C-TAP has not (yet) lived up to high expectations

One year ago, as the scale and gravity of the COVID-19 pandemic had become painfully clear, we looked to the launch of the COVID-19 Technologies Access Pool (C-TAP) with high expectations of fulfilling the goal of making vaccines and other medical technologies truly global public goods.

The World Health Organization (WHO) and a diverse array of stakeholders, including governments, donors and non-governmental organisations, backed a novel approach not only to fight pandemics, but also democratise access to health technology and improve supply conditions by pooling intellectual property rights and other relevant data. This would in turn engage originator pharmaceutical companies with generic and biosimilar manufacturers through voluntary non-exclusive licenses. A year later, the pandemic is ripping through low- and middle-income countries (LMICs).

Meanwhile, the high expectations of C-TAP to halt the global catastrophe as it unfolds, have not been realised. This is largely down to the refusal of the pharmaceutical industry to engage, preferring instead to protect short-term profits over global public health. It is however a shared responsibility, and governments must share the blame, because whether through weak political will or an inability to persuade collaboration between and by private actors. Civil society too, have been unable to make a better case for C-TAP and shift domestic public opinion.

But the need for an effective and functioning C-TAP remains as strong today as it did last year, as evidenced by the insufficient manufacturing capacity of patent holders to deliver on signed contracts and the difficulties endured by the Covax facility to secure enough vaccine doses for LMICs. There is still a time and place for C-TAP within the global response to COVID-19, and that time is now. WHO should lead the efforts to secure the implementation of a game-changing mechanisms, if we can just agree that status quo is no longer acceptable.