



statement

Introductory remarks made by IFPMA Director-General, Thomas Cueni, at IFPMA media briefing on 7 September

You are going to hear in a moment from Rasmus Bech Hansen from Airfinity, about manufacturing scale-up, and where we are with vaccine manufacturing.

Their vaccine production estimates have proven over the past year to be spot on. In a fast-moving pandemic context, this forecast is important for evidence-based policy-making.

The Airfinity data will demonstrate that the momentum of COVID-19 vaccine manufacturing production scale up over the past nine months; is now sufficient for step change in equitable distribution of vaccines and hopefully sufficient to turn the tide.

This month, COVID-19 vaccine manufacturing output will pass the 7,5 billion dose mark and reach 12 billion by the end of this year. This is from literally zero at the beginning of this year.

To put it into perspective, let's bear in mind that pre-COVID-19 global vaccine manufacturing capacity for vaccines, including seasonal flu, was between 3 and 5 billion. The amazing scale-up would not have been possible without a major achievement from scientists, medical teams and people who joined clinical trials, regulators, manufacturers - we should also call out the engineers and those in producing the equipment and materials to manufacture the vaccines.

By June 2022, we expect that we will have more than 24 billion doses of COVID-19 vaccines available, and the production is on course. At this point, vaccine supplies will most likely outstrip global demand.

Vaccine manufacturers are now producing 1,5 billion doses per month and are expected to continue manufacturing at that scale. At this rate, and on the basis of the most conservative projections; governments in G7 countries alone, even if they reach vaccination rates of the adult population which means 12+ and use booster shots for vulnerable people, are expected to have at least be over 1.2 billion doses available for redistribution; for those in need.

I've asked my colleagues who are involved in manufacturing, whether they believe that the figures from Airfinity are plausible, and they say they are. They are confident that companies will be able to deliver, but it also means that governments still holding back doses or stocks in case of shortages, no longer need to do so.

The news should be a game-changer for vaccine equity. We cannot be insensitive to the fact that only about 6% of Africa's adult population have received full vaccination, when in many of the Western countries, we are seeing rates of 70% plus.

If these 1.2 billion doses are shared before the end of this year, it would mark a turning point in vaccine distribution, and open the way to reset for vaccine equity.

This is something the groups representing the innovative vaccine manufacturers and biotech companies have been calling for since May. Then, we publicly committed to do all we could to make additional uncommitted COVID-19 doses available to low- and lower-middle-income countries - LMICs. We also committed to work with governments who have stocks of COVID-19 vaccines to share; to arrange for vaccines to be redistributed to COVAX or other established mechanisms.



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We have seen exactly this happening with the announcements at the G7 and G20 meetings. G7 and G20 are making strides to improve dose sharing and we welcome the increased focus from these leaders to respond to the challenge of greater dose sharing.

Going forwards, leadership and coordinated action will help ensure the step change in distribution; but also in country readiness, as removing delivery and administration bottlenecks in the countries where the vaccines are badly needed will be key. Especially as mRNA vaccines might make up to 40% of the additional doses available. Here again, we stand by our commitments of May 2021, to support country readiness, and work with countries, governments and international agencies.

Even in the face of delta, current authorised vaccines show continued strong protection from infection and excellent effectiveness against hospitalisation and death. Still, for those people, who do contract COVID-19 or cannot be vaccinated for medical reasons, treatments will remain an important and integral part of COVID-19 mitigation strategies.

Thankfully, a handful of authorised COVID-19 treatments are becoming standard of care for COVID-19 patients that have been hospitalised and are saving lives.

Monoclonal antibody treatments are beginning to offer promise, as are novel antivirals.

The biopharmaceutical industry involved in the development of treatments and its suppliers are working on scaling up manufacturing capacity, but their effective roll out to COVID-19 patients is dependent on access and demand planning.

Getting the therapeutic roll out right will be important for all countries to be able to benefit from future innovation, such as the anticipated oral outpatient COVID-19 therapeutic candidates.

Let us hope, we will soon witness a turning point when we see leaders united in giving equitable vaccine distribution “a shot in the arm”.

Now over to Rasmus Bech Hansen: CEO and founder of Airfinity, which is an independent organization that provides data to governments, NGOs and the private sector.

These remarks have been checked against delivery. The recording of the media briefing is available [here](#).