**Informal Meeting of Council for TRIPS (19 January 2021)**

Proposal for awaiver from certain provisions of the TRIPS agreement for the prevention, containment and treatment of COVID-19

**Statement by Pakistan**

Thank you Chair! We would like to thank you for convening this meeting and to welcome and wish everyone a Happy New Year. We also welcome new cosponsors to the proposal in Zimbabwe and Egypt. Chair, in the context of the current debate and the pandemic, the start to the new year has been anything but happy. The disease continues to spread with more infectious, mutant strains of the virus with no immediate signs of relenting. At the same time, while the efficacy of the vaccines is debated against the new strains, their availability even in developed countries where stocks had been pre-purchased is becoming problematic. As we have consistently pointed out in previous meetings, the scale of the pandemic and the magnitude of the challenges is such that, the problem can no longer be confined to developing countries alone.

Chair, we have had sufficient and lengthy debate on the issue of the waiver. As cosponsors of the proposal, we have, along with other cosponsors, made our case in great detail describing the various challenges and problems which necessitate this waiver. We have listened and provided elaborate answers to all questions, concerns and clarifications in writing. We have also in turn, asked certain questions. These detailed answers and questions have been compiled in documents IP/C/W/672, 673 and 674 and we would like to thank and echo the statement of S. Africa just now and other cosponsors that will speak after.

In these documents we have explained, among others, why the current flexibilities in the TRIPS agreement are inadequate and impossible to implement. We have shown that, while collaboration and cooperation are absolutely necessary, the voluntary processes and solutions are insufficient for the scale of the problem. Moreover, vaccine hoarding by countries is pointing towards a lack of cooperation and entrenchment of the already prevalent inequities in the global system. According to some estimates, wealthy nations representing just 14 per cent of the world’s population have bought up to fifty-three (53 per cent) of all the promising vaccines, including up to several doses per person. According to recent WHO estimates, more than 39 million doses of the vaccine have been administered in at least 49 higher income countries, while just 25 doses have been given in one low income country. With these trends and given the limitations of the Covax facility, only one out of every 10 people can be vaccinated by the end of 2021, among 70 developing or poor countries. Many lower income countries could have to wait until 2023 or 2024. Needless to say, such an eventuality will only tilt the world further against the have-nots. In the very recently expressed words of the WHO Director General, we stand “on the brink of a catastrophe and moral failure – the price of which will be paid with the lives and livelihoods in the world’s poorest countries”.

Chair, we have also pointed out over the course of our discussions that, it is not IP protection but massive public funding, and government support that has triggered innovation generally throughout history, but most specifically in the case of vaccine-development during the pandemic. In fact, exercise of IP rights has lent itself to monopolistic profiteering and has often impeded timely availability and accessibility of critical medical care to those who need it most. According to Forbes, the pharmaceutical industry enjoys some of the largest profit margins across the globe, and studies have shown that these profits are not spent on research but on marketing, investments in stocks, and payments of dividends and hefty pays to executives. If this system were to work towards addressing the challenges of the pandemic, companies would publish their licensing agreements, establish transparency and accountability, and openly share all technologies and IP to ensure global supply and diversified production. Instead, we have found resistance to such actions, and deals with advanced countries where they still cannot deliver enough to meet the huge demand. Millions of people are, therefore, at the risk of being left without COVID-19 vaccines and medicines for a very long time.

Chair, in view of the continuously evolving situation, it is high time we learn lessons from our past, where we ignored the health care needs of millions in developing countries in the interest of maximizing profits for a few companies, and we do not repeat the same mistakes. We are confident that we have provided all the answers to the concerns and create more awareness of the situation we are confronted with. The time is now ripe for a more forthright, solution-finding approach. This will be the most significant contribution that the WTO could make towards fighting the pandemic and saving human lives.

To repeat what we have said several times, the proposal is seeking a limited-time, and limited-scope waiver from certain obligations under the TRIPS agreement only to deal with the global pandemic. It promises to help large populations in developing countries, but would also allow export of medicines and medical equipment to developed countries where demands could remain unfulfilled otherwise.

It is high time we listen to the countless calls outside the WTO premises from all walks of life, for global solidarity and cooperation to help fight the pandemic which threatens humanity. Chair, we are open and look forward to more meaningful engagement from members at this juncture, that aims at finding constructive solutions to address this issue.

Thank you Chair.