

Stichting Access to Medicine Foundation

# Annual Report 2020



access to  
medicine  
FOUNDATION



**ACCESS TO MEDICINE FOUNDATION**

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# Executive Board Report

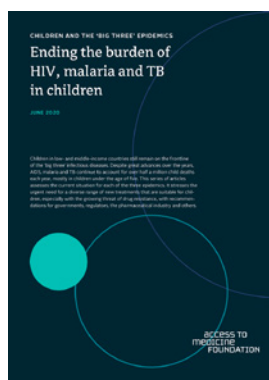
# Executive Board Report

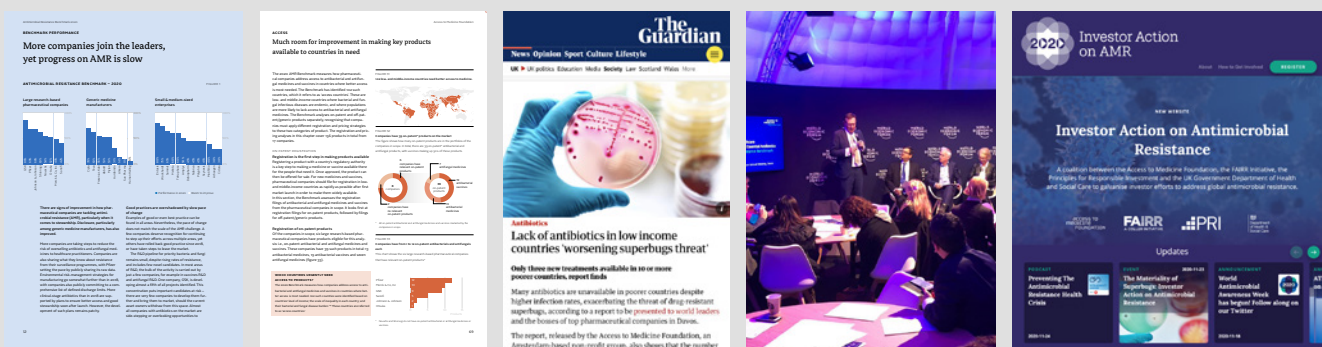
After a year shaped by the COVID-19 pandemic, the Foundation's change-making work on the pharmaceutical industry and access to medicine is more relevant than ever. The year started with the launch of the 2nd Antimicrobial Resistance Benchmark at the Annual Meeting of the World Economic Forum, and closed with launch preparations for the 2021 Access to Medicine Index. We used our research through the year to shift industry standards and practices on the pandemic response and preparedness, infectious disease surveillance, the global gap in access to medical oxygen, and the need for R&D for children with HIV, malaria and TB, among other urgent topics.

## LAUNCHING THE 2020 AMR BENCHMARK

In January, the Foundation published the 2020 Antimicrobial Resistance Benchmark. It found evidence of a few companies expanding efforts to tackle the spread of antimicrobial resistance (AMR). However, it also warned that change is not happening at the scale needed to radically impact the threat. AMR already causes at least 700,000 deaths a year, and AMR experts have warned that a drug-resistant pathogen could drive the next pandemic. The AMR Benchmark is the only independent measure of how pharmaceutical companies are responding to AMR, and tracks a cross-section of companies active in anti-infectives.

The 2020 Benchmark found that the pipeline for priority bacterial and fungal infections remains small, with only 51 candidates in late-stage clinical development. Of these, only a few are supported by plans to achieve both widespread accessibility as well as responsible use. However, more companies are moving to mitigate the risk of overselling antibiotics and antifungals to healthcare professionals; most have a strategy to reduce the risk of antibacterial residue being released in factory wastewaters; and companies are sharing more surveillance data on where resistance is emerging. The three leaders in 2020 are: GSK, which has the largest pipeline analysed; Cipla, one of three companies to fully decouple its sales agents' bonuses from sales volumes; and Entasis, with R&D projects targeting bacteria in the highest





The leaders in the 2020 AMR Benchmark are GSK, Cipla and Entasis

High-level panel at the WEF to launch the Benchmark

threat category defined by WHO and the US Centers for Disease Control (CDC). The 2020 Benchmark was launched at the World Economic Forum's Annual Meeting in Davos, with a high-level panel opened by Bruno Bruins, then the Dutch Minister for Medical Care, and moderated by Professor Dame Sally Davies, UK Special Envoy on AMR. During the panel, leading public figures discussed their plans to put the Benchmark findings to use, for example during direct engagement with companies. Peter Sands, Executive Director of the Global Fund to Fight AIDS, TB and Malaria, which is the biggest purchaser of antimicrobials globally, confirmed the Benchmark's usefulness as a tool for engaging the private sector and to inform procurement decisions. The findings were covered by global media, which focused on the sense of urgency and need to reform the infrastructure for developing and delivering antibiotics. It was covered in Bloomberg, The Guardian, The Hindu, The Lancet, Le Monde, NOS, NRC, Reuters and STAT, among others.

### Translating findings into action against superbugs

Starting before the launch, the Foundation systematically engaged with pharmaceutical companies through meetings and workshops, including with top executives, to discuss their performances in the Benchmark and support a deeper AMR response. The starting point was the opportunities for specific improvements identified in each company's Benchmark Report Card, with the conversation continuing through the year and feeding momentum on AMR surveillance, new R&D incentives and stewardship and access planning.

In policy discussions, the recurring themes were the global dependency on the few large companies that remain active in anti-infectives, the risk of failure for small- and medium-sized enterprises and the role for generic medicine companies beyond manufacturing. Briefings about the Benchmark findings were held with cross-departmental teams of the UK, Dutch, German, Swiss, Norwegian, and Swedish governments as well as the Wellcome Trust, the Bill and Melinda Gates Foundation and Unitaid. The Foundation brought its analysis to the table via virtual conferences and research forums, including events organised by the UN Foundation, the US Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria, and the Joint Programming Initiative on Antimicrobial Resistance.

AMR presents risks and opportunities for investors in pharmaceutical companies, and more than 100 investors joined virtual discussions to learn about the materiality of drug-resistant infections and the Benchmark findings. The Foundation also launched the Benchmark alongside its 'Investor Action on AMR' initiative to spur coordinated efforts by investors. It is run in partnership with the UK Government, FAIRR Initiative and Principles for Responsible Investment. Via the initiative, a group of 12 leading investors and investor stakeholders, including Amundi, Federated Hermes, and Legal & General Investment Management (LGIM), have committed to specific steps designed to curb drug resistance. For example, Nordea Asset Management will engage with pharmaceutical companies on water pollution in India, a key driver of resistance.



Index and Benchmark methodologies capture priorities for pharma on access and AMR

### CAPTURING THE PRIORITIES FOR PHARMA

The Foundation has built consensus on where pharmaceutical companies can and should be taking action on global health priorities for more than ten years. In 2020, it captured the most recent consensus in two methodology reports: for the 2021 Access to Medicine Index and the 2021 AMR Benchmark. Companies confirmed that these tools are uniquely useful for prioritising and structuring their activities.

The 2021 Index methodology, published in March, uses a tighter framework of 33 indicators, compared to 69 in 2018, targeting the areas where pharmaceutical companies have the greatest potential to drive change when it comes to access to medicine in low- and middle-income countries. The wide-ranging multi-stakeholder consultation carried out in 2019 aimed to capture the expertise of people in countries measured by the Index. In line with previous reviews, the emphasis has increased on R&D and product delivery strategies addressing affordability and supply. Indicators for the 2021 Index have also been tailored to better compare like with like and allow for more sensitive comparisons of the access approaches being used by pharmaceutical companies in different markets and territories.

The 2021 AMR Benchmark methodology was published in October, having also been refined through a targeted review of the previous analytical framework. This included checks of indicators, data sets and analytical approaches, and consultations with expert stakeholders. The Methodology was reviewed and ratified by a committee of independent experts from academia, the investing world, the public sector and industry. For the 2021 AMR Benchmark, changes to the analysis scopes and indicators have been kept to a minimum, enabling the research team to assess the rate and scale of progress – this will be the priority when evaluating large-research-based pharma companies and generic medicine manufacturers. In 2021, the Benchmark will deepen its exploration of headwinds faced by the small- and medium-sized enterprises driving novel R&D, to be published in a separate report.

The Foundation maintains a dedicated engagement channel with companies in both research programmes. To ensure data-quality, regular touchpoints are planned for setting out changes to the methodologies, clarifying data requests and fact-checking analytical statements. Training sessions on the updated Index and Benchmark Methodologies were held in February and December respectively. While we were able to travel to in-person sessions for the Index in Amsterdam, Tokyo and New York, Benchmark training sessions were held virtually across three time-zones due to the pandemic. For new contacts and companies in scope in particular, such opportunities contribute to an evolving understanding of the actions society expects companies to take to improve access and limit AMR.

### TOWARD THE NEXT ACCESS TO MEDICINE INDEX

The majority of the analytical and editorial work for the 2021 Access to Medicine Index was carried out in 2020, starting with data verification and analysis. Robust scoring and analysis algorithms were developed to ensure a fair and objective comparison of company behaviour, with a peer review of the results and analysis





AMR surveillance: a priority for action in 2020

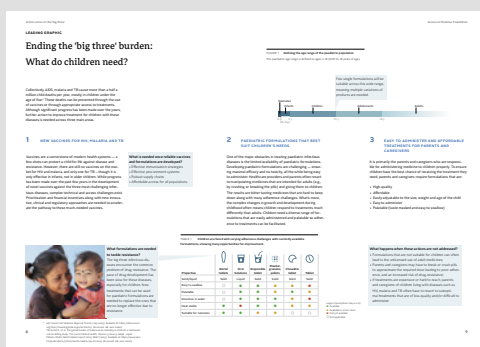
in Q4. In the last weeks of 2020, the Foundation briefed access- and government experts on the Index results to inform priorities and policy making. Preparations for the launch of the 2021 Index were laid in the run-up to the end of the year. The Index once again ranks 20 of the world's largest research-based pharmaceutical companies based on their efforts to address access to medicine in 106 low- and middle-income countries.

### MAXIMISING IMPACT THROUGH COORDINATED ACTION

Through 2020, the Foundation engaged with companies, investors and policy-makers on priority topics, coordinating the timing and content to ensure the same action points were continually emphasised. One such topic was the sharing of surveillance data with the Wellcome Trust's AMR Register. By sharing raw data about resistance, pharmaceutical companies can support global efforts to track new superbugs. The Foundation's engagement teams facilitated discussions between companies and different stakeholders, while making the case for data-sharing, supported by Benchmark findings. Progress in this area includes the Surveillance Partnership to Improve Data for Action on Antimicrobial Resistance launched by Pfizer and the Wellcome Trust and the expanded functionality of MSD's website for its global Study for Monitoring Antimicrobial Resistance Trends.

In a year of rapidly evolving global health priorities, we worked with policy-makers on diverse topics, with several main themes emerging: equitable access to COVID-19 tools, supply chain security and access and stewardship planning. The Foundation also worked pro-actively to advance discussions on best practices, including with the WHO, Unitaids, NGOs, civil society organisations, and philanthropic organisations. It engaged G7 governments, as well as governments with an outsized impact on global health, such as India, the Netherlands, Norway, Sweden and Switzerland. The Foundation has helped shape multiple norm-setting, accountability and incentivisation initiatives. For example, the Foundation participated in consultations on the UK's pilot programme on antibiotic procurement, leading to the use of the Benchmark methodology and findings to inform the development of procurement criteria. The Foundation contributed to the UNDP's Sustainable Procurement Index for Health; the Pharmaceutical Supply Chain Initiative's (PSCI) strategic review; and the Paediatric HIV & TB: Rome Action Plan.

A proven route for the Foundation to stimulate change is to interact with industry executives and share our research and insights directly within companies. In 2020, this prompted many companies to directly apply the Index research and framework. For example, several companies applied expert comment from the Foundation to refresh their materiality assessments and to review the robustness and ambition level of the access targets included in new sustainability-linked bonds and credit facilities. The Executive Director has also held high-level discussions with executive and board-level leaders from pharma companies evaluated in its research programmes. Such direct engagements send a strong signal across the company that addressing access or AMR is a priority for all departments and employees.



The need for child-sized meds for HIV, malaria and TB is highlighted in a series of articles

## GAPS IN PAEDIATRIC MEDICINE ON THE AGENDA

Children in low- and middle-income countries remain on the frontline of three major infectious disease epidemics. AIDS, malaria and TB continue to account for over half a million preventable child deaths each year, despite major advances. One main reason is the lack of medicines that are suitable for children, as many medicines come in hard pills or bitter syrups that are difficult to swallow. To spur action where it is most needed, the Foundation published a series of articles in June titled ‘Ending the burden of HIV, malaria and TB in children’, which was developed with experts in paediatric medicine including from the TB Alliance, the Medicines Patent Pool, the World Health Organization, and the St. George's University Hospitals NHS Trust Fund.

The series takes a birds-eye view of pharmaceutical industry engagement with this issue. It maps product gaps for children with current paediatric pipelines and highlights the challenges that threaten progress. The analysis is supported by case studies of actions by companies and organisations working to end the epidemics. Coverage of the articles in global media, such as in CNBC Africa, The Hindu and FT Health, highlighted the disruptive impact of the pandemic on efforts to end the HIV, malaria and TB epidemics.

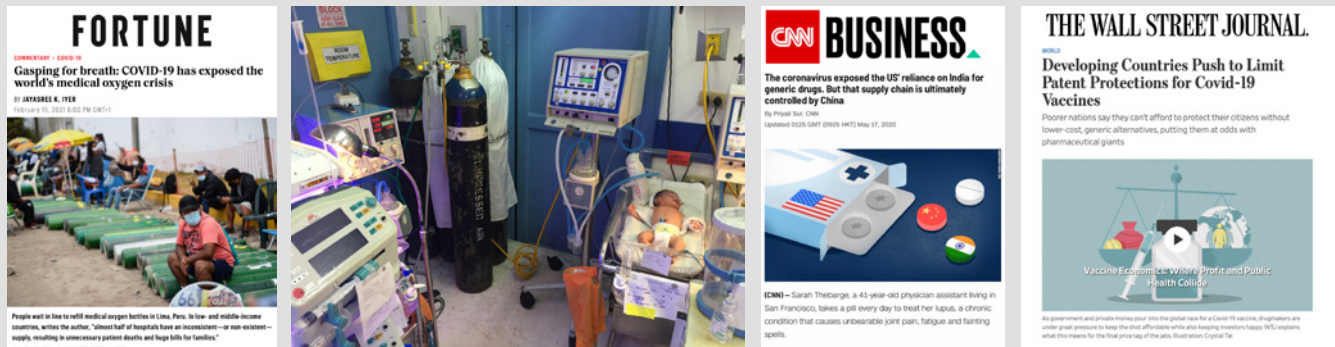
The Foundation will continue to use the specific recommendations tabled in this publication to advance activities in the area of paediatric medicine. The Foundation is also building on the issues raised using updated data from the 2021 Access to Medicine Index to assess current levels of paediatric R&D.



*“While COVID19 is dominating health systems globally, many children are still on the frontlines of the ‘big three’ infectious diseases — HIV, malaria and TB — all of which still require urgent vaccine development to save lives. The Access to Medicine Foundation provides important research and analysis on key paediatric access and drug resistance issues and incentivises companies to take action.”*



**Mette Gonggrijp**  
Former Ambassador for Women's Rights and Gender Equality  
Dutch Ministry of Foreign Affairs



Foundation joined early calls for a fair and equitable pandemic response

## THE GLOBAL PANDEMIC RESPONSE

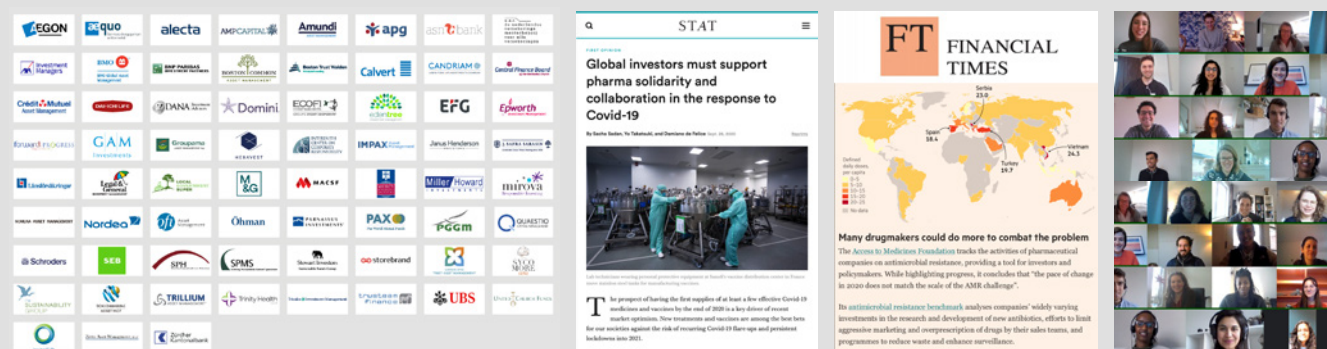
The COVID-19 pandemic has destabilised advances made in global health, and thrown into sharp relief the barriers people face when seeking access to medicine. For the Foundation, it gave new urgency to our mission to stimulate and guide pharmaceutical companies to do more to reach vulnerable people in low- and middle-income countries (LMICs).

In March, the Foundation joined early calls advocating for a fair and equitable global response to the pandemic, issuing a public statement urging companies to look beyond their role in R&D, and outlining specific activities that all companies could consider, including expanding production capacity via repurposing manufacturing facilities, or via voluntary licensing agreements with local and regional manufacturers. To enable a detailed analysis of the industry's pandemic response, the next Access to Medicine Index will be published in January 2021.

Through the year, the Foundation continued to track and stimulate good practice in this area through its engagements with companies, investors and policy-makers. For example: pharma companies approached the Foundation for insights into best practices addressing access during the pandemic; the Foundation supported investors engaging industry executives on access to COVID-19 health technologies; organisations working on product development and deployment sought insight into companies' performances in access planning; and other organisations, working on health system readiness, engaged on methods for increasing access to potential COVID-19 products. This included discussions with the Africa Centres for Disease Control and Prevention, the Center for Epidemic Preparedness Innovations, Gavi the Vaccine Alliance, the African Union Development Agency - New Partnership for Africa's Development (AUDA-NEPAD), and the World Health Organization.

As vaccine nationalism surged, the Foundation used invitations to speak on public platforms to stress the need for equitable vaccine distribution, for example at the World Economic Forum's Health and Healthcare Industry Action Group. Another common theme was the need for companies to develop access plans in advance of market launch, and for new tools and technologies to be developed to protect global health security, brought forward by AUDA-NEPAD and at the World Health Summit. Global media reached out frequently for our assessment of the industry's pandemic response, including from Al Jazeera, Bloomberg, CNBC Africa and the Wall Street Journal.

In September 2020, the Access to Medicine Foundation applied its change-making model to the global gap in access to medical oxygen, which has widened during the pandemic. One in five COVID-19 patients need access to oxygen in vast quantities. Partnering with the Every Breath Counts Coalition, the Foundation co-hosted a first-of-a-kind series of virtual roundtables with industry, investors and global health agencies to bring stakeholders together with the companies in control of the supply. Large medical gas companies have since made commitments to address the situation, including on cost and supply to countries in Sub-Saharan Africa.



The Index is now among 5 biggest responsible investor initiatives

## INVESTORS

The Foundation continued to build momentum among investors, supporting their bilateral engagements with companies on access and AMR issues and the integration of access-related indicators within their proprietary sustainability frameworks. Through the Foundation's investor-led Collaborative Engagement on Access to Medicine and SDG 3, investors collectively encouraged publicly-listed companies ranked in the Index to implement the opportunities set out in their 2018 Report Cards. In a challenge to traditional assumptions about investors' priorities, the Foundation facilitated joint calls for an equitable response by pharma to COVID-19: in a STAT commentary with LGIM and AXA Investment Managers, and in an investor statement co-signed by a group of 50+ investors led by Achmea.

In 2020, the number of investors to have signed the Access to Medicine Index Investor Statement increased to 113, with assets under management reaching more than USD 17 trillion. This milestone makes the Access to Medicine Index Investor Statement one of the five biggest responsible investor initiatives in the world. New signatories included leading global investors such as Legal & General Investment Management, one of the world's 10 largest global asset managers. The Index ranking is now embedded in the Interfaith Center on Corporate Responsibility's Shareholder Exchange – an online platform used by its 300+ membership of global faith and value-based institutional investors.

## ORGANISATIONAL DEVELOPMENT

At the end of the year, the Foundation staff was 28-people strong, together representing 17 nationalities. In 2020, staff were required to work from home for most of the year to safeguard their health and ensure strict compliance with the Dutch COVID-19 restrictions. The Foundation was able to swiftly enable a fully remote working environment for staff, facilitated by our existing cloud-based data-storage systems and project-management and collaboration platforms. This included further strengthening digital collaboration and internal communication tools and information security protocols.

## FINANCIALS

The Foundation ended 2020 with a positive net result of EUR 87,211. The equity position of the Foundation at the end of the year is EUR 361,375 (positive equity). The Foundation's income in 2020 was EUR 2.1 million. Total expenses were EUR 2 million. In order to ensure the strongest impact of the Foundation's work related to COVID-19, some activities planned for 2020 will take place in 2021, including the publication of the Access to Medicine Index report and engagement activities with companies and stakeholders. This is why some expenses were lower than budgeted and part of the income has been deferred to 2021. Travel was also limited because of the pandemic.



**CONTINUITY**

In 2020, the Foundation signed two new grant agreements: with AXA Investment Managers and the Wellcome Trust, respectively. During the year, the Foundation received grant instalments from the UK Department for International Development (now the UK Foreign, Commonwealth and Development Office), the Bill & Melinda Gates Foundation, the Dutch Ministry of Foreign Affairs, the Dutch Ministry of Health, Welfare and Sport and AXA Investment Managers. In 2021, these funders and the Wellcome Trust will continue to support the Foundation. The Foundation is also pursuing additional funding streams to ensure that the level of funding in 2021 and beyond can meet the Foundation's goals and mandate.

**OUTLOOK**

The COVID-19 pandemic has underscored how the global health ecosystem relies on pharmaceutical companies for innovation and access to priority products, as well as on generic medicine manufacturers and global suppliers of key products such as medical oxygen, diagnostics and medical devices. In 2021, supporting equitable access to COVID-19 products, as well as to essential medicines, will remain key, alongside the urgent need to stimulate industry action for vulnerable populations. Research milestones in 2021 are the 2021 Access to Medicine Index and two reports from the 2021 AMR Benchmark, including on the small- and medium-sized enterprises driving antibiotic R&D. The Foundation will develop its 5-year strategy for 2022-2026, engaging with global health donors to develop and fund it. The strategy will be informed by the post-pandemic global health situation, as well as by an independent evaluation of our activities to stimulate pharma companies to improve access to medicine.

Amsterdam, 29 March, 2021

Stichting Access to Medicine Foundation  
The Executive Board



Jayasree K. Iyer  
Executive Director



## Financial Statements

# Balance Sheet as at December 31, 2020

(after appropriation of result)

		31 December 2020		31 December 2019	
		EUR	EUR	EUR	EUR
<b>ASSETS</b>	<b>Non-current assets</b>				
	Property, plant and equipment		12,158		19,072
	Financial fixed assets		22,436		22,436
	<b>Current assets</b>				
	Receivables, prepayments and accrued income		108,145		80,404
	Cash and cash equivalents		1,738,476		1,236,864
			<b>1,881,215</b>		<b>1,358,776</b>
<b>EQUITY AND LIABILITIES</b>	<b>Equity</b>				
	General reserve		361,375		274,164
	<b>Current liabilities</b>				
	Accounts payables	76,686		67,827	
	Taxes and social security contributions	51,561		54,564	
	Deferred income	1,196,419		650,000	
	Other debts and accruals	195,174		312,221	
			1,519,840		1,084,612
			<b>1,881,215</b>		<b>1,358,776</b>



# Statement of Income and Expenses

for the year ended December 31, 2020

		Results 2020	Budget 2020	Results 2019
		EUR	EUR	EUR
<b>INCOME</b>	Grants and subsidies	2,102,500	2,700,148	2,468,480
	Financial income	0	-	115
	Exchange difference	16,373	-	(8,642)
	<b>Total income</b>	<b>2,118,873</b>	<b>2,700,148</b>	<b>2,459,953</b>
<b>EXPENSES</b>	Salaries and wages	1,415,822	1,633,978	1,533,579
	Social security and pension contributions	281,907	329,436	287,520
	Other personnel expenses	45,887	90,059	76,164
	Depreciation of plant, property and equipment	10,874	16,068	13,538
	Book loss disposals	0	-	676
	Travel expenses	23,192	129,780	80,035
	Financial expenses	2,404	1,236	1,060
	Housing expenses	96,883	113,661	102,932
	Consultants and similar expenses	102,831	233,074	217,241
	Supplies and similar expenses	51,862	71,271	59,425
	<b>Total expenses</b>	<b>2,031,662</b>	<b>2,618,563</b>	<b>2,372,170</b>
	<b>Net result</b>	<b>87,211</b>	<b>81,585</b>	<b>87,783</b>
	<b>Distribution of net result</b>			
	Addition to general reserve	87,211	81,585	87,783

# Notes to the Financial Statements

## 1. GENERAL INFORMATION

### 1.1 Activities

Stichting Access to Medicine Foundation (the 'Foundation'), with a statutory seat in Haarlem, the Netherlands, is a foundation ('stichting') incorporated according to Dutch law. The Foundation's registered office is Naritaweg 227-A, 1043 CB Amsterdam. The Foundation is registered with the Chamber of Commerce under number 34185938.

The Access to Medicine Foundation is primarily involved in the promotion of access to health care (in the widest sense) and, in particular, to encourage the pharmaceutical industry to accept a larger role regarding access to medicine in low- and middle-income countries. To achieve this, the Foundation develops and publishes the Access to Medicine Index and the Antimicrobial Resistance Benchmark.

The Foundation was established on February 5, 2003 and its first accounting period ended on December 31, 2003. Thereafter, the Foundation has reported its figures on a calendar-year basis (12 months). The current reporting period covers the period from January 1 to December 31, 2020.

### 1.2 Going concern

The equity of the Foundation amounts to EUR 361,375 as at December 31, 2020.

The budget for the next year is covered by grant agreements with the UK Foreign, Commonwealth & Development Office, the Dutch Ministry of Foreign Affairs, the Bill & Melinda Gates Foundation, the Dutch Ministry of Health, Welfare and Sport, AXA Investment Managers and the Wellcome Trust.

The continuity of the Foundation depends to a significant extent on the willingness of funding organisations to continue or renew these financing facilities. The accounting principles applied to the valuation of assets and liabilities and the determination of results in these financial statements are based on the assumption of continuity of the Foundation.

### 1.3 Estimates

In applying the principles and policies for drawing up the financial statements, the management of the Foundation sometimes needs to make estimates and judgments that may be essential to the amounts disclosed in the financial statements. To provide the transparency required under Book 2, article 362, paragraph 1 of the Dutch Civil Code, the nature of these estimates and judgments, including related assumptions, is disclosed where necessary in the notes to the relevant financial statement item.

## 2 ACCOUNTING POLICIES FOR THE BALANCE SHEET

### 2.1 General information

The financial statements have been prepared in accordance with the Guideline for Annual Reporting 640 'Non-profit Institutions' of the Dutch Accounting Standards Board.

Assets and liabilities are generally valued at historical cost or at fair value at the time of acquisition. If no specific valuation principle has been stated, valuation is at historical cost. In the balance sheet, statement of income and expenses, references are made to the notes.

### 2.2 Prior-year comparison

The accounting policies have been consistently applied to all the years presented.

### 2.3 Foreign currencies

#### 2.3.1 *Functional currency*

The financial statements are presented in Euros (€), which is the functional and presentation currency of the Foundation.

#### 2.3.2 *Transactions, assets and liabilities*

Foreign currency transactions in the reporting period are translated into the functional currency using the exchange rates prevailing on the dates of the transactions.

Monetary assets and liabilities denominated in foreign currencies are translated into the functional currency at the rate of exchange prevailing on the balance sheet date (31 December 2020: 0.8994 GBP = 1 EUR; 31 December 2019: 0.8539 GBP = 1 EUR). Foreign exchange gains and losses resulting from the settlement of such transactions and from the translation at year-end exchange rates are recognised in the income statement.

Translation differences on non-monetary assets held at cost are recognised using the exchange rates prevailing on the dates of the transactions.

### 2.4 Property, plant and equipment

Property, plant and equipment are stated at historical cost plus expenditure that is directly attributable to the acquisition of the items, less straight-line depreciation over their estimated future useful lives. Allowance is made for any impairment losses expected on the balance sheet date.

### 2.5 Financial fixed assets

Financial fixed assets like deposits are valued at historical cost. Impairment losses are deducted from amortised cost and expensed in the income statement.

### 2.6 Receivables

Trade receivables are recognised initially at fair value and subsequently measured at amortised cost. If payment of the receivable is postponed under an extended payment deadline, fair value is measured on the basis of the discounted value of the expected revenues. Interest gains are recognised using the effective interest method. When a trade receivable is uncollectible, it is written off against the allowance account for trade receivables.

## **2.7 Cash and cash equivalents**

Cash and cash equivalents include cash in hand, bank balances and deposits held at call with maturities of less than 12 months. Bank overdrafts are shown within borrowings in current liabilities on the balance sheet. Cash and cash equivalents are valued at nominal value.

## **2.8 Current liabilities and deferred income**

Liabilities are initially recognised at fair value, net of transaction costs incurred. Liabilities are subsequently stated at amortised cost, being the amount received taking into account any premium or discount, less transaction costs. Any difference between the proceeds (net of transaction costs) and the redemption value is recognised as interest in the income statement over the period of the borrowings using the effective interest method. All donor payments received by the Access to Medicine Foundation for activities that have not been performed yet are presented as 'deferred income' under current liabilities.

# **3 ACCOUNTING POLICIES FOR THE INCOME STATEMENT**

## **3.1 General information**

The result is determined as the difference between total income and total expenses. Income and expenses are recognised in the income statement in the period that they are realised.

## **3.2 Grants and subsidies**

Grants and subsidies are recognised as income on a systematic basis in the same periods in which the expenses are recognised.

## **3.3 Financial income**

Interest income is recognised on a time-weighted basis, taking into account the effective interest rate of the assets concerned.

## **3.4 Exchange differences**

Exchange differences arising upon the settlement or conversion of monetary items are recognised in the income statement in the period that they arise.

## **3.5 Expenses**

Development costs for the Access to Medicine Index and the Antimicrobial Resistance Benchmark are recognised as expenses, since no future benefits are expected.

The Foundation is the owner of the intellectual property rights of the Access to Medicine Index and the Antimicrobial Resistance Benchmark. These rights are internally developed and on that basis not capitalised (in accordance with Dutch law).

## **3.6 Employee benefits**

Salaries, wages and social security contributions are reported on the income statement based on the terms of employment, where they are due to employees.

## **3.7 Depreciation**

Property, plant and equipment are depreciated over their estimated useful lives from the inception of their use. Future depreciation is adjusted if there is a change in estimated future useful life.

**3.8 Financial expenses**

Interest paid is recognised on a time-weighted basis, taking into account the effective interest rate of the liabilities concerned. When recognising interest paid, allowance is made for transaction costs on loans received as part of the calculation of effective interest.

**3.9 Taxes**

The Foundation is exempt from both income taxes and VAT. For services purchased outside of the EU yet consumed in the Netherlands, the reverse charge mechanism applies. The Foundation must then self-assess and pay VAT on these services.

**4 MANAGEMENT REMUNERATION**

During the reporting period, the Foundation paid EUR 158,124 as remuneration for the Executive Director (2019: EUR 155,853). Members of the Supervisory Board of the Foundation are not remunerated.

	Results 2020	Results 2019
	EUR	EUR
Gross wage salary (including vacation allowance)	140,948	138,561
Social charges	10,302	10,917
Pension charges	6,874	6,375
	<b>158,124</b>	<b>155,853</b>

Amsterdam, 29 March, 2021

Stichting Access to Medicine Foundation

**The Executive Board**

Jayasree K. Iyer  
Executive Director

**The Supervisory Board**

John Schaetzel  
Chairman

Wilfred Griekspoor  
Member of the Supervisory Board

Hans V. Hogerzeil  
Member of the Supervisory Board

Joelle Tanguy  
Member of the Supervisory Board

## INDEPENDENT AUDITOR'S REPORT

To: the Board of Stichting Access to Medicine Foundation

### ***Our opinion***

The summary of the audited financial statements 2020 of Stichting Access to Medicine Foundation based in Haarlem is derived from the audited financial statements 2020 of Stichting Access to Medicine Foundation.

In our opinion the accompanying summary of the audited financial statements are consistent, in all material respects, with the audited financial statements 2020, on the basis described in the notes and in accordance with the accounting policies and other explanatory information that are adopted in the audited financial statements of Stichting Access to Medicine Foundation for the year ended 31 December 2020. The summary financial statement is in accordance with the Guideline for annual reporting 640 "Not-for-profit organisations" of the Dutch Accounting Standards Board.

### ***Summary of the audited financial statements***

The accompanying summary financial statements do not contain all the disclosures required by the Guideline for annual reporting 640 "Not-for-profit organisations" of the Dutch Accounting Standards Board. Reading the summary of the audited financial statements and our report thereon, therefore, is not a substitute for reading the audited financial statements of Stichting Access to Medicine Foundation and our auditor's report thereon. The summary of the audited financial statements and the audited financial statements do not reflect the effects of events that occurred subsequent to the date of our auditor's report on those financial statements of 29 March, 2021.

### ***Responsibilities of management and the supervisory board for the summary financial statements***

Management is responsible for the preparation of the summary of the audited financial statements on the basis as described in the notes of the related explanatory notes.

The supervisory board is responsible for overseeing the company's financial reporting process.

### ***Our responsibilities***

Our responsibility is to express an opinion on whether the summary of the audited financial statements are consistent, in all material respects, with the audited financial statements based on our procedures, which we conducted in accordance with Dutch law, including the Dutch Standard 810 'Opdrachten om te rapporteren betreffende samengevatte financiële overzichten' (Engagements to report on summary financial statements).

### ***Report on other legal and regulatory requirements***

Pursuant to the Guideline for annual reporting 640 "Not-for-profit organisations" of the Dutch Accounting Standards Board, we report, to the extent of our competence, that the executive board report (as set out on pages 5 until 14) is consistent with the financial statements as required by the Guideline for annual reporting 640 "Not-for-profit organisations" of the Dutch Accounting Standards Board.

Heemstede, 29 March, 2021

JPA Van Noort Gassler & Co B.V.

Original signed by  
R. van Dijck MSc RA  
Chartered public accountant



# Our organisation on 31 December 2020

## SUPERVISORY BOARD



**John Schaetzel**  
*Chair of the  
Supervisory Board*



**Wilfred Griekspoor**  
*Member of the  
Supervisory Board*



**Hans Hogerzeil**  
*Member of the  
Supervisory Board*



**Joelle Tanguy**  
*Member of the  
Supervisory Board*

## EXECUTIVE DIRECTOR



**Jayasree K. Iyer**  
*Executive Director*

## MANAGEMENT TEAM



**Damiano de Felice**  
*Director of Strategy*



**Suzanne Wolf**  
*Director of  
Communications*

## FOUNDATION

There are 28 people working at the Access to Medicine Foundation, dedicated to stimulating and guiding pharmaceutical companies to do more for people living in low- and middle-income countries without access to medicine. They work across diverse research, engagement, strategy, communications and support teams.



### **Disclaimer**

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