Thank you President,

I have the honour to speak on behalf of the 42 Member States* co-sponsors of the “Solidarity Call to Action: To realize equitable global access to COVID-19 health technologies through pooling of knowledge, intellectual property and data”, of 29 May 2020 by which the WHO established the Covid19 Technology Access Pool (C-TAP). This statement together with the complete list of supporters will be uploaded in the website of the Assembly.

It has been over a year since we launched the Solidarity Call to Action calling on key stakeholders and the global community to voluntarily pool knowledge, intellectual property and data necessary for developing COVID-19 tools. Reality has shown us that the call to action remains more relevant than ever and that ensuring equitable access, in all countries and regions to COVID-19 health technologies and tools, including vaccines is of the utmost importance.

We launched the Solidarity Call to Action, one year ago, because we firmly believed that sharing knowledge, intellectual property, and data would leverage our collective efforts to advance scientific discovery, technology development and broad sharing of the benefits of scientific advancement and its applications based on the right to health.

A few weeks after the launch of the Solidarity Call to Action, the world learned of the historical breakthrough of the development of vaccines against the virus
in record time due to the availability of resources and the global economic contribution to research. But we have encountered significant challenges since then regarding production, distribution and equitable access to the vaccines, diagnostics, oxygen and other essential health technologies.

We all agree that currently the single most important priority of the global community should be to fight the COVID-19 pandemic; to halt its rapid transmission and reverse the global distress it continues to cause. We know that this goal is only achievable when everyone, everywhere can have timely access to the health technologies they need for COVID-19 detection, prevention, treatment and response, including but not limited to universal vaccination. Today more than ever, international cooperation and solidarity are vital to restoring global health security now and for the future.

The pandemic has revealed the need to create new ways of working if we want to achieve equitable access to essential health technologies. The international community should continue to strengthen its capacity to be better prepared and respond more adequately to future pandemics. Governments need to be at the forefront of the design of any access strategy, and we cannot relinquish our responsibilities. But we cannot succeed without NGO’s, knowledge centers, international organizations and last but not least, the private sector to which we call to continue to step up efforts and engage much more widely in serious conversations.

The voluntary mechanism of the C-TAP together with other complementary initiatives undertaken within WHO set out a possibility, s to promote the availability of global public health goods, based on equity, strong science, open collaboration and global solidarity in line with WHO’s and the UN Secretary General’s efforts. Despite its pertinence and potential and the important voices who have joined in calling for its implementation, the Solidarity Call to Action has not yet reached all those who are in the best position to support and
contribute to the initiative. This is why once again, we call on all relevant stakeholders, including the industry and governments to join the solidarity call to action, to use the C-TAP platform and ensure that humanity can turn the page and start its way to recovery. I thank you

*Argentina, Bangladesh, Barbados, Belgium, Belize, Bhutan, Brazil, Chile, Costa Rica, Dominican Republic, Ecuador, Egypt, El Salvador, Honduras, Indonesia, Kenya, Lebanon, Luxembourg, Malaysia, Maldives, Mexico, Mongolia, Mozambique, Norway, Oman, Pakistan, Palau, Panama, Paraguay, Peru, Portugal, Saint Vincent and Grenadines, South Africa, Spain, Sri Lanka, Sudan, The Netherlands, Timor-Leste, Tunisia, Turkmenistan, Uruguay, Zimbabwe*