

14.4 Nagoya Protocol

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In focus

The Secretariat advises:

Pursuant to decision [WHA72\(13\)](#) (2019), the Director-General will submit a report ([EB148/21](#)) on current pathogen-sharing practices and arrangements, the implementation of access and benefit-sharing measures, and the potential public health outcomes and other implications of implementation of the Nagoya Protocol. The Board will be invited to note the report and consider recommending that the Health Assembly request the Secretariat to continue its work in this area.

See [TWN report \(12 June 2019\)](#) of the debate in WHA72 (May 2019) which led to [WHA72\(13\)](#).

Background

[Previous discussions about the Nagoya Protocol](#)

[Access and benefit sharing for pathogens: An overview of the issues facing the 2021 World Health Assembly and WHO Executive Board](#) by Edward Hammond (December 2020)

[The politics of pathogen sharing](#) by Priti Patnaik, Geneva Health Files, 15 Jan 2021

TWN (17 Jan 2021): [Comments on the WHO Director-General's report on "The public health implications of implementation of the Nagoya Protocol" \(EB 148/21\)](#)

PHM Comment

PHM affirms that:

- pathogen sharing, including both physical samples and genetic sequence data, is a critical capacity for global public health;
- pathogen sharing should be subject to the principles of the Nagoya Protocol (including benefit sharing, prior informed consent and mutually agreed terms);
- the sharing of physical samples and genetic sequence data should both be subject to Nagoya principles;

- the PIP Framework demonstrates the logistic benefits of an agreed multilateral framework for pathogen sharing, consistent with Nagoya principles;
- agreed multilateral frameworks for pathogen sharing (beyond pandemic influenza) are needed;
- provision for the prompt sharing of genetic sequence data (in accordance with Nagoya principles) in emergency situations must be included in such frameworks.

Decision WHA72(13) asked “information on current pathogen-sharing practices and arrangements, the implementation of access and benefit-sharing measures, as well as the potential public health outcomes and other implications”.

Fulfillment of the request in WHA71(13) should provide an information base sufficient to identify precedents and lessons which would assist in defining options for wider pathogen sharing in accordance with the above six criteria.

There are significant disagreements between Member States (and industry opposition) regarding the above six criteria which means that design work in this area needs to be approached carefully and with as much useful data as possible.

The report provided in [EB148/21](#) does not provide a sufficient information base regarding ‘practices and arrangements’ and ‘potential public health outcomes’. The sample size is small and quite uncertain as to its representativeness. The detail collected regarding practices and arrangements and outcomes is too limited. Until a thorough and comprehensive description of practices and arrangements, as requested, is provided, Member States should be cautious about proceeding to designing new arrangements for pathogen sharing.

Notes of discussion

See Edward Hammond’s (TWN) [detailed report](#)