



# ACCESS TO MEDICINES

2020 Progress Report



Takeda Pharmaceutical Company Limited

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Never before has the attention of the world been more sharply focused on health and its ability to impact every aspect of our lives.



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Since the launch of Takeda's Access to Medicines (AtM) strategy in 2016, we have strived to mobilize collective action to drive impact for patients by strengthening local healthcare systems in a sustainable way. We are proud to share some of the highlights of our journey\*.



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Watch Susanne Weissbäcker, Takeda's Global Head of Access to Medicines, and Katie Dain, CEO, NCD Alliance, discuss the evolution of Takeda's Access to Medicines strategy, the lessons we've learned, and how we've used these insights to elevate our efforts and improve our programs.



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We are developing and accelerating ways to make our highly innovative medicines available as quickly as possible by considering patient access from start to finish of the medicines' development process. At Takeda, we call this 'end-to-end access.'



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As the cornerstone of our Access to Medicines approach, Takeda's Patient Assistance Programs (PAPs) are overcoming barriers faced by patients in accessing innovative, patented medicines. The PAPs build on Takeda's pricing philosophy and consider each patient's personal and individual circumstances.



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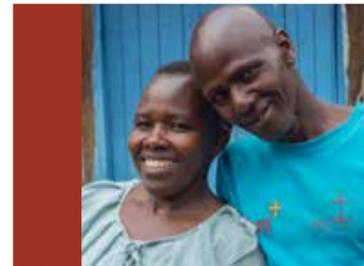
Our industry-leading approach to building scientific capacity is helping to advance sustainable health research and delivery systems. This is unlocking untapped potential in low- and middle-income countries (LMICs), while unleashing the power of Takeda employees.



**PUBLIC POLICY & PATIENT ADVOCACY**

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We are collaborating with policy makers and patient organizations to accelerate patient-centric healthcare provisions and ecosystems that foster improved access. This ranges from Universal Health Coverage (UHC) to our initiatives in capacity building, innovative access, and strategic partnerships.



**BLUEPRINT FOR INNOVATIVE HEALTHCARE ACCESS**

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Takeda's flagship Access to Medicines initiative is accelerating global progress in the prevention and treatment of Non-Communicable Diseases. Our intent is to strengthen and expand the Blueprint for Innovative Healthcare Access across Sub-Saharan Africa and to the rest of the world.



**ACCESS TO HEALTH IMPACT FRAMEWORK**

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Quantifying the outcomes of our Access to Medicines (AtM) programs is the only way to determine its true impact. We look forward to using the Access to Health Impact Framework across all our AtM programs and offering it to the rest of the industry as a consistent way of measuring the impact of access initiatives on patients and healthcare systems.



ROADMAP FOR THE FUTURE

**TOWARDS GLOBAL HEALTH EQUITY**

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There are clear yet complex links between sustainability, affordability, and patient access to care. At Takeda, we address these through our global approach to Access to Medicines (AtM).



**VOICES OF ACCESS TO MEDICINES**

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The progress covered in this Report is the result of the collective efforts of our employees, partner organizations, and the frontline workers who work tirelessly to save and extend the lives of patients around the world. We dedicate this Progress Report to them.

Never before has the attention of the world been more sharply focused on health and its ability to impact every aspect of our lives. Overburdened healthcare systems in developed and developing countries alike demonstrate the urgent need to deliver appropriate COVID-19 therapies to those who need them most.

While the pandemic is unparalleled in our lifetime in terms of intensity and impact, we are no strangers to the themes of scientific innovation and access: nearly 2 billion people around the world have no access to basic medicines, resulting in suffering, poverty, and preventable death. Universal access to innovation isn't unique to developing countries; it is an issue in highly developed countries too.

At Takeda, we strive every day to discover and deliver life-transforming treatments and vaccines that address unmet medical needs. But this is not enough for us. We want our innovations to have a purpose and improve the lives of people who need them, no matter where they live or their ability to pay. That's where our Access to Medicines strategy comes in.

The strength of our Access to Medicines strategy lies in our end-to-end access approach, to make our highly innovative medicines available as soon as practically possible, and in our focus on innovation and initiatives that strengthen healthcare systems at every stage of the patient journey. I consider Access to Medicines a responsibility. It is also part of our business model.

An example of an Access to Medicines program is our Blueprint for Innovative Healthcare Access, a local community care program in Kenya and Rwanda focused on Non-Communicable Diseases (NCDs). The Blueprint has been recognized as being scalable and having an inclusive business model aimed to meet the access needs of a population at the very base of the economic pyramid.

As you will see in this report, we have gained valuable experience and made significant strides in our Access to Medicines strategy since its launch in 2016, and even since the inaugural Progress Report was published two years ago. And, while we are proud of what we have achieved, we are determined to do more and are energized by the prospect of building and improving partnerships, opportunities, and initiatives, all for the benefit of patients.

Thank you for taking the time to read this Report. I trust that it will inspire you to share in my hope of a better health for people, as well as a brighter and healthier future for the world.



Christophe Weber  
President & CEO, Takeda



A wide-angle photograph of a bustling outdoor market. The street is filled with people walking, some carrying goods on their heads or backs. There are numerous stalls and vendors, some with large umbrellas for shade. In the background, there are buildings, including one with a sign that says 'PETROL'. The overall atmosphere is one of a busy, active community hub.

# Our Journey So Far

Since the launch of Takeda's Access to Medicines (AtM) strategy in 2016, we have strived to mobilize collective action to drive impact for patients by strengthening local healthcare systems in a sustainable way. We are proud to share some of the highlights of our journey\*.



**ACCESS TO MEDICINES TEAM and GOVERNANCE** established



Takeda announces **bold, new ACCESS TO MEDICINES STRATEGY**

Individualized approach to **Patient Assistance Programs** designed



**Access to Medicine 2016 Index:**  
Takeda **CLIMBS 5 PLACES**



**NOT-FOR-PROFIT** approach in **SUB-SAHARAN AFRICA** launched



\*\*Low- and Middle-Income Countries (LMICs), as defined by the World Bank.  
<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>. Accessed December 2020.



**ENHANCED PATIENT ACCESS POLICY** implemented

New **POSITION ON INTELLECTUAL PROPERTY** for Access to Medicines to expand access to our **INNOVATIVE MEDICINES and VACCINES** globally



**GLOBAL BLUEPRINT FOR SUCCESS** event convenes over **150 GLOBAL EXPERTS to MOBILIZE collaborative action** against Non-Communicable Diseases



Takeda R&D initiates **knowledge sharing collaborations** between **employees, researchers, and scientists** in LMICs\*\*



**Access to Medicine 2018 Index:**  
Takeda is the biggest climber, rising **10 positions to 5<sup>TH</sup>**



First **Takeda ACCESS TO MEDICINES PROGRESS REPORT** charts the impact of our programs



Acquisition of **Shire** expands **Takeda's portfolio** to Rare Diseases and Plasma-Derived Therapies

**BLUEPRINT for Innovative Healthcare Access** begins pilot in Kenya to help **strengthen healthcare systems** for Non-Communicable Diseases



Access to Health Impact Framework starts to **measure impact of Takeda's programs on patient lives**

**Structured donations and shared-value programs** improve access to therapies for patients with **rare and genetic diseases**



Takeda's Access to Medicines efforts recognized in **Dow Jones Sustainability World Index**



Takeda hosts session at **WORLD ECONOMIC FORUM'S annual meeting in Davos** to address Universal Health Coverage in LMICs\*\*



**Publication of Takeda's 1<sup>ST</sup> POSITION PAPER** on Access to Medicines



Significant strategic decision to transition several countries in Takeda's Growth & Emerging Markets Region, including Philippines, Vietnam, Egypt, South Africa, and in Sub-Saharan Africa, to a model whereby **locally generated revenues** from our innovative medicines for complex and rare diseases will be reinvested in programs that **strengthen the local healthcare system.**

# Overview of AtM Programs

## Geographies:

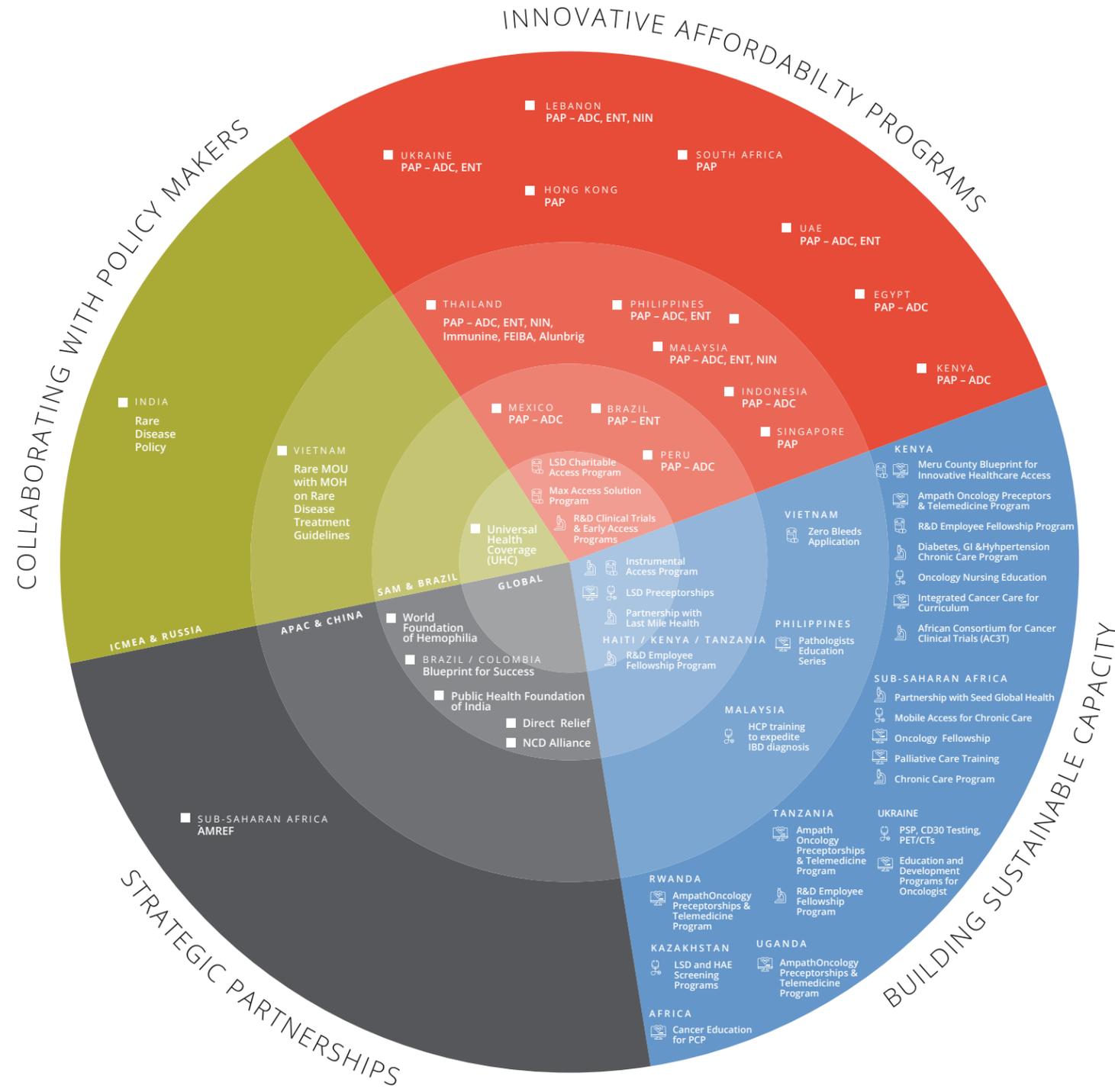
APAC & CHINA: Asia Pacific, China

ICMEA & RUSSIA: India, CIS, the Middle East, Turkey, Africa, and Russia

SAM & BRAZIL: South Cone, Andean, Mexico & CAC (Central America and Caribbean), and Brazil

GLOBAL: All countries and regions in Takeda's Growth & Emerging Markets

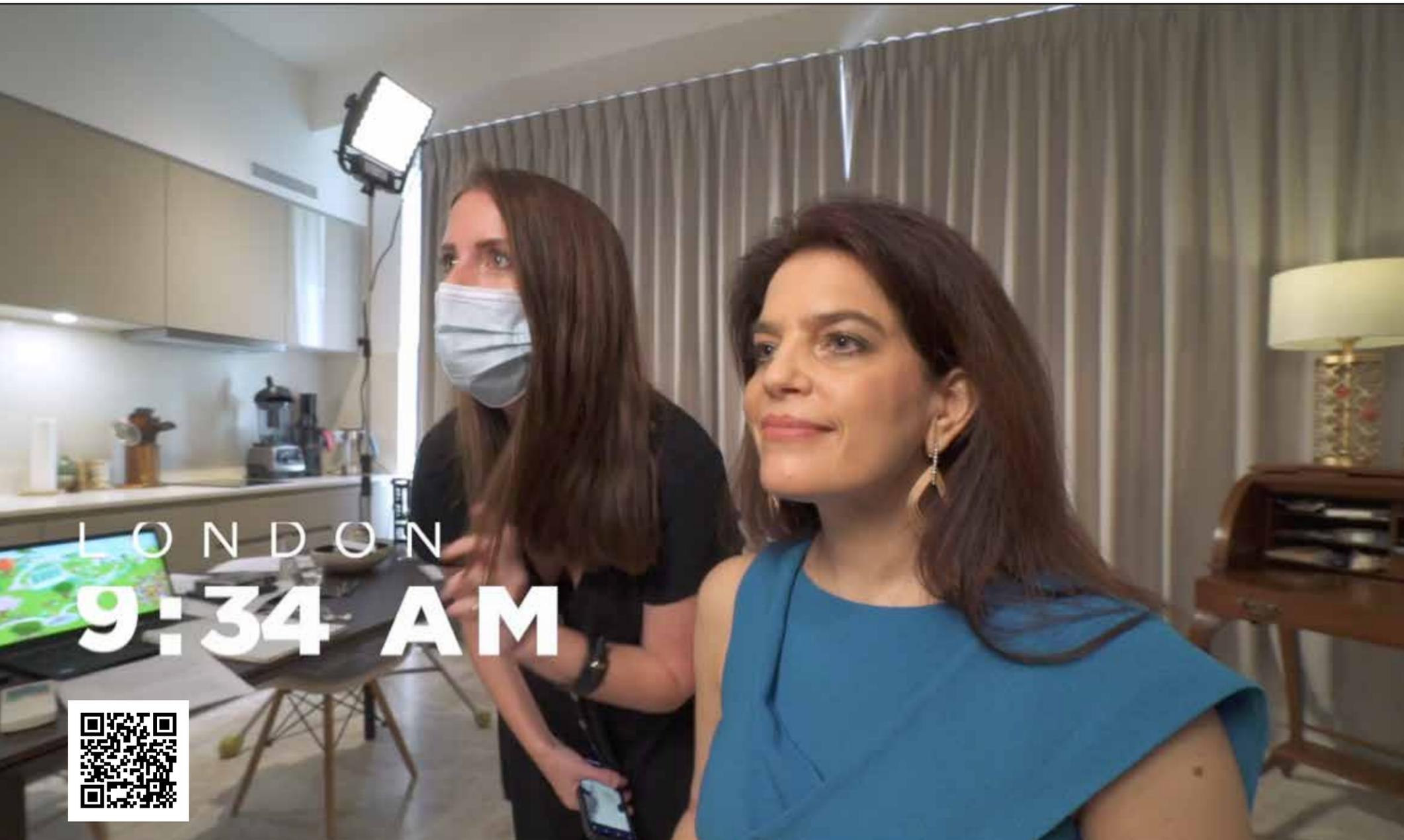
-  Research & Development
-  Awareness
-  Screening & Diagnosis
-  Prevention & Treatment



ADC, Adcetris  
 ENT, Entyvio  
 GHIT, Global Health Innovation Technology  
 GI, Gastrointestinal  
 IDEEL, International Diabetes Educator E-Learning Program  
 JOICFP, Japanese Organization for International Cooperation in Family Planning  
 LSD CAP, Lysosomal Storage Disorders Charitable Access Program  
 NIN, Ninlaro  
 PAP, Patient Assistance Program  
 PET/CT, Positron Emission Tomography/Computed Tomography  
 PSP, Patient Support Program  
 R&D, Research and Development  
 UNICEF, United Nations Children's Fund

# Evolution of our Strategy

Watch Susanne Weissbäcker, Takeda's Global Head of Access to Medicines, and Katie Dain, CEO, NCD Alliance, discuss the evolution of Takeda's Access to Medicines strategy, the lessons we have learned, and how we used these insights to elevate our efforts and improve our programs. *(See next page.)*



As Takeda's Global Head of Access to Medicines (AtM), Susanne leads the company's AtM strategy and heads the AtM Office—a dedicated team that passionately drives the development and approval of the strategy, monitors implementation, develops guidance for access-related objectives, and builds access competencies across the company.

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Learn about **Takeda's partnership with the NCD Alliance** to improve access and care for people living with neglected and rare Non-Communicable Diseases (NCDs).





# Strategic Framework

We have created a practical framework to guide and structure the execution and evolution of Takeda's Access to Medicines strategy, with an ambition of increasing patient access to innovative medicines and elevating standards of healthcare for complex and rare diseases.



**AMBITION**

Increase access to innovative medicines and elevate standards of healthcare for complex and rare diseases

**APPROACH**

**THROUGHOUT THE PATIENT JOURNEY:**

Awareness & Prevention • Screening • Diagnosis • Treatment • Patient Care & Support

**ACROSS THE DRUG DEVELOPMENT PROCESS:**

Early Clinical Development • Clinical Research • Early Access • Filing & Registration • Post-Approval • Intellectual Property

**IN FOCUSED THERAPEUTIC AREAS:**

Oncology • Rare Diseases • Vaccines • Plasma-Derived Therapies • Gastroenterology • Neuroscience

**THEMES**

Innovative Access

Standards of Care

Strategic Partnerships

**STRATEGY**

Innovative affordability programs that transform patient access to innovative, patented medicines

Advance the capacity of local health systems to provide high-quality patient care

Collaborate with policy makers and advocacy groups to accelerate patient-centric provisions and ecosystems

In low- and middle-income countries (LMICs), patients are facing challenges that go beyond affordability barriers. The patient pathway in LMICs is complex, circuitous, and cyclical. It varies by healthcare system, disease area, and context, with multiple entry and exit points.

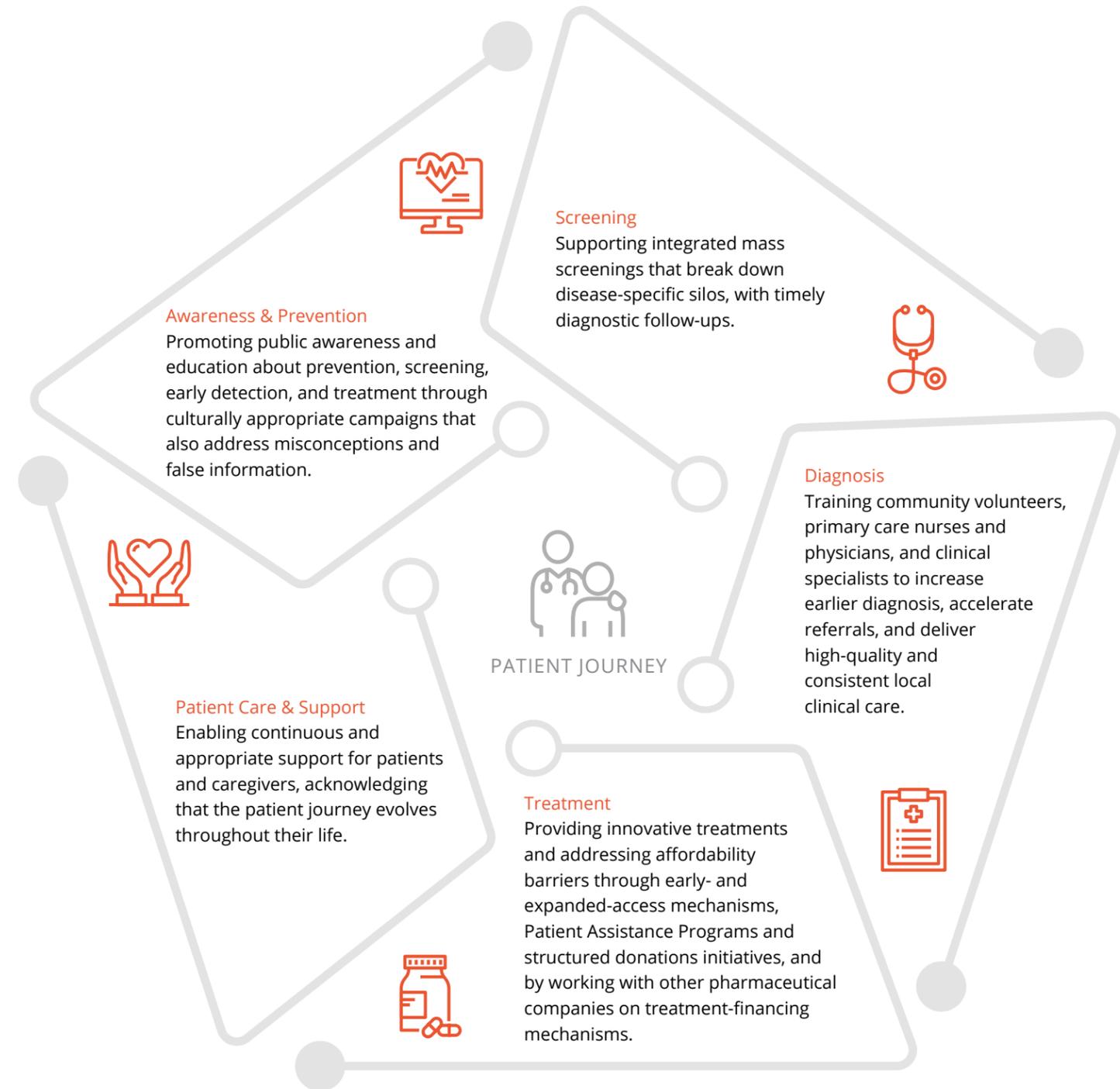
In response, Takeda's Access to Medicines (AtM) strategy is defined by interventions that overcome hurdles and remove roadblocks faced by patients at key touchpoints in their journey and, ultimately, improve health outcomes.

Our Access to Medicines efforts contribute towards the United Nations Sustainable Development Goals (SDGs) for a better and more sustainable future:

**3** GOOD HEALTH AND WELL-BEING



**17** PARTNERSHIPS FOR THE GOALS



A scientist wearing a white lab coat, a hairnet, and a face mask is working in a laboratory. They are holding a pipette and appear to be transferring liquid into a small container. The background shows laboratory equipment and a clean, professional environment.

# End-to-End Access

We are developing and accelerating ways to make our highly innovative medicines available as quickly as possible, by considering patient access from start to finish of the medicines' development process. At Takeda, we call this 'end-to-end access.'

### Takeda's end-to-end access commitments include:

- Embedding access principles and plans from clinical development onwards
- Conducting multi-country clinical research
- Supporting early patient access
- Endeavoring to implement a global filing strategy
- Following pro-access intellectual property arrangements
- Addressing affordability challenges
- Ensuring uninterrupted, sufficient, and timely supply of products.



## End-to-end access in action

### Access Principles and Plans

At Takeda, we start identifying patient access barriers and solutions when an asset is in clinical development. Through the use of holistic access plans, our product teams consider all aspects of access to medicines in individual drug development programs, starting at research and development (R&D) and continuing as an asset progresses through key milestones. Access planning is a key component in the development of our portfolio assets.

A dedicated Center of Excellence (CoE) provides expert guidance on patient access principles, policies, and governance to our R&D function and asset teams. The CoE also oversees the implementation of our Early Access Programs which provide pre-approval access to our investigational medicines.

We are developing new vaccines to address some of the world's most pressing public health needs, with a pipeline that focuses on diseases that are endemic to, or disproportionately affect, low- and middle-income countries (LMICs). This includes neglected tropical diseases (NTDs) such as dengue and chikungunya<sup>1</sup>, Zika, and norovirus which, combined, infect approximately 1 billion people annually<sup>2</sup>.

“

I was helpless.  
As a mother, I suffered,

”

says Shermila, a mother of three children from Sri Lanka, all of whom were infected with dengue.

*Meet her family and hear about the broader impact of dengue.*



“

I asked my dad if I was going to die,

”

says Camila, a dengue survivor from Colombia.

*Watch her story and learn why the impact of dengue goes well beyond the individual patient.*



Scientists at Takeda are supporting external partner-led research by the Global Health Innovative Technology (GHIT) Fund, WIPO Re:Search, the National Institutes of Health, and the Global Health Repurposing Consortium, across a variety of NTDs including chagas, leishmaniasis, onchocerciasis, and schistosomiasis, as well as malaria and tuberculosis.

<sup>1</sup>World Health Organization. Neglected Tropical Diseases. [https://www.who.int/neglected\\_diseases/diseases/en/](https://www.who.int/neglected_diseases/diseases/en/). Accessed November 2020  
<sup>2</sup>Centers for Disease Control and Prevention. Norovirus Worldwide. <https://www.cdc.gov/norovirus/trends-outbreaks/worldwide.html>;  
World Health Organization. Chikungunya Factsheet 2020. <https://www.who.int/news-room/fact-sheets/detail/chikungunya>;  
World Health Organization. Dengue and severe dengue Factsheet 2020. <https://www.who.int/news-room/fact-sheets/detail/dengue-and-severe-dengue>. All accessed November 2020.



### Clinical Research

We include participants from LMICs in clinical trials for our innovative medicines and novel vaccine candidates, where we intend to register and where appropriate.

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**Over 70,000 patients from 25 underserved countries and communities** have received access to Takeda's innovative medicines and vaccines, as well as other supportive healthcare services through Takeda-sponsored and -supported clinical trials.

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Our pivotal Phase 3 clinical trial for a dengue vaccine candidate is taking place in dengue-endemic areas in Latin America (Brazil, Colombia, Panama, Dominican Republic, and Nicaragua) and Asia (Philippines, Thailand, and Sri Lanka).

Our vaccine candidate for norovirus has completed a Phase 2b field efficacy trial, and we are encouraged by the results, which we consider a proof of concept for the vaccine. This data was published in **Vaccine** in September 2020.



We have partnered with the National Minority Quality Forum, the Harvard Multi-Regional Clinical Trials program, and other organizations to enhance the participation of underrepresented populations and ethnic minorities in clinical research and trials.

In order to ensure continuity of care, we are committed to registering products in countries where clinical trials have taken place.



### Early Access Programs

Our updated Global Patient Access Policy has established company-wide principles, governance, and procedures for providing safe, fair, and sustainable patient access to Takeda investigational and marketed products at different stages of their lifecycle.

Our Early Access Programs ensure a variety of mechanisms that provide access to Takeda's investigational medicines through:

- Post-Trial Access: patients enrolled in Takeda trials receive further access after the conclusion of trials if they meet program requirements, until the treatment is approved in the respective country or becomes available through another trial or an expanded access program
- Expanded Access Programs: enables access for individual patients to a designated medicine in cases where it is currently not yet licensed. This includes Individual Patient Requests and Named-Patient Programs.

### Filing Strategy

We endeavor to file for registration globally in parallel to the first approval of a product in a major reference country. In doing so, we focus on LMICs with direct or indirect Takeda presence, high patient need, and suitable health system infrastructures.

We do not conduct clinical studies when we know at the time the trial begins that we do not intend to pursue registration and commercialization in a particular country.

We plan to begin regulatory filings for our dengue vaccine candidate in many countries that are endemic for dengue infection, as well as the U.S. and Europe, in 2021. Subject to regulatory approval, we will work with governments, multilateral development banks and other partners to maximize the availability of, and access to, the vaccine in the places of greatest need.

Our global filing strategy was recognized as an industry best practice by the Access to Medicine Foundation.

*(See page 91 of report.)*





[Learn more about Takeda's Position on Intellectual Property for Access to Medicines.](#)

### Intellectual Property

We follow pro-access Intellectual Property (IP) arrangements in least developed and low-income countries, where we will not file nor enforce patents for Takeda's marketed or future products.

Where possible, we support voluntary licenses and offer, under appropriate terms, licenses for low-cost access to our medicines on a selective basis.

### Affordability

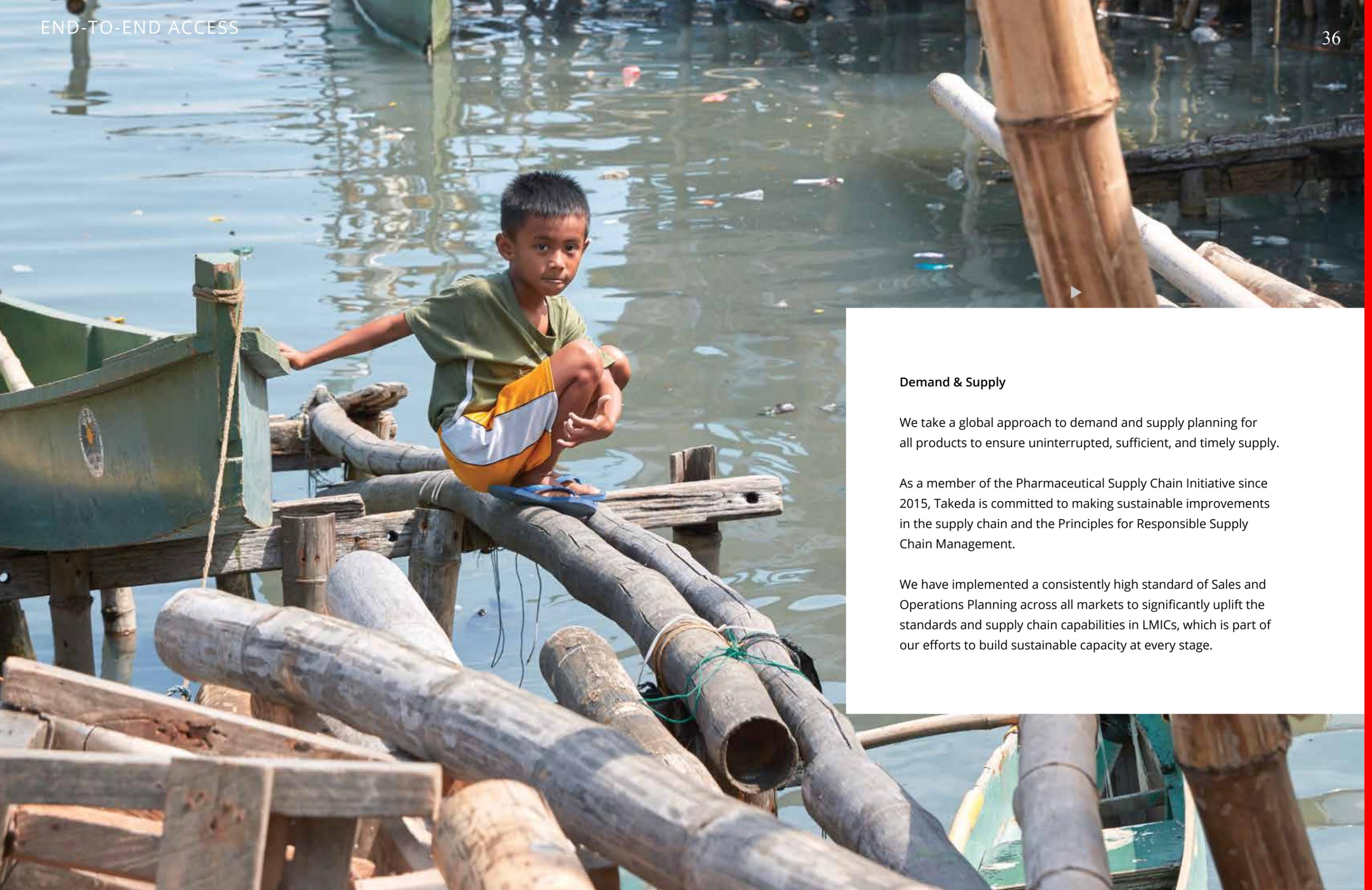
In recognition that wealth and poverty levels vary across as well as within countries, we have several approaches to addressing affordability barriers to access:

- Tiered pricing: adjust prices to a country's socioeconomic status and the maturity of its health system
- Value-based agreements: respond to the needs of payers and providers to manage uncertainty around the real-world outcomes and economic impact of our innovative medicines
- Patient Assistance Programs: increase access while addressing affordability hurdles.

“ I Googled it, then I cried, ”

says Demie, from the Philippines, about her Hodgkin lymphoma diagnosis.

*Learn about the Takeda Patient Assistance Program and how it is helping patients like Demie on page 23.*



### Demand & Supply

We take a global approach to demand and supply planning for all products to ensure uninterrupted, sufficient, and timely supply.

As a member of the Pharmaceutical Supply Chain Initiative since 2015, Takeda is committed to making sustainable improvements in the supply chain and the Principles for Responsible Supply Chain Management.

We have implemented a consistently high standard of Sales and Operations Planning across all markets to significantly uplift the standards and supply chain capabilities in LMICs, which is part of our efforts to build sustainable capacity at every stage.

## Lifelong access to Enzyme Replacement Therapies for patients with rare genetic diseases

Our structured donations program supports patients on Elaprase, Replagal, and VPRIV, Enzyme Replacement Therapies that are used to treat Hunter Syndrome, Fabry Disease, and Gaucher Disease, respectively.

Patients are identified by an independent committee comprised of physicians and a medical ethicist, and receive free, lifetime therapy or until a more sustainable solution is in place locally. Close to 300 patients across **18 countries** have benefitted from the program\*.

The program is administered by the international NGO Direct Relief and operates in select countries where Takeda's products are not available; some patients have been diagnosed; no local regulatory filing is planned or is more than 12-24 months away; and in-country capabilities exist to safely and effectively ensure patient access to treatments. The program also endeavours to support educational activities to confirm disease diagnosis and increase understanding among the medical and patient communities.



“

I cannot explain how [much] this means to me. And finally, I can live a normal life.

”

*Meet Ivana and learn about her search for treatment which spanned three countries and 10 years.*



Albania • Belarus • Bolivia • Bosnia  
 Egypt • India • Jordan • Kenya  
 Malaysia • Morocco • Pakistan • Palestine  
 Paraguay • South Africa • South Korea  
 Sudan • Tanzania • Tunisia

\* Cumulative number of patients from program inception until end 2020.

**Early access to Iclusig in partnership with The Max Foundation**

Takeda's Max Access Solutions program provides early patient access to Iclusig for the treatment of chronic myeloid leukemia and Philadelphia-positive acutelymphoblastic leukemia. The program is specifically designed to help uninsured or underinsured patients where the treatment is not available commercially, where significant access hurdles exist, and where local market initiatives cannot enable access to the therapy. The collaboration has supported over 400 patients in 23 countries\*.



“

I'm very thankful to Takeda because I have the opportunity to have access to treatment, but not only for me and the patients from Paraguay, I'm also thankful that they help people all over the world. We have another chance now; we extend our life and we have more hope.

”

*Read Osbaldo's journey of accessing treatment in Paraguay.*

“

I felt as if my life was over [but] I got the treatment I needed and could recover well and have a new chance at life.

”

*Hear Krishnan's story of regaining precious moments with his family in India*



\* Cumulative number of patients from program inception until end 2020.



# Innovative Access Programs

As the cornerstone of our Access to Medicines approach, Takeda's Patient Assistance Programs (PAPs) are overcoming barriers faced by patients in accessing innovative, patented medicines. The PAPs build on Takeda's pricing philosophy and consider each patient's personal and individual circumstances.

“

I Googled it, then I cried.

That's how 21-year-old Demie describes her reaction to hearing she had Stage 3, Hodgkin lymphoma.

”





Demie's father had stopped working after having a stroke the year before her diagnosis, and the family's financial situation was dire. "I knew very well that she could not afford treatment. So, we enrolled her in the Takeda Patient Assistance Program," says Francisco Lopez, Demie's physician and an oncologist, hematologist, and Head of Bone Marrow Transplant at St. Luke's Medical Centre in Manila, Philippines.

Resource-poor countries with evolving healthcare systems often have inadequate private and public health insurance schemes, particularly when it comes to rare and complex diseases. Patients often bear the cost of medical treatment 'out-of-pocket' which can be financially catastrophic for them and their families.

At Takeda, our pricing philosophy puts patients first. We aim to improve access to treatment for patients who benefit from our medicines and work hard to ensure that price is not an obstacle to access to medicines for patients.

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As part of Takeda's end-to-end access commitments, we address affordability challenges in three ways:

- 1 Tiered pricing allows for adjustments in price relative to a country's economic stage and health system maturity to support as many patients as possible, gaining access to our innovative medicines worldwide.
- 2 Value-based pricing responds to payers' and providers' need to manage uncertainty around the real-world clinical performance and economic impact of our innovative medicines.
- 3 Patient Assistance Programs (PAPs) support patients who have difficulty accessing medicines, to obtain our innovative and lifesaving treatments. PAPs are a cornerstone of Takeda's Access to Medicines strategy to increase sustainable access to our medicines for complex and rare diseases, and build sustainable capacity across the patient journey, addressing accessibility barriers.

Read Takeda's [Position on Pricing](#) which defines our pricing philosophy and commitments.





While tiered, inter-country pricing allows for adjustments relative to a country's economic stage and health system maturity, we recognize that affordability levels can vary considerably within a country, and from one person to another. Philip Towle, Access Transformation Lead at Takeda, explains, "Improving patient access to innovative medicines for complex medical conditions in low- and middle-income countries requires a highly personalized and collaborative approach." To address this, Takeda's PAPs are increasing patient access to some of our most innovative treatments. This includes patented medicines for Hodgkin lymphoma and large cell lymphoma, multiple myeloma, hemophilia, and inflammatory bowel disease.

The majority of Takeda's PAPs are based on individual levels of affordability (intra-country pricing) to help patients access their complete course of medication even if they cannot pay for it in full, at the intervals prescribed by their physician, in order to gain the maximum medical benefit of the treatment.

We have enlisted Axios International, an independent specialist in patient access solutions, to support the design and operations of our PAPs. Each patient takes a confidential assessment that determines how much financial help they need. The process uses a unique tool that considers individual income, assets, standard of living, and the national economic context.

"The links between income, assets, and standard of living varies between, and within, countries," says Joseph Saba, Chief Executive Officer of Axios. A physician and epidemiologist with a background in statistics, Joseph worked with health economists to create the tool specifically for low- and middle-income country (LMIC) settings. "The tool used for a confidential assessment of patients is unique because it looks at wealth indicators rather than poverty indicators. This more accurately reflects levels of individual affordability and can help increase long-term access to innovative, patented drugs in LMICs."





Based on the results of the assessment, the patient shares in the cost of treatment, according to their means. Takeda covers the remaining expense in partnership with local authorities and healthcare providers, national insurance funds, foundations, medical associations, and charities. Taking a collaborative approach makes the initiative financially sustainable and funds can be committed to patients at lower income levels. “In this way, you can reach a substantially greater number of patients,” says Joseph.

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Takeda’s PAP has **doubled the level of patient access** to *Adcetris* in Egypt and **improved the duration of treatment** to achieve the standard of care.

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In addition to considering varying levels of individual affordability, our PAPs also address gaps in local health provisions that result in access challenges. For example, we have two ‘arms’ of the PAP in Malaysia: one for the public healthcare system where we share the cost of a patient’s treatment with the government, and another for the private system where we split the cost with the patient and insurance providers. In Thailand, our PAP is helping to ensure patient access to *Adcetris* for Hodgkin lymphoma while the reimbursement process takes its course. In some countries where patients pay for medical expenses upfront and receive reimbursement at a later date, our PAPs provide bridge funding to help them manage their finances until they receive insurance payouts.

Ensuring that the patient gets their course of treatment is always the number one priority. “What’s unique about Takeda is that their patient-focused approach to Patient Assistance Programs is company-wide, which is not the case in many other organizations,” says Joseph. He concludes, “The more the industry produces individualized medicines, the more this calls for individualized approaches to affordability. Ultimately, all companies will have to do so, and Takeda is at the forefront.”

And, as for Demie? She’s now healthy and planning to continue her education. Reflecting on her experience, she says, “I’m thankful that there are people and organizations ready to help people like me.”

Our Patient Assistance Programs are impacting the lives of people globally:

**15**

COUNTRIES & TERRITORIES

**~5,500**

PATIENTS WITH RARE & COMPLEX DISEASES

PATIENT ACCESS INCREASED FROM

**15-20%** to **35-40%\*\***



**PRODUCTS:** ADCETRIS, ALUNBRIG, ENTYVIO, NINLARO, IMMUNINE, FEIBA

\* Cumulative number of patients from program inception until end December 2020.  
\*\* Takeda PAP for Adcetris in Egypt between 2016 and 2020.

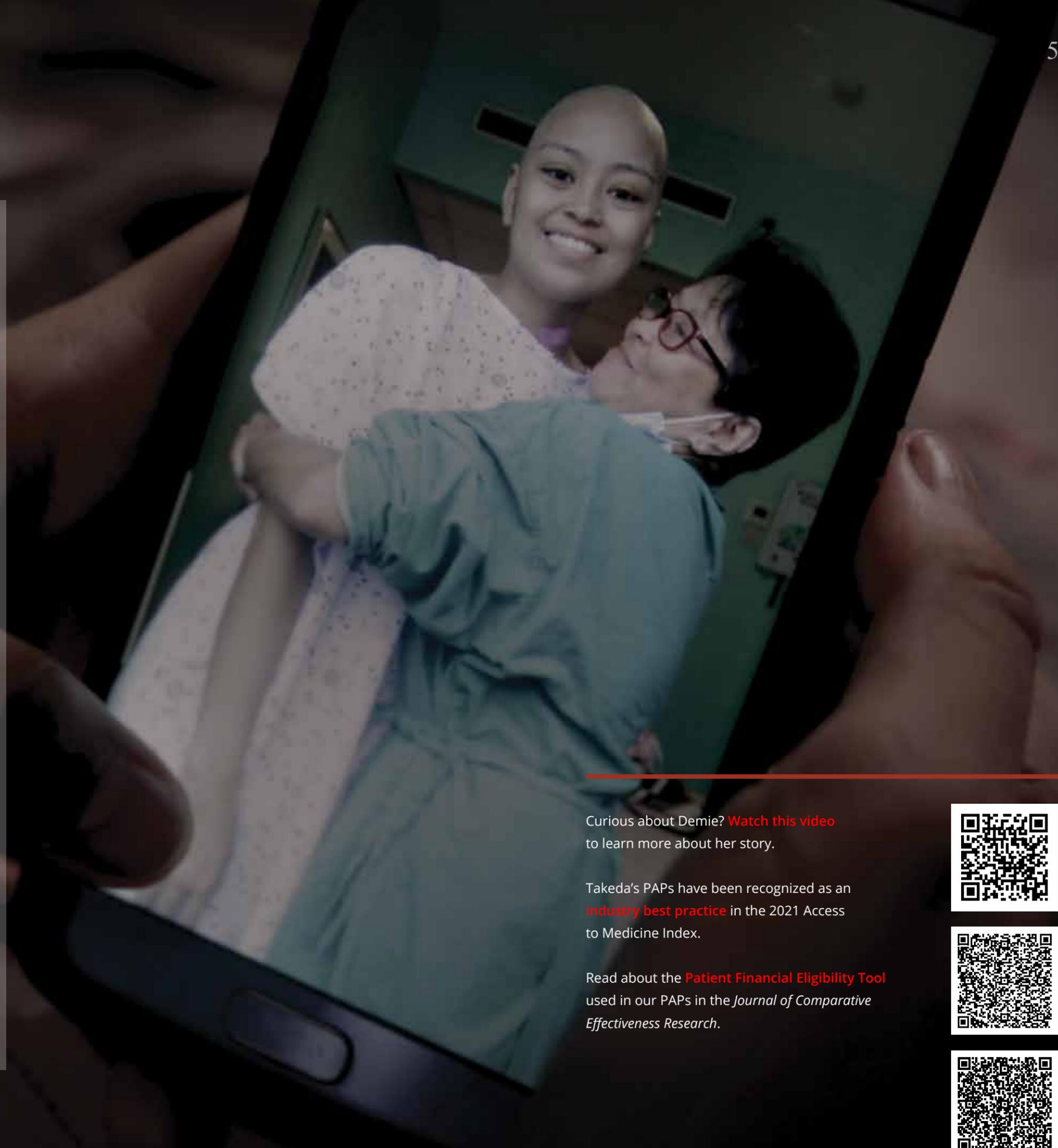
As healthcare systems worldwide struggled to cope with the spread of COVID-19, supply chains faced disruption, clinics shut down, and regular treatments were suspended. The health outcomes of patients with conditions such as cancer and inflammatory bowel disease were in peril.

Working closely with our partners, we evaluated where and what additional support was needed to enable uninterrupted access to treatment through our PAPs. The strength and breadth of these PAP partnerships mean that every possible patient has continued with their treatment.

**UKRAINE:** Patients enrolled in Takeda’s PAP in Ukraine faced potential interruptions to their monthly infusions of *Entyvio* when the majority of public hospitals were designated as COVID-19 centers, and elective treatments put on hold. Private clinics have been secured for these patients—and others who may be impacted in the future—to ensure they continue receiving their medication without impact to their treatment protocol.

**PHILIPPINES:** During the first few months of community quarantine in the Philippines, we worked with partners and physicians to enable the administration of *Adcetris* for Hodgkin lymphoma and *Entyvio* for inflammatory bowel disease by a qualified healthcare professional within the sanctuary of patients’ homes.

**PERU:** When the country’s leading treatment center considered a halt in infusion therapy, our partners worked with physicians, nurses, and pharmacists to ensure continued priority for patients on our PAPs.



Curious about Demie? [Watch this video](#) to learn more about her story.



Takeda’s PAPs have been recognized as an [industry best practice](#) in the 2021 Access to Medicine Index.



Read about the [Patient Financial Eligibility Tool](#) used in our PAPs in the *Journal of Comparative Effectiveness Research*.





# Advancing Health Research in Underserved Communities

Our industry-leading approach to building scientific capacity is helping to advance sustainable health research and delivery systems. This is unlocking untapped potential in low- and middle-income countries (LMICs) while unleashing the power of Takeda employees.

“

Takeda came with a different approach.

That's how Furaha Serventi, Head of Cancer Care at Kilimanjaro Christian Medical Centre in Tanzania, describes our initiatives that are strengthening scientific and research capacity in low- and middle-income countries (LMICs).

”





Chris Reddick, Head of Research & Development (R&D) Health Equity, explains

“Our programs are built on knowledge sharing between R&D colleagues who possess unique skillsets, experience, and training, and healthcare teams in LMICs who are addressing scientific, clinical, and technical challenges to improve patient care. These long-term collaborations serve to unlock potential in underserved communities.”

Why is this important? Because scientific and technical expertise is critical to the development of sustainable health research and delivery systems. The innovative approaches established by Chris and his team have been recognized by the Access to Medicine Foundation as best practices in the pharmaceutical industry.

## Meet the Volunteers

The programs benefit not only our non-governmental organization (NGO) partners and local research teams but also Takeda colleagues. Some of our R&D volunteers share their experiences and their hopes for the future of healthcare access.

**Shreya Dave**, *Director, Global Evidence and Outcomes, Neuroscience*, is part of the effort to build Haiti's scientific capability in mental health, in collaboration with Partners in Health and Zanmi Lasante. Shreya has a doctorate in primary care and population health.



"I signed up so that I could help make a difference to underserved communities. Haiti has suffered much political and civil unrest, and mental health has emerged as an ongoing crisis.

The project—to fill the gap in the availability of quality epidemiology data for mental health—aligns closely with my interests and experience as a neuroscience-focused epidemiologist.

In addition to training our NGO partners in the core principles of epidemiology, I proposed a study to develop and test a locally adapted surveillance system in a region of Haiti that is suffering a disproportionately high suicide rate.

By identifying the extent and correlates of suicide, the study will enable the creation of appropriately targeted interventions that can ultimately help bring down the suicide rate.

I hope to see a reduction in global inequalities in health, particularly in mental health, which suffers a significant unmet need. I see my contribution to this project as a step towards this."

**Monica Raziq**, *Manager, Congresses, Outreach, and Medical Education*, is helping to improve cancer research and care delivery in Tanzania. Monica is an experienced pharmacist with a doctorate in pharmacy and a master's degree in business administration.



"When I heard about this initiative and what the team does, I instantly wanted to get involved. I love volunteering my time and was excited to use my expertise.

I'm working with the Foundation for Cancer Care in Tanzania, Kilimanjaro Christian Medical Centre and AMPATH on the creation of drug compendia and patient information sheets.

While pharmacists and healthcare professionals in developed countries have access to databases such as Lexicomp and Micromedex, those in LMICs do not. The drug compendia I'm creating will provide pharmacists in Tanzania with information on their most commonly used medications.

The patient sheets, on the other hand, will serve as references on treatment adherence and what to expect of their therapy, all in lay language.

I love knowing that my work has an impact, and I am hopeful that we can help LMICs deliver better care."

**Ajibade Ashaye**, *Director, Global Evidence & Outcomes*, is enabling cancer research in Rwanda, as part of the African Consortium for Cancer Clinical Trials, in partnership with BIO Ventures for Global Health. Ajibade is a physician with graduate degrees in business administration, public health, and health economics.



"Takeda's R&D Access to Medicines capacity building work was a key factor in my decision to join the company.

I'm sharing my expertise with oncologists at the Rwanda Military Hospital that is empowering local researchers to develop world-class skills for conducting their own clinical trials on prostate cancer—one of the most prevalent cancers in the country. This, in turn, will improve the representation of minorities and Africans within studies. It also provides direct investment into building the human and knowledge capital required to combat the rising cancer epidemic in Africa.

Having lived and worked in West Africa, this is a unique opportunity to fuel my passion for global health and be involved in an initiative that has the potential to change lives. It's not often one gets a chance to be part of something that's trailblazing."

## Instrumental Access Program

Catalyzing scientific research and early translational medicine can have a significant impact on strengthening the overall healthcare infrastructure in LMICs.

That is why we continue to support Seeding Labs' Instrumental Access Program and provide universities and researchers with the necessary equipment and training to address local research challenges, participate in the fight against global diseases, and teach the next generation of local scientists. The provision of equipment, is enhanced by virtual mentorship provided by Takeda scientists to the recipients of the equipment so they can fully set up and use their newly established laboratories.

"Takeda is able to meet our most urgent equipment needs in real-time," says Melissa Wu, CEO, Seeding Labs. "We recognized Takeda with the 2019 Founder's Award for its unwavering belief that supporting science everywhere makes a healthier world."

The impact of the Instrumental Access Program is evident in the ability of recipients to support their countries' crisis responses:

- Only four months before Cyclone Idai devastated Malawi in 2019, an Instrumental Access shipment arrived at the University of Science and Technology addressed to Dr. Gama Bandawe. On account of their newly equipped and functional laboratory, Gama and his team were enlisted by UNICEF to implement a public health surveillance platform and helped to prevent deadly outbreaks of disease in the aftermath of the disaster.
- Dr. Thabile Ndlovu from the University of Eswatini (in former Swaziland) received a shipment of Instrumental Access equipment less than a month before the country's first reported case of COVID-19 in March 2020. Thabile quickly mobilized and trained colleagues from across the faculty of science. Together, they pivoted the use of the donated apparatus towards the mass production of hand sanitizer for their community.

OVER

**200**

TAKEDA R&D EMPLOYEES HAVE CONTRIBUTED A DIVERSE RANGE OF KNOWLEDGE AND SKILLS TO

**20**

NGO PARTNERS &

**50**

INITIATIVES INCLUDING:

- 
- ▶ Clinical Trials & Basic Research
  - ▶ Epidemiology
  - ▶ Scientific Publications, Communications & Medical Writing
  - ▶ Disease State Knowledge
  - ▶ Biostatistics
  - ▶ Science & Biomedical Policy
  - ▶ Laboratory & Equipment Management



ALMOST

**1,000**

PIECES OF SCIENTIFIC  
INSTRUMENTATION DONATED

TO

**67**

RESEARCH  
DEPARTMENTS

IN

**53**

INSTITUTIONS

HAVE BUILT LOCAL  
RESEARCH CAPACITY IN

**23**

COUNTRIES AS PART OF THE  
INSTRUMENTAL ACCESS PROGRAM



Through the support of Takeda and other donors, the Instrumental Access Program has:

TRAINED

**26,000**

UNDERGRADUATE STUDENTS IN SCIENCE, TECHNOLOGY, ENGINEERING & MATHEMATICS (STEM) COURSES

ENABLED

**1,800**

GRADUATE STUDENTS TO COMPLETE THEIR PHDs

EQUIPPED

**2,000**

RESEARCHERS TO CONDUCT RESEARCH ON LOCAL AND GLOBAL DISEASES

EMPOWERED INSTRUMENTAL ACCESS RECIPIENTS TO GAIN

**\$3.4M**

IN NEW RESEARCH AWARDS



A group of approximately ten children of various ages are standing on a concrete step in front of a wall. The wall has some graffiti, including the words 'SABONG', 'LOVE', 'SHOW', and 'DATE'. The children are wearing casual clothing like t-shirts and shorts. The overall scene is lit with a warm, reddish-orange light, suggesting a sunset or sunrise. The text 'Public Policy & Patient Advocacy' is overlaid in white on the left side of the image.

# Public Policy & Patient Advocacy

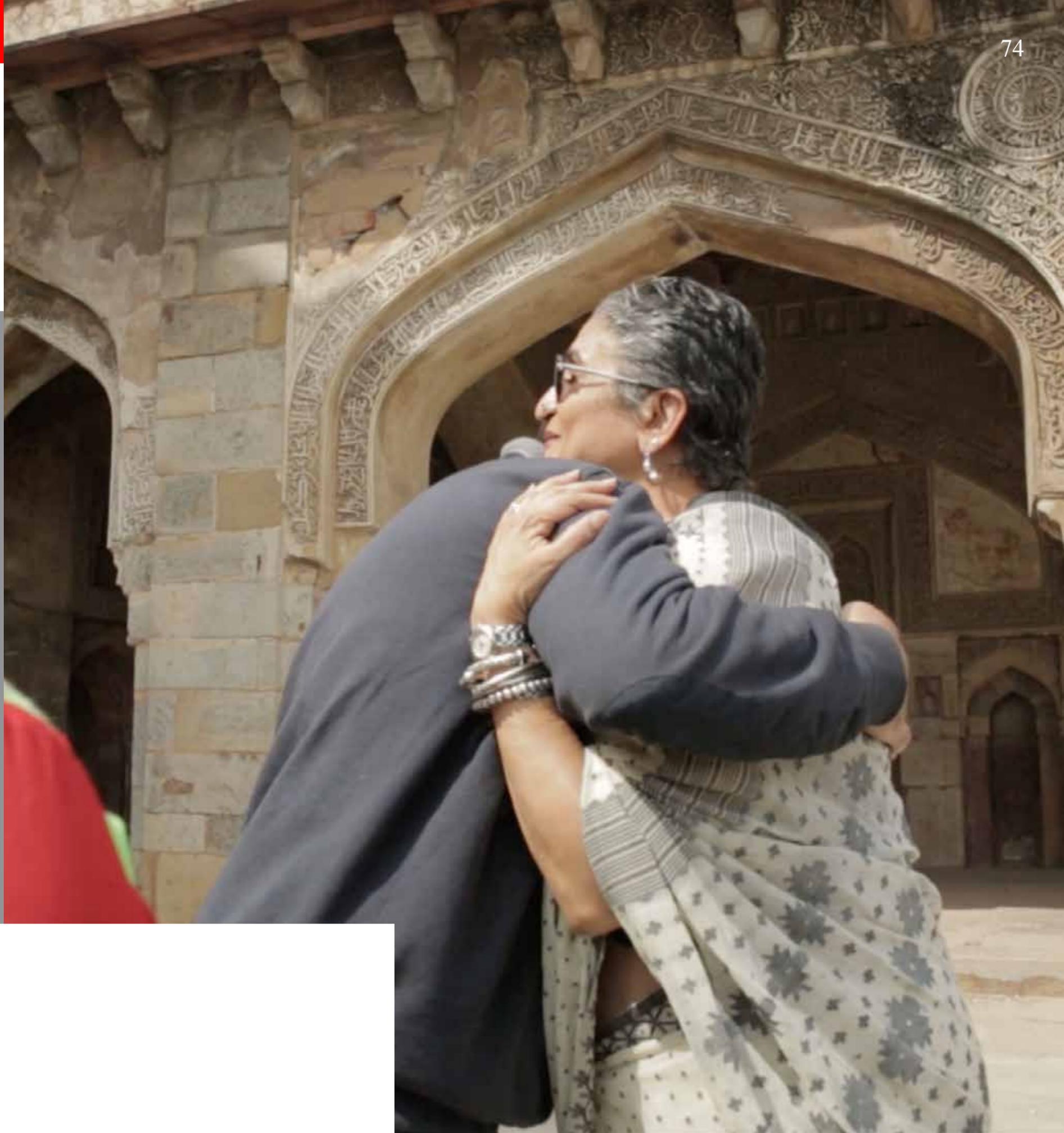
We are collaborating with policy makers and patient organizations to accelerate patient-centric healthcare provisions and ecosystems that foster improved access. This ranges from Universal Health Coverage (UHC) to our initiatives in capacity building, innovative access, and strategic partnerships.

“

Takeda approached working with us in a manner that few other organizations have, in our experience with the private sector. They have been extremely supportive in progressing unique and out-of-the-box approaches to shaping public policy.

K. Srinath Reddy, President,  
Public Health Foundation of India (PHFI)

”



At Takeda, we believe that the private sector—and the pharmaceutical industry in particular—plays an essential role in the complex journey of achieving Sustainable Development Goal 3.8: Achieve Universal Health Coverage<sup>3</sup>, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Our efforts include facilitating dialogue and aligning efforts between stakeholders, as well as partnering with government and civil society to enhance access to high quality and innovative medicines by contributing towards the building and broadening of capacity in local health systems.

Recognizing the evolving healthcare landscape in Asia and Africa, we collaborated with PHFI and Amref Health Africa to organize a series of consultations that convened private sector players, government officials, technical experts, intermediaries, and donor organizations, among others. These events explored the role of innovation in complex health ecosystems, serving as a platform to build trust across sectors in order to accelerate UHC.

These in-person events evolved into the 2020 Digital Unconference: a mutual learning series to identify innovative collaborations between governments and the private sector in response to COVID-19 and their lessons for health systems resilience. The over 300 hundred participants included senior government and elected officials, bilateral and multilateral development agencies, private sector CEOs, senior executives of national and transnational health sector companies, and not-for-profit organizations.

The outcome of this series is a digital platform that supports more effective contributions from the private sector to national strategies for Universal Health Coverage, by convening diverse health system stakeholders to leverage evidence and research.

Collaborating with policy makers on the creation of patient-centric provisions for the management of rare and complex diseases is another aspect of our Access to Medicines (AtM) strategy. We believe this to be particularly important for rare diseases which are frequently misdiagnosed<sup>4</sup> and often neglected<sup>5</sup>. Through a Memorandum of Understanding with the Ministry of Health in Vietnam, we are helping to accelerate diagnosis and treatment for patients with hemophilia and primary immune deficiency—two of the most prevalent, rare diseases in the country. This is being achieved through training of healthcare professionals, implementation of a rare disease management policy, securing policies for orphan drugs supply in Vietnam, and empowering patients and caregivers.

#### CONSULTATION 1:

*Innovations for UHC-India-Africa Conclave* was held in 2018 in Bangalore, India, in collaboration with the Government of India's NITI Aayog and the Government of Karnataka

#### CONSULTATION 2:

*Equitable Access to Healthcare in Asia and Africa* took place in 2018 on the sidelines of the UN General Assembly in New York, USA

#### CONSULTATION 3:

*Leveraging Community-led Innovations for UHC* was conducted at the 2019 AfricaHealth Agenda International Conference in Kigali, Rwanda

#### CONSULTATION 4:

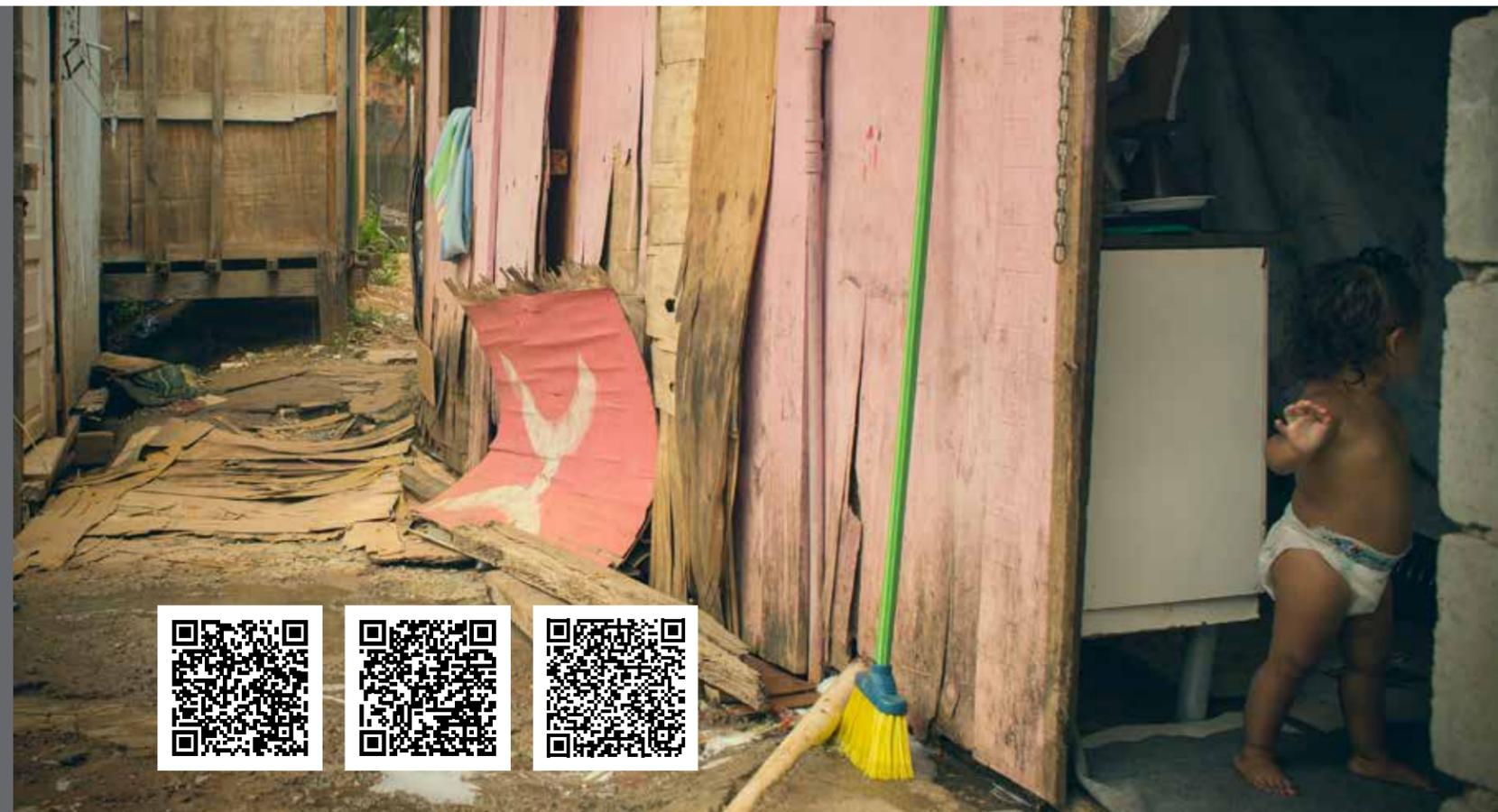
*Achieving UHC in Asia and Africa by Scaling Community-led / Local Innovations* was hosted in Hanoi, Vietnam in 2019

<sup>3</sup>Universal Health Coverage, as defined by WHO / World Bank Group, means that everyone – irrespective of their living standards – receives the health services they need, and that using health services does not cause financial hardship. WHO / World Bank Group. "Tracking universal health coverage: 2017 Global Monitoring Report". December 2017. [https://www.who.int/healthinfo/universal\\_health\\_coverage/report/2017/en/](https://www.who.int/healthinfo/universal_health_coverage/report/2017/en/) Accessed: December 2020

<sup>4</sup>Takeda. <https://www.takeda.com/what-we-do/areas-of-focus/rare-diseases/> Accessed: December 2020

<sup>5</sup>Rare Diseases International. "Rare Diseases: Leaving no one behind in Universal Health Coverage". April 2019.

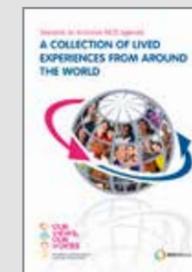
<https://d254mlohi4u805.cloudfront.net/rdi/2019:RDI%20UHC%20Paper%20Final%20October%202019.pdf> Accessed: December 2020



We are committed to listening to—and helping to elevate—the voices of the patient and caregiver communities in order to facilitate improvements in policy development, advocacy, and healthcare design and delivery.

In partnership with the NCD Alliance, we are improving the understanding of the needs and priorities of patients from low- and middle-income countries with neglected Non-Communicable Diseases (NCDs) such as gastroenterological, neurological, autoimmune, and genetic conditions. The partnership is driving global dialogue and promoting the voices and involvement of people living with NCDs and their caregivers through a recent publication *Towards an inclusive NCD agenda: A collection of lived experiences from around the world*.

As people living with NCDs have been more vulnerable to COVID-19<sup>6</sup>, Takeda has supported the Healthy Philippines Alliance and the Zambia NCD Alliance through the NCD Alliance's Civil Society Solidarity Fund on NCDs and COVID-19. The aim is to strengthen civil society's response to the pandemic by promoting the continuity of essential NCD health services, the inclusion of NCDs in national COVID-19 response and recovery plans, and the meaningful involvement of people living with NCDs.



Read the testimonials of people living with NCDs around the world in the NCD Alliance's publication **Towards an inclusive NCD agenda: A collection of lived experiences from around the world**, under the ambit of the **Our Views, Our Voices** initiative.

While different NCDs present specific needs and challenges for the people living with them, the publication identifies commonalities that resonate across the stories shared and proposes a more inclusive NCD agenda that puts people first.



The experience and insights of patient organizations are also considered in the design and execution of our AtM programs. Tanya Collin-Histed, CEO of the International Gaucher Alliance (IGA), is a long-standing member of the expert committee that governs our structured donations program for lysosomal storage disorders. Tanya says, “The program model was developed after listening to all the experts—not only those within Takeda and the medical community, but also patient organizations like the IGA.”

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The role of the private sector in achieving UHC was the focus of *Leaving no patient behind*. Delivering UHC 2030, a session co-hosted by Takeda, Amref Health Africa, Innovation in Healthcare, and Medtronic at the World Economic Forum Annual Meeting 2020 in Davos, Switzerland.

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The voice of patient representatives, clinicians, and policy makers from around the world are elevated in Amplify, a podcast series that discusses how multiple stakeholders can work together to advocate for personalized care, with the goal of improving outcomes for patients with rare bleeding disorders such as hemophilia.

As a visionary member of the World Federation of Hemophilia (WFH), we have been long-term supporters of the Global Alliance for Progress (GAP) whose primary goal is to improve the diagnosis and treatment of people with hemophilia and other bleeding disorders. Since GAP launched in 2003, 40 programs have been launched in 33 countries and over 40,000 patients have been diagnosed or registered<sup>7</sup>.

Takeda has also supported the WFH’s global registry, which aims to create an evidence database that informs appropriate public health policies that enable improved care and treatment of bleeding disorders, with the majority of participants coming from low- and middle-income countries<sup>8</sup>.

Priya Balasubramaniam, Senior Public Health Scientist and Director of Public Health Foundation of India’s UHC initiative, concludes “I think Takeda can play a tremendous role in progressing Universal Health Coverage. Doing good business and doing good do not have to be independent of each other.”



You can listen to, subscribe, and share the podcast series on: <https://shows.acast.com/amplify>

Some episodes in the Takeda *Amplify* series are only intended for listeners outside the United States.



<sup>7</sup>World Federation of Hemophilia. Global Alliance for Progress Program. <https://www.wfh.org/en/our-work-reg-national/gap-program> Accessed: December 2020

<sup>8</sup>World Federation of Hemophilia. World Bleeding Disorders Registry. <https://www.wfh.org/en/our-work-research-data/world-bleeding-disorders-registry> Accessed: December 2020



# Blueprint for Access to Innovative Healthcare

Takeda's flagship Access to Medicines initiative is accelerating global progress in the prevention and treatment of Non-Communicable Diseases. Our intent is to strengthen and expand the Blueprint for Access to Innovative Healthcare across Sub-Saharan Africa and to the rest of the world.

“

We decided that Stella would go to the hospital, and the children wouldn't go to school, says Samuel Bundi.

Samuel Bundi's wife, Stella, has cervical cancer, and paying for her treatment, as well as their children's education, is beyond their means.

”



“In low- and- middle-income countries (LMICs), the impact of Non-Communicable Diseases (NCDs) on patients, and their families, can be catastrophic. Loss of income, complications of late or misdiagnosis, and the financial burden of treatment, all add up,” explains Susanne Weissbäcker, Takeda’s Global Head of Access to Medicines.

The economic drain of the four main NCDs—cardiovascular disease, diabetes, cancer, and chronic respiratory diseases—on LMICs is **estimated at US\$7 trillion for 2011-2025, or US\$500 billion per year**. By comparison, the projected cost of implementing intervention strategies is **less than US\$137 billion over the same period, or US\$11.4 billion annually**<sup>9</sup>. Despite this, the momentum of addressing the NCD epidemic has slowed in the past decade<sup>10</sup>.

When Stella got to the hospital in Meru Town in Kenya, she was in for a surprise. The hospital staff registered Stella for the National Hospital Insurance Fund (NHIF) and paid her annual premium. Stella was able to start chemotherapy and will progress onto radiotherapy to continue her treatment. Stella’s experience is a testament to the Blueprint for Innovative Healthcare Access. Meru County<sup>11</sup>, with one of the highest NCD rates in Kenya, is the setting of the pilot Blueprint project. “Takeda initiated the Blueprint as a partnership framework for strengthening local healthcare systems for NCDs,” says Susanne.

At the Blueprint’s core is a consortium of partners who share resources and responsibility, bringing their specific strengths and expertise to drive implementation at a local level. “The conversation about Blueprint was to ask: what is the holistic approach to address the challenge of rising NCDs to ensure that everyone, everywhere, has a chance at life?” elaborates Githinji Gitahi, Group CEO, Amref Health Africa, one of the core Blueprint partners.



<sup>9</sup>From Burden to “Best Buys”: Reducing the Economic Impact of Non-Communicable Diseases in Low- and Middle-Income Countries. World Health Organization & World Economic Forum, 2011

<sup>10</sup>World Health Organization. COVID-19 and NCDs, 2020. [https://www.who.int/nmh/publications/best\\_buys\\_summary.pdf?ua=1](https://www.who.int/nmh/publications/best_buys_summary.pdf?ua=1)

<sup>11</sup>Meru is located in Eastern Kenya with a population of over 1.3 million. Source: <http://meru.go.ke/content.php?com=37&com2=54&com3=>



The Blueprint's design is intended to be fully sustainable beyond Takeda's three-year funding commitment, both financially and in longevity. It ensures adequate time and resources to build the capacity and skills needed to deliver high-quality care. Furthermore, the involvement of the local government and the project's alignment with national health priorities means that long-term funding can be planned into national and regional budgets.

Based on the Meru pilot's early successes, the Blueprint has expanded into Rwanda, where the framework has been adapted to address local healthcare needs.

## Exploring the Blueprint

The Blueprint spans the entire patient journey—from disease prevention, screening, and diagnosis, to high-quality treatment and patient support. It also factors in financial aid and guidance, palliative care, and affordability programs to increase patient access to innovative medicines on a not-for-profit basis.

Watch these videos to explore the project and meet the people who are living and breathing the Blueprint.

### Introduction

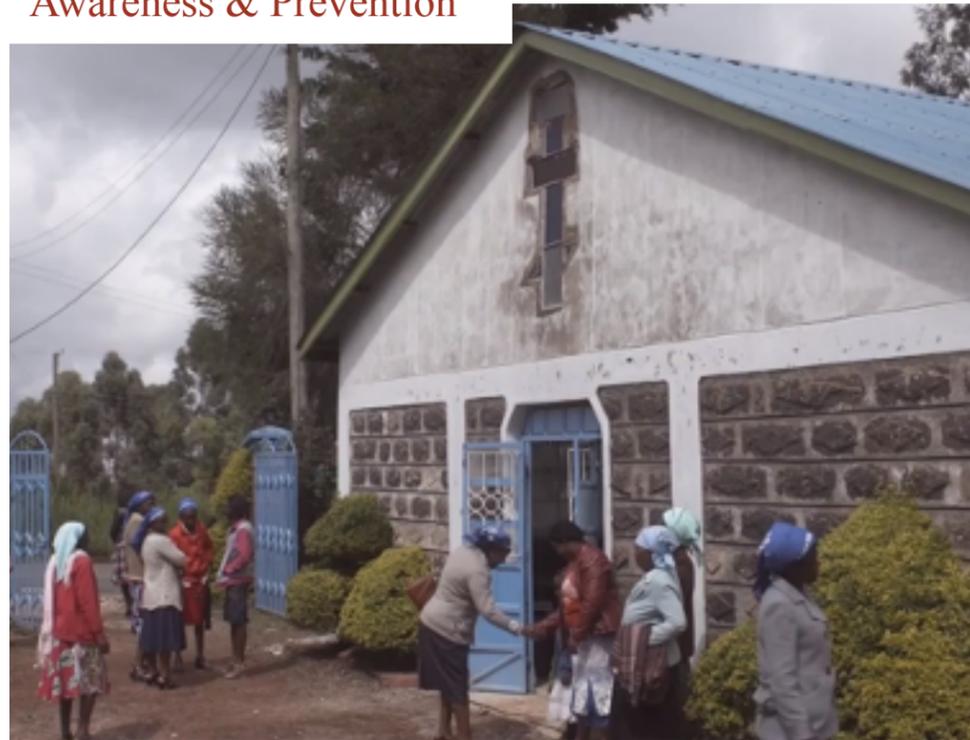


“The Blueprint is saving lives.”

- Chite Asirwa, Blueprint Project Director & Executive Director, International Cancer Institute



### Awareness & Prevention

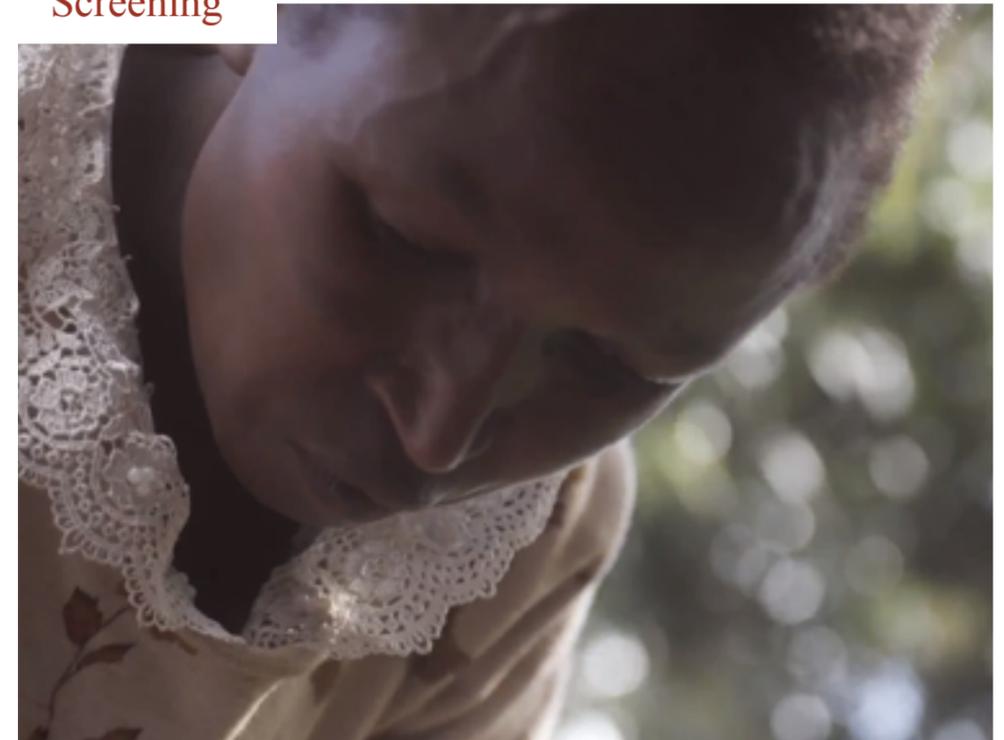


“I love my work because I love helping people.”

- Tabitha John, one of the Community Health Volunteers trained by the Blueprint to raise community awareness of NCDs like cancer, diabetes, and hypertension.



### Screening



“Meru is vast. We hold a mass screening once a month in different locations. The main objective is advocacy, promotion and early detection so that we’re able to help patients quicker and faster.”

- Denis Munene, Project Coordinator for the Blueprint Meru, International Cancer Institute.



Diagnosis



“Early diagnosis means that we are able to institute care with a curative intent. Late diagnosis puts a strain, not only on the [patient’s] family members, but also on the healthcare system.”

- Helena Musau, Oncologist, Meru Teaching and Referral Hospital.



Treatment



“Since I was diagnosed, my life has stagnated. In fact, I cannot feed my children.”

- Stella Kajuju, a mother of three children, who is now receiving treatment and financial aid through the Blueprint.



Palliative Care



“I believe I was born with a heart for helping people.”

-Robert Karani, a Community Health Volunteer who supports patients in his community to manage their NCDs.



In the initial 21 months of the pilot  
Blueprint in Meru County\*:



> 46,000

screenings for cancer, diabetes,  
and hypertension provided to  
almost 13,000 people, of which:

>1,000

patients received  
cancer treatment  
and support

>500

patients referred  
for treatment of  
diabetes and  
hypertension



~800

Community Health Volunteers  
and Trainers qualified to  
raise awareness of cancer  
and hypertension symptoms,  
provide screenings, and  
conduct community  
campaigns on health  
promotion.

\*1 March 2019 - 31 December 2020.

The Blueprint Consortium harnesses the power of partnerships across the private sector, governments, NGOs, healthcare professionals, and communities.



Providing capacitybuilding for community health workers, community-level screening, and referral.



Delivering clinical care including mass screenings, diagnostics, treatment, and specialized training of healthcare professionals.



Providing county leadership, strategic direction, and coordination of implementation.



Establishing a cancer registry for data collection and surveillance.



Enabling the provision of palliative care and support to patients and caregivers.



Training and mentoring frontline healthcare workers.



Strengthening the supply chain at both national and county levels.



Monitoring and evaluating the impact of the Blueprint.



Advocating for policy development and training health workers on diabetes and hypertension management.



Delivering oversight as the national coordinating body for all cancer control activities in Kenya, housed in the Kenya Ministry of Health.



Capacity building, diseases awareness and diagnostic support, addressing affordability barriers for treatment with Roche products.



Initiated and funding the initiative, providing capacity building support and addressing affordability barriers for treatment through Patient Assistance Programs.



# Access to Health Impact Framework

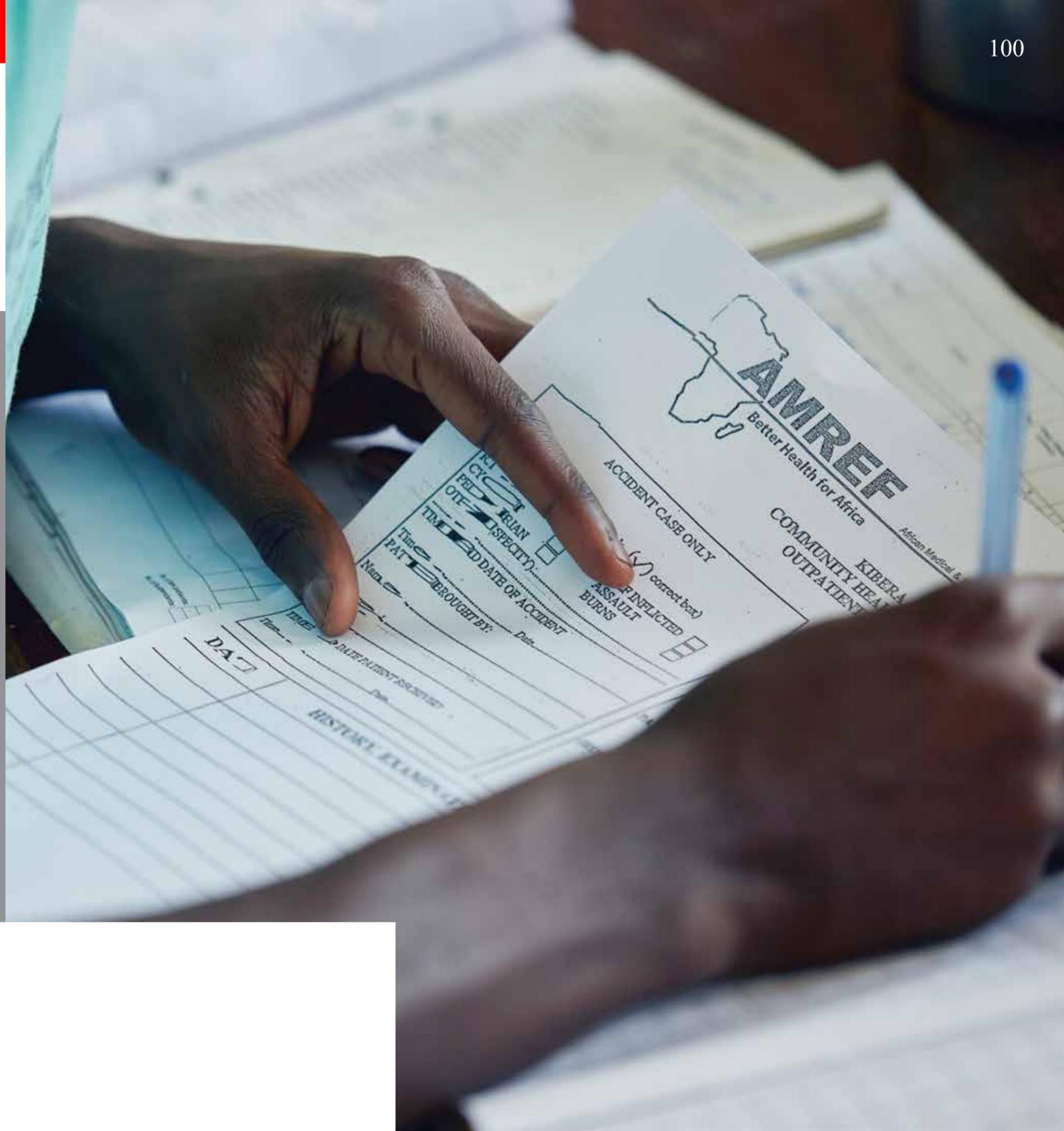
Quantifying the outcomes of our Access to Medicines (AtM) programs is the only way to determine their true impact. We look forward to using the Access to Health Impact Framework across all our AtM programs and offering it to the rest of the industry as a consistent way of measuring the impact of access initiatives on patients and healthcare systems.

“

“It has given new meaning to our activities. We have shifted from counting the number of people we train to thinking about the quality of training and its impact on the community,”

says Catherine Kanari, Head of Clinical Business at Amref Health Africa, one of the Blueprint for Innovative Healthcare Access partners that is piloting the use of the Access to Health Impact Framework.

”



The Framework was commissioned by Takeda and devised by Innovations in Healthcare (liH), a nonprofit founded by Duke Medicine, McKinsey & Company, and the World Economic Forum to improve healthcare worldwide.

“We saw a need for a mechanism that could be used across the industry and beyond to measure the overall impact of programs that aim to improve patient access to care and treatment,” says Philip Towle, Access Transformation Lead at Takeda.

Although access programs funded by the private sector are growing in number and in scope, studies have found that more must be done to quantify the outcomes of these efforts<sup>12</sup>. Without such an evaluation, the success, failure, and resulting impact is difficult to determine. This is particularly important in low- and- middle-income countries (LMICs)—the geographic focus of many access initiatives—where outcomes can be the most uncertain<sup>13</sup>.

Elina Urli Hodges, Assistant Director at liH, says, “The Framework is designed as a roadmap for action that focuses organizations on outcomes and what is next in the continuum of care for the patient.” liH took an iterative and transparent approach, first reviewing expert insights, existing frameworks, and grey literature, then validating its proposal with key opinion leaders from the pharmaceutical industry, implementing partners, academics, and clinicians.



<sup>12</sup>Peter C. Rockers, Veronika J. Wirtz, Chukwuemeka A. Umeh, Preethi M. Swamy, and Richard O. Laing. “Industry-Led Access-To-Medicines Initiatives In Low- And Middle- Income Countries: Strategies And Evidence”. *Health Affairs*, Volume 36, No. 4. April 2017.

<https://www.healthaffairs.org/doi/10.1377/hlthaff.2016.1213> Accessed: November 2020.

<sup>13</sup>Pratik Doshi, Joy Bhosai, Elina Urli Hodges, and Krishna Udayakumar. “Extending the reach of private health initiatives beyond the pill”. June 2020.

<https://www.brookings.edu/blog/future-development/2020/06/30/extending-the-reach-of-private-health-initiatives-beyond-the-pill/> Accessed: November 2020

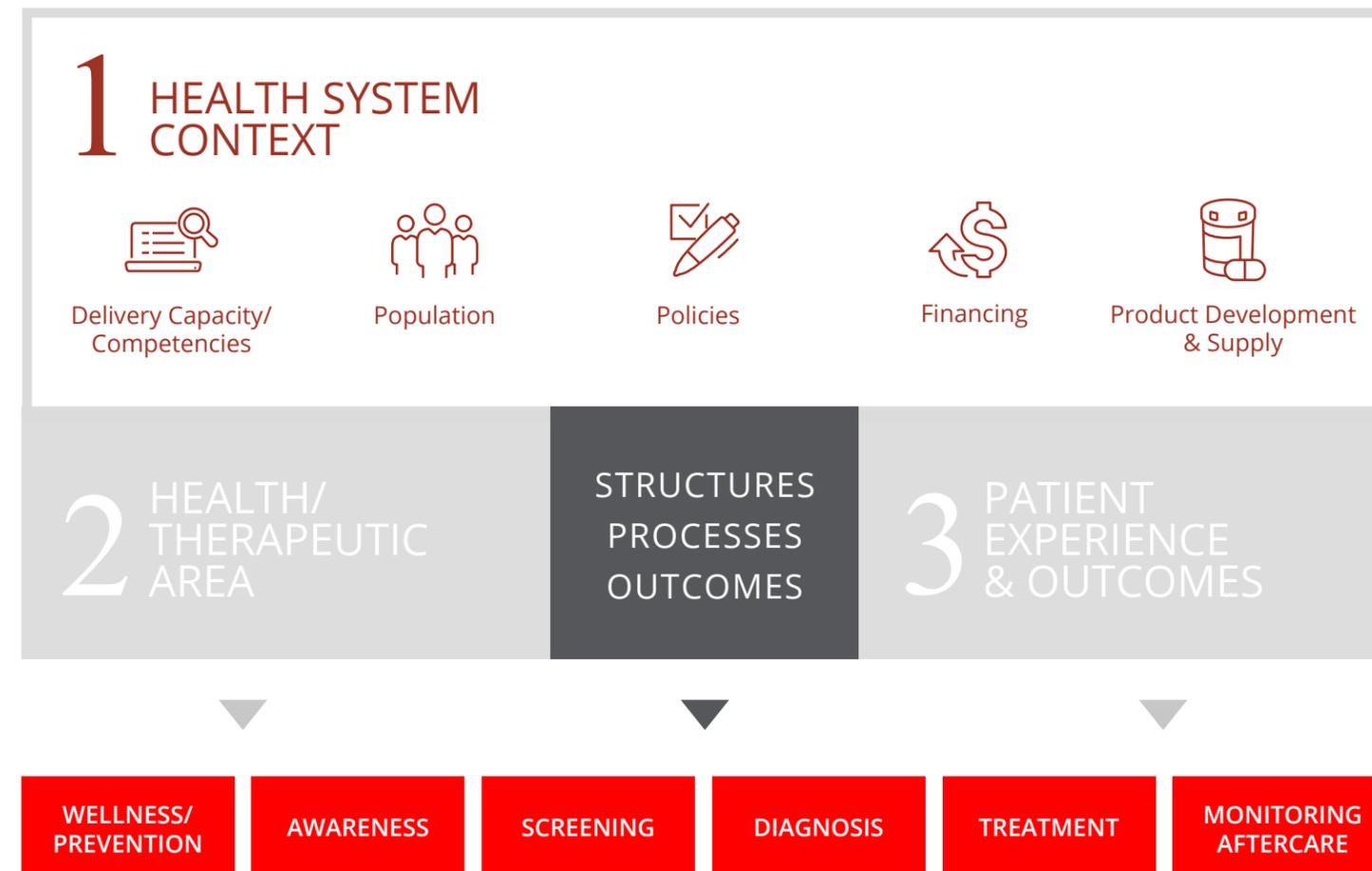
## Access to Health Impact Measurement Framework

liH has worked with Blueprint partners like Amref Health Africa and the NCD Alliance of Kenya (NCDAK) to map out its activities and outcomes across the three key Framework domains: health system context, health and therapeutic area, and patient experiences. Catherine Karekezi, Technical Advisor, NCDAK, says, “It has helped us to clarify whether what we intended to do, was actually what we needed to do. We haven’t previously looked at measurement and evaluation in this way.”

The Blueprint partners’ indicators of success are visualized in a digital platform that facilitates efficiency, scale, and real-time feedback loops. It also empowers implementation partners to conduct more robust data collection and progress reporting.

As a next step, the Framework will expand to other Takeda AtM programs and be offered to the rest of the industry as a consistent way of measuring the impact of AtM programs on patient lives and healthcare systems. To that end, Takeda and liH are seeking to foster a multi-stakeholder Global Coalition for Access to Health to champion the effort to implement and improve sustainable, impactful access programs.

Krishna Udayakumar, Executive Director of liH, summarizes, “Takeda has taken a huge leadership role in recognizing that outcomes of access programs need to be quantified, and by making the Framework publicly available to facilitate its broadest possible use.”





# Towards Global Health Equity

There are clear yet complex links between sustainability, affordability, and patient access to care. At Takeda, we address these through our global approach to Access to Medicines (AtM).



At its foundation is a practical framework to increase access to our medicines through our innovative pricing approaches, which operate in parallel to initiatives that build local healthcare capacity to address a wide spectrum of healthcare challenges. In this way, we aim to improve patient access to quality care and treatment, and create societal value in a financially sustainable way.

To further amplify our efforts articulated in this Progress Report, we have taken a significant strategic decision to transition a number of Takeda countries in our Growth & Emerging Markets Business Unit to a model whereby locally generated revenues will be reinvested in programs that strengthen the local healthcare system. This transition will take place over the next few years, and will include countries that have considerable unmet patient need, and that are fraught with high out-of-pocket spend, such as the Philippines, Vietnam, Egypt, South Africa, and those in Sub-Saharan Africa. We will also collaborate with policymakers and experts from NGOs, patient organizations, and governments to help create environments that improve patient access and gives Takeda the ability to drive our medicines' affordability programs at scale.

We believe these moves set Takeda on a course to 'fast track' patient access to innovation in a more sustainable way to more than 6.5 billion people across the Growth & Emerging Markets Region, which is around 85% of the world's population.

We have been humbled that approaches like these have been externally recognized within the 2021 Access to Medicine Index, where Takeda was ranked sixth overall out of 20 world-leading pharma companies. We also earned industry-leading positions in the three areas measured by the Index for our company-wide commitment and efforts to provide patients access to our innovative treatments. While we are fully committed to expanding patient access to medicines irrespective of external recognition, the findings are a pleasing illustration of how Takeda's values are being lived by our employees across the company, and how our 'Access First' approach in the Region is helping patients overcome access challenges.

At the same time, we know that we don't have all the answers.

Every day, we learn from partners, peers, and our own experiences— both successes and failures alike. We will use these lessons to improve our programs and policies, build capabilities, and hopefully expand horizons for patients. We recognize that embedding AtM more deeply into the fabric of our organization requires specific capabilities, understanding, and collaboration. Our newly launched AtM competency framework has learning and training tools that aim to equip Takeda employees with the skills and knowledge to excel in this field of expertise, while keeping patient access to medicines at the forefront of their thinking.

With disease burdens on the rise and nearly 2 billion people around the world lacking access to basic medicines, we do not have the luxury of time. We are committed to partnering with governments and other experts to play an appropriate role in the journey towards global health equity through the achievement of Universal Healthcare. However, we acknowledge that the private sector must earn a seat at the table as a trusted partner who acts with transparency, and makes every effort to deliver on our promises.

To that end, we will be accelerating our public policy efforts to partner with governments across Takeda's Growth & Emerging Markets Region in health system strengthening, address barriers that prevent patients with rare and complex diseases from accessing quality, patient-centered services, and developing a clear understanding of how all of this can help accelerate the socio-economic development of those countries.

I hope you found Takeda's second AtM Progress Report to be thought-provoking and motivating. We look forward to the next two years and beyond, and remain more committed than ever to increasing patient access to innovative medicines, and elevating standards of healthcare for complex and rare diseases. By partnering strategically and staying true to Takeda's purpose and values, I am convinced we will do more for patients, now and long into the future.

A handwritten signature in black ink, appearing to be 'Ricardo Marek', with a stylized flourish at the end.

Ricardo Marek  
President, Growth & Emerging Markets, Takeda

A woman with dark hair is holding a baby. The baby is wearing a headband with a large orange flower. They are in front of a wall covered in children's drawings and writing. The text 'Voices of Access to Medicines' is overlaid on the image.

# Voices of Access to Medicines

The progress covered in this Report is the result of the collective efforts of our employees, partner organizations, and the frontline workers who work tirelessly to save and extend the lives of patients around the world. We dedicate this Progress Report to them.

We are particularly grateful to our strategic partners, whose expertise and experience enable us to continuously evolve, improve, and deliver value through our Access to Medicines (AtM) strategy and initiatives.



Our partnership with Takeda has grown significantly. With a focus on establishing best practices in Non-Communicable Diseases (NCDs) programs including capacity building of human resources for health, increased screening and referrals for NCDs, and early diagnosis and treatment of these conditions.

With support from Takeda, and with the communities we work in, we have co-created programs to ensure communities benefit from an increase in knowledge for the prevention of NCDs as well as increased access to quality diagnosis, treatment, and care.

With a view to sustainability, we continue to integrate our work into the county and national government systems, gradually transferring leadership and ownership to ensure continuity in NCD programs and lasting health change.

**Githinji Gitahi**

*Group Chief Executive Officer, Amref Health Africa*



What's unique about Takeda is that its approach to Patient Assistance Programs is company-wide and integrated into its business model, which is not the case in many other organizations. By leveraging a mechanism that was created specifically for low- and middle-income country settings, the programs can substantially increase access to the long-term treatment of patented drugs in LMICs.

The more the industry produces individualized medicine, the more this calls for individualized approaches to affordability. Ultimately, all companies will have to do so, and Takeda is at the forefront.

**Joseph Saba**

*Chief Executive Officer, Axios International*



Direct Relief is deeply grateful to Takeda for its leadership and commitment to providing charitable access to rare disease treatments to underserved patients around the world who would otherwise not be able to receive care. Private industry has an extraordinary ability to collaborate and a critical role to play for the public good, and Takeda is leading by example.

**Bhupi Singh**

*Executive Vice President and Senior Advisor, Direct Relief*



The International Gaucher Alliance (IGA) has, for over a decade, worked in collaboration with Takeda (and legacy Shire) to improve the lives of Gaucher patients globally—improving awareness and education of Gaucher disease amongst healthcare professionals, policy makers and patients; supporting capacity building of patient organizations; and providing access to life-saving treatments to patients with no other avenues, because of where they live in the world.

Takeda is built on strong pillars that are the same as the IGA and this has created a strong platform for us to work collaboratively. Takeda recognizes that working in the field of rare diseases requires a holistic approach: everything must be joined up, not created in isolation.

To this end, the IGA as the 'go to' international organization that represents the interests of Gaucher patients around the world, recognizes Takeda as one of their key stakeholders.

**Tanya Collin-Histed**

*Chief Executive Officer, International Gaucher Alliance*



Global, equitable access to rare disease therapies requires much more than free medicines. Takeda is applying the vast experience with innovative, patient-centered initiatives from their Access to Medicines strategy to improving the lives of all persons with rare diseases. As a member of the international rare disease community, I am encouraged and inspired with the partnership opportunities.

**Durhane Wong-Rieger**

*Council Chair, Rare Diseases International & Chair of the Patient Advocacy Constituent Committee, International*



The Non-Communicable Diseases (NCDs) agenda is evolving as it becomes clear that, if we are to create a world in which everyone has an equal right to health, the response to this global syndemic needs to be informed by an inclusive agenda that puts people at the center, tackles a wide range of NCDs, and addresses people's challenges on all fronts—including physical pain, stigma, mental, social, and financial hardship.

We are happy to have partnered with Takeda in 2020, leveraging our unique and complementary strengths in the COVID-19 context to put people at the heart of health policies, including those living with too-often neglected conditions.

Working together to understand the full journey that people living with diverse NCDs experience across their life course, and meaningfully involving them in shaping a credible, effective, and inclusive NCD agenda for both global and national action, have been key to support our shared goal.

#### **Katie Dain**

*Chief Executive Office, NCD Alliance*



Takeda approached working with us in a manner that few other organizations have, in our experience with the private sector.

Firstly, they have allowed us as civil society and research organizations to dictate the agenda on how we want to approach public policy.

Secondly, Takeda has been extremely supportive in progressing very unique and out-of-the-box approaches to shape public policy. They have provided us non-biased, non-governmental support, and have allowed us to be independent in the way we not only set our agenda but also be able to deliver our outcomes.

They are culturally understated, and this gives us the confidence to work with them—that's Takeda's unique effect.

#### **Priya Balasubramaniam**

*Senior Public Health Scientist, Public Health Foundation of India*



Takeda is an incredible partner, co-creator, and champion. They put the needs of patients and the global scientific community first. They translate that value into action by integrating it, and our partnership, into every aspect of their R&D organization. Whether meeting Seeding Labs' most urgent equipment needs in real-time, activating their R&D employees to share their scientific expertise, or inspiring others in the biopharma ecosystem to collaborate with us, Takeda moves us forward in creating more equitable access to scientific resources and connections.

Together, we're catalyzing scientific discovery and education in underserved communities worldwide—improving lives today and tomorrow.

#### **Melissa Wu**

*Chief Executive Officer, Seeding Labs Rare Diseases Research Consortium*



We think of our collaboration with Takeda as a humanitarian pact that allows chronic myeloid leukemia patients in low- and middle-income countries (LMICs) to walk their cancer journey with dignity and hope. Our collaboration with Takeda, focused on access to treatment in hard-to-reach LMICs, allows us to put the patient at the center of the model and provide them with the right chronic myeloid leukemia treatment at the right time.

We value the leadership and courage of Takeda in engaging with us through this innovative collaboration in providing access to treatment to underserved patients in LMICs.

#### **Pat Garcia-Gonzalez**

*Chief Executive Officer, The Max Foundation*