RANK	SCORE
18	1.66
19 (2024)	

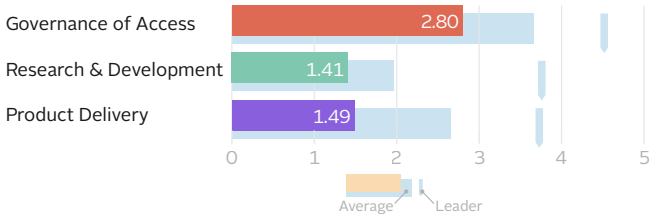
Eli Lilly and Company

Stock exchange: NYSE • Ticker: LLY • HQ: Indianapolis, United States • Employees: 50,009

PERFORMANCE IN THE 2026 INDEX

18th place. Eli Lilly and Company is among the lowest-performing companies overall. It demonstrates strengths in ethics and compliance controls and supports local insulin manufacturing capacity through a technology transfer (TT) partnership. Although it has a relatively large pipeline addressing non-communicable diseases (NCDs), evidence of access planning is limited to a public commitment to register products in countries where trials are conducted, and evidence of access strategies for marketed products is limited.

How score was achieved



OPPORTUNITIES FOR ELI LILLY

Expand access to its innovative breast cancer treatment abemaciclib (Verzenio®). Lilly has an agreement to supply abemaciclib (Verzenio®) through product donations and health system strengthening initiatives in Kenya. However, it did not report access strategies for the product in other countries in scope. It can expand access to abemaciclib (Verzenio®) through equitable pricing strategies and/or through voluntary licensing to enable generic supply, as the product has been prioritised for voluntary licensing by public health organisations.

Expand access to newer diabetes treatments in lower-resource settings. Lilly has committed to expand access to its innovative medicines for diabetes in resource-limited settings, and previously engaged in technology transfer and local manufacturing with EVA Pharma in Egypt. Lilly can build on such initiatives by broadening the geographic reach of its analogue insulin strategies and expanding patient access across low- and middle-income countries (LMICs), while developing comprehensive access plans for newer treatments, including late-stage pipeline products such as retatrutide, in countries with high unmet need.

Expand its patient reach methodology beyond its 30x30 initiative. Lilly's current methodology is limited to its 30x30 initiative, with only metrics reported. The expanded approach could include a systematic, company-wide methodology across its portfolio and all countries where it supplies products. In 2025, it reported that the initiative exceeded its 2030 goal of reaching 30 million people. Building on that success, it could further strengthen reporting by publishing disaggregated patient reach numbers by product, therapeutic area, geography and/or country income level.

CHANGES SINCE THE 2024 INDEX

- Announced the acquisition of three vaccine developers focused on infectious disease prevention. The companies involved are LimmaTech, with a lead programme targeting *S. aureus*; Vaccine Company, with an experimental vaccine for Epstein-Barr virus; and Curevo, which is developing a shingles vaccine.
- Launched its diabetes and obesity drug tirzepatide (Mounjaro®) in India in March 2025 and partnered with Cipla to support distribution and promotion of the medicine under a new brand in the country.
- Announced investments of USD 1bn and USD 3bn in manufacturing and supply in India and China, respectively.
- Committed USD 1.68mn to the World Health Organization (WHO) Foundation through 2029 in support of efforts to strengthen health systems for obesity care in resource-limited settings.
- Announced a USD 50mn collaboration with UNICEF USA to improve non-communicable disease prevention and care for children, reaching over 30mn young people and caregivers across 21 LMICs.
- In October 2025, announced a collaboration with the WHO Foundation to financially support the aims of WHO's global action plan on the public health response to dementia. This support aims to strengthen efforts on dementia risk reduction, early detection, diagnosis and care. The project has kicked off in Mexico, Brazil and The Gambia.
- Inaugurated a technology and innovation site in Hyderabad, India, in August 2025.
- Exceeded the Lilly 30x30 goal five years ahead of schedule, fulfilling the objective of providing improved access to healthcare for 30mn people in resource-limited settings annually by 2030.
- Launched the Lilly Change the Course Commitment in September 2026 to expand access to innovative medicines for diabetes and obesity in resource-limited settings, with a goal of reaching as many people in resource-limited settings, including LMICs, as in high-income countries by 2040.

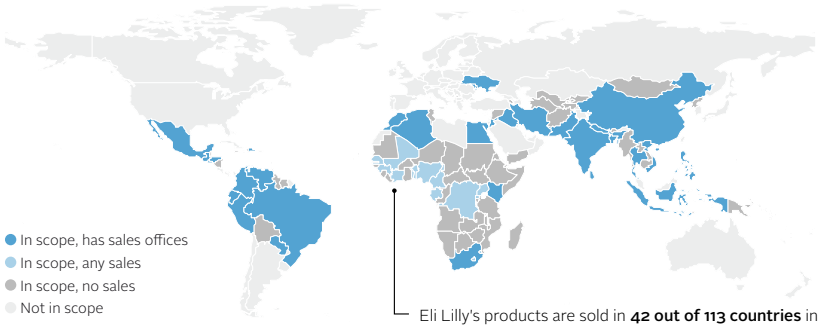
Eli Lilly and Company

SALES AND OPERATIONS

Therapeutic areas: Cardiometabolic health (diabetes and obesity), immunology, neuroscience, oncology
Product categories: Innovative medicines
M&A news: In 2024, Lilly acquired Morphic Holding for USD 3.2 bn and divested its Life Sciences Studio lab to Arctoris for an undisclosed amount. In 2025, the company made 5 acquisitions totalling up to USD 5.1bn. In 2026, Lilly made 10 acquisitions amounting to up to USD 25bn.

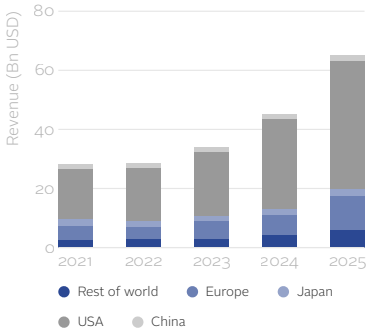
Revenue by segment (2025) – in USD	
Human pharmaceutical products	65.18 bn
Total	65.18 bn

Sales in countries in scope



Eli Lilly's products are sold in **42 out of 113 countries** in scope of the Index. Eli Lilly has sales offices in 28 countries and sells via suppliers in 14 countries.

Sales by geographic region

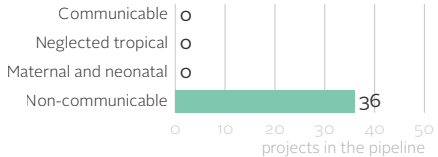


SAMPLE OF PIPELINE AND PORTFOLIO ASSESSED BY THE INDEX

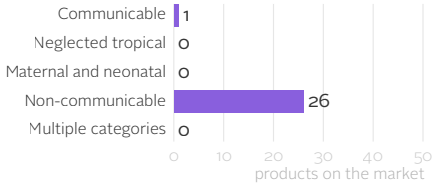
PIPELINE *for diseases in scope*
Lilly has 36 R&D projects in scope, none of which target priority diseases.* All 36 projects target other diseases in scope, including cancer (12), diabetes mellitus (11) and cardiovascular diseases (9). Of its 36 R&D projects, 20 are in late-stage development, with evidence of access planning for 65% (13/20) of these.

PORTFOLIO *as selected for analysis by the Index*
Lilly has 27 medicines in scope, 10 of which are listed on the WHO EML. Most of the company's medicines are on patent (19). Its medicines mostly target NCDs, such as diabetes (14) and cancer (6). It has 1 medicine that treats communicable diseases, indicated for coronaviral diseases.

36 projects in the pipeline



27 products in the portfolio



Breakdown of projects

	Discovery	Pre-clinical	Phase I	Phase II	Phase III	Phase IV	Approval	Other	Total
Targets established R&D priorities	0	0	0	0	0	0	0	0	0
with access plan				0	0	0	0		0
Other projects in scope			16	8	8	0	4	0	36
with access plan				2	8	0	3		13

Breakdown of products

	WHO EML	Non-EML	WHO EDL	Other	Total
Medicines *on patent*	5	14			19
off patent	5	3			8
Vaccines	0	0			0
Contraceptives	0	0			0
Diagnostics			0		0
Other				0	0

*After the period of analysis, Lilly completed the acquisition of LimmaTech Biologics, a clinical stage biopharmaceutical company active in priority R&D.

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GOVERNANCE OF ACCESS

RANK 17 SCORE 2.80

17th place. Lilly is among the lowest-performing companies in Governance of Access. It has board-level accountability and robust anti-corruption and compliance controls, but it does not disclose access-specific incentives for regional or in-country managers. It shows moderate performance in responsible sales practices and in measuring and reporting patient reach. It has an approach for its 30x30 initiative but does not disclose a systematic company-wide methodology. Patient reach is reported annually, but only at an aggregated level.

Has clear board-level accountability for access to medicine via its Directors and Corporate Governance Committee. This committee oversees access-related strategies and reviews related matters at least annually. Lilly includes sustainability-related expectations in executive performance assessments influencing incentives for senior executives but does not disclose access-specific incentives for regional or in-country managers. It provides training, awareness-raising or guidance to employees on the access-to-medicine strategy and activities at least annually.

Shows a moderate commitment to responsible sales and promotional practices. Lilly sets sales targets at an individual, team, or national level, depending on available data and desired outcomes. Incentives are not solely based on sales volume but also include competencies. Evidence is provided of global policies that commit to ethical interactions with healthcare professionals. It reports that transfers of value (e.g., payments for attending events) are made at fair market value. It publicly discloses information on such payments in countries in scope if required by law or local regulation.

Has a robust set of controls to promote ethical conduct and mitigate risk to ensure that governance efforts are not undermined by non-compliant or corrupt activities. Lilly performs strongly in this respect. It has policies to mitigate non-compliance risks, including processes to ensure third-party compliance with company standards, fraud-specific risk assessments and region or country risk-based assessments. It has a code of business conduct guiding ethical employee decision-making and provides related training annually. No breaches in countries in scope were found during the analysis period.

Does not publicly share any support for the Doha Declaration on TRIPS and Public Health. It has a publicly available policy on intellectual property, but it does not align with principles embodied in the Declaration.

Performs moderately in its approach to measuring and reporting on patient reach. Lilly has an approach covering products in selected resource-limited countries through its 30x30 initiative; however, no systematic, company-wide methodology has been identified. For 30x30, it discloses the patient reach metric, but does not disclose other methodological elements, including the underlying equation, assumptions and limitations. It has set a measurable, time-bound goal; however, this combines product reach with capacity-building activities, so product-level reach progress cannot be demonstrated. Patient reach is reported annually as a global aggregate, without disaggregation by product or therapeutic area.

RESEARCH & DEVELOPMENT

RANK 13 SCORE 1.41

13th place. Lilly performs below average in R&D. It has no pipeline projects addressing any of the priority diseases in scope.* Its large-sized pipeline addressing other diseases has access plans for most late-stage projects, but these are limited to a public commitment to register in countries where clinical trials are conducted, with narrow geographic scope. It does not disclose disaggregated R&D investment data.

Does not have any pipeline projects addressing priority diseases in scope.*

Large-sized pipeline addressing other diseases in scope, compared to peers, consisting of 36 projects, with access plans identified for 65% (13/20) of its late-stage R&D projects. These projects target diseases not currently identified as priorities by global health stakeholders. Access plans are limited to a public commitment to register in countries where clinical trials are conducted, with limited geographic scope. Beyond this, no specific access planning measures were identified.

Does not publicly disclose R&D investment data disaggregated by disease category, product type or phase of development. Furthermore, Lilly does not disclose disaggregated R&D investment data to global health organisations.**

No evidence of R&D capacity-building initiatives that meet inclusion criteria.

*After the period of analysis, Lilly completed the acquisition of LimmaTech Biologics, a clinical stage biopharmaceutical company active in priority R&D.

**Lilly currently has no pipeline candidates within the disease scope of Impact Global Health, an organisation that assesses disaggregated R&D data.

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PRODUCT DELIVERY RANK 18 SCORE 1.49

18th place. Lilly is among the lowest-performing companies in Product Delivery. It registers newer products in fewer countries than peers on average. Evidence of access strategies is limited for its self-administered products, with no outcome reporting identified and no evidence of access strategies for its healthcare practitioner (HCP)-administered product. Capacity building performance is limited; however, it supports local insulin manufacturing capacity through a TT partnership.

Registers newer products* in fewer countries (2) than its peers on average. Lilly's products are also, on average, registered in fewer countries with the highest burden of disease (1) compared to peers. None of the products assessed are registered in low-income countries (LICs). Abemaciclib (Verzenio®), indicated for breast cancer, is its most widely registered product, totalling 25 countries in scope. It did not report participating in any mechanisms to facilitate registration.

Not eligible for assessment of supranational access strategies because none of its products in scope are supranationally procured.

No evidence of access strategies for its HCP-administered product. Lilly has not disclosed, either publicly or to the Index, access strategies for its cancer product, ramucirumab (Cyramza®), which is assessed by the Index in this category.

Access strategies for some self-administered products, but no evidence on outcomes. Lilly has not reported to the Index access strategies for any of the 5 products assessed under this category. Of the 5 products, 4 are indicated for diabetes mellitus treatment, including 2 insulins. It has agreements to supply its API for insulin to EVA Pharma in Africa. Tirzepatide (Mounjaro™) is available in South Africa (UMIC) via Aspen Pharmacare, a distribution and promotion partner, and in India (LMIC), where a second brand has also been launched by the generic company Cipla. The 5th product is the cancer treatment abemaciclib (Verzenio®), for which Lilly has an agreement with MaxAid, a subsidiary organisation of the Max Foundation, to provide access in Kenya (LMIC). No data on the strategies' outcomes is reported.

Publicly commits not to file for or enforce patents on any products in all LDCs in scope.

Publicly discloses product patent status for countries in scope. Lilly publicly discloses patent information for small molecules in scope via the Pat-INFORMED database, including information such as filing date, grant number, grant date and jurisdiction.

Does not engage in non-exclusive voluntary licensing for products in scope.

1 of the 2 manufacturing capacity-building initiatives included for analysis meets all Good Practice Standards (GPS). Lilly has been supporting EVA Pharma in Egypt since 2022 with the formulation, fill and finish, and packaging of human and analogue insulin. As part of this partnership, Lilly will deliver the API at a reduced cost.

1 of the 3 supply chain capacity-building initiatives included for analysis meets all GPS. Through its Cold Chain Initiative, Lilly has partnered with Direct Relief to build cold-chain capacity in LMICs. In 2025, it funded 177 insulin refrigeration units across 81 Life for a Child partner facilities in 13 countries.

3 of the 5 health system strengthening initiatives included for analysis meet all GPS. For example, Lilly supports Global Focus on Cancer, which partners with C/Can in Kenya and Mexico to address skill gaps in early detection of breast and cervical cancer by matching newly diagnosed patients with cancer survivors for guidance.

No evidence of new or existing IP-sharing agreements that meet the inclusion criteria.

Fulfils none of the 3 mechanisms to ensure continuous supply in LMICs but is involved in local manufacturing at its own site in a country in scope and demonstrates involvement in a TT. Through its TT with Egyptian manufacturer EVA Pharma, Lilly is supporting the supply of analogue insulin to 56 LMICs.

Has a policy for reporting substandard and falsified medicines in countries in scope. Lilly reports cases to national or local regulatory authorities, but does not specify reporting timeframes. It reports that it follows locally mandated reporting requirements and timeframes. It does not provide evidence of shortened reporting timeframes for cases that only require visual inspection for confirmation.

No evidence of inclusive business models that meet all inclusion criteria.

*Products that received their first marketing authorisation within the last 5 years.