IFPMA statement

IFPMA Statement at the 11th APEC High-level Meeting on Health and the Economy - Session title: Incorporating Health Equity into Trade and Supply Chains for Vaccines and Medical Products

24 August 2021 – The biopharmaceutical industry is delivering. We have several safe and highly effective vaccines. We estimate that we are on track to produce more than 11 billion doses by the end of the year. This is a massive scale up from zero to billions in a matter of months and would be enough to fulfill the promise of fair and equitable access to vaccines.

Critically, however, COVID-19 vaccines are not equally reaching priority populations worldwide. Since May, the industry has been calling for five steps to urgently advance COVID-19 vaccine equity – top of the list is dose sharing, and we are very pleased that political leaders have responded to the call. But more needs to be done. We know that, just in the US and the EU, there could be 1 billion doses in surplus by the end of the year. We have it in our gasp to make a difference; and get the vaccines to those who need them – wherever they live.

A key lesson of equitable access for future pandemics is that we can only leverage the full potential of multilateral effort such as COVAX if we manage to lock funding to secure doses earlier in the process.

Our solutions need to be sustainable. We should avoid quick fixes that respond to political pressure. For example, when we talk about increasing manufacturing capacity, we need to ensure its sustainability and guard against creating more problems than solutions.

There is a misconception that waiving intellectual property (IP) rights would lead to increased manufacturing capacity and solve the vaccine inequality we are witnessing. There is no such evidence. The challenge of vaccines production is manufacturing infrastructure, lack of skilled workers, trade restriction, and shortages of raw materials, not IP.

To scale up manufacturing, technology transfer is already happening. To date, there are 157 such deals, out of over 230 voluntary collaborations. Many of these were forged in the early days of the pandemic.

It is a process that requires time. The challenges are often related to the lack of skilled workforce but also the need to meet international regulatory standards. Not all countries have sufficient capacity to absorb the latest technologies, particularly with regards to biologicals.

There are short term solutions. First and foremost, dose sharing is key; this is dependent on making sure the production targets are met. One clear action is to tackle bottlenecks to supplies and removal of trade barriers. Problems along the whole supply chain, upstream and downstream, are impacting distribution.

Vaccine production is highly complex, specialized, and dependent on the global supply chain, with swift transit of goods, services, and personnel. Restrictions on the upstream supply chain of raw materials are leading to shortages. Today, we run the risk of a single ingredient

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being held up at a border, leading to an entire manufacturing process being put on hold for days or weeks. Currently, six critical input supplies are facing or likely to face shortages: bioreactor bags, single-use assemblies, filters, cell culture media, lipids, vials, and stoppers.

In general, a more resilient supply chain will require further transparency to enable clearer demand signals. On this point, I note recent initiatives such as the COVAX marketplace and the WTO list of critical inputs for the manufacturing of COVID-19.

On the downstream side, we see that barriers to trade and tariffs on medical products are still imposed by many countries.

To finish, let me conclude by stating the obvious: we will not be able to address access inequity without a clear signal from governments. We need political leadership now and swift action to make sure that doses reach patients in countries that have been poorly served up until now.

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