



# CREATING



# VALUE

2025 ACCESS TO MEDICINES UPDATE

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**MESSAGE FROM PRESIDENT & CEO**

# CREATING VALUE FOR PATIENTS, SOCIETY AND TAKEDA



**Dear stakeholders,**

As we reflect on the access landscape, I want to express my deep gratitude to our Takeda teams and partners around the world. Your dedication, resilience and creativity have brought life-transforming medicines and vaccines to patients and strengthened health systems in places where the need is often greatest. Our shared progress would not be possible without you.

Over the years our approach to Access to Medicines (AtM) has evolved from early, targeted initiatives into a deeply integrated, company-wide commitment aligned with our purpose: better health for people and a brighter future for the world. We embed access across the value chain, from early research through to development and commercialization, guided by our Patient-Trust-Reputation-Business decision-making framework. This connects access with the value we create for patients, society and our stakeholders.

Together with our partners, we have expanded affordability solutions, strengthened health systems and brought transformative innovations, like our dengue vaccine, to low- and middle-income countries (LMICs). Direct engagement with patients, policy makers and health care professionals continue to shape our understanding of the complex challenges these communities face.

Science and technology are advancing at remarkable speed, but the challenge is ensuring these breakthroughs reach the people who need them most. Fragile supply chains, increasing debt burdens in LMICs and mounting pressure on global health financing all threaten equitable access. Climate change is also fueling the spread of disease, with non-communicable diseases rising sharply in many under-resourced communities. These realities reinforce the importance of our AtM model, which combines local partnerships with global innovation to drive lasting impact where it's needed most.

This year's report focuses on how we create value through the lens of availability, accessibility and sustainability. It explores how we work with partners to drive tangible and sustainable outcomes across the LMICs we serve, by reducing the financial and systemic barriers that patients face in accessing innovative and life-transforming treatments.

I am proud of the progress our teams and partners have achieved during the nearly 12 years I have been with Takeda. When I step aside next June, I am confident in the path ahead under the leadership of Julie Kim, who was nominated by the Takeda Board of Directors to be our next president & CEO. Julie brings deep expertise from her experience across diverse health care markets and a steadfast commitment to patients, our people and our values.

I look forward to seeing the progress Takeda and our partners will continue to make in improving access for patients, their families and communities worldwide.

With my best regards,

**CHRISTOPHE WEBER**  
President and CEO, Takeda

OUR APPROACH TO ACCESS TO MEDICINES

# CREATING VALUE

**As an innovative biopharmaceutical company, we focus on developing life-transforming medicines and vaccines that are valued by patients and society. But these only create value when the people who need them can access them – regardless of where they live or their socio-economic status.**

Our Access to Medicines approach is designed to expand sustainable, equitable access, especially in low- and middle-income countries (LMICs) and regions with evolving health care systems. We know that when more people can access the care that they need, it improves health outcomes, strengthens systems, builds trust and reputation, and creates long-term value for patients, societies and our business.

Sustainable and equitable access goes beyond making medicines and vaccines available. It means ensuring they reach the people who need them, consistently, affordably and through resilient systems that can support their use.

We shape our approach to broadening access by listening to patients, partnering across diverse health systems and addressing local barriers to access. From expanding access to QDENGA<sup>1</sup>, our dengue vaccine, in endemic countries, to embedding access principles into early-stage development across our therapeutic focus areas – from gastrointestinal and inflammation, rare diseases and plasma-derived

therapies to oncology, neuroscience and vaccines – our efforts are grounded in our enduring values: Integrity, Fairness, Honesty and Perseverance. They are guided by our Patient-Trust-Reputation-Business decision-making framework.

Our focus remains consistent: collaborate to address barriers to access that exist within health care systems, bridge patient affordability gaps and continue our integrated business approach to expanding access. This report demonstrates our progress through the lens of availability, accessibility and sustainability, providing examples from around the world of where our Access to Medicines initiatives are creating lasting value for patients, societies and our business.

**WHY EXPANDING ACCESS TO MEDICINES AND VACCINES IN LMICS MATTERS**

LMICs are home to more than 80% of the global population<sup>2</sup> and while many are experiencing economic growth and a rising middle class, health financing systems often lag behind, leaving millions exposed to high out-of-pocket health care costs and limited public coverage. Addressing these challenges requires an integrated, sustainable approach to access, that strengthens health systems, and brings together governments, civil society and the private sector to co-create lasting solutions.

**Annual per capita health care spend<sup>3</sup>:**

**\$8,000**

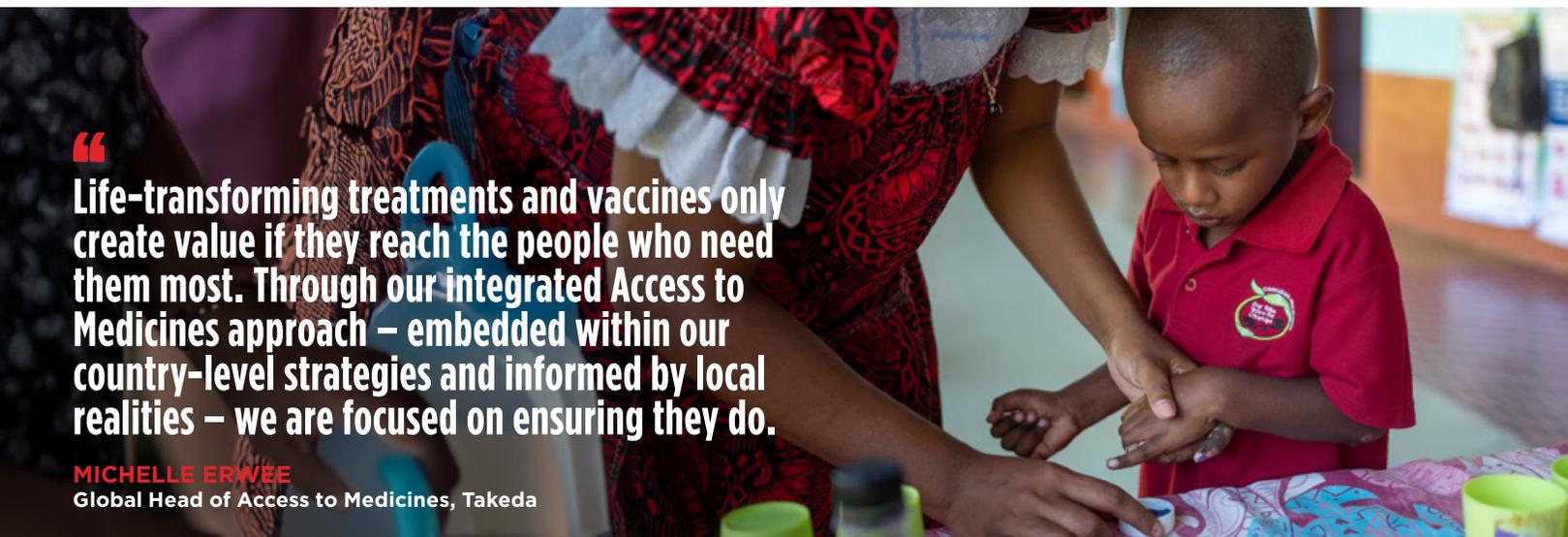
High-income countries

**\$58**

Lower-middle-income countries

**\$10**

Low-income countries



**“ Life-transforming treatments and vaccines only create value if they reach the people who need them most. Through our integrated Access to Medicines approach – embedded within our country-level strategies and informed by local realities – we are focused on ensuring they do. ”**

**MICHELLE ERWEE**  
Global Head of Access to Medicines, Takeda

1 QDENGA<sup>®</sup> is for dengue disease – local indications may vary.  
2 World Bank classification (2024). Data combines low- and middle-income countries. [Available here](#).  
3 World Bank, Government health spending trends through 2023 and OECD health spending per capita, as published in [Annual Integrated Report 2025](#).

## OUR APPROACH CONTINUED

In this year's Access to Medicines Update, we share the progress we've made in expanding equitable access to medicines and vaccines across LMICs through the lenses of availability, accessibility and sustainability.

Through stories and interviews with our partners, we explore how collaboration is strengthening health care systems – so that every patient, regardless of circumstance, can receive the treatments and care they need, now and in the future.

### AVAILABILITY

Working with stakeholders across health care ecosystems to ensure that vital medicines and vaccines are available when and where they're needed the most. This includes accelerating registration, enabling timely market entry and ensuring reliable supply.

→ Learn more **page 08**

### ACCESSIBILITY

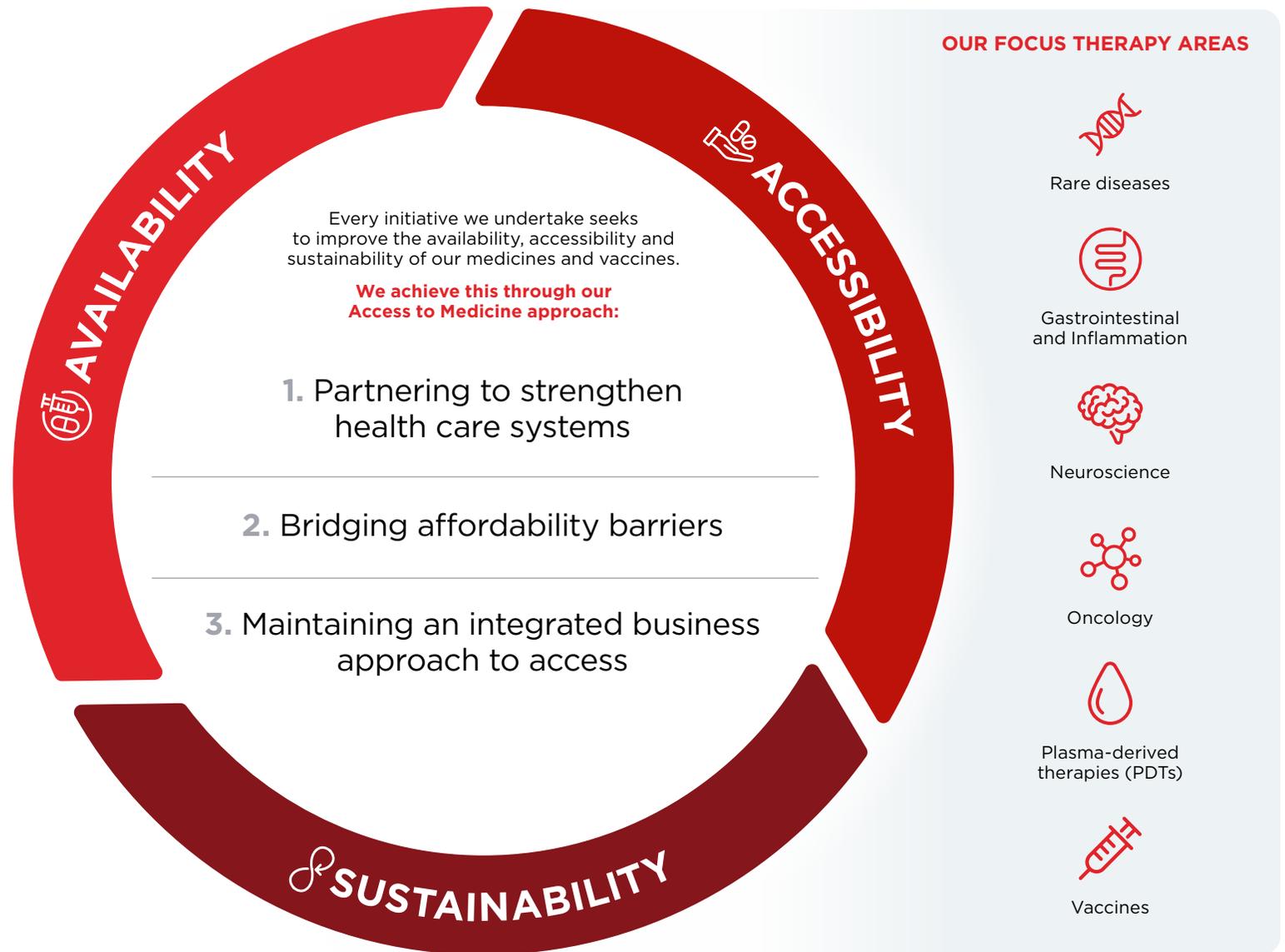
Addressing financial and systemic barriers that prevent patients from receiving treatment – through tiered and value-based pricing, patient assistance programs and partnerships that address barriers to access across the patient journey.

→ Learn more **page 16**

### SUSTAINABILITY

Embedding access in our business model and partnering to drive long-term growth, strengthen health systems and deliver shared value for patients, societies and our business.

→ Learn more **page 25**



OUR APPROACH CONTINUED

# DELIVERING MEANINGFUL OUTCOMES

Over the past year, our Access to Medicines approach has continued to deliver meaningful, measurable outcomes by focusing where the need is greatest and working with partners to build long-term solutions – creating value for patients and health care systems and our business.



## HEALTH SYSTEMS STRENGTHENING (HSS)

Takeda's HSS initiatives aim to build the capacity of health systems to deliver care effectively and sustainably. These programs are aligned to local priorities, collaborative and designed to address barriers to access across the patient journey.

94

countries have benefited from our combined HSS initiatives since 2016.<sup>1</sup>

## AFFORDABILITY-BASED PATIENT ASSISTANCE PROGRAMS (PAPs)

Takeda's affordability-based PAPs are designed to help patients who face financial barriers to access our innovative, life-transforming treatments. In LMICs, out-of-pocket costs account for an average of 36% – reaching over 75% in some countries – of current health expenditure<sup>2</sup>, making access to medicines financially unattainable for many. Takeda's PAPs assess individual financial circumstances to determine tailored support, ensuring eligible patients can complete the full course of treatment prescribed by their physicians, regardless of their ability to pay.

27

active PAPs across 14 countries<sup>3</sup>

9,193

total patients supported since inception<sup>4</sup>

17%

increase in the number of newly enrolled patients in Takeda's PAPs, between FY23 and FY24<sup>5</sup>

45%

of patients reached, on average, rely on PAPs to access treatments they otherwise could not afford<sup>6</sup>

## MARKET AUTHORIZATION

Our efforts to ensure equitable access for patients are fully integrated into every aspect of our business. Before patients can benefit from our innovative medicines, these products must first be approved for use in each market.

Over the past year<sup>7</sup>, we have secured market authorization for new and existing medicines – through new approvals, line extensions and expanded indications – across five of our therapy areas. This progress broadens the availability of our treatments in areas of high unmet need.

Number of LMICs where we have received market authorization for at least one product, by therapy area:

15

Oncology

6

Rare diseases

2

Vaccines

7

Plasma-derived therapies (PDTs)

1

Gastrointestinal and Inflammation

1 Takeda proprietary data.

2 Out-of-pocket expenditure as percentage of current health expenditure (CHE), 2022, Lower-middle-income, low-income and upper-middle-income countries, World Health Organization. [Available here.](#)

3 Takeda proprietary data, as of FY25 Q2.

4 Takeda proprietary data since inception, as of FY25 Q2.

5 Based on Takeda's FY23 and FY24 internal data, as published in Annual Integrated Report 2025.

6 This only applies to products with affordability-based PAPs implemented in LMICs and countries with evolving healthcare systems, based on FY23 Takeda proprietary data.

7 This includes FY24 Q3 to FY25 Q2.

OUR APPROACH CONTINUED

# DISTRIBUTING QDENGAR<sup>®</sup>

Coordinated efforts have enabled timely access to dengue protection in high-burden regions, with QDENGAR<sup>®</sup> already distributed to multiple LMICs through PAHO and other procurement mechanisms. World Health Organisation (WHO) prequalification in May 2024<sup>8</sup> marked an important milestone in expanding future access to the vaccine. Local registration is currently pending in several additional markets.



 ~18M

doses distributed globally as of end of September 2025<sup>9</sup>

 ~95%

(~17.3 million) of those doses have been distributed to LMICs<sup>10</sup>



### QDENGAR<sup>®</sup> DISTRIBUTION

This map shows LMICs where QDENGAR<sup>®</sup> has been registered and distributed, either following registration or through multilateral procurement agencies.

- Distributed
- Registered but not yet distributed

8 World Health Organization (WHO), News release: WHO prequalified new dengue vaccine, May 2024. Available here.

9 Takeda proprietary data.

10 Takeda proprietary data.

# AVAILABILITY

Making medicines available means collaborating with partners to enable timely access to health authority-approved treatments and delivering them reliably through adaptable supply chains, proactive planning and agile manufacturing approaches. It requires partnership, and anticipating and overcoming operational and logistical barriers so that medicines reach patients in even the most resource-constrained settings.



## FOR PATIENTS

Reliable, timely access to treatments that meet patients' unmet needs - where and when they're needed most.



## FOR SOCIETY

Stronger local health care systems through agile supply chains, rapid response to local needs and empowered local partnerships.



## FOR BUSINESS

Resilient operations that anticipate demand, support growth and uphold our commitments.

## AVAILABILITY IN ACTION

# PLANNING FOR PATIENT ACCESS THROUGH SUSTAINABLE SUPPLY OF PLASMA AND PLASMA-DERIVED THERAPIES



“  
**These are life-transforming therapies that allow people living with these conditions to spend more time doing the activities they enjoy with the people they love.**

**GILES PLATFORD**  
President of Plasma-Derived Therapies, Takeda

**Plasma-derived therapies (PDTs) are a lifeline for millions of people living with rare and complex conditions such as primary and secondary immune deficiencies, bleeding disorders and neurological diseases. For many patients, these therapies may be the only suitable management option.**

The unmet patient need for immunoglobulins, a category of PDTs, continues to increase<sup>1</sup>, due to better diagnoses, improved standards of care and expanded access through new indications and broader geographical reach. Meeting this unmet patient need is contingent upon ensuring a sufficient and sustainable global supply of high-quality plasma from healthy human donors. The plasma is then extensively tested and processed through a complex and costly manufacturing process, including rigorous procedures, that can take up to a year before the final therapy is delivered to the patient.

The World Health Organization (WHO) recently highlighted the challenges this poses for developing countries. According to its 2021 guidance on increasing supplies of PDTs in LMICs,“(in these countries), millions of liters of recovered plasma are discarded as waste because the technology, infrastructure and regulatory oversight to ensure its quality for fractionation are lacking.”<sup>2</sup>

Establishing plasma centers and the infrastructure capable of delivering sustained quality supply is complex. Today, over two-thirds of the world’s fractionated plasma comes from developed markets.<sup>3</sup> Meanwhile, Latin America, the Middle East and Africa together account for less than 1% of global supply.<sup>4</sup> This imbalance leaves LMICs and countries with developing health care systems vulnerable when demand surges or supply chains falter.

- 1 Cook, Diane L.M., Biosupply Trends Quarterly, The Expanding Role of Immune Globulin Treatment in Diseases: Utilization and Growth, November 2024. [Available here.](#)
- 2 World Health Organization, Guidance on increasing supplies of plasma-derived medicinal products in low- and middle-income countries through fractionation of domestic plasma, Executive Summary, 16 March 2021. [Available here.](#)
- 3 Belmonte M, Albiero A, Callewaert F, Patris J, Whittall A, Understanding the sustainability of plasma-derived medicinal products: drivers and consequences of shortages, Argenx, 2024, Poster Presentation. [Available here.](#)
- 4 Belmonte M, Albiero A, Callewaert F, Patris J, Whittall A, Understanding the sustainability of plasma-derived medicinal products: drivers and consequences of shortages, Argenx, 2024, Poster Presentation. [Available here.](#)

## AVAILABILITY IN ACTION CONTINUED

### Our health care collaboration with UNITAR

Recognizing this complexity, and the need for education and locally tailored solutions, Takeda joined Plasma4Life, a UN-led multi-stakeholder initiative to strengthen health care systems' resilience to meet patients' need for plasma and PDTs, as a founding and funding knowledge partner in 2022. This initiative brings together policymakers, experts, patient groups and industry to share expertise and co-create solutions that aim to address global supply challenges and support countries to move towards more sustainable access to plasma and PDTs.

Launched in April 2023, the initiative, supported by other knowledge partners from global patient groups and the industry association, features an online knowledge hub [Plasma4.Life](#) that provides open-access resources, such as scientific knowledge and evidence, international reference and country regulations, and educational webinars. By making these resources freely available, Plasma4Life supports policymakers, health care professionals, patient groups and experts to stay current, learn from global experiences and apply proven solutions to local challenges.

Meanwhile, country-specific multi-stakeholder working groups, such as those created in Argentina and Malaysia, work to map their national plasma ecosystems, identify gaps and co-create local actionable solutions to strengthen health care systems. These efforts improve access, ensuring that efforts are tailored to the specific needs and realities of each country's health care system.

### Our partnership with the World Federation of Hemophilia (WFH)

We are also working with global organizations like the World Federation of Hemophilia (WFH) to support people living with this disease in LMICs. Through this long-standing partnership, we have supported efforts to improve diagnosis and collect data for evidence-based advocacy.

In 2021, we joined WFH's Humanitarian Aid Program to deliver essential PDTs to patients in need, especially those with complex conditions such as hemophilia with inhibitors. By providing relevant therapies, we help ensure that even the most vulnerable patients have access to necessary treatment.

Starting in 2026, we will deliver a total of

# 65M UNITS

of these therapies over five years to the WFH for distribution to hemophilia treatment centers in Latin America, Africa and Asia.

### Unlocking barriers for patients in the Philippines

In August 2025, the Philippines reached a major milestone in expanding treatment availability for patients living with hemophilia by including an approved PDT in the Philippine National Formulary (PNF). The PNF is the official list of medicines accessible in the Philippines through the public health system. For patients with hemophilia with inhibitors, this is the first time they are able to access a critical therapy that could help reduce bleeding episodes and prevent repeated hospitalizations.<sup>5</sup>

This outcome is a result of years of sustained multi-stakeholder collaboration among government, clinical and community stakeholders with Takeda Philippines providing technical expertise, all to advance shared goals in hemophilia care.

**Taken together, these three initiatives represent a significant commitment to underserved patients facing life-threatening conditions whose lives can be transformed by PDTs.**

### PLASMA4LIFE IN NUMBERS<sup>6</sup>:

# 400+

monthly average visitors<sup>7</sup> to launched online public knowledge hub [Plasma4.Life](#)

# 77<sup>TH</sup>

World Health Assembly in Geneva - where, on the sidelines, we brought together key stakeholders for a roundtable

# 4

educational webinars hosted

# 2

countries where expert multi-stakeholder Working Groups were launched

# 150

participants, from 47 countries, attended the launch webinar



Roundtable leaders from Takeda, UNITAR and global patient and health care organizations during the 77th World Health Assembly, where they discussed ways to improve access to PDTs worldwide.

<sup>5</sup> Republic of the Philippines, DOST-Health Technology Assessment, The Secretary of Health (SOH) approves nine (9) Health Technologies with HTA Council Final Recommendations for inclusion in the Philippine National Formulary (PNF), August 2025. [Available here](#).

<sup>6</sup> Based on UNITAR figures.

<sup>7</sup> YTD figures: 2025 (Jan.-Oct.) based on UNITAR figures.

AVAILABILITY IN ACTION CONTINUED

# BUILDING RESILIENCE FOR GLOBAL DENGUE PROTECTION

From the beginning of the development of our dengue vaccine, our goal has been to provide broad access to as many eligible people as possible through inclusion in National Immunization Programs (NIPs). We prioritize areas with the highest burden, particularly in dengue-endemic countries in Asia and Latin America, where the vaccine is already licensed.

To enable real-world distribution, the vaccine was designed to be compatible with existing cold-chain infrastructure in many LMICs. It has a 24-month shelf life in standard cold-chain conditions (2-8°C), making it compatible with existing vaccine infrastructure in many LMICs. This stability enables smooth integration into routine supply systems and supports flexible distribution in both clinics and mass public vaccination campaigns.



“Availability creates value when our life-transforming innovations reach those who need them most, by listening closely, building trust and working with partners to anticipate the diverse and complex needs of each community.”

**DR. MAHENDER NAYAK**  
Area Head, Asia Pacific Countries, Takeda

**In many LMICs, the timely availability of QDENGU<sup>®</sup> can be the difference between containing a public health emergency and facing preventable deaths and overstretched health systems. Dengue is no longer a seasonal or geographic disease, with factors such as climate change and rapid urbanization accelerating outbreaks globally. Because surges can be unpredictable, availability strategies cannot rely on a single facility, one presentation or rigid distribution models. Supply chains need to be both resilient and adaptable.**

Our vaccine supply chain approach is constantly evolving. In the next few years, we are focused on expanding manufacturing capacity across multiple geographies, including through distribution partners; offering both single-dose vials (SDVs) and multi-dose vials (MDVs), which will help us match the realities of public and private programs; and tailoring distribution plans so doses can move steadily into routine use while also being redirected to areas where they are needed most.

**“We have set ourselves the target of delivering 100 million doses annually by 2030, at the latest. While this is ambitious, our multi-layered, integrated approach makes us confident that we can achieve it,”** said Gaël Ruche, Vice President, Supply Chain and Strategy, Vaccines, Takeda.

“We are building our internal manufacturing capability in Germany, through our CMO partnership with IDT Biologika, and at our own manufacturing site in Singen, Germany, in 2026, producing the single-dose vials most hospitals and vaccination centers use. However, we know that we need to scale this to meet global demand. That is why we are also partnering with Biological E. Limited (BE) in India who will be supporting us with manufacturing and distribution of our dengue vaccine globally,” he added.

This approach diversifies risk, strengthening our reliability and ability to scale, all while allowing us to match supply formats to local needs. To safeguard production protection, the distribution chain is fortified with tamper-evident packaging, 2D barcode serialization, and strict cold-chain controls. “Particularly in the context of LMICs, traceability is non-negotiable,” said Ruche.

**In the following stories, we take a closer look at how we have collaborated with Ministries of Health (MOH) and organizations to expand vaccine availability across the world, especially endemic countries - each with their own experiences.**

HOW SDVS AND MDVS SUPPORT ACCESS<sup>1</sup>



**Single-dose vials (SDVs)** are suitable for remote settings. They may reduce the risk of contamination, do not require cold storage after opening and help avoid waste when patient numbers are lower.



**Multi-dose vials (MDVs)** are well-suited for large campaigns, such as national immunization programs (NIPs). They may lower cost per dose, reduce packaging and lighten the load for cold-chain and distribution.

<sup>1</sup> Drain PK, Nelson CM, Lloyd JS, Single-dose versus multi-dose vaccine vials for immunization programmes in developing countries, World Health Organization (WHO) bulletin, 2003, [available here](#), and Lee BY, Norman BA, Assi TA, Chen SI, Bailey, RR, Rajgopal J, Brown S, Wiringa AE, Burke DS, Single versus multi-dose vaccine vials: an economic computational model, Vaccine, July 2010, [available here](#).

AVAILABILITY IN ACTION CONTINUED

# EXPANDING DENGUE VACCINE AVAILABILITY WITH INDIA'S BIOLOGICAL E. LIMITED

As dengue outbreaks become more frequent and severe, ensuring affordable and scalable vaccination delivery is increasingly urgent. To meet this challenge, we have partnered with Biological E. Limited (BE), a leading India-based vaccine manufacturer with a strong track record in vaccine production, including 13 World Health Organization (WHO)-prequalified vaccines and current exports to more than 130 countries.

By partnering with BE, we are able to quickly scale the production of our dengue vaccine and introduce multi-dose vials (MDVs) for the first time. To date, only single-dose vials (SDVs) are available.

“Our goal is simple, to get vaccines to the people who need them, in the fastest and most practical way possible.”

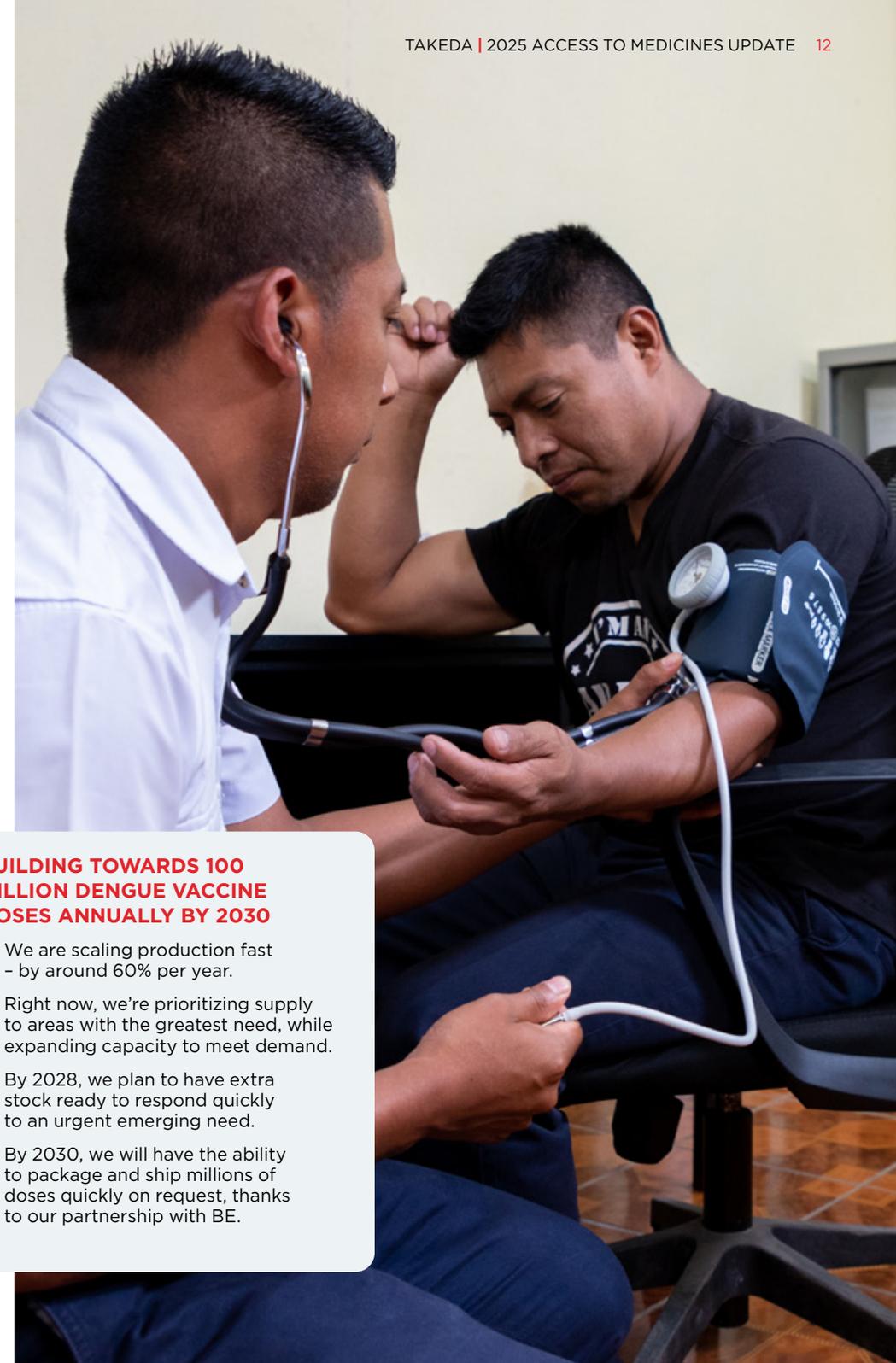
**GAËL RUCHE**  
Vice President, Supply Chain and Strategy, Vaccines, Takeda

We anticipate SDVs – which offer a quicker manufacturing timeline, allowing us to provide additional capacity more quickly – to be made available by early 2028. A significant amount of MDVs will then be made available by 2030 at the latest. For endemic countries with evolving health systems, having MDVs as an option goes a long way to ensuring affordability and practicality for public programs that need to protect millions of people in a short span of time.

“This partnership is part of Takeda’s broader ambition to scale annual dengue vaccine supply to 100 million doses within the decade,” said Gaël Ruche, Vice President, Supply Chain and Strategy, Vaccines, Takeda.

“It’s about building capacity, leveraging partners with proven capabilities to deliver global impact. Our goal is simple, to get vaccines to the people who need them, in the fastest and most practical way possible. We are committed to making sure health systems have the tools to protect communities, prevent outbreaks and save lives, at a scale that matches the challenge of dengue, and this partnership will help us achieve this ambition,” he added.

This partnership is part of our long-term strategy to expand our vaccine manufacturing capacity and strengthen supply chain resilience. Through it we are aligning with public health priorities, scaling production and creating lasting value for health systems and communities worldwide.



**BUILDING TOWARDS 100 MILLION DENGUE VACCINE DOSES ANNUALLY BY 2030**

- We are scaling production fast – by around 60% per year.
- Right now, we’re prioritizing supply to areas with the greatest need, while expanding capacity to meet demand.
- By 2028, we plan to have extra stock ready to respond quickly to an urgent emerging need.
- By 2030, we will have the ability to package and ship millions of doses quickly on request, thanks to our partnership with BE.

## AVAILABILITY IN ACTION CONTINUED

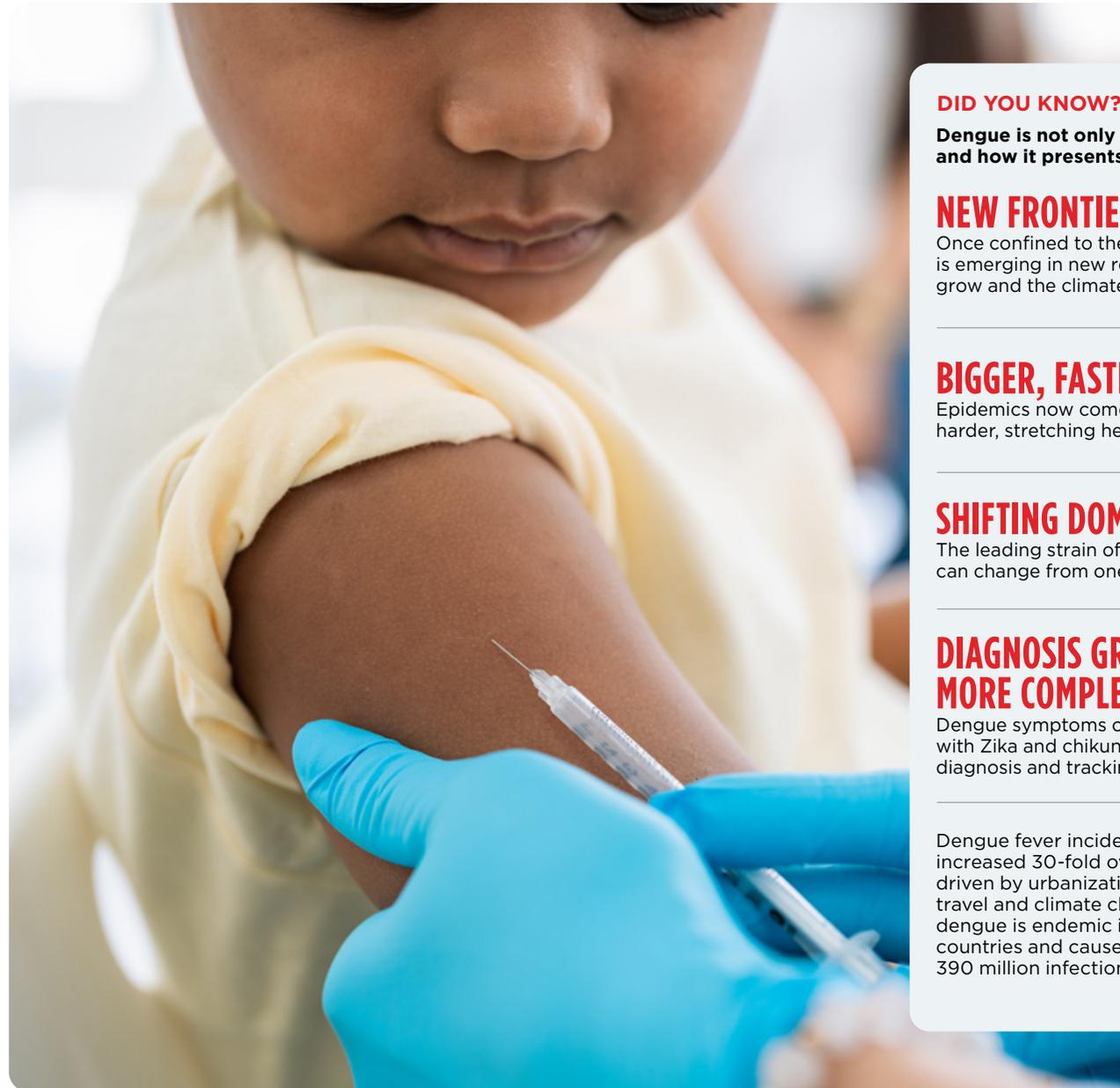
### EXPANDING ACCESS TO VACCINES THROUGH MULTILATERAL PROCUREMENT AGENCIES

Takeda's collaboration with BE is just one example of how we are expanding vaccine availability worldwide. We are also working with a number of other leading multilateral organizations to accelerate equitable access:

- **Gavi, the Vaccine Alliance:** Following WHO prequalification of our dengue vaccine<sup>1</sup> in 2024, Gavi has included dengue in its 2026–2030 portfolio.<sup>2</sup> This opens a clear pathway for Gavi-supported countries to introduce the vaccine at scale.
- **Pan American Health Organization (PAHO)'s Revolving Fund:** Takeda's dengue vaccine is now listed for pooled procurement across the Americas<sup>3</sup>, enabling ministries of health to access transparent pricing and secure supply. In addition to Peru and Honduras, as of October 2025, it is also available through PAHO in Colombia and Paraguay. PAHO's regional guidance and safety surveillance frameworks also help accelerate safe, consistent rollouts.

From manufacturing expansion to pooled procurement and program support, Takeda is working across sectors to ensure that vaccines reach more people, more quickly, and more reliably – creating shared value for patients, communities, health care systems and global partners.

1 World Health Organization. WHO prequalifies new dengue vaccine. 15 May 2024. [Available here.](#)  
 2 Gavi, The Vaccine Alliance, Phase VI (2026 – 2030), June 2024. [Available here.](#)  
 3 Takeda internal data.  
 4 World Health Organization (various), Geographical expansion of cases of dengue and chikungunya beyond the historical areas of transmission in the Region of the Americas, March 2023. [Available here](#); Disease Outbreak News: Dengue – Global Situation, December 2023. [Available here](#); Dengue and severe dengue, October 2024. [Available here](#); Dengue, August 2025. [Available here](#); Paz-Bailey, G. et al, Dengue, The Lancet: Seminar, February 2024. [Available here](#); Paz-Bailey, G., Nett, R.J., Differentiating dengue, Zika, and chikungunya in paediatric populations, The Lancet Child & Adolescent Health, September 2025. [Available here.](#)



#### DID YOU KNOW?<sup>4</sup>

**Dengue is not only spreading, but where and how it presents is also evolving:**

#### NEW FRONTIERS

Once confined to the tropics, dengue is emerging in new regions as cities grow and the climate warms.

#### BIGGER, FASTER OUTBREAKS

Epidemics now come more often and hit harder, stretching health care systems.

#### SHIFTING DOMINANCE

The leading strain of dengue in a country can change from one year to the next.

#### DIAGNOSIS GROWING MORE COMPLEX

Dengue symptoms often overlap with Zika and chikungunya, making diagnosis and tracking harder.

Dengue fever incidence rates have increased 30-fold over the last 50 years, driven by urbanization, international travel and climate change. Today, dengue is endemic in more than 100 countries and causes an estimated 390 million infections each year.

AVAILABILITY IN ACTION CONTINUED

# CHANGING THE TRAJECTORY OF A DISEASE THROUGH PARTNERSHIPS IN VIETNAM

**Vietnam, as with many countries in Southeast Asia, has long battled high dengue prevalence. But what sets it apart is its multifaceted response, centered on public education to raise awareness, integrated and proactive prevention strategies and the use of epidemiological data to guide interventions. This is further strengthened by a deep commitment from stakeholders across the health care ecosystem.**

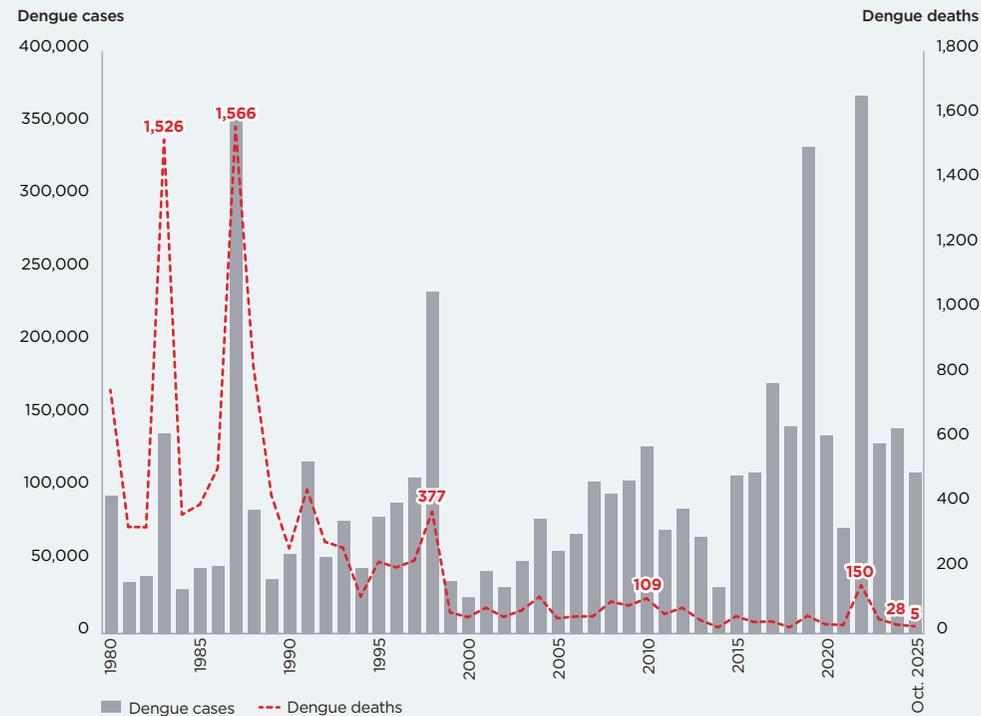
With a shared commitment to fighting the disease, our vaccines team has been engaging closely with Vietnam’s Ministry of Health as part of an integrated approach to dengue management in the country. In May 2024, just 15 months after submission to the Vietnamese regulators, Takeda’s dengue vaccine was approved for use in Vietnam.<sup>2</sup> It marked a fast regulatory approval in the country<sup>4</sup>, a testament to both the urgency of the dengue crisis, which was becoming increasingly severe and unpredictable (see graph 1), and the strength of Vietnam’s health ecosystem.

“This wasn’t just a regulatory milestone, it was a signal of intent,” said Duc Quynh Loan Nguyen, Vaccine Business Unit Head, Takeda Vietnam. “Vietnam moved with purpose, and we were ready to meet that moment.”

Vietnam has a unique health ecosystem, including a dense network of rural and urban private vaccination centers which allows for the efficient distribution of vaccines to reach people in all corners of the country.

**GRAPH 1: STATISTICS OF DENGUE REPORTED CASES & MORTALITY<sup>1</sup>**

Data period: 1980-Oct. 2025



1 Consolidated data from various sources, including: 1. General Department of Preventive Medicine (GDPM), Vietnam’s Ministry of Health; 2. National Institute of Hygiene and Epidemiology (NIHE), Hanoi; 3. Tây Nguyên Institute of Hygiene and Epidemiology (TIHE); 4. Ho Chi Minh City Center for Disease Control (HCDC), Situation of dengue, hand-foot-mouth disease and measles in Ho Chi Minh City up to Week 25/2025 (Tình hình dịch bệnh sốt xuất huyết, tay chân miệng và sởi tại TP. Hồ Chí Minh tính đến tuần 25/2025); 5. World Health Organization (WHO), Dengue in Vietnam. [Available here.](#)

This infrastructure didn’t appear overnight. Since the 1980s Vietnam has invested in a nationwide immunization system.<sup>3</sup> Today, standalone vaccination centers, both public and private, are located in nearly every neighborhood across the country.

Following regulatory approval, the Ministry of Health initiated discussion and planning for a pilot program with Takeda aimed at generating the necessary data to support future integration into national immunization channels.

This evolving public-private partnership dynamic helps ensure that people can access new vaccines where and when they are needed.

In addition, we have played an active role in supporting education efforts to raise awareness about dengue’s burden, severity and the urgency of proactive action.

Through ongoing collaboration, innovation and commitment, we’re committed to continuing to shape a future where dengue no longer poses a threat to millions.

2 Ministry of Health News: Cấp phép vaccine sốt xuất huyết, zona thần kinh và phế cầu (Licensing of dengue, herpes voster and pneumococcal vaccines), May 2024. [Available here.](#)  
 3 Nguyen KP, Ong TD, Zhang X, Do TM, Do TQT, Tang S. From decentralization to re-centralization: lessons learned from Vietnam’s rapid reversal in the financing of the Expanded Program on Immunization. Health Policy. 2025. [Available here.](#)  
 4 Pacific Bridge Medical, How long does the drug registration process typically take in Vietnam? July 2024. [Available here.](#)

AVAILABILITY IN ACTION CONTINUED

# TIMELY ACCESS AND PROTECTION AGAINST DENGUE IN THAILAND

**As in many parts of Southeast Asia, dengue in Thailand is both familiar and fast-evolving. Outbreaks can surge suddenly and spread quickly, putting communities at risk.**

To meet this challenge, Takeda relies on a fully-integrated, adaptable supply chain for our vaccine. Globally, this system is designed to absorb sudden demand and support urgent shipments in response to local needs. Locally in Thailand, it depends on close collaboration with the government, scientific community and health care sector to connect early disease forecasting with the timely, equitable delivery of preventive care.

“Today, more than 400 hospitals and 1,600 clinics<sup>1</sup> across the country can administer QDENGGA<sup>®</sup>, a milestone that would not have been possible without strategic collaboration with our valued partners. Alongside hospitals, these clinics play a vital role in ensuring that care and protection reach communities, particularly those in remote areas,” explained Peter Streibl, General Manager of Takeda Thailand.

“Without a solid understanding of how dengue is behaving in Thailand, the effectiveness of our supply chain efforts in safeguarding the well-being and future of Thailand would be limited,” he added.

To address this, Takeda collaborates with Thailand’s national health authorities, medical associations and like-minded partners – many of whom are signatories of the 2022 Dengue-Zero memorandum of understanding (MOU), a public-private partnership to prevent and control dengue through various activities<sup>2</sup> – to map dengue risks using national surveillance data, identify age-related vulnerabilities and track weekly morbidity and mortality trends nationwide and by province. This helps us see who is most in need, and where. Initiatives like KnowDengueTH.com, accessible to the general public, are also able to translate these insights into actionable guidance, supporting timely protection against dengue.

With more than 570,000 vaccine doses delivered to date, through partnerships with over 2,000 clinics and hospitals<sup>3</sup>, we are empowering communities to take proactive steps to protect themselves – reinforcing our continued commitment to strengthen public health across Thailand.

Public and private sector collaboration is critical to creating a health care ecosystem that can absorb the unexpected and efficiently reach those most in need. Our work to tackle dengue in Thailand – a constant and real risk for people across the country, is an example of this in action.

“**In Thailand we have witnessed first-hand how critical it is to have an adaptable and far-reaching supply chain for our vaccine to protect our people from dengue – one of the nation’s most significant health burdens.**”

**PETER STREIBL**  
General Manager, Takeda Thailand

**A CONTINUOUSLY EVOLVING STRATEGY TO RESPOND TO EVOLVING DISEASE PROFILES**

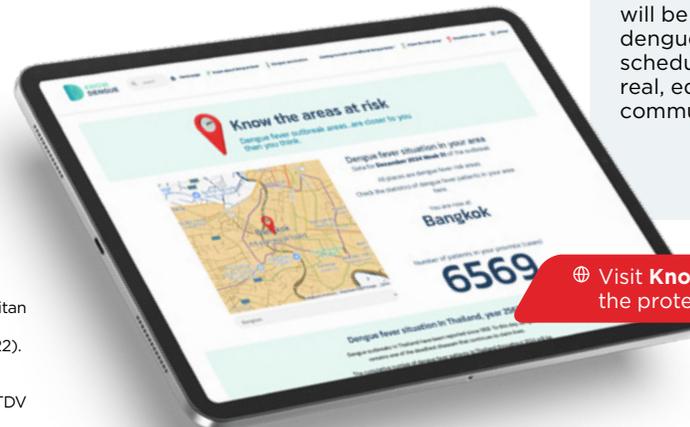
Our approach at Takeda is always to ensure that our life-transforming treatments and vaccines are able to get to those who need them, when they need them. To do this effectively requires an adaptable strategy that is responsive to the challenges that populations face.

Our dengue vaccine received WHO Prequalification status in May 2024<sup>4</sup>, and, as the stories in the report demonstrate, has supported patients and health care systems across LMICs to both get ahead of outbreaks and ensure that communities are protected.

To further reinforce real-world evidence, in March 2025 we initiated a large-scale, post-authorization observational trial, the DEN-401 study, designed to evaluate the real-world effectiveness of the vaccine in preventing hospitalization from virologically confirmed dengue, including severe cases, across Southeast Asia.<sup>5</sup>

This trial is one of several studies currently underway in dengue-endemic countries. By tracking evolving serotype patterns and measuring impact across diverse settings and markets, the study strengthens an already substantial evidence base.

With this evidence, health ministries will be better placed to integrate dengue vaccination into routine schedules, turning availability into real, equitable access for families and communities across the region.



Visit [KnowDengueTH.com](https://www.knowdengueth.com) to learn more about the protection against dengue in Thailand

1 Takeda proprietary data.  
 2 The 11 partners in the Dengue-Zero Memorandum of Understanding (MOU) in Thailand include government entities, public and private health care associations, and academic bodies, such as the Department of Disease Control (DDC), the Bangkok Metropolitan Administration (BMA), the Medical Association of Thailand (MAT) and the Private Hospital Association, MEMORANDUM OF UNDERSTANDING ON STRENGTHENING COMMUNITY ACTION ON DENGUE PREVENTION AND CONTROL IN THAILAND (2022).  
 3 Takeda proprietary data.  
 4 World Health Organization, News release: WHO prequalifies new dengue vaccine. 15 May 2024. [Available here](https://www.who.int/news/2024/05/15/who-prequalifies-new-dengue-vaccine).  
 5 Takeda, Clinical Trials: Den-401: A Study in Children and Adolescents on the Effectiveness of Takeda’s Licensed Dengue Vaccine TDV Against Hospitalization Due to Dengue Disease. [Available here](https://www.knowdengueth.com).

# ACCESSIBILITY

While a treatment may be available in a market, or health care system, too often the people who need it most are not able to access it. This can be due to constrained financial resources, a lack of disease awareness or difficulties in getting a diagnosis. That's why we look across the entire patient journey to address the challenge of accessibility.

Our programs and partnerships work on addressing the systematic barriers to access at a community level, aligned to local priorities, and through partnerships, to ensure sustainable impact.



## FOR PATIENTS

Equitable access to care through system-level solutions that address barriers across the patient journey and strengthen health care delivery where it's needed most.



## FOR SOCIETY

More resilient health systems through inclusive access models, policy alignment, capacity building and partnerships that extend quality care to underserved communities.



## FOR BUSINESS

Build patient-centric models that foster trust, drive long-term value, strengthen partnerships and contribute to stronger health systems.

## ACCESSIBILITY IN ACTION

# PARTNERING TO ADDRESS HODGKIN LYMPHOMA BARRIERS IN SOUTH AFRICA

For patients with the rare cancer Hodgkin lymphoma (HL) in South Africa, the odds can feel stacked against them. Patients can endure long delays in diagnosis, frequently arriving at hospitals with advanced stages of the disease and co-infections. Adding to the challenge is that patients are often misdiagnosed with, and then treated for, tuberculosis (TB) – a condition that is widespread in the country and shares several symptoms with lymphoma.<sup>1</sup> The human immunodeficiency viruses (HIV) epidemic in South Africa, among the worst in the world<sup>2</sup>, adds to the complexity. Not only are HIV-positive patients far more likely to develop HL<sup>3</sup>, but the stigma of having, or potentially having, HIV makes patients more reluctant to seek care.

In 2025, Takeda and University of Kwazulu-Natal (UKZN) together with Inkosi Albert Luthuli Central Hospital (IALCH) launched a joint initiative aimed at strengthening the public sector's ability to generate data and real-world evidence to support policy decision-making. The initiative focuses on improving understanding of patient outcomes and pathways to both treatment and diagnosis, so that barriers can be addressed, and access to advanced treatment options such as stem cell transplants, becomes possible.

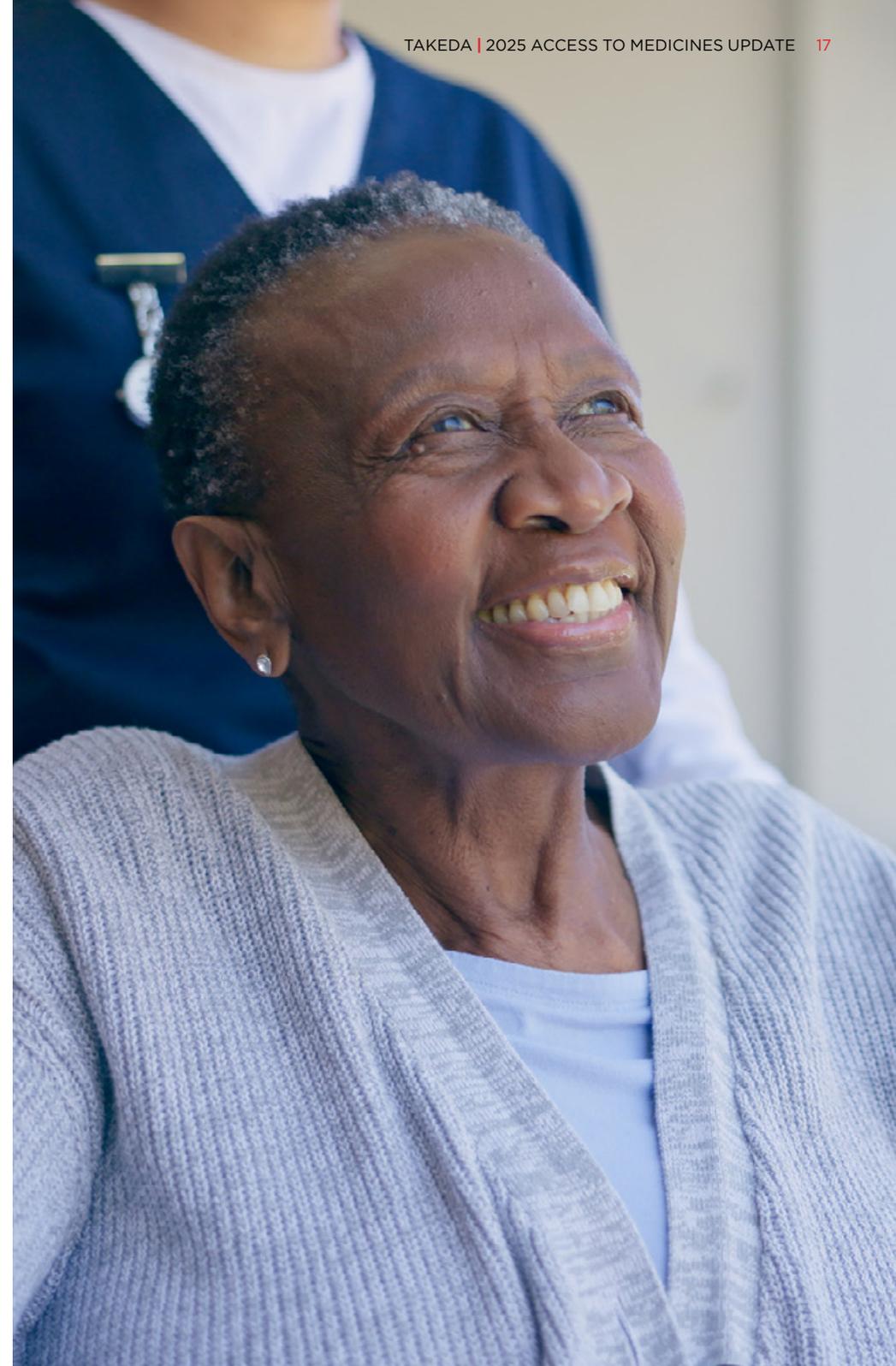
“  
**After more than two decades treating patients with HL in the public sector, I have seen too many young people with aggressive disease who never had the opportunity for cure... Real-world evidence is essential to guide policy, plan resources and introduce newer, more effective therapies earlier in the treatment pathway.**

**DR. SHARLENE PARASNATH**  
Head Clinical Unit of the Department of Clinical Hematology and Stem Cell Transplant Unit, IALCH

1 Puvaneswaran B, Shoba B, Misdiagnosis of tuberculosis in patients with lymphoma, South African Medical Journal, Vol 103, No 1, 2013. [Available here.](#)

2 UNAIDS, United Nations South Africa Joint Programme on HIV Biennium Report. 2022 - 2023. [Available here.](#)

3 Swart L, Novitzky N, Mohamed Z, Opie J. Hodgkin lymphoma at Groote Schuur Hospital, South Africa: the effect of HIV and bone marrow infiltration. Ann Hematol. February 2019. [Available here.](#)



## ACCESSIBILITY IN ACTION CONTINUED

“This is about enabling the system to help its own patients,” says Chris Nathaniel, Takeda’s Head of Medical Affairs in South Africa, adding that the evidence will arm policymakers with the proof needed to justify public funding for newer, more effective treatments. “With the right data and economic evidence, the case for access becomes undeniable.”

In South Africa, the urgency is clear. A recent study found that delays beyond six weeks doubled the likelihood of late-stage presentation, and HL patients were three times more likely to be delayed than those with other cancers.<sup>4</sup>

“After more than two decades treating patients with HL in the public sector, I have seen too many young people with aggressive disease who never had the opportunity for cure. Many could not achieve remission despite multiple lines of chemotherapy and therefore never reached stem cell transplantation. To change this, we first need to understand our own data, i.e., who our patients are, how they present and how they respond to treatment. Real-world evidence is essential to guide policy, plan resources and introduce newer, more effective therapies earlier in the treatment pathway. Ultimately, this work is about ensuring that access to life-saving treatments is determined by need, not by circumstance,” said Dr. Sharlene Parasnath, Head Clinical Unit of the Department of Clinical Hematology and Stem Cell Transplant Unit at IALCH.

Unfortunately, poverty further compounds the problem. Our internal data tells us that around 70% of people from lower-income households in South Africa with HL never even start on the patient journey or drop off before receiving treatment.<sup>5</sup> This figure is stark when compared to the equivalent 17% drop-off rate among HL patients from wealthier households.

Our work with UKZN and IALCH is still in its early stages, but the direction is clear: by building real-world evidence, we are laying the groundwork for advanced and innovative treatments to be evaluated, listed and made available across the public sector. As real-world data generation and improved awareness grows, so too does the opportunity to shorten the road from first symptom to treatment: faster diagnosis, reduced misdiagnosis and more patients completing their treatments.

There is much more that needs to be done to drive accessibility and treatment options for patients with HL in South Africa. But momentum continues to build, and Takeda and its partners are working hard to give patients, wherever they are in South Africa, a better chance at recovery.

### SUPPORTING HL PATIENTS IN SOUTH AFRICA SINCE 2019

This project is the latest in a series of ongoing partnerships between Takeda and various hematology clinics in South Africa’s public sector and national hematology associations, each focusing on a different point in the patient journey of someone suffering from HL.

Takeda launched its first HL initiative, The Blueprint Project, in 2019, working with the Groote Schuur Hospital (GSH) to develop tools, conduct research, train health care professionals and diagnose patients.

Through the initiative, **more than**

# 550 PEOPLE

were referred to a new unit – known as the Rapid Access Diagnosis Lymphadenopathy Clinic (RADLAC) – from the surrounding

area, and the average time to diagnosis was **reduced from 45 days to**

# 10 DAYS<sup>6</sup>

“The success of this project was a catalyst for further initiatives,” Nathaniel explained. “It helped us justify expanding HL-focused initiatives to other areas, including in KwaZulu-Natal, so that now we are closer to being able to motivate the public sector institutions to consider newer, innovative treatments as essential medicines.”

In April 2024, we convened a national lymphoma forum in South Africa, bringing together various stakeholders across the public and private sector, including academics, economists and patient advocacy groups to collaborate and explore opportunities for policy-shaping and partnerships to drive better lymphoma outcomes.



Takeda National Lymphoma Forum.

4 Antel K, Levetan C, Mohamed Z, Louw VJ, Oosthuizen J, Maartens G, Verburgh E. The determinants and impact of diagnostic delay in lymphoma in a TB and HIV-endemic setting. BMC Cancer. April 2019. [Available here.](#)

5 Takeda internal data.

6 Data shared with Takeda via RADLAC report.

ACCESSIBILITY IN ACTION CONTINUED

# ADDRESSING AFFORDABILITY BARRIERS TO ENABLE SUSTAINABLE ACCESS

**High out-of-pocket costs remain one of the greatest barriers to care for many living in LMICs. For patients facing complex or chronic conditions, treatment is often financially out of reach.**

To address this challenge we work with diverse stakeholders to co-create financing models that help bridge this gap. From affordability-based patient assistance programs (PAPs) to co-financing and value-based approaches, our solutions are tailored to local systems and designed to be sustainable.

Mechanisms that enable patients to access innovative treatments are critical in demonstrating the value these treatments bring to both patients and health systems, and in supporting their inclusion in national reimbursement schemes. The following case studies from Indonesia, India and the Philippines illustrate how we're tailoring access solutions to local health systems and needs, and creating real-world value.

“  
**Creating lasting value for patients and communities means addressing barriers to access that prevent people from living longer, healthier lives, and building trust in care – all to ensure innovative treatments are accessible where and when they're needed most.**

**HERNAN PORCILE**  
 Area Head, Eurasia, Middle East and Africa, Takeda

## TIERED PRICING

A framework that enables differentiated pricing based on a country's specific context, including economic development and health system maturity. The goal is to reduce price-related barriers and ensure sustainable, equitable access to Takeda's innovative medicines worldwide.



## AFFORDABILITY-BASED PATIENT ASSISTANCE PROGRAMS (PAPs)

PAPs offer tailored mechanisms and pathways to treatment by assessing individual financial circumstances. They ensure sustainable support, enabling eligible patients to receive the full course of treatment prescribed by their physicians.



## VALUE-BASED PRICING

Value-based pricing addresses the need to manage uncertainty around the real-world clinical performance and economic impact of our innovative medicines. It accelerates patient access, broadens benefits, and supports health care system sustainability.



ACCESSIBILITY IN ACTION CONTINUED

# EXPLORING ALTERNATIVE WAYS TO FURTHER SUPPORT PATIENTS IN THE PHILIPPINES

We launched our first PAPs in the Philippines in 2017 to support patients with Hodgkin lymphoma (HL) and inflammatory bowel disease (IBD).<sup>1</sup> Acknowledging that financial barriers go beyond a patient’s ability to pay for treatment, in late 2024 we launched two key initiatives to further support patients.

## PATIENT NAVIGATOR PROGRAM

There are multiple funding pathways available for patients in the Philippines, and patients often need to combine them to access a full course of treatment, which can lead to delays. We introduced the Patient Navigator Program in November 2024 to guide patients through the various options available and to help them understand, apply for and coordinate funding across public, private and NGO sources. Already, through this initiative, we have helped more than 300<sup>2</sup> eligible patients identified through Takeda’s patient-assistance or partner referral pathways.

**300+**

Number of eligible patients helped and identified through Takeda’s patient-assistance or partner referral pathways.

## TZU CHI FOUNDATION PARTNERSHIP

Since September 2024, we have collaborated with the Tzu Chi Foundation<sup>3</sup>, a faith-based humanitarian organization that has been serving Filipino communities for over 30 years. Together, we have enabled alternative financing pathways for eligible patients and bridged the affordability barrier for patients who otherwise would have been unable to afford treatments for Hodgkin lymphoma, Crohn’s Disease, and other conditions. To date, the initial partnership has supported over 14<sup>4</sup> ongoing patient referrals, and is paving the way for a more sustainable, blended-financing model of access.

**14+**

Number of ongoing patient referrals since the start of the partnership.



1 Asia Pacific Enterprise Awards (APEA), Inspirational Brand Category: Takeda Healthcare Philippines Inc, 2022. [Available here](#).  
 2 Takeda proprietary data.  
 3 Takeda, Press Release: Takeda Healthcare Philippines Inc. Partners with Tzu Chi Foundation to Support Treatment of Individuals with Rare Diseases. 22 October 2024. [Available here](#).  
 4 Takeda proprietary data.

ACCESSIBILITY IN ACTION CONTINUED

# BRIDGING AFFORDABILITY BARRIERS TO BROADEN ACCESS IN INDONESIA

**In Indonesia, addressing the needs of patients living with cancers is a national priority. Yet access to innovative therapies has been out of reach for many due to high out-of-pocket costs.<sup>1</sup>**

To bridge the affordability barrier for patients and broaden equitable access to treatment, we introduced an affordability-based PAP for our innovative treatment to Hodgkin lymphoma (HL) in 2017. Not only did this PAP provide tailored financial support for those patients who otherwise could not afford treatment, but it also generated real-world insights that helped to demonstrate the value of broader access to innovative treatment.

In April 2023, three lymphoma indications were added to the public reimbursement list.<sup>2</sup>

Since then, access has scaled significantly, with the proportion of patients who access treatment through reimbursement pathways now far exceeding those relying on PAP support.

By bridging affordability barriers to access in this way, our work in Indonesia reflects a core commitment - ensuring innovative treatments reach the people who need them most, and creating lasting value for patients, society and our business.

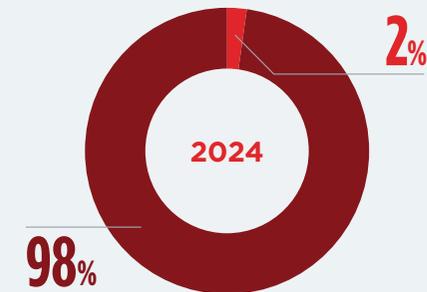
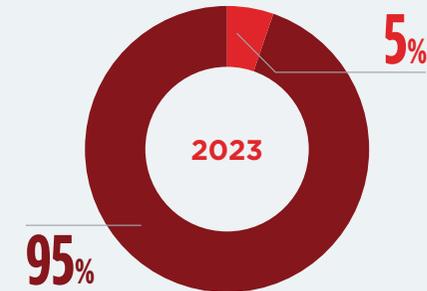
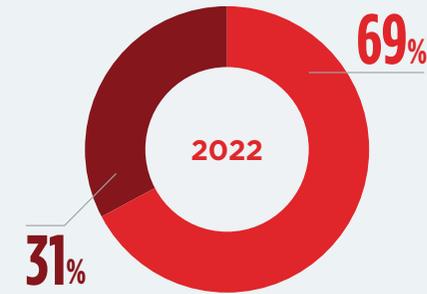
EXPANDING ACCESS

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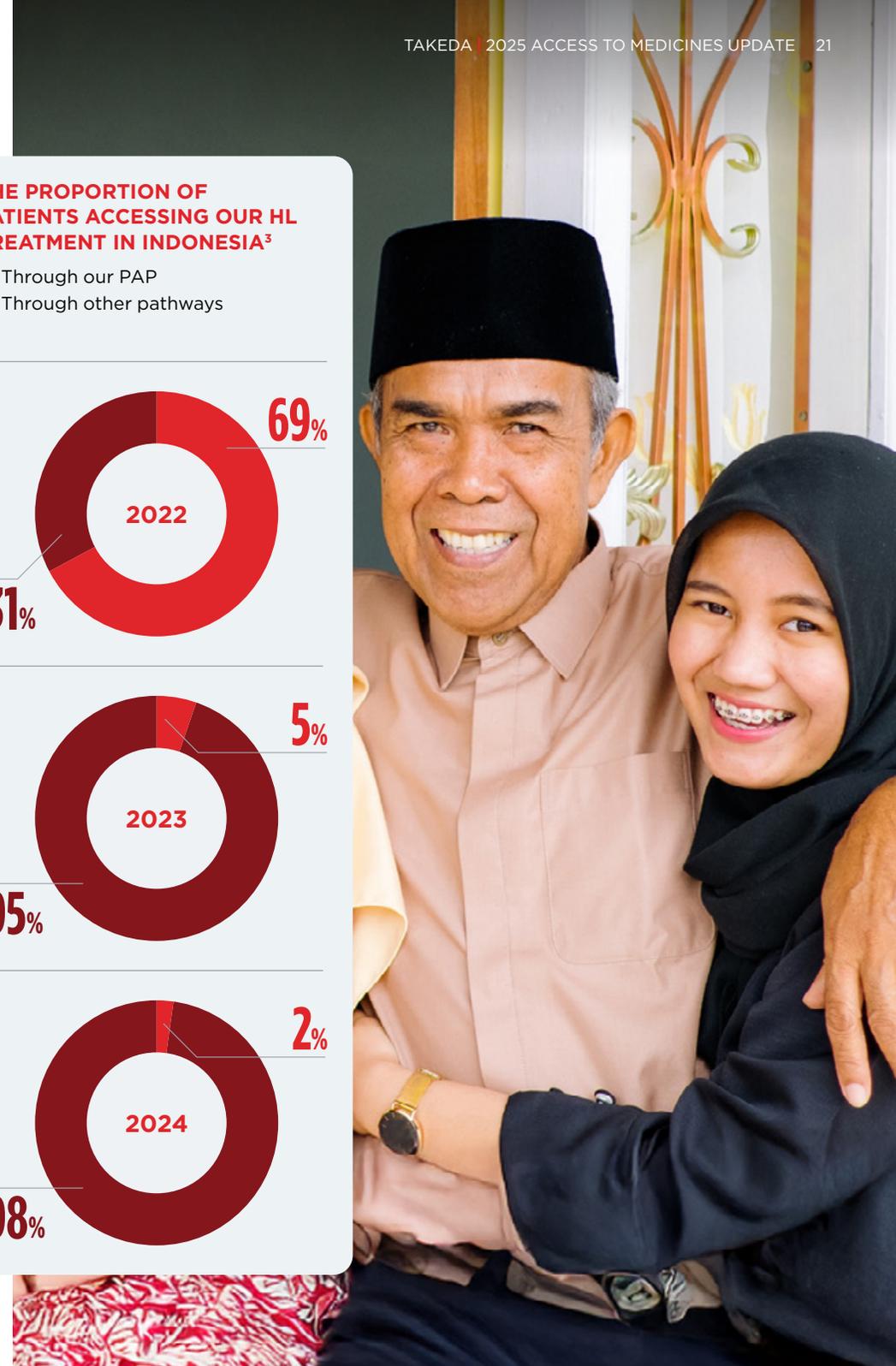
The increase in the total number of patients accessing our HL treatment between FY22 and FY24<sup>4</sup>

THE PROPORTION OF PATIENTS ACCESSING OUR HL TREATMENT IN INDONESIA<sup>3</sup>

- Through our PAP
- Through other pathways



1 Pangestu, S., Harjanti, E.P., Pertiwi, I.H., Rencz, F., & Nurdianto, F.A., Financial Toxicity Experiences of Patients With Cancer in Indonesia: An Interpretive Phenomenological Analysis, Value in Health Regional Issues, Vol. 41, May 2024, pp. 25-31. Available here, and ACTION Study Group; Kimman, M., Jan, S., Yip, C.H., Thabrany, H., Peters, S.A., Bhoo-Pathy, N., & Woodward, M., Catastrophic health expenditure and 12-month mortality associated with cancer in Southeast Asia: results from a longitudinal study in eight countries, BMC Medicine, 2015. Available here.  
 2 Kementerian Kesehatan Republik Indonesia, Keputusan Menteri Kesehatan Republik Indonesia Nomor HK.01.07/MENKES/1970/2022 tentang Perubahan atas Keputusan Menteri Kesehatan Nomor HK.01.07/MENKES/6485/2021 tentang Formularium Nasional, 15 December 2022, effective from 1 March 2023. Available here.  
 3 Takeda proprietary data. Years featured refer to financial years (1 April to 31 March).  
 4 Takeda propriety data.



ACCESSIBILITY IN ACTION CONTINUED

# EVOLVING OUR APPROACH TO DRIVE GREATER ACCESS IN INDIA

**In India, patients with chronic gastrointestinal (GI) conditions like inflammatory bowel disease (IBD) often face delayed diagnosis and high out-of-pocket costs, making long-term care difficult to sustain.**

A recent hospital-based study in the south of India found diagnosis can take between seven and 38 months – at a cost equivalent to 5.5 times the average patient’s monthly household income.<sup>1</sup>

Recognizing these challenges, we relaunched our existing PAP in 2023 to further support eligible patients gain access to our innovative GI treatment via a tailored, means-based financial model, designed to better match each patient’s individual ability to pay.

Over just two years, from before the relaunch in 2022 to after it in 2024, the number of patients accessing treatment through our PAP increased by 147%<sup>2</sup>, highlighting both the scale of unmet need and the effectiveness of a context-specific affordability model within India’s diverse health care ecosystem.

“By aligning assistance more closely with patient circumstances, we’ve seen greater continuity in care and improved treatment adherence,” said Annapurna Das, the General Manager of Takeda India, adding that the program has maintained a >89%<sup>3</sup> enrollment rate since the updates were made.

At the same time, the number of patients not on our PAP grew by more than 35% between 2022 and 2024, indicating broader market awareness. Today, the program spans a broad network of hospitals across India, including Telangana and Kerala, helping extend access beyond metro cities and to where it is most urgently needed.

Affordability is just one of the barriers faced by patients in India, and so we also offer a Patient Support Program (PSP), which offers patients education, emotional support and care coordination via the For You, With You IBD mobile app.

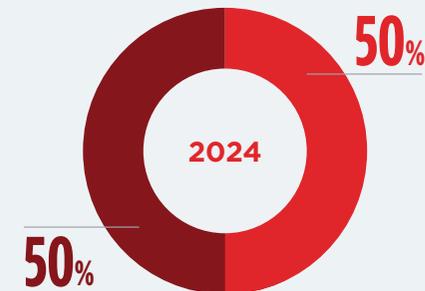
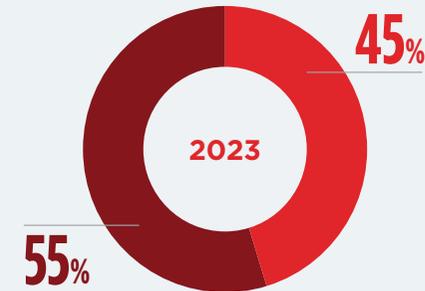
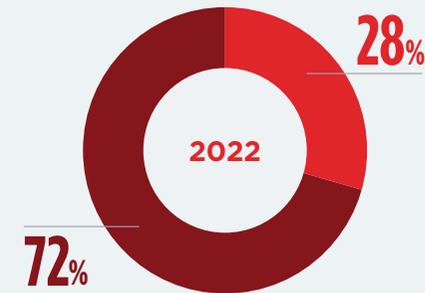
EXPANDING ACCESS

~2x

The increase in the total number of patients accessing our GI treatment between FY22 and FY24<sup>4</sup>

THE PROPORTION OF PATIENTS ACCESSING OUR GI TREATMENT IN INDIA<sup>5</sup>

- Through our PAP
- Through other pathways



1 Vijesh, V.S., Mathews, N.V., Rao, N.V. et al. Economic burden borne by patients due to diagnostic delays in inflammatory bowel disease: Insights from a survey of newly diagnosed patients. Indian J Gastroenterol, 2025. Available here.  
 2 Takeda proprietary data.  
 3 Takeda proprietary data.  
 4 Takeda proprietary data.  
 5 Takeda proprietary data. Years featured refer to financial years (1 April to 31 March).



**PARTNER INTERVIEW**

# BLENDING DATA AND LOCAL KNOWLEDGE TO ENABLE SUSTAINABLE OUTCOMES

In February 2024, Takeda entered into a partnership with CARE, a global leader in the fight against poverty, providing financial support for the She Heals the World initiative in the Philippines. This partnership aims to equip 1,500 frontline community health workers in the Philippines with a comprehensive digital professional development platform by the end of 2026. By blending CARE's local expertise, data and community relationships with Takeda's resources and

experience, together we are enabling community health workers to have access to the resources they need to deliver the care that is needed.

We sat down with **Joyce Sepenoo, Senior Director of Health, Equity and Rights, and Emily Janoch, Associate Vice President for Thought Leadership and Design** from CARE, to explore how CARE aligns priorities and mobilizes partners, like Takeda, to create societal value.



Joyce Sepenoo, CARE

“  
**Understanding how a system changes and being able to change a system requires more than one kind of perspective and more than one kind of player. That’s why we really value partnerships because they give us perspectives we would never have on our own.**

**JOYCE SEPENOO**  
 CARE

“  
**More than eight million people worldwide die every year from completely preventable causes due to little or no access to health care and tens of millions more are impacted. Our mission at CARE focuses on helping these people and communities access health care, and, importantly, empowering them to be part of the solution.**

**EMILY JANOCH**  
 CARE



Emily Janoch, CARE

1 Kruk ME, Gage AD, Joseph NT, Danaei G, García-Saisó S, Salomon JA. Mortality due to low-quality health systems in the universal health coverage era: a systematic analysis of amenable deaths in 137 countries. Lancet. Nov 2018. Available here, as cited on CARE. Our Impact Internet. Atlanta (GA): CARE, 2025. Available here.

## PARTNER INTERVIEW CONTINUED

**Q. CARE’s health strategy aims to impact 50 million people by 2030. From a health equity perspective, what does “impact” mean for CARE, and how do you translate that into action on the ground?**

**A.** For us, impact means more than just reaching people with information or services, it’s about ensuring sustainable life-changing outcomes, especially for women and families. We take a localized approach, drawing on data and multi-stakeholder partnerships, including like the one we have with Takeda in the Philippines, to address the specific access challenges that health care systems and individuals face. Central to this is engaging with and listening to communities.

Through engaging with women’s groups, youth-led groups, community leaders, government officials, and of course health workers, we are able to understand the health needs and health behaviors of different

groups in local settings. This allows our programs not only to reach them, but to drive impact. Take, for example, pregnant women looking for antenatal care, we want to ensure they not only know how to access health facilities or professionals, but that they are taking the steps to do so to support a safe and supportive delivery environment.

**Q. Data is often described as the foundation for system transformation. From your perspective, how can data, and partnerships around data, drive impact and create value?**

**A.** Every health care system has its own approach to data, responding to the nature of their specific geography. Integrating into these local data systems is central to truly driving impact. At CARE we look to utilize existing data to support program development and delivery with our partners but also feed data from initiatives back into these systems to support wider access and policy development.

“She Heals the World” is an example of this approach in action, where, together with Takeda, we are actively working with the government to connect the data that is generated by the initiative back into the existing Ministry of Health system in the Philippines.

**Q. You’ve highlighted the importance of working directly with communities. How do you bring together data and community engagement?**

**A.** It is vital to understand the unique set of challenges within individual systems, and data only tells part of the story. Health care workers in the Philippines, for instance, face a number of challenges such as limited skills, being underpaid, or in some cases not paid at all, and not being connected effectively to the wider health care system and heavy workloads. It is only by spending time in communities that, together with our partners, we are able to fully understand how these challenges manifest.

This engagement, especially at the local level, is critical when it comes to grounding data from initiatives such as She Heals the World in the realities on the ground. It enables us to identify what more could be done and how social norms around care-seeking are shifting. It allows us and our partners to align the health system’s perspective of what is working well with the community’s perspective, and then work together to solve problems and bridge gaps. We have found that this approach drives better solutions and, critically, better relationships between communities and health workers. In fact, some of our best solutions come from communities saying, “This is what I’m already doing. Can you help me do more of it? Can you help me do it faster?”

**Q. How important is it for you to work with the private sector to create lasting and meaningful impact?**

**A.** The private sector has an important role to play. In our experience, the private sector is able to take a chance on testing innovative pilot programs, just like Takeda is doing in the Philippines. When pilot programs such as this are successful, they provide a proof of concept that we can present to the government for adoption and integration into their health systems.

Just as important is the voice of the private sector. It’s loud. It’s large, and crucially it’s listened to. And when united with organizations such as ours, and others, on global stages, our voices are both amplified and heard. And that is when real change happens.



2,3 Photo credit Peter Caton, copyright © Peter Caton/CARE, used under license.  
4 Photo credit and copyright @Veejay Villafranca/ FotoDocument/CARE, used under license.

# SUSTAINABILITY

Our integrated approach to access to medicines is rooted in sustainability – ensuring that patients can access the treatments they need today, and that we are supporting long-lasting equitable access for generations to come. We focus on solutions that are aligned with patient and health system priorities, are adaptable to evolving global and local challenges and contribute to our long-term business growth.



## FOR PATIENTS

Equitable access to care and treatment, ensuring no one is left behind due to systemic or financial barriers, through models that are designed to last and are tailored to local, real-world needs.



## FOR SOCIETY

Enduring health impact through inclusive access models that align with policy and enable long-term system financing to create more resilient health systems that are capable of providing continued quality care.



## FOR BUSINESS

Sustainable impact through patient-centric models that build trust, drive long-term value, strengthen partnerships and contribute to stronger and better-functioning health systems.



SUSTAINABILITY IN ACTION

# SHAPING POLICY FOR SUSTAINABLE, EQUITABLE ACCESS



**Sustainable, equitable access needs the right policies, systems and partnerships to deliver it.**

- **Globally**, we advocate for aligning global policy with patient access needs – bringing together diverse stakeholders to create roadmaps for action, including on the sidelines of global events such as the World Health Assembly and the United Nations General Assembly, and through partnerships like Access Accelerated and the Global Fund to fight AIDS, tuberculosis and malaria – helping to shape the global health agenda.
- **Regionally**, we convene key stakeholders to drive change and pool cross-border resources – such as by hosting this year’s inaugural Southeast Asia Access to Medicines Summit in February 2025, in collaboration with ACCESS Health International, AVPN, and SingHealth Duke-NUS Global Health Institute. The event convened 100+ stakeholders across 10 countries and produced a regional position paper offering actionable recommendations to sustainably strengthen access across health systems.
- **Locally**, our efforts to convene and mobilize stakeholders across the health care ecosystem are creating action plans for local issues, such as a whitepaper published earlier this year on alternative financing for cancer care in India.<sup>1</sup> And as many stories in this report demonstrate, real-world insights generated from our programs are informing local policy.



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**When it comes to patient access, sustainability is how we ensure that the value and impact of our medicines and vaccines endures over time. By taking an integrated, inclusive approach to access we embed sustainability into how we operate: aligning affordability, health system strengthening and long-term partnership so that access remains equitable and lasting – for patients, societies and our business.**

**DION WARREN**  
**Head of Strategy & Portfolio,**  
**Takeda Growth & Emerging Markets Business Unit**

We are exploring new ways to bridge affordability barriers through innovative financing, see page 19-22, and are working to mobilize diverse stakeholders across the health care ecosystem. Our initiatives and partnerships are designed to react to the evolving needs of communities and

patients, strengthen health systems, improve diagnosis and awareness among health care professionals and the public, all while supporting policies that make innovative treatments available and accessible, regardless of a person’s ability to pay.

<sup>1</sup> Global Health Strategies, Exploring Alternative Financing for Cancer Care in India. New Delhi: Global Health Strategies, supported by Takeda Pharmaceuticals. 2024.

SUSTAINABILITY IN ACTION CONTINUED

# LOCAL ROOTS, GLOBAL REACH

Broadening sustainable, equitable access means meeting people where they are and partnering with those who know the local ecosystem best. Yet some barriers require global coordination. Climate change, urbanization and emerging disease patterns are reshaping the health landscape in ways that no single country or company can address alone.

When challenges cross borders, so must solutions, which for us comes in the form of convening, catalyzing and connecting.

That’s why we have programs that support global collaboration where coordination and the pooling of expertise is needed, and local community-led partnerships when proximity and trust matter most.

**The following two stories illustrate that balance. Together they show how we are connecting people, knowledge and action across levels, from shaping international cooperation to empowering communities on the ground, all to get us closer to securing sustainable, equitable access.**

## A GLOBAL PLATFORM: COLLECTIVE ACTION ON DENGUE (CAD)

**Dengue has long stood on the margins of global health agendas, acknowledged as endemic but rarely met with coordinated global action. Driven by rising global temperatures, urbanization and shifting migration patterns, Dengue has now been reported in 176 countries on all continents and become a year-round threat in many of them, overwhelming health care systems unprepared to manage its scale.<sup>1</sup>**

“We saw a coordination gap – and the potential to close it,” explained Elvis Garcia, Director of External Engagement and Advocacy, Takeda Vaccine Business Unit. “There were brilliant efforts happening – and there was an opportunity to bring all the efforts together.”

That insight led to the Collective Action on Dengue (CAD), a first-of-its-kind international platform uniting more than 50 cross-sector organizations around a shared mission – to unify and amplify dengue prevention and control advocacy, coordination and innovation. Takeda is a co-lead and founding partner.

CAD’s origins trace back to an inaugural convening of around 30 organizations at what was dubbed the Global Dengue Forum in December 2023, organized and sponsored by Takeda on the sidelines of COP28. From there, the group introduced ‘Propelled into Action,’<sup>2</sup> a roadmap outlining seven strategies, including embedding mosquito control into urban design, using AI for predictive mapping and ensuring equitable access to diagnostics and vaccines.

At the World Health Summit in Berlin this October 2025, the CAD formally launched with a bold call for coordinated, cross-sector action against dengue and other vector-borne threats. Its debut report, ‘From Diagnosis to Coordinated Action,’ shared during the event, charts a visionary path to reframe arboviral disease as a long-term challenge, demanding systemic, sustained collaboration to drive real change.

Today, CAD is a growing initiative chaired by the Pasteur Network with a steering committee, dedicated working groups and an expanding membership. It is currently focused on co-creating demonstration projects, producing implementation toolkits and building the investment case for sustained dengue prevention.

“We are raising one, loud voice for dengue,” says Garcia. “We’re collectively setting the tone, and we’re working collectively to create value.”

Platforms like CAD offer a blueprint – not only for addressing diseases, but for how industry can drive globally coordinated, climate-smart solutions that create value at the local-level for patients, society and business.



1 The Lancet, Dengue: the threat to health now and in the future, July 2024. [Available here](#). World Health Organization, Dengue, August 2025. [Available here](#).  
 2 Takeda Pharmaceutical International AG. Propelled into action: tackling dengue fever in a changing world, 2024. [Available here](#).

SUSTAINABILITY IN ACTION CONTINUED

**DRIVING SUSTAINABLE IMPACT LOCALLY: MEXICO'S 1 DE 17 INITIATIVE**

**While CAD demonstrates the power of global coordination, Mexico's "1 de 17" (1 of 17) initiative shows the importance of local connection - where access is built through proximity, trust and collaboration within communities.**

Rare diseases affect an estimated 6 to 8% of the global population - over 300 million people. According to the World Health Organization (WHO), these conditions often present early in life, are frequently chronic and disabling and pose significant challenges for health systems due to their complexity and low prevalence.<sup>3</sup>

In Mexico, where between eight to 10 million people are believed to be living with a rare disease and awareness about the issue has

been growing, many patients still face systemic barriers: delayed diagnoses, limited access to specialists, and a lack of tailored therapies given over 95% of rare diseases still have no approved treatment.<sup>4</sup> For families, each year lost to uncertainty can mean worsening health, emotional strain and financial hardship.

We partner with seven local and regional patient organizations to help close the gap between promise and reality. Together, we launched an initiative called "1 de 17," referencing the overall prevalence of rare diseases. This initiative is designed to bring patient organizations closer together and foster collaboration among them. As part of this effort, we created a dedicated digital platform to serve as a trusted, accessible and evidence-based information about rare diseases in Mexico. The platform is not only a communication tool, but also a catalyst for synergy, helping unify the voices of organizations that share the same purpose.



All trademarks are the property of their respective owners.  
 3 World Health Organization, Rare diseases: a global health priority for equity and inclusion, May 2025. [Available here.](#)  
 4 Axiós, Rare disease care and treatment in Mexico: an evolving landscape, 2025. [Available here.](#) and Caixa Research, Rare diseases: Why is there no treatment for 95% of them? 2022. [Available here.](#)  
 5 Individual patient experiences vary. Not intended to reflect the general patient population.  
 6 Encuentro de Enfermedades Raras, 2025. Event Registry. February 24, 2025.  
 7 A6 Life. 1 de 17 Evaluation Summary. Junio, 2025.

**"1 de 17" features tailored information for a range of rare diseases, brought to life through personal stories from patients and caregivers that provide a window into what daily life looks like for those living with a rare condition. These stories highlight the strength, resilience and advocacy that drive this movement forward.<sup>5</sup>**

Since launch, "1 de 17" had reached more than 20 representatives from patient organizations and 15 leading specialists from national health institutes<sup>6</sup>, attracting over 15,000 visits and an engagement rate nearing 87%.<sup>7</sup> Patient organizations are now actively sharing the platform with their communities, empowering patients with knowledge, connection and a stronger voice. The initiative is proof that local connectivity, rooted in collaboration and shared purpose, can drive lasting impact for those who need it most, and bring our global commitments to life at the community level.

**"I believe that some of my greatest achievements are just doing what I was told I was not going to be able to do.**

**PAULINA**  
**Gaucher disease patient**  
 (Pictured above)

PARTNER INTERVIEW

# BUILDING WHAT LASTS – PARTNERING FOR SUSTAINABLE NCD FINANCING IN LMICS

**ACCESS ACCELERATED**

Non-communicable diseases (NCDs) pose a large and fast-growing global health challenge, and their impact is disproportionately felt in LMICs. LMICs account for 75% of all NCD-related deaths<sup>1</sup> and 85% of premature mortality (deaths under 70 years).<sup>2</sup> This is especially concerning as more than 80% of NCDs can be prevented or delayed through cost-effective, evidence-based interventions.<sup>3</sup>

But despite the scale and urgency of the issue, NCDs remain significantly underfunded, receiving less than 2% of total development assistance for health over the past two decades.<sup>4</sup> This mismatch between disease burden and investment has left many LMIC health care systems under-resourced and ill-equipped to respond effectively.

Takeda is a knowledge and funding partner, and one of the founding members of Access Accelerated – which was established in 2017 and unites leading biopharmaceutical

and life science companies in a forward-looking global collective dedicated to mounting a sustainable and scalable response to NCDs.

**Herb Riband, Executive Director of Access Accelerated**, sat down with Takeda’s Access to Medicines team to talk about the work that they are doing and the power of collective action to ensure sustainable outcomes.

**Q. In 2023, Access Accelerated refocused its strategy to prioritize sustainable financing models for NCDs. Can you talk to us about why sustainable financing is so important?**

**A.** Since Access Accelerated was established in 2017, it has been built around a collaborative model bringing together our member companies and partners, such as the World Bank and leading global health NGOs, to address the rising burden of NCDs in LMICs. However, the global health care landscape has changed over the past few years, and continues to change dramatically, placing increasing pressure on people living with – or at risk of developing – NCDs and on the health systems that support them. In response, we embarked on a listening exercise, talking to our partners, external stakeholders, member companies and people managing health systems in LMICs, to understand where there was the greatest need and the biggest opportunity for us to make a real difference.

Where we saw a huge unmet need was around helping countries develop sustainable financing models for NCDs. NCDs have traditionally received less than 2% of overseas development assistance for health, despite NCDs representing about 75% of global mortality.<sup>5</sup> Most people living with NCDs in LMICs have to pay out-of-pocket, which often results in catastrophic expenditures – if an individual is diagnosed with diabetes or cancer, for example, families are forced to either find a way to pay for it themselves, frequently driving them into debt or bankruptcy, or they must forgo treatment altogether.

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**If we don’t fix the health financing problem for NCDs, all the other good work around access and health system strengthening, it’s really not going to hit its full stride.**”

**HERB RIBAND**  
Executive Director of Access Accelerated

1 Access Accelerated, Our strategic goals: what drives us, 2025. [Available here.](#)  
2 IFPMA, Initiatives, Partnerships and Alliances – Access Accelerated, 2024. [Available here.](#)  
3 Devex, Accelerating Action: Financing the future of NCD prevention and control, 2024. [Available here.](#)  
4 Access Accelerated, World Bank Group, Results for Development. Financing Accelerator Network for NCDs: Leveraging the power of health financing for NCDs. Geneva (CH): Access Accelerated; 2024. [Available here.](#)  
5 Access Accelerated, World Bank Group. The renewed Access Accelerated–World Bank partnership: Collaborating to address countries’ needs to catalyze increased financing for NCDs. Geneva (CH): Access Accelerated; 2024 [Available here.](#)



**PARTNER INTERVIEW CONTINUED**

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**The global health landscape is changing, and Access Accelerated, through its relationships with global organizations and local governments, is uniquely placed to see where trends around NCDs are going. The shift in funding to more innovative, sustainable models is a great example of this – and it showed real foresight. It’s why we at Takeda see this relationship as critical to driving long-term, sustainable change that has a positive impact on patients and health systems.**

**FUMIE GRIEGO**  
 Head of Global Public Affairs, Takeda

If we don’t fix the financing problem, all the other good work around access and health system strengthening, it’s really not going to hit its full stride. This was our inflection point. Not only was this a massive and urgent unmet need, it also aligned closely with our existing technical partnership with the World Bank, as well as with the interests of our member companies – meaning that together we had the tools and opportunity to enact positive change.

That’s why in 2024 we launched the Financing Accelerator Network for NCDs, or FAN, together with the World Bank and Results for Development. It’s now our flagship initiative where we are working with countries to make sustainable, country-led health financing for NCDs a reality. At a time of significant

disruptions to traditional global health funding mechanisms, how will we know we are making a meaningful difference? We have a rigorous impact measurement and learning framework and will publish findings in 2026. But one data point in particular convinces us we are on the right track: in September 2025, during the UN General Assembly, the World Bank stated that over the past year alone it had worked with countries to bring an additional US\$2.6 billion in funding for NCDs and mental health – double the amount in previous years. And that number is projected to continue to grow. We are proud to have the World Bank as a partner.



**THE FINANCING ACCELERATOR NETWORK FOR NCDs (FAN)**



Launched in November 2024 by Access Accelerated and the World Bank, in collaboration with Results for Development, FAN supports LMICs to develop and scale sustainable, locally led approaches to financing NCD prevention and care.

**WHY IT MATTERS**

In many LMICs, public resources for NCDs are chronically underprioritized. This means that people with NCDs often pay out-of-pocket for essential care. FAN supports governments to help close the financing gap – moving from short-term fixes to long-term, system-wide financing solutions – so that access to quality care is not dependent on external funding, project cycles, or a person’s ability to pay the full cost of care.

**HOW IT WORKS**

FAN provides expertise and data, on-demand technical support and access to catalytic seed funding to help countries design and implement sustainable financing models. It strengthens national strategies through cross-sector collaboration, peer learning and joint problem-solving.

**PARTNERS IN ACTION**

The model includes regional NCD Financing Accelerators hosted by local institutions working with country core groups composed of representatives from ministries of health and finance and civil society organizations; an expert-led technical advisory group; and coordination with the World Bank country teams to align financing with national health priorities. The work today is in Sub-Saharan Africa and expanding to Latin America and the Caribbean at the end of 2025. The aim is to expand to Asia Pacific in the coming years.

As a founding member of Access Accelerated together with other member companies, Takeda contributes implementation experience and supports sustainable models that create value for patients, society and business.

## PARTNER INTERVIEW CONTINUED

### Q. What does the concept of sustainable financing mean for Access Accelerated?

A. While short-term aid or donations play an important role, particularly in crisis response, they don't address the key issue for health care systems – ensuring quality care and treatment over time. So for us, and for our partners, this means we need to find ways to help countries achieve sustainability, ensuring that any solution endures beyond a single program donation or funding cycle, or people's ability to pay out-of-pocket.

To do this effectively, we focus on empowering countries to take ownership of their financing strategies. That means engaging at the local level and ultimately working with countries to create locally tailored solutions that are then supported by global partners. We believe it must be this way – solutions developed from the ground up. That is how we achieve true sustainable financing, by ensuring key local stakeholders are not just consulted but actively leading and shaping the work.

### Q. What role does the private sector, and organizations like Takeda, have in delivering sustainable financing?

A. Today's health financing challenges are real. We don't pretend otherwise. But at the same time, the burden of NCDs – the health and economic costs associated with them – are very large and they are growing fast. To address this, we need new delivery models driven by local ownership. But we won't achieve anything without deep, cross-sector collaboration – between governments, the private sector, civil society and development banks. Working together, we can have much greater impact than through traditional vertical, siloed or duplicative efforts. Sustainability is a long-term commitment.

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**A key part of sustainability is having an integrated company approach. Leading companies like Takeda understand how to achieve synergies between the company's business goals and its broader social goals, including access to medicines and quality care.**

**HERB RIBAND**  
Executive Director of Access Accelerated

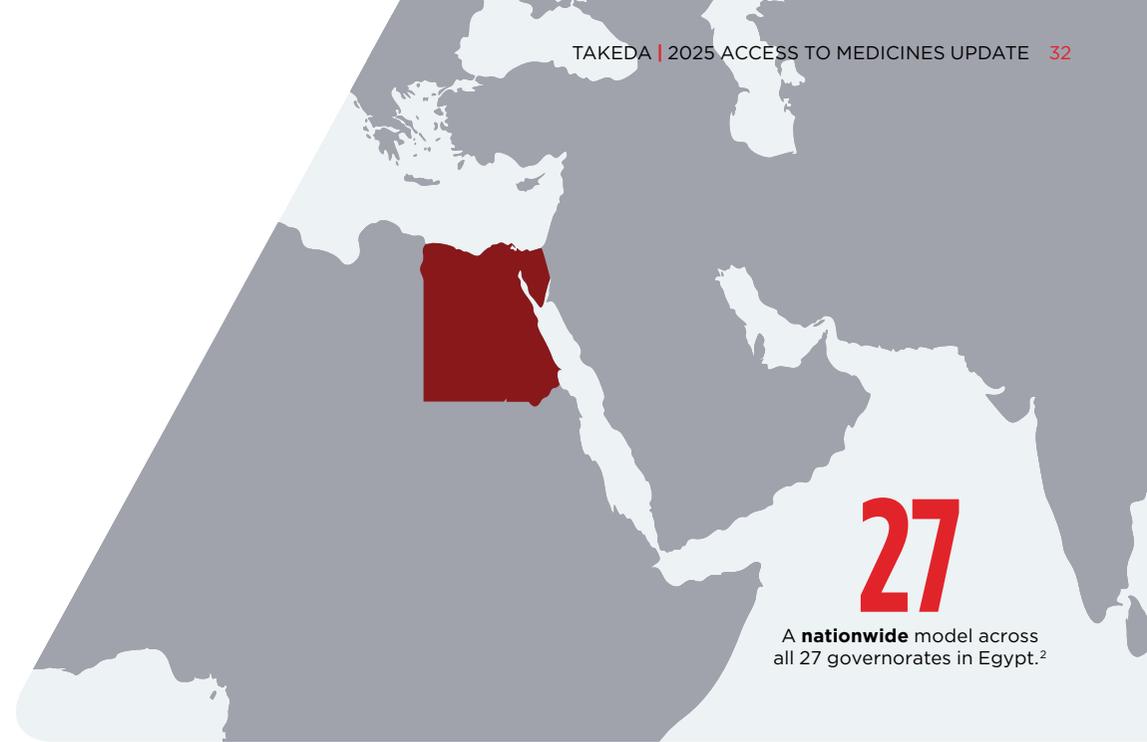
Where companies like Takeda make a difference is by bringing their people, their contacts and their resources at a local level. Their implementation experience, especially in complex, decentralized systems, is particularly powerful. It's also about being aligned on ambition – and sustainable financing is something that you, Takeda, have been focused on trying to achieve through your Access to Medicines approach. The work you are doing on bridging affordability gaps and strengthening health care systems is very aligned to what we are working to do – and this alignment is key.

Companies can ultimately really help us shape our strategy and drive our longer-term vision. They know what a good country-level initiative looks like, and how to turn vision into action. We can then help bring the right group of partners around those initiatives to make real change happen.



SUSTAINABILITY IN ACTION

# ALIGNING SUSTAINABLE ACCESS PROGRAMS IN EGYPT ON THE ROAD TO UNIVERSAL HEALTH COVERAGE



**27**  
A nationwide model across all 27 governorates in Egypt.<sup>2</sup>

**A snapshot of our journey: a long-standing commitment to creating value in Egypt**

**2018**

Launched Takeda’s first oncology Patient Assistance Program (PAP) in Cairo to address affordability barriers for Hodgkin lymphoma patients.

**2024**

Partnered with the Egypt Healthcare Authority and The Christie NHS Foundation Trust to establish an Integrated Practice Unit (IPU) for oncology care in Ismailia, strengthening diagnosis and care pathways.<sup>2</sup>

**2025 & BEYOND**

Introducing an NGO co-financing model to broaden access and improve sustainability of our patient support programs.<sup>1</sup>

“Egypt is in the middle of an ambitious health transition. Our role is to support the government by building affordability bridges today that enable sustainable, system-owned access tomorrow,” explained Kareem El-Samra, Head of AtM Business Unit, Takeda Egypt.

Egypt is working toward Universal Health Coverage (UHC) by 2032<sup>3</sup>, but today, many patients with cancer still face barriers that can interrupt or prevent treatment. Our goal is to ensure equitable access for patients who need treatment now, whilst shaping sustainable access pathways that will endure as the health system evolves.

Noticing the affordability barriers for patients living with Hodgkin lymphoma (HL), we launched a Patient Assistance Program (PAP) in 2018 to support patients in Cairo. It has since grown into a nationwide model, reaching patients in all 27 governorates, and expanding to additional oncology indications.<sup>4</sup>

Our PAPs are designed to be able to react and adapt to the local context. Reflecting this intention, in 2025 we introduced an NGO co-financing model, embracing opportunities to think differently about finance innovation and allowing PAP resources to reach more patients.

It serves as a test case for how shared financial responsibility can evolve into sustainable models as Egypt’s UHC reform advances.

Alongside our efforts to bridge the affordability barrier, we are also partnering to play our role in enhancing the quality of cancer care. Together with the Egypt Healthcare Authority and The Christie NHS Foundation Trust, we are supporting the development of an Integrated Oncology Services Center (IPU) at the Ismailia Medical Complex. The project includes mapping patient journeys in four cancers, establishing multidisciplinary team training, setting international key performance indicators, and creating a preceptorship program. Designed as a replicable model under UHC, the IPU is intended to improve diagnosis, care coordination and outcomes within Egypt’s public health system.

From the original PAP in Cairo to today’s NGO co-financing model and IPU partnership, Takeda’s approach in Egypt shows how one program can evolve to meet changing needs. As the country moves toward UHC in 2032, the models we are helping to test today are building a future where access to treatment is not only broader, but lasting.

1 Takeda proprietary information.  
2 Takeda internal data.  
3 Egypt: Universal Health Insurance Law No. 2 of 2018, State Information Service, Egypt, 12 May 2024, [as cited on](#).  
4 Takeda internal data.

**FORWARD LOOKING**

# BUILDING ON OUR COMMITMENT TO CREATING VALUE



**Dear colleagues and partners,**

This year's Access to Medicines update captures the extraordinary commitment of Takeda teams and our partners globally. It is rich with stories that show how access is being advanced across continents, across therapy areas and across the many barriers – both emerging and persistent – that patients face.

**“What stands out is not only the progress made, but the breadth of approaches we are using to create value: drawing on a truly international perspective while working closely with communities to ensure our solutions fit local needs.”**

Sustainable and equitable access begins with a deep understanding of what those local needs are, and it is only by listening closely to communities that our life-transforming medicines and vaccines can achieve their full impact.

The diversity of this work is a testament to the strength of our Access to Medicines approach. Having embedded access across our business, we are now seeing it truly translate into action that looks different in every context – sometimes through affordability programs, sometimes through health system strengthening, sometimes through new partnerships that unlock scale. Because needs differ, so must our approach: flexible in design, but always consistent in purpose.

Many of these efforts are measurable and we continue to find ways to work with partners on the ground to track them as closely as possible. But progress is not only captured in numbers. It is also found in the trust we build, the resilience we foster and the confidence we help instill in patients and providers who know they can rely on us.

I see every day how critical this work is. The scale and diversity of the need across the markets we serve makes it clear that innovation in isolation won't work. Its value is only realized and made lasting when access is integrated from the outset – into our business, into communities and always with patients front and center. I am proud that Takeda has made this a core part of how we operate, and I know that as an organization, we are committed to pushing forward with urgency and purpose.

As we look ahead, we will continue to evolve from the ground up, guided by our values and driven by the progress achieved so far. The challenges before us – changing disease patterns, fragile health financing, rising expectations – require determination and partnership. But they also give us momentum. Every barrier we overcome strengthens our conviction that access to medicines is not a one-off achievement but an ongoing responsibility, and one that creates lasting value for patients, communities, and for Takeda.

With gratitude,

*Gamze Yüceland*

**GAMZE YÜCELAND**  
**President, Growth and Emerging Markets (GEM), Takeda**



## Access to Medicines Update 2025

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