Health for All Now!
People´s Health Movement

PUBLIC PHARMA: WHAT IT IS AND WHY IT'S IMPORTANT?[1]

> *"Equity, ecologically-sustainable development and peace are at the heart of our vision of a better world - a world in which a healthy life for all is a reality; a world that respects, appreciates and celebrates all life and diversity; a world that enables the flowering of people's talents and abilities to enrich each other; a world in which people's voices guide the decisions that shape our lives. There are more than enough resources to achieve this vision."*
> *(The People's Charter for Health, 2000)*

Abstract: The People's Health Movement (PHM) outlines a bold vision for Public Pharma as a cornerstone of its transformative agenda to address systemic inequities perpetuated by capitalism and imperialism. This position paper calls for dismantling the dominance of Big Pharma and replacing it with a state-led, people-centered model for the research, development, manufacturing, and distribution of health technologies. Grounded in the principles of the Alma Ata Declaration, PHM advocates for Public Pharma to ensure equitable access to high-quality, affordable medicines while fostering health sovereignty and international solidarity. Public Pharma, therefore, emerges not merely as a policy reform but as a transformative mechanism to realign health systems with human rights, ecological sustainability, and the collective well-being of communities worldwide.

This paper further explores the nuances of Public Pharma, emphasizing state ownership, meaningful democratic participation, and the prioritization of public health needs over profit motives. Rejecting neoliberal narratives and Public-Private Partnerships, PHM envisions Public Pharma as an instrument to combat class, gender, and racial disparities while promoting diverse knowledge systems, including traditional medicine. The paper stresses that Public Pharma must transcend addressing market failures, positioning itself as a transformative force to decolonize health paradigms, challenge corporate hegemony, and advocate for a commons-based, solidarity-driven approach to global health. Ultimately, the realization of Public Pharma is framed as a critical step toward achieving a just, eco-socialist order that dismantles exploitation and ensures Health for All.

[1] This policy brief is the product of collective discussions and contributions from a wide range of activists, civil society organisations, social movements, health professionals and academics from all regions of the world as part of the Public Pharma Project, led by the PHM. Contributions were made specifically during the online workshop "Public Pharma: what it is and why it's important", which took place between the 1st and 3rd of October, 2024.

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INTRODUCTION

The capitalist world is in a profound and irreversible crisis, marked by rampant environmental destruction, deepening inequality, increasing conflicts, forced migrations, and the growing threat of a Third World War with catastrophic consequences for humanity. This is not only a crisis of the economy, but a crisis of civilization, driven by capitalism, imperialism, and Western hegemony. In response, according to its Mar del Plata Call to Action, the People's Health Movement (PHM) envisions this moment as an opportunity to challenge the existing system and advocate for a radical transformation toward achieving Health for All (PHM, 2024).

This transformation necessitates dismantling capitalism and imperialism, replacing them with an eco-socialist, decolonial, anti-racist and anti-patriarchal order rooted in the principles of *Buen Vivir*—a philosophy that emphasizes living in harmony with nature and fostering mutual respect and solidarity among people. To realize this vision, a sustained intersectional class struggle and the unification of social movements, progressive political parties, and supportive nation-states will be essential, all striving towards a world free from exploitation, discrimination, and imperialist domination (PHM, 2024). The time for firefighting is over. We need to boldly and courageously act from the new paradigms we want for a better future. Establishing a Public Pharma that inspires and delivers is part of this program.

For the People's Health Movement (PHM), any new paradigm for health must be firmly rooted in the principles of the Alma Ata Declaration. This means envisioning the right to health as a fundamental human right and universal healthcare as cornerstones of equitable, accessible, and community-driven health systems. It must be grounded in comprehensive primary healthcare, scientifically and socially acceptable methods, and shaped by the active participation of individuals, communities and health workers with different knowledge and skills. This includes the non-discriminatory availability, accessibility, acceptability and quality of health goods and services, including health technologies. Therefore, any approach to Public Pharma must adhere to the principles of Alma Ata and to human rights instruments,

ensuring that it serves as a catalyst for self-reliance, health sovereignty, international solidarity, and the broader social and economic development of communities.

In the pharmaceutical sector, the detrimental impact of capitalism and imperialism is especially pronounced. The industry is dominated by powerful transnational corporations, referred to as Big Pharma, which imposes a perverse pharmaceutical model that undermines people's health. This model fosters a biomedical dominance, stifles innovation, privatizes public resources, and misaligns research and development (R&D) with public health needs. Additional issues include exorbitant pricing, frequent shortages of essential health technologies, evidence-*biased* clinical trials, manipulations in drug prescriptions, and the operation of clandestine markets (Balasegaram et al., 2017; Brown, 2019; De Ceukelaire & Joye, 2024; Florio et al., 2021; Radder & Smiers, 2024).

The COVID-19 pandemic exacerbated these contradictions. Corporate power, supported by Global North and multilateral institutions, seized the opportunity to accelerate the commodification of healthcare, leading to heightened inequities across and within nations. While world leaders initially declared healthcare, including medical technologies, as a global public good, these promises quickly faded. Wealthy nations blocked key reforms, including patent waivers for COVID-19 technologies, in defense of the pharmaceutical industry’s profits. The failure to decentralize innovation and manufacturing, and the reluctance to support more equitable access, revealed the deep entanglement of pharmaceutical profits with the financial and political systems of industrialized countries.

At the same time, the pandemic also highlighted the resilience and potential of alternative models. Numerous not-for-profit organizations expanded their efforts, and some Global South countries developed self-sufficient solutions in areas such as vaccines, medicines, diagnostics, and personal protective equipment. However, many of these initiatives remain poorly documented, and the gains made during this period are now threatened by corporate pushback and the restoration of pre-pandemic policies favoring market-driven healthcare.

Central to this discussion is the recognition that healthcare is characterized by such a perverse model and instead must be treated as a public good and a human right. This perspective, long championed by people's movements, must inform all health policies, whether global or local. The failures of market-based reforms and austerity measures in delivering equitable health outcomes are undeniable, and where solidarity-based, public service-driven models have been implemented, they have proven far more effective at advancing health equity (Giovanella *et al*., 2018; Mattos *et al*., 2024).

As a response to the detrimental impacts of the private pharmaceutical sector, progressive networks, social movements, civil society organisations, political parties, patients, scientists, activists, and academics have increasingly advocated for the establishment, protection, and expansion of Public Pharma worldwide (Alston et al., 2024; Brown, 2019; De Ceukelaire & Joye, 2024; De Falco, 2023; Fernandes et al., 2024; Florio et al., 2021; Gamba et al., 2023; Krikorian & Torreele, 2021; Montagnon, 2023; Nouvelle Union Populaire Écologique et Sociale, 2021; Parti Socialiste Suisse, 2024; Public Pharma for Europe Coalition, 2024; Radder & Smiers, 2024; Silva, 2024; Silva & Smiers, 2024). However, the understanding of Public Pharma is subject to varied interpretations, which can influence coalition-building, strategic approaches, and their outcomes. Following a three-day workshop with PHM's members and closest allies, this position paper was finalized.

PUBLIC PHARMA: DEFINITION, ROLE, AND PRACTICES

One possible definition of Public Pharma is a state-owned infrastructure focused on the research, development, manufacturing, and/or distribution of pharmaceuticals and other health technologies. In contrast to "Big Pharma," this understanding includes institutional arrangements where states retain genuine decision-making authority and can establish governance based on public health needs. It explicitly excludes Public-Private Partnerships or any framework where the state merely mitigates risks for private enterprises using public resources (Silva, 2024).

According to this definition, examples of Public Pharma could include a public research institute dedicated to basic research on new drugs, a public laboratory focused on vaccine manufacturing (Instituto Butantan, 2024), a public wholesale distributor of medicines (Brown, 2019), and a public institution engaged in all these stages (De Ceukelaire & Joye, 2024; Florio et al., 2021, Radder & Smiers, 2024). Conversely, Public-Private Partnerships or private entities that receive public funding do not qualify as examples of Public Pharma. In summary, this definition of Public Pharma emphasizes some key aspects: (1) state ownership; (2) meaningful social and state participation in decision-making and policy-making; (3) developing health technologies for the public health and people's needs.

Public

This definition, nonetheless, raises important questions. For instance, what does "public" truly mean in this context? Does it necessarily equate to "state-owned"? Wouldn't it be an oversimplification of the term (Lacy-Nichols et al., 2023)? What about Public-Private Partnerships where the state retains genuine decision-making authority and can establish governance based on public health needs? What about Public-Private Partnerships between states and not-for-profit entities? What about commons initiatives (such as DNDi) (Abecassis et al., 2019; Moser et al., 2023), Public-Commons Partnerships (Abundance, 2024), and self-managed worker cooperatives that are entirely independent of the state? Shouldn't they be considered examples of "Public" Pharma? Shouldn't "public" be defined by the initiative's purpose rather than its ownership?

For PHM, "Public" Pharma refers to a state-owned infrastructure designed to enable strategic decisions to be guided solely by public health priorities and to promote national or regional self-reliance in R&D, through indigenous public sector. This concept unequivocally excludes models such as Public-Private Partnerships or any arrangements where public funds are leveraged to protect private companies from risks.

Pharma

This definition also raises questions about the term “pharma.” Shouldn't Public “Pharma” be restricted to pharmaceutical products? How could Public “Pharma” broadly encompass vaccines, diagnostics, and other health technologies? Furthermore, should Public Pharma be limited to modern medicine, or could it include health technologies linked to various traditional medicine systems?

For PHM, in this specific context, “pharma” encompasses all health technologies including those linked to the traditional medicine system.

Nature and scope

Finally, one might also question the nature and scope of Public Pharma’s activities. For example, should Public Pharma be limited to infrastructures focused on researching, developing, manufacturing, and/or distributing pharmaceuticals and other health technologies? Beyond infrastructures, shouldn't “policies” and “governance mechanisms” dedicated to promoting the right to health also be considered part of Public Pharma? Shouldn't public “strategies”, such as public Pharmacy Benefit Managers (PBMs)[2], public procurement (Alston et al., 2024), and educational initiatives for the R&D and health workforce be encompassed within the concept of Public Pharma as well?

For PHM, Public Pharma should focus on tangible, effective proposals, such as the establishment of state-owned infrastructures dedicated to researching, developing, manufacturing, and/or distributing pharmaceuticals and other health technologies. It is necessary to reject abstract “solutions,” particularly those advanced by Public-Private Partnerships or commercial entities. Although public “strategies,” “policies,” and “governance mechanisms” are undeniably important for establishing, protecting, and expanding Public Pharma, they should not be mistaken for Public Pharma itself.

[2] According to Alston et al. (2024), “Pharmacy Benefit Managers (PBMs) are the middlemen between insurance providers and pharmaceutical manufacturers. They negotiate rebates with manufacturers, process claims, and create pharmacy networks, along with a slew of other things. Private PBMs typically earn commissions off of the rebates they negotiate, thus contributing to the rising costs of insulin and other prescription drugs. Public PBMs forgo the commission and pass all savings through to consumers (i.e., citizens)”.

In line with PHM's history, the definition of Public Pharma must fundamentally oppose the neoliberal narrative, challenge the dominance of transnational corporations, and prioritize health sovereignty. This perspective aligns with our Mar del Plata Call to Action, where PHM denounces how transnational corporations dominate the global economy and avoid paying taxes in countries where their profits are derived while neglecting the basic needs of social welfare for wider populations. Moreover, it also stresses how governments collude with and appear subservient to the power of these entities, providing wide-ranging forms of corporate welfare—including bailouts, subsidies, and reduced taxation (PHM, 2024).

Based on this analysis, PHM advocates for ending private initiatives in health care in favor of public financing and provision. Market-driven health care, Public-Private Partnerships, and the behavior of commercial providers lead to inefficiencies, increased inequalities in access to care, a loss of public trust, and excessive reliance on medical technology at the expense of community-based approaches. Additionally, it highlights that a system based on private provision undermines solidarity and exacerbates inequities, as starkly demonstrated during the COVID-19 syndemic (PHM, 2024).

However, it is important to clarify that the effort to establish, protect, and expand state-owned infrastructures—i.e., Public Pharma—does not imply outright opposition to the existence of other institutional arrangements. This strategy should not overlook, for example, the value of commons initiatives, Public-Commons Partnerships, and self-managed worker cooperatives. Rather, it should be viewed as a strategic focus that can be harmoniously coordinated with other progressive initiatives, fostering a diverse and resilient approach to health care reform.

Furthermore, stemming from its Mar del Plata Call to Action, PHM is also committed to challenging the imperialist, capitalist, and hegemonic domination of the biomedical model within the existing political, economic and cultural order. In this context, our vision of Public Pharma must recognize the value of ancestral knowledge. This not only includes the incorporation of health technologies rooted in diverse traditional medicine systems but also a paradigm shift in how we approach health and life altogether. This reflects PHM's core

objective of promoting an intercultural and diverse knowledge base that prioritizes the health and well-being of all peoples globally (PHM, 2024).

Role and practice of Public Pharma

Indeed, one's definition of Public Pharma is crucial for developing an effective and coherent strategy. Otherwise, using the same term could lead to supporting very different initiatives, such as the creation of the European Salk Institute (De Ceukelaire & Joye, 2024) and Big Pharma's misleading propaganda (e.g., improved governance practices or other measures supposedly dedicated to promoting the right to health). In any case, a clear definition of Public Pharma is not enough.

It is also important to discuss the role and practices of the Public Pharma model we envisage. Regardless of the definition adopted, should Public Pharma focus on addressing so-called "market failures"? Should its efforts be limited to the initial stages of pharmaceutical production, specific groups of diseases (e.g., rare and neglected diseases), health emergencies, diseases that have the biggest impact on governments' budgets, or particular types of health technologies (e.g., antibiotics and vaccines)?

In summary, should Public Pharma merely serve as a complement to Big Pharma, as proposed by representatives of the pharmaceutical industry (Florio et al., 2021)? Furthermore, should Public Pharma patent its inventions, as suggested by Brown (2019), and other public health experts (De Ceukelaire & Joye, 2024; Florio et al., 2021; Montagnon, 2023)? Should Public Pharma pursue profits, and if so, how should these potential profits be utilized?

For PHM, it is essential to adopt a firm position against the dominance of transnational corporations and all forms of neoliberal narratives that sustain them. Our understanding of Public Pharma's role must go beyond addressing so-called "market failures" and reject the adoption of Big Pharma practices, particularly the use of the patent system and profit accumulation. Instead, we must advocate for a model rooted in transparency and effective democratic governance.

This position aligns perfectly with our Mar del Plata Call to Action, in which PHM denounces the harms caused by the enforcement of intellectual property privileges and calls for the removal of health technologies from the TRIPS Agreement and any related legal instruments. Moreover, it supports PHM's demand for a new R&D model grounded in open access and driven by public health needs (PHM, 2024).

This point is particularly significant. If framed correctly, the struggle for Public Pharma can serve as a powerful tool for agitation, highlighting not only the abuses but also the inherent contradictions of the patent system and a market-driven pharmaceutical sector. Conversely, adopting a neoliberal approach could have the opposite effect, legitimizing the current model, weakening transformative visions, and diverting us from our strategic goals.

CONCLUSION

Perspectives on the definition, role, and practices of Public Pharma can be broadly categorized into three major stances. First, there are those who oppose Public Pharma outright, arguing either that the current system functions adequately, that its problems are inevitable or tolerable, or that the private sector can resolve these issues independently. Second, there are varying degrees of neoliberal approaches to Public Pharma, which advocate for a limited state role, confining Public Pharma's function to addressing "market failures" while endorsing certain Big Pharma practices, such as the use of patents. Finally, there is a position that advocates for the development of a genuine public pharmaceutical model, recognizing the state's central role in upholding the right to health, while remaining open to the potential coexistence of other institutional arrangements. It is inspired by the principles of the Alma Ata Declaration such as meaningful community participation in decision making, maximum self-reliance, interculturality and developing socially acceptable technologies. It aims to approach life from an anticapitalist, decolonial, feminist and Buen Vivir paradigm.

Public Pharma cannot be viewed as merely an end in itself, a set of policies, or simple reforms aimed at incrementally improving access to health technologies. Rather, it is a crucial

step toward achieving PHM's strategic goal of establishing an eco-socialist, decolonial, anti-racist and anti-patriarchal order rooted in the principles of *Buen Vivir*.

More immediately, Public Pharma holds the potential to revolutionize the research, development, manufacturing, and distribution of health technologies by aligning these processes solely with public health needs. This shift promises to ensure high-quality standards, sustainability, transparency, and affordability. Moreover, such a transformation in the pharmaceutical sector could address class, gender and racial disparities in access to health technologies, improve working conditions, and promote more sustainable environmental practices across the industry.

From a broader perspective, the struggle for Public Pharma should also generate far-reaching systemic impacts: it can decolonise the paradigm about health and life, challenge the dominance of transnational corporations by delinking from them, promote democratic participation, foster international solidarity, strengthen health sovereignty, and regional integration and cooperation, especially in the Global South. Ultimately, it can serve as a critical tool for revealing and countering the harmful effects of capitalism and imperialism on global health and society.

However, defining and achieving a shared vision for Public Pharma is not merely a theoretical exercise; it is a key part of the strategy itself. To ensure its success, we must take collective political action that mobilizes society, promotes a compelling new narrative, and pressures governments and authorities to implement Public Pharma. This requires building broad-based alliances, engaging communities, and using advocacy to reshape public discourse around health, equity, and the role of the pharmaceutical sector. By aligning Public Pharma with the principles of Alma Ata, a transformative and holistic approach to health systems that centers equity, sustainability, interculturality and community empowerment is emphasized.

In short, supporting Public Pharma is not enough. We must define its concept and practical implementation with clarity and unity of purpose. Without a well-articulated and commonly

understood vision, efforts to advance Public Pharma risk becoming fragmented or counterproductive. A comprehensive, cohesive strategy rooted in collective action is vital to ensure that Public Pharma genuinely meets public health needs, prioritizes equity, and offers a transformative path for shaping our collective future.

We hope that this position paper not only brings clarity on how PHM defines Public Pharma but also inspires action across the world towards Public Pharma, considering it as a strategy and tool to establish new paradigms of development, production and distribution of health technologies, aligned with the strategic objectives of human emancipation, liberation from all kind of oppressions, decolonization, eco-socialism, *Buen Vivir* and Health For All.

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