

## ***Response from the Platform for ACT-A Civil Society & Community Representatives to the Berlin declaration (Biopharmaceutical industry vision for equitable access in pandemics)***

In the wake of COVID-19, there has been widespread acknowledgment that the global response was woefully inadequate and underprepared. In response, many key stakeholders, at multilateral entities, national governments, and across communities and civil society, are involved in serious discussions, drawing lessons learnt on what changes need to be made to ensure that there are better systems in place to prevent, prepare and respond to the next pandemic that will arrive.

At their best, these discussions are marked by honest self-reflection from stakeholders on where the failings and inadequacies in the COVID-19 response were, and how these can be alleviated for the future. Unfortunately, these qualities of self-examination and commitment to learning and improving the wider pandemic response are absent in the just released statement from the IFPMA (International Federation of Pharmaceutical Manufacturers & Associations) setting out the “Biopharmaceutical industry vision for equitable access in pandemics”. Rather than an honest appraisal of what improvements can be made, **this document overlooks the root causes of the challenges at hand, and is a self-interested call for the privileges and profits of the pharmaceutical industry** to be protected and sustained, cynically masked in the language of equity. Disappointingly, the declaration takes the interests of the pharmaceutical industry as the main point of reference, overlooking the interests of people living in middle-and low-income countries.

The so-called “Berlin declaration” presents the pharmaceutical industry as an innovator responder during the COVID-19 crisis, speedily providing vaccines, treatments and technologies, the successful delivery of which was let down by “lack of country readiness and absorption capacity”. It makes a wider range of asks and demands on the international community and national level governments for reforms and improvements; but for itself the pharmaceutical industry only states it will build on its successes, which are framed as being the result of the current intellectual property system, and concedes that they will be “willing” to “reserve an allocation of real-time production of vaccines, treatments and diagnostics for priority populations in lower income countries and take measures to make them available and affordable”.

**In the following paragraphs, we rebut specific sections of IFPMA’s “Berlin Declaration”:**

**IFPMA Claim: The innovative biopharmaceutical industry succeeded in developing and scaling up multiple high-quality, safe, and effective vaccines and innovative treatments against COVID-19 in historic record time, thanks to the intellectual property rights system**

### **CSO Response:**

While the IFPMA claims that current IP regimes are essential “since society depends on them to stimulate innovation and the scale up of supply”; this disingenuously fails to mention the advantage to company profits that IP regimes promote, and also ignores the fact that much of the research that was crucial to the development of the COVID-19 mRNA vaccines was carried out by public institutions or paid for with public funding; pharma companies can not now hoard these publicly supported goods for their own benefit and increasingly massive profits. Besides this, the statement egregiously ignores the fact that the IP system creates monopolies for big pharma, restricts technology transfer and scale-up productions with affordable cost to low and middle income countries.

Furthermore, the reality is that last year an increasing imbalance set in as countries in the global north were flooded with COVID-19 vaccines, therapeutics and diagnostics, while those in the global south were relegated to the back of the line. This disparity was enabled by a global system of IP rights which prioritised a small number of countries in the Global North, and the pharmaceutical countries which are largely based within them manifesting as a global system privileging former colonial powers to the detriment of formerly colonised states and descendants of enslaved groups

**IFPMA Claim: During COVID-19, efforts to achieve equitable access were not fully realized because of inadequate upfront procurement financing and a lack of country readiness which still inhibits the vaccines from getting to every arm that needs it.**

### **CSO Response:**

This narrative which been promoted widely and is again repeated in this statement, that the "efforts to achieve equitable access were not fully realized because of inadequate upfront procurement financing and a lack of country readiness" completely downplays the well documented examples of vaccine hoarding and profiteering which occurred under the present system. The recurring criticism of countries in the global south for being unable or unprepared to deliver COVID-19 technologies ignores the fact that in the global north there were also cases of vaccine supplies expiring without use (due to overstocking). While in the global south deliveries were often poorly planned and left little time for vaccine technologies to be used before expiration. These challenges were caused in large part by the current system of preferential access for rich and powerful countries able to make advance purchases and pay higher prices. The scraps at the end of the line and after-the-fact reallocations were charity based, inadequate, and unsustainable. The resulting irregular distribution of technologies and lack of funding for service delivery cannot be blamed on national governments. Worse of all, the IFPMA is pushing this framing, defending inequitable resource allocation, in a document which cynically co-opts and waters down language around equity.

**IFPMA Claim: We support collaborations, a geographically diverse sustainable manufacturing footprint and mechanisms for rapidly scaling-up supply in a future pandemic... Governments should commit to unrestricted trade and no export bans across the VTD supply chain and expedited processes for import and export during a pandemic to help support fast and efficient global distribution. Restrictions in place during COVID-19 undermined the ability to manufacture and deliver vaccines and treatments.**

### **CSO Response:**

The IFPMA claims to support regional manufacturing, but does so only under a tightly controlled system of innovator facilities and contract manufacturing agreements. Industry flatly refused, over and over again, to engage in vaccine technology transfer to independent and capable vaccine manufacturers slandering them instead as incapable of producing quality products and potentially disruptive to innovators' monopoly control of vaccine supplies. This must be read in the context of the WHO mRNA vaccine technology transfer hub, which was set up in response to the appalling inequity in vaccine availability that continues during COVID-19, and which is intended to develop regional capacity for vaccine manufacturing and reduce reliance on a few profit driven companies. Several governments have expressed interest in creating local supply contracts with the hub and its offshoots due to the overall need to strengthen this rationalised production capacity; calls for fully

open and unregulated trade in VTD's must be understood in the context of the pharmaceutical industries' overall opposition for the hub and similar efforts.

The declaration at various points makes a call for opening borders and freeing trade restrictions in the context of pandemic prevention preparedness and response efforts. Of course, this is important, though it was industry's hegemony over supply that created the artificial scarcity that prompted export controls.

What this declaration fails to mention is the one strong initiative which would be most impactful in ensuring a more effective response to future pandemics: reform of the unjust current system of access through a real TRIPS waiver of intellectual property protections on pandemic countermeasures. Though this waiver has been repeatedly opposed by the pharmaceutical industry, it has been supported by more than 100 countries at recent WTA deliberations, and remains the best means by which we can increase production, bring down prices and enable more governments to create their own stocks for the next pandemic.

### **A True Vision for Equitable Access in Pandemics**

We saw during the crisis years of the HIV response that alleviating the industry restrictions on HIV/AIDS technologies, in the teeth of huge opposition from the pharma industry, helped to save millions of lives. As we have seen the same mistakes repeated in COVID-19, and again more recently with the inequitable distribution of vaccines for monkeypox, we cannot allow pharma companies to prioritise selling doses to rich countries above all else and refuse to share vaccine technology with the world; this statement is simply an argument for further profiteering dressed up disingenuously with language of concern and public responsibility. Instead, we call on the pharmaceutical industry and other concerned stakeholders to

- Support a real TRIPS Waiver as originally set out by South Africa and India at the WTO, and not the watered down imitation which has been moved forward
- Support pioneering programs like the WHO mRNA vaccine technology transfer hub against opposition from the pharma industry; further strengthen and scale CEPI manufacturing support efforts in low- and middle-income countries
- Build on lessons learned from the HIV/AIDS and COVID-19 pandemic, and ensure that future pandemic preparedness, prevention and response efforts do not repeat the appalling inequities which have already occurred