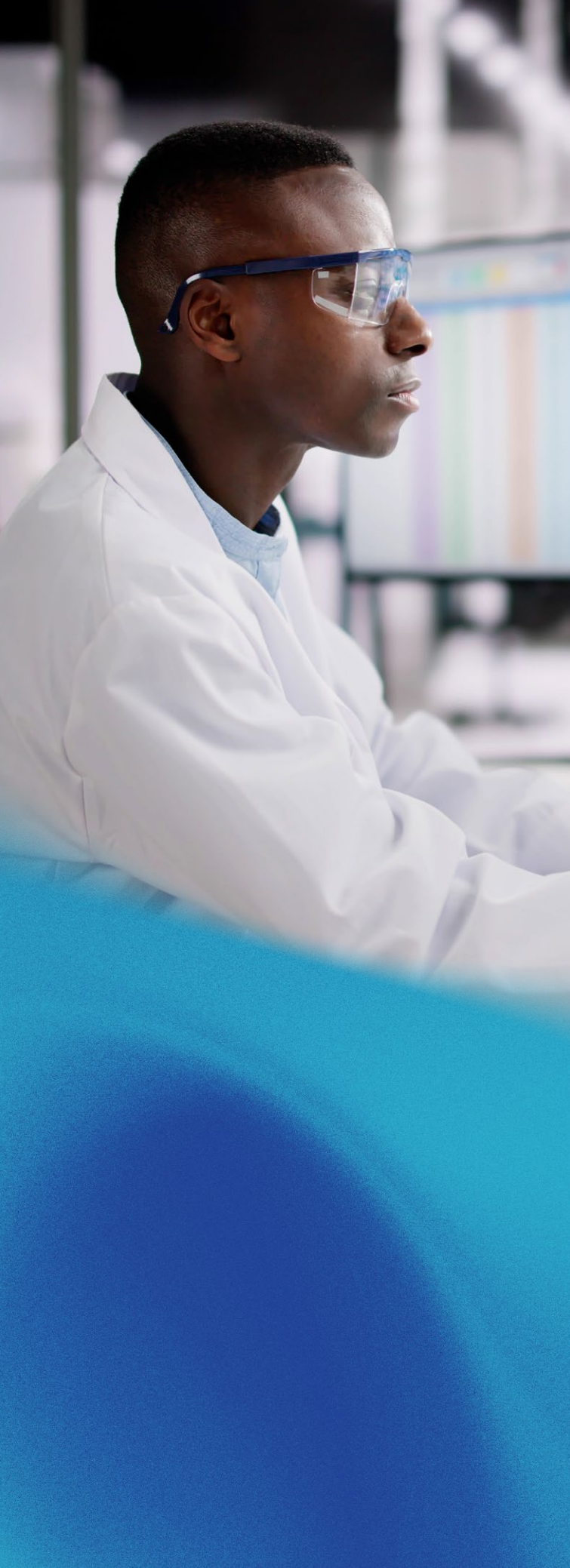


Strengthening global health security

Perspectives from the innovative
pharmaceutical industry



IFPMA



Introduction

Global health security has rarely been more important — nor more fragile. Rapid urbanization, demographic shifts, climate-related events, displacement, and conflict are straining health systems and increasing the risk of pandemics and other health threats, including antibiotic-resistant infections. At the same time, the potential misuse of scientific advances — including the deliberate or accidental release of genetically engineered pathogens — has become a growing concern for governments and the global scientific community.¹ The COVID-19 pandemic alone resulted in an estimated 15 million excess deaths globally² and at least US\$13.8 trillion in lost global GDP.³ These figures underscore that strengthening preparedness and response capacity to health threats an essential investment in economic stability and global security.

A wide range of infectious disease threats pose continuous challenges to public health. For example, the global mpox outbreak detected in the Democratic Republic of the Congo in 2024 continues to generate international concern, with cases reported and contained in multiple countries.⁴ Avian influenza outbreaks — including H5N1 and other highly pathogenic strains — remain under close surveillance due to their impact on animal health, the ongoing risk of animal-to-human transmission, and the potential emergence of a pandemic virus.⁵

At the same time, vaccine-preventable diseases such as measles have resurged across dozens of countries,⁶ and respiratory viruses such as COVID-19 remain an infectious threat in nearly every region.⁷

Bacterial pathogens also represent an increasingly urgent challenge. Antimicrobial resistance (AMR) is accelerating globally: approximately one in six confirmed bacterial infections are resistant to antibiotics, and rates of drug resistance continue to rise.⁸ At the same time, environmental and climatic pressures are compounding infectious disease risks more broadly. Rising temperatures, flooding, and water insecurity increase the incidence of waterborne diseases such as cholera and expand the geographic range of vector-borne pathogens, including dengue, West Nile virus, and chikungunya.⁹ Environmental degradation further intensifies human exposure to zoonotic pathogens — which account for approximately 60% of known infectious diseases in humans and 75% of emerging infectious diseases — heightening the probability of viral and bacterial spillover events.¹⁰



Strained health systems, rapid urbanization, climate-related events, displacement, and conflict are increasing the risk of pandemics and other health threats, including antibiotic-resistant infections.

To address these potential risks, it is essential that we focus attention on three central pillars of health security: innovation, resilience, and enabling conditions.

1. Innovation



2. Resilience



3. Enabling conditions



1



Innovation:

Central to responding to health threats

The pharmaceutical industry is among the most research-intensive sectors globally, investing substantially more in research and development than most other innovation-driven industries.¹¹ These sustained investments have enabled scientific advances that have transformed many diseases once considered deadly into preventable, manageable, or even curable conditions. In advancing this work, the industry partners with governments, research institutions, universities, civil society, and other private sector actors, contributing to a broader ecosystem that brings together complementary expertise and capabilities.

These investments in science and innovation have delivered important breakthroughs across a range of infectious diseases. Direct-acting antivirals have turned chronic hepatitis C into a curable infection¹² and offer people long-acting pre-exposure prophylaxis (PreP) for HIV. After decades of research, malaria vaccines are now being deployed in high-burden countries.¹³ Advances in RSV vaccines and monoclonal antibodies are helping protect infants and older adults from severe respiratory disease.¹⁴ Vaccination against HPV and hepatitis B has the potential to prevent more than one million cancer cases globally each year.¹⁵

Such scientific achievements are not improvised in crisis moments. They are made possible by decades of at-risk investments in research and development. The record-breaking development of COVID-19 vaccines — 326 days from viral genome sequencing to regulatory authorization — was enabled by decades of prior investment in a wide range of scientific advances, including mRNA technologies, viral vector platforms, and developments in advanced manufacturing.¹⁶ Industry-developed countermeasures have played a decisive role in containing Ebola outbreaks, supporting mpox response efforts, advancing vaccines for dengue, and helping the world prepare for and respond to pandemic influenza threats. Together, these examples demonstrate that sustained investment in research and development (R&D) strengthens readiness and response to a wide range of infectious diseases.¹⁷



Developing vaccines, therapeutics, and diagnostics **within 100 days** of identifying a new pathogen — **the 100 Days Mission** — requires strengthening regulatory reliance frameworks, harmonizing data submission requirements, and establishing predefined emergency listing pathways.

Early detection, rapid genomic sequencing, and timely sharing of pathogen samples and Digital Sequence Information (DSI) are indispensable to developing diagnostics, vaccines, and therapeutics against emerging threats.

Pharmaceutical R&D is a high-risk and capital-intensive endeavor. Across the sector, only a small fraction of candidates entering clinical development ultimately reach approval — the overall success rates from Phase I to market entry are around 10%, and often lower for complex infectious disease targets. Out of several hundreds of COVID-19 vaccine candidates, only 12 obtained [Emergency Use Listing](#) by the [World Health Organization](#) (WHO),¹⁸ and very few COVID-19 therapeutic candidates in clinical trials ever reached market.¹⁹ Vaccine development can take 10 to 15 years and require investments that can exceed \$1 billion, with no guarantee of success.²⁰ At the same time, infectious disease R&D must compete for investments with therapeutic areas that offer more predictable returns and market pathways. In several cases, there is no routine commercial market because the drug or vaccine targets emerging outbreaks or need to be kept in reserve in case of public health need.

Three areas concern are vaccines, antivirals, and addressing antimicrobial resistance:

1.1 Vaccines

Maintaining a diverse pipeline of vaccines across multiple technology platforms — including mRNA, viral vectors, and recombinant proteins — is critical for both routine immunization and acute responses to infectious diseases. Each platform offers distinct advantages depending on the pathogen, the immune response required, and the realities of healthcare infrastructure, including differences in storage conditions, transportation requirements, dosing schedules, and administration methods. In the event of an emerging and as-yet-unknown disease threat, multiple technology platforms can activate and increase the chances of success of vaccine development while also enabling a more diversified and resilient supply chain, particularly when rapid surge capacity is required.²¹

1.2 Antivirals

The world also needs the right arsenal of therapeutic options to respond to health threats. Industry-led initiatives such as the [INTREPID Alliance](#) have identified significant gaps in both early- and late-stage antiviral development across viral families associated with pandemic risk. The antiviral R&D pipeline is insufficient across all 13 viral families identified as having pandemic potential — and critical or non-existent for seven of them. The scientific complexity of antiviral discovery coupled with uncertain intellectual property protections, regulatory hurdles, and unpredictable future demand continue to discourage sustained investment in pandemic-relevant research.²²



Medicines and vaccines developed by pharmaceutical companies were central to ending the COVID-19 pandemic and responding to outbreaks such as Ebola and mpox. They will be equally central when the next pandemic emerges.

Advancing medicines and vaccines for infectious diseases requires sustained investment and multiple scientific approaches. With most candidates failing before approval, diverse platforms and robust pipelines are essential for future preparedness.

Traditional market dynamics do not sustainably incentivize the development of new antibiotics, given high R&D costs coupled with the necessity of limiting antibiotic use to preserve their effectiveness. As a result, expected revenues are often insufficient to justify the level of investment required for antibiotic innovation, and the clinical pipeline remains inadequate to meet current and future needs.²⁵ A mix of incentives across the product lifecycle is therefore required to stimulate R&D and address the limited financial returns associated with new antibiotics. While considerable attention has focused on “push” mechanisms—such as grants through [IMI](#), [BARDA](#), [NIH/NIAID](#), and [CARB-X](#)—these must be complemented by robust “pull” mechanisms that reward successful product approval. Without meaningful pull incentives to offset investment uncertainty, global capacity to combat drug resistance will continue to erode.

1.3

Antimicrobial resistance:

Antimicrobial resistance (AMR), already a significant and growing global health threat, may be further exacerbated during health emergencies. Rates of infection by so called “super-bugs” continue to rise across many regions, with an estimated 39 million deaths projected as a direct consequence of bacterial AMR between 2025 and 2050 — threatening to undermine the effectiveness of routine medical care and modern health systems.²³ Experience from the recent pandemic, as well as from conflict-affected settings,²⁴ demonstrates that disrupted health systems, constrained diagnostic capacity, and the overuse or misuse of antibiotics can accelerate the development and spread of resistance, compounding both routine and emergency health risks.

Call to action



Strengthening innovation for the future

Confronting the scientific complexity and market challenges in infectious disease R&D requires sustained, forward-looking investment in innovation.

IFPMA calls on governments and global health security stakeholders to:

→ Foster a sustainable innovation ecosystem for infectious diseases; including robust intellectual property (IP) frameworks that enable the high-risk, capital-intensive research needed to develop new vaccines and therapeutics that may never reach the market — yet prove indispensable in global health emergencies.

→ Strengthen strategic investments, economic incentives and global partnerships; including platform technologies, antiviral development, pandemic influenza preparedness, antimicrobials and support to global collaboration mechanisms and partnerships such as [CEPI](#) as well a national and regional agencies such as [BARDA](#) and [HERA](#).



Resilience:

Healthcare systems, preparedness, and access

Risk modelling suggests there is a 50% probability of a pandemic comparable to COVID-19 occurring within the next 25 years.²⁶ The threat of future health emergencies is very real, requiring health systems and public health infrastructure to strengthen preparedness now, while continuing to deliver routine care. Experience shows that preparedness yields significant returns. In its first year alone, every dollar invested in COVID-19 vaccination yielded benefits of \$60 to \$475 through avoided infections, hospitalizations, and deaths.²⁷ Preparedness is not merely a public health cost — it is a strategic investment in economic stability, particularly when pandemics can inflict trillions of dollars in economic losses in addition to their immense human impact.

2.1 Healthcare systems and primary care

Countries with strong health systems, effective primary care, and lower rates of non-communicable diseases (NCDs)²⁸ are better equipped to withstand health emergencies. People living with obesity face a 70% higher risk of serious infections — including influenza, pneumonia, and respiratory or urinary tract infections²⁹ — and communities with high rates of NCDs experienced more severe COVID-19 outcomes.³⁰ Rwanda's effective response to the 2024 Marburg virus outbreak — leveraging 60,000 community health workers to monitor conditions,

detect cases early, and enable rapid intervention — underscores the value of robust primary care infrastructure.³¹

As a critical pillar of strong primary care, routine immunization programs across the life course are foundational to the ability of health systems to prepare for and withstand the shocks of health emergencies. Over the past 50 years, vaccines have saved an estimated 154 million lives and contributed to a 40% decline in global infant mortality.³² They not only reduce the risk of outbreaks of vaccine-preventable diseases but also strengthen the capacity to deliver new vaccines rapidly during crises. Conversely, declining global immunization rates³³, including of highly transmissible infectious diseases such as measles — driven by misinformation, weakening political support, and reduced international assistance for lower-income countries — erode health system resilience and preparedness.

Highly transmissible infectious diseases function as real-world stress tests of preparedness infrastructure, exposing the strengths and weaknesses of health systems long before a pandemic emerges. In this context, resurgent vaccine-preventable diseases should not be viewed solely as programmatic setbacks, but also as indicators of weakening immunization infrastructure and diminished readiness to respond rapidly to future health emergencies.³⁴

Experience from COVID-19 and recent outbreaks shows that countries with strong seasonal influenza and routine immunization systems — including delivery platforms, trained workforce across the vaccination continuum, procurement mechanisms, regulatory pathways, and public trust — were better positioned to deploy new vaccines rapidly and at scale during emergencies.³⁵ In this sense, routine immunization across the life course can be understood not only as a public health program, but as strategic preparedness infrastructure underpinning surge capacity for future health emergencies.³⁶

Health system capacity to rapidly receive and deploy medical countermeasures is a critical limiting factor in responding to health emergencies. During Ebola outbreaks and the COVID-19 pandemic,³⁷ a common challenge was that local systems were often unprepared to distribute medical countermeasures (both vaccines and therapeutics), even when donated or provided at no cost. These experiences demonstrate that innovation must be matched by country readiness, anchored in strong primary health care, to ensure effective response in crises.

2.2 Procurement and financing

Advanced market commitments (AMCs),³⁸ pre-existing contracts, and programs supported by individual countries and global consortia are critical to enable high-risk investments in medical countermeasures ahead of health emergencies. Once an emergency is detected, surge funding becomes equally important, as an effective response at scale depends on immediate and predictable access to resources. Even when science rapidly delivers vaccines and therapeutics, delays in mobilizing funding can slow procurement, deployment, and health impact. Resources must therefore be available from “day zero” through pre-established mechanisms that support affected countries, with clear roles for multilateral organizations coordinating the international response, including [WHO](#), [Gavi](#), [The Global Fund](#), and [CEPI](#).

Despite this clear need, the global financing gap for pandemic prevention, preparedness, and response remains significant. While the creation of the [Pandemic Fund](#) by the [G20](#), supported by [G7](#) leadership, and complementary initiatives by major economies represent important progress, current funding levels fall well short of estimated needs. Analyses suggest that an additional US\$10.5 billion annually is required to strengthen core preparedness capacities in low- and middle-income countries, with broader system-wide needs reaching US\$30 billion or more per year.³⁹

Predictable demand signals are also essential to enable rapid scale-up of medical countermeasures. During COVID-19, Advance Purchase Agreements (APAs)⁴⁰ allowed manufacturers to invest at risk in expanding production capacity before final regulatory authorization, reducing uncertainty and accelerating supply. By contrast, in other outbreaks — including mpox — delays in firm procurement commitments constrained supply chain planning. The pharmaceutical industry can respond at speed, but doing so requires transparent, pre-committed financing and clear market signals embedded in the global health architecture to support timely R&D activation and scalable manufacturing.



Robust routine immunization programs — supported by trained health workers, delivery platforms, procurement systems, regulatory pathways, and public trust — enable more effective and rapid deployment of new vaccines during crises.

Rapid response depends on **financing and procurement systems** that are in place before crises emerge, enabling vaccines and therapeutics to be produced and deployed at scale during health emergencies.

2.3

Equitable access

“Day Zero” funding⁴¹ and pre-established procurement mechanisms are essential to ensure equitable access to early supplies of medical countermeasures during health emergencies. During the COVID-19 pandemic, delays in establishing and financing [COVAX](#) slowed initial dose distribution to low-income countries⁴², while unclear procurement pathways for stockpiling and preventive vaccination similarly constrained access to Ebola and mpox vaccines.

The pharmaceutical industry supports equitable access to medical countermeasures, including through the voluntary reservation of a share of real-time production of relevant vaccines and therapeutics for allocation to low- and lower-middle-income countries based on public health risk and need — through donations or equity-based tiered pricing.⁴³ The industry also supports the rapid scaling up of production and distribution, where feasible across geographically diverse locations, to help ensure timely and broad availability of medical countermeasures.

Voluntary licensing agreements (VLAs)⁴⁴ are another important component of the innovative pharmaceutical industry’s approach to access, helping expand the reach of medical countermeasures globally and supporting geographic diversification. Robust intellectual property frameworks provide the legal certainty and confidence needed to support these partnerships. Several IFPMA member companies have established long-term agreements with the Medicines Patent Pool (MPP) to license HIV, tuberculosis, and hepatitis C treatments in more than 100 countries, alongside ongoing voluntary technology transfer to manufacturers in low- and middle-income countries.⁴⁵ Similar approaches are being applied to expand regional vaccine manufacturing capacity for mpox, including partnerships with institutions such as Africa CDC to support technology transfer to selected African manufacturers.⁴⁶



Call to action



Building a resilient future

Building a more resilient future depends on strong healthcare systems, sufficient funding for preparedness and response, and established procurement mechanisms for medical countermeasures.

IFPMA calls on governments and global health security stakeholders to:

→ Invest in stronger healthcare systems and country readiness; anchored in universal healthcare coverage, strong primary healthcare infrastructure, and routine immunization systems across the life course as core preparedness infrastructure.

→ Ensure timely, accurate, and transparent demand forecasting and predictable procurement mechanisms; backed by “day zero” financing to activate rapid R&D, manufacturing, and delivery the moment a health threat emerges.



Enabling conditions:

Regulations, supply chain, and legal certainty

3.1

Regulatory reliance

During the COVID-19 pandemic, regulatory agility was an essential component along with reliance, ensuring that safe and effective medicines and vaccines — both for COVID-19 and other diseases — could be rapidly developed, assessed, approved, and made accessible. National Regulatory Authorities (NRAs) and industry adopted extraordinary measures to meet the unprecedented challenges posed by the global emergency. Reliance mechanisms, rolling reviews, parallel scientific advice, and emergency authorization pathways allowed NRAs to move at the speed required by the crisis while maintaining rigorous standards of safety, quality, and efficacy.⁴⁷

Streamlined emergency pathways remain essential for equitable and timely access during a pandemic or epidemic. WHO's Emergency Use Listing (EUL) played a pivotal role during COVID-19 by facilitating regulatory reliance for vaccines distributed through COVAX, accelerating access where national capacity for duplicative reviews was limited. Similarly, prior to WHO's EUL of the mpox vaccine in August 2024, most African countries lacked a regulatory pathway for deployment,⁴⁸ aside from the Democratic Republic of the Congo and Nigeria. As WHO EUL is also currently a prerequisite for procurement through [UNICEF](#) and Gavi, its timely use is essential to effective emergency response.



Regulatory reliance has emerged as a key strategy for strengthening regulatory systems by optimizing resources, reducing duplication, and **accelerating access to high-quality medicines**. By leveraging the expertise and prior decisions of **trusted regulatory authorities**, reliance allows NRAs to focus their efforts on critical public health priorities while maintaining sovereignty over final regulatory decisions. Reliance-based approaches have been widely recognized in international frameworks, including [WHO Good Reliance Practices \(GReP\)](#), as a means to **enhance regulatory efficiency and promote collaboration among NRAs**.

The use of WHO EUL, however, does not eliminate the need for national level emergency procedures and reliance pathways to accelerate patient access.

Developing vaccines, therapeutics, and diagnostics within 100 days of identifying a new pathogen — the [100 Days Mission](#) — requires strengthening reliance frameworks, harmonizing data requirements, and establishing predefined emergency pathways. Sustained scientific dialogue between NRAs and industry is essential to preserve the efficiencies gained during COVID-19. These hard-won lessons must be institutionalized to ensure faster, coordinated responses to future health emergencies.

3.2 Supply chains

It can be extraordinarily challenging to rapidly expand manufacturing capacity for medical countermeasures — particularly vaccines — during a health emergency. Vaccine production is complex and capital-intensive, relying on hundreds of globally sourced inputs. Expanding output through existing facilities can take three to five years, while building and qualifying new sites may take five to ten years.⁴⁹ These timelines highlight the importance of strong, sustained routine immunization programs to maintain baseline manufacturing infrastructure. Yet declining adult and childhood vaccination rates⁵⁰ in many regions undermine the stable, predictable demand needed to sustain and diversify production capacity geographically. Experience from the [WHO Global Action Plan for Influenza Vaccines \(2006–2016\)](#), where most of the tech transfer recipients were not able to establish a viable production of seasonal influenza vaccines, further demonstrates that building manufacturing capacity without long-term demand is not sustainable.⁵¹

Supply chain resilience for health emergencies extends beyond finished vaccine production. COVID-19 exposed critical bottlenecks across the value chain, including shortages of vials, stoppers, filters, reagents, and other specialized inputs, compounded by trade and export restrictions that disrupted global scale-up. Preparedness therefore requires coordinated investment across the entire supply chain — from upstream raw materials to final distribution — and policies that keep trade flows open during crises to enable rapid, global manufacturing expansion.

During COVID-19, supply chains were significantly disrupted by the rise of trade barriers,⁵² and protectionist policies have since persisted as countries seek greater control over critical medical supplies. While this impulse is understandable, supply chains for complex medical countermeasures are inherently global. Greater localization of production is only sustainable when matched by sufficient local demand and continued access to internationally sourced inputs. Initiatives such as the [African Continental Free Trade Area \(AfCFTA\)](#) offer an important opportunity to strengthen regional trade, reduce tariff and non-tariff barriers, and facilitate the movement of goods and skilled professionals — conditions that are essential for effective response during health emergencies.

3.3 No-fault compensation systems

During health emergencies, the rapid development, production, and deployment of medical countermeasures is essential to saving lives and limiting the spread of disease. An effective response depends not only on scientific advances and manufacturing capacity, but also on public confidence and trust in these countermeasures. Even when vaccines and therapeutics meet stringent safety and efficacy standards, rare adverse events may occur, as with any medical intervention.

No-fault compensation systems⁵³ are an essential pillar of health security, helping to sustain public trust particularly during large scale emergency vaccination campaigns.⁵⁴ By providing swift, fair, and accessible redress without requiring individuals to prove fault, no-fault systems reinforce the immunization “social contract” and reduce the risk of litigation that can delay deployment, fuel misinformation, or undermine confidence in medical countermeasures. When paired with legislative liability protections, legal certainty is provided for all actors mobilized in a crisis – health workers, manufacturers, governments, and implementing partners – ensuring that necessary investments, rapid production, and delivery can proceed without the chilling effect of unpredictable liability exposure. As part of the enabling conditions for preparedness, well-designed no-fault compensation systems strengthen both public confidence and operational readiness, helping countries deploy vaccines rapidly, equitably, and at scale when new threats emerge.

3.4

Access to pathogens

Estimates suggest that more than eight million lives could have been saved during COVID-19 if vaccines had been available within 100 days,⁵⁵ underscoring how speed in medical countermeasure development directly translates into lives saved. Early detection, rapid genomic sequencing, and timely sharing of pathogen samples and Digital Sequence Information (DSI) are essential for developing diagnostics, vaccines, and therapeutics against emerging threats. Rapid, predictable access to pathogens is therefore foundational to an effective pandemic response.⁵⁶

Yet timely access cannot be taken for granted. Since 2018, manufacturers have reported delays of three weeks to nine months in obtaining seasonal influenza samples, with similar obstacles affecting scientific work on Zika, mpox, MERS, and Ebola. Inconsistent national implementation of the Nagoya Protocol⁵⁷ and evolving multilateral discussions under the Convention on Biological Diversity (CBD) on benefit-sharing from the use of DSI have introduced legal uncertainty, delays, and divergent national requirements that complicate scientific collaboration. While intended to promote equity, these approaches have often slowed research and delivered limited tangible benefits to many countries,⁵⁸ while increasing compliance burdens for public and private researchers alike.

The Pandemic Agreement offers an opportunity to strengthen surveillance and facilitate more predictable access to pathogens and DSI through its Pathogen Access and Benefit-Sharing (PABS) Annex, currently under negotiation. However, some proposals under discussion risk compounding existing barriers by conditioning access on predefined benefit-sharing obligations or by drawing DSI into overlapping Access and Benefit Sharing (ABS) regimes. If poorly designed, such approaches could lead to stacked obligations, delayed sharing, and reduced participation by companies, SMEs, and research institutions. It is critical that countries ensure rapid sharing alongside equitable access to resulting countermeasures to reinforce global preparedness and trust.



Companies develop life-saving medical countermeasures by using **physical pathogen samples and DSI** both separately and in combination. Physical samples remain essential for laboratory assays, validation, and traditional vaccine production, while DSI enables the rapid digital design of mRNA and recombinant products. In practice, sequence data and physical samples are used together to characterize pathogens, assess variants, and evaluate the protection a vaccine may offer. **Scientific progress depends on rapid, unrestricted access to large volumes of high-quality data**, as individual sequences are rarely informative on their own. Breakthroughs occur when new information is integrated with extensive global sequence libraries.

Access to geographically diverse samples is equally critical. Diagnostics must be validated against variants circulating locally, and vaccines and therapeutics must reflect regional epidemiology to ensure effectiveness. Without regional samples, diagnostics may fail to reflect circulating variants, and vaccine compositions may lack local representativeness. The engine of innovation in pandemic preparedness depends on the ability to **combine high-quality data and samples from diverse sources to meet urgent public health needs.**

Call to action



Creating the conditions for a healthier future

Effective preparedness and response to health emergencies depend on enabling conditions that extend beyond scientific innovation including robust regulatory pathways, legal certainty and open access to pathogens.

IFPMA calls on governments and global health security stakeholders to:

→ Institutionalize regulatory reliance and comprehensive legal preparedness frameworks — including no-fault compensation systems paired with legislative liability protections — and remove trade and export restrictions on vaccines, treatments to ensure accelerated development and delivery of vaccines and therapeutics during health emergencies.

→ Ensure free and unhindered access to pathogens and their Digital Sequence Information (DSI), enabling rapid development of medical countermeasures protecting lives world-wide.

Conclusion

Global health security depends on aligning innovation, resilient health systems, and enabling regulatory and financing frameworks. The pharmaceutical industry remains a committed partner to governments and international organizations in strengthening preparedness and expanding access to medical countermeasures. Through support for the 100 Days Mission and initiatives such as the INTREPID Alliance, alongside sustained action on antimicrobial resistance through the [AMR Action Fund](#) and [AMR Industry Alliance](#), we are contributing to solutions across the preparedness continuum. Working in partnership with public, private, and civil society stakeholders, we are committed to strengthening health systems and advancing a safer, more prepared world for all.



The **pharmaceutical industry** remains committed to **partnering** with governments, research institutions, international organizations, civil society, and industry stakeholders to **strengthen preparedness and build a safer, more resilient world for all.**



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IFPMA represents the innovative pharmaceutical industry at the international level, engaging in official relations with the United Nations and multilateral organizations. Our vision is to ensure that scientific progress translates into the next generation of medicines and vaccines that deliver a healthier future for people everywhere. To achieve this, we act as a trusted partner, bringing our members' expertise to champion pharmaceutical innovation, drive policy that supports the research, development, and delivery of health technologies, and create sustainable solutions that advance global health.

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