

#### 14.4 The public health implications of implementation of the Nagoya Protocol

##### Statement:

We support the Nagoya Protocol and its recognition of countries' sovereign right over their genetic resources. We are concerned by the survey results calling for a differentiation of physical samples from genetic sequences based on a bias against the Protocol.

We contend that the reported delays in influenza virus sharing have been misrepresented to include pandemic influenza when the survey was in reference to seasonal influenza. Whereas, due to the existence of the Pandemic Influenza Preparedness (PIP) framework, no delays have been identified during pandemic influenza.

There have been disparities between high-income and low-income countries during the COVID-19 response that cannot be resolved with voluntary participation from private stakeholders. There is a need to secure firm and binding commitments from pharmaceutical, vaccine, and other manufacturers that will prioritise public health over profits. The role of PIP in improving access and benefit-sharing during COVID-19 is exemplary of a concrete, regulated mechanism for equity.

We also note that the Action by the Executive Board, proposed in EB148/21, is a reprise of the action requested during WHA72, which was not agreed upon by Member States. Member States must lead the process of defining Access and Benefit Sharing (ABS) and identifying solutions for improving equitable sharing, which includes seasonal influenza as well as other viruses of health concern.

The Secretariat should uphold the principles of transparency and fairness in its consultations and initiatives. Clarity is needed on the specifics of WHO's development of Biobanks, including the actors consulted in developing this proposal, their intended use, and plan for governance. Centralization of pathogenic materials raises concerns about control and issues of equity in sharing their access and benefits.