each day.

Now in its tenth edition, the 2026 Index comes at a pivotal moment in global health. The landscape is shifting, with funders reassessing priorities amid geopolitical pressures, while public funding for global health programmes is becoming increasingly constrained. Against this backdrop, the role of industry in advancing equitable access is crucial across every front, and the decisions pharmaceutical companies make around innovation, delivery, affordability and support for health systems in LMICs will matter more than ever.

TABLE 1 **Companies in scope of the 2026 Access to Medicine Index**

Company Name	HQ
AbbVie Inc	USA
Astellas Pharma Inc	JPN
AstraZeneca plc	GBR
Bayer AG	DEU
Boehringer Ingelheim GmbH	DEU
Bristol Meyers Squibb Co	USA
Daiichi Sankyo Co, Ltd	JPN
Eisai Co, Ltd	JPN
Eli Lilly and Company	USA
Gilead Sciences Inc	USA
GSK plc	GBR
Johnson & Johnson	USA
Merck & Co, Inc (MSD)	USA
Merck KGaA	DEU
Novartis AG	CHE
Novo Nordisk A/S	DNK
Pfizer Inc	USA
Roche Holding AG	CHE
Sanofi	FRA
Takeda Pharmaceutical Co, Ltd	JPN

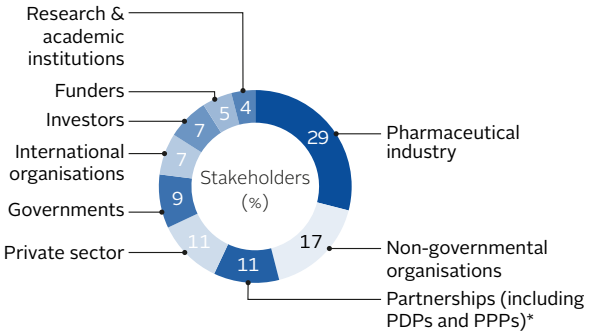


Ensuring the 2026 Index analysis accounts for the realities of a shifting global health landscape

As global health challenges have grown more complex, and as business models, markets and operating environments have evolved, stakeholder expectations of what pharmaceutical companies should do to improve access in LMICs have also shifted.

For the 2026 Index, consultations were carried out with more than 80 global health stakeholders – including pharmaceutical companies, international organisations, governments, non-governmental organisations (NGOs), academics and investors – to keep the Index relevant, robust and impactful in enhancing global health equity. Nearly 30 percent of these consultations occurred with stakeholders from LMICs, helping to ensure that the methodology accounts for the specific challenges and conditions in these settings.

FIGURE 1 **Stakeholders consulted during the 2026 Index Methodology review**



Zeroing in on scalable, sustainable efforts that can reach more people

Building on past progress and looking ahead, refinements to the 2026 Methodology for the Index are designed to ensure it reflects evolving stakeholder expectations and remains responsive to the shifting landscape. In line with this, the 2026 Methodology includes an updated definition of inclusive business models (IBMs), which have the potential to expand access to medicines in low-resource settings while also being commercially viable. Several pharmaceutical companies have already begun using such models in LMICs to reach people long overlooked by traditional approaches. Under the new methodology, refinements are designed to recognise the IBMs that are demonstrably delivering sustainable access and to guide companies in pursuing effective implementation.

Addressing inequities in access also depends on companies effectively measuring and reporting on 'patient reach' – or the number of people being reached by their products. This helps pinpoint where people remain excluded and ensures resources are directed where they are needed the most. The previous iteration of the Index introduced patient reach as a priority topic, along with a standalone indicator to help steer companies toward stronger approaches for tracking and measurement. The 2026 Methodology expands upon this foundation with updates to the indicator and assessment parameters, providing clearer expectations and guidance for companies in this area.

Recognising uninterrupted supply and local availability as vital for building stronger health systems and ensuring long-term resilience, the 2026 Access to Medicine Index Methodology also takes a closer look at how companies address these areas. Beyond supply, the Index examines how companies contribute to

*PDPs (Product Development Partnerships) and PPPs (Public-Private Partnerships).

broader access by strengthening the ecosystems around them – such as capacity building initiatives, partnerships with governments and NGOs, and opportunities for local manufacturing or clinical trials (CTs). The 2026 Index analysis will emphasise these forms of collaboration and how they can help address structural barriers and expand access to products within local contexts.

What the Index will measure

The 2026 Index will assess the same 20 pharmaceutical companies as the 2024 Index (see Table 1 on p. 4). As summarised in Figure 2, company policies and behaviour will be analysed for specific diseases and product types across a defined geographic scope, with changes made to the disease scope for the 2026 Index. The rationale for these scopes and how they have been defined are set out on pp. 15-22 of this report.

FIGURE 2 **Scopes of the 2026 Access to Medicine Index**

COMPANY SCOPE	GEOGRAPHIC SCOPE	DISEASE SCOPE	PRODUCT SCOPE
20 research-based pharmaceutical companies Companies are selected based on their market capitalisation, revenue and the relevance of their product portfolios and pipelines for the diseases and countries in scope of the Index.	**113 low-and-middle income countries (LMICs),** where better access to medicine is most urgently needed. All countries that were included in the 2024 Index will continue to be part of the scope. There are no new additions for this iteration of the Index.	**84 diseases, conditions and pathogens** that disproportionately impact people living in LMICs. • 24 communicable diseases • 16 non-communicable diseases • 21 neglected tropical diseases • 10 maternal and newborn health conditions • 13 priority pathogens	**8 product types** This scope is deliberately broad in order to capture the wide-ranging product types available to support the prevention, diagnosis and treatment of relevant conditions and diseases in countries covered by the Index. • Medicines • Microbicides • Preventative vaccines • Therapeutic vaccines • Vector control products • Platform technologies • Diagnostics • Contraceptive methods and devices

How the Index will measure: Analytical framework

The Methodology for the 2026 Index is based on a robust analytical framework that corresponds to the core role pharmaceutical companies can play to improve access to medicine in LMICs. As in previous iterations, this role centres on the creation of equitable delivery of health products while ensuring responsible practice and appropriate management of access (see Figure 3).

3 Technical Areas

The review of the Index methodology has reconfirmed three key areas (Technical Areas) in which pharmaceutical companies have the responsibility and ability to influence access to medicine in LMICs. The Technical Areas are divided into 15 priority topics (see Figure 3). The Index weights each Technical Area differently, as indicated below.

GOVERNANCE OF ACCESS

WEIGHTING: 15%

Assesses how companies integrate board-level accountability, management incentives and employee guidance into their corporate strategies to support access-to-medicine efforts. It also assesses the steps taken by companies to minimise risk of malpractice in their business operations in LMICs, where regulations tend to be less stringent, and includes assessment of the alignment of intellectual property (IP) policies with access objectives. Additionally, this Technical Area assesses how companies measure and report on patient reach.

RESEARCH & DEVELOPMENT

WEIGHTING: 30%

Assesses in-house and collaborative research and development (R&D) activity that aims to develop or adapt products for diseases, conditions and pathogens in scope of the Index, and in response to the needs of people living in LMICs. It also examines whether companies plan sufficiently during the development of their products to make sure those that are successful become swiftly accessible in LMICs.

PRODUCT DELIVERY

WEIGHTING: 55%

Assesses how companies expand access to their new and existing products. This includes how companies design their strategies, measure outcomes and tailor their tools and interventions to boost access. Further, it captures how companies leverage their expertise and resources to address significant local barriers to access, by strengthening supply chains, improving local manufacturing and quality assurance systems, and strengthening healthcare infrastructure. This includes developing inclusive business models (IBMs) that cover multiple elements of the product delivery process.

29 indicators

The 2026 Index will assess companies using an analytical framework consisting of 29 indicators of company performance (three less than in 2024) to provide a holistic view of companies' efforts to increase access to their essential healthcare products in LMICs.

Several indicators have either been removed or modified to align the analytical framework more closely with evolving stakeholders' expectations of company behaviour, or to improve elements of data collection and analysis.

All indicators in the 2026 Index, including descriptions and rationales for changes, are listed on pp. 24-39 of this report, with key changes set out on the following page.

FIGURE 3 **Analytical framework for the 2026 Access to Medicine Index**

The 2026 Access to Medicine Index will analyse company behaviour using a framework of 29 indicators organised in three Technical Areas that are divided into 15 priority topics.

3 Technical Areas	15 Priority Topics	29 Indicators
GOVERNANCE OF ACCESS	Responsible business practices	●●●●
	Governance and strategy	●
	Measuring and reporting patient reach	●
RESEARCH & DEVELOPMENT	Access planning	●●
	Product development	●●●
	Building R&D capacity	●
PRODUCT DELIVERY	Equitable access strategies	●●●●●
	Intellectual property strategy	●●●
	Quality and supply	●●●
	Product donations	●
	Health system strengthening	●
	Inclusive business models	●
	Licencing quality	●
	Local manufacturing	●
	Registration	●

KEY CHANGES IN THE 2026 INDEX

GOVERNANCE OF ACCESS

This Technical Area has been revised for the 2026 Index, with four indicators updated and one retired, to strengthen coverage of key elements of Governance of Access and provide clearer guidance on company expectations in this area. The standalone indicator on measuring and reporting patient reach – first introduced in the 2024 Index – has been further refined to zero in on systematic approaches to measuring patient reach for products, along with the use of disaggregated reporting to better assess the impact of access efforts. To gain more comprehensive insights into how companies are embedding access within their business, three other indicators have also been adjusted to capture additional elements of governance structures and responsible business practices. Meanwhile, the indicator on integrating company-wide access-to-medicine strategies within overall corporate strategy has been removed, reflecting significant progress by companies in this area. Implementation of these strategies will now be tracked through outcome-based indicators.

RESEARCH & DEVELOPMENT

This Technical Area has been refined to better emphasise how access planning policies are translated into actionable access plans for R&D projects. Accordingly, the indicator measuring company R&D access planning commitments has been removed, as several companies have already demonstrated progress in adapting such policies over the years. R&D project-specific access plans will be continued to be tracked under other indicators in this Technical Area.

PRODUCT DELIVERY

This Technical Area has been updated to focus on longer-term and more sustainable solutions to improving access in LMICs. Specifically, the indicator on ad hoc donations has been retired while the indicator covering IBMs has been revised to clarify its expanded scope and to more closely assess progress in implementing such models. The indicator on ensuring continuous supply has also been updated to better capture companies' efforts in engaging in technology transfers and using different supply mechanisms. To improve clarity and streamline analysis, the outcomes section of the Access Strategies indicators has been adjusted, no longer referring to goals aimed at improving patients' health outcomes. Other editorial modifications to indicators were made such as clarifying language where needed.

The 2026 Access to Medicine Index Methodology

The following sections in this report outline the 2026 Access to Medicine Index Methodology, including the methodology review process and the analytical framework on which the 2026 Index will be based.

REVIEWING THE INDEX METHODOLOGY

The 2026 Index Methodology review started with a series of internal reviews on indicators, data sets, scopes and analytical approaches. This was followed by an external consultation and review process to establish consensus among stakeholders on where and how companies can take action to make their products available, accessible and affordable to people living in low-and middle-income countries (LMICs).

ANALYTICAL FRAMEWORK

- **What the Index measures**
  Sets out the rationale for the analytical scopes of the 2026 Access to Medicine Index, and how they have been defined.
- **How the Index measures**
  Explains how company actions will be measured across three Technical Areas and 15 priority topics in the 2026 Access to Medicine Index.

The analysis of company performance comprises 29 indicators grouped into three Technical Areas:

1. **Governance of Access**
2. **Research & Development**
3. **Product Delivery**

REVIEWING THE METHODOLOGY

How the Index defines actions pharmaceutical companies can take to expand access to medicine

The publication of each Access to Medicine Index is the culmination of a two-year process known as the 'Index cycle', which starts with an extensive review of the Index methodology. This review ensures the Index captures the priority areas that research-based pharmaceutical companies can focus on to improve the availability, accessibility and affordability of their products for people living in low- and middle-income countries (LMICs).

The 2026 Methodology review began in 2025, with the Foundations' Index Research Team carrying out an internal review of the analytical framework, scopes and indicators. At the same time, the team conducted extensive consultations with a broad range of stakeholders and experts to reconfirm the appropriate role for pharmaceutical companies in improving access to medicine in LMICs. This process concluded with a review of the proposals for the scopes, structure and analytical approach of the 2026 Index and ratification of the final methodology by the Expert Review Committee (ERC). The resulting consensus has now been translated into a refined set of metrics that will help ensure the upcoming 2026 Index remains a rigorous tool for assessing company performance – and continues to serve as an effective guide for driving meaningful change in access to medicine and reaching more people in LMICs with essential products.

Primary principles of the 2026 Methodology review

- Ensure the framework and indicators of the Index clearly reflect the roles and responsibilities of research-based pharmaceutical companies in improving access to medicine, in a way that also incentivises change.
- Develop a methodology that facilitates the generation of findings and insights that are actionable and useful for governments, companies, investors, non-governmental organisations (NGOs) and other key stakeholders in improving access to medicine.
- Ensure the methodology remains adaptive to current access and landscape needs, aligning with evolving industry challenges, opportunities and the global health landscape.
- Ensure all metrics are robust and can be used to fairly compare a range of companies against each other, while also capturing differences in their performance.
- Balance the need to evolve the analytical framework to reflect changes in the landscape with the need to preserve the Index's ability to track pharmaceutical company activity on access to medicine consistently over time, ensuring both trend analysis and comparability.

How the Foundation develops and updates metrics

The Foundation uses strict standards for deciding when to merge or remove a metric within the analytical framework. As part of the Foundation's internal review of the methodology, the Index Research Team reviewed the 32 indicators used in the previous Index, focusing on factors such as robustness, response quality, ability to incentivise change, effectiveness in measuring impact, clarity around roles and expectations of pharmaceutical companies and suitability for longitudinal analysis.

Further details of the review process are outlined below:

- **Distribution analyses**: Assessing the distribution of scores per indicator to check the spread of company behaviour in the 2024 Index. This indicates whether expectations of companies are fair (e.g., a cluster of high scores could indicate an area where expectations for company performance should be raised or where an indicator has achieved its purpose and could be retired) and the extent of room for improvement. Outcomes inform refinements to indicators and scoring guidelines.
- **Response rate analyses**: Assessing company response rates and the quality of information provided for each data request in the 2024 Index. This confirms whether the requests are clear and whether companies can feasibly collect and share the necessary data.
- **Correlation analyses**: Indicator-level assessments of score correlations, which help inform refinements to indicators and scoring guidelines, identify less relevant indicators and can reveal or confirm positive or negative relationships between related areas of company behaviour.
- **Qualitative indicator review**: A battery of qualitative assessments of each indicator including clarity of the expectations and role for companies, continuing relevance to access to medicine, potential for longitudinal comparisons and the 'change-making' potential of each indicator.

These tests were used to detect and eliminate the risk of redundant measures, to pinpoint opportunities for improving the data requests sent to companies and to identify where scoring guidelines could be tightened. During the indicator review, topics were identified for discussion during external consultations with experts and stakeholders.

FIGURE 4 **Methodology review for the 2026 Access to Medicine Index**

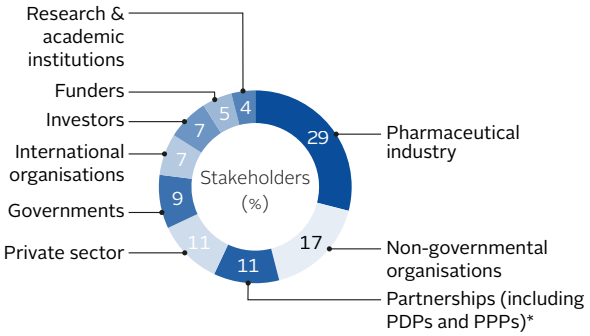
Stakeholder outreach for the 2026 Access to Medicine Index

Building stakeholder consensus on the expectations of companies in expanding access to medicine is a key step in the Index methodology review process. As in previous years, consultations were held with a broad range of stakeholders and experts to ensure a diverse range of viewpoints and technical expertise were incorporated. For the 2026 Index, this included consultations with more than 80 global health stakeholders and subject matter experts – including pharmaceutical companies assessed by the Index, international organisations, governments, NGOs, academics and investors (also see Figure 5 on p. 12).

To ensure the Index reflects real-world access-to-medicine issues and incorporates diverse perspectives, the Foundation prioritises engaging stakeholders across gender, expertise and first-hand experience in LMICs. Embedding this diversity

strengthens the Index by helping to identify pragmatic solutions that can make a meaningful difference on the ground in LMICs. This commitment was demonstrated in the 2026 Index Methodology consultations, which achieved both gender parity and strong LMIC stakeholder representation.

FIGURE 5 **Stakeholders consulted during the 2026 Index Methodology review**



Expert Review Committee

The endpoint for the methodology review is the meeting of the Expert Review Committee (ERC), who provide strategic guidance in ensuring the methodology reflects expectations of pharmaceutical companies regarding how they address access to their products in LMICs. The ERC is an independent body and comprises a diverse group of leading international experts with experience across access to medicine, public health and the pharmaceutical industry. At its meeting in July 2025, the Committee reviewed and discussed the methodology proposals for the 2026 Index, making recommendations where the consensus view was unclear or where uncertainty existed in areas of measurement, before ratifying the final methodology.

Expert Review Committee for the 2026 Index

- Chair of the Committee: Hans Hogerzeil, Emeritus Professor of Global Health at Groningen University (Netherlands) and Co-Chair of the first and second Lancet Commission on Essential Medicines Policies
- Mayank Anand, Head of Non-Communicable Diseases and Maternal, Newborn and Child Health within the Health Investments team at MedAccess
- Malick Anne, Head of the Division for Non-Communicable Diseases at the Ministry of Health and Social Action of Senegal and Lecturer and Researcher at Gaston Berger University of Saint-Louis
- Richard Neci Cizungu, Executive Director of the Ecumenical Pharmaceutical Network (EPN)
- Regina Mariam Namata Kamoga, Executive Director of Community Health and Information Network (Uganda) and the founding director of World Patient Alliance
- Caroline Mbindyo, Chief Innovation Officer at Amref Health Africa
- Mareike Ostertag, Special Adviser to the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) Director General
- Boitumelo Semete-Makokotlela, CEO of the South African Health Products Regulatory Authority (SAHPRA) and Chair of the African Medicines Regulatory Harmonization (AMRH) initiative
- Seema Sondhi, Independent Market Access Consultant

*PDPs (Product Development Partnerships) and PPPs (Public-Private Partnerships).

- Clinton de Souza, Co-Founder and General Manager of the Partnership for Improving Supply Chain Management in Africa (PICMA) and Managing Partner at Celsian Consulting
- Fatima Suleman, Professor in the School of Health Sciences, University of KwaZulu-Natal and Director of the World Health Organization (WHO) Collaborating Centre for Pharmaceutical Policy and Evidence Based Practice
- Kiu Siang Tay-Teo, Technical Officer, Department of Health Products Policy and Standards, World Health Organization (WHO)
- Susan Winks, Head of Research Operations and Business Development at the Holistic Drug Discovery and Development Centre (H3D), University of Cape Town
- Michael Benedict Yamoah, Director with Equity Ownership Services (EOS) at Federated Hermes

What the Index measures

The Access to Medicine Index assesses pharmaceutical companies' policies and behaviour regarding specific diseases and product types across a specific geographic scope. The following pages set out the rationale for these analytical scopes and how they have been defined.

COMPANY SCOPE
20 companies

DISEASE SCOPE
84 diseases, conditions and pathogens
- 24 communicable diseases
- 16 non-communicable diseases
- 21 neglected tropical diseases
- 10 maternal and newborn health conditions
- 13 priority pathogens

GEOGRAPHIC SCOPE
113 low- and middle-income countries

PRODUCT SCOPE
Medicines, microbicides, therapeutic vaccines, preventive vaccines, diagnostics, vector control products, platform technologies, contraceptive methods and devices.

WHAT WE MEASURE

Company Scope

The Access to Medicine Index assesses 20 of the world's largest research-based pharmaceutical companies on their policies and practices to improve access to medicine for people living in low- and middle-income countries (LMICs). Considering their pipelines, portfolios, resources and global reach, these companies have clear opportunities and a responsibility to address access.

Companies are selected for inclusion based on several key factors, including revenue, market capitalisation (where applicable) and the size and relevance of their product portfolios and pipelines for the diseases and countries covered by the Index. Companies' pipelines and portfolios are mapped against diseases in the scope of the Index and the research and development (R&D) needs of people living in countries in scope. Companies that qualify for analysis based on size could be excluded for having fewer relevant products and R&D projects than companies of similar or smaller size.

Following this review the 2026 Index will evaluate the same 20 companies as in 2024, enabling trend analysis.

Companies that exclusively produce generic medicines are not eligible for inclusion as they have a distinctly different role to play in improving access to medicine. These companies are assessed in the Access to Medicine Foundation's Generics & Biosimilar Medicines Programme.

TABLE 2 **Companies in scope of the 2026 Access to Medicine Index**

Company	Stock exchange	Country	Ticker	Revenue 2024* (USD bn)**	Market cap*** 2025 (USD bn)**
AbbVie Inc	NYSE	USA	ABBV	56.334	362.977
Astellas Pharma Inc	TSE	JPN	4503	10.721	16.465
AstraZeneca plc	LSE	GBR	AZN	54.073	227.637
Bayer AG	XFRA	DEU	BAYN	50.419	23.131
Boehringer Ingelheim GmbH	Privately held	DEU	N/A	29.988	N/A
Bristol Myers Squibb Co	NYSE	USA	BMY	48.300	121.272
Daiichi Sankyo Co, Ltd	TSE	JPN	4568	10.707	45.624
Eisai Co, Ltd	TSE	JPN	4523	4.959	7.367
Eli Lilly and Company	NYSE	USA	LLY	45.043	734.753
Gilead Sciences Inc	NASDAQ	USA	GILD	28.800	139.485
GSK plc	LSE	GBR	GSK	40.626	78.587
Johnson & Johnson	NYSE	USA	JNJ	88.821	374.394
Merck & Co, Inc (MSD)	NYSE	USA	MRK	64.168	218.755
Merck KGaA (Merck)	XFRA	DEU	MRK	22.887	59.217
Novartis AG	SWX	CHE	NOVN	50.317	217.395
Novo Nordisk A/S	Nasdaq Copenhagen	DNK	NOVO-B	42.104	298.087
Pfizer Inc	NYSE	USA	PFE	63.627	140.085
Roche Holding AG	SIX	CHE	ROG.SW	68.497	253.718
Sanofi	EPA	FRA	SAN	44.442	137.710
Takeda Pharmaceutical Co, Ltd	TSE	JPN	4502	28.503	47.937

*All revenues are taken from companies' 2024 annual reports. For the Japan-headquartered companies, this represents revenue from April 2023 to March 2024. For remaining companies, this represents revenue from January 2024 to December 2024.

**Exchange rates on 3 April 2025 from oanda.com.

***Market cap on 3 April 2025 from finance.yahoo.com.

WHAT WE MEASURE

Disease scope

The Access to Medicine Index evaluates pharmaceutical companies' actions in addressing access to medicine for diseases, conditions and pathogens that the global health community considers most critical to address in low- and middle-income countries (LMICs). This scope is defined by consulting epidemiological data and independent priority lists. In the development of each new Index methodology, this analysis is conducted, and its results are ratified by the Expert Review Committee. Following this review, the disease scope for the 2026 Access to Medicine Index has been updated to reflect changes to priority disease lists and now includes 84 diseases, conditions and pathogens, an increase of three diseases from the previous Index.

Defining the disease scope

Some diseases are in scope of the Index because they impose a high global disease burden despite the existence of effective treatments, or because they affect poorer populations disproportionately. To identify such diseases, the Foundation uses a screening protocol (see Figure 6 on p. 17). This is based on factors such as: the prioritisation of the disease by organisations such as Impact Global Health and the World Health Organization (WHO) for improving access to medicine; global and/or country-level disease burdens; and the relevance of pharmaceutical intervention.

The 2026 Index disease scope has been updated according to the most recent Global Burden of Disease Study (GBD 2021),[1] which also provides country-level data on disability-adjusted life years (DALYs). This measure is commonly used to measure the burden of disease in a population. WHO defines one DALY as "one lost year of 'healthy' life" to account for the gap between a given population's ideal health situation and the actual situation.

- **Mpox (monkeypox) has been added to the disease scope**, as it is now designated as an R&D priority in the 2024 G-FINDER Emerging Infectious Diseases Survey,[2] reflecting the growing recognition of Mpox as a significant global health concern requiring innovation.
- **Noma disease has been added to the disease scope**, in alignment with its official classification by WHO as a neglected tropical disease (NTD).
- **Kidney cancer has been added to the disease scope**, as it is among the top ten cancers in men worldwide in terms of incidence. The addition of a new cancer type brings the total number of cancers in scope to 20; however, this does not impact the total number of diseases in scope, as all cancer types included are grouped under one umbrella disease.
- **The priority pathogen list has been updated in line with the WHO bacterial priority pathogens list (2024)**.[3] Two pathogens, *Campylobacter* spp. (fluoroquinolone-resistant) and *Helicobacter pylori* (clarithromycin-resistant), have been removed following their exclusion from the WHO list, ensuring continued alignment with current global antimicrobial resistance priorities. Three pathogens have been added: Group A Streptococci (macrolide-resistant), Group B Streptococci (penicillin-resistant) and non-typhoidal *Salmonella* (fluoroquinolone-resistant). In addition, pathogens in scope have been updated to reflect the resistance patterns specified in the WHO report.

DISEASE SCOPE

24 communicable diseases

The total number of communicable diseases included has increased by one with the addition of Mpox (monkeypox). As in the previous Index, this category includes the ten communicable diseases with the highest DALY burdens in countries in scope of the Index, along with diseases that remain in scope due to their disproportionate disease burden in these countries. It also includes diseases with identified product gaps that are priority R&D targets, such as emergent non-polio enteroviruses and 'Disease X', a WHO term for a currently unknown pathogen that could cause a serious international epidemic (as seen with COVID-19).

16 non-communicable diseases

The number of non-communicable diseases (NCDs) remains consistent with previous Indexes. This category includes the ten NCDs with the highest DALY burdens in countries in scope of the Index. It also includes cancer types with a high or disproportionate incidence globally and in LMICs, including those with the highest global incidence by sex.[4] Sickle cell disease and thalassemia remain in scope due to a disproportionate disease burden in countries in scope of the Index. Endometriosis, originally included following stakeholder input, is retained in the scope due to its designation as an R&D priority in the 2024 G-FINDER Sexual and Reproductive Health Survey.[5] Bipolar affective disorder and schizophrenia are retained based on continuing stakeholder consensus on the critical need for access to treatment.

21 neglected tropical diseases

The 2026 Index continues to cover all WHO-classified NTDs. Furthermore, the total number of NTDs included has increased by one, with the addition of Noma disease, which has been classified as an NTD by WHO.[6]

10 reproductive, maternal and newborn health conditions

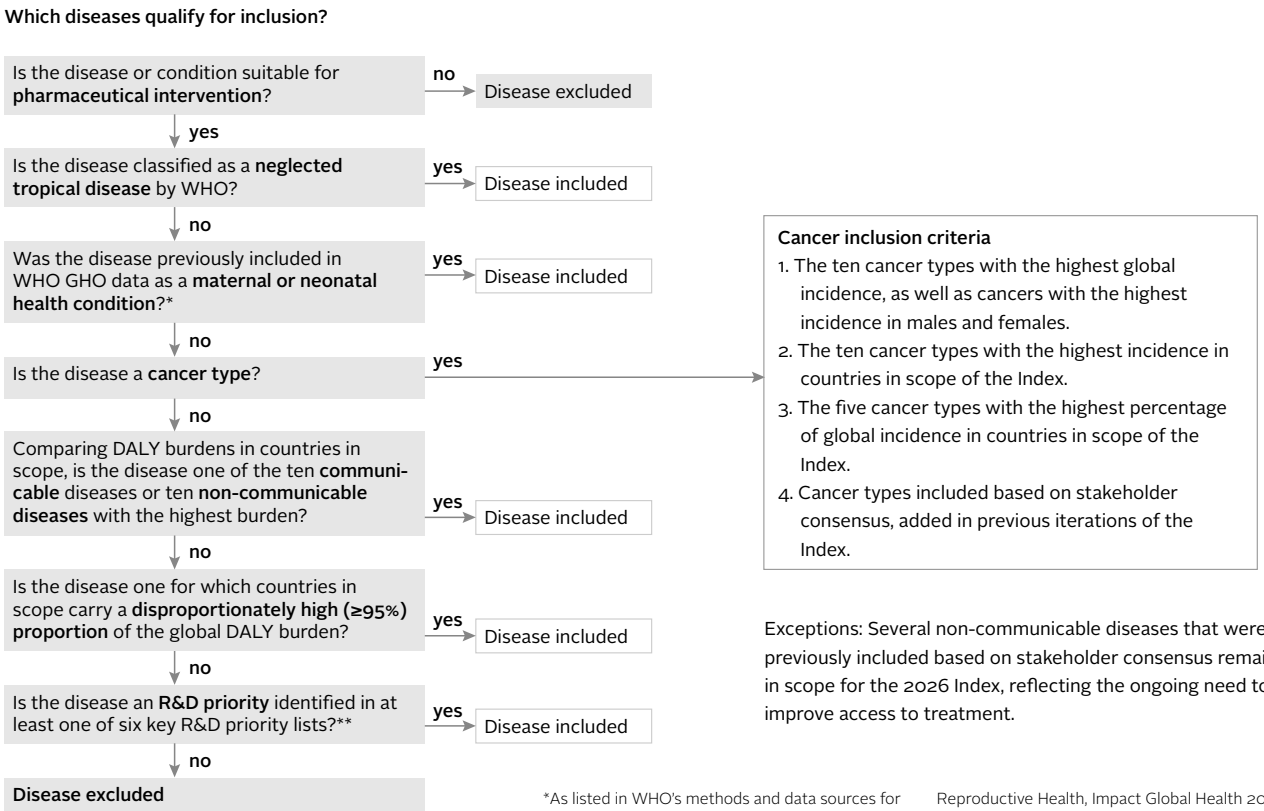
To recognise the importance of reproductive, maternal and child health, the Index has included contraceptives and nine maternal and newborn health conditions since 2014.

13 priority pathogens

For the 2026 Index Methodology, the list of priority pathogens has been updated to reflect changes to the latest WHO priority pathogens list, 2024.[3] Overall, these changes result in one additional priority pathogen in scope. Two pathogens, *Campylobacter* spp. (fluoroquinolone-resistant) and *Helicobacter pylori* (clarithromycin-resistant), have been removed following their exclusion from the WHO list. In addition, three pathogens, Group A Streptococci (macrolide-resistant), Group B Streptococci (penicillin-resistant) and Non-typhoidal *Salmonella* (fluoroquinolone-resistant), have been added.

FIGURE 6 **Defining the disease scope**

The Access to Medicine Index analyses company practice in relation to a defined set of diseases, conditions and pathogens. These are identified as priorities for improving access to medicine using the following protocol.

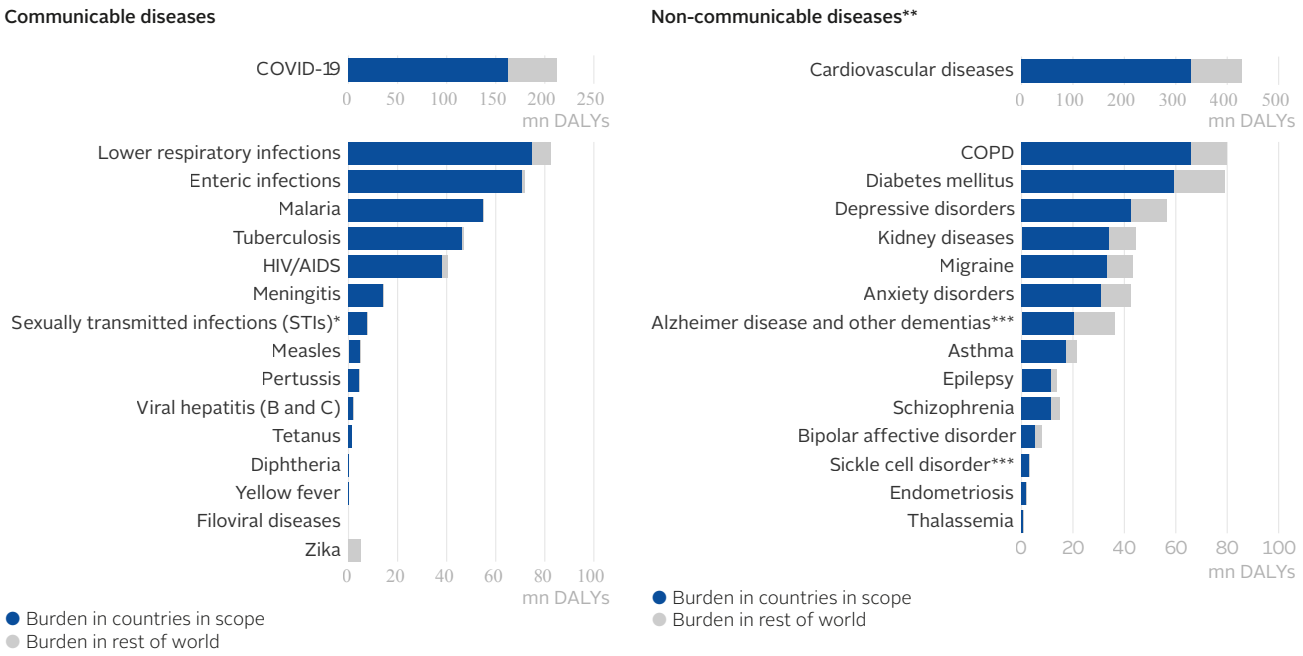


Exceptions: Several non-communicable diseases that were previously included based on stakeholder consensus remain in scope for the 2026 Index, reflecting the ongoing need to improve access to treatment.

*As listed in WHO's methods and data sources for global burden of disease estimates (2000-2019).
**R&D priority lists include Impact Global Health 2024 G-FINDER Neglected Diseases, Impact Global Health 2024 G-FINDER Sexual & Reproductive Health, Impact Global Health 2024 G-FINDER Emerging Infectious Diseases, WHO R&D Blueprint, Vaccines with Preferred Product Characteristics as defined by WHO and WHO Priority Pathogens List, 2024.

FIGURE 7 **Low- and middle-income countries have a disproportionate share of global disease burdens**

These four charts give an indication of how the diseases and conditions in scope disproportionately affect people living in low- and middle-income countries, who account for nearly 80% of the world's population. Behind these numbers are millions of people who cannot rely on access to affordable, quality medicine.



*Excludes HIV/AIDS

**The incidence for cancer types in scope is found in Appendix IA on p. 41

***The names of diseases have been revised to ensure consistency and alignment with standard nomenclature

TABLE 3 **List of diseases, conditions and pathogens included in the 2026 Access to Medicine Index**

	Top 10 DALY burden in countries in scope of the Index	≥95% disease burden in countries in scope of the Index	WHO-identified NTD or MNH condition	R&D priority*	Stakeholder consensus**
Communicable diseases					
Arenaviral haemorrhagic fevers				●	
Bunyaviral diseases				●	
Coronaviral diseases				●	
Diphteria		●			
Disease X***				●	
Emergent non-polio enteroviruses				●	
Enteric infections	●	●		●	
Filoviral diseases		●		●	
Henipaviral diseases				●	
HIV/AIDS	●			●	
Leptospirosis				●	
Lower respiratory infections	●			●	
Malaria	●	●		●	
Measles	●	●			
Meningitis	●	●		●	
Mpox				●	
Pertussis	●	●			
Rheumatic fever				●	
Sexually transmitted infections (STIs)†	●	●		●	
Tetanus		●			
Tuberculosis	●	●		●	
Viral hepatitis (B and C)	●	●		●	
Yellow fever		●			
Zika virus disease		●		●	
Non-communicable diseases					
Alzheimer's disease and other dementias‡	●				●
Anxiety disorders	●				
Asthma	●				
Bipolar affective disorder					●
Cancer§				●	●
Cardiovascular diseases	●				
Chronic obstructive pulmonary disease (COPD)	●				
Depressive disorders	●				
Diabetes mellitus	●				
Endometriosis				●	●
Epilepsy	●				●
Kidney diseases	●				
Migraine	●				
Schizophrenia					●
Sickle cell disorders‡		●			
Thalassemia		●			●
Neglected tropical diseases					
Buruli ulcer			●	●	
Chagas disease			●	●	
Dengue and chikungunya		●	●	●	
Dracunculiasis		●	●		
Echinococcosis			●		
Food-borne trematodiases			●		
Human African trypanosomiasis		●	●	●	
Leishmaniasis		●	●	●	
Leprosy		●	●	●	
Lymphatic filariasis		●	●	●	
Mycetoma, chromoblastomycosis and other deep mycoses			●	●	
Noma disease			●		
Onchocerciasis (river blindness)		●	●	●	
Rabies		●	●		
Scabies and other ectoparasites		●	●	●	
Schistosomiasis (bilharzia)		●	●	●	
Snakebite envenoming			●	●	
Soil-transmitted helminthiasis		●	●	●	
Tapeworm infection (taeniasis/cysticercosis)			●	●	
Trachoma		●	●	●	
Yaws and other endemic treponematoses			●	●	
Reproductive, maternal and newborn health conditions					
Abortion and miscarriage		●	●		
Birth asphyxia and birth trauma		●	●		
Contraceptive methods			●	●	
Hypertensive disorders of pregnancy		●	●	●	
Maternal haemorrhage		●	●	●	
Maternal sepsis		●	●		
Neonatal sepsis and infections		●	●	●	
Obstructed labour		●	●		
Other neonatal conditions		●	●		
Preterm birth complications		●	●		

Blue text and ● = Newly in scope for 2026 Access to Medicine Index

*Diseases, conditions and pathogens indicated as R&D priorities on identified lists published by Impact Global Health and WHO.
**These diseases have been retained in scope due to specific access-related challenges and other considerations identified through stakeholder consensus.
***Disease X is defined by WHO as a pathogen currently unknown to cause human disease that could trigger a serious international epidemic.

†Excludes HIV/AIDS.
‡The names of diseases have been revised to ensure consistency and alignment with standard nomenclature.
§Includes 20 cancer types. See Appendix IB on p. 44 for more details.
‖In the 2026 Access to Medicine Index, these priority pathogens are collectively referred to as 'other prioritised antibacterial-resistant infections' and will be categorised under the broader category of communicable diseases.

Priority pathogens‖

Acinetobacter baumannii (carbapenem-resistant)
Enterobacterales (carbapenem-resistant, 3rd generation cephalosporin-resistant)
Enterococcus faecium (vancomycin-resistant)
Group A Streptococci (macrolide-resistant)
Group B Streptococci (penicillin-resistant)
Haemophilus influenzae (ampicillin-resistant)
Neisseria gonorrhoeae (3rd generation cephalosporin-resistant AND/OR fluoroquinolone-resistant)
Non-typhoidal *Salmonella* (fluoroquinolone-resistant)
Pseudomonas aeruginosa (carbapenem-resistant)
Salmonella Typhi (fluoroquinolone-resistant)
Shigella spp. (fluoroquinolone-resistant)
Staphylococcus aureus (methicillin-resistant)
Streptococcus pneumoniae (macrolide-resistant)

WHAT WE MEASURE

Geographic scope

The Access to Medicine Index measures the actions of pharmaceutical companies in places where there is an urgent need for better access to medicine. Four criteria were applied to evaluate whether new countries should be included in the geographic scope of the 2026 Index: (1) inclusion in the 2024 Index, (2) countries' level of income (gross national income per capita), (3) level of human development and (4) scale and scope of inequality. Countries were assessed based on data from the World Bank, the United Nations Development Programme (UNDP) and the United Nations Economic and Social Council (ECOSOC).

Following this review, there were no new additions to the scope. Countries included in the 2024 Index that no longer qualify for inclusion based on updated data (e.g., higher income level) were maintained in the 2026 Index to enable the longitudinal tracking of efforts made by the pharmaceutical companies in these countries. Starting with the 2020 Index, countries that no longer meet the inclusion criteria based on updated classification data are retained in the analysis for a six-year period, after which their inclusion will be reassessed. The geographic scope of the 2026 Index thus covers the same 113 countries as the 2024 Index.

DEFINING THE GEOGRAPHIC SCOPE

Step 1: Include all countries covered in the previous Access to Medicine Index, including those that no longer meet the inclusion criteria but remain within the six-year retention period introduced in 2020.

Step 2: Include countries classified as low-income or lower-middle-income, according to the most recent World Bank income group classification (FY2026).[7]

Step 3: Include all countries classified as upper-middle-income and defined as having low or medium human development, according to the most recent UNDP Human Development Report (2025).[8]

Step 4: Include all countries classified as upper-middle-income with an inequality adjusted human development score below the global median, according to the most recent UNDP Human Development Report (2025).[8]

Step 5: Include all Least Developed Countries (LDCs) as defined by the most recent UN ECOSOC list (2024).[9]

FIGURE 8 **113 countries are included in the 2026 Access to Medicine Index**

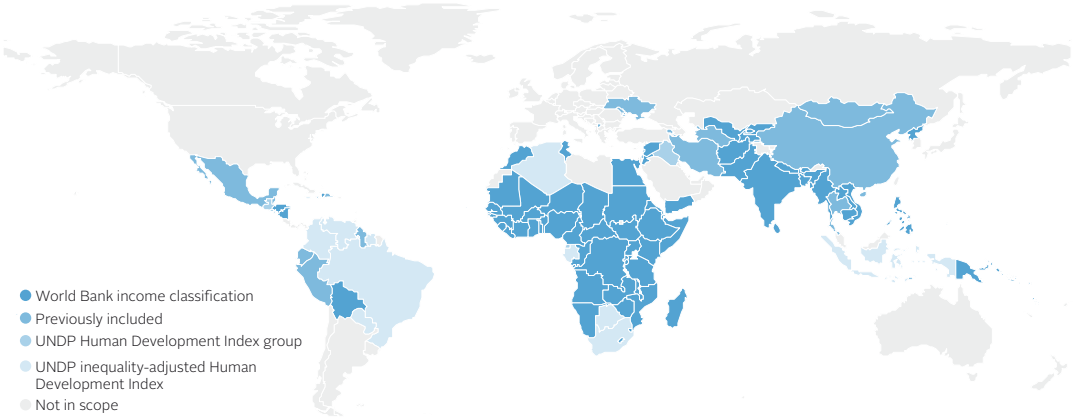


TABLE 4 **List of countries included in the 2026 Access to Medicine Index**

East Asia & Pacific	
Cambodia	LMIC
China	UMIC
Indonesia	UMIC
Kiribati	LMIC
Korea, Dem. People's Rep.	LIC
Lao PDR	LMIC
Marshall Islands	UMIC
Micronesia, Fed. Sts.	LMIC
Mongolia	UMIC
Myanmar	LMIC
Papua New Guinea	LMIC
Philippines	LMIC
Samoa	UMIC
Solomon Islands	LMIC
Thailand	UMIC
Timor-Leste	LMIC
Tonga	UMIC
Tuvalu	UMIC
Vanuatu	LMIC
Vietnam	LMIC
Europe & Central Asia	
Armenia	UMIC
Kosovo	UMIC
Kyrgyzstan	LMIC
Moldova	UMIC
Tajikistan	LMIC
Turkmenistan	UMIC
Ukraine	UMIC
Uzbekistan	LMIC
Latin America & Caribbean	
Belize	UMIC
Bolivia	LMIC
Brazil	UMIC
Colombia	UMIC
Dominican Republic	UMIC
Ecuador	UMIC
El Salvador	UMIC
Guatemala	UMIC
Guyana	HIC
Haiti	LMIC
Honduras	LMIC
Jamaica	UMIC
Mexico	UMIC
Nicaragua	LMIC
Paraguay	UMIC
Peru	UMIC
Saint Lucia	UMIC
Suriname	UMIC
Venezuela	Unclassified
Middle East & North Africa	
Algeria	UMIC
Djibouti	LMIC
Egypt	LMIC
Iran	UMIC
Iraq	UMIC
Jordan	LMIC
Lebanon	LMIC
Morocco	LMIC
Palestine, State of/West Bank Gaza	LMIC
Syrian Arab Republic	LIC
Tunisia	LMIC
Yemen, Rep.	LIC
South Asia	
Afghanistan	LIC
Bangladesh	LMIC
Bhutan	LMIC
India	LMIC
Maldives	UMIC
Nepal	LMIC
Pakistan	LMIC
Sri Lanka	LMIC
Sub-Saharan Africa	
Angola	LMIC
Benin	LMIC
Botswana	UMIC
Burkina Faso	LIC
Burundi	LIC
Cabo Verde	UMIC
Cameroon	LMIC
Central African Republic	LIC
Chad	LIC
Comoros	LMIC
Congo, Dem. Rep.	LIC
Congo, Rep.	LMIC
Côte d'Ivoire	LMIC
Equatorial Guinea	UMIC
Eritrea	LIC
Eswatini	LMIC
Ethiopia	LIC
Gabon	UMIC
Gambia	LIC
Ghana	LMIC
Guinea	LMIC
Guinea-Bissau	LIC
Kenya	LMIC
Lesotho	LMIC
Liberia	LIC
Madagascar	LIC
Malawi	LIC
Mali	LIC
Mauritania	LMIC
Mozambique	LIC
Namibia	LMIC
Niger	LIC
Nigeria	LMIC
Rwanda	LIC
São Tomé and Príncipe	LMIC
Senegal	LMIC
Sierra Leone	LIC
Somalia	LIC
South Africa	UMIC
South Sudan	LIC
Sudan	LIC
Tanzania	LMIC
Togo	LIC
Uganda	LIC
Zambia	LMIC
Zimbabwe	LMIC

LIC	Low-income country
LMIC	Lower-middle-income country
UMIC	Upper-middle-income country*
HIC	High-income country**

World Bank income classifications (FY2026)

*All UMICs in a low or medium UNDP Human Development Index group or with a low inequality-adjusted Human Development Index were included.

**HICs that were included in the 2024 Index were included for longitudinal analysis.

WHAT WE MEASURE

Product scope

The product scope used in the 2026 Access to Medicine Index is deliberately broad, in order to capture the wide range of product types available to support the prevention, diagnosis and treatment of relevant conditions and diseases in countries in scope of the Index. In 2026, the product scope remains unchanged, with the same eight product types included, as described below.

- **Medicines**

All medicines (both patented and non-patented) that directly treat a target pathogen or disease process in scope are included, provided they meet inclusion criteria. Medicines used only for symptomatic relief are not included.

- **Microbicides**

Includes topical microbicides specifically intended to prevent HIV.

- **Therapeutic vaccines**

Covers vaccines intended to treat existing infections or diseases.

- **Preventive vaccines**

Covers vaccines intended to prevent infections.

- **Diagnostics**

Covers diagnostic tests designed for use in resource-limited settings (i.e., designed to be cheaper, faster, more reliable and easier to use in the field).

- **Vector control products**

Includes pesticides, biological control compounds and vaccines targeting animal reservoirs. Only chemical pesticides that are intended for global public health use and specifically aimed at inhibiting and killing vectors that transmit diseases in scope of the Index are included. Likewise, only biological control interventions that specifically aim to kill or control vectors associated with transmitting diseases in scope of the Index are included. Only veterinary vaccines specifically designed to prevent animal-to-human transmission of diseases covered by the Index are included.

- **Contraceptive methods & devices**

Covers instruments, apparatuses, appliances, implants and other similar or related articles intended to be used for contraception (e.g., condoms or diaphragms). It also includes combination products that deliver medicines (e.g., hormone-delivery contraceptive rings).

- **Platform technologies**

Only platform technologies that are specifically directed at meeting the needs of people living in the countries covered by the Index are included. These comprise, for example, general diagnostic platforms, adjuvants, immunomodulators and delivery technologies and devices. Implants and platform technologies for reproductive health are also included in this category. Platform technologies that have utility for accelerating the development of health products for 'Disease X', a term used by WHO to refer to currently unknown pathogens that could cause a serious international epidemic, are also included.

How the Index measures

The 2026 Access to Medicine Index assesses company behaviour using an analytical framework of 29 indicators organised in three Technical Areas. The following pages set out what each Technical Area measures and the rationale for each indicator.

INDICATORS

- Changes to the Methodology for the 2026 Index
- Indicators per Technical Area and Priority Topic
- Indicator rationales

GOVERNANCE OF ACCESS 15%

Overview of the Technical Area

To sustainably improve access to medicines, pharmaceutical companies need clear strategies alongside a company-wide commitment to making access a priority. Key ways to bolster this and reinforce company accountability include upholding rigorous standards of responsible corporate behaviour and reporting on patient reach, or the number of people reached via efforts to expand access to medicine.

The Governance of Access Technical Area assesses how companies integrate access-to-medicine strategies within corporate governance structures and decision making. By assigning clear board-level responsibilities and linking incentives to access goals, companies are better positioned to deliver meaningful, sustained results. It also looks at how companies minimise the risk of practices that undermine access-to-medicine efforts, particularly in low- and middle-income countries (LMICs). This includes assessing policies and processes that safeguard against non-compliant or corrupt behaviour across operations, as well as the remedial actions taken when breaches occur. Further, it assesses whether companies' intellectual property (IP) strategies align with international standards for IP management. Additionally, this Technical Area examines how companies measure and report on patient reach.

Changes to the Methodology for the 2026 Index

- Companies will be assessed against six indicators, down from seven in the previous iteration.
- Indicator 'GA1: Governance structures and incentives' has been updated to clarify the board's guiding role and recognise internal engagement as key to supporting access-to-medicine strategy implementation.
- Indicator 'GA2: Access-to-medicine strategy and outcomes' has been removed. Clear progress in the development and adoption of company-wide access-to-medicine strategies has been observed in previous Index cycles, indicating that the indicator has largely fulfilled its intended purpose. The Index will continue to track the implementation of access-related goals and progress through outcome-based indicators such as GA8, PP3, PP4b, PP5b, PBM1 and PCB3.
- The title of indicator 'GA4: Responsible sales and promotional practices' has been revised from 'Responsible business practices' to better reflect its intended scope. Editorial changes have been made to clarify company expectations, and the indicator now assesses whether companies voluntarily disclose transfers of value (TOV) to healthcare professionals (HCPs) wherever legally permitted and not already required by local mandates. It no longer assesses the proportion of compensation tied to sales targets due to a lack of consensus on what would be an appropriate amount. Further, as companies do not directly govern the compensation of sales representatives employed by third parties, this element is excluded from assessment.
- Indicator 'GA5: Ethics, risk and compliance' also underwent editorial changes to clarify company expectations. It has been updated to assess how frequently companies provide employees with training related to ethical decision-making.
- Indicator 'GA8: Measuring and reporting patient reach' has been updated to emphasise that companies should adopt a systematic approach to measuring patient reach, focusing on product-specific goals and disaggregated reporting, while removing the requirement to measure and report on health outcomes.

PRIORITY TOPICS AND EXPECTATIONS FOR COMPANY BEHAVIOUR

Governance and strategy	Indicator(s)
To implement access-to-medicine strategies effectively, companies need strong governance and management structures. Assigning responsibilities and linking incentives at the highest levels increases the likelihood that access objectives will be prioritised, sustained and achieved. Strategies should be reflected in how the company operates, supported by awareness programmes and/or employee training. With access-to-medicine strategies now in place across all companies, the focus shifts to maintaining them with clear, measurable goals. Companies should also continue to publicly report progress in improving access to medicine.	GA1

GOVERNANCE OF ACCESS

2026 Indicator code	2026 Indicator	Changes in 2026	Indicator rationale
GA1	**Governance structures and incentives** The company has a governance structure with clear board-level accountability for access to medicine initiatives. The board provides strategic oversight of access efforts by receiving progress updates at least annually, and by actively reviewing and discussing these strategies and related initiatives. To facilitate the effective implementation of strategies, senior management (i.e., CEO and/or senior executives) and in-country operational managers have access-to-medicine objectives, and incentives that reward the delivery of initiatives improving access to medicine in the countries and diseases within the scope of the Index. Further, the company also provides employees with guidance through awareness and/or training programmes to support the implementation of access-to-medicine strategies and initiatives.	**Modified**, with material and editorial changes to the indicator text.	Assigning responsibility for access to medicine in low- and middle-income countries (LMICs) at the highest level of a company increases the likelihood that access-related objectives are prioritised, remain on track and are achieved. Access-related objectives and incentives encourage the CEO, senior management and in-country/regional managers to perform towards achieving access-to-medicines goals. Top-level responsibility and oversight are likely to trickle down into the rest of the company, ensuring the prioritisation of access. Supporting employees across the organisation through awareness and/or training can further strengthen implementation and embed access priorities into a company's daily operations.
Formerly GA2	**Access-to-medicine strategy and outcomes** N/A	**Removed**, as all companies assessed in the Index now have an access-to-medicine strategy which is integrated within its corporate strategy. Implementation of these strategies will continue to be tracked in the outcome-based indicators.	N/A

Responsible business practices

Indicator(s)

GA4, GA5, GA6, GA7

Corrupt behaviour and unethical marketing practices can negatively affect access-to-medicine efforts by promoting the irrational use of medicines and misdirecting national health budgets. Companies can reduce the risk of misconduct – for example, miss-selling or overselling – by establishing guardrails in how they incentivise sales representatives and interact with healthcare professionals (HCPs). This includes adopting policies that publicly commit to ethical interactions with HCPs and voluntarily disclosing transfers of value (TOV) to them. Controls should also apply to contracted third parties and distributors, who should be held to the same standards, particularly in operations within low- and middle-income countries (LMICs). To assess the effectiveness of these controls, the Index checks for negative rulings and/or settlements related to unethical marketing, corruption, anti-competitive practices and clinical trial misconduct in LMICs.

As another dimension of responsible business practice, the Index also assesses companies' intellectual property (IP) policies. When aligned with the international consensus on public health, such policies can expand opportunities for generic competition, technology transfer and voluntary licensing – mechanisms that directly shape the availability and affordability of medicines in LMICs.

GOVERNANCE OF ACCESS

2026 Indicator code	2026 Indicator	Changes in 2026	Indicator rationale
GA4	**Responsible sales and promotional practices** The company takes steps to decouple bonuses for sales representatives* from sales targets alone and provides evidence that sales targets are not set at the individual level. The company has a publicly available policy that commits to ensuring ethical interactions with HCPs, including provisions specifying the legitimate need for the interaction and limits on TOV** made at fair market value. Additionally, the company voluntarily and publicly discloses information about such TOV in countries in scope of the Index, wherever legally permitted and not already required by local mandates. *Excludes sales representatives employed by third parties and/or distributors. **Transfers could include payments for attending and/or speaking at events, continuing medical education, promotional activities or other non-monetary benefits directed at HCPs. Companies may disclose this information either cumulatively or on a per-interaction basis for each HCP, depending on local permissions.	**Modified**, with material and editorial changes to indicator text.	Assessing responsible sales and promotional practices provides insight into the controls established by companies in LMICs, where regulations are often less stringent. Decoupling sales representative's financial rewards from sales targets removes incentives for engaging in unethical sales practices. Voluntary public disclosures on TOV to HCPs, when not required by local mandates, promotes transparency and consistent reporting across countries, where permitted by law. They also help companies manage external risks and can, for example, curb inappropriate incentives that may lead to irrational prescribing or divert resources from already strained healthcare systems.
GA5	**Ethics, risk and compliance** The company has policies to mitigate the risk of non-compliance in its operations in LMICs – including by affiliated third parties and/or distributors – covering areas such as ethical marketing, anti-corruption and clinical trials. The company also has country- or region-specific procedures* that operationalise the policies, taking into account risks specific to each country or region. In addition, the company has a policy or framework that guides and promotes ethical decision-making among employees, and it conducts related training sessions on a regular basis (at least annually). *The Index looks for procedures such as fraud-specific risk assessment, country- or region risk-based assessments and processes to ensure third-party compliance.	**Modified**, with material and editorial changes to indicator text.	Corruption and non-compliance can undermine access-to-medicine efforts, particularly in LMICs where often weaker governance and health systems heighten the risk of unethical business conduct. However, robust policies, procedures and internal controls help mitigate such risks. Ethical decision-making frameworks and related employee training also help foster a culture of integrity – enabling employees to proactively navigate compliance risks and promote responsible behaviour in countries in scope of the Index.
GA6	**Incidence of breaches** The company has not been found to be the subject of negative legal rulings or settled legal cases for unethical marketing practices, corrupt practices, anti-competitive practices or misconduct in clinical trials in countries within scope of the Index during the past two years. In the event of such a ruling or settlement, there is publicly available evidence that the company has taken remedial actions (including cooperation with authorities) and steps designed to ensure the breach does not occur in future.	**Retained**, with non-material editorial changes to the indicator text.	Breaches of codes/regulations/laws can undermine confidence in the pharmaceutical sector, divert scarce resources from health budgets, impact prices and limit the availability of medicines in the public sector. Such civil, criminal and regulatory infractions provide information about the quality of a company's compliance systems and responses to unethical or illegal behaviour in LMICs. Remedial actions following a breach, as well as actions designed to ensure breaches do not reoccur, are important to demonstrate companies are accepting responsibility for the breach and are working to guarantee adherence to good business practices.
GA7	**Trade policy: Intellectual property and access to medicine** The company employs an IP strategy conducive to creating access to medicine. This is in accordance with the rights of national governments to deploy IP systems flexibly, as defined by the international framework on IP (i.e., the Doha Declaration on the TRIPS Agreement and Public Health). This is evidenced by the company having a publicly available IP policy or statement which discloses explicit support for, and is in line with, the principles embodied within the Doha Declaration on TRIPS and Public Health.	**Retained**, with non--material editorial changes to the indicator text.	When a company adopts an IP strategy that does not align with the international consensus on IP standards – for example, by pressuring governments not to incorporate provisions from the Doha Declaration on the TRIPS flexibilities in national legislation – it can negatively affect access to medicine in those countries by limiting legal mechanisms that improve the availability and affordability of medicines. The degree to which a company's public IP policy reflects the principles of the Doha Declaration on TRIPS and Public Health can serve as an indicator of its stated commitment to equitable access.

GOVERNANCE OF ACCESS

Measuring and reporting patient reach

Indicator(s)

GA8

A systematic approach to measuring the number of patients reached via company access efforts supports improved access to medicine for people living in low- and middle-income countries (LMICs) by identifying gaps and guiding action. Companies are expected to publicly disclose their patient reach approaches, set clear goals and regularly report disaggregated patient reach data, demonstrating progress in improving access to medicine.

2026 Indicator code	2026 Indicator	Changes in 2026	Indicator rationale
GA8	**Measuring and reporting patient reach** The company implements a systematic approach to measuring the number of patients reached by its products. The approach should apply across the company's full portfolio and all countries where it supplies products, while allowing adaptation of measurement approaches by product, therapeutic area or geographic/income context. The company: a) publicly discloses the underlying approach (i.e., the equation, metrics, assumptions and limitations) used to measure patient reach; b) sets a clear, measurable, time-bound goal(s) related to patient reach for its full portfolio and demonstrates tangible progress/improvement* towards these goals; c) regularly report(s) (at least annually) patient reach numbers publicly, with data disaggregated – for example, by therapeutic area, geographic region and/or country income level (LIC/LMIC/UMIC). *Improvement in patient reach does not necessarily mean an increase in patients receiving a product (e.g., where the goal of a product is elimination or eradication of a disease).	**Modified**, with material and editorial changes to the indicator text.	Implementing policies and processes to define, measure and report on the numbers of patients reached by a company's products promotes transparency, accountability and corporate social responsibility. By measuring and reporting on patient reach, companies and their partners can identify gaps in access, address disparities and better allocate resources to improve health equity and the lives of underserved populations.

RESEARCH & DEVELOPMENT 30%

Overview of the Technical Area

Large research-based pharmaceutical companies play a significant role not only in developing new medicines and other lifesaving products needed in low- and middle-income countries (LMICs), but also in bringing them to market. Planning during drug development to improve access is needed to make such new products rapidly available to people who need them, wherever they live.

This Technical Area analyses in-house and collaborative research and development (R&D) activity aimed at developing or adapting products for diseases, conditions and pathogens in scope of the Index, in line with the needs of people living in LMICs. It also examines whether companies plan sufficiently during product development to make sure that successful products become swiftly accessible in LMICs and examines the extent of company engagement in R&D capacity building.

Changes to the Methodology for the 2026 Index

- Six indicators are assessed in this Technical Area, a decrease of one from the previous Index.
- Indicator 'RD2 Planning for Access: Framework' has been removed. Clear progress in the adoption of relevant access planning policies has been observed in previous Index cycles, indicating that the indicator has largely fulfilled its intended purpose. The Index will continue to track the implementation of these policies in the access planning indicators RD3a and RD3b.

PRIORITY TOPICS AND EXPECTATIONS FOR COMPANY BEHAVIOUR

Product development

Indicator(s)

RD1a, RD1b, RD4

Pharmaceutical companies have the capacity and expertise to develop and adapt products that can address unmet public health needs in low- and middle-income countries (LMICs). By carrying out innovative and adaptive research and development (R&D) – either in-house or via partnerships – companies can address specific access barriers in LMICs. This can be done, for example, by developing new formulations of medicines to ensure their stability in extreme temperatures or making them easier to administer. Companies can also include special populations – such as pregnant/lactating individuals or children under 12 – in their clinical research and carry out clinical trials across LMICs.

In addition to mapping companies' R&D activity against defined and published R&D priorities, the Index assesses product development for other diseases for which R&D priorities have not yet been independently assessed. This includes non-communicable diseases, which disproportionately impact people living in LMICs. Companies are also expected to disaggregate and disclose the resources they dedicate to such R&D.

2026 Indicator code	2026 Indicator	Changes in 2026	Indicator rationale
RD1a	**R&D pipeline: Prioritised diseases** The company engages in the development of products that target priority product gaps identified by global health research organisations.* This includes innovative and adaptive R&D, both in-house and collaborative. *Currently, the Index categorises R&D priorities using lists from WHO and Impact Global Health.	**Retained**, with no changes to indicator text.	Large research-based companies have the capacity to address public health needs in LMICs for identified priorities, which often lack commercial incentive. By conducting R&D that addresses these priorities and the specific needs of LMIC populations – such as through new formulations, reduced administrative burden, clinical trials in LMICs and trials that include special populations –companies can help ensure that much needed, effective, appropriate and affordable health products for vulnerable and often overlooked patients are still being developed.
RD1b	**R&D pipeline: Other diseases** The company engages in the development of products for other diseases in scope of the Index beyond the R&D priorities identified by global health research organisations.* This includes innovative and adaptive R&D. *Currently, the Index categorises R&D priorities using lists from WHO and Impact Global Health.	**Retained**, with no changes to indicator text.	Even in the absence of formally identified priority product gaps, it remains important for companies to pursue both innovative and adaptive R&D for other diseases in scope of the Index. Many of these conditions are highly prevalent in LMICs, placing a considerable burden on patients and health systems. By developing products for these conditions and ensuring they address persistent access barriers in LMICs – such as through new formulations, reduced administrative burden, clinical trials in LMICs, and trials that include special populations – companies can help deliver more effective, appropriate and affordable health products.

RESEARCH & DEVELOPMENT

2026 Indicator code	2026 Indicator	Changes in 2026	Indicator rationale
RD4	**Disclosure of resources dedicated to R&D** The company publicly discloses the resources dedicated to its R&D activities conducted in-house and/or in collaboration for diseases within scope of the Index.	**Retained**, with no changes to indicator text.	Public disclosure of R&D investments can be used to identify and prioritise areas of limited financial investment, highlighting where additional investment from the public and private sector is needed. This can help promote transparency around R&D funding across the value chain and clarify the capital needed to bring different types of products, from different therapeutic areas, to market.

Access planning

Indicator(s)

RD3a, RD3b

Planning for access helps pharmaceutical companies ensure they take public health needs into account during product development so that its impact can be maximised once it enters the market. Such planning should extend beyond product registration to also address affordability, ensure reliable supply and include measures that strengthen long-term access. This can, for example, include partnerships with access-oriented organisations, equitable pricing strategies, technology transfers and voluntary licensing. Companies are expected to develop plans for all pipeline projects from Phase II of clinical development onwards.

2026 Indicator code	2026 Indicator	Changes in 2026	Indicator rationale
Formerly RD2	**Planning for access: Framework** N/A	**Removed**, as almost all companies assessed in the Index have demonstrated progress in adopting policies for access planning. Implementation of these policies will continue to be tracked in the access planning indicators RD3a and RD3b.	N/A
RD3a	**Planning for access: Project-specific plans for prioritised diseases** The company ensures that all research and development (R&D) projects for diseases prioritised by the World Health Organization (WHO) and Impact Global Health are supported by detailed commitments and strategies to improve access to products in countries within scope of the Index.	**Retained**, with no changes to indicator text.	Having detailed access plans for R&D projects that target prioritised diseases – many of which pose a high burden in LMICs – helps ensure products are delivered to the people who need them most. By planning to address access barriers from Phase II of clinical development onwards, companies can translate scientific progress into real public health impact, ensuring priority products are not just developed but also made available, affordable and are supplied sustainably quickly in LMICs after approval. These outcomes are reinforced by going beyond filing for registration to consider, for instance, affordability, supply and demand planning, partnerships with access-oriented organisations, technology transfers, and non-exclusive voluntary licensing. In addition, by including special populations, such as pregnant and breastfeeding individuals and children and the elderly, in clinical research, companies can support the development of safe and effective products for groups that are often underrepresented.

RESEARCH & DEVELOPMENT

2026 Indicator code	2026 Indicator	Changes in 2026	Indicator rationale
RD3b	**Planning for access: Project-specific plans for other diseases** The company ensures that all its R&D projects targeting diseases in scope of the Index (beyond those identified as R&D priorities by WHO and Impact Global Health) are supported by detailed plans to improve access to products in countries within scope of the Index.	**Retained**, with no changes to indicator text.	Having detailed access plans for R&D projects that target diseases in scope of the Index – including those not officially recognised as R&D priorities – is vital, as many of these are highly prevalent in LMICs and place a considerable burden on patients and health systems. Developing access plans from Phase II of clinical development onwards helps ensure that products are not only developed, but are also made available, affordable and supplied sustainably in countries soon after approval. These outcomes are reinforced by going beyond filing for registration to consider, for instance, affordability, supply and demand planning, partnerships with access-oriented organisations, technology transfers, and non-exclusive voluntary licensing. In addition, by including special populations, such as pregnant and breastfeeding individuals and children and the elderly, in clinical research, companies can support the development of safe and effective products for groups that are often underrepresented.

Building R&D capacity

Indicator(s)

RD6

Pharmaceutical companies have the expertise and ability to support the continuing development of research and development (R&D) sectors in low- and middle-income countries (LMICs). Companies can engage in relevant activities, such as increasing clinical trial capacity (beyond their own interests and/or pipelines) or setting up research networks, to build local R&D capacity and support the development of research skills. In turn, this can enable local researchers to address relevant health needs and priorities.

2026 Indicator code	2026 Indicator	Changes in 2026	Indicator rationale
RD6	**Capacity building in R&D** The company increases local capacity for health research (including clinical trial capacity) and product development by undertaking R&D capacity-building initiatives in partnership with local universities and/or public sector research organisations in LMICs. These initiatives address local R&D capacity needs, priorities and/or skills gaps in countries in scope of the Index. The Index assesses whether these initiatives meet Good Practice Standards (GPS).* *Have good governance structures; goals align with or support institutional goals; measure outcomes; and have long-term aims/aims for sustainability.	**Retained**, with no changes to indicator text.	Supporting local R&D is crucial for developing medicines that address local diseases, meet local needs and reflect disease patterns in countries in scope. Companies can contribute directly by leveraging their extensive expertise to help build capacity that extends beyond their own pipelines. This support enables local experts and institutions to generate more relevant innovations, adapt products to local conditions and priorities, and reduce reliance on external actors. Over time, such efforts strengthen health systems and improve outcomes for patients locally.

PRODUCT DELIVERY 55%

Overview of the Technical Area

The choices pharmaceutical companies make about the delivery of their products strongly influence countries' efforts to achieve universal health coverage (UHC). As a critical step to ensuring access to quality-assured healthcare products, companies must register their products in countries where they are needed – particularly their newer, innovative products. Companies can then deploy access strategies with the greatest potential to improve the supply and affordability of medicine. These include developing equitable access and pricing strategies, managing intellectual property (IP) responsibly and establishing long-term, sustainable product donation programmes. Companies also have a responsibility to adapt to and support local contexts and address access barriers by strengthening supply chains, improving local manufacturing and quality assurance systems, and strengthening local healthcare infrastructure. Additionally, companies can use inclusive business models (IBMs) that cover multiple elements throughout the product delivery process.

This Technical Area assesses how companies apply these strategies and mechanisms in practice and highlights the main areas where they can intervene to expand access to their new and existing products.

Changes to the Methodology for the 2026 Index

- In the 2026 Index Methodology, there are 17 indicators in the Product Delivery Technical Area, compared to 18 in the 2024 Index Methodology.
- The indicator 'PP2a: Access strategies: Ad hoc donations' has been removed. Most companies have a policy that aligns with the expectations of this indicator, demonstrating it has achieved its intended purpose. Ad-hoc donations can be a meaningful path to access for underserved populations and those in crisis situations; however, they are not a sustainable solution for long-term access. The Index will continue to track long-term donation programmes in the indicator PP2 (formerly PP2b) and the implementation of donations as access strategies in indicators PP4 and PP5.
- The indicators 'PP3: Access Strategies: Supranational products', 'PP4b: Access Strategy outcomes: Healthcare practitioner-administered products' and 'PP5b: Access Strategy outcomes: Self-administered products' have been updated to improve clarity, with the requirement to demonstrate goals aimed at improving patients' health outcomes removed. This minor change is applied consistently to the text across all three indicators.
- The indicator 'PBM1: Inclusive business models' has been updated to clarify company expectations regarding the expanded scope of IBMs. Updates reflect a shift to more closely assessing the progress in the implementation of companies' commitments within IBMs, encouraging transparency and fostering accountability to promote shared learning.
- The indicator 'PQ1: Ensuring continuous supply' has been updated to no longer include supply chain capacity building as part of the assessment. The assessment criteria for technology transfers has also been updated to allow for greater differentiation between company submissions. Companies are now additionally required to submit relevant examples for each mechanism used.

PRIORITY TOPICS AND EXPECTATIONS FOR COMPANY BEHAVIOUR

Registration	Indicator(s)
Registration is a critical step for access to quality assured products in low- and middle-income countries (LMICs). As the gatekeepers of access to their new products, innovative pharmaceutical companies hold a responsibility to register them as widely and quickly as possible. The Index therefore continues to look at the geographic breadth of company registration filings for their newest products in countries in scope. Companies are expected to prioritise registration in countries with a high burden of disease and, where applicable, companies can engage in mechanisms that have been designed to streamline registration in these countries.	PR1

PRODUCT DELIVERY

2026 Indicator code	2026 Indicator	Changes in 2026	Indicator rationale
PR1	**Registration performance** The company broadly files to register its most recently approved* products that target diseases in scope of the Index, in countries with the highest disease burden. Where applicable, it provides evidence of engaging with mechanisms to facilitate registration: such as the World Health Organization (WHO) Collaborative Registration Procedure, EU-M4all and regional joint assessment procedures. *Refers to the date that the product was first approved to be marketed anywhere globally. The Index analyses information for up to ten of the company's most recently approved products, depending on the size of the company's portfolio.	**Retained**, with non-material editorial changes to indicator text.	Filing to register products is a critical step for enabling access to quality assured healthcare products in LMICs, especially for innovative products and in those countries with high disease burdens. To overcome barriers to registration in LMICs, companies can engage in mechanisms that have been designed to streamline registration in these countries. These mechanisms and procedures aim to ensure the safety, efficacy and accelerated approval of medicines and vaccines on a global scale by promoting collaboration among regulatory authorities and, in some cases, are facilitated by WHO.

Equitable access strategies and outcomes

Indicator(s)

Equitable access means no one is left behind, with everyone in LMICs – including lower-income groups with limited ability to pay – able to benefit from products. Companies are expected to apply access strategies to their products across LMICs, ensuring availability and affordability of the products for the different segments of the population across the full income pyramid. Such strategies include pricing, non-exclusive voluntary licensing, product donations and technology transfer.

PP3, PP4a, PP4b, PP5a, PP5b

2026 Indicator code	2026 Indicator	Changes in 2026	Indicator rationale
PP3	**Access Strategies: Supranational products** The company applies access strategies to its supranationally procured products* and extends these strategies to countries in scope of the Index that do not qualify for the procurement agreements. This is evidenced by: a) an access strategy to supply the product through a supranational procurement agreement; b) an access strategy for a country outside of the procurement agreement that demonstrates how relevant payer(s)' ability to pay is considered, and how additional strategies complement this strategy to improve the affordability and availability of the product for different population segments across the full income pyramid. The company also demonstrates implementing a process to monitor the performance of the access strategy. This is evidenced by: i) methods to define the total eligible patient population** and the strategy target(s), with corresponding numbers; ii) methods to define patient reach and resulting number(s) during the period of analysis, including evidence of how the strategy has progressed;*** iii) future plans to increase reach across the income pyramid. *Products for which international pooled procurement, advance market commitments, market-shaping facilities and significant public funding and donor support exist. **Eligibility is defined as the patients diagnosed or identified by a healthcare professional as suitable recipients of the product based on the licensed indication. ***An increase in the number of patients reached, or achievement of elimination or eradication targets. Note: Companies that do not market these products will not have this indicator applied to them.	**Modified**, with material changes to indicator text.	This indicator evaluates products for which companies engage with market-shaping and/or pooled procurement organisations, such as UNICEF; Gavi, the Vaccine Alliance; and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Supranational or pooled procurement can foster equitable access by leveraging economies of scale, helping countries to negotiate better prices for medicines and vaccines. Importantly, to fully achieve equitable access and reduce disparities across countries, it also assesses the extent to which companies consider affordability and availability of products for countries that do not qualify for such support.

PRODUCT DELIVERY

2026 Indicator code	2026 Indicator	Changes in 2026	Indicator rationale
PP4a	**Access Strategy quality: Healthcare practitioner-administered products** The company takes into consideration both the relevant payer(s)' ability to pay and the demographic* characteristics of a country to determine its access strategy, aiming to improve the affordability and availability of its healthcare practitioner-administered products** and increase reach among patients across the income pyramid. This is evidenced by: a) an access strategy that demonstrates how relevant payer(s)' ability to pay for different population segments across the full income pyramid is considered and any additional strategies*** to complement pricing strategies; b) initiatives to strengthen health systems and build capacity to ensure the continuum of care for the product. *The characteristics of a population such as age, sex, income level, education level and employment. **Products that often require either hospital administration or the attention of a skilled healthcare professional during administration. ***For example, patient assistance programmes, donations, voluntary licensing and technology transfer. Note: Companies that do not market these products will not have this indicator applied to them.	**Retained**, with non-material editorial changes to indicator text.	Access barriers are specific to the characteristics of both the product and the country. A good access strategy is therefore tailored to these characteristics. By taking into account relevant payer(s)' ability to pay and a country's demographic characteristics, companies should implement tailored strategies to overcome access issues and improve the reach of their products across the income pyramid. Furthermore, products that require the oversight of a healthcare practitioner for administration are often more complex and demand more sophisticated health systems for administration and ongoing care; in these cases, companies can support the strengthening of health systems and building capacity to improve the products' delivery system. This is vital to supporting governments in achieving universal health coverage (UHC) and improving the reach of these products.
PP4b	**Access Strategy outcomes: Healthcare practitioner-administered products** The company demonstrates implementing a process to monitor the performance of the access strategy for its healthcare practitioner-administered products aimed at reaching patients across the income pyramid. This is evidenced by: a) methods to define the total eligible patient population* and the strategy target(s), with corresponding numbers; b) methods to define patient reach and resulting number(s) during the period of analysis, including evidence of how the strategy has progressed;** c) future plans to increase reach across the income pyramid. *Eligibility is defined as the patients diagnosed or identified by a healthcare professional as suitable recipients of the product based on the licensed indication. **An increase in the number of patient of patients reached, achievement of elimination or eradication targets. Note: Companies that do not market these products will not have this indicator applied to them.	**Modified**, with material changes to indicator text.	By defining the eligible and target populations and tracking the number of patients reached, companies can identify and track the impact and progress of their strategies. Implementing a monitoring process can highlight best practices, identify gaps and inform future improvements to expand patient reach across the income pyramid.

PRODUCT DELIVERY

2026 Indicator code	2026 Indicator	Changes in 2026	Indicator rationale
PP5a	**Access Strategy quality: Self-administered products** The company takes into consideration both the relevant payer(s)' ability to pay and the demographic* characteristics of a country to determine its access strategy, aiming to improve the affordability and availability of its self-administered products and increase reach among patients across the income pyramid. This is evidenced by an access strategy that demonstrates how relevant payer(s)' ability to pay for different population segments across the full income pyramid is considered and any additional strategies** to complement pricing strategies. *The characteristics of a population such as age, sex, income level, education level and employment. **For example, patient assistance programmes, donations, voluntary licensing and technology transfer.	**Retained**, with non-material editorial changes to indicator text.	Access barriers are specific to the characteristics of both the product and the country. A good access strategy is therefore tailored to these characteristics. By taking into account relevant payer(s) ability to pay and a country's demographic characteristics, companies should implement tailored strategies to overcome access issues and improve the reach of their products across the income pyramid.
PP5b	**Access Strategy outcomes: Self-administered products** The company demonstrates implementing a process to monitor the performance of the access strategy for its self-administered products aimed at reaching patients across the income pyramid. This is evidenced by: a) methods to define the total eligible patient population* and the strategy target(s), with corresponding numbers; b) methods to define patient reach and resulting number(s) during the period of analysis, including evidence of how the strategy has progressed;** c) future plans to increase reach across the income pyramid. *Eligibility is defined as the patients diagnosed or identified by a healthcare professional as suitable recipients of the product based on the licensed indication. **An increase in the number of patient of patients reached or achievement of elimination or eradication targets.	**Modified**, with material changes to indicator text.	By defining the eligible and target populations and tracking the number of patients reached, companies can identify and track the impact and progress of their strategies. Implementing a monitoring process can highlight best practices, identify gaps and inform future improvements to expand patient reach across the income pyramid.

Intellectual property strategy

Indicator(s)

In line with responsible and transparent management of intellectual property (IP), companies are expected to publish patent statuses and implement patent filing and non-enforcement policies. In low- and middle-income countries (LMICs), such practices can help facilitate the affordable supply of medicines and other health products by supporting the entry of generic pharmaceutical manufacturers into these markets and informing the decisions of international procurers. Companies are also expected to share their IP with access-oriented organisations and research institutions, thereby stimulating research and development (R&D) by third-party researchers and accelerating access to innovations in LMICs.

PPL1, PPL2, PPL3

2026 Indicator code	2026 Indicator	Changes in 2026	Indicator rationale
PPL1	**Patent filing and enforcement** The company publicly commits not to file for or enforce patents relating to products within scope of the Index, for diseases in scope, in least developed countries, low-income countries and a subset of lower-middle-income countries and upper-middle-income countries.	**Retained**, with non-material editorial changes to indicator text.	Clarity regarding where patents are filed or enforced gives greater certainty to international drug procurers and generic medicine manufacturers when planning the manufacture and/or supply of generic products.

PRODUCT DELIVERY

2026 Indicator code	2026 Indicator	Changes in 2026	Indicator rationale
PPL2	**Patent status disclosure** The company publicly discloses the patent status of its products for diseases in scope of the Index, in countries within scope. This information is updated periodically, and the standard of transparency includes product patent data, patent number and expiry date.	**Retained**, with non-material editorial changes to indicator text.	Patent transparency is essential in facilitating timely access to affordable medicines in LMICs. Companies should have a transparent approach for all relevant therapeutic areas and product types, including biologics. When patent status transparency is upheld and of a high standard, this supports procurement agencies to make informed decisions about product supply and generic manufacturers to plan production and supply for when patents expire in specific LMICs.
PPL3	**IP sharing** The company provides evidence of sharing its IP (e.g., molecule libraries, patented compounds, processes and technologies) with access-oriented organisations – such as Gates Medical Research Institute (Gates MRI), Medicines for Malaria Venture (MMV), Coalition for Epidemic Preparedness Innovations (CEPI), research institutions and neglected disease drug discovery initiatives – that are developing products for diseases and countries in scope of the Index.	**Retained**, with non-material changes to indicator text.	When a company shares its IP on terms conducive to increasing access, this can accelerate R&D efforts and help make new products available to populations in need in LMICs. Such potential for access is optimised when companies share their more valuable assets, such as those more likely to accelerate product entry into the market.

Licensing quality

Indicator(s)

Non-exclusive voluntary licensing allows the market entry of patented products by multiple generic manufacturers, thereby supporting a more secure supply of products and enhancing affordability through increased competition. Companies are expected to engage in quality licensing that includes clauses facilitating these objectives; to ensure timely licensing for newly approved products as well as those still in development; and to promote transparency by disclosing licensing agreements publicly. Additionally, a broad range of countries should be included within the geographic scope of the licence, increasing the potential for widespread access for people living in low- and middle-income countries (LMICs).

PPL4

2026 Indicator code	2026 Indicator	Changes in 2026	Indicator rationale
PPL4	**Quality and geographic coverage of access-oriented licensing** The company grants access-oriented, transparent, non-exclusive voluntary licences, which include clauses that facilitate affordability and supply of quality products. The company includes a broad range of countries within the geographic scope of its licences, from a range of country income classifications.* *Low-income countries, lower-middle income countries and upper-middle income countries in scope as defined by the World Bank country classification by income level.	**Retained**, no changes.	Non-exclusive voluntary licensing to generic medicine manufacturers is an important mechanism and potential avenue for large research-based pharmaceutical companies to provide access in countries where they do not intend to commercialise their innovative products. It allows multiple generic medicine manufacturers to produce and sell more affordable generic versions of the originator companies' patented products in LMICs. Access-oriented terms are specific conditions included in the licensing agreement that support generic medicine manufacturers to optimise and maximise affordability and supply. Including more countries from a range of country income classifications in a licence will increase the potential for that licence to make an impact on public health.

PRODUCT DELIVERY

Product donations

Indicator(s)

PP2

Long-term donation programmes remain an important access strategy for diseases that are being targeted for elimination, eradication or control. This is the case for neglected tropical diseases (NTDs), which are closely linked to poverty, and for which donations often represent the only viable means of access for many patients. Pharmaceutical companies supplying such products are expected to publicly commit to remaining engaged in donation programmes until established elimination, eradication, and control goals are reached.

2026 Indicator code	2026 Indicator	Changes in 2026	Indicator rationale
PP2a	N/A	**Removed** as most companies already have policies that align with expectations set by the indicator. The Index will continue to measure the implementation of donation policies as access strategies under indicators PP4a, PP5a and long-term donations for NTDs under indicator PP2.	N/A
PP2 (formerly PP2b)	**Access strategies: Long-term donation programmes** The company engages in long-term, sustainable product donation programmes for NTDs, where goals of elimination, eradication and control are possible and realistic.* It publicly commits to remaining engaged in these donation programmes as long as needed to support the achievement of such goals. *These goals are aligned with the WHO 2021-2030 Roadmap for Neglected Tropical Diseases.	**Retained**, no changes.	Long-term donation programmes can be a route to access medicine for the poorest populations. They play a specific role for NTDs, where diseases are targeted for elimination, eradication or control, but there is very limited ability to pay. Public disclosure of a commitment with no time limit indicates a company's intention to continue donating products for as long as needed for public health goals to be achieved.

Inclusive business models

Indicator(s)

PBM1

To create sustainable pathways for access to affordable products in low- and middle-income countries (LMICs), companies should adopt inclusive business models (IBMs) that ensure long-term financial resilience. Comprehensive IBMs not only help companies enter new markets, but more importantly, facilitate access for populations often overlooked by traditional or existing business models. When implemented with the right partners, these models can accelerate integration into national health systems. Clear long-term strategic goals and progress tracking are essential for facilitating viability, scalability and a sustained presence in these newer markets.

PRODUCT DELIVERY

2026 Indicator code	2026 Indicator	Changes in 2026	Indicator rationale
PBM1	**Inclusive business models** The company develops and implements IBM(s) aimed at providing affordable access to a selection of its own products it actively supplies across several LMICs, to populations that have been underserved or unserved by existing business models. Through partnerships, the model takes a comprehensive approach, addressing a broad range of access barriers. It is designed to be financially sustainable* and scalable, with clear, measurable goals** and defined timelines for achieving them. Progress toward these goals is tracked. *It is intended to be commercially viable and self-sustaining in the long term, without ongoing reliance on internal funding, and is distinct from the company's philanthropic or donor-based activities. It may generate revenue or be cost-neutral over time. **Refers to the overarching long-term strategic goal(s) of the IBM, which may include targets such as product-level patient reach, geographic expansion at the product or country level or the inclusion of additional products in the model.	**Modified**, with material changes to indicator text.	Companies are encouraged to shift from small-scale, short-term, philanthropic initiatives to large-scale, long-term, commercially viable IBMs that aim to facilitate a sustained supply of affordable products. Financially sustainable, partnership-driven, comprehensive models ensure continuous access to medicines that supports greater market penetration and expansion. Clear goals and progress tracking are essential to measure impact and guide future direction.

Quality and supply

Indicator(s)

PQ1, PQ2, PCB2

Inefficiencies and weaknesses in supply chains – whether in procurement processes, delivery logistics, storage or other stages – can have a stark impact on the accessibility, availability and quality of medicines. To identify bottlenecks and strengthen supply chain management in low- and middle-income countries (LMICs), pharmaceutical companies are expected to engage with relevant local partners. Substandard and falsified (SF) medicines pose a significant threat to public health. To mitigate this risk, companies are expected to report SF cases to national authorities and/or the World Health Organization (WHO) Rapid Alert in a timely manner. Beyond mitigating immediate issues and risks, companies can contribute to long-term supply security by pursuing technology transfers.

2026 Indicator code	2026 Indicator	Changes in 2026	Indicator rationale
PQ1	**Ensuring continuous supply** The company implements mechanisms to improve supply chain efficiency and takes informed action to ensure uninterrupted supply. It uses the following mechanisms – and provides relevant examples of each – to make products available in sufficient quantities and in a timely manner in LMICs: a) A system for communicating issues that may affect the supply chain in an organised and timely manner, involving relevant internal and external stakeholders (e.g., government agencies, distributors, hospitals, warehouses, wholesalers or other relevant networks). b) Manages a buffer stock of relevant, finished products. c) Works with several active pharmaceutical ingredient (API) suppliers, holds API buffer stocks and/or produces in-house APIs. d) Transfers technology (e.g., for API, vaccine adjuvant and/or drug product) to manufacturers to improve manufacturing capacity and availability in LMICs* and/or manufactures relevant products in LMICs. Technology transfer initiatives must also demonstrate strategic intent to improve patient access or regional supply and offer ongoing support** to the manufacturer. *Analysis is based on submission in PCB1. **The company provides evidence that it assesses local needs, skill gaps and manufacturing site capacity. It outlines a comprehensive plan and actions taken to address identified needs (e.g., training, regulatory guidance and process optimisation) as part of sustained support throughout the technology transfer process.	**Modified**, with material changes to indicator.	Ensuring continuous supply and preventing the risk of stockouts means patients who need essential medicines can continue to access high-quality products. Local manufacturing or taking on technology transfers can help sustain supply in the long term by creating greater resilience against global supply chain disruptions.

PRODUCT DELIVERY

2026 Indicator code	2026 Indicator	Changes in 2026	Indicator rationale
PQ2	**Reporting substandard and falsified medical products** The company has a policy or procedure for reporting confirmed cases of SF medical products in countries in scope of the Index to relevant stakeholders (i.e., national regulatory authorities and WHO Rapid Alert)* in a timely manner.** This helps minimise risks to public health. *Reporting to national regulatory authorities should occur regardless of local regulatory requirements. Reporting to WHO Rapid Alert is encouraged in all cases, particularly when local regulatory systems are weak and/or compromised. **The company provides evidence of a policy or approach to report confirmed cases of SF medical products to national regulatory authorities and WHO Rapid Alert as soon as possible and within ten working days, when visual inspection (e.g., confirmation of mislabelling or fake packaging) is sufficient to establish falsification. Where laboratory analysis is required for confirmation, the policy should require reporting of cases as soon as possible (and within ten working days, once confirmation has taken place) to national regulatory authorities and WHO Rapid Alert.	**Retained**, with non-material editorial changes to indicator text.	Timely reporting of confirmed cases of SF medical products to relevant stakeholders is important from a public health standpoint, allowing quick withdrawal from the market. SF medical products can cause harm or death, and pharmaceutical companies have a responsibility to ensure access to quality products and reduce risk by promptly sharing information with relevant stakeholders. Some stakeholders consider it good practice for companies to alert relevant authorities as soon as an SF case is suspected.
PCB2	**Capacity building in supply chain management** The company undertakes supply chain capacity building initiatives in countries within scope of the Index in partnership with local stakeholders (e.g., ministries of health and public procurement, logistics and distribution agencies) with the aim of improving the affordability, accessibility and quality of products, including products outside of its own portfolio. The Index assesses whether these initiatives meet Good Practice Standards (GPS).* *Guided by clear, measurable goals and/or objectives; outcomes are measured; and have long-term or sustainability aims.	**Retained**, no changes.	An inefficient supply chain can significantly impact access to medicine. It can increase the risk of low-quality, counterfeit medicines and stockouts. Companies have a role in supporting strong, resilient supply chains that also benefit products beyond their own portfolios.

Local manufacturing

Indicator(s)

Making medicines locally can help reduce costs and improve supply, but quality must be guaranteed. When pharmaceutical companies work with third-party manufacturers in low- and middle-income countries (LMICs), they can take steps to ensure local staff have the skills and technology necessary to meet the requirements of Good Manufacturing Practices (GMP). By partnering with local manufacturers and organisations, such as universities, companies can help establish sustainable local capacity and improve manufacturing quality beyond their own products and portfolios.

PCB1

2026 Indicator code	2026 Indicator	Changes in 2026	Indicator rationale
PCB1	**Capacity building in manufacturing** A company undertakes manufacturing capacity building initiatives in partnership with third-party local manufacturers outside of the company's own operations, or other external parties (e.g., universities) in LMICs. These initiatives address local manufacturing capacity needs, priorities and/or skill gaps in countries in scope of the Index. The Index assesses whether these initiatives meet Good Practice Standards (GPS).* *Guided by clear, measurable goals and/or objectives; outcomes are measured; and have long-term or sustainability aims.	**Retained**, with non-material editorial changes to indicator text.	Companies have a role in supporting local manufacturing outside of their own plants, contributing to the quality manufacturing of other products. Local manufacturing can bring medicines to LMIC markets more quickly and can simplify supply chains.

PRODUCT DELIVERY

Health system strengthening

Indicator(s)

PCB3

Robust health systems are essential to ensure that medical products can be deployed, prescribed and administered safely and effectively. Such systems may include infrastructure, trained healthcare professionals, diagnostic capacity, data management and the means to reduce stigma. Although health system strengthening is not a central responsibility of pharmaceutical companies, their expertise and capacity can play an important supporting role alongside efforts made by other partners. To do so responsibly, companies must target local needs and skill gaps, while managing conflicts of interest and monitoring outcomes.

2026 Indicator code	2026 Indicator	Changes in 2026	Indicator rationale
PCB3	**Health system strengthening** With measures to mitigate or prevent conflicts of interest, the company works in partnership – including with local stakeholders – to undertake health system strengthening initiatives that address local needs in countries in scope of the Index. Such initiatives work in a coordinated way with other parties, complementing the local health system, with clearly defined, measurable goals and outcomes. The Index assesses whether these initiatives meet Good Practice Standards (GPS).* *Measure and publicly disclose outcomes; partnerships have good governance structure; have long-term aims to achieve integration within the local health system.	**Retained**, with non-material editorial changes to indicator text.	While health systems are the primary responsibility of governments, companies can provide support. Well-functioning health systems promote better diagnosis, pharmacovigilance, disease surveillance and overall treatment. They are critical for sustainable access to medicine.

Appendices

IA Diseases in scope for the 2026 Access to Medicine Index

IB Cancers in scope for the 2026 Access to Medicine Index

II The Good Practice Standards framework for capacity building

III R&D priorities

IV Ensuring the methodology considers issues of sex and gender

V Definitions

VI References

APPENDIX IA

Diseases in scope for the 2026 Access to Medicine Index

Diseases are included based on their burden of disability adjusted life years (DALYs) in countries in scope, World Health Organization (WHO) classifications and the relevance of pharmaceutical interventions. Following this review, the disease scope for the 2026 Access to Medicine Index has been updated to reflect changes to priority disease lists and now includes 84 diseases, conditions and pathogens, an increase of three diseases from the previous Index. DALY burden and mortality data was collected from the Institute for Health Metrics and Evaluation's 2021 Global Burden of Disease study (GBD 2021) and is presented as totals for countries in scope and disaggregated by sex where possible.[1] Incidence data for cancer types was collected from GLOBOCAN 2022.[4]

TABLE 5 **Diseases, conditions and pathogens in scope of the 2026 Access to Medicine Index**

	Disease burden in DALYs (countries in scope)	% DALYs (female)	% DALYs (male)
NON-COMMUNICABLE DISEASES (16)			
Alzheimer's disease and other dementias*	20,607,366	64	36
Anxiety disorders	31,186,306	61	39
Asthma	17,180,048	51	49
Bipolar affective disorder	5,480,592	51	49
Cancer**	DALY not applicable	N/A	N/A
Cardiovascular diseases	330,638,825	43	57
Chronic obstructive pulmonary disease (COPD)	65,887,288	43	57
Depressive disorders	42,495,150	60	40
Diabetes mellitus	59,469,760	50	50
Endometriosis	1,671,710	100	0
Epilepsy	11,642,947	43	57
Kidney diseases	34,185,853	46	54
Migraine	33,328,778	61	39
Schizophrenia	11,478,581	46	54
Sickle cell disorders*	2,941,657	62	38
Thalassemia	799,422	52	48

	Total incidence (countries in scope)	% incidence (female)	% incidence (male)
CANCER TYPES IN SCOPE (20)**			
Bladder	224,876	23	77
Brain, nervous system	202,682	47	53
Breast	1,208,626	100	0
Cervical	560,031	100	0
Colorectal	944,960	43	57
Gallbladder	85,426	65	35
Head and neck	656,629	25	75
Kaposi sarcoma	30,414	33	67
Kidney	163,758	38	62
Leukaemia	266,366	43	57
Liver	650,833	30	70
Lung	1,478,595	36	64
Non-Hodgkin lymphoma	265,959	43	57
Oesophageal	404,258	30	70
Osteosarcoma	Incidence not available in GLOBOCAN 2022	N/A	N/A
Ovarian	205,328	100	0
Prostate	535,223	0	100
Stomach	614,860	34	66
Thyroid	618,672	74	26
Uterine	182,249	100	0

Blue text indicates newly in scope for 2026 Access to Medicine Index.

*The names of diseases have been revised to ensure consistency and alignment with standard nomenclature.

**The 20 cancer types are collectively counted as one non-communicable disease.

	Disease burden in DALYs (countries in scope)	% DALYs (female)	% DALYs (male)
COMMUNICABLE DISEASES (24 + 13 PRIORITY PATHOGENS*)**			
Arenaviral haemorrhagic fevers	DALY not available in GBD 2021	N/A	N/A
Bunyaviral diseases	DALY not available in GBD 2021	N/A	N/A
Coronaviral diseases†	162,148,917	37	63
Diphtheria	317,590	46	54
Disease X	N/A	N/A	N/A
Emergent non-polio enteroviruses	DALY not available in GBD 2021	N/A	N/A
Enteric infections	70,715,055	48	52
Filoviral diseases‡	2,602	54	46
Henipaviral diseases	DALY not available in GBD 2021	N/A	N/A
HIV/AIDS	38,055,730	54	46
Leptospirosis	DALY not available in GBD 2021	N/A	N/A
Lower respiratory infections	75,034,158	45	55
Malaria	55,153,859	48	52
Measles	4,873,234	46	54
Meningitis	14,218,644	46	54
Mpox	DALY not available in GBD 2021	N/A	N/A
Other prioritised antibacterial-resistant infections***	DALY not available in GBD 2021	N/A	N/A
Pertussis	4,600,626	51	49
Rheumatic fever	DALY not available in GBD 2021	N/A	N/A
Sexually transmitted infections (STIs)	7,710,845	48	52
Tetanus	1,337,198	45	55
Tuberculosis	46,166,411	39	61
Viral hepatitis (B and C)	2,135,156	42	58
Yellow fever	315,687	28	72
Zika	153	52	48
NEGLECTED TROPICAL DISEASES (21)			
Buruli ulcer	DALY not available in GBD 2021	N/A	N/A
Chagas disease	215,578	43	57
Dengue and chikungunya§	2,046,170	46	54
Dracunculiasis	0.85	53	47
Echinococcosis	93,804	50	50
Food-borne trematodiases	936,969	39	61
Human African trypanosomiasis	61,941	48	52
Leishmaniasis	751,825	38	62
Leprosy	21,257	39	61
Lymphatic filariasis	1,301,096	25	75
Mycetoma, chromoblastomycosis and other deep mycoses	DALY not available in GBD 2021	N/A	N/A
Noma disease	DALY not available in GBD 2021	N/A	N/A
Onchocerciasis	1,262,806	46	54
Rabies	568,459	36	64
Scabies and other ectoparasites	5,112,030	49	51
Schistosomiasis	1,731,030	49	51
Snakebite envenoming	DALY not available in GBD 2021	N/A	N/A
Soil-transmitted helminthiasis	1,365,134	51	49
Taeniasis/cysticercosis‖	1,021,183	55	45
Trachoma	122,648	62	38
Yaws and other endemic treponematoses	DALY not available in GBD 2021	N/A	N/A

Blue text indicates newly in scope for 2026 Access to Medicine Index.

***Other prioritised antibacterial-resistant infections' refers to a group of 13 pathogens included, classified as priorities in the WHO's 2024 Bacterial Priority Pathogens List.

†Includes DALY burden for COVID-19 only.
‡Includes DALY burden for Ebola only.

§Includes DALY burden for dengue only.
‖Includes DALY burden for cysticercosis only.

	Disease burden in DALYs (countries in scope)	% DALYs (female)	% DALYs (male)
REPRODUCTIVE, MATERNAL AND NEWBORN HEALTH (10)			
Abortion and miscarriage	996,339	100	0
Birth asphyxia and birth trauma	57,369,750	41	59
Contraceptive methods	DALY not applicable	N/A	N/A
Hypertensive disorders of pregnancy	2,428,580	100	0
Maternal haemorrhage	2,929,228	100	0
Maternal sepsis	1,127,938	100	0
Neonatal sepsis and infections	22,596,577	42	58
Obstructed labour	1,053,461	100	0
Other neonatal conditions	19,783,235	44	56
Preterm birth complications	76,511,575	44	56

Blue text indicates newly in scope for 2026 Access to Medicine Index.

APPENDIX IB

Cancers in scope for the 2026 Access to Medicine Index

There are now 20 cancer types in scope. Kidney cancer has been added, reflecting its position among the top ten cancers in men globally by incidence. The other 19 cancer types in scope for the previous Index have been retained. As in the methodologies from previous Indexes, products for the management of pain and supportive treatments (e.g., antiemetics) are not included.

TABLE 6 **Cancer types in scope and basis for inclusion**

Cancer types in scope (20)	Cancer types with the highest incidence globally**	Ten cancer types with the highest incidence in countries in scope	Five cancer types where countries in scope account for highest % of global incidence	Included in 2024 Access to Medicine Index
Lung	2.480.675	1.478.595		●
Breast	2.296.840	1.208.626		●
Colorectal	1.926.425	944.960		●
Prostate	1.467.854	535.223		●
Stomach	968.784	614.860		●
Head and neck*	947.211	656.629		●
Liver	866.136	650.833	75%	●
Thyroid	821.214	618.672	75%	●
Cervical	662.301	560.031	85%	●
Bladder	614.298			●
Non-Hodgkin lymphoma**	553.389			●
Leukaemia**	278.120			●
Kidney**	277.800			
Uterine**	420.368			●
Ovarian**	324.603			●
Oesophageal		404.258	79%	●
Brain, nervous system				●
Gallbladder				●
Kaposi sarcoma			85%	●
Osteosarcoma				●

Blue text indicates newly in scope for 2026 Access to Medicine Index.

*Includes all head and neck cancers in GLOBOCAN2022: nasopharynx, lip, oral cavity, salivary glands, larynx, oropharynx and hypopharynx cancer.

**Includes additional cancers ranking in the top ten for males or females.

APPENDIX II

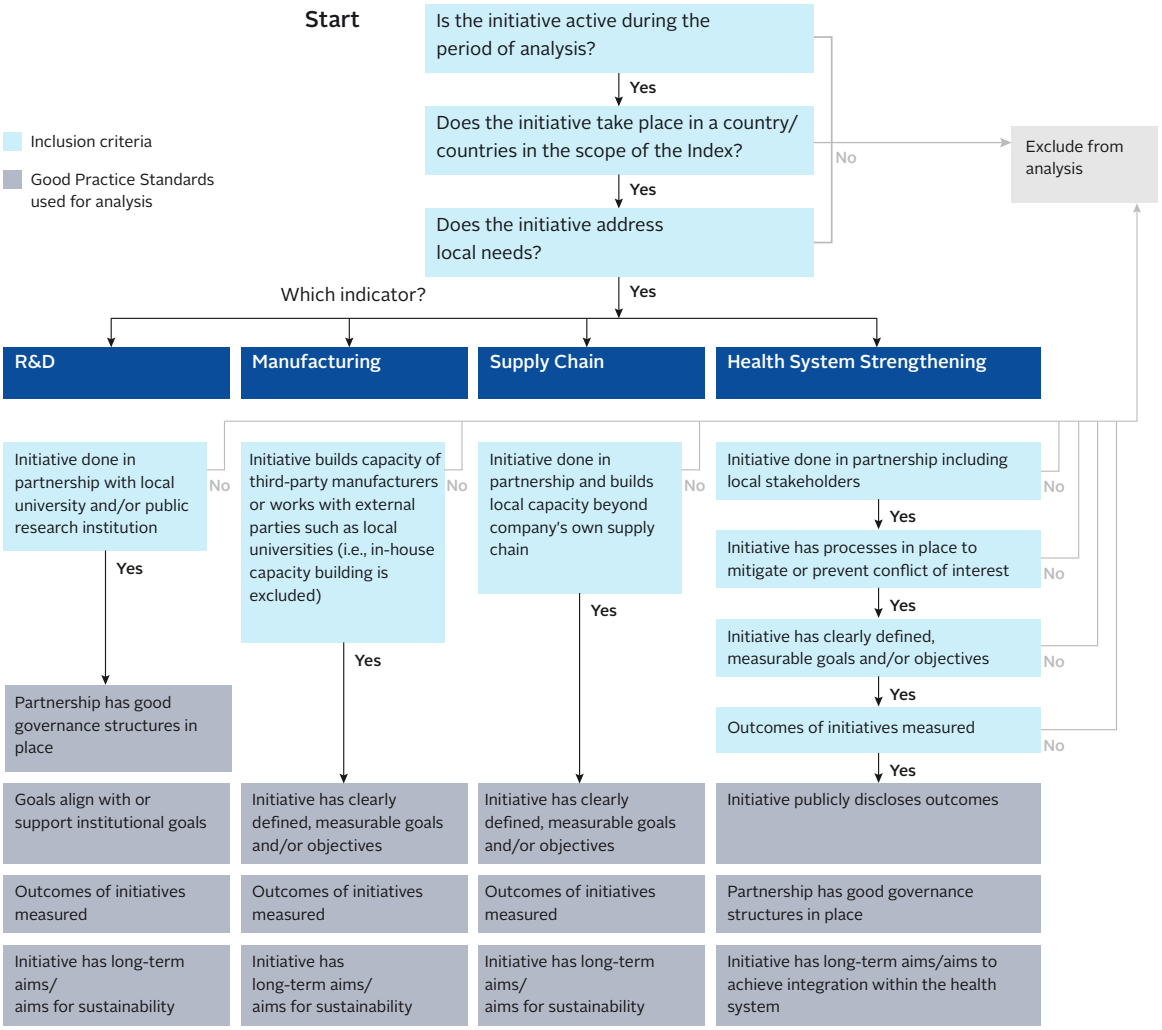
The Good Practice Standards framework for capacity building

The Good Practice Standards (GPS) framework has been developed by the Foundation as a tool to assess the inclusion and quality of initiatives under the capacity building indicators (i.e., research and development [R&D], manufacturing, supply chain management and health system strengthening). The framework reflects stakeholders' expectations regarding what constitutes a capacity building initiative, and what is considered good practice. Each initiative is first evaluated against the inclusion criteria defined by the framework; if it meets these requirements, the GPS are then applied to assess the quality of the initiative within the context of the Index.

There are three basic inclusion criteria that every initiative must meet: 1) be active during the period of analysis, 2) take place in a country/countries in scope of the Index and 3) address local needs. Beyond these general criteria, the four capacity building indicators have slightly different additional stakeholder expectations for inclusion. All inclusion criteria must be met for an initiative to be considered for analysis under its respective indicator.

Once included, initiatives are assessed using the GPS. While the GPS may differ slightly across indicators, they all focus on four core areas: governance, goals and objectives, outcomes, and sustainability. These were identified as key determinants of the quality of capacity building initiatives, following stakeholder feedback. Companies are assessed based on a maximum of five initiatives per area, with higher-performing companies having more initiatives that meet all GPS.

FIGURE 9 **Good Practice Standards framework for capacity building**
The flowchart provides a guide to the criteria by which company initiatives are included for analysis in the Index and the Good Practice Standards (GPS) by which they are analysed. The chart is broken down by capacity building indicator, each with slightly different expectations for inclusion and analysis.



APPENDIX III

R&D priorities

TABLE 7 **Priority diseases, conditions and pathogens**

ATMI Disease	Specific disease target	Medicines	Vaccines (Preventative)	Vaccines (Therapeutic)	Diagnostics	Microbicides	Vector Control Products	Devices (for reproductive health only)	Impact Global Health G-FINDER Neglected Diseases	Impact Global Health G-FINDER Sexual & Reproductive Health	Impact Global Health G-FINDER Emerging Infectious Diseases	WHO Prioritizing diseases for R&D in emergency contexts	WHO Preferred Product Characteristics	WHO Priority Pathogen List
Abortion and miscarriage	Abortion	○			◉			○		●				
Arenaviral haemorrhagic fevers	Arenaviral haemorrhagic fevers (other than Lassa fever)	○	○	○	○		◉				●			
	Lassa fever	○	○	○	○		◉				●	●		
Bunyaviral diseases	Crimean-Congo haemorrhagic fever (CCHF)	○	○	○	○		○				●	●		
	Rift Valley fever (RVF)	○	○	○	○		○				●	●		
	Severe fever with thrombocyto-penia syndrome (SFTS)	○	○	○	○		○				●			
	Bunyaviral diseases (other than CCHF, RVF or SFTS)	○	○	○	○		○				●			
Buruli ulcer		○	○		○				●					
Cancer	HPV-related cervical cancer	◉	◉	○	○	○		◉		●			●	
Chagas disease		○	○	○	○		○		●					
Contraceptive methods		◉	◉	◉				○		●				
Coronaviral diseases	Middle East respiratory syndrome coronavirus (MERS-CoV)	○	○	○	○		◉				●	●		
	Severe acute respiratory syn-drome (SARS)	○	○	○	○		◉				●	●		
	Coronavirus disease 2019 (COVID-19)	○	○	○	○		◉				●	●		
	Highly pathogenic coronaviral diseases (other than MERS-CoV, SARS and COVID-19)	○	○	○	○		◉				●			
Dengue and Chikungunya	Chikungunya	○	○	○	○		○				●			
	Dengue	○		○	○		○		●					
Emergent non-polio enteroviruses (including EV71, D68)		○	○	○	○						●			
Endometriosis		○		○	○			○		●				
Enteric infections	Cholera	◉	○	◉	○				●					
	Cryptosporidiosis	◉	○	◉	○				●					
	Enterotoxigenic *E. coli* (ETEC) infections		○		○				●				●	
	Enteroaggregative *E. coli* (EAEC) infections		○		○				●					
	Rotaviral gastroenteritis		◉						●					
	Shigellosis	◉	○	◉	○				●				●	
	Typhoid and paratyphoid fever (*S. typhi*, *S. paratyphi* A)	○	○	○	○				●					●
	Non-typhoidal *S. enterica* (NTS)	○	○	○	○				●					●

Blue text indicates priority R&D product gap newly in scope for the 2026 Index.

○ Gap identified
Definition: Product gap identified for the disease, condition or pathogen on one or more of the R&D priority lists.

◉ Specific gap
Definition: Specific R&D need or product gap identified, e.g., for a new route of administration to be developed or specific serotypes to be targeted.

● Included on priority R&D list.

ATMI Disease	Specific disease target	Medicines	Vaccines (Preventative)	Vaccines (Therapeutic)	Diagnostics	Microbicides	Vector Control Products	Devices (for reproductive health only)	Impact Global Health G-FINDER Neglected Diseases	Impact Global Health G-FINDER Sexual & Reproductive Health	Impact Global Health G-FINDER Emerging Infectious Diseases	WHO Prioritizing diseases for R&D in emergency contexts	WHO Preferred Product Characteristics	WHO Priority Pathogen List
Filoviral diseases	Ebola virus disease (EVD)	○	○	○	○		◐				●	●		
	Marburg virus disease (MVD)	○	○	○	○		◐				●	●		
	Filoviral diseases (other than EVD or MVD)	○	○	○	○		◐				●			
Henipaviral diseases	Nipah virus (NiV) infection	○	○	○	○		◐				●	●		
	Henipaviral diseases (other than NiV infection)	○	○	○	○		◐				●	●		
HIV/AIDS		◐	○	◐	○	○			●	●			●	
Human African trypanosomiasis		○	○	○	○		○		●					
Hypertensive disorders of pregnancy	Pre-eclampsia and eclampsia	◐		○	○					●				
Leishmaniasis		○	○	○	○				●					
Leprosy		○	○	○	○				●					
Leptospirosis					◐				●					
Lower respiratory infections	Pneumococcal disease (*S. pneumoniae*)		◐		○				●					●
	Influenza		○										●	
	Respiratory syncytial virus (RSV) disease		◐										●	
Lymphatic filariasis (elephantiasis)		○			○		○		●					
Malaria	Malaria (*P. falciparum*)	○	○	○	○		○		●				●	
	Malaria (*P. vivax*)	○	○	○	○		○		●				●	
	Malaria (other strains than *P. falciparum* or *P. vivax*)	○	○	○	○		○		●					
Maternal haemorrhage	Postpartum haemorrhage	○		○				◐		●				
Meningitis	Meningitis (*N. meningitidis*)		◐		○				●					
	Meningitis (*C. neoformans*)	○		○					●					
Mpox		○	○	○	○		◐				●			
Mycetoma, chromoblastomycosis and other deep mycoses	Mycetoma	○			○				●					
	Histoplasmosis	○			○				●					
Neonatal sepsis and infections	Group B *Streptococcus*		◐										●	●
Onchocerciasis (river blindness)		○	○		○		○		●					
Rheumatic fever	Group A *Streptococcus*		○						●				●	●
Scabies		○			○				●					
Schistosomiasis (bilharzia)		○	○	○	○		○		●					
Sexually transmitted infections (STIs)	Chlamydia		○	○	○	○				●				
	Gonorrhoea	◐	○	○	○	○				●			●	
	Herpes simplex virus type 2 (HSV-2) infection	○	○	○	○	○				●			●	
	Human T-cell lymphotropic virus type 1 (HTLV-1) infection	○	○	○	○	○				●				
	Syphilis	◐	○	○	◐	○				●				
	Sexually transmitted infections (other than chlamydia, gonorrhoea, syphilis, HSV-2 or HTLV-1 infections)	◐	◐	◐	◐	◐				●				

Blue text indicates priority R&D product gap newly in scope for the 2026 Index.

○ Gap identified
Definition: Product gap identified for the disease, condition or pathogen on one or more of the R&D priority lists.

◐ Specific gap
Definition: Specific R&D need or product gap identified, e.g., for a new route of administration to be developed or specific serotypes to be targeted.

● Included on priority R&D list.

ATMI Disease	Specific disease target	Medicines	Vaccines (Preventative)	Vaccines (Therapeutic)	Diagnostics	Microbicides	Vector Control Products	Devices (for reproductive health only)	Impact Global Health G-FINDER Neglected Diseases	Impact Global Health G-FINDER Sexual & Reproductive Health	Impact Global Health G-FINDER Emerging Infectious Diseases	WHO Prioritizing diseases for R&D in emergency contexts	WHO Preferred Product Characteristics	WHO Priority Pathogen List
Snakebite envenoming		●		●	●				●					
Soil transmitted helminthiasis	Hookworm infection (ancylostomiasis/necatoriasis)	○	○						●					
	Strongyloidiasis and other round-worm infections (excl. ascariasis)	○	○		○				●					
	Whipworm infection (trichuriasis)	○							●					
	Roundworm infection (ascariasis)	○							●					
Tapeworm infection (taeniasis/cysticercosis)		○			○		○		●					
Trachoma			○		○				●					
Tuberculosis		○	○	○	○				●				●	●
Viral hepatitis (B and C)	Hepatitis B	●		●	○				●	●				
	Hepatitis C	●	○		○				●					
Yaws and other endemic treponematoses	Yaws				●				●					
Zika virus disease		○	○	○	○		○				●	●		
Disease X*											●	●		
Other prioritised antibacterial-resistant infections	*Acinetobacter baumannii* (carbapenem-resistant)													●
	Enterobacterales (carbapenem-resistant, 3rd generation cephalosporin-resistant)													●
	Enterococcus faecium (vancomycin-resistant)													●
	Group A Streptococci (macrolide-resistant)								●				●	●
	Group B Streptococci (penicillin-resistant)												●	●
	Haemophilus influenzae (ampicillin-resistant)													●
	Neisseria gonorrhoeae (3rd generation cephalosporin-resistant AND/OR fluoroquinolone-resistant)									●			●	●
	Non-typhoidal *Salmonella* (fluoroquinolone-resistant)								●					●
	Pseudomonas aeruginosa (carbapenem-resistant)													●
	Salmonella Typhi (fluoroquinolone-resistant)								●					●
	Shigella spp. (fluoroquinolone-resistant)								●				●	●
	Staphylococcus aureus (methicillin-resistant)													●
	Streptococcus pneumoniae (macrolide-resistant)								●					●

Blue text indicates priority R&D product gap newly in scope for the 2026 Index.

○ Gap identified
Definition: Product gap identified for the disease, condition or pathogen on one or more of the R&D priority lists.

● Specific gap
Definition: Specific R&D need or product gap identified, e.g., for a new route of administration to be developed or specific serotypes to be targeted.

● Included on priority R&D list.

*Disease X is defined by WHO as a pathogen currently unknown to cause human disease that could cause a serious international epidemic. Priority R&D for this disease is restricted to platform technologies that enable cross-cutting R&D preparedness that is also relevant for an unknown Disease X.

APPENDIX IV

Ensuring the methodology considers issues of sex and gender

The Foundation's mission to ensure equitable global access to healthcare requires recognising and addressing the lived experiences of individuals across the pharmaceutical ecosystem, including governments, non-governmental organisations (NGOs), pharmaceutical companies and other stakeholder groups. Achieving this calls for an understanding of the diverse needs of populations. When healthcare systems overlook the sex- and gender-related attributes of individuals, they risk creating systemic gaps in care that disproportionately impact certain groups. Sex and gender affect not only the healthcare needs of individuals, but also how illness is experienced, treated and prevented. Addressing such barriers is thus a crucial component of achieving truly equitable access to medicine.

Biological characteristics related to sex (such as hormones, anatomical attributes, immune responses and genetics) can influence how diseases manifest, as well as the safety and effectiveness of medicines. Yet, historically, the exclusion of women from clinical trials (CTs) has led to a significant knowledge gap in understanding sex differences related to treatment.[10] This gap is underscored by the lack of research for conditions that disproportionately affect women, such as endometriosis, which remains poorly understood with limited treatment options. The continued exclusion of pregnant and lactating individuals from CTs is of particular concern in low- and middle-income countries (LMICs), where the burden of maternal morbidity and mortality is greatest. This lack of data on the safety and efficacy of medicine has prompted a call to action from the World Health Organisation (WHO) to include these groups in CTs.[11]

Gender, grounded in social, psychological, cultural and sociodemographic factors, also plays an integral role in determining health. Norms and expectations tied to gender influence exposure to health risks, the type of care people seek or receive and stigma that can prevent individuals from accessing treatment. Socio-cultural gender norms may greatly hinder women's ability to attain treatment, while men may feel discouraged from seeking care.[12] Gender minorities face unique challenges due to stigma, particularly in the domain of sexual and reproductive health and rights (SRHR).[13]

The intersection of sex and gender, together with other demographic and social factors, profoundly affects patients' everyday experiences with healthcare and their ability to access medicines. Pharmaceutical companies, along with the larger pharmaceutical ecosystem, have a key role in ensuring diverse representation in research and in the consideration of sex and gender-specific diseases within their research and development (R&D) pipelines. In addition to how treatments are developed and tested, the ways in which products are delivered to patients can be instrumental in addressing sex- and gender-specific access barriers. The efforts of pharmaceutical companies and remaining gaps were previously highlighted in the Foundation's 2022 Special Report on Women's Health and SRHR.[14]

The 2026 Access to Medicine Index continues to integrate considerations of issues relating to sex and gender into its methodology in the following ways:

Disease scope

With each iteration, the Index undertakes a comprehensive assessment to identify diseases that disproportionately affect women or men. It also integrates findings from the 2024 G-FINDER Sexual and Reproductive Health Survey to identify diseases with priority R&D gaps.[5] Maternal health conditions have been a consistent component of the Index across previous iterations, reflecting their high burden in scope countries, the ongoing access-related barriers experienced by women, and, in some cases, the presence of relevant R&D gaps. Cancers such as breast, cervical, ovarian and prostate remain in scope due to consistently high incidence across both global and Index-country contexts. Kidney cancer has been added to the 2026 Index disease scope, as it ranks among the top ten cancers in men worldwide while also affecting women. Other sex-linked cancers with lower incidence, such as vaginal, vulval, testicular and penile cancers, were considered but did not meet the inclusion criteria.

Clinical trials

To address the underrepresentation of pregnant and lactating women in CTs, a scoping exercise is undertaken for companies' clinical R&D projects targeting relevant diseases such as HIV, hepatitis B and tuberculosis. Trials are checked for non-exclusion of these populations where appropriate.

Stakeholder consultations for the methodology review

The methodology is shaped through consultations with stakeholders from different areas of expertise. For the 2026 methodology review, the Foundation gathered self-reported demographic data on consultation participants to ensure an equal gender balance. This helps the Index account for a wide range of perspectives and avoids reinforcing existing biases.

APPENDIX V

Definitions

Terms defined below are tailored to the objectives and methodology of the Access to Medicine Index and should be understood within the context of this report.

Access plans
Plans to ensure that access needs in low- and middle-income countries are taken into consideration during the R&D stage. Access plans can be developed in-house or in collaboration. They can include commitments and strategies, as well as more concrete access provisions, such as specific measures developed in partnership with other organisations that can enforce accountability. Potential components of an access plan include registration commitments, equitable pricing strategies, sufficient supply commitments, and applying for World Health Organization prequalification. Access plans facilitate availability, affordability and supply for patients in countries within the scope of the Index.

Access strategy (product specific)
The range of mechanisms a company can implement to provide access to its product for a specific group of patients within a country. An access strategy can be composed of different elements, including pricing strategies and additional initiatives to improve the affordability and availability of the product. Access strategies with the biggest potential impact in terms of equitable access are those that aim to promote affordable access to medicine for all income groups of the population by considering the ability to pay of the payer, and by taking healthcare systems' needs and characteristics into account.

Access-to-medicine strategy
A strategy specifically intended to improve access to medicine, that includes all the typical elements of a strategy (for example, a clear rationale, targets, objectives and expected outcomes). In low- and middle-income countries where the company operates, the strategy may apply to a defined set of diseases, products or therapeutic areas, or ideally to the whole pipeline and portfolio.

Active pharmaceutical ingredient (API)
The active pharmaceutical component of a medicine that causes its intended effects. Some medicines, such as combination therapies, have multiple active ingredients that target multiple disease pathways and/or symptoms. The inactive ingredients of a medicine are referred to as excipients.

Ad hoc donation
A donation of products for which there is no clear, defined long-term strategy to control, eliminate or eradicate a disease. This may include a company donating a range of medicines based on the explicit needs of a country. Donations made during emergency situations, such as conflicts and natural disasters, are also included here.

Adaptive R&D
R&D adaptations of existing/registered medicines or other health products in scope that may address an unmet need in countries in scope of the Index. This can include adding new indications, new target patient populations (e.g., infants/children, pregnant and lactating people), environmental conditions (e.g., heat-resistant formulations) or new formulations (e.g., oral formulations).

Affordability
This refers to the payer's ability to pay for a product (whether or not they are the end user) – see 'payers' for definition. Affordability is one of the key dimensions for access to medicine. The Index takes this into account when assessing pricing strategies for relevant products. A product's affordability depends on different factors, including socioeconomic, demographic and healthcare system characteristics, which should be considered by pharmaceutical companies when setting the price of the products.

Buffer stock
A reserve or surplus quantity of essential materials, components or finished products that a company maintains as a safeguard against potential disruptions in the supply chain.

Capacity building
The company forms partnerships with local stakeholders to develop and strengthen skills, resources or processes in LMICs (e.g., by training of staff or obtaining equipment and other necessary resources). The Index assesses capacity building across four subthemes: R&D, manufacturing, supply chains and health system strengthening.

Conflict of interest
When the commercial interests of a company are at odds with, or perceived to be at odds with, the interests of the partnership, the partner (i.e., local stakeholders), or the health and well-being of the population the partnership intends to help.

Country or region risk-based assessment
An assessment to help a pharmaceutical company to evaluate the risk of non-compliance with ethical marketing, anti-corruption and clinical trial standards in LMICs. This type of assessment examines the country-specific legal and regulatory environment, cultural and social factors, as well as economic and political conditions that may influence the company's compliance risks.

Demographic factors
Characteristics of a population such as age, sex, income level, education level, employment, etc.

Disability-Adjusted Life Year (DALY)
A measure of disease burden that combines disease-associated mortality and morbidity. It is the sum of the number of years of life lost (YLLs) and years lived with disability (YLDs). DALYs allow the comparison of disease burden across different populations and health conditions across time. One DALY equals one lost year of healthy life.[15]

Drug product
The finished dosage form of a medicine obtained at the end of the manufacturing process, (e.g., the tablet, capsule or solution containing the API or APIs, generally, but not necessarily, in association with one or more other ingredients). Also referred to as a finished drug product, finished product or formulation.

Equitable pricing strategy
A targeted pricing strategy which aims to improve access to medicine for those in need by considering the relevant payer's ability to pay, and by taking healthcare systems' needs and characteristics into account.

Ethical marketing
Promotional activities that are aimed at the general public, patients, healthcare professionals/students and opinion leaders in such a way that transparency, integrity, accuracy, clarity and completeness of information can be ensured.

Fair market value assessment
Assessment that defines the appropriateness of payments made to healthcare professionals (HCPs). These provide structure to ensure ethical interactions between the pharmaceutical industry and HCPs with whom they engage.

Falsified medical products or medicines
Medical products that deliberately/fraudulently misrepresent their identity, composition or source.[16]

Fraud-specific risk assessment
An assessment that identifies potential risks of fraud within a pharmaceutical company's operations in LMICs. This type of assessment considers the vulnerabilities and weaknesses within the company's operations, which could be exploited by employees, contractors or third-party service providers to commit fraud.

Good governance structures
The structures put in place to establish clear roles, responsibilities and decision-making processes for access initiatives. These structures also include systems of communication whereby information about processes, decisions and outcomes of initiatives are regularly conveyed to the relevant stakeholders.

Good manufacturing practice (GMP)
A system employed to ensure that products are consistently produced and controlled according to appropriate quality standards. Within pharmaceutical production this serves to minimise risks such as unexpected contamination, incorrect labelling or incorrect dosing of the active ingredient. GMP covers all aspects of pharmaceutical production (e.g., starting materials, premises, equipment, training and personal hygiene of staff) and includes processes that provide documented proof that correct procedures are consistently followed at each step of the manufacturing process. GMP guidelines are established and overseen by regulatory agencies in individual countries or regions, as well as the World Health Organization.

Good Practice Standards (GPS)
A set of standards developed by the Foundation that are used to assess company capacity building initiatives that meet all inclusion criteria. Higher-performing companies have more capacity building initiatives that meet all GPS.

Healthcare practitioner-administered products
Products that typically require either hospital administration of the product or the continued attention of a skilled healthcare professional for administration, such as an intravenously administered oncology medicine.

Innovative R&D
The development of medicines, therapeutic and preventive vaccines, diagnostics, vector control products and microbicides which have not previously been approved for use.

Long-term donation programmes
A donation of products for which a defined strategy exists as to the type, volume, duration and destination of donated products. These programmes are longer than five years, are based on country needs and aim to control, eliminate or eradicate a disease. For analysis, the Index focuses on long-term donation programmes for neglected tropical diseases.

National regulatory authority
A national regulatory agency responsible for ensuring that products released for public distribution (normally pharmaceuticals and biological products, such as vaccines and medical devices including test kits) are evaluated properly and meet international standards of quality, safety and efficacy.[17]

Non-assert declarations
A commitment by a rights holder not to enforce certain patents in a defined group of countries. This allows a generic version of a patent-protected product to be produced and/or commercialised in those countries.[18]

Non-exclusive voluntary licences
Licences which enable – on a non-exclusive basis, and according to the terms of the licence agreed – the manufacture and supply of generic versions of patented medicines by other manufacturers.

Patient assistance programmes
Programmes initiated by pharmaceutical companies which provide financial assistance or free-of-charge medicines for a defined patient population with limited ability to pay.

Patient reach
The number of people benefitting from access to a company's product(s), which can be demonstrated through, for example, annual sales volume divided by volume per patient or the estimated number of patients reached by a particular access strategy, initiative or partnership. The Index evaluates a company's overall process for defining, measuring and reporting on patient reach, as well product-specific examples of patient reach in the context of access strategies.

Payers
Entities, including individuals, private health insurers, governments and international organisations, that are responsible for funding and facilitating medical services. The entities vary based on the healthcare system's financial structure.

Period of analysis
For the 2026 Index, the time period for which data will be analysed covers the company's activities (which must have been ongoing) between 1 June 2024 and 31 May 2026, as this is the cycle of the Index.

Post-trial access
The continued provision of an investigational product or comparator to clinical trial participants following the end of the clinical trial in which they participated when continued treatment is beneficial.

Priority R&D
R&D that addresses product gaps resulting from a lack of effective or suitable products to treat, prevent or detect certain diseases, conditions and pathogens in countries within scope of the Index. Product gaps may be medicines, vaccines, diagnostics, medical devices or vector control products. These product gaps are defined as being those listed in a series of six priority lists developed by the World Health Organization and Impact Global Health (formerly known as Policy Cures Research), an independent R&D-focused policy group.

Self-administered products
Products that patients can typically take or administer themselves for regular usage without needing a skilled healthcare worker. These products may or may not be prioritised by governments or by the global health community (e.g., treatments for non-communicable diseases such as diabetes, stroke and heart disease).

Substandard medicines OR Substandard medical products
Also called 'out of specification', these are authorised medical products that fail to meet either their quality standards or specifications, or both.[16]

Supranationally procured products
Products for which international pooled procurement, advance market commitments, market-shaping facilities and significant public funding and donor support exist.

Technology transfer
A pharmaceutical company transfers knowledge, tools and/or technology necessary for producing a specific product (e.g., medicine, vaccine) to a manufacturer. Technology transfer can improve the supply and availability of products, while also building manufacturing capacity that can be applied to other manufacturing processes.

Vulnerable populations
People at greater risk of facing barriers to accessing medicines due to social, economic and/or health considerations.

APPENDIX VI

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Access to Medicine Foundation
Naritaweg 227A
1043 CB Amsterdam
The Netherlands

www.accesstomedicinefoundation.org
info@accesstomedicinefoundation.org
+31 (0)20 21 53 535