FACILITATING ACCESS AND BENEFIT-SHARING (ABS) FOR PATHOGENS TO SUPPORT PUBLIC HEALTH

7 September 2018

Workshop Report

11-12 June 2018 Workshop
Geneva, Switzerland
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FACILITATING ACCESS AND BENEFIT-SHARING (ABS) FOR PATHOGENS TO SUPPORT PUBLIC HEALTH

WORKSHOP REPORT

1. On 11-12 June 2018, the World Health Organization (WHO), with support from the Secretariat of the Convention on Biological Diversity, convened a workshop with the aim of promoting discussion and an informal exchange of perspectives on how to facilitate access and benefit-sharing (ABS) for pathogens to support public health, particularly in the context of the implementation of the Nagoya Protocol. Participants included a wide range of stakeholders from a cross-section of technical areas, such as health and environment, as well as from a broad variety of sectors, including: public, private, non-governmental, academic and laboratory. An outline Agenda is provided at Annex 1.

2. The objectives of the workshop were to:
   - Promote awareness and coordination on access to pathogens and sharing of benefits arising from their use;
   - Learn from countries’ experience in implementing the Nagoya Protocol and its public health provisions;
   - Develop preliminary considerations regarding ABS practices for sharing of pathogens that could support public health surveillance, preparedness and response, as well as the equity objectives of the Nagoya Protocol.

3. This report summarises key points from the workshop presentations1 and discussions. The event took place under Chatham House rules whereby participants’ views and comments are not attributed in the meeting report.

UNDERSTANDING ABS IN THE CONTEXT OF PUBLIC HEALTH SURVEILLANCE, PREPAREDNESS AND RESPONSE

4. There has already been strong interest from WHO Member States in information on ABS arrangements for pathogens to support public health. In January 2016, the 138th WHO Executive Board mandated the Secretariat to “analyse how implementation of the Nagoya Protocol might affect the sharing of pathogens and the potential public health implications”. A study commissioned by WHO in response to this mandate2 found that the Nagoya Protocol, which entered into force in 2014, has implications for the public health response to infectious diseases, including influenza, and that these implications include opportunities to advance both public health and principles of fair and equitable sharing of benefits as well as challenges that could impact the rapid sharing of pathogens for public health surveillance, preparedness and response.

5. At the World Health Assemblies in 2017 and 2018, Member States asked WHO to continue consultations and regular engagement with the Secretariats of the Convention on Biological Diversity (CBD) and other relevant international organizations that are involved in implementation of ABS mechanisms for pathogens. WHO recognizes that the implementation of ABS for pathogens is a multi-stakeholder issue that needs to involve the public and private sectors, public health communities, civil society as well as the relevant governing bodies.

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Overview of the Nagoya Protocol

6. The Nagoya Protocol creates a global framework on ABS for genetic resources and traditional knowledge associated with such resources. Under the Protocol, users who wish to access genetic resources must obtain the prior informed consent (PIC) of the provider country and negotiate and agree on the terms and conditions of access and utilization of such resources through the establishment of mutually agreed terms (MAT). These terms are negotiated on a bilateral basis between the users of genetic resources and a provider country. Benefits that arise from the utilization of genetic resources need to be shared in a fair and equitable manner with the country providing the genetic resources. Compliance is required with the country’s domestic legislation/regulatory requirements on ABS, the provisions of the Nagoya Protocol, and MAT.

7. The Nagoya Protocol provides a number of mechanisms to support ABS for pathogens, such as: recognition of specialized international access and benefit-sharing instruments (Article 4.4); measures that pay due regard to cases of present or imminent emergencies that threaten or damage human, animal or plant health (Article 8(b)); a global multilateral benefit-sharing mechanism (Article 10); and, model contractual clauses, codes of conducts, guidelines, best practices and/or standards (Articles 19 and 20).

8. Parties to the Nagoya Protocol are required to monitor the implementation of their obligations under the Protocol and to report to the governing body – the Conference of the Parties to the Convention on Biological Diversity serving as the meeting of the Parties to the Nagoya Protocol (COP-MOP). In 2016, considering the linkages between the Nagoya Protocol and public health, the COP-MOP requested the Executive Secretary of the CBD to share with WHO relevant information provided by Parties in their interim national reports on the implementation of the Nagoya Protocol, including its Article 8(b). A note summarizing this information is available at http://www.who.int/influenza/pip/NoteES_Implementation_NP_8b.pdf.

9. Since 2016 the Secretariats of the CBD and WHO have collaborated on issues related to access to pathogens and the fair and equitable sharing of benefits, in the interest of public health. As part of this collaboration, the two secretariats have developed a Questions & Answers document Implementation of the Nagoya Protocol in the context of human and animal health, and food safety: Access to pathogens and fair and equitable sharing of benefits. For further information on the Nagoya Protocol please refer to the Q&A and to the workshop presentations by the CBD Secretariat.

SETTING THE SCENE: REFLECTIONS ON ABS IN THE GLOBAL CONTEXT

10. During context setting presentations, participants reflected from different perspectives on how ABS can be viewed in a global context.

11. ABS for pathogens in the context of public health is a multi-stakeholder issue that cuts across the health, environment and agricultural sectors and involves Member States, civil society, industry, non-governmental organizations, academia and laboratories.

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3 Unless otherwise determined by that country.
6 Ibid.
12. The origin of ABS and the Nagoya Protocol is rooted in equity. In adopting the Protocol, countries wished to secure fair and equitable benefit-sharing arising from the utilisation of genetic resources and ensure that countries adopt compliance measures so that users in their jurisdiction do not misappropriate genetic resources from provider countries.\(^8\)

13. ABS gives provider countries a framework to establish appropriate measures to govern access to pathogens, for example conditions about intellectual property (IP) rights and sharing of pathogens with the private sector, and to secure fair and equitable benefit sharing, for example timely access to medical treatments and technologies\(^9\).

14. Some concerns have been raised, however, about the Nagoya Protocol’s bilateral approach, including the potential risk that its implementation will slow down sharing of pathogens, which could delay public health risk assessment and the development of medical countermeasures, such as vaccines, diagnostics and antivirals\(^10\).

15. The question was posed as to whether a specialised international ABS instruments was needed to address the sharing of pathogens in general or for seasonal influenza viruses. On the one hand there were recognised limits to the Nagoya Protocol’s bilateral approach to PIC and MAT and a multilateral mechanism might be seen as a better solution to facilitate more rapid ABS for pathogens and to create predictable and legally certain conditions for users. On the other hand, some Parties might be reluctant to broaden the scope of, or design new, ABS instruments and thereby narrow the applicability of the Nagoya Protocol\(^11\).

16. Ideas were explored to address benefit-sharing for public health preparedness and response, including leveraging synergies across public health and related sectors that have a stake in ensuring rapid, systematic access to pathogens and, fair and equitable sharing of benefits.

**THE NEED FOR RAPID Access TO PATHOGEN SAMPLES FOR PUBLIC HEALTH SURVEILLANCE, PREPAREDNESS AND RESPONSE**

17. Representatives from research laboratories that work with pathogens including Zika\(^12\), Lassa Fever\(^13\), Ebola\(^14\) and influenza\(^15\) shared information on their experiences of using and sharing pathogens.

18. Research laboratories need to have regular and timely access to pathogens for public health measures. At the time of an outbreak rapid access to genetic materials is needed to: quickly identify new pathogens/viruses; adapt diagnostic tests to new variants; monitor disease progression; develop new medical countermeasures and evaluate efficacy of current medical countermeasures against new strains; and trace transmission chains and routes.

19. Routine surveillance also requires rapid access to samples. For example, the six-monthly cycle of influenza virus detection for seasonal influenza vaccine production is a global operation with very tight timelines, with WHO’s Global Influenza Surveillance and Response System (GISRS) at the centre. Every year, WHO Collaborating Centres for Influenza analyse more than 40,000 influenza viruses coming from all over the globe in preparation for the bi-annual

\(^8\) Sangeeta Shashikant. Setting the scene: Reflections on ABS in the Global Context. 2018 (http://www.who.int/influenza/Shashikant_PHM.pdf)

\(^9\) Ibid.


\(^12\) Avelino-Silva VI, The need for rapid access to pathogen samples and fair and equitable access to medical countermeasures for public health surveillance, preparedness and response – Experience from laboratories, The case of ZIKA virus infection, 2018 at http://www.who.int/influenza/Silva_UniversityofSaoPaolo.pdf


\(^14\) Gevao SM, The need for rapid access to pathogen samples and fair and equitable access to medical countermeasures for public health surveillance, preparedness and response, experience from laboratories, http://www.who.int/influenza/Gevao_UniversityofSierraLeone.pdf.

vaccine composition meeting. A delay in virus sharing could compromise the timely delivery of seasonal influenza vaccines.

20. Representatives discussed several issues and challenges that can slow down the sharing of pathogens regardless of the ABS context. These include: lengthy administrative and regulatory processes; delays in ethical approval for research studies; delays in shipping samples and reagents; lack of personnel, technology and infrastructure in resource limited settings; and, the absence of a culture of sample and data sharing. In this context, a range of accelerated procedures are needed in an outbreak situation, such as quicker administrative approvals, faster shipping of samples, and less protracted expeditious publication of research results.

21. Some challenges were also highlighted specifically in the context of the implementation of ABS measures. These included:

- Uncertainty about the scope of application of ABS measures (i.e. whether and how the specific measures apply to pathogen samples);
- Difficult access to national regulations on implementation of the Nagoya Protocol;
- National ABS focal points often taking a long time to reply to queries about national regulations under the Nagoya Protocol or not responding at all;
- Institutions not having the legal expertise to negotiate bilateral PIC and MAT agreements with countries.

22. It was stressed by many that the challenges highlighted above could result in significant bottlenecks to sample sharing and should be addressed.

23. One laboratory specified some ‘grey zones’ where they were unsure whether or not Nagoya Protocol obligations apply, for example:

- If research or sequencing is carried out on behalf of, or as a service for, the provider country (where the sample originates) and rights remain with this country;
- If a scientist analyses resources from its own country in an institution outside his or her country where the institution retains no rights to the sample or data;
- When samples or virus isolates are stored at an institution outside of the provider country solely for conservation purposes (e.g. biobanking).

24. Laboratory representatives highlighted the many collaborations established with partners in developing countries and the wide range of benefits they provide to countries in need. This includes transferring capacity, diagnostics, the provision of laboratory equipment, knowledge sharing, and training staff on site and abroad. For example, there was a paucity of laboratories capable of diagnosing Ebola virus disease in West Africa before the 2014 outbreak. One workshop participant described how the first Ebola case in Sierra Leone in 2014 was diagnosed by a Lassa fever laboratory that had been set up by a US university in the country about a decade earlier. Subsequently a network of 16 international laboratories from 10 countries were set up in Sierra Leone during the Ebola crisis. This collaboration, including with the Ministry of Health and Sanitation of Sierra Leone, led to the development of rapid diagnostics tests for point of care testing for the Ebola virus towards the end of the epidemic.

25. Participants also described some examples where agreements to share pathogens had not been respected, with cases of unauthorised misappropriation of genetic samples that were taken out of the country during an epidemic, e.g. in the case of the Ebola outbreak.

16 Ibid.
New technologies and GSD

26. Several participants described the growing importance of genetic sequence data (GSD) for public health surveillance, preparedness and response. New technologies are used to speed up procedures. GSD plays a critical role in diagnosis, identifying new strains, studying transmission paths, and emergency response, with real time sequencing often needed in an to support an appropriate outbreak response. For example, in the case of the 2014 Ebola outbreak, early sequencing enabled the elucidation of the origin of the virus and the patterns of transmission in the initial weeks of the outbreak.\(^\text{17}\)

27. Participants also acknowledged that, although GSD fell outside the immediate scope of this workshop, sample and GSD sharing were intrinsically linked and should be addressed jointly in the future.

ACCESS TO PATHOGEN SAMPLES TO DEVELOP VACCINES, DIAGNOSTICS AND OTHER MEDICAL COUNTERMEASURES

28. Workshop participants were briefed by industry association representatives on the production of seasonal influenza vaccines and the use of other emerging pathogens for research and development.

Influenza vaccine development

29. In the area of influenza vaccine development, there are two different contexts: pandemic influenza vaccines and seasonal influenza vaccines.

30. Pandemic influenza vaccines are produced using influenza viruses with human pandemic potential (IVPP). These IVPP fall under the PIP Framework and are therefore covered by the Framework’s access and benefit-sharing system. As such, if the Framework is recognised as a specialized international ABS instrument under article 4(4) of the Protocol, these viruses would be exempt from Nagoya Protocol obligations, as among the Parties to the specialized instrument. Seasonal influenza viruses, on the other hand, are outside the scope of the PIP Framework.

31. The key genetic resources for seasonal influenza vaccines are wild type viruses accessed through GISRS. Concerns were raised that their inclusion in the scope of ABS measures could create\(^\text{18}\):

- Unpredictable delays of unknown duration for the sharing of influenza viruses, leading to stalled research and development and associated global public health risks;
- Increased global complexity as non-harmonized, national legislative processes would be required, including the negotiation of a large number of bilateral PIC/MAT agreements between countries that provide seasonal influenza viruses and individual users of seasonal influenza genetic materials;
- Stalled R&D that would lead to an overlap of the southern and northern hemisphere influenza campaigns.

32. Industry association representatives estimated that certain ABS requirements, as currently implemented, could delay vaccine development by around three months.\(^\text{19}\) Seasonal influenza vaccine development operates under a very tight six-month cycle; for the northern hemisphere vaccine this starts in February with strain selection and ends in distribution of the new product in time for vaccination to occur from late August to the end of December. A three-month delay could mean that vaccines for the Northern hemisphere might not be delivered in time to protect populations during peak seasonal influenza period would be coming to an end, potentially resulting in increased influenza-related illness and deaths.

\(^{17}\) Ibid
\(^{18}\) EPPIA Vaccine Europe, Influenza Vaccine Development: Importance of rapid genetic resource access, 2018, at http://www.who.int/influenza/Downham_VaccineEurope.pdf
\(^{19}\) Ibid
Research and development (R&D) for emerging pathogens and public health emergencies  

33. An industry association representative also presented information on the potential impact of implementation of ABS in the context of emerging pathogens.

34. Research and development (R&D) for emerging pathogens and in the context of public health emergencies is very different from seasonal influenza R&D. In many instances, the development of medical countermeasures for emerging pathogens is carried out through government-industry partnerships due to the unique development risk, need for rapid and coordinated requirements and recommendations, and distribution complexities. In addition, partners like the Coalition for Epidemic Preparedness Innovations (CEPI) help to reduce the R&D risk for some of these pathogens by providing some of the R&D funding.

35. Most of these countermeasures have limited or no commercial market. Rather, they are stockpiled or secured by governments, WHO, GAVI or other public organizations. This unique model needs to be taken into account in discussions on ABS for such pathogens.

EXPERIENCES RELATED TO ADOPTION AND IMPLEMENTATION OF ABS MEASURES FOR PUBLIC HEALTH

36. ABS/Nagoya national focal points from a range a Member States outlined their ABS legislation in the context of public health. These focal points were from countries at different stages in developing legal frameworks. Each has its own national legislation on ABS; some laws predate the Nagoya Protocol while others have been adopted more recently. Their presentations demonstrated some common approaches in terms of PIC and MAT processes but also some differences in their implementation/regulation.

37. Some countries have shifted from regulating access to genetic resources to facilitating access while regulating the sharing of benefits arising from the commercial exploitation of genetic resources (for example, at the time of commercialization of a finished product).

38. A common theme is making access to pathogens easier for researchers and companies through simplification of the bureaucracy of ABS arrangements and by developing predictable rules on benefit sharing. To this end, some countries have developed model contractual clauses for the use of genetic resources for public health. In one example a single transfer agreement could cover multiple shipments between two parties.

39. Access procedures vary significantly between countries. In some countries registration is not needed prior to accessing a genetic resource and only becomes necessary if it is shipped out of the country, used commercially, if research results are published or IP rights sought. Access for scientific research without commercial benefits often does not require detailed ABS agreements. However, in some countries all access to genetic resources requires some documentation. In

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20 Emerging infectious diseases (EIDs) pose a significant threat to global health security. They are diseases that have appeared or affected a population for the first time or previously existed but is now rapidly increasing either in terms of new number of cases within a population or spread to new geographical area. Outbreaks of these diseases could not only potentially cause large numbers of human deaths as they spread, but also have huge social and economic impact in today’s interconnected world. Unfortunately, many of these diseases do not yet have any cure, and healthcare providers are also often victim of such diseases. (see http://apps.who.int/iris/bitstream/handle/10665/204722/85123.pdf?sequence=1&isAllowed=y)


22 Ibid.

addition, foreign organisations are often required by countries to partner with local organisations to gain access to genetic resources.

40. Discussing challenges to implementation, some countries mentioned the need to build human capacity for the implementation and management of ABS. Other challenges mentioned included: coordination between different levels of government and different ministries; lack of awareness among some stakeholders; absence of appropriate legislation to enforce compliance; administrative bottlenecks and inadequate financial mechanisms.

MULTILATERAL APPROACHES TO ABS

41. Workshop participants were briefed on examples of existing and planned multilateral approaches to ABS for genetic resources and multilateral initiatives for pathogen sharing, including the Pandemic Influenza Preparedness (PIP) Framework, the work of the World Organisation for Animal Health and the Predict Project and the Global Virome Project.

42. Earlier presentations had posed the question of whether a multilateral approach to ABS for pathogens might have any potential advantages over the bilateral mechanisms of the Nagoya Protocol. The suggestion was that multilateral systems might offer reduced bureaucracy and facilitate more timely access to genetic materials. In this context, participants agreed it was important to learn from existing multilateral mechanisms for accessing genetic resources and benefit-sharing in order to understand which approaches have been successful and whether others have not achieved all their objectives, particularly on benefit-sharing.

43. There was strong interest in how negotiators had succeeded in bringing industry into the ABS arrangements of the Pandemic Influenza Preparedness (PIP) Framework and what lessons from those negotiations might be applicable to any new multilateral mechanism for ABS for pathogens. Participants who had been involved at the time pointed to the partnership principle that drew in a wide range of stakeholders, including industry and civil society, and the shared recognition that there was a global challenge to public health that needed to be addressed. GISRS provided a backbone for the system, the PIP Framework offered legal certainty to the different partners, and there was a strong commitment to education, communication and governance.

KEY CONSIDERATIONS ON IMPLEMENTATION OF ABS FOR PUBLIC HEALTH SURVEILLANCE, PREPAREDNESS AND RESPONSE

44. Workshop participants formed break-out groups to consider and discuss potential challenges and opportunities related to implementation of ABS for public health surveillance, preparedness and response.

General considerations

45. A structured, transparent, and coordinated approach to ABS must balance access and benefit-sharing on an equal footing. The approach to access should support public health surveillance, preparedness and response; the approach to benefit-sharing should ensure that the best possible benefits for public health are generated and shared.

46. There is a shared desire to find sustainable solutions, that incorporate the widest group of stakeholders, to reconcile ABS with the imperatives of health security. This will require wide-ranging stakeholder engagement on the public health implications of the Nagoya Protocol and ABS for pathogens.

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26 See presentation from Andrew Clements, USAID, at http://www.who.int/influenza/Clements_USAID.pdf
47. There are concerns at the lack of clarity on some of the implications of the Nagoya Protocol – this is inevitable because implementation is at an early stage.

48. The interplay of the Nagoya Protocol and public health takes place at many levels and across many sectors, including national and local government, health, agriculture, the environment, science and technology, laboratories, industry, emergency response agencies, NGOs etc. It is important to bring together different communities that do not usually interact. Awareness raising and greater interaction between these different constituencies should start now:

- Globally, inter-institutional collaboration between different stakeholders will be needed to establish a coherent framework using a One Health approach.
- Within each country, a multi-sectoral approach involving, for example, health, environment, agriculture, and science and technology, will be needed to ensure a coherent national policy that can be put forward in the global debate.

49. Rapid sharing of pathogens and benefit-sharing can be mutually strengthened under the Nagoya Protocol. It is recognised that the Protocol offers a number of tools that are relevant to ABS and pathogen sharing, including Article 4.4 (on specialized international access and benefit-sharing instruments); Article 8(b) (on measures that pay due regard to cases of present or imminent emergencies that threaten or damage human, animal or plant health); Article 10 (on a global multilateral ABS mechanism), and Articles 19 and 20 (on model contractual clauses, codes of conducts, guidelines, best practices and/or standards). The workshop promoted a good exchange of views on the potential role of these tools in finding solutions.

50. The Nagoya Protocol encourages Parties to find solutions to accommodate public health concerns and in particular facilitate ABS for pathogens. National coordination among ministries and institutions working on ABS-related issues and on issues related to human, animal and plant health can contribute to ensuring that ABS measures take into account public health considerations.

51. It is important to learn from relevant examples of best practice. The PIP Framework is a good example of a negotiated multilateral instrument that facilitates ABS; stakeholders can use lessons from the PIP Framework, taking into consideration that other pathogens have different and varying particularities compared with IVPP. Areas in which the PIP Framework could provide a useful model include:

- Core principles, structures and mechanisms that could be adapted to apply to other types of genetic materials;
- Formal and structured governance arrangements;
- A legal framework with clear rules that provide legal certainty to different types of stakeholders;
- A collaborative partnership between different stakeholders.

Access to pathogens

52. There was a clear view from some participants that the Nagoya Protocol was not primarily conceived with public health in mind so there is the potential for implementation to affect the rapid sharing of pathogens.

53. Timely access in the context of public health requires simple administrative and legislative processes that can expedite standardised access to emerging pathogens and, pathogen sharing mechanisms that are not too complicated or bureaucratic.

54. Several participants expressed concern that the time taken to meet the bilateral PIC/MAT Nagoya Protocol obligations could jeopardise public health risk assessment, scientific research and the development of medical countermeasures, such as vaccines, diagnostics and antivirals, in the context of a public health emergency.
55. The Nagoya Protocol obligations also have implications for routine, systematic surveillance and prevention measures. For example, obtaining PIC/MAT documentation for the scale of virus sharing necessary for the six-monthly production of seasonal influenza vaccines would likely not be possible within the tight deadlines necessary for the vaccines to be manufactured in time to be useful.

56. However, some participants questioned whether the number of pathogens routinely shared is, in reality, too great for the Nagoya Protocol obligations to be met in a timely manner and said more evidence was needed on the implications of implementation.

57. The question was raised of whether a new multilateral ABS instrument could be developed for pathogens in general or for specific pathogens (e.g. seasonal influenza viruses) in order to facilitate rapid access. Any new ABS mechanism would have to be consistent with the objectives of the Nagoya Protocol.

58. However, other participants commented that implementation of the Nagoya Protocol has only recently started and it is too soon to say that a bilateral ABS framework would slow down access. The tracking and tracing of pathogens may not be an unsurmountable problem under bilateral ABS arrangements as many of the pathogens being discussed need to be tracked anyway as a matter of biosafety and biosecurity.

**Benefit-sharing**

59. Many participants were of the view that benefits generated from the use of pathogens should be used to improve capacities and support public health surveillance, preparedness and response. Some participants believed that benefit-sharing should be viewed broadly in terms of global public health, not always through purely bilateral lenses and that benefits should be distributed across countries based on public health needs. Others suggested that benefits should go back to the provider countries and be dedicated to public health depending on needs.

60. Benefit-sharing can contribute to capacity building; however there is a shared multisectoral responsibility for building capacity, notably to establish the necessary infrastructure to support implementation of capacity building programmes. A global platform could be established to help support capacity building, with a view to making it available to all countries.

61. There were suggestions of different benefit-sharing options, including that benefit-sharing could be used for the development of early warning systems or to top-up the WHO Contingency Fund for Emergencies, noting however that the fund is used only at the time of an emergency and not to finance preparedness.

**Compliance**

62. Some participants mentioned that many countries have not yet posted information about national ABS regulations and contact information for their Nagoya Protocol national authority to the ABS Clearing-House, making it difficult for users to comply. Easily accessible, clear information would facilitate compliance by laboratories accessing pathogen samples.

63. Similarly, compliance mechanisms need to be put in place but very few of the Parties to the Nagoya Protocol have yet developed obligatory compliance measures.

**Technological advances**

64. There have been further technological developments since the Nagoya Protocol was adopted. These advances, most importantly the wider use of GSD, are a reality and any solutions for ABS and the sharing of physical pathogen samples will also have to take into account GSD.
Processes for moving forward

65. Participants indicated that this workshop was a welcome initiative to exchange information and outlined possible ways to move forward and broaden the process:

Considerations
- The aim is not to find exceptions to the Nagoya Protocol but to fulfil its stated objectives, taking into account the need to promote global public health.
- A systematic and transparent approach is needed to obtain information on how pathogens are currently being shared and if there are specific examples to date of the implications of Nagoya Protocol implementation, including if delays are causing difficulties and whether sample selection is being influenced by ‘jurisdiction shopping’ (i.e. whether a provider country is a Party to the Protocol).

Forum
- There were discussions on the appropriate forum for future work (WHO, CBD or another), considering its potential impact on public health.

Who will be involved?
- There was agreement among participants that there should be the broadest possible consultations involving multiple stakeholder groups (governments, industry, NGOs, technical/laboratory/scientists, laboratory networks, emergency response agencies, etc.)
- Options to address the issues could be developed through joint discussions between CBD, WHO and public health communities through, for example, an online forum.
- Engagement on ABS could use the lessons learned from implementation of the PIP Framework. In the case of the PIP Framework, diplomatic leadership was important in propelling the negotiations and finding solutions.

Scope
- Participants raised the importance of defining the scope of discussions which could address: seasonal influenza and emerging pathogens/pathogens with public health emergency potential separately, or all pathogens together.
- Participants indicated preliminary support for a system that would be nimble, avoid fragmentation and multiplication of ABS regimes, and consider all pathogens (although there may be special cases, e.g. pandemic and/or seasonal influenza).
- Discussions might include the potential for a new global multilateral system for pathogen sharing.

Potential next steps
- Participants queried whether the subject of ABS and pathogens could be covered in the upcoming governance meetings of the CBD and WHO.
- The 3rd meeting of the Nagoya Protocol COP-MOP will be held in November 2018. In January 2019 the WHO Executive Board will consider the PIP Framework analysis of seasonal influenza and GSD and this discussion could be widened to address ABS more broadly.
- Continued collaboration is needed between the secretariats of WHO and CBD in fulfilment of governing bodies’ mandates, including consultations with the broadest group of stakeholders.
Participants queried whether a joint working group could be set up by CBD and WHO with participation from relevant stakeholders (such as laboratories, industry, and civil society organizations) to look at the issue of ABS for pathogens and public health.
ANNEX 1

FACILITATING ACCESS AND BENEFIT-SHARING (ABS) FOR PATHOGENS TO SUPPORT PUBLIC HEALTH

WORKSHOP
Geneva, Switzerland

11-12 June 2018
Agenda

11 JUNE 2018
1. Understanding ABS in the context of public health surveillance, preparedness and response
2. Setting the scene: Reflections on ABS in the Global Context
3. The need for rapid access to pathogen samples for public health surveillance, preparedness and response
4. Access to pathogen samples to develop vaccines, diagnostics and other medical countermeasures
5. Experiences related to adoption and implementation of ABS measures for public health

12 JUNE 2018
6. Multilateral approaches to ABS
7. Key considerations on implementation of ABS for public health surveillance, preparedness and response